



How To Develop And Lead A Diabetes Support Group

The Story of a Successful Group

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unrestricted educational grant from Aventis**

Heartfelt appreciation is extended to June Ribbe whose passionate, thoughtful and steadfast leadership made the group's success possible.

Special thanks to Megan Goff for her invaluable technical assistance and personal patience.

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Introduction

By June Ribbe

In the spring of 1971, my two- year- old son was diagnosed with diabetes, changing not only his life, but mine and that of the rest of our family. The initial experience of living daily with diabetes left me feeling fearful and frustrated. I began to ask myself many questions. Was I competent to provide the care needed? Would complications take their toll before he became an adult? How would we manage in the crisis situations? Would he be able to live a quality life in spite of having diabetes at such a young age?

My search for knowledge was intense and I read many books and journals. What I hungered for to a greater extent was the evidence that people could live successfully in spite of having diabetes. My experience as a nurse in an acute care setting had only involved primarily people ill with a new diagnosis or those dealing with complications. Eventually, I learned about a diabetes support group and attended my first meeting. They were all adults with type 2 diabetes. The speaker was excellent and gave evidence of being on the cutting edge of current treatment. This affirmed my growing suspicion that my son's management program needed to be changed, prompting me to take action.

At the meeting, I met people who had lived with diabetes for thirty or more years. It was encouraging and gave me the hope that my son could live to become an adult. Lastly, the support of people in the group made me want to persevere when managing diabetes became tiresome.

As the years passed, I grew to increasingly appreciate the value of diabetes education. I returned to college, graduated and began teaching in the outpatient diabetes education program at Blodgett Memorial Medical Center, now Spectrum Health. During that time I facilitated a support group which met quarterly for seven years. I retired in 1998 but have continued to stay involved at Spectrum Health on an as needed basis.

In February 2002, I was asked to pick up the pieces of several inactive support groups. With the initial encouragement and assistance of Mary Jean Klebba, Spectrum Health Diabetes Education Program Manager, and Dan Diepenhorst, facilitator of Joining People with Diabetes, I planned and held the first meeting on February 22, 2001. The following manuscript is a detailed account of what happened thereafter.

Both personally and professionally, I know that support groups offer many benefits. They provide participants the opportunity to be informed about current treatment and enable them to apply it to their own unique situations. Secondly, they provide the encouragement and support of others who are also in the struggle of managing diabetes on a daily basis. Third, they provide the needed motivation for people to be renewed in a way that enables them to persevere on the journey.

I continue to enjoy facilitating this group. I have the opportunity to work with wonderful and courageous people whose enthusiasm and help make our group successful. My biggest reward will be that its story inspires others to get started with their own diabetes support group.

Group Sessions at a Glance

Program	Date	Pages	Attendance
Initial Planning Meeting (Ribbe, Klebba, Diepenhorst)	2-12-01	5	-
1. “Joining People with Diabetes” Dan Diepenhorst (Speaker)	2-22-01	6-11	44
2. “Problem Solving Difficult Situations” June Ribbe (Discussion Groups)	3-29-01	12-21	21
3. “How to Have an Effective Doctor’s Office Visit” June Ribbe (Discussion Groups)	4-27-01	22-27	25
4. “Foot Exams: Yours and the Doctor’s “ Podiatrist (Speaker)	5-31-01	28-31	32
5. “Medications: Are You Helping Them Do Their Job?” June Ribbe (Discussion Groups)	6-21-01	32-36	21
6. “Purpose of a Support Group/Feelings” June Ribbe (Discussion Groups)	9-20-01	37-39	51
7. “Questions and Answers about Food” Diabetes Educator (Speaker)	10-30-01	40-42	42
8. “Surviving a Hospital Stay” June Ribbe (Discussion Groups)	11-29-01	43-48	22
9. “Diabetes and Dental Disease” Periodontist (Speaker)	1-25-02	49-52	36
10. “Legal Issues Related to Health Care” Attorney (Speaker)	2-21-02	53-57	20
11. “Diabetes and Depression” June Ribbe (Discussion Groups)	3-28-02	58-60	27
12. “Overcoming Your Fears” Hospice Chaplain (Speaker)	4-25-02	61-64	22
13. “Traveling With Diabetes” June Ribbe (Discussion Groups)	5-23-02	65-68	37
14. “Diabetes is a Cardiovascular Disease” Physician, Diabetologist (Speaker)	6-20-02	69-70	60
* Miscellaneous Tips/ Resources		71-82	

Initial Planning Meeting

(Ribbe, Klebba, & Diepenhorst)

2/12/01

Keys to Planning

It's important to PLAN a diabetes support group. This group utilized the following consultation notes in a planning meeting before the first group meeting. For additional planning tips see "Guidelines for Beginning a Support Group" in the "Miscellaneous" Section, pages 71-82.

Some Keys to planning:

1. Getting people to come the first time
 - Advertise in the diabetes education classes (e.g. have group member speak for 5 minutes)
 - Newspaper mailings, posters
 - "Seed" the first meetings – call people you know and ask them to come
 - Have "special" speakers – Who do people come to hear?
 - Use other support group leaders as speakers
 - Use themes, refreshments
 - Make it "special" fun
2. Identify a core leader group:
 - From classes
 - From attendees
 - Ask for volunteers and move toward assignments, e.g., start with concrete tasks, e.g., coffee, greeting, clean-up, calls, snacks, etc.
 - Offer a "special" training for the core leaders
3. Have a schedule of future meetings prepared
4. Have a known meeting format
5. Identify core leaders to the group and give lots of acknowledgements/recognitions
6. Start periodic meetings for leaders only – to decide about training, discussions, scheduling, ideas, philosophy of group, group "rules", hospitality
7. No matter what, encourage socialization, discussion and the telling of one's story , e.g., eventually ask one of the leaders to tell their story – then discuss
8. **GO SLOWLY, DON'T GET DISCOURAGED AND DON'T STOP!**

Use consultation resources – Call Dan Diepenhorst, Joining People With Diabetes (JPD), (517) 335-9462 diepenhorstd@michigan.gov

For more, see "Miscellaneous Section", "Guidelines for Beginning a Support Group".

Have a Heart!

Session 1

Join us for a Diabetes Support Group Meeting



**When: February 22
@ 7:00pm**

**Where: Diabetes Classroom, Marywood Center
2023 East Fulton Street**

Who: Sponsored by Spectrum Health Diabetes Services

**Speaker: Dan Diepenhorst
Michigan Department of Community Health
“Joining People with Diabetes”**

**Please call 774-7599 if you plan to attend or send in the form
below with the appropriate information.**

I plan to attend the support group meeting: Yes No

Name: _____

**I would like to have my name removed from the mailing list for
support group meetings: Yes No**

**Send to: Spectrum Health Diabetes Services
2023 East Fulton
Grand Rapids, Michigan 49503**

Session 1

2-22-01

“Joining People with Diabetes”

Brief Summary

The purpose of this session was to provide the rationale and motivational impetus for the group. The facilitator, June Ribbe, provided the welcome, background information and the introduction of the speaker, Dan Diepenhorst. Slides were used from the speaker’s presentation, “Enabling and Enhancing Self-Help/Support Groups,” to convey the message that support groups can be an important aspect of the self-care of people with diabetes. The evening’s event included refreshments and sign-up sheets for a master list and for task assignments.

Agenda

- I. Greetings/Introduction of Facilitator
- II. Introduction of Speaker
- III. Speaker’s Presentation
- IV. Large Group Discussion and Questions/Answers
- V. Plans and Date for Next Meeting
- VI. Coffee and Conversation

Spectrum Health

Diabetes Support Group

Presentation By: Dan Diepenhorst (Joining People With Diabetes)
2/22/01

Show Intro Slide

Message:

A. Background

Diabetes is BIG!

How many?
How serious?
How much?
Who does the care?

PEOPLE with Diabetes do the care!
Importance of SELF-CARE

Show Background Slide

B. Self –Care: Basic Ingredients

Diabetes requires a daily plan!

What are the most basic ingredients?

Show Denial/Plan Slide

C. Following Daily Plans Requires Support

What is an example of a personal, daily plan?

e.g. – Marathon runner

**Support and support groups
should be part of every diabetes care plan!**

How can a support group help?

Show Support Slides

Show Research Slide

D. Good Support Groups Need” Self-Care” Too!

How do good support groups become “good”?

