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DIABETES INITIATIVE

A National Program of The Robert Wood Johnson Foundation



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*The Role of Community Health
Workers in Diabetes Self
Management: Lessons Learned
from the Diabetes Initiative*

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<http://diabetesinitiative.org>

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Diabetes Initiative of the Robert Wood Johnson Foundation

Real world demonstration of self management as part of high quality diabetes care in primary care and community settings



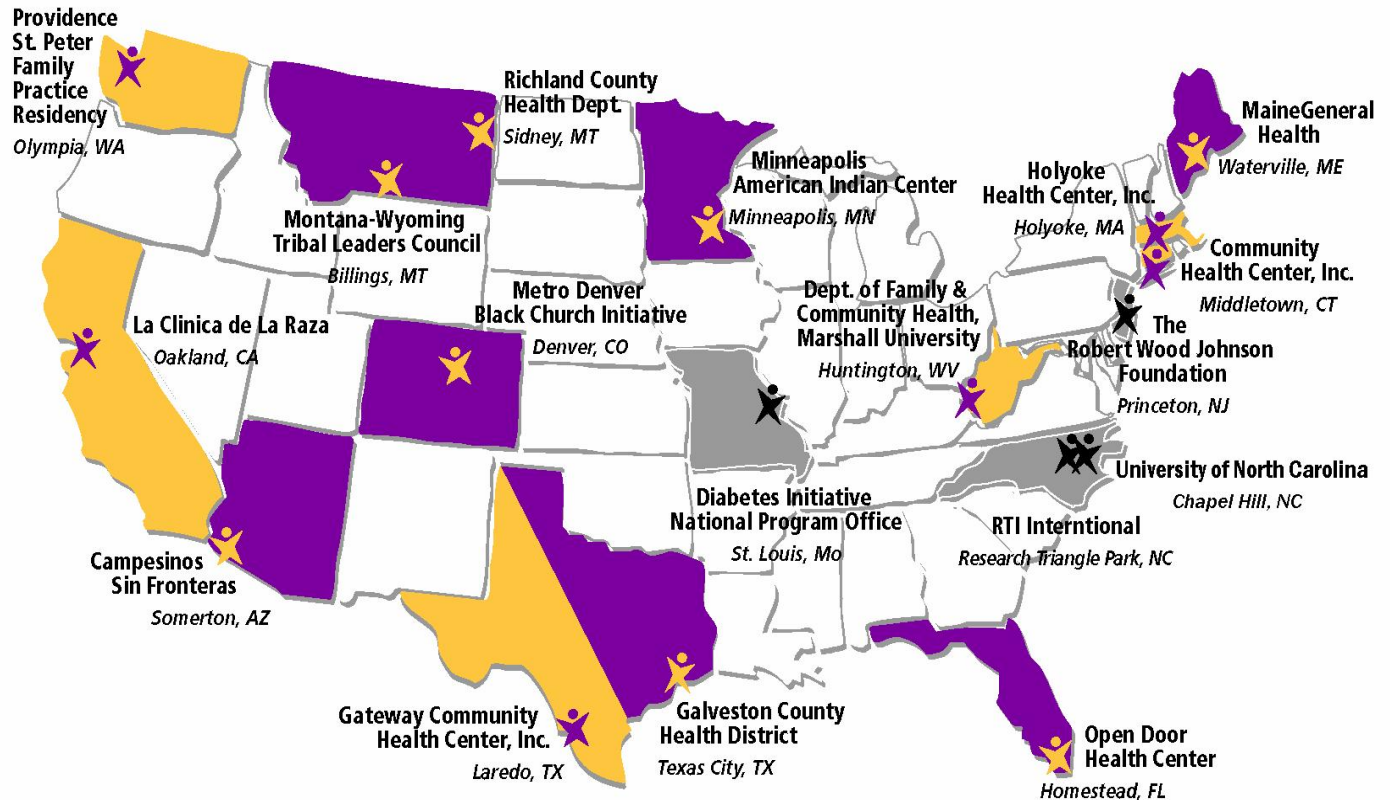
**Advancing
Diabetes
Self Management**



**Building
Community Supports
for Diabetes Care**



The 14 Sites of the Diabetes Initiative



Framework for the Diabetes Initiative: Resources and Supports for Self-Management (RSSM)

