

Together 2 Goal[®]

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

September 21, 2017

TODAY'S WEBINAR

- **Together 2 Goal[®] Updates**
 - Webinar Reminders
 - October 2017 Monthly Webinar
 - Goal Post September Newsletter Highlights
- **Patient Involvement in Together 2 Goal[®]**
 - Roberta Eis, R.N., B.S.N., M.B.A. and Heather Olden, M.P.H. of Henry Ford Health System
- **Q&A**
 - Use Q&A or chat feature



WEBINAR REMINDERS

- Webinar will be recorded today and available the week of September 25th
 - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
 - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



OCTOBER 2017 MONTHLY WEBINAR

- **Date/Time:** Thursday, October 19, 2-3pm Eastern
- **Topic:** Patient-Reported Outcomes in Diabetes
- **Presenters:** Nirav Vakharia, M.D. and Irene Katzan, M.D., M.S. of Cleveland Clinic



GOAL POST NEWSLETTER: SEPTEMBER HIGHLIGHTS

T2G GOAL POST
A monthly newsletter of the national Together 2 Goal® campaign.



September 2017 Edition

Welcome to Goal Post our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

We look forward to seeing many of you on September 12 and 13 in Indianapolis for our Together 2 Goal® Diabetes Symposium, held in conjunction with the American Diabetes Association. One lucky attendee will win a set of boxing gloves signed by Sugar Ray Leonard, who helped us kick off the campaign.

If you would like to attend the Symposium, there is still time to register! Visit our [website](#) to view the agenda and register today. The J.W. Marriott, where the Symposium will be held, is fully booked for the evening of September 12, but there are plenty of [downtown hotels near the Marriott](#).

If you are unable to attend, you can follow along with the meeting on Twitter using #AMGAINdy and #Together2Goal. We will also share content in future Goal Posts and on social media, so keep an eye out.

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email info@Together2Goal.org.

Be part of the Together 2 Goal® Team



Upcoming Dates

September 12-13: Together 2 Goal® Diabetes Symposium in Indianapolis, IN ([register here](#))

September 21: Monthly campaign webinar on Patient Involvement in Together 2 Goal® ([register here](#))

October 18: Monthly campaign webinar on Patient-Reported Outcomes in Diabetes ([register here](#))

Campaign Spotlight

Together 2 Goal® welcomes Carolyn MacPhee to the team as Foundation Coordinator. In this role, she will support both the Together 2 Goal® team and the Foundation's development team. Carolyn received her B.S. from Bucknell University in biology and, following her passion for public health, recently earned her M.P.H. from Milken Institute.

[Read more](#)

Resource of the Month

Last month, the American Diabetes Association (ADA) released a [position statement](#) on diabetes and hypertension, its first such statement on the topic since 2003. In it, ADA calls attention to the prevalence of hypertension among patients with diabetes and recommends, among other things, that providers measure blood pressure at every routine clinical care visit.

[Read more](#)

Together 2 Goal® Diabetes Symposium



in collaboration with:



Together 2 Goal®

GOAL POST NEWSLETTER: SEPTEMBER UPCOMING DATES



Upcoming Dates

- **October 19:** Monthly campaign webinar on Patient-Reported Outcomes in Diabetes
- **November 9:** National Day of Action

GOAL POST NEWSLETTER: AUGUST CAMPAIGN SPOTLIGHT

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Best,
The Together 2 Goal® Team



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Campaign Spotlight

Together 2 Goal®
WELCOMES
YOU ABOARD!



GOAL POST NEWSLETTER: AUGUST RESOURCE OF THE MONTH



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Resource of the Month

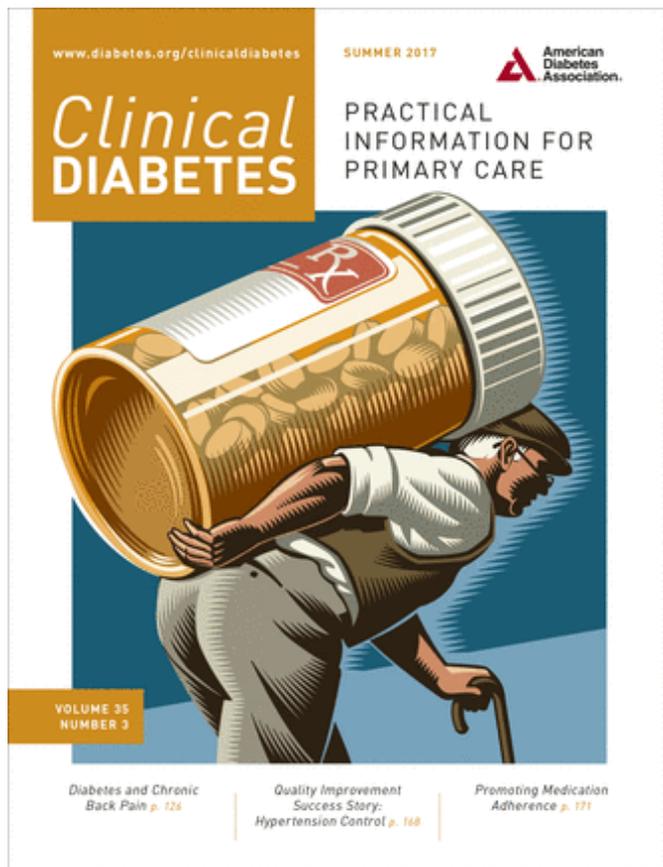
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[Read more](#)

Resource of the Month



Share Your QI Success Story



- Submit QI stories to new *Clinical Diabetes* section “Quality Improvement & Practice Transformation “
- In collaboration with ACP & NDEP
- Stories could be included in *Clinical Diabetes* online QI repository
- Others will be published in print issues of *Clinical Diabetes*

clinical.diabetesjournals.org



American
Diabetes
Association®

78TH
SCIENTIFIC
SESSIONS

SEE YOU IN
ORLANDO

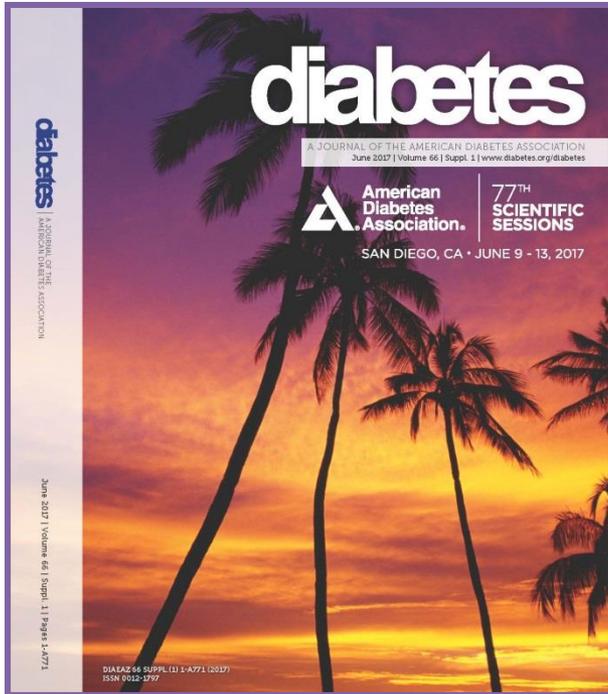
JUNE 22 - 26, 2018

scientificsessions.diabetes.org



American
Diabetes
Association®

Call For Abstracts



Submit your research to the American Diabetes Association's Scientific Sessions!

Abstract submission opens
October 2, 2017.

Visit scientificsessions.diabetes.org
for more information.

TODAY'S SPEAKERS

Roberta Eis, R.N., B.S.N., M.B.A.



