Diabetes Door 2 Door Prevention Campaign

WHITERIVER SERVICE UNIT
DIABETES CLINICAL CARE TEAM
LCDR SCOTT McGREW
INDIAN HEALTH SERVICE

In This Lesson

- What is a Door 2 Door (D2D) Prevention
 Campaign?
- How it started
- The objective
- Achievements
- How to plan for a D2D Campaign
- Updates to our D2D Campaign
- Closing remarks



How It Began

A patient at the Whiteriver Healthy Heart said to one of the providers:

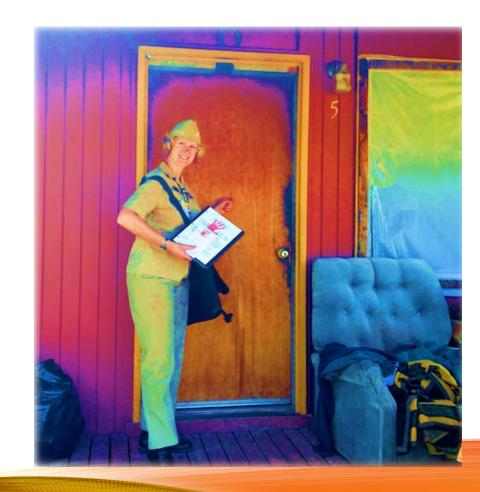
"If diabetes is so important, how come no one is knocking on my door telling me about it?"

The Objective

- Go door to door to educate on the danger and preventability of diabetes
- Provide a comfortable environment for patients to learn and feel relaxed
- Find undiagnosed diabetics (approximately 3,500 in Whiteriver & Cibecue)
- Make clear the pathway for diabetes diagnosis and treatment at Whiteriver Indian Hospital.
- Connect local residents to needed medical appointments and care.

What We Achieved

- We began with a small community and were well received by local residents.
- We campaigned in different communities every few months.
- Over the course of two years (2013– 2015), we visited every home on the White Mountain Apache Indian Reservation.



What We Achieved (continued)

- Stronger relationships between Indian Health Service (IHS) and tribal health partners
- Increased referrals for the Community Health Representative Program
- Connecting patients to the medical care they need
- Positive recognition of the Whiteriver IHS Hospital in the community.
- Phoenix Area Director's Group/Team Award

Collaborations

White Mountain Apache Tribe Community Health Representative Program



Benefits of Collaboration

- The D2D campaign opened the door to collaborations.
- We reached out to all Whiteriver IHS employees and tribal programs.

• Why:

- Pooling of resources: staff, vehicles, medical supplies, and disciplines
- Teams of three for safety and distribution of duties: educator, documenter,
 Accu-check technician, and Native speaker
- Give building-bound IHS employees an opportunity to go out, use their skills in the field, and find out where patients live and what they really need

Diversity—Spice of Life Multi-Disciplinary Teams

- Community Health Representatives
- Pharmacists
- Medical Support Assistants
- X-Ray Techs
- Life Coaches
- Fitness Trainers
- Doctors

- Diabetes Educators
- Emergency Room Nurses
- Physical Therapists
- Family Care Nurses
- Students (Medical, Pharmacy, PT)
- Exercise Instructors



Some Numbers



D2D Numbers

What	Total Number
Doors knocked on (homes visited)	3406
Homes that were provided education	1447
People educated	1833
Blood sugars checked	881
Undiagnosed people needing blood work follow up	150
Referrals generated	238
Number of employee days	IHS: 192; Tribal: 146; JHP: 17

Planning

- It requires three staff members to prepare for each community
 - Team member recruitment
 - Maps, logistics, advertising
 - Supply gathering
- It requires collaboration with other departments and programs, particularly coordinating with the hospital for access to same-day medical appointments and schedulers.

Planning (continued)

- It is costly in terms of staff hours and medical supplies.
- Training and review is required each time
 - new members
 - changes to clinic procedures
 - refresher on info
 - new programs to advertise
- Research the communities: number of homes, safety issues, roads, weather, and other community activities taking place.

