DIABETES HEALTH COACH TRAINING CURRICULUM

September 2015
This training curriculum is developed for a pilot program, developed by Peers for Progress, WellDoc, Inc., and Vanguard Medical Group. Support for this project is provided by the Gillings Innovation Lab at the UNC Chapel Hill Gillings School of Global Public Health.

This 15-hour rapid training course is intended to be delivered over the course of two days. The developers of this training curriculum anticipated a highly motivated audience that was experienced in health education and community service. Therefore, it was expected that a lot of information could be covered quickly. In some sections, it is left up to the discretion of the trainer to determine how much time to spend on a specific topic, depending on the strengths and needs of the audience.

AGENDA

Day 1: Program Overview and Diabetes Basics
7 hours

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Objectives</th>
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</table>
| 1:30 – 2:00 | Introductions       | ▪ Vanguard Medical Group  
▪ Care Coordinator  
▪ Peers for Progress  
▪ Program Manager  
▪ WellDoc, Inc.  
▪ BlueStar Trainer |
| 2:00 – 3:30 | Program Basics and Overview | ▪ Program Aims and Overview  
▪ Collaborators and Key Contact Info  
▪ Roles and Responsibilities  
▪ Relationship between BlueStar and Health Coaches  
▪ Objectives of the Training |
| 3:30 – 5:30 | Diabetes Basics     | ▪ Diabetes Statistics  
▪ What is Diabetes?  
▪ Why do People Develop Diabetes?  
▪ Myths and Facts  
▪ Signs & Symptoms  
▪ Diabetes Complications  
▪ Diabetes Medications  
▪ AADE 7 Self-Care Behaviors |
Day 2: Health Coaching Skills and Protocols

8 hours

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<tr>
<td>9:00 – 10:30</td>
<td>BlueStar Training, Part 2</td>
<td>▪ Developing Trust and Respect</td>
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<td>▪ Building Rapport</td>
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<td>▪ Communication Skills and Active Listening</td>
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<td>▪ Challenges in telephone-based coaching</td>
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<td>▪ Non-Directive Support</td>
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<td>▪ Empowerment and Encouragement</td>
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<td>10:30 – 12:00</td>
<td>Communication and Support Skills</td>
<td>▪ Assisting Self-Care Behaviors</td>
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<td>▪ Setting SMART Goals</td>
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<td>▪ Guiding Problem-Solving</td>
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<td>▪ Stress coping and emotional management</td>
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<td>▪ Linkages to Clinical and Community Resources</td>
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<td>▪ Medication Adherence</td>
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<td>▪ Visiting the Doctor</td>
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<td>12:00 – 12:30</td>
<td>Lunch</td>
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<td>12:30 – 2:00</td>
<td>Roleplays</td>
<td>▪ Practice scenarios</td>
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<td>▪ Feedback on performance</td>
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<td>2:00 – 3:00</td>
<td>Program Protocols, Part 1</td>
<td>▪ Initial and follow-up scripts</td>
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<td>▪ Obtaining verbal consent from patients</td>
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<td>Time</td>
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<td>3:00 – 3:15</td>
<td>Break</td>
<td>Interface with BlueStar, Identifying high-need and regular-care patients</td>
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<td>3:15 – 4:30</td>
<td>Program Protocols, Part 2</td>
<td>Documentation and data collection, Follow-up with program manager and care coordinator, Referrals to clinical care and community resources, Confidentiality and Personal Privacy: Boundaries, Compliance with HIPAA, CITI ethics training, Challenges and Self-Care</td>
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<tr>
<td>4:30 – 5:00</td>
<td>Wrap-up</td>
<td>Follow-up Training, Weekly call schedule, Performance evaluations at 2- and 4-months</td>
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PROGRAM BASICS AND OVERVIEW

<table>
<thead>
<tr>
<th>Length</th>
<th>Objectives</th>
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<tr>
<td>1.5 hours</td>
<td>▪ Program Aims and Overview</td>
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<td>▪ Collaborators and Key Contact Info</td>
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<td>▪ Roles and Responsibilities of the Health Coaches</td>
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<td>▪ Relationship between BlueStar and Health Coaches</td>
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<td>▪ Objectives of the Training</td>
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Program Aims and Overview

To develop a high tech / soft touch model for the management of populations of those with diabetes. This program will test user acceptability of an automated monitoring, management, and messaging system a) that provides comprehensive self management support for populations of those with diabetes, and b) that facilitates and is integrated with live health coaching.

The pilot test will try to engage 200 adults with Type 2 diabetes. Selection criteria will include: Has T2D, 40-70 years of age, at least one HbA1c value ≥ 7.5 % in prior 12 months, able to reach and write in English, and regular access to a web-enabled device such as a smartphone or a computer. The trial will run for 4 months beginning in September 2015.

This program will continuously evolve with time, adapting to the needs of the clinic, the patients, and the health coaches. Throughout the program, we will collect patient data, app usage data, and patient encounter data to refine program protocols and demonstrate the feasibility of this model.

Collaborators and Key Contact Info
Vanguard Medical Group  
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**Roles and Responsibilities**

- Work around 20 hours per week between mid-September 2015 and mid-January 2016
- Create a work schedule with Vanguard’s nurse care coordinator
- Keep a flexible schedule for ongoing patient calls
- Complete the initial training and all subsequent follow-up trainings
- Attend team huddles at the Vanguard clinic
- Attend weekly check-in calls with project team
- Take initiative in learning more about diabetes, health coaching, and the BlueStar app
- Work collaboratively with each other to improve your coaching skills
- Address emergent issues with the project team promptly
- Respect patients and their personal health information
- Provide person-centered care to the best of your abilities
- Collect study data and participate in study activities
Qualities of a Health Coach

- Knows how to build rapport
- Good listener
- Patient
- Open-minded and non-judgmental
- Motivated and capable of self-directed work
- Caring, compassionate
- Provides encouragement and support
- Doesn’t make false promises
- Trustworthy, reliable
- Desire to help
- Persistent
- Resourceful
- Sense of humor
- Emotionally mature
- Able to ask health professionals questions on behalf of a client

Health Coach Basics

Basic Definition - A health coach is a trained lay health worker who uses simple listening and problem-solving skills, in combination with learned knowledge and lived experience to assist people with their health concerns. Health coaching is frequent, ongoing, accessible and flexible. It complements and enhances other health care services by creating the emotional, social and practical assistance necessary for managing a disease and staying healthy. Health coaches are not healthcare professionals and should not replace existing clinical services.

Basic Principle - People are capable of solving their own problems if given a chance.

Basic Philosophy - Most of the time, people are best served by a relationship that supports their own empowerment and decision-making.

Your Goal - To help your clients find their own solutions to their own problems, not to solve their problems for them.

Your Tools - Your tools are active listening skills, problem solving skills, and your own experiences.
### Four Key Functions of Health Coaching

<table>
<thead>
<tr>
<th>Function</th>
<th>Description</th>
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<tr>
<td>Assistance in daily management</td>
<td>Coaches use their own experiences with diet, physical activity and medicine adherence in helping people figure out how to manage diabetes in their daily lives. They can also help in identifying key resources, such as where to buy healthy foods or pleasant and convenient locations for exercise.</td>
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<td>Social and emotional support</td>
<td>Through empathetic listening and encouragement, coaches are an integral part of helping patients to cope with social or emotional barriers and to stay motivated to reach their goals.</td>
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<td>Linkages to clinical care and community resources</td>
<td>Coaches can help bridge the gap between the patients and health professionals and encourage individuals to seek out clinical and community resources when it is appropriate.</td>
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<tr>
<td>Ongoing support, extended over time</td>
<td>Coaches successfully keep patients engaged by providing proactive, flexible, and continual long-term follow-up.</td>
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### Health Coach Ethics

- Respect individual differences, including choices people make that may not be my own.
- Honor diversity in all its forms.
- Maintain confidentiality.
- Learn as much as possible about the issues that affect my clients.
- Only offer information that I am qualified to offer and with the greatest accuracy.
- Follow through on my word and promises.
- Accept that not everyone is ready to change.
- Accept supervision and support from others.
- Do not allow my role to put my emotional or physical well-being at risk.
- Acknowledge when client issues are outside of your scope of practice and refer clients to the appropriate health, wellness, or social support services when necessary.
- Obligated to report actual or potential harm to patients.

### Health Coaching and BlueStar

WellDoc’s BlueStar is a Mobile Prescription Therapy that is a FDA-cleared Class II medical device for adults with type 2 diabetes. Although it is an app that patients use on their phones and computers, BlueStar has to be prescribed by health care providers to support diabetes self-management. Using a patient’s own data (e.g. medications, blood sugar readings, food, and exercise), BlueStar provides real-time coaching, educational content, and motivational support to people with type 2 diabetes. The messaging adapts over time, is personalized to their type 2 diabetes medication regimen (i.e. from oral medications only, to those using insulin), and aligns with ADA and AADE standards of care. Additionally, the patient can share their data with their healthcare providers by sending a summarized report that provides clinical decision support to enhance patient-provider communications and shared decision-making.

At a basic level, offering both health coaching and BlueStar increases patient choice with respect to self-management support. Patients can engage with either or both channels depending on the specific type.
of support they need. Health coaching and BlueStar also complement each other in several ways to provide targeted self-management support and allow for the efficient allocation of health care resources. In some ways, BlueStar could be thought of as a less resource-intensive self-management support tool that fulfills some of the four key functions of health coaching. Adults with diabetes with good self-management and motivation may have their needs adequately addressed with the BlueStar app and minimal health coaching. More intensive health coaching would be reserved for patients with greater needs, such as those with poor self-management, complex multi-morbidities, or psychosocial concerns.

BlueStar’s features support the routine tasks of patient self-management and assists health coaches with data so that they may provide individualized services. BlueStar can reduce the burden on health coaches by performing the more routine tasks associated with diabetes self-management, such as monitoring key behaviors and indicators like blood sugar. This leaves health coaches free to do what they do best.

This project hopes to demonstrate that a high tech / soft touch model will be able improve the health of populations by mobilizing health coaching and other health care resources to target high need patients while providing a standard of care to the bulk of the population.

