

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2012

Evaluation of support groups for adults with diabetes

Julie Angelita Gonzalez

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Clinical and Medical Social Work Commons](#)

Recommended Citation

Gonzalez, Julie Angelita, "Evaluation of support groups for adults with diabetes" (2012). *Theses Digitization Project*. 4008.

<https://scholarworks.lib.csusb.edu/etd-project/4008>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

EVALUATION OF SUPPORT GROUPS FOR ADULTS
WITH DIABETES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Julie Angelita Gonzalez

June 2012

EVALUATION OF SUPPORT GROUPS FOR ADULTS
WITH DIABETES

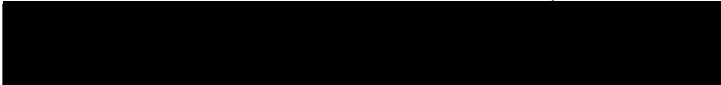
A Project
Presented to the
Faculty of
California State University,
San Bernardino

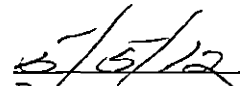
by

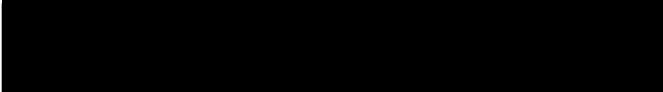
Julie Angelita Gonzalez

June 2012

Approved by:


Dr. Rosemary McCaslin, Faculty Supervisor
Social Work


Date


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Complications of diabetes can significantly reduce an individual's level of functioning and quality of life. Diabetes is a condition that affects many. Being physically active and improving nutritional intake can help prevent or delay complications of diabetes. For this study, I interviewed facilitators of support groups for adults with diabetes to find out social workers involvement, if any, details of how the groups are facilitated, resources used and ways behavioral change is addressed.

The findings indicate that there are limited diabetes support groups being offered, social workers are not directly involved with facilitating or co-facilitating groups, and dietitians and nurses facilitate groups at medical facilities of those interviewed.

Additionally, the findings indicate opportunity and need for social workers to be involved with diabetes support groups or other support services to help prevent complications and improve an individual's overall wellbeing.

ACKNOWLEDGMENTS

I would like to thank Dr. Rosemary McCaslin for her patience, guidance and support throughout this project. I would also like to thank the participants of my study for their time and willingness to sharing their knowledge and experience. It has been a great learning opportunity. Finally, I would like to thank my Professors at Cal State University, San Bernardino, members of my cohort and family for being encouraging and supportive throughout.

DEDICATION

This thesis is dedicated to my children. You have been my inspiration in pursuing my education so that I could be in a better position to provide for you and give you more opportunities in life. I would also like to dedicate this thesis to my parents for their support.

TABLE OF CONTENTS

ABSTRACT.....	iii
ACKNOWLEDGMENTS.....	iv
CHAPTER ONE: INTRODUCTION	
Introduction	1
Problem Statement	2
Purpose of the Study	4
Significance of the Project for Social Work	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction	7
Prevalence of Diabetes	7
Prevention	10
Nutrition and Physical Activity.....	11
Theories Guiding Conceptualization.....	14
Summary	16
CHAPTER THREE: METHODS	
Introduction	17
Study Design.....	17
Sampling.....	18
Data Collection and Instruments	19
Procedures	21
Protection of Human Subjects.....	22
Data Analysis.....	23

Summary	23
CHAPTER FOUR: RESULTS	
Introduction	25
Presentation of the Findings	26
Education, Experience and Professional Associations	26
History of Involvement in Diabetes Support.....	26
Shared Experience of Being Diagnosed	28
Collaborations of Direct Practice with Groups.....	29
Collaborations with Organizations and Disciplines.....	30
Collaboration for Psychological Needs.....	31
Outreach Efforts for Participation.....	31
Outreach and Marketing.....	32
Structure and Function of Group.....	32
Demographics of Members.....	34
Resources Utilized.....	36
Educational Components.....	37
Tools Used for Behavioral Change.....	37
Member Input.....	40
Evaluation	41
Lack of Support and Funding.....	41
Additional Concerns.....	42

Summary	43
CHAPTER FIVE: DISCUSSION	
Introduction	44
Discussion	44
Limitations.....	46
Recommendations for Social Work Practice, Policy and Research.....	47
Conclusions	49
APPENDIX A: QUESTIONNAIRE.....	51
APPENDIX B: INFORMED CONSENT	53
APPENDIX C: DEBRIEFING STATEMENT	56
REFERENCES.....	58

CHAPTER ONE

INTRODUCTION

Introduction

More people are being diagnosed with diabetes than in the past. Complications can be prevented or delayed if individuals comply with medical treatment. Consequences of poor compliance with diabetes can lead to significant medical problems. Lifestyle changes are necessary which include changes in nutritional intake and physical activity along with checking blood sugar levels and taking medications as prescribed.

Education is one component of the treatment that an individual receives when diagnosed. Changing behaviors takes time, and the process involves stages that individuals move through before a new behavior becomes a habit. Societal factors may increase the difficulty for an individual to make these necessary lifestyle changes such as access to health care, societal norms and increase in the cost of living including the cost of food.

Problem Statement

Diabetes is connected with poverty and lack of adequate health care. Adequate health care is a problem for many; however, individuals who are low-income or living in poverty are more likely to have jobs that do not have health insurance or to be unable to pay for health insurance, medications or co-pays (Galambos, 2006, p. 1-2).

Also, health issues are difficult to address because of the complexity of the problem. Behavior change is not easy and societal norms impede success in addressing the problem. Diabetes management is ongoing and requires lifestyle changes that can impact the person's emotional well-being and can cause issues related to loss, fear and stigma (Power, 2002, p. 41-42). Ayalon, Gross, Tabenkin, Porath, Heymann, & Porter (2008) discuss the toll that diabetes management can take on the individual and how it can lead to noncompliance with treatment to improve quality of life (p. 233).

