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DIABETES INITIATIVE
A National Program of The Robert Wood Johnson Foundation



*Roles and Services of
Community Health Workers
in Diabetes Self Management*

<http://diabetesinitiative.org>

Mary O'Toole motoole@im.wustl.edu

Carol Brownson, Gowri Shetty

Victoria Anwuri, Edwin Fisher



Advancing Diabetes Self Management

Demonstrating and evaluating programs to promote self management of diabetes in primary care settings

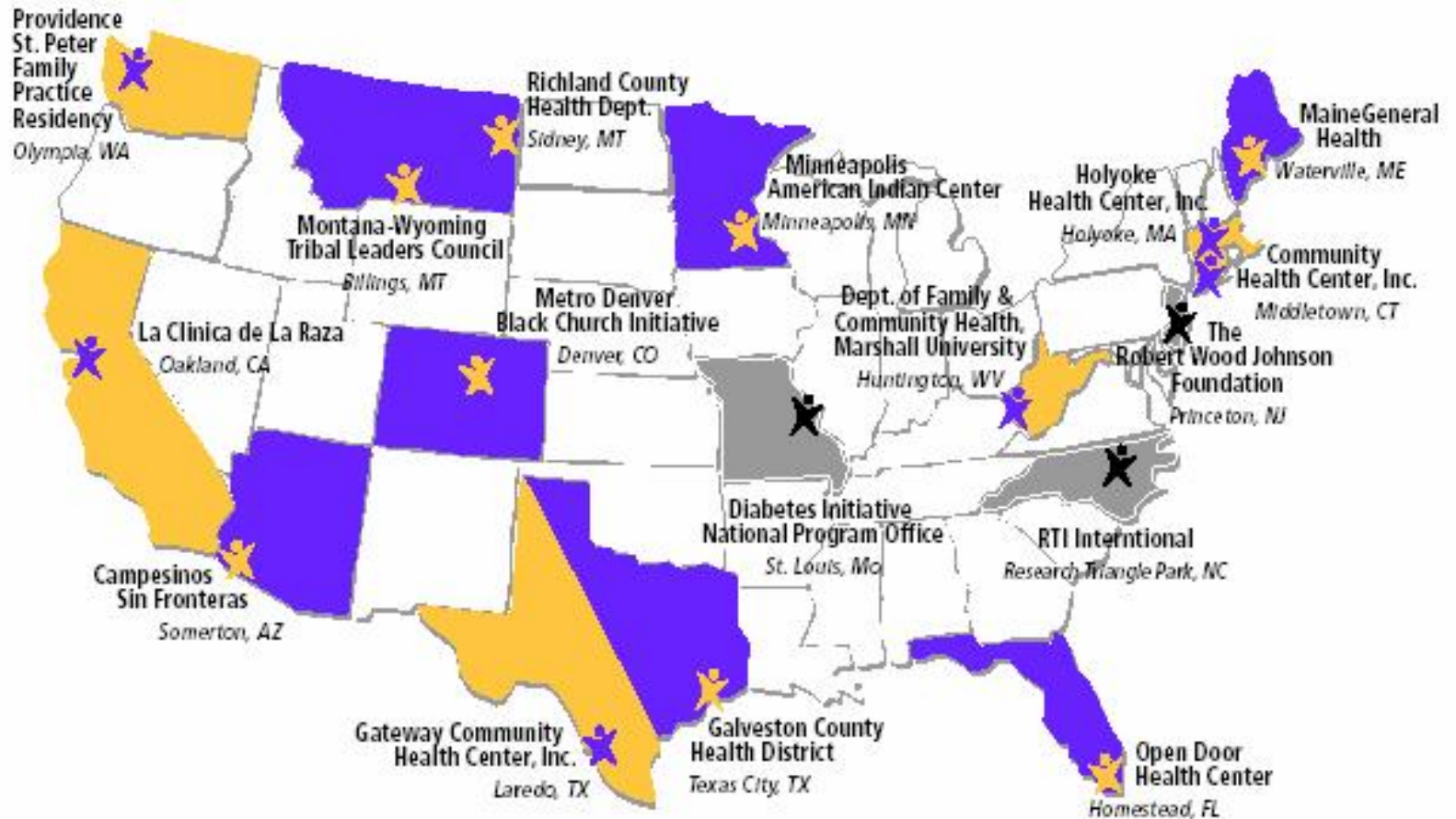


Building Community Supports for Diabetes Care

Demonstrating and evaluating clinic-community partnerships to support self management of diabetes and diabetes care



RWJF Diabetes Initiative



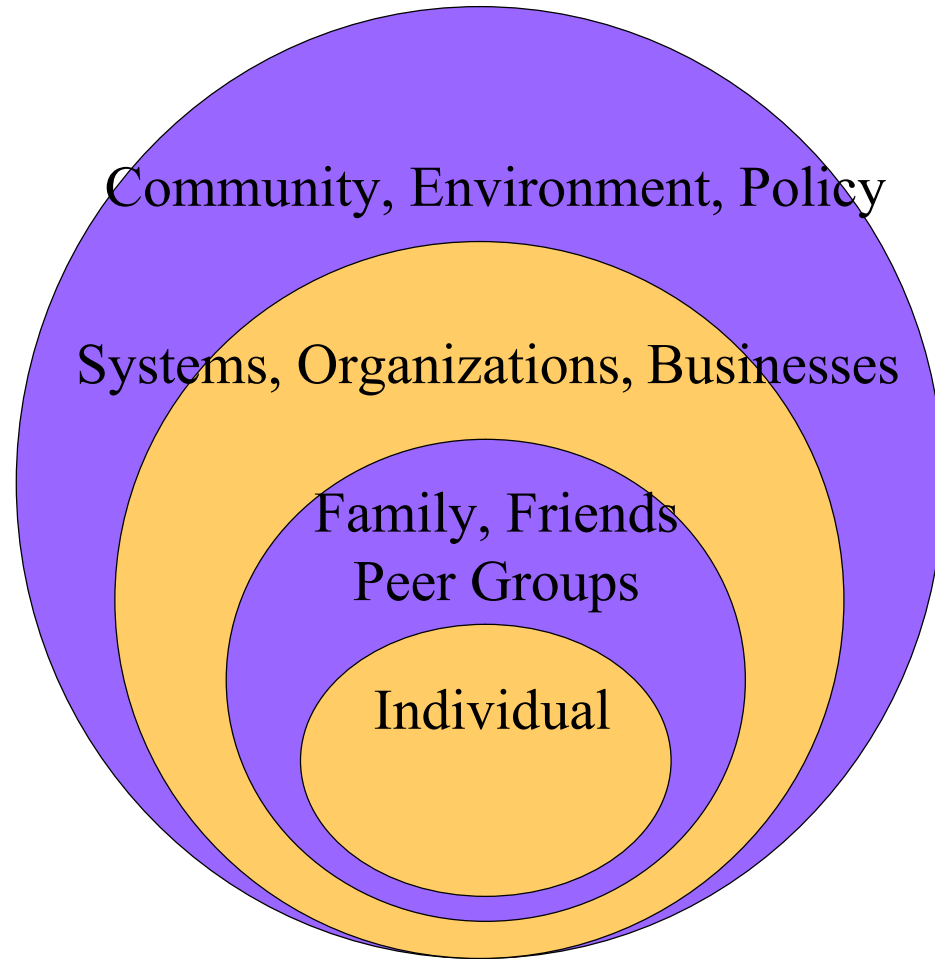


Key Concepts for Diabetes Self-Management

- Diabetes is “for the rest of your life”
- It affects all aspects of every day life
- Healthy behaviors are the central to successful management of diabetes
- Self management enhances emotional health, and healthy coping enhances self management



Ecological Model of Health Behavior



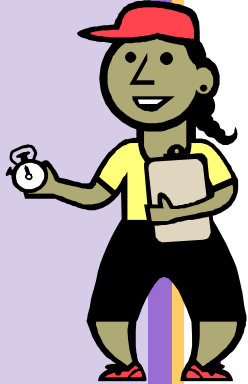


Resources and Support for Self-Management (“RSSM”)

