

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

**Diabetes Advisory Council (DAC)
Quarterly Meeting Summary Notes
Date: 16, May 2023**

Participants (note if participants had called in)

DAC Members – (Quorum is Met)

- Joseph Chebli
- Bridget Jennings
- Melvin Price
- Nancy Murphy
- Donald Grossman

Applicants

- Gregg Laskoski
- Lynn Howard
- Jennifer Wascovich
- Jessica Pierce

Guests

- Dr. Yong Bao
- Clark Edward
- Dr. Christy Froiseth
- Katrina Rivers
- Owen Quinonez
- Tara Hylton
- Taylor Guy
- Ericka Horne

DAC Members Absent

Excused

- Jennifer Roberts
- Betty Springer

Unexcused*

- Larry Fox

* Any DAC members who tried unsuccessfully to participate by phone should email Jennifer Roberts (Jennifer.Roberts2@flhealth.gov) so their absence can be marked as excused.

Welcome:

If there is something that you feel is the reason why you have joined DAC and you have one-two things you wish to accomplish on behalf of patients in the community, please share it with the Diabetes Advisory Council.

Bureau of Chronic Disease Prevention Updates:

State Health Improvement Plan (SHIP)- Chronic Disease and Conditions Priority Area Work Group via Tara Hylton

The SHIP has seven overarching areas in which chronic disease and conditions exist, and for the Bureau of Chronic Disease and Conditions, there are approximately seven goals and 20 objectives. Diabetes focuses on goal four where there are two main objectives.

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Both objectives are to be dealt with by December 31ST, 2026. First, increase the number of Centers for Disease Control and Prevention's recognized National Diabetes Prevention Programs from 88 to 100. The baseline was taken from 2022 data. Secondly, to reduce the rate of hospitalizations from diabetes and its complications from 2,314 per 100,000 population.

SHIP is looking for individuals on the DAC to be present at the priority area work group meetings, which meet every other Thursday of the month from 1-2 PM. (Please note that topics are rotated every biweekly meeting and diabetes is addressed every 7th call, the next meeting with diabetes as a topic will be June 22nd.)

Children's Medical Services Diabetes Statewide Network for Access and Quality Improvement Presentation via Katrina Rivers

katrina.rivers@flhealth.gov

Katrina describes a program that evolved from a previous initiative in which physicians traveled to different areas of the state to provide clinical services. The funding for the new program is structured differently to avoid any perception of double dipping. It supports access to quality improvement projects related to the clinical services provided. Children Medical Services facilitates a group called the diabetes State Network for Access & Quality Improvement (SNAQ), which includes clinicians and providers from various institutions. They meet monthly to discuss the chosen quality improvement project and have contractual obligations associated with it. The National Institutes for Children's Health Quality aids in aligning with the model for improvement. The group expanded its reach beyond clinic staff to include teachers, administrators, and coaches in schools.

They encountered different requirements and opportunities in various counties and schools, including charter schools that do not necessarily have nurses on duty. Parent involvement played a crucial role in gaining school buy-in. The group incorporated technology by creating a website with training resources and a communication platform. They pursued both immediate and long-term feedback to assess the effectiveness and helpfulness of their efforts.

Questions asked:

1. In terms of reducing the population's numbers, can the committee potentially provide some early indicators that individuals can look at different partners? (SHIP)
 - a. Tara Hylton answered on behalf of the SHIP goal #4 and states the need to identify precursors or indicators for developing objectives in a state health improvement plan. They suggest that hospitalization data, particularly emergency room visits, can serve as a significant indicator for populations without access to consistent medical insurance, especially those with diabetes. However, they acknowledge the lack of a comprehensive

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data system to track other precursors to complications related to diabetes. They propose activities to address one precursor, such as helping individuals ensure medication adherence for insulin treatment. They also express the challenge of reliably tracking these precursors due to limited and inconsistent data sources, which hampers the identification of complications like limb amputations.

