CU/GHS Health Research and Education Partnership

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Chief Science Officer, GHS
Healthy SC: Fulfilling Clemson’s Land Grant Mission
a population health extension summit, Sept. 2015

Research Partnership Spotlight

University of Oklahoma

University of Kentucky

Oregon State University

Texas A&M

Clemson Cooperative Extension

Greenville Health System
The Duke Endowment Grant for Accountable Communities

Objective:
Develop a program to redesign the public health work force and enhance their skillset in community-based strategies and population health management, while developing a new strategic approach to health through Clemson Extension
CU Healthy Greenville County: Integrated Services for Diabetes Prevention and Management
Why Diabetes in South Carolina and Greenville County?

1 in every 10 Greenville County residents has diabetes.

Total annual hospital charges related to diabetes in South Carolina are over $400 million.

South Carolina ranks 7th highest in the nation in the percent of adults with diabetes.
GHA FUNDING:
AN OPPORTUNITY IN HEALTH INNOVATION
Future Workforce, Reduced Diabetes Incidence, Focused Health Extension Research

Partnering with Clemson University on an innovative curriculum to train the population health workforce of the **FUTURE**

Partnering with GHS Diabetes Education to **REDUCE** diabetes incidence

Partnering with Clemson University to develop and deploy an innovative Health Extension model **FOCUSED** solely on Diabetes Management

Partnering with Clemson Public Health Sciences faculty to provide a national model of **RESEARCH** on Health Extension
CU Healthy Greenville County: Integrated Services for Diabetes Prevention and Management

Two critical and complementary initiatives

Health Extension for Diabetes
led by Clemson University

Diabetes Prevention Program
led by Greenville Health System and Clemson University

Together we will recruit, educate and deploy a population health workforce to manage/prevent diabetes by offering community-based client support services.
Collaborators:

- Clemson University Department of Public Health Sciences
- Clemson Cooperative Extension Service
- Greenville Health System
- SC Department of Health and Environmental Control
- The Lieutenant Governor’s Office on Aging
- American Diabetes Association
GREENVILLE HEALTH SYSTEM: HEALTH SYSTEM PARTNER

Michelle Stancil
Diabetes Self-Management Program (DSMP)

Provides diabetes self-management education and support (DSME/S)

- Improves Hemoglobin A1C
- Assist to gain knowledge, skill and ability to self-manage diabetes
- Cost effective
- Improves quality of life

DSMP Candidates

At diagnoses of diabetes
Annual assessment
  • Challenges identified with self-management
  • Hemoglobin A1C out of target
New complicating factors
Transitions of care

American Diabetes Association. Lifestyle management. Sec. 4. In Standards of Medical Care in Diabetes-2017;40(Suppl. 1): S33-S43
GHS DSMP

Recognized by the American Diabetes Association (a CMS-designated national accreditation organization)
  • National Standards for Diabetes Self-Management Education and Support

Multidisciplinary team
  • Certified Diabetes Educator
  • Board Certified in Advanced Diabetes Management
  • Registered Nurses, Dietitians, Pharmacists, Social Worker
Barriers to DSMP

Reports indicate only 5-7% of individuals eligible for DSMP through Medicare or private insurance plans receive this service.

- Lack of referral, timing, cost, lack of perceived benefit

Alternative and innovative models need to be explored and evaluated.

Healthy Greenville 2036

Health Extension Diabetes Program

• Interventions
  • Program foundation utilizing the National Standards for Diabetes Self-Management Education and Support
  • Curriculum design
  • Extension Agent education
  • Population identification

• Plan
  • Participant enrollment
  • Progress evaluation

Health Extension Diabetes Program

Core content areas to include the AADE7 Self-Care Behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient-generated health data
- Preventing, detecting, and treating acute and chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem solving

American Diabetes Association. Lifestyle management. Sec. 4. In Standards of Medical Care in Diabetes-2017;40(Suppl. 1): S33-S43
Prediabetes

86 MILLION ADULTS HAVE PREDIABETES

9 OF 10 DON'T KNOW THEY HAVE PREDIABETES

1 IN 3 ADULTS HAS PREDIABETES

1 IN 2 - age 65+

Prediabetes

The population with prediabetes is heterogeneous and those at the higher end of the prediabetes spectrum have a higher risk of developing type 2 diabetes.

National Diabetes Prevention Program

Yearlong lifestyle intervention program
- Reduces risk of developing type 2 diabetes by 58% over 3 years
- CDC approved, evidence-based curriculum
  - Achieve and maintain 5-7% loss of initial body weight
  - Increase moderate-intensity physical activity to at least 150 minutes weekly

GHS Diabetes Prevention Program

Diabetes Self-Management Programs are well equipped to assist people with prediabetes in developing and maintaining behaviors that can prevent or delay development of type 2 diabetes.

