

The Road to Health:  
How to Prevent or Delay Type 2  
Diabetes in your Community  
Session 4

National Center for  
Health in Public Housing



National Center for Health in Public Housing

March 16, 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
- 
- Mentimeter
    - Go to Menti.com
    - Enter code **5404129**
    - Scan QR Code



zoom



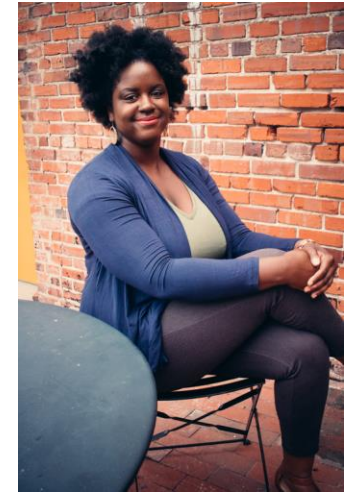
# Today's speakers



**Jose Leon, MD**  
Chief Medical Officer



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



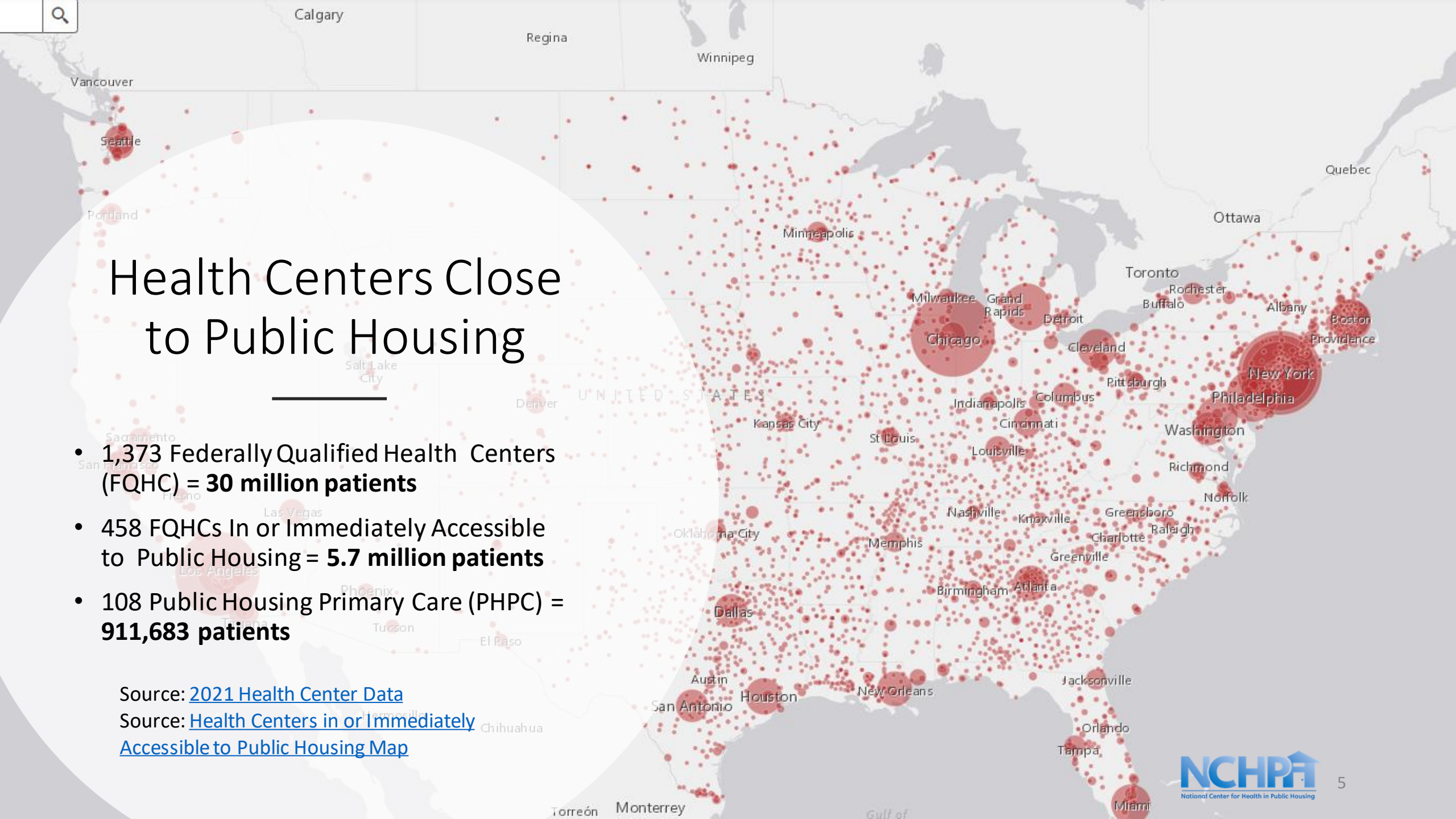
**Chantel Moore, MA**  
Communications Manager, NCHPH

