October 3, 2024

David Jackson, Ph.D.
Interim Executive Vice President and Provost
University of Nebraska
145 Varner Hall
Lincoln, NE 68583-0743
djackson@nebraska.edu

Dear Dr. Jackson,

I am writing in support of the creation of the Diabetes Center for Excellence in DIAbetes CAre, Research, and Education (C-DIACARE) at the UNMC campus. Faculty leadership in groundbreaking diabetes trials has earned recognition from funding agencies, positioning UNMC as a leader in diabetes research. Designating this center as a "Board of Regents Center" will unify research and education efforts across the University of Nebraska system, bolstering statewide diabetes prevention and care. This focus addresses rising diabetes care costs and works to reduce health disparities, especially in rural areas. Attracting specialized personnel and additional research funding will foster innovation in diabetes management and establish valuable healthcare partnerships.

This proposal has been reviewed by us, and it has our approval. We are requesting your review and approval, that of the Chief Academic Officers, and that it be submitted to the Board of Regents at an upcoming meeting.

Sincerely,

H. Dele Davies, MD, MS, MHCM
Interim Chancellor

October 3, 2024

H. Dele Davies, MD
Interim Chancellor, University of Nebraska Medical Center

Dear Chancellor Davies:

I am writing to express my support for the proposal to establish the Diabetes Center for Excellence in DIAbetes CAre, Research, and Education (C-DIACARE) at the UNMC/Nebraska Medicine campus. This initiative presents an excellent opportunity to enhance diabetes care, research, and education, while positioning UNMC as a leader in this critical field. With faculty experienced in major clinical trials, the center is well-positioned to attract additional research funding. Designating C-DIACARE as a "Board of Regents Center" will strengthen diabetes care and research efforts across Nebraska. This initiative also offers great promise in lowering healthcare costs and addressing rural health disparities through prevention and early diagnosis.

This proposal has been reviewed by Academic Affairs and the Vice Chancellor for Research Office, and it has our approval. We are requesting your review and approval, that of the Chief Academic Officers, and that it be submitted to the Board of Regents at an upcoming meeting.

Sincerely,

Jane L Meza

Jane Meza, Ph.D.
Interim Vice Chancellor, Academic Affairs
University of Nebraska Medical Center

University of Nebraska Medical Center
Office of the Senior Vice Chancellor for Academic Affairs
987810 Nebraska Medical Center | Omaha, NE 68198-7810 | 402.559.5130
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University of Nebraska Medical Center

COLLEGE OF MEDICINE
Department of Internal Medicine:
DIV OF DIABETES ENDOCRINOLOGY & METABOLISM

Thursday, June 6, 2024
To Whom It May Concern:

We would like to submit the accompanying request for a new Board of Regents Center to be called DiaCare. Diabetes is a growing health concern, and there are clear health disparities related to diabetes diagnosis and outcome in both underrepresented minority populations as well as rural residents.

This new Center will bring together groups of investigators and educators that could be coordinating efforts for greater impact, as well as expand opportunities for donor-driven investments in diabetes research, including a commitment to support of the new Center director for which there is an active search and search committee in progress.

We look forward to hearing about any additional information that might be needed as the Center is being evaluated.

Sincerely,

Cyrus Desouza

Cyrus Desouza, MD
Professor, Department of Internal Medicine
Division Chief, Diabetes, Endocrine & Metabolism
University of Nebraska Medical Center
Omaha Veterans Administration Medical Center

Diabetes Center
Projected Expenses and Revenues
Budget justification and additional information for Table 1 and Table 2

Table 1 Projected Expenses:

Personnel:

Faculty: This includes the faculty and estimated effort for the work to be done by the Center. The effort of the final director itself will be negotiated at time of hire. The effort of the associate and assistant directors, as well as other faculty will vary with the funded projects as they are approved.

- **Director.** Dr. Cyrus Desouza, division chief for Diabetes, endocrinology and Metabolism will be serving as interim director until the proposed new director is hired. The director will spend approximately 50% of his/her effort once hired, although this effort will be negotiated at time of hire, as will their salary, so this remains a best estimate for now. Thereafter, Dr. Desouza will remain engaged as a consultant and chair of the advisory board.
- **Associate Director.** Dr. Drincic will serve as overall associate director as she is currently overseeing efforts of improving hospital care for diabetes patients, programs that can be transferred to other hospitals through education and consultation, once the Center is active.
- **Assistant directors.** There will be 4 assistant directors focused on the areas designated: community engagement, telehealth, population health, and rural engagement. Each of these will be performed by existing UNMC faculty who are currently focused on those areas. Assignments will be finalized year 2 once the director has been recruited. Effort of each may vary with tasks from year to year.
- **Other faculty.** For specific projects, specialized faculty collaborators may be required, such as biostatisticians, epidemiologists, informaticists, or nutrition experts. We have estimated a combination of these types of professionals for now.

Nonfaculty: It has been assumed that with hiring of the new director, they may bring both funding and/or additional personnel to UNMC, and with their expertise, additional grants will be submitted and funded after they arrive. As this person has not been hired, these positions are described in general terms and the numbers of each have been estimated.

- **Center program administrative support:** personnel responsible for fiscal management and assist the Director with communication and other administrative tasks, including continuing education programs
- **Project managers:** many of the research and health outcomes projects will require one or more project managers, including the current Diabetes on Track program. We have estimated the number for the time being.
- **Clinical research coordinators** are required for the direct activities of research programs taken on by the Center, funded by grant activities or foundation funds.

These may be RNs, certified diabetes educators, or research associates, depending on the type of project. We have estimated the number required at this time but the number and type of personnel will likely flux up and down with specific projects.

- **Certified diabetes educators** are required for many types of health care, outreach, and education activities that the center proposes to initiate and oversee, including direct diabetes education to patients, diabetes screening and counseling at health fairs, mentoring community nurses interested in becoming diabetes educators, and to conduct of health professional workshops, as well as direct diabetes education required as part of research grants and contracts

Operating: These types of expenses have been estimated, although the costs of the educational programs year 1 represent current programs, with matching current revenues from a variety of sources, and an assumption of an increase in these types of programs over time, with included costs and revenues that match.

- **General.** The Center will require some general operating funds for marketing materials or costs of mailing information, as well as supplies not covered by direct grants for specific programs.
- **Educational programs.** The annual Diabetes symposium costs around $40,000 for the event space, food for attendees, program materials, continuing medical education fees, and speaker fees, which are essentially offset by educational grants as well as registration fees collected. These events are expected to increase over time, to be offset by an equal increase in educational grants and registration fees for those events. (Note: these costs are matched almost one for one with revenues from a variety of sources to include registration fees, exhibit fees, and educational grants that are routinely requested and received from a variety of commercial entities).
- **Equipment.** While none is projected at this time, it is possible that some specialized equipment may be purchased in the future as advances are made in technologies relevant to diabetes care that would allow demonstration of those technologies or direct research on efficacy in different communities and settings.
- **Library/information services:** some of the projects will require subscription fees for databases to obtain information on diabetes epidemiology and/or potential eligible research subjects.
- **Travel:** as the focus of the Center will largely be on the improvement of diabetes care across our rural state, this will require travel funds for collaborators to come to UNMC for training, for investigators to travel to rural sites for events and research, and for investigators and trainees to go to national professional meetings to present and disseminate the work of the center, as well as to participate in consensus conferences. It is essential to have support for travel throughout Nebraska in order to both collect data and disseminate information to understand, track, and improve diabetes health outcomes.

