NEBRASKA DIABETES SELF-MANAGEMENT EDUCATION (DSME) PROGRAMS
2016 DEMOGRAPHICS REPORT:
ASSESSMENT OF THE RECOGNIZED AND ACCREDITED DSME PROGRAMS IN
NEBRASKA

Kimberly Galt, PharmD, PhD, FASHP, NAP
Professor and Principal Scientist, Center for Health Services Research and Patient Safety (CHRP)
Creighton University

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Creighton University CHRP members:

    Ted Kaufman, Research Application Administrator
    Erin Dimon, Undergraduate Research Assistant, University of Nebraska-Omaha

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INTRODUCTION

In 2015, a survey of recognized and accredited Diabetes Self-Management Education (DSME) Programs was conducted to gather basic information about program demographics, characteristics of high performing DMSE program, and community engagement and partnerships. The findings were documented in the Nebraska Diabetes Self-Management Education Programs 2015 Report. This brief report is an annual update to the 2015 Report. Updated data was collected from July through August of 2016. The results from this updated report will allow us to see the progress we have made over the last year in providing diabetes self-management education to diabetic patients, as well as guide us in our continuing efforts to develop and expand DSME programs further across our state.

BACKGROUND

A Diabetes Self-Management Education (DSME) Program is an emerging resource that teaches individuals diagnosed with diabetes the necessary habits needed to self-manage their disease and maintain a healthy lifestyle. There are three terms utilized to describe the structure of DSME programs: (a) primary site, (b) multi-site and (c) expansion site. A primary site describes a DSME program that only has a single, stand-alone location with which its program operates out of. A multi-site describes a DSME program that has multiple sites with which its program operates out of. Both primary site and multi-site programs are able to do their own billing at each location, providing an opportunity for revenue generation for the specific locations where the billing occurs. An expansion site describes a site where the DSME programs
have staff that travel there or work with someone locally, but they only do billing through the primary site. Expansion sites were formally referred to as satellites in the 2015 Report, but terminology has since changed. For the purpose of this report, we will refer to them as expansion sites.

PURPOSE

This report is an annual update to the 2015 Report. The more access individuals with diabetes have to DSME programs, the better educated and, therefore, more able they will be to live healthier lives with their disease. This report aims to illustrate the current availability and accessibility of DSME programs to diabetic persons across the state. The data highlights the success of serviced counties and exposes the areas underserved in an effort to improve the overall health of our communities and make progress towards statewide DSME access.

DESIGN AND METHODS

This report began with producing an updated directory of recognized and accredited DSME programs in the state of Nebraska. To do so, we referenced the 2015 Program Directory that was compiled based on the results of the 2015 Diabetes Self-Management Education Program Survey. We cross referenced the 2015 Program Directory with a listing of all current, active programs recognized by the American Diabetes Association (ADA) and a listing of all current, active programs accredited by the American Association of Diabetes Educators (AADE) (“Approved DEAP Programs/Branches,” n.d.; “ERP Listing,” n.d.). Each listing was accessed on their respective websites. The programs that were listed on the ADA or AADE website but not listed on our 2015 directory were added to our updated 2016 directory as new programs (See
Appendix 1). The programs that were on our 2015 directory but no longer listed on the ADA or AADE website listing were removed from our updated 2016 directory. The programs that were identified as new were contacted via phone to confirm their DSME Program operation and to obtain their program coordinator’s email address. A modified version of the 2015 Diabetes Self-Management Education Program Survey was then sent to the new program coordinator, where they provided basic contact and geographical information as well as identified the counties in Nebraska that the patients their DSME Program serves are from.

Once an updated directory of all DSME Programs in the state was established, we conducted a sub-study and reached out to each DSME Program’s coordinator through email to verify the expansion sites their program provides. Those who did not respond via email were contacted by phone.

**FINDINGS**

We identified 54 recognized and accredited DSME programs in the state of Nebraska as of July 2016. Of these, 45 are ADA recognized and 9 are AADE accredited. Since our last report in June of 2015, three programs closed and three opened (See Figure 2). The overall number of DSME programs has not changed in the last year.

We identified 18 DSME Program Expansion Sites as of August 2016. A 98% response rate was achieved overall, with one non-respondent. Of the 53 DSME coordinators that did respond, 51 programs have not added or terminated any expansion sites since our 2015 report. Two programs reported adding expansion sites since 2015: CHI Health Alegent Creighton Clinic and One World Community Health Center. Between the two, they added five expansion sites. Of the 18 total DSME Program Expansion Sites reported, four are located outside of Nebraska.
and were excluded from our maps due to their geographical location having minimal impact on our report (See All Figures). Figure 1 illustrates the current locations of all DSME Programs and DSME Expansion Sites in the state by county. Figure 3 introduces the town in which each DSME Program is located in.

