



Food Decision Making and it's Effects on Sugar Control



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



National Center for Health in Public Housing

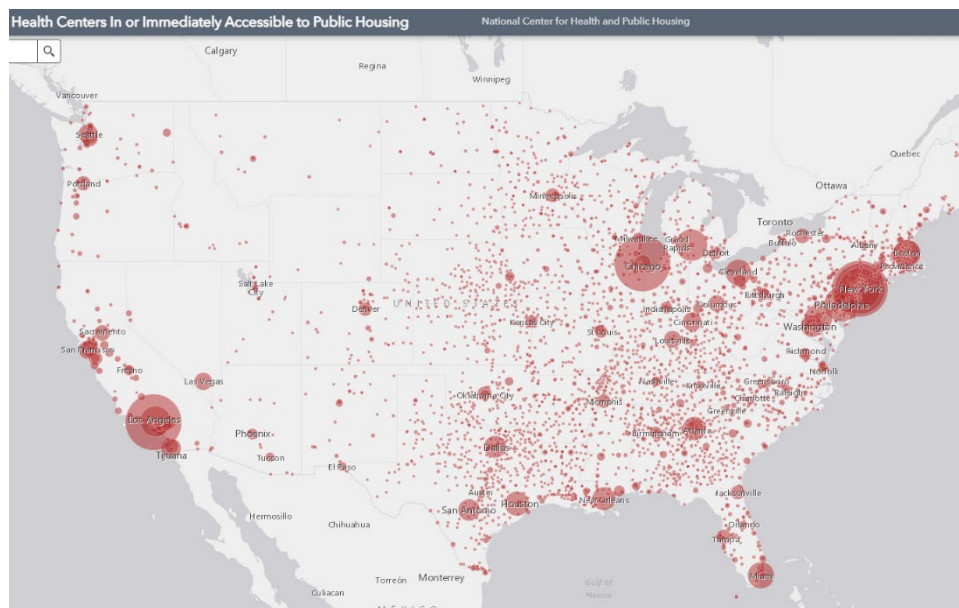
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance 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



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



36% Children

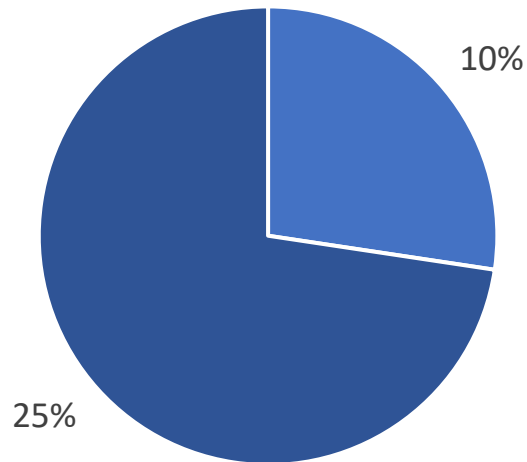


32% Female Headed
Households with
Children

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

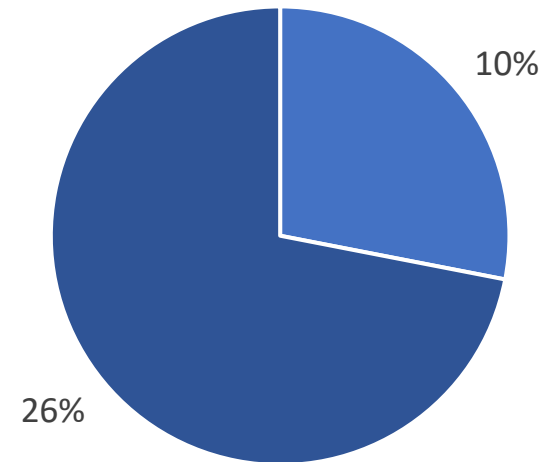
NUMBER OF PATIENTS WITH DIABETES AND OBESITY IN PUBLIC HOUSING

Federally Qualified Health Centers



- Total Patients with Diabetes (All FQHCs)
- Total Patients with Overweight and Obesity (All FQHCs)

