



NATIONAL ASSOCIATION OF  
Community Health Centers®



**Healthy**  
*Together*

# Healthy Together

*Transforming Diabetes Prevention & Control*

June 15, 2022

# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.





**Healthy**  
*Together*

# Implement



**LAY THE GROUNDWORK**

**LAUNCH**

April 2022 – March 2023

Deliver Curriculum  
Support use of Patient Care Kits  
Collect/Report Data  
Peer Exchange



# Today's Objectives:

- **Updates:**
  - ✓ Care Kit Tool Tracker
  - ✓ Who can share data?
  - ✓ Demographic data
- **Peer-to-Peer Discussion**
- **What comes after Healthy Together pilot?**

# Care Kit Tool Tracker



What do we do with extra care kit tools? Either:

- Save the extra tools for future Healthy Together cohorts
- Distribute the extra tools to health center patients with diabetes who are not part of Healthy Together

Since these tools were purchased with HRSA funds, it is important to track their distribution and to provide justification for tools distributed to patients who are not part of Healthy Together.

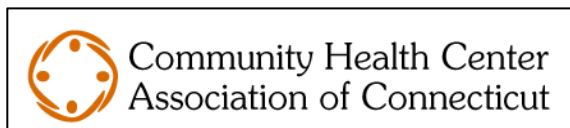
**Each Healthy Together health center is required to fill in the Care Kit Tool Tracking Sheet and send a copy to NACHC and your Hub by the third Friday of each month (the Friday following our Healthy Together project meetings) beginning this month (June 17<sup>th</sup>).**

Copies can be emailed to [clindholm@nachc.org](mailto:clindholm@nachc.org) and your Hub.

Care Kit Tool Tracking Sheet						
<b>Instructions:</b>						
1. Fill in your health center name						
2. Fill in the name of the Lifestyle Coach who is tracking the care kit tools						
3. Fill in the total # of Healthy Together participants						
4. Fill in the total # of Healthy Together participants with Diabetes						
5. Fill in the '# Received' for each care kit tool						
6. Fill in the '# Distributed to Patients' as the tools are provided to Healthy Together Participants						
7. DO NOT fill in '# Remaining' or '# Additional Needed'. These will automatically calculate.						
8. If '# Additional Needed' for any tool is greater than 0, share this tracking tool with your Hub.						
9. If you have remaining tools after distributing tools to all Healthy Together patients, you may provide extra tools to health center patients with diabetes who are NOT participating in Healthy Together. Fill in the # provided.						
10. If tools were provided to patients not participating in Healthy Together, you MUST provide an explanation detailing that the tool was extra and how the patient to whom it was provided will benefit.						
<b>Health Center Name:</b>						
<b>Name of Lifestyle Coach Tracking Tools:</b>						
<b>Total # Healthy Together Participants:</b>			<- Only enter a number in this section, do not include any notes (formulas will not work properly)			
<b>Total # Healthy Together Participants with Diabetes:</b>			<- Only enter a number in this section, do not include any notes (formulas will not work properly)			
<b>Total # Healthy Together Participants At-Risk for Diabetes:</b>			<- Only enter a number in this section, do not include any notes (formulas will not work properly)			
Care Kit Tool	# Received	# Distributed to Patients	# Remaining	# Additional Needed	# Provided to Patients NOT Part of Healthy	Justification for Providing Tool to a Patient with Diabetes NOT Part of Healthy Together
Participant Binder			0	0		

# Who can share data?

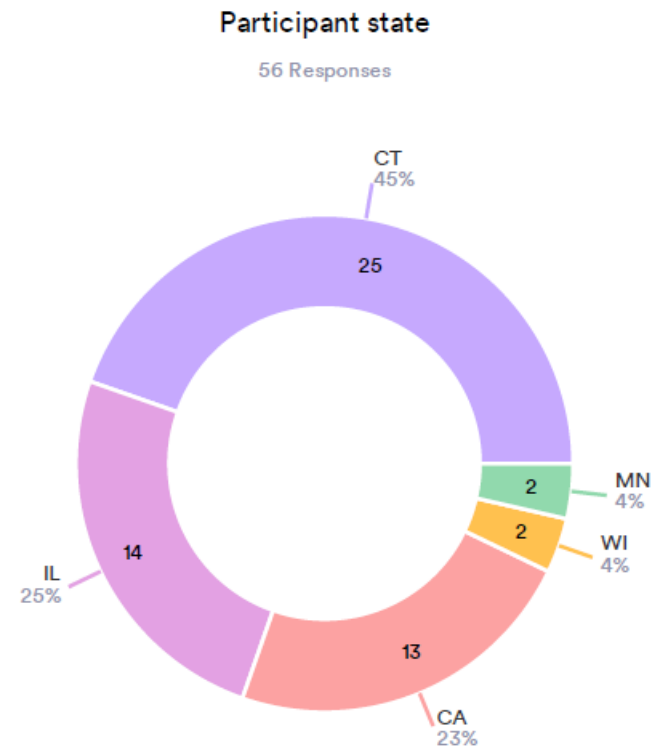
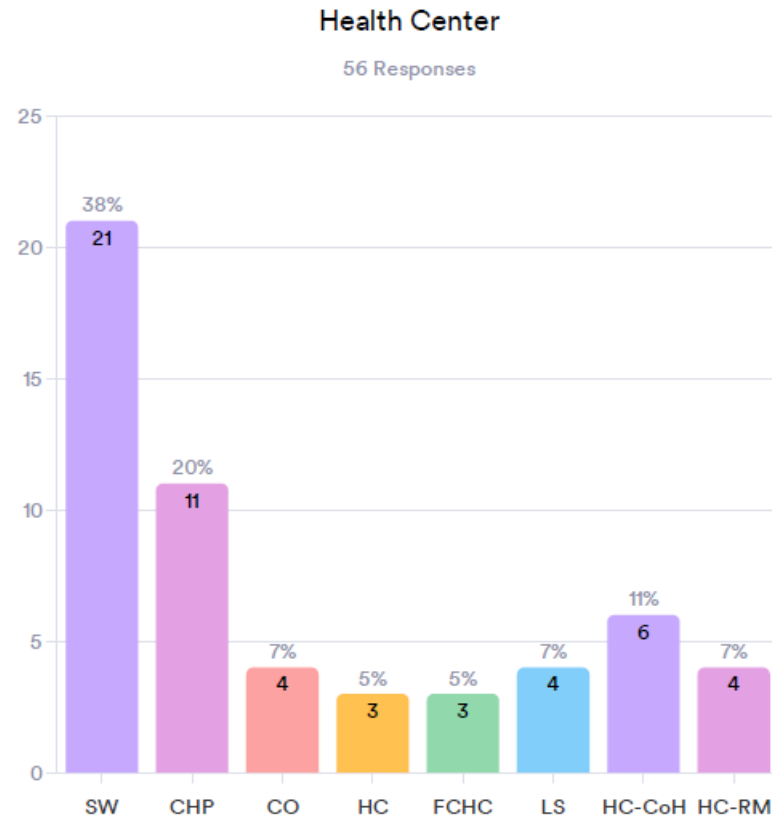
- ✓ Health centers may share Healthy Together PHI with your PCA/HCCN Hub and Wellocity
- ✓ Wellocity may share a limited data set (no PHI) with NACHC
- ✓ NACHC will submit the NDPP report to the CDC using the limited data set



