Togetherhood Initiative

A Community Health and Well-being Collaborative

DIABETES REPORT FOR COLLIER COUNTY

Prepared by the Core Health Partners Foundation

2023 PROGRESS REPORT

“The only way we can drive change is to quit working in silos. This is why I am thrilled with the Togetherhood Initiative.

The success in Collier County only occurs when we co-produce the process and the results are what the community seeks and can change.”

Chuck Gillespie, MBA, CWP
CEO, National Wellness Institute

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FOREWORD

TOGETHERHOOD INITIATIVE IS THE EVOLUTION OF COORDINATION OF CARE FOR COLLIER COUNTY

Coordination of care in healthcare results in better patient outcomes and significant healthcare cost savings. Failures in care coordination account for $27.2 billion to $78.2 billion in waste per year in the United States. Coordination of care is defined as "deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care." This includes determining the patient's needs and preferences and communicating them "at the right time to the right people."

In a community like Immokalee, FL, coordination of care becomes even more difficult because of a lack of services being available, plus the many other health and economic factors that underserved communities face. For this is why Togetherhood provides an ideal model to evolve coordination of care from a health model to a well-being model.

You see, shared vision and co-production are the critical success factors missing in most health and wellness initiatives deployed across the United States. Health and wellbeing programs, services, initiatives, and coalitions today are extremely siloed. Much of the siloed issues stem from a lack of a repository for projects that are easily assessable by the public. Because of the siloed nature of the offerings in health and wellness, the ability to scale programs and services across a large spectrum is greatly lacking. The inability to scale impacts the long-term sustainability of these offerings.

The Third Edition of the book Lifestyle Medicine has a chapter titled Community as a Catalyst for Healthier Behaviors. The chapter, researched and written by Drs. Jane and Peter Ellery, both Sr Fellows with the National Wellness Institute, explain that the association between health, engagement, and community is apparent in initiatives that are focusing on systems and environmental changes. Changes that combine a salutogenic focus with community involvement and co-production models can be initiated by physicians, mayors, urban planners, worksites, and many others in communities. The Togetherhood Initiative allows for Immokalee, FL to not only serve its community with better care coordination, but this initiative becomes the national model for how care coordination can help drive community health and economic vitality.

In 2018, US Surgeon General, Dr Jerome Adams, released his Call to Action. The report outlined that to improve the health of Americans and help foster a more sustainable and equitable prosperity, "Community Health and Economic Prosperity" or "CHEP" for short uses a multipronged approach focused on:

- Engaging businesses to be community change-makers and forces for health in their communities
- Implementing solutions to help improve and sustain the health of communities.
- Strengthening communities to be places of opportunity for health and prosperity for all.

The Togetherhood Initiative meets the Call-to-Action items. But it further expands the capabilities of a health systems already contained, because with the offerings of

[1] 2019 study in the Journal of the American Medical Association
[2] The Agency for Healthcare Research and Quality

what is under a single roof and nearby, the Togetherhood Initiative also elevates coordination of care, which in turn allows for a better patient experience, improved health for the community, and lower overall costs.

Further, care coordination like the Togetherhood Initiative enables providers to:

- **Work at the top of their credentials.** Physicians have more quality time to care for patients, since patient care coordinators (PCCs) can directly handle or facilitate with the physician's care team a wide range of patient care tasks.
- **Improve utilization management.** Care coordination allows physicians and other care team members to focus on proactive care, rather than react to expensive acute care episodes.
- **Engage patients in their own care.** As extensions of the physician and his/her care team, PCCs can stay closely connected to patients. Regular communications help engage patients and focus their attention on preventative actions.

Consider what can be accomplished within the Togetherhood Initiative and I urge you to consider proper funding to build it into a needed and self-sustaining offering.

Very truly yours,

Chuck Gillespie, MBA, CWP
Chief Executive Officer
National Wellness Institue

NATIONAL WELLNESS INSTITUTE

About National Wellness Institute: The National Wellness Institute (NWI) drives professional standards, provides world-class professional development, produces practical application programming, and creates engagement opportunities that support individuals from a variety of disciplines to promote well-being for all. NWI has been the worldwide leader of the wellness promotion since 1977.

At the core of NWI's offerings are the Wellness Promotion Competency Model, the Six Dimensions of Wellness model, and the Multicultural Competency in Wellness Model, which guide the strategies for cultivating great champions, navigators, and leaders of wellness. The National Wellness Institute's Certified Wellness Practitioner (CWP) is recognized globally as the gold-standard credential for the industry.

Pictured left to right: *Paul Thein, Core Health Partners; Chuck Gillespie, National Wellness Institue; Steve Popper, Meals of Hope; Joe Balavage, Help a Diabetic Child*

The Gaps in Our Community
Florida Department of Health in Collier County

The Healthy Collier Coalition

The Community Health Assessment (CHA) represents a summary report that provides a snapshot of Collier County community strength, needs, and priorities, as they relate to population health.

The goals of the CHA are to discover focal points for health improvement, contributing factors that determine health outcomes, and the most effective community assets and resources that can be mobilized to improve population health.

Through this effort, the Florida Department of Health formed the Healthy Collier Coalition as a partnership of community members and groups working in concert to protect, promote, and improve the health of our community. The Healthy Collier Coalition's goal is to develop a community health improvement plan that includes strategies to address and improve the health needs and those issues of priority as identified by the residents and visitors of Collier County.

Ten health categories were ranked over the past three years by the Collier community and the top five issues of priority focus include Mental Health, Access to Care, Chronic Diseases, Health of Older Adults, and Alcohol/Drug Use.

The (Healthy Collier) Community Health Improvement Plan (CHIP) prioritized chronic disease as one of the county's top four health priority areas for 2020-2023.

The chronic diseases workgroup was influenced by local pediatricians who were concerned about the number of overweight and obese children they were seeing in their medical practices. The workgroup formed a pediatric obesity sub-committee and decided to apply a health equity lens to this health issue to inform the current work of Collier County pediatricians and youth serving agencies, while providing insight for planning future interventions.

While this health issue is multifaceted and complex, the evidence suggests that the social determinants of health (SDOH) domain of social and community context is the largest contributor to the inequity because of the compounding effect that multiple policies, social norms, and cultural factors have on this domain.

