

Florida Diabetes Strategic Plan 2015-2020

The Diabetes Advisory Council (DAC) is a governor-appointed board required by Section 385.203, Florida Statutes, to “guide a statewide comprehensive approach to diabetes prevention, diagnosis, education, care, treatment, impact, and costs thereof.” It is comprised of five interested citizens and 21 professionals with specific areas of expertise in the prevention and treatment of diabetes.

The Florida Diabetes Alliance (Alliance) is a statewide partnership of health care professionals, health care facilities, insurers, community-based organizations, faith-based organizations, and interested individuals or entities who work together to build community networks and share best practices that promote quality and access to diabetes prevention, education, and care resources.

GOALS/OBJECTIVES/STRATEGIES/ ACTIVITIES	DATA SOURCE/ MEASUREMENT	RESPONSIBILITY (For strategies)	NOTES
NEW GOAL 1: Increase access to Diabetes Prevention Lifestyle Change (DPLC) programs.	<ul style="list-style-type: none"> • # programs • # participants • Data sources: <ul style="list-style-type: none"> --DPRP -- CDC (for # of participants) 		A list of all DPLC programs in Florida is posted on the DPRP website, https://nccd.cdc.gov/DDT_DPRP/State.aspx?STATE=FL .
Objective 1.1: By December 2016, increase the number of recognized (or pending recognition) DPLC programs in Florida from 35 in February 2015 to 39 (10% increase).	# of recognized programs Data Source: CDC Registry of Recognized Programs (See note)		https://nccd.cdc.gov/DDT_DPRP/State.aspx?STATE=FL
Strategy 1.1.1: Select targeted counties based on highest prevalence of prediabetes and/or diabetes risk factors and where there are no current DPLC programs <ul style="list-style-type: none"> • Identify location of DPLC programs (done) • Obtain current state risk factor data (overweight, obesity, HBP, race, ethnicity, GDM) for preDM • Analyze data • Identify high-risk areas/hot spots 	<ul style="list-style-type: none"> • Program locations documented • Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 	Dept. of Health – Bureau of Chronic Disease Prevention (BCDP)/ Epi-Eval: <ul style="list-style-type: none"> • List of counties with no DPLC programs • Obtain and analyze data • GIS for specific mapping (hot-spots) 	

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<p>Strategy 1.1.2: Promote CEU/CME presentations on the benefits of DPLC, including AMA Toolkit and FLHCC Business Case document</p> <ul style="list-style-type: none"> • Create a slide presentation with CMEs • Post online • Provide to members for F2F presentations 	<ul style="list-style-type: none"> • # of presentations • List of organizations to whom presentation was provided • # participants (F2F and online) • Participant locations 	<p>Alliance BCDP</p> <ul style="list-style-type: none"> • BCDP will work with FMA to create CME module • Nicole Johnson developing ideas for web platform 	
<p>Strategy 1.1.3: Promote the provision of DPLC by DSME programs.</p>		<p>DSME hubs</p>	
<p>Strategy 1.1.4: Promote the AMA Toolkit (Click here) and FLHCC Business Case document (Click here) at conferences, webinars, and through professional networks.</p> <ul style="list-style-type: none"> • Consult Florida Trend lists of Florida's Biggest Public and Private Companies at http://www.floridatrend.com/article/17269/floridas-biggest-public-companies and http://www.floridatrend.com/article/17268/floridas-biggest-private-companies • Request to be on agenda and/or have an exhibit at organizations' annual conferences • Query DAC and Alliance about colleagues who could be contacted about the importance of diabetes prevention 	<ul style="list-style-type: none"> • # of presentations • # participants • Participant locations • Survey sent to DAC and Alliance • # responses to survey • # contacts generated by survey 	<ul style="list-style-type: none"> • BCDP: Determine if funds are available to exhibit at ADA national conference; • Jo Colville: Ask Alliance members to contact Chambers of Commerce (English and Spanish) • Nicole and M.R. develop survey; send out under Dr. Marks's signature 	

