

Disclosure Statement

- *Faculty: Katherine Brieger, RD and Elizabeth Magenheimer, MSN, APRN, CNM*
- *Disclosure: We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.*



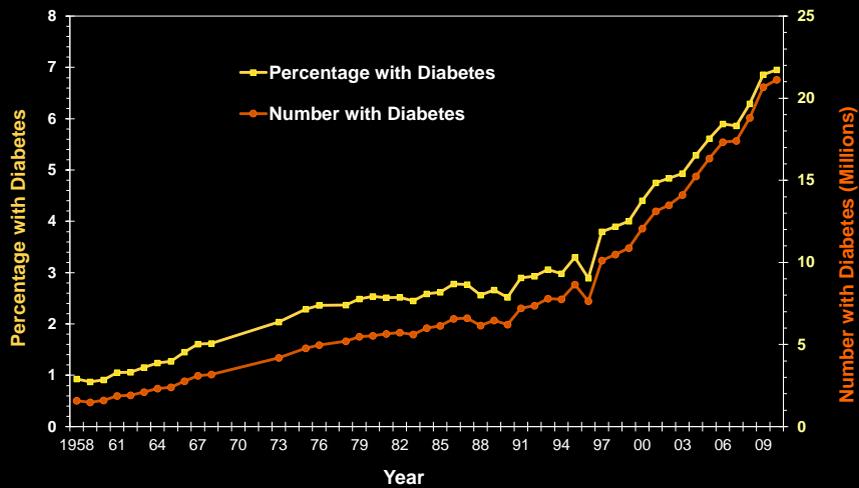
Objectives

1. Describe the impact of diabetes in the migrant population.
2. Describe culturally appropriate diabetes intervention strategies
3. Identify strategies to address clinical core competencies related to nutrition and BMI to improve quality care.
4. Receive “take home” examples of how to incorporate effective nutrition, weight loss, exercise and other health lifestyle strategies.

Outreach/Quality of Care Indicators

Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented

Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958–2010

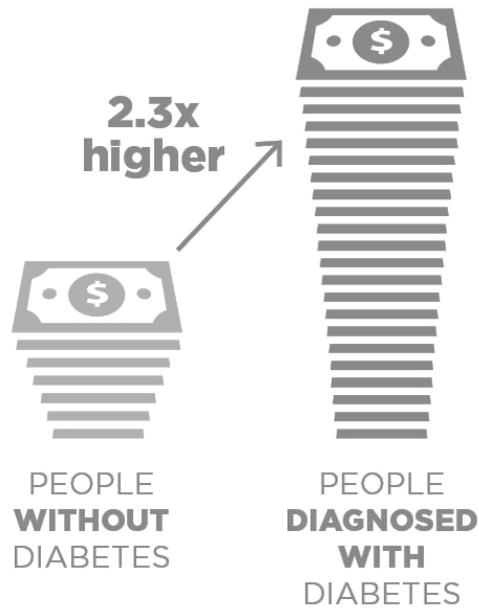


CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/statistics>



- Minority groups bear disproportionate burden
 - Hispanics and African-Americans 80% higher prevalence
- Diabetes affects the whole family
 - 16 % of American youth have pre-diabetes.

Average Health Care Expenditures

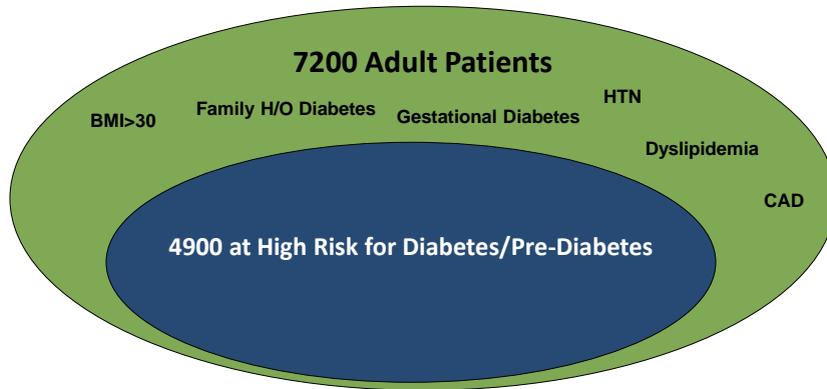


A Silent Precursor

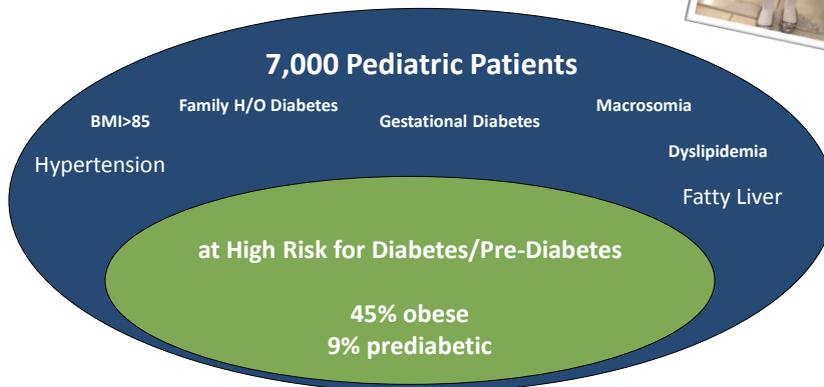


- 1 in 10 have diabetes
- By 2025, 1 in 5 could have diabetes if no change is made
- 79 million have prediabetes
- Only 11 percent of them know it
- Can lead to type 2 diabetes within 3 years if no action is taken

