

Planning and
Developing
Community
Programs- An
Exemplar
Safe at School
Program-
Portland

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Objectives

- Identify barriers to safe management in schools which children with diabetes face
- Explain how an interdisciplinary model can work in rural and urban communities in Oregon (And Washington) to achieve safety for children with diabetes in schools and day care centers

Identifying Community Problem

- 1997- Severe Allergic Reaction law- added glucagon (Epi)
- Allowed lay people to give glucagon
- School personnel needed training
- ADA worked with Oregon Health Authority To develop Glucagon protocol and MESD to develop Powerpoint presentations



Extent of Problem



- 1.25M Americans are living with T1D including about 200,000 youth (less than 20 years old) and over a million adults (20 years old and older)
- 40,000 people are diagnosed each year in the U.S. ^{1,2}
- 5 million people in the U.S. are expected to have T1D by 2050, including nearly 600,000 youth. ^{2,3}

Extent of Problem

- Between 2001 and 2009 there was a 21% increase in the prevalence of T1D in people under age 20. ³
- \$14B T1D-associated annual healthcare costs in the U.S.
- Less than one-third of people with T1D in the U.S. are achieving target blood glucose control levels ⁶
- T1D is associated with an estimated loss of life-expectancy of up to 13 years



Delineating the Problem

- Advisory Group met at ADA
- -Dietician
- Physician
- School Nurses
- Clinic Nurses
- Parents



Barriers to be overcome in Developing Community Program

- Parents concern over lay people giving shots
- Complying with different laws in Oregon and Washington
- Finding RN staff to work in community with little supervision
- National Oversight Required



Logistics

-How to get referrals from schools and parents

-Recruiting and training qualified RN Educators

-Bloodborne pathogen issues

- Supplies- how to acquire and manage
- Evaluation and follow up
- https://public.health.oregon.gov/.../Diabetes/.../Glucagon_Training_Protocol_Manual.pdf

Project Plan

- ADA receives referrals from schools or parents, schools or daycare centers
- ADA consultants contact parents/schools and physician
- Training is set up
- Supplies are obtained
- Training is delivered and evaluation is performed
- Delegation of insulin occurs almost 100 % of time if child is younger-daycares and schools

Funding

- Initially was volunteer program
- Saw need for compensation to recruit RN's with active licenses
- Set up program through fund raising and grants/endowments/auctions



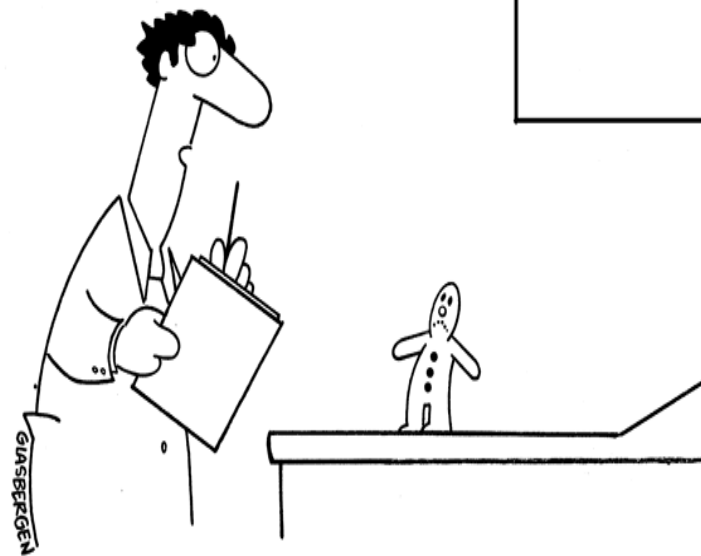
Program Evaluation

- Done through Advisory Committee
- Completed evaluation forms
- Ongoing Issue of how to evaluate
- Program Expanded 5 years ago to Insulin delegation
- Insulin Management changes in the community

Communication

- Education Methods
- Adult Learners
- Visuals
- Hands on Demos
- Feedback
- Evaluation

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"Your blood sugar is too high."

Collaboration

- Working with physician, clinic, parents, and school as well as advocacy and state regulators
- Meeting state nursing delegation laws
- Collaborating with school nursing issues
- (Example of insulin management)



Contracting

- School Health Care Plans delineate what the child will need daily – Medical Management Plan
- Parents and school responsibilities spelled out
- Open to change
- Adapting to community setting



Ongoing Program developments

- Adding trainings as technology and device delivery changes
- Assessing training efficacy and reality of trainer availability
- Effecting Change at state law and advocacy level- PDA law in Washington



Healthy People 2020 Goals

- (Developmental) Reduce the death rate among persons with diabetes
- **D-2.1** (Developmental) Reduce the rate of all-cause mortality among persons with diabetes
- **Goal**
- Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.

