Perceptions of Diabetes Self-Management, Education and Support, Diabetes Self-Management Behavior, and Self-Reported Health in Persons with Type 2 Diabetes
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BACKGROUND
• 29.1 million people in the U.S. have diabetes (CDC, 2014)
• $245 billion in estimated medical costs, lost work, and wages for those diagnosed with diabetes (CDC, 2014)
• Risk of early death 50% higher for individuals diagnosed with diabetes (CDC 2014)
• Higher risk of blindness, kidney failure, heart disease, stroke, and loss of toes, feet or legs (CDC, 2014)
• Chronic long-term illness requiring self-management: attention to glucose level, diet, blood glucose testing, exercise, and medications (AADE, 2011)

PURPOSE
Purpose of this descriptive, correlational study was to explore relationships among perceptions of Diabetes Self-Management Education (DSME) and Diabetes Self-Management Support (DSMS) related to diabetes self-management behavior and overall health status in community dwelling adults with Type 2 diabetes.

RESEARCH QUESTIONS
1. What are the perceptions of the DSME and DSMS in community dwelling adults with Type 2 diabetes?
2. Do perceptions of the content and delivery of DSME/DSMS moderate relationships between factors affecting performance of self-management and self-management behaviors in community dwelling adults with Type 2 diabetes?
3. Do the factors affecting performance of self-management, perceptions of content and delivery of DSME/DSMS, and self-management behaviors predict health status in community dwelling adults with Type 2 diabetes?

METHODS
DESIGN: Cross-sectional, correlational design
SETTING: Initially two Midwestern states, followed by online data collection
SAMPLE: Non-random, convenience, community dwelling persons with Type 2 diabetes, final sample size 66
INCLUSION CRITERIA: community dwelling, 25 yrs or older, ability to read and speak English, self-reported diagnosis of Type 2 diabetes for three years or longer, access to telephone or computer with internet
EXCLUSION CRITERIA: Persons who report never having received diabetes self-management education and/or support.
DATA MEASUREMENT – demographics, narrative data, and eight quantitative instruments
DATA ANALYSIS - summary of narrative data, Pearson’s correlations, regression model building, simultaneous stepwise regression, simultaneous multiple linear regression

RESULTS
RQ 1: Narrative Data: Education as Helpful, Frustration with DSME/DSMS, Emotional Aspect of Having Diabetes, Need to be Self-Taught
RQ 2: Statistically significant relationship between content received and environmental barriers; potential for mitigation.
RQ 3: Statistically significant relationship between content needed and physical and mental health.

LIMITATIONS/STRENGTHS
LIMITATIONS: sample size, cross-sectional design, multi-method data collection, incomplete online survey data
STRENGTHS: Conceptual model, reliable and valid instruments, open-ended questions provided narrative data, novel approach

RECOMMENDATIONS
Self-Awareness of HCP
Addressing Environmental Barriers to Self-Management
Provide Needed Education
Improving Self-Efficacy
Acknowledging Depression

REFERENCES