The Strategic Plan for Addressing Diabetes in Alabama 2007-2012

A Five-Year Plan For and By The People of Alabama

The Strategic Plan for Addressing Diabetes in Alabama

2007-2012

Contents

Governor's Proclamation

Proclamation

By the Governor of Alabama

National Diabetes Month

In his National Diabetes Month proclamation, Governor Bob Riley noted that the Alabama Department of Public Health Diabetes Branch is committed to seeing all residents maintain healthy glycemic levels, reduce the economic burden of the disease, and maintain a better quality of life.

Governor Riley urged all citizens to "show their support for the Diabetes Prevention and Control Program, its national and local partnerships, and all activities designed to reduce the burden and complications of this disease."

A MESSAGE FROM THE STATE HEALTH OFFICER

Dear Friends:

Data from the 2007 Behavioral Risk Factor Surveillance System indicate that almost one in ten adults in Alabama have been diagnosed with diabetes. Over 360,912 adults have been told they have diabetes.

Increased prevalence of Type 2 diabetes is now common in younger populations. Weight loss and physical activity in moderation can help prevent Type 2 diabetes.

Alabama is one of a few states that uses a systems thinking approach to impact change in diabetes prevention and treatment. The systems thinking approach is a planning method used to access and choose the best activities that optimize interventions. Community organizations using systems thinking can strategically identify specific actions to address access to care, education, and quality of life. The systems approach increases opportunities for capacity building to improve the health status of communities.

All Alabamians are encouraged to read the Diabetes Strategic Plan and try to implement health systems changes, community interventions, and health communication programs to improve the prevention and treatment of diabetes in their communities.

For additional information visit the Alabama Department of Public Health Web site at www.adph.org/diabetes.

Sincerely,

Donald E. Williamson, M.D.
State Health Officer

Executive Summary

Alabama is ranked fourth in prevalence of diabetes in the United States and its territories, creating the need for a comprehensive plan to reduce the burden of this disease. The Strategic Plan for Addressing Diabetes in Alabama summarizes a statewide collaborative effort to improve diabetes prevention and care, focusing on the Essential Public Health Services (EPHS) and Healthy People 2010 Diabetes Objectives. The plan addresses three goal areas: access to care, education, and quality of life. Objectives will be achieved using evidence-based strategies to promote change in behavior and to improve the health status of residents of Alabama. Activities in the plan are based on recommendations resulting from a comprehensive assessment of the strengths and weaknesses in diabetes care and the 2006-2007 Systems Thinking Dynamics Training. The trainings were facilitated by the Alabama Diabetes Network (ADN-Appendix A), the Performance Improvement Plan Task Force (PIPTF- Appendix B), and the Diabetes Prevention and Control Program (DPCP) staff, in conjunction with representatives from the Centers for Disease Control and Prevention (CDC).

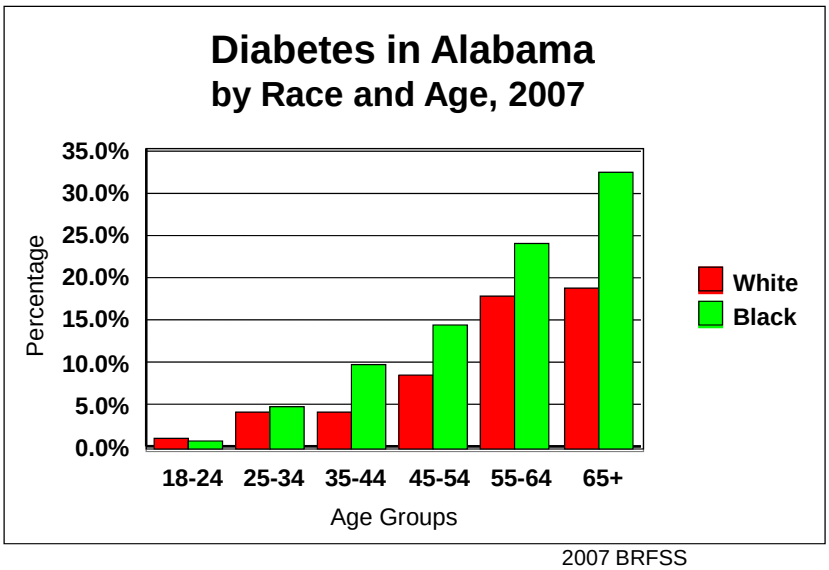
The ADN is a group of advocates and experts from public and private sectors which advises and promotes the Alabama Department of Public Health Diabetes Program, linking diabetes resources across the state. The ADN developed this document for use by all stakeholders as a guide for planning their programs, funding, policies, and diabetes-related activities through 2012. This plan is also intended to inform policy makers, media sources, and the general public about the status of diabetes in the state. The ADN meets three times annually to assess needs, modify the state plan to improve diabetes prevention and care efforts, and reduce racial disparities related to the incidence, treatment, and complications of diabetes in Alabama.

The Burden of Diabetes in Alabama

Diabetes is one of the ten leading causes of death in Alabama. Current estimates indicate that more than 20 million people in the United States have diabetes. Approximately 14.6 million people have been diagnosed with diabetes and 6.2 million people are undiagnosed. In addition, another 16 million have what is referred to as "pre-diabetes" or Impaired Glucose Tolerance (IGT).

