Iowa Diabetes Prevention and Self-Management Education Services

2016 Gap Analysis & Improvement Strategies

Karen Crimmings, RN
Robert Wood Johnson Public Health Nurse Leader
Cerro Gordo County Department of Public Health
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kcrimmings@cghealth.com

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DPP & DSME Gap Analysis

A statewide diabetes prevention and diabetes self-management education services survey was conducted from August – October 2016. Goals of the gap analysis were twofold. First, to identify current gaps and barriers with offering diabetes prevention program (DPP) services and diabetes self-management education (DSME) services for patients within the healthcare setting. Second, to identify gaps/barriers within the current or potential DPP providers while getting a better understanding of current DPP infrastructure within the state of Iowa.

Surveys targeted primary care providers on DPP and DSME services, current DPP providers and potential new DPP providers. Survey questions were designed by the Region VII Diabetes Prevention and Control Collaborative. The Qualtrics survey platform was utilized to collect all data through the Midwestern Public Health Training Center. The following pages outline survey results.

Survey 1: Primary Care Providers – DPP and DSME Survey Respondents

The first survey targeted the healthcare sector to better understand their awareness of local DPP and DMSE services, current screening and referral efforts, barriers to accomplishing those efforts and the type of healthcare providers that are having discussions with their patients about the services.

There were a total of 77 respondents that completed the survey. Questions within the survey were not required for respondents to complete. Hence, some question results will not reflect 100% within the proceeding Figures.

Approximately 36% of the respondents reported working within a family practice clinic, followed by 25% working within the hospital setting. The remaining 40% identified working amongst the following settings: diabetes center (11%), internal medicine (2%), other clinic type (6%), population health (5%), education institution (3%), community-based agency/public health (5%) or within the other category (7%).

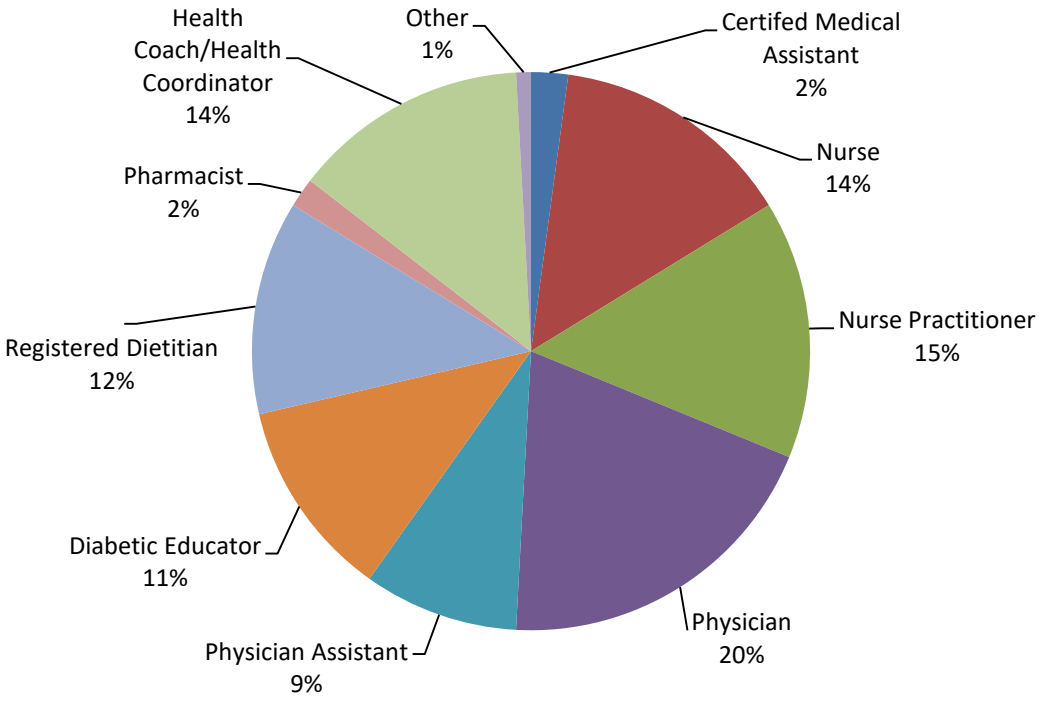
The majority of survey respondents (40%) indicated nursing as their primary role. This was followed by 27% indicating they were a health coach or health coordinator. The remaining 33% of the respondents reported their primary role within the healthcare setting as a diabetic educator (10%), nurse practitioner (8%), registered dietitian (5%), physician (2%), or within the other category (8%).

Survey 1/Part 1: Primary Care Diabetes Prevention Services Findings

Survey questions focused on whether patients were routinely screened and referred into diabetes prevention services, who was completing the screening and referrals, what were the perceived barriers for the patients and clinics in completing this task, current information sharing amongst DPP service providers and the referring primary provider and additional opportunities to screen and refer clients beyond the walls of the formal healthcare setting.

Figure 1.1 Survey Question: Which of the following individuals in your clinic discuss the risk of prediabetes with patients? Select all that apply.

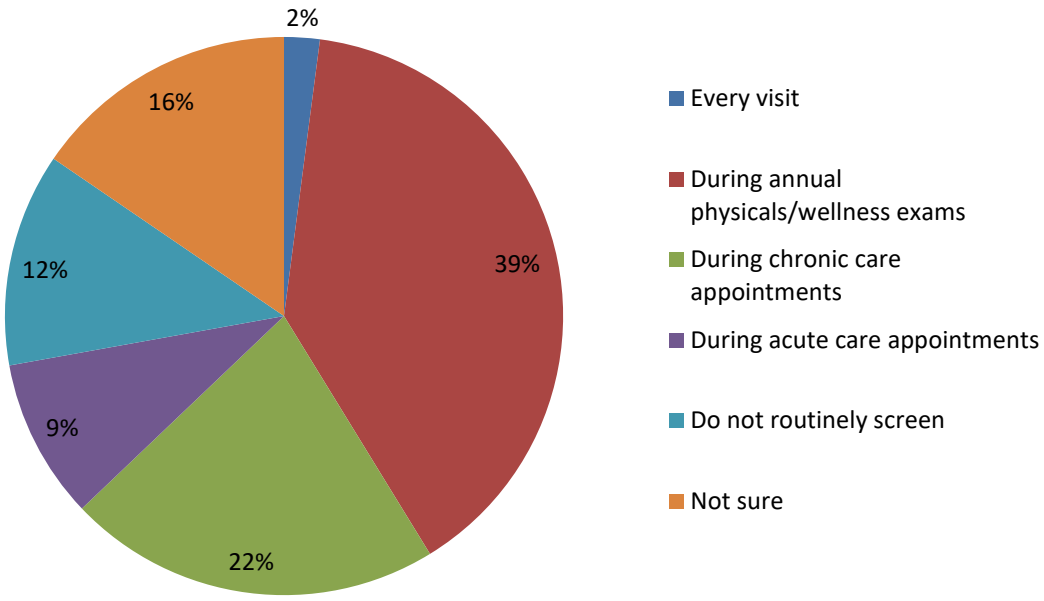
Figure 1.1 - Discusses Risk of Prediabetes with Patients



Conclusion: Findings suggest there is a wide-range of healthcare professionals discussing prediabetes with patients.

Figure 1.2 Survey Question: Do you or other staff in your clinic routinely screen patients for diabetes? Select all that apply.

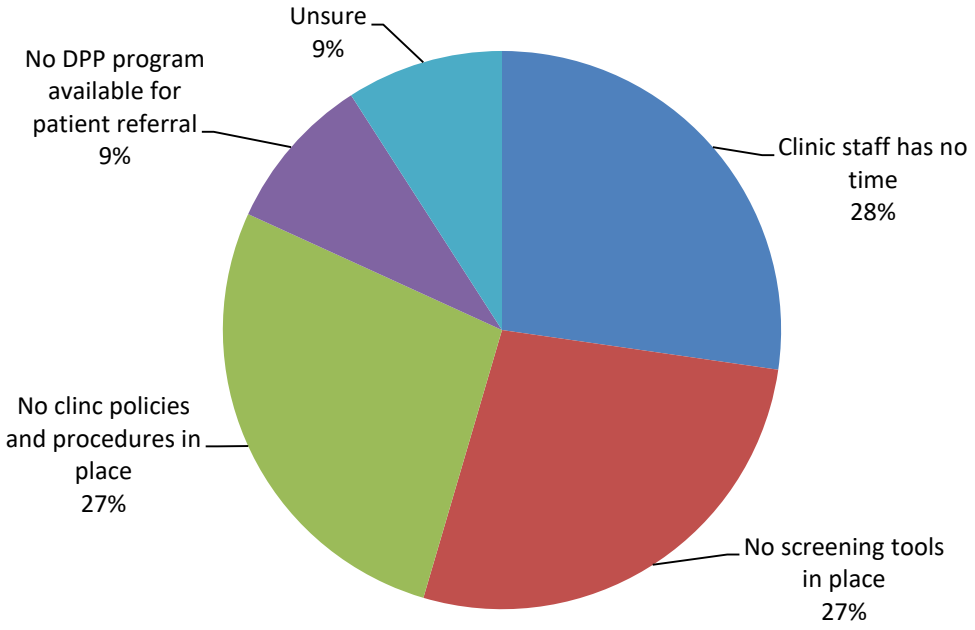
Figure 1.2 - Routinely Screens Patients for Prediabetes



Conclusion: The majority of prediabetes screening is conducted during wellness exams. This suggests patients that do not attend annual wellness exams may not be getting screened. In addition, over 25% of survey respondents indicated they did not screen patients at all or were unsure if screening was taking place.

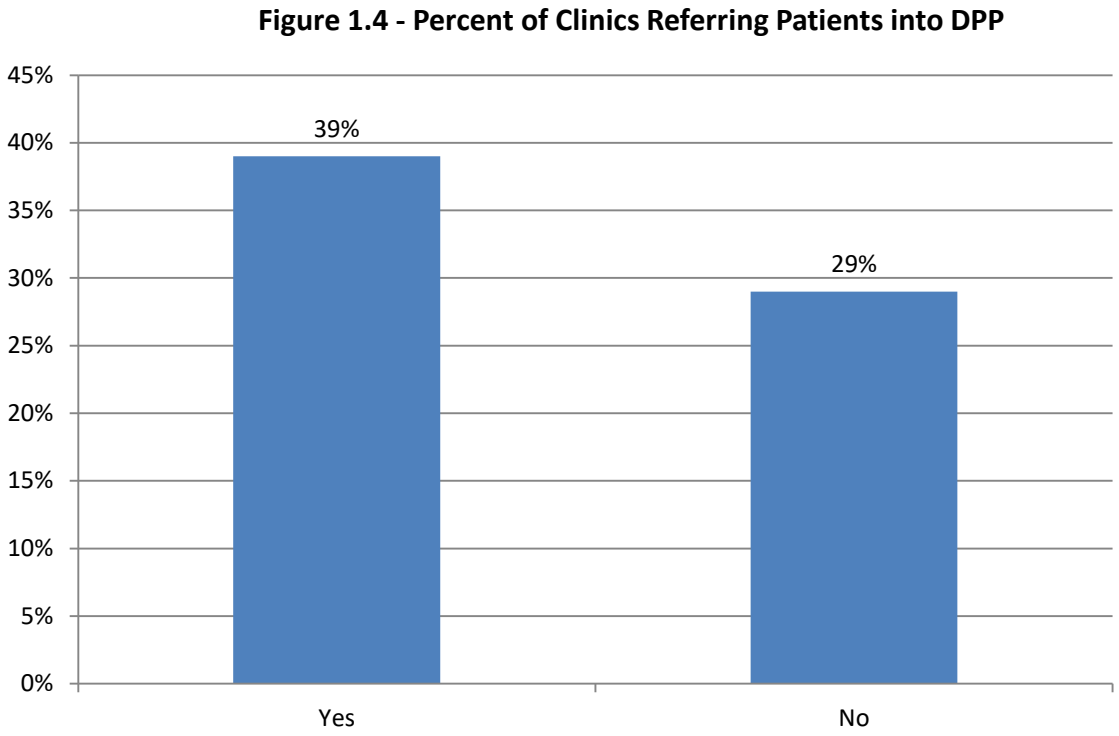
Figure 1.3 Survey Question: Which of the following are likely barriers to routinely screening patients for prediabetes? Select all that apply.

