

Diabetes Prevention and Management among Older Hispanic Adults

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MHP Salud

We are a national nonprofit organization that implements and runs Community Health Worker (CHW) programs. These programs provide peer health education, increase access to health resources and bring community members closer. MHP Salud also has extensive experience offering health organizations training and technical assistance on CHW programming tailored to their specific needs.

Technical Assistance Resource Center (TARC)

Resources



- Culturally and linguistically appropriate
- Blogs
- Newsletters
- Resources

Training and TA



- TA with a focus on peers/CHWs
- Monthly TA Calls
- TA Request forms
- For service providers, CHWs, caregivers, etc.

Virtual Learning



- Webinars
- Learning Collaboratives
- Pre-recorded sessions
- Future opportunities

**Strengthening Aging Services for
Hispanic Older Adults Program**

Disclaimer

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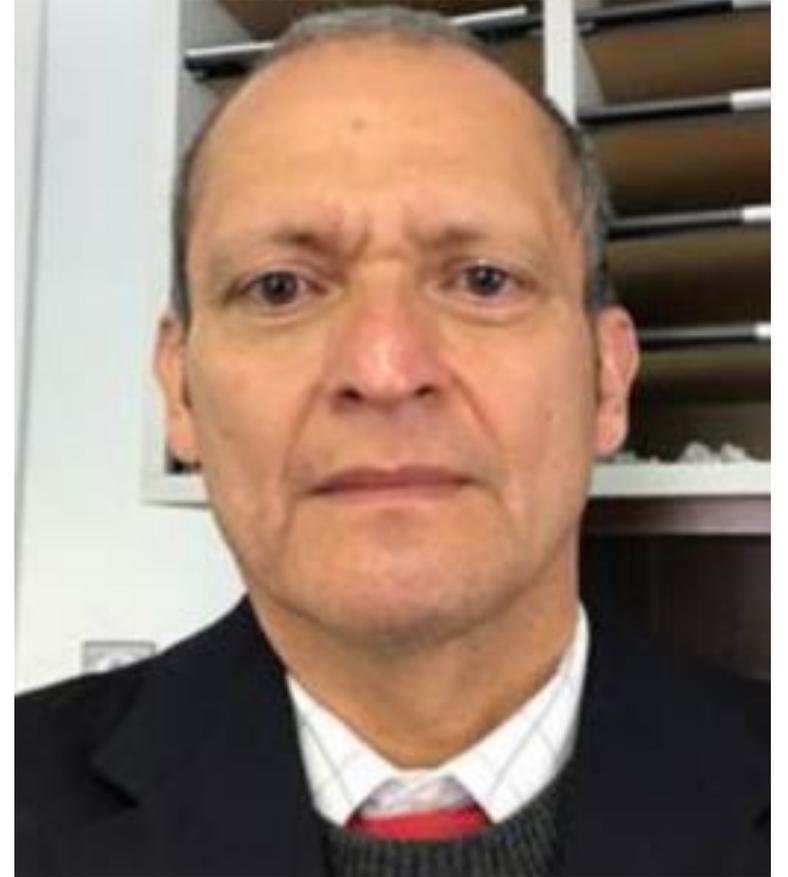
Agenda

1. Define diabetes and pre-diabetes
2. Risk factors for developing type-2 diabetes
3. Diabetes management among Hispanic/Latino older adults
4. Diabetes prevention for Hispanics/Latinos
5. Type 2 diabetes in the Hispanic/Latino community
6. The Role of Community Health Workers in diabetes prevention and management in older Hispanic/Latino adults.
7. Q & A

Dr. Jose Leon, M.D., MPH

The National Center for Health in Public Housing

Dr. Leon has wide-ranging expertise as a physician, program manager, medical call center manager, health center manager, medical advisor, and senior health information specialist. Dr. Leon is the clinical Quality Manager for the National Center for Health in Public Housing. He develops workforce training and technical assistance plans to help centers recruit culturally and linguistically appropriate staff and board members; helps with program assessments to identify areas of quality improvement. Dr. Leon received his MD from Alberto Masferrer Salvadoran University and has an MPH from Catholic University, El Salvador.



Diabetes and Prediabetes



PREDIABETES



What is prediabetes?

Prediabetes is when your blood sugar levels are higher than normal but aren't high enough to be diabetes.

DIABETES



What is diabetes?

When you have diabetes, your blood sugar levels rise higher than normal. There are three types of diabetes.

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes

DIABETES



How is food related to diabetes?

1. Your body breaks down food into glucose and sends it to the blood.
2. Insulin helps move glucose from the blood into your cells.
3. Glucose moved into your cells is either used as fuel for energy or stored for later use.
4. If you have diabetes, there is a problem with insulin, but not everyone has the same problem.

DIABETES

Symptoms include:

Urinating often

Feeling very thirsty

Feeling very hungry—even though you are eating

Extreme fatigue

Blurry vision

Cuts/bruises that are slow to heal

Weight loss—even though you are eating more (type 1)

Tingling, pain, or numbness in the hands/feet (type 2)

What is type 1 diabetes?

In type 1 diabetes, your immune system mistakenly destroys the beta cells in your pancreas that make insulin.



TYPE 1 DIABETES



What causes type 1 diabetes?

Scientists aren't sure what causes type 1 diabetes. It is not contagious and it is not caused by consuming sugar.

Research is under way to find the exact causes of type 1 diabetes and how it might be prevented.

What is type 2 diabetes?

If you have type 2 diabetes your body does not use insulin properly. This is called insulin resistance.





What puts you at risk for type 2 diabetes?

