



# HEALTH IMPACT STATEMENT

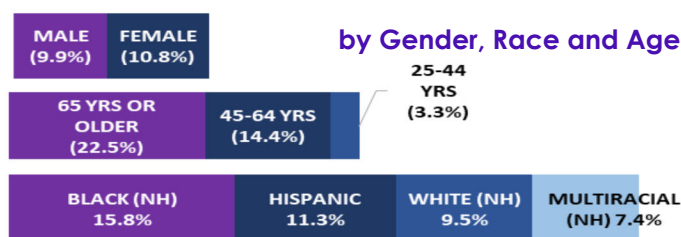
## Increase Use of Diabetes Self-Management Programs in Community Settings

### I. PROBLEM

More than 1.34 million (12.8 percent) adults in Illinois have diabetes and it is estimated that more than 3.6 million (37.5 percent) have prediabetes. The healthcare and lost productivity costs resulting from diabetes and prediabetes are estimated at \$12.2 billion annually in Illinois.<sup>1</sup> According to the Behavioral Risk Factor Surveillance System (BRFSS), diabetes affects low-income communities and communities of color to a higher degree. Non-Hispanic (NH) African Americans, Latino and American Indian/Alaska Native people are two to three times more likely to have diabetes. Additionally, risk of diabetes increases with age. Almost one in four older adults (65+) were told by a doctor they have diabetes compared to 1 in 20 for 25-44 year olds<sup>2</sup>. People with diabetes are two to four times more likely to have heart disease or stroke when other risk factors, such as high cholesterol, high blood pressure, and smoking are present<sup>3</sup>. The burden of diabetes is expected to increase to more than 54.9 million people diagnosed between 2015 and 2030 in Illinois. Although diabetes education has remained a focus, the Illinois Department of Public Health (IDPH) identified gaps in awareness, access, and referral to Diabetes Self-Management and Education (DSME) programs.

### PREVALENCE OF SELF-REPORTED DIABETES (ILLINOIS)

Suburban Cook County	12.9%
Rural Counties	11.5%
Urban Counties	9.7%
Chicago	9.3%
Collar Counties	8.7%
<b>ILLINOIS</b>	<b>10.2%</b>



Source: Illinois Behavioral Risk Factor Surveillance System, 2016

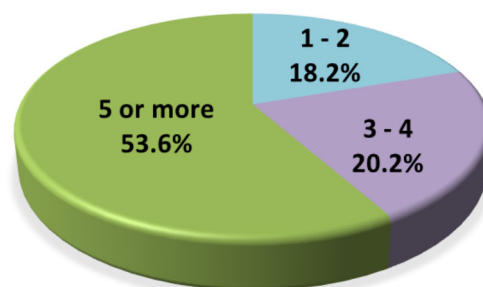
### II. INTERVENTION

The IDPH selected the DSME strategy with the goal of increasing the use of Diabetes Self-Management Programs (DSMP) in community settings. Starting in 2013, the team targeted activities to increase the number of recognized/accredited programs and the participation of persons with diabetes in DSMPs. Through funding provided by the Centers for Disease Control and Prevention, IDPH worked with the state's Area Agency on Aging (AgeOptions) to provide six Stanford DSMP curriculum-focused trainings to assist participants in delivering their own DSME program. In addition, IDPH worked with multiple stakeholder groups to encourage health systems and programs to achieve American Diabetes Association (ADA) recognition/American Association of Diabetes Educators (AADE) accreditation and to implement referral mechanisms. Between 2015-2018, IDPH and key partners provided 30 webinars, workshops, and trainings throughout Illinois. Continuous technical assistance was provided consisting of more than 400 contact hours. These activities educated providers on reimbursement opportunities, break-even business models, and the value of recognition/accreditation. Other provider education included success stories from completers, skillset of educators and providers, and the value of collaborating with key partners to spread the word. Lastly, IDPH convened an 80+ participant stakeholder group with key state partners (primary care providers, pharmacists, community health workers, diabetes educators, employers, community-based organizations, minority coalitions, and faith-based organizations) to develop a statewide diabetes action plan with the goal of increasing access to and participation in DSMP's across the state.

### STANFORD DSMP

DSMP TRAININGS	DSMP WORKSHOPS
6 High Burden Areas Trained in Stanford DSMP	86 Workshops 13% in Spanish
43 organizations (health departments, health systems, CBOs, etc.)	1,064 participants
64 Trained Representing 33 cities	4,295 Individual sessions

### STANFORD WORKSHOP SESSIONS COMPLETED (Per Participant)



Source: Illinois Pathways to Health. Age Options (2016—2018). Accessed 7/15/2018.



# HEALTH IMPACT STATEMENT

## Increase Use of Diabetes Self-Management Programs in Community Settings

### III. HEALTH IMPACT

In less than five years, the activities have had a positive impact on Illinoisans with diabetes. The number of Stanford DSMP workshops offered during the project period was 86 with 1,064 participants completing at least one session; 50 percent of which completed five of the six sessions. The number of ADA/AADE recognized/accredited programs increased from 148 (2013) to 181 (2018) reaching 49 percent of Illinois counties. In addition, stakeholder engagement and collaboration around diabetes efforts across Illinois increased tremendously. IDPH moved from working with less than 10 partners in 2015 to working with more than 40 strategic partners in 2018 (a three-fold increase). Through enhanced program awareness and access, Illinois communities are able to promote DSMP's and systematically recruit patients with diabetes. These efforts will support increased self-care and improve patient health outcomes.

### IV. SOURCES

<sup>1</sup> American Diabetes Association. "The Burden of Diabetes in Illinois." Available at <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/illinois.pdf>. Accessed 7-7-2017

<sup>2</sup> Illinois Department of Public Health (2018, September). Illinois Behavioral Risk Factor Surveillance System, 2016. Retrieved from Illinois Department of Public Health: <http://www.idph.state.il.us/brfss/>.

<sup>3</sup> Centers for Disease Control and Prevention. (2017, October). National diabetes statistics report, 2017: Estimates of diabetes and its burden in the United States. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

<sup>4</sup> Rowley, W. R., Bezold, C., Arkan, Y., Byrne, E., & Krohe, S. (2017). Diabetes 2030: Insights from yesterday, today, and future trends. *Population Health Management*, 20(1), 6-12. doi:10.1089/pop.2015.0181.

### V. FOR MORE INFORMATION:

**Cara Barnett**  
Diabetes Program Manager  
Illinois Department of Public Health

217-785-1060

[Cara.Barnett@Illinois.gov](mailto:Cara.Barnett@Illinois.gov)

[dph.Illinois.gov](http://dph.Illinois.gov)



Contact

*The interventions highlighted in this document were made possible by funding from the CDC-1305 Chronic Disease and School Health (CDASH) grant and in partnership with the Illinois Department of Public Health CDASH team.*