HEALTHY Collier

A Health Equity and Health Improvement Coalition

Building a Sustainable Model of Care

The Togetherhood Initiative

www.togetherhood.org

The Togetherhood Initiative is a community, well-being collaborative that will utilize findings in the Collier County Community Health Assessment (CHA) as a tool to validate the need for implementing programs and services. The Togetherhood Initiative is a nonprofit partnership network that focuses on collaboration to leverage services and resources to support areas that are underserved. Through sharing expertise, knowledge, and resources, the Togetherhood Initiative will collectively provide benefits that will enable the community to learn the self-management lifestyle strategies needed for long-lasting, positive, and effective changes.

The Togetherhood Initiative concept was developed during discussions at the YMCA's Healthy Living Advisory Committee (HLAC). Often times the dialogue during these meetings centered on the financial constraints and limitations of any one agency to meet the needs in underrepresented areas such as Immokalee and Golden Gate. The concept of creating a new sustainable model of service to potentially address access through a collaborative medical model supported by non-profits and for-profits that assist in producing meaningful health outcomes was developed in 2021. Senior leadership of the National Wellness Institute (NWI) and a participant on the HLAC helped shape the vision for the well-being collaborative effort.

The concept of Togetherhood was formalized in 2021. Their mission includes leveraging assets of partner agencies such as; brick and motor, labor skills, technology, transportation, training, knowledge of care, and data. Through the Togetherhood program, a pathway to new care models of service now becomes possible. By 2022 the IRS recognized the Togetherhood Initiative as a public charity earning the tax-exempt status required for any potential charitable donations.

The Togetherhood Initiative's first area of focus for Collier County includes introducing collaborative programs that focus on: nutrition education and services along with physical exercise; as well as education including providing resources and support programs for those living with or caring for someone who lives with chronic disease. Health screenings, clinical education, medical therapy, physician support, medical wellness classes, supplies, technology and case management are available and enhanced through the partner agencies collaboration. Scholarships are available for those in need.

The motto for the Togetherhood Initiative is "find your pathway to wellness" and by following this pathway the first proof of concept of measurable outcomes are now being realized. Through the leadership of Meals of Hope and funding by the American Recue Act, the Togetherhood Initiative movement was able to secure and renovate the David Lawrence Building in Immokalee as the service hub for their County wide programs. Several other sites including the YMCAs (Marco Island and Naples) and Grace Place for Families and Children in Golden Gate became auxiliary locations for program services. Scheduling for Togetherhood services is managed from the new Immokalee location but services provided at each site may differ depending on community needs. There are seven sites licensed for outreach services across Collier County and this number is expected to grow.

Bringing the Clinic to the Community

www.mycorehealthpartners.com

Core Health Partners (CHP) operates as a Florida licensed Health Care Clinic under the Agency for Health Care Administration (AHCA). CHP has intentionally created a unique community model of service that focuses to meet the needs of those who live with chronic disease or those who may have a need of a health screening or evaluation of a particular ailment such as a developmental delay or Autism. Many of CHP's licensed locations are medical deserts or areas where the underserved population requires navigation to better understand how to receive the care they desperately need to live well.

CHP has earned, and successfully reaffirmed, their licensed status with Florida's division of Health Quality Assurances and the American Diabetes Association. CHP maintains contracts under Medicare and Medicaid and most all commercial insurance payers to offer medical therapy,

autism testing, and clinical education that includes diabetes self-management.

Core Health Partners employs a licensed and credentialed medical staff in the fields of physical and occupational therapy, speech and language therapy, dietary and nutrition therapy, behavioral health, and sports medicine. CHP's unique model of service goes well beyond the traditional medical approach as they chose to intently emerge their clinical model into environments and spaces that offers convenience to a community in need. CHP focuses on initiating support programs that have the ability to advance positive health outcome during and after the patients' traditional clinical care.

Serving the Needs of a Multiple Language Referrals System and Collecting the Data

Core Health Partners Foundation

The Core Health Partners Foundation (CHPF) was established in July of 2021 to help support and manage the clinic to community partnerships and the model of screenings and navigation guiding the person in need to their individualized path of wellness. The oversight includes the health screenings, developmental milestone screenings, testing, evaluation, and managing supportive interns and volunteers.

The Core Health Partners Foundation has created an HIPAA compliant intake processing system that includes a phone operations system with a trilingual auto attendant with a live bilingual support staff. The system of intake is designed for both medical referrals and non-medial programs following a protocol that first attempts to validate insurance coverages before utilizing scholarship funds for those who qualify and are in crisis. This unique intake process has accommodated thousands of patient visits for over 230-referring physicians and is able to schedule to the nearest or desired location in the language of the person in need. The Togetherhood Initiative program location is the newest location of service that uses this process of intake.

The Core Health Partners Foundation also is responsible for collecting the legally required Health Insurance Portability and Accountability (HIPPA) forms and the necessary legal releases that allows the consent to provide the screenings, therapies, and education. Core Health Partners Foundations also collects the data and reports the matriculation measures to the Togetherhood Initiative partners and stakeholder.. Reports are generated quarterly on barriers and success of the health outcomes. This data is reported as key performance indicators (KPIs) and shared with the partners in the effort of wellness and interested community stakeholders. The purpose of sharing the outcomes data is for analysis and adjustments to strategies, if needed, to achieve desired health outcomes. Core Health Partners Foundation mission and scope of work was approved by the IRS as a public charity in July 21st of 2021.

Heredia, Costa Rica: Virtual office bilingual support team schedules the Togetherhood sites. **Picture in back:** Marilyn Porras, SME Subject Matter Expert, William Molina, Senior Team Lead. **Pictured in front:** Francinny Zamora, Patient Benefit Coordinator

The Pathway to Wellness

The Togetherhood Initiative offers solution pathways for our community to learn how to improve their health and wellness. The Togetherhood Initiative pathway programs focus on providing health screenings that directly lead to early intervention, that may include offering the necessary education, therapies, and technology for managing developmental delays, or chronic diseases.

