The Unity Conference 2016
Community Health Workers: Social Change Agents
Advancing Health Equity and Improving Outcomes
July 17-20, 2016
Crowne Plaza Atlanta Midtown
Atlanta, Georgia
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National Diabetes Education Program
Division of Diabetes
Centers for Disease Control and Prevention
How Community Health Workers (CHWs) Can Learn from Marketers to Promote Diabetes Self-management Education and Increase Participant Retention.
Objectives for Today

By the end of this session, CHWs will be able to:

1. Identify common barriers to DSME that can be addressed by marketing strategies.
2. Describe the benefits of a marketing approach for DSME programs.
3. Define the elements of the marketing mix.
4. Identify existing resources that can be used to support marketing efforts.
You will learn tips from marketers today.
Definitions

**Diabetes Self-management Education (DSME)**

Ongoing process of facilitating the **knowledge**, **skill**, and **ability** necessary for diabetes self-care

**Diabetes Self-management Support (DSMS)**

Activities that **assist** in implementing and sustaining the behaviors needed to manage diabetes

Haas L and Maryniuk MD et al. Nat Std for DSME/S *Diabetes Care*; 2012
Benefits Associated with DSME/S

1. Reduced hospital admissions and readmissions
2. Improved health outcomes including A1c
3. Reduced onset and/or advancement of complications
4. Improved quality of life
5. More healthful eating pattern and regular activity
6. Enhanced self-efficacy and empowerment
7. Increased healthy coping

Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Diabetes has a negative impact on a wide range of life domains

PWD reported a negative impact on the following aspects of living:

- Reduced physical health: 62%
- Reduced emotional well-being: 46%
- Finances: 44%
- Leisure activities: 38%
- Work and studies: 35%
- Relationships with family/friends/peers: 21%
Diabetes education is helpful for those who participate in it

Percentage of PWD and FMs reporting that diabetes education programs are ‘somewhat or very helpful’

People who participate in diabetes education reported fewer psychological problems and enhanced self-management compared with those who had not participated in any educational program

Participation in diabetes education programs across ethnic groups

Have you ever participated in a diabetes education program for PWD and/or their families?

PWD data shown are weighted on age, gender, region and education to increase sample representativeness.

Ethnic groups in the US reporting diabetes education was helpful

Overall, how helpful was/were the education program(s) you attended?

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>PWD 78%</th>
<th>FM 70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>71</td>
<td>59</td>
</tr>
<tr>
<td>Hispanic</td>
<td>83</td>
<td>63</td>
</tr>
<tr>
<td>African American</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Chinese American</td>
<td>86</td>
<td>89</td>
</tr>
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Overall 78% for PWD, Overall 70% for FM.

PWD data shown are weighted on age, gender, region and education to increase sample representativeness.

Diabetes Self-management Education and Support in Type 2 Diabetes

A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics

Purpose of Position Statement

1. Address triple aim - Improve patient experience of care and education, improve health of individuals and populations, reduce diabetes-associated per capita health care costs

2. Provide health care teams with information required to better understand the educational process and expectations for DSME and DSMS and their integration into routine care

3. Create a diabetes education algorithm that defines when, what, and how DSME/S should be provided for adults with type 2 diabetes

Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Questions Answered

• When is DSME/S recommended?
• What DSME/S is needed at various times and by whom?
• How is DSME/S best provided?
DSME/S Algorithm of Care

Four critical times to assess, provide, and adjust diabetes self-management education and support:

1. At diagnosis
2. Annual assessment of education, nutrition, and emotional needs
3. When new complicating factors influence self-management
4. When transitions in care occur

Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
DSME/S Algorithm of Care

Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:

- **Nutrition**: Registered dietitian for medical nutrition therapy
- **Education**: Diabetes self-management education and support
- **Emotional Health**: Mental health professional, if needed

Four critical times to assess, provide, and adjust diabetes self-management education and support:

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*Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics*
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**Four critical times to assess, provide, and adjust diabetes self-management education and support**

|----------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------|

**When primary care provider or specialist should consider referral:**

- Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S
- Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals

- Needs review of knowledge, skills, and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- HbA1c out of target
- Maintain positive health outcomes
- Unexplained hypoglycemia or hyperglycemia
- Planning pregnancy or pregnant
- For support to attain and sustain behavior change(s)
- Weight or other nutrition concerns
- New life situations and competing demands

**Change In:**

- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- Physical limitations such as visual impairment, dexterity issues, movement restrictions
- Emotional factors such as anxiety and clinical depression
- Basic living needs such as access to food, financial limitations

**Change In:**

- Living situation such as inpatient or outpatient rehabilitation or now living alone
- Medical care team
- Insurance coverage that results in treatment change
- Age-related changes affecting cognition, self-care, etc.
Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

