Prevention First Environmental Scan Report: Chronic Disease Self-Management and Team-Based Care

SACRAMENTO COUNTY

2016

Department of Health and Human Services
Division of Public Health

Environmental Scan Report: Chronic Disease Self-Management and Team-Based Care

Release date: May 31, 2016

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INTRODUCTION

Background

The California Department of Public Health (CDPH), Chronic Disease Control Branch (CDCB) received a five-year grant from the Centers for Disease Control and Prevention (CDC) State Public Health Actions to Prevent and Control Diabetes, Heart Disease, and Obesity and Associated Risk Factors and Promote School Health RFA-DP13-1305) in 2013. This initiative, known as "Prevention First" in California, is intended to support implementation of cross-cutting approaches to promote health and prevent and control chronic diseases in four prevention domains:

Domain 1: Epidemiology and Surveillance
Domain 2: Environmental Approaches
Domain 3: Health System Interventions
Domain 4: Improving Community-Clinical Linkages

Sacramento County Division of Public Health (SCPH) was one of four California Counties awarded Prevention First funding by CDPH CDCB in at least one domain in 2014. Specifically, SCPH Health Education Unit (HEU) was awarded funding to conduct prevention activities in Domain 3 and Domain 4.

SCPH Disease Control and Epidemiology Unit (DCEU) and HEU, respectively, conducted two environmental scans to assess baseline status and needs within these domains:

Domain 3 Environmental Scan: Electronic Health Records
Domain 4 Environmental Scan: Chronic Disease Self-Management and Team-Based Care

This report focuses exclusively on the Domain 4 Chronic Disease Self-Management and Team-Based Care Environmental Scan; an accompanying report focuses on the Domain 3 Electronic Health Records (EHR) Environmental Scan.

Purpose

The purpose of the Chronic Disease Self-Management and Team-Based Care Environmental Scan was to help assess organizations' capacity and infrastructure relating to diabetes self-management education programs, self-management and monitoring of blood pressure, and team-based care.

Acknowledgments

The Division of Public Health acknowledges the Health Education Unit staff for their efforts in chronic disease prevention and health promotion. HEU Prevention First staff working on the environmental scans included Yvonne Rodriguez, MPH, Camille Arthur-Johnson, MPH, and Tasleem Chechi, MPH. Technical Assistance for this scan was provided by the Tobacco Control Evaluation Center at the University of California, Davis (UCD) and CDPH CDCB.

For questions or comments about this report, please contact the Yvonne Rodriguez, Senior Health Program Coordinator, at RodriguezYv@saccounty.net.

Methods

METHODS

Survey Design

The environmental scan survey was created online using the cloud-based software, SurveyMonkey Professional Version. Evaluation staff at UCD provided SCPH with three survey templates, one each for community health workers and diabetes self-management education, team-based care, and self-management and monitoring of high blood pressure. The three templates were combined into one survey, and survey questions were modified both in language and format (open-ended questions were changed to multiple choice if possible) for ease of analysis. Response options were also modified and expanded based on recommendations from the SCPH Senior Health Program Coordinator (Sr. HPC).

Participant Selection

The sampling frame for this scan included all major hospitals with an emergency department and medical groups with at least one Federally Qualified Health Center (FQHC) or FQHC look-alike (LAL) with facilities located in Sacramento County. FQHCs are organizations receiving grants under Section 330 of the Public Health Service Act (PHSA). LALs are organizations that meet the criteria of being an FQHC but are not currently receiving PHSA grants. To qualify as an FQHC, a facility must meet the following criteria:

1) Serve an underserved area or population
2) Offer a sliding fee scale
3) Provide comprehensive services
4) Have an ongoing quality assurance program
5) Have a governing board of directors

Organizations outside of Sacramento County were excluded. Hospitals without an emergency department were excluded. Non-hospital medical groups that did not meet FQHC criteria were excluded.

A total of four major hospital systems were identified: Dignity Health (Dignity), Kaiser Permanente Northern California (Kaiser), Sutter Health (Sutter), and University of California, Davis Medical Center (UCDMC). There are nine hospitals with emergency departments between these four hospital systems, each with associated outpatient clinics.

A total of nine medical groups with at least one FQHC were identified from the U.S. Department of Health Human Services Heath Information Technology Listings: CARES Community Clinic (CARES); Elica Health Centers (Elica); Health for All, Inc.; Peach Tree; Rosales Medical Group (Rosales); Sacramento County Primary Care Clinic (SCPCC); Health and Life Organization Sacramento Community Clinic (HALO); Sacramento Native American Health Center (SNAHC); and WellSpace Health (WellSpace). There are a total of 29 FQHCs between these nine medical groups.

No LALs were identified. Individual contacts within each hospital system or medical group were identified by HEU staff.

Methods

Data Collection

A survey link was sent by email to the identified contacts within the four hospital systems and nine medical groups. A $25 gift card was offered to the primary survey respondent as an incentive for completing the survey.

One week after the survey link was sent, follow-up emails were sent to individuals who had not completed the survey for their organization. A second follow-up email was sent two weeks later if necessary. Respondents were asked if they were answering for one site or multiple sites.

Data Analysis

Individual survey responses were the unit of analysis for this scan. Since some respondents completed the survey on behalf of multiple sites, responses include hospitals, outpatient clinics of hospital systems, FQHC medical groups that contain multiple FQHCs, and standalone FQHCs.