Project Manager- Primary Care
Henry Ford Medical Group

Heather Olden, M.P.H.



Epidemiologist - Department of
Public Health Sciences
Henry Ford Health System



Patient Involvement in the “Together 2 Goal” Campaign

AMGA Webinar

September 21, 2017

Roberta Eis, RN, BSN, MBA, Project Manager
Henry Ford Medical Group - Primary Care

Heather A. Olden, MPH, Epidemiologist
Henry Ford Health System - Department of Public Health Sciences



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Learning Objectives

- Discuss the importance of involving and engaging patients in the education and self-management process, specifically T2G
- Demonstrate how to elicit patient involvement in healthcare delivery
- Share outcomes to date related to patient participation
- Learning about Patient Engagement Research Center (PERC):
 - What is a patient advisor?
 - What they can do?
 - How to best utilize their time/talent
- Review the process of how the advisors responded to diabetes education materials as representatives of their peers



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Henry Ford Health System: Background

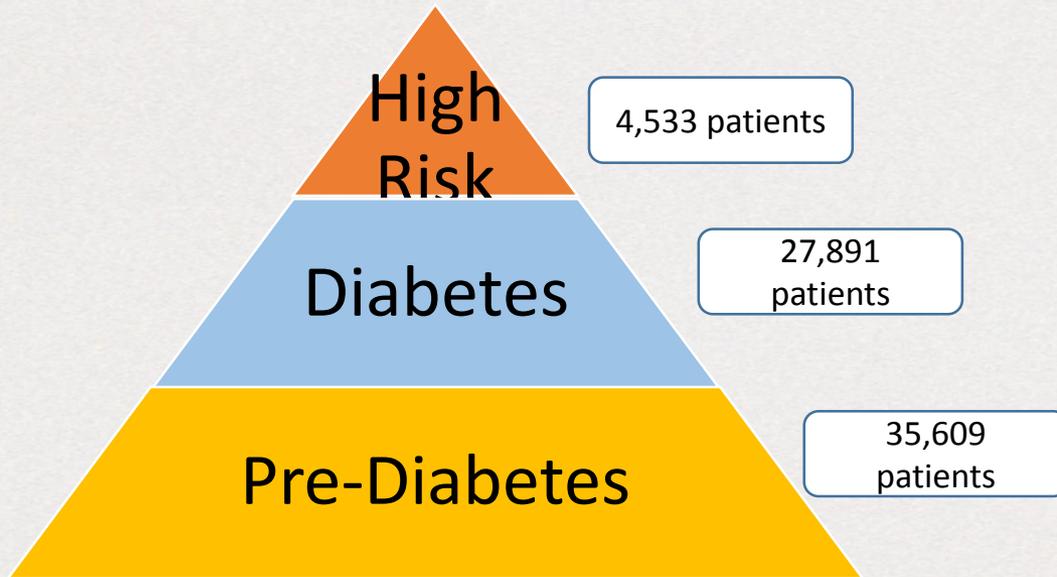


- Founded in 1915 by auto pioneer Henry Ford, Henry Ford Health System (HFHS) is **one of the nation's leading comprehensive and integrated health systems.**
- HFHS provides **acute, primary, specialty and preventive care services**; health insurance with a strong focus on excellence in education, research and community health.
- Comprised of **six hospitals, 27 ambulatory medical centers and one of the nation's largest group practices, the Henry Ford Medical Group**: > 1,200 physicians practicing in over 40 specialties; Over 4.24 million outpatient visits; 30,000+ employees, it is the fifth-largest employer in metro Detroit and among the most diverse nationally.
- **Specialty Centers** include: Heart & Vascular Institute, Henry Ford Cancer Institute, Maplegrove Center (chemical dependency treatment), Neuroscience Institute, Orthopedic Surgery, Transplant Institute, and the Vattikuti Urology Institute.
- In 2011, HFHS became a proud recipient of the Malcolm Baldrige National Quality Award - **the nation's highest honor for performance excellence.**



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HFHS Diabetes Population



4,808 in the Diabetes Care Connections programs

Diabetes costs approximately \$2,700 per individual with newly diagnosed diabetes in the first year of treatment

Cost to HFHS Over 5 Years

15 – 30% of those with pre-diabetes will develop diabetes without intervention

\$14 to \$20 million

Range: $(35,609 \times 15\%)$ to $(35,609 \times 30\%) = 5,341$ to $10,683$ new diabetics
 $\times \$2,700 = \$14,421,645$ to $\$28,843,290$



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Diabetes Care Connections (DCC) Programs

- Diabetes Self-Management Education/Training (DSME/T)
 - a recognized program through ADA; **that focuses on the seven domains for diabetes self-management**, as defined by the AADE: healthy eating, being active, blood glucose monitoring, taking medications, risk reduction, healthy coping, and problem solving.
- Medical Nutrition Therapy (MNT)
 - provides **individualized nutrition management** provided by a registered dietitian.
- Diabetes in Active Control (DIAC)
 - providing **intensive contact and management using medication algorithms** by the DIAC coaches (RN/CDEs) with the aim of getting patients to A1c goal in approximately six months.



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DCC and Linkage to Primary Care Clinics

- **DCC teams are embedded in the PC Clinics.**
- Resource and process needed for the **primary care clinic team to involve and engage patients with chronic conditions, especially diabetes.**
 - **For diabetes:** need to address patients who are either newly diagnosed or who haven't had education in the past. **"First Steps Kit"** was developed for that purpose – a tool with basic information for diabetes care
 - **Exam Room Posters:** Address A1c, BP and Prevention
- Teams created to create, identify and review materials:
 - Clinicians – accuracy of content and messaging
 - Patients – ability to comprehend information, impression of graphics, overall look/feel



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Items developed....



FIRST STEPS KIT DIABETES EDUCATION MATERIALS

Henry Ford provides at no cost, certified interpreters as well as aids and services for the deaf and hard of hearing. For questions or additional information, email CommunicationAccess@hfhs.org.

Henry Ford Health System complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Let the health care team know if you need an interpreter. Henry Ford Health System provides language assistance services free of charge. For questions or additional information, email CommunicationAccess@hfhs.org.

Henry Ford Health System cumple con las leyes federales vigentes de derechos civiles y no discrimina con base en la raza, el color, el país de origen, la edad, la discapacidad o el sexo. Informe al equipo de atención médica si necesita un intérprete. Henry Ford Health System ofrece servicios de asistencia de idioma sin costo alguno. Si tiene alguna pregunta o necesita información adicional, envíe un correo electrónico a CommunicationAccess@hfhs.org.

تمامًا بتكامل Henry Ford Health System من الموقر الذي يخدمكم ولا السيادة القوية الجديدة الخطوط لتدوين
الخدمات أو الإمكانات أو السن أو القومي الجنس أو اللون
تمامًا وقدم برنامج من الخدمات التي تقدمها أو طلبة لفريق أخصائيي Henry Ford Health System
التي تركز وتربطنا من أجل الاستشارة في الخطوط أو الاتصال معًا. معًا القوية المساعدة خدمات
CommunicationAccess@hfhs.org



DIABETES - FIRST STEPS KIT *Learning checklist*

- ✓ **WHAT IS TYPE 2 DIABETES?**
 - Diabetes is when the body does not make enough insulin or use it well.
- ✓ **MEDICATION**
 - Your doctor may ask you to take medicine to help lower your blood sugar.
 - You should take your medicine each day.
 - Keep diabetes ID (bracelet, necklace, etc.) with you.
 - Carry a list of your medicines in purse or wallet at all times.
- ✓ **CHECKING YOUR BLOOD SUGAR**
 - Get a blood sugar meter and test strips.
 - Check and write down your blood sugars and bring to all visits.
 - Know what to do if your blood sugar goes down or up.
 - Check your A1c every 3 to 6 months.
- ✓ **HEALTH EATING GUIDELINES**
 - Eat 3 meals each day.
 - Avoid drinks with sugar such as juice, pop and sports drinks.
 - Follow sick day guidelines.
- ✓ **EXERCISE**
 - Check with your doctor before starting an exercise program.
 - Exercise helps lower blood sugar.
 - Exercise safely.
- ✓ **NEXT STEPS**
 - Read handouts to learn more.
 - Think about going to diabetes classes or a Weight Management program.
 - Think about joining a diabetes support group.