There are many organizations that are addressing the problem of diabetes due the disabling complications that can dramatically impair an individual's health, level of functioning and can lead to death (World Health

Organization and International Diabetes Federation [WHO], 2004, p. 7). Efforts to address diabetes are often through initiatives with the goal of increasing awareness and education by providing information and resources such as with the initiative of Diabetes Act Now through the World Health Organization and International Diabetes Federation (WHO, 2004, p. 2).

Although the initiative's goal is to increase awareness and to be a resource for information, it is stated that education alone is not sufficient to encourage behavior change and that environmental changes are also necessary such as with the cost of food and transportation (WHO, 2004, p. 12). The Center for Disease Control and Prevention (CDC), (2011) has resources, information, publications, and educational materials. The American Diabetes Association (2011) has educational information such as meal planning, recipes, screening for risk, general information about diabetes, advocacy efforts related to policy, advocacy for individuals, exercise, weight loss and message boards that allow to connect with other people.

Purpose of the Study

The purpose of the study is to evaluate support groups for people with diabetes to find out information about the facilitators, social workers involvement, if any, details of how the groups are facilitated, resources used and the way in which behavioral change is addressed. The support groups for adults with diabetes were evaluated.

The study is qualitative and was conducted by surveying facilitators at different facilities throughout San Bernardino and surrounding counties. The survey included questions addressing the facilitator's educational background, how and when they started facilitating the group, whether it is open or closed to the general public, educational components of group, materials used, behavior change components of group, if evaluation is used to determine success, when groups are offered, and collaborations if any.

Many of the efforts being made in addressing diabetes are through primary prevention and promotion of a healthy lifestyle. The role of the social worker is to assess the whole person, their support systems, access to needed services, basic needs and help the individual make

necessary changes in their lives that will positively impact their health and overall well-being.

Significance of the Project for Social Work

Everyone has a right to quality of life and should be able to meet their basic needs for their overall well-being. Social workers have a responsibility to address issues such as diabetes because it limits quality of life and affects certain populations disproportionately. The NASW Code of Ethics has core values that include providing service for those in need of help, addressing issues to ensure social justice and respecting the individual's worth and dignity (Van Wormer, 2006, p. 424). These core values apply to the prevalence of diabetes and compliance with treatment. Social workers have an obligation to increase education, address barriers that may prevent or discourage change of behaviors and increase access to needed resources and services, while respecting the cultural differences of various populations.

Social workers have an opportunity to help people live a better and healthier life. Ultimately, it is up to the person to make changes in their life. However,

society and social workers have an obligation to ensure that people are educated, and have tools that they can use to be able to make the changes and to be there to offer encouragement. Research would help individuals in different professions who interact with and provide services for people with diabetes or at risk of developing diabetes.

The phase of the generalist model involved in the study is evaluation. Evaluation of support groups for adults with diabetes can allow for a better understanding of how the groups are being facilitated, social workers' involvement or lack of, collaborations if any, ways to address behavior change, and measures of outcomes. How groups are facilitated can help with understanding the complexities involved with facilitating support groups for people having difficulty managing their diabetes. The information can assist with future involvement working with this population.

CHAPTER TWO
LITERATURE REVIEW

Introduction

Diabetes is a societal problem that needs to be viewed from an environmental prospective as well as individually and requires collaboration, and coordination in the individual's medical care. The research that follows looks at prevalence of diabetes, the importance of preventing and or delaying complications that can occur, the need to examine dietary intake and physical activity as well as the theory of stages of change as it relates to the process of making behavior changes. Looking at the difference can help in having a better understanding of the complexity of the problem of diabetes and the difficulties that individuals face changing health behaviors while living and functioning within day-to-day normal activities.

Prevalence of Diabetes

In the United States, it is estimated that 25.8 million people are affected and 7 million have diabetes and do not know it (Center for Disease Control and Prevention [CDC], 2008, p. 2). According to the Center for Disease

Control (2008), the number of people with diabetes in the United States has dramatically increased in the last 15 years, is expected to continue to increase and has forced society to address the issue more than in the past (p.2). Even if you are not affected directly, you are affected indirectly such as with the costs involved with treating individuals with diabetes increasing the overall cost of health care (CDC, 2008, p. 2). Also, as the number of people affected with diabetes increases, the amount of money and needed services will also increase. Minorities are at higher risk of developing diabetes (CDC, 2008, p. 2). And, the incidence rate of youth diagnosed with diabetes is increasing (CDC, 2007, p. 8). The complications of this disease can be severe, reduce quality of life and reduce an individual's life expectancy (CDC, 2007, p. 5-12).

Compared to non-Hispanic white adults, the risk of diagnosed diabetes was 18% higher among Asian Americans, 66% higher among Hispanics, and 77% higher among non-Hispanic blacks. Among Hispanics compared to non-Hispanic white adults, the risk of diagnosed diabetes was about the same for Cubans and for Central and South Americans, 87% higher for

Mexican Americans, and 94% higher for Puerto Ricans.
(CDC, 2011, p.3).

Based on a national survey from 2007-2009 looking at individuals 20 years of age and older, the rates of people with diabetes were indicated as follows: "7.1% of non-Hispanic whites, 8.4% of Asian Americans, 11.8% of Hispanics, and 12.6% of non-Hispanic blacks" (CDC, 2011, p. 3). Of the Hispanic population, the rates of people with diabetes were further broken down: "7.6% for both Cubans and for Central and South Americans, 13.3% for Mexican Americans, and 13.8% for Puerto Ricans" (CDC, 2011, p.3).

In the United States 1.9 million people 20 years of age or older were diagnosed with diabetes in 2010. (CDC, 2011, p.1) Also, the incidence rate of youth diagnosed with diabetes is increasing (CDC, 2007, p. 8) 215,000 people under the age of 20 in the United States were diagnosed with diabetes (CDC, 2011, p.1). And, of those 65 and older, there were 10.9 million diagnosed with diabetes in 2010 in the United States which is 26.9 % of this population (CDC, 2011, p.1).