<table>
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<tr>
<th>Key Functions</th>
<th>Peer Support</th>
<th>WellDoc’s BlueStar</th>
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<tbody>
<tr>
<td>Assistance in Daily Management</td>
<td>• Detailed problem solving</td>
<td>• Monitoring, reminders, medication adherence, <em>effective feedback</em></td>
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<td>• Model of adequate management</td>
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<td>Social &amp; Emotional Support</td>
<td>• Supportive relationship</td>
<td>• Monitoring and alerts prn – “Has my back” – protection and comfort</td>
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<td>• As needed availability</td>
<td>• General messages encouraging, reassuring</td>
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<td>• Healthy coping, stress management</td>
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<tr>
<td>Linkage to Clinical Care &amp; Community Resources</td>
<td>• Live reminders and attention to psychosocial barriers to care</td>
<td>• Monitoring provides automated, specific reminders for care <em>as needed</em></td>
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<td></td>
<td>• Overcome logistic barriers to care</td>
<td>• Geocoded availability of restaurants, other resources</td>
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<td>Ongoing Support</td>
<td>• Quarterly “check-in”; more frequent prn</td>
<td>• Available indefinitely with down or up titration as needed</td>
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<td>• Available on demand</td>
<td>• Continued reimbursement contingent on continued use</td>
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DIABETES BASICS

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<thead>
<tr>
<th>Length</th>
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<tr>
<td>2 hours</td>
<td>Topics include:</td>
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<td>• Diabetes Statistics</td>
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Diabetes Statistics

- Diabetes is the first non-communicable disease to be declared an epidemic by the World Health Organization. According to the WHO, there are at least 171 million people worldwide with diabetes and that number is expected to double by 2030.

- According to the 2011 National Diabetes Fact Sheet:
  - 25.8 million children and adults have diabetes in the United States – 8.3% of the population (total US population is 311 million people)
    - Diagnosed: 18.8 million
    - Undiagnosed: 7.0 million
  - There are also 79 million pre-diabetics. These are people with abnormal blood sugars but their average blood sugars are not quite high enough to be considered diabetic

- The cost of diabetes is approaching $300 billion each year.

- The average cost of medical spending of people with diagnosed diabetes is 2.3 times higher than for non-diabetics.

- Because of the chronic nature of diabetes, it can be both expensive and debilitating to individuals, their families and health systems. The more diabetic complications you have, the more expensive it is to you personally.
What is Diabetes?

Diabetes is a chronic condition that occurs when the pancreas does not produce enough insulin or when the body cannot use the insulin appropriately.

There are two basic forms of diabetes:

**Type 1**: This is when the pancreas produces little or no insulin at all. People with Type 1 must take insulin shots on a daily basis to survive.

**Type 2**: This is when the body cannot use insulin effectively. People with Type 2 diabetes can sometimes handle their disease by changing their lifestyle, though many have to take oral medications. Sometimes insulin is required.

Most people with diabetes have Type 2 diabetes.

Your patients will probably have pre-diabetes or Type 2 diabetes. Although most people think of diabetes as a sugar problem, it is actually an insulin problem. Either your body doesn’t make enough insulin or your body doesn’t use insulin effectively.

The food we eat is broken down into sugar that the body uses for energy.
- All carbohydrate foods (not just sweets) are broken down into sugar in your blood.
- Carbohydrates include sugars, grains, breads, potatoes, and rice.
- EACH and EVERY cell in your body needs sugar for energy.
- Insulin helps sugar get into the cells.
- Without insulin, the cells do not get the energy they need to run and the body essentially starves.

Another way to say it: Insulin puts sugar into the cells so it can be used as energy.

How Insulin Works

After eating, the stomach breaks down the carbohydrates into sugars (glucose). The glucose enters the bloodstream and this stimulates the pancreas to release insulin. Insulin and glucose travel through the bloodstream and go to all the body’s cells. Insulin allows glucose to enter the cells to be used as fuel.

Insulin Resistance

Insulin resistance (IR) is a condition where the pancreas produces insulin but it is not used properly. With IR, muscle, fat and liver cells do not respond properly to insulin.

As a result the pancreas produces even more insulin but eventually fails to keep up with the body’s need for insulin. Many people have high level of insulin and glucose in their blood at the same time. IR increases the risk of developing Type 2 diabetes and heart disease.

The causes and mechanism of IR is very complex. Basically, IR can be caused genetically but obesity and a sedentary lifestyle also contribute significantly to IR.

Losing weight and getting more exercise can improve the body’s sensitivity to insulin (decrease insulin resistance).

Graphic of Insulin Resistance

The function of insulin is to take glucose into the cells of the body. If you have insulin resistance, the body does not let the insulin do its job and the glucose levels become elevated. The pancreas then starts to produce excess insulin, but the cells still cannot use or respond properly to insulin. At this point there are high levels of both glucose and insulin in the blood. Eventually the pancreas will not be able to keep up this high level of insulin production and the level of insulin will decrease. 

http://diabetes.webmd.ss/slideshow-type-2-diabetes-overview

Metaphor for Diabetes

Think of a car. In order for a car to drive it needs “fuel” or “gas.” To put gas in the car, you need a pump. Once you have the pump ready, you can open the gas cap and pump gas into the car. Once your car has gas, it has the energy it needs to move. Think of each cell in your body like a car, the sugar that your food is broken into as the “gas,” and the insulin as the pump. When you have diabetes, you do not have enough pumps to get the gas into the car (insulin deficiency). Or, you may have enough pumps, but the gas cap is rusted shut and you can’t put the pump into the car (insulin resistance). Without insulin, sugar builds up in the blood stream, causing high blood sugar levels.
What Causes Diabetes?

The causes of diabetes are still being researched.

People with a greater risk of developing Type 2 diabetes:

- Overweight or obese
- Inactive
- Older than 45
- Family history of diabetes
- Certain racial and ethnic groups like African Americans, Hispanics/Latinos, Asian Americans, Pacific Islanders, American Indians and Alaska Natives
- African Americans and Hispanics have a higher incidence (or rate) of diabetes
- Women who had gestational diabetes

Note: We can’t do anything about our age, our family history, or our race but we CAN control our weight and activity levels!

Hyperglycemia

Hyperglycemia is the technical term for high blood sugar. This is a major cause of the complications of diabetes, especially to the blood vessels and nerves.

What are the causes of hyperglycemia?

- If you’re Type 1, you may not have taken enough insulin
- If you’re Type 2, you may have enough insulin but your body doesn’t use it effectively (insulin resistance)
- You ate more than planned
- You exercised less than planned
- Stress (e.g. illness, conflict, worries, etc.)

What are the symptoms of hyperglycemia?

- Going to the bathroom frequently (frequent urination)
- Thirsty
- Tired
- Blurred vision
- Burning or tingling in your feet
- High blood glucose (determined by testing your blood)
- High levels of sugar in urine (determined by testing your urine)
How do you treat hyperglycemia?

- If Type 1 or Type 2 but taking insulin, take insulin according to your doctor’s orders
- Exercise (unless you’re Blood Glucose is > 240 and you have ketones in your urine, do not exercise because you BG level may go even higher. You must test your blood sugar and urine to have this information)
- Cutting down on the amount or type of food you eat might also help
- If diet and exercise do not work, your doctor may have to change your medications or adjust the timing of it

How do you prevent hyperglycemia?

- Good diabetes management through regular, healthy diet and exercise
- Monitor your blood sugar often so you can treat it early

Diabetic coma (ketoacidosis): Untreated hyperglycemia without enough insulin can lead to situation where your cells do not have energy to function. The body begins to break down fats to use for energy. The byproducts of this process are waste products called ketones. When the body cannot get rid of enough ketones through urine, the level of ketones builds to a dangerous level called ketoacidosis. This is a life-threatening situation and needs immediate treatment. Symptoms include shortness of breath, breath that smells fruity, dry mouth, nausea and vomiting.

Hypoglycemia

Hypoglycemia is the technical term for low blood sugar. It is sometimes called an insulin reaction.

What are the causes of hypoglycemia?

- If you’re take insulin, taking too much insulin
- Not eating enough
- Exercise

What are the symptoms of hypoglycemia?

- Shakiness
- Dizziness
- Sweating
- Hunger
- Headache
- Vision changes
- Pale skin color
- Clumsy or jerky movements
- Difficulty paying attention, confusion
How do you treat hypoglycemia?

- If you feel a reaction coming on but cannot check your blood sugar, treat anyway
- Eat about 15 grams of carbohydrates or sugar: 4 glucose tablets, ½ cup of fruit juice or regular soda, 4 hard candies, 2 Tbsp. raisins, 4 tsp sugar, or 1 Tbsp honey
- Wait 15-20 minutes and if still low, repeat treatment
- If a patient is unresponsive, give a glucagon shot and/or call 911 (Glucagon requires a prescription from the doctor. Family members should know how to give this injection in case of emergency)

Note: Some diabetics develop hypoglycemia unawareness. This means that they cannot feel a low coming on. It is important they talk to their doctor about extra precautions they should take.

Note: It is highly recommended that all diabetic patients wear a Medical ID bracelet.

Blood Sugar Levels

Keeping blood sugar levels as close to normal as possible can prevent or slow the development of the complications associated with diabetes.

For diabetics, this means that their fasting blood sugars should be between 70 and 130 mg/dl before meals and less than 180 mg/dl two hours after starting a meal (though doctors may set different goals for their patients).

Note that for non-diabetics, their fasting blood sugars should be between 70 and 99 mg/dl and less than 145 mg/dl two hours after eating.

The Hemoglobin A1C test measures the average blood glucose control over the last 2-3 months. In general, for diabetics, the goal is to be less than 7% (though doctors may set different goals for their patients).

HbA1C tests are used to diagnose diabetes. These levels are:
- For non-diabetics, HbA1C tests are less than 5.7%.
- For pre-diabetes, HbA1C tests are between 5.7 – 6.4%
- For diabetics, HbA1C tests are greater than 6.5%

In other words, if your A1C is greater than 6.5%, you will be considered diabetic.
Long Term Complications of Diabetes

What are the some of the complications of diabetes?

- Eyes
- Feet
- Hypertension
- Kidney disease
- Heart disease
- Stroke
- Poor circulation to legs and feet (Peripheral Arterial Disease)
- Stress
- Depression
- Skin complications
- Oral health problems
- Hearing loss
- Nerve damage (neuropathy)
- Diabetic coma (ketoacidosis)

To help prevent these complications, you will be encouraging participants to:

- Get annual eye exams
- Check their feet daily
- Encourage good blood glucose control to decrease the risk of complications (by healthy eating, exercise, monitoring blood sugars and taking medications properly)
- Encourage good control of hypertension to decrease the risk of complications (by healthy eating, exercise, monitoring of blood pressure and taking medications properly)
- Encourage good control of cholesterol to decrease the risk of complications
- Healthy eating, weight loss if necessary
- Exercise/physical activity

Eye Complications

Diabetics are more likely to develop glaucoma and cataracts as well as diabetic retinopathy.