According to 2007 Alabama Behavioral Risk Factor Surveillance System **(**BRFSS) data, approximately one in ten adults has been diagnosed with diabetes, with no appreciable differences between gender. Alabama is ranked fourth in prevalence of diabetes in the United States and its territories.

The rate of Type 2 diabetes is steadily increasing and more cases are being seen among children. The links among diabetes, obesity, and lack of physical activity are key targets for efforts to reduce the incidence of Type 2 diabetes and to prevent and control diabetes-related complications in those individuals already diagnosed with the disease.



There are notable differences between white and black Alabamians, with the prevalence of diabetes among blacks being almost one and one-third times greater than the prevalence of diabetes among whites. Although blacks and other racial minorities comprise less than 29 percent of the state's total population, more than 35 percent of the estimated numbers of persons living with diabetes in the state are non-white.

In age groups below 35 years of age, the percentage of persons with diabetes among blacks is approximately the same as whites. In age groups 35 years of age and older, the percentage of persons with diabetes among blacks is approximately twice the percentage of that among whites.

Modifiable Risk Factors Associated with Developing Diabetes

Obesity and physical inactivity have a major influence on the prevalence of diabetes in the state of Alabama. According to the 2007 BRFSS, Alabama has the second highest obesity prevalence rate in the nation. Among people with prediabetes, lifestyle changes of at least a 7 percent weight loss and 150 minutes (2 ½ hours) of physical activity per week can reduce the onset of Type 2 diabetes by 58 percent during a three-year period.

Obesity is impacted by diet and physical activity. Nearly 80 percent of Alabama adults reported not eating enough fruits and vegetables according to the 2007 BRFSS. Approximately 15 percent of Alabama teens reported that they ate the recommended five or more servings per day of fruits and/or vegetables on the 2005 Youth Risk Behavior Survey. Alabama also ranks among the top five least physically active states. Nearly 45 percent of Alabama students participate in daily physical education classes, compared to 33 percent nationally. By addressing diet and physical activity, the prevalence of obesity maybe reduced, thereby easing the burden of diabetes.

Diabetes Treatment Indicators

The CDC's Diabetes Control Program sets national objectives related to increasing the percentage of persons with diabetes who receive recommended dilated eye exams, foot exams, glycosylated hemoglobin (HbA1c) testing, and influenza and pneumococcal vaccinations.

The Behavioral Risk Factor Surveillance Survey provides annual information concerning the program's progress toward achieving these goals, as well as the percentage of persons with diabetes who engage in various health care activities in collaboration with their physicians. Some activities, such as checking one's feet and blood glucose levels, can be accomplished by the individual alone, without the immediate assistance of a health care professional. Other activities, for example, having a dilated eye exam, a flu shot, or HbA1c testing, require the direct assistance of a physician or other health care provider. In 2007, the Alabama BRFSS indicated 63.0 percent of persons with diabetes reported that they check their blood glucose levels at least daily. A somewhat larger percentage, 73.2 percent, indicated that their physician had checked HbA1c levels at least twice within the past year. Approximately 70.4 percent of the persons with diabetes reported that they check their own feet daily and a similar number, 66.1 percent, reported that a health care professional had performed at least one foot exam within the past 12 months. Similarly, nearly two-thirds, 65.1 percent, of persons with diabetes reported having a dilated eye exam within the past year. The number of persons with diabetes reporting they had received a flu vaccination within the last 12 months was 59.3 percent and those that had a pneumonia vaccination at some point in their lifetimes was 50.7 percent. Behaviors such as smoking increase complications suffered by persons with diabetes. According to the 2007 BRFSS, 63,623 current smokers are diabetics.

Access to Care

Alabama is largely rural, averaging fewer than 90 residents per square mile, with health care professionals unevenly distributed across the state. Eight of Alabama's 67 counties have three or fewer primary care physicians per 10,000 people. Forty-nine counties do not have a practicing endocrinologist. According to the American Association of Diabetes Educators, more than half (37) of Alabama's counties do not have a diabetes educator. Persons with diabetes who live in areas with more limited access to care incur greater costs associated with getting care, such as increased travel expense and time off from work. With more than 16 percent of Alabamians living below the national poverty level, these costs may well mean treatment is out of reach.

The Financial Burden of Diabetes

According to the American Diabetes Association, the direct medical cost of treating diabetes in the United States is more than $116 billion in 2007. One dollar out of every ten dollars in total health care costs is spent to care for someone with diagnosed diabetes. The annual medical cost of diabetes in Alabama is estimated to be over $1.6 billion.

According to the Alabama 2007 BRFSS, 9.5 percent of persons with diabetes reported that they were not covered by any health plan, and 18.3 percent indicated that at some time within the past 12 months they were unable to afford a visit to the doctor.

Desired Outcomes for Addressing Diabetes Prevention and Management

Alabama's desired outcomes for diabetes include increasing the control of diabetes and pre-diabetes; increasing awareness of signs, symptoms and complications of the disease; improving management of the disease among patients; ensuring quality care; and eliminating disparities. These outcomes will be achieved by use of effective community health interventions, health systems, and health communications.

