

**2005 Assessment  
of  
Diabetes Care System-Michigan**

September 2005

Prepared by:  
Michigan Department of Community Health  
Michigan Diabetes Prevention and Control Program

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## **Executive Summary:**

1. The diabetes care system in Michigan biggest strengths are Essential Public Health Services 9 and 10: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Service, and Research for New Insights and Innovative Solutions to Health Problems. Specifically,
  - 70% of survey respondents agreed or strongly agreed that evaluation of effectiveness, accessibility, and quality of personal and population-based health service and research for new insights and innovative solutions to health problems was done at their site or organization
  - 55% of survey respondents agreed or strongly agreed that these activities were done by diabetes service providers statewide
  
2. The diabetes care system in Michigan is weakest in Essential Public Health Service 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts. Specifically,
  - Only 49% of survey respondents agreed or strongly agreed that planning, prioritization, and policies were a part of the diabetes effort at their sites or organizations
  - Only 33% of survey respondents agreed or strongly agreed that these activities were a part of the diabetes effort at the statewide level
  
3. Many survey respondents could not answer questions (answered “don’t know”) related to diabetes services at their site and related to the statewide diabetes effort. Specifically,
  - Approximately 38% of survey respondents could not answer questions related to their perception of the diabetes effort at the statewide level.
  - Approximately 14% of survey respondents could not answer questions related to their site or organization’s diabetes’ services.
  - Respondents were more likely to indicate a “Don’t Know” response (49% for state and 24% for site) for questions related to Essential Public Health Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety.

### **Assessment Objectives:**

- To engage stakeholders involved in diabetes services statewide
- To define the diabetes public health system in Michigan, including key players
- To assess whether work current diabetes efforts in MI crosscut the 10 Essential Public Health Services (EPHS) <sup>1</sup>
- To identify the strengths and weaknesses of the diabetes statewide system.
- To provide basis for recommendations of revisions to the Diabetes statewide strategic plan (Performance Improvement Plan)
- To fulfill a Centers for Disease Control and Prevention funding requirement

### **Survey Instrument:**

The survey used to conduct this assessment was adapted from the 2004 Assessment Tool used by the Diabetes Program in the state of Wyoming (EPHS Diabetes Assessment Instrument for Wyoming 2004, Source: CDD Diabetes Council Website at [www.ChronicDisease.org](http://www.ChronicDisease.org)). The instrument's questions were separated into three parts:

Part I	Understanding Diabetes-Related Health Issues Essential Public Health Services 1, 2, 9, 10
Part II	Prevention and Promotion of Health Living Essential Public Health Services 3, 4, 5, 7, 8
Part III	Helping People Get the Services They Need Essential Public Health Services 7, 8, 6

Respondents were given statements pertaining to each of the EPHS and ask to indicate their level of agreement with the statement using the following scale of responses:

*Strongly Agree, Agree, Disagree, Strongly Disagree, Don't Know, Not Applicable*

Respondents were required to answer each question twice: first to evaluate for their site or organization and second, to evaluate their perception of diabetes service provided statewide. An open comment question was asked at the end of the instrument. Basic demographic data on survey respondents was also collected: their role in providing diabetes-related health care services, the number of years they have served in a health profession, work setting, and county. (See Appendix 1, 2, 3 for survey instrument, county, and length of time as health professional responses).

An introductory paragraph and the identifying logo of the Michigan Diabetes Prevention and Control Program were included at the beginning of the survey (Box 1).

The assessment was copied into a survey design using KeySurvey<sup>2</sup>, a web-based survey service company. The survey was launched via an e-mail message, the body of which contained an introductory letter from Denise Cyzman, Director of the Michigan Diabetes Prevention and Control Program (Box 2). This email also contained a link to the web page containing the survey for those who wished to participate.

### **Survey Recipients and Respondents:**

The survey was sent via e-mail to the 456 of 480 individuals with valid e-mail addresses. Individuals selected were from a wide variety of health care roles and professions across the state. The Diabetes Section of the Michigan Department of Community Health provided the names and e-mail addresses of these potential stakeholders.

A total of 179 of 456 e-mail recipients completed the online survey (response rate: 39%). The majority of survey respondents classified themselves as Medical professionals (n=75), Dietitians (n=40), and administrators (n=27). Only 2 survey respondents chose “person with diabetes or significant other” as their respective role in Diabetes care. (See Box 3 for Role in Diabetes Care responses). Among the 164 respondents who indicated a workplace, the majority 61% (100 of 164), selected “medical practice/clinic/hospital.” (See Box 4 for Type of Practice or Facility responses).

The respondents’ average number of years experience in health care services with their organization was 12 (range: 0.5 to 42 years). The median was 10 years of experience, meaning half of the respondents reported less than 10 years with their present organization and half reported greater than 10 years.

Respondents were mostly from the following counties: Wayne (n=21), Oakland (n=19), Ingham (n=16), Kent (n=15), and Washtenaw (n=14). A limitation of this survey question was that it did not specifically ask whether this is the county of respondents’ residence or worksite. Also it did not capture those sites that operated in multiple counties. (See Box 5 for Respondents by County)

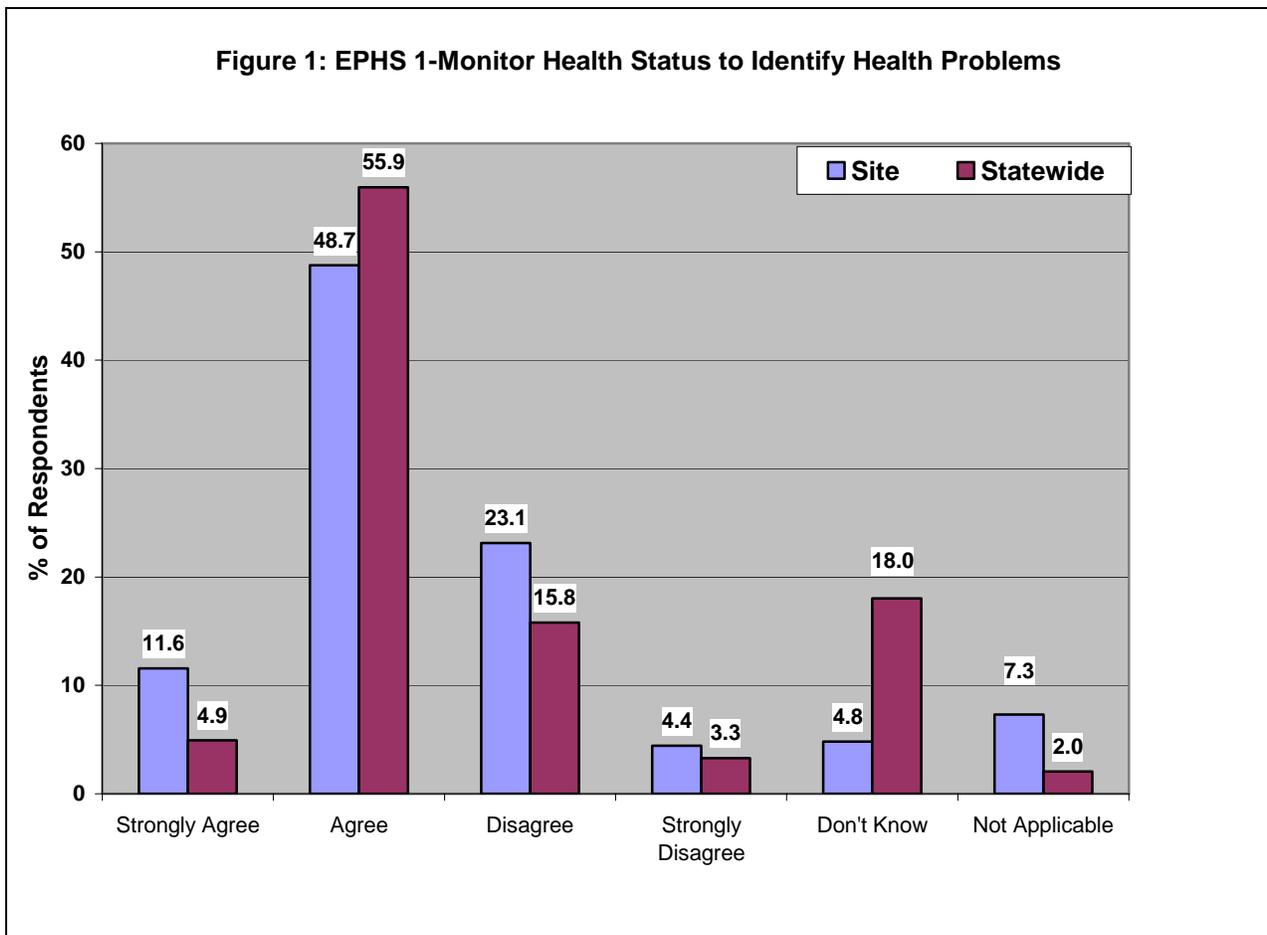
## Analysis of Responses, by EPHS:

### Essential Public Health Service #1: Monitor Health Status to Identify Health Problems (Survey Questions 1, 2, 3)

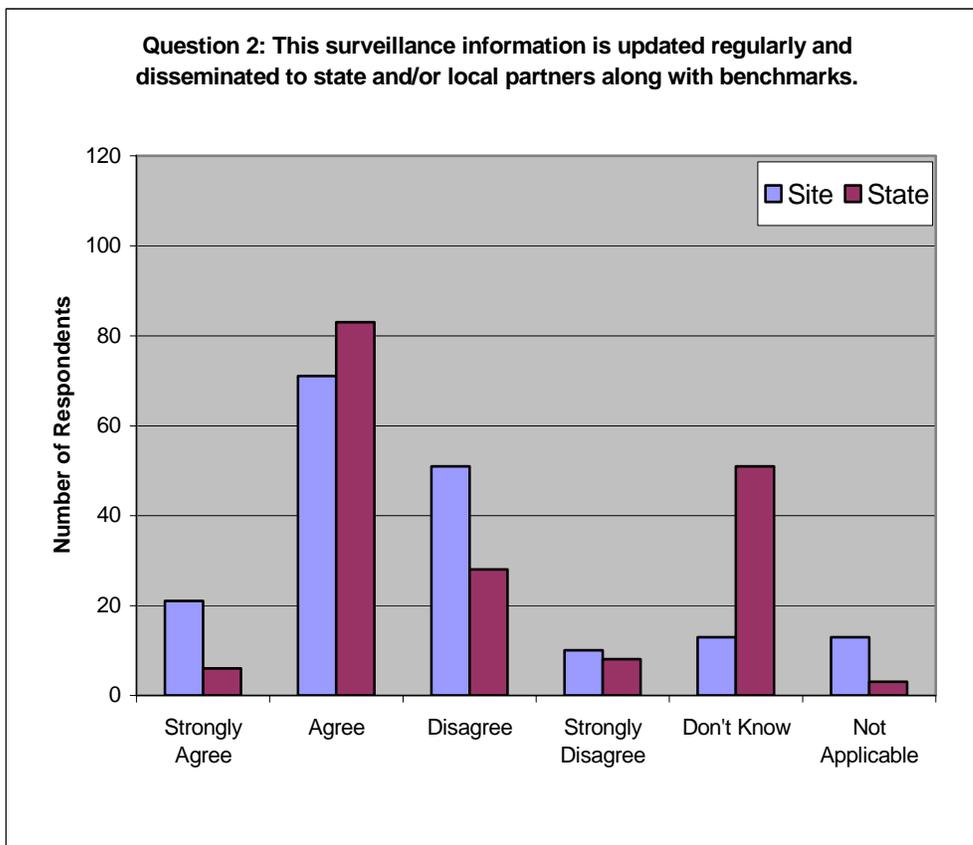
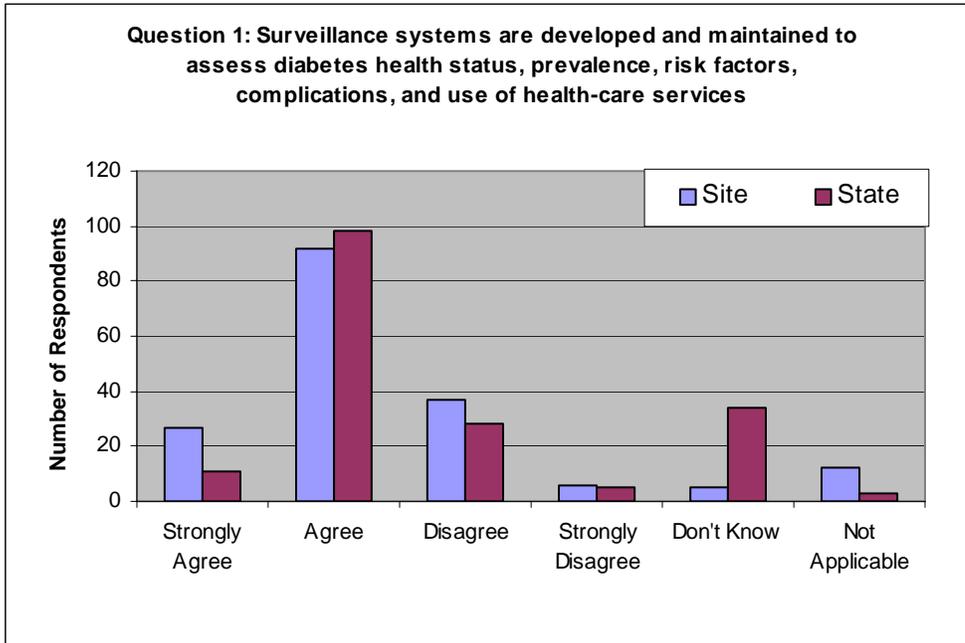
Site: Approximately 61% of respondents either agree or strongly agree that site or organizational diabetes system monitors health status. Another 27.5% disagree or strongly disagree that their site or organization does monitoring. A small proportion of respondents did not know, and 7.3% did not find the question applicable to their site or organization.

