March 4, 2014

To Governor Haley and the General Assembly:

On behalf of The Board of Directors of the Diabetes Initiative of South Carolina (DSC), I am pleased to present our Nineteenth Annual report (calendar year 2013). The Diabetes Initiative of South Carolina Act, Chapter 39, Section 44-39, requested this report.

Diabetes mellitus is a major public health problem in South Carolina. South Carolina ranked seventh in the nation in the prevalence of diabetes mellitus in 2013.

The DSC is committed to lowering the excess economic and health burdens linked to the diabetes epidemic in our state. A major role of the DSC is to partner with other programs throughout South Carolina to facilitate activities and interventions creating a cost effective network for diabetes care. The DSC sponsors many programs which focus on patient and health care provider education to reduce the burden of diabetes in South Carolina. Additionally, the DSC reports the prevalence of kidney failure, blindness, stroke, heart disease, amputations, and costs of care in people with diabetes in South Carolina. Different individuals throughout the state are on the DSC board, such as representatives from academic medical centers, clinicians, certified diabetes educators, SC Hospital Association, SC DHEC, SC DHHS, and the SC Medical Association.

The DSC has developed several programs for the education of a variety of health professionals about diabetes and its complications. DSC has sponsored 19 Annual Diabetes Fall Symposia for Primary Health Care Professionals featuring education and all aspects of diabetes mellitus. This symposium is an annual 2-day statewide program that supplies a comprehensive diabetes management update to all primary care professionals and an opportunity for attendees to obtain CMEs, CEUs, and other continuing education credits at a low cost. DSC also sponsors a Diabetes Strategies for the Twenty-First Century Symposium, held annually in the winter. Additionally, the DSC sponsors a Diabetes Under the Dome Day, which is a day at the legislature providing screening for diabetes and educational input about diabetes for our state’s representatives and other professionals at the state house.

We thank you for your past support and trust that you will accept the DSC accomplishments as part of your administration. We look forward to providing you the new strategies and accomplishments on behalf of the DSC related activities for 2014 in next year’s report.

Respectfully submitted on behalf of the DSC Board,

Kathie L. Hermayer, MD, MS, FACE
Board Chair, Diabetes Initiative of South Carolina
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>3</td>
</tr>
<tr>
<td>Organization Chart</td>
<td>4</td>
</tr>
<tr>
<td>Budget and Research Generated</td>
<td>6</td>
</tr>
<tr>
<td>Outreach Council Annual Report</td>
<td>9</td>
</tr>
<tr>
<td>Diabetes Center Council Annual Report</td>
<td>12</td>
</tr>
<tr>
<td>Surveillance Council Annual Report</td>
<td>14</td>
</tr>
<tr>
<td>S.C. DHEC Statewide Diabetes Activities</td>
<td>16</td>
</tr>
<tr>
<td>Board of Directors and Council Members</td>
<td>19</td>
</tr>
</tbody>
</table>

For more information, please visit our website
http://www.musc.edu/diabetes
EXECUTIVE SUMMARY
EXECUTIVE SUMMARY

- Diabetes affects 25.8 million people, which is approximately 8.3 percent of the U.S. population. There are about 18.8 million people diagnosed with diabetes and 7.0 million people undiagnosed with diabetes.¹

- In 2012, South Carolina ranked seventh in the nation in the prevalence of diabetes.²

- The rate of diabetes in South Carolina has doubled from 5 percent in 1995 to 10 percent in 2010.³

The purpose of the Diabetes Initiative of South Carolina (DSC) is to develop and incorporate a comprehensive statewide plan of community outreach programs, health professional education, and diabetes surveillance. The Diabetes Initiative is committed to lowering the severe complications and cost burden of diabetes in the state by providing the tools for management of the disease.⁴

The partnerships, via the effort of three Councils (Outreach, Diabetes Center, and Surveillance), achieved great successes during 2013.

The Outreach Council:

The mission of the outreach council is to oversee and direct efforts in patient education for primary care to include: promoting adherence to national standards of education, ongoing assessment of patient care, costs, and reimbursement issues for persons with diabetes in South Carolina. The DSC continues to work closely with the Diabetes Advisory Council to assess community needs and maintain an efficient and consolidated outreach effort. The Outreach Council was instrumental in the statewide distribution to primary care professionals of the April 2013 Diabetes Symposium issue of the American Journal of the Medical Sciences. On pages 298-299 of this issue, is a listing of the 2013 South Carolina Guidelines for Diabetes Care for patients with both type 1 and type 2 diabetes.⁵ Copies of this journal issue were mailed to 3,143 clinical practitioners in South Carolina, as well as distributed to the governor and the general assembly.