Risk factors include:

- History of high blood glucose, prediabetes, and/or gestational diabetes (GDM)
- Overweight and obesity
- Physical inactivity
- Genetics
- Family history
- Race and ethnicity
- Age
- High blood pressure
- Cholesterol problems



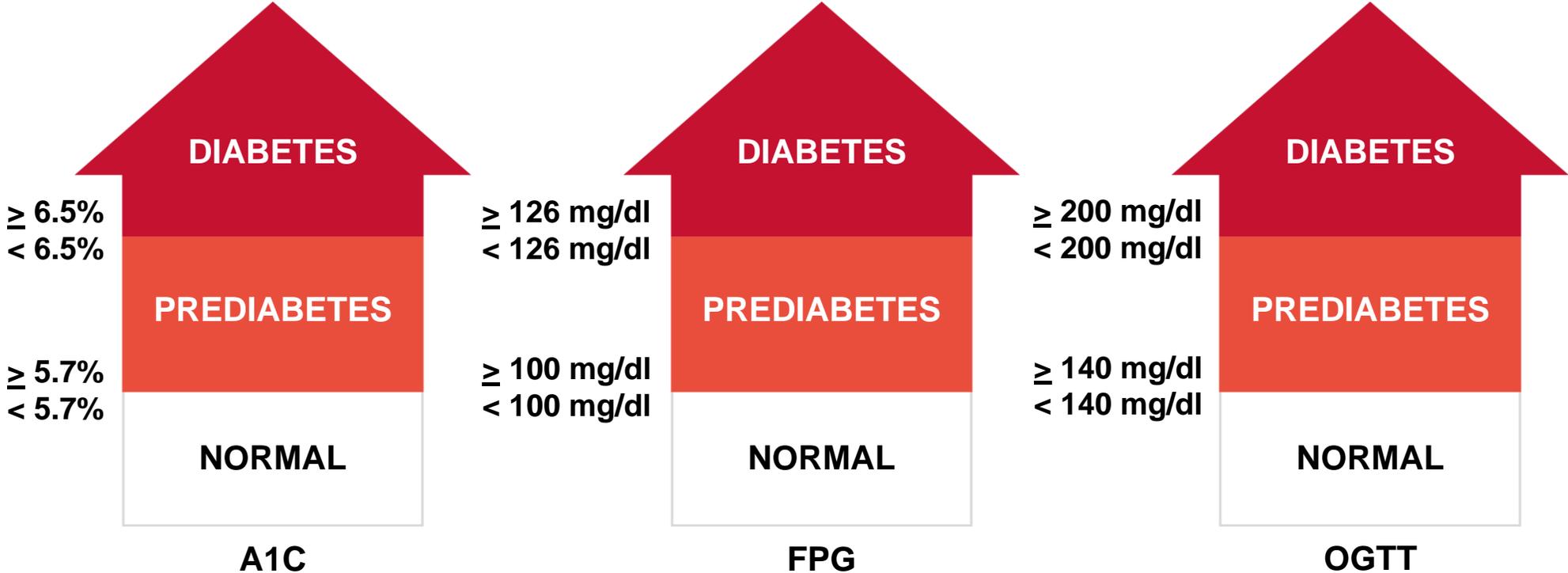
What is gestational diabetes (GDM)?

GDM is diabetes that develops during pregnancy.

- If your blood glucose levels return to normal after giving birth, you are at higher risk for developing type 2.
- If your blood glucose doesn't return to normal, you will be diagnosed with type 2 diabetes.

DIABETES DIAGNOSIS

How is type 1 and type 2 diabetes diagnosed?



Challenges

Education

Income and Poverty

Chronic Conditions

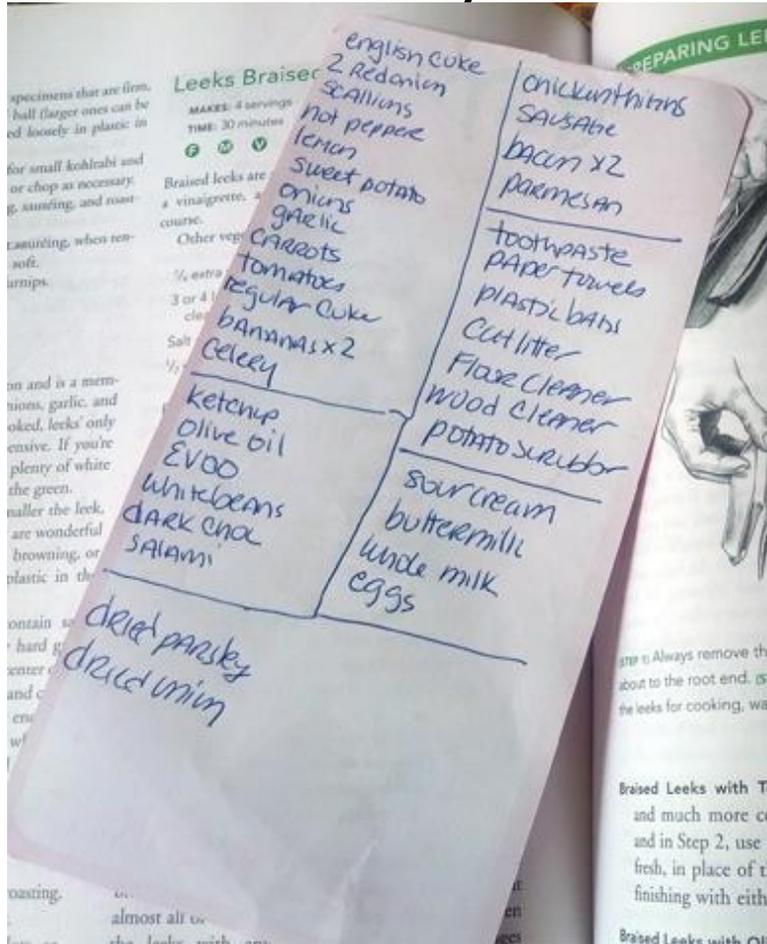
Disability Status

Health Insurance

Lifestyle Management

- Optimal nutrition and protein intake is recommended for older adults; regular exercise, including aerobic activity, weight-bearing exercise, and/or resistance training, should be encouraged in all older adults who can safely engage in such activities. **B**
- For older adults with type 2 diabetes, overweight/obesity, and capacity to safely exercise, an intensive lifestyle intervention focused on dietary changes, physical activity, and modest weight loss (e.g., 5–7%) should be considered for its benefits on quality of life, mobility and physical functioning, and cardiometabolic risk factor control. **A**

