- This product was developed by the Robert Wood Johnson Foundation Diabetes Initiative. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

Innovative Approaches to Supporting Diabetes Self-Management: Results from the Diabetes Initiative of The Robert Wood Johnson Foundation

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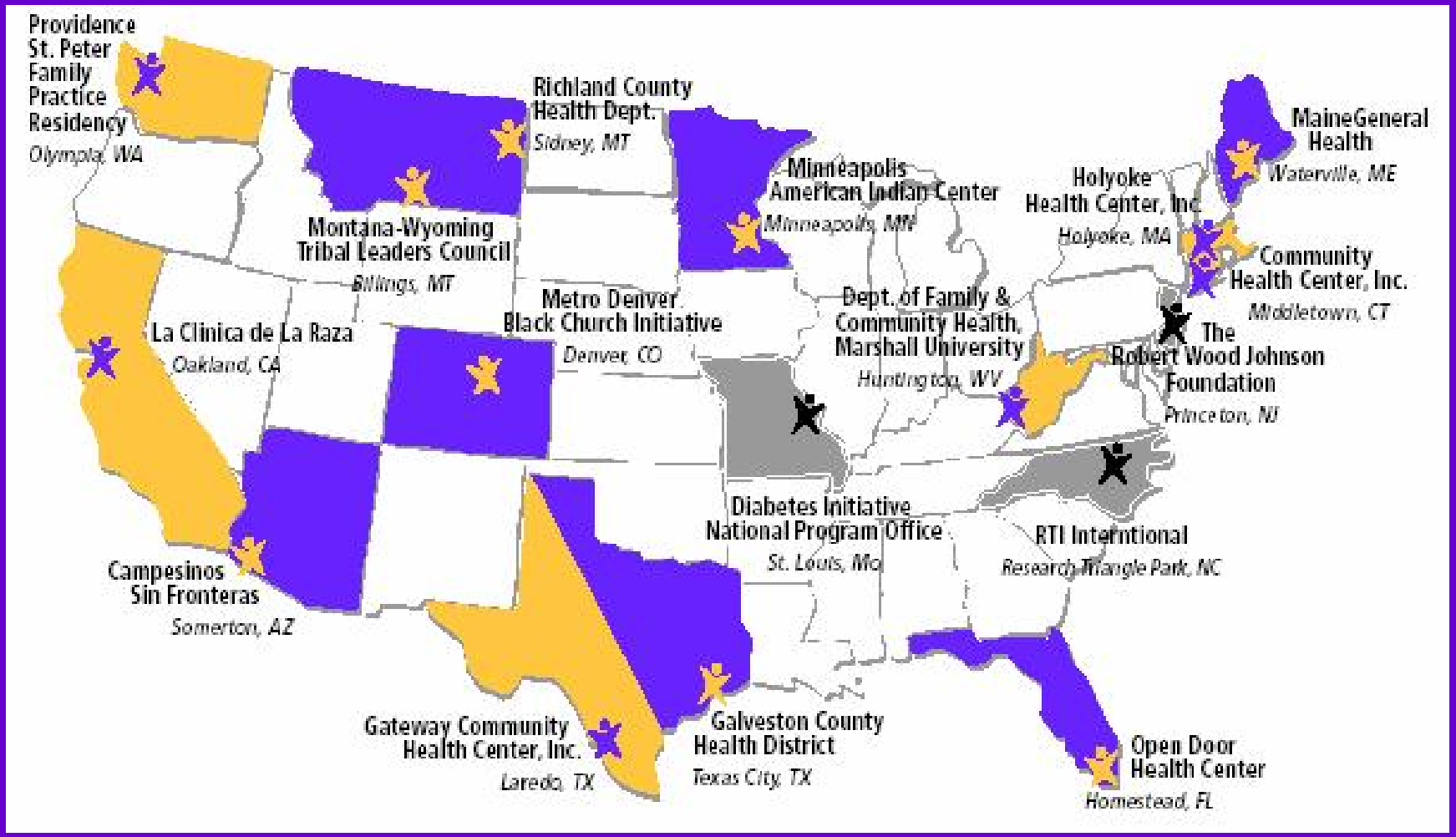
American Diabetes Association
Washington, D.C. – June, 2006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Diabetes Initiative of the
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*Enhancing **access** to and promoting **self management** as **part of high quality diabetes care** through **primary care** and **community settings***

