



Dallas-Fort Worth Business Group on Health  
**Diabetes Management Worksite Program**

**Project Report**

February 2004

**Underwritten by GlaxoSmithKline with additional support from Bayer Corporation and Roche Diagnostics**





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**DFWBGH S-E-T for Success  
Diabetes Management Demonstration Project  
February 2004**



## **Acknowledgements**

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## **The Problem: A Super Sized Nation**

No matter how successful or profitable a business is, it cannot afford bad health. Businesses everywhere are ready to put an end to soaring health care costs. But the silver bullet isn't higher premiums, decreased benefits, capitated services or more drugs. The real solution requires changing our focus and tackling the real problem – unhealthy employees.

Experts estimate that nearly two-thirds of the United States population is overweight. Since 1991, the incidence of obesity has risen from 12 percent to more than 25 percent. While some call it an epidemic, U.S. Secretary of Health and Human Services Tommy Thompson calls obesity the fastest growing disease in America.

Now, imagine what will happen to employer health care costs over the next three to five years when many of those who are “now simply overweight” become diabetic. Then look ahead five years when these diabetics develop kidney failure requiring dialysis, and coronary artery disease requiring complex heart surgery.

Consider these staggering facts from the American Diabetes Association (ADA):

- ❑ Each day, approximately 2,700 people in the U.S. are diagnosed with diabetes. About 1 million people aged 20 years or older will be diagnosed this year. Nationwide, 17 million people have diabetes.
- ❑ Diabetes is the fifth leading cause of death in the U.S.
- ❑ More than \$1 of every \$10 spent on health care services in the U.S. is attributable to diabetes.
- ❑ Heart disease is the leading cause of diabetes-related deaths.
- ❑ The risk for stroke is two to four times higher among people with diabetes.
- ❑ 73 percent of adults with diabetes have high blood pressure.
- ❑ Diabetes is the leading cause of new cases of blindness among adults 20-74 years old.
- ❑ Diabetes is the leading cause of treated end-stage renal disease.
- ❑ About 60 to 70 percent of people with diabetes have mild to severe forms of nervous system damage.
- ❑ More than 60 percent of nontraumatic lower-limb amputations in the U.S. occur among people with diabetes.

As the graying of America continues and the population grows in size and becomes more racially and ethnically diverse, the diabetic population will grow, even if current diabetes prevalence remains unchanged. Using diabetes prevalence rates applied to Census Bureau population projections, the national costs of diabetes could grow to \$156 billion by 2010 (in 2002 dollars) and to \$192 billion by 2020, according to the ADA.

## S-E-T for Success Project Overview

*“Give diabetes an inch and it will take a foot,”* the highway billboard simply stated. It’s graphic, yet true. Diabetes is a complex disease and its management is more than just control of blood glucose. Employees with diabetes must be extra vigilant. They must monitor their levels of blood glucose, blood pressure, cholesterol and watch for symptoms of diabetes while remaining productive at work.

Employees with diabetes are at greater risk of temporary incapacity, permanent disability, and premature mortality. The economic impact of temporary incapacity due to diabetes can be measured by both workdays lost and number of inpatient bed days.

Direct medical and indirect expenditures attributable to diabetes in 2002 were estimated at \$132 billion, according to the ADA.

- **Attributable indirect expenditures resulting from lost workdays, restricted activity days, mortality, and permanent disability due to diabetes totaled \$39.8 billion.**
- **Per capita medical expenditures totaled \$13,240 for people with diabetes and \$2,560 for people without diabetes.**

Although diabetes is incurable, it can be prevented in many employees. For diabetic employees, it may be controlled through multi-faceted diabetes management programs provided at the worksite. Diabetes management programs can drastically reduce a company’s skyrocketing health care costs.

Controlling diabetes translates to controlling health care costs. **Based on data from the ADA, employers could save \$21,360 annually, by keeping just two at-risk employees from developing diabetes.**

### Managing Diabetes in the Workplace

Millions of people spend the largest part of their waking hours at work. As a result, employers are in a unique position to help employees with diabetes gain a better understanding of their disease and find ways of managing it. Employees at-risk for diabetes can be educated in the prevention of the disease and avoid unnecessary complications.

