



# Enhancing Access, Protecting Tomorrow for People With Diabetes: Role of Community Health Workers

Division of Diabetes Translation

November 3, 2022

# Moderator



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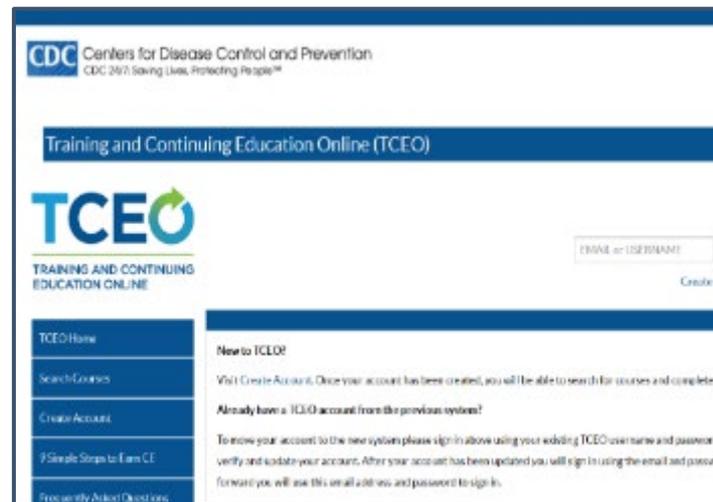
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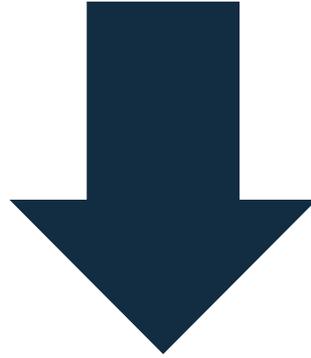
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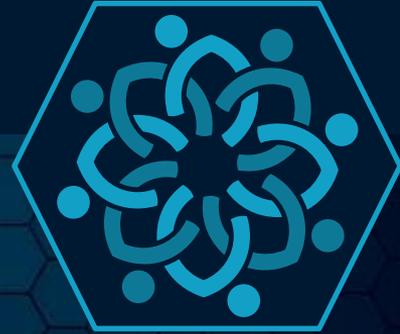


# Have a Question for our Speakers?

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# Division of Diabetes Translation



