Problem

Diabetes has reached epidemic proportions in NYS and across the nation, and is one of the major public health threats of our time. In 2012, an estimated 1.6 million adults New Yorkers (10.6%) were living with diabetes. In NYS, diabetes is more common among racial and ethnic minorities, including adults who identify as non-Hispanic black, Hispanic, or Other non-Hispanic race. Managing diabetes through the control of blood glucose levels is critical to avoiding complications. However over 30% of Medicaid and Commercial HMO managed care members had blood sugar levels in poor control (HbA1c >9.0) in 2013. The Diabetes Self-Management Programs (DSMP), a 6-week, community-based program for people diagnosed with diabetes has been shown to improve patient activation and self-efficacy in managing diabetes. Despite the benefits of DSMP participation, only 35 workshops were delivered by 10 organizations across NYS in 2012. The NYS Department of Health (NYSDOH) used grant funds to increase the availability of and participation in DSMP, with a focus on ensuring non-English language programs were available to at-risk racial/ethnic minority populations.

Intervention

The NYSDOH partnered with the University at Albany Center for Excellence in Aging and Community Wellness, Quality and Technical Assistance Center (QTAC) to implement strategies to increase the availability of, and participation in, DSMP programs in high-burden community locations in NYS. These strategic infrastructure-building efforts allowed people with diabetes in NYS to have additional choices for diabetes self-management support embedded in diverse community locations where diabetes health disparities are prevalent. QTAC provided DSMP leader trainings, quality and fidelity monitoring, participant recruitment, and data collection support to new delivery organizations, resulting in increased program availability and participation. This strategic partnership also included marketing efforts and program promotion through media campaigns and materials, as well as collaboration with other state agencies and NYS health reform initiatives.

Health Impact

Since 2012, NYSDOH has seen dramatic increases in the availability of community-based DSMP programs and participation in English, Spanish and Chinese Language DSMP Workshops.

Availability

In 2012, only 13 of NYS’s 62 counties offered DSMP workshops. In 2018, that number doubled, with workshops present in 26 counties. Over the six-year period, DSMP workshops were delivered in 46 (74%) of NYS counties, although the availability by county varied.

Between 2012 and 2018, the number of delivery system partners offering the DSMP increased from 11 to 74. Delivery system partners were diverse and included health care organizations, senior centers, area agencies on aging, human service organizations, local health departments and residential facilities.

The number of DSMP workshops also increased significantly, from only 22 in 2012 to 865 cumulative courses by 2018 (Figure 1). These workshops included delivery of the Spanish and Chinese language versions of the program, in addition to the English language version.
Participation

Between 2012 and 2018, participation in DSMP increased dramatically, from a total of 327 participants in 2012 to over 10,000 cumulative participants in 2018. While availability of and participation in DSMP have improved significantly over the past 6 years, these programs are currently not covered by most insurance providers, which can be a significant barrier to access.

In the future, NYSDOH will also continue to promote availability of and participation in recognized Diabetes Self-Management Education (DSME) programs for people with diabetes, as these are covered by all insurance providers in NYS and associated with positive outcomes for people with diabetes.