Healthy Greenville 2036

Health Extension Diabetes Prevention Program

- Interventions
  - GHS initiation of Diabetes Prevention Program
  - Extension Agent observance
  - Extension Agent Lifestyle Coach training
  - DPP population identification

- Plan
  - Initiate DPP community programs
  - Progress evaluation

American Diabetes Association. Lifestyle management. Sec. 4. In Standards of Medical Care in Diabetes-2017;40(Suppl. 1): S33-S43
Healthy Greenville 2036

CU Healthy Greenville: Integrated Diabetes Prevention and Management

- Goals in progress
  - Strong collaborative effort between Clemson and GHS
  - Training initiated and scheduled for population health workforce
  - Coordination of community and clinical partnerships underway
- Timeline in progress
  - Curriculum design
  - Partnership activation
  - Evaluation design
Clemson Cooperative Extension: Community Partner

Dr. Michelle Parisi
Experiential Learning

Health Pre-Professional Interns

Greenville Health System: DM Educators
Provides:
- System for referrals
- Clinical/medical management
- Topic expertise

Community Organizations and Health System Partners

Greenville County Community Health Action Committees

University/Academic Partners

Research

Clemson University PHS Department: Faculty Specialists
- Guide research
- Prepare students for experiential learning

Graduate Students and Post-Docs

Backbone Organization for Collective Impact

Cooperative Extension Service: Health Extension Agents
Program Delivered In:
- Extension Offices
- Senior Centers
- Churches
- YMCAs
- Community Centers

Community Member Partners

Experiential Learning
HEALTH EXTENSION

CLEMSON COOPERATIVE EXTENSION
Clemson Extension Health

Clemson Extension community health agents work in a unique partnership with Clemson University faculty and Greenville Health Systems to provide health and wellness education programs using individual and group approaches to better serve Greenville County.

Our purpose is to meet community members wherever they are in life to positively influence the social determinants of their health. Community health agents follow evidence-based practices to meet community health needs, reduce healthcare costs and prevent unnecessary emergency department visits.

Services Provided:
- Health Education
- Health Programs
- Educational Materials

Community Engagement:
- Health Fairs
- Career Fairs

Health Topics:
- Diabetes
- Heart Disease
- High Blood Pressure
- COPD
- Weight Management and Exercise
- Sleep and Stress

One-on-One and Group Sessions Available
Questions? Contact Shana Madden
Phone: 864-365-0639 or 864-365-0641 Email: smadden@clemson.edu
Clemson University Cooperative Extension Service offers its programs to people of all ages, religions, colors, genders, ages, disabilities, and national origins, and is an equal opportunity employer.
A trusted Clemson University Extension Agent Turns Struggle into Success for an Elderly Woman in Pickens County
Residents in a rural area of Pickens County noticed that their 81 year old ailing neighbor was not participating in her usual activities outside of her home. They referred the woman to a trusted Clemson University Extension Agent for a visit to the woman’s home. The Extension agent found the woman living in a dilapidated trailer with a dangerous, physically abusive family member. The woman reported that this family member had stolen her wallet which contained her identification, social security card, and medical insurance cards, making it difficult for her to go to the doctor and get her medicine. He had pushed her several times resulting in multiple trips to the emergency room. The woman shared with the agent that the family member was just recently incarcerated, leaving her alone in the house with no money, no identification, no transportation, and little food in the pantry. These factors plus her limited mobility were impacting the woman’s ability to take care of her house and her health.

Entering the home, the agent found the woman in a state of very poor hygiene, living in extremely unsanitary, unsafe conditions. Some of the things the agent noticed were that the trailer doors did not close properly and therefore did not lock, there were bugs crawling up the wall, a large hole in the floor leading to the ground below was covered with a sheet of cardboard, and her refrigerator was bare. She had no soap, shampoo, or detergents and the house was filled with dirty laundry. When the agent measured the woman’s blood pressure, it was extremely elevated and the woman reported she had run out of her medication and could not replace it. She had lost a significant amount of weight.

The health extension agent assisted the woman with social and medical factors that were impacting her health. The agent visited the food pantry for the patient and brought her hygiene products and food. She arranged for a volunteer to pick up and wash a load of laundry. Then she physically accompanied the woman to obtain a new identification card which allowed for the application of new medical insurance cards. The pharmaceutical company was contacted and asked to supply medications at a reduced cost. The agent also assisted the patient with making a doctor’s appointment and arranged for transportation to the appointment. Additional follow up led the agent to assist the woman in applying for and transferring to an assisted living facility. This transfer helped remedy the woman’s living conditions, food insecurity, self-care/hygiene struggles, and medication adherence. With social struggles relieved, adherence to the correct medication maintained, and a few visits to her doctor, the woman’s blood pressure and weight regulated, and her health and quality of life significantly improved. When the agent visited the woman after her move to the care facility, the woman cried and expressed to the agent her sincere gratitude for helping her through such a painful and difficult time. This is just one example of the impact that a Health Extension Agent had, and can have in the future, on the communities of SC.
THANK YOU FOR YOUR ATTENTION

Questions?