**Attachment C: Listening Sessions Guide**

**Diabetes Education and Support Service Providers Who Support Minority Women (African American, Hispanic, American Indian/Alaska Native, Asian American/Pacific Islander)**

Welcome and thank you for participating in today’s discussion. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work for FHI 360, a nonprofit organization. Our discussion today is to inform the Centers for Disease Control and Prevention’s (CDC) diabetes education efforts. Everyone participating on this call today is a professional who works with [DAP audience] women. The goals of today’s discussion are to better understand the diabetes self-management-related needs of [DAP audience] women with diabetes, women’s issues across the lifespan that impact their ability to self-manage diabetes, best practices to support diabetes self-management, and organization capacity issues. The feedback we receive from you and others will assist in the development of resources for providers to implement DSMES services. This listening session is being sponsored by the CDC. We will have about 60 minutes for our discussion.

Before we begin, I would like to remind you that your participation in this discussion is voluntary, and you can choose to leave the conversation at any time for any reason. We are recording our discussion so I can write an accurate report. The recording will be destroyed no later than April 2028. I will not use any information that could identify you, like your name or other facts that point to you (such as your email address and phone number), in the report or any materials resulting from these discussion groups. The identifiable information recorded to schedule the listening session will not be provided to CDC; however, members of the CDC team may be sitting in on our listening session today. Therefore, we will only use first names and will refrain from mentioning the name of your organization. Do you have any questions?

Do you agree to participate in our discussion today? [wait for each participant’s response]

Do you give permission to be recorded today? [wait for each participant’s response]

Those who respond No to either question above will exit the Zoom session.

**Public Reporting Burden Statement**

Public reporting burden of this collection of information is estimated to average **60 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (09200572)

**Ground Rules**

Before we get going, I’d like to share a few ground rules:

* There are a few colleagues from FHI 360 and CDC observing our discussion.
* My job is to keep us on the right track and moving along so that we’re done in an hour. That means I may need to cut a conversation short to get through all our topics for today.
* There are no right or wrong answers.
* All comments, positive and negative, what you know and don’t know, are important.
* It is important to hear what everyone thinks, so please speak up and let others do the same.
* Respect each other and personal opinions; you may not always agree, but we will be respectful of each other.
* Don’t wait for me to call on you, but please speak one at a time.
* Respond to each other as well as to me.
* If you need to step away for a moment, feel free to do so, but please come back as soon as possible because all opinions are important.
* Please turn off all your mobile devices if possible.
* I am not a medical doctor nor an expert on diabetes

Do you have any questions before we get started?

**Warm-Up/Introductions (10 minutes)**

Let’s begin by finding out a little bit about each of you. Please tell us:

* Your first name only
* The name of your DSMES service/organization and how long you’ve been a part of it
* Your role in your organization
* A brief overview of your DSMES service, including who you serve, where it is located, if it is in a rural or urban community, how often you convene, the duration, and a high-level summary of the structure.
1. **DAP Diabetes Self-management Needs and How Service Providers Address Needs (20 minutes)**

As I mentioned earlier, we are focusing on diabetes self-management and education support. This includes DSMES services as well as any other education or support service, policy, or tool that you use with [DAP] women to help support self-management of their diabetes.

1. Think about the ways [DAP] women in your area need support or assistance when it comes to diabetes self-management. What are the most pressing needs of [DAP] women that affects their ability to self-manage diabetes?
	1. Probe on support services: diabetes information, self-management skills, direct 1-1 outreach, culturally tailored services (language, cultural diets, etc.)
	2. Probe on issues related to social determinants of health, if time: basic needs (food/resource insecurity, transportation, job security, housing security, access to affordable medication or supplies) job security, mental health issues, social/family support,
2. We are particularly interested in learning more about diabetes self-management issues that are specific to women. This includes women’s health issues across their lifespan, such as childbearing and menopause, as well as other individual, social, and systemic issues that disproportionately affect women’s ability to self-manage diabetes compared to men. For example, expectations related to women’s role preparing food for their families can make it challenging for women to create healthier meals for themselves.
	1. What women’s issue impact [DAP] women’s ability to manage diabetes? How does [issue] impact their ability to manage diabetes?
	2. What issues do [DAP] women you work with bring up? What are their major questions or concerns?
	3. In what ways are [DAP] women impacted in unique ways compared to other women with diabetes?
3. Now I’d like to discuss how your organization tries to address some of these issues you shared.

