

Using Shared Decision-Making to Empower Underserved Populations with Diabetes

National Diabetes Education Program Webinar Series

Thursday, March 12, 2015

2-3 PM ET



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Webinar Logistics

- All lines are muted
- Two ways to ask questions during Q&A period:
 1. Type your question into the question section and we will read your question aloud.
 2. Click the “raise hand” icon and we will call your name and unmute your line allowing you to ask your question.



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Presenters

Monica Peek, MD, MPH, FACP

University of Chicago,
Division of General Internal Medicine



Linda M. Siminerio, RN, PhD, CDE

University of Pittsburgh,
Division of Endocrinology and
Metabolism



Using Shared Decision-Making to Empower Underserved Populations with Diabetes

Linda M. Siminerio, RN, PhD, CDE

University of Pittsburgh,

Division of Endocrinology and Metabolism



Learning Objectives

- Describe the importance of enhanced communications for patients with diabetes
- Understand social and cultural barriers to shared decision making for vulnerable populations with diabetes
- Enhance shared decision making skills with vulnerable populations
- Learn skills and identify resources to support successful patient-provider interactions



What we hear in clinical practice – sound familiar?

- My patients are non-compliant
- Our patient population is different/unique
- Standardized approaches inhibit critical thinking and individualized care
- I know what is best for my patients based on my experience



What we know about patient-provider communication

- Directive approach is not effective
- Improving knowledge does not translate to improved behavior
- Health literacy is a problem
- Health care providers do not always communicate with each other



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Traditional Decision-Making Model: Paternalism at Its Peak



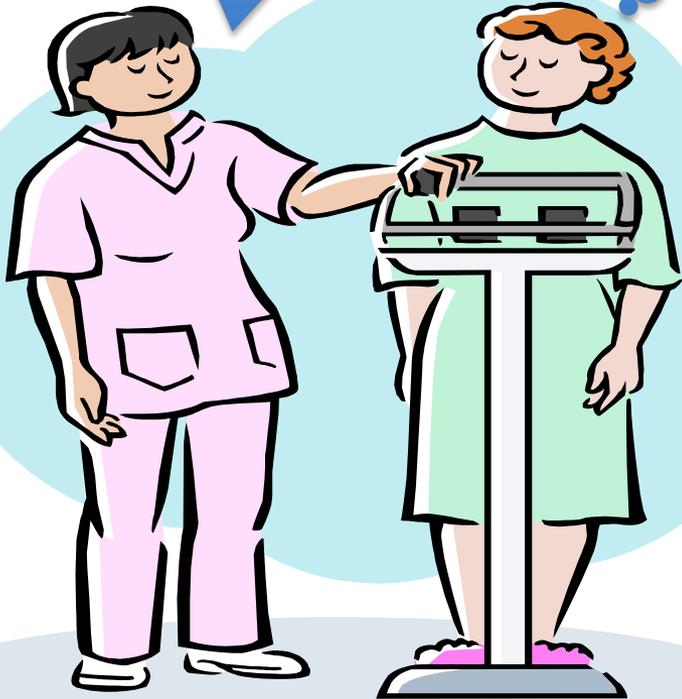


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A lot of patients I meet have problems with grazing.

Does she think I eat or look like a cow?



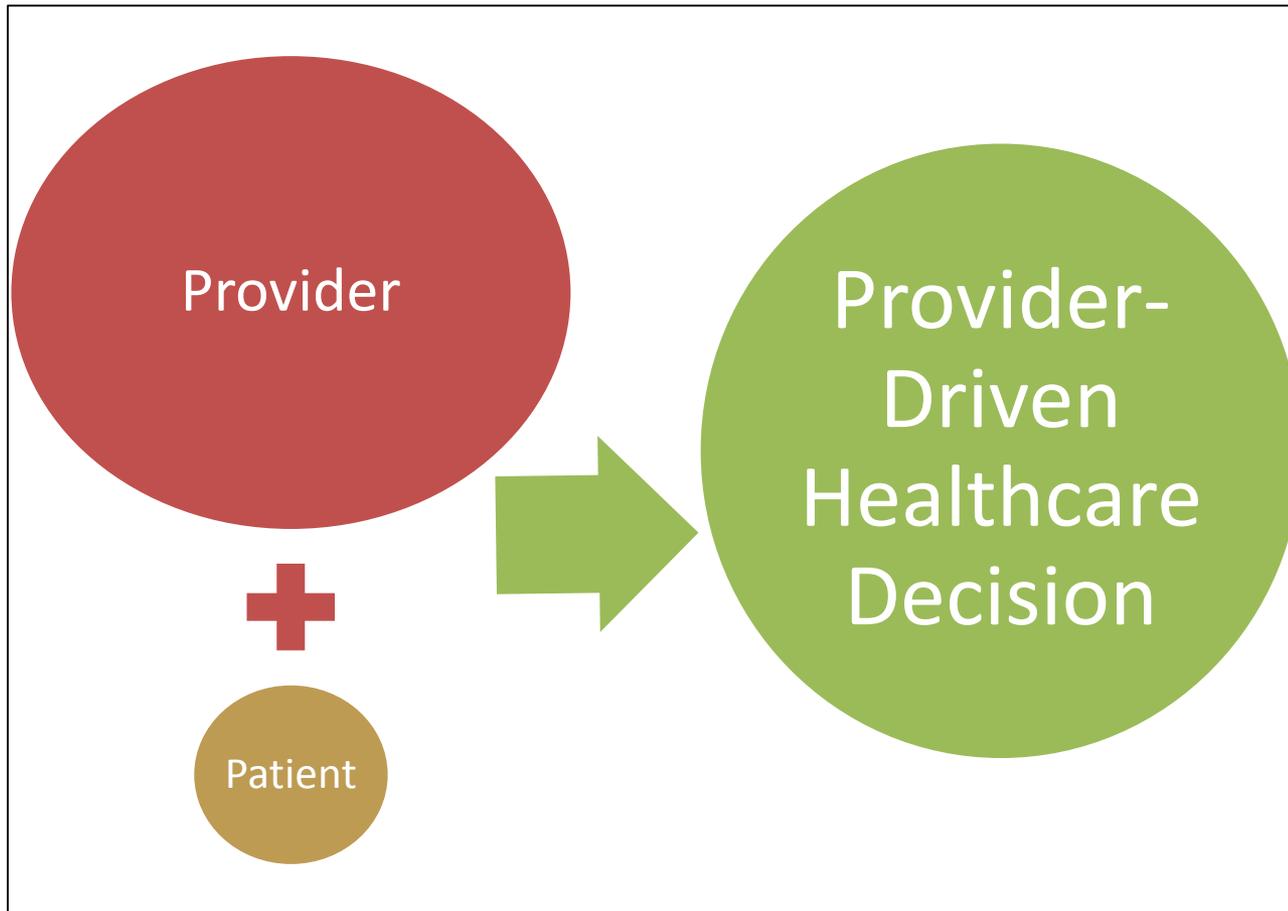
Do they understand us?



