Integrating Diabetes Self-Management Education and Support Into Your SDPI Diabetes Best Practice

What is diabetes self-management education and support (DSMES)?

Diabetes is a chronic disease requiring day-to-day management by the person with diabetes. Providing diabetes education and support to individuals at risk for diabetes will help reduce the risk of developing type 2 diabetes. Providing diabetes education and support to individuals with diabetes will help reduce the risk for complications. There is evidence that people who have diabetes, prediabetes, or other chronic conditions, and who have more support, tend to do better than those without support, as found in the National Standards for Diabetes Self-Management Education and Support.[1]

DSMES:

- Involves teaching the behavioral skills necessary to make informed decisions about diabetes management every day.
- Is about collaborative goal setting, problem solving, following up, and supporting people with diabetes to make informed choices about areas that they have identified as of concern to them.
- Encourages people with diabetes to consider their own plans and goals, and to identify how they will overcome challenges.

> *"I will always remember the day in the clinic when the doctor said, 'You have diabetes.' I thought of my mother (who died from diabetes complications). I thought, 'I will need all sorts of help. I will need to depend on people. I will no longer be able to take care of the people I love.' I began to cry. The doctor closed the door and let me cry. He told me my diabetes did not have to be like my mother's or anyone else's. I could create my own life with diabetes. I could decide how to live well with diabetes. I could choose."*
>
> Barbara Mora, Paiute/Diné,
> "Using Our Wit and Wisdom to Live Well with Diabetes"

This document is meant for all clinicians/educators who want to integrate DSMES into Special Diabetes Program for Indians (SDPI) activities and services. Although SDPI program staff have a wide range of skills related to diabetes management, it is important that team members provide DSMES consistent with their training and scope of practice. When in doubt, ask for help from fellow diabetes team members or others.

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[1] *2017 National Standards for Diabetes Self-Management Education and Support: http://care.diabetesjournals.org/content/diacare/early/2017/08/17/dci17-0025.full.pdf*

DSMES is a partnership. It is about two or more people coming together:

- **The person** who is an expert in his/her life who brings their knowledge, strengths, challenges, and goals to the partnership – and knows what they are able to do with all of the competing demands in their life, and
- **The clinician/educator** who has expertise in diabetes prevention and management techniques, has thorough knowledge of the tools and resources available, and has the appropriate support skills.

DSMES Resources

A joint position statement [2] on evidence and strategies for providing education and support to adults with type 2 diabetes was issued by the American Association of Diabetes Educators, the American Diabetes Association, and the Academy of Nutrition and Dietetics, along with assistance from the National Diabetes Education Program. The position statement identifies four critical times for assessing, providing, and adjusting DSMES. A Joint Position Statement Toolkit [3] is also available at no cost.

What are some tools and strategies for diabetes self-management education and support?

This section provides useful tips for conducting a patient visit or class. It is important to understand that **at the center of a successful health care relationship is trust.** The tools and strategies presented below are dynamic and change with each individual and over time: at diagnosis, at annual assessments, when new complicating factors arise, and when transitions occur.

DSMES is an interactive relationship-based approach. While these tools will change, what never changes is your support in meeting individuals "where they are at" in their lives. People come to a visit with their own life experiences, priorities and values. Here are a few tips to remember during DSMES visits:

- Ask open-ended questions.
- Take the time to listen to individuals.
- Speak directly to the patient and use a non-judgmental approach.
- Inquire about challenges/obstacles that a person may have (e.g., food insecurity, transportation, literacy, mental health issues), and how these may affect diabetes management.

[2] *Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement:* http://care.diabetesjournals.org/content/diacare/early/2015/06/02/dc15-0730.full.pdf

[3] *Joint Position Statement Toolkit:* https://www.diabeteseducator.org/practice/educator-tools/joint-position-statement-toolkit

