

Title: A Qualitative Assessment of the Influence of a Community Health Worker Intervention on Diabetes Care and Patient-Doctor Interactions in Inner-City Detroit

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Abstract

Background: Specific ways community health worker (CHW) programs affect participants* health care behaviors and interactions with their health care providers, as well as mechanisms by which CHW programs influence these outcomes, are poorly understood. Through a qualitative descriptive study of participants in a successful CHW diabetes self-management program, we sought to answer: 1) What gaps in diabetes care, with a focus on patient-doctor interactions, do participants identify? And 2) How does the program influence participants* diabetes care and interactions with health care providers, and what gaps, if any, does it address?

Methods: From 2005-2007, we conducted semi-structured interviews with 40 African American and Latino adults with diabetes who had completed or were active in a CHW-led diabetes self-management program developed and implemented using community-based participatory research (CBPR) principles in Detroit. Interviews were audiotaped, transcribed, and coded through a consensual and iterative process.

Results: Participants reported that before participating in the intervention they had received inadequate information from health care providers for effective diabetes self-management, had had low expectations for help from their providers, and had not felt comfortable asking questions or making requests of their health care providers. Key ways participants reported that the program improved their ability to manage their diabetes were by providing 1) clear and detailed information on diabetes and diabetes care that they had not known before REACH; 2) education and training on specific strategies to meet diabetes care goals; 3) sustained and non-judgmental assistance to increase their motivation and confidence to improve their diabetes self-management; and 4) social and peer support that enabled them to better manage their diabetes. The knowledge and confidence gained through the CHW intervention increased participants* assertiveness in asking questions to and requesting necessary tests and results from their providers.

Conclusions: Our interview findings suggest ways that CHW programs that provide both one-on-one support and group self-management training sessions may be effective in promoting more effective diabetes care and patient-doctor relationships among Latino and African American adults with diabetes. Through these mechanisms, such interventions may help to mitigate racial and ethnic disparities in diabetes care and outcomes.