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A Framework for Building Community Supports for Diabetes Care

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Diabetes Initiative of the
Robert Wood Johnson Foundation

*Promoting self management in
quality diabetes care through
primary care and community
settings*



Advancing Diabetes Self Management

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

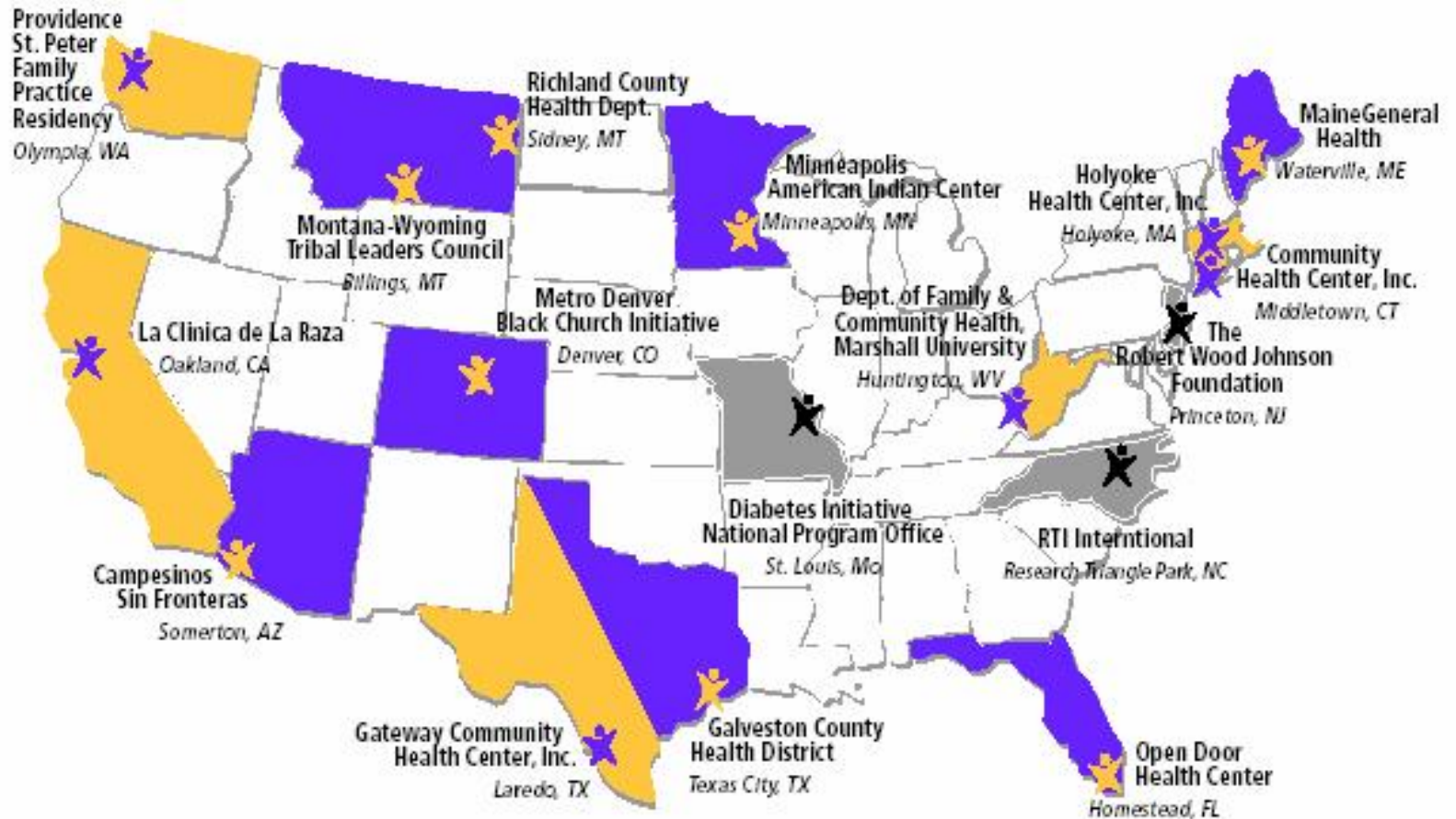


Building Community Supports for Diabetes Care

Demonstrating and evaluating clinic-community partnerships to support self management of diabetes and diabetes care

