

Standard 3

National Standard	Essential Highlights	Interpretive Guidance	Checklist
<p>Standard 3: Evaluation of population served</p> <p><i>The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.</i></p>	<p>Currently the majority of people with and at risk for diabetes do not receive DSMES.</p> <p>Providers of DSMES, after clarifying the specific populations they are able to serve, must understand their community and regional demographics.</p> <p>Individuals, their families, and communities require education and support options and tools that align with their needs.</p> <p>Understanding the population's demographic characteristics, including ethnic/cultural background, sex, age, levels of formal education, literacy, and numeracy as well as perception of diabetes risk and associated complications is necessary.</p> <p>It is essential to identify the barriers that prevent access to DSMES during the assessment process. Individual barriers may include socioeconomic or cultural factors, participant schedules, health insurance shortfalls, perceived lack of need, and limited encouragement from other health care practitioners to engage in DSMES.</p> <p>Creative solutions incorporating technology to increase reach and engagement must be examined. Telehealth, electronic health records, mobile applications, and cognitive computing will proactively identify and track participants while offering endless opportunities for individualized and contextualized DSMES.</p>	<p>Standard 3 relates to the service's knowledge and understanding of the population they serve and could potentially serve in their community.</p> <p>Demographic Data In order to design services that align with the characteristics and needs of the community served, the provider of DSMES services must document and review available demographic data for their area and update as needed.</p> <p>Resources Determine factors that prevent people with diabetes from attending DSMES. Services such as learning session frequency and length should be designed based on the population's needs and accessibility. Considerations must be made for space, equipment, materials, curriculum, staff, interpreter services, accommodations for low vision, hearing impaired, disabled, low literacy, etc.</p> <p>Noteworthy Practice Quality coordinator should utilize stakeholders to provide input to solve access problems and gaps in services.</p>	<p>6. Documentation of community demographics for the area where DSMES services are provided YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>7. Documented allocation of resources to meet population specific needs YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>8. Documentation of actions taken to overcome access-related problems YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Evaluation of Population Served:

The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.

AADE Interpretive Guidance:

Standard three relates to the program's knowledge and understanding of the population they serve and could potentially serve in their community.

Provider must identify and understand their program's population demographic characteristics, such as ethnic/cultural background, gender, and age, as well as their levels of formal education, literacy, and numeracy. Understanding their population also entails identifying resources outside of the provider's practice that can assist in the ongoing support of the participant.

Identification of barriers and creative solutions must be reviewed and documented based on assessment of the population's specific needs including but not limited to: room, materials, curriculum, staffing, support, how classes are structured and when they are offered.

Documentation Requirements for Standard 3:

The components for this standard are:

- Documentation of community demographics for the area where DSMES services are provided
- Documented allocation of resources to meet population specific needs
- Documentation of actions taken to overcome access-related problems

The Centers for Disease Control and Prevention has useful data to help you view the population in your specific state, city, etc... Please visit this valuable resource.

Diabetes Data Resources: <http://www.cdc.gov/diabetes/atlas/>

Health Literacy: <http://www.cdc.gov/healthliteracy/>

Potential community population: Type of Diabetes, Ethnicity, Age, Unique Characteristic such as but not limited to; literacy, transportation, payers available in the community, uninsured...

Items to consider when identifying actions to overcome access related problems:

- No other program within XX amount of miles
- Additional sites added
- Discussion at advisory meeting to get stakeholder input

Include community demographics for the area where DSMES services will be provided from a published source such as US census, Centers for Disease Control (CDC), state health department or another source. Suggested population characteristics include:

- Ethnic/cultural background/race/language
- Gender
- Age
- Level of formal education
- Poverty level or income
- Literacy and/or numeracy
- Prevalence of diabetes

Based on your community demographics, outline how you will allocate the following resources to meet your target population's needs:

- Space
- Equipment
- Materials
- Curriculum
- Staff
- Interpreter services
- Low vision
- Hearing impaired
- Disabled
- Low literacy

State actions you have taken or will take to overcome access-related barriers such as:

- Social Determinants of Health
- Cultural
- Schedules
- Transportation
- No insurance or high deductible insurance
- Perceived lack of need
- Limited encouragement from other health care practitioners

Additional Resources and Samples from AADE accredited programs

Sample policies from AADE accredited programs

These examples are from actual applications submitted by coordinators managing accredited programs.

- [Sample 1](#)
- [Sample 2](#)
- [Sample 3](#)
- [Sample 4](#)