

STRATEGIC PLAN
of the
Diabetes Advisory Council, the Florida Alliance for Diabetes Prevention and Care,
and the Diabetes Prevention and Control Program
for Improvement of the Florida Diabetes Health System

DRAFT

BACKGROUND

Partners in Florida's diabetes health system include the governor-appointed Diabetes Advisory Council (DAC); the Florida Alliance for Diabetes Prevention and Care (Alliance), the state's grassroots coalition which encompasses community-level involvement; and the Department of Health – Diabetes Prevention and Control Program (DPCP). All three of these programs have developed strategic plans in the past. In July 2007, for the first time in Florida and possibly the nation, the DAC and the Alliance began to craft a combined strategic plan with shared goals.

This historic event was the 2007 Diabetes Assessment Congress, an intensive, two-day strategic planning session that included state-level partners in Florida's diabetes health system. The Congress' overarching recommendation was to take a balanced approach consisting of both upstream (obesity prevention and management, prediabetes detection and management) and downstream (diabetes detection and management) interventions. Recommendations were developed for each of these areas.

In November 2007, members of the Alliance and the DAC continued the strategic planning process. They decided on two goals – increasing diagnosis of prediabetes and increasing participation in quality diabetes self-management education (DSME). In focusing on prediabetes and diabetes, the group acknowledged both that obesity is a key factor in the development of pre-diabetes and diabetes, and that other partners exist outside the diabetes health system whose primary purpose is obesity prevention and control.¹

Members of the DAC and the Leadership Council participated on both workgroups – upstream and downstream – because both groups can impact the system at multiple points with different approaches. The DAC is instrumental in recommending and pursuing legislative and policy changes, while the strength of the Alliance is in increasing communities' ability to enact change.

Both groups brainstormed ways for the DAC and the Alliance to impact the goals. The DPCP also has a role in both upstream and downstream areas. The DPCP acts as a convener, facilitator, and in some cases, funding source for DAC and Alliance activities.

As part of the strategic planning process, in November 2008, the DPCP was able to participate as a full partner rather than just a facilitator. The benefits of this meeting included: (1) a better understanding of each partner group's role in improving Florida's diabetes public health system; (2) unified goals; and (3) newly formed Life Stage workgroups that include members of each group (described in more detail below). The evaluation of the joint meeting yielded positive results. Of those participants returning evaluation surveys, the results indicated following:

- 100% of participants either strongly agreed or agreed that the purpose of the meeting was fulfilled;
- 100% of participants either strongly agreed or agreed that the overall quality of the strategic planning meeting was excellent;
- 100% of participants either strongly agreed or agreed that they were committed to continued leadership in the statewide diabetes strategic planning and implementation process;
- 100% of participants either strongly agreed or agreed that they had committed to do at least one activity per quarter to help achieve the state goal(s); and
- 100% either strongly agreed or agreed that the questions addressed during the group break-out sessions addressed the most important aspects of achieving the stated goal(s).

¹ At the time, the Department of Health had an Obesity Prevention Program that was funded by the Centers for Disease Control and Prevention (CDC). This program has since been terminated, but other programs at the Department of Health, such as the Healthy Communities – Healthy People Program, continue to address overweight and obesity issues.

VISIONS AND MISSIONS

The three partner groups have developed visions and missions that reflect their roles in the diabetes public health system. These statements are included in Table 1.

TABLE 1

DIABETES ADVISORY COUNCIL

- Purpose: The Diabetes Advisory Council serves as the advisory board to the Governor and Florida's Surgeon General to provide statewide leadership in an effort to reduce the burden of diabetes in the state of Florida. The Council represents public and private partners to coordinate activities within the state, to promote quality of care, and to reduce the burden of complications of diabetes. The Council advocates for legislation, policies, and programs to improve the treatment and outcomes of people with diabetes in the state of Florida.

- Vision: Diabetes: Prevention, Recognition, Management

- Mission: To improve the lives of all Floridians through prevention, recognition, and management of diabetes.