2. What's the mechanism by which children who don't have access to pumps and continuous glucose monitoring are there? Is there a way that we can use the resource of the schools to try to get some sense of how underserved some of these children are in terms of their access to the most contemporary management?
 - a. Katrina Rivers suggests creating a survey to gather information about students with diabetes who may lack necessary medical devices such as pumps or continuous glucose monitors. They mention the existence of a diabetic medical management plan that is typically sent to the school for each child, along with potential accommodations like a 504 plan or an individual education program. They propose looking into data from Duval County, where Miss Jerrica Thaxton, who directs the school nurse programs, is available as a resource.
 - b. Tara Hylton assists with the answer and suggests that asking schools directly could provide the most straightforward path to obtaining information. They mention Adam Fedora, the section administrator of the School Health Program at the Florida Department of Health, who oversees the collection of data by school health nurses.
 - c. It is further explained that conducting surveillance or activities within schools requires collaboration with the Department of Education and the cooperation of all 67 superintendents. They emphasize the importance of working with the Department of Education to gather information through the school systems. They mention the coordination between the school health nursing program and the Department of Health (DOH) and the Department of Education (DOE). It is reiterated the need to work with local-level school officials, including superintendents, to introduce any initiatives or gather information effectively.
 3. Was the education and messaging tailored for children with type 1 vs. children with type 2 diabetes?
 - a. Was initially focused on children with type 1, one of the things that they were considering as they continue with this process is expanding it regarding children with type 2.
 4. In relation to question 2. Perhaps then, if they get a letter from the Department of Health simply because they're wired to respond, and if something goes out to those 67 superintendents saying that the Department of Health is trying to gather this information for the following objectives, I think we might have a better chance of getting a thorough response rate.
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Bylaw/ Statute Changes:

The key thing we're hoping to accomplish here is that if you haven't had a chance to look at the suggested changes, please do so soon after this meeting. What we want to do is try to make a recommendation for the changes all in one, because apparently any changes that are made in the bylaws still must go through something of a legislative type of process just based on our Charter.

The key thing we are hoping to achieve from this is that DAC members would be able to do is look at our membership and get some feedback from the Committee on whether or not the structure of the committee enrollment looks like it's appropriate.

Report on DAC Recommendations to the State Surgeon General:

In the past, the DAC Legislature has been submitted every two years with a key highlight on the needed recommendations and bullet points for the meeting with the State Surgeon General. Towards the meeting, the DAC members have a presence and recommendations are detailed and to the point rather than broader. We have to have a business plan created for the meeting that meets the goals needed toward where the State dollars are going.

Greg Laskoski- what information would make the meeting palatable, if possible, with the meeting with the State Surgeon General?

Dr. Chebli- We just need a few key bullet points for each topic. If you have a passion or calling for a particular topic, please boil it down to 2-3 sentences for discussion. If it's a dollar amount bring concrete and specific information on how it can be accomplished with the funding. We probably won't get everything we want, but maybe we can get some of what we want. Reflect on what's important and please email us.

Tara Hylton- Agreed to lead with the science (data) and be concise for this meeting.

Insulin Distribution Program:

Someone from the board will be assigned to complete the following forms to send to the appropriate committee.

Dr. Chebli- For those that are practicing Endocrinologists to pick a form/ formulary, there are seven in total. The goal of this is to be able to get allocated funds for the medication and have the state and 67 health departments be informed of the changes.

Tara Hylton- Only two chronic diseases have received a total of \$336,000 dollars for both Diabetes and Epilepsy. From this, only \$54,00 year to date has been used by Floridian participants for this fiscal year.

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The insulin distribution program is a safety net for individuals who are uninsured or underinsured, which is 15%.

Jennifer Waskovich-Hillsborough County participants/citizens' issue is that their medication or type of insulin is not provided on the formulary.

Public Comment:

In between sessions, a free forum of communication would be appreciated. A summary of the key action points from this meeting include:

1. Getting the formulary updated and
2. Getting the bylaws finalized
3. Thoughts on the meeting with the State Surgeon General

Bridgett Jennings- the Florida Diabetes Advisory Council wishes to cover the Insulin Distribution Program during a meeting in November for a presentation. Once submitted, how long until the forms are approved? **Unable to determine during the meeting.**

Future Scheduled Meetings:

June 22, 2023: Chronic Disease and Conditions Strategy Workgroup

July 25, 2023, from 2-4: Diabetes Advisory Council Meeting

October 17, 2023, from 2-4: Diabetes Advisory Council Meeting

Wrap-up and adjourn

This conference call meeting was recorded. By staying on the conference call line, all participants agreed to be recorded.