

“Mamás contentas, bebés saludables”
A Gestational Diabetes Curriculum for Promotoras

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Presenter Disclosures



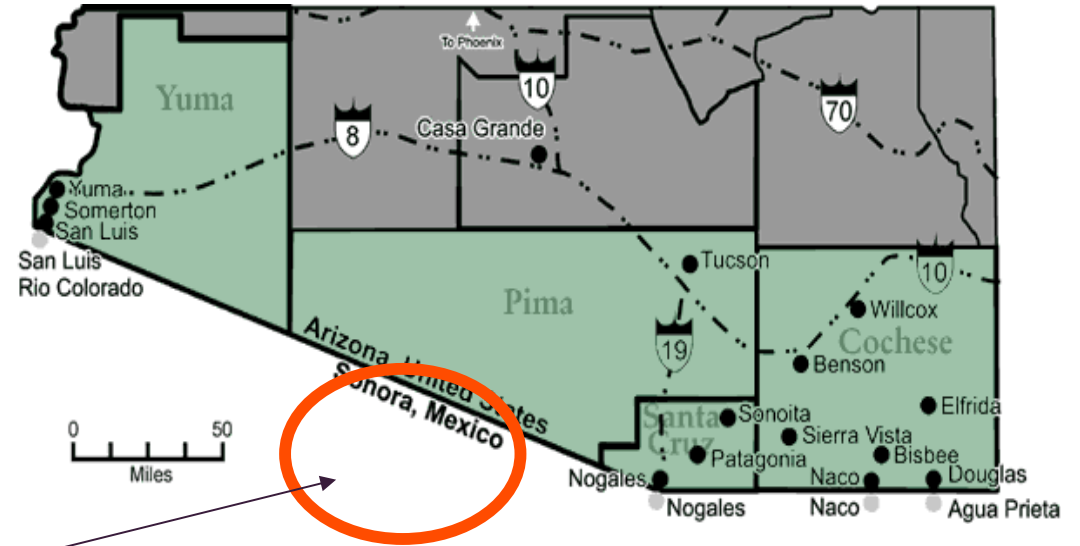
I have no relationships to disclose.

Presenter Outline

- Phase 1: Development and training
- Preliminary outcomes
- Phase 2: Implementation



Santa Cruz County



Cities: Nogales, Rio Rico,
Patagonia

Population: 43,080 (US Census 2006
Estimate)

Ethnicity: 80.6% of the county is
Hispanic (95% Nogales)

Identified Need

- Demographics of women served:
 - 100% Hispanic
 - 71% Family History of Diabetes
 - 20% Previously diagnosed with GD



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Phase 1

- A one year project: planning, development and training
- Partners: Carondelet Health Network, U of A Canyon Ranch Center for Prevention and Health Promotion, ADHS Diabetes Program



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Intended to:

- Prepare Promotoras to meet:
 - Cultural and language-appropriateness
 - Self-management reinforcement, as an extension of existing clinical care
- Help clients and their families understand GD and follow treatment goals

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Addresses elements of the Chronic Care Model:

- *Self Management Support*: Help women understand their illness, evaluate their condition, set goals and solve treatment problems based on results
- *Delivery System Design*: Develop the ability to use evidence based information to help women with gestational diabetes comply with their control plan
- *Community*: share information individually or in groups

Educational Components

- Educational Sessions
(include training guide for promotoras)
- Flipchart designed for one-on-one sessions
- Sample Pilot Training Agenda
- PP Presentation for Training Use

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I. Introduction

The role of the health promoter



The sessions in this program are designed to be implemented by a health promoter. Health promoters play a key role in the task of improving health in Latino communities. Health promoters know the communities where they live, their customs, their culture, their problems, and for that reason they are in charge of promoting health and motivating people to live healthy lives.

The role of the health promoter is to:

- Help
- Guide
- Support
- Teach
- Encourage

The role of the health promoter in gestational diabetes is to:

- Offer information and support to participants with gestational diabetes so they are able to control their diabetes.
- Refer participants to the appropriate services.
- **GIVE NO MEDICAL ADVICE.**

The health promoter also shares health messages, individually or in a group setting, directs participants to the appropriate resources and works as part of a health team.

II. How to use the training guide

Symbols

The following symbols are used as a point of reference throughout the guide:



To emphasize something and/or to stop



Worksheet



Question



Discussion



Use drawings or educational models



Exclusive recommendations for women who take medication(s) or insulin

Educational Sessions

1. What is gestational diabetes?
2. How do I measure my blood sugar level?
3. What can I eat?
4. What effect does stress have on gestational diabetes?
5. What type of physical activity can I do?
6. How can gestational diabetes affect my health and my baby's health?
7. What happens after pregnancy?

What can I eat?