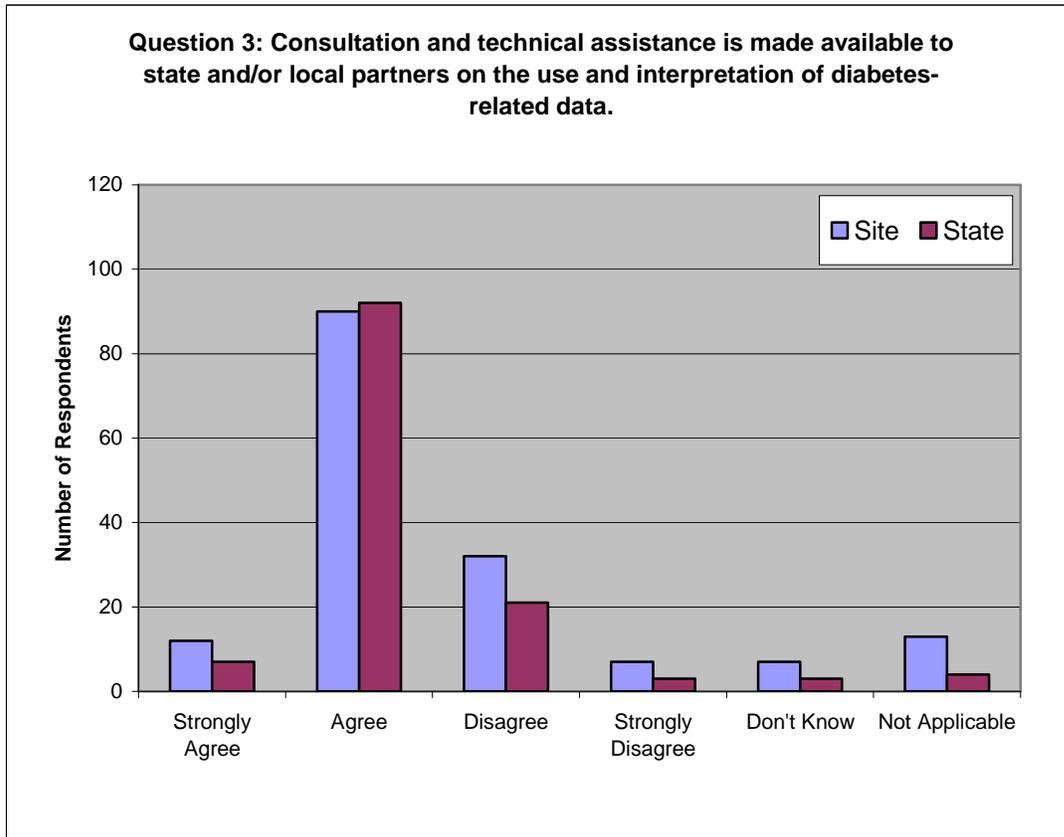
Statewide: The majority of respondents (~63%) agreed that diabetes services providers across the state monitor health status to identify health problems. Approximately 19% of respondents disagreed that these activities were done statewide. However, many more (18% versus 4.8%) answered “Don’t Know” for questions related to this EPHS.

Overall: Respondents indicated that a better job was being done with the data and with assisting with understanding and using the data than with getting the most recent data to them.



*Individual Responses to Survey Questions related to EPHS #1:*



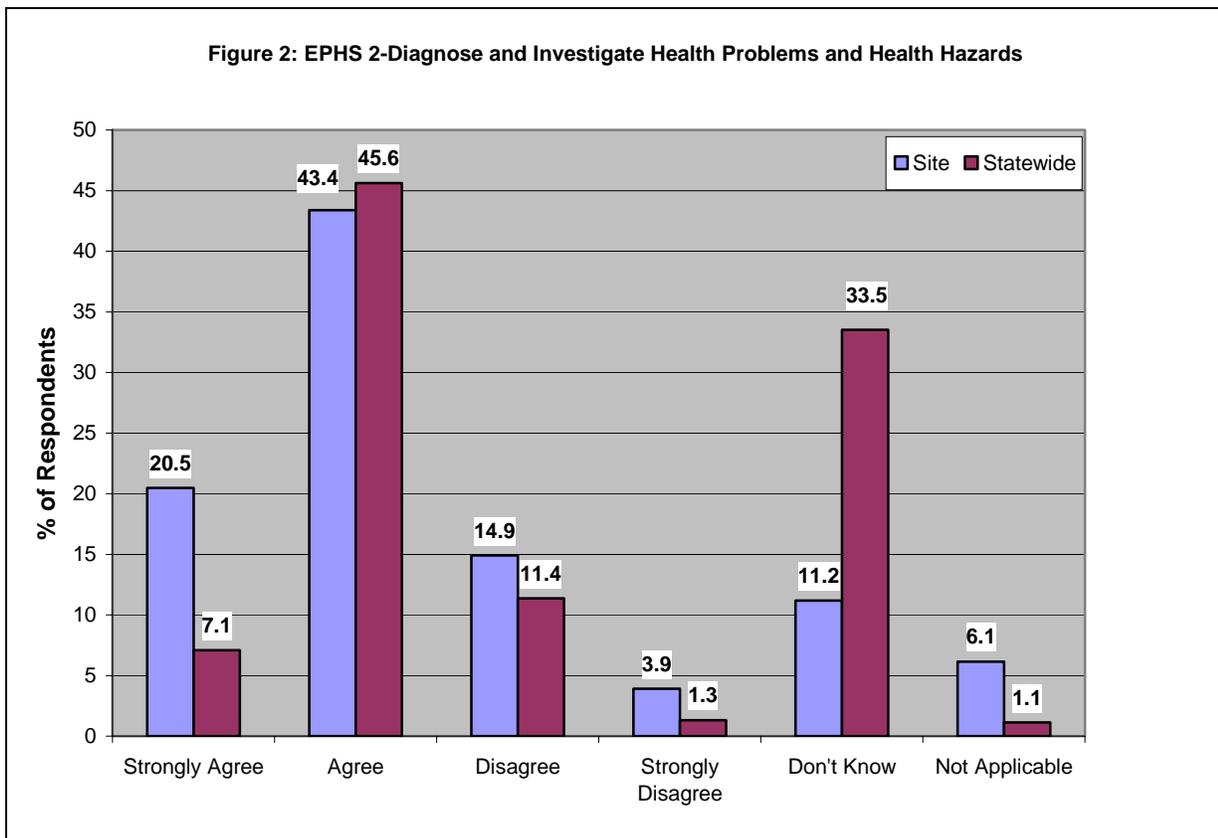


**Essential Public Health Service #2: Diagnose and Investigate Health Problems and Health Hazards (Questions 4, 5, 6)**

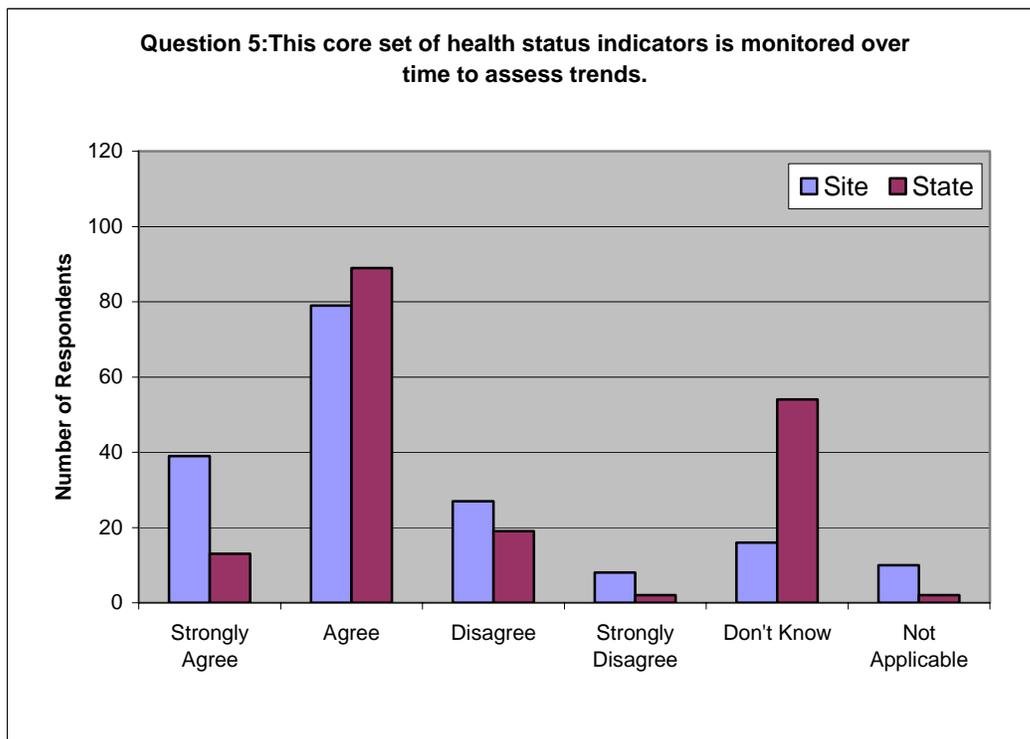
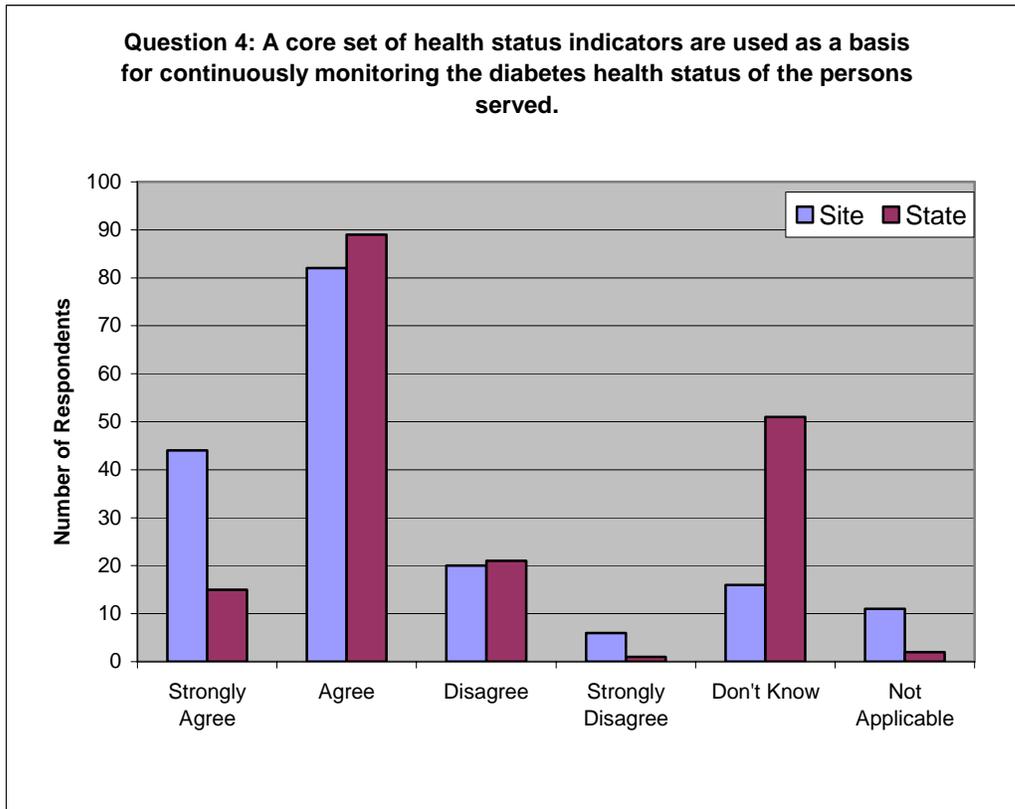
Site: Approximately 64% of respondents agree that diagnosis and investigation are being done at their site or organization, while nearly 19% agree or strongly disagree that activities related to EPHS #2 are implemented at their site. Overall, 11.2% did not know the extent to which their site was involved in such activities.

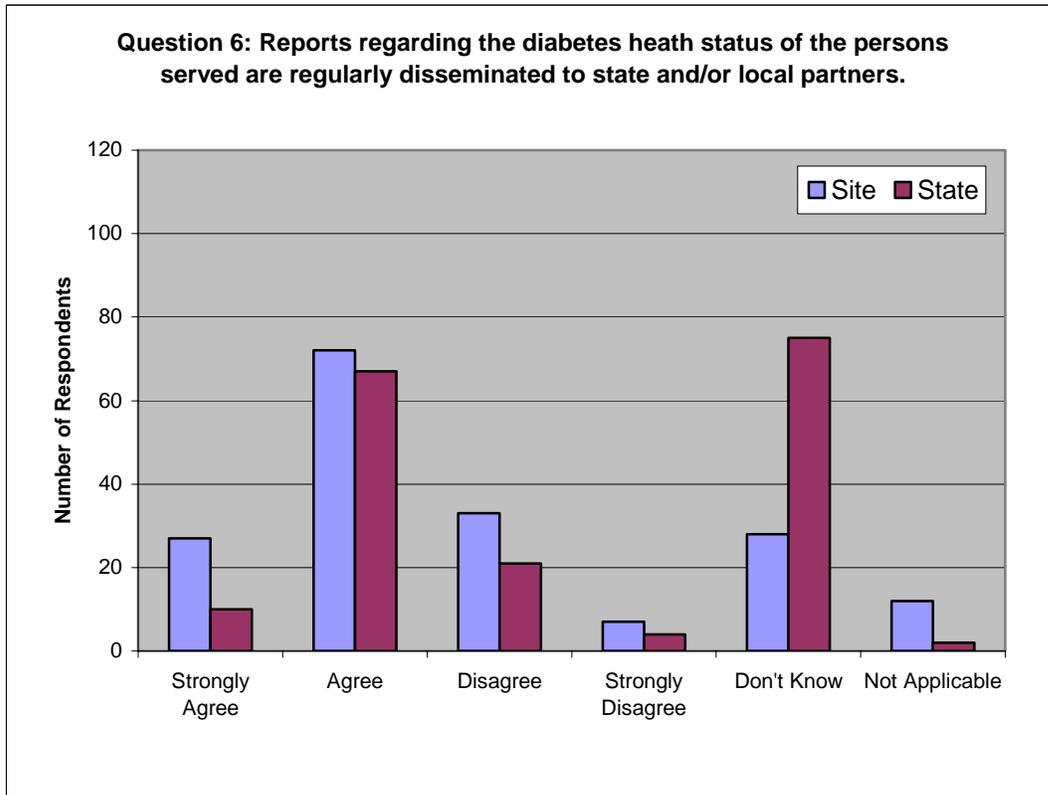
State: Nearly 53% of respondents agreed that diabetes service providers across the state did activities related to EPHS, however, nearly 13% disagreed. A large proportion, 33.5%, did not know enough to agree or disagree with statements pertaining to this EPHS. When asked about diagnosis and investigation statewide, thirty four percent of respondents did not know enough to answer the question.

Overall: There was a greater indication that they knew of the indicators for monitoring health and the application of these indicators in their practice. Many did not indicate that the health status was being regularly disseminated to local and state partners.