1. **At the beginning of the visit or class:**
   - Greet people and welcome them. Let them know that you are happy they are there.
   - Keep in mind how you would like to be treated when you attend a clinic visit or class.
   - Briefly introduce yourself and ask the person to tell you about him or herself. As an example, "I'd like to know a bit more about you. Can you tell me about yourself?"
2. **Assess an individual's knowledge about their health and self-management skills.**
   - At a one-on-one visit and family visit:
     - Ask (as appropriate) "What brings you here today?" Their response(s) will give you a sense of what it is they want to talk about. Ask, "What would you like to know about that?"
     - Another option is to use a written questionnaire in the waiting room, or in advance of the visit, to determine what the individual wants to talk about at the visit.
   - At a group class:
     - The educator will have a pre-selected topic, but needs to be prepared to respond to questions and to issues that come up. For example, if the topic is "planning meals" and a participant asks about how often they should check their blood sugar, the educator needs to be flexible and respond to the patient's question.
3. **Provide individuals with specific strategies and information needed to address the issues that they have self-identified as of concern to them.**
   - Take the time to listen to individuals.
   - Everyone has unique strengths. Help people recognize their strengths and build on them, whether the strengths identified are individual, support, or resource based.
     - **Individual-based:** Reflect on a past experience that resulted in an accomplishment, being resilient, overcoming adversity, or draw on strengths of traditional teachings, spiritual beliefs, or culture.
     - **Support-based:** Family members, friends, co-workers, support groups, community members, clinic providers, diabetes team, case managers, etc., are examples of support systems.
     - **Resource-based:** Clinic services, Tribal programs, connection to land and place, employment, etc., are examples of resources.
4. **Negotiate and agree on a plan discussed during the visit.**
   - Make sure the goals for both of you are clear, measurable, and realistic. For example, you can say:

- "Among the options we've discussed, tell me what you want to do. Is that realistic for you?"
- "What would you like to work on before our next visit?"

- Provide a written summary of the plan that was agreed on during the visit. It can be a brief summary (1-3 key points) of the discussion and the steps the person will take to reach their goal. For example, the plan may have the following:
  - *Check fasting blood sugars 3 times a week and bring meter to the next clinic visit.*
  - *Share meals, or eat half and take the other half home, when eating out at restaurants that serve large portions.*

5. **Provide support and build trust.**

- In addition to providing education, the role of the clinician/educator is to provide support and encourage the individual to seek support from family, friends, and other providers as needed. Take the time to listen to individuals. It is important to be empathetic, appropriate, and guide people to sources of support in their own lives, while they also receive support from you.

  For example, some people will talk about challenges in their lives and "pour out their hearts." Some appropriate responses can include:
  - "It's so important to have support in our lives and I really appreciate that you can talk to me about that. Who else do you talk to about these issues in your life?" If they respond "Nobody" or "I talk to someone – but they don't really listen." You can follow this up with a suggestion, "What if you talk to someone else, who would that person be?" (Pause) "Here's a suggestion for you. Call that person and invite them (talk on the phone, have a visit, have coffee) to meet with you. Talk to someone who will listen."
  - "If it's okay with you, I'd like to check in with you about this at our next visit."

  Consider making a referral for behavioral health counseling as appropriate.

6. **Provide individuals with information on the resources available in the community and the clinic that can help them reach their goals:**

- If people do not have access to adequate food, where can they get food (e.g., food banks, Tribal food programs)? For more information on food insecurity assessment, see the "Food and Nutrition" section.
- Assist people on how and where they can access:
  - Wellness-related programs including walking programs, gyms, cooking classes, talking circles/support groups, smoking cessation programs, food pantries, and grocery stores.

   - Supplies to manage their condition, such as pillboxes, glucose meters, blood glucose strips, and blood pressure equipment.
   - Affordable specialty shoes to prevent foot problems.
   - Behavioral health resources including mental health and substance abuse.
- If the individual needs more information than the educator has, it's okay to say: "I don't have the answer to that, but I'll get the answer for you." Or "I don't know the answer to that, but I'll make a referral to ____ for you." Be sure to follow through on it.

7. **Schedule a follow-up visit and/or make a referral(s).**
   - For example, you can say:
     - "Would you like to meet again and see how things are going? "
     - "Since I don't know the answer to your question, I will find out the answer and get back to you."

> *"People don't care what you know, until they know that you care."*
>
> John C. Maxwell

What are the key topics necessary to discuss while providing DSMES?

1. **Food and nutrition**
   - Refer patients to a registered dietitian, whenever possible, for medical nutrition therapy for diabetes and other health conditions that need individualized nutrition recommendations (e.g., hypertension, dyslipidemia, kidney disease).
   - Provide basic nutrition education.
     - Order teaching tools, such as My Native Plate.[4] Explore the IHS Division of Diabetes Online Catalog [5] for more resources.
     - Offer interactive nutrition education opportunities, such as cooking classes and grocery store tours.
   - Be aware that patients may have issues getting enough food and/or nourishing foods.
   - Evaluate patients for food insecurity (i.e., accessibility and affordability of nutritious foods):

4 *My Native Plate: https://www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/printmat/IHS_MyNativePlate_Letter.pdf*
5 *Online Catalog: https://www.ihs.gov/diabetes/education-materials-and-resources/*

Read each statement below and ask your patient if the statement is "often true," "sometimes true," "rarely true," or "never true."

