



Today's Webinar Hosts

- Diabetes Advocacy Alliance



- The U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion





Healthy People 2020 Diabetes Objectives

D-1 Reduce the annual number of new cases of diagnosed diabetes in the population

D-5 Improve glycemic control among persons with diabetes

D-15 Increase the proportion of persons with diabetes whose condition has been diagnosed

D-16 Increase prevention behaviors in persons at high risk for diabetes with prediabetes

This webinar also supports Healthy People 2020 Diabetes Objective D-14

D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education



Agenda

I. Overview of Healthy People 2020 Diabetes Objectives and Introduction of Topic

Don Wright, MD, MPH, Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion (ODPHP), U.S. Department of Health and Human Services (HHS)

II. Diabetes Self-Management Education (DSME) Overview

Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAADE, Sutter Health Integrated Diabetes Education Network; Program Director and Research Scientist, Office of Patient Experience, Sutter Health; President, American Association of Diabetes Educators



Agenda

III. Review of the Evidence Supporting the Community Preventive Services Task Force Recommendations on Diabetes Self-Management

*Randy Elder, MEd, PhD, Systematic Review Science Team Lead,
Community Guide, Centers for Disease Control and Prevention,
HHS*



Agenda

IV. Challenges and Opportunities for Delivering DSME In Communities

▶ ***Lessons Learned: North Carolina's Approach***

Mary Bea Kolbe, MPH, RD, LDN, Diabetes Education Recognition Program Coordinator, North Carolina Department of Health and Human Services

▶ **Lessons Learned: Mississippi 's Approach**

Dietrich T. Taylor, RN, CDE, Chief Nurse, Director, Diabetes Prevention and Control, Mississippi State Department of Health



Agenda

V. Live Question and Answer Session

Moderated by Carter Blakey, Deputy Director and Community Strategies Division Director, ODPHP, HHS



What Is Healthy People?

- Provides **science-based, 10-year national objectives** for improving the health of the Nation
- A **national agenda** that communicates a vision for improving health and achieving health equity
- Identifies **measurable objectives** with **targets** to be achieved by the year 2020
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action



Uses of Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting and agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**
- **Model** for other countries



Healthy People Remains Relevant

HEALTHY PEOPLE
The Surgeon General's Report On
High Prevention And Disease Prevention



1979



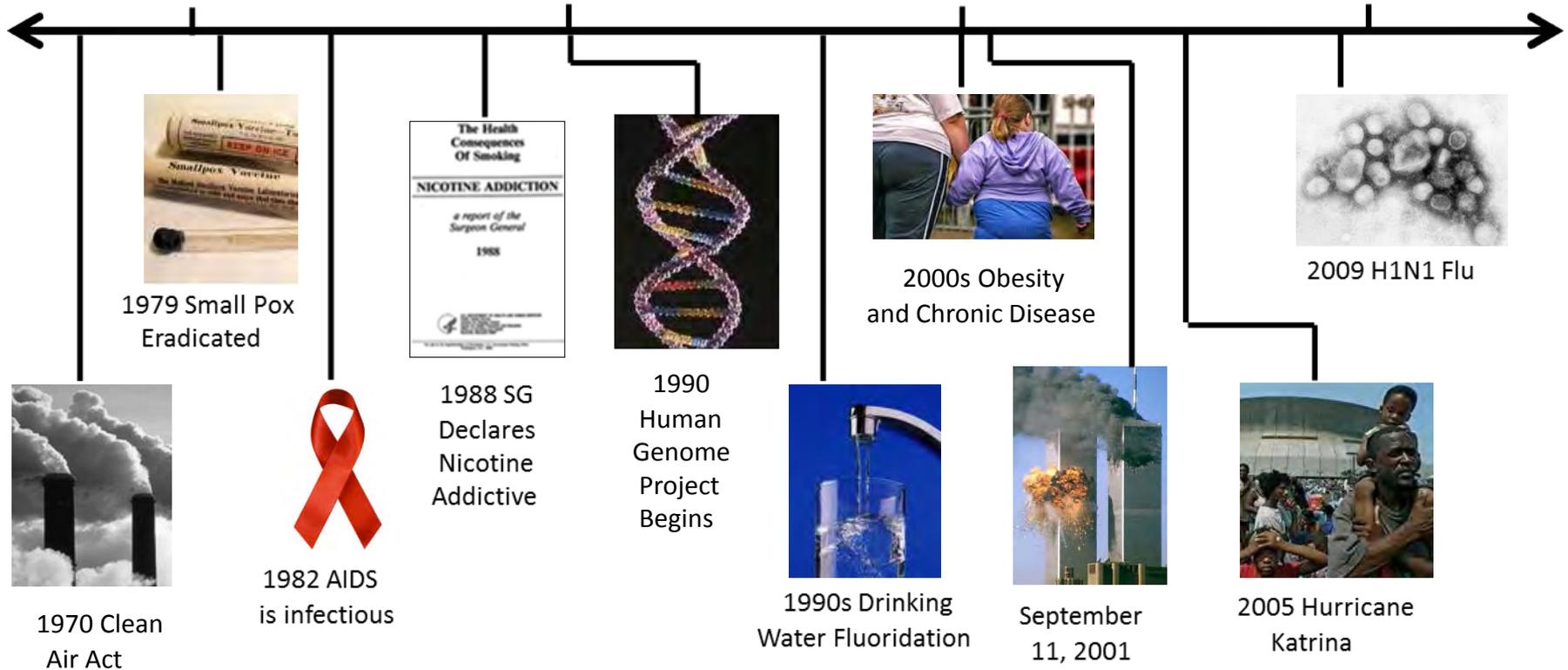
1990



2000



2010





Topic Areas

- Access to Health Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Dementias, including Alzheimer's Disease
- **Diabetes**
- Disability and Health
- Educational and Community-Based Programs
- Early and Middle Childhood
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health-related Quality of Life and Well-being
- Healthcare Associated Infections
- Lesbian, Gay, Bisexual, Transgender Health
- Nutrition and Weight Status
- Occupational Safety and Health
- Older Adults
- Oral Health
- Physical Activity
- Public Health Infrastructure
- Preparedness
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Product Safety
- Mental Health and Mental Disorders
- Health Communication and Health Information Technology
- Hearing and Other Sensory or Communication Disorders
- Heart Disease and Stroke
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Tobacco Use
- Vision

