

# Power to Prevent



A Family Lifestyle Approach to Diabetes Prevention



---

# Foreword

## Diabetes and African Americans

Sometimes it seems as if everyone knows someone who is affected by diabetes. More than 1 in 9 African American adults have diabetes. African Americans are 1.8 times as likely to have diabetes as non-Hispanic whites of the same age<sup>1</sup>. Researchers estimate that if diabetes continues to increase at its current rate, 1 in 3 children born in the year 2000 will develop diabetes in their lifetime—unless something changes.

Diabetes can cause heart disease, stroke, kidney failure, lower-limb amputations, and blindness, but it doesn't have to. In many cases it is possible to prevent or delay type 2 diabetes in people at high risk. Scientists who conducted the Diabetes Prevention Program (DPP) study<sup>2</sup> found that people can prevent or delay type 2 diabetes by losing some weight (5–7 percent of their weight), eating a healthy diet (low fat, lower calorie), and increasing their physical activity. High-risk adults who participated in the study's "lifestyle modification" activities reduced their risk of developing type 2 diabetes by 58 percent; they lost 5 to 7 percent of their body weight (10–15 pounds for a person weighing 200 pounds) by eating a lower fat diet and having a modest, consistent increase in physical activity (e.g., walking 5 days per week, 30 minutes per day).

Dr. James R. Gavin III, past chair of the National Diabetes Education Program (NDEP) and former president of the American Diabetes Association, understands the burden diabetes has placed on the African American community. "Diabetes is a growing epidemic in our communities," notes Dr. Gavin. "If we are going to make a difference, we need to reach people where they live, work, and play." This new NDEP curriculum, *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention* was developed to help bring diabetes prevention and control to African American communities. The *Power to Prevent* curriculum is composed of 12 sessions that are designed to help people bring healthier habits into their lives to prevent diabetes. These same skills—eating more healthily and increasing physical activity—can also help people who have diabetes control the disease.



*Dr. James R. Gavin III*

This curriculum is a companion piece to the NDEP Small Steps. Big Rewards. Prevent Type 2 Diabetes campaign to help the African American community take steps to prevent or delay diabetes. Small Steps. Big Rewards includes tip sheets and booklets such as the GAME PLAN toolkit for diabetes prevention. The aim of the *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention* curriculum is to guide people in the use of these NDEP tools and to help them support one another in making changes toward a healthier lifestyle. By taking small steps to implement healthy lifestyle behaviors, African Americans can reap big rewards, such as delaying or preventing type 2 diabetes and its complications.

<sup>1</sup> Centers for Disease Control and Prevention. National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2004. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

<sup>2</sup> Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine* 2002 Feb; 346(6):393-403. <http://content.nejm.org/cgi/content/abstract/346/6/393>.

---

# Credits and Acknowledgments

## NDEP African American/African Ancestry Work Group

*James Black, D.D.S.*  
100 Black Men of America

*Janet O. Brown-Friday (Vice-Chair),  
R.N., M.S.N., M.P.H.*  
Albert Einstein College of Medicine

*Mary Clarke, M.Ed (Immediate Past Chair)*  
The Links, Incorporated

*Elvan Catherine Daniels, M.D.*  
National Center for Primary Care  
Morehouse School of Medicine

*Caswell Evans, D.D.S., M.P.H.*  
University of Illinois at Chicago

*Thomas Joyce, M.A.*  
Ohio Department of Health

*Sandra Goodridge, M.S., M.A.*  
National Urban League

*Clifton Mitchell*  
Center for Substance Abuse Treatment

*Magon M. Mbadugha, M.S., R.D., L.D.*  
Diabetes Prevention and Control Program

*Sara Lomax Reese, M.S.*  
Health Quest Magazine

*Victor Sutton, M.P.P.A*  
Mississippi State Department of Health

*Gladys Gary Vaughn, Ph.D. (Chair)*  
U.S. Department of Agriculture

## NDEP Staff

*Jane Kelly, M.D., Director*  
*Sabrina Harper, M.S.*  
*Shirl Ellis, B.H.S.*  
*Michelle Owens, Ph.D.*  
*Quanza Brooks-Griffin*  
National Diabetes Education Program  
Division of Diabetes Translation  
Centers for Disease Control and Prevention

*Joanne Gallivan, M.S., R.D., Director*  
*TaWanna Berry, M.A*  
*Rachel Weinstein, M.Ed.*  
National Diabetes Education Program  
National Institute of Diabetes and Digestive and  
Kidney Diseases  
National Institutes of Health

*Roberto Noriega, M.S.*  
*Barbara Murray, M.Ed.*  
*Meeka Jackson, M.A.*  
American Institutes for Research

*Mike Greenwell*  
*Angie Ryan*  
*Lisa Douglas*  
*Lisa Lake*  
Fleishman-Hillard

*Shari Curtis, B.A.*  
*Jasmine Henderson*  
Hager Sharp

*Nicola Dawkins, Ph.D.*  
ORC Macro

---

# Introduction

## Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention

**C**ongratulations! By participating as a leader of the *Power to Prevent* program, you have taken the first step to improve the health of people in your community.

This program is designed to encourage African Americans at increased risk for type 2 diabetes to become more physically active and to eat more healthful foods as a way to prevent or delay the disease. . People with diabetes can also benefit from the program by learning skills that will help them control their blood glucose (sugar) levels.

The curriculum presented in this manual is made up of multiple sessions that can help informal groups and organizations plan, promote, start up, conduct, and evaluate activities that help individuals and families make good nutrition and physical activity part of their daily lives. Included in the manual are health tips, resources, and suggestions for activities that are simple and fun for just one person or for the whole family.

The *Power to Prevent* manual will guide you in conducting the program in your community. The manual contains the following sections:

- **Program Leader's Guide.** This section provides all of the information that leaders will need to prepare the sessions of the curriculum. It is packed with great ideas for all levels of interests and gives step-by-step, easy-to-read instructions to help you develop a program that best reaches your target audience.
- **Group Participants' Guide.** This section gives participants an overview of the program. It should be copied and distributed to members of your group.
- **Learning Sessions: Lesson Plans for Session Leaders.** This section contains lesson plans that give leaders step-by-step guidance for each of the 12 sessions.
- **Appendices,** composed of multiple appendices that contain materials to be used in individual sessions or that describe materials to be ordered. Many of the educational tools needed for the sessions are also available on the CD-ROM that accompanies this manual. Some can also be downloaded from the Internet or ordered by phone, mail, or fax. Small quantities of the materials are available at no cost or for a small shipping and handling fee.

The best way to begin is to read through all of the sections of the manual to gain a general understanding of the program. Later, when you know more about the people in your group and their reasons for taking part in the program, you can tailor the sessions to fit your group's needs.

---

# Table of Contents

Foreword.....	1
Credits and Acknowledgements .....	2
Introduction .....	3
Appendix Materials and Resources Table.....	6
Additional Resources .....	8
Program Leader’s Guide .....	PLG-1
Group Participants’ Guide .....	Grp Guide 1
Learning Sessions	
Session 1 – Introduction to Power To Prevent .....	Sesn 1-1
Session 2 – Small Steps Lead To Big Rewards .....	Sesn 2-1
Session 3 – Strategies for Healthy Eating .....	Sesn 3-1
Session 4 – Physical Activity: Get Moving Today.....	Sesn 4-1
Session 5 – Make Healthy Food Choices One Day At A Time.....	Sesn 5-1
Session 6 – Diabetes Overview Part 1 .....	Sesn 6-1
Diabetes Overview Part 2 .....	Sesn 6-9
Diabetes Overview Part 3 .....	Sesn 6-13
Session 7 – Physical Activity for Families.....	Sesn 7-1
Session 8 – Portion Size.....	Sesn 8-1
Session 9 – Navigating Around Eating Out .....	Sesn 9-1
Session 10 – Partner With Your Health Care Provider .....	Sesn 10-1
Session 11 – Get Your Family and Friends Involved .....	Sesn 11-1
Session 12 – Celebrate Big Rewards.....	Sesn 12-1



# Appendices

Appendix A:	Tips for Developing Your Media Kit . . . . .	Appendix - 3
	Sample Letter to Potential Partners . . . . .	Appendix - 3
	Diabetes Detection Initiative risk test* . . . . .	CD only
Appendix B:	Sample Public Service Announcement (PSA) . . . . .	Appendix - 5
Appendix C:	Sample Volunteer Thank You Letter . . . . .	7
Appendix D:	Sample Newsletter Article . . . . .	9
Appendix E:	Partnership Organizations . . . . .	11
Appendix F:	Tips from the National Diabetes Education Program (NDEP) Diabetes Community Partnership Guide . . . . .	15
Appendix G:	Troubleshooting for Program Leaders . . . . .	21
Appendix H:	Motivational Quotes . . . . .	25
Appendix I:	Sign-In and Contact Form . . . . .	27
Appendix J:	GAME PLAN Food and Activity Tracker* . . . . .	29
Appendix K:	Weekly Pledge . . . . .	31
Appendix L:	Individual Progress Chart . . . . .	33
Appendix M:	Pre- and Post-Session Questionnaires . . . . .	35
Appendix N:	Read the Food Label to Choose Foods Lower in Fat* . . . . .	63
Appendix O:	Empower Yourself! Learn Your Cholesterol Number* . . . . .	67
Appendix P:	Your GAME PLAN for Preventing Type 2 Diabetes* . . . . .	69
Appendix Q:	Energize Yourself! Stay Physically Active* . . . . .	71
Appendix R:	Blood Sugar Testing: The Power to Control Diabetes Is in Your Hands* . . . . .	73
Appendix S:	Feet Can Last a Lifetime* . . . . .	75
Appendix T:	Portion Distortion Quiz and the Plate Method* . . . . .	77
Appendix U:	Why Exercise is Important for People with Diabetes . . . . .	79
Appendix V:	Four Keys to Healthy Eating Out . . . . .	81
Appendix W:	Solving the Problem of Buffets and Receptions . . . . .	83
Appendix X:	4 Steps to Control Your Diabetes For Life* . . . . .	85
Appendix Y:	Coping with Bad Feelings . . . . .	87
Appendix Z:	Stress . . . . .	93
Appendix AA:	Talk Back to Negative Thoughts . . . . .	95
Appendix AB:	Be Smart About Your Heart. Control the ABCs of Diabetes* . . . . .	97
Appendix AC:	Heart-Healthy Home Cooking: African American Style* . . . . .	99
Appendix AD:	National Diabetes Education Program Publications & Resources and Order Form* . . . . .	101
Appendix AE:	References . . . . .	113

\*Included on accompanying CD-ROM

# Appendix Materials and Resources

This table shows at a glance the materials you will need to photocopy, order, or download before conducting each session.

Session No.	Appendix Materials and Resources	Where to Find These Items	Quantity Needed per Participant
<b>Pre-session Preparation</b>	NDEP Publications & Resources and Order Form	Appendix AC: NDEP Publications & Resources and Order Form <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	As needed
	Tips for Developing Your Media Kit and Sample Letter to Potential Partners	Appendix A*	As needed
	Sample Public Service Announcement	Appendix B	As needed
	Sample Volunteer Thank You Letter	Appendix C	As needed
	Sample Newsletter Article	Appendix D	As needed
	Partnership Organizations	Appendix E	As needed
	Tips from the NDEP Diabetes Community Partnership Guide	Appendix F	As needed
	Troubleshooting for Program Leaders	Appendix G	As needed
	Stickers for the Individual Progress Chart.	Purchase stickers on your own at a local grocery, office supply, or stationery store. Stickers do not need to be exactly the same as the examples used here.	As needed
1	Sign-In and Contact Form	Appendix I.	1
	GAME PLAN Food and Activity Tracker	Appendix J*: Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	12 (1 at every session)
	Weekly Pledge	Appendix K: Copy from appendix	12 (1 at every session)
	Individual Progress Chart	Appendix L: Copy from appendix	1
	Evaluation Tools (various questionnaires)	Appendix M: Copy questionnaires from appendix as needed for various sessions	1 of each questionnaire
2	<i>More Than 50 Ways to Prevent Diabetes</i> campaign materials	Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1 copy to post in meeting room
3	Read the Food Label to Choose Foods Lower in Fat, Saturated Fat and Cholesterol	Appendix N*: Copy from appendix	1
	Empower Yourself! Learn Your Cholesterol Number	Appendix O*: Download individually or order as part of a 7-booklet series from <a href="http://www.nhlbi.nih.gov/health/index.htm">www.nhlbi.nih.gov/health/index.htm</a>	1
4	Small Steps. Big Rewards. Your GAME PLAN for Preventing Type 2 Diabetes—Information for Patients* booklet * This 4-booklet package includes a helpful GAME PLAN Fat and Calorie counter. The counter can also be downloaded separately.	Appendix P*: Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1
	Why Exercise Is Important for People with Diabetes	Appendix U: Copy from appendix	1
	Feet Can Last a Lifetime	Appendix S*: Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1

Session No.	Appendix Materials and Resources	Where to Find These Items	Quantity Needed per Participant
5	Resource: Recipe and Meal Planner Guide	Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a> or print from accompanying CD	1
6	Resource: 7 Principles for Controlling Your Diabetes. For Life.	Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1
	Be Smart About Your Heart. Control the ABCs of Diabetes.	Appendix AA*: Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1
	Blood Sugar Testing: The Power to Control Diabetes Is in Your Hands	Appendix R*: Download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1
7	Energize Yourself! Stay Physically Active	Appendix Q*: Download individually or order as part of a 7-booklet series from <a href="http://www.nhlbi.nih.gov/health/index.htm">www.nhlbi.nih.gov/health/index.htm</a>	1
	Resource: 101 Tips for Family Fitness Fun	Order brochure online at <a href="http://www.aahperd.org/naspe/">www.aahperd.org/naspe/</a> or call 1-800-321-0789 (small charge)	1
8	The Plate Method	Appendix T*: Copy from appendix or download from <a href="http://www.diabetes.org/all-about-diabetes/chan_eng/i3/i3p4.htm">http://www.diabetes.org/all-about-diabetes/chan_eng/i3/i3p4.htm</a>	1
	Portion Distortion quiz and answers, Parts I and II	Download from the National Institutes of Health, National Heart, Lung, and Blood Institute Web site <a href="http://hin.nhlbi.nih.gov/portion/">http://hin.nhlbi.nih.gov/portion/</a>	1
9	Four Keys to Healthy Eating Out	Appendix V: Print from CD-ROM, copy from appendix or download from the Diabetes Prevention Program Web site <a href="http://www.bsc.gwu.edu/dpp/lifestyle/apndxa.pdf">www.bsc.gwu.edu/dpp/lifestyle/apndxa.pdf</a>	1
	Solving the Problem of Buffets and Receptions	Appendix W: Copy from appendix or CD-ROM	1
10	4 Steps to Control Your Diabetes for Life	Appendix X* Print from CD-ROM , download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1
11	Coping with Bad Feelings	Appendix Y: Copy from appendix.	1
	Stress	Appendix Z: Copy from appendix.	1
	Talk Back to Negative Thoughts	Appendix AA*: Copy from appendix or download from the Diabetes Prevention Program Web site <a href="http://www.bsc.gwu.edu/dpp/lifestyle/dpp_part.htm">www.bsc.gwu.edu/dpp/lifestyle/dpp_part.htm</a>	1
	<i>Dealing with the Ups and Downs of Diabetes and Tips for Helping a Person with Diabetes</i>	Appendix X*: Print from CD-ROM, download or order from <a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>	1
12	Heart-Healthy Cooking: African American Style	Appendix AC*: Print from CD-ROM, download or order from the National Institute of Health, National Heart, Lung, and Blood Institute Web site <a href="http://www.nhlbi.nih.gov/health/index.htm">www.nhlbi.nih.gov/health/index.htm</a>	1

\* Files available on the accompanying CD-ROM\_



---

# Additional Resources for Program Leaders and Participants

The National Diabetes Education Program's African American/African Ancestry Work Group developed the following list of additional resources based on its experiences in working with people who have diabetes and with the African American community. This list is not comprehensive; it is simply a place to begin. There are many other excellent resources. The resources listed below were chosen because they were used in the creation of the Health Plate/Healthy Weight curriculum.

NOTE: This information on non-federal, for-profit organizations is provided solely as a service to our readers. These examples do not constitute an endorsement of any organization by NDEP or the federal government, and none should be inferred. The NDEP is not responsible for the content of the Web pages found at these individual organizations' links.

## *Publications*

- *Black Pearls. Daily Meditations, Affirmations, and Inspirations for African Americans.* Eric V. Copage. Publisher: Amistad ISBN-10: 0688122914. This book contains inspirational sayings specifically designed for the African American audience. The affirmation statements included in the *Power to Prevent* curriculum were adapted from this source. You can order this and other books from online book stores such as [www.Amazon.com](http://www.Amazon.com) unless otherwise indicated below.
- *Children's Tip Sheets (Be Active; Stay at a Healthy Weight; Eat Healthy Foods; What Is Diabetes; and Lower Your Risk for Type 2 Diabetes).* National Diabetes Education Program (NDEP). The Children's Tip Sheets are available in English and in Spanish and can be helpful if you have children, teens, or parents in your sessions. Download from [www.ndep.nih.gov](http://www.ndep.nih.gov), or order by calling 1-800-438-5383.
- *Meditations on Diabetes. Strengthening Your Spirit in Every Season.* Catherine Feste. 1999. American Diabetes Association. Affirmation statements included in the curriculum were adapted from this source. Purchase by calling 1-800-232-3472, or visit [www.diabetes.org](http://www.diabetes.org)
- *Move It! and Reduce Your Risk of Type 2 Diabetes. National Diabetes Education Program.* *Move It!* is a kit for promoting physical activity among American Indian/Alaska Native (AI/AN) youth. The kit features posters of AI/AN youth engaging in fun physical activity and information on how schools and communities have used the materials to promote diabetes prevention. The photos in the poster can be changed to adapt it to local needs. Download the kit from [www.ndep.nih.gov](http://www.ndep.nih.gov), or order by calling 1-800-438-5383. You can also order the kit from the Association of American Indian Physicians at 1-877-943-4299, or download it from <http://www.aaip.com/diabetes/ndepaicampaigns.html>.
- *The Power to Control Diabetes Is in Your Hands Community Outreach Kit.* National Diabetes Education Program (NDEP). This NDEP resource kit provides information on diabetes and older adults and suggestions on how to promote the Power to Control campaign with ideas for educational activities, media events, and promotional campaigns (updated 10/05). Download from [http://ndep.nih.gov/diabetes/pubs/Power\\_Comm\\_Kit.pdf](http://ndep.nih.gov/diabetes/pubs/Power_Comm_Kit.pdf), or order by calling 1-800-438-5383.

## *Educational Curricula and Toolkits*

- *Diabetes Prevention Program (DPP) Lifestyle Intervention curriculum.* *Power to Prevent* is based on the factors that proved successful in the DPP: preventing or delaying the onset of type 2 diabetes by moderate weight loss achieved through eating a lower calorie diet and increasing physical activity. The lifestyle intervention of the DPP employed case managers who supported participants in setting personal goals, focusing on short-term and long-term outcomes, and learning behavior changes regarding food and activity. The DPP principles of goal setting, monitoring, being accountable to a support group or case manager, and taking small steps that add up to long-term changes form the basis for the *Power to Prevent* curriculum. Download from [www.bsc.gwu.edu/dpp/lifestyle/dpp\\_acor.html](http://www.bsc.gwu.edu/dpp/lifestyle/dpp_acor.html).
- *Honoring the Gift of Heart Health: A Heart Health Educator's Manual for American Indians.* National Institutes of Health, National Heart, Lung, and Blood Institute. This guide was designed specifically for educators working with American Indian/Alaska Native communities but has basic information promoting healthy lifestyles for heart health that can benefit everyone. Download from [www.nhlbi.nih.gov/health/prof/heart/other/aian\\_manual/](http://www.nhlbi.nih.gov/health/prof/heart/other/aian_manual/).
- *Making Health Communication Programs Work: A Planner's Guide.* This handbook presents key principles and steps in developing and evaluating health communication programs for the public, patients, and health professionals. The guide discusses specific steps in program development and includes examples of their use, including information on how to engage organizational partners. Sources of additional information on each subject are included at the end of the chapters. Download from <http://cancer.gov/pinkbook>.
- *New Beginnings: A Discussion Guide for Living Well with Diabetes.* National Diabetes Education Program (NDEP). *New Beginnings* is a facilitator's guide for leading discussions in small groups or at larger community events on the themes brought out in the film *The Debilitator*, a 30-minute story of an African American man who experiences a "wake-up call" to take better care of his diabetes. Download from [www.ndep.nih.gov](http://www.ndep.nih.gov), or order by calling 1-800-438-5383. The discussion guide is free from NDEP, but the film must be purchased (\$25 at this printing) from the filmmaker by contacting <http://www.millenniumfilmworksinc.com>.
- *Sisters Together: Move More, Eat Better.* National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. This curriculum is designed to help African American women gain skills in changing behavior to a healthier lifestyle with increased physical activity and healthier food choices. Download from <http://win.niddk.nih.gov/sisters/index.htm>, or call 1-877-946-4627.
- *The Road to Health/El Camino Hacia La Buena Salud.* National Diabetes Education Program (NDEP). The Road to Health toolkit will be available from the National Diabetes Education Program (NDEP) in early 2008. This multicomponent kit was developed to show community health workers and lay educators how to bring the message of primary diabetes prevention to people in their community. The kit contains a flipchart (available in English and in Spanish) that carries the message that diabetes prevention can be aided by moderate weight loss, healthy eating, and increased physical activity. The kit also includes an Activities Guide, a Resources Guide, a music CD and video promoting physical activity, a CD-ROM with handouts and Power Point presentations, a User's Guide, and more.
- *Trainer's Guide for Cancer Education.* National Cancer Institute. This manual is an additional resource for program leaders. Its focus is on cancer education, but it offers excellent advice on facilitating discussion and organizing educational sessions. Download from [www.cancer.gov/clinicaltrials/resources/trainers-guide-cancer-education](http://www.cancer.gov/clinicaltrials/resources/trainers-guide-cancer-education), or order by calling 1-800-422-6237.

## Organizations

- **Black Women's Health Imperative** [www.blackwomenshealth.org](http://www.blackwomenshealth.org)

The aim of the Black Women's Health Imperative (BWHI) project is to reach women in 48 church congregations across 12 states. The BWHI is partnering with Women's Missionary Societies, African Methodist Episcopal and African Methodist Episcopal Zion churches. The BWHI is planning to implement the Health-Wise Women Project, a diabetes education, prevention, and health empowerment program. The Health-Wise Women Project seeks to enhance knowledge, change attitudes, foster blood sugar level compliance, promote regular physical activity, and establish healthier weight among African American women aged 40 to 60 years with diabetes risk factors. This organization was formerly known as the National Black Women's Health Project.

- **National Medical Association** [www.nmanet.org](http://www.nmanet.org) The program purpose of the National Medical Association (NMA) is to strengthen its capacity to reduce the disproportionate burden of diabetes among African Americans through awareness, education, diet, nutrition, and exercise programs consistent with the Healthy People 2010 focus area of diabetes. The NMA is developing diabetes coalitions within its regions, composed of State Diabetes Prevention and Control Programs, Historically Black Colleges and Universities (HBCU), project participants, Baptist churches, community-based organizations, and other health providers. The coalitions will be in Atlanta, Georgia; Nashville, Tennessee; New Orleans, Louisiana; Washington, D.C.; Los Angeles, California; and Tallahassee, Florida.

- **The Association of Black Cardiologists** [www.abcardio.org](http://www.abcardio.org) The Association of Black Cardiologists (ABC) has developed materials for community health advocates focused on heart disease and stroke prevention that promote many of the same healthy behaviors for diabetes prevention. Visit <http://www.abcardio.org/lay.htm> for more information, or call 1-800-753-9222. ABC has also created a program designed to address obesity in children through education about proper nutrition and the importance of daily physical activity: the "ABC's of Nutrition and Exercise." Visit <http://www.abcardio.org/nutrition.htm>, or call 1-800-753-9222.

## Media Promotion

- Many magazines (e.g., Heart and Soul, <http://www.heartandsoul.com/home.aspx>) and Internet sites (e.g., BET, <http://www.bet.com/>) also promote making healthy lifestyle changes by providing information and tips specifically targeting African Americans.

---

# Program Leader's Guide

## Overview for Program Leaders

Welcome! As a program leader for *Power to Prevent*, a diabetes prevention program aimed at African Americans at increased risk for diabetes, you have the opportunity to affect your community by helping people make healthy changes in their lives.

This curriculum provides resources and activities that can help people enjoy a way of life that includes healthy eating and increased physical activity. It is designed to give people who want to adopt healthier habits a range of useful information to support their personal decisions to change their lifestyles. The program provides information on diabetes prevention; ideas for tasty and healthy eating; tools for making changes one step at a time; and suggestions for physical activities that are within reach, easy to do, relaxing, and fun.

### *The Role of the Program Leader*

As a *Power to Prevent* program leader, your role is to encourage all group members to participate in activities during each of the 12 sessions of the program. Ideas and activities for encouragement, found in each session of the *Power to Prevent* curriculum, include:

- Helping people to review their goals, to record their food intake and activity level, and to set new goals in each session
- Leading troubleshooting discussions
- Helping people help themselves by asking motivating questions
- Rewarding any progress
- Offering a helping hand to those who are struggling to meet their goals

You do not need to be a diabetes expert to lead these sessions. The purpose of the program is to help participants support one another in behavior change, not to give them specific information about diabetes. You do need some basic knowledge of healthy eating and physical activity. Basic information on these topics is provided in this curriculum, but you may decide that you need more help. If you are not sure how to answer group members' questions, then say so. Tell them that you will find the answers and will report back during the next session. For certain sessions, it is recommended that you invite a diabetes educator, dietitian, or health care provider to help provide information and to answer questions. You may also consider helping with questions by referring participants to the resources listed earlier in this section.

NOTE: The *Power to Prevent* program does NOT replace individual counseling with a dietitian and cannot substitute for sessions with a diabetes educator for people with diabetes.

The National Diabetes Education Program (NDEP) strongly recommends that you arrange for a health care provider or diabetes educator to be available during certain sessions (especially Session 6, Parts 1–3, and Session 10) to answer any medical questions that may arise.

As a program leader, you are in charge of making sure that the sessions start and end on time and that you have all the materials and items you need for the group. A list is included on page 6 and 7

in the Forward/Introduction section to help you. You need to order materials at least 6 weeks before the first session to make sure that they arrive in time. All of the NDEP materials are included on the accompanying CD-ROM for your convenience.

## *A Word About Evaluation*

Once you have begun conducting the program, you will want to know what effect it is having. You will no doubt want answers to the following questions: How can I tell if my program is working? How can participants tell if they are making progress? How can my sponsoring organization show that its activities are effective? In a word: evaluation.

Don't let the word "evaluation" scare you. Your evaluation process does not need to be rigid; progress can be defined and measured in many ways. Evaluation can help you assess general reactions to your program so that you can modify the format or activities to meet participants' needs. The NDEP developed evaluation tools specifically for *Power to Prevent* when the curriculum was pilot-tested. A set of evaluation questionnaires, revised after pilot-testing, is provided as part of the curriculum. Each questionnaire is designed to test knowledge, attitudes, and confidence about behavior change around the specific topics covered in a particular session. You can use the participants' responses on the questionnaires for one session to help you plan the next session. For example, if the evaluation questionnaires show little progress in knowledge and confidence, you may want to have participants review particular concepts or practice certain skills. Photocopying the evaluations and returning them to the participants will help them view their progress. They will see how far they have come in expanding their knowledge and in changing their attitudes and behaviors.

If your *Power to Prevent* sessions are sponsored by an organization, reporting the answers collected by these evaluation tools may help demonstrate the value of these sessions or may uncover some valuable "lessons learned." This feedback may help you and the sponsoring organization improve the program. The evaluation data may also be useful in requesting financial support or donations of materials for future programs.