Key Points:

- Nutritional needs for gestational diabetes
- Eating rules and meal plan
- Nutritional label

Objectives:

At the end of this session the participants will be able to:

- Recognize the importance of good eating habits
- Identify at least 3 types of food that affect their blood sugar level
- Plan a meal schedule
- Know the basic elements of the nutritional information in a label

Materials:

In order to conduct this session you will need the following:

- Flipchart
- Pens
- Food models (if available)

Handouts:

During the session you will need:

- Copies of the "Food Traffic Lights" worksheet
- Sweet Success "Food Guide"
- Copies of the "Rules of Good Nutrition" worksheet
- Copies of the "How to Read Nutritional Labels" worksheet
- Copies of the "Symptoms of Hypoglycemia" worksheet
- Brochure: Reader, D., Davidson, J., MacKinnon, M.A. (1998) International Diabetes Center, Institute for Research and Education. *How to take care of yourself with Gestational Diabetes*. Minneapolis, MN.

Instructions/Ideas for the health promoter:

- Only a Registered Dietician (RD) and a Certified Diabetes Educator (CDE) can design an optimal diet plan for the participant. If the participant can't find a dietician, she can call the American Diabetes Association to identify the nearest dietician (1 800 DIABETES).
- Your task is only to share the information in this session.

Pilot phase

- The curriculum was tested in a 2-day pilot training conducted in Spanish
- The training was delivered by a Promotora and a CDE



Pilot phase

- A total of 10 Promotoras from Mariposa participated:
 - Day 1- focused on sessions
 - Day 2- focused “how to use monitors” and practice session delivery

Happy Moms, Healthy Babies Training Agenda Sample

GESTATIONAL DIABETES TRAINING FOR HEALTH PROMOTERS

August 28-29, 2008
Platicamos Salud Community Room

AGENDA

Thursday, August 28, 2008

8:00am – 8:15am	Registration	
8:15am – 8:30am	Welcome and Introduction	Program Coordinator
8:30am – 8:45am	Icebreaker	Health Educator
8:45am – 9:45am	Sessions “What is gestational diabetes?” “What can I eat?”	Team of Experts
9:45am - 10:45am	“What effect does stress have on gestational Diabetes?” “What kind of physical activity can I do?”	
10:45am- 11:00am	Break (Stretching exercise)	Team of Experts
11:00am – 12:00pm	“How can gestational diabetes affect your health and your baby’s health” “What happens after pregnancy?”	Team of Experts
12:00pm – 12:15	Questions and Closing Comments	Organizers

Suggestions on how to conduct a training for health promoters

Preliminary outcomes

- Knowledge increased by 29%
- Level of confidence in ability increased by 20%
- The areas participants felt less comfortable:
 - Helping clients monitoring their sugar levels
 - Discussing physical activity with clients
 - Helping clients overcome barriers preventing healthy sugar level achievement



Barriers

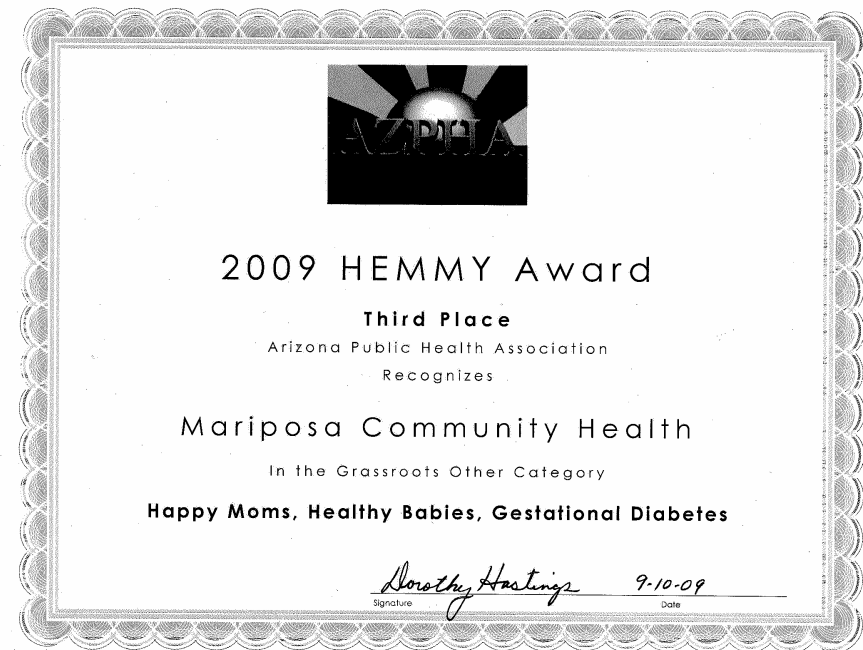
- Multi-institutional challenges
- Limitations: Small pilot group
- Curriculum modification and translation into English after pilot training



Current status

Phase 2

- The curriculum is currently being tested with gestational diabetic patients
- The goal is to reach 30 patients



Next steps

- Provider involvement.
- Curriculum dissemination to other organizations and collect process evaluation.





Thank you

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