Diabetes education among persons with diagnosed diabetes



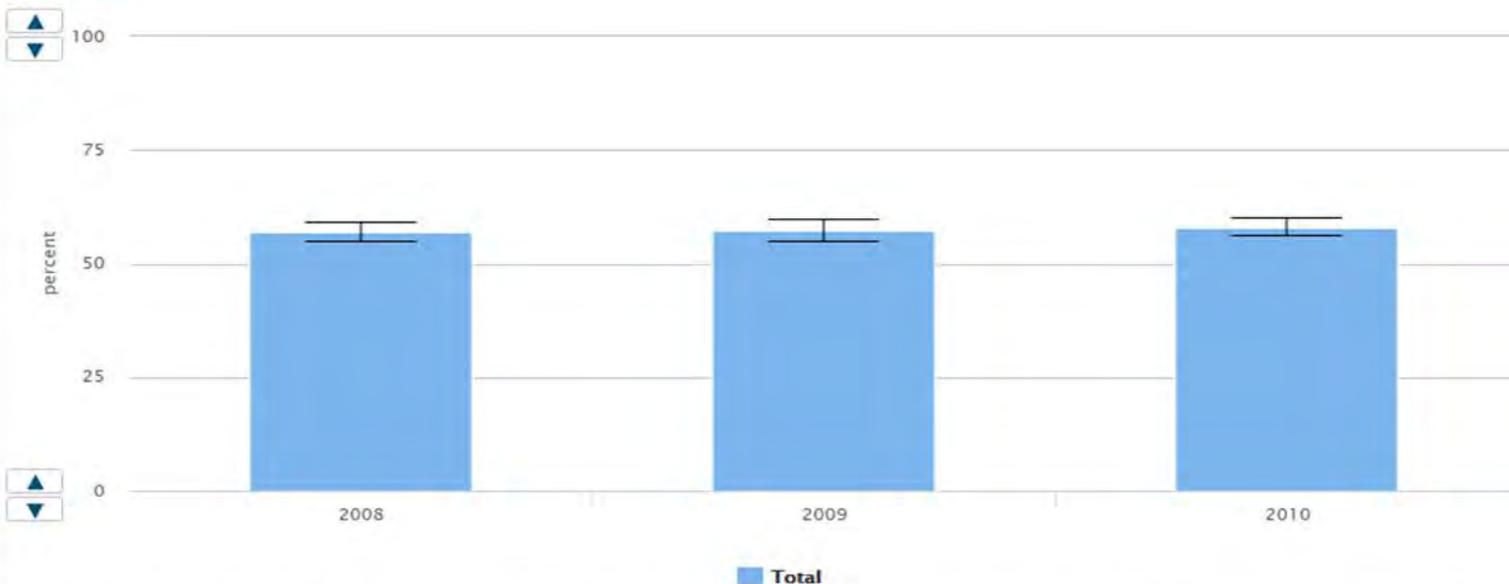
State-Level Data: All Reporting States

[Read a User's Guide to State-Level Data](#) ?

Diabetes education among persons with diagnosed diabetes (age adjusted, percent, 18+ years)

By Total

Auto Scale



Data Source: Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, Public Health Surveillance and Informatics Program Office (CDC/PHSIPO)

Error Bar (I) represents the 95% confidence interval

Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education

Diabetes education among persons with diagnosed diabetes (age adjusted, percent, 18+ years)

Display Years ▼

| POPULATIONS | 2008 | 2009 ¹ | 2010 ² |
|-------------|------|-------------------|-------------------|
| TOTAL | 56.8 | 57.3 | 58.0 |



Diabetes Education by Educational Attainment



State-Level Data: All Reporting States

[Read a User's Guide to State-Level Data](#) ?

Diabetes education among persons with diagnosed diabetes (age adjusted, percent, 18+ years)
By Educational Attainment (25 Years And Over)

Auto Scale



100

75

percent

25

0



2008 2009 2010

■ Total ■ < High school ■ High school ■ Some college or technical school ■ 4-year college degree (or more)

Data Source: Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, Public Health Surveillance and Informatics Program Office (CDC/PHSIPO)

Error Bar (I) represents the 95% confidence interval

Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.



Diabetes Education By Geographic Area



State-Level Data: All Reporting States

[Read a User's Guide to State-Level Data](#) ?

Diabetes education among persons with diagnosed diabetes (age adjusted, percent, 18+ years)
By Geographic Location

Auto Scale



100

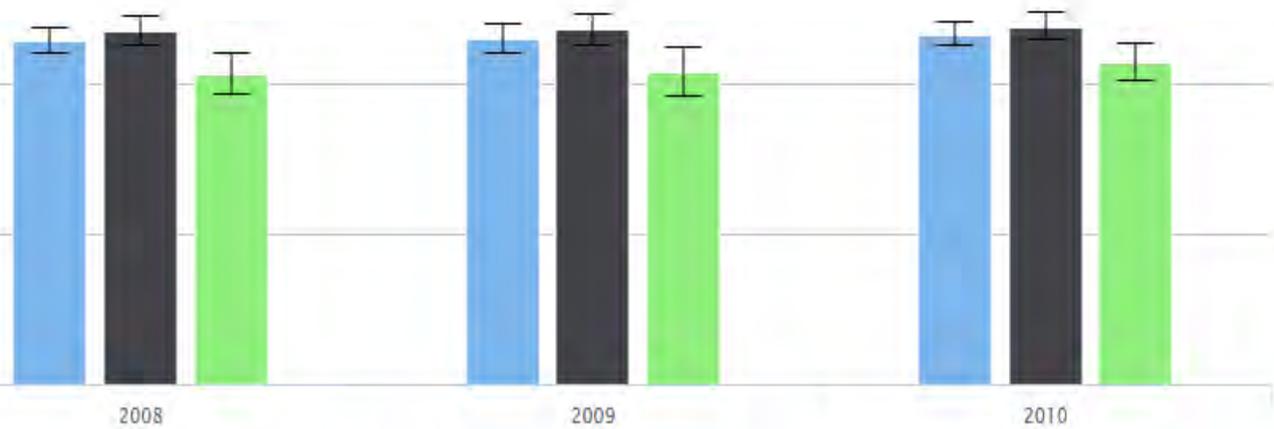
percent

75

50

25

0



■ Total ■ Metropolitan ■ Non-metropolitan

Data Source: Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, Public Health Surveillance and Informatics Program Office (CDC/PHSIPO)

Error Bar (I) represents the 95% confidence interval

Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.



