This product was developed by the Robert Wood Johnson Foundation Diabetes Initiative. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.
A Framework for Building Community Supports for Diabetes Care

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Promoting self management in quality diabetes care through primary care and community settings
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
Ecological Model of Health Behavior

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

- To develop a comprehensive framework for building community supports for diabetes care.

- The framework serves to establish the relationship between partnership functioning and program outcomes will also assist with quality improvement efforts.
Methods

• Workgroup formed
• Framework drafted
• Framework tested
• Framework revised
• Final framework
Dimensions of the framework

• Partnership Functioning
• Agency Capacity
• Intermediate Outcomes
• Long-term Outcomes
Results

The various components within the framework dimensions

• Partnership function
• Partnership structure
• Changes in agency capacity
  – within agencies
  – between agencies
• Intermediate outcomes at the :
  – individual level
  – organizational level
  – partnership level
  – community level
• Long term outcomes at the :
  – individual level
  – community level
Partnership Functioning and Partnership Structure

A questionnaire was developed and administered to all BCS grantee partners in 2004 and 2005. This focused on:

- Description of the organization
- Relationship in the partnership
- Leadership
- Administration and management of the partnership
- Communication
- Partnership resources
- Benefits of participation in the partnership
- Drawbacks of participation in the partnership
- Collaboration
- Partnership Challenges
- Synergy
Results: Partnership Functioning and Partnership Structure

• Partnership Functioning
  – Leadership
  – Collaboration
  – Communication
  – Synergy

• Partnership Structure
  – Administration and management of the partnership
  – Reciprocity
  – Partnership resources
Results: Agency Capacity
Within Agency

- The items generated in this category refer to the strengths within each organization that have developed as a result of being part of this partnership.
Results: Agency Capacity Within Agency

- Recognition of the benefit of collaboration
- Improved capacity to respond to demands
- Increased information and resources
- Increased community input
- Greater utilization of services
Results: Agency Capacity Between Agency

- The items generated in this category refer to things that impact the ability of agencies in the partnership to work together that are being developed as a result of being part of the partnership.
Results: Agency Capacity Between Agency

- Connection to the community
- Creation of a shared vision
- Focus on issues/needs of the community rather than only on accountability to the agency
- Enhanced referral services
- Share information and resources (including staff)
Results: Intermediate Outcomes

Individual Level

• These are things related to individual patients and staff that changed as a result of improved capacities within and across agencies.
Results: Intermediate Outcomes

Individual Level

• Improved self-management
  Increased attention to education
  Increased healthy behaviors
  Increased knowledge & skills
  Increased social support
  Better adjustment to living with diabetes

• Better clinical outcomes

• More willing to talk about diabetes
  Increased attention to pre diabetes
  More hope/less fatalism

• Patients linked to community resources
  Increased knowledge of services

• Opportunities for personal and professional growth of staff and providers
Results: Intermediate Outcomes
Organizational Level

• These are changes that occurred within agencies as a result of the increased capacities within the agencies and across agencies.
Results: Intermediate Outcomes

Organizational Level

• **Improved services**
  - Increased leadership support for programs
  - Expand role definitions & expectations
  - Better trained workforce
  - Creation of shared philosophy of service delivery
    - Seamless service delivery
  - Improved access
    - More well visits, fewer emergency room and hospital visits
  - Increased number of patients with medical home/primary care physician

• **Increased capacity for outreach**
  - Better understanding of community needs

• **Improved treatment protocols**
  - Physicians increase referral to education

• **Increased awareness and demand for organizational expertise**

• **Data systems improvement**
Results: Intermediate Outcomes
Partnership Level

- These are changes that occurred within the partnership as a result of the increased capacities within the agencies and across agencies.
Results: Intermediate Outcomes
Partnership Level

• Partnership functioning
  • More trust among partners
  • More efficiency in working with partners
  • Improved coordination among partners
  • Increased ability to resolve conflict
  • Improved role clarification
  • Clearer expectations of partners and partnership

• Increased sense of ownership of the partnership among the partners

• More strategic expansion of networks
  • Move from acting as a network to co-planning
  • Strengthen relationship so can be sustained after funding
  • Increase work together on non-diabetes related projects/more spin-offs

• Level playing field among partners to interact more as equals
  • From what partnership can do for us to what we can do for each other
  • Reduced barriers to working across agencies

• Leverage more resources
Results: Intermediate Outcomes
Community Level

- These are changes that occurred within the community as a whole as a result of the increased capacities within the agencies and across agencies.
Results: Intermediate Outcomes
Community Level

- **Generated resources and/or increased access to resources**
  - Increased access to services and programs that support diabetes self management
  - Increased infrastructures/build environment for physical activity
  - Increased community access to tools to support and enable healthy choices (e.g., library with internet access to determine nutritional qualities of a family recipe)
  - Increased healthy food options
  - Improved resource materials available to community as a whole

- **Increased community awareness of diabetes**

- **Increased community engagement in health**

- **Generated data that could be used by other agencies to garner additional resources**

- **Increased advocacy and consumer demands**
Results: Long-term Outcomes

- Clinical Outcomes:
  - Morbidity
  - Mortality

- Community Outcomes
  - Policy Changes
  - Changes in environment
Framework for Building Community Supports for Diabetes Care

### Partnership: Function:
- Leadership
- Collaboration
- Communication
- Synergy

### Partnership: Structure:
- Administration and management of the partnership
- Partnership resources
- Reciprocity

### Agency Capacity:

#### Within Agency:
- Recognition of the benefit of collaboration
- Improved capacity to respond to demands
- Increased information and resources
- Increased community input
- Greater utilization of services

#### Between Agencies:
- Creation of a shared vision
- Focus on issues/needs of the community rather than only on accountability to the agency
- Enhanced referral services
- Share information and resources

### Intermediate outcomes

#### Individual level:
- Improved self-management
- Better clinical outcomes
- More willing to talk about diabetes
- Patients linked to community resources
- Opportunities for personal and professional growth

#### Organizational level:
- Improved services
- Increased capacity for outreach
- Improved treatment protocols
- Increased awareness and demand for organizational expertise
- Data systems improvement

#### Partnership level:
- Partnership functioning
- Increased sense of ownership of the partnership among the partners
- More strategic expansion of networks
- Level playing field among partners to interact more as equals
- Leverage more resources

#### Community level:
- Generated resources and/or increased access to resources
- Increased community awareness of diabetes
- Generated data that could be used by other agencies to garner additional resources
- Increased community engagement in health
- Increased advocacy and consumer demands

### Long-term outcomes
- Clinical (morbidity/mortality)
- Community
Conclusions

• This framework will be important in identifying and evaluating various dimensions of partnership functioning and their relationship to proximal and distal outcomes of clinic-community partnerships for diabetes care.
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