

New Mexico
Diabetes Advisory Council



2015 SURVEY RESULTS



Thank you for
your feedback!

Survey opened March 26.
Closed June 15.
Available online.

Information in this report
also includes survey data
collected during meetings
and from other sources.

We want to make sure we are serving the needs of diabetes health educators.

- **Purpose**

To gather your thoughts, opinions, and ideas
on NMDAC trainings and activities.

- **Last NMDAC Survey Conducted 2013**

- 35% Member Response Rate (28/72)
 - ✦ Sent to 588 people, 9% overall response rate

- **This year's survey**

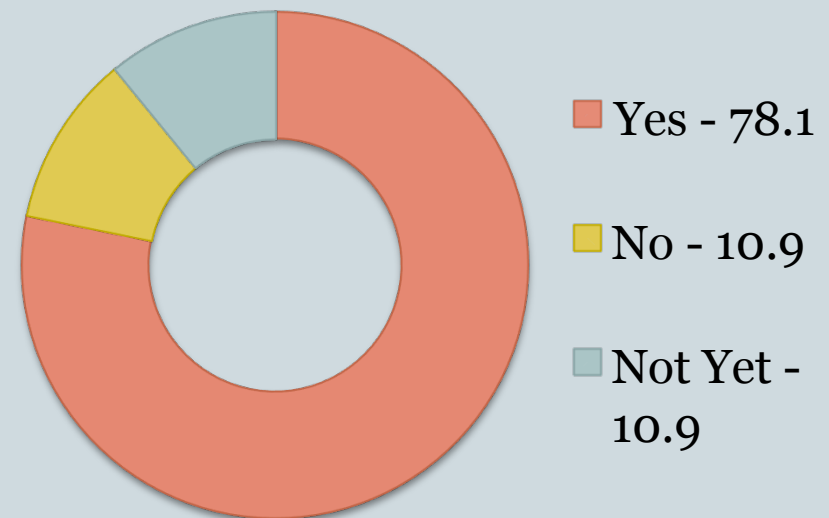
- 35% Member Response Rate (50/141)
 - ✦ Sent to 774 people, 8% overall response rate

NMDAC Membership Information

2015 Survey Respondents

- **2015 Membership**
 - 141 paid members (as of June)
- **2014 Membership**
 - 140 paid members
- **2013 Membership**
 - 81 paid members
- **2012 Membership**
 - 102 paid members

Are you a 2015 NMDAC member?