American Association
of Diabetes Educators

Diabetes Self-Management Education Webinar:

What is DSME?

DEBORAH GREENWOOD, PHD, RN, BC-ADM, CDE, FADE
PRESIDENT
AMERICAN ASSOCIATION OF DIABETES EDUCATORS

*“There is no one ‘best’ education program or approach; however, **programs incorporating behavioral and psychosocial strategies demonstrate improved outcomes.**”*

National Standards for Diabetes Self Management Education and Support. Diabetes Care.
2012 38:619

Diabetes Self-Management Education (DSME)

- Interchangeably used with Diabetes Self-Management Training (DSMT)
- An ongoing, collaborative process of facilitating knowledge, skills, & abilities necessary for people with prediabetes/diabetes that results in behavior modification to self-manage the disease and its related conditions.
- The process of DSME/T is rooted in a set of desired outcomes to improve clinical outcomes, health status, and quality of life.

Desired Outcomes

- Informed decision making
- Self-care behaviors
- Problem solving
- Active collaboration
- Improve clinical outcomes
- Improve health status
- Improve quality of life

Desired Outcomes

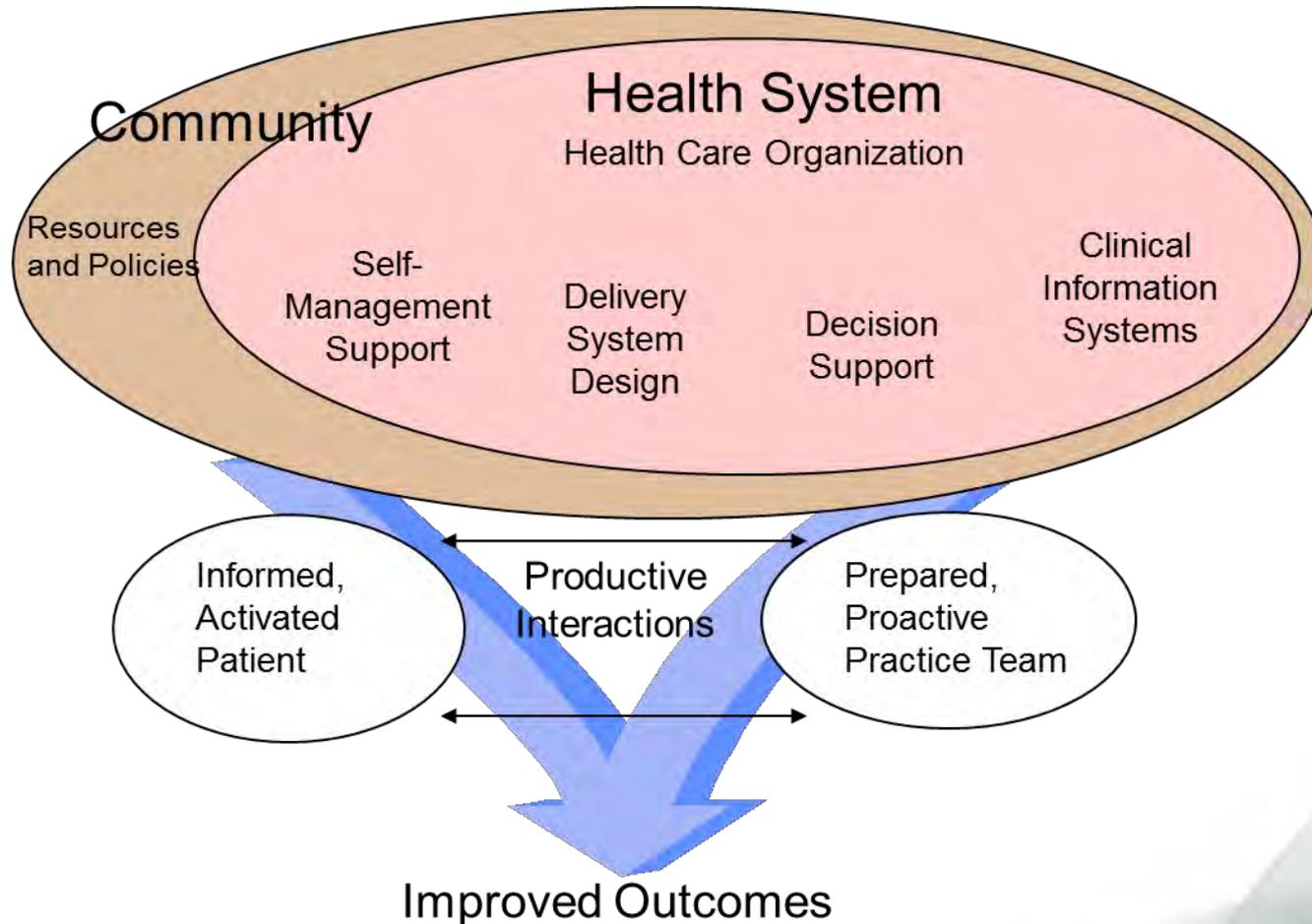
- Informed decision making
- **Self-care behaviors** →
- Problem solving
- Active collaboration
- Facilitated positive self-care
- Improve clinical outcomes
- Improve health status
- Improve quality of life

Seven specific self-care behaviors developed by the *American Association of Diabetes Educators*, known collectively as the AADE7™, have been defined to guide the process of DSME/T and help patients achieve behavior change.

