

North Texas Community Health Collaborative

Diabetes Strategic Plan

2012 – 2015

**Dallas Fort Worth Hospital Council Foundation
Community, Public and Public Health Research
North Texas Community Health Collaborative**

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Dear Partner:

The North Texas Community Health Collaborative recently completed the North Texas Diabetes Strategic Plan, 2012 – 2015. This document provides an outline of the strategies and actions being conducted to make change in the areas of diabetes prevention and treatment. Many local organizations and institutions have made a commitment to collaborate in this work and to impact the lives of our North Texas community.

This Strategic Plan will:

- Promote prevention, education, and collaboration to reduce diabetes related disparities
- Improve surveillance and monitoring in North Texas
- Facilitate partnership among systems and sectors engaged in the community
- Encourage healthy community development and healthy individual choices
- Provide ongoing education for providers and community on new research and resources

Please join us in spreading the message that addressing the challenges and complications of diabetes is a priority in North Texas.

Sincerely,

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Chair, North Texas Community Health Collaborative (2011-2013)

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Diabetes in North Texas

Prevalence

Diabetes has become the seventh leading cause of death in the U.S. and affects 25.8 million people in the United States (CDC, 2011)¹. Unfortunately, the State of Texas has received more than its share of the diabetes epidemic. While our national average is 8.3%, a disproportionate 9.7% of Texans have diabetes. The State of Texas is home to nearly 2 million men, women and children with diabetes, over half a million of which reside in the Dallas/Fort Worth area. In Dallas County, diabetes affects 11.4% of the population, which is 3% higher than the national average (TDSHS, 2011). Some experts project the total number of diabetes cases in Texas will increase to nearly 3 million by 2040 (Texas Diabetes Council, 2011). Others believe these estimates to be far too conservative, suggesting that as early as 2025, Texan diabetics will number 4 million, by which time the Dallas/Fort Worth area may be home to well over a million people with diabetes (Rowley W, 2011).

Cost

The economic cost of diabetes to the state is estimated to be in excess of \$12 billion each year. On average, people with diabetes have medical expenditures more than double that of people without the disease (Bureau of Labor Statistics, 2011). Annually, there are more than 200,000 hospital admissions attributed to diabetes in Texas, the cost of which exceeds \$3.5 billion.

Complications

In addition to the direct economic burden, diabetes is often co-morbidity to other chronic illnesses, such as heart disease, kidney disease, neuropathy, retinopathy, pneumonia and several other metabolic complications. In 2010 alone, 35% of the top 5 inpatient diagnoses in Dallas County had diabetes as an underlying condition, the top being pneumonia and in the outpatient data, 9% of the top five diagnoses had diabetes as an underlying condition (DFWHC foundation, 2011).

Causes

Obesity is one of the leading causes for diabetes. The prevalence of obesity is continuously on the rise in Texas with 37% overweight and 29% obese adults (CDC, 2011)². Despite all the nationwide, state wide and local public health efforts to promote healthy eating and active living in communities, the prevalence of obesity and diabetes is at an increase in North Texas. Beside obesity, other contributing factors for increased prevalence of diabetes are lack of physical activity, family history, racial and ethnic differences, low socioeconomic status and insufficient environmental resources, i.e. food deserts, less healthcare access and unavailability of safe neighborhood parks/recreation centers/sidewalks.

Research and Methodology

Researchers have reported ethnic, cultural and socioeconomic disparities in diabetes, obesity and cardiovascular disease in various counties in Texas State (Mendoza et al. 2013 Under review). Investigators have indicated the limitation of the data used in their studies in Texas, did not have the capability for zip code level analysis (Kauffman C 2012). DFWHC Research Foundation has a comprehensive patient's data registry which is capable to investigate the disparities in high prevalence areas in North Texas at zip code as well as block level.

Geographic Information System (GIS) mapping and analysis tool has been very efficient in health related research in identifying the disparities and to critically examine the issues, strengths, and challenges inherent to current community and public health approaches (Mendoza et al. 2013 Under review). Recognizing the rising need to identify the disparities in implementing the diabetes prevention and management programs in North Texas, we explored the potential of GIS methodology to analyze the data at zip code level from our registry. Zip codes of high diabetes prevalence were selected for the intervention. Specific disparities related to the diabetes prevalence in these zip codes have been identified for the discussion with the community peer leaders and residents.

