

# Expanding the Reach of Care: Utilizing Health Education for Diabetes Prevention and Control

September 11, 2018

2018 Midwest Stream Forum for Agricultural Worker Health

New Orleans, LA



HEALTHY PEOPLE. EQUITABLE COMMUNITIES.



# Health Outreach Partners

[WWW.OUTREACH-PARTNERS.ORG](http://WWW.OUTREACH-PARTNERS.ORG)

**WE SUPPORT HEALTH OUTREACH PROGRAMS** by providing training, consultation, and timely resources.

**OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS** by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

**WE SERVE** Community Health Centers, Primary Care Associations, and Safety-net Health Organization



# MHP Salud

[WWW.MHPSALUD.ORG](http://WWW.MHPSALUD.ORG)

**WHO WE ARE:** National organization focused on implementing Community Health Worker programs and helping other organizations start-up or strengthen Community Health Worker Programs. HRSA National Cooperative Agreement

**MISSION:** MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.

## WHOM WE SERVE

Under-served Latino Communities  
Health Centers  
Health Systems  
Non-profits



# Learning Objectives

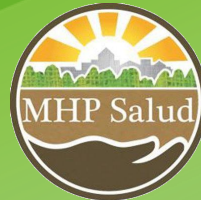
By the end of the workshop, participants will be able to:

- Describe how outreach programs can effectively connect MSAWs to health center services for diabetes prevention and control.
- Explain the PRECEDE-PROCEED model and the Stages of Change and how to apply these models to health education.
- Identify at least two strategies for delivering effective health education on diabetes prevention and management in outreach settings.

# Diabetes and Agricultural Workers



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# 30.3 million

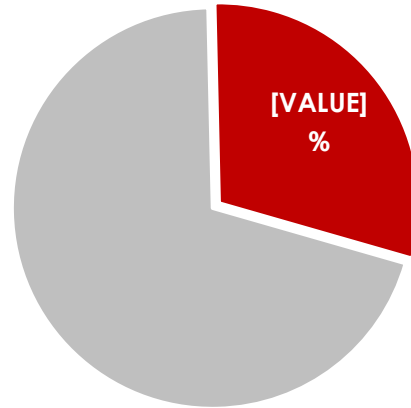
people have diabetes in the U.S

**7<sup>th</sup>** leading cause of **death** in the U.S

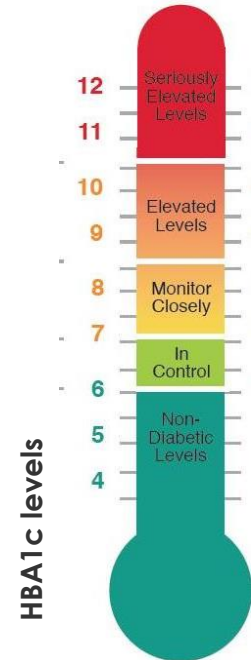
## 13%



of Health Center patients have diagnosed diabetes



Patients with uncontrolled diabetes (HbA1c > 9%)



In 2015, the estimated number of  
**new** diabetes cases was

**1.5 million**



In 2015, **+70,000**  
diabetic MSAW patients

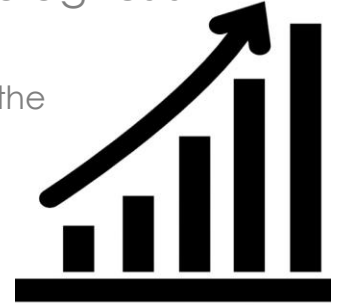


**242,264**

medical visits

**8%** Of patients at  
Migrant Health Centers have a  
diabetes diagnosis

This number has been  
steadily **increasing** over the  
last **6** years.



