

*Florida Diabetes Health System
2011 Strategic Action Plan
And 2007-2013 Strategic Plan Status Report*

Florida Diabetes Advisory Council
Florida Alliance for Diabetes Prevention and Care
Florida Diabetes Prevention and Control Program



Florida Diabetes Health System

2011 Strategic Action Plan

And 2007-2013 Strategic Plan Status Report

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Preface

In July 2010, the standing committees and life stage work groups of the Diabetes Advisory Council and the Florida Alliance for Diabetes Prevention and Care were disbanded and replaced with four joint committees: Primary Prevention, Diabetes Self-Management Education (DSME), School Health, and Policy & Advocacy.

The strategic plan has been revised to

designate the new committees responsible for the existing strategies. The Policy & Advocacy Committee has responsibility for activities in all three goal areas.

Partners met in Tampa on November 04-05, 2010 to review the 2010 action plan and develop the 2011 action plan. Additional partners joined via video teleconference in Orlando and Tallahassee or by audio conference call.

2010 Diabetes Strategic Planning Meeting November 04-05, 2010

PARTICIPANTS

Diabetes Advisory Council (DAC)

Chet Evans, DPM, DAC Chair

Phyllis Bruno, MSN, RN, CDE

(also Leadership Council member)

Nina Clark, RN

Leslene Gordon, PhD

Celeste Hart, MD

Nicole Johnson, MPH (also Leadership
Council member)

Rep. Peter Nehr

Melvyn Price, DPM

Dorothy Shulman, MD

Laura Smith, PhD

Todd Steibly

Trina Thompson, Diabetes Prevention and Con-
trol

Program (DPCP)

Kim-Marie Williams, DOM, LAc

Alliance Leadership Council (LC)

Barbara Jacobowitz, MSPH, Alliance Chair

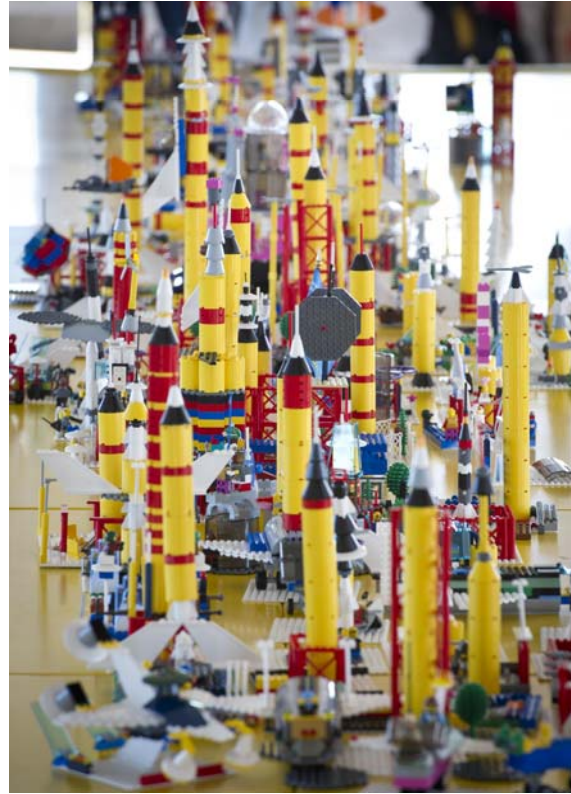
Kim Bertron

Mike Gervasi, DO

Mike Hill

Beverly Johnson

Pauline Lowe



"Build the Future." Image Credit: NASA/Bill Ingalls

Alliance Members and Other Participants

Blake Dickeson, Alliance

Craig Gage, Guest

Karla Kiriako, Alliance

Adela Mitchell, Alliance

Sophia Scott, Guest

Staff

Gladys Borges, Pasco County Health
Department (Alliance member)

Sarah Cawthon, DPCP

M.R. Street, MPH, DPCP



PURPOSES of the MEETING

- Celebrate successes.
- Discuss status of action steps that were not completed during 2010.
- Develop an action plan for 2011.

