

# **DIABETES PARTNERS IN ACTION COALITION ANNUAL REPORT FY09**

October 1, 2008 - September 30, 2009



February 1<sup>st</sup>, 2010

Dear DPAC Members,

We are pleased to provide you with the Diabetes Partners in Action Coalition's (DPAC) FY09 Annual Report, which reflects the many accomplishments that this coalition has achieved over the past year as well as the priorities that have been established for the coming year.

DPAC is a volunteer partnership of like-minded individuals and representatives of organizations who work to reduce the impact of diabetes in Michigan. During the past year, the workgroups and committees built on the progress made in prior years to address prevention and control of diabetes in Michigan. Further, the board established key DPAC priorities for increasing awareness, membership and impact.

The Annual Report provides a summary of selected accomplishments for FY09, results of the member survey, and highlights the priorities that each workgroup and committee will address in the coming year. As the co-chairs and long-time members of DPAC, we have witnessed DPAC's evolution from a communication venue and an advisory body to a coalition of active workgroups and committees with results that evidence statewide leadership in preventing and controlling diabetes and its impact in Michigan. In the past year, the workgroups' accomplishments have included:

- Communication efforts that led to the development and distribution of materials including the quarterly newsletter and the launch of the new website, [www.dpacmi.org](http://www.dpacmi.org).
- Creation of diabetes best practices materials on oral health and pregnancy
- Maintenance of membership engagement and recruitment of 21 new members
- Implementation of a World Diabetes Day campaign
- Development of a position statement *Medicare Provider Status for Certified Diabetes Educator (CDE)*
- Creation and distribution of three translation briefs

In October 2009, the Michigan Diabetes Action Plan, 2009-2011 was released. This plan was developed by the DPAC Board of Directors and its workgroups, with support from the Michigan Department of Community Health. This two year Action Plan lays out goals, measurable objectives, and specific activities for DPAC and partners. A copy of the Action Plan can be found on the DPAC website, [www.dpacmi.org](http://www.dpacmi.org).

DPAC is comprised of individual members and organizations that volunteer their time and resources to participate in this statewide coalition. If participation was not mutually beneficial, membership would wane and objectives would not be achieved. 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. If you share any relevant DPAC materials within your networks, please let us know. Thank you for the contributions you and your organization have made furthering DPAC's mission this year.

Sincerely,



Peter Dews, MD  
DPAC Board Co-Chair  
Advantage Health Centers  
Providence Hospital



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

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## MEMBERSHIP

At the end of FY09, DPAC was comprised of 96 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:

ACCESS	Michigan Purchasers Health Alliance
Advantage Health Centers	MSUE Family and Consumer Sciences
American Diabetes Association	National Association of Social Work, MI Chapter
Amylin Pharmaceuticals	National Kidney Foundation of Michigan
Eli Lilly and Company	Novartis
Garden City Hospital	Novo Nordisk
Glaxo-Smith Kline	Oak Park YMCA
Great Lakes Medical Supply	Otsego Memorial Hospital
Greater Detroit Area Health Council	Pfizer Inc.
HealthPlus of Michigan	Prasher Law Group
Hurley Medical Center	Priority Health
INNOVEX	Providence Hospital
Johnson & Johnson Co.	REACH Detroit Partnership/CHASS
Juvenile Diabetes Research Foundation	Region 2 Area Agency on Aging
Mary Free Bed Rehabilitation Hospital	Sanofi Aventis
McLaren Regional Medical Center	St. Joseph Mercy Oakland Hospital
Kent County Health Department	St. Mary's Health Link
Merck and Co., Inc	Takeda Pharmaceuticals
MESSA	University of Michigan
Michigan Association of Health Plans Foundation	UPDON
Michigan Association for School Nurses	Up Hill Solutions
MDCH Bureau of Epidemiology	Wayne State University
MDCH Cardiovascular Health Section	Western Michigan University
MDCH Diabetes & Other Chronic Diseases Section	Without a Vision the People will Perish
MDCH Genomics and Birth Defects	
MDCH Oral Health Program	
MDCH Medicaid	
MDCH Tobacco Section	
Michigan Diabetes Research & Translation Center	
Michigan Dietetic Association	
Michigan Organization of Diabetes Educators	
Michigan Optometric Association	
Michigan Pharmacists Association	
Michigan Primary Care Association	

## EXECUTIVE SUMMARY

This Annual Report provides an update on the diverse DPAC activities and objectives from October 1, 2008 to September 30, 2009. This report includes the review and implementation of workgroup progress, Board priorities, and overall efforts to prevent and control the impact of diabetes in Michigan.