Come! People with diabetes; family/significant others
Find out what people need/want; tell the leader(s)
Tell others about the group

**Good support groups need
members’ active Involvement!**

(Slides Attached)

Joining People With Diabetes

- Enabling and Enhancing Diabetes Self-Help Support Groups
- Dan Diepenhorst MSW
Diabetes Consultant
MI Dept. Comm. Health
517-335-9462
diepenhorstd@michigan.gov

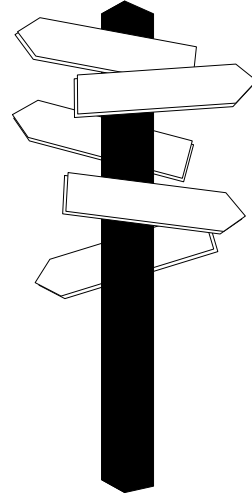


Background

- 17 million Americans; 750 thousand in Michigan Chronic, serious complications
- Estimated annual costs - \$132 billion
- ***95% self-care***
- ***Active involvement of person with diabetes necessary for effective disease management***

Enabling and Enhancing Effective Diabetes Self-Care

- Overcoming Denial
- Developing a Personal Plan
 - For Change
 - For Maintenance



Groups: More Value, Efficacy

- Giving Support
- Credibility (telling one's story)
- Instillation of hope
- Conveying sense of belonging
- Universality
- Altruism

Groups: More Value, Efficacy (Cont'd)

- Imparting Information
- Communicating Experiential Knowledge
- Teaching Coping Methods
 - Kurtz, Linda F., Self-Help And Support Groups
 - Yalom, Irvin D., The Theory and Practice Of Group Psychotherapy

Groups: More Value, Efficacy (Cont'd)

- Research Summary: 100 studies in last decade measure positive outcomes in adjustment, coping, self-esteem, acceptance, use of services and hospitalization, symptomatology
- Stanford Chronic Disease Self-Management Program

Diabetes Support Group Problem – Solving Difficult Situations

Session 2

Thursday, March 29, 7:00pm

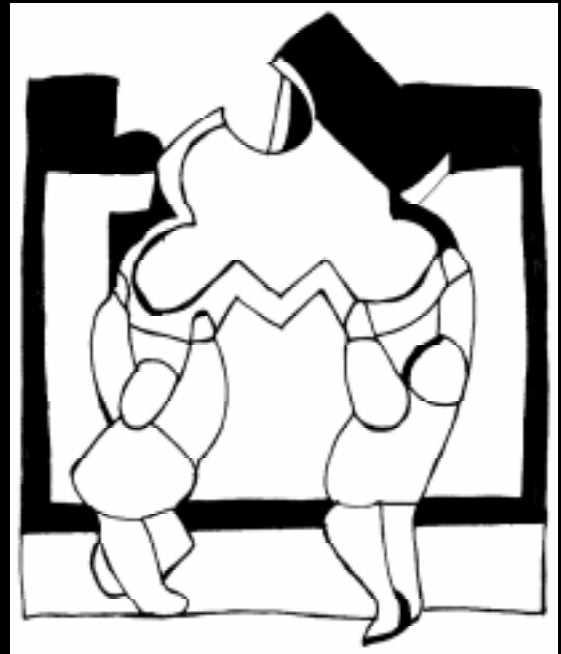
Diabetes Classroom
Marywood Center

2023 E. Fulton

Facilitator: June Ribbe, R. N., C.D.E.

RSVP to 774-7599

Mail in the form below if you plan
to attend.



Name: _____

Mail to: Spectrum Health
Diabetes Services
Marywood Center
2023 E. Fulton
Grand Rapids, MI 49503

Session 2

3-29-01

“Problem Solving Difficult Situations”

Brief Summary

The purpose of this meeting was twofold. I wanted to evaluate the knowledge level of the various group members and stimulate them to talk to each other without having to share something personal. The program participants were divided into four groups. Significant others were not in the same group as the person with diabetes whom they had accompanied. Each group had a leader who was chosen on the spot or who volunteered to facilitate the discussion. Thirty minutes was allowed for the group discussions of examples of difficult situations (see following examples). The facilitator circulated among the groups to listen. When the large group reconvened, each leader read the situation and reported on what was discussed and the solutions to the problem. The group was asked for any further comments.

Agenda

- I. Greetings/Introduction of Facilitator
- II. Explanation of Discussion Topic by Facilitator
- III. Small Group Discussions (See following discussion items)
- IV. Coffee and Conversation
- V. Reconvene for Large Group Sharing, Questions, and Wrap-up

Monitoring

Judy was diagnosed with type 2 diabetes 6 months ago. She initially tested her blood sugar twice a day, before breakfast and two hours after dinner. Now her doctor tells her that blood sugars are under good control and she only needs to test once a week. She is very happy about this.

1. What do you think about this doctor's recommendations?
2. If she is only going to test once a week, what would you tell her to do?
3. Is there anything additional you would like to ask her or recommend to her?

Medication

Sam recently started taking Glucophage for help with blood sugar control. At the present time he is taking 500mgm with breakfast, lunch and dinner. He has felt bloated, experienced abdominal cramps, and had problems with diarrhea. He thinks he has a flu bug.

1. What thoughts do you have on Sam's situation?
2. How could Sam have been more prepared to deal with this situation?
3. Six months from now Sam is scheduled to have radiological testing done using injected iodine contrast material. What is important for Sam to know?
4. Two years later Sam's doctor adds another medication to his management program. Now he takes Glucophage and Glyburide. He is very worried that his diabetes is getting worse because he has to take two medications. What would you tell him?
5. What information does he need to know?

Hypoglycemia

Dorothy has type 1 diabetes. She takes Humalog and N insulin before breakfast and dinner. Recently she has been having problems with low blood sugar between 2am – 4am. It has been happening 2-3 times a week. This is scary for her because she lives alone.

1. What kind of questions would you ask her?
2. What do you think she should report to her doctor?
3. What questions do you think she should ask her doctor?

Feelings

Your co-worker, Phyllis, was diagnosed with type 2 diabetes six months ago. She knows you have diabetes. One day over lunch she says, “I feel like this disease has robbed me of hope and my zest for life.” She goes on to tell you that people involved with her treatment are full of “thou shall nots”. “I am being asked to make lifestyle changes that mostly involve giving up stuff. Exercise is no fun and neither is pricking my finger. Educators and doctors don’t give any replacement for the joy they have taken away.”

1. What is Phyllis really saying?
2. How do you think she is feeling?
3. How would you respond to her?
4. Is there anything else you would suggest or recommend?

Fluctuations

Patty Harper is 62 years old and was diagnosed with type 2 diabetes 16 years ago. She has some eye and kidney changes due to diabetes, as well as a history of a mild heart attack. She monitors her blood sugar and gives her own insulin. She is concerned about widely fluctuating blood sugars from 43-383 in the last few months. She says, “Sometimes my sugar is too high and I don’t know what I did to make it high. Other times it is too low and I’m afraid I’ll end up unconscious.” When her blood sugar drops below 100 she treats it with a tablespoon of sugar in 10 ounces of orange juice.

1. What additional information would you like to know about Patty?

2. What would you like to see her discuss with her doctor, the dietitian, or the diabetes educator?

3. Is there anything you would tell her immediately?

Adjustment

Mary was diagnosed with diabetes in early spring, one year ago. She views her diabetes as a wakeup call to make some healthy lifestyle changes. Since being diagnosed, she has lost 25 pounds, walks 2 miles everyday and follows her meal plan fairly well.

Martha was diagnosed with diabetes at about the same time. She is very angry about the diagnosis and looks at diabetes as a terrible intrusion into her life. She has been very inconsistent with her management program and has not followed through with many of her doctor's recommendations.

1. What can make the difference in the response of two individuals with the same disease?

2. How do you think Martha could be helped?

Diabetes Support Group Meeting

Session 3



Thursday, April 26
7:00 P.M.

Spectrum Health Diabetes Classroom
Marywood Center, 2023 East Fulton

**Topic: How to Have An
Effective Doctor's Office Visit**

Facilitator: June Ribbe, R.N., C.D.E.

Please call 774-7599 if
You plan to attend

Session 3

4-26-01

“How to Have an Effective Doctor’s Office Visit”

Brief Summary

People often have many frustrating experiences at the doctor’s office. They need to be challenged to be more assertive and to be prepared to ask questions and provide information. This time participants were asked to share with each other in small groups some of their own personal frustrations at the doctor’s office. When the larger group reconvened, these comments were made into a list on the dry erase board. We problem-solved ways to prevent these situations and made suggestions to help their visits go more smoothly. After this discussion the facilitator supplemented their comments with information from the handouts.

Agenda

- I. Introduction of Facilitator
- II. Sharing of Magazine Articles That Were Read
- III. Announcements
- IV. Introduction of Discussion Topic
- V. Small Group Discussion
- VI. Large Group Session and Wrap-up

Communicating...