Overall, 8.4% of the Nebraska population has been diagnosed with diabetes (“Diagnosed Diabetes,” n.d.). In Nebraska, this represents 120,222 people (“County Data Indicators,” n.d., para. 1). Of the 92 counties in Nebraska, all but 13 counties are reported by DSME Programs to serve persons with diabetes. However, it is important to note that the Diabetes Center at Children’s Hospital and Medical Center reported serving patients from all counties. For the purpose of this report, this was excluded from the maps in an attempt to accurately portray the DSME services across the state. The 13 counties reported as not serviced by any of the 54 DSME Programs include: Arthur, Boyd, Chase, Dixon, Grant, Hayes, Keith, Keya Paha, Logan, McPherson, Perkins, Sheridan and Thomas. This is illustrated in all figures. These 13 counties represent 2,513 persons diagnosed with diabetes and make up 2.1% of Nebraskan’s diagnosed with diabetes. Figure 4 represents the percent of each county’s population diagnosed with diabetes (“County Data Indicators,” n.d., para. 1). Table 1 accompanies Figure 4 and summarizes the number of individuals in each county that have been diagnosed with diabetes and what percentage of the county’s total population that makes up.

REFERENCES


Nebraska Counties and DSME Program Enrollment July 2016

Legend

- Diabetes Self-Management Education Program (n=54)
- DSME Expansion Site (n=14)*
- Counties With Patients Enrolled in DSME Programs (n=80)**
- Counties With No Patients Enrolled in DSME Programs (n=13)**

* Expansion sites as of August 2016.
** The Diabetes Center at Children's Hospital and Medical Center reports enrolled patients from all counties.
New, Closed and Continuing Nebraska DSME Programs

* DSME programs as of July 2016; Expansion sites as of August 2016.
** The Diabetes Center at Children's Hospital and Medical Center reports enrolled patients from all counties.
Nebraska Counties and DSME Program Enrollment July 2016 (Cities displayed)

Legend
- Diabetes Self-Management Education Program (n=54)
- DSME Expansion Site (n=14)*
- Counties With Patients Enrolled in DSME Programs (n=80)**
- Counties With No Patients Enrolled in DSME Programs (n=13)**

* Expansion sites as of August 2016.
** The Diabetes Center at Children’s Hospital and Medical Center reports enrolled patients from all counties.
Percent of County Population With Diabetes and DSME Program Participation by County*

** DSME programs as of July 2016; Expansion sites as of August 2016.
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<thead>
<tr>
<th>County</th>
<th>Number of People Diagnosed with Diabetes By County</th>
<th>Number of People Diagnosed with Diabetes Residing in Counties Not Served by DSME Programs*</th>
<th>Percent of County Diagnosed with Diabetes</th>
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Table 1. Diagnosed Diabetes Prevalence and DSME Program Access in Nebraska by County 2013*

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Table 1. Diagnosed Diabetes Prevalence and DSME Program Access in Nebraska by County 2013*

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* Source: Center for Disease Control
http://www.cdc.gov/diabetes/data/countydata/countydataindicators.html

