

The Road to Health:
How to Prevent or Delay Type 2
Diabetes in your Community
Session 3

National Center for
Health in Public Housing



National Center for Health in Public Housing

March 9, 2023

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
- Provide brief introduction of yourself: Name, organization name and title

zoom



Today's speakers



Jose Leon, MD
Chief Medical Officer

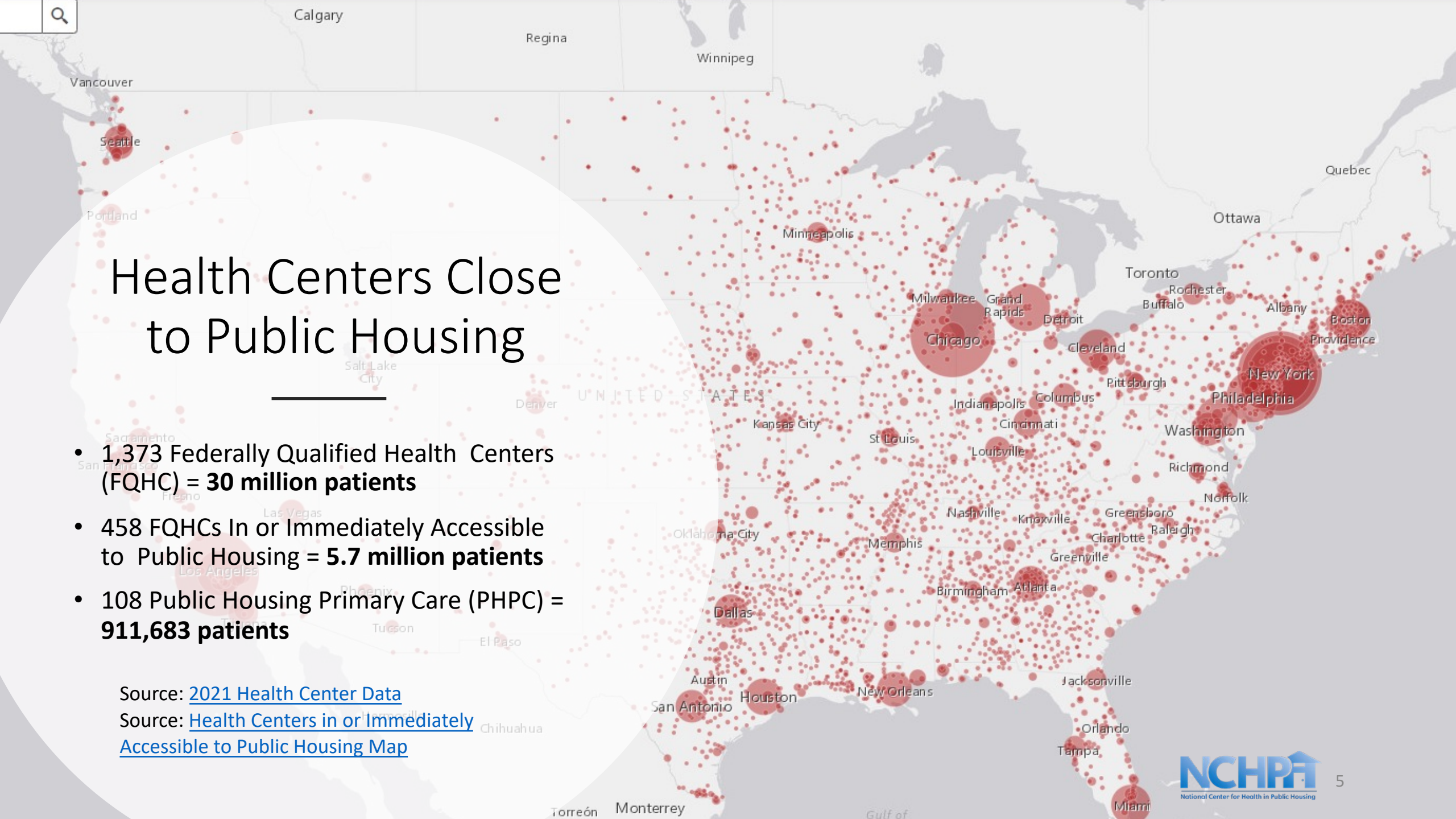


Fide Pineda Sandoval, CHES
Training and Technical Assistance
Manager, NCHPH

National Center for Health in Public Housing (NCHPH)

- 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.
- The National Center for Health in Public Housing (NCHPH) 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.