Public Housing Primary Care Health Centers



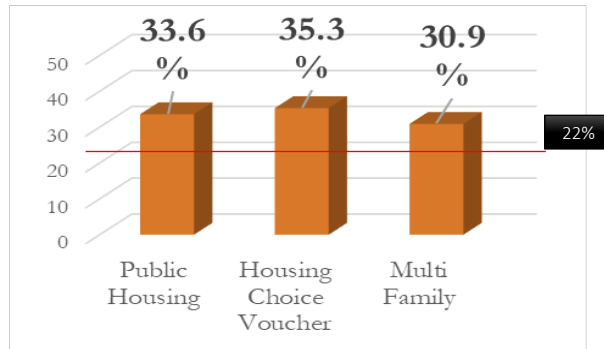
- Total Patients with Diabetes (PHPCs)
- Total Patients with Overweight and Obesity (PHPCs)

Source: [UDS 2021 Data](#)

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%

LEARNING OBJECTIVES

1. Discuss healthy food choices to reduce the risk of diabetes in health center patients
2. List examples of healthy meals and snacks to prevent diabetes in health center patients
3. Review resources and interventions to share to help health center patients in food-decision making



TODAY'S SPEAKER

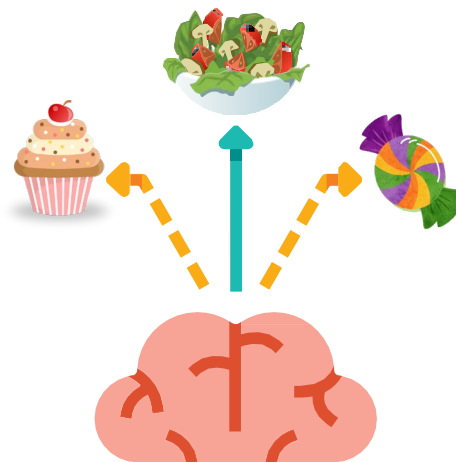


- Jose Leon, Chief Medical Officer, National Center for Health in Public Housing



**SAN YSIDRO
HEALTH**

- Margaret Schroeder, MPH, RDN PACE Registered Dietitian, San Ysidro Health
- Dawn Rutherford, MS, RDN Registered Dietitian Manager, San Ysidro Health



Food Decision Making & Its Effects on Sugar Control

Dawn Rutherford, MS, RDN
Margaret Schroeder, MPH, RDN

San Diego PACE

Program of All-Inclusive Care for the Elderly



All About PACE

- Program of **A**ll Inclusive **C**are for the **E**lderly
- Health Plan & Primary Care Provider
- San Diego PACE Mission Statement: **To ensure seniors get the care they need to lead healthy, happy and independent lives.**

