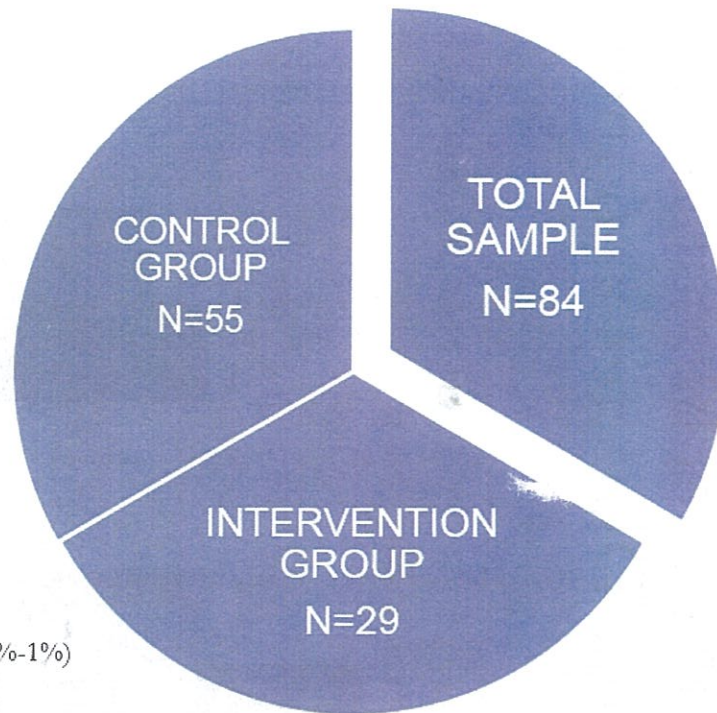


Group Medical Visits

Sample for CMC Health Center



Matched
Baseline A1C (0.5%-1%)
Age (5-10 yrs)

- All adults, 18 years and older, Spanish-speaking Latinos living with type-2 diabetes, CMC patients
- Patients were recruited via flyers, Diabetes registry and referrals from their PCP.
- Inclusion criteria: sma: had a1c >9% (75mmol/mol) and/or lacked access to diabetes education and support outside of primary care visits, and attended a minimum of three sma sessions.
- Exclusion- disability or non-Spanish speakers

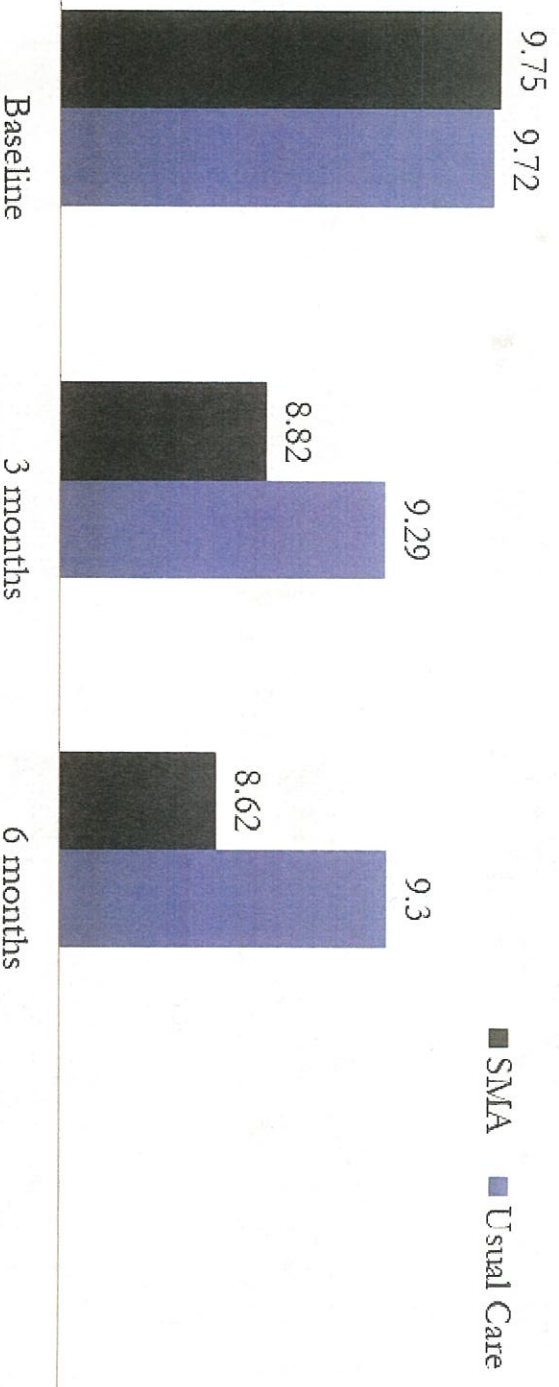
Intervention group had a total of 29 participants. The control group was a non-random, matched group of patients receiving upc at the fqhc clinic. at baseline, intervention and control group participants were matched by age (within 5 years) and a1c levels (within 0.5-1%).