National Diabetes Prevention and Control Objectives

CDC provides funding to 59 diabetes programs throughout the United States and U.S. territories. All funded programs are required to work toward achieving the following seven National Diabetes Prevention and Control Program Objectives:

National Diabetes Prevention and Control Objectives

1. Establish usage of additional surveillance systems to measure the burden of diabetes and track program success in reaching long-term goals.
2. Demonstrate success in achieving an increase in the percentage of people with diabetes who receive the recommended foot exams.
3. Demonstrate success in achieving an increase in the percentage of people with diabetes who receive the recommended eye exams.
4. Demonstrate success in achieving an increase in the percentage of people with diabetes who receive the recommended influenza and pneumococcal vaccinations.
5. Demonstrate success in achieving an increase in the percentage of people with diabetes who receive the recommended A1C tests.
6. Demonstrate success in reducing health disparities for high-risk populations with respect to diabetes prevention and control.
7. Demonstrate success in establishing linkages for promotion of wellness, physical activity, weight management, blood pressure control, and smoking cessation for people with diabetes.

Healthy People 2010 Objectives

Healthy People 2010 Objectives were developed by the United States Department of Health and Human Services (DHHS). The objectives serve as a blueprint for identifying reasonable, science-based goals that can be modified as desired by state and federal agencies, local entities, and communities.

Healthy People 2010 Objectives

1. Increase the proportion of people with diabetes who receive formal diabetes education.
2. Prevent diabetes.
3. Reduce the overall rate of diabetes that is clinically diagnosed.
4. Increase the proportion of adults with diabetes whose condition has been diagnosed.
5. Reduce the diabetes death rate.
6. Reduce diabetes-related deaths among people with diabetes.
7. Reduce deaths from cardiovascular disease in people with diabetes.
8. (Developmental) Decrease the proportion of pregnant women with gestational diabetes.
9. (Developmental) Reduce the frequency of foot ulcers in people with diabetes.
10. Reduce the rate of lower extremity amputations in people with diabetes.
11. (Developmental) Increase the proportion of adults with diabetes who obtain an annual urinary microalbumin measurement.
12. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least once a year.
13. Increase the proportion of adults with diabetes who have an annual dilated eye examination.

14. Increase the proportion of adults with diabetes who have at least an annual foot examination.
15. Increase the proportion of people with diabetes who have at least an annual dental examination.
16. Increase the proportion of people with diabetes who take aspirin at least 15 times per month.
17. Increase the proportion of adults with diabetes who perform self-blood-glucose-monitoring at least once daily.

Essential Public Health Services

The EPHS provide a working definition of public health and a guiding framework for the responsibilities of state, local, and community public health systems.

Essential Public Health Services

1. **Monitor health** status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and assure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Effectiveness of Interventions

Studies have identified strategies that provide effective, evidence-based diabetes self-management education interventions. According to the CDC, diabetes self-management education is effective in improving glycemic (blood sugar) control when delivered in community gathering places for adults with Type 2 diabetes, and when delivered in the home for adolescents with Type 1 diabetes.

An intervention that may be used for diabetics who smoke is to have a quitline. According to the DHHS, evidence has shown that quitlines are an effective tool to help smokers quit. Telephone counseling can significantly increase long-term quit rates compared to self-help materials.

2007-2012 Plan of Action: Goals, Objectives, and Activities

The ADN voted to adopt the Diabetes Strategic Plan in January 2007. Members assisted the DPCP in establishing program goals, objectives, and interventions as outlined on the following pages. The goals of the plan include: Access to Care, Education, and Quality of Life. The workgroups of the ADN are:

1. Access to Care
2. Access to Care - Targeted Populations
3. Education - Professional Training
4. Education - Obesity and Primary Prevention
5. Quality of Life
6. Evaluation and Communications

ACCESS
TO CARE

Access to Care

Goal: To increase access to care for people with or at risk of diabetes and pre-diabetes.

Rationale: The EPHS assessment conducted by the PIP revealed a need for the diabetes health system's infrastructure to provide optimal services. The lack of capacity to provide services leads to increased morbidity and premature death. If the infrastructure is not improved trends will continue downward.

Venue: Statewide

Objectives:

Network Access to Care Workgroup

1. Utilize the PIPTF reports to identify barriers to access to diabetic care by 2008.
2. Distribute the updated statewide diabetes resource directory in 2007-2010.
3. Improve public awareness about sources of diabetic care by providing access to the Alabama Diabetes Resource Directory on the Web by 2008.
4. Identify and add ten health care facilities that promote Healthy People 2010 diabetes goals by 2010.
5. Identify ten employers to share reports on successful diabetes-related health promotion and activities introduced to their employees by 2010.

Network Access to Care - Targeted Populations Workgroup

6. Establish a baseline of health care facilities that promote access to diabetes education by 2009.
7. Increase the number of Diabetes Today counties by three each year.
8. Recruit ADN members to establish 25 evidence-based diabetes management support

groups for Hispanic and Latino Americans, African Americans, Pacific Islanders, American Indians, Asian Americans, East Indians, seniors, people who are disabled, and their families by 2012.

9. Obtain outcome data from five employers who have successfully introduced an employee wellness initiative and from five community faith-based organizations implementing diabetes initiatives by 2012.

Indicators of Success:

1. Barriers are identified and listed in the PIPTF report by 2008.
2. Twenty thousand updated resource directories and burden of diabetes reports will be distributed by 2007-2010.
3. An increase in public awareness of available resources will be documented by increased visits to the diabetes resource directory on the Web site by 2008.
4. A list of ten health care facilities that start promoting diabetes education and Healthy People 2010 goals will be developed by 2010.
5. The number of employers who reported on successful diabetes-related health promotion and access goals will be shared with the Network by 2010.
6. A baseline of health care facilities that promote diabetes education will be established by 2009.
7. Diabetes Today counties will be increased by three each year.
8. Twenty-five evidence-based diabetes management/support groups will be established by 2012.

