

**UIC Solutions Suite Webinar Series**  
**Transcript for how-to webinar on Diabetes Education Toolkit**  
Recorded by Judith A. Cook

Slide 1 (announcer)

Thank you for visiting the University of Illinois at Chicago's Health & Recovery Solutions Suite. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Solutions Suite to obtain free tools that promote health, self-direction, and employment for the behavioral health field.

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Hello. My name is Judith Cook. I direct the University of Illinois at Chicago's Center on Integrated Health Care and Self-Directed Recovery. Our Center offers an online Solutions Suite, containing free tools for the behavioral health field. These tools promote wellness, self-direction, and employment for people in mental health recovery. You can visit our Solutions Suite on the web site where you found this webinar, at [www.center4healthandsdc.org](http://www.center4healthandsdc.org). Today, I'll be discussing how to implement our *Diabetes Education Toolkit*, which is offered in our Solutions Suite.

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Our Center and the Solutions Suite are jointly funded by two federal agencies. First is the National Institute on Disability, Independent Living, and Rehabilitation Research, of the U.S. Department of Health and Human Services, Administration for Community Living. Second is the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The work of the Center does not necessarily represent the policy of any agency or endorsement by the federal government.

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There are a number of learning objectives for this webinar. One is to understand the prevalence of diabetes among people recovering from mental health conditions as well as different options for treatment. Another is to become aware of the American Diabetes Association's standards of care for treatment of diabetes and related conditions. Still another is to know how the Toolkit is structured and what content is included. Finally, you'll learn about different ways to use the toolkit to promote your own health or to help other people successfully manage their diabetes.

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Let's start by learning about the nature of diabetes. You're probably familiar with the idea that people eat in order to fuel their bodies. But you may not know that what we think of as fuel is food that has been turned into glucose or sugar. Your body makes a hormone in the pancreas called insulin to help glucose enter your body's cells in order create energy. When people have diabetes, their bodies either don't make enough insulin or have trouble using the insulin they do make. This causes sugar to build up in the bloodstream while the body's cells are starved for glucose.

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There are 2 major types of diabetes. Type 1 diabetes usually develops in children or teenagers but can start at any age. The body's immune system attacks and destroys insulin-producing cells in the pancreas. Without insulin, glucose can't enter the cells to be used for energy. Sugar builds up in the blood, damaging bodily organs, nerves, and tissue. This damage can be long-term if your diabetes is not well-managed.

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Type 2 diabetes usually occurs in adulthood but we are also starting to see it develop in younger people too. With Type 2 diabetes, the body is able to make its own insulin but often it doesn't make enough. Sometimes, insulin will try to open the body's cells, to allow the glucose to enter. But usually the cells won't open and are starved for energy.

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Diabetes is also important because there are a number of health risks associated with it. These include high blood pressure or hypertension, high cholesterol or hyperlipidemia, heart disease, and kidney disease. Other risks are gum disease and tooth loss, nerve damage leading to amputation of toes, feet, and legs, and eye diseases that may cause blindness.

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Around 15% of people with serious mental illness have diabetes. That's two to three times higher than in the general population. What's really concerning is that only one-third of people with diabetes and mental illness receive a diagnosis and diabetes treatment. Interestingly, the relationship between the two conditions goes in both directions. Having diabetes increases the risk of developing mental health disorders like depression, and having mental health disorders increases the risk of developing diabetes.

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In addition to its physical effects, living with diabetes has a number of emotional impacts. When people learn they have diabetes, many feel a loss of control and, over time, feel less connected to others like family and friends. They may also lose self-confidence. These things can make it harder to seek medical treatment and accept help with their condition. When people feel like this, they can find it hard to manage their diabetes and take care of themselves.

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There are things that help people manage the emotional impact of living with diabetes. One is to have knowledge about the condition as well as treatment options that they can manage. Another is to have information and support that is specifically targeted to their own personal beliefs and life goals. Another is to have social support that helps motivate people to manage their diabetes and make lifestyle changes that lead to better health and feelings of well-being.

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Now that you know more about diabetes and its physical and emotional effects, let's take a look at our Toolkit. You may be wondering why we decided to create this set of resources. The reason is because people need many tools to successfully manage their diabetes. First, they need educational materials that are relevant and easy to understand. They also need information

presented in different ways including written, visual, and audio formats. This is called multimedia instruction, and it helps increase comprehension and retention of information. Another thing a toolkit does is present information in ways that help people manage their diabetes according to their particular needs and goals.

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In designing our Toolkit, we used an underlying philosophy that I'd like to share with you. First, we find that diabetes education works best when it's ongoing and dynamic. That means it addresses peoples' immediate needs and concerns, even when these change over time. We also think diabetes education should make people feel more in control of their lives. To increase control, people need to learn and use knowledge, skills, and behaviors. Also important is having a supportive learning environment. That's why we designed the Toolkit for different kinds of end-users. We wanted it to be useful for people who have diabetes, their medical and behavioral health care providers, and other supporters.