# 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

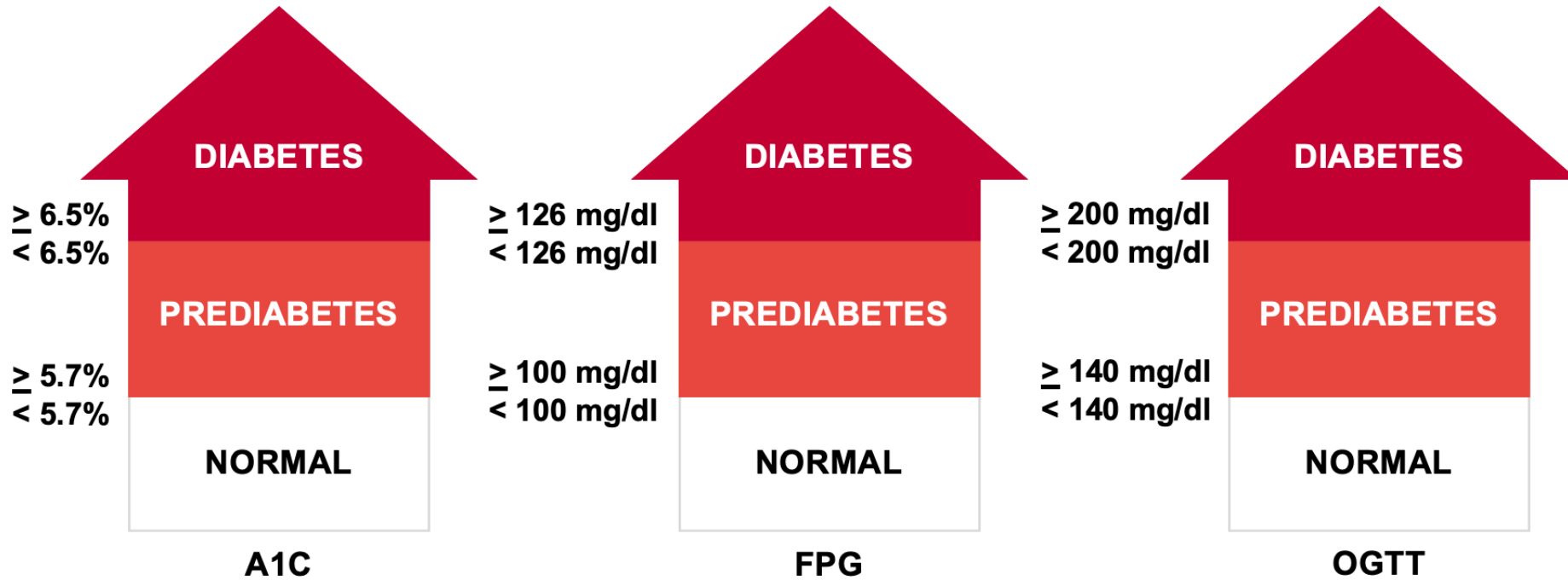


# Ice Breaker

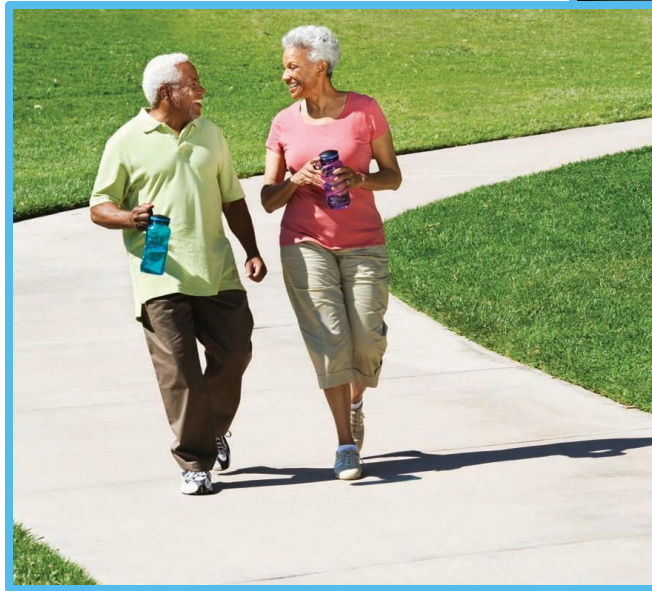
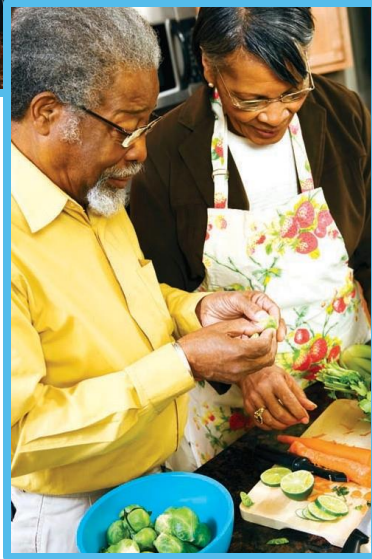
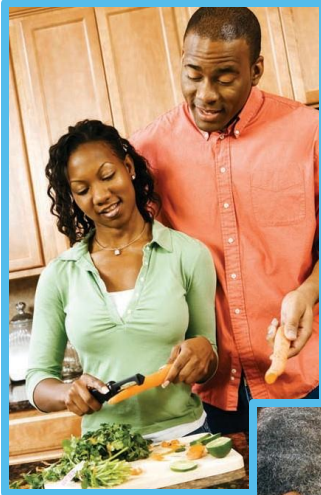
Weight stigma and stereotypes: what settings can people face weight stigma?

What type of stereotypes are reported by people with overweight and obesity?

# How is type 1 and type 2 diabetes diagnosed?

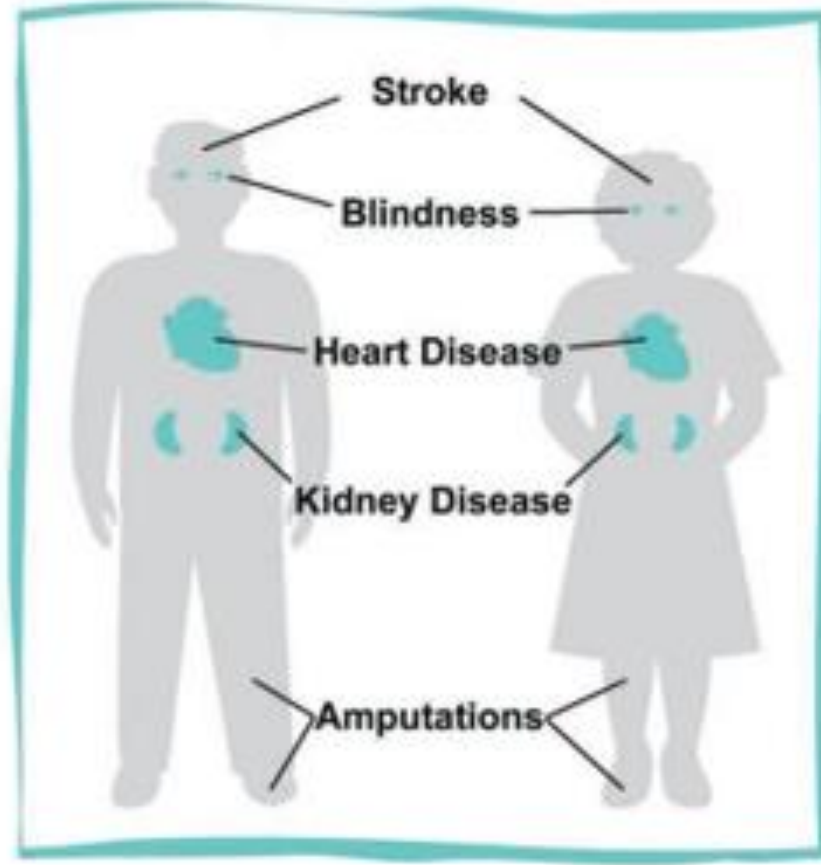








**So what is diabetes?  
It affects your whole body –  
sometimes you don't even know you are sick.**



**Type 2 diabetes affects our family, but it doesn't have to hurt my health.**





# Portion vs. serving size: What is the difference?

- A **portion** is the amount of food that you choose to eat for a meal or snack. It can be big or small, you decide.
- A **serving** is a measured amount of food or drink, such as one slice of bread or one cup (eight ounces) of milk.