- Individualized assessment
- Collaborative goal setting
- Enhancing skills: diabetes-specific skills, self-management skills, skills for “healthy coping”
- Ongoing follow-up, support and encouragement
- Enhancing community resources and enhancing access to resources available
- Continuity of quality clinical care



Community Health Workers in the Diabetes Initiative



- “Coaches” in Galveston lead DSM courses in their respective neighborhoods
- “Lay Health Educators” in Maine provide support and encouragement for physical activity to co-workers, teach self-management courses and advocate for community trails
- “Community Health Representatives” in MT-WY participate in self management classes and provide follow up support after classes
- Elders who form the Community Council at the Minneapolis American Indian Center guide program direction and teach self management classes to peers
- Co-workers support each other in weight management in W. V. and peers lead SM courses in community and church settings
- *Promotoras* are key to the services of 4 DI sites



Promotoras' varied roles...

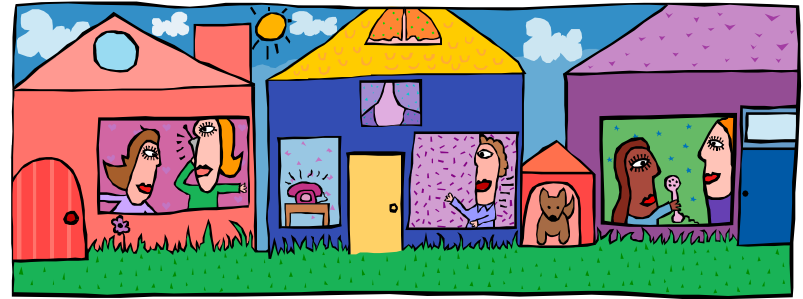
- *In the clinical setting, promotoras roles function from a healthcare prospective.*
- *In the community setting, promotoras function from a social support prospective.*

- Provide culturally specific health education classes and support groups
- Advocate for patient needs
- Assure that patients receive the health services they need and provide referral and follow-up services
- Assist and guide the patient in the management of their disease process





CHW sites



- CHWs are key to the interventions in 9 of the 14 sites
- 4 are community based; 5 clinic based
- Log sheets developed by workgroup
- Quarterly logs over a one year period
 - 2 week collection periods



Community Health Worker Log

CHW Initials: _____ Client ID: _____ Date: _____

Mode of contact:

- Face to Face
- Phone
- Email
- Mail
- Other (Please specify) _____

Place:

- Home
- Community
- Clinic
- Other (Please specify) _____

Type of contact:

- CHW Initiated
- Client Initiated
- Medical Visit

Duration of contact:

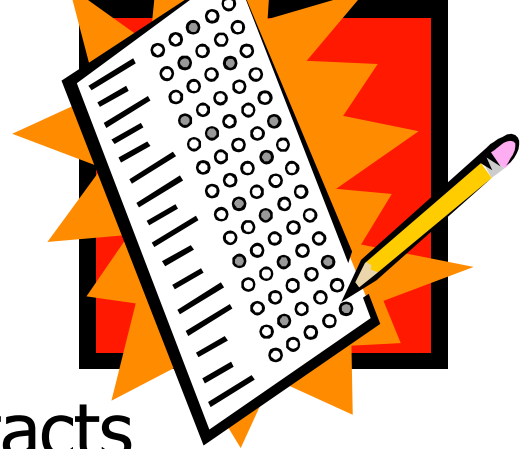
__:__ hours:minutes

Focus of contact:

- Teaching or practicing skills (check the type of skill)
 - healthy eating
 - physical activity
 - glucose monitoring
 - taking medication
 - healthy coping
 - problem solving
 - reducing risks
- Providing assistance
 - helping to set a goal
 - giving health information (education)
 - emotional support (for an acute problem or stressor)
 - encouragement or motivation
 - personal needs (e.g. transportation, translation, filling out forms, etc.)
- Making a referral
 - for social services (e.g. housing, food, employment, etc.)
 - for health services
- Recruiting participants, inviting them to participate in programs, etc.
- Monitoring and follow-up on participant progress (e.g., check-in, general updates, etc.)
- Making client aware of rights, services available, etc. (advocacy)
- Other (Please specify) _____



