

Diabetes Prevention and Management Coaching Guide



INTRODUCTION

What you say to your patients can have a powerful impact on their health. This is especially true of type 2 diabetes prevention and management. As a health care provider, you have the opportunity to reframe this difficult issue and help your patients make positive changes to improve their health.

This coaching guide offers ways to discuss diabetes prevention and management and provides strategies to overcome barriers to change. Choose and tailor the messages and approaches to your patients' needs.

THE STEPS: Preventing, Delaying and Managing Type 2 Diabetes

- 1. Define Prediabetes and Diabetes**
- 2. Screen for Prediabetes and Diabetes**
- 3. Share Solid Evidence**
- 4. Discuss Cultural Norms and Traditions**
- 5. Set Goals**
- 6. Encourage Social Support**

1. Define Prediabetes and Diabetes



Goal: Explain in simple language what it means to have prediabetes and type 2 diabetes.

Explain Prediabetes:

“Prediabetes or borderline diabetes is a serious condition that affects one in three US adults. People with prediabetes have blood glucose, or sugar, levels that are higher than normal, but not high enough to be called type 2 diabetes. People with prediabetes are more likely to develop type 2 diabetes.”

Explain Type 2 Diabetes:

“Diabetes is a serious illness. People get type 2 diabetes because their body does not make or use insulin well. Insulin helps the body turn food into energy. Diabetes can cause heart disease, kidney failure, blindness and other conditions. It can also lead to amputations.”

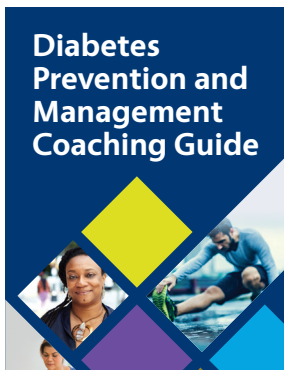
2. Screen for Prediabetes and Diabetes



Goal: Talk to all at-risk patients about why screening for prediabetes and diabetes is important.*

Prediabetes:

“Prediabetes is a serious condition that affects one in three adults. There is a simple screening test to see if you might have prediabetes. By identifying prediabetes early, we can work together on developing a healthier lifestyle. This can help prevent or delay the more serious disease of type 2 diabetes.”



Type 2 Diabetes:

“Diabetes is a serious disease. However, one in four people with type 2 diabetes do not even know they have it. There is a simple screening test to see if you might have diabetes. Since there are often no symptoms, earlier screening that is right for you can help you avoid the more serious health complications associated with diabetes.”

*See Diabetes Prevention, Diagnosis & Treatment Guide for screening guidelines.

3. Share Solid Evidence



Goal: Give patients easy-to-understand details about their prediabetes or type 2 diabetes to support your recommendations.

Prediabetes:

“Your blood sugar levels are higher than normal. You’re on a path to developing diabetes—and we want to get you off that path. You already took the first important step by getting screened for prediabetes. Making small changes like eating more healthy foods than unhealthy foods, moving your body more and managing your weight can prevent or delay your chance of getting type 2 diabetes.”

Type 2 Diabetes:

“You may have heard about the ABCs of diabetes—this stands for ‘A1C,’ the number that tells us your average blood sugar over the past three months; ‘Blood Pressure’ and ‘Cholesterol.’ Managing the ABCs of diabetes can lower your chances of having a heart attack or stroke. Let’s talk about how we can keep your numbers at a healthy level.”

“Making small changes like eating more healthy foods than unhealthy foods, moving your body more and working toward a healthy weight can prevent health complications from your diabetes.”

4. Discuss Cultural Norms and Traditions



Goal: Link diabetes management with patients' cultural and social practices.

Talk with your patients about some assumptions they may have about how food and physical activity affect diabetes:

“Are there habits or types of foods we haven’t talked about that might make someone develop diabetes or make somebody’s diabetes worse?”

Patient beliefs can impact the management and treatment of their disease. Acknowledge your patient’s beliefs, then work with them to integrate those beliefs into their care plan.

“I hear you when you say that difficulties in your life have made you sick. One thing we can do is help you deal with those problems so you can feel better. The best strategy is to start with one thing at a time. In the past, when faced with a tough challenge, what has helped you succeed?”

Ask your patients if they are following any traditional treatments or taking any alternative medicines:

“Are you taking any herbal or traditional medications to help with your diabetes?”

