

# A Study to Inform Health Communications Regarding the Diabetes Self-Management Education and Support Program

## *A Summary of Focus Group Findings for the Minnesota Department of Health*

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# Contents

Introduction.....	1
Methods.....	1
Sampling and recruitment .....	1
Focus groups .....	2
Limitations .....	2
Participant demographics.....	3
Key findings.....	3
Experiences with diabetes management education.....	3
Online programming.....	7
Outreach preferences .....	9
Awareness and impact of the Advantage Value for Diabetes (AVD) benefit .....	9
Results from communication materials testing.....	10
Recommendations for communications and messaging .....	12
Appendix.....	14
Focus group protocol - urban participants .....	14
Messaging tested.....	18

# Introduction

Diabetes self-management education and support (DSMES) is an evidence-based program designed to engage people with diabetes in setting goals, developing self-care skills, and adopting healthy behaviors in order to improve their quality of life and reduce their risk of health complications. This program is available to all Minnesota state employees with a diabetes diagnosis who participate in the State Employee Group Insurance Program (SEGIP).

In January 2021, the Minnesota Department of Health (MDH) contracted with Wilder Research to conduct focus groups with SEGIP beneficiaries residing in urban and greater Minnesota to 1) identify effective messaging and communication outreach strategies to promote the DSMES benefit, 2) understand barriers to participation, and 3) test promotional materials for the DSMES program. Additionally, MDH wanted to gauge interest and motivation to participate in an online format of the DSMES, which became available to SEGIP beneficiaries in May 2021. Lastly, MDH wanted to understand differences in effective communications strategies for urban and rural residents. SEGIP beneficiaries living in greater Minnesota are less likely to participate in DSMES compared with their urban counterparts. The findings from this research will be used to inform future DSMES promotion among urban and rural state employees and help address barriers to participation in online DSMES programs among SEGIP beneficiaries.

## Methods

### Sampling and recruitment

Due to the sensitive nature of employee health data, it was not possible to do targeted recruitment for the focus groups. Rather, a flyer was sent to all SEGIP beneficiaries, regardless of a diabetes diagnosis, informing them of the opportunity to participate in a focus group about diabetes management education programs and health communications, if eligible. Those interested in participating contacted Wilder to participate in one of the focus groups.

Initially, rural participants were defined as living 30 minutes or more from their health care provider. Interested parties were asked this screening question and then were scheduled for the appropriate group (rural or urban), if eligible. Partway through data collection, how we defined participants as urban or rural changed based on consultation with MDH. Instead of distance from a health care provider, rural-urban commuting area codes were used to determine whether someone was considered a rural or urban resident.

Unfortunately, based on this change in definition, there were only three rural participants present among the four groups already conducted. These individuals were spread out across different groups, resulting in mixed focus groups, but largely representing the urban perspective. The final two focus groups, using the updated definition, included one with urban and one with rural participants. The change in definition combined with the lack of interest to participate from rural SEGIP beneficiaries presented some limitations in the ability to identify differences between urban and rural participants.

## Focus groups

Wilder conducted six virtual focus groups via Zoom with a total of 30 participants. Wilder developed two focus group protocols in collaboration with MDH, one for urban and the other for rural participants. See the Appendix for the focus group protocol for urban participants. The questions in these two protocols are identical with slightly modified language in the introduction. At the end of each session, participants were asked to complete a short demographic survey.

In social science research, it is standard practice to offer participants an incentive to thank them for their time. In this case, an incentive was not offered. The exclusion of an incentive is the result of an internal review process within MDH and the determination that Minnesota Management and Budget/SEGIP cannot allow state employees to receive gift cards or other compensation for opportunities that are not available to the general public. Since the population of people eligible for these focus groups is exclusive to state employees and their family members, participants did not receive gift cards.

In addition to focus groups, Wilder conducted a literature review to help answer MDH's key research questions. The findings from the literature review are reported separately.

## Limitations

There are several limitations worth noting:

- **Sample bias** – Individuals who choose to respond to a flyer inviting them to participate in a focus group are likely more engaged and experienced in their diabetes management compared with the average person. Additionally, people who participate without an incentive may be different in terms of their level of engagement with diabetes management than those who would choose to participate if an incentive were provided.
- **Recruitment challenges** – As stated previously, due to the recruitment strategy, there were not enough people with a rural zip code who expressed interest in participating to conduct three rural-specific focus groups as originally planned.

- **Number of sessions/participants** – Due to the small number of participants, these findings are representative of those who participated in the focus groups and are not representative of all SEGIP beneficiaries with a diabetes diagnosis.

