

DIABETES PARTNERS IN ACTION COALITION ANNUAL REPORT FY12

October 1, 2011 - September 30, 2012

Diabetes Partners in Action Coalition

Providing Statewide Leadership in Diabetes Support



January 30, 2013

Dear DPAC Members,

We are pleased to provide you with the Diabetes Partners in Action Coalition's (DPAC) FY12 Annual Report, which reflects the many accomplishments the coalition has achieved over the past year.

DPAC is a volunteer based statewide coalition comprised of like minded individuals and organizations who are interested in diabetes. Its charge is important yet simple: provide leadership to prevent and control diabetes in Michigan.

The year brought some reflection and clarity to our current work. The DPAC Charter was updated and approved by the membership. The Charter (created in 2007) now accurately reflects the "current way of doing business." DPAC priorities were implemented in accordance with the *2011-2014 Michigan Diabetes Action Plan*. We are excited to launch several new initiatives: the National Diabetes Prevention Program (NDDP) Team housed within the Prevention Workgroup, the planning and preliminary execution of the *Make A Move* Diabetes Awareness Initiative, and joint planning for a National Diabetes Month event at the State Capitol Rotunda by the Communication and Public Awareness and the Advocacy and Public Policy Workgroups. There is so much happening-keep up to date by visiting the DPAC website www.dpacmi.org.

Additional selected FY12 Annual Report DPAC accomplishments include:

- Held two successful in-person DPAC Full Membership Meetings
- Participated in activities targeted for Michigan policymakers throughout the year
- Increased DPAC participation in the Diabetes and Kidney Advocacy Day (by 23% increase)
- Disseminated of five DPAC newsletters
- Increased membership rate-particularly due to the DPAC work around the NDPP
- Focused on preconception health by the Training and Education and the Prevention Workgroups
- Conducted an annual membership survey
- Rededicated focus on the mission of the Training and Education Workgroup: addressing access to care barriers for people with diabetes
- Reviewed literature and drafted translation brief on how the hemoglobin A1c diagnostic test can be affected by hemoglobin variants

DPAC participants volunteer their time and resources to participate in this statewide coalition. A coalition is only as strong as the commitment of its membership. We are excited for you to read all of the work that has been achieved and hope that you will share this report with others in your organizations and networks. Thank you for the many contributions you and your organization have made furthering DPAC's mission this year.

Sincerely,



Paul Dake, MD
DPAC Board Co-Chair
McLaren Health System



Micki Juip, MA, BSN, RN, CDE
DPAC Board Co-Chair
Hurley Medical Center

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Membership

At the end of FY12, DPAC was comprised of 103 members including community volunteers, health care professionals, business/industry leaders, and many other community sectors. Thank you to all of the individuals and organizations for the time and resources that have been contributed to this volunteer driven coalition.

Member Organizations Title

American Association of Diabetes Educators – Michigan Network (AADE)

Affordable Lab

ALDIA

American Diabetes Association

Association of American Indian Physicians

Amylin Pharmaceuticals

Café Mocha Lattes

Community Free Clinic of Petoskey

Detroit Area Agency on Aging

Detroit Medical Center – Sinai Grace

Garden City Hospital

Great Lakes Medical Supply

Greater Detroit Health Council

HealthPlus of Michigan

Healthy Patterns

Hurley Medical Center

INNOVEX

Juvenile Diabetes Research Foundation

Lakeland Family Care of Niles

LifeCircles – PACE

Eli Lilly and Company – Lilly USA

Mary Free Bed Rehabilitation Hospital

McLaren Medical Health System

Michigan Department of Community Health

Cardiovascular Section

Disabilities

Genomics and Birth Defects

Medicaid Managed Care

Oral Health

Tobacco

WISEWOMAN

Bureau of Epidemiology

MESSA

Michigan Dietetic Association

Michigan Minority Health Coalition

Michigan Optometric Association

Michigan Pharmacists Association

Michigan Podiatric Association

Michigan Primary Care Association

Michigan State University Extension

Munson Medical Center –

Northern MI Diabetes Initiative (NMDI)

National Kidney Foundation of Michigan

Novo Nordisk

Prasher Law Group

Priority Health

REACH Detroit Partnership/CHASS

Sanofi Aventis

Southeast Michigan Beacon Community

Takeda Pharmaceuticals

University of Detroit Mercy/School of Dentistry

University of Michigan

Upper Peninsula Diabetes Outreach Network

Wayne State University

Western Michigan University

Without a Vision the People will Perish

YMCA – Ann Arbor

YMCA – Marquette County

YMCA – Oak Park

Community Volunteers

Marvin Cato

Don Iacobellis

Mary Jean Klebba

Jessica Lime

Kathy Pruneau-Hill

Jose Saraiva

Julie Shippy

Karen Smith

Earl Watt

EXECUTIVE SUMMARY

This Annual Report provides an update on the diverse DPAC activities and objectives from October 1, 2011 to September 30, 2012. This report includes the review of workgroup progress, Board priorities, and overall efforts to prevent and control the impact of diabetes in Michigan.

