NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Delivering a More Relevant DSMES Experience: Tips and Tools for Promoting Health Literacy and Accessibility

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INTRODUCTION

Many diabetes self-management activities include multiple steps. When people with diabetes have limited health literacy skills or English-language proficiency, they can have less knowledge and skills to help them live well with their diabetes.

Diabetes care and education specialists (DCESs) play a key role in helping people with diabetes manage their condition in ways that fit their lifestyle. To do that well, it's important that DCESs:

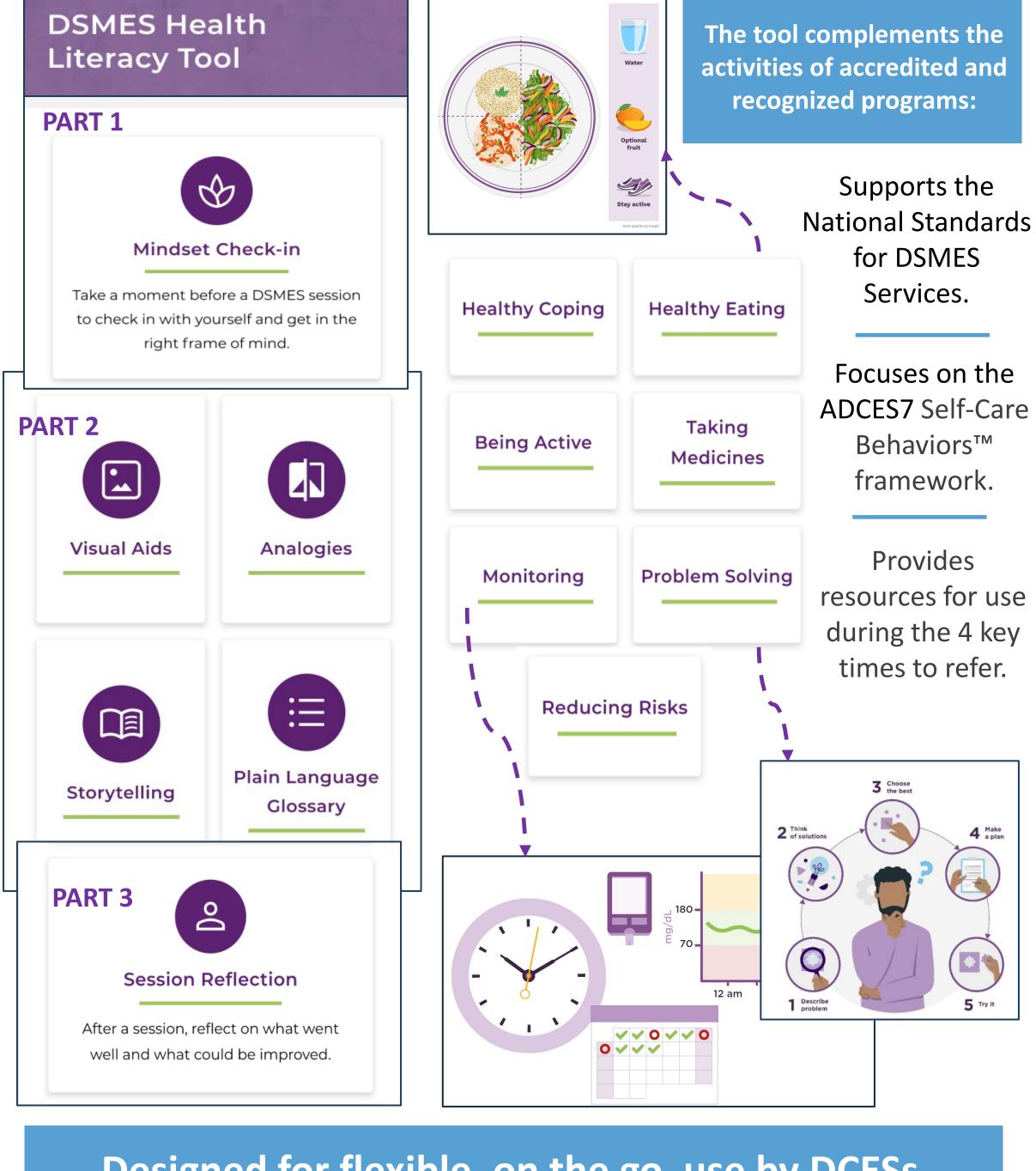
- Understand the role of core skills like literacy and numeracy.
- Be aware of how culture can shape understanding of health information.
- Factor language barriers into delivering DSMES services.

Recognizing this critical role of DCESs and with their input, CDC's Division of Diabetes Translation, set out to design a tool to better support DCESs in delivering diabetes self-management education and support (DSMES) services to people with different levels of health literacy and English-language proficiency.

DEVELOPMENT PROCESS

The process spanned two years and included the following activities:

- An environmental scan of available resources and summary of literature.
- Informal conversations with DCESs.
- An expert roundtable to capture innovations in the field and recommendations.
- Concept testing with 5 DCESs representing different practice specialties, geographic locations, and DSMES services delivery approaches.



Designed for flexible, on the go, use by DCESs before, during, or after delivering DSMES services.

FINDINGS

Formative Work

Information from the environmental scan, expert roundtable, and conversations with DCESs were used to design the tool. Example findings include:

- There is considerable guidance for professionals on plain language.
- Only a few resources address less traditional methods such as utilizing technology or applying storytelling and analogies to explain topics.
- Providers might need to be mindful of limited digital literacy, especially in virtual or hybrid environments. The value of the in-person component is still important to consider.

Concept Testing

In the final step of concept testing with DCESs, in general, they shared that:

- The proposed resource was relevant and welcomed for providing DSMES services.
- The mindset check-in and visual aids (i.e., cultural plates) were mentioned as valuable resources.

NEXT STEPS

When finalized, the DSMES Health
Literacy Tool will be integrated into CDC's
DSMES Toolkit. Further plans for
expanding the content or adding
additional multimedia are in
development. Ongoing insights will be
captured from DCESs to keep the tool
relevant and maximize its usability.

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