## Participant demographics

Twenty-three out of 30 focus group participants completed a demographic survey. Of those, participants ranged from age 29 to 65. Fourteen participants identified as female and nine identified as male. All participants have internet access at home. Eighteen out of 23 participants have a bachelor's degree or higher. Slightly less than one-third of participants have a household income of \$90,000 or more. One-third of participants have a household income lower than \$90,000 and another one-third of participants chose not to answer this question. Twenty-one participants answered a question about their race: 19 identified as White and two identified as Asian.

## Key findings

### Experiences with diabetes management education

#### *Types of programs*

Participants were asked whether they have ever participated in a program or education sessions to help manage their diabetes. Almost all participants shared that they had participated in some form of diabetes education (25 out of 30 participants). For most participants, their participation in diabetes education took place immediately after their diagnosis. Participants shared that their education programs covered basic information about diabetes and general guidance about how to manage it.

*I participated in some education session way back when I was first diagnosed, a long time ago.*

*I haven't done any education programs since initial programs, and [I only participated] because they wouldn't let me out of the hospital until I did.*

*When I was first diagnosed, [I participated in diabetes education]. It had something to do with Health Partners. They told me about all the basic information such as how insulin works and why I have diabetes.*

While some participants learned about how to manage their diabetes through these education programs, a few participants felt that they did not learn anything from them. A few participants indicated that the reason they attended these programs was to lower their co-pay.

*I have not attended a specific program, just my clinic had me meet with a dietician and educator a couple of times. But I haven't done anything formal like a program. When I was first diagnosed. I read a lot, and so **I can honestly say I didn't learn anything.** A year later I went to the dietician—I felt like I was wasting time and money. Part of the reason why I haven't gone back. It didn't seem like they were up on the latest information. So, I haven't been back.*

*They would call and ask how I was managing my diabetes and what my goals were. **It was mainly to save on the \$5 co-pay. That was the only reason I participated.***

About one-third of participants attended diabetes education programs through their private health care provider, such as Blue Cross Blue Shield (9 out of 30 participants). Participants indicated that diabetes education was provided by a dietitian, nutritionist, or nurse practitioner.

***I participated in Medical Therapy Management with Minnesota Blue Cross Blue Shield.***

***Everything is through the health plan.** It changed every year whether it was the doctor or nurse practitioner.*

*I have it through the health system here in Brainerd. **They have a couple diabetes educators and I have done stuff with a dietician,** normal diabetic care things. They helped me get a glucose monitor a few years ago and explained it to me.*

### **Motivation to participate**

When asked about what motivated them to participate in diabetes education programs, seven participants shared their perspective and reasoning. Three out of the seven participants indicated that they were motivated to participate out of fear of declining health. Another three participants felt motivated to improve their health and gain a sense of control over their well-being. One participant said they participated because they were newly diagnosed and wanted to learn more.

*I got diagnosed when I was 46 and now I am 65. At that time, I had two young boys and I wanted to make sure that I will live until my two boys graduated from college. **I don't want my boys to live without a dad.** That is my motivation. I have relatives who had it and I wish I listened to them.*

*I used to work with a nutritionist. **I was motivated to improve my health.** Some of the providers have been helpful and some have not.*

***I participated at that time because I was newly diagnosed.***

## Receptiveness to programming

Participants were asked at what point they have been or would be most receptive to or interested in participating in a diabetes management program. A few participants (5 out of 30) indicated that they are most likely to participate in a diabetes management program when they experience a change in lifestyle, such as retirement where participants are able to eat food at their own schedules at home or in response to a major life change such as menopause or pregnancy.

***Menopause was something that I had to change what I ate. Also, retirement is another thing. Eating our meals at different times because we can follow our own schedules at home. It changes the pattern there.***

***The only other time I could see myself using diabetes management would be if I had some change in my life like pregnancy or a complication that would change my life and, as a result, I might want to pursue a group like that.***

Four out of 30 participants shared that their receptiveness to participate in a diabetes management program depends on what the program offers. They are less likely to participate if the program does not offer something new from what they already know or equipment they already have. On the other hand, they expressed interest in participating in a diabetes management program when there is a change in technology or a new device they want to learn about to help them manage their diabetes.

***It will be hard for me to get interested unless I know what it is. I would not join if it is similar to what I already know.***

***For me, I would not be interested in too much unless it would be a new device thing. But then I would hear that from my doctor. So it is tough to jump into that, especially since my doctor would know what I have been doing, what works for me, and what would be the next best option for my care.***

Three participants felt that they were interested in participating in a diabetes management program immediately after they were diagnosed. They emphasized the importance of having information early on to be able to manage their diabetes. However, one participant expressed a desire to have time and space to process the information about their diagnosis before getting involved in programming.

