

Diabetes Partners in Prevention: A Publication of the Connecticut Department of Public Health

People who Enroll in Diabetes Self Management Education Classes, Betty Jung, RN, MPH, CHES, CT Dept of Public Health

Diabetes self-management education, (DSME) is important because it provides the basic knowledge and skills needed to successfully manage this disease. Who participates in DSME?

Data from 2004-2006 Behavioral Risk Factor Surveillance System show that of those Connecticut adults who reported being told they had diabetes, 48.9% reported taking diabetes self-management classes. Those who took self-management classes were at a more advanced stage of diabetes. These participants were significantly more likely to be taking insulin (15.9% vs. 9.5% $p < .005$), and to have foot sores for at least 4 weeks (5.0% vs. 4.3%, $p < .05$) compared with non-participants. An estimated 14.5% of participants in DSME classes reported having retinopathy, compared with 10.6% of non-

participants, but this difference is not statistically significant.

Among those who attended diabetes self-management classes, 32.7% checked their sugar daily, 33.4% checked their feet daily, 43.4% had at least one A1c in the past year, and 39.3% had their feet checked by a healthcare provider on annual basis. All of these preventive practices are helpful in monitoring one's control over diabetes, especially for those at a more advanced stage of the disease.

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Keeping Connecticut Healthy

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Khmer Health Advocates Awarded REACH Grant, Mary Scully, APRN, Khmer Health Advocates

Khmer Health Advocates, a Connecticut community based organization that addresses the health needs of survivors of the Cambodian holocaust, was named a *Center of Excellence for Ending Disparities in Health* by the Center for Disease Control Program for *Racial and Ethnic Approaches to Health* (REACH US) This designation includes an award of \$850,000 a year for five years for local and national activities. Local partners include the Connecticut Department of Public Health Diabetes Program, Connecticut Association of Departments of Health (CADH) and the Connecticut Pharmacists Association (CPA). Nationally, the project will work with Cambodian organizations across the United States as well as with the National Asian

American and Pacific Islander Mental Health Association (NAAPIMHA), Association of Asian American and Pacific Islanders Community Health Organizations (AAPCHO).

The project will focus on five areas to address disparities including the development of *state of the art* communications systems for health, improving access to care, mapping and developing resources, education of professionals and paraprofessionals and systems change.

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U.S. Diabetes Conversation Maps™, Sara Bandoski, Senior National Account Executive, Merck and Co. Inc

When it comes to type 2 diabetes, a disease affecting more than 20 million Americans, self-management is critical. At the American Diabetes Association (ADA) 67th Scientific Sessions last June, the ADA and Healthy Interactions Inc. introduced the U.S. Diabetes Conversation Maps™, an interactive program combining visual learning techniques and active dialogue between patients and healthcare professionals to engage patients in sustainable behavior change.

U.S. Diabetes Conversation Maps were developed with the philosophy that patients will make better healthcare decisions when they self-determine why change is necessary, what has to change and whom to involve in the change process. Designed for use in small groups of three to ten patients, the Maps leverage large metaphoric images and address important daily topics including diet, exercise and blood glucose monitoring. The sessions are entertaining, engaging and filled with valuable information that people with diabetes can use

Peer Counseling for Diabetes Self Management: The DIALBEST Study: Sonia Vega-López, PhD, Hispanic Health Council, Inc

Diabetes is a chronic disease that affects the entire population. However, many Latinos with diabetes face greater challenges for self-management due to socio-economic and cultural barriers to health care. A potential solution to the need for diabetes management support for Latinos is to have community health workers or *peer counselors*. The peer counselor role is to provide health education, to reinforce instructions provided by clinicians and to facilitate access to health care services and communication with the health care system, and facilitate self care related to successful diabetes management.

Researchers from the Hispanic Health Council, the Department of Nutritional Sciences at the University of Connecticut, and Hartford Hospital are conducting the Diabetes Among Latinos BEST practices study (DIALBEST), funded by the National Institutes of Health, through the Connecticut Center for Eliminating Health Disparities among Latinos (CEHDL). The goal is to develop and evaluate a comprehensive culturally-tailored model to support the management of type 2 diabetes among inner-city Latinos that integrates the work of

immediately.

Through sponsorship by the Merck *Journey for Control program*, training sessions are occurring across the country with the goal of ensuring that at least 9,500 diabetes educators have the opportunity to learn about the Conversation Maps and to incorporate this tool into their education programs within the next three years. Training sessions and Maps are provided to diabetes educators at no cost through Merck's sponsorship. Eighty one diabetes educators from Connecticut have recently participated in the three local training sessions.

The Merck *Journey for Control program* is proud to sponsor the U.S. Diabetes Conversation Maps. For more information, or to register for a free training session, visit www.journeyforcontrol.com.

diabetes peer counselors and clinical specialists.

Since November of 2006 researchers have been recruiting Hispanic adults (20 y or older) with type 2 diabetes living in the Hartford area who are patients from the "Amigos en Salud" program at Hartford Hospital. Participants are randomly assigned either to a control group (standard of care) or to receive additional visits from a peer counselor for 12 months. The peer counselors reinforce clinical care by providing education and support in all aspects related to Diabetes including nutrition, physical activity, blood sugar monitoring, medications, and medical appointments. It is expected that participants in the peer counseling group will have improved health outcomes sustained over time. Based on the findings of the study, it is our goal to develop and recommend a best practices model for diabetes management support for Latinos replicable in other locations.

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