9. Outcome data from five employers who have successfully introduced an employee diabetes initiative and from five community faith-based organizations implementing diabetes initiatives will be available by 2012.

Access to Care Workgroup Activities

Action Step 1: Identify barriers to access to care for at risk populations.

Timeline: 2008

Data Sources: PIP reports, BRFSS, Alabama Quality Assurance Foundation (AQAF), YRBS, ADPH Center for Health Statistics, CDC, Alabama Diabetes Association (ADA)

Indicators: Barriers identified in the plan and utilization surveys

Communications Results: Burden reports, fact sheets, newsletters, articles, annual reports

Target Populations: Health care providers

Principal Agencies: ADN, DPCP, ADA

Partnerships and Programs: Health care providers, health agencies, universities

Action Step 2: Update and distribute the resource directory.

Timeline: 2007, 2010

Data Sources: DPCP report, newsletters

Indicators: DPCP Web site visit reports, reports on the number of directories distributed

Communications: Annual reports, newsletters, resource directories

Target Populations: General public, partners, community organizations, health care providers

Principal Agencies: DPCP, ADN

Partnerships and Programs: Medicaid, Senior Service programs, AQAF

Action Step 3: Locate local diabetes services and increase community awareness by providing access to the Diabetes Prevention and Control Program resource directory.

Timeline: 2008

Data Sources: Referrals, direct contacts, existing resources

Indicators: Web site hits to access information from the directory

Communications: Annual reports

Target Population: General public, partners, health care providers

Principal Agencies: DPCP, ADN

Partnerships and Programs: Community organizations, health agencies, libraries, universities

Action Step 4: Increase the number of health care facilities that demonstrate adherence to Healthy People 2010 diabetes indicators and education goals.

Timeline: 2010

Data Sources: PIP reporting form, ADN

Indicators: Survey instruments, BRFSS, new policies

Communications: Annual reports, newsletters, success stories

Target Populations: Health care facility administrators

Principal Agencies: DPCP, ADN

Partnerships and Programs: Community health centers, community organizations

Action Step 5: Employers will share reports on successful health promotion and diabetes education activities.

Timeline: 2010

Data Source: Administrative reports

Indicators: Number of employers submitting reports

Communications: Annual reports, newsletters, success stories

Target Population: Workplaces

Principal Agencies: DPCP, ADN, ADPH Healthy Communities

Partnerships and Programs: Community organizations

Access to Care -Targeted Populations Workgroup

Action Step 6: Identify health care facilities that promote access to diabetes care.

Timeline: 2009

Data Source: Administrative reports

Indicators: Administrative reports, success stories

Communications: Annual reports, newsletters, success stories

Target Populations: Health care facility administrators

Principal Agencies: DPCP, ADN

Partnerships and Programs: Community health centers

Action Step 7: Improve diabetes prevention and management activities by establishing three new Diabetes Today coalitions each year.

Timeline: Annually

Data Source: Administrative records

Indicators: Number of new active sites

Communications: Minutes from Diabetes Today coalitions meetings, annual reports, newsletters, success stories

Target Populations: Community organizations

Principal Agencies: DPCP

Partnerships and Programs: ADN, community organizations

Action Step 8: Advocate for the establishment of 25 diabetes management support groups to provide access to evidence-based community programs that address social, mental, economic, physical, environmental, and disability needs.

Timeline: 2009-2012

Data Sources: Administrative records, Diabetes Today community report forms

Indicators: Program assessments, success stories

Communications: Web site success stories, newsletters, press releases, annual reports

Target Populations: Community organizations, support groups

Principal Agencies: ADN, Alabama Association of Diabetes Educators (AlaADE), DPCP

Partnerships and Programs: Southeastern Diabetes Education Services, Inc., University of Alabama, Diabetes Today coalitions

Action Step 9: Identify five employers and five faith-based organizations that implemented diabetes initiatives.

Timeline: 2009-2012

Data Source: Administrative reports

Indicators: Number of employers in faith-based organizations submitting reports

Communications: Annual reports, newsletters, success stories

Target Populations: Workplaces, churches

Principal Agencies: ADA, AlaADE, DPCP, ADN, ADPH Healthy Communities

Partnerships and Programs: Community health centers, community organizations

EDUCATION

Education

Goal: To increase diabetes education efforts in Alabama.

Rationale: The ADN and DPCP provide stakeholders with information on diabetes and the burden of diabetes in Alabama. BRFSS data indicates a need for diabetes education within the state. The Healthy People 2010 goals support evidence-based diabetes prevention and control education activities. Information regarding diabetes will be disseminated to diabetes health care providers, advocates, policy makers, community leaders, agencies, organizations, and the general public.

Venue: Statewide

Objectives:

Network Education - Professional Training Workgroup

1. Utilize members of the ADN to record their distribution of National Diabetes Education Program (NDEP) diabetes information to stakeholders annually by 2009.
2. Utilize the ADN Speaker's Bureau to conduct Systems Thinking workshops for policy makers, health care professionals, and community organizations surveying participants on knowledge gained regarding the Alabama Diabetes Health System annually.
3. Obtain data from diabetes care programs to assess an increased awareness of the importance of vision, dental, foot, and pharmacy care by 2011.
4. Develop a list of partners annually to help conduct health communication media activities which promote policy change as it relates to physical activity and nutrition in schools.

