Measurable behavior change is the desired outcome of diabetes education.

AADE believes that behavior change can be most effectively achieved using the AADE7 Self-Care Behaviors™ framework. The 7 self-care behaviors are healthy eating, being active, monitoring, taking medication, problem solving, reducing risks and healthy coping. Below is a description of each behavior for patients and healthcare professionals. Additionally, we have completed systematic literature reviews on each of the seven behaviors and have developed several different tools and references for healthcare professionals.

Healthy eating

Making healthy food choices, understanding portion sizes and learning the best times to eat are central to managing diabetes. By making appropriate food selections, children and teenagers grow and develop as they would if they didn’t have diabetes. And, by controlling their weight and achieving optimal blood glucose levels, many adults may be able to manage their condition for a time without medications.

Diabetes education classes can assist people with diabetes in gaining knowledge about the effect of food on blood glucose, sources of carbohydrates and fat, appropriate meal planning and resources to assist in making food choices. Skills taught include reading labels, planning and preparing meals, measuring foods for portion control, fat control and carbohydrate counting. Barriers, such as environmental triggers and emotional, financial, and cultural factors, are also addressed.

Being active

Regular activity is important for overall fitness, weight management and blood glucose control. With appropriate levels of exercise, those at risk for type 2 diabetes can reduce that risk, and those with diabetes can improve glycemic control. Being active can also help improve body mass index, enhance weight loss, help control lipids and blood pressure and reduce stress.

Diabetes educators and their patients collaborate to address barriers, such as physical, environmental, psychological and time limitations. They also work together to develop...
an appropriate activity plan that balances food and medication with the activity level.

**Monitoring**

Daily self-monitoring of blood glucose provides people with diabetes the information they need to assess how food, physical activity and medications affect their blood glucose levels. Monitoring, however, doesn’t stop there. People with diabetes also need to regularly check their blood pressure, urine ketones and weight.

Diabetes education classes instruct patients about equipment choice and selection, timing and frequency of testing, target values, and interpretation and use of results.

**Taking medication**

Diabetes is a progressive condition. Depending on what type a person has, their healthcare team will be able to determine which medications they should be taking and help them understand how your medications work. They can demonstrate how to inject insulin or explain how diabetes pills work and when to take them. Effective drug therapy in combination with healthy lifestyle choices, can lower blood glucose levels, reduce the risk for diabetes complications and produce other clinical benefits.

The goal is for the patient to be knowledgeable about each medication, including its action, side effects, efficacy, toxicity, prescribed dosage, appropriate timing and frequency of administration, effect of missed and delayed doses and instructions for storage, travel and safety.

**Problem solving**

A person with diabetes must keep their problem-solving skills sharp because on any given day, a high or low blood glucose episode or a sick day will require them to make rapid, informed decisions about food, activity and medications. This skill is continuously put to use because even after decades of living with the disease, stability is never fully attained: the disease is progressive, chronic complications emerge, life situations change and the patient is aging.

Collaboratively, diabetes educators and patients address barriers, such as physical, emotional, cognitive, and financial obstacles and develop coping strategies.

**Reducing risks**

Effective risk reduction behaviors such as smoking cessation, and regular eye, foot and dental examinations reduce diabetes complications and maximize health and quality of life. An important part of self-care is learning to understand, seek and regularly obtain an array of preventive services.

Diabetes educators assist patients in gaining knowledge about standards of care, therapeutic goals, and preventive care services to decrease risks. Skills taught include smoking cessation, foot inspections, blood pressure monitoring, self-monitoring of blood glucose, aspirin use and maintenance of personal care records.
Healthy coping

Health status and quality of life are affected by psychological and social factors. Psychological distress directly affects health and indirectly influences a person’s motivation to keep their diabetes in control. When motivation is dampened, the commitments required for effective self-care are difficult to maintain. When barriers seem insurmountable, good intentions alone cannot sustain the behavior. Coping becomes difficult and a person’s ability to self-manage their diabetes deteriorates.

An important part of the diabetes educator’s work is identifying the individual’s motivation to change behavior, then helping set achievable behavioral goals and guiding the patient through multiple obstacles. They can provide support by encouraging you to talk about your concerns and fears and can help you learn what you can control and offer ways for you to cope with what you cannot.

Tools for healthcare professionals

**AADE7 System®** - Internet based suite of tools for diabetes educators

**AADE7™ Goal Sheets**

**AADE7™ Poster**

**Development of the AADE7™**

**Diabetes Care Guide for Seniors (Developed by the American Foundation for the Blind)**

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