Abstract Form
Title Utilizing Diabetes *Conversation Maps* as an Interactive Reinforcement Mechanism

Location
South University School of Pharmacy and Tuttle Army Health Clinic

Program Objective
Use *Conversation Maps* as an interactive reinforcement mechanism of information learned during a previous diabetes education session

Methods
Pre and post *Conversation Map* sessions laboratory results at 3 and 6 months

Outcomes

- 42 mg/dL average decrease in cholesterol in 70% of participants (95% meeting the desirable <200 mg/dL)
- 114 mg/dL average decrease in triglycerides in 75% of participants
- 11 mg/dL average increase in HDL in 55% of participants
- 0.5% increase in A1C in 15% of participants while maintaining it at less than 7%
- 1.05% average decrease in A1C in 85% of participants
- 29 mg/dL average decrease in LDL in 55% of participants
Abstract presented at 2009 American Association of Diabetes Educators annual meeting

Abstract Form
Title New Tools in a New Places: Using Diabetes Conversation Maps in Community Education Settings

Location
Rutgers: New Jersey Agricultural Experiment Station

Program Objective
Evaluate satisfaction and learning at the Conversation Map session

Methods
Survey

Outcomes

Rated the sessions “valuable” or “very valuable”
97%

For participants who completed 2-part sessions:

Rated the class format as “very effective” or “effective”
96.1%

Rated the class format as “much better” or “better” than other ways to learn about diabetes
84%

* 94% reported using information learned by implementing one of the following behaviors:
  - Identifying factors that can make their blood glucose go up and down
  - Recognizing signs and symptoms of low blood glucose and treating it
  - Controlling food portions
  - Reading food labels for carbohydrates and fat content
  - Discussing health issues with physicians
Abstract presented at 2009
American Association of Diabetes Educators annual meeting

Abstract Form
Title Educator experience with Group Interactive Dialogue to Educate and Activate (IDEA) using U.S. Diabetes Conversation Maps;

Location
HealthPartners Research Foundation, Minneapolis, MN
Lovelace Clinic Foundation/ABQ Health Partners, Albuquerque, NM

Program Objective
The objective of this analysis was to report results of the educator evaluations of the IDEA group sessions using U.S. Diabetes Conversation Maps

Methods
The analysis data consisted of a total of 148 nurse and dietitian educator evaluations of the four maps from 24 educators at two geographically disparate sites. The mean scores of the educator rated Likert questions about the educational experience were calculated and compared for each site and for each of the four different content maps.

Results
See following page for data

Outcomes
Group IDEA shows promise to improve diabetes patient self-management behaviors and clinical and behavioral outcome data is forthcoming. Overall, the IDEA method was perceived positively by educators due to its ability to promote patient interaction, sharing, and meaningful discussion. For the groups to be successful, however, educators need specific training tips and practice on facilitating groups as it relates to disruptive patients, handling distractions, addressing variance in patient literacy and covering intended content in a group context, especially as it pertains to the nutrition map.
Likert scale results for the Educator experience with Group Interactive Dialogue to Educate and Activate (IDEA) using U.S. Diabetes Conversation Maps

### Abstract presented at 2009 American Association of Diabetes Educators annual meeting

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating (0 = worst; 10 = best)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate the session overall?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Overall success of this session?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Materials delivered on time?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Teaching materials were covered?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Patients participated?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Patients were responsive to each other’s questions/concerns?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Patients were motivated to self-manage their diabetes problem?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Your ease and comfort level in facilitating the group?</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Your responsiveness to patients’ concerns?</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Legend: Map 1, Map 2, Map 3, Map 4

**Clinical impact**
Abstract presented at 2009 American Diabetes Association Scientific Sessions

Abstract Form
Title Attitudes Toward Diabetes Correlate with Self-Efficacy, Clinical and Behavioral Outcomes

Location HealthPartners Foundation, Minneapolis, MN
Lovelace Clinic Foundation/ABQ Health Partners, Alburquerque, NM

Program Objective
The purpose of this analysis is to determine if there are correlations at baseline between patient attitudes toward diabetes and clinical, behavioral, and self-efficacy outcomes.

Methods
At the randomization visit, 167 female and 172 male patients (mean age 63 years, mean A1c 8.1) who were enrolled in 2008 in the Merck funded Journey for Control of Diabetes IDEA Study completed a baseline survey. The following validated instruments were embedded in the survey: (1) Diabetes Attitude Score (a section of the Diabetes Care Profile from Michigan Diabetes Research and Training Center) (2) Recommended Food Score (RFS) (3) Physical Activity Level (from BRFSS) (4) Diabetes Empowerment Scale Short Form (DES-SF). Pearson correlations were used to assess associations between patient attitudes and the most recent A1c, diet, physical activity, and self-efficacy at baseline.

Outcomes
We found modest, statistically significant correlations between attitudes and self-efficacy (Table). A1c, diet and physical activity were correlated, albeit weakly, in hypothesized directions. We confirm from this analysis that a patient’s attitude towards diabetes (including fears and feelings) is an important variable in determining self-efficacy and other patient outcomes. Attention to how educational and care strategies positively or negatively impact patient attitude may be important to obtaining desired improvement in patient behaviors and clinical outcomes.

Results

<table>
<thead>
<tr>
<th>Correlation coefficients</th>
<th>A1c</th>
<th>Diet Score (RFS)</th>
<th>Physical Activity</th>
<th>Self-Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Attitude</td>
<td>-0.24*</td>
<td>0.03</td>
<td>0.12*</td>
<td>0.39*</td>
</tr>
<tr>
<td>Negative Attitude</td>
<td>0.17*</td>
<td>-0.11</td>
<td>-0.10</td>
<td>-0.35*</td>
</tr>
<tr>
<td>Care Ability</td>
<td>-0.33</td>
<td>0.09</td>
<td>0.21*</td>
<td>0.44*</td>
</tr>
<tr>
<td>Importance of Care</td>
<td>-0.01</td>
<td>0.06</td>
<td>0.01</td>
<td>0.22</td>
</tr>
<tr>
<td>Self-care Adherence</td>
<td>-0.30*</td>
<td>0.12*</td>
<td>0.19*</td>
<td>0.44*</td>
</tr>
</tbody>
</table>

*p<0.05