Glucoma occurs when pressure builds in the eye that causes damage to the retina and optic nerve. It is usually treated by medication or surgery.

Cataracts occur when the normally clear lens of the eye clouds over. When vision is impaired, the lens can be replaced with a surgically transplanted lens.

Diabetic retinopathy involves damage to the capillaries in the back of the eye that carry blood to the retina. The capillaries develop pouches that cause the capillaries to be blocked. Without treatment, retinopathy can cause damage to the eye that can lead to blindness. Extensive damage can occur before vision is affected. Treatment is available and effective if retinopathy is caught early.

Note: It is very important for diabetics to get annual eye exams by an eye doctor.
**Foot Complications**

Diabetics can develop many different foot problems that happen because of poor blood flow and nerve damage (neuropathy) that results in loss of feeling the feet. Poor blood flow and loss of feeling can happen in other parts of the body as well, but the feet are often where these problems are first seen.

**Note:** It is important for diabetics to check their feet daily.

Neuropathy results in a loss of feeling to the feet, which means that a diabetic can have an injury without even knowing it. This can lead to infection. Neuropathy can also lead to changes in the shape of feet and toes. Special therapeutic shoes can prevent further damage.

Diabetics can also develop skin changes and calluses. Foot ulcers can also develop. They occur most on the ball of the foot or on the bottom of the big toe. It is important to see a doctor if you have a foot ulcer because serious infections can result which can lead to loss of a limb or amputation. Most amputations are preventable with regular foot care and proper footwear.

Poor circulation can make feet less able to fight infection and to heal and lead to decreased feeling.

**Good foot care:**

1. Check feet daily.
2. Wash feet daily and dry well, especially between the toes. Do not soak feet. Do not use water that is too hot (test temperature with elbow).
3. Moisturize feet daily. Do not moisturize between toes because this can lead to infection.
4. Always wear socks and shoes, even inside. Use sturdy, comfortable, good fitting shoes.
5. Protect feet from heat and cold.
6. Keep blood flowing:
   - Exercise feet and ankles, wiggle toes
   - Exercise (don’t walk with open sores on feet)
   - Do not cross legs for long periods
   - Do not wear tight or restrictive socks or shoes
7. Stop smoking!
8. Keep blood pressure and cholesterol under good control.
**Hypertension (High blood pressure)**

Approximately 2 out of 3 diabetics have hypertension. Hypertension raises the risk for heart attack, stroke, eye problems and kidney disease.

Blood pressure is the force of blood flow inside your blood vessels. There are two numbers associated with blood pressure. The first number is the pressure (called systolic) as your heart beats. The second number is the pressure (called diastolic) when the vessels relax between heartbeats.

The generally recommended blood pressure for diabetics is less than 130/80 mmHG. The doctor may change this goal depending on the patient’s situation.

Hypertension is a silent problem. There are no symptoms. Blood pressure must be checked by your health care professional at every office visit or at least 2-4 times per year.

Check with your doctor about treatment. It can include:
- Healthy eating
- Lose weight
- Be physically active
- Be careful with alcohol
- Quit smoking
- Medication

**Kidney Disease (Nephropathy)**

The function of kidneys is to filter waste products from the blood. High blood sugar can overwork the kidneys and cause them to eventually fail. When this happens, useful protein is lost in the urine and eventually waste products build up in the blood.

When small amounts of protein are found in the urine, it is called microalbuminuria. At this early stage of kidney disease, several treatments can keep the disease from getting worse or slow its progression.

When larger amounts of protein are found in the urine, it is called macroalbuminuria. When kidney disease is found at this stage, end-stage renal disease usually results leading to dialysis (the blood is filtered by a machine) and/or a kidney transplant.

There are usually no symptoms of the development of kidney disease until the kidney function is almost all gone. The first symptom of advanced kidney disease is usually fluid buildup. Other symptoms can be poor appetite, poor sleep, upset stomach, weakness and difficulty concentrating. It is important to see your doctor regularly so he/she can check urine (for protein), blood (for waste products), blood pressure and blood glucose control.

By keeping blood sugars in the target range, diabetic kidney disease can be prevented or the risk significantly reduced. It is also important to prevent hypertension.
Other Complications of Diabetes

There are many other complications associated with diabetes. We are not going to talk about these in detail here. As a Health coach, you may have participants with these complications.

- Heart disease
- Stroke
- Poor circulation to legs and feet (Peripheral Arterial Disease)
- Stress
- Depression
- Skin complication
- Oral health problems
- Hearing loss
- Nerve damage (neuropathy)
- Diabetic coma (ketoacidosis)

Depression

Depression is one of the most common complications of diabetes. The rate of depression in diabetics is much higher than the general population. A depressed person may not have the energy or motivation to maintain good diabetic management. Recent studies have suggested that effective treatment of depression can improve diabetic control.

Often, individuals with depression do not realize that they are depressed. It is easy to attribute the symptoms of depression to the diabetes. This is particularly difficult since depressed diabetics may have poorer glucose control.

Do the following symptoms apply to diabetes or depression?

- Depressed mood for most of the day
- Decreased pleasure in normal activities
- Difficulty sleeping or significantly increased need to sleep
- Weight loss or weight gain.
- Feelings of guilt or worthlessness
- Low energy level
- Difficulty making decisions or concentrating
- Suicidal thoughts

Medications

As health coaches, you will not be teaching participants about their medications but you will encourage them to:

- Take their medications regularly
- Ask their medical team to explain what their medications are for if they do not know
- Explain the importance of medication in the control of blood glucose in general terms
- Know what to do in case they miss a dose
- Know what to do in case they are ill
- Know what to do in case of high blood sugars
- Know about storage/travel/safety
- Support their emotional response if starting insulin therapy is required

Type 2 diabetics can sometimes keep their blood sugars within the target range through healthy eating and exercise without having to take medication.

**Oral Medications**

Many Type 2 diabetics take oral medications. People with Type 2 diabetes tend to have two problems: they don’t make enough insulin and/or their bodies don’t use the insulin effectively. There are now 6 classes of oral medications in the United States. They each work in different ways to help diabetics:

- Stimulate the pancreas to release more insulin
- Decrease the amount of glucose produced by the liver
- Make muscle tissue more sensitive to insulin
- Block or slow the breakdown of starches and sugars
- Prevent the breakdown of a naturally occurring compound in the body. This compound, GLP-1 helps to reduce blood glucose levels.

Since these medications work in different ways, frequently a combination of oral medications is used.

Oral medications work best to manage diabetes when combined with meal planning and exercise.

Sometimes oral medications stop working often for unknown reasons. If this happens, using other medications or a combination might help. Sometimes insulin must be added to the treatment plan to keep blood sugars within the target range.

Also during times of stress such as an illness, blood sugar levels rise and insulin might need to be used.

Diabetics who are planning to become pregnant must use insulin because oral medications are not safe to use for pregnant women.

**Insulin**

Insulin is a hormone that is normally made in the beta cells of the pancreas. Type 1 diabetics do not make their own insulin and must take injections of insulin. Some people with Type 2 diabetes also need insulin to control their blood sugar levels. Insulin cannot be taken as a pill because it would be broken down during digestion.

There are different kinds of insulin that have different characteristics.
   1. How fast they begin to work or their onset
   2. When they reach their maximum strength or peak
   3. How long they act or their duration
Insulin used to be produced from the pancreases of pigs and cows but now almost all insulin is synthetic human insulin that is made in laboratories.

Insulin is usually injected with a syringe but insulin pens and pumps are also used.

The doctor plans the type, strength, amount and the number of shots a participant needs to best control his/her blood sugar.

Many things can affect blood glucose levels:

- What, how much and when you eat
- When and how much you exercise
- Where you inject your insulin
- When you take your insulin
- Illness
- Stress

It is very important for a diabetic to monitor blood glucose levels regularly from 1 to 6 times per day depending on their treatment plan and level of control desired.

Site rotation: Insulin is absorbed at different speeds from different parts of the body. It is absorbed most rapidly from the abdomen, more slowly from the upper arms and most slowly from the buttocks and thighs. It is important to give injections in the same general area but not in the exact same spot to avoid skin irritation or damage. Consistently rotate sites. For example, always give a mealtime dose of insulin in the same area like before-breakfast in the abdomen and before-dinner in the thigh.

The doctor will let the participant know how far ahead of a meal to take your insulin.

**Monitoring**

As health coaches, you will not teach the participants how to monitor their blood sugars but will help them know why it is important to test, help them remember to record their results and support them in their emotional response to their results. The doctor will tell the participant how often to monitor his/her blood sugar.

Monitoring blood sugar levels is important for all diabetics. Using a meter is the most accurate way to check.

Keeping a log of results is important so that the participant and the medical team will know how well the diabetes treatment plan is working.

The American Diabetes Association recommends blood glucose checks if a person has diabetes and is:

- Taking insulin or oral diabetic medication
- On intensive insulin therapy
- Pregnant
- Having difficulty controlling blood sugars
- Having severe hypoglycemia
- Having ketones from hyperglycemia
- Having severe hypoglycemia without warning signs (hypoglycemic unawareness)

The doctor will tell the participant what the target ranges are and what the plan is for high blood sugars.

Monitoring blood sugars allow participants and their medical teams decide how food, activity, medication and stress affect glucose levels. Then the diabetes management plan can be adjusted to achieve better control. This is an ongoing process.