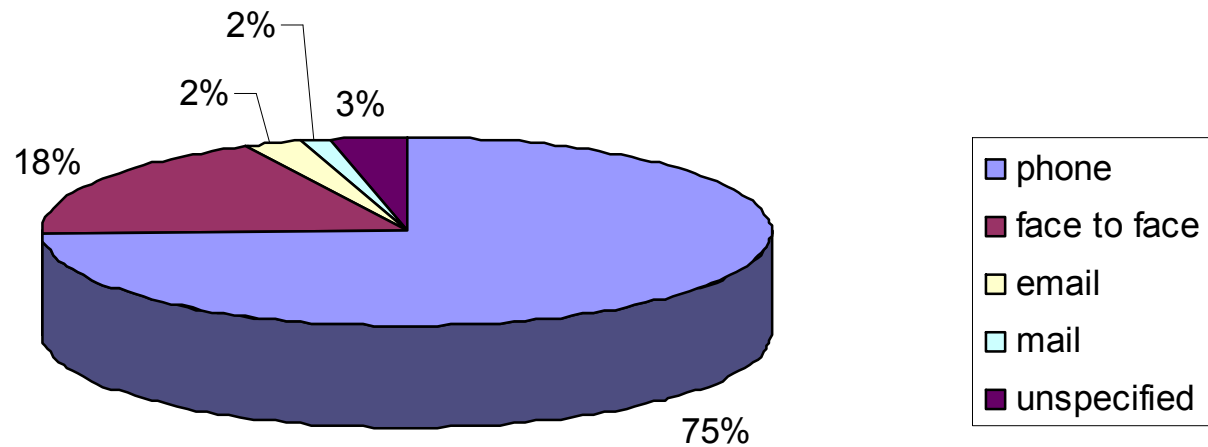
CHW – Participant Interaction



- 32 CHWs at 6 sites logged contacts
- 1341 **individual** CHW contacts (in first 3 waves)
- 154 **group** meetings (1216 participants)

