Diabetes Initiative of South Carolina

2004 Annual Report

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

DHEC
South Carolina Department of Health and Environmental Control
DIABETES CONTROL PROGRAM
January, 2005

To Governor Sanford and the General Assembly:

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

In collaboration with The Diabetes Prevention and Control Program of S.C. DHEC, we have issued a new Burden of Diabetes in S.C. Report. In this Report there is good news and bad news. A summary of the bad news is:

- Prevalence of diabetes is increasing (9.3% vs. 5% in 1995)
- More of our citizens are overweight or obese (61% vs. 49% in 1995)
- Hospital discharges among people with diabetes are up (33%)
- 17.6% of people with diabetes are not insured
- Hospital admissions for dialysis with diabetes are up (50%)
- Use of the Emergency Room by people with diabetes is rising
- The burden of diabetes is greatest among African Americans
- An average of 5-10 years of potential life is lost due to complications of diabetes

Fortunately, there is much good news:

- Physical inactivity is decreasing
- People with diabetes are now frequently checking blood glucose, hemoglobin A$_1$C, lipids, feet, eyes
- There are increasing numbers of trained health professionals and educators helping people with diabetes
- There are numerous symposia, manuals, grants and library programs addressing diabetes
- Statewide coalitions of people working for diabetes are formed and are active
- Mortality (with diabetes as a contributor) is no longer increasing
- A remarkable 45% decrease in amputations of the lower extremities among people with diabetes has occurred in 2 years
- Good progress has been made in our 10 Year Strategic Plan

Outside yearly funding of programs of education, care, and clinical research in diabetes now exceeds $8 million yearly. This is more than 30 times the current state-appropriated budget of the Diabetes Initiative of South Carolina. We continue to be enthusiastic about the ability of The Diabetes Initiative of S.C. to combat diabetes and its complications 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 this to be an encouraging report.

John A. Colwell, MD, PhD
Chair, Diabetes Initiative of S.C. Board
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>Historical Background</td>
<td>2</td>
</tr>
<tr>
<td>10 Year Strategic Plan</td>
<td>3</td>
</tr>
<tr>
<td>Budget and Supplemental Support</td>
<td>7</td>
</tr>
<tr>
<td>Outreach Council Annual Report</td>
<td>10</td>
</tr>
<tr>
<td>Diabetes Center Council Annual Report</td>
<td>12</td>
</tr>
<tr>
<td>Surveillance Council Annual Report</td>
<td>13</td>
</tr>
<tr>
<td>Diabetes Initiative of South Carolina USC Site Annual Report</td>
<td>16</td>
</tr>
<tr>
<td>S.C. Diabetes Prevention and Control Program, DHEC Annual Report</td>
<td>18</td>
</tr>
<tr>
<td>Board of Directors and Council Members</td>
<td>21</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY
EXECUTIVE SUMMARY

Our 2004 Annual Report focuses on a newly released Burden of Diabetes in South Carolina report. This epidemiologic analysis was prepared by Patsy Meyers, Dr. PH, Division Director of the Bureau of Epidemiology, South Carolina Department of Health and Environmental Control (SC DHEC). The Surveillance Council of the Diabetes Initiative of South Carolina provided ongoing review and recommendations throughout the year, and the final document was revised and approved by the Board of the Diabetes Initiative of South Carolina (DSC). The Burden Report is a fine example of the value of collaboration between the Diabetes Initiative of SC and the SC Diabetes Prevention and Control Program (SCDCP) of SC DHEC.

In 2003, SC ranked 4th among all the states in the US in the prevalence of diabetes. 9.3% of adults (over 18 years of age) were aware that they had diabetes. This figure has risen from 5.0% since 1995. This means that in 2003, there were approximately 280,000 adults who were diagnosed with diabetes in SC. An additional 140,000 were estimated to have diabetes and not know it, so that about 320,000 people in SC had diabetes. To make the issue more compelling, an additional 15.6% (468,000 people) are estimated to have impaired glucose tolerance, a precursor for diabetes. Thus, close to 800,000 adults in SC have diabetes or are at high risk for developing it. It is obvious that diabetes is a major public health problem in our state.

Diabetes is a chronic disorder, and often leads to costly complications, including blindness, kidney failure, heart attacks, strokes, and amputations. There are a number of disquieting trends which are apparent in the new Burden Report. More than 60% of adults in SC are overweight (35.6%) or obese (25.8%). These figures have risen markedly from 49% in the past decade, and parallel national trends. Total hospital charges are close to $1 billion yearly, and have increased five-fold since 1987. The number of diabetic patients on renal dialysis is increasing as are emergency room visits and costs. The prevalence of diabetes and its major complications are almost doubled among African Americans.

The prevalence of heart attacks and stroke is increased 5-fold among people with diabetes. Cardiac death accounts for about 2/3 of mortality among people with diabetes. Total mortality with diabetes as a contributing cause is leveling off at about 3000 people per year, after a steady rise over the past 10 – 15 years.

There are many encouraging trends, however. There are increasing numbers of primary care physicians, physician’s assistants, podiatrists, pharmacists, and others who care for people with diabetes on a regular basis. Improved training of health professionals at all levels of education is occurring. Surveys indicate that physical inactivity is decreasing among people with diabetes, and that more people with diabetes report a decrease in cigarette smoking. Improved metabolic control has contributed to fewer complications of pregnancy and to healthy babies in people with diabetes. Short-term surrogate measures and actions, such as hemoglobin A1c testing, foot examinations, and eye examinations have increased in the past few years. Overall, there has been improvement in knowledge of diabetes and access to prevention and intervention services.

