



# Activating the National Diabetes Prevention Program through Community Health Workers

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# Hello!

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**Natalie Blum, MPH**  
**Manager of Prevention**

American Association of  
Diabetes Educators



# A little about AADE



- We're a Chicago-based, multi-disciplinary membership organization
- We have 14,000 members across the country—who are RNs, pharmacists, PTs, RDs, and other healthcare professionals
- Our members have been working alongside individuals making positive, powerful lifestyle changes since 1973



# Diabetes and prediabetes

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**30.3 million American adults  
with diabetes**

**84.1 million American adults  
with prediabetes**

32% of Hispanic and Latinos have  
prediabetes



# Prediabetes prevalence

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- Prediabetes is associated with kidney disease, heart disease, hearing loss, and vision problems
- Prediabetes is a high-risk state for developing Type 2 diabetes
  - <https://www.reuters.com/article/us-health-diabetes/blood-test-may-predict-who-is-most-at-risk-for-diabetes-idUSKCN1IO3DZ>

# Who is at Risk for Prediabetes and Type 2 Diabetes?

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**You may be at higher risk than others for prediabetes, if you are:**

- Overweight.
- 45 years of age or older.
- Have a parent or sibling has type 2 diabetes.
- Are physically active fewer than 3 times per week.
- Ever gave birth to a baby that weighed more than 9 pounds.
- Ever had diabetes while pregnant (gestational diabetes).

**Race and ethnicity also affect your risk:**

Percentage of people in the United States with diagnosed diabetes from 2013 to 2015:

American Indian/Alaska Natives – 15.1%  
Non-Hispanic blacks – 12.7%  
Hispanics – 12.1%  
Asian Americans – 8.0%  
Non-Hispanic whites – 7.4%

# So what can we do?

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# Diabetes Prevention Program (DPP)

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- DPP Research Study (1996-1999)
- 27 clinical centers across the country
- More than 3000 participants
  - 45% were from priority populations\* with an increased risk of developing Type 2 diabetes
  - All participants were overweight
  - All had impaired glucose tolerance (now known as prediabetes)

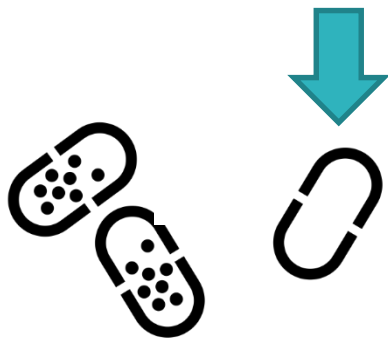
\*priority populations are groups at high risk for developing Type 2 diabetes like African Americans, Alaska Natives, American Indian, Asian Americans, Latinos, and Pacific Islanders





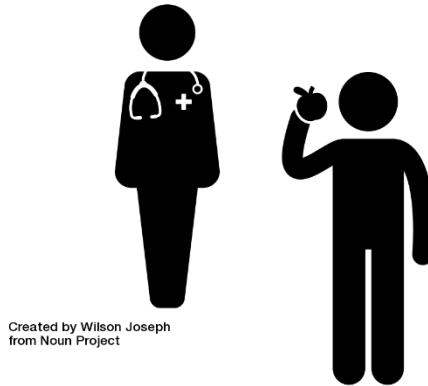
# Diabetes Prevention Program (DPP)

Participants were randomly divided into one of three treatment groups:



Created by Luis Prado  
from Noun Project

Placebo with  
brief lifestyle  
counseling



Created by Wilson Joseph  
from Noun Project

Created by Gan Khoon Lay  
from Noun Project

Intensive one-on-one  
lifestyle modification  
program

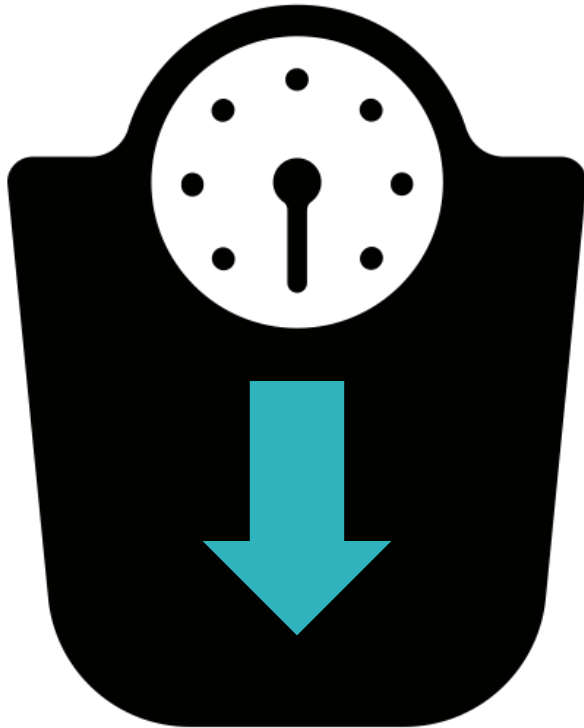


Created by Luis Prado  
from Noun Project

Medication  
(metformin 850  
mg/twice daily)