The majority of cases of diabetes consist of two types (CDC, 2008, p.1). Type 1 diabetes is when your body is not producing the insulin needed and requires insulin to be provided either through injection or a pump; this type represents approximately five to ten percent of all cases and mostly affects "children and young adults" (CDC, 2008, p. 1). Type 2 diabetes is when your body is not using the insulin effectively and is due to cells being insulin resistant; this type represents 90 to 95% of all diabetes cases (CDC, 2007, p.1).

Prevention

Diabetes is a societal issue that is connected to various social problems and requires involvement of social workers to address the problem. The complications of this disease can be severe, reduce quality of life and reduce an individual's life expectancy (CDC, 2007, p. 5-12). Research has indicated that people can prevent or delay complications of diabetes through lifestyle changes such as weight loss, good nutrition, increased physical activity and checking and controlling blood sugar levels (CDC, 2007, p. 2-4). For people who are diagnosed with

diabetes, routine checkups can also prevent more severe complications; some of the complications of diabetes include blindness and other eye problems, lower extremity amputation, nerve damage and kidney failure (Center for Disease Control and Prevention (CDC, 2007, p. 9-12).

Additional complications of diabetes include:

hypertention, heart disease and stroke (CDC, 2011, p. 8).

Managing diabetes can affect the overall well-being of the individual. Dietary intake and physical activity are important aspects that are reviewed for prevention.

Nutrition and Physical Activity

Although there are many factors that influence compliance, dietary intake can be difficult to change (Savoca & Miller, 2001, p. 224). There are several issues that can affect the person's ability to manage what they eat. The type and portions can be unhealthy, and the foods that taste good may not be healthy due to high amounts of fat and sugar (Savoca & Miller, 2001, p. 227). Other aspects of changing dietary intake are that it is difficult to make good choices when you are eating out, and for some people, food can be emotionally comforting (Savoca & Miller, 2001, p. 227).

Recommendations suggested to help with maintaining a healthier diet are choosing the type of food and the way in which it is prepared, planning ahead to incorporate meals that meet suggested dietary intake requirement and thinking ahead about how to handle different situations such as eating out and reducing the portions that are consumed (Savoca & Miller, 2001, p. 227-228).

Along with food choice is the issue of having the resources to make better food choices. The amount of money that you have to spend on food may affect what types of food that you can buy. Foods that are higher in fat and that have poor nutritional value may cost less. Buying more nutritional or healthy foods such as vegetables or fruits can be more expensive. Frozen food or fast food may be cheaper than cooking a meal.

Seligman, Bindman, Vittinghoff, Kanaya and Kushel (2007) discuss the implications of food insecurity on food choices and the association of Type 2 diabetes; food insecurity is defined as not having adequate financial means for food (p. 1018). The article also talks about the link of obesity and food insecurity as a basis for their study and then looked at the association of food insecurity and Type 2 diabetes. It was found that a

higher prevalence of diabetes is associated with those who experienced higher level of food insecurity (Seligman et. al, 2007, p. 1018).

The Food, Conservation, and Energy Act of 2008 also known as the Farm Bill of 2008 included changing the name of the food stamp program to Supplemental Nutrition Assistance Program (SNAP) and made changes to eligibility for the program to increase participation (United States Department of Agriculture Food and Nutrition Service. [USDA], 2012). Additional funding was approved for programs promoting healthy foods including increased access to fresh fruits and vegetables (USDA, 2012).

Increase in activity level for someone with diabetes can help control their blood sugar levels. Increasing activity level is difficult for some people. Increase in activity level for someone with diabetes can help control their blood sugar levels. Also, societal changes due to technology, transportation, values that are more individualistic as well as increased demands for individual responsibility have led to a more sedentary lifestyle and have contributed to the problem of diabetes. We walk less, work more in jobs that require less physical labor, spend more time on the computer,

enjoy activities that involve computerization and need to constantly build our knowledge and skills to remain competitive in society (Engström, 2004, p. 108-109).

Theories Guiding Conceptualization

The transtheoretical model describes the stages that an individual goes through when making behavior changes and the psychological components involved (Basta, Reece, Wilson, 2008, p. 2). The individual moves through stages from the beginning stage of not thinking about making changes, referred to as precontemplation (Basta et al., 2008, p. 2). The second stage is when the individual is thinking about making changes referred to as contemplation (Basta et al., 2008, p. 2). The third stage is when the individual is planning how to make the change referred as the preparation (Basta et al., 2008, p. 2). The fourth stage is when the individual starts implementing the plan referred to as action, and the final stage is referred to as maintenance when the individual continues the behavior on an on-going basis (Basta et al., 2008, p. 2).

The psychological aspects of the model that help to move the individual through the stages include

decisional-balance, process of change and self-efficacy (Basta et al., 2008, p. 2). The decisional-balance component described is when the individual weighs the negative and positive aspects of making the change; the positive aspects need to be viewed as more beneficial than having to deal with the negative aspects (Basta et al., 2008, p. 2). The process of change is described as the process of how the individual will be able to make the necessary changes and gauge their progress; the self-efficacy component refers to the individual's belief in their ability to make the necessary changes and deal with the challenges that they may need to overcome (Basta et al., 2008, p. 2).

The transtheoretical model is a model that can be applied toward behavior change. It can be used to understand where an individual is at in relation to behavior change they want to make. The model can also be used to evaluate progress toward change. Change can be to reduce unhealthy behaviors or to increase healthy behaviors such as increasing activity level. This model would apply when working with individual diagnosed with diabetes or at risk of developing diabetes.

Summary

People may not be taking steps to prevent complications. Lifestyle changes are necessary for many and can be difficult. Changing behaviors takes time and is affected by many aspects of the individual's life. Income, support system, knowledge of risks, knowledge of health resources to access health care, and other factors may affect an individual's efforts in making healthier decisions to improve their health. Support groups can help people address necessary behavior changes.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the purpose of the study, study design, sampling, methods and data and collection instrument, strengths and limitations of the study as well as measures taken to protect human subjects in the qualitative study to evaluate support groups for adults with diabetes.