Pathway to wellness programs is often medically integrated with community programs that best support living and managing, sustaining and/or improving the identified condition. Many of the programs offered are hybrid partnerships with area non-profits or education and/or clinical programs held at the non-profit community centers, government centers, churches, early education centers and local parks.. Together, the partner agencies provide the access and support necessary to serve the needs that are intended to keep the participants on track while reporting their touch and data points for purposes of outcomes measure. Togetherhood's goal is simply for agencies to work in tandem so that the resources of the participating entities can be leveraged while sharing in costs. The Togetherhood Initiative's method of collaboration is designed to provide outcome data that advance funding opportunities and the philanthropy needed to sustain the programing and keep access open in areas that would otherwise be unserved.

In this report, we examine the efforts of the Togetherhood Initiative in addressing the issue of Diabetes. Our partners in this endeavor are exceptional, and this report is intended to offer metrics to aid non-profits and other stakeholders in concentrating on key success factors that can enhance health outcomes, benefit our community, and promote the sustainability of our work.

The Concerns of this Initiative

A Comprehensive Look at Diabetes in the United States

Diabetes is a rapidly growing concern in the United States. According to the CDC's National Diabetes Statistics Report for 2022, the number of diabetes cases has surged to an estimated 37.3 million. Here's a summary of the latest diabetes statistics provided in the report:

Prevalence of Diabetes:

- 37.3 million people, which is 11.3% of the U.S. population, have diabetes. Out of these, approximately 28.7 million have been diagnosed, while 8.5 million remain undiagnosed.
- Diabetes affects individuals from various social, economic, and ethnic backgrounds.
- Approximately 1.45 million Americans are living with type 1 diabetes, accounting for around 3.75% of all diagnosed diabetes cases.

New Cases of Diabetes:

- In 2019, around 283,000 children and adolescents under the age of 20 were diagnosed with diabetes, including 244,000 cases of type 1 diabetes.
- Around 1.6 million adults aged 20 years or older, which is 5.7% of all U.S. adults with diagnosed diabetes, reported having type 1 diabetes and using insulin.
- Between 2014 and 2015, an estimated 18,291 children and adolescents under the age of 20 were newly diagnosed with type 1 diabetes.
- The incidence rates of diagnosed diabetes were higher in adults aged 45 to 64 years and those aged 65 years and older compared to adults aged 18 to 44 years.

Data Source: Centers for Disease Control and Prevention (CDC)

SNAPSHOT: DIABETES IN THE US

Diabetes: Understanding the Factors, Treatment, and More

Common Factors of Diabetes

Diabetes is a serious metabolic disorder affecting millions worldwide. In the United States alone, over 34 million people have diabetes, with numbers steadily rising. Collier County in Florida is no exception to this concerning trend, as diabetes remains a prevalent health issue in the region. However, there is a lack of awareness regarding the contributing factors to diabetes, particularly in adults and children. The goal of this report is to shed light on these factors and provide valuable insight on how to effectively manage and prevent this disease.

Impact of Poor Diet: One of the key factors contributing to diabetes is an unhealthy diet, particularly one high in processed foods, sugary drinks, and saturated fats. In Collier County, many families have adopted a Western-style diet that significantly impacts their health. Excessive intake of refined sugars and carbohydrates puts substantial strain on the body's ability to regulate blood sugar levels, ultimately leading to type 2 diabetes.

To effectively prevent diabetes, it is crucial to maintain a healthy diet rich in fruits, vegetables, lean proteins, and whole grains. Additionally, reducing consumption of sugary beverages like sodas and energy drinks can substantially lower the risk of developing diabetes.

The Impact of a Sedentary Lifestyle: Another significant contributing factor to diabetes in Collier County is a sedentary lifestyle. With the easy availability of electronic entertainment and various forms of transportation, people are becoming increasingly inactive and less physically engaged. Coupled with poor dietary habits, this lifestyle creates a hazardous environment in terms of diabetes risk.

To effectively prevent diabetes, it is essential to engage in regular physical activity, including at least 150 minutes of moderate-intensity exercise per week. Activities such as walking, cycling, swimming, or strength training can greatly reduce the risk of developing diabetes and other chronic health conditions.

Understanding the Role of Genetic Factors: While lifestyle choices are significant contributors to diabetes, genetics also play a crucial role. Some individuals are more predisposed to developing diabetes due to their family history and genetic makeup. In Collier County, many families have a history of diabetes, placing them at a higher risk of developing this condition.

To effectively prevent diabetes, it is essential to comprehend your risk factors and schedule regular check-ups with your healthcare provider. By managing your weight, blood pressure, cholesterol levels, and other risk factors, you can significantly reduce the likelihood of developing diabetes.

By implementing healthier lifestyle choices, engaging in physical activity, and educating yourself about your risk factors, you can confidently take control of your health and minimize the risk of developing diabetes and other related conditions.

Treatment and Support

Effective diabetes treatment involves a comprehensive approach that encompasses medications, lifestyle modifications, and emotional support. Medications, such as insulin injections or oral drugs, are tailored to meet each individual's unique requirements and medical history. Embracing healthy eating habits, increasing physical activity, and regularly monitoring blood sugar levels can contribute to managing diabetes. Furthermore, seeking emotional support through counseling and support groups can assist individuals in navigating the challenges of living with a chronic condition. By adopting an integrated approach to diabetes treatment, individuals can enhance their quality of life and decrease the risk of long-term complications. With a well-crafted plan, individuals with diabetes can lead healthy, active lives while effectively managing their condition.

The importance of Diabetes Self Management and Education (DSME) in the successful treatment and support of diabetes cannot be understated. DSME helps to build knowledge and skills as well as confidence for those living with diabetes, helping them to control their condition on a daily basis.

By learning about healthy eating, physical activity, glucose monitoring, medication use, problem solving, stress

management and more, those living with diabetes are better equipped to make informed decisions about their own care. This can help them avoid serious complications down the line.

DSME is not a one-time event. It is an ongoing process of learning and self-reflection that requires continuous effort from both the patient and healthcare provider. The goal of DSME is to empower people with diabetes to have the knowledge and skills necessary to take control of their condition and lead a healthy life.

Rising Costs and Available Resources

Diabetes is a growing issue throughout the world, especially in low-income areas. Treatment and support for those with diabetes can often be quite costly, affecting individuals and families alike. A 2017 study published by the American Diabetes Association showed that over 11 percent of annual household expenses are dedicated to managing diabetes. This figure was higher among lower income individuals, with almost 20 percent of annual household spending being devoted to diabetes treatment and support. It is clear that the rising costs of diabetes are causing a strain on individuals and families in lower income areas, making access to care more difficult.