In an effort to empower employees to self-manage their risk for diabetes, the Dallas-Fort Worth Business Group on Health (DFWBGH) initiated a nine-month multi-faceted worksite diabetes management program for its employer members: **S-E-T for Success (Screening, Education, Treatment) – Diabetes Education and Management Program**. This program also provided employers tools to control diabetes-related health care costs and improve day-to-day worker productivity.

The purpose of this innovative program was to:

- ✓ Provide a health-management tool to help employers build a framework for prevention and treatment programs
- ✓ Develop and customize a screening, education and follow-up program for employees that could help reduce diabetes risk factors and improve treatment
- ✓ Help employers take action toward reducing the threat of diabetes in the workplace

Supported by an unrestricted educational grant from GlaxoSmithKline, with additional support from Bayer Corporation and Roche Diagnostics, this demonstration grant was successful in creating greater awareness of diabetes risk factors and self management tools and potentially saving millions of dollars in future health care costs.

**Although this study initially began with two large Metroplex employers, TXU and the Federal Reserve Bank of Dallas (FRBD), the findings in this report primarily reflect those of FRBD. TXU was unable to complete the program.**

## Goals and Objectives

DFWBGH's worksite diabetes management program provided a road map for improved client counseling and prevention to help employees take steps toward healthier living and change the lifestyle behaviors of those at greatest risk.

### The overall goals:

- ❑ Determine the prevalence and cost of diabetes among project participants
- ❑ Develop a model worksite diabetes education and management program to provide disease management planning, screening, education and interventions
- ❑ Evaluate program impact on employee health status, diabetes management and health care costs

### The following objectives were accomplished to meet these goals:

- ❑ Calculate direct and indirect costs of diabetes for employer participant.
- ❑ Determine current diabetes risk for each employer participant.
- ❑ Implement promotion, screening and education resources for employees of each participating company.
- ❑ Implement a diabetes intervention program to include: glucose & HbA1c monitoring, monthly group educational sessions and personal coaching by certified diabetes educators, weekly email self-management reminders (*see Appendix 7: Weekly emails-Sample week #2*)
- ❑ Conduct a process, outcome/behavior change and cost/benefit evaluation for each participating company

## Project Phases

The worksite Diabetes Education and Management Program consisted of five phases:

- ❖ Phase I: Employer Education & Selection
  - Identified and recruited DFWBGH members for participation. Federal Reserve Bank of Dallas was selected
  - Educated benefits manager regarding the prevalence and financial burden of diabetes in the workforce.
- ❖ Phase II: Participation Selection
  - Worksite awareness and diabetes blood glucose screenings (HbA1c and glucose) were offered to employees at a worksite health fair
  - Employees were selected as participants based on results of their blood screenings and invited to participate
  - Participants signed a participation agreement acknowledging risks and permitting DFWBGH access to personal health information

- ❖ Phase III: Worksite Educational Activities
  - Monthly “*Lunch & Learn*” group educational sessions with various diabetes-related topics and speakers
  - Web-based tools (e.g., [www.diabetesatwork.org](http://www.diabetesatwork.org))
  - Participants were encouraged to seek proactive diabetes management by their personal physicians
  - Incentives were used to encourage employees to participate and stay involved, including:
    - ✓ FREE diabetes supplies throughout course of program
    - ✓ FREE Glucometer
    - ✓ FREE glucose and HbA1c blood tests,
    - ✓ FREE diabetes risk assessments,
    - ✓ Personal coaching by professional diabetes educators,
    - ✓ Weekly email reminders and tips (see Appendix 7:Weekly emails)
    - ✓ Newsletter articles
    - ✓ FREE S-E-T for success T-shirts
  - Self-report health tracking forms were provided
  
- ❖ Phase IV: Evaluation
  - Participation rates and self-report health-tracking forms were evaluated
  - Follow-up HbA1c and glucose results were compared with baseline blood tests.
  - Employees were surveyed regarding satisfaction with program, usefulness of diabetes management tools and improvements in health status and on-the-job productivity.
  