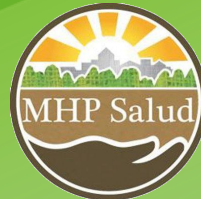
In 2012, the total financial cost of  
diabetes in the U.S was

**\$245 billion**

# MSAW Diabetes Risk Factors



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# Risk Factors

## Socioeconomic

- Poverty
- Food insecurity
- Lack of health insurance and prescription coverage
- Substandard housing
- Lack of reliable transportation



# Risk Factors

## Individual

- Language barriers
- Cultural practices or beliefs regarding health care
- Dietary practices
- Health literacy



# Risk Factors

## Occupational

- Lack of benefits, supports, and protections
- Unstable employment
- Work environments not conducive to medical care
- Physically demanding jobs
- Migratory lifestyle
- Necessity to travel long distances for work
- Possible link with pesticide exposure



# Risk Factors

## Political

- Discrimination
- Fear of accessing care



# Health Education



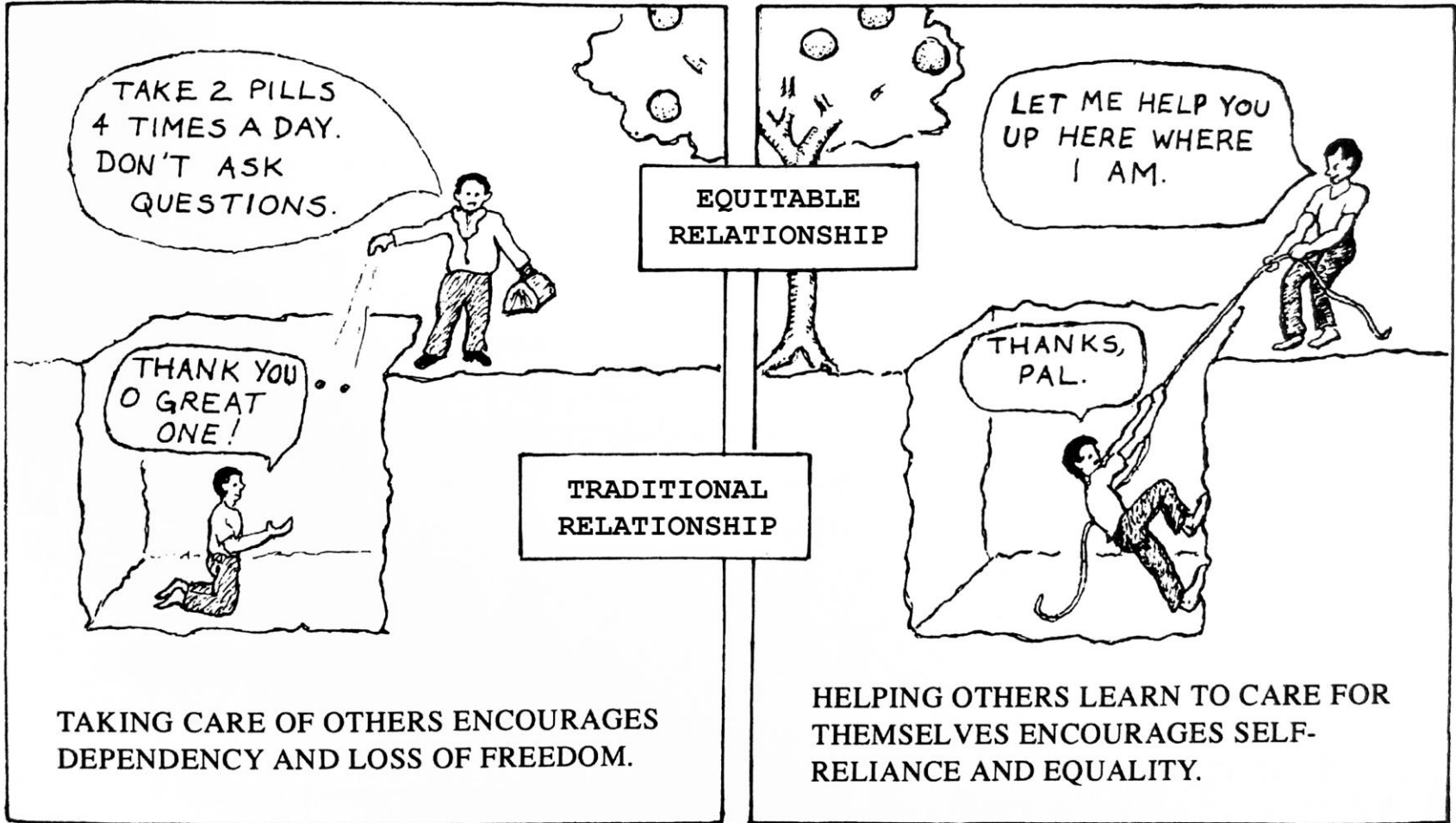
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# Health Education



- **What is health education?** The process by which individuals or groups are assisted in acquiring information, skills, and support regarding a relevant issue or behavior.
- **What is the purpose?** To facilitate healthier lifestyles by helping people change damaging behaviors and maintain positive behavior change once a commitment to change has occurred.
- **How do you do it?** Requires influencing behaviors

# TWO APPROACHES TO HEALTH CARE



# Definition of Behavior Change

An intentional change to a specific behavior





# PRECEDE-PROCEED Model

A tool for designing, implementing, and evaluating health behavior change programs.

## PRECEDE

- **P**redisposing
- **R**einforcing
- **E**nabling
- **C**onstructs
- **E**ducational/Environmental
- **D**iagnosis
- **E**valuation

## PROCEED

- **P**olicy
- **R**egulatory
- **O**rganizational
- **C**onstructs
- **E**ducational
- **E**nvironmental
- **D**evelopment

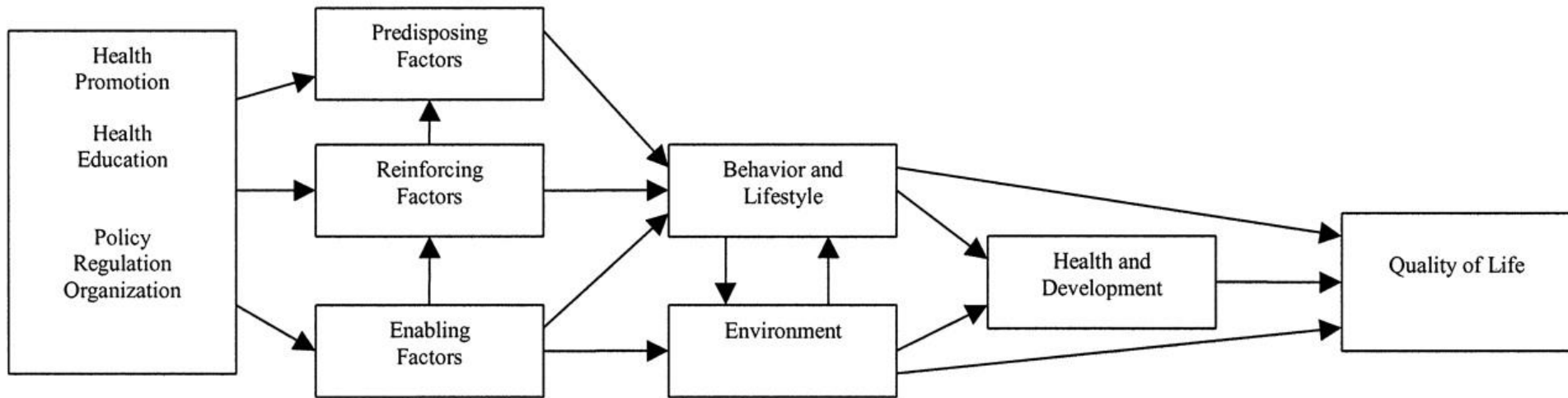
**Step 5**  
Administrative  
and  
Policy Diagnosis

**Step 4**  
Educational and  
Organizational  
Diagnosis

**Step 3**  
Behavioral and  
Environmental  
Diagnosis

**Step 2**  
Epidemiologic  
Diagnosis

**Step 1**  
Social  
Diagnosis



**Step 6**  
Implementation

**Step 7**  
Process Evaluation

**Step 8**  
Proximal Outcome  
Evaluation

**Step 9**  
Ultimate Outcome Evaluation

# Factors to Behavior Change - PER



## Preparing Factors

The issues that provide the rationale or motivate someone to practice a particular behavior.

- Knowledge
- Self-efficacy

**Sharing with or educating farmworkers**



## Enabling Factors

The issues that facilitate someone to practice that behavior

- Skills
- Resources

**Assisting farmworkers**



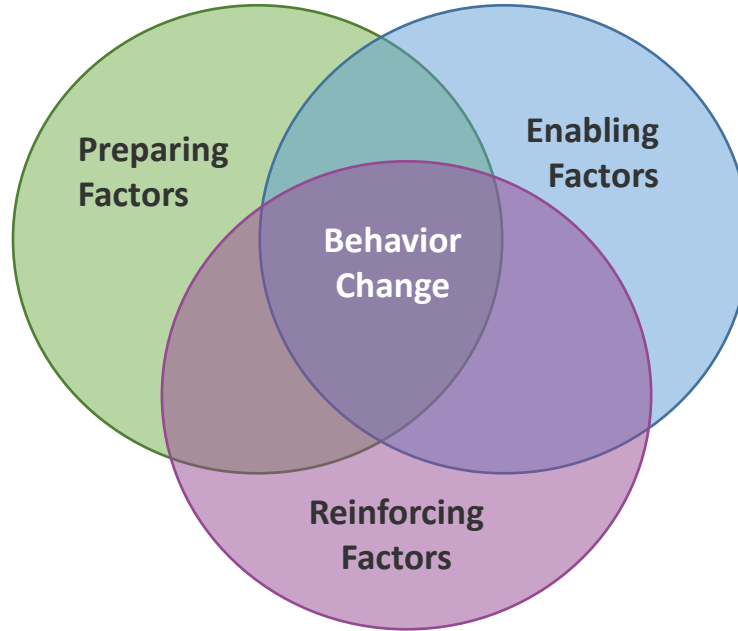
## Reinforcing Factors

The issues that provide the reward or incentive for the behavior and contribute to continued practice

- Recognition
- Social support

**Encouraging farmworkers to keep doing it**

# Factors to Behavior Change - PER

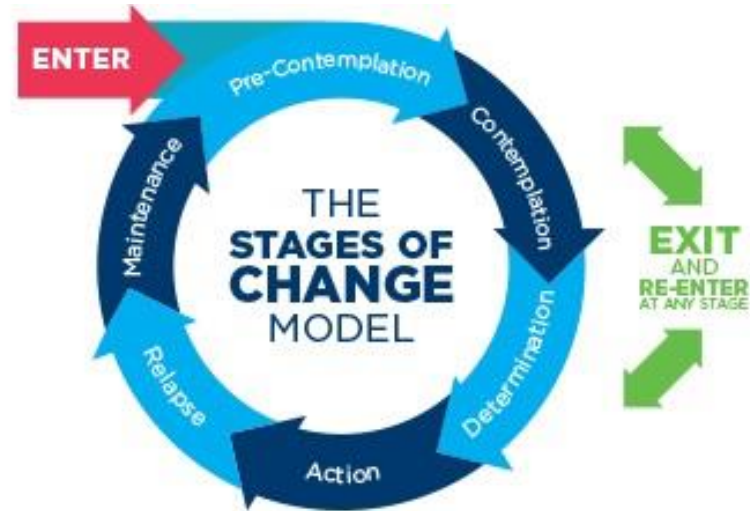


You **CAN'T** REINFORCE if **you haven't ENABLED**.  
**You can't ENABLE if you haven't PREPARED**.