## **Contents of this Guide**

This program leaders' guide is provided to help you feel more comfortable with starting and conducting a *Power to Prevent* program for individuals and families in your community and to "walk you through" each step. Six general topics are covered:

### *Sessions Snapshot*

The Sessions Snapshot section of this guide explains the concept "Small Steps. Big Rewards," which is the central theme of the *Power to Prevent* program. It lists the sessions and includes general information about them.

### *Program Preparation*

The Program Preparation section gives suggestions for identifying the target audience for your program and for locating potential community partners who can support your efforts. It also lists resources for how to use the media to promote your program.



## *Session Preparation*

The Session Preparation section explains the basic steps to take to prepare for each session, such as securing incentives, reserving a meeting space, and ordering materials.

## *Tips for Leading Group Discussions*

The Tips section gives program leaders advice on matters such as keeping discussions on track and reinforcing new behaviors. It also gives information on guest instructors and optional activities for the sessions.

## *Lesson Plan Components*

The Lesson Plan Components section provides detailed information on how to conduct each of the 12 sessions.

## *Evaluation and Progress Tools*

The Evaluation and Progress Tools section explains the tools that will help you and the group members track their progress over the course of the program. For your convenience, pre- and post-session evaluation questionnaires are provided in Appendix M to help monitor participants' progress and to give you an idea of the needs and interests of the group. Use the feedback from the questionnaires to guide your preparation for sessions on similar topics. For example, because both Session 4 and Session 7 concern physical activity, you can review the Post-Session 4 Questionnaire responses when planning for Session 7.

# Sessions Snapshot

## *Overall Concept: “Small Steps. Big Rewards.”*

The central theme of *Power to Prevent* is that small steps lead to big rewards. The Diabetes Prevention Program (DPP) study showed that people at high risk for diabetes can prevent or delay the onset of the disease by losing only 5 to 7 percent of their body weight. The DPP study participants were able to lose this weight by eating lower fat, lower calorie foods and getting 30 minutes of physical activity 5 days a week. Many of the tools used in this curriculum, such as the NDEP GAME PLAN Food and Activity Tracker were adapted from tools used in the DPP study. You may have participants in your group who already have diabetes. It is important to make them feel included by explaining that the healthy eating and physical activity skills they will learn in this program can help them manage their diabetes. You can read more about the DPP study at <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/index.htm>

## **NDEP GAME PLAN**

### **Food and Activity Tracker:**

*A Key Tool in the Power to Prevent Program*

Being overweight increases your risk of developing diabetes. In the DPP, overweight people reduced their risk by losing weight. One weight loss technique used in the DPP was to ask participants to write down everything they ate and drank, and then figure out how many calories and fat grams they had consumed. They also wrote down the type of physical activity they performed and for how many minutes. You can use the NDEP GAME PLAN Food and Activity Tracker, adapted from the DPP study, to teach people to record their food and drink intake and the time they spend on physical activity. Make copies of the tracker and ask participants to carry the tracker with them in a purse or pocket. Keeping track of progress will help an overweight person reach his or her weight loss goal.

The NDEP GAME PLAN Food and Activity Tracker and Fat and Calorie Counter (a reference book for many commonly eaten food) can be found in the accompanying CD-ROM or online at <http://www.ndep.nih.gov/diabetes/prev/prevention.htm> Trackers can also be ordered from the NDEP using the NDEP Publications Order Form in Appendix AC

## Individual Sessions

The program consists of 12 sessions. Session 6 (Diabetes Overview, Parts 1–3) can be conducted in a single session or divided into 3 sessions (bringing the total to 14 sessions), depending on the needs and interests of the group. The session titles and their learning objectives are shown in the following table:

Session No. and Title	Learning Objectives At the end of this session, participants will be able to:
<b>Session 1</b> <i>Introduction to Power to Prevent</i>	<ul style="list-style-type: none"> <li>■ Describe the goals of the <i>Power to Prevent</i> program</li> <li>■ Describe the impact that small steps can have in preventing or delaying progression to type 2 diabetes and in controlling diabetes</li> <li>■ Use tools to help take small steps in food choices and in physical activity levels</li> </ul>
<b>Session 2</b> <i>Small Steps Lead to Big Rewards</i>	<ul style="list-style-type: none"> <li>■ Identify small steps that can lead to big rewards</li> <li>■ Explain that there are more than 50 ways to prevent diabetes</li> <li>■ Use tools to help take small steps in food choices and in physical activity levels</li> </ul>
<b>Session 3</b> <i>Strategies for Healthy Eating</i>	<ul style="list-style-type: none"> <li>■ Describe the importance of choosing more healthful foods</li> <li>■ Identify more healthful foods by reading food labels</li> <li>■ Choose to incorporate healthier eating into daily routines</li> </ul>
<b>Session 4</b> <i>Physical Activity—Get Moving Today</i>	<ul style="list-style-type: none"> <li>■ Explain why physical activity is important for helping people with diabetes control their blood glucose levels, for preventing or delaying diabetes in those at high risk for the disease, and for helping everyone maintain a healthy weight</li> <li>■ Describe easy ways to add physical activity to your daily routine</li> <li>■ OPTIONAL: Identify correct footwear and proper foot care for people with diabetes</li> </ul>
<b>Session 5</b> <i>Make Healthy Food Choices One Day at a Time</i>	<ul style="list-style-type: none"> <li>■ Incorporate healthy eating into daily routines</li> <li>■ Substitute more healthful foods for less healthful foods</li> </ul>
<b>Session 6</b> <i>Diabetes Overview Part 1</i>	<ul style="list-style-type: none"> <li>■ Identify the different types of diabetes</li> <li>■ List risk factors for diabetes</li> <li>■ Describe signs and symptoms of diabetes</li> <li>■ Identify complications that can occur from having diabetes</li> <li>■ Describe what people can do to manage diabetes or, if most the participants in the session do not have diabetes, what they can do to support people who have diabetes</li> </ul>
<b>Session 6</b> <i>Diabetes Overview Part 2</i>	<ul style="list-style-type: none"> <li>■ List the ABCs of diabetes control (A1C, blood pressure, and cholesterol)</li> <li>■ Discuss why controlling the ABCs is important</li> <li>■ List steps to achieving healthier ABC levels</li> </ul>
<b>Session 6</b> <i>Diabetes Overview Part 3</i>	<ul style="list-style-type: none"> <li>■ Explain why controlling diabetes is important</li> <li>■ List circumstances that can affect blood sugar levels</li> <li>■ Describe the basics of Medicare coverage related to diabetes equipment and supplies</li> </ul>
<b>Session 7</b> <i>Physical Activity for Families</i>	<ul style="list-style-type: none"> <li>■ Identify ways to stay physically active</li> <li>■ Identify ways to partner with family and friends for physical activity</li> </ul>
<b>Session 8</b> <i>Portion Size</i>	<ul style="list-style-type: none"> <li>■ Identify the difference between “portion” and “serving”</li> <li>■ Describe the Plate Method for controlling portion size</li> <li>■ Discuss the relationship between how much you eat (portion size) and how much energy you use (physical activity)</li> </ul>
<b>Session 9</b> <i>Navigating Around Eating Out</i>	<ul style="list-style-type: none"> <li>■ Identify the four keys to healthy eating out</li> <li>■ Apply the four keys to healthy eating out</li> <li>■ Describe methods to control overeating at buffets or receptions</li> </ul>

Session No. and Title	Learning Objectives At the end of this session, participants will be able to:
<b>Session 10</b> <i>Partner with Your Health Care Provider</i>	<ul style="list-style-type: none"> <li>■ State the questions that a person with diabetes should ask a health provider and how to ask them</li> <li>■ List the goal levels for A1C, blood pressure, and cholesterol</li> </ul>
<b>Session 11</b> <i>Get Your Family and Friends Involved</i>	<ul style="list-style-type: none"> <li>■ Recognize negative feelings and stress</li> <li>■ Cope with feelings and stress in a positive way, especially by involving others</li> <li>■ Change negative thoughts into positive thoughts</li> </ul>
<b>Session 12</b> <i>Celebrate Big Rewards</i>	<ul style="list-style-type: none"> <li>■ Demonstrate how small steps have resulted in big rewards</li> <li>■ Describe the connection of healthy eating and increased physical activity to weight loss</li> </ul>

If possible, the first six sessions should be scheduled weekly to establish behavior changes; the next six sessions could then be scheduled monthly. New information and activities are introduced at each session, and every meeting presents an opportunity to review and reinforce new skills.

Experiences in the DPP study showed that the following recurrent activities are a key to success.

- Review of the GAME PLAN Food and Activity Tracker introduced in the first session
- Barrier Busters, in which the group brainstorms about challenges experienced since the last session.
- Making a Pledge (and reviewing the pledge made during the previous session), in which participants set a short-term, realistic personal goal by pledging to make at least one healthy change in food and/or physical activity habits before the next session.

**OPTIONAL:** Affirmation. Some groups find that a motivational quote or affirmation that participants can keep in mind or repeat to themselves between sessions helps them remain focused. Discussing the affirmation at the end of each session is optional. As program leader, you may prefer to not use the affirmations at all, to choose different motivational quotes, or to ask the group members to identify inspirational sayings that keep them going. A list of other motivational quotes that you might use is included in Appendix H.

**OPTIONAL:** Additional activities. Depending on the interests of the group, the amount of time available, your resources, and the feedback that you gather through group discussion and session questionnaires, you may want to offer additional activities. These extra learning opportunities can reinforce a message, build skills, and explore new options in healthy eating and increased physical activity. The additional activities suggested at the end of several sessions are selected to complement the core information and skills learned in that session but could be added to later sessions as well. Remember that these optional activities will take additional time (an estimated 30–60 minutes) and usually involve advance planning to arrange a guest instructor or field trip logistics.

**A further note about Session 6:** Depending on the interest of the group, Session 6: Diabetes Overview, Parts 1–3 can be given as a very broad, basic overview of diabetes in one meeting, or it can be conducted in three meetings to allow time for more in-depth discussion. This diabetes overview is scheduled as the sixth session for several reasons. The first five sessions, held weekly, are needed to establish behavior change patterns and group bonding. Knowledge alone does not lead to behavior change. The DPP study focused in the beginning on establishing habits of writing down food choices and the time spent on physical activity and also on making changes. Additional skills and facts to help support these habits came later. The NDEP recommends following this approach.

Because the *Power to Prevent* program is focused on diabetes prevention, not diabetes control, Session 6 is optional. By the fourth week of the program, you will have a better understanding of the needs and interests of your group. At the end of Session 4, you will be directed to ask if your group members would like to participate in optional Session 6 to learn more about diabetes. If yes, you will be directed to ask your group members if they want a broad overview (given in one 90-minute session) or whether they want to devote three meetings to learning more about diabetes.

In either case, Session 6 must be taught by a trained health care professional (e.g., a certified diabetes educator or physician).

## *Keys to Success*

Although the details for each session (presented later in this manual) are important, two tools are especially critical for success. Familiarize yourself with these NDEP tools now, because they are the keystones that will hold the sessions together and will allow participants to continue to maintain their successes when the *Power to Prevent* program ends. You have already read about the first tool, the GAME PLAN Food and Activity Tracker, which you will introduce in Session 1.

After your group members have begun to use the GAME PLAN Food and Activity Tracker to record what they eat and how physically active they are, you will introduce the second tool: the GAME PLAN Fat and Calorie Counter. This tool, which they will begin using in Session 3, will show them how to count how much fat and how many calories they have taken in. Many participants in the DPP study found that when they cut down on fat, they automatically cut down on calories; when they also increased their physical activity, they lost weight! Others found that focusing on fat consumption alone was not enough, and that they needed to count calories as well. We suggest you follow the DPP study and focus first on limiting fat grams eaten. People are often amazed when they count up the grams of fat they have eaten routinely.

### **GAME PLAN Fat and Calorie Counter**

Teach participants to use this booklet to look up the number of calories and fat grams in the foods and drinks that they consume each day. This fat and calorie counter lists hundreds of food items, including restaurant, ethnic, and regional foods.

## *Participants*

The more you understand about the people in your group, the better you will be able to help them reach their nutrition and physical activity goals and ultimately prevent or delay diabetes. If some people in your group already have diabetes, learning to make healthy food choices and to increase physical activity can help them with diabetes control. Your group may be multigenerational and family-based, they may all be friends from the same age group, or they may be strangers meeting for the first time. Never assume that “everyone knows” something. Always start from the basics to be sure that all participants can follow the discussion and the activities. Although it is awkward to ask about education and socioeconomic status, these factors can make a difference in your choice of handouts and activities. The Pre-Session 1 Questionnaire can help you identify your participants’ potential level of understanding. Pay attention to the reasons that people give for participating. Their spelling and choice of words can help guide you in choosing reading materials at an appropriate level. Avoid jargon or technical terms. Remember that people of all ages, literacy levels, or professions learn by doing and that all participants have something to offer the group regardless of their education or other background.



## *Session Duration*

Each session is designed to last about 90 to 120 minutes. Many of the sessions may be conducted more comfortably (less hurriedly, with more time for discussion) as 120-minute sessions, if your group can meet for this long. For example, allowing 120 minutes for Session 1 will ensure enough time for you to review materials and to have participants fill out the Pre-Session 1 Questionnaire. Also, you may add activities, extend a discussion, or schedule field trips that will prolong a session. All sessions should include at least a 5- to 10-minute stretch and activity break; 90-minute sessions should also have a 10-minute restroom break.

## *Participants' Materials*

It is important that you read the Group Participants' Guide in this manual thoroughly before leading a session. You should also read the handouts that the participants will be given during the sessions and the session lesson plans). As group leader, you need to know how to use the tracking tools, and you need to understand the instructions that you will be giving to the participants

# Program Preparation

## *Decide Whom You Want to Reach; Identify and Recruit Participants*

Before beginning a program, ask yourself: Why am I organizing this program? Is the organization for which I work trying to reach a particular community? Am I doing this as part of a family or faith-based group? Find out as much as you can about the people whom you are trying to attract to your program. To help identify the target audience for your program, talk with community members and find out what they perceive as their health needs.

Remember the key goal of this program is to identify people at increased risk for diabetes to help them learn behaviors that will help them lose weight and prevent or delay type 2 diabetes. How can you identify people at increased risk? You can start with the paper-and-pencil risk test in Appendix A: the Diabetes Detection Initiative Risk Test (DDI Risk Test). Create a flyer or run a newspaper ad using the DDI Risk test and inviting people who are at increased risk to come join your program. The *Power To Prevent* program was developed with African Americans in mind but could be used with any audience or a mixed ethnicity group.

As you decide which audience to target, consider issues such as formal education, occupation, and how hard the audience may be to reach. For example, if your target audience is composed of individuals with low education and reading levels, your organization must be prepared for low literacy needs. If you choose a hard-to-reach population (e.g., the homeless), consider whether you are able to provide the additional human resources that are often needed for follow-up or to deal with social services concerns. You should weigh these factors when you select your target audience. Remember that success depends not only on whom you want to reach, but also how well-equipped you are to reach them. Outreach and advertising ideas for your program will also depend on whom you are trying to attract. The approach will be different for younger or older adults or for a specific occupational segment (e.g., blue collar workers at a particular worksite, family units through a church group, or working mothers through a community newsletter).

Making Health Communication Programs Work: A Planner's Guide (available from <http://cancer.gov/pinkbook>) is a handbook developed by the National Cancer Institute that presents key

principles and steps in developing and evaluating health communication programs. Although this guide (also known as “The Pink Book”) was developed with health communication about cancer in mind, it can be of use to *Power to Prevent* program leaders because it discusses specific steps in program development, offers examples of their use, and includes information on how to engage organizational partners. Sources of additional information on each subject are included at the end of the handbook’s chapters.

## *Find Out How to Reach Your Audience*

Determine the best ways to reach your audience by talking to local clinic staff and to community leaders, such as religious leaders, social services staff, politicians, and school administrators.

## *Locate Your Audience*

Talk to people in the community to determine in which organizations, social clubs, or faith-based organizations they participate and where these groups meet. These and other local gathering places—such as beauty salons and barbershops, supermarkets, drug stores, laundromats, daycare centers, community health centers, senior centers, and recreation centers—are convenient locations for posting flyers to promote your *Power to Prevent* program. Another way to promote your program is to write an article for the community newspaper or to place a notice in church bulletins. A sample newsletter article can be found in Appendix D The NDEP Diabetes Community Partnership Guide (available at [www.ndep.nih.gov](http://www.ndep.nih.gov) or by calling 1-800-438-5383) has more suggestions for approaching community partners for posting flyers and for other support. Making Health Communication Programs Work: A Planner’s Guide (“The Pink Book,” available at <http://cancer.gov/pinkbook>) also offers additional suggestions regarding what to say when approaching partners.

Class size may be limited by the space in your facility or by your preference as a leader. The NDEP recommends limiting class size to 12 to 15 participants to facilitate discussion and to leave enough time for individual problem solving. If more than 15 people express interest, consider arranging for a second *Power to Prevent* group if resources permit, or refer people to other community resources. Recommend that persons who are looking for diabetes education classes, rather than a diabetes prevention group, ask their primary care provider to refer them to a certified diabetes educator.

## *Select Community Partners to Support Your Program*

Partnering with other community members and organizations can make your activities successful because they can help you to reach your target audience and can provide ideas and resources. Their involvement in *Power to Prevent* programming will encourage community participation, allow you to reach more members of your target audience, and give all partners a sense of ownership. A Sample Letter to Potential Partners, along with tips for developing a media kit for your program, is included in Appendix A. In Appendix B you will find a sample public service announcement (PSA). Once you have procured help for your program, you will want to thank your partners and sponsors. A sample thank you letter can be found in Appendix C.

The NDEP Diabetes Community Partnership Guide can tell you more about developing successful partnerships. Tips from the Diabetes Community Partnership Guide can be found in Appendix F.

# Session Preparation

As program leader, you will lead 12 sessions and will coordinate any of the optional activities in which you choose to have the group participate. Your first session is a critical time to discuss the reasons that people signed up for the program and to assess their current level of knowledge on diabetes prevention. Matching up the activities that you choose with the participants' goals will be the key to success. Ask yourself: Do most people want to learn more about diabetes prevention? Do they want to know how to help a friend or family member with diabetes?

This curriculum cannot replace sessions with a diabetes educator. Anyone who has come to the program expecting diabetes education classes should be redirected to a diabetes educator or to his or her health care provider. The *Power to Prevent* program guides participants in making changes that lead to healthier eating and to incorporating more physical activity into everyday life. Although people with diabetes can also benefit from these skills, the main purpose of the program is to promote diabetes prevention among those at high risk. Diabetes education classes teach diabetes self-management skills such as home blood glucose monitoring, sick day management, and prevention of diabetes complications. These important topics are NOT taught in the *Power to Prevent* curriculum.

The pilot testing of *Power to Prevent* showed that many participants want to know more about diabetes so that they can help friends and family who have the disease. Because participants in your program may also have this motivation, an optional session on diabetes (Session 6: Parts 1–3) can be conducted in one meeting or expanded over three meetings, depending on the groups' interest in learning more about diabetes. The information in Session 6, and in some other sessions (e.g., Session 10: Partner with Your Health Care Provider), is designed to help participants help others with diabetes.

Although you need not be an expert, it is helpful to have some background knowledge about diabetes. If you have the time and the ability to access the Internet, consider visiting [www.nlm.nih.gov/medlineplus/tutorials/diabetesintroduction/htm/index.htm](http://www.nlm.nih.gov/medlineplus/tutorials/diabetesintroduction/htm/index.htm). This interactive tutorial gives an overview of diabetes and the basic principles of diabetes care. If group participants are interested in learning more about diabetes, you can also assign this tutorial as optional homework after Session 6, Part 3. Most public libraries provide computers for Internet access at no cost or for a small user fee. The librarian can help those who are unfamiliar with using a computer.

Some basic steps to take to prepare for each session are outlined in the following sections.

## *Secure Incentives and Rewards for Participants*

Incentives and rewards help group participants feel better about themselves and help them take new actions. Incentives are a critical tool to help participants “try on” the idea of being physically active and eating better as a family or group. These items do not need to cost much or even anything at all. Ideas for incentives and rewards, adapted from the NDEP Diabetes Community Partnership Guide, can be found in Appendix F. The complete guide can be downloaded or ordered from [www.ndep.nih.gov](http://www.ndep.nih.gov) or obtained free of charge by calling 1-800-438-5383.

## *Reserve a Meeting Space*

Reserve a meeting space that will allow enough room for participants to sit comfortably and to move around during physical activity breaks. The space should ideally allow access to a refrigerator and kitchen area for some of the healthy eating sessions. Many churches and schools have meeting areas that suit these needs. A person's home may allow enough space for a small group. Reserve the meeting space for 15 sessions (rather than 12) in case some sessions need to be postponed, in case you feel the group would benefit from extra sessions for review, or in case the group decides to divide Session 6 into three meetings instead of one.

## *Download, Order, and Duplicate Materials*

Some materials need to be ordered in advance. Be sure to order materials at least 6 weeks before the start of the first session. Refer to the table Appendix Materials and Resources (Forward/Introduction section pages 6 and 7) for required materials for the sessions. A list of NDEP publications and resources with an order form is included in Appendix AC. NDEP materials can be ordered online or downloaded from [www.ndep.nih.gov/diabetes/pubs/catalog.htm](http://www.ndep.nih.gov/diabetes/pubs/catalog.htm). The following materials are also included on the accompanying CD-ROM for your convenience:

### **Appendix**

- A Diabetes Detection Initiative Risk Test
- J GAMEPLAN Food and Activity Tracker, Fat and Calorie counter and
- N Your Heart Your Life curriculum
- O Empower Yourself Learn Your Cholesterol Number
- P GP Info for Patients
- Q Energize Yourself Stay Physically Active
- R Power to Control is in Your Hands, Know Your Numbers
- S Feet Can Last a Lifetime
- T Portion Distortion Quiz
- X 4 Steps to Control Your Diabetes For Life.
- AB Be Smart About Your Heart
- AC Heart Healthy Home Cooking
- AD NDEP Publications and Ordering form

## *Materials and Preparation list*

At every session, you will need the materials listed below. Although the sessions are designed so that leaders incur minimal costs, be aware of the potential costs of acquiring or producing these materials. Suggestions for finding community partners who may donate photocopying services or materials are included in Appendix F. Any additional materials needed are listed in the "Preparing for the Session" section of each lesson plan.

- Flipchart, easel, markers, and tape
- Extra pens, pencils, and paper
- Purchased or donated stickers for the Individual Progress Chart
- Audiovisual equipment (e.g., TV, VCR, or overhead projector, as needed for optional activities)

- Refreshments and healthful snacks, if desired
- A ball, if you decide to use it for the activity portion of the sessions
- Pre- and post-session questionnaires (photocopy enough for each participant)
- CD or tape player with music for activities during the session

Be sure to bring your own copy of the NDEP GAME PLAN Food and Activity Tracker and the GAME PLAN Fat and Calorie Counter to each session as well. These materials have been described briefly in the section “Keys to Success” and are discussed more fully in the upcoming sections “Lesson Plan Components” and “Evaluation and Progress Tools.”

## *Distribute, Explain, and Collect Evaluation Tools*

See the upcoming section “Evaluation and Progress Tools” for detailed descriptions of each tool on page 19 of the Program Leaders Guide.

## *Tips for Leading Group Discussions*

Leading a group discussion is a very different skill from counseling a person one-on-one or teaching a class. Keep in mind that adults learn differently from children and that learning healthy behavior skills is different from learning facts. Getting people involved, making sessions interactive, and helping people find their own solutions to overcoming barriers are all important. Tips for facilitating group discussion and some pointers for troubleshooting can be found in Appendix G.

At the end of every session remember to ask for feedback on the session, and remind the group members of their “to-do” lists for the next session. Reinforce skills by encouraging participants to use the GAME PLAN Food and Activity Trackers, to focus on a realistic short-term goal to accomplish by the next session, and to practice the new skills that they have just learned in the session.

Use the information gathered in the pre- and post-session questionnaires distributed in Sessions 1, 3, 4, 5, 6, and 11 to identify problem areas or misunderstandings that need further discussion in the next sessions.

## *Optional Activities and Guest Instructors*

Read about the optional activities (most of which involve guest instructors) for each session before you begin leading the program. Before you select from the optional activities, you may wish to discuss them with the group. Even so, it is best to contact potential guest instructors several weeks ahead of time to learn of their availability.

Some guest instructors will volunteer time without compensation; others may expect an honorarium. Be clear on what you can and cannot offer before engaging the instructor.

Choose a tentative date and reconfirm it with the guest instructor later, after you have begun the program and have a better feel for the group. Call or send a reminder to guest instructors with directions to the meeting site a few days before the class. Well before the class, ask guest instructors if they have any special equipment needs, how much time they need for their presentation, and whether they will bring handouts (request enough for each person in the class plus a few extra). Be sure to keep a handout for your files. It may be helpful the next time you lead a session!



Remember to send a thank you note to the guest instructor after the class. Perhaps ask the group to write some comments on what they learned from him or her or what they liked the most about the session, and send those comments with your thank you letter.

## *Lesson Plan Components*

Lesson plans are included for all 12 sessions of the program. Each session's lesson plan is divided into sections: 1) Preparing for the Session; 2) Conducting the Session; and, in some cases, 3) Optional Activities. Each section is identified with an icon.

## **Preparing for the Session**

The following topics on preparing for the session are covered in each of the lesson plans.

### *Learning Objectives*

Learning objectives are provided to help the program leader emphasize throughout each session the key take-away messages for participants. The leader should aim to discuss or to at least touch on each learning objective listed for that session.

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general supplies needed for each session (e.g., flipchart, extra pens, overhead projector), handouts are required for most lesson plans. All necessary handouts are listed in the lesson plan and can be ordered using the NDEP Publications Order Form in Appendix AC. The table Appendix Materials and Resources also lists required handouts resources.

### *Advance Preparation*

Preparing for each session will generally involve reviewing the lesson plan and the required handouts, making photocopies of the handouts and questionnaires for participants, and arranging the room so that group members can sit in a semicircle and see the flipchart. Preparation may also involve arranging for a guest speaker (e.g., diabetes educator, registered dietitian, physician), making plans for the group to participate in the optional activity, and doing anything else that will help make the sessions run smoothly.

# Conducting the Session

NOTE: Times listed for each activity are approximate. Staying on schedule requires that you encourage group members to stay focused while you cover all topics and questions for each session. Allow enough time in the schedule for discussion. If issues come up that are not covered in that particular session, tell group members that they will have an opportunity to discuss these topics in future sessions, or refer the group to the NDEP Web site at [www.ndep.nih.gov](http://www.ndep.nih.gov) or to other sources listed in the reference section of this manual for further information.

## *Welcome (15 minutes in the first session, 5 minutes in subsequent sessions)*

The program leader welcomes participants and introduces himself or herself. At the first session, or whenever there are new members, the participants introduce themselves.

## *Session Overview (2 minutes)*

The program leader briefly states the learning objectives for the session.

## *Review of the Previous Session (5 minutes)*

The program leader reviews the objectives from the previous session or asks the question, “Who can tell me the main learning points from our last session?” This review is intended to lead into the check-in period that follows. If there is a pause in the discussion, prompt the participants by giving one learning point from the last session and probe group members for other learning points.

## *Check-In: Pledge and GAME PLAN Food and Activity Tracker; Individual Progress Chart, Barrier Busters (15 minutes)*

Beginning every session by reviewing participants’ weekly pledges and food and activity trackers is important because it will help reinforce the importance of the behavior change process. It will also help participants to recognize their own behavior change and to celebrate the positive change in others.

The program leader first asks participants to share how they did in fulfilling their weekly pledges. Then the leader asks participants to take out their GAME PLAN Food and Activity Tracker. Take some time to allow them to share what worked and what was difficult for them during the previous week, troubleshoot any problems that they have had in using the tracker, and discuss ways that they can work through barriers to achieving their pledge and tracking goals. Expect this exercise to take 30 minutes during the first few sessions in which it is conducted. In Session 1, use this time to introduce the tracker and to explain its use.