** DSME Program Access as of July 2016.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Address</th>
<th>City, State Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janet Feik</td>
<td>Boone County Health Center</td>
<td>723 W. Fairview St.</td>
<td>Albion, NE 68620</td>
<td>(402) 395-3149</td>
</tr>
<tr>
<td>Kristen Kesterson</td>
<td>Box Butte General Hospital, Regional West Physicians Clinic</td>
<td>2101 Box Butte Av.</td>
<td>Alliance, NE 69301</td>
<td>(308) 761-3416</td>
</tr>
<tr>
<td>Susan Joy</td>
<td>Nemaha County Hospital</td>
<td>2022 13th St.</td>
<td>Auburn, NE 68305</td>
<td>(402) 274-6130</td>
</tr>
<tr>
<td>Susan Tanbouza</td>
<td>Memorial Community Health</td>
<td>1423 Seventh St.</td>
<td>Aurora, NE 68818</td>
<td>(402) 694-3171, Ext. 8261</td>
</tr>
<tr>
<td>Kathi Taylor</td>
<td>Beatrice Community Hospital Diabetes Education Program</td>
<td>1216 South 8th St. P.O. Box 278</td>
<td>Beatrice, NE 68310</td>
<td>(402) 223-6758</td>
</tr>
<tr>
<td>Lana Pleak</td>
<td>Memorial Community Hospital and Health System CHI Health</td>
<td>810 N. 22nd St.</td>
<td>Blair, NE 68008</td>
<td>(402) 427-4186</td>
</tr>
<tr>
<td>Tonya Koepper</td>
<td>Tri Valley Health System</td>
<td>1305 West Hwy 6 &amp; 34.</td>
<td>Cambridge, NE 69022</td>
<td>(308) 697-1153</td>
</tr>
<tr>
<td>Jacey Schwarz</td>
<td>Litzenberg Memorial County Hospital</td>
<td>1715 26th St.</td>
<td>Central City, NE 68826</td>
<td>(308) 946-3015</td>
</tr>
<tr>
<td>Joan Plummer</td>
<td>Diabetes Self Management Education Program</td>
<td>4508 38th St. Suite 165.</td>
<td>Columbus, NE 68601</td>
<td>(402) 562-4462</td>
</tr>
<tr>
<td>Crete Area Medical Center</td>
<td>Bryan Health</td>
<td>2910 Betton Drive</td>
<td>Crete, NE 68333</td>
<td>(402) 826-7980</td>
</tr>
<tr>
<td>Connie Schmit</td>
<td>Butler County Health Care Center</td>
<td>372 South 9th St.</td>
<td>David City, NE 68632</td>
<td>(402) 367-1200</td>
</tr>
</tbody>
</table>
Lisa Edeal  
Jefferson Community Health Center  
Bryan Health  
2200 H St., Box 277  
Fairbury, Nebraska  68352  
lisa.edeal@jchc.us  
(402) 729-6846

Sara Rue  
Community Medical Center  
Bryan Health  
3307 North Barada St.  
Falls City, Nebraska  68355  
srue@cmcfc.org  
(402) 245-6571

Sara Bishop  
Fremont Health Medical Center  
450 E. 23rd St.  
Fremont, Nebraska  68025  
sbishop@fremonthealth.com  
(402) 727-3355

Collene Gnewuch  
Diabetes Education Program  
Saint Francis Medical Center  
2620 West Faidley Avenue  
Grand Island, Nebraska  68803  
cgnewuch@sfmc-gi.org  
(308) 398-5565

DeAnn Carpenter  
Diabetes Self Management Education Program  
Mary Lanning HealthCare  
715 North St. Joseph Avenue  
Hastings, Nebraska  68901  
dcarpenter@marylanning.org  
(402) 461-5318

Kathy Retzlaff  
Thayer County Health Services  
CHI Health St. Elizabeth  
120 Park Avenue  
Hebron, Nebraska  68370  
madsen@tchsne.org  
(402) 768-6041 ext 160

Jenny Spaulding  
Phelps Memorial Health Center  
Bryan Health  
1215 Tibbals  
Holdrege, Nebraska  68949  
jaspaulding@phelpsmemorial.com  
(308) 995-2172

Connie Kulwicki  
Good Samaritan Diabetes Center  
CHI Health Good Samaritan  
10 East 31st St.  
Kearney, Nebraska  68847  
www.gshs.org  
conniekulwicki@catholicheal.org  
(308) 865-7006

Karen Koch  
Family Practice Associates P.C. Diabetes and Health Center  
3907 6th Av.  
Kearney, Nebraska  68845  
kkocheck@kearneyfpa.com  
(308) 865-2767

Chris Watts  
Valley Pharmacy Diabetes Education Program  
Valley Pharmacy at Kearney Clinic, Inc.  
211 W. 33rd St.  
Kearney, Nebraska  68845  
info@valleyparmacykearney.com  
(308)234-3300

Gloria Dawson  
Lexington Regional Health Center  
Bryan Health  
1201 N. Erie St.  
Lexington, Nebraska  68850  
Gdawson@LEXRHC.ORG  
(308) 324-8315

Pam Wollenburg  
CHI Health St. Elizabeth Diabetes Center  
CHI Health St. Elizabeth  
7441 O St., Suite 200  
Lincoln, Nebraska  68510  
pwollenburg@stez.org  
(402) 219-8777
Karen Kuzma  
O Street Hy-Vee Diabetes Education Program  
5010 "O" St.  
Lincoln, Nebraska  68510  
kuzma@hy-vee.com  
(402) 314-6704