# Weight loss matters

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Weight loss was **the most important factor** in Type 2 diabetes reduction, and it had the same positive effect **across all populations, regardless of other risk factors.**

Participants who reduced their **dietary fat calorie intake** decreased their risk even further. For diabetes prevention, **fat calories matter more than carbohydrates!**

Created by Samy Menai  
from Noun Project

# Translating research into practice

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- DPP in community settings were as successful as interventions in clinical settings
- DPP in small group formats were as successful as one-on-one coaching
- **Trained lifestyle coaches did not need to be physicians, nurses, pharmacists, RDs, or CDEs**
- Group format + community settings + diversity of lifestyle coaches = **1/3 cost of the DPP Research Study!**



# National DPP Overview

# CDC: Leading the National DPP

National Diabetes Prevention program – or National DPP – is a partnership of public and private organizations working to prevent or delay type 2 diabetes.



# Four Components of the National DPP



Source: Ann Albright, PhD, RD  
Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

# Overview of the National DPP- Lifestyle Change Program

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**PROGRAM GOAL:** Help participants make lasting behavior changes such as eating healthier, increasing physical activity, and improving problem-solving skills

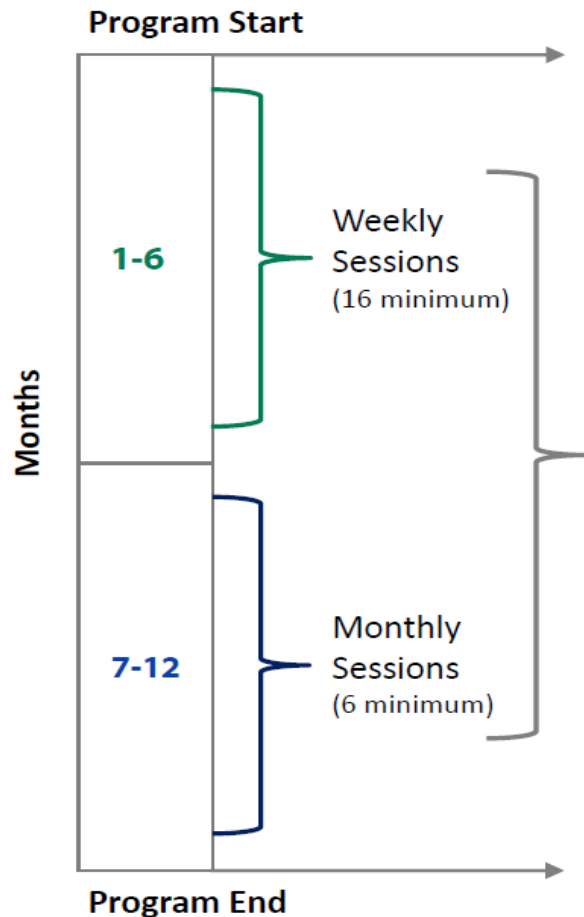
Year-long group-based program:

**Phase 1- Months 1-6:** 16 sessions, usually held weekly to bi-weekly (over 26 weeks)

**Phase 2- Months 7-12:** monthly sessions over 6-8 months (minimum 6- at least 1 session per month )



# Program Structure



**Delivered by trained lifestyle coach**

**Example modules covered in core phase:**

- Eat Well to Prevent T2
- Burn More Calories Than You Take In
- Manage Stress
- Keep Your Heart Healthy

**Example modules covered in maintenance phase**

- When Weight Loss Stalls
- Stay Active Away from Home
- Get Enough Sleep

**PARTICIPANT GOAL:** Lose 5 – 7% of body weight



# Participant Eligibility

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- Program's participants must be 18 years of age or older and not pregnant at time of enrollment.
- Program's participants must have a body mass index (BMI) of  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  kg/m<sup>2</sup>, if Asian American).
- Program's participants must be considered eligible based on either:
  1. A recent (within the past year) blood test; or
  2. A positive screening for prediabetes based on the CDC Prediabetes Screening Test (these are not options for eligibility for Medicare beneficiaries)



# Participant eligibility: Age

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- PreventT2 is a program for adults with prediabetes
- All PreventT2 participants must be 18 years of age or older
- Children and adolescents with a positive screening for prediabetes should be referred to their primary care provider

# Blood Glucose Test

**Table 1. Blood Glucose Tests Used to Identify Prediabetes and Recommended Follow-Up**

Results	Test			Follow-Up Action
	A1C	Fasting plasma glucose	Plasma glucose measured 2 hours after a 75 gm glucose load	
Normal	<5.7%	<100 mg/dL	<140 mg/dL	Encourage patient to maintain a healthy lifestyle.
Prediabetes	5.7%–6.4%	100–125 mg/dL*	140–199 mg/dL	Refer patient to a primary care provider and a CDC-recognized lifestyle change program.
Diabetes	≥6.5%	≥126 mg/dL	≥200 mg/dL	Refer patient to a primary care provider for confirmatory diagnosis, diabetes self-management education and support, and treatment if appropriate.