AADE7 Self-Care Behaviors™



The Chronic Care Model and DSME/T



<http://www.betterdiabetescare.nih.gov>

www.improvingchroniccare.org

Components of DSME

■ Chronic Care Model

- Population-based
- Identifies essential elements of the healthcare system that foster chronic disease care

■ The Informed Activated Patient

- Knowledgeable about disease
- Understands role as “self manager”
- Family caregivers engaged
- Team seen as knowledgeable guide and support

■ The Prepared Practice Team

- Ready for visit with patient information
- People and equipment at hand
- Time to deliver evidence-based clinical management and self-management support

DSME is Cost Effective

- Reducing hospital admissions and readmissions
 - Patients with poorly managed diabetes ($A1_C >9\%$) and who receive formal diabetes education are associated with a lower frequency of all-cause hospital readmission within 30 days.
 - Direct patient education associated with 9.18 fewer hospitalizations per 100 person-years (95% CI 5.02-13.33)
 - \$11,571 (\$6,377 to \$16,765) less in hospital charges per person.

Chrvala CA, Sherr D, Lipman R. Diabetes Self-management Education for Adults with Type 2 Diabetes Mellitus: A Systematic Review of the Effect on Glycemic Control. Patient Education and Counseling. 2015. (in press)

Powers, M. A. et al. "Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics." The Diabetes Educator 41.4 (2015): 417-430.

DSME is Cost Effective

- Reduce lifetime health care costs related to a lower risk for complications
 - Incremental cost-effectiveness ratio of DSME intervention for adults with high glycemic levels ($A1_c > 9\%$) ranged from \$10,995 to \$33,319 per QALY gained when compared with usual care.
- Projected to decrease national costs related to diabetes
 - Cost of diabetes care in the US (2012) was reported to be \$245 billion, DSME offers an opportunity to decrease these costs.

Chrvala CA, Sherr D, Lipman R. Diabetes Self-management Education for Adults with Type 2 Diabetes Mellitus: A Systematic Review of the Effect on Glycemic Control. Patient Education and Counseling. 2015. (in press)

Powers, M. A. et al. "Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics." The Diabetes Educator 41.4 (2015): 417–430.

Importance of DSME

VITALS

- Improved hemoglobin A1_C by as much as 1% in T2D patients
- Absolute reduction in A1_C of 0.57% between Intervention and control
- ≥ 10 hours with a diabetes educators is associated with better outcomes

IMPACT

- Provides foundation to navigate future decisions
- Lifetime engagement in their health

Chrvala CA, Sherr D, Lipman R. Diabetes Self-management Education for Adults with Type 2 Diabetes Mellitus: A Systematic Review of the Effect on Glycemic Control. Patient Education and Counseling. 2015. (in press)

Powers, M. A. et al. "Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics." The Diabetes Educator 41.4 (2015): 417–430.

Criteria for DSME/T Coverage

- Newly diagnosed with diabetes using one of the following criteria:
 - A fasting blood sugar greater than or equal to 126 mg/dL on two different occasions
 - A 2 hour post-glucose challenge greater than or equal to 200 mg/dL on 2 different occasions;
or
 - A random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.
- Previously diagnosed with diabetes (before Medicare eligibility) have since become eligible for Medicare coverage

Medicare Part B Payment

- Up to 10 hours of DSMT the initial 12-months after first claim
- One hour individual training the initial 12-months
- Up to 2 hours of DSMT every 12-months following the initial period.
- Can be performed in any combination of 1/2 hour increments.

Three important conditions of Part B DSME/T

- Referral from a physician or other qualified medical provider including a nurse practitioner or physician assistant.
- Reimbursement only to accredited programs by AADE or ADA.
- Medicare must officially recognize program
 - Provider must submit a copy of the accreditation certificate with the Medicare provider status and National Provider Identification Number

Medicare Part B Payment

- Must be in group setting unless prescribing provider identifies specific needs for 1:1
 - No group session is available within 2 months
 - Special needs prohibiting group setting

Medicare DSME Benefit: Patients

- Medicare beneficiary pays co-pay
 - Medicare covers 80% of the allowed adjusted rate,
 - Beneficiary pays 20%

Billed by G codes- 2015 Medicare Fee Schedule reimbursement varies by geographic region & carrier

- **G0108** – Individual session face-to-face, each 30 min. of training \$46.46-\$71.06
- **G0109** – Group session (2 or more patients) each 30 min. of training \$12.57-\$19.20

