

Diabetes 101 for Behavioral Health Specialists:
Understanding the Basics of Diabetes Prevention and
Management



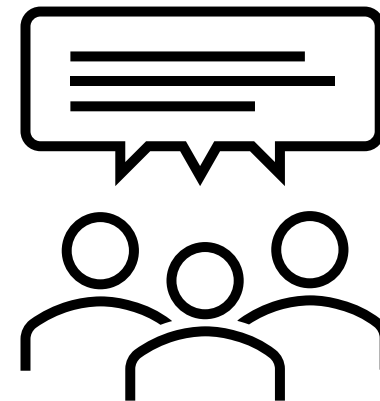
Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



Poll Question 1

Which best describes your type of organization?



National Center for Health in Public Housing

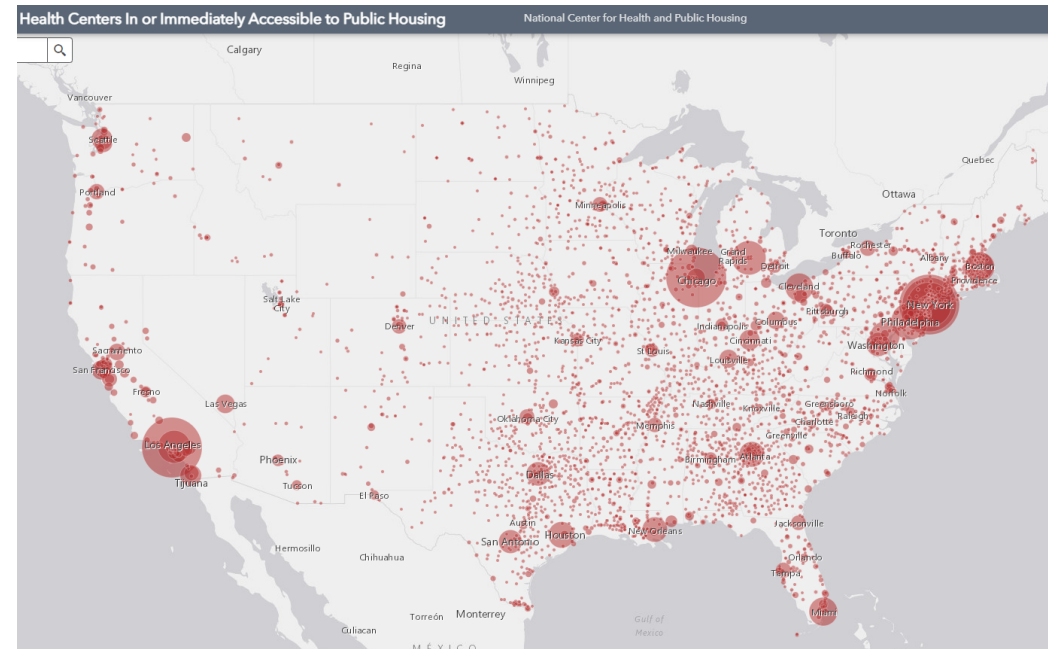
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Health Centers Close to Public Housing

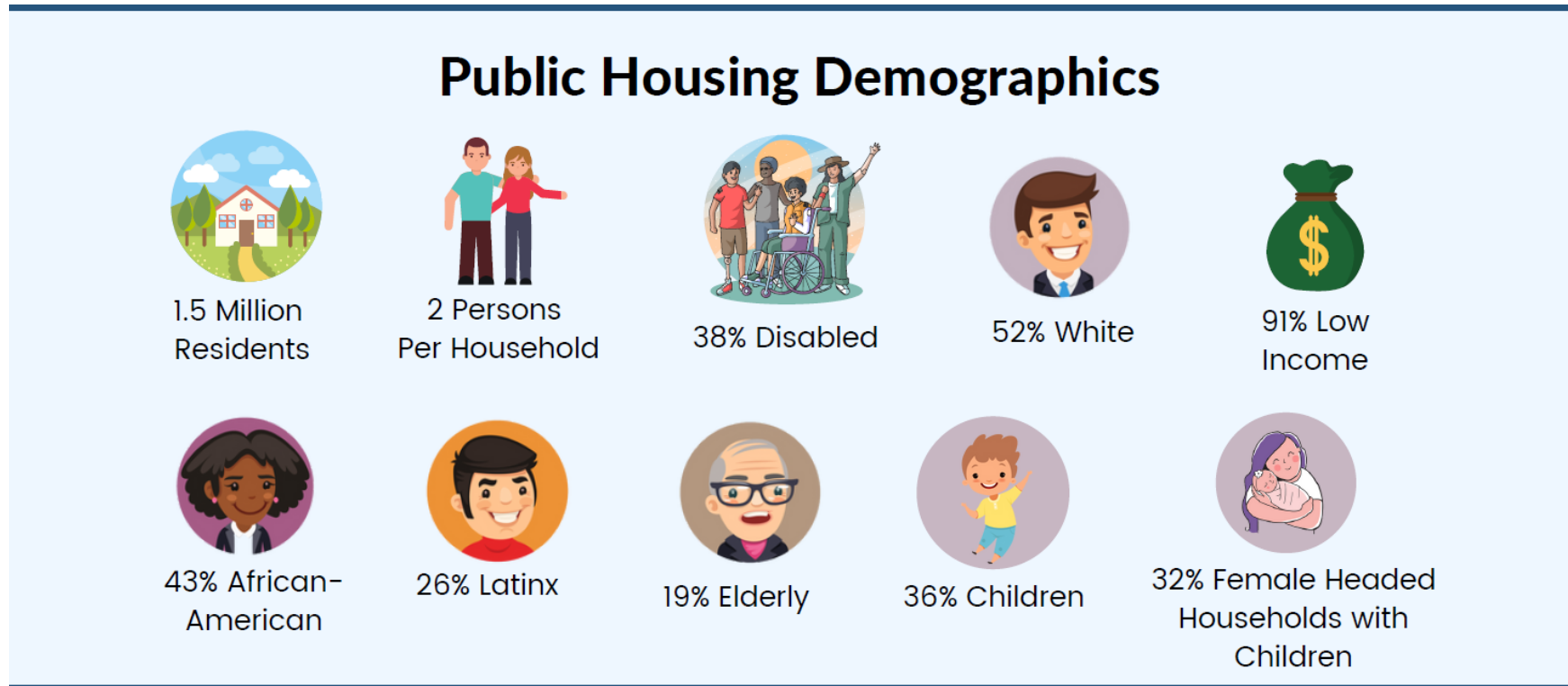
- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: [2021 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics

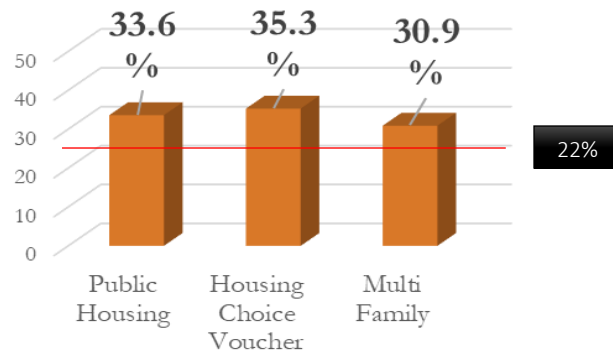


Source: [2022 HUD Resident Characteristics Report](#)

A Health Picture of HUD Assisted Adults, 2006 -2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: [Helms, V. E., 2017, Sperling, J., & Steffen, B. L.](#)

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/ Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

A human brain model is centered in the frame, appearing to be held within the chest piece of a stethoscope. The stethoscope's tubing is silver and curves around the brain, while its red, Y-shaped handle extends downwards. The background is a solid, light teal color. The text "Diabetes 101" is overlaid in white, sans-serif font across the middle of the brain.

Diabetes 101

For Behavioral Health Specialists

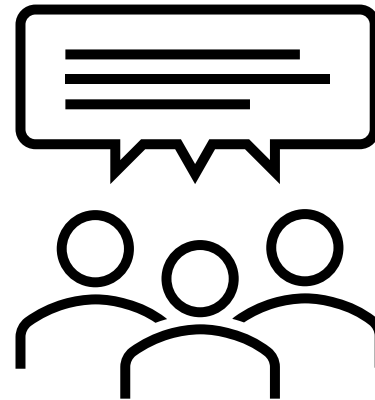
- Learning Objectives

1. Discuss the basic concepts of diabetes
2. Describe the diabetes prevention program
3. Analyze the role of mental health specialists on diabetes prevention



Poll Question 2

- As part of a team-based approach, do you provide behavioral health services to patient with diabetes?



Quantifying the Burden: Mood Disorders and Diabetes Mellitus, public-housing grantees