.....with Your Health Professional

- I. What hinders communications?
 - A. Environment
 - B. Physicians/other health care professionals
 - C. Patient Attitudes/ Actions

- II. What do you consider to be the important parts of a health care relationship?

- III. Steps Toward Improving the Relationship
 - A. Become informed and keep updated.
 - B. Evaluate your communications style.
 - C. Keep records.
 - D. Prepare for the visit.

(Adapted from “Communicating With Your Health Professional – How to Have an Effective Visit,” by Joyce Billingsly and Linda Buchanan, RN, CDE, Gerber Memorial Health Services)

Tips for Improving Your Care

- Assume responsibility for yourself.
- Learn to communicate your questions and concerns.
- Keep your Primary Care Provider informed and involved.
- Take a significant other to doctors or hospital visits to be an extra set of ears.
- Ask why you need lab work or tests and what they might reveal.
- Ask about test results and request a copy for your personal records.
- Read about procedures – do some homework.

Communicating With Your Health Professional: How To Have An Effective Visit

1. Learn everything you can about your medical condition and keep updated.
 - Ask your health professional questions and make sure you understand the answers
 - Look for books about your conditions at the library
 - Join the foundation for your condition, i.e., American Diabetes Association
 - Subscribe to magazines or newsletters about your condition
 - Look at ads in above publications and send for more information
 - Join a local support group
 - Buy a book on your condition
 - Ask pharmacist about medications
2. Learn how to communicate in an assertive style.
 - Learn how to distinguish between assertive, aggressive, and passive behaviors
 - Get a book from the library on assertiveness
 - Read magazine or newspaper articles on assertiveness
 - Discover a person who is assertive and observe the style
 - Take a class on assertiveness
 - Practice assertiveness in your daily life
3. Keep records on your observations of your conditions
 - Write down on a log every blood sugar you do
 - Write down on a log (or book) every blood pressure you take
 - Keep track of any other test you do yourself
 - Write down any unusual symptoms you experience – when, where, why, what
 - Keep a record of exercise program
 - Write down in notebook questions as you think of them
 - Leave a space under the questions for the answer
 - Record all information that you have been asked to gather
 - Create a list of your medication, include dose and frequency
 - Keep a list of meds in your wallet as well as your notebook
4. Prior to your visit with your health professional
 - Gather all your records to take with you
 - Add a pen or pencil to gathered material
 - Look over your questions and add new ones
 - Star the most important 2 or 3 questions

Communicating With Your Health Professional: How To Have An Effective Visit

5. At the time of your visit

- Remember to always use assertive communication
- When the health professional comes into the room, state number of questions
- If the person cannot answer all, then state you have 2 or 3 important ones
- Write down the answers and make sure you understand the answer
- Show your records
- If you have diabetes, take off your shoes and stockings
- If someone comes with you – decide who will talk – cuts down on confusion
- Report any symptoms you experienced since last visit
- Ask about results of any test done prior to the visit
- Ask what are the findings of the examination
- Ask when you should call about results from the test done today
- Clarify any instructions given, write them down unless given printed material
- Make sure you ask all questions BEFORE the person leaves the room

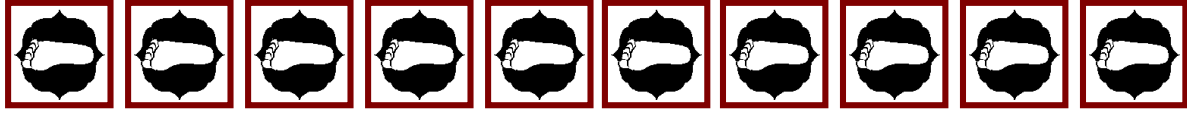
6. After the visit

- Review all instructions
- Review all questions and answers
- Restart your records and questions
- Call for information on tests
- Follow through on test or requested activity

*You are the captain of your health care team
You are responsible for your health
Use health professionals to your advantage*



Diabetes Support Group Meeting



Session 4



Dr. James E. Dewitt, Podiatrist

**Foot Exams: Yours and the Doctors
Thursday, May 31 at 7:00 pm**

**Spectrum Health Diabetes Classroom
Marywood Center
2023 East Fulton**

**Call 774-7599 for more information
Facilitator: June Ribbe R.N., C.D.E.**

Session 4

5-31-01

“Foot Exams: Yours and the Doctor’s”

Brief Summary

The podiatrist demonstrated how to do a thorough self-exam of the foot using two participants who had volunteered at the previous meeting. He then discussed how and when the physician should be examining the foot at each office visit and at the yearly physical exam. During the foot exam demonstration, he taught foot care and its importance for the person with diabetes. He allowed over 30 minutes for questions.

Agenda

1. Introductions/History and Purpose of Support Group
2. Announcements
3. Introduction of Speaker
4. Demonstration of foot exams on two participants
5. Questions and Answers
6. Coffee and Conversation

Foot Care Tips

Take Care of Your Feet for a Lifetime.

Take care of your diabetes.

- Work with your health care team to keep your blood sugar with in a good range.

Check your feet every day.

- Look at your bare feet every day for cuts, blisters, red spots, and swelling.
- Use a mirror to check the bottoms of your feet or ask a family member for help if you have trouble seeing.

Wash you feet every day.

- Wash your feet in warm, not hot, water every day.
- Dry your feet well. Be sure to dry between the toes.

Keep the skin soft and smooth

- Rub a thin coat of skin lotion over the tops and bottoms of your feet, but not between your toes.

Smooth corns and calluses gently.

- If your feet are at low risk for problems, use a pumice stone to smooth corns and calluses. Don't use over-the-counter products or sharp objects on corns or calluses

If you can see and reach your toenails, trim them each week or when needed.

- Trim your toenails straight across and file the edges with an emery board or nail file.

Wear shoes and socks at all times.

- Never walk barefoot
- Wear comfortable shoes that fit well and protect your feet
- Feel inside your shoes before putting them on each time to make sure the lining is smooth and there are no objects inside.

Protect you feet from hot and cold.

- Wear shoes at the beach or on hot pavement
- Wear socks at night if your feet get cold
- Don't test bath water with your feet
- Don't use hot water bottles or heating pads.

Keeps the blood flowing to your feet

- Put your feet up when sitting
- Wiggle your toes and move your ankles up and down for 5 minutes, 2 or 3 times a day.
- Don't cross your legs for long periods of time.
- Don't smoke

Be more active

- Plan your physical activity program with your doctor

Check with your doctor

- Have your doctor check your bare feet and find out whether you are likely to have serious foot problems. Remember that you may not feel the pain of an injury
- Call your doctor right away if you find a cut, sore, blister, or bruise on your foot that does not begin to heal after one day.
- Follow your doctor's advice about foot care

Get started now

- Begin taking good care of your feet today
- Set a time every day to check your feet
- Complete the "To Do" list on the back of this page and...

Take care of your feet for a lifetime.

To Do List

Make plans now to take care of your feet for a lifetime.
Check each item when completed.

- ◆ Use the list of foot care tips on the reverse side and put it where I will see it every day.
- ◆ Get a pair of nail clippers if my doctor recommends it.
- ◆ Get an emery board and a pumice stone if my doctor recommends them.
- ◆ Buy lightly padded seamless socks.
- ◆ Buy a pair of shoes that fit well and cover my feet.
- ◆ Give away shoes that don't fit.
- ◆ Place slippers beside my bed to wear when I get out of bed.
- ◆ Get a mirror to help me see the bottoms of my feet.
- ◆ Ask for help from a family member or caregiver if I can't see my feet.
- ◆ Keep my next doctor's appointment.
- ◆ Ask my doctor if I qualify for special shoes covered by Medicare or other insurance plans.
- ◆ Ask my doctor or nurse to inspect my feet at every visit.
- ◆ Plan my physical activity program with my doctor.
- ◆ Stop smoking!

Big News!

Diabetes Support Group



Back In Action!

Session 5

**September's topic presented by June Ribbe:
"Medications: Are You Helping Them Do
Their Job?"**

**Don't miss it, Join the Group!
Thursday, Sept 20 @7 pm**

**Marywood Center
2023 E. Fulton
Diabetes Classroom 2nd level
Please RSVP to: 774-7599**

Session 5

9-20-01

“Medications: Are You Helping Them Do Their Job?”

Brief Summary

Each small group was assigned one situation from the attached list to discuss and problem-solve. Each group facilitator shared information from their discussion. The facilitator made additional comments or corrections as needed. The need for taking responsibility for decision-making was emphasized. The role of frequent monitoring to provide the information necessary for making medication changes was also emphasized.

