

# Meeting Diabetics' Needs Where They Live

Few could have guessed that the economic downturn would have had such disastrous effects related to diabetes in North Carolina's rural Montgomery County, but when outreach funding was pulled in 2006, mortality rates for the disease escalated, as did the number of diagnosed cases. A 2007 survey found that 16.9 percent of the county's residents had diabetes, a rate almost double that for the state. Compounding the issue, only five primary care offices serve the entire county of 27,745 residents. FirstHealth of the Carolinas discovered the distressing statistics during its triennial community needs assessment — and responded with FirstReach.

"That 16 percent is an alarming statistic," says David Kilarski, FirstHealth's CEO. "We had to ask ourselves, 'How do we access those who aren't part of our four-hospital system walls?'"

FirstReach is a countywide, multidisciplinary diabetes outreach program that pursues three goals: to increase residents' awareness of the signs and symptoms of diabetes and prediabetes; to implement early diagnosis through screenings and referrals; and to improve diabetes management and compliance through intensive education and coordination with primary care providers.

Starting with a small initial grant, FirstReach began conducting diabetes screenings at local banks, Wal-Marts and senior centers, among other community locations. After securing additional foundation funding and support from the state's Office of Rural Health and the North Carolina Health and Wellness Trust Fund, certified diabetes educators were embedded in primary care practices, providing one-on-one diabetes education. In addition, a voucher system was developed through a partnership with area pharmacies, which provided the opportunity for FirstHealth to provide needed supplies and medications. The final component of FirstReach involved the implementation of group medical visits.

During those visits, eight to 10 patients gather at their primary care provider's office for their monthly checkup, with the provider "making the rounds," examining each patient's diabetes management indicators. After that, a certified diabetes educator gives a brief presentation on some aspect of diabetes self-management.

"With the group medical visits, the primary



Photo courtesy of FirstHealth of the Carolinas

care provider isn't repeating himself 10 times, since all patients will hear the same recommendations," explains Roxanne Elliott, policy director for FirstHealth. Diabetes Program Manager Melissa Herman adds, "The group visits buffer costly no-show rates, which are common with underserved populations."

Those who do show up benefit as much from each other as from medical exams and education. For instance, at one meeting, a participant told the group he didn't want to change his lifestyle. Then, Herman recalls, "the man sitting next to him explained that his recent below-the-knee amputation was the result of not taking care of himself, forcing the amputation when he dropped a can of green beans on his bad foot. The man who heard that changed his diet, lost 60 pounds and became a stirring advocate for proper diabetes care."

"Every diabetic telling [his or her] story encourages others to change their behavior. You can't force people to change — you must literally meet them where they are," Elliott says.

Data bear out just how effective FirstReach has been in Montgomery County. Because more people are getting diagnosed and linked to treatment, the diabetes prevalence rate rose from 16.1 to 20.9 per 10,000 people between 2007 and 2011. Most impressively, the diabetes mortality rate per 10,000 dropped from 40.8 in 2007 to 22.8 in 2011. ●

#### PEER LEARNING:

Group medical visits provide exams by professionals as well as the opportunity for people with diabetes to learn from each other.