Illinois Community Health Foundation

Quality Improvement Grant

Crossing Healthcare's Application

I. Project Summary

Crossing Healthcare's mission is to provide excellent comprehensive health care that is affordable and readily accessible for the medically underserved. With the help of this grant Crossing Healthcare would initiate a Diabetes Prevention Program (DPP) that will effectively deliver type 2 diabetes lifestyle interventions to individuals that are at risk of developing type 2 diabetes.

According to the Center for Disease Control and Prevention there is a growing threat of prediabetes which increases risk of type 2 diabetes, heart disease and stroke. The national numbers are staggering with almost 86 million adults (more than 1 out of 3) having prediabetes. Nine out of ten people with prediabetes do not know that they have it. Studies show that by losing weight through eating more healthful and being more active a person can cut the risk of getting type 2 diabetes in half. Without the support of lifestyle interventions in losing weight and moderate physical activity 15-30% of people with prediabetes will develop type 2 diabetes within 5 years.

Within Crossing Healthcares service area, 9.7% of the population has diabetes worse than the Illinois rate of 8.9%. Contributing to the diabetes rate within the service area, the adult obesity prevalence is 30.9%; in addition, 22.9% of adults get no leisure time physical activity. Crossing Healthcare is currently a American Diabetes Association recognized education program delivering high quality evidenced-based education to patients with diabetes and has initiated diabetes medical group visits but foresees the need to be preventative and establish a Diabetes Prevention Program.

At Crossing Healthcare our program will incorporate trained lifestyle coaches, the CDC-approved curriculum and group support over the course of a year which will deliver evidence-based, cost effective interventions in our patient population to prevent type 2 diabetes. In the last year crossing healthcare has seen tremendous growth while building a new state-of-the art facility and provided medical care to over 16,000 patients. During the building process programs such as this where considered and designed to support group classes and accessibility.

Crossing Healthcare's Diabetes Prevention Program will be a year long program that will emphasize lifestyle intervention. Rather than focusing solely on weight loss, the lifestyle intervention will also emphasize long-term improvements in nutrition and physical activity. To support learning and lifestyle modification our program will incorporate the use of Registered Dietitians and Registered Nurses that will be trained lifestyle coaches which is necessary to CDC

recognized programs. The use of trained lifestyle coaches is critical to providing effective, meaningful education in compelling ways. This skill set will drive behavior change efforts in others without prescribing personal actions or solutions, so that the participants increase their self-confidence and self-efficacy to make and sustain positive lifestyle changes.

In addition to using trained lifestyle coaches the program will deliver the CDC approved evidenced based curriculum covering weekly topics:

1. Self-Monitoring Weight and Food Intake
2. Eating Less
3. Healthy Eating
4. Introduction to Physical Activity
5. Overcoming Barriers to Physical Activity
6. Balancing Calorie Intake and Output
7. Problem Solving
8. Environmental Cues to Eating and Physical Activity
9. Strategies for Healthy Eating Out
10. Reversing Negative Thoughts
11. Dealing with Slips in Lifestyle Change
12. Mixing Up Your Physical Activity
13. Social Cues
14. Managing Stress
15. Staying Motivated

*(this is just a small example of class topics. There are 31 class topics all together)

Lastly, the Diabetes Prevention Program will establish a physical activity component which will address all necessary pieces; therefore defragmenting services to our patient population in our community. Multiple focus groups where conducted in 2015 with different patient populations and the summary of findings indicated that the most frequent responses were access, safety concerns and lack of affordability for our patients to participate in adequate physical activity. A trained certified fitness professional will lead various low impact aerobics and resistance training classes at our Crossing Healthcare location at times accessible for our patients thus improving quality of care. Individuals will have access to 4 hours per week of group lead classes. An exercise class structured with a purpose can be beneficial for people with limited knowledge about safe and effective exercise programming. An appropriately designed class includes warm-up, cool-down and flexibility in addition to the conditioning section. When people exercise on their own, they often skip portions of a workout they know less about or are not their favorite to perform. Furthermore, the fitness professional is not only designing the components of the workout, but also the intensity, so the class is designed appropriately to improve cardiorespiratory and muscular fitness. The fitness professional can also serve as a resource for class participants and encourage them to engage in other healthy behaviors outside of class.

It is Crossing Healthcares hope that by implementing a Diabetes Prevention Program there will raise awareness of prediabetes, engage the prediabetes patient population and cut the risk of getting type 2 diabetes in half. A program such as this will improve quality of care and disease outcomes within our patient population.