- Individualized assessment
- Collaborative goal setting
- Training in self-management skills, including healthy coping
- Ongoing follow-up and support
- Access to community resources that support self management behaviors
- Access to high quality clinical care

Characteristics of Sites with CHW Interventions

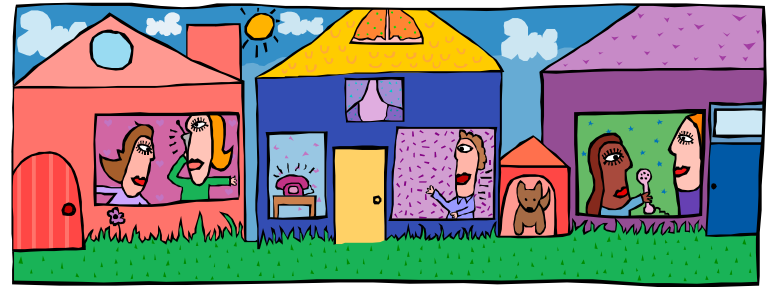
Site	Audience	Area Served	Setting	CHW title
Campeños Sin Fronteras Somerton AZ	Hispanic	Urban/ rural	Community, Clinic	Promotora
Galveston County Health District, La Marque TX	Hispanic, African Am, White	Urban/ rural	Community	Coach
Gateway Community Health Center, Laredo TX	Hispanic	Urban/ rural	Clinic	Promotora
Holyoke Health Center Holyoke MA	Hispanic	Urban	Clinic/ community	Promotora
LaClinica de La Raza Oakland CA	Hispanic	Urban	Clinic, community	Promotora
MaineGeneral Health Waterville ME	White	Urban/Rural	Community Worksite	Lay Health Educator
MT-WY Tribal Leaders Council, Billings MT	American Indian	Indian Country	Community	Community Health Representative
Open Door Health Center Homestead FL	Hispanic, African Am	Urban/ rural	Clinic/ Community	Promotora

Key roles of community health workers....

The National Community Health Advisor Study, conducted by UA and the Annie E. Casey Foundation identified seven core roles played by CHWs:

- Bridging cultural mediation between communities and the health care system
- Providing culturally appropriate and accessible health education and information, often by using popular education methods
- Assuring that people get the services they need
- Providing informal counseling and social support
- Advocating for individuals and communities within the health and social service systems
- Providing direct services (such as basic first aid) and administering health screening tests; and
- Building individual and community capacity.

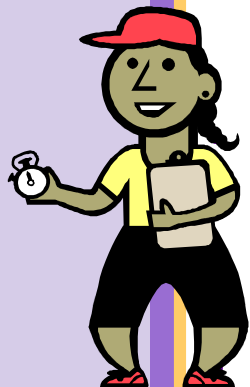
Community Health Workers (CHWs)



Community Health Workers are trained peer outreach workers who are trusted and respected in their communities who serve as a bridge between their peers and the health care system

- CHWs are key to the interventions in 8 of the 14 sites of the Diabetes Initiative
- 4 are community based; 4 are clinic based

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

Diabetes Initiative Survey of CHW Programs

- Lay health worker interventions are integral to eight of the 14 sites
- A written survey was administered to the sites in May 2004
- The objectives of the survey were to determine:
 1. area and population served by the CHWs
 2. roles, responsibilities and activities of CHWs
 3. mechanisms for delivery of program services
 4. recruitment and retention
 5. training and certification
 6. client recruitment methods
 7. program evaluation strategies

1. Area and Population Served

- Urbanized area (population >40,000) – 3 sites
- Rural area (population ≤ 40,000) – 2 sites
- Both urban and rural area – 2 sites
- All sites served both men and women
- All sites served adults above the age of 22
- 2 sites also served adolescents

2. Roles and Activities of CHWs

- Bridging/cultural mediation between communities and the health and social services systems – all sites
- Providing culturally appropriate health education and information – 6 sites
- Assuring that people get the services they need- all sites
- Providing informal counseling and social support – all sites
- Advocating for individuals and for community needs – 6 sites
- Building individual and community capacity – all sites
- Leading exercise groups – 2 site
- Social marketing strategy to encourage behavior change – 2 sites