Limited data set only (no PHI)

Limited data set only (no PHI)

# Demographic Data

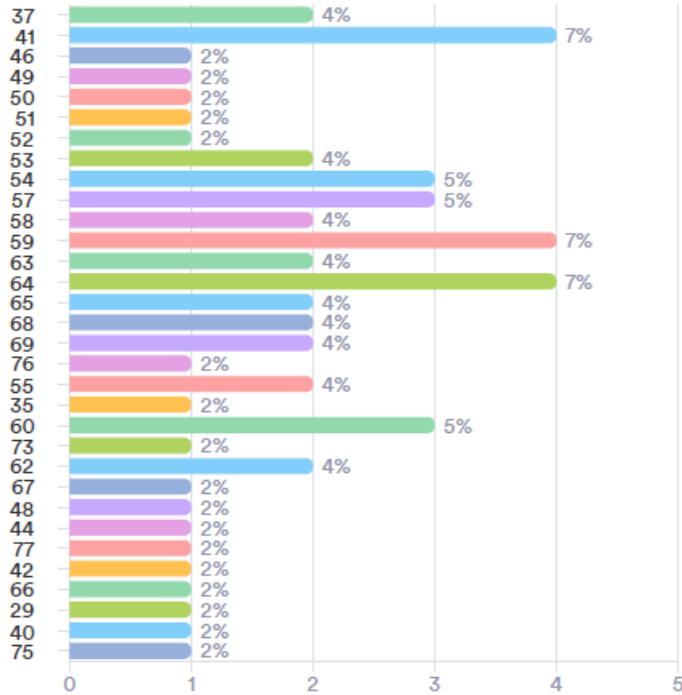


# Demographic Data



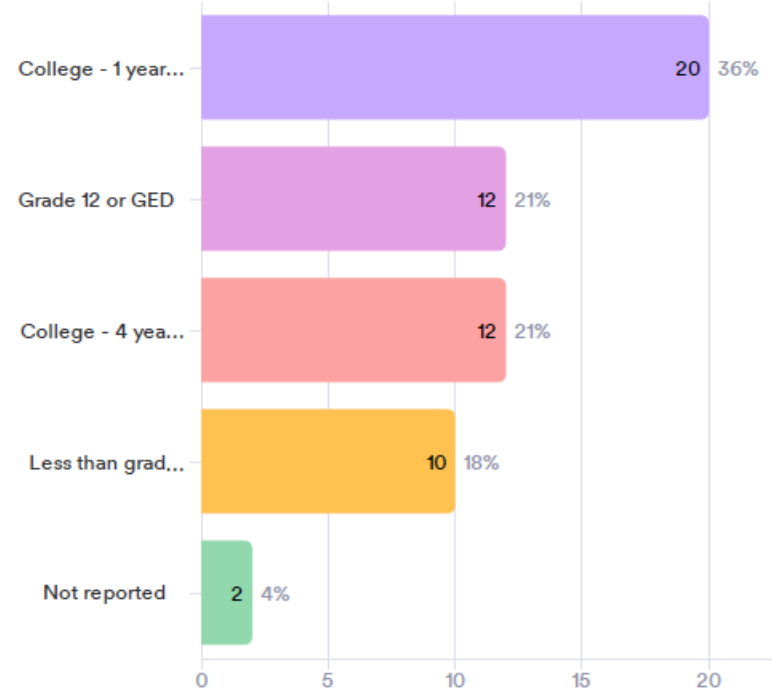
## Age

56 Responses



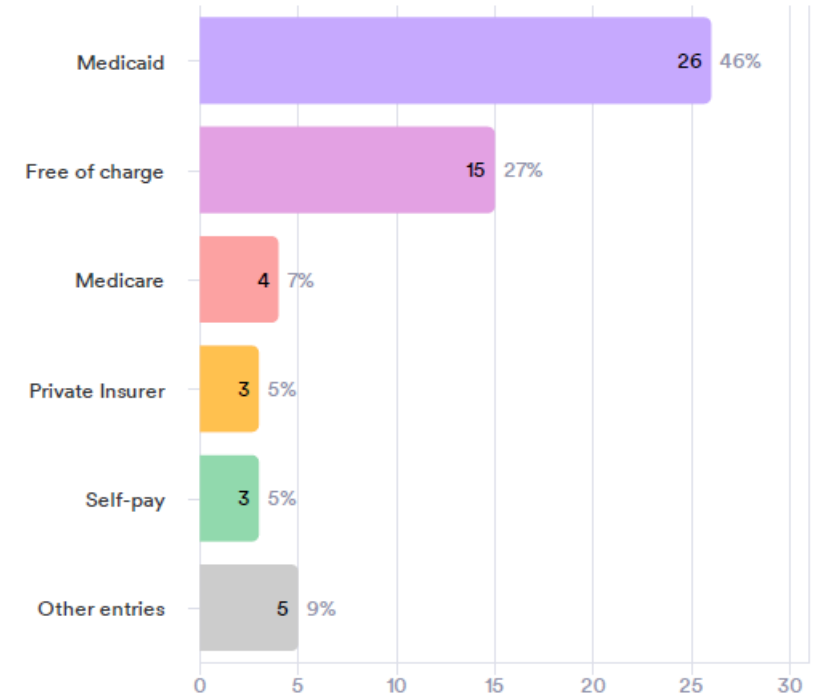
## Education level

56 Responses