During the past year, DPAC has achieved many of the goals and objectives outlined in its workgroup annual plans and started to address related goals in the *2011-2014 Michigan Diabetes Action Plan*. DPAC conducted five Board Meetings, two Full Membership Meetings, and 75 workgroup meetings. DPAC updated its social media presence through its DPAC website and Facebook page and is just beginning to launch a statewide diabetes awareness initiative. DPAC continued its collaborations with its essential partnerships and cultivated five new member participant and organization relationships.

Dr. Paul Dake and Micki Juip provided leadership and the Michigan Department of Community Health (MDCH) Diabetes Prevention and Control Program assisted with leadership and coordination support.

The annual Membership Survey was available online and in person at the Fall Membership Meeting and yielded a 39% response rate (up from 33% last year). Of those surveyed, 87% felt valued as a DPAC member and 69% shared DPAC resources within their own communities. Online materials (website, Facebook, newsletter and email monthly updates) along with prediabetes materials were the most readily shared. Survey participants reported the greatest membership benefits were the networking opportunities and the ability to increase their knowledge base/awareness. DPAC leadership will continue to explore ways to recruit and maintain membership engagement and work with workgroup co-chairs to determine relevant and useful materials.

Other DPAC Updates:

- The DPAC Charter, which outlines guiding principles and coalition structure, was updated.
- The Advocacy and Public Policy Workgroup completed the *Michigan Diabetes Promising Practices and Outcomes Based Programs* document and developed and distributed eight legislative educational handouts on diabetes and kidney disease.
- The Communication and Public Awareness Workgroup created five DPAC newsletters and were instrumental in creating *Make A Move* pilot testing, communication and evaluation plans.
- The DaRE Workgroup added a new co-chair, provided support for NDPP coalition efforts and worked on the development of the A1c brief.
- The Prevention Workgroup created a new workgroup team devoted to the NDPP implementation (with a focus on employers and 3rd party payers) while the Women of Child Bearing Age Team drafted three flyers focusing on nutrition, physical activity, and stress.
- The Training and Education Workgroup completed its goal setting work and developed a new project focusing on diabetes care barriers. Five one-page fact sheets were developed for health care providers and people with diabetes addressing common diabetes care barriers.

ABOUT DPAC

Mission

To provide statewide leadership to prevent and control diabetes and reduce its impact in Michigan

Vision

Through active collaboration, DPAC has mobilized resources to ensure a unified course toward the reduction of diabetes and its complications in Michigan.

Coalition Structure

DPAC has a board of directors that meets quarterly to address overarching issues, facilitate communication between workgroups and address governance issues. There are five workgroups that meet approximately once a month, usually via conference call: Advocacy and Public Policy; Communication and Public Awareness, DaRE, Prevention, and Training and Education Programs.

Michigan Diabetes Action Plan

The *2011-2014 Michigan Diabetes Action Plan* establishes a unified course of action to help reduce the increasing prevalence and impact of this disease. The *Michigan Diabetes Action Plan*, developed by the Michigan Department of Community Health (MDCH) and statewide partners, provides goals and best practice strategies to address diabetes prevention and control efforts in Michigan. This *Action Plan* provides the template for some DPAC activities and priority areas.

The three main goals identified in the [*2011-2014 Michigan Diabetes Action Plan*](#) are:

1. Strong diabetes partnerships will exist to address the prevention and impact of diabetes in Michigan.
2. A captivating diabetes message is utilized across Michigan by all partners for consistency and uniformity.
3. Identify, promote, support and evaluate the implementation of promising practices and evidenced-based programs in Michigan.

SELECTED ACCOMPLISHMENTS FOR FY12

DPAC and its member organizations have made significant progress toward achieving our goals.

Governance

- Updated the DPAC Charter and submitted suggested changes to the general membership for review. Members voted and approved the revised DPAC Charter in November 2011.
- Approved updates to the DPAC Workgroup Staff Leader and the DPAC Operations Manager position descriptions.
- Approved the nomination of two new workgroup Co-Chairs: Bill Young (Prevention) and Marcie Gerlach (Communications and Public Awareness).
- Agreed in the spring to pilot having the spring 2012 DPAC Meeting on the same day as the Diabetes and Kidney Advocacy Day. The board voted to maintain as two separate dates in June.
- Recommended utilizing the MDCH Diabetes Prevention and Control Program staff to participate in their areas of expertise as needed. Any workgroup discussion and updates will continue to be facilitated by the workgroup co-chairs.
- Approved the *Make A Move* Diabetes Awareness Initiative
- Approved plans for the November 2012 Diabetes Month Event at the Capitol and the selection of Sally Joy as the first recipient of the Diabetes Leadership Award.
- Planned and implemented two DPAC Full Membership meetings.