Basic descriptive statistics were queried using SurveyMonkey Analytic Tools. Raw Survey data was exported from SurveyMonkey into a Microsoft Office Excel spreadsheet for additional analysis and data display.

Results

RESULTS

Respondents

All of the four hospital systems (100%) responded to the survey [Table 1]. Kaiser submitted two surveys: one for Kaiser South Sacramento and Elk Grove, and one for the Fair Oaks and Point West locations. Dignity Health and UC Davis also submitted multiple surveys representing different sites. Some sites within these hospitals systems are not represented.

Table 1. Hospital System Site Survey Participation (n=10)

Hospital System	Hospital System Sites	Participation in Survey
Dignity Health	• Mercy General Hospital	Yes
	• Mercy Norwood	Yes
	• Mercy San Juan Medical Center	Yes
	• Methodist Hospital	Yes
Kaiser Permanente Northern California	• Kaiser South Sacramento • Kaiser Elk Grove	Yes
	• Kaiser Fair Oaks • Kaiser Point West	Yes
Sutter Health	• Sutter Medical Center, Sacramento • Sutter Medical Foundation, Sacramento	Yes
University of California, Davis	• UCD Health Management and Education (one site, unspecified)	Yes
	• UCD Health Management and Education (multiple sites, unspecified)	Yes
	• UCD Medical Center	Yes

Job titles of the individual respondents from the hospitals included Clinical Health Educator, Clinic Manager, Community Health Program Representative, Director of Chronic Conditions Management, Director of Patient Care Services, Director of Quality Management, Facility Services Director, Registered Nurse Supervisor, Senior Director of Quality, and Vice President of Care Management.

Six of eight (75%) medical groups that were contacted responded to the survey [Table 2]. Although nine medical groups were identified for inclusion in the environmental scan, a contact person was not identified for WellSpace so a survey link was not sent inviting it to participate. Rosales has since become affiliated with Health for All and is now known as the Franklin Clinic. Rosales was counted as a separate entity from Health for All in this analysis.

Results

Table 2. Medical Group Survey Participation (n=9)

Medical Group	FQHC	Participation in Survey
CARES Community Clinic	• Community Clinic	Yes
Elica Health Centers	• Arden Arcade • Midtown Medical Center • West Sacramento Center • Mobile Medical Clinic	No
Health for All, Inc.	• Downtown (V Street) Clinic • Meadowview (Freeport) Clinic • North Avenue	Yes
Peach Tree	• Midtown • Norwood	No
Rosales Medical Group	• Medical Clinic	Yes
Sacramento County	• Primary Care Clinic	Yes
Health and Life Organization Sacramento Community Clinic (HALO)	• HALO – Assembly Court • HALO – Del Paso • HALO – Del Paso (Dental) • HALO – Explorer • HALO - Southgate	Yes
Sacramento Native American Health Center	• Sacramento Native American Health Center	Yes
WellSpace Health	• Tom Gagan • J Street • South Valley • Oak Park • North Highlands Birth and Beyond • Rancho Cordova • Roseville • Folsom • Del Paso Heights • San Juan • Health Care for Women	Contact not identified

Job titles of the five individual respondents from the six medical groups included Behavioral Health Director, Clinic Manager, Chief Executive Officer, Director of Wellness Programming, Medical Assistant, and Program Manager.

Results

Community Health Workers

Community health workers (CHW) are trusted individuals who share key elements of life experience with the people they serve. Serving in a non-physician role, they provide a bridge between communities and the healthcare system, provide culturally appropriate health education and information, offer social support, informal counseling and coaching for self-management of chronic diseases, and connect people with services.

Three of the ten (30.0%) hospital system sites that responded to the survey utilized CHWs [Table 3]. CHWs are used in a variety of programs including diabetes self-management education, blood pressure control, nutrition, physical activity, smoking cessation, and cancer.

One (10%) hospital system site (UCD Health Management and Education site) responded to additional questions about its CHWs. This site indicated that its CHWs are also referred to as community care coordinators and health educators. Its CHWs are paid hourly or with an annual salary, and earn $50,000 or more. This site indicated that its CHWs have state-level certification, professional degree(s), and on-the-job experience. The CHWs at this organization assist with program delivery and serve as liaisons between healthcare providers and the DSME program. They also outreach to recruit participants into DSME program and provide support for program participants. This site also reported having a strategic plan to increase the capacity of CHWs as part of the DSME program.

Table 3. Hospital System Site Community Health Worker Utilization (n=10)

Hospital Site	Uses CHWs	Number of CHWs on Staff	Programs that Use CHWs
Kaiser South Sac, Elk Grove	Yes	*No response*	Blood pressure control DSME Nutrition Physical activity Smoking cessation
Kaiser Fair Oaks, Point West	Yes	*No response*	Special Needs program
Mercy San Juan Medical Center	Don't know	N/A	N/A
Mercy General Hospital	No	N/A	N/A
Mercy Clinic Norwood	*No response*	*No response*	N/A
Methodist Hospital	*No response*	*No response*	N/A
Sutter Health, Valley Area	No	N/A	N/A
UC Davis Medical Center	No	N/A	N/A
UC Davis Health Management and Education (one site)	Yes	6-10	Blood pressure control DSME Nutrition Physical activity Smoking cessation Cancer
UC Davis Health Management and Education (multiple sites)	No	N/A	N/A

Results

Three of the six (50%) medical groups that responded to the survey utilized community health workers [Table 4]. Community health workers were used in a variety of programs including diabetes self-management education, blood pressure control, nutrition, smoking cessation, and parenting.