FLORIDA ALLIANCE FOR DIABETES PREVENTION AND CARE

- Vision: The Alliance's vision is to prevent diabetes and its complications through mobilization of local resources in communities throughout the State of Florida.

- Mission: The mission of the Alliance is to encourage and empower communities to (1) identify, evaluate and coordinate local resources; and (2) implement best practices to improve quality of life for all those affected by diabetes.

DIABETES PREVENTION AND CONTROL PROGRAM

- Vision: Diabetes-Free Florida

- Mission: To be an integral part of the Florida diabetes health system and engage system partners to assure the improved health and well-being of those affected by diabetes.

GOALS

The DAC, Alliance, and DPCP will work together to achieve the following goals:

- Increase the diagnosed prediabetes rate from 1.2% to 10% by December 31, 2013.
- Increase by 5% the number of persons with diabetes who receive diabetes self-management education (DSME).

The importance of increasing the diagnosed prediabetes rate is to increase the ability of system partners to delay or prevent the onset of diabetes and its complications. Studies such as the Diabetes Prevention Program show that people with pre-diabetes can return to normal glycemic control through diet and exercise, sometimes augmented with medicine.

The importance of increasing participation in DSME is to prevent or delay complications of diabetes in people who have the disease. State and national analyses of BRFSS data demonstrate that getting diabetes self-management education is the single consistent factor in predicting whether a person with diabetes achieves other disease management goals such as annual eye and foot exams, A1c tests, and flu shots.

STRUCTURE

DAC

The membership of the DAC is defined by statute. Members are appointed by the Governor. Members develop their own bylaws, define their own committees, and elect their Chair. The DAC currently has four standing committees: School Health, Professional Development, Legislative Affairs, and Nominations/Membership. The Nominations Committee is chaired by the Chair-Elect of the DAC. The Chair of the DAC appoints up to two additional members. The members of the other committees are either self-selected or are appointed by the Chair. Each of the committees, with the exception of the Nominations Committee, has developed an action plan. (See Attachment 1.) The DAC meets quarterly. At each meeting, part of the agenda is set aside for committee meetings and reports.

Alliance

Membership in the Alliance is free and open to anyone with a role in Florida's diabetes public health system. The governing body of the Alliance is the Leadership Council, which consists of 15 voting members and one non-voting member. (The DPCP Administrator is the non-voting member.) Nine members are elected by the Alliance and six are appointed by the DPCP.

The Leadership Council develops and updates their own bylaws, defines their own committees, and elects their officers. The Alliance currently has five committees: Education, Community Partnerships, Communications, Data/ Information, and Nominations. The Nominations Committee is chaired by the Chair-Elect of the Leadership Council. The Chair of the Leadership Council appoints up to two additional members. Membership on the other committees is open to the general membership of the Alliance. Members are appointed by the committee chairs. Each of the committees, with the exception of the Nominations Committee, has developed an action plan. (See Attachment 1.)

The Leadership Council meets quarterly, including one meeting which is attached to the annual Educational Forum. More information about the Forum is available at www.floridadiabetes.com. Committees meet via monthly conference calls. One member of the Leadership Council is appointed by the DPCP as the DAC liaison. This liaison participates in both the DAC and the Leadership Council quarterly meetings.

DPCP

The DPCP at the Florida Department of Health is a state government program that is funded through a cooperative agreement with the Centers for Disease Control (CDC), Division of Diabetes Translation. The staff consists of a program administrator, program manager, two full-time program analysts, one part-time program analyst, a secretary, an evaluator (50%), and an epidemiologist (50%). The DPCP is responsible for several functions; support of the DAC and the Alliance is one very important responsibility. The main responsibility of supporting the DAC and the Alliance is assigned to the half-time analyst; however, all staff, including the program administrator, are dedicated to working with the partner groups to improve the diabetes public health system. DPCP staff participate in DAC and Leadership Council meetings, the Educational Forum, and conference calls of standing committees and ad hoc committees, including the recently formed Life Stage workgroups.

