Diabetes Initiative of South Carolina

Annual Report

1996

January 1, 1996 - December 31, 1996 (Year 02)

John A. Colwell, M.D., Ph.D.
Chairman, Board of Directors
Diabetes Initiative of South Carolina
To Governor David Beasley and the General Assembly:

December, 1996

On behalf of the Board of Directors of the Diabetes Initiative of South Carolina, I am pleased to present our second annual report. This report was requested in Chapter 39, Section 44-39-30 of the Diabetes Initiative of South Carolina Act.

In accordance with the provisions of the act, we have established the Diabetes Initiative of South Carolina Board and the Diabetes Center, Outreach and Surveillance Councils. Close liaisons have been developed between our Initiative and the Diabetes Control Program of the Department of Health and Environmental Control and the American Diabetes Association, South Carolina Affiliate.

We now have new data on the impact of diabetes in South Carolina in 1994, as ascertained by the Department of Health and Environmental Control, with advice and oversight by the Diabetes Initiative of South Carolina and our Surveillance Council.

- South Carolina ranks second among all of the states in the prevalence of diabetes.
- There are approximately 311,092 people with diabetes in South Carolina, and only half of these have been diagnosed.
- People with diabetes occupied one in every 6 hospital beds.
- Major complications from diabetes are increasing:
  - Cardiovascular Disease
  - Lower Extremity Amputation
  - Mortality
  - End Stage Renal Disease
- Total cost of diabetes in South Carolina is over $1.0 billion each year.
- There is a major shortage of health professionals to deal with diabetes.
- 23 of 46 counties are classified as health shortage areas.

The Diabetes Initiative recognizes the tremendous impact of this disease on the lives of people in South Carolina. We are dedicated to establish programs to squarely address these issues. Many exciting and productive programs are already underway and are described in the report.

We are enthusiastic that the Diabetes Initiative of South Carolina will be successful in combating this serious disease by its innovative programs of community outreach, education, and surveillance. We wish to thank the General Assembly for establishing this Initiative and sincerely hope that you will find that this report is responding to the needs of the people of South Carolina.

John A. Colwell, MD, Ph.D.
Chair, Diabetes Initiative of South Carolina Board
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<td>Board of Directors and Council Members</td>
<td>16</td>
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Executive Summary

Diabetes mellitus affects over 310,000 people in South Carolina, 50% of whom do not know it. Our state ranks number 2 in the US in the prevalence of diabetes. In 1994, persons with diabetes occupied one in every 6 hospital beds in South Carolina. Complications from diabetes includes blindness, cardiovascular disease, amputations, kidney disease, fetal mortality and morbidity, and more. Severe complications can be prevented with proper self-management and access to health care professionals with up-to-date training in diabetes management.

The purpose of the Diabetes Initiative is to develop and implement a comprehensive statewide plan of community outreach programs, health professional education, diabetes surveillance, and clinical research to address these issues. The goal is to provide the tools for management of the disease in order to reduce complications and cost burdens for South Carolinians who suffer from diabetes mellitus. The Initiative represents a unique melding of private, state and federal resources and agencies toward this common goal. Nationally, South Carolina has a leading program which coordinates public efforts in the identification and management of this incurable chronic disease.

The major accomplishment of the Diabetes Initiative of South Carolina in its second year is the implementation of innovative programs of professional education, surveillance, and outreach to address key issues which are defined quantitatively in a new report "The Burden of Diabetes in South Carolina".

A summary of other major accomplishments is:


Major findings in this report are:
- Annual costs are in excess of $1 billion yearly.
- Rates of major complications are increasing in the past decade: Cardiovascular disease, end stage renal disease, lower extremity amputation, mortality.
- Major issues of access to care exist.
- Communities in South Carolina with high morbidity and mortality rates are identified.
- There is a major shortage of health professionals to deal with diabetes.

- Development of a set of Bylaws of the Board of Directors.
- Adoption of a Homepage on the Internet and a biannual Newsletter for all primary health care providers in South Carolina.
- Establishment of a series of continuing education courses for physicians, nurses, pharmacists, dietitians and other health professionals.
- Development of a Model Patient Education Program for hospital accreditation.
- Launching of the African American Program in 3 counties.
- Development of guidelines for care for physician's offices.
- Increasing number of certified diabetes educators from 67 to 105.
Highlighted areas indicate DSC activities in 1996.

