Diabetes Initiative of South Carolina

1999 Annual Report

John A. Colwell, MD, PhD
Chairman, Board of Directors
Diabetes Initiative of South Carolina
January, 2000

To Governor Hodges and the General Assembly:

On behalf of the Board of Directors of the Diabetes Initiative of South Carolina, I am pleased to present our fifth annual report. This report was requested in Chapter 39, Section 44-39 of the Diabetes Initiative of South Carolina Act.

In accordance with the provisions of the act, we have established the Diabetes Initiative of South Carolina Board and the Diabetes Center, Outreach and Surveillance Councils. Close liaisons have been developed between our Initiative and The S.C. Diabetes Control Program of the Department of Health and Environmental Control and the American Diabetes Association, South Carolina Affiliate, Carolina Medical Review, and The Area Health Education Consortium (AHEC).

In 1999, in collaboration with the S.C. DCP, DHEC, we issued our second report “The Burden of Diabetes in South Carolina”. This report established that South Carolina ranks among the top 5 states in the U.S. in the prevalence of diabetes. Approximately 300,000 of our citizens have diabetes. The rates of major complications of diabetes (heart attacks, amputations, end stage renal disease) are increasing at rates of 20 - 27% since 1994. Total yearly cost of diabetes is approximately $850 million in South Carolina.

Based upon these statistics, the DSC Board has developed a long range Strategic Plan, which defines 9 major goals and specific steps to be taken to combat this devastating disease. Ongoing surveillance is documenting the impact of the many programs we have developed. We are seeing encouraging trends in certain areas since The Diabetes Initiative was started. Specific risk markers and guidelines for care are now in place, and we are implementing a statewide program that has attracted the attention of health care providers and people with diabetes. We are confident that this Initiative will eventually reduce costs of care, result in fewer complications and established an improved quality of life for people with diabetes in our state. These changes will occur gradually in this chronic disease, predictably over the next 2-3 decades.

We are enthusiastic that the Diabetes Initiative of South Carolina will be successful in combating this serious disease by its innovative programs of community outreach, education, and surveillance. We are grateful to the General Assembly for establishing this Initiative and sincerely hope that you will find that this report is responding to the needs of the people in South Carolina.

John A. Colwell, MD, PhD
Chair, Diabetes Initiative of South Carolina Board
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EXECUTIVE SUMMARY
Executive Summary

The Diabetes Initiative of South Carolina had four major accomplishments in 1999:

The first major accomplishment was:

_In collaboration with The Diabetes Control Program of the Department of Health and Environmental Control, we issued our second Burden of Diabetes in South Carolina report._

Diabetes mellitus is a major public health problem in South Carolina. At least 160,000 people in South Carolina are aware that they have diabetes, and an equal number are undetected. Thus, at least 300,000 people in South Carolina have diabetes. The sixth leading cause of death in our state is diabetes, and it accounts for 14% of all hospital discharges. Total yearly hospital and emergency room costs from diabetes and its complications are about $850 million and average yearly costs of hospitalization was $12,664 in 1997. The prevalence of diabetes is more than doubled in our non-white population (9-10%) vs 4% among the white population. The disease is a chronic disorder which is often accompanied by complications, including blindness, kidney failure, heart attacks, strokes, and amputations. High blood pressure and abnormal cholesterol levels are frequent. Medical costs rise with increased duration of the disease, and life span is shortened by 5-10 years in most patients.

Encouraging trends are apparent regarding pregnancy and diabetes. These probably reflect improved blood sugar control. Rates of congenital malformations (an indication of poor blood sugar control during pregnancy) have fallen 25% in the past 6 years, and infant mortality (also dependent upon good blood sugar control) has declined from 12.8 to 9.8/100,000 population between 1980 and 1995. Mortality rates have fallen steadily in the past two years and the trend is expected to continue in future years.

Over 50% of diabetic people have had their eyes checked in the past year, and close to 90% have had their feet examined. These steps are critical if one is to avoid the serious complications of blindness and amputations. On the other hand, serious complications of diabetes: hospitalizations for ketoacidosis admissions for kidney failure and/or dialysis, and amputation rates have all increased between 1992 and 1997. In all cases, significant increases have been seen particularly in non-white when compared to white individuals. Emergency room visits and costs are also on the increase-especially in non-whites.

Exciting new developments in the area of health professional education have occurred. There is a significant increase in the number of primary care physicians, certified diabetes educators and pharmacists trained in diabetes. The Diabetes Initiative has an impressive number of new educational and outreach programs for people affected by diabetes and its complications. Innovative training of health professionals at the college, graduate school, and postgraduate school levels is occurring The Diabetes Initiative has implemented an unprecedented dissemination of guidelines for care and management strategies to all primary care physicians in S.C. Coalition development by SCDCP/DHEC and DSC in 4 geographic areas in S.C. is now underway, and will serve as a direct link to communities and people affected by diabetes.
The second major accomplishment was:

*Passage by the General Assembly of Bill #3928, which establishes third party payment for out-patient self-management and education for people with diabetes, according to care guidelines to be set by The Initiative. Strict guidelines for certification of diabetes educators are included.*

The complications of diabetes may be prevented or delayed by specific actions. Improved blood sugar control will slow progression of eye, kidney, and nerve complications. Control of elevated blood pressure and high cholesterol, use of specific drugs for protein loss in the urine, improved nutrition, exercise, foot care, and low dose aspirin therapy have now all been shown to markedly reduce the risks of renal failure, blindness, stroke, heart attacks, and amputations in people with diabetes. New guidelines for care have recently been developed and Diabetes Initiative has disseminated them to all primary care health providers in South Carolina. The problem now is to make health professionals and diabetic individuals fully aware of these guidelines and to take immediate medical action. The Diabetes Initiative Strategic Plan calls for a 10 year program directed at these issues, and this recent legislation will ensure coverage for diabetes management and education, according to widely accepted guidelines.

The third major accomplishment was:

*The establishment of a new DSC site, in accordance with our original plan, at The University of South Carolina School of Medicine in The Department of Family/Preventive Medicine. It is directed by David Keisler, M.D. and is ably staffed by Elizabeth Todd Heckel.*

The fourth major accomplishment was:

*Working closely with the S.C. Diabetes Program, DHEC, to successfully compete for a five year core capacity CDC grant, which ranked third in the nation and provides $359,700 yearly for five years.*

A major strength of the Diabetes Control Program (DCP) in South Carolina is the leadership and presence of the Diabetes Initiative of South Carolina (DSC), which demonstrates to national funders the commitment of the South Carolina government leadership to reducing the burden of diabetes for SC residents. The DCP 1999-2004 plan development was guided by the strong framework for change established in the DSC 10 year Strategic Plan (1998-2008).