The work of the DAC and the Alliance complement the work of the DPCP, and vice versa. The part of the DPCP's action plan that relates to this strategic plan is attached. (See Attachment 1.)

Combined Workgroups

In the November 2008 meeting, participants formed three workgroups based on life stages: Children, Adults, and Seniors. They immediately began development of action plans, and participants each left the planning meeting with at least one action commitment. (See Attachment 2.) Subsequently, the Life Stages workgroups have met via conference calls to further flesh out their action plans and provide updates.

Members of the DAC, Alliance, and DPCP will work together on actions identified in the life stages workgroups, and are also able to work from individual action plans as needed. In this way, members benefit from each other's specific talents and abilities – and subsequently, the system is improved.

ACTION PLANS

The heart of any strategic plan is its plan of action. The action plans of the partner groups are not static documents; rather, they are maps that partners use to achieve their goals. This means that, as action steps are achieved and evaluations conducted, changes might be identified that would help accomplish the goals. Therefore, as updates are made to these action plans, new versions will be posted to the DPCP website (www.floridadiabetes.org) and distributed via the DAC and Alliance email lists.

ATTACHMENT 2: Children, Adults, and Seniors Life Stages Workgroup Action Plans

THE DAC, ALLIANCE, AND DPCP
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CHILDREN’S WORKGROUP: Babu Balagopal, Nemours, Leadership Council; Kim Bertron, private citizen, former member of the DAC; Larry Fox, Nemours, DAC member; Nancy Gal, IFAS, DAC member; Rulx Ganthier, Jr., MD, Ophthalmologist, DAC member; Randi Greene Chapman, private citizen, American Diabetes Association; Rachel La Croix, Agency for Health Care Administration, Leadership Council member; Pauline Lowe, ADA, Leadership Council member; Kathy Mulcahy, CDE, Leadership Council; Janet Silverstein, M.D., Endocrinologist, DAC Member; Todd Steibly, private citizen, DAC member; M.R. Street, DPCP; Betsy Wood, Chief, Bureau of Chronic Disease Prevention and Health Promotion

ACTION ITEM (What we will do) Educate school personnel and health care providers about diabetes prevention and care for children with diabetes in the school setting.

Which goal will this action impact? (Check One or Both): **Pre-diabetes Diagnosis** **Diabetes Self-Management Education**

In what way will this action impact the goal(s) checked above? (Check all that apply)

<input type="checkbox"/> Increase proportion of prediabetes cases that are diagnosed. <input type="checkbox"/> Maintain or decrease proportion of the population with prediabetes. <input type="checkbox"/> Increase proportion with prediabetes recovering to normal glycemic control.	<input type="checkbox"/> Increase proportion of diabetes cases diagnosed. <input type="checkbox"/> Increase healthy days among people with diabetes. <input type="checkbox"/> Reduce health care costs associated with diabetes. <input type="checkbox"/> Reduce premature deaths due to diabetes.
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This action item is broken down into the following Action Steps	Person Responsible for Action Step	Resources Needed	Start Date	Finish Date
1. Meet with the Supervisor of the Superintendents of Schools (Mr. Bill Montford)	Betsy - DOH			
2. Pursue online module for teacher continuing education (St. Pete University – http://www.onlineceu.net)	M.R. (with Alicia Bradley-Nelson at DOH)			
3. Identify continuing education modules for Type 1 and Type 2 diabetes and healthy lifestyle	Babu, Kathy, Pauline			
4. Speak to Association of School Nurses re: Safe at Schools and diabetes prevention	Randi			
5. a) Extension office – develop curriculum for prevention of obesity and diabetes in kids and make it available to all county extension offices b) Recruit 10 extension agents who are willing to speak in schools about youth and type 2 diabetes	a) Janet, Nancy b) Nancy, Larry			
6. Home BMI reports from schools with blurb about resources, what you can do, and Kid Care	Pauline (with help from Larry)			
7. a) Research and draft legislation requiring BMI screening b) Help move legislation, find a sponsor	a) Kim, Todd b) Randi			