Table 2. Projected Revenue Sources:

Existing and projected funds:

- **“Diabetes on Track”** is a specific, donor funded program provided through a NU Foundation account focused on improving diabetes care across the state. This program, which is funded through 2026, will be moved into and administered through the Center. We will pursue an extension of this program which may be allowed once the Foundation sees the results of the investment to date.
- **Wahl endowment.** We received assurance of a new Wahl Endowment to fund the new Director and some programmatic funds as described here.
- **Institutional commitments to the Diabetes Center of $1.5M divided equally between** the Dean, College of Medicine; Chair, Dept of Internal Medicine, and Chief, Diabetes, Endocrinology of Medicine: these funds will be distributed to partially fund personnel as well as some pilot research grants
- **Educational program registration, exhibit registration, and educational grants.** Our annual diabetes symposium is routinely funded by a number of sources of funds to include registration fees of individual attendees, exhibitors, and specific educational grants that are requested annually to support this continuing education activity. The amount noted here fully support the costs of the programs noted in Table 1. We assume these events and their support may expand over time as new topics or different locations are identified for these programs, all with the intention of growing knowledge around diabetes diagnosis, prevention and treatment for both patients and their families, as well as health professionals of all types, and likely scientific conferences for diabetes related researchers in the future, as well.
- **Research grants and contracts:** It is expected that with the recruitment of a new established diabetes researcher, the number of total research grant and contract income will increase over time, to include industry, federal, and other nonprofit funding sources. Note, for reference, while we have not included any existing grants and contracts, the Diabetes, Endocrinology, and Metabolism division members have been site or project principal investigators for $1.2M to $4.4M for FY2023 and FY2024, respectively. Thus, we have estimated a steady growth of research grants and contract revenues over time with the hire of a new director.

Proposal for a New Academic Center: Diabetes Center for Excellence in DIABETES CARE, RESEARCH, and EDUCATION (C-DIACARE)

I. Descriptive information

Name of Campus Proposing New Center
University of Nebraska Medical Center
Name of Proposed Center
CENTER for DIABETES CARE, RESEARCH, and EDUCATION (C-DIACARE)
Name of the Programs (majors) Involved
None
Other Programs Offered in this Field by Institution
The Diabetes, Endocrinology, and Metabolism fellowship trains internal medicine residency graduates in topics related to the Center as well as others.
Administrative Unit(s) for the Proposed Center *[e.g. college, school, division, etc.]*
College of Medicine, Department of Internal Medicine/Division of Diabetes, Endocrinology, and Metabolism)
Physical Location, if applicable
N/A. Functions will be distributed across faculty and administrative offices of participants and collaborators
Date Approved by the Governing Board
Proposed Date the Center will be Initiated
Upon approval

II. Review Criteria

A. Purpose and Context for the Center

A.1. Background:

About 1 in 10 of adult Nebraskans (9.3%) have been diagnosed with diabetes mellitus, (https://diabetes.org/sites/default/files/2024-03/adv_2024_state_fact_nebraska.pdf). However, many individuals with diabetes remain undiagnosed for up to 10 years so this is likely an underestimate, and unfortunately, the prevalence of diabetes continues to rise.

Diabetes is expensive. Health care expenses of those with diabetes are about 2.3 times of those without diabetes https://diabetes.org/about-us/statistics/cost-diabetes#:~:text=People%20with%20diagnosed%20diabetes%20incur,in%20the%20absence%20of%20diabetes. In 2017, the total cost of diabetes to the US was estimated as $327 billion (ADA, Economic costs of diabetes in the US in 2017, Diabetes Care 41:91506, 2018

https://doi.org/10.2337/dc18-ti05), which includes $237 billion in direct medical costs and $90 billion in reduced productivity.

Diabetes is not one disease (Classification and diagnosis of diabetes: standards of Care in Diabetes—2023, Diabetes Care, 46(suppl1):S19-S40, 2023, https://doi.org/10.2337/dc23-S002) . Type 2 diabetes, previously called adult-onset diabetes mellitus, continues to be the most common, representing about 90% of all diabetes diagnoses. Obesity is one of the largest driving forces for type 2 diabetes risk, which continues to increase, along with sedentary behavior and age. Thus, the number at risk for as well as those diagnosed with type 2 diabetes continues to grow, but the number with other types of diabetes are increasing as well, including gestational diabetes and type 1 diabetes.

Diabetes impacts almost all organ systems, particularly the heart and vascular system, vision, hearing, bone and muscle, nerve and brain function, immune response to infectious diseases, kidney, gut function, and risk for some types of cancer, which differs between type 1 and type 2 diabetes.

A.2. History

A.2.a. Development of the clinical diabetes center.

Diabetes intersects many disciplines and impacts many academic programs in addition to clinical care. UNMC's Division of Diabetes, Endocrinology, and Metabolism (DEM) in the Department of Internal Medicine coordinates UNMC and Nebraska Medicine's many programs of nationally recognized diabetes care in its outpatient clinics, through inpatient consultation and care, professional education, and direction of its longstanding American Diabetes Association-certified Diabetes Education program for patients. Related to this care, is a broad range of diabetes research, which includes quality improvement/health outcomes research that has shown Nebraska Medicine as an exemplar of diabetes care for other hospitals across the country. UNMC committed funds to renovate space for these diabetes outpatient programs in the Specialty Services Pavilion building of UNMC/Nebraska Medicine.

Since diabetes directly impacts or is a consequence of other disease states, DEM faculty have become actively involved in diabetes care within other clinical programs, including the high-risk pregnancy clinic, cystic fibrosis program, solid organ and bone marrow transplant program, cancer center, and bariatric medicine program. DEM faculty are also actively involved in the Fred and Pamela Buffett Cancer Center's pancreatic cancer surveillance program that includes people with risk for or diagnosed with diabetes, as the incidence is higher in these groups.

A.2.b. Leadership in diabetes clinical care across Nebraska

UNMC DEM faculty have also been leaders in implementing new clinical care initiatives across Nebraska, from being the first to help patients with diabetes acquire and use blood glucose meters and insulin pumps, when they were first developed and released, to providing algorithms of care for use of new therapeutics and technologies as they are developed. The Nebraska Medicine's clinical Diabetes Center certified diabetes educators (CDEs) has also helped other health professionals across the region to become certified diabetes educators, as well.

DEM faculty established and lead Nebraska Medicine's telehealth program providing diabetes clinical care to clinics and homes across Nebraska and western Iowa, starting long before the COVID epidemic sped up adoption of telehealth. This includes many rural communities, expanding state-of-the-art diabetes and endocrine care, to communities that do not have easy access. There are well defined, recognized disparities in access to diabetes care and national clinical trials between rural and metropolitan areas, that also impact Nebraska communities. UNMC, with the proposed Center, is well positioned to close these gaps.

The UNMC DEM faculty and the clinical Diabetes Center have also transformed diabetes-related inpatient care in Nebraska Medicine over the last decade, from screening to treatment algorithms and protocols. Nebraska Medicine now leads the nation in diabetes outcomes such as hospital length of stay for diabetes patients compared to non-diabetes patients, so these programs are now being disseminated and adopted by others by the Centers for Disease Control and other academic health center collaboratives.

