

The New Mexico Diabetes Advisory Council

Meeting Notes: The Future of NMDAC

September 5, 2008

Members were divided into six small groups to discuss three questions related to the future direction of the NMDAC. Groups were facilitated by NMDAC Board and Steering Committee members. Overall process was facilitated by Carol Pierce.

Each group discussed the questions and identified the top three themes that arose from their comments and presented them to the large group. The top themes each group presented have been combined to reflect each of the prominent themes that arose, and every comment made in the small group discussion is included later in this report.

TOP THEMES FROM QUESTIONS

Question #1: The current focus of the NMDAC is networking, advocacy and education. What do you believe is the best future direction for the NMDAC beyond this current focus?

Education

- Continue CEUs and presentations. Increase CEU's to 2-3 hours.
 - Possible Themes: culturally competent care, alternative medicine, medical reimbursement
- Improve NMDAC as an educational tool.
- Provide a better mix of education.
 - Expand focus from clinical issues to include social, physical, environmental, etc. issues affecting health.
 - Hold forums to address "501(c)3 potentials," (e.g. grant writing) problem solving (e.g. continuity of care).
- Maintain and expand current education outreach.
 - Continue or create: Statewide Helpline for patients and providers, Resource Center for support groups, literature, conferences, materials, tools, incentives, etc.
 - Pay more attention to rural areas.
 - Offer additional educational support through websites (interactive resources), field trips, and mentoring.

Question #1: The current focus of the NMDAC is networking, advocacy and education. What do you believe is the best future direction for the NMDAC beyond this current focus? (continued)

<p>Networking</p>	<ul style="list-style-type: none"> • Link with other organizations, especially other chronic disease and other DAC organizations. • Serve as an integration point for statewide projects. • Build/connect infrastructure throughout the state (telemedicine, balloon transmitter, etc.). • Emphasize member networking; continue introductions at beginning of NMDAC meetings.
<p>Advocacy</p>	<ul style="list-style-type: none"> • Expand state and national advocacy towards policy and public awareness. <ul style="list-style-type: none"> -Understand what is in place now, in the system as a whole, and what works well. - Discuss main advocacy points to take home. -Have a legislative representative for each quadrant of the state.
<p>Other</p>	<ul style="list-style-type: none"> • Create a work plan for implementing projects (scope of work and implementation/who does what).

Question # 2: Who are the potential partners for collaboration to achieve this new direction?

<p>Organizations</p>	<ul style="list-style-type: none"> • Professional Organizations (ADA, AHA, ZADE, DACs, etc.) • Community Organizations and Local Businesses (farmers markets, weight loss programs, casinos) • Educational Organizations <ul style="list-style-type: none"> -Schools, universities, colleges, students
<p>Government</p>	<ul style="list-style-type: none"> • City, county, tribal, state, federal • Policy makers and people who influence policy, including tribal leaders <ul style="list-style-type: none"> -Emphasize certification for promotoras

Question # 2: Who are the potential partners for collaboration to achieve this new direction? (continued)

Medical/Clinical Partners	<ul style="list-style-type: none"> • All providers and provider agencies in communities (physicians, pharmacists, nurses, mental health, hospitals, school health, etc.) <ul style="list-style-type: none"> -Emphasize mental and behavioral health practitioners • Healthcare plans and insurance companies • IHS • CDC
Food Systems	<ul style="list-style-type: none"> • Grocery stores, restaurants, produce markets, etc.
Media	<ul style="list-style-type: none"> • Celebrity sponsors/spokespersons/sports teams (local and/or national)
Partnership Suggestions	<ul style="list-style-type: none"> • Use DAC membership to assess gaps, then seek to fill gaps, address fragmentation and duplication. • Engage consumer organizations and consumers; share non-traditional success stories.

Question # 3: Is there anything that you believe the NMDAC should not consider as the new direction? Why?

NMDAC Membership and Activities	<ul style="list-style-type: none"> • Avoid competing with other organizations, duplicating services, and providing ineffective services. No mandates for individual members. • Avoid providing direct services. • Avoid making data difficult to access.
Financial Issues	<ul style="list-style-type: none"> • Avoid becoming commercial, do not sell anything. • Avoid indiscriminately seeking or providing funding.
Organizational Balance	<ul style="list-style-type: none"> • Avoid spreading services/members too thin and tackling more than NMDAC has the capacity to handle (keep it simple). • Maintain a balance of discussion, action, evidence based practices and ingenuity. • Stay focused on NMDAC mission.

