University of Illinois at Chicago Jane Addams College of Social Work

Midwest Latino Health Research, Training and Policy Center

Diabetes Education Empowerment Program

Sponsored by:
Centers for Disease Control and Prevention (CDC)
– Initiative of Racial and Ethnic Approaches to Community Health –
REACH 2010 Initiative

Third Edition – 2006

Copyright © 2006 by the UIC Midwest Latino Health Research, Training and Policy Center. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without permission of the publisher.

3rd Edition, September 2006

Copies may be ordered from:

UIC Midwest Latino Health Research, Training and Policy Center
1640 W Roosevelt Rd, Suite 636
Chicago, Illinois 60608-6906 USA
312-451-4539 Fax: 312-996-3212

UIC University of Illinois at Chicago **Faculty of Jane Addams School of Social Work**

Midwest Latino Health Research, Training and Policy Center

Diabetes Education Empowerment Program (DEEP)

Facilitator's Manual

Project's Principal Investigator
Aida L. Giachello, Ph.D.

Coordinated & Compiled by:
Martha Londoño, Ph.D.

Edited by:
Amparo Castillo, MD
Carlos Sanchez, MD
Jose Arrom, MA
Jana Wichelecki, BA

Centers for Disease Control and Prevention (CDC)
– Racial and Ethnic Approaches to Community Health –
REACH 2010

Third Edition– 2006

Table of Contents

Acknowledgements

Introduction

Implementation Guide

Module 1	**Beginning Sessions & Understanding the Human Body**
Module 2	**Diabetes & Its Risk Factors**
Module 3	**Monitoring Your Body**
Module 4	**Get Up & Move! Diabetes & Physical Activity**
Module 5	**Management of Diabetes through Meal Planning**
Module 6	**Diabetes Complications: Identification and Prevention**
Module 7	**Learning about Medications & Medical Care**
Module 8	**Living with Diabetes: Mobilizing Your Family and Friends**

Bibliographic References

Glossary

Recommended Websites

Copyright to Midwest Latino Health Research, Training and Policy Center

INTRODUCTION

A. History of the Center 2

B. Brief History of the Diabetes Empowerment Education Program (DEEP) 3

C. Diabetes Empowerment Education Program (DEEP) 3

D. Justification of the Diabetes Education Empowerment Program 4

1. Rapid growth of the Hispanic/Latino population and other minority groups in the United States. 5
2. Increase in the incidence and prevalence of diabetes. 5
3. Preventability of diabetes and its complications. 5
4. Problems of access and/or quality of health services. 5
5. Shortage of professional health educators. 6
6. Effectiveness of health promoters. 6

E. Conclusion 7

Copyright to UIC- Midwest Latino Health Research, Training and Policy Center

A. History of the Center

The Midwest Latino Health Research, Training and Policy Center at the Jane Addams School of Social Work, University of Illinois at Chicago was established in 1993 with the mission of improving both the state of health in the Latino community and the quality and effectiveness of health services for Latinos.

The Center conducts research on health disparities (e.g., cancer, diabetes, hypertension, asthma), following community participatory action research methodologies. The Center offers capacity-building programs and technical assistance to community groups, community agencies and health and human services providers, and trains faculty and students, including Latinos and other minority investigators.

The Center provides mechanisms for communication, coordination, construction of networks, and dissemination of health information between health providers, researchers, health-related non-profit organizations and consumers. It is known for its ability to mobilize communities to address health-related social justice issues by engaging community leaders and other stakeholders in community assessment activities. This mobilization results in the development and implementation of community action plans, allowing communities to move from data to social action. With all of these activities, the Center aims to influence public policy and increase the level of cultural awareness in health research studies.

In undertaking the task of delivering community education, the Center has developed various curricula and educational materials on different topics.

One of these efforts, the Diabetes Empowerment Education Program has been very successful in addressing the needs of our Hispanic/Latino community in Southeast Chicago and is currently replicated in different parts of the country.

Copyright to UIC- Midwest Latino Health Research, Training and Policy Center

B. Brief History of the Diabetes Empowerment Education Program (DEEP)

In 1997, the Center, in partnership with Latino Health Access (LHA), Inc. from Santa Ana, California, received funding from the Centers for Disease Control and Prevention (CDC)-Division of Diabetes Translation to replicate an educational model developed and evaluated by LHA, Inc. This model utilizes trained community health workers— many of them living with type 2 diabetes— as diabetes educators. The LHA, Inc. model aimed at reducing diabetes mortality and morbidity and related complications.

The LHA, Inc. partnership called for:

- training the Center staff on the successful transfer and implementation of the program to the Spanish and English speaking Latino and African American communities in Chicago;
- assisting the Center with the formation of partnerships with health care providers, following LHA, Inc. protocols;
- making an experienced health promoter from LHA, Inc. available once a week for the implementation of the first cycle of a twelve-week educational program and to train the first group of health promoters identified for the diabetes classes;
- providing other technical support.