\* The fasting plasma glucose requirement for Medicare Diabetes Prevention Program suppliers is 110–125 mg/dL.



# Participant eligibility: Gestational diabetes

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For CDC, gestational diabetes does count as a blood-based screening if clinically diagnosed during a previous pregnancy

Created by i cons  
from Noun Project

# CDC Prediabetes Screening Test



## COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

## TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Yes	No
1	0
1	0
1	0
5	0
5	0
5	0
9	0

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

## AT-RISK WEIGHT CHART

Height	Weight <small>Pounds</small>	Height	Weight <small>Pounds</small>
4'10"	129	5'7"	172
4'11"	133	5'8"	177
5'0"	138	5'9"	182
5'1"	143	5'10"	188
5'2"	147	5'11"	193
5'3"	152	6'0"	199
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221

National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation



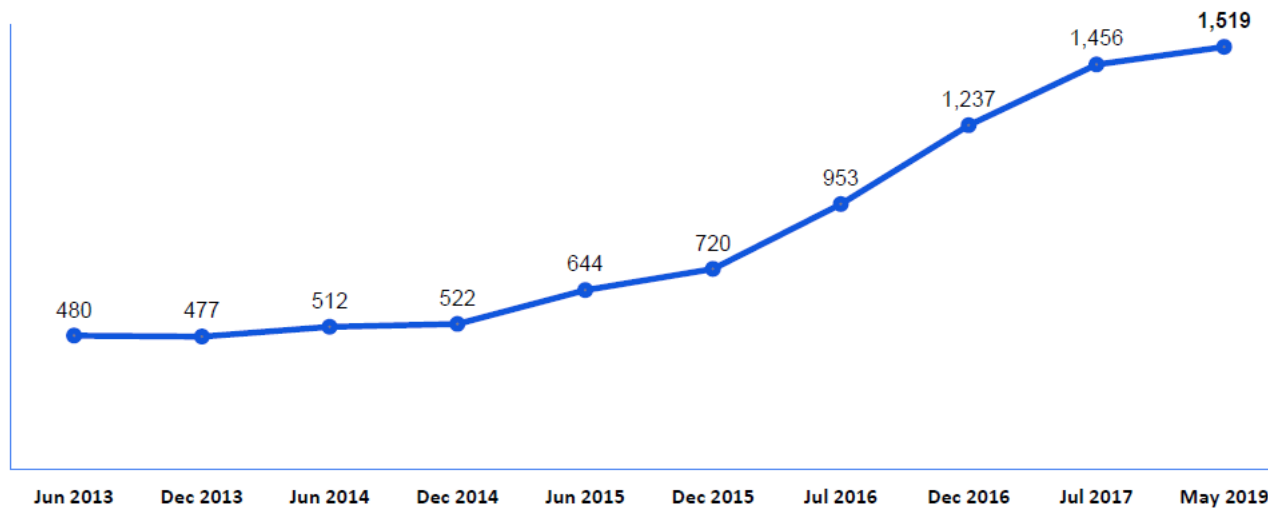
# Cumulative Enrollment in the National DPP



**337,430 individuals have enrolled as of May 27, 2019**



# CDC-recognized Program Delivery Organizations



CDC Diabetes Prevention Recognition Program: May 27, 2019





# Who is delivering the program?

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Lifestyle Coaches are the heart of the National DPP's workforce!



# Lifestyle Coaches

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Created by Gan Khoun Lay  
from Noun Project

- Deliver the lifestyle change program exactly as designed
- Guide participants through program content with a variety of teaching strategies
- Encourage a positive, inclusive group dynamic with peer-to-peer learning
- Build on participants' strengths and celebrate their successes

# Lifestyle Coaches

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Created by Gan Khoon Lay  
from Noun Project

- Present and reinforce content in effective, meaningful, and compelling ways
- Maintain high expectations for the group and individual accountability for participants
- Provide individual support through reminders, reviews of meal logs and activity trackers, and one-on-one problem solving



# Role Community Health Workers play in promoting health and prevention

# CHW- Frontline Public Health Workers

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- A **trusted member** of and/or has an unusually close understanding of the community served
- Serves as a **link** between health/social services and the community
- Facilitates **access to services** and improves the quality and cultural competence of service delivery



# Who are Community Health Workers?

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- Promotor(a) de salud
- Peer leader/navigator
- Outreach educator
- Community health advisor
- Home visitor
- Outreach advocate
- Patient Navigator
- Paraprofessional
- Community coordinator
- Community health representative