Agenda

- I. Introductions
- II. Announcements
- III. Introduction of Discussion Topic by Facilitator
- IV. Small Group Discussion
- V. Coffee, Support and Encouragement
- VI. Large Group Sharing, Questions, Answers, and Wrap-up.

Medication Problem Solving

Problem 1 (Group 1)

Sally is a 54 year old woman with type 1 diabetes who was diagnosed 5 years ago. She has been taking two injections of insulin daily:
AM: 25 units NPH insulin and 8 units' Regular insulin
PM: 15 units NPH insulin and 4 units' Regular insulin
She has developed hypertension, and her doctor prescribed 50 mg Hydrochlorothiazide daily. She also takes estrogen and progesterone for menopausal symptoms. She is becoming concerned about her glucose levels. These are the results of her tests:

Previous Month	107	112	129	120
Week 1	151	168	112	176
Week 2	158	167	142	168
Week 3	167	172	141	171

She has not changed her activity level or dietary intake and her weight has not changed.

Questions for discussion:

1. Do we need any other information? What?
2. What might be causing her blood sugar to go up?
3. What options does she have to improve her blood sugar control?

Problem 2 (Group 2)

Sam is a 60 year old man diagnosed with type 2 diabetes two years ago. Initially he was following a meal plan and exercising and his blood sugars returned to normal. However, he has now gained 10 pounds and stopped his exercise program. His blood sugars are now all above 200. His cholesterol and triglycerides are elevated. His doctor puts him on Glucophage 850mgm with breakfast and dinner. He is having some abdominal bloating, nausea, cramping and diarrhea.

Questions for discussion:

1. How long should he tolerate this problem?
2. What should he do about it?
3. What might his doctor recommend?

Medication Problem Solving

Continued

Problem 3 (Group 3)

Ruth has been reading in a diabetes journal. The article is about the benefits of aspirin therapy. She is not currently taking any aspirin. She is 50 years old and has had diabetes for 10 years. She wonders why her doctor has not put her on aspirin.

Questions for discussion:

1. Why is aspirin being recommended for people with diabetes?
2. What is the recommended dose?
3. What do you think she should do at her next office visit?

Problem 4 (Group 4)

Discuss at least one precaution for each of the following medications:

1. Glucophage
2. Actos and Avandia

Why is it important to know how other medications that you take can affect your blood sugar level?

How is it possible to find out if a medication that your doctor prescribes will raise or lower your blood sugar level?

Tools for Change

What You Need to Know About the Medicines You Take

The first step in getting good health care starts with talking to your doctor. This includes telling your doctor what medicine, vitamins, and herbs you take. Your doctor will talk with you about anything that you may be taking that may not be good for you or things that may interact. It also helps to keep your medical records up to date. Tell your doctor if you are allergic to any medicines.

If your doctor prescribes a medication for you, ask these questions:

- What is the medicine for?
- How do I take it and for how long?
- What should I do if I forget to take a dose?
- What are the side effects?
- What should I do if I have side effects?
- Is this medicine safe to take with the other medicines or dietary supplements I am taking?
- What food, drink, or activities should be stopped while on the medicine?

Your pharmacist can also help answer questions about any medications you take. When you pick up a prescription:

- Make sure it's the one your doctor prescribed. If you're not sure ask the pharmacist.
- Be sure you understand the directions on the label. Ask for written instructions and information about side effects. Many pharmacists provide written instructions and list side effects when you get the medicine. If they don't give this to you, ask for it. If you are taking a liquid, ask the pharmacist the best way to measure it.

Diabetes Support Group Meeting

Session 6



Topic for Discussion:
Feelings Related to Diabetes

Thursday, June 21
@ 7:00pm

Marywood Center
2023 E. Fulton Street

Session 6

6-21-02

“Purpose of a Support Group/ Feelings Related to Diabetes”

Brief Summary

At this meeting, participants were asked to share some personal feelings for the first time. They were divided into small groups and each group was to discuss why they came to the support group. They were also being asked to share how they felt at the time of diagnosis and how they were helped. When the group reconvened, we did not discuss their responses in the large group. Instead, I shared my reasons for facilitating this support group. I also shared the information on how I view the role of the diabetes educator.

Agenda

- I. Introductions
- II. Announcements
- III. Introduction of Discussion Topics
- IV. Small Group Discussions
- V. Large Group Summary and Wrap-up Session
- VI. Coffee and Conversation

Topics for Discussion

Support Group Meetings

1. What do you think should be the purpose of this support group?
2. Why did you choose to attend the support group?
3. Which meeting was most helpful to you and why?

Feelings Related to Diabetes

1. After your diagnosis, what feeling did you struggle with the most?
2. Who or what was most helpful to you in developing a more positive attitude toward diabetes?
3. As a person with diabetes, what do you feel is the most helpful way your significant other can contribute to your well being?
4. As a significant other, what is the most difficult thing you have to deal with as a result of your loved one's diagnosis?

Today's Special



Diabetes Support Group

Session 7

Tuesday, October 30 @ 7 pm

Speaker:

Jan Windsor, Dietitian

“Questions and Answers about Food”

**Adapting Your Recipe
Calculating the CHO of Desserts**

**Bring a favorite recipe to discuss or share with
other members of the group.**

Please note: New Day-Tuesday

**Marywood Center
2023 E. Fulton
Diabetes Classroom 2nd level**

Session 7

10-30-02

“Questions and Answers about Food”

Brief Summary

Food is an ongoing frustration for people with diabetes. Initially the changes can be overwhelming and people can only concentrate on the basics. More complicated issues can be taught later. Participants were asked to bring a favorite recipe. The dietitian used several to adapt to more heart healthy guidelines. She then used several dessert recipes to teach a method for calculating the carbohydrate content. There was a time for general questions about food. Several members of the group brought recipes to share with all. At the end of the presentation we also discussed when persons with diabetes should see a dietitian. They were given a handout with the recommendations.

Agenda

- I. Introductions
- II. Announcements
- III. Sharing of Recipes
- IV. Choose Several To Adapt
- V. Adapting the Recipe To More Heart Healthy Guidelines
- VI. Calculating carbohydrate Value of a Dessert
- VII. Coffee and Conversation/Recipe Exchange

When Should You See a Dietitian?

1. Shortly after diagnosis.
2. Yearly for continuing education, updating of food/meal plan, for motivation and support.
3. Whenever any major change occurs:
 - a. Work schedule or shift schedule
 - b. Change in activity level of exercise program
 - c. Change in medication especially a switch to insulin
4. A period of poor control when glucose values are out of target range
5. When complications develop and the doctor recommends tighter control
6. When planning a trip through multiple time zones/ or you have concerns about foreign food
7. Weight management may require more frequent visits.

Surviving a Hospital Stay



Be Prepared!

**Diabetes Support Group
Session 8**

**Thursday, December 6th @ 7pm
For a discussion led by June Ribbe RN, CDE**

Marywood Center • 2023 E. Fulton • Diabetes Classroom 2nd level

Session 8

12-6-02

“Surviving a Hospital Stay”

Brief Summary

Persons with diabetes often have a difficult time with maintaining control in the acute care setting or during procedures such as colonoscopy. Participants were divided into small groups and asked to share any difficult experiences they have had trying to keep blood sugars under control as a patient in the hospital. People became very involved in this discussion. Almost everyone had a story to tell.

After the large group reconvened we made a general list of the problems that they might encounter in the hospital. The facilitator then shared some additional tips for staying in control. Some of this material came from an article in Diabetes Interview entitled “Surviving a Hospital Stay.”

Agenda

- I. Introductions
- II. Announcements
- III. Introduction of Topic for Discussion
- IV. Small Group Discussion
- V. Coffee and Conversation
- VI. Large Group Follow-up and Sharing

Discussion Group Questions

1. What kind of problems can a person with diabetes encounter when hospitalized?

➤ Make a list in the space below if you have some ideas or personal experience.

➤ Be willing to share one or two examples with the larger group.

2. What can the person with diabetes do to be more prepared for a hospitalization?

3. What can you do while in the hospital to stay under better control?

Problems You May Encounter in the Hospital

1. Schedule variations with meals and medication.
2. Omission of bedtime snack.
3. Blood glucose testing that is poorly timed.
4. Drug changes due to hospital formularies.
5. Lack of diabetes knowledge in health care professionals.
6. No immediate access to low blood sugar treatment.
7. Lack of communication between the doctor overseeing your care in the hospital and the doctor who routinely helps to manage your diabetes.
8. Bed rest or lack of exercise.
9. Stress related to procedures or surgery.
10. Periods when you are not to take anything orally or are unable to eat.

