Disclosure to Participants

• Notice of Requirements For Successful Completion
  – Please refer to learning goals and objectives
  – Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

• Conflict of Interest (COI) and Financial Relationship Disclosures:
  – Sandi Burke, PhD, APRN, BC: Associate Editor, Diabetes Spectrum (ADA); Speaker’s Bureau: Novo-Nordisk Pharmaceuticals
  – Ardis Reed, MPH, RD, LD, CDE – No COI/Financial Relationship to disclose

• Non-Endorsement of Products:
  – Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity

• Off-Label Use:
  – Participants will be notified by speakers of any product used for a purpose other than for which it was approved by the Food and Drug Administration

Objectives

1. Describe the value of the 2014 Diabetes Educator Levels as they relate to your field of practice.
2. Incorporate the Diabetes Educator Levels into your daily work plan.
3. Integrate the CHW into an effective diabetes self-management education and support program.
WHY HAVE LEVELS

The elephant in the room

What's wrong with this picture?

AADE workforce data (2011)

Number of Diabetes Educators Needed

2011 30,000 Educators

2025 54,000 Educators

Diagnosed Diabetes, Age Adjusted Rate (per 100), Adults - Total, 2012

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

Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.

www.cdc.gov/diabetes

Workforce study projection

Supply Demand

2010 2013 2016 2019 2022 2025

0 20,000 40,000 60,000 80,000 100,000
National Diabetes Education Practice Survey: 2006 - 2012

The case of the non-educator “educator”
- Roger is an RN in an FQHC with an “interest” in diabetes. He does not work exclusively with diabetes patients, is not a C.D.E., and is “self-taught.”
- Phyllis is a PharmD in a big-box store. She works in the diabetes belt. There are no C.D.E.s in her catchment area. She gets lots of questions about diabetes self-management.
- Delilah is an RD in one of the hospitals in town. The local CDE retired and hospital administration decided not to replace her.
- David is a primary care physician. He talks with his diabetes patients about their needs. His office staff maintains a file of diabetes “education” materials.

Reality Check
- Non-CDEs are providing diabetes education all the time.
- Levels of practice address this reality.
- Practice competencies identify the breadth of diabetes-specific knowledge needed at each level of practice.

And another reality…..

LEVELS OF PRACTICE: 2014

Premise One: The Dreyfus Model
Premise 2: Foundational Skills for Diabetes Education Delivery

BLOOM’S ORIGINAL TAXONOMY

BLOOM’S REVISED TAXONOMY

Application to Practice

Premise 3: Coordinated Care

- Successful Self-Management
- Medication reconciliation
- Preventable hospital readmissions
- Preventable emergency department visits

Attributes of the Educator

- Level of Practice
  - Beginner/Advanced Beginner
    - Entry level practice
    - 0 – 2 years of direct diabetes care experience
- Foundations for Practice
  - Remembering, Understanding, Applying
  - Pre-processed delivery models

Typical Level I Educators

- Roger is an RN in an FQHC with an interest in diabetes. He does not work exclusively with diabetes patients, is not a C.D.E., and is “self-taught.”
- Phyllis is a PharmD in an big-box store. She works in the diabetes belt. There are no C.D.E.s in her catchment area. She gets lots of questions about diabetes self-management
- Delilah is an RD in one of the hospitals in town. The local CDE retired and hospital administrators decided not to replace her.
- David is a primary care physician. He talks with his diabetes patients about their needs. His office staff maintains a file of diabetes education materials.
LEVEL 2 Educator

Level 2 educators are healthcare providers who have achieved an advanced body of core knowledge and skills related to diabetes education and/or management above that which is required by the profession of origin. Includes those who meet academic, professional, & experiential criteria to qualify for CDE credential.

Attributes of the Educator

- Level of Practice
  - Competent/Proficient
    - Intermediate level practice
  - 3 – 5 years post-CDE practice or significant direct diabetes care experience
- Foundations for Practice
  - Applying, Analyzing, Evaluating
  - Individualized assessment and delivery

Attributes of the Educator

- Level of Practice
  - Expert
    - Advanced level of practice
    - > 5 years specialty practice experience
- Foundations for Practice
  - Creativity
  - Development of new models

Diabetes self-management education and support

- Traditional settings
  - Hospitals
  - Clinician offices/Clinics
- Community settings
  - Community centers
  - Faith-based institutions
  - Libraries
- Daily activity settings
  - Employee workplaces
  - School sites
- Emerging settings
  - ACOs
  - Patient Centered Medical Homes

Progression to Level II Educators

- Roger is an RN in an FQHC with an “interest” in diabetes. He does not work exclusively with diabetes patients, is not a C.D.E., and is “self-taught”.
- Phyllis is a PharmD in an big-box store. She works in the diabetes belt. There are no C.D.E.s in her catchment area. She gets lots of questions about diabetes self-management.
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INTEGRATING THE CHW

The Definition of a CHW / ADE

- Many terms for a novice level person
- Essential to support the education process in self-management of a chronic disease
- AADE is now calling this level a Complementary Healthcare Worker (CHW) or Associate Diabetes Educator (ADE).

