



Iowa Diabetes Network

Strategic Plan

2006 - 2008

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INTRODUCTION



The Iowa Diabetes Network (IDN) held a facilitated strategic planning session on March 7, 2006. Fifteen people attended the session, representing:

- Boone County Hospital,
- The Iowa Department of Public Health,
- Iowa Health System, Des Moines,
- Mercy Diabetes Institute,
- Hertko Hollow,
- Buchanan County Health Center,
- University of Iowa Hospitals and Clinics,
- Genesis Diabetes Care Center,
- Cass County Memorial Hospital,
- American Diabetes Association, and
- The Iowa Department of Elder Affairs.

The plan for network capacity building included in the grant proposal funded by The Wellmark Foundation has been incorporated into the goals of this strategic plan.

As part of the planning process, the organization's vision and mission were revised. The revised mission and vision statements guided the planning process and the strategic plan that is its outcome.



Vision: "A reduction in the incidence of diabetes and the improvement of quality care provided to all persons with diabetes"

Mission: "To enhance and support the provision of quality diabetes care services and health promotional activities through professional education and distribution of information"

METHODOLOGY



The entire planning group discussed the organization's history, lessons learned, the network's value for individuals and organizations, who should participate in regional meetings, efforts to be implemented to sustain the network, and activities that will increase the network's capacity, strengthen its value, and sustain its finances over the next two years.

Initially, the large group held a brainstorming session; then attendees worked in small groups to discuss next steps, reporting key discussion points back to the large group.

ORGANIZATIONAL DESCRIPTION



Historical Scan

Iowa has a long history of significant diabetes activities, several of which provide direction for Iowa Diabetes Network future activities.

Early activities included a 1970 organized education initiative. In the 1980's, the American Diabetes Association (ADA) adopted a local focus, establishing approximately 70 Iowa chapters for patient support and health care provider continuing education, and presenting seminars for providers. The Outpatient Diabetes Education Center opened its doors in the 1980's. Organized efforts to move toward ADA and Iowa certification of education programs led, in 1984, to a state certification law. The law was amended in 1999 to include compensation for outpatient diabetes education programs.

The Iowa Diabetes Network (IDN) was established in 1995 as an oversight committee to help the Iowa Diabetes Prevention and Control Program (DPCP), administered by the Iowa Department of Public Health (IDPH), obtain funding from the Centers for Disease Control and Prevention (CDC). The advisory group evolved into an informal network which held annual meetings to help certified outpatient diabetes education program staff become better acquainted and share current information.

Attendance at IDN meetings has dropped dramatically over the Network's 10-year history. This trend may result, in part, from reduced hospital-based programming, and from educators in health care settings assuming additional responsibilities. Diabetes information is now more easily available from print media and Internet sources, such as the ADA's web site.

In its first 10 years, the IDN has:

- **Forged and strengthened relationships among Iowa diabetes program personnel.** The IDN has provided an idea interchange, nearly eliminating competition. Network members collaborate to develop forms and educational materials, saving local staff time and effort.
- **Collaborated with** the Iowa Diabetes Prevention and Control Program to develop and produce **educational products** for certified diabetes outpatient education programs. Products include an educational wallet card; patient reminder stickers; an educational eye health display; and a physician office and clinic packet describing diabetes symptoms and accepted treatment strategies.
- **Provided continuing professional education opportunities.** Professionals receive continuing education credits for regular expert presentations on **diabetes prevention and control**. The IDN program committee provides expertise in selecting topics and speakers. Educational offerings have included prevention; foot, eye and heart care; disease management; regulatory issues; and teaching strategies.

- **Provided diabetes information to state employees, legislators, and school administrators**
- **Developed an Iowa diabetes resources and services directory**
- **Participated in developing *Healthy Iowans 2010* chapters, diabetes assessments, and the Iowa Diabetes Prevention and Control Program's Performance Improvement Plan.**

Current Status

Today, the IDN is a collaborative of entities and individuals dedicated to improving the health status of persons with diabetes and promoting health behaviors that delay or prevent disease onset.