***It's really important right when you're first diagnosed to hit all aspects of nutrition, lifestyle change. If that's a positive experience, if I felt it was worth my time and effort, if there was something that said, you can check in with this person every 6 months for a half hour to discuss how things are going. It is really important to have all of these things.***

***Luckily, I've never had any complications, but it would have been helpful earlier on to have had a better grasp of what I could have been doing. It would have been helpful to be presented with [information] in a more timely manner.***



*Allowing people time to process. It is going to be different for everybody. Some people would be ready, but for people like me, I need to process what just happened and look at the doctor's report. So please give me a week to figure out before telling me what to do. It obviously depends on circumstances. You don't always have that luxury. Not everybody is granted that flexibility. **But it was so much information thrown at you. I'm just trying to figure out my own level of comfort. I was overwhelmed.***

## **Impact of cost**

When asked whether the cost affected their use of diabetes management services with someone other than a physician (e.g., diabetes specialist, nutritionist), 18 participants said that the cost of these services plays a significant role. Six out of these 18 participants mentioned that the cost of these services has no bearing as long as it is covered by their health insurance. A few participants shared their gratitude to the state health insurance program and one participant in particular said, "This has been the biggest game changer of my life."

***Cost is certainly a factor in my participation.** It comes down to the value, if you really feel like you are getting meaningful feedback and engagement. When I heard another participant's story, sometimes it feels like the person you are speaking with just wants to check a box. It is hard to shovel out any money if there is no value there.*

*I used to have an insulin pump. My insurance at the time went from being a diabetic supply to a medical supply. Then my copays turned out to be for medical instead of medication. So they wanted me to pay \$2,000 before they would cover anything. At that point, I stopped the pump and went back to pens. **That was the biggest change I noticed; money.***

*I never really had an issue with the cost. Since I have been working for the state of Minnesota, the insurance has been pretty good. **The cost has never been a deterrent [because my insurance covers much of the cost].** I go as much as deemed necessary and often by the doctor or nurse practitioner.*

*My husband is a state employee and I am not. He has been working with them for about 2 or 3 years. Before that, we were getting insurance through other businesses. We would be met with a \$3,500 deductible that had to be met at the beginning of the year before any benefit would kick in (e.g., prescriptions, doctor visits). I would go to the pharmacy, pay, and cry every time for months until insurance kicked in. Even then, we were paying 20% after that. **When he got to the state and got this insurance program, I also cried but for very different reasons. For the first time, I was not going to have to deplete my savings for the year. So, kudos to the state for that insurance program! That has been the biggest game changer of my life.***



# Online programming

## Experiences with telehealth

Two-thirds of participants shared that they have participated in telehealth. These participants used telehealth for a variety of health care needs; six participants used telehealth to meet with their endocrinologist, three with a therapist, two with their doctors, and a few others used telehealth to talk to a dermatologist, nurse practitioner, and diabetes educator. A few of these participants mentioned that they had never used telehealth prior to the COVID-19 pandemic.

*With COVID-19, I met my endocrinologist over their online system. It took me two minutes to get there. The appointment itself took less time. That element of it is nice. The conversation I had with the doctor was the same.*

*I've seen my endocrinologist two times during the pandemic using telehealth. I really like it that way. Unless you have to do labs, you have to go in. But I prefer to see my doctor via telehealth.*

*I had never done telehealth until COVID. Then I had one appointment with my endocrinologist.*

## Pros of online DSMES

When asked about the potential benefits of an online version of the DSMES program, participants most frequently mentioned the convenience of not having to drive as a benefit of an online DSMES program (9 out of 30 participants). An online option would save time and since participants will not have to drive, they felt that it is safer for them to participate. Similarly, a few participants felt that online DSMES programs can be beneficial for people living in rural areas of the state because of the limited resources available in person and participants would have to travel further away to access these services.

*Virtual would be a better option because of the convenience. I have little extra time so I can take this [program] when, let's say, my child is asleep.*

*[A benefit is] the safety, because I don't have to go in. If I have not had time to take my shower yet, I can still come to the meeting. I can still work and participate.*

*I think it will be beneficial for people living outstate Minnesota or if you do not readily have access to services. Minnesota is a huge state. Once you start getting to the rural parts, you do not have easy access. Growing up in a rural community, I know that firsthand.*

Five participants shared that whether or not they decide to participate in an online DSMES program will depend on the content and structure of the program, as well as specific needs or learning they are seeking. If participants are only looking to talk to a care provider or ask for advice, they felt a virtual meeting would suffice. However, if they need assistance

with how to operate a device or get blood work done, an in-person option would be better. Two participants expressed their preference to have the option to choose to participate either in person or virtually.

***It depends on how personalized it is.** If you click on one thing and directs you somewhere else. If it's just something you watch pre-canned or something that applies to everybody, most people aren't going to get much out of that.*

***It would depend on why I am seeking this out.** If I were looking to talk and get some good advice, it would be convenient because I can do it on my way from work, here at work or wherever. But, if I am looking for more specifics like actual instructions or how a pump works, how to cook something better, then I could see in person being much better. It goes back to why I would seek out a support or educational group. It would be because things are not going the way I want them to.*

*I hope quick check-ins continue to be an option. I want the pandemic to be over and do normal things, but I also want there to be an option of not needing to go in to see the diabetes educator so she can see my fingertips. I can do that over Zoom. **To be able to choose a telehealth or in-person visit, the ability to make that decision to check in virtually.** I want to have that conversation in person. It would be nice if the patient could dictate or have a say.*

### Cons of online DSMES

Eleven participants shared their thoughts about potential downsides of an online DSMES program. A few participants mentioned that meeting in person would provide a more thorough and authentic interaction while virtual meetings may lack an opportunity to engage or take longer time to connect with other participants over computer screen. A few other participants also thought that an online program could be a challenge for participants to stay focus throughout the meeting. To help participants stay engaged, one participant suggested building breaks into each session.

*A disadvantage, maybe a byproduct from getting together, is the interaction between the instructor and student and the interaction among the students themselves. **But when it is online I do not think that informal, unofficial conversation takes place.***

***It takes longer for me to get to know people over a computer screen.** There isn't the chitchat, there isn't the getting to know each other outside of the official responses to the questions. I think that is the disadvantage to meeting over the computer.*

***There should be some kind of break** if we're not going into the office and taking up time.*

Other challenges to participating in an online DSMES include technological barriers. A few participants thought that if MDH is able to address this, online DSMES would be successful.

*If there are multiple people having to get together at the same time, I do not know if that is feasible for me. I work rotating shifts. One day it could morning hours, then the next day it could be evening hours. It would be hard to get together with a bunch of people.*

*The technology barrier I think at this point as long as they are able to handle it, it should be fine.*

## Outreach preferences

Participants were asked about how they prefer to be contacted about programs or opportunities to help manage their diabetes. The majority of the participants identified email as the preferred mode of communication (16 out of 30 participants) because it allows some flexibility for them in terms of when they want to read or reply and it can be easily accessible via phone. A few participants also expressed openness to communication via physical mail. A few participants explicitly preferred not to be contacted via phone.

*I prefer email. If I got a letter in the mail, I would probably read it. Mail would be the best if not the cheapest.*

*Email or letter and no calling please. Robocall is just out of control right now.*

*I appreciated the hard copy letter in the mail as a non-state employee and my circumstance.*

## Awareness and impact of the Advantage Value for Diabetes (AVD) benefit

Participants were asked whether they are aware of the Advantage Value for Diabetes (AVD) benefit offered through the State Employee Group Insurance Program (SEGIP) and about the impacts, if any, on their diabetes management. About half of the participants said that they were aware of the AVD benefit (16 out of 30 participants). However, a few participants were uncertain about it until they confirmed with SEGIP and learned that they were automatically enrolled.

*We learned about it when my husband got the job at the state through the mail. It was like opening up a unicorn.*

*I probably read about this, but I don't remember this. It's good though. I guess I am on it, I don't know. Are we all on it?*

The most frequently mentioned benefit of AVD is the reduction in copay (8 out of 30 participants). Some participants shared their gratitude and expressed disbelief about how good the benefit is when they first learned about it. One participant mentioned that they decided to take their current job at the state, in part, because of this benefit.

*I was aware because I used to pay about \$100 to the pharmacy when I picked up insulin. Then it went from that to \$15 or \$20. I cried because it felt like I received a \$1,000 raise. I remember getting the letter in the mail because it had some \$0 copays on it. I called SEGIP or the insurance company, but it seemed too good to be true. I thought it was a scam at first. I noticed when I had a large copay to less of a copay.*

*[I appreciate] having my copay covered and other things covered. It is expensive and you are dependent on that. I have benefited greatly.*

*It removes those extra costs. That is what has helped me. Other than that month when I was between prescriptions, I probably did not recognize what an advantage it was until I lost it for that short time. It has been really good to have.*

*It is a happy day at the pharmacy when they say you owe nothing. You almost feel like you are stealing. There are definitely advantages to that plan.*

*I partly took a job with the state because I needed full insurance coverage. Until then I paid a lot of out of pocket for insurance.*