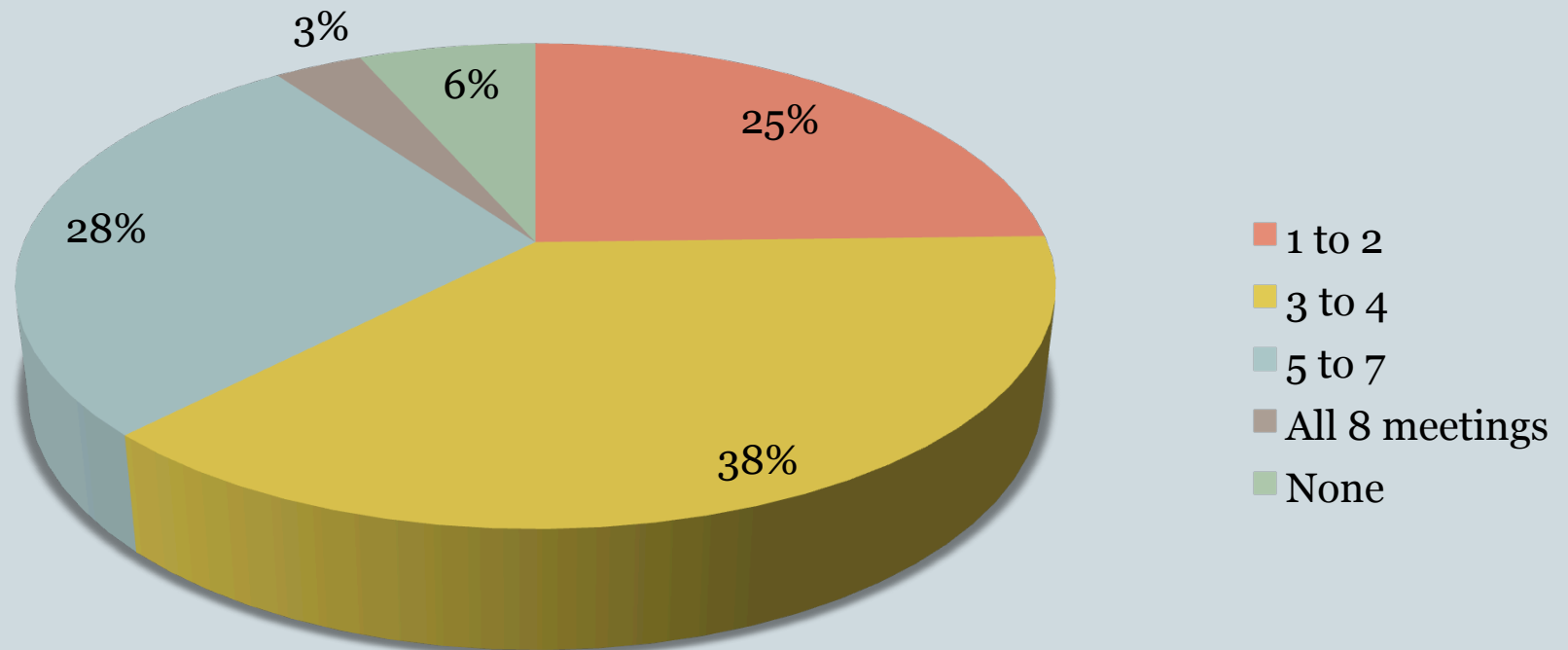


68.7% of respondents were members in 2014

Meeting Attendance



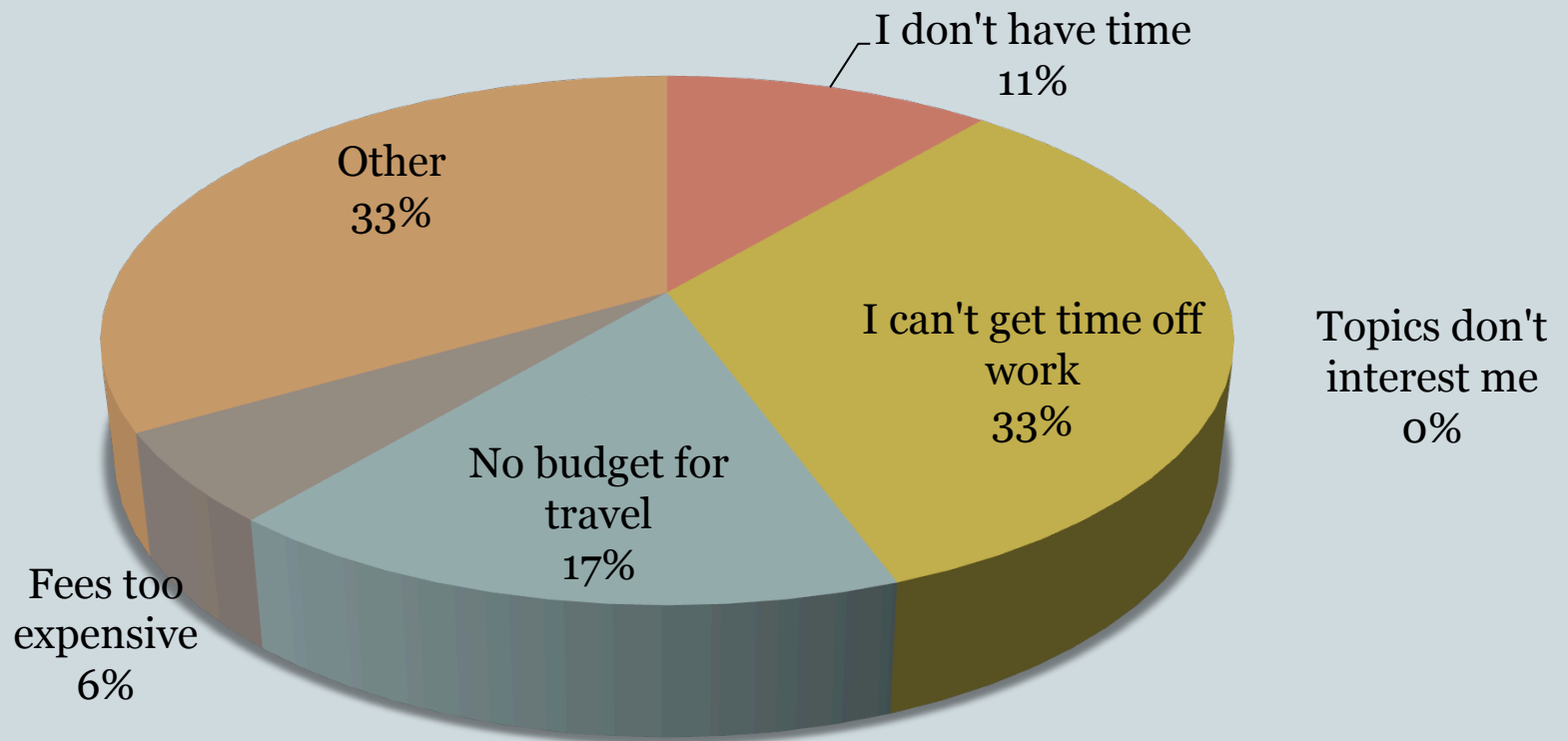
How many meeting have you attended in the last 2 years?



Attendance



I have not attended trainings because:



Other

"Conflicting obligations with job, also many clinical topics do not pertain to me."
"Trainings are too far away."



Quality of Programs

QUESTION:

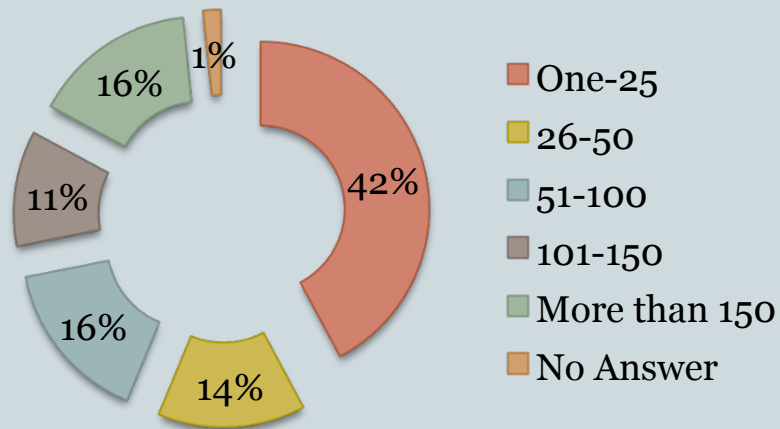
If you attend diabetes-related trainings offered by other organizations in New Mexico, rate the quality of their sessions compared to NMDAC's sessions.

- Unfortunately, there are not a lot of diabetes trainings in the state, but I think that DAC offers thoughtful and excellent trainings in that topic.
- **I haven't attended other NM diabetes trainings.**
- I find the NMDAC trainings valuable, applicable, and supportive of collaborative work between local (including tribal), state and national programs.
- **Trainings offered of NMDAC provided updated information to our organizations. It provides tremendous insight on Diabetes. Keep up the good work.**
- NMDAC and the trainings I attend by other organizations are high-quality. I would put them on the same level.
- **Have not attended other DM trainings. Never any around Albuquerque area.**
- Think all trainings I have attended have been equally important and informative.
- **If presenters had handouts available would be very helpful, especially for taking notes.**
- Some of the information are too basic.