The financial burden associated with managing diabetes has only grown over time, and it is important now more than ever for governments, health care providers, and communities to work together to provide support and access to care for those affected by diabetes. With the right resources and support, individuals can lead healthy lives despite their financial constraints.

Empowering Wellness: The Core Health Partners Diabetes Self-Management Education Program

With 11.4% of Americans living with diabetes, the prevalence of diabetes in Collier County alone was 12.6% among adults aged 18 or older in 2018 - higher than the national average of 9.4%. Golden Gate, Immokalee, and Everglades City had even higher rates, with 16.2%, 23.6%, and 22.8% respectively - more than double the national average. These statistics highlight the disproportionate impact of diabetes in certain areas of Florida.

At Core Health Partners, we are committed to providing expert clinical self-management services. Our nationally recognized program, endorsed by the American Diabetes Association, empowers individuals to take control of their diabetes journey and live a life of wellness. The Diabetes Self-Management Education (DSME) Program offered by Core Health Partners is unique and transformative.

Our compassionate team of healthcare professionals collaborates with non-profits to support self-management techniques and services. Together, we provide specialized expertise for diabetes care and education. Core Health Partners bilingual registered dietitians play a vital role in delivering comprehensive and culturally sensitive care.

Our program is available in various settings, from community centers to virtual visits, clinics, and fitness centers. We support you at your preferred location. Our evidence-based curriculum covers diabetes fundamentals, medication management, nutrition guidance, physical activity, and technology use. We integrate behavioral strategies to help you set realistic goals, form positive habits, and address the emotional aspects.

We prioritize cultural sensitivity in our educational materials and communication, resonating with participants from diverse backgrounds. We continuously assess program outcomes and quality of care. Core Health Partners Foundation consistently evaluates pathway to wellness outcome data and adjusts methods accordingly. Our program continually improves, guiding the community towards a healthy lifestyle.

How the Program Works

The Initial Diabetes Self-Management Education (DSME) program offers comprehensive education and practical techniques for managing diabetes. With a total duration of 10 hours, this program includes a one-hour session with a registered dietitian. You have the option to participate in four interactive group courses or choose an individualized one-on-one approach tailored to your specific preferences and needs.

If you have a medical referral, your insurance coverage can help cover the costs of the DSME service. Additionally, each year, you are eligible for an additional two hours of maintenance education to support your ongoing journey towards better diabetes management. The flexibility of choosing between group classes and individualized sessions ensures that you receive the most effective and personalized support throughout your diabetes management process.

Session A: Introduction to Diabetes Self-Management

During this informative session, we will cover essential topics including Healthy Eating, Physical Activity, Monitoring Blood Glucose, Taking Medication, and Stress Reduction. Our goal is to provide you with a strong foundation for more in-depth discussions in CHP's follow-up Diabetes Self-Management Education (DSME) sessions, empowering you to take control of your diabetes.

Session B: Meal Planning and Carbohydrates

After a diabetes diagnosis, a common question arises: "What can I eat?" It's important to address the misconception that diabetes requires complete carbohydrate avoidance, including fruits, pasta, rice, bread, and more. However, this is not entirely accurate.

Carbohydrates have a significant impact on blood glucose levels as they break down into glucose. To manage your blood sugar effectively, you may need to calculate the carbohydrate content in your meals and adjust your insulin dosage accordingly. Keeping a record of your carbohydrate intake is crucial for controlling your blood sugar levels.

The YMCA can be an invaluable support system for effectively managing diabetes.

By understanding the effects of carbohydrates on glucose levels and monitoring your intake, you can make informed decisions about your diet, promoting a balanced and regulated approach to managing diabetes. Core Health Partners, through the Togetherhood Initiative, provides nutritious meals as part of our DSME program to assist those with food insecurity. These portion-controlled meals fully comply with nutritional standards for people living with diabetes.

Session C: Taking Control of Diabetes

Maintaining control over diabetes presents a daily challenge that requires dedication and commitment. Early adoption of lifestyle changes is crucial to achieving positive outcomes in managing the disease. It involves a delicate balance between medications (insulin or pills), dietary choices, and physical activity. By achieving this balance, you empower yourself to lead a healthier life with reduced risks of complications such as heart attacks, strokes, kidney failure, and blindness.

In this session, we aim to educate you on proven strategies and techniques that are considered best practices for gaining control over diabetes. By adhering to these approaches, you can effectively manage your condition, enhance your overall well-being, and minimize potential complications associated with diabetes.