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Traditional Healthcare Decision-Making: Unequal Partnership





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What do studies tell us about patient/provider communication?



Are we empathetic?

- Study aimed to describe relationship between patient BMI and physician communication behaviors.
- PCPs demonstrated less emotional rapport with overweight and obese patients than for normal weight patients.
- Findings raise concern that low levels of emotional rapport may weaken relationship, diminish adherence and effectiveness of counseling.

Gudzune, K. et al. Physicians build less rapport with obese patients. *Obesity*. 2013



Empathy and diabetes



Patients of physicians with high empathy scores as compared to those with low empathy were:

- more likely to have good control of A1c (p .001).
- proportion of patients with good LDL control (p .001).
- lower rate of acute complications
- physicians' understanding of their patients' beliefs associated with better self-care among patients (e.g., improved diet, SMBG).

Del Canale, S. et al. Relationship Between Physician Empathy and Disease Complications: Empirical Study of Primary Care Physicians and Their Diabetic Patients. *Academic Medicine*. 2012



Patient Satisfaction



- 52% in ratings of care satisfaction was accounted for by physicians' levels of warmth and respect.
- Dietitians' empathic engagement predictive of patient satisfaction and successful consultations.
- Empathy was the most important quality for being considered a "good physician".
- Patients who don't have decision support more often blame their practitioner for bad outcomes.

Kenny DT. Determinants of patient satisfaction with the medical consultation. Psychol Health. 1995. Goodchild CE, et al. The value of empathy in dietetic consultation: A pilot study to investigate its effect on satisfaction, autonomy and agreement. J Hum Nutr Diet. 2005.



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Institute of Medicine

Communicating with patients on health care evidence. Discussion Paper, Institute of Medicine, Washington, DC.

<http://www.iom.edu/evidence>



Gap between what people want and what they get regarding engagement in health care:

- 8 in 10 people want their health care provider to listen to them, but just 6 in 10 say it actually happens.
- Less than half of people say their provider asks about their goals and concerns for their health.
- 9 in 10 people want their providers to work together as a team, but just 4 in 10 say it actually happens.

Alston, C., L. et al. 2012. *Communicating with patients on health care evidence*. Discussion Paper, Institute of Medicine, Washington, DC. <http://www.iom.edu/evidence>.



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What can we do?



Shared decision-making (SDM)

Collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences.



Cochrane review of 86 clinical trials found that patient use of decision aids led to:

- improved knowledge of options
- more accurate expectations of possible benefits and harms
- greater participation in decision making
- higher satisfaction
- choices resulting in lower costs and better health outcomes

Stacey, D., et al. 2011. *Cochrane Database Syst Rev.* Oct 5;(10):CD001431.

Using Shared Decision-Making to Empower Underserved Populations with Diabetes

Monica E. Peek, MD, MPH

The University of Chicago

Chicago Center for Diabetes Translation Research



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Background: Patient Empowerment

- **Self-management** at home
- **Shared decision-making (SDM)** with providers
- Diabetes self-management interventions effective in **minority populations**
- **No prior work:** SDM + culturally-tailored pt educ
- SDM → improved **health outcomes**



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SDM Domains





Background: SDM and Diabetes

- SDM is central to the **chronic care model**
- SDM correlates with **positive health indicators**
 - Better diagnostic accuracy, informed consent
 - Improved glucose control, lowered BP, shorter hospitalizations
 - More efficient visits, fewer malpractice claims, less doctor-swapping
- Implications for the **Patient Centered Medical Home**
 - Average physician has 160,000 patient interviews



Getting the most for our health care dollars

Shared decision-making

Getting the right care at the right time is essential where there is a choice between more than one c how to maximize the value of health care. "Share and patients work together to choose the treatm priorities and goals for his or her care. The aim of to improve value by better incorporating patient p

The AMA recognizes that a formal shared decisio partners in their health care and that the applicati concept of strengthening the patient-physician re

American College of Physicians Endorses Shared Decision Making Approach for Prostate Cancer Screening

Posted on April 9, 2013 by IMDFoundation



In a [guidance statement](#) published Tuesday in the Annals of Internal Medicine, the American College of Physicians (ACP) joined the heated discussion on PSA testing by endorsing a shared decision making approach for prostate cancer screening. The ACP Clinical Guidelines Committee developed this guidance statement after reviewing current guidelines on prostate cancer screening in the U.S.