Demographics

How far do you travel for NMDAC sessions?

Miles (one-way)



In what NM counties do you work?

April 10, 2015 survey data

North/ Northwest - 28%

San Juan
McKinley
Cibola
Los Alamos
Rio Arriba
Taos

Northeast - 5%

Colfax
Mora
San Miguel
Quay

Central - 46%

Bernalillo
Sandoval
Santa Fe
Valencia

Southwest - 4%

Socorro
Hildago
Luna
Dona Ana
Otero

Southeast - 17%

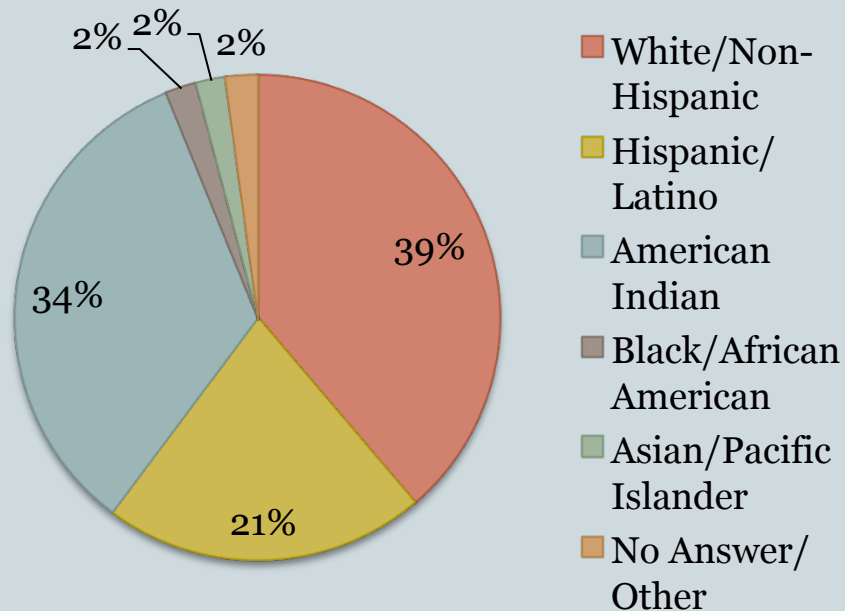
DeBaca
Curry
Roosevelt
Lincoln
Chaves
Eddy | Lea

Those with a statewide reach: 28%

Demographics

Ethnicity

2014 & 2015 demographic survey data



14 Tribes & Pueblos Represented

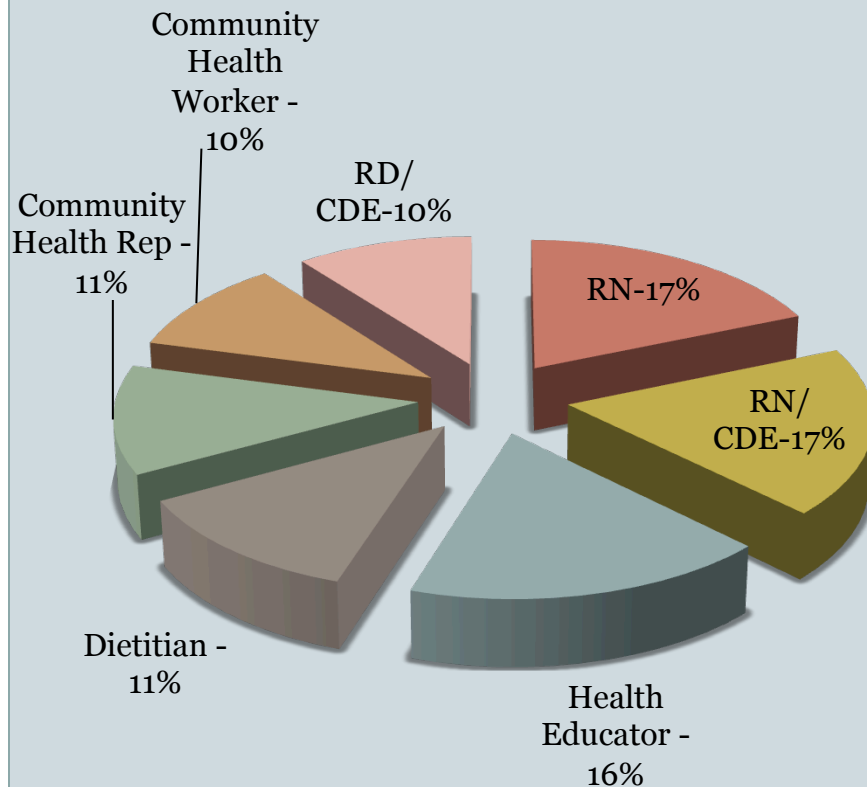
- Acoma
- Cochiti
- Isleta
- Jemez
- Jicarilla Apache
- Laguna
- Navajo Nation
- Ohkay Owingeh
- Santa Clara
- San Felipe
- San Ildefonso
- Santo Domingo
- Santa Ana
- Zuni

Primary Language spoken at work:

Navajo/Dine = 5% Pueblo Language = 6%

Professional Affiliations

Professional Degree/ Certification



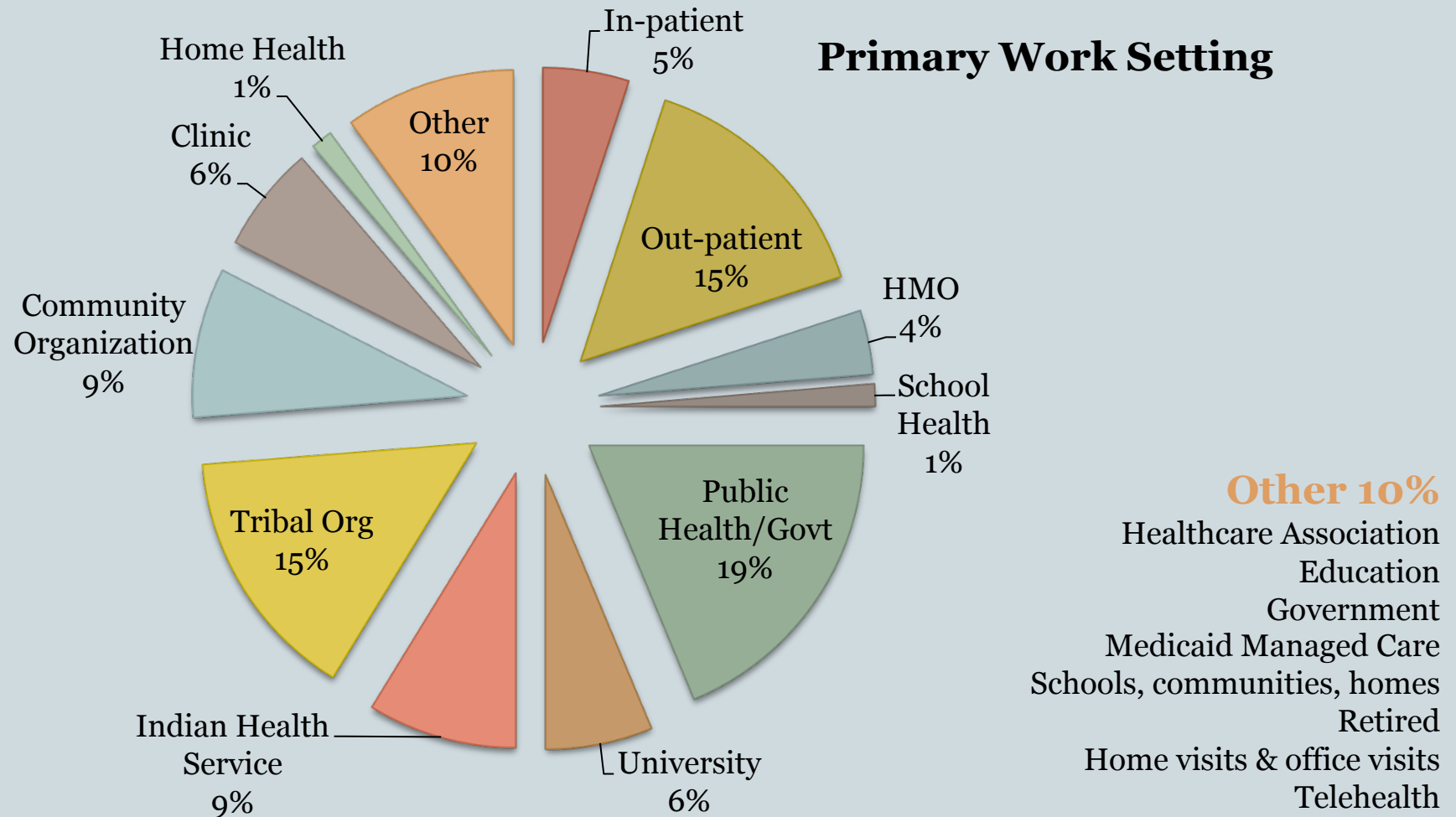
- Community Member – 6%
- Promotora – 3%
- BC-ADM – 1%
- Nurse Practitioner – 1%
- Physicians Assistant – 1%
- Administrator – 1%
- Student – 1%
- Other – 17%
 - Clinical instructor (nursing)
 - MLC, CHCP
 - MLS
 - Gerontologist
 - Diabetes Director
 - Ph.D., CDE
 - Public Administration
 - Public Health Nurse
 - Program Manager
 - Human Services