The program leader then uses the script below as a guide to leading this discussion:

“Before we get started, I’d like everyone to take out their individual pledge and their GAME PLAN Food and Activity Tracker. We’ll take some time at the beginning of each session to discuss how you did since we last met. Were you able to make any changes? Did you keep your individual pledge or meet another personal goal? Every change counts, no matter how small! Sharing ideas about how to make change and supporting each other in the process –the successes and challenges–are important parts of this program. So I encourage you all to talk about the barriers you may have

faced along the way. Together, we can identify ways to ‘bust’ those barriers. Can someone kick off our discussion?”

You will find this script in Session 2. It is not repeated in the other sessions; instead you will see the following reminder to review pledges and trackers:

*Say: “Before we get started with today’s session, let’s see how everyone did last week.”*

The program leader then facilitates a discussion about how group members did with keeping their pledges, using their trackers, and “busting” the barriers they have faced since the last session. Ask for suggestions from group members on how to “bust” these barriers.

After the discussion participants use the Individual Progress Chart to document how well they have performed during the week. Each participant gives himself or herself a star, a smiling face, or a supportive hand, depending on 1) how well he or she has kept the weekly pledge, 2) how well he or she has achieved the food goals recorded in the GAME PLAN Food and Activity Tracker during the week, and 3) how well he or she has achieved the activity goals recorded in the tracker during the week.

### *The group leader leads the following discussion:*

“Let’s do pledges first. Look at your pledge from last week.

- If you kept your pledge all or most of the time, raise your hand. You’ve earned a star (or other positive symbol).
- If you kept your pledge at least half of the time, raise your hand. You’ve earned a smiling face.
- If you kept your pledge only a little, or not at all, raise your hand. You’ve earned a supportive hand.

Now, let’s do food trackers. Take a look at your food tracker from last week.

- If you think that you’ve decreased your fat grams or calories a lot or reached your goal raise your hand. You’ve earned a star.
- If you think that you’ve decreased your fat grams or calories a little your hand. You’ve earned a smiling face.
- If you think that you’ve not made any change or have increased your fat grams or calories, raise your hand. You’ve earned a supportive hand.

Now, let’s do activity trackers. Take a look at your activity tracker from last week.

- If you think that you’ve increased your physical activity a lot or reached your goal raise your hand. You’ve earned a star.
- If you think that you’ve increased your physical activity a little raise your hand. You’ve earned a smiling face.
- If you think that you’ve not made any change or have decreased your physical activity, raise your hand. You’ve earned a supportive hand.”

You will see find this script in Session 2. It is not repeated in the other sessions; instead you will see the following reminder to review pledges and trackers:

*Say: “Let’s fill in our Individual Progress Charts. This is the time when we give ourselves stickers for achieving goals, making progress, and needing a helping hand.”*

See the upcoming section “Evaluation and Progress Tools” for more information about weekly pledges, food and activity trackers, individual progress charts, and the check-in process.

### *Session Questionnaires (10–15 minutes)*

Sessions 1, 3, 4, 5, 6, 11, and 12 have questionnaires to help identify learning needs, attitudes, lifestyle behaviors, and level of confidence in making change (degree of self-efficacy). Sessions 3, 4, 6, and 11 have both pre- and post-session questionnaires. Comparing responses on the pre- and post-session questionnaires can help you as program leader to understand where the participants’ greatest learning needs are, to identify barriers to change, to note motivational factors, to gauge the progress of the program, and to conduct a final evaluation. Returning pre- and post-session questionnaires to participants at later sessions can help reinforce what they report having learned and can help them see how far they have come in making healthy changes.

Hand out pre-session questionnaires at the beginning of the session and post-session questionnaires at the end, and collect each questionnaire when completed. Make sure that participants put their names on each questionnaire (or another identifier, such as their initials plus their day and month of birth), if permitted by your organization, so that you can match up the pre- and post-session questionnaires later and return them to participants. The lesson plans for the sessions indicate when various questionnaires are to be given to the participants to complete and when they are to be returned.

NOTE: Your group may include people with low literacy who may be too embarrassed by their reading skills to ask for help in filling out the questionnaires. You can avoid this embarrassment by doing the questionnaire as a group activity, reading each question and the answer choices aloud. Try to arrange for one or two helpers to be present during the sessions that involve questionnaires (Sessions 1, 3, 4, 5, 6, 11, and 12). As you hand out the questionnaires, suggest that if participants would like assistance because they have forgotten their reading glasses (or for any other reason), helpers are available to assist them.

More information on the purpose and use of the questionnaires is given in the upcoming section “Evaluation and Progress Tools.”

### *Discussion Points (15 minutes)*

This section provides the core content (e.g., facts, messages, suggestions, instruction) on which the program leader should focus during the session.

### *Activity (5–10 minutes)*

This break provides physical activity as part of every session.

The program leader asks participants to walk (around the building, down the hall and back, or in a circle in the room) for 5 to 10 minutes (accompanied by music, if possible), or, if mobility is limited, to do leg and arm movements while sitting in a chair. Note whether there are both young and older people in your group, and remember that a mixed age group needs activities that will interest and suit all ages.

### *Restroom Break (5–10 minutes)*

During sessions of 90 minutes or more, schedule a restroom break after the physical activity part of the session.

### *Review of Discussion Points (2 minutes)*

The program leader briefly restates the main learning points of the session.

### *Post-session Questionnaires (10 minutes) (Sessions 3, 4, 5, 6, 11, and 12)*

Sessions 3, 4, 5, 6, and 11 have post-session questionnaires. The post-session questionnaire given at the end of Session 5 has the same content as the pre-session questionnaire given at the start of the program in Session 1. The responses on this mid-program questionnaire can help you to learn how the group as a whole is doing and to identify any participants who need special attention. Be sure to collect all questionnaires before participants leave, and photocopy them for your records. Plan to return the questionnaires to participants at the next session and to review the answers with them.

The Session 12 post-program questionnaire is intended to provide feedback at the end of the program. The responses can be compared with those gathered on the questionnaires given at the start of the program (Session 1) and at the midpoint (Session 5). This feedback can be used to help plan future sessions. For example, consistent trouble areas in knowledge, attitudes, and behaviors may be captured by the questionnaires. The information may also be of interest to your organization (e.g., whether participants report increases in their confidence about making change).

### *Pledge (5 minutes)*

Each participant creates an individual pledge to uphold during the coming week. This pledge should be related either to food, to physical activity, or to something covered in the session's learning points. (See the upcoming section "Evaluation and Progress Tools" more information about the pledge.)

### *Affirmation (5 minutes)*

The program leader states, "Our affirmation for this week is [state affirmation]. How can this affirmation help you to keep your pledge this week?" This affirmation activity is optional and will be monthly during the last 6 months of the curriculum.

### *Preparation and Reminders for the Next Session (3 minutes)*

The program leader provides any information that participants may need about the next session and reminds participants to use their trackers.

Emphasize that self-monitoring by tracking food intake and physical activity was considered important for the success of participants in the Diabetes Prevention Program study.

Offer encouragement, praise, motivation, and a helping hand at every session.

The program leader ends the session by stating, “Don’t forget to use your food and activity trackers! And remember to use the affirmation to help you keep your pledge. We’ll see you at the next session.”

## *Optional Activities*

The pre- and post-session questionnaires may reveal topics that need increased attention. Consider reviewing the responses on questionnaires from earlier sessions as an optional activity for the group.

Information on additional activities that the program leader may use during a session are provided at the end of the session’s lesson plan. In many sessions, guest instructors may be called on to give the core components of the sessions or to conduct the optional activities. Suggestions for working with a guest instructor as given in the box below.

### **Tips for Working with a Guest Instructor**

Guest instructors and optional activities complement the program leader and general sessions by providing additional information, answering questions, and offering flexibility in meeting the group’s interests. Follow these steps in arranging for a guest instructor:

- Start looking for guest instructors early. Your local clinic or American Diabetes Association may have suggestions.
- Arrange to meet with the guest instructor at least two weeks before the class. Leave a copy of the lesson plan and the handouts with him or her.
- Tell the guest instructor about the group—who the members are, what their interests are, and the purpose of your *Power to Prevent* program.
- Review with the guest instructor the specific role that you are asking him or her to play. Be clear on the amount of time allotted for the guest to cover the materials—usually about 30 minutes.
- If appropriate, ask the guest instructor if he or she plans to use overhead transparencies, a video, or Power Point slides for the session. If so, ask for a copy of the slides or overheads in advance, and make copies for all of the group members.
- Arrange for an overhead projector, slide projector with slide carousel and screen, TV/VCR, or a computer with an LCD projector if the guest instructor will be bringing overheads, slides, a video, or an electronic presentation.
- Consider giving the guest instructor a token of your appreciation. It could be an NDEP product (e.g., one of the music CDs: *Movimiento Por Su Vida* or *Step by Step*) or something with your organization’s logo.
- Be sure to send a thank you letter after the session, and invite the guest instructor to Session 12 as a guest to celebrate the completion of the program.



# Evaluation and Progress Tools

## *Tools for Tracking and Evaluating Participants' Progress*

The following five tools provide participants with feedback on their progress in the program:

- The Weekly Pledge
- The GAME PLAN Food and Activity Tracker
- The Individual Progress Chart
- Pre-session questionnaires
- Post-session and post-program questionnaires

All of these tools are important, and each serves a different purpose. Participants use some of these tools just for themselves, and they share other tools with the program leader, who assists them with their progress in the program.

The Weekly Pledge form (found in Appendix K and duplicated in Figure 1, below) is used by participants to help them set a weekly goal. During each session participants use the form to write down an individual pledge about one objective that they will work on between sessions.

In the first session, participants receive instructions on how to create a realistic, specific weekly pledge regarding an objective that can be worked on regularly and that can be sustained over time. Pledges may relate to food, to physical activity, or to some other objective specific to the session's learning points.

NOTE: Participants can use a simple acronym, SMART, to help them set good objectives:

Specific — Your objective should specify just what you want to achieve.

Measurable — You should be able to measure whether you are meeting the objective or not.

Achievable — Your objective should be something that you are able to achieve.

Realistic — Your objective should be something that you can attain with the resources that you have.

Time — You should decide just when you want to achieve the objective.

An example of a good pledge is, "I will walk around the block three times every week." An example of a pledge that needs improvement is, "I'll walk more often."

The GAME PLAN Food and Activity Tracker (found in Appendix J on the accompanying CD-ROM and duplicated in Figure 2, below) is used by participants in conjunction with the GAME PLAN Fat and Calorie Counter to keep track of their calorie and fat intake and their physical activity. They do not need to share this information with you, but they will consider the information each week when deciding whether they are approaching and meeting their goals.

The Individual Progress Chart (found in Appendix L and duplicated in Figure 3, below) is a summary chart that participants can use to record how well they are doing each week in keeping their weekly pledges and in improving their eating and physical activity habits, as reflected on the GAME PLAN Food and Activity Tracker. At each session the participant decides whether to give himself or herself a star (for achieving a goal), a smiling face (for making at least some progress), or a supportive hand (for needing help).

NOTE: You could choose other stickers to symbolize achieving a goal, making at least some progress, and needing help. (Do NOT choose any stickers that have a frowning face or that otherwise imply that a person is doing a bad job.) You could also use stamps with special words such as “Great!” “Congratulations!” “Nice Job” and “Give a Hand!” Look in school supply stores for ideas.

Pre-session and post-session questionnaires (included in Appendix M) have two purposes:

- 1) they give you as a program leader feedback on how confident participants are with the new information and skills you are trying to help them build, and
- 2) they help participants reflect on the progress they are making and where they may want to ask for a helping hand. Two OPTIONAL questionnaires, the Pre-program Questionnaire for People with Diabetes and the Pre-program Questionnaire–Demographics, are included in Appendix M for use if your organization is trying to gather information on people with diabetes who join your sessions or if the organization wants demographic information on participants (e.g., age and sex).

NOTE: Before administering any questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval. (Au: I have used this wording for this warning all the way through the curriculum because it is more complete than the alternative wording you had used in several places.)

Taken together, these four tools give you and the participants information on whether they have experienced changes in knowledge, attitudes, behavior, and confidence during the program. Do NOT wait until the end of the program to consider this feedback! Review the Individual Progress Charts and the questionnaires after each session. If participants are not meeting their goals, review with them whether they are setting appropriate goals (see SMART objectives, above), and brainstorm with them about barrier “busting.” If you feel that the group is making less progress than you had expected, consider discussing the results with your organization’s leaders or with others who have expertise in guiding group sessions. Keep in mind, though, that behavior change is often difficult and that it takes time to learn new skills.

Good luck with your program!

**Figure 1. Weekly Pledge (also in Appendix K)**

***Weekly Pledge***

For week (enter dates):\_\_\_\_\_ through:\_\_\_\_\_

- Pledges should be realistic and specific. They should include something that you can do regularly and can continue over time.
- You may repeat a pledge from an earlier session if you want to continue working in a specific area.
- Be sure to post your pledge in a place where you will see it every day.

Write your individual pledge below.

\_\_\_\_\_

\_\_\_\_\_

**Figure 3. Individual Progress Chart (also in Appendix L)**

Session	2	3	4	5	6.1	6.2	6.3	7	8	9	10	11	12
Weekly Pledge													
Food Tracker													
Activity Tracker													



---

# Group Participants' Guide

Note to Program Leader: Photocopy this section of the *Power to Prevent* curriculum and send to participants before the program begins or hand out at the first session.

**P***ower to Prevent* is a program designed to encourage overweight people at increased risk for diabetes to lose weight and prevent or delay the disease. The program presents nutrition and physical activity health tips and suggests activities that are simple and fun. The program consists of six weekly sessions followed by six monthly sessions. Your group may decide to take more time with some of the sessions, depending on the participants' interests. For example, your group might choose to spread a particular session over more than one meeting time in order to fit in all of the optional activities. Participants are encouraged to bring family members or friends to the sessions to support healthy lifestyle behaviors for everyone.

Results of the National Diabetes Education Program (NDEP) Diabetes Prevention Program (DPP), a large study of adults at high risk for developing type 2 diabetes, showed that they were able to prevent or delay diabetes by losing some weight (5–7 percent of their body weight), eating a healthy diet (low fat, lower calorie), and increasing their physical activity. The *Power to Prevent* program has incorporated these principles of lifestyle change so that you, too, can benefit from the findings of this study.

## How the Program will Benefit You

### *Power to Prevent will:*

- Teach you how to add healthy eating and physical activity to your daily routine
- Inform you about partnering with your health care provider to ensure good health
- Provide you with ways to get your family involved with the *Power to Prevent* program
- Show you how to control portion sizes and to plan healthful meals
- Give you tips on how to make healthy choices when you dine out

### *Your Role as a Group Member*

As a group member, you will attend group sessions and will participate in the activities outlined for each session. By attending each session, you will be able to make healthy habits a part of your routine, and the group will benefit from your ideas and your participation in the group discussions. Your contributions will inspire others to discuss their ideas. Your group leader will ask you to respect the ideas and opinions of others in the group, even though these ideas may be very different from your own. Every participant will have his or her own way of learning to change habits into healthy ones! At the end of each session your group leader will ask for your feedback so that he or she can make improvements in the next session. The more willing you are to share your reasons for participating, the more your session leader can help make sure that you get what you need from the sessions.

## *Getting Started*

Getting started with a program such as *Power to Prevent* can be a challenge. Adopting new cooking and eating habits and trying to find time to be physically active can be difficult. The *Power to Prevent* sessions can help you find ways to overcome barriers to improving your eating habits and to increasing your physical activity. Support from family and friends are key to staying motivated once you have begun the program. Joining the program with a friend, a coworker, or a family member who is also at increased risk for diabetes is good way to stay actively involved.

## *What To Expect In Each session*

Ideally, the group will meet every week for the first 6 weeks and will shift to once a month for the last 6 sessions. Your program leader will discuss the schedule with you at the first session. Sessions will generally last about 90 minutes, but they may last up to 120 minutes (2 hours) depending on the time taken for group discussion, activities, or field trips.

You should bring the following materials to every session:

- Notebook for taking notes
- Binder or folder to organize handouts
- Pens or pencils
- Materials given out at the first session
  - GAME PLAN Food and Activity Tracker
  - Weekly Pledge form
  - Individual Progress Chart

Between each session, you will track your progress, noting the small steps you are taking to make food, activity, and other lifestyle changes that will help you reap big rewards for your health. At the meetings, you will be asked to share your progress with others, to discuss barriers to reaching your goals, to take in new information about healthy activities or other topics, and to make a pledge to work toward a goal for your health during the following week.

To get people moving, each session will include a simple, easy, and fun physical activity lasting 5 to 10 minutes. Be sure to wear comfortable clothes and shoes to the sessions.



## *The 12 Sessions*

The *Power to Prevent* program consists of the following 12 sessions (usually held weekly for 6 weeks and then monthly for 6 months).

Session 1: Introduction to *Power to Prevent*

Session 2: Small Steps Lead to Big Rewards

Session 3: Strategies for Healthy Eating

Session 4: Physical Activity—Get Moving Today

Session 5: Make Healthy Food Choices One Day at a Time

Session 6: Diabetes Overview, Parts 1–3 (OPTIONAL session; may be conducted in one meeting or divided into three meetings for more in-depth discussion)

Session 7: Physical Activity for Families

Session 8: Portion Size

Session 9: Navigating Around Eating Out

Session 10: Partner with Your Health Care Provider

Session 11: Get Your Family and Friends Involved

Session 12: Celebrate Big Rewards

On completing this program, you will have learned many of the skills that you need to make healthy changes in your life, and you will have learned how to incorporate healthy eating and increase physical activity into your family's lifestyle.

## *Group Participant Commitment Pledge*

I, \_\_\_\_\_, pledge to participate in the *Power to Prevent* program in order to prevent or delay diabetes.



---

# Learning Sessions: Lesson Plans for Session Leaders

## Key to Icons Used in Power To Prevent

Each of the Power To Prevent sessions has activities that recur. For example, every session includes a review of Food and Activity Trackers and a physical activity break. To help you facilitate the session, we have included icons in the margins to mark those recurrent activities and help you find your place in the text as you lead a session. The following is a key to these icons:



- Brief review of information from the previous session



- Time for a physical activity break



- Advance preparation tasks you need to do before the next session



- Ask the group to review pledges made last session and check their Food and Activity Trackers for their progress.



- These are the main “take-home” points you want to be sure were covered in the session



- Assignment for participants to complete at home by themselves or with friends and family



- Planning or conducting an activity that involves inviting a medical professional



- Ask participants to create a pledge around food or physical activity behavior

---

# *Session 1: Introduction to Power to Prevent*

---

## **Preparing for the Session**

### *Learning Objectives*

At the end of this session, participants will be able to:

- Describe the goals of the *Power to Prevent* program
- Describe the impact that small steps can make in preventing or delaying the development of diabetes and in controlling diabetes
- Use tools to help take small steps in food choices and in physical activity levels

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Group Participants' Guide (one copy per participant, unless participants have already received the guide during registration)
- Appendix I: Sign-In and Contact Form (one copy per participant)
- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant, plus a few extras for “walk-in” participants) (see instructions for ordering or downloading in the following section)
- Appendix K: Weekly Pledge (one copy per participant, plus a few extras)
- Appendix L: Individual Progress Chart (one copy per participant)
- Appendix M:
  - Pre-Session 1 Questionnaire (one copy per participant, plus a few extras)
  - Two OPTIONAL questionnaires: Pre-program Questionnaire for People with Diabetes and Pre-program Questionnaire–Demographics. Use the first questionnaire only if your organization is trying to gather information on people with diabetes who join your sessions and the second questionnaire only if the organization wants to gather demographic information on participants (e.g., age and sex). If possible, send out these questionnaires as part of a mailed registration packet before the program begins, requesting participants to fill them out and to bring them to the first session. Otherwise, you may administer them during this session.

NOTE: Before mailing or administering any questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- At least two helpers to assist people in filling out the questionnaires and in understanding the tools. You will need more than two assistants if the program is large or if many people with low literacy are enrolled.
- OPTIONAL: Soft beanbag-type toy or ball for passing in the “name game” icebreaker.
- OPTIONAL: Diabetes Detection Initiative risk test in Appendix A



## *Advance Preparation*

In addition to the general advance preparation described in the Program Leader’s Resource Guide, you will need to do the following:

- Make copies of the Group Participants’ Guide (one for each participant in the session, if not already distributed at registration).
- Make copies of Appendix I: Sign In and Contact Form (one per participant)
- Order Appendix J: GAME PLAN Food and Activity Tracker using the NDEP Publications Order Form in Appendix AC, download and print from the NDEP Web site [www.ndep.nih.gov/diabetes/pubs/catalog.htm](http://www.ndep.nih.gov/diabetes/pubs/catalog.htm), or print from the *Power to Prevent* CD-ROM accompanying this curriculum (one copy per participant, plus some extras). If ordering, allow 6 weeks for delivery, and order enough for each participant to be given one at every session in the program.
- Make copies of Appendix K: Weekly Pledge form and Appendix L: Individual Progress Chart (one per participant)
- Make copies of Pre–Session 1 Questionnaire and, if you choose, one or both of the optional questionnaires Pre-program Questionnaire for People with Diabetes and Pre-program Questionnaire–Demographics found in Appendix M (one copy per participant, plus a few extras).
- Create a flipchart listing all 12 session titles.
- Write the learning objectives for the session on a flipchart, blackboard, or large piece of paper taped to the meeting room wall for reference later in the session
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

## *Estimated Time for the Session: 120 Minutes*

- Most sessions will take 90 to 120 minutes, depending on the learning needs of the group, whether questionnaires are completed and reviewed, and whether optional activities are included.
- Allow 120 minutes for this first session in order to introduce the new tools that participants will use (the GAME PLAN Food and Activity Tracker, the Weekly Pledge form, and the Individual Progress Chart) and to administer the Pre–Session 1 Questionnaire.



# Conducting the Session

## *Welcome and Introductions*

*Say: “Welcome to Power to Prevent. This program is designed to help participants learn HOW to live more healthily, HOW to prevent or delay getting diabetes, and HOW to make changes that will help control diabetes. The program includes health tips on nutrition and physical activity as well as resources and suggestions for simple, fun activities that you can do individually or with your whole family. Let’s begin by getting to know each other.”*

Choose one of these two approaches:

1. Ask all participants one by one to introduce themselves, stating their names, their reasons for participating in the program, and what they hope to get out of the program..
2. Play an interactive game using a beanbag toy or ball. For example, ask participants to stand or sit in a circle, and then explain that they will be playing a name game to help them remember everyone else’s name.

*Say: “I’m going to say my name and then pass this beanbag toy (ball) to the person next to me. He (she) should repeat my name, then say his (her) name and pass the beanbag (ball) to the next person. We’ll go around the entire circle twice and then end with me.”*

State your name and pass the beanbag (ball); then ask others in the group to do the same. End the game with your name.

## *Session Overview*

*Say: “Before we begin, I’d like to know more about why you signed up for this program so that I can make it work better for you and can help you achieve your goals. I have a brief questionnaire I would like you to fill out.”*

Hand out the Pre-Session 1 Questionnaire. Read each question and each answer choice aloud to the group. Offer the assistance of the helpers as you hand out the questionnaires by saying,

*“Some of you may have forgotten your reading glasses or may need some help with the form I’m handing out. My friends [introduce the helpers] are here to help you. Please raise your hand if you’d like them to look at the form with you as I go over it.”*

Make sure to collect the questionnaires when completed. Photocopy them, and save the original questionnaires. The photocopies are for your reference as the program progresses. You will return the original Pre-Session 1 Questionnaires to participants during Session 6.

Say: *“The objectives for today’s session are for us to:*

- *Describe the goals of this program, which is called Power to Prevent*
- *Discuss the impact that small steps can make in preventing or delaying getting diabetes and in controlling diabetes*
- *Use tools to help take small steps in food choices and in physical activity levels*

*In future sessions, we’ll learn behavioral changes that can help prevent, delay, or control diabetes. In this session we’ll spend time learning about tools that we can use to help us make changes in eating and in physical activity levels.”*

Refer to the flipchart that lists the session titles, and give a brief overview of the topics that will be covered in future sessions. Display this flipchart during all 12 sessions.



## Discussion Points

Introduce the following questions during the discussion:

- What is diabetes?
- What are some of the complications of diabetes?
- Who is at high risk for diabetes?
- What can I do to reduce my risk?

NOTE: Understanding diabetes is a huge topic. All you can give in this first session is a very basic overview to help people understand why preventing diabetes is so important. Some participants may have signed up for the program to learn more specifically about diabetes. An optional session (Session 6: Diabetes Overview, Parts 1–3) can be held to give participants some background on diabetes. However, the sessions in this program CANNOT replace diabetes education classes. The purpose of the *Power to Prevent* program is specifically to impart healthy eating and physical activity habits.

## What is Diabetes?

Say: *“Diabetes is a disease in which the body does not produce insulin or doesn’t use it properly. Insulin is a hormone made by a gland called the pancreas. When a person digests food, glucose (or sugar) is produced as a basic fuel for the cells of the body. The purpose of insulin is to help the glucose move from the blood into the cells.*

When a person without diabetes digests food, the pancreas produces the right amount of insulin to move glucose from the blood into the cells. In people with diabetes, however, either the pancreas produces little or no insulin, or the cells don’t respond to the insulin that’s produced. So glucose can’t get into the cells, and it builds up in the blood. A person’s blood glucose level then becomes too high, and the result is pre-diabetes or diabetes.

There is no single cause of diabetes; many factors play a role. There are several different types of diabetes.”

# Types of Diabetes

The following background information may be more detailed than your group wants or needs. It is included for your reference. You may want to begin by asking what people already know about diabetes. Use this discussion as an opportunity to learn more about your group members' baseline level of knowledge.

## *Type 1 diabetes*

Type 1 diabetes most often occurs in people younger than 30 years and must be controlled by injecting insulin or by using an insulin pump. In type 1 diabetes, the body does not produce insulin. Insulin is needed for the body to use sugar (glucose). Sugar is the basic fuel for the cells in the body, and insulin takes the sugar from the blood into the cells.

## *Type 2 diabetes*

In type 2 diabetes, either the body does not produce enough insulin or the cells do not use the insulin properly (they are “insulin resistant”). Type 2 diabetes is the most common form of diabetes (90–95 percent of people with diabetes in the United States have type 2). It most often occurs in people older than 40 years but can occur in younger people, including children. Type 2 diabetes occurs most often in people who are inactive and carry excess weight. In fact, 9 out of 10 people who are newly diagnosed with type 2 diabetes are overweight. Type 2 diabetes can often be controlled through meal plans and physical activity plans. Some people with type 2 diabetes take diabetes pills or insulin.

## *Gestational diabetes*

Gestational diabetes is a type of diabetes that can occur during pregnancy in women who have not been known to have had diabetes before pregnancy. Women who have had gestational diabetes are at a much higher risk than those without gestational diabetes for developing type 2 diabetes later in life. The child born to a woman who had gestational diabetes during that pregnancy is also at increased risk for developing type 2 diabetes. Both can reduce this risk by performing physical activity and by eating healthily to lose weight or to avoid becoming overweight.

## *Pre-diabetes*

Pre-diabetes is a condition in which blood sugar levels are higher than normal but not high enough for the person to be diagnosed with diabetes. Pre-diabetes is a precursor to diabetes; that is, most people with pre-diabetes will eventually develop diabetes unless they make changes in their eating habits and their physical activity levels.

Explain that further details on diabetes will be covered in future sessions. Remind participants that the purpose of this session's information is to give a very basic understanding of what diabetes is and then to focus on what can be done to prevent type 2 diabetes.

*Say: “That’s what the Power to Prevent program is all about—learning how to make the changes in eating habits and physical activity that can help you lose weight and prevent or delay diabetes.”*

## *What are some of the Complications of Diabetes?*

*Ask: “Can anyone tell us why you would want to prevent diabetes? What are some of the possible health problems, or complications, that diabetes can cause?”*

Write answers on the flipchart. Be sure that the following items are mentioned:

- Blindness (diabetes is the number one cause of acquired blindness in the U.S.A.)
- Kidney damage (diabetes is the number one cause of kidney disease in the U.S.A.)
- Nerve damage
- Foot problems that can lead to amputations
- Heart and blood vessel problems (diabetes is a large contributor to the number one cause of death in the U.S.A.—heart disease and stroke)
- Gum disease (or periodontal disease)
- Amputations (diabetes is the number one cause of amputations in the U.S.A.)

