Exploring Promising Practices on Diabetes Management and Prevention Webinar

National Center for Health in Public Housing

April 25, 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

zoom

NCHPH
National Center for Health in Public Housing

National Center for Health in Public Housing (NCHPH)

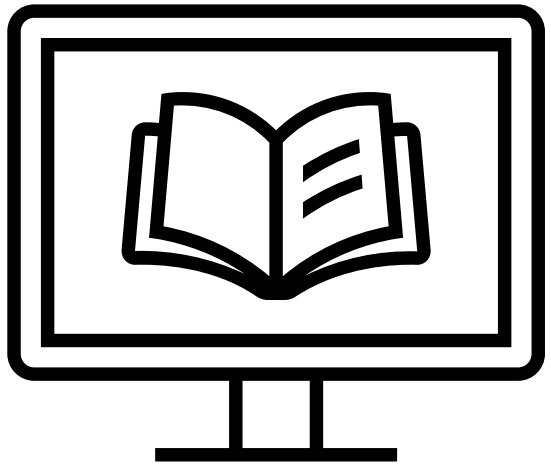
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.
- The National Center for Health in 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.

NCHPH
National Center for Health in Public Housing

Chantel Moore, MA,
Communications Manager, NCHPH

Fide Pineda Sandoval, CHES
Training and Technical Assistance (T/TA) Manager

National Center for Health in Public Housing



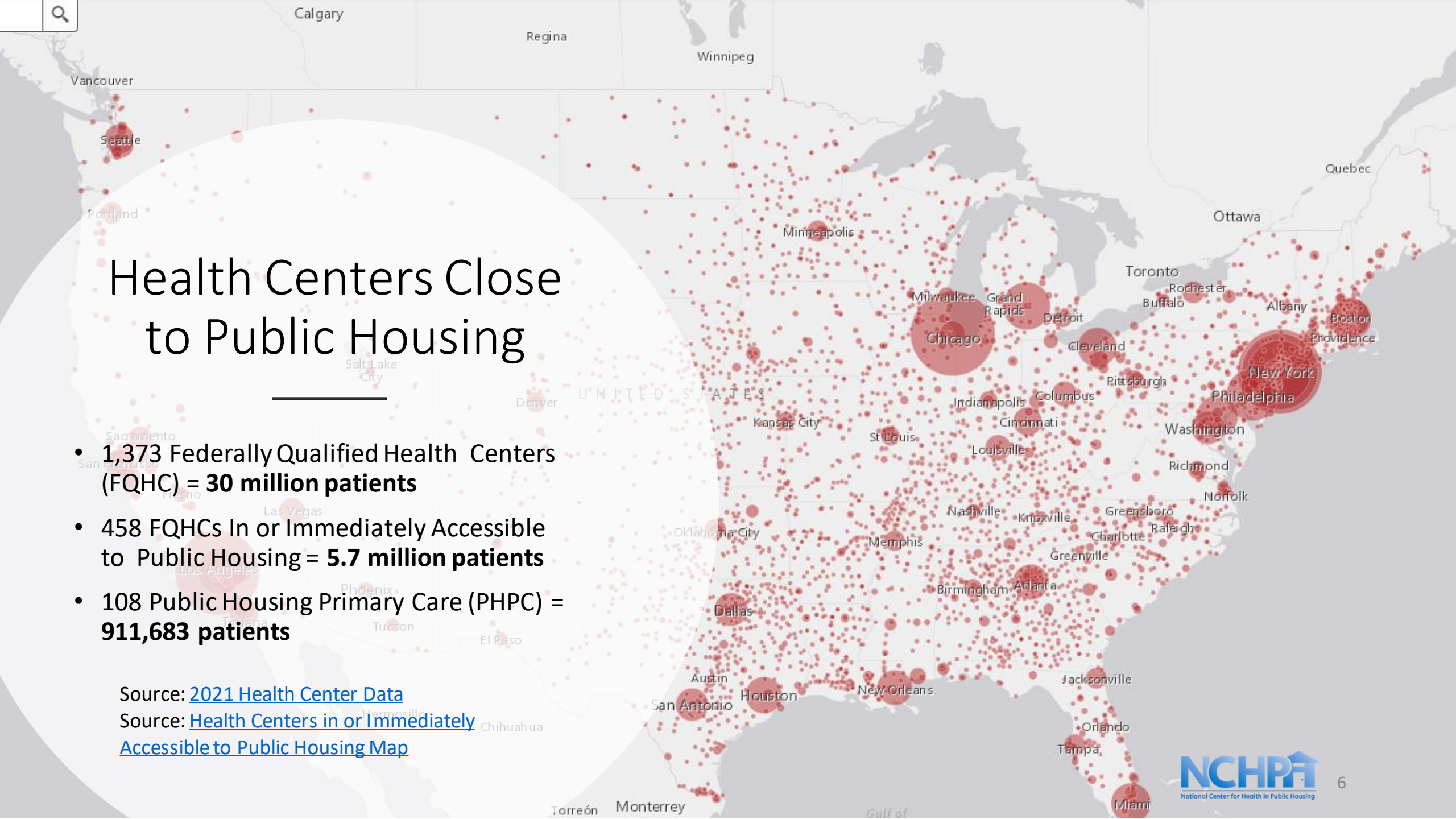
Learning Objectives

1. Define diabetes promising practices in health center settings
2. Explore examples of promising practices in public housing health center settings and other organizations
3. Demonstrate how to navigate NCHPH's promising practices website portal

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

National Center for Health in Public Housing

Diabetes Snapshot in Public Housing Primary Care (PHPCs)

Population	Total Patients	# of Patients with Diagnosis	Percentage of Patients with Diabetes
All FQHCs	30,193,278	2,873,252	10%
Public Housing Primary Care	911,683	91,563	10%
In or Immediately Accessible to Public Housing	5,714,900	1,269,671	22%

Source: National Health Center Program Uniform Data System (UDS) Awardee Data 2021

NCHPH
National Center for Health in Public Housing

Collection of Promising Practices on Diabetes Management and Prevention

- Description of Publication and Purpose
  - Provide health center staff with easy access to diabetes promising practices

- Methodology
  - Strategies were identified through various webinars and learning collaboratives conducted by NCHPH in the last 3 years with a focus on improving diabetes management and prevention

NCHPH
National Center for Health in Public Housing

Definition of Promising Practices and Implications in Health Center Settings

- Programs, initiatives, or models that provide a positive outlook for improving the health outcomes of patients in health centers settings.