A.2.c. Leadership in diabetes related professional education across Nebraska

Beyond the ADA-certified patient diabetes education program, DEM faculty coordinate the annual diabetes continuing education symposium, Diabetes Update, now attended by 200 people annually. DEM faculty provide lectures and/or offer clinical experiences for other academic training programs, including internal medicine, medicine-pediatric, family medicine, psychiatry, neurology and, physical medicine residents, and registered dietician, advanced practice nursing physician assistant and pharm D graduate students. Last but not least, DEM faculty coordinate the RRC-certified endocrinology and metabolism fellowship which helps us expand the number of diabetes providers across the state and region. Individually, DEM faculty lecture at regional and national meetings on diabetes related topics (telehealth, inpatient hospital diabetes management, pancreas transplant and post-transplant diabetes), as well as inform a broader audience by publishing manuscripts, consensus statements, and reviews on these topics.

A.2.d. Leadership in diabetes related research and graduate education

UNMC DEM faculty have been leaders in the design and implementation of many landmark federally funded, multi-center diabetes clinical trials, including the design and leading the VA Diabetes Outcome Trial, participating in and being a high enroller in the NIH-funded GRADE and D2D studies, and many other therapeutic trials. The faculty have experience and success in enrolling rural as well as metropolitan participants, so NIH and other funding agencies often turn to UNMC to participate in new studies and are interested in studies we propose because of this experience.

A.2.e. Impact and gaps the proposed Center will fill

There are many faculty across UNMC and other NU campuses who are focused on different aspects of diabetes related research from pathophysiology, care, prevention and implementation research. While there are some informal connections between these groups, there is no one place for either current faculty, students, or community agencies to come to identify collaborators or consultants.

Similarly, there are many existing graduate students working on diabetes projects that would benefit from having collaborators or members on their graduate committees to enhance the outcomes of their proposals. While it is not uncommon for diabetes related faculty to participate in team-taught graduate courses, again, there is no mechanism to find who might be the best faculty to participate.

Multidisciplinary research, particularly multi-principal investigator (MPI) grants, have a higher success rate for funding. Diabetes is complex enough that multidisciplinary teams are also needed to solve problems related to the pathophysiology, new therapeutics (behavioral, technological and pharmacologic), as well as to implement current best practices.

Having a Board of Regents designated Center will build on the successes of the DEM division and clinical Diabetes Center and fill in existing gaps to accomplish the following:

- *Serve as a clearing house where diabetes related researchers and community organizations can identify collaborators, educators, and consultants*

- *Coalesce and/or link existing research and education programs across the NU system to better coordinate existing research and education programs and enhance the success of future programs*
- *Enhance the competitiveness of the NU system for an NIH Center grant, which requires many of the elements described in the organization of the proposed C-DIACARE below*
- *Attract new funded faculty to the NU system, including and particularly, the proposed leader/director of this proposed BOR Center*
- *Attract Nebraska rural health networks to work with NU on improving rural health disparities*
- *Enhance University of Nebraska's prestige as a leader in diabetes research and education in addition to its leadership in clinical care*

A.3. Goals and objectives:

A.3.a. Vision and Goals

This proposed Center, C-DIACARE, has **a vision** to transform diabetes outcomes through research, education, outreach and changes in policy. Because diabetes is a multidisciplinary disease, multidisciplinary teams are required to develop, identify and/or implement novel strategies to prevent and improve the care of diabetes. A Board of Regents Center will provide the structure and processes to enhance communication between groups across different departments, colleges and campuses, so they can better find the expertise they need or more quickly form those multidisciplinary teams or implement potential solutions. The NU diabetes-related research and education community has already generated a strong foundation and progress with the Diabetes on Track pilot project, an innovative model of community-driven research and clinical care that was initiated as a collaboration between the College of Medicine and Public Health. Building on this foundation, and funded by a generous private NU Foundation bequest, C-DIACARE, will be structured around four cores, which parallel those of NIH Diabetes Center grants, Diabetes Research Centers (DRC) or Centers for Diabetes Translational Research (CDTR):

- Leadership Core
- Research Core
- Education Core
- Dissemination and Outreach Core

The overall goals of this proposed multi-college C-DIACARE are to:

1) *Create and maintain the structure,* space and facilities that best support its missions;

2) *Build a comprehensive diabetes clinical-translational research program* through collaborations within UNMC and other University of Nebraska institutions, as well as community, commercial, and academic partners with a particular focus on interventions that will prevent or improve existing diabetes outcomes and expand rural participation in research trials;

3) *Provide state of the art diabetes education* for patients, current and next generation health professionals; and community and state health organizations;

AND

4) Disseminate best practices for diabetes care and education across the state and the US, to reduce health disparities of rural and underserved areas, through novel diabetes educational and outreach programs and formats in accordance with the established six pillars associated with a clinical Diabetes Center of Excellence as below (J Clin Endocrinol Metab 103: 809–812, 2018):

1. Focus on the highest risk patients with diabetes but maintain an open-door policy

2. Work collaboratively with primary care and other providers to guide diabetes care, such as patient centered medical homes
3. Provide comprehensive diabetes care for all types of diabetes-related conditions
4. Work on continuous quality improvement as part of a learning health care system
5. Help create and report metrics for quality of care to make available to others
6. Provide diabetes education programs that disseminate best practices of care

A.3.b. Proposed concentration areas for academic programs linked to the Center. The Center will benefit many education programs:

- Increased number and breadth of student research and capstone projects across the NU system focused on diabetes related topic due to a greater number of mentors and committee members to help mentor those students
- Greater availability of diabetes-related faculty to serve as guest lectures, give graduate seminars, or team-teach graduate courses on diabetes topics across NU
- Expanded endocrinology and metabolism fellowship program, which includes a research requirement, and the potential for competing for an endocrinology training grant
- Expanded number of guest lecturers for many other professional student education programs, including medical students, PA students, PharmD students, physical therapy students, advanced practice nursing students, public health research, and nutrition science students
- Greater number of faculty available to lecture and mentor students in residency programs (neurology, ophthalmology, obstetrics, family medicine, pediatrics and internal medicine) and other internal medicine and pediatrics fellowship programs such as nephrology, cardiology and others, which provide care for complications related to diabetes

The Center will also expand diabetes-related research. The focus areas of that research will necessarily change over time with the specific faculty participating, specific areas of targeted research funding, and as new knowledge is identified. Yet, existing expertise across the NU system today include the following areas (see faculty listed related to areas in Appendix A):

- Diabetes pathophysiology research
- Diabetes related heart and cardiovascular disease
- Diabetes related epidemiology, quality improvement, health outcomes, and best practice Implementation research
- Diabetes prevention research

A.3.c. Objectives. **The specific objectives** of the C-DIACARE will be:

1) Integrate and communicate existing diabetes academic programs across UNMC and University of Nebraska (related to care, research and education) including expertise, services, and resources among interested parties to reduce the costs of redundancy and improve effectiveness of those programs and resources
2) Expand extramurally funded diabetes-related clinical and translational research through expanded collaborations as well as strategic faculty recruitment.
3) Build collaborative research and outreach programs with communities across the state and region to test and disseminate best practices to groups with the fewest resources or greatest risk including rural and/or underrepresented minority communities.