STRATEGIC PLANNING PROCESS

Although activities in the 2010 action plan were assigned to life stage work groups, these work

groups were disbanded in July and replaced with committees which include members from both the DAC and the Alliance. The committees met via conference calls prior to the meeting to review their progress toward completing strategic activities during 2010. A representative from each committee reviewed their completed action steps; made recommendations for rewriting or deleting incomplete action steps; and stated new action steps that will be undertaken in 2011. A partner is assigned lead for each action step. The lead person takes responsibility for ensuring the action step is completed.

2007-2013 Strategic Plan Status Report

2010 SUCCESSES

Several strategies and activities were completed in 2010 and do not appear in the 2011 action plan. Completed items include:



1C: Disseminate Medicare diabetes screening information to appropriate organizations.

STATUS: **COMPLETE**. This was completed by the Medicare Diabetes Screening Project.

1D: Support diabetes screening initiatives in selected counties.

STATUS: **COMPLETE**. The Seniors work-group assisted with the planning of a meeting to provide information on the Medicare diabetes screening benefits. Diabetes Screening: Medicare Benefits for Better Health was held Friday, October 23, 2009 at the Renaissance Senior Center in Orlando.

2B: Improve access to DSME for seniors that meets national standards.

STATUS: **COMPLETE**. Phyllis Bruno wrote an article for the *Elder Update*, "Medicare Services Key to Fighting Diabetes" (http://elderaffairs.state.fl.us/english/pubs/EU/EU2010/Elder-update_july%20aug_final.pdf, p 17). A new strategy reflecting all life stages, not just seniors, replaces this strategy in the 2011 action plan.

3A: Advocate to include support of Safe at School legislation in the Florida Department of Health's legislative package.

STATUS: **COMPLETE**. The DAC included

Safe at Schools in its annual recommendations to Florida's Surgeon General. Safe at Schools legislation passed and became part of Florida Statutes. Overall response is very positive and changes are occurring. The DAC meeting schedule was adjusted to align with the development of the Department's legislative package.

STRATEGIES/ ACTIONS TO BE DELETED

The following strategies and activities were not completed in 2010 and are not recommended for continuation in 2011:

1A: Conduct outreach to health care providers to ensure their awareness of and adherence to the American Diabetes Association's pre-diabetes screening and education guidelines.

STATUS: No action steps were completed. This strategy will not be included in the 2011 action plan.

1B: Plan and implement an awareness campaign to increase knowledge of pre-diabetes risk factors and encourage at-risk individuals to get screened for pre-diabetes.

STATUS: No action steps were completed. The 2010 action steps will not be included in the 2011 action plan. The strategy has been revised and is now Strategy 1A in the 2011 action plan.

1E: Advocate for small employers and other organizations to adopt employee wellness programs for their employees or members.

STATUS: Minimal progress. Do not pursue at this time.

2A: Mobilize a network of trained volunteers who are willing and able to provide DSME in their communities.

STATUS: Minimal progress. Do not pursue at this time.

2C: Promote awareness of symptoms of diabetes

in an effort to decrease the incidence of DKA by a poster and PSA campaign targeting pre-schools, grocery stores, doctor's offices, etc.

STATUS: Minimal progress. Do not pursue at this time.



STRATEGIES/ ACTIONS TO BE REVISED

Some strategies and action steps from the 2010 action plan were revised for inclusion in the 2011 action plan. The purpose of revisions is to ensure strategies and action steps address the goals and objectives of the strategic plan. Strategies and action steps which have been revised are identified as "Revised."

NEW STRATEGIES/ ACTIONS

New strategies and action steps which have been developed for the 2011 action plan are labeled "New."

ADDITIONAL INFORMATION

Core leadership of the Florida Diabetes Health System consists of the members of the Leadership Council of the Florida Alliance for Diabetes Prevention and Care and the members of the Diabetes Advisory Council. Members of these two groups are profiled in Appendix 1.

