



The Lancaster Diabetes Education Center “A crash course in finding funds”

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2/25/2002



The Diabetes Education Center Lancaster, SC

- ◆ Dr. Michael Kimbrell Palmetto Internal
Medicine
 - ◆ Julie Bowers CFNP Palmetto Internal
Medicine
 - ◆ Julie Ghent Mid-Carolina AHEC
 - ◆ Laurie Patenaude Mid-Carolina AHEC
-
- ◆ Springs Memorial Hospital




Where can they go?

- ◆ Population of Lancaster County = 61,000
- ◆ Population of Lancaster = 9,000
- ◆ More than 10% are completely uninsured
- ◆ More than 10% have Diabetes
(diagnosed+suspect)
- ◆ **BOTTOM LINE = 600-1000**

The Diabetes Education Center

- Constructed in 2000
- J. Marion Sims Foundation
- Care available to anyone

How do you pay for it?



Aims = To obtain the funding needed for continued operation of the center
(\$300,000/year)

- ◆ 600-1000 have no where else to go
- ◆ Hispanic population (2x/3 years)
- ◆ Those who aren't quite legal
- ◆ Medicaid patients

First Year = Triple the Expected Patients

How can we do this?

- ◆ Oldies but Goodies
- ◆ Third times a charm
- ◆ Needles in the Hay Stack
- ◆ Swimming in new pools
- ◆ Door to door
- ◆ Grant (-) income





How can we make ourselves more marketable?

New Image + New Literature

◆ Drivers

- Presently, don't have literature designed to procure funding
- Easily circulated into many forums

◆ Barriers

- Much too expensive
- Takes too long to design and print

Solution = Do it yourself!

The Need Continues

Although the Diabetes Education Center was formed utilizing funds from a local endowment, its continued operation is reliant upon the charitable contributions given from communities served by the center.

While we are forever grateful for past contributions, we still have an ever-pressing need for funding to purchase glucose monitors, medications, and educational materials for the patrons of our center.

We are ADA certified and maintain some of the most successful results seen among facilities of our type. If either yourself or a group you are associated with are considering supporting our facility we will gladly supply you with any needed tax credit information you require. Tours of the facility are welcome to those considering treatment as well as those considering contribution.

Above all else, if you know someone needing attention for diabetes or its complications, please get them in touch with us, regardless of financial means or situation. After all, doesn't everyone deserve a fighting chance?

The Diabetes Education Center
Lancaster, SC

(803) 313-2380

Doesn't everyone deserve
a fighting chance?

The
Diabetes
Education
Center



South Carolina
Community

Targeting the literature, and the effort

A Unique Concept in Community Diabetes Care

The Diabetes Education Center was founded with a unique concept in mind; providing a non-profit facility that could act as both a resource for area physicians and as an outreach for those who might not have any other available options for treatment.



A community resource providing education, assistance, and monitoring for those living with diabetes and its complications

In 2000, the J. Marion Sims Foundation recognized a need for intervention in controlling the alarming growth in South Carolina's diabetic population, especially among the rural and Hispanic communities which have been traditionally underserved.

Utilizing funds from an initial endowment given by the foundation as well as ongoing charitable contributions from local businesses and patrons, the Diabetes Education Center was constructed.

The Center extends an open hand to anyone requiring assistance with diabetes regardless of their financial or living situation. All we require from our patrons is a genuine commitment to partner with us in improving and maintaining their health.

Individualized Diabetes Care

The center was conceived in the realization that modern physicians are often restrained by the amount of time they can spend with patients during a typical office visit. This leaves little extra time for needed patient education, dietary modification and individual instruction regarding proper administration of medications. The center acts as an extension of the physician's hand providing appropriate time and resources required for these patient needs. Referral to the center comes at no cost to the physician and offers extensive benefits to the patient.

The center offers 'one-on-one' individualized patient education, an on-site dietician, and blood glucose monitoring (including installing and maintaining glucose pumps). The need for these services becomes apparent when considering that over 70% of those entering the doors of our center lack any prior knowledge of proper treatment guidelines or appropriate diet needed for surviving with diabetes. An additional 60% of South Carolina's diabetic community do not have access to a glucose monitor, a critical tool in the management of diabetes.

An Unusual Success

When the center was conceived no one really had a grasp of just how successful it would prove to be. Even in our first year of operation we took in three-times the number of patients predicted.

Our diabetes education program is not restricted to a specified time limit. We assure our patrons that, as long as they maintain an effort to move forward, we can take the education process at whatever pace they require. Due to this philosophy 82% of those that completed our education program this year had a decrease in HgbA1C of greater than 10% (this is the standard measurement for health compliance in diabetes patients). Of all the patients enrolled in our center 90% are now considered "well-controlled" by present medical standards.

Compassion Goes the Extra Mile

Perhaps the single most impressive aspect of the center is the extent to which its faculty go to reach those in need of management.

The center has established a "satellite" system in which we set up regularly scheduled routes through areas of South Carolina that lack sufficient diabetes management resources. Any community that presents a need can be included.

We realize that many patients far-progressed with diabetes lose the ability to leave their homes without a great deal of assistance. Many of these patients become isolated and deprived of needed medications and management. It is for this reason that we gladly offer "home visits" for any patient incapable of getting to the center themselves.

By staying in contact with local agencies such as Social Services and South Carolina's "Care Net" we ensure that diabetic children and elderly going through challenging situations aren't deprived of needed medications and monitoring.

The Diabetes Education Center

Please contact us for assistance in treating yourself, a family member, or even a friend.
We're happy to help.

(803) 313-2380
820 West Meeting St.
Suite A
Lancaster, SC



“ Oldies but goodies” = J. Marion Sims

- ◆ What are your targets for this years grant?
- ◆ How are they different from last years?
- ◆ What statistics can we supply to reinforce your criteria?

J. Marion Sims

- ◆ Never fund the same thing twice
- ◆ Switch from active treatment to academic prevention



“ Third times a charm” = Springs Foundation

- ◆ What are this years criteria?
- ◆ How were we excluded in the past?
- ◆ Can we pitch the program from a different angle?

Springs Foundation

- ◆ Those which encourage development of the community
- ◆ No longer fund medical charities
- ◆ Tough one, any ideas?

“ Needle” + “ Door to door”

◆ CDC

- Little known “non-state” funding
- Obscure, so at least worth a shot
- Pitch the clinic as being an “adjunct” to the State, serving in a “needed capacity”

◆ Duracell

- Local factories have provisions in “courtship”
- Focus on clinic’s monitoring by AHEC
- Outstanding “productivity” of clinic





“ Grant (-) Income” = Sonoco Products

- ◆ Maintain public image
- ◆ Decrease sick-leave, increase productivity
- ◆ Possibility of satellites
- ◆ Service for a sum
- ◆ Enabling employee health management
- ◆ Possible legal implications



“Swimming in new pools” = NIH

- ◆ Typically only works with Universities
- ◆ Typically only funds research
- ◆ Symbiosis with USC
- ◆ Creative spin on Diabetes

Lessons Learned

- ◆ No grant is guaranteed from one year to the next
- ◆ What worked last year, probably won't work this year
- ◆ Never judge criteria too quickly, there's often an angle
- ◆ Be creative, who says you can't be the first to try it
- ◆ Even if your group lacks eligibility, that doesn't mean that you can't partner with another group to form an eligible body
- ◆ Local industries often have available resources that aren't publicized
- ◆ Stay in contact with grant heads, let them tell you what they are looking for.

Future plans = continue pursuing all applications submitted