## Results from communication materials testing

### Participants liked

Participants were presented with four different messages that have been or will potentially be used to promote the DSMES program. See the Appendix for messaging. Participants were asked to share what they liked about the messaging. Below is the summary of key takeaways from their feedback:

- **Create messaging that indicates the DSMES is covered by multiple health insurance carriers and, if possible, which ones.** This will help dispel questions about whether or not the service is covered by a particular health insurance carrier. Respondents are less likely to seek additional information if they need to call their health insurance provider about coverage. This will also increase the chances that individuals will share the opportunity with friends or family members who may have a different health insurance provider.
- **Use word choices that highlight the collective rather than the individual.** Words such as “we” are more appealing than “me” because it reminds people that they are not alone in managing their diabetes.
- **Create easy and simple messaging without too many graphics.** Participants find materials with fewer graphics easier to read.

- **Provide clear information about who participants should contact, what program they are signing up for, and what they will learn from the program.** Some participants want to know whether they should contact a health insurance provider or a program person to learn more. People do not want to have to make several phone calls in order to learn more and sign up for the program.
- **Include a website in the messaging.** Participants appreciate the ability to visit a website on their own time to learn more if they choose.

Among the four messages presented, participants liked message #4 the best. Participants liked its layout with the clear and colorful background plus an image of the salad at the top and text at the bottom. Participants particularly liked the inclusion of benefits listed in the bottom right hand corner. They felt that they have a good understanding of the components of the program and its benefits. A few other elements from other messages resonated with participants such as the wording of message #3 about the tailored aspect of the programming and the supportive messaging in message #1 about managing diabetes with others.

### *Participants disliked*

Similarly, participants were asked to share what they disliked about messages promoting the DSMES program. Below is the summary of changes participants hope to see:

- **Develop messaging that highlights something new about the program, information, or diabetes-related devices or technology.** Participants shared that they are less likely to pay attention to messaging that is similar to what they have seen before. Additionally, participants also want pictures used in the messaging to align with the intended message.
- **Avoid words or phrases that are presumptive, insulting, or threatening.** Threatening or deficit-based words or phrases, such as “Don’t let diabetes derail your life” can be effective, but also cause fear, according to participants. Overall, participants prefer a gain framing rather than a loss framing. Participants said they know diabetes can derail their life, but they also believe in their ability to manage it.
- **Use appropriate font size and color for the text to improve readability.** Participants noted that the grey color and miniature font size are not accessible to many readers. One participant noted that it does not meet standard formatting for communications.
- **Provide additional information about the program, such as whether it is specific for individuals with Type 1 or Type 2 diabetes.** Participants want to have a more individualized plan for Type 1 or 2 and felt that a one-size-fits-all program is not appealing.

- **Make it clear that the online DSMES can be accessed by people who do not own smart phone.** Some participants do not own a smart phone while others do not use their phone often enough. It is important to make sure messaging communicates that the online program can be accessed in several different ways (e.g., laptop, iPad).

## Recommendations for communications and messaging

Overall, the suggestions and recommendations for addressing participants' needs and preferences centered around 1) providing clearer messaging about the resources and benefits of participating in a DSMES program, 2) creating gain framed and unique messages that appeals to different communities, and 3) reaching out to participants via their preferred mode of communication. Below are some specific recommendations for MDH to consider:

- Given that cost is a significant factor for whether or not participants utilize diabetes health education, MDH communications should highlight that there is no cost associated with participating in the online DSMES program.
- Participants are motivated to participate in a diabetes management program because they want to decrease or eliminate costs associated with their diabetes. MDH communications should highlight that participants are able to lower their copay by participating in the online DSMES program.
- Participants expressed interest in participating in a diabetes management program if and when there is a change in technology or new device for diabetes management. MDH communications should highlight new information or technology related to diabetes management that people might want to learn about.
- Participants indicated that they would like to have options to participate in the diabetes education sessions either in person or via a virtual platform. MDH should consider providing multiple ways for people to participate and communicate these options.
- About half of the participants were aware of AVD benefits provided through SEGIP. MDH should implement strategies to increase participants' awareness by informing them about their AVD enrollment and benefits.
- The majority of participants identified email as the preferred mode of communication and a few participants explicitly preferred not to be contacted via phone. MDH communications should consider reaching out to SEGIP beneficiaries via email. Repeated and multiple means of communications (a combination of email and mail) could be effective.

- The four messages that were tested in the focus groups did not provide clarity about whether the program is specifically for individuals with Type 1 or Type 2 diabetes. MDH should consider providing additional information about for who the DSMES program is for.
- MDH communications should consider developing messaging that is unique and different from what participants have seen before, providing information about who they should contact (preferably not a health insurance provider), as well as translating messaging into multiple languages to reach different cultural communities.