A major finding has been a remarkable decrease in non-traumatic lower extremity amputations among diabetic individuals in 2001 and 2002. A decrease of approximately 45% has occurred, and is seen in men and women as well as in African Americans and Caucasians. We believe that this has occurred, at least in part, because of a major emphasis on foot care in our patient and professional education programs. We plan to examine this trend more closely by relating it to national as well as regional results from neighboring states.

The Diabetes Initiative of SC and the SC Diabetes Prevention and Control Program of SC DHEC have an impressive number of new educational and outreach programs for people affected by diabetes and its complications. Optimal management and treatment of diabetes and prevention of diabetes complications are a high priority of the continued efforts of the SCDCP and the DSC. Increasing resources of diabetes control in South Carolina, particularly targeting high-risk populations in rural health settings, are objectives of DSC and SCDCP.

The Diabetes Initiative has implemented an unprecedented dissemination of guidelines for care and management strategies to all primary care physicians in South Carolina. Coalition development by SCDCP and DSC in four geographic areas in South Carolina is now underway, and will serve as a direct link to communities and people affected by diabetes. The problem now is to make health professionals and people with diabetes fully aware of these guidelines and to take immediate medical actions. The DSC Strategic Plan calls for a ten-year program directed at these issues. We can be optimistic that this multi-faceted statewide program will gradually make a real impact upon the consequences of diabetes and its complications in South Carolina.
HISTORICAL BACKGROUND
THE DIABETES INITIATIVE OF SOUTH CAROLINA

In 1991, the Division of Diabetes Translation, Centers for Disease Control, Atlanta, Georgia, published updated trends in diabetes and in diabetic complications in the United States, between 1980 and 1989. Major trends included an increasing prevalence of diabetes and increasing hospitalization rates among diabetic individuals for the serious complications of amputations, end stage renal disease, myocardial infarctions and cardiovascular death. The prevalence of diabetes was doubled in blacks when compared with whites. There was an increase in all major cardiovascular complications among blacks with diabetes. Diabetes was the leading cause of blindness among adults, and women with diabetes were at an increase risk for adverse outcomes of pregnancy.

There issues were magnified in South Carolina, relative to most other states in the United States. Diabetes prevalence was estimated at 6.1%, 5th among 38 states surveyed. Diabetes as a contributor to mortality was increasing in incidence in South Carolina and diabetes accounted for approximately 11% of hospital admissions. Overall, 14% of hospital beds were occupied by people with diabetes. Longitudinal data in the decade of 1980-1990 revealed increases in the prevalence of excess weight, self-reported hypertension and high blood cholesterol in individuals known to have diabetes. Hospitalization rates for renal failure, amputation, and myocardial infarction were increasing and the mortality rate for diabetes as one of the listed causes of death in South Carolina was steadily rising, from 50.7/100,000 population in 1980 to 71.1/100,000 population in 1992.

Shortages of health care professionals involved in care for people with diabetes were recognized. In particular, there were inadequate numbers of primary care physicians, endocrinologists, nephrologists, certified diabetes educators, podiatrists, and pharmacists trained in the care of people with diabetes. Major physician health professional shortages were identified by the Office of Primary Care, S.C. DHEC in 50% of the 48 counties in South Carolina and 74% of the counties in the state were designated by the S.C. State Health and Human Services Commission as medically underserved.

Crude estimates of quality of care for people with diabetes were made. In one survey of type 2 diabetes patients in 1994, 24% had not seen a medical doctor in the past year for diabetes, only 34% reported that they checked blood glucose at least once a day, and a mere 28% had ever heard of HbA1c. Of these, only 18% had an A1C check in the past year. Approximately one quarter of the diabetes individuals reported eye examinations and less than half said they had a foot examination in the past year. It was found that diabetes education had been provided to less than 50% of diabetic individuals.

Evidence was appearing from large scale collaborative clinical trials that the risks of morbidity and mortality from such cardiovascular complications as myocardial infarction and stroke could be substantially reduced by intensive management of lipid profiles and elevated blood pressure. In 1993, the seminal report from the Diabetes Control and Complications Trial (DCCT) established that intensive glycemic regulation in type 1 diabetes would substantially decrease the risks for the progression of retinopathy, nephropathy, and neuropathy. Simple, inexpensive low dose aspirin therapy produced modest risk reductions for myocardial infarction as a secondary prevention strategy. Microalbuminuria was recognized as a risk marker for cardiovascular events and for renal failure, and it was predicted that intervention trials with angiotensin converting enzyme inhibitors (ACEI) would be effective in delaying progression of these serious complications.

Thus, a serious public health problem of diabetes and its complications was recognized in South Carolina and in the United States. An undersupply of qualified health professionals was on hand to deal with the increasing demands of more intensive education and health care for people with diabetes. Ominous upward trends in mortality and morbidity statistics were present, and an increasing incidence of markers of future cardiovascular events (hypertension, cholesterol, over weight/obesity) was occurring. It was evident that an action plan was needed.
BOARD OF DIRECTORS
10 YEAR STRATEGIC PLAN

The Diabetes Initiative of South Carolina (DSC) was created by legislative action and signed into law by the Governor of South Carolina in July, 1994. The law established a Board of Directors with members appointed by the top officials of key organizations with an interest in diabetes and its complications. The Board has met quarterly since that time and has annually submits this Report. It is referred for progress review by the Legislature and the Governor.

