Diabetes Conversation Maps:

Journey to Better Diabetes Education

Background

Diabetes for Life (DFL), a project of the Healthy Memphis Common Table and Memphis Healthy Churches, is a self-management program aimed at reducing health disparities among African Americans with Type II diabetes in Memphis and Shelby County. This program is one of five national sites that constitute The Alliance to Reduce Disparities in Diabetes; a five-year grant funded initiative of The Merck Foundation.[1] Each site is charged with developing a multilevel intervention with patient education as a central component of the strategy. The DFL uses the Diabetes Conversation map as an education tool, which incorporates evidence-based approaches to assist patients with diabetes disease self-management. This project indentifies and implements best practice models for evidenced-based chronic disease self-management.

Target Population

African American adults 18 years of age and older diagnosed with Type II diabetes for less than 10 years.

References:

1. Clark, N. M., Brenner, J., Johnson, P., Peek, M., Spoonhunter, H., Walton, J., Dodge, J. & Nelson, B. (2011). Reducing Disparities in Diabetes: The Alliance Model for Health Care Improvements. Diabetes Spectrum, 24(4), 226-230.

2. Merck Pharmaceuticals Journey for Control Program: Conversation Maps process. Available from: http://www.journeyforcontrol.com/journey_-for_control/journeyforcontrol/for educators/conversation_maps/ Accessed March 1, 2013.

Objective & Approach

Objective:

To address disparities in diabetes by increasing patient knowledge, skill and competence, and self-efficacy related to diabetes self-management.

Approach:

The U. S. Diabetes Conversation Map education program was created by Healthy Interactions in collaboration with American Diabetes Association and sponsored by Merck and Company.[2]

Key components to support the learning process:

1) Conversation Map Visual, 2) Conversation Questions, 3) Conversation Cards, 4) Group Interaction, 5) Facilitation, and 6) Action Plan

Conversation Map Visuals included in the U. S. Diabetes Conversation Program:

1. On the Road to Better Managing Your Diabetes
2. Monitoring Your Blood Glucose
3. Continuing Your Journey with Diabetes
4. Diabetes and Healthy Eating

Class Composition:

- Group education sessions facilitated by a Certified Diabetes Educator (CDE).
- Three 2-hour sessions over a 3 week period (one session per week), using one of the first three different Conversation Map visuals.
- Diabetes and Healthy Eating, the fourth visual, was conducted the last thirty minutes of each session taught by a Registered and Licensed Dietitian; Participants are instructed in an open forum on making Action Plans to set and reach self-management goals.

Project Team

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Outcomes & Impact

Preliminary analysis based on a comparison of baseline and 12-month follow up data from 70 patients provides encouraging results:

- Clinical Outcomes:
  Participants showed statistically significant decreases in average total cholesterol and A1C, the gold standard for assessing diabetes management.

Clinical Measure	Intake Mean	Follow-Up Mean
Cholesterol	182.3	160.00**
A1C	7.5	6.9*

* Difference is statistically significant at ρ <.05, ** ρ <.01

- Behavioral Outcomes:
  - A significantly greater percentage of DFL participants reported being more physically active at follow-up than at intake.
  - The number of times participants had their A1C or feet checked for sores increased significantly from intake to follow-up.
- Patient-Doctor Relationship:
  - Participants were also significantly more likely at follow-up than at intake to say that a doctor had told them that diabetes had affected their eyes or that they had retinopathy.
  - At follow-up participants were significantly more likely to report having prepared a list of questions for their doctor and asked questions about things they wanted to know and things they didn't understand about their treatment.

Outcomes/Impact:

Statistically significant positive changes were found in each of the following scales:

- Resources and Supports for Self-Management (p<.05)
- Stanford Diabetes Self-Efficacy Scale (p<.001)
- Trust in Health Care Provider (p<.05)
- Diabetes Self-Care Activities (p<.05)
- Perceived Competence for Diabetes (p<.001)

Implications for Policy, Delivery or Practice:

- 1st: Conversation maps are effective tools for teaching diabetes self-management to individuals at varying literacy levels.
- 2nd: Diabetes Self Management Education can be very effective when delivered in medical practice settings as well as other community settings
- 3rd The use Conversation Maps can encourages peer-to-peer learning and self-efficacy in patients with diabetes.
- 4th Conversation Maps are great education tools for those newly diagnosed with diabetes as well as patients with longer standing diagnoses but who may not understand the serious nature of this chronic illness.