During and after this period, LHA, Inc. advised the Center to establish partnerships with a local hospital and two nonprofit community health facilities serving a large number of Latino immigrants. LHA, Inc. also aided the Center in implementing and pilot-testing the program in Chicago with a similar degree of success to that achieved by LHA, Inc. Preliminary results in 1997 indicated that this model was effective in impacting clinical (e.g., reduction of A1c, weight loss, blood pressure, etc) and behavioral (e.g., increased physical activity, healthy eating, etc) indicators.

C. Diabetes Empowerment Education Program (DEEP)

Building upon the LHA, Inc. model, the Center developed the Diabetes Empowerment Education Program (DEEP). The program consists of two components: a) *The Training of Trainers Program,* and b) *The Diabetes Patient Education Program.*

Copyright to UIC- Midwest Latino Health Research, Training and Policy Center

The Training of Trainers program is a 20-hr workshop that stresses the development of skills and knowledge related to diabetes by using interactive group activities and adult education methodologies recommended in the curriculum. The original intent was to train health promoters with the basic skills and knowledge to become effective diabetes educators; however, due to public demand, the program has been modified to train community health professionals who want to obtain an update on diabetes and/or learn education techniques for patients with low levels of health literacy within a cultural framework.

b) *The Diabetes Patient Education Program* is implemented by trained health promoters in 8-10 weekly sessions. These sessions present to the patient the content of the educational curriculum with the necessary knowledge and skills for diabetes self-management.

The Center has also expanded its diabetes program to include labor force development for health promoters and to establish Self-Care Community Centers managed by trained health promoters. The Self-Care Community Centers are learning centers for the patient that also facilitate training for new health professionals (e.g., students in medicine, public health, social work, nursing) in a holistic perspective of public health and human services. These centers also participate in community mobilization and policy work, in collaboration with critical sectors, such as faith communities.

The DEEP program is currently being implemented across the U.S., in Puerto Rico, in Peru, and along the U.S.-Mexico Border in partnership with the Pan American Health Organization (PAHO)'s Diabetes Initiative. The demand for the program has continued.

D. Justification for Diabetes Empowerment Education Program

Type 2 diabetes is a chronic metabolic disease, characterized by high levels of glucose due to the body's inability to produce sufficient insulin or to use insulin adequately. Diabetes causes damage in many organs of the body, resulting in serious complications and premature death.

Copyright to UIC- Midwest Latino Health Research, Training and Policy Center

Several factors justify the creation of this diabetes education program:

1. **Rapid growth of the Hispanic/Latino population.** According to the year 2000 US Census, the population of Latino origin increased 87 %, from 22.4 million in 1990 to 41.9 million in the year 2005.

2. **Increase in the incidence and prevalence of diabetes.** The incidence and prevalence of diabetes in the United States have reached dramatic proportions in the last decades. CDC estimated that in the year 2000, around 35 million adults between 40 and 74 years of age had abnormal fasting blood glucose, 16 million had glucose intolerance, and 41 million had pre-diabetes (CDC, 2005). Between 1997 and 2003, the number of new cases of diabetes increased 52%. Type 2 diabetes affects 8% of the population of the United States over the age of 18. Hispanic/Latinos, African Americans, and Native Americans have a higher risk and incidence of diabetes than the general population. This is particularly evident in communities with low levels of education and limited financial resources.

3. **Preventability of diabetes and its complications.** In the United States, diabetes is the sixth leading cause of death and the leading cause of blindness, end-stage renal disease and non-traumatic amputations of the lower extremities (CDC, 2005). Diabetes risk factors and diabetes complications are highly related to obesity, sedentary lifestyles and eating habits. For instance, more than 80% of the population with type 2 diabetes is overweight, and the risk of diabetes associated with a Body Mass Index (BMI) of 30 is five times higher than that associated with a BMI of 25 or less. The Diabetes Prevention Program demonstrated that even a slight reduction of these risk factors (weight reduction and regular exercise) can prevent pre-diabetes (blood glucose levels of 100-125 mg/dl) as well as diabetes and its complications (USDHHS; August 8, 2001). Adequate and timely diabetes management maintains an appropriate level of blood glucose. The reduction of just 1% of glycosylated hemoglobin (HbA1C) lowers the risk of developing complications of the eyes, kidneys, and the nervous system by 40%.

