

Alaska Health Status Indicators

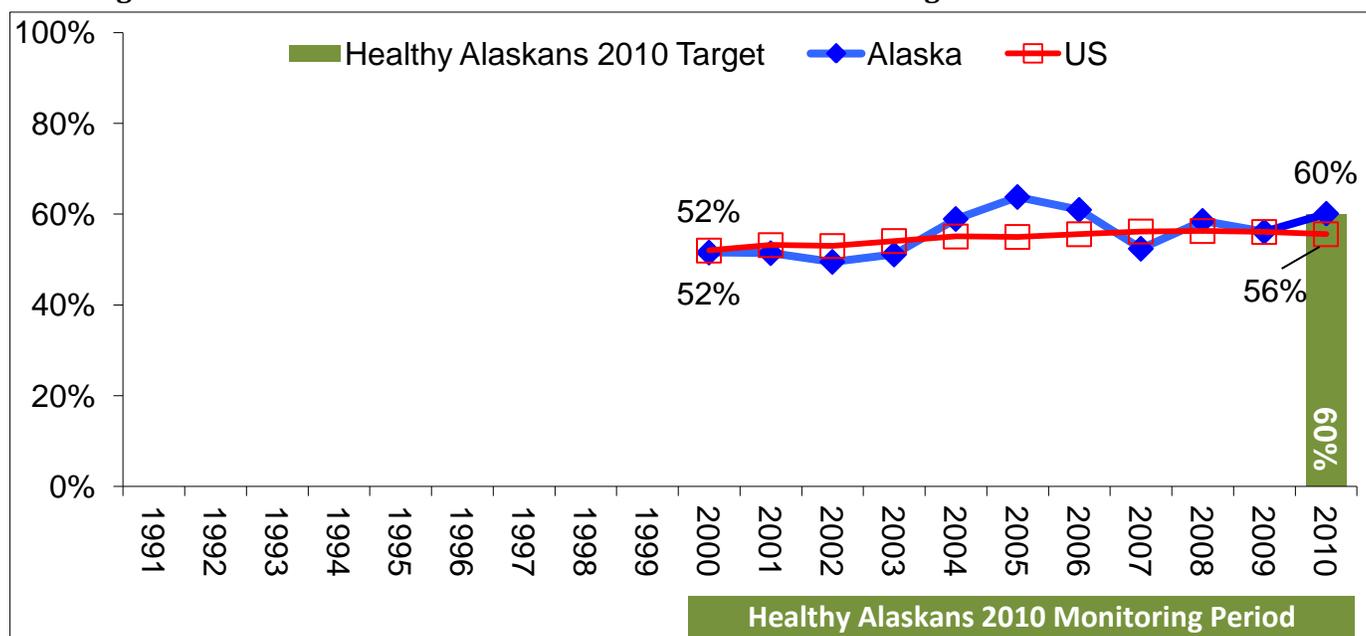
Indicator: *Diabetes Education for Adults with Diabetes*

Why is this important?

Having diabetes has complex implications for an individual's way of life. The measures required to reduce the likelihood of complications are well-demonstrated, and all-encompassing. Following the recommended self-care measures, such as self-monitoring of blood glucose, exercise, shopping and preparing food, checking feet, and obtaining recommended health care services has been estimated to consume nearly two hours daily.¹ Many of the recommended self-care measures require specific skills as well. For these reasons, and because making the lifestyle changes needed for continued healthy living is also emotionally taxing, diabetes self-management education is a powerful tool. There are many diabetes education curricula; the American Diabetes Association² and the American Association of Diabetes Educators³ have adopted language defining the necessary structure and content for effective diabetes education. When the curriculum has these features, diabetes education has been linked with improved health status of participants with diabetes; these improvements have been shown to extend quality of life⁴ and generate cost savings.^{5,6}

How are we doing?

Percentage of Adults with Diabetes Who Have Taken a Diabetes Management Course: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who report having ever taken a diabetes management course has ranged between 50% and 64% in the past decade.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for the prevalence of having taken a diabetes self-management course (among adults with diabetes) is 60%. The percentage of Alaska adults with diabetes who have taken a diabetes management course has increased slightly during the *Healthy Alaskans 2010* monitoring period, from 52% in 2000 to 60% in 2010. **The *Healthy Alaskans 2010* target of 60% has been met.**

❖ How does AK compare with the US?

The AK and US rates for ever having taken a diabetes management course are very similar.

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❖ How are different populations affected?

Rural Alaska residents (35%) were significantly less likely than Alaskans living in any other BRFSS region to have received formal diabetes self-management education (55% -65%). Although only 40% of those who had not completed high school or a GED reported receiving formal diabetes education, this percentage was not significantly different than other educational attainment levels. There were no significant differences in the percentages of Alaska adults with diabetes that reported having received formal diabetes self-management education based on sex, age, race, or income. (Source: 2008-2010 BRFSS.)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving self-management education and engaging in self-management behaviors.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who answer “Yes” to the following question: *Have you ever taken a course or class in how to manage your diabetes yourself?* Diabetes status is indicated by a respondent answering “Yes” to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

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2. Mensing C, Boucher J et al. National Standards for Diabetes Self-Management Education. *Diabetes Care* January 2007; 30(S1); S96-S103.
3. AADE. *AADE Guidelines for the Practice of Diabetes Self-Management Education and Training*. AADE, Chicago Ill; revised Nov 2010.
4. Balamurugan A, Ohseldt R, et al. Diabetes Self-Management Program for Medicaid Recipients. *Diabetes Educator* Nov/Dec 2006; 32(6); 893-900.
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6. Robbins JM. *Nutritional Visits, Diabetes Classes, and Hospitalization Rates and Charges: The Urban Diabetes Study*. ADA meeting 2007; Abstract 346-OR.



Available at: <http://www.hss.state.ak.us/dph/chronic/>