In 1996, the Diabetes Initiative of South Carolina has initiated activities in all but the following counties: Calhoun, Chester, Chesterfield, Cherokee, Colleton, Edgefield, Marlboro and McCormick. The Initiative will strive to reach these remaining counties in 1997.
Future Plans of the Diabetes Initiative of South Carolina

Outreach

• Expand mechanisms for identifying persons who do not know they have the disease.
• Expand access to quality diabetes care and education for South Carolinians with diabetes.
• Continue the African American Diabetes Program by working with churches, communities, health care organizations and persons with diabetes to decrease risks and barriers for high risk populations.
• Expand methods for translating recent research advances into local and rural medical practice.
• Develop regional networks of health professionals, patients, and other volunteers to define local issues and plan to address them.

Diabetes Center of Excellence

• Expand diabetes professional education, specialized care and clinical research through the facilities of USC.
• Expand proposals for grant funding for the Diabetes Center’s activities.
• Increase the number of Certified Diabetes Educators in identified areas of need.
• Increase the number of ADA recognized Diabetes Patient Education Programs in the State.
• Increase the number of facilities utilizing the Medicaid Contract for reimbursement of Ambulatory Diabetes Patient Education.
• Develop professional education materials directed at 1996 Clinical Standards of diabetes care.

Surveillance

• Analyze the first annual report “Burden of Diabetes in South Carolina” and identify priorities to guide future programs of the Initiative.
• Develop a research protocol to track utilization of health care resources by Medicaid patients in South Carolina.
• Develop materials for wide circulation of information in diabetes for the Homepage (Internet) and biannual Newsletter.
• Design and implement programs for population studies for the investigation of diabetes in Orangeburg and at SC State University.
• Work with Carolina Medical Review in designing and implementing a project which examines office-based quality of care of people with diabetes.
Budget

State Appropriations

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<tr>
<th>Fiscal Year</th>
<th>94 - 95</th>
<th>95 - 96</th>
<th>96 - 97</th>
<th>97 - 98</th>
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<tr>
<td>MUSC Diabetes Center</td>
<td>91,000</td>
<td>98,000</td>
<td>144,000</td>
<td>*295,000</td>
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<tr>
<td>DHEC</td>
<td>38,000</td>
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<td>ADA-SC Affiliate</td>
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<td>41,000</td>
<td>50,000</td>
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<tr>
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<td>159,000</td>
<td>159,000</td>
<td>232,000</td>
<td>396,000</td>
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* Includes start-up funds for USC Diabetes Center.

Supplemental Support

Inherent in the establishment of the Diabetes Initiative of South Carolina was the commitment to obtain matching funds, as a supplement to this core state support. This has been more than accomplished each year, through a combination of extramural support for the Diabetes Control Program of DHEC, a community grant, major new support for clinical research in diabetes at MUSC, registration fees and corporate donations in support of our professional education programs.

Education and Care

1. Diabetes Control Program (DHEC)

   This is a 5 year grant from the Centers for Disease Control and Prevention (CDCP) to DHEC for a statewide diabetes control program. Its goals and objectives were developed so as to integrate and complement the Diabetes Initiative of South Carolina. Oversight is provided by the DSC Board of Directors. This program is funded at $250,000 yearly, from 1994-1999. Total = $1,250,000.

2. Enterprise/MUSC Neighborhood Health Program

   This is a five year grant to the City of Charleston to address community health problems in underserved areas. Diabetes was identified as one of two top priority problems by needs assessment in 12 inner-city neighborhoods. Diabetes component is $24,000/year, 1995-2000. Total award (diabetes): $84,000.