Background information on the development of the five-year strategic plan is included in Appendix 2.

2011 STRATEGIC ACTION PLAN



Goal 1: Prevent diabetes.

Objective: By December 31, 2013, the rate of diagnosed pre-diabetes will increase from 1.2% in 2006 to 3%. (Data source: BRFSS, 2006)

Rationale: Increasing the diagnosed pre-diabetes rate increases the ability of system partners to delay or prevent the onset of diabetes and its complications. The national Diabetes Prevention Program demonstrated that people with pre-diabetes can return to normal glycemic control through diet and exercise.

<u>2011 STRATEGIES AND ACTION STEPS</u>	<u>LEAD COMMITTEE/ Lead Staff</u>	<u>RESOURCES</u>	<u>NOTES/PROGRESS</u>
<p>New Strategy 1A: Plan and implement a pilot project in one at-risk county. The goal of the project is to increase consumer awareness of their diabetes risk and encourage at-risk individuals to seek screening. Secondary goals are to mobilize Alliance members in the community to champion the pilot project. The Primary Prevention Committee will keep detailed records of successes and lessons learned. If successful, the committee will consider scaling the project to other counties in the state.</p>	<p>Primary Prevention</p>		<p>New strategy in 2011. CHANGE in January 2011: Will be working with the YDPP in Jacksonville and plan to expand to other Y programs in Tampa and Venice.</p>
<p>New Action 1Ai: Identify one county in the state with high risk for diabetes (based on two risk factors, race and overweight/obesity).</p>	<p>Catherine Howard</p>		<p>COMPLETED</p>

2011 STRATEGIES AND ACTION STEPS	LEAD COMMITTEE/ Lead Staff	RESOURCES	NOTES/PROGRESS
New Action 1Aii: Identify Alliance members in selected area.	Catherine Howard		In progress
New Action 1Aiii: Solicit help from Alliance members.	DPCP staff, Primary Prevention		
New Action 1Aiv: Identify local health care providers, pharmacies, grassroots organizations, churches, supermarkets, etc who can display/distribute ADA risk factor brochures.	Alliance volunteers		
New Action 1Av: Identify local providers who will provide free/low-cost screening and make appropriate referrals.	Primary Prevention		
New Action 1Avi: Develop an evaluation plan.			
New Strategy 1B: Secure funding for statewide diabetes initiatives.			New strategy in 2011.
New Action 1Bi: Examine feasibility of obtaining 501C3 status for the Alliance			In progress.
New Action 1Bii: Secure general revenue funding for the Diabetes Advisory Council.			Partners conference call to discuss options will be set up and noticed.
New Action 1Biii: Advocate for core leadership (DAC and Alliance Leadership Council members, DPCP staff) to be able to meet in person as provided by federal funding and federal cooperative agreement.			In progress.

Goal 2: Prevent complications of diabetes.

Objective: By December 31, 2013, the number of persons who receive diabetes self-management education (DSME) will increase from 51.4% in 2007 to 54%. (Data source: BRFSS, 2007)

Rationale: DSME enables individuals to better care for their diabetes, which may reduce their risk of complications. The importance of increasing participation in DSME is to prevent or delay complications of diabetes in people who have the disease. 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 obtaining annual eye and foot exams, A1c tests, and flu shots.