**Note:** It is important to remember that blood glucose results can lead participants to become very emotional. Results that are outside the target range should be used to change the diabetes management plan and not to judge the participant.
Association of Diabetes Educators: 7 Self-Care Behaviors

The AADE believes that behavior change can most effectively be achieved by using the AADE7 Self-Care Behaviors:

1. **Healthy Eating:**
   - Healthy food choice
   - Portion size
   - Control weight
   - When to eat to best manage diabetes
   - How does food effect blood sugar levels
   - Meal planning
   - Reading labels
   - Measuring food
   - Sources of carbohydrates and fat
   - Counting calories, carbohydrates &/or fat
   - Barriers
     - Environmental triggers
     - Emotional factors
     - Financial considerations
     - Cultural issues
     - Patient experiences and beliefs
     - Community Support

2. **Being Active:**
   - Importance of regular activity
   - Decreases the risk of developing diabetes
   - Improves blood sugar control
   - Helps in weight loss
   - Improves Body Mass Index (BMI)
   - Helps control cholesterol
   - Decreases blood pressure
   - Reduces stress
   - Barriers
     - Physical limits
     - Environmental issues
     - Time constraints
     - Emotional issues
3. Monitoring:
- Daily self-monitoring of blood glucose
- Record blood glucose results
- Know what affects blood sugar levels
  - Food
  - Physical activity
  - Medications
  - Stress
- Other things to check regularly
  - Blood pressure
  - Urine ketones
  - Weight

4. Medication:
- It is important that diabetics take their medication regularly and also understand how their medications work in their body. As health coaches, we will NOT be helping participants to learn about their specific medications.
- We can help them
  - Develop an effective strategy to remember to take their medications
  - Make sure that they have a treatment plan from their doctors what to do
    - if they miss a dose
    - if they are sick
    - if their blood sugar is too high
    - if their blood sugar is too low
    - to store medications
    - when they travel
    - regarding safety

5. Problem Solving:
- Diabetes is a chronic and progressive disease and full stability is never truly reached
- Diabetics must be good at problem solving since they are the ones that must immediately deal with situations like high or low blood sugars or a sick day
- Patients are with their health care professionals for possibly 6 hours a year which leaves them with 8,754 hours in which they must handle their disease
- Health coaches can help participants to address
  - Physical challenges
  - Emotional issues
  - Developing coping strategies
- Health coaches can also model and teach the problem solving process in each of the sessions when helping participants set short term goals
6. Reducing Risks:
   - Maintain good blood glucose control
     - Healthy eating
     - Exercising/being active
     - Monitor blood sugars
     - Take medication properly
   - Healthy eating and weight loss if necessary
   - Exercise/physical activity
   - Help participants to reduce their risks of developing complications from their diabetes by encouraging them to:
     - Annual eye exams
     - Check feet daily
     - Stop smoking
     - Dental exams
   - Encourage other preventive behaviors
     - Regular doctors’ visits
     - Stop smoking
     - Monitor blood pressure
     - Annual flu shots
     - Good cholesterol control

7. Healthy Coping:
   - If participants are under stress from whatever source, their health can be directly affected.
     - Hard to stay motivated to keep diabetes in control
     - Self-management suffers
     - Coping is difficult
   - Ways to help
     - Help participant to identify their motivation to change
     - Encourage participant to talk about barriers to change and fears
     - Help with problem solving
     - Help participant set achievable goals
     - Give positive feedback
COMMUNICATION AND SUPPORT SKILLS

<table>
<thead>
<tr>
<th>Length</th>
<th>Objectives</th>
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| 1.5 hours| ▪ Developing Trust and Respect  
▪ Building Rapport  
▪ Communication Skills and Active Listening  
▪ Challenges in telephone-based coaching  
▪ Non-Directive Support  
▪ Empowerment and Encouragement  
▪ Assisting Self-Care Behaviors  
▪ Setting SMART Goals  
▪ Guiding Problem-Solving  
▪ Stage-based advising  
▪ Stress coping and emotional management  
▪ Linkages to Clinical and Community Resources  
▪ Medication Adherence  
▪ Visiting the Doctor |

Developing Trust and Respect

Building rapport begins the moment that you first interact with your patient. In many cases, people just want to know that they are being heard and understood, not just as a person with a disease, but as a whole person. Ask patients about their hobbies, children, sports, music, or interests to get them to open up. People like to talk about themselves so spend a few minutes to find out what they are proud of and what motivates them to get up in the morning.

For some patients to trust you, they may want to know more about you as well. These opportunities are important to connect with patients on a personal level. You can talk about your hobbies and your personal experiences with diabetes (friends and family). You can even tell them about personal challenges that you face in your life. Without vulnerability, it is difficult to make a meaningful connection. As far as you are comfortable, you can tell them about your fears and insecurities, especially when it validates the patient’s feelings.

Take care to never rush your patient, as if you only have a certain block of time to speak with them. Express a genuine interest in every patient, no matter how much you may dislike or disagree with their worldview. Provide the patient with options but don’t push them to do anything they don’t want to. People want to receive individualized care instead of generic health messages because something that works for other people may not be right for them. When you find solutions that work and celebrate small successes, they will learn to trust you more.
Communication Skills and Active Listening

Different Types of Communication
There are three forms of communication - verbal, non-verbal, and para-verbal:

1. **Verbal**: Communication through spoken language

2. **Non-Verbal - Communication without using spoken language**:
   - More powerful messages are often conveyed this way
   - 70-90% of our communication is nonverbal. Examples of nonverbal communication include:
     - Body language (e.g. folded arms)
     - Eye contact
     - Muscle tension (e.g. taut neck or clenched fists)
     - Mannerisms (e.g. biting nails, fiddling with hair)
     - Proximity (How close were you when talking to another. If too close, we become uncomfortable. This distance varies by culture)

3. **Para-verbal**: Communicating, not by what you say, but how you say it. Examples include:
   - Voice qualities/tone (flat or monotone)
   - Rate of speech (how fast or slow someone talks)
   - Cadence/rhythm of voice
   - Volume
   - Inflections

**Remember:**
- Communication needs to be specific
- Don’t assume people know what you’re talking about
- It’s important to break the big picture into “smaller” pieces so people can have successes

Active Listening

Active listening is a way of listening that focuses entirely on what the other person is saying and confirms understanding of both the content of the message and the emotions and feelings underlying the message. Active listening makes it more likely that your understanding of what the other person is saying is accurate. In fact, knowing how to say things is generally more important in a relationship than knowing what to say. And knowing how to say things without judgment, to reflect empathy, is a cornerstone of non-directive support.

**Active listening strategies (OARS)**

There are four active listening strategies that have the acronym OARS, that can help us to understand others better. These are:
• Open-ended questions
• Affirming
• Reflecting feelings
• Summarizing

1. Open-ended questions

Open-ended questions are questions that can’t be answered by “yes” or “no.” They are useful because we get much more information from people and people “own” the information they’re communicating. Generally open-ended questions begin with the following:

• When?
• Where?
• How?
• Who?
• Why?
• Tell me more . . . also counts. Even though it’s not really a question, it still gets more information.

In comparison, the following terms usually give yes or no responses and very little information:

• Could you?
• Would you?
• Should I?
• Can you?
• Do you?

Close-ended question: Are you angry about having diabetes?
Open-ended question: What are your thoughts about having diabetes?

Close-ended question: Do you inspect your feet every day?
Open-ended question: Tell me about your foot care routine.

Scenario: Josie

Josie comes to the support group and says she has just been told by her doctor that her blood sugar levels are too high and as she is already prescribed the maximum dose of tablets, the doctor has no choice but to recommend insulin. Josie says she is really scared of giving herself insulin injections and wishes she had made more effort exercising and losing weight. She has heard lots of stories that once you start taking insulin you get really fat. She has also heard that taking insulin indicates your diabetes is much more serious and you are more likely to get complications.

In regards to the above scenario, what are two open-ended questions you could ask Josie to get more information?
Write down two open-ended questions that you could ask Josie to get more information from her.

2. Affirming

Affirming is a positive confirmation. When you affirm something that someone has done or said, you are providing them with support and encouragement. This is unbelievably simple, yet most of us forget to do it! Below are some examples of affirming statements:

- “That’s good.”
- “I’m glad you asked that.”
- “You’ve come to the right place.”
- “That’s a great question.”
- “You’re on the right track.”
- “You really seem to have given this a lot of thought.”

Write two affirmations that you could imagine saying to Josie.

3. Reflecting feelings:

Reflecting feelings is an important strategy in active listening because it validates the speaker’s experience so that they feel heard and understood. This skill serves to check your own understanding and to encourage the speaker to continue explaining his/her point of view. You can reflect back the content, thoughts, or feelings that the speaker conveys. However, it is most helpful to focus on the feelings so that speaker knows you are understanding his/her emotions. One way of doing this that is really simple and really effective is to just name the feeling, by saying something like, “you seem . . . (upset/frustrated/sad)” etc.

Patient: Every time I leave the house, I have to remember to bring my insulin pen, my meter, some hard candy just in case I have a low. Having diabetes is a full-time job.

Coach: It sounds like you are feeling overwhelmed with all the responsibilities you have because of your diabetes.

Write your own statement that reflects Josie’s feelings.

4. Summarizing/paraphrasing

This is where the listener repeats the content and meaning of what the sender says using the same (summarizing) or different words (paraphrasing).

Paraphrase Josie’s situation.
Rolling with resistance. Avoid confronting the speaker and instead “roll with” the direction the speaker is heading. This technique will often bring the client back to a balanced or opposite perspective.

Patient: My doctor wants me to start insulin, but there is no way I am going to give myself shots every day.
Coach: Going on insulin is a hard transition for people. Maybe you just are not ready to make that change.

Clarifying personal values. Ask the patient to select values/attributes important to him/her and discuss why. It also involves exploring whether there is a connection between current self-management behaviors and personal values.

Eliciting “change talk”. Create an environment in which the participant makes “self-motivating” statements about reasons for change, imagines making the change, and builds his/her own confidence to make changes.

Roadblocks to Communication

While there are strategies that can enhance our communication, some factors can hinder communication. Below is a list of some of these roadblocks:

- **Directing, ordering**: To tell someone to do something in a manner that gives the other person little or no choice.
- **Warning, threatening**: To tell the other person that if the behavior continues, certain consequences will happen.
- **Preaching**: To tell someone things they ought to do.
- **Persuading, arguing**: To try to influence another person with facts, information, and logic.
- **Advising, recommending**: To provide answers to a problem.
- **Evaluating, criticizing**: To make a negative interpretation of someone’s behavior.
- **Praising**: To make a positive evaluation of someone’s behavior.
- **Supporting, sympathizing**: To try to talk the other person out of his or her feelings, or to deny someone’s feelings.
- **Diagnosing**: To analyze the other person’s behavior and communicate that you have their behavior figured out.
- **Diverting, bypassing**: To change the subject or not talk about the problem presented by the other person.
- **Kidding, teasing**: To try to avoid talking about the problem by laughing or by distracting the other person.
- **One-upmanship**: To try to “top” the person’s problems by telling a worse one.
- **Killer Phrases**: For example, “Don’t worry, things could be worse.” “Cheer up.” “What do you have to feel sorry about?”
Non-Directive Support

Non-Directive Support allows a person to deal with what is important to them at their own pace, in contrast with directive support that would lead or direct them to change. It helps people identify their own problem behaviors that need to be changed, which can help a person feel more in control of their self-management care routine. Non-directive support can both empower and encourage an individual.