The DSC sponsored the Diabetes under the Dome Day at the Legislature on March 13, 2013. The purpose of this program is to increase awareness related to diabetes and associated risks and to screen the general assembly members and other legislative professionals for diabetes or prediabetes with a finger stick glucose, A1C, height, waist circumference, BMI, and blood pressure. People who are identified with risks or prediabetes can reduce their chances of developing diabetes by increasing physical activity and losing a small amount of weight. The program was met with great success and overall 51 people were screened.

The coalition of the Racial and Ethnic Approaches to Community Health (REACH), continued to work diligently with Georgetown and several rural counties in its efforts for diabetes prevention and control. Led by Dr. Carolyn Jenkins, DSC and the College of Nursing, with funding from Sanofi, a screening program to identify risks for diabetes in rural SC is currently underway in Bamberg County and surrounding areas. The program will use the American Diabetes Association Risk Test and will screen up to ~1000 persons for risk factors for diabetes, including A1C, blood pressure, lipids, BMI, and waist circumference. Results are discussed with participants, action plans developed, and (with permission), the data are shared with the participants’ primary care provider (PCP). If participants have no PCP, they will be linked to health care providers in the area.

Overall, 250 children and youth with diabetes attended Camp Adam Fisher between June 8 & June 15, 2013, where they learned more about diabetes management from their peers and volunteer health professionals.
Diabetes Center Council:

The mission of the Diabetes Center Council is to develop and implement a comprehensive statewide plan of community outreach programs, professional education, and health & diabetes surveillance. The 19th Annual Diabetes Fall Symposium for Health Care Professionals was held on September 19 & 20, 2013 in North Charleston. The total attendance for the Symposium was 273 participants. Planning is underway for the Diabetes Strategies Program which is scheduled to take place on January 28 & 29, 2014 at the North Charleston Convention Center.

Dr. John Bruch presented a poster, “Comparison of Premixed and Basal Bolus Insulin on the Risk of Hypoglycemia,” at the 22nd Annual Scientific and Clinical Congress of the American Association of Clinical Endocrinology meeting held in Phoenix, AZ in May, 2013.

Dr. Kathie Hermayer and Pam Arnold presented a poster at the American Diabetes Association’s 73rd Scientific Sessions in Chicago, Illinois in June, 2013 on “Improvements in Blood Glucose Re-Testing after Hypoglycemia in a Medical University Hospital Setting”.

MUSC had a Joint Commission site visit in November 2013 for recertification by JC-ADA in advanced inpatient diabetes management and passed, with no citations.

The Surveillance Council:

The mission of the surveillance Council is to acquire, analyze and distribute epidemiologic information about diabetes. Dr. Patsy Myers reported that DHEC is following a new approach due to their funding. They are now combining programs on diabetes, heart disease, stroke and obesity.

Dr. Myers and the Surveillance Council members reviewed the individual goals for the Council and the goals were reorganized and rewritten to consolidate and update for the current measures.

Diabetes is a huge problem in South Carolina; however, the DSC provides a realistic mechanism to address issues on a statewide basis. The Annual Burden Report assesses progress and provides evidence of significant decreases in amputations and mortality. The overarching goal of the DSC is for these programs and the development of new targeted initiatives will lead to continuous improvements in the care of people at risk and with diabetes, along with a decrease in morbidity, mortality, and costs of diabetes and its complications in South Carolina.

References

HISTORICAL BACKGROUND
HISTORICAL BACKGROUND

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.

These 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 countries 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, overweight/obesity) was occurring. It was evident that an action plan was needed.
ORGANIZATION CHART
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:

![Organization Chart]

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 broad 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 Prevention and Control Program 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, Carolinas Center for Medical Excellence, 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.
In calendar year 2004, we completed a review of 5 years of progress, which concentrated on the first 3 goals of the 10 Year Strategic Plan. We recognized that the legislation had created a uniquely successful statewide collaborative effort. Programs were generally on target and were productive. Examples were community outreach, professional and patient education programs, and surveillance of trends in diabetes care. It was recognized, however, that prevalence of diabetes and obesity was increasing, and that comorbidities such as hypertension and altered blood lipids complicated overall management. Major extramural grant funding for community-based programs and clinical trials had been acquired at MUSC and at USC. Overall, progress with that unique combination of public and private resources (federal, state, regional and local support) had been exciting.

