


Partnering with Community Health Workers and Promotor/as to Address Type 2 Diabetes: A Virtual Translational Advisory Board

Kathryn E. Kanzler, PsyD, ABPP^{1,2,3}, Belinda Flores, RN, BS⁴, Ariel Gomez, MPH⁵, Erick Reynero, BS¹, Ludivina V. Hernandez, CHWI^{1,5}, Raquel Romero, MD, MPH¹, Madeleine Tran⁶, & Paula Winkler, M.Ed.⁵

¹Research to Advance Community Health (ReACH) Center, UT Health San Antonio; ²Psychiatry & Behavioral Sciences, UT Health San Antonio; ³Family & Community Medicine, UT Health San Antonio; ⁴South Coastal AHEC; ⁵South Central AHEC; ⁶College of Health, Community, and Policy, University of Texas at San Antonio

BACKGROUND

- Type 2 diabetes (T2DM) is a **dire health disparity** in Hispanic/Latino(a/x) communities
- Community Health Workers (CHWs)** and promotor/as are on the frontlines of diabetes-related prevention & intervention
- Partnerships between CHWs and researchers will greatly enhance knowledge about and interventions for T2DM in at-risk communities
- Translational Advisory Boards (TABs)**, originating in 2010, started with UT Health San Antonio's Institute for Integration of Medicine & Science (IIMS) - funded by the National Institutes of Health (NIH) through a Clinical & Translational Science Award (CTSA)
 - Mission of the TABs: to serve as a representative body to improve community health through facilitation of community-based participatory research and educational outreach activities in partnership with UT Health San Antonio*
- Therefore, the South Central and South Coastal AHECs formed a unique virtual TAB with CHWs & promotor/as concerned about diabetes in their communities across South Texas



RESULTS

CHW Gender	CHW Age	State-Certified CHW
Female - 92%	50 years (average)	Yes - 58%
Male - 8%	25-60 years (range)	No - 42%

Populations Served By CHWs



Have Enough Tools/Training/Resources to Help Community with Diabetes?




Concerns about diabetes in the community

- Lack of access to healthy foods, fresh produce
- Lack of access to healthcare (primary care, medical home)
- Lack of insurance
- Not enough education (about medications, self-management) /prevention
- Not knowledgeable about help that is available
- People not being interested/not taking responsibility
- Culture of eating, diet
- Activity level/exercise

CONCLUSIONS

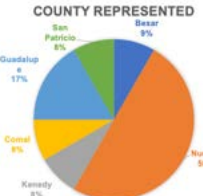
- CHWs recognize T2DM as a devastating disease made more challenging during the COVID-19 pandemic
- Many additional health priorities were identified during this pandemic, including mental health/wellness, lifestyle issues (tobacco cessation, weight loss), substance use, sexual health, and nutrition/physical activity needs
- CHWs can provide valuable insights into community health and needs
- Our virtual CHW TAB is innovative:**
 - Allows for social-distancing during the COVID-19 pandemic
 - Increases participation across a broader region of South Texas
 - Develops new partnerships for citizen-scientists & UT Health San Antonio researchers
- Our ongoing projects aim to reduce T2DM-related health disparities in our communities




METHODS

- We recruited members through longstanding partnerships with CHWs across the region via email, flyers and word of mouth
- Our CHW & Diabetes TAB meets monthly through a virtual platform (Zoom with video & phone)
- This community-academic research partnership includes several ongoing projects
 - Goal of projects: to increase understanding of the impact of T2DM and develop avenues for CHW-based intervention
- For our initial project, TAB members (N=12) completed an anonymous online survey focused on diabetes and community needs & priorities

COUNTY REPRESENTED



Most Urgent Health Priority in Your Community



- Sexual Health
- Lifestyle Issues
- COVID-19
- Mental health/wellness
- Diabetes
- Nutrition/physical activity
- Substance Use

Barriers to CHWs helping community (% of CHWs who endorsed)		Barriers faced Community Members (% of CHWs)	
Community socio-economics/finances (42%)	Difficulty with referrals (42%)	Access to healthcare services (75%)	Transportation problems (42%)
Mental health problems (42%)	Cultural barriers (25%)	Economic/financial difficulties (58%)	Substance use (42%)
Stigma (42%)	Safety concerns (17%)	Mental health problems (58%)	Physical health problems (42%)
Language barrier (42%)	Fear (17%)	Limited social support (58%)	Immigration-related fears (25%)
Lack of funding & tools (42%)	Lack of trust (17%)	Unemployment (58%)	Access to childcare (17%)
		Access to medications & food (50%)	Access to reliable health information (17%)

CONTACT INFORMATION

Kathryn E. Kanzler, PsyD, ABPP
<https://reach.uthscsa.edu/node/108>

South Central AHEC
<https://stahec.uthscsa.edu/centers/south-central-ahec/>

South Coastal AHEC
<https://stahec.uthscsa.edu/centers/south-coastal-ahec/>

Kanzler@uthscsa.edu
 210-567-2741
 @DrKatieK / @ReACHCntr



This study was funded in part by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the NIH (PI: Kanzler; K23DK123396). Views expressed do not necessarily represent NIDDK/NIH.



2020 Community Engagement Symposium:
 Strategies for Community Resiliency and Recovery in 2021 and Beyond