Keep in mind, you play the key role in caring for your diabetes. Please read over the whole packet, ask questions, and go to diabetes class to learn about taking the best care of your diabetes.

Educating Clinician: _____ Date: _____



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YOU HAVE HIGH BLOOD PRESSURE?

So what's your reason for not doing something about it?

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Do any of these sound familiar?
Talk to your healthcare provider for more information on the importance of blood pressure control and how to do it.

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Blood Pressure:
"You Have High Blood Pressure?"

"Blood Pressure Facts"



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DID YOU KNOW? BLOOD PRESSURE FACTS

WHAT IS BLOOD PRESSURE?

Blood pressure is the force created as your heart pumps blood and moves it through the body.

WHAT CAN HIGH BLOOD PRESSURE DO?

High blood pressure can cause a stroke, as well as damage the heart, kidneys, eyes and other organs.

WHAT DO THE NUMBERS MEAN?

The top number (systolic) measures the force while your heart pumps. The bottom number (diastolic) measures the force when your heart is at rest between pumps. The higher the numbers, the more damage to your heart, blood vessels and other organs.

WHAT SHOULD MY BLOOD PRESSURE GOAL BE?

If you are under 60 or have diabetes or kidney disease, your blood pressure goal is less than 140/90. If your numbers are higher, medicine and lifestyle changes are usually needed.

HOW CAN I KEEP MY BLOOD PRESSURE IN CONTROL?

There are many things you can do:

- ✓ Take your medicine as prescribed
- ✓ Eat less salt and processed foods
- ✓ Keep a healthy weight
- ✓ Keep stress under control
- ✓ Stay active
- ✓ Limit alcohol
- ✓ Stop smoking
- ✓ Check your "After Visit Summary" for more info

ASK YOUR HEALTHCARE PROVIDER...

- If the RN Blood Pressure Management Program is right for you.
- How to record and share your blood pressure readings in MyChart between your clinic visits.

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DID YOU KNOW?

DIABETES AND HEMOGLOBIN A1C TESTING

WHAT IS A HEMOGLOBIN A1C TEST?

- The Hemoglobin A1c blood test gives you a picture of your average blood sugar control for the past 2 to 3 months.
- The results show how well your treatment plan is working.
- It can also let you know if you are at risk for diabetes or pre-diabetes.

HOW OFTEN DO I NEED AN A1C TEST?

- You should get an A1c test every 3 to 6 months. Your healthcare provider will decide how often you need the test depending on your level of control or if you have pre-diabetes.

WHAT SHOULD MY A1C NUMBER BE?

- If you have diabetes, the goal is generally less than 7. Your health care provider will give you information on your personal goal number.

HOW CAN THE A1C TEST HELP ME MANAGE MY DIABETES?

- It shows you how medicine and healthy lifestyle choices can help with diabetes control.
- Keeping a healthy A1c level lowers the risk of eye, heart and kidney problems.

HOW CAN I LEARN MORE ABOUT CARING FOR MY DIABETES?

- If you have diabetes or pre-diabetes, ask your healthcare provider about a referral to the Diabetes Care Center.
- Call (313) 874-7495 or go to www.henryford.com/diabetes for more information.

*The A1c level for "Pre-Diabetes" is 5.7% to 6.4%.

03206-REV/2/16



The A1c test is like a baseball player's season batting average— it tells you about a person's overall success. A single game's blood test results or a single game's batting record doesn't give the same big picture.

"Diabetes and A1c Testing"

"Early Detection Saves Lives"



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DID YOU KNOW?

EARLY DETECTION SAVES LIVES

KEEP UP WITH RECOMMENDED HEALTH SCREENINGS:

Based on your health history, your screening schedule may vary. Talk to your health care provider or look in "MyChart" to plan ahead for tests you may need.

COLON CANCER SCREENING

- Women and men ages 50-75
- How often depends on the type of test and the result

CERVICAL CANCER SCREENING (PAP TEST)

- Women ages 21-64
- How often depends on the type and the result. Talk to your health care provider to find out when you should be tested

BREAST CANCER SCREENING (MAMMOGRAM)

- Women ages 45-74
- Mammogram every 1-2 years
- Some women younger than 45 and over 74 may benefit from a mammogram



03208-REV/2/16



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The material passed with our clinician team...



...but what would our patients think?



Patient Engaged Research Center

In 2013, the Patient Engaged Research Center (PERC) was funded by a 5-year, \$5 million infrastructure grant from the Agency for Healthcare Research & Quality.

Vision

To create a sustainable foundation and model to develop and disseminate world-class patient-centered outcomes research.

Mission

To translate the patient voice into evidence-based care through community engagement and world-class research methods.



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Who are Patient Advisors?



Any role in which those who receive care work together with health care professionals to improve care for everyone. Advisors share insights and perspectives about the experience of care and offer suggests for change and improvement.

Why should I involve Patient Advisors?

Stakeholder	Providers/Clinicians	Senior Leadership	Research
Benefit	<ul style="list-style-type: none">• Improve care processes• Understand what is important to patients beyond the clinical setting	<ul style="list-style-type: none">• Hear the voice of the customer to provide a new source of feedback• Engage patients and community in a new and innovative way.	<ul style="list-style-type: none">• Create novel patient-centered approaches to research• Support for grants and publications

What do Patient Advisors Do?

Quality Improvement

- Participate as active partners in decisions affecting future patients
- Listen to presentations and provide feedback
- Bring the patient voice to the table
- Consider innovative HFHS initiatives

Research

- Review surveys, project materials
- Help focus research on what matters to the patient
- Help with recruitment methods
- Make suggestions on how projects should be done

Design

- Provide feedback and offer ideas to architects' drawings and designs
- Participate in virtual and in-person walkthroughs of the new building
- Suggest additional features and amenities that would improve the patient and caregiver experience