Table 4. Medical Group Community Health Worker Utilization (n=6)

Medical Group	Uses CHWs	Number of CHWs on Staff	Programs that Use CHWs
Cares Community Clinic	Yes	*No response*	DSME Nutrition Smoking cessation
Health and Life Organization Sacramento Community Clinic (HALO)	No	N/A	N/A
Health for All, Inc.	Yes	*No response*	Blood pressure control Nutrition Smoking cessation
Sacramento County Primary Care Clinic	No	N/A	N/A
Sacramento Native American Health Center	Yes	*No response*	At-risk families (parenting)
Rosales Medical Group	No	N/A	N/A

Results

Diabetes Self-Management Education (DSME) Programs

Diabetes self-management education (DSME) is the ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

Six of the ten (60%) hospital system sites had a DSME program [Table 5].

Table 5. Hospital System Site Diabetes-Self-Management Education Program (n=10)

Hospital Site	DSME Program
Kaiser South Sac, Elk Grove	Yes
Kaiser Fair Oaks, Point West	Yes
Mercy San Juan Medical Center	No
Mercy General Hospital, Norwood	No
Mercy Clinic Norwood	No
Methodist Hospital	*No response*
Sutter Health, Valley Area	Yes
UC Davis Medical Center	Yes
UC Davis Health Management and Education (one site)	Yes
UC Davis Health Management and Education (multiple sites)	Yes

Three of the six (50%) medical groups had a DSME program [Table 6].

Table 6. Medical Group Use of Diabetes Self-Management Program (n=6)

Medical Group	DSME Program
Cares Community Clinic	Don't know
Health and Life Organization Sacramento Community Clinic (HALO)	Yes
Health for All, Inc.	No
Sacramento County Primary Care Clinic	Yes
Sacramento Native American Health Center	Yes
Rosales Medical Group	No

Results

Team-Based Care for Blood Pressure Control

Team-based care (TBC) is a model of care where team members (e.g., nurses, pharmacists, dietitians, social workers, patient navigators, and/or CHWs) complement the activities of the primary care provider. These responsibilities include medication management, patient follow-up, and adherence and self-management support.

Six of the ten (60.0%) hospitals use a team-based care approach for blood pressure control. Three hospitals (30%) indicated that they have a policy or system in place to encourage a team-based care approach for blood pressure control [Table 7].

Table 7. Hospital System Site Use of Team-Based Care for Blood Pressure Control (n=10)

Hospital Site	Use TBC	Policy /System to Encourage TBC
Kaiser South Sac, Elk Grove	Yes	Yes
Kaiser Fair Oaks, Point West	Yes	Yes
Mercy San Juan Medical Center	Don't know	*No response*
Mercy General Hospital	Yes	No, and we do not have a plan to implement such a policy, system or procedure
Mercy Clinic Norwood	No	No, and we have no plan to implement such a policy or system
Methodist Hospital	*No response*	*No response*
Sutter Health, Valley Area	Yes	Yes
UC Davis Medical Center	*No response*	*No response*
UC Davis Health Management and Education (one site)	Yes	No, but we are in the process of developing such a policy, system, or procedure
UC Davis Health Management and Education (multiple sites)	Yes	No, but we are in the process of developing such a policy, system, or procedure

Three of the six (50%) medical groups reported using a team-based care approach to blood pressure control. Two (33.3%) reported having a policy or system in place to encourage a team-based care approach for blood pressure control [Table 8].