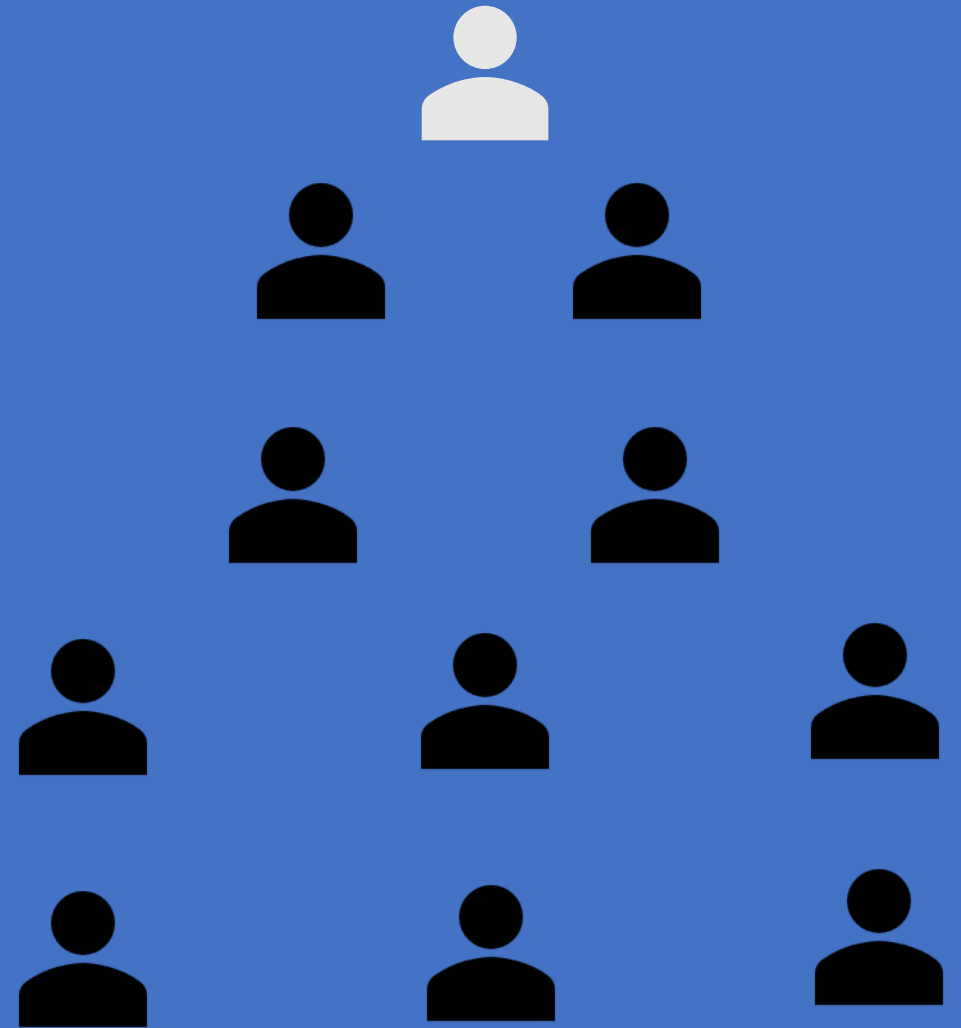


Mood disorders and Diabetes Measures: Public housing Grantees vs Nonn-Grantees, 2020

Variable	Non-Grantees	Grantees	p	Percent difference
n	1265	107		
Patients with depression and other mood disorders	1896	2998	<0.001	58%
Patients 12+ screened for depression	11163	19630	<0.001	76%
Patients 12+ screened for depression w/ follow-up	7327	12,899	<0.001	76%
Patients 12+ with major depressionn/ dysthymia	301	482	<0.001	60%
Patients 12+ with dysthymia who reached remissionn	38	82	<0.001	115%
Patients 18-76 with diabetes	1,844	3,222	<0.001	74%
A1c >9.0	603	1,038	<0.001	42%

1 in 11

**AMERICANS
HAS DIABETES
TODAY**



Source: CDC. National Diabetes Statistics Report, 2020



Diabetes: a public health crisis

Compared to non-Hispanic whites, American Indians and Alaska Natives are twice as likely to be diagnosed with diabetes.

Compared to non-Hispanic whites, Blacks and Hispanics are more than 50% more likely to be diagnosed with diabetes.

Compared to non-Hispanic whites, Asian Americans are 10% more likely to be diagnosed with diabetes.

**Diabetes kills
more Americans
every year than
AIDS and breast
cancer combined.**



**Every 21 seconds,
someone in the U.S.
is diagnosed with
diabetes.**

Nearly

200,000

American youth have diabetes

Nearly

18,000

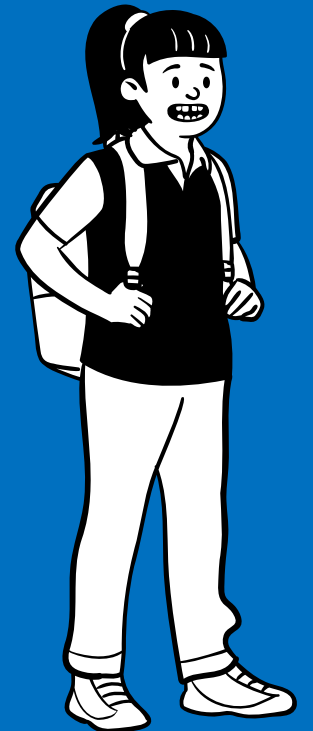
youth are diagnosed with type 1 diabetes every year

With more than

5,000

new cases a year, type 2 diabetes is becoming more common in children

Diabetes: a public health crisis impacting children





The annual health care costs for a person with diagnosed diabetes are **2.3x HIGHER** than for a person without.



\$1 in \$7 health care dollars is spent on treating diabetes and its complications.

So what is prediabetes and diabetes?



PREDIABETES

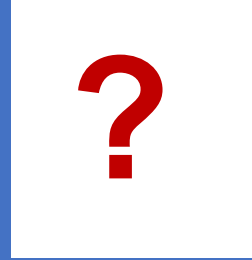


What is prediabetes?