*Individual Responses to Survey Questions related to EPHS #2:*



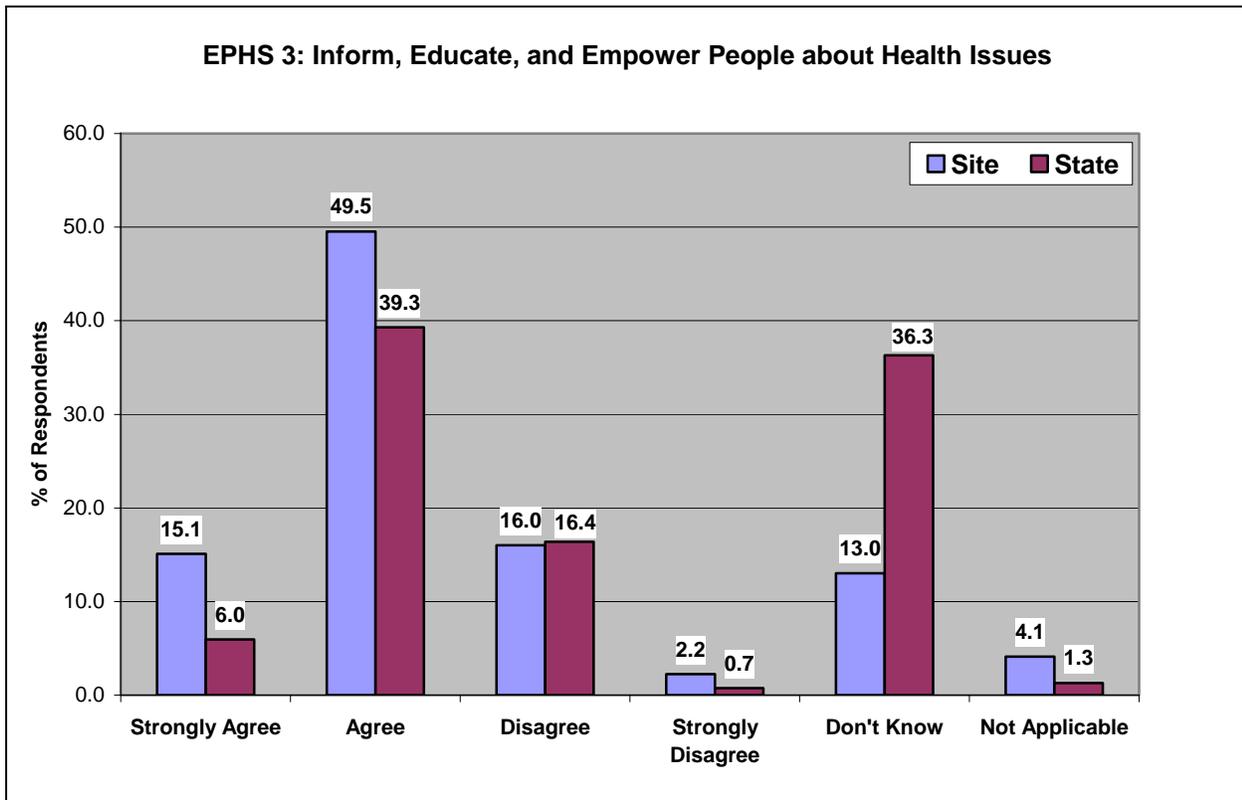


**Essential Public Health Service #3:** Inform, Educate, and Empower People about Health Issues. (Questions 12, 13, 14)

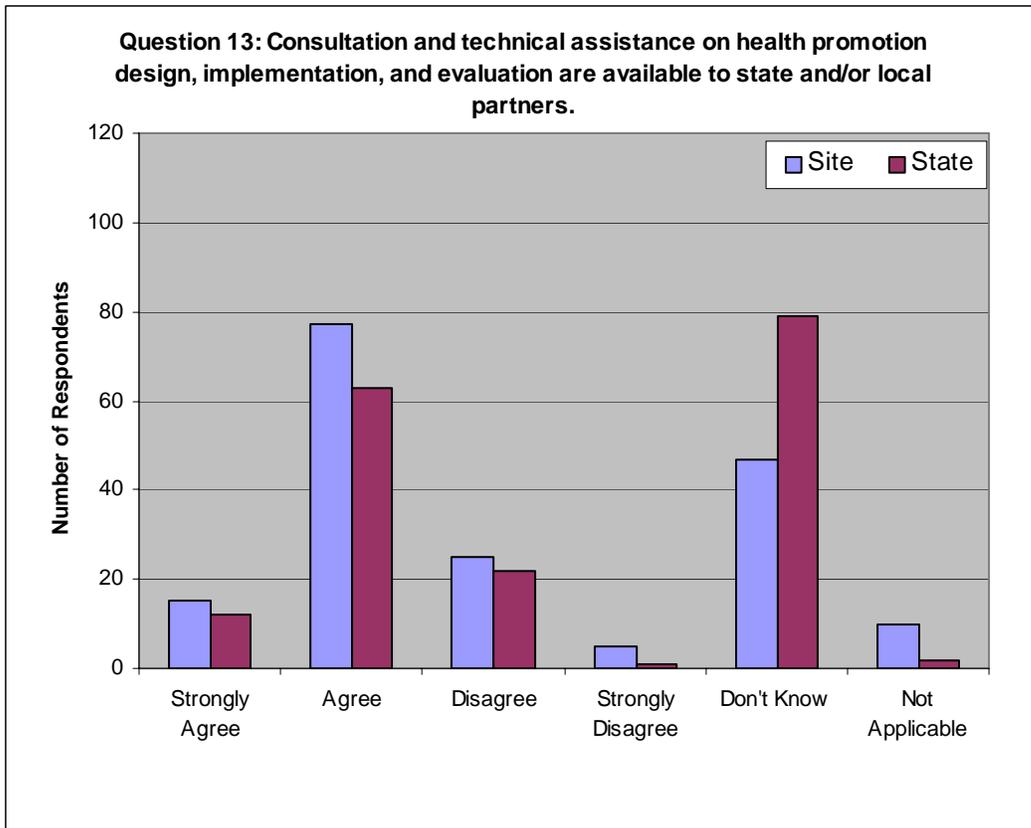
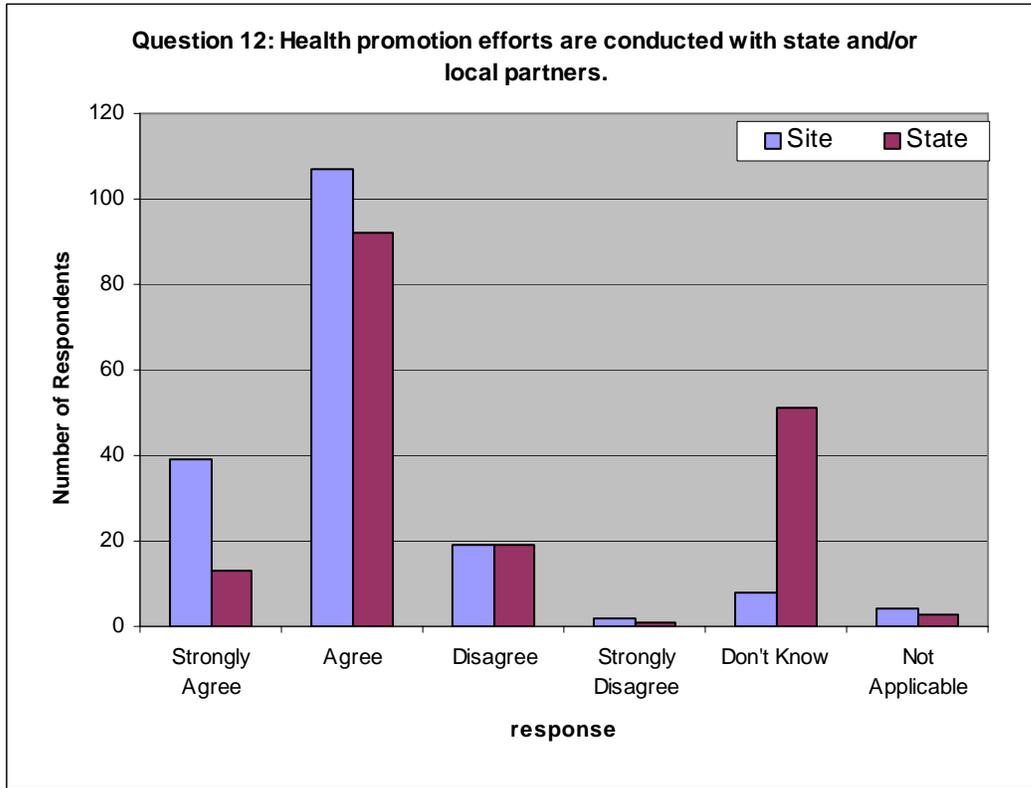
Site: The majority, ~ 65%, of respondents agreed that their site was involved in activities to inform, educate, and empower people about health issues, however, nearly 18% disagreed and another 13% did not know.

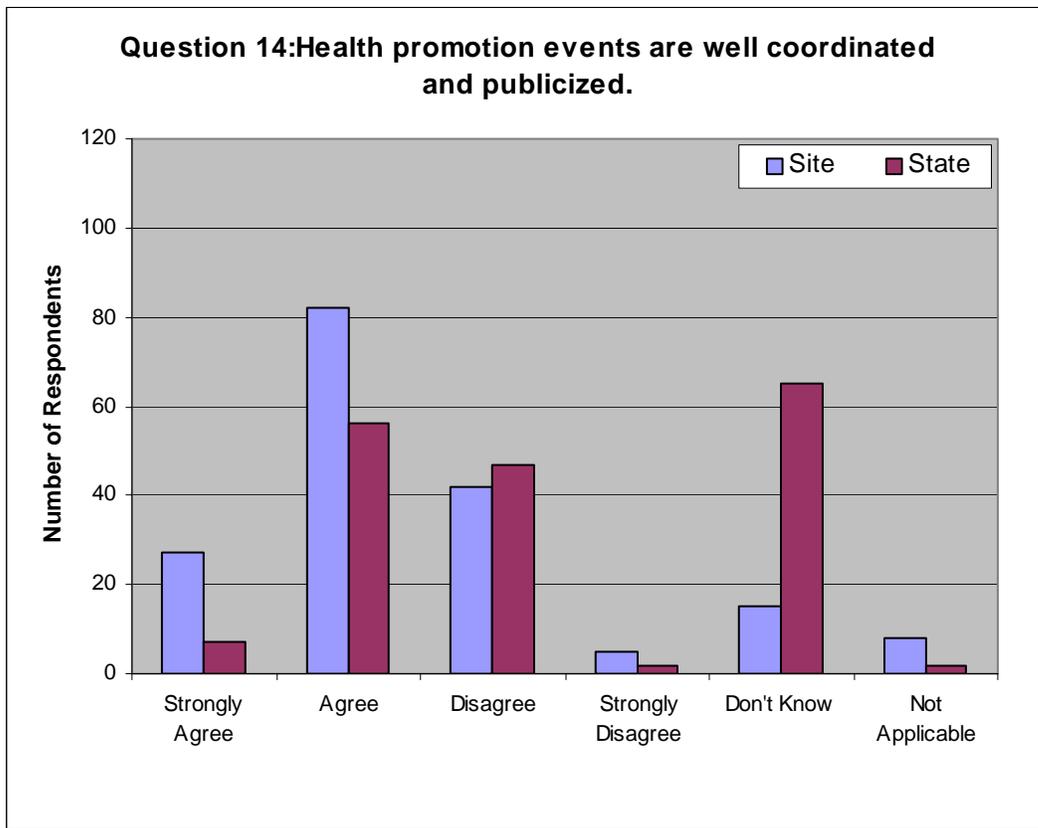
State: Fewer respondents, ~ 45%, agreed that activities related to EPHS #3 occurred at the state level, but mostly because a larger proportion (36.3%) did not know enough to answer questions related to this EPHS (See Questions 12-14 Figures).

Overall: Majority of respondents agreed that events are conducted with local or state partners, but more than 50% of respondents disagreed or did not know if events were well planned or coordinated, or that consultation and technical assistance were available (See Figures for Questions 13 and 14).



*Individual Responses to Survey Questions related to EPHS #3:*



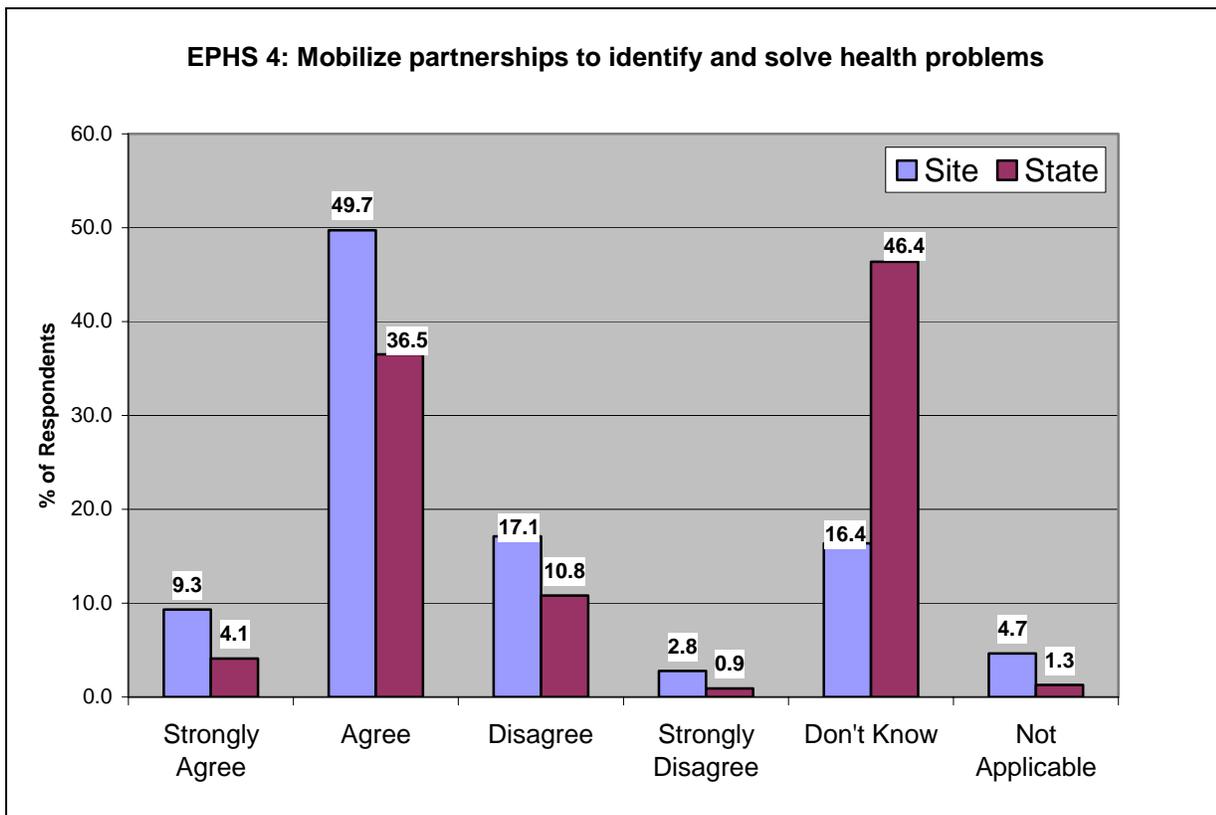


**Essential Public Health Service #4:** Mobilize partnerships to identify and solve health problems (Questions 15, 16, 17)