- ❖ Phase V: Reporting
  - Project results, including changes in employee risk factors, were summarized in a written project report and in a PowerPoint presentation.

## Program Components

### Awareness & Communications

- Employer Planning Guide with manual and forms on CD ROM including Communications Checklist Worksheet (See Appendix 5: Communication Checklist)
- Information/promotion about DFWBGH Demonstration Project

### Employer-based Assessments

- Employer Resources Audit (See Appendix 1)
  - ✓ Internal project coordinator/staff support
  - ✓ Employee demographics (See Appendix 1)
  - ✓ Formulary evaluation
  - ✓ Medical & pharmacy claims analysis
- Diabetes “Burden of Illness” calculation (direct and indirect cost estimates) (See Appendix 4)

### Worksite Activities

- Diabetes Risk Assessment (web-based & print)
- Blood Screenings (glucose and HbA1c)
- Education
  - ✓ Educational brochures, posters, newsletter articles, e-mails, etc.
  - ✓ Internet health information (website link)
  - ✓ Group education sessions with certified diabetes educator
  - ✓ List of endocrinologists in company health plans
- Targeted Interventions
  - ✓ Free glucometers to employees with diabetes
  - ✓ HbA1c blood tests: pre & post-intervention
  - ✓ Glucose blood tests: pre & post-intervention
  - ✓ Self-management tracking form
  - ✓ Weekly email reminders (see Appendix 7: Weekly Emails)
  - ✓ Monthly coaching sessions with certified diabetes educator