# CHWs are distinguishable from other health professionals

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- Hired for their understanding of the population and community they serve
- Conduct outreach as a significant portion of the time
- Have experience providing services in and across community and clinical settings

# CHWs & Chronic Disease: Opportunities

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## Diabetes Prevention Program

- CHWs can be trained to serve as lifestyle coaches, teaching or assisting with the DPP classes across the state
- CHWs can also serve as referrers to DPP, working with eligible participants to promote the program, reduce barriers to program participation, and demystifying what the program is
- CHWs can also experience DPP as participants, in conjunction with patients or independently, if they qualify per the clinical guidelines





# Lifestyle Coach Training



# Lifestyle Coach Training for DPP

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CDC-recognized lifestyle change programs must have Lifestyle Coaches who are trained to use a CDC-approved curriculum.



Manual del instructor de estilo de vida

Resumen del programa "PrevengaT2"



# Lifestyle Coach Training – Cont.

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The minimum length of formal training for new Lifestyle Coaches is at least 12 hours or two days

Offered in the following modes:

- In-person
- Online

To learn more about these training entities and the types of trainings they offer, visit:

***<https://www.cdc.gov/diabetes/prevention/staffing-training.htm>***



# Advanced Lifestyle Coach Training

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## Session Zero

- *Recognizing readiness to change*
- *Overcoming barriers and amplifying facilitators*
- *Utilizing motivational interviewing strategies in one-on-one and group settings*

## Engage Participants through Core Sessions

- *Building social capital within the group*
- *Addressing weight stigma and bias*
- *Using skills, styles, and strategies to facilitate behavior change*
- *Promoting self-management skills*

## Retain Participants through Core Maintenance Sessions

- *Assessing Social Determinants of Health*
- *Understanding community context and community influencers*
- *Making sense of incentives*

## Ongoing Maintenance, Cultural Connectivity, and Other Strategies

- *Tools for creating a cultural connected and responsive environment*
- *Referring to other healthcare professionals*

# Group Coaching Competency Test- Advanced

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National Board of Medical Examiners (NBME) and Centers for Disease Control and Prevention (CDC)

Potential for an “advanced training certificate” but would not replace a lifestyle coach training

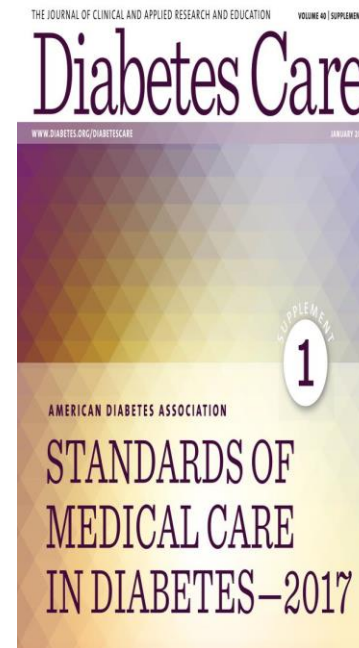
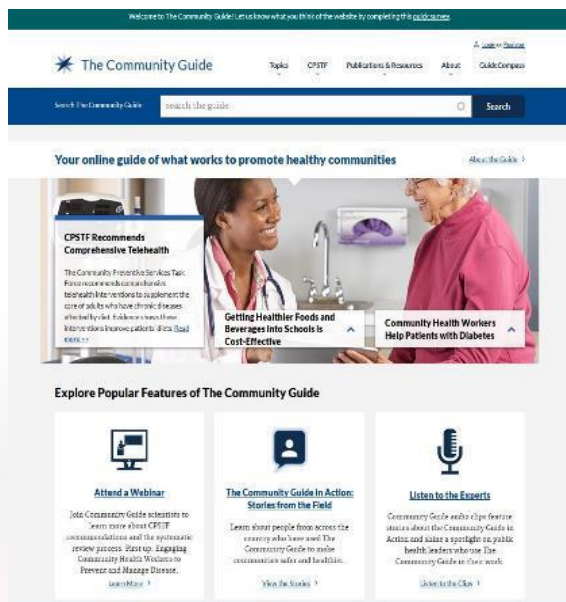
More to come.....

Workforce development for CHWs is essential to attract new CHWs and retain and promote current CHWs, but funding for these activities is lacking



# Two Sources of Evidence

- Community Guide/Community Preventative Services Task Force (CPSTF)
- ADA Standards of Care



# Community Preventative Services Task Force Finding

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- The Community Preventive Services Task Force recommends interventions engaging community health workers for diabetes prevention based on sufficient evidence of effectiveness in improving glycemic control and weight-related outcomes among people at increased risk for type 2 diabetes.
- Some evidence suggests interventions adapted from the Diabetes Prevention Program reduce rates of progression to type 2 diabetes, though more research is needed.