"The new ACP guidance statement on PSA screening acknowledges the limited potential benefits and significant harms of screening for prostate cancer," says Michael J. Barry, president of the Informed Medical Decisions Foundation. "The recommendation emphasizes the importance of considering the preferences of informed patients in deciding about screening, and that clinicians should not screen for prostate cancer in patients who do

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Partnering with Patients to Drive Shared Decisions, Better Value, and Care Improvement



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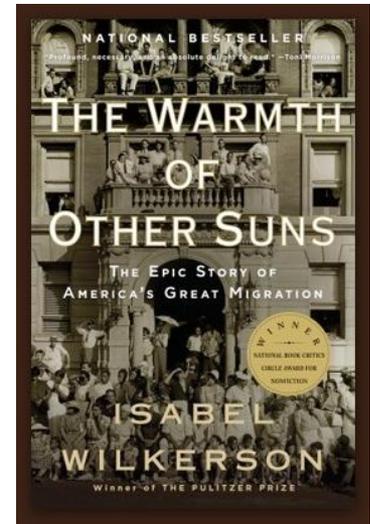
Background: Patient Empowerment

- **Self-management** at home
- **Shared decision-making** with providers
- Diabetes self-management interventions effective in **minority populations**
- **No prior work:** SDM + culturally-tailored pt educ
- SDM → improved **health outcomes**
- **Minorities** experience less SDM



Historical, policy, and economic contexts

- Great Migration
- Segregation/Jim Crow
- Persistent, pervasive structural inequities
 - Organizational ↔ Interpersonal
- Intergenerational survival strategies
- Deference
- “Code switching”
 - Race as a social construct





Peek ME, Wilson SC, Gorawara-Bhat R, Odoms-Young A, Quinn MT, Chin MH. Barriers and facilitators to shared decision-making among African-Americans with diabetes. *Journal of General Internal Medicine*. 2009;24(10):1135-9.

BRIEF REPORT

Barriers and Facilitators to Shared Decision-making Among African-Americans with Diabetes

Monica E. Peek, MD, MPH^{1,2,3,4}, Shannon C. Wilson, MPH^{1,2}, Rita Gorawara-Bhat, PhD^{2,5}, Angela Odoms-Young, PhD^{2,6}, Michael T. Quinn, PhD^{1,2,3}, and Marshall H. Chin, MD, MPH^{1,2,3}

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INTRODUCTION: Shared decision-making (SDM) between patients and their physicians is associated with improved diabetes health outcomes. African-Americans have less SDM than Whites, which may contribute to diabetes racial disparities. To date, there has been little research on SDM among African-Americans.

OBJECTIVE: We explored the barriers and facilitators to SDM among African-Americans with diabetes.

METHODS: Qualitative research design with a phenomenological methodology using in-depth interviews (n=24) and five focus groups (n=27). Each interview/focus group was audio-taped and transcribed verbatim, and coding was conducted using an iterative process. **Participants:** We utilized a purposeful sample of African-American adult patients with diabetes. All patients had insurance and received their care at an academic medical center.

RESULTS: Patients identified multiple SDM barriers/facilitators, including the patient/provider power imbalance that was perceived to be exacerbated by race. Patient-related factors included health literacy, fear/denial, family experiences and self-efficacy. Reported physician-related barriers/facilitators include patient education, validating patient experiences, medical knowledge, accessibility and availability, and interpersonal skills.

DISCUSSION: Barriers/facilitators of SDM exist among African-Americans with diabetes, which can be effectively addressed in the outpatient setting. Primary care physicians, particularly academic internists, may be uniquely situated to address these barriers/facilitators and train future physicians to do so as well.

KEY WORDS: shared decision-making; patient-provider communication; diabetes; African-Americans.
J Gen Intern Med 24(10):1135-9
 DOI: 10.1007/s11606-009-1047-0
 © Society of General Internal Medicine 2009

INTRODUCTION

Shared decision-making (SDM) has been defined as a process where both patients and physicians share information, express treatment preferences and agree on a treatment plan¹. SDM has been promoted in a wide variety of settings, including primary care²⁻³, and is associated with important primary care outcomes such as improved control of diabetes and hypertension, and enhanced preventive care utilization⁴⁻⁵.

Although SDM is understudied in African-Americans, disparities exist in several related concepts, suggesting that there may be less SDM in this population. For example, African-Americans experience less physician responsiveness and listening than White patients and describe their physicians as less participatory during clinic visits⁶⁻⁷. Communication disparities may be an important contributor to racial health disparities⁸, particularly concerning chronic diseases (e.g., diabetes) where effective communication is important to optimal disease management. Addressing such disparities will involve understanding the barriers and facilitators to SDM among African-Americans. To date, however, there has been little research in this area⁹⁻¹¹.

METHODS

The methods have been described in detail elsewhere¹¹. This study utilized a qualitative research design, specifically, a



SDM Barriers

- Power imbalance
- Limited health literacy
- Self-efficacy
- Trust
- Fear/denial
- Normative beliefs



SDM Facilitators

- Patient engagement/invitation
- Interpersonal relationships
- Validating health concerns
- Accessibility/availability



