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**THREE DIMENSIONS OF DIABETES SELF MANAGEMENT SUPPORT:  
SYNERGY OF IDENTIFYING KEY BEHAVIORS, MEASUREMENT, AND POLICY**

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**Summary:** Self management is central to diabetes care which, in turn, stands as a model for much of chronic disease care. Self management has come to refer to a wide range of skills and, from an ecological perspective, the resources and supports that promote them, including ongoing support, community resources, and policies. This symposium will view diabetes self management from three important perspectives. The first is the American Association of Diabetes Educators' elucidation of key skills and behaviors that comprise self management. The second perspective is the measurement of resources and supports for self management as part of the evaluation of the Robert Wood Johnson Foundation's Diabetes Initiative, demonstrating that self management programs can be implemented in real-world settings. The final perspective is that of policy. Recognizing that "what gets measured, gets done," SBM's Health Policy Committee is developing a policy position to include self-management indicators in national diabetes performance measures. These three perspectives, (1) specification of key behaviors, (2) measurement of ways to promote them, and (3) identification of policy approaches to bring about adoption of improved services are complementary and interdependent. They demonstrate important steps in a sequence leading to promoting behavioral aspects of health care and, more broadly, improved care. Further, as diabetes serves as a model for chronic disease care, they also pose models for application of behavioral medicine to diverse areas of health care and prevention.

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Symposium #15A

3019

**SPECIFYING THE BEHAVIORS OF SELF MANAGEMENT: THE AADE 7**

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Diabetes and other chronic diseases require self-management and daily decision-making by the individual for optimal health outcomes and quality of life. Proficiency at self-management results from an ongoing process of learning and skill development, integration of self-care behaviors, and ongoing support. Conventional education programs focused on knowledge and content delivery. However behavior change strategies and interventions require specification of key management behaviors in order to develop strategies to promote them. The American Association of Diabetes Educators

(AADE) has introduced a framework for standardizing specification and assessment of self-care behaviors known as the AADE 7 Self-Care Behaviors. This framework was developed through a process that incorporated both literature review and expert consensus. The AADE 7 include: healthy eating, being active, monitoring, medication taking, reducing risks, problem solving, and healthy coping. This structure includes behaviors commonly seen as part of diabetes management, such as healthy eating and medication taking. It also addresses behaviors less directly tied to diabetes, such as problem-solving about blood glucose values as well as personal circumstances that too often compromise self management, as well as healthy coping with daily hassles, stressors associated with diabetes, and more serious psychological problems like depression. Thus, the AADE 7 constitute a broad approach to specifying key components of self management, intended to reflect living with diabetes as the individual experiences it. This presentation will demonstrate application of the AADE 7 to a taxonomy defining self-management education and support and their integration with health system delivery design and community resources. This patient-centric approach aligns the deliverers of the service, with the delivery settings, with interventions, and with outcomes (behavioral, clinical, health status, and quality of life). Application in an on-line system will demonstrate how the AADE 7 provide a useful foundation for discussion about practice, outcomes measurement, research, and policy-making.

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Symposium #15B

3020

#### QUALITY PERFORMANCE INDICATORS FOR DIABETES SELF-MANAGEMENT - ADVANCES IN MEASUREMENT

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Assessing quality performance requires standardized indicators. The complexity of self management in diabetes poses special challenges for such assessment. We report development of indicators to measure provision of resources and supports for self-management (RSSM) of diabetes. The initial set of indicators addressed: Individualized Assessment, Collaborative Goal Setting, Communication, Skill Building, and Follow-up and Support. Items were drawn from existing survey instruments or developed to reflect the conceptual framework used. The instrument is distinct in focusing on individuals' perceived access to resources more than assessments of provider behaviors. Data come from the Robert Wood Johnson Foundation's Diabetes Initiative that demonstrates comprehensive models for diabetes self-management in 14 clinical and community settings. Two waves of data collection supported cross-sectional (n = 726 and n = 957) and longitudinal (n = 497) analyses. The 18-item RSSM instrument demonstrated good psychometric properties. The overall scale and subscales were internally consistent.

Confirmatory factor analysis verified the subscale structure. Construct validity was assessed by associations with diabetes self-management behaviors; participants reporting higher levels of RSSM checked their blood sugar and feet more often, had better diet and nutrition behaviors, and were more likely to be physically active. Recent enhancements to the RSSM included the addition of items to address Quality Clinical Care and Community Support. Additionally, a 7-item short form appears to hold many of the strengths of the longer form ( $\alpha = 0.82$ , percent variance in the long form score = 86%). With its ecological orientation and link to the Chronic Care framework, the RSSM shows potential for broad application including as a benchmark for national performance measurement.

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#### THE CASE FOR SELF-MANAGEMENT INDICATORS AS DIABETES PERFORMANCE MEASURES

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Health policies are important determinants of behavior, and an important example of health policy is what issues are selected for healthcare quality and performance measures. In diabetes, there is consensus that self-management is an essential component of good diabetes care, but most major performance measures such as HEDIS have not included self-management items. The SBM Health Policy Committee is proposing a set of patient-centered, self-management indicators to be included as a standard part of diabetes quality indicators. The proposed indicators recommended (at abstract submission time) include: patient self-management goal(s); measures of health behaviors (e.g., healthy eating, medication taking, physical activity, and smoking status); quality of life; and patient-centered collaborative care. This presentation will discuss the evidence and rationale for each of these indicators and the strengths and limitations of candidates for specific measures within each of these areas. The qualities of good performance measures that can be applied to populations will also be discussed, and compared to measurement qualities more typically emphasized in behavioral medicine research. In summary, the adage that “what gets measured, gets done” also applies to diabetes management and many other areas of healthcare. Inclusion of the proposed self-management indicators in national diabetes performance measures would enhance both the priority and delivery of quality, patient-centered diabetes self-management support.

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