4. **Problems of access and/or quality of health services.** The communities most affected by diabetes have the lowest levels of education, insurance coverage and limited financial resources. They also have the

lowest levels of health literacy, necessary for staying informed and navigating the health care system (Kutner et al, 2006). These groups face geographic, cultural and institutional barriers to access to medical services. Hispanic-Latinos represent fifteen percent of the population of the United States. Doty and Holmgren (2006) found that over 27% of Hispanics were without medical insurance, and 12% were more likely to be uninsured for a year or more. Hispanics receiving medical attention may experience difficulties communicating with providers who do not speak Spanish or are unfamiliar with their culture. African Americans and Hispanics alike, may experience discrimination or differential treatment on the basis of their skin color.

Issuance of guidelines for medical treatment in the management and control of diabetes has increased recently. The effectiveness of the application of quality of care guidelines in the treatment of diabetes requires adequate instruction of the patient and the health professionals involved. It also requires appropriate and consistent application of these treatments (Shaneyfelt, 2001). To address the needs of the population, community practitioners and health providers need to maintain an appropriate level of current knowledge. If these capabilities are not adequately attained, the disparities in the treatment of diabetes among minorities will not be effectively addressed.

5. **Shortage of professional health educators.** Few Hispanics and African Americans who suffer from diabetes have received education about management and control of the disease. This often occurs as a result of a lack of educational programs, a lack of availability of said programs, or a lack of integration of these programs into medical care. In poor ethnic communities located in both urban and rural areas, there are few bilingual and bicultural educators certified in diabetes (CDE). These areas have very few diabetes education or treatment centers. In addition, there are few bilingual and bicultural nurses or other health professionals.

6. **Effectiveness of Health Promoters.** In the United States, health promoters began to participate in programs for agricultural workers around 1950. Today, particularly in the last decade, health promoters work in prevention and control of infectious and chronic diseases (AIDS, cancer, diabetes, among others) both in rural and urban areas.

   Because they are members of the communities that they work in, health

Copyright to UIC- Midwest Latino Health Research, Training and Policy Center

promoters know the social norms and local customs, serving as a bridge between the community's culture and the culture of the health system (Witmer, 2000).

Health promoters offer education and give information about public health services available in the community; they reinforce health professionals' recommendations, distribute information and advocate for new and better services for communities (Navarro, Senn, Kaplan, 1995; Giachello & Arrom, 1997).

Health promoters have demonstrated their effectiveness (Swider, 2002) by:
a. Influencing the knowledge, attitudes, and behavior of patients;
b. Improving access to health care services;
c. Offering social support and psycho-social help;
d. Building the skills of the community.

Furthermore, health promoters become agents of social change as they already form part of the reality they want to transform. But for promoters to be effective, they need to be equipped with sufficient knowledge and skills to respond correctly to the problems and responsibilities of community diabetes education, help people with diabetes to navigate complex health and human services, and to affect changes in these services.

E. Conclusion

We believe the Diabetes Empowerment Education Program will become a very important instrument of community education and growth for participants and health promoters. We hope that this program will serve to ultimately narrow the gap between adequate diabetes care and the diabetes care received by minority groups.

Copyright to UIC- Midwest Latino Health Research, Training and Policy Center

IMPLEMENTATION OF THE DIABETES EDUCATION PROGRAM

Table of Contents

A. Description of the Diabetes Empowerment Education Program....2
1. Goals....2
2. Audience....2

B. Summary of the Curriculum:....2
1. Module Organization....2
2. Description of the Modules....3
3. Methodology....4
4. Content....5

C. Implementation/Execution of the Program....6
1. Stages of the Program: The program is developed in two stages....6
   I. Training of Trainers....6
   II. Training of Community Residents....7
2. Participant Selection....7
3. Participant Documentation....7

D. Program Delivery....8
1. Class Registration....8
2. Class Confirmation....9
3. Intervention....9
4. Graduation....10
5. Evaluation and quality control....11

APPENDIX....13

Copyright to Midwest Latino Health Research, Training and Policy Center

A. Description of the Diabetes Empowerment Education Program

1. Goals:

The main goals of the Diabetes Empowerment Education Program are:

- To improve and maintain the quality of life of persons with diabetes or persons who have diabetes risk factors;
- To prevent complications and incapacities;
- To improve eating habits and maintain adequate nutrition;
- To increase physical activity;
- To develop self-care skills;
- To improve the relationship between patients and health care providers;
- To utilize the available resources.

2. Audience:

The Diabetes Empowerment Education Program, also known as DEEP, is directed towards persons with diabetes and their relatives who need information on diabetes self-care. This manual is written to be implemented by health promoters, community educators, or other professionals that care for persons with diabetes.

The program is designed based on participatory education methodology. It utilizes principles of adult education and group work techniques that promote learning as well as progression towards a healthy lifestyle.

B. Summary of the Curriculum:

1. Module Organization:

This curriculum is based on national medical care and diabetes self-care education guidelines. It is hoped that professionals, community educators or promoters and other educators will use the curriculum with adequate responsibility and achieve an impact in their communities.