2011 STRATEGIES AND ACTION STEPS	LEAD COMMITTEE/ Lead Staff	RESOURCES	NOTES/PROGRESS
New Strategy 2A: Increase the number of Florida counties that have at least one recognized or accredited diabetes self-management education program.	DSME		
New Action 2Ai: Develop and maintain a DSME mini-grant mentoring program.	M.R. Street	\$21,000 per year (3 projects @ \$6000 each plus \$1000 each for mentor travel)	One project received national recognition in 2010. One project expects to receive national recognition by March 2011. Three new projects were funded in 2010.
New Action 2Aii: Provide mentoring to each funded project.	Phyllis Bruno, Kathy Mulcahy, Lenita Hensen		Four mentorships in progress.
New Strategy 2B: Increase participation in diabetes self-management education at recognized or accredited programs.	DSME		
New Action 2Bi: Provide mentoring to each funded project.	Craig Gage		

2011 STRATEGIES AND ACTION STEPS	LEAD COMMITTEE/ Lead Staff	RESOURCES	NOTES/PROGRESS
New Strategy 2C: Advocate for implementation of the Florida Statutes which state, "The Agency for Health Care Administration shall adopt standards for diabetes outpatient self-management training and educational services, taking into consideration standards approved by the American Diabetes Association." (Subsections 627.6408 (3), 627.65745 (3), and 641.31 (26) (c), Florida Statutes).	DSME		
New Action 2Ci: Contact Joint Administrative Procedures Committee (JAPC) for determination of AHCA's statutory authority to adopt standards for DSME by promulgating an administrative rule.	Ephraim Hess		
New Action 2Ci(a): If JAPC confirms AHCA statutory authority, notify AHCA Legal Counsel of this determination and request initiation of rule promulgation process.	Ephraim Hess		
New Action 2Ci(b): If JAPC does not confirm AHCA statutory authority, contact AHCA Secretary and request the statute be revised.	Ephraim Hess		
New Action 2Cii: Determine additional action steps based on response from JAPC and AHCA	Ephraim Hess		
New Strategy 2D: Educate state and national decision makers about policies that impact Floridians with or at risk for diabetes.	POLICY & ADVOCACY		
New Action 2Di: Write a letter from the DAC to Florida delegation in U.S. Congress regarding consumer protection in CMS competitive bid process for all Floridians.	Todd Steibly	DPCP staff support to DAC.	DAC approved motion. Letter drafted for Dr. Evans' signature. Waiting for DOH to approve.

Goal 3: Create a safe environment free of discrimination for children with diabetes.

Objective: By December 31, 2013, 50 percent of Florida's school districts will have at least two non-health professional school staff at each school who are trained to provide appropriate diabetes care to children in the school setting. (Data source: American Diabetes Association, Department of Health and/or Department of Education)

Rationale: Department of Health policy allows delegation of this nature to non-health personnel. Having trained staff at each school will improve the lives of children with diabetes by allowing them to stay in their neighborhood schools and receive appropriate care. In future, an action step may be added that addresses children transitioning into college.



2011 STRATEGIES AND ACTION STEPS	LEAD COMMITTEE/ Lead Staff	RESOURCES	NOTES/PROGRESS
Strategy 3A (formerly 3B): Educate health professional school staff about diabetes care for children in the school setting.	SCHOOL HEALTH		
Action 3Ai (revised): Request American Association of Diabetes Educators, Florida West Coast Chapter (Tampa Bay area) to replicate their school nurse training in two other counties and work with these counties to conduct training by October 30, 2011.	Kathy Mulcahy	Funding assistance requested from DPCP for printed materials for training participants.	Discussions underway with AADE chapters in Jacksonville, Miami, and Orlando. Two trainings have been held in Tampa area. CEUs are offered.
Action 3Aii: Develop a Needs Assessment Survey to determine training needs and preferences.	Cate White— Subcommittee includes a school nurse		Survey being reviewed by Department of Health and Department of Education.

