Wisconsin Chronic Disease Prevention Program
Grant Funding Opportunity

Increasing Access to and Participation in Complementary Diabetes Support Programs

I. IMPORTANT DATES

February 24, 2025	Grant Funding Opportunity released
April 7, 2025	Application Materials due by 11:59 p.m.
April 28, 2025	Notification of Awards (estimated)
June 30, 2025-June 29, 2026	Period of Performance with option for additional budget periods

II. FUNDING OPPORTUNITY OVERVIEW

INTRODUCTION

The Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP) is a recipient of a cooperative agreement to prevent, reduce, and manage diabetes (CDC-RFA-DP-23-0020) from the Centers for Disease Control and Prevention (CDC). To implement the strategies of this cooperative agreement (known as 2320), CDPP partners with a variety of organizations across the state, offering funding, technical assistance, and connections to peer support.

CDPP is issuing this Grant Funding Opportunity (GFO) to provide interested parties with information on preparing and applying for the *Increasing Access to and Participation in Complementary Diabetes Support Programs* grant.

BACKGROUND

Diabetes is a chronic condition affecting about 38 million or 1 in 10 people in the United States and 1 in 11 people in Wisconsin. Diabetes increases risk for chronic conditions such as heart disease, stroke, kidney disease, blindness, and nerve damage leading to lower limb amputation. Diabetes control rates for Wisconsin patients have not improved dramatically in recent years. Since 2013, the statewide average of good diabetes control has plateaued between 71% and 75% of patients for Wisconsin Collaborative for Healthcare Quality (WCHQ) member health systems. This means nearly one fourth to one third of patients with diabetes could be at high risk of complications from the disease because of poor blood sugar control.

Health disparities adversely affect certain groups of people who have been disadvantaged. According to the Wisconsin 2019 Health Disparities Report, Medicaid, uninsured, American Indian, and Black populations experience substantial care disparities in blood pressure and blood sugar control. In 2022-2023, age-adjusted prevalence of diabetes in Wisconsin Non-Hispanic White was 8.0%, compared to 14.7% Non-Hispanic Black, 13.5% Non-Hispanic American Indian and 17.5% Hispanic/Latino. Wisconsinites with less education have higher prevalence of diabetes; 13.6% for those with less than high school education compared to 11.3% high school graduate, 10.8% with some college, and 7.7% college or post-graduate education. Prevalence of diabetes is higher in those with lower income in Wisconsin. Additional diabetes disparities in the state include:

- In some communities across Wisconsin, an estimated nearly one in four adults has diabetes. In others, 1 in 11 have diabetes.

- Type 2 diabetes prevalence in the adult Hmong population (19.1%) may be three times higher than that of the non-Hispanic White population (7.8%). The Hmong population in Wisconsin came from an area of the world with historically low rates of diabetes.
- People living with a disability are about six times as likely to have been told they have diabetes compared to those without.
- White Wisconsinites, and those with commercial insurance (72%) or Medicare (78%) are more likely than those with Medicaid (61%) to have their blood sugar in control.

People who participate in diabetes self-management education and support (DSMES) have better health outcomes than those who do not. Diabetes Self-Management Education and Support (DSMES) is an evidence-based program that supports people with diabetes in caring for and managing their diabetes. Despite the many proven benefits of DSMES, it continues to be vastly underutilized due to several types of barriers including those related to the health system or DSMES program, referring provider, participant or person with diabetes, insurer coverage, and the environment. Some of these barriers can be addressed with increasing access to Self-Management Resource Center Diabetes Self-Management Programs (SMRC DSMP). Diabetes support programs and services complement formal DSMES services by helping people with diabetes practice self-management behaviors and address challenges that occur in daily life.

The SMRC DSMP has been approved as part of recognized Diabetes Education Programs by the American Diabetes Association and the Association of Diabetes Care and Education Specialists. Organizations providing diabetes support programs and services do not have to be recognized or accredited, which decreases cost to the organization to maintain the program, making it a lower cost option for people with diabetes. Because diabetes support programs and services are provided in community-based settings and are peer-led by individuals who share culturally relevant backgrounds and experiences as participants, they may be more accessible and appealing for people with diabetes. Together with DSMES services, community-based diabetes support has been linked to improved and reinforced diabetes-related knowledge; self-care skills in areas like meal planning, physical activity, taking medication, and blood glucose monitoring; and health outcomes.

Information about SMRC DSMP can be found here: https://selfmanagementresource.com/programs/small-group/diabetes-self-management-small-group/. The American Diabetes Association (ADA) provides examples of these research-tested and practice-tested diabetes support programs/services programs, which is not a comprehensive list: https://professional.diabetes.org/content-page/diabetes-support-directory).