Figure 1.3 - Clinic Barriers to Routinely Screen Patients



Conclusion: Over two-thirds (82%) of the barriers identified are in direct correlation to the internal processes within the clinic setting (lack of policies, procedures, screening tools, or staff capacity).

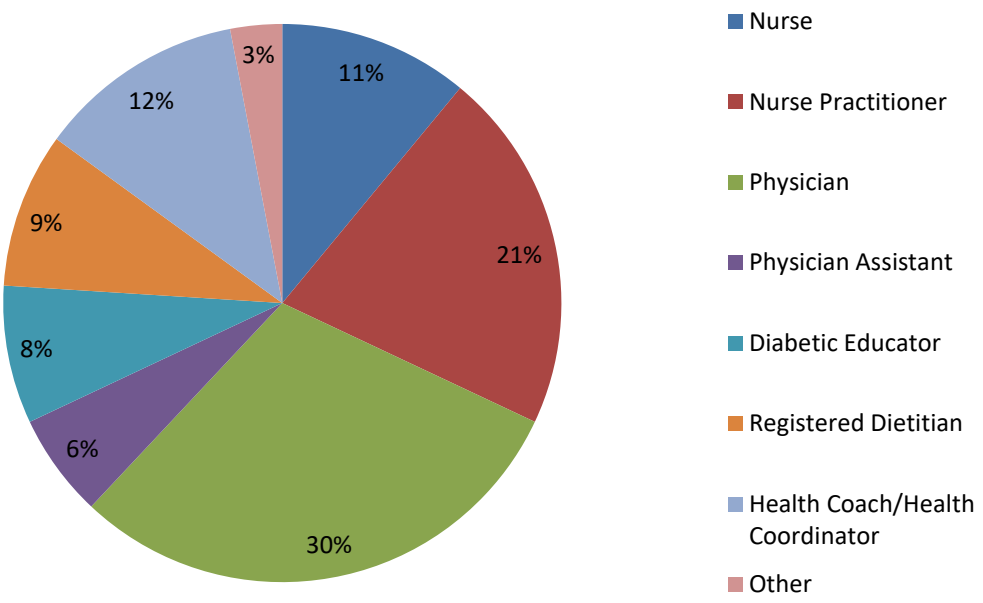
Figure 1.4 Survey Question: Does your clinic refer patients with prediabetes to diabetes prevention programs (DPP)?



Conclusion: Just less than 40% of survey respondents indicated their clinic was actively referring patients into local DPP services.

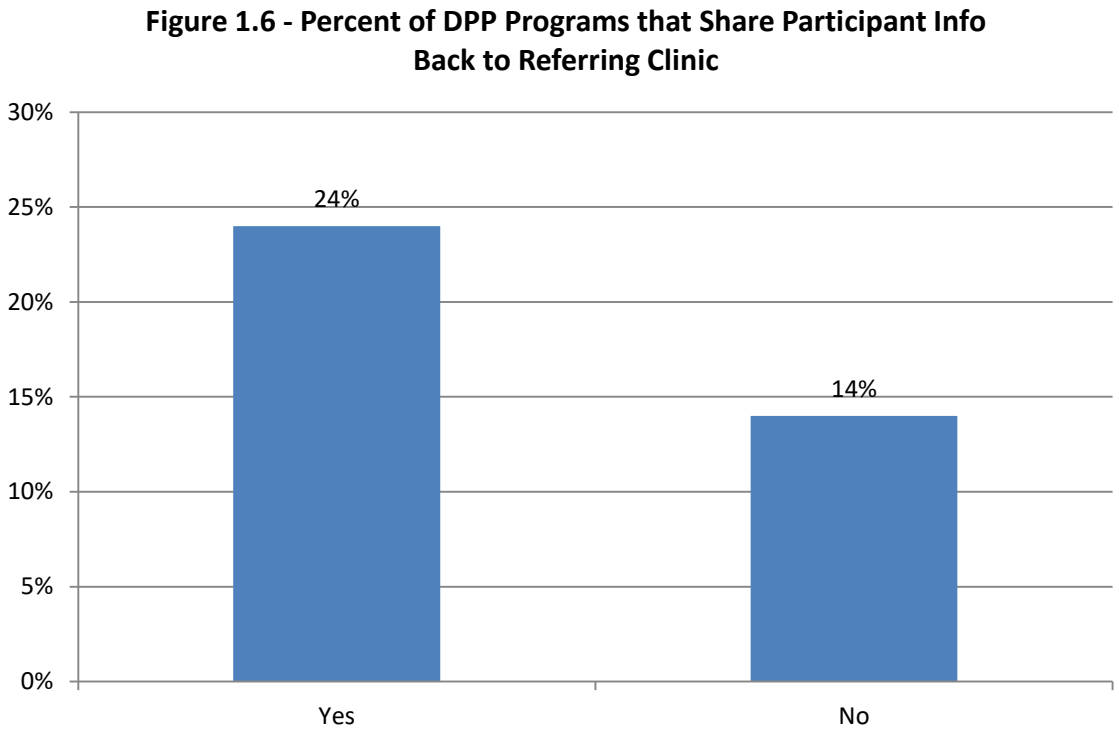
Figure 1.5 Survey Question: Which of these individuals in your clinic make the decision to refer patients to a diabetes prevention program (DPP)? Select all that apply.

Figure 1.5- Makes referrals into DPP services



Conclusion: Over ½ of patient referrals (51%) are being made by physicians and nurse practitioners.

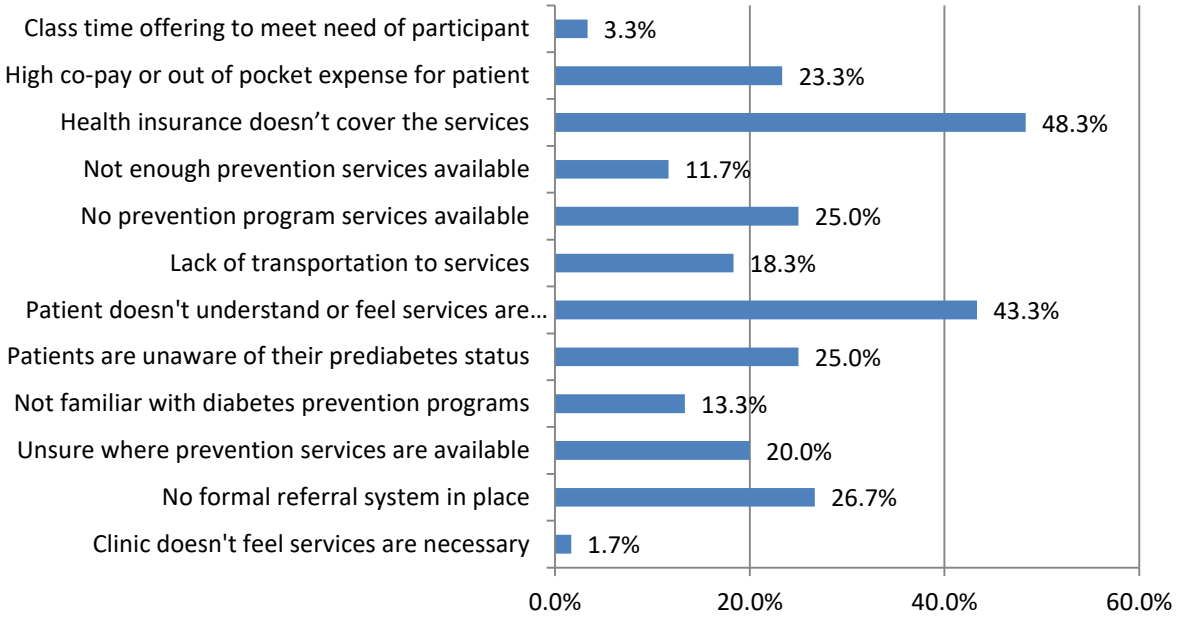
Figure 1.6 Survey Question: Does the diabetes prevention program (DPP) share information back to you about the patient's progress in the program?



Conclusion: Only a small portion of Diabetes Prevention Programs (24%) are sharing participant information back to the referring medical provider.

Figure 1.7 Survey Question: Which of the following statements describes barriers to your patients receiving diabetes prevention program (DPP) services? Select all that apply.

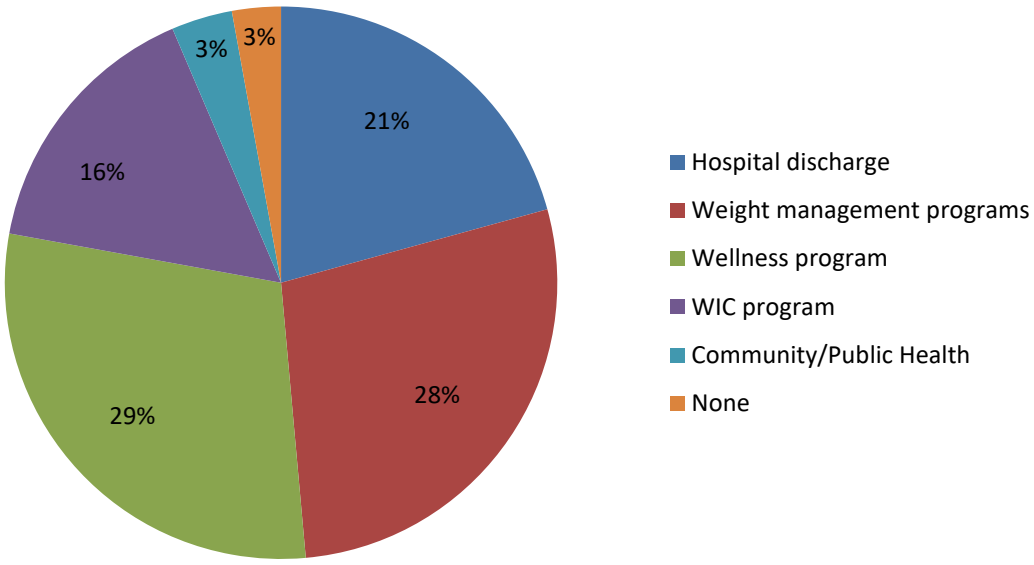
Figure 1.7 - Patient Barriers in Receving DPP Services



Conclusion: While there are several barriers to patients receiving DPP services, findings suggest the lack of healthcare coverage (48.3%) and the public's misunderstanding or complacency for the need of services (43.3%) are the most significant perceived barriers.