Dr. Christopher Holliday, Director



Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion

# Today's Objectives

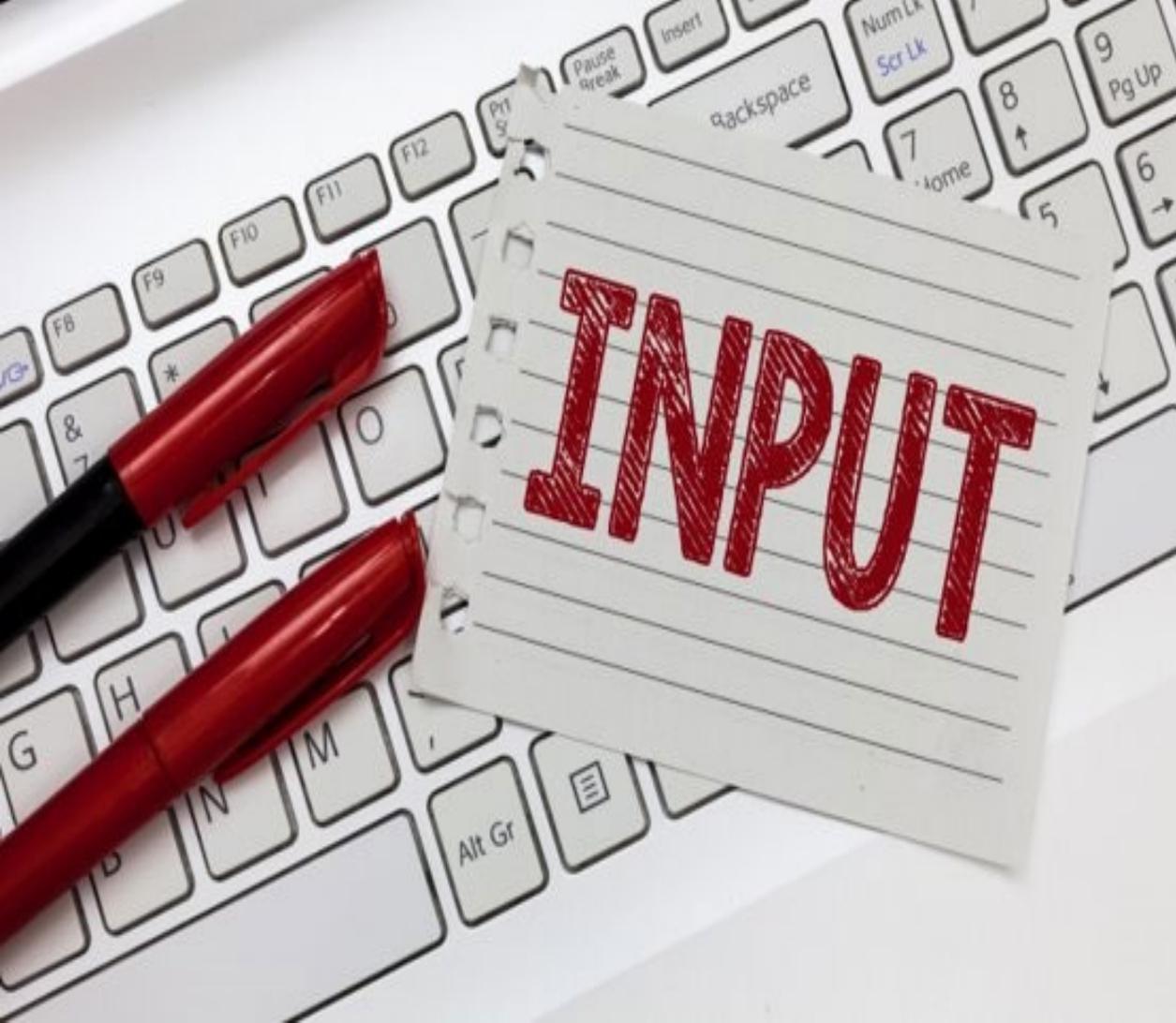
- Analyze inequities in access to diabetes self-management education and support (DSMES) services and identify opportunities to enhance or expand access.
- Explain the unique role that community health workers (CHWs) can play to deliver culturally sensitive DSMES services as part of team-based care models in both clinical and community-based settings.
- Explore tools and resources to support capacity-building of organizations and individual providers in implementing best practices for effectively engaging with CHWs to reduce diabetes-related health disparities.