# Appendix

## Focus group protocol – urban participants

Welcome! Thank you for joining us today. My name is \_\_\_\_\_ and I work for Wilder Research. We are a mission-driven, nonprofit research organization located in St. Paul. I will lead today’s conversation and \_\_\_\_\_ is here to take notes.

The purpose of today’s conversation is to learn about how the Minnesota Department of Health, in collaboration with the State Employee Group Insurance Program, can provide state employees that have a diabetes diagnosis with the support they need to successfully manage their diabetes. State employees are eligible to participate in a diabetes management program called the Diabetes Self-Management Education and Support or DSMES program. Through our conversation today, we would like to better understand the barriers and obstacles to using DSMES and get your feedback on messaging to promote DSMES.

- Because these are virtual focus groups, it can be harder to know when someone wants to jump in with a comment; feel free to try using the “raised hand” icon [show people where this is] if you’re not sure when to jump in. You may also just raise your hand if you have your video turned on.
- We encourage you to keep your camera on and yourself unmuted as much as possible as we hope for this to be a conversation. However, if there’s significant background noise, please do use the mute function.
- There are no right or wrong answers. You are the experts of your own experience and that is what we’re interested in hearing about today. We encourage you to talk to each other. This is not a group interview. We also ask that you be respectful of the thoughts and opinions of others. Our intent is to get different perspectives and points of view. Please take turns so everyone gets a chance to talk.
- Refrain repeating what you hear in this conversation outside of this group. To maintain confidentiality, when we report what we learned in from this conversation, we will do so by summarizing what was shared without including names or identifying anyone.
- Finally, we want this to be a safe space for you to share your experience to the extent you feel comfortable, and we encourage you to do whatever you need to take of yourself, whether that’s taking a break or getting a glass of water, whatever you need. It is also okay to not answer any questions you would prefer not to answer.

Your participation in this focus group will in no way affect current or future benefits that you receive from the State of Minnesota or your insurance plan.

We would like to record today's discussion in case we miss anything in the notes. The recording will be deleted after the notes are finalized. Is that okay with everyone?

**[Click the “recording” button if consent is obtained]**

Are there any questions before we begin? Okay, let's get started.

**Icebreaker:** To get to know who's here a bit, let's quick go around and share your first name and your favorite thing to do outdoors in MN.

### *Outreach, motivation, and barriers to participation*

1. Have you ever participated in a program or education sessions to help manage your diabetes in the past?
  - a. What was the program?
  - b. How did you hear about it? Get involved?
  - c. Why did you want to participate? What motivated you to participate?
  - d. Did you find it to be valuable? Why or why not?
2. At what point in your in your experience with diabetes have you been or would you be most receptive to or interested in participating in a diabetes management program (e.g., education sessions, office visits with a diabetes specialist)? Why?

[Facilitator probes with these potential points in time, only if needed to get the conversation going]

- At diagnosis
  - When experiencing problems managing medications or devices
  - When wanting to make lifestyle changes
  - When a complication arises requiring additional treatment
  - Following a hospitalization or emergency room visit
  - Other
3. Have you seen another health care provider other than a physician or nurse practitioner to help you manage your diabetes (such as a dietitian/nutritionist, diabetes educator, nurse, or pharmacist)? Has the cost of these services affected your use of these services? If so, how?
  4. Are you currently participating in telehealth or have you in the past (e.g., computer or telephone doctor's appointments, online wellness programs)?
    - a. What did you like/dislike about your experience with telehealth?

Diabetes self-management education and support (DSMES) is a proven program led by a highly trained diabetes specialist such as a nurse or dietitian. The program is designed to engage people with diabetes in setting goals, developing self-care skills, and adopting healthy behaviors in order to improve their quality of life and reduce their risk of complications. The program can include one-on-one visits with a diabetes educator, weekly, biweekly, or sometimes every day for a short period. Group classes are also a part of the program and tend to be interactive. As part of the program, patients set personal health goals and those goals are tracked over time. DSMES is available in person and there is now a virtual option available.