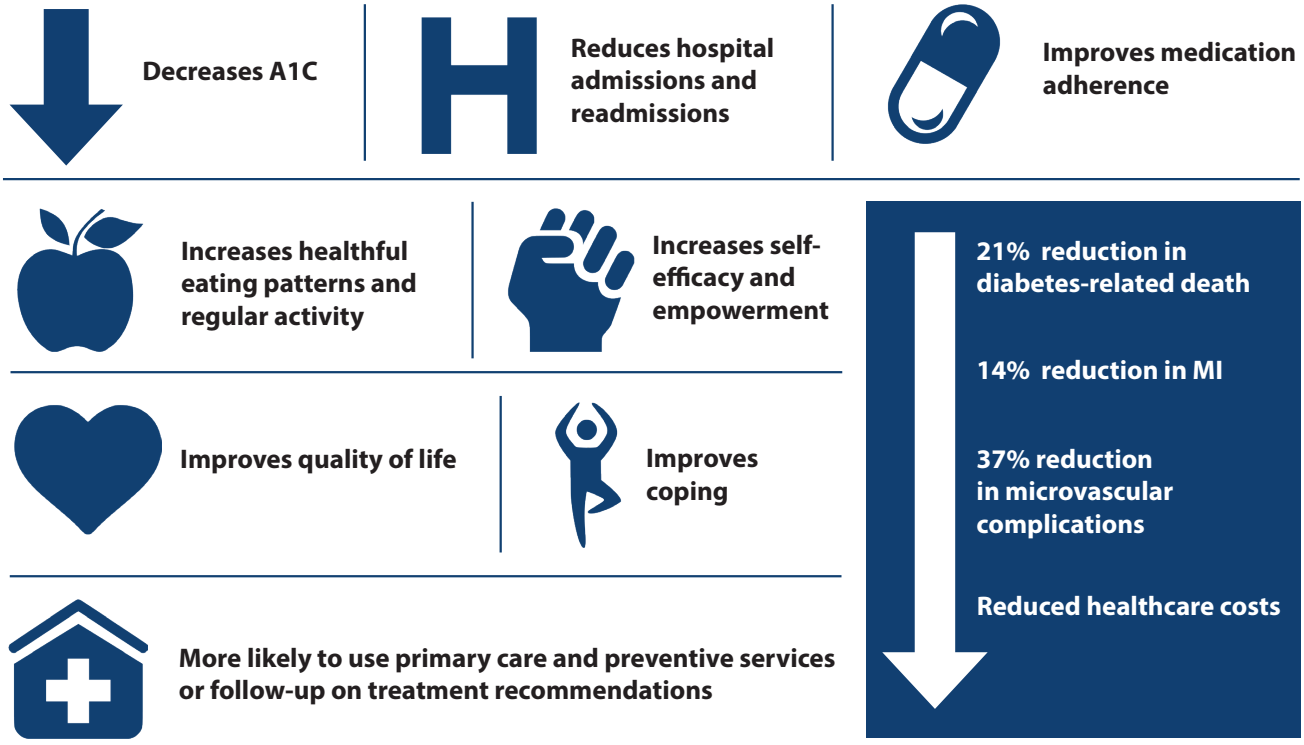
Session D: Staying on Track with Diabetes Management

The focus of this session is to explore sustainable practices that align with your preferences and budget in the long run. We will discuss various concepts and techniques tailored to help you maintain consistency in your efforts. We will identify physical activities that promote movement, such as walking or swimming, as well as exercises that facilitate muscle building, such as weight machines or light weights.

To facilitate your path to effective diabetes management, we will connect you with leading experts in your community. They will assist you in developing a comprehensive, long-term strategy to ensure that you stay on course and maintain control of your diabetes management. This approach will contribute to enhancing your overall health and well-being.

Our goal is to provide you with the necessary knowledge and tools to effectively control diabetes, resulting in a healthier and more satisfying life. Through participating in Core Health Partners' DSME program, you will gain comprehensive knowledge about diabetes management and be fully equipped to make informed decisions for your well-being and improved quality of life.

Evidence shows diabetes education:



“The Togetherhood Initiative is a great example of how when several different agencies come together, they can create something that can really make an impact in the community.”

John M. Drew
Organizational Planning & Development
Program Consultant, FDOH Collier County

Partner Agencies in Phase 1 of the Togetherhood Diabetes Pathway

The pathway leads children and families in need to a community-based prevention programs that delivers evidence-based prevention services to at-risk infants, toddlers, and school-aged children.

Naples Children and Education Foundation (NCEF)

NCEF's unique approach, which emphasizes collaboration between organizations and bridges public and private resources, has become a blueprint for how to transform a community, one issue at a time.

Grant funding by NCEF facilitated UF Health bring telemedicine program for obese and diabetic children to underserved area of Collier County.

The University of Florida

UF Health Metabolic & Obesity Clinic is addressing complications of excess weight and obesity in high-risk populations. UF leads by offering multidisciplinary team that combines provider resources, comprehensive metabolic screening, physical fitness assessments and innovative use of cutting-edge pharmacotherapy

Meals of Hope

Offers access to nutritious food, including prepackaged meals that meet the nutritional standards and correct proportioned size. The food offered by Meals of Hope is used in the medical nutrition therapy program by the registered licensed dietitians. Serves as the Immokalee Together Initiative Center tenant and liaison with the landlord David Lawrence Behavioral Health.

Core Health Partners

Operates the HIPAA compliant intake process system that facilitates the dissemination of information in multiple languages and processes scholarships, bridges the person in need to their best path to wellness through answering question in their native language and, if needed, schedules and appointment with a medical provider.

Core Health Partners also serves as a clinical provider for medical nutrition therapy, meeting with the child and or family to discuss nutritional health. Documentation notes from the clinical sessions are copied and delivered, through the HIPAA compliant electronic health records system, to the referring pediatric providers for meaningful follow up at the child's ongoing well visits. Matriculation and health outcomes records are kept on file for reporting purposes.

University of Florida Dental

Provides oral hygiene services and sealants to children in need.

Area Pediatricians

Refer children in need of child obesity support and services to the program.

Help A Diabetic Child (HADC)

HADC Purchases diabetes medical supplies, insulin and services which include endocrinology, mental health, and educational visits to underserved, uninsured, and underinsured children and young adults who live with diabetes and cannot afford these life saving services and care.

Bikes for Tykes

Offers a bicycle as a motivation tool to those children referred to the child obesity program that follow the program plan assigned.

Healthcare Network of Southwest Florida

Healthcare Network of Southwest Florida is a leader in prevention and education and is a champion for the child obesity prevention movement for Collier County and Dr. Salvatore Anzalone, the medical director of pediatrics is helping shape the Child Obesity model.

An Expert's Review of the Togetherhood Initiate and the Clinic to Community Model.

Dr. Robert Gillio

Member Society of Physician Entrepreneurs

Childhood Obesity will bankrupt the health care system in the United States. It's not that it is that expensive in the short term to care for or ignore these patients. It's that over 50% will go on to become very expensive patients with multiple chronic health issues earlier in life. These include diabetes, heart disease, hypertension, worn out joints, and some cancers.

The return on investment is estimated by the CDC that a $1 investment in prevention will save $6 in costs and that an increase in exercise in sedentary teens and adults can save $61 billion dollars in health care costs, annually. Health care payers with the most to gain in addressing this problem are sabotaged by the fact that a 16% of child's coverage may change annually years and almost certainly, will not be with the same carrier 20-30 years from now. Therefore, we cannot rely on our payers who are in the business of making a margin on paying for programs and services with the money they get from collecting taxes or premiums or capitation fees, to see a direct investment in this problem now, as a good investment, because that person will be in a different plan.