# Today's Presenter

Paulina N. Duker, MPH, BSN, RN, CDCES,

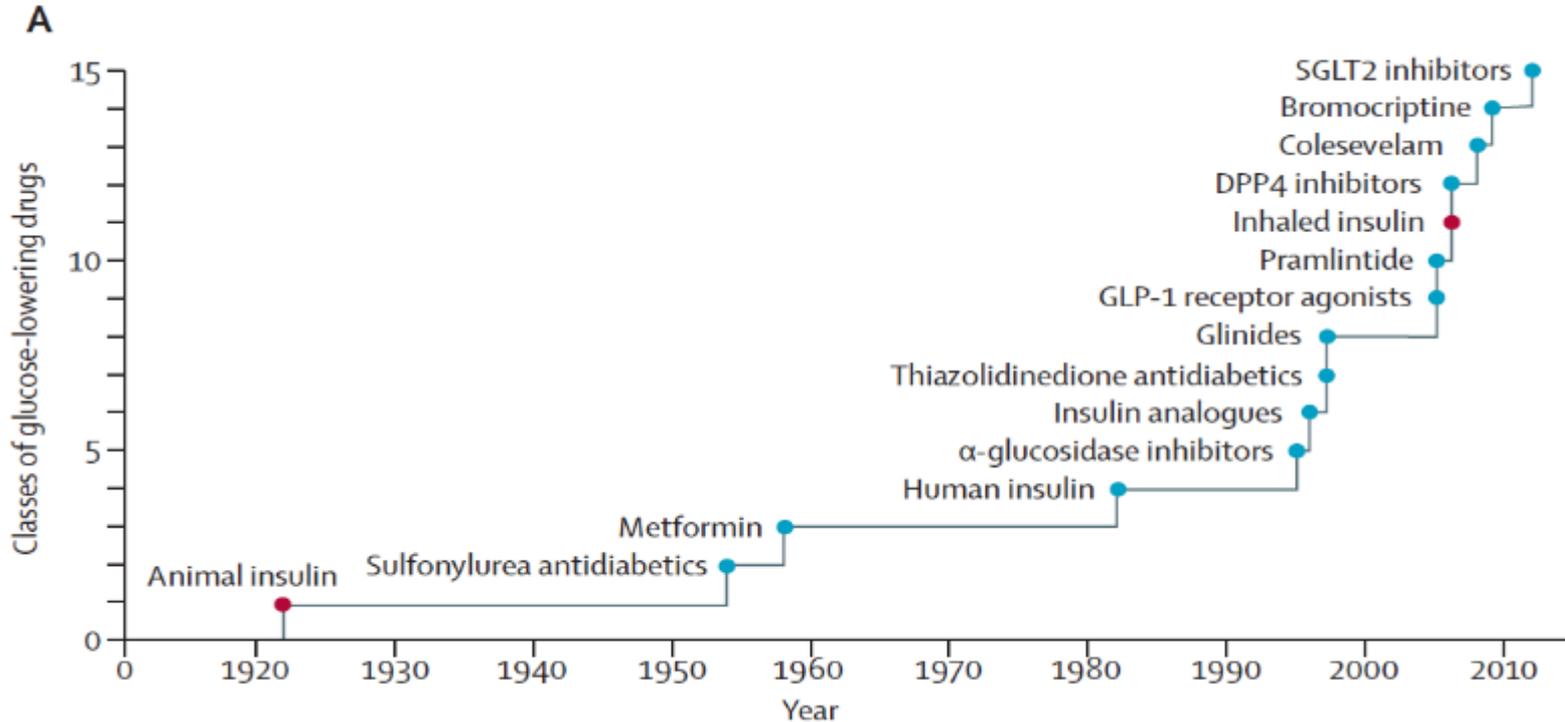
Vice President of Practice & Learning,  
Association of Diabetes Care & Education  
Specialists (ADCES)





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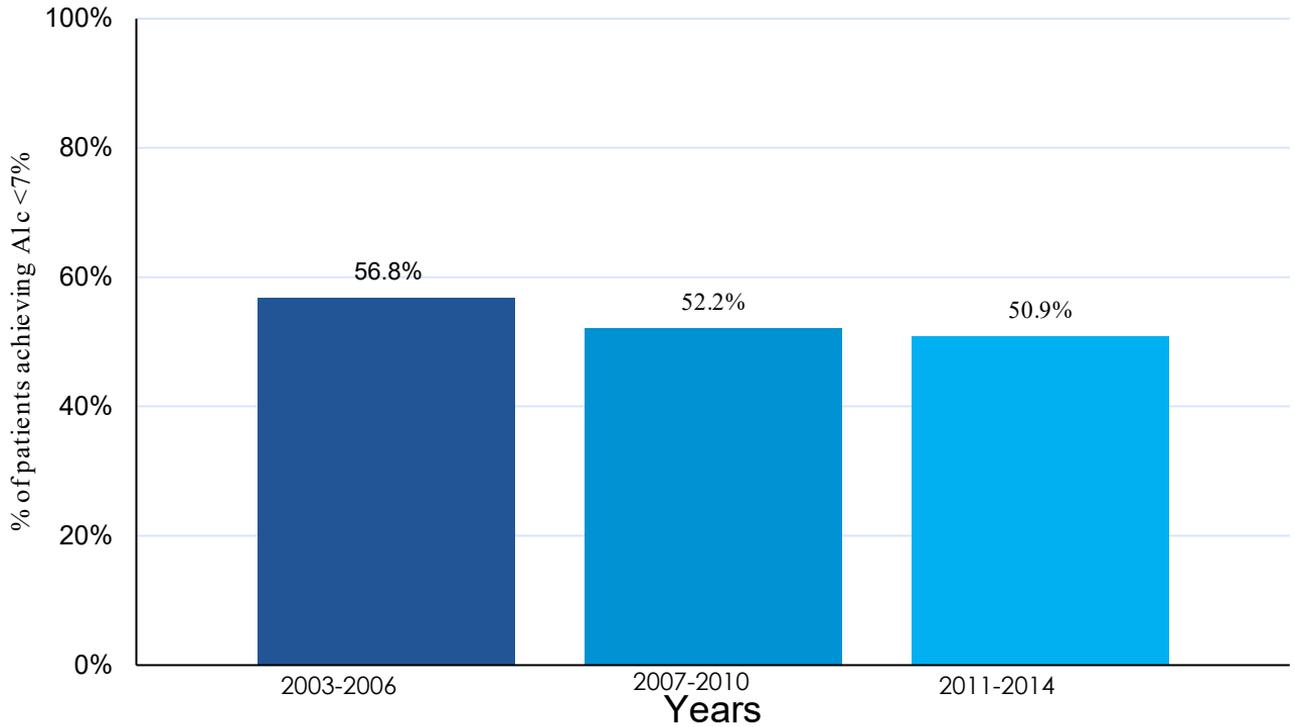
# Pharmacotherapy for T2D



