

# Healthy Jacksonville Diabetes Coalition



Northeast Florida

## Diabetes **EXCELLENCE** Awards

The Healthy Jacksonville Diabetes Coalition will honor organizations that are demonstrating and/or working towards demonstrating evidenced based diabetes outcomes in Northeast Florida (Baker, Clay, Duval, Nassau, and St. John's counties). These awards will be given to those organizations who have instituted a diabetes prevention or care program that is producing noteworthy results in preventing/delaying the onset of diabetes and/or reducing diabetes-related complications.

**Examples would be as follows: 1. a faith/community-based organization or worksite wellness organization that conducts a program that demonstrates a change in weight and exercise activity. 2. a clinical setting that measures diabetes quality data like A1C, BP, LDL and other data like yearly microalbumin, eye exams, foot exams on all their diabetic patients with diabetes. Data should be collected for a minimum of one year.**

Award recipients will be publicly recognized at Healthy Jacksonville Diabetes Awards Luncheon that will be held on November 14, 2012 11:00a-1:30p at the Main Jacksonville Public Library-303 N. Laura Street.

Nominations will be accepted beginning September 1, 2012. Please complete and submit this template with supporting documents to Healthy Jacksonville via email to [HealthyJax@doh.state.fl.us](mailto:HealthyJax@doh.state.fl.us) no later than Oct 2, 2012, 5:00 pm. Nominees may be asked to be available for questions via phone or email through October 15, 2012. For questions, please call 904-253-2520.

Date:
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NOMINEE
Organization Name:
Contact Person:
Title:
Mailing Address:
Email Address :
Telephone Number:
# of Years for Diabetes Program:

NOMINATOR	(can be a self-nomination)
Name:	
Title:	
Email Address :	
Telephone Number:	

In no more than 3 pages, using 12-pt Times New Roman with 1” margins: Provide a description of your diabetes program and how it has prevented/delayed the onset of diabetes and/or reduced diabetes-related complications. Describe what you have achieved, what you hope to achieve, how it will be done and **include brief descriptions of the following<sup>1</sup>**:

1. program curriculum if one is used
2. basis for program guidelines (i.e. CDC National Diabetes Prevention Program, ADA Standards of Care)
3. intervention (duration and intensity- i.e. 12 week program, 1 hour per week)
4. measurable outcomes-for clinical settings baseline and one year averages for total population (BMI, LDL, A1C, blood pressure, and yearly diabetes quality measures,
5. measurable outcomes for other settings physical activity, BMI and or weight at the beginning and end of the program, and criteria used to choose participants
6. total number of participants or patients
7. process for tracking measurable outcomes and description of patient follow up.

<sup>1</sup>Criteria is based off of the CDC’s National Diabetes Prevention Program (<http://www.cdc.gov/diabetes/prevention/recognition/standards.htm>) and the American Diabetes Association Standards of Care( [http://care.diabetesjournals.org/content/35/Supplement\\_1/S11.full](http://care.diabetesjournals.org/content/35/Supplement_1/S11.full))

#### Nominator Certification

I, the nominator, hereby certify that

- All the statements I have provided are true and correct.
- The nominee has contributed to improving health or health care through innovation and leadership;
- I understand that acceptance of an award constitutes permission to use the winner's name, likeness, voice and biographical information for promotional purposes by the Diabetes Coalition without restriction or further consideration.
- I understand that my attendance will be requested for the November 14, 2012 Healthy Jacksonville Diabetes Coalition luncheon should I be selected as one of the Diabetes Excellence Awardees.
- I have permission from the nominee to nominate them.

To certify these statements, please type or print your name sign and date:

Name:

Date:

Signature: