

DIABETES PARTNERS IN ACTION COALITION ANNUAL REPORT FY11

October 1, 2010 - September 30, 2011



Providing Statewide Leadership in Diabetes Support



February 15th 2012

Dear DPAC Members,

We are pleased to provide you with the Diabetes Partners in Action Coalition's (DPAC) FY11 Annual Report, which reflects the many accomplishments the coalition has achieved over the past year as well as the established priorities for the coming year.

DPAC is a volunteer based statewide coalition comprised of like minded individuals and organizations who are interested in diabetes. Its charge is important yet simple: to provide leadership to prevent and control diabetes in Michigan.

This year has been marked with transitions. The coalition said goodbye to some passionate leaders and welcomed new ones to the fold. The 2009-2011 Michigan Diabetes Action Plan was wrapped up and now DPAC is gearing up to help implement its next installment, the 2011-2014 Michigan Diabetes Action Plan. DPAC, in conjunction with other stakeholders, developed this plan with support from the Michigan Department of Community Health. The new plan offers more opportunities for participation from diverse organizations and has been streamlined from seven to three goals. A copy can be found on the DPAC website, www.dpacmi.org.

Additional selected FY11 Annual Report DPAC accomplishments include:

- Held two successful in-person full Membership Meetings
- Participated in activities targeted for Michigan legislators (activities include Advocacy Day, Diabetes Awareness Month event, and monthly educational one pagers)
- Partnered with the Michigan Department of Education on the development of the "Management of Students with Diabetes in the School Setting" Policy
- Dissemination of five DPAC newsletters
- Increased participation and workgroup restructures for the Prevention and DaRE Workgroups.
- Published the updated the Provider Diabetes and Prediabetes Treatment Plan
- Conducted annual membership survey
- Completion of the Health Literacy and Goal Setting Projects
- Distributed five translation brief materials.

DPAC participants volunteer their time and resources to participate in this statewide coalition. A coalition is only as strong as the commitment of its membership. We are excited for you to see all of the work that has been achieved and hope that you will share this document with others in your organizations to promote the work that is done through DPAC. Thank you for the many contributions you and your organization have made furthering DPAC's mission this year.

Sincerely,

Paul Dake, MD
DPAC Board Co-Chair
McLaren Health System

Micki Juip, MA, BSN, RN, CDE
DPAC Board Co-Chair
Hurley Medical Center

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MEMBERSHIP

At the end of FY11, DPAC was comprised of 98 members including consumers, health care professionals, business/industry leaders, and many other sectors of our community. Thank you to all of the individuals and organizations who are members of DPAC for the time and resources that have been contributed to this volunteer-driven coalition.

Member organizations include:

Affordable Lab	Michigan Minority Health Coalition
ALDIA	Michigan Optometric Association
American Diabetes Association	Michigan Pharmacists Association
Amylin Pharmaceuticals	Michigan Primary Care Association
Ann Arbor YMCA	Michigan State University Extension
Arab Community Center for Economic and Social Services (ACCESS)	Munson Medical Center-Northern Michigan Diabetes Initiative (NMDI)
Association of American Indian Physicians (AAIP)	National Kidney Foundation of Michigan
Community of Christ Church	Novartis
Detroit Medical Center/Hutzel Hospital	Novo Nordisk
Garden City Hospital	Oak Park YMCA
Great Lakes Medical Supply	Prasher Law Group
Greater Detroit Health Council	Priority Health
HealthPlus of Michigan	REACH Detroit Partnership/CHASS
Healthy Patterns	Sanofi Aventis
Henry Ford Health System	South Haven Health System
Hurley Medical Center	St. Joseph Mercy Medical Group
INNOVEX	Takeda Pharmaceuticals
Juvenile Diabetes Research Foundation	University of Detroit Mercy, School of Dentistry
Lakeland Family Care of Niles	University of Michigan
LifeCircles-PACE	Upper Peninsula Diabetes Outreach Network
Lilly-USA	Wayne State University
Mary Free Bed Rehabilitation Hospital	Western Michigan University
McLaren Medical Health System	Without a Vision the People Will Perish
Michigan Department of Community Health (MDCH) Cardiovascular Section	
MDCH Disabilities	
MDCH Genomics and Birth Defects	
MDCH Medicaid Managed Care	
MDCH Oral Health	
MDCH Tobacco	
MDCH WISEWOMAN	
MDCH Bureau of Epidemiology	
MESSA	
Michigan Coordinating Body of Diabetes Educators-American Association of Diabetes Educators (AADE)	
Michigan Dietetic Association	

EXECUTIVE SUMMARY

This Annual Report provides an update on the diverse DPAC activities and objectives from October 1, 2010 to September 30, 2011. This report includes the review of workgroup progress, Board priorities, and overall efforts to prevent and control the impact of diabetes in Michigan.

