WADE

Women Against Diabetes Through Empowerment

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INTRODUCTION

The Women Against Diabetes through Empowerment (WADE) Program at MUSC uses a multidisciplinary, culturally-tailored, evidence-based approach that aligns with primary care and builds on existing community programs while reducing barriers of access to care. The program is delivered via telemedicine and is a partnership between MUSC and Fetter Health Care Network (FHCN).

2025 Program Adaptations

Program Operations

Participant engagement and retention occurs through weight management and education clinic visits done through telemedicine, monthly newsletters, lifestyle coaching, and patient navigation. Data collection is jointly conducted by clinical and non-clinical program staff.

NDPP & Virtual Group Lifestyle Coaching

- In 2025, WADE partnered with MUSC Population Health to provide a free asynchronous online Diabetes Prevention Program cohort through the HabitNu app.
- WADE renewed monthly group lifestyle coaching sessions via telemedicine, using adapted NDPP curriculum to support all participants, regardless of diagnosis.

Expanded Clinical Support

A clinical pharmacist at FHCN has improved access to care, expanded visit type options to include both in-person and online visits, increased clinical touchpoints for FHCN patients, and boosted lab completion rates.

WADE BY THE NUMBERS

Demographic Characteristics			
WADE Enrolled % (n)		WADE Enrolled % (n)	
Enrollment Year		**Insurance**	
2023	37% (113)	Medicaid	17% (50)
2024	37% (114)	Medicare	11% (33)
2025	26% (81)	No Insurance	15% (44)
Age (years)		Private Insurance	45% (132)
20-39	30% (93)	Other	11% (32)
40-64	59% (183)	**Married**	25% (78)
65-79	10% (31)	**High School or Less**	61% (146)
Race/Ethnicity		**BMI Weight Category**	
Black, non-Hispanic	74% (225)	Overweight	6% (18)
White, non-Hispanic	21% (63)	Class 1 Obesity	23% (64)
Hispanic and Other	6% (16)	Class 2 Obesity	22% (61)
Diabetes Type		Class 3 Obesity	48% (133)
T2D	31% (64)		
At Risk*	67% (151)		

Outcome Measures at Baseline, 6 Months and 12 months						
	n	Baseline	6 Mo	n	Baseline	12 Mo
Weight (kg)	191	109.6	106.1*	143	109.6	105.4*
BMI (kg/m²)	191	40.7	39.4*	143	40.6	39.2*
Systolic BP (mmHg)	170	135.5	130.5*	133	135.8	130.1*
Diastolic BP (mmHg)	169	80.8	80.2	132	80.8	78.3*
HbA1c (in T2D)	60	8.2	7.8	51	8.4	7.8*
HbA1c (in DM At Risk)	46	6.0	5.9*	44	5.9	5.8
LDL-C (mg/dL)	54	113.5	105.2*	65	105.0	103.5
Empowerment/ Attitude Score				62	4.3	4.9*

*p-value <0.05

THE PATIENT EXPERIENCE

We asked WADE participants to describe their experience with the WADE Program in 3 words:

How do patients hear about WADE?

The WADE Program maintains collaborative relationships with referring providers within FHCN and MUSC. New provider orientation at FHCN includes WADE referral pathways. Patients may self-refer through word-of-mouth or digital flyers posted on an internal MUSC company bulletin.

What can patients expect from the program?

A typical WADE experience over 12 months entails:

- 9-10 visits in the WADE weight management clinic,
- 4+ visits with a clinical pharmacist (FHCN patients),
- Monthly virtual group lifestyle coaching sessions
- Accountability partnerships for participants
- Health tips, resources, and educational materials shared via WADE monthly newsletter.

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