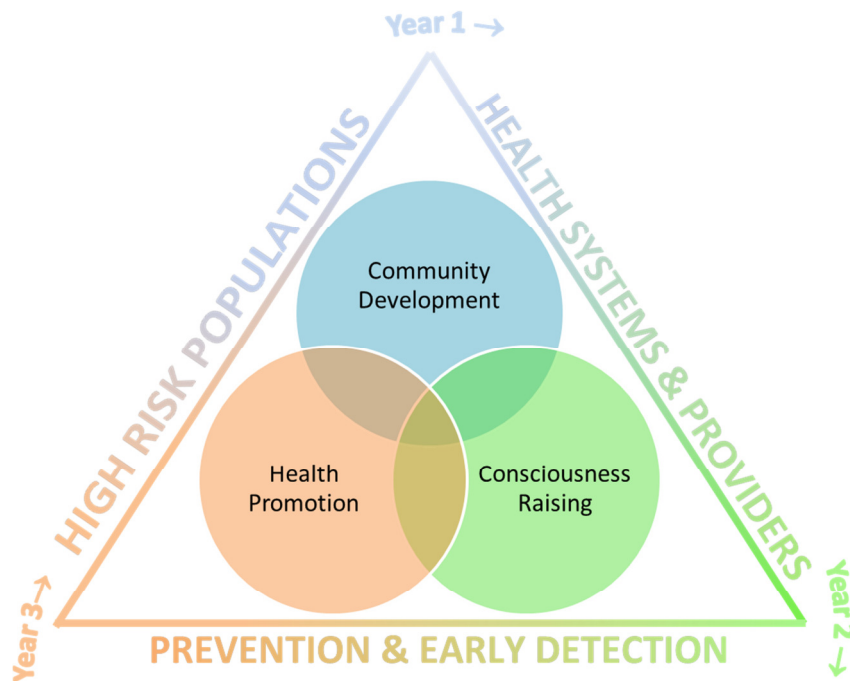
Community based participatory research (CBPR) approach will be the basis of diabetes management and prevention efforts in selected zip codes. This will include:

- Community Engagement
 - Neighborhood data
 - Needs assessment
 - Asset map
 - Collaboration
- Appropriate intervention selected by community
 - Plan
 - Define
 - Design elements
 - Community engagement
- Action plan
 - Execution
 - Measurement

Strategic Plan – Model and Framework

Creating interventions to address the improved diabetes management and prevention will be most successful when incorporating a wide variety of approaches to the social determinants of health. Based on the strengths of our Collaborative, the selected approaches were selected because they are evidenced based, align with a change approach that is complimentary to the strengths of the Community Health Collaborative. In this way, we feel that the following approaches best fit the needs of the partnership.

- Environments
 - Epidemiology and Surveillance
 - Advocacy and Policy
 - Early Detection and Prevention
 - Health Communication and Public Awareness
 - Health Systems and Providers
 - Population-Based Community Interventions
 - Populations with Increased Risk of Diabetes and Related Complications
- Strategies:
 - Consciousness Raising
 - Social Action
 - Community Development
 - Metabolic Screening
 - Health Promotion
 - Media Advocacy
 - Environmental Change



OVERALL GOAL: To reduce the impact of diabetes in North Texas by coordinating resources and engaging partnerships through a comprehensive involvement of stakeholders to increase opportunities for healthier choices with sustainable results.

| | | Key Approaches | | |
|---|---|-----------------------|-----------------------|------------------|
| | | Community Development | Consciousness Raising | Health Promotion |
| Strategy 1: Increase awareness and capacity of health systems and providers to understand and act on the social, behavioral, and environmental determinants of diabetes | | | | |
| Action Steps | 1. Provide continuing education and/or discussions about barriers to diabetes prevention and management, how to reach high risk populations, how to work in different settings, and how to integrate effective practice strategies into different practice styles | X | X | |
| | 2. Increase number of local health providers that apply for recognition from CDC's National Diabetes Prevention Program | | X | |
| | 3. Convene potentially competing groups of diabetes stakeholders to identify and address common goals for diabetes care and education | X | | |
| Strategy 2: Create opportunities for communities affected by diabetes, as well as local institutions, to develop understanding of the social and structural factors influencing diabetes | | | | |
| Action Steps | 1. Coordinate training sessions on social determinants of health, race, culture, and socioeconomic status to further understand regional health disparities | X | X | |
| | 2. Develop collaborative relationships between service providers and community members | X | | X |
| | 3. Develop a urban neighborhood map, including food access and future community planning/zoning information | X | | |
| Strategy 3: Improve data availability, coordination, and utilization of pre-diabetes and diabetes metrics | | | | |
| Action Steps | 1. Collect and monitor information on regional diabetes prevalence and incidence | X | X | |
| | 2. Develop and disseminate sector based economic impact assessments of regional diabetes trends that highlight the long-term economic, workforce, and societal costs of diabetes | | X | |
| Strategy 4: Coordinate and support culturally appropriate and evidenced based interventions that encourage prevention and early detection | | | | |
| Action Steps | 1. Educate partners about cultural competencies and resources available through other stakeholders (promotoras, faith based, multi-lingual) | X | | X |
| | 2. Dissect and quantify the interpretations, experiences, and perceptions of community members and health providers around diabetes prevention and management information | | X | |