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



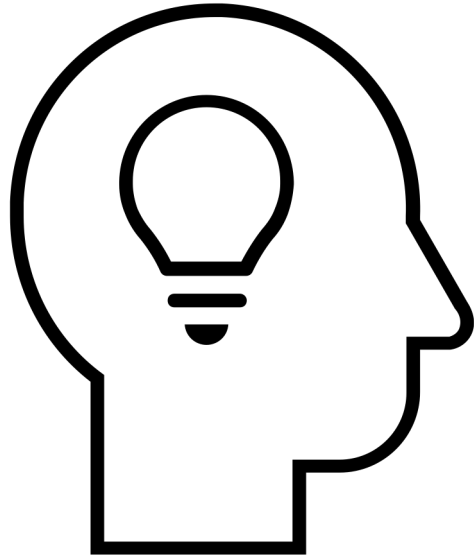
32% Female Headed
Households with
Children

- Source: 2022 HUD Resident Characteristics Report



Icebreaker

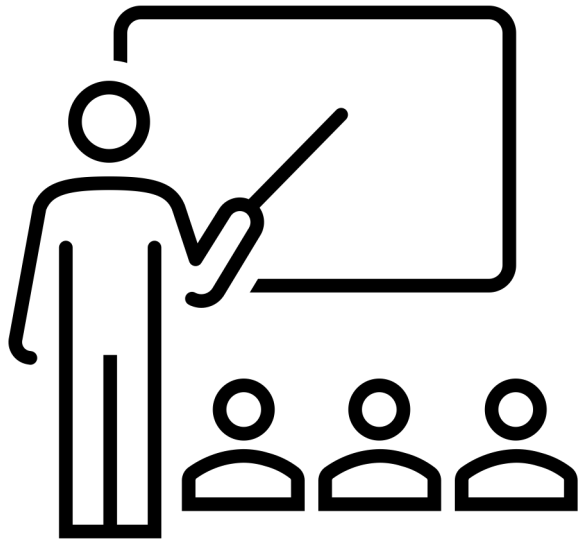
If you could skip one part of your daily routine, what would it be and why?



In our previous session, we learned:

- Discussed Nutrition Labels
- Reviewed Portion and Size Definitions
- Learned about the Traffic Size Method

Learning Objectives – Session 2



- Discuss the Intersection between a healthy diet and an exercise program to prevent type 2 diabetes
- List tips for being more active
- Discuss barriers for being active