## *Who is at High Risk for Diabetes?*

*Ask: “Can anyone tell us what puts a person at increased risk for diabetes?”*

Write the risk factors on the flipchart. Be sure to list the following:

- Family member with diabetes (blood relative)
- Older age (type 2 diabetes is more common as people get older). About 1 in 10 people over age 20 years have diabetes; but for people aged 60 and older, 1 in 5 have diabetes.
- Being overweight or obese.
- Sedentary lifestyle (not much physical activity).
- History of diabetes during pregnancy (gestational diabetes).
- Being a member of certain ethnic group: African American, Hispanic/Latino, American Indian/Alaska Native, and Asian American and Pacific Islander.

OPTIONAL: Distribute the Diabetes Detection Initiative risk test in Appendix A to participants to complete during the session or take home to fill out with family members. This risk test helps identify who is at increased risk for diabetes.

## *What Can I do to Reduce My Risk?*

*Say: “The good news is that by making small changes in your lifestyle you can reap big rewards in preventing diabetes. If you already have diabetes, these small changes can add up to better blood glucose control. A national Diabetes Prevention Program study found that people at high risk for diabetes can prevent or delay the onset of the disease by losing 5 to 7 percent of their body weight with healthy eating and 30 minutes of physical activity 5 days per week. In other words: you don’t have to ‘knock yourself out’ to prevent diabetes. The key is that small steps can lead to big rewards.”*

Give an example: By taking a small step, such as reducing the amount of soda that you drink each day, or taking the stairs instead of the elevator to go up one floor, you can reap big rewards, such as helping to maintain your weight or to control your blood glucose levels.

*Say: “That’s the goal of this program—to help you learn how to take the small steps towards healthier eating and increased physical activity that can prevent or delay the onset of diabetes. This program includes a toolkit to help you make those small changes.”*

Hand out the Group Participants’ Guide, the GAME PLAN Food and Activity Tracker (Appendix J), the Weekly Pledge form (Appendix K), and the Individual Progress Chart (Appendix L).

*Say: “Now let’s look at these handouts. We have a Group Participants’ Guide, a GAME PLAN Food and Activity Tracker, a Weekly Pledge form, and an Individual Progress Chart. The Group Participants’ Guide gives an overview of the program, describes your role as a group member, and explains the weekly pledge you will make to work toward a goal. The idea of a weekly pledge is important because the pledge helps people focus on their commitments and set goals for each small step they take.”*

Go over each section of the Group Participants’ Guide.

*Say: “Next let’s look at the GAME PLAN Food and Activity Tracker. In later sessions, we’ll learn more about fat grams and calories. For now, just think about what you ate and drank today and list the time, amount, name, and description of each item. (Show participants where to list the items on the tracker form.) Also, think about the physical activity that you had today and list the type of activity and the number of minutes you spent. (Show participants where to list the items.) An important part of taking small steps is keeping track of everything you eat and drink and your activity levels. You should complete the tracker every day and should bring it to every session. We’ll check in with you every week at our sessions, and you can reward yourself for your progress and accomplishments on the Individual Progress Chart. We’ll also ask about the barriers you faced in trying to change your eating and your activity; so keep those in mind, too.*

Another item in the toolkit is the Weekly Pledge form. Every week, we’ll each make an individual pledge about food, activity, or some other topic that we’ve discussed during the session. We’ll keep track of how well we’re keeping our pledges, and we’ll watch our progress over the weeks. Good pledges have SMART objectives. What do I mean by SMART? (Write the following on the flipchart or board:)

Specific – Your objective should specify just what you want to achieve.

Measurable – You should be able to measure whether you are meeting the objective or not.

Achievable – Your objective should be something that you are able to achieve.

Realistic – Your objective should be something that you can attain with the resources that you have.

Time – You should decide just when you want to achieve the objective.

Good pledges are SMART and include something that can be done regularly and that will last over time. Let me read a few pledges, and you tell me if they’re SMART or not.”

Read two or three of the following pledges, and ask how they could be improved.

Pledge	Possible Improvements
I'll exercise 2 hours before work every morning.	This pledge is not realistic. Most people do not have 2 hours to exercise before work every morning. A more realistic pledge would be: "I'll walk for 15 minutes before work every morning."
I'll ride my stationary bike instead of watching television.	This pledge is not realistic and probably won't last over time. Most people won't give up all television in order to exercise. A more realistic and lasting pledge would be: "I'll ride my stationary bike for 15 minutes each night while I watch television."
I'll get up and move around more at work.	This pledge is not specific. A more specific pledge would be: "I'll take the stairs instead of the elevator when I go to get my coffee at work."



## Activity

*Say: "Let's pause here in our discussion to take an physical activity break. Remember people who were successful in the Diabetes Prevention Program worked up to at least 30 minutes of moderate intensity physical activity 5 days a week. Simple activities like walking are ways to increase the amount of physical activity that you do each day. Stand up and follow me."*

If music is available, turn it on. Lead the group members in walking in a circle for 5 minutes.

## Restroom Break

After the activity, give a 10-minute break to allow participants to use the restroom, if needed.



## Review of Objectives and Discussion Points

*Ask: "How well do you think we met the three learning objectives for this session?" (Point to the flipchart, blackboard, or paper on which you have written the three learning objectives.)*

- Describe the goals of the *Power to Prevent* program
- Describe the impact that small steps can make in preventing or delaying developing diabetes and in controlling diabetes
- Use tools to help take small steps in food choices and in physical activity levels

Answer questions and clarify discussion points as needed. This feedback is important to your planning for future sessions. Did the group achieve the learning objectives? Do you need to review the discussion points further? If time allows, you may review during this session. If you are out of time, move on to making a pledge, and plan extra time at the next session for review.

*Say: "Let's take something that we learned and make a pledge about food or activity that we can keep during the week."*





## Pledge

Say: *“Remember that your pledge should be realistic and specific, and it should include something that can be done regularly and that will last over time. Write your pledge on your Weekly Pledge form.”*

Give participants a few moments to write their pledges, and then ask if any participants would like to share what they’ve written. Give gentle guidance if the pledges could be more realistic, more specific, or otherwise improved. An example of gentle guidance is, “Is there a way you could be more specific?”

## Affirmation

Say: *“We are going to end with the Power of Positive Thinking. An affirmation is a motivational quote that you can use to remind yourself of your inner strength and that will to keep you on track until our next session. Some people repeat the affirmation to themselves while walking, or they may post it on the bathroom mirror or refrigerator door to receive encouragement from it every day. Our affirmation for this week is ‘Unity is strength; division is weakness.’ How can this affirmation help you to keep your pledge this week?”*

If the group is slow to respond, you could suggest the following:

- Unity means working together for a common goal. We are stronger if we support each other.
- Division can weaken your resolve. If you and your family are divided about whether to make changes in eating or activity, you may have more difficulty in keeping your pledge. Can you find a goal that will be agreeable to the other members of your family?
- You can even be divided within yourself. Part of you may want to change, but something inside of you may keep holding you back. Can you find a goal that is comfortable for you and brings up no mixed feelings?

OPTIONAL ALTERNATIVE: It is suggested that you use motivational quotes and affirmations at each session, and many more are included in Appendix H. You may also choose to have group members bring motivational saying or quotes to each session, or you may ask the group to write its own affirmations.



## Preparation and Reminders for the Next Session



Say: *“Next week we’ll be discussing the National Diabetes Education Program theme “Small Steps. Big Rewards.” Be sure to use your GAME PLAN Food and Activity Tracker to get a baseline idea about your eating and physical activity this week. Please bring it to our next session. And don’t forget to use the affirmation to help you keep your pledge by repeating it to yourself while you walk or in whatever way that helps you the most.”*



---

# Session 2:

## *Small Steps lead to Big Rewards*

---

### Preparing for the Session

#### *Learning Objectives*

At the end of this session, participants will be able to:

- Identify small steps that can lead to big rewards
- Explain that there are more than 50 ways to prevent diabetes
- Use tools to help take small steps in food choices and in physical activity levels

#### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leader's Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- More Than 50 Ways to Prevent Diabetes campaign materials (see information for ordering or downloading in the following section)
- Stickers for participants Individual Progress Charts (stars, smiling faces, and supporting hand, or other sticker of your choice)



#### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Photocopy Appendix J: GAME PLAN Food and Activity Tracker and Appendix K: Weekly Pledge form (one copy for each participant).
- Obtain More Than 50 Ways to Prevent Diabetes campaign materials. Download and print from the NDEP Web site [www.ndep.nih.gov](http://www.ndep.nih.gov), print from the *Power to Prevent* CD-ROM accompanying this curriculum, or order using the NDEP Publications Order Form in Appendix AC. If ordering, allow 6 weeks for delivery.
- Place More Than 50 Ways to Prevent Diabetes campaign materials (posters, tip sheets) around the room.
- Write the learning objectives for the session on a flipchart, blackboard, or large piece of paper taped to the meeting room wall for reference later in the session.
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

- Purchase stickers (stars, smiling faces, and supporting hands, or any other stickers of your choice) at a grocery, office supply, or stationery store. Participants will be awarded one of these stickers in each of three categories at every session from now on. Buy enough to last throughout the program.

*Estimated Time for the Session: 90 Minutes*

## Conducting the Session

### Welcome

Welcome participants and introduce any new participants.

*Say: “Welcome back to Power to Prevent. You are participating in a unique health program that will help you and your families prevent and control diabetes. Today we’ll discuss how taking small steps will help you and your families reach your goals.”*

### Session Overview

*Say: “At the end of today’s session, everyone here should be able to:*

- *Identify small steps that can lead to big rewards,*
- *Explain that there are more than 50 ways to prevent diabetes, and*
- *Use tools to help take small steps in food choices and in physical activity levels.”*



### *Review of the Previous Session*

*Say: “In the last session, we started to learn about the goals of the Power to Prevent program. We also learned about the impact that small steps can make in preventing or delaying diabetes, and we began to use tools that will help you take small steps in food choices and in physical activity levels. It can be discouraging if you try to see progress by weighing yourself every day. It’s better to keep track of the day-by-day changes in how you eat and in what you do. Filling in the GAME PLAN Food and Activity Tracker helps you see that you are making progress. This strategy worked for people in the NDEP Diabetes Prevention Program, and it can work for you too.”*



### *Check-In: Weekly Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

**NOTE:** The check-in activity will likely take at least 30 minutes in this session because the process and the materials are still new to the group. Some people may not have filled out their food and activity trackers at all and will need some guidance and help with them. In future sessions, this activity is more likely to take only 15 to 20 minutes.

*Say: “Before we get started, I’d like everyone to take out their individual pledge and their GAME PLAN Food and Activity Tracker. We’ll take some time at the beginning of each session to discuss how you did since we last met. Were you able to make any changes? Did you keep your individual pledge or meet another personal goal? Every change counts, no matter how small!”*

Sharing ideas about how to make change and supporting each other in the process—the successes and challenges—are important parts of this program. So I encourage you all to talk about the barriers you may have faced along the way. Together, we can identify ways to ‘bust’ those barriers. Can someone kick off our discussion?”

After the discussion, participants use the Individual Progress Chart to document how well they have performed during the week. Each participant gives himself or herself a star, a smiling face, or a supportive hand, depending on

- 1) how well he or she has kept the weekly pledge,
- 2) how well he or she has achieved the food goals recorded in the GAME PLAN Food and Activity Tracker during the week, and
- 3) how well he or she has achieved the activity goals recorded in the tracker.

The group leader leads the following discussion:

“Let’s do pledges first. Look at your pledge from last week.

- If you kept your pledge all or most of the time, raise your hand. You’ve earned a star (or other positive symbol).
- If you kept your pledge at least half of the time, raise your hand. You’ve earned a smiling face.
- If you kept your pledge only a little, or not at all, raise your hand. You’ve earned a supportive hand.

Now, let’s do food trackers. Take a look at your food tracker from last week.

- If you think that you’ve decreased your fat grams or calories a lot or reached your goal raise your hand. You’ve earned a star.
- If you think that you’ve decreased your fat grams or calories a little raise your hand. You’ve earned a smiling face.
- If you think that you’ve not made any change or have increased your fat grams or calories, raise your hand. You’ve earned a supportive hand.

Now, let’s do activity trackers. Take a look at your activity tracker from last week.

- If you think that you’ve increased your physical activity a lot or reached your goal raise your hand. You’ve earned a star.
- If you think that you’ve increased your physical activity a little raise your hand. You’ve earned a smiling face.
- If you think that you’ve not made any change or have decreased your physical activity, raise your hand. You’ve earned a supportive hand.”

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker. Remind participants to bring their Individual Progress Charts back to each session?



## Discussion Points

*Say: “Small Steps. Big Rewards. Prevent Type 2 Diabetes is the NDEP slogan for diabetes prevention. A small step—for example, eating less fried food or taking the stairs instead of the elevator—is a place to begin. Small steps can bring big rewards, but you need to stick with it. You need to work up to at least 30 minutes or moderate physical activity (like brisk walking) 5 days a week and decrease the fat and calories you eat to lose weight.”*

Ask participants for other small steps that could lead to big rewards. If they are unable to come up with any, bring up the following:

- Making an appointment to see your doctor or nurse
- Setting a short-term goal to increase your activity (What can I do tomorrow?); for example, walking once around the neighborhood before dinner
- Changing one meal or one snack at a time to reduce your intake of fat and calories; for example, eating a larger serving of vegetables instead of a roll with butter, or baking chicken instead of frying it

Ask group members to look at their GAME PLAN Food and Activity Trackers, and remind them that the tracker will help them to set goals and to track their progress in areas that are important for preventing and for managing diabetes.

*Say: “The Small Steps. Big Rewards campaign was developed to go with the GAME PLAN toolkit and to encourage you to take charge. The More Than 50 Ways to Prevent Diabetes tip sheet is part of the Small Steps campaign and provides ideas on how to eat more healthily and how to increase physical activity.”*

Ask group members to come up with their own tips to prevent diabetes. Encourage them to create a health tip that is a rhyme, similar to the ones used in the campaign. (Refer group members to the posted campaign materials.) Ask group members to share their tips, and write them on a flipchart.

Suggest to participants that they focus on one change in their lifestyles each week. Use the small steps that they developed during the discussion as examples. Ask them to pledge to take one small step each week.



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.



## Review of Discussion Points

Point to the flipchart, blackboard, or paper on which you have written the learning objectives:)

*Say: “Today we learned about three main topics:*

- *We learned some of the small steps that can lead to big rewards;*
- *We learned that there are more than 50 ways to prevent diabetes, and*
- *We learned that there are tools that you can use to help take small steps in food choices and in physical activity levels.*

Let's take something that we learned in this session and make a pledge about food or activity that we can keep during the coming week."



## *Pledge*

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time. Participants may choose to remain with the pledge that they made during the previous session, to modify the pledge, or to develop a new one.

## *Affirmation*

Say: "Our affirmation for this week is 'Every small, positive change we can make in ourselves repays us in confidence in the future.' How can this affirmation help you to keep your pledge this week?"

Recall for them, if needed, that the affirmation can:

- *Remind people of their commitment to change*
- *Motivate them*
- *Lend them strength in times of weakness*
- *Increase their self-confidence*





## *Preparation and Reminders for the Next Session*

- Plan for the future. Session 6: Diabetes Overview (Parts 1–3) can be conducted in one meeting or over three meetings, depending on the level of interest in the group. Because conducting the session over three meetings will require advance preparation to invite and secure guest speakers (required for this session), now would be a good time to gauge the level of interest of the group. Review participants' goals indicated on their pre-Session 1 Questionnaires, and discuss their wishes for Session 6 during this second session.
- If you will be including an optional activity during Session 3, remind everyone that if they plan to participate in that activity, they will need to stay longer at the next session (at least 2 hours).
- If the optional activity involves taking a field trip, ask for volunteers for carpooling, or discuss other arrangements to transport participants to the site of the activity.

*Say: "Next week we'll be discussing strategies for healthy eating. Please bring one healthful food item that you enjoy to the session. Remember, it has to be healthful!"*

(If the meeting facility has no refrigerator available, remind people to bring items that do not need to be kept cold.)

*"Please also bring food labels from some packaged or canned foods that you eat frequently. We are going to increase our understanding of what is written on food labels and how this information can help us make healthy food choices."*

*Be sure to use your GAME PLAN Food and Activity Tracker this week. Come prepared next week to talk about how you did. Any progress, no matter how small, should be celebrated. Remember, this is a Small Steps. Big Rewards program! I'd be glad to stay and talk one-on-one with anyone who's having trouble using the tracker. And don't forget to use the affirmation to help you keep your pledge. We'll see you next week."*

---

# Session 3:

## *Strategies for healthy eating*

---

### Preparing for the Session

#### *Learning Objectives*

At the end of this session, participants will be able to:

- Describe the importance of choosing more healthful foods
- Identify more healthful foods by reading food labels
- Choose to incorporate healthier eating into daily routines

#### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on page 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- NDEP Fat and Calorie Counters (one per participant, plus a few extras)
- A few healthful food items, such as fresh fruits and vegetables or whole wheat bread. (You could add lean meat if your meeting facility has a refrigerator, or if you bring a cooler with ice, to keep the meat from spoiling.) Although you could simply show and talk about these food items, discussing the nutritional value of these foods and then enjoying them as a snack provides a more powerful experience.
- Several packaged or canned food items with food labels, including healthful and less healthful alternatives for comparison.
- Pre-session and post-session questionnaires for Session 3 found in Appendix M (one copy per participant, plus a few extras).

NOTE: Before administering the pre- and post-session questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- Appendix N: Read the Food Label to Choose Foods Lower in Fat, Saturated Fat, and Cholesterol (one copy per participant).
- Appendix O: Empower Yourself! Learn Your Cholesterol Number (one copy per participant). See ordering information in the following section.
- OPTIONAL: At least two helpers to assist participants with filling out questionnaires and other tasks



## *Advance Preparation*



NOTE: The NDEP strongly recommends that you invite a registered dietitian to help you conduct this session. To locate a registered dietitian, check with local hospitals, clinics, and your state chapter of the American Diabetes Association; or visit the American Dietetic Association Web site ([www.eatright.com](http://www.eatright.com)) and enter your zip code under “Find a Nutrition Professional.” Also, check your telephone directory for a state dietetic association listing. Tips for inviting a dietitian to help conduct the session are included in the box toward the end of this lesson plan.

In addition to the general advance preparation described in the Program Leader’s Resource Guide, you will need to do the following:

- Make copies of Appendix J: GAME PLAN Food and Activity Tracker, and Appendix K: Weekly Pledge form (one copy per participant).
- Make copies of Session 3 pre- and post-session questionnaires found in Appendix M (one per participant, plus a few extras).
- Obtain copies of NDEP Fat and Calorie Counters (one per participant, plus a few extras) by printing from the accompanying CD-ROM, downloading or ordering from [www.ndep.nih.gov](http://www.ndep.nih.gov) or by calling 1-800-438-5383. If ordering, allow 6 weeks for delivery.
- Make copies of Appendix N: Read the Food Label to Choose Foods Lower in Fat, Saturated Fat, and Cholesterol (one copy per participant).
- Obtain copies of Appendix O: Empower Yourself! Learn Your Cholesterol Number (one per participant). Order using the NDEP Publications Order Form in Appendix AC.
- If you are planning to include an optional activity, send a reminder to participants that this session will be longer than usual (at least 2 hours).
- Review Appendix G (Troubleshooting for Program Leaders) to prepare for possible interruptions or challenges in conducting the session.

## *Estimated Time for the Session: 90 to 120 Minutes*

- The amount of extra time required to complete the pre- and post-session questionnaires depends on the needs of the group.

# Conducting the Session

## *Welcome*

Welcome participants and introduce any new participants.

## *Session Overview*

Say: “At the end of this session, you will be able to:

- Describe the importance of choosing more healthful foods,
- Identify more healthful foods by reading food labels, and
- Choose to incorporate healthier eating into your daily routines.”



## *Review of the Previous Session*

Say: “In the last session, we learned about small steps that can lead to big rewards. We also learned that there are more than 50 ways to prevent diabetes. Finally, we used several tools to help take small steps in food choices and in physical activity levels. Before start today’s session, let’s see how everyone did during the past week.”



## *Check-In: Weekly Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their trackers and about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: “Let’s fill in our Individual Progress Charts. This is the time when we give ourselves stickers for achieving goals, making progress, and needing a helping hand.”

**NOTE:** This check-in and review activity is the core of the *Power to Prevent* program and must be done at every session before moving on to new learning material.

## *Pre-Session 3 Questionnaire*

Hand out the Pre-Session 3 Questionnaire (one copy per participant). Based on your experience during previous sessions, either read each question and answer choice aloud to the group or let the group work in silence. Suggest that if participants would like assistance because they have forgotten their reading glasses or for any other reason, you (or your helpers) can assist them. Remind participants to write their names (or their initials with their day and month of birth) on their questionnaires and to hand them in to you. Be sure to collect all questionnaires to photocopy and return at a future session so that participants can see their progress or recognize trouble areas.



## Discussion Points

*Say: “Healthy eating helps give you energy to learn, play, and live. It also helps keep your blood sugar level in balance. More importantly, healthy eating can help you prevent or delay long-term, chronic illnesses such as diabetes and heart disease.*

*To help you prevent diabetes, it is critical that you incorporate healthy food choices into what you eat every day. If you have diabetes, these healthy food choices will help you control your blood sugar.”*

Ask participants to describe ways in which they try to incorporate healthy food choices into what they eat every day. Write their responses on a flipchart. Make sure that the following points are mentioned:

- Eat a variety of foods.
- Eat a variety of fruits and vegetables each day
- Learn about portion sizes, and avoid eating oversized portions.
- Choose healthful snacks such as fruit over higher fat and higher calorie foods such as candy bars.
- Try not to skip meals. Doing so can lead you to overeat later.
- Balance your meals with physical activity.
- Drink water instead of sugar-sweetened juice or soda.
- Continue to eat the foods you love—but in smaller amounts, and perhaps not every day.

Ask participants to show the healthful foods that they brought and to tell what they like about the food and when they like to eat it. If someone has brought a high-fat food, use the food label or the NDEP Fat and Calorie Counter to identify the number of fat grams in a serving of the food. Thank the person for bringing the food, and explain that it is an example of a “special occasion” food that should not be eaten in large amounts or every day.

## Using the Nutrition Label on Packaged and Canned Foods

*Say: “To help you understand the nutritional values of the foods you consume, read the food labels. These nutrition labels are a good source of information about the amounts and types of ingredients that are in the foods you prepare and eat.”*

Hand out Appendix N: Read the Food Label to Choose Foods Lower in Fat, Saturated Fat, and Cholesterol (one copy for each participant). Using this handout, discuss how to read a food label. Focus on the amount per serving, the serving size, the number of servings in the container, the number of calories from fat, and the percentage daily value. Point out that the amount of a food people consume is often greater than a single serving. (For example, a person might eat the entire contents of a can of soup, assuming that the can contains only one serving when it actually contains two or more.) Ask participants to read the food labels of the packaged and canned items that they brought and to tell what they learned.

**TIP:** Some food labels contain so much information that it can be overwhelming. NDEP recommends inviting a dietitian to help lead this class but recognizes that you might not have access to one. Whether you lead this session with a dietitian or not, it is important that you focus your time. For now, don't spend your limited session time talking about the fiber content, sugar content, or percentage of vitamins in the food. Although these factors are important, the Diabetes Prevention Program focused first on teaching people to become "fat detectives," and so should you. Use the food labels to learn the number of fat grams in a serving of food, the serving size, and the number of servings in a container. Ask people to estimate the amount of a favorite food that they eat in one sitting, then figure out as a group how many servings this amount represents, and how much fat it contains. Use the NDEP Fat and Calorie Counter for fat gram information for a food if it does not have a food label. In the section Using the Nutrition Label on Packaged and Canned Foods, you will brainstorm with the group on how to cut down on fat intake.

*Say: "Another important way to incorporate healthy food choices into your daily diet is to substitute more healthful foods for less healthful foods. I'm going to give you a list of less healthful foods, and you tell me more healthful alternatives."*

Hand out Appendix N: Read the Food Label To Choose Foods Lower in Fat, Saturated Fat, and Cholesterol (one copy per participant).

Mention the following foods one by one and ask participants to give their ideas about more healthful alternatives (for the more healthful alternatives, refer to Appendix O: Empower Yourself! Learn Your Cholesterol Number included on the CD-ROM)

- High-fat meats
- Pork bacon
- Whole milk
- Sour cream
- Lard, butter, or shortening

## *Using the NDEP Fat and Calorie Counter*

Introduce participants to a new tool: the NDEP Fat and Calorie Counter.

Hand out the NDEP Fat and Calorie Counter (one per participant). This fat and calorie counter is the same as the one used by participants in the Diabetes Prevention Program study.

*Say: "Did you know that you can also use your NDEP Fat and Calorie Counter to look up a food's fat grams and serving size? These booklets are yours to keep. Let's see if we can find some of the foods that we talked about today."*

Spend a few minutes, as time allows, looking up the foods that you discussed and perhaps some other popular foods and healthful alternatives.



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## Review of Discussion Points

*Say: Today we learned about three main topics: the importance of choosing more healthful foods, how to identify more healthful foods by reading food labels, and how to make healthier choices. Let's use something that we learned in this session and make a pledge about food or activity that we can keep during the coming week."*



## Pledge

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

Examples:

- I will prepare two meals this week by baking foods that I usually would fry.
- I will stop eating snacks after 8:00 PM.
- I will eat a piece of fruit for dessert instead of eating pie, cake, or ice cream.

## Affirmation

*Say: "Our affirmation for this week is 'We are. We can.' How can this affirmation help you to keep your pledge this week?"*

## Post-Session 3 Questionnaire

Administer the Post-Session 3 Questionnaire (included in Appendix M). Remind participants to write their names (or their initials with their day and month or birth) on their questionnaires and to hand them in to you.



## Reminder for the Next Session

*Say: "Next week we'll be discussing strategies for increasing physical activity. Be sure to use your GAME PLAN Food and Activity Tracker this week. Remember, this strategy is what worked for people in the Diabetes Prevention Program study, and we want to share their success. I'd be glad to stay and talk one-on-one with anyone having trouble using the tracker. Don't forget to use the affirmation to help you keep your pledge. We'll see you next week."*





## *Preparation for the Next Session*

- If you will be adding an optional activity at the next session, remind everyone that the session will be longer (at least 2 hours) if they wish to participate in that activity.
- If the optional activity involves traveling somewhere, ask for volunteers for carpooling, or discuss other arrangements for participants to get to the site.
- Review the options for the next session. You may choose to discuss them with the participants and to have them help you select an optional activity. Session 4 options involve inviting a guest instructor, which may not be possible with only one week's notice. Advise the class that it may not be possible to secure a guest instructor on such short notice. If the group strongly desires an optional activity but a guest instructor is not available in one week's time, consider scheduling the activity for the end of Session 5 (which has no optional activities) or during optional Session 6.
- Choosing Option 4.1: Visit an Athletic Shoe Store will add 1 hour to the session, potentially bringing the length of the session to 3 hours. Discuss the meeting length with group members now, during Session 3, to be certain they are willing to make this time commitment.
- Ask guest instructors if they have any special equipment needs, how much time they need during the session, and if they are bringing handouts (one for each participant plus a few extra). Be sure to keep a handout for your files. It may be helpful the next time you lead a session!



## *Invite a Registered Dietitian*

Consider inviting a dietitian with knowledge of how to prepare foods related to African or Caribbean culture (caution: avoid foods high in fat and carbohydrates).

