

## **NCACH Workgroup Status Update**

**8/21/2015**

Two workgroups have been tasked with addressing issues related to diabetes: a care transformation issue and a population health issue. The purpose of these teams is to confirm that a regionally-representative group of individuals from varying sectors can collaboratively develop and work on a process improvement project. These workgroups are focusing on process, developing replicable, modifiable tools to pass on to future workgroups and methods to speed improvement processes. The group is also tracking lessons learned - the positive outcomes and barriers to regional team activities.

### **Care Transformation**

This workgroup has selected a data collection project, developing patient, provider and health plan surveys that will 1) identify awareness of existing regional diabetes self-management education programs, 2) barriers to program referrals, attendance, and completion, 3) identify patient knowledge, skill and compliance gaps related to diabetes self-management, and 4) assess patient compliance with recommended examinations and vaccinations. Collected data will be used to identify improvement opportunities and will be shared with the Governing Board and interested program coordinators, diabetes educators, dietitians, and providers. Refer to Care Transformation Logic Model.

### **Population Health**

This workgroup has selected a diabetes-prevention program focused on young children – *Walk the Walk! Talk the Talk! See the Doc!* program curriculum, which includes physician exercise, healthy food selections, diabetes information, and the importance of regular medical and dental examinations, is based in part on MyPlate curriculum. *Walk the Walk!* has been piloted in other areas of WA state. The workgroup will conduct a pilot project, coordinating a 7-session series at two elementary schools in the greater Wenatchee area as an addition to their after-school programming. Data will be collected in the form of pre-tests and post-tests performed on the programs' conclusion and again within 30 days of program conclusion. Collected data will be shared with the Governing Board and used for future program improvements. Refer to Population Health Logic Model.