FLORIDA ALLIANCE FOR DIABETES PREVENTION AND CARE
LEADERSHIP COUNCIL QUARTERLY BUSINESS MEETING
01/13/09 ~ TAMPA, FL

MEMBERS PRESENT:
Babu Balagopal, Member
Phyllis Bruno, Chair
Rosa Carranza, Chair-Elect
Katherine Heller, Member (via conference call)
Mike Hill, Communications Co-Chair
Barbara Jacobowitz, DAC Liaison
Nicole Johnson, Communications Chair
Trina Thompson, Ex-Officio Member

GUESTS:
Michele Bonneville, Alliance member
Doreen Inman, Alliance member

MEMBERS ABSENT:
Lory Gonzalez
Rita Diaz-Kenney (excused)
Rachel La Croix (excused)
Pauline Lowe (excused)
Kathy Mulcahy (excused)
Ferdie Richards
Joanne Vaccaro-Kish (excused)

STAFF:
Sarah Cawthon
M.R. Street

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1. Ms. Bruno called the meeting to order at 10:30 AM. She congratulated Education Committee member Anta James and former Leadership Council member Ed Shahady on their recent accomplishments. Ms. James received a $1000 award in the Department of Health's "Best of the Best" Best Practice competition. The award recognized Ms. James's leadership in the Barbers and Stylists Defeating Diabetes project in Duval County. With support from the Robert Wood Johnson Foundation's (RWJF), Multi-State Learning Collaborative grant, the competition awarded scholarships to those entries that scored as the best, most innovative and effective practices or processes in the Department of Health.

Dr. Ed Shahady is the national winner of the 2008 Medical Economics Award for Innovation in Practice Improvement. This award was given by the American Academy of Family Physicians and the Society of Teachers of Family Medicine in recognition of Dr. Shahady's work in developing the Diabetes Master Clinician Program (DMCP).

Congratulations to both of these partners in Florida's diabetes health system.

2. The minutes from the Sept. 18 Leadership Council meeting were reviewed. Mr. Hill moved to accept the minutes; Ms. Carranza seconded. **The minutes were approved without objection.**

3. Ms. Thompson gave an update on the strategic planning process that the Alliance has been undertaking. We have come a long way since the Assessment Congress in July 2007. This meeting was followed by the November 2007 joint Diabetes Advisory Council (DAC)/Alliance strategic planning meeting. After a full year of working on action plans, the DAC and the Alliance met again for a joint strategic planning meeting in November 2008. This meeting also included the Diabetes Prevention and Control Program (DPCP) as a full participant.

At the November 2008 meeting, participants discussed a number of ways to address the burden of diabetes. We decided to use a lifestage approach and created three lifestage workgroups: Children, Adults, and Seniors. All three workgroups have integrated membership including representatives from the DAC, Alliance, and DPCP. We will soon need to figure a way to mobilize all 400 members (and growing) of the Alliance. This could be done by requesting Alliance members select a lifestage workgroup, having the chair of each workgroup collect status reports, using the Educational Forum as a time to discuss progress, developing regional organization of the Alliance, and/or adjusting the committee structure of the Alliance. We should think of ways Alzheimers and AIDS groups have organized. We have recruitment, mobilization, and evaluation issues. There are various ways to collect data to evaluate successes in strategic plan activities: A simple email system, with DPCP and the committee chairs collecting results and tracking progress; posting progress on the Alliance website; using the spreadsheet templates to log progress.

If we describe partnership development as beginner, intermediate, or advanced, we are a healthy intermediate. Actively engaging the full Alliance membership is the next step. The DPCP has thought

about trying a pilot in an area where there is a cluster of Alliance members to explore options for "activating" members.

Ms. Cawthon: DOH wants to see every community/county have a health planning group. The DOH has an office, MAPP, which helps communities. We will have training and action events throughout the state to see what can be done to move communities forward. A project is proposed to integrate Alliance members into existing health planning groups.

Ms. Jacobowitz: Health councils are very much involved and could serve as a framework for pulling Alliance members together.

Ms. Bonneville: Post the Alliance directory on line. Ms. Thompson and Ms. Street will examine how to post the Alliance directory to a password-protected site, as the National Association of Chronic Disease Directors (NACDD) has done.

Ms. Bonneville: County-level involvement is necessary for efficient utilization of resources.

Ms. Cawthon: Three ways that Alliance members can be actively involved: (1) join and participate in a standing committee; (2) join and participate in a lifestage workgroup; and (3) get active locally. A step-by-step list of how to get active, how to convene your first meeting, or how to get involved with a current local group may be helpful. What is current participation? Several members of the group gave examples of their local involvement. The DPCP may be able to develop and launch a "survey monkey" to survey Alliance members about their interests if the Leadership Council determined the questions.