During the past year, DPAC has achieved many the goals and objectives outlined in the 2009-2011 Michigan Diabetes Action Plan. In addition, the coalition has been instrumental in the development of the next installment, the 2011-2014 Michigan Diabetes Action Plan. The purpose of the Action Plan is to provide a unified course to address diabetes prevention and control in Michigan. In addition, DPAC conducted three Board Meetings, two Full Membership Meetings, and continued its social media outreach through its DPAC website and Facebook page. The DPAC website underwent a major content and layout revision. DPAC has been able to continue its collaborations with its essential partnerships and cultivate new member participant and organization relationships.

Another accomplishment is the installation of new leadership. After a statewide search, the DPAC Board was pleased to present Paul M. Dake MD as its new Co-Chair. Dr. Dake brings a wealth of experience, including working in public health, managed care, residency instruction, and private practice. His interests include strategies to improve cost effectiveness in medical care, clinical tool development, and chronic disease management (including Diabetes Group Visits). He represents McLaren Family Medicine Residency Program and the Greater Flint Health Coalition.

As inherent to life, DPAC has experienced some changes related to support provided by the Michigan Department of Community Health (MDCH) Diabetes Prevention and Control Program (DPCP). DPAC said goodbye to Dan Diepenhorst, DPCP Unit Manager and well as Lori Corteville, DPCP statistician and the Data, Research and Evaluation (DaRE) Workgroup staff lead. Even though both staff will be missed, the DPCP continues to provide valuable support to the coalition.

The annual Membership Survey distribution process was streamlined (done in-person) and yielded a 33% response rate. Of those surveyed, 90% were pleased with their workgroup process in achieving its objectives and 90% shared DPAC resources within their own communities. 91% felt valued as a DPAC member. Survey participants reported the greatest membership benefits were the networking opportunities and the ability increase knowledge base/awareness. Leadership will continue to explore ways to recruit and maintain membership engagement.

Other DPAC Updates:

- The Advocacy and Public Policy Workgroup participated in another successful Diabetes and Kidney Advocacy Day and were instrumental in updating the Michigan Department of Education “Management of Students with Diabetes in the School Setting”.
- The Communication and Public Awareness Workgroup created five DPAC newsletters and participated in the development of a diabetes unified message (“Make a Move”).

- The DaRE Workgroup created three new briefs, distributed two additional materials, and created a new workgroup liaison structure.
- The Prevention Workgroup increased its membership by 40%, updated its materials, and created three new work teams: Collaboration, Employer Prevention, and Women of Childbearing Age.
- The Training and Education Workgroup completed its health literacy project (and presented its findings at the Spring Full Membership Meeting) and is wrapping up its next project on goal setting (including the development of a new tool).

ABOUT DPAC

Mission

To provide statewide leadership to prevent and control diabetes and reduce its impact in Michigan

Vision

Through active collaboration, DPAC has mobilized resources to ensure a unified course toward the reduction of diabetes and its complications in Michigan.

Coalition Structure

DPAC has a board of directors that meets quarterly to address overarching issues and to facilitate communication between workgroups. There are five workgroups that meet approximately once a month, usually via conference call: Advocacy and Policy; Communication and Public Awareness; DaRE; Prevention; and Training and Education Programs. Governance issues are addressed by the leadership team and the Board.

Michigan Diabetes Action Plan

The Michigan Diabetes Action Plan establishes a unified course of action to help reduce the increasing prevalence and impact of this disease. DPAC participated in the wrap up of the Michigan Diabetes Action Plan 2009-2011. This Action Plan provided the template for many DPAC workgroup annual work plans and overall coalition activities and accomplishments. Many activities within the plan were accomplished and an evaluation report of the 2009-2011 Action Plan is being developed.

Throughout most of FY 11 DPAC participated in the development of the Michigan Diabetes Action Plan 2011-2014. The MDCH DPCP, key stakeholders and DPAC representatives, (including workgroup staff leads, Board Members, and general members) participated in the development of goals, and corresponding objectives, activities, and partner identification. The Action Plan was completed near the end of FY 11 and will be used as a guide for future DPAC activities, including full membership meeting topics, Board priorities and annual workgroup work plans.