The Organization Chart of the Diabetes Initiative of South Carolina is shown below:

There are three Councils; the Center of Excellence, Outreach, and Surveillance Council. There is a Diabetes Center of Excellence, established in the original legislation, based at the Medical University of South Carolina. This Center is responsible for administering the many activities and programs of DSC and its Board and Councils. It is also responsible for developing and administering professional education programs for health professionals of all varieties in South Carolina, to improve their knowledge and abilities to care for people with diabetes in our state. The Outreach Council is responsible for community interface, with a board goal of improving diabetes care and education directed at people affected by diabetes. The Surveillance Council is responsible for acquiring, analyzing and distributing epidemiologic information about diabetes including its prevalence costs, morbidity, and mortality. This Council works closely with the Diabetes Control Project of SC Department of Health and Environmental Control, and issues regular Burden Reports on the scope and impact of diabetes in South Carolina. A DSC site has been established in the School of Medicine at USC, and provides a critical mechanism for liaison between the two schools and for oversight of programs and activities in the midlands and upstate regions of South Carolina. We also regularly interact with the American Diabetes Association, Carolina Medical Review, the Hypertension Initiative of South Carolina and the Area Health Education Consortium. Full reports from key components in the DSC structure are included in this Report.
The DSC Board developed a Long Range Strategic Plan in 1998, and has been monitoring results relating to its goals and objectives on a regular basis. The plan has 9 major goals, and The Board expects quantitative evidence of progress towards achieving these goals during the ten year time span of The Plan, 1998 - 2008. These 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.

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.

The mechanisms by which these goals may be achieved are given in the following outline.
Diabetes Initiative of South Carolina

People at Risk or with Diabetes

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

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

Improve Public Awareness Through Media Channels

Health Professional Education

Utilization of Measures and Actions that Decrease Risks and Complications

Community-based & Patient Education

Costs for Complications

Unnecessary Hospital Admissions

Premature Deaths

ER Visits for Preventable Complications

Morbidities & Disabilities

Improve Quality of Life
The Annual Progress Report of calendar year 2003 had a thorough review of 5 years of progress made in achieving the first three goals of the 10 Year Strategic Plan. That Report should be consulted for details.

Conclusions from that 5 year review were as follows:

1. A unique statewide collaborative effort has been created by the Legislature to address the needs of people affected by diabetes in South Carolina: The Diabetes Initiative of South Carolina.

2. Board and Council governance and memberships assure wide, consistent communication between key organizations and individuals concerned with addressing issues posed by diabetes in this state.

3. Close collaboration exist in the Diabetes Initiative of South Carolina between the Diabetes Control and Prevention Program, South Carolina Department of Health and Environmental Control, Carolina Medical Review, the Hypertension Initiative of South Carolina, the American Diabetes Associate (Southeastern Group), the Bureau of Health and Statistics, the two medical schools in South Carolina (M.U.S.C. and U.S.C.), and a variety of other organizations.

4. A Mission Statement and a Ten Year Strategic Plan provide goals and objectives for the overall programs.

5. Community outreach, professional and patient education programs, and ongoing surveillance are successfully established and are operative.

6. Promising trends in indicators of specialty of care and in members of trained health care personnel are developing and will predictably begin to impact favorably on outcomes in the future.

7. Offsetting those trends has been an increase in prevalence of diabetes, percentages of the diabetic population who are overweight, and an increase in the proportion of people with diabetes who have hypertension.

8. Analysis of the first 3 major goals in the 10 Year Strategic Plan at the 5th year of the Plan reveals excellent progress. In the future, analyses will focus on the other 7 goals, which are longer term in nature.

9. Major extramural grant funding for community-based programs and clinical research has been acquired.

10. We are pleased with the progress in this unique combination of public and private resources as well as Federal, State, and local support in the battle against diabetes mellitus, a major public health problem.
BUDGET AND SUPPLEMENTAL SUPPORT
BUDGET

FY 2004 – 2005

<table>
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SUPPLEMENTAL SUPPORT

The establishment of the Diabetes Initiative of South Carolina has had a major objective to at least match state funding with outside grant support. We have consistently exceeded state support, each year since the Diabetes Initiative was created in 1994. We are pleased to report major success in this area in 2003-2004.

1. **The Deans Rural Primary Care Clerkship:** A continuous-improvement, community-oriented primary care clerkship, serving rural, underserved populations. It is designed for third year medical students at MUSC and USC to develop a community-based training program of diabetes education and care. The Diabetes Initiative participated in preparation of curricular material and interacts with faculty and students of the program. The program started in 1997. Currently, funding from Health Resources and Services Administration (HRSA) Bureau of Health Professions Division of Medicine for $186,020 for fiscal year 07/01/2004 – 06/30/2005. PI: Dr. Alec Chessman at MUSC.

2. **EXPORT** Center on Metabolic Syndrome and Minority Health is funded by NIH’s National Center on Minority Health and Health Disparities. This five-year grant of #3.7 million from 09/30/2002 to 09/29/2007 aims to promote research to reduce health disparities with supports for a partnership between MUSC and South Carolina State University. EXPORT focuses on diabetes, hypertension, obesity, and lipid abnormalities which are major contributors to health disparities. PI: Dr. Sabra Slaughter at MUSC and Dr. James Walker, Jr., at SCSU.

3. **South Carolina Diabetes Control Program-DHEC (SC DCP-DHEC):** This is a grant continuation from the Centers for Disease Control and Prevention (CDC) for a statewide Diabetes Control Program. Its goal and objectives are to integrate and complement the Strategic Plan of the Diabetes Initiative of South Carolina. The DSC Board of Directors provides oversight. Funding for fiscal year 07/01/04 – 06/29/05 is $875,000. PI: Rhonda Hill, Ph.D.

4. **The Charleston and Georgetown Diabetes Coalition—Racial and Ethnic Approaches to Community Health (REACH) 2010**, is funded by the Centers for Disease Control and Prevention (CDCP). It is working with Charleston and Georgetown counties to reduce disparities of diabetes awareness, health care access, diabetes education, and complications of diabetes complications in African Americans. It has been extended to a 7-year grant (09/29/1999 – 09/27/2007), with $993,068 in fiscal year 09/29/2004 – 09/29/2005. PI: Dr. Carolyn Jenkins at MUSC.

