

# Diabetes Prevention and Control: Self-Management Education in Community Gathering Places for Adults with Type 2 Diabetes

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## Task Force Finding

### Intervention Definition

In this intervention, DSME is provided to people aged 18 years or older in settings other than the home, clinic, school, or worksite (e.g., community centers, faith-based institutions, libraries, or private facilities such as residential cardiovascular risk-reduction centers). Community gathering places have been pursued because traditional clinical settings may not be ideal for DSME of adults, the home setting is conducive only to individual or family teaching, and education at the worksite does not reach those not working outside the home.

### Task Force Finding (March 2001)\*

On the basis of Community Guide rules of evidence, the Task Force concluded that there is sufficient evidence of effectiveness in improving glycemic control to recommend DSME interventions in community gathering places for adults with Type 2 diabetes. It should be noted, however, that these interventions were rarely coordinated with the patient's clinical care provider, and the nature and extent of care in the clinical setting was unclear. DSME for adults with Type 2 diabetes delivered in the setting of community gathering places should be coordinated with the person's primary care provider, and these interventions are not meant to replace education delivered in the clinical setting.

\*From the following publication:

Task Force on Community Preventive Services. Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. *Am J Prev Med* 2002;22(4S):10-4.

### Publications

Norris SL, Nichols PJ, Caspersen CJ, et al. Increasing diabetes self-management education in community settings: a systematic review. *Am J Prev Med* 2002;22(4S):39-66.

Task Force on Community Preventive Services. Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. *Am J Prev Med* 2002;22(4S):10-4.

Task Force on Community Preventive Services. Strategies for reducing morbidity and mortality from diabetes through health-care system interventions and diabetes self-management education in community settings: a report on recommendations of the Task Force on Community Preventive Services. *MMWR* 2001;50(RR16):1-15.

Task Force on Community Preventive Services. Diabetes. In : Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:188-222 (Out of Print).

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### Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they

provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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