Network Education – Obesity and Primary Prevention Workgroup

5. The ADN, ADPH DPCP, Healthy Communities, Tobacco Prevention and Control Branch, and Risk Surveillance Unit will provide technical assistance and training regarding advocacy, policy development, coalition building, environmental and systems change, program assessment, evaluation, and analysis to ADPH chronic disease and health promotion programs by 2009-2012.
6. Provide three professional training opportunities annually for health care practitioners to obtain continuing education credits and to gain diabetes knowledge and awareness.

Indicators of Success:

1. Document the number of educational materials distributed by members of the ADN.
2. Document the number of presentations conducted by members of the ADN Speaker's Bureau.
3. Document the number of vision, foot, and dental examinations for persons with diabetes.
4. Document media activities that promote change using education, physical fitness, and nutrition success stories.
5. Document technical assistance and training provided.
6. Document participation by health care practitioners in annual diabetes trainings.

Education - Professional Trainings Workgroup Activities

Action Step 1: Encourage partners to promote the National Diabetes Education Program and related program materials to communities that have a high incidence of diabetes.

Timeline: Annually

Data Sources: Administrative records, Diabetes Today community report forms, success stories, media coverage

Indicators: Reports from existing programs

Communications: Web site success stories, newsletters, press releases, annual reports

Target Populations: Hispanic and Latino Americans, African Americans, Asian Americans, Pacific Islanders, American Indians, and senior Alabamians and their families

Principal Agencies: Organizations representing Asian, Vietnamese, and Hispanic communities; ADPH Programs: DPCP, Office of Minority Health, Office of Women's Health

Partnerships and Programs: Community organizations, churches, AlaADE

Action Step 2: Utilize the DPCP Speaker's Bureau to conduct Systems Thinking workshops for policy makers, health care professionals, and community organizations.

Timeline: Annually

Data Sources: Administrative records, DPCP PowerPoint presentations, survey forms

Indicators: Number of trainings conducted, rating forms

Communications: Annual reports, newsletters, PowerPoint presentations, training video, Speaker's Bureau tool kit

Target Populations: Policy makers, community organizations, health care providers

Principal Agencies: DPCP, ADN

Partnerships and Programs: Alabama Cooperative Extensive Service, ADN

Action Step 3: Promote pilot programs to health care providers to work on projects that maintain healthy glycemic levels, and identify or manage individuals with diabetes and pre-diabetes.

Timeline: 2011

Data Sources: Administrative records, Community Report Forms

Indicators: Number of pilot programs collecting data, persons diagnosed and receiving education and care

Communications: Success stories, annual reports

Target Populations: Health care providers

Principal Agencies: ADN, schools of optometry and dentistry

Partnerships and Programs: DPCP, ADN, universities, AADE, Medicaid

Education - Obesity and Primary Prevention Workgroup Activities

Action Step 4: Develop a list of ADN members' strategies to advocate and promote changes in policy to increase physical activity and good nutrition within schools and communities.

Timeline: Annually

Data Sources: YRBS, administrative reports

Indicators: Policy changes

Communications Results: Newspapers, annual reports

Target Populations: Policy makers

Principal Agencies: Department of Education

Partnerships and Programs: ADN; Obesity Task Force; Alabama Department of Education; Alabama Department of Agriculture and Industries; ADPH Programs: Healthy Communities, Steps to a Healthier Alabama, Nutrition and Physical Activity Division

Action Step 5: ADN, ADPH DPCP, Healthy Communities, Tobacco Prevention and Control Branch, and Risk Surveillance Unit will provide technical assistance and training regarding advocacy, policy development, coalition building, environmental and systems change program assessment, evaluation, and analysis to ADPH chronic disease and health promotion programs.

Timeline: March 2009 - March 2012

Data Sources: MEDSTAT, BRFSS

Indicators: Additional policies promoting physical activity, increased consumption of fruits

and vegetables, reduced smoking, management of glycemic levels, use of the Planned Care Model

Communications Results: BRFSS, Diabetes Today community report forms, success stories

Target Populations: ADPH chronic disease and health promotion programs

Principal Agencies: DPCP

Partnerships and Programs: ADPH Programs: Office of Minority Health, Office of Women's Health, Tobacco Prevention and Control Branch, Risk Surveillance, Healthy Communities

Step 6: Promote health care provider training through conferences, workshops, and satellite resources to provide current information regarding diabetes management with continuing education units.

Timeline: Annually

Data Source: Education conference reports

Indicators: Number of trainings, number of people trained

Communications: Newsletters, Web sites

Target Populations: Health care providers

Principal Agencies: DPCP, Diabetes Today coalitions, universities

Partnerships and Programs: ADN, diabetes educators, universities

QUALITY
OF
LIFE

Quality of Life

Goal: To increase the quality of life of those affected by or at risk for diabetes including those who suffer from health disparities related to diabetes.

