



Bridging the Gap in Comprehending Diabetes Management



Purpose of this Guide

This resource guide for health centers is designed to enhance the dissemination of information on chronic disease and diabetes management. It will explore strategies to provide Community Health Workers (CHWs) & Health Center Staff with resources and engagement techniques to ensure proper access to care.



Understanding Diabetes

What is Diabetes?

Diabetes is a chronic condition that affects how the body turns food into energy. Normally, insulin helps move sugar from the bloodstream into cells. In diabetes, the body either does not make enough insulin, or the body cannot process it, leading to high blood sugar levels.

Types of Diabetes

- **Type 1 Diabetes:** The body does not make insulin. It is usually diagnosed in children and young adults but can appear at any age. People with Type 1 need insulin every day.
- **Type 2 Diabetes:** The body makes insulin but does not use it properly. This condition often develops over years and is more common in adults. However, rising childhood obesity rates have led to more cases of Type 2 diabetes being diagnosed in children.
- **Gestational Diabetes:** This type of diabetes develops during pregnancy. It usually goes away after the baby is born but increases the risk of developing Type 2 diabetes later.
- **Pre-diabetes:** Blood sugar levels are higher than normal but not high enough for a diabetes diagnosis. It can often be reversed with lifestyle changes.

Common Symptoms

- Frequent urination
- Increased thirst
- Unexplained weight loss
- Extreme hunger
- Blurred vision
- Fatigue
- Numbness or tingling in hands/feet
- Slow-healing sores

(Sources: CDC, ADA)

Diagnosing and Monitoring Diabetes

How Diabetes is Diagnosed

Healthcare providers use several tests to diagnose diabetes. These include:

- **Fasting Plasma Glucose (FPG) Test:** Measures blood sugar after not eating for at least 8 hours. A result of 126 mg/dL or higher indicates diabetes.
- **Random Plasma Glucose Test:** Measures blood sugar at any time. A result of 200 mg/dL or higher, along with symptoms, suggests diabetes.
- **Oral Glucose Tolerance Test (OGTT):** Measures blood sugar before and 2 hours after drinking a sweet drink. A level of 200 mg/dL or higher after 2 hours indicates diabetes.
- **A1C Test:** Measures average blood sugar over the past 2–3 months. A result of 6.5% or higher indicates diabetes.

These tests help providers understand whether a person has diabetes, is at risk, or has normal blood sugar levels.

What the A1C Test Shows

In addition to being a diagnostic tool, the A1C test is used to monitor how well diabetes is being managed over time. It reflects the average blood sugar level over the past 2–3 months.

A1C Categories:

- **In Control:** Typically, below 7% (individual targets may vary)
- **Caution:** 7%–8%
- **High Risk:** Above 8% — this may signal poor blood sugar control and a higher risk for serious complications such as heart disease, nerve damage, kidney issues, or vision problems. Managing A1C levels can help prevent or delay these secondary conditions.

(Sources: CDC, ADA, NIDDK)



The Role of CHWs in Diabetes Support

Building Trust and Communication:

CHWs are key connectors between patients and the healthcare system. Their ability to communicate in relatable terms and build relationships helps patients feel heard and supported. Trust fosters greater follow-through with care plans and appointments.

(Ingram et al., 2012)

Listening for Understanding:

CHWs can assess barriers to care by asking open-ended questions like, "What do you already know about diabetes?" or "What's been hard for you in managing your health?" Listening without judgment builds rapport and reveals gaps in understanding.

Encouraging Regular Follow-Ups:

Frequent contact with CHWs increases patient engagement in care. Studies show CHW involvement improves attendance at follow-ups and routine monitoring.

(CDC, 2015)

