

Background

Healthy Living Center

Designed to help community members learn disease management skills and take charge of their health. Participants at HLC diagnosed with obesity, hypertension, or diabetes/prediabetes participate in a 4-week long plant-based cooking class with educational component tailored to disease process.

Rates of Chronic Disease in Norfolk, VA

- **Diabetes: 9.2%**
- **High blood pressure: 31.7%**
- **Obesity: 32.4%**

Community based nutrition interventions have proven effective in increasing fruit and vegetable consumption (Metcalf, et al., 2021). Additionally, nursing students have effectively participated as case managers and educators in primary care settings (De La Rose et al., 2020).



Nursing Diagnosis and Objectives

Nursing Priority

Readiness for enhanced knowledge as evidenced by patient participation in HLC programs.

Objectives

1. Every participant in the October and November classes will receive a Telehealth phone call from a nursing student within 5 days of the start date of their class.
2. Every participant will receive a HgA1c screening during their last class of the program.
3. HLC staff will evaluate interventions by the end of day on November 18th, 2022.

Project Description

Planning Process

Assessment

1. Windshield survey observation.

Interventions

1. HgA1c screening to provide participants a baseline measure.
2. Reorganization of program data for enhanced application.
3. Telehealth Phone Call to complete pre-survey, explain 48 Food Recall and answer questions.

Plan for evaluation

1. HgA1c screening starting in June (or June through Nov)
2. Telehealth Phone Call Survey during first class of program (October and November)
3. Post survey of staff for effectiveness of student participation

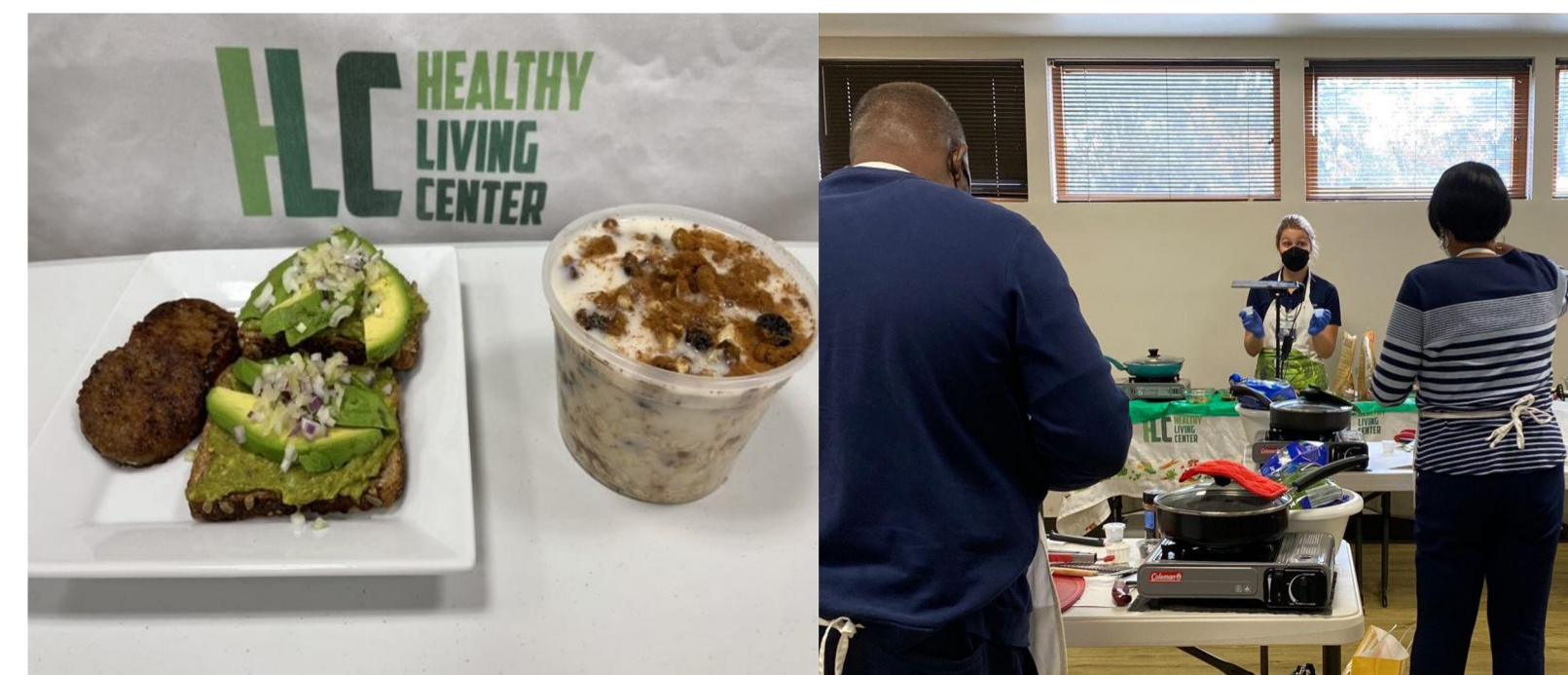
Post-Survey

Telehealth Post-Survey Questions

Likert Scale

Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

1. My questions about class were answered before I arrived?
2. I received a phone call before my first class.
3. I would like surveys for class to be performed online.
4. I would like surveys for class to be completed by paper in person.
5. Class reminders would be helpful.



Findings

Outcomes

Program participants (N = 43) received a pre-class phone call and telehealth appointment with a nursing student during the months of October and November.

Fifty-four HgA1c tests obtained (June-October).

Four staff evaluations on student effectiveness.

Evaluation of Outcomes

During our telehealth intervention we revised the initial survey to increase clarity.

- 82.9% of participants received a phone call before class.
- 92.5% of participants agreed their questions about class were answered before they started.

Themes from staff responses:

- *“instrumental in preparation”*
- *“identified ways to improve the process of preparing for the next class”*
- *“dedicated and committed to ensuring we had successful classes”*

Conclusions & Implications

Conclusions: The reorganization of the program data streamlined the data collection process and staff unanimously highlighted the benefits from data organization and HgA1c collection. Telehealth phone calls improved participant understanding prior to first class.

Implications: This project helped to solidify our community assessment skills and our ability to work in a team environment, collecting and analyzing the effectiveness of a program.

Recommendations

Learning Summary

We learned that organization and communication are essential for enhanced learning in community settings.

Participant Barriers

Inability to receive telehealth phone call and to complete pre and post surveys for program due to lack of internet or phone access. Lack of transportation to the facility.

Next Steps and Recommendations

- Include education with HgA1c screenings
- Evaluate staff perceptions of presurvey calls on fluidity of the first class.
- Increase number of students in HLC clinical group
- Update HLC Pre and Post Survey
- Implement Class Reminders
- Participant follow-up
- HgA1c Teaching



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- Sylvia Nowling, MA. Ed.
- Terry Wright, MSN, RN

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