



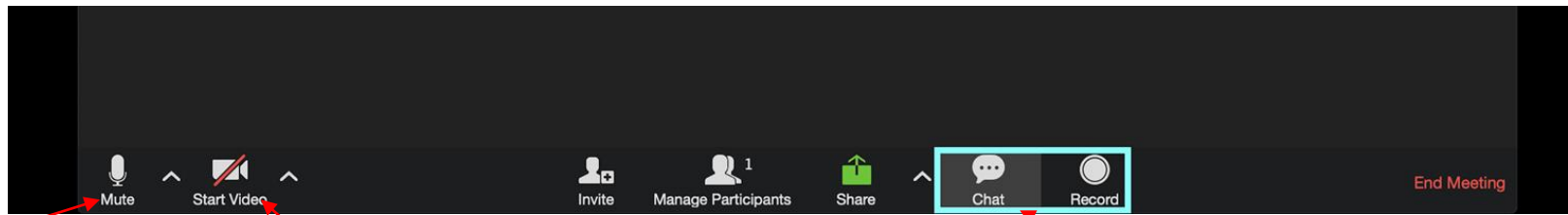
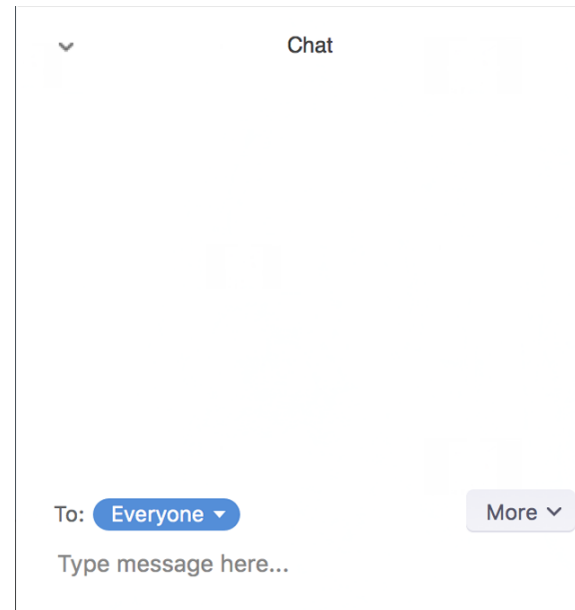
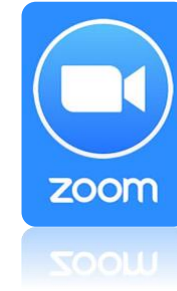
Diabetes Prevention for the Whole Family

May 27th, 2021 @

2:00 - 3:00 PM (ET)/ 1:00 - 2:00 PM (CT)/ 11:00 - 12:00 PM (PT)

 **Health
Outreach
Partners**
HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

Zoom Features



Icebreaker/Dinamica

- Your name
- Organization
- Years of experience in the field
- Mention a common dish and a healthy alternative



Presenters

Hansel O. Ibarra, MPA
Program Director II



Liam Spurgeon
Project Manager





MHP Salud is a national nonprofit organization with over 35 years of experience developing, implementing, and evaluating community-based, culturally tailored Community Health Worker (CHW)/Promotor(a) de Salud programs and promoting the CHW model through training and consultation services.

Mission

MHP Salud promotes the Community Health Worker(CHW) profession nationally as a culturally appropriate strategy to improve health and implements CHW programs to empower underserved Latino communities

Vision

Our populations and their communities will enjoy health without barriers.

Health Outreach Partners

WWW.OUTREACH-PARTNERS.ORG

WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization





Webinar Overview

- Everyone will have access to the slides, and resources shared in this webinar;
- An email will be sent out shortly after the webinar;
- The webinar will be 1 hour (60 mins);
- We will be answering questions at the end of the presentation;
- There will be time allocated for questions, comments and concerns.



Objective 1

1) Learn at least one strategy to improve diabetes outcomes at their own health center;

Objective 2

2) Understand the key role community health workers play in family-focused chronic disease management;

Objective 3

3) Identify real examples of diabetes prevention efforts happening at community health centers.