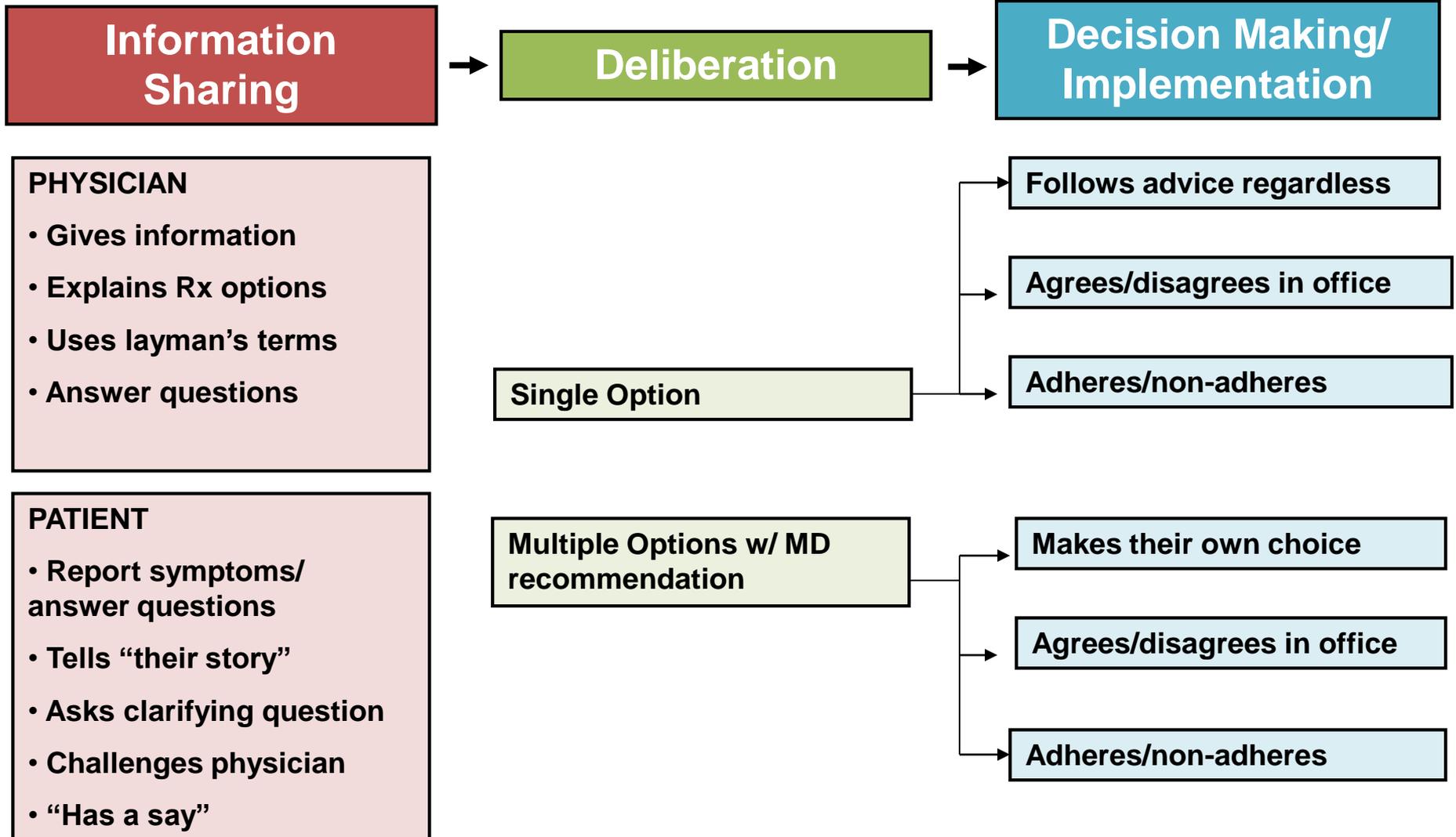
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SDM Domains



SDM Definitions Among AA





SDM and Treatment Non-adherence

- “[The doctor] **told me I need to go** to the dermatologist ... Now the lady up there at the check out desk- I told her that I didn’t want to go. That if this [skin growth] goes down, then I don’t see a reason to [operate]. So, I’ll have think about that...Well I **didn’t tell [my doctor]** about my preference for not messing with it ... I **just told her that I would go through with it.**”
- “Some [African-Americans] still don’t believe in everything the doctors say...I have a neighbor and she goes to the doctor, and **when she gets medication she throws it in the garbage can.**”



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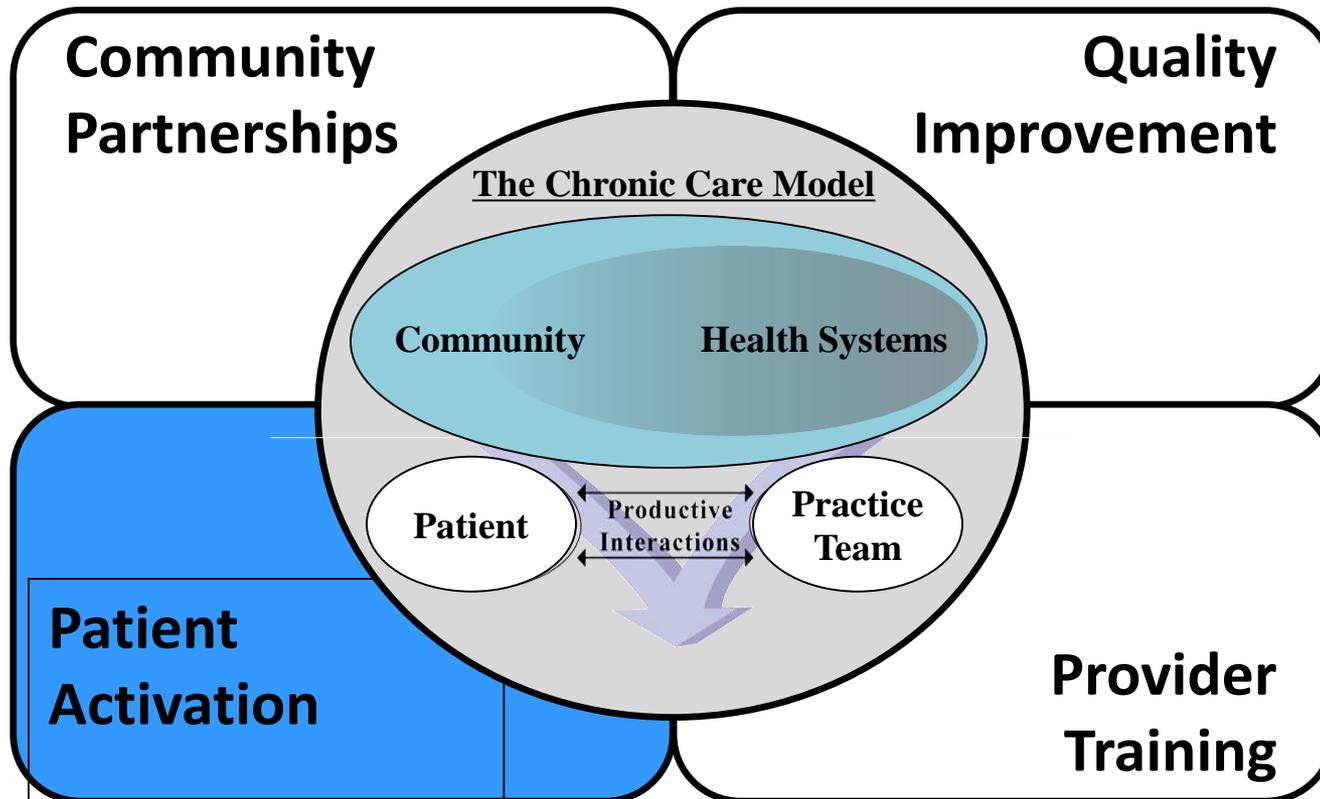
YouTube.com/SouthSideDiabetes