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GOALS/OBJECTIVES/STRATEGIES/ ACTIVITIES	DATA SOURCE/ MEASUREMENT	RESPONSIBILITY (For strategies)	NOTES
Objective 1.2: Inform lawmakers and decision makers about the health and economic benefits of preventing diabetes.			
Strategy 1.2.1: Include information in the biannual report to the Legislature required in Section 385.203, Florida Statutes	Information included in completed report	DAC BCDP Agency for Health Care Administration (AHCA) Dept. of Management Services-Division of State Group Insurance (DSGI)	
Strategy 1.2.2: Each DAC member and Alliance member contact their legislative representatives and present information on the AMA Toolkit and FLHCC Business Case document <ul style="list-style-type: none"> • Create a one-page information brief • Visit legislators/decision-makers to inform them of the importance of preventing diabetes 	<ul style="list-style-type: none"> • Reports to the DAC at quarterly business meetings 	DAC Alliance <ul style="list-style-type: none"> • Dr. Buckloh will draft brief; send for review to Steibly, Fox, Hatch, & Diaz-Kenney • Alliance, DAC: Contact reps 	
Strategy 1.2.3: Inform State Surgeon General of status at annual recommendations meeting; include Business Case document in packet of meeting materials.	<ul style="list-style-type: none"> • Recommendation document developed and delivered to SSG • Meeting materials include Business Case document 	DAC BCDP	
Objective 1.3: Increase referrals to DPLC programs	# participants referred by physicians (CDC)		
Strategy 1.3.1: Award mini-grants to promote policies for referrals	# of mini-grants awarded # of new policies implemented	BCDP Lifestyle Change Hub	

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	(BCDP has funds for these minigrants)		
Strategy 1.3.2: Disseminate business case to Florida HMOs and ACOs	# of HMOs and ACOs where at least one person read the business case	BCDP Alliance	
Strategy 1.3.3: Develop social marketing campaign	Campaign developed in accordance with contract	USF BCDP	
Strategy 1.3.4: Implement social marketing campaign	Contracts with media Presentations to professional health care groups Social media placement	BCDP	
Strategy 1.3.5: Promote CEU/CME presentations on the benefits of DPLC	# of promotional materials created and distributed		
Strategy 1.3.5 (formerly 4.1.2): Promote the Diabetes Prevention Lifestyle Change Program delivered by CHWs as a Medicaid covered service	# number of promotional activities Type of promotional activities	Alliance	<ul style="list-style-type: none"> • Present the Business Case to AHCA • Present information on health systems which use CHWs to deliver DPLC programs
NEW GOAL 2: Increase the age adjusted percent of adults with diabetes who receive DSME according to the National Standards from 51.2% in 2011 to 62.5% in 2020 (Healthy People 2020 objective D-4).	Data sources: <ul style="list-style-type: none"> • CDC Diabetes Atlas, http://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html • DSME Hubs 		
Objective 2.1: Increase the number of accredited or recognized DSME programs.			

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Strategy 2.1.1: Award mini-grants to promote accreditation or recognition of DSME programs, particularly in counties with no current accredited or recognized DSME programs and counties of greatest burden of diabetes	# of counties with newly accredited/ recognized DSME programs Total # of counties with accredited/ recognized DSME programs # mini-grants awarded # awardees who met the objectives of their mini-grant funding	BCDP Health Councils (DSME Hubs) Alliance	
Strategy 2.1.2: Provide training on accepted curricula (e.g., DEEP) and lead trainer training	# number of trainings # number of participants Pre-tests and post-tests	HSAG	
Strategy 2.1.3: Investigate provision of DSME via tele-health format		Mike Gervasi (Contact FAU) M.R. Street (Contact DOH-CMS) Pauline Lowe (ADA requirements) Kathy Mulcahy (AADE requirements)	
Strategy 2.1.4: Inform State Surgeon General of status at annual recommendations meeting	Recommendations document developed/delivered to SSG Meeting held SSG's response received	DAC BCDP	
Objective 2.2: Increase the number of referrals to DSME by health care providers.			
Strategy 2.2.1: Conduct social marketing campaign based on plan developed by USF	Social marketing campaign launched Evaluation of impact of social marketing campaign	BCDP	

