PCC Community Wellness Center Success Story

2026

Background

Since 2019, PCC Community Wellness Center has established extensive programming to support patients managing diabetes, including its Diabetes Self-Management Education and Support (DSMES) program and VeggieRx initiative. In addition to serving as a food-is-medicine program, VeggieRx provides diabetes support groups where patients meet weekly with social workers to discuss nutrition, stress management, coping skills, and other lifestyle management strategies. Over time, PCC saw increased demand for VeggieRx classes among patients diagnosed with prediabetes who were looking for support to prevent the onset of type 2 diabetes. In response, PCC partnered with the Illinois Public Health Institute (IPHI) in 2024 to launch the National Diabetes Prevention Program (NDPP). PCC received preliminary recognition from the CDC for its hybrid NDPP model, as well as preliminary recognition as a Medicare Diabetes Prevention Program (MDPP) supplier.

To recruit a committed first cohort, PCC implemented several strategies:

- Leveraged trusted provider relationships. Knowing patients have strong relationships with their primary care providers, PCC trained providers on the program and established a referral pathway. Provider referrals ultimately accounted for nearly 50% of program enrollees.
- Hosted "Session Zero" sessions. PCC held two informational sessions with refreshments to introduce the program and answer questions, engaging 10 prospective participants.
- Adapted program messaging. After hearing patients with prediabetes say that they did not identify with the word "diabetes," PCC rebranded the program as the *Lifestyle Change Program*.
- Expanded community outreach. The Communications & Engagement team developed promotional flyers that were distributed across PCC's 14 clinics, community partner locations, and neighborhood community fairs.
- Conducted personalized recruitment. A Lifestyle Coach personally contacted hundreds of eligible patients, spending approximately 15 hours per week for three months on outreach. Many patients expressed enthusiasm knowing they would be working directly with the coach who contacted them.

The Impact

During recruitment planning, PCC collaborated with its Electronic Health Record (EHR) team to identify patients with prediabetes who were eligible for the program. Through this process, the team discovered that nearly 3,000 patients met the eligibility criteria. PCC's credentialing and billing team simultaneously submitted credentialling applications to both Medicaid and Medicare to ensure reimbursement readiness. PCC's executive leadership committed to a no-cost program, where patients without coverage would not be charged for the program.

PCC's goal was to launch their first NDPP cohort by December 2025 while also preparing EHR to submit claims to Medicaid, Medicare, and contracted commercial plans. Recognizing that cohorts typically lose participants during the 12-month engagement and successful cohorts typically aim for at least five completers, PCC set a goal for 20 initial participants.

As a result of these combined recruitment efforts, PCC enrolled 19 eligible participants in its inaugural cohort. The Lifestyle Coach continued to support participant engagement by maintaining regular communication, offering make-up classes whenever possible, and following up with participants whose attendance declined. The hybrid program model also enabled three participants to consistently attend virtually. By the 13th session in April 2026, 12 participants remained actively engaged in the year-long program.

> *"As of our 13th class in late April 2026, we are proud to have 12 strong and consistent cohort members still engaged."*
> **-PCC Community Wellness**

Next Steps

To support continued growth, PCC has cross-trained existing Community Health Workers to lead a second Spanish-language cohort, which launched in April 2026. The organization has also added its DSMES program as a referral option within Unite Us and plans to hire an additional full-time coordinator to expand programming beyond two concurrent cohorts. Interest in the program continues to grow, with 20 individuals already waiting for the next English-language cohort.

*CARES Cook County is a Centers for Disease Control and Prevention (CDC)-funded initiative convened by the Illinois Public Health Institute (IPHI) in partnership with healthcare and community-based partners across Cook County.