Pinterest.com/SSideDiabetes



Conceptual Model





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Diabetes Empowerment Program

- 10 week program
- Culturally tailored diabetes education
- Shared decision-making





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Diabetes Empowerment Program

- 10 week program
- **Culturally tailored diabetes education**
 - BASICS curriculum
 - Adult learning, health literacy





Diabetes Empowerment Program

- 10 week program
- Culturally tailored diabetes education
 - BASICS curriculum
 - Adult learning, health literacy
- **Shared decision-making**
 - Asking more questions
 - Giving more information
 - Clarifying physician information
 - Communicating healthcare preferences





SDM Domains: The 3 Ds





Diabetes Empowerment Program

- 10 week program
- Culturally tailored diabetes education
 - BASICS curriculum
 - Adult learning, health literacy
- Shared decision-making
 - Asking more questions
 - Giving more information
 - Clarifying physician information
 - Communicating healthcare preferences
- **Support groups**



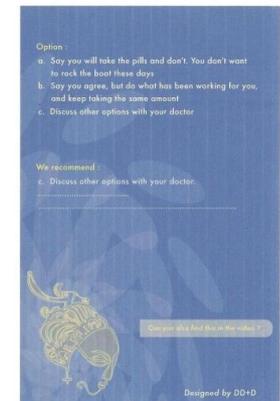
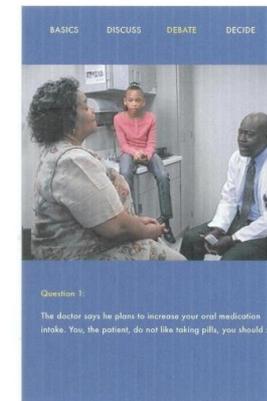


Cultural Tailoring in the DEP

- **Storytelling** and testifying
- **Group** goal setting
- **Family/social network** included
- Modify **traditional diets**
- Community **resources**
- “Who Wants to Have a Say in Their Health Care?” **game**
- Shared Decision-Making **video**



DEBATE

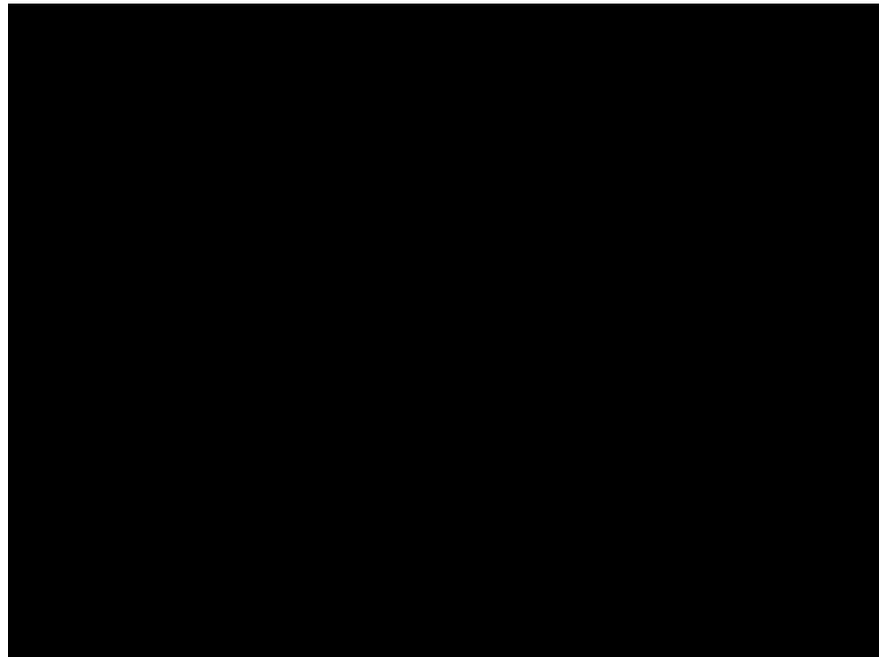


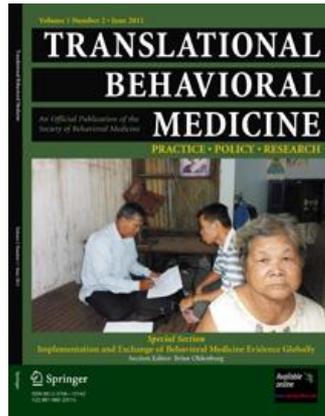


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Grandma Visits the Doctor





Peek ME, Harmon SA, Scott SJ, Eder M, Roberson TS, Tang H, Chin MH. Culturally tailoring patient education and communication skills training to empower African-Americans with diabetes. *Translational Behavioral Medicine*. 2012;2(3):296-308.