Diabetes Initiative of the Robert Wood Johnson Foundation

Implications for Self Management of 3 Fundamental Aspects of Diabetes

1. **Centrality of behavior**
   - Diet
   - Exercise
   - Monitoring
   - Medication management
   - Psychological/emotional status
2. **In every part of daily life – 24/7**
3. **For "the rest of your life"**

Core Concept: Resources & Support for Self Management

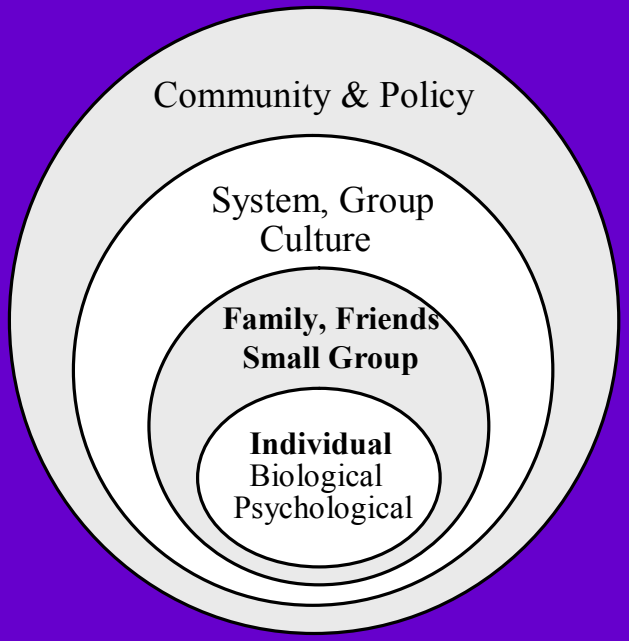
- Individualized assessment
  - Including consideration of individual's perspectives, cultural factors
- Collaborative goal setting
- Enhancing skills

  Diabetes specific skills

  Self-management and problem-solving skills

  Includes skills for "Healthy Coping" and dealing with negative emotions
- Follow-up and support
- Community resources
- Continuity of quality clinical care

Diabetes Initiative and Ecological Perspectives on Self Management



Community Resources

Continuity of Quality Care

Ongoing Support, Encouragement,

Enhancing Skills

Individualized Assessment & Goal-Setting

Fisher, E. B., Brownson, C. A., O'Toole, M. L., Shetty, G., Anwuri, V. V., & Glasgow, R. E. (2005). Ecologic approaches to self management: The case of diabetes. *American Journal of Public Health, 95*(9), 1523-1535.

Lessons Learned

- Negative Emotion & Healthy Coping
- Roles of Community Health Workers
- Ongoing Follow Up and Support
- Dissemination Issues

Negative Emotion & Healthy Coping

Screening

- **PHQ-9 for screening and severity assessment**
- Different methods of screening
  - Self administered
  - Staff-administered
    - PCP
    - RN
    - Promotora
    - MA
    - Telephone
- Prevalence of 31% (range 30-70%)

Intervention Strategies

- Screening and Rx
- Self management education provided by primary care staff
- Onsite mental health for consultation/support for resistant cases, including cognitive behavior therapy and solution-focused brief therapy
- *Promotoras* (CHWs) – weekly phone contact, trouble-shooting of antidepressant medications, suicide prevention, home visits
- Among Native Americans, specialist incorporates Native American beliefs and traditions; "Talking Circle" group sessions
- Mind-Body – relaxation, yoga, spiritual approaches

Multidimensional Treatment in Primary Care

- Among 9 sites collaborating on work with depression
- All provide some type of psychosocial intervention in addition to screening and Rx
- ***Despite being under-financed, over-burdened settings*** providing services to populations with extensive problems complicating health and health care

Diabetes as Model for Mental Health

PCP:

"You know, when I have a patient who has been depressed and becomes diabetic, I breathe a sigh of relief. When they are depressed, all I have is Rx and 'good luck,' but when they become diabetic, they become eligible for a structure of integrated treatment, self management, and support."