Pre-visit Planning (Planned Care)



Number of Hgb A1c per review period	None / one / two / three / four / more than four			
Latest Hgb A1c	<6 / 6 - 6.9 / 7-7.9 / 8 - 8.9 / 9-10 / >10 / Not available			
Number LDL per review period	None / one / two / three / four / more than four			
Latest LDL	____ (write in LDL) / Not Available			
Latest triglycende	____ (write in triglycende) / Not Available			
Latest HDL	____ (write in HDL) / Not Available			
Ophthalmology referral	Yes / No			
Documented Foot exam with monofilament OR Podiatry Referral	Yes / No			
Systolic Blood Pressure	____ (write in SBP)			
Diastolic Blood Pressure	____ (Write in DBP)			
Pneumonia Shot	Yes / No			
Flu Shot	Yes / No			
Microalbumin OR UA	Yes / No / Nephropathy documented			
ASA Tx	Yes / No			
ACE Tx if appropriate	Yes / No			

Pre-visit Planning

The screenshot shows a web browser window titled "QMA2 SUMMARY - Microsoft Internet Explorer". The address bar displays "http://webqa.partners.org/scripts/phsweb.mwl". The main content area features a patient summary for "Bicstest" with ID "MM179" and "BIMA". A navigation menu includes options like "Select", "Desktop", "Pt Chart: Summary", "Oncology", "Custom", "Reports", "Admin", "Sign", "Results", "Resource", and "Popup".

Below the navigation menu, there are several informational links:

- [Patient has received NSAID/Cox II for at least 365 consecutive days. A Creatinine level is recommended at this time to safely monitor NSAID/Cox II therapy.](#)
- [Patient has received Angiotensin 2 Receptor Blocker for at least 365 consecutive days. A Creatinine level is recommended at this time to safely monitor Angiotensin 2 Receptor Blocker therapy.](#)
- [Patient has received Statin for at least 365 consecutive days. A ALT is recommended at this time to safely monitor Statin therapy.](#)

The interface is organized into several sections, each with an "Add New" button:

- History** (with "Add New" button)
- Maintenance** (with "Add New" button)
- Medications** (with "Add New" button)
- Allergies** (with "Add New" button)
- Notes** (with "Add New" button)
- End of Visit** (with "Add New" button)

The **Medications** section is expanded, showing a list of drugs:

- Aspirin (ACETYLSALICYLIC ACID) 325 MG (325MG TABLET take 1) PO QD x 90 days
- Candesartan 16 MG (16MG TABLET take 1) PO QD x 90 days
- Dibiazem 30MG TABLET take 1 Tablet(s) PO QID x 30 days
- Ibuprofen 400 MG (400MG TABLET take 1) PO Q8H
- Lipitor (ATORVASTATIN) 20 MG (20MG TABLET take 1) PO Q2D
- Metoprolol TARTRATE 100 MG (100MG TABLET take 1) PO Q8H

Other sections visible include "Last Known Values" (with a table header: Test Description, Last Known, Date), "Radiology", and "History" (with a sub-section for "History").