Carol Anderson  
Diabetes Self Management Education Program  
Antelope Memorial Hospital  
102 W. 9th St., Box 229  
Neligh, Nebraska  68756  
canderson@amhne.org  
(402) 887-6270 X6270

Molly Petrik  
Bryan Health Diabetes Center  
Bryan Health  
7501 South 27th St.  
Lincoln, Nebraska  68512  
molly.petrik@bryanhealth.org  
(402) 481-6357

Vicki Brown  
Faith Regional Health Services Diabetes Center  
2700 W. Norfolk Ave  
Norfolk, Nebraska  68701  
vbrown@frhs.org  
(402) 644-7513

Kristina Saunders  
Nebraska Urban Indian Health Coalition, Inc.  
2331 Fairfield St.  
Lincoln, Nebraska  68521  
saunders@nuihc.com  
(402) 434-7177

Vicki Lindberg  
Oakland Mercy Hospital  
Mercy Medical Center-Sioux City  
601 East 2nd St.  
Oakland, Nebraska  68045  
lindberg@ mercyhealth.com  
(402) 685-7535

Casey Clements  
Nebraska Endocrinology Specialists  
CHI Health St. Elizabeth  
8207 North Woods Drive  
Lincoln, Nebraska  68526  
clements@stez.org  
(308)234-3300

Joni Pagenkemper  
Diabetes Self Management Education Program  
Nebraska Medicine  
984100 Nebraska Medical Center  
Omaha, Nebraska  68198  
pagenkemper@ nebraskamed.com  
(402) 552-3933

Monica Wacker  
Community Hospital  
Bryan Health  
1301 East H St.  
McCook, Nebraska  69001  
wacker@chmccook.org  
(308) 344-8539

Jill King  
CHI Health Immanuel  
CHI Health  
6901 North 72nd St.  
Omaha, Nebraska  68122  
diabetesandnutrition@ alegent.org  
(402) 572-2638

Jenny Kearney  
CHI Health St. Mary’s Hospital  
CHI Health St. Elizabeth  
1301 Grundman Blvd.  
Nebraska City, Nebraska  68410  
jkearney@stez.org  
(402) 873-3321

Jill King  
CHI Health Bergan Mercy  
CHI Health  
7710 Mercy Rd., Suite 509  
Omaha, Nebraska  68124  
diabetesandnutrition@ alegent.org  
(402) 572-2638
Jill King  
CHI Health Lakeside  
CHI Health  
17030 Lakeside Hills Plaza, Suite 108  
Omaha, Nebraska  68130  
diabetesandnutrition@alegent.org  
(402) 572-2638

Karen McClelland  
One World Community Health Center  
Nebraska Medicine  
4920 S. 30th St. Suite 103  
Omaha, Nebraska  68107  
kmccllelland@oneworldomaha.org  
(402) 502-8915

Jill King  
CHI Health Alegent Creighton Clinic - Dundee  
CHI Health  
5002 Underwood Avenue  
Omaha, Nebraska  68132  
diabetesandnutrition@alegent.org  
(402) 572-2638

Carie Ourada  
Valley County Health System  
CHI Health Good Samaritan  
2707 L St.  
Ord, Nebraska  68862  
Courada@valleycountyhealthsystem.org  
(308) 728-4362

Jeanne Rice  
Methodist Center for Diabetes and Nutritional Health  
Methodist Health System  
8303 Dodge St.  
Omaha, Nebraska  68114  
Jeanne.Rice@nmhs.org  
(402) 354-5662

Jill King  
CHI Health Midlands  
CHI Health  
11111 South 84th St.  
Papillion, Nebraska  68046  
diabetesandnutrition@alegent.org  
(402) 572-2638

Jodi McCleary  
CHI Health Good Samaritan  
Webster County Community Hospital  
6th & Franklin, PO BOX 465  
Red Cloud, Nebraska  68970  
jcmcley@websterhospital  
(402)746-5600

Kathy Knowlton  
The Diabetes Center at Children's Hospital and Medical Center  
Children's Hospital and Medical Center  
8200 Dodge St.  
Omaha, Nebraska  68114  
(402) 955-3871

Marcia Bauer  
Diabetes Care Center  
Regional West Physicians Clinic  
3911 Avenue B Suite 3400  
Scottsbluff, Nebraska  69361  
(308) 630-2100

Sarah Sortino  
Midtown Hy-Vee Diabetes Education Program  
5150 Center St.  
Omaha, Nebraska  68106  
snelson@hy-vee.com  
(402) 553-2664