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Using this philosophy, we structured the Toolkit as an online, interactive resource with multiple parts. It has a diabetes library that includes one-page information sheets that are easy to understand. Another part of the Toolkit covers the American Diabetes Association's standards of care, with information about what each standard is, and what tests or examinations are involved. Another section has podcasts on different ways to manage your diabetes. Finally, there's a section on how to use the Toolkit, with suggestions designed specifically for patients, providers, and supporters.

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Let's start with the Library. It includes 50 one-page handouts that are written at a 5<sup>th</sup> grade reading level. They cover a wide variety of topics including what diabetes is and how it affects the body, how to manage the risks of diabetes, and how diabetes and mental health interact. Some popular handouts deal with psychiatric medications and diabetes, and how mixing diabetes and alcohol can affect your blood sugar. A number of the handouts contain simple, effective suggestions about how to eat healthy, exercise, drink enough water, and live a full life with diabetes. All of the information is documented from reliable medical sources.

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Here's an example. It's our fact sheet entitled, Why Treat Diabetes? As you can see, it covers points such as how treatment can help people avoid heart disease, blindness, amputation of a limb, kidney disease, and tooth loss. It also tells people that treating their diabetes is likely to make them feel less tired, less thirsty, heal better from injuries, have fewer skin and bladder infections, and live longer. So, treating diabetes effectively isn't just about regulating the amount of glucose in your blood, it also leads to better physical and emotional quality of life.

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The Library is important because research shows that effective patient education causes positive health outcomes for people with diabetes. For example, patient education increases peoples' control of their blood sugar. It also promotes adherence to diabetes medications and related drug regimens. It encourages people to engage in self-management activities, like monitoring their

diets and becoming more physically active. Finally, people who receive patient education are less likely to develop medical complications from diabetes.

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Another part of the toolkit covers the diabetes standards of care. Care standards come from the American Diabetes Association and are updated every year. They specify what tests and medical exams should be done and how often. This includes medical tests such as A1c, blood pressure, and cholesterol. Standards also include having an annual dilated eye exam and a special type of foot exam.

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The care standards section of the Toolkit relates each standard to the test or exam that should be done and explains why it is necessary. It describes normal and abnormal test results, and takes the reader to selections from the library concerning the standard.

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Here's a section from the Toolkit detailing the care standards. The top standard concerns getting an A1c test which shows the average amount of glucose in the blood over the last 2 to 3 months. This indicates whether a person's diabetes is under control. It needs to be done every 6 months, and the recommended level for the test result is below 7% for most people.

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Let's take an example, so you can see how this part of the Toolkit works. Let's say your doctor tells you your LDL cholesterol is too high and you wonder what that means. If you click on the care standard called LDL-C testing, you learn that this test measures something called low density lipoprotein cholesterol, and that keeping it under control is important to prevent heart disease and stroke. You also learn that the preferred test is done after the individual has fasted, and it should be done at least once a year. The test value should be less than 100 milligrams per deciliter.

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Click further and you'll go to a page that gives you more detail about the test and test results, including the fact that LDL is part of what's called a lipid panel that includes other measures of your blood. This page has selections from the library that are specific to understanding how to lower your LDL. These include a handout with facts about cholesterol, and one on the difference between healthy and unhealthy fats. Other related handouts cover the best foods to eat to lower your LDL cholesterol, and alternatives to fast food meals. So, no matter what the care standard is, when you click on it, you get information, and then a chance to click further for health and lifestyle suggestions.

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Another section of the Toolkit has podcasts that you can listen to. These recordings last from 4 to 10 minutes, and present basic information about diabetes as well as different ways to manage it. Some titles include: Get the Facts: Blood Sugar & Diabetes; Putting a Wellness Framework to Work in My Own Life; Equal Treatment: Managing Diabetes & Mental Illness; Eating for a Healthy Life; and Seasonal Flu: What You Need to Know. Some of the podcasts were recorded

by people with diabetes who know what it's like to live with it and how to successfully manage it.

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Next, let's turn to strategies for using our Toolkit, either in your own life, a behavioral health program, or a medical practice.

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If you're using the Toolkit on your own, we recommend starting by working your way through each of the Toolkit's tabs to get a general idea of its content. First, click on the tab labeled Toolkit to read about its purpose and what people are saying about it. Next, click on the Patient Education tab to go to the Diabetes Library and see the titles of the handouts that are available. You don't need to read the handouts at this point. Then, click on the ADA Standards tab and read the first column of each standard to learn what it is and why it's important. Finally, click on the Podcasts tab and read each title and short description to see if any are of interest.

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When you're ready to start using the Toolkit's resources, begin with one goal you'd like to accomplish in regard to your diabetes. You can add more goals as you develop new skills and knowledge. When choosing a goal, experts say that it's best to start small, with something you know you can manage. For example, instead of trying to eat healthy at every meal or exercise every day, start by adding one healthy meal to your day, or adding 100 extra steps on weekend days. Also, try to relate what you choose from the Toolkit to something else you want to achieve in your life. For example, if you work on improving your diet, you'll not only feel healthier by controlling your diabetes, you'll also have more energy to start looking for a job. With your goal in mind, revisit the Library, Podcasts, or Standards pages for ideas of things to try. When using the library, just pick what you're interested in. Feel free to tell your health care providers about the Toolkit and how you're using it to reach your goal. You can even ask them to use the Toolkit with you, if you like.