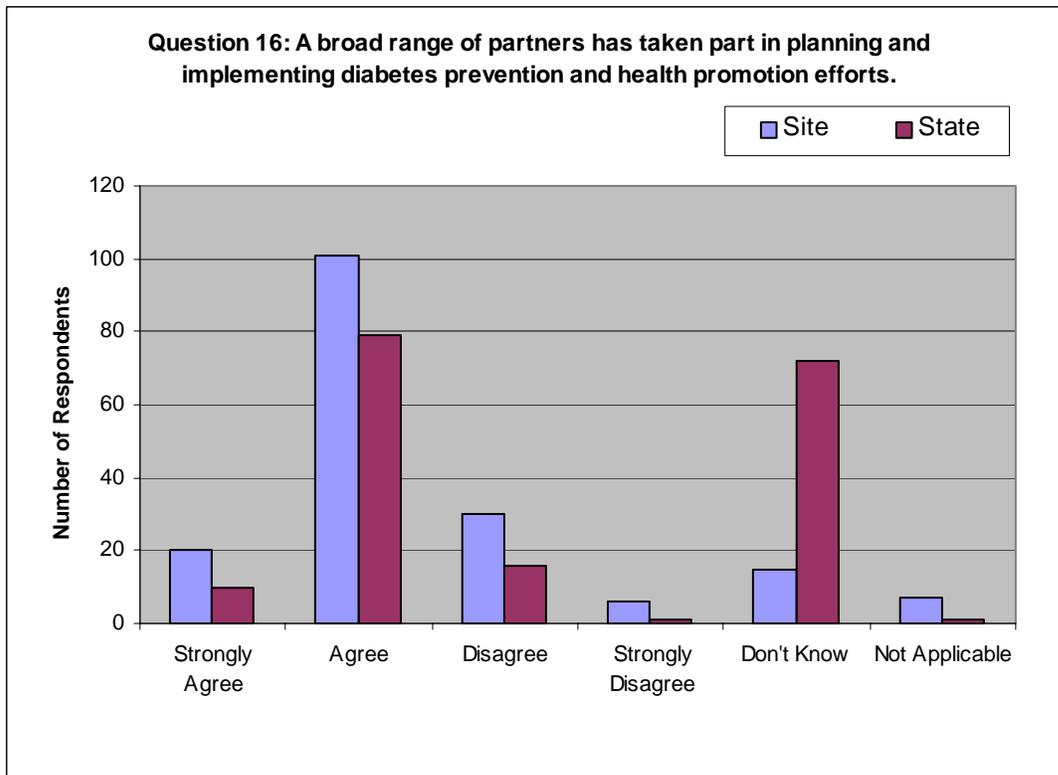
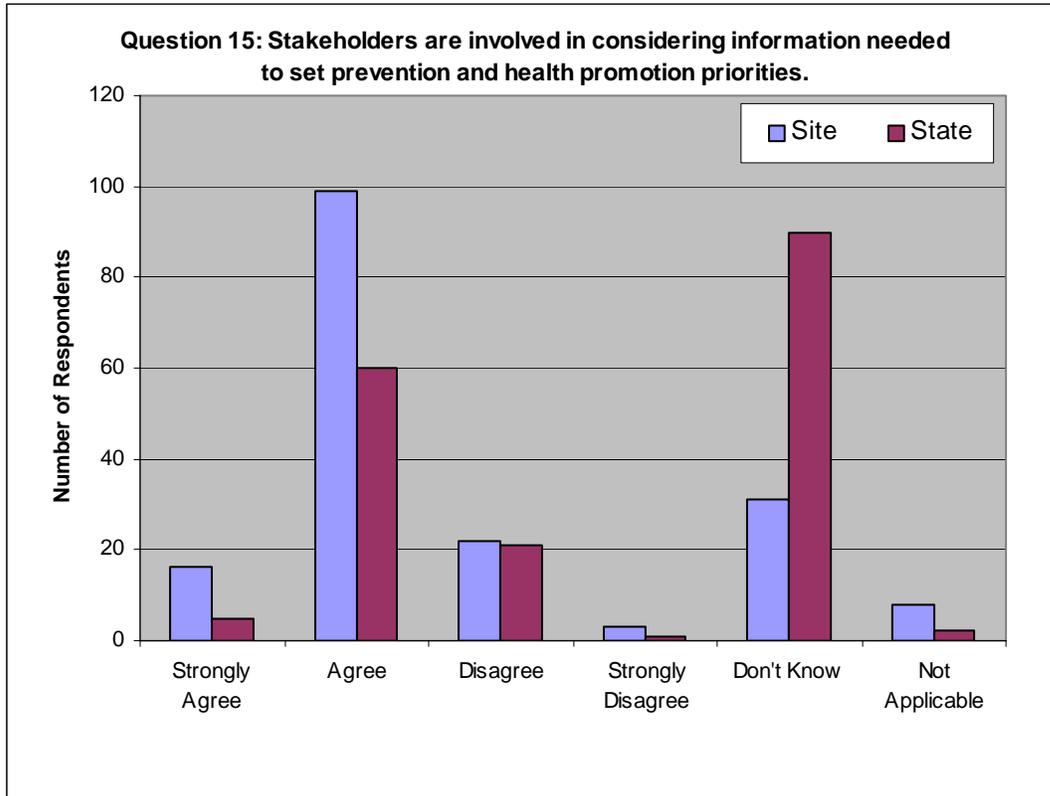
Site: 59% of respondents either agreed or strongly agreed that activities related to mobilizing partnerships to identify and solve health problems were being done at their site or organization. However, nearly 20% did not agree and 16.4% did not know. A small proportion, 4.7%, found questions related to this EPHS not applicable to their worksite.

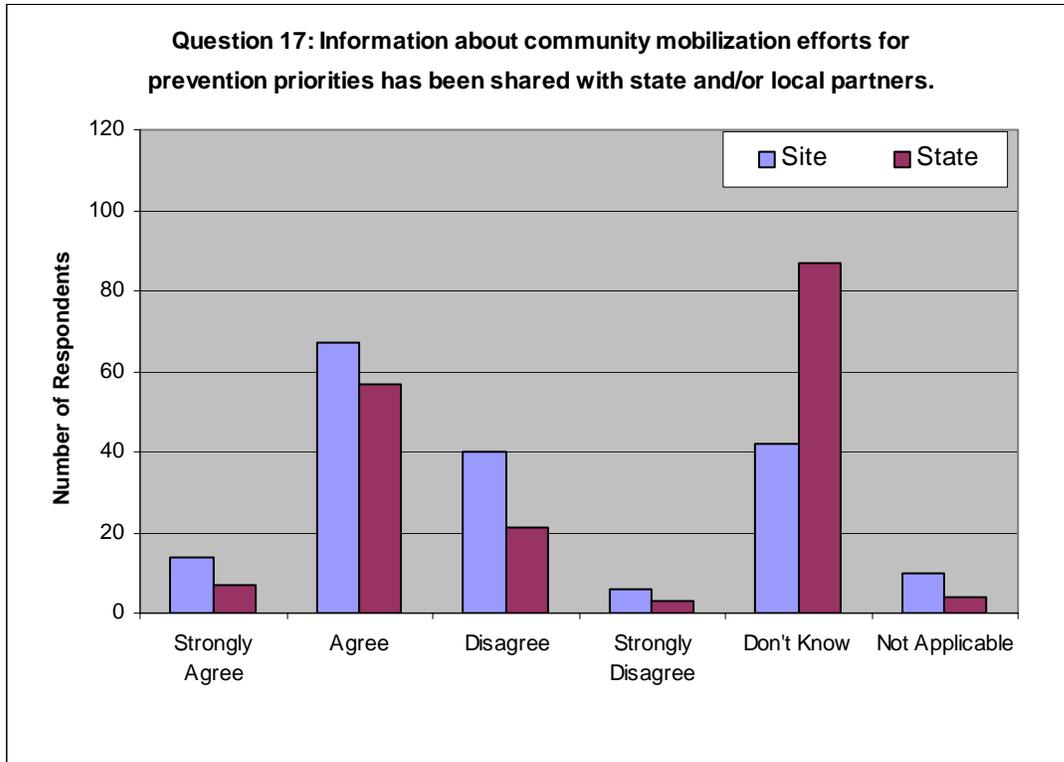
State: Just over 40% of respondents agreed or strongly agreed that activities related to EPHS #4 were being conducted at a statewide level. A smaller proportion, 11.7% disagreed and nearly half, 46.4% of respondents did not know.

Overall: Respondents are knowledgeable about local partnerships but generally were unable to answer questions about the mobilization of partnerships at the statewide level. Respondents agreed that local stakeholders were involved and that a wide range of partners were involved in planning, yet less than half agreed that information about community mobilization efforts was being shared (See Questions 15-17 Figures).



*Individual Responses to Survey Questions related to EPHS #4:*



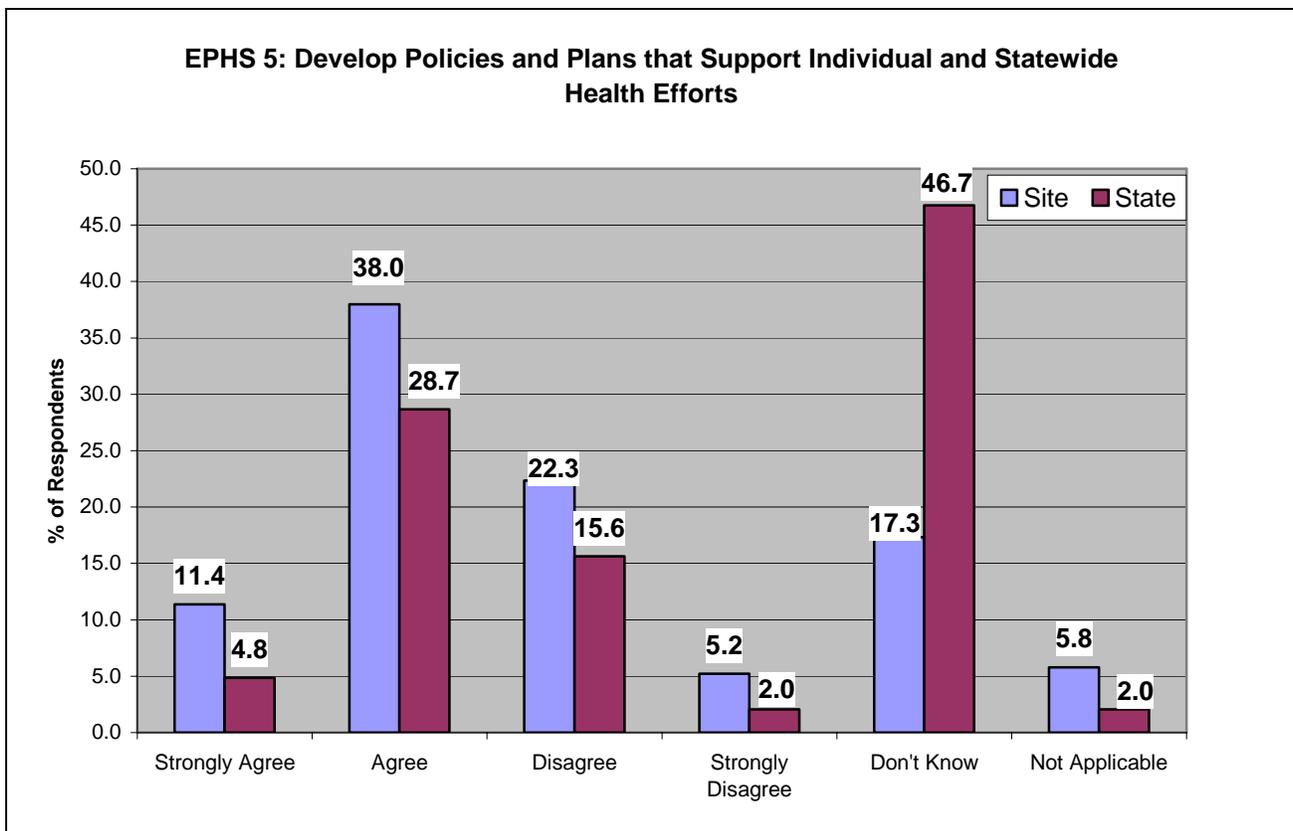


**Essential Public Health Service #5: Develop Policies and Plans that Support Individual and Statewide Health Efforts (Questions 18, 19, 20)**

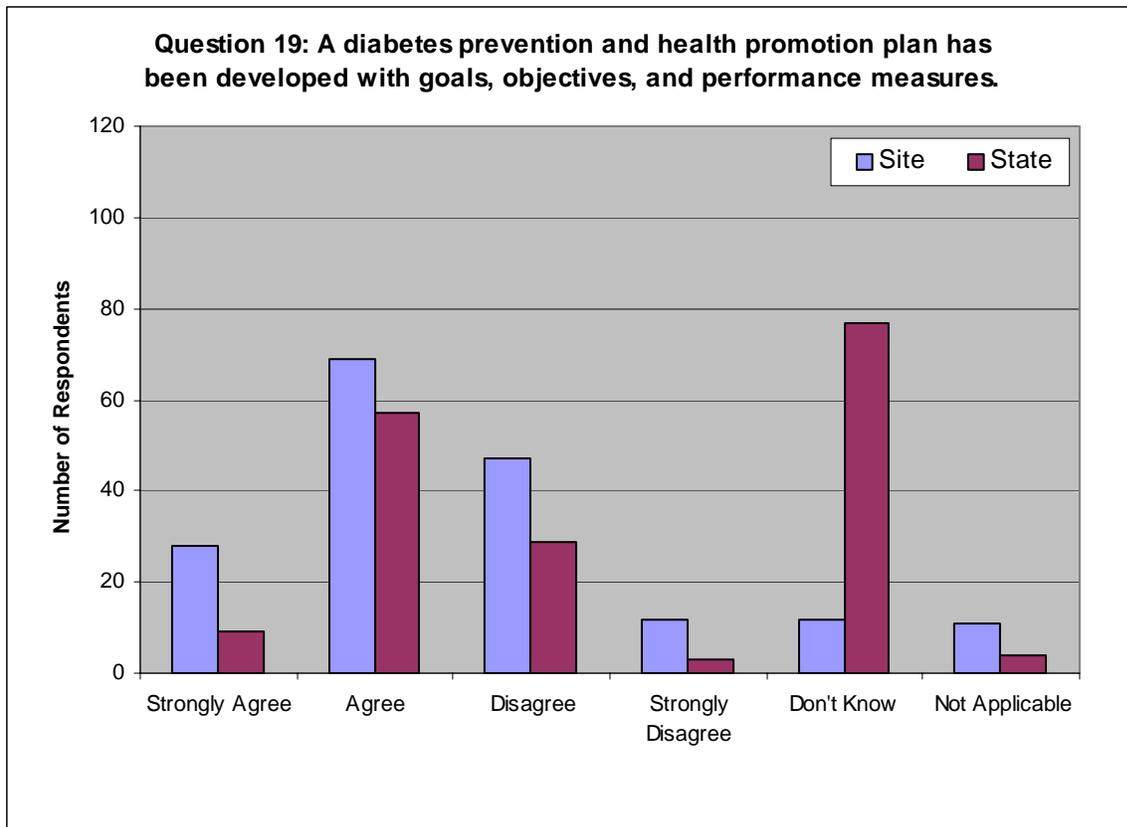
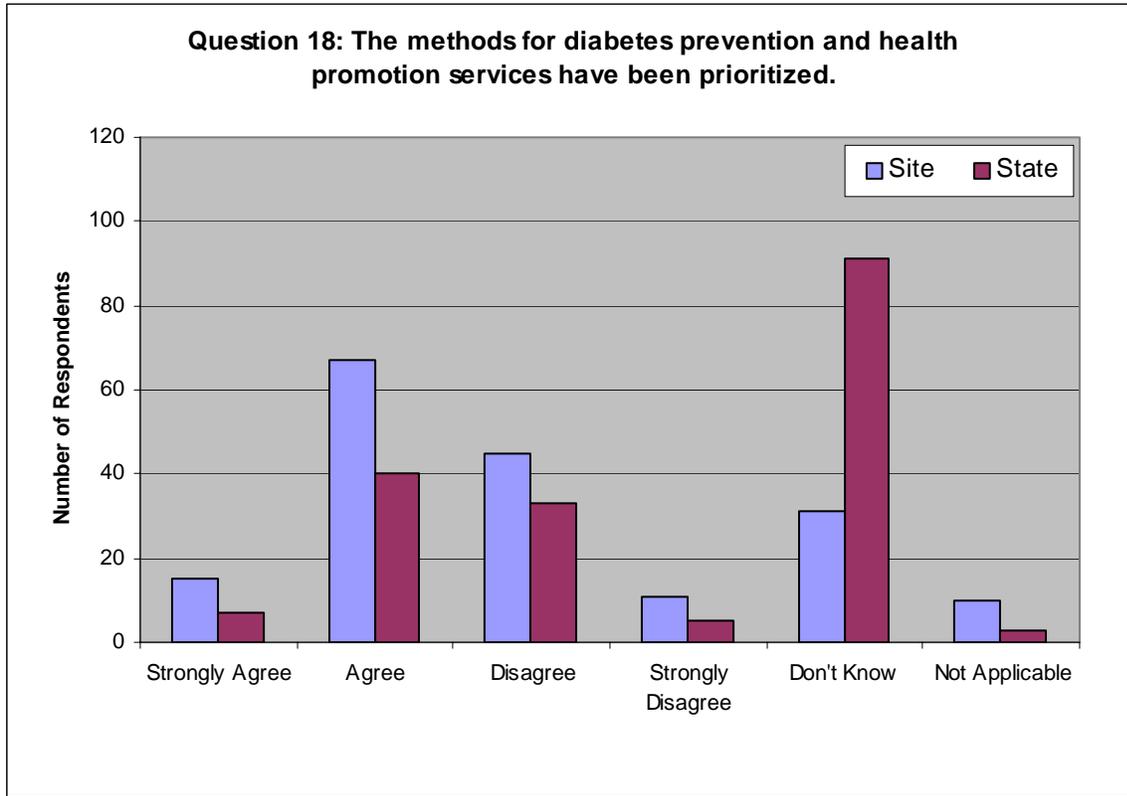
Site: Approximately 49% of respondents either agreed or strongly agreed that their site or organization does develop policies and plans that support individual and statewide health efforts. However, nearly 28% disagree that this is the case and 17% do not know about activities related to this EPHS at their site or organization.