Ms. Street: Several email addresses on the Alliance database bounce back as undeliverable. The group discussed who could help connect with people whose email addresses bounce back. Suggestions included the Communications Committee, Community Partnerships Committee, or a Membership Committee, which the Alliance currently does not have.

Ms. Thompson: Members of the Alliance could be responsible for getting out letters of welcome to the Alliance members. Currently, a letter from Ms. Bruno is sent; however, it has no attachments such as a list of resources or other Alliance members in their area. NACDD has a Diabetes Advocacy Toolkit which includes things you can do right away; meanwhile, you can pick a committee, roll up your sleeves, and get involved.

The DPCP is about to hire a new staff person. This person could possibly help with membership, web updates, and other issues. Since partnerships have become so important, we hope to be able to provide more support.

Dr. Heller: Has been contacting and will continue to contact medical and dental schools to encourage students to enroll in the Alliance. She loves the idea of setting up a welcome package.

4. Standing committee reports:

A. Communications Committee: Nicole Johnson. One of the main purposes of the Communication Committee is to keep members informed. Ms. Johnson and Mr. Hill need suggestions for how best to accomplish this. Ms. Johnson could not open the old newsletter files that Ms. Street sent. Ms. Street will email them again as pdf documents.

B. Community Partnerships Committee: Ms. Vaccaro-Kish. Excused from today's meeting so the Community Partnerships report is deferred until the next meeting.

C. Education Committee: Barbara Jacobowitz. The 2008 Educational Forum Evaluation Report was included in participant packets. The overall evaluation was excellent. One suggestion was to have a local physician for the keynote. Although Dr. Oz's video presentation was appreciated, participants would have liked someone local who could have been there in person (as Dr. Oz had initially intended) and who could answer Florida-specific questions. The 2009 Educational Forum

will be in Jacksonville in September. It will piggy-back with the CDC's Community Health Worker Road to Health Training (1-1/2 days) and the Leadership Council meeting (1/2 day). Three venues are being considered: Clarion, Holiday Inn - Jacksonville Airport, and Wyndham.

Ms. Diaz-Kenney has asked for feedback regarding allowing vendors to exhibit for a fee to help finance the conference. The group discussed several issues: If vendors are allowed, should it be only open to non-profits? We cannot appear to favor one group over another. How much would we be able to charge for a vendor fee? Can we apply for a grant?

Ms. Bonneville: A grant would pay for conference room rental, equipment fees, etc., but not for meals.

Ms. Bruno: We could charge a registration fee of $15-20 to cover the meal. A registration fee also encourages participation.

Ms. Johnson: You could use the hallway outside the meeting room for an exhibit area; this would eliminate the cost of renting a room for exhibit space. The hotel will want you to use their AV equipment, at a substantial rental fee.

Ms. Bonneville provided the contact information for Program Management Services, a non-branded service of Novo-Nordisk. If you use one of their speakers, they will provide a meal. All presentations, including several diabetes topics, are pre-approved for CEUs. Ms. Bonneville will provide Ms. Street with a copy of the brochure to scan and share.

Ms. Johnson moved to charge a registration fee if needed to cover meal expenses. Dr. Balagopal seconded. The motion passed unanimously. Ms. Jacobowitz will relay this information to the committee. The next conference call is ~~February 02~~, 12:00 Noon – 1:00 PM, EST. (Update: The conference call has been changed to February 09.)

D. Data Committee – Dr. Richards not present. Ms. Thompson shared a suggestion from the DPCP that data might not be a stand-alone committee; rather, it might be more useful to have data integrated into each committee. Are there enough data sources to use as needed for project development and analysis? An alternative suggestion would be to re-energize the data committee with a new charge. Ms. Bruno recommends inviting Laura Gamba, an Alliance member, and/or Dr. Ma to join the Data Committee. Ms. Cawthon reminded us that both Ms. Gamba and Dr. Ma are FMQAI employees; their scope is limited to the Medicare (senior) population.

E. DAC Liaison Report – Ms. Jacobowitz. The DAC has several new members who received an orientation via conference call in September. With the appointment of these new members, only two vacancies remain on the DAC: Psychology and Children's Medical Services – Regional Diabetes Program. DAC members are active on each of the three new Life Stage Work Groups.