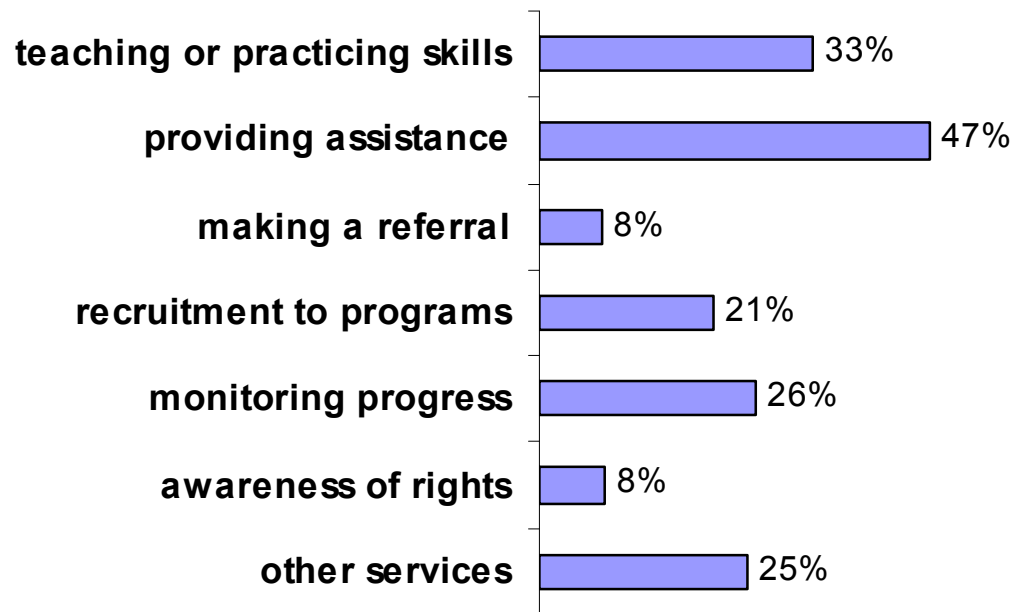


Method of Individual Contact



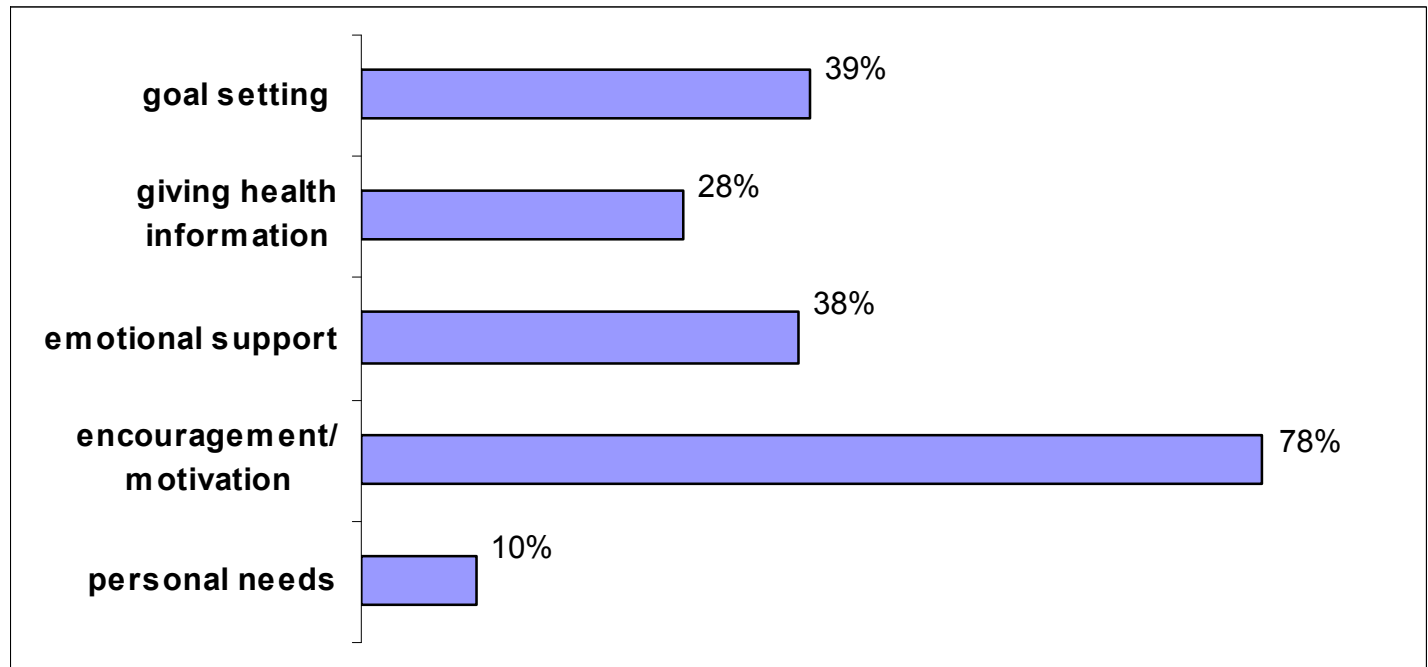


Focus of Individual Contacts (1341 contacts)