## Nutrition Label Guide

Sample label for  
Macaroni & Cheese

### Nutrition Facts

Serving Size 1 cup (228g)  
Servings Per Container 2

1 **Start Here** →

#### Amount Per Serving

2 **Check Calories**

**Calories** 250      **Calories from Fat** 110

3 **Limit these  
Nutrients**

	<b>% Daily Value*</b>
<b>Total Fat</b> 12g	<b>18%</b>
Saturated Fat 3g	<b>15%</b>
Trans Fat 3g	
<b>Cholesterol</b> 30mg	<b>10%</b>
<b>Sodium</b> 470mg	<b>20%</b>
<b>Total Carbohydrate</b> 31g	<b>10%</b>

6

**Quick Guide  
to % DV**

4 **Get Enough  
of these  
Nutrients**

Dietary Fiber 0g	<b>0%</b>
Sugars 5g	
<b>Protein</b> 5g	
Vitamin A	<b>4%</b>
Vitamin C	<b>2%</b>
Calcium	<b>20%</b>
Iron	<b>4%</b>

• **5% or less  
is Low**

• **20% or more  
is High**

5 **Footnote**


\* Percent Daily Values are based on a 2,000 calorie diet.  
Your Daily Values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g




To help  
me make  
healthy  
food  
choices,  
I made my own  
food guide.


### The Traffic Light Method




**RED** Light  
Stop, think small, don't eat it all.



**YELLOW** Light  
Go slow or my weight can grow.



**GREEN** Light  
Eat more of these, every day.



Icons for USDA, CDC, and other organizations.

Eating healthier means making good choices without  
sacrificing the taste of foods we love.



# WELCOME TO THE CITY OF EXCUSES!

Where Healthy Living Is a Second Priority



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

# 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.

# 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](#)

### 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.

[Next Step](#)

**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.

9:41



### Crackers

Ritz

0/100  
Bad

#### Negatives

per serving (16g) \*\*\*

-  **Additives** 3    
Contains additives to avoid
-  **Sodium** 130mg    
Too salty
-  **Calories** 80 Cal    
A bit too caloric
-  **Saturated Fat** 1g    
A bit too fatty

#### Positives

per serving (16g) \*\*\*

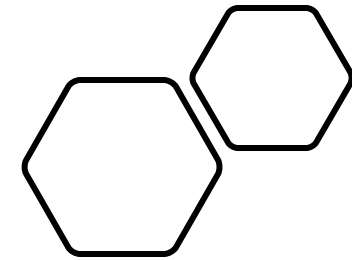
-  **Protein** 1g    
Some protein
-  **Sugar** 1g    
Low sugar

#### Recommendations

[See all](#)



Almond nut thins hint of sea salt  
Blue Diamond Almonds





A blood sugar less than 70 is called


1. Hyperglycemia
2. Ketoacidosis
3. Hypoglycemia
4. Hyperosmolar hyperglycemic syndrome







A blood test that measures 3 months of blood glucose levels is known as:

1. Insulin screening
  2. A1C
  3. Fasting blood glucose
  4. Oral fasting glucose tolerance test
- 



True or False. Fruits and starchy veggies should be avoided.

1.True

2.False





True or False. The physical goal for all individuals is to do about 30 minutes of activity on most days.

1.True

2.False



# This is the goal for A1C:

1. Less than 7%

2. 7%

3. 8%

4. None of the above





# This is the goal for A1C:

- 1. Less than 7%
- 2. 7%
- 3. 8%
- 4. None of the above





# Unused calories are stored as:

1. Carbohydrates
2. Glucose
3. Fat
4. Insulin





The 5As for obesity counseling and motivational interviewing are two evidenced based, person-centered strategies that can help you start the conversation about weight with your patient.

## Starting the Conversation

### Strategy 1: 5A's: Ask, Assess, Advise, Agree, Assist

The 5 A's strategy is a minimal intervention strategy that can be used as a framework for weight management counseling. This strategy promotes nonjudgmental discussion and helps explore the person's readiness to change, while also providing information and resources to support their efforts.

