

DSMES Accessibility Checklist

Part of the Vermont State Strategy to improve the availability and accessibility of DSMES

Designing accessible diabetes self-management education and support services (DSMES) is vital to health equity and ensures that the people you serve can use your valuable diabetes management resources. This checklist offers considerations that you can use to ensure accessibility in your DSMES programming.

If you need help accessing or understanding this information, contact

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Physical and Sensory Accessibility

- Ensure wheelchair-accessible entrances, parking, restrooms, and wide, clear pathways.
- Provide adjustable chairs, tables, scales, and blood pressure cuffs for varied abilities and body sizes.
- Offer seating options that accommodate different mobility and size needs.
- Use clear, high-contrast, large-font signage with braille; provide wayfinding support.
- Provide assistive listening devices, microphones, captioning, and quiet, low-stimulus environments when needed.
- Offer virtual participation options when physical attendance is difficult.

Weight-Inclusive, Respectful Care

- Use person-first, respectful language; ask people how they prefer to be addressed.
- Avoid assumptions about health or behaviors based on weight.
- Focus on health behaviors, not weight outcomes.
- Ensure seating, equipment, and educational materials represent diverse body sizes.
- Train staff regularly on weight bias and inclusive care.
- Ask for consent before weighing; weigh only when medically necessary.
- Validate patient experiences of stigma and offer supportive, non-judgmental care.

Communication and Health Literacy

- Use plain language and visual aids; confirm understanding with teach-back.
- Provide materials in multiple formats- large print, braille, audio, easy-read, translated.
- Offer qualified interpreters and allow extra appointment time when needed.



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- Make digital tools screen-reader friendly, caption videos, and use high-contrast layouts.
- Ask people how they prefer to receive information and adapt as needed.
- Tailor education to cultural beliefs, foods, and family roles; practice humility and curiosity.
- Train and hire a diverse team; include community voices in program planning.

Financial and Resource Accessibility

- Offer sliding-scale or free DSMES services when possible.
- Help patients understand and use insurance benefits (e.g., Medicaid, Medicare).
- Partner with community organizations to reduce costs and expand access.
- Provide group classes when appropriate to lower cost and increase reach.
- Offer transportation support or information about available services.
- Provide simple, low-cost educational materials and connect people to free online tools.
- Seek grants or community funding to support DSMES sustainability.

Technology Access

- Provide telehealth options (video, phone, portal messaging) for flexible engagement.
- Recommend accessible, evidence-based mobile apps and tools.
- Use captioned videos, bilingual options, and culturally relevant digital content.
- Choose platforms that meet accessibility guidelines and are compatible with screen readers.
- Offer tech support or tutorials for using digital tools.
- Integrate data from Continuous Glucose Monitors (CGMs), pumps, wearables, or apps to support individualized education.

Geographic Equity

- Provide DSMES in rural or underserved communities through outreach, satellite locations, telemedicine, or community-based partnerships.

Policy and Compliance

- Follow American Diabetes Association (ADA) and all relevant laws ensuring accessible, non-discriminatory care.
- Ensure policies support equitable access for people with disabilities, language needs, and diverse identities.

Patient-Centered Design

- Involve patients with disabilities and underserved groups in designing and evaluating DSMES services.
- Continuously seek feedback to ensure services remain accessible, inclusive, and responsive to community needs.