The IDN is a statewide coalition representing providers, voluntary organizations, health care agencies, public health, and certified diabetes outpatient education programs. The IDN fulfills critical roles in:

- Connecting diabetes professionals across the state,
- Collaborating with the Iowa Diabetes Prevention and Control Program, and
- Facilitating communications and networking among diabetes groups and organizations.

The IDN currently holds one annual meeting, three quarterly meetings and four educational sessions per year.

ASSESSMENT RESULTS



Following is a summary of the assessment process, based on planning session topics and questions.

Lessons Learned and Activities to Continue

Strategic planning attendees agreed that the network has been a valuable organization, and many of its activities should continue.

- Education is a key network role and should be continued. IDN needs to coordinate with other organizations to assure that urgent topics are addressed, and to avoid fragmentation and redundancy in the education provided.
- Face-to-face networking meetings across the state should be continued.
- The network should update and maintain the resource directory.
- Strength is generated by the network's engagement in special projects.
- The Network must be responsive to the needs of providers and clients in determining activities, but no identified method for gaining provider and client input has been identified.
- The focus on legislative issues should be strengthened.

What Value Can Be Added Through The IDN?

- IDN can share current information, new interventions and developments efficiently. IDN must identify the most urgent topics, the best method for distributing information and who will create the information.
- It is important to determine the *who*, *what* and *where* of information dissemination. Interpersonal interaction is valued by the organizations involved in the IDN. Group discussion identified examples of populations and organizations to target with information, and types of information to be shared.

Target Populations and Organizations

- Elderly population (Area Agencies on Aging)
- Hospitals
- Small hospitals and communities
- Providers

- Young people
- Network members
- Diabetes educators
- Schools

Types of Information to Share

- Time-sensitive programs
 - Breaking news and information
 - Pre-diabetes information
 - Up-to-date education and tools
 - Public relations pieces
 - Prevention information
 - Best practices
 - New activities
 - New programs
 - Up-to-date tools
- The IDN needs to focus more on collaboration to assure that diabetes prevention and intervention information presented is the most recent, and that methods of measuring outcomes from these efforts are implemented. In an effort to accomplish these tasks, the IDN must actively collaborate with other organizations such as the ADA and institutions of higher education to assist in defining ways to measure outcomes, promote the highest level of treatment and prevention, and using standards to determine excellence in diabetes care.
 - The network can assist its members by identifying and sharing best practices, not reinventing the wheel in rural areas, and ensuring that current information is disseminated to network members throughout the state. The IDN can be a source of materials and a venue for information distribution, providing validation for shared information.
 - The IDN should continue providing continuing education programming with health professional continuing education credits (CEUs and CME) and other information through a variety of modalities, including Web-based, e-mail, Iowa Communications Network, written materials, and face-to face programs.
 - The IDN might explore organizing a meeting, hosted by the Iowa Foundation for Medical Care as a neutral entity, for all of the Iowa diabetes organizations (American Diabetes Association, Juvenile Diabetes Foundation, and Camp Hertko Hollow) to discuss creating a state plan.

What Organizations Should Be Invited To Regional Meetings?

- Optometrists and ophthalmologists
- School nurses and administrators
- Pharmacists
- Primary care providers
- Social workers
- Regional Human Services departments
- Area Agencies on Aging
- Local colleges
- Area Education Associations
- Community health centers and local public health agencies
- Nurses
- Parish nurses
- Nursing education programs
- Dieticians
- Campus health providers
- Local service organizations
- Local and state groups that work with ethnic and special needs populations
- Dentists
- AARP
- Food stores and pharmacies
- Free healthcare clinics
- Global Health Corp
- Other departments of state government
- Insurance companies
- Local Empowerment Boards
- Iowa Hospital Association
- Businesses
- Local Boards of Health
- Diabetes industry
- Medical equipment manufacturers
- Physical therapists
- Community wellness centers
- Local YMCAs and YWCAs
- Law enforcement

Sustainability

Although the group hopes there will be continued funding from the Centers for Disease Control and Prevention (CDC) for the Iowa Diabetes Prevention and Control Program in its support of the IDN, federal dollars are uncertain. Alternative sources of funding must be found. Possible additional funding sources were identified, including:

Fundraising

- Diabetes equipment suppliers
- Insurance carriers
- Pharmaceutical companies
- Foundations
- Member organizations
- State of Iowa
- Registration fees for continuing education credits/units
- Local individuals and business

Topics to Address in the Next Two Years

Attendees were divided into small groups which identified topics and supporting information for the strategic plan for the next two years. Shared information was condensed into six topic areas, with additional activities. Plan goals were established. The other activities in this section and the above assessment were used to create objectives and identify key strategies.

- **Legislative and Advocacy Activities**

- Create educational materials formatted for legislators

- **Standards of Care**

- Review current standards used in Iowa and around the country

- **Education**

- Continue continuing education programming
- Include primary care providers in educational presentations
- Include presentation on pre-diabetes
- Increase frequency of programs
 - Provide a program every other month
 - Provide two educational programs per region per year
- Hold ICN and face-to-face meetings
- Explore other methods of distributing educational sessions, i.e. Web casts, video, CD Rom
- Promote IDN with speakers at state meetings through prepared speeches and presentations,
- Develop provider education: repeat pre-diabetes program
- Include office managers in educational presentations
- Develop a mentoring program
- Inform consumers about ways around cost and supplies barriers
- Create a pamphlet for primary care physicians that includes state statistics and reference information
- Create “*Do you have these symptoms?*” posters for waiting rooms/exam rooms
- Create flow chart for office
- Use /promote “Diabetes in a Box”
- Create and disseminate materials, tools and displays

- **IDN Funding Plan**

- Establish a foundation

- **Communication Plan**
 - Create an E-newsletter
 - Use e-mail to communicate more regularly
 - Develop/maintain a Web site
 - List links to resources
 - Develop and implement a media blitz
 - PSAs and newspapers
 - General public message (*"If an individual has been recently diagnosed, has he/she been referred for education?"*)

- **Network Capacity-building and Continuation Activities**
 - Establish the Network as a free-standing organization with a director
 - Hold regional seminars
 - Hold recruitment seminars; present same content in each region
 - Research new partners/members in each region
 - Dovetail IDN meetings with other program/organizational meetings
 - Find at least one physician champion for each region
 - Provide food and an educational program for members
 - Create brochures presenting the Network's purpose and plan
 - Hold one statewide annual meeting
 - Utilize speakers from the ADA speakers bureau
 - Create a formal network to link other organizational programs
 - Create a speaker's bureau
 - Exhibit or present sessions at medical, education, and other professional organizations state meetings
 - Update the resource directory
 - Hire additional staff

GOALS, OBJECTIVES & KEY STRATEGIES



Goals, objectives and key strategies were derived from the assessment discussion outlined previously. When a work plan is written for each objective, additional strategies may be incorporated into the plan.

STRATEGIC PLAN 2006 - 2008



Goal I:

The Iowa Diabetes Network will create a statewide intervention and prevention plan based on the most current standards of care and science-based best practices.

Objective I-a:

By December 31, 2007, the IDN will convene a statewide task force to review existing state and national standards of care, and develop a state intervention and prevention plan based on the most up-to-date standards.

Key strategies and Actions

- Identify collaborative partners
- Establish a task force
- Create a timeline and process

Objective I-b:

By December 31, 2008, a state plan for diabetes treatment and prevention will be created by the state plan task force and approved by the IDN and collaborative partners.

Key Strategies and Actions

- Establish process and timeline for review of other state plans
- Establish a process and timeline for review of science-based best practices
- Write a state plan
- Seek plan approval from IDN members and collaborative partners
- Create a plan to share the state plan with diabetes educators, practitioners, patients, families and the general population

STRATEGIC PLAN 2006 - 2008



Goal II:

The Iowa Diabetes Network will create an education plan to improve health outcomes for persons with diabetes and promote prevention activities.

