

An Interdisciplinary Approach to Chronic Disease Management

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Location: Cochabamba, Bolivia

Bolivia is a Latin American country, landlocked between Peru, Brazil, Paraguay, Argentina, and Chile.

Home to just over 10 million people, the Bolivian population is extremely diverse, with indigenous people making up over two-thirds of the population. Spanish is the primary language, although Guarani, Aymara, and Quechua are also common.

With varied terrain and landscapes, the country ranges from deserts, to tropical rainforests, to mountain ranges.

Diabetes Prevalence in Bolivia:

- 7.2% of the Bolivia population lives with diabetes.*
- 7.8% experience impaired glucose tolerance (IGT).*
- 19.6% of the population copes with hypertension, and 60.7% are overweight, both leading indicators for diabetes.*
- Diabetes is a growing public health concern and given the high levels of IGT, expected to increase in the future.
- Diet, exercise, lack of medical care, and social stigma are contributing factors to the diabetes epidemic.

*Pan Am Health Organization, 2001.

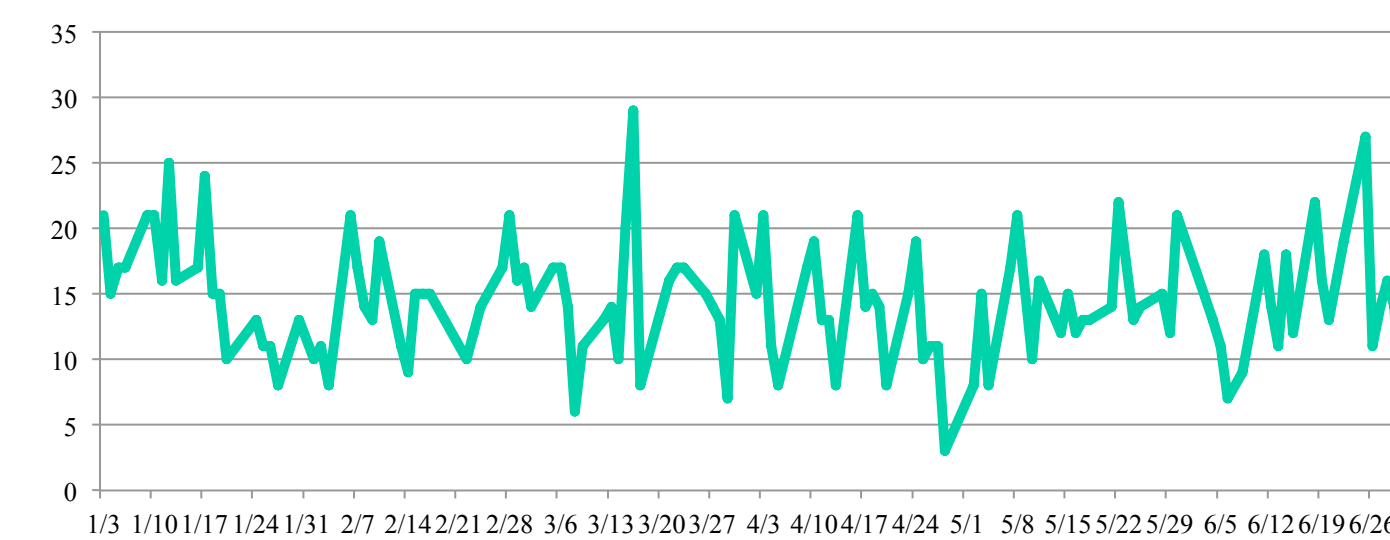
Centro Vivir Con Diabetes:

The Centro Vivir con Diabetes clinic was founded in 2000, with a focus on compressive care. The clinic mission is to "provide comprehensive, current, and quality education to all people with diabetes who need it, regardless of their social or economic status."