The Need to Address Diabetes

Diabetes remains one of the most prevalent chronic diseases in the US (source CDC):

- **13%** of adults (34m)
- Less prevalent in children: **1 in 400**

According to the UDS, Community Health Centers serve almost **7,000,000** diabetic patients annually, **38%** of whom have A1c above 9%. (source: UDS)

In the most recent grant cycle from 2017-2020, HRSA tasked National Training and Technical Assistance Providers (NTTAPs, formerly NCAs) to reduce the % of patients with A1c greater than 9.



Partnerships to Address Diabetes Prevention

As HRSA-funded NTTAPs, HOP and MHP Salud are tasked with improving outcomes related to diabetes:

- **Diabetes prevention – adults:** Increase the % of adult patients with documented BMI and documented follow-up plan
- **Diabetes prevention – juveniles:** Increase the % of patients 3-17 years old with documented height, weight, and BMI; counseling for nutrition; and counseling for physical activity.

In order to address *both* of these groups, HOP and MHP Salud turned their focus to the family as a whole.

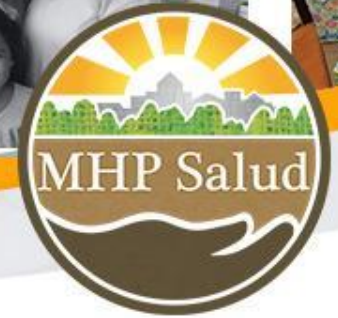


Diabetes Prevention Across the Lifespan

HOP and MHP Salud have collaborated to create a 4-part article series entitled *Diabetes Across the Lifespan*. These articles cover a range of topics, including:

- Community Health Workers Promoting Diabetes Prevention Among Families
- Facilitating Healthy Eating for the Whole Family
- The Role of CHWs in Preventing Diabetes through Family Connection
- Involving Children and Parents for Diabetes Health Education for Youth (*coming soon*)

These articles can be found on both the MHP Salud or Health Outreach Partners websites or by visiting this landing page: <https://outreach-partners.org/2020/11/05/article-series-diabetes-across-the-lifespan/>



The Role of Community Health Workers

Community Health Worker

Promotor(a) de Salud

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 liason/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.

<https://mhpsalud.org/our-chw-initiatives/community-health-workers/>



CHW's role

1. Disseminating Educational material

- Cultural mediation
- Culturally appropriate health education

2. Providing Support

- Care coordination, case management and system navigation
- Coaching and social support
- Outreach

3. Offering Resources

- Bridge between affected individuals and available resources

4. Advocating

- Building capacity to address issues
- Evaluation
- Individual and community assessments



How do CHW-led diabetes interventions positively impact individual patients?



1. Improvements in A1C Levels:

2. Increased Physical Activity:

3. Greater Patient Understanding of their Disease:

4. Improved Mental Health and Decreased Diabetes Distress:

How do CHW-led diabetes interventions positively impact organizations and communities?

The benefits of CHW-led interventions targeting diabetes do not end with individual health outcomes. Several studies have also shown positive community-level benefits of CHW-led interventions:

Reducing Disparities:

Disparities in prevalence of type 2 diabetes and complications in underserved populations have been linked to poor quality of care including lack of access to diabetes management programs. By providing access to cost-effective care, CHWs have been able to successfully address and mitigate these health disparities.

Reducing ER Utilization and Medical Costs:

CHW interventions have resulted in decreased rates of unnecessary ER usage and decreased medical costs.

Improving Patient / Provider Coordination:

CHWs have also shown positive results in enhancing coordination between patients and providers. Increasing medication adherence and follow-up visit attendance

Vivir una Vida Plena

About program

- Vivir una Vida Plena began in December 2018 and is scheduled to conclude in December 2021.
- Vivir una Vida Plena is active in **Hidalgo, Starr, Willacy and Cameron Counties in Texas**.
- Created in partnership with MHP Salud & Bluecross Blueshield of Texas & MHP Salud

Goals

- Provide information to 1,500 individuals about Chronic Diabetic Kidney Disease
- Provide CHW-led case management and health education to 100 individuals diagnosed at risk for or at early stage diagnosis for chronic diabetic kidney disease (CDKD).
- Increase knowledge and positive attitudes surrounding diabetes self-management and healthy living
- Decrease blood pressure and hemoglobin A1C
- Self reported Improvements in healthy eating habits

CHW role

- Door-to-door outreach in predominantly Latino and Hispanic neighborhoods (colonias)
- Link participants to a medical home/partner clinic
- Provide cultural competent self-management education classes
- Connect them to community resources



OBESITY AND DIABETES IS PANDEMIC IN LOWER RIO GRANDE VALLEY OF SOUTH TEXAS

COST

\$6,900

PER PATIENT PER YEAR
IS SPENT ON DIRECT
DIABETES CARE.