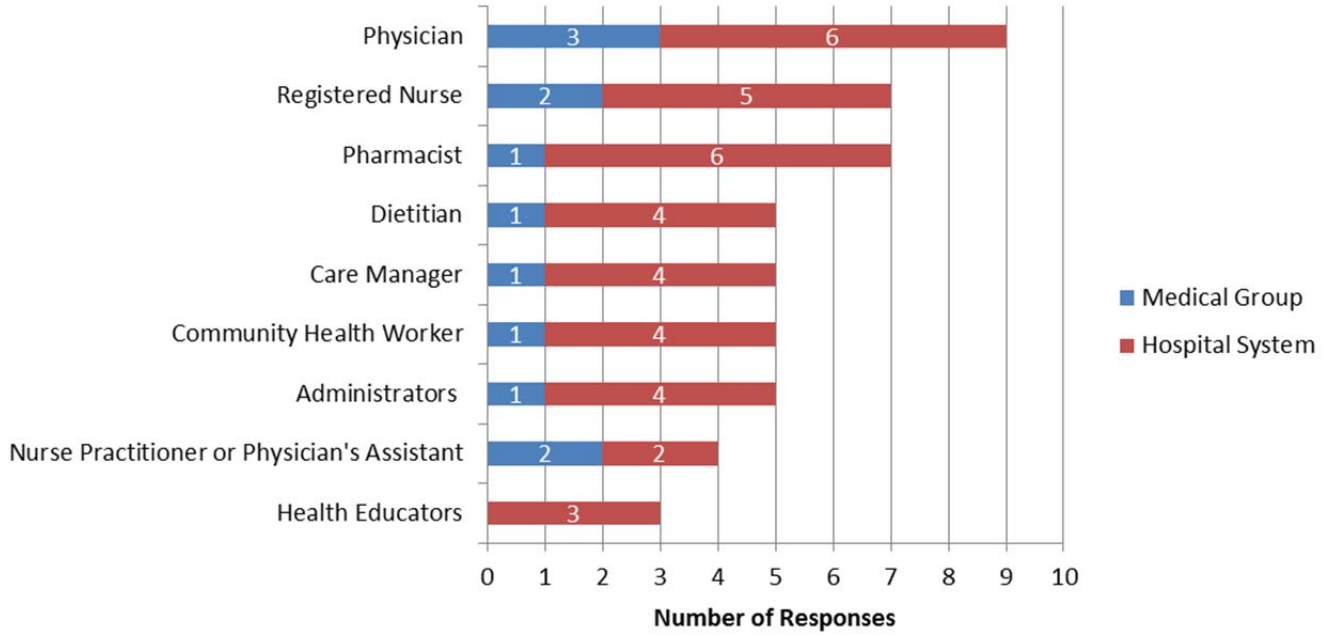
Results

Table 8. Medical Group Use of Team-Based Care for Blood Pressure Control (n=6)

Medical Group	Use TBC	Policy /System to Encourage TBC
Cares Community Clinic	Yes	Yes
Health and Life Organization Sacramento Community Clinic (HALO)	Yes	Yes
Health for All, Inc.	Yes	No, but we are in the process of establishing such a policy, system, or procedure
Sacramento County Primary Care Clinic	No	No response
Sacramento Native American Health Center	No	No response
Rosales Medical Group	Don't know	No, but we are in the process of establishing such a policy, system, or procedure

Among respondents who reporting use of team-based care, physicians (100%), registered nurses (77.8%), and pharmacists (77.8%) were the most commonly reported staff members included in team-based care [Figure 1].

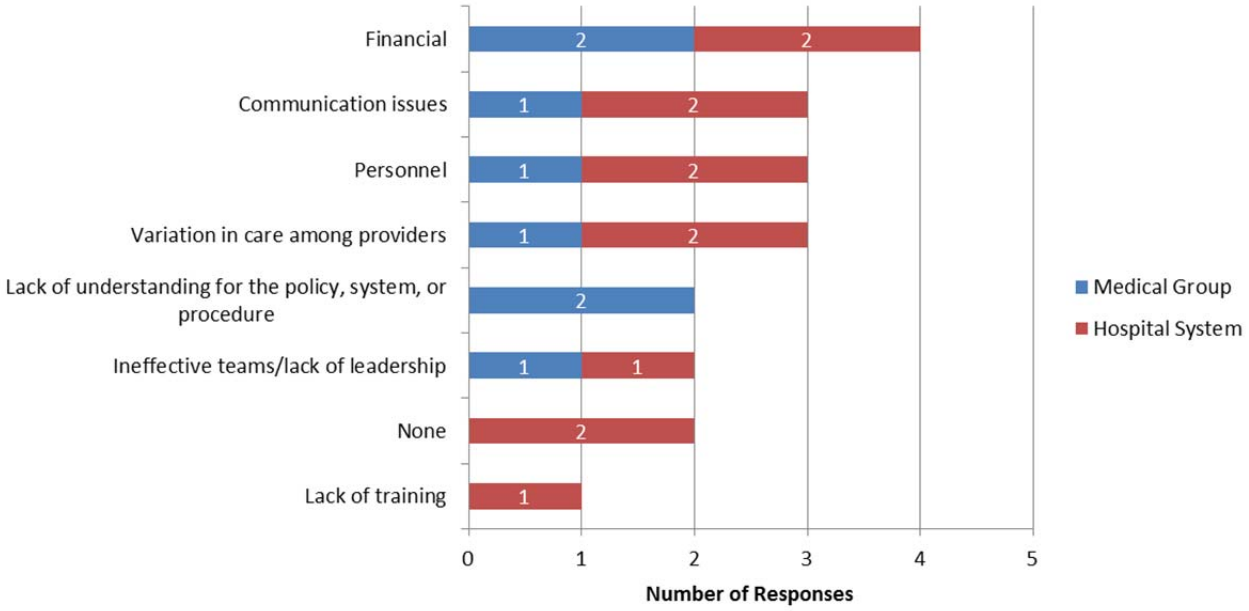
Figure 1. Staff Members Included in Team-Based Care (n=9)



Among respondents who reporting use of team-based care, financial barriers (44.4%), communication issues (33.3%), personnel (33.3%) and variation in care among providers (33.3%) were the most commonly reported barriers encountered in the implementation of a policy or system to encourage a team-based care approach to blood pressure control [Figure 2].