Study Design

The purpose of the study was to evaluate resources and tools that are used in the group facilitation process, social workers involvement if any, collaborations, backgrounds of the facilitators, layout of group format and other dynamics of the groups. The questions were developed to examine these aspects. (See Appendix A).

Interviews were conducted with structured questions with an opportunity for the facilitator to provide additional information at the end. Hospitals have resources and professional of many disciplines to be able to provide support for individuals with diabetes or at

risk of developing diabetes. For this reason, I decided to start by contacting hospitals in San Bernardino County and in surrounding counties to find diabetes support groups. I also identified diabetes support groups listed on the American Diabetes Association.

The study was also designed to examine social workers' role, if any, in the support groups either in conducting the groups or working in a collaborative relationship with other professions. A qualitative study was chosen to get in depth information on how groups are conducted, by whom, their investment in the group, resources and tools used to help behavior change, collaborative relationships, social work involvement, accessibility of groups to general public, and availability of support groups. Confidentiality was factored into the study so that people were more willing to participate and be open to provide information.

Sampling

The study was conducted with facilitators of diabetes support groups or classes for adults at different medical facilities in San Bernardino and surrounding counties. Three surveys were completed with

facilitators affiliated with medical facilities and two were referred by medical facilities with groups conducted by individuals diagnosed with diabetes. Of the three affiliated with medical facilities, two were nurses and one was a registered dietitian. No social workers were directly involved in facilitating the support groups. Many diabetes support groups identified on the listing of support groups for the American Diabetes Association for the region that included Riverside and San Bernardino County are no longer running. And, most of the hospitals contacted do not have diabetes support groups. It was difficult to find diabetes support groups in San Bernardino County and within surrounding counties. For this reason, the sample size was small.

Data Collection and Instruments

One limitation of the study was that interviews were conducted with facilitators who responded and were willing to meet with the researcher. Also, the information gathered addressed the group process and did not gather information from members of the group. Interviews were conducted with facilitators who run diabetes support groups. One strength of the study is

that the researcher had an opportunity to meet with people who facilitate support groups for individuals with diabetes and gain knowledge from their experience working with this population. The questions were followed; however, there was opportunity for additional questions or expansion of ideas that were brought up at the end.

The questionnaire that was used was developed to learn about the educational background and experience of the facilitator in order to explore social workers' involvement if any. (See Appendix A). The questions also were created to explore the facilitators experience working with diabetes support groups, collaborative relations with other professionals or associations, process and eligibility for participating in the group, accessibility to the community, layout of the meeting area and how the group functions. (See Appendix A). Additional questions were included to explore the times, days, frequency of when the groups are held, resources and materials used, educational components, tools used to encourage behavior change, allowance for member input and whether evaluation of interventions incorporated. (See Appendix A). Also, open-ended questions were utilized to gather in depth responses.

Procedures

Hospitals and medical facilities were contacted to find diabetes support groups. Interviews were conducted with facilitators of diabetes support groups with those willing to participate. Hospitals and medical facilities have multiple resources available including social worker staff to offer support groups for adults with diabetes. Individuals with diabetes is on the rise; therefore, the expectation was that hospitals and medical facilities are reaching out to individuals with diabetes to offer support as this populations faces multiple challenges in adhering to their medical treatment plan.

There are significant medical costs when individuals experience complications from diabetes. Therefore, preventative measures such as support groups would help reduce costs for the hospital and medical facility as well as help to promote better quality of care. The expectation was that all hospitals and medical facilities have some sort of support group for individuals with diabetes or at risk of developing diabetes.

The purpose of the study was provided in the informed consent and additional questions were answered prior to conducting the interviews. All participants were

given the informed consent. (See Appendix B). The informed consent was signed and then the interview was conducted. The interview appointments were scheduled for a one hour allotment. All interviews lasted more than one hour due to the extent of the information being shared. Participation was voluntary and the facilitator's affiliation with medical facilities along with participant identifying information was kept confidential. The questions were not provided prior to the interview; therefore, there was additional limitation based on the fact that the participants were unaware of the information being asked. This also limited the details of information received. Also, a debriefing statement was provided at the end of the interview. (See Appendix C).

Protection of Human Subjects

Participation in the study was voluntary and personal information was kept confidential with no reference to names of medical facilities or cities. Reference materials are discussed based on subject matter or topics. Participants are from different counties. The informed consent was provided and required for

participation. The informed consent and debriefing letter included information on the explanation of the study, when and where results will be made available, contact information if any questions or concerns. The informed consent letter is attached as Appendix B; the debriefing letter is attached as Appendix C.

Data Analysis

The data gathered from the interviews were recorded in hand written form during the interview. The same questions were asked of each participant; however, the last question allowed for individual responses based on information the participants wanted to share. This allowed for data that were not previously considered.

The data from the last question were analyzed to determine if the information applied to the other questions already asked or if the data fell into a different category. Common themes, similarities and differences were then examined for each question as well as the individual responses at the end.

Summary

This research conducted was qualitative and evaluated the functioning of support groups for adults

diagnosed with diabetes related to materials used, resources, collaborations, layout of meeting area, facilitators involved, history of the group and other factors of the group process. This research also evaluated participation of social workers in the group. This information is helpful for social workers and anyone working with support groups for individuals diagnosed with diabetes as well as those considering starting a support group for this population.

CHAPTER FOUR

RESULTS

Introduction

The results of the study are presented with a summary of the findings from the interviews that were conducted. Similarities and differences for each of the questions is presented as well as an in depth summary of the findings from data provided by the participants. A total of five interviews were conducted. Two of the five facilitators are individuals with diabetes. The other three are dietitians or nurses. There were no social workers involved with facilitating or co-facilitating the groups. The groups were identified through the listings provided by the American Diabetes Association and by contacting local hospitals directly to solicit information about diabetes support groups affiliated with their medical facility. Two of the groups were referred by the medical facility contacted but are not affiliated with the facility.