Family Centered



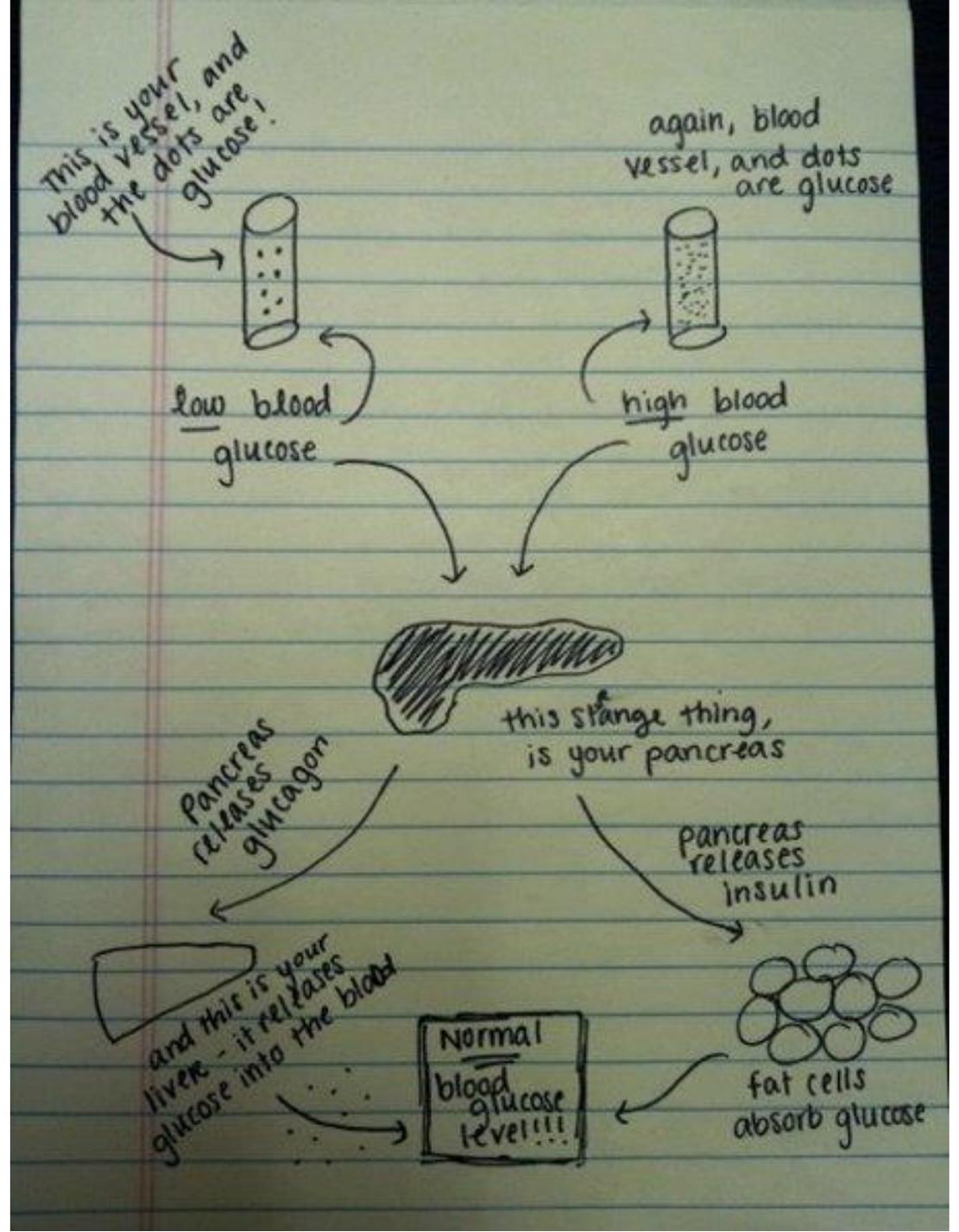
Plain Language and Health Literacy





Glucose Testing

Health Literacy



Language Barriers



Mi Diario de Azúcar en la Sangre

DEMASIADO BAJO (0 - 59)	BAJO (60 - 89)	CORRECTO (90 - 130)	ALTO (131 - 180)	DEMASIADO ALTO (181 +)
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FECHA: ___/___/___

Antes del *Desayuno*
___:___

--	--	--	--	--

COMENTARIOS:

Antes del *Almuerzo*
___:___

--	--	--	--	--

COMENTARIOS:

Antes de la *Cena*
___:___

--	--	--	--	--

COMENTARIOS:

Otra Hora
___:___

--	--	--	--	--

COMENTARIOS:

Copyright © Northwestern University

Date	Breakfast/ Desayuno		Lunch/ Almuerzo		Dinner/ Cena		Bedtime/ Antes de Dormir	
	Blood glucose Glucosa de la sangre	Insulin or medication Insulina o medicación	Blood glucose Glucosa de la sangre	Insulin or medication Insulina o medicación	Blood glucose Glucosa de la sangre	Insulin or medication Insulina o medicación	Blood glucose Glucosa de la sangre	Insulin or medication Insulina o medicación
Mon	136	5	12		78	6	12	
Tue	73	5	12		85	6	12	
Wed	155	5	12		208	6	12	
Thu	116	6	12		198	6	12	
Fri	90	6	12		140	6	12	
Sat	787	6	12		181	6	12	
Sun	187	6	12		150	6	12	

Numeracy

Food Insecurity



GARDENS AS THERAPY

In the course of assisting women with depression, Ginger, a Brockton Neighborhood Health Center (BNHC) social worker, realized

Every Friday they met, working for an hour in the garden and then gathering in group therapy in the teaching kitchen. Harvests were

INTERVENTIONS

A TEACHING KITCHEN WITH CLASSES IN COOKING AND NUTRITION

A LOCAL GROCERY STORE PARTNERSHIP FOR FOOD VOUCHERS AND NUTRITION EDUCATION

LEVERAGING SERVICES THROUGH THE PROJECT BREAD COALITION

A COMMUNITY GARDEN AND THERAPY PROGRAM

PARTNERSHIPS FOR FOOD DONATIONS

A MOBILE FOOD MARKET FOR LOW-COST PRODUCE IN PARTNERSHIP WITH THE LOCAL COLLEGE

HIRING A COMMUNITY HEALTH

WHAT YOU CAN DO

How to make the best choices for you

Setting “S.M.A.R.T.” goals can help you reach your health goals. S.M.A.R.T. goals can also help you manage your time and track your progress.

S.M.A.R.T. goals are Specific, Measurable, Attainable, Realistic, and Time-specific.



The Exercise Prescription

The exercise prescription consists of three components: aerobic exercise, strength training, and balance and flexibility

Contraindications: Absolute **contraindications to aerobic and resistance training** programs include recent myocardial infarction or electrocardiography changes, complete heart block, acute congestive heart failure, unstable angina, and uncontrolled severe hypertension (BP \geq 180/110 mm Hg).

Diabetes mellitus

Aerobic training at least three days per week with no more than two consecutive days between bouts of activity (i.e., 150 minutes per week of moderate to vigorous activities)

and

Resistance training at moderate to vigorous intensity at least twice per week on nonconsecutive days

If the individual is using insulin or insulin secretagogues, decrease the medication doses before, during, and after exercise, and/or ingest carbohydrates if preexercise blood glucose levels are less than 100 mg per dL (5.6 mmol per L)

Source: AAFP

Always Make Sure to Provide the Following Tips to your Geriatric Patient

- Check your Glucose
- Manage your blood pressure. Get your blood pressure checked often.
- Manage your cholesterol. ...
- Stop smoking. ...
- Have yearly eye exams. ...
- Check your kidneys yearly. ...
- Get flu shots every year and the pneumonia vaccine. ...
- Care for your teeth and gums. ...
- Protect your skin.

WHAT YOU CAN DO

What can you do if you have prediabetes or diabetes?

Things you can do:

- Weight loss, if needed
- Daily physical activity
- Follow a meal plan
- Take your medication(s)

Be sure to talk to your doctor about the steps you can take to stay healthy.



