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PROPOSED

Strategic Plan for 2002 - 2007

Diabetes Educator Section

of the

Canadian Diabetes Association

**Fall 2002
Version 3**

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STRATEGIC PLAN: DIABETES EDUCATOR SECTION, CANADIAN DIABETES ASSOCIATION, 2002-2007

Canadian Diabetes Association

Vision:

By 2005, the Canadian Diabetes Association will be pivotal in preventing the onset and reducing the burden of diabetes in Canada and will be publicly recognized for its role.

Our network of members, volunteers, health care professionals, partners and staff will interact with every community, achieving quality relationships with two million people in Canada affected by diabetes.

Diabetes Educator Section

Vision:

By 2005, the Diabetes Educator Section of the Canadian Diabetes Association will develop a national model of diabetes education and care management. By 2007, the Diabetes Educator Section, in partnership with other stakeholders will promote the implementation of the national model of diabetes education and care management.

Mission:

The Diabetes Educator Section, a multi-disciplinary professional section of the Canadian Diabetes Association will provide Diabetes Educators, other health care professionals, people affected by diabetes and the community with the knowledge for the prevention, early identification and optimal management of diabetes through professional education, accessible support and consultation, advocacy and research.

1.0 Introduction

The Executive of the Diabetes Educator Section took the lead in developing the DES Strategic Plan . Diabetes educators are facing a challenge in their practice. National trends indicate a significant growth in the number of people being diagnosed with diabetes, particularly type 2. There is also a recognition that there continues to be a shortage of health care professionals in all sectors, including diabetes educators. It is also noted that there is an emerging shift in roles for some diabetes educators to include care management and the link between education and care management. It was concluded that support is needed to meet the demand for diabetes education and care management leading to the prevention, early identification and optimal management of diabetes.

2.0 The National Model of Diabetes Education and Care Management

In order to position the Diabetes Educator Section positively for the future, a platform for the section was developed that included the following responsibilities:

- Leadership in diabetes education
- The development of a national model of diabetes education , and care management
- The identification of partners to collaborate with them in diabetes education
- An orientation to inclusion and teamwork in their practices
- Research in diabetes education and care management
- Advocacy for a national model of diabetes education and care management.

Involving others in diabetes education entails significant discussion, policy development, practice guidelines and new approaches to education. Preliminary discussions identified the following concepts that will need to be explored as the national model is developed.

2.1 Scope of Practice

The scope of practice for diabetes educators and case managers will require examination to ensure that professional standards are identified and met. The scope of practice guidelines will provide the national model with implementation flexibility to assign roles and responsibilities for diabetes education and/or case management across disciplines in keeping with the health care systems in each province and territory.

2.2 Education

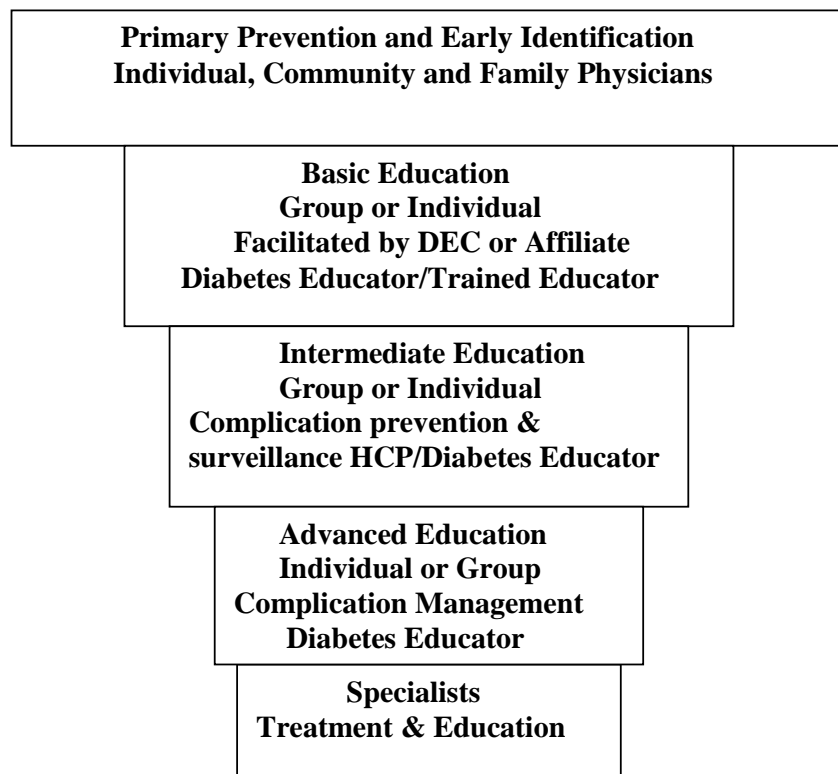
Involving others in providing diabetes education will entail the development of tools and educational materials, train the trainer models of education and other supports to ensure optimal results. The need for skills development as well as development of educational tools were also identified. Skill development programs for group and

