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Prescription for Health

DIABETES PROJECT

Mission: ***To improve adult type 2 diabetes self-management in South Dade through community collaboration, with cultural competence and sensitivity.***

Open Door Health Center: a free clinic for the uninsured poor located in Homestead, Florida. (1350 SW 4th St.) Ph. 305-246-2400

www.opendoorhc.org

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From Layperson to CHW: A Process

By:

Laura R. Bazyler, MS,RD,LD/N

Project Nutritionist & Lifestyle Coach

Open Door Health Center

Prescription For Health Diabetes Project

- **Step One: Identify Goal**

Recruit, hire and educate 6 adult ODHC patients with diabetes Type 2, to serve as Community Health Workers (CHWs) to assist with project implementation

- **Step Two: Define Selection Criterion**

CHW Roles & Responsibilities:

1. **Bridging/Cultural Mediation Between Patient and Clinic/Project Staff**
2. **Assist in providing culturally appropriate diabetes education**
3. **Facilitate social/peer support**
4. **Build Individual and Community Capacity**
5. **Assist with patient recruitment**

Desired Qualities and Skills:

Qualities:

Community member

Committed

Creative/resourceful

Friendly/patient

Non-judgmental

Caring, empathetic

Honest, respectful

Motivated, reliable

Flexible/persistent

Positive role model

Adapted from:

Rosenthal, E.L., Wiggins, N., Brownstein, J.N., Rael, R., Johnson, S., & Koch, E. et al. 1998. *The final report of the National Community Health Advisor Study: Weaving the Future*, Tucson, Arizona: University of Arizona, Health Sciences Center.

Skills Present or Potential:

Ability to read/write English & Spanish or Creole where applicable

Good listening skills

Ability to maintain confidentiality

Ability to work as a team

Ability to work with diverse groups of people

Broad community knowledge

General diabetes knowledge

Possess leadership skills

Ability to learn and share information with others

Ability to plan and set goals

Manages time effectively, organized

Ability to “speak up” for others

Step Three: Select /Create Curricula & Identify Educators

A) Conduct search to identify appropriate curricula.

- ***Published curricula used:***
  - ***Words to the Wise: A Bilingual Course for Diabetes Promotoras, New Mexico Diabetes Prevention and Control Program, New Mexico Department of Health, 2000.***
  - ***Exercising Control: Managing Your Diabetes, HealthStages℠ The Oasis Institute, 2001.***

B) Identify collaborators to assist with initial education.

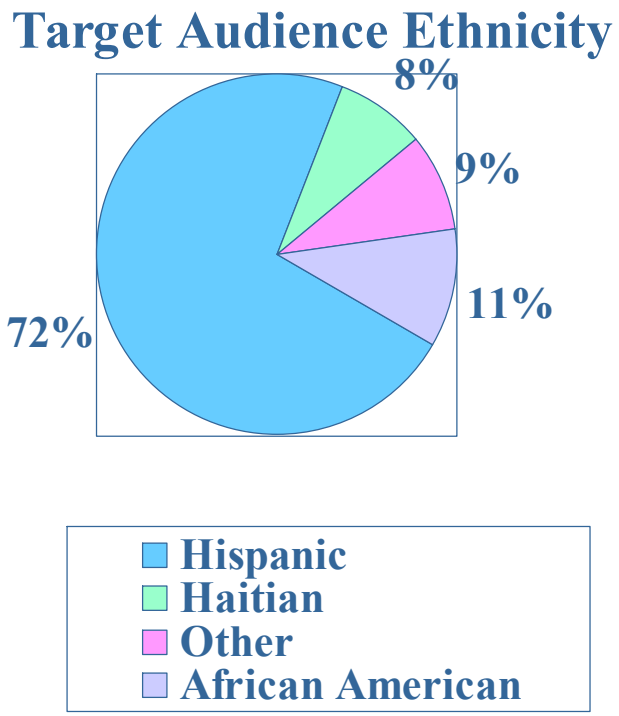
- ***Project Collaborators who assisted with initial education:***
  - ***Baptist Hospital Diabetes Care Center (private, non-profit hospital)***
  - ***South Miami Hospital Diabetes Care Center (private, non-profit hospital)***
  - ***CHAMP (Congregational Health Alliance Ministry Program) of Baptist Health South Florida (private, non-profit hospital)***
  - ***Florida Department of Health***

C) Select Educator/Leader = Lifestyle Coach

- ***Project Nutritionist & Lifestyle Coach coordinated/facilitated CHW education***

Step Four: Patient Interview and Selection

- **Potential Candidates Selected to Represent Target Audience**
  - # of non-pregnant adults with diabetes Type 2 - 125
  - # of patients interviewed – 9
  - 4 Mexican, 2 African American, 2 Haitian, and 1 Jamaican
- **Patients selected = 5**
  - 2 Mexican (1 ♂, 1 ♀), English & Spanish Speaking
  - 1 African American ♀, English Speaking
  - 1 Haitian ♂, English & Haitian Creole Speaking
  - 1 Jamaican ♀, English Speaking



Step Five: Implement Education Curricula

- *80 hours (10 hours/week for 8 weeks)*
- *Initial Education Topics:*
  - *Individual and Community Capacity*
    - *Goal setting, Empowerment, Identifying Barriers to DSM, Resources available through local CBO's*
  - *Medical*
    - *Self glucose monitoring, Managing diabetes risks, Medication compliance, Confidentiality/HIPPA, Documentation, Diabetes ABC's*
  - *Nutrition*
    - *Normal nutrition, Meal planning methods for diabetes, Management of dyslipidemia and hypertension, Healthy cooking methods, Supermarket savvy, Restaurant survival skills, Environmental control, Planning ahead*
  - *Physical Activity*
    - *Health benefits, Problem solving, effect on diabetes ABC's, Stretching, Warm-up and Cool down, Proper hydration and dress*
  - *Psychosocial*
    - *Depression, Spiritual aspects of coping with chronic illness, Active Listening, Cultural/linguistic sensitivity, Problem solving, Healthy coping, Teamwork and Social support*

Step 6: Measure CHW Accomplishments

Assist with:-

- *Diabetes Support Groups & Classes*
- *Cooking Classes & Grocery Tours*
- *Diabetes Screening & Education*
- *Patient Recruitment*
- *Patient Referral for Services/Resources*
- *Distribute Project Brochures/Flyers*
- *Lead Walking Groups*
- *Liaison Between Project/Clinic Staff and Patient/Patient Family*
- *Peer Support via Phone Calls & Home Visits*

Project Nutritionist & Lifestyle Coach and Project Coordinator presenting CHWs with Certificates of Completion for Initial Education

Lessons Learned:

- Individuals with no medical training can be educated to serve as Community Health Workers in a community clinic setting.
- Selecting CHWs who reflect the target audience builds credibility with the community they serve
- CHWs education should include clarification of prevalent “myths” and misconceptions
- Modeling “non-directive support” is an ongoing process
- CHWs need ongoing education and encouragement

Implications For Diabetes Practice:

- CHWs can be an asset to community clinics by:
  - Extending the impact of the RD and/or CDE in DSME
  - Helping to “bridge the gap” in diabetes health disparities
  - Improving communication with “hard to reach” populations
  - Increasing clinicians’ presence within the community