**In Summary,**

We are enthusiastic that under the guidance of the Diabetes Initiative of S.C. Board, with the collaboration of the S.C. Diabetes Control Program-DHEC, the American Diabetes Association, Carolina Medical Review, Area Health Education Consortium (AHEC), Southern Region, and other organizations which regularly deal with diabetes and its complications, that we can make measurable impact upon this devastating disease in South Carolina in future years. Improved quality of life and decreased costs of care for people affected by diabetes will be achieved in future years.
DIABETES INITIATIVE OF SOUTH CAROLINA
BOARD OF DIRECTORS ANNUAL REPORT
JANUARY 1, 1999 - DECEMBER 31, 1999 (YEAR 05)
OVERVIEW

In 1999, The Diabetes Initiative of South Carolina (DSC) and its Surveillance Council have collaborated with the S.C. Diabetes Control Program, Department of Health and Environmental control (S.C. DCP-DHEC) in its second report “The Burden of Diabetes in South Carolina”. The report documents that diabetes continues to be a serious public health problem in South Carolina. At least 160,000 people in our state are aware that they have diabetes, and it is estimated that an equal number may have the disease, but do not know it. Total yearly hospital and emergency room costs from diabetes and its complications are approximately $850 million, and the average yearly cost of hospitalization in 1997 was $12,664. The disease is a chronic one, and is often accompanied by complications, including loss or decrease in vision, kidney failure, amputations, heart attacks, and strokes. Hospitalization rates for these complications are increasing. Hypertension and increase in blood cholesterol are frequent. African Americans have twice the prevalence of diabetes, and are doubly affected by major vascular complications.

The DSC Board has recognized these issues and has developed a Long Range Strategic Plan to address them. The Plan has nine major goals.

Goal I: To improve knowledge of diabetes, quality of life, and access to prevention and intervention services for people at risk and those affected by diabetes.

Goal II: To increase the utilization of short-term (surrogate) measures which lead to actions that will delay progression of complications of diabetes.

Goal III: To address the needs of persons at risk and with diabetes by increasing services and education in health professional shortage areas in South Carolina.

Goal IV: To reduce the morbidity rates from diabetes-related complications.

Goal V: To reduce the age-adjusted mortality rates from diabetes and its complications.

Goal VI: To decrease risks for select groups of people with diabetes where the prevalence and complication rates exceed those of others.

Goal VII: To reduce preventable hospital admissions and charges for diabetes.

Goal VIII: To reduce preventable visits to the emergency room by people with diabetes.

Goal IX: To improve the statistical basis for estimating the prevalence of diabetes in South Carolina.

For each goal, we have defined the major issues that are presently recognized, and have indicated major quantifiable objectives. Specific tasks and programs of the DSC Outreach, Diabetes Center of Excellence, and Surveillance Councils are defined, and integration of the programs with the S.C.DCP - DHEC, and with the activities of the American Diabetes Association, South Carolina office is described. Oversight is provided by the Diabetes Initiative
of South Carolina Board.

The Strategic Plan recognizes that all of the late stage complications of diabetes mellitus can be prevented or their progression slowed down by early recognition and institution of intensive, well defined, preventative strategies. The Burden Report shows progress in many areas, since the inception of our programs. Over 2/3 of people with diabetes have had their eyes and feet examined in the last year. These two simple procedures will slow down the rate of visual loss or lower extremity amputation, respectively. Encouraging trends are occurring with pregnancy and diabetes, presumably reflecting improved blood glucose control. Rates of congenital malformations have fallen 25% in the part 6 years, and infant mortality has declined from 12.8 to 9.8/1000 births between 1991 and 1997. Finally, after a steady rise in mortality from diabetes and its complications form 1980 - 1995, mortality rates have started to decline in the past 2 years, and are projected to continue to fall in future years.

Although health professional shortages are still recognized in many S.C. counties, DSC is the prime mover in creating a rapid growth in the number of certified diabetes educators, pharmacists specially trained in diabetes education, preclinical students who are learning about diabetes, and medical students who are rotating in rural communities and are using diabetes as the prototype disease to study, understand, and to develop community programs. DSC has created an unprecedented professional education program for practicing physicians and for those in training. This includes multiple seminars and educational material, including a manual for the management of diabetes, which has been distributed to every primary care physician in South Carolina.

The specific details of many of these programs are given in this yearly report. Although the Board recognizes that we have a long term task ahead of us, we are encouraged that The Diabetes Initiative is making a real impact in diabetes and its complications in South Carolina.
Major Goals of Strategic Plan

Diabetes Initiative of South Carolina

People at Risk or with Diabetes

Expand HMO/Insurance Coverage for Diabetes Care, Supplies and Education

Improve Public Awareness Through Media Channels

Improve Knowledge and Access to Prevention, and Intervention Services for Diabetes

Health Professional

Community-Based and Patient Education

Utilization of Measures and Actions that Decrease Risks and Complications

Costs for Complications

Unnecessary Hospital Admissions

Premature Deaths

ER Visits for Preventable Complications

Morbidities & Disabilities

Improve Quality of Life
Diabetes Initiative of South Carolina Board

**Highlights of Year 05**

**Legislation**

The S.C. General Assembly passed Bill # 3928, Section 38-71-46. This legislation was prepared after multiple meetings and input by affected parties, and was approved by The DSC Board in September, 1998. It has two major components: (1) coverage by third party payors for equipment, supplies, and outpatient self-management and education for the treatment of people with diabetes mellitus. Adherence to minimal standards of care for diabetes mellitus, as adopted and published by The Diabetes Initiative of S.C. is required. (2.) Diabetes out-patient self-management and education is to be provided by a registered or licensed health care professional with certification in diabetes by The National Certification Board of Diabetes Educators, or by an accredited program approved by DSC or by the Diabetes Control Program, SC DHEC.

The Legislative Task Force is developing criteria for minimal guidelines for care as well as criteria for accredited education programs by DSC and SC DCP-DHEC.

