Diabetes Prevention and Management among Older Hispanic Adults

May 26th, 2021

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MHP Salud

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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.
## Strengthening Aging Services for Hispanic Older Adults Program

### Technical Assistance Resource Center (TARC)

<table>
<thead>
<tr>
<th>Resources</th>
<th>Training and TA</th>
<th>Virtual Learning</th>
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</thead>
<tbody>
<tr>
<td>• Culturally and linguistically appropriate</td>
<td>• TA with a focus on peers/CHWs</td>
<td>• Webinars</td>
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<tr>
<td>• Blogs</td>
<td>• Monthly TA Calls</td>
<td>• Learning Collaboratives</td>
</tr>
<tr>
<td>• Newsletters</td>
<td>• TA Request forms</td>
<td>• Pre-recorded sessions</td>
</tr>
<tr>
<td>• Resources</td>
<td>• For service providers, CHWs, caregivers, etc.</td>
<td>• Future opportunities</td>
</tr>
</tbody>
</table>


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 is when your blood sugar levels are higher than normal but aren’t high enough to be 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
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.
**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.
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.
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.
How is type 1 and type 2 diabetes diagnosed?

A1C

- ≥ 6.5%
- < 6.5%

- ≥ 5.7%
- < 5.7%

NORMAL

DIABETES

- ≥ 126 mg/dl
- < 126 mg/dl

PREDIABETES

DIABETES

- ≥ 200 mg/dl
- < 200 mg/dl

PREDIABETES

NORMAL

FPG

- ≥ 126 mg/dl
- < 126 mg/dl

NORMAL

PREDIABETES

- ≥ 100 mg/dl
- < 100 mg/dl

NORMAL

OGTT
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)

<table>
<thead>
<tr>
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<th>None / one / two / three / four / more than four</th>
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<tbody>
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<tr>
<td>Number of LDL per review period</td>
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<td>Latest LDL</td>
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<tr>
<td>Latest triglycerides</td>
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<tr>
<td>Latest HDL</td>
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<td>Optimal勿医 referral</td>
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<tr>
<td>Documented Foot exam</td>
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<tr>
<td>with microalbumin OR Podiatry Referral</td>
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<tr>
<td>Systolic Blood Pressure</td>
<td>(Write in SBP)</td>
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<tr>
<td>Diastolic Blood Pressure</td>
<td>(Write in DBP)</td>
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<tr>
<td>Pneumonia Shot</td>
<td>Yes / No</td>
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<tr>
<td>Flu Shot</td>
<td>Yes / No</td>
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<tr>
<td>Microalbumin OR UA</td>
<td>Yes / No / Neutropathy documented</td>
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<tr>
<td>ASA Tx</td>
<td>Yes / No</td>
</tr>
<tr>
<td>ACE Tx</td>
<td>Yes / No / if appropriate</td>
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</tbody>
</table>
Pre-visit Planning
Family Centered
Plain Language and Health Literacy

https://open.umich.edu/education/dent/patient-comm-skills
Glucose Testing
Health Literacy

This is your blood vessel, and the dots are glucose. Again, blood vessel, and dots are glucose.

Low blood glucose

High blood glucose

This strange thing, is your pancreas.

Pancreas releases glucagon

Pancreas releases insulin

And this is your liver. It releases glucose into the blood.

Normal blood glucose level

Fat cells absorb glucose
Language Barriers
### Mi Diario de Azúcar en la Sangre

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast/ Desayuno</th>
<th>Lunch/ Almuerzo</th>
<th>Dinner/ Cena</th>
<th>Bedtime/ Antes de Dormir</th>
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</thead>
<tbody>
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<td>176</td>
<td>5</td>
<td>12</td>
<td>78</td>
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<td>Sat</td>
<td>187</td>
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<td>12</td>
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</tr>
<tr>
<td>Sun</td>
<td>187</td>
<td>6</td>
<td>12</td>
<td></td>
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</tbody>
</table>

**FECHA:** ___/___/___

**Antes del Desayuno:**

**Comentarios:**

**Antes del Almuerzo:**

**Comentarios:**

**Antes de la Cena:**

**Comentarios:**

**Otra Hora:**

**Comentarios:**

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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. Harves...
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 ≥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 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. 

