Puerto Rico Squeezing Advantages Out of Challenges with Diabetes Education

Like the old cliché about turning lemons into lemonade, the challenges of generating participation in diabetes self-management education classes (DSME) in Puerto Rico have within them advantages. The advantages are evidenced by the fact that the DSME goal for Puerto Rico has been far surpassed, and may triple the original goal by the end of this government-sponsored project.

The TMF Quality Innovation Network Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), has been tasked with providing free DSME classes to Medicare beneficiaries in a region encompassing Arkansas, Missouri, Oklahoma, Puerto Rico and Texas. The five-year contract, which began August 1, 2014, has established DSME class graduation goals.

Puerto Rico has already graduated 532 persons from DSME classes, surpassing its five-year goal of 300 patients by 77 percent.

Brenda Ortiz, TMF QIN-QIO project director, predicts that Puerto Rico could triple its five-year goal.

Ms. Ortiz attributes the success to the strategies developed to overcome barriers such as limited transportation, remote communities and significant illiteracy in the Medicare-age population. One of the main strategies is using the advantages of a culture that is close, communicates easily and in which people are very reliant on each other.

She also credits the team at Quality Improvement Professional Research Organization, Inc. (QIPRO), TMF’s subcontractor in Puerto Rico, with carefully selecting their partners to teach the DSME classes. One example is the partnership with Federally Qualified Health Centers, where DSME classes can be taught through their clinics.

Ms. Ortiz said the relationships developed with DSME educators are also a key to Puerto Rico’s success. Ilia Ferrer, the program lead for QIPRO, gives personal attention to each educator and each class. She consults with them before the start of each six-week session of classes and is in weekly contact with them. She often attends the first class and helps teach, and she attends many of the graduation ceremonies, which makes the events extra special for the participants.

Another example of extra effort involves the island of Vieques, where there is a significant population with diabetes but no one on the island trained to conduct DSME classes. Neither patients nor potential DSME instructors could be expected to take the ferry repeatedly to attend classes on the main island. So, Ms. Ferrer sent a DSME trainer to Vieques to train and certify two persons to be able to conduct DSME classes on the island.

Creating an awareness of the free DSME classes in Puerto Rico could be a challenge considering issues such as transportation, poverty, illiteracy and the remoteness of some of the Medicare population. However, Ms. Ferrer says the culture is an advantage. She said the culture is more communicative, cooperative and, especially in the rural areas, people are more reliant on each other. So, the word spreads quickly and easily about the availability of the DSME classes.

The classes are announced in churches, community centers and independent living facilities, and they are conducted in those same places as well as rural medical clinics. Ms. Ferrer said it is important to go to where the people are. As a result, the DSME classes were well attended.
“They love the dynamics of the curriculum; the easy way to understand the concept and the fun exercises,” she said. “The workshops provide the community centers with an activity where their people with diabetes have fun and, at the same time, learn about how they can manage their condition.

“Some of our elderly patients don’t know how to read or write,” she said. “Since the classes are interactive, the participants with low literacy don’t feel excluded. The educators work the curriculum around the low literacy of the participants. Sometimes they have eight classes instead of six, to allow extra time for learning.”

Ms. Ferrer said the DSME instructors are health professionals, either nurses or community health workers, which makes the patients/students feel more confident and open to talking about their health issues.

Three instructors who were contacted – Luz Colón, a clinical social worker; Keishla Silva, a health educator; and Melissa Muñoz, a nurse – agreed that Puerto Ricans have the distinction of being very close, friendly, party lovers, humorous and reliant on each other. Puerto Ricans also like to celebrate achievements. Consequently, DSME graduation is not only an accomplishment the patients are proud of, but it becomes a big party, with the community centers or other facilities eagerly participating in the event.

However, the instructors want their patients to take away from the classes methods that help them live better lives with diabetes.

Ms. Colón said that, among all of the things patients learn, they must keep their blood sugar regulated through healthy eating, exercise and following their doctor’s instructions.

Ms. Silva added that people with diabetes must routinely monitor their condition so as to be aware of any areas that need attention.

And, Ms. Muñoz wants patients to recreate in their homes some of the activities learned during their classes, especially checking their blood pressure and blood sugar levels to help them reach their goals.

DSME is a proven intervention for empowering persons with diabetes to take an active role in managing their disease. It has been shown that DSME classes significantly reduce serious complications such as heart disease, amputations of lower limbs, kidney failure and blindness.

Although not all of Puerto Rico’s strategies work everywhere else, Ms. Ortiz said that what has been learned from the success in Puerto Rico is to go where the target audience congregates and stay connected with the patients and instructors. She said that rural areas in the states are not unlike the rural areas in Puerto Rico, where resources are fewer and people are more communicative and reliant on each other.

Ms. Ferrer said Puerto Rico has the third highest prevalence of diabetes in the United States and its territories, with an overall prevalence of 15.67 percent and a prevalence of 35 percent in the over 65 years of age population.