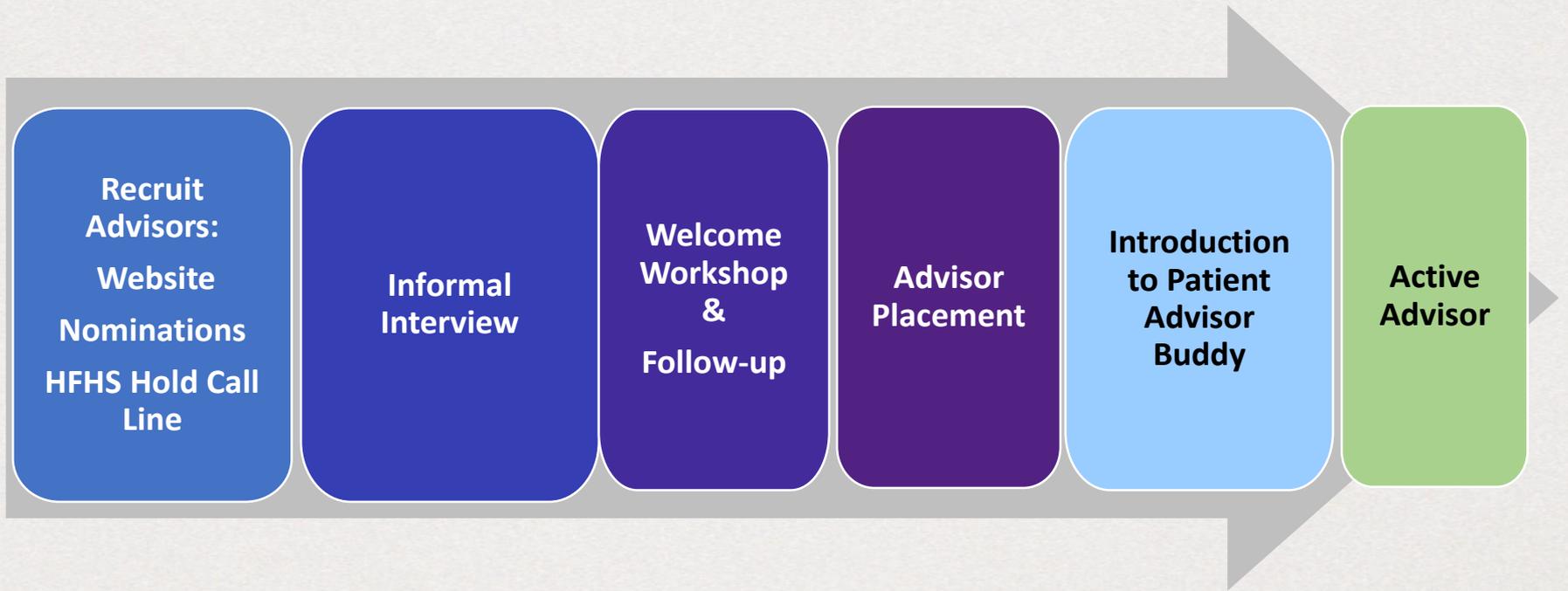
Virtual Participation

- Participate in surveys from HF Insights Community
- Participate in surveys from PERC
- Give feedback on patient education materials and other HFHS initiatives before they are seen by the public



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Recruitment, Training and Placement Process



Growth of the Patient Advisor Program

of Advisors

of Teams



■ # of Advisors in Program — # of Teams



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Tangible PFAC Results

Patient Advisor Placement/Project	Plan Initiatives	Action Plan/Action Steps	% Completed
Head and Neck Cancer PFAC	New Patient Resource Folder	<ul style="list-style-type: none"> ✓ Review resource folder components ✓ Rewrite content and add descriptive photos and descriptions ✓ Send to Marketing for HFHS branding <input type="checkbox"/> Disseminate revised folder to new patients 	75%
	Clinic Flow Redesign	<ul style="list-style-type: none"> ✓ Council Champion (Dr. Steven Chang) presented current clinic flow for new patients ✓ Patients provide feedback based on their experiences ✓ Redesign implemented at HFHS ENT Clinic 	100%
Care Transitions PFAC	After Visit Summary (AVS)	<ul style="list-style-type: none"> ✓ Reviewed current AVS by services IP, OP, ED) and provided feedback on what they liked, wanted to modify and what they wanted to remove. 	Inpatient AVS 100%
		<ul style="list-style-type: none"> ✓ Feasibility assessment of advisor suggestions with Epic/HELIOS programming team 	Outpatient AVS 100%
		<ul style="list-style-type: none"> ✓ Changes implemented based on Patient Advisor feedback including AVS information placement, content for contact information, medication requirements and appointments <input type="checkbox"/> Council continues review of ED AVS 	Emergency Department AVS 50%



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Sustain: Personalized Approach

- We know our Advisors beyond their roles as Patient Advisors and they have forged friendships
- All Patient Advisors have monthly interactions with PERC personnel
- Maintain a consistent feedback loop, where we're constantly updating Advisors on the status of their feedback.
- Maintain a neutral and safe environment for Advisors to voice their opinions, feedback and suggestions. Complete transparency is key in communicating with Advisors. They understand that not all ideas and feedback can or will be implemented but they want to know their suggestions were considered and what actions were discussed.
- Outside of the placements, we regularly check in with our Advisors to see how things are going, ask if they need additional resources and ask for any feedback they have on the Program or their placement.



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Challenges we've encountered

- Advisor drop out rate, unable to contact rate, changing contact information
- Low recruitment of men
- Continued engagement of unassigned Advisors
- Adequate number of placement opportunities for unassigned Advisors
- Aligning Advisor interests with placement needs
- Properly matching Advisors to placement opportunities
- Difficult to measure success/Return on investment



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Keys to Success

- “Warm calling” and a personal touch are the keys to success in recruiting
- Frequent follow-up, keeping Advisors in the loop is imperative
 - Verbal and written updates
- Orientation Workshop should be interactive and fun!
- Have a protocol/system in place before you start recruiting (Customer Relationship Management Software is recommended)
- The caregiver perspective is just as important as the patient’s



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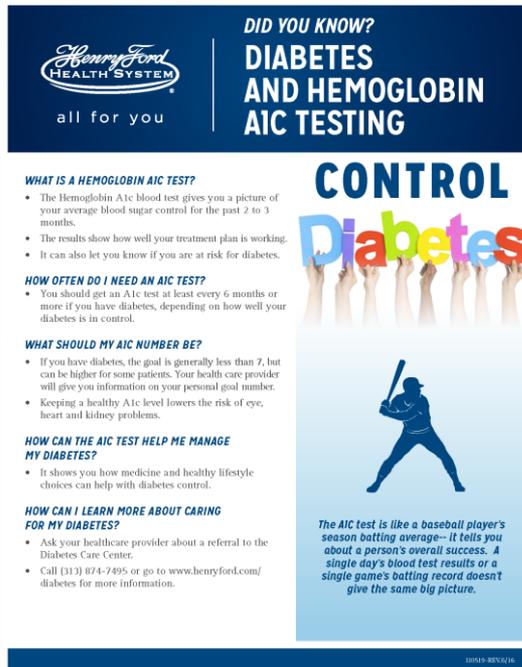
Round 1: Diabetes Patient Education Survey (Exam Room Posters)

- Survey distributed via SurveyMonkey on June 13, 2016
- Survey closed June 27, 2016
- 128 respondents
- There was no incentive for completing the survey

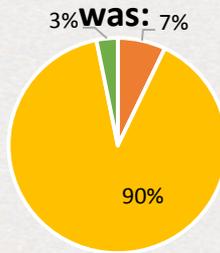


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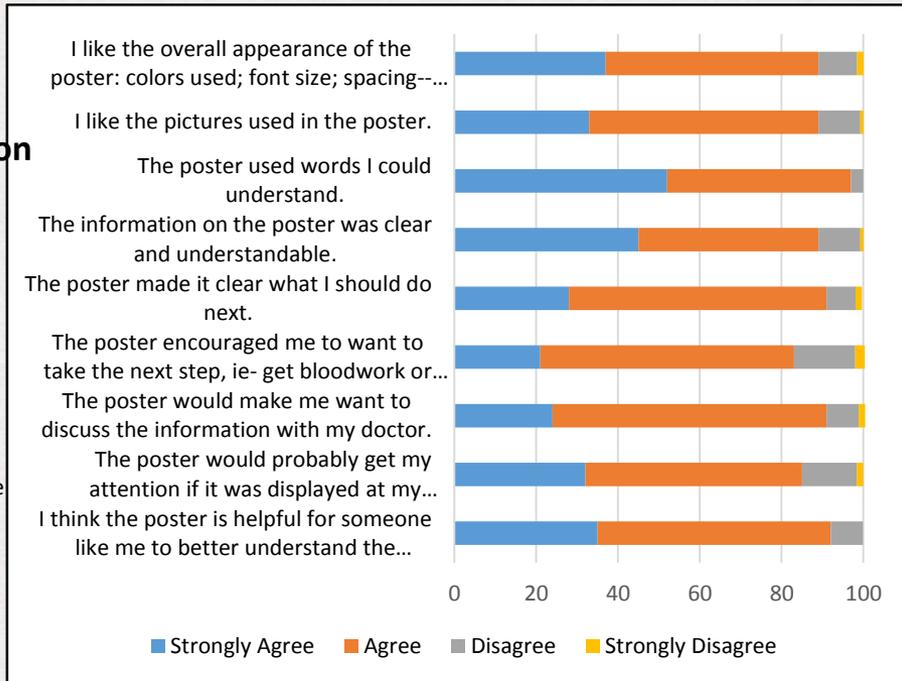
Hemoglobin A1c Poster