### **Tips for Inviting a Registered Dietitian to Help with the Session**

A registered dietitian at the session would complement the program leader in providing nutrition information and in answering the group's questions. To invite a dietitian, follow these steps:

- Check with local hospitals and clinics and with your local American Diabetes Association chapter, or visit the American Dietetic Association Web site ([www.eatright.com](http://www.eatright.com)) and enter your zip code under "Find a Nutrition Professional." Alternatively, ask a local health care provider (HCP) whom you know treats people with diabetes to recommend a dietitian.
- Arrange to meet with the dietitian in advance of the session. Give him or her copies of the session's lesson plan and the handouts.
- Tell the dietitian about the group (e.g., the age range and interests of the members and the purpose of your *Power to Prevent* program). It is important that the dietitian understands that the goal of the session is not to focus on carbohydrate counting or specific diabetes dietary care plans but rather to provide general information on healthy eating.
- Ask the dietitian to go over the points in the lesson plan with the group. Request that he or she discuss ways to modify recipes (e.g., baked rather than fried foods; healthier macaroni and cheese, salads, and desserts). Be clear on the amount of time that he or she will have to cover the materials: 30 minutes.
- If the classroom has a kitchen set-up, ask the dietitian to prepare a cooking demonstration. If no kitchen is available, ask him or her to bring in sample dishes, along with recipes for the dishes. NOTE: Any time that food is brought to the sessions, ask for a complete description of ingredients so that persons with food allergies can avoid those foods.
- Ask if the dietitian plans to use overhead transparencies, a video, or Power Point slides for the session. If so, ask for copies of the slides or transparencies in advance and make copies for all of the group members.
- Arrange for an overhead projector, a TV/VCR, or a computer with projector, depending on whether your guest speaker will be bringing transparencies, a video, or Power Point slides.
- Consider giving your guest instructor a token of your appreciation. It could be an NDEP product (e.g., the colorful bilingual NDEP Meal Planner or something with your organization's logo). Consult your organization's guidelines about gift giving or providing an honorarium for time given to your program.
- Be sure to send a thank you letter after the session and invite the dietitian to Session 12 as a guest to celebrate the completion of the program.

# Optional Activity

## *3.1 Visit a Grocery Store*

The following are suggestions for arranging the optional activity of visiting a grocery store:

- Some grocery store chains have a dietitian or nutritionist on staff who can conduct a tour of the store, identify healthy food choices, and review food labels. Call a few stores in your area to find out what services are available. Provide participants with coupons from your local newspaper for healthful food items.
- Visit the American Dietetic Association (ADA) Web site ([www.eatright.com](http://www.eatright.com)) and enter your zip code under “Find a Nutrition Professional.” Contact professionals in your area to find one who will conduct a grocery store tour. These professionals may also have good ideas for other group activities. Contact your state dietetic association to locate any programs that provide grocery store tours or other activities for consumers. Visit the American Dietetic Association Web site homepage ([www.eatright.com](http://www.eatright.com)) and click on “ADA Groups” for a listing of state dietetic associations.



---

# *Session 4: Physical Activity— Get moving today*

---

## **Preparing for the Session**



NOTE: The NDEP strongly recommends that you invite someone with expertise in physical activity and diabetes, such as a physical therapist, to help conduct this session. Check with local hospitals and clinics or your state American Diabetes Association chapter for suggestions.

### *Learning Objectives*

At the end of this session, participants will be able to:

- Explain why physical activity is important for helping people with diabetes control their blood glucose levels, for preventing or delaying diabetes in those at high risk for the disease, and for helping everyone maintain a healthy weight
- Describe easy ways to add physical activity to your daily routine
- OPTIONAL: Identify correct footwear and proper foot care for people with diabetes

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on page 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- Original Pre- and Post-Session 3 Questionnaires to return to participants
- Pre- and Post-Session 4 Questionnaires found in Appendix M (one copy per participant, plus a few extras)

NOTE: Before administering the pre- and post-session questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- Appendix P: Your GAME PLAN for Preventing Type 2 Diabetes—Information for Patients (one copy per participant) (see information for ordering or downloading in the following section)
- Appendix Q: Energize Yourself! Stay Physically Active (one copy per participant, plus a few extras) (see information for ordering or downloading in the following section)
- OPTIONAL: Appendix S: Feet Can Last a Lifetime (one copy per participant, plus a few extras) (see information for ordering or downloading in the following section)

- Appendix U: Why Physical Activity Is Important for People with Diabetes (one copy per participant)
- OPTIONAL: At least two helpers to assist participants with filling out questionnaires and other tasks



### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Photocopy enough GAME PLAN Food and Activity Trackers (Appendix J) and Weekly Pledge forms (Appendix K) for each participant, plus a few extras.
- Photocopy Pre- and Post-Session 4 Questionnaires found in Appendix M (one copy per participant, plus a few extras).
- In Appendix P: GAME PLAN toolkit Information for Patients, review the section titled, "Walking ... A Step in the Right Direction." Make copies of pages 10–13 to hand out. This is available on the accompanying CD-ROM.
- Try out all of the stretches in "Walking ... A Step in the Right Direction" for yourself. During the session, you will model the stretches to make sure that participants do them properly.
- Review Appendix Q: Energize Yourself! Stay Physically Active so that you can answer any questions raised about exercise. Make copies of this appendix to hand out (one per participant plus a few extras) from [www.nhlbi.nih.gov/health/public/heart/index.htm](http://www.nhlbi.nih.gov/health/public/heart/index.htm), or print from the CD-ROM accompanying this curriculum.
- Review Appendix U: Why Exercise Is Important for People with Diabetes, and make copies to hand out to each participant.
- If conducting Optional Activity 4.3: Invite a Podiatrist to Speak, make copies of Appendix S: Feet Can Last a Lifetime (one per participant, plus a few extras). Order using the NDEP Publications Order Form in Appendix AC, download and print from [http://www.ndep.nih.gov/diabetes/pubs/Feet\\_broch\\_Eng.pdf](http://www.ndep.nih.gov/diabetes/pubs/Feet_broch_Eng.pdf), or print from the CD-ROM accompanying this curriculum.
- If you decide to conduct one of the optional additional activities, either contact the manager of an athletic shoe store to arrange a group visit, or contact a Tai Chi, yoga, or other physical activity instructor to invite him or her to your class to lead stretching exercises.
- If you are adding an optional activity, send a reminder to participants that this session will be longer than usual (at least 2 hours).
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

### *Estimated Time for the Session: 90 to 120 Minutes*

- The amount of extra time required for participants to complete the pre- and post-session questionnaires and to review the previous session's questionnaires depends on the needs of the group.

# Conducting the Session

## Welcome

Welcome participants and ask if everyone is ready to learn about physical activity.

## Session Overview

Say: *“At the end of this session, you will be able to:*

- *Explain why physical activity is important for helping people with diabetes control their glucose levels, for preventing or delaying diabetes in those at high risk for the disease, and for helping everyone lose or maintain weight; and*
- *Describe easy ways to add physical activity to your daily routine.”*
- **OPTIONAL:** *“Identify correct footwear and proper foot care for people with diabetes.”*



## Review of the Previous Session

Say: *“In the last session, we learned about the importance of choosing more healthful foods. We also learned how to identify more healthful foods by reading food labels and how to incorporate healthy eating into our daily routines. Before we get started with today’s session, let’s see how everyone did during the past week.”*



## Check In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.

## Session Questionnaires

Return the Pre– and Post– Session 3 Questionnaires to participants. Ask the group if anyone has any questions or would like to discuss these questionnaires. Explain that the purpose of the questionnaires is two-fold: 1) to give you as program facilitator feedback on how confident participants are about the new information and skills you are trying to help them build; and 2) to help them reflect on the progress that they are making and where they may want to ask for a helping hand.

Hand out the Pre–Session 4 Questionnaire (one copy per participant). Based on your previous experience, either read each question and answer choice aloud to the group or let the group work



in silence. Suggest that if participants would like assistance because they have forgotten reading glasses or for any other reason, you (or your helpers) can assist them. Remind participants to write their names (or initials with their day and month of birth) on the questionnaire and to hand them in to you. Be sure to collect all questionnaires so that you can photocopy them and return them to participants at a future session.

Explain that these questionnaires help you determine the needs of the group and how to focus the discussion and activities in future sessions.

Consider scheduling a group review of the questionnaires as an optional activity for one or more sessions. If possible, arrange for a health care provider to join a session to review common questions raised in the questionnaires.



## Discussion Points

*Say: “Physical activity is important in losing or maintaining weight, which is an important element in preventing or delaying type 2 diabetes. Physical activity also helps people with diabetes control their blood glucose (sugar). Before jumping into any activity or exercise, it is important to check with your doctor. Barring any other medical conditions, most people with diabetes or at risk for diabetes can do moderate intensity physical activity (like brisk walking). But your doctor may recommend some limitations.*

*Physical activity does not mean that you have to run marathons or use special exercise equipment. You can be physically active while doing ordinary chores around the house or while playing with your children. Remember in the DDP it was important to get in at least 30 minutes of moderate intensity physical activity (like brisk walking) 30 minutes 5 days a week.”*

Ask group members to name some of the benefits of physical activity. Write their ideas on the flipchart. Be sure that the following benefits are mentioned:

- Preventing and delaying type 2 diabetes
- Lowering and controlling blood glucose (sugar) levels
- Reducing the risk for stroke and heart attack
- Strengthening heart, lungs, and bones
- Lowering blood pressure
- Helping with weight control and body fat
- Improving circulation
- Reducing stress
- Reducing feelings of depression and anxiety
- Lifting spirits

*Say: “I’m going to ask some questions, and let’s brainstorm the answers together.”*

Ask each of the following questions, and note responses on the flipchart. Facilitate the discussion so that the key points listed below each question are brought out.

## *“How can you increase your physical activity in healthy ways?”*

- Stretch before and after exercising.
- Gradually work up to a greater intensity of physical activity. Don't overdo it!
- Drink water while exercising to replenish fluids. (NOTE: People with diabetes should consult with their doctor about using a high-glucose sports drink during strenuous exercise.)
- Wear properly fitting footwear. Everyone should do this to prevent injuries, but it is especially important for people who have diabetes to make sure their footwear fits properly. Ask your health care provider or podiatrist to check whether you are wearing properly fitting shoes.

## *“What's the best activity to do?”*

The best activity for you depends on many factors, but walking is a good moderate-intensity activity for almost everyone. Moderate-intensity exercise is an activity that makes you breathe a little harder than usual, but not so hard that you could not carry on a conversation with a buddy.

One definition of the “best” activity is that it is the one you will do! Suggest that people choose something they like to do.

## *“How can you keep from getting discouraged when you are trying to increase your physical activity?”*

- Set a schedule and keep it.
- Get a buddy and make plans to meet.
- Vary your routine. Don't do the same thing every day.
- Set short-term goals. Ask yourself: What goal do I want to meet this week?
- Reward yourself (but not with unhealthful foods!).
- Ask others to encourage you (e.g., family members, friends).
- Make physical activity a family affair by inviting family members to join you.

*Say: “Does anyone have questions about exercise or about increasing your physical activity?”*

Respond to the group's questions. If you do not know an answer, tell the group that you will find the answer and will let them know at the next session.

*Say: “Here is more information about exercise and diabetes that might be useful.”*

Hand out Appendix U: Why Physical Activity Is Important for People with Diabetes (one copy per participant).

Ask participants about ways to be more physically active in general in daily life. Write their ideas on a flipchart.

In addition, offer suggestions such as or bringing a home-packed lunch to work in order to have time to take a walk instead of waiting in line at the cafeteria. State the benefits of these activities (e.g., they reduce stress, tone your muscles, and help prevent diabetes). Remind people that the goal is at least 30 minutes moderate intensity physical activity (like brisk walking) 5 days a week. The 30 minutes can be split into three 10 minute intervals.

Ask participants to name ways that they could get support to be more active in their daily lives. For example, finding a walking buddy is a great way to become more physically active.

Facilitate a short discussion, making sure participants understand the point that people can easily increase activity in daily life without having to join health clubs or start exercise regimens.



### Activity

Do some stretching exercises. Ask participants to try a few of the stretches recommended in the GAME PLAN toolkit Walking Program guide. After having them walk around the room, let them try a few more stretches. Model the stretches to show participants how to do them properly. Encourage participants to use the stretches at home. It is very important to offer alternative stretches or movements for people who are older or obese or who have reduced mobility. Consider what activities can be done while sitting in a chair or wheelchair. Consider playing the NDEP Step by Step or Movimiento Por Su Vida music CD or other music during the physical activity breaks during sessions. These music CDs are available free from NDEP by downloading or ordering from [www.ndep.nih.gov](http://www.ndep.nih.gov) or calling 1-800-438-5383.

Hand out copies of Appendix P: Your GAME PLAN for Preventing Type 2 Diabetes–Information for Patients (one per participant). Review the benefits of walking, how to start a walking program, and the importance of stretching.



### Review of Discussion Points

Say: “Today we learned about two (OPTIONAL: three) main topics: why physical activity is important to help everyone lose or maintain weight, and easy ways to add physical activity to your daily routine. (OPTIONAL: We also learned how to identify correct footwear, especially for people with diabetes.)

Let’s take something that we learned in this session and make a pledge about physical activity that we can keep during the coming week.”



### Pledge

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

### Affirmation

Say: “Our affirmation for this week is ‘Difficulties strengthen the mind, as labor does the body.’ How can this affirmation help you to keep your pledge this week?”

## Post-Session 4 Questionnaire

Administer the Post-Session 4 Questionnaire. Remind participants to write their names (or their initials with their day and month of birth) on the questionnaires and to hand them in to you.

## Preparation and Reminders for the Next Session

No optional activities are designed for Session 5, but you might choose to add an optional activity from Session 3 or Session 4. Reviewing the responses on the pre-Session 1 Questionnaires can help you to select an activity that meets the interests and needs of the group.

- If you will be adding an optional activity at the next session, remind participants that if they wish to participate in that activity, they will need to stay longer (at least 2 hours).
- If the optional activity involves traveling somewhere, ask for volunteers for carpooling, or discuss other arrangements for transporting participants to the site of the activity.
- Ask participants if they are willing to prepare and bring some healthful foods and the recipes for these foods to share at the next session.
- This is the time to ask participants how interested they are in learning more about diabetes. From your review of the pre-program questionnaires from the first session, and from your interactions with the group during the past four sessions, you probably have a “feel” for how much information the group would like on diabetes. Are most people participating in the *Power to Prevent* program to make general healthy improvements in their lifestyle, or are they specifically interested in diabetes? How many people in the group have diabetes?
- Ask whether the group as a whole wants a one-session general overview of diabetes or a more detailed, three-session class. Try to reach a consensus by getting the whole group to agree instead of putting the question to a vote. This decision will determine whether you conduct Session 6 in one meeting or over three (or more) meetings.



NOTE: Session 6 must be taught by a trained health care professional (e.g., a certified diabetes educator or physician). Because this guest instructor will need advance notice, you must plan ahead and ask now about the interests of the group. The NDEP recommends contacting local clinics or your local chapter of the American Diabetes Association or the American Association of Diabetes Educators for possible volunteers. See Session 6 for further suggestions.



Say: *“Next week we’ll be discussing how to add healthy eating to your daily routine. Please bring one food item that you prepare regularly to next week’s class, and also bring the recipe. Be sure to use your GAME PLAN Food and Activity Tracker this week. I’d be glad to stay and talk one-on-one with anyone having trouble using the tracker. Remember, “Small Steps. Big Rewards”! And don’t forget to use the affirmation to help you keep your pledge. We’ll see you next week.”*

# Optional Activities

## 4.1 Visit an Athletic Shoe Store

A visit to an athletic shoe store would take about one hour. This activity would be in addition to the regular session.

The NDEP strongly recommends that you invite a health professional with experience in physical activity and diabetes to accompany the group on this trip. A podiatrist or physical therapist can help explain the issues around selecting appropriate footwear for people with numb feet, foot deformities, or balance problems, or people who have no foot problems but want to begin a walking program.

Take your group to an athletic shoe store so that the guest instructor can discuss the different types of athletic shoes. Remember that the store's manager or salespersons may not be knowledgeable about the special needs of people with diabetes. Allow group members to get a correct measurement of their feet to ensure that their athletic shoes fit properly.

### Tip Regarding Diabetes and Foot Care

If your group includes many people with diabetes who want more information on foot care, refer them to the NDEP brochure *Take Care of Your Feet for a Lifetime* (also available in Spanish), which can be obtained by calling 1-800-438-5383; it can also be downloaded from [www.ndep.nih.gov](http://www.ndep.nih.gov) or printed from the *Power to Prevent* CD-ROM that accompanies this curriculum.

This session of *Power to Prevent* is not intended to offer a comprehensive review of foot care for people with diabetes. Participants with questions on diabetes foot care should be referred to their health care provider, to a podiatrist, or to the NDEP for more information.

## 4.2 Invite a Yoga or Tai Chi Instructor or an Athletic Trainer to Lead Exercises

Contact a yoga instructor, a Tai Chi instructor, or an athletic trainer from a local gym or hospital to lead the group in healthy stretching exercises. These instructors may also be available at community centers and local colleges.

This activity should be done during the session and will add about 30 minutes to the session.

## 4.3 Invite a Podiatrist to Speak

If your class has many people with diabetes, or if the group has a strong interest in learning more specifically about diabetes care, consider inviting a podiatrist to speak to the group about proper footwear and about foot care for people with diabetes. Look in your local telephone directory or contact your local American Diabetes Association chapter to locate a podiatrist with a special interest in diabetes. See the box "Tips for Working with a Guest Instructor" in the Program Leader's Resource Guide.

This activity should be done during the session and will add about 30 minutes to the session. Use Appendix S: Feet Can Last a Lifetime as an optional handout for this activity.

---

# *Session 5: Make healthy food choices one day at a time*

---

## **Preparing for the Session**

### *Learning Objectives*

At the end of this session, participants will be able to:

- Incorporate healthy eating into daily routines
- Substitute more healthful foods for less healthful foods

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on page 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- Original Pre- and Post-Session 4 Questionnaires to return to participants
- Post-Session 5 (mid-program) Questionnaire found in Appendix M (one copy per participants, plus a few extras)

NOTE: Before administering the post-session questionnaire, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- OPTIONAL: Two helpers to assist participants with filling out questionnaires and other tasks
- Index cards for writing down recipes (several for each participant)
- OPTIONAL: Index cards that each list a designated recipe category (e.g., entree, dessert, salad, side dish, bread, beverage)



### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- At the last session you asked participants to bring a favorite food and its recipe to this session. Consider sending a reminder to participants to bring their food items and recipes to the class.
- Photocopy the GAME PLAN Food and Activity Tracker (Appendix J) and the Weekly Pledge form (Appendix K) (one copy per participant).
- You may wish to hand out the NDEP bilingual (English and Spanish) Recipe and Meal Planner Guide at this session. The booklet, which contains recipes in English and in Spanish, must be ordered 6 weeks in advance (see the NDEP Publications Order Form in Appendix AC). It can



also be downloaded from the NDEP Web site (<http://www.ndep.nih.gov/diabetes/MealPlanner/index.htm>) or printed from the *Power to Prevent* CD-ROM that accompanies this curriculum.

- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.
- Buy a package of index cards to bring to the session.

### *Estimated Time for the Session: 90 to 120 Minutes*

- The amount of extra time required for participants to complete the pre- and post-session questionnaires and to review the previous session's questionnaires depends on the needs of the group.

## Conducting the Session

### *Welcome*

Welcome participants and ask if they brought their recipes.

### *Session Overview*

Say: *"At the end of this session, you will be able to:*

- *Incorporate healthy eating into daily routines, and*
- *Substitute more healthful foods for less healthful foods."*



### *Review of the Previous Session*

Say: *"In the last session, we learned why physical activity is important for helping everyone to lose weight or to maintain a healthy weight. We also learned easy ways to add physical activity to our daily routine."* **OPTIONAL:** *"Finally, we learned how to identify correct footwear, and we gave special attention the footwear needs of people with diabetes." "Before we get started with today's session, let's take out our Food and Activity Trackers and see how everyone did last week."*



### *Check-In: Weekly Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to 'bust' these barriers.

After the discussion, say: "Let's fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## Review of Session 4 Questionnaires

Return the Pre- and Post-Session 4 Questionnaires to participants. Ask the group if anyone has questions or would like to discuss these questionnaires. Explain that the purpose of the questionnaires is two-fold: 1) to give you as program facilitator feedback on how confident participants are about the new information and skills you are trying to help them build; and 2) to help them reflect on the progress they are making and in which areas they may want to ask for a helping hand.



### Discussion Points

*Say: “Eating healthily helps give you the nutrients you need to learn, work, and enjoy life. It also helps keep your blood sugar (glucose) level in balance. Healthy eating can help you avoid long-term chronic illnesses such as diabetes and heart disease.*

*To help you prevent or delay diabetes, it is critical that you incorporate healthy food choices into your daily diet. You don’t have to give up the foods you love, but you may need to eat some of them less often or in smaller portions, or you may need to change the way you prepare the foods.*

*Eating a variety of fruits and vegetables daily can help. If prepared in a healthful way (that is, without grease or fat), these foods fill you up without adding a lot of calories and fat to your diet. Remember what we discussed a couple of weeks ago: you should not miss meals, and you should eat them at about the same time every day. If you snack, make sure that you eat healthful snacks—a great way to fit those fruits and vegetables into your diet!”*

#### What is a Healthy Eating Plan?

A healthy eating plan is one that:

- Emphasizes fruits, vegetables, whole grains and fat-free or low-fat milk
- Includes lean meats, poultry, fish, beans, eggs and nuts
- Is low in saturated and *trans* fats, cholesterol, salt (sodium) and added sugars
- Balances calorie intake with calorie needs

...and tastes good too!

Source: US Dietary Guidelines consumer brochure <http://www.health.gov/dietaryguidelines/>

Ask if participants have changed any of their eating habits based on what they have learned in the sessions so far, and list their answers on a flipchart. Reiterate the point that small changes in daily food choices can add up to big rewards in preventing or delaying diabetes.

*Say: “Cooking can be a fun activity that involves family and friends. Cooks can share and exchange healthy recipes with one another. You don’t need to eliminate your favorite dishes from your diet, but you can make them more healthful by slightly changing the way you, or whoever does the cooking, usually prepare them.”*

Ask participants to share some of their recipe ingredients, and ask others in the group to help them come up with alternative ingredients or methods of cooking that would be more healthful.

Remind participants that family support would be a great help to them in making healthy food choices. Ask them for ideas on how to make healthy eating a “family affair,” and list the ideas on the flipchart. Here are some ideas that you might mention:

- With the help of their parents, children could create a grocery list of healthful items for the next shopping trip and could decorate their list.
- Families could pledge to work together on better food choices.
- Families could experiment with new, more healthful recipes for favorite foods.

Ask participants to list some of the things that they have learned from others during the session about how to incorporate more healthful food into their daily diets. List their answers on the flipchart. Be sure to bring out the following points:

- Eat a variety of healthy foods.
- Eat meals and snacks at about the same time each day. Try not to skip meals.
- Balance your meals with physical activity.
- Drink water instead of sugar-sweetened juice or soda.
- Continue to eat the foods you love—but less frequently, in smaller portions, or prepared with less grease and fat.

*Say: “Remember, focus on making one change at a time in your eating habits. Avoid making too many changes at once, because doing so may make you feel overwhelmed..”*



### *Activity*

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## *Review of Discussion Points*

*Say: “Today we learned about two main topics: incorporating healthy eating into our daily routines, and substituting more healthful foods for less healthful foods.*

*Let’s take something that we learned in this session and make a pledge about food or activity that we can keep during the coming week.”*



## *Pledge*

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## *Affirmation*

*Say: “Our affirmation for this week is ‘To make a big difference, focus on the small steps you make every day.’ How can this affirmation help you to keep your pledge this week?”*

# Post–Session 5 Questionnaire

Hand out the Post–Session 5 Questionnaire (one copy per participant). Based on your previous experience, either read each question and answer choice aloud to the group or let the group work in silence. Suggest that if participants would like assistance because they have forgotten their reading glasses or for some other reason, you (or your helpers) can assist them. Remind participants to write their names (or their initials with their day and month of birth) on the questionnaires and to hand them in to you. Be sure to collect all questionnaires so that you can photocopy them and return them to participants at a future session.

The questions on the Post–Session 5 Questionnaire are the same as those on the Pre–Session 1 Questionnaire. You can compare the answers on the two questionnaires to see how the participants are feeling about their progress toward their personal goals.



## *Preparation and Reminders for the Next Session*

If the group has requested one or more optional diabetes sessions, announce that the next one to three sessions (Session 6: Diabetes Overview, Parts 1 –3) will be about diabetes. Session 6 must be taught by a trained health care professional (e.g., a certified diabetes educator or health care provider). The NDEP recommends that you contact local clinics or your local chapter of the American Diabetes Association or the American Association of Diabetes Educators for possible volunteers. See the Session 6 lesson plan for further suggestions. Remind the group that these informational sessions on diabetes cannot substitute for diabetes education classes. Recommend that any participants in the class who have diabetes see a diabetes educator to learn how to manage their diabetes.



If the group has decided not to participate in any optional sessions on diabetes, announce that the next meeting will be Session 7: Physical Activity for Families. Tell the participants that they will be doing some extra physical activity during the session, and remind them to wear comfortable clothes and shoes. Consider sending a reminder to participants with the date of the next session.

Remind participants to use the GAME PLAN Food and Activity Tracker and to focus on keeping their pledge during the coming week.



---

# *Session 6: Diabetes Overview.*

## *Part 1—you have the power to prevent diabetes*

---

### **Preparing for the Session**



NOTE: Session 6 must be taught by a trained health care professional (e.g., a certified diabetes educator or a health care provider).

### *Learning Objectives*

At the end of this session, participants will be able to:

- Identify the different types of diabetes
- List risk factors for diabetes
- Describe signs and symptoms of diabetes
- Identify complications that can occur from having diabetes
- Describe what people can do to manage diabetes or, if most of the participants in the session do not have diabetes, what they can do to support people who have diabetes

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on page 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- Original Pre–Session 1 Questionnaires and Post–Session 5 Questionnaires to return to participants
- Pre– and Post–Session 6 Questionnaires found in Appendix M (one copy per participant plus a few extras)

NOTE: Before administering the pre- and post-session questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- OPTIONAL: Two helpers to assist participants with filling out questionnaires and other tasks

- Brochure 7 Principles for Controlling Your Diabetes. For Life (see information for ordering or downloading in the following section)
- OPTIONAL: An additional resource for groups that want more detailed information on diabetes is Take Charge of Your Diabetes. Order this publication free from the Centers for Disease Control and Prevention (CDC) by calling 1-877-CDC-DIAB (232-3422) or by downloading it from the CDC Web site at <http://www.cdc.gov/diabetes/pubs/tcyd/index.htm>.



## *Advance Preparation*

- Depending on the interests of the group, Session 6 can be broadly covered in a single 90- to 120-minute meeting, or the information can be delivered over three 60- to 90-minute sessions to offer greater depth. The session is divided into three parts for your convenience. To determine how many meetings to devote to learning specifically about diabetes, use the participants' responses on the Pre-Session 1 Questionnaire, or ask the group to decide.
- If Session 6 is conducted in one meeting, plan to spend at least 90 minutes, including a break (for physical activity and restroom use). Combine the learning objectives, materials and handouts, and advance preparation for Parts 1, 2, and 3 of this session into one meeting. See section "Materials, Supplies, Handouts, and Equipment" in each part.
- Photocopy the GAME PLAN Food and Activity Tracker (Appendix J) and the Weekly Pledge form (Appendix K) (one copy per participant).
- Obtain the brochure 7 Principles for Controlling Your Diabetes. For Life. Order or download from the NDEP Web site at <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm>.
- Photocopy Pre-Session 6 Questionnaire (one for each participant and some extras).
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

## *Estimated Time for the Session: 90 to 120 Minutes*

- The amount of extra time required for participants to complete the pre- and post-session questionnaires and to review the Session 1 and Session 5 questionnaires depends on the needs of the group

## *Tips for Inviting a Health Care Professional to Lead the Session*

Session 6 must be taught by a trained health care professional (e.g., a certified diabetes educator or health care provider). To invite a diabetes educator or health care provider, consider following these steps:

- Contact the American Association of Diabetes Educators at 1-800-832-6874, or go to [www.diabeteseducator.org](http://www.diabeteseducator.org) and click on “Find an Educator” to locate a certified diabetes educator (CDE) near you. Alternatively, invite a local health care provider (HCP) whom you know treats people with diabetes
- Arrange to meet with the CDE or HCP in advance of the session. Give him or her copies of the session’s lesson plan and the handouts.
- Tell the CDE or HCP about the group: who the members are, what their interests are, and the purpose of your *Power to Prevent* program.
- Ask the CDE or HCP to go over the points in the lesson plan with the group. Be clear on the number of meetings devoted to Session 6: one, two, or three. Also be clear on the amount of time that he or she will have to cover the material: 30 minutes or an hour because of the other activities scheduled for the session (e.g., weekly pledges, trackers, discussion.).
- Ask if the CDE or HCP plans to use overhead transparencies, a video, or Power Point slides for the session. If so, ask for a copy of the slides or transparencies in advance, and make copies for all of the group members.
- Arrange for an overhead projector, a TV/VCR, or computer with projector, if needed.
- Consider giving the guest instructor a token of your appreciation. It could be an NDEP product (e.g., one of the NDEP’s music CDs: *Movimiento Por Su Vida* or *Step by Step*) or something with your organization’s logo. Consult your organization’s guidelines about gift giving or providing an honorarium for time given to your program.
- Be sure to send a thank you letter after the session and invite the CDE or HCP to Session 12 as a guest to celebrate the completion of the program.