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Four critical times to assess, provide, and adjust diabetes self-management education and support:

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
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<tbody>
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Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
# Diabetes Self-management Education and Support Algorithm: Action Steps

## Primary care provider/endocrinologist/clinical care team: areas of focus and action steps

- Answer questions and provide emotional support regarding diagnosis
- Provide overview of treatment and treatment goals
- Teach self-skill skills to address immediate requirements (e.g., use of medication, hypoglycemia treatment if needed, introduction of walking guidelines)
- Identify and discuss resources for education and ongoing support
- Make referral for DSME/S and MNT

<table>
<thead>
<tr>
<th>At diagnosis</th>
<th>Annual assessment of education, nutrition, and emotional needs</th>
<th>When new complicating factors influence self-management</th>
<th>When transitions in care occur</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Assess all areas of self-management</td>
<td>- Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals</td>
<td>- Discuss effect of complications and successes with treatment and self-management</td>
<td>- Develop diabetes transition plan</td>
</tr>
<tr>
<td>- Review problem-solving skills</td>
<td>- Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals</td>
<td>- Discuss effect of complications and successes with treatment and self-management</td>
<td>- Communicate transition plan to new healthcare team members</td>
</tr>
<tr>
<td>- Identify strengths and challenges of living with diabetes</td>
<td>- Discuss effect of complications and successes with treatment and self-management</td>
<td>- Establish DSME/S regular follow-up care</td>
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## Diabetes education: areas of focus and action steps

- Access cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literature, narratives to determine content to provide and how
- Medications—choices, action, situation, side effects
- Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
- Physical activity—safety, short-term vs. long-term goals/recommendations
- Preventing, detecting, and treating acute and chronic complications
- Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
- Risk reduction—smoking cessation, foot care
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes
- Review and reinforce treatment goals and self-management needs
- Emphasize prevention of complications and promoting quality of life
- Discuss how to adapt diabetes treatment and self-management to new life situations and coping demands
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes
- Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications
- Provide/deliver educational support for diabetes-related distress and depression
- Develop and support personal strategies for behavior change and healthy coping
- Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change
- Identify needed additions in diabetes self-management
- Provide support for independent self-management skills and self-efficacy
- Identify level of significant other involvement and facilitate education and support
- Assist with facing challenges affecting usual level of activity, ability to function, health beliefs, and feelings of well-being
- Maximize quality of life and emotional support for the patient (and family members)
- Provide education for others now involved in care
- Establish communication and follow-up plans with the provider, family, and others

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*Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics*
ADA Standards of Medical Care: Recommendations

- People with diabetes should receive DSME/DSMS according to National Standards for Diabetes Self-Management Education and Support at diagnosis and as needed thereafter B

- Nutrition therapy is recommended for all people with type 1 and type 2 diabetes as an effective component of the overall treatment plan A

- DSME/DSMS should address psychosocial issues, since emotional well-being is associated with positive outcomes C

- Because DSME/DSMS and medical nutrition therapy can result in cost-savings B and improved outcomes A, DSME/DSMS and medical nutrition therapy should be adequately reimbursed by third-party payers E
Last Mile Problems

“We tend to think the problem is solved when we solve the technology problem but the human problem remains and that is the great frontier”

Sendhil Mullainathan: “Solving social problems with a nudge.”
What are your last mile problems?
Social Marketing

The use of commercial marketing principles and techniques to change behavior in order to improve their personal welfare and that of society.
Think Like a Marketer

Behavior is the bottom line

Know your audience

Use strategies that address the 4 (or 5) p’s
Behavior is the Bottom Line

What are you asking people to do?
Does your audience understand what you want them to do?
Do your objectives include the behavior?
Call, sign-up, attend, etc.

Tips to Manage Your Medicines

1. Take your medicines as directed. Talk with your pharmacist and your regular doctor if:
   - You have any allergic reactions to your medicines.
   - You have any problems with your medicines, like forgetting to take them or having a hard time swallowing them, reading the labels, or affording them.
   - You have any changes in your diet or health.
   - You are pregnant or breast-feeding.

2. Keep a list of all the medicines you take, and give your pharmacist and all of your health care providers a copy. Be sure the list includes:
   - Medicines your doctor has prescribed for you.
   - Vitamins and herbal supplements.
   - Over-the-counter items like aspirin, other pain medicines, or cold medicines. Over-the-counter medicines are ones you can buy off the shelf without a doctor’s prescription.

3. Tell your pharmacist about information you learn after visiting your dentist, eye doctor, foot doctor, or other member of your health care team:
   - Tell your pharmacist about any new health problems.
   - Share new test results with your pharmacist.

All Medicines Matter!

It is important to manage your medicines when you have diabetes. Did you know your pharmacist and doctors can help you manage your medicines? The tips below will get you started.