The amount of the information



■ Too Much ■ About Right ■ Too Little



Health Screening Recommendations



**DID YOU KNOW?
EARLY DETECTION
SAVES LIVES**

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- How often depends on the type of test and the result.

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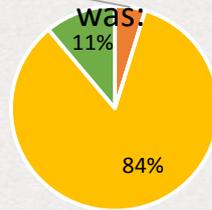
BREAST CANCER SCREENING (MAMMOGRAM)

- Women ages 45-74
- Mammogram every 1-2 years
- Some women younger than 45 and over 74 may benefit from a mammogram
- A clinical breast exam by your provider every year



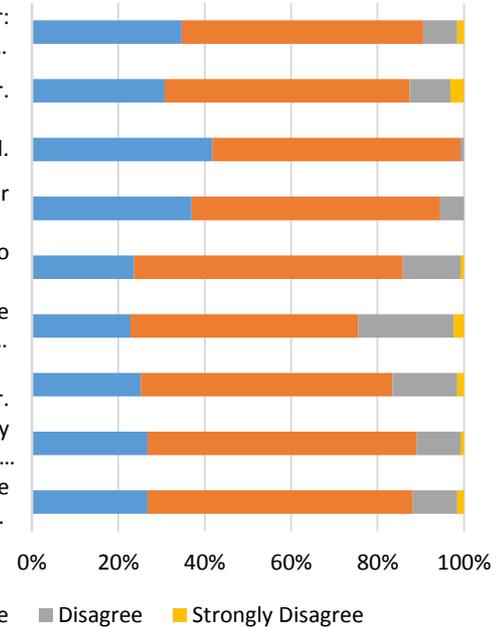
11110 REV/6/16

The amount of the information



■ Too Much ■ About Right ■ Too Little

- I like the overall appearance of the poster: colors used; font size; spacing--not too...
- I like the pictures used in the poster.
- The poster used words I could understand.
- The information on the poster was clear and understandable.
- The poster made it clear what I should do next.
- The poster encouraged me to want to take the next step, ie- get bloodwork or test...
- The poster would make me want to discuss the information with my doctor.
- The poster would probably get my attention if it was displayed at my...
- I think the poster is helpful for someone like me to better understand health...

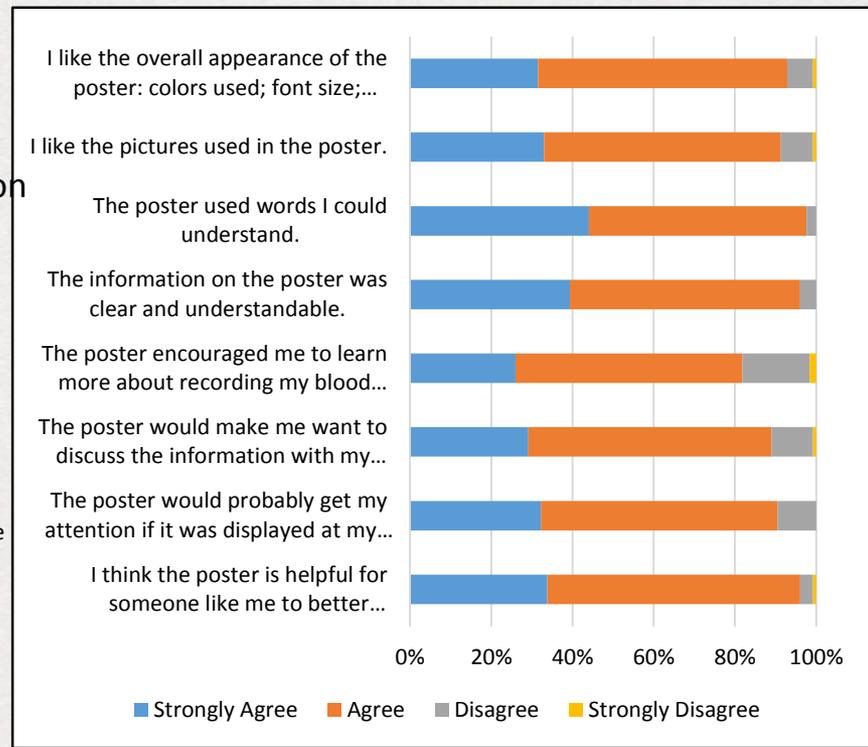
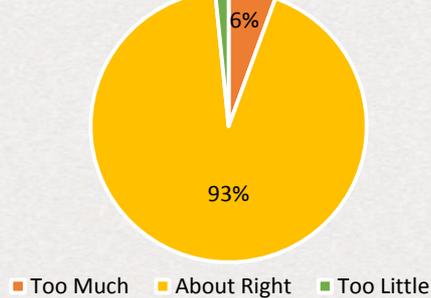


Blood Pressure Poster A



The amount of the information

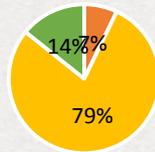
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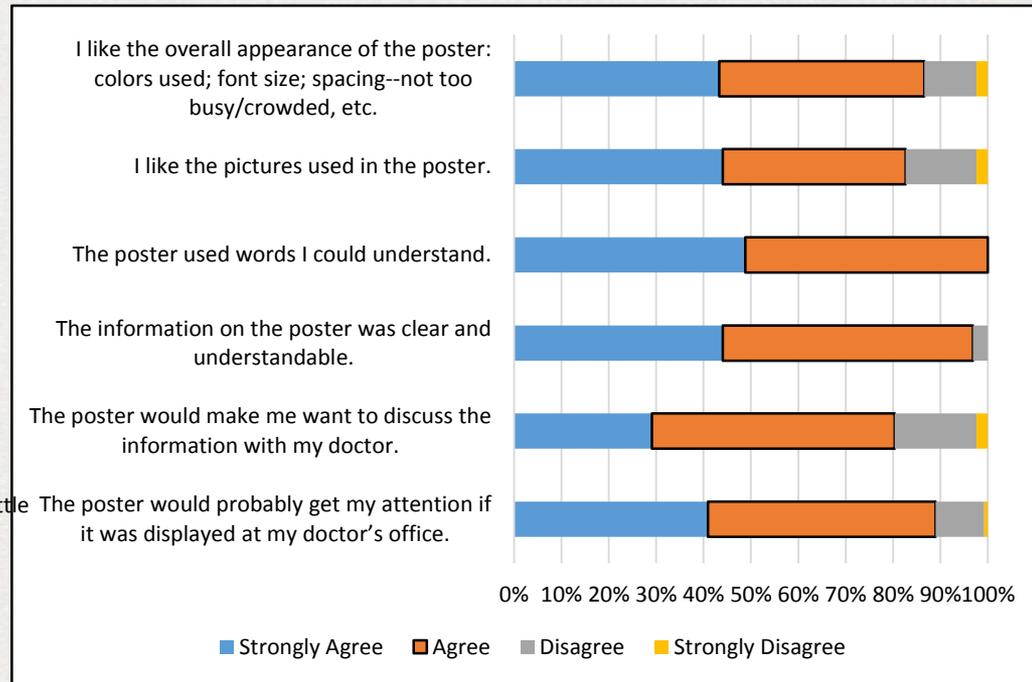
Blood Pressure Poster B



