

Wisconsin Rural Hospital Flexibility Program
Rural Communities Grant Program 2009-10

GRANT APPLICATION COVER SHEET -- Attachment A

Project Title: Diabetes Education, Health Coaching and Nutrition Improvement Project **Coalition Name:** Bloomer Area Diabetes Coalition

Planning Grant ____ **or Implementation Grant** X (select one) **Amount Requested:** \$17,028

1. Applicant Organization (entity with which the grant contract is to be executed)

Legal Name Bloomer Memorial Medical Center, Mayo Health System, Inc.

Address 1501 Thompson Street

Bloomer, WI 54724

Phone 715-568-2000 FAX 715-568-6129

2. Administrator, Executive Director, or CEO

Name Ed Wittrock

Title Vice President

Phone 715-568-6164

Email wittrock.ed@mayo.edu

3. Contact Person for Application

Name Michele Eberle__

Title Assistant Administrator

Phone 715-568-6113

Email eberle.michele@mayo.edu

4. Person authorized to sign the grant contract

Name Michele Eberle

Title Assistant Administrator

5. Federal ID # of applicant organization:

39-0980343

6. List all active partners (those responsible for activities and/or contributing matching/in-kind contributions). Use an additional page if necessary – this will not count against your page total:

Roberta Poirier, Bloomer Area Food Pantry Director, Michele Eberle, Assistant Administrator, Pam Gehrig, Nursing Director, Vicki Dueringer, RN/diabetes educator, Deb LaBudde, PA, certified diabetes educator, Susan Block, RD, Bridget Evers, Adjunct Faculty

I certify that the information contained within this application is true and accurate to the best of my knowledge. I submit this application on behalf of the applicant organization.

Signature

Date

B. Executive Summary

People diagnosed with diabetes spend over \$4,100 more each year on medical costs than people who don't have diabetes, a gap that increases substantially each year following the initial diagnosis, according to a study funded by a grant from the Centers for Disease Control and Prevention. Many of these costs could be contained through proper diabetes management and lifestyle changes. Numerous studies show that losing weight and increasing physical activity, along with appropriate self management tools can substantially delay or reduce the risk for diabetes-related complications. Many individuals do not have access to affordable diabetes education, information on nutrition/meal planning and the appropriate foods.

The goal of this project is to increase community knowledge of diabetes, educate individuals on diabetes self management and provide education on nutrition in an effort to improve the health of our community. We will provide education to community members that utilize the Bloomer Area Food Pantry so they can incorporate the needed tools for self management of diabetes into their daily routines. An informed individual is the key to successful diabetes management. By incorporating a health coach into our strategy, we will be assisting individuals to improve their self-management skills and providing them the tools and coaching to sustain positive behaviors and results. Cooking classes and portion control demonstrations will focus on how to use the foods available at the food pantry when you have diabetes.

A detailed work plan was created by the coalition that outlines the various activities we will complete in order to achieve our goals. Staff from Bloomer Memorial Medical Center (d/b/a Luther Midelfort Chippewa Valley) will provide diabetes education, health coaching and food and nutrition education to community members at the Bloomer Area Food Pantry. Each activity has a measurable outcome that the coalition will use to assess the activities and their overall impact on our primary objectives. Our budget includes wages/benefits for qualified individuals to teach classes and to provide health coaching activities. Equipment and supply needs are also requested for class materials and the establishment and monitoring of goals. Students from Globe University will also be involved in educating and monitoring individuals that participate in our activities.

The project outlined by the Bloomer Area Diabetes Coalition will increase the knowledge of diabetes self management and nutrition in the Bloomer area. The funds received from this grant will allow us to establish a solid program that can be sustained by ongoing coaching and monitoring.

C. Coalition Information

The Bloomer Area Diabetes Coalition is comprised of members representing Luther Midelfort Chippewa Valley, the Bloomer Food Pantry and Globe University. In 2008, Luther Midelfort Chippewa Valley located in Chippewa County formed a diabetes action team charged with increasing the clinical outcomes of our diabetic patients. One of the barriers the team identified was patient access to affordable diabetes education and the appropriate foods. We found that many patients could not afford diabetes education classes. We also found that a portion of our patients utilized our local food pantry. The food pantry relies heavily on donations from the community and the local food bank so they do not always have access to a wide variety of food items appropriate for managing diabetes.

