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Lay Health Educators: A Social Marketing Strategy Addresses the Community Resources and Policy Component of the Chronic Care Model

RWJF Diabetes Initiative Annual Meeting

October 19, 2006

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Community-based Move More

- Build capacity (trails and walking paths, indoor walking spaces)
- Gym memberships (low cost/no cost)
- Policy/advocacy (schools, community, worksite)
- Non-directive peer support (volunteers)
- Linking patients to community resources
- Website
- Print materials (standardized distribution system)
- Chronic disease self-management classes
Key Objectives

- Build network of volunteers who can provide non-directive peer support (Movers and Lay Health Educators)
- Social marketing message
- Refer patients to community resources
"Move More"

Key Strategies

- CDC Best Practices for increasing physical activity*
  (Creation of or enhanced access to places for physical activity combined with informational outreach activities, and social support interventions in community settings)

- Social Marketing (The Mover is the messenger)

Wagner’s *Chronic Care Model*

**Community**
- Resources and Policies
- Self-Management Support

**Health System**
- Organization of Health Care
- Delivery System Design
- Decision Support
- Clinical Information Systems

**Informed, Activated Patient**

**Productive Interactions**

**Prepared, Proactive Practice Team**

**Functional and Clinical Outcomes**

www.improvingchroniccare.org
Barriers

- Stigma in the community of having diabetes
- Explaining to community members and professionals that social marketing is about much more than a mass media campaign.
- Helping health care professionals understand the importance of peer support, and that non-professionals are important in referring patients to community resources and delivering the physical activity message.
Lay Health Educator Intervention

- Provide non-directive peer support in community and worksite settings…”gentle encouragement”
- Refer patients to self-management resources in the community
- Promote physical activity opportunities
- Lead chronic disease self-management classes
- Enroll patients in Move More
Most important outcome

"Move More"

**RWJF funding provided time and resources to conduct formative research, develop strategies and establish a network of volunteers.**

*Move More is now a low cost program that can be sustained in a rural setting through the use of volunteers.*
Lessons learned

- Lay the groundwork (trails, indoor walking places, website, relationships with partners, etc.)

- Slow and steady work with volunteers, health care professionals and community members are key to sustainability.