## Payer source

56 Responses



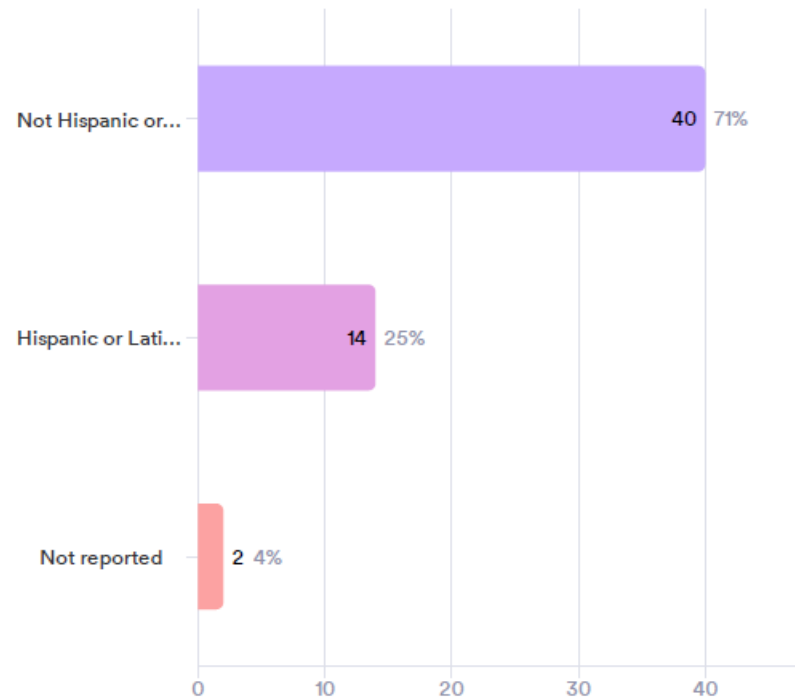


# Demographic Data



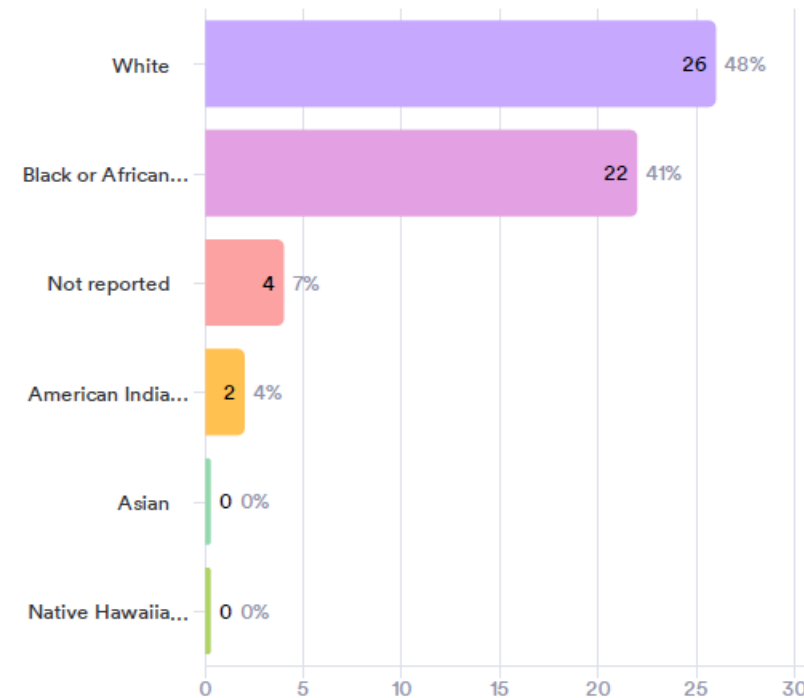
## Ethnicity

56 Responses



## Race

54 Responses

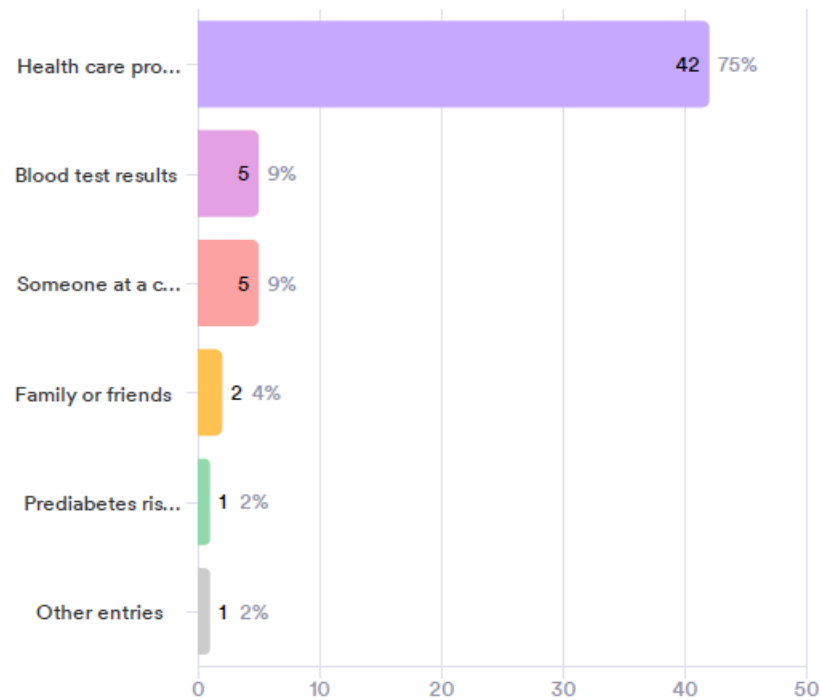


# Demographic Data



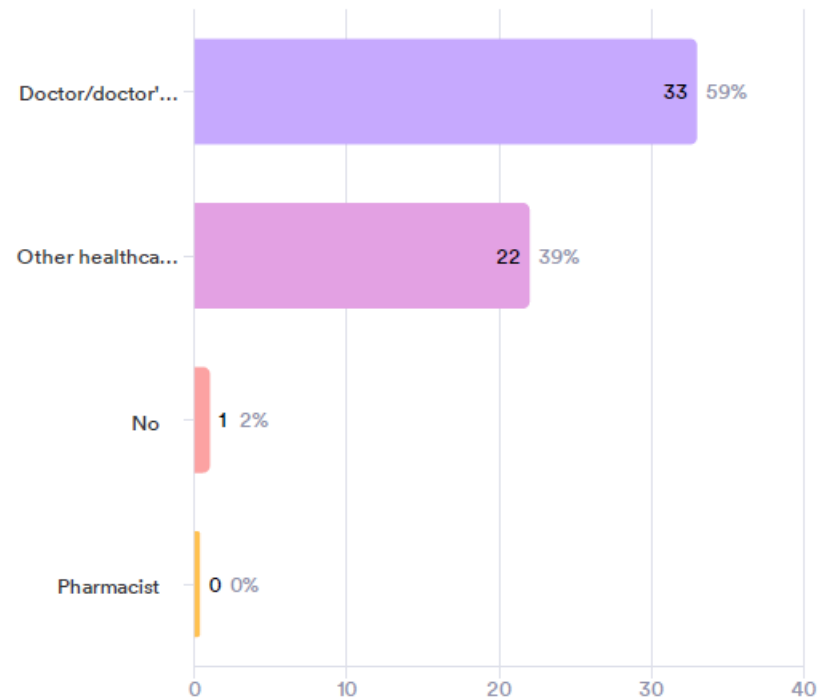
