Collaborative Design and Implementation of Caminemos Juntos, a Community Health Worker Intervention for Diabetes Self-management among the Tz’utujil Maya of San Pablo and San Juan La Laguna, Guatemala

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Background and Significance

This project is part of a trend in global health that focuses on community-based primary health care grounded in empowerment theory. (1, 2) In Guatemala, between 2001-2003, type II Diabetes Mellitus rose to the 8th leading cause of mortality with a rate of 19.9 per 100,000 people and was the 5th leading cause of mortality among women (3).

In a health needs assessment conducted by ODM in the villages of San Juan and San Pablo La Laguna, Saladá between 2009-2010, a significant proportion of individuals surveyed (38%) identified diabetes as their top health concern. The needs assessment also highlighted residents’ strong desire for health services conducted in their native language (Tz’utujil) by individuals from their own community. This project focuses on providing local community members with the knowledge and skills to promote diabetes self-management in their communities and to function as an extension of the health services provided at the ODM clinics.

Goal and Specific Aims

Goal
To discover if a structured community-led diabetes self-management Intervention can be implemented successfully, and if it will improve selected health outcomes for diabetic patients in two rural indigenous communities in Guatemala.

First Aim
Evaluate community health workers’ knowledge and application of diabetes self-management, health promotion, and teaching techniques after structured training with a culturally-relevant diabetes self-management curriculum.

Second Aim
Evaluate changes in biometric indicators and health beliefs and practices surrounding diabetes in participating diabetic patients receiving treatment at the ODM clinic.

Progress to Date

• Administered 140 baseline surveys, Hemoglobin A1c and other biometric screenings of diabetic patients receiving care at the clinic.
• Conducted 2 focus group interviews with patients with diabetes in the two targeted Tz’utujil communities, San Juan and San Pablo La Laguna.
• Conducted a key informant interviews.
• Developed a culturally-relevant diabetes “train-the-trainer” curriculum informed by focus group interviews with patients.
• Facilitated training of 21 community health promoters using the “train-the-trainer” diabetes self-management curriculum.
• Developing and implementing, with collaboration of selected community health promoters the Caminemos Juntos (Let’s Walk Together) program including educational “diabetes club,” clinical check-ups, and patient advocacy.
• Continued development of curriculum for Diabetes Educators to implement via “diabetes club”

Population and Sample

The Clínica Sanjuanerita serves primarily two villages (San Juan La Laguna and San Pablo La Laguna, Saladá) with a combined population of about 16,000 of which is nearly 100% Tz’utujil Maya

- Inclusion criteria for study purposes is as follows: Diabetes Mellitus Type II diagnosis, completion of entrance questionnaire, participation in “diabetes club” meetings, and receipt of treatment at the Sanjuanerita Clinic within the 8 months prior to program commencement.

Timeline

February-April 2012
• Develop goals, specific aims, literature review and revise proposal. Seek IRB approval.
• Read qualitative interviews and preliminary data analysis from a health needs assessment from host organization conducted 2009-2010.

May 2012
• In-country field work: Conduct baseline surveys and biometric indicator screenings, conduct focus groups and key informant interviews.

June 2012
• Develop “train-the-trainers” curriculum, implement 2 weeks of training for community health workers (CHWs), select 8 CHWs to serve as Diabetes Educators.

July 2013
• Program implementation: Launch meeting with diabetic patients, commence diabetes club, diabetes health promoter home visits, and clinical pre-consults.

August 2013
• Curriculum module development, data entry.

Next Steps

• Analyze baseline data from interviews, surveys and biometric indicators.
• Continue to develop “diabetes club” curriculum informed by feedback from community health promoters.
• Administer follow-up interviews and biometric indicator screenings for participants in November/December 2012.
• Continue collaboration with Diabetes Program Coordinator and Community Health Promoters to further develop program.
• Seek outside funding to sustain program: “Sponsor a Person with Diabetes” program, including a joint HOLA and BISHA fundraiser and grant writing activities.

Project Partners

• Emory Global Health Institute—Multidisciplinary Team Field Scholars Award
• Organization para el Desarrollo de la Indígena Maya (ODIM)—host organization (Clínica Sanjuanerita)
• Jennifer Foster RN, MPH, CNMA, PhD – Mentor (Nell Hodgson Woodruff School of Nursing)
• Pedro Méndez Coche – Diabetes Program Coordinator
• Clínica Sanjuanerita, Community Health Workers

Quotations from Focus Groups and Key Informants

"Lo raman sagrado (el maíz) porque si no... porque una persona indígena sin su maíz no puede hacer su trabajo, aunque solo tengan tortillas con sal... ellos viven... a nosotros vivimos...no importa si no tenemos comida.“

They call it sacred (maize) because if no... because a person indigenous without their maize cannot do their work, although if only they have a tortilla with salt, maybe we eat... (Although they have maize)

"Salió el resultado que ya tengo diabetes, tuve miedo y me puse muy triste, hasta lloré."

They ran out with (the result) that I have diabetes, I was afraid and I got very sad, even cried.

"La diabetes no nos mata... pero tenemos que estar de acuerdo con la diabetes..."

Diabetes doesn’t kill us, we just have to live with diabetes..."