A.4. Interdisciplinary breadth and evidence that a multi-departmental center will more effectively achieve stated academic objectives than a single department, school, or college:

Diabetes impacts many organ systems, and many disciplines are involved in diabetes health care and prevention. Thus, there is already considerable interest in participating in a coordinated diabetes center to provide a central place to identify specific or complementary expertise for multidisciplinary research and education (see Appendix A). Diabetes expertise currently exists in UNMC College of Medicine, College of Public Health, College of Nursing, College of Pharmacy, Eppley Research Institute, and Child Health Research Institute, as well as multiple departments within College of Medicine (Internal Medicine, Physiology, Pediatrics, among others), in addition to all the other NU institutions: University of Nebraska at Omaha, University of Nebraska Lincoln and University of Nebraska Kearney. There are also many relationships with the State Department of Health and other industry partners. *There is no existing mechanism or structure to bring NU faculty and students, and other entities together in a timely fashion to collaborate on efforts to improve health outcomes and reduce redundancy of efforts; thus, the primary reason for creating this new Academic Center is to provide a platform to create these larger collaboratives.*

A.5. Budget. The Budget for the center will predominantly be provided through foundation funds (existing and future), research and public health grants and contracts (existing and future), as well as direct payment for services, such as for educational programs, and consultation. See proposed budget and justification as attached, which necessarily estimates the growth which will depend, in part, on recruiting a director of the Center.

B. Centrality to Campus Role and Mission: UNMC's mission is to "change the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care." This is also the focus of this diabetes-focused Center. This Center is most aligned with five of UNMC's goals: 1) Educational Learner Focus; 2) Research scope and prominence; 3) Clinical excellence; 4) Community engagement; and 6) Economic development. This Center will also dovetail will UNMC's new Kearney campus, because the community of Kearney as well as University of Nebraska-Kearney has a history of collaborating on public health projects that involve community engagement. This Center is relevant to these goals because it will help drive the development of new biotechnologies, improve health education, including research education, as well as provide outreach to rural and underserved communities to decrease health disparities related to diabetes across the state. Having a Center to coordinate education programs and public health research, in particular, will also help the University of Nebraska, as a whole, attract trainees and faculty with specialized expertise in diabetes related research, education, and clinical care to meet the growing need for this expertise. Finally, the Center will speed the university in attracting new funding, including a NIH-funded Diabetes Center which requires evidence of this type of multidisciplinary teams and community engagement.

C. Consistency with the Comprehensive Statewide Plan for Postsecondary Education: how this program would enhance relevant statewide goals for education

As per the comprehensive statewide plan for post-secondary education, having this Center will provide the following opportunities to enhance stated goals for education:

- Better prepare UNMC's and other NU students to succeed in the workplace to contribute by providing 'hands on' opportunities to participate in cutting edge diabetes research and be educated by national leaders in diabetes research and clinical care with an additional goal of reducing health disparities in all Nebraska's communities,
- Be more responsive to industry and Nebraska health related organization needs for technical and professional skills focused on diabetes related research, care, and

technologies by providing experiences for students who will be familiar with these, as well as a clear portal to identify expertise for research, innovations and other projects
- Provide a mechanism for cooperation among diabetes related educators and researchers when developing or expanding any new programs to reduce redundancy in those programs
- Create opportunities for new diabetes related certificate programs for diabetes related skills
- Better implement new knowledge from research to educational and assess the efficacy of existing educational programs are discussing best practices for prevention and care
- Improve health outcomes across the state through research and education for the economic benefit of Nebraska's businesses

D. Evidence of Need and Demand

Diabetes care consumes considerable healthcare resources at the local, state and federal level as well as for individuals, and as the percentage of individuals at risk for or who have diabetes is not yet waning, so without additional measures focused on prevention research or implementation of established prevention strategies, diabetes costs are likely to continue to rise. Having a Center focused on developing or coordinating new approaches or studying better ways to implement existing best practices, through education and research, will be a benefit to state agencies, as well as health care providers across the state, and all those at risk for or diagnosed with diabetes in the state of Nebraska and region, as well as attract other health care systems across Nebraska to focus more of their efforts on improving diabetes care.

UNMC/Nebraska Medicine has already established itself as a location for excellent diabetes care and education, and a trusted partner for high profile, federally funded, multicenter trials. UNMC/Nebraska Medicine has also developed some foundational resources useful to diabetes related investigators. This Center will build on that foundation to help new faculty in many different departments and colleges to learn about those resources more quickly and work together to build cutting edge resources for diabetes related research, including through developing networks of community providers, organizations, and health facilities interested in participating in both research and outreach activities.

Having a Center will better attract faculty with specialized diabetes expertise as well as trainees to Nebraska to meet the growing need for diabetes related experts in the state. Having a Center will also grow diabetes related research funding. Having a center focused on reducing health disparities will ultimately lead to reducing rural and other health disparities related to diabetes diagnosis, prevention and care.

This Center will also provide the structure to compete for NIH and other funding agency-designated diabetes research centers.

E. Organizational Structure and Administration

The Leadership core/Team will consist of the following proposed faculty and staff positions:

Director. Dr. Cyrus Desouza, Chief, Diabetes, Endocrinology, and Metabolism division, a well-established, successful diabetes researcher, will serve as the interim director of C-DIACARE. A

director is being recruited with plans to receive funding from new Endowment funds, with matching funds from the College of Medicine, Department of Internal Medicine, and the Division of DEM, to lead and oversee proposed Center activities. This director will be a member of the DEM division so will report to the Division Chief, as well as to the Department of Internal medicine chair, and to the service line director for Nebraska Medicine diabetes program activities, for those activities pertinent to that service line. It is assumed the Director would commit 50% time to this activity, although this amount will be negotiated at time of hire. Thereafter, Dr. Desouza will remain engaged as a consultant and chair of the advisory board. Administrative support will be provided by the Division of Diabetes, Endocrinology and Metabolism, including grant and contract preparation and submission, grant administration, and educational program support.

Figure 1. Center organization

Associate Director. Dr. Andjela Drincic will serve as overall associate director as she is currently overseeing efforts of improving inpatient care for diabetes patients and is connected to many other Centers who are doing similar work across the country. These programs may be applied to other Nebraska hospitals through education and consultation, once the Center is active.

Leadership team. The Leadership team will consist of the Director, associate director and 4 assistant directors. The role will be to help develop/guide the goals of the overall center, develop capacities for the Research, Education and Dissemination/Implementation Research/Outreach Cores, and bring specific additional expertise to the Center in 4 specific areas: telehealth, population health, community engagement, and rural engagement. The assistant directors will be finalized and named by the Chief of DEM with the new director from existing UNMC faculty once the Director has been hired. Assignments will be finalized year 2 once the director has been recruited. Effort of each assistant director may vary with tasks from year to year and specific projects.

Cores: Each of the cores will include or develop specific tools to assist faculty. Examples of some of these, although not meant to be comprehensive:

- Research core: database of research technologies and expertise available across the university relevant to diabetes. Some of those are listed below:
    - Clinical coordination**:** Nebraska Medicine or Omaha VA Hospital personnel, clinics and inpatient units that can be used to support inpatient and outpatient for work to support inpatient and outpatient research
    - Clinical research support unit**:** Composed of research nurses, clinical research support personnel, access to research pharmacy services as needed, and research coordinators that are credentialled to work at Nebraska Medicine, Omaha VA Hospital, and community settings, based on the study.

    - Basic science tools such as Proteomics expertise for analysis of tissues and cells, Cell lines and Animal models being used on campus for diabetes related research
    - Devices/technologies: database of health-related diabetes technologies like glucose sensors or pumps, VA BodPod® device that can measure metabolic rate in an individual, and exercise measurement/assessment facilities, web-based tools for behavioral assessment or change
- Education core: database of relevant courses and research expertise for talks or advisory work on graduate committees,
- Dissemination/Implementation Research/Outreach Core: A database of public health databases or data sources available for this type of research, community partners interested in this type of research, expertise available for analysis of research data sets

Center members. Many faculty will be approached to be Center members so they can contribute to and learn about existing and upcoming projects, as funded collaborators, or consultants. Some faculty across UNMC, UNO and UNL that are currently participating in diabetes-related research and/or education are listed in Appendix.

