

Diabetes Network Leadership Team
February 19, 2008 Meeting

Notes

Current Members Present: Shirley Broughton, Sue Butkus, Kenn Daratha, Elaine Engle, Linda Garrelts MacLean, Linda Haas, Kennethia Ishman, Sandra Knott, Helan Lee, Laura Pennington, Mary Zornes

DOH Staff: Francisco Arias-Reyes, Jeanne Harmon, Laura Pennington, Katrina Simmons, Marilyn Sitaker, Keith Zang

Interested Parties: Adrienne Hunter, Janet Kapp (for Cheza Collier-Garvin), Jennifer Polello (presenter)

1. First item of business was to vote on the structure for the committee. The proposed leadership structure for the workgroups is as follows:

Membership – Linda Garrelts MacLean, Chair
Annual Meeting Planning – Laura Thelander, Chair
Evaluation – Sue Butkus
Regional Coalitions - Mary Zornes
Communications – Shirley Broughton

The proposed executive committee will consist of Kenn Daratha (current Chair), Linda Haas (past Chair), Helan Lee (future Chair), and Laura Pennington (DOH Staff Lead).

Motion to accept the proposed structure was accepted.

2. Laura P. presented a summary of a recent ADA report titled “Economic Costs of Diabetes in the US in 2007”. A request was made to provide a link to the full report on the Diabetes Connection, along with bullet points summarizing the article. Laura P. will also explore the potential to create a PDF of a table that lists Washington data by Congressional District and post it on Diabetes Connection as well.
3. A request was made to resend upcoming dates of Leadership Team meetings to members and staff. Laura P. will do this. The upcoming meeting dates are as follows: April 22, July 15, and October 14, 2008.
4. Kenn gave a brief overview of the where the team currently is in relation the mission, vision, & goals of the LT. An exercise in the afternoon of 2-19-2008 will introduce LT members to the concepts of stock and flow

diagrams and system dynamic modeling (SDM). The April LT meeting will include a workshop on the use of SDM for developing intervention activities. A June workshop is tentatively scheduled for a 2 day strategic planning forum to include regional coalition members, LT members and DOH staff. No action items came out of this discussion.

5. Linda Garrelts MacLean gave an update of the membership workgroup, discussing the importance of maintaining accurate information on the members of the team.
 - Each member was asked to see her to update their current profile. She will use the information to look at gaps in the LT.
 - Based on the information that Linda has it looks like there are currently gaps in tribal representation, additional clinicians, as well as representation from the SW and coastal regions.
 - **ACTION:** Think about who we may recruit in those areas identified as gaps in membership representation.
 - **ACTION:** An email will be sent out prior to LT meetings, with a current listing of members, along with workgroup affiliation, and a column for alternate persons, who may attend meetings in the members absence.

6. Shirley Broughton gave an update of the communications workgroup.
 - Currently targeting clinicians, pharmacists, educators, etc. for annual conference. It was discussed that they may use Collaborative connections to target these groups and that there should be one postcard mailing.

7. Annual Meeting Planning Committee. In the absence of the chair the team discussed the importance that the meeting addresses the goal of the LT, as well as the overall format for the meeting, identifying four target audiences to structure the meeting around:
 - Clinicians – Need to have CMEs available and content should contain the latest on treatment strategies.
 - Diabetes Educators/Public Health Professionals – It was decided that these two groups should be combined and the presentations for this stream should be of interest and relevance, and should focus more on prevention.
 - Transitional Researchers – It was suggested that the way to get this group involved is to have them present. Potential presenters would be very targeted group of individuals, invited to present posters or presentations in 20 min sessions to share work and invited colleagues.
 - There were a couple of ideas for themes that were discussed, one being an overall theme of “Reducing Barriers”, and well as “Confronting the Tidal Wave”.