   Total: Education and care: $274,000/year.
Clinical Research (MUSC)

MUSC has nationally recognized basic and clinical research programs which address diabetes mellitus from a variety of perspectives. Clinical research is most likely to lead to early translation into efforts by the Diabetes Initiative. Only the major programs in this are reported (Direct costs):

1. "Markers and Mechanisms of Macrovascular Disease in IDDM." P.I. - W. T. Garvey, MD. $669,778/year 1, 7/1/96-6/30/01. Total award $3,619,851. This major award combines the research expertise of 20 members of the MUSC and USC faculty under one program. These investigators will study mechanisms which may cause accelerated vascular disease in patients with type I diabetes. The patients are long term participants in the Diabetes Control and Complications Trials (DCCT).

2. "Genetic Markers for NIDDM and Pathogenic Metabolic Traits". P.I. - W. T. Garvey, MD. $160,000/year 1, 9/1/93-8/31/98. Total award $800,000. This program studies genetic markers for NIDDM, with concentration on the Gullah population of the South Carolina sea islands.

3. "Epidemiology of Diabetes Intervention and Complications". P.I.'s - J. Colwell and R. Mayfield. $77,373 year 1, 4/8/96-3/28/01. Total award $423,853. This study is a follow-up study of the course of patients enrolled in the DCCT in Charleston. Along with patients from 27 other centers, this group of type I diabetic patients provide a patient group for study in program no. 1, above.

Total, clinical research: $907,151/year

Professional Education Programs

Professional education programs are supported by registration fees and by corporate donations. In 1996, we had six major programs:

Net income: 39,150
Net expenses: 21,622
Balance: 17,528

Summary

<table>
<thead>
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<th>FY 96-97</th>
<th>FY 97-98 (request)</th>
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<tr>
<td>Clinical Research</td>
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<td>Professional Ed. Programs</td>
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$1,258,679
Diabetes Initiative of South Carolina
Board of Directors Annual Report
January 1, 1996 - December 31, 1996 (Year 01)

Functions:

Section 44-39-20. (A) There is established within the Medical University of South Carolina the Diabetes Initiative of South Carolina Board. The purpose of this board is to establish a statewide program of education, surveillance, clinical research, and translation of new diabetes treatment methods to serve the needs of South Carolina residents with diabetes mellitus. The provisions of this chapter and the initiatives undertaken by the board supplement and do not supplant existing programs and services provided to this population.

Major Accomplishments

- The Board met quarterly on the following dates: March 1, May 3, September 13 and December 6, 1996.
- A set of Bylaws was prepared and submitted for review by legal counsel.
- A mission statement was approved:

The Diabetes Initiative of South Carolina will maintain a leadership position in providing education about diabetes and its complications to the general public, individuals with diabetes, and health professionals. The Diabetes Initiative will develop and sustain educational programs in medicine, nursing, pharmacy, and other health-related professions and will promote the highest standards of health care in diabetes and its complications. It will develop methods to assure the certification (recognition) of optimal numbers of individuals and programs as providers of superior knowledge about diabetes and its complications. The Diabetes Initiative will organize and supervise programs which provide ongoing epidemiologic information and surveillance of medical costs, scope of impact of diabetes and its complications in South Carolina. The Diabetes Initiative will work closely with other organized groups who are active in programs directed at diabetes and its complications. Finally, the Diabetes Initiative of South Carolina will conduct research on selected clinical issues in diabetes, as defined and approved by peer reviewed research protocols.

- Regular fiscal oversight showed appropriate disposition of resources.
- The Burden of Diabetes in South Carolina report was received with enthusiasm.
- The establishment of a Homepage on the Internet and a biannual Newsletter was approved.
- Outstanding growth in professional education programs, including the new course (for credit) for practicing pharmacists, was recognized.
- Liaisons with DHEC for the Burden of Diabetes report and the Model Diabetes Education Program were established and encouraged.
- Relationships with American Diabetes Association - SC Affiliate for such important programs as the African American Initiative were solidified
- Major goals for 1998 include:

1. Development of a 5 year plan directed at major issues defined in surveillance reports.
2. Establishment of a Diabetes Center at the University of South Carolina.
3. Development of regional networks of health professionals, patients, and volunteers to define local issues and plan accordingly to address them.
Diabetes Initiative of South Carolina  
Outreach Council Annual Report  
January 1, 1996 - December 31, 1996 (Year 02)

Functions

As defined by Section 44-39-50 amendment to 1976 Code on 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.