TBM

ORIGINAL RESEARCH

Culturally tailoring patient education and communication skills training to empower African-Americans with diabetes

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doi: 10.1007/s13142-012-0125-8

ABSTRACT

New translational strategies are needed to improve diabetes outcomes among low-income African-Americans. Our goal was to develop/pilot test a patient intervention combining culturally tailored diabetes education with shared decision-making training. This was an observational cohort study. Surveys and clinical data were collected at baseline, program completion, and 3 and 6 months. There were 21 participants; the mean age was 61 years. Eighty-six percent of participants attended >70 % of classes. There were improvements in diabetes self-efficacy, self-care behaviors (i.e., following a “healthful eating plan” (mean score at baseline 3.4 vs. 5.2 at program’s end; $p=0.002$), self glucose monitoring (mean score at baseline 4.3 vs. 6.2 at program’s end; $p=0.04$), and foot care (mean score at baseline 4.1 vs. 6.0 at program’s end; $p=0.001$), hemoglobin A1c (8.24 at baseline vs. 7.33 at 3-month follow-up, $p=0.02$), and HDL cholesterol (51.2 at baseline vs. 61.8 at 6-month follow-up, $p=0.01$). Combining tailored education with shared decision-making may be a promising strategy for empowering low-income African-Americans and improving health outcomes.

Implications

Research: Culturally -tailored diabetes empowerment programs can improve self-efficacy, behaviors, and clinical outcomes among African-Americans. However, more work is needed to identify effective strategies to enhance shared decision-making among this population. Our findings may have relevance for other racial/ethnic minorities and vulnerable populations with diabetes health disparities, and this research should be extended to other populations (e.g., Hispanics) to assess its feasibility and potential effectiveness.

Practice: African-Americans patients with diabetes often want to be more active in their diabetes care, both in self-care activities and in shared decision-making (SDM). While dynamic classroom instruction may be sufficient to change self-care behaviors, patients may likely need encouragement and support from their health care providers in order to enhance SDM within clinical encounters.

Policy: Sustaining behavioral change and ultimately reducing diabetes disparities among African-Americans will require a comprehensive



SDM: Role of Narrative



“It changed how I interact with the doctor... by me seeing the video, I did have the presence of mind to at least ask, ‘What is this [medication] for? How often should I take it?’” [Film]

“They kind of built me up... we’d be like we’re at a doctor’s session ... and then she would say things that she know is not right either, but then **she wants to know are we going to catch on to it and just let it go or will we just speak up? ... sometimes you don’t be wanting to question your doctor and it be kind of hard, especially if you really like them and stuff. So, **she was just like building us up so that you’ve got to be able whether you like the doctor or not.**” [Role play]**

Goddu AP, Raffel K, Peek ME. A story of change: the influence of narrative on African-American patients with diabetes. J Gen Intern Med. 2012;27(S2):S104.

Patient Demographics

Characteristics	Category	N (total n=133)	%
Age, mean(SD)		57.1 (9.9)	
Age Group	18-44	14	10.5
	45-64	92	69.2
	65+	27	20.3
Female		108	81.2
Education	College Degree or Higher	18	13.5
	HS Graduate, Some College	74	55.6
	<HS	28	21.1
DM History, mean(SD)		9.3 (8.8)	
Self-Reported Health Status	Excellent, Very Good	25	18.8
	Good, Fair	97	72.9
	Poor	11	8.3
Insurance	Private	25	18.8
	Medicare, Medicaid	95	71.5
	Uninsured	13	9.8
Co-Morbidities	Stroke	19	14.3
	CAD/CHF	41	30.9
	High Cholesterol	77	57.9
	Hypertension	107	80.5

Results: Diabetes Self-Management

Outcome	Time Point	Adjusted Mean	P-Value
Diabetes Self-Efficacy (0-100 scale)	Baseline	68.8	-
	10-week Follow-Up	80.4	<.0001
	3-month Follow-Up	78.4	<.0001
	6-month Follow Up	80.1	<.0001
Follows an Eating Plan (0-7 days)	Baseline	4.1	-
	10-week Follow-Up	4.6	<.0001
	3-month Follow-Up	4.6	0.01
	6-month Follow Up	4.3	0.28
Exercise (0-7 days)	Baseline	3.3	-
	10-week Follow-Up	3.7	0.03
	3-month Follow-Up	3.1	0.45
	6-month Follow Up	3.6	0.14
Blood Sugar Testing (0-7 days)	Baseline	4.5	-
	10-week Follow-Up	5.4	<.0001
	3-month Follow-Up	5.1	0.01
	6-month Follow Up	4.8	0.24
Self Foot Care (0-7 days)	Baseline	4.5	-
	10-week Follow-Up	5.2	<.0001
	3-month Follow-Up	5.5	<.0001
	6-month Follow Up	5.8	<.0001