The curriculum has been divided into eight modules so that the facilitator can use them in any order, based on the needs of the participants and the level of their knowledge of diabetes.

Copyright to Midwest Latino Health Research, Training and Policy Center

2. Description of the Modules:

Module #1: Beginning Sessions and Understanding the Human Body
This module includes:
- Exercises to establish trust and solidarity among group members and to obtain the motivation and participation of all;
- Description of the functioning of the human body and its relation to diabetes;
- Strategies to manage and control diabetes with the goal of beginning to reinforce the importance of self-care principles.

Module #2: Understanding Diabetes and its Risk Factors
This module includes:
- The definition, classification and the symptoms of diabetes;
- Risk factors and the Weekly Action Plan.

Module #3: Monitoring Your Body
This module includes:
- The diagnosis of diabetes, hypoglycemia, hyperglycemia, and ways to control it;
- Diabetes management and the benefits of the glucose meter.

Modulo #4: Get up and Move! Physical Activity and Diabetes
This module includes:
- Motivating the participants to perform some physical activity on a regular basis and to incorporate exercise as a method to control diabetes.

Module #5: Controlling Diabetes through Nutrition
This module includes:
- Concepts and basic nutritional terms that allow participants to make correct decisions when selecting foods;
- The Food Pyramid;
- Use of food nutrition labels.

Module #6: Diabetes Complications: Identification and Prevention
This module includes:
- The main complications of diabetes;
- The different specialists and health care team available for prevention and control.

Module #7: Learning about Medications and Medical Care
This module includes:
- Medications available for the control of diabetes, hypertension, high cholesterol and triglycerides;
- Medications' mechanisms of action, recommendations, cautions and side effects;
- How to improve communication with health care providers;
- Self-Care Guides to be used by persons with diabetes.

Copyright to Midwest Latino Health Research, Training and Policy Center

Module #8: Living with Diabetes: Mobilizing Family and Friends
This module includes:

- Emotional aspects of diabetes, such as stress and depression;
- Patients' rights;
- How to involve family and friends in the self-care program.

3. Methodology:

The implementation and evaluation forms that we present here are only suggestions, and we hope that they will be used to adequately document the program. Leaving them out of the program, however, will not change the impact of your program. If you decide to use them as an example, it is recommended to adapt them to the needs and requirements of your own program or community.

As we said earlier, the methodology with which the modules were developed is participatory and keeps in mind the principles of adult education.

The teaching of adults— especially adults that have not attended school for many years— requires attention to certain strategies. It is very important that you follow these instructions carefully to improve the experience of the participants and to prevent them from abandoning the program.

The methodology for adults requires that you keep in mind at least the following:

- Have a respectful attitude towards all. Learn to correct errors and misunderstandings without offending.
- Make the participants feel welcome and comfortable in the class.
- Create an environment of tolerance and respect. Do not permit criticism or offensive language towards any of the participants. Do not allow anyone to treat others differently because of ethnic or cultural characteristics.
- Accept that participants come to class with their own information, which is useful and in many cases well-informed. Some adults may know more about something than the facilitator. This is OK.
- Use concrete examples and activities to reinforce information. Use short activities.
- Emphasize the need to listen to each other and accept diverse opinions.
- At all times, maintain the confidentiality of each participant's personal information. All that is expressed in the group stays in the group.

In addition, this program includes strategies and principles of empowerment. These strategies motivate participants to participate more actively, not only in class, but also in community life to improve their own health and the health of others. For this, they should learn about the resources in their communities, their rights as citizens, and the local and national laws related to health.

Copyright to Midwest Latino Health Research, Training and Policy Center

The following is the definition of the word **empowerment**:

> "Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes." (WHO-Health Promotion Glossary, 1998).

4. Content:

Each module describes its contents, noting the themes it covers. The lessons are divided in the following manner:

Welcome and Reception of the Participants: You will begin the lesson by welcoming the participants.

Activities: In each module, we develop a series of techniques and educational dynamics with the goal of facilitating or reinforcing knowledge and promoting participation.

The activities to explore each topic will be in the tan boxes, which describe the name and time necessary to complete the exercise.

The purpose and steps to follow are also described for each activity with the goal of encouraging the participation of the group members. If, for some topics, there is no proposed activity, develop this subject using the questions suggested by the module.

You will find ample information on the subjects to discuss, but you do not need to share all of this information with the participants. Clarifying information will be in the green boxes.

Begin the class and the different sections of each module using the key questions that have been put into light blue boxes. These questions serve to assess the knowledge level of the participants about the themes and to motivate and focus the theme that will be discussed.

Important information is emphasized in the yellow boxes. This highlights messages that it is recommended that you repeat so that the participants remember and apply the information.