This important legislation will significantly improve the lives of people with diabetes and will provide strong mechanisms in support of the long range goals of The Diabetes Initiative of South Carolina.

A new DSC site was established and is operational at The University of South Carolina School of Medicine in the Department of Family Medicine. It is directed by David Keisler, MD, President of the S.C. Academy of Family Physicians and is ably staffed by Elizabeth Todd Heckel.

**Councils**

Details of the many Council activities are given in their reports. DSC Board oversight and approval is provided prior to implementation of these programs. Highlights of Council activities and programs:

**DSC Outreach Council**
- Community Outreach Programs
- Media Campaign
- Coalition Development
- Resource Manual
- Enterprise Health Program
- Partners in Wellness: HBCU
- REACH 2010
- Palmetto Community Health Network
DSC Diabetes Center of Excellence Council
Fifth Annual Diabetes Symposium
Training Programs: Certified Diabetes Educators
Foot Care Courses for Nurses
Diabetes Education: Practicing Pharmacists
Office-based Provider Education
Office-based Management: Manual, office visits
Third Year Medical Student Program
Epidemiology of Diabetes: Graduate Students
Intensive Diabetes Education, Awareness, and Lifestyle (IDEAL) Program
Model Diabetes Education Program
Bill # 3928: Coverage for Diabetes Education and Care

DSC Surveillance Council

Second Burden of Diabetes in S.C. Report
Organization of Research Investigator Group
Development and maintenance of Internet webpage
Production and distribution of data slides
Baseline Estimates of adherence to clinical guidelines for diabetic management
Identification of areas of health professional shortages
Establishment of comprehensive database for diabetes and its complications in S.C.
Development of a system of measures to access hospitalization costs associated with diabetes
Development of a new system for the estimation of diabetes prevalence
BUDGET AND SUPPLEMENTAL SUPPORT
**BUDGET**

<table>
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<th>Fiscal Year</th>
<th>Fiscal Year</th>
<th>Projected</th>
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<td>State Appropriation</td>
<td>$396,000</td>
<td>$400,700</td>
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<tr>
<td>S.C. DCP-DHEC</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
</tr>
<tr>
<td>Total</td>
<td>$411,000</td>
<td>$496,000</td>
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A modest increase in funding for 2000-2001 is requested to establish an upstate site and to improve and enlarge our programs directed at goals and objectives of the 10 Year Strategic Plan.

**SUPPLEMENTAL SUPPORT**

The establishment of the Diabetes Initiative of South Carolina contained a commitment to obtain matching funds, as a supplement to the core state support. We have exceeded this goal each year, through a combination of extramural support through the S.C. DCP-DHEC, community grants, foundation and federal grants, major research support for clinical research in diabetes at MUSC, and registration fees and corporate donations for our education programs.

**Education and Care**

1. **S.C. Diabetes Control Program-DHEC:** This is a 5-year grant continuation from the Centers for Disease Control and Prevention (CDC) to S.C. DCP-DHEC for a statewide diabetes control program. Its goal and objectives are developed so as to integrate and complement the Strategic Plan of The Diabetes Initiative of South Carolina. Oversight is provided by the DSC Board of Directors. This continuation grant’s first year was funded at $359,700, from 07/01/1999 - 06/30/2000. Total = $1,798,500 (7/01/99 - 6/30/2004). P.I. is Brenda Nickerson, RN, MSW.

2. **Hypertension and Diabetes Management and Education Program** Charleston’s Enterprise Community. In July, 1997, we were informed that DSC had received funding of $652,727 from the MUSC Healthy South Carolina Initiative for 7/1/97 - 6/30/00. Funding for Year 1 $229,270, Year 2: $209,996, and Year 3: $213,461. Total funding for 3 years is $652,727. The program offers community-based education and linkages with ongoing care, medication management, foot care, eye screening, and case management for those with high resource utilization. Successful components will be replicated in other communities. P.I. is Carolyn Jenkins, Dr.PH, RN, RD.

This new source of funding was supplemented by $60,000 in Year 01 from US-HUD to train community volunteers to address priority health problems.

3. **Partners in Wellness:** A collaborative program of SC’s Historically Black Colleges and Universities (HBCU), AHEC, and MUSC to document and reduce risks for hypertension and diabetes through student research, teaching, and service to communities was funded (1/1/98 - 12/31/2000) by MUSC’s Healthy South Carolina Initiative for $178,500 for Year 1, $144,000 for Year 2, $144,000 for Year 3. Total funding for 3 years is $466,500. The program goals are to reduce risks and recruit African Americans into careers in health by engaging undergraduate students in a course that involves research, teaching, and service for students enrolled at SC State University, Claflin College, Voorhees
College, Morris College, Allen University, and Benedict College. P.I. is W. Timothy Garvey, MD

4. Community-Oriented Diabetes Care Program (CODCP): This is a 3 year award from the NIH to Alec Chessman, MD and David Garr, MD, Department of Family Medicine, MUSC, to develop a community-based training program of diabetes education and care for all third year medical students at MUSC and USC. The Diabetes Initiative prepares curricular material and interacts with faculty and students in this innovative program. Year 1 funding: $263,745, Year 2 $199,823, Year 3 $179,965, total: $643,532= July 1, 1998 - June 30, 2001.

5. Reducing The Impact of Diabetes in Northeastern South Carolina: This is a 3 year award, by the Duke Endowment to The Palmetto Community Health Network, PCHN (President: Ned Schlaefer) to develop a program about diabetes and its complications for health professionals and people with diabetes in the 7 county, 10 hospital Pee Dee area of South Carolina. Professional education programs will be delivered by The Diabetes Initiative to over 200 physicians and other health professionals. Year 1/funding: $147,820, Year 2/$ 168,570, Year 3/$151,570, total: $467,960 (Duke Endowment: primary support).

6. “Charleston/Georgetown REACH 2010 Diabetes Coalition”. P.I. Carolyn Jenkins, DrPH, RN, RD. Total $305,311 funded by the Centers for Disease Control and Prevention (CDC) from 9/30/1999 - 9/29/2000. This is an urban-rural coalition working together to develop a plan to improve diabetes outcomes for more that 11,012 African Americans with diagnosed diabetes. Partners include the Trident Black Nurses Association, the County Library, DHEC County Health Department, Charleston’s Enterprise Community, Georgetown’s CORE Diabetes, Alpha Kappa Alpha Sorority (AKAS), Project SUGAR, Communi-I-Care, Carolina Medical Review, and the Medical University of South Carolina community-based diabetes programs (DSC).