5. **EXCEED**, is a program project aiming at understanding and eliminating health disparities in blacks in South Carolina, funded by the Agency for Healthcare Research and Quality (AHRQ), the U.S. Department of Health and Human Services. It is designed to reduce racial disparity in cardiovascular disease through improved blood pressure control, to implement healthcare delivery models in African Americans with diabetes, and to provide concordant care to African Americans with diabetes and depression. Under the grant, a multi-disciplinary team analyzes contributing factors for inequalities related to the delivery and practice of health care, and identifies and implements strategies to improve the process. Dr. Dawn Clancy has a pilot project of diabetes care research. Dr. John A. Colwell and Dr. Carolyn Jenkins serve as consultants to the program project. Total funding (10/01/2000 – 08/31/2005) will be $10.1 million. PI Dr. Barbara Tilley at MUSC.

6. **SEARCH (South Carolina Diabetes Child & Adolescent Registry).** The purpose of this project is to participate in the development and implementation of a network of standardized surveillance systems of childhood diabetes that will be targeted towards accurate documentation of the prevalence and incidence of specific diabetic phenotypes among diverse populations. The South Carolina site is also responsible for dietary assessment across all six clinical centers nationwide. (10/01/2000 – 09/30/2005). PI: Dr. Elizabeth Mayer-Davis at U.S.C.
7. **Defining Diabetes in Youth.** This is a study of the demographic, behavioral, metabolic, and genetic characteristics of various types of diabetes that occur in children and to evaluate, in a case-control design, risk factors for the various types of diabetes in youth with a focus on etiology of type 2 diabetes in this age group. The study is an ancillary study to the SEARCH national project. (12/01/2002 – 11/30/2006). PI: Dr. Elizabeth Mayer-Davis at U.S.C.

8. **Bridging Barriers to Diabetes Care with Telemedicine.** The goal of this randomized clinical trial is to evaluate the effectiveness of a comprehensive diabetes self-management intervention that utilizes telemedicine to improve adherence to American Diabetes Association Clinical Practice Guidelines for adults with Type 2 diabetes living in rural South Carolina. (08/01/2004 – 06/30/2008). Funding is $625,000/year; total $2,500,000. PI: Dr. Richard Davis at U.S.C. and project Co-PI: Dr. Elizabeth Mayer-Davis at U.S.C.

9. **Markers and Mechanisms of Macrovascular Disease in Diabetes** is funded by the NIH’s National Heart, Lung and Blood Institute from 9/1/2001 to 8/31/2006 with estimated total funding of $7,330,930. The research focuses on the roles of lipoproteins, oxidation, auto-immunity, insulin resistance, and genetics in development of vascular disease in type 1 and type 2 diabetes. PI: Dr. Maria Lopes-Virella at M.U.S.C.

10. **Uniform Population – Based Approach and Research on Childhood Diabetes**, is funded by the Centers for Disease Control and Prevention (CDC). This is a five-year (9/30/2000-9/29/2005) project totaling $2.3 million. The grant is part of a multi-site national study in collaboration with research scientists at some of the nation’s most prestigious institutions to conduct research on type 2 diabetes in youth. PI: Dr. Elizabeth Mayer-Davis at U.S.C.

11. **Collaborative Management of Diabetes in Blacks**, is funded by Agency for Health Care Policy and Research (AHCPR) for 7/1/2001 to 6/30/2006, focuses on diabetes management and improving health outcomes in a minority population. Funding for fiscal year 7/1/2004-6/30/2005 is $126,000. PI: Dr. Leonard Egede at M.U.S.C.

12. **Improving Diabetes Outcomes in Poor Blacks: A Socio Cultural Approach** is funded by the American Diabetes Association (ADA) for three years from 1/1/2001 to 12/31/2004. The project is directed at improving diabetes care for blacks. The yearly funding is $100,000. PI: Dr. Leonard Egede at M.U.S.C.

13. **Healthy Aging in Minority Populations: Measurement Core**, a cooperative project funded by NIH/NIA. It focuses on health issues of aging and African Americans. It is a five-year grant totalling $350,000. PI: Dr. Barbara Tilley and Project Co-PI: Dr. Arch Mainous at M.U.S.C.

14. **South Carolina COBRE for Oral Health** is funded by the NIH at $8.7 million for 5-years, from 9/30/2002-9/29/2008. This grant is to develop a multidisciplinary and interactive oral health program, particularly among African Americans. PI: Dr. Steven London at M.U.S.C.

15. **Epidemiology of Diabetes Intervention and Complications (EDIC)** is a follow-up study (1994-2005) of the course of patients enrolled in the Diabetes Control and Complications Trial (DCCT) in Charleston. Along with patients from 27 other centers in United States and Canada, this is a study of vascular complications after long-term glycemic control in type 1 diabetes. Total funding is $1,231,281. PI: Dr. John A. Colwell and Dr. Ronald K. Mayfield at M.U.S.C.
### SUMMARY OF SUPPLEMENTAL SUPPORT

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<th>P.I.</th>
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<td>4. REACH 2010</td>
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<td>5. EXCEED</td>
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<td>6. SEARCH</td>
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**TOTAL**                      | **$8,271,600**     | **$50,142,000**       |

* Data to be provided

**Comment**

We are seeing increased growth in outside yearly funding of programs in education, care, and clinical research, which affect people with diabetes in SC. Total funding now exceeds $50 million, and yearly funding exceeds $8 million. This yearly extramural funding is more than 30 times our current state-appropriated budget. Thus, the modest investment that the state has provided for the Diabetes Initiative of South Carolina’s core funding has paid very impressive dividends in attracting extramural support for 15 long term projects which address a wide variety of issues relating to diabetes and its complications.
DIABETES INITIATIVE OF SOUTH CAROLINA
OUTREACH COUNCIL ANNUAL REPORT
JANUARY 1, 2004 – DECEMBER 31, 2004 (YEAR 10)
Diabetes Initiative of South Carolina  
Outreach Council Annual Report  
January 1, 2004 - December 31, 2004 (Year 10)

Functions

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

1. Promoting adherence to national standards of education and care.
2. Ongoing assessment of patient care, costs, and reimbursement issues for persons with diabetes in South Carolina.
3. 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):

- The DSC Internet Home Page is updated routinely to include the latest recommendations for diabetes care and education. The page is linked to other state and national resources for diabetes. There have been an estimated total of more than 10,000 “hits” or persons accessing this information. The address is http://www.musc.edu/diabetes

- DSC staff supported Diabetes Camp for approximately 125 young campers with diabetes. The staff of 60 received continuing education for camp training.