2011 STRATEGIES AND ACTION STEPS	LEAD COMMITTEE/ Lead Staff	RESOURCES	NOTES/PROGRESS
<p>Action 3Aiii: Promote and provide links to web-based training modules for school nurses. List available resources for education. Request appropriate training modules be posted on Florida School Nurses Association (FSNA) website and Department of Health websites (http://www.floridiabetes.org/ and http://www.doh.state.fl.us/Family/school/index.html).</p>	School Health Committee		01/06/11: Individual diabetes centers provide their own training (variable).
<p>Strategy 3B (formerly 3C): Educate teachers and other non-health professional school staff about diabetes care for children in the school setting.</p>	School Health Committee		
<p>Action 3Bi (revised): Using the ADA's Safe at Schools series of 13 modules, develop an online module to be offered by St. Pete College (www.onlineceu.net).</p>	Janet Silverstein, Pauline Lowe	None specified	On-line module finished, being reviewed by partners prior to going live.
<p>Action 3Bii (revised): <u>By October 30, 2011</u>, place module on the St. Pete College website as a DPCP-sponsored module.</p>	Alisha Bradley-Nelson (DPCP)	\$3,000 (pre-approved by DPCP)	See above.
<p>New Action 3Biii: Evaluate the module.</p>	Alisha Bradley-Nelson, Nicoletta Alexander		DPCP staff will work with St. Pete College to evaluate response to the module.
<p>New Action 3Biv: Promote use of the module.</p>	Nicole Johnson, Mike Hill		
<p>Strategy 3C (formerly 3D): Increase the availability of classroom curricula for prevention of diabetes.</p>	SCHOOL HEALTH		
<p>Action 3Ci (revised): Identify, develop, and distribute resources.</p>	Dorothy Shulman	None specified	

APPENDIX 1
Core Leadership Information
Florida Alliance for Diabetes Prevention and Care
And Diabetes Advisory Council

Your Diabetes Advisory Council and Alliance Officers

Chet Evans, MS, DPM, is Chair of the DAC. He is the VP for Medical Education and Program Development at LECOM-Bradenton in the College of Medicine, Schools of Pharmacy and Dental Medicine. He is well known within the hospital and medical education community state-wide, is a consultant and expert in GME education and funding, and a national and international leader in the wound care and management arena.



Jennifer B Marks, MD, is Chair-Elect of the DAC. Board certified in Internal Medicine and Endocrinology, Diabetes and Metabolism, Dr. Marks is a fellow of the American College of Physicians and the American College of Endocrinology. She is a Principal Investigator in Diabetes TrialNet, an NIH-funded, multi-center consortium of researchers investigating interventions for the prevention or delay of type 1 diabetes.



Rulx Ganthier, Jr., MD, is Immediate Past Chair of the DAC (2008-2010). Dr. Ganthier is in private ophthalmologic practice in Highlands County. His early inspiration to become an ophthalmic expert to treat diabetic eye disease came from family and close friends who suffered from diabetic retinopathy.



Barbara Jacobowitz, MSPH, is Chair of the Alliance. She has over 29 years of health planning, grants administration and health care administration experience. Ms. Jacobowitz has a Masters Degree in Public Health from the University of Massachusetts and a Bachelors Degree in Political Science from the State University of New York at Stony Brook.



Kathy Mulcahy, RN, MSN, CDE, is Chair-Elect of the Alliance. A diabetes educator for over 30 years, she received her CDE in 1987. She has a BSN from College Misericordia and MSN from George Mason University. As Sr. Medical Science Liaison with Amylin Pharmaceuticals, she provides scientific and clinical education to health professionals. She is a past president of AADE.



Rosa Carranza, CDE, is Immediate Past Chair of the Alliance and Co-Chair of the Primary Prevention Committee. Ms. Carranza is the director of Little Havana Activities and Nutrition Center in Miami. Her focus is diabetes prevention among seniors.

Beverly Johnson, RN MSCC CLCP CRRN CCM, is Secretary of the Alliance. Ms. Johnson recently joined the Department of Health, where she is Supervisor of the School Health Services Program.

Diabetes Advisory Council and Leadership Council Members



Balagopal



Bertron



Bruno



Fox



Gal

Prabakaran (Babu)

Balagopal, PhD, is Head of Obesity & Cardiovascular Disease Research Laboratory and Director of Biomedical Analysis Laboratory at Nemours Children's Clinic. A Fellow of the American Heart Association (FAHA), he also serves on various national committees including the American Heart Association's national council on Atherosclerosis, Hypertension and Obesity in the Young (AHOY).