Outreach Council Staff (as of 12/1/96):

Lisa Ellis 1.0 FTE*  
Community Educator  
Diabetes Control Program, DHEC

Elizabeth Todd 0.75 FTE †  
Director of Professional Development  
SC-ADA  
* DHEC:DCP funds  
† DSC funds

Major Accomplishments (related to promoting adherence to national standards of education and care):

- Utilization of findings from survey of South Carolina primary care physicians to improve adherence to national standards of education and care, factors affecting care and continuing education needs.

1. Office-based educational programs for Primary Care Physicians in: Abbeville, Allendale, Anderson, Florence, Georgetown, Greenville, Myrtle Beach, Summerville, Union.  
2. Second Annual DSC Symposium for Primary Care Providers focused on management of Type II diabetes.  
3. Establishment of Internet Home Page with Q & A section so that Primary Care Physicians can communicate with diabetologist about difficult patient management and obtain feedback from specialist.  

- Medical records audit by Carolina Medical Review to determine adherence to national standards.
- Diabetes educator (funded by CDC/DCP-DHEC) currently working with Companion HMO to promote adherence to national standards of education and care, and to implement model education program for Managed Care.
- Collaboration with AHEC to promote adherence to national standards of education and care through:
  1. Continuing education programs for health professionals (see Diabetes Center Report for listing of continuing education programs).
  2. Working with Family Practice resident to develop and implement diabetes care and community education in rural health clinic (Hampton).
  3. Collaboration between MUSC Diabetes Center, DCP-DHEC, and USC Department of Community and Preventive Medicine, (Dr. Ernest McCutcheon) to address continuing education needs of physicians, pharmacists, and other health providers in South Carolina.
  4. Presentations to professional groups focusing on collaborative efforts to improve adherence to standards.

3. DHEC Home Health Care Diabetes Program (Televised).
4. Pharmacy Diabetes Disease State Management Program with MUSC and USC Colleges of Pharmacy and Eli Lilly.
5. Textile Industry Diabetes Program.
6. Certified Diabetes Educator Programs (Spartanburg and Beaufort).
7. Foot Care Course: 12 two-day offerings.
8. Diabetes Update, HCN/Pharmacy Statewide TV Network.
10. South Carolina Department of Vocational Rehabilitation.
11. South Carolina Academy of Family Practice.

- Development and pilot-testing of Model Diabetes Patient Education Program. Sites include:
  
  Anderson Area Medical Center, Anderson, SC.
  Conway Hospital, Conway, SC.
  HCA Columbia Grand Strand Regional Medical Center, Myrtle Beach, SC.
  All DHEC Home Health Agencies.

- Grant proposal to develop office flow sheet for diabetes care and education. Funded for $15,000 (November, 1996) by Bayer Pharmaceuticals.

Major Accomplishments (for ongoing assessment of patient care costs/reimbursement issues for persons with diabetes):

- Seventeen focus groups and assessment sessions with 182 persons participating were conducted in Charleston, Hampton, Jasper, Marion, Orangeburg, and Spartanburg Counties to determine barriers to diabetes self-management and care. Major barriers included costs of monitoring supplies, lack of knowledge and skills for self-management, and poor practices related to nutrition and physical activity.
- SC Affiliate -ADA maintained DIAL (Diabetes Information and Action Line) a toll free (800) number for information and resources about diabetes. More than 5,500 calls were received in past 12 months and major concerns/needs included:
1. Nutrition information and education related to diabetes.
2. Financial resources for health care and diabetes management education/supplies.
3. Clinical guidelines for care and management.
4. Access to needed services (especially in rural areas).

- Diabetes screening, assessment, and/or education pilot programs conducted:
  2. Hampton County by Diabetes Initiative, Low Country AHEC, and MUSC
  3. Carolina Health Styles for state employees (4 programs).
  4. 25 other sites throughout the state.

- Community Educator/MSW (funded by CDC/DHEC-DCP) working with SC-ADA to provide ongoing community assessment and assessment of needs of persons at risk and persons with diabetes, as well as barriers to diabetes management and control.

