



The National Program Office of the Robert Wood Johnson Foundation's *Diabetes Initiative* developed a set of core messages and supporting points to aid grantees and partners in communicating with potential collaborators and supporters, news media, and others about diabetes self management and the work of the *Initiative*. This Key Message Platform includes those key messages followed by supporting points for each.

## KEY MESSAGES

1. **Diabetes is a growing public health threat, but people can live long and full lives if the condition is managed properly.**
2. **Nearly everyone knows someone with diabetes, but most aren't getting the support they need to make necessary healthy lifestyle changes and manage their disease.**
3. **Diabetes self management is a way of life, not a prescription.**
4. **Small steps can have a big impact for a person with diabetes.**
5. **Diabetes is a complicated condition, which means individuals need help in planning and carrying out diabetes self management.**
6. **The *Diabetes Initiative* offers real-world models of self management in clinic and community settings.**

## MESSAGES WITH SUPPORTING POINTS

1. **Diabetes is a growing public health threat, but people can live long and full lives if the condition is managed properly.**
  - a. 1.6 million new cases of diabetes were diagnosed in people age 20 years or older in 2007.<sup>1</sup>
  - b. In 2007, there were 23.5 million people aged 20 years or older (10.7%) in the U.S. with diabetes.<sup>1</sup>
  - c. According to the CDC, the risk of heart disease, stroke, and even death among people with diabetes is at least twice that of people without diabetes.<sup>1</sup>
  - d. In 2007, the cost of diabetes in the U.S. was \$174 billion - \$116 billion in direct costs and \$58 billion in indirect costs such as disability, work loss and premature mortality.<sup>1</sup>
  - e. Studies show people with diabetes who incorporate self management into their lives have improved A1C levels (blood sugar) and improved quality of life.<sup>2,3</sup>
    - Self management includes behaviors such as healthy eating, regular physical activity, taking medication, regular monitoring, problem solving, reducing health risks and healthy coping.<sup>4</sup>
  - f. Healthy lifestyle changes can prevent diabetes in people with a high risk of developing the disease<sup>5</sup> and can help those who have diabetes effectively manage their condition.<sup>2,3</sup>

**2. Nearly everyone knows someone with diabetes, but most aren't getting the support they need to make necessary healthy lifestyle changes and manage their disease.**

- a. Of adults with diabetes in the U.S. in 2007, about 90 percent report having an annual doctor visit; however, only 55.4 percent report attending a diabetes self management class.<sup>6</sup>
- b. Given the demands on physicians today, consistent, high-quality, guideline-compliant care in a 15-minute visit is beyond the reach of most primary care physicians – however well trained and well intentioned they may be. Preventive services and chronic care management are often crowded out.<sup>7</sup>
- c. Patients who are involved in making clinical decisions are better able to understand and maintain their self-management program and have better outcomes including A1C levels (blood sugar).<sup>2, 3, 8-11</sup> However, studies have shown patients are not involved in making clinical decisions 91 percent of the time.<sup>12</sup>
- d. As many as half of all patients leave an office visit not understanding what they were told by the physician, which often leads to inaction.<sup>11</sup>
- e. Basic clinical care of diabetes is often deficient. Less than half of adults with diabetes in the U.S. reported receiving a group of three services that are key to diabetes management (annual eye and foot exams and at least two A1C tests per year) in the previous year.<sup>13</sup>

**3. Diabetes self management is a way of life, not a prescription.**

- a. Self management is the cornerstone of good diabetes care. Although clinical care is important, more than 95 percent of diabetes care is done by the patient.<sup>2, 14</sup>
- b. For patients, diabetes self management is a reality 24 hours a day, seven days a week for the rest of your life.<sup>15</sup>
- c. The American Association of Diabetes Educators identified several important behaviors for diabetes self management.<sup>4</sup>
  - Healthy eating
  - Physical activity
  - Monitoring (such as blood sugar, annual eye and foot exams)
  - Taking medication
  - Problem solving
  - Reducing or preventing health risks
  - Healthy coping (such as coping with the stressors of daily life that may upset diabetes management)
- d. A person's living environment and community can influence health behaviors and impact their access to and use of healthy resources. For example, convenient access to healthy foods and to attractive and safe settings for physical activity is necessary for individuals to maintain a healthy diet and to exercise regularly.<sup>16, 17</sup>

**4. Small steps can have a big impact for a person with diabetes.**

- a. In general, every percentage point drop in an A1C blood test (e.g. 8 percent to 7 percent) reduces the risk of eye, kidney, and nerve diseases by 40 percent.<sup>1</sup>

- b. Reduction in blood pressure can reduce the risk of complications related to diabetes. For example, for every 10-point reduction in systolic blood pressure, the risk for any complication related to diabetes is reduced by 12 percent.<sup>1</sup>

**5. Diabetes is a complicated condition, which means individuals need help in planning and carrying out diabetes self management.**

- a. People with diabetes need someone to help them figure out how to manage their disease, teach them the skills they need, and provide ongoing encouragement.<sup>9, 15</sup>
- b. As detailed by the *Diabetes Initiative* of the Robert Wood Johnson Foundation, Resources and Supports for Self Management (RSSM) include:
  - individualized assessment
  - collaborative goal setting
  - education and skills training to manage diabetes
  - community resources
  - ongoing follow up and support
  - continuity of quality clinical care<sup>15</sup>
- c. An individual's active involvement in their care improves quality of care, patients' sense of control and quality of life.<sup>18</sup>
- d. It is the nature of diabetes to change over time. Thus, regular clinical care is important for updating treatment and self management plans.<sup>19</sup>
- e. In addition to primary care providers, community health workers are an effective resource for follow-up care and support and assisting with individualized assessment, goal setting, and teaching skills.<sup>19, 20</sup>
- f. National recommendations suggest diabetes patients visit their doctors 2-4 times per year for A1C testing in addition to the care received to prevent and manage diabetes-related complications.<sup>19</sup> A comprehensive program that includes both clinical and community services helps coordinate this care.<sup>21</sup>
- g. Diabetes self management education is associated with improved diabetes knowledge, better self management, lower A1C levels, weight loss, and improved quality of life.<sup>19</sup>
- h. Better outcomes are associated with interventions that are longer, that include follow-up support, that are tailored to individual needs and preferences, and that address psychosocial issues.<sup>19</sup>
- i. A person's living environment and community can influence health behaviors and impact their access to and use of health resources.<sup>16, 17</sup>

**6. The *Diabetes Initiative* offers real-world models of self management in clinic and community settings.<sup>22</sup>**

- a. The *Initiative* documented the feasibility, effectiveness, sustainability and cost effectiveness of self-management programs in primary care and community settings around the country.<sup>23</sup> The *Diabetes Initiative* demonstrates concrete examples and provides access to tools that help providers and communities improve resources and supports for diabetes self management.<sup>24</sup>
- b. Specific lessons learned about how to provide resources and supports for self management include:

- Working within a common framework, there are a variety of models that can be effective.<sup>25</sup>
- Community health workers can play a central role in diabetes self management.<sup>26</sup>
- Attention to stress, depression, and healthy coping are key parts of diabetes self management.<sup>27</sup>
- Strategies and tactics for providing ongoing follow-up and support help individuals sustain and adjust their self management to changes in their circumstances or clinical status.<sup>28</sup>
- Key features of the *organizational infrastructure* in primary care settings<sup>29, 30</sup> support patient self management.
- Key features of *patient care* support self management.<sup>30, 31</sup>
- Clinic-community partnerships can extend the range and variety of opportunities for self management.<sup>32</sup>

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