The amount of the information was:



■ Too Much ■ About Right ■ Too Little



Round 2: Diabetes Patient Education Survey: “First Steps Kit” Materials

- Survey distributed via SurveyMonkey on November 2, 2016
- Survey closed November 22, 2016
- 66 respondents
- There was no incentive for completing the survey
- **Included free response questions**

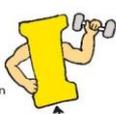


all for you

Type 2 Diabetes

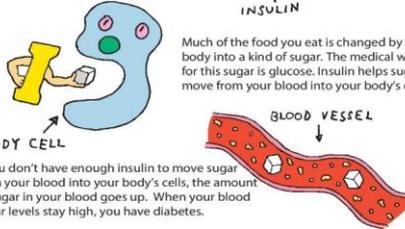
TYPE 2 DIABETES

With type 2 diabetes, your body makes some insulin, but not enough. Or, the insulin your body makes does not work right.



INSULIN

Much of the food you eat is changed by your body into a kind of sugar. The medical word for this sugar is glucose. Insulin helps sugar move from your blood into your body's cells.



BODY CELL

BLOOD VESSEL

If you don't have enough insulin to move sugar from your blood into your body's cells, the amount of sugar in your blood goes up. When your blood sugar levels stay high, you have diabetes.



Type 2 diabetes is more common in adults, but the number of children and young people with type 2 diabetes is growing. Eating healthy foods, in the right amounts, and being physically active can help people lower their blood sugar. Most people with type 2 diabetes take diabetes pills and many also take insulin.

Diabetes cannot be cured, but you can control it! People who control their blood sugar levels can lead full and happy lives - just like everyone else. Talk to your doctor or health clinic for more information.



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I think the handout is helpful for someone like me to better understand diabetes and how to manage it.

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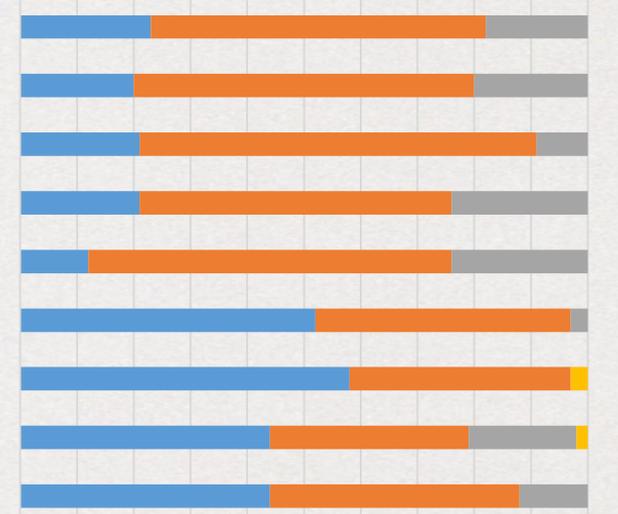
The handout made it clear on how to care for diabetes.

The information on the handout was clear and understandable.

The handout used words I could understand.

I like the pictures used in the handout.

I like the overall appearance of the handout: colors used; font size; spacing--not too busy/crowded, etc



Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
I think the handout is helpful for someone like me to better understand diabetes and how to manage it.	20	60	15	5
I would probably look at this handout again to review the topics if needed.	20	60	15	5
The handout encourages readers to discuss the information with their doctor or diabetes educator.	20	70	10	0
The handout encourages the reader to take control of diabetes, ex: eat healthier foods, take medications,...	20	55	15	10
The handout made it clear on how to care for diabetes.	10	65	15	10
The information on the handout was clear and understandable.	50	45	5	0
The handout used words I could understand.	60	35	5	0
I like the pictures used in the handout.	45	35	15	5
I like the overall appearance of the handout: colors used; font size; spacing--not too busy/crowded, etc	45	45	10	0

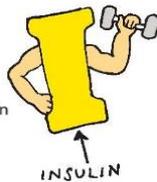
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree

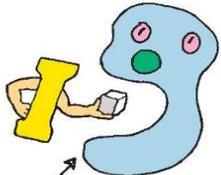
Type 2 Diabetes Free Response Feedback

TYPE 2 DIABETES

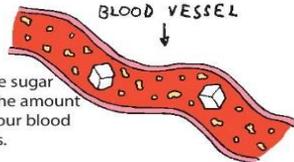
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“Not enough nutrition information. Also might be too "wordy" for a patient who doesn't read.”

“I am a diabetic and I did find the information to be clear and concise. It was easy to understand. Very helpful.”

“The graphics look like you're trying to peak the interest of children. It needs to be very specific about medications, exercise and food people eat.”

Diabetes Pills: What do I need to know?

DIABETES PILLS WHAT YOU NEED TO KNOW

Many people take diabetes pills to help lower their blood sugar. Diabetes pills only help people with Type 2 diabetes. People with type 1 diabetes must take insulin.

There are different types of diabetes pills or tablets. Many of them work in different ways. Some people take more than one diabetes pill.

Diabetes pills work best when you:

- Eat healthy foods in the right amounts
- Are physically active every day
- Avoid stress

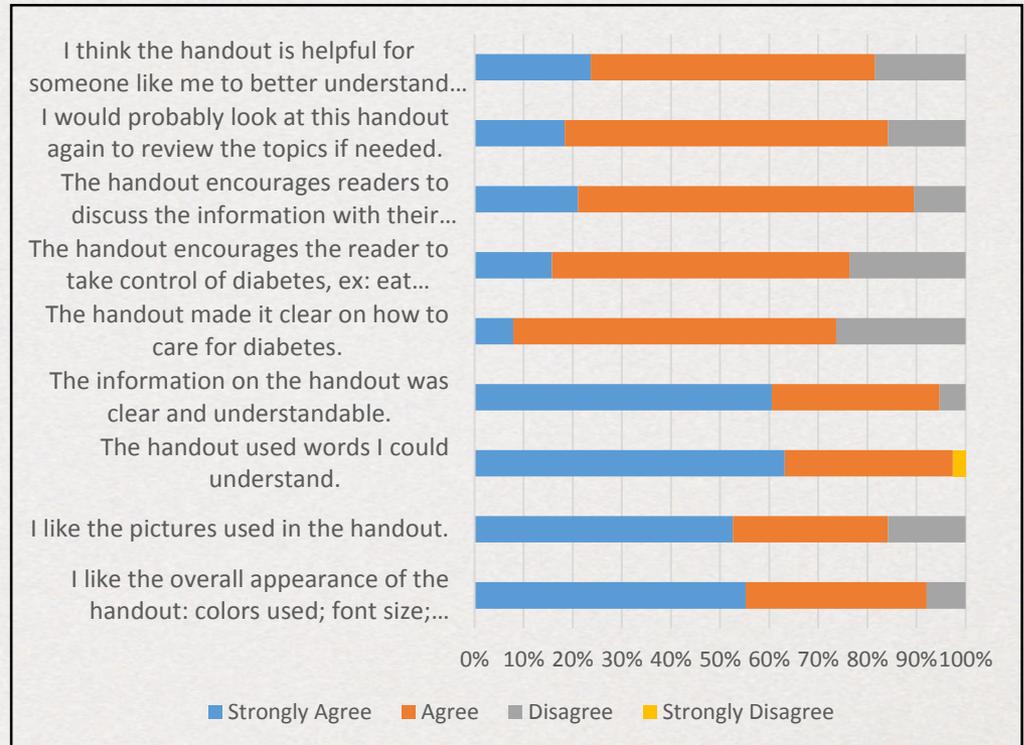


Take your diabetes pills at the same time each day. Do not take more pills, or fewer pills, without talking to your doctor.

