

Appendix 4 DSMES Site-Level Rapid Evaluation - Survey Questionnaire

Introduction

The Centers for Disease Control Diabetes Prevention Program and Deloitte Consulting would like to invite you to participate in a survey to learn more about the implementation of 1815 Diabetes Self-Management Education (DSMES) strategies at the site level and how the state health department is supporting your efforts through 1815-funds.

Your participation in this survey is voluntary, and you may opt out of any question in the survey. Your answers will be kept strictly confidential and will never be associated with your name.

The survey should take no more than 30 minutes to complete, and you have until {survey close date} to submit your response.

Click **NEXT** to begin the survey.

If you have any questions about the survey or experience technical issues accessing or submitting the survey, please email Nicolle Dally, ndally@deloitte.com.

We really appreciate your time and contribution to this effort.

Thank you,

1815 National Evaluation Team
Deloitte Consulting, LLP

Note: Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-19BHC)

Background

1. Please select the option that best reflects your position within the [insert program name].
 - a. Program Coordinator/Quality Coordinator
 - b. Nutritionist
 - c. Nurse
 - d. Pharmacist
 - e. Community Health Worker
 - f. Peer Educator
 - g. Medical Assistant
 - h. Pharmacy Technician
 - i. Other, please specify _____
2. Are you actively credentialed in the following areas (select all that apply)?
 - a. Registered Nurse
 - b. Registered Dietitian/Nutritionist
 - c. Certified Diabetes Educator

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	<ul style="list-style-type: none"> d. Certified Health Educator e. Community Health Worker Certification f. I am not actively credentialed in the listed areas
3.	Are you actively credentialed in any other areas? [<i>Open ended</i>]
4.	How long have you been in your current role with this program? <ul style="list-style-type: none"> a. Less than a year b. 1-2 years c. 2-3 years d. 3-4 years e. 5 or more years
5.	In total, how long have you worked with this DSMES program? <ul style="list-style-type: none"> a. Less than a year b. 1-2 years c. 2-3 years d. 3-4 years e. 5 or more years
DSMES Program Overview:	
6.	Please select the setting or type of organization in which the [<i>insert program name</i>] operates <ul style="list-style-type: none"> a. Health care organization (e.g. FQHC, Rural Health Center, Pharmacy) b. Pharmacy c. Community-based organization (e.g. community center, place of worship, etc) d. YMCA e. Program is independently operated f. Other setting, please specify _____
7.	Please provide a brief description of your program (i.e. curriculum used, how many sessions, how long each session is, etc.).
8.	Does the [<i>insert program name</i>] have a strategic focus on reaching and serving specific population groups? <ul style="list-style-type: none"> a. Yes b. No [Skip to Q9] c. I don't know/ I'm not sure [Skip to Q9]
9.	Please indicate the population groups the program focuses on (<i>select all that apply</i>) <ul style="list-style-type: none"> I. Race/Ethnicity <ul style="list-style-type: none"> a. White b. Black or African-American c. American Indian/Alaska Native d. Asian e. Native Hawaiian or Other Pacific Islander f. Latino/Hispanic g. Other, please specify _____ II. Gender Identity <ul style="list-style-type: none"> h. Male i. Female j. Other, please specify _____ III. Age Group <ul style="list-style-type: none"> k. 18-24 years

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<ul style="list-style-type: none"> l. 25 to 44 years m. 45 to 64 years n. 65 years and over IV. Geographic focus: <ul style="list-style-type: none"> o. Urbanized Areas (population greater than 50,000) p. Urbanized Clusters (population more than 2,500 but less than 50,000) q. Rural Areas (population less than 2,500) r. American Indian/Alaskan Native community s. Other, please specify: _____ V. Please specify any other populations of focus in the field below (e.g. low socioeconomic status, people with disabilities) (<i>open-ended</i>)
Marketing/Promotions
<p>10. What are the most common methods your program uses to market/promote DSMES services? (<i>select all that apply</i>)</p> <ul style="list-style-type: none"> a. Our program does not directly market/promote DSMES services [Skip to Q14] b. Health fairs c. Printed informational materials for people with diabetes d. Printed informational materials for health care providers e. Mass media campaigns f. Presentations to community groups g. Presentations to health care providers/professionals h. Swag items (bags, totes, mugs, kitchen utensils) i. Other, please specify _____ j. I don't know/ I'm not sure (Skip to Q14)
<p>11. In your opinion, which strategies have been most successful in increasing awareness and interest in your program?</p> <ul style="list-style-type: none"> a. Health fairs b. Printed informational materials for people with diabetes c. Printed informational materials for health care providers d. Mass media campaigns e. Presentations to community groups f. Presentations to health care providers/professionals g. Swag items (bags, totes, mugs, kitchen utensils) h. Other, please specify: _____ i. I don't know/ I'm not sure
<p>12. To what extent are these marketing/promotion efforts tailored to meet the language or cultural needs of different target populations?</p> <p>1=Not at all 2=Very few materials/strategies are tailored 3=Some materials/strategies are tailored 4=Most materials/strategies are tailored 5=All materials/strategies are tailored 99=I don't know</p>
<p>13. How do you rate the state health department's assistance with expanding your program's overall marketing/promotion efforts?</p> <p>0 = The SHD provided no assistance</p>