POPULATION

>60%

OF THE POPULATION IS
IN NEED, INCLUDING
30% WITH DIABETES
AND 30% MORE
UNDIAGNOSED OR
PRE-DIABETIC.

AID

62.4%

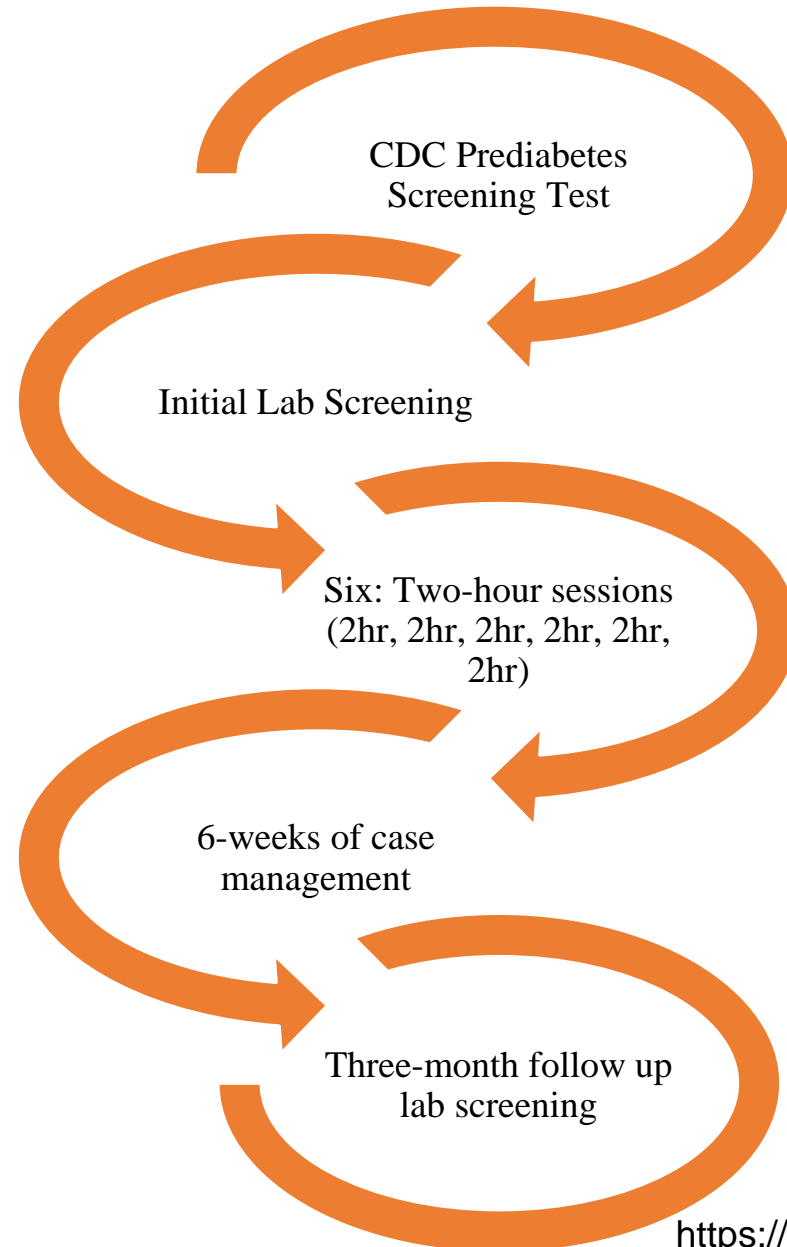
OF THE COST IS PAID BY
THE GOVERNMENT.