### Motivation for enroll in the program

56 Responses



### Enrollment source

56 Responses

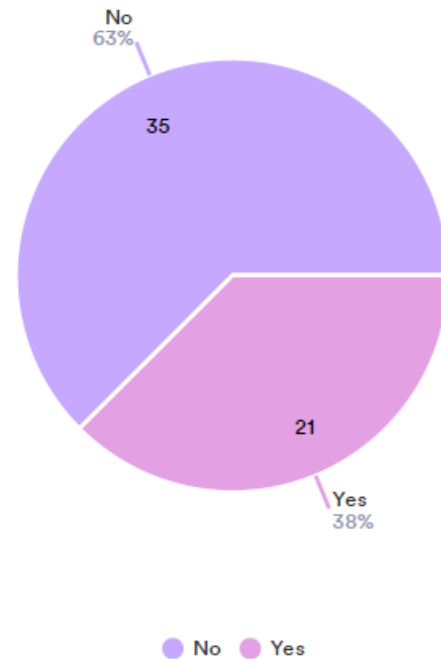


# Demographic Data



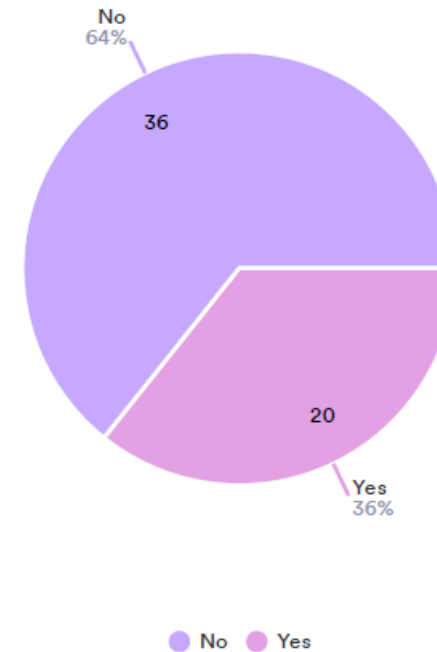
During the past two weeks, have you been bothered by little interest or pleasure in doing things?

56 Responses



During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?

56 Responses

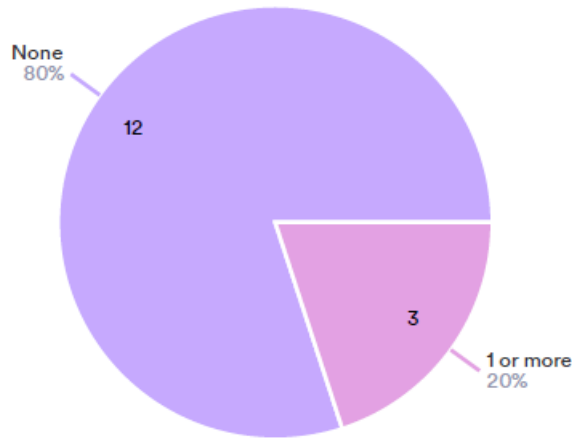


# Demographic Data



How many times in the past year have you had 5 or more drinks in a day?

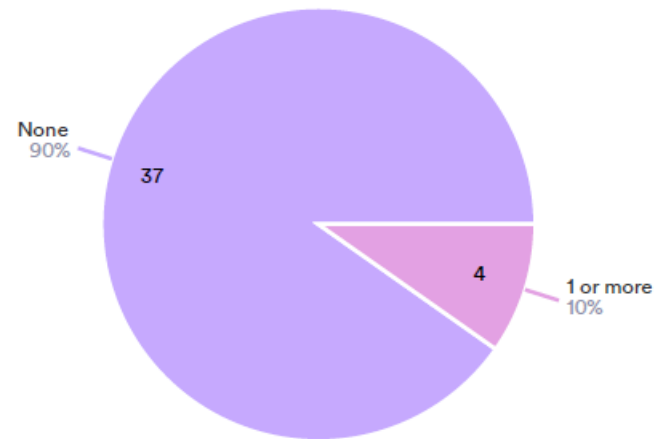
15 Responses- 41 Empty



● None ● 1 or more

How many times in the past year have you had 4 or more drinks in a day?