- Provide evidence of how effective the interventions can be at small scale and how it can potentially improve health outcomes at a larger scale that would include more diverse populations.

HRSA
Health Resources & Services Administration

HEALTH CENTER RESOURCE CLEARINGHOUSE

NCHPH
National Center for Health in Public Housing

Definition of Promising Practices and Implications in Health Center Settings

- **Impact/Outcomes:** Guidelines and protocols that have been successfully used by at least one organization and with an emerging positive track record of improved clinical or operational outcomes and insights.

- **Satisfaction:** Approach demonstrates effectiveness in increasing overall satisfaction for patients and/or staff.

- **Data Collection Mechanism:** Provide initial data to support the establishment of benchmarks.

Source: https://www.healthcenterinfo.org/promising-best-practices/

NCHPH
National Center for Health in Public Housing

Definition of Promising Practices and Implications in Health Center Settings

- **Reduced Costs:** Have the potential to lower the per capita costs of delivering care or services.
- **Partnerships:** The approach creates innovative, strong partnerships and maximizes efficiency.
- **Operational Feasibility:** Offer strategies that can be easily shared and implemented.

Source: https://www.healthcenterinfo.org/promising-best-practices/

NCHPH
National Center for Health in Public Housing

Why explore diabetes promising practices in health center settings?

- Provides examples of models that will:
  - Improve the overall diabetes outcomes for patients by preventing or delaying the onset of type 2 diabetes
  - Lower health care costs
  - Ensure that patients receive timely, equitable, and quality health care
  - Improve the management of diabetes among patients that have other comorbidities like cardiovascular diseases and kidney diseases
  - Improve team care by providing regular trainings on how to care for patients with diabetes specific needs

Source: https://www.cdc.gov/diabetes/professional-info/health-care-providers.html

