

Community Evidence-Based Programs To Support Self-Management For People With Diabetes And Prediabetes In Iowa

Diabetes Self-Management Education/Training (DSME/T) ADA-recognized/AADE-accredited (most also state-certified)	Stanford Chronic Disease Self-Management Program/Education (CDSMP/E); In Iowa – Better Choices, Better Health (BCBH)	National DPP Lifestyle Change Program (NDPP, DPP) (YDPP – programs at/conducted by Ys)
Specific to diabetes	Addresses all chronic conditions	Specific to those with prediabetes or at high risk for type 2 diabetes
Participants all have diabetes; family members welcome; physician referral required	Participants have a variety of self-reported chronic conditions; family and others who assist can attend	Participants have a diagnosis of prediabetes, or are at high risk for type 2 diabetes; criteria in notes*
Focuses on knowledge/skills	Focuses on action planning/problem solving	Focuses on nutrition, physical activity, stress management; goal is 5-7% weight loss
Licensed Health Professional (Nurse, dietitian, pharmacist and/or a certified diabetes educator)	2 Lay Leaders (at least one who has a chronic condition)	Lifestyle Coach, can be a lay leader or Licensed Health Professional
Focuses on the medical management of the disease and 7 self-care behaviors: healthy eating, being active, monitoring, taking medication, problem solving, healthy coping, and reducing risks	Focuses on management of lifestyle behaviors and emotional management	Focuses on lifestyle change (nutrition, physical activity)
10 hours (typically 1-2 hours individual counseling; 8-9 hours in a group)	15 hours, all in group (2.5 hours/week for 6 weeks)	Year-long program consisting of 16 sessions (1 hour/week) during the first phase and 6 follow up sessions (1 hour/month) during the second phase
Reimbursed by Medicare, Medicaid (in Iowa) and other third-party payers; insurance co-pay can apply	Usually minimal cost or no fee; currently not reimbursed	Cost varies – usually between \$429-500/person for the year; a few worksites and insurance companies cover the cost – check with the worksite or insurance company
Variation among ADA-recognized/AADE-accredited DSME/T program content	Scripted and timed content and processes for each session; random control trial tested	Follows a CDC-approved curriculum
Content areas include: <ul style="list-style-type: none"> • Diabetes disease process and treatment options • Incorporating nutrition management, physical activity, and utilizing medications • Monitoring blood glucose and using results to improve control • Preventing, detecting, and treating acute and 	Content areas include: <ul style="list-style-type: none"> • Techniques to deal with problems such as fatigue, pain, difficult emotions • Physical activity • Appropriate use of medications • Communicating effectively with family, friends, and health professionals • Healthy eating, weight management 	Content areas include: <ul style="list-style-type: none"> • Fat/Kcal • Healthy eating • Physical activity • Problem solving • Taking charge of your environment • Difficulties of lifestyle change • Stress management

DSME/T continued chronic complications <ul style="list-style-type: none"> • Goal setting and problem solving • Integrating psychosocial adjustment • Preconception care and management during pregnancy (if applicable) 	CDSMP/BCBH continued <ul style="list-style-type: none"> • Decision making 	NDPP/DPP/YDPP continued <ul style="list-style-type: none"> • Staying motivated
ADA recognized and AADE accredited DSME/T programs must the National Standards for Diabetes Self-Management Education and Support; selected data submitted to ADA or AADE, and by state-certified programs to the Iowa Department of Public Health for reporting/evaluation (IAC 641-9)	Uniform content and processes allow for evaluative data aggregation across programs in different geographic areas; data inputted into National Data Repository - National Council on Aging can be retrieved for reporting/evaluation	Participant data, including weight and physical activity minutes, are tracked and reported to the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP); organizations applying for CDC-recognition must achieve participant outcomes as outlined in the DPRP National Standards
http://www.idph.iowa.gov/diabetes	http://www.idph.iowa.gov/betterchoicesbetterhealth	http://www.idph.iowa.gov/diabetes

Notes:

DSME/T addresses more content in fewer hours, typically engaging people soon after diabetes is diagnosed. DSME/T provides disease-specific knowledge and skills along with practical problem-solving and action planning. CDSMP can complement DSME/T. Compared to diabetes “support” groups, the CDSMP has more structure and accountability. CDSMP has not been evaluated for impact on prediabetes. The National DPP lifestyle change program is not designed for people with a diagnosis of diabetes. It is an evidence-based program for people with prediabetes (*documented blood-based diagnostic test – blood glucose or A1c), a history of gestational diabetes, or those at high risk for type 2 diabetes identified through a self-administered Prediabetes Screening Test.

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