Kim Wells Bertron is a member of the Leadership Council and former Chair of the DAC. She is co-chair of the Policy & Advocacy Committee. Ms. Bertron has more than 25 years of experience in legislative and governmental relations. Her passion lies in making children safe at schools, whether during the school day or at school-sponsored events.

Phyllis Bruno, MSN, RN, CDE, is a member of both the DAC and the Leadership Council. She has over 18 years professional experience in diabetes and the health care industry. Ms. Bruno is involved in clinic, program development, marketing and teaching.

Lisa M. Buckloh, PhD, is a member of the DAC. She is a licensed psychologist at Nemours Children's Clinic in Jacksonville. She is involved in the Healthy Jacksonville Childhood Obesity Prevention Coalition.

Nina Clark, RN, CDE, is director of the Diabetes Center at West Florida Hospital in Pensacola. Her diabetes self-management education program is recognized by the American Diabetes Association. She is a member of the DAC.

Larry Fox, MD, is a pediatric endocrinologist at Nemours Children's Clinic in Jacksonville, and serves as medical director of the Northeast Florida Pediatric Diabetes Center. He is an Assistant Professor of Pediatrics, Mayo Medical School, and also has a clinical faculty appointment with the University of Florida. A member of the DAC, he is co-chair of the Policy and Advocacy Committee.

Leslene Gordon, Dr.PH, is Community Health Director of the Hillsborough County Health Department. A registered dietician, she is a member of the DAC.

Nancy Gal, Extension Agent IV, is a faculty member of the UF/IFAS Marion County Extension Service. She is a member of the Leadership Council and a former member of the DAC. Ms. Gal is responsible for providing health, nutrition, and food safety education to adults and youth. Ms. Gal is co-author and instructor of the UF/IFAS *Take Charge of Your Diabetes* program, a comprehensive educational program for adults with type 2 diabetes.



Gervasi



Grossman



Harding



Hart



Hill

Michael Gervasi, DO, is a graduate of Southeastern College of Osteopathic Medicine (now Nova Southeastern University). He was in private practice in Broward County 1988-1998 and is now Chief Medical Officer for Florida Community Health Centers, Inc. He is certified and is a speaker/consultant in Health Care Quality Management with a sub-specialty in Risk Management and Patient Safety.

Donald Grossman, MD, is Co-Chair of the Primary Prevention Committee. A member of the DAC, Dr. Grossman is Chief Medical Officer for Cigna. He is a member of the Agency for Health Care Administration's Medical Advisory Board.

Brett Harding, MBA, F-ABMDI, is Senior Medico-legal Death Investigator with the District 21 Medical Examiners Office in Lee County, Florida. He is also an adjunct professor with Edison College and Florida Gulf Coast University in Ft. Myers. He is a member of the DAC.

Celeste Hart, MD, has been a practicing endocrinologist for over 15 years. She is a former faculty member at Howard University College of Medicine who has insight into health disparities experienced by African Americans. Dr. Hart is a member of the DAC.

Katherine Heller, PharmD, is Senior Clinical Director at Walgreens. A member of the Leadership Council, Dr. Heller relied on her post-doctoral residency experience in

the Asheville Project to establish the City of West Palm Beach's CityFit-Diabetes and Healthy Heart programs.

Ephraim Roy Hess is an attorney on the ADA's Advocacy Attorney Network. He counsels clients on legal issues pertaining to their diabetes. A member of the DAC, Mr. Hess is co-chair of the DSME committee.

J. Michael Hill is a member of the Leadership Council. He is Executive Director of the Northwest Florida Health Council and the Big Bend Health Council. Mr. Hill's life-long commitment to developing and implementing a broad range of health, education, and related social services includes educating health professionals, patients and the public of the need for early diagnosis, monitoring, self-management and education to attain the desired diabetes management results.

