**ENGAGEMENT OF COMMUNITY HEALTH WORKERS IN DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS**

**TECHNICAL ASSISTANCE GUIDE (May, 2015)**

This tool provides guidance for states implementing the following intervention under “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305)”.

* ***Increase the engagement of Community Health Workers (CHWs) in the delivery and support of Diabetes Self-Management Education (DSME) programs*** (Domain 4, Strategy 3, Intervention 1)

The tool identifies three key drivers that are critical in the implementation of this intervention:

1. Stakeholder awareness of potential CHW roles in DSME programs
2. DSME program readiness to engage CHWs
3. CHW sustainability in DSME programs

The outcomes to be accomplished from this intervention (i.e., the performance measures) are at the far left of the diagram. Each of the drivers is followed by a box that identifies the specific “intervention components” or activities that state health departments can do to work on each driver. It is important to note that the first two drivers focus on activities related specifically to the targeted DSME programs engaging CHWs, while the last driver focuses on the critical component of CHW sustainability. This last driver pertains to activities state health department grantees must engage in with state level partners to ensure the general sustainability of CHWs, which is a key prerequisite for the long term engagement of this workforce in DSME programs. These drivers together result in the effective implementation of CHW roles in DSME programs.

Note: An activity that runs throughout the diagram and must happen *prior to* addressing the drivers is to identify the subset of targeted new or existing DSME programs best suited for CHW engagement.

This diagram is intended to enable a more standardized approach for implementing this intervention among grantees to achieve progress on the required performance measures. The drivers represent the current evidence base as drawn from the literature as well as the experience of state grantees and other organizations and entities. A set of resources and references is also provided.

**INCREASE ENGAGEMENT OF CHWs IN DIABETES SELF MANAGEMENT EDUCATION PROGRAMS – THE STATE HEALTH DEPARTMENT ROLE**

Identify the subset of target new or existing DSME programs best suited for CHW engagement

**OUTCOMES**

**(Performance Measures)**

**DRIVERS**

**INTERVENTION COMPONENTS (Activities)**

Work with DSME programs and other stakeholders to enable the following roles for CHWs:

* Program Delivery (Individual/Group Counseling/CHW led or supported adhering to guidance in Standard 5, National Standards for Diabetes Self-Management Education and Support)
* Outreach to bring participants into DSME programs
* Liaison for referral from health systems/health care providers to DSME programs (Access to patient EHRs to do follow ups; patient reminders)
* Support for program participants (linkage to needed community and social resources)

Stakeholder awareness of potential CHW roles in DSME programs

Implementation of CHW roles in target DSME programs

CHW sustainability in DSME programs

Engage with state and local stakeholders and partners to:

* Facilitate adoption of a core CHW **training curriculum and delivery process with partners** (AHECs, Community Colleges, others)
* Identify a **certification and credentialing** process and mechanism (certifying entity, training/experience requirement)
* Identify **sustainable financing mechanisms** at the state level (public insurance/state Medicaid; private payers)
* Identify best practices for integration of CHWs into multidisciplinary teams; support state agencies to accomplish this
* Promote professional identity of CHWs through CHW associations

Work with:

* DSME programs that can potentially engage CHWs
* State/local ADA/AADE offices, Local Networking Groups, or State Coordinating Bodies for DSME training for CHWs
* Providers and health systems that can engage CHWs to follow up with referred patients
* Community organizations that employ CHWs

Proportion of DSME Programs engaging CHWs in the delivery or support of DSME programs

* Enable recruitment of CHWs into target DSME programs (through CHW Associations and organizations)
* Enable training of CHWs for DSME program delivery/support (example: Level 1 Associate Diabetes Educators \*(ADEs); on the job training mechanisms)
* Provide access to information and resources (toolkits, community resource lists for use by implementing organizations and CHWs)

DSME program readiness to engage CHWs

Number of participants in recognized/accredited DSME programs using CHWs in the delivery of education/services