Community Linkages to Address the Diabetes Epidemic and Community-Based Exercise and Weight Control Models
Agenda:

• 1:00pm-1:05pm  Introduction

• 1:05pm-1:15pm  Diabetes Updates

• 1:15pm-1:50pm  Community Linkages to Address Diabetes Epidemic and Community-Based Exercise and Weight Control Models

• 1:50pm-1:55pm  Questions

• 1:55pm - Adjourn
Diabetes Updates

• Social Determinants of Health Academy
• NCHPH Resources
• Special and Vulnerable Populations Diabetes Task Force
NCHPH Resources

https://namgt.maps.arcgis.com/apps/webappviewer/index.html?id=04d10d42b4cb4a03bd98a2ca7c7f3ffc
Linking Community Resources in Diabetes Care

- Chronic Care Model:
  - Organizational Support
  - Community
  - Self-Management Support
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems
Benefits of Community Linkages

• Patients get more help in changing unhealthy behaviors

• Clinicians get help in offering services to patients that they cannot provide themselves

• Community programs get help in connecting with patients for whom their services were designed
Health Services Linkages to Community Assets

- Physician Linkages
- Community Health Workers Linkages
- Social Network Linkages
Physician Linkages

- Unemployment
- Housing Assistance
- Fitness Programs
- Food Prescription Program: Food Rx
Community Health Worker Linkages

• Montana Diabetes Prevention Program
  o Using telehealth and CHWs to deliver DPPs
  o CHWs secured pool spaces at local hotels and indoor equipment at local recreation centers
Social Network Linkages

- Social networks have been heavily studied in describing behavior patterns among those with diabetes and obesity
  - e-Healthy Strides (DSME)
  - Electronic support Program
- My Diabetes Wellness Program
  - Interactive Portal provides self-management tools
- TXT2BFiT
Community Based Organizations

- American Association for Diabetes Educators
- YMCA
- Faith-Based Organizations
- Public Housing Agencies
- State/Local Health Departments
Community-Based Exercise and Weight Control Models

**ADA Standards of Care**

Patients with diabetes type 2 should receive healthcare from a team that may include:

- Physicians
- NPs
- PAs
- Nurses
- Dieticians
- **Exercise Specialists**
- Dentists
- Podiatrists
- Mental Health Specialists

**Recommendations**

- Most adults with type 1 or type 2 diabetes should engage in 150 min or more of moderate-to-vigorous intensity activity per week, spread over at least 3 days/week, with no more than 2 consecutive days without activity.

- Adults with type 1 or type 2 diabetes should engage in 2–3 sessions/week of resistance exercise on nonconsecutive days.

- Flexibility training and balance training are recommended 2–3 times/week for older adults with diabetes. Yoga and tai chi may be included based on individual preferences to increase flexibility, muscular strength, and balance.
Community-Based Exercise and Weight Control Models

- For many individuals with diabetes, the most challenging part of the treatment plan is determining what to eat and following a food plan. There is not a one-size-fits-all eating pattern for individuals with diabetes.

- In overweight and obese patients with type 2 diabetes, modest weight loss, defined as sustained reduction of 5% of initial body weight, has been shown to improve glycemic control and to reduce the need for glucose-lowering medications.

The plate method shows the amount of each food group you should eat.