The Campaign

- Lasts two days, usually Wednesday and Thursday
- 815–0900: Organization and updates on campaign
- 0900–1200: Hit the streets
- 1200–1300: Lunch and status updates
- 1300–1530: Hit the streets
- 1530–1600: Data collection and organization; share positive and negative stories from community interactions
- 1600: Store equipment and head for home

Command Center

A command center needs a commander

Close to the communities with which you are working

- All team information should be centrally located for easy access
- Maps present for each community
- Educational supplies readily available
- Look for a command center that has no usage fee



After the Campaign

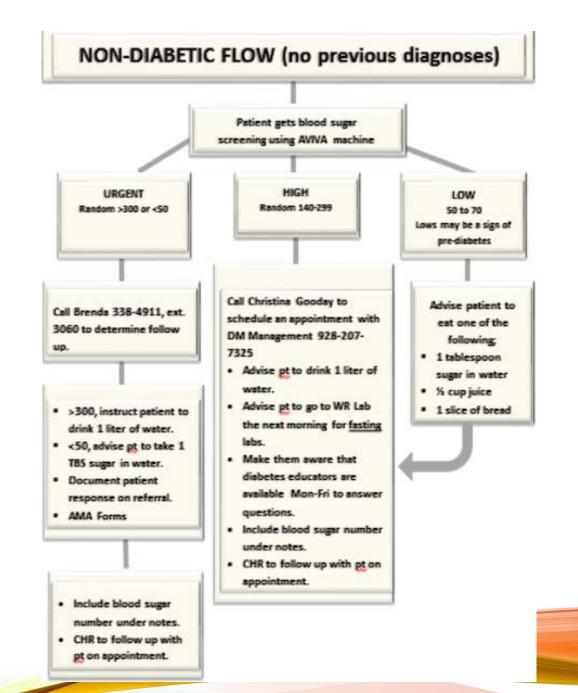
- Ensure appropriate follow-up for patient referrals
- Meeting to perform data analysis
- Storage of supplies
- Appreciation to staff
- Newspaper article and radio show



Moving Ahead

- Initially the Diabetes D2D Campaign was organized by IHS
- Due to the success of the campaign and desire to see it continue, the Tribal Community Health Representative Program and IHS are now full partners and main drivers of the Diabetes D2D Campaign.

Non-Diabetic Flow Sheet



DIABETIC FLOW (already diagnosed) Patient gets blood sugar screening using AVIVA machine URGENT LOW Random >500 or <50 50 to 70. EAT! Random 140-499 Counsel patient on lows Call Brenda Colvin 338-Advise patient to · Discuss the importance of eat one of the 4911 ext. 3060 to follow up with PCP and determine follow up following: keeping sugars at goal. 1 tablespoon · If patient has not been seen sugar in water · ½ cup juice in the last three months, call Brenda Colvin at 338-4911 1 slice of bread ext. 3060 to schedule an >500, instruct patient appointment. to drink 1 liter of water. · Make them aware that <50, advise pt to take 1 diabetes educators are TB5 sugar in water. available at Whiteriver. Document patient Hospital Monday - Friday. response on referral. . AMA Forms *If a diabetic has lows for two (2) or more days in a · Include blood sugar week, they should call their number under notes. PCP or diabetes edcucator. · CHR to follow up with pt on appointment.

Diabetic Flow Sheet

Moving Ahead (continued)

- Changes to the D2D Program:
 - Paradigm for care was updated to better meet patients' needs
 - Increased emphasis on connecting patients to medical appointments
 - Established a direct line to the Clinical Care Coordinator so that CCC and medical doctor can assess if patient-care calls require a routine appointment, a same-day appointment, or ER care.
 - Simplified the paperwork and phone numbers to call
 - Explore new venues for education

D2D Teams in High-Use Areas



Round 2: D2D Numbers

What	Total Number
Doors knocked on (homes visited)	1553
Families provided with diabetes education	654
Blood sugars checked	432
Referrals generated for undiagnosed patients or those last to follow up on diabetes care	64
Referrals generated	238
Number of employee days	IHS: 52; Tribal: 44; JHP: 8

It Is Worth It!



Why Go Door 2 Door?

•Here's a note from a participant:

Thank you! I had a really nice time. I actually saw one of the patients I visited with today at the hospital! Definitely a very worthwhile effort.

-Helen

It Is Effective

- Diabetes D2D Prevention Campaigns are effective for rural communities
 - Education
 - Early diagnosis
 - Referrals (for diabetes and non-diabetes issues, medical and otherwise)
 - Lets the community know that we care
- Collaboration strengthened work relationships between IHS and tribal programs
- We educated the public and staff who worked on the D2D campaign

We Are a Model

- The D2D Campaign has been recognized as an effective "awareness" model.
- Based on the success of the Diabetes D2D Campaign, the pharmacy is now doing a Vaccination D2D Campaign with great success.
- In our Whiteriver community, health fairs are the main community awareness events. People mostly come for the incentives.
- The Whiteriver D2D Campaign has introduced a new way to bring awareness to the community. The only incentive given was knowledge!

Could the D2D Model Work for You?

11 attachments















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