Movimiento por su Vida



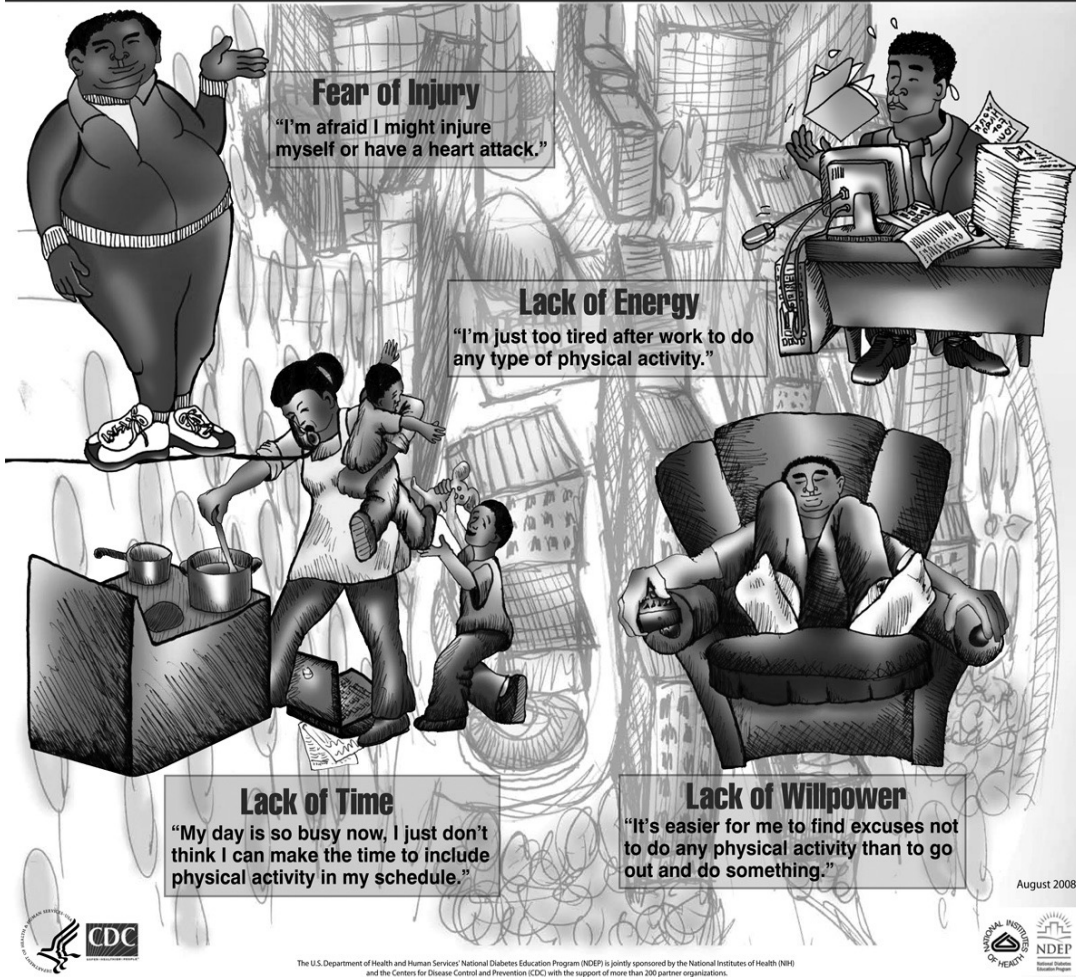
What are some of the most common barriers to fitness?

Discussion



WELCOME TO THE CITY OF EXCUSES!

Where Healthy Living Is a Second Priority



- Lack of Skills
- Lack of Resources
- Weather Conditions
- Travel
- Family Obligations