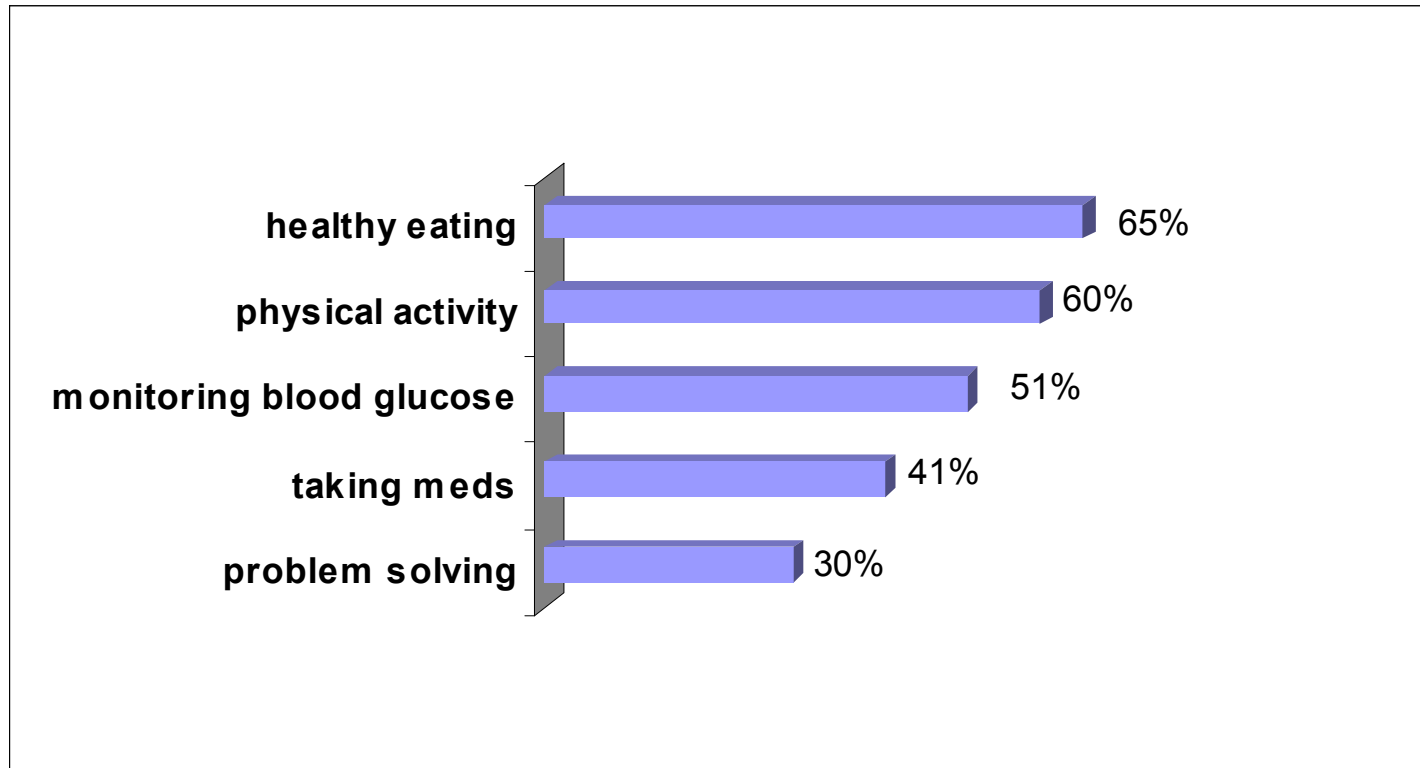


Types of Individual Assistance Given (47% of Individual Contacts)