Results: Shared Decision-Making

Outcome	Time Point	Adjusted Mean	P-Value
Decision-Making Confidence (0-100 scale)	Baseline	85	-
	10-week Follow-Up	94.3	<.0001
	3-month Follow-Up	94.2	<.0001
	6-month Follow Up	92.4	<.0001
Physician SDM (0-100 scale)	Baseline	74.6	-
	10-week Follow-Up	77.6	0.12
	3-month Follow-Up	75.4	0.72
	6-month Follow Up	80.2	0.02
Patient SDM: Information Sharing (0-100 scale)	Baseline	76.6	-
	10-week Follow-Up	80.6	0.17
	3-month Follow-Up	78.8	0.46
	6-month Follow Up	86.5	<.0001
Patient SDM: Decision Making* (0-100 scale)	Baseline	34.4	-
	10-week Follow-Up	42.6	0.02
	3-month Follow-Up	44.5	0.01
	6-month Follow Up	41.9	0.048

*Patients' Perceived Involvement in Care, Scale 1

+ Patients' Perceived Involvement in Care, Scale 2

Results: Health Outcomes

Outcome	Time Point	Adjusted Mean	P-Value
HbA1c	Baseline	8.8	-
	10-week Follow-Up	8.4	<.0001
	3-month Follow-Up	8.3	<.0001
	6-month Follow Up	8.6	0.32
HDL	Baseline	52.2	-
	10-week Follow-Up	52	0.71
	3-month Follow-Up	52.9	0.40
	6-month Follow Up	54.1	0.02
Self-Reported Physical Health (0-100 scale)	Baseline	38.9	
	10-week Follow-Up	40	0.16
	3-month Follow-Up	40.7	0.04
	6-month Follow Up	39	0.92
Self-Reported Mental Health (0-100 scale)	Baseline	46.1	
	10-week Follow-Up	48.6	0.01
	3-month Follow-Up	48.1	0.048
	6-month Follow Up	48.8	0.01
SBP	Baseline	135	-
	10-week Follow-Up	133.6	0.45
	3-month Follow-Up	137.6	0.29
	6-month Follow Up	134	0.71



Conclusions

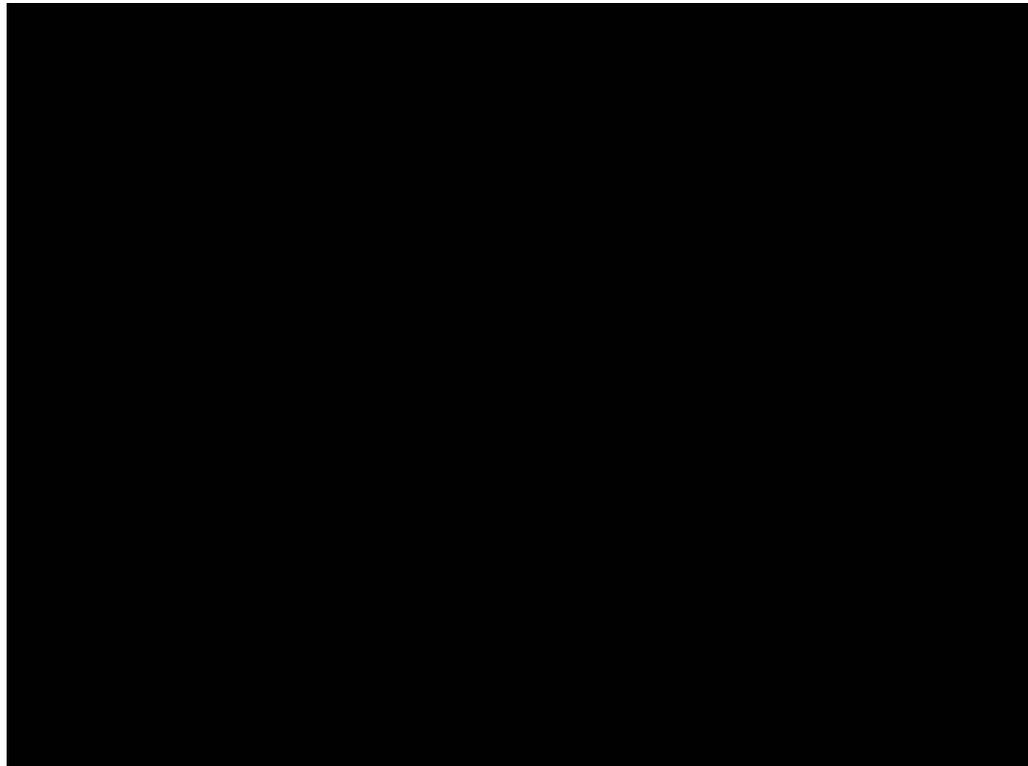
- Combining culturally-tailored diabetes education with SDM training can improve
 - diabetes self-management empowerment/behaviors
 - shared decision-making empowerment/behaviors
 - diabetes-related health outcomes
- Such strategies may serve to reduce diabetes disparities among African-Americans



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KLEO Food Pantry: SDM Video





Building an SDM Foundation

- Empower patients (Pt/MD relationship)
 - Let them know you value their opinion (and why)
 - Tell them about the “3Ds” (Discuss, Debate, Decide)
 - Increase their expectations about involvement in care (partners)
 - Chronic SDM: multiple micro-decisions to revisit over time
- Address uncomfortable barriers
 - Trust
 - Perceived discrimination
 - Cultural differences
- Involve support staff (organizational culture)
 - Staff meetings
 - Resources in waiting room (SDM video, posters/flyers)
 - Pre-visit coaching by LPN, MA (goals for discussion, 2 key questions)
 - Diabetes/health educator; incorporate SDM messages/skills



Our Project Team

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- Anna Goddu
- Molly Ferguson
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- Deb Maltby
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- Deborah Burnet
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- Dawnavan Davis
- Sheila Harmon
- Daniel Rowell
- Yue Gao
- Sang Mee Lee
- Julie Whyte
- Chef Brian Alston
- Shelley Scott
- Mickey Eder
- Peggy Hasenauer
- Louis Philipson
- Marla Soloman
- Hui Tang
- Robert Nocon
- Katie Raffel
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- Gwen Burrows
- Braunda Anderson
- Melishia Bansa