ASK	ASSESS	ADVISE	AGREE	ASSIST
<p><b>Ask for permission to discuss weight</b></p> <ul style="list-style-type: none"> <li>♦ "Would it be alright if we discussed your weight?"</li> <li>♦ "Are you concerned about your weight's effect on your health or your quality of life?"</li> <li>♦ Explore readiness for change "Are you ready to work on losing some weight?" followed by "Would it be okay if I offer some help in this area?"</li> </ul>	<p>Assess health status, BMI, waist circumference, waist-hip ratio, root causes of weight gain and effects of weight on psychosocial functioning. Identify past successes and challenges.</p>	<p>Explain the benefits of modest weight loss along with defining what that means for the individual and the need for a long-term strategy and treatment options.</p> <ul style="list-style-type: none"> <li>♦ "Now that we have a better understanding of your situation, can I recommend a plan of action?"</li> </ul>	<p>Respectfully negotiate, agree on weight-loss expectations, and focus on behavioral goals and health outcomes.</p>	<p>Provide education, resources, referral to appropriate providers for management, and arrange follow-up.</p>



## Strategy 2: Motivational Interviewing

Motivational interviewing is a collaborative, goal-oriented approach of communication to elicit behavior change. There are four basic skills and techniques—often referred to as OARS, that are used in motivational interviewing.



### OPEN-ENDED QUESTIONS

This is an important first step enabling the patient to tell their story in their own words and from their point of view.

- If you have had any experience with dieting, could you describe what that has been like?
- How satisfied are you with your current weight?
- Do you want to lose weight?
  - ◆ If yes, tell me more about it.
  - ◆ If no, tell me more about what your health goals are.
  - ◆ Tell me more about your current eating plan.

### AFFIRMATIVE STATEMENTS

Recognize and support your patient's personal strengths, successes, and efforts to change.

- "Your dedication to improving your health and losing weight is really noticeable. You've made a lot of improvements."



### REFLECTIONS

Reflective listening confirms that the patient has been heard and validates his or her point of view.

- If client/patient has been on weight loss diets and has lost and gained weight and wants to lose weight, provider may suggest, "Long term weight loss is tough and often requires comprehensive and ongoing lifestyle intervention such as medical nutrition therapy, physical activity, and in some cases the addition of drugs and/or surgery."
- If client/patient does not desire to lose weight and instead focuses on healthy eating or managing blood glucose, provider may suggest, "You do not want to focus on weight right now and would like to focus on other areas of self-management of your diabetes. I can refer you to an RDN and/or diabetes care and education specialist."

### SUMMARY STATEMENTS

These statements recount and clarify the patient's statements and identify specific points to act upon.

- "So, I'm hearing that you've struggled with weight for most of your adult life and are now starting to recognize how it is affecting your health and quality of life."
- "Let's discuss some strategies to develop a plan to help you address your concerns."





## Continuing the Conversation

The following conversation guide can help you continue the dialogue based on potential questions you may get.

### Is There a Link Between Weight and Type 2 Diabetes?

#### Suggested Discussion Points

- Type 2 diabetes is a complex condition and there are many factors that can lead to type 2 diabetes.
- Being higher weight has been linked to type 2 diabetes.
- Even modest weight loss from lifestyle changes such as increasing physical activity and a healthy eating plan can help manage type 2 diabetes.

### Will Losing Weight Help My Diabetes?

#### Suggested Discussion Points

- An eating plan combined with physical activity and behavioral therapy to lose and maintain loss of at least 5% of your body weight is recommended. For example, if you weigh 200 lbs., losing 10lbs and maintaining that weight loss can help.
- A Registered Dietitian Nutritionist (RDN), and exercise physiologist are specialists who can help you create personalized eating and activity plans. A therapist can help with mental health issues related to higher weight, stigma, and negative self-talk.

- Losing additional weight may reduce your risk of cardiovascular conditions like heart attack and stroke and can also help you reach goals for diabetes management.

### Is Giving Up Eating Carbs Necessary for Me to Lose Weight and Manage My Diabetes?

#### Suggested Discussion Points

- No, you don't have to give up all carbohydrates to lose weight or manage your diabetes.
- There is no ideal amount of carbohydrates for people with diabetes. Knowing how different amounts of carbohydrates impact your blood glucose at meals and snacks can help you determine the right balance for you.
- The amount, type, and quality of carbohydrate is important. Foods that are higher in fiber help keep you full longer and may also reduce the impact on your blood sugar after eating.

This activity is supported by an educational grant from Lilly.  
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## Continuing the Conversation

### I Have Heard That Some Diabetes Medications Can Help Me Lose Weight.

#### Suggested Discussion Points

- In addition to modifying aspects of your lifestyle such as physical activity, eating habits, and addressing mental health concerns, weight loss medication can be considered for people with type 2 diabetes and BMI  $\geq 27\text{Kg/m}^2$ . Would you like me to share some options?
- The U.S. Food and Drug Administration has approved medications for diabetes management that also lead to weight loss. They are called Incretins. Would you like me to explain the different Incretin medications that are available?
- Other than medications, bariatric surgery is an option for persons with diabetes. Would you like to learn more about this option?