This action item is broken down into the following Action Steps	Person Responsible for Action Step	Resources Needed	Start Date	Finish Date
8. Identify DOE person to work with the DAC and with this workgroup	Kim, M.R.			
9. Awareness campaign: a) Identify posters to promote and funding source if needed (even if posters are free, shipping charge may apply) b) Discuss with Mr. Montford c) Get information about disseminating posters in all school clinics d) Disseminate in the community (primary care offices, businesses, barbershops/hair salons, libraries, churches)	a) Larry b) Betsy c) M.R. to follow-up with DOE and Mr. Montford d) Nancy (with help from other county extension offices)	a) Steve Ponder		
10. Promote at Florida Pediatrics Society (FPS) and other venues: a) Provide talk about educational materials available, BMI, Type 2 DM in children at these venues b) Obtain and staff exhibit space at FPS	a) Pauline, Janet, Larry b) Pauline, Janet, Larry			
11. Research • who sends out information on Kid Care • what is sent out • what avenues are used for distribution and request they include flyers about diabetes.	Rachel			
12. Look at Arkansas BMI screening and surveillance— incorporate successes into our goals	Larry (with help from Randi)			
13. Discuss the importance of childhood obesity/diabetes identification and prevention with health care providers.	Babu			

Evaluation: How will you measure success?	What is the data source?
1) UNDER DEVELOPMENT	1)

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ADULTS WORKGROUP: Dr. Chet Evans, Barry University, DAC member; Dr. Donald Grossman, United Health Care, DAC member; Mr. Ephraim Hess, Private Legal Practice, DAC member; Mr. Mike Hill, Northwest Florida Health Council, Inc./Big Bend Health Council, Leadership Council member; Dr. Marlon Honeywell, Florida A&M University, DAC member; Mr. Shannon Jacobs, Santa Rosa County Health Department, Alliance member; Ms. Barbara Jacobowitz, Palm Health Council, Leadership Council member; Ms. Anta James, Duval County Health Department, Alliance member; Mr. Bill Litton, Seminole County Sheriff's Office, DAC member; Dr. Jennifer Marks, University of Miami, DAC member; Dr. Kelli Maw, Hernando County Health Department, DAC member; Ms. Trina Thompson, DPCP Administrator

ACTION ITEM (What we will do): (1) Elevation of the Community Health Worker (CHW) model on both policy and implementation levels in Florida; (2) Improvement in access to DSME education for people with diabetes and the development and implementation of educational tools for pre-diabetes education; and (3) Development of a methodology for the measurement and monitoring of pre-diabetes issues.

Which goal will this action impact? (Check One or Both): **Pre-diabetes Diagnosis** **Diabetes Self-Management Education**

In what way will this action impact the goal(s) checked above? (Check all that apply)

<input type="checkbox"/> Increase proportion of prediabetes cases that are diagnosed.	<input type="checkbox"/> Increase proportion of diabetes cases diagnosed.
<input type="checkbox"/> Maintain or decrease proportion of the population with prediabetes.	<input type="checkbox"/> Increase healthy days among people with diabetes.
<input type="checkbox"/> Increase proportion with prediabetes recovering to normal glycemic control.	<input type="checkbox"/> Reduce health care costs associated with diabetes.
	<input type="checkbox"/> Reduce premature deaths due to diabetes.

This action item is broken down into the following Action Steps	Person Responsible for Action Step	Resources Needed	Start Date	Finish Date
1. Develop a white paper on CHW	Trina & Anta			
2. Present white paper to Alliance and DAC for policy and implementation tasking	Trina & Anta; Leadership Alliance & DAC			
3. SWOT analysis on existing insurance policies regarding DSME	Dr. Grossman			
4. Listing of DSME delivery options and pre-diabetes education delivery options (such as worksite wellness programs and health care provider training)	Bill			
5. Recommendations for change in the role of pharmacists in DSME	Bill			
6. Identification of new community-based support (such as nail salons and church ministries)				
7. Adopt a methodology for identifying prediab rate and recommend types of assistance once identified.				