3. Delivery of Program Services

- Client's home – 5 sites
- Community activity or health center – 5 sites
- Faith-based organization -4 sites
- Migrant camp – 1 site
- On the street/not defined- 2 sites
- Public Health Clinic – 4 sites
- Work site – 3 sites

4. Recruiting and Retention of CHWs

- Methods used to recruit LHWs
 - Newspaper Advertisement – 2 sites
 - Networking with other LHW programs – 2 sites
 - Referrals from providers and other professionals – 4 sites
 - Word of mouth – 4 sites
- Methods used to recognize LHWs
 - Certificate from program – 5 sites
 - Graduation ceremony – 1 site
 - Promotions – 3 sites
 - Wage increase – 2 sites
 - Recognition ceremonies – 5 sites
- Compensation varies across site (volunteer – paid with benefits)

5. *Training of CHWs*

- Required orientation plus continuing ed or training
- Training by CHW supervisor or health professional
- Examples of areas in which CHWs are trained:
 - Ability to access resources
 - Coordination of services
 - Crisis management
 - Knowledge of medical services
 - Knowledge of social services
 - Leadership
 - Organizational skills
 - Interpersonal communication skills
 - Disease prevention and management
 - Confidentiality
 - 7 of these 10 are trained in the CDSMP (Stanford program)

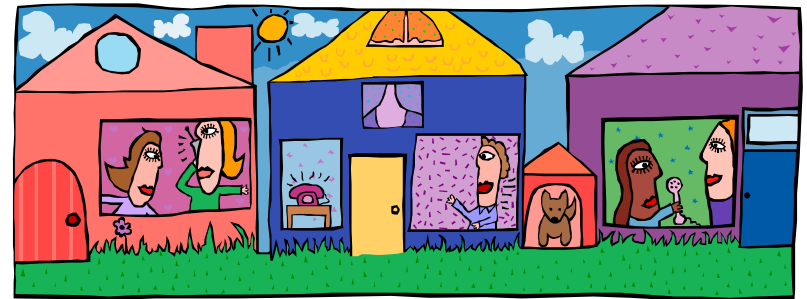
6. Client Recruitment Methods

- Referrals from other agencies or health care providers – 6 sites
- Recruitment through screening programs – 4 sites
- Flyers/poster/brochures – 5 sites
- Recruitment through outreach activities – 4 sites
- Churches and other nonprofit agencies – 4 sites
- Newspapers – 3 sites
- Word of mouth – all sites

7. CHW Program Evaluation: Phase 1

CHW logs

- Four 2-week data collection periods
- Quarterly beginning July 2005
- Descriptive data collected across sites for both individual and group interventions
 - Mode of contact
 - Place of contact
 - Type of contact
 - Duration of contact
 - Focus of contact





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

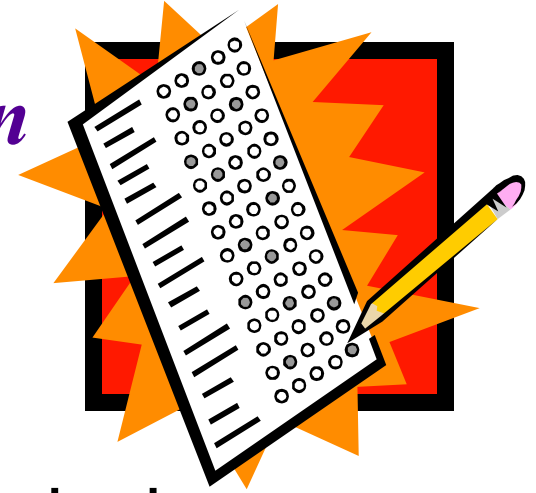
Duration of contact:

__:__ hours:minutes

Focus of contact:

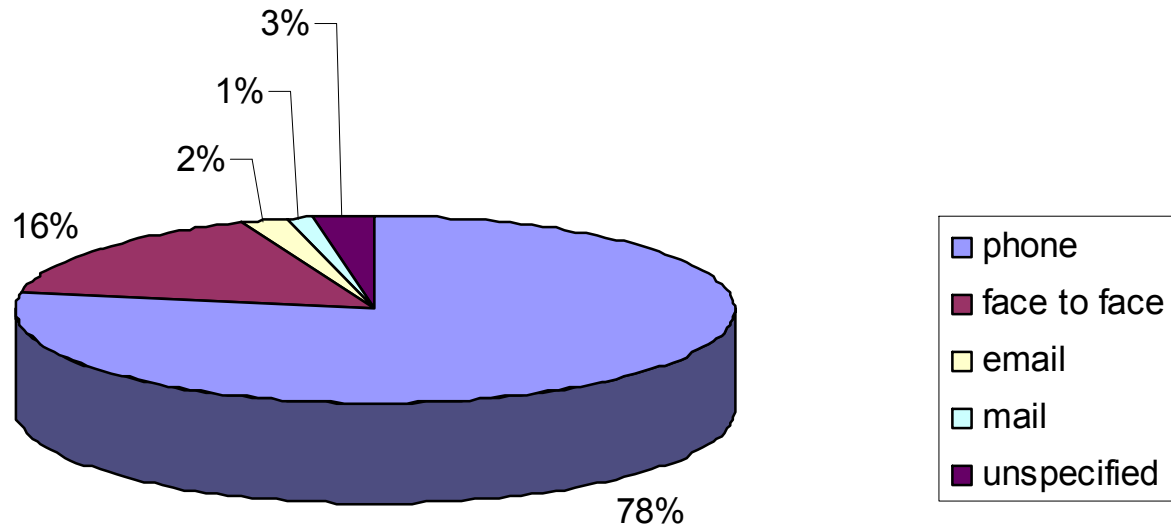
- Teaching or practicing skills (check the type of skill)
 - healthy eating
 - physical activity
 - glucose monitoring
 - taking medication
 - healthy coping
 - problem solving
 - reducing risks
- Providing assistance
 - helping to set a goal
 - giving health information (education)
 - emotional support (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



- 35 CHWs at 6 sites logged contacts
- 1964 **individual** CHW contacts (4 waves; each 2 weeks long)
- 198 **group** meetings (average of 10 participants per group)