Figure 1.8 Survey Question: Which of the following describe other opportunities within your community for screening and referring patients to diabetes prevention programs (DPP)? Select all that apply.

Figure 1.8- Community Screening & Referral Opportunities



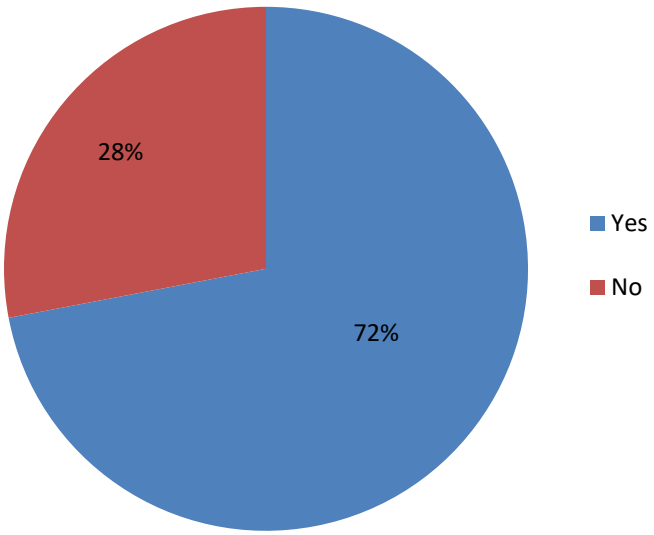
Conclusion: Findings suggest there are several additional opportunities communities could utilize to screen and refer clients into DPP services, outside the healthcare sector. Wellness programs (29%) and weight management programs (28%) were the most common selected sites.

Survey 1/Part 2: Primary Care Diabetes Self-Management Education Services Findings

Survey questions focused on whether patients with diabetes were being routinely screened and referred into diabetes self-management education services, who was completing the screening and referrals into services and the perceived barriers in completing these tasks.

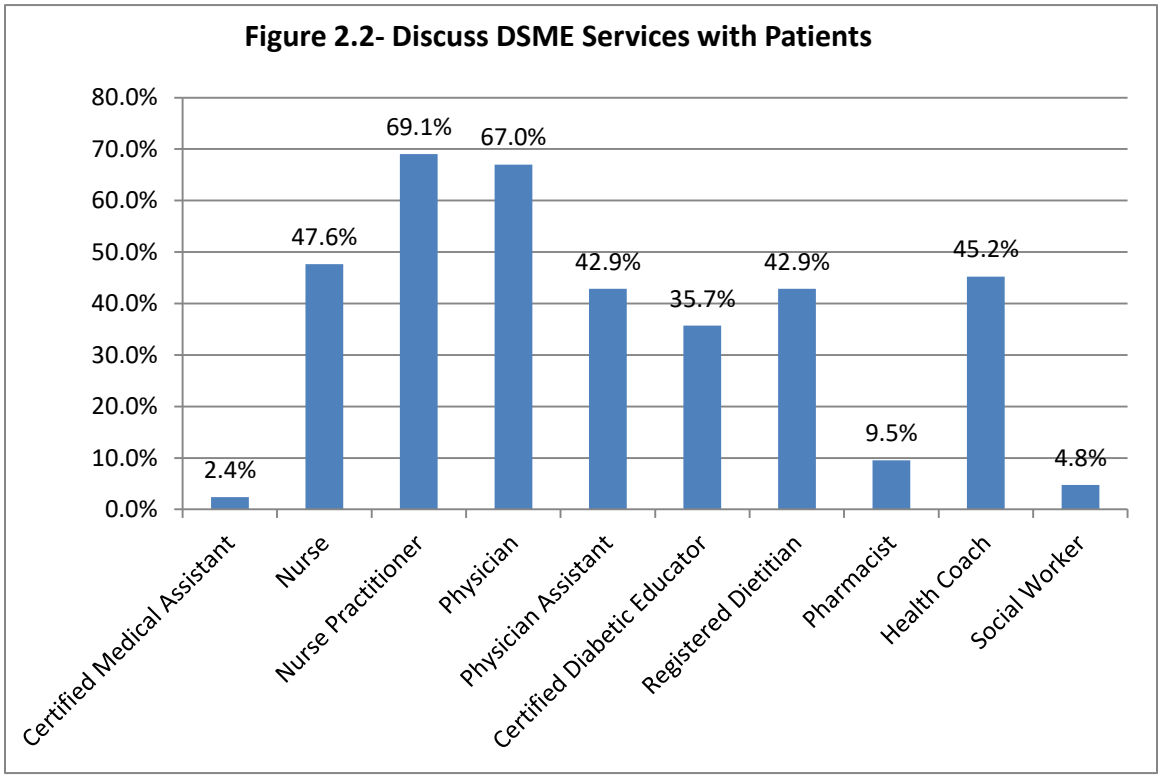
Figure 2.1 Survey Question: Do you or other staff routinely assess and talk with patients with diabetes about their need to participate in a Diabetes Self-management Education (DSME) program?

Figure 2.1-Percent of Clinics that Routinely Discuss DSME Services with Patients with Diabetes



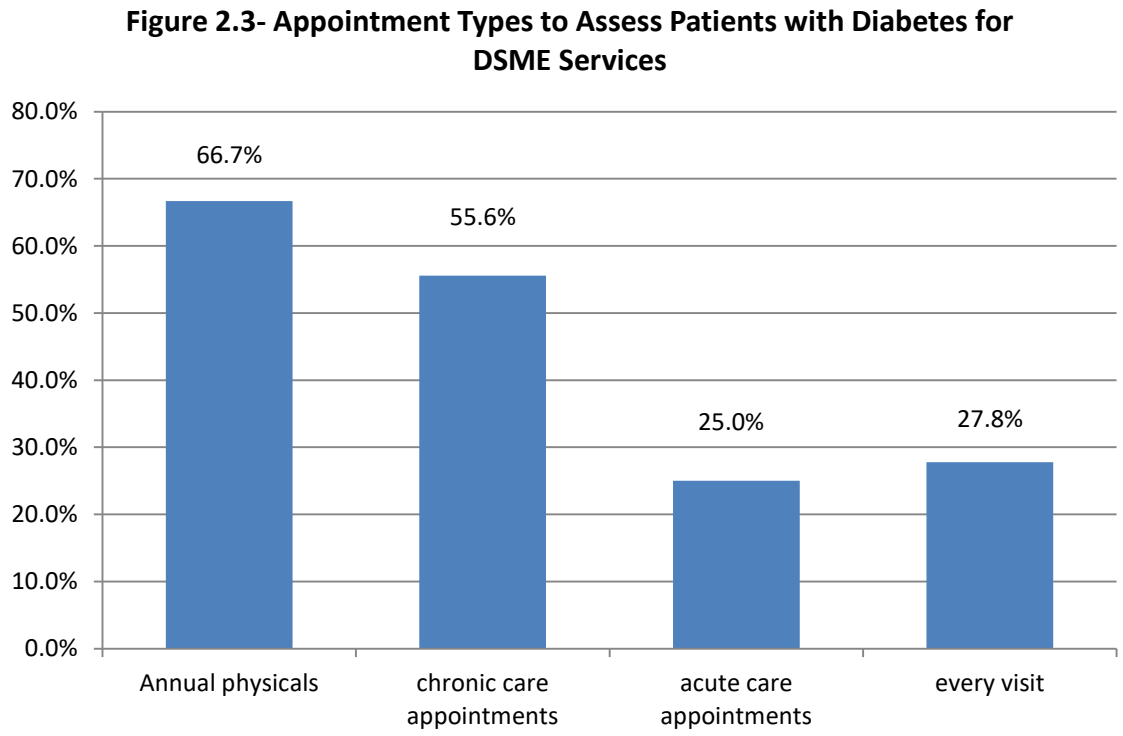
Conclusion: Over one-quarter of healthcare providers (28%) are not discussing the need for DSME services with their patients with diabetes.

Figure 2.2 Survey Question: Which of the following individuals in your clinic routinely assess and talk with patients with diabetes about their need to participant in a Diabetes Self-Management Education (DSME) program? Select all that apply.



Conclusion: Nurse practitioners (69.1%) and physicians (67%) are the most common individuals having DSME service discussions with patients with diabetes.

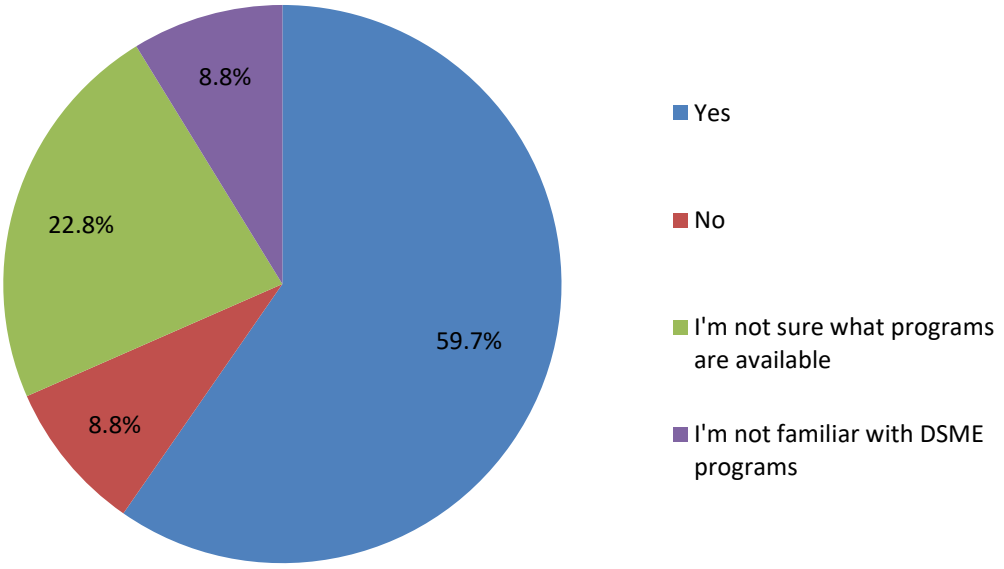
Figure 2.3 Survey Question: During which of the following times are patients with diabetes routinely assessed for their need to participant in a Diabetes Self-Management Education (DSME) program? Select all that apply.