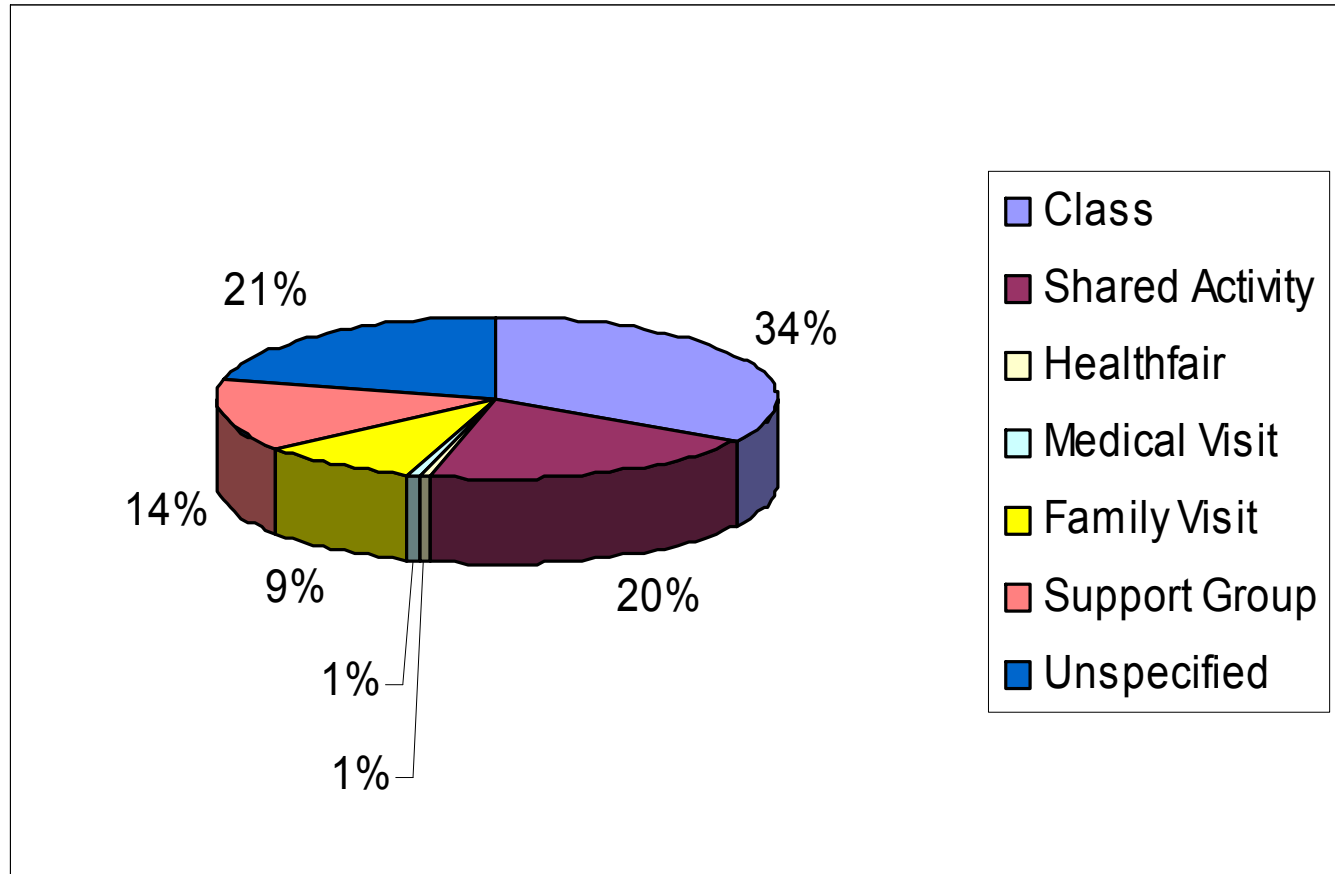


Types of Skills Taught or Practiced (33% of Individual Contacts)





