Diabetes Empowerment Education Program
Seeking PARTNERS to Improve Diabetes Care in our State

In the U.S., diabetes affects 25.8 million people. Nearly one-third of persons 65 years and older have diabetes. African-Americans and Hispanic/Latino Americans have a two times higher prevalence of diabetes than white-Caucasians. As part of the Great Plains Quality Innovation Network, we are hoping to facilitate change.

A Tool for Improvement: Education

Studies and research have proven that Diabetes Self-Management Education (DSME) is crucial to lowering the incidence, complications and cost of diabetes. Great Plains Quality Innovation Network received a special contract, through the Centers for Medicare & Medicaid Services, to offer diabetes education trainings throughout Nebraska and the region.

DSME helps people with diabetes take better care of their health. The classes help participants understand diabetes and its risks, as well as the importance of diet, exercise, keeping regular physician exams, receiving regular foot exams, annual eye exams and managing medications. DSME empowers participants how to self-manage their diabetes in a fun, non-threatening community-based environment.

Medicare covers a limited number of diabetes education hours, but only 4 percent of Medicare consumers access the benefit. Barriers include lack of diabetes education centers, distance to reach a diabetes center or certified diabetes educator, cost of co-payment, absence of provider referral and lack of knowledge of available services.

Seeking Partners; Asking for Help

We are seeking your help in identifying potential organizations and partners to help us provide DEEP training throughout Nebraska. Trainers could be community health workers, parish nurses, medical community members or anyone interested in diabetes care and prevention.

We plan to implement the ‘train-the-trainer’ model to enhance sustainability. We will utilize the Diabetes Empowerment Education Program (DEEP) curriculum; developed at the University of Illinois-Chicago’s Midwest

Impact of Diabetes for Older Adults in Nebraska

11% In 2000, 11 percent of adults’ age 65 years or older had diabetes

18% In 2010, Nebraska was at 18 percent and the national average was 22.5 percent for older adults with diabetes (65 and older)

These numbers will continue to escalate as the population ages and the Medicare population grows.

$245 Billion The cost of diabetes in the U.S. for 2012 was 245 billion

11 percent of all healthcare expenditures are going toward diabetes complications and related care

Unfortunately, the statistics for racial and ethnic minorities and persons living in rural areas are even more startling.
Latino Health Research, Training and Policy Center. The DEEP Program is evidenced-based and consists of eight content modules that are taught in a consecutive 6-week series, for two hours each session. The modules are designed to be adapted to the needs and abilities of participants. The curriculum is available in English and Spanish.

With the use of DEEP, we believe we have the potential to decrease the barriers associated with Medicare-covered DSME. We hold a license to offer the DEEP curriculum and have the ability to train leaders to conduct DEEP workshops. We are offering sub-licenses to organizations that would be willing to commit staff to lead DEEP workshops in the rural and minority populations in the state. DEEP is offered at no cost to the individual/family. All expenses associated with the leadership training and use of the curriculum is covered through CMS funding.

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If you know of an organization that may be interested in partnering with us to offer DEEP training to eligible Medicare consumers, please contact Dee Kaser, RN, CDE; Quality Improvement Advisor, at 402-476-1399 Ext. 506 or dee.kaser@area-a.hcqis.org

Sources:
2. The Disparate Impact of Diabetes on Racial/Ethnic Minority Populations; American Diabetes Association(R) Inc.; doi: 10.2337/diacin.30.3.130 Clinical Diabetes July 2012 vol. 30 no. 3 130-133
4. Nebraska Behavioral Risk Factor Surveillance System; 2010 - 2010
5. Economic Costs of Diabetes in the United States; American Diabetes Association; 2012.