Conclusion: Findings suggest assessments are being made during multiple types of medical appointments. However, even though findings suggest assessments are being completed, Figure 2.4 on page 14 indicates over 40% of providers are not referring patients into local services.

Figure 2.4 Survey Question: Are there local Diabetes Self-Management Education (DSME) programs to which you or other staff in your clinic refers patients with diabetes?

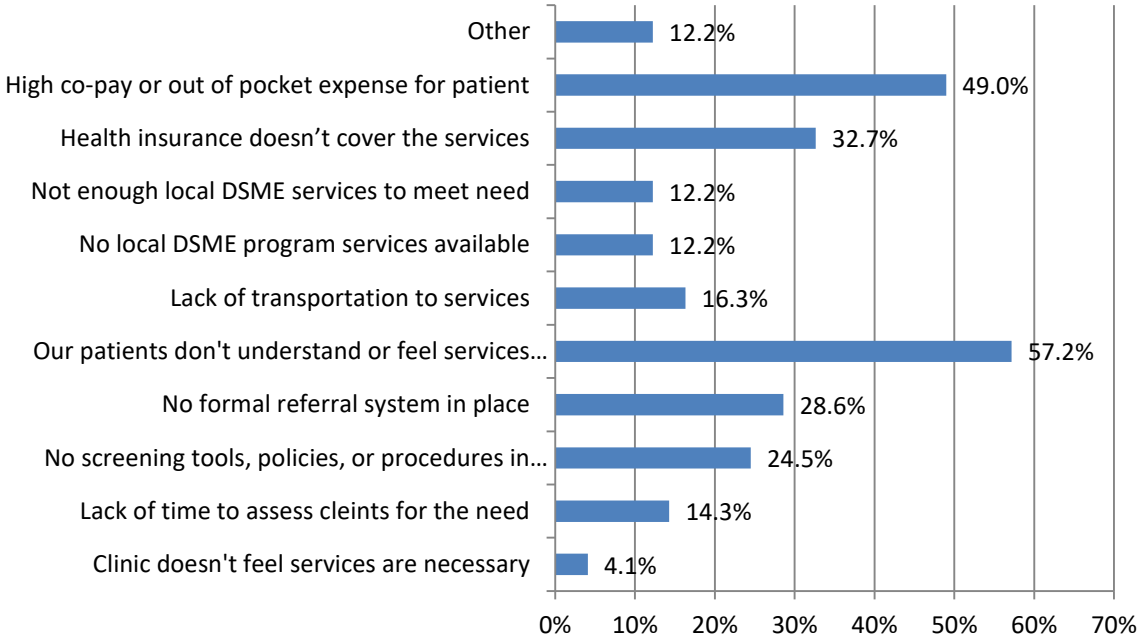
Figure 2.4- Are there local DSME programs to refer clients?



Conclusion: Over 40% of providers are not referring patients into DSME services because they are either 1) not familiar with DSME services, 2) not aware of local services, or 3) some other reason not indicated.

Figure 2.5 Survey Question: Which of the following are likely barriers FOR YOUR CLINIC in making referrals to DSME programs? Select all that apply.

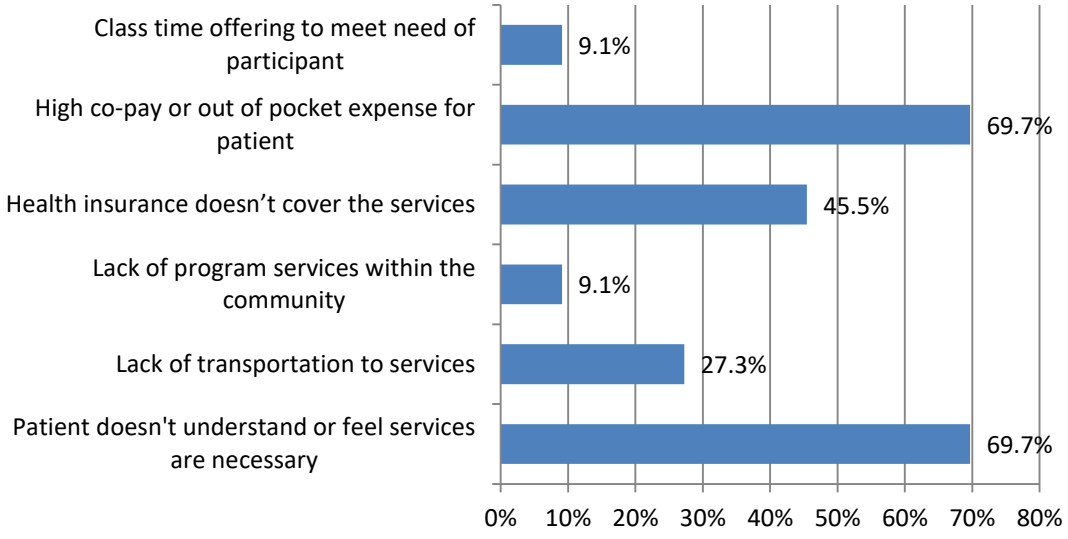
Figure 2.5- Clinical Barriers to Making Patient Referrals into DSME Services



Conclusion: While there are several clinical barriers to patients receiving DSME services, findings suggest the patient's misunderstanding or complacency for the need of services (57.2%), high out of pocket expenses for participants (49%) and the lack of healthcare coverage (32.7%) are the most significant perceived barriers.

Figure 2.6 Survey Question: Which of the following are barriers to your patients getting the DSME services they need? Select all that apply.

Figure 2.6- Patient Barriers in Receiving DSME Services



Conclusion: While there are several perceived patient barriers to patients receiving DSME services, findings suggest high out of pocket expenses for participants (69.7%), the patient's misunderstanding or complacency for the need of services (69.7%) and the lack of healthcare coverage (45.5%) are the most significant perceived barriers.

Survey 2: Diabetes Prevention Program Survey Respondents

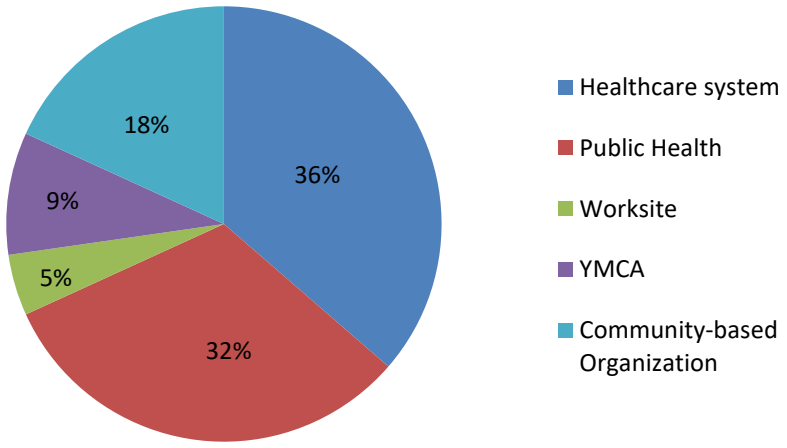
The second survey targeted current and potential DPP sites to better understand program implementation barriers and assess Iowa's existing DPP capacity. There were a total of 103 respondents that completed the survey. Twenty-five percent identified as a current DPP service provider and seventy-five percent indicated they were not currently providing DPP services. Questions within the survey were not required for respondents to complete. Hence, some question results will not reflect 100% within the proceeding Figures.

Survey 2/Part 1: Current DPP Services Findings

Survey questions focused on identifying the service capacity of current DPP providers and perceived barriers in offering the services. A total of 26 respondents indicated they were current DPP service providers and completed Part 1 of the survey.

Figure 3.1 Survey Question: In what type of setting is your diabetes prevention program offered?

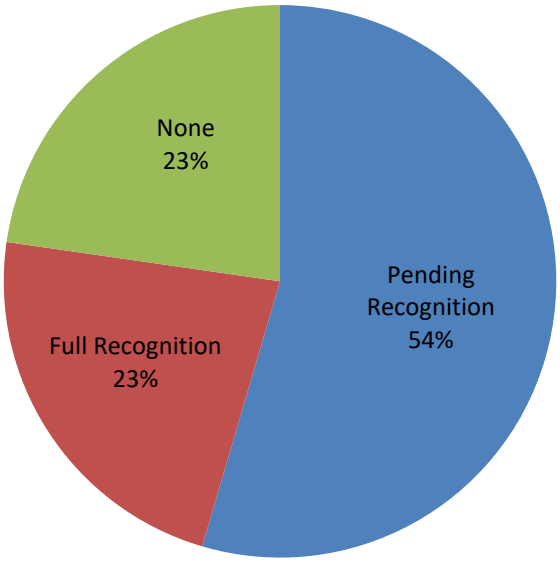
Figure 3.1- Current DPP Site Settings



Conclusion: DPP services are being offered at multiple different settings within the communities. The most common being offered in the healthcare system and public health.

Figure 3.2 Survey Question: Which of the following describes your status as a CDC-recognized diabetes prevention program?

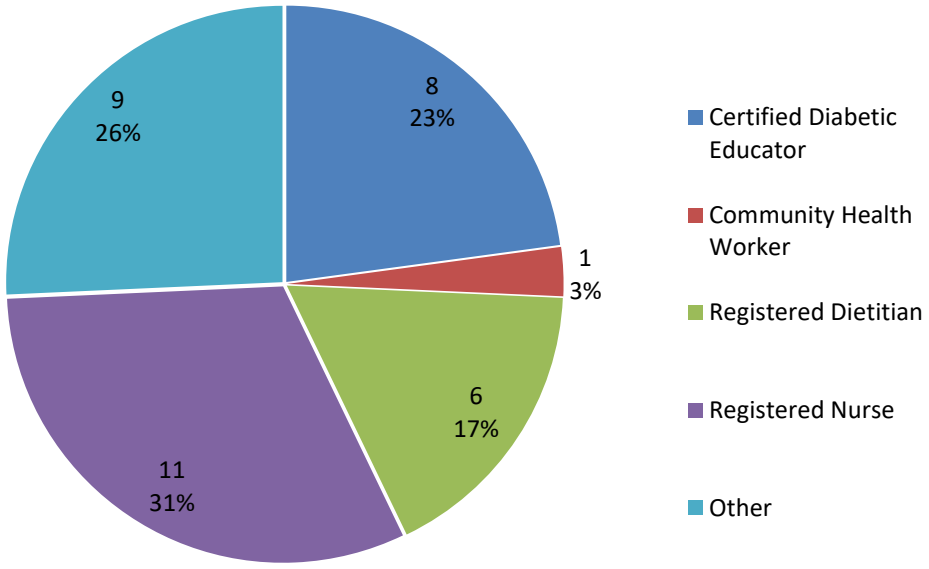
Figure 3.2- Current DPP Sites with CDC Recognition



Conclusion: 75% of current DPP programs have enrolled in the CDC diabetes prevention recognition program and is either working towards or have achieved Full Recognition.

Figure 3.3 Survey Question: What are the credentials of your lifestyle coaches? Select all that apply.