- Collaboration with South Carolina Department of Vocational Rehabilitation to finance/provide services related to diabetes management/care/education for persons with diabetes (who meet established eligibility criteria). Total persons with diabetes served in FY 96 was 1341.

- African American Diabetes Program implemented in Charleston, Columbia, and Orangeburg counties.

- Enterprise/MUSC Neighborhood Health Program assessed the needs of persons living in 12 inner-city neighborhoods in Charleston and trained 55 lay health volunteers to assist in improving community health problems ($252,000 -five year grant with approximately $84,000 for diabetes-related component). Diabetes was identified as one of two top priority problems for residents. (Based on Community Health Partners survey of tri-county area, the prevalence of diabetes is 10.9%)
Diabetes Initiative of South Carolina
Diabetes Center Council Annual Report
January 1, 1996 - December 31, 1996 (Year 02)

Functions

Section 44-39-40. (A) A Diabetes Center of Excellence is established at the Medical University of South Carolina. The center shall develop and implement programs of professional education, specialized care, and clinical research in diabetes and its complications, in accordance with priorities established by the Diabetes Initiative of South Carolina Board.

The activities of the center are overseen and directed by the Center of Excellence Advisory Council. The Council consists of members appointed by the president of the Medical University of South Carolina. The Council's purpose is to:

- Review programs in professional education, specialized care, and clinical research developed by the Center.
- Assist in the development of proposals for grant funding for the center's activities.
- Prepare an annual report and budget proposal for submission to the Diabetes Initiative of South Carolina Board.
- MUSC Diabetes Center of Excellence is run by a core staff comprised of the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>FTE</th>
<th>Position</th>
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<tbody>
<tr>
<td>Pamela Arnold</td>
<td>1.0</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>Teresa Byars</td>
<td>1.0</td>
<td>Administrative Assistant</td>
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<tr>
<td>Carolyn Jenkins</td>
<td>.55</td>
<td>Outreach Director</td>
</tr>
</tbody>
</table>

Dr. John Colwell serves as Medical Director.

Major Accomplishments

- Established the following professional education programs:

<table>
<thead>
<tr>
<th>Course</th>
<th>Courses</th>
<th>Attendees</th>
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</thead>
<tbody>
<tr>
<td>Second Annual Diabetes Symposium</td>
<td>1</td>
<td>161</td>
</tr>
<tr>
<td>Certified Diabetes Educator Programs</td>
<td>2</td>
<td>145</td>
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<tr>
<td>Foot Care courses for nurses</td>
<td>12</td>
<td>96</td>
</tr>
<tr>
<td>Formal course on diabetes for practicing pharmacists (with academic credit)</td>
<td>1</td>
<td>42</td>
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<tr>
<td>Home Health TV program</td>
<td></td>
<td>7 sites 358</td>
</tr>
<tr>
<td>HCN/Pharmacy Diabetes Update (TV)</td>
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<td>23 sites 270</td>
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</tbody>
</table>

- Established the following materials for professional education:

  1. Care guidelines for Homepage/Internet and Newsletter
  2. Clinical Nurse Specialist/CDE Diabetes Management Protocols (6)
  3. Primary Care Physician’s Office Based Program
  4. Support Group Course for health professionals
• Established the following programs in specialized patient education and care:

1. Intensive Diabetes Education, Awareness, and Lifestyle (IDEAL) Program: 150 Type I and Type II patients
2. Textile Industry Diabetes Program
3. American Diabetes Association recognition for Patient Education Program
4. Insulin-Pump Therapy: HMO Guidelines
5. Model Diabetes Patient Education Program for hospitals, clinics (with DHEC-DCP) - site visits to 6 hospitals, medical centers

• Participated in the following clinical research proposals:


• Presented the Diabetes Initiative of South Carolina at professional meetings:
  SC Academy of Family Practice
  Annual Scientific Meeting, American Diabetes Association, San Francisco
  Nurse Practitioners State of South Carolina

• Developed or assisted in the development of five proposals for grant funding to assist with outreach activities.