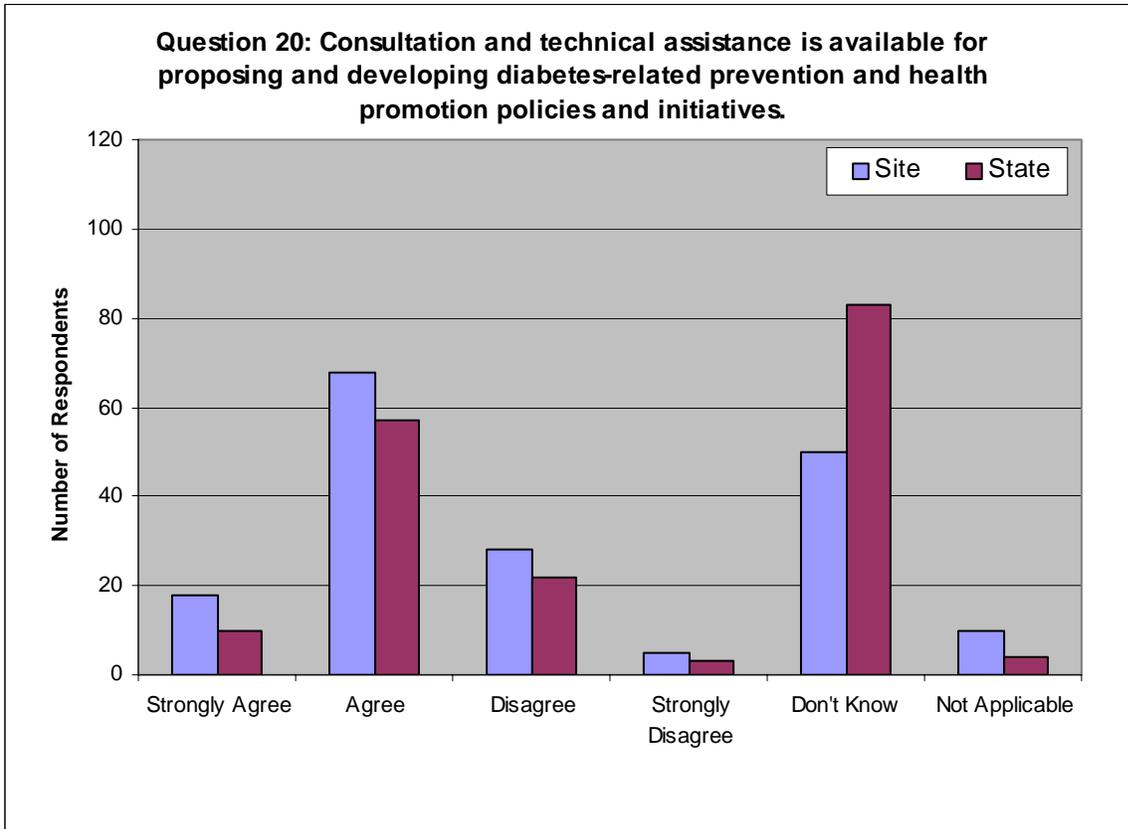
State: Fewer respondents, approximately 33%, agree that diabetes service providers across the state develop policies and plans that support individual and statewide health efforts. Furthermore, nearly 18% disagree that such activities exist and nearly half of respondents, 47%, did not know about activities related to this EPHS at the statewide level.

Overall: The perception of respondents is that the diabetes care system in Michigan is weakest in this EPHS. Specifically, only 49% of survey respondents agreed or strongly agreed that planning, prioritization, and policies were a part of the diabetes effort at their sites or organizations and the remaining half of respondents was roughly split between “don’t know” and “disagree.” Furthermore, Only 33% of survey respondents agreed or strongly agreed that these activities were a part of the diabetes effort at the statewide level



*Individual Responses to Survey Questions related to EPHS #5:*



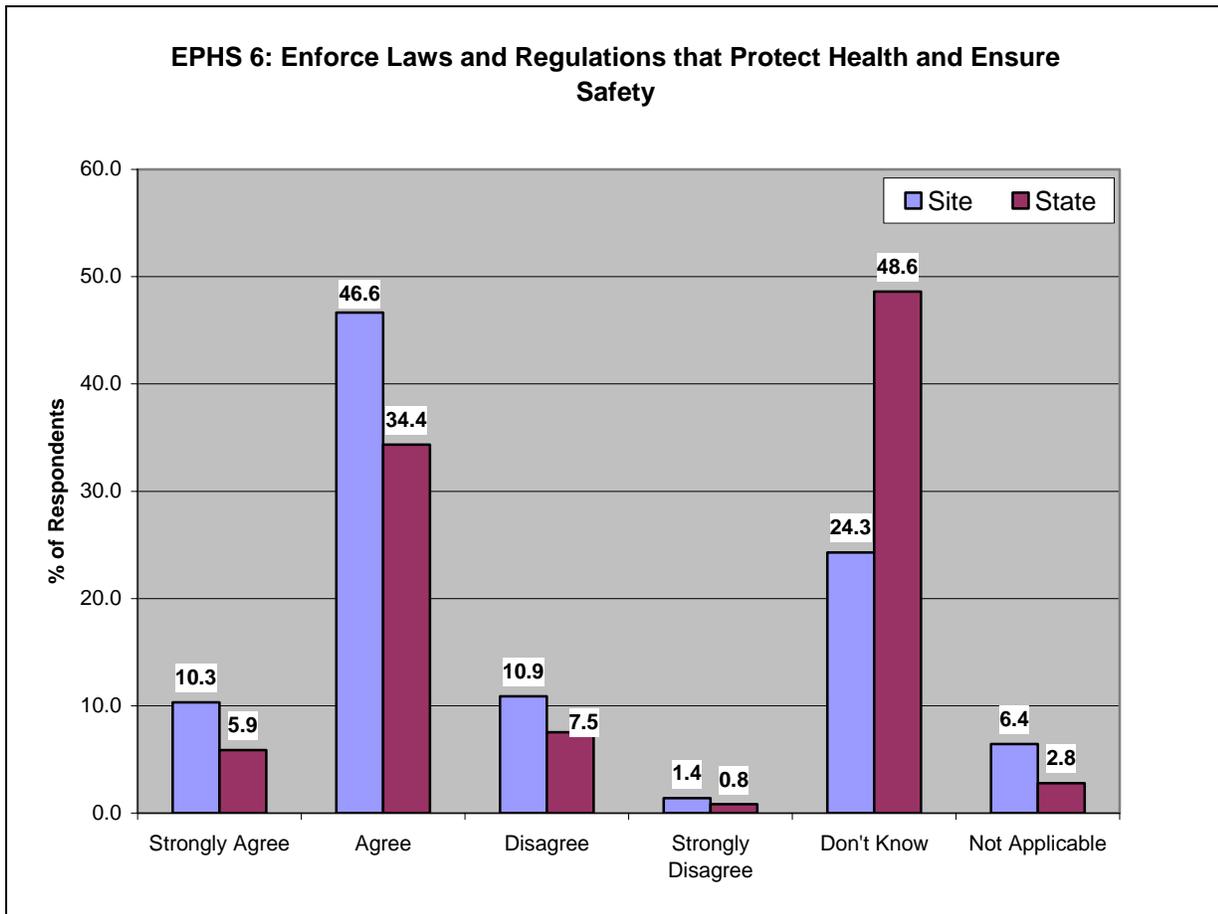


**Essential Public Health Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety (Questions 28, 29)**

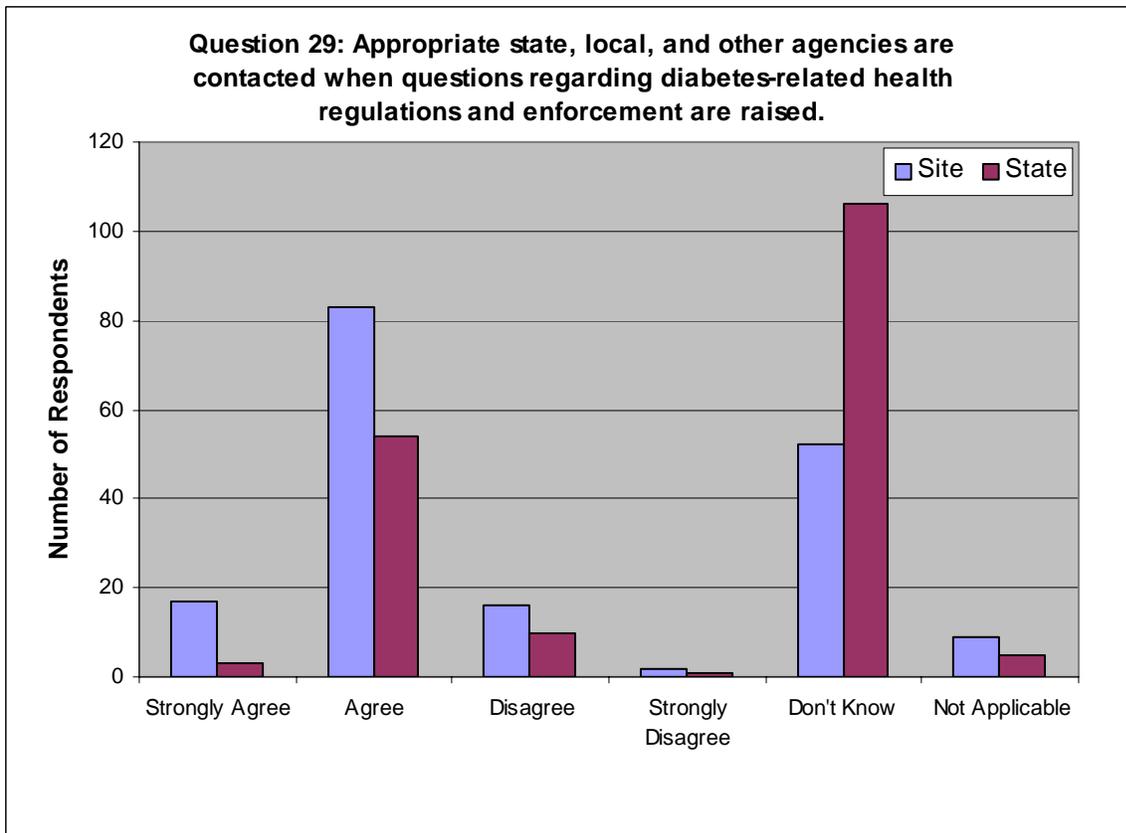
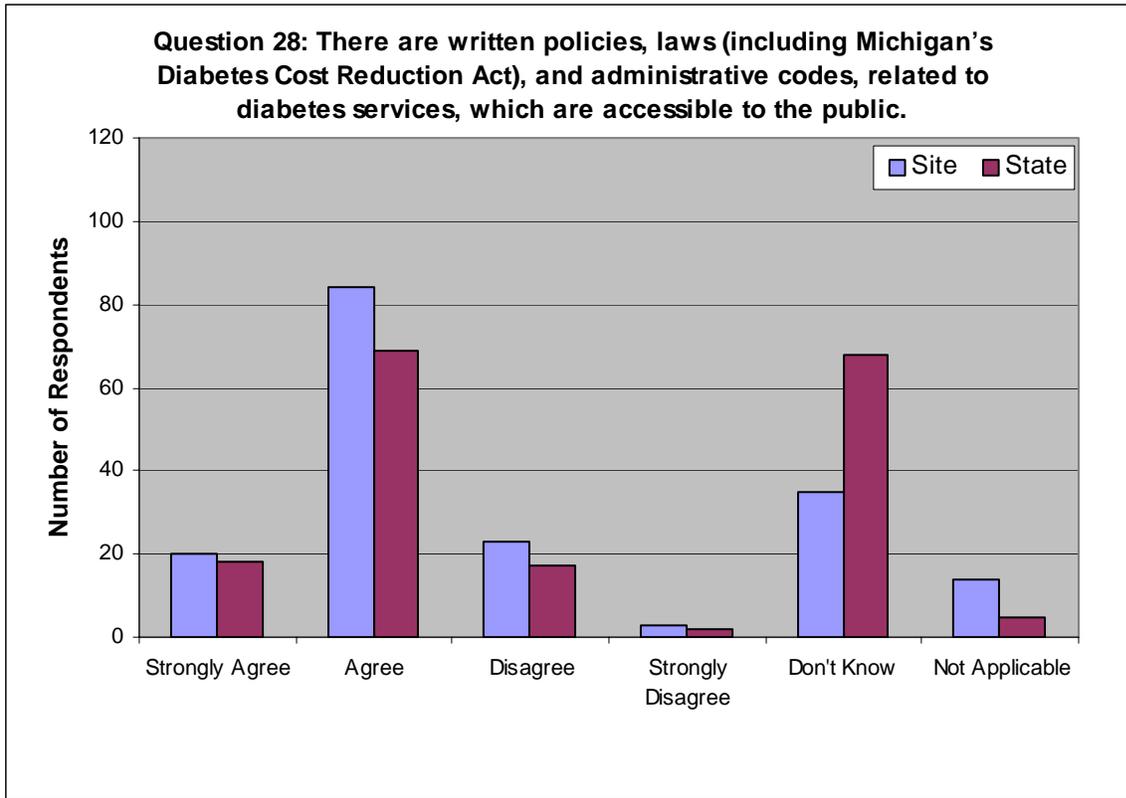
Site: Nearly 57% of respondents agreed or strongly agreed that activities related to EPHS#6 existed at their site or organization, however approximately 12% disagreed and a very large proportion, 24%, did not know about activities related to this EPHS.

State: Approximately 40% of respondents agreed or strongly agreed that activities related to EPHS#6 existed statewide, however approximately 8% disagreed and a very large proportion, nearly 49%, did not know about activities related to this EPHS at the state level.

Overall: While respondents are generally aware (58% at the site level, 49% at the state level), of the laws and regulations that protect health (Question 28 Figure), 30% do not know if the appropriate agencies are contacted when a regulatory issue arises at their site (Question 29 Figure). Nearly 60% do not know whether the appropriate agencies are contacted at the statewide level. While regulations are in place, how they are acted upon in is not well known by survey respondents.