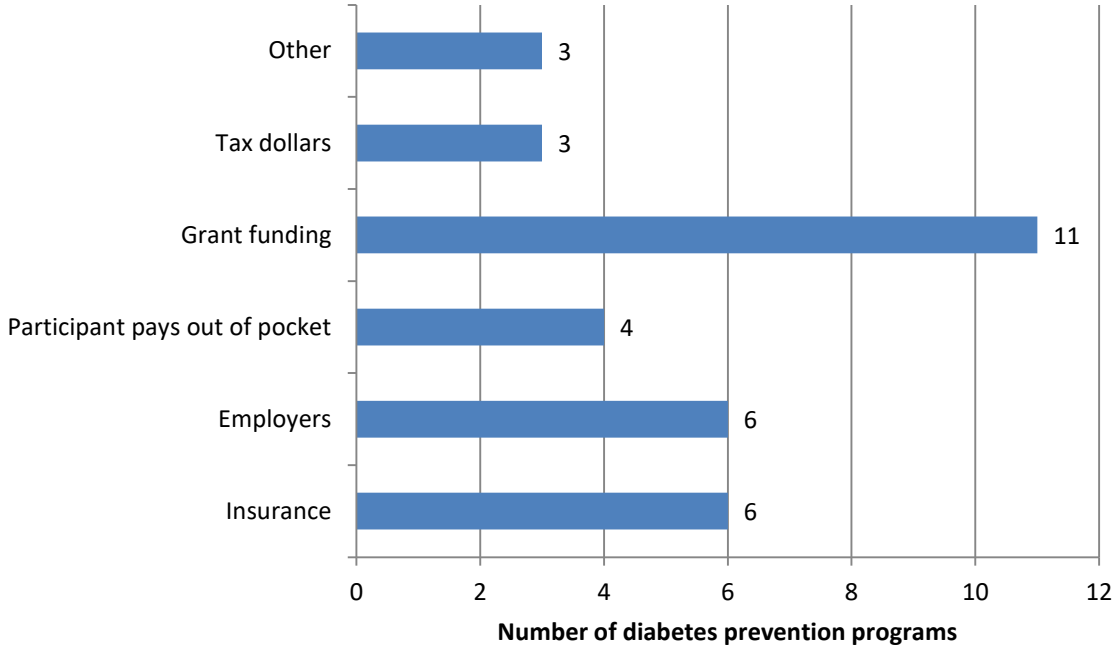
Figure 3.3- Trained Lifestyle Coach Credentials



Conclusion: Findings indicate over 70% of the trained Lifestyle Coaches are licensed or certified healthcare professionals.

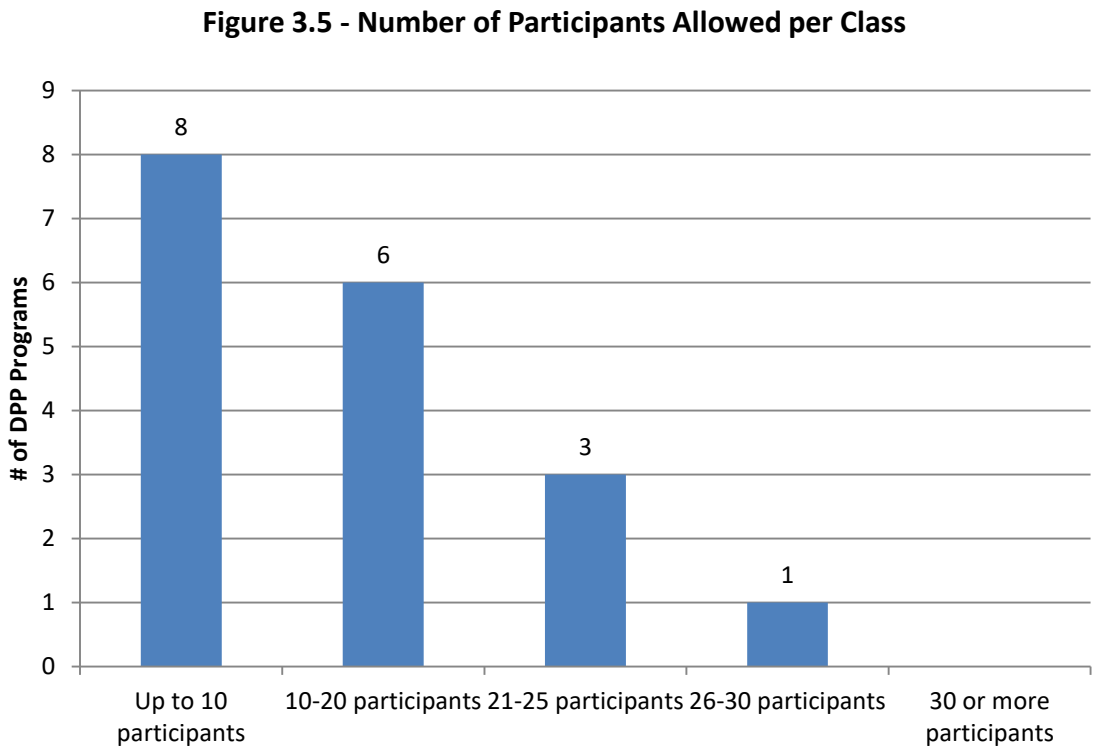
Figure 3.4 Survey Question: What current financial support does your program receive? Select all that apply.

Figure 3.4 - Financial Support for Current DPP Programs



Conclusion: Grant funding is the most common mechanism to fund current programs.

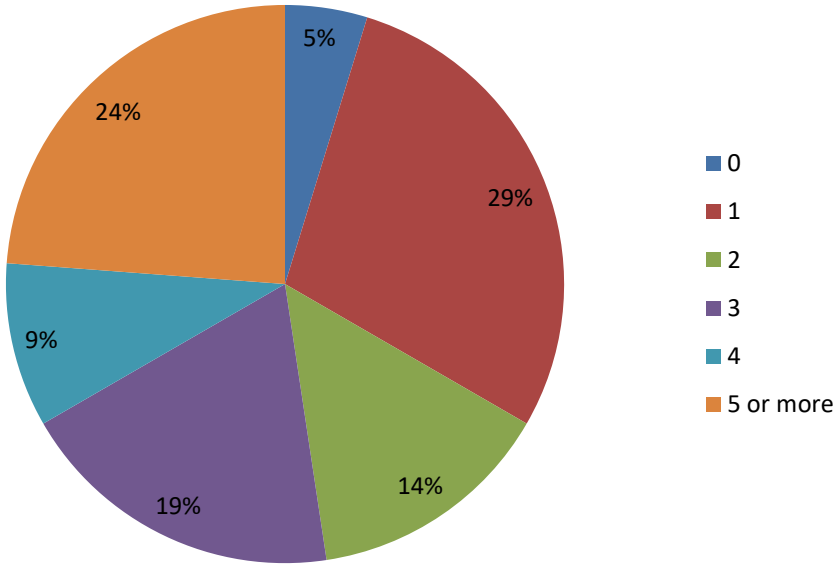
Figure 3.5 Survey Question: How many participants do you allow per class?



Conclusion: Class sizes commonly consist of 10-20 participants.

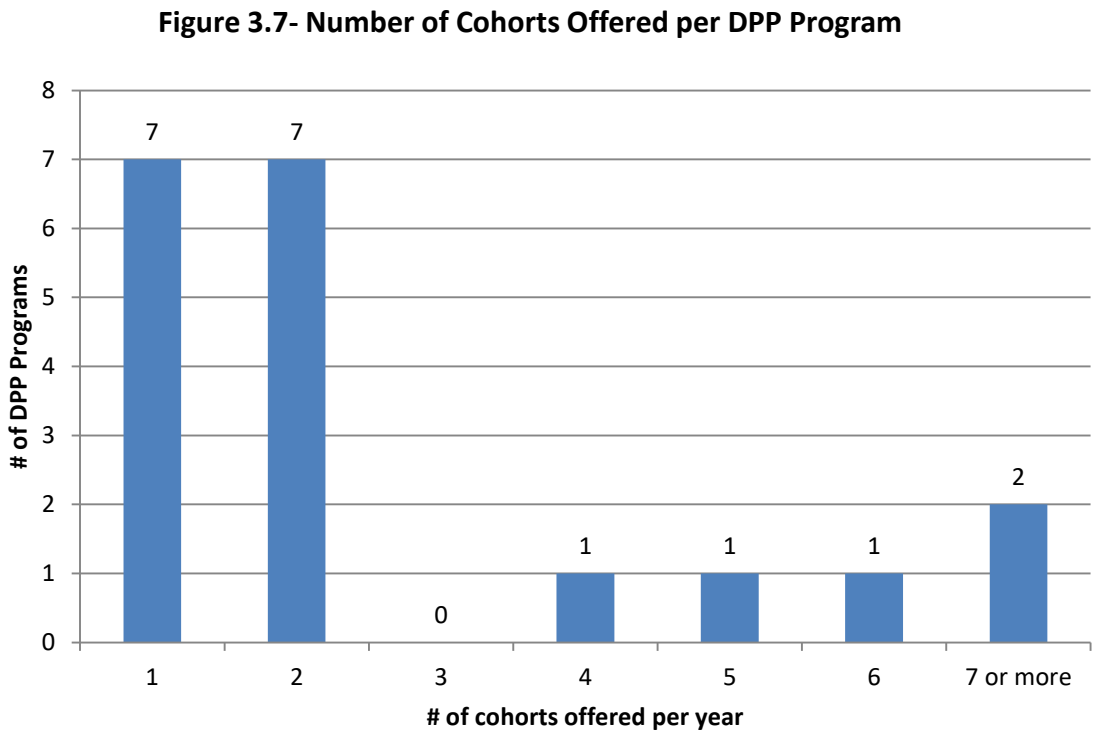
Figure 3.6 Survey Question: How many lifestyle coaches does your program currently have trained?