Full Group Reflection:

After the small group presentations, the large group reflection discussed the themes, offering the following comments:

- NMDAC should not provide direct services.
- NMDAC should continue to creatively network at a local and national level share success stories, and work with diverse partners.
- Do not spread the organization or the leadership too thin.
- Market NMDAC, raising awareness about what NMDAC is and what it does.
- Consider the possibility of moving meetings to different locations around state.

The group discussed the possibility of implementing a membership fee. The feedback included:

- Dues are hard to collect
- A small donation at door would be acceptable to the membership as opposed to implementing a formal membership fee.
- Donations to 501(c)3 through members' organizations/United Way campaigns may be preferable.
- May be useful to educate members about costs of meetings. overhead, etc. to illustrate the value of membership fees or need for donations.

FULL DETAILS FROM SMALL GROUP DISCUSSION

Question # 1: The current focus of the NMDAC is networking, advocacy and education. What do you believe is the best future direction for the NMDAC beyond this current focus?

Networking and Communication

- Host forums in which DAC members address and solve problems, i.e. continuity of care.
- Link with other chronic disease and DAC organizations on a national level.
- Use web to increase and enhance communication between hospitals, rural sites.
- Create a listserv or website with portals to resources (to share advantage of others' experiences and other diabetes progress in state).
- Consider DAC as an "integration" point for funding for statewide projects.
- Emphasize networking as much and advocacy as education.
- Continue introductions at the beginning of NMDAC meetings.
- Engage members who want to help.
- Promote NMDAC to physicians, other health educators, universities.
- Learn what other groups are doing.
- Build infrastructure throughout the state, Balloon Project as an example.

Diabetes Resources and Education

- Provide training opportunities
 - Culturally competent care training.
 - Alternative medicine training.
 - Medical nutrition treatment reimbursement.
 - Continue CEUs, possibly increase by 2-3 hrs.
- Develop resources for patients and providers
 - Diabetes Helpline, statewide and local for providers and patients.
 - Resource Center for support groups, literature, conferences.
 - Video/DVD lending library or Netflix for Diabetes education materials.
 - Funding from DAC for best practices, mentoring, co-teaching, or field trips.
 - Promote tools that can extend patient care (telemedicine, talking meters, etc.)
 - Provide current information about DM to help providers
 - Current literature, new practices, techniques, emergency preparedness, incentives, tools, teaching materials, etc.

- Enhance current resources and educational outreach
 - Pursue a better mix of education (currently very pragmatic, clinical).
 - Incorporate social determinants (physical, environmental, etc.) to make education multi-level.
 - Use trained students to provide services.
 - Aim to increase public awareness; NMDAC needs to catch people falling through cracks.
 - Offer more support to develop CDEs.
 - Scholarships for students in DM fields.
 - Support language interpretation programs (reimbursable).
 - Acanthosis nigricans emphasis.
 - Increase focus on rural areas.
 - Organizational development, including board and staff training

Advocacy

- Provide time to discuss main advocacy points to bring home.
- Discuss what works well regarding advocacy and education, what's in place in system/as a whole.
- Pursue more legislative advocacy and activity, especially support for national legislation.
- Have a legislative representative from each state quadrant.
- Communicate/collect personal stories to take to legislators.

NMDAC as an Organization

- Consider how 501(c)3 status changes the future potential of what DAC can do in NM, i.e. grant writing.
- Each quarterly meeting could have a 501(c)3 focus, such as grant writing, at announcement time.
- Focus on sustainability.
- Discuss charging a fee for membership and/or CEUs.
- Create a work plan for implementing projects (scope of work and implementation—who does what).
- Get feedback from NMDAC members.

Question # 2: Who are the potential partners for collaboration to achieve this new direction?

Community Partners

- Faith communities
- Senior centers and senior center programs
- Women's organizations
- Service organizations (e.g. Rotary)
- Educational partners: schools, universities
 - College and medical students
 - After school programs
 - University programs, extension services
 - University research
 - University wellness groups
 - School health programs (including nurses and administrators)
- Health and Fitness
 - Fitness centers (e.g. Curves, Defined Fitness)
 - Silver Sneakers
 - Weight loss programs (e.g. Weight Watchers)
- Youth organizations
 - 4-H, Boy and Girl Scouts, FFA (Rural youth development)
 - Other youth groups affected by diabetes
- Food Systems
 - Grocery stores and shopping centers
 - Local produce/farmers markets
 - Food Pantries
 - Natural and commodity foods distributors
 - Restaurants
 - WIC

Direct Services: Providers and Tools

- Hospitals: urban, rural, VA, etc.