Community Advisory Board (CAB): This committee will be constituted to provide input and feedback on the performance and direction of the Center to the Center Director. The composition of the committee will be finalized once the Center is approved but will include high profile members of the community invested in diabetes care and prevention.

Scientific Advisory Committee: The new Director, will select and invite at least three diabetes experts external to UNMC to be members of the Scientific Advisory Committee to be chaired by the Chief of DEM. The committee will be charged to give feedback to the Director on the scientific direction(s) and output of the Center.

- **The Director will oversee the Administration and Leadership Core** which will be responsible for the following:
    - **Setting the Center agenda** including research, health policy and resource development priorities.
    - **Overseeing, expanding, and evaluating** C-DIACARE **resources and personnel**, including research pilot funds, facilities or technologies, biobanks, and spaces.
    - **Assisting with the recruitment of diabetes-related researchers and care providers**, focused on a range of interests including prevention, treatment, implementation, and health care policy, to expand the diabetes related workforce.
    - **Assisting with the development and implementation of a community-driven model of change** focused on diabetes care algorithms **and prevention programs.**
    - **Evaluating programs and initiatives** to improve on them or cease to support them if they are no longer effective as designed**.**
    - **Coordinating communications, meetings and initiatives** between and across the other Cores to reduce redundancies.
- **The Director with the Leadership team (Assoc and Asst Directors) will oversee the Research Core, which will be responsible for the following:**
    - **Developing, setting, and evaluating priorities for** C-DIACARE **research, investigator-initiated, community-based initiatives, and educational and behavioral research.** Partnering with community institutions and organizations, the Center will set and reassess these priorities annually to include clinical-translational

research, educational and behavioral research, epidemiologic, outcomes research, community implementation, and community based public health research.
    - **Administering investigator-initiated research initiatives** where small pilot grants are advertised and awarded to obtain the pilot data required for larger grants.
    - **Providing peer review for investigator-initiated research projects and grants** of diabetes related research proposals to enhance their chances for funding whether early career faculty as they launch their career in diabetes related research or more senior faculty who are transitioning into diabetes or diabetes related research fields.
    - **Collaborating with other centers on research projects** with similar goals such as, the Center for Clinical and Translational research, the Center for Health Care Policy and center for Biomedical informatics research and Innovation.
    - **Connecting diabetes related researchers with the resources they need or collaborating with others to build those resources if not currently available**
    - **Incentivizing collaborations** among and between diabetes related investigators to tackle larger or more complex problems
    - **Increasing awareness of funding opportunities for diabetes related research and/or problems identified that need research solutions**
- **The Director with the Leadership team (Assoc and Asst Directors) and the Lead Diabetes Educator will oversee the Education Core which will be responsible for the following:**
    - **Developing priorities for educational and behavioral change programs** by partnering with communities, with their organizations and institutions, to develop priorities for diabetes care and prevention educational programs with a focus on behavioral change.
    - **Consulting for and working with community-based health facilities and programs interested in developing new diabetes education programs** to facilitate the incorporation of best practices in diabetes education**.**
    - **Creating a network of diabetes education programs dedicated to continuous quality improvement through a practice-based research network approach** in collaboration with existing state programs and national diabetes educator programs.
    - **Disseminating best diabetes education practices to health systems and communities as education of** successful prevention and management of diabetes practices is essential, not only for individuals with or at risk for diabetes but for communities, primary care providers, local health centers and other community advocates. Multiple strategies will be needed including maintaining evidence-based diabetes continuing education programs that will all serve as a model for others, participating in community health fairs to expand knowledge about diabetes prevention and care, and in special programs and initiatives requested by community sponsors.
- **The Director with the Leadership team (Assoc and Asst Directors) and the Lead Diabetes Educator will oversee the Dissemination and Outreach Core, which will be responsible for the following:**
    - **Disseminating best practices into clinical care:** As the Center or published research identifies new best practices, they will be widely and effectively disseminated to ensure the latest diabetes standards of care reach the broadest audience as quickly as possible, including multiple avenues. The use of short “expert courses” and other mechanisms to develop or strengthen ongoing relationships between Center Specialists and primary care providers and health program leaders to share expertise will also be introduced and evaluated, including mechanisms to invite them as ancillary Center members.

- **Educating the next generation of clinical trainees by connecting trainees with** educational opportunities and clinical experiences and introducing them to how health outcomes and other types of research can build a pipeline of diabetes health experts for the state of Nebraska.
- **Providing and contributing to continuing education programs for community providers.** UNMC's Diabetes on Track pilot project has shown that primary care and community health providers are not screening for diabetes or providing diabetes prevention information to patients as often as recommended so additional work needs to be done to enhance diabetes prevention at the primary care and community provider level.
- **Serving as the primary point of contact for communities** to give feedback from them to guide and prompt research and disseminate research to communities.
- **Working with community agencies to develop, introduce or revise health care policy, i**ncluding the Nebraska Department of Health, Nebraska Medicaid, Health insurance providers and the health policy liaisons of major health care systems, through the Nebraska legislature and other legislative bodies, as well as community and professional organizations that are likely to improve diabetes care and outcomes.
- **To educate and help implement the principles and benefits of Value based care by** working with Nebraska regional health systems and clinics as they become the standard for future clinical care financial reimbursement.
- **Engaging and encouraging health systems to adopt a Patient Centered Medical Home (PCMH) model** in a fiscally sustainable way.

F. Partnerships with Business

The C-DIACARE will galvanize new partnerships with businesses focused on diabetes care and technologies bringing new studies, funding, and programs to the state. C-DIACARE has and will continue to collaborate with existing state related health organizations, including the State Department of Health, Douglas County Health Department, and diabetes related non-profits like the American Diabetes Association (ADA) and Juvenile Diabetes Research Foundation (JDRF) to coordinate efforts around diabetes prevention and improved diabetes care, as well as advocacy for state and federal legislation that will lead to improved diabetes care for Nebraskans with diabetes. C-DIACARE will also work closely with Nebraska's Federally Qualified Health Centers (FQHCs) such as One World Health, and Charles Drew Health Clinics to improve diabetes care for the most vulnerable. By necessity, C-DIACARE will reach out to or respond to requests from diabetes related technology businesses to conduct clinical, educational, or other types of research about best use of diabetes related medications and technologies as they are being developed as well as after they are released. The existence of the Center will encourage new collaborations with businesses by identifying a single place where individuals, communities, or businesses interested in collaborations with UNMC faculty could identify potential collaborators, including Nebraska's entrepreneurs.

G. Collaborations with Higher Education Institutions External to the University

UNMC faculty already collaborate with clinical and translational faculty at UNO, UNL, Creighton, and Boys Town National Research Institute as well as many diabetes institutions across the US, including University of Minnesota, Barbara Davis Center, University of Colorado, the Joslyn Diabetes Center in Boston, MA, and Emory University, and will participate in national collaboratives to improve diabetes care as well as multicenter clinical trials.

H. Constituencies to be Served

The Center will engage and organize UNMC faculty, staff, and trainees engaged in diabetes and related metabolic diseases-focused clinical and translational research, education, and clinical care, as well as reach out to faculty also focused on these areas at other University of Nebraska institutions. As the Center is focused on improving diabetes care and outcomes across the state, particularly in rural areas and populations that have lower diabetes related health outcomes and other health disparities, often due to economic disparities, these groups and populations should receive direct benefits as best practices are developed and disseminated. This also includes best practices for partnerships among health facilities and health agencies across the state. We will continue to seek opportunities to work with institutions working in and with high-risk diabetes populations, as well.