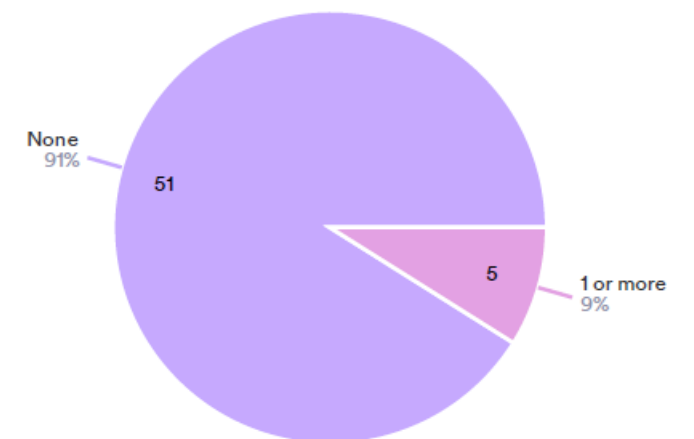
41 Responses- 15 Empty



● None ● 1 or more

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

56 Responses



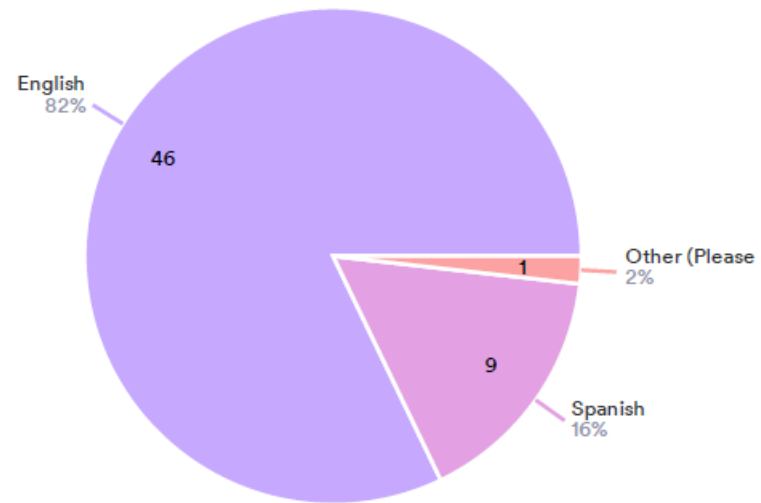
● None ● 1 or more

# Demographic Data



## What is your primary language?

56 Responses



## Other primary languages

1 Response - 55 Empty

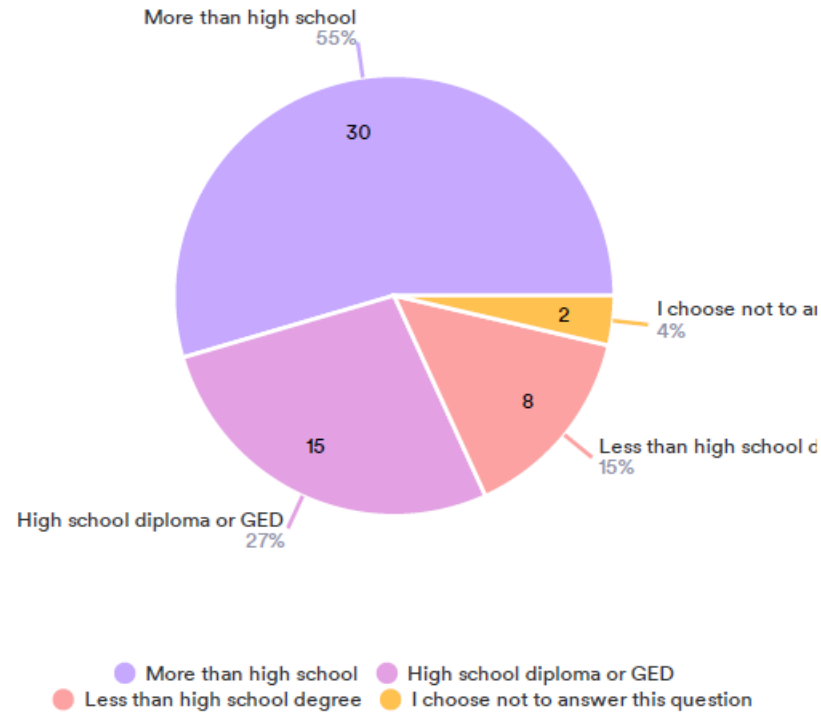
Data	Responses
Bemba	1

# Demographic Data



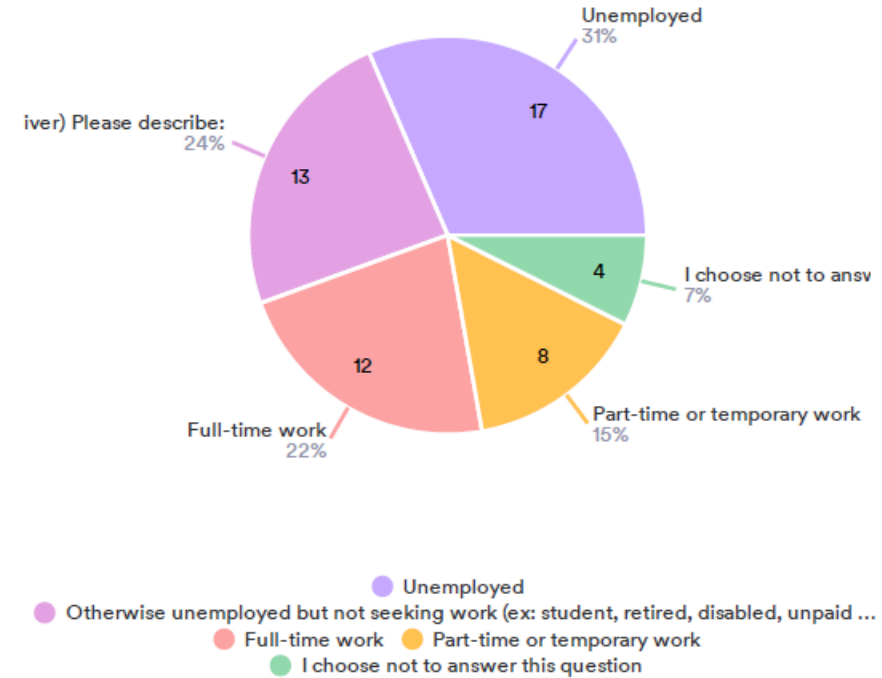
What is the highest level of school that you have finished?

55 Responses- 1 Empty



What is your current work situation?

54 Responses- 2 Empty



# Demographic Data



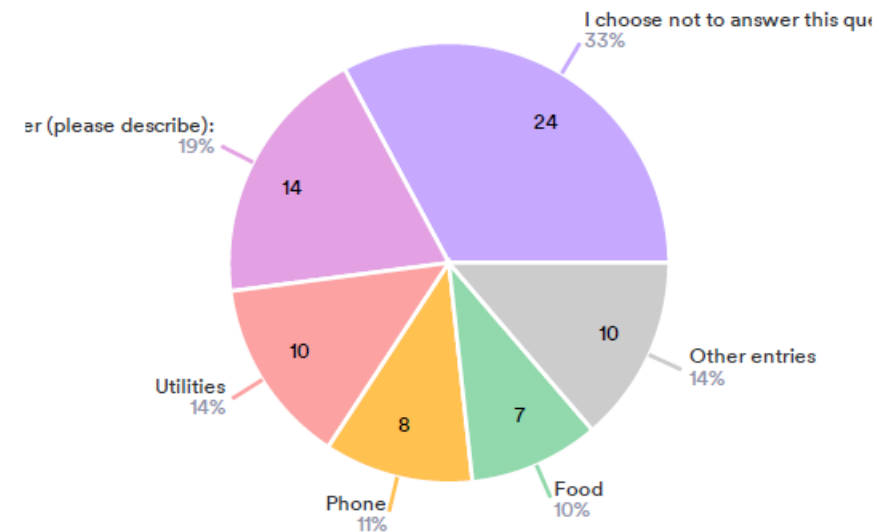
## Other

11 Responses- 45 Empty

Data	Responses
Retired	4
On disability	1
My husband supports me and although I'm not officially disabled, I'm limited to what I can do. Disabled basically.	1
Disabled due to a variety of medical conditions including Diabetes type 2.	1
retired	1
House wife	1