Individual Responses to Survey Questions related to EPHS #6:

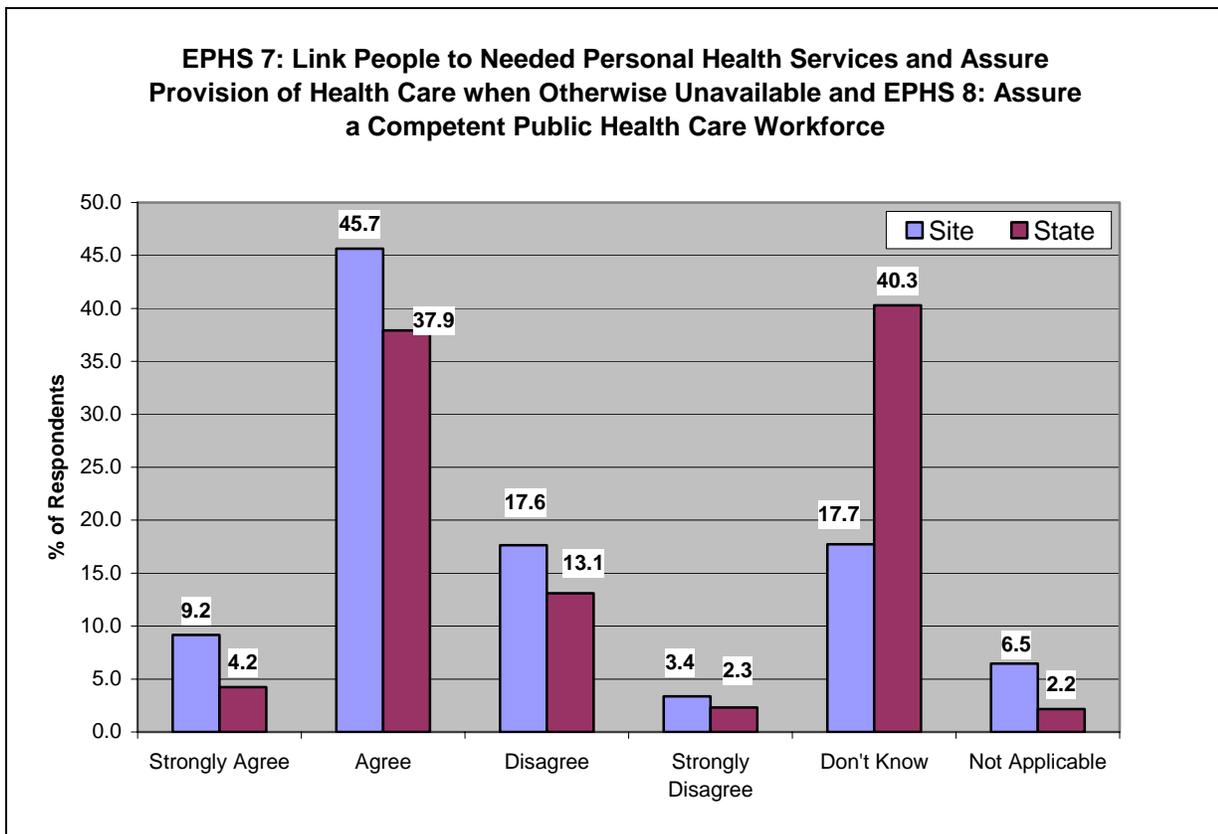


**Essential Public Health Service #7:** Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable, and **Essential Public Health Service #8:** Assure a Competent Public and Personal Health Care Workforce (Questions 21, 22, 23, 24, 25, 26, 27)

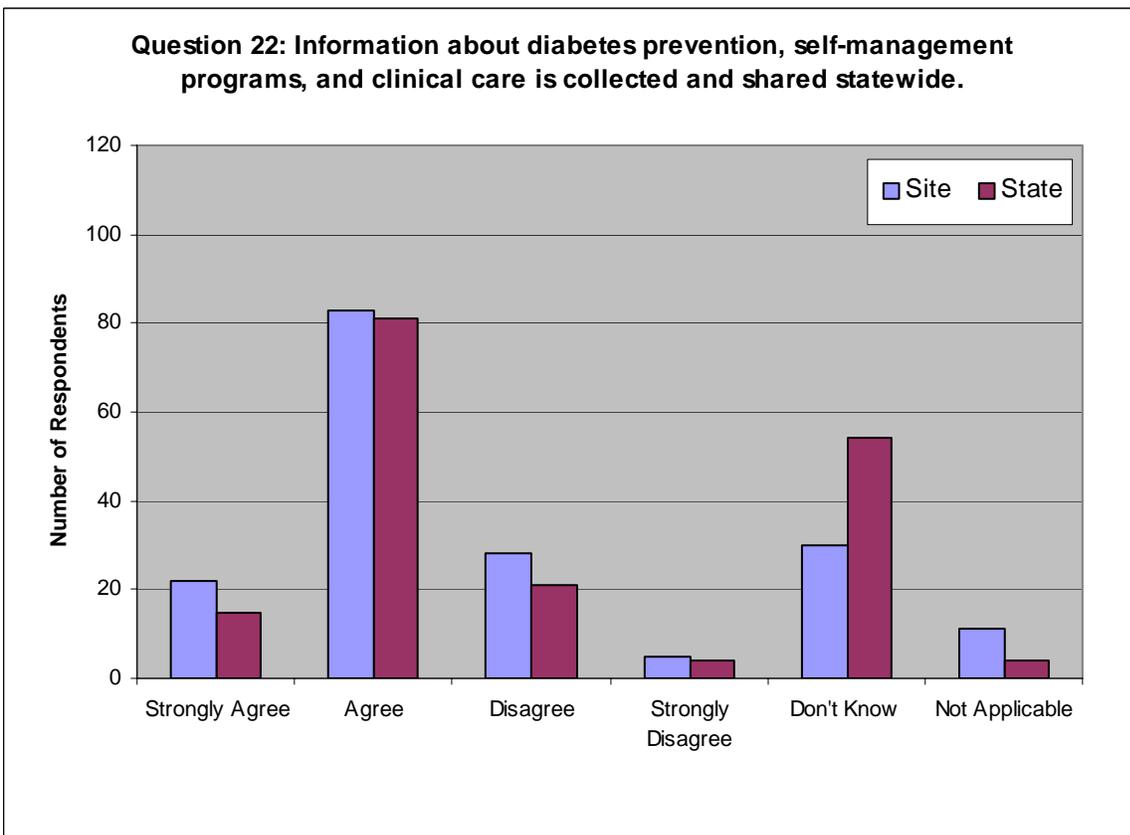
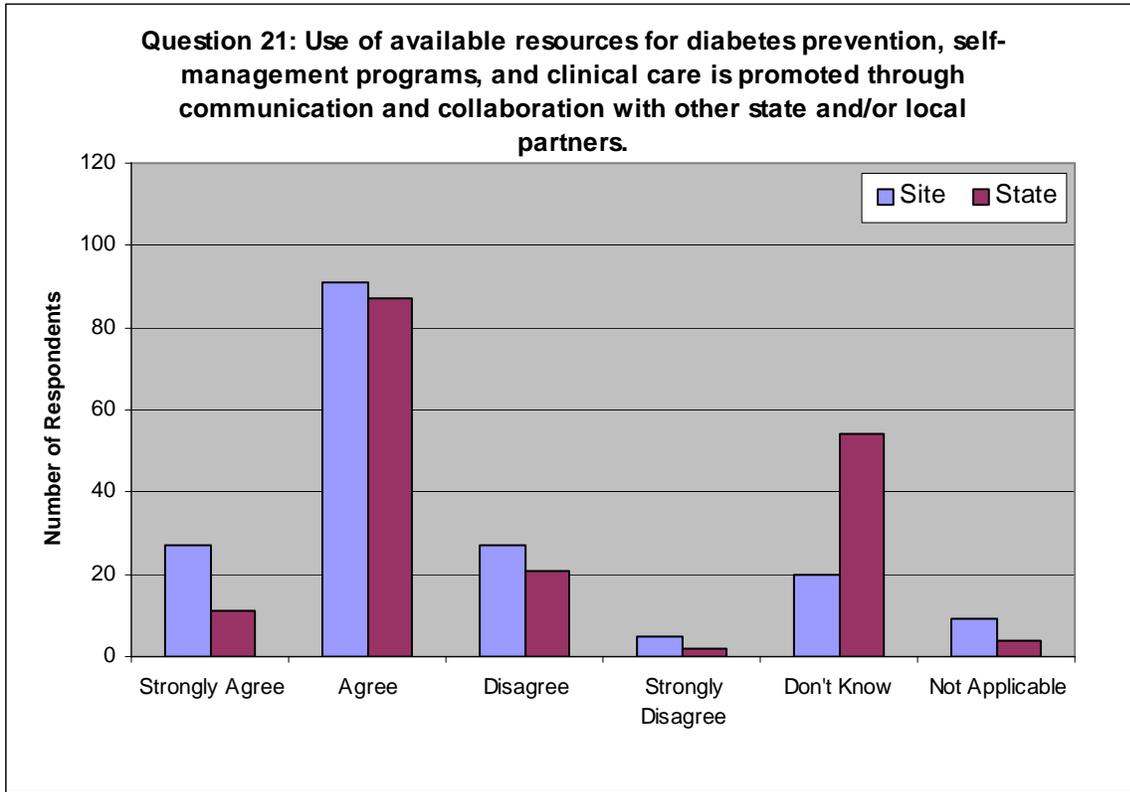
Site: Just over half (55%) agree that, at the site or local organization, people are being linked to services and that the workforce is competent. Approximately 20% disagree that at the site or local organization, people are being linked to services and that the workforce is competent. Another approximately 20% don't know.

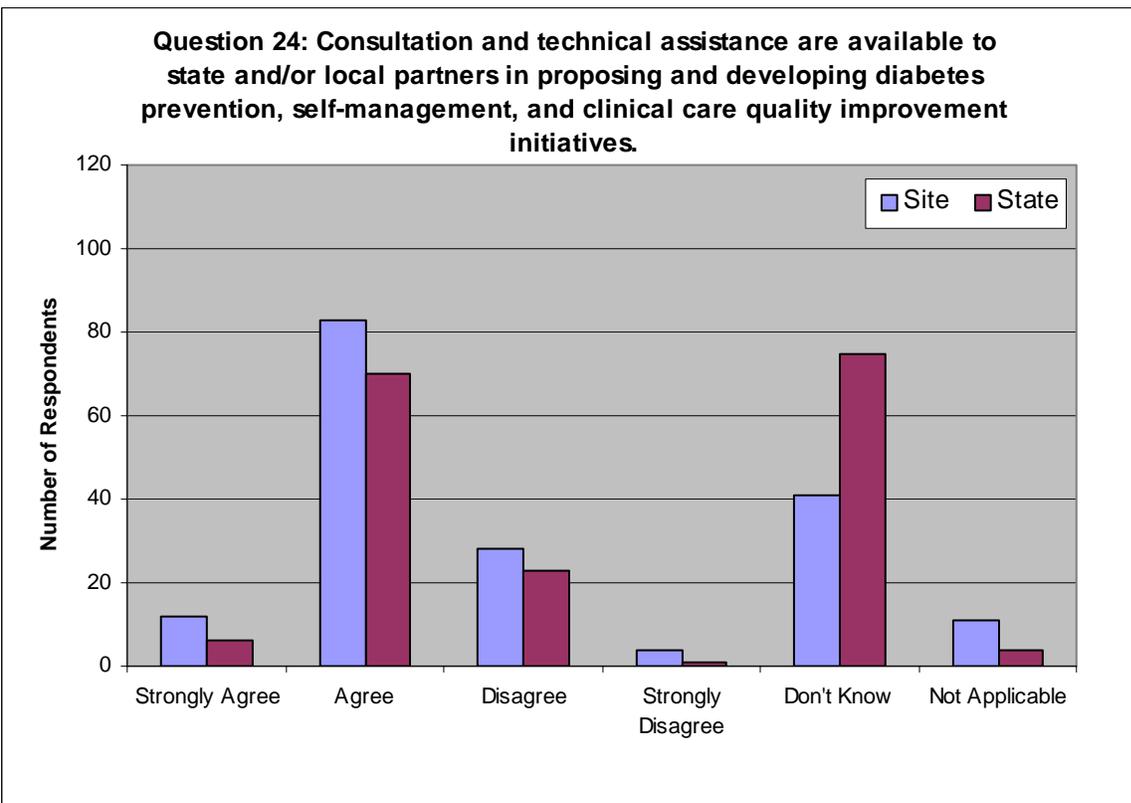
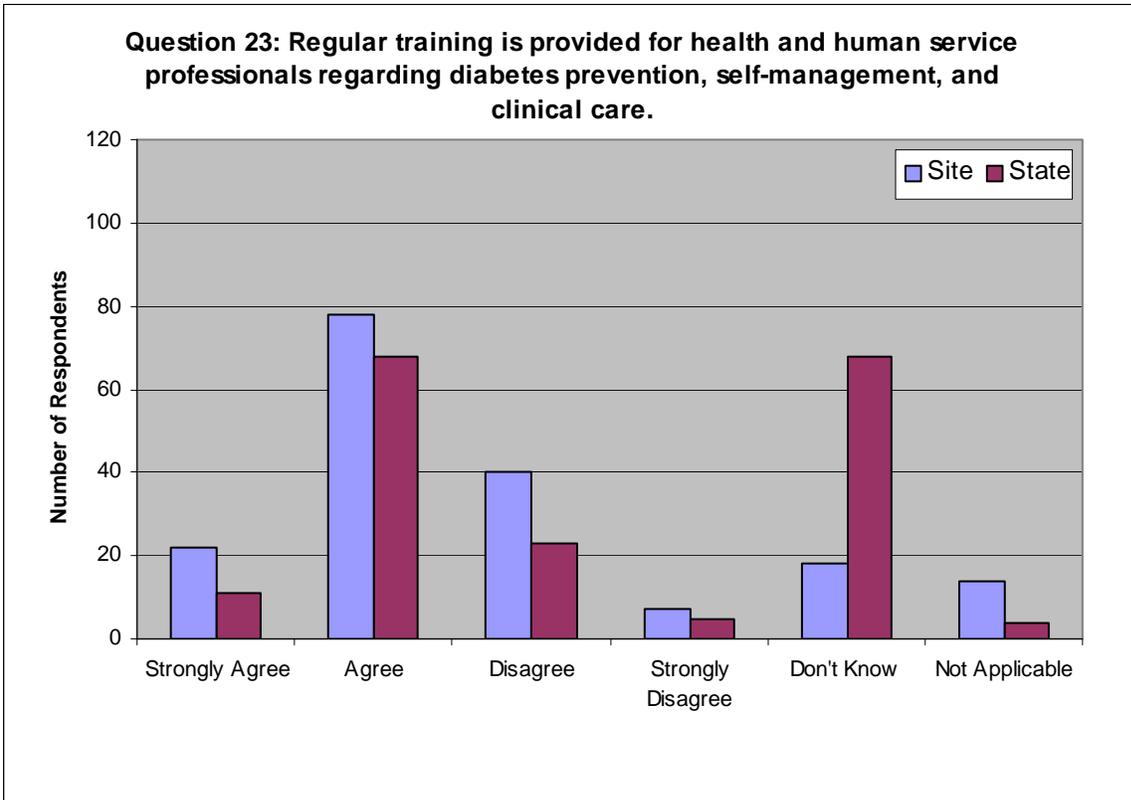
State: Approximately 43% of respondents agree that people are being linked to services and that the workforce is competent at the state level. However, 15.5% disagree and approximately 40% of respondents don't know.