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individual counselling/education as well as opportunities to learn about adult education best practices will also be included in the national curricula.

The preliminary vision for education saw the division of education modules in basic, intermediate and advanced education for patients, orchestrated by the Diabetes Education Centres and affiliates. For example, for staff working in institutions such as long term care facilities and community health organizations, the focus for education was envisioned as basic training about diabetes and intermediate training about the prevention of and surveillance for complications, provided by the Diabetes Education Centres and affiliates. At the specialized level in the broader health care field, organizations such as CNIB, nurse specialists, physicians and other experts in kidney, heart and stroke, rehabilitation etc. would be accessed to help patients and staff in community organizations/institutions deal with complications. Implicit in the model is the continuing education for diabetes educators to ensure up to date knowledge about diabetes, its management and prevention.

The preliminary model is shown below:



2.3 Prevention

Preliminary discussions about the model shown above identified the following roles and responsibilities of diabetes educators with respect to prevention.

2.5 Team Concept

The national model for diabetes education and care management will emphasize the team approach, involving the patient, his/her family and the health care team members and the interrelationships among the team members. The model will propose methods to extend the team, role and responsibility assignments of the various team members at the education and care management levels. At the strategic planning level, the team concept is also very important. The Diabetes Educator Section will identify partners and team members who will be involved both strategically and tactically in developing and promoting the implementing of the national model

2.6 Risk Management

There are multiple layers of risk management in the development of a national model of diabetes education and care management. At the patient level, there are risk management strategies related to the prevention of complications and living with disabilities.

At the education level, for staff in community health settings and institutional settings who work with people with diabetes there is a need for the training of surveillance strategies to reduce the risk of complications.

At the diabetes education level, there is a need for risk management strategies to ensure that train-the-trainer models are as effective as diabetes educator-led training. Some of these strategies will include the development of an evaluation protocol for diabetes education.

2.7 Prerequisites

The national model of diabetes education and care management will be applied in many different jurisdictions with a variety of health care system configurations. It will need to meet the following prerequisites:

- Portability
- Equity of access
- Consistency
- Credibility
- Flexibility
- Comprehensive scope, and
- Unifying vision.

2.8 Systems Benefits

A well-designed model will provide a platform for systems management of diabetes education and care management, including but not limited to the following activities:

- Strategic partnerships
- Capacity Building
- Needs assessment
- Strategic planning
- Priority setting

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- Resource benchmarks
- Evaluation
- Diabetes report card, and
- Advocacy.

The development of a national model of diabetes education and care management is the central theme of the strategic plan for the Diabetes Educator Section. It complements ongoing work and development of the Diabetes Educator Section.

3.0 Goals and Strategies

Previous strategic plans had identified six (6) key goals of the Diabetes Educator Section. These goals were reviewed and based on the recognition of the current strength of the section, merged into four (4) key goal statements for the strategic planning exercise. During the process, it was recommended that the name of the section be changed to the Diabetes Education Section. Once approved at an Annual General Meeting, the goal statements must be amended to reflect this change. The mission statement will be amended to reflect the intent once approval is granted at an Annual General Meeting. Strategies that reflected the vision, mission and ongoing development of the Diabetes Educator Section were identified for each goal.