# Strategies to engage and retain participants in the National DPP



# Why Retention Matters

## Intervention Intensity and Duration

### Conclusions:

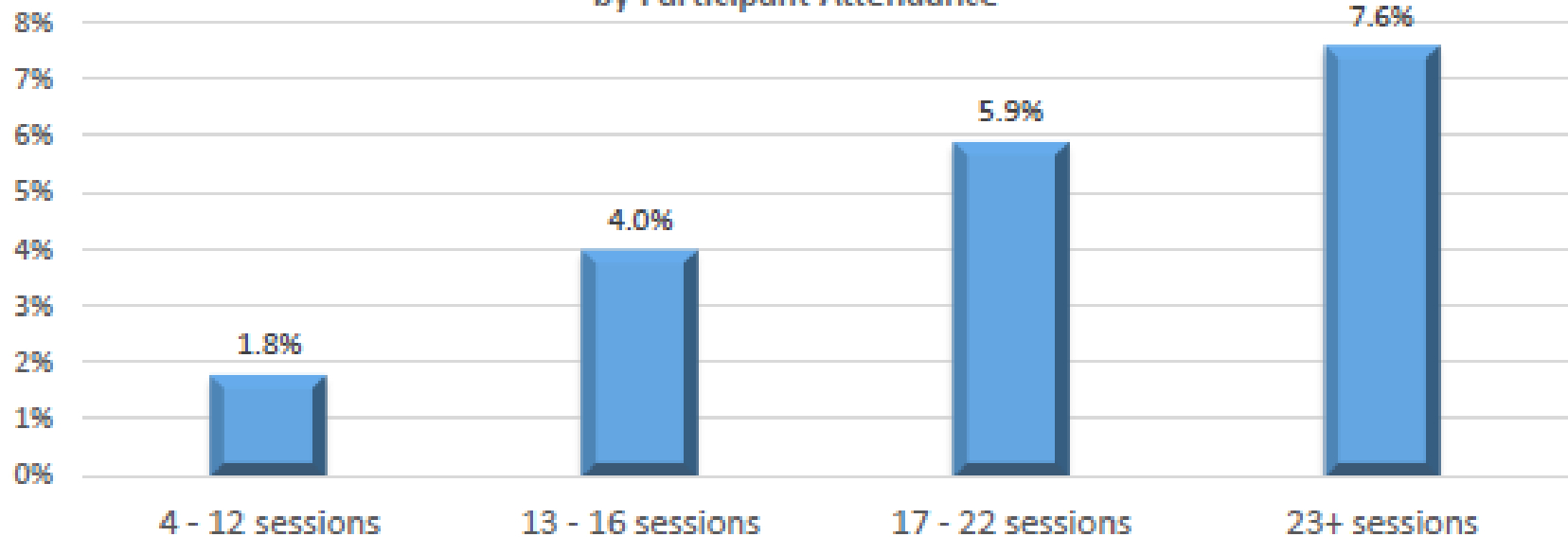
- “Greater duration and intensity of session attendance resulted in a higher percent of body weight loss overall and for subgroups.”
- “Focusing on retention may reduce disparities and improve overall program results.”



## Intervention Intensity and Weight Loss Achieved

Participants who attended the most sessions lost more weight (on average) than those who attended fewer sessions

Average Weight Loss % Between First and Last Session  
by Participant Attendance



DPPR Data Set as of January 2018

# Retention Strategies

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- Shared culture and language between CHWs and participants
- CHWs can help tailor and adapt materials and activities to be user-friendly and culturally appropriate
- Serving as “SDOH expert” on the team.
- Developing and organizing activities to promote healthy diets and physical activity such as a weekly walking club, diabetes awareness and prevention events, cooking demonstrations, and a monthly fruit and vegetable market

# Stories from the field- Retention

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- Train bilingual CHWs lifestyle coaches to serve vulnerable and underserved populations
  - Use a CHW lifestyle coach who is culturally fluent with vulnerable populations to deliver program education and materials to improve reach and retention of those groups
  - Develop language and cultural adaptations to the course curriculum
- CHWs' non-judgmental nature is powerful!
- Use popular education strategies
- Community workshops- develop weights using many common household items (milk jugs, canned goods)- save money and active
- CHWs can create connections within the group to provide additional support (Facebook, walking groups, car pooling)



## Shopping at the Corner Store or *La Tiendita*

As you walk into the local corner store or *Tiendita*, you see and smell foods you and your family enjoy eating like tortillas, pan dulce, sodas, tacos, and candy. There may be a restaurant where you can buy menudo, caldos, picadillo, chile rellenos, etc. These foods are delicious and tempting, but usually contain high amounts of fat, sugar, and sodium that can lead to health problems like high cholesterol, hypertension, heart disease, and type 2 diabetes. You can lower your risk or prevent these health conditions by paying attention to what you eat.