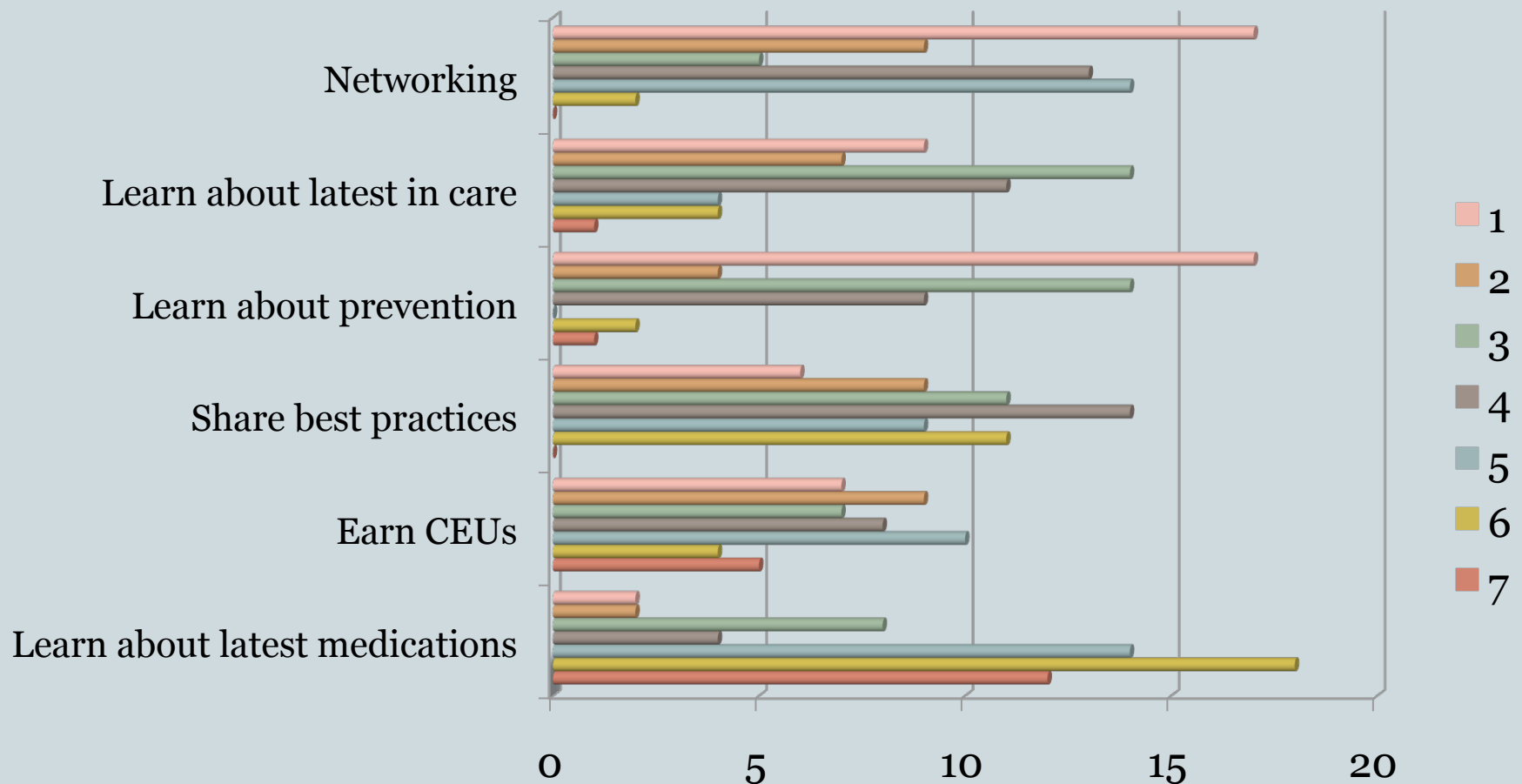
How do our trainings impact your work?

- **Some of these trainings are more clinical and my work is mainly community and public health. Although, I feel there is room to connect and work together with the clinics.**
- I disseminate the slideshow presentations and information to other agencies and programs so more people can connect with NMDAC, and the speakers. I am a big supporter!
- **We could attend more sessions but the months scheduled interfere with our community calendar but we're still interested in attending.**
- The hands-on, pearls of wisdom, lessons learned shared by the presenters is worth every training. Being able to talk with presenter one-on-one and get answers is most important and helpful. I will keep attending NMDAC. Excellent presenters and topics that are all relevant and applicable in my job.
- **Helped me to get the information needed for our patients.**
- I am retired, so I don't use the information for a job. But I am a life long learner and enjoy getting new or updated information.

Professional Affiliation



Why people attend NMDAC trainings?



Ranking of 1 to 7 1 = Top Reason

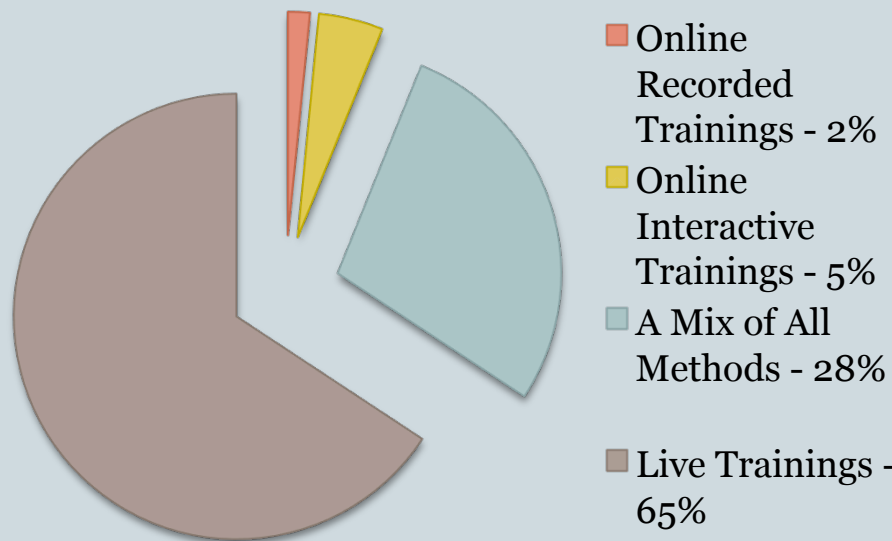


Why do attend NMDAC Sessions?

- **Learn about other related chronic diseases.**
- My professional goal is to earn my diabetic educator certificate.
- **It's good to get out of the office for inspiration**
- Offers good educational content
- **To support the NMDAC**
- Provide others with health education information specific to their programs. Education supports their efforts in making a difference in others' lives.
- **Energizer to continue work in the field of Prevention! Most people at DAC get the importance of prevention ... feel that it is not a priority in the medical system.**
- Learn about advocacy & to some extent about policy.
- **Primarily to hear about best practices for diabetes management and prevention in Native American communities.**
- Meet different professionals and get new ideas/ information about diabetes.

Which method do you prefer for trainings?