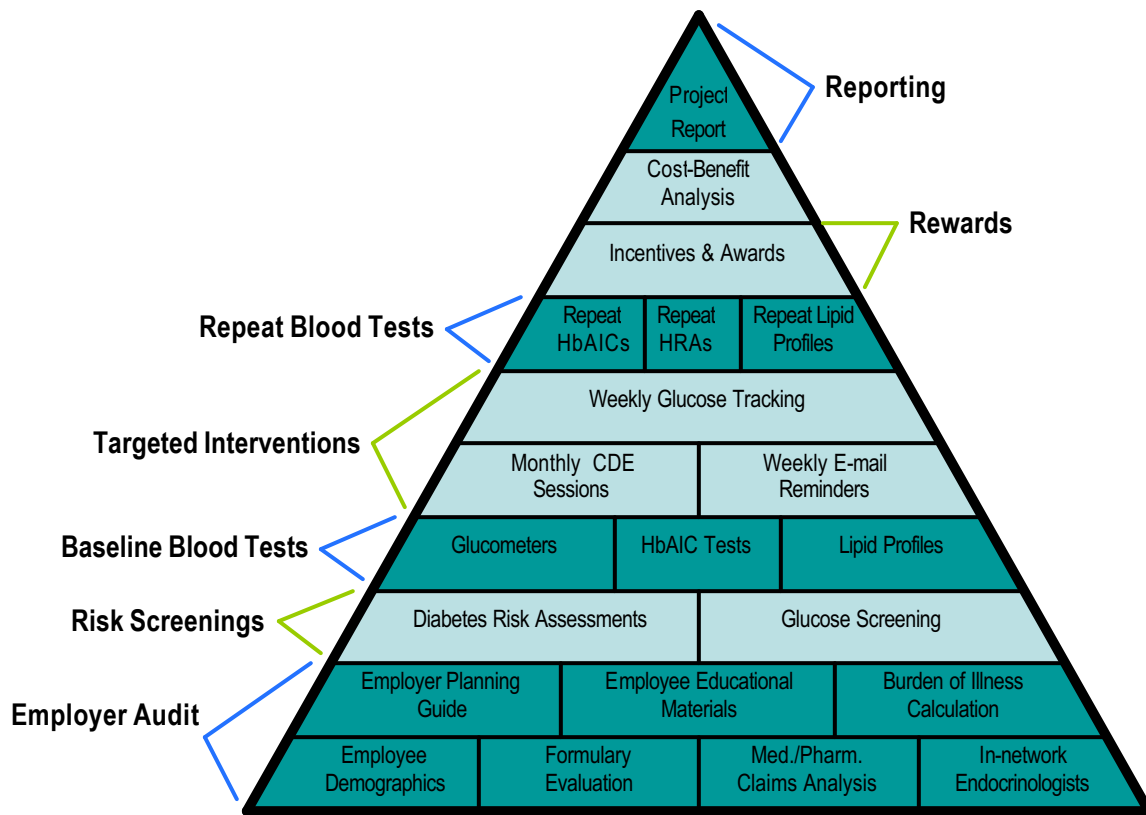
### Incentives & Awards

- Employee incentives
  - ✓ Free snacks and meals, t-shirts, glucometers, educational materials provided by DFWBGH
  - ✓ Other optional incentives as determined/provided by employer (e.g. free diabetes testing supplies and medications)
- Employer award presentation
- Press releases

### Program Evaluation

- Employee feedback & satisfaction survey
- Medical & pharmacy claims analysis compared to baseline data
- Impact analysis
- Summary report for employer (incl. aggregate data, impact analysis, etc.)
- Project report
  - ✓ Written report
  - ✓ PowerPoint presentation

# Project Component Pyramid





## Implementation

With a diabetes management worksite model developed, the first step was to identify participating employers. Federal Reserve Bank of Dallas met the criteria, including workforce demographics that suggested a high incidence of diabetes, and medical and pharmacy claims that indicated frequent use of the health care system for diabetes-related treatments.

**Federal Reserve Bank of Dallas (FRBD)**-As one of 12 regional Reserve Banks in the Federal Reserve System, the FRBD serves the Eleventh Federal Reserve District, which consists of Texas, northern Louisiana and southern New Mexico. FRBD has 2,030 employees, LTD, retirees and survivors eligible for medical coverage, of which 1,037 are female and 993 are male. 1,000 employees are DFW-based and these were invited to participate in this project. Employee demographics are shown in Appendix 2: Resource Audit Worksheet.

Through DFVBGH, the FRBD was able to provide its employers a complete suite of diabetes management options that included education, online tools, and one-to-one personal support.

### Employee compliance and incentives

Each employee participant had to agree to the terms of the program and sign a waiver permitting DFVBGH access to confidential personal health information. 35 employees volunteered to participate in the six-month program. This waiver was adapted for use and approved by the FRBD prior to use. (See Appendix 6: Sample Waiver)

As an incentive to participate in this program, FRBD participants were provided diabetic supplies through Liberty Direct Supplies without a co-pay. Supplies were provided for a 30-day prescription. If it was determined by the company nurse that a participant was not complying with the terms of the program, he/she was deleted from Liberty Direct's eligibility file and did not receive free supplies.

Claims data provided information on the process used for Liberty Direct Supplies eligibility files and payment of invoices. From January to June 2003, FRBD purchased \$13,415.25 from Liberty Direct Supplies for 30 employees, averaging \$55.89 per employee a month. January 2003 expenditures from Liberty Direct for diabetic supplies totaled \$1,328.13 compared to June's expenditures of \$742.55 suggesting that the program was having a positive impact on participants. A longer period of tracking such data would be needed to determine if continued use of the program would reflect a sustained downward trend in costs for diabetic supplies. A longer trial period could provide better measures of

employee adherence to treatment protocols and behavior changes, which should reduce the use and expense of medical supplies over the long term.

### **Glucose Screenings**

A total of 262 employees at the FRBD were initially screened for diabetes. Of these, 17 were determined to either have diabetes or be at risk (positive screen) for the condition, representing 7 percent of the screened participants. This falls in line with the trend of 6 percent being diabetic within the general population. An additional 216 employees showed a tendency for diabetes. However, according to Liberty Medical claims data, 100 to 150 FRBD employees have been diagnosed with diabetes, which is somewhat higher than the general population.

### **Glucometer**

Each FRBD participant with diabetes was given a free Bayer Elite glucometer and was required to maintain a Diabetes Self Management Tracking Form developed by FRBD. The glucometer readings were downloaded to the company coordinator's computer via Glucofacts software provided by Bayer Corporation. At each monthly meeting, participants were provided charts showing their glucometer readings with a report of their progress.