In 2011 the Diabetes Initiative of SC evaluated the 10 Year Strategic Plan for improving diabetes in South Carolina. Programs that have been operative for a sufficient time to see trends in morbidity, mortality, hospitalizations, emergency room visits, and health disparities among people with diabetes in South Carolina were assessed. After this analysis by the Board, Councils, and major partners, we published a monograph “The State of Diabetes in South Carolina: An Evaluation of the First Ten Year Strategic Plan of the Diabetes Initiative of South Carolina.” Areas of defined advances were described as well as issues which require further attention. Since diabetes mellitus is a chronic disease with very long-term complications, it is likely that another decade (or more) of work will be needed to be certain that promising trends are sustained and real.

In 2012 the Diabetes Initiative of SC began writing its second 10 Year Strategic Plan. It is hoped that the Plan will be completed by mid-2014.
BUDGET
AND
RESEARCH GENERATED IN PARTNERSHIP WITH DSC
DSC OPERATING BUDGET

FY 2011 – 2012

State Appropriation $ 289,088
Less Cuts 165,617
Total Budget $ 123,471

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RESEARCH GENERATED IN PARTNERSHIP WITH DSC

We are pleased to report major partnership opportunities in diabetes research for fiscal year 2012.

1. **South Carolina Diabetes Prevention and Control Program-DHEC:**
   SC DHEC’s Diabetes Division is funded by the Centers for Disease Control and Prevention and focuses on reducing the burden of diabetes in South Carolina. It is a statewide program working to prevent complications, disabilities, and burden associated with diabetes through health systems change and quality improvement in primary care settings, with a targeted focus in the federally qualified health centers. The Diabetes Initiative of South Carolina Board provides clinical oversight to the program and their goals and objectives are complementary.
   PI: Joe Kyle

2. **Epidemiology of Diabetes Intervention and Complications (EDIC)** is a follow-up study 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. Another 10 year follow-up (2006 – 2015) is approved. PI: Louis M. Luttrell, MD, PhD

3. **LEADER Trial:** To assess the effect of treatment with liraglutide compared to placebo for at least 3.5 years and up to 5 years on the incidence of cardiovascular events in adults with type 2 diabetes who are at high risk for cardiovascular events. PI: Ali Rizvi, MD

4. **Systolic Blood Pressure Intervention Trial (SPRINT):** A randomized, multi-center clinical trial testing the effects of intensive lowering of systolic blood pressure (SBP) on preventing cardiovascular disease (CVD); Sponsor: NIH/NHLBI. PI: Ali Rizvi, MD

5. **LEADER: Liraglutide Effect and Action in Diabetes: Evaluation of Cardiovascular Outcome Results:** A Long-term, Multi-centre, International, Randomized Double-blind, Placebo-controlled Trial to Determine Liraglutide Effects on Cardiovascular Events. PI: Kathie Hermayer, MD

6. **The Role of the South Carolina Food Banks and their Community Partners in Improving Hypertension and Diabetes in Persons with Food Insecurity.** Co-PIs: Carolyn Jenkins, DrPH and Carrie Whipper. $10,000 from South Carolina Translational Research Institute (CTSA) 2012-2013

7. **REACH U.S. SEA-CEED: Creating Health Equity for Hypertension Outcomes in African Americans in Georgetown County.** PI: Carolyn Jenkins, DrPH. $112,000 from Centers for Disease Control and Prevention through National REACH Coalition 2012-2013

8. **REACH U.S. SEA-CEED: Improving Hypertension and Obesity Outcomes for African Americans.** PI: Carolyn Jenkins, DrPH. $1.138 million from Centers for Disease Control and Prevention through National REACH Coalition. 2012-2017

9. **Technology Intensified Diabetes Education Study in African Americans with Type 2 Diabetes Mellitus (TIDES).** The proposed K24 application is designed to support the career and research trajectory of the candidate by providing protected time to conduct patient-oriented research on interventions to reduce complications and deaths from diabetes in ethnic minority groups and mentor the next generation of women and minority clinical investigators in health disparities research. Sponsor: NIH/NIDDK. PI: Leonard E. Egede, MD
10. Telephone Delivered Behavioral Skills Intervention for Blacks with Type 2 Diabetes Mellitus. Sponsor: NIH/NIDDK. PI: Leonard Egede, MD

11. Biomarkers of Vascular Disease Progression in Type 1 Diabetes Mellitus. PI: Maria Lopes-Virella.

12. Southeastern Virtual Institute for Health Equity and Wellness (SEVIEW). This program is a cooperative agreement with the United States Department of Defense to develop educational and outreach programs and conduct community-based research on health disparities and to address the high rates of disease occurrence, disability and mortality in rural, low-income or minority communities. Sponsor: Department of Defense. PI: Sabra Slaughter, MD