***Goal 1:
to demonstrate
leadership in
diabetes education***

Develop National Model

- background research
- model development, building on other chronic care models
- advocacy and marketing
- implementation of National Model

Standards/Outcome Evaluation

- standards outcome evaluation
- amendments

Capacity Building

- encourage and promote partnerships in diabetes education
- facilitate capacity building for partners and diabetes educators
- Develop continuing education for diabetes educators
- develop of educational tools
- develop train-the-trainer models
- skills building: group facilitation, individual counselling, and adult education techniques
- risk management strategies
- work with colleges and universities to increase opportunities for capacity building and training

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Goal 2:
to provide an organization that supports diabetes education and diabetes educators in their practice

Recognized Leadership

- state of the art knowledge
- of diabetes and knowledge transfer
- raise profile nationally and internationally
- recognized leaders

Increase Membership

- become more inclusive of health care professionals
- reflect extended teams involved in education and care management
- recognize strategic partners

Strategic Partnerships

- develop strategic partnerships with chronic disease and disability organizations
- work together for education of general population, clients and patients about prevention of type 2 diabetes and related complications.

Strategies for Working Together within the Section

- develop strategies and options to expand opportunities to work together on strategic directions
- develop strategies to facilitate broad-based participation in projects or the review of documents
- explore technology and other strategies

Partnership with Clinical and Scientific Section(C&SS)

- develop strategies with C&SS to work with DES on the national model
- dovetail efforts and activities to maximize use of resources and expertise

Recognition of Contributions of Diabetes Educator Section members to CDA Committees and external committees and recognition of their contributions to the improvement of diabetes education and care management.

Goal 3:
to proactively influence and shape policies regarding the practice of diabetes education

Decision-making Framework for Diabetes Educator Section

- balance input and action/opportunity

National Model

- advocacy and marketing of model

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Create a Culture of Strategic Thinking at DES

- among executive
- among membership

Strategic Partnerships

- understanding of interrelationships and mutual benefits
- partners for prevention policies with chronic disease organizations
- partners with health care professionals and others for basic education program delivery
- partners with institutions and community agencies for surveillance
- support organizations such as CNIB and other disability groups for advanced education and care

Early Identification

- capitalize on current work
- reinforce policies for Early ID

***Goal 4:
to promote research
related to the practice
of diabetes education
and to support
innovation and creativity
in diabetes education.***

Standards

- outcome evaluation
- amendments to standards

National Model

- background research

An Active Applied Research Granting Process

- balancing diabetes educators workloads, roles and responsibilities and participation in research
- partnerships
- develop strategies for offsets and backfilling
- DES policies to support individuals in practice based research (i.e. research grants)

Information Dissemination

- identify best practice for disseminating research findings and information
- identify strategies to implement research findings

Influence Funders

4.0 Prioritized Action Plan

The prioritized action plan spanning the next five (5) years is outlined below. The Executive will assume responsibility to manage the design of the work related to the individual strategies, the assignment of work and monitoring progress and ensure the use of appropriate consultants, committees, staff and volunteers to accomplish the

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work. . The Executive will report on progress to the membership annually at the Annual General Meeting.

Year One:

Goal	Strategy
Leadership/Research	*Research National Model
Organization	- Strategies for Working Together - Partnership with C&SS
Influence Policies	
Research	* National Model - Applied Research Workload

Year Two

Goal	Strategy
Leadership	- Develop National Model * Standards, Outcome Evaluation
Organization	* Develop Strategic Partnerships
Research	* Standards, Outcome Evaluation
Influence Policies	

Year Three

Goal	Strategy
Leadership	- Finalize National Model - Amend Standards - Recognized Leadership
Organization	- Increase membership
Influence Policies	- Strategy to introduce and advocate for National Model
Research	- Research dissemination

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Year Four

Goal	Strategy
Leadership	-Capacity building * Advocacy for National Model
Organization	* Advocacy for National Model
Influence Policies	* Advocacy for National Model
Research	* Dissemination of information about National Model

Year Five

Goal	Strategy
Leadership	* Promote Implementing National Model
Organization	*Promote Implementing National Model with Partners
Influencing Policies	* Promote Implementing National Model
Research	* Dissemination of information about National Model

** denotes other categories containing same strategy*

Ongoing Strategies Spanning Five Years

Goal	Strategy
Leadership	
Organization	-Recognition of DES
Influence Policies	- Culture of Strategic Thinking
Research	- Influence Funders

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5.0 Next Steps

- A) Circulate information to Leadership Forum participants who participated in the initial discussion and ensure a feedback process.

- B) The Executive of the Diabetes Educator Section will present the proposed Strategic Plan for the section at the Annual General Meeting and seek input into all aspects of the plan in particular the following for the following:
 - Section name change to Diabetes Education Section
 - The revised Mission Statement
 - The Strategic Plan.