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.
2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

If your patient responds "often true" or "sometimes true" to either statement, he or she likely has food insecurity. Use the Food Insecurity Assessment Tool and Resource List [6], and review food resource options with the patient that may be available in the community.

- Get to know the food resources in the community. For example:
  - Supplemental Nutrition Assistance Program (SNAP), formerly termed "Food Stamp Program."
  - Nutrition programs such as Supplemental Food Program for Women, Infants and Children (WIC), Elderly Nutrition Program, Meals on Wheels, and Head Start.
  - Food resources in the area such as food banks (e.g., churches, nonprofit organizations), backpack programs supplying foods for school children over the weekend/holidays, farmers markets, grocery and other stores that offer lower prices for fresh fruits and vegetables.

2. Physical activity

- Get to know what physical activity resources are available in the community and what it takes to access them (e.g., fitness coaches, exercise physiologists, hiking, biking, and local fitness center).
- Recognize that there may be challenges to being active.
  - During inclement weather there are ways to be active indoors.
- Consider establishing a walking group(s). This promotes physical activity and offers support to individuals.
- Suggest that people partner with a friend to go walking. When people know someone will be waiting for them, they are more likely to go for a walk.
- Find out if there are childcare or adult care options for people who have caregiving responsibilities.
- If there is a gym or fitness center in your community, consider the following:

[6] *Food Insecurity Assessment Tool and Resource List:* https://www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/printmat/FoodInsecurityAssessTool.pdf

  - Find out the entry fee at the gym or fitness center. Talk to the managers of the fitness center/gym and see if a reduced cost can be negotiated.
  - Make a schedule of the days/times that the gym/fitness center is open, and what group activities are available.
  - Work with the fitness team/center to offer group classes/activities for people of all abilities (e.g., chair yoga, water aerobics, exercise bikes, dance classes).
- Order teaching tools and use culturally relevant tools found on the IHS Division of Diabetes Online Catalog.[5]

3. **Medication and self-monitoring**
   - Talk about how food, physical activity, and medications affect their blood sugars.
   - Encourage individuals to follow their medication plan negotiated with their provider.
     - Review the medication plan with the patient.
     - Assess medication usage (prescribed or other).
     - Discuss the timing, amounts, refrigeration, and whether to take with food or not.
     - Assess the patient's understanding of the medication plan.
     - Ensure that the patient has an adequate supply of medications until their next clinic visit.
     - If available, provide pillboxes for oral medications.
   - Encourage self-monitoring of blood sugars as indicated by the patient's provider to assess:
     - How food, physical activity, and medications affect their blood sugars.
     - If they are meeting their blood sugar targets.
   - Find out the resources available for referrals (e.g., pharmacist, certified diabetes educator, case manager).
     - Order teaching tools, such as My Blood Sugar Goals.[7] Explore the IHS Division of Diabetes Online Catalog[5] for more resources.

4. **Behavioral health/healthy coping**
   - Screen for depression, substance abuse, and domestic violence.
   - Assess for challenges/obstacles that a person may have in dealing with diabetes. This could be related to common stressors, such as finances, job status, relationships, caregiver responsibilities, and other issues.

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[7] *My Blood Sugar Goals: https://www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/printmat/My_Blood_Sugar_Goals_508c.pdf*

- Take the time to listen as you inquire about the patient's experience coping with diabetes-related problems.
  - Ask the patient to identify thoughts, feelings, and attitudes about living with diabetes, as well as their level of support. Discuss that a range of emotions are common in diabetes and how these may affect diabetes treatment and prevention of complications.
  - Ask "What's going on in your life right now?" or "How are things at home?" If a problem(s) is identified, provide patients with information about available resources in the community and clinic.
- In handling acute situations, such as people who are verbalizing thoughts of suicide, seek help right away from appropriate mental health professionals.
- Identify resources available for referrals.
  - Provide patients with information on the resources available in the community and the clinic that can help them reach their goals.
  - Talk about how to access behavioral health resources including mental health professionals, social services, and substance abuse programs, as appropriate.
- Coordinate care and follow up with the patient as needed.
  - Reference the IHS Diabetes Standards of Care & Clinical Practice Resources on Depression.[8]

> *"Having diabetes has opened the door for people to be kind to me, and for me to accept their kindness and be amazed by it."*
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> Barbara Mora, Paiute/Diné
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What are effective communication methods?

1. **Teach-back** is a method to teach about a topic and then ask the person to explain back, using their own words, what they heard.

