Supporting Lifestyle Change: How ADCES Self-Care Behaviors Lay the Foundation for Diabetes Care!

Association of Diabetes Care & Education Specialists
Hello!

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Learning Objectives

At the end of this presentation, you’ll be able to:

• Distinguish the community health center as an important healthcare context for connecting with people with prediabetes, diabetes, and other cardiometabolic conditions

• Describe existing programs and services within the community health center for people with prediabetes, diabetes, and other cardiometabolic conditions
Learning Objectives

At the end of this presentation, you’ll be able to:

• Discuss how community health workers can utilize the ADCES7 Self-Care Behaviors Framework to support healthy behavior change and connect patients to existing programs and services

• Provide case studies and activities that allow attendees to start working on how to integrate and expand community health programs such as the National Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES) services
Who we are—how we can help!
Who We Are

Sheila Harmon, DNP, APRN, CDCES, PCMH-CCE
50 Years of Advancing Diabetes Care and Education

Jerry Meeco, BSN, CDCES, FADCES, FACA
50 Years of Advancing Diabetes Care and Education

Diana Echenique, MPH
50 Years of Advancing Diabetes Care and Education
What We Do

Support Diabetes Self-Management Education and Support

Support people with higher weights

Prevent or delay diabetes complications

Prevent or delay type 2 diabetes
How We Do It | Person-Centered Care

Strengths-based and inclusive language

Minimizing stigma for those living with cardiometabolic conditions

Valuing peer support communities

Empowering people

Utilizing collaborative decision-making approaches

Connecting with SDoH support

How does your organization provide person-centered care?
How We Do It | Team-Based Approach

Interprofessional approach

Seamless and holistic care that integrates clinical and self-management aspects

Promoting behavioral health professionals to improve quality of life

Person-centered team and population health teams

Integrating community health workers to extend care

How does your organization provide team-based care?
How We Do It | Aligned with Evidence

Evidence about diabetes prevention, management, and care

National Standards for Diabetes Self-Management Education and Support (DMSES)

CDC’s Diabetes Prevention Recognition Program (DPRP) Standards

ADCES Practice Papers that guide diabetes care and education specialists

How does your organization ensure effective, evidence-based care?
Using the ADCES7 to Guide Our Work
Migrant health and diabetes care
Why CHCs and Migrant Health Centers

• Effective with preventive care and chronic disease care

• Educated, experienced care teams that understand their communities

• Accessible and affordable

• Trusted by people living with prediabetes, diabetes and related conditions

• Aware of health-related social needs (e.g. housing, food insecurity, transportation)
Why CHCs and Migrant Health Centers

- Trusted
- Accessible
- Embedded in community
- Time with community members

- Collect health data
- Aware of other health conditions
- See people for acute (and chronic) conditions
Meet people where they are
Understand lives in context

Single mom of two daughters
Works fulltime
Wants her kids to be more active but stay safe
Loves to volunteer for the community garden

Uses your food pantry weekly
Used your affordable connectivity program to help her kids with school

Diagnosed with type 2 diabetes in 2020
Wants to lose weight
Sees a primary care provider at your health center
Wants to learn more about her diabetes
Provide person-centered care
Consider what services you already have!
DISCUSS: Who, Where, What?

Who?

Where?

What?
Prediabetes and Type 2 Diabetes
Diabetes constellation

- Overweight/obesity
- Prediabetes
- High cholesterol
- Hypertension
- Type 2 diabetes
How are these things all connected?

Type 2 Diabetes
What is diabetes?

• A chronic condition that affects how your body turns food into energy

• If you have diabetes, your body either doesn’t make enough of the hormone insulin or can’t use the insulin as well as it should—cells stop responding to insulin (insulin resistance)

• Simple blood tests like A1c or fasting plasma glucose

• Treated through lifestyle change, taking medicine, getting Diabetes Self-Management Education and Support, and regular care

You eat an apple to give your body energy

The apple contains carbohydrates—sugars, starches, and fiber that provide energy for your body

In your body, the apple is broken down into a simple sugar called glucose

Glucose enters your bloodstream to get energy to your body’s cells
As blood glucose increases, insulin is produced.

Insulin binds to the cell...

