

## DPAC Full Member Meeting October 24, 2007 Minutes



DPAC Co-Chairs, Peter Dews and Micki Juip, welcomed new and returning members to the Full Member meeting and reviewed the agenda for the day. They thanked Eli Lilly for sponsorship of the day's meeting. Kim Walsh, the new DPAC Operations Manager, was introduced and welcomed.

Sandy Parker, Betty Krauss, Linda DeLand presented **“Diabetes Interventions in the Marshall Islands.”** They described the Marshall Islands research and intervention project, which was funded by Trinity Health International; they hold the management contract for the 177 health plan in the Marshall Islands. The presenters showed **“A Difficult Paradise”** (DVD) which provided historical and cultural background of the Marshall Islands, the impact of the atomic radiation experiments, and subsequent unique health care needs of the islanders. The incidence of type 2 diabetes is very high in the Marshall Islands (30-40%), bringing about the team visit. Accomplishments during the visit included: assessment of needs and the design of a diabetes care plan, with the goal of implementing the chronic care model in the Marshall Islands.

Micki Juip provided an update on the **New Diabetes Self-Management Patient Standards** (see presentation handout).

- The ADA reviews and revises self-management patient standards every 5 years. Recent changes have been made to the standards; they will be in place January, 2008.
- The trends are moving toward empowerment, theoretical based modeling and behavioral focused changes.
- Changes to the standards include the approval of a registered nurse, pharmacist, or RD as the primary DSMT Coordinator.
- Pre-diabetes was added as a disease type. Pre-diabetes screening and referral has been shown to prevent or delay diabetes by up to 50%. It is hoped that Medicaid would support funding for education to those with pre-diabetes.

Gloria Palmisano, REACH and Co-Chair, Training/Education Programs Workgroup, presented the **“Diabetes Community Health Workers: A Piece of the Health Care Puzzle.”**

- Community health workers (CHW) are employees or volunteers who come from the community they serve, and increase access to health care for people who are traditionally are underserved.
- CHWs empower clients, create an action plans for individuals, and document intervention.
- CHWs understand health disparities and provide ongoing training and support.
- Funding sources can be private, state, or federal (NIH, CDC).
- There was discussion following the presentation on the use of community health workers who focus on disease-specific topics, or those who have a general health focus, targeting community member's needs. Both models have advantages and drawbacks.

Lori Corteville, MDCH, described the use of the new “**Diabetes: The Numbers (With Michigan Data)**” presentation and reviewed the support materials included in the presentation packet (see presentation packet). The target audience is made of health educators, social and public health workers, and general audiences interested in diabetes prevention. Ms. Corteville requested that when DPAC members deliver this presentation, they send data to MDCH for tracking. MDCH will provide and return a summary of the participant evaluations. Contact Kim Walsh for more information.

Susan Brown, from the MDCH Tobacco program, provided an update on the **Diabetes and Tobacco Partnership** and planned integration activities. It has been documented that tobacco use worsens diabetes complications and outcomes. The Diabetes and Tobacco staff are working together to address this issue. With the help of experts from the community, they developed a diabetes and tobacco flyer. This flyer refers people to the Quitline. It is free for anyone who wishes to use it, and is available on the DPAC website. Ms. Brown also provided information about the Quitline, and said there is a near 20% success rate for Quit Line participants. See meeting packet for a examples of the above flyers.

Kristi Pier, from MDCH, recognized several workgroup accomplishments, including the efforts from members to complete the Diabetes: The Numbers (with Michigan Data) presentation. Ms. Pier announced the revision of the DPAC website, accessible at [http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_2980-176456--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2980-176456--,00.html).

Dan Diepenhorst, MDCH, provided an update on the state budget and implications for diabetes programs.

Dr. Dews and Ms. Juip provided an update from the August 22, 2007, Board meeting. The Board created a slogan to use with the DPAC logo. The proposed slogan is: “***Who is in control you or your diabetes?***” Please send further comments to Ms. Walsh or the Co-Chairs via email.

Following the afternoon workgroup meetings, each of the workgroups/committees provided a progress report on Recommendation #6, as well as other accomplishments. Workgroups also outlined their goals for the coming year. See Attachment A for details.

The Full Member meeting was adjourned at 4:15 p.m. See Attachment B for a full list of handouts.

The next full member meeting is scheduled for May 22, 2008 at the Kellogg Center.

## **ATTACHMENT A**

Progress reports from the DPAC workgroups and committees on Recommendation #6 and goals for FY08.

### **Communication and Public Awareness**

#### Progress to Date

- Contributed to the design of the DPAC website.
- Launched the DPAC Quarterly newsletter in August 2007.
- Contributed an article about DPAC goals and workgroups to the MODE newsletter.
- Reviewed and provided feedback on the DSMT articles developed by the Advocacy Workgroup.
- Developed and implemented internal networking process for open communication with and between the workgroups.

#### Goals

- Contribute to ongoing development of the DPAC website.
- Produce DPAC newsletter with feature articles on DPAC organizations and workgroup updates.
- Contribute articles to other professional organizations (such as Michigan Primary Care Association, MODE and DSMT) about DPAC and its priorities.
- Enhance internal networking process (ex. assigning a liaison to each DPAC workgroup).
- Work with DPAC Board to continue developing a slogan for DPAC.
- Encourage grassroots community efforts, such as involvement and support of fundraising walks or volunteering for habitat for humanity. This will be a catalyst for growth for DPAC.
- Support the distribution of NDEP diabetes education materials.

