DIABETES SELF-MANAGEMENT SUPPORT (DSMS) PROGRAM

PROGRAM OBJECTIVE

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.

Specifically, we aim to ensure that people with diabetes:

1) Have increased access to diabetes education and support;
2) Are provided culturally-tailored and linguistically appropriate practice-tested and/or research-tested community DSMS programs;
3) Experience improved diabetes-related outcomes (e.g., improved diet, physical activity, quality of life, glycemic control) that are sustained over time.

To accomplish these goals, we will:

- Review, vet and identify high-quality DSMS programs that meet the ADA criteria for support programming, align with the Standards of Care and demonstrate significant positive outcomes.
- Provide a publicly accessible directory of DSMS programs.

The DSMS program will be carried out in various phases. In the first phase of this effort, ADA aims to connect ADA Education Recognition Programs, professional members, community-based organizations, clinics, health systems and Community Health Workers (CHWs) to DSMS programs that meet the needs of their target patients and communities. In future phases of this effort, ADA will extend these connections to people with diabetes and their family members.
BACKGROUND & NEED

Diabetes Self-Management Support (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\(^5\). Support programs fall under the umbrella of Diabetes Self-Management Education and Support (DSMES).

DSMS 2018/19

**DSMS Initiative Overview: Key Definitions**

**Diabetes Self-Management Education and Support (DSMES)**

The ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.

**Diabetes Self-Management Education (DSME)**

The active, ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.

**Diabetes Self-Management Support (DSMS)**

The support that is required for implementing and sustaining coping skills and behaviors needed to self-manage on an ongoing basis.

**Background.** Diabetes Self-Management Education and Support programs provide individuals with diabetes the knowledge and skills they need to navigate daily management decisions. They are a core component of the diabetes care plan and have been shown to reduce complications and improve overall health and quality of life.\(^1\)\(^2\)\(^3\) DSMES consists of: 1) diabetes self-management education (DSME), which is typically provided by a health professional and is designed to facilitate the knowledge, skills, and abilities necessary for diabetes self-care, and 2) diabetes self-management support (DSMS), which refers to the support that is required for implementing and sustaining coping skills and behaviors needed to self-manage diabetes on an ongoing basis.\(^4\) DSMS can be provided by personnel within clinical practice or community settings. Historically, DSME and DSMS were two separate entities. In 2017, DSME was combined with ongoing support (i.e., DSMES) in the *National Standards for Diabetes Self-Management Education and Support* to reflect the need for ongoing support across the lifespan.\(^4\) Support programming also fills a gap in care, particularly in high-risk underserved communities.
According to the National Standards, it is important for providers to have the resources and a systematic referral process to ensure that patients with diabetes receive both DSME and DSMS in a consistent manner. This initiative is designed to help providers adhere to those standards by improving access to culturally- and linguistically-appropriate support programs that meet the needs of their patients.

**DSMS Objectives and Definition.** Diabetes Self-Management Support (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. 

**Need.** The ADA acknowledges that high-quality DSMS programs exist in communities across the country and understands that program developers may lack the resources and infrastructure to broaden their reach and ensure sustainability over the long-term. The American Diabetes Association Diabetes Self-Management Support Initiative will offer linkages to education providers, strategic partnerships and promotional resources to help ensure that well-vetted and effective DSMS programs get to the communities that need them.
APPROACH

**ADA will:**

- **Review, vet and identify** high-quality DSMS programs that meet the ADA criteria for support programming, align with the *Standards of Care* and demonstrate significant positive outcomes.
- Provide a **publicly accessible directory** of DSMS programs.
- Connect ADA Education Recognition Programs, professional members, community-based organizations, clinics, health systems and Community Health Workers (CHWs) to DSMS programs for broader implementation so more programs are offered nationally.

**Program Review Process.** The review process will result in a registry of research-tested and practice-tested [link to descriptions below] DSMS programs that have well-demonstrated impacts on the individuals they serve.

This process will use a volunteer peer-reviewing model to identify DSMS programs that meet defined criteria [link to qualification criteria]. Peer review is the technical and objective evaluation of applications by a group of subject-matter experts qualified in a particular area relevant to the request, in this case diabetes support programming.⁸

During the review process, we will identify a wide-range of programs that address type 1, type 2 and gestational diabetes, and target varying geographic areas and races/ethnicities.