Results

Figure 2. Barriers Encountered in Implementation of a Policy or System to Encourage a Team-Based Care Approach for Blood Pressure Control (n=9)



Results

Self-Management and Monitoring of Blood Pressure

Patient self-management and monitoring of blood pressure (BP) can result in significant reductions in blood pressure. Several resources to support self-management and monitoring of BP are available, including the following national strategies:

- **The American Heart Association's (AHA) Check. Change. Control. Blood Pressure Program.** The mission of this leadership community is to help 13.4 million more Americans take control of their high blood pressure by 2020.
- **The Million Hearts Initiative.** This initiative aims to prevent one million heart attacks and strokes by 2017. The CDC Centers for Medicare & Medicaid Services co-lead this initiative on behalf of the U.S. Department of Health and Human Services.
- **The American Medical Group Foundation's Measure Up/Pressure Down Campaign.** This three-year national campaign is designed to engage stakeholders in improving blood pressure control and achieving lasting improvements that lead the way to greater health, productivity, and cost savings.

Three (30%) hospital system sites reported that they have a policy, system or procedure in place to encourage self-management and monitoring of BP; and two (20%) sites were in the process of developing such a policy, system or procedure [Table 9]. UCD sites reported using The Million Hearts Initiative and Sutter reported using the Measure Up/Pressure Down Campaign.

Table 9. Hospital System Site Use of Self-Management and Monitoring of Blood Pressure Control (n=10)

Hospital Site	Policy /System to Encourage Self-Management & Monitoring of BP
Kaiser South Sac, Elk Grove	Yes: Classes. Online resources. Telephone wellness coaching. Nurse visits for BP checks and follow ups. Health Educator visits.
Kaiser Fair Oaks, Point West	Yes: Providers refer patients to classes and Care Managers provide additional support. Patients are offered coaching with Health Educator to build self-management skills.
Mercy San Juan Medical Center	Don't know
Mercy General Hospital	Don't know
Mercy Clinic Norwood	No, and we have no plan to implement such a policy or system
Methodist Hospital	*No response*
Sutter Health, Valley Area	No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure
UC Davis Medical Center	*No response*
UC Davis Health Management and Education (one site)	No, but we are in the process of developing such a policy, system, or procedure
UC Davis Health Management and Education (multiple sites)	Yes: Patients who receive primary care at UCDHS can attend a free self-management class on hypertension, weight management and/or smoking cessation.

Results

One (16.7%) medical group reported that it has a policy, system or procedure in place to encourage self-management and monitoring of BP; and four (66.7%) medical groups were in the process of developing such a policy, system or procedure [Table 10]. HALO and SC PCC reported using the AHA Program. SC PCC and SNAHC reported using the Million Hearts Initiative.

Table 10. Medical Group Use of Self-Management and Monitoring of Blood Pressure Control (n=6)

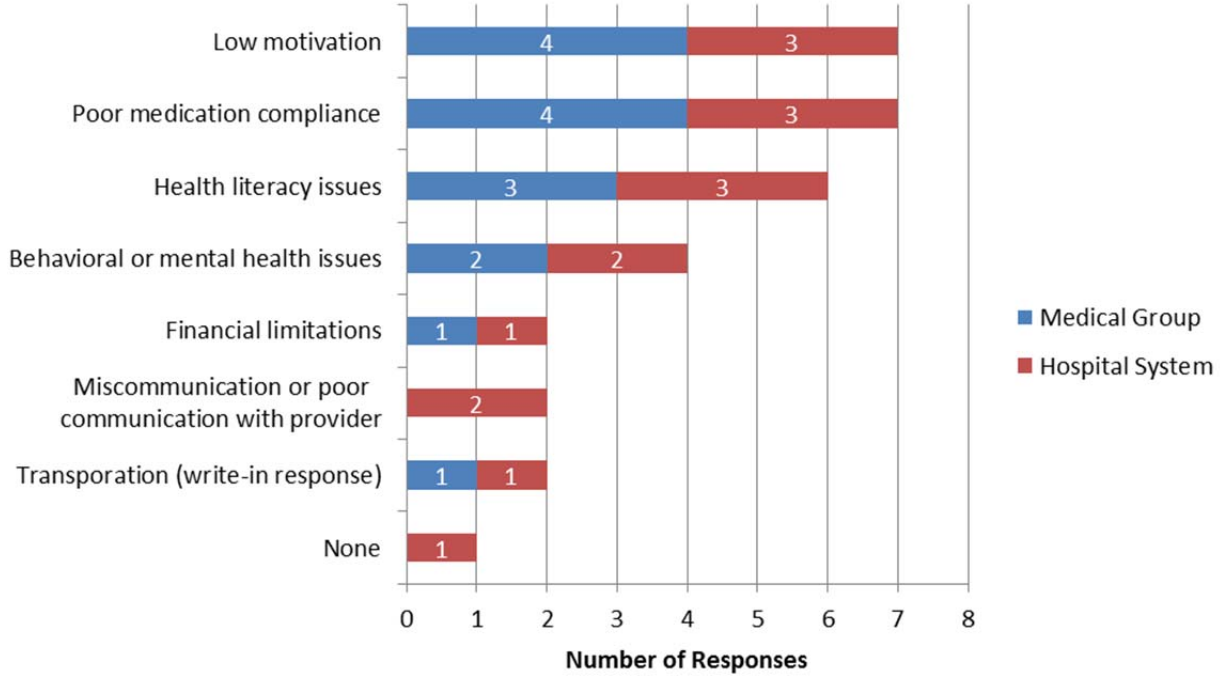
Medical Group	Policy /System to Encourage Self-Management & Monitoring of BP
Cares Community Clinic	Don't know
Health and Life Organization Sacramento Community Clinic (HALO)	Yes: Take medication, exercise, proper diet
Health for All, Inc.	No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure
Sacramento County Primary Care Clinic	No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure
Sacramento Native American Health Center	No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure
Rosales Medical Group	No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure

Eleven of 16 (68.8%) respondents expressed some degree of interest in receiving technical assistance (TA) to advance towards implementing a policy or system to encourage self-management of high blood pressure. In particular, they were interested in TA relating to best practice interventions for low income adults, IT support/analytics, financing such a policy or system, and comprehensive case management programs.