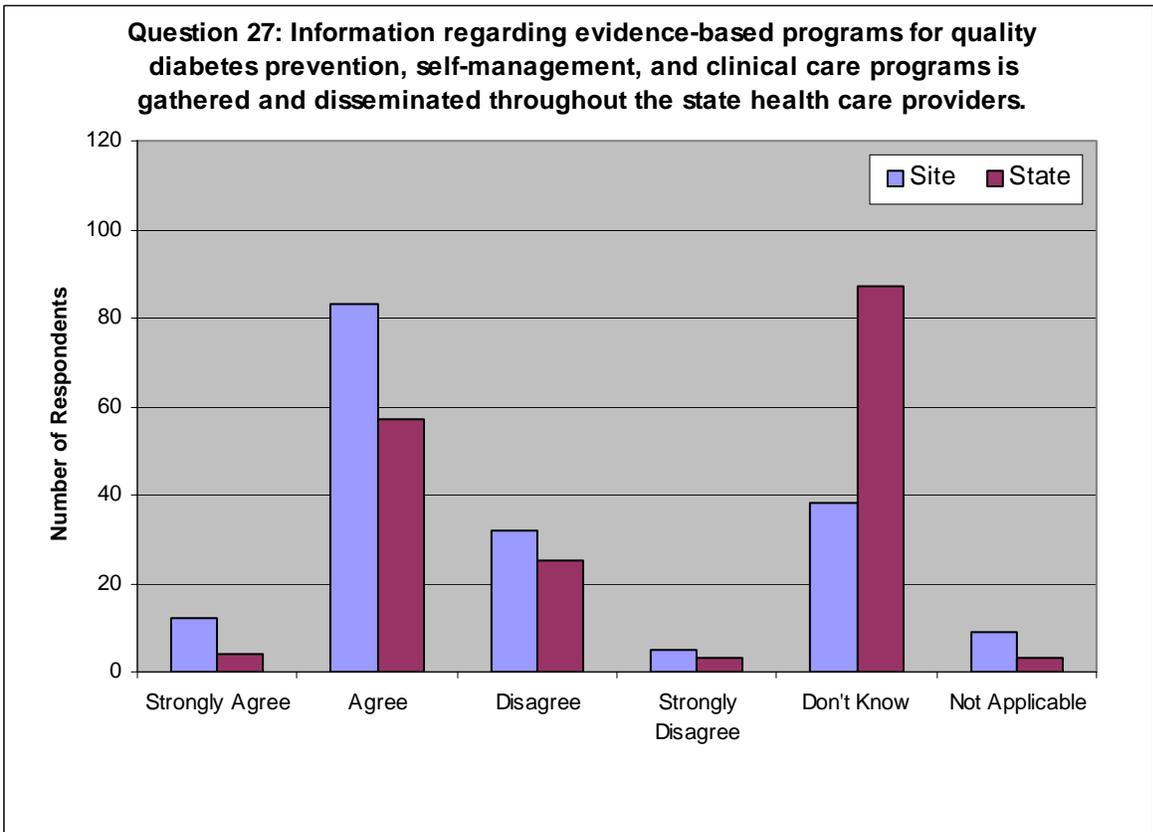
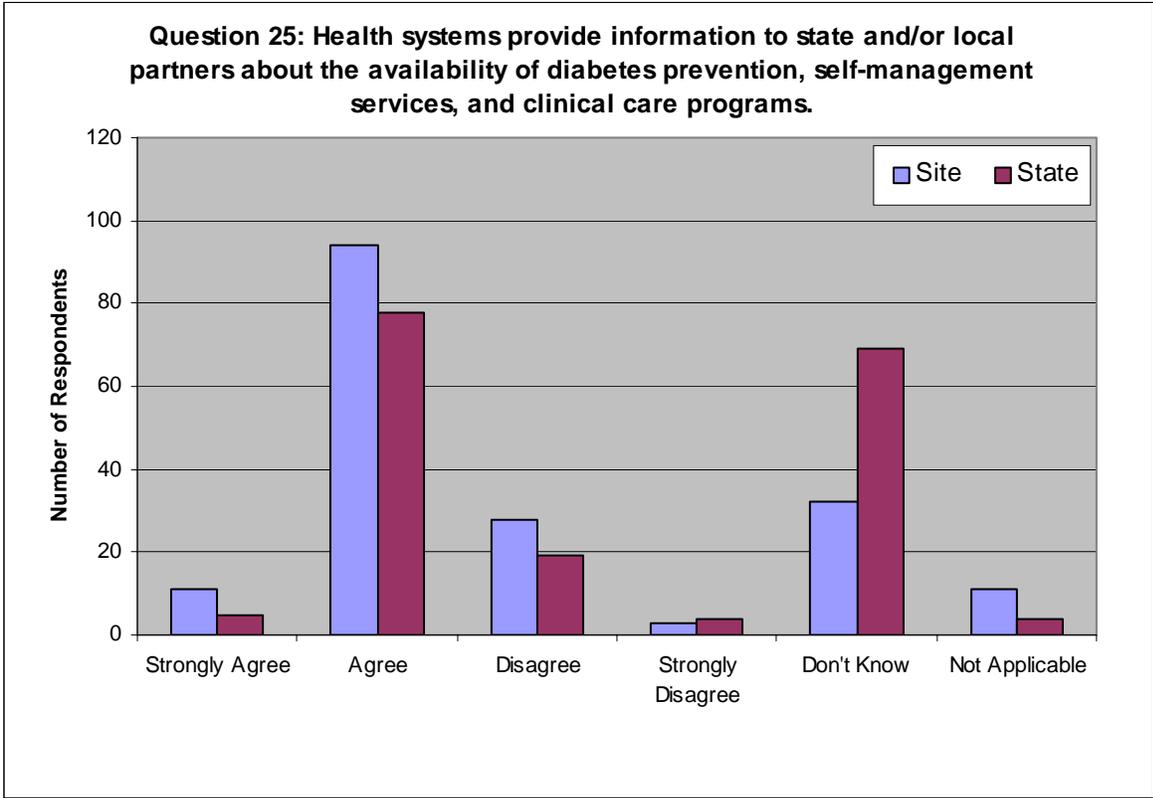
Overall: Respondents were consistent in their answers to all of the questions in these two service areas. Given that the questions under these EPHS cover a central area of performance for the diabetes service system, survey responses suggest that there is room for improvement in either the perception or the actual services that fall under EPHS #7 and EPHS #8.



*Individual Responses to Survey Questions related to EPHS #7 and #8:*





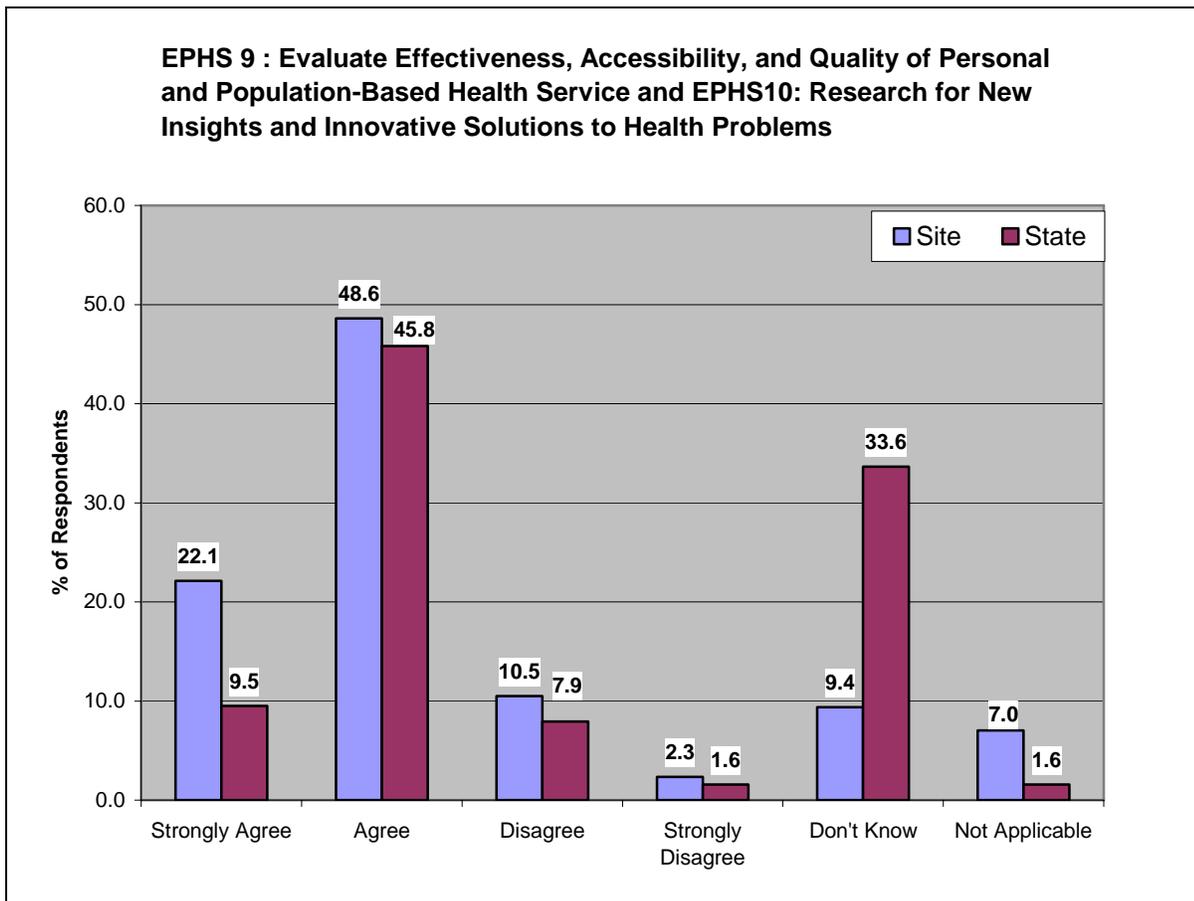


**Essential Public Health Service #9:** Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Service and **EPHS #10:** Research for New Insights and Innovative Solutions to Health Problems (Questions 7, 8, 9, 10, 11)

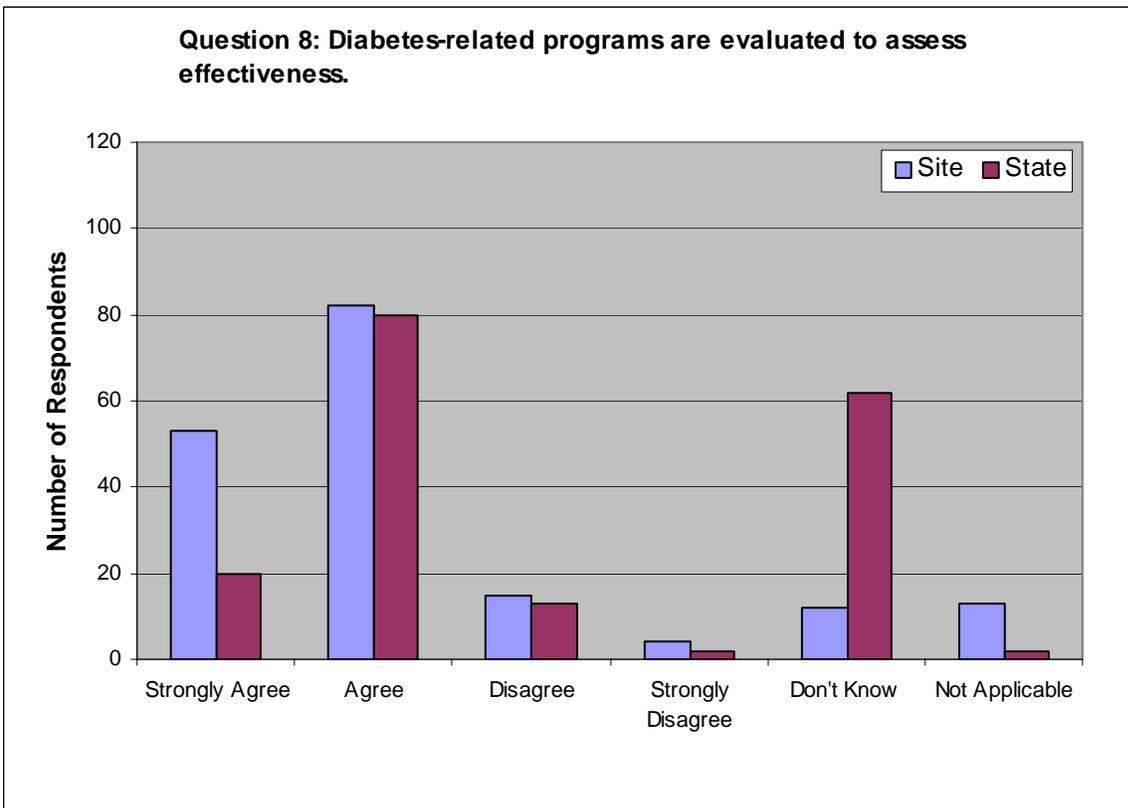
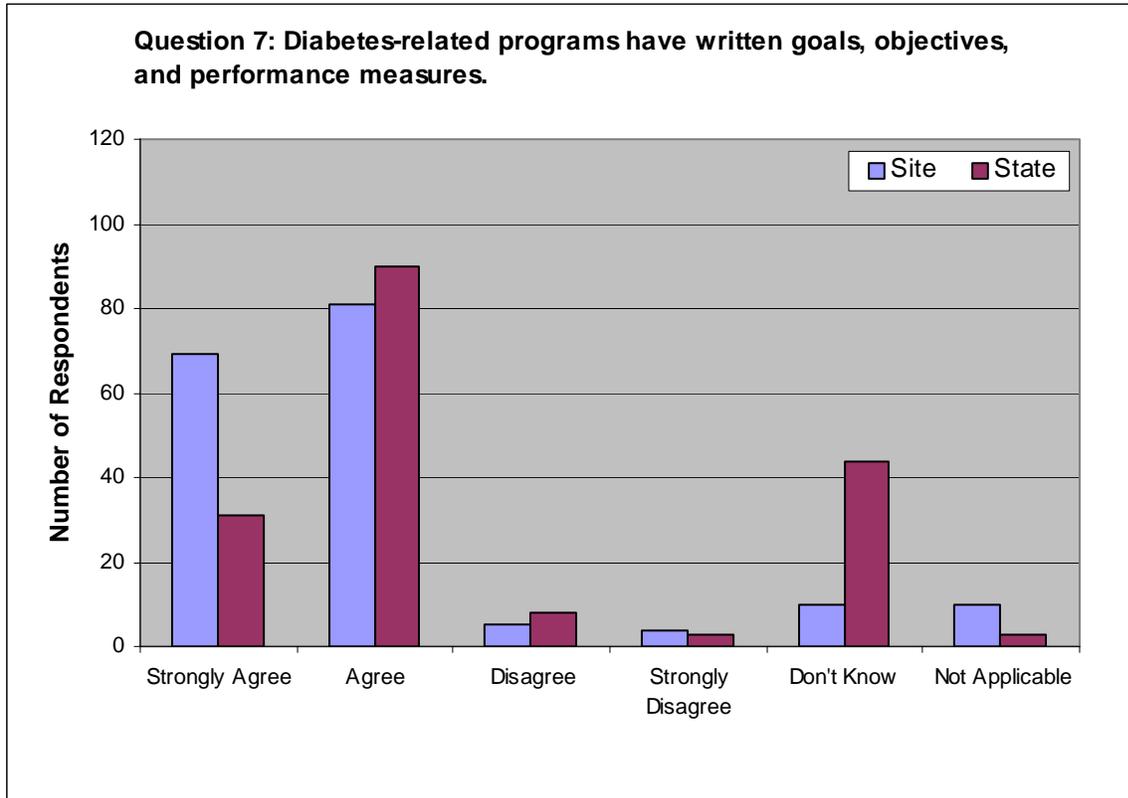
Site: 70% (overall) of survey respondents agreed (48.6%) or strongly agreed (22.1%) that evaluation of effectiveness, accessibility, and quality of personal and population-based health service and research for new insights and innovative solutions to health problems was done at their site or organization. Only 10.5% disagreed that activities related to these two EPHS were being done at their site and 9.4% did not know.