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Appendix A: Strategic Planning Process

Task 1: Engage Consultant

The Canadian Diabetes Association engaged a consultant to facilitate the Strategic Planning exercise with the Diabetes Educators Section in the spring of 2002. and organized the Strategic Planning process so that it would coincide with an Executive Meeting and the Leadership Forum for the Diabetes Educators Section.

Task 2: Research and Survey

The consultant reviewed the background material provided by CDA and developed a survey that was distributed to members of the executive and senior staff at CDA. The survey asked questions about the current mission, vision, objectives and strategic directions in Diabetes Education, the strengths, opportunities and challenges to the provision of diabetes education and the context for diabetes education within the health care field. It asked respondents to identify preferred areas of emphasis to be addressed in the strategic planning process. The results were collated and analyzed and used as a basis for planning the strategic planning activity with the executive at their national meeting on April 19th. 2002. An overview of the results of the survey was prepared and distributed prior to the executive meeting (see Appendix B).

Task 3: Strategic Planning

The strategic planning session with the Diabetes Educators executive and senior staff of CDA was held on April 19th. The agenda for the day was:

- Visioning exercise
- Mission, commitments, values
- Environmental scan and goals
- Challenges to achieving vision, mission and goals
- Strategy development
- Priority setting

Following this meeting, the consultant summarized the plan developed at the session and prepared for the consultation process the next day.

Task 4: Consultation at the Leadership Forum

The agenda at the leadership forum included a two-hour session on the Strategic Plan. The consultant provided an overview of the plan and organized small group discussions about the elements of the strategic plan.

Feedback included the following comments:

- The model is timely and we must get on with it
- The pressure of the numbers waiting for service is overwhelming and we are losing teaching momentum.
- It will be necessary to define the boundaries at each level of the education process and the skills required for all trainers.

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- We must remember to match readiness to learn in the education process
- It will be important to train personal care workers about surveillance and care to optimize positive health outcomes.
- We will need clarity about the roles and scopes of everyone engaged in providing diabetes education
- More emphasis on continuing education for diabetes educators is required
- The communication and marketing of the National Model is crucial for success
- The specialists may be involved earlier, in the intermediate level of care and education and the model should reflect this involvement
- The plan and the National Model provides for more fluidity and multiple directions in the provision of diabetes education and care
- We need to ensure that the research efforts fit within our mandate and capacity
- Six out of seven tables of respondents supported the draft Vision and Mission statements and could see themselves and their practice in the statements.
- The model should not be a hierarchy and should be shown graphically as a circle or as something more fluid
- Schematics will be important as we portray our message, avoid any semblance of a hierarchy
- Address the issue of quality assurance in diabetes education is one of the strategies in the standards evaluation and the risk management strategies as the education system evolves
- Include or be more specific about prevention, primary, secondary and tertiary in the document and in the mission statement
- Model detracts from what our real focus should be: to acquire more resources, more qualified diabetes educators, more continuing education for educators, a focus on engaging universities and colleges in providing courses and developing more diabetes educators
- Model waters down our role and it is an essential role in the system
- Need to flesh out our role in primary prevention
- Model will need to be flexible enough to match urban, rural and remote needs and services for diabetes education nationally
- Model should reflect “form follows function” so that national applications are possible
- Model is worth pursuing, it is responsive to current and projected environment
- We need to become more global and more inclusive and the model supports this
- Who will train-the-trainer? Who is qualified?
- The model helps us to channel our resources and engage the broader health care system, we need to pursue and embellish the model.
- Does the model fit within the CDA policies about direct providers as members?

Task 5: Strategic Plan

A draft the strategic plan based on the input from the executive and the leadership forum was prepared and circulated to all participants at the April 19th. meeting for comment, revisions or amendments. The CDA arranged for a teleconference with the executive to review the draft plan and responses and to finalize the Strategic Plan. The plan was distributed to members.

Appendix B: Survey Responses

1.0 The Context

Vision: Canadian Diabetes Association

By 2005, the Canadian Diabetes Association will be pivotal in preventing the onset and reducing the burden of diabetes in Canada and will be publicly recognized for its role.

Our network of members, volunteers, health care professionals, partners and staff will interact with every community, achieving quality relationships with two million people in Canada affected by diabetes.