Method of Individual Contact

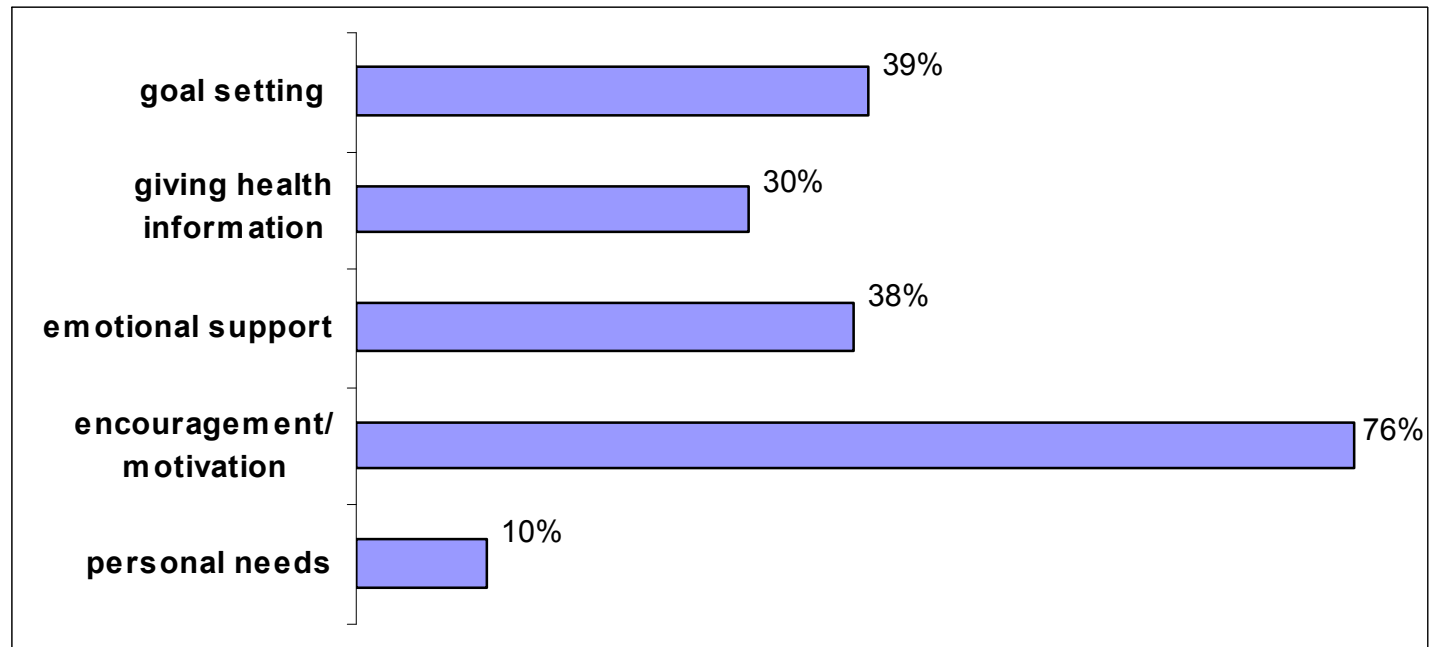


Focus of Individual Contacts

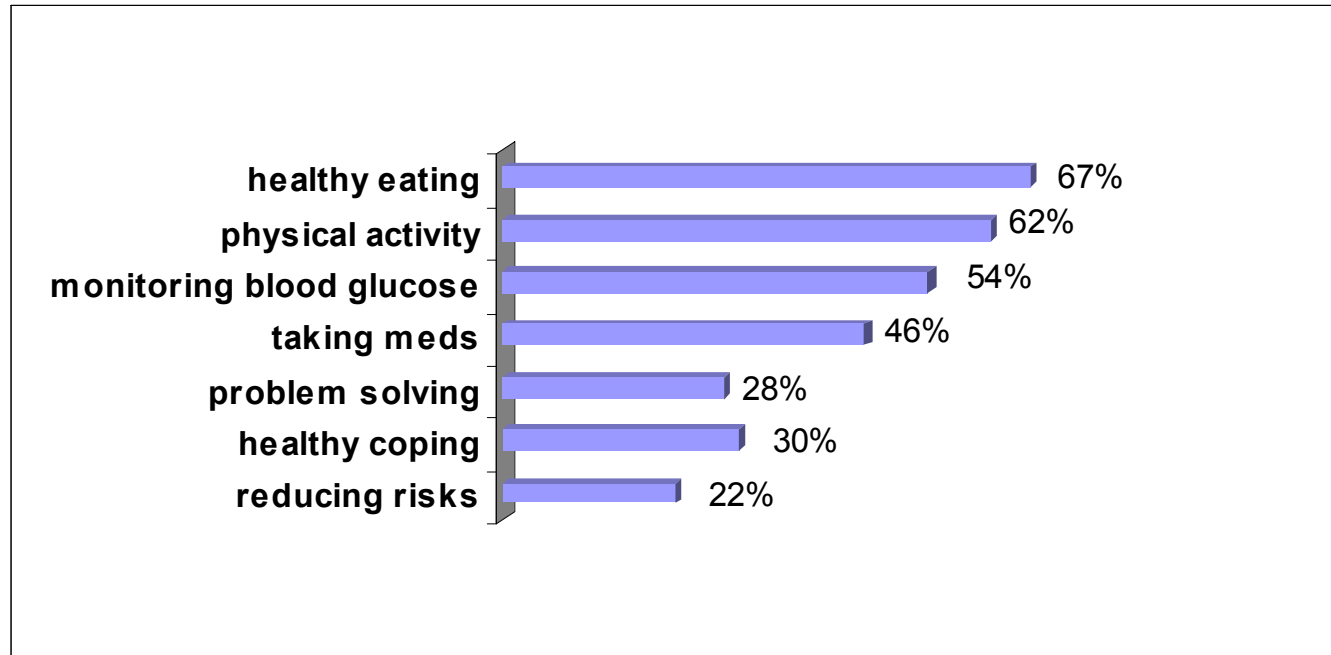
(1964 contacts)