Group Contacts





Classes

- Teach or practice skills
- Education
- Encouragement
- Motivation





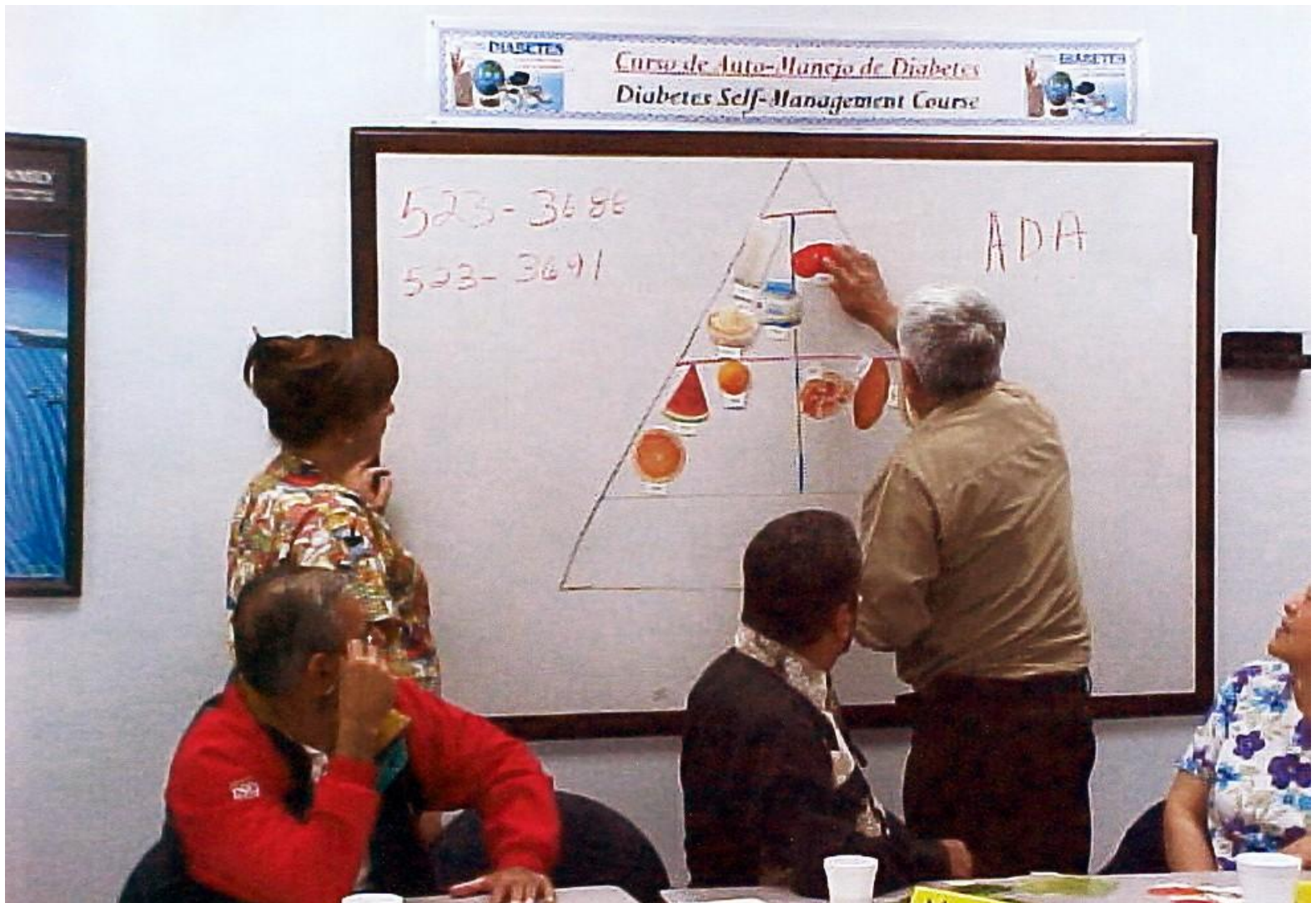
Support Groups



- Provide emotional support
- Encouragement
- Motivation



Support Group





Shared Activities



- Community programs
- Walking groups
- Drop-in times
- Dances



Breakfast Club





Supermarket Tour





Community Council





What makes CHWs effective?



- CHWs have access to the population they serve
- The unique relationship they have with clients provides social support that is critical to self management
- This trusting relationship lays the foundation for good self management
- CHW's have greater flexibility to meet clients needs, eg.,
 - Amount of time spent
 - Time of day services are provided
 - Place of contact
 - Range and extent of services



Next step: structured interviews with participants to assess perceived benefits

- How has the CHW been helpful to you?
- What does the CHW do that is different from what others on your healthcare team do?
- What does the CHW do that is different from what family and friends do?
- Give one specific example when the CHW was especially helpful to you.





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Self Management is
the key to good control
of diabetes and
emotional health



And CHWs play an
important role in self
management

Thank you!