The Increasing Access to and Participation in Complementary Diabetes Support Programs grant is structured to support aspects of the 2320 cooperative agreement where its strategies and performance measures are prescribed to standardize the assessment of how activities are leading towards the desired outcomes outlined in the below logic model:

Required Strategies & *Desired Outcomes*	**Performance Measures**		
	Short-Term	**Intermediate**	**Long-Term**
Strategy 1: Strengthen self-care practices by improving access, appropriateness, and feasibility of diabetes self-management education and support (DSMES) services for priority populations.			
A. Increase access to and participation in complementary diabetes support programs. Diabetes support programs and services complement formal DSMES services by helping	Number of new diabetes support programs or	Number of people with diabetes (total # # from priority populations) participating in diabetes	Proportion of people with diabetes with an A1C > 9%

people with diabetes practice self-management behaviors and address challenges that occur in daily life. Organizations providing diabetes support programs and services do not have to be recognized and/or accredited. Diabetes support programs and services are provided in community-based settings (e.g., clinics, churches, community organizations) and are peer-led by individuals who share culturally relevant backgrounds and experiences as participants (e.g., speak the same language, live in similar communities).	services established.	support programs/services.	(decrease desired in this measure).

Priority populations are defined as those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics.

PURPOSE

Wisconsin DHS CDPP is seeking to partner with an organization which holds an umbrella license to all SMRC programs, including the DSMP known as Healthy Living with Diabetes or Vivir Saludable con Diabetes, and provides training, technical assistance, and support to current or aspiring SMRC DSMPs under the Increasing Access to and Participation in Complementary Diabetes Support Programs grant to identify gaps in diabetes education within CDPP-identified high-need counties. The eligible organization may apply for up to $20,000 and will work to increase access to and participation in complementary diabetes support programs serving high-need counties as identified by CDPP.

SCOPE OF WORK

The anticipated scope of work includes, but is not limited to, the following activities.

- Determine the current landscape of present or active and past or inactive SMRC DSMPs within high-need counties identified by CDPP for CDC 2320: Adams, Barron, Brown, Crawford, Douglas, Eau Claire, Fond du lac, Jackson, Juneau, Marathon, Marinette, Menominee, Milwaukee, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Walworth, Waushara, and Winnebago.
- Identify gaps in SMRC DSMPs within CDPP-identified high-need counties as indicated previously. Identify and connect with past or inactive DSMP Healthy Living with Diabetes (HLWD) and Vivir Saludable con Diabetes programs located within CDPP-identified high-need counties to determine which are willing and have the capacity to resume the Healthy Living with Diabetes (HLWD) or Vivir Saludable con Diabetes programs or establish relationships with new organizations willing to offer programming.
- Provide financial and programmatic support including SMRC DSMP refresher training or facilitator training for Healthy Living with Diabetes or Vivir Saludable con Diabetes leaders.
- Work with established SMRC DSMPs to promote and market Healthy Living with Diabetes or Vivir Saludable con Diabetes workshops.
- Work with established SMRC DSMPs to identify barriers to attendance at DSMP Healthy Living with Diabetes or Vivir Saludable con Diabetes programs and to develop strategies to address identified barriers.
- Work with established SMRC DSMPs to determine strategies to support sustainment of the Healthy Living with Diabetes (HLWD) or Vivir Saludable con Diabetes programs.

- Communicate and work closely with CDPP.
- Write and complete a detailed work plan outlining grant work.
- Collect and report on CDC performance measures and participate in evaluation activities with CDPP.

III. ELIGIBILITY

APPLICANT QUALIFICATIONS

Eligible applicants must:

- Be an organization which holds an umbrella license to all SMRC programs, including DSMP.
- Be an organization which provides training, technical assistance, and support to current and aspiring SMRC DSMPs.
- Be able to determine current landscape of present and past SMRC DSMPs within high-need counties identified for CDC-2320: Adams, Barron, Brown, Crawford, Douglas, Eau Claire, Fond du lac, Jackson, Juneau, Marathon, Marinette, Menominee, Milwaukee, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Walworth, Waushara, and Winnebago.
- Be capable of identifying gaps in SMRC DSMPs within high-need counties identified by CDPP for CDC-2320 as identified above.
- Be able to scale SMRC DSMPs within CDPP-identified high-need counties in Wisconsin as identified above.
- Be able to collect and report data including but not limited to the number of new SMRC DSMPs established or the number of inactive programs that are reestablished, number of people with diabetes (total # and # from priority populations) participating in diabetes support programs/services, and the proportion of people with diabetes with an A1C > 9% (decrease desired in this measure).