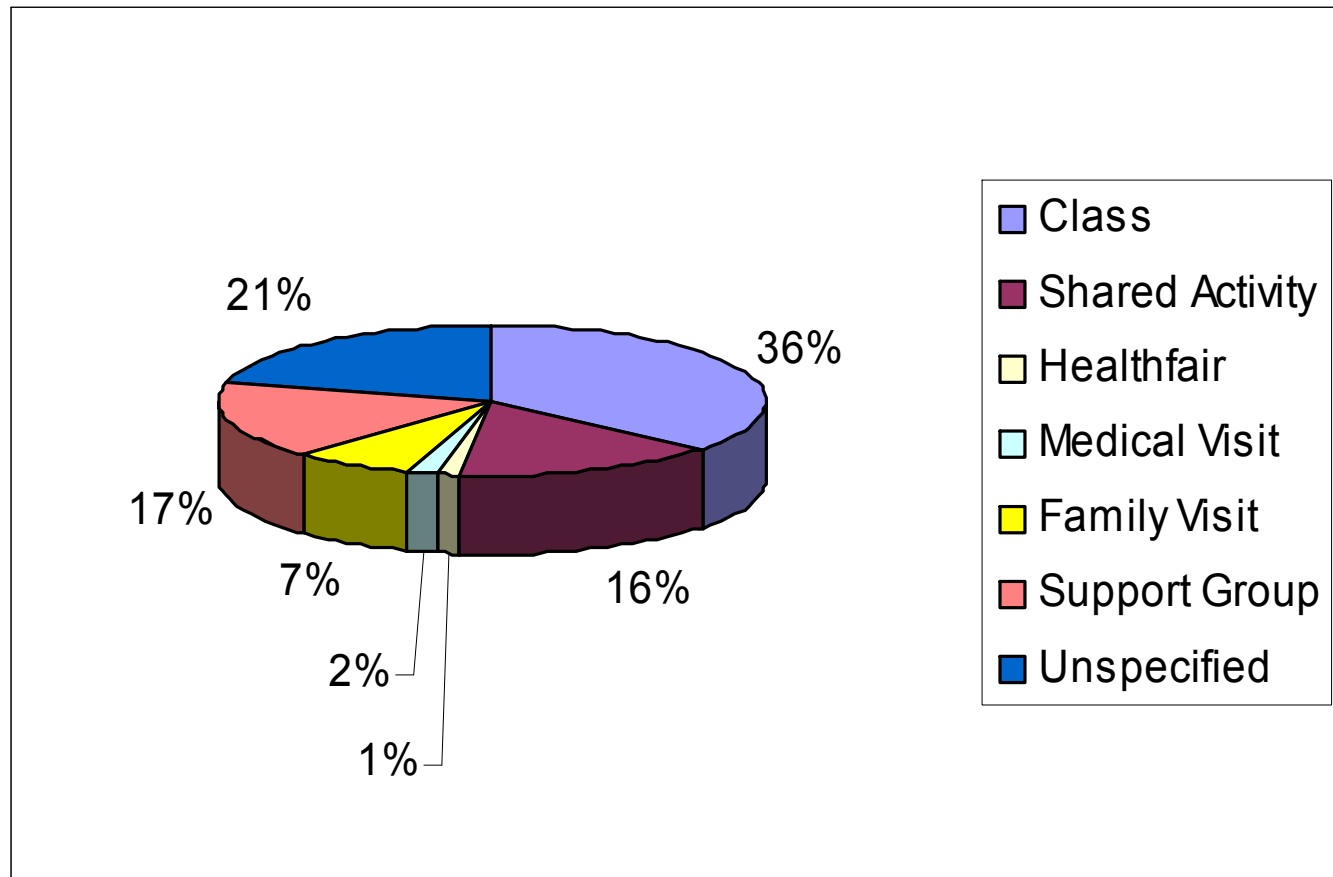
Types of Individual Assistance Given (40% of Individual Contacts)



Types of Skills Taught or Practiced (28% of Individual Contacts)



Group Contacts (198 group meetings)



CHW Program Evaluation: Phase 2

Structured Interviews Summer 2006

- Purpose: Collect qualitative data to understand what makes the patient--CHW interaction successful
- Research question: How do CHWs successfully affect diabetes self-management?
 - 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



At the end of the day....

- We've learned some things so far, including....
 - All sites have grown from their opportunities to learn from each other
 - The work of CHWs is helpful for those they serve and health enhancing for the CHW
 - CHWs have a unique role in health and health care that only they can do
- We still have much to much to do
 - Special issue of *Diabetes Educator*
 - Web site and print materials available
 - Clinical data being analyzed

Self Management is
the key to good control
of diabetes



And CHWs play an
important role in self
management

Thank you!