SELECTED ACCOMPLISHMENTS FOR FY11

Working together to further the Michigan Diabetes Strategic Plan, DPAC and its member organizations have made significant progress toward achieving our goals.

Governance

- Implemented and reviewed all DPAC activities in accordance to the Michigan Diabetes Action Plan overall goals and objectives.
- Appointed a new DPAC Co-Chair, Paul M. Dake MD and one new Board Member, Marvin Cato.
- The Board formed a Subcommittee to review and suggest updates to the DPAC Charter, Co-Chair, and the Board Member Position Descriptions.
- Participated in the development of the 2011-2014 Michigan Diabetes Action Plan.
- Planned and implemented two DPAC Full Membership meetings which included a training component, a workgroup meeting opportunity, and networking opportunities.

Advocacy

- Promoted and participated in the 2011 Diabetes and Kidney Disease Advocacy Day; of the 100 total participants, 9% were DPAC members.
- Developed and disseminated a legislative advocacy document that provided information on diabetes and kidney disease and positive outcomes from state funded prevention and disease management programs.
- Developed and disseminated monthly, single-page handouts to members of the Michigan House and Senate, providing information on prevention and management of diabetes and kidney disease – often utilizing National Diabetes Education Program (NDEP) materials.
- Shared updates on diabetes pending and/or active legislation (federal and state) to DPAC members.
- Partnered with MDCH and asked the Michigan Department of Education (MDE) to revise the MDE “Management of Students with Diabetes in the School Setting” and convert the document from a memorandum to a policy.
- Identified promising practices and outcome-based diabetes programs in Michigan, with the goal of promoting these programs in the media and on the DPAC website.

Communication and Public Awareness

- Wrote and disseminated five quarterly newsletters with a focus on the Affordable Care Act, health disparities and health equity.
- Presented the DPAC Exhibit at the following events: Michigan Organization of Diabetes Educators (MODE), NKFM, JRDF and the Michigan Dietetic Association.
- Developed a plan for pilot testing of "Make a Move" unified messaging with DPAC membership and coalitions.
- Assisted in updating the DPAC website and Facebook page.
- Coordinated activities for Diabetes Awareness Month, including Governor's Proclamation.

Data, Research and Evaluation (DaRE)

- Provided analysis of the annual DPAC Membership Survey results

- Completion of three translation briefs: “ACCORD Simplified”, “Sleep Disorders and Type 2 Diabetes”, and “Cost Analysis Basics and How to Do a Cost Effectiveness Analysis”. In addition, the workgroup is developing a brief on “Hemoglobin Variants and Use of the HbA1C as a Diagnostic”.
- Distributed two additional materials to the membership: “MedPage Biostatistics” (including a DaRE workgroup supplement on Causation versus Correlation) and one on “Evidenced-Based Practice”.
- In order to bring research and evaluation expertise to each workgroup, DaRE has developed a liaison structure for each workgroup. In FY 11, each of the four workgroups was matched with a DaRE Liaison. Possible liaison assistance/support includes research translation, project planning and evaluation, and data collection. Liaisons are encouraged to track their assigned workgroup and offer assistance when needed. It is also expected each liaison will keep the DaRE workgroup updated on their efforts.

Prevention

- Increased Prevention Workgroup memberships (8 new members, 4 new organizations have resulted in a 40% increase).
- Developed marketing materials to reach employers with the Michigan Diabetes Primary Prevention Program, and completed one employer intervention (13 participants; 5.3lb average weight loss in 8 week follow up).
- Updated and published the provider diabetes and prediabetes treatment plan recommendations (based on the ADA Clinical Practice Recommendations)
- Increased overall volunteer participation with three new teams (Collaboration; Employer Prevention; and Women of Childbearing Age.) Increased participation was seen in monthly team meetings and bimonthly workgroup conference calls and meetings. (23 meetings, approximately 87 volunteer hours).

Training and Education Programs

- Posted three resources for health care professionals’ use to learn more about health literacy and also identified lower literacy materials for client use.
- Presented at the May 5th DPAC Full Membership Meeting on health literacy and selected available resources.
- Identified goal-setting and motivational interviewing as possible project topics in 2011.
- Reviewed workgroup annual plan to assist with identification of unmet workgroup objectives and selected goal-setting as focus.
- Identified criteria for selecting goal-setting tools which workgroup members found necessary (colorful, pictured, short, low reading level, available in Spanish).
- Reviewed sources on goal-setting and selected three options.
- Developed a goal-setting tool based on workgroup’s criteria.
- Translated TEW goal-setting tool into Spanish (credit to CHASS-REACH staff).