Among respondents who reporting a policy or system to encourage self-management and monitoring of BP, low motivation (70%), poor medication compliance (70%), health literacy issues (60%) and behavioral or mental health issues (40%) were the most commonly perceived barriers that respondents reported patients facing with adhering to blood pressure self-management plans [Figure 3]. Two (12.5%) respondents wrote in an additional patient barrier (transportation), and one (6.3%) respondent reported no barriers.

Results

Figure 3. Provider Perception of Barriers Faced by Patients with Adhering to the Blood Pressure Self-Management Plan (n=10)



DISCUSSION

Strengths

Results from this survey indicate a diverse range of existing resources and chronic disease self-management programs at hospitals and FQHCs in Sacramento County. A majority of respondents indicated that their organization had a chronic disease self-management education program, and utilized a team-based approach to patient care.

The response rate among organizations invited to participate was relatively high (84.2%). The reported experience of these organizations with self-management and team-based care may apply to other health care delivery organizations considering implementation of self-management and team based care.

Most organizations expressed interest in receiving technical assistance to improve chronic disease care coordination, allowing SCPH HEU to provide targeted linkages to technical assistance.

Limitations

No contact was identified for one large medical group with multiple FQHC sites in Sacramento County. There may have been LALs in Sacramento County that were eligible for inclusion that were not identified to participate. There was some difficulty in correctly categorizing FQHCs as many staff members at local FQHCs were not aware of their organizations' status as an FQHC.

The unit of analysis for this survey was not uniform, so some hospitals systems and medical groups may be over or under represented in the results. There may be some facilities within hospital systems or medical groups that were not included in the responses.

Several survey questions were skipped or marked "Don't know." The identified contacts may not have been the most appropriate respondents for their organizations or the scope of questions in the survey may have required more than one subject matter expert. More complete responses would have provided better insight into the utilization of community health workers, diabetes self-management education programs, team-based care, and self-management and monitoring of blood pressure.

Conclusion

CONCLUSION

Findings from this survey provide a baseline assessment of local healthcare delivery organizations' utilization of community health workers, chronic disease self-management programs and team-based care. Key informant interviews with survey respondents and/or healthcare delivery organization executives will be conducted in late 2016 or early 2017 to enhance information collected in this environmental scan. Results will be used to inform efforts to prevent chronic disease and to improve chronic disease care coordination in Sacramento County.

Table 11. Recommended Actions and Proposed Responsible Parties

Recommendation		Proposed Responsible Parties
Education	Provide education on FQHC status criteria and benefits	SCPH HEU
	Promote best practices for team-based care for chronic disease management	
	Promote best practices for self-management and monitoring of chronic diseases	
	Provide chronic disease prevention education to Sacramento County residents	
Technical Assistance (TA)	Provide TA for the process of applying for FQHC status	SCPH HEU
	Provide linkages to TA for team-based care	
	Provide linkages to TA for self-management of blood pressure	
Collaboration	Present environmental scan findings to key stakeholders	SCPH Health Officer, HEU, Right Care Initiative, Hospital Council
	Strategize next steps with the Sacramento Right Care Initiative and Hospital Council	

Attachment (1):

Paper copy of chronic disease self-management and team-based care environmental scan survey

Sacramento County Combined Survey - Final

Introduction

You are receiving this survey because you are a healthcare delivery organization in Sacramento County.

The survey will help assess your organization’s capacity and infrastructure relating to diabetes self-management education programs, self-management and monitoring of blood pressure and team-based care. This survey will take approximately 15-20 minutes and may be supplemented by a phone call.

You may need to consult with others to answer certain questions. To pause the survey and resume at another time, hit the "Next" button before closing your browser. Use the same link when you would like to resume the survey.

Please refer to the email for survey deadline. There will be a $25 gift card for the survey respondent.

We appreciate your participation in this assessment. If you have any questions, please contact Camille Johnson-Arthur at johnsonarthurc@saccounty.net or (916) 875-5289.

Sacramento County Combined Survey - Final

Contact information

* 1. Please provide the name of your organization.

* 2. If your organization has multiple sites, do the responses in this survey apply to only one site, or multiple sites?

- ◯ One site
- ◯ Some but not all the sites in the health system
- ◯ All sites in the health system

If answering for more than one site, please specify which sites:

* 3. Please provide your contact information.

Name:

Job title:

Email address:

Phone number:

4. Please provide the mailing address where you would like to receive your gift card.

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

Type of Organization

* 5. Please mark which best describes the organization you represent. Check all that apply.