# Conducting the Session

## *Welcome*

Welcome participants and introduce your guest instructor.

## *Session Overview*

Say: “At the end of this session, you will be able to:

- *Identify the different types of diabetes*
- *List risk factors for diabetes*
- *Describe signs and symptoms of diabetes*
- *Identify complications that can occur from having diabetes*
- *Describe what individuals can do to prevent or delay diabetes or to manage it*



## *Review of the Previous Session*

Say: “In the last session, we learned about incorporating healthy eating into daily routines and substituting more healthful foods for less healthful foods. Before we get started with today’s session, let’s see how everyone did last week.”



## *Check-In: Weekly Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker



## *Review of Session 1 and Session 5 Questionnaires*

Return the Pre-Session 1 and Post-Session 5 Questionnaires to participants. Ask the group if anyone has questions or would like to discuss these questionnaires. Point out key areas that you noticed in comparing the answers on these two sets of questionnaires. Include comments on successes (increased knowledge, confidence, or both) and on persistent problem areas. Do NOT identify any of the responses as belonging to a particular individual.

# Pre–Session 6 Questionnaire

Hand out the Pre–Session 6 Questionnaire (one copy per participant). Based on your previous experience, either read each question and answer choice aloud to the group or let the group work in silence. Suggest that if participants would like assistance because they have forgotten their reading glasses or for some other reason, you (or your helpers) can assist them. Remind participants to write their names (or their initials with their day and month of birth) on the questionnaires and to hand them in to you. Be sure to collect all questionnaires so that you can photocopy them and return them to participants at a future session.



## *Discussion Points*

*Say: “The goal for today is to help everyone gain a better understanding of diabetes and its health risks and how to prevent or manage the disease. I’m going to give you some facts about diabetes. Let’s refresh our memories from Session 1. What is diabetes?”*

After listening to the responses from group members, use the explanations below to fill in any points that were missed.

- Diabetes results when the body cannot use blood glucose (sugar) as energy because the body has too little insulin or is unable to use the insulin it produces.
- Diabetes is a disease that impairs the body’s ability to use food. The hormone insulin, which is made in the pancreas, helps the body to change food into energy. In people with diabetes, either the pancreas does not make insulin, or the body cannot use insulin properly. Without insulin, glucose (or sugar)—the body’s main energy source—builds up in the blood.

Types of diabetes and the risk factors for diabetes were covered in Session 1. Review them briefly to refresh participants’ memories.

## *Additional Information on Diabetes*

*Say: “Can anyone name some of the signs and symptoms of diabetes?”*

List answers on a flipchart, and make sure that the following items are mentioned:

- Frequent urination
- Excessive thirst
- Blurred vision
- Dizziness or lightheadedness
- Tingling or numbness in hands and feet
- Tiredness
- Sores that are slow to heal
- More infections than usual

Make sure that you point out that some people with diabetes have NO symptoms.

*Say: “Can anyone name some of the complications of diabetes that can be avoided with good control?”*

List answers on a flipchart, and make sure that the following items are mentioned:

- Blindness
- Kidney damage
- Nerve damage
- Foot problems
- Heart and blood vessel disease, including stroke
- Periodontal (gum) disease
- Foot problems and amputations

NOTE: If you are conducting Session 6 in a single 90-minute meeting, skip ahead NOW to Part 2 Learning Objectives (session 6, page 9). Save the Review of Discussion Points, Pledge, Affirmation, and Preparation and Reminders for the Next Session until the end. If you are conducting Session 6 in three 60-minute sessions, proceed through this lesson plan as written.

Say: *“Who can share some tips on preventing diabetes?”*

List answers on a flipchart, and make sure that the following items are mentioned:

- Involve the whole family in fun daily physical activities such as walking, dancing, basketball, skating, hiking, swimming, soccer, tennis, and volleyball.
- Involve all family members in preparing healthful meals and snacks.
- Eat foods that are lower in fat and higher in fiber.
- Lose weight if you are overweight, or maintain your weight if you are at a healthy body weight.

Say: *“Who can share some tips on controlling diabetes?”*

List answers on a flipchart, and make sure that the following items are mentioned:

- If you have diabetes, keep your blood glucose (sugar) levels as close to normal as possible. (This point is discussed in more detail in Session 6: Diabetes Overview, Part 2—Learn Your ABCs.)
- Take medications as prescribed by your health care provider.
- Check your blood glucose (sugar) values as advised by your health care provider.
- Healthy eating and physical activity can help keep diabetes under control.



### *Activity*

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## *Review of Discussion Points*

Say: *“Today we learned a lot of facts about diabetes. Let’s take something that we learned and make a pledge about food or activity that we can keep during the coming week.”*



## *Pledge*

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## *Affirmation*

*Say: "Our affirmation for this week is 'Where there is hope, change can occur.' How can this affirmation help you to keep your pledge this week?"*



## *Preparation and Reminders for the Next Session*



*Say: "Next week we'll be discussing more information about diabetes. Be sure to use your GAME PLAN Food and Activity Tracker this week. And don't forget to use the affirmation to help you keep your pledge. We'll see you next week."*



---

# *Session 6: Diabetes Overview.*

## *Part 2—learn your ABCs*

---

### **Preparing for the Session**



NOTE: This session must be taught by a trained health care professional (e.g., a certified diabetes educator or physician).

#### *Learning Objectives*

At the end of this session, participants will be able to:

- List the ABCs of diabetes control (A1C, blood pressure, and cholesterol)
- Discuss why controlling the ABCs is important
- List steps to achieving healthier ABC levels

#### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on page 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker and Appendix K: Weekly Pledge form (one copy per participant) (NOTE: not needed if Session 6 is given as one 90-minute session)
- Appendix AA: Be Smart About Your Heart. Control the ABCs of Diabetes (one copy per participant) (see information for ordering or downloading in the following section)



#### *Advance Preparation*

- Photocopy the GAME PLAN Food and Activity Tracker (Appendix J) and the Weekly Pledge form (Appendix K) (one copy per participant). (NOTE: Not needed if Session 6 is given as one 90-minute session.)
- Obtain Appendix AA: Be Smart About Your Heart. Control the ABCs of Diabetes (one copy per participant). Order using the NDEP Publications Order Form in Appendix AC, download and print from the NDEP Web site [http://www.ndep.nih.gov/campaigns/BeSmart/BeSmart\\_index.htm](http://www.ndep.nih.gov/campaigns/BeSmart/BeSmart_index.htm), or print from the CD-ROM accompanying this curriculum.
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

# Conducting the Session

## Welcome

Welcome participants and introduce your guest speaker.

## Session Overview

Say: *“At the end of this session, you will be able to:*

- *List the ABCs of diabetes control (A1C, blood pressure, and cholesterol)*
- *Discuss why controlling the ABCs is important*
- *List steps to achieving healthier ABC levels*

NOTE: If you are conducting Session 6 in a single 90-minute meeting, skip ahead NOW to Part 2 Discussion Points List page when final formatting is completed). If the session is being held in three 60-minute meetings, proceed through this lesson plan as written.



## Review of the Previous Session

Say: *“In the last session, we learned a lot of facts about diabetes. Let’s see how everyone did with their pledges. Before we get started with today’s session, let’s see how everyone did last week.”*



## Check-In: Weekly Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters

Facilitate a discussion about how group members did with keeping their pledges and using their trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to “bust” these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## Part 2 Discussion Points

Say: *“If you have diabetes, take control of your health by knowing your ABCs. What do we mean by knowing your ABCs? We mean knowing your A1C level, your blood pressure level, and your cholesterol count. Maintaining normal levels of your A1C, blood pressure, and cholesterol is essential for remaining healthy if you have diabetes. If you don’t yourself have diabetes but know someone who does, share with them what we’ll be learning today.”*



Go over the following information on the ABCs, and write the main points on a flipchart. Make sure that group members understand the specific information about A1C, blood pressure, and cholesterol levels presented here.

*Say:*

## *A is for A1C*

*“The A1C (A-one-C) test—short for hemoglobin A1C—measures your average blood glucose (sugar) level over the past 3 months. It is the best test to tell you how you are doing in controlling your blood glucose (sugar) levels.*

*The suggested target for this test result is below 7.*

*High blood glucose (sugar) levels can harm your kidneys, feet, and eyes.*

## *B is for blood pressure*

*High blood pressure makes your heart work too hard.*

*The suggested target for your blood pressure is below 130/80 (130 over 80).*

*High blood pressure and diabetes are a bad combination. That’s why the blood pressure goal for people with diabetes is lower than that for people without diabetes.*

## *C is for cholesterol*

*Bad cholesterol, or LDL, builds up and clogs your arteries.*

*The suggested target for your LDL level is below 100.*

*Eating a diet high in animal or saturated fats (fats that are usually solid at room temperature) can lead to a build-up of bad cholesterol (LDL), which can clog your arteries and cause heart disease. Diabetes and high cholesterol are a ‘double whammy’ for the heart and blood vessels. If you have diabetes, your LDL cholesterol should be below 100. If you have heart disease, your LDL should be below 70.*

*Ask your doctor what your LDL should be.*

*Keeping track of your ‘numbers’ is important in maintaining health. You should ask your doctor to discuss your ABC targets with you at every visit.*

*Let’s take a look at this handout and talk about some ways to maintain the right ABC levels.”*

Hand out Appendix AB, Be Smart About Your Heart. Control the ABCs of Diabetes. Review the Be Smart brochure, including tips for controlling the ABCs, with the group. If you have time, ask for additional ideas and suggestions from the participants. Write their responses on the flipchart. Be sure that the following points are brought out:

- Eat more fruits and vegetables, increase your fiber intake, and lower your saturated fat intake.
- Be physically active.
- Take medications as prescribed by your health care provider.
- Check blood glucose (sugar) level as directed by your health care provider.



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

NOTE: If you are conducting Session 6 in a single 90-minute meeting, skip ahead NOW to Part 3 Learning Objectives. (List page when final formatting is completed) Wait to cover the Review of Discussion Points, Pledge, Affirmation, and Preparation and Reminders for the Next Session until the end of the session. If the session is being held in three 60-minute meetings, proceed through this lesson plan as written.

## Review of Discussion Points

Say: *“Today we learned about the importance of knowing and monitoring your ABCs: A1C, blood pressure, and cholesterol levels. We also learned how to achieve healthier ABC levels.*

*Let’s take something that we learned and make a pledge about food or activity that we can keep during the coming week.”*



## Pledge

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## Affirmation

Say: *“Our affirmation for this week is ‘The head and the body must serve each other.’ How can this affirmation help you to keep your pledge this week?”*



## Preparation and Reminders for the Next Session



Say: *“Next week we’ll talk about how you can take control and maintain a healthy lifestyle. Be sure to use your GAME PLAN Food and Activity Tracker this week. And don’t forget to use the affirmation to help you keep your pledge. We’ll see you next week.”*

---

# *Session 6: Diabetes Overview.*

## *Part 3—take control*

---

### **Preparing for the Session**



NOTE: This session must be taught by a trained health care professional (e.g., a certified diabetes educator or physician).

#### *Learning Objectives*

At the end of this session, participants will be able to:

- Explain why controlling diabetes is important
- List circumstances that can affect blood sugar levels
- OPTIONAL: Describe the basics of Medicare coverage related to diabetes equipment and supplies

#### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker and Appendix K: Weekly Pledge form (one copy per participant) (NOTE: not needed if Session 6 is given as one 90-minute session)
- Appendix R: Blood Sugar Testing: The Power to Control Diabetes Is in Your Hands (three brochures; one copy per participant):

If You Have Diabetes, Know Your Blood Sugar Numbers (NDEP-10)

The Power to Control Diabetes Is in Your Hands (NDEP-38)

Expanded Medicare Coverage of Diabetes Services Fact Sheet (NDEP-77)

- Appendix Y: Stress (one copy per participant, plus a few extras)



## *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Photocopy the GAME PLAN Food and Activity Tracker (Appendix J) and the Weekly Pledge form (Appendix K) (one copy per participant). (NOTE: not needed if Session 6 is given as one 90-minute session.)
- Make enough copies of the three brochures in Appendix R: Blood Sugar Testing: The Power to Control Diabetes Is in Your Hands for each member of the group, plus some extras. Order these brochures using the NDEP Publications Order Form in Appendix AC, download and print them from the NDEP Web site at [http://www.ndep.nih.gov/campaigns/Power/Power\\_index.htm](http://www.ndep.nih.gov/campaigns/Power/Power_index.htm), or print them from the CD-ROM accompanying this curriculum. If ordering, allow at least 6 weeks for delivery.
- Make copies of Appendix Y: Stress for each participant, plus some extras.
- Photocopy the Post-Session 6 Questionnaire (one per participant, plus some extras).
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

## Conducting the Session

### *Welcome*

Welcome participants and introduce your guest speaker.

### *Session Overview*

Say: *"At the end of this session, you will be able to:*

- *Explain why controlling diabetes is important*
- *List circumstances that can affect blood glucose (sugar) levels*
- *Describe the basics of Medicare coverage related to diabetes equipment and supplies*

NOTE: If you are conducting Session 6 in a single 90-minute meeting, skip ahead NOW to Part 3 Discussion Points (List page when final formatting is completed) If the session is being held in three 60-minute meetings, proceed through this lesson plan as written.



### *Review of the Previous Session*

Say: *"In the last session, we learned about the ABCs of diabetes: A1C, blood pressure, and cholesterol. Before we get started with today's session, let's see how everyone did last week."*



## *Check-In: Weekly Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: *“Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.”*

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## **Part 3 Discussion Points**

Suggest to the health care professional conducting the class that he or she should say the following:

*Say: “Controlling diabetes helps you feel better and stay healthy. Lowering blood glucose (sugar) reduces your chances of developing kidney, eye, and nerve problems and other complications. Let’s talk about blood glucose (sugar) levels. Many everyday events can affect these levels.”*

Ask the group to suggest circumstances in everyday life that can affect blood glucose (sugar) levels, and write their responses on a flipchart. Be sure that the following points are mentioned:

- Diet
- Medications
- Sickness
- Stress

*Say: “The care plan for people with diabetes may differ from person to person depending on other medical conditions that the person may have. If you have diabetes, talk to your doctor to find out what blood glucose (sugar) level is best for you and what actions to take that best suit you. Right now, let’s look at some information about blood glucose monitoring—testing blood glucose (sugar) levels at home with a glucose monitoring machine.”*

Hand out two brochures from Appendix R, *If You Have Diabetes, Know Your Blood Sugar Numbers* and *The Power to Control Diabetes Is in Your Hands*. Depending on the interests of the class and the amount of time that you have allotted for this session, either review these brochures in class or assign them as reading to be done at home. In either case, suggest to group members that they share the brochures with friends and family. Point out that *The Power to Control Diabetes Is in Your Hands* is written especially for older adults and may be helpful for older family members with diabetes.

## *Medicare Coverage*

Hand out the Appendix R brochure *Expanded Medicare Coverage of Diabetes Services Fact Sheet*. Depending on the interest of the participants and the time available, review the brochure in class or recommend it as home reading.

## *Further Information on Diabetes Prevention and Control*

If participants are interested in learning more on their own about diabetes prevention and control, refer them to the many Web sites listed in the table of Appendix Materials and Resources (List page numbers when final formatting is completed). Have them call the National Diabetes Education Program (NDEP) at 1-800-438-5383 to order materials. They may also call the public inquiries line at the Centers for Disease Control and Prevention (CDC) at 1-877-CDC-DIAB or the National Diabetes Information Clearinghouse at 1-800-860-8747. In addition, interested participants can visit the NDEP Web site [www.ndep.nih.gov](http://www.ndep.nih.gov) to download and photocopy materials.



### *Activity*

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## *Review of Discussion Points*

Note: If this session is conducted in one 90-minute meeting rather than in three separate meetings, be sure to review the discussion points from Parts 1 and 2 before beginning this review.

Say: *“Today we learned that many circumstances that can affect blood glucose (sugar) levels. We also learned about Medicare coverage related to diabetes equipment and supplies.*

*Let’s take something that we learned and make a pledge about food or activity that we can keep during the coming week.”*



### *Pledge*

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## *Affirmation*

Say: *“Our affirmation for this week is ‘I am not afraid of storms because I am learning how to sail my ship.’ How can this affirmation help you to keep your pledge this week?”*

# Post–Session 6 Questionnaire

Administer the Post–Session 6 Questionnaire (included in Appendix M). Based on your previous experience, either read each question and answer choice aloud to the group or let the group work in silence. Suggest that if participants would like assistance because they have forgotten their reading glasses or for some other reason, you (or your helpers) can assist them. Remind participants to write their names (or their initials with their day and month of birth) on the questionnaires and to hand them in to you. Be sure to collect all questionnaires so that you can photocopy them and return them to participants at a future session.

Note: Before administering the pre- and post-session questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.



## *Preparation and Reminders for the Next Session*

If you had a guest instructor for this session, consider giving him or her a token of your appreciation. It could be an NDEP product (e.g., one of the music CDs: *Movimiento Por Su Vida* or *Step by Step*) or something with your organization’s logo.

Be sure to send a thank you letter after the session and invite the CDE or HCP to Session 12 as a guest to celebrate the completion of the program.

*Say: “Next week we’ll be discussing physical activity for families. Be sure to use your GAME PLAN Food and Activity Tracker this week. And don’t forget to use the affirmation to help you keep your pledge. We’ll see you next week.”*



Note: Tell participants that the topic of session 7 is physical activity and that they will be doing some extra physical activity during the session. Remind them to wear comfortable clothes and shoes.





---

# Session 7:

## *Physical activity for families*

---

### Preparing for the Session

#### *Learning Objectives*

At the end of this session, participants will be able to:

- Identify ways to stay physically active
- Identify ways to partner with family and friends for physical activity

#### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- 101 Tips for Family Fitness Fun brochure (one per participant, plus some extras) (see information for ordering in the following section)
- Appendix Q: Energize Yourself! Stay Physically Active (one per participant, plus some extras) (see information for ordering in the following section)
- A medium-sized ball (such as a beach ball)
- Photocopies of the calendar at the end of this lesson plan, or photocopied pages from an actual calendar of the upcoming month for your program (at least one per participant), plus colored pencils for writing on and decorating calendars
- Tape for posting calendars on the wall
- Original Pre- and Post-Session 6 Questionnaires to return to participants



#### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Photocopy the GAME PLAN Food and Activity Tracker (Appendix J) and Weekly Pledge form (Appendix K) (one copy per participant).
- Make copies of the 101 Tips for Family Fitness Fun brochure for each participant, plus a few extras. To receive a free copy of "99 Tips for Family Fitness Fun," send a stamped-self addressed legal size (#10) envelope to: National Association for Sport and Physical Education, 1900 Association Drive, Reston, VA 20191. For bulk purchases, call NASPE Publications at 1-800-321-0789, ext. 460.

- Obtain copies of Appendix Q: Energize Yourself! Stay Physically Active (one for each participant, plus some extras). This booklet is part of a seven-booklet set. Print from the accompanying CD-ROM, download and print individually from the Web site [www.nhlbi.nih.gov/health/public/heart/index.htm](http://www.nhlbi.nih.gov/health/public/heart/index.htm), or print from the CD-ROM accompanying this curriculum. If ordering, allow 6 weeks for delivery.
- Make copies of My Physical Activity Calendar, found at the end of this lesson plan (one copy for each participant)
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

## *Estimated Time for the Session: 90 to 120 Minutes*

- The amount of extra time required to review the pre- and post-session questionnaires for Session 6 depends on the needs of the group.

# Conducting the Session

## *Welcome*

Welcome members to the session, and tell them that they will be doing some extra physical activity during the session. Remind them to take a break or to sit down if they feel tired during this activity.

## *Session Overview*

Say: *“At the end of this session, you will be able to:*

- *Identify ways to stay physically active, and*
- *Identify ways to partner with family and friends for physical activity.”*



## *Review of the Previous Session*

Say: *“In the last session (or sessions, if you conducted Session 6 over several meetings), we had an overview of diabetes. Before we get started with today’s session, does anyone have any questions about what we discussed in that overview?”*



## *Check-In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: *“Let’s fill out our Individual Progress Charts.”* This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## Review of Session 6 Questionnaires

Return the Pre- and Post-Session 6 Questionnaires to participants. Ask the group if anyone has any questions or would like to discuss these questionnaires. Explain that the purpose of the questionnaires is two-fold: 1) to give you as program facilitator feedback on how confident people are with the new information and skills that you are trying to help them build, and 2) to help them reflect on the progress they are making and in what areas they may want to ask for a helping hand.

OPTIONAL: If time allows, consider using this session as a time for a mid-point review. Ask participants the following questions: Do you feel that the program is meeting your expectations? Would you like to see changes in the format, the content, or the pace of the class? Consider reviewing some of the questionnaire answers as an opportunity for discussion, for dispelling misconceptions, or for offering praise for increased knowledge, changed attitudes, and greater confidence. Ask what participants have learned thus far and what they would like to learn in the remaining sessions. This is an opportunity to discuss items in previous sessions' questionnaires that indicate troublesome areas in participants' knowledge, confidence, attitudes, and behavior.



## Discussion Points

*Say: "It's important for group members to stick together during the program and support one another. One great way for families and friends to support one another is to engage in physical activity together. Remember the goal is to build up to at least 30 minutes of moderate intensity physical activity 5 days a week. Let's see if we can come up with some ideas."*

Hand out the brochure 101 Tips for Family Fitness Fun and Appendix Q: Energize Yourself! Stay Physically Active (one copy for each participant, plus a few extras).

Ask group members to look through the handouts for new ideas that they can use for participating in physical activity with their family or friends. List their answers on a flipchart.

Hand out the photocopied calendar pages (one per participant). Ask participants to create a calendar listing activities that they could do individually or with their friends or families to increase their activity every day of the week. Tell them to use the handouts to identify a different activity for each day, and have them mark on the calendar the activities that they could do with the support of a family member or a friend.

OPTIONAL: Ask participants to decorate their calendars with drawings (especially if there are children in the group). Add 30 minutes to the session if you choose to do this optional activity.

After participants have had time to create their calendars, ask them to post their calendars on the walls of the meeting room. Have them get up from their chairs to look at one another's calendars. If time allows, ask for volunteers who would like to describe their calendars to the group. As an alternative, consider having group members interview one another about the calendars they have posted.



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## *Review of Discussion Points*

*Say: “Today we learned about two main topics: identifying ways to stay physically active and identifying ways to partner with family and friends for physical activity.*

*Let’s take something that we learned and make a pledge about food or activity that we can keep between now and the next session.*



### *Pledge*

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## *Affirmation*

*Say: “Our affirmation for this week month is ‘We are all sculptors of ourselves.’ How can this affirmation help you to keep your pledge this week?”*



### *Preparation and Reminders for the Next Session*

*Say: “Don’t forget to take your calendars home with you! At the next meeting in one month we’ll be discussing portion size. Be sure to use your GAME PLAN Food and Activity Trackers this month. Remember, any progress, no matter how small, should be celebrated. And don’t forget to use the affirmation to help you keep your pledge. We’ll see you next month.”*

# My Physical Activity Tracker

For the week of \_\_\_\_\_

My goal for this week is:	Moderate physical activity 30 minutes most days of the week
<b>Monday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:
<b>Tuesday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:
<b>Wednesday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:
<b>Thursday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:
<b>Friday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:
<b>Saturday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:
<b>Sunday</b> Notes to myself:	<input type="checkbox"/> Today's Goal My Activities:

Adapted from A HealthierYou <http://www.health.gov/dietaryguidelines/dga2005/healthieryou/contents.htm>





---

# Session 8: Portion size

---

## Preparing for the Session



Note: The NDEP strongly recommends that you invite a registered dietitian to help you conduct this session. To locate a registered dietitian, check with local hospitals, clinics, and your state chapter of the American Diabetes Association; or visit the American Dietetic Association Web site ([www.eatright.com](http://www.eatright.com)) and enter your zip code under “Find a Nutrition Professional.” Also, check your telephone directory for a state dietetic association listing. Tips for inviting a registered dietitian to help conduct the session are included toward the end of the Session 3 lesson plan (Session 3, page 8).

### *Learning Objectives*

At the end of this session, participants will be able to:

- Identify the difference between “portion” and “serving”
- Describe the Plate Method for controlling portion size
- Discuss the relationship between how much you eat (portion size) and how much energy you use (physical activity)

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- Printouts of Parts I and II of the Portion Distortion quiz and answers (Appendix T) from the National Institutes of Health, National Heart, Lung, and Blood Institute, which can be downloaded from the following Web site: <http://hin.nhlbi.nih.gov/portion/> (one for each participant, plus a few extras)
- OPTIONAL: An overhead projector and transparencies
- Plate Method handout found in Appendix T (one for each participant, plus some extras)
- A plate on which you have placed food that shows the portions demonstrated in the Plate Method

OPTIONAL: If you or your organization can afford to purchase plastic food models or paper models or can borrow them, use these models to show portion sizes. Inexpensive food models can be obtained from the National Dairy Council. Check the Web site (<http://www.nutritionexplorations.org/catalog/parents2.asp>) or call 1-800-426-8271.



## *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Photocopy the GAME PLAN Food and Activity Tracker (Appendix J) and the Weekly Pledge form (Appendix K) (one copy per participant)
- If you are able to use an overhead projector, create transparencies from the Portion Distortion quiz questions and answers that you printed out (Appendix T; see instructions in preceding section). If you are unable to create transparencies, text, PowerPoint, and .pdf versions of the quiz are also available on the Web site (<http://hin.nhlbi.nih.gov/portion/>). Portion Distortion Quizzes 1 and 2 are also included on the accompanying CD-ROM. The PowerPoint version offers both the questions and answers in a print-ready format; they are ready to hand out as printed (one for each participant).
- Make copies of the Plate Method handout in Appendix T (one copy of each per participant, plus some extras).
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

*Estimated Time for the Session: 90 Minutes*

# Conducting the Session

## *Welcome*

Welcome participants.

## *Session Overview*

Say: *"At the end of this session, you will be able to:*

- *Identify the difference between 'portion' and 'serving,'*
- *Describe the Plate Method for controlling portion size, and*



## *Review of the Previous Session*

Say: *"In the last session, we learned about identifying ways to stay physically active and identifying ways to partner with family and friends for physical activity. Before we get started with today's session, let's see how everyone did last week."*



## *Check-In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to "bust" these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## Discussion Points

Say: “Who knows the difference between a portion and a serving?”

*Think of a ‘portion’ as the amount of a specific food that you choose to eat for dinner or a snack or at any other time. A portion can be bigger or smaller than the recommended food serving.”*

Explain that a “serving” is a unit of measure used to describe the amount of food recommended from each food group. It is the amount of food listed on the Nutrition Facts panel on packaged or canned food or the amount of food recommended in the Dietary Guidelines for Americans created by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services <http://www.mypyramid.gov/>.

If you have plastic or paper food models available, use them to demonstrate serving sizes. Ask participants to estimate how many servings they typically consume when they eat some of their favorite foods.

Say: “Eating fruits and vegetables as part of a healthy diet helps control blood sugar levels if you have diabetes, and can help you lose weight to prevent or delay diabetes if you are overweight. But many people don’t eat the vegetables they need!”

*We’re going to talk about something that will help you get more vegetables into your healthy diet. It’s called the Plate Method.”*

## Hand out Appendix T: The Plate Method.

“The Plate Method works by dividing a standard size (9-inch) plate into sections and filling the sections with particular types of food. You can use the Plate Method as a guide for what and how much to eat at breakfast, lunch, and dinner. All you need to do is fill your plate so that it matches the Plate Method picture guide, add a piece of fruit and/or a glass of milk, and you are done. No piling the food high into a little mountain on the plate, though! The portion of food should fit in a 1 inch layer (approximately 1 inch high) on the plate.”

Tip: Bring in a plate on which you have already placed food that shows the portions used in the Plate Method, or use plastic or paper models, if available.

Say: “If you use the Plate Method to get more vegetables into your meals, and if you cut down on the fat content of the foods you eat, as we’ve discussed in previous sessions, you will have come a long way toward eating more healthily, controlling your weight, and preventing or managing diabetes.”

## My Pyramid

Some people in your group may have heard of the My Pyramid plan for choosing foods. Remind them that the My Pyramid plan is set up to help people maintain their current weight, not to lose weight. Weight loss by eating less fat/fewer calories and increased physical activity was what worked in the Diabetes Prevention Program, and is the goal of *Power to Prevent*.

For more information on the My Pyramid, visit [www.mypyramid.gov/](http://www.mypyramid.gov/)

Remember that people with diabetes should work with a diabetes educator, a registered dietitian, or a nutritionist to develop an individualized meal plan. If you have diabetes visit one of these health care providers to ask specific questions and to get personal advice.”

Discuss portion control with the group.

*Say: “Has anyone noticed how the food portions in restaurants, and especially at fast food restaurants, have gotten larger over the years? Many people have ‘super-sized’ themselves into larger waistlines and more body weight. We’re going to play a game now to show you how portion sizes have changed over the years. We’ll also see the amount of physical activity that it takes to burn off the extra calories provided by today’s portions.”*

Hand out copies of the Portion Distortion quiz. Keep the answers to hand out after the group plays the Portion Distortion quiz game. Or, if you are using an overhead projector, use transparencies to display each question and each answer in turn.

Determine whether you have time to give one or both of the quizzes. Each quiz takes about 10 minutes. Move through each question, and ask the group to come up with an answer. Show the answer and discuss.



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## Restroom Break

Allow 5 to 10 minutes for participants to use the restroom, if needed.

## Review of Discussion Points

*Say: “Today we learned about two main topics: the difference between ‘portion’ and ‘serving,’ and the Plate Method of getting more vegetables into your diet. Let’s take something that we learned and make a pledge about food or activity that we can keep from now until the next session.”*



## *Pledge*

Have participants make an individual pledge about one item they will work on for the next session. The pledge should be realistic, specific, and include something that can be maintained over time.

## *Affirmation*

*Say: "Our affirmation for this month is 'Self-help is the best help.' How can this affirmation help you to keep your pledge this month?"*



## *Preparation and Reminders for the Next Session*

*Say: "Next week we'll be discussing how to navigate around eating out. Bring a list of the 'fast foods' that you sometimes eat. Would anyone be able to bring a pamphlet from a fast food restaurant that shows the nutritional content of the food served? Ask at the service counter for a copy. Could some of you bring menus from restaurants you like? Ask the restaurant to give you a copy of the nutritional content of the food served. We'll try to look up the fat content of the food items in our GAME PLAN Fat and Calorie Counters."*

Be sure to use your GAME PLAN Food and Activity Tracker this month. And don't forget to use the affirmation to help you keep your pledge. We'll see you next month."



**TIP:** Even though you have asked participants to bring menus from their favorite eating places to the next session, come prepared yourself with some nutritional analysis menus from fast food restaurants and other restaurants. Remember that the NDEP GAME PLAN Fat and Calorie Counter lists the number of fat grams and calories for many common fast food and restaurant items.



---

# Session 9:

## *Navigating around eating out*

---

### Preparing for the Session

#### *Learning Objectives*

At the end of this session, participants will be able to:

- Identify the four keys to healthy eating out
- Apply the four keys to healthy eating out
- Describe methods to control overeating at buffets or receptions

#### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one per participant)
- Appendix V: Four Keys to Healthy Eating Out (one per participant, plus extras to share) (see the following section for information on ordering or downloading).
- Appendix W: Solving the Problem of Buffets and Receptions (one per participant)
- Nutritional analysis menus from fast food restaurants and other restaurants
- OPTIONAL: An overhead projector and transparencies



#### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Photocopy the GAME PLAN Food and Activity Tracker and the Weekly Pledge form (one copy for each participant).
- Photocopy Appendix V: Four Keys to Healthy Eating Out, pages 4–7 (one copy per participant, plus extras for participants to take home to share with others).
- Make flipcharts or transparencies that list the four keys from Appendix V, page 2, and the tips for asking for what you want from Appendix V, page 3.
- OPTIONAL: Make transparencies of Appendix V, pages 2 and 3.
- Make photocopies of Appendix W: Solving the Problem of Buffets and Receptions (one per participant, plus extras to share).



- Bring copies of menus from several local restaurants or fast food establishments. You can request information about the nutritional content of the food served from the waitperson at a restaurant and at the service counter of a fast food restaurant. Some restaurants and fast food eateries have the nutritional information available for downloading on their Web sites.
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session,

*Estimated Time for the Session: 90 Minutes*

## Conducting the Session

### Welcome

*Say: “Welcome back, everyone. Today we’re going to tackle a barrier that everyone faces: making healthy food choices when eating out. Did anyone bring a menu from a restaurant they like or information on the nutritional content of the food served? (Wait for participants to indicate whether they brought any materials.) We’ll work with those materials shortly.”*

### Session Overview

*Say: “At the end of this session, you will be able to:*

- *Identify the four keys to healthy eating out,*
- *Apply the four keys to healthy eating out, and*
- *Describe methods to control overeating at buffets or receptions.”*



### Review of the Previous Session

*Say: “In the last session, we learned the difference between ‘portion’ and ‘serving.’ We also learned about the Plate Method of portion control. Before we get started with today’s session, let’s see how everyone did last week.”*



### Check-In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## Discussion Points

*Say: “Having diabetes doesn’t mean that you can no longer eat fast food or eat at restaurants. But those who are at risk for developing diabetes and those who have diabetes do need to cut down on how much fast food they eat, and they need to pay attention to what they eat when dining out. There are many strategies to help control overeating or eating unhealthy foods while dining out. Let’s talk about the four keys to healthy eating out.”*

Hand out Appendix T: Four Keys to Healthy Eating Out (one per participant).

*Say: “Let’s go over the four keys, and then we’ll practice them in different situations. (Use the flipcharts or transparencies you made to describe the four keys.) The four keys are:*

- *Plan ahead,*
- *Ask for what you want,*
- *Take charge of what’s around you, and*
- *Choose foods carefully.”*

For each of the four keys, ask, “Why is this important when eating out?” List participants’ responses on the flipchart.

*Say: “Now let’s talk about how to ask for what you want when eating out. That’s sometimes hard to do, but it’s very important. (Refer to the flipchart or the transparency you made.) To ask for what you want:*

- *Begin with ‘I,’ not ‘you.’ State your preferences, rather than telling someone else what they should do. I’m going to read some examples, and you tell me how they could be stated as ‘I’ statements, not ‘you’ statements.*
  - *Say, ‘I would like to order this menu item, but broiled or baked, not fried,’ instead of ‘You don’t have any chicken that’s not fried, do you?’*
  - *(See the table below for more examples.)*
- *Use a firm and friendly tone of voice that can be heard.*
- *Look the person in the eye.*
- *Repeat your needs until you are heard. Keep your voice calm. Say, for example, ‘I would like to order vegetables or fruit for my side dish instead of baked potato with sour cream.’ If told that this is not possible, ask what would be possible. Say, ‘What more healthful items could I have instead of the potato?’ Let’s practice what we’ve learned so far. Who has menus?”*

Create small groups of three or four people and make sure that each group has at least one menu. Ask the group members to discuss how they would apply the four keys to healthy eating out. Ask them to role play a restaurant situation in which one person acts as the waitperson and the others order. Tell them to make sure that every group member has a chance to order at least once. Tell those playing the waitpersons that they should be somewhat uncooperative so that the “diners” will really have to practice asking for what they want.

Give the groups about 10 minutes to role play.

*Say: “How difficult was it for you to ask for what you wanted? What made it more or less difficult for you?”*

Example of better “I statement”	Sample accusatory statement
I would prefer broiled fish.	You should offer broiled fish, not just fried fish.
Oh, I asked for the dressing on the side. Would you please bring me a new salad with the dressing on the side?	You put the dressing on the salad.
I prefer more healthful menu choices. What vegetable options do you have to substitute for the fries?	Fries come with everything. This restaurant is terrible for people trying to eat healthily.

Say: *“Now, let’s move to buffets and receptions. What are some ways to make healthy choices in these situations?”*

If the group is slow in coming up with ideas, say:

*“I’ll kick off the discussion by highlighting preparation methods. You can start making the healthier choice here. For example:*

- *Creamed, fried, and sautéed foods are often prepared using butter, shortening, and sauces that are high in fat and calories. Try to avoid those.*
- *Baked, steamed, grilled, and broiled preparation methods cut fat and calories. Foods can be covered and cooked in their own juices without adding butter or oil, and lemon and pepper as flavoring can be used for grilling instead of oil-based marinades and white creamy sauces.*

## Now let’s hear from you

Write responses on the flipchart. Other ideas may include:

- Filling your plate from the salad and vegetable table first
- Trying “just a taste” portions from tempting items that you know are high in fat and calories
- Cutting a portion in two, leaving one-half behind at the buffet table
- Skipping the dessert table. If you wouldn’t eat that high calorie dessert at home, why do you need it here?
- Not cleaning your plate to be polite. If you are full, stop eating, and let the waitperson remove your plate so that you are not tempted to keep nibbling.

When the group members have finished listing their ideas, hand out Appendix U: Solving the Problem of Buffets and Receptions (one per participant), and say,

*“You came up with some great ideas, and here are some others.”*



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## Review of Discussion Points

Say: *“Today we learned about three main topics. We identified the four keys to healthy eating out, we learned how to apply the four keys when eating out, and we identified methods to control overeating at buffets or receptions.*

*Let’s take something that we learned and make a pledge about food or activity that we can keep during the coming month.”*



### Pledge

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## Affirmation

Say: *“Our affirmation for this month is ‘Discipline is order that sets me free.’ How can this affirmation help you to keep your pledge this month”*



### Preparation and Reminders for the Next Session

Say: *“Next week, we’ll be discussing partnering with your health care provider. Be sure to use your GAME PLAN Food and Activity Trackers this month. You are doing a great job! And don’t forget to use the affirmation to help you keep your pledge. We’ll see you next month.”*



The NDEP strongly recommends that you arrange for a physician or diabetes educator to be available during the next session, Session 10, to answer any medical questions that may arise. Contact local clinics or your local chapter of the American Diabetes Association or the American Association of Diabetes Educators for possible volunteers.



If you plan to invite a guest instructor to Session 10, or if you plan to conduct the Optional Activity (reviewing the NDEP brochure Tips for Helping a Person With Diabetes), tell the group to plan to allow 90 minutes for the session.



---

# *Session 10: Partner with your health care provider*

---

## **Preparing for the Session**

### *Learning Objectives*



NOTE: The NDEP strongly recommends that you arrange for a physician or certified diabetes educator to be available during this session to answer any medical questions that may arise.

At the end of this session, participants will be able to:

- State the questions that a person with diabetes should ask a health provider and how to ask them
- List the goal levels for A1C, blood pressure, and cholesterol

NOTE: If your class has many people who actually have diabetes, you may want to focus more on the information in the brochure *4 Steps to Control Your Diabetes for Life* or more on the information in the brochure *Tips for Helping a Person with Diabetes*.

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- NDEP brochure *4 Steps to Control Your Diabetes for Life* (one per participant), available on the accompanying CD-ROM
- OPTIONAL: If you do the Optional Activity, you will need a copy of the NDEP brochure *Tips for Helping a Person with Diabetes* for each participant, plus a few extras. See the following section for information on ordering or downloading.



### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Obtain the NDEP brochure *4 Steps to Control Your Diabetes for Life* (one per participant). Order using the NDEP Publications Order Form in Appendix AC or download it from the NDEP Web site ([www.ndep.nih.gov](http://www.ndep.nih.gov)). If ordering, allow 6 weeks for delivery.

- If you plan to do the Optional Activity, obtain the NDEP brochure *Tips for Helping a Person with Diabetes* (one per participant, plus a few extras to share with family members). Ordering using the NDEP Publications Order Form in Appendix AC or download and print it from [www.ndep.nih.gov](http://www.ndep.nih.gov). Order the brochure from the NDEP at least 6 weeks before the class, or download and photocopy it from the NDEP Web site ([www.ndep.nih.gov](http://www.ndep.nih.gov)).
- Review the lesson plan for Session 6, Part 2 for other content and materials suggested for that session. Review the responses on the Post-Session 6 Questionnaires to get a sense of participants' understanding and attitudes during the last session in which similar content was covered.
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.

## *Estimated Time for the Session: 90 Minutes*



### *Tips for Working with a Guest Instructor: Physician or Diabetes Educator*

A physician or diabetes educator who is invited as a guest to the session would complement the program leader in providing the diabetes information and in answering the participants' questions for the group. No additional time would be needed for the session. Follow these steps:

- Contact a local clinic or ask a local health care provider (HCP) whom you know treats people with diabetes. Alternatively, contact the American Association of Diabetes Educators at 1-800-832-6874, or go to [www.diabeteseducator.org](http://www.diabeteseducator.org) and click on "Find an Educator" to find a Certified Diabetes Educator (CDE) near you.
- Arrange to meet with the HCP or CDE in advance of the session. Leave a copy of the lesson plan and the handouts with him or her.
- Tell the HCP or CDE about the group: who the members are, what their interests are, and the purpose of your *Power to Prevent* program.
- Ask the HCP or CDE to go over the points in the lesson plan in advance of the session. Be clear on the amount of time the he or she has to cover the materials: 30 minutes, or more or less, because of the other activities in the session (checking trackers, discussion).
- Ask if the HCP or CDE plans to use transparencies or Power Point slides for the session. If so, ask for a copy of the transparencies or slides in advance, and make copies for all of the group members.
- Arrange for an overhead projector or computer with projector, if needed.
- This session involves some role playing. Ask the guest instructor if he or she would like to be involved or would simply like to observe the role playing.
- Consider giving the guest instructor a token of your appreciation. It could be an NDEP product (e.g., one of the music CDs: *Movimiento Por Su Vida* or *Step by Step*), or something with your organization's logo.
- Be sure to send a thank you letter after the session. Invite the HCP or CDE to Session 12 as a guest to celebrate the completion of the program.



# Conducting the Session

## Welcome

Welcome the group. If you have invited a guest instructor, introduce him or her.

## Session Overview

Say: “At the end of this session, you will be able to:

- State the questions a person with diabetes should ask a health provider and how to ask them, and
- List the goal levels for A1C, blood pressure, and cholesterol.” (Simply review this point if the group participated in optional Session 6.)



## Review of the Previous Session

Say: “In the last session, we learned the four keys to healthy eating out and how to apply the four keys when eating out. We also identified methods to control overeating at buffets or receptions. Before we get started with today’s session, let’s see how everyone did last week.”



## Check-In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.



## Discussion Points

Say: “The information we’ll cover today is particularly relevant to people who have diabetes. If you have diabetes, it is important to learn how to partner with your doctor—working together and each of you taking responsibility. After this session, you will know what to ask your doctor, what the goals for A1C, blood pressure, and cholesterol are, and how to confidently ask your health care provider questions about your health.

*If you don’t yourself have diabetes, you can use the information in today’s class to help support a friend or family member who does. The more you know about managing diabetes, the more you can help him or her. You should ask your doctor if you are at risk for the condition and, if so, what you can do to lower your risk.*

*It is recommended that people with diabetes have a medical check-up every 3 to 6 months. Every person with diabetes needs certain laboratory tests and special exams at least once a year (such as the dilated eye exam and a complete foot exam). Other tests and exams should be done more often (an example is the A1C blood test, which should be done at least twice a year). Some tests and exams should be done during every doctor visit (examples are a blood pressure check and a foot check-up)."*

Each person with diabetes should ask his or her doctor the following questions at every visit:

- What are my A1C, Blood pressure, and Cholesterol levels? These are the "ABCs" of diabetes. Ask your health care provider: What should my ABC levels be?
- What is my weight, and should I lose or maintain my weight?
- How do my feet look? Are there any cuts, blisters, or red spots from pressure from shoes?

Hand out the brochure 4 Steps to Control Your Diabetes for Life (one for each participant, and some for participants to take home to share with family members).

Ask participants to check the 4 Steps brochure for the goal levels for the ABCs for people with diabetes. Ask them to read out the goal levels, and write the answers on a flipchart:

- The goal for A1C level is below 7.0.
- The goal for blood pressure is less than 130/80 (130 over 80).
- The goal for cholesterol is an LDL ("bad" cholesterol) count of less than 100 for people without known heart disease and less than 70 for people with diabetes and heart disease.

Review the other types of tests and exams for people with diabetes described in the 4 Steps brochure:

- At each visit, get a blood pressure check, a weight check, and a foot check-up.
- Twice a year, get an A1C test and a dental exam.
- Once a year, get a complete dilated eye exam (for most people with diabetes), a complete foot exam, a cholesterol test, urine and blood tests for kidney disease, and a flu shot.
- At least once in your life, get a pneumonia immunization (Pneumovax).

*Say: "Now I would like to ask for two volunteers to role play a visit to the doctor's office."*

In the first role play, ask the person playing the doctor to use the 4 Steps brochure, if needed, to answer the questions. Have the person playing a patient with diabetes ask the "doctor" questions about the ABCs and what his or her goal levels should be. Then switch roles. In the second role play, have the "patient" ask the "doctor" about other types of tests that he or she needs and how often.

**TIP:** If questions arise about individual medical problems or experiences (for example, what a person with diabetes should do if he or she is not at these ABC goal levels), explain to the group that this class cannot deal with individual medical concerns. Urge participants to raise their questions with their health care providers.

If you have invited a guest instructor, consider involving him or her in the role play.



## Activity

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## Review of Discussion Points

*Say: “Today we learned about two main topics: what questions a person with diabetes should ask his or her health care provider and how to ask them. We also learned the goal levels for A1C, blood pressure, and cholesterol.*

*Let’s take something that we learned during the session and make a pledge about food or activity that we can keep during the month.”*



## Pledge

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## Affirmation

*Say: “Our affirmation for this week is ‘To ask well is to know much.’ How can this affirmation help you to keep your pledge this month.”*



## Preparation and Reminders for the Next Session

*Say: “Next week we’ll be discussing getting your family and friends involved. You may bring a family member or friend to the session if you wish. Just let me know how many people you’ll be bringing so that we can arrange for enough chairs. Be sure to use your GAME PLAN Food and Activity Tracker this month. And don’t forget to use the affirmation to help you keep your pledge. We’ll see you next month.”*

# Optional Activities

## *1.1 Review the Brochure Tips for Helping a Person with Diabetes*

If the group has many people who want to learn more about how to help friends and family members with managing their diabetes, add 30 minutes to this session to review the NDEP brochure *Tips for Helping a Person with Diabetes* with the group. Order the brochure from NDEP (use the NDEP Publications Order Form in Appendix AC), or download and photocopy it from [www.ndep.nih.gov](http://www.ndep.nih.gov).

## *10.2 Invite a Health Care Professional to Speak*



Arrange to have a local health care professional who specializes in diabetes care speak to the group. Ask the guest speaker to discuss the importance of “knowing your ABC numbers” and to discuss (and perhaps show) the types of equipment used by some people with diabetes (e.g., blood glucose meters and health identification bracelets). Also ask your guest to discuss health questions that patients should raise during a doctor visit. Plan an additional 30 to 45 minutes for this activity.

---

# *Session 11: Get your family and friends involved*

---

## **Preparing for the Session**

### *Learning Objectives*

At the end of this session, participants will be able to:

- Recognize negative feelings and stress
- Cope with feelings and stress in a positive way, especially by involving others
- Change negative thoughts into positive thoughts

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- Pre- and Post-Session 11 Questionnaires found in Appendix M (one copy per participant plus a few extras)
- Appendix Y and Z (handouts to take home to read after session)

NOTE: Before administering the pre- and post-session questionnaires, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- Appendix X: Coping with Bad Feelings (one copy per participant)
- Appendix Y: Stress (one copy per participant)
- Appendix Z: Talk Back to Negative Thoughts (one copy per participant)
- Sign-up sheet for participants to volunteer to bring food and other items to the celebration party at the final session.
- OPTIONAL: If your group has teens with diabetes or families of teens with diabetes, consider ordering or downloading and photocopying the NDEP publication *Dealing with the Ups and Downs of Diabetes*, which specifically targets teens with type 2 diabetes. You may want to use this publication even if your group does not have many teens or their families. The tips are important for people of all ages! Tips for Helping a Person with Diabetes is another NDEP publication that provides practical tips and suggestions for helping loved ones with diabetes. Both publications can be ordered by calling the National Diabetes Education Program at 1-800-438-5383, or they can be downloaded from [www.ndep.nih.gov](http://www.ndep.nih.gov) and photocopied.
- OPTIONAL: At least two helpers to assist participants with filling out questionnaires and other tasks



## *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Make copies of the GAME PLAN Food and Activity Tracker and the Weekly Pledge Form (one copy per participant).
- Make copies of Pre- and Post-Session 11 Questionnaires found in Appendix M (one copy per participant, plus a few extras).
- Make copies of Appendix X: Coping with Bad Feelings and Appendix Y: Stress
- Obtain Appendix Z: Talk Back to Negative Thoughts (one copy per participant, plus a few extras to share with family members and friends)
- Review Appendix G: Troubleshooting for Program Leaders to prepare for possible interruptions or challenges in conducting the session.
- Make a copy of the sign-up sheet for recording participants' contributions of food and other items to the celebration party at the final session (found at the end of this lesson plan).

OPTIONAL: Order or download and photocopy the NDEP publications *Dealing with the Ups and Downs of Diabetes* and *Tips for Helping a Person with Diabetes*. See information in preceding section.

This session may reveal that some participants would like to seek counseling. Unless you are a trained mental health professional, you should not attempt to provide counseling. Research the availability of mental health services in your community so that if the need arises, you can make an immediate recommendation for a participant seeking mental health counseling or advice about emotional needs

*Estimated Time for the Session: 90 Minutes*

## **Conducting the Session**

### *Welcome*

*Say: "Welcome back, everyone. Today we're going to talk about coping with stress and changing negative thoughts into positive ones. But first, I'd like to know if any of you have eaten at a restaurant since the last session and, if so, whether you used the tips we talked about two sessions ago. Does anyone have a story to share?"*

Allow 5 to 10 minutes for sharing stories and tips. If no one volunteers, be prepared to share a story of your own.

## Session Overview

Say: *“Today’s focus will be on dealing with negative feelings and stress. By the end of this session, you will be able to:*

- Recognize negative feelings and stress;
- Cope with feelings and stress in a positive way, especially by involving others; and
- Change negative thoughts into positive thoughts.”



## Review of the Previous Session

Say: *“Before we begin today’s special focus, I want to check in with everyone. In the last session, we learned about questions to ask your health care provider if you have diabetes. We also learned the goal levels for A1C, blood pressure, and cholesterol. Does anyone have questions from the last session?”*

**TIP:** Questions may arise about individual medical problems or experiences. If they do, explain to the group that this class cannot deal with individual medical concerns. Urge participants to raise their questions with their health care providers.

Say: *“Before we get started with today’s session, let’s see how everyone did last week.”*



## Check-In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to ‘bust’ these barriers.

After the discussion, say: “Let’s fill out our Individual Progress Charts.” This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant a new Weekly Pledge form and a new GAME PLAN Food and Activity Tracker.

## Pre-Session 11 Questionnaire

Administer the Pre-Session 11 Questionnaire found in Appendix M (one copy per participant). Based on your previous experience, either read each question and answer choice aloud to the group or let the group work in silence. Suggest that if participants would like assistance because they have forgotten their reading glasses or for some other reason, you (or your helpers) can assist them. Remind participants to write their names (or their initials with their day and month of birth) on the questionnaires and to hand them in to you. Be sure to collect all questionnaires so that you can photocopy them and return them to participants at the next session.





## Discussion Points

*Say: “Making changes does not always come easily. But with support and motivation, it can be easier than you think. In past sessions, we’ve talked about some ways to involve family and friends in healthy eating and physical activity. What are some ways you’ve involved your family and friends in your lifestyle changes?”*

Write responses on a flipchart.

After you have created the list on the flipchart, point out the items that are related to talking, listening, or helping the person through moods, negative feelings, or stress.

*Say: “Today we want to focus more on helping with feelings, stress, and motivation. Many feelings arise once a person is faced with having to change his or her lifestyle because of an illness. What are some of the feelings that can come up?”*

Note the participants’ responses on a flipchart, making sure that the following points are mentioned:

- **Denial.** Expressions of denial can include not believing that making changes in an unhealthy lifestyle is important, not believing that diabetes is serious, or not believing that one is at risk of developing a chronic disease such as diabetes.
- **Depression.** This feeling can show up as a lack of faith in oneself (“I can’t do it!”), fatalism (“What difference does it make?”), or hopelessness (“Things will never change.”).
- **Anger.** This feeling can show up as anger at oneself (“I can never do it right!”) or at others (“That stupid doctor!” or “It’s all my husband’s fault.”).
- **Feeling “stressed out.”** This emotion can include feeling unable to handle the events of one’s life well (“I just am so overwhelmed.”).

*Say: “Negative feelings can lead to negative thoughts such as blaming yourself or others. These thoughts in turn can lead to negative behaviors such as binge eating, or excessive use of alcohol or being unable to stick with a Power to Prevent program. Getting family and friends involved with lifestyle changes can be helpful.”*

Go over the list of negative feelings on the flipchart one at a time (denial, depression, anger, stress, and possibly others identified by the group) and ask the following questions, listing participants’ responses on the flipchart:

*Say: “What is this feeling, and how can it affect your lifestyle changes? How could family or friends help you to move beyond this feeling to something more positive?”*

*Having a support system will help you maintain the changes you are making. Family members and friends can provide encouragement and praise during the ups and downs of improving eating habits and increasing physical activity. But remember—we can also do things for ourselves that will help us to stay positive while we change our behaviors.”*

Hand out copies of Appendix Y: Talk Back to Negative Thoughts (one per participant).

*Say: “This handout provides more tips about coping with negative feelings. Let’s try an activity for staying positive by talking back to negative thoughts. I’d like one of you to read a negative thought from the left column of the handout. Then, someone else can read a positive thought from the right column in response.”*

Ask for volunteers, and let the group work through several negative and positive thoughts. Then ask if participants are willing to share negative thoughts that they have had themselves while trying to change their lifestyles and behaviors. For each negative thought expressed, ask other group members to state a positive thought. Have the person who volunteered the negative thought repeat the positive thought. Have the group applaud the person who changed from a negative to a positive thought. Here is an example:

- Jane (negative thought): “I can’t stop eating candy every day.”
- Program leader: “Can anyone help Jane come up with a more positive thought?”
- Sarah (positive thought): “I’ll choose to eat something healthful, rather than candy, just for today.”
- Program leader: “Jane, how about repeating that positive thought?”
- Jane (positive thought): “I’ll choose to eat something healthy, rather than candy, just for today.”
- Program leader: “Let’s all give Jane a hand for that positive thought!”
- Group members: Applause.