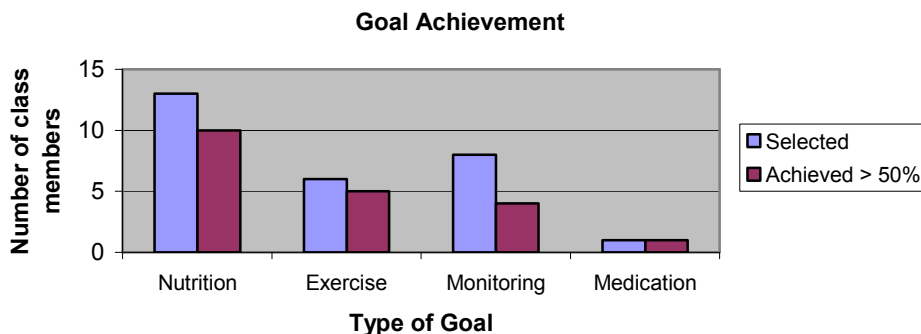
Coalition Organization	Luther Midelfort Chippewa Valley
<u>Members Involved</u> Michele Eberle, Assistant Administrator Pam Gehrig, RN Lori Subera, RN Vicki Dueringer, RN Deb LaBudde, PA Susan Block, RD	<u>Roles and Responsibilities</u> Provide fiscal oversight of the project Coordination, implementation and evaluation of activities Coordination, implementation and evaluation of activities Health coach/diabetes educator Certified diabetes educator Coordinate meal planning activities and assist with education
Coalition Organization	Bloomer Area Food Pantry
<u>Members Involved</u> Roberta Poirier, Director Kathy Schwarzenberger, Board Member	<u>Roles and Responsibilities</u> Assist in coordination, implementation and evaluation of activities Provide facility for education, classes and health coaching activities Assist in coordination, implementation and evaluation of activities
Coalition Organization	Globe University
<u>Members Involved</u> Bridget Evers, Adjunct Faculty	<u>Roles and Responsibilities</u> Provide community education Coordinate student activities including blood pressure screenings, glucose meter education, meal planning

In 2009, the coalition met at the Bloomer Food Pantry and conducted a survey of families. We found that of 104 families who were served

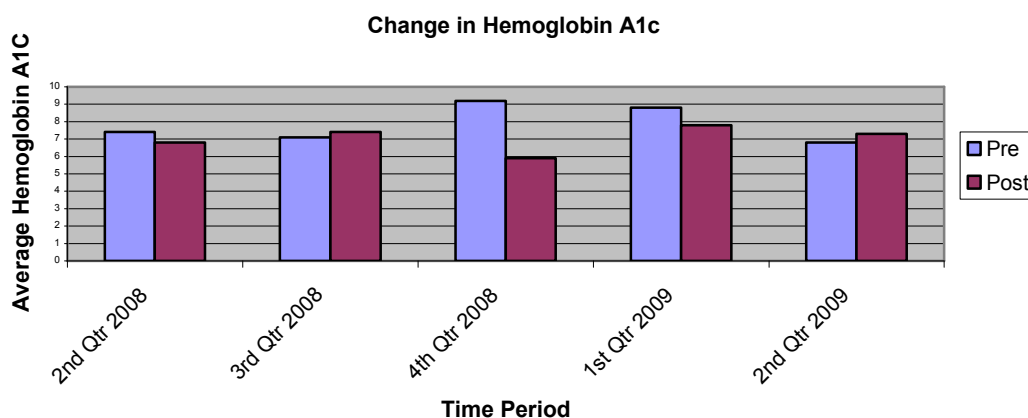
- 23% either have or take care of someone with diabetes or pre-diabetes
- 38% have a family history of diabetes
- 26% are interested in free diabetes education
- 26% are interested in a free health eating/cooking classes

The Bloomer Area Diabetes Coalition created a strategy to address some of the educational needs for diabetes self management and proper nutrition along with a health coaching component. The health coaching component can be tailored to the needs of the individual through goal setting and follow up. We have found that individuals that set goals through a structured program are more likely to follow through on those goals.