I. Anticipated Outcomes, Significance, and Specific Measures of Success

Outcomes and milestones: Once approved, and with the hiring of the Director,

- Convene Center leadership and finalize the organizational structure and strategic plan, which will be re-assessed at least annually
- Establish a mechanism for Center "membership" to communicate and share Center opportunities or individual member resources and opportunities
- Establish/Finalize advisory committees, and conduct a meeting to discuss goals, and obtain feedback.
- Create a C-DIACARE website to encourage membership, describe current educational programs, and C-DIACARE member research and resources available
- Strategically recruit or help recruit relevant faculty to the mission of the Center
- Develop an annual report to include metrics identified by the Center as the most valuable to describing diabetes outcomes for the state and region
- Share and disseminate changes in diabetes related care guidelines through the website and annual report or other newsletters

Significance: The faculty, resources and programs that are moving into the Center have already had an impact on diabetes care in Nebraska. Having a Center to coordinate activities will broaden that impact in Nebraska by becoming a "one stop shop" for diabetes related programs and expertise with the organizational structure that can more quickly facilitate new collaborations and implement existing diabetes standards of care across the state, that often lag far behind when the standards are set, and as the Center has been charged to do by the donor who has committed funds to the recruitment of the Center director. The Center will also provide knowledgeable and experienced staff who can test or validate new and innovative approaches to diabetes care and prevention not only in Nebraska's metropolitan but rural communities, with the already established relationships that the clinical diabetes center has made with many providers and communities across the state.

Measures of success: The following measures of success will be followed, with the goal of a steady increase in each of the first 3 and an improvement in whichever diabetes metrics are determined to be the best early indicators of impact on diabetes prevention or care.

- Number of total C-DIACARE members, and those participating in research
- Extramural sponsored research and publications associated with C-DIACARE members
- Number of education programs and participants in those programs
- Nebraska health care systems collaborating with the center to improve diabetes care
- Change in diabetes metrics as identified by the Center advisory committees

J. Potential for the Program to Contribute to Society and Economic Development

The program will have to potential to contribute to the economic development of the university and state and contribute to society in multiple ways.

- New and increased extramural research funding which translates into new jobs for Nebraskans
- New and increased extramural funding focused on improved clinical care, which improves the health of Nebraskans, with a direct economic impact on state health expenditures as well as of Nebraska's employers.
- Potential for new collaborations with business to invent or develop new innovations that can bring new dollars to the state of Nebraska, as well as improve the health of Nebraskans.
- A focus on developing new strategies for improving diabetes care through distance technologies allowing our rural communities and populations living in rural communities to enjoy the same health benefits of those living closer to regional health centers.
- New clinical research focused on decreasing health disparities, as diabetes disproportionately impacts people at lowest socioeconomic status.
- Expanded access to regional diabetes related health education to improve diabetes care
- Potential innovations and expanded programs for health professions education for our future health professionals as well as continuing education programs for existing providers in Nebraska's most distant communities

K. Adequacy of Resources

Administration: There are many existing faculty engaged in diabetes related project administration, but with a new endowment to support their recruitment, we have started a national search to identify a director that will also expand the pool of funded diabetes investigators and potential mentors for currently unfunded faculty. Existing foundation funds can help fund administrative support, as well, although the new director will grow funds support for administration. The structure proposed to be provided by the Center will be a key detail that will enhance collaborations among all the personnel and resources described below.

Research resources:

- **Personnel:**
  - The DEM Division has developed a cadre of diabetes research personnel familiar with informed consent, diabetes related testing, and other procedures involved in clinical trial completion, including remote consent and remote recruitment.
  - The division has staff experienced in research budgeting and research grant management for all types of research funding.
  - C-DIACARE will develop collaborations with a broad range of faculty with expertise in population health, community-based interventions, rural health, epidemiology, behavioral interventions, and biostatistics.
  - C-DIACARE will establish links to PhD faculty who can provide translational support for lab-based testing of human specimens.
- **Spaces:**
  - The UNMC/Nebraska Medicine Omaha clinical Diabetes Center provides a location for recruitment of subjects as well as testing implementation of educational programs, whether directed at students, patients, or providers.

- C-DIACARE will benefit from the availability of UNMC's Clinical Research Center and Clinical Research Unit for research subject recruitment, phlebotomy as well as the conduct of complex research protocols, and laboratory space for sample preparation, and long-term storage.
- The Omaha VA Hospital also has a separate Clinical Research Center for veterans who are eligible for diabetes related studies, which also includes a BODPOD® device capable of measuring basic metabolic rate along with other research equipment, that is available for diabetes related studies.
- UNMC's College of Allied Health has developed a Clinical Research Facility in the Student Life Center which includes space and equipment available to study exercise and movement, a DEXA to measure bone and/or fat mass, and rooms for study visits and phlebotomy.
- UNMC's Lincoln and Kearney campuses also have spaces for patient recruitment and faculty interested in diabetes care and prevention to collaborate on diabetes related studies.
- UNMC faculty have already shown that they can conduct studies using telehealth devices to subjects in their homes and collaborate with primary care providers across the state in their offices, as diabetes care is often listed as one of their greatest concerns for how to implement state of the art care.

- **Patient resources:**
  - C-DIACARE will have access to the Diabetes Center care facility where 12,000 patient visits are conducted per year.
  - Nebraska Medicine is associated with many hospitals across the state with common electronic health record systems, and links to provide a 'laboratory' for introducing new methods to improve inpatient diabetes care and outcomes that can translate into changes in care after discharge, as well.
  - The Omaha VA Hospital as well as Nebraska Medicine patient information systems that are available to study diabetes health outcomes once approved by the appropriate regulatory review bodies.
  - The Nebraska Hospital Association has provided access to their data for UNMC faculty-led, approved projects.
  - The Nebraska Biobank and other human specimen biobanks for evaluation of new biomarkers
- **Other resources:**
  - REDCap, the Research Data Capture database, developed by Vanderbilt and hosted by UNMC, provides an informational database for teams to rapidly initiate a trial or research.
  - Access to Biobanking software and freezers for storage of biospecimens.
  - Access to biostatistics expertise in the Center for Collaboration on Research Design and Analysis (CCORDA) in the College of Public Health.
  - Other public health expertise including health informatics, public health policy, epidemiology in the College of Public Health.
  - There is ample access to laboratories to develop and test human biologic specimens for new biomarkers when/if needed.

Educational resources:

- The Nebraska Medicine Lead Diabetes Educator administers the UNMC/Nebraska Medicine ADA-recognized Diabetes Education program. This program provides a full range of introductory and complex diabetes education one on one inpatient or outpatient, as well as remote services, or through classes.

- UNMC has already established an annual continuing medical education (CME)-providing Diabetes Symposium, for health professionals of all kinds. The Symposium is generally held in the fall and provides up to date information on diabetes related topics of greatest interest for primary care, specialty, advanced practitioners, and nurses caring for diabetes patients and features nationally recognized speakers as well as local faculty. The conference attendance has grown to 100-200 people using a hybrid format of in-person and virtual attendance that was started during COVID and continued since because of its popularity.