13. Technology-Intensified Diabetes Education/Skills Intervention in AAs with DM-2 (TIDES). The major goals of this project are to study the effectiveness of telephone delivered diabetes knowledge/information and motivation/behavioral skills for improved glycemic control in diabetic patients. Sponsor: NIH/NIDDK. PI: Leonard Egede, MD

14. Tablet-Aided Behavioral Intervention Effect on Self-Management Skills (TABLETS). The major goal of the proposed research is to conduct a randomized clinical trial to test the effectiveness of a telephone-delivered behavioral lifestyle intervention on improving self-management behaviors in rural populations at high risk of cardiovascular disease. Sponsor: NIH/NIDDK. PI: Cheryl Lynch, MD. Co-I: Leonard Egede, MD

15. Charleston Health Equity and Rural Outreach Innovation Center (HEROIC). Goal: To improve access and equity in health care for all Veterans by eliminating geographic, racial/ethnic, and gender-based disparities. VA HSR&D Center Award. Center Director: Leonard Egede, MD
SUMMARY OF RESEARCH GENERATED IN PARTNERSHIP WITH DSC

<table>
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<tr>
<th>PROJECT</th>
<th>P.I.</th>
<th>YEARLY</th>
<th>TOTAL</th>
<th>YEARS</th>
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<tr>
<td>1. SC DHEC</td>
<td>J. Kyle</td>
<td>$ 666,163</td>
<td>$ 2,831,193</td>
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<td>2. EDIC</td>
<td>L. Luttrell</td>
<td>168,605</td>
<td>1,682,227</td>
<td>2006-2015</td>
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<td>3. LEADER Trial</td>
<td>A. Rizvi</td>
<td>69,665</td>
<td>348,325</td>
<td>2010-2015</td>
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<td>4. SPRINT</td>
<td>A. Rizvi</td>
<td>87,720</td>
<td>789,477</td>
<td>2009-2017</td>
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<td>5. LEADER Trial</td>
<td>K. Hermayer</td>
<td>31,568</td>
<td>157,842</td>
<td>2010-2017</td>
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<tr>
<td>6. SC Food Banks</td>
<td>C. Jenkins (Co-PI)</td>
<td>10,000</td>
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<td>7. REACH SEA-CEED</td>
<td>C. Jenkins</td>
<td>112,000</td>
<td>112,000</td>
<td>2012-2013</td>
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<td>8. REACH SEA-CEED</td>
<td>C. Jenkins</td>
<td>230,000</td>
<td>1,138,000</td>
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<td>10. Telephone Delivered</td>
<td>L. Egede</td>
<td>50,320</td>
<td>346,243</td>
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<td>12. SEVIEW</td>
<td>S. Slaughter</td>
<td>344,216</td>
<td>163,503</td>
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<td>15. HEROIC</td>
<td>L. Egede</td>
<td>120,000</td>
<td>600,000</td>
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<td>TOTAL</td>
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<td>$ 2,241,679</td>
<td>$ 9,422,698</td>
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Comment

Yearly funding of programs in education, care, and clinical research focus on improving outcomes for people with diabetes in SC. Total funding is now at $9.4 million, and yearly funding exceeds $2.2 million. This yearly extramural funding is more than 7.75 times our current state 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.
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.

Ongoing Outreach Council Meetings and Activities
The Outreach Council of the Diabetes Initiative of South Carolina met 4 times in 2013. The Statewide Coalitions met this Fall. The coalitions presented posters at the 19th Annual Diabetes Fall Symposium for Primary Health Care Professionals in September 2013.

Prominent Activities
DSC website, www.musc.edu: SC Guidelines for Care, revised and updated. Guidelines approved by the Diabetes Initiative of SC Board. Links-established to American Diabetes Association (ADA), American College of Endocrinology (ACE), American Association of Diabetes Educators (AADE), Joint Commission on Accreditation of Healthcare Organizations (JACHO), Juvenile Diabetes Research Foundation (JDRF), and Agency for Healthcare Research and Quality (AHRQ). Definition of who can be a provider and guidelines for billable diabetes care. Information on how to become a Certified Diabetes Educator (CDE). Patient literature provided by governmental websites.


LEGISLATIVE Day March 13, 2013, Diabetes Education and Waist Circumference provided. Counselors provided information and referrals. 100 people assessed for diabetes risk factors.