This has been a notable year for DPAC, and has brought great opportunities, accomplishments, and challenges. During the past year, DPAC has created the Michigan Diabetes Action Plan, which not only paints a picture of diabetes in Michigan, but also details seven overarching goals for Michigan stakeholders. The two year Michigan Diabetes Action Plan additionally lays out workgroup goals, impact statements, objectives, and activities that address these seven main goals. DPAC has also benefited from greater visibility, including the use of a new display board (exhibited at several new sites) and the launch of the external website, [www.dpacmi.org](http://www.dpacmi.org). DPAC has been able to continue its collaborations with its essential partnerships and cultivate new member participant and organization relationships.

This year has not been without its challenges. Economic hardships led to major cuts in the FY 09 and FY 10 state budgets, including cuts to the Michigan Diabetes and Kidney program line. These cuts have resulted in a funding reduction and a loss of funding for 14 programs, including the Diabetes Outreach Networks (DONs). These impacts will have a potential effect on DPAC membership, participation, regional influence and implementation of DPAC initiatives.

DPAC added 21 new members and focused on the membership retention and commitment. In the annual membership survey, those surveyed reported high levels of understanding the DPAC purpose (84%), felt encouraged regarding participation (90%) and over half reported that they were engaged/very engaged in the organization (58%).

### Other DPAC Highlights:

- The Advocacy and Public Policy Workgroup participated in another successful Diabetes and Kidney Advocacy Day and kept DPAC members up-to-date on pending and/or active legislation.
- The Communication and Public Awareness Workgroup was instrumental in launching the website, the usage of the DPAC Exhibit board, and the publication of the quarterly newsletter.
- The Data, Research, and Evaluation (DaRE) Workgroup continued to assist in surveillance efforts, its implementation of the membership survey, and the production of three translation briefs.
- The Prevention Workgroup continued to distribute the prediabetes and diabetes treatment plan and launched a World Diabetes Day (WDD) campaign that resulted in a State of Michigan Governor Proclamation and House Resolution on WDD.
- The Training and Education Workgroup continued its community health worker presentation and focused on the research and dissemination of best practices of two key areas in diabetes: oral health and pregnancy.

One common theme that has been interwoven in most DPAC activities is the economic cost of diabetes. Whether it has been a presentation at a Full Membership Meeting, a translation brief, workgroup's priority, or an important topic that has been identified in the membership survey, the costs of diabetes is an important and timely DPAC issue. DPAC will continue to be mindful of costs (economic, personal, and societal) as it prepares for the development of the next installation of the Michigan Diabetes Action Plan 2011-2013.

## **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; Data, Evaluation and Research (DaRE); Prevention; and Training and Education Programs. DPAC also has a standing Membership committee. Governance issues are addressed by the leadership team and the Board.

### **Michigan Diabetes Action Plan**

In 2009, DPAC developed the *Michigan Diabetes Action Plan*, with support from the MDCH Diabetes Prevention and Control Program. This action plan establishes a unified course of action to help reduce the increasing prevalence and burden of this disease. The plan calls for decision makers, health care providers, public and private health officials, researchers, businesses, community groups and people with diabetes to implement the most promising diabetes prevention and control strategies in the most cost-effective manner. Recommendations in the plan are specifically targeted to address the populations most at risk for diabetes and diabetes complications.

Each DPAC workgroup contributed to the development of goals, objectives and activities for the *Michigan Diabetes Action Plan*. This involved reviewing the 2003 Michigan Diabetes Strategic Plan's fourteen recommendations, modifying them to reflect current needs, and prioritization of goals. The action plan will guide DPAC's work for the next two years: 2009 – 2011. While not all of the activities in the action plan will be led or completed by DPAC workgroups and its members, DPAC provides oversight of implementation of the plan. During this time, DPAC will also work to develop a new strategic plan that will include input from consumers, health care professionals, DPAC members and other partner organizations and the public.

In addition to contributing to the development of a statewide action plan, workgroups have developed their own annual work plans in conjunction with the goals, objectives and activities laid out in the action plan. These work plans define DPAC targets, identify person(s) responsible for completion of each activity, and set timelines for completion. The work plans will be reviewed at each meeting to focus activity and monitor progress.

## **SELECTED ACCOMPLISHMENTS FOR FY09**

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

### **Governance**

- Created the Michigan Diabetes Action Plan and completed an annual report that provides a description of progress toward completion of the objectives identified in the Action Plan.
- Assisted workgroups in developing annual work plans to implement objectives and activities for their focus area.
- Provided input into the development of an external DPAC website.
- Developed standards for the workgroup updates provided at the DPAC Full Membership Meetings and created a form to direct reports.
- Created a Conflict of Interest Policy that requires all new members to sign a Policy Statement at their first meeting.
- Developed a position statement entitled *Medicare Provider Status for Certified Diabetes Educator (CDE)*.
- Planned and implemented two DPAC Full Membership meetings which included a training component, a workgroup meeting opportunity, and networking opportunities.