Total Supplemental Support (Education and Care)

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<th>Grant</th>
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<td>S.C. DCP-DHEC</td>
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<td>$ 712,727</td>
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<td>HBCU</td>
<td>$ 144,000</td>
<td>$ 466,500</td>
<td>1/1/98 - 12/31/2000</td>
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<td>CODCP</td>
<td>$ 199,823</td>
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<td>PCHN</td>
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Clinical Research (MUSC)

MUSC has nationally recognized basic and clinical research programs which address diabetes mellitus from a variety of perspectives. Clinical research is most likely to lead to early translation into efforts by the Diabetes Initiative. Only the major programs are reported:

- “Markers and Mechanisms of Macrovascular Disease in IDDM”. P.I. - W.T. Garvey, MD. $875,885/year 3, 9/1/96 - 8/31/01. Total award $3,967,211. This major award combines the research expertise of 20 members of the MUSC and USC faculty under one program. These investigators will study mechanisms which may cause accelerated vascular disease in patients with type I diabetes. The patients are long term participants in the Diabetes Control and Complications Trials (DCCT). Additional supplemental funding of $277,114 for Year 1 (7/1/98 - 6/30/99) and $168,224 for Year 2 (6/30/99 - 6/29/2000) has been awarded.

- GENNID: A genetic study of diabetes in family traits. P.I. W.T. Garvey, MD. $147,600 funded by the American Diabetes Association from 10/01/1998 - 03/31/2000. This is a continued study and education on the Gullah population of the South Carolina sea islands--“Genetic Markers for Type 2 Diabetes and Pathogenic Metabolic Traits” from 1993 to 1998 with a total funding of $800,000.

- “Lipoprotein Subclasses and Vascular Complications in the DCCT/EDIC Cohort”. P.I. Alicia Jenkins, MD. Total $100,00 funded by the American Diabetes Association from 7/1/99 - 6/30/2000. This study focuses on cholesterol subclasses on the development of blindness, kidney disease, peripheral vascular disease, coronary heart disease, and stroke.

- “Epidemiology of Diabetes Intervention and Complications”(EDIC). P.I.’s - J. Colwell and R. Mayfield. $90,699 year 4, 4/8/99-3/28/00. Total award $438,457. This study is a follow-up study of the course of patients enrolled in the DCCT in Charleston. Along with patients from 27 other centers, this group of type I diabetic patients provide a patient group for study in program no.1, above.

Total Supplemental Support (Clinical Research)

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<td>Lipoprotein Subclasses</td>
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<tr>
<td>EDIC</td>
<td>$ 90,699</td>
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<td>$1,394,808</td>
<td>$5,305,664</td>
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Professional Education Programs

These programs are supported by nominal registration fees and by generous corporate donations. Our balance for Year 05 in this account is $61,712

Summary

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<th>Supplemental Funding</th>
<th>Year 05</th>
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<td>Education &amp; Care</td>
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<td>Clinical Research</td>
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<td>Prof. Ed. Programs</td>
<td>$ 61,712</td>
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<td>Total</td>
<td>$2,826,635</td>
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Our supplemental funding of $2,826,635/year is more than 4x our request for state funding of $645,000 for FY 2000-01 and is more than 7x our present year’s funding of $400,700.
DIABETES INITIATIVE OF SOUTH CAROLINA
OUTREACH COUNCIL ANNUAL REPORT
JANUARY 1, 1999 - DECEMBER 31, 1999 (YEAR 05)
Functions

As defined by Section 44-39-50 amendment to 1976 Code of Laws for South Carolina, the Diabetes Initiative Outreach Council shall oversee and direct efforts in patient education and primary care including:

- Promoting adherence to national standards of education and care.
- Ongoing assessment of patient care, costs, and reimbursement issues for persons with diabetes in South Carolina.
- Preparing an annual report and budget proposal for submission to the Diabetes Initiative of South Carolina Board.

Major Accomplishments (related to promoting adherence to national standards of education and care):

- **Patient flow sheet** for tracking guidelines for care has been developed and disseminated to approximately 1,000 persons with diabetes in South Carolina. This patient flow sheet will help the patient to monitor changes in laboratory tests over time, as well as help the patient to seek appropriate tests to evaluate and manage diabetes.

- **Statewide Media Planning Group** has developed media spots for testing and is working to generate additional funding and collaboration with media for reaching out to promote adherence to national standards of education and care.

- **DSC Community Outreach Programs** have provided educational activities related to diabetes to approximately 1,000 persons during the past year. These activities have included health fairs, risk factor screening, and public awareness related to diabetes care.

Major Accomplishments (for ongoing assessment and interventions related to patient care costs/reimbursement/education issues for persons with diabetes):

- **SC/DCP Coalition Development**: Following an analysis of current resources and problems related to diabetes, the state was divided into 4 regions for coalition development. The first regional coalition meeting was held for the **Coastal Region in Charleston on Saturday, November 6, 1999** with 26 persons attending. Other regional meetings are in the planning stage. Each regional coalition was/will be asked to select at least one priority action to improve diabetes outcomes in South Carolina and will meet quarterly as a group. The regional coalitions will form the Statewide Coalition which will meet at least once each year.
• **DSC/DCP Diabetes Resources in South Carolina, 1999**: Resource Manual, our first edition, has been developed. The manual is not inclusive but is a beginning effort to identify resources for diabetes in South Carolina. We are asking for your input and assistance in helping us identify resources. In the first edition, we have not included care providers, but will include in future editions, once criteria have been established. The manual will be added to our Web site in the future.

• **Community Screening for Diabetes Complications** are offered through **PRO Hampton County and HAD-ME activities**. At the annual screening day in the spring, **PRO Hampton County Diabetes Connection** offered HbA1c, urine microalbumin, cholesterol and lipid profile, eye screening, feet screening while HAD-ME offers these activities at least once each quarter. All patients receive education and training related to diabetes management. Six month follow-ups are underway to determine self-reported changes in behaviors. An analysis of persons with diabetes who attended the screenings for the past two years revealed positive trends in HbA1c levels.