Screening, Lifestyle Interventions and Challenges

- Consider the assessment of medical, psychological, functional (self-management abilities), and social geriatric domains in older adults to provide a framework to determine targets and therapeutic approaches for diabetes management. **B**
- Screen for geriatric syndromes (i.e., polypharmacy, cognitive impairment, depression, urinary incontinence, falls, and persistent pain) in older adults, as they may affect diabetes self-management and diminish quality of life. **B**
- Screening for early detection of mild cognitive impairment or dementia should be performed for adults 65 years of age or older at the initial visit and annually as appropriate. **B**

Summary on older diabetes patient heterogeneity

- Diabetes is a condition of aging and the geriatric diabetes population is growing
- Multimorbidity is the norm among older adults
- The natural history of the disease varies by duration of diabetes, age, comorbidity status
- Hospitalization for hypoglycemia is now more common than hyperglycemia



High Prevalence of Co-Occurring Chronic Diseases

Index Condition (%)	Weighted Prevalence (%) of Other Conditions Among Respondents Having Index Condition						
	CAD	CHF	T2DM	UI	Falls	≥1 Other	≥2 Other
CAD (8.7)		17%	29%	29%	34%	67%	30%
CHF (4.8)	58%		37%	37%	43%	87%	56%
T2DM (19.4)	24%	9%		28%	29%	57%	23%
UI (25.0)	19%	7%	22%		37%	58%	20%
Falls (23.2)	23%	9%	24%	39%		64%	23%

From: National Trends in US Hospital Admissions for Hyperglycemia and Hypoglycemia Among Medicare Beneficiaries, 1999 to 2011

JAMA Intern Med. 2014;174(7):1116-1124. doi:10.1001/jamainternmed.2014.1824

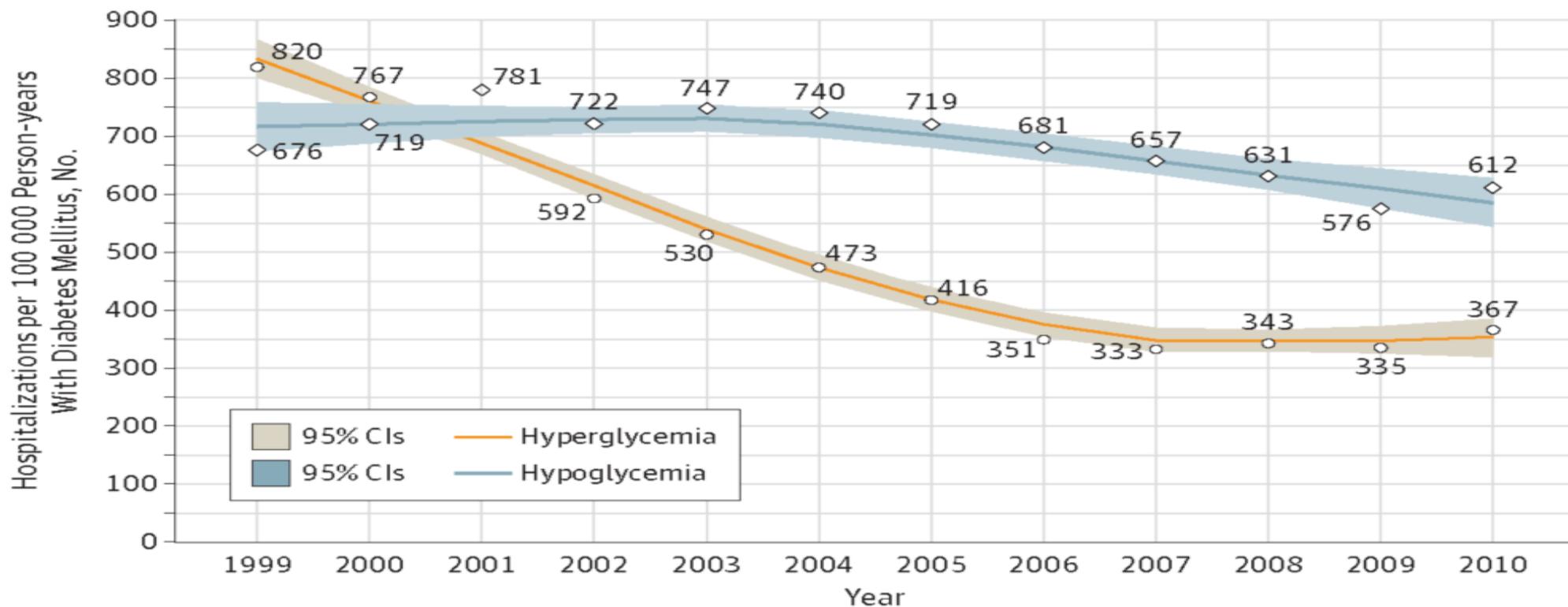


Figure Legend:

Rates of Estimated Hospital Admissions for Hyperglycemia and Hypoglycemia Among Medicare Beneficiaries With Diabetes Mellitus, 1999 to 2010. The circles and diamonds indicate observed values; the lines represent the smoothed trend over time.



How is diabetes treated?

Diabetes may be treated with meal planning, exercise, oral medications, insulin and other injectables.

Over time, it can lead to several complications, such as:

- Nerve damage
- Kidney damage
- Eye problems
- Amputation
- Heart disease and stroke