### **Membership**

In FY09, the DPAC board and membership committee implemented a targeted recruitment effort to identify underrepresented organization sectors and enhance levels of engagement among current members.

- Maintained membership, including 21 new members, for a total of 96 active DPAC members. Updated member list to reflect only active members.
- Increased membership in designated organizational sectors that had been identified for recruitment efforts, including health plans and business/industry.
- Provided a DPAC orientation session for new and returning members at general membership meetings and provided follow-up calls to new members participating in these sessions.
- Based on a membership survey conducted in September 2009, 58% of members participating in the survey reported high or very high levels of engagement.
- Held a focus group with DPAC members who represent the business/industry organization sector to obtain information on how DPAC might best meet the needs of business organizations and how DPAC might be able to help them meet their needs.
- Focused on increasing membership from diverse groups, including minority, ethnic and rural groups.

### **Advocacy**

- Enlisted additional partners for DPAC advocacy efforts, including Juvenile Diabetes Research Foundation (JDRF), Michigan Primary Care Association and Area Agency on Aging.

- Contacted employer and business organizations about DPAC's Diabetes and Care Management Report.
- Promoted and participated in the 2009 Diabetes and Kidney Disease Advocacy Day (in Lansing); Of the 98 total participants, 13 participants (13%) were DPAC members.
- Presented the DPAC Diabetes Care Management Report to an employer coalition, the Michigan Purchasers Health Alliance. The report highlights aspects of care management that should be included as part of quality diabetes care.
- 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.
- Shared updates on pending and/or active legislation (federal and state) related to diabetes.

### **Communication and Public Awareness**

- Wrote and disseminated quarterly newsletters and a brochure on prediabetes.
- Presented the DPAC Exhibit at the following events: Improving Performance in Practice (IPIP), MODE, NKFM and WISEWOMAN.
- Promoted diabetes awareness through PSA's, letters to editor, and press releases working through DONs, especially the MODE "Got Diabetes, Get Educated" campaign.
- Identified and prioritized emerging issues for public awareness campaigns, as follows, with rank order from top to low priority: economic burden, children and diabetes, men and diabetes, family connection, healthcare as a team effort and caregiver issues.
- Developed both internal and external DPAC websites (dpacmi.org), including cross-linking DPAC and MODE.

### **Data, Research and Evaluation (DaRE)**

- Prepared and conducted DaRE membership survey.
- Provided review and feedback of the Michigan Diabetes Fact Sheets.
- Provided background and materials for the support group Quality of Life questionnaire at McLaren Regional Medical Center.
- Surveyed professionals to determine areas of interest for translation briefs – topics include prevention, access to care, surveillance, and evaluation/evidence-based methods.
- Wrote three translation briefs: 1) Intensive Glucose Lowering Update, 2) Complications and Cost of Dysglycemia and 3) A1c for Diagnosing Diabetes.
- Summarized current published cost of diabetes information and handed off to Advocacy workgroup.

### **Prevention**

- Implemented and analyzed a survey sent to agencies across the state to assess education to people with prediabetes. A report was written and submitted at DPAC May 2009 meeting.
- Participated in the review of one other chronic disease section strategic plans: A Vision for Michigan: A Strategic Plan for Heart Disease and Stroke.

- Continued to distribute the prediabetes and diabetes treatment plan to providers/external partners /professional organizations.
- Wrote newsletter-ready articles that were sent to professional associations. Worked collaboratively with the Communication Workgroup, who reviewed the articles:
  - The Pre-Diabetes and Diabetes Treatment Plan Recommendations
  - The *PATH* Program
- Prepared materials and messages on World Diabetes Day (November 14, 2009) for use by DPAC members and posted to DPAC website.

### **Training and Education Programs**

- Assisted in the development of a MDCH Oral Health and Diabetes brochure.
- Reviewed materials pertinent to Diabetes and Oral Health and Diabetes and Pregnancy. Selected 3- 5 references for each group, having both English and Spanish editions, and disseminated materials through multiple outlets, including the DPAC website.
- Continued to promote the Diabetes Community Health Worker presentation.
- Reviewed and gathered a core set of facts on diabetes for the general public and disseminated through five different communication channels.
- Continued work with oral health and MDCH diabetes educational module staff to determine feasibility of an education module.

