

Diabetes Self-Management Education Programs

Purpose

The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH) request your assistance to identify diabetic education services available in Nevada. Since there are only a few diabetic education programs within the state, we would like your feedback on the type of services offered by your program to better assess how diabetic education and self-management programs can be improved. Given the limited number of programs offered, your feedback is extremely important and any information provided will be used for the purpose of strengthening program reach statewide. We intend to use the information you provide in this survey to develop a diabetic education resource guide for practitioners and patients.

Diabetes Self-Management Education Programs

Demographic Questions

1. Which of the following does your program provide DSME services for?

- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes

2. Please provide your name, title and contact information (email, phone number & address).

Name

Title

Email address

Phone number

Address

3. Please provide the name (and hospital/institution affiliation if applicable) of your DSME program.

4. In which city/county is your program located?

Certification Questions

5. Is your DSME program certified/recognized program? Please select all that apply.

- Yes, by the American Diabetes Association
- Yes, by the American Association of Diabetes Educators
- Yes, by the Indian Health Services
- No

Please provide more details if necessary

6. If your program is not certified are you currently applying for certification?

- Yes
- No

If "Yes" please indicate which program.

Service Scope Questions

7. What Communities does your program cover? (Ex. Summerlin, Henderson, Sparks) Please include zip codes if possible.

8. How many individuals are providing diabetes self-management education in your program?
(Write a number)

9. Can you provide a detailed list of their names, credentials and languages they speak? If yes please email the list to Kelly.Morning@gmail.com.

- Yes
- No

10. Please provide an estimation of the number of patients with diabetes who have had at least one encounter with a Diabetes Self-Management Educator annually. (Write a number)

11. If possible, please estimate the total percentage of patients with diabetes served during the past year by ethnicity.

Hispanic or Latino

Non-Hispanic or Latino

12. If possible, please estimate the total percentage of patients with diabetes served during the past year by race.

White

Black or African American

Hispanic or Latino

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaskan Native

Other/Multiracial

13. If possible, please estimate the total percentage of patients with diabetes served during the past year by age.

0-18 years of age

18-44 years of age

45-64 years of age

65+ years of age

14. If possible, please estimate the total percentage of patients with diabetes served during the past year by gender.

Male

Female

15. What is your programs maximum capacity to provide patients with diabetes DSME per quarter? (Write number of patients)

16. Please describe your current educational programs.

The average length of your patient education program

How often are classes offered monthly?

The average length of a class

Number of patients per class on average

Other comments

Funding Questions

17. Is your DSME program eligible for reimbursement?

- Yes
- No
- Partially Eligible

Please provide more details

18. If your program is fully/partially eligible for reimbursement please respond, otherwise skip this question.

What type of reimbursement is your program eligible for?

- Medicare
- Medicaid
- Private payers

Please provide more details (e.g. which private payers)

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Please provide more details (e.g. is there any other type of support needed?)

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Barriers and Support Questions

19. Are there barriers to patient access/compliance with your DSME program? Please rate each of the following potential barriers on a scale from 1 to 5, where 1=Strongly Disagree, and 5=Strongly agree.

	1(Strongly disagree)	2(Disagree)	3(Neutral)	4(Agree)	5(Strongly agree)
Patients are not aware about DSME programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients do not believe in the value of DSME programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient population is similar in terms of health literacy levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barriers are a problem, as many patients do not speak English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are compliant with the DSME program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The DSME program is too time consuming for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The DSME program interferes with the work schedules of the patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the DSME program could be improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of diabetes treatment is too high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The demand from patients is higher than our programs current capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to find/attract enough certified diabetes educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare providers refer patients to the DSME program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no barriers to patient access/compliance with our DSME program currently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide more details (e.g. are there more barriers than mentioned above?)

20. What type of support would improve patient access and compliance with your program? Please rate each of the following types of support on a scale of 1 to 5, where 1=Definitely not important, and 5=Extremely important.

	1(Definitely not important)	2(Somewhat not important)	3(Neutral)	4(Somewhat important)	5(Extremely important)
Support to increase patient capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to increase awareness about DSME among patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to increase awareness about DSME among referring healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support with culturally appropriate educational materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for securing reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to increase collaboration among the existing DSME programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to increase collaboration between your program and other types of stakeholders (e.g. patient advocacy groups, provider professional associations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide more details (e.g. is there any other type of support needed?)

21. Are you interested in participating in a workgroup to address barriers, referrals, etc. in DSME?

- Yes
- No

22. Would you like a copy of the results from this survey?

- Yes
- No

DRAFT