Additionally, each cohort was matched with their control in time so that baseline and follow-up data mirrored each other time chronologically (a1c collected at during same quarter)

Baseline Data CMC

Characteristic	SMA Mean (SD)	Usual Care Mean (SD)	P value
Age	55 (12)	55 (12)	
Baseline A1C	9.87 (1.67)	9.81 (1.9)	

Mean A1C at Baseline, 3 and 6 Months CMC



Linear Regression- at 3 months (Beta – .67, R squared .03, $p < .21$)
Linear Regression- at 6 months (Beta – 1.06, R squared .06, $p < 0.05$)

-Compared to the control group, results of the linear regression analysis revealed that there was a net reduction a1c difference of -.67 % from baseline to 3 months

and -1.06 % from baseline to 6 months in favor of SMA. In other words patients in the SMA group had an additional drop of .67% and 1.06% percent in their A1C at 3 and 6 months respectively. The 6 month change is statistically significant.

-Context for why these results are of clinical significance, according to the United Kingdom prospective diabetes study, a 1% decrease in a1c values, translated to a

- ⇒ 14% decreased risk in macro-vascular diseases,
 - ⇒ a 37% decrease in micro-vascular complications and a
 - ⇒ 21% decrease risk of deaths related to diabetes
- SO in fact, a 1% drop in A1C has significant implications in long term health outcomes

Limitations: selection bias (lack of randomized control group), threat to internal validity (design contamination), limited generalizability

⇒ the lack of a randomized control group can lead to selection bias. self-selection in the sma program may have favorably influenced the results. patients who chose to participate in the sma group may have been already and motivated to improve their health. notwithstanding, evidence of this model provides the foundation for designing a more rigorous, prospective randomized

⇒ the treatment and control groups may have influenced each other in some way. for example, implementation of the sma program might have motivated medical providers to pay closer attention to the quality of diabetes management in their primary care practice. in addition, members of the sma program were highly motivated and enthusiastic about the program due to its novelty and being part of a dissertation.

⇒ this intervention was implemented at a single site with a relatively homogenous population of low-income, Spanish-speaking Latinos from central America and Mexico and it is unknown if this model could be implemented successfully in a different setting and with diverse populations.



GROUP MEDICAL VISITS

Bring this card to each session for completion of the program and a chance to win prizes!



Goals



Self monitoring



Medications



Active Lifestyle



Healthy Meals



CITAS MEDICAS EN GRUPO

¡Traiga esta tarjeta a cada sesión para completar el programa y ganar premios!



Metas



Autocontrol



Medicamentos



Vida Activa



Comidas Sanas

CONSEQUENCES of High Blood Pressure



Check.
Change.
Control.®

High blood pressure is often the **first domino in a chain** or “**domino effect**” leading to devastating consequences, like:



STROKE

HBP can cause blood vessels in the brain to burst or clog more easily.



VISION LOSS

HBP can strain the vessels in the eyes.



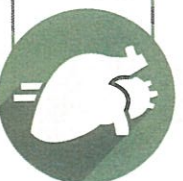
HEART FAILURE

HBP can cause the heart to enlarge and fail to supply blood to the body.



HEART ATTACK

HBP damages arteries that can become blocked.



SEXUAL DYSFUNCTION

This can be erectile dysfunction in men or lower libido in women.



KIDNEY DISEASE/ FAILURE

HBP can damage the arteries around the kidneys and interfere with their ability to effectively filter blood.



A simple **blood pressure check** is the first step to preventing the “domino effect.”
Learn more at heart.org/hbvp.