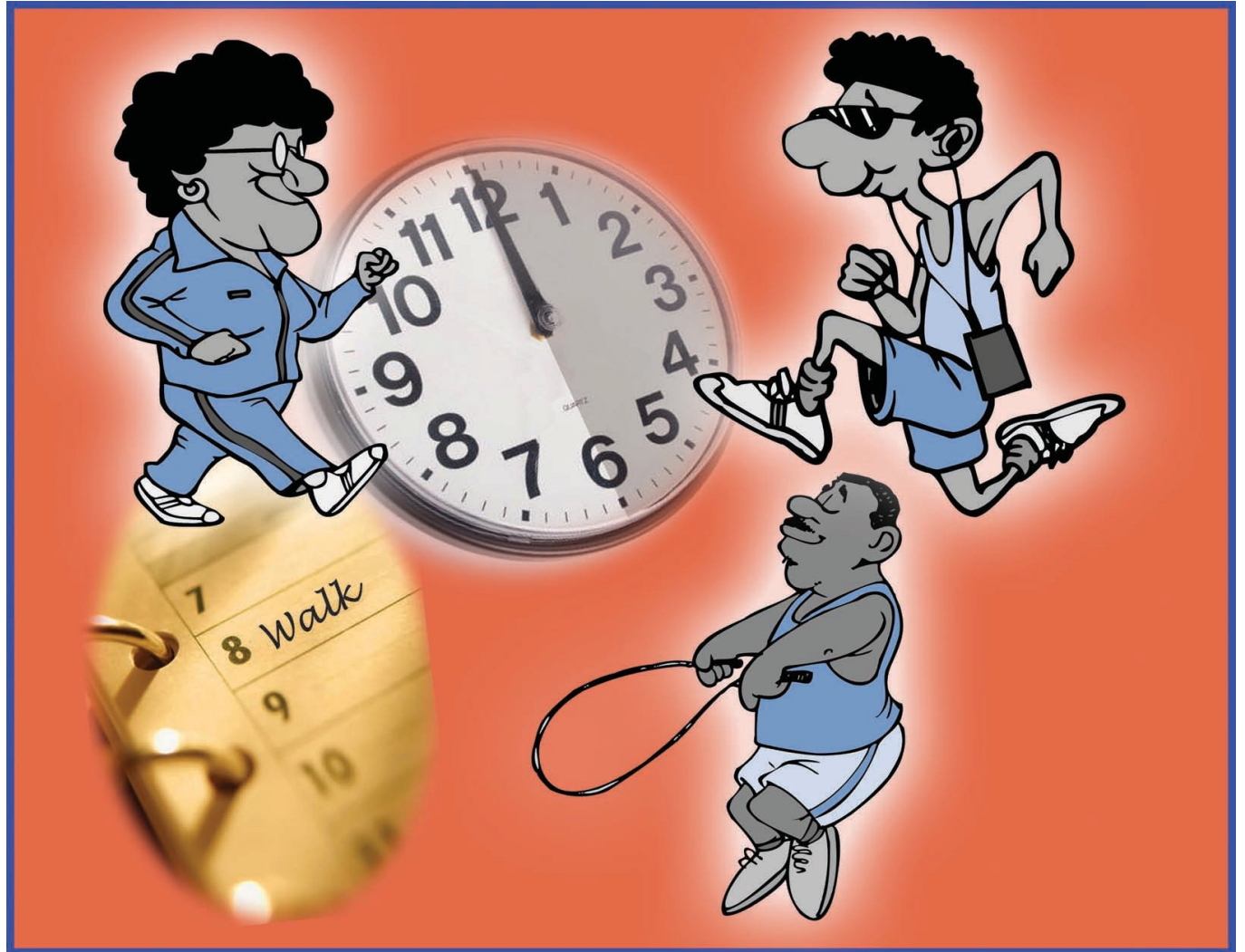


What are some of the most common barriers to fitness?

- Barrier: Lack of time. ...
- Barrier: Friends and family don't share your interest in physical activity. ...
- Barrier: Lack of motivation and/or energy. ...
- Barrier: Lack of resources/equipment. ...
- Barrier: Family caregiving obligations.



Preventing type 2 diabetes is not just about healthy food choices. I also had to move more! I make simple small moves that add up to at least 30 minutes a day.



Moving more may help prevent or delay type 2 diabetes.

Tips for Being Active With Diabetes

How Much Activity?

- Start by doing what you can do, and then look for ways to do more until you reach 150 minutes a week of activity.
- Find the time that works best for you to add up to 150 minutes. For example:
 - 30 minutes at one time five times a week.
 - 15 minutes at a time 10 times a week.
 - 10 minutes at a time several times a day.



Do It Your Way

- Brisk walking is a great way to be active.
- Try dancing, gardening, following a video, or taking a class.
- Be active with a friend or family member.
- Start with 10 minutes a day and build up over time.

Be Safe

- Check your blood sugar before you are physically active.
- Carry a snack with you in case your blood sugar goes too low.
- Carry identification that says you have diabetes.
- Wear shoes that fit well and are made for the kind of activity you do.
- Check your feet every day. Call your doctor or nurse if a cut, sore, blister, or bruise on your feet or toes does not go away after 2 days.

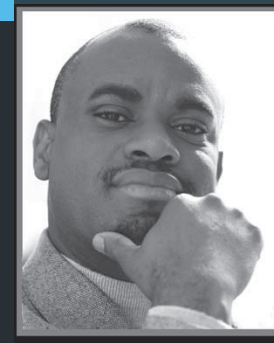


Ask Your Doctor or Nurse:

1. What physical activities are safe for me?
2. Are there any special things I need to do to protect my feet?
3. Do I need to make any changes in my medicines before I raise my level of physical activity? Do I need to eat a snack before I'm active?