Rationale: The 2007 BRFSS and other data sources show that Alabama has an extremely high incidence of diabetes and obesity, especially in African Americans. Although only about 25.4 percent of Alabama's population is African American, more than 30.0 percent of diagnosed diabetes cases are reported in that group (2007 BRFSS). Data also show that while 9.4 percent of white adults report having diabetes, the rate is 12.5 percent in African Americans. In addition, disparities in diabetes indicators exist in A1c tests, lipid levels, eye exams, diabetes education, and counties with little access to self-management education.

Venue: Statewide, five counties previously identified by AQAF as having low rates of physicians utilizing standards of care.

Objectives:

Network Quality of Life Workgroup

1. Partner with ten non-profit, governmental and community-based organizations who have goals to increase the quality of life of target populations at risk or who suffer from diabetes in Alabama by 2009.
2. List services designed for special populations that experience diabetes-related health disparities addressing secondary and tertiary prevention by 2010.
3. Conduct four cultural competency trainings that include steps for implementing and evaluating diabetes systems change for nonprofit, governmental and community-based organizations and health care providers by 2012.

4. Recruit ten community organizations that will utilize the evidence-based National Diabetes Education Program, 1-800 Quit Now cessation service, and Healthy Communities resource materials and share program evaluations by 2010.
5. Identify evidence-based local and national partner programs and services which address the reduction of diabetes disparities by 2012.
6. Advocate for faith-based community outreach trainer programs that emphasize improving quality of life to facilitate diabetes support groups in 20 churches in five counties by 2012.
7. Promote enhanced quality of life and reduced complications for people with diabetes by promoting health literacy and cultural competency training for health care providers by 2012.

Indicators of Success:

1. Increase, by ten, the number of partners who include quality of life goals in their systems training.
2. A list of services designed for special populations that experience diabetes-related health disparities and address secondary and tertiary prevention will be shared with the Network.
3. Four cultural competency trainings for nonprofit, governmental and community-based organizations and health care providers that include steps for implementing and evaluating diabetes systems change will be conducted.
4. Ten community organizations will utilize the evidence-based NDEP, 1-800 Quit Now cessation service, and Healthy Communities resource materials.

5. A list of evidence-based services which address the reduction of diabetes disparities will be shared with the Network.
6. Twenty trainers will be trained to provide evidence-based, faith-based diabetes prevention and management activities in five counties and 20 churches.
7. Document activities designed to enhance quality of life and reduce complications for people with diabetes by increasing health care providers' cultural competency and health literacy.

Quality of Life Workgroup Activities

Action Step 1: Partner and train 10 agencies or organizations who have goals to increase quality of life among persons at risk or who suffer from diabetes.

Timeline: 2010

Data Sources: Assessment forms

Indicators: Number of individuals trained, participants' identification of knowledge gained

Communications: Annual reports, newsletters, success stories

Target Populations: Community organizations

Principal Agencies: DPCP, ADN

Partnerships and Programs: Health care facilities, universities, AlaADE

Action Step 2: List services designed for special populations that experience diabetes-related health disparities addressing secondary and tertiary prevention.

Timeline: March 2009 - March 2010

Data Source: Administrative reports

Indicators: Reports, lists

Communications: Newsletters, annual reports

Target Populations: ADN, community organizations

Principal Agencies: ADN; ADPH Programs: Office of Minority Health, Tobacco Prevention and Control Branch, DPCP

Partnerships and Programs: ADN; libraries; universities; ADPH Programs: Office of Minority Health, DPCP, Healthy Communities

Action Step 3: Conduct four cultural competency trainings that include steps for implementing and evaluating diabetes systems change for nonprofit, governmental and community-based organizations and health care providers.

Timeline: March 2009 - March 2012

Data Sources: Administrative records, trainings assessments

Indicators: Training reports

Communications: Community reports, newsletters, success stories

Target Populations: Government, community organizations, health care providers

Principal Agencies: ADN, ADA, AlaADE, Alabama Cooperative Extension System, DPCP

Partnerships and Programs: ADN; ADA; AlaADE; Alabama Cooperative Extension System; ADPH Programs: Office of Minority Health, DPCP, Tobacco Prevention and Control Branch, Healthy Communities, BRFSS

Action Step 4: Recruit ten community organizations and worksite programs that will use and share evaluations for evidence-based self management campaigns including "New Beginnings," "Take Charge of Your Diabetes," "Small Steps Big Rewards," "ABC's Know Your Numbers," and "Helping Students with Diabetes Succeed."

Timeline: March 2010

Data Source: BRFSS

Indicators: Number of community organizations and worksite programs, number of participants

Communications: Administrative reports, success stories

Target Populations: Diabetes Today coalitions, community organizations, businesses

Principal Agencies: AlaADE; ADPH Programs: DPCP, Healthy Communities

Partnerships and Programs: Community support groups, ADN

Action Step 5: List evidence-based local and national partner services which address the reduction of diabetes disparities.

Timeline: March 2012

Data Sources: Administrative records, National Office of Minority Health reports

Indicators: List of services

Communications: ADA administrative records

Target Populations: ADN, Diabetes Today coalitions

Principal Agencies: ADPH Office of Minority Health, CDC

Partnerships and Programs: ADPH Office of Minority Health, CDC, libraries

Action Step 6: Advocate for faith-based community outreach trainer programs that emphasize improving quality of life to facilitate diabetes support groups in 20 churches in five counties.