Presentation of the Findings

Education, Experience and Professional Associations

Two of the five people interviewed are Registered Nurses and one is a Registered Dietitian. One of the remaining two is diagnosed with diabetes and has a high school education. The other, a Certified Health Coach and business owner, is diagnosed with diabetes with education and work experience in Marketing, Business and Management. Professional associations two of the interviewees reported affiliation with are The American Association of Drugless Practitioners and The American Diabetes Association of Educators.

History of Involvement in Diabetes Support

The two with the longest history of involvement with diabetes support either with groups or individuals are the two interviewees diagnosed with diabetes. One has been involved with the current group for over 15 years and the other has provided direct support on one-on-one basis or with groups for over 20 years. The other three reported length of involvement ranging from four to 13 years.

Reasons for how they became involved with diabetes support were reported as follows: diabetes education is part of the position, a personal history of diabetes and being in search of support with limited support found, volunteered at diabetes center and became involved when an opportunity was presented, observed the connection between diabetes and heart disease when working as a cardiac nurse and took a position when an opportunity arose.

One of the interviewee's reported that they volunteered at a diabetes institute and volunteered for four years in a program providing phone support on a one-on-one basis for people diagnosed with diabetes. The interviewee reported that they met the criteria the program was looking for in wanting to match individuals based on their gender and age. The interviewee reported that they felt that they could help people more in person rather than on the phone and started a diabetes support group that was held at a local hospital. The interviewee reported that the group was then moved to their business location. The interviewee reported that they gained education as a Certified Health Coach and were able to

open a business that allowed her to earn a living while helping people and offering free diabetes support groups.

Another interviewee diagnosed with diabetes reported that they were encouraged by their spouse to be involved with helping others rather than focusing on their own situation.

Shared Experience of Being Diagnosed

One of interviewee's shared how they felt when initially diagnosed and their process of being diagnosed. The interviewee said they thought being diagnosed with diabetes "was a death sentence" and "made a will" because they had seen a person with diabetes who had amputations. (Participant 5, personal communication, April 2012)

The interviewee shared that they later met another person who was diagnosed with diabetes and did not have complications. That person explained to them that if they take care of themselves, they could prevent medical problems. The interviewee shared that they "went 10 years without being diagnosed" and were not given good medical advice by their doctor. (Participant 5, personal communication, April 2012) They were told "not to eat

sweets." (Participant 5, personal communication, April 2012)

The interviewee said that they were diagnosed with Type I diabetes because they went so long without being diagnosed that their body stopped producing insulin. The interviewee reported that "doctors are better now" but that there is still a need to educate doctors today.

(Participant 5, personal communication, April 2012) The interviewee reported that the diabetes center they are affiliated with provides education for doctors.

Collaborations of Direct Practice with Groups

Data that was gathered from the interviews reported collaborations with professionals. All but one reported collaborations with two or more professionals from different disciplines. One registered nurse interviewee reported collaboration with one other professional, a dietitian. The different professionals involved with participating in the groups as invited speakers were reported as follows: dietitians, primary care doctors, dentists, podiatrists, people diagnosed with diabetes provided by representatives from drug companies, psychologists, certified diabetes educators, acupuncturists, pain therapists, exercise physiologists,

professional chefs, endocrinologists, and ophthalmologists.

Collaborations with Organizations and Disciplines

Interviewees reported organizational collaborations with the American Diabetes Association, American Association of Drugless Practitioners, and American Diabetes Association of Educators. Interviewees also reported collaborative efforts in referral for diabetes support. One of the interviewees reported contact from an Amputee Support Group at their facility for collaboration in providing diabetes support for members of the amputee support group. Another interviewee reported collaborative efforts from different medical departments for diabetes support such as with cardiac rehabilitation, wound center, and inpatient hospital. The collaborative relationship was reported to identify individuals for potential diabetes diagnosis or for support for those diagnosed and experiencing complications due to their diabetes.

One of the people interviewed reported working with the social workers at the hospital when people are discharged and that there has been discussion at staff meetings to work more with social workers.

Collaboration for Psychological Needs

One interviewee reported collaboration with a Licensed Clinical Social Worker for resources or direct service when it appeared that the individual needed to address other mental health issues that seemed to interfere with their ability to receive support in managing their diabetes. Another interviewee reported working with an inpatient mental health care unit for psychological counseling specific for providing care for older adults. The program coordinates voluntary admission as needed.

Outreach Efforts for Participation

Data gathered related to the methods of advertising and outreach were reported as follows: use of flyers, hospital websites, advertisements in local newspaper, promotion of support groups at community health fairs, promotion of support groups at events held by the American Diabetes Association, brochures, posters, referrals from hospitals, referrals from other medical departments and doctors, flyers provided with inpatient consults, and mailing of flyers to listings provided by a medical facility or diabetes center.

Outreach and Marketing

Three of the five people interviewed reported use of marketing to promote their support groups either by direct marketing provided by the person or through collaboration with the marketing departments or persons affiliated with the medical facility. Marketing was used for outreach related to the designing of the flyers, coordination in advertising in the newspaper, and efforts to outreach through use of radio announcements.

One person interviewed reported on-foot marketing by going to their church, local restaurants, and other establishments to get the owners or workers to put up the flyers. This interviewee reported that no one had ever told them no and then told a story about a situation where the owner of an eating establishment did tell them no. However, the interviewee was able to convince the person to agree. This interviewee has a history of work experience in Business, Management and Marketing.

Structure and Function of Group

One interviewee reported that the layout of the meetings are structured so that the facilitator and members are "all at eye level" in a style that promotes talking and interaction rather than teaching.

(Participant 1, personal communication, March 2012) This interviewee also reported that material for the group is often correlated with the current "designated health month" such as heart health. (Participant 1, personal communication, March 2012) This interviewee reported being the primary facilitator with collaboration with a dietitian that also provides coverage as needed if the facilitator is not available.