I care a great deal about this as a father of 5 daughters that are becoming mothers. I worry that those children and grandchildren, even if healthy and not obese, will have to finance a sick care system caring for the current youth that will be sick adults. The system is set up to profit off sick care. In addition to health care sick care business reform into a true health care system, families, organizations, and providers need to start right now creating a "Pathway to Wellness".

In my experience I have attempted to use my entrepreneurial skills to invent solutions, share them with the world, and be mentored and then mentor others. I have changed careers from treating preventable chronic disease to finding ways to prevent or delay the morbidity and mortality thereof. I have worked with and found solutions collaborating with White House officials, Surgeons General, Secretaries of Health, for-profit companies, not-for-profit agencies, and leaders in local government, schools, YMCA's, gangs, and faith sites. Now I chose to

About Dr. Robert Gillio:

- Happily married father of 5 daughters
- Population Health and Pulmonary Physician
- 2001 September 12 Foundation "Hero Award" for work on and after 911 including helping create the Ground Zero Clinic and World Trade Center Registry and securing about 10 billion dollars in funding
- 2006 New Orleans Best Partner in Education for creating Force for Health with New Orleans teens as health advocates in their family
- 2012 National Distinguished Service to Health Education Award
- 2005 -2015 PA Health eTools Childhood Obesity project
- 2019 PA Rural Health Value Based Care demonstration project implementation plan author

Dr. Robert Gillio
Member, Society of Physician Entrepreneurs
Chief Medical Officer
CMO, The Force for Health Network

continue to address obesity, and other mental, physical, and safety issues and harness the efforts of my colleague with their social and health care creativity as a member of the Society of Physician Entrepreneurs (SOPE) and their active chapter in your area.

That is why the rest of us need to take the lead and work together in our community and surround the child with a togetherhood philosophy and approach. Using unconventional community partners working together with the providers, creates an intake, care, and intervention capability that can touch all children, and the client children, with support and teamwork and a pathway to staying healthy or regaining a healthy status. I learned this with my work with the Highmark Foundation, and funding from Blue Cross in PA where our Health- e-Tools Coordinated School Health portal, attempted to use the school setting as a supportive community with screening, referral, and program. The "Whole School, Whole Community, Whole Child" (WSCC) program from the ACS was derived from the work of our advisor and my co-publisher of Stemming the Flood, about childhood obesity in a 10-year tracking of the same children. The Force for Health Network we are creating is a direct result of that experience where the child, family, organizations, and the community can work together of health issues as empowered health literate partners stiving for the same outcome.

The data shows that early identification, referral, family intervention, organizational, community, gamification and incentives, and health care support can work. What excites me and why I wish to volunteer to assist this county, is that you are creating a model for the state and nation. Your Togetherhood initiative with Core Health Partners is starting to show that their "Pathway to Wellness" work with multilingual intake engine for referral and care services, is inviting and overcomes barriers to making healthy decisions. The primary care doctors need to keep referring patients as they have begun to do. Now it is time for the rest of the folks around this table and the county, to join in and share what they can offer on the referral or intervention side. This includes specific services for the client's child and family, and also addressing the social determinants, such as lack of safe exercise facilities, park access, food desserts, costly food, transportation issues, and other barriers. It also means helping advance health literacy and access across the entire community.

Togetherhood is all of us creating a community where the healthy decision is the easy decision, and where there is a pathway to wellness that is supported and used. As a proud member of SOPE and one that has been focused on the health of children and communities for my career, I am here to learn from and endorse this Togetherhood initiative and its Pathways to Wellness intake engine, and the work of Core Health Partners. I urge all interested community partners to join the hood and work together with the leadership.

Thank you on behalf of the overweight children that need assistance.

Respectfully,

Robert Gillio, MD

Reference:

Dietz, W.H. (1998). "Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease." Pediatrics; 101(3): 518_525.

Medicaid Enrollment Churn and Implications for Continuous Coverage Policies
Bradley Corallo Follow @BradCorallo on Twitter , Rachel Garfield , Jennifer Tolbert , and Robin Rudowitz Follow @RRudowitz on Twitter
Published: Dec 14, 2021, KFF.org

Whole School, Whole Community, Whole Child (WSCC) Overview [PDF – 2.3 MB], CDC, 2023

American Diabetes Association.

NEWS RELEASE

Contact: Core Health Partners
239-571-9015

Core Health Partners Earns Recognition of the American Diabetes Association®

Education Recognition Program (ERP) certification ensures quality diabetes education and support for people living with diabetes

Collier County, Florida (August 1, 2023) – The American Diabetes Association (ADA), the nation's leading organization committed to fighting diabetes by driving discovery through research and innovation, intensifying the urgency around the diabetes epidemic and supporting people living with and affected by diabetes, today announced the recognition of Diabetes Self-Management and Education programs offered by Core Health Partners through the Education Recognition Program (ERP). Core Health Partners DSMES service was originally recognized in July of 2019 and they now offer this nationally recognized program at a several sites throughout Collier County.

The ADA's Education Recognition Certificate assures that educational services meet the National Standards for Diabetes Self-Management Education and Support (DSMES). The DSMES Standards were developed and tested under the auspices of the National Diabetes Advisory Board in 1983 and were revised by the diabetes community in 1994, 2000, 2007, 2012 and 2017. The ERP promotes quality Diabetes Self-Management Education and Support (DSMES) for people with diabetes by certifying that services adhere to the National Standards for DSMES. Services certified by the ADA's ERP program offer a staff of knowledgeable health professionals who can provide participants with comprehensive information about diabetes management. Services apply for recognition voluntarily, and ADA-ERP recognition lasts for four years.

"Daily self-management skills are absolutely essential for people to effectively navigate the 24/7 challenges of living with diabetes, helping to keep them healthy and prevent or delay the serious complications of diabetes," said Linda Cann, MSEd, the ADA's senior vice president of professional services. "We applaud Core Health Partners and the Togetherhood Initiative movement partner agencies for their commitment to providing high-quality, evidence-based education and support for people with diabetes by meeting the National Standards for DSME/S and earning the ADA's ERP recognition."

