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## How To Discuss

Discuss the program with optimism, empathy, and excitement. Patients with diabetes identify with the challenge of carrying out the work of healthcare, changing behaviors, and managing symptoms. Your patients will appreciate that you understand this struggle. They will be excited to learn that this program can help them. When discussing the program, it helps to emphasize that the leaders are peers and that many patients like them find great value and improve. Expect your patient to come back with new strategies, goals, and questions. Use this opportunity to tailor your treatment plan and encourage your patient in his/her efforts. Avoid hovering or checking-in during program itself.

### ➔ WHAT IS IT?

A **group-based**, participatory workshop led by two **trained peer leaders** in **English** or **Spanish** over 6 weekly sessions. Was developed at Stanford in partnership with diabetes patients, diabetes nurse educators, nutritionists, and a diabetologist. Participants receive book and program covers all areas of **American Association of Diabetes Education Standards (AADES7)** (overview of self-management of diabetes, nutrition/healthy eating, preventing low blood glucose, preventing complications, exercise, stress management, relaxation techniques, monitoring blood glucose, depression, positive thinking, communication, medications, working with health care professionals/the health care system, sick days, skin and foot care, and future plans) except **actual process of glucose monitoring is NOT taught** (only discussed) and specific medications are not discussed and **insulin injection is not taught**. Known in literature as the "[Diabetes Self-Management Program \(DSMP\)](#)." Participants use **action-planning**, **brainstorming**, and **problem-solving** to identify and pursue goals for health.

### ➔ WHO IS IT FOR?

Any adult (age>18) with **Type 2 Diabetes** (note **patients with Type 1 Diabetes are better suited for Living Well With Chronic Conditions/CDSMP**). Especially valuable in **older adults**, patients with **comorbid chronic conditions**, individuals with **rising health risks**, and those that are **lonely or fearful**. Excellent for patients with comorbid **depression**. Not appropriate for individuals that will disrupt group dynamics or for those acutely incapacitated by severe illness or physical limitations.

### ➔ WHAT DOES IT DO?

Covers the "**street smarts**" of living with diabetes. Increases participant **self-efficacy** and improves **knowledge** and **beliefs** that contribute to **behavior change** and improved self-management. [Initial large RCT](#) was among Spanish-speaking significantly **improved A1C (-0.4%)** and **quality of life** at 18 months. [Follow-up RCT](#) in English speakers **improved depression (PHQ-9)**, communication with physicians, healthy eating, patient activation, and self-efficacy. More [recent translational pre-post study](#) among 1242 health plan members **confirmed A1C benefit of -0.9%** in English speakers with baseline A1C >9%. Also benefits in **depression**, **illness intrusiveness**, **hypoglycemia symptoms**, **medication adherence**, and **proportion receiving recommended tests** (e.g. foot exam, eye exam, cholesterol). Should not expect measurable changes until 6 months post intervention (as patients enact life changes).