NCHPH
National Center for Health in Public Housing

Questions

1. What is an example of a diabetes promising practice your organization or health center has implemented?

2. How did this promising practice help improve the health outcomes in patient population?

National Center for Health in Public Housing

Diabetes Promising Practices in Health Center Settings

1. Diabetes Management and Prevention **Strategies in Team-Based Approaches to Wellness**
2. Diabetes Management and Prevention **Through the Integration of Information Systems in Technology**
3. Diabetes Management and Prevention by **Implementing Medical Nutrition Therapy (MNT)**
4. Diabetes Management and Prevention through **Health Literacy Improvement Strategies**
5. Diabetes Prevention and Management Through the **Adoption of the Seek, Help, Assess, Reach, Evaluate (SHARE) Approach**

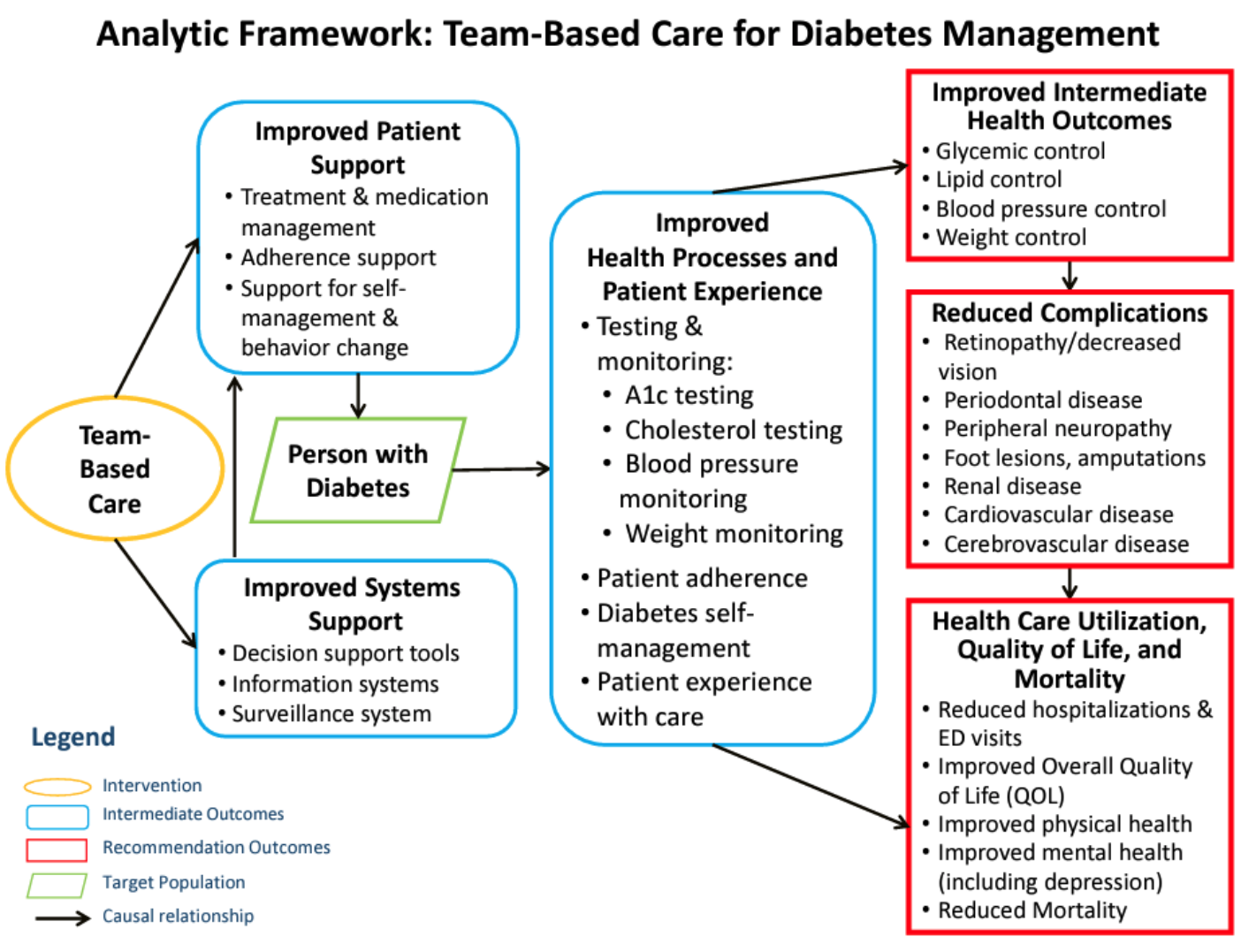
NCHPH
National Center for Health in Public Housing