### **“Lunch & Learns”**

Six “Lunch & Learns” were provided to participants during the six-month project. (FRBD continued the program for an entire year.) FRBD employees could purchase lunch through food vouchers provided by the program in the bank cafeteria. Held monthly, these educational meetings, conducted by certified Diabetes Educators were used to teach nutrition, exercise and healthy lifestyle habits. Topics included:

- Jan. 16: Introduction and Monitoring Blood Glucose
- Feb. 20: Medical Nutrition & Therapy
- Mar. 20: Benefits of Increasing Activity Levels
- April 17: Medical Management of Diabetes
- May 15: Prevention & Complications
- July 12: Wrap-up and Long-term Goal Setting

During the final meeting in July, participants completed a feedback and satisfaction questionnaire. Fourteen surveys were completed. Here are some of their comments.

**Q. Please let us know about any significant changes or observations you made while enrolled in the program?**

Answers:

- *I am no longer a potential candidate for Type II diabetes because of lifestyle changes I have made based on information I obtained in this program.*
- *I have lost a significant amount of weight. Also my blood sugar has dropped to normal ranges almost every day.*
- *I have learned what to eat and how much.*
- *I am paying more attention to my glucometer readings. I know/understand more about how diabetes works and how medication affects it.*

**Q. Please describe how valuable you felt this program was to you.**

Answers:

- *This program has helped to alter my life by changing the impact diabetes could have on it.*
- *I have started to check my blood sugar level everyday. Getting the free supplies from Liberty has been a real plus.*
- *The motivation and encouragement is priceless.*

## **FRBD Survey Results**

All the topics of the FRBD Lunch & Learn meetings ranked very favorably.

- Eleven of the 14 respondents attended at least three or more of the 6 Lunch and Learn Sessions
- *Medical Nutrition Therapy* garnered the most (5) favorable votes
- *Benefits of Increasing Activity Levels* was ranked the “most enjoyed” topic by 7 respondents.
- Twelve of the 14 respondents ranked the program “very useful” and 2 ranked the program “useful”
- No one ranked the program “not useful”
- Twelve of the 14 respondents stated they were “very likely” to participate in Phase II and 2 ranked “likely.” No one voted “not likely to participate in the continuation of the program”

As modeled by the program, lifestyle modification remains a cornerstone for diabetes management. Strong evidence that diet, walking and other types of activity can go a long way in reducing mortality and other diabetic complications.

Federal Reserve Bank of Dallas participants wanted to continue the program and DFWBGH agreed to extend the program for another 6 months. The same “Lunch and Learn” topics were repeated with more coverage on areas of concern among participants.

## Outcomes

DFWBGH's S-E-T for Success Diabetes education and management program at the FRBD was successful in providing a health-management tool to help employers build a framework for diabetes prevention and treatment programs at the worksite.

FRBD had 35 participants complete the program December 31, 2003 and 35 have opted to continue the program with funding through other sources. Employee participants are still offered free diabetic supplies through Liberty Direct.

## Lessons Learned

DFWBGH's worksite program proved that employers *could* make diabetes management work at work. Moreover, onsite educational programs go a step further by enhancing employee moral and loyalty. Such worksite programs hold enormous potential for reducing diabetes among employees, enhancing worker productivity, decreasing diabetes-related costs and reducing other health problems.

The program definitely increased awareness of Diabetes management and probably improved the health of employee participants.

As we explore expanding this successful program to other employers, these additional ideas will be considered for future initiatives:

- To make the program the most successful, the benefits, wellness and fitness departments must collaborate to ensure a program synergy.
- There must be a commitment from senior management to ensure that resources are allocated appropriately and sufficiently to support the program within the company.
- The corporate culture must emphasize wellness and prevention.
- A 12 to 18 months commitment by the employer is needed. Six to nine months is not long enough to generate needed behavior changes among participants.
- "Readiness to change" surveys should be completed before participants are accepted into the program.

