Wilkes Diabetes and Nutrition Center
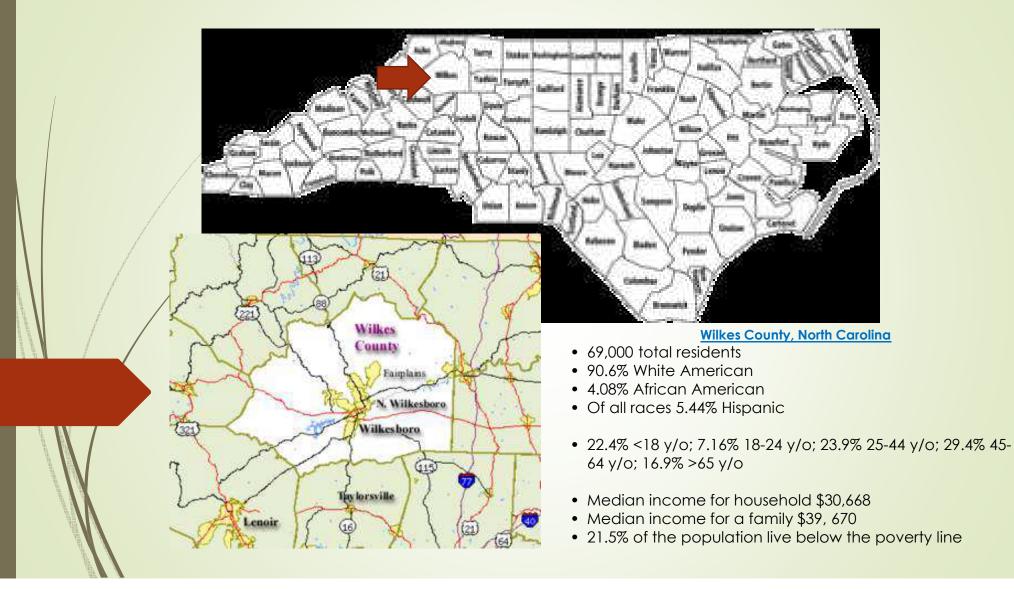
Program Retention Success

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Wilkes County, North Carolina

- 69,000 total residents
- 90.6% White American
- 4.08% African American
- Of all races 5.44% Hispanic

- 22.4% <18 y/o; 7.16% 18-24 y/o; 23.9% 25-44 y/o; 29.4% 45-64 y/o; 16.9% >65 y/o

- Median income for household $30,668
- Median income for a family $39, 670
- 21.5% of the population live below the poverty line

Wilkes Diabetes and Nutrition Center

Program started in 2009 in Cohort III of "DiabetesSmart" was DERP
- 1RN, Part time RD, Heath Educators helped
- Initial assessment, 8 hour class, 3 mo follow up from class
- = very poor retention rate

By 2011, program offices were within the Health Department
- 1RN, ¾ FTE RD, 1 full time management support
- Initial assessment, 2-4 hour classes (held 2 weeks apart) 1 mo follow up, 3 mo follow up
- Retention improved, but still not great by 3 months.

Increased demand client demand, 6-8 week waiting list for new clients, and barriers created opportunity for growth.

In Sept 2013, with a grant from the Health Foundation, the *Wilkes Diabetes and Nutrition Center* opened its doors.
- 2 Full time RDs, 1 full time management support, part time interpreter
- Initial assessment, 1-2hr class (*or individual 2 week follow up), 2 week follow up, 1 month follow up, 3 month follow up, continued contact as needed
- Some contacts may be done as Medical Nutrition Therapy
- Significantly improved retention

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Program by numbers since 2013:

- Total unduplicated patients = 608

- Total patient appointments kept, including MNT clients = 3580

- No show rate = 28%

- Average decrease in A1c of .75% with the highest recorded A1c being 17%

- 76% of participants had a Blood Pressure of <130/<80

- 60% of participants had an A1c of <7%

What works

- Continuously studying the program weak points, surveying clients and doing quality improvement

- Being flexible according to clients needs and allowing them to receive individual education as needed rather than forcing them into classes.

- Having at least 1 RD allows for the flexibility of doing MNT

- Studying productivity metrics to assure billable time is maximized

- Decreasing length of class and increasing the frequency of short visits

- Full time management support

- Routine communication with referring providers

Continued Challenges

- EHR documentation, inconsistent documentation

- Accurate data reports according to data input

- Lack EHR interfacing ability, therefor charting is very cumbersome and time consuming

- Definition of "completed the program"

Questions?