

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

Diabetes Awareness, Training, and Action Program: North Carolina's Response to the Care of School Children With Diabetes Law

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PEER REVIEWED

Track: Policy and Legal

In the fall of 2002, the Care of School Children with Diabetes Act was signed into law in the state of North Carolina. This law requires that all children with diabetes who are enrolled in any of the state's public schools have an Individual Diabetes Care Plan available upon a parent's request. The law also requires that schools enrolling children with diabetes provide general training on diabetes and its management for all faculty and support staff and two volunteer emergency care providers for students with diabetes.

To respond to the law, the North Carolina (NC) Department of Public Instruction, NC Department of Health and Human Services, NC Diabetes Advisory Council, American Diabetes Association, Wake Forest Baptist University Medical Center, Wake Area Health Education Centers, BlueCross BlueShield of NC Foundation, NC Healthy Schools, and the Diabetes Prevention and Control Branch of NC Public Health worked together to create the Diabetes Awareness, Training, and Action (DATA) Program. The DATA Program involved developing and producing training

materials, designing and implementing six regional trainings across the state using a "train-the-trainer" model, seeking private funding for the project, developing the individual care plans and all reporting forms, informing parents, and preparing evaluation reports for various state agencies.

As a result of the DATA Program, all students with diabetes in North Carolina have a plan of care in place, which is determined by the primary care provider, school, and parent. Emergencies because of diabetes have decreased, and general awareness and acceptance of procedures related to diabetes control are better understood, accepted, and monitored in the school setting. The increased interaction among school personnel, medical personnel, and parents, especially parents of children in homes experiencing health disparities, have yielded the unintended benefits of improved communication and collaboration among these groups. In addition, this cooperative spirit has encouraged the community to work through doctors' offices as well as public health clinics to make this diabetes information readily available to families that might not otherwise have the means to access health care.

An Individual Health Care Plan should be in place for children with any type of health care need. While the management of diabetes in children was the test case in North Carolina, children with any chronic condition should have access to care plans to avoid the need for a state law that relates to just one chronic condition.

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