MEMBER SURVEY RESULTS

Since 2008, DPAC has distributed an annual online survey to its membership to obtain feedback for the past year and directions for the next year. This year’s survey focused on member

attitudes, engagement, coalition strengths and opportunities for improvement, and overall membership experience.

There were 32 responses to the survey, which meant that roughly 33% of the membership participated. This is the same as last year's response rate, and less than the desired response rate of 50%. In order to address the reasons for not receiving a response (which according to last year's non-responder survey were simply forgetting or lack of time) and also achieve a higher response rate, this year's survey was administered in-person at the October DPAC Full Membership Meeting. An online survey was posted on SurveyMonkey after the meeting for those who were not in attendance. Email notifications and reminders were sent out to the membership. Unlike last year, a non-response survey was not conducted this time around.

Due to a less than optimal response rate, it is difficult to generalize responses on behalf of the entire DPAC membership. In addition, all participants at the Fall DPAC Full Membership Meeting had an opportunity to complete the survey, including new members and people attending the meeting for the very first time. Their unfamiliarity with DPAC resulted in several "neutral" responses to quantitative questions and being "too new to answer" responses for some of the qualitative survey questions.

Out of those surveyed, participants overwhelmingly felt that DPAC activities reflect the mission and vision of the coalition and DPAC provided information on issues and resources related to diabetes. Analysis of the survey found 90% participants share DPAC resources in their own communities. On a macro level, 90% stated there was a diversity of members within DPAC and 94% felt there were opportunities for members to take on leadership roles. 90% were pleased with the progress their respective workgroup made in accordance to their stated objectives.

The survey also asked questions related to individual experiences and level. 93% stated they had clarity of their role as a DPAC member and 91% felt valued. 84% of survey participants stated they had a high level of engagement as a member of the coalition. In all, the answers reflected a diverse array of the membership: 28% have been members of DPAC 5 years or greater, 22% were less than a year, and the remaining 50% were somewhere in between one to four years. DPAC leadership may need to consider new ways to engage participation in the coalition, including the completion of the annual survey.

Out of those surveyed, participants shared the benefits of DPAC membership. Overwhelming the opportunity to network as well as increase education and awareness were listed as the top two benefits. Education and awareness included specific information related to diabetes (including research, self-management, and concrete resources), but also included legislation updates, state and national perspectives, and well as learning about other organizations across the state. One additional benefit to membership was career development.

Conversely, the membership was asked how their experience could be improved. Many of the responses centered on more time to network, additional meeting time, and increase in diversity of presentations, more information related to resources, and greater interaction between workgroups, consumers, and employers.

To prioritize topics for future DPAC materials (including products and presentations) members were asked would they would like to see addressed in future DPAC work. Based on the frequency of response, the following topics and themes were identified as priorities for the coming year:

- Diabetes best practices and clinical recommendations
- Community based lifestyle interventions and behavior changes for people with diabetes
- Prevention (specifically the National Diabetes Prevention Program)
- State and National Initiatives related to overall health care reform and diabetes
- Allied Professionals (Oral Health, Vision, Pharmacy, etc)

While these topics will be given priority consideration, all responses given will be shared with DPAC leadership for use during event planning.

All of the data collected through this survey will be used to establish Board priorities, workgroup activities, and topics of interest for the full membership meetings. DPAC will continue to work with members to increase the distribution of information and resources, identify meaningful activities, maintain engagement, and instill a sense of accomplishment in attaining our stated goals and objectives.

DPAC PRIORITIES FY12

Working together to provide statewide leadership to prevent and control diabetes and reduce its impact in Michigan DPAC and its member organizations will achieve the following goals for each workgroup as identified in the Michigan Diabetes Action plan:

1. Strong diabetes partnerships will exist to address prevention and impact of diabetes in Michigan.
2. A captivating diabetes message is utilized across Michigan by all partners for consistency and uniformity.
3. Identify, promote, support and evaluate the implementation of promising practices and evidenced-based diabetes programs in Michigan.

Please see the *Michigan Diabetes Action Plan 2011-2014* (<http://www.dpacmi.org>) for more detailed information on the each goal, including objectives, activities, and potential partners.



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