- 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.

- 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.
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

<table>
<thead>
<tr>
<th>Index Condition (%)</th>
<th>Weighted Prevalence (%) of Other Conditions Among Respondents Having Index Condition</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>CAD</td>
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<tr>
<td>CAD (8.7)</td>
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<tr>
<td>CHF (4.8)</td>
<td>58%</td>
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<tr>
<td>T2DM (19.4)</td>
<td>24%</td>
</tr>
<tr>
<td>UI (25.0)</td>
<td>19%</td>
</tr>
<tr>
<td>Falls (23.2)</td>
<td>23%</td>
</tr>
</tbody>
</table>

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.
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 ≠ 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 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
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.
# Medication Errors and Adherence

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Purpose or Reason Taken</th>
<th>Dose</th>
<th>Time(s) of Day</th>
<th>Form, Color, and Shape</th>
<th>Special Instruction/Side Effects</th>
<th>Other</th>
</tr>
</thead>
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</table>

Name: _________________________ Date: ______________________
Clinic Name: ____________________ Provider: ____________________
Health Problems: ____________________ Allergies: ____________________
Avoid Abbreviations

5 Common Prescription Abbreviations

- ac (ante cibum); “before meals”
- bid (bis in die); “twice a day”
- prn (pro re nata); “as needed”
- q3h (quaque 3 hora); “every three hours”
- qd (quaque die); “every day”

Prescription Abbreviations

- od - once a day
- bd - twice a day
- tds - three times day
- qds - four times a day
- om : on - in the morning : at night
- prn - when required
- sos - if necessary
- stat - immediately
## Table 3. Sex- and Race-Adjusted Incidence of Diabetes Complications in Older Adults With Longer Duration\(^a\) of Type 2 Diabetes\(^b\)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Events per 1000 Person-years (95% CI)</th>
<th>(P) Value</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Age 60-69 y</td>
<td>Age 70-79 y</td>
</tr>
<tr>
<td>Acute hyperglycemic event</td>
<td>1.85 (1.44-2.37)</td>
<td>1.76 (1.36-2.27)</td>
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<tr>
<td>Acute hypoglycemic event</td>
<td>9.62 (8.70-10.64)</td>
<td>15.88 (14.56-17.32)</td>
</tr>
<tr>
<td>End-stage renal disease</td>
<td>7.92 (7.08-8.84)</td>
<td>7.64 (6.83-8.54)</td>
</tr>
<tr>
<td>Eye disease</td>
<td>20.26 (18.41-22.30)</td>
<td>14.97 (13.45-16.66)</td>
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<tr>
<td>Peripheral vascular disease</td>
<td>4.02 (3.47-4.67)</td>
<td>4.90 (4.25-5.64)</td>
</tr>
<tr>
<td>Lower limb amputation</td>
<td>3.94 (3.38-4.60)</td>
<td>4.26 (3.66-4.95)</td>
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<tr>
<td>Coronary artery disease</td>
<td>15.15 (13.89-16.51)</td>
<td>18.98 (17.50-20.59)</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>13.83 (12.62-15.15)</td>
<td>23.86 (22.10-25.76)</td>
</tr>
<tr>
<td>Mortality</td>
<td>33.21 (31.55-34.95)</td>
<td>65.87 (63.28-68.56)</td>
</tr>
</tbody>
</table>

\(^a\) Duration of diabetes was 10 years or more.

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

Oral Health
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
Jose Leon, MD, MPH
Chief Medical Officer
National Center for Health in Public Housing
Tel: 703.812.8822
Email: jose.leon@namgt.com
“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.

2. [https://clinical.diabetesjournals.org/content/31/1/43#:~:text=Current%20research%20shows%20that%20Hispanics,as%20likely%20to%20receive%20treatment.](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. Genetics
   - 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)

2. Food
   - 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 behaviors
   - 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

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

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