F. DPCP Report – Ms. Thompson. The DPCP submitted its request for funding to the CDC. This was a tremendous job involving other bureau staff as well as the Tobacco Prevention Program, BRFSS Program, and Healthy Communities Program. We think we have a quality application and hope to hear good news by the end of March, when our current funding ends. We are hiring a new staff member who will be responsible for a CHW project and for updating the DPCP website, www.floridadiabetes.org.

Ms. Thompson led a discussion on how to involve the Life Stage Work Groups. They have just been born – this is a new thing. Both the Children's and Adults' workgroups suggested "meeting in the middle" – on the same days as either the Leadership Council or DAC quarterly meetings, at the conclusion of one and before the start of the other.
Ms. Cawthon: New partnership with Florida A&M University and Prodigy, a public relations firm run by students at FAMU. This is one of Florida's five historically black colleges and universities.

Prodigy will develop an awareness campaign with four messages: (1) If you have a risk factor for diabetes, get tested; (2) If you have diabetes, get diabetes self-management education (DSME); (3) If you smoke, quit; and (4) Take these messages to your family. The campaign will use NDEP materials; a major charge to the DPCP as a CDC-funded program is to use NDEP campaigns and materials.

Ms. Thompson: Once this program is up and running, similar mechanisms will be used in creating faith-based ministries. The campaign is culturally appropriate for the minority communities that these universities serve, and the faith-based arena is a priority population.

A second project DPCP is undertaking is a pharmacy project, inserting pamphlets about DSME and insurance when pharmacists distribute diabetes medicines. Dr. Heller: Has anyone has approached retailers about coding a message to diabetes meds? She volunteers to help.

Ms. Bonneville: Novo Nordisk has a person in charge of employer channels. She will put him in touch with Ms. Thompson.

Ms. Thompson: Funds are available to help with Life Stage Work Group projects as long as they are compatible with workplans and goals.

Ms. Cawthon: One project we are trying to develop is a relationship with Native American tribes. We plan to have a conference call with the coordinating entity for tribes in the Southeast and a liaison from CDC's Native American Tribal Affairs project to identify their needs, our resources, their resources, exchange ideas on how we can work together and communicate.

Ms. Thompson: Asked the Leadership Council to consider whether there are entities such as the tribes that should be included, if not as Leadership Council members, then as ad hoc or non-voting members. The DPCP should reach out to the tribes to offer a standing invitation for participation in the quarterly business meetings. Suggestions were made to contact project officers for the tribes and the Bureau of Indian Affairs in Tallahassee. Mr. Hill will provide Ms. Cawthon with the BIA contact information.

Ms. Bruno: The American Diabetes Association has a meeting every year in South Florida. This year, the Seminole Indians are underwriting the whole thing and it is being held at the Hard Rock Café.

Ms. Thompson: Dr. Tammie Johnson recently completed a report on diabetes and tobacco use. Ms. Thompson commits to sharing this report, and possibly asking Dr. Johnson to come to the May meeting.

Ms. Thompson recognized the University of South Florida's accomplishment of receiving a $390 million grant from the NIH to research Type 1 diabetes.

Ms. (Nicole) Johnson: USF is in the process of building a diabetes center and will build a specialized diabetes hospital doing non-emergency care.

Ms. Jacobowitz: Would like Florida to have a diabetes state plan like the Texas document that would hopefully lead our Legislature to fund diabetes. She would like to look at the Texas plan. This is available as a pdf on the Texas DAC website, http://www.dshs.state.tx.us/diabetes/.

Ms. Thompson: The DPCP has invited the Texas DAC several times to speak to the Florida DAC and Leadership Council, but plans fell through for different reasons. We can reopen the invitation. The Texas statute is different from Florida's statute in that the Texas DAC's report is required to be given to the Governor annually. One year, the report included a breakdown of costs. This caught the eye of the Comptroller, who brought it to the attention of the Governor. In Florida, the DAC Chair gives an annual report of DAC recommendations to the State Surgeon General.

Ms. Cawthon: The Texas plan is not the be-all/end-all. Florida has a report, models, and a strategic plan with two goals. As an example from Florida, the Epilepsy program gets millions of dollars. They have passionate people who have created relationships with their local legislators.

Ms. Jacobowitz: We need a champion in the Legislature. Ms. Johnson recently met with two legislators who have family members affected by diabetes. Mr. Hill recommended asking Doc Myers to make a contact if we know of a senator with a diabetes connection.

Ms. Cawthon: Advocates for regional organization of the Alliance. Does the current committee structure serve the passion of the group?

Ms. Jacobowitz: Recommends a document that is short and to the point, showing return on investment.