...and unlocks the “doorway” to the cell so that glucose can enter and be used for energy.
Sometimes, in type 2 diabetes, the body does not produce enough insulin... or it’s harder for insulin to open the cells’ doorways—this is called insulin resistance!
How is weight and activity involved?

I store sugar, and I also give sugar to the body.

Liver and Pancreas

- Liver
- Gallbladder
- Common bile duct
- Small intestine
- Stomach
- Pancreas
- Pancreatic duct

I make insulin!
How is weight and activity involved?

Pancreas—Insulin Factory

Liver—Glucose warehouse
Additional weight, and reduced physical activity, increase insulin resistance...which means MORE sugar in the bloodstream.

"That's fine. I'll just make more insulin! Whew! Getting tired over here!"

"No worries. I can store the excess sugar. Oh, shoot! Fat is taking up all my storage space."

"Muscle to the rescue! I can use up sugar...but not if I'm not being used"
DISCUSS: How would YOU fix this?
Focus on healthy behaviors

What About Taking Medication?
Block food from turning into sugars in the blood

Keep sugar break down chemicals active longer

Increase insulin production

Stop liver from releasing sugar

Make muscles more sensitive to insulin

Safely get sugar out of the body in urine
• High blood sugar does most of the damage for people with prediabetes and diabetes

• High blood sugar can be present even without overweight or obesity—processed foods, little activity

• But overweight or obesity make that MORE likely, especially if insulin resistance is developing and sugar storage is blocked

• High sugars lead to symptoms and complications
Hyperglycemia (high blood sugar)—blood glucose levels of a person with diabetes

Blood glucose levels of a person without diabetes

Blood glucose levels a person with prediabetes

Hypoglycemia (low blood sugar)—dangerous low blood glucose level caused by too much medication
Diabetes increases your risk for many serious health problems.

- **KIDNEY FAILURE** (6 TIMES RISK)
- **HEART DISEASE** (2-4 TIMES RISK)
- **HEARING LOSS** (2-4 TIMES RISK)
- **STROKE & PARALYSIS** (1.5 TIMES RISK)
- **BLINDNESS** (LEADING CAUSE OF NEW CASES)
- **LIVER/PANCREAS CANCER** (2X LIKELY)
- **LEG OR FOOT AMPUTATION** (LEADING CAUSE)

LIVER/PANCREAS CANCER is 2X likely.
Putting it all together

• A lot of the people in the communities we serve have chronic diseases
• There’s a connection between higher weights, prediabetes, and diabetes
• The foods we eat, how much we move, and how much we weigh can affect our health
• Sleep, stress, and smoking also matter
• Medication can help us live healthier lives and they work better with healthy behaviors
• If we do not make changes, it will have short term and long-term effects on our health and well-being
Understanding and applying the ADCES7 Self-Care Behaviors Framework™ within community settings
Using the ADCES7 to Guide Our Work
Start from the center! What to How

- Healthy coping
- Being Active
- Healthy Eating
- Taking Medication
- Monitoring
- Problem Solving
- Reducing Risks
Today’s session!

• Walk through 3 healthy self-care “what” behaviors: Healthy Coping, Healthy Eating, and Being Active
• Play Empowerment Trail game to practice talking to community members about these skills
• Learn about program options!
Healthy Coping Assets

• Problem solving
• Facilitating stress management
• Obtaining positive support and peer support
• Motivation and decision making
• Growth mindset for relapse prevention
• Other skills?

What are individual, family, social network, community, and other assets that support healthy coping in your community?
### Distress and depression

**Diabetes Distress**  
Dealing with the Weight of Diabetes

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not a Problem</th>
<th>Moderate Problem</th>
<th>Serious Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling overwhelmed by the demands of living with diabetes.</td>
<td>1 2</td>
<td>3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>2. Feeling that I am often failing with my diabetes regimen.</td>
<td>1 2</td>
<td>3 4</td>
<td>5 6</td>
</tr>
</tbody>
</table>
Navigating to care

• Victor attends your diabetes support group
• He does not report depression, but he does share that he hasn’t been sleeping well and has frequent headaches and stomach aches
• His wife privately shared that he has been to the hospital twice for a foot ulcer, but he ignores the advice his doctor gave him
• She also says he gets angry at her when she asks him to check his blood sugar or avoid certain foods

How can you engage with Victor and connect him with additional support to promote healthy coping?
Healthy Coping Resources

• Healthy Coping*
• Anger and Diabetes**
• Stress and Diabetes**
• Diabetes Distress**
• Depression and Diabetes**
• Managing the Emotional Challenges of Type 1 Diabetes**
• Type 1 Diabetes: The Prizefight of your Life**
• Chronic Stress and Healthy Coping (EN only)
Healthy eating expresses in a million ways based on our individual preferences, family traditions, cultural backgrounds, and regional foodways.

