

MINUTES
ALABAMA DIABETES NETWORK MEETING

September 19, 2012

The combined meeting of the Alabama Diabetes Network (ADN) and the Cardiovascular Health Coalition was held at the Montgomery County Health Department located in Montgomery, Alabama. The following individuals were in attendance:

NETWORK MEMBERS AND GUESTS	EX-OFFICIO MEMBERS (State Health Department Staff)
Dr. Lekan Ayanwale Mike Bice Dr. Evelyn Crayton Durden Dean Elizabeth Dean Edith Evans Ted Gilbert Dana Herazo Aimee Johnson Debra Lett Lannie Sears Mitchell Felecia OJi Kathy Zicarelli Kathy Briggs Melanie Bridgeport Ramoftalai Coker Frances Ford Blair Hitchcock Karen Holland Holly Peterson	Melissa Dean Jonathan Edwards Debra Griffin Julie Hare Heidi Hataway Samille Jackson Linda Jennings Kenya Johnson Molly Killman Elana Meriweather Dr. Jim McVay Leslie Morgan Carol Mysinger Julie Nightengale LaMont Pack Sondra Reese James K. Reid Melanie Rightmyer Ellen Snipes Julia Sosa Jabari Sullen GUEST SPEAKERS Dr. John Campbell Dr. James Johnson Dr. Pilar Murphy

CALL TO ORDER/INTRODUCTIONS

Ken Reid called the meeting to order at 9:10 a.m. He greeted everyone and thanked them for attending. He allowed time for introductions of all attendees. Mr. Reid stated that we are excited about diabetes and cardiovascular collaboration and the work that we are planning. He further stated we want to use that synergy and the benefits that bring the two groups together.

APPROVAL OF MINUTES

LaMont Pack asked the group to review the minutes of the last meeting. A motion to have the minutes approved as read was made. The motion accepted.

UPDATES/BUSINESS SESSION

Melanie Rightmyer, RN, MSN, Director, Cardiovascular Branch, talked about the flu. Most people who have diabetes just don't have diabetes; those that have cardiovascular disease don't just have heart disease. There are a lot of things coming forward. There are issues with access to care.

John Campbell, M.D., retired, discussed the time sensitive nature of trauma, cardiovascular disease, and stroke, and the importance of these patients receiving acute care in a hospital that is best equipped to provide it. All traumas related patients are routed through the Alabama Trauma Communications Center through the Alabama Trauma System (ATS) to the hospital best suited to the type and severity of injury in a timely manner. The ability to quickly route patients to the correct hospital has lowered the rate of trauma related deaths in Alabama by 30 percent, moving Alabama from the 4th highest to the 11th highest in trauma related deaths. Alabama hopes to duplicate those efforts in the Southeast Region Five with the implementation of the Southeast Regional Pilot Acute Stroke System (SRPASS). The SRPASS plan has been accepted by Southeast Region Five. This voluntary system has received a lot of interest and applications will be accepted soon. SRPASS will be activated in the next several months.

Jim McVay, Dr.P.A., Director, Health Promotion and Chronic Disease Programs Bureau, attended the State Committee of Public Health meeting just prior to this meeting. Dr. McVay began by thanking Dr. Campbell for his contribution to the State of Alabama with his involvement in the ATS and now SRPASS. Alabama has always been in the top ten in trauma and stroke deaths. There is a rural problem with stroke care, we want to address that. The goal is to identify the problems and determine how we are going to improve the whole system.

Dr. McVay advised that a good indicator of the state's health is the infant mortality rate. Alabama infant mortality rate is in the top five. Black mothers have twice the rate of white mothers. Alabama has a high black population and high mortality rate. Low income mothers have poorer outcomes; social issues are involved. Diabetic mothers and cardiovascular problems are usually linked to lifestyle and activities. Mothers who smoke have twice the rate of improvement compared to adults and teens. We will be announcing that infant mortality is the lowest it has ever been and teenage birthrate is the lowest.

Dr. McVay revealed abortion rates are improving. Substance abuse is another issue he stated. Family planning does not want children having children. If a mother has a second child at appropriate intervals, two years apart, the mother's body and child responds better. Currently, 52 percent of infants are born at 39 or more weeks. Complications seen in pregnancy are due to diabetes and cardiovascular issues. Mothers with diabetes and cardiovascular problems also face challenges, with lifestyle and diet playing a role. The State of Texas Medicaid program will not take the baby before 39 weeks. The neonatal wards are much greater and very expensive. Hospitals in Texas closed neonatal units and do not use them anymore and realized cost savings.

How can we encourage people to modify their behaviors? An example to encourage people is a \$25 a month discount if they do not smoke. There were 10 percent who chose to smoke and pay the extra \$25. Another incentive is to address risk factors in an early stage and the co-pay will be waived.

UPDATES/BUSINESS SESSION (Continued)

A study was conducted on teachers where 27,000 teachers were screened. This screening was offered in every public school; one third of the teachers took advantage of it. The teachers who choose to be screened identified a problem and paid for Weight Watchers to get to a more appropriate weight. Public Education Employee's Health Insurance Program (PEEHIP) care cost was tracked for three years. For those individuals screened compared to 70,000 who did not get screened, there were \$600 less a year to over \$1,000 a year per person projection and a savings of \$2 million a year. Also, regarding the Diagnostic Related Groups (DRGs) that people hated, the problem was not how many days patients stayed in the hospital, the problem was health care providers received a certain amount of money depending on the diagnosis. That system was most cost efficient. The question is should we have a sick system or a healthier system. Denying coverage is not the best perspective or has the best interest at heart. Yes, you can save money but is that the best? We want to cut out the waste but how can we have a healthier community?

