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Lay Health Workers in Diabetes Self-Management

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teamwork

Background

Lay health workers are the focus of 8 of 14 Diabetes Initiative projects

They are used for:

- Program implementation & planning
- Promoting access to and use of screening and other types of care
- Education for self management
- Counseling for adherence, adjustment, quality of life
 - Implementation of Transtheoretical Model (Stages of Change Model)
- Advocacy
- Reach to disadvantaged, minorities

Purpose of Survey

- The purpose of this survey was to gather information on lay health worker programs at various RWJF Diabetes Initiative sites.
- Key findings along with information collected through structured interviews with program personnel will be reported in a descriptive paper on Lay health worker (LHW) Programs within the RWJF Diabetes Initiative sites.

Methods

- Eight sites within the RWJF Diabetes Initiative are currently using Lay health workers
- Each of these sites were surveyed
- The findings reported here are based on the eight survey responses

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 sexes
- All sites served adults above the age of 22
- 2 sites also served adolescents

Roles and Activities of LHWs



- 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 – 1 site
- Social marketing strategy to encourage behavior change – 1 site

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



Recruiting and Retention of LHWs

- 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 site
 - Recognition ceremonies – 5 sites

Training of LHWs

- Once hired all sites require their LHWs to go through initial orientation and continuing education or training.
- LHWs are trained by either the LHW supervisor or the health educator or nurse
- Examples of skills the LHWs are trained in are:
 - 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



Client Recruitment Methods

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



LHW Program Evaluation

- All sites currently have plans in place to evaluate their LHW intervention and most have identified some evaluation methods and tools.
- Most sites were using private consultants or university personnel to conduct the evaluation
- Five out of seven sites expressed interest in working with the Diabetes Initiative National Program Office on shared evaluation