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The Contributions Of Community Health Workers In Diabetes Self Management

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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
Community Health Workers (CHWs)

CHWs are trusted community members who apply their unique understanding of the experience, language and culture of the populations they serve to promote healthy behaviors and to help people take greater control over their health and their lives. CHWs are trained to work in a variety of settings, partnering in the delivery of health and human services to carry out one or more of the following roles:
Key Roles of CHWs

• Outreach/ screening
• Provide culturally appropriate health education
• Teach self management/ lifestyle skills
• Encourage and assist with problem solving and goal setting
• Provide informal counseling and support
• Support treatment plans
• Monitor and follow up
• Assure clients get needed services/ resources
• Bridge cultural beliefs and language issues
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
Promotora roles and responsibilities.

- The promotora is considered part of the patient care team and plays a key role in the delivery of Diabetes Self Management Services.
- 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
- Participate with team in case conferences
Case conference including CHW
CHW sites

- CHWs are key to the interventions in 9 of the 14 sites
- 4 are community based; 5 clinic based
- Log sheet developed by workgroup
- Quarterly logs over a one year period
  1. Mode of contact (face to face, phone, etc)
  2. Place of contact (home, community, clinic)
  3. Type of contact
  4. Duration of contact
  5. Focus of contact
CHW – Participant Interaction

- 23 CHWs at 5 sites logged contacts
- 961 individual CHW contacts (in first 2 waves)
- 109 CHW contacts in group settings
Method of Contact

- Phone: 75%
- Face to face: 16%
- Email: 3%
- Mail: 5%
- Unspecified: 1%

The pie chart shows the percentage distribution of contact methods. The largest portion, representing 75%, is for phone contact, followed by face to face at 16%, email at 3%, mail at 5%, and unspecified at 1%.
Focus of Individual Contacts

- Teaching or practicing skills: 32%
- Providing assistance: 45%
- Making a referral: 4%
- Recruitment to programs: 24%
- Monitoring progress: 17%
- Awareness of rights: 5%
- Other: 28%
Types of Assistance Given

- Goal setting: 24%
- Giving health information: 20%
- Emotional support: 16%
- Encouragement/motivation: 88%
- Personal needs: 12%
Types of Skills Taught or Practiced

- Healthy eating: 27%
- Physical activity: 9%
- Monitoring blood glucose: 64%
- Taking meds: 18%
- Problem solving: 36%
Focus of Group Sessions

- Teaching skills: 100%
- Education: 40%
- Goal setting: 30%
- Emotional support: 50%
- Motivation: 70%
Promotora led exercise class
Group activity in a coping with diabetes session
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")

- 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
Self Management is the key to good control of diabetes and emotional health

And CHWs play an important role in self management

Thank you!