*[Moderator selects topics based on discussion and from list of priority topics:]*

1. *role/expectations as family caregiver*
2. *family planning, childbearing/rearing with pre-existing diabetes (not focused on gestational), breastfeeding*
3. *menopause and peri-menopause*
4. *co-morbidities; cardiovascular disease and other health issues that disproportionally impact women with diabetes*
5. *stress, trauma, depression, mental health*
6. *social, peer, family, community support*
7. *transitioning from adolescent to adult diabetes care*
8. *poverty, structural racism/discrimination*
9. *spirituality, faith, religious believes/traditions*
10. *weight, body image*
11. *environment/living (reservation, inner city, food deserts)*
12. *work, workplace, schedules*
	1. Let’s start by discussing [topic]. In what ways, if at all, is your organization working to address [issues related to topic] to support diabetes self-management to [DAP] women?
		1. Probe: types of services, policies
	2. What resources, tools, or other factors help support success with these activities you described?
	3. What else does your organization need to help [address \_\_\_\_\_ topic]?
		1. In particular, what tools, materials, or guidance, or other support could CDC provide that would support your organization’s ability to provide diabetes education and support services to [DAP]?
13. **Tailoring Diabetes Self-Management Education and Support Services to Women (25 minutes)**
14. (Ask this question if not addressed above) What key strategies or tools do you use to help educate and support [DAP] women in better managing their diabetes? We are particularly interested in learning about any strategies or tools that are tailored to [DAP race/ethnicity] and/or addresses women’s issues across the lifespan.
	1. In what ways do you feel like tailoring is effective? How could the tailoring be improved?
	2. Probe on specific strategies if time permits
		1. How effective is this strategy?
		2. What is the general format of the materials, resources, or tools you implement (fact sheets, videos, infographics, etc.)?
15. How, if at all, do you make sure your program is gender-sensitive?
16. Getting [DAP] women with diabetes to join and stay engaged in diabetes education and support services is a challenge for many organizations. What do you find works best for helping identify and recruit [DAP] women with diabetes to join your diabetes self-management program or use your services?
	1. Probe on: engaging partner organizations, engaging community partners (family/peer support persons, outreach strategies, messaging, tools and materials, providing/connecting with other support services, or policies.
	2. What else will help motivate [DAP] women to join and stay in the service?
17. What are some of the key successes your organization has achieved over the last few years with [DAP] women?
18. What are the ways you measure the success of your diabetes education and support services?
	1. Using the measures of success you described, how successful would you say your organization is at reaching your goals and objectives? Why do you say that?
19. What are the main challenges you face when implementing the diabetes education and support services for [DAP] women?
	1. Probe if time permits: Getting participants to consistently show up, getting participants to understand the information, getting participants to continue learned practices after the program has ended
	2. How does your service try and overcome those challenges?
		1. Do you feel like your service is successful in overcoming those challenges?
		2. What else does your organization need to overcome these challenges?
20. (if time) How do you feel your DSMES service can improve?
	1. What are the barriers to implementing this type of improvement?
21. **Close (5 minutes)**
22. (if time) What key advice would you offer to other providers of diabetes self-management and support services who are serving [DAP] women? What do you think is most essential for service providers to do to help support [DAP] women in managing their diabetes?
	1. What are other DSMES programs tailored to your specific audience that you think work well?
23. (if time) Is there anything else you would like to share with CDC about diabetes self-management and education efforts with [DAP audience] women?

*[Pause for responses.]*

I have asked you all the questions that I have today. Thank you all so much for participating today. Your thoughts and opinions will be very useful in helping CDC develop resources for diabetes self-management education and support efforts. If you would like to learn more about resources available, you can visit CDC’s [Diabetes](https://fhi360web.sharepoint.com/sites/102168.018/Shared%20Documents/General/5.%20Program%20files/FIRE%20Project/OMB/Diabetes) Self-Management Education and Support (DSMES) Toolkit at https://www.cdc.gov/diabetes/dsmes-toolkit/*.* Thank you and have a good day.