CARE

40%

FEWER PRIMARY CARE
PHYSICIANS PER
100,000 COMPARED TO
REST OF TEXAS.

Structure of Program





Program Success

Year 2018 - 2019

- 73- Participants enrolled in education sessions
- 134- At risk or diagnosed with CKD
- 1530- Individuals reached with information about CKD

Year 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%).

Participant Testimonial

“I took Vivir una Vida Plena classes with Rosy (CHW). In those classes I learned a lot of things. To begin with, I learned how to provide my children with better food and prevent them from developing diabetes. I started going to the class and then my children would accompany me. They would remind me of the foods we needed to buy when we were grocery shopping. To date, my son has lost 10 lbs. my children no longer drink soda and don’t crave other junk foods. They learned how to choose and eat healthier options.”

Mrs. Chapa – 2018 Participant





Key Partnerships for Prevention

Why Partnerships?



Image credit: [Freepik](#)

Key Components

- Mutually beneficial relationship
- Common Goal
- Informal or formal

Benefits of partnership

- Sharing of resources
- Increase access
- Peer learning



Partnerships for Diabetes Prevention

Diabetes prevention often starts with health education and increasing access to healthy foods and physical mobility. Some key partnerships include:

- **Schools** – Schools remain the most effective messenger when working with children, as they are conduits for information for children and trusted messengers for parents/guardians
- **Nutrition Education** – Dietitians or nutritionists can supplement health education and provide specialized expertise
- **Food Distribution** – Grocery stores, food pantries, and farmer's markets make great partners to offer healthy food to patients for low-to-no cost



Partnerships for Health Equity

- What does "health equity" mean?
- Widely accepted and adapted definition from RWJF:

*"Health equity means that everyone has a **fair and just opportunity** to be as healthy as possible. This requires **removing obstacles to health** such as **poverty, discrimination, and their consequences**, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."*

Source: [Robert Wood Johnson Foundation](#)

Partnerships for Health Equity

It is important to plan diabetes prevention activities with a health equity lens in order to ensure your efforts are accessed by those most in need.

Health Education is often not enough!

- Physical space
- Food access
- Nutrition information



Innovative Outreach Practice

Southside Community Health Services, Inc.
www.southsidechs.org



Location: Minneapolis, MN

Community Health Center Funding: 330(e)



- Southside hosts a six-week cooking course, which includes **general nutrition education, label reading, meal prep, and exercise**
 - Participants are given the **produce** needed to re-create the meals from the class
 - Participants are given a **hot plate** at the end of the course
- Southside has established **community gardens** at two of its clinic sites.
- Diabetic patients and their families are prescribed **Community-Supported Agriculture (CSA) boxes** at no cost by the clinic's providers.
- The program runs for 16 weeks for 30 families at a time.

Evaluation

In order to improve for next year, please help us by completing a 3-5 minute evaluation.

<https://mhpsalud.wufoo.com/forms/q1q6y9ch1xxwlf/>



Q & A / Recap!

Time to share



MHP Salud Resource

The purpose of this guide is to assist health centers and partners in identifying the roles of CHWs in addressing diabetes. This guide will provide access to information that will facilitate the identification of CHWs in their Health Centers and their roles in addressing diabetes self-management and prevention in their communities.

Available in english and spanish

Link: <https://mhpsalud.org/portfolio/the-role-of-community-health-workers-addressing-diabetes/>