- A weight management component, such as Weight Watchers, should be included since obesity and diabetes are often linked.
- A psychologist should be involved for behavior modification issues.
- Actual application lessons are needed at the worksite, not just educational classes. For example, companies should make changes in their employee dining room and vending machines to support healthier eating and provide facilities for employees to exercise.
- Incentives must be directly tied to participant involvement, i.e. free diabetic supplies to participants.
- Ideally, different topics should be taught by the most appropriate member of the healthcare team, provided they have experience in diabetes management. The team can include physicians, nurses, dietitians, exercise physiologist, pharmacist, psychologist, podiatrist etc.

## APPENDIX 1: Resource Audit Worksheet

### Employee Demographics-FRBD

Number of Employees by the following **AGE** groups:

Sex	20-39	40-49	50-59	60-74	<u>TTL People</u>
Both	604	499	400	527	<b>2030</b>
Male	319	218	185	271	<b>993</b>
Female	285	281	215	256	<b>1037</b>

Number of Employees by the following **ETHNICITY** groups:

<b>Ethnicity</b>	<b>TTL People</b>	<b>Percentage</b>
Caucasian	1186	58%
African American	426	21%
Hispanic	369	18%
Asian American	47	2%
Native American	2	0%

## APPENDIX 2: Diabetes Prevalence Worksheet

The Third National Health and Nutrition Examination Survey, 1988-1994 (NHANES III Data), is one of several sources for calculating prevalence of diabetes in the United States. NHANES II is a representative sample of more than 18,000 adults surveyed within the general population to determine the percentage with a known diagnosis of diabetes.

Use the prevalence rates listed in the NHANES III Data chart below to calculate the number of employees between 20 and 64 who are at risk for diabetes.

SEX	Percentage By Age				General Population # of Employees
	20-39 years # of Employees	40-49 years # of Employees	50-59 years # of Employees	60-74 years # of Employees	
<b>Both Sexes</b>	1.1% x _____	3.9% x _____	8.0% x _____	12.6% x _____	5.9% x _____
<b>Men</b>	1.1% x _____	3.3% x _____	9.6% x _____	11.8% x _____	5.9% x _____
<b>Women</b>	1.1% x _____	4.4% x _____	6.6% x _____	12.8% x _____	5.9% x _____

Prevalence of Diabetes by **AGE** and **GENDER**-FRBD

Sex	20-39	40-49	50-59	60-74	<u>TTL People</u>
Both	7	19	32	66	<b>120</b>
Male	4	7	18	32	<b>59</b>
Female	3	12	14	33	<b>61</b>



## APPENDIX 3: Prevalence of Diabetes by Special Populations

Some populations have a higher incidence of diabetes. These include African American, Mexican American, Asian/Pacific Islander and Native American. Use the prevalence ratios for special populations in the NHANES III chart below to calculate the number of employees who are at risk for diabetes, based on age, gender and ethnicity.

Ethnicity/Gender	Percentage By Age			
	20-39 years # of Employees	40-49 years # of Employees	50-59 years # of Employees	60-74 years # of Employees
<b>White</b>	1.0%	3.3%	7.5%	11.3%
Both Sexes	x _____	x _____	x _____	x _____
Men	1.2%	3.0%	9.9%	10.9%
	x _____	x _____	x _____	x _____
Women	0.9%	3.5%	5.3%	11.7%
	x _____	x _____	x _____	x _____
<b>African American</b>	1.6%	6.2%	13.8%	20.9%
Both Sexes	x _____	x _____	x _____	x _____
Men	1.6%	5.5%	13.0%	16.8%
	x _____	x _____	x _____	x _____
Women	1.6%	6.7%	14.5%	23.9%
	x _____	x _____	x _____	x _____
<b>Hispanic</b>	0.8%	7.3%	16.0%	24.4%
Both Sexes	x _____	x _____	x _____	x _____
Men	0.5%	5.5%	15.5%	18.8%
	x _____	x _____	x _____	x _____
Women	1.2%	9.2%	16.5%	29.0%
	x _____	x _____	x _____	x _____

