

DPAC Transition Plan - 2014

Rationale:

Due to changes in CDC grant funding requirements and current Michigan Diabetes Prevention and Control (DPCP) capacity, there is a need to review current Diabetes Partners in Action (DPAC) operations and activities. Additionally, the Michigan Diabetes Action Plan ends in 2014, and this has provided some structure/guidance for previous DPAC priorities and activities. Preliminary discussions with the DPAC Board on transitional planning were enacted in September 2013 and a presentation on this current context and upcoming infrastructure changes were presented to the general membership at the May 2014 Full Membership Meeting. The membership was assured by the Michigan DPCP that there would be opportunities for input throughout the process.

2014 DPAC Board and Membership Input:

Several themes surfaced during an input exercise completed by the DPAC Board and general membership in April and at the May general membership meeting. These included:

DPAC Strengths:

- Bring together various stakeholders
- Ability to influence, leverage, and advocate
- Have a collective voice and statewide focus on diabetes
- Network and educate

Areas of Improvement:

- Prioritize issue and goals
- More networking opportunities
- Identify additional partners

In terms of infrastructure, the Board (along with input from the Michigan DPCP) proposed the following ideas:

DPAC Board:

1. Maintain the Board
2. Focus on meeting planning, targeted recruitment, and facilitating input from DPAC membership on statewide direction.
3. Assign subcommittees as needed
4. Review Charter and revise as necessary

DPAC Workgroups:

1. Eliminate workgroups as they currently exist in terms of monthly calls and established work plans. The Michigan DPCP does not have the staffing support to continue. The Board can establish short term subcommittees/ad hoc groups around specific areas with defined outcomes and tasks. If subcommittees/ad hoc groups need to meet, work can be done at the in-person meetings, electronically and periodic teleconferences (no more than quarterly; and only as needed for a defined period).

DPAC Full Membership Meetings:

1. Continue to have two in-person meetings a year.
2. Build more time in for networking; still have education and presentation opportunities.
3. Reach out to other diabetes initiatives supported by the Michigan DPCP (such as the Michigan Medicaid Certified DSME Program and the Michigan Diabetes Prevention Network) and potentially other chronic conditions/partners to host a joint meeting or a diabetes symposium.

DPAC Proposed Changes Based on Input:

A. Personnel/Coalition Coordination:

DPAC Co-Chairs will still provide leadership and the Michigan DPCP will provide coalition coordination. Transfer DPAC staffing support to Anne Esdale. The rest of the Michigan DPCP staff will assist as needed.

Coalition Coordination will include:

- Full Membership Meetings (assistance from the DPAC Co-Chairs and the Board)
- Semi-annually Board Calls (if needed, the Board could meet before or after an in-person Full Membership Meeting)
- Coordinate DPAC communications on a quarterly basis
- Work with the Board to coordinate subcommittees. A possibility is to utilize current workgroup co-chairs to assist or to identify other members for subcommittees.

B. DPAC Board

Responsibilities: Assist in planning Full Member Meetings, partner recruitment, and subcommittee determination. Revise the Charter based on these decisions, keeping voting rules and any relevant items to member meetings, subcommittees/ad hoc groups and board makeup.

C. Full Membership Meetings:

1. Keep the fall Full Membership Meeting and the events at the Capitol. Since diabetes is National Diabetes Month, DPAC can build its presence, bring people

together to recognize this month and leverage opportunities to highlight diabetes. Continue to partner with ADA to do the Capitol Event, with plans to have increased participation from other diabetes organizations, such as JDRF, AADE Michigan, etc.

2. The Spring Meeting will be held if funds allow. If the Michigan DPCP develops a diabetes symposium (for which DPAC could play a leadership role such as participating in a planning committee), any DPAC meeting could be folded into the symposium. The Michigan DPCP will also explore to see if a symposium might include additional chronic disease partners, including the MDCH Division of Chronic Disease and Injury Control and the Cardiovascular Health, Nutrition, and Physical Activity Section.

For example:

2015: Spring and Fall DPAC Meetings

2016: Spring Diabetes Symposium and a Fall DPAC Meeting

2017: Spring and Fall DPAC Meetings (Spring Meeting if funds allow)

2018: Spring Diabetes Symposium and a Fall DPAC Meeting

3. Increased Networking in the Meetings
Include dedicated networking time into the agenda (group may need prompt topic, question, or activity to get started) and also add time for group sharing. This could include agency updates. The recommendation would be to have short, directive networking, perhaps 15 minute intervals built into the agenda, one in the morning, one in the afternoon, or over the lunchtime.
4. Focus on one or two in-depth presentations only (these could be on diabetes management or prevention, perhaps one each or have a theme and alternate)
5. Start earlier, end earlier

D. Some Potential Subcommittee Areas:

People joined DPAC to either work on managing diabetes, being part of public awareness, or prevention efforts. Instead of dedicated workgroup time at the Full Member Meetings, there could be time for any subcommittees or some general areas related to “Diabetes Management” and “Diabetes Prevention.” Topics could be proposed by the DPCP and the Board and the general membership could vote and/or provide feedback on these proposed subcommittee topics. One of the recommendations was a prioritization of areas for the coalition to address.

Prevention:

- DPP Reimbursement
- DPP Awareness – Working with Physicians
- Addition of “Elevated Blood Glucose or Prediabetes” to Michigan State Lab Slips

- Promoting DPP in communities and also outreach to additional state coalitions/organizations
- Others-get input from Board
- (Any activities should be aligned with the Michigan Diabetes Prevention Network or Michigan DPCP work plans related to diabetes primary prevention)

Diabetes Management/Promotion:

- Promotion of DSME and Diabetes PATH
- Discuss latest research
- How to support health systems (perhaps pick one like FQHCs or ACOs) to better manage their patients with diabetes
- Others-get input from Board

This will NOT recreate workgroups. If there is not a current subcommittee during the meeting time on these types of topics, then a facilitated discussion on what the members are doing in this area (update on what their organizations are doing, discuss latest research, etc.) This will be facilitated by a Board Member. This type of discussion could also assist in the need for more networking.

E. DPAC Communications

Receive input from the current DPAC Communications Workgroup and the Board.
Preliminary recommendations:

- Utilize Constant Contact for any email updates and newsletters (distributed by the Michigan DPCP)
- Keep website (Maintained by the Michigan DPCP)
- Phase out Facebook page
- Explore LinkedIn DPAC page. Need to determine if this is something the membership would like (perhaps survey), estimated time commitment to support, and commitment from leadership in managing it.

F. DPAC Survey/Input:

Keep meeting surveys as well as DPAC Member Survey that is conducted annually. The same survey can continue to be distributed in the fall to establish trends. The survey could be reviewed periodically by the Board.

G. DPAC Annual Report:

A short report (perhaps a page in length and just promoted on the website) of key areas and accomplishments can be documented and distributed. The Board will provide guidance on the report.

Other items to be determined can be proposed by the Michigan DPAC and decided by the Board and DPAC Co-Chairs.