One thing I will do to be more active before my next appointment:

Other notes from the doctor or nurse:



Making
excuses
is way too
easy. I
added

**one healthy
change a month
and broke up my
physical activity
into smaller parts
during the day.**

There are no excuses, only choices. Each day I choose to take care of myself.

TABLE 1

American Diabetes Association recommendations for exercise in type 2 diabetes

Aerobic exercise: At least 150 minutes/week of moderate to vigorous exercise

- Spread over 3 to 7 days/week, with no more than 2 consecutive days between exercise bouts
- Daily exercise is suggested to maximize insulin action
- Shorter durations (at least 75 minutes/week) of vigorous-intensity or interval training may be sufficient for younger and more physically fit patients
- May be performed continuously, or as high-intensity interval training

Resistance exercise: Progressive moderate to vigorous resistance training should be completed 2 to 3 times/week on nonconsecutive days

- At least 8 to 10 exercises, with completion of 1 to 3 sets of 10 to 15 repetitions

Flexibility and balance training are recommended 2 to 3 times/week for older adults

Participation in supervised training programs is recommended to maximize health benefits of exercise in type 2 diabetes

Change takes time. I can handle that. The best part is that I can see the rewards!



For me? I stopped feeling tired, weak, and out of shape.



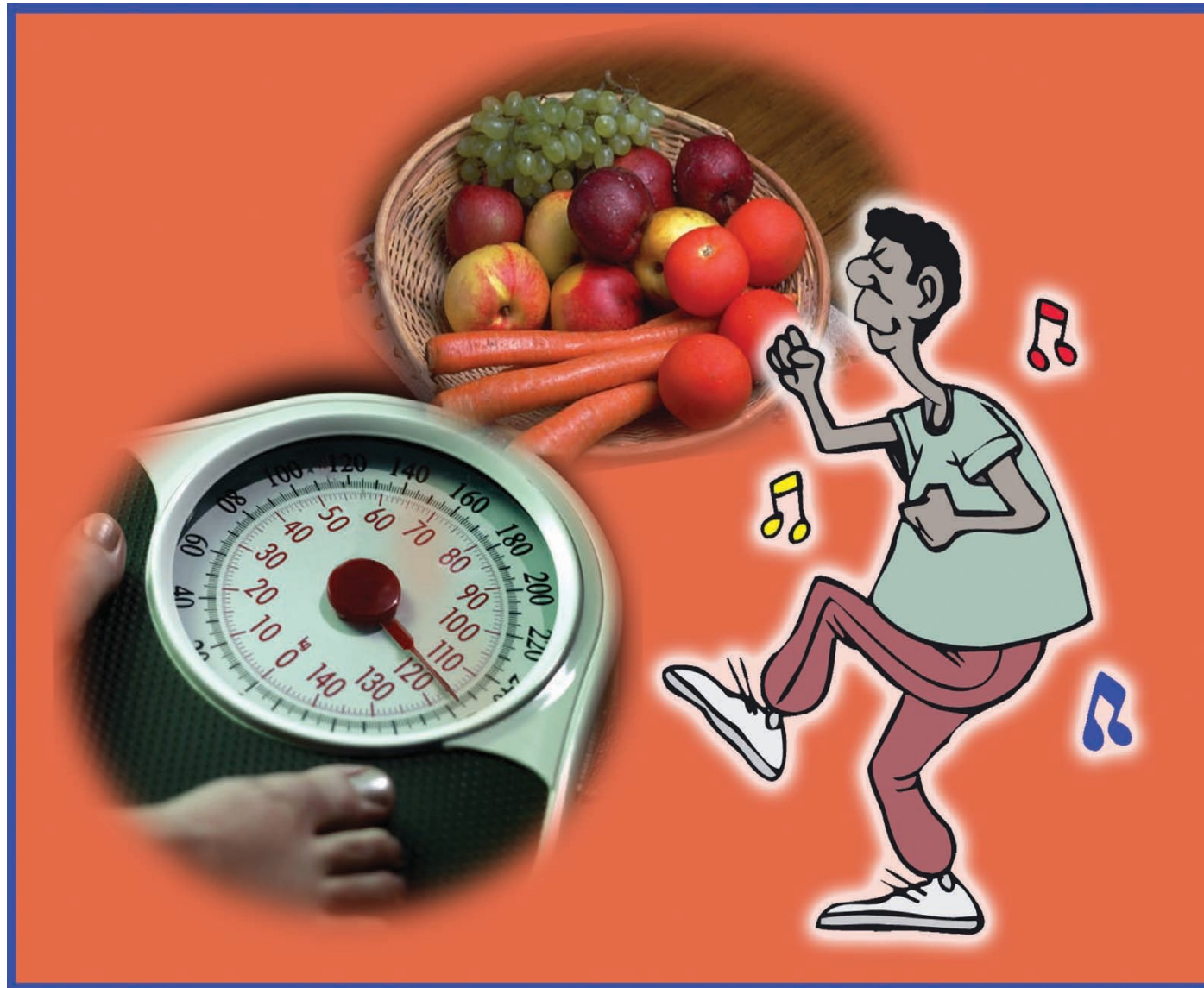
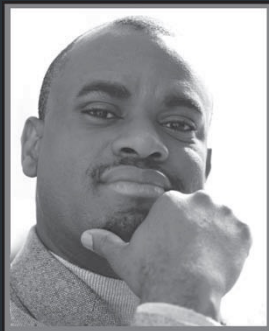
Making Physical Activity Part of your Life: Tips for Being more Active