While healthy eating can happen in many ways, skills that support healthy eating may need to be learned.

People with higher weights, prediabetes, and diabetes may need additional guidance to develop healthy eating plans to prevent or delay type 2 diabetes or diabetes complications.
Healthy Eating Positive Messages

- Healthy eating is colorful
- It includes foods you grew up with and are part of your culture
- It gives you a healthy balance of nutrients
- It changes as your needs change
- It’s about variety, flexibility, and choice
- May look different from person to person

What are individual, family, social network, community, and other assets that support healthy eating in your community?
Barriers to Healthy Eating

- Our food environment
  - Low nutrients, high calories
  - Increase vegetable intake
  - Meals and snacking
  - Food insecurity/cost

- Healthy eating skills
  - Measure/weight portions
  - Interpret food labels
  - Identify healthier options
  - Plan meals
  - Count carbohydrates (PWD)
  - Coordinate with medication (PWD)
Small changes to our foods matter

• Looking for big sources of added sugar—soda, coffees, highly processed foods
• Keeping track of eating patterns—measuring servings of calorie-dense foods
• Choosing less processed foods (baked potato, whole fruit) over highly processed foods (chips, juice)
• Adding water, fruits, vegetables, and whole grains
• Making small, sustainable impactful changes!
Providing community support

- Al has had type 2 diabetes for 8 years
- He lives with wife and two school aged sons
- His wife, who has prediabetes, does the grocery shopping and prepares the meals at home
- He works as a foreman on construction sites but spends a lot of time on the road in his truck where he eats breakfast and lunch
- He participates in your health center gardening program, but he and his wife just joined your “Healthy Together” program for people living with prediabetes or diabetes

Consider Al’s facilitators and barriers to healthy eating as we review the case study
Healthy Eating Resources

- Healthy Eating*
- Healthy Snacking
- Food Shopping and Diabetes**
- Healthy Holiday Eating**
- Summer Fun and Food**
- Fasting During Ramadan (EN and Arabic)
- Game Day Eating Plan (EN only)
Healthy Eating Resources (Spanish)

De Compras en La Tiendita

Al entrar en su tiendita local, ve y huele comidas que usted y su familia disfrutan comer como tortillas, pan dulce, sodas, tacos y dulces. Puede que también haya un restaurante donde se puede comprar menudo, caldos, picadillo, chiles rellenos, etc. Estas comidas son deliciosas y tentadoras, pero la mayoría del tiempo contienen mucha grasa, azúcar, y sodio que pueden llevar a problemas de salud como alto colesterol, hipertensión, problemas del corazón, y diabetes tipo 2. Usted puede disminuir su riesgo o prevenir estas condiciones de salud prestando atención a lo que come.

La buena noticia es que comer sano no tiene por qué ser caro. Estos cinco consejos pueden ayudarle a comprar alimentos saludables y ahorrar dinero:

1. ¡Tenga un plan! Haga una lista de los alimentos que planea comer para cada día de la semana. Primero, elija una carne o proteína principal, y luego agregue verduras y frutas para completar su plato de comida.

2. ¡Sustituya donde pueda! Piense en alimentos que podría cambiar o reemplazar que cuestan menos, como comprar tortillas de maíz o hojas de lechuga en lugar de tortillas de harina.

3. ¡Siga su plan! Sólo compre los artículos en su lista. Quédese en los pasillos donde encontrará alimentos frescos en la tienda para ayudarlo a enfocarse en opciones saludables.