Negative Emotion, Including Depression

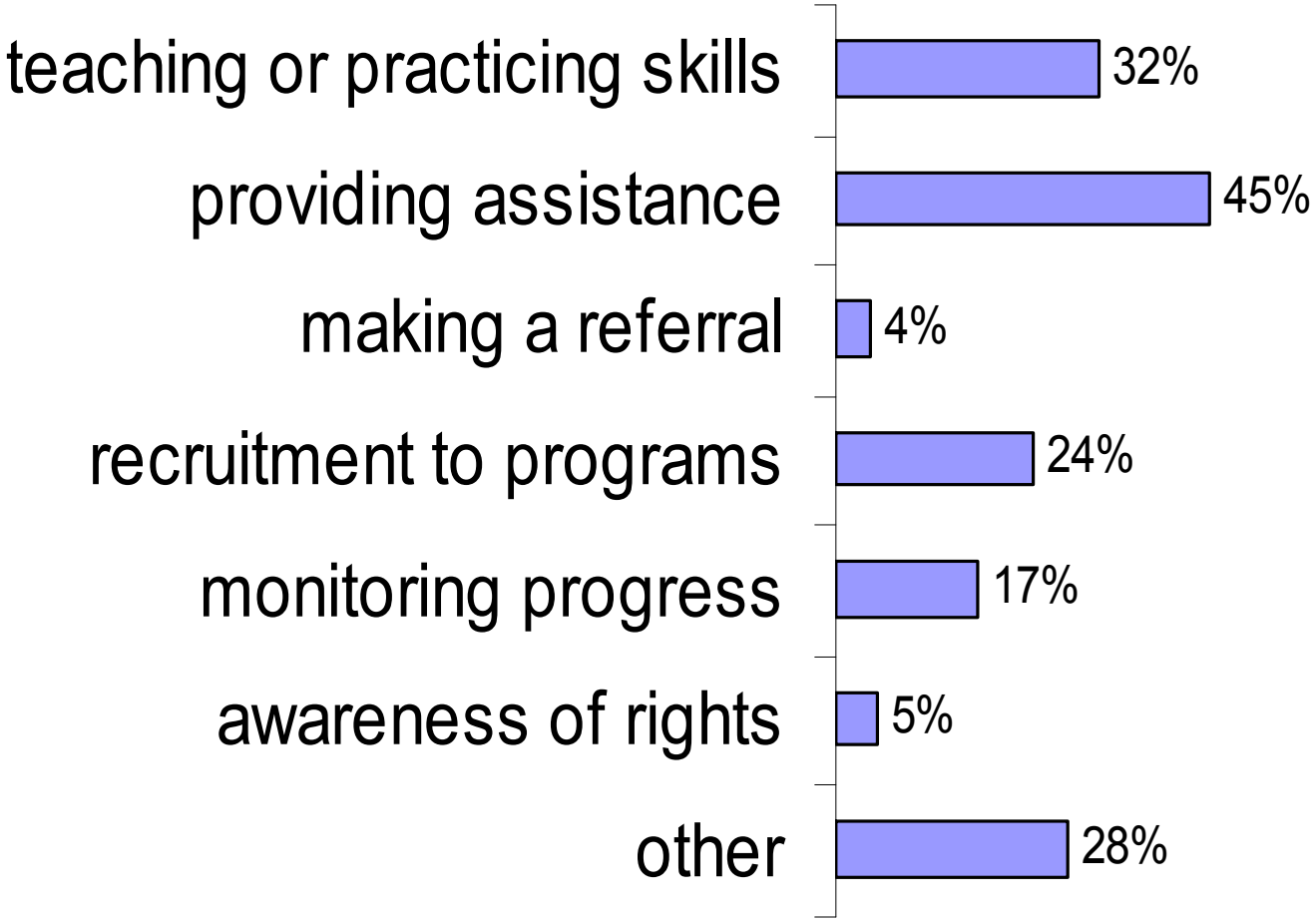
Three-Stage Development

1. Have to treat depression before can make progress with self management
2. Addressing depression is *part of* self management
3. Not just depression, but full range of negative emotionality, from normal to clinical (cf, L Fisher et al at this meeting)