- [ ] Hospital
- [ ] Outpatient clinic of hospital system
- [ ] Indian Health Service or tribal clinic
- [ ] Pharmacy
- [ ] Private practice clinic
- [ ] Community health clinic
- [ ] Other (please specify)

* 6. Are you a Federally-Qualified Health Center (FQHC)?

- ( ) Yes
- ( ) No, but we are in the process of applying for FQHC status
- ( ) No, but we are an FQHC Look-a-Like
- ( ) No
- ( ) Don't know
- ( ) Other (please specify)

Diabetes Self-Management Programs and Community Health Workers - Definitions

The next few questions relate to Diabetes Self Management Education (DSME) programs and Community Health Workers (CHW). Please review the following definitions before proceeding to the next page.

Diabetes self-management education (DSME) – the ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

Community Health Workers – trusted individuals who share key elements of life experience with the people they serve. Serving in a non-physician role, they provide a bridge between communities and the healthcare system, provide culturally appropriate health education and information, offer social support, informal counseling and coaching for self-management of chronic diseases, and connect people with services.

Community Health Workers are also referred to as: promotor(a) de salud or health promoter, community care coordinator, community health information specialist, community health worker hotline, lay health advisor, community health advocate/educator, and community outreach worker.

7. Does your organization use community health workers in any of the following programs?

- [ ] Diabetes Self-Management Education
- [ ] Blood pressure control
- [ ] Nutrition
- [ ] Physical activity
- [ ] Smoking cessation
- [ ] Cancer
- [ ] We don't use community health workers
- [ ] Don't know
- [ ] Other (please specify)

DSME

8. Does your organization currently have a Diabetes Self-Management Education (DSME) program?

- ◯ Yes
- ◯ No
- ◯ Don't know

9. Did your organization have a DSME program in the last 3 years?

- ◯ Yes
- ◯ No
- ◯ Don't know

10. What were the challenges that led to the discontinuation of the DSME program? Check all that apply.

- ☐ Financial barriers
- ☐ Lack of support from upper management
- ☐ Difficulty identifying staff to run the program
- ☐ Lack of understanding of the function of the DSME program
- ☐ None
- ☐ Don't know
- ☐ Other (please specify)

Community health workers

11. Does your organization's DSME program currently use community health workers in the delivery of education/services?

- ◯ Yes
- ◯ No
- ◯ Don't know

12. If no, did your organization's DSME program have community health workers in the past?

- ◯ Yes
- ◯ No
- ◯ Don't know

Community health workers, cont'd

13. What term(s) does your organization use to refer to community health workers. Check all that apply.

- [ ] Community Health Worker
- [ ] Promotor(a)
- [ ] Community Care Coordinator
- [ ] Community Health Information Specialist
- [ ] Community Health Worker Hotline
- [ ] Lay Health Advisor
- [ ] Community Health Advocate/Educator
- [ ] Community Outreach Worker
- [ ] Patient Navigator
- [ ] Patient Advocate
- [ ] Health Educator
- [ ] Other (please specify)

14. How many community health workers are on staff?

Community health workers, cont'd

15. Are the community health workers employees or volunteers? Check all that apply.

- [ ] Employees paid hourly or with annual salary
- [ ] Employees paid with stipends
- [ ] Unpaid volunteer
- [ ] Don't know
- [ ] Other (please specify)

16. If paid salary, please specify pay range.

17. If paid stipend, please specify pay range.

Community health workers, cont'd

18. Please specify the types of training the community health workers have. Please include any trainings they completed both before and on the job. Check all that apply.

- [ ] State-level certification(s)
- [ ] Local-level certification(s)
- [ ] Professional Degree(s)
- [ ] Misc. Certification(s)
- [ ] Safety Training
- [ ] Suicide Prevention Training
- [ ] Counseling Training or Certification(s)
- [ ] Cultural Competency Training
- [ ] Course in Community Health
- [ ] Personal experience
- [ ] On-the-job experience
- [ ] Other (please specify)

Community health workers, cont'd

19. Select the responsibilities performed by the community health workers for the DSME program. Check all that apply.

- [ ] Program delivery
- [ ] Outreach to recruit participants into DSME program
- [ ] Liaison between healthcare providers and DSME program
- [ ] Support for program participants (e.g., linkage to community and social resources)
- [ ] Don't know
- [ ] Other (please specify)

20. What barriers have you encountered in regards to the implementation of community health workers as part of the DSME program? Check all that apply.

- [ ] Financial barriers
- [ ] Lack of support from upper management
- [ ] Difficulty identifying community health worker candidates
- [ ] Lack of understanding of the role of community health workers
- [ ] None
- [ ] Don't know
- [ ] Other (please specify)

Community health workers, cont'd

21. Do you have a strategic plan to increase the capacity of community health workers as part of the DSME program?

- ◯ Yes
- ◯ No
- ◯ Don't know

22. If yes, please describe.

Community health workers, cont'd

23. If offered, would you be interested in receiving technical assistance to increase the capacity of community health workers in your DSME program?

- ◯ Yes
- ◯ No
- ◯ Maybe

24. Please explain what kind of assistance would be useful to you.

Team-Based Care - Definitions

The next set of questions will ask about your organization's team-based care (also referred to as coordinated care or integrated care). Please review the following definitions before proceeding to the next page:

Team-based care – team members (e.g., nurses, pharmacists, dietitians, social workers, patient navigators, and/or community health workers) complement the activities of the primary care provider. These responsibilities include medication management, patient follow-up, and adherence and self-management support.