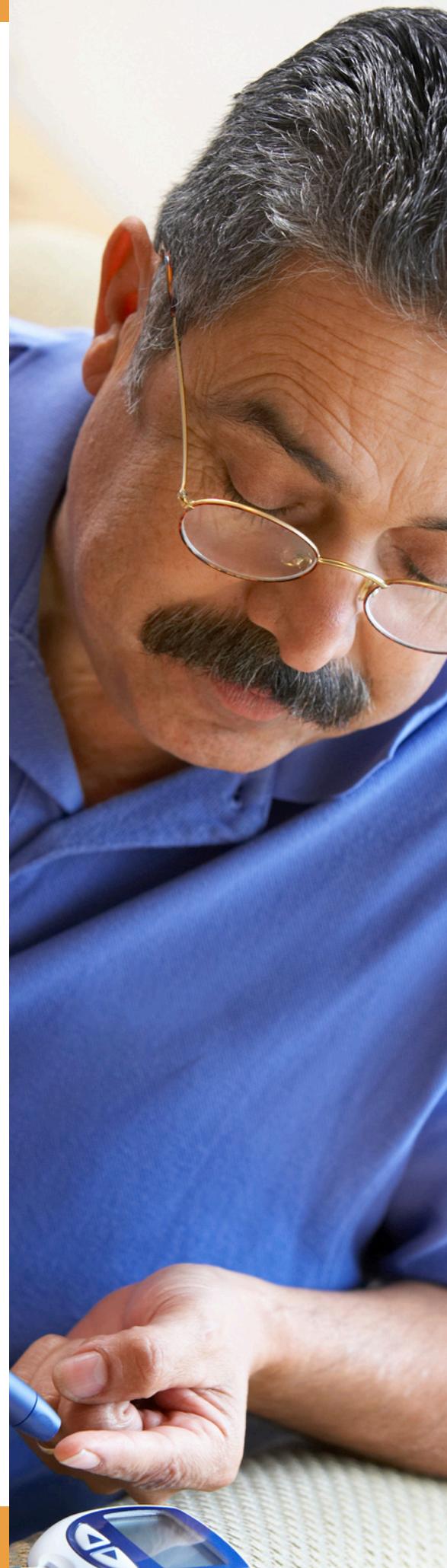
Tracking and Goal Setting:

CHWs can help patients track their A1C levels, weight, blood pressure, and set small, realistic goals using calendars or simple logs. This regular reinforcement supports accountability and behavior change.

(ADCES, 2019)

Research has shown that when CHWs support people with diabetes, it can lead to better blood sugar control. One study found that Latino patients with poorly managed diabetes improved their A1C levels after working with a CHW team.

(Spencer et al., 2018)



Key Areas of Diabetes Management

Healthy Eating:

- Focus on whole grains, vegetables, fruits, lean proteins, and healthy fats
- Limit sugary drinks and processed foods
- Eat regular meals and snacks

For more detailed meal planning and nutrition support, visit these resources:

- ADA: Eating for Diabetes Management:
<https://diabetes.org/food-nutrition/eating-for-diabetes-management>
- ADA: Food & Nutrition:
<https://diabetes.org/food-nutrition>
- NIH NIDDK: Healthy Living with Diabetes:
<https://www.niddk.nih.gov/health-information/diabetes/overview/healthy-living-with-diabetes>
- NIH: DASH-Style Diet for Glucose Control:
<https://www.nih.gov/news-events/nih-research-matters/dash-style-diet-helps-control-blood-glucose>

Staying Active:

- Aim for at least 150 minutes of physical activity per week
- Start small: walking, dancing, chores all count
- Check with a healthcare provider before starting a new routine

Medication and Monitoring:

- Take medications as prescribed
- Monitor blood glucose if recommended
- Know signs of low or high blood sugar

Managing Sick Days and Emergencies:

- Keep extra medications, fluids, and snacks on hand
- Monitor blood sugar more often
- Know when to seek medical help

(Sources: CDC, ADA)



Preventing and Managing Complications

Why Prevention Matters:

Uncontrolled diabetes can lead to heart disease, kidney damage, nerve problems, vision loss, amputation, and more.

Regular Checks and Appointments:

- Blood pressure and cholesterol tests
- Eye and dental exams
- Foot checks
- Kidney function tests

Daily Habits That Make a Difference:

- Eat balanced meals
- Stay active
- Avoid smoking
- Take medicines as prescribed

(Sources: CDC, ADA)



Tools and Techniques for CHWs

Using Visual Aids and Handouts:

Simple charts, diagrams, or food portion visuals can support understanding.

Simple Conversation Starters:

“What’s one small change you’ve tried?” or “What’s something you’d like to work on?”

Encouraging Behavior Change Without Judgment:

Focus on progress, not perfection. Celebrate small wins.

Partnering With Health Providers:

Support clear communication between patients and providers. Help translate or summarize key points when needed.

Community Engagement Strategies

Planning Group Education Sessions:

Host short sessions on healthy meals, exercise, or managing medications. Keep it interactive.

Peer Support Approaches:

Encourage group sharing. Let patients learn from each other’s experiences.

Outreach Tips for Reaching Agricultural Workers:

- Be flexible with time and location
- Use familiar settings (e.g., work sites, community gatherings)
- Offer bilingual materials when needed

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