II. Project Narrative

With the help of this grant Crossing Healthcare would establish a Diabetes Prevention Program with all of the elements necessary to provide evidenced based high quality care to patients that are at risk for developing type 2 diabetes. Within a year's time Crossing Healthcare will seek accreditation from the CDC to be a recognized diabetes prevention program. We are seeking funding to train 2 Registered Dietitians and 2 Registered Nurses as lifestyle coaches, pay to contract a personal trainer 4 hours per week to lead physical exercise classes and purchase resistance bands, a gym timer and sound system.

A. Statement of Need

1. Currently this is a new project and has not been started. During the last 6 months 308 patients had HgbA1C's completed and of those 308 patients 70 were identified as falling within the prediabetes guidelines. However, the challenge we face is in accurately identifying patients with prediabetes as test results are not consistently entered into the EMR in the same location. There are efforts being made to train medical staff to enter HgbA1C's in the same location every time. Also, because this program has not been initiated patients do not have the support and access to learn how to eat more healthful and exercise which in turn increases their risk of developing type 2 diabetes.
2. At this point in time our organization does not have quality measures dedicated to the prediabetes population. By implementing the Diabetes Prevention Program all providers and medical staff will have training on identifying qualified patients and referring them to the DPP. Additional training and resources are needed to provide a well-rounded diabetes prevention program. The opportunity to participate in Lifestyle Coach Training to acquire the necessary skills to deliver a successful National Diabetes Prevention Program is critical. This training is based on the curriculum developed by the Centers for Disease Control and Prevention with the additional insight from AADE DPP. Upon completion of the training, attendees will be designated "Lifestyle Coaches," and will be confident to enable participants to make long-lasting lifestyle changes to better their health. The exercise component is essential due to our current patient's barriers to access and affordability in our community. With the help of this grant we will be able to contract with a local personal trainer to help defragment services to offer safe, no cost, group exercise to

our patients with prediabetes. Also, additional exercise equipment and sound system is needed which will be sustainable for the foreseeable future.

B. Project Objectives

With the initiation of the Diabetes Prevention program we plan to measure the following objectives:

1. Number of patients identified as having prediabetes
2. Number of referred patients to the Diabetes Prevention Progam
3. Number of enrolled patients in the Diabetes Prevention Program
4. Number of attendees at each education session
5. Number of attendees at each exercise session
6. On averages participants must have had body weights recorded at a minimum of 80% of sessions
7. On average, participants must have had physical activity minutes recorded at a minimum of 60% of all sessions attended
8. Weight loss achieved at six and twelve months
9. Changes in HgbA1C results

C. Plan of Operation

1. The funds will be used in the following ways
    a. Equipment needed: Resistance bands, a gym timer and sound system for the exercise component of the program.
    b. We currently have MediQuire and are working on training staff, so this component does not need any funds allocated to it
    c. We will need help in paying for a contracted personal trainer to lead group exercise classes
    d. Funds will be used to train 4 staff (2 Registered Dietitians and 2 Nurses) through the American Association of Diabetes Educators Diabetes Prevention Program Lifestyle Coach training program
2. Implementation of program will be to have all medical personnel trained on entering HgbA1C's accurately so that reports from MediQuire will be dependable in identifying our patients at risk for developing type 2 diabetes and referring them to the DPP. Next our 4 chosen staff members will attend Lifestyle Coach Training at the end of March first of April. A contract with a personal trainer will need to be finalized so that the program will start in April of 2016.
3. This program will be integrated into the centers existing operations with initial patient screening during each patient encounter for prediabetes and or patients identified via MediQuire ->A referral will be made from the provider to the Diabetes Prevention Program Coordinator Allison Raiha RD LDN -> Patients will be recruited for the program -> Patients will be able to attend 31 education sessions lead by lifestyle coaches over the course of the year and have access to group exercise 4 hours per

week. All education sessions as well as body weight measurements, HgbA1C and minutes of exercises will be documented in the EMR.

D. Program Evaluation
    1. Allison Raiha RD LDN will coordinate the DPP and be responsible for the project, data analysis and document the projects progress in meeting the objectives. An excel sheet will be kept on the entire process with number of identified prediabetes patients, number of referred patient, number of patients that agree to joining the DPP, Sessions attended, minutes of exercise, body weights and HgbA1C.
    2. MediQuire will be used to initially indicate patient candidates that are at risk for developing type 2 diabetes, Training will be done with the providers and medical assistants and nurses on the DPP process and how to refer patients to the coordinator. Program data and the projects progress will be shared monthly at CQI and leadership meetings.

E. Sustainability
    1. Many of the components requesting funding are sustainable. The Lifestyle Coach training sessions are a two day course that does not require additional CEU's or recertification to continue program year after year. Also, the exercise equipment and sound system are a sustainable product that once purchased will last well after a year. The cost of the personal trainer is currently calculated for the first year period. If funding opportunities arise Crossing Healthcare would seek such funding to expand this initiative into the future.

III. Project Budget

A. See Attached Budget Proposal Sheet for further details.