### I Am Tired of Diets, and I Don't Want to Go on Another Diet.

#### Suggested Discussion Points

- Would you like to talk to a RDN about a healthful eating pattern that emphasizes creating an eating plan with some of your favorite foods to improve your overall health and manage your diabetes?

- There are many eating patterns you can choose from and a RDN can help you choose the best options and portions for your cultural and personal preferences.

### I've Heard That My Culture's Traditional Foods are Unhealthy, and I Should Give Them Up to Help Lose Weight and Manage My Diabetes.

#### Suggested Discussion Points

- Let's focus on HOW to include your cultural foods and keeping your blood sugars in target. This may mean adjusting the portions, frequency, or how the foods are cooked.
- A RDN can help you incorporate your cultural foods into your diabetes meal plan. Would you like a referral?

# Case Study 1

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A 46-yr-old female is referred to your health center for an abnormal fasting glucose of 115 mg/dl (6.4 mmol/liter). She has no significant past medical history. She takes several vitamins but no prescribed medications. Her family history is remarkable for type 2 diabetes in her father. Her physical examination is notable for a height of 152.5 cm (60 inches), weight of 64.9 kg (142.8 lb), body mass index (BMI) of 27.9 kg/m<sup>2</sup>, and blood pressure of 121/80 mm/Hg. A 75-gram oral glucose tolerance test (OGTT) is performed to evaluate her for undiagnosed diabetes, revealing a fasting plasma glucose (FPG) of 117 mg/dl (6.5 mmol/liter) and 2-h glucose of 153 mg/dl (8.5 mmol/liter). A hemoglobin A1c (HbA1c) is 6.4%

- Does this patient have prediabetes?
- What is the natural course of untreated prediabetes?
- What lifestyle changes would you recommend to this patient?

## Case Study 2

- A 45-year-old African American man with a history of obesity and hypercholesteremia has been under your care for the past three years. He has a family history of both T2DM (type 2 diabetes mellitus) and cardiovascular disease but no history of cardiovascular events. About a year ago, the patient requested blood glucose screening because his brother had just been diagnosed with T2DM. At that time, his HbA1c (glycated hemoglobin) level was 5.8%. The patient reports intermittent success with weight loss but has been unable to sustain it. He reports attempting to walk most days, but notes that work and family obligations as well as inclement weather often make this impossible.
- How would you address the barriers mentioned by your patient?



## Case Study 3

- J.M., a 48-year-old Hispanic man, was seen in your health center for routine follow-up of hypertension, for which he had been treated for the past 8 years. His only medication was lisinopril, 20 mg/day. Home blood pressure monitoring averaged 128/82 mmHg. He had a family history for hypertension, type 2 diabetes, and coronary artery disease. J.M. reported a 20-lb weight gain over the past year, along with a sedentary lifestyle with no regular exercise routine. Other medical history was negative, including symptoms of fatigue, polyuria, or polydipsia. He denied past or current tobacco use. Patient refers that he does not understand what a healthy diet is, and he is not familiar how to read food labels.
- How would you provide food labels education to this patient?
- What federal resources would you use to address a healthy diet plan? Would you use resources in Spanish or English?
- How motivational interviewing could help this patient?

## Case Study 4

- A 31-year-old white male with no significant past medical history is referred by his workplace to your health center for an elevated blood pressure (BP). He presents to the clinic with no complaints. His mother and grandmother both have diabetes, and his father has hypertension. He has had a 15-pound (lb) weight gain over the last year and has become more sedentary. Fasting glucose is 114 mg/dl.
- How would you discuss a healthy food diet with your patient?
- What resources would you use to provide diabetes education?

# Breakout Rooms

## Talking With Patients About Weight Loss

- [Why talk with your adult patients about their weight?](#)
- [Which patients might benefit the most?](#)
- [How do I raise the topic?](#)
- [What other questions are appropriate to ask patients?](#)
- [How can I help my patients who need to lose weight?](#)
- [How can I help my patients set and stick with goals?](#)
- [What if a patient needs more help?](#)

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**NCHPH** 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*, 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 (NCHPH) is a part of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HHS/HRSA). For more information, visit [www.nchph.org](http://www.nchph.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

# Contact Information

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Thank you!