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Maybe you'll be using the Toolkit with a patient or client. We recommend that you start by engaging that person in a discussion of what they know about diabetes and any concerns they have. After helping the person to identify a need, you'll want to sit with them at the computer and introduce the Toolkit. There are two routes you can take. The first option is to click on the Patient Education tab to go directly to the Diabetes Library. Once there, help the person find the handout that most closely addresses their need. Read and discuss the handout, and then print it out to take home and potentially share with others. At the person's next visit, briefly review the education content from your last meeting. See whether the person found the information useful, and whether they applied it to their own life. Suggest that the two of you revisit the Toolkit to see what else might be helpful in reaching the person's goal, or a new goal they now have.

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The second option is to use the Toolkit to share the results of diabetes-related medical tests. For example, for blood pressure results, sit with the person at the computer and begin by clicking on

the blood pressure care standard. Read together about why this test is so important and how often it should be done, as well as the desired blood pressure reading.

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Clicking anywhere on the standard takes you to a page that states the optimal blood pressure for people with diabetes. This page also has links to selections from the library that relate to blood pressure. Help the person choose one of the handouts and discuss it. The person might pick a handout on low-salt foods, or one on tips for reducing salt in their diet, or even one on how exercising more will lower blood pressure. Next, print out the handout and discuss how the person might use the information to improve their blood pressure result for next time. At the person's next visit, briefly review the education content, and see whether the person reduced their salt intake or exercised more.

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Instead of reading, some people learn better by listening, or by reading first and then hearing similar information presented afterwards in a podcast. So, a third option is to help the person identify a diabetes related need or care standard, and then, visit the Toolkit's podcast page together. Review the titles to see if any are of interest. If so, help the person access the recording. You may want to listen to the podcast with the person, in order to gauge their comprehension and their reaction to the material. A transcript is provided for hearing impaired individuals which you can read together and discuss. As with the other options, at the next visit you'll want to discuss the information and see if the person applied it.

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We have some additional suggestions for people in particular settings. For example, if you work with clients in a non-medical setting, you might want to help them obtain their latest test results such as A1c, blood pressure, and cholesterol. We find that having these results typically maximizes the impact of the standards of care information. If you work at a peer-run program, consider using the Toolkit with a group of members who have diabetes or pre-diabetes. We've found that peer support for using the information can amplify what is learned and whether it gets applied in peoples' lives.

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If you're a primary care provider, consider using the Library to get a good idea of what reading level and degree of complexity are helpful when working with patients who have co-occurring diabetes and serious mental health conditions. We find that some primary care staff don't have a good understanding of how to present patient education to different audiences. That's why we worked with people in mental health recovery to make the information user friendly.

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I'd like to share a real-life example of how the Toolkit was used by one woman I'll call Charlene. Charlene was recently diagnosed with pre-diabetes. She told her case manager Mike about the diagnosis and said she felt worried and overwhelmed. She mentioned that the doctor said her condition was due to her lifestyle and family history, but she wasn't sure what this meant. The doctor also told her that her condition could still be reversed if she changed her

eating and exercise habits. Mike could tell she was upset and confused about what pre-diabetes was and what to do next.

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Mike affirmed Charlene's feelings and mentioned that some people feel that way when they get news like this. He asked Charlene if she wanted help deciding what to do about this new diagnosis. When Charlene said yes, he asked her what she already knew about diabetes and listened to her reply. He also asked if she had tried to improve her lifestyle in the past, and what worked or didn't work for her. Next, he asked Charlene what she wanted to do first.

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Charlene shared that she was confused by what pre-diabetes means and whether she already had diabetes or not. She also didn't understand why the doctor focused on reducing carbohydrates in her diet. Mike told her about the Diabetes Education Toolkit, showed it to her on the computer, and asked if she'd like to use it with him. She agreed and, together, they located the fact sheet on what diabetes is and the one on carbs. Then Mike printed them and they went over the information together.

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After reviewing the fact sheet, Charlene felt she would benefit from meeting with the nutritionist in her doctor's practice to see about making changes in her diet. She also offered to share her new diet plan with Mike at their next visit. Together, they decided that she should start small when making diet changes, and that it was OK to tell the nutritionist this. Finally, they looked at the podcast page, and Charlene decided she'd like to listen to a podcast by a woman living with diabetes at her next visit. When she left her meeting with Mike, Charlene felt more in control and less alone, as well as relieved that she didn't have to change everything all at once.

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Thanks for your interest in how to use our Diabetes Education Toolkit. If you still have questions, you can request free technical assistance from our Center, which we offer on a time-limited basis. Call us at 312.355.1696 or click the "free technical assistance" button on the Diabetes Toolkit page of our web site.

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Thank you for listening. You can obtain additional Solutions Suite recordings, or download a transcript, by visiting the Center's web site.