Programs and Activities of Outreach Council Partners to Address Diabetes
- South Carolina Vocational Rehabilitation Department has taken 285 new referrals, served 2,747 cases and rehabilitated 161 people with diabetes disability.
- South Carolina Hospital Association continues to focus on improving diabetes control in hospitals in South Carolina.
- Camp Adam Fisher, South Carolina’s largest overnight camp for children with diabetes held on Lake Marion, June 8-15, 2013 had 250 campers this year.
- Prevention Partners, part of the SC Department of Insurance Services provided diabetes education for over 150 state employees in locations throughout the state in 2013.
- Diabetes education and counseling provided to indigent patients every Tuesday/Wednesday at Family Practice Center in Columbia. (200 people)

Programs/Grants

1. NATIONAL COMMUNITY BASED SCREENING IN RURAL AREAS—FUNDED BY SANOFI

<table>
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<tr>
<th>Overview of Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount: $126,772</td>
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<tr>
<td>PI: Carolyn Jenkins for Diabetes Initiative of South Carolina and MUSC Foundation</td>
</tr>
<tr>
<td>Grant awarded/Contract signed: Late September, 2013</td>
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<tr>
<td>UDAK established at MUSC: October 16, 2013</td>
</tr>
<tr>
<td>Implementation: Bamberg County, South Carolina</td>
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</tbody>
</table>
II. GRANT AIMS

Aim 1: Formative development: Document the primary barriers and facilitators for diabetes screening and actions to reduce risks for diabetes in Bamberg County through formative focus group and key informant interview research with community members, ministers, and leaders; people with diabetes and their families; primary care, specialist providers, and public health practitioners.

Aim 2: Based on findings from the research literature on screening for diabetes and Aim 1, develop diabetes screening and action program for community residents that includes:
   a. Public awareness and recruitment of ≥ 700 residents of Bamberg County and ≥ 300 residents of surrounding areas (Allendale County) to complete a “state of the science” self-assessment for risks of prediabetes and diabetes.
   b. Developing mobile health technologies for direct linking of screening data to primary care.
   c. Screening > 500 (goal of 600) persons who are at increased risk for prediabetes and diabetes based on self-assessment of risk factors (using instrument developed in 2.a above). Screening will include: i) weight, height, waist circumference, BMI; ii) A1C and capillary glucose; iii) blood pressure; iv) lipids.
   d. Linking participants with community programs, primary care and follow-up for abnormal findings.
   e. Evaluation based on RE-AIM model and presentation of findings to community partners, participants, and scientific/practice communities.

Aim 3: Dissemination: Manuscript and toolkit to promote “best practices” for community screening of diabetes in rural communities.

III. OVERVIEW OF PRODUCTS

The proposal includes the following products:
- Integrative review of community screening programs for diabetes
- Design of "state of science" risk assessment (computerized test calculating risks that can also be administered as “paper and pencil test/interview)
- Design of screening toolkit for rural underserved areas with all forms including form letters, announcements, etc. (illustrations will be "very basic")
- Design, testing, and implementation of technology system for reporting results to participant and selected health care provider
- Computerized risk assessment of 1,000 participants
- Lab screening tests (including A1C, BP, Lipid Profile, Glucose) for 600 participants
- Toolkit and manuscript for community screening program in rural area

2. TRANSFORMING PATIENT-CENTERED MEDICAL HOMES INTO MEDICAL COMMUNITIES FOR UNDERSERVED RURAL PATIENTS

I. OVERVIEW OF AWARD

Amount: $150,000
PI: Carolyn Jenkins for South Carolina Translational Research Institute (SCTR)
                  Sam Cyert for North Carolina Clinical and Translational Science Institute (NC TraCS)
Funding from: SCTR-$50,000; NC TraCS-$50,000; SC Medicaid-$50,000 (in process)
UDAK established at MUSC: November 2013
Implementation: Bamberg County, South Carolina

II. GRANT AIMS

Aim 1: Formative development of research: Document the primary barriers and facilitators of diabetes management and transitional care in Bamberg County through formative research with local hospital staff (at Orangeburg Regional Hospital as local hospital closed), primary care and specialist providers, public health practitioners, and high risk diabetes patients and their families.

Aim 2: Based on findings from the research literature and Aim 1, develop a medical home/community extender community health worker (CHW) intervention for high risk diabetes patients and their families that includes training in:
   a. monitoring and tracking A1c and blood pressure
   b. simple self-management coaching strategies
   c. accessing/enhancing resources supporting medication management including reconciliation and adherence, discharge plan adherence, problem solving, and improved diet and physical activity.
d. addressing barriers and facilitators identified in Aim 1.

Aim 3: To test the impact and feasibility of a 3 month medical home/community extender CHW intervention or reducing unnecessary hospital re-admissions and associated costs, improve self-management success among individuals in Bamberg County, and conduct cost analyses of the intervention through a 3-group randomized control trial (RCT) feasibility pilot including: a) CHW in-home intervention; b) equipoise telephonic care by an RN; c) usual care.