Some pills you keep taking if you are ill and some you do not. Call your doctor or health clinic if you are supposed to take diabetes pills when you are ill, but are too ill to take them.

ASK QUESTIONS.
Before you leave the doctor's office or clinic, be sure you know:

- How and when to take your diabetes pills
- If you should take your pills when you are ill
- What to do if you miss taking a diabetes pill

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“To much verbal information, so use PICTURES & BULLET POINTS together to get YOUR POINTS ACCROSS! Use a LINK to have your clients communicate with you with questions and concerns on insulin.”

“The handout is appealing and does not scare off patients. It is easy to read and understand. It might be helpful not to just explain in more detail why it is important to manage diabetes.”

“I understand this was written at the 6th grade level, but the pictures look like they were drawn by a 6th grader! Too childish”

Why do I need insulin?

WHY DO I NEED INSULIN?

SUGAR FROM FOOD

Insulin helps your body's cells get the sugar they need from food. Your cells need sugar to give you energy.

CELL

INSULIN

When you have diabetes, your body doesn't make insulin or the insulin you do make doesn't work right.

You can get the insulin you need by injecting it with an insulin pen, a syringe, or insulin pump.

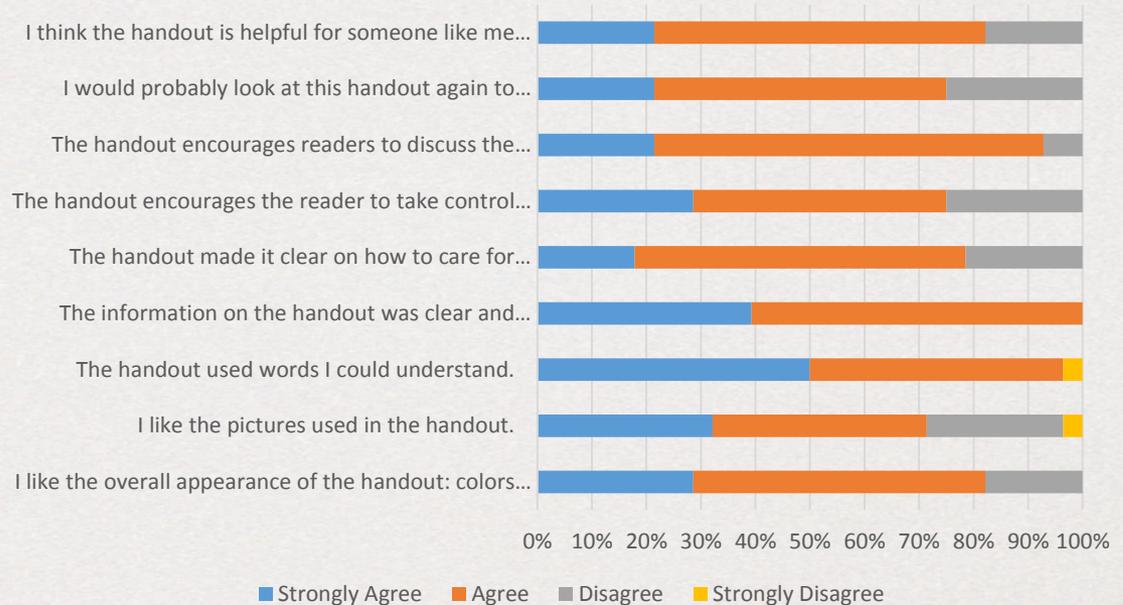
INSULIN PEN

Taking insulin will:

- help to control your sugar levels
- give you energy
- help you stay healthy

Low blood sugar can be a problem if you take insulin. Be sure you know how to treat low blood sugar before you take insulin. Provided as an educational service on www.learningaboutdiabetes.org © 2008 Learning About Diabetes, Inc. All rights reserved. Rev. 2013

Advisor Feedback on Diabetes Flyer #2



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“The pictures looks like they are targeting children and my not be for adults.”

“My opinion of this educational handout which primarily discusses treatment for diabetes patients, is not biased, it's colorful, yet the roadmap looks sort of confusing for the newly diagnosed patient. On the other hand, the wording seems to be clear and concise, gets straight to the point. Otherwise, I think this was complete and simple! Good job!!!!!!”

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Blood Glucose Meters

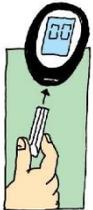
BLOOD GLUCOSE METERS

A blood glucose meter uses a small drop of your blood to show you how much glucose (blood sugar) is in your blood at that time.

First, read the information that comes with the meter. Follow the directions to get the meter ready to use.

Using Your Meter

1. Wash your hands with soap and warm water.
2. Put the lancet or needle in the lancing device (if it is not already in the device).
3. Put the test strip in the meter.
4. Gently prick (stick) your finger using the lancing device. The fatty skin by the side of one of your fingernails is a good spot.
5. Touch the drop of blood on your finger to the test strip. Your blood sugar number will appear on the meter in a few seconds.
6. Throw the lancet (needle) away in a sharp container or other sealed hard bottle or jug.



All meters are different. If you have any questions, call the phone number on the back of the meter. Or, talk to your doctor or pharmacist.

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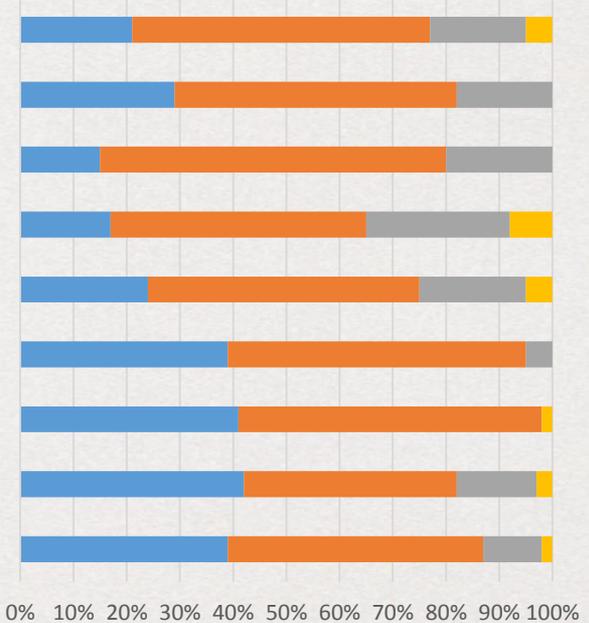
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“The first picture regarding the lancet did not give a clear description of the lancet.”

“Picture of finger makes it look like you "poke" next to the fingernail. Finger should be rotated to show the better positioning. Page does not address what to do with the value that is obtained.”

“Maybe a change on the font type or color on how to properly dispose of the lancet?”

Low Blood Sugar

LOW BLOOD SUGAR

(Hypoglycemia)

A low blood sugar can happen quickly. If not treated right away, low blood sugar can cause a medical emergency. You can even pass out.

Common causes: Skip a meal or not eat enough food; too much insulin or diabetes pills; more active than usual.