[8] *IHS Diabetes Standards of Care & Clinical Practice Resources on Depression:* https://www.ihs.gov/diabetes/clinician-resources/soc/depression1/

- Clinicians and educators can use teach-back by asking about the key points or the essential things you want the person to be sure to remember, such as:
  - "I want to be sure I covered our discussion about the importance of taking your medication. I know medications can be confusing. Can you tell me what you heard me say about your medication?"
  - "Sometimes insulin doses can be confusing. Can you tell me what your insulin doses will be now?" Be sure either the clinician or the patient writes down the insulin doses.
  - "Can you tell me what you heard me say about how to check your feet every day?"

To learn more go to North Carolina Health Literacy: The Teach-Back Method.[9]

2. **Motivational interviewing** is a nonjudgmental, non-confrontational method used to engage the person to talk about their hopes, issues and concerns, and to focus on an issue that they wish to work on. Practice reflective listening by repeating or paraphrasing what the individual has communicated to you.
   - Clinicians and educators can say:
     - "It sounds like you'd feel good about starting a walking program to improve your blood sugars."
     - "Which family members or friends could support you as you start your walking program? How could they support you?"
     - "Is there anything else I can do to help?"

   To learn more, go to the Native American Motivational Interviewing Manual.[10]

3. **Demonstration methods** can be used to allow a person to have a "hands-on" experience with the topic being discussed.
   - For a self-monitoring blood glucose example:

     Clinicians and educators can say: "Okay, I've shown you how to,
     - check your blood sugar using the blood glucose meter and strips. Now I'd like to ask you to check your blood sugar."
     - take care of your meter by cleaning it and using control solutions to make sure it is working properly. Now I'd like to ask you to demonstrate how you will do the maintenance on your meter."

[9] *North Carolina Health Literacy: The Teach-Back Method: http://www.nchealthliteracy.org/toolkit/tool5.pdf*

[10] *Native American Motivational Interviewing Manual: https://www.integration.samhsa.gov/clinical-practice/Native_American_MI_Manual.pdf*

- For a nutrition education example using My Native Plate [4]

  Clinicians and educators can say:

  - "Show me how you can use your plate as a guide to know how much to eat during a meal."

4. **Leading classes, discussions and visits effectively is a skill.** They provide opportunities to have conversations about a particular topic, or range of topics, so that all members can participate. Here are tips for experienced or new group leaders:
   - Know your leadership style – directive or non-directive. Strive to be a facilitator. Provide the opportunity for exchange of information and ideas.
   - Establish a mutually agreed upon set of ground rules.
   - Make sure that everyone gets a chance to participate and that no one person dominates.
   - Encourage the expression of all ideas in an open and caring way that respects their ideas.
   - Lead the discussion by selecting the topic and keeping members engaged in the topic by asking open-ended questions and encouraging questions from all members.
   - Keep your own biases in check.

   For more information and tips on how to effectively lead classes, group discussions, and home visits, go to resources from the Kansas University Community Toolbox:

   - Techniques for Leading Group Discussion [11]
   - Developing Facilitation Skills [12]

Summary

We hope you found this introduction to DSMES useful as you develop plans to improve your diabetes program and ultimately the health of the people you serve. While DSMES was previously an SDPI Diabetes Best Practice on its own, we have learned that DSMES is optimally part of every SDPI Diabetes Best Practice.

[11] *Techniques for Leading Group Discussion:* http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/group-discussions/main

[12] *Developing Facilitation Skills:* http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/facilitation-skills/main

Resources

IHS Division of Diabetes

- Advancements in Diabetes: Recorded Sessions [13]

  Topics include: DSMES, Nutrition, Physical Activity, Foot Care, Medications, and others.
- Food Insecurity Assessment Tool and Resource List [6]
- IHS Diabetes Standards of Care & Clinical Practice Resources on Depression [8]
- My Blood Sugar Goals [7]
- My Native Plate [4]
- Online Catalog [5]

National Diabetes Education Program

- Diabetes Care and Education Resources [14]

Diabetes Care Journal

- Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement [2]
- Joint Position Statement Toolkit [3]
- National Standards for Diabetes Self-Management Education and Support [1]

Additional Resources

- Developing Facilitation Skills [12]
- Native American Motivational Interviewing Manual [10]
- North Carolina Health Literacy: The Teach-Back Method [9]
- Techniques for Leading Group Discussion [11]

[13] *Advancements in Diabetes:* https://www.ihs.gov/diabetes/training/cmece-online-edu/diabetes-online-cme-ce-education
[14] *Diabetes Care and Education Resources:* https://www.niddk.nih.gov/health-information/communication-programs/ndep