

Complementary Programs to Support Self-Management for People with Diabetes

American Diabetes Association Self-Management Education (DSME)
Living Well with Chronic Conditions/Stanford Chronic Disease Self-Management Program
(CDSMP)

<u>DSME</u>	<u>Living Well/Stanford CDSMP</u>
Specific to diabetes	Addresses all chronic conditions
Participants all have diabetes	Participants have variety of chronic conditions
Focuses on knowledge/skills	Focuses on problem-solving/action planning
Is content-oriented	Is process-oriented
"Professional" coach	Team of trained "peer" coaches who have chronic condition(s)
Focuses on medical management of the disease	Focuses on management of lifestyle behaviors & integrates emotional aspects
10 hours (1-2 hours individual counseling; 8-9 hours in group)*	15 hours (all group, 2.5 hours/week for 6 weeks)
There is variation among ADA recognized DSME programs' content	No variation in content; scripted & timed processes for each session
Content areas: <ul style="list-style-type: none"> • Diabetes disease process & treatment options • Incorporating nutrition management, physical activity & utilizing medications • Monitoring blood glucose & using results to improve control • Preventing, detecting & treating acute & chronic complications • Goal setting and problem solving • Integrating psychosocial adjustment • Preconception care and management during pregnancy (if applicable) 	Content areas: <ul style="list-style-type: none"> • anger, frustration, fear, stress, anxiety • techniques to deal with problems such as fatigue, pain and isolation, • appropriate exercise for strength, flexibility, and endurance, • appropriate use of medications, • communicating effectively with family, friends, and health professionals, • overcoming barriers to healthful eating, and, • evaluating new treatments.
Currently there are no uniform outcome measures for ADA recognized DSME programs. Individual programs collect outcome measures usually w/o randomized control trials.	The CDSMP has outcome measures documenting improved self-efficacy and reduced unplanned usage of the health care system from random control trials.

*DSME addresses more content in fewer hours, typically engaging consumers soon after diabetes is diagnosed. Hence the focus on gaining knowledge/skills for diabetes management rather than solving problems that may involve difficult emotions. DSME and CDSMP complement each other, and provide disease-specific knowledge and skills along with practical problem-solving and action planning.

CDSMP is also a good complement to the ADA recognized programs because people who have diabetes typically have other chronic conditions and stressful issues at home competing for their time and attention. Compared to diabetes "support" groups, the CDSMP has more structure and accountability. All of the above are important resources.

For more information about Living Well with Chronic Conditions in Oregon, please visit www.healthoregon.org/livingwell, email living.well@state.or.us or call 971-673-0984. Many thanks to Robin Edelman, MS, RD, CDE, of the Vermont Diabetes Prevention & Control Program for sharing this document.