- DSC has collaborated with more than 55 different agencies and programs to provide Programs to Persons with Diabetes. At least 12,000 persons with diabetes were reached with information to improve self-management and care. South Carolina DHEC Diabetes Control Program, Carolina Medical Review, SC Area Health Education Centers (AHEC), SC Alliance for Managed Care, Vocational Rehabilitation, Commun-I-Care, State Prevention Partners, REACH 2010, Georgetown Diabetes CORE Group, SC Primary Care Association, community physicians and other health providers have collaborated with MUSC Diabetes Center and USC to promote adherence to national standards.

- Local and Statewide Coalitions to improve collaboration and implement activities for people with diabetes continue to work with people with diabetes and area health professionals to improve diabetes care and education. Currently, coalition activities are coordinated through the SC Diabetes Control Program and there are 27 local diabetes coalitions working to improve diabetes in South Carolina. Ten coalitions submitted abstracts related to their activities to scientific meetings.

- “Partners in Wellness, A Collaborative Program of South Carolina’s Historically Black Colleges and Universities, and the Medical University of South Carolina to Document and Reduce Risks for Hypertension and Diabetes through Student Research, Teaching, and Service to Communities” continues to offer a wellness course that focuses on diabetes and hypertension for students enrolled in HBCUs. During 2004, approximate 100 students from Carolina State University, Voorhees College, Allen University, Benedict College, Morris College, and Claflin University completed the semester-long program. Additionally, program activities and networking formed the basis for the educational component of Project EXPORT, a collaborative project with MUSC and SCSU to improve health related to metabolic syndrome. This project was funded by NIH’s National Center on Minority Health and Health Disparities through Project EXPORT.

- Materials developed to promote improved care and education include:

  Patient Report Card (Control Your Diabetes) was developed by REACH 2010 and more than 12,000 copies have been distributed to people with diabetes. Other groups in the state are also printing and distributing to people with diabetes. The care is available on DSC and REACH websites.
**My Guide to Sugar Diabetes** has been updated and is being reprinted by REACH 2010. The updated version includes expanded sections on nutrition and more information on medications. Also, SC DHEC is expanding to use in their diabetes education classes. Over the past 4 years more than 50,000 copies have been printed and distributed by SC DHEC and REACH. The guide helps people with diabetes improve self-management.

**Check Yourself to Protect Yourself** is a series of lesson plans to be delivered in community sites by health professionals and trained lay persons to assist with improving diabetes self-management and care. The program was tested in REACH 2010 sites. The foot care module has been distributed statewide and is being implemented in faith-based organizations, worksites, and neighborhood sites. The module has a video and slide series to accompany the information. Other video tapes include physical activity and healthy nutrition.

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

- The MUSC Diabetes Center continues to offer Intensive Diabetes Education and Lifestyles program to persons with type 1 and type 2 diabetes, and serves as a model program for other providers who are interested in starting similar programs.

- DSC continues to monitor assessment and interventions related to patient care costs/reimbursement/education throughout SC. (See Surveillance Council Report) In collaboration with SC DHEC, State Budget and Control Board Office of Research and Statistics, and Carolina Medical Review, costs, reimbursement/education issues are evaluated and posted on the DSC web site. The Burden of Diabetes Report has been updated by SC DHEC with the most recently available information.

- **REACH 2010: Charleston and Georgetown County Diabetes Coalition** continues to work to reduce and eliminate disparities related to diabetes in African Americans. DSC is responsible for program management. The program focuses on community development, education and empowerment; health systems change; and coalition power and sustainability. Currently, the program is providing community education to more than 12,000 African Americans with diagnosed diabetes. Program evaluation revealed that over 90% of African Americans in SC are getting an annual A1C and disparities between African Americans and Caucasians are decreasing. Amputations for African American men dropped from 79 to 31.7 per 1,000 hospitalizations between 1999 and 2003.

- **8th Annual African American Diabetes Program** is co-sponsored by the Diabetes Today Advisory Council (DTAC) and SC DHEC. About 1,100 persons attended the one-day program. DSC and REACH 2010 assisted with foot screening.

- **Vocational Rehabilitation:** Collaboration with South Carolina Department of Vocational Rehabilitation continues. Vocational Rehabilitation received 682 referrals for primary disability of diabetes and of those 467 were rehabilitated and returned to employment.

- **Commun-I-Care** continues to link persons with diabetes in need of care and education with agencies that can provide support and care. Following enrollment in the program, Emergency Department visits and hospitalizations have significantly decreased for people with diabetes, and participant reported satisfaction with the program is excellent.