### **Training and Education Programs Workgroup**

#### Progress to Date

- Researched and defined the role of a Diabetes Community Health Worker.
- Created presentation on Diabetes Community Health Workers and shared with DPAC membership.

#### Goals

- Complete revisions to the Diabetes Community Health Worker (CHW) presentation based on feedback from 10/24 presentation to full DPAC membership.
- Develop and implement dissemination plan for DCHW presentation, adding to the DPAC web site.
- Develop a database of DCHWs.
- Maintain list of support groups in regional areas (if DONs are not available to do this).
- Determine how to use students as a resource to support the DCHW program.

## **Prevention Workgroup**

### Progress to Date

- Completed literature review of research on Pre-Diabetes, including the ADA guidelines, and determined recommended standards of care for Pre-diabetes.
  - Created an updated clinical practice recommendation on pre-diabetes IC 9 CODES to assess the number of people who are screened for pre-diabetes, and who test positive.
- Developed Pre-Diabetes fact sheet and treatment plan; created statewide distribution plan, and will place this on the Prevention Workgroup web page.
- Created and distributed a survey to assess the availability of DSMT for people with pre-diabetes and payment options.

### Goals

- Translate the Pre-Diabetes fact sheet into Spanish.
- Implement statewide distribution plan for Pre-Diabetes Fact Sheet (in English and Spanish) and treatment plan.
- Compile results of survey(s) to assess the availability of DSMT for people with pre-diabetes and payment options (33 out of 90 programs responded that they offer programs).
  - Share summary and conclusions (components of success/recommendations) on next steps.
  - Develop plan to communicate with health care professionals on pre-diabetes/diabetes standards.
  - Assess current barriers to pre-diabetes programs, for example, non-reimbursable program fee, and determine steps to address barriers.
  - Develop and disseminate a survey to assess pre-diabetes services provided by non-DSMT programs.
- Post Pre diabetes screening tools on the DPAC website.

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

### Progress to Date

- Designed the Michigan Diabetes Fact Sheet.
- Shared NDEP presentation “Diabetes: The Numbers” with the membership and created a customized version with Michigan Data.
- Completed a literature review on the Return on Investment (ROI) or cost-savings of chronic disease self-management programs, with a focus on diabetes-related programs.

### Goals

- Develop Cost of Diabetes Fact Sheet.
- Post fact sheets and other data on the DaRE web page.
- Create distribution plan and disseminate Diabetes and Pre-Diabetes Fact Sheets.
- Compile data from DPAC presentations (such as “Diabetes: The Numbers”).

- Complete bibliography for literature review on the Return on Investment (ROI) or cost-savings of chronic disease self-management programs, with a focus on diabetes-related programs.
- Revise “Return on Investment” (ROI) document to create a two-page fact sheet.
  - Summarize current coverage for Medicaid and Medicare.
  - Share results on Medicare information with MODE workers.
- Ask MDCH put together a document for the uninsured in MI and in particular people with diabetes across backgrounds age, sex, etc.
  - Talk to the advocacy workgroup about this project.
- Analyze pre-diabetes training/education survey data from the prevention workgroup and submit report.

## **Advocacy Workgroup**

### Progress to Date

- Promoted and participated in Diabetes and Kidney Disease Advocacy Day (in Lansing); approximately 10% of participants were DPAC members.
- Developed Diabetes Self-Management Training (DSMT) articles (short and long versions) and distributed to 52 provider organizations to urge them to include the articles in their newsletters or other communications with members.
- Promoted advocacy among DPAC members and registered all members to receive National Kidney Foundation of Michigan advocacy alerts.

### Goals

- Promote and participate in Diabetes and Kidney Disease Advocacy Day.
- Follow-up with provider organizations to encourage the use of the DSMT articles in their newsletters or other communications with members.
- Research models of care, such as the University of Michigan model, to define components of success.
- Assess gaps in services previously provided by MDONs, and prioritize action steps.
- Develop a DPAC advocacy plan, with talking points and key messages.
- Promote advocacy among DPAC members
  - Link DPAC members to ongoing advocacy efforts of NKFM and ADA,
  - Host advocacy training, and
  - Develop an advocacy toolkit.

Note – see meeting packet for information on ADA Advocacy efforts. Sign up on their website for regular advocacy alerts.

## **Membership/Governance Committees**

### Progress to Date

- Updated Member list to reflect only active members.

- Peter Dews invited CEO of Detroit Wayne County Community Health Association (DWCHA) to join DPAC (Peter Dews) and present at a future meeting.

### Goals

- Recruit new members from student groups such as medical, pharmacy, and nursing associations.

## **APPENDIX B**

The following handouts and support materials were provided as part of the participant packet:

1. Introductory bio for Kim Walsh, DPAC Operations Manager
2. If you have Diabetes, Getting a Flu Shot: It's a Family Affair -handout
3. You Can QUIT! We can help! – Quit Line handout
4. ADA Advocacy Action Center handout (<http://advocacy.diabetes.org>)
5. DPAC in the News - August Newsletter
6. Executive Summary for Trinity International Diabetes Project
7. National Standards for Diabetes Self-Management Education
8. Diabetes Community Health Workers: A Piece of the Health Care Puzzle – presentation
9. DPAC Board Meeting Minutes
10. DPAC Charter and Structural Diagram
11. Diabetes: The Numbers (With MI Data) – presentation package
12. NDEP The Science: Diabetes Prevention – presentation package