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

84 MILLION

American adults have
prediabetes



90%

of Americans with
prediabetes don't know
they have it

**Prediabetes
can lead to
type 2 diabetes
and its many
serious
complications.**

Learn your risk for
prediabetes and
type 2 diabetes and
steps to lower your risk at
diabetes.org/risktest.

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



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.



What are the symptoms of diabetes?



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)

The types of diabetes

What is type 1 diabetes?

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





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.

TYPE 2 DIABETES

What is type 2 diabetes?

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



TYPE 2 DIABETES



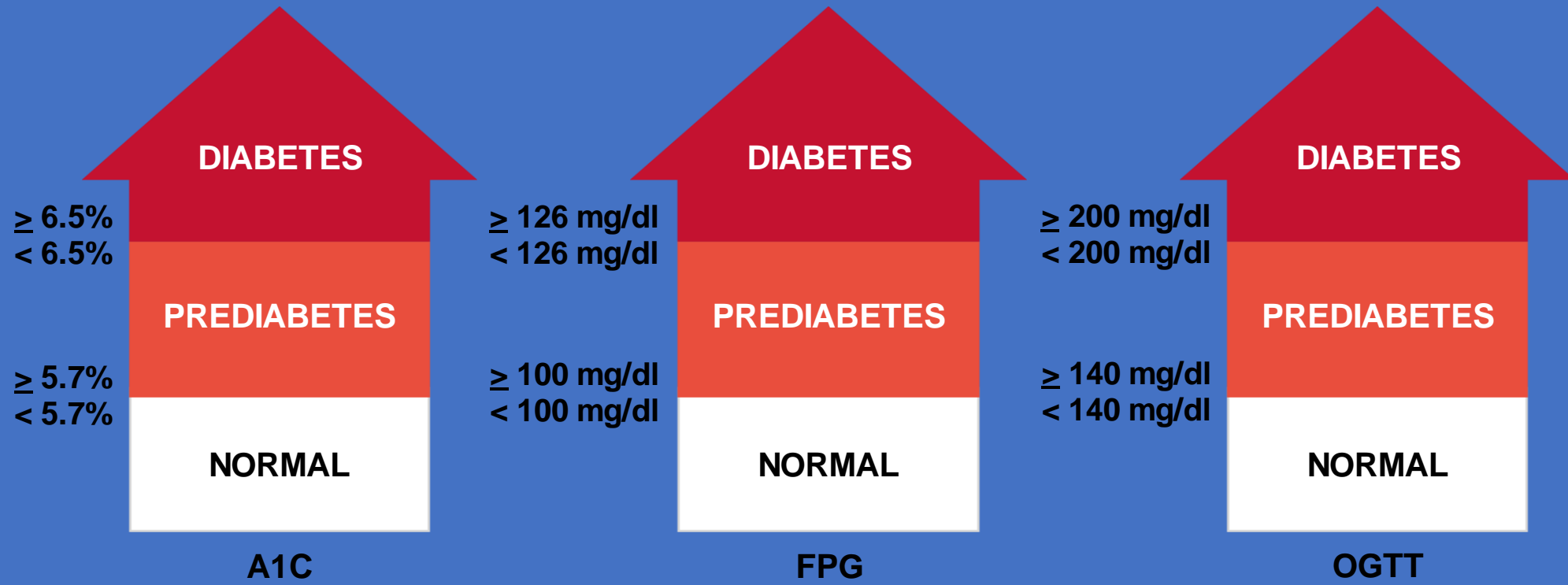
What puts you at risk for type 2 diabetes?

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

DIABETES DIAGNOSIS

How is type 1 and type 2 diabetes diagnosed?