# Transtheoretical Model of Behavior Change

Also known as “Stages of Change”

1. Precontemplation
2. Contemplation
3. Determination/  
Preparation
4. Action
5. Maintenance



# 1. Precontemplation

When a person is not yet ready to consider a change in the near future (usually defined as within the next 6 months).

A person is either unaware or unwilling to acknowledge that their behaviors are problematic.

**Example:** *I am not going to stop smoking because most of my friends smoke as well, so it can't be that bad. It helps me relax and also gives me an easy way to start conversations with people.*

## 2. Contemplation

In this stage, a person begins to weigh the pros and cons of their behavior and considers making a change in the near future (usually defined as within the next 6 months).

A person is now aware or acknowledges that their behavior is problematic and would like to change it.

**Example:** *I have started noticing the effects that smoking is having on me physically, especially when I am exercising. I am starting to worry about the long-term effects smoking could have on me and I want to make a change before any of them happen.*

### 3. Determination/Preparation

This is the stage in which a person is ready to make a change within the next 30 days.

A person in this stage is preparing and/or taking small steps to lead to a bigger change in behavior.

**Example:** *I know smoking is not worth it anymore and I'm ready to change. I have enrolled in a smoking cessation program and have already started cutting back on how much I smoke a day by one cigarette.*



## 4. Action

In this stage, a person is actively changing their behavior.

A person in this stage is making the change and intends to move forward with it.

**Example:** *It has been three months since I started the smoking cessation program. In the first month I cut back my smoking to only 2 cigarettes a day, and by the second month I quit altogether. It has now been two months since I've had a cigarette at all.*

## 5. Maintenance

A person is sustaining their behavior change, usually for a period of at least six months, in this stage

The person has prevented relapse and intends to make the change permanent.

**Example:** *It has now been six months since I've smoked. I still get the urges, but I have learned to chew sugar-free gum and avoid social situations where I might be tempted to smoke with friends.*

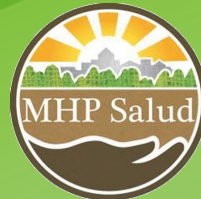
# Activity: Stages of Change

1. Precontemplation
2. Contemplation
3. Determination/Preparation
4. Action
5. Maintenance

# Delivering Effective Diabetes Health Education



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# Health Education Basics

- Conduct a needs assessment
- Set your goals and objectives
- Select the right materials
- Know the background information
- Assemble an audience or meet with the patient
- Select a setting
- Implement your health education activity
- Conduct your evaluation (yourself, the activity, and the participants)



# Applying Adult Learning Principles

- Explain the reason specific things are being taught
- Provide education through having participants do what is being taught instead of using memorization.
- Take into account the wide range of backgrounds of learners by using materials that allow for different levels and types of learning.
- Allow adults to discover solutions themselves with guidance and help when mistakes are made.

# Learning Styles

Use methods that appeal to different learning styles:

- Visual



- Tactile



- Auditory



- Olfactory



- Haptic



# The Grab Bags

## Brushing and Flossing

Toothbrush  
Toothpaste  
Mouth model  
Dental floss

## Early Childhood Caries & Tooth Decay

Images of bacteria  
Baby bottle  
Baby cup  
Baby formula nutrition facts cut-outs  
Soft-bristled toothbrush