- **Hands on Health** is a web-based educational program disseminated by the MUSC Library that provides updated diabetes information. The program provides resource materials and computerized linkages for local libraries to better serve the education and care needs of persons with diabetes. DSC and REACH collaborate to provide information about diabetes in South Carolina.
DIABETES INITIATIVE OF SOUTH CAROLINA
DIABETES CENTER COUNCIL ANNUAL REPORT
JANUARY 1, 2004 – DECEMBER 31, 2004 (YEAR 10)
Diabetes Initiative of South Carolina
Diabetes Center Council
Annual Report
January 1, 2004 - December 31, 2004 (Year 10)

Major Accomplishments

1. Conducted the following professional education programs:

<table>
<thead>
<tr>
<th>No. Courses</th>
<th>No. Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenth Annual Diabetes Symposium</td>
<td>1</td>
</tr>
<tr>
<td>Certified Diabetes Educator Programs</td>
<td>1</td>
</tr>
<tr>
<td>Foot Care Courses</td>
<td>5</td>
</tr>
<tr>
<td>Taking Diabetes to School Program</td>
<td>1</td>
</tr>
</tbody>
</table>

2. Coordinated ongoing programs in specialized patient education and care:

- Intensive Diabetes Education, Awareness, and Lifestyle (IDEAL) Program: Type 1 and Type 2 patients.
- Primary Care Office Based Manual/Program.
- Taking Diabetes to School.

3. Presented the following Academic programs:

- 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. They concentrate on diabetic patients in the assigned practice. They develop community projects directed at people with diabetes as part of the rotation. In 2000 all 3rd year students in South Carolina received this experience.
- Diabetes Management Cases for Nurse Practitioners.

4. Presented public programs on diabetes awareness, education, and prevention:

- REACH 2010 Programs (seven) in Charleston and Georgetown Counties

5. Other accomplishments:

- Assisted Palmetto Community Health Network with professional training and implementation of their Duke Endowment Grant activities for Diabetes in Chesterfield, Marlboro, Darlington, Dillon, Marion, Florence, and Horry counties.
- Assisted Carolina Medical Review with Diabetes Program for Home Health Nurses
- Assisted with updating the Patient Report Card.
- 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.
- Participated in the 8th Annual African American November Conference.
- Negotiated Medicaid Contract (State health and Human Services Finance Commission) with MUSC Diabetes Center.
- Negotiated BCBS HMO Diabetes Education Contract with MUSC Diabetes Center and assisted other programs in the state in this process.
- Assisted in the development and ongoing development, implementation and evaluation of Hospital Protocols for Intensive Diabetes Management.
DIABETES INITIATIVE OF SOUTH CAROLINA
SURVEILLANCE COUNCIL ANNUAL REPORT
JANUARY 1, 2004 – DECEMBER 31, 2004 (YEAR 10)
Diabetes Initiative of South Carolina
Surveillance Council
Annual Report 2004
January 1, 2004 – December 31, 2004 (Year 10)

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.
- Establish a scientific forum to showcase diabetes research and projects in South Carolina.
- Establish a methodology to estimate the prevalence of diabetes in South Carolina based on clinical data.
- Establish a methodology to assess trends in diabetes-related outcomes and clinical practices.

Major Accomplishments

The summary of the major accomplishments is:

- Completion and distribution of the third Burden of Diabetes in South Carolina report and updated data which is distributed in hard copy and through the webpage.
- 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.
  - Successfully recruited an analyst dedicated to DSC activities in September 2004. This individual will also function as the webmaster.
- Establishment of a DSC webmaster.
- Production and distribution of data slides which are distributed in hard copy and can be downloaded from the webpage.
- Coordination of the second scientific poster session in conjunction with the 2004 Diabetes Symposium. Forty-two posters were presented with three SC students receiving cash awards.
- Establishment of a working committee to identify a methodology to assess trends in clinical practices, patient behaviors and outcomes related to diabetes.
• Establishment of a working committee to use clinical data bases to estimate the prevalence of diabetes in South Carolina.
• Establishment of a working committee to study Type 2 diabetes in young adults.

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 have 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 Council has recruited a podiatrist to serve and quantify the impact of foot complications as a result of diabetes.
- The Council has established a working relationship with the Southeastern Kidney Council to quantify the impact of diabetes on end-stage renal disease.
- The Council continues to work with Carolina Medical Review, Office of Research and Statistics and the Commission for the Blind to quantify the impact of blindness as a result of diabetes.
Members:

Sue Haddock, PhD; Chairperson; David Keisler, MD; Sharm Steadman, PharmD, CDE; Gary Ewing, MD, MPH; Ali Rizvi, MD, CDE; Al Pakalnis, MD; Wanda Loften, PhD; Beth Mayer-Davis, PhD; Dero Meyers, PhD; Kay McFarland, MD; Elizabeth Todd Heckel, MSW, CDE

Accomplishments:

1. Planning committee or presented in following professional education programs:
   - Certified Diabetes Educator Programs, Columbia, 2/18-2/19/2004, 110 participants.
   - "Office Nurse Program", Columbia, 3/25/04, 30 participants
   - National Association of Social Workers; Myrtle Beach; "Role of the Social Worker in Diabetes Management" 4/1-4/2/04, 120 participants.
   - South Carolina Licensed Practical Nurse Annual Meeting; Columbia; 4/28/04, 25 participants.
   - American Diabetes Association Scientific Sessions, Orlando, Fla, 6/4-6/7/04.
   - "School Nurse Program", Florence, 10/15/04, 65 participants.
   - Palmetto Richland Memorial Hospital Nurses, "Diabetes, Southern Style", 10/27/04, 65 participants.

2. Patient Education and Care:
   - Prevention Partners, State Health Plan, 1/22/04, 9/21/04, 92 participants; Columbia.
   - "Pre-Diabetes" group; Tues.& Thurs.'s, September, November, Family Practice Center, Columbia.
   - African American Conference, "Diabetes: Not Just a Touch of Sugar"; Columbia, 11/8/04; 1,100 participants.