Prevalence of Diabetes by **AGE** and **GENDER** and **ETHNICITY**-FRBD

<b>Caucasian</b>					
	<b>20-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-74</b>	<b><u>TTL People</u></b>
Both	4	10	18	35	<b>65</b>
Male	0	4	11	17	<b>32</b>
Female	1	6	7	17	<b>31</b>
<b>African American</b>					
	<b>20-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-74</b>	<b><u>TTL People</u></b>
Both	2	6	12	23	<b>43</b>
Male	1	3	5	10	<b>18</b>
Female	1	4	7	13	<b>24</b>
<b>Hispanic</b>					
	<b>20-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-74</b>	<b><u>TTL People</u></b>
Both	1	7	12	23	<b>43</b>
Male	0	2	5	8	<b>16</b>
Female	1	5	6	13	<b>25</b>

## APPENDIX 4: Diabetes “Burden of Illness” Worksheet

Once you have determined an estimated number of employees at risk for diabetes, you can calculate the costs associated with these risks. According to the ADA, estimated medical costs (including diabetes-related and non-diabetes-related costs) for a person with diabetes is \$13,240 each year, while the medical costs for a person without diabetes or other chronic condition is \$2,560.

### FRBD

#### Estimated Medical costs per Employee:

-Without diabetes or other chronic condition	\$ 2,560
-With Diabetes	\$13,240
<b>More per diabetic employee</b>	<b>\$10,680</b>

Total Employees	2,030	x	\$2,560.00	=	\$5,196,800.00
NHANES III estimate of diabetic employees	<b>120</b>	x	<b>\$10,680.00</b>	=	<b>\$1,281,600.00</b>
Total Cost of Care	1,910				\$6,478,400.00

Projections based on know number of covered plan members purchasing diabetes supplies in 2002.

Total Employees	2,030	x	\$2,560.00	=	\$5,196,800.00
<b>Number of covered employees or dependents purchasing diabetic supplies in 2002</b>	<b>150</b>	x	<b>\$10,680.00</b>	=	<b>\$1,602,000.00</b>
Total Cost of Care	1,880				\$6,798,800.00

\*Total number of employees with diabetes for the FRBD-120 was determined by adding total numbers for each ethnicity from Figures of Appendix 4.

*Source: American Diabetes Association*

## APPENDIX 5: Communication Checklist Worksheet - FRBD

### Availability of communication tools:

\_\_\_\_ Intranet    \_\_\_\_ Internet Access    \_\_\_\_ Bulletin Boards

\_\_\_\_ Payroll Staffers    \_\_\_\_ Other \_\_\_\_\_

### Health Promotion/Wellness Checklist Worksheet

Availability of staff and resources listed below:

\_\_\_\_ Part or full-time wellness coordinator    \_\_\_\_ Worksite health screening

\_\_\_\_ Workplace Internet-based health information program

Name of Wellness Coordinator \_\_\_\_\_

### Medical/Pharmacy Claims Data and Contact Worksheet

Availability of claims data and coverage as indicated below:

- Medical and pharmacy claims data related to diabetes for 12 months prior to program
  - ✓ Medical claims (inpatient and outpatient) with ICD-9 diagnosis codes 250.xx (diabetes-related)
  - ✓ Pharmacy claims for diabetes medications and supplies
- Medical and pharmacy claims data related to diabetes for 6 months during program
  - ✓ Medical claims (inpatient and outpatient) with ICD-9 diagnosis codes 250.xx (diabetes-related)
  - ✓ Pharmacy claims for diabetic medications and Supplies
- Pharmacy plan coverage for diabetes testing equipment and supplies

Medical Plan Contact: \_\_\_\_\_

Pharmacy Plan Contact: \_\_\_\_\_

# APPENDIX 6: Sample Waiver

## Federal Reserve Bank of Dallas (FRBD) Diabetes Program Consent, Release, and Waiver

The Diabetes Education Program at FRBD is a joint project between Dallas Ft. Worth Business Group on Health (DFWBGH), Roche Diagnostics, GlaxoSmithKlein, Bayer Corporation, Schering-Plough, and FRBD. The purpose of the project is to determine if providing diabetes education in the work place leads to improved health behaviors and outcomes. Please read the terms of this agreement and sign below if you agree to give your consent to participate in the diabetes Program project.

