DIABETES CHAMPIONS TOOLKIT

Massachusetts League
of Community Health Centers

ABOUT

The Diabetes Champions Toolkit is a portfolio of resources intended for Community Health Center staff committed to improving outcomes for patients with diabetes. These resources specifically focus on interventions that a health center can readily implement into practice. Based on the National Association of Community Health Center's (NACHC) framework, the toolkit structures interventions into four categories: Patient Activation and Behavior Change, Reducing Health Inequities, Optimizing Teams, and Health Systems and Infrastructure.

This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,833,486 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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PATIENT ACTIVATION AND BEHAVIOR CHANGE

Diabetes Education

These resources are intended to guide and support diabetes education programs and interventions.

- CDC National Diabetes Prevention Program
- American Diabetes Association Diabetes Self-Management Education & Support Toolkit for Providers and Educators
- Medicare Coverage Guidelines for Diabetes Self-Management Training
- ADA Living with Type 2 Diabetes Program
- Patient/Family/Caregiver Teaching Checklist for Diabetes Education
- Low-Level Literacy Diabetes Patient Education Resources
- 10 Elements of Competence for Using Teach-Back Effectively

Patient Engagement

The following resources include information on how to promote patient engagement in self-care and treatment management, including patient engagement interventions, motivational interviewing techniques, and innovative strategies leveraging health apps.

- NACHC Patient Engagement Action Guide
- Be Prepared to Be Engaged Toolkit
- Helping Patients and Families Prepare for an Appointment: A Guide for Clinicians
- Physician Diabetes Referral Form
- ADA Project Power Adult
- Engaging Patients with Type 2 Diabetes: Provider Checklist
- CCNC Motivational Interviewing (MI) Resource Guide
- NACHC Healthy Together Program
- Leveraging Mobile Apps to Support Diabetes Self-Management

Peer Education and Support

Diabetes peer education and support groups can encourage mutual learning and emotional support, and studies have demonstrated the effectiveness of grouping patients based on shared cultural identities. Healthcare providers can promote and facilitate diabetes peer support groups based on their clinic's population.

- Peer Support Group Toolkit
- The Importance of Peer Support
- Health Coaching: Help Patients Take Charge of their Health
- New Beginnings: A Discussion Guide for Living Well with Diabetes
- Diabetes Sisters Peer Support

Community Interventions

The following interventions are existing community-based programs for diabetes prevention, education, and treatments among specific cultural groups. These resources may be beneficial for a Community Health Worker or for a CHC to share with community partners

- Faith Leaders Toolkit for Diabetes Management and Prevention
- Healthy Congregations, Healthy Communities: A Toolkit for Congregations
- Native Lifestyle Balance
- Project Dulce: Diabetes Intervention for Latine Communities
- New Leaf Diabetes Intervention for High-Risk Low-Income Populations
- Juntos Podemos (Together We Can): Family-Centered Latine Health Intervention

REDUCING HEALTH INEQUITIES

Assess and Address Barriers to Care

These resources can help providers assess patients' barriers to access and tailor interventions for specific populations.

- Assessing Patient Treatment Barriers
- Protocol for Responding to & Assessing Patients' Assets, Risks, & Experiences (PREPARE)
- Diabetes Numeracy Test
- Understanding Health Literacy and Numeracy
- Health Literacy Tool Shed
- An Overview of Food Insecurity Coding in Health Care Settings
- Finding ACE Score Questionnaire
- Access and Affordability Resources
- Exceptions and Appeals: How to Help your Patients Access their Diabetes Treatment

Confront Implicit Bias and Cultural Barriers to Care

Implicit bias refers to attitudes and stereotypes that affect decisions in an unconscious manner. These resources are aimed at deconstructing implicit bias within health care providers and systems, as well as intentionally tailoring interventions to specific sub-populations.

- Implicit Bias in Healthcare
- Project Implicit: Research and Interventions for Implicit Bias Prevention
- Building an Organizational Response to Health Disparities: A Practical Guide to Implementing the National CLAS Standards
- Diabetes Prevention Programs: Equity Tailored Resources
- The "A to Z" of Managing Type 2 Diabetes in Culturally Diverse Populations
- Cultural Sensitivity with Diabetes Management

Engage in Culturally-Competent Nutrition Conversations

A lack of cultural competence creates a barrier to effective communication between providers and patients, and may perpetuate health disparities among marginalized populations. Particularly when engaging in patient conversations with a topic as culture-laden as food and nutrition, a one-size-fits-all approach will not speak to diverse patient experiences. The following resources guide patient-provider conversations about food, which must be responsive and tailored to different living conditions, dietary needs, and cultures.

- Using Cultural Competence Constructs to Understand Food Practices and Provide Diabetes Care and Education
- My Healthy Plate Educational Tool
- Diabetes Guide to Foods of African Heritage
- Joslin Diabetes Center Asian-American Food Resources
- How Foods Affect Blood Sugar: A Guide for Latino Patients with Diabetes
- EthnoMed: Multilingual Nutrition Resources
- Diabetes and Ramadan: Practical Guidelines
- Fasting and Diabetes
- Nutrition Supports for Health Clinics

OPTIMIZING TEAMS

Promote the Role of Community Health Workers

Community Health Workers have been shown to be effective in improving diabetes outcomes, especially in low-income and minority populations. CHWs help patients overcome individual, community, and systems-level barriers as they often share the cultural identity of the communities they serve, and promote culturally-tailored interventions such as group classes, one-on-one goal setting, and peer support groups.