Values:

- Independently governed charitable organization
- Focused on the needs of people affected by diabetes
- Committed to excellence
- Respecting the individual
- Believing that people are our greatest asset.

2.0 DES Vision

- Increased collaboration with other health groups; i.e. heart and stroke, kidney, smoking cessation
- Holistic chronic disease prevention and treatment programs, working together on risk factors and disease management strategies
- Increased recognition and profile for diabetes educator
- Increased teamwork with other health care professionals; more involvement of family physicians in managing complex diabetes
- Collaboration with other community members in prevention, treatment and education, producing synergy by working together, i.e. pharmacists
- Changing attitude that we “have to do it all”, working with others
- Increased access to education; no MD referral, trained local educators (i.e. aboriginal dietitians, nurse educators), access at all major health centres including remote, rural and northern centres
- More collaboration with education, teaching young people about health and healthy lifestyles
- More collaboration with recreation facilities to increase active living
- Position DEC as focus for team, coming together to get overcome challenge to optimal glycemic control
- More effective lobbying with government about diabetes, diabetes education and prevention

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3.0 Vision of DES Culture

- Core program developed and seen as valuable resource for all levels of health care professional as educational tools
- Research friendly organization, encouraging, facilitating, and mentoring research
- Sharing of information, data, education techniques, tools both nationally and internationally
- Remaining as a leader in education standards and evaluation of standards
- Seen as helpful, providing reliable and accurate information
- Greater inclusiveness and recognition of all team members
- Harmony among health care providers and team members
- Open, proactive recruitment of more members for DES
- Representation by high risk ethnic groups including Asians and First Nations
- Focus on quality and equity in all DECs across the country, dedicated to improving quality of life for person affected by diabetes
- All DECs meeting standards
- Recognition of limitations and compensating by linking and collaborating with others to increase positive outcomes
- Overall culture of inclusiveness and collaboration

4.0 DES Mission

The Diabetes Educator Section, a multi-disciplinary professional section of the Canadian Diabetes Association is committed to excellence in diabetes education, through education, service, advocacy and research as they relate to the practice of diabetes education.

From the survey responses:

1. Does the mission statement reflect the purpose?
 - Generally yes
 - Role is expanding, as educators become “managers of care” identifying complications and adjusting medications
2. Does it reflect all of the functions of DES?
 - Generally yes
 - Suggest ending at advocacy and research
 - Suggest adding “empowering individuals to improve their management and control of diabetes”
 - Suggest adding “prevention of Type 2 diabetes and complications”
 - Suggest adding “expanding the number of educational opportunities given the rise on the disease”
 - Suggest adding “focusing on the coordination of care”

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3. Does it reflect how the DES goes about fulfilling the functions?
 - Mixed response
 - Suggestion: need to reflect the important role with consumers
 - Suggestion to add “the nationwide public”

5.0 How We See the Future for Diabetes Education Centres

5.1 DECS and Their Clients/Patients

- Increasing caseloads
- More elderly, middle-aged, twenty-somethings and juvenile type 2
- Smaller percentage of type 1, gestational or pregnancy diabetes
- More demanding practice with a need to prioritize
- More complex medical and social problems
- Higher expectations for timely service and responses specific to need and the individual
- Patients/clients will want more reliable, credible information
- Move to empowering patients to self-manage
- Patients/clients will want more individualized care and response capability using the fax, internet, phone calls to all members of the team

5.2 Services and Programs

- More emphasis on prevention, both primary and secondary
- Education, treatment and research
- More work with researchers

5.3 Environment

- Greater use of technology to communicate and educate – staff will need access to equipment as consumers will want to have interactive communication using fax, e-mail and the internet, concepts like experts-on-line
- More visual aids for education
- Anticipate more effective medications and ways of delivering, to monitor blood glucose, insulin pumps
- Affordability issues, need to advocate to have new medications on federal and provincial formularies
- Patients will demand higher standards of service, more outcome-based measures of successful strategies, more timely access to information and quick response times
- There may be a need to prioritize service and therefore a need to agree on priorities
- Valuation of diabetes education will increase as more public awareness of the disease and its impact
- Research for a cure will be emphasized, stem cell research etc.
- Increased scope of practice for nurses, physicians, dietitians and pharmacists

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- Caseload demand will lead to new education strategies
- Prevention and health promotion will require more than “lip service”, advocacy needs