- Walk, cycle, jog, or skate to work, school, the store, or place of worship.
- Park the car farther away from your destination.
- Get on or off the bus several blocks away.
- Take the stairs instead of the elevator or escalator.
- Play with children or pets. Everybody wins. If you find it too difficult to be active after work, try it before work.
- Take fitness breaks—walking or doing desk exercises—instead of taking cigarette or coffee breaks.
- Perform gardening or home repair activities.
- Avoid labor-saving devices; for example, turn off the self-propel option on your lawn mower or vacuum cleaner.
- Use leg power—take small trips on foot to get your body moving.
- Exercise while watching TV (for example, use hand weights, stationary bicycle/treadmill/ stair climber, or stretch).
- Dance to music.
- Keep a pair of comfortable walking or running shoes in your car and office. You'll be ready for activity wherever you go!
- Make a Saturday morning walk a group habit.
- Walk while doing errands.



My road will not include diabetes. It does not have to be my destiny.

I take it one choice, one day at a time. I'm making my own road to health.

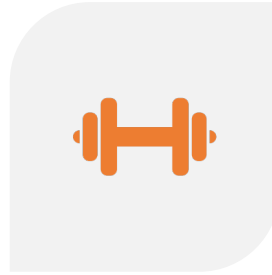


Make your own road to health be a road without type 2 diabetes.

Tips for People who Have been Inactive for a While

- Begin by asking people to choose moderate-intensity activities they enjoy the most. By choosing activities they enjoy, people are more likely to stick with them.
- Ask people to gradually build up the time they spend doing the activity by adding a few minutes every few days or so. They should work up to being able to do 30 minutes per day comfortably.
- As the minimum amount becomes easier, people should slowly increase either the length of time they do an activity or the amount of force that they put into the activity, or both.
- Suggest that people vary their activities, both to stay interested and to get the most benefits.
- Ask participants to explore new physical activities.
- Reward and acknowledge the efforts you see people make.

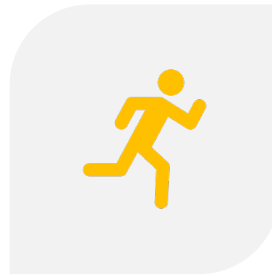
Discussion:



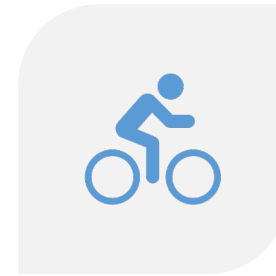
HOW DO YOU DISCUSS
PHYSICAL FITNESS WITH A
PATIENT?