- Physicians
- Nurses
- Community Health Workers (Promotoras)
- Mental Health and Behavioral Practitioners
- Case Managers
- Pharmacists
- Health Promotion Specialists
- Optometrists
- Dentists and their associations
- Podiatrists and Podiatrists
- Home visits
- Health Plans (wellness coordination)
- Family support
- Pharmacies and Drugstores
- Social workers
- Insurance companies
- Medical interpreters/cultural competency

Professional Organizations

- ZADE
- NMRA
- Hospital organizations
- National DACs and other organizations, including CDC
- Provider associations (physicians, dentists, podiatrists, etc.)
- Eye foundations such as Lion's and ophthalmologists
- Juvenile Diabetes/Pediatrics organizations
- Navajo Health Education Program
- Kidney foundation
- American Heart Association
- American Cancer Association

- American Diabetes Association
- Community health councils
- Tribal health councils
- Taking Control of Your Diabetes (TCOYD)
- Juvenile Diabetes Research Foundation (JDRF)
- RWJF UNM Health Policy Institute
- Johnson and Johnson Diabetes Institute (JJDI)

Businesses and Commercial Partners

- Pharmaceutical companies
- Casinos
- Grocery Stores, restaurants, shopping centers, etc.
- General businesses
- Chambers of Commerce
- Other consumer organizations
- Business community and Service Corps of Retired Executives (SCORE)
- Celebrity sponsors/spokespersons/sports teams (local and/or national)
- Media

Government: County, City, Tribal, State, Federal

- Department of Health
- IHS
- Federally funded programs
- Transportation
- City Planners
- Parks and recreation
- State government: Environment, HHS, etc.
- Policy makers and people who influence policy, including tribal leaders
- Medicaid and Medicare
- State legislators AND politicians, “big shots”

- Tribal departments of natural resources
- WIC

Other Partners

- Employers
- Emergency Management Services
- Risk management
- Chapter health
- Stakeholders who share and/have risk factors
- All local agencies that are represented here

Partnership Suggestions

- Assess NMDAC current membership to see where gaps are. Then seek to fill the gaps and address fragmentation and duplication.
- Develop a resource/member directory, and who we are.
- Use newsletters, NMDAC as a resource and education provider to these partner organizations.
- Use resources of JJDI (Johnson and Johnson Diabetes Institute).
- Pursue DM camps for children too.
- Offer free conference 2 times/year: use health and media leaders as links.
- Share success stories, challenges, and strategies that do not work.
- Seek more programs involved in diabetes internships.
- Work with media to present healthier choices.
- Pursue greater tribal involvement.
- Support healthy vending machines.
- Encourage members to ask, "Are we taking home and putting into practice what we learn at NMDAC?"
- Encourage more consumer participation and more consistency in member participation.

Question # 3: Is there anything that you believe the NMDAC should not consider as the new direction? Why?

-NMDAC should not:

- sell anything or become too commercial
- use a single statewide manual for diabetes.
- pursue strategies and projects that don't work.
- create any mandates for members.
- require membership dues.
- duplicate services provided by DPCP and other organizations (should be a collaborative effort).
- endorse or be seen as endorsing unscientific information or personal agendas.
- provide direct services (members already do this).
- reinvent the wheel. Share stories and learn from the experiences of others.
- become too clinical.
- become an indiscriminate fiscal agent.
- indiscriminately seek funding sources.
- focus on a large statewide diabetes conference at this time (other organizations already do this).

NMDAC should:

- stay focused on the mission and adhere to guidance documents.
- consider how involved it should be in field applications.
- avoid spreading itself too thin.
- make data visible and accessible.
- balance between evidence based practices and ingenuity.
- be solution oriented and stay positive, avoid becoming a discussion only or negative group.

Question # 4: Is there anything else you would like to add?

- Get behind state and federal Diabetes policy, such as the school rule.
- Keep moving in the right direction.
- Share our stories, programs, and best practices nationally and internationally.
- Find funding for people to go to national conference.
- Concerns about misinformation—making sure correct information is accessible.

- Hold NMDAC meetings in a non-smoking venue.
- Hold NMDAC meetings in alternating locations around the state.
- Make diabetes more visible in state.
- Market NMDAC, raise awareness about what NMDAC is and what it does.
- Have more data on minorities (Asians and African Americans).

Parking Lot Comments

Only RDs can be Medicare Providers (Reimbursement Issues)

Bingaman and Udall supportive of DM-related issues

Medicaid doesn't pay for educational services

Mentoring programs

Virtual training teams

Internships

Insurance plans pay for exercise stipends (including gym fees...)

Reimbursement for caregivers (for those not usually paid)

Use trained students to provide training

Community Gardens

Insurance Reimbursement Issues (raised multiple times by different groups)

Misinformation