Joan Gloystein  
Memorial Health Care Systems  
Bryan Health  
300 North Columbia  
Seward, Nebraska  68434  
joan.gloystein@mhcs.us  
(402) 643-2971 ext. 1004

Diabetes Education Center of the Midlands  
Midlands Diabetes Education & Self-Help Center  
2910 South 84th St.  
Omaha, Nebraska  68124  
info@diabetes-education.com  
(402) 399-0777

Karen McClelland  
One World Community Health Center  
Nebraska Medicine  
4920 S. 30th St. Suite 103  
Omaha, Nebraska  68107  
kmccllelland@oneworldomaha.org  
(402) 502-8915

Jill King  
CHI Health Midlands  
CHI Health  
11111 South 84th St.  
Papillion, Nebraska  68046  
diabetesandnutrition@alegent.org  
(402) 572-2638

Jodi McCleary  
CHI Health Good Samaritan  
Webster County Community Hospital  
6th & Franklin, PO BOX 465  
Red Cloud, Nebraska  68970  
jcmcley@websterhospital  
(402)746-5600

Marcia Bauer  
Diabetes Care Center  
Regional West Physicians Clinic  
3911 Avenue B Suite 3400  
Scottsbluff, Nebraska  69361  
(308) 630-2100

Joan Gloystein  
Memorial Health Care Systems  
Bryan Health  
300 North Columbia  
Seward, Nebraska  68434  
joan.gloystein@mhcs.us  
(402) 643-2971 ext. 1004

Diabetes Education Center of the Midlands  
Midlands Diabetes Education & Self-Help Center  
2910 South 84th St.  
Omaha, Nebraska  68124  
info@diabetes-education.com  
(402) 399-0777

Karen McClelland  
One World Community Health Center  
Nebraska Medicine  
4920 S. 30th St. Suite 103  
Omaha, Nebraska  68107  
kmccllelland@oneworldomaha.org  
(402) 502-8915

Jill King  
CHI Health Midlands  
CHI Health  
11111 South 84th St.  
Papillion, Nebraska  68046  
diabetesandnutrition@alegent.org  
(402) 572-2638

Jodi McCleary  
CHI Health Good Samaritan  
Webster County Community Hospital  
6th & Franklin, PO BOX 465  
Red Cloud, Nebraska  68970  
jcmcley@websterhospital  
(402)746-5600

Marcia Bauer  
Diabetes Care Center  
Regional West Physicians Clinic  
3911 Avenue B Suite 3400  
Scottsbluff, Nebraska  69361  
(308) 630-2100

Joan Gloystein  
Memorial Health Care Systems  
Bryan Health  
300 North Columbia  
Seward, Nebraska  68434  
joan.gloystein@mhcs.us  
(402) 643-2971 ext. 1004

Diabetes Education Center of the Midlands  
Midlands Diabetes Education & Self-Help Center  
2910 South 84th St.  
Omaha, Nebraska  68124  
info@diabetes-education.com  
(402) 399-0777
Tammy Meier  
SRMC Diabetes Education Services  
Sidney Regional Medical Center  
1000 Pole Creek Crossing  
Sidney, Nebraska  69162  
tmeier.sidneymc.com  
(308) 254-5073

Francine Rasmussen  
Howard County Medical Center  
Bryan Health  
1113 Sherman St.  
St. Paul, Nebraska  68873  
frasmussen@hcmc.us.com  
(308) 754-4421

 Michelle Jacobitz  
Brodstone Memorial Hospital  
Bryan Health  
520 East 10th St.  
Superior, Nebraska  68978  
mjacibitz@brodstone.org  
(402) 879-3281 X267

Rachel Werner  
Community Memorial Hospital  
Bryan Health  
1579 Midland St.  
Syracuse, Nebraska  68446  
rwerner@syracusecmh.org  
(402) 269-7615

Linda Branting  
Johnson County Hospital  
Bryan Health  
202 High St.  
Tecumseh, Nebraska  68450  
lbranting@jchosp.com  
(402) 335-3361

Stacie Petersen  
Franciscan Care Services Diabetes Education  
Program  
430 N. Monitor St.  
West Point, Nebraska  68788  
dwillcox@fcswp.org  
(402) 372-4014

Linae Bigfire  
Winnebago Tribal Health Department  
100 Bluff Ave.  
Winnebago, Nebraska  68071  
linae.bigfire@winnebagotribe.com  
(402) 878-3156