5. Set Goals



Goal: Create a non-judgmental alliance, set explicit goals and plan small steps to achieve them.

Learn more about your patients' concerns:

“What are you most concerned about now that you know you have prediabetes/type 2 diabetes?”

“When faced with a tough challenge in the past, what helped you succeed?”

“What do you think will be the most difficult part of preventing/managing diabetes?”

“How can you overcome some of the challenges you might face when making healthy changes?”

“What can I do, as your health care provider, to help you?”

Use the Prescription for Healthy Eating and Active Living to set explicit goals:

“Let’s talk about some strategies for a healthier lifestyle. We’ll think of a plan that works for you. What are some changes that you can make? For example, you could walk briskly five times a week for 30 minutes. What can you include in your daily life? Would you like to try one or two of these ideas? If they don’t work, you can come back and we’ll think of some others.”

Prescription for Healthy Eating and Active Living

Patient Name _____ Date _____

1. Walk briskly 5 times a week for 30 minutes (page 4)

2. Drink water instead of sugary drinks (page 6)

3. Replace junk food with healthier snacks (page 6)

4. Drink milk instead of sugary drinks (page 6)

5. Sit less (page 6)

How will you do this? _____

Date of Next Visit _____

Health Care Provider Signature _____ NYC

6. Encourage Social Support



Goal: Refer patients to the National Diabetes Prevention Program (NDPP) or Diabetes Self-Management Program (DSMP).

When appropriate, encourage patients to involve friends and family members in helping them achieve their goals:

“You may be worried that telling your family and friends about type 2 diabetes may scare them. But, it can be scarier for them not to know what you’re facing. Talking with them can help them better understand your condition and feel that there are ways they can help.”

“Why don’t you suggest ways you and your partner can both stay healthy? For example, you could ask your partner, ‘How about we take walks together?’”

Diabetes Prevention and Management Resources

New York City Department of Health and Mental Hygiene

nyc.gov/health/diabetes

American Diabetes Association

diabetes.org

American Medical Association – Prevent Diabetes STAT

assets.ama-assn.org/sub/prevent-diabetes-stat/index.html

Diabetes Self-Management Program

patienteducation.stanford.edu

National Diabetes Prevention Program

cdc.gov/diabetes/prevention/index.html

Quality and Technical Assistance Center of New York (QTAC)

compass.qtacny.org/physicians



Overcoming Barriers

Avoidance and Fatalism

“I don’t want to know if I have prediabetes.”

Response: “Diabetes is a serious illness and having a chronic condition can be scary. But, the good news is if you know you have prediabetes, you can prevent or delay type 2 diabetes. There are small changes you can make to improve your health. I can help you.”

“Everyone in my family has diabetes. I’ll get it eventually, no matter what I do.”

Response: “It’s true that if you have a family history of diabetes you may be more likely to develop diabetes. But the good news is diabetes can be prevented or delayed, and if you do develop it, diabetes can be managed. By taking some healthy steps, you can live a healthy life. I can help you.”



Overcoming Barriers

Medication Fear

“The medication for diabetes will damage my organs.”

Response: “I understand your concern, and we will monitor your health as we treat you. These medications have been determined to be safe and have been used safely for many years. The biggest risk to your body and your organs is not treating your diabetes. We’re going to work closely together to manage your condition.”

“I don’t like taking medications; they make me feel worse.”

Response: “You are not alone. Many patients fear starting a new medication. I am here to answer any questions you have about these medications. It’s true that some medications have side-effects, but we can work together to find the right medication and dose for you.”



Overcoming Barriers

Self-Blaming

“This is my fault. I can’t control this condition.”

Response: “Managing diabetes is hard. Sometimes, because of genetics or other factors, your condition may get worse and you may need to take more medication. It’s not your fault.”

Response: “I don’t want you to give up. I’m not giving up on you. Let’s talk about how we can help you.”

Response: “I know you feel frustrated, but let’s focus on all the steps you’ve taken so far. We will work together to keep you on the healthy path.”



Overcoming Barriers

Frustration and Embarrassment

Patients may feel frustrated or embarrassed if their glucose tests do not meet their A1C target. They may change their glucose log numbers to appear more compliant.

Response: “Remember, your glucose numbers aren’t a test of you. Please bring in your meter, so we can go over your numbers. We can work together on achieving your blood sugar targets.”

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