- **Empowerment** is when an individual feels they have the power and self-confidence to make changes and take control of their illness. Empowered individuals are able to manage their illness better and often experience a better quality of life.

- **Encouragement** includes words and actions that may motivate people toward behavior change or overcome fears, challenges, and burnout related to self-management of an illness.

Locus of control refers to the place a person designates as the source of responsibility for events in one’s life. People with an internal locus of control believe they are in control of their own lives. People with an external locus of control believe that life is up to fate, outside forces, heredity, or luck of the draw. An internal locus of control reinforces motivation and commitment to change while external locus of control can sabotage efforts to change behavior.

Non-Directive Support Behaviors

- Show interest in how you are doing
- Offer range of suggestions
- Provide information so you can understand why you should do things
- Work with you as you deal with problems
- Recognize when you can handle things
- Understand how you feel about things
- Available to talk
- Make it easy for you to talk about anything important

Directive Support Behaviors

- Keep tabs on you
- Monitor health for you
- Make sure you take care of yourself
- Tell you what to do
- Help you do things right by telling you how they do it
- Solve problems for you
- Take charge of your problems
- Tell you how to deal with your emotions
- Point out harmful or foolish ways you view things
Assisting Self-Care Behaviors

Goal-Setting for Diabetes Self-Management

What is it that your patients would like to achieve in the near or distant future in relation to their diabetes management? Whatever it is, breaking long-term goals into short-term steps or short-term goals is the best way of getting there. Goals can help to keep a person focused and motivated, and increase the likelihood of achieving what they want.

However, there are factors that can increase or decrease the likelihood that a person’s goals will be achieved. It is important for health coaches to understand these.

Short-Tem Goals should be **SMART GOALS**

- **S** = Specific
- **M** = Measurable
- **A** = An Action
- **R** = Realistic
- **T** = Time limited

Problem Solving

**Problem Solving Steps**

1. Identify the problem
2. List ideas to solve the problem
3. Select one method to try
4. Review results
5. Substitute another idea (if the first did not work)

**Barriers to Defining and Solving Problems**

- Failing to fully understand the problem before seeking solutions
- Seeing what you expect to see, not what is actually there
- Not isolating the problem from insignificant surroundings
- Not seeing the whole context
- Fear of thinking the ‘unthinkable’ or taking a risk
- Judging rather than generating ideas
- Too much haste - wanting to find a quick solution
- Tradition
- Making the problem too big

**Stage-based advising**

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Description</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage</td>
<td>Description</td>
<td>Support</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Precontemplation (I won’t, I can’t)</td>
<td>Individual does not see behaviors as a problem or does not see behaviors as problematic as others see it. Reluctance, resistance, rationalization, or resignation may be present.</td>
<td>Personalize the risk, emphasize benefits of new behavior and outcome expectancies. Consciousness raising, experiencing consequences.</td>
</tr>
<tr>
<td>Contemplation (I may)</td>
<td>Individual is open to information and to weighing decision to change. Ambivalence, fear of change, and interest (but not commitment) are characteristic of this stage.</td>
<td>Encourage trying the new behavior or refraining from risk behavior, reinforce position expectations, and identify ways to effectively overcome barriers to change.</td>
</tr>
<tr>
<td>Preparation (I will)</td>
<td>Individual is determined to take action and may make serious attempt at change. Shifting levels of commitment and ambivalence are common.</td>
<td>Help people maintain motivation by encouraging them to set short term goals which keep them progressing to long term goals. Help people identify obstacles and plan solutions. Summarize pros and cons of taking action.</td>
</tr>
<tr>
<td>Action (I am)</td>
<td>Individual uses therapy to pursue actions toward goals, seeks support, and gains greater sense of self-efficacy.</td>
<td>Encourage refining skills to avoid relapse and productive coping with setbacks. Encourage people to feel good about themselves when they make progress.</td>
</tr>
<tr>
<td>Maintenance (I still am)</td>
<td>New behaviors become firmly established; preparation for maintenance through assessment of conditions under which problems might reappear (triggers, risky contexts).</td>
<td>Plan for risk situations, plan for recovery from setback.</td>
</tr>
</tbody>
</table>

Nondirective support is very effective for individuals in precontemplation, contemplation, and maintenance. Individuals in preparation and action respond well to both nondirective and directive support.

**Stress coping and emotional management**

Stress can directly affect a person's diabetes. Stress hormones can cause blood sugar to go up. However, some people find that their blood sugar drops during a stressful event. Either way, stress can make diabetes harder to manage. It can lead to blood sugars that are too high, too low, or changing often. Some people find that they do not handle stress as well when they have diabetes. They spend so much energy taking care of their diabetes that they don’t feel like they cope with other problems as well as they used to do.

Before people can cope with stress, they first need to be aware of when they feel under stress. There are some signs that a body needs a rest. These are headaches, tight muscles in the neck or jaw, a change in eating or sleeping patterns, feeling angry or tense most of the time, loss of interest in sex, and not
feeling sure of oneself. Some people find it helps to keep track of how they feel under stress, what causes the stress, and how they handle it. This information can be added to a blood sugar record or food diary. Putting these facts together can give a picture of how blood sugar levels, exercise and eating habits are affected by stress.

Everyone handles stress in his or her own way. Some ways of coping create more problems even though they may seem to help at the time. Eating too much, smoking, alcohol, drugs or not taking care of a problem are not positive ways to cope with stress. Positive ways to cope with stress help a person to feel in control, informed, and supported by other people.

Reduce stressors or focus on reactions to stressors?

When distinguishing between situations in which individuals should try to cope with or reduce stressors and those in which they should focus on their own reactions to the stressor, guide the individual to ask four questions about a stressor:

1. Is this important to me?
2. Are the thoughts and feelings I’m having appropriate?
3. Is the situation modifiable?
4. When I consider the needs of the other people and myself, would it be worth it to act to change or reduce the stressor?

If the answers are all yes, then it makes sense to try to cope with or change the stressor. If the answer to any of the four questions is "no," then the response should be to reduce one’s own stressful reaction.

Tips to deal with stress

- Talk about your stress with others
- Know your limits and don’t try to do more than you can
- Realize that it is okay to cry.
- Realize that it is good to laugh every day.
- Exercise or be more active.
- Plan your day and set goals you can meet.
- Take breaks during stressful times.
- Don’t try to do everything yourself.
- Practice your religion.
- Do fewer things and do them better.
- Use the energy in other ways.

Challenging Scenario 1

You have a long-term client who has been difficult to reach. When you do get in touch her one day at 1pm in the afternoon, she was just getting out of bed. She tells you that she lost her job and that she broke up with her boyfriend about a month ago. She starts crying and confides that she is having a lot of
trouble “getting through the day”. She tells you she is completely exhausted, is sleeping and crying a lot, and drinking almost every day. She thought about calling you earlier to let you know what was happening, but “couldn’t get it together” and then “felt like it was too late”. She also tells you that she was not remembering her medication.

**Challenging Scenario 2**

You have a client who went back to work after several years out of the workforce due to diabetes-related illnesses. Your client was very excited to get the position. In your regular meeting with her, she reports that she has been having increasing difficulties with her job. One of the most important benefits of the job from her perspective is that she has medical and dental benefits for herself and her children. Recently, her manager raised her voice at the staff because she was not satisfied with how fast they were working. Your client reports that she had to go to the hospital because she started having trouble breathing, became dizzy and her chest hurt. The doctor told her she had a panic attack. She has not disclosed her status at work and now has started having difficulty sleeping and concentrating because she thinks work might ask her questions about what happened and “find a reason” to fire her.

Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feelings might come up for you as a coach?
5. What support and/or information could you offer her?

What action steps might your client, you or both of you consider taking? List 3-5.
Linkages to Clinical Care and Community Resources

Linking to Health Care Resources

Linking to health care is an important role of coaches in aiding a patient’s management of chronic disease. Regular visits with a health care provider can help monitor an individual’s condition, and find and treat problems based on an assessment of their health. Furthermore, routine health care can help outline steps for reaching self-management goals. By linking an individual to regular health care, a coach can help a person with chronic illness work with an expert provider to improve their health.

Some of your patients don’t go in for routine checkups and don’t see anyone besides a primary care provider. Can you explain the unique benefits of routine care and utilizing a variety of health care services? Can you explain how this will impact their healthcare costs? How can you help reduce some of the barriers that people have to visit the doctor?

The Multidisciplinary Diabetes Health Care Team

Traditional Approach versus the Multidisciplinary Approach

- In the traditional approach we see the team as being the doctors, nurses, social workers who give direction to the health coach and so there is not much shared information to provide a holistic approach to service delivery.
- In the multidisciplinary approach we see that the client is at the center with all disciplines sharing information and providing a team approach.
- The coach is vital to the connections between the client and the many service providers.

A health care team at a clinic may meet on a weekly basis. The common goal is to assess the diabetic’s needs and develop a plan with the diabetic and the team. All disciplines are supposed to share information they know to support a holistic assessment and explore options to resolve problems.

One activity that you can do during a call is to help participants identify the health professionals that they may want to see as part of their team care arrangements.

Ensure participants have identified the following professionals:

- General practitioner
- Diabetes educator
- Dietician
- Physical therapist
- Podiatrist
- Ophthalmologist
- Social worker
- Case manager
- Nurse
- Psychiatrist
Medication Adherence

What is Adherence?

Adherence is the extent to which a patient is taking the medications as prescribed by the clinician. In general, 1/3 of patients take all their medications, 1/3 take some of their medications, and 1/3 take none of their medications.