3. Ongoing Academic Programs:
   - "Impact on the Family with Diabetes", 80 first year medical students; USC School of Medicine, Columbia, 8/24/03.
   - "Experiential Diabetes Management"; 8-12, 3rd Year medical students; every 6 weeks; USC School of Medicine, Columbia; Medical University of SC, Charleston.
   - "Psychosocial Aspects of Diabetes"; 1-2 Family Practice Residents every 6 weeks; Columbia.
   - 6-10 Family Medicine Resident patient consults per week, Department of Family/Preventive Medicine, USC School of Medicine, Columbia.
4. Major Achievements:

- CAMP ADAM FISHER, INC.; S.C.’s camp for children with diabetes; 125 campers; 40 staff; Chairperson, Board of Directors.
- President-elect, Midlands Chapter of Diabetes Educators.
- Womans Studies Partnership Board, University of South Carolina.

5. Major USC Grant:

- Bridging Barriers to Diabetes Care with Telemedicine, NIH, $2.5 million; 4 years.
  PI - Richard Davis, MD
  Co-Investigators - Elizabeth Mayer-Davis, K. Sue Haddock, Jamal Moloo, Wm. Herman, Stan Fowler, and Andrew Lawson.
The South Carolina Diabetes Prevention and Control Program (SC DPCP) is housed and managed within the South Carolina Department of Health and Environmental Control’s (SCDHEC), Bureau of Chronic Disease Prevention and Health Promotion. The SC DPCP is federally funded through the Centers for Disease Control and Prevention’s (CDC) Division of Diabetes Translation and is one of the 59 Diabetes Prevention and Control Programs.

Program Goals and Objectives:
Program Goal: Reduce disparities in complications and deaths from diabetes in South Carolina.

National Diabetes Objectives: The three national objectives of the program are:

By 2008, achieve an annual increase in the percentage of persons with diabetes in South Carolina who receives the following preventive measures: comprehensive foot exams, dilated eye exams, A1C tests, influenza immunizations and pneumonia vaccinations.

By 2008, achieve a reduction in health disparities between African American men and women in South Carolina with respect to diabetes prevention and control.

By 2008, establish linkages to useful programs for promotion of wellness and physical activity, weight and blood pressure control, and smoking cessation for persons with diabetes in South Carolina.

FEDERAL and STATEWIDE INITIATIVES

Diabetes Burden Report: The latest Diabetes Burden Report is currently available on the DHEC Epidemiology website. The data presented in this report were compiled from a variety of sources obtained mostly in 2001, including census data, vital records, hospital discharge data, emergency room records, the South Carolina Statistical Abstract and the Behavior Risk Factor Surveillance System (BRFSS). The former data sets are complete representations of events in South Carolina; however, the BRFSS is based upon a randomly selected, interview sample of South Carolinians over age 18 years.

Diabetes Detection Initiative (DDI) – Finding the Undiagnosed: The DDI brought together the public sector (Department of Health and Human Services, and State and local health departments) and community, business sector, voluntary, tribal community, and professional partners to develop, implement and evaluate a program for detection of unrecognized type 2 diabetes. The focus of this initiative was to help people understand their diabetes risk and know the symptoms (which may or may not be present), and assist high-risk people in linking with various health care systems in the United States for discussion with health care professionals about the appropriateness of follow-up diagnostic testing.

Secretary Thompson launched the initiative in November 2003 during American Diabetes Month in ten sites throughout the United States. Orangeburg was one of five DDI “evaluation” sites, with pilot implementation beginning in March 2004. Collaborative relationships were in place with several community partners that helped to mobilize implementation of the DDI. Initially, key administrators met with regional and state officials to plan the pilot implementation in Region 4. The Family Health Center (FHC), and its three satellite clinics were joined by an implementation team that included the South Carolina Diabetes Prevention and Control Program, the South Carolina Primary Health Care Association, the Orangeburg County Regional Medical Center, the Edisto Diabetes Network, a local ministerial alliance, as well as officials from CDC and HHS.

Performance Improvement Plan (PIP): In August 2003, the SC DPCP of the in partnership with the Diabetes Initiative of South Carolina hosted the statewide diabetes assessment retreat. Representatives from 39 various organizations participated in the discussion to determine strengths and challenges of the system and to identify areas needing improvement.
The results of the Essential Public Health Services assessment assisted the DPCP in identifying strengths as well as areas needing improvement within the State Diabetes Public Health System (SDPHS). The DPCP and partners now are tasked with prioritizing the identified areas for improvement and selecting priority areas for improvement that can be realistically addressed in the subsequent years. The Performance Improvement Plan will be developed based on these prioritized areas needing improvement. The PIP defines the strategic direction of SDPHS operations and will reflect focused, annual goals from the strategic plan. The two purposes of the PIP are to (1) establish a foundational basis for day-to-day operations and (2) bridge present and future performance. The PIP will extract and articulate a one-year plan of performance from the longer-term strategic plan.

**DHEC’s Diabetes Program:** The program was recognized by the American Diabetes Association (ADA) in December 2003, which in essence adopted a diabetes education program plan addressing the national standards for Diabetes Self-Management Training (DSMT). Initial site recognition is in the Pee Dee, Trident, and Appalachia III Districts. It has allowed more opportunities for DHEC providers to collaborate with community healthcare providers regarding specific individual patient needs which most often addresses the need for better adherence to the standards of care for our clients.

**COMMUNITY EDUCATION**

The eighth **South Carolina African American Conference on Diabetes** was held on November 8, 2004 at the Columbia Metropolitan Convention Center in downtown Columbia, SC. The conference, “Diabetes: All Sugar Ain’t” Sweet was co-sponsored by the Diabetes Today Advisory Council (DTAC) and SC DHEC. Sessions presented at the conference included physical activity, medications and monitoring, diabetes and sexuality, nutrition and cooking, foot care, 65 and energized and plenary sessions included information on Diabetes and Heart Disease, Diabetes and Kidney Disease, and Pre-Diabetes. Conference evaluations are currently being reviewed.