ADA Standards of Care Recommendations

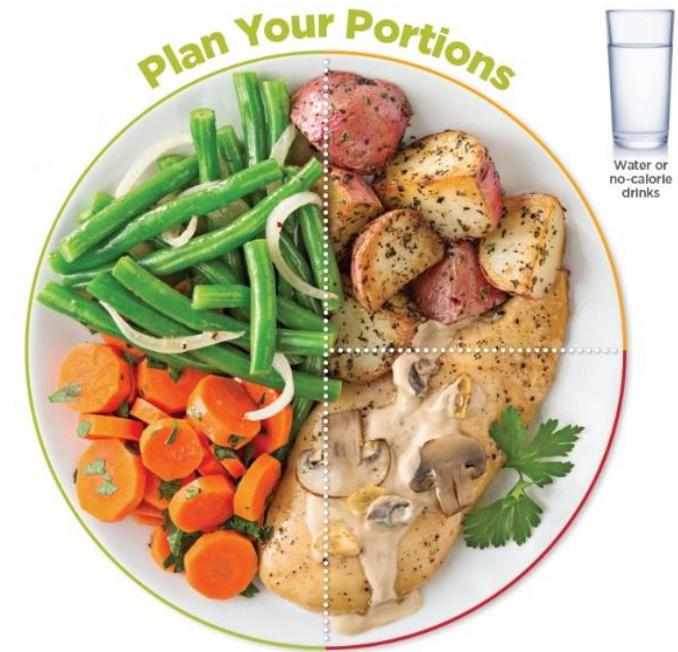
- Optimal nutrition and protein intake is recommended for older adults; regular exercise, including aerobic activity, weight-bearing exercise, and/or resistance training, should be encouraged in all older adults who can safely engage in such activities. **B**
- For older adults with type 2 diabetes, overweight/obesity, and capacity to safely exercise, an intensive lifestyle intervention focused on dietary changes, physical activity and modest weight loss (e.g., 5-7%) should be considered for its benefits on quality of life, mobility and physical functioning, and cardiometabolic risk factor control. **A**



Where to begin with meal planning

Talk to a registered dietitian nutritionist (RDN) or certified diabetes educator (CDE) about the best meal plan for you. The plate method can be a place to start.

1. Fill 1/2 of your plate with nonstarchy vegetables.
2. Fill 1/4 of your plate with protein.
3. Fill 1/4 of your plate with grains or starchy vegetables, fruit and/or milk/yogurt.
4. Add water or a no-calorie beverage.



Lifestyle change has to be personalized

- Unintentional weight loss \neq intentional weight loss
- Reducing calories has to be done in the right patients
 - Inadequate nutritional intake, particularly inadequate protein intake, can increase the risk of sarcopenia and frailty in older adults.
- Exercise program has to be done safely
 - Some older adults at high risk for falls
 - Exercise program has to be tailored to osteoarthritis, cardiovascular fitness, comorbid illness (COPD, CHF)
 - Some older adults may not feel safe in their neighborhood
 - Many may not have resources or interest in a health club



Pharmacologic Therapy (Medications)

- In older adults with type 2 diabetes at increased risk of hypoglycemia, medication classes with low risk of hypoglycemia are preferred. **B**
- Overtreatment of diabetes is common in older adults and should be avoided. **B**
- Deintensification (or simplification) of complex regimens is recommended to reduce the risk of hypoglycemia and polypharmacy, if it can be achieved within the individualized A1C target. **B**
- Consider costs of care and insurance coverage rules when developing treatment plans in order to reduce risk of cost-related nonadherence. **B**



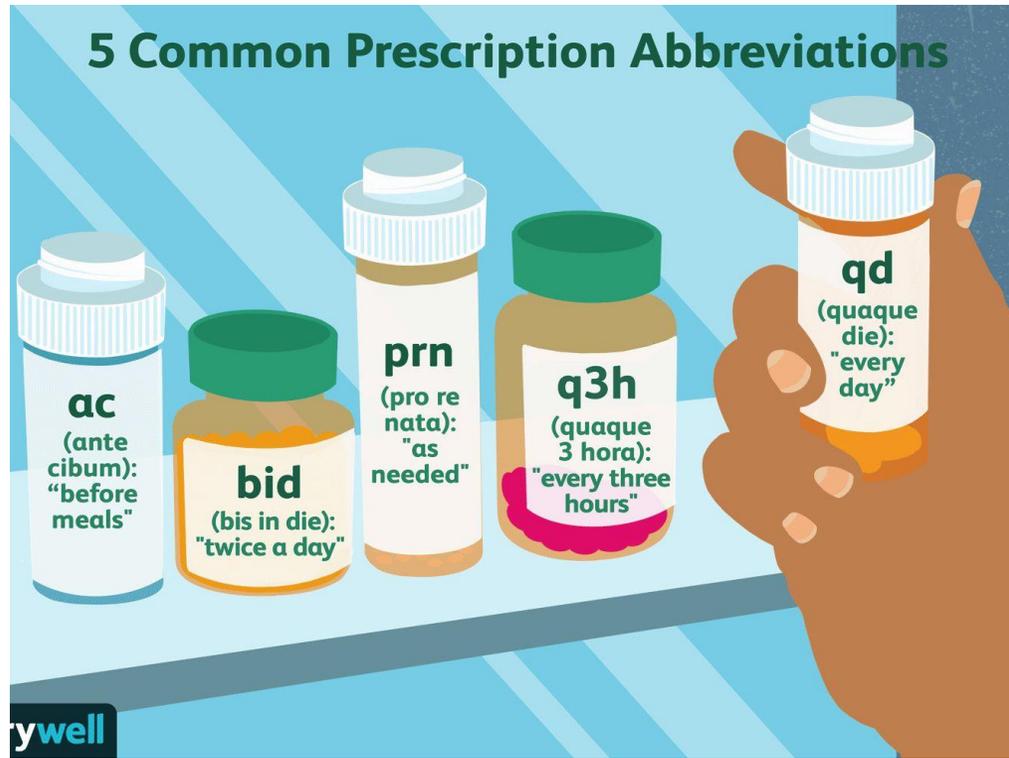
What should I know about medications?

Talk to your diabetes care team about the medications you're taking and what they do. There are three types of medications for diabetes.

1. Diabetes oral medications (pills)
2. Insulin
3. Other injected medications

Be sure to take your medications as prescribed.

Avoid Abbreviations



Prescription Abbreviations

- ◆ od - once a day
- ◆ bd - twice a day
- ◆ tds - three times a day
- ◆ qds - four times a day
- ◆ om : on - in the morning : at night
- ◆ prn - when required
- ◆ sos - if necessary
- ◆ stat - immediately

Rates of Complications and Mortality in Older Patients With Diabetes Mellitus

The Diabetes and Aging Study

Elbert S. Huang, MD, MPH; Neda Laiterapong, MD, MS; Jennifer Y. Liu, MPH; Priya M. John, MPH;
Howard H. Moffet, MPH; Andrew J. Karter, PhD

JAMA Intern Med. doi:10.1001/jamainternmed.2013.12956
Published online December 9, 2013.