Figure 3.6 - Number of Trained Lifestyle Coaches



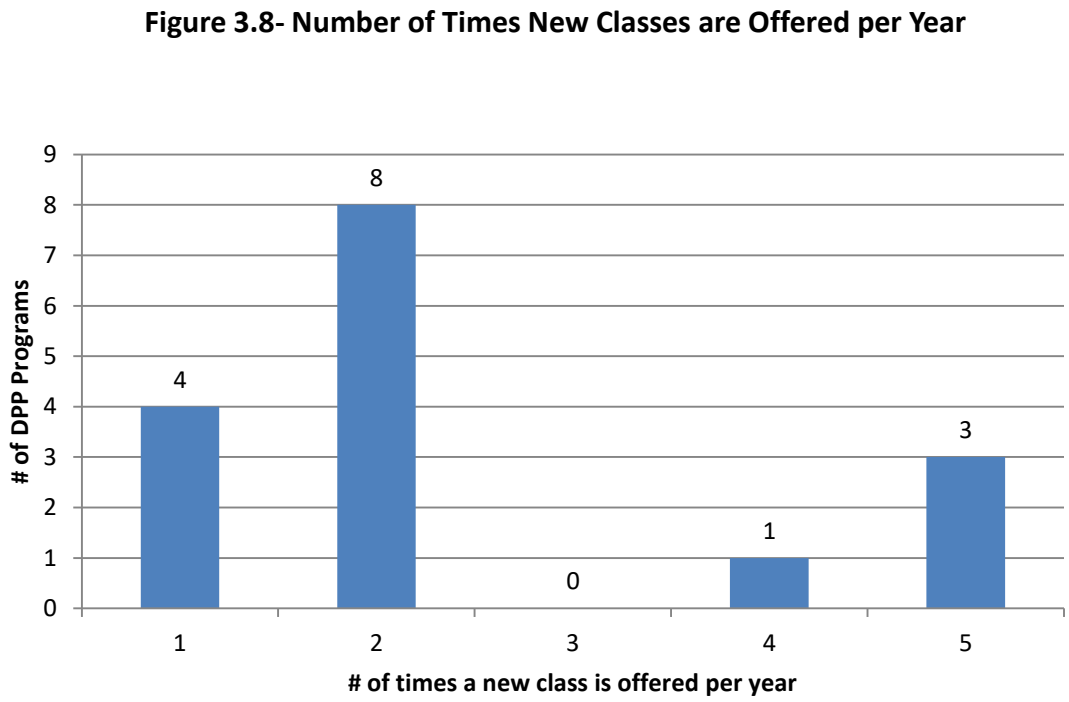
Conclusion: Over 66% of programs have more than one (>1) trained Lifestyle Coach on staff.

Figure 3.7 Survey Question: How many DPP groups (cohorts) do you currently offer per year?



Conclusion: Most programs offer 1 or 2 cohorts per year.

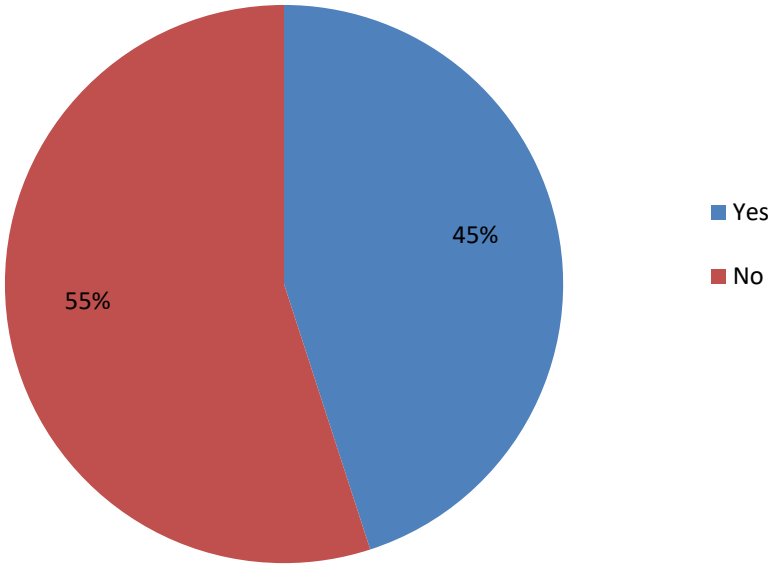
Figure 3.8 Survey Question: How many times a year do you start a new class?



Conclusion: Most programs offer new classes 1 or 2 times per year.

Figure 3.9 Survey Question: Have you established any diabetes prevention programs in the workplace?

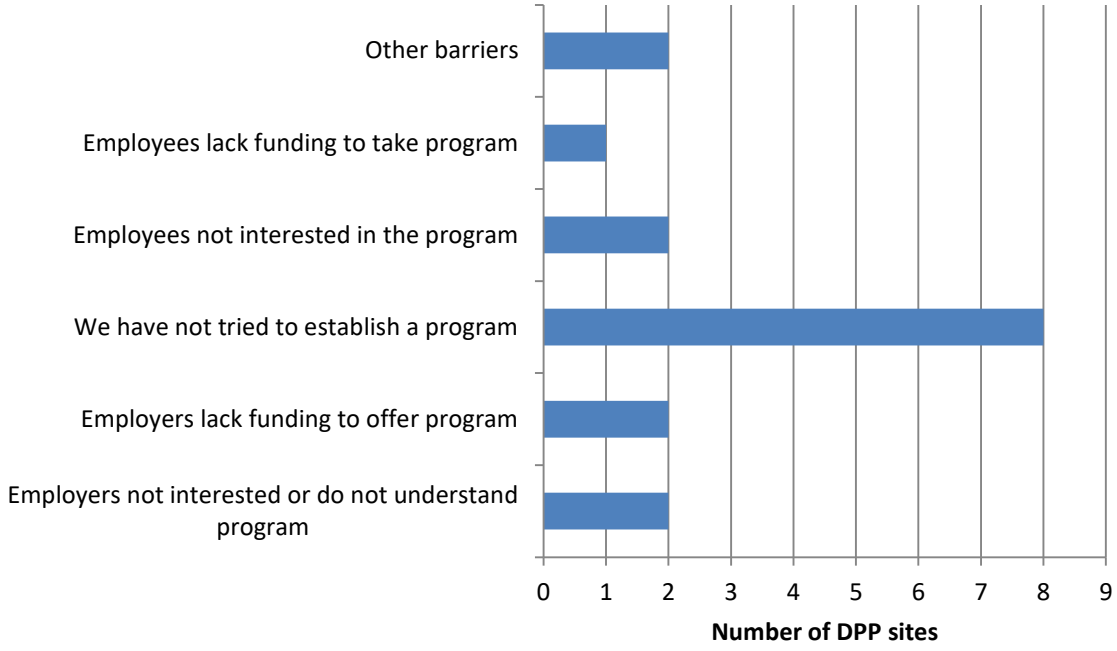
Figure 3.9- Offers DPP Services in the Workplace



Conclusion: Less than half of current DPP programs (45%) indicated offering services within the workplace.

Figure 3.10 Survey Question: Which of the following are reasons you have NOT been able to establish any diabetes prevention programs in the workplace? Select all that apply.

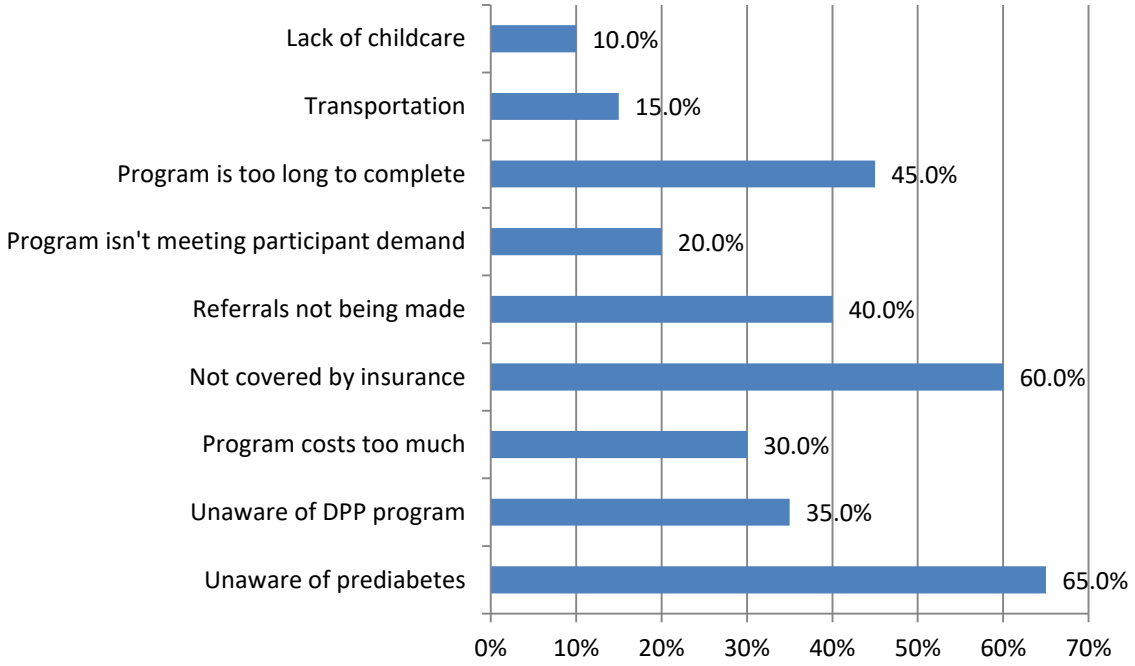
Figure 3.10 -Barriers to Offering DPP in the Workplace



Conclusion: Over a third (1/3) of the current 26 DPP sites indicated they have not tried to establish a program in the worksite as a barrier.

Figure 3.11 Survey Question: Which of the following describe barriers to people with prediabetes using your diabetes prevention program? Select all that apply.

Figure 3.11- Participant Barriers to Accessing DPP services



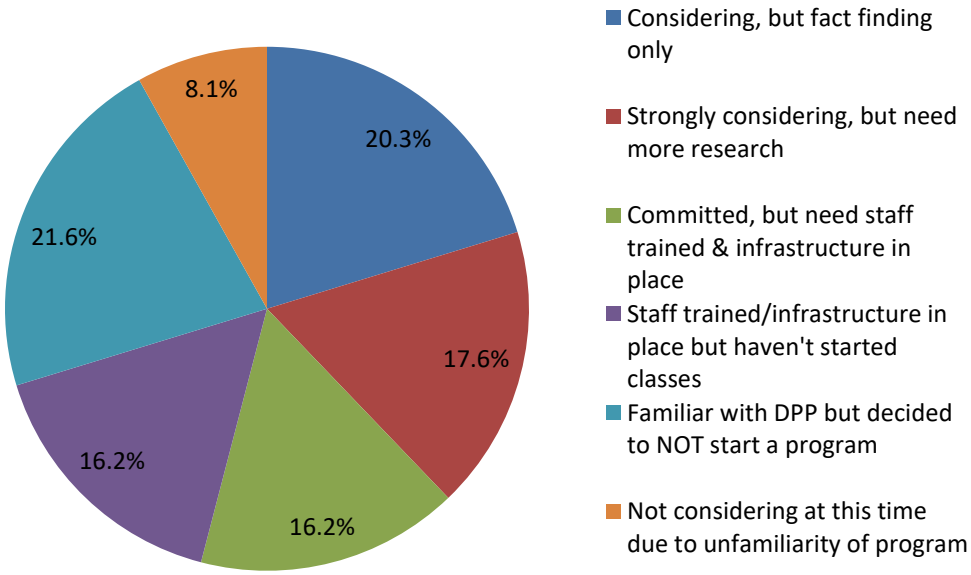
Conclusion: While there are several barriers to patients receiving DPP services, findings suggest that of the 26 respondents, the public's unawareness of prediabetes (65%) and the lack of healthcare coverage (60%) are the most significant perceived barriers.

Survey 2/Part2: Potential DPP Services Findings

Survey questions focused on the extent to which an agency is considering offering a program and identifying barriers to begin services. A total of 77 respondents indicated they were not currently providing DPP services and completed Part 2 of the survey.