Tips for Staying In Control

1. Contact the doctor who manages your diabetes before a scheduled surgery or outpatient procedure or as soon as possible after a hospital admission.
2. Take your own meter/finger pricking device/lancets to the hospital. Make sure your meter is cleaned, calibrated, and checked with control solution beforehand. Get your doctor to write an order that you may keep it at your bedside.
3. Be prepared to share information about insulin or medication dosages, recent blood sugar readings and any other medications you may be taking. Review what you do with resident or house staff on admission. Having all of this written down in a logbook will save a lot of time. Medications should be listed on a separate record.
4. Bring telephone numbers of your health care team, and family members who can answer questions about your diabetes if you are unable to do so.
5. Educate those who care for you about your needs. Don't assume they know about diabetes management.
6. Ask about medications that are given to you.
 - a. For example, do you remember that I am allergic to....?
 - b. Is this new medication a substitution for one that I have been taking?
7. Don't ever assume anything. Ask a lot of questions.

Tips for Staying in Control

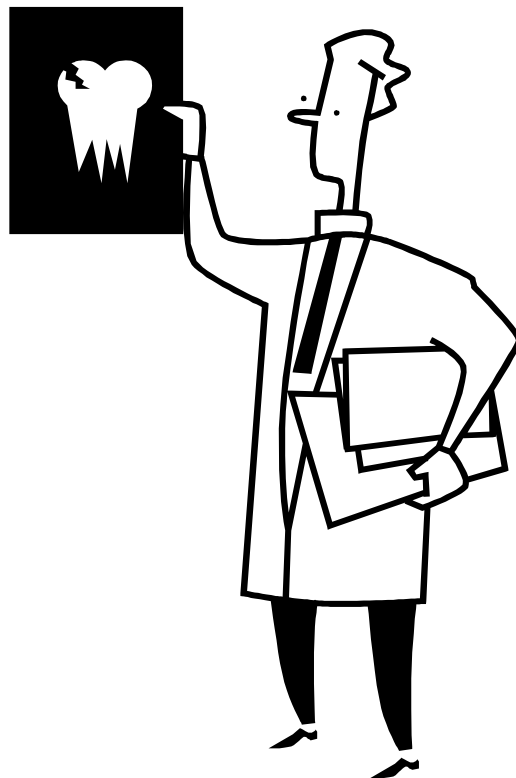
Continued

8. Make sure drug allergies are listed boldly on your chart.
9. Always wear or carry identification. Emergency room personnel will find a necklace or bracelet in a full body check in the event of an accident.
10. Pump users beware! Not all hospital staff knows about pumps. Write out some general instructions and have it in your wallet along with information about your doctor.
11. Use hospital resources while you are there. Talk to the dietitian and review your meal plan or ask for a new one.
12. Get your blood sugars under good control before admission for a surgery. It will promote healing and reduce your risk for infection post-op. A blood sugar above 200 will slow the healing process.
13. Chasing high blood sugars with more insulin or withholding insulin because a pre-meal blood sugar is low.
14. Avoid being passive. Advocate for yourself or have someone do it for you.
15. When dissatisfied with your care and the effect on your control, ask to speak to the hospital's patient representative or patient relations.
16. When on oral medication, ask how your blood sugar will be managed when the medication is withheld.
17. Ask how your blood sugar will be controlled when you are under general anesthesia.
18. When you are having an outpatient procedure such as a colonoscopy, know what to do about your medication and food intake. Ask to have the procedure first thing in the morning. Talk to the doctor who manages your diabetes so you know exactly what to do!

**For a Happier New
Year Resolution #1 – Don't Procrastinate**

Join the Diabetes Support Group

Session 9



**Diabetes & Dental Disease
Presented by Dr. Richard Nezwek, DDS**

Thursday, January 24th @ 7 pm
Marywood Center • 2023 E. Fulton • Diabetes Classroom 2nd level

Session 9

1-24-03

“Diabetes and Dental Disease”

Brief Summary

Please see the attached outline prepared by a periodontist. He supplied each participant with a folder which included information about a periodontist and articles about periodontal disease. He also used an excellent slide presentation on various dental problems related to diabetes and the treatment options available. People asked questions for 40 minutes at the end of the presentation. This meeting lasted two hours!

Agenda

- I. Introductions
- II. Announcements
- III. Introduction of Speaker
- IV. Distribution of Folders
- V. Presentation
- VI. Questions and Answers
- VII. Coffee and Conversation

Dental Care For The Diabetic Outline

By: Richard A. Nezwek, D.D.S., M.S., P.C.

I. Introduction

- A. Who Am I?
- B. What Do I Do?
- C. Where I'm From?
- D. Why I'm Here?

II. Excellent Dental Health Is Good and Good For You

- A. What Is It
- B. Why Do We Need It
- C. How Do We Get And Keep It

III. Detecting Gum Disease

- A. Terminology
- B. What Is It
- C. Signs – How Do I Get It

IV. Treatment Of Gum Disease

- A. Many Factors
- B. The Main Problem – Plaque
- C. Dental Visits:
 - Regular Cleanings
 - Deep Cleanings
 - Surgery
 - Frequency of Follow Up Visits
 - Your Job – Home Care

V. The Patients Role – Obligation (Get Rid of Plaque)

- A. Dental Appointment
- B. Brushing – Manual/Electric
- C. Dental Floss – Types
- D. Toothpicks
- E. Rinses
- F. Antibiotics (Rinse & RX)

Outline - Continued

VI. Diabetes – How Am I Different

(Diabetes Is A Disease State In Which The Use Of Glucose Is Impaired Because Of A Complete Or Partial Deficiency In Insulin Production)

A. Correlations – Plaque Is The Same

- a. Incidents of Gum Disease Increases In Diabetic Patients After Puberty And As The Patient Ages
- b. More Frequent And More Advanced Bone Loss May Be Found Where Diabetes Is Of Long Duration
- c. Infections In Diabetic Patients Are Believed To Be More Severe Than In Non-Diabetic Patients

B. Body Healing Mechanisms – Compromise

C. Controlled – Same as Non-Diabetic

D. Infections Affect Control

E. Excellent Dental Health

(Treatment Through Out-Better Control-Reduction In Insulin Needs)

F. Constantly On Guard – Testing

1. 1-2 Year Intervals – Begin In Twenties If Family History

G. Follow Above III, IV, V

VII. Questions - ? (Hand Out Cards)

VIII. Thank You – I Appreciate Meeting With You!

Sincerely,

Dr. Nezwek

Do You Have A Case?

Legal Issues Related To Health Care

Presented by:
Dan Hess Sr.
Attorney – At – Law
Session 10

Overview of Session 10

- 1. Outline**
 - Legal Issues Related to Health Care
- 2. Advance Directives**
 - Your right to Informed Choices About Health Care

Join the Diabetes Support Group
Thursday, February 21 @ 7p.m.



**Marywood Center
2023 E. Fulton
Diabetes Classroom 2nd Level**

Session 10

2-21-02

“Legal Issues Related to Health Care”

Brief Summary

The attorney who presented this topic has diabetes and has participated in our self-management programs. He shared some of his own experience with diabetes before addressing some legal issues. He shared an extensive outline of a medical directive with the group. Many questions were asked and this meeting also lasted nearly two hours.

Agenda

- I. Introductions
- II. Announcements
- III. Distribution of Outlines
- IV. Presentation
- V. Questions
- VI. Coffee and Conversation

Advance Directives

Your right to informed choice about health care.

Spectrum Health respects the rights of patients to make choices and decisions about their health care. Patients may choose among available treatments. They may also choose to withhold or stop treatment at anytime. These choices should be noted on the patient's medical records.

Problems sometimes arise when a person is unable to make or communicate choices because of an accident or illness. For example, if you were in a coma or terminally ill, would you want to prolong your life regardless of pain, chances for recovery and cost? Or would you prefer to avoid life-prolonging measures if the chances for recovery were slim, knowing such choice might hasten your death?

Advance directives give you a way to inform others of your wishes about treatment. They also enable you to appoint a representative who will communicate these decisions for you if you cannot.



Spectrum Health

www.spectrum-health.org

Advance Directives - Continued

How Do I Make Advance Directives?

The Michigan Patient Self-Determination Act, Michigan Law PA 312 of 1990, recognizes the validity of a Durable Power of Attorney for Health Care. This is a legal document in which you can appoint a relative or close friend who will become your surrogate decision-maker for health care matters.

What Does a Surrogate Do?

He or she will make decisions on your behalf if you are unable to do so, including decisions on whether to begin, withhold or withdraw life-sustaining treatments. Life-sustaining treatments include resuscitation, use of ventilators, dialysis, surgery and the giving of fluids and nutrition by artificial means, such as IV lines and tubes.