Table 3. Sex- and Race-Adjusted Incidence of Diabetes Complications in Older Adults With Longer Duration^a of Type 2 Diabetes^b

Characteristic	Events per 1000 Person-years (95% CI)			P Value
	Age 60-69 y	Age 70-79 y	Age ≥80 y	
Acute hyperglycemic event	1.85 (1.44-2.37)	1.76 (1.36-2.27)	2.35 (1.68-3.27)	.21
Acute hypoglycemic event	9.62 (8.70-10.64)	15.88 (14.56-17.32)	19.60 (17.48-21.98)	<.01
End-stage renal disease	7.92 (7.08-8.84)	7.64 (6.83-8.54)	5.75 (4.80-6.88)	<.01
Eye disease	20.26 (18.41-22.30)	14.97 (13.45-16.66)	14.89 (12.69-17.47)	<.01
Peripheral vascular disease	4.02 (3.47-4.67)	4.90 (4.25-5.64)	5.67 (4.67-6.88)	<.01
Lower limb amputation	3.94 (3.38-4.60)	4.26 (3.66-4.95)	3.92 (3.16-4.88)	.97
Coronary artery disease	15.15 (13.89-16.51)	18.98 (17.50-20.59)	24.09 (21.55-26.92)	<.01
Cerebrovascular disease	8.51 (7.65-9.46)	14.62 (13.37-15.99)	18.90 (16.74-21.32)	<.01
Congestive heart failure	13.83 (12.62-15.15)	23.86 (22.10-25.76)	33.10 (29.88-36.66)	<.01
Mortality	33.21 (31.55-34.95)	65.87 (63.28-68.56)	132.90 (127.09-138.98)	<.01

^a Duration of diabetes was 10 years or more.

^b Information was obtained from Kaiser Permanente Northern California database, 2004-2010.

WHAT YOU CAN DO



How does staying active help?

When you are active:

- Your body is more sensitive to insulin, so the insulin can work better.
- Your cells take glucose out of the blood during exercise, which is good.
- Exercise can improve your mood.

What types of activity should I do?

Types of activity you can try:

- Lifestyle activities
- Aerobic exercise
- Strength training
- Balance training
- Flexibility training (stretching)



Beyond Diabetes

Hearing Loss

Cataracts and refractive errors

Osteoarthritis

COPD

Dementia

Geriatric Syndromes:
Frailty, Urinary
Incontinence, falls,
deliriums, and pressure
ulcers

Oral Health

Next steps

At-Risk/Prediabetes



Take the Risk Test



Talk to provider



If diagnosed, register for local DPP



Visit Diabetes Food Hub



Contact 1-800-DIABETES for additional resources

Diabetes



Register for Living With Type 2 program



Register for Ask the Experts Event



Register for Diabetes Self-Management Education



Visit Diabetes Food Hub



Contact 1-800-DIABETES for additional resources

Contact Information

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Diabetes among Older Hispanic/Latino Adults

“Over their lifetime, US adults overall have a 40% chance of developing type 2 diabetes. But **if you’re a Hispanic/Latino American adult, your chance is more than 50%, and you’re likely to develop it at a younger age.** Diabetes complications also hit harder: Hispanics/Latinos have **higher rates of kidney failure caused by diabetes as well as diabetes-related vision loss and blindness.**”

- CDC



Diabetes among Older Hispanic/Latino Adults

- Hispanic/Latino community is **diverse!**
- **All Hispanic/Latinos** are more likely to have type 2 diabetes (at 17%) than whites (8%) ¹
- Type 2 diabetes **prevalence differs greatly between subgroups:**
 - Cubans as low as 7.6%²
 - Mexicans 13.8% ²
- Diabetes is one of the **top 5 leading causes of death** among Hispanic/Latino older adults.



1. <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html>

2. <https://clinical.diabetesjournals.org/content/31/1/43#:~:text=Current%20research%20shows%20that%20Hispanics,as%20likely%20to%20receive%20treatment.>

Risk Factors among Hispanics/Latinos for Developing Diabetes

1. Genetics²

- Connection isn't very clear
- Recent research on the genome
- Studies looking at ancestry among different Latin-American subgroups (with Native American, European, and West African ancestry)¹

2. Food²

- Foods high in fats/calories
- Too many carbohydrates and not enough healthy fats and proteins.
- Some traditional foods when eaten often can contribute to this risk (i.e. tortillas, rice, fried foods, etc.)
- Cultural pressure to eat everything on your plate

3. Weight/physical activity/health behaviors²

- Higher rates of obesity, which is related to insulin resistance
- Low levels of physical activity (disability, poverty)
- Some may see being overweight as a sign of being healthy
- Alcohol use and cigarette smoking

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5763127/>

2. <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html>

Risk Factors among Hispanics/Latinos for Developing Diabetes

- 4. Age:** having a history of being overweight throughout life can increase risk for developing type 2 diabetes. Hispanic individuals often develop diabetes younger and are more likely to have undiagnosed diabetes than other racial/ethnic groups.¹
- 5.** Hispanics may **use home remedies** to treat diabetes should be considered. It is not uncommon for a Hispanic/Latino individual to drink certain teas as treatment for diabetes instead of seeking treatment for a doctor or in lieu of taking their medications.
- 6. Family Support:** if other family members are not willing to follow a healthy diet, it can make it difficult for individuals with pre-diabetes and diabetes to manage their conditions.
- 7. Depression:** having depression may increase the risk of developing diabetes. In those with diabetes, depression can adversely affect their condition. Hispanic/Latinos with diagnosed with diabetes and comorbid depression are half as likely to receive treatment than whites.^{2,3}

1. <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html>

2. <https://care.diabetesjournals.org/content/28/5/1063#:~:text=CONCLUSIONS%E2%80%94Depression%20appears%20to%20increase,relationship%20between%20diabetes%20and%20depression.>

3. <https://clinical.diabetesjournals.org/content/31/1/43#:~:text=Current%20research%20shows%20that%20Hispanics,as%20likely%20to%20receive%20treatment.>



Barriers to care

- Cultural factors
- Poverty
- Health insurance coverage
- Language barriers
- Lack of cultural competency in medical professions
- Health literacy

The American Public Health Association has adopted the following definition of **Community Health Worker**

A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A Community Health Worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

In other words...