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GOALS/OBJECTIVES/STRATEGIES/ ACTIVITIES	DATA SOURCE/ MEASUREMENT	RESPONSIBILITY (For strategies)	NOTES
Objective 2.3: Inform lawmakers and decision makers about the health and economic benefits of quality diabetes self-management education.			
Strategy 2.3.1: Inform State Surgeon General of status at annual recommendations meeting.	Recommendations document developed/delivered to SSG Meeting held SSG's response received	DAC BCDP	
NEW GOAL 3: Create a safe environment at school, free of discrimination for children with diabetes.		DAC School Committee and Alliance	JS: Implement Training programs for nurses and teachers who have children with diabetes in their classroom so they understand diabetes and are willing to perform the tasks in the DMMP. Nassau County is the model we should strive for.
Objective 3.1: Promote training programs for nurses and teachers.			
Strategy 3.1.1: Research currently available modules and review them for potential promotion to nurses and teachers.	List of module names, formats, costs, and availability	Anastasia	Best practices from other states
Strategy 3.1.2: Develop a module to present at school nurse conference and in webinar format	Module developed Availability notice disseminated	Anastasia	Best practices from other states
Objective 3.2: Inform lawmakers and decision makers about the status of children with diabetes.			

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Strategy 3.2.1: Meet with potential partners.	List of meeting dates, participants, and outcomes	Janet Silverstein Mike Hill	<ul style="list-style-type: none"> • Senator Bill Montford • Florida School Board Assn. • Florida Assn. of District School Supervisors • Secondary Principals Assn. • Elementary Principals Assn. • Student Services (in charge of health programs) • Finance Offices • Personnel
Strategy 3.2.2: Inform State Surgeon General of status at annual recommendations meeting.		DAC BCDP	
NEW GOAL 4: Policy and Advocacy			
Objective 4.1: Develop partnerships with organizations that have similar advocacy goals and infrastructure to advocate for people with prediabetes and all types of diabetes.			
Strategy 4.1.1: Partner with DSGI to include DPLC as a covered benefit for state employees		Jennifer Marks Nicole Johnson Chet Evans Jo Colville will check with Alliance	<ul style="list-style-type: none"> • DAC (might be able to pay 2 DAC members travel to TLH to speak with DSGI using 1305 \$s) • Present the Business Case to DSGI

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Strategy 4.1.2: Partner with Novo Nordisk to disseminate information about DPLC programs to share with health care providers, including the business case document and locations where DPLC is available.		Alliance	Jo Colville will try to obtain a list of pharmaceutical companies' medical science liaisons and send to Alliance.
Strategy 4.1.3: Partner with ADA Advocacy Office		Anastasia	
Strategy 4.1.4: Review Medicaid coverage for DSME to ensure it meets the national standards and to ensure DSME providers are included in Medicaid HMO provider networks.	JS: Could we review current coverage? We receive virtually nothing for diabetes education as an out-patient. Who pays and who doesn't and how much? That is important information for me, at least.	Alliance BCDP	
Strategy 4.1.5: Develop report on the cost of diabetes as specified in Statute.	Report developed Report submitted to required officials by January 10, 2017.	DAC BCDP AHCA DMS/DSGI	
<p>Strategy 4.1.6: Inform State Surgeon General, Governor, Speaker of the House, and President of the Senate of the public health consequences and financial impact on the state of all types of diabetes and resulting health complications, including a description and an assessment of the effectiveness of the diabetes programs and activities implemented by state agencies.</p> <ul style="list-style-type: none"> • Develop recommendations • Draft letter from DAC to SG 	<ul style="list-style-type: none"> • Recommendations document developed/delivered to SSG • Meeting with SSG held • SSG's response received • Report delivered to Governor, Speaker of the House, and President of the Senate 	DAC BCDP	Complies with statutory changes in 2015 legislative session that are expected to become law.

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<ul style="list-style-type: none">• Schedule meeting• Arrange travel• Pre-meeting with BCDP & SG• Draft response from SG to DAC	<ul style="list-style-type: none">• Response(s) received		