Evaluation: How will you measure success?	What is the data source?
1) UNDER DEVELOPMENT	1)

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SENIORS WORKGROUP: Andrea Benda, Michele Bonneville, Phyllis Bruno, Sarah Cawthon, Nina Clark, Randy Katz, Joanne Vacarro-Kish

ACTION ITEM (What we will do): (1) Increase participation in DSME by Medicare recipients with diabetes; and (2) Increase diagnosis of pre-diabetes among Medicare recipients.

Which goal will this action impact? (Check One or Both): **Pre-diabetes Diagnosis** **Diabetes Self-Management Education**

In what way will this action impact the goal(s) checked above? (Check all that apply)

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| <input type="checkbox"/> Increase proportion of pre-diabetes cases that are diagnosed. | <input type="checkbox"/> Increase proportion of diabetes cases diagnosed. |
| <input type="checkbox"/> Maintain or decrease proportion of the population with pre-diabetes. | <input type="checkbox"/> Increase healthy days among people with diabetes. |
| <input type="checkbox"/> Increase proportion with pre-diabetes recovering to normal glycemic control. | <input type="checkbox"/> Reduce health care costs associated with diabetes. |
| | <input type="checkbox"/> Reduce premature deaths due to diabetes. |

This action item is broken down into the following Action Steps	Person Responsible for Action Step	Resources Needed	Start Date	Finish Date
1) Increase Senior Group knowledge of Medicare a) Obtain information on Medicare regulations; e.g., eligibility criteria, coverage limits, pending reforms and share with group b) Obtain information on Medicare HMO	Joanne Vacarro-Kish Andrea Benda			
2) Increase Senior Group knowledge of Medicare recipients a) Obtain data by county stratified by age, race, income on: 1. Medicare recipient participation in DSME 2. Obesity among Medicare recipients 3. Diabetes among Medicare recipients	Sarah Cawthon			
3) Increase Senior Group knowledge of resources for seniors a) Obtain information on: 1. location of ADA recognized education programs 2. Obesity prevention and reduction resources 3. Stanford Chronic Disease Self-Management Education Program b) Identify partners that can assist with efforts	Sarah Cawthon Michele Bonneville Sarah Cawthon			

This action item is broken down into the following Action Steps	Person Responsible for Action Step	Resources Needed	Start Date	Finish Date
<p>4) Increase awareness of medical care providers and associations about importance of DSME and diagnosis of pre-diabetes.</p> <ul style="list-style-type: none"> DO – Doctors of Osteopathy Florida Association of Family Practice Physicians Florida Association of Health Plans Florida Association of Community Health Centers County Health Departments American Diabetes Association Area Health Education Centers American Association of Diabetes Educators – Florida Chapters Pharmacies and County Associations <p>a) Develop message to include the following information</p> <ul style="list-style-type: none"> o Screening – Practice according to guidelines o Test – At-risk group (include asymptomatic) o Administer American Diabetes Association Risk Test o Screening/diagnostic testing is covered by Medicare o Refer people with diabetes to DSME o Refer people with pre-diabetes to Chronic Disease Self-Management Program or Senior Center for physical activity <p>b) Disseminate message to professionals and associations</p> <ol style="list-style-type: none"> 1. Revisit mandatory CME/CEU training for license renewal 2. Multi-media avenues – e-mail and fax blasts 	Randy Katz			
<p>5) Increase awareness of Medicare recipients about the importance of DSME and smoking cessation</p> <p>a) Develop and implement an awareness campaign regarding DSME and smoking cessation - partner with pharmacies to add insert to medications</p>				

Evaluation: How will you measure success?	What is the data source?
1) UNDER DEVELOPMENT	1)