



## Reducing the Burden of Diabetes State's Self-Management Classes Transform Lives

When Eli Follick learned he had diabetes, he dismissed the diagnosis. He was in his mid-40s at the time and felt in general good health.

"I was indestructible," said Follick. "Nothing could possibly harm me. I said, 'I'll figure out how to handle this myself' and went off on my own, not knowing too much about nutritional chemistry or physiology associated with some of the problems diabetics ultimately face in an uncontrolled situation."

He did nothing to improve his health. Instead, he packed on pounds, joking today that he had to buy his size 54 pants from a tentmaker and kept two Dunkin Donuts in business by himself.

"I thought I was smart enough to handle it and I wasn't," said Follick, who has lived in Albuquerque since the mid-80s. "I didn't really face the issue until four or five years ago."

At that point a doctor prescribed medicine to balance his blood sugar levels, which were more than double the normal range. But she didn't advise him about nutrition or activity.

The former salesman from the Bronx was getting older – today he's 74 – and it was becoming hard to bend over and tie his shoes. He knew he had to take better care of himself but struggled to cook alone after his wife died.

When he was at an Albuquerque senior center one day, he learned about a six-week, diabetes self-management class being offered through the New Mexico Department of Health's Diabetes Prevention and Control Program. The class – taught by Dianne Christensen from the Bernalillo Cooperative Extension Service – completely altered the trajectory of Follick's life. Today, he plans for his future.

"I have purpose now – to be healthy, to have a good quality of life and to understand today is the beginning not the end," he said.

His transformative experience is not unusual; more than 20 studies have documented class participants' improved health, said Chris Lucero, program manager of the Department's Diabetes Prevention and Control Program.

"We know they work," Lucero said. "The Diabetes Prevention and Control Program has worked very hard and invested a lot of time securing funding at the federal level to make sure our communities have access to these types of programs, especially in our state where people have to travel for health care. They are complementary programs, another resource outside of the larger health system."

### At a Glance

Since 2010, New Mexico Department of Health has offered 455 self-management workshops in 27 counties.

- 5,289 attendees
- 81% completed the six-week course (national average is 74%)
- Top conditions reported by participants were hypertension, arthritis, diabetes, depression/mental illness, lung disease and chronic pain

The Diabetes Prevention and Control Program has slowly expanded the type and number of classes over the last decade. Twenty-seven of 33 counties have had at least one type of class – diabetes, chronic disease, HIV/AIDS, cancer or chronic pain – and now the Program is launching online classes to better serve rural and homebound residents. Investing in training has been key to the program’s infrastructure and sustainability; New Mexico has every tier of trainers, including four top trainers (two bilingual) who are sought after by other states.

### **Developing Skills, Learning Tools**

Two facilitators lead each 2 ½-hour class, modeling how to mentor each other. Follick learned about type 2 diabetes, physical activity, medication and healthy eating, including how to handle cravings, traveling, buffets, parties and negative emotions.

“Beyond diets there’s mindfulness – how do you make a decision to go forward with the appropriate care and activity to help you as you fight your disease,” he said. “She (Christensen) set me on that path.”

Christensen, an assistant professor for New Mexico State University, said the self-management classes teach skills to make decisions, handle stress, address food issues and manage relationships.

“The focus is to help them take ownership and control for their chronic disease and to realize that they can make a really positive difference in the management of their chronic illness,” she said. “We give them tools so when life presents a new set of circumstances, they have tools to manage that situation.”

To build decision-making skills, participants weigh pros and cons, rank each reason on a 1 to 5 scale of importance and then check in with themselves to see if the decision feels right. “It gives them a strategy for making a decision in an objective way,” Christensen said.

Group dynamics is a critical component of the classes. Members discuss their goals as well as obstacles so they can brainstorm solutions together. They also share tips for maintaining a healthy lifestyle, like getting a chocolate safe that releases only a small quantity at a time or replacing unhealthy road-trip snacks with a bag of sliced veggies.

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*“I have purpose now – to be healthy, to have a good quality of life and to understand today is the beginning not the end.” Eli Follick, class participant*

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Lucero still remembers a former triathlete from a class he took several years ago. She came to class bitter that pain had robbed her ability to do her favorite activities like gardening. The group brainstormed that she could sit on a step stool and garden for briefer periods at a time.

“By week six, she teared up because she was so grateful at how her life had changed,” Lucero said.

The Diabetes Program wants more people to experience that empowerment; the program’s next focus is educating the healthcare community about the successful classes to increase patient referrals. Ultimately Lucero’s goal is about sustainability – creating a system in which health-insurance companies and employers recognize the benefits and potential cost savings of offering programs that have been proven to work for their members and families.

Today, Follick’s fasting blood-sugar levels are normal. He no longer needs medicine to control his blood sugar or blood pressure. Celery is his go-to snack at home. He walks his dogs daily plus does vigorous workouts like racquetball.

“The truth is I was sick and today I’m not,” he said. “I am a new person. I think differently. I can tie my own shoes. I don’t have to go to the Big and Tall shop to buy my clothes at the end of the rack. I am not the person I was two years ago, and I’m never going back to that person.”

# TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

## TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: DOH/PHD/Diabetes Prevention and Control Program

Name(s) of each program for which TSR funds will be used: Diabetes Prevention and Control Program

Description of each program, including its purpose:

The Diabetes Prevention and Control Program (DPCP) is working to reduce the burden of diabetes and its complications in New Mexico through proven prevention and self-management education services, community-based and health care system partnerships, and training of health care professionals.

Have you requested TSR funds prior to this request?  Yes  No

Have you received TSR funds prior to this request?  Yes  No

If yes, in what fiscal years? Since at least 2005.

What will you use the requested funds for? Please include goals and objectives.

GOAL 1: Prevent or delay diabetes; GOAL 2: Prevent complications, disabilities, and burden associated with diabetes and related chronic health conditions; and GOAL 3: Advance health equity to improve health outcomes and quality of life among all New Mexicans.  
OBJECTIVE: Implement and evaluate evidence-based strategies for the prevention and management of diabetes. Efforts focused on four key strategies: 1) screening, testing and referral; 2) awareness; 3) availability and support; and 4) coverage.

Is this a change from previous years' use?  Yes  No

If yes, please describe the change and reason(s):

No, the DPCP's goals, objectives and strategies have been consistent for several years now. Annual activities may slightly change as we progress in our efforts.

Amount requested (Total amount, and amount for each program):

\$715,500: 1) Personnel: \$175,301; 2) Professional Service Contracts: \$540,199

What other sources of funding are applied to this purpose?

State General funds  
Federal funds from the Centers for Disease Control and Prevention

Name, title, telephone, email and mailing address of contact person:

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