IV. FUNDING INFORMATION

FUNDING AVAILABILITY

Funding for the Increasing Access to and Participation in Complementary Diabetes Support Programs grant comes from the CDC cooperative agreement to prevent, reduce, and manage diabetes, CDC-RFA-DP23-0020, known as 2320. The eligible organization may apply for up to $20,000 and will work to increase access to and participation in complementary diabetes support programs serving high-need counties as identified by CDPP.

This is a scored grant funding opportunity application survey. Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to ultimately partner with to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, DHS reserves the right to award more than one agency applying, and DHS may award additional funding if more funding becomes available. DHS also reserves the right to award grants for less than an applicant's proposed amount. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this application to increase funding

to the selected agencies or fund additional agencies that submitted and application but were not selected.

Moreover, DHS reserves the right to negotiate with the successful applicant(s) separate cost reimbursement for additional work that is related to other state or federal initiatives.

Funding for this budget period and for subsequent years or budget periods may be awarded based on performance and availability of funding.

USE OF FUNDING

Funding may be used to pay for SMRC DSMP Healthy Living with Diabetes or Vivir Saludable con Diabetes leader refresher training or facilitator training, staff time, fringe benefits, travel related to the project, data collection, analysis and reporting activities, and other project related costs.

Selected applicants will be required to use Grant Enrollment, Application and Reporting System (GEARS). Selected applicants will report costs incurred on expenditure reporting forms and submit the forms to the GEARS Unit monthly. Additional expenditure information will also be submitted to Wisconsin Chronic Disease Prevention Program staff. Awarded grantee(s) will need a STAR Supplier identification number and GEARS Agency number.

Applicants selected for award will need to agree to direct deposit payments and agree to the terms in the Department of Health Services' grant agreement. A draft copy of a grant agreement can be provided upon request.

DHS uses a cost-based reimbursement model that limits reimbursement to actual allowable incurred costs. If funding is awarded, expenses can be submitted for reimbursement only after they have been incurred.

Recommended indirect rate, if applicable, should be $\leq$ 15%.

Allowable Costs and Activities (not inclusive list) Grant recipients will be required to comply with the Department of Health Services Allowable Cost Policy Manual: https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm
Staff time to coordinate and implement the project
Meeting expenses related to the project (meeting room, AV equipment, travel, speakers, etc.)
Public health evaluation
Office supplies, postage, copying, etc. related to the project
Consultant and contract services needed to implement the project
Unallowable Costs and Activities
Direct or indirect lobbying activities
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation, and other costs associated with treatment and direct care
Costs or activities not directly related to the overall project description and scope of work
Research
Construction

Capital expenditures and capital equipment. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of $5,000, and a useful life in excess of one year.
Projects outside of Wisconsin

UNIQUE ENTITY IDENTIFIER (UEI)

Applicants must have, or obtain prior to grant agreement execution, an UEI and must not be disbarred, suspended, or ineligible. The UEI is a 12-character alphanumeric identifier (ID) that is issued through SAM.gov. You can go to SAM.gov and search to see if your organization already has a UEI. If it does not have one, you can request one by following the prompts at SAM.gov. It is free and usually takes a day or two to receive the number. Please note that you do not have to go through the full registration process, which takes longer. If you do need to obtain an UEI, please review Before You Get Started for more information. The video Get a Unique Entity ID - YouTube is also helpful. If additional help is needed, visit the Federal Service Desk at FSD.gov.

V. APPLICATION REQUIREMENTS

APPLICATION SUBMISSION

- **Complete the grant application by 11:59 p.m. on April 7, 2025**.
- Access the grant application via Alchemer at https://survey.alchemer.com/s3/8184951/WI-CDPP-GFO-Increasing-Access-and-Participation-in-Complementary-Diabetes-Support-Programs. Only applications submitted through this link will be considered.
- **Work Plan:** Develop activities to increase access to and participation in complementary diabetes support programs and services. Include activities to support sustainment of these programs. See Application Question #10 for work plan template and further details.
- **Budget and Justification:** Provide a detailed outline of how the funds will be used per budget category. See Application Question #11 for budget template and further details.
- If the applicant does not provide the information necessary to meet the Application Requirements, DHS reserves the right to remove the application from further consideration.

APPLICATION TIPS

- Depending on your experience and interest, the time it takes to complete the application will vary. Therefore, we recommend you work "offline" until you are ready to complete the application in Alchemer in full. You may use the Application Questions section below to work “offline” and prepare your application.
- Use the navigation buttons at the bottom of the page instead of your internet browser’s navigation.
- You will not be able to navigate to any previous responses once “Submit” is selected on the last page.
- Complete this application in one sitting. You will not be able to return to your earlier responses. All questions are mandatory for completion.