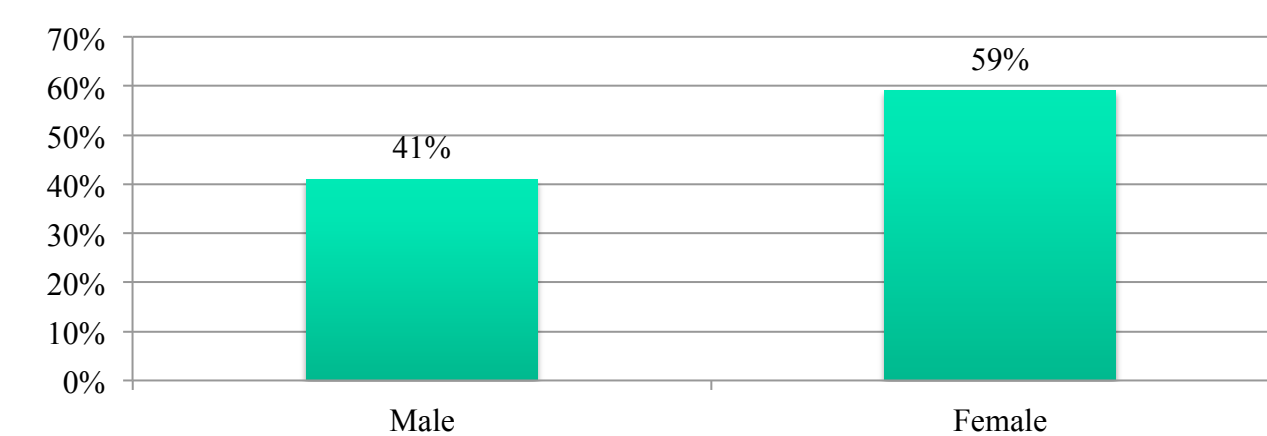
As an integral practice, the clinic offers endocrinology consults, ophthalmology, dental, nutritional, psychological, social work, laboratory, pharmacy, physical therapy, and inpatient services. CVD also offers education courses as well as outreach and prevention campaigns.

With 17 staff members, the clinic is open 6 days a week and serves thousands of patients each year.

Number of patients seen by day
Jan - June 2012



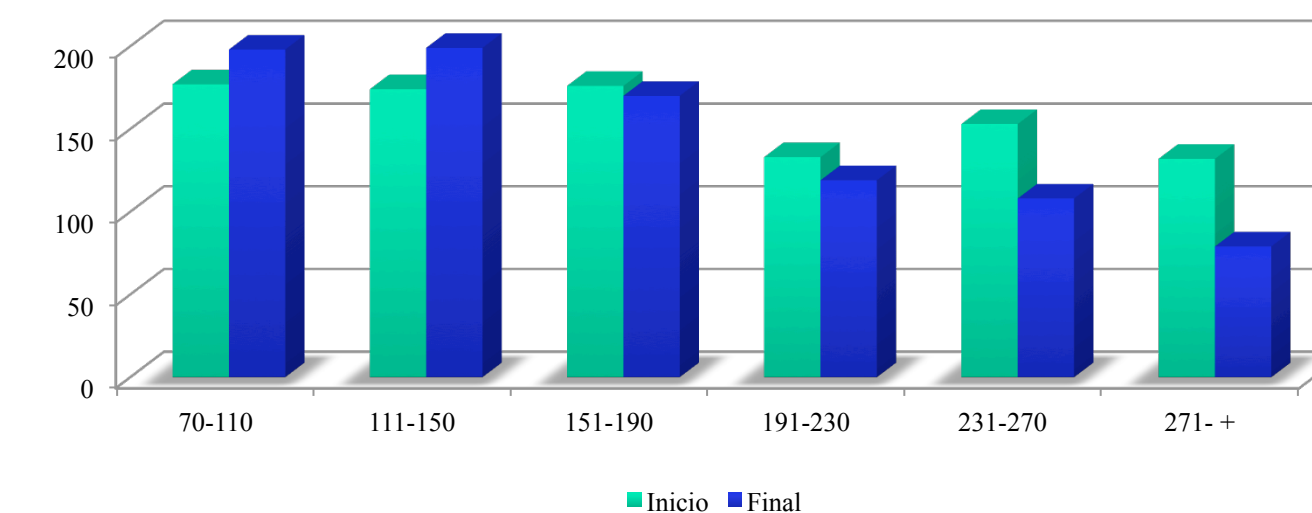
Gender Distribution of CVCD Patients
n = 6,272