The graph below shows that over 70% of individuals who set a goal achieved greater than 50% of that goal during our diabetes education classes.



We also have data supporting our belief that patients who complete our American Diabetes Association (ADA) approved diabetes education program improve their Hemoglobin A1c levels. Historical data shows that patients in our program reduced their Hemoglobin A1c to within the target range.



Each coalition organization has been included in the detailed work plan with time frames and outcomes. In addition, coalition members have been assigned as the responsible party to ensure the activity is completed within the designated timeframe and that the outcomes were met. Any activities where outcomes are not achieved will be reviewed by the coalition with the expectation that the activity will be adjusted until we achieve the desired outcome.

D. Problem/Need Being Addressed

Diabetes is at epidemic proportions. According to the American Diabetes Association (ADA), 23.6 million Americans have been diagnosed with diabetes and another 57 million Americans have pre-diabetes. The cost of treating diabetes in the United States is skyrocketing. It is estimated that \$174 billion United States dollars are spent annually - \$116 billion in direct medical care and \$58 billion in lost productivity. One out of every ten dollars is spent on diabetes and its complications. One out of every four Medicare dollars is spent on diabetes and its complications.

According to “The 2008 Burden of Diabetes in Wisconsin” study conducted by the National Kidney Foundation of Wisconsin and Wisconsin Lions Foundation, in Wisconsin alone, diabetes affects 329,000 adults and 4,000 children. In 2006, in Chippewa County, 6,999 residents were

hospitalized. Of those hospitalized, 930 were diabetes related. In 2006 in Dunn County, 3,698 residents were hospitalized with 468 admissions being diabetes related. An estimated \$4.52 billion is spent annually in direct and indirect diabetes related costs in Wisconsin. According to 2006 Wisconsin data, 25-29% of the Wisconsin population has a body mass index (BMI) of equal to or greater than 30. If small health care facilities are able to provide diabetic patients with education about their disease and provide them with self-management skills, Wisconsin may be able to avoid the tragic consequences of unchecked diabetes and improve the quality of life for its residents.

We also consulted the Healthier Chippewa County 2010 Study and found that the Chippewa Valley Free Clinic (CVFC) located in Chippewa County served 659 unique cases in 2001, totaling 1859 visits. The clinic provides services to those in the Chippewa Valley without insurance whose income falls below 185% of the federal poverty guidelines. The number one reason for visits to the clinic was diabetes care, followed by hypertension and depression.

Through our research we found The Healthy People 2010 initiative states the following: Diabetes patient education is viewed uniformly as effective and economical in the ultimate prevention of long-term complications from diabetes. An individual with diabetes spends less than 1 percent of his or her time in contact with the health care system and on a daily basis must make a variety of critical decisions about diabetes. An informed and motivated patient is essential in managing the disease and reducing the risk of complications”

Diabetes education classes are essential to the self management of the disease but the costs associated with the classes deters many individuals from getting the needed education to manage the disease. At Luther Midelfort Chippewa Valley, the diabetes education classes are a series of three classes totaling 10 hours of education. A registered dietitian and nurse educator or certified diabetes educator teach the classes. The classes include the following ten content areas: nutrition, blood glucose monitoring, physical activity, medication, acute complications, risk reduction, psychological and social adjustment to the disease, tobacco cessation, self-management of diabetes, goal setting. The cost of the classes is \$864 which covers the cost of staff and materials. The cost of the class has deterred patients from attending these classes.

E. Work Plan

Objective #1

Provide diabetes education to community members that utilize the local food pantry along with health coaching sessions to assist in the development of goals.

Outcome Measure

Community members that utilize the food pantry will have a better understanding of how to self manage diabetes along with the risk factors associated with diabetes.