Policy or system – laws, regulations, procedures, protocols, quality improvement processes, structures, arrangements, administrative actions, incentives, or voluntary practices

Team-based care, cont'd

25. Does your organization currently use a team-based care approach for blood pressure control?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Team-based care, cont'd

26. Which staff members are included in the team-based care? Check all that apply.

- [ ] Physician
- [ ] Registered Nurse
- [ ] Nurse Practitioner or Physician's Assistant
- [ ] Pharmacist
- [ ] Dietitian
- [ ] Community Health Worker
- [ ] Care Manager
- [ ] Administrators
- [ ] Other (please specify)

27. Is there a policy or system to encourage a team-based care approach for blood pressure control?

- ( ) Yes
- ( ) No, but we are in the process of establishing such a policy, system or procedure
- ( ) No, and we do not have a plan to implement such a policy, system or procedure
- ( ) Don't know

28. If applicable, please describe the policy or system.

29. If applicable, which year was the policy or system implemented (or when will it be implemented)? (MM/YYYY) If unknown, mark "DK"

Team-based care, cont'd

30. What barriers have you encountered with the implementation of a policy or system to encourage a team-based care approach for blood pressure control? Check all that apply.

- [ ] Financial
- [ ] Lack of training
- [ ] Communication issues
- [ ] Geographic issues
- [ ] Personnel
- [ ] Variation in care among providers
- [ ] Ineffective teams/lack of leadership
- [ ] Lack of understanding for the policy, system or procedure
- [ ] None
- [ ] Other (please specify)

Team-based care, cont'd

31. If offered, would you be interested in receiving technical assistance for implementing a policy or system to encourage a team-based care approach for blood pressure control?

- ◯ Yes
- ◯ No
- ◯ Maybe

32. Please explain what kind of technical assistance would be useful to you.

Self-Management and Monitoring of Blood Pressure - Definitions

The next set of questions are about patient self-management plans and blood pressure monitoring in your organization. Please review the following definitions before proceeding to the next page:

Patient self-management – The systematic provision of education and supportive interventions by staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, regular measurement of BP by the patient outside the clinical setting, either at home or elsewhere and problem-solving support.

Self-Management Plan – Documentation or notation by a health care provider, non-physician team member, or community health care extender in a patient's medical record or client file confirming that the patient has developed a self-management plan to manage their high blood pressure. The plan may include goals related to any of the following: medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious foods and beverages, increased physical activity, smoking cessation, maintaining medical appointments etc.

Self-measured blood pressure monitoring tied with clinical support: Types of additional support include educational materials, Web resources, telephone monitoring with electronic transmission of blood pressure data, nurse or pharmacist visits, calendar pill packs and/or compliance contracts, and behavioral management and/or medication management.

Self-Management and Monitoring of Blood Pressure cont'd

33. Does your organization currently have a policy or system in place to encourage patient self-management of high blood pressure?

- ◯ Yes
- ◯ No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure
- ◯ No, and we have no plan to implement such a policy or system
- ◯ Don't know

Self-Management and Monitoring of Blood Pressure cont'd

34. Please describe the policy or system that your organization is currently implementing, or will implement in the future, to encourage self-management of high blood pressure.

35. When was the policy or system implemented (or when will it be implemented)? (MM/YYYY) If unknown, mark DK.

36. Do you offer patients with high blood pressure a written self-management plan?

- ◯ Yes
- ◯ No
- ◯ Don't know

37. Is there a system in place to follow-up with patients about this self-management plan?

- ◯ Yes, primary care providers follow-up
- ◯ Yes, non-provider teams follow-up
- ◯ No
- ◯ Don’t know
- ◯ Other (please specify)

Self-Management and Monitoring of Blood Pressure cont'd

38. What barriers have patients encountered with adhering to the blood pressure self-management plan? Check all that apply.

- [ ] Low motivation
- [ ] Financial limitations
- [ ] Health literacy issues
- [ ] Poor medication compliance (e.g., misuse, underuse)
- [ ] Other (please specify)
- [ ] Miscommunication or poor communication with provider
- [ ] Behavioral or mental health issues
- [ ] None

39. Does your organization utilize any of the following resources/strategies to support self-management and monitoring of blood pressure among your patients? Check all that apply.

- [ ] The American Heart Association’s Check. Change. Control. Blood Pressure Program
- [ ] The Million Hearts Initiative
- [ ] The American Medical Group Foundation’s Measure Up/Pressure Down Program
- [ ] Other (please specify)

Self-Management and Monitoring of Blood Pressure cont'd

40. If offered, would you be interested in receiving technical assistance to advance towards implementing a policy or system to encourage self-management of high blood pressure?

- ◯ Yes
- ◯ No
- ◯ Maybe

41. Please explain what kind of technical assistance would be useful to you.

Questions & Comments

42. Please provide the contact information of anyone who helped you complete this survey.

Name:

Job title:

Email address:

Phone number:

43. Do you have any other comments, questions, or concerns?

Thank you

Thank you for completing the survey!

If you have any questions please contact:

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