Copyright to Midwest Latino Health Research, Training and Policy Center

Weekly Action Plan: This weekly activity seeks to prompt participants to apply what they have learned in the class outside of class. It is based on one question, "What will the participant do during the week?" Similar to a contract to change behavior, the Weekly Action Plan is a tool used to encourage the step-by-step process of behavioral changes. The participants have a series of activities that they can complete between sessions to achieve a change in behavior. They can opt for activities that are important for them, even though they do not find them suggested by the Weekly Action Plan. This allows participants to be creative. The participants also can continue with activities that they chose in previous sessions.

Summary: The session ends with a summary of what was learned, guided by the facilitator and with an invitation to continue in the next meeting. On many occasions, this is done with an activity with the goal of reinforcing what has been learned.

Closing: Each lesson and/or session should be closed with caution. Also, participants should be given reminders about the future sessions and activities as well as the necessary instructions for any homework. This can be the best moment to answer questions that have not been addressed, play a game, sing a song, say a prayer, share a saying, share a healthy recipe (including making a brief cooking demonstration or testing a new dish) or make announcements.

Evaluation: In each module, you will find a short evaluation form with which the participants will evaluate the session. It may be necessary for you to ask some participants to help others with difficulties reading and writing. Do not be the one to help these participants because you must allow them to feel free to express what they feel on their evaluations. Review the evaluations immediately after the session and respond appropriately to the comments in the next session.

Appendix: At the end of each module, you will find one or more appendices. These are extensions of content on the subjects dealt with in the module or they are models for use in the activities.

Annexes: These are summaries of each module made to be copied onto transparencies (in Power Point), which serve as a guide for facilitating the class.

C. Implementation/Execution of the Program

1. Stages of the Program: The program is developed in two stages:

I. Training of Trainers. In this first stage, the health promoter, community educator or health professional in charge of bringing information to patients receives training in the utilization of the manual.

Organizations responsible for offering this information to the community make the necessary arrangements to send their representatives to an intensive three-

day training. The facilitators receive information on diabetes, adult education techniques, and cultural competence. At the end of the training, they receive a certificate of participation.

The Midwest Latino Health Research, Training and Policy Center of the Jane Addams School of Social Work at the University of Illinois at Chicago is responsible for this training.

II. Training of Community Residents. In this second stage, health promoters, community educators or health professionals from community institutions, provide education to people with or at risk of developing diabetes and their families.

In this stage, the content of the curriculum's modules and the activities are discussed and performed step by step. The training requires a minimum of eight weeks with one two-hour session each week.

The community organizations and their representatives are responsible for this training.

2. Participant Selection:

Each organization selects its participants according to their own needs and available resources. It is important to use all of the necessary strategies to build the skills of participants in the different community locations, such as:

- hospitals
- clinics
- community centers
- churches
- education centers
- health fairs

3. Participant Documentation:

We recommend creating a file for each participant and including the following forms:

- Participant Profile, which collects demographic information (age, sex, ethnicity), contact information, etc. (see appendix);
- DEEP Personal Log, which includes weight, glucose level, cholesterol, blood pressure, and specific observations. This may be used to assess changes throughout the course and to report to the health care professional responsible for the patient (see appendix);
- If the program includes consultations with a nutritionist, the file should include the Individual Meal Plan created with the nutritionist. This will list favorite foods, typical and recommended portions, and foods that are not recommended.

Copyright to Midwest Latino Health Research, Training and Policy Center

D. Program Delivery

Here, we provide instructions for conducting and documenting the program step-by-step. We include explanations of the different forms to be used at each step. Following the recommendations will facilitate effective recruitment, intervention, follow-up, and evaluation.

1. Class Registration:

These are the forms the health promoter will collect from participants as part of the registration process.

1. *Informed Consent/Personal Contract.* If the program is part of a research study, you will use form **A.** If it is not, you will use form **B**.

    A. *Informed Consent.* If the educational program is part of a research project, you need to inform the participants and have their written consent. This will allow you to collect personal information and analyze and present the results publicly. This form can have a legal effect. The participant should sign the original and receive a copy. The investigator will be required to save the original copy. The process of consent improves participants' involvement and their retention in the program. Your organization will provide the consent form that is appropriate for your project.

    B. *Personal Contract (optional).* The purpose of this contract is to secure participation. Each program should individualize its own forms. This contract does not have any legal power, but, rather, it is a moral commitment. The participants read, sign, and receive a copy of the contract. The signed contract should be included in the file. You can use the model presented in the appendix to create a contract for your program. (See sample in Appendix.)

2. *Participant Profile or Registration Form.* This form collects personal information like age, sex, ethnic group, level of education (formal and informal), address, telephone, etc. Everyone contacted to enter the program should fill out this form. Once participants attend the first session, this form will be saved in their files. (See Appendix.)