**The good news is eating healthy does not have to be expensive. These five tips can help you shop for healthy foods and save you money:**



- 1. Plan ahead!** Make a list of the foods you plan to eat for each day of the week. First, choose a main meat or protein, and then add vegetables and fruits to complete your meal.
- 2. Substitute where you can!** Think of foods you could change or replace that cost less, like buying corn *tortillas* or lettuce instead of flour *tortillas*.
- 3. Stick to your plan!** Only buy the items on your list. Stay in the aisles where you find fresh foods at the store to help you focus on healthy choices.
- 4. Eat before you shop!** You have less temptation and cravings for junk food or prepared meals when you are not hungry.
- 5. Cook at home!** Home cooking is less expensive than eating out and you have leftovers for the next day.

This resource was supported by Cooperative Agreement, Number 17NU58DP006361-01-00 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors.

## OBTENIENDO EL MEJOR APOYO DE UN PROGRAMA DE PREVENCIÓN DE DIABETES RECONOCIDO POR CDC\*

Un estilo de vida saludable puede reducir su riesgo de desarrollar problemas de salud serios, como la diabetes tipo 2.

**El 50% de los adultos hispanos en los Estados Unidos tienen más probabilidades de desarrollar diabetes tipo 2 - un 10% más alto del promedio.**

### CÓMO EL PROGRAMA DPP CAMBIOS DE ESTILO DE VIDA LE PUEDE AYUDAR



**LE MUESTRA  
CÓMO COMER MÁS  
SALUDABLE**



**LE CONECTA A UN  
INSTRUCTOR DE  
ESTILO DE VIDA**

Un **Instructor de Estilo de Vida** es un guía personal que:

- Cree en usted
- Le da información
- Contesta sus preguntas
- Ofrece soluciones
- Ofrece apoyo



**LE AYUDA AGREGAR  
ACTIVIDAD FÍSICA A  
SU VIDA DIARIA**



**PROPORCIONA UN  
GRUPO DE APOYO**

**El Grupo de Apoyo** lo ayuda a:

- Aprender de los demás
- Compartir ideas
- Recibir motivación
- Hacer nuevos amigos
- ¡Divertirse!

Si le preocupa estar en riesgo de tener prediabetes, hable con su doctor para hacerse un examen y pregunte ser referido a un Programa de Prevención de Diabetes (DPP por sus siglas en inglés) reconocido por la CDC (por sus siglas en inglés) en su área. Este programa puede ayudarlo a **usted** y a **su familia** hacer cambios saludables en su estilo de vida. Para obtener más información y encontrar organizaciones reconocidas por la CDC que ofrecen el programa de cambio de estilo de vida cerca de usted, visite: [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention)

\*Los Centros para el Control y la Prevención de Enfermedades CDC (por sus siglas en inglés).

Este recurso fue realizado con el apoyo del Acuerdo Cooperativo, Número 17NU58DP006361-01-00 de los Centros para el Control y la Prevención de Enfermedades. Su contenido es responsabilidad exclusiva de los autores.





# CHW reimbursement and sustainability in the National DPP

# Cost Effectiveness of the National DPP

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Cost of preventing diabetes is typically much lower than the cost of managing the complications of type 2 diabetes

CDC states that the program costs approximately \$500 per person

CDC reports that some modeled data from insurer has shown a **ROI of 3:1** when using a value-based payment approach. Meaning every 1 dollar spend on DPP gives the payer 3 dollars back within 3 years!



# Cost Analysis of DPP

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Research studies (2) conducted cost Analyses for DPPs:

Total estimated cost for the CHW delivered lifestyle intervention was \$165 per participant

Costs were almost half those of a health professional delivered DPP which cost \$300 per participant





# Centers for Medicare and Medicare Services: Preventative Services Payment Rule

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The Centers for Medicare and Medicaid Services (CMS) created a new rule which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system.

The services must be initially recommended by a physician or other licensed practitioner.

The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs.

The rule went into effect on January 1, 2014.

# Medicare Diabetes Prevention Program

Medicare Diabetes Prevention Program (MDPP) is a structured behavior change intervention that aims to prevent the onset of type 2 diabetes among **Medicare beneficiaries** with an indication of prediabetes.

## Better Outcomes, Higher Incentives

The healthier beneficiaries become, the more suppliers earn.

Payments are made based on beneficiary attendance *and* beneficiary weight loss

Year 1 Payment Scenarios*		
Attendance	Weight Loss (WL)	Payment
1 Core Session	N/A	\$25
4 Core Sessions	Without 5% WL	\$75
4 Core Sessions	With 5% WL	\$235
Full (9 Core, 4 Core Maintenance)	5% WL in mos. 10 – 12	\$400
Full (9 Core, 4 Core Maintenance)	5% WL (mos. 0 – 6) & maintains WL in mos. 7-12	\$445

\*Note: in Year 2, suppliers can also receive up to 4 payments of \$50 (total potential of \$200) per beneficiary, assuming ongoing maintenance session attendance and maintenance of 5% weight loss; the maximum payment per beneficiary is \$670 over 2 years



# MDPP: Coach Eligibility

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## CHWs can provide/bill services!