APPLICATION QUESTIONS *Note: These are the application questions you will complete in Alchemer. You may use this section to work "offline" and prepare before submitting your application in full using Alchemer.

1. Name of lead organization applying.

2. Contact information for who will serve as the primary point of contact for communication regarding this application.

    - First Name
    - Last Name
    - Title
    - Street Address
    - City
    - State
    - ZIP code
    - Email
    - Phone

3. Organization website (if applicable)

4. Please describe your approach for completing the landscape of and identifying gaps in Self-Management Resource Center Diabetes Self-Management Programs (SMRC DSMP), known as Healthy Living with Diabetes and Vivir Saludable con Diabetes, located in CDPP-identified high-need counties for CDC-2320. Share how your organization can support scaling these programs in high-need counties. (Maximum word count: 1000)

5. Share your experience in recruiting and training SMRC DSMP program leaders. (Maximum word count: 750).

6. Describe how your organization supports SMRC DSMPs to market and promote their programs and enroll and retain participants, especially those from priority populations. (Maximum word count: 750)
7. Describe how your organization supports SMRC DSMP programs to identify and address barriers to participation. (Maximum word count: 750)

8. Share how your organization supports SMRC DSMPs in sustaining their programs. (Maximum word count: 750)

9. Attach a copy of your organization's umbrella license to all SMRC programs including DSMP.

10. Work Plan: Using the template provided, develop activities for the period June 30, 2025 – June 29, 2026 to increase access to and participation in complementary diabetes support programs and services. Include activities to support sustainment of these programs. **Click here to**

automatically download the Work Plan Template in its ready-to-use .docx format**.** Please click your internet browser's computer's downloads. You will attach your completed work plan template in Alchemer. Follow the file naming convention: Applicant name_Work Plan_SMRC DSMP.

11. Budget and Justification: Complete the budget template for the period June 30, 2025 – June 29, 2026. **Click here to automatically download the Budget Template** in its ready-to-use .xlsx format. Please check your internet browser's or computer's downloads. You will attach your completed budget template in Alchemer. Follow the file naming convention: Applicant Name_Budget_SMRC DSMP.

QUESTIONS

If you have any questions, please email the CDPP team at: DHSChronicDiseasePrevention@dhs.wisconsin.gov with "SMRC DSMP GFO" in the subject title.

VI. APPLICATION SCORING

Applications are reviewed by an evaluation committee and scored against defined criteria.

Application Section Scoring	Maximum Points
A. Description of approach for completing the landscape of and identifying gaps in Self-Management Resource Center Diabetes Self-Management Programs (SMRC DSMP) known as Healthy Living with Diabetes and Vivir Saludable con Diabetes, located in CDPP-identified high-need counties for CDC-2320 and how your organization can support scaling these programs in high-need counties. (Maximum word count: 1000)	30
B. Experience in recruiting and training SMRC DSMP program leaders. (Maximum word count: 750)	25
C. Description of how your organization supports SMRC DSMPs to market and promote their programs and enroll and retain participants, especially those from priority populations. (Maximum word count: 750)	30
D. Description of how your organization supports SMRC DSMPs to identify and address barriers to participation. (Maximum word count: 750)	30
E. Description of how your organization supports SMRC DSMPs in sustaining their programs. (Maximum word count: 750)	25
F. Proof of organization's umbrella license to all SMRC programs including DSMP.	30
G. Work Plan.	15
H. Budget and Justification.	15

Maximum Total Points:	**200**

VII. NOTIFICATION OF AWARD

The Chronic Disease Prevention Program anticipates the date of notification of awards will be **April 28, 2025,** or shortly after this date. For applicants who are awarded, the period of performance is from **June 30, 2025-June 29, 2026.** Applicants not chosen for funding will be notified accordingly. Depending on available funding and acceptable performance, additional years of funding may be awarded to extend grant activities.

VIII. POST AWARD MONITORING AND REPORTING

DHS CDPP staff will monitor progress and provide technical assistance during the grant period. Written monthly reports and monthly check-in meetings will be required during the grant period to assist CDPP in reporting detailed progress to CDC. Applicants are also required to evaluate activities and participate, contribute, and inform the DHS CDPP annual evaluation and performance measurement plan. To assist in meeting these requirements, award recipients will need to monitor and report barriers, facilitators, and lessons learned.

IX. GLOSSARY

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The evaluation plan is used to describe how DHS CDPP and/or CDC will determine whether activities are implemented appropriately, and outcomes are achieved.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Priority Populations: Those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics.