To accomplish these aims, the Medical University of South Carolina (MUSC) and University of North Carolina at Chapel Hill (UNC-CH) will partner with people with diabetes and their support systems, the Bamberg County leaders and health care professionals, and Regional Medical Center of Orangeburg and Calhoun Counties.

III. OVERVIEW OF PRODUCTS

The proposal includes the following products:

- Program for Implementing PCMH in Rural Communities (2 models: CHW In-Home and RN Telephone Care Coordination using Health Technologies) along with cost analysis.

Other Research Grants Awarded that influence Persons with Diabetes

2012-2013 The Role of the South Carolina Food Banks and their Community Partners in Improving Hypertension and Diabetes in Persons with Food Insecurity. (Carolyn Jenkins and Carrie Whipper, Co-Principal Investigators) $10,000 from South Carolina Translational Research Institute (CTSA)

2012-2013 REACH U.S. SEA-CEED: Creating Health Equity for Hypertension Outcomes in African Americans in Georgetown County. (Principal Investigator) $112,000 from Centers for Disease Control and Prevention through National REACH Coalition

2012-2017 REACH U.S. SEA-CEED: Improving Hypertension and Obesity Outcomes for African Americans. (Principal Investigator) $1.138 million from Centers for Disease Control and Prevention through National REACH Coalition

Publications

Articles—Peer Reviewed


DIABETES INITIATIVE OF SOUTH CAROLINA
DIABETES CENTER COUNCIL ANNUAL REPORT
JANUARY 1, 2013 – DECEMBER 31, 2013
Professional Education Activities:
Presented:
- 19th Annual Diabetes Fall Symposium for Primary Health Care Professionals; September 19 and 20, 2013, North Charleston Convention Center, North Charleston, SC
  #272 Attendees (70% registrations were completed online)

Upcoming:
- 20th Annual Diabetes Fall Symposium for Primary Health Care Professionals; September 11 and 12, 2014, North Charleston Convention Center, North Charleston, SC
- Diabetes Strategies for the 21st Century: January 28 and 29, 2014; North Charleston Convention Center, North Charleston, SC

Certifications:
- Joint Commission advanced certification of the MUSC Inpatient Diabetes Program 11/21/2013 – 11/21/2015. No findings or recommendations for improvement. Reviewer stated we had a ‘great’ program at MUSC.
- MUSC 3-site ADA Outpatient Education Recognition Program (ERP) Recertified 1/2013-1/2017

Meetings:
- MUSC Hospital Diabetes Task Force
- Hospital Quality Committee
- MUSC ADA Chair, Diabetes Advisory Committee for Patient Education

Publications:


Diabetes Initiative of South Carolina  
Surveillance Council  
Annual Board Report

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, epidemiologists, program specialists 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 quarterly meetings and communications via email, reports, and conference presentations.

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. This includes the evaluation of patient and professional education programs. Specific efforts include:
  - Maintain a mechanism to analyze mortality, morbidity, hospitalization and survey data in production of reports to describe the burden of diabetes in South Carolina.
  - 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 DHEC 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.

Surveillance activities included diabetes-related outcomes trends, management of diabetes, and the continued use of the DSC webpage as a source of information and data regarding diabetes in South Carolina. The surveillance activities for outcomes trends identified several key findings focused on diabetes prevalence, mortality, amputations, cardiovascular disease hospitalizations, stroke hospitalizations, and emergency department utilization, identifying significant improvement in amputations and diabetes mortality. Amputation rates have been a particular emphasis, with surveillance of amputations used as an outcome measure for the evaluation of the REACH SEA_CEED program. The results are published in Family and Community Health and an upcoming issue of Morbidity and Mortality Weekly Report. Challenges still remain. Diabetes-related renal disease rates continue to rise. Emergency department visit rates for diabetes are continuing to rise at an alarming rate.

The Council has worked with the professional education activities to identify gaps in knowledge, behavior, and outcomes regarding the management of diabetes. Evaluations have identified the DSC professional education programs as effective regarding education and behaviors associated with the management of diabetes. Gaps have been identified and used to direct the professional education programs and efforts from DSC. In addition to the traditional education needs regarding the clinical guidelines and best practices associated with the management of diabetes, needs have been identified in patient education and the involvement of providers in the delivery of educational materials and information.

The Council continued to coordinate the scientific poster session for the Diabetes Symposium in 2013. This event continues to increase in numbers and quality of research findings, and functions as a forum for
describing diabetes research in South Carolina. The Diabetes Initiative has published the 2012 Symposium proceedings in a special issue of American Journal of the Medical Sciences (April, 2013). The DCS webpage continues to be a major resource for information and data regarding diabetes in South Carolina. The number of contacts increases each month and the addition of a dedicated webmaster has increased this use. A major accomplishment of the Surveillance Council for 2013 has been the increase of the collaborative network of investigators and professionals focused on the assessment of diabetes in South Carolina. The Council has initiated an effort to enhance the DSC Webpage and will continue to review and implement strategies for improvement in 2014.