3. *Authorization to obtain medical history (optional).* When a participant receives medical care from a doctor or provider outside of your own organization, the participant will need to sign a consent form to give you access to their medical information. This will allow you to adapt the program to the patient's individual needs. When sending this form to the doctor, it is convenient to also include: Individual Education Plan, Self-Care Guide, and DEEP Personal Log. (See below for more information on these forms.)(See Appendix.)

2. Class Confirmation

Once the participants have been registered, prepare a list with the name of the facilitator, the date, the time, the address of all of the sessions, and the telephone numbers and/or addresses of all of the participants. Use this list to confirm participants' attendance to class every week, either by mail or by telephone.

3. Intervention

The purpose of this phase is to provide education to the patient and develop participants' self-care skills. In this phase, you can quickly identify those who are having problems attending and those who need an immediate follow-up. The participant files should be brought to each session. These will be used during the training; depending on the session, a variety of forms will be added to the file. These files are also used to facilitate appointments with specialists and meetings with dietitians.

The following forms are used only by participants:

1. *DEEP Personal Log***.** This is a Personal Log with data such as glucose levels, blood pressure, and weight. In the first session, the facilitator will help participants to take their weight and height, calculate their body mass index (BMI), and measure blood glucose and blood pressure. Once participants learn how to measure their risk factors and use the glucose meter, they should start taking their own measurements. They will note this information in their logs and in their class notebooks. Once the class has ended, place these forms in each participant's file. (See appendix.)

2. *Self-Care Guide.* This form collects the participant's clinical data and the dates of their consultations with specialists. It also helps with the preparation of the Weekly Action Plan. (See Appendix of Module 7.)

3. *Weekly Action Plan***.** This form is a non-legally binding contract that requests participants to make a moral commitment to complete weekly tasks related to diabetes education and prevention. These are filled out at the end of each class. (See each Module's Appendix.)

The following form is used only by the facilitator:

4. *DEEP Attendance Checklist.* After having confirmed participants' attendance before the first class, the health promoter will generate a list of names of the registered participants and their contact information (addresses and telephone numbers). Each participant should check or sign their name on this attendance list when they arrive to class. (See appendix.)

The following forms are given to the participants by the facilitator:

5. *Referral Forms.* Persons with diabetes will need to see a variety of specialists for prevention and treatment of diabetes or its complications. All types of referrals made by a community health worker or community educator should be documented. Also, it is recommended that you maintain a general log of all of the references, contacts, and results. This helps to avoid problems related to access, availability, and cultural sensitivity. It is good practice to acknowledge anyone who has helped participants in any part of the referral process. The medical care referral forms vary according to the organization that provides them.

6. *Resource Directory.* This is a directory of all of the health-related resources that program participants may need. This directory should focus on the following areas: financial assistance/social security; pharmaceutical assistance; programs of medical financial aid (Medicaid, Medicare); physical activity (parks, gyms); food and nutrition programs (emergency food, Cooperative Extension Services, other co-ops and/or food pantries, food stamps, etc.); medical specialists (ophthalmologists, dentists, endocrinologists, pediatricians, etc.); mental health; services for persons with disabilities and rehabilitation programs; legal services; home health care services; programs for migrants/immigrants, etc. (You create this yourself.)

The following forms are given to the participant by the health care provider (doctor, dietitian, nurse practitioner, etc) :

7. *Referral for Diabetes Education (optional).* These are the forms used by the health professional to refer the patient to diabetes education classes. Once the participants have attended all of the classes, send a copy to the clinic or put it in the medical file; another copy goes to the participant, and a third goes in the participant's file for this program. The health promoter should follow-up with each participant, based on their individual needs. Use the form provided by the participating clinics or the referring health provider. (See sample in Appendix)

8. *Individualized Meal Plan (optional).* If the program includes consultation with a nutritionist, this is a plan that includes recommendations from the nutritionist, such as recommended portions and food that is not recommended. This should be included in the records. Every patient should have a copy as well.

4. Graduation

The graduation fulfills several objectives. This ceremony:

- Offers the group a closing process.
- Creates continuity for additional interventions and follow-ups.
- Emphasizes to the participants that they have reached their diabetes self-care goals and that they can help their family members or help with this program.
- Allows the facilitator to evaluate the impact of the program (classes) on the

Copyright to Midwest Latino Health Research, Training and Policy Center

participants by means of their testimonies.
- Creates a feeling of community between the participants.

A graduation for the group should be planned, preferably for the last day of the class. There should be sufficient space for family members. This activity allows participants to celebrate their progress with the group. Use the participants' creativity, but do not plan something very elaborate that ends up excluding some of the participants. Ask participants to bring healthy foods to share with the other participants and suggest recipes.