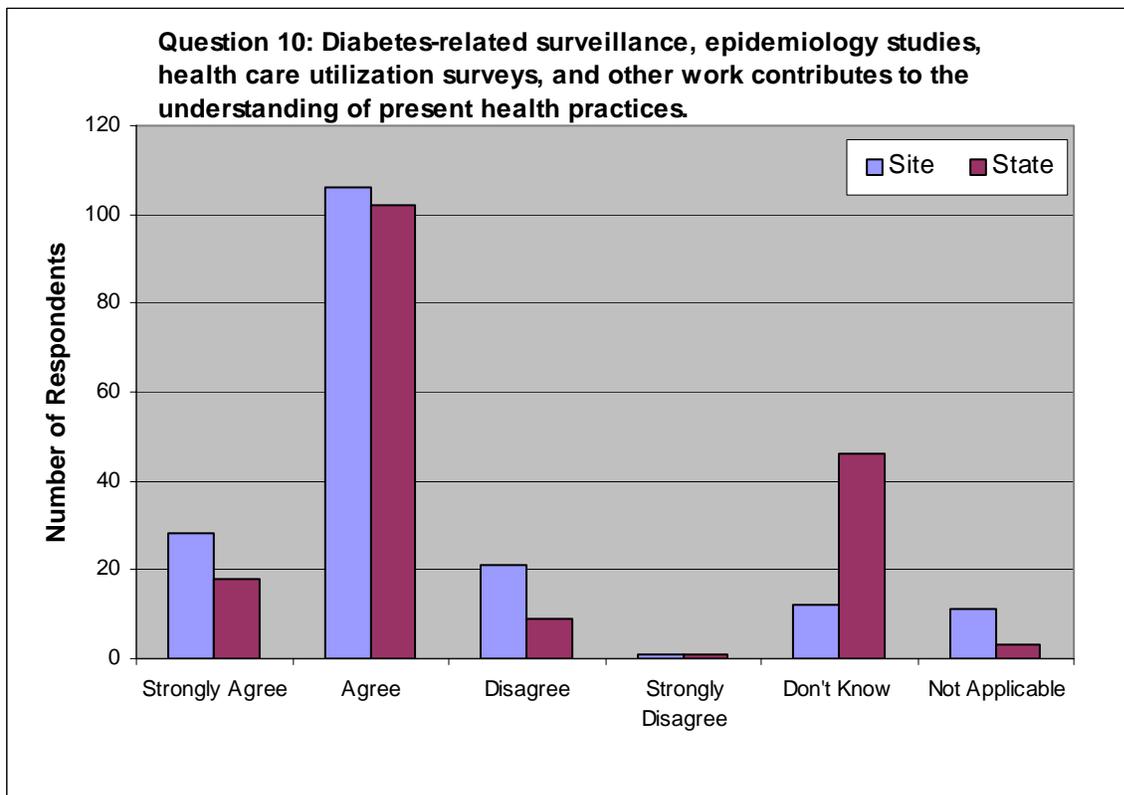
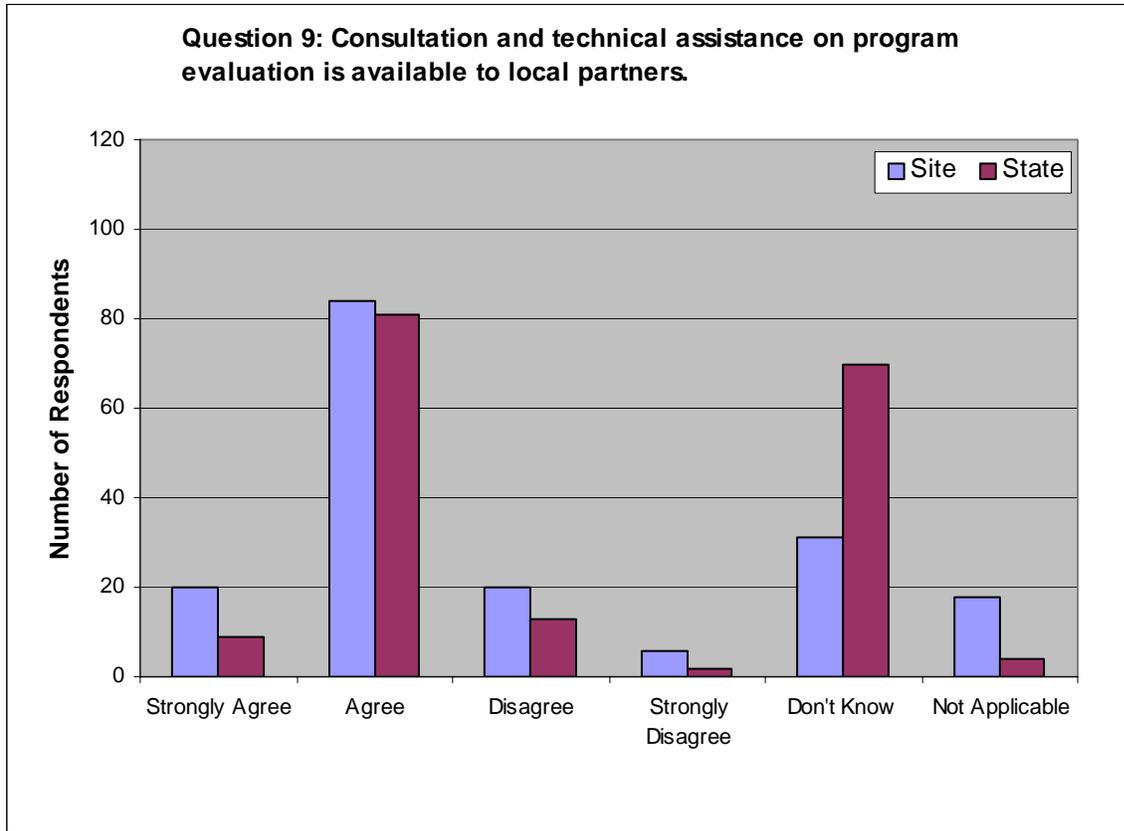
State: 55% (overall) of survey respondents agreed (45.8%) or strongly agreed (9.5%) that evaluation of effectiveness, accessibility, and quality of personal and population-based health service and research for new insights and innovative solutions to health problems was done statewide. An even smaller proportion, 7.9%, disagreed that activities related to these two EPHS were being done across the state; however, nearly 34% reported they did not know about such activities across the state.

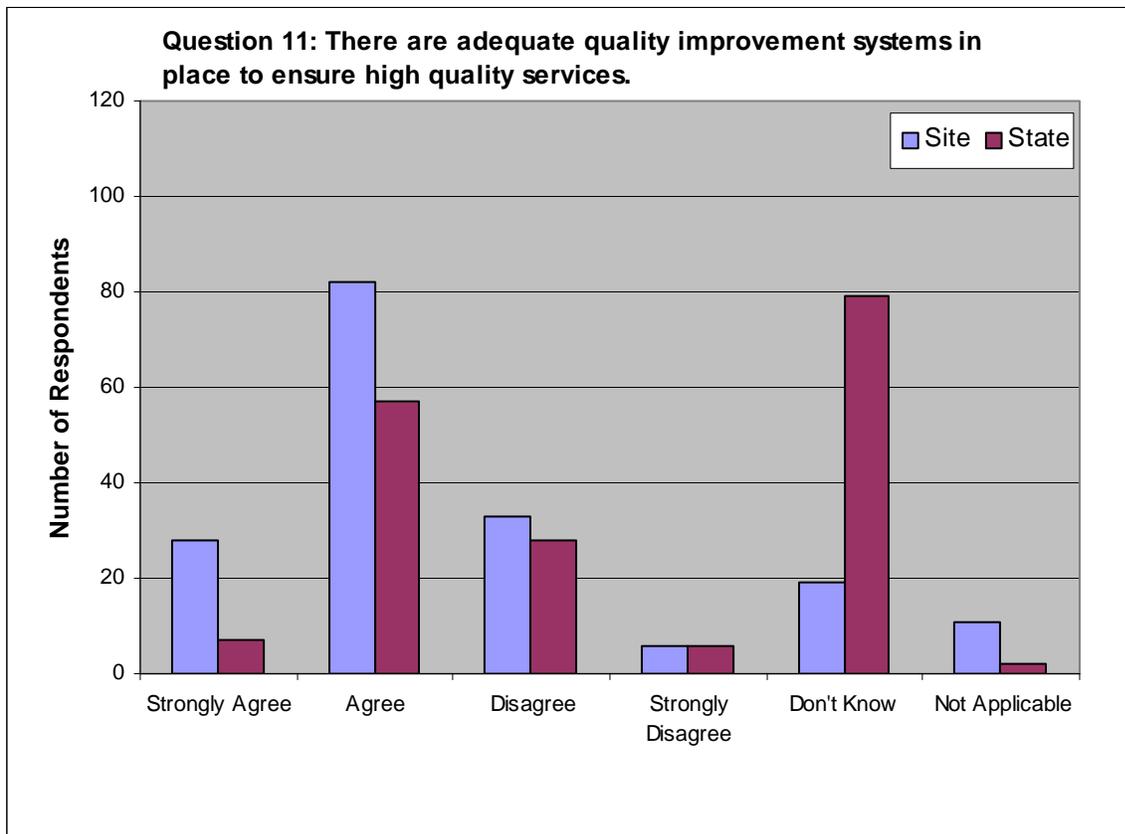
Overall: EPHS #9 and #10 are strengths of the diabetes care system in Michigan as more respondents agreed that activities related to these two EPHS were going at their respective sites as well as across the state than for any of the other EPHS asked about on this survey.



Individual Responses to Survey Questions related to EPHS #9 and #10:







**Box 1: Introductory Paragraph**

**MICHIGAN DIABETES PREVENTION AND CONTROL PROGRAM  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

We are conducting an assessment survey to identify strengths and gaps in diabetes care and prevention in Michigan. We are pleased you are willing to be a part of this assessment. The results will help us all improve the care and prevention of diabetes.

The statewide diabetes care system in Michigan is a network of individuals and organizations. People with diabetes (consumers) and health care providers form the foundation of the care system and this foundation is augmented by federal, state and local public health agencies.

Components of our diabetes statewide care system include hospitals, group health care practices, community health centers, non-profit organizations, private businesses, foundations and academia. We all work together and each of us shares the responsibility to guarantee quality diabetes care and prevention in Michigan. Ultimately we share interests, services and programs that in some way relate to people with diabetes and their care.

**Instructions:**

Questions are grouped into general themes modeled after the Essential Public Health Services developed by the Centers for Disease Control and Prevention. You will be asked to tell us the extent to which you agree diabetes-related services are being provided at your specific site or organization, and then your impression of the services being provided by diabetes service providers across the state. We estimate that this survey will take 20-25 minutes to complete.

Surveys must be completed by September 2, 2005 in order to be included in the statewide assessment. The survey closes at midnight on September 2, 2005.

**If you would like to send this survey to one of your colleagues, send the respondent's e-mail address to Deb Kocsis at [deb@cornerstoneconsultingassociates.com](mailto:deb@cornerstoneconsultingassociates.com).**

**For more information about how to complete this survey, please contact: Deb Kocsis at 740-522-8707 or at [deb@cornerstoneconsultingassociates.com](mailto:deb@cornerstoneconsultingassociates.com).**

**Box 2: E-Mail Introductory Letter from Denise Cyzman****MICHIGAN DIABETES PREVENTION AND CONTROL PROGRAM**  
**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

We are conducting a survey to identify strengths and gaps in managing diabetes care and prevention in Michigan. We hope you will assist us by taking the time to complete this survey.

The statewide diabetes care system in Michigan comprises a network of individuals and organizations. People with diabetes (consumers) and health care providers form the foundation of the care system. That foundation is augmented by federal, state, and local public health agencies.

Components of our statewide care system include hospitals, group practices, community health centers, non-profit organizations, private businesses, foundations, and academia. We all work together and each of us shares the responsibility to guarantee quality diabetes care and prevention in Michigan. Ultimately we share interests, services, and programs that in some way relate to people with diabetes and their care.

Your time is appreciated. Thank you!

Denise Cyzman, Director  
Michigan Diabetes Prevention and Control Program

**Box 3: Role with Diabetes Care**

Person with diabetes or significant other	2
Physician	5
Other medical professionals (nurse, physician's assistant, nurse practitioner, lab tech)	75
Dietician	40
Pharmacist	3
Social worker	1
Community Health Worker	3
Administration	27
Other	23
<b>Total</b>	<b>179</b>

**Box 4: Type of Practice or Facility**

Medical practice/clinic/hospital	100
Community-based service organization	18
State-wide service organization	7
Professional association	4
State health department	15
Local health department	16
Academia	3
Primary/secondary school	1
<b>Total</b>	<b>164</b>

**Box 5: Respondents by County**

<i>County</i>	<i>Number of respondents</i>	<i>County</i>	<i>Number of respondents</i>
Alger	1	Livingston	1
Allegan	1	Luce	1
Arenac	1	Macomb	7
Bay	2	Marquette	5
Berrien	3	Mason	2
Branch	2	Mecosta	1
Calhoun	3	Midland	2
Charlevoix	2	Monroe	1
Cheboygan	1	Montcalm	3
Chippewa	1	Muskegon	2
Clare	1	Newaygo	1
Clinton	3	Oakland	19
Crawford	1	Oceana	2
Dickinson	3	Osceola	1
Eaton	2	Ottawa	2
Emmet	3	Roscommon	1
Genessee	4	Saginaw	3
Grand Traverse	4	Sanilac	1
Houghton	2	Shiawassee	1
Huron	1	St. Clair	4
Ingham	16	St. Joseph	2
Isabella	2	Tuscola	1
Jackson	3	Washtenaw	14
Kalamazoo	3	Wayne	21
Kent	15	Wexford	1
		All remaining counties	0

### **References:**

1. The Centers for Disease Control and Prevention: Division of Diabetes Translation, "National Diabetes Assessment, Improvement, and Performance Standards Suggested Guidelines," March 2003, [http://www.chronicdisease.org/diabetes\\_council/Diabetes\\_publications.htm](http://www.chronicdisease.org/diabetes_council/Diabetes_publications.htm)
2. KeySurvey, [http://www.keysurvey.com/online\\_tools/products.jsp](http://www.keysurvey.com/online_tools/products.jsp)