San Diego PACE

Program of All-Inclusive Care for the Elderly

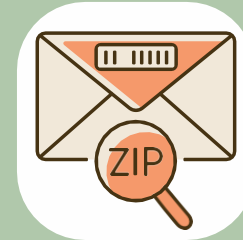


PACE Qualifications

55 Years or Older



**Within the
Service Area**



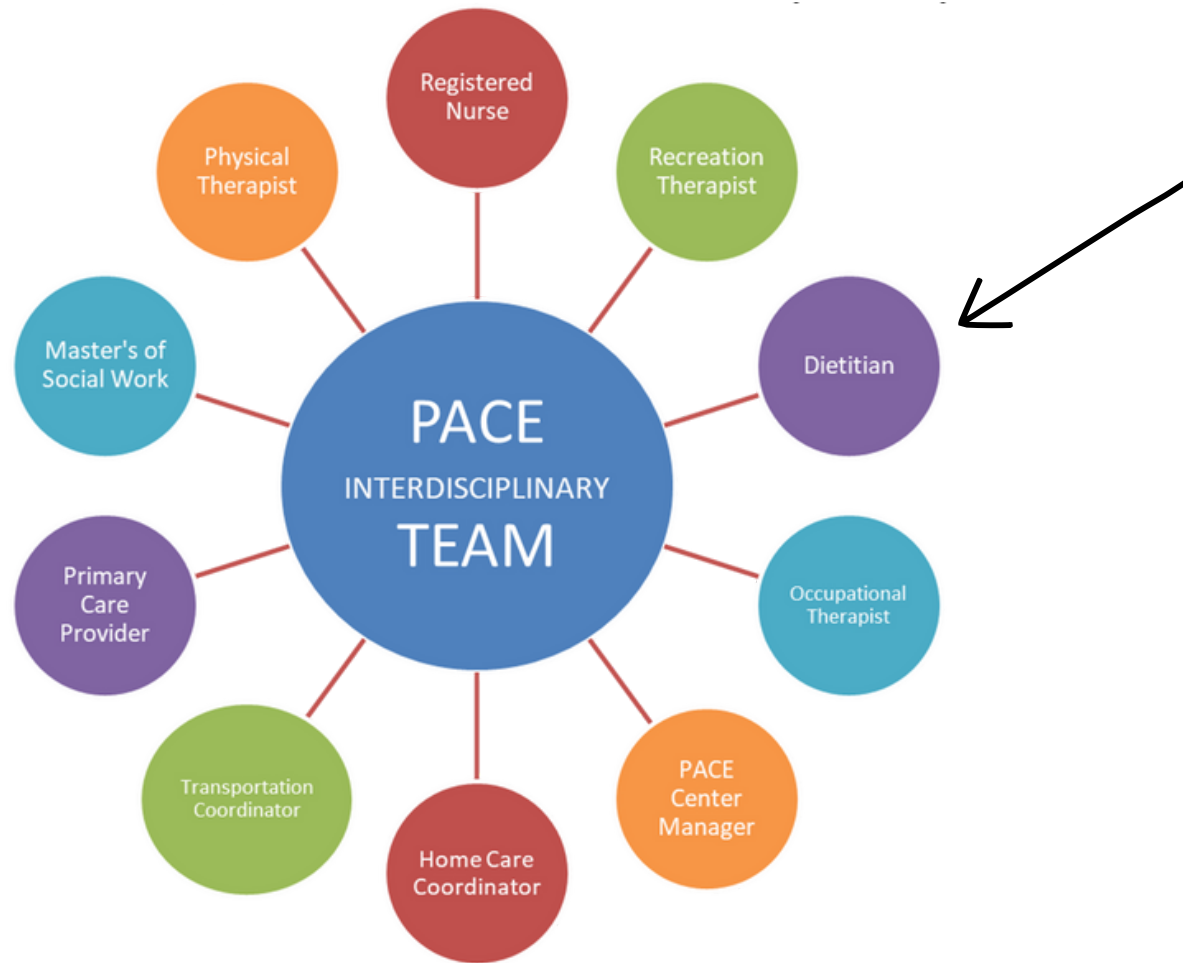
**Living Safely
& Independently**



**Need a Certain
Level of Care**



The PACE Interdisciplinary Team



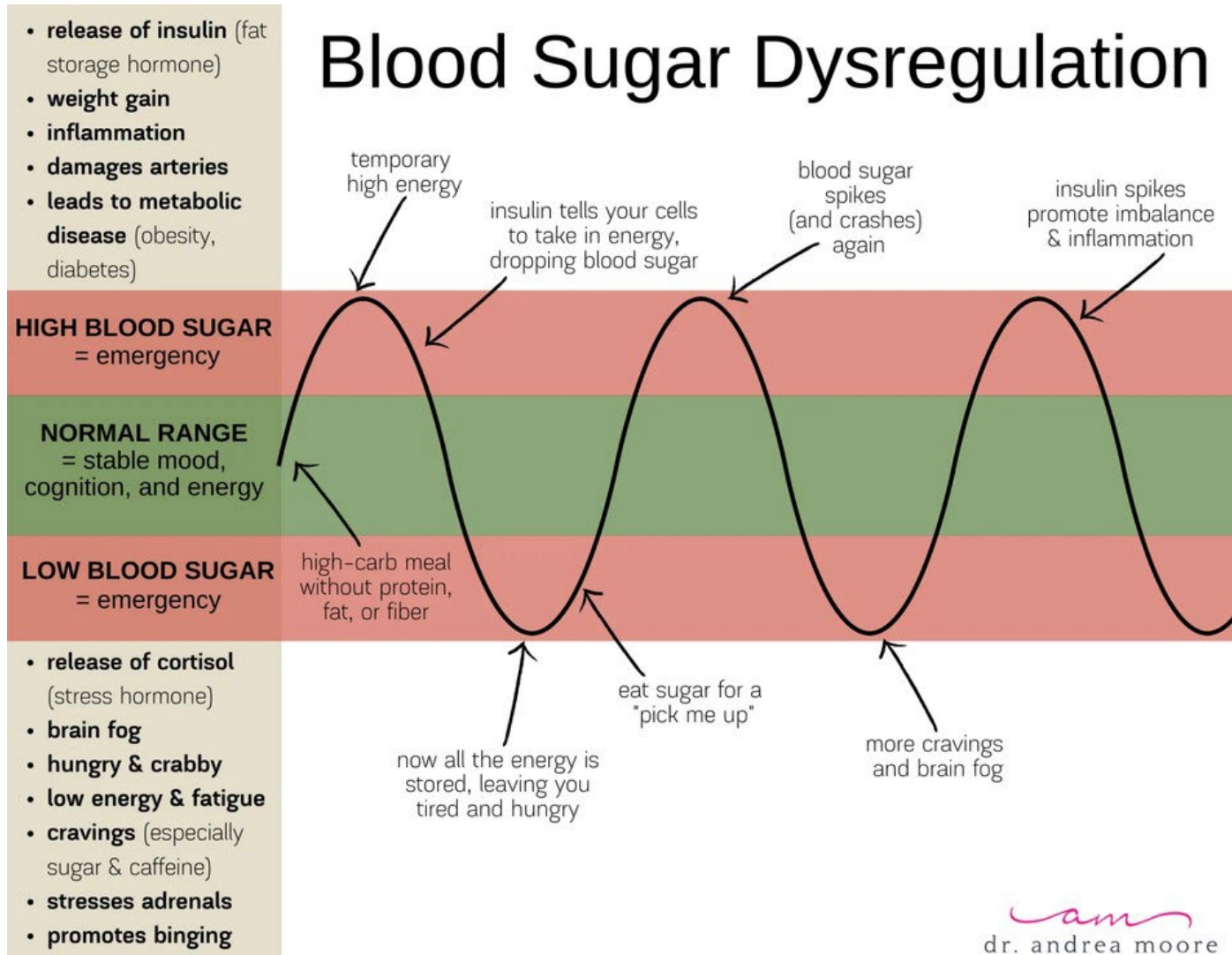
Services Provided

- Full Dental and Optometry
- Rehabilitation Therapy
- Behavioral Health Services
- Prescription Medication
- Physical Therapy Department
- Home Health Care
- Transportation to all PACE related activities
- Equipment (walkers, wheelchairs)
- Health Educator (Diabetes, nutritional)
- Built-In Caregivers
- Nursing Care
- Hospital care and surgeries
- 24/7/365 Access to healthcare
- Follow up after hospitalizations
- Nursing home placement if/when needed
- Medical tests (MRIs, X-rays, screenings, labs)
- ...And more!



The Relationship Between Food Choices and Blood Sugars

Blood Sugar Dysregulation



Diabetes Medical Nutrition Therapy at San Diego PACE

Medical Nutrition Therapy (MNT) = The treatment of a disease or condition through the evidence-based modification of nutrient or whole food intake by a Registered Dietitian Nutritionist (RDN).

At San Diego PACE we currently have over **2,500 participants**, each assigned to one of our **4 sites** throughout San Diego, CA.

At San Diego PACE we:

- Complete 1 in-depth initial assessment,
- continue to assess our participants every 6 months,
- and/or as needed!
- +Day Care Center participants



