



# Healthy Living with Diabetes

## FACT SHEET

### Statistics on Diabetes

- One in 12 Americans is affected by diabetes. The number of Americans with type 2 diabetes is expected to reach 40 million by 2050.
- In Wisconsin, there are 475,000 adults with diabetes and 1.45 million adults with pre-diabetes.
- Diabetes disproportionately affects certain populations. For example, diabetes generally affects 1/3 of all Native American populations, with some rates as high as 50%.
- Mortality among people with diabetes is about twice that of people without diabetes of similar age.
- Diabetes is a leading cause of blindness, heart disease and stroke, and amputation of lower extremities.
- Diabetes is a very expensive disease to treat: 2009 data for Wisconsin shows direct costs of \$4.07 billion (e.g., hospital and other medical costs); and indirect costs (e.g., lost wages) of \$2.7 billion.

### What is *Healthy Living with Diabetes*?

This program is a self-management workshop that meets once a week for six weeks, 2-1/2 hours each session, in community settings such as community centers, libraries, churches or health care clinics or hospitals. The workshop is designed to help adults with type 2 diabetes or pre-diabetes learn self-management skills and increase their confidence level in managing their diabetes.

Adults with type 2 diabetes, pre-diabetes or who live with someone with diabetes attend the program in groups of 12-16. Two trained lay Leaders — one or both of whom have diabetes themselves — facilitate the workshop using a Stanford University-developed reference book.

### Why focus on self-management of diabetes?

Teaching people with diabetes specific self-management skills in nutrition, exercise and medication may minimize poor health outcomes. Good communication between the patient and the health care provider will also help avoid unnecessary costs and ensure the best possible outcomes. Efforts to control blood glucose levels are a good example of how self-management programs can be used to successfully to improve health outcomes.

### What does the program cover?

Subjects covered include: (1) techniques to deal with the symptoms of diabetes, such as fatigue, pain, hyper/hypoglycemia, stress and emotional problems such as depression, anger, fear and frustration; (2) appropriate exercise for maintaining and improving strength and endurance; (3) healthy eating; (4) appropriate use of medication; and (5) working more effectively with health care providers. Participants learn to make weekly, realistic, achievable “action plans.” They share their experiences and help each other solve problems encountered in creating and carrying out their self-management program.

### What makes the program effective?

The process in which the program is taught is what makes it so effective. Workshop sessions are highly participative. Mutual support and success build participants’ confidence in their ability to manage their own health and maintain active and fulfilling lives. It is not a lecture. Rather, it’s a small group process that involves self-management exercises, sharing experiences and goals, brainstorming, problem-solving and offering mutual support to other participants.

### Does *Healthy Living with Diabetes* replace existing programs and treatments?

Definitely not. *Healthy Living with Diabetes* complements existing treatments a participant receives. Treatment is never altered. Workshop Leaders direct participants with medical questions to talk directly with their health care providers. If participants believe any course content conflicts with instructions from health care providers, Leaders advise them to follow their physicians’ orders and discuss any discrepancies with their physician.



## The imperative

Former Acting Surgeon General Rear Admiral (retired) Steven K. Galson, a Board-Certified physician in Preventive Medicine and Public Health, has endorsed this program with this statement:

“Community-based self-management programs will be particularly important in helping older adults manage their chronic conditions. [These] programs help individuals gain self-confidence in their ability to control symptoms and manage the progression of several long-term and chronic age-related illness.

... To obtain the best possible outcomes using self-management strategies in chronic conditions, patients must have access to information and services that can help them learn about and cope with their disease. Such information will also help them gain confidence in their ability to better manage their particular illness. “

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## Does *Healthy Living with Diabetes* replace or conflict with the work of Diabetes Educators?

No. Unlike appointments with a diabetes educator, *Healthy Living with Diabetes* is not an individualized program and does not consider any person’s individual health care needs or diabetes markers, nor provide individualized assessments, plans or medical advice. Rather, this complementary program provides assistance to participants in developing their “action plans” and group support in accomplishing them. Participants often report that the concepts they learn in the workshop are a reinforcement of what they had previously learned (and often forgot) years ago. Many participants report they have never had access to a diabetes educator because there are none in their community, their insurance doesn’t cover it or it only allows a very limited number of sessions. Experience across the country confirms that *Healthy Living with Diabetes* is an excellent program by itself, or as a complement to work with a diabetes educator.

## How was *Healthy Living with Diabetes* developed?

Stanford University developed this program as a variation of its “Chronic Disease Self-Management Program” (*Living Well with Chronic Conditions* in Wisconsin). The original Diabetes Self-Management Program was developed in Spanish. After successful outcomes were found with that program, Stanford University conducted a randomized, controlled study to test the workshop’s effectiveness for English-speakers.

## Does the program work? What are the outcomes?

Yes. Results from the Spanish program showed that the program participants, as compared with usual-care control subjects, demonstrated improved health status, health behavior and self-efficacy as well as fewer emergency room visits at four months. At six months, compared with control subjects, participants demonstrated improvements in blood sugar levels, health distress, symptoms of hypo- and hyperglycemia, and self-efficacy. At 18 months, all improvements persisted. Participants also demonstrated improvements in self-rated health and communication with physicians, had fewer emergency room visits and trended toward fewer visits to physicians.

Published studies are available upon request.

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