The Problem – Fair Haven



The Problem Fair Haven



New Medical Billing Code: 2014

Current ICD-9 code 720.29 is associated with prediabetes; ICD-10 code will be R73.09 following conversion in October 2014.

Importance in Coding

- By identifying patients with pre-diabetes, we can reach them with registries
- Group visits
- Invitation to programs
- Increase follow up
- Referrals to the nutrition services



Social Determinants of Health

- Food deserts-grocery stores are not accessible
- Neighborhood food stores are limited in fresh fruits and vegetables
- Unsafe areas to walk or engage in fitness
- Lack of information



www.bigthink.com



Some of the other considerations...

- Increase in obesity rates around the world-Mexican children-25 % obesity
- Food insecurity in the past may lead to poor choices when more food is available
- Poverty may lead to poor quality foods being used as a reward

Talk to Patients about risk...



45 years
of age
or older



Over-
weight



Exercise
< three
times
per
week



Family
history
of type
2
diabetes



History
of gesta-
tional
diabetes

Test Patients

- HbA1c test (5.7 to 6.4)
- Fasting blood glucose test (100-125 mg/dL)
- 2-hour oral glucose test (140-199 mg/dL)



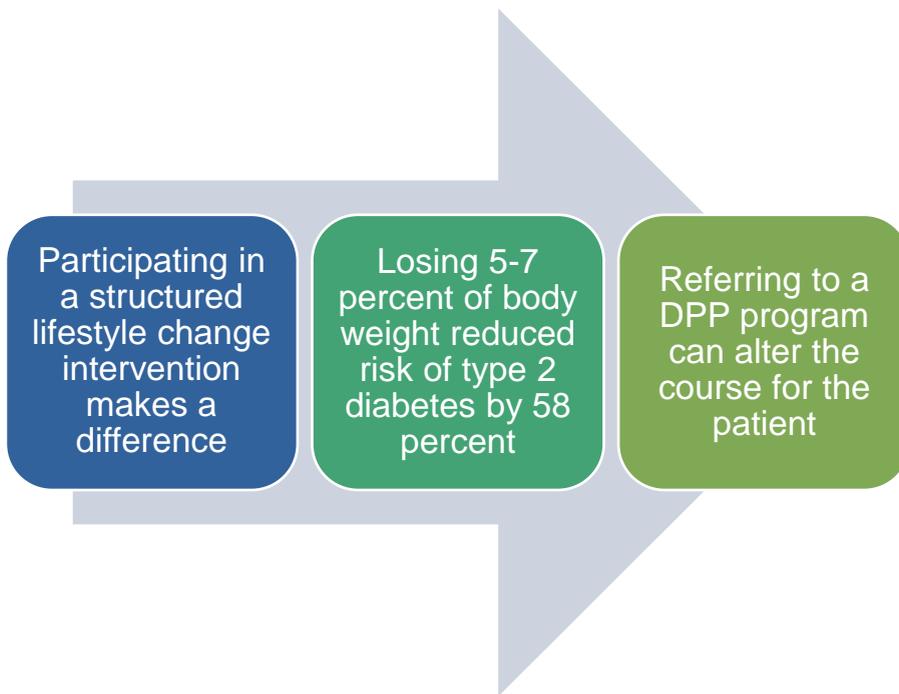


The Solution MUST...

Replicate proven effective strategy
to prevent diabetes in real world

Demonstrate a sustainable
prevention model

Show by cost effectiveness analysis
that it is worth public investment



Fair Haven 16 Weeks Life Style Intervention

- ✓ BPHC DPP Curriculum in a Group Model in Spanish and English
- ✓ Bright Bodies Obesity Program for Children
- ✓ Scheduled, supported Play/Exercise on 3 evenings a week
- ✓ Opportunity to participate in New Haven Farms grow taste and share the produce

CDC-DPP

- The **Diabetes Prevention Program (DPP)**, found that people at increased risk for type 2 diabetes can prevent or delay the onset of the disease by losing 5-7% percent of their body weight through:
 - increased physical activity and
 - a reduced fat and lower calorie diet.
- In the DPP, modest weight loss proved effective in preventing or delaying type 2 diabetes in all groups at high risk for the disease.

About the DPP

- 16 weekly group sessions
- 6 monthly follow-up sessions
- Trained lifestyle coaches
- Learn healthy lifestyle skills
- Offered in community locations
- Adherence to CDC quality standards



A Solution



“Bright Bodies” is an evidenced based copyrighted program for obese children. In weekly sessions it focuses on nutrition education, exercise and supported behavior modification within a family context.



