

NENCPPH Diabetes Prevention and Control Strategic
Planning
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Northeastern North Carolina Partnership for Public Health Diabetes Prevention and Control Strategic Planning Report

Lead by Adrienne Park, MPH and Lauren Maner, MPH, RD, NC Prevention Partners

On October 7, 2004, 12 public health officials gathered in Okraoke, North Carolina for a three-day retreat. The Strategic Planning Meeting led by NC Prevention Partner Staff Members, Adrienne Park and Lauren Maner, was held the morning of October 7th. The meeting took place from 8:30am-12:30 pm. Please see attached Methods Section for specifics. The objectives of this meeting were to brainstorm all the strategies the participants felt were key elements to promote diabetes prevention and control using resources in the areas of partnerships with schools, media and marketing, and policy change. First we listed all the strategies the group came up with to answer the brainstorming question “If you had unlimited resources and were told you could use them for diabetes prevention and control within the following areas: (1) partnerships with schools, (2) media/marketing, (3) policy change; what would be your action plan strategies? After the brainstorming session, the goal for the rest of the meeting was to either form an agreement about the categories and strategies decided upon during the September 7th meeting or choose another category and/or strategy the group felt was more important or more feasible given the amount of time and funding available for diabetes prevention and control in northeastern North Carolina.

After listing and briefly discussing the strategies for diabetes prevention and control, each participant received a list of all the brainstorming ideas from the September 7th meeting. As a group participants began to add strategies from the September 7th meeting to the current list that were important but not mentioned. Participants also began the discussion about the items on the September 7th list that were not feasible. After an initial discussion the group broke into three smaller groups of four. Each person received a new list from the September 7th meeting with all the strategies divided into seven categories. Please see attached report with the seven categories and strategies. The three groups went through each category and discussed each strategy listed. If strategy was deemed feasible and important it was left on the list, if not determined to be feasible or important enough to stand alone as a strategy, it was removed from the list. The other strategies discussed

during the brainstorming session that were not already listed on this sheet were added under the category the group felt was most appropriate. The next step was to discuss the different categories and determine which three categories participants felt were the most important. All three groups agreed that the three specific priority categories were partnerships, marketing, and policy change. It is understood that none of these categories are mutually exclusive and indeed it is anticipated that the actions identified within these areas will have a synergistic effect upon each other.

Category Definitions for September 7th Report by Matt Huemmer

1. Partnerships- activities where independent agents are contributing resources to an entity of interest.
2. Marketing- messages across media broadcast to the community, inclusive of the entire state of North Carolina
3. Policy- local legislation, policy change, and/or industry specific regulations.

The next step was to divide into four groups again and discuss the strategies under the top three categories in particular. Each group chose their three top priority strategies in each of the categories and ranked them (1) being the most important strategy, followed by (2) the second most important and (3) the third most important strategy. Once each group came to a consensus on the top three strategies in order of importance we listed them on the flip chart. The following page is a table outline of the results.

Partnerships

Group One	Group Two	Group Three
Schools	Office of Minority Health	Schools
Office of Minority Health	Churches	Restaurants/Grocers
Churches	Schools	Minority Health/Churches

Marketing

Group One	Group Two	Group Three
Multi-Media Campaign	Social Marketing	Multi-Media Campaign
Peer Educators/Testimonial	Multi-Media Campaign	Social Marketing
Social Marketing	Volunteers	Peer Educators/Testimonial

Policy

Group One	Group Two	Group Three
Diabetes Funding for The Health Department	Physical Activity in Schools Policy	Diabetes Funding for The Health Department
Family Education	Local Environmental Policy Change for P.A. and Nutr.	Policies on building trails
Portion Size Education	Diabetes Funding for The Health Department	Policies on Standard Recommendations

Results of the Tables:

1. Partnerships: with local schools
2. Marketing: state-wide multimedia campaign with a focus on the counties of Northeastern North Carolina
3. Policy: Increased funding for health departments to do diabetes education.

Many other valuable ideas were presented that either were redefined to fall within the scope of the three priorities or were considered to be of secondary importance.

Action Plans

The three groups were then assigned one strategy to focus on for 20 minutes. The goal of this session was to first come up with a 1-3 year goal to measure success of the specific strategy. The second goal of the session was to come up with at least three action steps (preferably incorporating other strategies previously defined as important and discussed throughout the morning and defining who will be responsible for the action steps). After completing this task one person from each group presented their Action Plan and everyone was given a chance to ask questions about the plan.