Reasons that Patients Don't Take Medications

1. Patient can’t afford to pay for the med
2. The med was not on the patient’s insurance formulary so the pharmacist didn’t give the med
3. Patient is unable to get the med from the pharmacy for some other reason
4. Patient didn’t understand what the clinician told him/her
5. The med causes side effects so the patient didn’t feel good taking the med
6. Patient is worried that the med may cause harm
7. Patient doesn’t believe the med will really make a difference in his/her life
8. Patient forgets
9. Medication regimen is too complicated. Patient is prescribed too many meds, and meds need to be taken several times a day. It is known that complex medication regimens are associated with non-adherence.
10. Patients don’t want to begin taking something that they may have to take for the rest of their life

Encouraging Patients to Disclose Adherence

Patients do not always tell the truth about whether or not they are adherent. They will say they are taking the meds when they are not. How can we encourage patients to tell the truth? You can say: “Most people do not take all the medicines their doctors prescribe. So, it’s OK if you aren’t taking all of them; you are in good company.”

You can use some personal examples like:

• “I even have trouble taking a vitamin every day!”
• “Once when the doctor prescribed some antibiotics for me to take for a week, I only took them for 3 days.”

Sometimes it works to say “No one likes to take medicines. But it would really help us to know if you are taking the medicines or not, because it helps your clinician know what to do next about your blood pressure.”
Visiting the Doctor

As a health coach, you can help your participants prepare for visits to their doctors. For many people, it is nerve wracking to go to a doctor’s appointment.

What You Can Do

As a health coach you can do the following.

- You can listen to your participants as they describe their worries about visiting their doctor.
- You can encourage them to keep their appointment or to reschedule it if they cannot keep the scheduled one.
- You can reassure them to speak about their symptoms and their concerns with their doctor.
- You can help them prepare for their visit with some of the tips below.

What Patients Can Do

- Know their numbers and their symptoms
  - Keep a record of blood sugars
  - Keep a record of the food they eat
  - Make a list of the symptoms they are worried about. Talk about the ones that worry them the most first.
- Make a list of questions they would like to ask the doctor before the visit. It is easy to forget them during a visit.
- Decide what to take to a visit with their doctor
  - Take all medication bottles to a visit
- Encourage them to be honest with their doctor
- Make sure that they understand what their doctor is telling them
- Ask a family member or friend to go to the clinic with them
- Things they should know before leaving the doctor’s office
PROGRAM PROTOCOLS

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Initial Contact Protocol

1. Health coaches receive patient information from Vanguard’s EMR. Each health coach is responsible for a maximum of 100 patients over the course of the 4-month program.

2. Health coaches call the patients within the first week of the program. Length of the first call should be no longer than 20 minutes unless the patient is eager to talk. The purpose of the initial contact is to:

   - Build rapport
   - Explain the components of the programs
   - What patients can expect from the program
   - How it will benefit patients
   - Determine if eligible for BlueStar and schedule appointment to get started on BlueStar
   - Obtain verbal consent to participate in the study
   - Document HIPAA authorization

3. Prior to initial contact, health coaches should review the patient’s information as provided in the patient list. You should have the Initial Contact Note and BlueStar Rx forms in front of you. The Initial Contact Note should be completed to the best of your abilities prior to the call.

4. Initial contact script:

   Hello. My name is _____ and I’m a health coach working with Vanguard to test a new program for patients living with diabetes. Recently, you should have received a letter in the mail from Dr. [PCP’s name], who referred you to participate in this program. Dr. _____ and the other doctors at Vanguard
have initiated a new program in which I and others have been trained to talk with folks about their diabetes and how they are doing with it. We’re calling ourselves “health coaches.”

There’s no single thing we want to talk about. We can answer questions or get questions you may have answered by the doctors and nurses at Vanguard. We may be able to help you get help you would like, such as special supplies that might help with your diabetes.

If you like, we can also help you figure out how you can make some improvements in how you are taking care of your diabetes. Maybe you’d like to get some more exercise or eat better or remember to take your medicine better or maybe even lose a few pounds. There are no miracles, but we can take the time to help you think through how you would like to do that.

One special part of the program is a diabetes management “app” called BlueStar. It works with a smartphone and can really help you keep track of your diabetes and chart your progress, so I would like to talk about that as well.

Do you have any questions about any of this? [Answer patient’s questions]

If you’d like, we could talk some more about your diabetes and the program now. This will take about 20 minutes of your time. Is that okay? Or, if it’s more convenient, I can call you back in a week or so and we can continue the conversation.

If the patient answers “no”, continue with the following script:

That’s okay. Is there a more convenient time when I can give you a call?

If the patient answers “no” again, continue with the following script:

I understand. I’ll plan to check-in with you in about a month to see if there may be some ways this program may be helpful to you then. Thanks for speaking with me today.

If the patient answers “yes”, continue with the following script:

Through this 4-month program, you’ll have access to a live health coach — that’s me 😊 — and a diabetes self-management app called BlueStar. I’ll call you periodically to talk about how you are doing with your diabetes management, answer questions you may have, and help you connect to clinical and community resources. The BlueStar will help you keep track of things and actually give us stuff to talk about, like progress in different areas, or identifying areas we might want to talk more about. For some folks, the BlueStar may be pretty much all they need. But I’ll be here to check in with you or to help you troubleshoot around the demands of daily diabetes self-management. And you can always call me if questions come up that you need help with.

Between calls, you can use the BlueStar app to keep track of your medications and blood sugar to stay on top of your diabetes. BlueStar responds to your personal inputs to provide on-the-spot reminders, tips, and encouragement. This app also has a SMART Visit Report feature that allows you send valuable information to your doctors prior to an office visit so that they can provide you with personalized care. Research in health centers like Vanguard has shown BlueStar has been shown to help people with diabetes improve their self-management and meet more of their personal goals.

Together, the live calls with me and the day-to-day use of BlueStar can work together to make a real difference in your diabetes.
Can I ask you some questions to determine if you’re eligible to participate in this program?

Do you use a Smartphone or a computer?
- If the response is, “what is a smartphone?”, and you have to say more than an iPhone or an Android that you can put apps on, this is likely not a good candidate.
- A typical ineligible response is “Well, my phone isn’t very smart”… this is a common sign of misunderstanding and someone who is not appropriate for the product.

Do you use the internet on your computer in your home at least 2 times a week?
- This shows if they understand how to use the computer, and will use the internet (some people have a computer and no internet.)
- “In your home” is very important because some people may use a computer at work, but do not feel comfortable putting private health information in a work computer.

Do you have apps on your phone?
- Can also say: “Do you use Facebook?” On the phone or on the computer?
  - If they can use Facebook on the phone, they are more than savvy enough to use the product.

Do you speak and read English?
- BlueStar does not currently support Spanish speakers.
- BlueStar does not have a voice over option for those that are visually impaired.

Document to the response to the technology assessment in the Initial Contact Note. If the patient answers “no”, continue with the following script for ineligible patients:
Unfortunately, without a smartphone or a computer, we are not able to enroll you at this time. However, if you are interested in participating in other diabetes self-management programs offered at Vanguard, I would be happy to connect you with those resources.

If the patient answers “yes”, continue with the following script for eligible patients:
Great! That’s all you need to be eligible for this program.
- Have patient prepare for onboarding call by assuring they know their e-mail address, their apple ID if applicable and if possible download the app on their phone prior to the initial engagement call.
- Ask if patient has a blood glucose meter and if so, how often are they checking; do they have adequate supplies or do they need a refill

Do you have any questions for me about the program?

If the patient is interested in the health coaching without BlueStar, they can still participate in the program. However, if the patient is interested only in BlueStar without the health coaching, they will not be eligible to participate in the program. This only applies if they explicitly state that they do not want to be contacted in the future.

Now that I’ve described the basics of the program, I’d like to get to know you a little better. Could you tell me about your job, family situation, etc.?
Now I’d like to ask you a few questions about the ways in which diabetes affects you. Consider the degree to which each of the following items may have bothered you during the past month. Answer on a scale of 1 to 5 where 1 is not a problem, 2 is rarely a problem, 3 is sometimes a problem, 4 is a moderate problem, and 5 is a serious problem:

- Feeling overwhelmed with the demands of living with diabetes?
- Feeling that you are often failing with your diabetes routine?
- Not feeling motivated to keep up with your diabetes self-management?
- Feeling angry, scared, or depressed when you think about living with diabetes?
- Are there any other areas in which diabetes affects you?

Thanks for answering those questions! I hope that this program can help you with some of the concerns you mentioned. So I do want to let you know that one aspect of this program includes data collection for a study. With your permission, we will collect personal health information from Vanguard to study the effectiveness of this program. Would you mind if I read you a health information authorization form and enroll you in the program?

[Read HIPAA Authorization Form and obtain verbal consent]

Verbal Consent Script

The purpose of this research study is to test the acceptability of an integrated health coaching and eHealth intervention to improve outcomes for patients with diabetes. As part of this study, you will have access to a health coach and a diabetes self-management app called BlueStar. The program will last from September to December, during which we will stay in contact by telephone. You can withdraw from the program at any time for any reason.

All the information I receive from you by phone, including your name and any other identifying information will be strictly confidential and will be kept under lock and key. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study. We will collect information that you provide to us and also through your inputs in the BlueStar app. For security, any data that we collect will not be directly linked to your name.

The only risk to you might be if your identity were ever revealed. However, I will only contact you at times of your choosing when you feel safe and secure. I will be calling from a secure location with no other people around. There are no other expected risks to you for helping me with this study. By participating in this program, you can expect to improve your knowledge about diabetes, improve your self-management skills, and better manage your diabetes.

This study is funded by the UNC Chapel Hill School of Public Health, which provides portions of Dr. Fisher’s and his research team’s salaries.

Do you have any questions?
5. Plan for Onboarding Call

What we need to do is plan a time when I can introduce you to BlueStar — that’s the app I mentioned — and get you going with that. That will take all of a call to do. I’d like to do that in about a week. Are there specific times when it would be convenient for you to talk?

You can also call me at _____ if you ever have questions or want to talk to someone. Lastly, is there anything I can do for you before our next call?

Patients will remain in low-intensity level as long as their PHQ-9 is not elevated and there are no pressing psychosocial problems currently present. The decision to move a patient into high need will be made in consultation with the program manager and care coordinator.

6. Document the call on the Initial Contact tracking form. If you are completing your call in the Vanguard office, keep your tracking forms in the binder provided. At your earliest convenience, enter the form data into the digital database. If completing calls at home, you may record responses on the paper contact form, but do not record any personally identifiable information. Otherwise, you will not be able to transport the paper forms between your home and the Vanguard office.

