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Roles and Services of Community Health Workers in Diabetes Self Management

http://diabetesinitiative.org

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

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

- Community, Environment, Policy
- Systems, Organizations, Businesses
- Family, Friends
- Peer Groups
- Individual
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
- [ ] 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

- Phone: 75%
- Face to face: 18%
- Email: 2%
- Mail: 2%
- Unspecified: 3%
Focus of Individual Contacts
(1341 contacts)

- teaching or practicing skills: 33%
- providing assistance: 47%
- making a referral: 8%
- recruitment to programs: 21%
- monitoring progress: 26%
- awareness of rights: 8%
- other services: 25%
Types of Individual Assistance Given (47% of Individual Contacts)

- Goal setting: 39%
- Giving health information: 28%
- Emotional support: 38%
- Encouragement/motivation: 78%
- Personal needs: 10%
Types of Skills Taught or Practiced (33% of Individual Contacts)

- Healthy eating: 65%
- Physical activity: 60%
- Monitoring blood glucose: 51%
- Taking meds: 41%
- Problem solving: 30%
Group Contacts

- Class: 34%
- Shared Activity: 21%
- Healthfair: 14%
- Medical Visit: 9%
- Family Visit: 1%
- Support Group: 1%
- Unspecified: 1%
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.
Resources and Support for Self–Management (“RSSM”)

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• Ongoing follow-up, support and encouragement
• Enhancing community resources and enhancing access to resources available
• Continuity of quality clinical care
Self Management is the key to good control of diabetes and emotional health

And CHWs play an important role in self management

Thank you!