- Mothers with pre-diabetes and their children
- Parallel exercise & nutrition/lifestyle coaching programs
- 16-week program held 3 evenings/wk at local elementary school

Carrots grown by some participants from the
DPP Intensive Lifestyle Program



Cooking demonstration with local chefs during the work and taste sessions 3 evenings a week



A regular temptation and invitation to taste the candies from the earth



Food shares distributed 3 evenings a week during scheduled work and cooking demonstration sessions





Offer Classes in different fitness programs



Encourage Fitness at early ages..







Teach children about healthy choices early on...



Walking Programs for children and adults



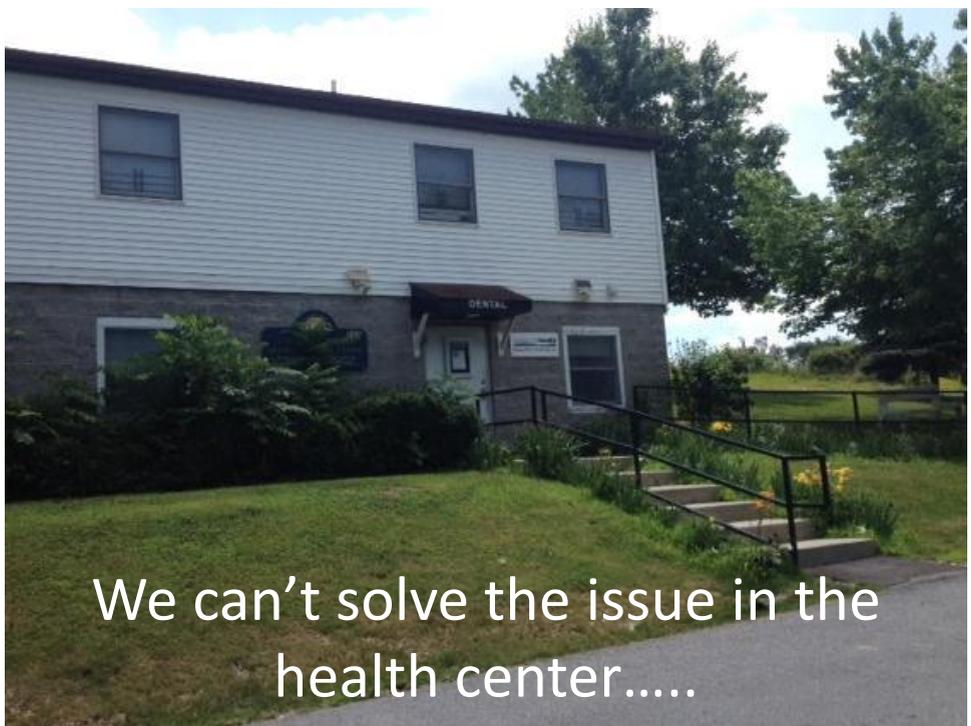
Be sure to offer healthy foods during programs. This can be a learning opportunity for the children!

Resources available through NDEP:

- **Download the Spanish Toolkit Materials**
- [Road to Health Toolkit User's Guide \(Spanish\)](#) (PDF, 698 kb)
- [Road to Health Toolkit Activity Guide \(Spanish\)](#) (PDF, 1.27 mb)
- [Road to Health Toolkit Resource Guide \(Spanish\)](#) (PDF, 816 kb)
- [Road to Health Toolkit Flipchart \(Spanish\)](#) (PDF, 6.25 mb)

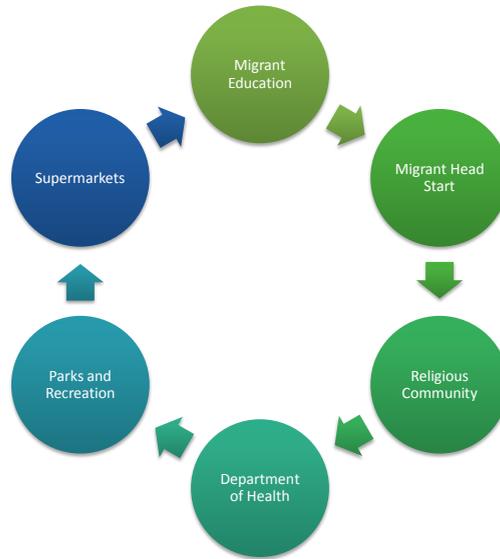
- [Road to Health: Barriers Quiz \(Spanish\)](#) (PDF, 74 kb)
- [Road to Health: City of Excuses \(Poster\)](#) (PDF, 999 kb)

- [Road to Health: Future Without Type 2 Diabetes Poster \(Spanish\)](#) (PDF, 682 kb)



We can't solve the issue in the health center.....

We need to work with Partners



Contact Us



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- 2 April 2
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- 3 April 23
TEN TIPS FOR CLINICAL OPERATIONAL REVIEWS
- 4 May 14
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- 5 June 5
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Thank You!