5.4 Resources

- More staff but increased caseloads, imbalance of staff:client ratios will remain
- Nursing shortage will affect type of staff involved in education
- More qualified staff in leadership positions, less qualified working under their direction
- Perhaps more lay people/volunteers to help with general information, as bulk of inquiries to diabetes education centres
- More issues dealt with by public health nurses, home care nurses
- Potential for use of educational assistants needs to be explored
- Increased knowledge in HCP in general practices, Long Term Care facilities
- More varied staff qualifications, well trained assistants with defines roles and responsibilities
- Multi-level diabetes education
- More access to technology resources will be required
- Excessive demands, need to use resources more effectively and efficiently
- Creativity with the use of space (multi-users) and hours of operation
- Need to prioritize and set criteria for priorities

6.0 How We See the Future for the Diabetes Educator Section

6.1 Clients

- Total population and those at risk
- DEC's, Health Care Providers, Physicians
- Research scientists
- Politicians
- People who want to take responsibility for their own health
- Advocates

6.2 Programs and Services

- Education for health care professionals as roles on diabetes management increase
- Advanced training beyond CDE
- Evidence-based practice standards for drugs and education
- Prevention emphasis
- Partnership with other chronic disease prevention and treatment strategies
- Research dollars
- Advocacy and political influence; issues like driver's licenses, formularies, research etc.

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- More self-directed education materials on web site, provision of chat lines, experts-on-line to meet demand
- Increasing multi-cultural and multi-linguistic clientele
- Help to identify most efficient and effective use of limited resources

6.3 Environment

- Increased valuation of diabetes prevention, treatment, education and research as the number of people affected by the disease increases and outcomes improve
- More federal/provincial dollars to prevention and strategies for people with diabetes
- Increased political lobbying
- Demand for accessible and accurate information
- Standards promotion, building on current excellence
- Need to review standards and revise if necessary every five years
- Joint evaluation of service to promote better practice and outcomes
- Patient awareness of standards and demand that they be adhered to
- More focus on outcomes

6.4 Resources

- Multi-disciplinary teams for disease management (clients/patients part of the team)
- Support to look at roles/responsibilities for team members, volunteers, perhaps assistant educators
- Technology, increase the use of and applications nationwide
- Resource use, defining what is most efficient, effective and based on best practice-a national approach
- Priorities

7.0 Strengths, Challenges and Opportunities

7.1 Strengths of DES

- Leadership and communication
- Programs and projects, like standards
- Publications, good resource material
- Advisory roles, advocacy in working with CDA; i.e. clinical practice guidelines
- Manitoba pilot project
- Increased number of professionals to serve on CDA committees, councils etc.
- Participants provide increased awareness of changes on the health care system
- Annual conference extremely successful
- Consistency in education across the country
- Strong advocacy for formal diabetes education
- Support to DEC's in their practice

7.2 Challenges and Threats

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- Government recognition of DEC's and their benefits in reducing complications and lessening the health care burden, perceived lack of recognition
- Need to improve recognition by CDA of expertise and value of DES
- Funding is the greatest challenge, more support for chapters
- Need to increase membership numbers, equating voices and strength for advocacy roles
- Need for membership discussions as some respondents promoted more inclusion, including high risk populations and others promoted more exclusion in membership; i.e. reducing pharmacist participation and/or influence
- Need to debate "who owns diabetes education?" Is it exclusively diabetes educators' patch?
- Need for a single set of standards, not several as in the case of dietary
- Communication among members is a challenge
- Workload burdens prevent members from being as involved as they may wish, need to develop new strategies for working together
- Technology, increasing the use
- Sometimes, using volunteers to get work done is not the best solution as the right person does not always volunteer for the task
- Lack of public awareness of diabetes or the significance of the disease

7.3 Opportunities

- Health Canada's interest in diabetes
- Opportunities to market DES
- More forums for front line workers
- Multi-level diabetes education
- Strengthen relationship between local chapters and CDA branches and regions
- Evaluation of outcomes of DES
- Join with AADE for performance evaluation system
- Increasing demand for education and materials at a reasonable cost
- Encourage "mentorships" for research, acknowledge this role in job description and salary of Diabetes Educators
- Rework National Review Program
- Evidence-based standards
- Networking with prevention strategies
- Develop "basic" prevention program
- Validate education results and positive outcomes
- Improve position as key resource and information centre for diabetes education, treatment and self-management.