All of the participants, including relatives that participated, should receive certificates for the goals they reached. The members of the diabetes team and the members of the organization that officially supported the program should be present to hand the certificates to the participants.

You can take a group photo if it is culturally appropriate. When receiving their certificates, participants may offer testimonials about their diabetes management and how the program helped them.

Materials you will need for the ceremony:
- Instructions for participants
- Invitations
- Program or Agenda
- Certificates
- Refreshments and food (include plates, utensils, cups, etc).
- Sound system
- Cameras
- Decorations
- Pamphlets or information about diabetes for family members

5. Evaluation and quality control

Each program should establish protocols and forms to evaluate the procedures, the impact and the outcomes of the program. This may include evaluation of the knowledge and behavior of participants and facilitators. Include forms for:
- Class evaluations (See each module's appendix.)
- Class Summary Report Form with reasons for and number of absences and remedial classes (See appendix.)
- Contact lists for program participants to maintain support groups after classes have ended. You may create this yourself, once you have confirmed the participation of the graduating class in the support group.

Copyright to Midwest Latino Health Research, Training and Policy Center

BREAK DOWN OF FORM USAGE:

	Form	Where to find it	Who uses it
IMPLEMENTATION	Authorization to obtain medical history	Implementation Guide Appendix	Participants, collected by facilitator
	Informed Consent OR Personal Contract	Your organization will provide OR create yourself, see sample in Implementation Guide Appendix	Participants, collected by facilitator
	Participant Profile	Implementation Guide Appendix	Participants, collected by facilitator
INTERVENTION	Self-Care Guide	Module Seven Appendix	Participants
	Weekly Action Plan	Appendix of each Module	Participants
	DEEP Personal Log	Implementation Guide Appendix	Participants
	Individual Meal Plan	Nutritionist will provide, if included	Participants
	Referral for Diabetes Education	See Sample in Implementation Guide Appendix	Health care provider gives to participant; facilitator receives it
	Referral Forms	Your organization provides	Facilitator fills out, gives to participants; provider receives it
	Resource Directory	Create yourself	Facilitator compiles, gives to participants
	DEEP Class Forms and Attendance Checklist	Implementation Guide Appendix	Facilitator
EVALUATION	Class Evaluation Forms	Appendix of each Module	Participants, collected by facilitator
	Contact list	Create yourself	Facilitator, to maintain support groups after classes end.
	DEEP Class Summary report form	Implementation Guide Appendix	Facilitator

APPENDIX to Implementation Guide:
The following are implementation, evaluation, and intervention forms mentioned in this guide.

Participant Profile

Name of participant: _______________________________
Telephone Number: _________________________________
Phone Number of Relative: ____________________________
Address: ____
____

Name of Interviewer: _______________________________

Location of program: _______________________________

DEEP program provided in: [ ] Spanish [ ] English

Date of Interview: ________________________

<table>
<tr><td colspan="2">Ethnicity/Race: [ ] 1. African-American
[ ] 2. Hispanic\Latino (Group _______________)
[ ] 3. Asian (Group _______________)
[ ] 4. Non-Hispanic White
[ ] 5.Other (specify) ______________</td></tr>
<tr><td colspan="2">Country of Birth: [ ] U.S. [ ] Mexico [ ] Other ______________________
Number of years lived in U.S. ________</td></tr>
<tr><td>Age (years):</td><td>Sex: [ ] Male [ ] Female</td></tr>
<tr><td>Primary Language: [ ] 1.English
[ ] 2.Spanish
[ ] 3. Other ___________________</td><td>Education (years):</td></tr>
<tr><td>Marital Status:
[ ] 1. Married/unmarried, living with partner
[ ] 2. Single, never married
[ ] 3. Divorced/separated
[ ] 4. Widowed</td><td>Household income:
Weekly: [ ] less than $200
[ ] $201-$400
[ ] $401-$600
[ ] $601-$800
[ ] more than $800
Monthly: [ ] less than $800
[ ] $801-$1600
[ ] $1601-$2400
[ ] $2401-$3200
[ ] more than $3200</td></tr>
<tr><td>Number of adults in household:</td><td>Number of children under 18 living at home:</td></tr>
</table>

Copyright to Midwest Latino Health Research, Training and Policy Center

DEEP Personal Log

Name of Participant: ______________________________

Location & Time of Course: ______________________________

Age: ________________ **Height:** ________________

	Date of Class	Blood Glucose	Blood Pressure	Weight (in lbs.)	A1c
Class 1					
Class 2					n/a
Class 3					n/a
Class 4					n/a
Class 5					n/a
Class 6					n/a
Class 7					n/a
Class 8					n/a
Class 9					n/a
Class 10					

Copyright to Midwest Latino Health Research, Training and Policy Center

Personal Learning Contract [Model]

This is a personal learning contract between _____________________________________ [organization] and ____________________________________ [name of participant].