7. If you are unable to reach the patient on the first call, please leave a voice mail using the following script:

Hello. My name is _____ and I’m a health coach who is working with Vanguard Medical Group in a new management program for patients living with diabetes. Recently, you should have received a letter in the mail from Dr. [PCP’s name], who referred you to participate in this program. If you’d like to hear more information about this program, feel free to give me a call back at _____ . I will try to reach you again at a more convenient time. If you’d like, you can leave me a message at ____. Thanks so much. I’ll look forward to talking with you.

Address action items with care coordinator, Peers for Progress, and/or coaching manual in preparation for the next call with that patient.
BlueStar Onboarding Call


2. Health coaches call the patients based on time scheduled with the patient during the initial contact. The purpose of the call is to follow up with them and see how they are doing and then to get patient successfully registered and started on BlueStar; add at least 1 of their oral meds for diabetes. Show how to make a blood glucose entry.

3. Onboarding Call Script:

   [Note: consistent with this all being person centered, the coaches should start each contact with this kind of an invitation to talk about what the patient may want. Equivalent to starting out patient encounters with “what can I help you with today?”]

   **Hello, this is _____ from Vanguard’s health coaching program. I am calling today to follow-up from our recent call about the health coaching program. I’m wondering if you may have had some questions about the program come up or perhaps there is something else about your diabetes you wanted to mention. [Respond as appropriate]**

   **Well, OK then, as we said last week, we need to focus now on getting you up and running with BlueStar, the diabetes management application for your phone and the computer. Is this still a good time for you?**

   If answer is no, attempt to reschedule call as soon as possible.

   If answer is yes, proceed with onboarding

   **Great, do you have any questions about the BlueStar before we begin?**

   **Do you have your smart phone or computer handy so we can get started?**

   If the patient is speaking on the phone on which they will be downloading BlueStar, ask if they know how to put their phone on speaker.

   **Ok, do you know how to download apps onto your phone?**

   If yes, tell them to download BlueStar (one word) diabetes, and tell me when you are finished.

   If the patient cannot find the application on their phone, see if they can get onto the internet. You can also register them on the web. Start from the web portal model below.

   **Please launch the application once it has completed downloading. Now, the home screen will have a login for a username and password. Underneath of this, there will be a register button, please click on that. The next page will ask you for the sample access code, and I have that for you whenever you are ready.**

   **Give sample code, and tell the patient to click next.**
Now to complete your registration, please fill out the following pages including your name and date of birth, along with the patient authorization, so that we can match your file with the prescription. Tell me when you get to the end, and I will tell you the code to put in the Trainer Use box.

When patient is ready, enter skip250.

Next, we will spend just a minute getting BlueStar set up for you. Do you take any pills for your blood glucose?

If yes, help them enter at least 1 of their oral BG meds

If the patient does not take any meds for their BG, ask if they would like help in entering any other meds they might take such as for blood pressure or cholesterol.

If the patient injects their BG meds (insulin or other injectables) tell the patient to call BlueStar Training Services for help in entering their injection meds if needed. 443-692-3048, extension 2. The Health Coach should inform Training Services that a patient will be calling.

To enter meds, go to Medications in the main menu, select the Med List, then the blue + at the top. Begin typing the first 3 – 4 letters of the med and hit search. Select the number of times taken, the amount taken, and the reason for taking before hitting save. Next guide the patient to Schedule Setup to set reminders if desired.

Next, guide the patient in how to make a BG entry.

Go to Home and select the big blue + at the top of the screen. Enter the BG. Guide the patient to add their BG to BlueStar whenever they check their BG. If they forget, guide them in adding a historical entry by changing the date and time and activity type.

Show patient how to access the Help menu. Advise the patient to call BlueStar Customer Care at 1-888-611-4794 if any technical questions.

Ask the patient if they have any questions you can help them with, then schedule the next call.

Complete Contact Note and make any referrals needed.

Registration via the web portal - IF Patient does NOT HAVE A SMARTPHONE, or their phone is not compatible:

Do you use a computer regularly? We can also register your product via the web. Please go to www.bluestardiabetes.com, and click on the register button in the upper right hand corner.

Once there, please type the following code into the sample access code box (GIVE SAMPLE CODE).

Did you see a green check next to the sample code? Great, now please fill in the rest of the page with your information such as your first and last name, and date of birth. This will be used to match your file with your prescription. Tell me when you get to the end, and I will tell you the code to put in the Trainer Use box.
When patient is ready, enter *skip250*.

*Next, we will spend just a minute getting BlueStar set up for you. Do you take any pills for your blood glucose?*

If yes, help them enter at least 1 of their oral BG meds

If the patient does not take any meds for their BG, ask if they would like help in entering any other meds they might take such as for blood pressure or cholesterol.

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Next, guide the patient in how to make a BG entry.

*Go to Home and select the big blue + at the top of the screen. Enter the BG. Guide the patient to add their BG to BlueStar whenever they check their BG. If they forget, guide them in adding a historical entry by changing the date and time and activity type.*

Show patient how to access the Help menu. Advise the patient to call BlueStar Customer Care at 1-888-611-4794 if any technical questions.

Ask the patient if they have any questions you can help them with, then schedule the next call.

Complete Contact Note and make any referrals needed.
First Coaching Call

Prior to the call, review patient’s information from the Health Coach Binder. Review the patient’s BlueStar Usage Report

Hello, this is _____ from Vanguard’s health coaching program. How are you today?”

Great! Well, I’m calling today to follow up with you about some of the things we talked about last time. Is this a good time to talk for a few minutes?” (If no, try to reschedule for a better time. If yes, continue with the script)

General Update

Before we get started, tell me how things have been going since we last talked?

OK, then, so also tell me how has BlueStar been working for you?

What have you been learning from BlueStar?

What questions do you have about using BlueStar?

Assist patient with entering additional meds and entering their A1C into the Health Info/Clinical Results section.

[Discuss responses to these questions as much as patient’s interest will support]

Follow Up from Previous Call

We were talking about ______, tell me how that’s going?

Was there anything else we talked about last time that you wanted to get back to or discuss further?

Review of Self Management

One of the things we can work on in this is the details of your self management, especially areas in which you have questions or feel you can do better. This includes taking the medications you and your clinical team have agreed on, eating a healthy diet, getting physical activity, and some other things people may not think about with diabetes such as having pleasurable activities and supportive relationships in your daily life, getting good sleep – that’s really important!, and, perhaps most important of all, quitting smoking if you smoke cigarettes. Managing stress or negative feelings can also be an important issue for those with diabetes. I’m wondering if you might want to talk about any of these – or perhaps others I haven’t mentioned.

[Feel free to abridge the paragraph above once you feel the patient “gets it” as to what self management entails]
If patient doesn’t identify a self management target and BlueStar doesn’t point to one, review AADE 7 diabetes self-management behaviors.

Well, the American Association of Diabetes Educators has identified 7 key things that people with diabetes need to pay attention to. How about if we review those to see if they point to any areas in which you may want to work.

Support patient in identifying next self-management key behavior they will set goals for.

Out of the topics we’ve discussed, which ones would you be interested in talking more about?

The sections of “How to Be a Peer Supporter” on “Moving Discussion to Areas for Improvement,” and “Working on Individual Goals” (pp. 5-7 in the primer) should be consulted for approaches to setting and working on self-management goals.

Review previous goals that were set or assist in setting new goals.

Have you talked with your provider about things you should be working on? How confident are you about achieving these goals? What are the obstacles for you in achieving these goals?

Ensure patient has glucometer, testing strips, all medications prescribed by provider.

If patient has not attended DSME classes, then encourage them to attend.

Other Matters

When we see our doctors, sometimes we end up leaving their office and then thinking of all the things we meant to ask. If you have an upcoming meeting with your doctor, we can talk about that and review the things you might bring up, perhaps even things you didn’t realize you could ask about.

Help patient prepare for doctor visits by

- Scheduling and completing a SMART Check series,
- Sending a SMART Visit Report (SVR)
- Listing key questions, concerns, and refills needed (to discuss with their doctor)
- Coach patient to be sure to discuss their SVR with their doctor at the visit
- Remind patient to ask for an updated med list and a copy of their most recent labs at the end of their visit

It was wonderful getting to talk with you today. (If the patient has immediate and/or high needs, inform the patient that you will follow up with them in 2 weeks. If they are a normal need patient, inform them that you will follow up with them in 1 month.) Thank you for your time, we’ll talk again in _____.

Document the call on the contact form. Go over the form and make sure it has all been filled out. Sometimes in the course of the call you may not be able to fill things out at and talk at the same time. If this happens, fill things out right away so you don’t forget.

Address action items with care coordinator, Peers for Progress, and/or coaching manual in preparation for the next call with that patient.
Frequency of Subsequent Calls

**High Need**

First Call – Intro and Overview of Program, Discuss Questions, Arrange Subsequent Call

2\textsuperscript{nd} Call – Review any questions, etc., an issues patient wishes to bring up, then “Onboarding of BlueStar”

3\textsuperscript{rd} Call – Review Questions, problems with BlueStar, then initiate discussion of possible self management objectives

4\textsuperscript{th} Call – Follow Up with self management objectives, use of BlueStar, discussion of how BlueStar can be useful in pursuing self management objectives

Subsequent calls – continue discussion of self management, use of BlueStar, ways in which self management objectives may be expanded

**Normal Need**

First Call – Intro and Overview of Program, Discuss Questions, Arrange Subsequent Call

2\textsuperscript{nd} Call – Review any questions, etc., an issues patient wishes to bring up, then “Onboarding of BlueStar”

3\textsuperscript{rd} Call (2 weeks later) – Review use of BlueStar, how helpful, any possible self management objectives patient may wish to set

4\textsuperscript{th} Call (1 month later) – Follow up from 3\textsuperscript{rd} Call; address any emergent issues patient may wish to raise

5\textsuperscript{th} Call (1 month later) – Follow up from 4\textsuperscript{th} Call; address any emergent issues patient may wish to raise

*I will call you again in _____ to see how you’re doing. Are there specific times when it would be convenient for you to talk?*

*You can also call me at _____ if you ever have questions or want to talk to someone. Lastly, is there anything I can do for you before our next call?*

Patients will remain in low-intensity level as long as their PHQ-9 is not elevated and there are no pressing psychosocial problems currently present. The decision to move a patient into high need will be made in consultation with the program manager and care coordinator.
Ongoing Coaching Calls

Prior to the call, review patient’s information from the Health Coach Binder. Review the patient’s BlueStar Usage Report

Hello, this is _____ from Vanguard’s health coaching program. How are you today? (Try to ask about something you remember from the previous call. This could be a personal question, something about a special event, a diabetes-specific question, or a question about a recent visit to the doctor’s office.)

