



The Ohio Type 2 Diabetes Learning Collaborative developed several resources to aid home visitors in the treatment and care plan for women of child-bearing age at high risk for T2DM. In consultation with nationally-recognized subject matter experts, along with feedback from participating providers across Ohio, a toolkit and family resources have been adapted for home visiting and support staff.

Uncontrolled gestational diabetes during pregnancy can lead to high birth weight, jaundice, preterm birth, or other conditions in the baby. Additionally, moms that had GDM are likely to experience a re-occurrence in future pregnancies or develop Type 2 Diabetes. In response to this growing problem, we have developed key information for both home visitors and families on GDM and Type 2 Diabetes.

Home Visitor Toolkit includes:

- Tools to identify women at high risk for GDM
- Care Coordination Strategies
- Health and wellness education messaging for families
- Shared decision making guides
- Best practices flow chart for home visit appointments
- Community support resources
- Prenatal Resources
- Quality Improvement tools for women with GDM

Family Toolkit includes:

- Impact of GDM on mother and baby
- Recommended lifestyle changes
- Dietary guidelines and education for maintaining recommended blood sugar
- Benefits and impacts of breastfeeding on mom and baby
- The importance of diabetes screening by 12 weeks postpartum
- Oral health resources
- Postpartum Depression support materials

[Read Full Article](#)

Next CHW Monthly Meeting

Thursday, December 5, 2019
9:00-11:00 AM
Columbus Medical Association
1390 Dublin Rd
Columbus, OH 43215



November CHW Monthly Meeting Recap

Our latest CHW monthly meeting had a packed agenda with fantastic presentations from HUB staff and partner organizations. Jenelle Hoseus began the meeting with several Pathways updates, allowing for CHW time to network and ask questions about their work in the field.

We also celebrated the recent updated statistics showing the incredible progress within the Pathways HUB program. As of November, the HUB is serving approximately 342 clients, with a total of 520 that have come through the program for a total of over 3,800 pathways opened. This is a huge accomplishment for the Central Ohio Pathways HUB, as these outstanding numbers were generated within the initial first 8 months under HCGC leadership.

This month we welcomed several fantastic organizations who presented quality, useful information to our CHWs. We were pleased to welcome Erin Brigham, Candice Byers, Shauna Shell, our partners at CareSource, who presented on services available to HUB clients and their excitement about working with the HUB.

We look forward to connecting with the other managed care plans in the future months, while also continuing to strive to provide monthly continuing education programming and networking opportunities to support our CHWs continual and sustained success!

Upcoming HCGC Webinar



Thursday,
December 19th
10-11:30 AM

HCGC Presents: A Webinar on Screening for Social Determinants of Health

Featuring an update on CORE 5, a
SDoH screening tool from:



Alex Jones, RN, MS

RWJF Health Nurse Leader
Assistant Health Commissioner
Director of Prevention and Wellness
Franklin County Public Health



Nancie Bechtel, MPH, BSN, RN

Private Contractor
Former Assistant Health Commissioner and
Chief Nursing Officer
Columbus Public Health

[Register Here](#)

Insights from the HCGC Blog



Community Health Workers' Role in Screening for Social Determinants of Health

By Tanikka C. Price, Data and Finance Director,
Central Ohio Pathways HUB

Health is more than just going to a doctor's appointment. It is wellness; feeling good and being empowered to make decisions for yourself and your family. Health is impacted by where you live, where you work, what you eat, how you provide for your basic needs, how you get where you need to be and how safe you feel in your most intimate relationships. For too many families, health is impacted by all the things that happen before they get to the doctor's office. These elements are known as Social Determinants of Health (SDoH).

The Central Ohio Pathways HUB (the HUB), a care coordination program managed by the Healthcare Collaborative of Greater Columbus (HCGC), deploys community health workers (CHWs) to address clients' SDoH in order to provide connections to appropriate health and social services and care to our region's most vulnerable populations.

[View the Entire Post](#)

Patient Centered Outcomes Research Institute Featured Research



Health Risks for Each Individual, Not for the Average Patient

Study results often predict the benefit a treatment could have for the average patient. A PCORI-funded project is using personal health characteristics to move beyond averages and predict the benefit a treatment could have for individual patients.

By Blake Whitney, Senior Editor

When retired aluminum industry technologist John Schultz went for a check-up with his longtime Monroeville, Pennsylvania, physician in 2018, he got some worrying news.

"He said that my BMI [body mass index] was creeping up, that my blood pressure was creeping up, and that if I continued on the path I was on, it could lead me straight to diabetes," Schultz said.

The news worried Schultz, who has a younger brother with diabetes. His doctor, Francis Colangelo, MD, MS, referred him to a 16-week group class taught at a YMCA in the nearby community of Plum. Colangelo told him the class would be intense, teaching lifestyle-changing habits of healthy eating and regular exercise.

[Read More on PCORI's Website](#)

Monthly Meeting Resources

Following each Monthly Meeting and Regional Learning Session, the agenda, speaker information, slide deck and other relevant resources are uploaded to the HCGC website for your reference.

[View Resources](#)



For a Calendar of Events visit:
www.hcgc.org/meetings--events

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