



Diabetes Support and Education Groups

Topic: Diabetes Groups

Purpose: To live well, people with diabetes and their families need skills, accurate information, adequate tools, and the support of others as well as health care providers. Self management of diabetes is as important as proper medical care (Texas Diabetes Council Minimum Standards of Diabetes Care). Healthy daily living requires many skills: self-care tasks (such as checking blood sugar and feet daily), self management (using information from monitoring and taking action such as adjusting food), and coping. Education and support can occur in informal support groups, in individualized and/or formal group diabetes education classes or a combination.

Background: Diabetes Support Groups and Diabetes Education

Support Groups-are ongoing meetings held in a community location for people with a common condition and some include family members/friends who learn more about the condition and how to manage it to prevent or limit its impact. Groups can include specific lessons to help members develop new or improved skills. Groups can be led by a trained facilitator who may have the same condition. The sponsoring organization arranges location, guest speakers, and schedule. Members may make donations for meeting expenses.

Diabetes Support groups can reinforce proper self-care and offer social support to deal with the demands of daily life with diabetes. Individuals are often more able and willing to take care of their chronic condition when others like themselves provide practical and emotional support for self management, such as managing diabetes at work. Emotional depression and the impact of diabetes on family life are common issues addressed in support groups.

Diabetes Self-Management Education (DSME)-is a series of classes, e.g., weekly sessions or a two-three day block, with the value of support when done in groups. Formal individual and group DSME focuses on information, skill demonstration, practice, and feedback about self-care skills for diabetes control. A professional plans the content, schedule, and cost. There are different arrangements, depending on funding. Education programs that are credentialed or "recognized"* by the American Diabetes Association (ADA) or Indian Health Services may bill Medicare or contract with private health plans. These classes are taught by professionals, including one or more Certified Diabetes Educator (CDE)**. Insurance plans may offer classes for members with diabetes, with

special attention to members who are at high risk for complications. Classes may be offered to the public at a health facility, e.g., community hospital outpatient program. Community health centers may use a team (professional staff and community health workers) to offer lessons and group support as an essential part of chronic care treatment. Many centers use materials created by the Texas Diabetes Council/TDH.

Diabetes self-management education can be well done in groups in social settings such as community centers, libraries, private (non-clinical) facilities, and faith institutions where folks regularly gather. These places may be more convenient and comfortable than medical settings for some. (*Morbidity Mortality Weekly Report* Vol.50, No. RR-16, Sept 28, 2001). This service can be set up in communities in partnership with or to supplement medical services and disease management. Some physicians support community diabetes education program to which to refer patients for education they cannot cover in the office visit.

Activities of Texas Diabetes Control Program

1. Chronic Disease Self-Management Program (CDSMP)-Stanford University CDSMP is a 17-hour course (7 weeks) in English or Spanish taught by trained lay people with a chronic condition to help others manage symptoms, adhere to medication regimens, and maintain functional ability. An advantage to CDSMP is that leaders can lead groups of people with a variety of chronic diseases including diabetes, arthritis, and heart disease. Many people with diabetes have other chronic conditions, particularly high blood pressure, and complications. CDSMP groups meet in community settings such as senior centers, churches, libraries and hospitals.

Cost for 5 ½ days training involves trainer fee, travel, curriculum and annual license. Texas Diabetes Control Program has sponsored Master Trainers Course in San Antonio for community-based organizations. El Paso Diabetes Association and Coalition for Health Services (Amarillo) now have advanced leaders who train others. Classes and group size are limited to 20 people.

2. Diabetes Empowerment Education Program (Midwest Latino Health Research, Training and Policy Center) This is a new 16- hour course developed in Spanish for training community health workers (CHWs) in health centers to help people with diabetes practice self-care skills and to reinforce information from health care providers.

The first Texas training required out-of-state trainers and travel for trainees over south Texas funded by a public-private partnership. Further training is being arranged by Migrant Health Promotions by Texas trainers.

3. Diabetes Awareness and Education in the Community projects. The Texas Diabetes Program's contracted community-based organizations (CBOs) developed support services for people at high risk for diabetes complications. Support groups emerge or are requested by participants who attended self-management classes. CBOs use TDC/TDH materials and are trained to use

National Diabetes Education Program public information and educational materials. Laredo's Gateway Community Health Center and Harris County Health Department Asian (Chinese, Vietnamese languages) project are models.

Incidental Costs for Groups:

Costs for any group; e.g., trained facilitator, facility, take-home materials, public announcements.

Blood sugar or blood pressure checks equipment and supplies.

Snack for low blood sugar or nutrition models.

Other Definitions:

Self-care means skills and habits for daily tasks to balance blood sugar - nutrition, physical activity, medicine and monitoring- and other routine care and problem-solving. These include checking blood glucose, taking oral medicines and insulin, if indicated, on time and in the right doses, using a food/meal plan, exercising, checking feet, and managing hypoglycemia and hyperglycemia.

***ADA or Indian Health Services “recognized” programs** are led by trained professionals and done in private or group sessions. Medicare and commercial health plans cover a number of hours for members or as ordered by the physician. Most recognized programs are in larger cities or where endocrinologists see a lot of patients with diabetes. ADA website: www.diabetes.org maintains a list of currently recognized programs and is linked from the Texas Diabetes Council website: www.tdh.state.tx.us/diabetes/tdc.htm at Texas Department of Health.

** **CDE:** health care professionals with a current license as a registered nurse, dietitian, physician, physical therapist, physician assistant, or podiatrist who are credentialed by the National Certification Board for Diabetes Educators (NCBDE). Exception: a Master's Degree in one of the following: nutrition, social work, clinical psychology, exercise physiology, health education, or specified areas of study in public health. All must have at least 2 years experience in diabetes self-management education; 1000 hours of diabetes self-management education experience within the last 5 years; and work as a diabetes educator at least 4 hours per week at the time of application to take the examination. They must pass the exam and re-test every five years.

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