**Flu/Pneumonia Campaign:** Fourteen agencies collaborated on the 2004 campaign. An updated version of the 2003 poster, which added “The shot can be taken at any stage of pregnancy”, was used. It was also decided to include two of our partners logo’s on the poster. The poster is being disseminated to the local health departments, local coalitions, doctors’ offices, etc.
-PSAs were distributed to weekly papers, radio stations and other outlets as deemed applicable.
-Flu/Pneumonia material was disseminated to coalitions at the Statewide Coalition meeting in September.
-DHHS, Prevention Partners distributed the DPCP posters to all worksites and their logo is also on the poster. PSAs were used in bulletin boards and newsletters statewide.

**Take a Loved One to the Doctor Day:** *Take A Loved One to The Doctor Day* was part of a national campaign by the U.S. Department of Health and Human Services (HHS), which focuses on the health gap between racial and ethnic minorities and the general population. The campaign, Closing the Health Gap, was originally launched November 19, 2001. *Take A Loved One to the Doctor Day* encouraged individuals to see a health care professional on September 21, 2004, or make an appointment for the near future. DHEC’s Office of Minority Health as well as two of the funded diabetes coalitions hosted activities related to "Take a Loved One to the Doctor Day."

Williamsburg County Diabetes Education and Control Coalition (WCDECC) collaborated with the local community health center (Black River Health Care) and other agencies to distribute over 1,500 mini-fliers/inserts to promote the event. Over two hundred persons attended the event and over 160 were screened for diabetes and other chronic diseases. Coalition members distributed basic information on diabetes and management of diabetes and signed up people to participate in WCDECC.

Georgetown Diabetes CORE Group mailed fliers announcing, “Take a Loved One to the Doctor Day” to churches and health ministries throughout the community. This was a joint initiative between the CORE Group and the St. James Health Center. They also collaborated with other agencies in the community to conduct diabetes and high blood pressure screening at St. James Health Center located in the Choppee community. Over 35 persons were screened.

**IMARA Woman Empowerment Tour:** The joint partnership between SC DPCP and the Office of Minority Health with IMARA Woman magazine continues for the 2004 – 2005 funding year. SC DHEC co-sponsored the IMARA Woman Empowerment tour, held in Charleston, Orangeburg, and Florence. Shoshanna Johnson, the first African-American female prisoner of war was the featured guest speaker in Orangeburg and Charleston. The SC DPCP
sponsored the “Diabetes and Stroke – Avoid a Health Crisis” workshop and OMH sponsored the “Personal Development – Good Health and More in 2004” at each tour stop. IMARA Woman Magazine has also partnered with SC DPCP on other activities such as donating a subscription to be used as a door prize for the annual JDRF golf tournament and sponsoring a team and served on the coalition mini-grant review committee.

STATEWIDE COALITION DEVELOPMENT

**Local Diabetes Coalitions:** The mini-grant process for FY 04-05 funded two coalitions at the capacity building level and seven were funded at the basic implementation level. Funding amounts ranged from $3000 to $7000 and will go through March 29, 2005. Examples of activities include: conducting needs assessments, building infrastructure, increasing awareness, formation of diabetes support groups for children with diabetes, creation of an on-line resource guide, healthy cooking demonstrations, hosting monthly Diabetes Days, etc.

Two new coalitions have been added to the growing list of coalitions across South Carolina, Neighbors Helping Neighbors—The Diabetes Group and The Upper Savannah Minority Health Coalition. Both of these coalitions are newly funded through mini-grants for the FY 04-05 and were previously formed working on several different issues. With the growing numbers of at risk and already diagnosed cases of diabetes, they decided to add a diabetes outreach initiative to increase their community involvement in diabetes awareness and prevention. With the addition of these two coalitions, that brings the total to 27 coalitions across the state.

**The Third Annual Statewide Diabetes Coalition Meeting:** The SC DPCP along with Diabetes Initiative of South Carolina sponsored the Fourth Annual Statewide Coalition Meeting on September 22, 2004 in Charleston, SC. Registration and lunch began at 11:00am. Seventy people were in attendance and the meeting began with a review of the packet, which included recent diabetes publications, information about syringes, and coupons, a state coalition map, a description of the coalitions that are funded, an overview of the DPCP and a Save-the-Date flyer about the upcoming African-American Conference. Upon completion of the statewide meeting, ten of the coalitions displayed their posters and three received monetary awards.

HEALTH SYSTEMS

**Second Annual Evidence Based Training:** The 2nd Annual “Evidenced –Based Diabetes Management: Know Your ABCs” Training was conducted on January 16th and 17th, 2004 at the Crown Reef Convention Center in Myrtle Beach. There were a total of 110 participants consisting of Medical Doctors, Registered Dieticians, Registered Nurses, Nurse Practitioners, Health Educators, Social Workers, and Physician Assistants. The SC DPCP and the Cardiovascular Health Division cosponsored the Training and the evaluations indicate that it was a major success. The 3rd Annual “Evidenced – Based Diabetes Management Symposium: Making a Difference in Diabetes and Cardiovascular Outcomes” is scheduled for February 4th and 5th, 2005.

**Community Health Centers – Diabetes Collaborative**

For the 2004 - 2005 Fiscal Year, the SC DPCP established Memorandum of Agreements with seven centers to provide technical assistance on the standards of care for diabetes. The SC DPCP continued to focus on the five clinical areas in their CDC grant, to demonstrate success in achieving an increase in the percentage of persons with diabetes at the CHCs who receive recommended foot exams, eye exams, flu and pneumonia vaccines, dilated eye exams, and hemoglobin A1C tests. Below is a summary of the aggregated data during the July – September quarter.
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