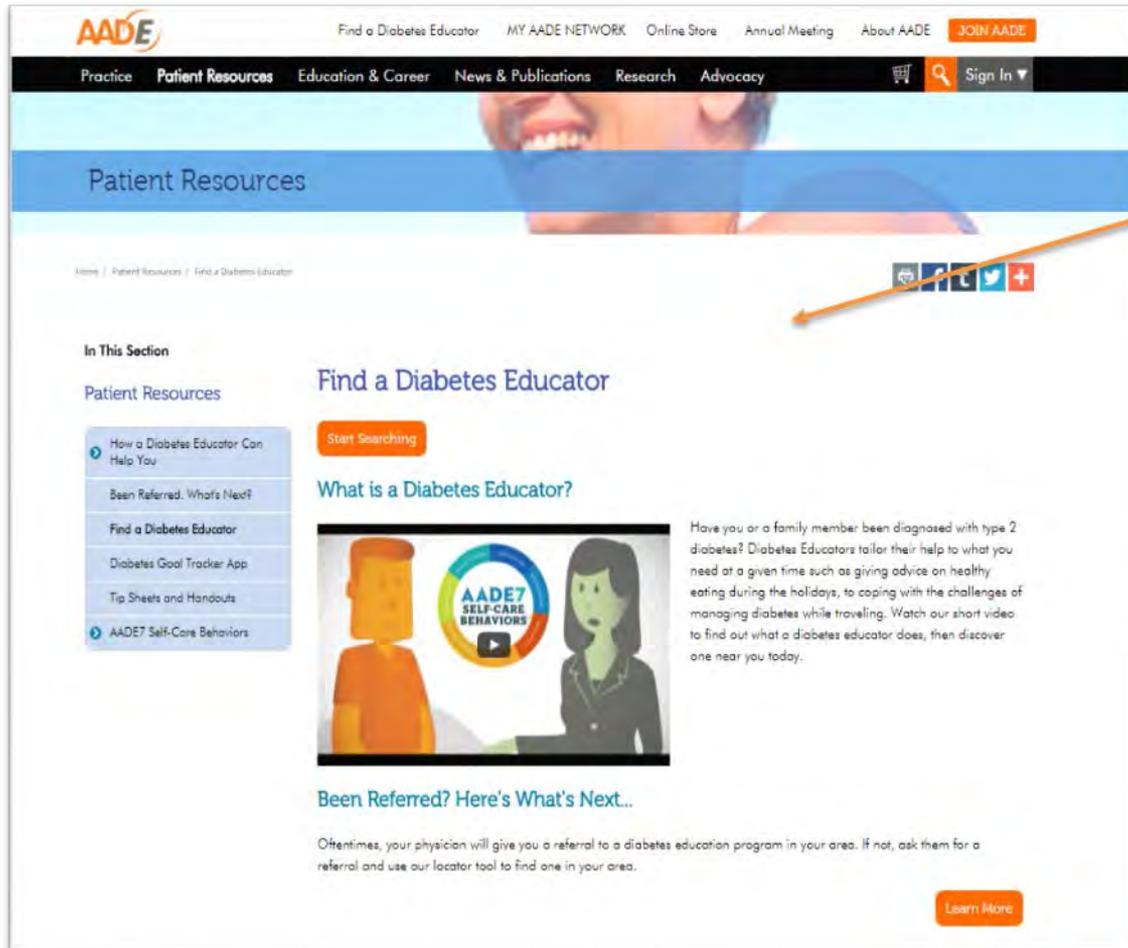
Telehealth Providers of DSME

- Effective January 2011, DSME is included on the list of reimbursable Medicare telehealth services, with several requirements.
- Medicare telehealth services can only be furnished to an eligible telehealth beneficiary in an originating site – which must be located in a rural health professional shortage areas (HPSAs) or in a county outside of a metropolitan statistically area (MSA).
 - Offices of a physician or practitioner
 - Hospitals
 - CAHs
 - RHCs
 - FQHCs
 - Hospital-Based or Critical Access Hospital-Based Renal Dialysis Centers (including Satellites)
 - SNFs
 - CMHCs

Telehealth Providers of DSME

- Providers approved by CMS to provide telehealth services (including DSMT telehealth services):
 - Physician
 - Physician assistant (PA)
 - Nurse practitioner (NP)
 - Clinical nurse specialist (CNS)
 - Nurse midwife
 - Clinical psychologist
 - Clinical social worker
 - Registered dietitian
 - Nutrition professional

Finding a Diabetes Educator



The screenshot shows the AADE website's 'Patient Resources' page. The navigation bar includes 'Find a Diabetes Educator', 'MY AADE NETWORK', 'Online Store', 'Annual Meeting', and 'About AADE'. The main content area features a 'Find a Diabetes Educator' section with a 'Start Searching' button. Below this is a video titled 'What is a Diabetes Educator?' with a play button icon. The video description states: 'Have you or a family member been diagnosed with type 2 diabetes? Diabetes Educators tailor their help to what you need at a given time such as giving advice on healthy eating during the holidays, to coping with the challenges of managing diabetes while traveling. Watch our short video to find out what a diabetes educator does, then discover one near you today.' Below the video is a section titled 'Been Referred? Here's What's Next..' with a 'Learn More' button. A red arrow points from the video title to the text in the adjacent list item.

- Visit AADE's website diabeteseducator.org to find a diabetes educator in your area.
- Share this video about diabetes educators

Thank You!

- greenwd@sutterhealth.org
- @DebGreenwood

Questions?

Submit your questions using the Q & A feature on the right of your screen.
Presenters will respond following all the presentations



Review of the Evidence Supporting the Community Preventive Services Task Force Recommendations on Diabetes Self-Management

Randy Elder, MEd, PhD
Systematic Review Science Team Lead
Community Guide Branch

Empowering People to Manage Their Diabetes:
A Healthy People 2020 Spotlight on Health Webinar

December 10, 2015

Disclaimer

The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The Community Preventive Services Task Force's 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.

The Centers for Disease Control and Prevention “provides administrative, research, and technical support for the Community Preventive Services Task Force.”

[PHS Act §399U[c]

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The Community Guide

Systematic reviews

- Evaluate and analyze all available evidence on the effectiveness of community-based programs, services, and policies in public health
- Assess the economic benefit of effective programs, services, policies
- Highlight evidence gaps

Evidence-based findings and recommendations

- About the effectiveness of these programs, services, and policies
- Help inform decision-making
- Developed by independent Community Preventive Services Task Force (Task Force)