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	<p>1 = Not at all useful 2 = Slightly useful 3 = Moderately useful 4 = Very useful 5 = Extremely useful 99 = I don't know</p>
14.	<p>How do you rate the state health department's assistance with expanding your program's marketing/promotion efforts to new population groups or geographic areas?</p> <p>0 = The SHD provided no assistance 1 = Not at all useful 2 = Slightly useful 3 = Moderately useful 4 = Very useful 5 = Extremely useful 99 = I don't know</p>
15.	<p>How do you rate the influence of health care organizations in referring people with diabetes to your program?</p> <p>1 = Not at all influential 2 = Slightly influential 3 = Moderately influential 4 = Very influential 5 = Extremely influential 99 = I don't know</p>
16.	<p>How do you rate local health care providers' support of DSMES services for the management of diabetes?</p> <p>1 = Not at all supportive 2 = Slightly supportive 3 = Moderately supportive 4 = Very supportive 5 = Extremely supportive 99 = I don't know</p>
17.	<p>To what extent has the COVID-19 pandemic affected the marketing and/or promotion these efforts? [open ended]</p>
Enrollment and Retention	
18.	<p>What are the most common methods your program uses to encourage enrollment and retention in the program? <i>(select all that apply)</i></p> <p>a. Our program does not have any special efforts to encourage enrollment and retention [Skip to Q18] b. Transportation vouchers c. Child care assistance d. Meal prep assistance e. Gym memberships f. Digital physical activity trackers g. Other, please specify _____ h. I don't know/ I'm not sure</p>
19.	<p>In your opinion, which strategies have been most successful in increasing enrollment and retention in the program? <i>(select all that apply)</i></p> <p>a. Our program does not have any special efforts to encourage enrollment and</p>

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	<ul style="list-style-type: none"> retention b. Transportation vouchers c. Child care assistance d. Meal prep assistance e. Gym memberships f. Digital physical activity trackers g. Other, please specify _____ h. I don't know/ I'm not sure
20.	<p>How would you rate the state health department's assistance with supporting your program's enrollment and retention efforts?</p> <p>0 = The SHD provided no assistance 1 = Not at all useful 2 = Slightly useful 3 = Moderately useful 4 = Very useful 5 = Extremely useful 99= I don't know</p>
21.	<p>What would you say are the top 3 major challenges in <u>enrolling</u> people with diabetes? <i>[Rank your challenges on a scale of 1-3, with 1 being the most challenging factor and 3 the least challenging]</i></p>
22.	<p>What would you say are the top 3 major challenges in <u>getting people with diabetes to return for follow-up sessions</u>? <i>[Rank your challenges on a scale of 1-3, with 1 being the most challenging factor and 3 the least challenging]</i></p>
23.	<p>What additional support do you need to assist with expanding your program's enrollment and retention efforts?</p>
24.	<p>To what extent has the COVID-19 pandemic affected the enrollment and/or retention efforts? [open ended]</p>
Training	
25.	<p>Have you completed any trainings on how to deliver DSMES services?</p> <ul style="list-style-type: none"> a. Yes b. No [Skip to Q22] c. I don't know/ I don't recall [Skip to 22]
26.	<p>When was the last time you completed follow-up training?</p> <ul style="list-style-type: none"> a. Less than a year ago b. 1-2 years ago c. 3-4 years ago d. 5 or more years e. I have not had any follow-up training
27.	<p>Does your organization provide opportunities to attend ADA/ADCES sponsored workforce training webinars?</p> <ul style="list-style-type: none"> a. Yes b. No c. I don't know
28.	<p>How confident do you feel in your ability to deliver DSMES services?</p> <p>0 = I do not deliver DSMES services 1 = Not confident at all 2 = Slightly confident 3 = Somewhat confident</p>

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<p>4 = Fairly confident 5 = Completely confident</p>
<p>29. Are you aware of the Diabetes Self-Management Education and Support (DSMES) Toolkit provided by the CDC?</p> <p style="margin-left: 20px;">a. Yes b. No [Skip Q28]</p>
<p>30. If yes, please indicate in what ways you have used the Diabetes Self-Management Education and Support (DSMES) Toolkit by selecting all that apply from the following list of items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disseminated the toolkit to partners or other team members <input type="checkbox"/> Presented the toolkit at partner or team meetings <input type="checkbox"/> Referred to the toolkit for guidance on how to start (ADA-recognized or ADCES-accredited) DSMES services <input type="checkbox"/> Used the toolkit with partners to address barriers to DSMES <input type="checkbox"/> Engaged health care providers in discussion on making referrals to DSMES by using resources in the toolkit <input type="checkbox"/> Referred the toolkit to gain insight on reimbursement and coverage for DSMES <input type="checkbox"/> Other, please describe _____
<p>31. Have you seen an example where using the Diabetes Self-Management Education and Support (DSMES) toolkit has helped a DSMES service or other DSMES stakeholder make progress or achieve an outcome?</p> <p style="margin-left: 20px;">a. Yes b. No</p> <p style="margin-left: 20px;">If yes, please describe: _____</p>
<p>32. To what extent has the COVID-19 pandemic affected training efforts? [open ended]</p>
<p>Program Effectiveness</p>
<p>33. In your opinion, what is the biggest benefit program participants gain from DSMES services? [open ended]</p>
<p>34. How successful do you think [insert program name] is in helping people manage their diabetes? [Open ended]</p> <p style="margin-left: 20px;">1=Not at all successful 2=Slightly successful 3=Moderately successful 4=Very successful 5=Extremely Successful 99=I don't know/ I'm not sure</p>
<p>35. To what extent has the COVID-19 pandemic impacted program effectiveness? [open ended]</p>
<p>36. Please share any other thoughts you may have about the [insert program name]. [open ended]</p>

Thank you for taking the time to complete this survey!