• A draft copy of the **Risk Factor Identification, Assessment, and Intervention Manual** is available and will be completed in January, 2000. Please contact stepkacr@musc.edu for your review copy.

• **HAD-ME and Charleston’s Enterprise/MUSC Neighborhood Health Program** continues to conduct weekly education and care activities in 7 Neighborhood Community Centers. More than 400 patients are enrolled in the program. On Friday, September 10, 1999, Dr. Edwards, Charleston’s Mayor Riley, North Charleston’s Mayor Summey, Representative from Congressman Clyburn’s office, County Councilman Tim Scott and other leaders gathered for the groundbreaking ceremony for the Diabetes and Hypertension Neighborhood Clinic. Opening is anticipated in Spring, 2000. Community priorities continue to be related to diabetes and hypertension. The interdisciplinary team has participated in more than 60 community events during the year including health fairs, community forums, health education in clubs, churches, and community centers. Nursing, dental, health administration, and medical students are working together to assist the community in addressing health issues.

• **HBCU Partners in Wellness** are currently offering classes at South Carolina State University and Voorhees College. Campus screenings were conducted during Fall, 1999.
Fundraising/Grant Activities for Diabetes Outreach:

**REACH 2010: Reducing Disparities related to Diabetes in Charleston and Georgetown Counties** was funded by CDC for $305,311 for September 30, 1999 through September 29, 2000. The grant is a partnership with DSC, Project SUGAR, Georgetown Diabetes Group, Alpha Kappa Alpha Sorority, Tri-County Black Nurses Association, Enterprise/MUSC Neighborhood Health Program, DHEC Trident and Waccamaw Districts to develop a plan to decrease disparities related to diabetes. At the end of 1 year, we will submit for implementation funds.

**Palmetto Community Health Network’s “Reducing the impact of Diabetes in the Pee Dee Region”** is a Duke Foundation funded grant to work within 7 counties, 9 hospitals, and over 200 physicians to decrease mortality, morbidity, and costs from diabetes and its complications.

**Three training grants** (Internal Medicine—Dr. Cope, Pediatrics—Dr. Key, and Family Medicine—Dr. Carek were submitted in September, 1999 and our Enterprise/MUSC Neighborhood Health Program Diabetes Project will serve as a training site, if funded.

Currently, we are exploring possibilities for continuation funding of HAD-ME with several foundations. Continuation funding will be needed in 2000.
Functions

As defined by Section 44-39-70. (A) A Diabetes Center of Excellence is established at the Medical University of South Carolina. The center shall develop and implement programs of professional education, specialized care and clinical research in diabetes and its complications, in accordance with priorities established by the Diabetes Initiative of South Carolina Board.

The activities of the Center are overseen and directed by the Center of Excellence Advisory Council. The Council’s purpose is to:

- Review programs in professional education, specialized care, and clinical research developed by the center.
- Assist in the development of proposals for grant funding for the center’s activities.
- Prepare an annual report and budget proposal for submission to the Diabetes Initiative of South Carolina Board.

Major Accomplishments

- Conducted the following professional education programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>No. Courses</th>
<th>No. Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifth Annual Diabetes Symposium</td>
<td>1</td>
<td>168</td>
</tr>
<tr>
<td>Certified Diabetes Educator Programs</td>
<td>2</td>
<td>295</td>
</tr>
<tr>
<td>Formal Course on diabetes for practicing pharmacists (with academic credit)</td>
<td>8</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>52</td>
</tr>
</tbody>
</table>

- Established the following materials for professional education:

  Office-based provider education by S.C. DCP-DHEC, with Diabetes Center Council oversight, started in December 1995, and began with managed care providers early 1997. As of November 30, 1998, a total of 254 presentations had been made in 186 offices for 1513 attendees, including 336 physicians, 4 medical students, 59 nurse practitioners; 19 physician's assistants; 147 RN's; 305 LPNs; 334 other clinical staff, and 309 administrative staff. Thus, a total of 867 health care professionals and 643 other clinic and administrative staff have been directly reached with new information on guidelines for care for people with diabetes. The Board believes that this method of delivering and discussing care guidelines and diabetic management strategies directly to office sites is a very effective way to get our message across to primary care health professionals.
The manual on diabetes management for primary care health professions was given to all primary care health physicians and other health professionals in calendar year 1999. It was presented and discussed at major regional medical meetings and used in the office-based provider education program.

- **AHEC Primary Care Physicians Office Based Programs**
  
  John Colwell and Pam Arnold conducted 5 programs with 167 MD's:
  
  5/20  MUSC Family Practice Residency - Charleston, SC
  6/10  Greenville Family Practice Residency - Greenville, SC
  7/23  Columbia Family Practice Residency - Columbia, SC
  10/15 Florence Family Practice Residency - Florence, SC
  12/10 Spartanburg Family Practice Residency - Spartanburg, SC

**Pharmacist Training Program:** The Colleges of Pharmacy at MUSC and USC have collaborated with the Diabetes Center and DSC in the development of an intensive course on diabetes and its complications for practicing pharmacists. Under the direction of Deborah Carson, DrPH and James Sterrett, DrPh (100) practicing pharmacists have now taken a comprehensive course on diabetes and have adapted this to their pharmacy practices. The course has an excellent syllabus, and consists of 2 day didactic and working sessions at the presented 4 hour.

- Coordinated ongoing programs in specialized patient education and care include:

**Intensive Diabetes Education, Awareness, and Lifestyle (IDEAL) Program:** Type 1 and Type 2 patients.

**American Diabetes Association Recognition of Patient Education Program:**

3 Year Extension Application Submitted and Recognition Granted. 1/6/2000 - 1/6/2003

**The Model Diabetes Patient Education Program:** to assist hospitals, clinics, and home health agencies in meeting national standards for patient education. Thirteen programs are: Recognized since 1997.

They are:

1. Anderson Area Medical Center
2. DHEC Home Health District- Trident
3. DHEC Home Health District- Appalachia I
4. DHEC Home Health District- Appalachia II
5. DHEC Home Health District- Palmetto
6. St. Francis Home Health
7. DHEC Home Health District-Appalachia III
8. DHEC Home Health District- Wateree
9. DHEC Home Health District- Waccamaw
10. DHEC Home Health District- Upper Savannah
11. DHEC Home Health District- Edisto
12. DHEC Home Health District- PeeDee
13. DHEC Home Health District - Low Country

Three sites continue to work toward recognition and 46 new sites started the process in 1999.