Associate Diabetes Educator

Level 1
- Lay health, community health workers, peer counselors, health navigators, health promoters, health coaches, assistive school personnel, health ministry

Level 2
- Certified Nursing Assistants, Medical Assistants, Dietetic Technicians, Registered Pharmacy Technicians, Physical Therapy Assistants and Licensed Practical Nurses, CCHW

Primary Function
- Support

Support
- Gained thru Supervision and mentorship

Information
- Skill

How can ADE’s provide support?

- There is strong evidence and Association guidance that utilizing complementary healthcare workers can help your DSME and prevention programs.

- AADE: Position Statement-Community Health Workers in Diabetes Management and Prevention-2009
- AADE: A sustainable model of DSME/T training involves a Multi-Level Team that can include Community Health Workers-2010
- Heisler, M et al; Participants assessments of the effects of Community Health Workers intervention on their DSME and interactions with healthcare providers, Am J. Prev. Med. 2009 Suppl. 6.
AADE work in progress

• Development of a Practice Synopsis to bring the CHW into the practice.
• Updated competencies to match the new levels and domains for diabetes educators.

Benefits for your clients and YOU

• Community based resource
• Share perspectives and experiences
• Teach basic self-management skills
• Help navigate and problem solve
• Reach underserved populations in your communities.
• Facilitate communication between health system and PWD.
• Assist with care coordination

What is the Role of a CHW / ADE?

• Structured support for your clients
• Delineated thru competencies
• Supervised by the program coordinator or higher level diabetes educator (Levels 1-3) who has training in direct care and ongoing support programs.

CHW / ADE can provide

• A cultural bridge with the healthcare system
• Culturally appropriate educational messages
• Guidance and support with action plans
• Navigation for referrals to community services
• Advocacy with patient needs and rights
• Promotion and recruitment for DSME attendance and retention

Some Basic Assessment skills/duties for CHW’s

• Vital signs
• Assess Health literacy
• Patient admission intake
• General information
• Accessing referral care
• Assess Family/other support for clients
• Lead support groups
• Navigating for financial assistance
• Making home calls and follow up calls
• Assist clients with goal setting/action plans
• Organize/lead activity sessions or groups.

Some Core Skills for CHW in your DM program

• Communication
• Interpersonal
• Capacity building
• Organizational
• Problem solving
• Assist with accessing care
• Advocacy
• Age specific-Teaching
• Knowledge based skills for specific health issues
How the competencies fit into the Domains

<table>
<thead>
<tr>
<th>Domains</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Pathophysiology, Epidemiology and Clinical Guidelines of Diabetes</td>
</tr>
<tr>
<td>II</td>
<td>Cultural-Competent Supportive Care Across the Lifespan</td>
</tr>
<tr>
<td>III</td>
<td>Teaching and Learning</td>
</tr>
<tr>
<td>IV</td>
<td>Self-Management Education</td>
</tr>
<tr>
<td>V</td>
<td>Program and Business Management</td>
</tr>
</tbody>
</table>

Role of the Diabetes Educator

- Use the competencies to train, mentor and evaluate the skills of the ADE
- Provide opportunities for career/skill growth to support your program

Recommendations on how to support your ADE

1. The ADE should be part of a multi-disciplinary team
2. Recognize the value of the ADE as a bridge in the communication and shared decision making of the client
3. Provide annual effective training on core diabetes teaching skills and competencies
4. Develop a reciprocal dialogues with ADE of information and support for clients
5. Promote identification of local resources that can assist in self-care management needs of clients
6. Support continued research that evaluates roles, contributions and effectiveness of the ADE
7. Involve the ADE in local network groups at the regional and national level to improve the exchange in education, learning, support and mentoring with the regional diabetes experts in the field.

Adapted from AADE Community Health Workers in Diabetes Management and Prevention, practice synopsis – unpublished 2015

SOME PARTING THOUGHTS

About Change....
Change over time....
The First Insulin Pump      Today's version....

Take ownership of our future

Take ownership of our future