The Diabetes Network of St. Louis: Bridging the Health Care Gap with Lay Educators

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Results: The Diabetes Network of St. Louis (DNSL) is a model for chronic disease management that emphasizes community resources. Our current medical system lacks the necessary manpower to ensure adequate patient literacy regarding diabetes. This program trains lay people in diabetes education, who then lead support groups through a series of educational discussions. Working within our current infrastructure, the goal of this program is to improve health care outcomes via a community based, sustainable model. In 2007 the Washington University Diabetes Center began actively seeking community partners, including faith based groups, health care providers, and government programs. From this social network, lay leaders were recruited, and 7 support groups were established. Over the course of 12 weeks, these groups utilized structured information sessions to change diabetes behavior. Pre and post biometric data, consisting of HbA1c's, BP's, and weights, were obtained. By late 2008, the number of collaborating partners within the DNSL had reached 46. A total of 22 lay leaders (19 diabetics) were recruited from the network. All but one had completed some form of post-high school education (4 were nurses). Participants were also recruited through the network and largely identified themselves as diabetic. Of the 82 participants enrolled, 62 provided demographic information; average age was 59.6 (range 29-81) and 80% were minorities. 35 people attended at least 4 of the 6 sessions; only 4 had prior formal diabetic education. The demographics of this subset showed the proportion of minorities dropping to 61%. 24 of those participants had complete biometric data, and their mean HbA1c decreased from 7.7 to 7.3 (p<0.11 using the student's t-test). The trend toward a lower HbA1c suggests the benefits of a sustainable approach like the DNSL. This community based strategy for improving the current medical infrastructure addresses the growing epidemic of diabetes and takes into account the limited number of health care professionals in diabetes.

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