- The team discussed the need to insure that rural audiences are involved, perhaps having video-conferencing available.
- It was suggested that registration process be web-based if possible:
 - Set up at least 6 months in advance.
 - Have one point of contact for information (Laura P.)
 - Potential self-registration site from Connection, but need way to collect Monday. Francisco will take lead on this by April.
 - **ACTION:** Francisco will work with Jennifer Polello, Helan and Kennethia, to explore the best method of online registration.
 - **ACTION:** Communication team will create a flier to email to LT member with ties to a specific demographic and have them send it out to recruit those people to the conference.
 - **ACTION:** Laura P. to look into procedure for CMEs.
 - 4 **ACTION** steps to prepare for meeting:
 1. End March/early April – send out a “save the date” email, including information such as Date, Location, Keynote, theme, and 3 Tracks. Maybe do this in a flier format. Ask each LT member to send it to contacts in their field.
 2. May – Web-based registration in place. Send out second email directing people to site to register online.
 3. Mid – late summer – LT members as “trusted source” send out reminder email to register.
 4. Late Sep – Laura P. to send out Welcome and Reminder email thanking them for their registration, including meeting details.

8. Mary Zornes gave an update of the regional coalitions workgroup. Some suggestions:

- Better communication around when broader regional coalition conference calls occur, to include potential new coalitions to see what we do.
- Post goals of all regional coalitions on Diabetes Connection.
- Have regional coalitions present and share ideas at LT meetings.
- Have information about upcoming RFP opportunities at annual meeting.
- Send out RFP letter right after annual meeting.
- RFP process should include two pools of LT members.
 1. Technical Assistance pool, to provide assistance with RFP process to new coalitions.
 2. Review pool, to review and rate applications.

- DOH to provide coalition building training for new coalitions.
ACTION: Laura P. to look into this.
9. Jennifer Polello of the Eastern Washington Diabetes Network (EWDN) gave an overview of their coalition activities to date.
- Keys to their success:
 1. Network Involvement/Dedicated Leadership Team
 2. Focused, strategic vision
 3. Evidence-based direction
 4. Evaluation of efforts
 5. Execution of Efforts
 - Barriers to overcome:
 1. Funding
 2. Synergy at state level
 3. Need more evidenced-based direction
 4. Established Priorities
 - Barriers for Others
 1. Funding
 2. Training on coalitions
 3. Technical assistance
 4. Clear direction on essential priorities
 - Recommendations:
 1. Provide a framework for identifying top priorities
 2. Create internal systems to assist with the needs of the coalitions
 3. Create a strategic plan based on the findings from the state plan to find opportunities for synergy with local and regional efforts
 4. Staff regional coalitions!!
10. Leadership Team Priorities for 2008: Kenn took the team through the basics of Systems Dynamics Modeling and the team voted on the following priorities to focus their efforts on, ranking their first and second choices:
1. Reducing the death rate
 2. Improving detection rate
 3. Lowering diabetes onset rate
 4. Lowering pre-diabetes onset rate
 5. Increasing recovery rate to normal

The results were nearly unanimous that the LT should focus on #4, lowering pre-diabetes onset rate, with #5, increasing recovery rate to normal glycemic levels following a close second.

11. The Diabetes Connection: Shirley Broughton led the LT through a discussion about suggestions for improving the DC. Originally designed as a clearing-house for network members to share diabetes related activities, it is generally felt to be cumbersome and not very user-friendly, which means that activities do not get updated as needed. Some suggestions for improvement were:

- Have system that automatically archives out of date information after a certain time.
- Have separate page that only LT members can access that includes email groups/lists (LT, Workgroups, Executive Committee), for easy communication, meeting information, to include dates, times, agenda, and notes, membership contact info, announcement section, and any other information relevant only to members of the LT. Perhaps also include DOH staff contact info.
- Have a separate section for regional coalition activities, available to the public where information about coalition visions and goals, activities, best practices, creating a regional coalition, RFP opportunities, and links to individual coalition websites/pages.
- Have a separate section for new network members, with more direction about how to use site.
- Have one webmaster to go to for assistance or make suggestions. Webmaster will also send out reminders to partners complete and update profiles, as needed (this is Laura P.)
- Include Site Map
- Include centralized calendar
- Include data graphics
- Change color to make easier to read.
- It was decided that E-News is effective but should only contain one sentence “teasers” of new postings on connection, as well as reminders to update any outdated info, if needed.

Next meeting to be held Tuesday, April 22nd, at The Radisson Gateway Hotel, Seatac. Tentative agenda items to include:

- Systems Dynamics Modeling – Doc Klein
- Results from WA State Diabetes Mid-Plan update- DOH Staff
- BRFSS Overview – Katrina Simmons
- Tobacco Program Overview – Keith Zang
- Diabetes Related Disease presentation – Kenn
- WA State data available for our use – Marilyn
- Demo of updates to Diabetes Connection – Laura P.