Last time we were talking about [self management goal]. [As appropriate, ask and follow up from answers to the following:]

Tell me how that has been going.
Do you feel you have made some progress? Tell me about that.
What obstacles have gotten in the way?
What are your feelings about this now? How confident are you that you can make progress on this?

What about other things going on with your diabetes or with you in general? I’m able to talk with you about anything you want, so if other questions about your health or other issues come up, fire away!

If the patient made a doctor’s visit prior to this call, follow-up on that visit and see if they got all of their concerns addressed. Are they having trouble understanding anything the doctor said? Do they need help making an action plan to carry out their doctor’s orders? Has the patient entered any data obtained during their doctor’s visit into BlueStar?

On our first call, you had a question about _____, I checked on that and here’s what I found for you...

Before we get started, how have things been going with your diabetes?

How has BlueStar been working for you?

What have you been learning from BlueStar?

What questions do you have about using BlueStar?

What are you the most concerned about or have questions about regarding diabetes?

Based on response, use the BlueStar Digital AADE7 Behavior Coach Guide to introduce new features or build on current features to optimize patient engagement with BlueStar and self-management support.

After the initial two calls, conversations will be less scripted as you build rapport with your patients. Use your motivational interviewing skills to determine the topic areas in which to focus these calls. Help patients set SMART goals that you can follow-up with on future calls. Talk to patients only about what they want to talk about, avoid being pushy and roll with resistance.
Suggestions for ongoing topics: (Also refer to section on the AADE 7 Self-Care Behaviors)

Healthy Eating
- Discussion of importance of healthy eating
- Discussion of the healthy eating guidelines
- Recipe sharing

Exercise
- Discussion of the importance of exercise
- Strategies to incorporate exercise into daily life
- Physical activity guidelines
- Discussion of local resources e.g. walking groups

Blood Glucose Levels
- Blood glucose testing regime
- Preventing hypo/hyperglycemia
- Problem solving

Foot Care
- Why foot care matters
- Discussion on how to check feet
- Information on local podiatry services

Eye Care
- Importance of regular eye checks
- Information on local ophthalmological services

Stress & Coping
- Impact of stress and moods on diabetes
- Strategies to manage stress and moods
- Resources for stress management

Relationships
- Impact of diabetes on personal relationships
- Managing diabetes-related communication with significant others
HIGH NEED & NORMAL CARE PATIENTS

PHQ-9

The Patient Health Questionnaire (PHQ-9) assesses depression. On a scale of 0-3 where 0 is not at all and 3 is nearly every day, patients are asked the following questions:

11. Little interest or pleasure in doing things
12. Feeling down, depressed, or hopeless
13. Trouble falling or staying asleep, or sleeping too much
14. Feeling tired or having little energy
15. Poor appetite or overeating
16. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
17. Trouble concentrating on things, such as reading the newspaper or watching television
18. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
19. Thoughts that you would be better off dead, or of hurting yourself in some way

Interpretation of total score:
1-4   Minimal depression
5-9   Mild depression
10-14 Moderate depression
15-19 Moderately severe depression
20-27 Severe depression

Diabetes Distress Scale 4

The Diabetes Distress Scale (DDS4) assesses emotional distress. On a scale of 1 to 5, where 1 is not a problem, 2 is rarely a problem, 3 is sometimes a problem, 4 is a moderate problem, and 5 is a serious problem, patients are asked the following questions:

1. Feeling overwhelmed with the demands of living with diabetes?
2. Feeling that you are often failing with your diabetes routine?
3. Not feeling motivated to keep up with your diabetes self-management?
4. Feeling angry, scared, or depressed when you think about living with diabetes?

Interpretation of total score:
1-5   Minimal distress
5-10  Mild distress
11-15 Moderate distress
16-20 Severe distress
**Risk Stratification**

Not all patients will have a PHQ-9 score in the patient spreadsheet. The health coaches will deliver the DDS4 during the initial call and record the scores for each individual question. Patients with PHQ-9 scores ≥15 or DDS4 scores ≥11 should be considered high need patients. Designate patients as high need or normal care following the initial contact in the patient tracking sheet.

If you are uncertain about the risk category that a patient should be assigned, present the patient data during the weekly project call. Include the patient’s HbA1c, PHQ-9, DDS4, and any additional relevant information such as recent diabetes-related hospitalizations, poor medication adherence, and frequent hypo or hyperglycemia.
CHALLENGES & SELF-CARE

Common Challenges Faced by Health Coaches
- Unreasonable feelings of responsibility for participant’s progress
- Frustration over participant not performing as well as expected
- Over-involvement with participant’s problems
- Giving incorrect information to participants
- Lack of counseling and care-providing experience
- Negative initial perceptions from patients
- Be prepared for slow recruitment
- Don’t be discouraged if patients reject your offer of support
- Cultural, language, age, and socioeconomic differences

It helps to remember that not everyone is ready to change!

Many people with diabetes do not seek out health coaching services due to a variety of factors:
- They want to appear self-sufficient
- They feel like they have everything under control
- They don’t want other people to judge them
- They don’t want to be held accountable
- They feel that they have everything they need from medical professionals
- They don’t see the value of coaching

Remember that you are not competing with or replacing the role of any professional diabetes healthcare personnel. Your role is nonclinical and your presence in a person’s healthcare adds value to conventional care. You’re providing a dimension of support that complements and enhances professional diabetes care.

Before you start, you may feel anxious about your level of diabetes knowledge and preparedness. You may feel especially underprepared because you don’t have diabetes yourself. Don’t give your participants any expectation that you have all the answers, only that you’re in this together and you’ll help them find the right answers. Let them know that you want to learn more about diabetes self-management and expect to learn as much from them as they do from you.

Since you will spend the majority of your time building and maintaining relationships, you may begin to feel stressed by these relationships.

Setting Boundaries

Although your relationship with your patients should be friendly, assuming the role of a friend can actually be detrimental to your ability to coach patients and blur the boundaries of your relationship. If you ever feel that a patient is taking up too much of your time, making unreasonable requests, or making you feel uncomfortable, please bring it to the attention of the program manager and care coordinator.
Health coaching is not psychological therapy. Therefore if a patient appears to need psychological help, this goal is outside the boundaries of the program and you may want to seek advice from the care coordinator to handle this situation.

Self-Care

Providing a support role to others can be draining and a source of stress. Being willing to lead a support group is takes time and energy. When you add the fact that you are also living with a chronic illness and there are things you have to do to manage your own diabetes there is the potential for burnout. Therefore it is important for you to have your own support systems.

**Signs indicating burnout**
- Feeling emotionally, physically, and mentally tired
- Unable to experience a sense of connection with patients
- Feeling negative about the time involved in health coaching
- Questioning whether your role is valued
- Experiencing a sense of failure or low self-esteem
- Feeling frustrated
- Feeling helpless and hopeless

**Avoid unnecessary stress**
- Learn how to say no. Recognize your limits and refuse to accept added responsibilities that would result in you having to manage more than you can handle.
- Avoid people who cause you stress. If someone consistently causes you stress in your life and you can’t influence the relationship, limit the time you spend with that person, or if it is possible, end the relationship entirely.
- Take control of your environment. Assess if you can make changes in your external environment that will reduce your stress e.g. outsourcing some of the domestic chores, not watching the evening news if it makes you anxious.
NEXT STEPS

<table>
<thead>
<tr>
<th>Length</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>30 min</td>
<td>◦ Follow-up Training</td>
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<td>◦ Weekly call schedule</td>
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<td></td>
<td>◦ Performance evaluations at 2- and 4-months</td>
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</table>

Complete or register CITI research ethics training
[http://research.unc.edu/offices/human-research-ethics/getting-started/training/](http://research.unc.edu/offices/human-research-ethics/getting-started/training/)

Complete HIPAA training
[http://research.unc.edu/offices/research-compliance-program/privacy/hipaa/training/](http://research.unc.edu/offices/research-compliance-program/privacy/hipaa/training/)

Obtaining Android smartphones

Health coaches will be responsible for acquiring a Samsung S5 or S6 Android smartphone. Coaches will receive a stipend of $70/month for voice and data plan. The stipend will be included in the employee’s paycheck and reported on the employee’s W-2. The stipend is subject to all regular payroll taxes, but will not be included in the employee’s State retirement computation.

Recipients of a University mobile device stipend have the following responsibilities:

1. Negotiating and managing a personal cell phone contract. Each employee is free to select the service provider, plan, and features of his/her choice that meet the job responsibilities as determined by the department.
2. Assuming all charges associated with the cellular service and device including lost, damaged, or stolen equipment and accessories.
3. Ensuring the carrier selected has service in required usage areas, such as on campus and/or at home as required by the department.
4. Establishing himself/herself as the billing party. Regardless of cost, the employee is responsible for any additional expenses above the University stipend.
5. Maintaining an active service contract for the duration of the stipend.
6. Notifying the department business manager immediately if the eligibility criteria are no longer met, if service is cancelled, or when the phone number, carrier, or plan eligibility changes.
7. Employees must provide within three business (3) days of a request from the University's Public Records Officer, billing statements related to University business conducted with an employee-owned MCD. Prior to providing such statements the employee may redact information related to personal calls, text messages or emails. Billing statements reflecting University business must be retained for a period of three (3) closed fiscal years.
8. Each fiscal year employees must provide within three business (3) days of a request from the department chair (or designee) or Purchasing Services, documentation such as an annual
contract or a monthly billing statement in order to substantiate that the employee’s monetary stipend does not exceed expenses the employee actually incurs in maintaining the MCD.

**Follow-Up Training**

Data entry using Open Data Kit
# Community Resources

**What Resources are in Your Community?**
Please use the space provided below to identify the names of agencies/resources in your community.

<table>
<thead>
<tr>
<th>Hospitals &amp; Clinics</th>
<th>Specialists (Eye, Foot, Endocrine)</th>
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<tr>
<th>Pharmacies</th>
<th>Financial (Social Services, Insurance, etc.)</th>
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<th>Gyms, Personal Trainers, Sports Leagues</th>
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References