Quality Improvement: Quality improvement is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve health in the community.

Social Determinants of Health: The conditions in which people are born, grow, work, live, and age (i.e., nonmedical factors), and the wider set of forces and systems shaping the conditions of daily life (i.e., economic or policies and systems, development agendas, social norms, etc.).

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

X. RESOURCES AND CITATIONS

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes Component A– Recipients. https://www.cdc.gov/diabetes/funding-opportunity/cdc-rfa-dp-23-0020-recipients.html

Behavioral Risk Factor Surveillance System, 2022-2023, Wisconsin Department of Health Services

CDC Diabetes https://www.cdc.gov/diabetes/about/index.html

CDC DSMES- Diabetes Self-management Education and Support Toolkit. https://www.cdc.gov/diabetes/dsmes-toolkit/index.html

Diabetes Action Plan https://www.dhs.wisconsin.gov/diabetes/action-plan.htm

Diabetes State Burden Toolkit https://nccd.cdc.gov/Toolkit/DiabetesBurden

DSMES Consensus Report https://diabetesjournals.org/care/article/43/7/1636/35565/Diabetes-Self-management-Education-and-Support-in

Effectiveness of diabetes self-management education (DSME) in type 2 diabetes mellitus (T2DM) patients: Systematic literature review. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8129774/#:~:text=DM%20management%20focuses%20on%20several%20aspects%2C%20namely%20education%2C,which%20have%20been%20shown%20to%20improve%20health%20outcomes.

Increase the proportion of people with diabetes who get formal diabetes education. https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes/increase-proportion-people-diabetes-who-get-formal-diabetes-education-d-06

PLACES Project. Centers for Disease Control and Prevention. Accessed November 2024. https://www.cdc.gov/places

Wisconsin Collaborative for Health Care Quality (WCHQ) 2020 Health Disparities Report: Rural and Urban Populations. -https://assets-global.website-files.com/5fea47d5c2e5718418079339/60d34ec43d2afb2a29b20765_2020%20Rural%20Urban%20Disparities%20Report_FINAL.pdf

Wisconsin Collaborative for Health Care Quality (WCHQ) https://reports.wchq.org/trend/73/-1/0.

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics.

Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, BRFS Module, accessed November 2024.

Allen JO, Concha JB, Mejía Ruiz MJ, et al. Engaging Underserved Community Members in Diabetes Self-Management: Evidence From the YMCA of Greater Richmond Diabetes Control Program. The Diabetes Educator. 2020;46(2):169-180. doi:10.1177/0145721720907059

Brownson CA, Hoerger TJ, Fisher EB, Kilpatrick KE. Cost-effectiveness of Diabetes Self-management Programs in Community Primary Care Settings. The Diabetes Educator. 2009;35(5):761-769. doi:10.1177/0145721709340931

Choi SE, Rush EB. Effect of a Short-Duration, Culturally Tailored, Community-Based Diabetes Self-Management Intervention for Korean Immigrants: A Pilot Study. The Diabetes Educator. 2012;38(3):377-385. doi:10.1177/0145721712443292

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Lorig, K., Ritter, P. L., Turner, R. M., English, K., Laurent, D. D., & Greenberg, J. (2016). A diabetes self-management program: 12-month outcome sustainability from a nonreinforced pragmatic trial. Journal of medical Internet research, 18(12), e322.
View abstract

Lorig, K., Ritter, P. L., Turner, R. M., English, K., Laurent, D. D., & Greenberg, J. (2016). Benefits of diabetes self-management for health plan members: a 6-month translation study**.** Journal of medical Internet research, 18(6), e164. View abstract

Lorig, K., Ritter, P. L., Villa, F. J., & Armas, J. (2009). Community-based peer-led diabetes self-management**.** The Diabetes Educator, 35(4), 641-651.
View abstract

Samuel-Hodge CD, Keyserling TC, Park S, Johnston LF, Gizlice Z, Bangdiwala SI. A Randomized Trial of a Church-Based Diabetes Self-Management Program for African Americans With Type 2 Diabetes. The Diabetes Educator. 2009;35(3):439-454. doi:10.1177/0145721709333270

Thao, KK et al. 2015 Wisconsin Medical Journal. The Prevalence of Type 2 Diabetes Mellitus in Wisconsin Hmong Patient Population. https://pubmed.ncbi.nlm.nih.gov/26726339/

Turner, R. M., Ma, Q., Lorig, K., Greenberg, J., & DeVries, A. R. (2018). Evaluation of a diabetes self-management program: claims analysis on comorbid illnesses, health care utilization, and cost. Journal of medical Internet research, 20(6), e207. View abstract