

## Complementary Programs to Support Self-Management for People with Diabetes

General Diabetes Self-Management Education/Training (DSME/T)

Stanford's Diabetes Self-Management Program (DSMP)

Stanford's Chronic Disease Self-Management Program (CDSMP)

<u>DSME/T</u>	<u>DSMP</u>	<u>CDSMP</u>
Specific to diabetes	Specific to diabetes	Addresses all chronic conditions
Participants all have diabetes; family members welcome	Participants all have diabetes; family and others who assist can attend	Participants have a variety of chronic conditions; family and others who assist can attend
Focuses on knowledge/skills	Focuses on action planning/problem-solving	Focuses on action planning problem-solving/
Licensed Health Professional (Nurse, dietitian, and/or a certified diabetes educator) coach	Two lay leaders (at least one with diabetes)	Two lay leaders (at least one who has a chronic condition)
Focuses on medical management of the disease	Focuses on management of lifestyle behaviors & emotional management	Focuses on management of lifestyle behaviors & emotional management
10 hours (1-2 hours individual counseling; 8-9 hours in group)	15 hours, all in group (2.5 hours/week for 6 weeks) (~ 5 hours of diabetes "content")	15 hours, all in group (2.5 hours/week for 6 weeks)
There is variation among ADA recognized/AADE accredited DSME programs' content	No variation in content; scripted & timed content and processes for each session; random control trial tested	No variation in content; scripted & timed content and processes for each session; random control trial tested
Content areas: <ul style="list-style-type: none"> <li>• Diabetes disease process &amp; treatment options</li> <li>• Incorporating nutrition management, physical activity &amp; utilizing medications</li> <li>• Monitoring blood glucose &amp; using results to improve control</li> <li>• Preventing, detecting &amp; treating acute &amp; chronic complications</li> <li>• Goal setting and problem solving</li> <li>• Integrating psychosocial adjustment</li> <li>• Preconception care and management during pregnancy (if applicable)</li> </ul>	Content areas: <ul style="list-style-type: none"> <li>• The same as DSME except no content for preconception/pregnancy</li> </ul>	Content areas include: <ul style="list-style-type: none"> <li>• Techniques to deal with problems such as fatigue, pain, difficult emotions,</li> <li>• Physical activity,</li> <li>• Appropriate use of medications,</li> <li>• Communicating effectively with family, friends, and health professionals,</li> <li>• Healthy eating, weight management, and,</li> <li>• Decision making</li> </ul>
Currently there are no uniform outcome measures for ADA recognized DSME programs.	Uniform content/processes allow for quality assurance data aggregation across programs in different geographic areas. Reduced A1C demonstrated.	Uniform content/processes allow for evaluative data aggregation across different geographic areas. Improved self-efficacy demonstrated.

DSME/T addresses more content in fewer hours, typically engaging consumers soon after diabetes is diagnosed. Hence the focus on gaining knowledge/skills for diabetes medical management rather than role management and emotional management. DSME/T and CDSMP or DSMP 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 DSME/T 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.