Academic programs include:

**Diabetes curriculum for 3rd year BSN nursing students**

**Epidemiology of Diabetes for graduate students in Epidemiology**

**Third Year Medical Student Program**: Third year medical students are rotated into defined communities, with monthly assignments in the offices of carefully chosen primary care physicians. All students receive orientation and detailed curricular material from the MUSC Department of Family Medicine and the Diabetes Center Staff. They concentrated on diabetic patients in the assigned practice. They also develop community projects directed at people with diabetes as part of the rotation. In 1999, the program expanded to USC School of Medicine, and by 2000, it is planned that all 3rd year students in South Carolina will receive this experience.

**Other accomplishments:**

- Legislative Bill #3928 was passed. The effective date will be January 2000. A task force was formed to define all the components of the bill.
- Participated clinical research proposals, explained in Supplemental Support.
- Presented the goals and programs of the Diabetes Initiative of South Carolina at professional meetings.
- Developed or assisted in the development of proposals for grant funding for outreach activities.
- Negotiated Medicaid Contract (State health and Human Services Finance Commission) with MUSC Diabetes Center for $20,000 for 1999-2000.
DIABETES INITIATIVE OF SOUTH CAROLINA
SURVEILLANCE COUNCIL ANNUAL REPORT
JANUARY 1, 1999 - DECEMBER 31, 1999 (YEAR 05)
Functions

The Surveillance Council was established in 1995 to develop and implement a state-of-the-art system for the assessment of diabetes in South Carolina, and to provide a mechanism to evaluate interventions and control programs. The Council consists of diabetes care providers, epidemiologist, program specialist and researchers, and is staffed by data specialists at the South Carolina Department of Health and Environmental Control and the Medical University of South Carolina. The Council operates with formal meetings and communications.

The Council has established the following objectives:

- Develop, implement and evaluate surveillance protocols and methodologies to assess diabetes awareness and knowledge, prevalence of diabetes, access to primary care, quality of diabetes self-management, and utilization of monitoring guidelines.
- Evaluate patient and professional education programs.
- Develop and maintain a mechanism to analyze mortality, morbidity, hospitalization and survey data in production of reports to describe the burden of diabetes in South Carolina.
- Develop, establish and maintain a registry of blind South Carolinians that identify diabetic individuals.
- Analyze the effects of co-morbidities with diabetes.
- Establish and maintain an ongoing evaluation of the role of insurance and managed care companies in control of diabetes.
- Function as a central unit composed of multiple organizations and disciplines involved in the surveillance of diabetes in South Carolina.
- Function as a data and information resource for DSC and DCP and other organizations involved in diabetes control.
- Develop and maintain an Internet Website for distribution of information regarding diabetes in South Carolina.

Major Accomplishments

The summary of the major accomplishments is:

- Completion and distribution of the second Burden of Diabetes in South Carolina report.
- Development and maintenance of a diverse group of investigators in South Carolina who focus their work on the study of diabetes.
- Development and maintenance of an Internet Webpage.
- Production and distribution of data slides.
Specific accomplishments related to the DSC goals are:

**Goal I: To improve knowledge of diabetes, quality of life and access to prevention and intervention services for people at-risk and those affected by diabetes.**
- Working with Carolina Medical Review, the Council has identified baseline estimates of clinical practices regarding HbA1c, microalbumin, eye examinations, foot examinations and lipid profiles.
- Utilization of primary care was identified from the Medicaid database.

**Goal II. To increase the utilization of short-term measures which lead to actions that will delay progression of complications of diabetes.**
- Working with Carolina Medical Review, the Council has identified baseline estimates of clinical practices regarding HbA1c, microalbumin, eye examinations, foot examinations and lipid profiles.
- Diabetes data and information was reported to providers through the distribution of the second Burden report as well as via the Website.
- Information regarding diabetes in South Carolina was also distributed via Diabetes Centers of Excellence, Carolina Medical Review, DCP, and through HMOs.

**Goal III: To address the needs of people’ at-risk and those with diabetes by increasing services and education in health professional shortage area in South Carolina.**
- The Council worked with the Office of research and Statistics and Carolina Medical Review to identify areas of shortages based on providers per population.
- Areas of shortage were also identified by area of underutilization based on Medicaid and similar databases.

**Goal IV: To reduce the mortality and disability rates from diabetes-related complications.**
- The Council membership was expanded to include clinical specialists such as nephrology and ophthalmology in order to develop a comprehensive assessment system.
- The Council has established access to a variety of data sources including vital records, Medicaid, Medicare, hospital billing, insurance claims, and the Southeastern Kidney Council in order to establish a comprehensive data system for diabetes.
- The Council has helped establish an inventory of diabetes researchers and projects in South Carolina. The various investigators and projects will be listed on the Webpage. The annual Symposium will also function as a forum for the investigators to meet and exchange ideas regarding diabetes in South Carolina.

**Goal V: To reduce the age-adjusted mortality rates from diabetes and its complications.**
- The Council has identified and plotted trends in mortality associated with diabetes in a manner that can be monitored and used to predict outcomes.

**Goal VI: To decrease risks for select groups of people with diabetes where the prevalence and complication rates exceed those of others.**
- Maps have been generated to identify areas of excess risks of diabetes based on self-report, hospitalizations, and Medicaid.
Goal VII: To reduce preventable hospital admissions and charges for diabetes.
➢ The Council has developed a system of measures based on hospital billing data that assesses costs associated with hospitalizations associated with diabetes.

Goal VIII: To reduce preventable visits to the emergency room by people with diabetes.
➢ The Council has developed a system of measures based on hospital billing data that assesses costs associated with emergency room use due to conditions associated with diabetes.

Goal IX: To improve the statistical basis for estimating the prevalence of diabetes and diabetes-related complications in South Carolina.
➢ Trends in hospitalizations for cardiovascular disease with and without diabetes has been identified to estimate the burden of diabetes.
➢ A committee was established to identify measures that estimate prevalence based on clinical values. The committee will assess Medicare, Medicaid, insurance claims, and hospital discharges to refine the estimates currently based on self-report.
The University of South Carolina Site is charged with integrating the programs and goals as established by the Diabetes Initiative of South Carolina Board into the USC/Midlands area. The goals include the development of a Governing Committee and the identification and inclusion of USC/Midlands area healthcare professionals into the 3 councils of DSC.