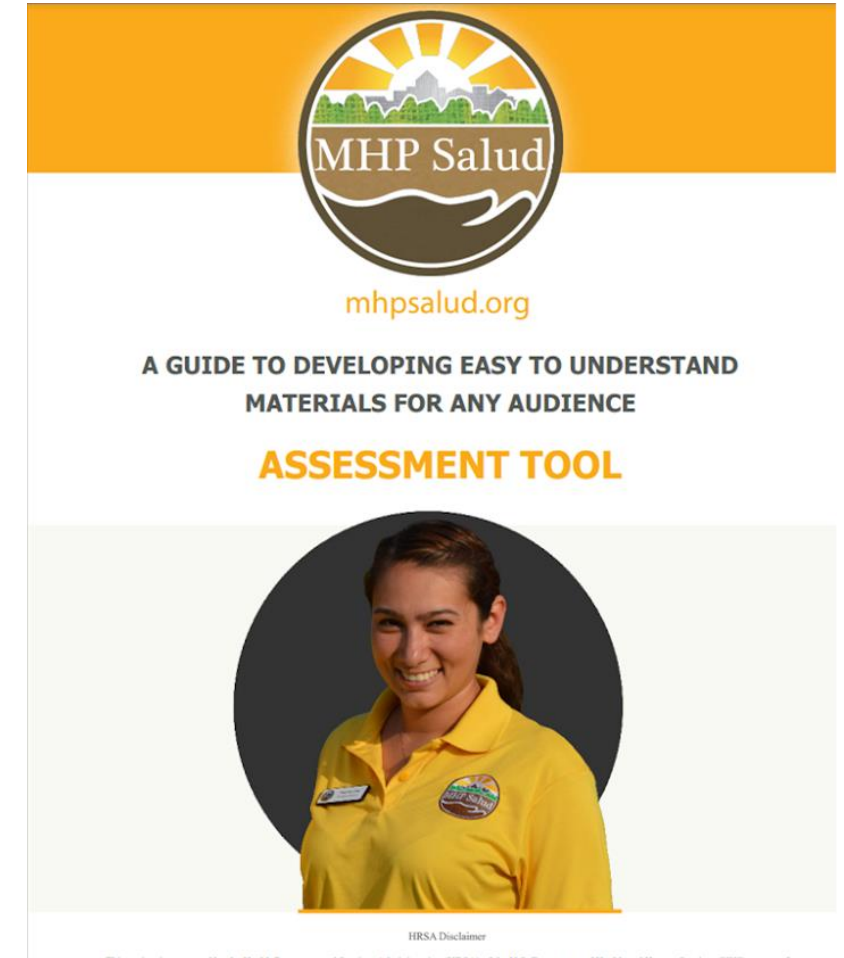
The Role of **CHWs** in Addressing Diabetes



MHP Salud Resource

This guide provides organizations with an **overview of practical tools used to create and/or improve written materials**. It includes information, tips, and resources on readability, writing style, layout and design, and how to adapt writing documents to different audiences.

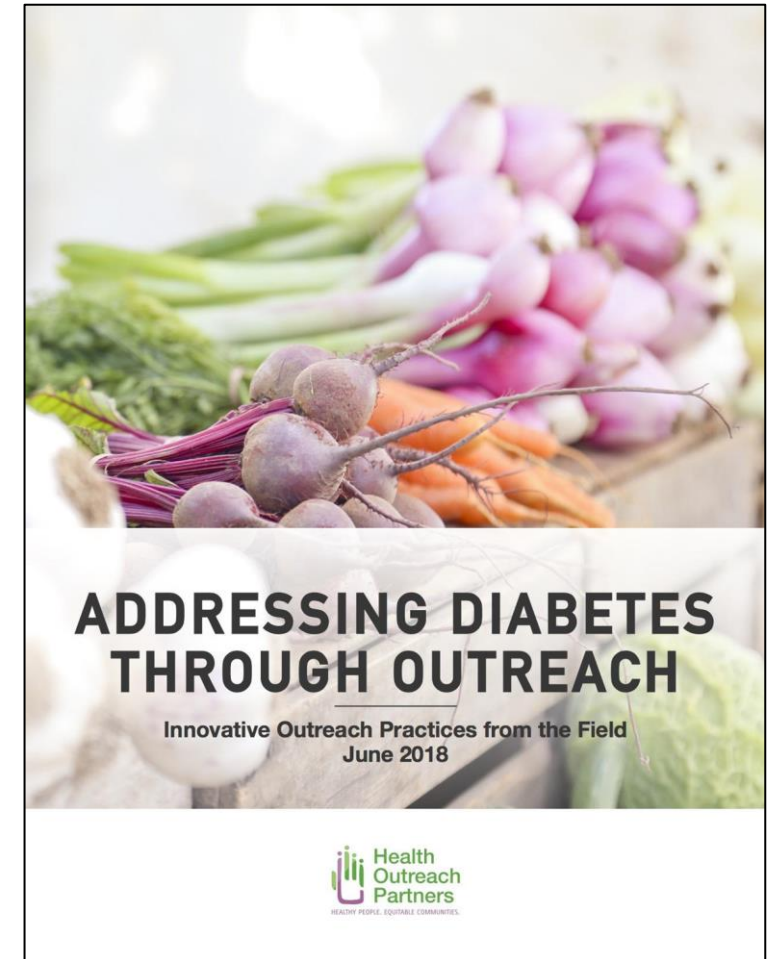
Link: <https://mhpsalud.org/portfolio/a-guide-to-developing-easy-to-understand-materials-for-any-audience/>