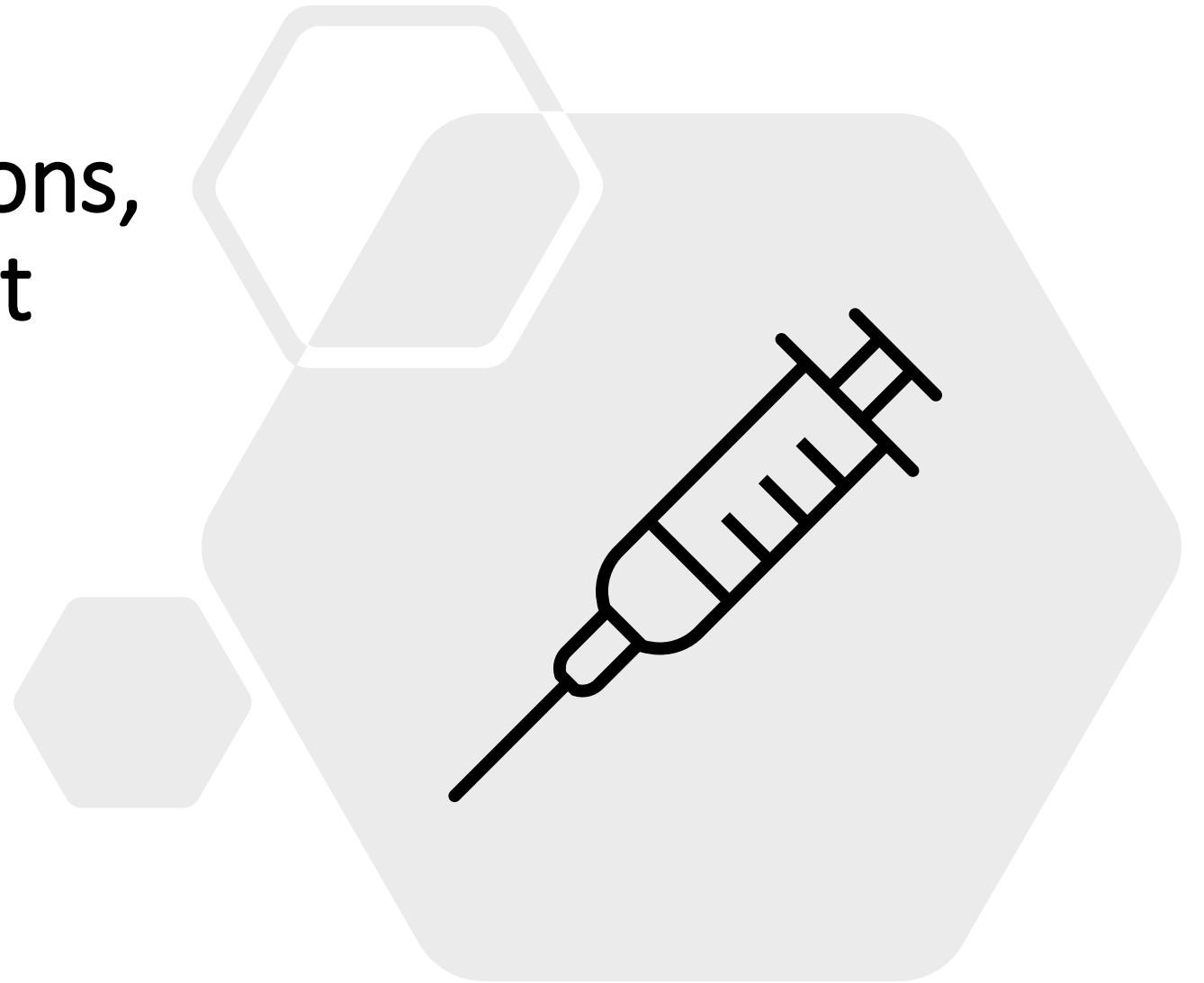


What is gestational diabetes (GDM)?

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 complications,
treatments and what
you can do



DIABETES



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

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.



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 YOU CAN DO

What types of activity should I do?

Types of activity you can try:

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

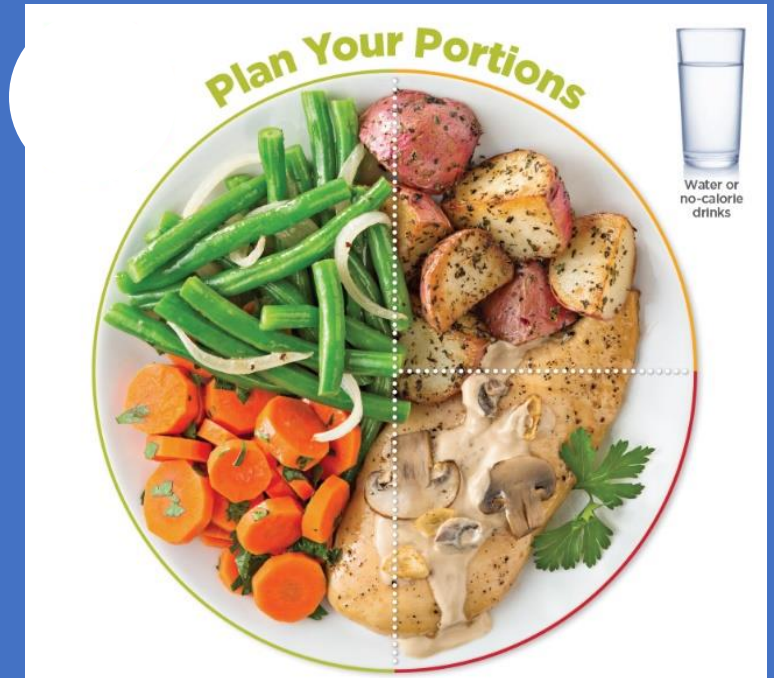


WHAT YOU CAN DO

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.



WHAT YOU CAN DO



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.

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.



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

Diabetes Prevention M.A.P.

M.A.P. (Measure, Act, Partner)

THE M.A.P. (Measure, Act, Partner) to prevent type 2 diabetes—physicians and care teams can use this document to determine roles and responsibilities for identifying adult patients with prediabetes and referring to community-based diabetes prevention programs. “Point-of-Care” and “Retrospective” methods may be used together or alone.