We can show you positives if we combine our resources and work together. How do we reinforce and put the system into places, encourage and do not reward bad behavior? In order to qualify for Medicaid, you will need to meet the 133 percent of poverty guidelines for those 7-18 years old (100 percent of poverty). Families have to make up to 100 percent of the poverty level and meet one of the following criteria: be disabled, pregnant, or an individual senior. If you are single, you do not qualify.

James Johnson, PhD, M.P.A., M.Sc., Medical Social Scientist, Office of Leadership and Public Policy, Alabama State University, discussed how cardiovascular disease, including cardiac and stroke, account for 30 percent of all deaths worldwide with low or middle income countries being disproportionately affected. In addition, 3.4 million people will die from complications of high blood pressure and the World Health Organization (WHO) predicts this number will double by 2030. Non-communicable diseases (NCDs) are preventable through a healthy diet, weight management, exercise, and non-smoking. The underlying cause of diabetes and cardiovascular disease is obesity, which has doubled since 1998. The prevalence of NCDs is rising in many developed countries due to changes in lifestyle such as the introduction of fast food and soft drink consumption. Things that work to improve these outcomes include built environments (e.g. walking trails), regulation, behavioral economics, social marketing, re-education, personal and community responsibility, and evidence-based promotion. Creating public health policy is challenging, but embracing new evidence, capacity building, and taking advantage of any window of opportunity to implement these policies can support social infrastructure and educate people and law makers.

Pilar Murphy, PharmD, Assistant Professor of Pharmacy Practice, McWhorter School of Pharmacy, described the relationship between diabetes and cardiovascular disease. Currently there are 25.8 million people with diabetes and 7 million going undiagnosed. There are 79 million people with pre-diabetes. Type 2 diabetes represents 95 percent of that total, which is preventable by losing weight, increasing exercise, not smoking, and reducing the consumption of sugar and salt. Cardiovascular disease is the leading cause of death for people with diabetes. Prevention education plus the management of complications such as LDL levels, blood pressure, weight, and feet and eye checks greatly improve the outcomes for people with diabetes. Patients should be encouraged to check their blood sugar three times a day and consistently take any prescribed medications. Also, regulation of blood pressure reduces the risk of cardiovascular disease by 33 to 50 percent. Assisting patients with resources for diabetic testing supplies and setting a blood pressure goal will help patients better manage care of their condition and help prevent further complications.

UPDATES/BUSINESS SESSION (Continued)

LaMont Pack, P.A., M.P.A., Director, Diabetes Prevention and Control Unit, advised that **Plan First** is a program that is sponsored by the Alabama Medicaid Agency and the Alabama Department of Public Health. Starting October 1, 2012, free nicotine replacement therapy will be available for females in the child bearing age who qualify for Medicaid. Any smoking cessation product the health care provider prescribes would be available. This program is for one year. For other smokers and tobacco users, they can continue to call 1-800-QUIT-NOW (1-800-784-8669) for free nicotine replacement therapy providing they are medically qualified and in counseling. Flu shots were called to attention. A reminder was given that if a person with diabetes gets the flu, a flu shot could save that person's life. Mr. Pack recommended everyone get the flu shot. In addition a reminder was given about the ADA "Walk to Stamp Out Diabetes" at Shakespeare Festival Park on November 4, 2012.

CONVENING OF WORK GROUPS

Dr. Crayton dismissed the coalitions to work on Diabetes and Cardiovascular work groups.

Diabetes Program

Quality of Life

Will need to identify individuals through health fairs and organizations, i.e., local health departments

Will need to partner with church organizations and health care provider groups

Will need to provide education through community resources, colleges, and through meetings

Barriers

- Determine ways to improve delivery of Diabetes Self-Management Education
- Transportation-have the extension center provide resources to improve mobility of patients

Access to Care

Diabetes Self-Management Education

- East Alabama Medical Center in Opelika applied for an AADE \$20,000 grant to provide diabetes education in an underserved area.
 - Target City: Tuskegee
 - Collaboration with: Greenwood Missionary Baptist Church which has an established Diabetes Support Group
 - Education Location: Greenwood Missionary Baptist Church and a community center besides a physician's office
 - Transportation: Community advocates from the diabetes support group will be compensated to assist with transportation and for psychological support for compliance with behavioral change
- Barrier: Program contingent upon receipt of grant funds
- Partners: (collaborated during grant process)
 - Tuskegee University: Dr. Lekan Ayanwale
 - Auburn University: Jan Kavookjin

Education

Current Education Activities

- Diabetes self-management classes are being taught in Mobile Health Clinic
- Road to Health Diabetes Prevention has been taught in Dothan through PHA 10 Health Department
- Dothan City partners held a large health fair for the eight counties in PHA 10
- Nutrition and Physical Activity Department staff in ADPH are preparing for Scale Back Alabama
 - Promoted fruits and vegetables in September 2012
 - Provided education materials to all Food Stamp offices in Alabama
 - Vending machines: Healthy vending machine materials have been placed on ADPH's web page

Cardiovascular Health Program

Work Group

The Sodium Task Force met with the Community Work Group and discussed the development of a Spanish version of the sodium brochure, "Halt the Salt." The Sodium Task Force and the Hypertension Task Force will meet monthly through conference calls to develop blood pressure tool kits for healthcare providers and patients.

NETWORK FEEDBACK

Dr. Crayton advised the work groups that their work groups' feedback would be reported at the next meeting. Also, Dr. Crayton reminded everyone to complete the Program Evaluation Record for the first combined Cardiovascular and Diabetes Coalitions meeting. The results will be provided at the next meeting.

Acknowledgement/Adjourn was conducted by Dr. Crayton, when no further comments were given.

Respectfully submitted:



Debra Griffin, Nurse Educator/Coordinator
Diabetes Prevention and Control Unit



LaMont Pack
Director, Diabetes Prevention and Control