Marlon Honeywell, PharmD, is a member of the DAC. A Professor of Pharmacy Practice at Florida A&M University, Dr. Honeywell's responsibilities include the clinical and didactic training of students at FAMU's College of Pharmacy and Pharmaceutical Sciences (COPPS) and serving as chair of the College's curriculum committee. Dr. Honeywell was COPPS's Teacher of the Year in 2009, 2006, 2004, 2002, and 2001.

Nicole Johnson, MA, MPH is a member of both the DAC and the Leadership Council. In 2010, Ms. Johnson secured funding for an innovative project called



Honeywell



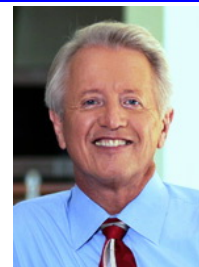
N. Johnson



Litton



Marie



Nehr

Bringing Science Home at the University of South Florida. This project investigates the connection between chronic disease, family dynamics and optimistic living. Ms. Johnson serves as the Executive Director.

William Litton, a member of the DAC, is a Juvenile Probation Officer with the Seminole County Sheriff's Office. He holds a BS degree in Criminology from Florida State University and is currently working toward a Master's in Emergency Management with American Military University.

Pauline Lowe is a member of the Leadership Council. She has over twenty years' experience in non-profit management with a focus on programs and advocacy. She is the Director, Central & Southwest Florida, with the American Diabetes Association.

Kathy MacNeill, RN, CDE, is a member of the Leadership Council. She is the Associate Director of the Diabetes Master Clinician Program at Heartland Rural Health Network. She went to India with a Diabetes Education Delegation for the People to People Ambassadors.

Kim Marie, DOM, LAc, is national board certified, a Licensed Acupuncturist, Acupuncture Physician (FL) and Doctor of Acupuncture (RI). Dr. Kim, a member of the DAC, is Medical Director, Weight Loss Director, and Diabetes Specialist at Healing Touch Oriental Medicine in Clearwater.

Bonnie Masterson, MS, CDE, is a wellness health educator with Collier County government. A member of the DAC, she serves as an auditor of recognized DSME programs with the ADA.

Rep. Peter Nehr has been a member of the Florida House of Representatives since 2006. A member of the DAC, he has a passion for helping people manage their diabetes, spurred by his own experience with the disease.

Melvin Price, DPM, FACFAS, is a podiatric physician in Manatee County. A member of the DAC, Dr. Price previously received an award from Wisconsin Governor Tommy Thompson for his efforts involving podiatric medicine in the Medicaid program.

Ed Shahady, MD, is a member of the DAC and former Chair-Elect of the Alliance.

Dorothy Shulman, MD, is a member of the DAC. She joined the faculty at the University of South Florida College of Medicine in 1985 and is a tenured Professor of Pediatrics. She has served as Chief of the Division of Endocrinology, Diabetes and Metabolism since 2005 and is currently the Director of the Pediatric Endocrine Fellowship Training Program.



Price



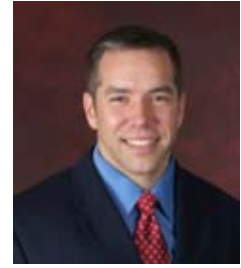
Shahady



Shulman



Silverstein



Steibly

Janet Silverstein, MD, is a member of the DAC and co-chair of the School Health Committee. She is Chief of Pediatric Endocrinology at the University of Florida and Medical Director of the Florida Camp for Children & Youth with Diabetes. Dr. Silverstein is one of the founders of the UF Pediatric Type 2 Diabetes/Obesity Clinic.

Laura Smith, PhD, is a member of the DAC. She is a licensed psychologist and assistant professor of pediatrics. Dr. Smith became interested in helping individuals with diabetes after being diagnosed with diabetes in 2000. Dr. Smith has worked with individuals with diabetes and their families since 2001.

