



Health Impact Statement

Improving Access to and Participation in ADA-recognized/ADCES-accredited Diabetes Self-Management Education and Support Programs in Underserved Areas

Problem

Diabetes is a chronic disease that affects a large proportion of the United States (US) population and is the seventh leading cause of death.¹ The number of adults with diabetes in the US has increased tremendously in the past 20 years as the majority of the population has aged and developed higher body mass index (BMIs).¹ In Rhode Island, diabetes has increased to an age-adjusted prevalence of 9.4, compared to 5.3 in the late 1990s.² Rhode Island data indicate that people living below 400% of the federal poverty level (FPL), as well as Black and Hispanic adults, are more likely to have risk factors that increase their risks for type 2 diabetes.³ Beginning in 2018, the Rhode Island Diabetes, Heart Disease, and Stroke Program (RIDHDS) at the Rhode Island Department of Health began implementing new strategies to address the diabetes burden in the identified priority populations and prevent further complications. Diabetes Self-Management Education and Support (DSMES) is an evidence-based diabetes management service model offered to people with diabetes to help them prevent or delay diabetes complications.⁴ Additionally, DSMES has been reported to have a positive impact on lifestyle changes, A1c levels, and improved quality of life.⁴ Organizations that offer DSMES can become recognized by the Americans Diabetes Association (ADA) or accredited by the Association of Diabetes Care & Education Specialists (ADCES), which makes them eligible for reimbursement from Medicare, private health plans, and some Medicaid agencies.⁴ To address diabetes and increase the use of DSMES, RIDHDS began assisting health care organizations (HCOs), Health Equity Zones (HEZs), and community-based organizations (CBOs) with improving access to and participation in programs.

Intervention

RIDHDS's response efforts focused on increasing access to and coverage for ADA-recognized/ADCES-accredited DSMES programs for people with diabetes. RIDHDS focused on partnering with Rhode Island's Federally Qualified Health Centers and free clinics since the patient populations of these practices are disproportionately people of color and people with low incomes. In addition, these practices are primarily based in health equity zones. Nearly all health equity zones have very high rates of families living below 400% FPL. As a result, RIDHDS anticipated that targeting resources in those areas was the most effective way to address diabetes. Through funding provided by the Centers for Disease Control and Prevention (CDC), RIDHDS implemented the following strategies and activities to improve access to and participation in DSMES programs:

- Increase the number of ADA-recognized/ADCES-accredited DSMES program locations;
- Support sites in increasing targeted outreach to vulnerable populations;
- Establish and maintain an electronic system for Certified Diabetes Outpatient Educators (CDOE) to track patient outcomes and clinical values;
- Provide academic detailing to HCOs, HEZs, and CBOs to increase referrals to DSMES through the Community Health Network (CHN);
- Identify HCOs that do not have a CDOE on staff and are within the proximity of existing ADA/ADCES sites;
- Attend Diabetes Education Partners (DEP) and CDOE Board of Directors meetings for relationship-building; Facilitate conversations and plans for consistent and sustainable CDOE services in RI through strategic planning;
- Collaborate with an employer, healthcare and/or managed care organization to promote employee wellness/chronic disease management promotion with an emphasis on DSMES benefits
- Partner with the Health Equity Institute to create a learning community presentation regarding community-clinical linkages with the goal of increasing enrollment
- Co-chair World Diabetes Day (WDD) event; Focus on increasing access to ADA/ADCES programs through the exposure that WDD offers
- Develop a Diabetes Strategic Plan with internal and external stakeholders; Implement the objectives and activities in the plan; and
- Develop a statewide diabetes awareness and marketing campaign to promote DSMES services provided by ADA-recognized/AADE-accredited sites



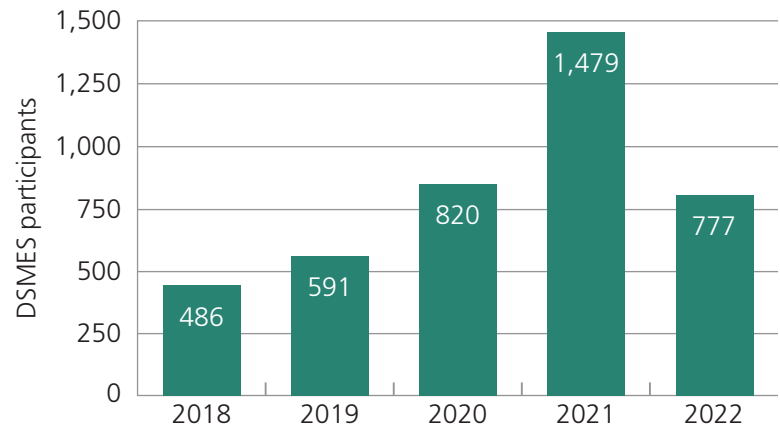
Health Impact

In five years, RIDHDS has put tremendous effort into improving access to and participation in ADA-recognized/ADCES-accredited DSMES programs in underserved areas. Between September 2018 and June 2023, the number of DSMES programs and sites established increased from 6 to 8 and 10 to 13, respectively. According to the CDC DSMES State Data Reports, DSMES encounters have varied in the past five years; however, total participants has been consistently higher in years following 2018.

To expand participation and promote DSMES services, RIDHDS contracted with KSA Marketing to develop and implement a marketing campaign with an overarching goal of increasing provider referrals via the CHN. The campaign included focus groups with ADA/ADCES site coordinators and primary healthcare professionals to discuss current marketing techniques; marketing gaps and messaging that resonates with the priority populations; referrals; the CHN; and trends in diabetes. Across all methods of the marketing campaign, there were a total of 1,124,102 impressions from digital media and 12,898 clicks. The highest-performing county for all aspects of the campaign was Providence County. The highest number of impressions and clicks resulted from the Google Display (in English and Spanish) and LinkedIn advertising. In addition to the marketing campaign with KSA Marketing, RIDHDS also worked with NBC 10 WJAR to run CHN awareness campaigns that included information on the CHN, available programs, and diabetes education.

In efforts to increase access to DSMES programs, a GIS map was created that displayed the location of DSMES programs and sites, primary healthcare professional (PCP) locations, and CDOE employment locations. The CDOE employment locations were gathered via a survey disseminated to Rhode Island CDOEs and registration for an annual CDOE symposium. The map was created to provide targeted academic detailing to PCP locations who do not employ a CDOE and is within close proximity of a DSMES site.

A significant barrier to the health impact of the strategy was the COVID-19 pandemic. The pandemic resulted in staff turnover for external partners and DSMES programs. Additionally, it deterred people from making medical appointments, which impacted referrals to DSMES. The number of referrals via the CHN decreased dramatically during the pandemic and did not recover by the end of Year 5. For example, there were 142 DSMES CHN referrals in 2018 compared to 31 referrals in 2022. However, DEP did note an increase in DSMES referrals directly to the organization from hospitals, physician offices,



References

- ¹ Centers for Disease Control and Prevention. Diabetes: Diabetes Fast Facts. Accessed from <https://www.cdc.gov/diabetes/basics/quick-facts.html>. Reviewed September 2022.
- ² State of Rhode Island, Department of Health. Rhode Island Behavioral Risk Factor Surveillance System [2018].
- ³ State of Rhode Island, Department of Health. Rhode Island Behavioral Risk Factor Surveillance System [2015, 2016].
- ⁴ Centers for Disease Control and Prevention. Diabetes Self-Management Education and Support (DSMES) Toolkit: Background. Accessed from <https://www.cdc.gov/diabetes/dsmes-toolkit/background/background.html>. Reviewed December 2021.