Choose and check what works best for your practice

Step 1: Measure	When	Who	How (draw from AMA-CDC tools)
Point-of-care method <ul style="list-style-type: none"> Assess risk for prediabetes during routine office visit Test and evaluate blood glucose level based on risk status 	<ul style="list-style-type: none"> At the front desk During vital signs 	<ul style="list-style-type: none"> Receptionist Medical assistant Nurse Physician Other _____ 	<ul style="list-style-type: none"> Provide “Are you at risk for prediabetes?” patient education handout in waiting area Use/adapt “Patient flow process” tool Use CDC or ADA risk assessment questionnaire at check-in Display 8 x 11” patient-facing poster promoting prediabetes awareness to your patients Use/adapt “Point-of-care algorithm”
Retrospective method <ul style="list-style-type: none"> Query EHR to identify patients with BMI ≥24* and blood glucose level in the prediabetes range 	<ul style="list-style-type: none"> Every 6–12 months 	<ul style="list-style-type: none"> Health IT staff Other _____ 	<ul style="list-style-type: none"> Use/adapt “Retrospective algorithm”
Step 2: Act			
Point-of-care method <ul style="list-style-type: none"> Counsel patient re: prediabetes and treatment options during office visit Refer patient to diabetes prevention program Share patient contact info with program provider** 	<ul style="list-style-type: none"> During the visit 	<ul style="list-style-type: none"> Medical assistant Nurse Physician Other _____ 	<ul style="list-style-type: none"> Advise patient using “So you have prediabetes ... now what?” handout Use/adapt “Health care practitioner referral form” Refer to “Commonly used CPT and ICD codes”
Retrospective method <ul style="list-style-type: none"> Inform patient of prediabetes status via mail, email or phone call Make patient aware of referral and info sharing with program provider Refer patient to diabetes prevention program Share patient contact info with program provider** 	<ul style="list-style-type: none"> Contact patient soon after EHR query 	<ul style="list-style-type: none"> Health IT staff Medical assistant (for phone calls) Other _____ 	<ul style="list-style-type: none"> Use/adapt “Patient letter/phone call” template Use/adapt “Health care practitioner referral form” for making individual referrals Use/adapt “Business Associate Agreement” template on AMA’s website if needed
Step 3: Partner			
With diabetes prevention programs <ul style="list-style-type: none"> Engage and communicate with your local diabetes prevention program Establish process to receive feedback from program about your patients’ participation 	<ul style="list-style-type: none"> Establish contact before making 1st referral 	<ul style="list-style-type: none"> Medical assistant Nurse Physician Other _____ 	Use/adapt “ Business Associate Agreement ” template on AMA’s website if needed Refer to “Commonly used CPT and ICD codes”
With patients <ul style="list-style-type: none"> Explore motivating factors important to the patient At follow-up visit, order/review blood tests to determine impact of program and reinforce continued program participation Discuss program feedback with patient and integrate into care plan 	<ul style="list-style-type: none"> During office visit Other _____ 	<ul style="list-style-type: none"> Office manager Other _____ 	<ul style="list-style-type: none"> Advise patient using “So you have prediabetes ... now what?” handout and provide CDC physical activity fact sheet www.cdc.gov/physicalactivity

*These BMI levels reflect eligibility for the National DPP as noted in the [CDC Diabetes Prevention Recognition Program Standards and Operating Procedures](#). The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥23 for Asian Americans and ≥25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.

Following the M.A.P. for Preventing Type 2 Diabetes can help your practice achieve [Patient Centered Medical Home](#) (PCMH) recognition, as well as [Meaningful Use](#) of your electronic medical record. (Supports PCMH recognition via Standard 4: Self-Care Support, B. Provide Referrals to Community Resources (3 points), [NCQA Facilitating PCMH Recognition, 2011](#).)

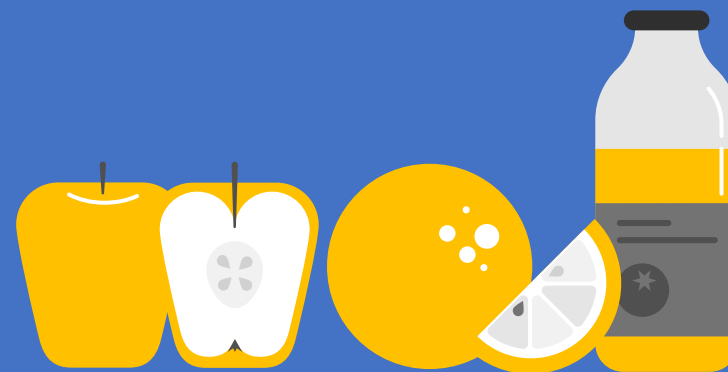
** To share patient contact information with a diabetes prevention program, you may need a Business Associate Agreement (BAA).

The American Medical Association and the Centers for Disease Control and Prevention have created a tool kit that can help physician practices screen and refer patients to evidence-based diabetes prevention programs. Visit preventdiabetes.org to learn more. Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.