Initiative Planning Model and Timeline

This plan will be annually re-evaluated annually by the Community Health Collaborative to determine if modifications to the priorities are needed. Consequently, this strategic plan will be refined as necessary with appendices to reflect updates and to inform all partners of the plan revisions. Ongoing evaluations will be conducted throughout the strategic planning period. The results of these assessments will be published for review.

| Year | Objectives | Status (Oct 2013) |
|--------|--|--|
| Year 1 | <ul style="list-style-type: none"> Complete Strategic Plan and publish Obtain endorsements Create Strategic Plan committee infrastructure | <ul style="list-style-type: none"> Completed To do On going |
| | <ul style="list-style-type: none"> Identify two zip code geographies (Dallas and Tarrant County) Coordinate meeting with local officials Assessment of active community partners | <ul style="list-style-type: none"> Completed To do On going |
| | <ul style="list-style-type: none"> Identify potential continuing education trainers and experts (4.1) Identify surveillance dataset and indicators (3.1) Publish online information | <ul style="list-style-type: none"> On going On going To do |
| | <ul style="list-style-type: none"> Contact health providers about CDC recognition (1.2) | <ul style="list-style-type: none"> Future goal |
| | <ul style="list-style-type: none"> Conduct training (community focused) (1.1) | <ul style="list-style-type: none"> To do |
| | <ul style="list-style-type: none"> Begin design of community/provider perception surveys (4.2) Publish online information | <ul style="list-style-type: none"> To do To do |
| | <ul style="list-style-type: none"> Begin modeling of urban neighborhood diabetes map (2.3) | <ul style="list-style-type: none"> On going |
| | <ul style="list-style-type: none"> Conduct training (regional) (1.3) Publish online information | <ul style="list-style-type: none"> To do On going |
| | <ul style="list-style-type: none"> Convene community and provider training on social determinants of health (2.1) | <ul style="list-style-type: none"> To do |
| | <ul style="list-style-type: none"> Conduct community/provider assessment surveys (2.2) | <ul style="list-style-type: none"> To do |
| | <ul style="list-style-type: none"> End year evaluation Publish online information | <ul style="list-style-type: none"> Future goal Future goal |

Get Involved

The success of this Diabetes Strategic Plan will be most successful in partnership with individuals, organizations, and community groups that have a strong interest in working to tackle the epidemic of diabetes in North Texas. By building on the innovative strategies and tools of our partners, we can collectively maintain the investment needed to improve the quality of life for those with diabetes and prevent others from developing the disease. The Community Health Collaborative encourages anyone with new ideas, current programs, or just an energy and enthusiasm for becoming involved to join this important initiative. There are many ways that you can become involved:

- Email or mail your completed endorsement form included in this report
- Contact us at communityhealth@dfwhcfoundation.org with your interest
- Visit the North Texas Diabetes Initiative section of the Healthy North Texas Website (www.healthyntexas.org) to learn more about diabetes

Your involvement is so important and will help make a difference in the North Texas community!

North Texas Diabetes Strategic Plan Endorsement Form

Instructions: To endorse the North Texas Diabetes Strategic Plan, complete the form and send to the Dallas Fort Worth Hospital Council Foundation via email (communityhealth@dfwhcfoundation.org), fax (972-791-0284), or mail, (DFWHC Foundation, Attn: Dr. Sushma Sharma, 250 Decker Drive, Irving, TX 75062). Additionally, this form can be accessed online at (www.healthyntexas.org). Your endorsement may be publicly acknowledged on the Healthy North Texas website and in plan related materials.

1. I am endorsing the North Texas Diabetes Strategic Plan as an:

- Individual Organization

2. Please provide your full name or full name of your organization or group.

3. What type of organization do you represent? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> Healthcare Delivery |
| <input type="checkbox"/> Retail/Business | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Work Site/Employer | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Communication/Media | <input type="checkbox"/> School/College/University |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Other: _____ |

4. I will provide a link from my organization's website to the North Texas Diabetes Strategic Plan.

- Yes No

5. What activities can you and/or your organization help with to accomplish our goals?

Contact Information (the following will be kept confidential)

Name: _____

Organization: _____

Position/Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Website: _____

References

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