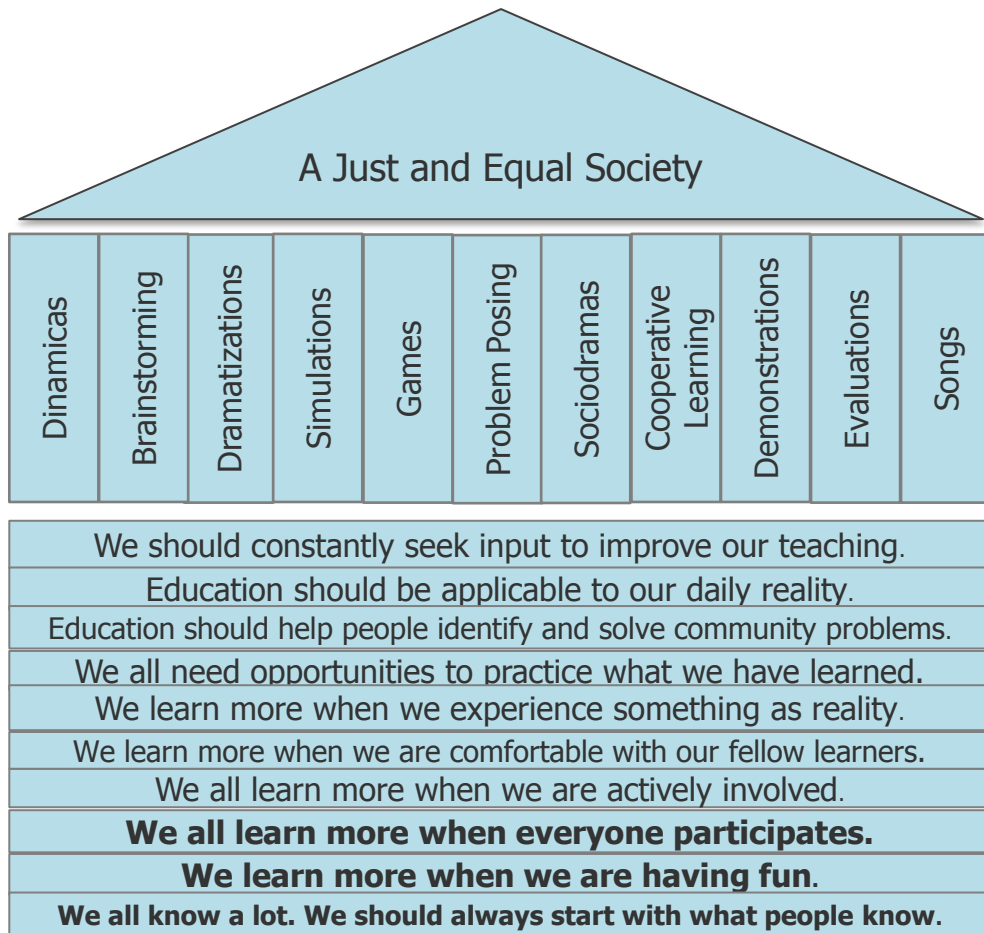
## Nutrition

Nutrition labels  
Empty fast food containers (burgers, fries, etc.)  
Soda  
Potato chips  
Cookies  
Dried fruit  
Water  
Whole wheat bread  
Brown rice  
Fresh fruits and vegetables  
Dried beans



# Popular Education

## House of Popular Education



# Popular Education in Diabetes Education

- **Dinamica**
  - Helps everyone feel comfortable with their fellow learners
- **Role plays**
  - Gives participants a chance to practice what they have learned
- **Review grocery receipts or nutrition labels**
  - Starts with what people know and applies to their daily reality
- **Healthy cooking demonstration**
  - Allows participants to experience something as reality

# What would you include?

**Scenario:** You are conducting a health education session to a group that is *at risk* of developing Type 2 diabetes.



# What would you include?

**Scenario:** You are conducting a health education session to a group of diabetic patients on proper diabetes treatment.



# How Can You Use Popular Education?

In pairs, using the grab bags you developed in the last activity, come up with an activity that uses one of the methodologies from popular education (the pillars from the house of pop ed) to provide education on diabetes.

A Just and Equal Society

Dinamicas

Brainstorming

Dramatizations

Simulations

Games

Problem Posing

Sociodramas

Cooperative Learning

Demonstrations

Evaluations

Songs

# Bilingual Health Education Materials

[www.outreach-partners.org/diabetesresources](http://www.outreach-partners.org/diabetesresources)



# Additional Resources & References



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# Additional Resources

- [Know Your A1C Tool \(Spanish and English\)](#)
- [Addressing Diabetes Through Outreach: Innovative Outreach Practices Report](#)

# References

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# THANK YOU!

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