Diabetes Prevention Program

According to national statistics, likely one-third of your patients older than age 18 have prediabetes and are at risk for developing type 2 diabetes. More than eight in 10 of those individuals do not know their risk.

You can refer your at-risk patients to a CDC-recognized lifestyle change program that is proven by research to cut their risk of type 2 diabetes by more than half. Participating in this program will encourage weight loss and other healthy changes to your patients' lifestyles, lowering their risk of type 2 diabetes, heart attack, and stroke.



NDPP Eligibility

TO JOIN CDC'S NATIONAL DPP* LIFESTYLE CHANGE PROGRAM:

Meet ALL of these



18 YEARS
OR OLDER

AND



OVERWEIGHT

AND



NOT DIAGNOSED
WITH T1 OR T2
DIABETES

AND



NOT
CURRENTLY
PREGNANT

AND Meet ONE of these



DIAGNOSED
WITH
PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES

OR



HIGH-RISK RESULT
ON PREDIABETES
RISK TEST

WWW.CDC.GOV/PREDIABETES/RISKTEST



CS322715A

* NATIONAL DIABETES PREVENTION PROGRAM

Diabetes Prevention Program Curriculum

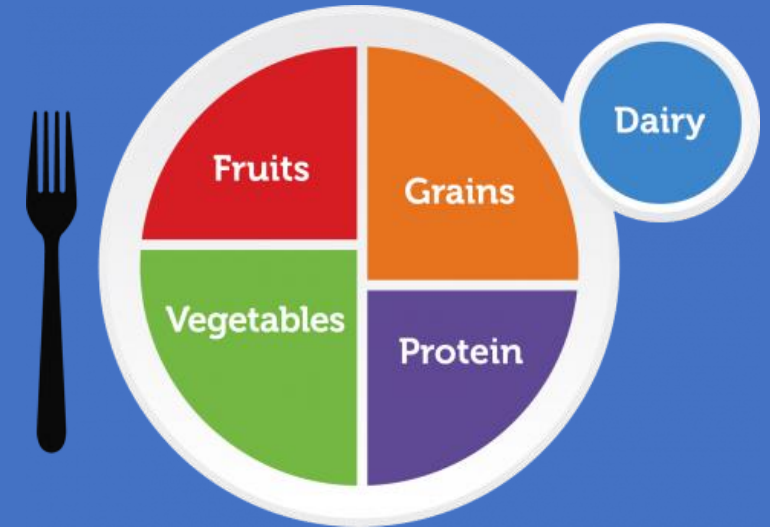
Curriculum for CDC-Recognized Diabetes Prevention Lifestyle Change Programs

Topics Covered in First 6 Months

Welcome to the Program
Be a Fat and Calorie Detective
Three Ways to Eat Less Fat and Fewer Calories
Healthy Eating
Move Those Muscles
Being Active - A way of Life
Tip the Calorie Balance
Take Charge of What's Around You
Problem Solving
Four Keys to Healthy Eating Out
Talk Back to Negative Thoughts
The Slippery Slope of Lifestyle Change
Jump Start Your Activity Plan
Make Social Cues Work for You
You Can Manage Stress
Ways to Stay Motivated

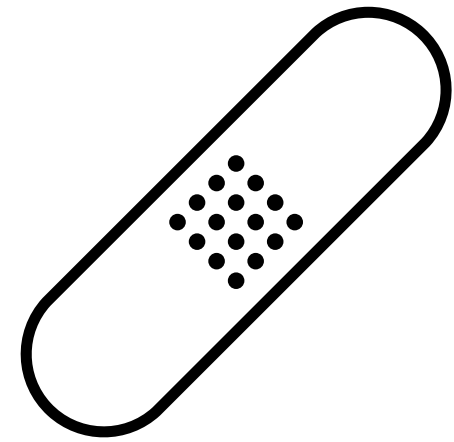
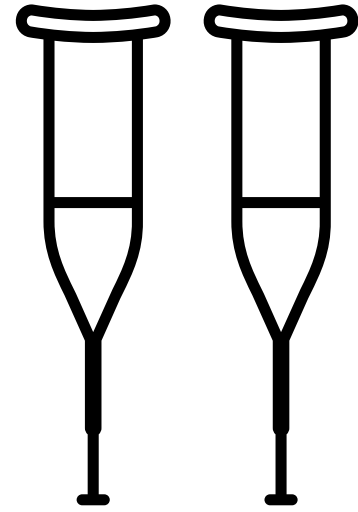
Topics Covered in Second 6 Months

Fats - Saturated, Unsaturated, and Trans Fat
Food Preparation and Recipe Modification
Healthy Eating - Taking it One Meal at a Time
Healthy Eating with Variety and Balance
More Volume, Fewer Calories
Staying on Top of Physical Activity
Stepping up to Physical Activity
Balance Your Thoughts for Long-Term Maintenance
Handling Holidays, Vacations, and Special Events
Preventing Relapse
Stress and Time Management
Heart Health
A Closer Look at Type 2 Diabetes
Looking Back and Looking Forward