Accomplishments and activities of the USC Site include:

• Establishment and expansion of Governing Committee from 9 to 12 members. Election of Chair person, Sue Haddock, Ph.D., Institute of Public Affairs, USC; Vice-Chairman, Gary Ewing, MD, MPH, Chairman of Preventive Medicine, USC School of Medicine.

• Governing committee supporting the work of Epidemiology doctoral student looking at incidence of Type 2 diabetes in children in Midlands area.

• Camp Adam Fisher was sponsored for 175 children ages 7-17 years with diabetes in collaboration with the American Diabetes Association, SC office. Healthcare Professionals including MD’s, nurses, dietitians, pharmacists and social workers from across SC volunteer a week of time. (50 volunteers)

• 10 USC Faculty members participating in DSC council activities.

• Monofilaments, test for nerve damage to foot area provided with instructions to 35 Family Practice Residents.

• 5th year of training provided for SC Department of Vocational Rehabilitation counselors (150 total, counselors from across the state trained to work with people with diabetes).

• 4th year, African American Conference on diabetes (400 participants).

• Development of 4 hour curriculum on diabetes for USC 3rd year medical students.

• DHEC program, “Diabetes Today” Advisory committee and activity participant.

• Participation in Certified Diabetes Educator (CDE) review courses (295 people)

• Participation in 25 programs on diabetes education. These included programs for professionals and people with diabetes. (350 people)
• Assisted in passage of Legislative Bill #3928.

• Monthly 2 hour rotation on “Psychosocial Aspects of Diabetes” with Family Practice Residents (15 to date).

• Development of Midland Diabetes Consortium (30 healthcare professionals from surrounding Midlands counties).

• Development of Diabetes Interdisciplinary Collaborative Research Consortium (30 on mailing list).

• Participation in Critical Pathways Subcommittee, looking at implementation of Standards of Care Practice for patients with diabetes.
The South Carolina Diabetes Control Program (SCDCP) is housed and managed within the South Carolina Department of Health and Environmental Control (DHEC), Division of Community Health, Chronic Disease Prevention and Control Branch. The Program is administered by a core staff that comprise of a Program Director, Coordinator, Epidemiologist, Community Educator, Professional Educator, and an Administrative Assistant. It is part of the Centers for Disease Control and Prevention's (CDC) National Diabetes Control Program.

Core Staff:

Director: Brenda Nickerson, R.N., M.S.N.
Health Communities/Coalition Manager: Yaw Boateng, M.S., M.P.H., R.D.
Community Intervention Manager: Tammy Butler, M.P.H.
Provider Coordination Manager: Ellen Babb, M.P.H., R.D.
Epidemiologist: Tim Aldrich, Dr. Ph.
Admin. Assistant: Freda Burris

Program Goals

The three goals of the program are:

1. By 2004, achieve an annual increase of 5% in the number of persons with diabetes in SC who receive foot exams, eye exams, hemoglobin Alc tests, influenza immunizations, and pneumonia vaccinations.

2. By 2004, achieve a reduction in disparities between African American men and women by increasing the percentage of foot exams, eye exams, hemoglobin Alc tests, influenza immunizations, and pneumonia vaccinations to the percentage of white men and women.

3. By 2004, establish at least one linkage for wellness and physical activity in three community intervention sites.
**Major Accomplishments**

Successfully completed the first five years of the DCP by June 30, 1999, with completion of a five year comprehensive statewide assessment of the burden of diabetes in SC, and in coordination with DSC, community and professional capacity-building for reducing the burden of diabetes.

Successfully competed for next five-year diabetes core capacity CDC grant (1999-2004), ranking third in the nation and receiving an annual budget increase of $94,000 per year for a total of $359,700 base award for each of the next five years.

A major strength of the Diabetes Control Program (DCP) in South Carolina is the leadership and presence of the Diabetes Initiative of South Carolina (DSC), which demonstrates to national funders the commitment of the South Carolina government leadership to reducing the burden of diabetes for SC residents. The DCP 1999-2004 plan development was guided by the strong framework for change established in the DSC 10 year Strategic Plan (1998-2008).

Established contract with the Medical University of South Carolina to provide, through DSC, consultation services for the health systems, community systems, and communication systems of the DCP during 1999.

- **DCP Office-Based Diabetes Provider Education Program:** The DSC Provider Education Program with Companion Health Care was completed in June 1999. In the first half of 1999, the professional educator gave 33 presentations in 23 primary care provider offices to reach a total of 182 persons, including: 35 physicians, 5 nurse practitioners, 3 PAs, 10 RNs, 40 LPNs, 36 other clinical staff, and 53 administrative staff.

Totals for 1999 and to date (since program began in 12/95) follow:

<table>
<thead>
<tr>
<th></th>
<th>99 Totals</th>
<th>Overall Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations</td>
<td>33</td>
<td>254*</td>
</tr>
</tbody>
</table>
**Offices**  23  186*

**Physicians**  35  336

**PAs**  3  19

**NPs**  5  59

**Medical Students**  0  4

**RNs**  10  147

**LPNs**  239  305

**Other clinical**  37  334

**Admin**  53  309

**Total staff reached**  183  1513

Provider classes included updated information on 1999 ADA recommendations, UKPDS, and HEDIS indicators.

- **HCFA Proposed Rules:** SCDCP prepared a summary of the proposed HCFA rules and how to comment, and distributed this information to stakeholders throughout South Carolina. SCDCP also provided data and input to the Association of State and Territorial Chronic Disease Directors and DSC for their comments on the proposed rule, as well as sending SCDCP comments directly to HCFA.

- **National Diabetes Education Program:** NDEP information was shared with all
providers in Primary Care Provider office-based inservices sponsored by the SCDCP. It is also being distributed through Diabetes Today programs. NDEP information has also been distributed to and through SCDCP contacts and partners, such as the Pee Dee Minority Health Office, Prevention Partners, Companion Health Care, South Carolina Health Alliance/Healthy Communities, DSC Outreach Council, DSC Media Task Force, Palmetto Community Health Network, SC Dietetic Association, DHEC State Health Education Directors and Educators, South Carolina State University, and Community Health Centers. About 50 partners were sent new press kits/information packets with information for general audiences as well as targeted ethnic groups.