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

73 Responses



# Demographic Data



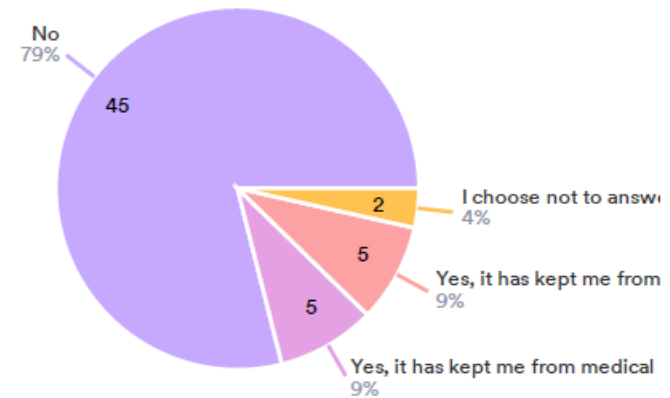
## Other

3 Responses- 42 Empty

Data	Responses
home mortgage payment assistance	1
Money for car repairs.	1
Housing	1

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?  
Check all that apply.

57 Responses



- No
- Yes, it has kept me from medical appointments
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting...
- I choose not to answer this question

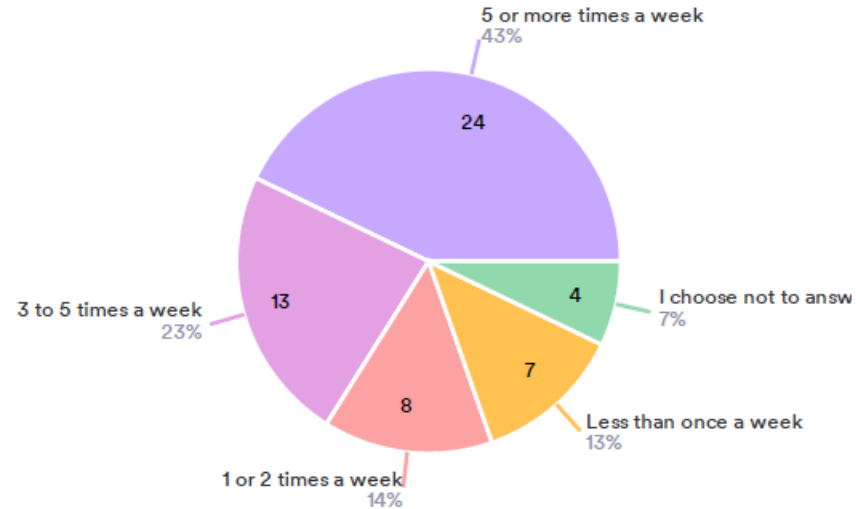


# Demographic Data



How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

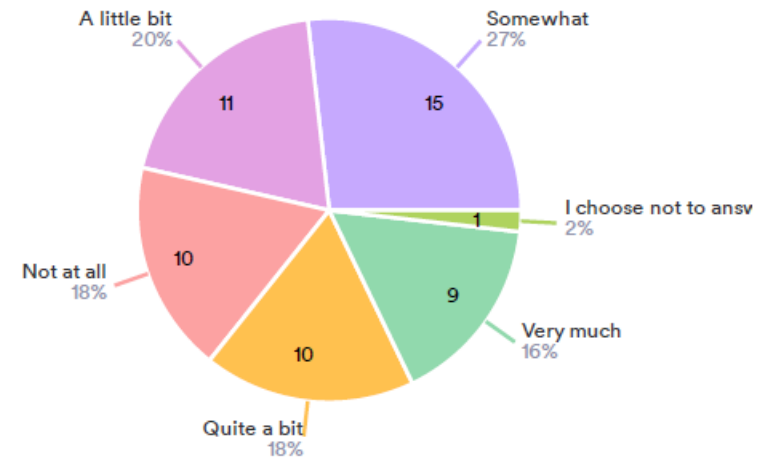
56 Responses



● 5 or more times a week  
 ● 3 to 5 times a week  
 ● 1 or 2 times a week  
● Less than once a week  
 ● I choose not to answer this question

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

56 Responses



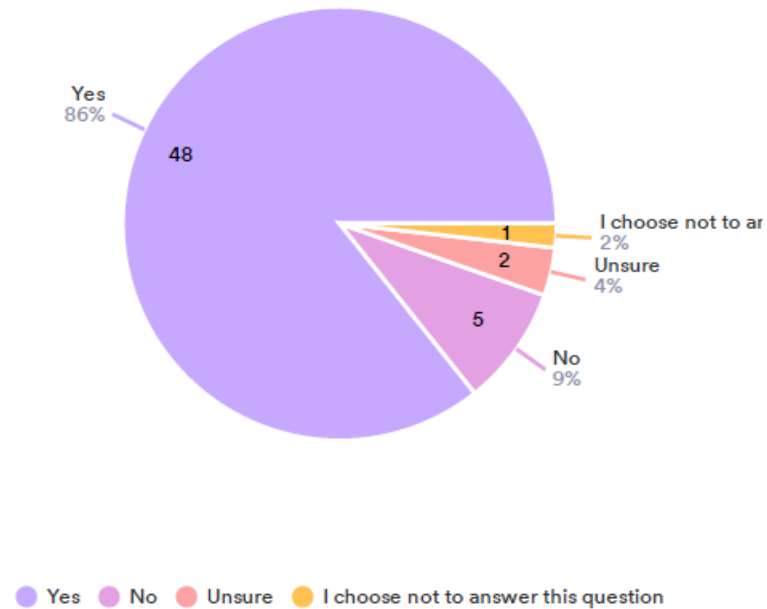
● Somewhat  
 ● A little bit  
 ● Not at all  
 ● Quite a bit  
 ● Very much  
● I choose not to answer this question