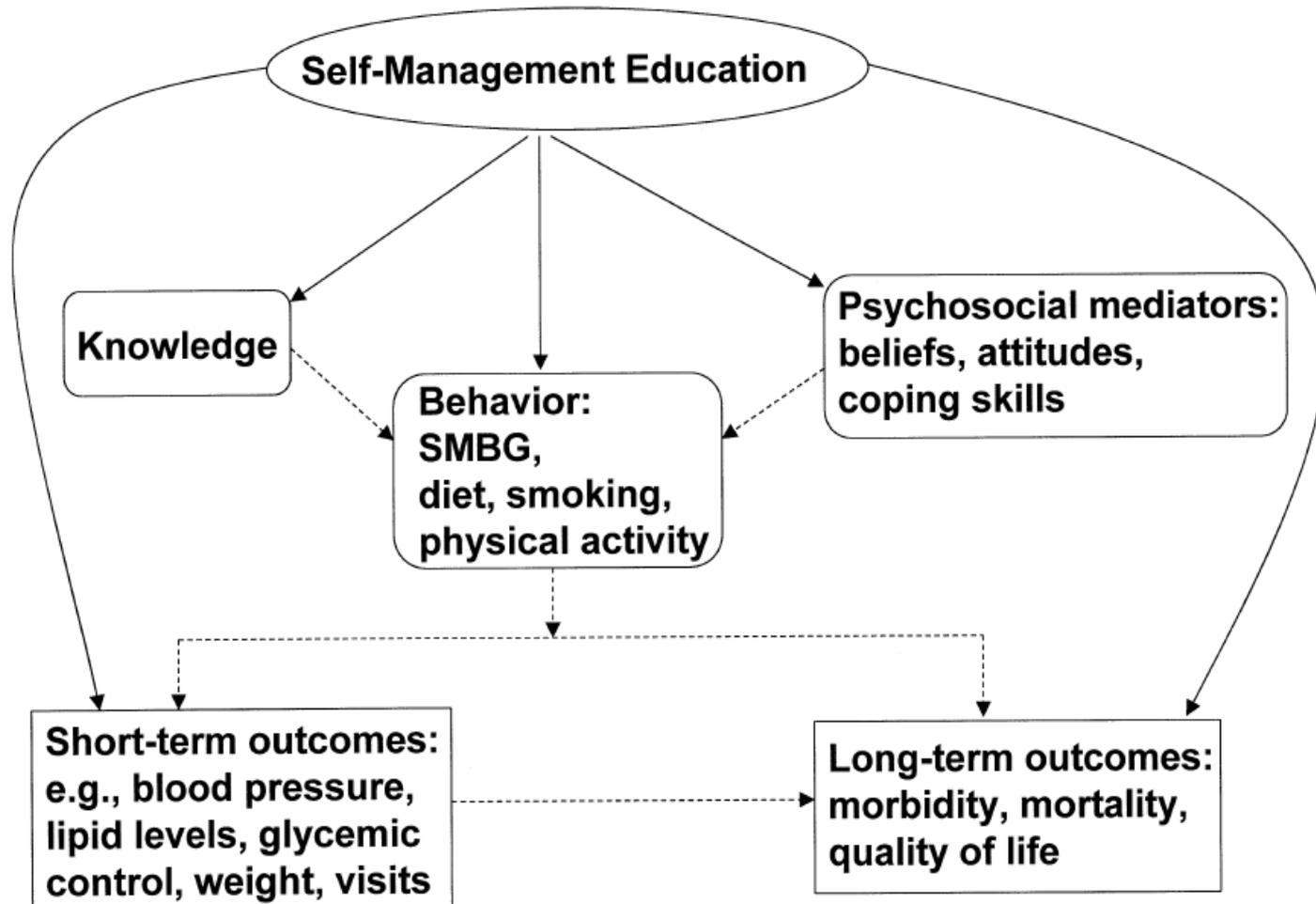
www.thecommunityguide.org

Community Guide

Diabetes Self-Management Education (DSME) Reviews

- Focus: Effectiveness of DSME delivered outside of traditional clinical settings
- Separate reviews for five settings:
 - Community gathering places
 - The home
 - Recreational camps
 - Worksites
 - Schools
- Population:
 - People with diabetes
 - Adults and children
 - Type 1 and 2

Analytic Framework for DSME



Short-Term Recommendation Outcomes

- Glycemic control
 - Glycated Hemoglobin
 - Blood Glucose
- Physiologic Outcomes
 - Weight
 - Lipid levels
 - Foot lesions
 - Blood pressure
 - Microalbuminurea
 - Retinopathy
- Behavioral Outcomes
 - Physical Activity
 - Diet
 - Smoking
- Mental Health Outcomes
 - Depression
 - Anxiety

Long-Term Recommendation Outcomes

- **Macrovascular complications**
 - Peripheral vascular disease
 - Coronary heart disease
 - Cerebrovascular disease
- **Microvascular complications**
 - Decreased vision
 - Peripheral neuropathy
 - Renal disease
 - Periodontal disease
 - Foot lesions, amputations
- **Quality of life**
 - Disability/function
- **Mortality**

In General, a Conclusion on Effectiveness Requires....

A Body of Evidence

+

A Demonstration of Effectiveness

Multiple studies

Fewer if high quality

More if lower quality

Consistency of Effect

+

Sufficient Magnitude of Effect

“Most” studies demonstrated an effect in the favorable direction

The effect demonstrated across the body of evidence is “meaningful”

DSME in Community Gathering Places

- Recommended for adults with Type 2 diabetes (8 studies; Sufficient Evidence)
 - ▶ Glycated hemoglobin (HbA1c) levels: mean decrease of 1.9 percentage points (95% CI:-2.4, -1.4; 4 studies)
 - ▶ Fasting blood glucose (mmol/L): median decrease of 2.0 (range: -1.3 to -4.0; 4 studies)
 - ▶ Weight: median decrease of 5.2 lbs (range: -9.0 to 1.6; 6 studies)
 - ▶ Blood pressure (mmHg): decreases in favor of the intervention (2 studies)
 - ▶ Cholesterol: inconsistent findings (3 studies)
 - ▶ All of the included studies involved adults with Type 2 diabetes
- Emphasis on need for coordination with clinical care

DSME in the Home

- Recommended for adolescents with Type 1 diabetes (10 Studies; Sufficient Evidence)
 - ▶ Glycated hemoglobin (HbA1c) levels: mean decrease of 1.1 percentage points among adolescents with Type 1 diabetes (95% CI: -1.6, -0.6; 4 studies)
- Insufficient Evidence to determine whether or not home-based DSME works for people with Type 2 diabetes because only two studies were available.

DSME in Other Settings

- Insufficient evidence to determine effectiveness of DSME in
 - ▶ Recreational Camps
 - ▶ Worksites
 - ▶ Schools
- Results generally favorable, but too few studies with recommendation outcomes to draw clear conclusions

Next Steps: Planned Review Update

- Reconceptualize to include **all settings**
- Stratify on setting and other potentially important factors
- Definition revised to include diabetes self-management **support**:
 - Consistent with 2015 national standards from ADA, AADE, and AND.*
 - Reflects importance of ongoing support for behavior change/maintenance and psychosocial concerns.