### What FRBD Health and Wellness will provide participants:

1. Monthly one-hour meetings (may include lunch) with a diabetes educator (6 months)
2. Each meeting will cover educational information for self-management of diabetes
3. Full participation participants will each receive a blood glucose monitor for home testing, including a finger sticking device, and lancets for the duration of the program.
4. No copay for diabetic supplies obtained through Liberty Direct Services Corporation as prescribed by the participant's physician.

### What the Participant commits to participate:

1. Agree to attend all 6 monthly meetings
2. Agree to test blood sugar with equipment supplied at the intervals prescribed in the course.
3. Agree to test HgA1c lab pre\_\_\_\_\_ and post\_\_\_\_\_ course
4. Agree to complete an HRA pre\_\_\_\_\_ and post\_\_\_\_\_ course
5. Complete diabetes pre-course knowledge assessment \_\_\_\_\_
6. Complete diabetes post-course knowledge assessment \_\_\_\_\_
7. Consent to sharing the above pre and post program labs and information:
  - a. Baseline HRA
  - b. Post course HRA
  - c. Baseline HgA1c
  - d. Post course HgA1c
  - e. Pre and post course knowledge assessment

I consent to participate fully in the diabetes program as described in the participant commitment section of this agreement provided by FRBD Health and Wellness Management unit. I understand that all participant information will be kept confidential, in aggregate format, with individual identities concealed for confidentiality. Your name will not be released in any form, other than eligibility for benefits through Liberty Direct Corporation. The blood glucose values, HgbA1c, and HRA information will be used as the values/numbers only, without any names associated.

I understand the purpose for this program is to provide information and resources to each participant that is beneficial for disease management in exchange for inclusion of my data gathered to demonstrate that diabetes education at the work sites can improve health outcomes. I have had the opportunity to ask any questions pertaining to my participation and agree to participate.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## **APPENDIX 7: Weekly emails-Sample week #2**

Get S-E-T for Success! This weeks email topics include:

- ✓ Exercise Planning Guide
- ✓ Diabetes in the News
- ✓ Helpful Hints & Encouragement

### **EXERCISE PLANNING GUIDE**

#### *What to do?*

Almost any physical activity that you enjoy can serve as a form of exercise. Ideally, choose low-impact activities that use large muscle groups rhythmically – such as swimming, biking, walking, dancing or weight training. Add “recreational” activities throughout the day such as shopping, yard work, and extra walking to burn more calories and raise your metabolism.

#### *When to do it?*

Choose a time that is convenient for you, preferably after a meal or snack. Morning exercise is usually best, but mid-day or early evening is OK as well. Avoid late-night exercise, as this may lead to nighttime hypoglycemia or keep you from falling asleep.

#### *How often to do it?*

Remember, exercise is like taking medicine for your diabetes. You will get the most consistent benefits through daily exercise. Aim for 5-7 days per week.

### **DIABETES IN THE NEWS**

<http://www.diabetes.org/main/health/exercise/faq.jsp>

This site answers some of the frequently asked questions regarding diabetes and exercise.

### **HELPFUL HINTS & ENCOURAGEMENT**

Create a reward system for yourself. Set a goal this week of measuring your glucose 3 times per day. At the end of each day, give yourself a small reward, i.e. 10 minutes alone with a magazine, a pat on the back. At the end of the week, if you have achieved your goal, reward yourself with something larger! i.e. a trip to the movies, a new shirt, a book. Set rewards that is encouraging and motivational to you! You deserve them – you’re doing a great job of learning to take care of someone important – YOURSELF! Remember to download your glucometer information.

**If you would like additional information regarding the Dallas-Fort Worth Business Group on Health please visit: [www.dfwbgh.org](http://www.dfwbgh.org) or call us at 214.382.3036.**

If you would like additional information on providing a worksite diabetes management program at your company, please call Mande White at 214.382.3036.