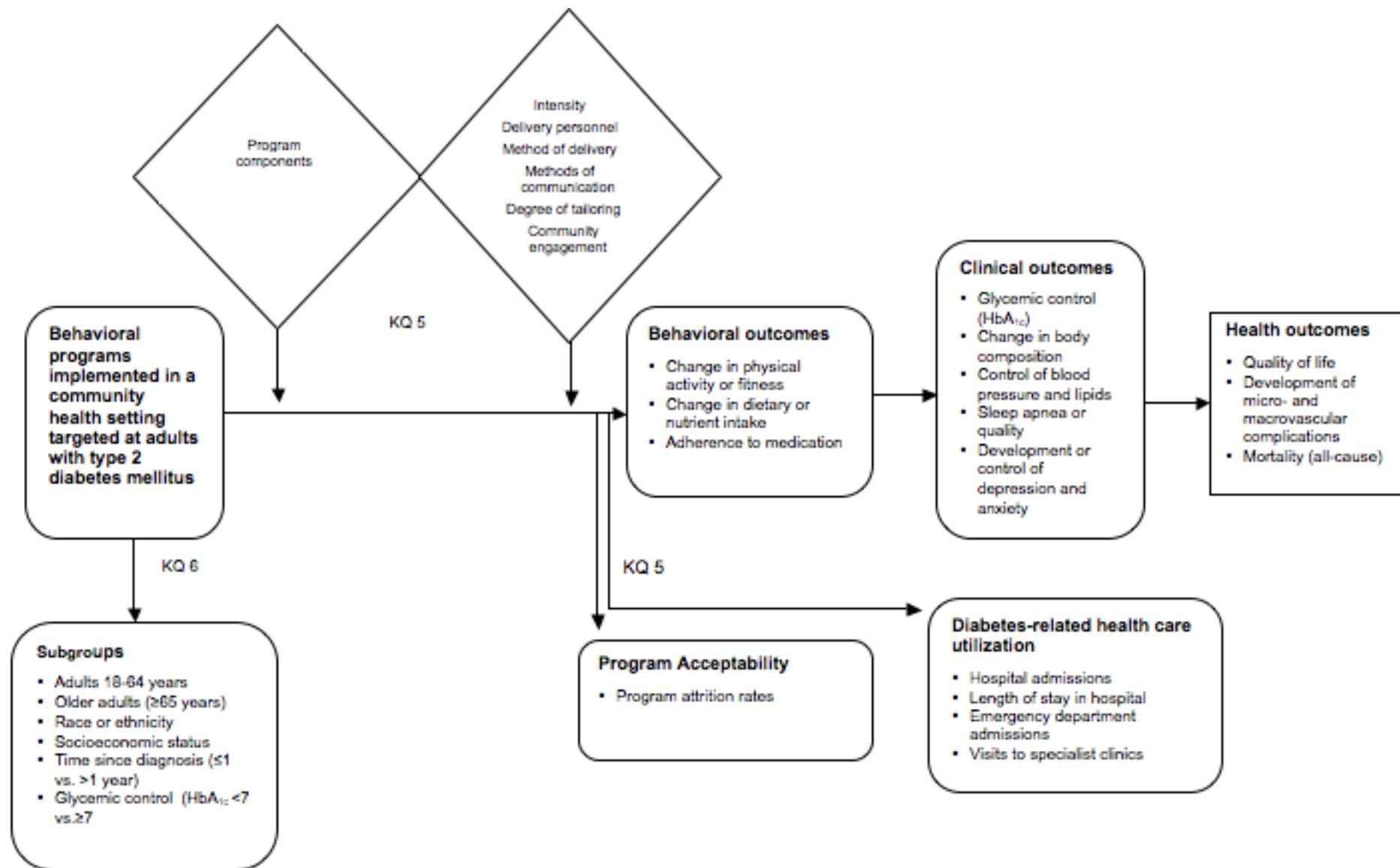


The Role of Behavioral Health Specialist in Diabetes Prevention



How can a behavioral health specialist help patients with diabetes?







A Behavioral Health Therapist Work with Patients and Help Them:

- Track their eating patterns and meals
- Change their environment to avoid overeating
- Increase activity level
- Create and exercise plan
- Set realistic goals

Behavioral
Therapy
Helps
Patients

Make Small Changes

Self-Monitor

Screen for Depression

Prevent Recurrence

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Upcoming Webinar

- **Partners in Health: The Role of the Behavioral Health Providers in Diabetes Prevention and Management**
- **Date:** November 3, 2022 from 12:00 – 1:00 pm EDT
- **Learning objectives:**
 - Identify how behavioral health professionals can help patients with diabetes with their self-management.
 - Compare depression and diabetes distress.
 - Recall successful interventions that can be used for people with diabetes and depression.
 - Identify common worries patients with diabetes experience.



Q & A

If you would like to ask the presenter a question, please submit it through the chat box on your control panel or use the “raise hand” icon in the reactions tab and your line will be unmuted.



Complete Post-Evaluation Survey!



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Support
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Thank you!