Advocacy and Public Policy:

- Participated in the 2012 Diabetes and Kidney Disease Advocacy Day, on May 1st. Of the estimated 125 total participants, approximately 40 (32%) were DPAC members.
- Disseminated a *2012 Guide for Michigan Health Policy Makers* that provided information to state legislators on state-funded diabetes and kidney disease program outcomes.
- Developed and distributed seven monthly one-page diabetes and kidney disease educational handouts to each state legislator, Governor, Lt. Governor and the MDCH Director.
- Shared updates with DPAC members on pending or active state and federal diabetes legislation.
- Completed the *Michigan Diabetes Promising Practices and Outcomes Based Programs*. Two press releases regarding the document were picked up in January by the Coldwater Daily Reporter (twice) and the Farmington Press.
- Monitored the utilization of the updated Michigan State Board of Education “Management of Students with Diabetes in the School Setting” policy.
- Participated in the November 2011 Diabetes Month Event at the State Capitol and partnered with the Communication Workgroup and the American Diabetes Association on the 2012 event.

Communication and Public Awareness

- Wrote and disseminated five quarterly newsletters with a focus on the National Diabetes Prevention Program (NDPP), podiatric health, *Make a Move* Diabetes Awareness Initiative, National Diabetes Education Program (NDEP) and National Diabetes Month.

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- Presented the DPAC Exhibit and NDEP materials at the following events: AADE Michigan Network Meeting, NKFM, JRDF, the Michigan Dietetic Association and the MDCH Immunization Conferences.
 - Pilot tested *Make a Move* Diabetes Awareness Initiative messaging within the workgroup and three community coalitions and contributed to the *Make A Move* Communication and Evaluation plans.
 - Presented *Make A Move* and distributed initiative materials at the 2012 MDCH Diabetes Self-Management Education Coordinators Conference in September.
 - Assisted in updating the DPAC website and Facebook page.
 - Coordinated activities for National Diabetes Month, including the Governor's Proclamation and Capitol Rotunda Event.

Data, Research and Evaluation (DaRE)

- Dr. Paul Dake became the interim co-chair and the workgroup added two new members.
- Reviewed the DPAC Advocacy Workgroup product *Michigan Diabetes Promising Practices and Outcome Based Programs*.
- Reviewed of the DaRE Charter and the continued implementation of the workgroup liaison structure.
- Represented DaRE at the NDPP statewide stakeholder meeting and the Prevention Workgroup NDPP planning meeting, and participated on the MDCH NDPP Data Collection Team.
- Two presentations by workgroup members were given on their respective organizational diabetes management tools and resources.
- Worked on the “Hemoglobin Variants and Use of the HbA1c as a Diagnostic” translation brief.

Prevention

- DPAC Prevention Co-Chair attended a statewide stakeholder meeting to provide input on the rollout of the National Diabetes Prevention Program (NDPP) in Michigan.
- Held a three hour planning meeting to restructure workgroup priorities to align with NDPP and address recommendations from the stakeholder meeting. The Workgroup identified two priorities—assuring 3rd party payment for the NDPP and reaching employers for implementation and payment. These priorities became the two new workgroup teams: the 3rd Party Reimbursement Team and the Employer Team.
- The Diabetes Prevention and Control Alliance President presented the priorities and activities of the Alliance to the workgroup in September.
- The Women of Child-Bearing Age Team has completed the following:
 - Assessment and analysis of current prevention activities impacting diabetes risk for women of child bearing age;
 - Planning process to narrow team focus to women who are not yet pregnant; and
 - Draft diabetes prevention flyers for Keep a Healthy Weight, Be Physically Active, and Balance Stress. Flyers to be published in early 2013.
- Held 35 meetings during the year, with 107 volunteer hours.

Training and Education:

- Continued to support previous projects regarding goal-setting, motivational interviewing, health literacy, oral health and minority patient populations.
- Reviewed the workgroup annual plan to assist with identification of unmet workgroup objectives and selected access to care barriers for people with diabetes as a focus.
- Developed one page fact sheets for health care providers and patients to serve as a resource regarding health care barriers. A new topic is featured once a month and the documents are available on the DPAC website. Topics covered to date include Oral Health & Diabetes; Physical Activity; Medication Adherence; Preconception Health and Physician Visits. Additional topics for special populations will be addressed in 2013.
- Plans are underway to translate the “One-Page Barrier Fact Sheets” into Spanish.