Resources for Leadership and Management to Support the Role of CHWs:

- The Role of Community Health Workers in Diabetes: Update on Current Literature
- Community Health Workers and Diabetes Interventions: A Resource for Program Managers and Administrators
- Community Health Workers in Health Care for the Homeless: A Guide for Administrators

Resources for CHWs:

- Su Corazon, Su Vida, Your Heart, Your Life Guided Implementation
- Community Health Worker Training: Diabetes 101
- NACHW Focus on Diabetes Training, en Espanol
- NYU Prevention Research Center Community Health Worker Toolkit
- Competencies for Diabetes Educators and Diabetes Paraprofessionals

Continue Provider Education

These resources provide continued education, training, and engagement for diabetes health care providers.

- Improving Diabetes Outcomes Curated Expert Guidance, Tools, and Resources
- Improving Cultural Competency for Behavioral Health Professionals
- Scripps Diabetes Professional Training
- Diabetes Management: Directory of Provider Resources
- The Huddle Podcast: Conversations with the Diabetes Care Team

Group Visits

Group visits can provide an innovative solution for both provider and patient, by increasing patient education opportunities, providing peer support, empowering patients in their self-care, and reducing backlogs in scheduling. Group visits can include patient education, shared problem solving, and medical evaluations.

- The Potential of Group Visits in Diabetes Care
- Medical Group Visit Starter Kit
- Diabetes Group Visits: Moving Beyond the One-on-One Office Visit
- Empowerment Diabetes Group Visit Curriculum for the Rural-Urban Underserved: Development and Staff Training
- Adapting In-Person Diabetes Group Visits to a Virtual Setting Across FQHCs

OPTIMIZING TEAMS

Integration of Care Teams

Health centers can enhance the delivery of diabetes care by coordinating the roles of each member of the care team. The care team model has been shown to be cost effective, improve health outcomes, and enhance patient and provider experiences.

- Care Team Model Action Guide
- Team as Treatment: Driving Improvement in Diabetes
- Pharmacy, Podiatry, Optometry, and Dentistry (PPOD)
- Using Medical Scribes in a Physician Practice

Diabetes and Dental Care

- Innovations in Oral Health and Primary Care Integration
- How Medical-Dental EHR Integration Can Improve Diabetes Care

Diabetes and Vision Care

- ADA Practical Guide to Diabetes-Related Eye Care
- Eye Care of the Patient with Diabetes Mellitus Clinical Practice Guideline
- Diabetes and the Eyes Educational Toolkit
- Diabetic Eye Disease Resources for African Americans

Diabetes and Behavioral Health

Research has demonstrated a well-established link between diabetes and depression. Diabetes distress, or emotional distress resulting from the burden of daily self-care and management, is also a common experience of diabetes patients, and those with less social support may be particularly susceptible. The following resources can help guide responsive care for both depression and diabetes distress.

- A Research Brief: Screening for Depression and Diabetes Distress in Adults with Type 2 Diabetes
- ADA Mental Health Workbook: Diabetes Distress
- Depression Screening and Follow-Up Flow Chart
- Psychosocial Care for Diverse People with Diabetes
- Behavioral Health and Diabetes Resources and Guidance
- Living a Balanced Life with Diabetes: PHQ-9 Nine Symptom Checklist
- Diabetes Distress Screening Scale

HEALTH SYSTEMS AND INFRASTRUCTURE INTERVENTIONS

Establish Diabetes as an Organizational Priority

These resources describe the importance for leadership to establish diabetes as an organizational priority, communicate shared goals, and support the diabetes champion role. These measures will ensure that systems-level changes are sustainable long-term.

- NACHC Value Transformation Framework Action Guide
- Diabetes Champions: Culture Change through Education

Partner Diabetes Interventions with Systems Interventions

These systems interventions suggest best practices for health centers to integrate education, quality improvement, and communications for interdisciplinary teams. Faced with limited resources, health centers can coordinate evidence-based interventions with a systems perspective to streamline diabetes care.

- NACHC Companion Action Guide: Evidence-Based Care for Diabetes Control
- Demonstrating Real Improvement Value in Equity (DRIVE) Toolkit for Type 2 Diabetes
- Rural Diabetes Prevention and Management Toolkit

Standardize Clinical Policies and Procedures

These resources provide information on creating or updating diabetes clinical policies, procedures, and standing orders based on current evidence-based best practices.

- Guiding Principles for the Care of People With or at Risk for Diabetes
- Standards of Medical Care in Diabetes 2022 Abridged for Providers
- Pre-Visit Planning: Save Time, Improve Care, and Strengthen Care Team Satisfaction

Leverage Health Information Technology

Meaningful use of EHR data can improve health center's ability to target specific populations in diabetes care. These resources are intended to help create a diabetes patient registry, identify elevated-risk patients, and track clinical measures. Possible interventions could also include a clinic dashboard with point-of-care advisories for providers.

- Capturing High Quality Electronic Health Records Data to Support Performance Improvement
- Electronic Health Record Best Practices for Managing Patients with Hypertension and Diabetes
- Optimize Your EHR to Prevent Type 2 Diabetes
- NACHC Population Health Management Risk Stratification Action Guide