Barriers to Positive Food Choices for San Diego PACE Participants

Food Access / Food Insecurity

Inability to Purchase and/or
Prep Foods

Limited Mobility

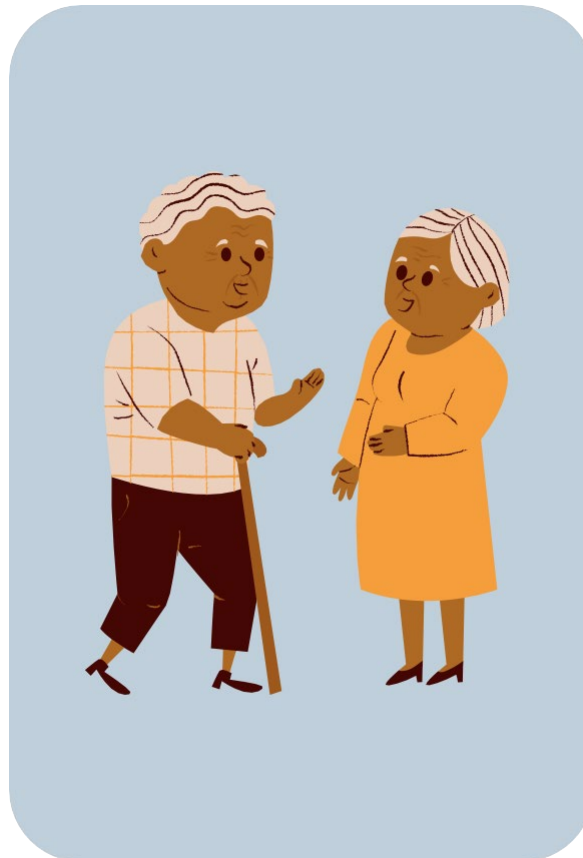
Lack of Nutrition Knowledge

Conflicting Beliefs

Lack of Cooking Knowledge

Resistance to Change

Mental Health Status



Food Habits

Lack of Support

Drug Addiction

Chronic Illness

Lack of Time

Difficulty Chewing and/or
Swallowing

Language and/or
Communication Barriers

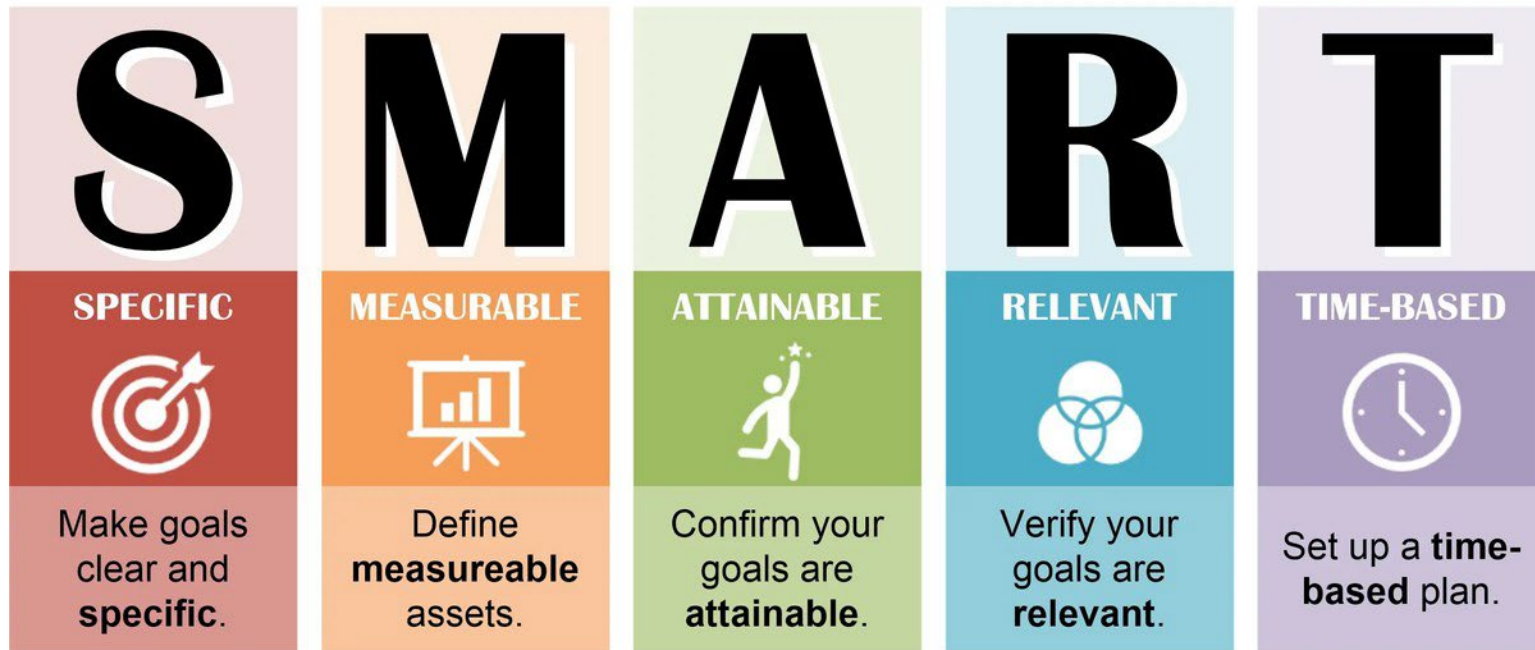
Bridging the Gap



Onesize DOES NOT fit all.



Setting Realistic Expectations & Achievable SMART Goals



Solutions: Improving Blood Sugars at PACE



- Simple and effective education - **What does the participant really need to know?**
- Providing useful, simple **tools** for day-to-day meal purchasing, planning, and preparation.
- Encouraging the individual to become an **active participant in the change process** by evoking their intrinsic motivations for change.
- **Maintaining the pleasure of eating** by providing positive messaging about food choices and only limiting food choices when medically indicated.

Solutions: Improving Blood Sugars at PACE

- Making interventions **culturally appropriate**.
- Using the **PACE model of care** to our advantage, and coordinating interventions across disciplines.
 - Primary Care Providers, Speech Therapists, Social Workers, Home Health Specialists, Psychiatrists, Physical Therapists, and more.
 - The extensive PACE RD Team!
- Using the PACE **Day Care Center** to our advantage.
- **Individualizing** Care Plans and participant goals.