MEMBER SURVEY RESULTS

Since 2008, DPAC has distributed an annual online survey to its membership to obtain feedback for the past year and directions for the next year. This year’s survey focused on member attitudes, engagement, coalition strengths, opportunities for improvement, and overall membership experience. Surveys were distributed at the 2012 Fall DPAC Meeting and the survey was available online via SurveyMonkey afterwards for those who were not in attendance. As part of this year’s instructions, brand new members and meeting guests were asked not to complete the survey (thus addressing last year’s high number of “neutral” and “too new to answer” responses).

There were 40 responses to the survey, (11 online and 29 in person) which meant roughly 39% of the membership participated. This is slightly higher than last year’s rate (33%) but is still less than the desired response rate of 50%. Due to a less than optimal response rate, it is difficult to generalize responses on behalf of the entire DPAC membership.

Listed below are key findings out of those surveyed:

Participation

- The membership was fairly distributed regarding length of membership. The highest (37.5%) reported they have been a member 5 years or longer.
- 32.5% surveyed reported they are a member of the Prevention Workgroup.
- 95% participate in workgroup calls, 85% in member meetings, and 42.5% in an activity outside of a workgroup call. Interestingly 35% reported they have participated in board meetings while only 7.5% of those surveyed identified themselves as a board member.

Attitudes and Engagement:

- 85% reported clarity in their role as a DPAC member and 87% felt valued.
- 72.5% stated they were engaged or highly engaged as a member of DPAC.

Impact:

- 69% distributed DPAC resources in their own organizations and/or communities.
- The three most disseminated products include:

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1. Information on the DPAC website and Facebook page
 2. DPAC Newsletter, DPAC monthly updates, and Prediabetes and Diabetes Treatment Guidelines (a three way tie)
 3. Prediabetes consumer brochure

Coalition Strengths:

The two strongest benefits to membership include:

- Information sharing (including personal education, building awareness and receiving the perspective of the person with a diabetes point of view): 49%
- Networking and creating partnerships: 41%

Opportunities:

The top three areas of interest for future presentations or fact sheets include:

- National and state priorities (including integration): 23%
- Diabetes management, education and latest research: 19%
- Diabetes complications and conditions impacted by diabetes: 16%

Please note that approximately 25% of participants did not complete this question

Comparison and Discussion:

This year survey results were comparable to last year's in the areas of length of membership, clarity of role and perceived value. There was a decrease in the percentage of materials shared in respective communities, down from 90% to 69%. This may be reflected in the types of materials produced this year. It may be worthwhile to look at the types of products that were most distributed to identify the products that demonstrated the most value. The question on the types of disseminated products was added to this year's survey. The results informed the leadership the DPAC website and Facebook pages were considered important venues to share and forward information (rated higher than the newsletter and monthly email updates). In addition the membership continued to be interested and share prediabetes information.

The top two benefits of membership participation continued to be networking opportunities and ability to increase education and awareness around diabetes prevention and management. Topics of interest in the 2011 survey included diabetes best practices, behavior change programs for people with diabetes, National Diabetes Prevention Program, and allied health professionals.

These areas were addressed in the following ways this fiscal year:

- Full Membership Presentations: these presentations featured the Northern Michigan Diabetes Initiative Endocrinologist and Primary Care Education Outreach Program, West Michigan Glycemic Collaborative, the NDPP, and the Southeast Michigan Beacon Community.
- Allied Health Partnerships: Strong relationships with the MDCH Oral Health Program and the Michigan Optometric Association were maintained and the Michigan Podiatric Medical Association joined DPAC this year.
- Workgroup Activity: The Prevention Workgroup established the NDPP as a top priority and the Advocacy and Policy Workgroup released the *Michigan Diabetes Promising Practices and Outcome Based Program*. The Communication Workgroup posted articles on podiatric health and the NDPP in the newsletter and the Training and Education

Workgroup addressed barriers to diabetes management-including behavior change strategies related to physical activity, medication adherence and oral health.

Continued efforts will be responsive to the membership interests.

Future Implications:

All of the data collected through this survey has been shared with the DPAC leadership and will be used to establish Board priorities, workgroup activities, and topics of interest for the full membership meetings. DPAC will continue to work with members to increase the distribution of information and resources, identify meaningful activities, maintain engagement, and instill a sense of accomplishment in attaining our stated goals and objectives.

DPAC PRIORITIES FY13

DPAC and its membership organizations will continue to advance DPAC objectives and address the relevant goals of the *2011-2014 Michigan Diabetes Action Plan*. This includes maintaining and building diabetes partnerships, the development and dissemination of a consistent statewide diabetes message, and the promotion of evidenced-based diabetes management and prevention interventions. By doing its part to implement these goals, DPAC has made great strides in its vision: to mobilize resources to assure a unified course toward the reduction of diabetes and its complications in Michigan.



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