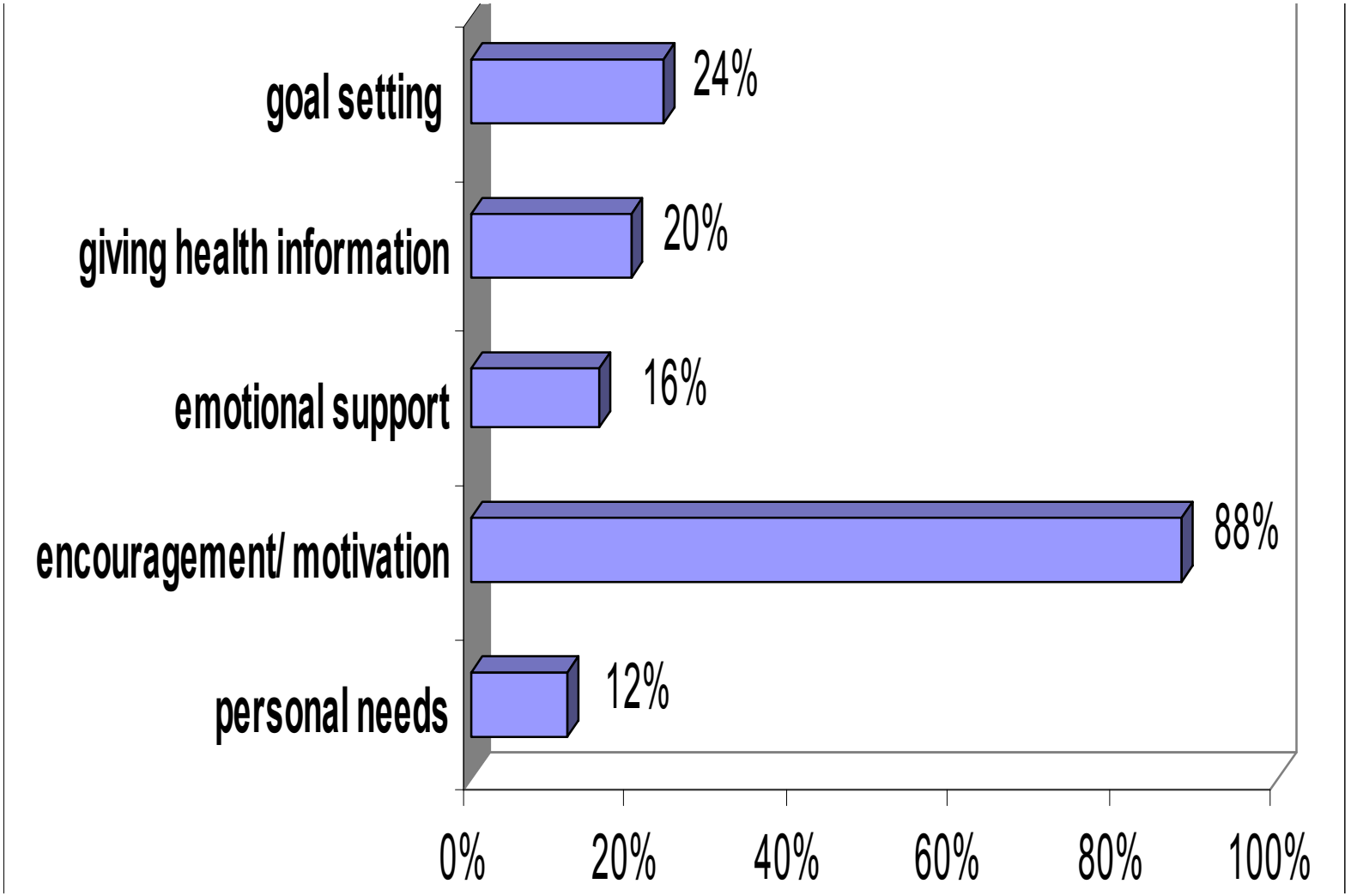
Normalize attention to negative emotionality – AADE's *Healthy Coping*