1. Diabetes Management and Prevention Strategies in Team-Based Approaches to Wellness

- Team-Based Approaches to Wellness
- Chronic Care Model
  - Delivery system design
  - Self-management support
  - Decision support
  - Clinical Information Systems
- System Level Improvements:
  - Prioritizing intensification of diabetes therapies related to lifestyle and medication
  - Addressing and identifying barriers to care e.g., language, numeracy, and cultural barriers

NCHPH
National Center for Health in Public Housing

1. Diabetes Management and Prevention Strategies in Team-Based Approaches to Wellness



NCHPH
National Center for Health in Public Housing

2. Diabetes Management and Prevention Through the Integration of Information Systems in Technology

- Health Center Program Grantee: Bay Area Community Health Center (BACHC)
- Promising Practice:
  - Established a panel to improve diabetes care
  - Provided diabetes related classes
  - Care messaging e.g. text messages by coaches to patients
  - 25-week long project

National Center for Health in Public Housing

3. Diabetes Management and Prevention by Implementing Medical Nutrition Therapy (MNT)

- **Organization:** American Diabetes Association (ADA)
- **Promising Practice:** Utilization of Medical Nutrition Therapy (MNT) by registered dietitians
  - Engender behavior change to adopt a healthier lifestyle
  - Patients follow a plan with their registered dietitian
  - Has shown to improve A1C levels among patients with diabetes
  - May improve the health outcomes for patients in managing and preventing diabetes

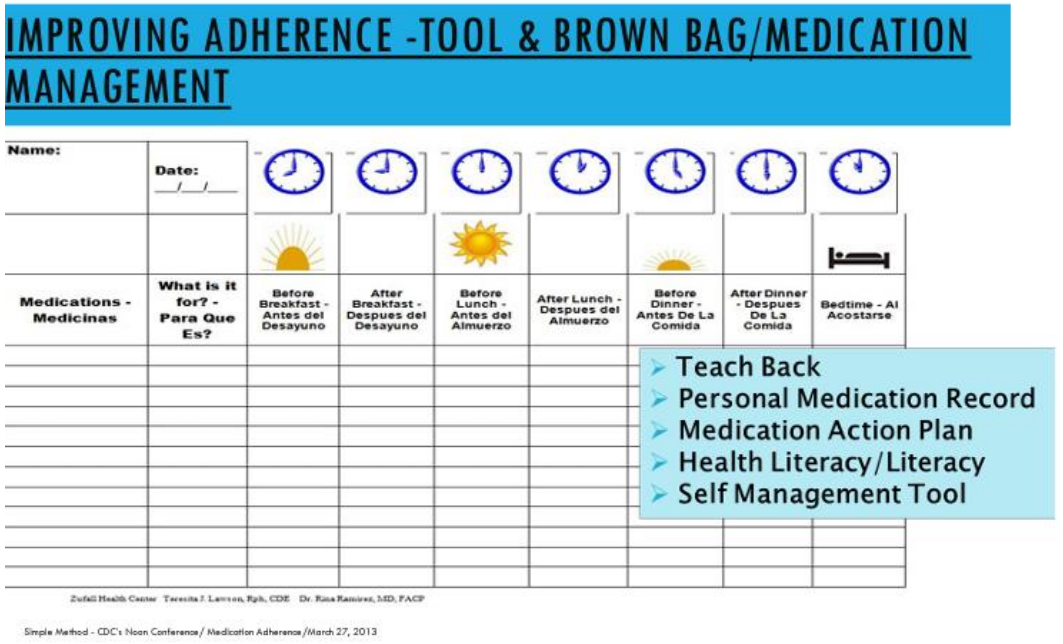
4. Diabetes Management and Prevention through Health Literacy Improvement Strategies

- **Health Center Program Grantee:** Zufall Health Center
- **Promising Practice:** Improving Adherence-Tool & Brown Bag/Medication Management
  - Medication adherence tool
  - Help improve health literacy among patients
  - Serve as part of the "Teach Back" method, personal medication record, and evaluate the level of health literacy of patients
    - **S** = Simplify regimen
    - **I** = Impart knowledge
    - **M** = Modify Patient Beliefs and Behaviors
    - **P** = Provide Communication and Nurture Trust
    - **L** = Leave the Bias
    - **E** = Evaluate Adherence