**Accomplishments**

The summary of the major accomplishments follows:

- Development and maintenance of a diverse group of investigators in South Carolina who focus their work on the study of diabetes.
- Maintenance of DSC Webpage.
- The Council has organized several reports and manuscripts focused on lower extremity amputations, cardiovascular disease, stroke hospitalizations, and hypertension in South Carolina and associated trends that identified a possible positive effect from DSC interventions.
- Production of trends reports
- Production and distribution of data slides which can be downloaded from the webpage
- Coordination of the scientific poster session in conjunction with the 2013 Diabetes Symposium. Thirty-one abstracts and posters were presented with three SC students receiving cash awards, three Community cash awards, three Clinical Practices cash awards, and three DSME programs cash awards.
- Maintenance of a working committee to use clinical databases to estimate the prevalence of diabetes in South Carolina.
SOUTH CAROLINA DIABETES PREVENTION AND CONTROL PROGRAM
S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
JANUARY 1, 2013 – DECEMBER 31, 2013
The South Carolina Department of Health and Environmental Control (DHEC) is dedicated to the prevention of chronic disease disparities such as diabetes. DHEC’s overarching diabetes goals are to prevent complications, disabilities, and burden associated with diabetes as well as to eliminate diabetes-related health disparities.

Prominent 2013 Diabetes Related Initiatives That Have Assisted Us in Meeting Our Goals

I. State and Federal Updates:

**DHEC’s Role on Obesity in SC**

Persons who are obese are at high risk for developing Type 2 diabetes and members of the South Carolina Obesity Council (SCOC) and subject matter experts have been working diligently to draft the 2014–2019 Obesity Plan. The goal is to develop a plan that is actionable, comprehensive and will move South Carolina toward preventing and eliminating obesity, with a clear focus on children and disparate population groups. The strategies outlined in the Institute of Medicine – Accelerating Progress in Obesity Prevention serve as the framework for plan development.

**State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health grant (The Division)**

DHEC’s Bureau of Community Health and Chronic Disease Prevention was one of 32 states to receive both Basic and Enhanced funding for the above mentioned grant. The grant collapsed the original four programs of Diabetes; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, and Obesity; and Healthy Schools Programs into one Division. Funding is for a 5-year cooperative agreement beginning June 30, 2013 and is through June 29, 2018. Major partners include the Federally Qualified Health Centers, SC Department of Agriculture, SC Department of Social Services, Care Coordination Institute, and SC Department of Education.

**SC Coordinated Chronic Disease Prevention and Health Promotion Plan (CCDP State Plan)**

Leadership within the Diabetes Initiative of SC (DSC) and the Diabetes Advisory Council of SC (DAC) both participated in key informant interviews to provide feedback on the draft of the CCDP State Plan. Both gave a plethora of in-depth feedback that has been incorporated into the final document. The DAC is planning to collaborate with other agencies and use the CCDP State Plan as their new statewide strategic plan while DSC has voted to incorporate pieces of it into their 5-year strategic plan that they are developing and implement cross-cutting activities to show their collaboration.

II. Diabetes Surveillance Systems:

**Goal:** Monitor the statewide diabetes burden and identify gaps to assist with planning, decision-making, and evaluation

**Burden of Diabetes Report**

The current Burden of Diabetes Report (2012) is posted on both DSC’s and DHEC’s websites. Since it is written into the law that DSC must monitor the burden of diabetes for the state, a motion from the Surveillance Council was presented to the Board in September 2013 to come up with a plan for the lay out of the next report and any allocation of funds that would be needed.

**SC Health Information Exchange (SCHIEEx)**

Division staff attended the SC Health Information Exchange (SCHIEEx) Provider Forum in Florence, SC on September 27. The forum provided an overview of SCHIEEx, which the division is contemplating partnering
in the future for relay of chronic disease data. This will also aid in the proliferation of Electronic Health Records (EHR) in SC health care systems and exploration of how EHR data can be used to support evaluation, epidemiology, and surveillance activities. Speakers presented topics on what is included in SCHIEx and how health systems can enroll in SCHIEx to improve the quality of care and retrieve data on their patients who may be accessing other health care services. Providers that are already accessing health information through SCHIEx demonstrated how it has improved communication between providers who may use different EHR systems for documentation.

III. Health Systems Improvement:
Goal: To increase the number of health care providers engaged in professional education on recommended standards of care.