Objective II-a:

By March 31, 2007, identify training needs and preferred training methods for IDN members using a written survey and focus groups.

Key Strategies and Actions

- Write a brief questionnaire to assess existing available training and identify education/training needs
- Distribute the questionnaire via e-mail; conduct focus groups at the Wellmark-funded regional meetings

Objective II-b:

By September 30, 2007, complete an education plan based on survey and focus group response.

Key Strategies and Actions

- Establish a committee to develop the education plan
- Update the plan on an annual basis
- Incorporate suggestions from IDN strategic planning session (see assessment)

STRATEGIC PLAN 2006 - 2008



Goal III:

The Iowa Diabetes Network will create a funding plan to sustain and grow network activities.

Objective III-a:

By November 30, 2007, establish a funding committee to identify additional partners to create a plan for accessing new financial resources.

Key Strategies and Actions

- Identify IDN members willing to serve on a funding committee
- Identify partners with capacity to help the Network access additional funding
 - Suppliers of diabetes equipment
 - Insurance carriers
 - Pharmaceuticals
 - Foundations
 - Member organizations
 - Local individuals and business

STRATEGIC PLAN 2006 - 2008



Goal IV:

The Iowa Diabetes Network will create a comprehensive communications plan.

Objective IV-a:

By June 30, 2007, the IDN will create a communications plan to inform members of programs, activities and best practices.

Key Strategies and Actions

- Create a communications committee
- Survey members about types of information to share, and best methods for communicating information

Objective IV-b:

By July 31, 2008, the IDN will create a communications plan to share information and education opportunities outside the network.

Key Strategies and Actions

- Establish a communications committee to create a plan for communicating diabetes information outside the network

STRATEGIC PLAN 2006 - 2008



Goal V:

The Iowa Diabetes Network will provide science-based updates to the Governor, the Iowa Legislature, and individual legislators

Objective V-a:

By February 29, 2008, the IDN will create educational legislative updates to prepare the way for future diabetes intervention and prevention policy changes.

Key Strategies and Actions

- Establish a legislative/policy committee
- Create and distribute science-based diabetes informational updates, including information about the IDN and other state diabetes activities

STRATEGIC PLAN 2006 - 2008



Goal VI:

The Iowa Diabetes Network will increase its capacity to further develop the network, improve health outcomes for persons with diabetes, and reduce the incidence of new cases.

Objective VI-a:

By January 31, 2007, the IDN will increase its capacity through increased membership and scope of impact.

Key Strategies and Actions

- Update the diabetes resource directory
- Implement the objectives of the current grant from The Wellmark Foundation
- Create a promotional IDN brochure

Objective VI-b:

By January 31, 2008, the IDN will explore the feasibility of becoming a free-standing organization with a formal structure and a director.

Key Strategies and Actions

- Establish a task force to explore the feasibility of becoming a free-standing organization

Objective VI-c:

By August 30, 2008, the IDN will establish a formal network structure to increase member collaboration and commitment.

Key Strategies and Actions

- Create a memorandum of understanding to link organizational partners
- Establish criteria for collaboration and member commitment

CONCLUSIONS



An historical scan of the IDN shows that a fragmented system of diabetes education and information-sharing exists in the state. Fragmentation creates potential redundancies and gaps in the system, and wastes both financial and human resources. Strategic planning session attendees recognized the need to identify new partners and strengthen relationships within the network to reduce redundancies, and improve sharing of best practices and up-to-date information on treatment and prevention strategies.

Goals that evolved include increasing the capacity of the network, formalizing its structure, identifying education/training needs, and identifying communication strategies for sharing best practices and other up to date information. The group wishes to explore standards of care and create a state plan.

To prepare for new policies or changes in diabetes intervention and prevention, the network will create a formal structure for informing and updating the governor and legislators about the disease's process and prevalence, and its physical, psychological, social and economic cost to the state.



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