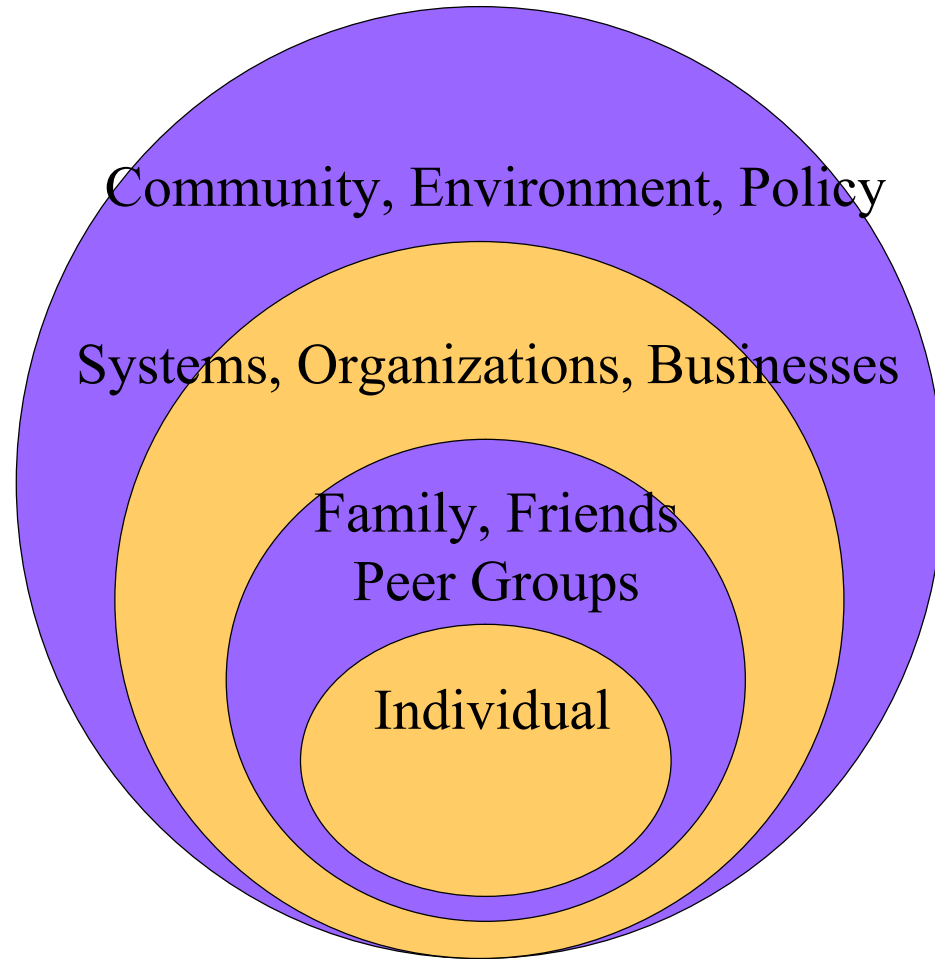


RWJF Diabetes Initiative





Ecological Model of Health Behavior





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**

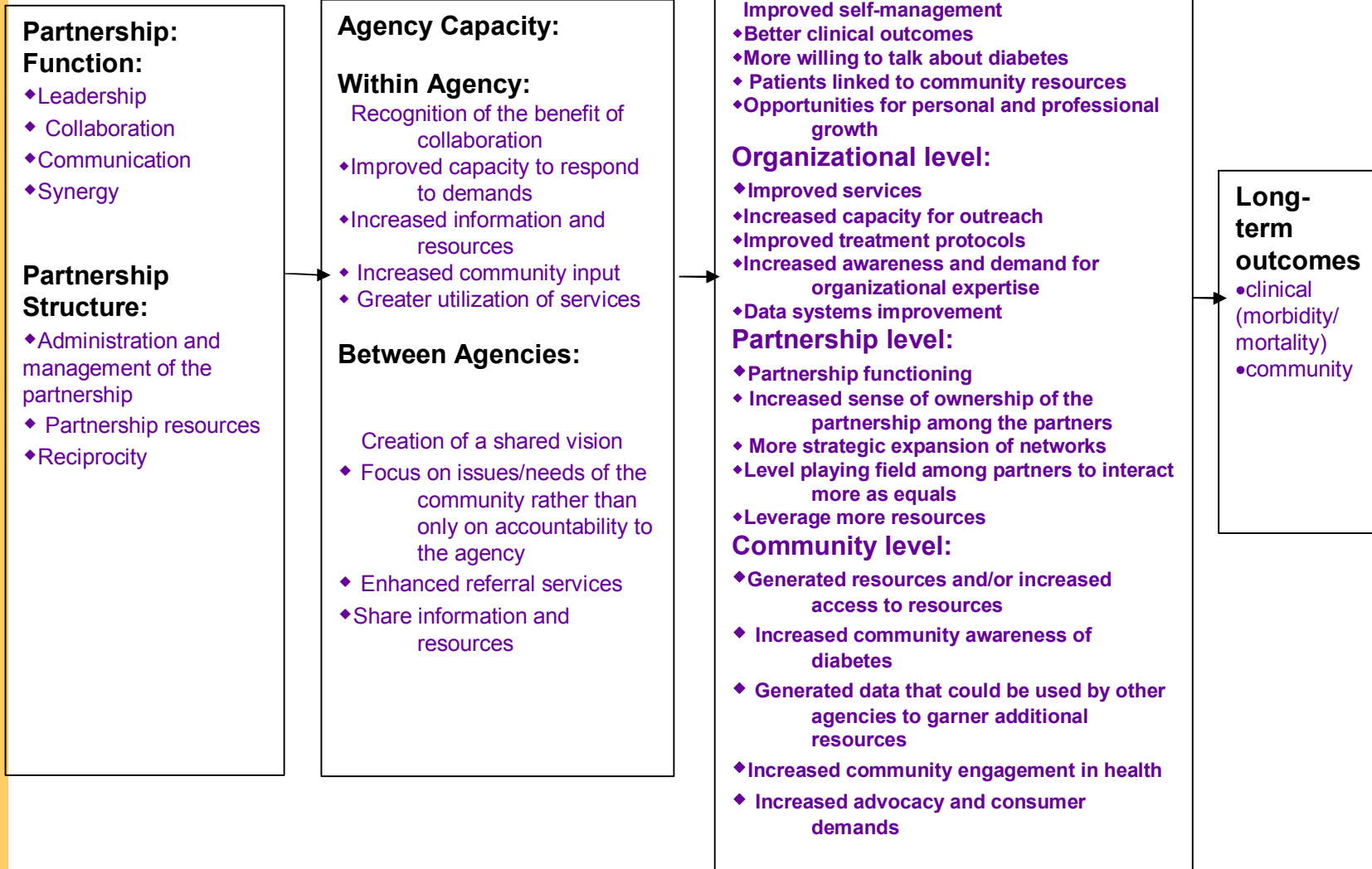


Results: Long-term Outcomes

- Clinical Outcomes:
 - Morbidity
 - Mortality
- Community Outcomes
 - Policy Changes
 - Changes in environment



Framework for Building Community Supports for Diabetes Care





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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