

Participation in Diabetes Self-Management Class Among Adults with Diabetes in Florida, 2001-2003



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Diabetes is a chronic condition affecting millions of Floridians. Diabetes self-management is an important component of diabetes treatment. Self-management includes controlling blood glycemc levels through balanced diet, exercise, and medication, as well as self-care practices that prevent diabetes-related complications. Management plans should be individualized for each patient by considering age, daily schedule, physical activity, eating patterns, cultural factors, personality, and the presence of complications of diabetes or other medical conditions (ADA, 2003e)¹. Diabetes Self-Management Education (DSME) provides current information to help patients set goals for diabetes control, adopt a healthier life style, and take measures to prevent complications, such as lower extremity amputation, blindness, and kidney disease. National standards for DSME are available to define quality diabetes self-management education that can be implemented in diverse settings and will facilitate improvement in health care outcomes. Providing DSME is required as part of diabetes therapy and an indicator of the quality of diabetes care.

The focus of this report is the utilization of a diabetes self-management class² among adults with diagnosed diabetes³ in Florida. Combined data used for analysis are from the 2001-2003 Florida State Behavioral Risk Factor Surveillance System (BRFSS) survey and are based on a sample size of 15,871 respondents, of whom 1,335 reported being told by their doctor that they have diabetes.

Utilization of a self-management class among adults with diagnosed diabetes.

Among adults with diabetes, 52.2 percent report taking a course or class to help self-manage their diabetes. Significant differences in the utilization of classes are observed by sex and educational attainment. More men (56.9 percent) than women (47.0 percent) report taking a self-management class. (See Figure 1.)

Adults with less than a high school education are significantly less likely to have taken a self-management class (36.2 percent) than are adults with a high school education (53.2 percent) and those with more than a high school education (57.3 percent). (See Figure 2.)

No significant differences in self-management class utilization were observed by race/ethnicity, age, marital status, or income. (See Table 1).

Diabetes self-management classes cover the Principles of Diabetes Management including:

- *General Facts
- *Nutritional Management
- *Exercise
- *Complications
- *Foot Care
- *Medications
- *Blood Glucose Monitoring
- *Behavior Modification
- *Psychosocial Issues
- *Community Resources

Figure 1: Prevalence of Participation in a Diabetes Self-Management Class Among Adults by Sex, Florida, 2001-2003

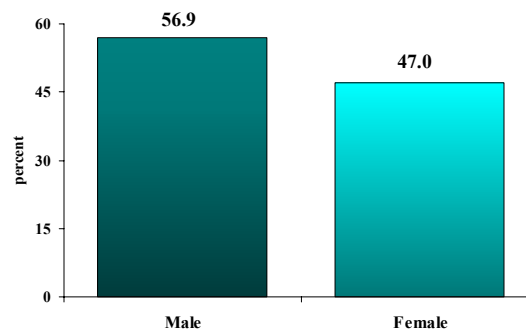
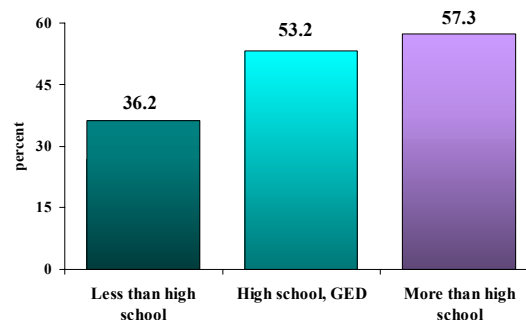


Figure 2: Prevalence of Participation in a Diabetes Self-Management Class Among Adults by Education, Florida, 2001-2003



Conclusion: Among adults with diagnosed diabetes, women and those with less than a high school education are significantly less likely to participate in a self-management class than are men and those with a high school education and higher.

The Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS survey is a telephone survey of civilian, non-institutionalized adults (age 18 and older) with telephones, designed to monitor trends in risk behaviors related to preventable chronic diseases and conditions. Respondents are asked about health status, including diabetes and blood pressure; health behaviors, such as nutrition, physical activity, tobacco, and alcohol use; use of screening services, such as mammography; and access to health insurance and health care.

The BRFSS data are weighted. Because the BRFSS is a random survey, the results from the county survey are slightly different than results from the state survey. For more information about the Florida BRFSS, please visit our web site at http://www.doh.state.fl.us/disease_ctrl/epi/brfss/index.htm. For more information about the strengths and limitations of the BRFSS, please visit The Centers for Disease Control and Prevention web site at www.cdc.gov/brfss/.

Table 1: Prevalence of using a self-management class among adults with diagnosed diabetes, Florida, 2001-2003

	Adults with Diabetes		
	%	95% CI*	95% CI*
All	52.2	48.6	55.8
Sex			
Male	56.9	51.8	62.1
Female	47.0	42.2	51.8
Age Group			
18-44	59.0	49.3	68.8
45-64	55.7	49.8	61.5
65+	46.7	41.7	51.7
Race/Ethnicity			
White, non-Hispanic	53.4	49.4	57.4
Black, non-Hispanic	56.3	46.3	66.4
Hispanic	40.4	29.5	51.3
Marital Status			
Not Married	49.7	44.2	55.3
Married	53.6	49.0	58.3
Education			
Less than high school	36.2	27.5	44.8
High school, GED	53.2	47.0	59.4
More than high school	57.3	52.3	62.3
Annual Household Income			
Less than \$25,000	50.5	44.5	56.5
\$25,000—\$50,000	55.1	48.3	61.9
More than \$50,000	57.9	49.8	66.1

¹ For more information about diabetes self-management, please visit the American Diabetes Association web site at <http://www.diabetes.org>.

² The utilization of a diabetes self-management class was assessed by the following question, "Have you ever taken a course or class in how to manage your diabetes yourself?"

³ Diabetes is assessed by the following question, "Have you ever been told by a doctor that you have diabetes?"

*Confidence intervals for Table 1 are constructed utilizing the Statistical Analysis Software (SAS) 9.1 version.

**For more information about the BRFSS survey,
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