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Case Management of Diabetes in the Virgin Islands

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Case Management of Diabetes in the Virgin Islands

The burden of diabetes mellitus in the Virgin Islands (VI) is great. According to the VI Behavior Risk Factor Surveillance System (BRFSS), 9% of the total population in 1997 reported that they had diabetes. The minority populations prevalent in the VI such as blacks and Hispanics are at a higher risk for developing diabetes. These ethnic groups comprise more than 85% of the VI population and require an approach to case management that includes cultural factors and attributes of Latino, African-American, and Caribbean people. These populations often communicate more orally than by the written word, and many have never completed high school. Therefore, more face-to-face interaction is important in engaging these vulnerable populations in the health care process.

The purpose of this project is to improve patients' knowledge and information about diabetes in these vulnerable and minority populations and motivate them to comply with physicians' and other health care providers' instructions. Additional project goals are to reduce hospital re-admission rates and increase the utilization of the Hemoglobin A1C test. Researchers from the Center for Research in Medical Education and Health Care at Jefferson Medical College are collaborating with providers at the Virgin Islands Medical Institute (the Peer Review Organization in the Virgin Islands) to study these important issues.

Adult patients who have been treated at one of the two hospitals in the Virgin Islands (Juan F. Luis Hospital and Medical Center in St. Croix, and the Roy L. Schneider Hospital and Community Health Center in St. Thomas) are included in the project. The study population is drawn from patients admitted in 2000 and 2001 diagnosed with diabetes mellitus.

During the case management intervention, care managers will visit and counsel patients after their inpatient stay. Managers will be either community health workers or community health nurses. They will have attended an in-service education program that has been developed in conjunction with the Diabetes Education Program at Thomas Jefferson University Hospital. Special attention will be given to assessing patients' learning abilities and need for oral rather than written communication. Care managers will tailor their counseling techniques to patients' clinical needs and cognitive skills. Patient learning objectives, as well as appropriate learning activities, will be developed. Longitudinal patient information will be kept regarding patient knowledge, use of HbA1C tests, and hospital re-admissions.

Development of educational materials has been completed, and we have begun to identify and educate the study population. We anticipate that the project will be completed by December, 2001. Education and case management in this underserved and undereducated population could potentially contribute significant gains to this population's health and well-being. Patients may benefit directly from learning about preventive care and from adequate knowledge and information so they could manage their chronic diabetic condition. Findings from such a study could inform how this type of intervention could improve the quality of care for similar demographic groups found elsewhere in the United States.

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