Timeline: March 2012

Data Sources: Administrative records, ADA reports

Indicators: Number of support groups, number of churches trained

Communications: ADA administrative records, success stories

Target Populations: Churches

Principal Agencies: ADA, DPCP, ADN

Partnerships and Programs: ADA, churches

Action Step 7: Promote enhanced quality of life and reduced complications for people with diabetes by promoting health literacy and cultural competency training for health care providers.

Timeline: 2007, March 2012

Data Source: Report forms, NDEP

Indicators: ADN reports, DPCP reports

Communications: Newsletters, success stories, annual reports

Target Populations: Health care providers

Principal Agencies: Universities; ADPH Programs: Office of Minority Health, DPCP

Partnerships and Programs: Universities; ADPH Programs: Office of Minority Health, Healthy Communities, DPCP, Comprehensive Cancer Control Branch, Tobacco Prevention and Control Branch, Cardiovascular Health Branch, Steps to a Healthier Alabama

Evaluation and Communications

The DPCP, ADN Evaluation and Communications Workgroup, and the Performance Improvement Plan Task Force (PIPTF) will establish a comprehensive evaluation plan based on CDC's guide program evaluation by 2010. The framework can be found on the Internet at the following address http://www.cdc.gov/eval/framework.htm. The DPCP will also collaborate with the ADN to implement a communications plan.

The availability of data determines the indicators, and ultimately, the objectives included in the plan. Data are available from the BRFSS, the Youth Risk Behavior System, Medicaid, Alabama Quality Assurance Foundation (AQAF), universities, community organizations, Diabetes Today coalition report forms, and success stories.

Process evaluation will be performed by the ADN and the DPCP. The DPCP will provide sample reporting forms for ADN partners. The ADN Evaluation and Communications Workgroup will compile the reports from ADN members and Diabetes Today coalitions and provide the results to the DPCP for dissemination. The DPCP and stakeholders will share program accomplishments and evaluation results with partners, decision makers, the CDC, and other program evaluators during quarterly ADN meetings.

The DPCP will provide reports detailing program implementation and diabetes services available at the state and local level, relevant policies supporting plan goals, the degree of change in diabetes-related behaviors and health outcomes, and diabetes-related media messages annually to the ADN and the CDC.

In 2004, the PIPTF utilized the National Public Health Performance Standards Program (NPHPSP) State Public Health System Assessment instrument to assess Alabama's diabetes public health system. The Task Force will be reconvened to review the diabetes state public

health system and update recommendations around the essential public health services on a periodic basis.

Communication strategies used within this state plan include: disseminating annual reports, fact sheets, news releases, success stories and newsletters; conducting in-person meetings, satellite conferences, and teleconferences; maintaining Web sites; and providing PowerPoint presentations for the Speakers' Bureau. Best practices, current research, and emerging topics about diabetes will be shared with ADN through e-mail.

Challenges to implementing the evaluation plan include a lack of data regarding pre-diabetics, no comprehensive policy tracking system to measure policy improvements, and a lack of tools to measure the impact of media messages.

Evaluation and Communications

Goal: To evaluate program efforts and provide current local and national information regarding diabetes.

Rationale: Data regarding the status of diabetes and related programs in Alabama are essential to influence policy makers, inform the public, mobilize partnerships, and determine progress toward plan goals.

Venue: Statewide

Target: Policy makers, DPCP partners, ADN

Objectives:

Network Evaluation and Communications Workgroup

1. Review current data sets and identify gaps by 2007.
2. Establish a comprehensive evaluation plan based on CDC's guide for public health professionals regarding program evaluation by 2010.
3. Review and share program EPHS evaluation results with the PIPTF and ADN by 2010.
4. Compile participant response forms, Speaker's Bureau reports, EPHS forms, and success stories to monitor completion of plan activities annually.
5. Analyze current diabetes data to identify areas of excellence and share best practices through success stories annually.
6. Utilize local media, newsletters, and links to Web-based, and DPCP/Network communications media resources for dissemination of Alabama Diabetes Health System information annually.

Indicators of Success:

1. Assessments regarding data and gaps will be shared with the ADN by 2007.
2. A comprehensive evaluation plan will be presented to the ADN by 2010.
3. EPHS evaluation results will be shared with the PIPTF and ADN by 2010.
4. Progress on plan activities will be presented annually to the ADN during the January meeting.
5. Diabetes management best practices and success stories will be shared with the ADN annually.
6. Local media, newsletters, and links to Web-based, and DPCP/Network communications media resources will be used to disseminate Alabama Diabetes Health System information annually.

Evaluation and Communications Workgroup Activities

Action Step 1: Review current data sets and identify gaps.

Timeline: 2007

Data Source: BRFSS

Indicators: ADN reports, minutes

Communications: Minutes

Target Populations: ADN

Principal Agencies: ADPH Programs: DPCP, Risk Surveillance Unit

Partnerships and Programs: ADN, Medicaid, ADA, AQAF, NDEP

Action Step 2: The DPCP, ADN Evaluation and Communications Workgroup, and the Performance Improvement Plan Task Force will work with CDC facilitators to develop a comprehensive evaluation plan.

Timeline: September 2010

Data Sources: PIP assessment forms, participant response forms, BRFSS

Indicators: Evaluation plan

Communications: Minutes, annual reports, newsletters

Target Populations: ADN

Principal Agencies: DPCP, ADN, PIPTF, CDC

Partnerships and Programs: AQAF; ADA; ADPH Programs: Risk Surveillance Unit, Chronic Disease Epidemiology Branch

Action Step 3: Review and share program EPHS evaluation results with the PIP Task Force and ADN.