Roles of Community Health Workers

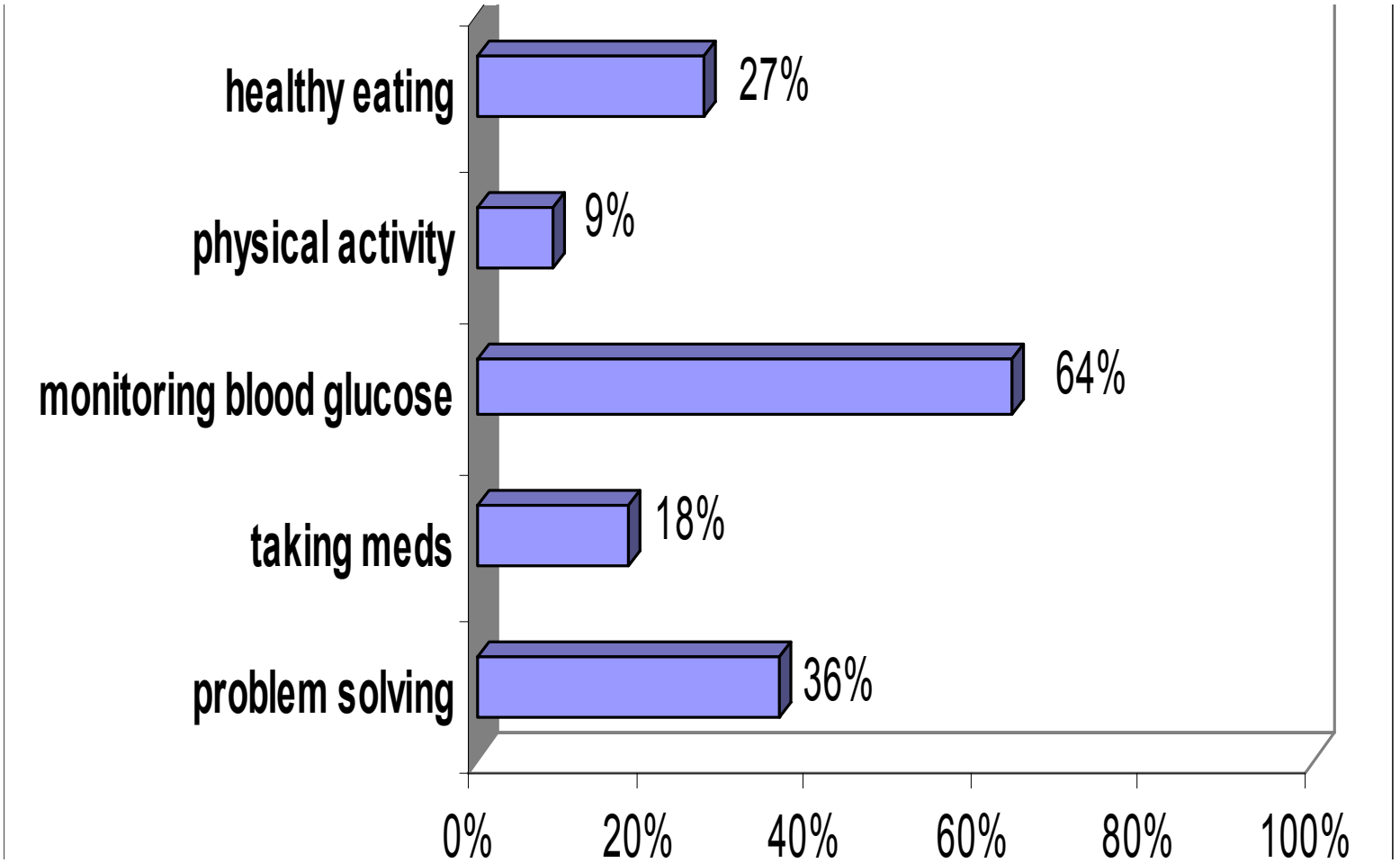
Focus of Individual Contacts



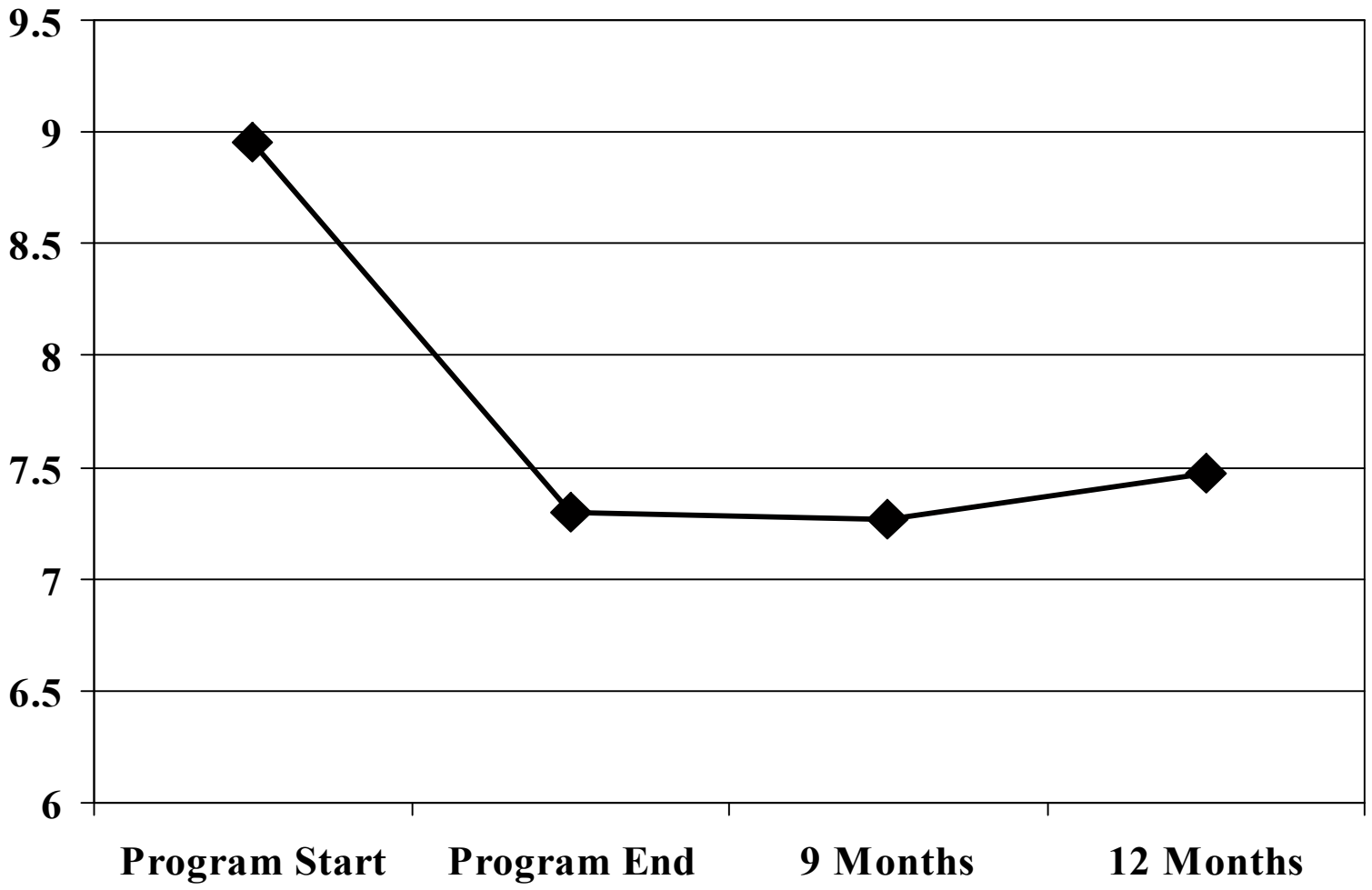
Types of Assistance Given



Types of Skills Taught or Practiced



Mean Hemoglobin A1c Levels at Start, End, and 9 and 12 Months Following Promotora-Led Self Management Classes, Gateway Health Center, Laredo, Texas



Ongoing Follow Up and Support

Importance of Follow Up in Self Management

- Review of programs to enhance diabetes self management (Norris et al., *Diabetes Care* 2001 24: 561-587.):
  - "Interventions with regular reinforcement are more effective than one-time or short-term education"
- Review of effects of self management on metabolic control (Glycosolated hemoglobin) (Norris et al., *Diabetes Care* 2002 25: 1159-1171.)
  - Only predictor of success: ***Length of time over which contact was maintained***

Kottke et al., (JAMA 1988 259: 2882-2889)

"Success was not associated with novel or unusual interventions. It was the product of personalized smoking cessation advice and assistance, repeated in different forms by several sources over the longest feasible period."