Another person interviewed who is diagnosed with diabetes reported that speakers are arranged each month for the group and that it is more lecture style. Another interviewee diagnosed with diabetes who is also a certified health coach, reported use of speakers, use of inspirational sayings written on a white board where the groups are held, sharing of personal experiences and challenges in diabetes management, as well as having activities and outings. An example of the outings and activities was given as meeting for a walk and then going to a restaurant and discussing the menu.

Another person interviewed reported diabetes support being provided as classes with the facilitator being either a nurse or dietitian. The classes were lecture style with use of Power Point by the dietitian and use of

the Teach Back method by the nurse. Difference in teaching methods based on different professional disciplines was reported. The Teach Back method was explained as education being provided in small segments and then asking members to provide feedback about what they have learned before they teach more or move from simple information to more complex.

Another person interviewed shared that the layout of the room was arranged so that the facilitator would be in the middle as the people come in so that they could greet them. The function of the group was reported as involving introductions including type of diabetes and that the group was held as an open forum for discussion with prepared handouts.

Demographics of Members

Some demographic information about support group members was reported. One interviewee reported members between the ages of 40's and 90's, more women than men and most people between the ages of 40 and 70. Another interviewee reported members being older with no age range given. Another reported that the average age is 60 with a mix of ages with different demographics at different sites where the groups are held. One location

was reported as having members from the 60's to 70's age range. Another interviewee reported members from the ages of 50's to 70's and that they had difficulty getting people 20 years of age or older to participate. Another reported that they have a diabetes support group for teens and 20's. Overall, people 60's and above are participating in the groups with reports of an increase of people participating who are 40+ years of age.

The number of people who participated in the groups varied. Of the five people interviewed who provided information about number of members, one reported having 30 + people with one month having 60. Others reported three to 10, and about 10 and commented that the women's group was more established. Also some reported having blended groups of men, women, different types of diabetes (type I and type II) as well as prediabetics. One interviewee reported having blended groups but separated by gender for type II and another group for type I diabetes for women. Four of the five people interviewed reported providing support groups for people with prediabetes.

In addition to diabetes support groups, the three people who work at medical facilities reported having

diabetes education classes; however, they also reported that medical insurance including Medicare does not pay for classes for people with prediabetes.

One person interviewed reported that they offer a Spanish group. Another reported that they had had a Spanish group but had to stop offering the group when they lost staff. And, another reported wanting to start a Spanish group currently but having difficulty getting one started. The interviewee that reported having to stop offering a Spanish group due to loss of staff, reported that they had good attendance for the members who participated.

Resources Utilized

The types of resources used by the people interviewed are as follows: internet for recipes, educational materials from drug companies, diabetes health magazines, the American Diabetes Association (ADA) website diabetes.org, eatright.org, the American Diabetes Association books, recipe books, American Association for Diabetes Educators, Krames (an ADA recognized program), living with diabetes on the ADA website, journals from the American Association of Diabetes Educators, Diabetes Self-Management magazine, D Life TV Show and dlife.com,

Taking Care of Your Diabetes mini series, ultra metabolism, integrated nutrition, materials from school, and use of the USDA plate. One interviewee reported that they are able to get equipment from the drug companies for the classes/group.

Educational Components

Educational components reported by the people interviewed are as follows: Seven health care behaviors of the American Association for Diabetes Educations (healthy eating, being active, medication, reducing risks, problem solving, coping and monitoring), nutrition and meal planning, carb counting, blood sugar control, exercise, travel (how to manage their care when traveling), foot care, use of food supplements, heart health, weight loss, and use of speakers from dialysis centers. One person interviewed reported that they sometimes "feel like a food psychologist" based on what people eat and why. (Participant 3, personal communication, March 2012)

Tools Used for Behavioral Change

The people interviewed reported using the following tools to help with behavior change: goal setting, food diaries, blood sugar diaries, talking about stressors and

outlets, motivational and inspirational communication, and use of people who have been able to manage their diabetes to help out with the group and speak with the members, personal coaching in group process, activities such as meeting and going walking, and going to an eating establishment and talking about the menu. One person reported using "stack the deck cards" from the American Association of Diabetes Educators that have different topics on the cards to talk about. (Participant 3, personal communication, March 2012)

One person interviewed talked about "inspirational conversation" and that they "go where the person is at." (Participant 2, personal communication, March 2012) This interviewee reported that they recommend journaling and try to find out the goals of the person and where they are at in relation to working on their goals. This interviewee is a Certified Health Coach, has a business as a health coach and also offers free diabetes support groups. This interviewee shared that they work with the person based on the way the person wants to work toward their goals such as if they want to use a particular food management program. This interviewee talked about "conscious eating" such that you know what you are

eating. This interviewee reported referring to an LCSW for referrals or direct service when members seem to be having other difficulties in their life or in relation to their diabetes. This interviewee also reported utilizing the LCSW for themselves when needed and told of a story of an LCSW who provided services for her father at the Veteran Administration medical facility. This interviewee shared that the LCSW is "my coach" and that the LCSW "is the greatest listener." (Participant 2, personal communication, March 2012) This interviewee also shared that they had thoughts of becoming a social worker and said "...if I were younger." (Participant 2, personal communication, March 2012)

Another interviewee provided a booklet that was put together by the interviewee, a nurse, and a dietitian. The booklet covers the areas of monitoring, exercise, medication, risk reduction, exercise, and nutrition. There are a lot of different handouts related to the topics listed above included pictures and information about insulin injection and insulin storage, hypoglycemia and symptoms with pictures, an information sheet about depression, etc. The booklet also has listings of helpful websites on the back page with websites for phone apps

and other diabetes related websites. Other websites include: Joslin Diabetes Center, California Diabetes Program, Cornerstones 4 Care, Diabetes Exercise & Sports Association, Dia Tribe (for research), National Institutes of Health, Centers for Disease Control and Prevention, and the American Dietetic Association. Websites for phone apps include: Lose It, Livestrong, GoMeals, Calorie King, Glucose Buddy.

Another interviewee reported using SMART goals. It was explained that SMART goals are specific, measurable, attainable, realistic and have a time frame) and the Teach Back method for classes along with encouraging "tiny goals." It was explained that people cannot be expected to make drastic changes suddenly. An example was given of getting someone to check their blood sugars when they haven't done this before.