The SCDCP successfully launched the 1999 Diabetes and Flu/pneumococcal Campaign that encourages persons with diabetes to receive influenza and pneumococcal vaccines. This is an important campaign because persons with diabetes are about three times more likely than persons without diabetes to die with complications of influenza and pneumonia. Campaign materials, brochures and posters received from CDC were distributed statewide to all DHEC health districts and counties, pharmacists who have been trained to give shots in the state as well as those who have been trained to provide diabetes education and management by MUSC Diabetes Center and the School of Pharmacy. The three Community Health Centers (The Black River Health Care, Beaufort Jasper Comprehensive Health Service, Inc., and the Sandhill Medical Foundation) that the SCDCP is collaborating with to carry out diabetes related projects also received campaign materials and posters. Eighteen sites were selected to participate in the evaluation of the campaign. This effort was led by SCDCP in collaboration with the DHEC Immunization Division, the SC Pharmaceutical Association, and the three community health centers mentioned above.

The importance of this Diabetes and Flu/Pneumococcal Campaign can be underscored by the fact that according to the 1997 BRFSS data, only 49.8% of persons 18 years and older in South Carolina reported receiving these shots compared to the year 2000 goal of 60%.

The first meeting of the proposed Diabetes Coalition for the Coastal Region was held in Charleston on November 6, 1999, with a total of 26 people representing ethnic and other demographic strata. Through a series of meetings between the SCDCP, the DSC Outreach Council, and the MUSC Diabetes Center, the state was divided into four regions with the intention of establishing a Diabetes Coalition in each region. Also with the help of Dr. Deyi Zheng, a partial asset mapping indicating the number, population, prevalence, ER visit rate, hospitalization, mortality rate, number of CDEs, number of registered
pharmacists, and diabetes programs in each county was done. This was done to help better determine the needs and resources of each region/county as more coalitions are established across the state.

The SCDCP played a lead role in this year’s Juvenile Diabetes Foundation Walk for the Cure Campaign which resulted in DHEC raising about $2,400 for the organization.

As part of the efforts to increase the number of minority CDEs, the SCDCP awarded two scholarships to two minority health professionals who qualified to take the CDE examination in October, 1999. The program plans to offer a total of ten scholarships by June 2000.

The SCDCP established a “list serv” to enable the diabetes community and stakeholders have access to and exchange of the most current and accurate diabetes information available in the state.

The SCDCP developed and convened a 22 member Scientific Advisory Committee on November 12, 1999. The Committee represents expertise in the community development, program evaluation, epidemiology and surveillance and its purpose is to make recommendations to the SCDCP for planning, implementation, and evaluation of the program. The Committee will be meeting at least semi-annually.

The SCDCP in collaboration with the DSC published an updated version of the report “The Burden of Diabetes in South Carolina” and also developed a county-specific diabetes report for each county of the state.

The Diabetes Today Program: Diabetes Today Program is a CDC signature program designed to equip community leaders/representatives with skills to conduct community-based programs about diabetes. The program is designed to be community-based and community owned. Over 120 community leaders and representatives, from 20 of the 46 counties in the state participated in Diabetes Today Training. Thirteen communities in these counties identified goals and objectives for their community diabetes program activities. The 13 communities are located in Anderson (2), Edgefield, Florence (2), Georgetown, Orangeburg, Richland, Sumter, and York counties. Ongoing technical assistance is provided to these community groups.
A one day retreat was conducted for all active Diabetes Today Programs on June 5, 1999 in Columbia, SC. Thirty-four people attended the retreat which provided an opportunity for sharing of successes and challenges of individual programs. Groups had an opportunity to share information about their programs and get input from other programs and advisors. Information on what's new with the Diabetes Control Program, the newly established Diabetes Today Advisory Council (DTAC), and new material were also shared. Also, revised user friendly evaluation forms were given out which are to be submitted monthly.

The Diabetes Today Advisory Council (DTAC) was established to work with the SC Diabetes Today Programs. Approximately 15 public health professionals make up the DTAC.

Two abstracts about the Diabetes Today Programs were submitted and accepted for presentation at the 1999 American Public Health Association Annual Meeting.

The South Carolina Diabetes Control Program staff worked with the Diabetes Today Advisory Council, SC Coalition of Black Church Leaders Inc., and CVS Pharmacy to co-sponsor the Third Annual SC African American Conference on Diabetes. The conference theme is Diabetes: Is Not A Family Tradition. This conference is recommended for people with diabetes, caretakers, health care professionals, and other interested community members. The focus will be on innovative programs in diabetes education when working with African-American communities and self-management for controlling the disease. Dr. John Colwell, Chairman of the Diabetes Initiative of South Carolina; Dr. James Coleman, Division Chief of SC DHEC Division of Community Health; and Dr. Edward McNeil, Low Country Medical Group are scheduled speakers. The planning Committee is expecting over 350 participants.

Focus groups are being conducted in three Community Health Centers which will serve as demonstration sites for the SC Diabetes Control Program to look at health communications in these areas and plan community interventions. The focus of these interventions will be to improve...
diabetes care in office-based practices in medically underserved areas of the state and increase diabetes self-management in patients who attend these primary care centers for diabetes care.
Diabetes Initiative of South Carolina
Board of Directors and Council Members

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University of S.C.
Ophthalmology, University of S.C.
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Palmetto Government Benefits Administrators, LLC
Carolina Medical Review
Biometry/Epidemiology, MUSC
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S.C. DCP-DHEC
Community Pharmacy Practice, MUSC
Beaufort Memorial Hospital
Private Practice, Charleston
SC DHEC
Diabetes Center, MUSC
Private Practice, Florence
Private Practice, Myrtle Beach
College of Health Professions, MUSC
Carolina Medical Review
USC/DSC Site, University of S.C.
Low Country AHEC
Pfizer Pharmaceuticals
Biometry/Epidemiology, MUSC
Chair,Georgetown Cty CORE Diabetes Group
SC Vocational Rehabilitation
Spartanburg Regional Medical Center
Family & Preventive Medicine, USC
University of S.C.
SC DCP-DHEC
Greenville Hospital Systems
Low Country Health District
Partners in Wellness, MUSC
Project Sugar, MUSC
Eli Lilly Company
College of Pharmacy
Commun-I-Care
USC School of Public Health
SC Vocational Rehabilitation
Biometry/Epidemiology, MUSC