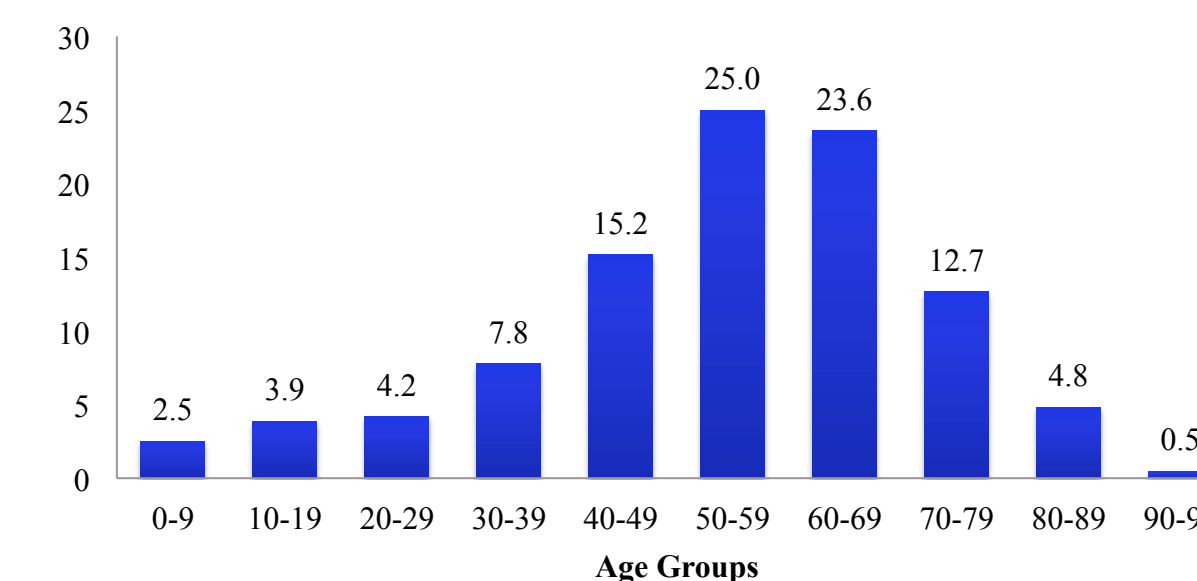
Statistics

Patients glucose readings before and after CVCD education courses.

Comparison of Glucose Levels at Beginning and End of Course



Age Distribution of CVCD Patients
n = 1,272



The interdisciplinary UM team gained skills in the following objectives:

- Financial Models and Business Data: Understanding government subsidies, private insurance, philanthropy, and clinical operations to improve CVCD's current business practices for sustainability and expansion.
- Clinical Patient Outcomes: With de-identified patient data, the team analyzed patient trends and set up longitudinal reports to follow outcomes over time.
- Patient Flow: A focus on understanding and identifying areas for improving patient entry, diagnosis, treatment, and long term follow-up outcomes.
- Relationships: CVCD relationships with other clinics, the patient outreach community, and local schools and churches.

Lessons Learned:

Having students from social work, public policy, nursing, and undergraduate studies gave the internship project a depth of understanding that would not have been available without the interdisciplinary approach.

Given the cultural differences, having travel experience prior to living in Bolivia was incredibly helpful.

Brushing up on your Spanish is essential. With a better working knowledge of the language, you can interact on a deeper level with the Bolivian population.

The Bolivian culture views disease much differently than Americans, so sensitivity to alternative medicines, local stigmas, and how the population thinks about their health is important.



Acknowledgements:

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