"…program development and program delivery will probably be most fruitful if focused on how the nonsmoking message can be given clearly, repeatedly, and consistently through every feasible delivery system; personalized advice; printed materials; the mass media; and smoke-free medical, work, school, and home environments."

Key Aspects of Ongoing Follow Up and Support

- Personal connections is critical
  - Based in an ongoing relationship with the source or provider
- Paradox:
  - Available on demand and as needed by the recipient
  - Proactive through low-demand contact initiated by provider on a regular basis (eg, every 2 to 3 months)
    - ✓Provide range of intensities of contact
    - ✓Frequency of contact important
    - ✓Use diverse channels like newsletters – makes folks feel they are not forgotten
- Use varied channels – telephone, drop-in groups, scheduled groups
- Provide range of "good practices" rather than single "best practice"

Key Aspects of Ongoing Follow Up and Support, cont

- Motivational, Nondirective vs Directive Support
- Promote core common language for key concepts, e.g., HbA1 vs blood sugars, Developing Action Plan vs Problem Solving
- Not limited to diabetes (eg, can address a variety of concerns or challenges the recipient faces)
- Monitors need for and promotes appropriate access to other components of Resources and Supports for Self-Management (i.e., individualized assessment, collaborative goal setting, enhancing skills, community resources, and continuity of quality clinical care).
  - As needed, referred again to basic self management class
- Extend to community resources – "broaden the team"

Community Resources

- Cannot follow healthy diet and 150 min moderate exercise if live without
  - Access to healthy, affordable foods
  - Safe, attractive places for physical activity
- Widely documented effects of built environment and access to markets selling healthy food
- Few intervention studies in this area
- This and importance of follow-up/support lead to interface between self management and community programs

Community Organization in RWJF Diabetes Initiative
Building Community Supports for Diabetes Care

"…how to **strengthen the community environment** in which individuals self-manage their diabetes"

"…extend self management beyond the clinical setting and **into the communities** where people with diabetes live."

"…multiple **communication channels**, facilitating access by bringing **programs into neighborhoods**, and using peers in key roles"

Examples of interventions:

"community education, such as **innovative outreach and education through pharmacies or nail salons**; and

"community support for patients … such as working with **supermarkets, neighborhood gardens and restaurants**, working with **employers** …, and **enabling services such as transportation and child care**"

147 Applications for Building Community Supports for Diabetes Care

Number of Intervention Levels	% of Apps	Types of levels
1	39%	95% individual
2	32%	94% individual, 57% group
3	18%	100% individual, 63% group, 44% physical environment
4	4%	100% individual, group, and physical environment, 67% social environment

Dissemination Issues

The Evidence *IS* There!!

Anderson, R. M., Funnell, M. M., Butler, P. M., Arnold, M. S., Fitzgerald, J. T., & Feste, C. C. (1995). Patient empowerment. Results of a randomized controlled trial. *Diabetes Care, 18*, 943-949.

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Glasgow, R. E., Fisher, E. B., Anderson, B. J., La Greca, A., Marrero, D., Johnson, S. B., et al. (1999). Behavioral science in diabetes: Contributions and opportunities. *Diabetes Care, 22*, 832-843.

Glasgow, R. E., Boles, S. M., McKay, H. G., Feil, E. G., & Barrera, M., Jr. (2003). The D-Net diabetes self-management program: long-term implementation, outcomes, and generalization results. *Prev Med, 36*(4), 410-419.

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Norris, S. L., Engelgau, M. M., & Narayan, K. M. (2001). Effectiveness of self-management training in type 2 diabetes: a systematic review of randomized controlled trials. *Diabetes Care, 24*, 561-587.