* Powers et al. (2015). Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics.. *Diabetes Care*, 38(7), 1372-82.

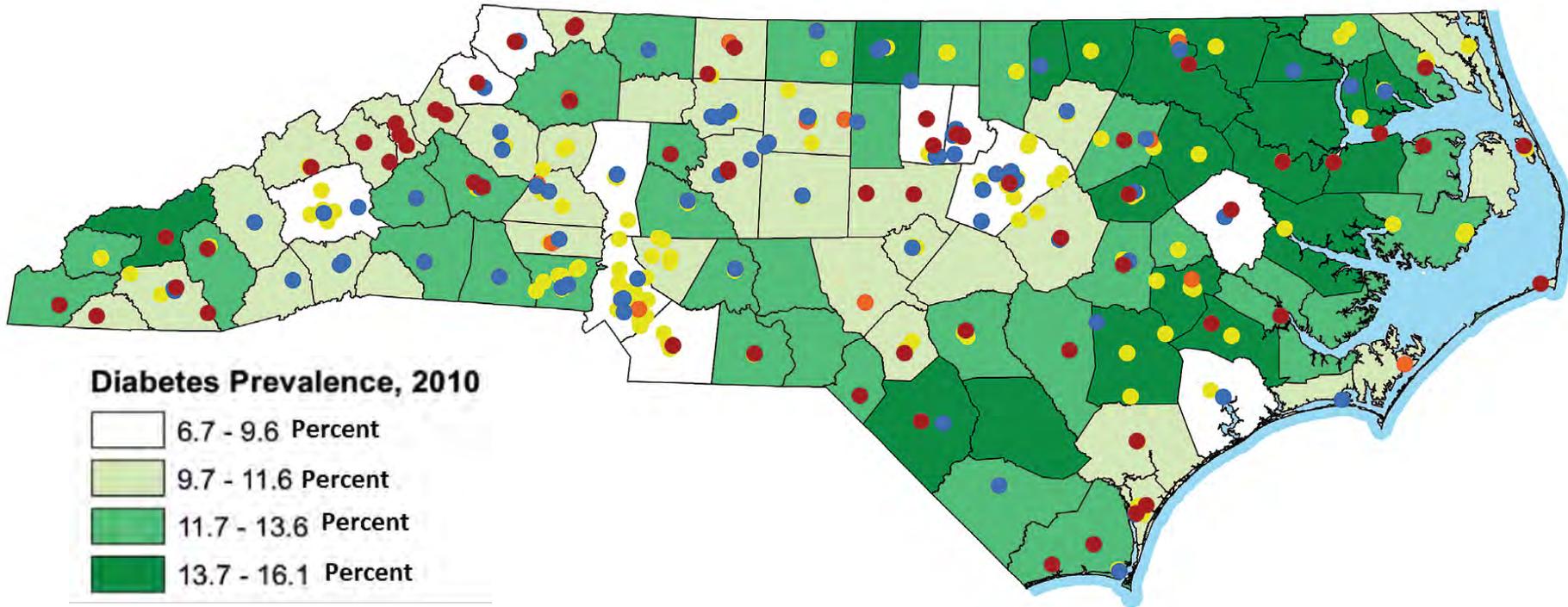
Thank You

Randy Elder

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www.thecommunityguide.org





Diabetes Self-Management Program Sites

- Diabetes Education Recognition Program (63)
- American Association of Diabetes Educators (AADE) (17)
- American Diabetes Association (ADA) (117)
- Stanford Diabetes Self-Management Program (151)

**Community & Clinical
CONNECTIONS
for Prevention & Health
Branch** NORTH CAROLINA
DIVISION OF PUBLIC HEALTH

Participant Demographics

| | All years | Past year |
|-----------------------------------|-----------|-----------|
| Total number of participants seen | 11860 | 1239 |
| Race, ethnicity | | |
| • American Indian | 1% | 0% |
| • African American | 25% | 26% |
| • Hispanic | 11% | 10% |
| • White/Caucasian | 52% | 56% |
| Insurance | | |
| • Medicare | 15% | 24% |
| • Medicaid | 10% | 14% |
| • BCBS | 10% | 12% |
| • Other | 3% | 0% |
| • Self-pay or uninsured | 60% | 45% |

DSME Readiness Assessment

For local health departments considering an application to NC-DERP

Assessment: Is Our Health Department Ready to Offer DSME?

For each item below, check the box next to a statement if it is true of your health department at this time.

| Category | Statements | Notes |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Leadership and Goals | <input type="checkbox"/> 1. Our health director has endorsed offering DSME at our health department <input type="checkbox"/> 2. Our health director is actively involved in the DSME program development and application process <input type="checkbox"/> 3. Other key leaders at the health department are supportive of and involved in the DSME program <input type="checkbox"/> 4. We have defined our goals and what success means to us | <i>Leadership support is crucial for DSME program success. Consider who in the management team could be an asset or a barrier, and how you might improve these relationships, engage management in the development process, and address potential concerns of leaders. What do you consider success? It may be financial stability, serving all of the uninsured, improving specific health outcomes in the community, achieving patient satisfaction, or something else.</i> |
| B. Staff | <input type="checkbox"/> 5. We have identified a sufficient number of interested staff members who are qualified to instruct DSME <input type="checkbox"/> 6. Potential instructors have Continuing Education in diabetes from last 12 months <input type="checkbox"/> 7. We have the necessary administrative staff for the DSME program | <i>DSME Instructional staff must hold appropriate credentials and receive continuing education. Remember that It is easy to underestimate the administrative support needed. Consider whether existing staff can take on these additional tasks. Could the health department hire more staff if needed?</i> |
| C. Finances | <input type="checkbox"/> 8. We have projected expenses for running a DSME program, including administration, staff, rent/utilities, office supplies, program supplies, training, and travel <input type="checkbox"/> 9. We have estimated potential revenue from participants and 3 rd party reimbursement, considering the payer mix of target participants <input type="checkbox"/> 10. We have researched other sources of revenue, including health department funds, outside grants, and in-kind donations <input type="checkbox"/> 11. Based on our projections, we anticipate that revenue will equal or exceed expenses | <i>Funding is often the biggest challenge in running a DSME program. Consider how long it may be before the program is self-sustaining, as well as length of grants and possibilities for other funding. What will happen if you have a budget shortfall? Approach existing NC DERP programs for estimates of expenses and ideas for funding.</i> |

| | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>D. Referrals and Recruitment</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 12. Our health department currently receives referrals from local providers for diabetes care <input type="checkbox"/> 13. We have contacted local health care providers to discuss the possibility of referring patients for DSME <input type="checkbox"/> 14. We have a marketing/recruitment plan to attract participants in the DSME program | <p><i>Health care providers must be willing to refer patients to your DSME program in order to maintain patient load and insurance reimbursement. Talk with physicians directly to understand what it would take for them to refer patients to your DSME program.</i></p> |
| <p>E. Understanding the community and its needs</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 15. We have identified our target audience to whom we will offer DSME, including approximate size and demographics <input type="checkbox"/> 16. We have considered and described specific needs or considerations for serving our target audience <input type="checkbox"/> 17. We have knowledge of all existing local DSME programs, and can demonstrate a need for additional DSME in this community | <p><i>Consider which segments of your community are most affected by diabetes, as well as where the greatest potential for impact lies. What needs are not being met for diabetes care in your community? What will you do differently to meet these needs? How will you address patient barriers such as limited time and/or transportation?</i></p> |
| <p>F. Engagement with target audience</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 18. Our health department has active channels of communication with our target audience, including solicitation of how to serve their needs <input type="checkbox"/> 19. Our health department has active and positive relationships with our target audience <input type="checkbox"/> 20. We have considered how potential stigma of visiting the health department may be a barrier to individuals attending DSME, and we have a plan for how to address this challenge | <p><i>Take the time—before applying to DERP—to understand the needs of and potential barriers for these individuals, particularly why they are not receiving diabetes education now. Focus groups and community organizations can be great resources.</i></p> |

| | | |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>G. External Partnerships</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 21. Our health department has strong relationships with one or more health-focused organizations in our community <input type="checkbox"/> 22. Our health department has strong relationships with one or more healthcare providers in our community <input type="checkbox"/> 23. Our health department has strong relationships with other relevant partners such as local government, media outlets, or cooperative extension <input type="checkbox"/> 24. Our health department has strong relationships with community support services to which we may need to refer DSME participants | <p><i>Partnerships are crucial for sustainability and providing complete care. Consider what you would do if a patient needed other support services, such as financial or mental. If your relationships with these other organizations are not strong and positive, reach out to them to build awareness and teamwork in serving your community. Note: "strong relationships" may include collaboration on projects or events; frequent or formal patient referral; staff of one organization serving as board members for another organization; and/or contracts and memorandums of understanding between the organizations.</i></p> |
| <p>H. Implementation and Sustainability</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 25. Our identified program staff and administration have program implementation experience and/or expertise <input type="checkbox"/> 26. We have planned or identified a specific course of appointments and DSME curriculum for program participants <input type="checkbox"/> 27. Our staff has plans for and knowledge of using electronic health records to record patient data <input type="checkbox"/> 28. We have a plan to collect aggregate data, including identifying who and how, for analysis of both behavioral and clinical outcomes <input type="checkbox"/> 29. We have considered how to review the program and perform continuous quality improvement | <p><i>Who in your team has experience providing DSME, using electronic health records, collecting data, and performing quality improvement (QI)? Look for available resources to increase your capacity, through education, training, and additional staff.</i></p> |

Program Successes: Lessons Learned

- External Partnerships (Toe River and M-T-W)
- Engagement with the target audience (statewide marketing campaign, focus groups)
- Finances (Wilkes)

*Ultimately there is no such thing as failure.
There are lessons learned in different ways.*

~ Twyla Tharp

External Partnerships

- Referrals
- Resources



M-T-W & Toe River District Health Departments



**Community & Clinical
CONNECTIONS
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DIVISION OF PUBLIC HEALTH

Engagement with Target Audience

- Active communication

A large informational poster with a blue background. It features several sections: "Having Type 2 Diabetes is serious business", "Controlling your diabetes can prevent:", "Of the people who have diabetes:", "Diabetes can look like this" (with a collage of photos), "What can I do if I want to know?", and "Join a Diabetes Self-Management Education Class". It also includes a lifebuoy icon and the text "It can also take years off your life".

Having Type 2 Diabetes is serious business
Controlling your diabetes can prevent:

- Loss of your sight
- Damage to your heart, kidneys and nerves
- A stroke
- The need for a foot or leg amputations

Of the people who have diabetes:

- 65% have loss of feeling or pain in their feet and legs
- 28% have loss of vision or blindness
- 75% of men have some loss of sexual function

Diabetes does not have to look like this

Diabetes can look like this

What can I do if I want to know?

- How does the food I eat affect my blood sugar, how can I eat without giving up my favorite foods?
- How can I balance my activities with what I eat and my medications?
- How do my medications work and when should I take them?
- How do I check my blood sugar and understand the results? What else should I be checking?
- How can I sharpen my coping and problem solving skills?
- How do I find the services I need to reduce the damages of diabetes and improve the quality of my life?
- How can I get the support I need to meet my diabetes management goals?

Join a Diabetes Self-Management Education Class

It can also take years off your life

You can prevent or delay the damages of diabetes



- Acknowledgement of Barriers

Focus Group Results

- What influences a participant's readiness for the program
 - Reaction to diagnosis
 - Co-morbid events
 - Uncertainty
- Barriers to participation
 - System
 - Program



Finances

- Funding
- Billing



Wilkes County Health Department



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The road to success starts here.....

Essential components:

- External Partnerships
- Engage the Target Audience
- Finances



Our successes:

- # of Multi-sites \geq 6 years
- # of educators, # of CDEs
- Average decrease in HgbA1c

Thank You!

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