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DIABETES
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- Merck Foundation
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- NIDDK K23 DK075006
- NIDDK K24 DK071933
- University of Chicago CTSA Pilot and Collaborative Translational and Clinical Studies Award



CCDTR CHICAGO CENTER FOR
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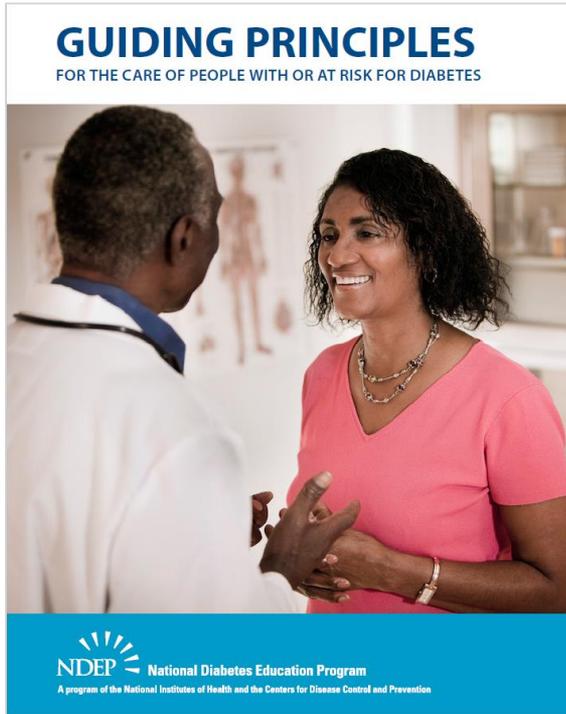
Related Resources from the National Diabetes Education Program

Joanne Gallivan, M.S., R.D.

Director, National Diabetes Education Program
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health

NDEP Resources for Health Care Providers

www.YourDiabetesInfo.org



Guiding Principles for the Care of People With or at Risk for Diabetes



Practice Transformation for Physicians and Health Care Teams



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Diabetes HealthSense

www.YourDiabetesInfo.org/HealthSense

The screenshot shows the Diabetes HealthSense homepage. At the top, it says "Diabetes HealthSense Resources for living well". Below this is a navigation bar with links: "HealthSense Home", "Make a Plan", "Health Care Professionals", "Submit a Resource", and "About HealthSense". On the left, there is a "Help Me" section with a list of topics: "Eat healthy", "Be active", "Manage my weight", "Cope with stress and emotions", "Set goals", "Stop smoking", "Prevent diabetes-related health problems", "Check my blood glucose", and "Take my medicine". Below this are sections for "I Am A", "Age", "Type of Resource", and "Language". The main content area features a video player titled "Physical Activity: Practical Tips and Action Steps" showing a woman walking a dog. To the right of the video is a text box with the headline "Live well. Eat healthy. Be active. It's not easy, but it's worth it." and a "Read more" link. Below the video, it says "Watch or download more videos from NDEP".

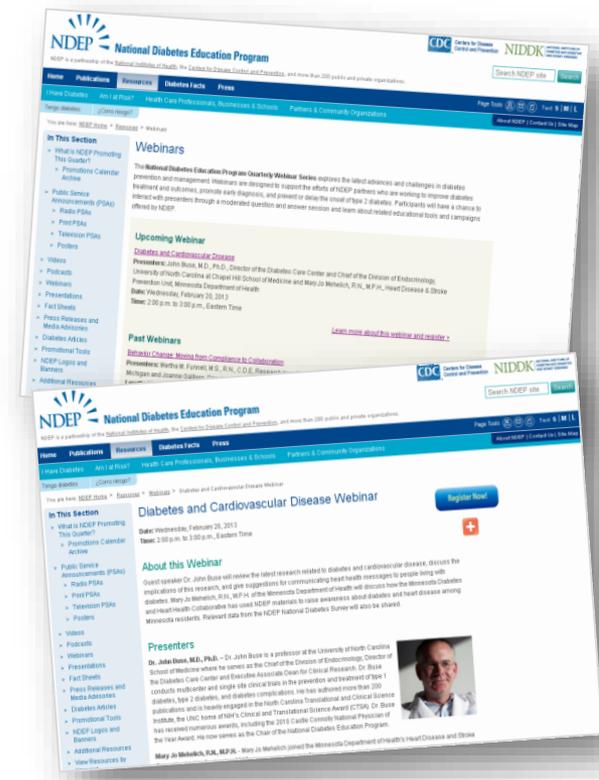
This screenshot shows the "Research Articles" section of the website. It includes a search bar, a list of "Selected Research Articles" with columns for "Title" and "Author", and a "Make a Plan" sidebar on the right. The sidebar contains a "Health Care Professionals" section and a "Follow NDEP" section with social media icons.

This screenshot shows the "Just One Step" and "Make a Plan" sections. The "Just One Step" section has a text box with the heading "Getting started..." and a "Start now!" button. The "Make a Plan" section has a form with a "Save for later" button and a "What's hardest about taking care of my health?" question with a text input field. Below this is another question: "Why is this important to me?" with another text input field.



Webinar Recording and Evaluation

- Webinar Recording and Presentation Slides
 - www.YourDiabetesInfo.org/Webinars
- Webinar Evaluation
 - Email with link to survey
- Certificate of Completion
 - ndep@hagersharp.com



Question & Answer Session



A program of the National Institutes of Health and the Centers for Disease Control and Prevention

www.YourDiabetesInfo.org

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