According to the Centers for Disease Control and Prevention's (CDC's) 2017 National Diabetes Statistic Report there are 30.3 million people or 9.4% of the population in the United States who have diabetes. While an estimated 23.1 million have been diagnosed, unfortunately, 7.2 million people are not aware that they have this disease. Each day, more than 4,110 Americans are diagnosed with diabetes. Many will first learn that they have diabetes when they are treated for one of its life-threatening complications – heart disease, stroke, kidney disease, blindness, nerve disease, and amputation. Diabetes continues to be the seventh leading cause of death in the US—in 2015, it contributed to 252,806 deaths. The

American Diabetes Association.

NEWS RELEASE

ADA's Economic Costs of Diabetes in the U.S. in 2017 confirms diabetes as the nation's most expensive chronic health care condition at $327 billion.

For more information on the Diabetes Self-Management and Education programs, including the locations of services offered by Core Health Partners please reference their website, www.mycorehealthpartners.com or call 239-571-9015. Core Health Partners is in-network with most all insurances including Medicaid and Medicare. Physicians who are interested in encouraging their patients to learn more about diabetes self-management can fax in referrals for this nationally recognized program through this number 949-404-8793. More information on the Togetherhood Initiative movement can be found on their website www.togetherhood.org.

About the American Diabetes Association

Nearly half of American adults have diabetes or prediabetes; more than 30 million adults and children have diabetes; and every 21 seconds, another individual is diagnosed with diabetes in the U.S. Founded in 1940, the American Diabetes Association (ADA) is the nation's leading voluntary health organization whose mission is to prevent and cure diabetes, and to improve the lives of all people affected by diabetes. The ADA drives discovery by funding research to treat, manage and prevent all types of diabetes, as well as to search for cures; raises voice to the urgency of the diabetes epidemic; and works to safeguard policies and programs that protect people with diabetes. In addition, the ADA supports people living with diabetes, those at risk of developing diabetes, and the health care professionals who serve them through information and programs that can improve health outcomes and quality of life. For more information, please call the ADA at 1-800-DIABETES (1-800-342-2383) or visit diabetes.org. Information from both of these sources is available in English and Spanish. Find us on Facebook (American Diabetes Association), Twitter (@AmDiabetesAssn) and Instagram (@AmDiabetesAssn).

Core Health Partners Diabetes Self-Management and Education Program Outreach Sites

Togetherhood Initiative Center
429 1st St N
Immokalee Florida, 34142

Healthcare Network- Marion E Fether
1454 Madison Ave W
Immokalee Florida, 34142

Marco YMCA
101 Sandhill St
Marco Island, Florida 34145

Greater Naples YMCA
5450 YMCA ROAD
Naples, Florida 34109

Nichols Community Health Center
12655 Collier Blvd
Naples, Florida 34116

Grace Place for Families and Children
4300 21st Ave SW
Naples, Florida 34116

Help A Diabetic Child (HADC)
Resource & Advocacy Center
2800 **Davis** Blvd. Unit 107
Naples, Florida 34104

Telehealth Service
By Request

Refer Patients by Fax to: 949-404-8793
Email Referrals to: chpvirtualoffice@hpiinc.com

Our Mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Diabetes Information
1-800-DIABETES
(1-800-342-2383)
www.diabetes.org

National Office
2451 Crystal Drive, Suite 900
Arlington, VA 22202
703-549-1500

CORE HEALTH PARTNERS
BRINGING THE CLINIC TO THE COMMUNITY

Togetherhood Initiative

THE TOGETHERHOOD MOVEMENT'S DIABETES EDUCATION PROGRAM MERITS ADA RECOGNITION

The Core Health Partners diabetes self-management education program is offered at the Togetherhood Initiative program sites throughout Collier County and they have been awarded continued Recognition from the American Diabetes Association. Core Health Partners program was originally recognized in July of 2019. This program offers high-quality education services to the patients it serves.

The ADA Education Recognition effort, begun in the fall of 1986, is a voluntary process which assures that approved education programs have met the National Standards for Diabetes Self-Management Education Programs. Programs that achieve Recognition status have a staff of knowledgeable health professionals who can provide state-of-the-art information about diabetes management for participants.

Self-management education is an essential component of diabetes treatment. One consequence of compliance with the National Standards is the greater consistency in the quality and quantity of education offered to people with diabetes. The participant in an ADA Recognized program will be taught, as needed, self-care skills that will promote better management of his or her diabetes treatment regimen. All approved education programs cover the following topics as needed: diabetes disease process; nutritional management; physical activity; medications; monitoring; preventing, detecting, and treating acute complications; preventing, detecting, and treating chronic complications through risk reduction; goal setting and problem solving; psychological adjustment; and preconception care, management during pregnancy, and gestational management.

Assuring high-quality education for patient self-care is one of the primary goals of the Education Recognition program. Through the support of the health care team and increased knowledge and awareness of diabetes, the patient can assume a major part of the responsibility for his/her diabetes management. Unnecessary hospital admissions and some of the acute and chronic complications of diabetes may be prevented through self-management education.

"The process gives professionals a national standard by which to measure the quality of the services they provide", commented Paul Thein, CEO of the Core Health Partners Foundation "And, of course, it helps consumers to identify these quality programs."

Information on the Togetherhood Initative pathway to wellness programs, including diabetes self-management can be found through their website, www.Togetherhood.org.

For more information on specifics of the diabetes self-management offerings contact Core Health Partners directly at 239-571-9015, or check out their website www.mycorehealthpartners.com.