The surrogate's job is to make the same choices you would make if you were able. Therefore, the surrogate, also called a patient advocate, should be someone you trust who knows how you feel about health care issues. You can help the surrogate by learning as much as you can about the choices that may have to be made and telling your surrogate about your values and preferences.

Why Are Advance Directives Important?

Advance directives protect your right to make choices that affect your life. They are a way of letting your loved ones and your physicians know your wishes. Without advance directives, others will have to make decisions for you which may or may not be what you want. This places a heavy burden on them.

What Is A Living Will?

A living will is another form of advance directives. At this time, it is not legally binding in the State of Michigan, but it is still valuable in letting your loved ones and health care providers know what you want.

A living will lets you state specifically what type of treatment you do or do not want. You can, for example, authorize transfusions and IV lines but refuse ventilator care. You can also specify the circumstances under which you will and will not accept certain treatments.

How Do Health Care Providers Decide Who Is Unable To Make Decisions For Themselves?

People may become temporarily or permanently unable to make informed decisions about medical care because of unconsciousness, come persistent vegetative state, brain injury, mental illness or other influence of mind-altering drugs. The attending physician, in consultation with other physicians and health care professionals, determines whether or not a patient is competent to make an informed decision about medical care. If the

Advance Directives - Continued

How Do I Prepare Advance Directives?

A standard form for Durable Power of Attorney for Health Care that complies with Michigan law has been developed. This form and a form for a living will are attached.

Your surrogate must accept the role in writing, by signing the Durable Power of Attorney for Health Care form. Notarization is not necessary; but the form must be witnessed.

Who Can Witness The Durable Power of Attorney for Health Care and Living Will Forms?

Anyone over 18 can witness the signatures of the patient and surrogate except: a spouse, a child, a grandchild, a brother or sister, an employee of a company that provides you with life or health insurance, or an employee of the health care agency or institution that is caring for you. A living will should be witnessed the same way.

What Do I Do With My Advance Directives After The Forms Are Signed And Witnessed?

Give a copy to your physician, to your surrogate and to family or friends who would likely be notified in an emergency. It's a good idea to keep a card in your wallet stating you have advance directives and noting where to find them.

You should review your advance directives periodically and change them as necessary. When you are admitted as a patient by a hospital or health care agency, you will be asked if you have completed advance directives. You should give the admission officer a copy so it can be placed into your medical record.

Will Spectrum Health Honor My Advance Directives?

Spectrum Health first recognizes advance directives incorporated in a Durable Power of Attorney for Health Care. Then, Spectrum Health honors other written directives, such as living will. In the absence of written directives, the staff urges the surrogate decision – maker to consider preferences expressed verbally by the patient. The staff also considers information obtained at the time of admission and during the course of treatment whenever there is a question about patient care and the patient is unable to make the choice.

What Happens If The Surrogate Doesn't Follow The Advance Directives?

If the hospital staff feels the surrogate is not acting in accordance with the patient's expressed wishes, they will refer the case to an ethics committee. Patients and family members may also initiate ethics committee reviews. The committee provides guidance, recommendations and advice only. Treatment decisions are made by the patient (or surrogate) and the attending physician.

Spectrum Health Diabetic Support Group

Session 11



Topic:
**"Diabetes
and Depression"**

**Newly released video
and
small group discussion**

**Meeting March 28, 2003 @ 7:00pm
Marywood Center • 2023 E. Fulton
Diabetes Classroom 2nd level**

Session 11

3-28-03

“Diabetes and Depression”

Brief Summary

To introduce the subject, the facilitator shared comments about the incidence of depression among people with diabetes. Participants then viewed the video. Four discussion groups met in separate rooms to share and discuss the questions provided. One person recorded the group’s comments. These groups were divided by gender for the first time. People were very interested in this topic and were actively involved in discussion. At this point it was very difficult to get them to stop talking to one another after 40 minutes. When the large group reconvened, people were asked to make comments on the material discussed as we reviewed each question.

Agenda

- I. Introductions
- II. Announcements
- III. Introduction To Subject of Depression in Diabetes
- IV. Video
 - American Association of Diabetes Educators video “Diabetes and Depressions”
- V. Small Group Discussion
- VI. Coffee and Conversation
- VII. Large Group Summary and Wrap-up

Discussion Group Questions

1. As a group, make a list of the symptoms of depression. What are the more serious symptoms?
2. How can depression interfere with your diabetes treatment program?
3. Why it is so difficult to admit or tell your diabetes care team that you may be depressed?
4. What factors related to diabetes may contribute to depression? What other factors may be involved?
5. What treatment options were suggested in the video?

Experiencing Anxiety?



**Fearful You Won't Be Able To
Manage Your Diabetes?**

**Frightened You May Need
Insulin Shots Someday?**



Dreading Complications?

“Overcoming Your Fears”

**Presented by Carol Flietstra,
Master of Divinity/Chaplain with Holland Home**

**Join The Diabetes Support Group
Session 12**

Thursday, April 25th @ 7 p.m.

Marywood Center • 2023 E. Fulton • Diabetes Classroom • 2nd level

Session 12

4-25-03

“Overcoming Your Fears”

Brief Summary

People with diabetes or any chronic illness have many anxieties and fears. Many questions are asked. Will they be able to manage their diabetes? Will they be able to deal with crisis situations? Will the dreaded complications develop? Will oral agents fail and insulin be the next step? The speaker shared her own journey with cancer, chemotherapy and the years of uncertainty thinking about the possibility of reoccurrence. She shared her feelings and many mechanisms for coping with the aspects of chronic illness. This speaker stayed for coffee and continued to meet with people and answer their questions. Participants lingered over coffee for half an hour after the meeting.

Agenda

- I. Introductions
- II. Announcements
- III. Introduction of Speaker
- IV. Presentation
- V. Questions and Answers
- VI. Coffee and Conversation

Inspirational

*Dear Lord, I know YOU are in control; Forgive the
anxious trembling of my soul. In YOU I trust for
my eternal life. And yet I stumble when the world
brings strife. Oh, God, who molded stars and land
and sea, how dare I think that you've deserted me?
You've shown your love for me time and again;
please help me remember those times when my
anxiety returns. Oh, Lord, I know YOU are here...
To YOU again I submit my fear.*

- Author Unknown

A Prayer from "Night Prayer" The New Zealand Prayer Book.

Lord, it is night.

*The night is for stillness.
Let us be still in the presence of God.*

*It is night after a long day.
What has been done has been done;
What has not been done has not been done;
Let it be.*

*The night is dark.
Let our fears of the darkness of the world and our own lives rest in you.*

*The night is quiet.
Let the quietness of your peace enfold us,
All dear to us, and all who have no peace.*

*The night heralds the dawn.
Let us look expectantly to a new day,
New joys,
New possibilities.*

*In your name we pray.
Amen*

Rules

ON BEING HUMAN

1. You will receive a body. You may like it or hate it, but it will be yours for the entire period this time around.
2. You will learn lessons. You are enrolled in a full-time, informed school called life. Each day in this school you will have the opportunity to learn lessons. You may like the lessons or think of them as irrelevant and stupid.
3. There are not mistakes, only lessons. Growth is a process of trial and error, experimentation. The “failed” experiments are as much a part of the process as the experiment that ultimately works.
4. A lesson is repeated until learned. A lesson will be presented to you in various forms until you have learned it. When you have learned it, you can then go on to the next lesson.
5. Learning lessons does not end. There is no part of life that does not contain its lessons. If you are alive, there are lessons to be learned.
6. “There” is no better than “here”. When your “there” has become a “here” you will simply obtain another “there” that will, again, look better than “here”.
7. Others are merely mirrors of you. You cannot love or hate something about another person unless it reflects to you something you love or hate about yourself.
8. What you make of your life is up to you. You have all the tools and resources you need. What you do with them is up to you. The choice is yours.
9. Your answers lie inside you. The answer to life’s questions lie inside you. All you need to do is look, listen, and trust.
10. You will forget all this.

- *Anonymous*



**Join the
Diabetes Support Group
Session 13**

For a Slide Presentation presented
By: Adrian Dawson

***Flowers
in the Netherlands***

Thursday, May 23rd @ 7 p.m.