Activity	Timeframe	Responsible Party	Measures, Anticipated Outcomes and Evaluation Plan
1.1) Provide diabetes classes at the food pantry (10 hours of instruction/class)	1 st class held 4 th quarter 2009	Susan Block & Vicki Dueringer	1.1) All class members will complete a pre and post test with an 85% or higher score We will also track the types of goals set and achieved
1.2) Class on risk factors	04/01/2010-	Vicki	1.2) All class members will

and longer term complications	06/30/2010	Dueringer	complete a pre and post test with an 85% or higher score
1.3) Students will conduct blood pressure screenings	09/01/2009-08/31/2010	Bridget Evers	1.3) Participants maintain a history of blood pressures
1.4) Health coach sessions- Health coaching, lifestyle coaching, setting goals	01/01/2010-08/31/2010	Vicki Dueringer	1.4) Completed goal planning form for each member attending a health coach session
1.5) Students will conduct glucose meter education	09/01/2009-08/31/2010	Bridget Evers	1.5) Participants will demonstrate proper glucose testing and care and maintenance of meters
1.6) Foot care class	04/01/2010-06/30/2010	Pam Gehrig	1.6) All class members will complete a pre and post test with an 85% or higher score
1.7) Encourage participation in program	09/01/2009-08/31/2010	Roberta Poirier	1.7) # of community members that participate.

Objective #2

Provide education on nutrition, health eating and food choices including new ways to prepare foods.

Outcome Measure

Community members that utilize the food pantry will have a better understanding of how to prepare healthy meals, portion control and how their food choices impacts diabetes

Activity	Timeframe	Responsible Party	Measures, Anticipated Outcomes and Evaluation Plan
1.1) Label foods at the food pantry with nutritional information and carbohydrate counts	09/01/2009-11/30/2009	Pam Gehrig, Bridget Evers, Roberta Poirier	1.1) All food items in the food pantry are labeled with nutritional information and carbohydrate counts
1.2) Demonstration-packaging for portion control and how to identify appropriate portions	01/01/2010-03/31/2010	Pam Gehrig, Bridget Evers	1.2) # of community members in attendance at demonstrations
1.3) Cooking classes utilizing foods available at the food pantry – unique ways to prepare food; supplementing food pantry choices with low cost foods from farmer’s market or grocery store	1 st class held 4 th quarter 2009	Pam Gehrig, Bridget Evers	1.3) # of community members in attendance at cooking classes

1.4) Create poster board illustrating portion sizes	09/01/09-12/31/09	Bridget Evers	1.4) Poster boards in place at food pantry
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F. Evaluation Plan

The measurement of success is to reach 75% of the population that are affected by diabetes and also utilize the Bloomer Area Food Pantry. Additional measurements of success have been identified for each activity and listed in the above work plan.

The coalition will also utilize the Plan Do Study Act (PDSA) model throughout implementation in order to improve activities as we move forward.

The coalition will meet quarterly to review the work plan objectives, goals and outcomes for each activity to determine if the goals of the project are being met. By using the PDSA model, we commit to continuously monitoring data and identifying opportunities for improvement. We will also solicit feedback from the families that utilize the food pantry, patients at Luther Midelfort Chippewa Valley and Globe University students.

G. Budget

Diabetes Education, Health Coaching and Nutrition Education Improvement Project				
BUDGET CATEGORY	DESCRIPTION	GRANT REQUEST	MATCHING/IN-KIND CONTRIBUTIONS	TOTAL PROJECT EXPENSE
Wages	RN/Health Coach 208/hrs @ \$32.00 (coaching & diabetes education)		\$6,656	\$15,768
	PA 96/hrs @ \$44.00 (diabetes education)	\$4,224		
	Registered Dietician 40/hrs @ \$28.60 (diabetes education, cooking classes)	\$1,144		
	RN 104/hrs @ \$36.00 (food labeling, foot care classes, cooking classes, portion control)		\$3,744	
Fringe Benefits	RN/Health Coach 208/hrs @ \$8.00		\$1,664	\$3,942
	PA 96/hrs @ \$11.00		\$1,056	
	Registered Dietician 40/hrs @ \$7.15		\$286	
	RN 104/hrs @ \$9.00		\$936	
Travel	2,800 miles @ 55 cents/mile (travel to health coach class)	\$1,540		\$1,540