Todd Steibly is a government consultant with Gray Robinson in Tallahassee. He began his career in the political process by serving in various policymaking capacities in both the Executive and Legislative branches of Florida government. Mr. Steibly is a member of the DAC.

Joanne Vaccaro-Kish, RN, CDE, is Diabetes Education Coordinator at Winter Haven Hospital. A member of the Leadership Council, Ms. Vaccaro-Kish is a registered nurse and has been a certified diabetes educator for more than 15 years.

**Interested in becoming a member of the
Diabetes Advisory Council or the Florida
Alliance for Diabetes Prevention and Care?**

Alliance membership form:

www.floridadiabetes.org/alliance

Gubernatorial Appointments Questionnaire:

<http://wp.flgov.com/appointments>

APPENDIX 2

Background Information

Florida Diabetes Health System: 2007-2013 Strategic Plan

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 Florida Department of Health's Diabetes Prevention and Control Program (DPCP). Prior to July 2007, each partner developed its own strategic plan.

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

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

Members of the DAC and the Alliance participated on the upstream as well as the downstream work groups because both 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. The DPCP also has a role in both upstream and downstream areas and acts as a convener, facilitator and, in some cases, funding source for DAC and Alliance activities.

November 2008: The DPCP participated as a full partner in the strategic planning process rather than just a facilitator. This meeting resulted in a better understanding of each partner group's role in improving Florida's diabetes public health system; unified goals; and newly-formed life stage work groups (Children, Adults, and Seniors) that included members of each partner group.

November 2009: Members of the Alliance, DAC and DPCP staff reconvened for advocacy training, a review of the status of common strategic plan goals and development of 2010 action plans for the three life stage work groups.

March 2010: DPCP staff met with the Chairs, Chairs-Elect, and Immediate Past Chairs of the DAC and the Alliance to discuss improvements in committee structures that would promote collaboration and reduce redundancy.

July 2010: After a comment period during which feedback was incorporated into the original proposal, members of the DAC and the Leadership Council reached consensus on a new structure with four committees: Primary Prevention, DSME, School Health, and Policy & Advocacy. Each committee is co-chaired by a DAC member and a Leadership Council member, and each committee includes members of both groups.

VISIONS AND MISSIONS

The three partner groups have developed visions and missions that reflect their respective roles in the diabetes public health system.

Diabetes Advisory Council (DAC)

Purpose: The DAC 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 (Alliance)

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 (DPCP)

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.

STRUCTURE

DAC

The membership of the DAC is defined by statute. Members are appointed by the Governor. Members develop their own bylaws, elect their Chair, and participate on the joint standing committees described above. The DAC meets quarterly in conjunction with the Leadership Council.

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). Nine members are elected by the Alliance; six are appointed by the DPCP.

The Leadership Council develops its own bylaws, elects officers, and participates on the joint standing committees described above. The Leadership Council meets quarterly in conjunction with the DAC, although recent state travel restrictions have resulted in Leadership Council members being required to participate via audio- and videoteleconference and webinar.

The Leadership Council plans and conducts an annual Educational Forum, which is a general membership meeting of the Alliance, a showcase of best and promising practices, and a forum for discussing hot topics in diabetes prevention and control.

DPCP

The DPCP at the Florida Department of Health is a state government program funded through a cooperative agreement with the Centers for Disease Control and Prevention Division of Diabetes Translation. The staff consists of a program administrator, program manager, three program analysts, a secretary, an evaluator, and an epidemiologist. The DPCP is responsible for several functions, including support of the DAC and the Alliance. DPCP staff members participate in DAC and Leadership Council meetings and provide technical assistance to the four standing committees. The DPCP provides funding and technical support to both the DAC and the Alliance.

COLLABORATION

Members of the DAC, Alliance, and DPCP work together on the annual action plans of the strategic plan. In this way, members benefit from each other's specific talents and abilities; and subsequently, the system is improved. For information on these core health system partners, visit our website: www.floridadiabesity.org.

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