HOW DO YOU COUNSEL A
PATIENT ABOUT EXERCISE?



HOW DOES YOUR HEALTH
CENTER SUPPORT A PATIENT
TO BE PHYSICALLY ACTIVE?



HOW DOES YOUR HEALTH
CENTER PROMOTE PHYSICAL
ACTIVITY IN PATIENTS?

Tips for Avoiding Activity-Induced Injuries

- Listen to your body.
- Be aware of the signs of overexertion. Breathlessness and muscle soreness could be danger signs.
- Be aware of the warning signs and signals of a heart attack, such as sweating, chest and arm pain, dizziness, and lightheadedness. Stop the activity if you feel these symptoms and get medical care right away.
- Take 3–5 minutes at the beginning of any physical activity to properly warm up your muscles through increasingly more intense activity. As you near the end of the activity, cool down by decreasing the level of intensity. (For example, before jogging, walk for 3–5 minutes, increasing your pace to a brisk walk. After jogging, walk briskly, decreasing your pace to a slow walk over 3–5 minutes. Finish by stretching the muscles you used—in this case primarily the muscles of the legs.)
- Start at an easy pace—increase time or distance gradually.
- Drink plenty of water throughout the day (i.e., at least eight to ten 8-ounce cups per day). Drink a glass of water before you get moving and drink another half cup every 15 minutes that you remain active.

Body Weight Planner

<https://www.niddk.nih.gov/bwp>



Body Weight Planner | Balancing Your Food and Activity

Step 1 of 4 - Enter your starting information [Switch to Expert Mode](#)

Starting Information

U.S. Units | **Metric Units**

Weight lbs

Sex

Age yrs

Height ft. in.

Physical Activity Level [Estimate Your Level](#)

[Next Step](#)

Starting Information

Enter your starting information, including your weight, sex, age, height, and physical activity level.

Physical Activity Level

Click the "Estimate Your Level" button to find your physical activity level. Typical physical activity level numbers range from 1.4 (sedentary) to 2.5 (very active). The default value of 1.6 describes someone who does very light activity at school or work (mostly sitting) and moderate physical activity (such as walking or cycling) at least once a week.

Body Weight Planner How-to Video

[Watch a video](#) to see how to use the Body Weight Planner.

Disclaimer: This information is for use in adults defined as individuals 18 years of age or older and not by younger people, or pregnant or breastfeeding women. This information is not intended to provide medical advice. A health care provider who has examined you and knows your medical history is the best person to diagnose and treat your health problem. If you have specific health questions, please consult your health care provider.



- **My Physical Activity Achievement Record**
- Source: www.diabetesatwork.org

• Name _____ Week of ____

• The NDEP Food and Activity Tracker is a tool that helps participants monitor their progress in making changes. Because some people may prefer a simpler tool that focuses on only physical activity, we have included another option:

- My Physical Activity Achievement Record

Day of the Week	Physical Activity Done	Amount of Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Physical Activity Contract

Making the decision to do more physical activity is a big step. Use the Exercise Contract below to help participants stay on track with their goals.

Physical Activity Contract

I, _____, will be active _____ days a week
for at least _____ minutes.

The activity or activities I will do is (are):

Signed: _____

Witness: _____

Date: _____

Source: www.diabetesatwork.org

- **Barriers to Being Active Quiz**
- *What keeps you from being more active?*

• **Directions:** Listed below are reasons that people give to describe why they do not get as much physical activity as they think they should. Please read each statement and indicate how likely you are to say each of the following statements:

How likely are you to say?	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
1. My day is so busy now, I just don't think I can make the time to include physical activity in my regular schedule.	3	2	1	0
2. None of my family members or friends like to do anything active, so I don't have a chance to exercise.	3	2	1	0
3. I'm just too tired after work to get any exercise.	3	2	1	0
4. I've been thinking about getting more exercise, but I just can't seem to get started	3	2	1	0
5. I'm getting older so exercise can be risky.	3	2	1	0
6. I don't get enough exercise because I have never learned the skills for any sport.	3	2	1	0
7. I don't have access to jogging trails, swimming pools, bike paths, etc.	3	2	1	0
8. Physical activity takes too much time away from other commitments—time, work, family, etc.	3	2	1	0
9. I'm embarrassed about how I will look when I exercise with others.	3	2	1	0
10. I don't get enough sleep as it is. I just couldn't get up early or stay up late to get some exercise.	3	2	1	0
11. It's easier for me to find excuses not to exercise than to go out to do something.	3	2	1	0
12. I know of too many people who have hurt themselves by overdoing it with exercise.	3	2	1	0
13. I really can't see learning a new sport at my age.	3	2	1	0
14. It's just too expensive. You have to take a class or join a club or buy the right equipment.	3	2	1	0
15. My free times during the day are too short to include exercise.	3	2	1	0
16. My usual social activities with family or friends do not include	3	2	1	0

Behavior	Technique	Description
All	SMART goal setting	Ensure that goals are specific, measurable, attainable, relevant, and timely.
	Problem-solving barriers	Identify possible barriers to change and develop solutions.
	Self-monitoring	Have patients keep a record of the behavior they are trying to change.
Physical inactivity	Physical activity prescription	Collaboratively work with the patient to pick an activity type, amount, and frequency.
Unhealthy eating	Small changes	Have patients choose small, attainable goals to change their diets, such as reducing the frequency of desserts or soda intake or increasing daily fruit and vegetable consumption.
	Plate Method	Encourage patients to design their plates to include 50 percent fruits and vegetables, 25 percent lean protein, and 25 percent grains or starches.
Lack of sleep	Brief behavioral therapy	After patients complete sleep diaries, use sleep restriction (reducing the amount of time in bed) and sleep scheduling (daily bed and wake-up times).
Medication nonadherence	Provide education	Instruct patients on drug therapy: indication, efficacy, safety, and convenience.
	Make medication routine	Add taking the medication to an existing habit to increase the likelihood patients will remember (e.g., use inhaler before brushing teeth).
	Engage social network	Close family members or friends can help fill pillboxes or remind patients to take their medications.
Smoking	Address the 5 Rs	Discuss the relevance to the patient, risks of smoking, rewards of quitting, roadblocks, and repeat the discussion.
	Set a quit date	Patients who set a quit date are more likely to stop smoking and remain abstinent.

Source: AAFP

Visit us at NCHPH.org



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PUBLICATIONS



PROVIDER AND
RESIDENT –
CENTERED FACTS
SHEETS



TOOLKITS



INTERACTIVE MAPS



NCHPHA The National Center for Health in Public Housing
Enhancing Health Care Delivery for Residents of Public Housing

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PARTNERSHIPS TOOLKIT NOW AVAILABLE!

Check out our new partnerships toolkit, *Healthy Together: A Toolkit for Health Center Collaborations with HUD-Assisted Housing and Community-Based Organizations*, developed in collaboration with NNCC!

To view the toolkit and interactive version, click here.

Welcome to The National Center for Health in Public Housing

About

The National Center for Health in Public Housing (NCHPHA) is a part of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). For more information, visit www.nchpha.org.

Health Behaviors and Public Housing

Health behaviors are detrimental actions that heighten the odds of illness and impede recovery. This map depicts some health behaviors by county and the location of PHPC health centers in the nation.

[VIEW MAP](#)

Health Outcomes and Public Housing

This interactive map explores the prevalence of diabetes, low birth weight, poor or fair health and HIV in the U.S. by county, so health centers can compare their performance measures and establish or modify health interventions addressing the health care needs of their communities.

[VIEW MAP](#)

Socioeconomic Health Factors and Public Housing

Social and economic factors are strong drivers of how well we live. Across the U.S., people who live in the bottom performance counties face higher rates of

Complete Post – Evaluation Survey

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