Methods

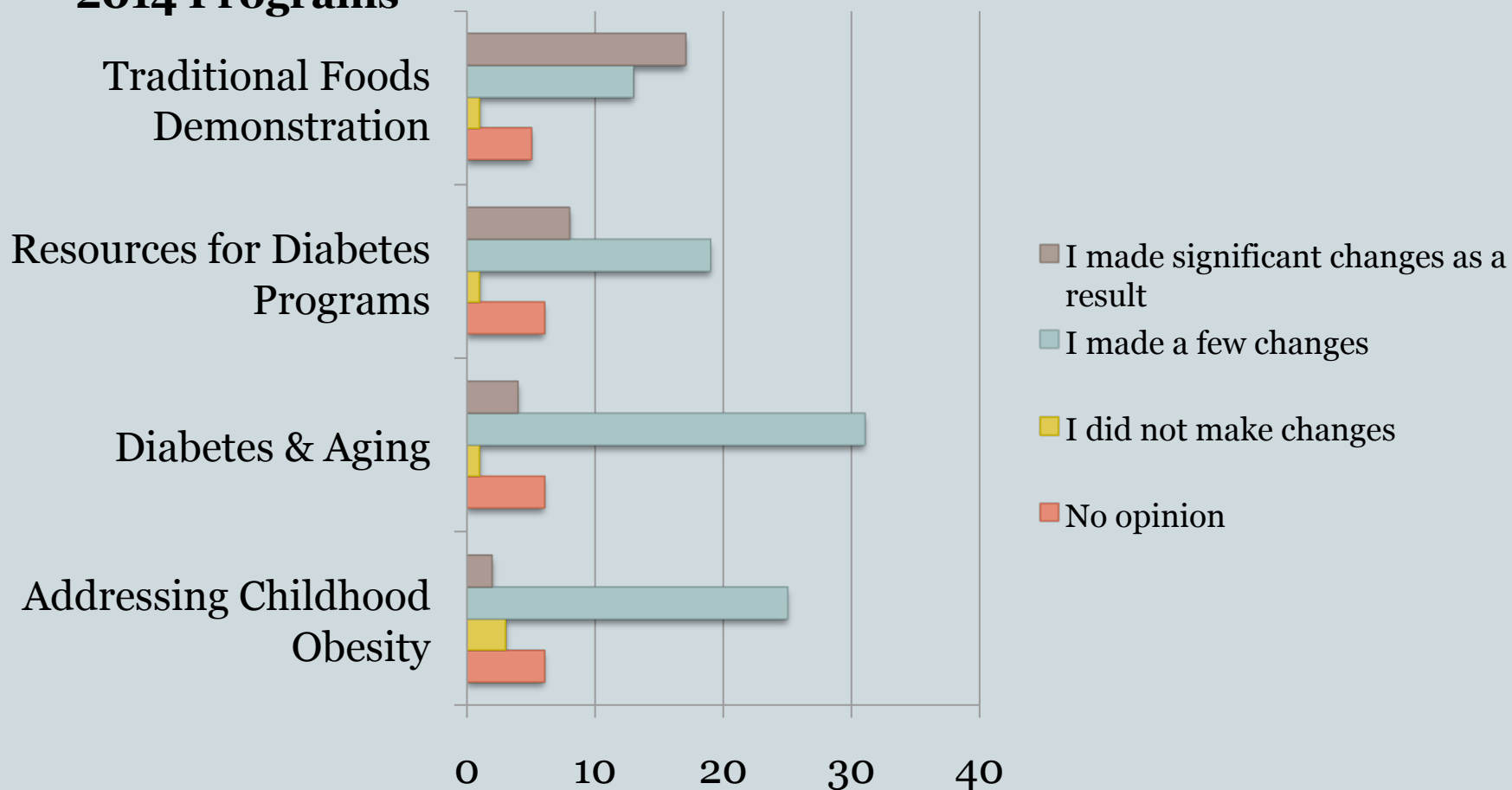


Explain why...

- **Nothing beats being there in person and asking questions directly.**
- Allows me to focus just on diabetes training in a true professional diabetes atmosphere rather than watching some video at work and being interrupted, etc.
- **I prefer Live (in-person) trainings, because a lot is missed with using different virtual variations of the training. Perhaps the trainings can be videotaped for others who cannot attend.**
- Please include Webex or call in option for all live trainings.
- **The (my) brain works better with Live trainings: questions are answered, communications with colleagues improve learning and memory storage, also cross-referencing improves.**
- A mix of methods would allow those traveling from far away to get a break for travel. It would allow for different modalities to address a broader range of learning styles of participants.
- **We do a lot of online trainings and I prefer to talk face to face with people or see the person giving the presentation. How you're conducting the trainings now works!**