## MEMBER SURVEY RESULTS

A survey was distributed to all DPAC members in August 2009 to collect information from membership on their engagement, topics of interest, and to determine the extent to which members are distributing materials developed and disseminated. The survey was developed and analyzed by the Data, Research and Evaluation (DaRE) workgroup using Survey Monkey.

There were 52 responses to the survey. Those completing the survey were members for two years or less (42.3%) or long term members (32.7% had been members for five or more years). Those surveyed represented all DPAC workgroups, committees, and the Board.

The majority of DPAC members reported being clear on their roles in DPAC (67.3%), engaged/very engaged in the organization (57.7%), aware of the purpose of the coalition (84%), and are encouraged to contribute to the discussions (90.2%). 94.1% agreed or strongly agreed that communications are provided in a format that meets the needs of members while 88.5% agreed or strongly agreed that the messages address relevant issues/needs. Of those surveyed, DPAC members agreed/strongly agreed (84.6%) that members understand their communities and have a high level of expertise in Michigan on diabetes. 80.4% agreed that DPAC effectively uses non-specialist language to communicate with members from a wide range of backgrounds.

One of the benefits of membership in DPAC is the opportunity to learn about programs and resources and also develop and distribute products to our communities. Members were asked to tell us to what degree they further disseminated DPAC resources within their organization or community and learned that 53.8% are currently doing this on a regular basis (a 10% increase). An additional 44.2% further disseminate information some of the time which provides us with an opportunity to increase the distribution of materials among this group as well as those who are not currently sharing resources within their communities. DPAC developed or distributed several fact sheets, presentation packets, brochures and other products during the past year. The rate of further distribution by DPAC members to colleagues to consumers is as follows:

Answer Options	Response %	Count
Translation briefs (from DaRE workgroup)	12.2%	6
DPAC newsletter	57.1%	28
DPAC updates	36.7%	18
DPAC FY08 Annual Report	14.3%	7
Michigan Diabetes Fact Sheet	77.6%	38
Michigan Prediabetes Fact Sheet	59.2%	29
Prediabetes consumer brochure	38.8%	19
Prediabetes and Diabetes treatment plan	38.8%	19
"Diabetes, Smoking and Your Health" flyer	34.7%	17
Quitline flyer	24.5%	12
Diabetes and Pregnancy Materials	22.4%	11
Materials from exhibitors at DPAC meetings	36.7%	18
Other	2.0%	1
Other (please specify)		3

To prioritize topics for further presentations, translation briefs, and fact sheets, we asked members to provide information on the topics for which they would be interested in additional information. Based on the frequency of response, the following topics and themes were identified as priorities for the coming year:

• Program Outcomes and Evaluation	• Health Disparities
• Costs	• Legislation
• Surveillance	• Prediabetes
• Prevention	• Medications

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 to their colleagues and to consumers. Based on the feedback on the survey, these findings will be used to determine the type of materials (including subject and format) for future dissemination efforts. To improve the overall experience of DPAC membership, the Board will continue to work with members to identify meaningful activities, maintain engagement, and instill a sense of accomplishment in attaining our stated goals and objectives.

## **DPAC PRIORITIES FY10**

Working together to provide statewide leadership to prevent and control diabetes and reduce its impact in Michigan and to further the Michigan Diabetes State Plan, DPAC and its member organizations will achieve the following goals for each workgroup:

### **Membership**

- ❖ Provide oversight of recruitment, orientation, and retention of membership
- ❖ Include the membership committee functions in the DPAC Board functions

### **Primary Prevention**

- ❖ Prevent and delay the onset of diabetes by promoting diabetes and prediabetes screening, weight loss, improved nutrition, and increased physical activity among Michigan residents.

### **Communication and Public Awareness**

- ❖ Develop and implement a statewide communication plan and an ongoing public awareness campaign about diabetes.

### **Advocacy and Public Policy**

- ❖ Enhance diabetes-related advocacy and policy efforts by fostering and coordinating activities among organizations that advocate for people with diabetes and kidney disease to address state and federal policy priorities
- ❖ Ensure that all people with diabetes have access to self-management training, supplies and health care.
- ❖ Reduce health disparities among high-risk, racial and ethnic groups and other special populations.

### **Data, Research and Evaluation**

- ❖ Increase the knowledge of health care providers and professional organizations regarding the impact of diabetes and evidence-based programs to improve the quality of diabetes care.

### **Training and Education Programs**

- ❖ Increase the level of evidence-based clinical knowledge among diabetes service providers.

Please see the *Michigan Diabetes Action Plan* (<http://www.dpacmi.org>) for impact statements, objectives and activities that are delineated for each of these goal areas.



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