**Diabetes Self-Management Education/Training (DSME/T) Programs in South Carolina**
The division developed a DSME/T survey and contacted all of the DSME/T programs in SC. With the results they prepared a map that shows the location of each site and whether the DSME/T program is associated with the American Diabetes Association (ADA) or the American Association of Diabetes Educators (AADE). There are currently 51 DSME/T programs in South Carolina, but there are still many areas of SC that do not have access to DSME/T classes. The location of the DSME/T programs will be used to assist the division in targeting FQHCs and primary care providers across the state who may be interested in developing a DSME/T program in that area.

The division has supported two FQHCs in achieving recognition as a DSME/T program. Hope Health in Florence received their DSME accreditation from AADE in August 2013 and Lowcountry Health Care Systems, an FQHC in Allendale County, received theirs on November 21, 2013. Both programs are now able to bill Medicare and Medicaid and private insurance for the DSME/T classes. DHEC has a contract with the FQHCs, which entitles us to data on the number of patients seen through their programs and pre- and post-education A1C levels, showing improvement in blood glucose control.

Two additional programs, Eau Claire Cooperative Health Centers and Beaufort, Jasper, Hampton Comprehensive Health Services have expressed interest in becoming accredited through AADE, and the division is providing them technical assistance with their process. With the assistance of the SC Primary Health Care Association, the division will continue to identify other FQHCs with an interest.

**The South Carolina Quality Improvement Process**
The division’s Health Systems Coordinator, attended the Patient-Centered Medical Home (PCMH) Collaborative “Population Health Management and Improving Clinical Outcomes!” at the invitation of Blue Cross-Blue Shield of SC (BCBSSC). This collaborative brought together medical providers working with BCBSSC to become Patient-Centered Medical Homes. Information presented included the requirements for establishing an accredited/recognized DSME/T site, offer of technical assistance to work with BCBSSC member providers to facilitate the process and a toolkit developed for applying for accreditation/ recognition.

Working with providers seeking PCMH recognition through increased access, referrals and reimbursement for DSME/T across SC is part of the division’s grant deliverables. DSME/T meets the National Committee for Quality Assurance standard for recognition as a PCMH by providing patient self-management and support programs. In addition to meeting this standard, DSME/T programs are reimbursable services through Medicare, Medicaid and many private insurers. Educating providers on the DSME/T program may increase their patient referrals to an existing program as well as interest providers in applying to establish their own DSME/T site.
SC Guidelines for Inpatient Diabetes Care
The DAC Guidelines Sub-committee’s next project was to create SC Guidelines for Inpatient Diabetes Care. After an extensive review of the literature, the sub-committee agreed to develop inpatient guidelines that will be made available for hospitals and health care providers across the state. The guidelines will provide information to these groups to ensure that patients with diabetes receive care consistent with current standards while in SC hospitals. A draft of the guidelines has been disseminated to the sub-committee members for review. The subcommittee will discuss the draft during the next meeting and bring it up with DSC.

The 11th Annual Chronic Disease Prevention Winter Symposium
The 11th Annual Chronic Disease Prevention Winter Symposium Evidenced-Based Management Challenges of Integrating and Transforming Care Across Systems was held on March 8 and 9, 2013 at the Sheraton Myrtle Beach Convention Center Hotel in Myrtle Beach, SC. There were 178 health care providers from across the state of South Carolina as well as participants from Arizona, Canada, Georgia, New Jersey, North Carolina, and Tennessee. Annual recognition awards were made in three categories. The 2013 recipients were: Certified Diabetes Educator of the Year: Sarah Smith, RD, CDE; Community Health Center of the Year: Piedmont Medical Center, Fort Mill, SC; and Health Care Provider of the Year: Kathie Hermayer, MD.

Plans are underway for the 12th Winter Symposium to be held on March 7-8, 2014. The theme is “Integrated Chronic Disease Prevention and Management: Taking Action Together.” For more information, contact Sarah Smith at (803) 898-1646 or smithsp@dhec.sc.gov.

IV. Community Awareness and Outreach:
Goal: Increase diabetes knowledge and awareness across disparate and hard to reach communities.

Diabetes Today Advisory Council (DTAC)
The division refocused efforts towards policy, environmental, and systems changes and utilized its partnership with DTAC to deliver direct community awareness education initiatives. Over their 17-year relationship, DTAC sponsored activities have increased opportunities for people across the state to gain diabetes awareness education through a statewide conference, local mini-conferences, a speaker’s bureau, etc.
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Diabetes Initiative of South Carolina

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<td>Pamela Arnold, MSN, APRN, BC-ADM, CDE</td>
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**Advisory Member:**

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