Member Input

All of the people interviewed reported that members have opportunities to have input in the group process and information provided or interests in speakers. One person reported that they changed the time that the group met based on information shared by members such as wanting to meet earlier so that they did not have to drive at night.

Evaluation

One interviewee reported that they ask the members to share "positive changes", have the members keep track of their goals or milestones reached, and have the members identify three top topics the member wants to work on. (Participant 2, personal communication, March 2012) Other people interviewed shared that they did not formally evaluate their interventions; however, some talked about checking with the members to find out what the members are interested, liked or wanted to learn about. Another person interviewed reported that members tell them about their progress such as improved A1c levels.

Lack of Support and Funding

One person interviewed reported that they buy the snacks for the group with their own money. This interviewee also reported reaching out to social work staff at the facility are being told that the social work staff would not help with the group. This interviewee also reported loss of support staff/secretary for help with the group along with having to stop offering a Spanish group as a result of the loss.

Lack of medical insurance of members was reported as a difficulty when providing support and referrals such as for primary care.

Additional Concerns

One person interviewed talked about the differences between Type I and Type II diabetes including that people with Type I are at higher risk of hypoglycemia and that people with Type I can "crash harder and faster."

(Participant 1, personal communication, March 2012) This interviewee also reported that they "see excessive exercise" with men and that they "see more eating disorders" with women. (Participant 1, personal communication, March 2012)

The person interviewed also talked about Acanthosis explaining that it is a darkening of the skin in areas such as the neck. The person explained that this is an "indicator of insulin resistance."

Another area that was discussed is having a place to hold the support group when the group is not affiliated with the hospital. One person interviewed reported that they currently have the meeting at a church and that the church allows them to use the utilities such as the air

conditioning as well as giving them a key for access as needed.

Summary

The data indicated that there are limited diabetes support groups being offered, adequate resources are lacking to support some of the existing groups, social workers are not directly involved with facilitating or co-facilitating groups, and frequent usage of speakers from other professional disciplines is incorporated. Additionally, some groups are facilitated by individuals diagnosed with diabetes, marketing skills or collaboration with marketing departments helps with outreach, collaboration with organizations is incorporated, more participation of women, more participation of older adults, increase in participation of adults 40 years of age and older, and dietitians and nurses facilitate groups at medical facilities.

CHAPTER FIVE

DISCUSSION

Introduction

The following will review common themes from data collected, summary of findings and implications, and limitations with study. Additionally, recommendations for social work practice, policy and research will be discussed.

Discussion

Although there were limited participants for the study, the findings showed that nurses and dietitians conduct diabetes support groups or classes when affiliated with medical facilities. However, the diabetes support groups referred to by the medical facilities were run by individuals diagnosed with diabetes.

In comparing the groups affiliated with the medical facilities versus those that were run by individuals diagnosed with diabetes, those run by individuals with diabetes were comparable and seemed to have had longer running groups with more participants. Also, one of the individuals diagnosed with diabetes is also a Certified

Health Coach with experience in business, management and marketing.

Marketing skills or collaboration with marketing departments seemed to help with outreach based on materials created and advertising. Also, the use of speakers from other professional disciplines was reported as a common practice incorporated in facilitating diabetes support groups.

Although evaluation was reported indirectly and was not a formal part of the process of the intervention, it was included. More can be done in this area, even if through mini questionnaires that check in with the members. For example, "Is your Alc: where it needs to be, or needs more work" or "Areas of difficulty" with an option to circle items that include a listing of exercise, blood sugar monitoring, nutrition and food choice, meal planning, coping, etc. A question can be asked about attendance such as: I have attended 1-2 times, 3-5 times, 6 or more, regular attendance.

Another area that was mentioned in the study was the usage of individuals with diabetes, who have been able to manage their condition, as volunteers to help out with groups. People diagnosed with diabetes may have a range

of experiences that can help with the success of the group in addition to their common condition. Also, given that there may be limited resources, more creative ways can be found to incorporate activities. For example, people may express that they want to go to the store to look at labels. Another option could be to have the members bring in labels of food products they commonly use or menus from their favorite restaurants. More collaboration can help with ideas and help to prevent potential burn out.

Limitations

Due to the small number of people interviewed, there are limitations with the results. It was difficult finding diabetes support groups. The listing on the American Diabetes Association website did not seem to be up to date. Some of the people contacted reported that they used to have diabetes support groups.

The questions were not provided prior to the interview. Providing the questions ahead of time may have improved the information received. The data were hand written and not recorded. The questions were asked

based on responses provided and data from the last question was open to what the person wanted to share.

Although there were limitations, the data collected seem to present enough information to give an idea of how diabetes support groups are run and what seemed to work with outreach and participation.

Recommendations for Social Work Practice, Policy and Research

Based on the data from the study, there are many opportunities for social workers to collaborate with or facilitate support services for people diagnosed with diabetes in need of help. Due to the many complications previously discussed, there is a great deal more to do in outreach for this population. Research listed many different potential complications including kidney failure, blindness, amputation, nerve damage, etc.

Another area that I did not research but was discussed at my current internship is that there is a possible link of dementia and diabetes. If this is true and diabetes is on the rise, there is even more reason to do outreach at different levels of prevention including outreach to people categorized as prediabetic since changes in nutrition and exercise has shown to help

prevent or delay diabetes as previously discussed in the research presented.

Additionally, complications from diabetes, increases the health care needs of the person as well as places additional demands on the health care system and the persons family if they need care and support. Increase in financial costs and resources for the health care system then impacts the health care costs for everyone. Because diabetes leads to many potential health care problems, eligibility and cost for individual health insurance may be affected since the individual has a preexisting condition.

Health care reform is in motion with various components taking place now; however, the future of health care reform is uncertain. For this reason, more needs to be done to ensure that everyone has access to adequate and affordable health care with programs to help subsidize the cost of medications if needed for older adults with limited income.