Adapted from Kahn S, Cooper M, Del Prato S. *Lancet* 2014; 383: 1068–83

Courtesy: Y. Handelsman 2022

# No Improvement of A1c in Patients With Diabetes<sup>1</sup>



Edelman SV, et al. *Diabetes Care* 2017;40(11):1425-1432.

# Disproportionate Workforce

- 8,524 endocrinologists<sup>1</sup>
  - (1/4340)
- ~20,000 CDCES<sup>2</sup>
  - (1/1850)
- Other
  - Primary Care – Family Physicians, NPs, PAs
  - Non-specialist RNs, RDs, PharmDs, etc.
  - CHWs/Peer supporters



1. <https://www.statista.com/statistics/209424/us-number-of-active-physicians-by-specialty-area/>  
2. <https://www.cbdce.org/>

# DSMES Is Underutilized

ONLY



Of **MEDICARE** beneficiaries with newly diagnosed diabetes used DSMT services<sup>1</sup>

ONLY



Of individuals with newly diagnosed T2D with **PRIVATE HEALTH** insurance received DSMES within 12 months of diagnosis<sup>2</sup>

1. Li R, et al. Morbidity Mortality Weekly Report, 2014  
2. Strawbridge LM, et al. Health Educator, 2015

# Who and Why

People who are at increased/higher risk for experiencing poorer health outcomes due to receiving care that is less than adequate.



# Prevalence of Adults Aged 18 years or Older, United States, 2017–2020 by Race/Ethnicity\*

Race/Ethnicity	Diagnosed	Undiagnosed	Total
White, non-Hispanic	11.0 (9.4–12.8)	2.7 (1.7–4.2)	13.6 (11.4–16.2)
Black, non-Hispanic	12.7 (10.7–15.0)	4.7 (3.3–6.5)	17.4 (15.2–19.8)
Asian, non-Hispanic	11.3 (9.7–13.1)	5.4 (3.5–8.3)	16.7 (14.0–19.8)
Hispanic	11.1 (9.5–13.0)	4.4 (3.3–5.8)	15.5 (13.8–17.3)

\*<https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-undiagnosed-diabetes.html>