Figure 4.1 Survey Question: To what extent are you considering starting a diabetes prevention program in your area?

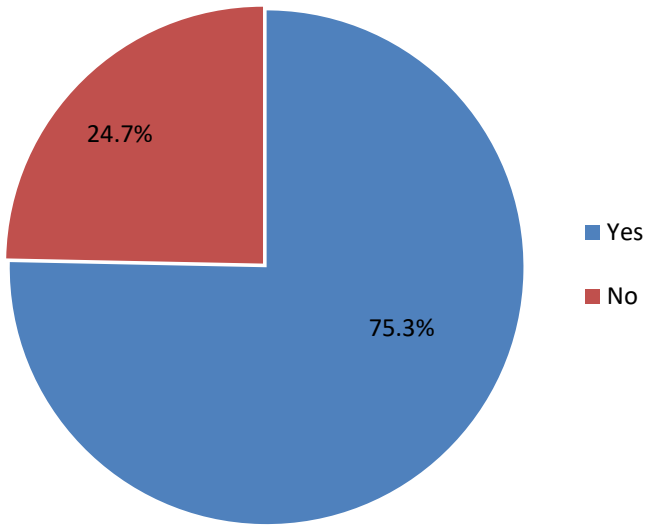
Figure 4.1- Consideration of starting a DPP program



Conclusion: 70% of respondents indicated they were considering or preparing to begin offering services.

Figure 4.2 Survey Question: Are there barriers holding you back from starting a diabetes prevention program in your area?

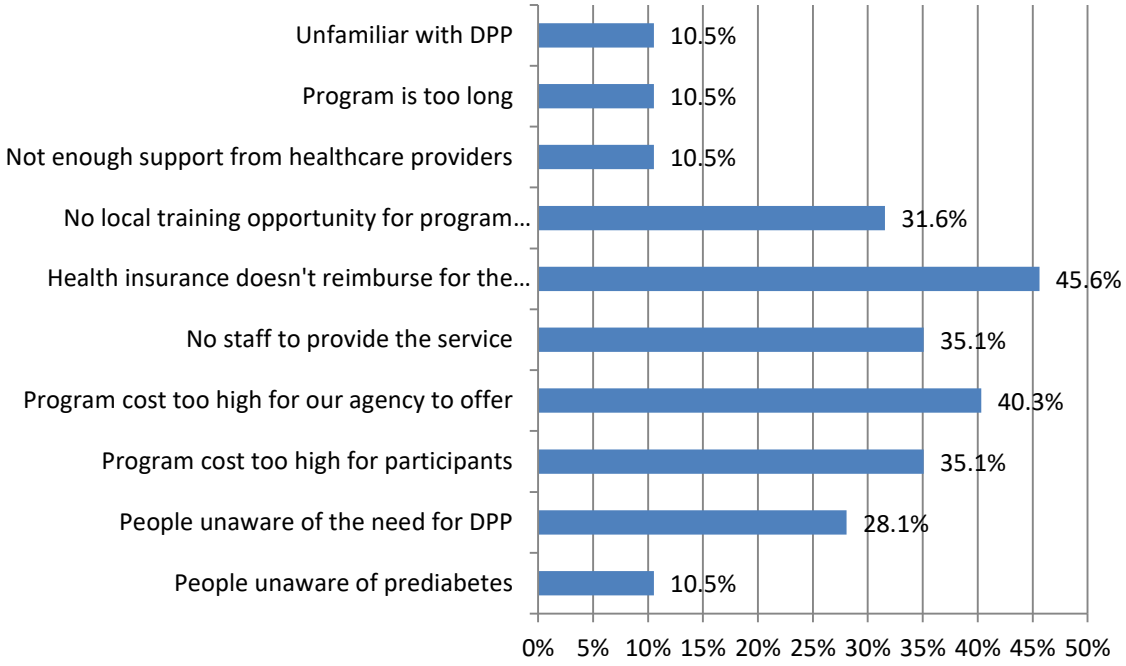
Figure 4.2- Are there barriers that are holding you back from starting a DPP program?



Conclusion: Over 75% of survey respondent indicated barriers were holding them back from offering DPP services.

Figure 4.3 Survey Question: What are the main barriers preventing you from starting a program? Select all that apply.

Figure 4.3- Barriers to Begin Offering DPP Services



Conclusion: While there are several barriers identified in starting a program, findings suggest that of the 77 respondents, the lack of health insurance coverage (45.6%) or other financial support to provide services (40.3%) , along with staff capacity (35.1%) and lack of local training opportunities to become a Lifestyle Coach (31.6%) are the most significant barriers identified.

DPP & DSME Improvement Strategies

Findings of the gap analysis were used to frame strategy discussions during the Region VII Diabetes summit held on November 18, 2016. The event was hosted by the Region VII Diabetes Prevention and Control Collaborative. The last half of this report includes strategies identified by participants at the Diabetes Summit. Summit participants split up into small groups and identified strategies to address the top barriers identified in the survey through two different brainstorming activities. Seven DPP barriers and four DSME barriers were addressed.

Diabetes Prevention Program Improvement Strategies

1. Increase awareness about prediabetes & DPP services amongst the adult population.

Public Awareness & Marketing

- Send information to the public about prediabetes, including testimonials from successful participants.
- Provide information on support groups and activities available in their community.
- Educate public about health risks of prediabetes.
- Recruit a champion-public figure to talk about their experience with DPP services.
- Develop an ad campaign on social media, highlighting success of DPP in preventing diabetes.
- Provide consumer awareness efforts at:
    - Big box stores
    - OB/GYN clinics
    - Church, schools and daycare bulletins
    - Fitness centers
    - Employers/Worksites/HR
    - Community groups
    - Pharmacy
    - Food pantry/Grocery Stores
    - Primary care clinics & hospitals
    - WIC
    - Health fairs
- Utilize mass media to educate the public on prediabetes: newspaper, radio, tv, social media (Twitter/Facebook); consider using patient-promoted questions.
- Link information about diabetes and prediabetes with other health topics (e.g. cardiovascular health, etc.).

- Educate on prediabetes during follow-up patient care visits.

2. Increase awareness about DPP services within the medical sector.

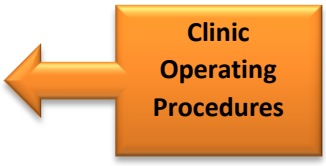
- Offer provider education on DPP via the following:
  - Computer-based learning
  - Staff/provider presentations
  - Diabetes conferences
  - Staff newsletter
  - Hospital/clinic website page
  - Staff e-mails
  - Webinar training
  - Training opportunities held during staff lunches
  - Posters/diagrams in facility
  - Huddle topics
  - Small group session with DPP service representation
- Provide DPP service staff on site (clinic, hospital, etc.) part or full-time for ongoing education and questions.
- Introduce the STAT Toolkit to providers for use with their patient population.
- Arrange to make a presentation regarding DPP at a Medical Society Conference/Meeting.

3. Increase patient diabetes screening within the clinical setting.

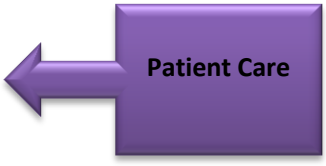
- Display posters/signage in the clinics (in English & Spanish) about prediabetes screening.
- Offer free glucose screenings during community outreach events. Consider offering a small incentive for completion of the screening.
- Public education (e.g. PSAs, brochures, social media, webpages) that encourages patients to ask their provider for the screening.
- Utilize pharmacists or Registered Dietitians to conduct prediabetes screening (i.e. offer 1 day per month free screen & then refer or provide an "official" Rx to their healthcare provider for follow up of pre-diabetes services).

- Educate providers about DPP services to get their buy-in; focus on participant successes.

- Identify possible targeted populations to screen (where do I start?):
  - Overweight and obese patients
  - Assess patient's family history
  - Assess patient with medication history that can increase their risk for diabetes (atypical antipsychotic (Zyprexa) etc.).
  - Patients getting ready to be discharged from the hospital
  - New patients to the clinic
  - Women with gestational diabetes- OB/GYN clinics
  - Screen specific diagnostic codes (e.g., post MI, or CABG, or CVA)
  - Use data collection to determine high risk patients to be screened
  - Mailers to patients in a chronic condition home health program
- Use patient medical records (EHR prompt).
- Make pre-diabetes screening a priority for care coordinators.
- Utilize clinicians other than doctors to identify patients that would benefit from screening (e.g. nurse, health coach, etc.)
- Clinics establish a goal on how many patients (or percentage of patients) that would like to screen in a given year.
- Clinics establish and implement how often to screen patients (every 6 months, annually, etc.).
- Provide marketing tools to increase patient awareness when coming in for visits.



- Providers educate patients at each visit about prediabetes.
- Providers inform patient about what puts them at risk for diabetes- calculate their score and provide blood test if indicated.
- Providers counsel patients on results of their fasting blood glucose or A1c test and the need for follow-up services.
- Providers start asking patients about their lifestyle (e.g.: diet, activity).



4. Increase participant referrals into DPP services from the medical sector.

- Increase pressure from the community for providers to make referrals into services.

Public Awareness & Marketing

- DPP programs identify and market services to the appropriate providers.
- Focus on system buy-in (top down). Demonstrate the return on investment (RIO).
- Conduct an in-depth interview with providers to identify messages that work.
- Use patient testimonials to increase by-in with the providers.
- Use professional associations/newsletters/listservs to distribute information about the services.
- Find and engage a physician champion to increase by-in with providers.
- Present about the DPP program at provider conferences and/or meetings. Research and share successful programing to providers.
- Inform providers about CME opportunities such as the *Steps Forward Module* to increase knowledge.
- Create a provider-to-provider mentor system to help clinics start out.
- Develop an app to educated providers; look for other organizations that have already developed the app.
- Incorporate DPP program into provider students' school curriculum.
- Use marketing firm to develop a tailored campaign message that educates providers.
- Survey providers on what their needs are to increase referral.
- Host a web forum on DPP services for care coordinators/clinic health coaches to increase knowledge about services.
- Create a toolkit for providers that include patient benefits of the program, along with local service information (e.g. dates and location of services, enrollment info, etc.).

Provider Training & Education

- Develop a process where providers/clinics are acknowledged and/or provided awards for the number of referrals made.
- Hold a friendly competition "Gold Star" vs. other providers (or other healthcare systems) on number of referrals made.
- Encourage providers to obtain family support when referring clients into services.

DPP Program Service Offering

Clinic Operating Procedures

- Develop an easy referral process for providers to utilize.
- Work directly with electronic health records, vendors to incorporate screening and referral prompts.
- Link provider referral practices into their quality outcome data.
- Incorporate referral services into the clinic's protocol and processes.
- Develop contractual requirements for providers to refer patients into DPP services.
- Utilize neon reminders in every exam room.
- Utilize a variety of healthcare providers beyond physicians to make patient referrals (e.g. nurses, health coaches, etc.).
- Clinics consider refining workflows and develop standing operating procedures (SOP).
- Larger healthcare systems may want to consider a pilot clinic to start out.
- Develop a statewide chronic disease referral registry for providers to refer patients.
- Increase screening/referrals into services for hospitalized patients.
- Create a provider-to-provider mentor system to help clinics start out.

5. Increase the number of local DPP programs available for participants.

Provider Training & Education

- Identify appropriate staff to become a Lifestyle Coach.
- Offer local, affordable Lifestyle Coach training for staff.

Patient Care

- Offer frequent, staggered program start dates at new locations within a small geographic region.
- Eliminate barriers (e.g. financial barriers, language barriers, transportation, program locations, etc.).
- Develop telehealth DPP services.

6. Decrease out-of-pocket costs for participants in need of DPP services (outside of health insurance coverage).

- Present in front of local municipalities and legislators to implement a slight increase in income tax to fund projects.
- Appeal to Iowa Medical Society Board of Directors to make DPP & DSME a priority.

Provider Training & Education

- Partner with Iowa Pharmacy Association to advocate for services with Wellmark.
- Work with Iowa Primary Care Association to offer free assessments to be eligible for DPP.
- Seek donations via presentations from civic groups (Rotary Club, Kiwanis).
- Support from health-related foundations (e.g. United Way funding).
- Utilize funding from the State Innovation Model (SIM) program to support services.
- Market DPP services to community-wide resources to obtain financial support.
- Apply for grants to financially support program services.

Financial Sustainability

- Offer a 2-for-1 registration fee or buy-one-get-one-free.
- Offer services through a church- have parish nurses provide program at free or reduced rate.
- Create a sliding scale based on income for registration.
- Offer sponsorships/scholarships for participants.
- Participant program compliance = full or partial enrollment refund.

DPP Service Payment Options

7. Increase insurance coverage for DPP services.

Financial Sustainability

- Encourage employer self-funded insurance coverage to approach insurance broker to add DPP as a billable service.
- Targeted groups to approach for advocating to insurance companies to allow DPP to become a billable services:
  - Work with Accountable Care Organization (ACO) groups to advocate to insurance companies for DPP to become a billable service.
  - Legislator lobbying to advocate to insurance companies for DPP to become a billable service.
  - Tie DPP to MARS/MIPS incentivize providers to ref/lower overall risk
  - Advocate for Managed Care Organization (MCO, State, and/or Federal mandates to allow DPP to become a billable services.
  - DPP programs actively advocate for insurance reimbursement.
  - Educate professional boards/lobbyists to advocate to insurance companies to allow to for billable services.
- Message strategies to advocate to insurance companies to allow DPP to become a billable services:
  - Utilize actuarial studies to determine cost effectiveness.
  - Utilize state data to make your case!
  - Utilize RIO data.

Diabetes Self-Management Education Improvement Strategies

1. Increase awareness about DSME services for persons with diabetes.

Public Awareness & Marketing

- Possible targeted locations to market/increase awareness about program:
  - Provider and clinic settings
  - Inpatient/hospital settings
  - Follow-up calls/letters
  - Insurance mailings
  - Media advertising (radio, television, social media, etc.)
  - Written advertising (flyers/newsletters/bulletins, etc.)
  - Support groups/peer groups

2. Increase awareness about DSME services for persons with diabetes.

- Increase participant awareness of program statistics, share benefits to completing the program, and positive health outcomes through success stories.

Public Awareness & Marketing

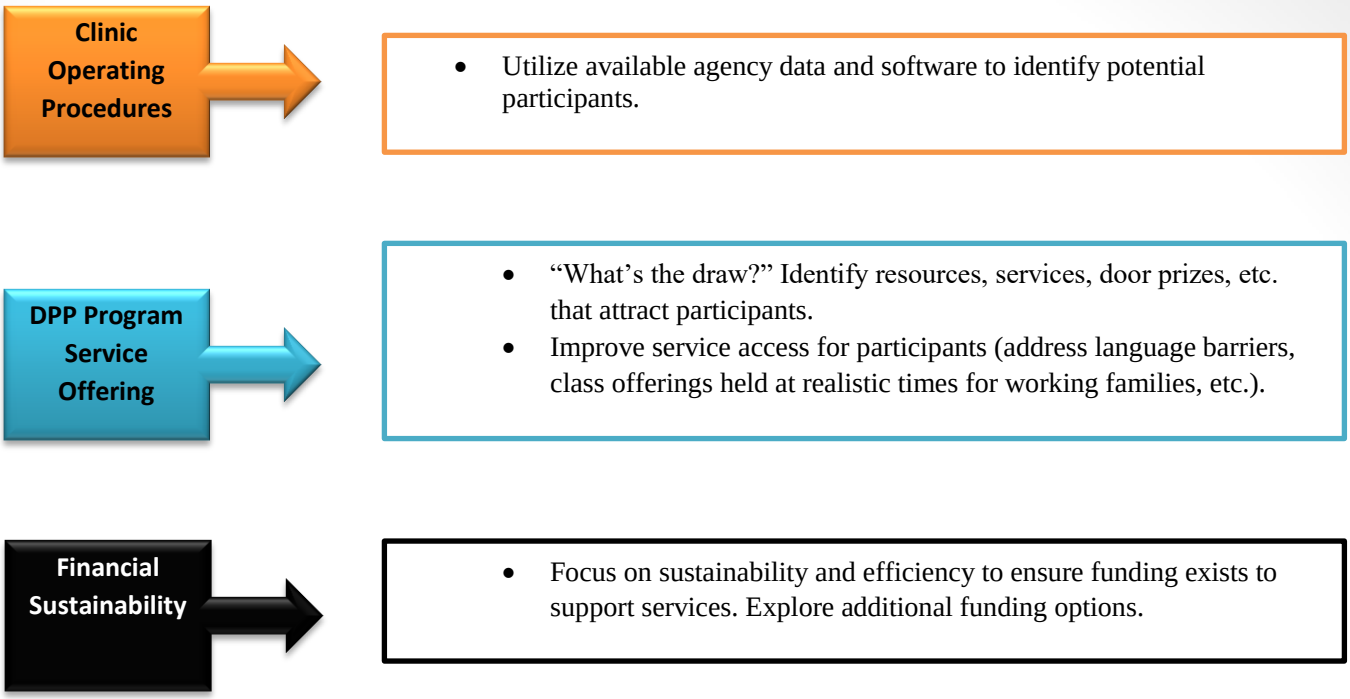
- Assess participant readiness (is the person ready for change?).
- Provide participant group support, praise and encouragement throughout the duration of services.
- Survey and assess patient satisfaction to ensure services are meeting the participant's expectations/needs.
- Provide childcare or transportation to classes if needed.
- Fun activities that increase participation. Ensure content is interesting and relevant to the participants.
- Incorporate participant incentives for participation completion.
- Keep in contact with the participants throughout the duration of services (e.g. reminder calls, reschedule if they miss a session, etc.)
- Conduct participant pre-assessments:
  - Verify insurance coverage or out-of-pocket expenses before starting program
  - Ensure participant has reliable mode of transportation
  - Identify individual learning style
  - Identify social determinants of health
- Address participant social determinants of health barriers throughout duration of services
- Class scheduling: offer variety of hours to hold classes (including weekend and evenings classes).

DPP Program Service Offering

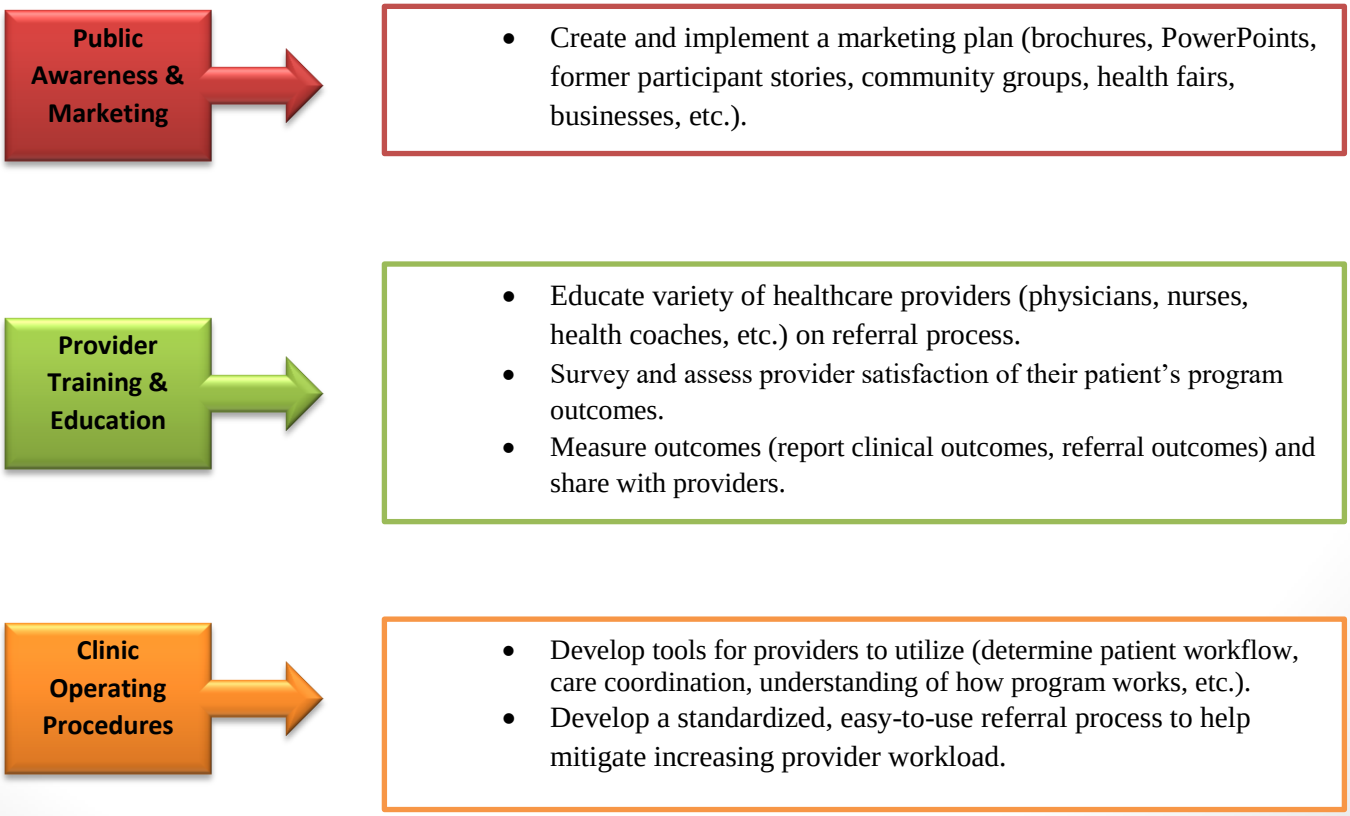
3. Increase participant recruitment into DSME services.

- Improve community and stakeholder engagement/education so they know about the program to garner additional program support and awareness.
- Conduct a marketing campaign to increase awareness about services.

Public Awareness & Marketing



4. Increase provider referrals into DSME services.



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