**Suggestions for Traveling with Diabetes
New Guidelines for Air Travel**

**Marywood Center 2023 E. Fulton
Diabetes Classroom 2nd level**

**DIABETES
SUPPORT
GROUP
PRESENTS
A
SLIDE
PRESENTATION
BY
ADRIAN
DAWSON
ON
THURSDAY
MAY
23RD
@
7
P.M.
AT
MARYWOOD
CENTER
2023
E.
FULTON
DIABETES
CLASSROOM
2ND
LEVEL**

Session 13

5-23-03

“Traveling With Diabetes”

Brief summary

This meeting began with a beautiful slide presentation on “Flowers in the Netherlands” to introduce the subject of traveling with diabetes. The facilitator then asked the group a question to stimulate their thinking about what kinds of problems could develop for a person with diabetes if they were to take a trip to the Netherlands for tulip time. They were asked to give suggestions for preparing ahead of time in order to effectively manage diabetes. They were also asked to share any personal experiences that made travel difficult for them. They were asked to problem solve as to how these could have been prevented. The American Diabetes Association article entitled “Traveling with Diabetes Supplies and Equipment” was shared with the group.

Agenda

- I. Introductions
- II. Announcements
- III. Prize - Tulip Bouquet to Person With Birthday Nearest This Date
- IV. Introduction of speaker
- V. Slide presentation on “ Flowers in the Netherlands”
- VI. Group discussion - Problems and Solutions
- VII. Coffee and Conversation

Update – Traveling with Diabetes Supplies and Equipment

Source: American Diabetes Association – Publication Date: 10-18-2001

The Federal Aviation Administration (FAA) has implemented stepped-up security measures at the nation's airports in response to last month's tragic events. Some of the new security measures may affect airline passengers with diabetes. The American Diabetes Association recognizes the added inconvenience this may pose for individuals with diabetes, but understands the necessity to secure airline passenger safety.

Below please find a list of the most current information that the Association has received regarding people with diabetes who need to fly with their supplies and equipment within the 50 United States. We received this information verbally from a representative of the FAA's Aviation, Security Policy & Planning Division (Washington, D.C. headquarters. We have been told that the FAA will be issuing the security measures to air carriers within a few days in the form of a "security directive".)

1. Passengers may board with syringes or insulin delivery systems only if they can produce a vial of insulin with a professional, pharmaceuticals pre-printed label which clearly identifies the medication. No exceptions will be made.
Since the prescription label is on the outside of the box containing the vial of insulin, the FAA recommends that passengers refrain from discarding their insulin box and come prepared with their vial of insulin in its original pharmaceutically labeled box.
2. For passengers who have diabetes and must test their blood glucose levels but who do not require insulin, boarding with their lancets is acceptable as long as they are capped, and as long as the lancets are brought on with the glucose meter that has manufacturer's name embossed on the meter (i.e. One Touch meters say "One Touch," Accucheck meters say, "Accucheck").
3. Glucagen is dispensed and normally kept in a pre-printed labeled plastic container or box. We advise those people with diabetes that are traveling to keep their glucagen kit intact in its original pre-printed pharmaceutically labeled container.

Update - Continued

4. Contrary to what we were told previously, because of forgery concerns, prescriptions and letters of medical necessity will not be accepted.

FAA security measures apply to travel within the 50 United States only. Passengers should consult their individual air carrier for both domestic (US) and international travel regulations. Be advised that the FAA's policy and the policy of each airline are subject to change.

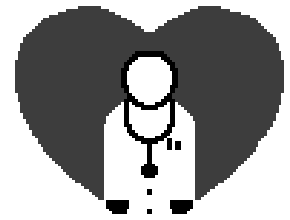
The above list of measures is a minimum requirement only and air carriers may have other requirements that may impact a passenger's ability to board with diabetes equipment and supplies.

Accordingly, the FAA and the Association strongly urge each passenger to call the airline carrier at least one day in advance of his or her scheduled flight to confirm what that airline's policy is with regard to diabetes medication and supplies. Be advised that each airline's policy is subject to change.

The Association has received a small number of complaints from passengers who have encountered difficulty when trying to pass through airport security with syringes and lancets. Should a passenger be denied boarding a flight or be faced with only other unforeseen diabetes related difficulty because of security measures, she should ask to speak to the security screener's supervisor or contact the FAA grounds security commissioner at the departing airport.

In addition, please contact the American Diabetes Association at 703-549-1500 x-2108 so that we may be kept informed of airline protocols and security measures. For more information from the FAA, please call 1-866-289-9673.

Get Heart Smart



Diabetes is a Cardiovascular Disease

Speaker: Robert Rood, M.D., Diabetologist

**Don't miss our final meeting until
September.**

**Dr. Rood is a very knowledgeable speaker.
Please plan to attend.**

**Thursday, June 20th
6:30 p.m. Potluck
Bring a Dish to pass**

Last Name Starts With:

A-H	Salads
I-R	Main Dish – focus on chicken, tuna or beef, please.
S-Z	Desserts (to be served after the meeting)

(Due to the limited space please RSVP to Lollie at 391-9199)

Join Us – the Diabetes Support Group

Session 14

Marywood Center 2023 E. Fulton Diabetes Classroom 2nd level

Session 14

6-20-03

“Diabetes is a Cardiovascular Disease”

Brief Summary

Cardiovascular disease is the leading cause of death for people with diabetes. The speaker was a well known local diabetologist. The booklet by the American Heart Association titled "Getting to the Heart of Diabetes" was distributed and reviewed. It provides information to help people with diabetes reduce their risk for cardiovascular disease. I wanted participants to understand how insulin resistance, diabetes and cardiovascular disease are related. Our speaker was a well known diabetologist from the Grand Rapids area.

Agenda

- I. Potluck Dinner - Main Dish and Salads
- II. Introductions
- III. Announcements-Prizes-Appreciation Awards
- IV. Introduction of Speaker
- V. Presentation
- VI. Questions/Answers
- VII. Review of booklet Getting to the Heart of Diabetes from the American Heart Association (For a copy call: 800-AHA – USA1)
- VIII. Completion of Evaluations
- IX. Dessert/Coffee/Conversation

Miscellaneous Tips/Suggestions

	<u>Pages</u>
▪ “Guidelines For Beginning A Support Group”	72-76
▪ General Formats For a Support Group	77
▪ Volunteer Sign-up Sheets	78
▪ Example Future Dates Flyer	79
▪ Diabetes Resources	80-81
▪ Support Group Evaluation	82

Guidelines for Beginning A Support Group

- I. Pre-Startup Planning
 - A. Determine potential cost.
 - 1. Mailings per month
 - 2. Refreshments
 - 3. Speaker fees
 - 4. Salary for facilitator/educator for group
 - 5. Miscellaneous supplies/costs
 - B. Determine budgetary allotments for these costs.
 - C. Establish a budget.
 - D. Keep Records.
 - 1. Planning time
 - 2. Telephone time
 - 3. Meeting time
 - 4. Food Costs
 - 5. Mailing Costs
- II. Logistics
 - A. Meeting Location
 - 1. Determine seating capacity.
 - 2. Locate alternative site for large response.
 - 3. Check out availability of audio-visual equipment.
 - B. Marketing
 - 1. Establish a mailing list.
 - a. Use previous support group lists.
 - b. Ask current class participants about adding their name to the mailing list.
 - c. Send information to local newspaper. For example, in Grand Rapids it is published free under the Grand Rapids Press Date book.
 - d. At each meeting have a flyer available listing the dates of 2-3 months of speakers and their topics.
 - e. Have extra flyers available for the classrooms to be distributed during classes.

Guidelines - Continued

- f. Send a monthly mailing 3-4 weeks prior to meeting. On the bottom of the first few months of flyers have an RSVP by phone or by mail so you get an approximate number of people who plan to come. This helps you to know if the room size will be adequate and how many to serve for refreshments. Discontinue this after 2-3 months as it becomes burdensome.
- g. Make laminated signs that can be reused for each meeting night. These are placed at elevators, hallways, etc. so people can find their way.

III. Program Content

- A. Plan 2-4 months in advance.
- B. Pick topics that will appeal to men and women.
- C. Alternate a speaker with a presentation that promotes discussion.
- D. Choose discussion group facilitators. These can be different people for each meeting. Ask ahead for people who are comfortable doing this and provide them with a copy of the questions before the discussion time so they can read them over.
- E. Determine how you will organize the discussion groups.
 - 1. Hand out four different colors of paper. Groups are mixed and formed by color of paper.
 - 2. Separate group into gender occasionally for something different.
 - 3. Keep groups 8 people or less.
 - 4. Always separate spouses and significant others.
 - 5. Provide separate areas for discussion for each group even if it is a circle in a hallway.
- F. Facilitators/educator reviews with larger group at time of reconvening (20-30) minutes later answers to the questions. Various groups share their answers. Additional information is supplied by educator or facilitator on the topic. Any questions are answered.