Clinical care resources:

- While outside the focus of this Center, Diabetes, endocrinology and diabetes division faculty, allied health personnel, DEM fellows, and staff of the diabetes center, as well as other specialists, provide a full range of diabetes consultation and clinical care of people with diabetes and diabetes related complications (see Appendix A).
- There is a full range of Nebraska Medicine outpatient clinical care spaces on the main campus, Bellevue, and Oak View for support of telehealth, diabetes education, education of students and other trainees, and research recruitment.
- UNMC DEM has a well-established diabetes focused telehealth program with 8 clinic-based telehealth sites across Nebraska and Iowa. Separately, UNMC's director of telehealth leads two Project ECHO groups using the University of New Mexico model (https://projectecho.unm.edu) to disseminate diabetes and endocrine care approaches directly to health care professionals.
- A full range of specialists and researchers outside of diabetologists are available to collaborate on diabetes care including obstetricians, transplant surgeons and nephrologists, cystic fibrosis specialists, bariatric surgeons, wound care specialists, ophthalmologists, cardiovascular specialists, and neurologists (see also Appendix A).
- Diabetes Center members will benefit from Nebraska Medicine's nationally recognized hospital-based diabetes surveillance program as described below:
    1. The Advanced Inpatient Diabetes Program has received Joint Commission accreditation since 2010, including recognition as exemplary on two consecutive Joint Commission surveys with no recommendations for improvement.
    2. The program received the Society for Hospital Medicine (SHM) Top Performer Award from 2017 to present and has been featured nationally as both an example and benchmark for other programs
    3. The program also received the American Society of Hospital Pharmacists (ASHP) top national award in 2020 for our innovative diabetes pharmacist stewardship program
    4. The Diabetes center members will also benefit from UNMC/Nebraska Medicine's designation as a Member of the Center for Disease Control (CDC)'s National Healthcare Safety Network (NHSN) tasked to help develop tools and approaches for hospitals to meet healthcare quality reporting mandates with regards to hypoglycemia reporting and diabetes inpatient glycemic surveillance and reporting
    5. The Diabetes center members will be able to have early access to trends in inpatient surveillance as the Diabetes center leadership are a participant in the task force for establishing national guidelines for inpatient diabetes surveillance

Appendix A: UNMC, UNO, and UNL Faculty already involved in diabetes and metabolic diseases that will be approached to join the Center, once approved (in alphabetic order): Pathophys: pathophysiology; H&CV: heart and cardiovascular disease; HO: Health outcomes; QI: quality improvement; IR: implementation research; COM: College of Medicine; CON: College of Nursing; COPH: College of Public Health; COE: College of engineering; DEM: Diabetes, Endocrinology and Metaboism; IntMed: Internal Medicine; PEN: pharmacology and experimental neuroscience

Faculty name	**College, Institute, NU institution**	**_____**	**Research**	**Focus Areas**	**_____**
		Pathophys	**H & CV**	**HO/QI/IR**	**Prevention**
Padmaja Akkireddy, MBBS, DEM/Int Med	COM, UNMC			x	
Windy Alonso, PhD,	CON, UNMC		x	x	
Laura Armas, MD, DEM/Int Med	COM, UNMC			x	
Tomasz Bednarski, PhD, Nutri & Health Sci	UNL	x			
Bob Bennett, PhD, DEM/Int Med	COM, UNMC	x			
Keshore Bidasee, PhD, PEN	COM, UNMC	x	x		
Sydney Blount, MD, DEM/Int Med	COM, UNMC		x		
Brian Boerner, MD, DEM/Int Med	COM, UNMC		x		x
Clifton Davis, MD, DEM/Int Med	COM, UNMC		x	x	
Ashley Deschamp, MD, Pulm/Peds	COM, UNMC		x		
Cyrus Desouza, MBBS, DEM/Int Med	COM, UNMC	x	x	x	x
Andjela Drincic, MD, DEM/Int Med	COM, UNMC		x	x	
David Dzewelski, PhD, Health promotions	COPH, UNMC	x	x	x	x
Leslie Eiland, MD, DEM/Int Med	COM, UNMC		x		
Jose Americo Fernandes, MD, Neurol Sci	COM, UNMC			x	
Zoe Gonzalez, MD, Endo/Peds	COM, UNMC			x	
Frank Graf, OD, Ophthalmology	COM, UNMC			x	x
Rebecca Gundry, PhD, Physiology	COM, UNMC	x			

Fred Hamel, PhD, DEM/Int Med	COM, UNMC	x			
Tony Hollingsworth, PhD	Eppley Institute	x			x
David Jantzen, MS, PT, Card/Peds	COM, UNMC	x	x		
Brianna Johnson-Rabbett, MD, DEM/Int Med	COM, UNMC		x		x
Alexei Kaminskiy, PhD, Biomechanics	UNO		x		
David Kingston, PhD, Biomechanics	UNO	x	x		
Kelsey Klute, MD, Onc/Int Med	COM, UNMC		x		x
Anupam Kotwal, MD, DEM/Int Med	COM, UNMC	x	x		x
Jaekwon Lee, PhD, Biochem	UNL	x			x
Rob Lewis, PhD	Eppley Institute	x			
Jung Lim, PhD, Mech Engin	COE, UNL	x			
Lynn Mack, MD, DEM/Int Med	COM, UNMC		x	x	
Rosalind Mannon, MD, Nephro/Int Med	COM, UNMC		x		
Cori McBride, MD, Surgery	COM, UNMC				x
Cliff Miles, MD, Nephro/Int Med	COM, UNMC		x		
Steve Mohring, MD, General Internal medicine/IM	COM, UNMC		x	x	x
Jim Murphy, MD, Pulm/Int Med	COM, UNMC		x		
Sara Myers, PhD, Biomechanics	UNO		x		x
Sathish Natarajan, PhD, Nutri & Health Sci	UNL	x			x
Audrey Nelson, PhD	CON, UNMC			x	x
Amy Neumeister, MD, DEM/Int Med	COM, UNMC			x	
Jen Parker, MD, Gen Int Med/Int Med	COM, UNMC			x	x
Anery Patel, MBBS, DEM/Int Med	COM, UNMC	x		x	
Kaushik Patel, PhD, Cell Integ Phys	COM, UNMC	x	x		

Preethi Polavarapu, MBBS, DEM/Int Med	COM, UNMC			x	
Ritika Puri, MBBS	COM, UNMC			x	
Karuna Raineni, PhD, Biochem	COM, UNMC	x			
Shireen Rajaram, MD, Epidemiology	COPH, UNMC				x
William Rizzo, MD, Genetics/Peds	COM, UNMC	x	x		x
Nora Sarvetnick, PhD, Surgery	COM, UNMC	x			x
Marcia Shade, PhD	CON, UNMC			x	x
Fabiana Silva, PhD, Health Promotion	COPH, UNMC				x
Dejun Su, PhD, Health Promotion	COPH, UNMC				x
Pariwat Thaisetthawatkul, MD, Neurologic Sci	COM, UNMC			x	
Ivan Vechetti, PhD, Nutri & Health Sci	UNL	x			
Saraswathi Viswanathan, PhD, DEM/Int Med	COM, UNMC			x	
Jana Wardian, PhD, Hosp Med/Int Med	COM, UNMC			x	x
Scott Westphal, MD, Nephro/Int Med	COM, UNMC			x	x
Chris Wichman, PhD, Biostats	COPH, UNMC			x	x
Quiming Yao, PhD, Computer sci	COE, UNL	x			