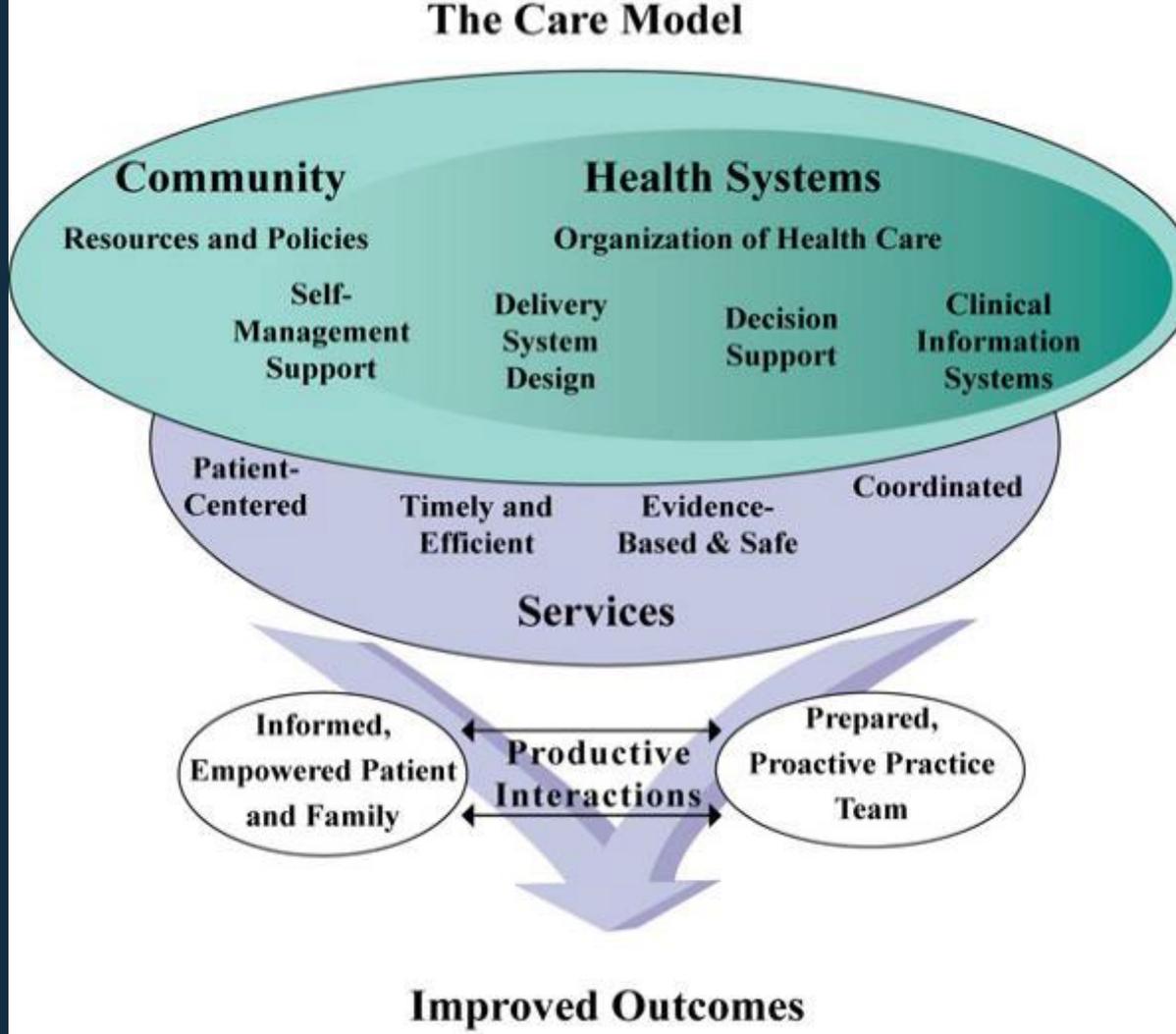


# Diabetes Self-Management – Need for Partnering with CHWs



- $24 \times 365 = 8760$
- Of 8,760 hours in the year, a person with diabetes spends <15 hours with clinicians (medical, DSMES, other services)
  - <1% time spent with providers
- People with prediabetes who may or may not know typically spend even less time with health care providers