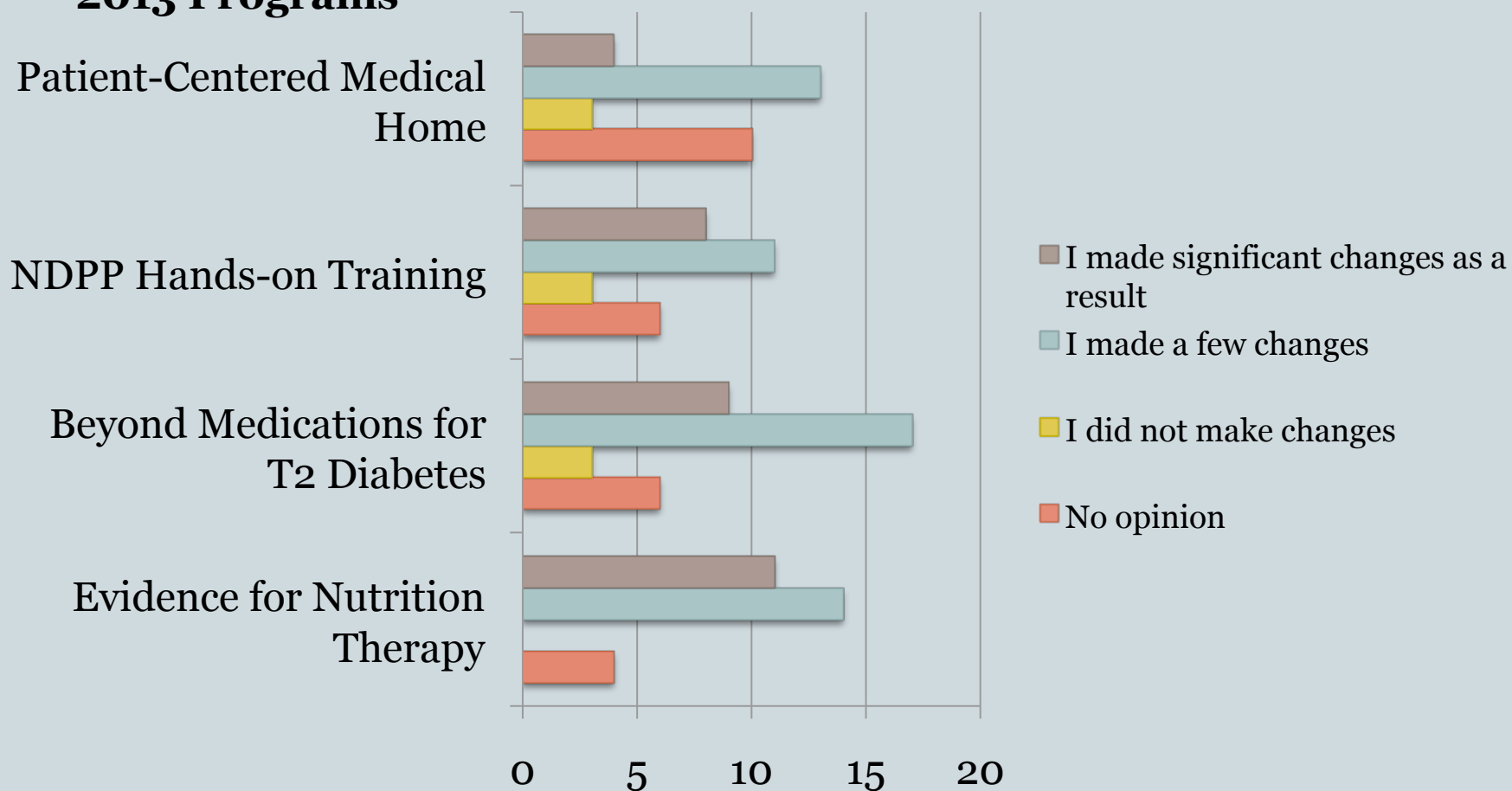
Did the trainings make an impact on your work?

2014 Programs



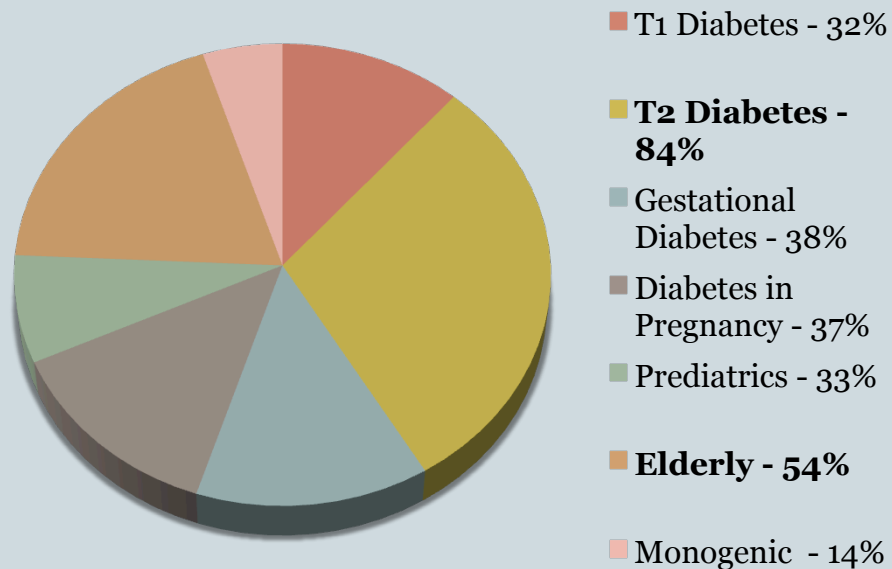
Did the trainings make an impact on your work?

2013 Programs



What topics/areas interest you most?

Diabetes Management



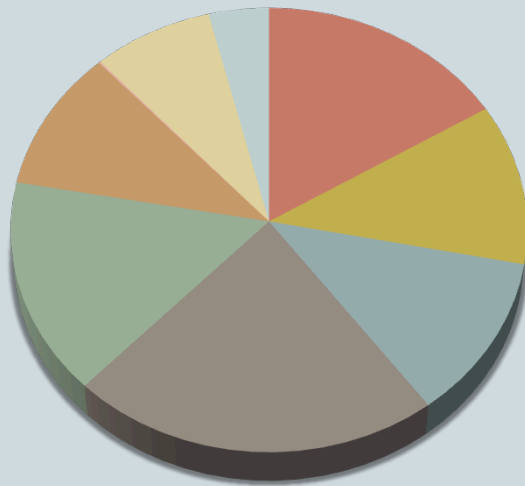
Other ...

- Interactions between diabetes and other chronic diseases and common risk factors
- Co-morbidities of diabetes
- Prediabetes
- Prevention
- Native American communities
- Childhood Obesity
- Children
- Kidney Disease

Mark all that apply – Chart is not based on 100% scale

What topics/areas interest you most?

Complications



- **Neuropathy - 46%**
- Retinopathy - 33%
- Nephropathy - 33%
- **Heart Disease - 63%**
- **Co-Morbidities - 44%**
- Obstructive Sleep Apnea - 29%
- Diabetic Foot Pain - 35%
- Skin Condition - 22%
- Dental Care - 11%

Other ...

