Tailoring Resources to Help Children and Parents Manage Type 1 Diabetes

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What was the research about?

About 165,000 children in the United States have type 1 diabetes. Because their bodies don't make insulin, these children must carefully manage their blood sugar every day. Children and their parents may struggle to manage the disease and keep the child healthy.

In this study, the research team compared families who received usual diabetes care with families who got resources tailored to the families' concerns about managing diabetes.

The research team compared how each approach helped children. They also looked at whether children's and parents' quality of life improved.

What were the results?

The groups didn't differ in the children's diabetes control or in children's and parents' quality of life. At one clinic, youth ages 13 to 16 who got tailored resources had better diabetes control than those who had usual care.

Who was in the study?

The study included 214 families of children ages 8 to 16 with diabetes. Of the children, 51 percent were male, 84 percent were white, 3 percent were black, 6 percent were multiple or other races, and 8 percent were Hispanic. All children were patients at one of two diabetes clinics in Wisconsin. Of the parents, 85 percent were mothers and the average age was 42.

What did the research team do?

The research team assigned families to one of two groups by chance. The first group got usual care. They met with diabetes clinic staff about every three months for a check-up and to update their care plan.

In the second group, children and their parents each took a survey that asked about concerns managing diabetes. Families in this group were invited to 75-minute group sessions that met on days when patients had clinic visits. Sessions met four times over nine months. Each session focused on specific concerns found by the survey, like the pain and bother of treatment or how families can manage care together.

In both groups, children and parents filled out surveys about their quality of life before, during, and after the study. The research team looked at children's health records to track their blood sugar control.

Health system managers, clinicians, diabetes advocates, and children with diabetes and their parents worked with the research team to plan and conduct the study.

What were the limits of the study?

The study only included two clinics and only families that could speak or read English. Results might be different at other clinics or with families that don't speak English. Because diabetes control improved for older children at one clinic, future research could explore whether group sessions help some patients compared with usual care.

How can people use the results?

Researchers could use results from this study to plan studies on other ways to help patients and families manage diabetes. They also could look at why the

group sessions helped some patients more than usual care.

To learn more about this project, visit www.pcori.org/Cox166.