Equipment	Crock pots (cooking class)	\$800		\$2,250
	Pedometers (used for goal setting)	\$1,000		
	Blood pressure cuffs (blood pressure monitoring)	\$150		
	Stethoscope (blood pressure monitoring)	\$200		
	Scale (used for goal setting)	\$100		
Supplies	Books/Education Materials Diabetes books 100 @ \$30/book = \$3,000	\$4,000		\$6,590
	Diabetes education binders 12 @\$30=\$360			
	Recipe books, other diabetes education materials \$640			
	Brochures (diabetes education, health coaching)	\$250		
	Food for classes (cooking classes)	\$1,500		
	Display boards (portion control)	\$200		
	Food pantry signage (food labeling)	\$500		
	Paper/printing	\$100		
	Clipboards	\$40		
Consultants/ Contracts				
Other Costs	Health Coach Tuition	\$600		\$1,280
	Hotel-Health Coach Class	\$680		
TOTAL		\$17,028	\$14,342	\$31,370

Wages and benefits associated with the project are for the certified diabetes education program instructors, health coaching sessions and the various classes and demonstrations outlined in the work plan. It also includes labor associated with labeling the food at the food pantry with nutritional information. Students will also be used in these activities.

Equipment requested will be used at the Bloomer Area Food Pantry. The scale, blood pressure cuffs and stethoscope will be used for assessment and monitoring. Crock pots and pedometers will be used for the cooking classes and goal setting and will be given to individuals during education.

Supplies will be used at the various educational sessions and during health coaching activities.

The health coach tuition, hotel costs and travel are associated with the health coach program that one registered nurse will attend this fall.

The funding from the grant will give us the opportunity to establish a health coach program which can be sustained by periodic coaching sessions to follow up on existing goals and set new goals. After the initial labeling of food pantry items with nutritional information, we would set up a process to ensure all new items are labeled when received. Once the curriculum is established for cooking classes and demonstrations, it will require less planning time to offer the classes on a routine basis.

H. Appendix

1. Letters of Support
 - a. Roberta Poirier
 - b. Bridget Evers
 - c. Pam Gehrig
 - d. Deb LaBudde
 - e. Vicki Dueringer

2. Short bios
 - a. Pam Gehrig, Bloomer/Colfax Director
 - i. Member of system diabetes team, a subcommittee of the Primary Care Council
 - ii. Member of the Chronic Disease Team
 - iii. Member of Prevention Expert Team
 - iv. Instructor for our ADA recognized diabetes education program
 - v. Participant in many characterization and improvement projects
 - vi. Trained in process improvement and outcome measurement utilizing Lean
 - b. Deb LaBudde, Physician Assistant
 - i. Member of the Diabetes Expert Team
 - ii. Diabetic patient advocate
 - iii. Certified Diabetic Educator since 2004
 - iv. Member of the glycemic control workgroup
 - v. Facilitates faith-based weight loss group
 - vi. Trained in process improvement and outcome measurement utilizing Lean
 - c. Vicki Dueringer
 - i. Attended the International Diabetes Center (IDC) for intensive diabetes instruction
 - ii. Provides previsit planning for diabetes patients
 - iii. Trained in process improvement and outcome measurement utilizing Lean
 - d. Susan Block
 - i. Member of the Diabetes Expert Team
 - ii. Registered Dietitian
 - iii. Instructor for our ADA recognized diabetes education program
 - e. Bridget Evers
 - i. Adjunct Faculty, Globe University

- ii. Teaching Introduction to Patient care, Medical Office Procedures II and Medical Transcription
 - iii. Trained in process improvement and outcome measurement utilizing Lean
 - iv.
 - f. Roberta Poirier
 - i. Retired/active member, American College of Nurse-Midwives
 - ii. Director, Bloomer Area Food Pantry, Inc.
 - iii. Feed My People Food Bank, Eau Claire, WI, Board of Directors
 - iv. Hero of a Lifetime Award, American Red Cross
 - v. Bachelors of Science Nursing
 - vi. Masters of Science Nursing
3. Copy of Memorandum of Understanding