Must obtain and maintain a valid National Provider Identifier (NPI) number in order for organizations to receive payment for MDPP services



### Train Coaches

- Coaches are trained consistent with the requirements of the CDC's Diabetes Prevention Recognition Program (DPRP) [training and staffing](#) requirements.
- CMS does not require coaches to receive training beyond the CDC's requirements.

# CHW Financing Webinar

The screenshot displays a webinar interface. The main content area shows a slide deck titled "COMMUNITY HEALTH WORKER (CHW) FINANCING WEBINAR" dated "JULY 17, 2018". The slide features the logo of the "NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION" and the "Division of Diabetes Translation" logo. The sidebar on the right contains several sections: "Attendees (20)" with sub-sections for "Active Speakers", "Hosts (2)" (listing FHI 360 and Kaly Moot), and "Presenters (8)" (listing Betsy Rodriguez, Carl Rush, Charlie Alfiero, David Ojeda, and Deirdra Stockmann). Below this is a "Chat (Everyone)" section with messages from Kaly Moot, Bethany Hamilton, and Kaly Moot. The "Handouts" section lists several files with their names and sizes.

Name	Size
Speaker Bios- CHW Financing Webinar - 1	502 KB
Carl Rush- May 10 (Forum) slides.pdf	968 KB
Agenda- CHW Financing Webinar - FINAL	520 KB
CMS Resources- CHW Financing Webinar-	399 KB
Paying_for_Pop_Health_Case_Studies_Ful	284 KB

View the webinar at <https://www.youtube.com/watch?v=pUKTsh0XuM0>





# AADE Expanding the National DPP

# CDC's Funding for 1705:

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Over 1200 CDC-recognized organizations in 50 states offer the lifestyle change program, but there are still many areas with few or no programs.

Through this cooperative agreement, CDC funds multi-state networks to start new programs in underserved areas.

Priority populations include: **Medicare beneficiaries, men, African-Americans, Asian-Americans, Hispanics, American Indians, Alaska Natives, Pacific Islanders, and people with visual impairments or physical disabilities.**

# DP17-1705

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AADE has been awarded funding for the next 5 years to bring the National DPP to underserved populations with little or no access to diabetes prevention services.

AADE will establish new sites to deliver the evidenced-based Lifestyle Change Program in year one.

AADE has worked with several different partners, including UnidosUS, NCFH, Omada Health, and the Healthy Truckers Association of America (HTAA) to raise awareness, conduct screenings, expand coverage areas, and promote enrollment activities.





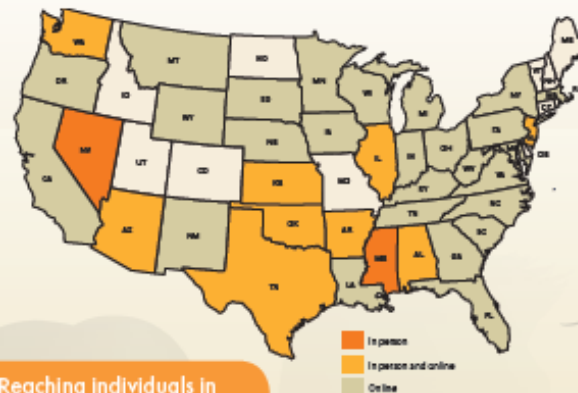
# 1 in 3 Americans have Prediabetes

(higher-than-normal blood glucose levels)

The American Association of Diabetes Educators (AADE) has worked to activate the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (National DPP) within underserved communities through **in-person and online delivery modes**. Through a 5-year cooperative agreement (DP17-1705), AADE has been able to increase access and availability to the National DPP lifestyle change program to specific priority populations at high-risk for developing type 2 diabetes.



## Enrolling Participants Across the U.S. in CDC-Recognized Lifestyle Change Programs



### Priority Populations of Focus\*

**Medicare beneficiaries, Men, African-Americans, Hispanics, American Indians**

Through an evidence-based intervention, these hard to reach populations have engaged with trusted members of the community; discussed culturally informed healthy eating, learned stress management strategies, and developed realistic positive health behaviors that can be maintained long-term.

