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Community Partnerships

Quality Allies Learning Community Meeting

March 29-31, 2006
Atlanta, GA
Promoting *self management* of diabetes through primary care settings

Clinic-community collaborations to support *self management* of diabetes and diabetes care
RWJF Diabetes Initiative
Resources and Support for Self–Management ("RSSM")

- Individualized assessment and collaborative goal setting
- Skills for self-management
- Ongoing follow-up, support and encouragement
- Community resources and access to them
- Continuity of quality clinical care
Community.....what is it?

Many definitions, none universally accepted...

- Physical location; place with people
- Shared perspectives; common interests
- Joint action or activities
- Social ties; relationships

"a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographic locations or settings” MacQueen et al, 2001
Ecological Model of Health Behavior

- Community, Environment, Policy
- Systems, Organizations, Businesses
- Family, Friends
- Peer Groups
- Individual
How can we help create linkages and build community supports for self management?
Examples from the Diabetes Initiative

First “level” of influence—family, peers

- Group medical visits
- Community health worker services
- Peer-led self management courses
- Groups
  - Peer and professional-led support groups
  - Teams, clubs, group activities
  - Open Access, Open Office
Group Visits

Benefits

• Provide more time to discuss issues of interest and provide education
• Provide a forum for peer exchange and support

Types of Group Visits in the DI

• Medical group visit
• Mini-visit
• Group support visit with medical care option
Group self management class
Breakfast club
Supermarket tour
Community Health Workers (CHWs)

A trained peer who applies his or her unique understanding of the experience, language and culture of the populations he or she serves to promote healthy living and to help people take greater control over their health and their lives. CHWs are trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles:

- Providing culturally appropriate health education and information
- Linking people to the services they need
- Providing direct services, including informal counseling and social support
- Advocating for individual and community needs, including actively building individual and community capacity.
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 and teach self-management courses

• “Community Health Representatives” in MT-WY participate in self-management classes and provide follow up support after classes

• Elders from the Community Council at the Minneapolis American Indian Center guide program direction and teach self management classes

• Coworkers 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 sites
Promotora led exercise class
Group activity in a coping with diabetes session
Promotora roles and responsibilities...

- The promotora is considered part of the patient care team and plays a key role in the delivery of Diabetes Self Management Services.

- 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

- Participate with team in case conferences
Case conference including CHW
Examples from the Diabetes Initiative

Second “level of influence”—organizations

• Leveraging changes within organizations
  – Tasty Fork
  – Lay health educators at worksites
  – Healthy breakroom
  – Walking patient visits

• Linkages with organizations/ departments
  – Referrals to community exercise center with incentives for continued participation
  – Sharing intake data across health and social services to aid referrals and seamless care
  – Shared positions
Examples from the Diabetes Initiative

Third “level of influence”—environment and policy

- Advocacy for walkable towns
- Advocacy for food choices in grocery stores
- Placing educational materials in libraries
- Walking maps and signage in neighborhoods
- Participation in community events, coalitions and partnerships
Levels of Partnering Relationships

- Networking—exchanging information for mutual benefit
- Coordinating—networking and altering activities to achieve a common purpose
- Cooperating—coordinating and sharing resources
- Collaborating/co-creating—cooperating and enhancing the capacity of another for mutual benefit to achieve a common purpose
Engaging Partners (traditional and non-traditional)

- What’s the issue?
- Why should (or do) they care?
- What do you want them to do?
- Is that something they want from you?
- Can you provide it?
Partnering Relationships

- Networking
- Coordinating
- Cooperating
- Collaborating

- Resources
- Commitment
- Involvement
Community Council/ Talking Circle
Impact of partnerships…..

• Within agency
• Between agencies

Intermediate outcomes…..

• Individual level
• Organizational level
• Partnership level
• Community level

Long term outcomes…..

• Clinical
• Community
Next steps.....

- What do you hope to achieve?
- Have you assessed your organizational capacity for expanding into community?
- What are your strengths?
- What are your “agent of change” opportunities?
- How can you involve “targets of change” in your exploration and planning?
Resources—tip of the iceberg

- **From the Group Up!** A workbook on coalition building and community development, [www.ahecpartners.org](http://www.ahecpartners.org)
- **Working Together, Moving Ahead:** A manual to support effective community health coalitions, Shoshanna Sofaer
- **Organizations working together,** Alter and Hage
- **Collaborative Leadership,** Turning Point Initiative, [www.turningpointprogram.org](http://www.turningpointprogram.org)
- **Developing Effective Coalitions: An Eight Step Guide,** [www.preventioninstitute.org](http://www.preventioninstitute.org)
- **Collaborating to Improve Community Health,** Johnson, Grossman, Cassidy, eds.