A Community Health Worker is a trusted member of the community who empowers their peers through education and connections to health and social resources.



CHW Role in Diabetes Prevention and Management

- Conduct outreach
- Health education, health literacy support
 - Informal one-on-one education, counselling and support
 - Facilitating support groups and group educational activities
- Advocacy
- Navigation services, care coordination and case management
- Direct health services (health screenings)
- Cultural mediation
 - *Familismo*
 - *Personalismo*
- Evaluation efforts



What does this look like?



- Contact community and patients to offer services
 - Outreach events (health fairs, parent meetings at schools, etc.)
 - Calling eligible patients (if in a healthcare setting)
- Being a member of the healthcare team and advocating for patient needs when care plans are being developed
- Health education topics: nutrition/diet, medication management, physical activity, blood sugar control, managing complications of diabetes
 - One-on-one meetings in person, phone, or video calls
 - Group education/Group support in person, or by video call
 - Messaging and emails
 - Where?
- Meet patients where they are
 - Home visits, community events, health center
 - Schools, worksites, churches, libraries, community centers, etc.



What does this look like?

- Listen to patients needs
 - Address SDOH
 - Provide referrals to trusted organizations
- Personalize care (i.e., SMART Goal setting)
- Assist in transportation needs
- Translation services
- Referrals to social services



Unique skills

- Motivational Interviewing techniques
- Active listening, communication, and relationship building
- Group facilitation
- Presentation skills/public speaking
- Bilingual abilities (maybe trilingual)
- Providing health information at appropriate educational level
- Knowledge base about community and resources

MHP Salud's *Juntos Podemos* Program

Program description: CHW-led primary prevention program

- 4-week educational program
- Referrals
- Goal setting

Outcomes: when looking only at older adults (n=809)...

- Increase in fruit (33.3%) and veggie consumption (35.1%)
- 47.1% increase in physical activity of 30 min+
- Increase in daily calcium consumption (20.7%)

All behavior change was statistically significant ($p < .05$)



MHP Salud's *Vivir Una Vida Plena* Program

Program description: 3-month CHW-led program targeting people at high risk for, or who have early stages of, chronic diabetes kidney disease.

- 6-weeks of educational sessions
- Follow-up for 6 more weeks
- Check weight and BP
- Referrals

Outcomes for 2020 (n=100):

- Significant increase (**149%**) in physical activity of 30 min+
- Significant increase in fruit (77%) and vegetable (53%) consumption
- Significant decrease in sodium (92%), sugar-sweetened beverage (76%), and fat consumption (23%).





Case Studies

Esperanza

- 345 lbs
- Met CHW at church
- “Muy desanimada” (unmotivated)
- Agreed to see CHW
- CHW 3 visits to her home
- Encouraged to visit the doctor
- Good relationship with doctor
- Enrolled in Zumba
- Lost 48lbs and counting...

Laura

- Had a “bad” kidney (functioning at 35%)
- Was going to need dialysis
- Enrolled in program and referred to dietician
- Very overweight
- Began to eat healthier
- Stopped drinking Soda and had more water
- Lost weight
- Kidney function improved to 75%

Helpful Resources

- [Community Health Workers & Diabetes Interventions: A Resource for Program Managers and Administrators](#)
- [Community Health Workers and Peer Specialists: Key Roles in Addressing Diabetes Control Before and *During* COVID-19 Health Pandemic](#)
- [One Page Brief Report Diabetes and the CHW Profession](#)
- [The Role of CHWs in Addressing Diabetes](#)
- [Sabor Latino Healthy Plate](#)



Diabetes Resources

NCHPH Resource Center
www.nchph.org

Diabetes Prevention: Adult

Expanding Diabetes Prevention and Management Through Health Center Outreach

Monday, March 22, 2021 (Session #1)

Monday, March 29, 2021 (Session #2)

Monday, April 5, 2021 (Session #3)

Monday, April 12, 2021 (Session #4)

Session #1: [Slides](#) | [Recording](#)

Session #2: [Slides](#) | [Recording](#)

Session #3: [Slides](#) | [Recording](#)

Session #4: [Slides](#) | [Recording](#)

This training hosted by the National Center for Health in Public Housing, we addressed diabetes resources for CHWs, explained the roles and competencies of CHWs in diabetes prevention with an emphasis on nutrition, physical activity programs and other lifestyle interventions, and how CHWs can help patients with diabetes crack food insecurity and other social determinants of health through community resources.

This learning collaborative was comprised of a mix of outreach and diabetes educators from at least 10 health centers in or immediately accessible to public housing. Utilizing evidence-based models such as those developed by the Centers for Disease Control and Prevention (CDC), Community Preventive Services Task Force or National Health, Lung, and Blood Institute (NHLBI), the four learning modules allowed for the implementation of process for weight screening and tracking patients with abnormal BMI and HbA1c.

Diabetes Control: Adult

Diabetes in Special and Vulnerable Populations

Tuesday, February 2, 2021 (Session #1)

Tuesday, February 16, 2021 (Session #2)

Tuesday, March 2, 2021 (Session #3)

Tuesday, March 16, 2021 (Session #4)

Questions





Thank You!

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