HOP Resource

HOP developed Addressing Diabetes Through Outreach: Innovative Outreach Practices from the Field as a resource for existing and potential health centers, Primary Care Associations, and other community-based organizations that are interested in using outreach to address diabetes among their patient populations. The profiles included in this resource offer background information about the featured organization, a description of the innovative outreach practice, and key lessons learned, as shared by the featured health center.


Link: <https://outreach-partners.org/2012/07/01/innovative-outreach-practices-report/>



Sabor y Salud: Latino and Hispanic Healthy plate Brochure




Sabor y Salud
Mexican Hispanic Edition



HEBNI

2009 W. Central Blvd.
Orlando, Florida 32805
Phone: (407) 872-1333
Fax: (407) 872-7135
hebninutrition.org


2111 Golfside Dr. Suite 2B
Ypsilanti, MI 48197
(956) 968-3600
mhpsalud.org

Nuestro Sabor
Latin American and Caribbean Edition



HEBNI

2009 W. Central Blvd.
Orlando, Florida 32805
Phone: (407) 872-1333
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Resources



Road to Health Toolkit, is a free, informational resource for Community Health Workers, nurses, dietitians and health educators alike. The overall goal of this toolkit is to share the message that type 2 diabetes is preventable and can be delayed in high risk groups. This toolkit consists of a user's guide, flipchart, activities guide, quiz, educational posters, training videos, booklets, music and podcasts. Also included in the toolkit is an evaluation guide. The guide assists in measuring outreach and target audience, changes made by participants, and key demographic data.

Available at:

<https://www.cdc.gov/diabetes/ndep/pdfs/toolkits/road-to-health/road-to-health-toolkit-flipchart.pdf> - English

<https://www.cdc.gov/diabetes/ndep/pdfs/toolkits/camino-buena-salud/road-to-health-toolkit-flipchart-spanish.pdf> - English



The Diabetes Initiative, funded by the Robert Wood Johnson Foundation offers tools and resources for developing and implementing programs that focus on improving diabetes self-management. Included in their list of resources is a six-session diabetes self-management curriculum. The curriculum focuses on such topics as monitoring the disease, understanding blood sugar levels, nutrition, medication and complications, health tips, and navigating the supermarket/grocery store.

Available at:

<http://www.diabetesinitiative.org>

Resources



The American Diabetes Association provides a large array of resources focused both on prevention and management of diabetes. Several helpful tools include an “Am I At Risk?” calculator for individuals, a resource locator for local communities, materials for researchers and policy makers, and several helpful tools for those currently living with Type 2 Diabetes (meal planning, explanations of treatment and care, complications, and information regarding diabetes and health insurance.)

Available at:

<https://www.diabetes.org/>



Beyond The Road to Health Toolkit, the CDC provides a wide selection of resources and curricula relating to diabetes prevention and management. The PreventT2 Curriculum is a 12-month program that promotes lifestyle change through self-efficacy, physical activity and diet. This curriculum consists of 31 sessions, all available in both English and Spanish. Most of the sessions also include handouts for program participants, which are available in both language.

Available at:

<https://www.cdc.gov/diabetes/prevention/lifestyle-program/t2/t2materials.html>

Thank you for your time!
May you have a pleasant rest of the
day.

For questions, comments or concerns, feel free to
reach out to us via email at:

Hansel O. Ibarra- Hibarra@mhpsalud.org
Liam Spurgeon- liam@outreach-partners.org



End of Slides