The program:

- Can improve health measures such as A1C, reduce your risk of hospitalizations, and improve your quality of life.
  - Is a covered benefit by virtually all insurers (copays and deductibles may apply).
  - In person DSMES needs a referral but online DSMES does not.
    - **(Note for facilitator)-** No need to read it out: A referral is typically needed for DSMES providers to get paid. With the Omada program, they have standing orders with the health plan providers and also assurances that the SEGIP health plans will pay without the referral.)
5. Before COVID-19, DSMES was an in-person program. However, a new online program will soon be available.
    - a. What would be the pros of an online DSMES program compared with an in-person program?
    - b. What would be the cons of an online DSMES program compared with an in-person program? (*Probe: What are barriers to participating in an online program for you?*)
  6. How would you prefer to be contacted about a program or opportunity to help manage your diabetes (e.g., email, mail, phone, presentation, conversation with health care provider)?
  7. Are you aware of the Advantage Value for Diabetes (AVD) benefit offered through the State Employee Group Insurance Program (SEGIP)?
    - a. For those who know about it, how has AVD had an impact on your diabetes management, if at all?

**Refresher for facilitator:** This benefit is available to Advantage Plan members who have been diagnosed with Type 1 or Type 2 diabetes. Dependents, early retirees, and former employees who have continued coverage through COBRA or FEWD are also

eligible. This benefit can help lower your out-of-pocket costs for high-value services, prescriptions, and testing supplies to help you manage your condition. Eligible medical services include physician office visits, dietitian office visits, diabetic retinal eye exams, lab tests, diabetic testing supplies, and pharmacist consults. Eligible pharmacy services include diabetic testing supplies as well as diabetes, hypertension, cholesterol, and depression medications. You can share this link in the chat for those who are not aware of AVD - <https://mn.gov/mmb/segip/health-and-wellbeing/diabetes/advantage-value.jsp>

8. Are you aware DSMES is covered by SEGIP?
  - a. Have you met with a diabetes educator to talk about managing your diabetes?  
If not, what are the barriers to accessing these supports?

# Messaging tested

## #1- Together we can do diabetes better



PROVIDER LOGO  
(OPTIONAL)

# together we can do diabetes better

**Ask your doctor about getting a referral  
to a diabetes care and education specialist.**

Living life to the fullest with diabetes means limiting its impact on your health every day over a lifetime.

This is no easy task but you don't have to go it alone.

A diabetes care and education specialist will help you with your concerns and provide information, support, and ideas to help you feel better and get on with your life.

### **Now may be the time to meet with a diabetes care and education specialist.**

Ask your doctor for a referral if:

- **You are having concerns about your diabetes** such as taking your medications, having low energy or other problems.
- **Your doctor recently told you that you have diabetes.** Learn how to live with diabetes and limit its impact on your body, health and life.
- **You have another serious health condition,** like high blood pressure, heart disease or kidney disease.
- **You have recently been in the hospital or emergency room.**

### **Contact Your Health Insurance**

Visits with a diabetes care and education specialist are covered by most health insurance. Contact your insurer to learn if there are co-pays or other costs to you.

### **LEARN WHAT A DIABETES CARE AND EDUCATION SPECIALIST CAN DO FOR YOU.**

Call <insert Phone # Here> and ask to  
speak with <Insert Department Name  
or Provider Name Here>



## #2- Don't let diabetes derail your life

PROVIDER LOGO  
(OPTIONAL)

# DON'T LET DIABETES DERAIL YOUR LIFE.

**ASK YOUR DOCTOR ABOUT GETTING A REFERRAL  
TO A DIABETES CARE AND EDUCATION SPECIALIST**

Living life to the fullest with diabetes means limiting its impact on your health every day over a lifetime.

This is no easy task but you don't have to go it alone.

A diabetes care and education specialist will help you with your concerns and provide information, support, and ideas to help you feel better and get on with your life.

### **Now may be the time to meet with a diabetes care and education specialist.**

Ask your doctor for a referral if:

- **You are having concerns about your diabetes** such as taking your medications, having low energy or other problems.
- **Your doctor recently told you that you have diabetes.** Learn how to live with diabetes and limit its impact on your body, health and life.
- **You have another serious health condition**, like high blood pressure, heart disease or kidney disease.
- **You have recently been in the hospital or emergency room.**

### **Contact Your Health Insurance**

Visits with a diabetes care and education specialist are covered by most health insurance. Contact your insurer to learn if there are co-pays or other costs to you.