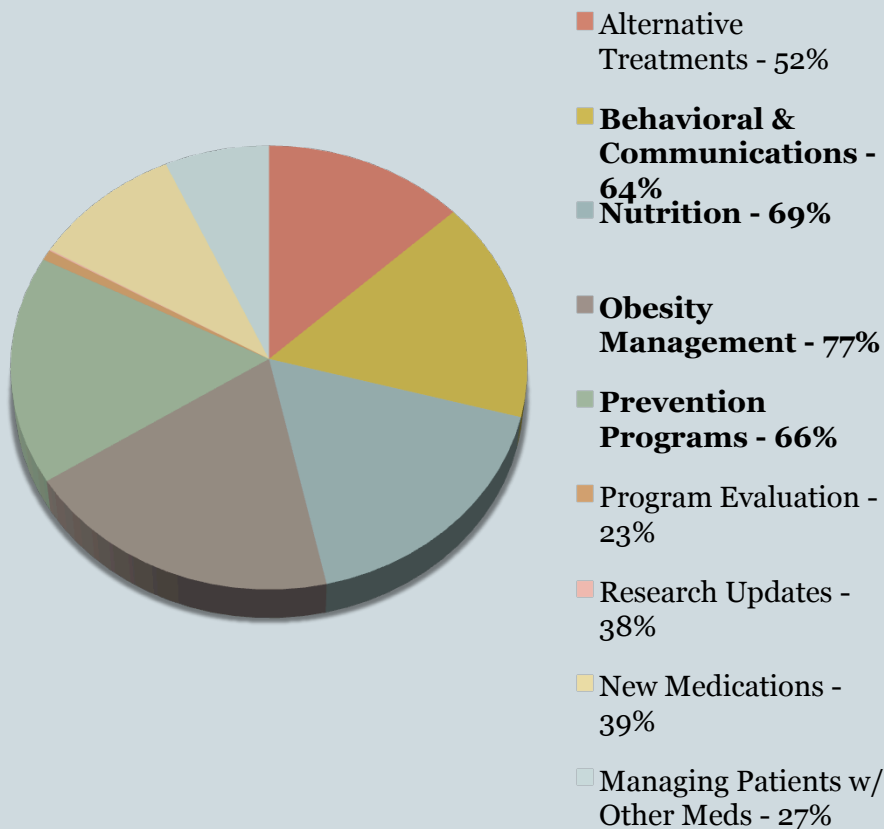
- Obesity as a cause of DM
- NAFLD
- Diabetes and Alzheimer's
- Gastroparesis
- Effects on Children
- Fatty Liver

Mark all that apply – Chart is not based on 100% scale

What topics/areas interest you most?

General

Other ...



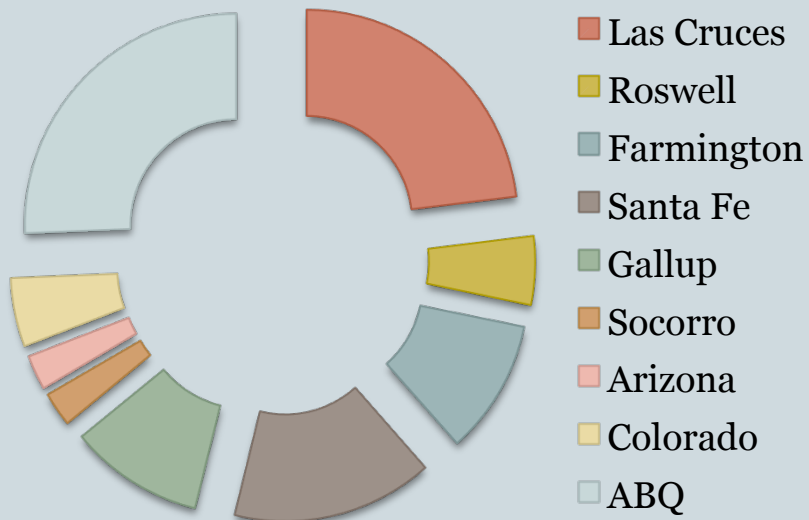
- A presentation on the current diabetes standards of care would be helpful, along with reports using the SOC as measures.
- Health literacy
- Any of the latest information.

Mark all that apply – Chart is not based on 100% scale

Recommendation on location of meetings:

Possible Locations

Different Cities/States



Comments:

- Albuquerque works for most people
- Albuquerque Please!
- The CNM Workforce Training Center (ABQ) was a good place.
- Albuquerque area is a central location/ convenient
- Albuquerque is a central location

NMDAC's goals?

NMDAC's Vision:
A recognized leader in providing **innovative, state-of-the-art professional development** to prevent and manage diabetes and chronic disease.

HOW DO WE GET THERE?

#2 Host multi-day conference

#1 Partner with other organizations to expand outreach

#3 Attend more community events

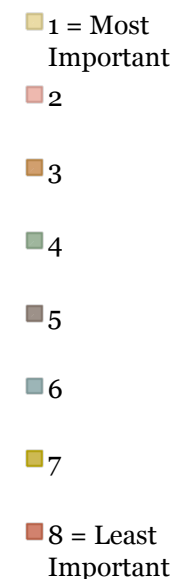
Establish mentoring program

Offer trainings online

Increase Diversity of Membership

Apply for more grants

Increase Fundraising Activities



0 10 20

Strategic Thinking...



We need to get more community health workers from rural communities to attend because the information and the networking is so good but their clinics can not afford to pay their hotel and travel.

I think all of these are important to have a robust non-profit. I do think that advocacy is important, too, and a professional diabetes organization such as NMDAC can make a huge difference in shifting the tide in diabetes in NM and lessening the burden if our leaders were educated and on-board.

Membership diversity will occur as organic outcome of the other foci.

" Additional Comments & Feedback "



- I would like to see more interactive training sessions. It seems like most of the speakers are giving information, rather than incorporating the body of knowledge that the audience already has.
- Convenience of sessions, plus telemedicine meets needs of those out state.
- Currently a member. Being a member provides insights on the latest Diabetes issues.
- Always get new information with trainings and that's really good.
- Programs that are provided are worthwhile and useful in my practice.