The American Diabetes Association (ADA) strives to create more efficient and effective ways to provide research-tested and practice-tested Diabetes Self-Management Support (DSMS) programs that support individuals living with diabetes.

DSMS programs are designed to assist individuals living with diabetes in implementing and sustaining the coping skills and behaviors needed to manage diabetes on an ongoing basis beyond or outside of formal self-management training (DSME). Some DSMS programs are embedded in DSME programs, these are considered to be DSMES programs. Some DSMS programs are independent of formal DSME programs, though the patient may have received education from various sources. In both cases, DSMS provides ongoing education, skill-building and support to help persons with diabetes make, and maintain, changes to effectively manage their disease. Programs are often held in easily accessible community-based settings (e.g., clinics, churches or community organizations) and are frequently peer-led by individuals who speak the language, share the culture, and come from the same communities as their program participants. Participation in DSMS programs has been linked to improved and reinforced diabetes-related knowledge, self-care skills (in areas such as meal planning, physical activity, medication taking, and blood glucose monitoring) and health outcomes.

*ADA is currently soliciting applications, by invitation only, for research-tested programs. Owners of practice-tested programs will be invited to apply in a second 2019 review cycle.*

In order to be eligible to apply for ADA’s Diabetes Self-Management Support (DSMS) program initiative, the following eligibility criteria must be met:

**Program Design**

Currently, ADA is seeking programs with integrated support programming. ADA is not seeking Diabetes Self-Management Education (DSME) programs or Diabetes Self-Management Education and Support (DSMES) programs that only include referrals to external support activities carried out by a third party. Eligible programs must be:

**Diabetes Self-Management Support (DSMS):** This type of program provides ongoing support to the person with diabetes by teaching and reinforcing coping skills and by helping individuals maintain behaviors that are important to long-term diabetes management. This program is designed to complement education and can be carried out by a healthcare professional or non-professional. *Or*
Diabetes Self-Management Education & Support DSME(S) - With Support Programming: This type of program facilitates the knowledge, skills, and ability necessary for diabetes self-care. It also provides activities that support the person with diabetes in learning how to cope with living with diabetes and maintain behaviors that are important to long-term diabetes management. A healthcare professional is involved, and clinical outcomes are collected.

Note: This ADA designation will apply to your support services only and will not serve as an endorsement of your diabetes education.

Evaluation/Evidence

Research-tested: Findings have been published in a peer-reviewed journal. The study must have produced one or more positive behavioral and/or psychosocial outcomes among individuals, communities, or populations. Evidence of these outcomes has been demonstrated in at least one study using an experimental or quasi-experimental design. Experimental designs require random assignment, a control or comparison group, and pre/post-intervention assessments. Quasi-experimental designs do not require random assignment but do require a comparison or control group and pre- and post-intervention assessments. Studies that are based on single-group, pre/post-test designs do not meet this requirement.

Practice-tested: Findings on program impact are available and are derived from practice in the form of evaluation data or reports. Programs that have been evaluated with a single-group, pre/post-test design do not meet the definition for research-tested but can be eligible as practice-tested.

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All of the following program criteria must be met:

1. Program must target individuals living with diabetes. If the intervention targets multiple audiences (e.g. individuals with cardiovascular disease and individuals with diabetes), it must have a diabetes-focused track for those individuals living with diabetes.

2. The intervention supports at least one diabetes self-management behavior (e.g., physical activity, diet/cooking, meal planning, weight loss, medication management).

3. The program meets ALL criteria to be considered a support program:

   a. Program includes elements that provide ongoing support of diabetes self-management behaviors (e.g., eating or physical activity behaviors)
   b. Program promotes skill-building (e.g., problem-solving, goal-setting)
   c. Program includes elements on coping
d. Program is patient-centered and incorporates non-didactic/interactive techniques (e.g., is conversational)
e. Program is flexible and responsive to participant needs and abilities/skills

4. The program has intervention materials (e.g., a manual of procedures, facilitator guide, and/or curriculum) that can be shared with others who want to implement your program.

5. The intervention materials will be ready for dissemination within 2 months of submitting your application. To be considered “ready for dissemination,” materials should be finalized and ready for print or digital distribution. Downloaded PDF materials are preferred for broad distribution.

6. Program has at least one program contact person who will be available within 2 months of submitting your application to carry out the following activities:
   a. Link delivery site to intervention materials
   b. Provide technical assistance

7. This program has been conducted within the past 10 years.

8. This program been conducted within the Contiguous United States, Hawaii, Alaska, Puerto Rico Northern Mariana Islands, American Guam, American Samoa or the US Virgin Islands.