**Searchable Directory.** Once programs are identified by the Association, they will be included on a searchable directory that will include:

- Populations Served (e.g. African American, Hispanic/Latino, low socioeconomic status older adults, etc.)
- Key Contacts
- Delivery Sites/Location
- Program type and focus
- Licensing/Terms of Use (if applicable)
- Implementation Costs/Required Personnel
- Technical Assistance
- An Online Support Community where users receive technical assistance, peer support, and share best practices

This directory will provide a critical resource for professionals and people with diabetes seeking to identify DSMS programs for access, referrals and/or implementation. Through the Association’s existing and broad network, it will be marketed to Education Recognition Providers, professional members, community-based organizations (CBOs), CHWs, and clinicians. In the future, we will build out promotional channels to directly reach patients with diabetes.
BENEFITS

Benefits of being an ADA-vetted DSMS program include:

- Inclusion in a Publicly Accessible Directory on ADA’s [Professional Website](#) (FREE to 2019 programs). This directory will showcase selected programs and will provide direct links to healthcare partners who can work with different groups to deliver the programs in their community.
  - Program delivery organizations will be responsible for the cost of any licensing fees or materials costs.
  - Program Developers will be responsible for providing materials (e.g., Facilitator Guides, Curriculums, Manuals of Procedures) and, if available and appropriate, technical assistance.
- Free promotion to all ADA Education Recognition Programs via Training Webinars, Monthly E-Newsletters, and flyers.
- Free promotion to ADA professional members, health system and community partners through complementary channels such as the ADA’s DiabetesPro website, Living with Type 2 Diabetes program, Standards of Medical Care in Diabetes, and the Know Diabetes By Heart initiative.
- Access to the Online Support Community to seamlessly communicate with partners who are delivering recognized programs. *Access is currently available to ADA members.*
- Bi-Annual newsletter that provide support programming tips and updates.

APPLICATION, REVIEW & PROMOTION PROCESS

TIMELINE

- **Call for Proposals:** February 15, 2019
- **Application Due Date:** March 15, 2019
- **Review Cycle:** March 15, 2019- May 15, 2019
- **Accepted Programs Notified:** May 15, 2019
- **Final Program Materials Due:** May 31st, 2019
- **Establishment of Publicly Accessible Directory:** June 30, 2019
- **Promotional of Accepted Programs through ADA Channels:** Summer 2019

APPLICATION PROCESS

Support program developers who have been invited to apply should:

- Review the [Qualification Criteria Checklist](#) to determine eligibility
- Review the [DSMS Application Guidelines](#)
- Complete and submit the online [DSMS Application Form](#)
- Upload required **Attachments** within the online DSMS Application Form [insert link]:
  - Intervention on materials (e.g., facilitator guide, curriculum, manual of procedures, evaluation tools)
  - A maximum of five key publications (in PDF format) demonstrating impact and/or processes
APPLICATION TYPES

*We are 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.*

**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. *We will solicit applications from practice-tested programs in the next review cycle.*

**REVIEW PROCESS**

- Programs will be reviewed by ADA Volunteer Peer Review Committee
- Programs will be notified of application review status within 8 weeks of the Application Deadline [insert link to timeline, below]
- Programs that are not selected will be provided feedback/rationale and may be invited to resubmit in a future application cycle
- Programs that are accepted will be moved to the Promotion Process

**PROMOTION PROCESS**

- Accepted programs will have an opportunity to update information and materials within two weeks of the Acceptance Date (e.g., Lay Program Description, Population Served, Key Contacts/Location, Licensing/Terms of Use, Estimated Delivery Costs/Required Personnel, Summary of Technical Assistance, Manual of Procedures, Curriculum, Facilitator Guides)
- Information will be summarized for inclusion on the DSMS Program Directory and program developers will have an opportunity to review
- Programs will be posted on the Directory
- Program developers will be provided with access to the Online Support Community
- Program developers will be required to provide an Annual Progress Report that will be used to update the Directory listing.
REFERENCES

1 Diabetes Care 2015 Jul; 38(7): 1372-1382.


5 http://care.diabetesjournals.org/content/35/11/2393


8 https://www.nap.edu/read/5939/chapter/4