Warning signs include:



Shaky or dizzy



Blurry vision



Weak, or tired



Sweaty



Headache



Hungry



Upset or nervous

What to do?



Check your blood sugar right away. If it is below 70, treat for low blood sugar. If you can't check, treat anyway to be safe.



Treat by eating 3 packets or 1 tablespoon of regular sugar, 4 ounces of regular fruit juice, or 6 ounces of regular (not diet) soda.



Check your blood sugar in 15 minutes. If it is still low (below 70), treat again. If you keep having problems and you don't know why, call your doctor or health clinic.

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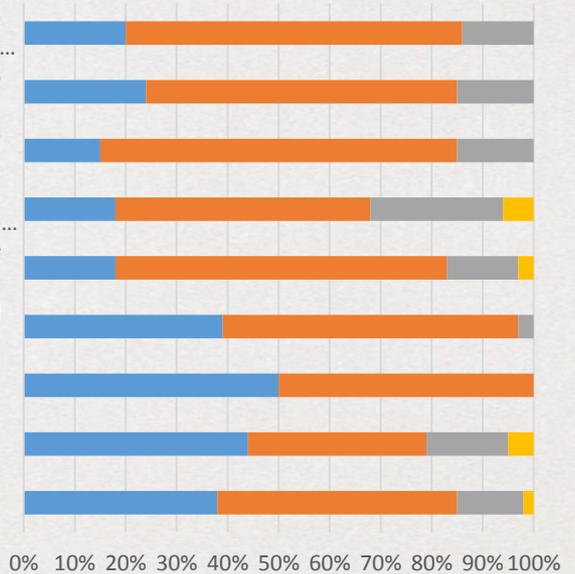
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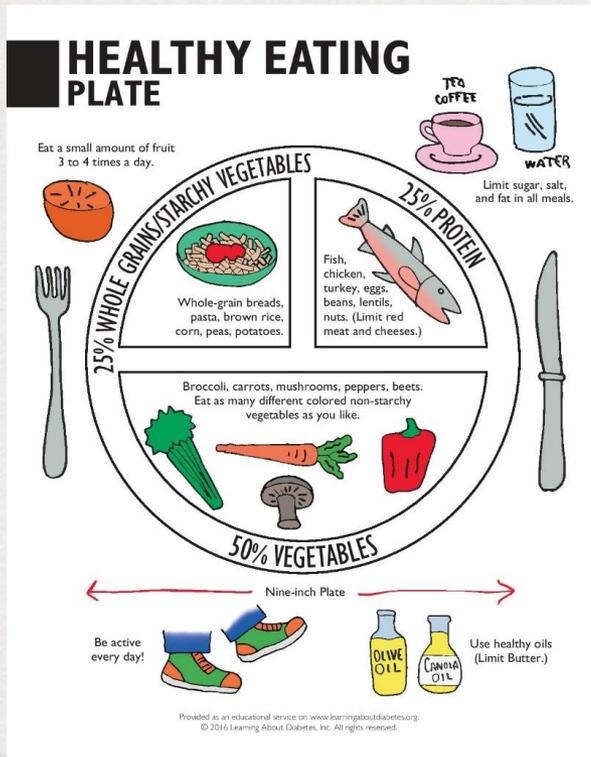
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"The page looks crowded with information closely bunched together. There needs to be more spacing and possibly more up to date pictures / artistry to catch the readers attention."

"This had good information that would be helpful to someone like me. I know what to do about low blood sugar and what to do. Very easy to understand."

"Good information regarding hypoglycemia, but what should you do if no quick sugar is available? This should be addressed by suggesting keeping something available (glucose tablet, candy) at all times (keep in car, desk, purse, pocket, etc.)."

Healthy Eating Plate



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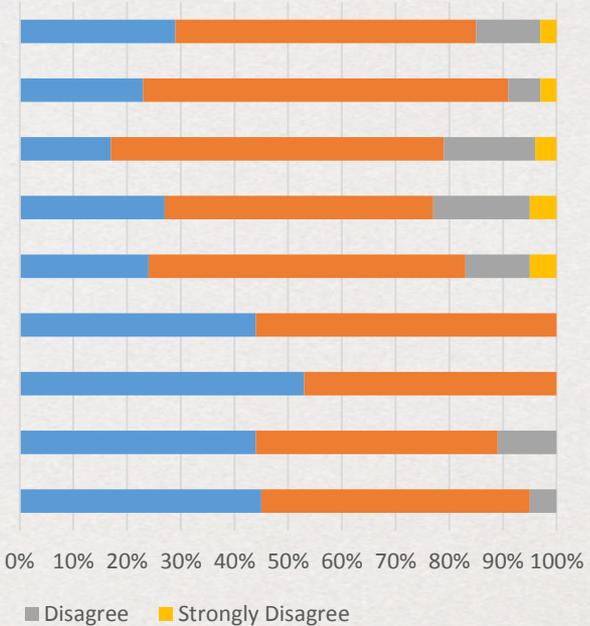
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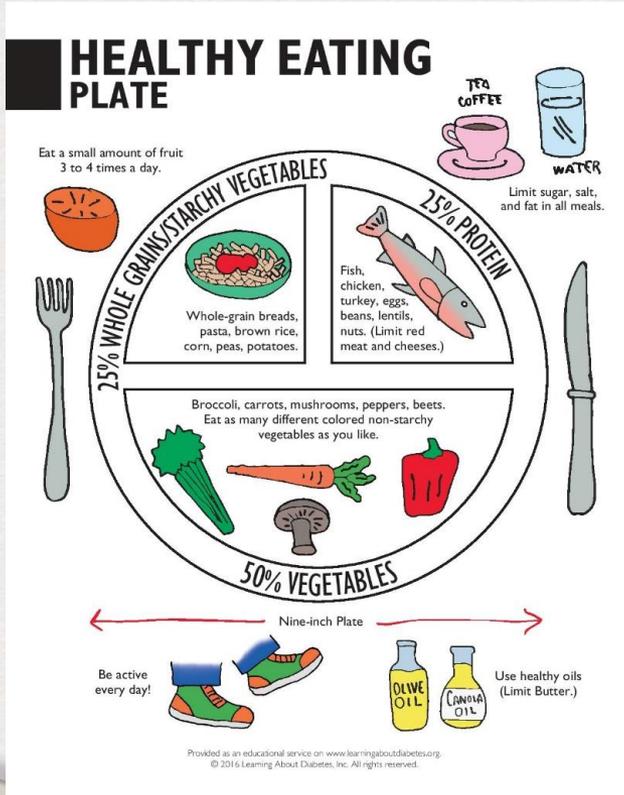
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Healthy Eating Plate



"I do not see a reference of how to care for diabetes in the hand out. The hand out tells the reader how to eat healthy but does not specify that this is specifically important in caring for diabetes."

"It is unclear to me if one should limit coffee and water or incorporate both or either into a healthy diet based on the illustrations."

"This handout does a good job in helping someone understand the diet that would help keep their diabetes under control, but it doesn't say this. The font in the circular ring, e.g. "50% vegetables" should be shrunk in size. The "a" in "tea" should be redrawn."

Takeaways: Patient Education Materials Review

- Consider incentivizing participation for completing the survey
- Always report back to the participants the updates and progress made based on their feedback.
- Include free-responses to collect qualitative feedback
- Transparency is key to engagement! Share with the participants:
 - Where materials will be used
 - Who will be utilizing materials
 - What you plan to do with the feedback you receive
- Be prepared for CANDID feedback!



all for you

Contact info



Heather Olden
holden5@hfhs.org
313-874-6031



Roberta Eis, RN
reis1@hfhs.org
313-874-6981

Questions?



all for you