NCHPH
National Center for Health in Public Housing

4. Diabetes Management and Prevention through Health Literacy Improvement Strategies

- Improving Adherence-Tool & Brown Bag/Medication Management Outcome:
  - Helped patients improve their medication adherence
  - Understand simpler ways to use their diabetes medications
  - Addressed issues with cognition
  - Overall enhanced the acceptance of medication regimens
  - A tool the patients were able to take home



4. Diabetes Management and Prevention through Health Literacy Improvement Strategies

- **Health Center Program Grantee:** La Maestra Community Health Centers
- **Promising Practice:** Use of clinical pharmacists that provide support with adjusting medications
- Provide after-hour group classes
- Established new approaches to eye care
- Helped decrease no-show rates among patients with diabetes and increase compliance.

NCHPH
National Center for Health in Public Housing

5. Diabetes Prevention and Management Through the Adoption of the Seek, Help, Assess, Reach, Evaluate (SHARE) Approach

- **Organization:** Agency for Healthcare Research and Quality (AHRQ)
- **Promising practice:** Seek, Help, Assess, Reach, Evaluate (SHARE) Approach
  - Adapted by health centers to improve health literacy for patients with diabetes
  - Improve knowledge on self-efficacy, self-care behaviors, and control glycemic levels
  - Focused on medication adherence

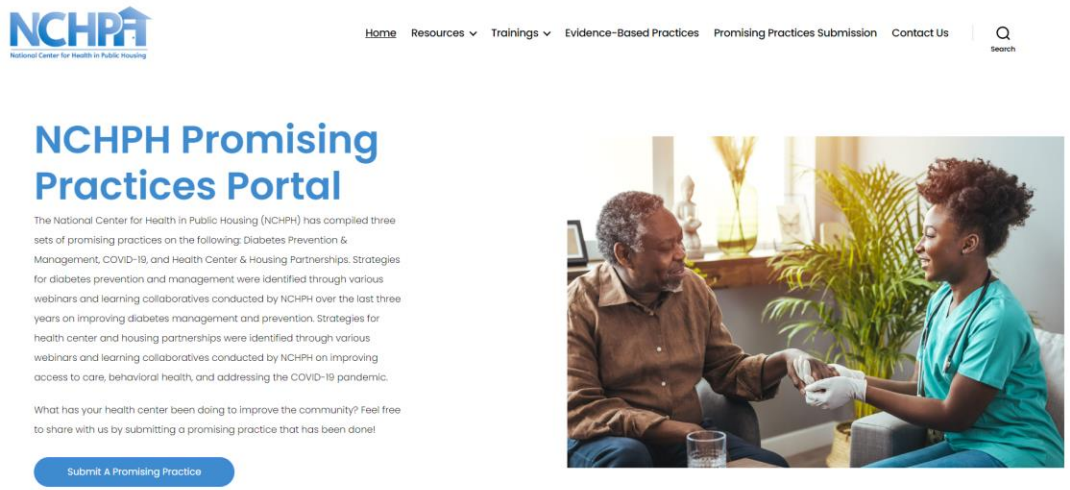
NCHPH
National Center for Health in Public Housing

5. Diabetes Prevention and Management Through the Adoption of the Seek, Help, Assess, Reach, Evaluate (SHARE) Approach

- 5 Steps
  1. Seek for patient's participation
  2. Help patients explore treatment options
  3. Assess patient's values and preferences
  4. Reach a decision with patient
  5. Evaluate the patient's decision to treatment

NCHPH
National Center for Health in Public Housing

Navigating NCHPH's Promising Practices Portal



Source: https://ppp.nchph.org/

Q&A Session

Complete our Post Evaluation Survey

Contact Us!

Robert Burns
Program Director
Bobburns@namgt.com

Jose Leon, M.D.
Manager of Clinical Quality
jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.
Manager of Policy, Research, and Health Promotion
Kevin.lombardi@namgt.com

Fide Pineda Sandoval, C.H.E.S.
Training & 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!