Timeline: Annually

Data Sources: PIP assessment forms, EPHS form

Indicators: Completion of PIPTF assessment documents relative to EPHS, Speaker's Bureau reports, ADN minutes

Communications: Minutes, annual reports, newsletters

Target Populations: ADN, PIPTF

Principal Agencies: DPCP, ADN, PIPTF

Partnerships and Programs: Diabetes Today coalitions

Action Step 4: Compile participant response forms, DPCP Speaker's Bureau reports, EPHS forms, and success stories to monitor completion of plan activities.

Timeline: Annually

Data Sources: Participant response forms, DPCP Speaker's Bureau reports, EPHS forms, success stories

Indicators: Report documenting completed plan activities

Communications: Minutes, annual reports, newsletters

Target Populations: ADN, Diabetes Today coalitions

Principal Agencies: DPCP, ADN, PIPTF

Partnerships and Programs: ADPH Programs: Chronic Disease Epidemiology Branch, Risk Surveillance Unit

Action Step 5: Analyze current diabetes data to identify areas of excellence and share best practices through success stories.

Timeline: Annually

Data Sources: Data from pilot programs, universities, AQAF, Medicaid

Indicators: Success stories, data results

Communications: Minutes, annual reports, newsletters

Target Populations: Community organizations, Diabetes Today coalitions, ADN

Principal Agencies: DPCP, ADN

Partnerships and Programs: Diabetes Today coalitions; AlaADE; AQAF; Medicaid; universities; ADPH Programs: Healthy Communities, Strategic Alliance for Health Program

Action Step 6: Utilize local media, newsletters, links to Web-based and DPCP/ Network communications media resources to disseminate Alabama Diabetes Health System information.

Timeline: Annually

Data Sources: Administrative reports, ADN Evaluation and Communication workgroup reports, ADPH Health Communication Branch reports

Indicators: Number of articles, news spots, Web site hits

Communications: Annual reports, newsletters, media, Web site traffic

Target Population: General public, media

Principal Agencies: DPCP, ADPH Health Marketing

Partnerships and Programs: ADN, Medicaid

Appendices

A. Alabama Diabetes Network

B. Performance Improvement Plan Task Force

APPENDIX A

Alabama Diabetes Network

Chair:
Lannie Sears-Mitchell, R.N. ..... Jefferson County Department of Health
Assistant Chair:
Martha Holloway, R.N. ..... Alabama State Department of Education
Members:
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Ace Aglin, D.P.M. ..... Lister Hill Healthcare Services
Barbara Bain, R.N. ..... Houston County Health Department
Felecia Barrow, M.P.A. ..... Montgomery Area Wellness Coalition
Cynthia Bisbee, Ph.D. ..... Montgomery Area Community Wellness Coalition
Angelia Blackmon, C.R.N.P. ..... Mobile County Health Department
Ethelyn Brown, R.N. ..... Gadsden Regional Medical Center
Donnie Calhoun, Pharm.D. ..... Alabama Independent Drugstore Association
Aimee Casey ..... American Diabetes Association
David Cranford, R.N. ..... Home Diagnostics, Inc.
Elizabeth Dean, R.N. ..... Houston County Health Department
Epsie Drewry, R.N. ..... Pickens County Health Department
Al Fox, B.A. ..... Alabama Primary Health Care Association
Helen Herndon-Jones, R.D., M.S. ..... Alabama Cooperative Extension System
E. Kelly Hester, Pharm.D. ..... Harrison School of Pharmacy
Christy Hill, R.N. ..... Steps to a Healthier Alabama
Martha Holloway, R.N. ..... Alabama State Department of Education
Mary Hooks M.Ed. ..... Tuskegee Area Health Education Center, Inc.
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Cathy Jones ..... Jefferson County Department of Health
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Patsy Kanter, R.N., C.D.E. ..... Certified Diabetes Educator
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Sandra Kelley, B.S. ..... National Kidney Foundation of Alabama
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Rosa Leggett, R.N. ..... Antioch Baptist Church
Donnie Lewis, R.N. ..... Whatley Health Services, Inc.
Sherry Marbury, R.N., B.S.N. ..... Alabama State Department of Education
Mary McIntyre, M.D. ..... Alabama Medicaid Agency
Lawrence McRae ..... McRae Prostate Cancer Awareness Foundation
Kristy Meanor, M.A. ..... Parent, The Wetumpka Depot Players
Mike Merrill, J.D., Esq. ..... Alabama Academy of Ophthalmology
Karen Miller ..... Me and My Health Inc.

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APPENDIX B

Performance Improvement Plan Task Force Membership

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Kathryn Chapman, Dr. P.A. ..... ADPH, Alabama Comprehensive Cancer Coalition
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Dollie Hambrick, M.S.W. ..... ADPH, Social Work Division
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Katherine Hert, B.S., B.A ..... Cardiovascular Health Branch
John Higginbotham, Ph.D. ..... University of Alabama, Community & Rural Medicine
Ozelle Hubert, Pharm.D. ..... Walmart #2760
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Gwendolyn Lipscomb, R.N. ..... ADPH, Minority Health
Mary McIntyre, M.D. ..... Alabama Medicaid Agency
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