FATS

THE GOOD THE BAD & THE UGLY



✓ GOOD

Monounsaturated & Polyunsaturated Fats

- Can lower bad cholesterol levels
- Can lower risk of heart disease & stroke
- Can provide essential fats that your body needs but can't produce itself

SOURCE

Plant-based liquid oils, nuts, seeds and fatty fish

EXAMPLES



Oils (such as canola, olive, peanut, safflower and sesame)



Avocados



Fatty Fish (such as tuna, herring, lake trout, mackerel, salmon and sardines)



Nuts & Seeds (such as flaxseed, sunflower seeds and walnuts)

✗ BAD

Saturated Fats

- Can raise bad cholesterol levels
- Can lower good cholesterol levels
- Can increase risk of heart disease & stroke

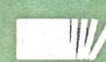
SOURCE

Most saturated fats come from animal sources, including meat and dairy, and from tropical oils

EXAMPLES



Beef, Pork & Chicken Fat



Butter



Cheese (such as whole milk cheeses)



Tropical Oils (such as coconut, palm kernel and palm oils)

✗ UGLY

Hydrogenated Oils & Trans Fats

- Can raise bad cholesterol levels
- Can lower good cholesterol levels
- Can increase risk of heart disease & stroke
- Can increase risk of type 2 diabetes

SOURCE

Processed foods made with partially hydrogenated oils

EXAMPLES



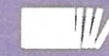
Partially Hydrogenated Oils



Some Baked Goods



Fried Foods



Stick of Margarine

American Heart Association
Recommendation

Eat a healthy dietary pattern that:

Includes
good fats

Limits
saturated fats

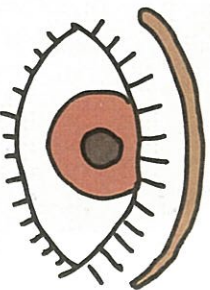
Keeps trans fats as
LOW as possible

For more information, go to heart.org/fats

DIABETES AND YOUR EYES

High blood sugar levels from diabetes can cause a number of problems with your eyes, such as:

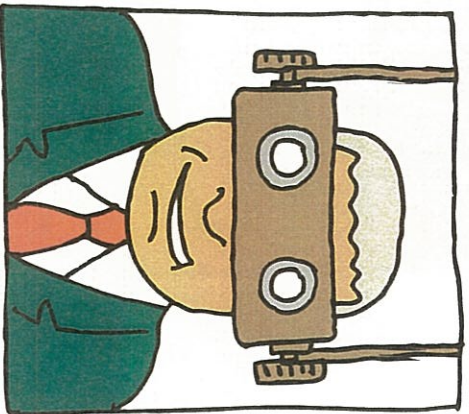
- Blurry vision
- Cloudy vision that feels like you are looking through a dirty window
- An increase in eye pressure
- Loss of vision



What can you do?

You can help prevent eye problems and keep your eyes healthy if you:

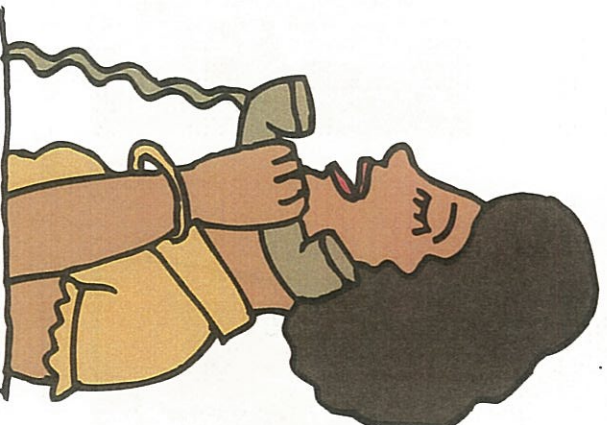
- Get a “dilated” eye exam at least once a year*
- Control your blood pressure
- Keep your blood sugar under good control



If you have a problem:

Call your doctor or health clinic right away if you have any sudden change in your vision.

Regular eye exams and taking good care of your diabetes are the best way to prevent eye problems.



* Dilated eye tests or exams are given only by an ophthalmologist (ahp tha MAHL uh jist). This is a medical doctor (MD or DO) with special eye care training.

Name/Nombre _____



Your thoughts...



Your feelings...



*Progress towards
your goal*

Name/Nombre _____

