

Lifestyle Coach ECHO Case Presentation

Complete all items on this template and email to wellahead.projectecho@la.gov.

Sign up for the date you would like to present this case. Sessions are held the second Wednesday of each month at 1:00 p.m. CST. This case presentation template will be displayed during the session.

Presenter Name:

Organization/Program Name:

Email Address:

Organization/Program City and Parish:

ECHO ID (for internal use only):

Remember not to include any patient-identifiable information. When we receive your case, we will assign you with a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during the session.

We are working hard to change the language around diabetes by adopting person-centered, strengths-based, and empowering words and messages. Please avoid using “diabetic,” “compliant,” “adherent,” or “control” when presenting people who have diabetes.

Instead, “person with diabetes,” “diabetes-related,” and “they take their medications about half the time.”

We will all learn and practice together. Thanks for your support!



Presenter Information

Presenter Name:

Organization/Program Name:

How long have you been a trained National DPP Lifestyle Coach?

Please select the fields that best represent your educational background.

Do you hold any certifications or licenses?

If Other, please list:

If Other, please list:



Program Information

In which parish is the program located/being delivered?

How is the program delivered?

Online = asynchronous delivery using a virtual platform, communications with Lifestyle Coach is via email, phone call or text; Distance Learning = live classes via videoconference or phone

In what ways, if any, do you communicate with participants outside of sessions?

List all that apply (example: text, online, calls, etc.)

On average, how much time do you spend communicating with participants outside of each session?

How many active participants are in your class?

In what phase is your current class?

What, if any, additional resources have you shared with your participants?

If Other, please list:



Participant Information

Participant Gender:

Participant Age:

Participant Current BMI:

Participant Highest Level of Education:

Does the participant meet all qualifications for National DPP?

Is the participant currently on track to meet program goals?

Additional Comments Regarding Participant Goals:

Participant Race:

Participant Ethnicity:

Participant Primary Language:



Participant Story & Observations

How have you observed this participant to be in session?

What is your participant's story? Include anything about their background, lifestyle, culture or health that may help us understand who they are as a person. **Do not include any identifiable information.**

What is your main concern or primary challenge with this participant? (this will be the primary issue discussed during the ECHO case session)



Participant Activity/Exercise Information

How much physical activity, on average, is your participant getting each week?

What types of activities does the participant do?

Does the participant track their activity?
If yes, please explain.

Has the participant expressed any barriers
to physical activity? If yes, please explain.



Participant Diet/Nutrition Information

Does the participant turn in a weekly food log?
If yes, please comment on the completeness,
quality of measurements, etc.

What barriers to healthy eating has the participant expressed?

How many times per week does the participant eat outside the home?

How many days per week, on average, does the participant meet the
MyPlate guidance?

What important information can you share from your nutrition discussions
with this participant that would be helpful to know?

If Other, please list:



Participant Social/Emotional Information

Is the participant regularly supported by family, friends, coworkers or others?

Please explain any social/emotional information that may be relevant for us to understand more about this participant.

Is there additional information that you would like to share about the participant's barriers or your main concerns?

