



WISEWOMAN

Success Story 1 South Dakota Women Learn About Diabetes, Thanks to WISEWOMAN's *All Women Count!* Collaboration

Diabetes Education Reaches Women Where They Live

Location Rural and frontier areas of South Dakota

Focus Diagnose diabetes early among low-income women living in rural or frontier areas and teach them about the disease so that devastating complications can be prevented.

Strategy Partners in the community collaborate to give underserved women access to high-quality diabetes education and screening.

Levels of Success Many organizational changes have occurred. Partnerships with the diabetes program, health department, and WISEWOMAN program have been developed. Partnering with the Diabetes Prevention and Control Program to offer diabetes training for nurse/dietitian teams allows more providers to receive the training they need to deliver high-quality diabetes care and receive funding for providing this care to WISEWOMAN participants.

Results Over 250 sites will receive training through this program to deliver high-quality diabetes education in 2003, and 1,500 women are expected to be screened.

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For program contact information, see South Dakota in Appendix C or visit <http://www.cdc.gov/wisewoman>.

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Diabetes Education Reaches Women Where They Live

Diabetes is a major health problem in South Dakota, where more than 6% of people have diabetes and many do not know it. In addition, many women live in rural or frontier areas, where access to quality diabetes education is limited. These critical needs prompted South Dakota to add diabetes screening and education to the cardiovascular risk factor screening and education already provided by the WISEWOMAN program, known as *All Women Count!* Nearly 750 providers at 259 facilities participate in the program. The goal is to diagnose diabetes early on and prevent devastating complications, particularly among women who have limited incomes or live in rural or frontier areas.

During the pilot phase, *All Women Count!* participants who had diabetes diagnoses or problems controlling their blood sugar were offered diabetes education at the 21 sites recognized by the South Dakota Department of Health or the American Diabetes Association as providing high-quality education. When the pilot phase was initiated, *All Women Count!* staff knew that these 21 sites could not possibly provide geographic access to all of the many women participating in the WISEWOMAN program.

All Women Count! staff wanted to eliminate this problem and other barriers that were preventing women from accessing diabetes health professionals. After speaking with health care providers, diabetes educators, and other clinic staff at pilot locations, they found some women were resistant to receiving education at a facility other than their normal clinic. Since most existing diabetes education programs are based in hospitals, the change in environment was enough to prevent some women from attending diabetes classes.

All Women Count! staff agreed they needed to offer uninsured women high-quality diabetes education in their own communities. So they collaborated with the state's Diabetes Prevention and Control Program (DPCP) to develop the *All Women Count!* diabetes education program. This program offers any of the 259 *All Women Count!* facilities the opportunity to be reimbursed for high-quality diabetes education, to get expert training, and to receive continuing education. Once a facility meets *All Women Count!* diabetes education program requirements, it can deliver diabetes education to women with newly diagnosed diabetes or a history of diabetes with problems controlling blood sugar. The facility can then be reimbursed by *All Women Count!* To be part of this program, facilities must have nurse/dietitian teams and complete a brief application detailing their existing diabetes

education program. Diabetes education providers must attend training in diabetes management and counseling skills at a Department of Health sponsored 2-day training session or submit proof that they attended 16 hours of study in diabetes management, behavioral interventions, teaching skills, and learning skills. Yearly continuing education for providers is also required. The facility must then use the "Life with Diabetes" curriculum and standardized education forms to document continuing education.

In fall 2002, *All Women Count!* and the DPCP held a training session in Pierre, and 120 professionals attended. This was the first time the DPCP marketed its training to *All Women Count!* providers. The goal is access to high-quality diabetes education to women screened at all 259 *All Women Count!* sites.

Importance of Success

The expanded partnership between *All Women Count!* and the state DPCP provides underserved women with greater access to diabetes screening and high-quality diabetes education. The partnership also allows women with pre-diabetes to be identified and referred to nutrition and physical activity programs. In addition, women with problems controlling their blood sugar can get help managing this condition. Women also benefit through better access to medication. Most importantly, at-risk women in rural and frontier areas now have greater access to care.

To date, *All Women Count!* has screened 776 women and identified 30 women as needing diabetes education. By the end of 2003, *All Women Count!* expects to screen 1,500 women and provide comprehensive diabetes education for women who previously did not have access to this care.

Lessons Learned

- Collaborate to expand your resources.
- Recognize that clinic staff members at existing facilities know their patients best. A satellite location might not be appropriate.
- Develop firm partnerships with your diabetes program, health department, and WISEWOMAN program. Add peer-review organizations as the quality improvement arm if your program focuses on older women and you are seeking Medicare reimbursement.
- Increase people's awareness of the need for and value of comprehensive diabetes education.

South Dakota relies on partnerships to provide high-quality care to women in remote areas.



The woman is at the center of a wheel. The clinic is the wheel's hub, and the spokes are supportive partners.