TABLE 2: REVENUE SOURCES FOR PROJECTED EXPENSES - NEW ORGANIZATIONAL UNIT

	(FY2025) Year 1	(FY2026) Year 2	(FY2027) Year 3	(FY2028) Year 4	(FY2029) Year 5	**Total**	Sources
Existing Funds [1]							
Diabetes on Track	$72,000	$142,000				$214,000	
Required New Public Funds [2]							
1. State Funds						$0	
2. Local Funds						$0	
						$0	
Tuition and Fees [3]							
						$0	
Other Funding [4]							
Insitutional Support for Personnel	$25,000	$100,000	$100,000	$100,000	$100,000	$425,000	
Institutional	$25,000	$100,000	$100,000	$100,000	$100,000	$425,000	Division/Dean/Department
Research Funding	$75,000	$200,000	$536,426	$572,380	$700,000	$2,083,806	
Projected/unconfirmed			$400,000	$500,000	$500,000	$1,400,000	New research projects/grants
Institutional	$75,000	$200,000	$136,426	$72,380	$200,000	$683,806	Division/Dean/Department
Wahl Endowment		$80,000	$80,000	$80,000	$80,000	$320,000	
Projected/Confirmed		$80,000	$80,000	$80,000	$80,000	$320,000	DCF Donor
Foundation Funds	$73,329	$183,617	$248,044	$270,823	$183,203	$959,016	
Projected/Confirmed	$25,000	$25,000	$25,000	$25,000	$25,000	$125,000	Exsisting DEM Donnors
Projected/unconfirmed	$48,329	$158,617	$223,044	$245,823	$158,203	$834,016	DCF Donor
Educational Funding	$25,000	$40,000	$60,000	$70,000	$80,000	$275,000	
Projected/unconfirmed	$25,000	$40,000	$60,000	$70,000	$80,000	$275,000	DCF Donor
Total Revenue [5]	$270,329	$745,617	$1,024,470	$1,093,203	$1,143,203	$4,276,823	
	$270,329	$745,617	$1,024,470	$1,093,203	$1,143,203	$4,276,822	

Unconfirmed amounts
Confirmed amounts

Total
$1,108,806 Institution
$1,109,016 DCF

[1] Show the total amount of dollars the institution will reallocate from its budget to support this unit. Identify the source of funding and provide an explanation of the impact that the redistribution of funds and other resources will have on exiting programs or unit.

[2] This represents a requirement for additional public funds to support this unit. If additional state funds are required, this request will have to be included in the institution's budget request. Separately detail all sources for additional funds. For community colleges, this would include local tax funds.

[3] Show additional tuition and fee revenues that will be used to support this unit.

[4] Show the amount of external funding or donations which will become available each year to support this unit. Include a brief explanation of the nature of these resources including their specific source and the term of the commitment.

[5] **Revenues are not expected to match expenses.**

NOTE: Where appropriate, show calculations and/or formulas that were used to project new revenue; e.g. number of new students projected multiplied by tuition and fees.

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TABLE 1: PROJECTED EXPENSES - NEW ORGANIZATIONAL UNIT

	(FY2025) Year 1		(FY2026) Year 2		(FY2027) Year 3		(FY2028) Year 4		(FY2029) Year 5		**Total**		Notes
Personnel	**FTE**	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	**FTE**	**Cost**	
Faculty [1]													
Cyrus Desouza (Director year 1/ Consultant year 2-5)	0.05	$17,552									0.05	$17,552	
Andjela Drincic (Associate Director)	0.05	$11,757	0.10	$42,499	0.10	$42,499	0.10	$42,499	0.10	$42,499	0.45	$181,754	
New Faculty (Director)			0.50	$175,800	0.50	$175,800	0.50	$175,800	0.50	$175,800	2.00	$703,200	*80,000 (20%) from Wahl Endowment/rest from institution
Asst. Director of Community Engagement			0.05	$14,412	0.05	$14,412	0.05	$14,412	0.05	$14,412	0.20	$57,650	*50/50 Wahl Endowment/Insitution
Asst. Director of Telehealth			0.05	$14,412	0.05	$14,412	0.05	$14,412	0.05	$14,412	0.20	$57,650	*50/50 Wahl Endowment/Insitution
Asst. Director of Population Health			0.05	$14,412	0.05	$14,412	0.05	$14,412	0.05	$14,412	0.20	$57,650	*50/50 Wahl Endowment/Insitution
Asst. Director of Rural Engagement			0.05	$14,412	0.05	$14,412	0.05	$14,412	0.05	$14,412	0.20	$57,650	*50/50 Wahl Endowment/Insitution
Other Faculty Support Pool			0.20	$38,970	0.20	$38,970	0.20	$38,970	0.20	$38,970	0.80	$155,880	
Non-teaching staff: Professional [2]													
Administrator	0.50	$65,127	0.50	$65,127	0.50	$65,127	0.50	$65,127	0.50	$65,127	2.50	$325,635	*50/50 Wahl Endowment/Insitution
Non-teaching staff: support													
Project Manager	0.50	$63,850	0.50	$63,850	1.00	$127,700	1.00	$127,700	1.00	$127,700	4.00	$510,800	
Certified Diabetes Educator	0.50	$67,043	0.50	$67,043	1.00	$134,085	1.00	$134,085	1.00	$134,085	4.00	$536,340	
Research Nurse Coordinator			1.00	$104,714	1.00	$104,714	1.00	$104,714	1.00	$104,714	4.00	$418,856	
Clinical Research Coordinator					1.00	$81,728	1.00	$81,728	1.00	$81,728	3.00	$245,184	
Clinical Research Assoc.			1.00	$57,465	1.50	$86,198	2.00	$114,930	2.00	$114,930	6.50	$373,523	
Other													
Subtotal	1.60	$225,329	4.5	$673,117	7	$914,470	7.5	$943,203	7.5	$943,203	28.1	$3,699,322	
Operating													
General Operating [3]		$10,000		$20,000		$30,000		$60,000		$100,000		$220,000	
Equipment [4]												$0	
New or renovated space [5]												$0	
Library/Information Resources [6]		$5,000		$5,000		$10,000		$10,000		$10,000		$40,000	
Other [7]													
Educational Programs		$25,000		$40,000		$60,000		$70,000		$80,000		$275,000	
Travel		$5,000		$7,500		$10,000		$10,000		$10,000		$42,500	
Subtotal		$45,000		$72,500		$110,000		$150,000		$200,000		$577,500	
Total Expenses	1.60	$270,328.84	4.5	$745,617.24	7	$1,024,470.24	7.5	$1,093,202.74	7.5	$1,143,202.74	**28.1**	**$4,276,821.81**	

[1] Show the number of additional full-time equivalent faculty and related salary and fringe benefit expenditures needed to implement and maintain the unit..

[2] Show the number of additional full-time equivalent professional staff and related salary and fringe benefit expenditures needed to implement and maintain the unit.

[3] Included in this category should be allowances for faculty development, laboratory supplies, travel, memberships, office supplies, communications, data processing, equipment maintenance, rentals, etc.

[4] Show anticipated expenditures for the acquisition of new or upgrades or replacement of existing equipment necessary for the implementation and/or operation of the unit.

[5] Identify the space for the proposed unit, if appropriate. Show projected expenditures for any facilities (general classroom, laboratory, office, etc.) that will be required. Include renovation of existing facilities and construction of new facilities.

[6] Show anticipated expenditures for library materials or other informational resources directly attributable to the new unit.

[7] Additional Other Expenses: Show other expenses not appropriate to another category.

NOTE: All items requiring explanation may be included on this page or in the proposal narrative.

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