Members Present:
Karen Chapman-Novakofski, RD, PhD, LDN/Professor
Donovan Griffith, representative for Representative Tom Cross
Fil Guipoco, MA
Senator Mattie Hunter
Commissioner Patricia Horton
Rosemary F. Jaffé
David O. Kyllo
Luis Munoz, MD
Thomas L. Pitts, MD
Marla Solomon, RD, LDN, CDE
Fred Wendler, PT
IDPH Staff: Damon T. Arnold, MD, MPH, Director, Ill. Dept. Public Health
Tom Schafer, Deputy Director, Office of Health Promotion
Stacey Malone, RD
Indranee Saha
Margie Harris, RN, BSN, MPH

Members Absent:
Stephen Duck, MD (resigned)
Kimbra Bell, MD
Jay Ghandi, PharmD, CDM
Neil Horsley, DPM
Jacque McKernan, APRN, PhD, CDE
Patrick Zeller, MD

Guests:
Amy Wong, Asian Human Services
Jing Zhang, Asian Human Services

Introductions:
All present introduced themselves and stated their affiliation and role on the Commission. Meeting was called to order by Tom Schafer in the absence of Dr. Arnold, Commission Chair. Tom thanked the members for attending the meeting and apologized for the difficulty experienced in convening the Commission this past year. Statutory requirement dictates that three meetings be held yearly with the first meeting being held face-to-face. Subsequent meetings can be held via teleconferencing. An attempt will be made to have two teleconference meetings before the end of June.
**Board Membership / Ethics Training**

Dr. Stephen Duck, MD, pediatric endocrinologist has resigned. Please submit potential replacement contact to Margie or Tom. Each Commission member is required to submit the completed IDPH Board Membership and complete/submit the ethics training form. This can be done today or emailed/faxed to Margie. [Margie.Harris@Illinois.gov](mailto:Margie.Harris@Illinois.gov) / 217-782-1235. The ethics training needs to be completed by each and every Board Member of each and every Board. Therefore, if a member has completed this for another Board, it must again completed for this Board.

**Questions Posed:**

Rosemary asked if IDPH received any files from Department of Human Services (DHS) regarding the Commission. Tom replied that IDPH has received numerous files from DHS. Specific information received about the Commission includes agendas of meetings and the annual report dated June 2010.

Karen asked about funding available for diabetes related initiatives and Rosemary asked that the Commission be made aware of the financial aspects of grants awarded so that if Commission members were queried about this, they would have the answer. Tom proceeded to present the financial framework of the Diabetes Prevention and Control Program which includes three funding sources:

1. The Diabetes Research Check-off Fund is generated by donations made on the IRS tax form. Last year’s donations totaled approximately $100,000 and this money was borrowed by the Governor to pay bills, to be repaid to IDPH in November 2012. Diabetes money was not the only money borrowed. Money generated by this year’s check-off is expected to be issued to IDPH in July 2011. At that time, a Request for Application (RFA) will be disseminated by IDPH and research organizations will be funded based on the strength of their application. Legal counsel has advised that this is the proper protocol so select research organizations will no longer be funded in the future without going through this RFA process. Once the money is received, it will be moved out quickly to avoid being borrowed. The amount anticipated is approximately $100,000. Both ADA and the Juvenile Diabetes Research Foundation, previously funded organizations, have been notified of this.

2. The Diabetes Settlement Grants were generated from a one-time Pfizer settlement which brought approximately $5M dollars to the state of Illinois for diabetes prevention and control. DHS had granted some funds out previously and at the time of transfer, 8 applicants were funded with a total of approximately $2.3M. IDPH honored those contracts; the grant cycle is from January 1, 2010 to December 31, 2012. By January 1, 2013, there will be some money remaining, perhaps around $500,000 and the Commission will have input on how this is spent. A review of the grantees, their proposals and progress made will be the subject of a future meeting.

3. CDC funds Illinois with approximately $800,000/year (five year contract, currently in year two) for diabetes prevention and control activities. This
funding pays for the diabetes staff and the rest is awarded to grantees. At the time of program transfer from DHS to IDPH, 28 grantees were awarded funding in amounts ranging from $1500 to $32,000 each. Most of these grantees had been awarded this funding year after year without an RFA process. These contracts were honored by IDPH and the funding cycle ended March 31, 2011. IDPH has been evaluating the burden of diabetes in Illinois as well as the target populations, outcomes and impact of these projects. Working intensely with CDC, which included a three day site visit from three of CDC’s diabetes staff members, it has been decided to choose grantees based on the burden of diabetes in their communities and where the largest and/or neediest population can reap the greatest impact. The RFA is currently being developed and will be released in short time. The RFA will include a strong evaluation component so success can be measured. It is likely that fewer grantees will be chosen and that more money/grantee will be awarded so that at least a .5FTE can be devoted to diabetes prevention and control.

Tom mentioned that if Commission members wished to form committees, such as a Grant Review Committee or a Public Awareness Committee, the bylaws make this possible and IDPH staff can provide support. Margie mentioned that three main goals of the new RFA and discussed resulted with regards to diabetes self-management programs offered by certified diabetic educators and lay persons. Marla will send all programs certified by ADA to Margie.

**Dr. Arnold’s Presentation:**
Dr. Arnold gave a presentation on CDC’s overarching priorities, Illinois’ State Health Improvement Plan (SHIP), and a framework for community initiatives to address these priorities. He cited a potential project with the YMCA which is currently being negotiated. When Dr. Arnold’s power point presentation becomes available, it will be forwarded to all Commission members.

**Bylaws Discussion and Review**
To be in legal compliance, bylaws have been developed, using the statutory requirements as guidance. These were discussed. Senator Hunter made a motion to accept the bylaws; this was seconded by David Kyllo, a vote was taken, and the bylaws were unanimously approved. Subsequent meetings can now be held via teleconference.

**Annual Report**
IDPH has a copy of the June 2010 Annual Report. The June 2011 Report is being developed and will include burden briefs on diabetes as well as grantee information and RFA goals.

**Strategic Plan**
It was discussed that part of the Commission’s purpose is to assist with the development of a strategic plan. This will be addressed at the next meeting.
Diabetes Caucus
Tom mentioned that the Illinois diabetes caucus would be instrumental and powerful in helping us accomplish some of our goals that are policy related. The Caucus has recently formed and will be apprised of the Commission’s work.

Future meeting dates
It is hoped that the Commission can meet via teleconference twice prior to the end of June 2011, in September 2011, February 2012 and May 2012. Please notify Margie if there are certain dates/times that fit best into your schedule.