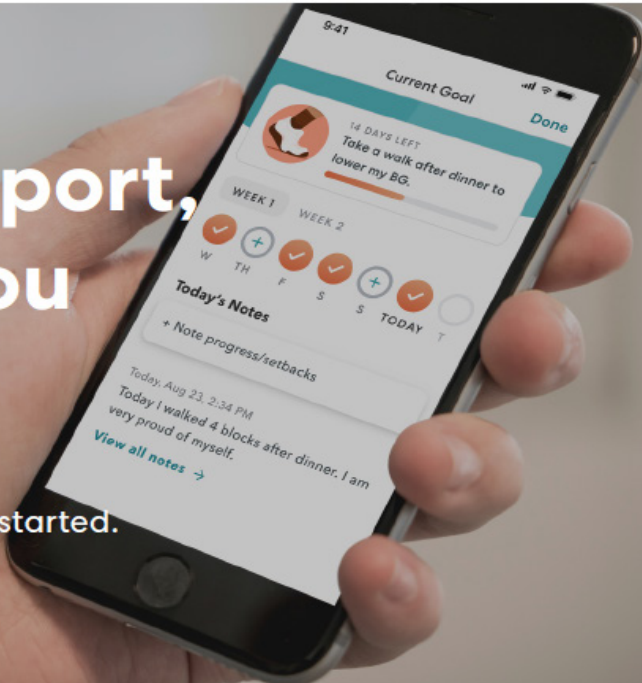
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**Learn what a diabetes  
care and education  
specialist can do for you.**

Call <Insert Phone # Here>  
and ask to speak with <Insert  
Department Name or Provider Name  
Here>.

---

### #3- Diabetes support, tailored to you

A hand holds a smartphone displaying the Omada Health app. The app interface shows a 'Current Goal' section with a '14 DAYS LEFT' timer and a goal to 'Take a walk after dinner to lower my BG.' Below this is a weekly progress tracker for 'WEEK 1' and 'WEEK 2' with days of the week and status icons. A 'Today's Notes' section includes a '+ Note progress/setbacks' button and a note from 'Today, Aug 23, 2:34 PM' stating 'Today I walked 4 blocks after dinner. I am very proud of myself.' with a 'View all notes' link. The Omada logo is in the top left of the app screen.

**omada**

# Diabetes support, tailored to you

See if Omada® is right for you.  
It only takes a few minutes to get started.

[omadahealth.com/segip](https://omadahealth.com/segip)

#### Don't wait to grab your spot!

Omada® is a personalized program that surrounds you with the tools and support you need to reach your health goals, whether that's losing weight, managing diabetes, or improving your overall health.

#### You'll get your own:

- Omada diabetes specialist
- Connected smart scale and/or glucose meter
- Personalized program
- Weekly lessons
- Online community

If you or your adult family members are enrolled in one of our health plans and are at risk for type 2 diabetes or heart disease—or are living with diabetes and are eligible—the Omada program is included in your benefits.

Sign up at:  
[omadahealth.com/segip](https://omadahealth.com/segip)

In partnership with **mi** MANAGEMENT AND BUDGET  
STATE EMPLOYEE GROUP  
INSURANCE PROGRAM

Care of: Omada Health  
29995 Ahern Ave,  
Union City, CA 94587



#### #4- Join Omada- a whole new way to get healthy

A promotional graphic for the Omada program. It features a blue background with a white plate of salad in the top left. The Omada logo is in the top left. The main text reads "Join Omada® – a whole new way to get healthy". To the right, there's a black smart scale with a red digital display showing "0.0 lb". Above the scale is a smartphone displaying a glucose meter app with a graph and two test strips. Below the scale is a yellow circle with the text "NEW get support for diabetes!". In the bottom right, a tablet displays a meal planning app with a glass of juice and a bowl of food.

**Join Omada®**  
– a whole new way  
to get healthy

**NEW**  
get support  
for diabetes!

Omada® is a personalized program designed to help you reach your health goals, whether that's losing weight, managing diabetes, or improving your overall health. You'll get a dedicated health coach and the latest technology to support you in making lasting changes that fit your life, one step at a time.

**Eat healthier, move smarter**

Discover easy ways to sneak healthy choices into daily life.

**Get a personalized plan**

Whether it's meditation or medication, zero in on your needs.

**Track progress seamlessly**

Monitor your weight or blood glucose with the devices you need delivered to your door.

**Overcome challenges**

Gain skills that allow you to break barriers to change.

**Improve your overall health**

Set and reach your evolving goals with strategies and support.

**More good news:**

If you or your adult family members are enrolled in one of our health plans and are at risk for type 2 diabetes or heart disease—or are living with diabetes and are eligible—the Omada program is included in your benefits.

Take a few minutes to see if you're eligible:

[omadahealth.com/segip](https://omadahealth.com/segip)

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association. The Omada Program is from Omada Health, Inc., an independent company providing digital care programs.

**You'll get your own:**



Personalized  
program



Professional  
health coach



Connected smart  
scale and/or  
glucose meter



Weekly  
online lessons



Online  
community

**mb** MANAGEMENT  
AND BUDGET  
STATE EMPLOYEE GROUP  
INSURANCE PROGRAM

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