Norris, S. L., Lau, J., Smith, S. J., Schmid, C. H., & Engelgau, M. M. (2002). Self-management education for adults with Type 2 Diabetes: A meta-analysis of the effect on glycemic control. *Diabetes Care, 25*, 1159-1171.

Pieber, T. R., Brunner, G. A., Schnedl, W. J., Schattenberg, S., Kaufmann, P., & Krejs, G. J. (1995). Evaluation of a structured outpatient group education program for intensive insulin therapy. *Diabetes Care, 18*, 625-630.

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Rubin, R. R., Peyrot, M., & Saudek, C. D. (1989). Effect of diabetes education on self-care, metabolic control, and emotional well-being. *Diabetes Care, 12*, 673-679.

Rubin, R. R., Peyrot, M., & Saudek, C. D. (1993). The effect of a comprehensive diabetes education program incorporating coping skills training on emotional wellbeing and diabetes self-efficacy. *The Diabetes Educator, 19*, 210-214.

The Diabetes Control and Complications Trial Research Group. (1993). The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *The New England Journal of Medicine, 329*, 977-986.

The Critical Piece??

- **Policy change** and changes in guidelines/practices rest on **political processes** at least as much as rational processes and evidence
- Have data on clinical outcomes
- Can project benefits in quality of life, morbidity, and health care costs
- Need a **change in perspective**, expectations about what health care should entail, at least as much as we need better data

Needed Shift in Public Understanding

High Quality Diabetes Care:

- Elite internist or endocrinologist
- 15 minutes, quarterly
- Rx adjustments
- Exhortation to lose weight; diet plan
- Pat on back and good luck

High Quality Diabetes Care:

- 15 minutes, quarterly w/ pt-centered clinician
- Self management classes, support groups
- Activities, classes for healthy eating, physical activity
- Bimonthly calls from/prn access to Comm Hlth Wrkr (linked to nurse, pcp)
- Healthy community

In Brief

Diabetes is 24/7 for the rest of your life

You will spend about 2 hours a year in the doctor's office

About 8,764 outside it

You need help in carrying out during those 8,764 hours what you plan during the two hours

In Brief

Thus, if you have diabetes, you need:

- Regular, individualized medical care
- Someone to help you figure out what you want to do
- Help in learning the skills to do it
- Help you figure out how to implement your plans in ***your*** daily life, encouragement to keep you on track, help you change when circumstances change, and recognize when you need to go back to the doctor

Physician's Advantage

Lead physician at Gateway Community Health Center, Laredo, Texas:

"With the self management and Promotora programs, ***I get to practice medicine*** without feeling overwhelmed by or afraid to get into the psychological and educational and other barriers of my patients. I have a team that can help with all of those."

How to make sense of dizzying array of self management strategies?

Embrace Equifinality

- ***Equifinality***: Accomplishment of ***similar objectives*** by ***diverse methods*** following ***diverse paths***
  - characterizes health promotion
  - differentiates it from the ideal of rational care in clinical medicine
  - poses challenges for institutionalizing prevention in health care financing

Objectives or Functions Resources & Supports for Self Management	Specific Interventions, Channels, or Tactics
Individualized Assessment	Physician, Nurse, Group Class, CHW
Collaborative Goal-Setting	Physician, Nurse, Group Class, CHW
Enhancing Skills	Self Management Group, Nurse, CDE, CHW
Ongoing Follow Up and Support	Group Medical Visits, Community Groups or Events, Drop-In Opportunities, Web-Based or Telephone Support, Nurse, CHW
Community Resources	Clinic-Community Partnership, Community Coalition, CHW
Continuity of Quality Clinical Care	Physician, Nurse

Implications for Self Management

- Standardized self management curriculum imposed across diverse sites

Versus

- Key elements of self management implemented in diverse ways for diverse populations across diverse sites

Conclusions

- Key Areas of Self Management Program Development
  - Healthy Coping
  - Community Health Workers
  - Ongoing Follow Up and Support
- Importance of Range of Alternatives to Address Resources and Supports for Self Management
  - Variety of good practices rather than ***the*** best practice
- Dissemination needs perspective shift, not just data
  - Public understanding of what self management is, how it is more than good clinical care likely to be critical

Thank You

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http://diabetesinitiative.org