• Shopping at the Corner Store
• Healthier Cooking Options
• Traveling with a Plan
• More Spanish resources at [http://www.ncfh.org/diabetesresourcehub.html](http://www.ncfh.org/diabetesresourcehub.html)
Activity is any movement that requires muscles to use energy—it can be structured or unstructured, it can be mild, moderate, or intense, it can be 5 minutes or 60 minutes.

Reducing sedentary time is key—no more than 30 minutes without standing, stretching, or walking.

Physical activity has physical, mental, and emotional benefits—reduces risks associated with obesity, prediabetes, and diabetes.

ANY amount of physical activity reduces your risk of illness and death.
Being Active Assets

• How does your community make activity the easy choice?
• How does your community make activity accessible to everyone from children to seniors, all genders, and people with disabilities?
• How can people access different kinds of physical activity like aerobic, resistance, flexibility and stretching, and balance activity in your community?

What are individual, family, social network, community, and other assets that support healthy eating in your community?
Physical activity = big health benefits

Even 15 minutes a day improves health
Being active: Getting to the why

• CDC Lifestyle Change participant who watches TV every night
• His physical activity tracking shows that he has not been getting 150 minutes of physical activity
• After work, he goes right to the couch to watch TV
Tell me what watching TV means for you...

• What does watching TV mean for this person?
  • **Depressed/lonely**: He lives alone, and TV keeps him company
  • **Tired**: Has a tough job he loves, but needs to unwind
  • **Connection**: He and his wife watch TV, and they value that time together
  • **Mental stimulation**: He loves watching the evening news, documentaries, and mysteries
Being Active Resources

- Being Active*
- Physical Activity for Men Tip Sheet**
Empowerment Trail Game!
Why the Empowerment Trail Game?

- Provide a fun and engaging way for community health workers, including lifestyle coaches, to practice facilitation skills.
- The goal is for everyone to strengthen their skills and improve their understanding of three key ADCES7 healthy self-care behaviors—healthy coping, being active, and healthy eating.
- There are scenario cards AND facilitation skill cards—you put them together to move down the empowerment trail.
- Your team gets to play your group members!
What’s the purpose of the facilitation skills?

• Encourage the client to verbalize their own arguments for change!
• Evoke the person’s own concerns and motivations!
• Encourage utilization of facilitation techniques to prompt change talk!
What are some skills we will practice?

- Sub-groups
- Cross-questioning
- Carousel
- Ping-Pong
- Open-ended questions
- Affirmations
- Reflection
- Emotional reflection
Let’s Play! ¡Juguemos!

Empowerment Trail Game

- Healthy Eating
- Exercise
- Coping Skills
- BONUS! - Create Your Own Scenario

Start Here

Star Motivational Interviewer!
Navigating to lifestyle change programs—diabetes prevention and diabetes self-management!
For people with prediabetes...
Imagine You Preventing Type 2!

https://www.cdc.gov/diabetestv/imagine-you.html
What the program looks like…

Led by a trained lifestyle coach in English, Spanish, or other languages

Hosted in a group

Community or faith-based FQHC or CHC
Health or hospital center Pharmacy
“Where can I find a local program?”

https://www.cdc.gov/diabetes/prevention/find-a-program.html
...or diabetes!
Why DSMES?

Summary of DSMES benefits to discuss with people with diabetes

- Provides critical education and support for implementing treatment plans.
- Reduces emergency department visits, hospital admissions and hospital readmissions.
- Reduces hypoglycemia.
- Reduces all-cause mortality.
- Lowers A1C.
- Promotes lifestyle behaviors including healthful meal planning and engagement in regular physical activity.
- Addresses weight maintenance or loss.
- Enhances self-efficacy and empowerment.
- Increases healthy coping.
- Decreases diabetes-related distress.
- Improves quality of life.

No negative side effects | Medicare and most insurers cover the costs

DSMES: When?

- At diagnosis
- Annually or when not meeting treatment goals
- When complicating factors develop
- When transitions in life and care occur
DSMES: How?

HIGH-QUALITY PRIMARY HEALTH CARE IS

Person-Centered

Person-centered care is organized around the comprehensive needs of people rather than individual diseases.

It engages people in full partnership with health care providers in promoting and maintaining their health.

Person-centered care considers a patient’s social, career, cultural, and family priorities as important facets of health.
Final questions?
THANK YOU!

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