IV. Purpose of the Support Group

- A. Discuss the purpose of a support group at the beginning of multiple early meetings. Ask them for their opinion in the large group meeting. They should come up with some of the following:
 - 1. Education
 - 2. Shared knowledge and experience

Guidelines – Continued

3. Support for each other
 4. Encouragement for the newly diagnosed and those who are struggling.
- B. Enable participants to see the difference between a soaker (one who comes and takes it all in) and a sharer (one who comes to interact – sharing what they have learned and seeking help from others.
- C. Tell them over and over again that this is their support group, not yours, and that its success depends on their willingness to interact and to be involved.
- D. Encourage them to socialize with each other.
1. Have beverages ready before the meeting.
 2. Serve them in a different room if possible.
 3. Break halfway through the meeting so they can go get some refreshments, talk and then reconvene in ten to fifteen minutes.
- V. Establish Committees
- A. Discuss your need for help at the second or third meeting. Remind them that you are not and do not want to be a one person show.
- B. Make sign-up sheets for committees.
1. Hospitality
 - a. Welcome participants
 - b. Hand out name tags
 - c. Make sure participants sign in on attendance sheet.
 - d. Pass out handouts
 2. Speaker scheduling
 - a. Contact a speaker to schedule date, time, and topic.
 - b. Confirm by letter and send them a map.
 - c. Greet speaker and introduce to the group.
 - d. Write a thank you note after the meeting.
 3. Refreshments
 - a. Prepare beverages
 - b. Set out snacks
 - c. Empty coffee pots, etc. after the meeting.
 4. Set-up
 - a. Arrange chairs for the meeting.
 - b. Return chairs to appropriate place after the meeting.

Guidelines - Continued

- c. Clean up area of cups, papers, etc.
 - d. Close windows.
 - 5. Mailing
 - a. Design monthly flyer to announce meetings.
 - b. Fold flyers for mailing.
 - c. Circulate these sign up sheets at every meeting to recruit new comers.

- VI. Sign-in sheets
 - A. Initial Meeting
 - 1. Obtain names, addresses, phone numbers and email of all participants.
 - B. Keep a record of attendance at every meeting. Ask for address of any new participants.
 - C. Decide how many months of no attendance constitute being deleted from the mailing list.
 - D. Continuously delete from the mailing list those who do not attend. This will decrease your mailing costs.
 - E. Compile a group email address list to use instead of a flyer to further reduce mailing costs.

- VII. Evaluate Yearly
 - A. Distribute evaluation to each participant and significant other.
 - B. Read and compile responses.
 - C. Use them for future planning.
 - D. Discuss with core committee if you have one.

- VIII. Record Keeping
 - A. Document those who attend with and without diabetes.
 - B. Keep a record of total attendance for each meeting.
 - C. Record each speaker and their topic.
 - D. Save samples of all discussion group questions and handouts and flyers.

Additional Thoughts/Suggestions

- Always set out copies of magazines, articles, and handouts appropriate to the topic presented at the meeting.
- Send a confirmation letter to speakers with a map directing them to your location.
- Write a thank-you note to the speakers after their presentation.
- Make available an office number or the number of the American Diabetes Association so that people know where to call for an appointment, information or help.
- Keep a running list of ideas for future topics and speakers.
- Give a small token of appreciation to your regular helpers or committee members at the end of the year.
- Periodically (not at every meeting) give out prizes to participants for the following:
 - a. Who was most recently diagnosed?
 - b. Who had a doctor's office visit today or this week?
 - c. Who has had diabetes the longest?
 - d. Who has a birthday today?
 - e. Who most recently completed a diabetes education class?
 - f. Who made a significant change in their management program this week?
 - g. Who read a diabetes related article from a journal this week?
 - h. Anything else you can think of to give a prize for helps them to have some fun.

General Formats

General Format or Agenda for Discussion Group

- I. Introduction of Facilitator/History of Group
- II. Announcements
- III. Brief Introduction of Discussion Topic by Facilitator
- IV. Divide Into Groups For Discussion
- V. Coffee and Conversation
- VI. Reconvene for General Discussion and Sharing of Topic

Total time: 1 hour and 30 minutes

General Format for a Meeting with a Speaker

- I. Introduction of Facilitator/Brief History of Support Group for Newcomers
- II. Announcements
- III. Speaker
- IV. Questions and Answers
- V. Coffee and Conversation

Total time: 1 hour and 45 minutes

Volunteer Sign-up Sheets

Sample Sign up Sheets for Volunteers

Set-up

Job Description:

1. Greet & welcome all newcomers.
2. Arrange chairs for meeting
3. Return chairs to appropriate place after meeting
4. Clean up papers, coffee cups, etc.
5. Shut windows.

Hospitality

Job Description:

1. Supervise sign-in process for new people and regular attendees.
2. Be sure name tags are given to each person.
3. Pass out any handouts needed for meeting.

Refreshments

Job Description:

1. Prepare coffee, tea and cold beverage.
2. Set out appropriate snacks.
3. Assign people to bring snacks.
4. Empty coffee pots, pitchers, etc. after the meeting.

Speaker Scheduling

Job Description:

1. Contact speaker by phone to schedule date, time and topic.
2. Confirm date, etc. by letter.
3. Greet speaker on appropriate date and introduce to the group
4. Write speaker a thank you note after the meeting.

Future Dates of Diabetes Support Group Meetings

April 26

“Conquering Your Fears” – Carol Fliestra, Chaplain, Holland Home

May 31

“Traveling With Diabetes” Speaker to be announced

June 21

“Diabetes is a Cardiovascular Disease” – Speaker to be announced.

Diabetes Resources

- 1) American Diabetes Association (ADA), National Office: 800-342-2382
To order materials: 800-232-6733, Website: www.diabetes.org
- 2) American Diabetes Association (ADA), Serving Michigan: 888-342-2382
Website: www.diabetes.org/adami/default.asp
- 3) American Dietetic Association (ADA), Serving Michigan: 800-877-1600,
Website: www.eatright.org
- 4) American Foundation For The Blind (AFB), 800-232-5463
Website: www.afb.org/default.asp
- 5) American Heart Association, Michigan Affiliate, 248-557-9500/ 1-800-242-8721
National Website: www.americanheart.org
- 6) Joining People With Diabetes, 517-324-7360
- 7) Juvenile Diabetes Foundation International, The Diabetes Research Foundation
248-355-1133, Website: www.jdrf.org
- 8) Michigan Certified Diabetes Self-Management Education Program, 517-335-9955
Website: www.mdch.state.mi.us/pha/diabetes/certified.htm
- 9) Michigan Department of Community Health (MDCH), Diabetes Control Program,
517-335-9892, Website: www.mdch.state.mi.us/pha/diabetes/index.htm
- 10) Michigan Diabetes Outreach Networks (MDONs), Website: www.diabetes-midon.org
TIPDON (Tip of Lower Peninsula): 231-348-8596 or 800-847-3665
TENDON (Ten Counties in West-Central MI): 616-735-1118 or 800-472-3175
UPDON (Upper Peninsula): 906-228-4421 or upper peninsula only 800-369-9522
SEMDON (South East Michigan): 313-965-2351
ECDON (East Central MI): 989-249-0170 or 800-323-6614
SODON (Southwest MI): 517-279-2267 or 800-795-7800
- 11) Michigan Department of Career Development - Rehabilitation, 517-373-3390
Website: www.mrs.state.mi.us
- 12) Michigan Organization of Diabetes Educators (MODE) 1-888-342-2382 Ex. 6638
- 13) National Diabetes Education Program (NDEP), 800-438-5383, Website: ndep.nih.gov

Diabetes Resources - Continued

- 14) National Diabetes Information Clearinghouse House, National Institute of Diabetes of Diabetes and Digestive and Kidney Diseases (NIDDK), 301-654-3327, www.niddk.nih.gov
- 15) National Eye Health Education Program, National Eye Institute (NEI).
For info. 301-496-5248; to order materials: 800-869-2020,
Website: www.nei.nih.gov
- 16) National Federation of the Blind (NFB), 410-659-9314, Website: www.nfb.org
- 17) National Kidney Foundation of Michigan (NKF), 734-971-2800 or 800-482-1455
Website: www.nkfm.org

Support Group Evaluations

1. The meeting time has been good for me Yes No
2. I like the schedule of once a month. Yes No
3. I would rather meet on another night. Yes No

The best night for me is _____

4. The time and length of meeting are appropriate Yes No
5. I have enjoyed the meeting format. Yes No
6. My favorite meeting was _____
7. The support group helped me in the following way

8. I would like a future speaker or a discussion on the following topics:
 - a.
 - b.
 - c.

9. The facility and set-ups are comfortable. Yes No

10. I would like to make the following suggestions:
 - a.
 - b.
 - c.