How Can Medicine Help Your Diabetes?

- Medicine can help you control your diabetes and blood sugar. Blood sugar that is too high or too low can cause problems with teeth, eyes, and feet, as well as other serious health problems.
- Many people with chronic lifelong diseases like diabetes do not take their medicines correctly. This puts them at risk of more serious health problems.
- There are more than 100 different medicines for diabetes. They can be taken by mouth, needle, or pump.
- People with diabetes may need many medicines at once to help them. Doctors choose medicines to best meet people’s diabetes needs.

How Can Pharmacists Help?

- Did you know that patients see their pharmacists up to seven times more often than their doctors?
- Pharmacists are often available all day, in the evening, and on weekends.
Know Your Audience

Define audiences based on behavior.
### Four critical times to assess, provide, and adjust diabetes self-management education and support

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What makes a person here... Different from a person here?
Know Your Audience

Segment audiences based on behavior
Motivators, barriers, assets, champions/heroes
Tell their story
Moms at-a-Glance
These composite profiles are for illustrative purposes only.

Maria Thompson (Gen Y Mom)
Occupation: Student
Age: 23
Single; One son
- Wants to teach her son good values and help him develop a strong sense of self so he can make good choices.
- Reads newspapers and women’s magazines to stay informed.
- Considers doing the right thing for her child and staying active her biggest health concerns.
- Connects with friends through MySpace and text messages.
- Refuses to put her life on hold just because she has a child.

What does she care about and how can we help her live her best life?

http://www.cdc.gov/healthcommunication/audience/index.html
The Marketing Mix – Easy, Fun, Popular

Product
What are we offering? (services, behavior, benefits)

Price
What are the costs of the behavior?

Place
Where can people get what we are offering?

Promotion
What do we want to say that is meaningful, believable, and distinctive?

Partnerships & Policy

New and Improved!
Put on Your Marketing Hat

Understand the behavior
  What do I want people to do?

Tell you audience’s story
  Who am I trying to reach?

Include the marketing mix in your strategies
  Am I offering something they want and making it easy for them to get it?
The 6 Hats of a Successful Marketer

White Hat – The Data Geek
Red Hat – The Sensitive Type
Black Hat – The Cynic
Yellow Hat – The Optimist
Green Hat – The Gardener
Blue Hat – The Manager
The feel and look of the 6 hats

Looks at the information and data
Covers feelings, emotions and intuitions
Exercise judgment and caution
Find reasons why something will work
Have alternatives, proposals, provocations & changes
Control the process
“You Can Do It. We Can Help”

Gateway to Health Communication & Social Marketing Practice

CDC’s Gateway to Communication and Social Marketing Practice provides resources to help build your health communication or social marketing campaigns and programs. Whether you are looking for tips for analyzing and segmenting an audience, choosing appropriate channels and tools, or evaluating the success of your messages or campaigns, it’s all here in one place.

Tools and templates you can use to develop your health communication and social marketing campaigns and programs.

Resources

**Audience** - Identify, segment, select and target audiences to tailor your health messages.

**Campaigns** - CDC campaigns plus other health communication materials and interventions.

**Channels** - All the channels to distribute, deliver, and promote outreach strategy.

**Health Literacy** - Information and tools to improve health literacy and public health.

**Research & Evaluation** - Formative and summative research plus evaluation tools for health communication programs.


**Tools & Templates** - CDCynergy, social media, and template shortcuts.
“You Can Do It. We Can Help”

National Diabetes Education Program Resources
Pretested messages
Low-literacy retested
Public domain
Available in multiple languages
The 3 most important takeaways:

1. Identify your target **audience**.
2. Determine a specific **purpose**.
3. **Organize** the information to reach that audience and clarify the purpose.
Takeaway messages

Know your Audience. All communications should be developed with your audience in mind. Before developing communications, you should have a firm sense of the attitudes, beliefs and behavior of your intended audience(s).
Takeaway messages

Use a Credible Source. The individual or organization that presents your message can have a dramatic impact upon how it is received and subsequent behavior.

Ensure that whoever delivers your message is seen as credible. Individuals or organizations tend to be viewed as credible when they have expertise, or are seen as trustworthy.
Takeaway messages

Frame your Message. How you present or “frame” your activity can impact upon the likelihood that people will engage in it.

Try to tap into what is meaningful and motivating to your audience.
A story to tell

Fiesta Movement
What do you remember?

1) What are the 3 most important takeaways?

2) What are the 5 Ps?
For more information call 1-800-CDC-INFO (800-232-4636)
TTY 1-(888) 232-6348 or visit www.cdc.gov/info.
To order resources, visit www.cdc.gov/diabetes/ndep.

Betsy Rodríguez – bjr6@cdc.gov
National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention

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