Partnerships with Schools Action Plan

Goal: To partner with school system, working through SHAC to create an environment that promotes healthy lifestyle choices among youth in Northeastern North Carolina.

Action Steps:

1. Establish standards for Physical Activity and Nutrition to be implemented consistently in all schools i.e. Winner's Circle and 30 minutes of physical activity per day
2. Establish a curriculum for diabetes and obesity prevention to be delivered in all schools.
3. Identify and seek ongoing funding and reimbursement to sustain improving nutritional offerings and physical activity facilities (equipment/walking trails) at all schools.

Marketing: Multimedia Campaign

Goal: Develop a Multimedia marketing campaign aimed at diabetes prevention.

Action Steps:

1. Access NENCPPH incubator of \$100,000.
2. Hire a social marketing consultant and research team who will:
 - a. Conduct background social marketing research (extent of problem, behaviors, motivators in decision making, media preferences, and best practices, etc.
 - b. Craft “messages” on basis of research
 - c. Test “messages”
3. Cultivate media cooperation
4. Purchase media access

Policy: Diabetes Funding for Health Department

Goal: Establish legislative funding to local health departments for diabetes programming

Action Steps:

1. Develop Action Plan-how money will be utilized and the cost
2. Identify legislative proponents to carry legislation (ID Champions_ and draft the legislation
3. Build Support for effort through various groups-including but not limited to:
 - a. Local health directors Association
 - b. County Commissioners
 - c. State Health Agencies
 - d. Government
 - e. Health Insurance

Method

- Brief overview of the State Diabetes Strategic Planning Focus Group Conclusions including the Top Seven Strategies for the next three years and the top three strategies for the current year.
- Brainstorming Question: “If you had unlimited resources and were told you could use them for diabetes prevention and control within the following areas: (1) partnerships with schools, (2) media/marketing, (3) policy change; what would be your action plan strategies? Participants just recorded their thoughts on paper.
- Handout from last Strategic Planning Meeting September 7th that included all brainstorming strategies recorded during that session was disseminated. Participants reviewed the list and there was a short discussion about these strategies.
- Participants received a handout with all the strategies from the September 7th meeting that were deemed feasible by those participants and the strategies were listed under seven categories.
- Group divided into three groups of four to discuss the seven categories and strategies under each category. As a group, participants crossed out any of the strategies they felt were not feasible, not a priority, or actually fit into another strategy. The sheets with all the brainstorming strategies were placed around the room so groups could add the strategies recorded during this session that the September 7th group did not have on their list.
- Out of the seven categories listed, the groups determined the top three categories they felt were the priorities. All groups agreed that partnerships, marketing, and policy were the most important categories.
- As a large group participants discussed the three categories and the strategies listed as well as other strategies listed under another category or new strategies that may be appropriate to add under one of the three categories. Before dividing back into small groups the participants were told that it was now time to come to a consensus of the top three strategies to focus on during the next one to three years.
- In the small groups participants ranked the top three strategies under each category. Results from each group were listed on the flip chart and the top strategy from each category was determined based on the results.
- Each small group received a handout with one of the three strategies listed at the top. There was space on the paper to write in the goal and three action steps to achieve this goal.
- After each group completed the action plan for their specific strategy, one member of the group presented the plan.
- At the end of the strategic planning session the group had determined three strategies to focus on in the next one to three years, the goal of each of these strategies (what was to be accomplished) and three action steps to accomplish the goal.

Brainstorming Question Strategies

1. African American Churches- Congregational Gardens
2. Partnerships with grocery stores to increase awareness of health foods and provide education on portion sizes
3. General Disease Education “What is Diabetes?” and promote “it is preventable and you can control it” and begin education early in life
4. Include an evaluation for every diabetes program offered
5. Nutrition and physical education integrated in curriculum. Educate teachers and not just school nurses.
6. Teach providers consistent clinical guide lines
7. Public Health Clinician need to be educated and updated on current guidelines
8. Medicare and Medicaid-increase reimbursement rates for diabetes management education
9. Partnerships with the Minority Health Office
10. Primary Prevention Media Campaign-billboards, regionally customized campaigns and campaigns specific for high risk groups (i.e. African Americans)
11. Schools-policy/law to rid schools of soda machines and support from Federal Law
12. Physical Education-change guidelines to increase actual activity
13. Eliminate physical activity as punishment in schools
14. Allow school facilities and equipment to be used by the community after school hours to promote more physical activity
15. Regional media campaign focused on Prevention using local spokespeople
16. Social Marketing campaign to increase awareness of the importance of screening including signs on symptoms and the dangers of going undiagnosed
17. Policy/legislation action consistent to counties and grants dedicated to prevention
18. Increases reimbursement on pre-diabetes education
19. Increase funding to schools for diabetes education, start early
20. Partnerships with schools for programs such as winner’s circle and start early
21. Partnerships with recreation and fitness
22. NC spokesperson in athletics or entertainment with diabetes to voice
23. Policy decrease health insurance premiums if diabetes is managed
24. Incentivize people to keep diabetes under control
25. Local spokesmen at the county or local level speaking, pre-diabetes education to those who have diabetes
26. Policy-support state legislature to increase school physical activity
27. Sugar/fat tax-policy change
28. Increase reimbursement for education and management for use by PH and clinics
29. Environmental change to support healthy behaviors, safety, tie to economic development/DOT
30. Food stamps move to regulated system that Winner’s circle has

Strategic Planning Meeting September 7th Categories and Strategies

Partnerships

1. Translators
2. Volunteers
3. More doctors who are ADA certified
4. Pharmaceutical partnerships-free medicines and supplies
5. Restaurants-Healthy Foods for Diabetics
6. Businesses-On site programs
7. Bus Drivers/Transportation Partnerships
8. Schools
9. Free Healthy Food Markets
10. Multimedia Campaign for Northeastern North Carolina
11. Health Program Partnerships
12. Churches
13. Community Gardens and Schools

Marketing

1. Volunteers
2. Healthy Eating and Winner's Circle restaurants
3. T.V. and radio advertising
4. Celebrity Icon
5. Multimedia Campaign to Prevent Diabetes tailored to Northeastern North Carolina and all of North Carolina
6. Food Education Campaign (i.e. serving size awareness and "share a meal")
7. Social Marketing

Policies

1. Translators
2. Start the conversation about regulation of foods through taxes
3. Agreement of Standards
4. Health Insurance Plan Reimbursement to doctors
5. Health Education Program Reimbursement to health educators
6. Money for Dietitians to run programs
7. DSMT Programs
8. Portion Size Information Policies
9. Walking and Biking Trails
10. Family Education (Break the Cycle)
11. Healthy Food Choices at School

Wellness Facilities

1. Health classes and cooking classes and programs in clinics
2. More experts and specialists working together
3. Free clinics and more of them
4. More programs and scholarships for programs
5. Walking and biking trails
6. Exercise equipment for youth
7. Gardens: school gardens, community gardens, and church gardens
8. Clinics and training (i.e. Joslin Clinic)

Schools/Youth

1. Diabetes Prevention health education Program
2. Money for prevention health education program and adoption of winner's circle
3. Family Education Program
4. Guidelines for Physical Activity and Nutrition
5. Identify at risk youth and provide coaching amongst the physical education faculty
6. Individual Fitness equipment for children such as pedometers
7. Fitness Navigator

Manpower/Resources

1. Bilingual Staff and Translators
2. Volunteers
3. Increase Specialists
4. Individual Case Managers
5. Transportation and Bus Drivers
6. Money for Dietitians
7. Lab Supplies/Money for Screening
8. Grant Writer

Strategic Planning Meeting October 7th Categories and Strategies

Partnerships

1. Restaurants & Grocery Stores-Healthy Foods for Diabetics
2. Businesses-On site programs
3. Schools
4. Churches
5. Community Gardens and Schools
6. Office of Minority Health
7. Professional Associations presence and participation (i.e. Adult Diabetes Education)
8. Universities

Marketing

1. Peer Health Educators/Testimonials
2. Healthy Eating and Winner's Circle restaurants
3. T.V., newspaper, website, billboards, bulletin boards, and radio advertising
4. Celebrity Icon
5. Multimedia Campaign to Prevent Diabetes tailored to Northeastern North Carolina and all of North Carolina
6. Food Education Campaign (i.e. serving size awareness and "share a meal")
7. Social Marketing

Policies

1. Wellness Facilities
2. Start the conversation about regulation of foods through taxes
3. Agreement of Standards
4. Health Insurance Plan Reimbursement to doctors
5. Health Education Program Reimbursement to health educators
6. Money for Dietitians to run programs
7. DSMT Programs
8. Portion Size Information Policies
9. Walking and Biking Trails
10. Family Education (Break the Cycle)
11. Healthy Food Choices at School
12. Food Stamp System: Healthy Foods
13. Physical Activity Policy Changes
14. Diabetes Funding for Local Health Department
15. Reimbursement for pre-diabetes education program counseling