Additionally, more research is needed to study members of diabetes support groups directly to find out from the members themselves things that are helpful to them in managing their diabetes as well as the

difficulties of living with diabetes. This can help with addressing areas that may need to be changed or improved for professionals working with diabetics in direct practice, diabetes support groups, educational classes or other prevention services.

Collaboration with community centers can be explored to assist in providing prevention services. Diabetes support groups and educational classes can be offered at the community centers with the help of volunteers. Community center mailings can be used to advertise. Funding can be explored especially if services include a plan to reach those more at risk of developing diabetes or complications. Social workers have the skills and tools to participate in these proposed actions.

Conclusions

More people are getting older and diabetes is on the rise based on research previously discussed; therefore, social workers have an obligation and an ethical responsibility to be more involved even if to increase their knowledge about diabetes and things to look out for when working with all ages, especially those with diabetes or at risk of developing diabetes. Also, in the

process of conducting this survey, I found out information about diabetes collaborative in San Bernardino and Riverside County. Participation in a collaborative is another way that social workers or others can help.

APPENDIX A
QUESTIONNAIRE

Questionnaire: Evaluation of support groups for adults diagnoses with diabetes. The following questions will be asked of facilitators of support groups for adults with diabetes.

- 1) Educational background of facilitator(s) (degrees, credentials)?
- 2) Length of time (experience) working with groups?
- 3) How did you get involved with facilitating this group?
- 4) Do you collaborate with other agencies, organizations or people in your organization?
- 5) How do people join the group (referral, self-referral)?
- 6) Is the group open to the general public? If not, where do you refer in the community if someone contacts you wanting to participate?
- 7) What is the structure of group (layout of meeting area and how the group functions at each meeting)?
- 8) Times, days, approximate # of people who participate, general demographics of group participants?
- 9) Books, resources, materials used?
- 10) Key educational components, topics?
- 11) How do you encourage behavioral change (tools that can be used)?
- 12) Do members have input in the group process?
- 13) Is evaluation a part of the process? If so, how?
- 14) Additional information that you would like to share?

Developed by: Julie Gonzalez

APPENDIX B
INFORMED CONSENT

This study is designed to evaluate support groups for adults with diabetes to find out information about who is facilitating the groups, structure of the group, group processes, resources and materials used, general *demographics* of participants, tools that are used to address applications for behavioral change along with other aspects of this type of group.

The study is being conducted by Julie Gonzalez, social work graduate student at California State University San Bernardino. This research has been approved by the School of Social Work Subcommittee of the Institutional Review Board at California State University, San Bernardino.

The interview will take approximately forty-five minutes to one hour. Participation in the study is voluntary, and you may withdraw from participation at any time. Your participation will be kept confidential. Your name and other identifying information about the medical facility you are involved with will not be included. Other information will be referenced in general terms such as with educational components, types of tools that are used.

The risks involved in participating in this study are minimal. If you have questions about the study, you can contact the faculty supervisor, Dr. Rosemary McCaslin at 909 537-5507.

By placing a mark below, I acknowledge that I understand the purpose of the study and consent to participate. I also acknowledge that I am at least 18 years of age.

mark "X"

Date

APPENDIX C
DEBRIEFING STATEMENT

Thank you for participating in this study. This study was conducted by Julie Gonzalez, social work graduate student at California State University San Bernardino under the supervision of Dr. Rosemary McCaslin, Professor of Social Work at California State University San Bernardino. The purpose of the study is to evaluate support groups for adults with diabetes. The information will be helpful for people and organizations wanting to create a support group for individuals with diabetes.

If you have questions about the research, please contact the faculty supervisor, Dr. Rosemary McCaslin at 909 537-5507. The results of the study will be made available at the Pfau Library at California State University San Bernardino after September 2012.

REFERENCES

- American Diabetes Association. (2011). Retrieved February 15, 2010 from <http://www.diabetes.org>
- Ayalon, L., Gross, R., Tabenkin, H., Porath, A., Heymann, A., & Porter, B. (2008). Determinants of quality of life in primary care patients with diabetes: Implications for social workers. *Health & Social Work, 33*(3), 229-236.
- Basta, T. B., Reece, M., Wilson, M. G. (2008). The transtheoretical model and exercise among individuals living with HIV. *American Journal of Health Behavior. 32*(4), 356-367.
- Centers for Disease Control and Prevention. (2007). *National diabetes fact sheet: General information and national estimates on diabetes in the United States*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Center for Disease Control and Prevention. (2008). *Diabetes disabling disease to double by 2050: At a glance 2008*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention. (2011). *National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Engström, L. (2004). Social change and physical activity. *Scandinavian Journal of Nutrition, 48*(3), 108-113
- Galambos, C. (2006). Health care coverage for poor women: dwindling support. *Health & Social Work, 31*(1), 3-6.
- Power, T. (2002). Defining the role of social workers in diabetes care. *Diabetes Voice, 47*(4) 41 - 43.

Savoca, M., & Miller, C. (2001). Food selection and eating patterns: Themes found among people with type 2 diabetes mellitus. *Journal of Nutrition Education*, 33(4) 224-233.

Seligman, H., Bindman, A., Vittinghoff, E., Kanaya, A., & Kushel, M. (2007). *Food insecurity is associated with diabetes mellitus: Results from the national health examination and nutrition examination survey (NHANES) 1999-2002.*

United States Department of Agriculture Food and Nutrition Service. (2012). Supplemental nutrition assistance program: A short history of SNAP. Retrieved April 28, 2012 from <http://www.fns.usda.gov/snap/rules/Legislation/about.htm>

Van Wormer, K. (2006). *Introduction to social welfare and social work: The U.S. in global perspective.* Belmont, CA: Thomson Higher Education.

World Health Organization and International Diabetes Federation. (2004) *Diabetes Action Now: An initiative of the world health organization and the international diabetes federations.* Retrieved February 15, 2010 from <http://www.who.int/diabetes/actionnow/en/DANbooklet.pdf>