Competencies for the Diabetes Community Care Coordinator

Domain 2: Person-Centered Care and Education Across the Life Span

The diabetes community care coordinator partners with team members to facilitate and advocate for care and education that promotes healthy behaviors and improves quality of life for people with diabetes and cardiometabolic conditions across the life span.

1. Assessment	
2.1.1	Collects and reports findings from individual's assessment for self-management of health conditions
2.1.2	Provides appropriate screening tools to assess daily self-management and type 2 diabetes prevention activities to meet individual needs
2.1.3	Establishes person's interest in support networks and assists with access to those networks and community resources
2.1.4	Identifies person's preferences for use of technology to promote self-management
2. Care Delivery for Individual	
2.2.1	Teaches evidence-based diabetes and cardiometabolic self-management topics collaboratively and within scope of practice to individuals across the life span
2.2.2	Uses the ADCES7 Self-Care Behaviors® as a framework to teach and reinforce self-management skills (These self-care behaviors include healthy coping, healthy eating, being active, taking medication, monitoring, reducing risk, and problem solving.)
2.2.3	Facilitates behavior change and improved quality of life
2.2.4	Recommends appropriate services based on age, culture, health literacy and numeracy, and learning needs of individual
2.2.5	Assists individuals with evaluation of reliability of health information
2.2.6	Matches an individual's interest in technology with the most appropriate tools
2.2.7	Encourages problem-solving skills and shares techniques to overcome barriers to self-care
2.2.8	Names behavioral approaches to meet evolving needs of the individual
2.2.9	Recommends the inclusion of a support network into individual's care and provides evidence to the benefits of a support network
2.2.10	Encourages 'person first' language to promote positive interactions
2.2.11	Provides positive feedback to celebrate successful self-management events
3. Care Delivery for Population	
2.3.1	Demonstrates appropriate participatory teaching methods in delivery of education
2.3.2	Participates in care coordination, including access to resources
3.3.3	Participates in education programming and services, including the National Diabetes Prevention Program (DPP), diabetes self-management education and support, and chronic disease programs