



Living Well with Diabetes

What is it?

A group-based, participatory class led by two trained peer leaders in English or Spanish over 6 weekly sessions. Living Well with Diabetes was developed at Stanford in partnership with diabetes patients, diabetes nurse educators, nutritionists, and a diabetologist. Participants receive a book, and the program covers all areas of the American Association of Diabetes Education Standards (AADES7) including an 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. Areas not covered during this program are the physical process of glucose monitoring, discussion of patient-specific medications, and insulin injection. 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). Living Well with Diabetes is especially valuable in older adults, patients with comorbid chronic conditions, individuals with rising health risks, and those who are lonely or fearful. Excellent for patients with comorbid depression. Not appropriate for individuals who 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 among Spanish-speaking participants 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 1,242 health plan members confirmed A1C benefit of -0.9% in English speakers with baseline A1C >9%. Benefits were also seen 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.

> For class information and to register, visit yourjuniper.org

How to Discuss With Patients

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 in the group classes and experience improvement. 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.