

Diabetes Self-Management Training

A Nursing Perspective

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DIABETES PLACES A HEAVY BURDEN on individuals and families. Persons with diabetes are required to follow a daily regimen of self-care practices to maintain the glycemic control necessary for feeling well and preventing or delaying the onset of complications. The presence of other comorbid conditions, as well as sociocultural and economic factors, often provide barriers to effective self-care.

In their article on page 73 of this journal, Porterfield, Reeves, and Patrick-Wubben have provided a comprehensive review of the issues of diabetes management nationally and in North Carolina. Four of these issues are especially relevant to nursing: (1) prevention of diabetes, (2) access to quality diabetes self-management training, (3) culturally competent care, and (4) community partnerships.

Prevention of Diabetes

The results of the Diabetes Prevention Program¹ provide empirical support for the value of lifestyle interventions, such as modest weight loss and increased physical activity, for people at high risk for diabetes. With the recent explosion of type 2 diabetes in children, and its relationship to obesity and hypertension, healthcare providers clearly need to intervene early to prevent or delay the onset of diabetes. To do this, providers need to view type 2 diabetes as a *family disease*, with the focus of care now expanded to include the family as well as the patient. This slight shift in focus encourages providers to directly address families' awareness of their risk for diabetes and the need for lifestyle changes (maintenance of normal weight, increased physical activity) that can maintain the health of all family members. Nurses in the community, schools, industry, and medical offices are in a prime position to assess families and provide the health education and behavioral change strategies necessary to make these lifestyle changes. Using the individual family as the

unit of care to address prevention is a simple, cost-effective approach that has applicability to all types of families cross-culturally.

Access to Quality Diabetes Self-Management Training (DSMT)

Porterfield et al. have addressed the importance of self-management training, describing the existing barriers and some of the state programs that address these issues. All healthcare providers must recognize that DSMT is an *ongoing process* and not just a one-time occurrence (usually at time of diagnosis). Persons with diabetes need a consistent, available source of information, especially when their regimens change. Just as our professional ADA Standards of Care² is updated and revised on a yearly basis, we need to update our patients' knowledge of what is currently the best regimen for them. Although recent legislation has mandated coverage for DSMT for certain individuals in our state, the most needy groups—the uninsured, non-English speakers, and those living in rural areas—are not able to obtain the services they need. The same is true for diabetes supplies, for which, despite recent legislative support, insurers provide variable coverage. Moreover, people in rural areas encounter barriers to obtaining DSMT in the form of lack of access to certified programs or certified diabetes educators (CDEs), because of the distance, lack of transportation and the length of time of these programs. At present, only ADA-certified programs provided by CDEs are reimbursable, putting at a disadvantage small practices that cannot afford to hire a CDE or commit the time to develop a diabetes education program to meet the requirements for ADA recognition. Professional nurses play a valuable role filling in the gaps in a variety of settings—medical offices, industry and schools. These are nurses with a commitment to and inter-

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