# Demographic Data



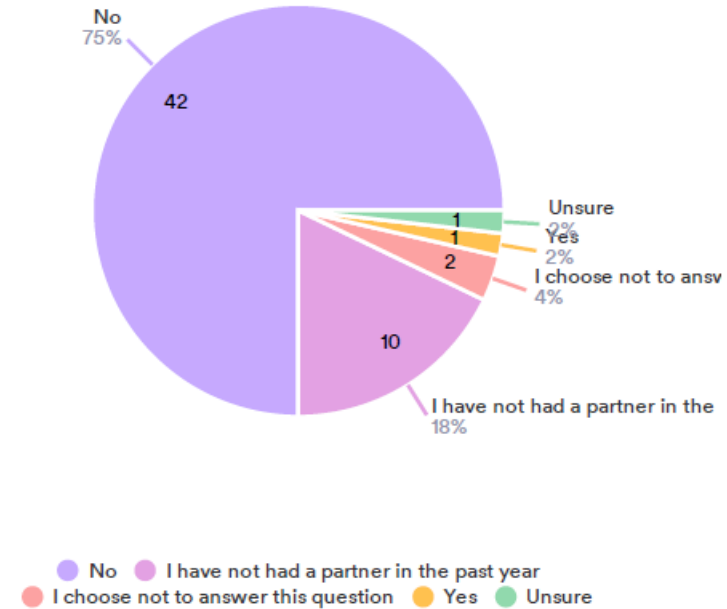
Do you feel physically and emotionally safe where you currently live?

56 Responses



In the past year, have you been afraid of your partner or ex-partner?

56 Responses



# Demographic Data



In general, how would you rate your overall health?

56 Responses

Best Response

3

59%  
Percentage

56  
Responses

Data	Response	%
3	33	59%
4	8	14%
2	7	13%
5	5	9%
1	3	5%

Do you feel confident in your day-to-day ability to manage your blood sugar?

55 Responses- 1 Empty

Best Response

3

33%  
Percentage

55  
Responses

Data	Response	%
3	18	33%
5	15	27%
4	9	16%
2	7	13%
1	6	11%

# Peer to Peer Discussion



Participant  
Engagement

ADCES  
Recordings

Data  
Collection

Goals &  
Outcomes

Zoom  
Sessions

Wellocity

In-Person  
Sessions

Curriculum  
Content

Care Kit  
Tools

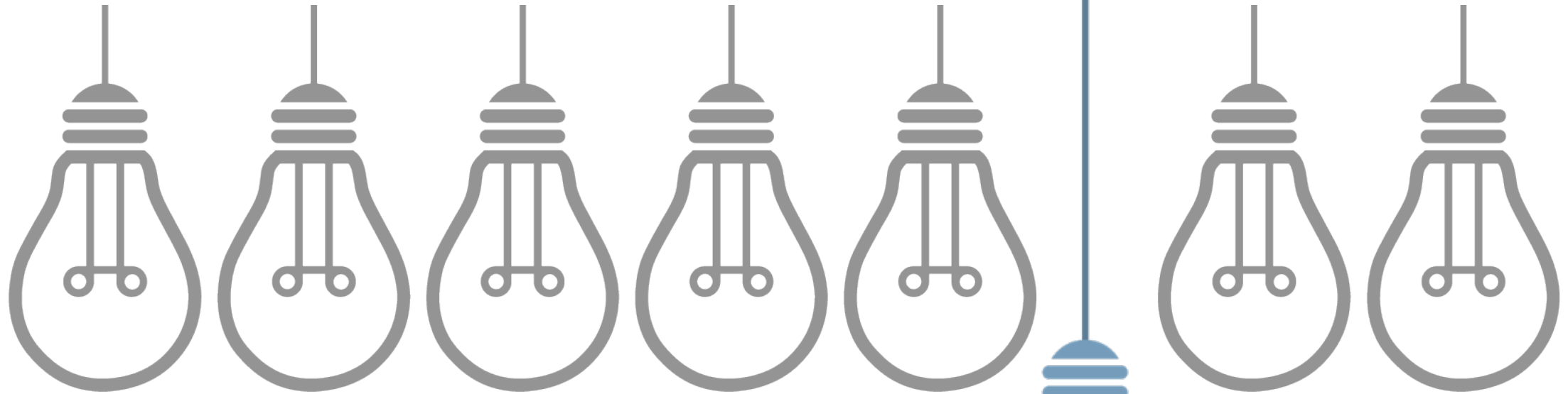


# What comes after Healthy Together Pilot?

**The short answer is.... to be determined!**

- Project continues through April 2023 (last curriculum session in March)
- Will participant health outcomes improve?
- Is the model sustainable? Can health centers and PCA/HCCN Hubs continue the model without NACHC support?

These questions will be assessed throughout the coming months.



**Questions?**



## CONTACT:

**Cassie Lindholm**  
**Deputy Director, Quality Center**  
National Association of Community Health Centers  
[clindholm@nachc.org](mailto:clindholm@nachc.org)  
240.904.9835

[qualitycenter@nachc.org](mailto:qualitycenter@nachc.org)

**Cheryl Modica**  
**Director, Quality Center**  
National Association of Community Health Centers  
[cmodica@nachc.org](mailto:cmodica@nachc.org)  
301.310.2250

# Next Project Meeting:

July 20th, 2022  
1 -2 pm ET



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