• Enterprise Community Grant. Diabetes as the Chronic Disease Model. The PI of this grant is Carolyn Jenkins ($84,000). Awarded.
• Eli Lilly and Company: Pharmacy Diabetes Disease State Management Program. $5000 awarded.
• Bayer Pharmaceuticals: Pharmacy Diabetes Disease State Management Program. $3000 awarded.
• Hoechst Marion Roussel, Inc: Pharmacy Diabetes Disease State Management Program. $1500 awarded.

• Medicaid Contract State Health and Human Services Finance Commission with MUSC Diabetes Center for $75,000 for 1996-1997.
• Written formal request to NCBDE Board in Chicago for permanent CDE examination site for state of South Carolina.
Diabetes Initiative of South Carolina
Surveillance Council Annual Report
January 1, 1996 - December 31, 1996 (Year 02)

Functions

The Surveillance Council was organized 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 intervention and control programs. The Council consists of a geographic diverse group representing the leaders in diabetes research, clinical practice, and public health, and is staffed by data specialists from the South Carolina Department of Health and Environmental Control. The Council operates with formal meetings and communications.

Major Accomplishments

Six formal meetings of the Council were held with seven working group meetings conducted.

Completion of Burden of Diabetes in South Carolina report. This report is a comprehensive composite of data and survey results as related to diabetes. Included are chapters regarding:

- Prevalence of Diabetes
- Diabetes Mortality
- Morbidity of Diabetes
- Economic Burden of Diabetes
- Resources, Barriers and Current Practice
- Prevention Strategies

The report should be used as a guide and resource for the other Councils, researchers and practitioners in South Carolina.

The Council provides a forum and mechanism for discussion and planning for diabetes assessment systems and reporting schemes.

The Council functions as the publications committee for DSC and DCP.

The Council designed, implemented and maintains the DSC Homepage on the Internet. The features of the Homepage include:

- Current information about diabetes in South Carolina
- Information about DSC
- Newsletter
- Burden of Diabetes in South Carolina report
- Links to other sites
- Process where clinicians can make inquiry to the Diabetes Center
The Homepage maintains an accounting system to monitor contact and inquiries.

The Council has organized a working committee responsible for the design and implementation of population studies for the investigation of diabetes. The protocols and methodology has been designed for a pilot study in Orangeburg.

The Council collaborated with investigators from South Carolina State University in the design of a program to identify, educate and reduce risks associated with diabetes.

The Council collaborated with Carolina Medical Review in the design and implementation of the surveillance component of the HORIZON Project.

Formal presentations were made at the Second Annual Diabetes Symposium for Primary Health Professionals and the Diabetes Management Program for Pharmacists.

A major product of the Council is the establishment of standard surveillance approaches and preparation of data in a comparable manner. The success and effectiveness of this component is due to the cooperation and interactions of the members.
South Carolina Diabetes Control Program Annual Report
Center for Health Promotion
Division of Cardiovascular Health
Department of Health and Environmental Control
January 1, 1996 - December 31, 1996 (Year 01)

The SC DCP is run by the SC DHEC-Center for Health Promotion, Division of Cardiovascular Health. Objectives include:

1. Defining and monitoring the burden of Diabetes (surveillance)
2. Developing new approaches to reduce the burden of diabetes mellitus
3. Implementing specific approaches to reduce burden
4. Coordinating and integrating efforts to reduce burden.

The program is run by a core staff comprising a program Director, Coordinator, Biostatistician, Community Educator, Professional Educator, and a Secretary.

Major Accomplishments

- Signed two contracts, one with MUSC to provide various services including maintaining the DSC Board and its councils and other committees, providing technical assistance, consultation and training for institutions and organizations that provide diabetes patient education, and the other with the University of South Carolina to conduct surveys of pharmacists and physicians in SC.

- Completed the report “The Burden of Diabetes in South Carolina”.

- Completed a special telephone survey of a diabetic population. Working with the American Diabetes Association (ADA), persons contacting the ADA-SC Affiliate Diabetes Information and Action Line (D.I.A.L.) Telephone help line to elicit information about diabetes were contacted to assess lifestyle factors and their accessibility to health care.

- Conducted a total of 18 focus groups in Jasper/Hampton, Orangeburg, Marion, Charleston and Spartanburg counties. A report of the information gathered has been written.

- Through the Office-based Provider Diabetes Education Program, provided inservice training to the Companion HealthCare providers, reaching a total of about 600 staff members including about 200 physicians. An agreement was reached between DCP and the South Carolina Primary Care Association to provide similar services to their providers statewide.

- Planned and implemented a statewide Diabetes Patient Education Model Program. A Manual for the project was written, and a group of hospitals and health departments are currently in the 1 year pilot phase.

- Presented a Diabetes Update via satellite (interactive) to Home Health Services Professionals across the state.
• Four regional conferences were conducted for School Health Nurses statewide to cover various topics on the management of diabetes among students and staff members. The total number of participants were 220 nurses.

• A manuscript entitled “Self Reported Prevalence of Diabetes and Preventive Health Care Practices Among People with Diabetes in South Carolina” was accepted for publication in the Journal of South Carolina Medical Association.

• A study of the impact of diabetes mellitus with respect to “Prevalence and Mortality in South Carolina” was conducted.

• South Carolina Hospital discharge data for the period 1986 - 1994 were received for a comprehensive analysis on complications, comorbidity, and cost of diabetes.

• A study was begun using SC emergency room visits data, to investigate the direct costs and demographic characteristics among emergency room visitors with a listed diagnosis of diabetes mellitus.

• DCP and ADA- SC Affiliate collaborated to implement the ADA’s African-American Initiative, a diabetes community education program designed primarily for African-American Women in the State.

• DCP collaborated with the SC DHEC Strike-Out-Stroke project to train community representatives who would in turn educate others on diabetes, stroke and other chronic diseases.
Diabetes Initiative of South Carolina  
Board of Directors and Council Members

Board of Directors

Members

John A. Colwell, MD, Ph.D. ........................................... Chair, Diabetes Center, MUSC
Famela Arnold, RN, MSN, CDE ..................................... Diabetes Center, MUSC
Frank Bowyer, III, MD ............................................... SC Medical Association
Catherine Haselden ..................................................... Governor’s Office
Ira Horton, MD ............................................................ SC HHS Finance Comm.
Carolyn Jenkins, RD, RN, CDE, Dr.PH .......................... Outreach Council, MUSC
David Keisler, MD ...................................................... SC Academy of Family Physicians
Daniel Lackland, Dr.PH ............................................... Surveillance Council, MUSC
Kay McFarland, MD ..................................................... SC American College of Physicians
Pat Pelletier, RN, MSN, CDE .......................................... American Association of Diabetes Educators
William Putnam ......................................................... At Large
George Rosebrock, MD, CDE ........................................ American Diabetes Association, SC Affiliate
Gardenia Ruff, MSW, LISW .......................................... SC Department of Health and Environ. Control
Fran Wheeler, Ph.D. .................................................... SC Department of Health and Environ. Control

Advisory Members

Jerry Beasley .............................................................. Textile Industry
Stan Bialkowski .......................................................... Pharmaceutical Industry
Edwin Bransome, MD ................................................... Academic Center

Ex-Officio

Walker Coleman ......................................................... MUSC
Leslie Cronin .............................................................. American Diabetes Association, SC Affiliate
James B. Edwards, DMD ................................................ President, MUSC
Stephen Smith ............................................................ American Diabetes Association, SC Affiliate

Outreach Council

Members

Carolyn Jenkins, RD, RN, CDE, Dr.PH .......................... Chair, Outreach Council, MUSC
Pamela Arnold, RN, MSN, CDE ..................................... Diabetes Center, MUSC
Yaw Boateng, RD, MS, MPH .......................................... DCP-DHEC
Frank Bowyer, MD ...................................................... Endocrinology, USC
Marti Chitwood, RD, CDE ............................................ Private Practice, Charleston
John Colwell, MD, Ph.D., CDE ...................................... Diabetes Center, MUSC
Jeff Crane, MD ........................................................... Private Practice, Florence
Leslie Cronin .............................................................. SC-ADA
Lisa Ellis, MPH .......................................................... DCP-DHEC
Nell Hair, RN, MSN ...................................................... Bon Secours Home Health Agency
Kerry Mandeville ........................................................ Vocational Rehabilitation
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