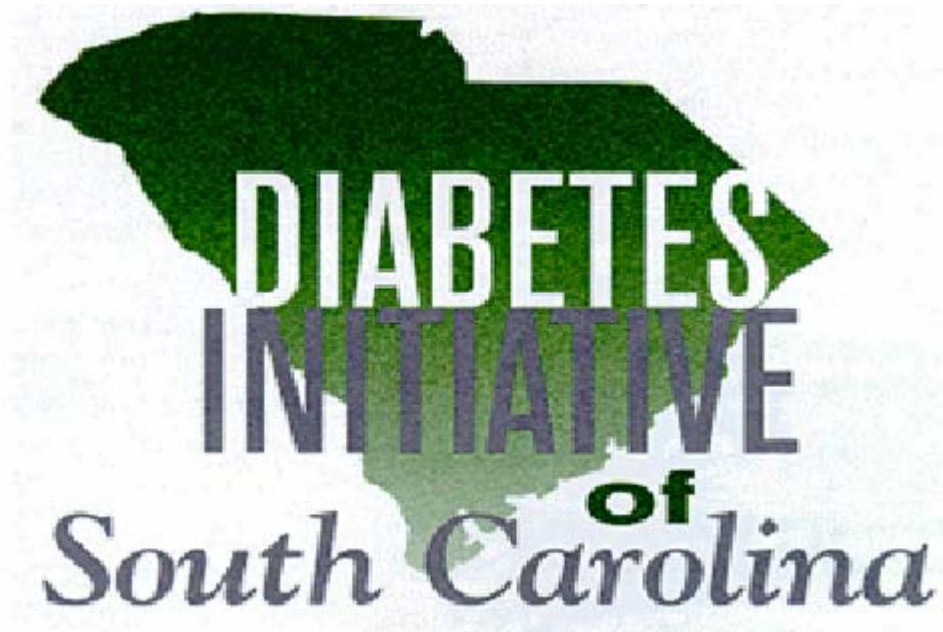


# Diabetes Initiative of South Carolina

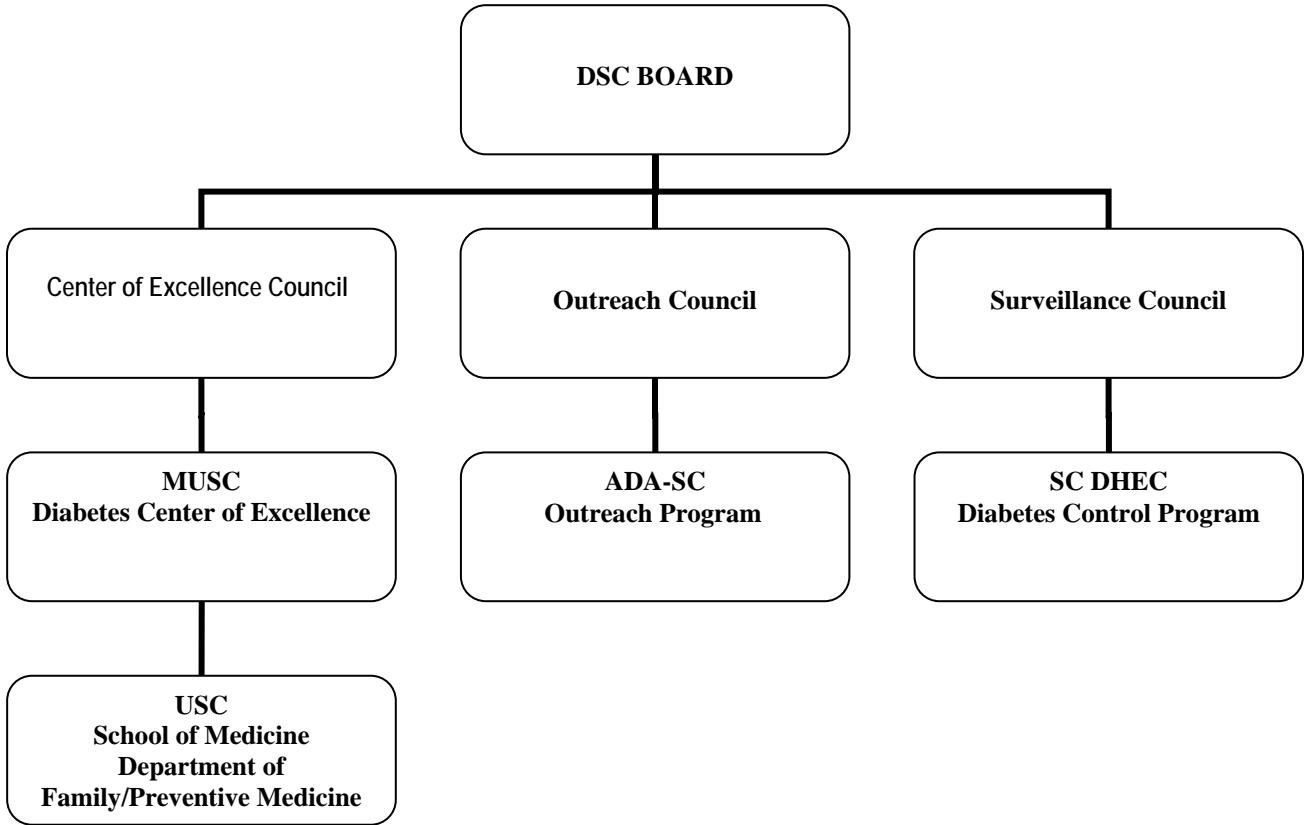


## 10 YEAR STRATEGIC PLAN

**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:



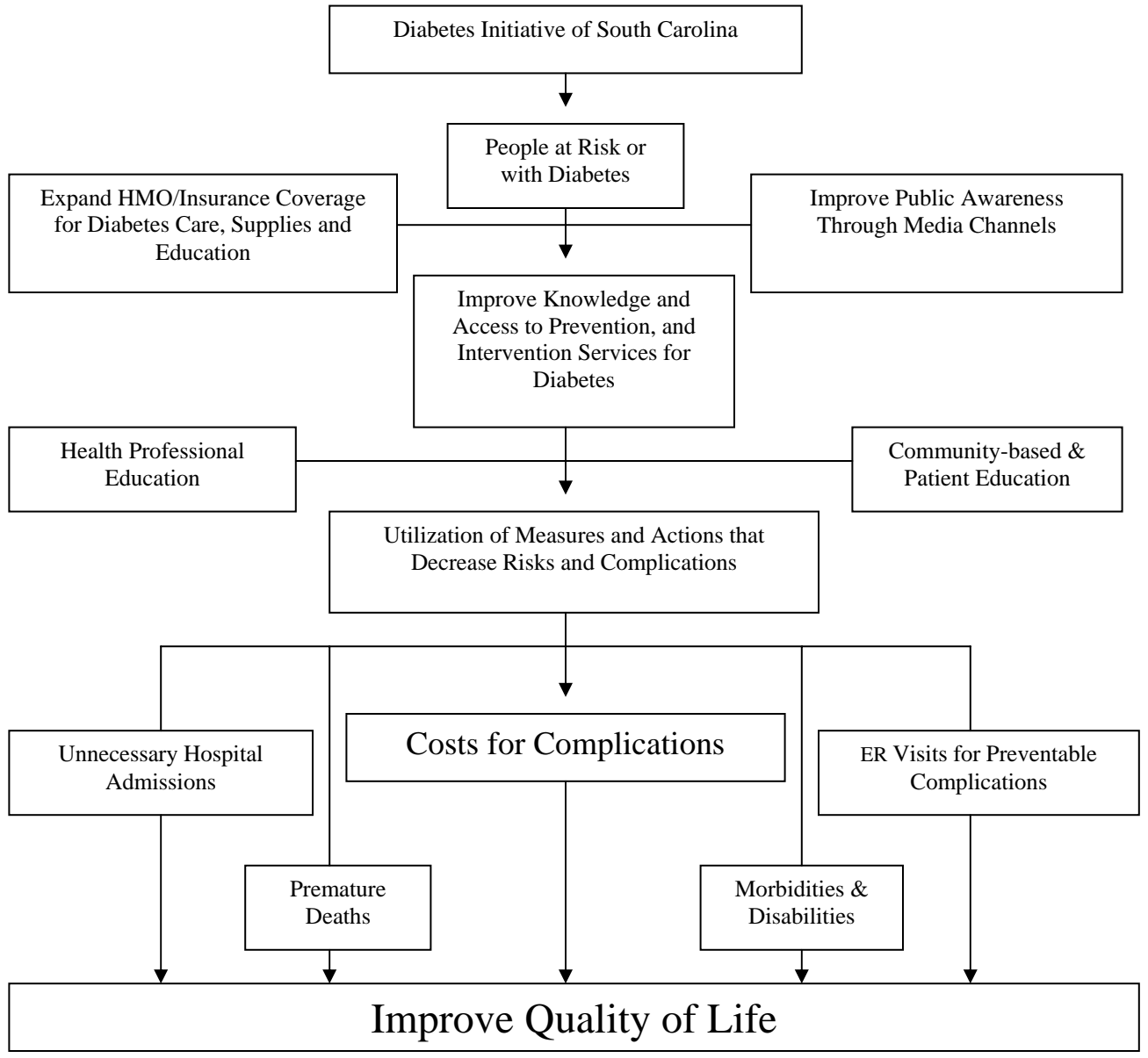
There are three Councils; the Center of Excellence, Outreach, and Surveillance Council. There is a Diabetes Center of Excellence, established in the original legislation, based at the Medical University of South Carolina. This Center is responsible for administering the many activities and programs of 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.



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 5<sup>th</sup> 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.