Ms. Cawthon: Asked the Leadership Council to decide what they want, and the DPCP will help with surveillance information.

Ms. Jacobowitz: Has Texas or any other area shown program results for return on investment?

Ms. Thompson: Dr. Tammie Johnson has provided national and Florida-specific information about the effectiveness of DSME. We can invite Texas to show a real-life case of where the funding has gone and improvement and cost savings.

Ms. Johnson: Recommends looking at the California Sweet Success program for pregnant women. The web site, which focuses on the latest research and client education materials in gestational diabetes, is http://www.sweetsuccessexpress.com or http://www.llu.edu/llumc/sweetsuccess.

Ms. Bonneville: What is the health of Florida?

Ms. Johnson: That is the document we need.

Ms. Cawthon: Florida's diabetes surveillance report is coming out by May. This might provide all the information you need.

Ms. Jacobowitz: Target several places. This program would work this way and this is what you can expect (outcomes). "Statistics are human beings with the tears wiped off." (Paul Brodeur)

Ms. Johnson: Look at programs that have been shut down. How much more money would be saved by funding those programs instead of paying for amputations, blindness?

Ms. Thompson will try to get a copy of the actual report that caught the Texas comptroller's eye.

Ms. Cawthon: Look at hospital discharge data.

Ms. Jacobowitz: PQI – Avoidable hospitalizations report will be ready in May or June.

Ms. Johnson: The Communications Committee needs to take that information and hit the news media.

Mr. Hill: Where is diabetes on the radar of the powers that be, including Dr. Viamonte Ros?

Ms. Bonneville: Has an intern who wants a health economics project. Ms. Thompson said that getting state-specific health economics data is very expensive. That kind of support would be very valuable. Ms. Thompson and Ms. Bonneville will discuss at their upcoming meeting.

Ms. Jacobowitz: Jessie DuPont contracted with Georgetown University. This might be the type of project they would be willing to partner on.

5. Life Stage Work Group reports:

A. Children's Work Group: Ms. Street. Only three members of this committee were present for today's meeting, and all agree a different meeting format needs to be adopted. A suggestion is to hold the DAC meeting in the morning, the workgroups have a working lunch meeting, and the Leadership Council meeting the same afternoon.

Updates to the status of action items on the Children's Workgroup action plan were discussed. (See attached.)

Mr. Hill: Every school district has a PE department. Diabetes education could be part of PE teachers' required certification. He suggested finding out who the in-service director is for each county.

B. Adults' Work Group: Ms. Jacobowitz. The membership on this workgroup is over-represented by DAC members, meaning this meeting had few participants as well. The Adults' Workgroup also recommends a different format for meetings as described by Ms. Street above. The group talked about getting a facilitator to do a SWOT analysis on health policies. Dr. Heller agreed to work on several assignments. (See attached action plan.)

C. Seniors' Work Group: Ms. Cawthon. This workgroup has held a couple conference calls to improve knowledge about priority groups. DSME among Medicare recipients, screening on pre-diabetes, paying for screening for diabetes and pre-diabetes.

6. Medicare Diabetes Screening Project: Ms. Bonneville presented information on the new Medicare Diabetes Screening Project, which was developed to encourage seniors ages 65 and older to get screened for diabetes. The Medicare Diabetes Screening Project: A National Drive to Find the Undiagnosed is a coalition of more than 20 national partners, co-chaired by the American Diabetes Association, Healthcare Leadership Council and Novo Nordisk. These organizations have joined together to create awareness and utilization of the free screening benefit for diabetes and pre-diabetes available under Medicare. More information and a video are available at www.screenfordiabetes.org.

7. Mini-grant Proposal: Ms. Bruno and Ms. Street reviewed the mini-grant proposal the ad hoc committee has developed. The purpose is to increase access to DSME. The proposal is almost in final draft form. It lacks dates and finalization of budget issues. Ms. Street will discuss with Ms. Thompson and forward the final draft to the Leadership Council for approval.

8. Public Comments/Additional Discussion.
Mr. Hill: In Texas, what caught the Comptroller's attention was the Medicaid impact. Medicaid is an entitlement program. Florida has always come up short.
Ms. Thompson: Just got an update on Medicaid Reform.
Ms. Jacobowitz: Almost all specialty docs have dropped out.
Mr. Hill: It's a provider problem and an enrollee problem. He did focus groups with chronically ill people and discovered that they thought the cost was too high and the coverage was substandard.

9. Adjournment. Mr. Hill moved to adjourn. Ms. Jacobowitz seconded. The meeting was adjourned at 4:00 PM.