- **Following up with the participant as needed!**



San Diego PACE Success Stories

THE SCENARIO:

At a re-assessment, the RD notices an 83 year old participant with DM2 and dysphagia has lost a significant amount of weight (14% body weight in 6 months time), and has had several episodes of hypoglycemia. The participant has not reported a decrease in appetite. The RD is unable to get in contact with this patient.

THE SOLUTION:

Using the PACE model of care and Interdisciplinary Team communication to our advantage.



At the next follow-up, this participant had gained back 9% of their body weight, with no reported episodes of hypoglycemia.

San Diego PACE Success Stories

THE SCENARIO:

A 79 year old Spanish-speaking participant with history of uncontrolled DM2 at an initial assessment by the PACE RD. When asked, the participant lets the RD know they have already received a diet education on food choices to control their blood sugar. However, the RD receives labs from the clinic showing an A1c of 12.6 and glucose of 342 in their chart. The participant has been labeled "noncompliant" with Care Plan in their past medical history.

THE SOLUTION:

Communicating in the participant's preferred language, and using culturally appropriate tools.



At the next follow-up, this participant's A1c was 8.1, and their glucose was 118.

Is Diabetes MNT Effective?

Changing Food Choices and Its Effects on Blood Sugar

A1c Reduction

Both DM1 & DM2

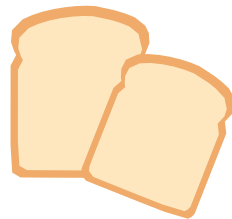
Cost Effective

Common San Diego PACE RD Recommendations

TO HELP CHANGE FOOD CHOICES

IN GENERAL, FOR DIABETES DIET MANAGEMENT:

1. Aim for **30-45 g** carbs per meal
2. Aim for **15 g** carbs per snack
3. Avoid added sugars



BLOOD SUGAR GOALS

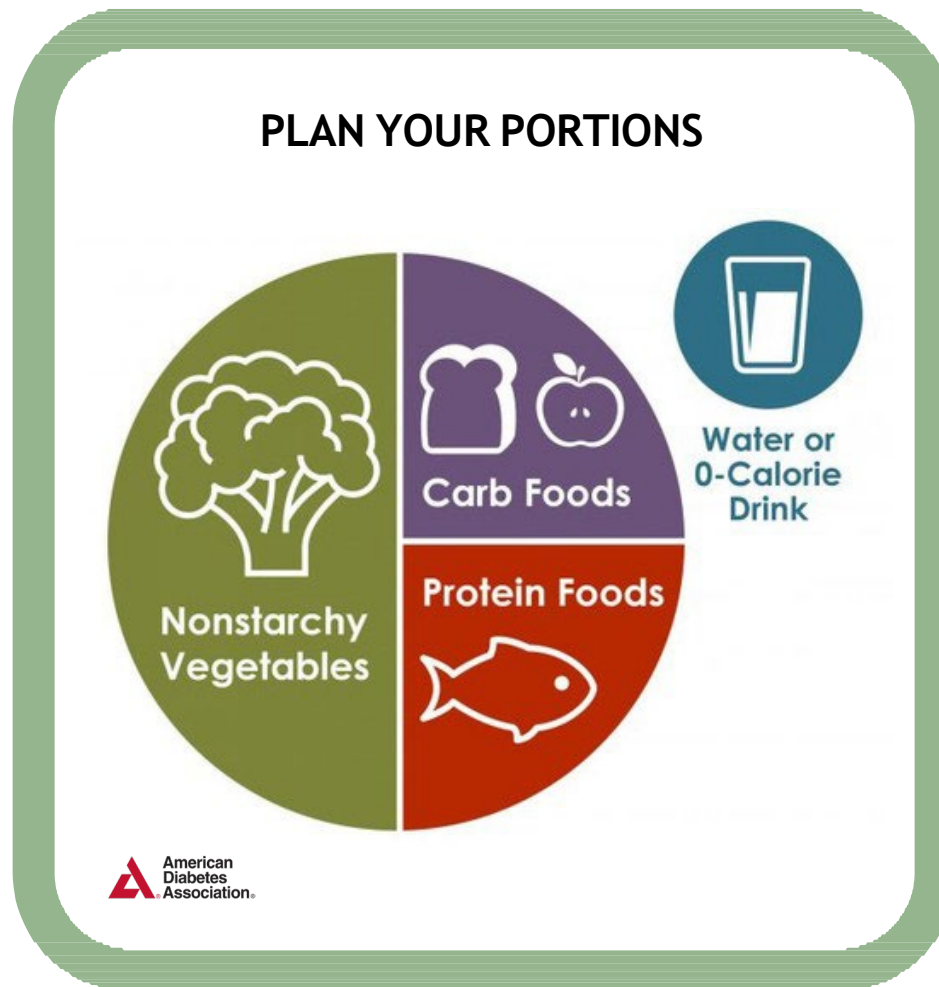
BEFORE EATING: 70 - 130 mg/dL

AFTER EATING: less than 180 mg/dL



Common San Diego PACE RD Recommendations

TO HELP CHANGE FOOD CHOICES



- **1/2** of your plate as non-starchy vegetables. Examples include: Broccoli, carrots, tomatoes, peppers, and cauliflower.
- **1/4** of your plate as carbohydrates. Examples include: whole grains, rice, breads, pasta, and fruits.
- **1/4** of your plate as protein foods. Examples include: lean meats, turkey, chicken, fish, tofu, and beans.
- **16 oz** water or another zero calorie, zero sugar drink with every meal. Examples include: water, sparkling water, Vitamin Water Zero, Gatorade G2, and unsweetened tea.

1 serving of carbs looks like:

GRAINS

- 1 slice of bread (1 oz)
- 1 small tortilla
- 1/4 large bagel
- 1/3 cup pasta or rice
- 1/2 hamburger or hotdog bun
- 1/2 cup of cereal (hot or cold)
- 2 hard taco shells



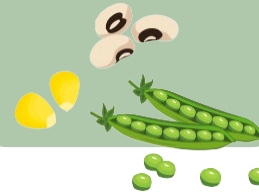
FRUIT

- 1 small fresh fruit
- 1/2 medium banana
- 17 grapes (3 oz)
- 1 cup of melon or berries
- 1/2 cup of canned or frozen fruit
- 2 tablespoons of dried fruit
- 1/2 cup of unsweetened juice



STARCHY VEGETABLES

- 1/2 cup of beans, peas, corn or potatoes
- 1/4 of a baked potato (3 oz)
- 1 cup of acorn or butternut squash



SNACKS

- 3 to 6 crackers
- 8 potato chips or 13 tortilla chips
- 3 cups of popcorn



DAIRY

- 1/2 cup of ice cream or frozen yogurt
- 1 cup of milk (1%, 2%, skim, and/or chocolate)
- 1 cup of soy, rice, coconut, and/or almond milk



SWEETS

- 1 tablespoon of honey, jam, jelly, syrup, or sugar
- 1 inch of frosted cake or 2 inches of unfrosted cake
- 3 small cookies



Thank you!