I understand that some of the benefits of participating are: increased knowledge and skills to manage my diabetes and emotional and social support from other participants.

I am aware of my health status, my voluntary participation, and the risks of participating in this program.

Therefore,

I agree to:
… participate in a diabetes self-management education class series beginning ____ and ending on ____. Participant understands that s/he needs to complete __ sessions in order to complete the course.
… keep confidential what is shared by other participants in the group: what is said in the group stays in the group.
… follow the rules established by the majority of the members of the group for the group sessions.
… notify my diabetes educator of any problem that may interfere with attendance to the classes or that may affect my health.
… bring a family member or a friend that can help me to take care of my health.
… complete evaluation forms at the beginning and at the end of the sessions.
… follow a Weekly Action Plan to improve diabetes control.

[Organization]____________________________________ agrees to:

… provide ___ sessions of diabetes education.
… notify participants should the class be cancelled or the schedule or location be modified.
… contact participant should s/he miss a class or need to be reminded of the class.
… make arrangements for make-up classes should a participant miss a session.
… provide a glucose meter to participant upon completion of the program (optional). In addition, participant will have a glucose meter available for their use during the class.
… notify the participant and his/her clinical provider (doctor) should participant develop diabetes control problems.
… support the participant in working toward her/his proposed goal.

This mutual agreement is a moral commitment for the participant and a responsibility for the institution,

Participant's Signature _________________________
Diabetes Educator's Signature ______________________________ Date __________________

Copyright to Midwest Latino Health Research, Training and Policy Center

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I, (participant's name) ____,

HEREBY AUTHORIZE: (Name of the Hospital/Clinic or Doctor)
____

to release to: (Name of Facilitator)
____

medical information pertinent to my diabetes management requested in the attached document.

- This information will be used to evaluate the impact of the educational, support and case management program on my self-care. I will receive critical information such as hemoglobin A1c, blood pressure, blood glucose levels, lipids, and urine test results in order to improve my self-care.
- This authorization shall be valid for one year after the date of my signature or earlier if revoked by me in writing to the requesting organization.
- I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request.
- I further acknowledge that I have been informed that if medical information herein is not released, my participation in this diabetes program will not be denied.

____________________________________ ____________________
Participant/Client Date

Address:
____

Copyright to Midwest Latino Health Research, Training and Policy Center

DEEP Class Forms & Attendance Checklist

Participant Name	Date of Consent Form	Date of Pre Test	Date of Post Test	Attendance									
				Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8	Class 9	Class 10

Copyright to Midwest Latino Health Research, Training and Policy Center

REFERRAL FOR DIABETES EDUCATION

Patient's name ____

Birth date: _____/_____/__________

☐ Male ☐ Female

Address: ____________________________________ FL/APT _______

City: ________________________________ State:____________ Zip code |__|__|__|__|__|

Telephone: __________________________

Provider/Clinician _____________________________________

Clinic _______________________

Diabetes Type: ☐1 ☐ 2 ☐ GDM

Onset of Diabetes: ______ Yrs

CONTROL: ☐ Good ☐ Fair ☐ Poor

HbA1c ____ % (date :_________)

EXERCISE CLEARANCE:

☐ No Limitations ☐ Low Impact ☐ Other: ____

Diabetes Complications:
☐ Yes ☐ No If yes, comments:
____
____

Barriers to Learning/Participation: ☐ Sight ☐ Hearing ☐ Literacy ☐ Transportation ☐ Mobility
☐ Other:____

Completed by ____ Date ____________________

Copyright to Midwest Latino Health Research, Training and Policy Center

DEEP Class Summary Report Form

(To be completed at the end of each 10-week course)

Sponsor: ____

Location & Time of Course: __________________________________

Dates: Start Date: ____________ Tentative End Date: ____________

Graduation Date: __________ Note: If graduation date **differs** from tentative date please briefly describe reason(s) why: ______________________________
____

Pre-test Date: _________ Post-test Date: _________ Follow-up Date: _________

	Registered # of Participants	Total # of Made-up Sessions	Total # of Participants Graduated	Total # of Family Member Participation
TOTALS				

	Date of Class	# Participants	# Made-up Sessions	# of Family Members Participating
Class 1				
Class 2				
Class 3				
Class 4				
Class 5				
Class 6				
Class 7				
Class 8				
Class 9				
Class 10				
TOTALS	n/a			

If participants drop out of class, please give reason(s) why below: ___________
____
____
____

Copyright to Midwest Latino Health Research, Training and Policy Center

DEEP, 3rd. Edition, 9/06