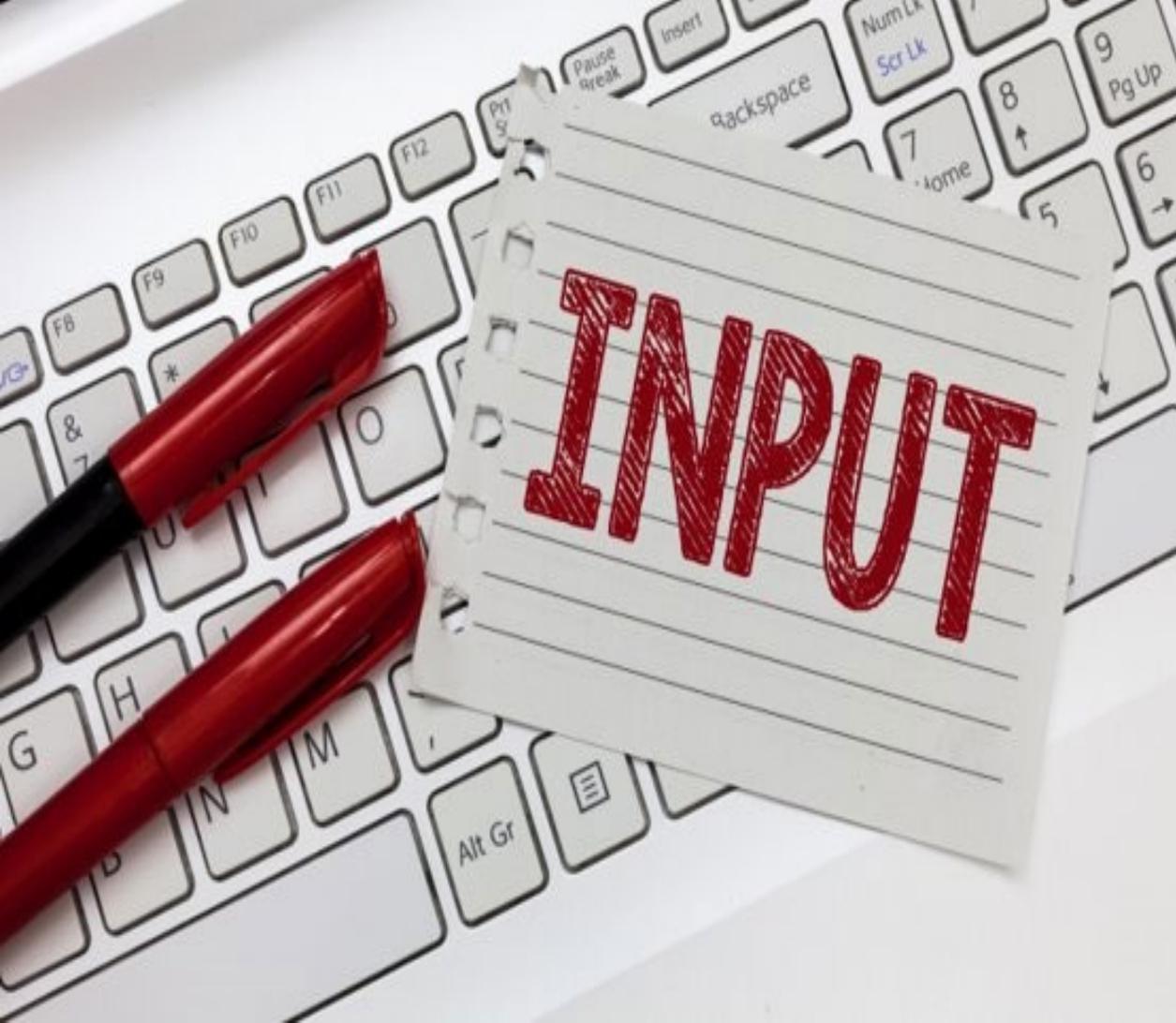
# The Chronic Care Model – Leveraging CHWs



# CHWs Help Improve Diabetes Outcomes Around the World!

- Symptom management
- Dietary intake
- Blood glucose levels
- Blood pressure
- BMI





Poll Question

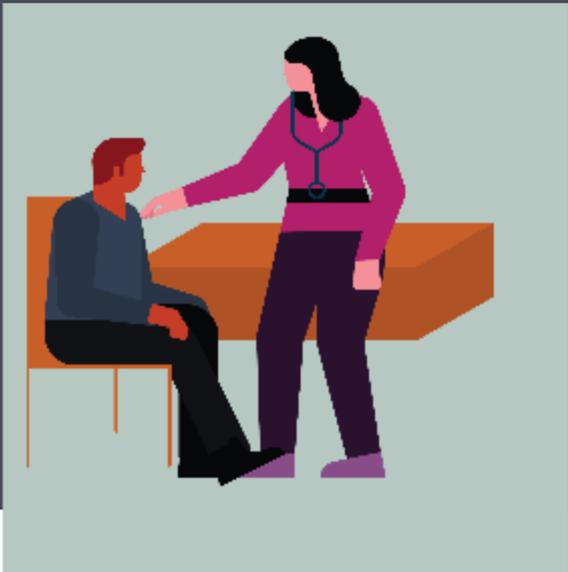
# Four Critical Times to Provide and Modify DSMES



- 1) At diagnosis.
- 2) Annually and/or when not meeting treatment targets.
- 3) When complicating factors develop.
- 4) When transitions in life and care occur.

# Factors that Indicate Need for DSMES Services

## At diagnosis



- All newly diagnosed.
- Ensure that both nutrition and emotional health are addressed or make separate referrals.

# Factors that Indicate Need for DSMES Services

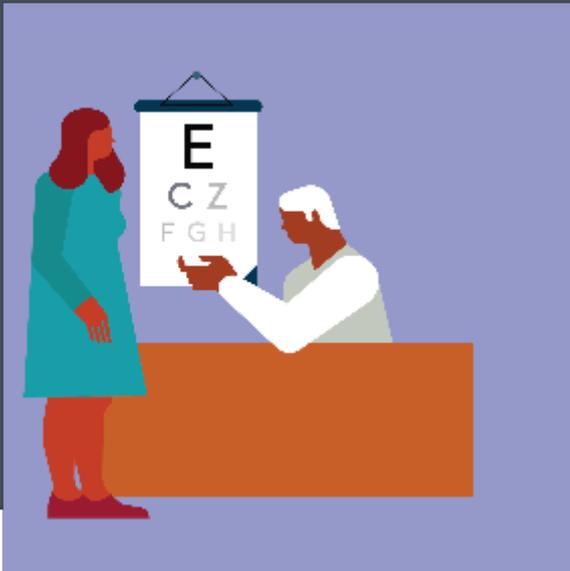
## Annually and/or when not meeting treatment targets



- When knowledge and skills need to be assessed.
- Long-standing diabetes with limited prior education.
- Treatment ineffective.
- Change in medication, activity, or nutritional intake or preferences.
- Maintenance of positive clinical and quality of life outcomes.
- Unexplained or frequent hypo- or hyperglycemia.
- When psychosocial and behavioral support is needed.

# Factors that Indicate Need for DSMES Services

## When complicating factors develop

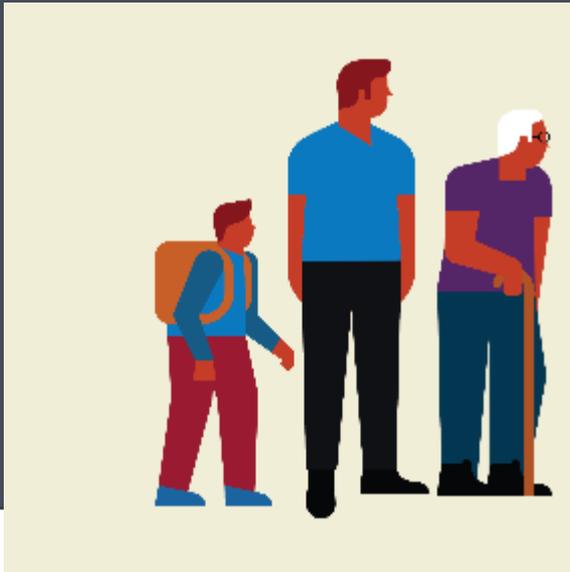


### Change in:

- Health conditions or health status requiring changes in nutrition, physical activity, or medication.
- Physical limitations.
- Emotional well-being.
- Basic living needs.
- Planning pregnancy or pregnant.

# Factors that Indicate Need for DSMES Services

## When transitions in life and care occur



- Change in living situation.
- Discharge from inpatient to outpatient.
- New clinical care team.
- Initiation or intensification of medication, devices or technology.
- Insurance coverage changes.
- Age-related changes.

# DSMES/Ongoing Support

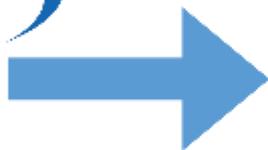
- Build expectations with the patient
- Identify community resources
- Form community-practice partnerships with community-based social support systems/services – churches, grocery stores, pharmacies, fitness centers
- Document as part of the care (electronic health record)





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- REDUCING RISKS*
- MONITORING*
- TAKING MEDICATION*
- HEALTHY EATING*
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- BEING ACTIVE*



# Summary

Opportunity to **position DSMES services** and **integrate CHWs** to enhance access, improve clinical management, and preserve tomorrow (preventing complications) for people with diabetes