Reaching individuals in 9 states and 34 counties through in-person delivery

Reaching individuals in 36 states through online delivery



TOTAL PARTICIPANTS

**1172**

Attended at least one session



PRIORITY POPULATION\*

**78%**



HIGH RETENTION

**82%**

Attended at least three sessions



WEIGHT LOSS

**2.88%**

Average weight loss



PHYSICAL ACTIVITY

**232 Minutes**

Of physical activity, on average, per week

To learn more about this cooperative agreement or how organizations can get involved, email: [dpp@aadenet.org](mailto:dpp@aadenet.org)



# Enroll as a DPP Supplier- TODAY!

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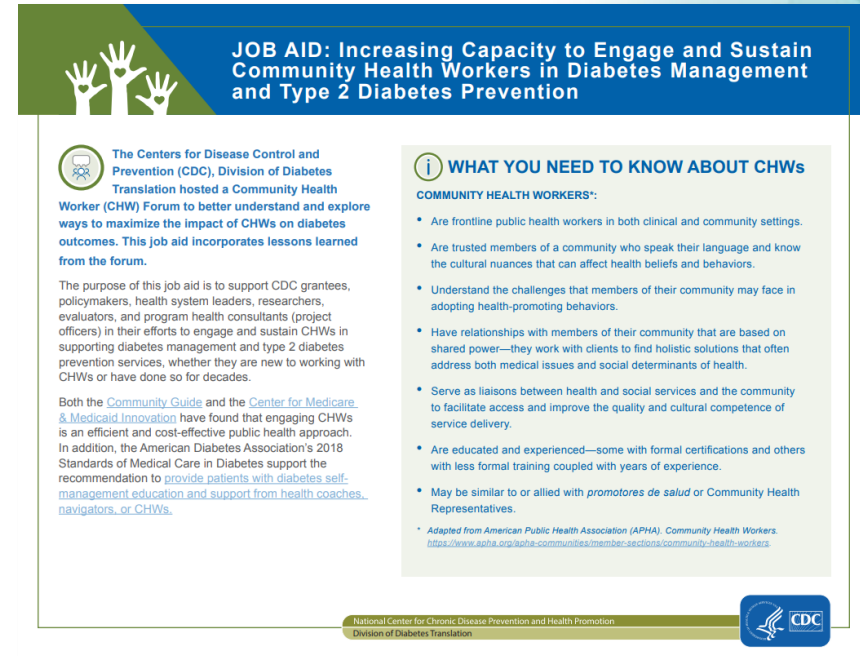
- Proven, Science-Based Program
- Complement to Your Current Work
- Increased Visibility and Credibility
- Part of the National Prevention Effort
- Cost Effective

**AADE can help you take the steps become a successful DPP!**



# Job Aid for Engaging CHWs

CDC developed a job aid to support CHW engagement sustain their work in diabetes management and type 2 diabetes prevention



The cover page of the job aid features a blue header with the title "JOB AID: Increasing Capacity to Engage and Sustain Community Health Workers in Diabetes Management and Type 2 Diabetes Prevention" and an icon of three hands. The main content area is divided into two columns. The left column contains a paragraph about the CDC forum, a paragraph about the job aid's purpose, and a paragraph about the effectiveness of CHWs. The right column contains an information icon and the heading "WHAT YOU NEED TO KNOW ABOUT CHWs", followed by a list of characteristics of community health workers. The footer includes the CDC logo and the text "National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation".

**JOB AID: Increasing Capacity to Engage and Sustain Community Health Workers in Diabetes Management and Type 2 Diabetes Prevention**

The Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation hosted a Community Health Worker (CHW) Forum to better understand and explore ways to maximize the impact of CHWs on diabetes outcomes. This job aid incorporates lessons learned from the forum.

The purpose of this job aid is to support CDC grantees, policymakers, health system leaders, researchers, evaluators, and program health consultants (project officers) in their efforts to engage and sustain CHWs in supporting diabetes management and type 2 diabetes prevention services, whether they are new to working with CHWs or have done so for decades.

Both the [Community Guide](#) and the [Center for Medicare & Medicaid Innovation](#) have found that engaging CHWs is an efficient and cost-effective public health approach. In addition, the American Diabetes Association's 2018 Standards of Medical Care in Diabetes support the recommendation to [provide patients with diabetes self-management education and support from health coaches, navigators, or CHWs](#).


**WHAT YOU NEED TO KNOW ABOUT CHWs**

**COMMUNITY HEALTH WORKERS\*:**

- Are frontline public health workers in both clinical and community settings.
- Are trusted members of a community who speak their language and know the cultural nuances that can affect health beliefs and behaviors.
- Understand the challenges that members of their community may face in adopting health-promoting behaviors.
- Have relationships with members of their community that are based on shared power—they work with clients to find holistic solutions that often address both medical issues and social determinants of health.
- Serve as liaisons between health and social services and the community to facilitate access and improve the quality and cultural competence of service delivery.
- Are educated and experienced—some with formal certifications and others with less formal training coupled with years of experience.
- May be similar to or allied with *promotores de salud* or Community Health Representatives.

\* Adapted from American Public Health Association (APHA). Community Health Workers. <https://www.apha.org/apha-communities/member-sections/community-health-workers>

National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation



[https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/CHW\\_JobAid\\_508.pdf](https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/CHW_JobAid_508.pdf)

# THANK YOU!

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