Questions?



San Diego PACE
Program of All-Inclusive Care for the Elderly



dawn.rutherford@syhealth.org
margaret.schroeder@syhealth.org

Works Cited

1. Beck J, Greenwood DA, Blanton L, Bollinger ST, Butcher MK, Condon JE, Cypress M, Faulkner P, Fischl AH, Francis T, Kolb LE, Lavin-Tompkins JM, MacLeod J, Maryniuk M, Mensing C, Orzeck EA, Pope DD, Pulizzi JL, Reed AA, Rhinehart AS, Siminerio L, Wang J; 2017 Standards Revision Task Force. 2017 National Standards for Diabetes Self-Management and Support. *Diabetes Care*. 2017; 40(10):1409-1419, Jul 28. pii: dci170025.
2. Franz MJ, MacLeod J, Evert A, Brown C, Gradwell E, Handu D, Reppert A, Robinson M. Academy of Nutrition and Dietetics Nutrition Practice Guideline for Type 1 and Type 2 Diabetes in Adults: systematic review of evidence for medical nutrition therapy effectiveness and recommendations for integration into the nutrition care process. *J Acad Nutr Diet*. 2017;117(10):1659-1679.
3. Katz D, *JAND*, 2012;XX:313
4. MacLeod J, Franz, MJ, Handu D, Gradwell E, Brown C, Evert A, Reppert A, Robinson M. Academy of Nutrition and Dietetics Nutrition Practice Guideline for Type 1 and Type 2 Diabetes in Adults: nutrition intervention evidence reviews and recommendations. *J Acad Nutr Diet*. 2017;117(10):1637-1658.
5. Moore, A. (2022, July 2). Blood Sugar Disregulation. Dr. Andrea Moore. Retrieved February 14, 2023, from <https://www.drandreamoore.com/>
6. Powers MA, Bardsley J, Cypress M, et al. Diabetes self-management education and support in type 2 diabetes: a joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care* 2015;38:1372–1382.
7. The Science of Obesity Management: An Endocrine Society Scientific Statement: *Endocrine Reviews*. 2018, 39(2):1–

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!



Visit Us at [NCHPH.org](https://www.nchph.org)

PHPC COVID-19
Weekly Updates

Webinars

Toolkits

Publications

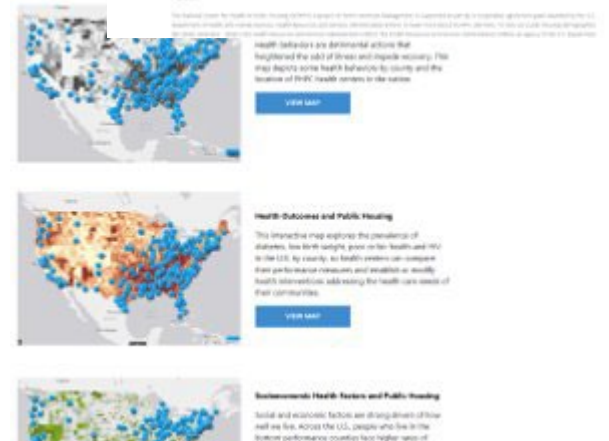
Interactive Maps

Provider and
Resident-Centered
Factsheets

Training Manuals

Blogs

Learning
Collaboratives



Contact Us

Robert Burns

Program Director

Bobburns@namgt.com

Jose Leon, M.D.

Chief Medical Officer

jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.

Manager of Policy, Research, and
Health Promotion

Saqi.cho@namgt.com

Fide Pineda Sandoval, C.H.E.S.

Training and Technical Assistance Manager

Fide@namgt.com

Chantel Moore, M.A.

Manager of Communications

Cmoore@namgt.com

Please contact our team for Training and
Technical Support

703-812-8822

Thank you!