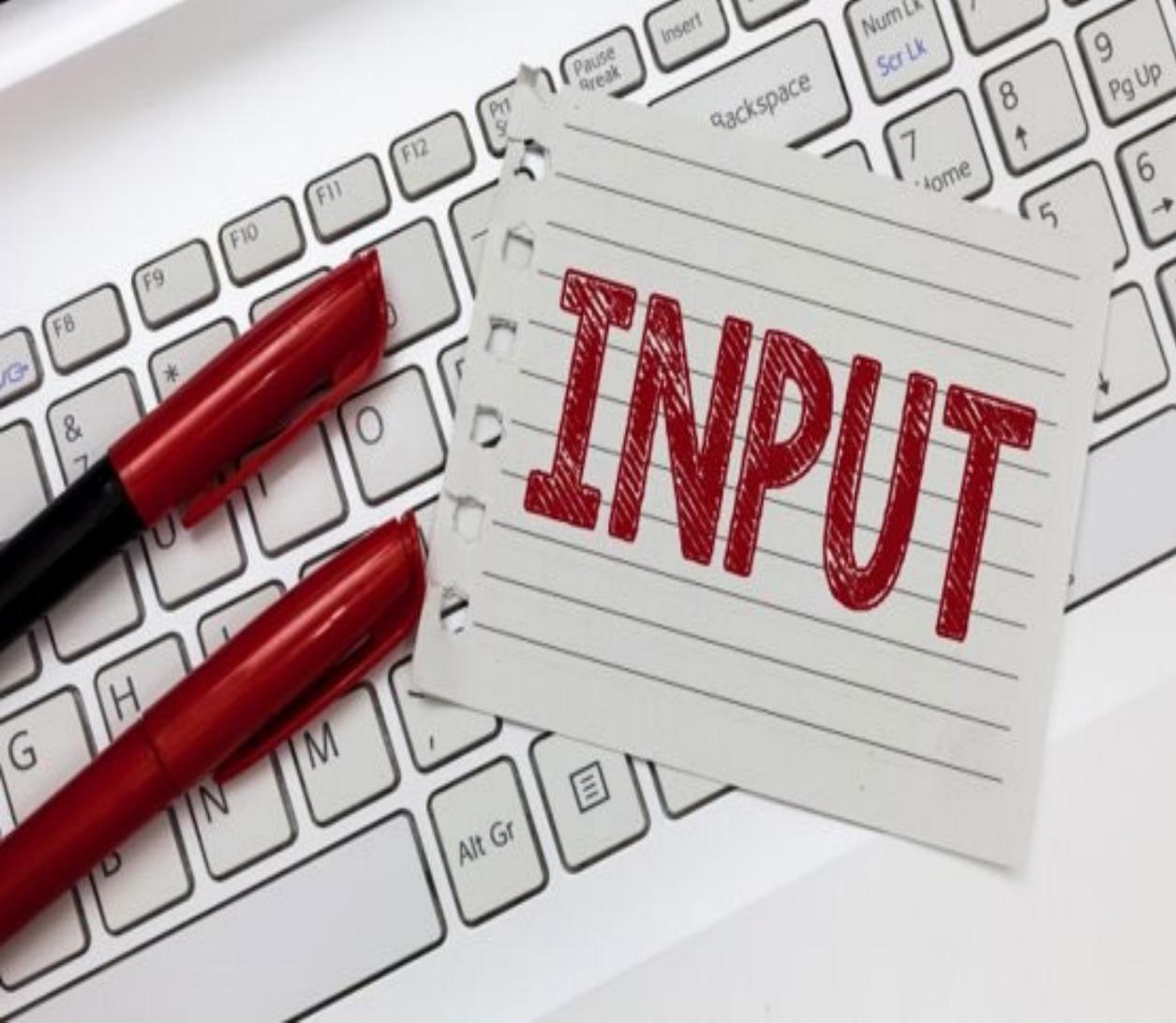
CHWs can...

- Help activate the patient
- Connect patients with community resources
- Help people with diabetes navigate health systems and access services
- Can be key to systems quality improvement

# Question and Answer

Send questions after the webinar to:  
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Link for this webinar continuing education (CE) on TCEO: <https://tceols.cdc.gov/Course/Detail2/8833>

In order to receive CE for WC4371-110322 - Innovations in Diabetes Behavior Change – **November 3, 2022** (Webcast), please visit **TCEO** and follow these **9 Simple Steps** before December 5, 2022.

The Course Access Code is **Diabetes**.