Certificate of Recognition

The American Diabetes Association
recognizes the education service of

Core Health Partners - Togetherhood Pathway to Wellness

Initiative - YMCA of Collier County - Marco Island YMCA

Core Health Partners, LLC - Togetherhood Initiative

Marco Island, FL

AS MEETING THE NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION

AWARDED FOR THE PERIOD OF

July 1, 2023-July 1, 2027

ID# 006507

Patti Urbanski, MEd, RD, LD, CDCES

Patti Urbanski,
Med, RD, LD, CDCES
President, Health Care & Education

Amy Hess Fischl,
RDN, LDN, BC-ADM, CDCES Chair,
Committee on Recognition

American Diabetes Association®

Nutrition Services Billing Reference Sheet

Nutrition Services Procedure Codes				
CPT Code	**Service**	**Hours Allowed**	**Time Units**	**Who Can Provide**
DSME – 1st Year (CMS)				
G0108	DSME (1-on-1 with RDN)	10 hours total DSME 1st year	30 minutes	DSME Team Member
G0109	DSME Group (2-20 patients)		30 minutes	
DSME – 1st Year (Commercial)*				
98960	1-on-1	10 hours total DSME 1st year	30 minutes	DSME Team Member
98961	Group (2-4 patients)		30 minutes	
G0108/9860	DSME – 2nd year	2 hours	30 minutes	
MNT – 1st year				
97802	Initial Assessment	3 hours total |MNT 1st year	15 minutes (Limit 2 hrs/day)	RD only
97803	Follow Up			
97804	Group 2-20 patients		30 minutes (Limit 3 hrs/day)	
97802/97803	MNT – 2nd year	2 hours	15 minutes (Limit 2 hrs/day)	
MNT – 2nd Referral Same Year**				
G0270	1-on-1	No limit, referring provider must specify on referral	15 minutes (Limit 2 hrs/day)	RD only
G0271	Group 2-20 patients		30 minutes (Limit 3 hrs/day)	

*G codes for Medicare may also be used for commercial, check with codes they want used

**2nd referral same year due to change in Dx, medical condition, treatment regimen. No specific limit on number of additional hours, but referring provider must indicate number of hours on second referral.

Common ICD Codes Covered by Insurance for MNT/DSME		
Disease Type	**Description**	**ICD 10 Code**
Chronic Kidney Disease (CKD)	Chronic Kidney Disease (Stage 1)	N18.1
	Chronic Kidney Disease (Stage 2) (Mild)	N18.3
	Chronic Kidney Disease (Stage 3) (Moderate)	N18.3
	Chronic Kidney Disease (Stage 3) (Unspecified)	N18.30
	Chronic Kidney Disease (Stage 3a)	N18.31
	Chronic Kidney Disease (Stage 3b)	N18.32
	Chronic Kidney Disease (Stage 4) (Severe)	N18.4
	Chronic Kidney Disease (Stage 5)	N18.5
	End Stage Renal Disease	N18.6
	Chronic Kidney Disease (Unspecified)	N18.9
Type 1 Diabetes Mellitus:	With hyperglycemia	E10.65
	With other specifications	E10.69
	With unspecified complications	E10.8
	Without complications	E10.9
Type 2 Diabetes Mellitus:	With hyperglycemia	E11.65
	With other specified complications	E11.69
	With unspecified complications	E11.8
	Without complications	E11.9
Gestational Diabetes Mellitus:	Pre-existing DM, type 1, in pregnancy, childbirth and puerperium	24
	Pre-existing DM, type 1, in pregnancy	24.01
	Pre-existing DM, type 2, in pregnancy	24.11
	Gestational DM	24.4
	Gestational DM in pregnancy	24.41

Sources

Florida Department of Health- Healthy Collier, Pediatric Obesity Health Equity Data Analysis, July 2022

Florida Department of Health- Collier County COMMUNITY HEALTH IMPROVEMENT PLAN 2020-2023 (2022 Revision)

https://collier.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/public-health-information/_documents/CHIPCollier.pdf

Naples Children & Education Foundation: The State of Child Wellbeing in Collier County, Florida 2017

https://www.napleswinefestival.com/wp-content/uploads/2018/06/ncef-child-wellbeing-study-public.pdf

Collier County, Community Health Status, 2022

https://collier.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/public-health-information/_documents/appendixacommunityhealthstatusassessmentreport.pdf

Collier County Florida, Community Health Assessment, October 2022

https://www.floridahealth.gov/_media/CollierMedia/cha.pdf

Collier Community Foundation, Collier County Indicators

https://dashboards.mysidewalk.com/collier-community-foundation/youth-health

Stemming the Flood, Child Obesity Prevention in Pennsylvania, 2005-2015: https://www.theforceforhealthlibrary.com/d2hsKGNLzBKfxcEUukpxUV#page=1

Dr. Angelina Bernier
Pediatric Endocrinologist, University of Florida

Key Community Committees

Collier County CHIP

Pediatric Obesity Subcommittee Membership

Lindy Abed, Registered Dietitian & Nutritionist for Diabetes and Prediabetes
Core Health Partners

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Dr. Salvatore Anzalone, Medical Director of Pediatrics
Healthcare Network of Southwest Florida

Joe Balavage, President
Diabetes Alliance Network

Tami Balavage, President
Help a Diabetic Child

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University of Florida Pediatric Endocrinology

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Apple Pediatrics

Dr. Susanna Boker
PANIRA Health Care Clinic

Tracy Bowen, Coordinator Health & Physical Education
Collier County Public Schools

Dr. Krista Casazza, Associate Dean for Research and Scholarship
Florida Gulf Coast University

Zachery Casella, Health & Wellness Specialist
University of Florida/YMCA of Collier County

Carmen Dawson, Chapter President
South Florida Society of Physician Entrepreneurs

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Healthcare Network of Southwest Florida

Frank Diaz
Department of Health, Collier

Paula DiGrigoli, Director Women's & Children's Services of Collier County
Naples Community Hospital

April Donahue, Executive Director
Collier County Medical Society

John Drew, Organizational Planning & Development Program Consultant
Department of Health, Collier

Chuck Gillespie, CEO
National Wellness Institute

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Force for Health

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Naples Children & Education

Richard Tamer, Operations Director
YMCA of Collier County

Tara Tallaksen, Diabetes Navigator, Pediatric Endocrinology
University of Florida Health

Paul Thein, ED.S. President
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Lighthouse Pediatrics

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Reggie Wilson, Healthy Communities Coordinator
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Sarah Zaiser-Kelly, Grants Director
Naples Children and Education Foundation

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info@togetherhood.org

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Naples, FL 34116

Healthcare Network of Southwest Florida
1454 Madison Ave W
Immokalee, FL 34142

Bloom Day School
15300 Tamiami Trail N
Naples, FL 34110

Grace Place for Children & Families
4300 21st Ave SW
Naples, FL 34116

YMCA of Collier County (Naples)
5450 YMCA Rd, Naples
FL 34109

YMCA of Collier County (Marco)
101 Sand Hill St
Marco Island, FL 34145

Emilio Sanchez Academy Florida
2035 Sanchez-Casal Way
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