*Say: “On the second page of your handout, Talk Back to Negative Thoughts, there’s a worksheet to help you change negative thoughts into positive thoughts. Use the worksheet this month and see how you do.”*



## *Handouts to Take Home*

Distribute copies of Appendix Z and AA as handouts to take home to read

OPTIONAL: Hand out copies of the NDEP publications *Dealing with the Ups and Downs of Diabetes* and *Tips for Helping a Person with Diabetes* for participants to read at home or to share with their family and friends.



## *Activity*

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## *Review of Discussion Points*

*Say: “Today we learned about three main topics: recognizing negative feelings and stress; coping with feelings and stress in a positive way, especially by involving others; and changing negative thoughts into positive thoughts. Let’s take something that we learned and make a pledge about food or activity that we can keep during the coming month.”*



## *Pledge*

Have participants make an individual pledge concerning one objective that they will work on for the next session. The pledge should be realistic and specific, and it should include something that can be maintained over time.

## *Post-Session 11 Questionnaire*

Hand out the Post-Session 11 Questionnaire. Follow the directions given above for administering the Pre-Session 11 Questionnaire.

## *Affirmation*

*Say: "Our affirmation for this week is 'Friends and family are a better defense than a fortress.' How can this affirmation help you to keep your pledge this week?"*



## *Preparation and Reminders for the Next Session*

*Say: "At the next meeting we'll be having our final session party. We need to organize what everyone will bring."*

Pass around a sign-up sheet (use the sign-up sheet on next page, or adapt it to fit your group's preferences). Ask for volunteers to bring the following items:

- |                        |            |                                  |
|------------------------|------------|----------------------------------|
| ■ Healthful food items | ■ Napkins  | ■ Ice                            |
| ■ Healthful drinks     | ■ Cups     | ■ Music player (cassette and CD) |
| ■ Plates               | ■ Utensils | ■ A VCR or a DVD player          |

OPTIONAL: Consider preparing a sign-up list for participants' contact information so that group members can continue to receive announcements or information from your organization. Also, some members of the group may want to continue to stay in touch with one other. To facilitate this contact, prepare a sign-up contact sheet for listing name, address, and phone number (and e-mail address, if available) and circulate it at the beginning of Session 11. Photocopy this sheet for distribution at the final session.

# Power to Prevent final session PARTY!!!

*Congratulations. We made it! Now it's time to celebrate!*

Please sign up to bring something to share at the next session.

ITEM TO SHARE	NAME	WHAT I WILL BRING
Healthful drinks		
Healthful snacks		
Healthful desserts		
Music		
DVD or tape player		
Plates		
Cups		
Utensils (e.g., forks, spoons)		
Napkins		
Ice		
Other		

*Say: "We'll see you next time. Don't forget what you offered to bring for the party. We encourage you to bring your family and friends, too. Just let me know how many people to expect so that we can have enough chairs. Be sure to use your GAME PLAN Food and Activity Trackers. And don't forget to use the affirmation to help you keep your pledge. We'll see you at the next session."*



## *Advance Preparation for Session 12*

- Send invitations to each of the guest instructors involved in your *Power to Prevent* program. Seeing the results of their contribution to the class will encourage them to participate in the future and to refer people to your program.
- Review the questionnaires from previous sessions and, based on the responses, prepare a brief summary of what was learned and accomplished in the program.

NOTE: After the session, send a reminder to all participants to come to the final session and to bring the food or other party items that they volunteered to bring when they signed the sign-up sheet at the end of Session 11.

---

# Session 12: Celebrate Big Rewards

---

## Preparing for the Session

### *Learning Objectives*

At the end of this session, participants will be able to:

- Demonstrate how small steps have resulted in big rewards
- Describe the relationship of weight loss to healthy eating and increased physical activity

### *Materials, Supplies, Handouts, and Equipment*

In addition to the general materials, supplies, and equipment listed on pages 11 and 12 of the Program Leaders Guide, you will need the following:

- Appendix J: GAME PLAN Food and Activity Tracker (one copy per participant)
- Appendix K: Weekly Pledge form (one copy per participant)
- Post-program Questionnaire found in Appendix M (one copy per participant)

NOTE: Before administering the post-program questionnaire, check with your sponsoring organization regarding its guidelines on data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

- Appendix AC: Heart-Healthy Home Cooking: African American Style (one copy per participant) (see following section for information on ordering or downloading)
- Music player (cassette and CD) and a VCR or a DVD player, as necessary
- Notebook or pad of paper and a pen or pencil for taking notes during testimonials and writing down contact information for all participants
- Original Pre- and Post-Session 11 Questionnaires to return to participants
- OPTIONAL: At least two helpers to assist participants with filling out questionnaires and other tasks
- Preparations for the celebration party to supplement food and other party items to be brought by participants



### *Advance Preparation*

In addition to the general advance preparation described in the Program Leader's Resource Guide, you will need to do the following:

- Make photocopies of the GAME PLAN Food and Activity Tracker and the Weekly Pledge form (several copies for each participant).

- Make photocopies of the Post-program Questionnaire found in Appendix M (one for each participant, plus a few extras).
- Order enough copies of Heart-Healthy Home Cooking: African American Style to hand out to all participants (Appendix AC). Download and print from [www.nhlbi.nih.gov/health/index.htm](http://www.nhlbi.nih.gov/health/index.htm), or print from the CD-ROM accompanying this curriculum.
- Invite any guests (e.g., Tai Chi or yoga instructors, registered dietitians, or health care professionals) who helped with the classes.
- Create thank you letters for all of the professionals who gave presentations to the group. See Appendix C: Sample Volunteer Thank You letter for a sample letter.
- Bring some basic items for the party (plates, napkins, utensils) in case the participants who volunteered to bring these items forget them.
- OPTIONAL: Photocopy the contact sheet that participants filled out at the last session for distribution at this session.

*Estimated Time for the Session: 90 Minutes*

## Conducting the Session

### *Welcome*

Welcome group members and invited guests. Introduce the guests, and allow everyone to mingle for 5 to 10 minutes.

### *Session Overview*

*Say: "The objectives for today's session are for us to review how small steps in eating and physical activity have led to big rewards for each person in our group."*



### *Review of the Previous Session*

*Say: "In the last session, we learned how to recognize negative feelings and stress; how to cope with feelings of stress in a positive way, especially by involving others; and how to change negative thoughts into positive thoughts. Before we get started with today's session, let's see how everyone did last week."*



### *Check-In: Pledge and GAME PLAN Food and Activity Tracker; Barrier Busters*

Facilitate a discussion about how group members did with keeping their pledges and using their Food and Activity Trackers. Also ask about the barriers they have faced since the last session. Ask for suggestions from group members on how to 'bust' these barriers.



After the discussion, say: “Let’s fill out our Individual Progress Charts. This is the time to award stickers for achieving goals, making progress, and needing a helping hand.

Give each participant several copies of the Weekly Pledge form and the GAME PLAN Food and Activity Tracker to use after the program concludes.

## *Review of Pre- and Post-Session 11 Questionnaires*

Return the Pre- and Post-Session 11 Questionnaires to participants. Ask the group if anyone has questions or would like to discuss these questionnaires. Explain that the purpose of the questionnaires is two-fold: 1) to give you as program facilitator feedback on how confident people feel with the new information and skills you are trying to help them build and 2) to help them reflect on what progress they are making and where they may want to ask for a helping hand.

## *Post-program Questionnaire*

Hand out the Post-program Questionnaire. Based on your previous experience, either read each question and answer choice aloud to the group or let the group work in silence. Suggest that if participants would like assistance because they have forgotten their reading glasses or for some other reason, you (or your helpers) can assist them. Remind participants to write their names (or their initials with their day and month of birth) on the questionnaires and to hand them in to you. Be sure to collect all questionnaires so that you can photocopy them and return them to participants by mail. If you do not have all of the participants’ mailing addresses, request that contact information now by explaining that you need it to return the questionnaires. You can distribute copies of Appendix I: Sign-In and Contact Form.



### *Discussion Points*

Ask group members to give a brief testimony of how the program helped improve their health. Ask them to state whether they achieved their goals and which sessions they found most useful. Have group members state whether they were able to get their family members and friends involved in the lifestyle changes. Also invite family members or friends to comment.

OPTIONAL: Take brief notes during the testimonials so that later you can say a few words acknowledging the group members who shared testimonials.

Give out the thank you letters to the diabetes professionals and other professionals who came as guest instructors to one or more group sessions (or mail them later).



### *Activity*

Take a 5- to 10-minute break for physical activity (e.g., walk around the building, down the hall and back, or in a circle in the room). Try to move to music, if available.

## Review of Discussion Points

Say: *“Throughout this program, we learned that small steps can lead to big rewards. What small steps have you taken, and what rewards have you reaped as a result?”*

List answers on the flipchart.

NOTE: Make sure that weight loss and diabetes prevention are mentioned and listed on the flipchart. Participants may also mention having more energy, feeling better about themselves, having more confidence about making changes, and having improved family health.



### Pledge

Have participants make an individual pledge concerning one objective that they will work on. The pledge should be realistic and specific, and it should include something that can be maintained over time.

Say: *“Although this is the last time we’ll do a pledge together, try to keep doing one every week. It’s one of those small but important, steps in keeping healthy and fit.”*

## Affirmation

Say: *“Our affirmation for this session is ‘It is not enough to know; we must do.’ How can this affirmation help you to keep your pledge this month and in the following months?”*

Encourage a discussion about the affirmation, focusing particularly on how the knowledge gained during the program can help participants continue to enrich their lives with better health. Emphasize that only they can decide to take action.

Say: *“As my way of wishing you well in your small steps, I’m giving each of you a copy of some great recipes.”*

Hand out Appendix AC: Heart-Healthy Home Cooking: African American Style to each participant.

## Conclusion

*Say: “This is our last session together. We hope you’ve learned new skills that can keep you healthy! The tools you used here are tools that you can still use every day, even without attending a class. Use the GAME PLAN Food and Activity Tracker and make yourself a pledge every month.. Good luck to all of you. Congratulations, everyone! Give yourselves a hand!”*

*Applaud. Acknowledge the group members who offered testimonials, and thank everyone for participating in the group*

*“And now, let’s have a healthful party!”*

Turn on the music, and invite group members and their guests to help themselves to the food and drink.

## Optional Activities

Consider inviting the group to continue to meet. Possible activities could include:

- Continued sharing of food and activity tracker results and pledge activities
- Review of other NDEP materials (visit [www.ndep.nih.gov](http://www.ndep.nih.gov) for ideas)
- Watching a video on a health theme
- Watching the docudrama The Debilitator (available through Millennium Filmworks at [www.millenniumfilmworksinc.com](http://www.millenniumfilmworksinc.com) ) and working through the NDEP New Beginnings discussion guide sessions based on themes from the film. Visit the NDEP Web site Publications Catalog to order, or download the discussion guide from [www.ndep.nih.gov/diabetes/pubs/catalog.htm](http://www.ndep.nih.gov/diabetes/pubs/catalog.htm).



---

# Appendices



---

# Appendix A:

## Tips for developing your media kit

### Tips for Publicizing Your Program

A large organization sponsoring *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention* may want to create a media kit to announce the program, giving targeted information about the purpose, strategy, and activities of the program. This information can encourage the media to promote a particular aspect of the organization's outreach. Visit the National Diabetes Education Program (NDEP) Web site at [www.ndep.nih.gov](http://www.ndep.nih.gov) for more information on how to conduct a media event. The NDEP Web site offers materials for working with the media specifically on the topic of primary diabetes prevention.

#### *Creating the Media Kit*

Media kits should contain:

- A fact sheet (two-page maximum) about the program. Make sure to keep it simple and to place the program logo and campaign theme on the sheet.
- A current news release.
- A public service announcement (PSA) for radio, television, and newspapers. For an example, see Appendix B: Sample Public Service Announcement (PSA).
- Black-and-white photographs of events or members from the program.

Examples of other materials for communicating with community members and organizations are found at the end of this appendix (see section "Sample Letter to Potential Partners"), in Appendix C: Sample Volunteer Thank You Letter, and in Appendix D: Sample Newsletter Article.

#### *Packaging the Kit*

Place the media kit in a double-pocket folder. Customize the folder by printing the program logo on it, and include a business card.

#### *Distributing the Kit*

Make the kit available to media at program events where media coverage is desired. Distribute the kit with public service announcements (PSAs) or press releases to newspapers and to television and radio stations in advance of on-air presentations or promotions.

#### *Updating the Kit*

Update the kit at least every year, or more often if your program undergoes major changes.



# Sample Letter to Potential Partners

Dear (name),

You are invited to join us as a partner in the effort to control and prevent diabetes in our community. Diabetes is a chronic disease that affects nearly 21 million people in the United States, or 7.0 percent of the population. According to the Centers for Disease Control and Prevention 2005 Diabetes Fact Sheet, 3.2 million, or 13.3 percent of all non-Hispanic African Americans aged 20 years or older have diabetes. After adjusting for population age differences, non-Hispanic African Americans are 1.8 times as likely to have diabetes as non-Hispanic whites. African Americans with uncontrolled diabetes are at high risk for developing complications.

These complications include amputations, kidney damage, blindness, heart disease and stroke.

In (name of state), approximately (insert number or percentage of) people are living with diabetes, according to the (state) diabetes control program. (Note: You can find this information by visiting [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes) or consulting with your State Diabetes Prevention and Control Program.)

In (On) (month/date), we are launching *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention*, a program designed to encourage families to become more physically active and to eat more healthily as a way to prevent diabetes. The program will be held at (location) from (start date) to (end date). We are publicizing the event through the local media and through flyers, which will include the names of our partners.

We consider you to be a valued member of our community, and we hope that you will support us in this important effort by providing (funding, volunteers, materials, exhibits, facilities, services, etc.). Any support you can provide will be greatly appreciated and publicly recognized in our promotional materials for the program.

I would welcome the opportunity to discuss with you possible ways that we can work together.

I will call you in the next week to schedule a time to meet. In the meantime, if you have questions or need more information, please give me a call at (phone number).

I look forward to speaking with you soon.

Sincerely,

(NAME)

---

# Appendix B:

## Sample Public Service Announcement (PSA)

### Sample PSA

Contact: (name/number)

(30-second Public Service Announcement)

FOR IMMEDIATE BROADCAST:

Pull Date: (date after event)

### **(Name of Community) Families for Prevention Of Diabetes**

Get the upper hand on diabetes! Beginning on (day/date) from (time to time) the (name of organization) is offering a series of sessions that can help you and your family make changes towards preventing diabetes. Come learn more about the program, called A Healthy Plate and a Healthy Weight: A New Program for Diabetes Prevention. The sessions are free, and everyone is encouraged to attend. For more information, call (phone number). Come to the sessions and help prevent diabetes in yourself and your family.



---

# Appendix C:

## Sample Volunteer Thank You Letter

### Sample Volunteer Thank You Letter

Dear (name),

Thank you for participating on (date) in our *A Healthy Plate and a Healthy Weight: A New Program for Diabetes Prevention* program to help people in our community learn to prevent diabetes. Your willingness to give of your time and energy to make the program a success is greatly appreciated. We hope that our program will make an important difference in the lives of people with and at risk for diabetes and their families.

On behalf of the (name of community or partnership), I thank you for your concern and efforts to ensure the health and well-being of all our neighbors by working to prevent diabetes in our community.

Sincerely,

*(Name of organizer/name of community group)*



---

# Appendix D:

## Sample Newsletter article

### A Tour of the Family Reunion Table: Tips for People with Diabetes

Summer barbeques, picnics, and family reunions can stir up thoughts of good, down home cooking. If you have diabetes or pre-diabetes, these events can pose special challenges. How can you stay healthy and still enjoy those traditional meals? You can do so by planning ahead, choosing wisely, and watching how much you eat. So, grab your plate and head for the buffet table.

Choose traditional soul food dishes that are high in fiber, high in vitamins and minerals, and low in fat. Great choices are beans, peas, lentils, and dark green vegetables such as broccoli, cabbage, spinach, and collard and turnip greens. Go for the green bean, three-bean, and black-eyed pea dishes or pasta salads mixed with summer vegetables. Sweet potatoes are also high in fiber and very nutritious. Whole wheat bread and cornbread are sources of fiber that are good for everyone.

Watch out for dishes loaded with butter, cheese, and mayonnaise. Choose fresh or steamed vegetables that are light on salad dressing, cheese, or cream. If you can, make your own dressing for salads with a little olive oil and vinegar.

Vegetables and grains should fill up most of your plate, but leave room for some lean meat, poultry, or fish. Be sure to choose grilled chicken—and remove the skin—instead of the fried variety. For something different, try grilled fish burgers and turkey burgers made with onions and chopped green peppers. Top off your burgers and sandwiches with mustard instead of mayonnaise.

What's for dessert? Summer means terrific fruits. It's hard to beat a fresh fruit salad, cantaloupe, or watermelon. Fruit is an excellent source of fiber, vitamins, and minerals, and it has zero fat. Everyone, including people with diabetes, should eat three to four servings of fruit a day. Cobblers, pies, and cakes are high in fat and cholesterol. If you can't resist them, have a small serving.

It's best to drink water, unsweetened tea, or diet soda. Add a wedge of lemon for flavor. If you choose to drink alcoholic beverages, limit your intake to no more than one drink a day for women or two for men, and drink only with meals.

Want to know more? Come join *[insert name of your organization]* in a new program created by the National Diabetes Education Program called *A Healthy Plate and a Healthy Weight: A New Program for Diabetes Prevention*. Call *[insert contact phone number for your program]* for more information.

For more information about diabetes prevention and control, call the National Diabetes Educational Program (NDEP) at 1-800-438-5383 or visit the program's Web site at [www.ndep.nih.gov](http://www.ndep.nih.gov) for information on planning a diabetes-healthy family reunion.





---

# Appendix E:

## Partnership Organizations

### Partnership Organizations

The organizations listed below may have state or local chapters that can provide your program with information, resources, and support that can help you with your diabetes control and prevention activities. For more information on diabetes organizations, visit the NDEP Web site at [www.ndep.nih.gov](http://www.ndep.nih.gov). This site provides a directory of diabetes organizations that includes government agencies and voluntary associations that may provide assistance.

#### The American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD)

[www.aahperd.org](http://www.aahperd.org)

The AAHPERD is the largest organization of professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion, and education, as well as specialty areas related to achieving a healthy lifestyle.

#### American Association of Diabetes Educators (AADE)

[www.aadenet.org](http://www.aadenet.org)

(Call 1-800-TEAMUP4 [1-800-832-6874] to find a local diabetes educator.)

The AADE is an association composed of a wide variety of health professionals who are involved in efforts to improve the quality of diabetes education and care.

#### American Diabetes Association (ADA)

[www.diabetes.org](http://www.diabetes.org)

1-800-DIABETES (1-800-342-2383)

The American Diabetes Association offers programs, materials, and activities in the areas of diabetes information, advocacy, and research.

#### American Dietetic Association

[www.eatright.org](http://www.eatright.org)

1-800-877-0877

The Diabetes Care and Education Practice Group (DCE) of the American Dietetic Association is composed of registered dietitians, dietetic technicians, and other members interested in diabetes. They promote quality nutrition care and education to people with diabetes and their families.

#### Association of Black Cardiologists

[www.abccardio.org](http://www.abccardio.org)

678-302-4ABC

The Association of Black Cardiologists organization's goal to increase awareness and prevention of cardiovascular disease has created a partnership between this organization and the American Diabetes Association.

## **Black Women's Health Imperative**

**[www.blackwomenshealth.org](http://www.blackwomenshealth.org)**

**202-548-4000**

The Black Women's Health Imperative (BWHI) aims to reach women in 10 congregations across 5 states". The BWHI partners with the Women's Missionary Societies and the African Methodist Episcopal and African Methodist Episcopal Zion churches. The BWHI seeks to implement the Health-Wise Women Project—a diabetes education, prevention, and health empowerment program—to enhance knowledge, change attitudes, foster blood level compliance, promote regular physical activity, and establish healthier weight among African American women aged 40 to 60 years with diabetes risk factors. This organization was formerly known as the National Black Women's Health Project.

## **Cooperative State Research, Education, and Extension Service (CSREES)**

**[www.csrees.usda.gov](http://www.csrees.usda.gov)**

**1-800-FED-INFO (1-800-333-4636)**

Extension specialists and agents often are registered dietitians with extensive experience in providing guidance on preparing meals and healthy eating for people with diabetes and their families.

## **Diabetes Prevention and Control Programs**

**[www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)**

**1-800-CDC-INFO (1-800-232-4636)**

Every state has a diabetes control program in its state health department. State diabetes program staff can provide your community with expert information, resource materials, and guidance on controlling diabetes. The Centers for Disease Control and Prevention Web site and toll-free public inquiries number can direct you to these resources.

## **Lions Clubs of America**

**[www.lionsclubs.org](http://www.lionsclubs.org)**

**630-571-5466**

The Lions Clubs are prominently involved in programs related to the prevention and treatment of diabetic eye disease, including public and community education programs and provision of financial and other kinds of assistance to people with diabetes who have eye disorders.

## **100 Black Men of America, Inc.**

**[www.100blackmen.org](http://www.100blackmen.org)**

**1-800-598-3411**

The 100 Black Men organization is working on a program that explores the benefits of physical fitness and healthy eating. This program is focusing on youth and how that population can benefit from increasing physical activity and healthy eating.

## **National Black Nurses Association**

**[www.nbna.org](http://www.nbna.org)**

**301-589-3900 or 1-800-575-6298**

The National Black Nurses Association recognizes diabetes as one of the many diseases that plague the African American community. To combat diabetes, the National Black Nurses Association includes diabetes as a topic during their conferences.

### **National Caucus and Center on Black Aged, Inc.**

**[www.ncba-aged.org](http://www.ncba-aged.org)**

**202-637-8400**

The National Caucus and Center on Black Aged, Inc., has a health program focused on promoting wellness through prevention and control of many diseases. They support this goal by disseminating health awareness materials to many elderly African Americans.

### **The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**

**[www.niddk.nih.gov](http://www.niddk.nih.gov)**

**1-800-860-8747 or 301-496-3583**

The NIDDK's educational programs and activities to improve public knowledge of diabetes include sponsorship of the National Diabetes Education Program with the Centers for Disease Control and Prevention, the National Diabetes Information Clearinghouse, and the National Diabetes Outreach Program. The National Diabetes Information Clearinghouse provides information about diabetes to people with diabetes and their families, health care professionals, and the public. Through the Clearinghouse (1-800-860-8747 or 301-654-3327), communities can order an array of brochures, pamphlets, how-to kits, and other materials on controlling diabetes.

### **National Medical Association**

**[www.nmanet.org](http://www.nmanet.org)**

**202-347-1895**

The National Medical Association is a collaborative effort of African American physicians throughout the country. Historically, the National Medical Association is known for advocating for parity in medical treatment of African Americans. The association contributes to the analysis of new and existing health legislation.

### **National Urban League**

**[www.nul.org](http://www.nul.org)**

**212-558-5300**

The National Urban League is a community-based organization founded in 1910. The National Urban League works in the community to help African Americans develop economic independence and to obtain equal rights in every aspect of their lives.



---

# Appendix F:

## Tips Adapted From the National Diabetes Education Program (NDEP)

### *Diabetes Community Partnership Guide*

#### **Tips for Selecting Partners for Your Program**

Don't reinvent the wheel. Check to see if similar programs are being offered, and choose to partner with organizations that have common goals and interests. Their primary focus does not need to be diabetes prevention and control. For example, an organization whose primary goal is to advocate for children and families would be a good partner because improving the well-being of a community is its main mission.

Consult your doctor or call your local health department, hospitals, minority organizations, and diabetes associations. Ask if they have a diabetes program and, if so, what activities they are planning. Find out if other groups with similar interests exist and how you can partner with them.

Make a list of organizations that could serve as potential partners and visit with their staff. Learn more about these organizations to determine whether they could contribute to a nutrition and physical activity program. Be sure to include individual partners such as nutritionists, certified diabetes educators, and recreation or physical education specialists. Let them know the purpose of the program and the important role that they can play.

Don't dismiss local groups composed of people who are not health experts. These groups may help you motivate your target population for the program. Men and women at risk for diabetes visit coffee shops, drug stores, beauty salons and barbershops, produce markets, and sporting goods stores every day. The proprietors may agree to let their shops serve as the distribution point for important diabetes control and prevention messages, or they may make contributions to the incentive and rewards aspect of your program.

Follow the news. Which organizations in your community are active in promoting issues related to diabetes prevention and a healthy lifestyle?

Talk to people in charge at the community facilities that people regularly visit. Once you gain the support of the leaders of trusted organizations who know the community, you will have access to the medical expertise, resources, and knowledge you need to help ensure that your activity is a success. Consider involving the following individuals and groups in your program:

- Hospitals
- Neighborhood clinics
- Local radio stations

- Community newspaper organizations
- Senior centers
- Government agencies
- State Diabetes Prevention and Control Programs
- Cooperative extension offices
- American Diabetes Association chapters
- Diabetes educators
- Community newspapers
- Radio stations
- Beauty salons and barbershops
- Grocery stores
- Neighborhood drug stores
- Other private businesses
- Faith-based organizations
- Service organizations, such as the YWCA/YMCA ([www.ymca.net](http://www.ymca.net)), National Urban League ([www.nul.org](http://www.nul.org)), The Links, Inc. ([www.linksinc.org](http://www.linksinc.org)), and the Black Women's Health Imperative ([www.blackwomenshealth.org](http://www.blackwomenshealth.org))
- Recreation centers
- Sororities and fraternities

## *What Can Community Partners Do?*

**Community leaders.** These leaders can help spread the word about your program and locate additional resources.

**Community groups.** Partner with these groups to combine resources and to reach target populations.

**Community health centers and clinics.** The neighborhood health center or clinic might refer some clients to your program, or medical personnel might volunteer to help by conducting health screenings or giving presentations for program group members. Contact information for community health centers working with underserved populations can be found at [www.ask.hrsa.gov/pc/](http://www.ask.hrsa.gov/pc/).

**Health care providers.** Partner with health care providers, such as family practitioners, internists, nurses, nurse practitioners, registered dietitians, and diabetes educators. In addition to being good resources for referrals, they may volunteer to help by giving lectures and food demonstrations during the program.

**Faith-based organizations.** Many churches and other faith-based organizations have health ministries with established health-promotion policies, in addition to a strong focus on family and community service that can help support your organization's efforts.

**Media representatives.** Involving community and local daily newspapers, magazines, and radio and television stations will help you publicize events and get the word out about your program.

**Businesses and corporations.** Supermarkets, local restaurants, fitness centers, retail stores, beauty salons, and barbershops all may provide services and goods to enhance your program. Local sporting goods stores might provide discounts to your group members for physical activity supplies.

**Community colleges and universities.** Ask college clinic staff members and teachers in schools of medicine, nursing, public health, and health education to consider participating in your program or assigning student projects or internships (for credit) to meet your program needs.

**Government agencies.** In addition to public health care providers and facilities, consider contacting local libraries; public housing authorities; the State Diabetes Prevention and Control Program (DPCP) (<http://www.cdc.gov/diabetes/states/index.htm>); Head Start; Women, Infants, and Children (WIC) programs; and the Expanded Food and Nutrition Education Program (EFNEP), a nutrition program for low-income families funded by the U.S. Department of Agriculture.

**Local diabetes, nutrition, and fitness experts.** These experts can also help your program, particularly as guest speakers. Also, the organizations listed in Appendix E: Partnership Organizations may have state or local chapters that can provide information, resources, and support that can help your diabetes control and prevention activities.

For more information on diabetes organizations, visit the National Diabetes Information Clearinghouse Web site at [www.diabetes.niddk.nih.gov/resources/organizations.htm](http://www.diabetes.niddk.nih.gov/resources/organizations.htm). This site provides a directory of diabetes organizations, including government agencies and voluntary associations that may provide assistance.

## *Approaching and Keeping Potential Partners*

- Make the initial connection with a potential partner through professional contacts, personal friends, or acquaintances, if possible.
- Make an appointment to talk with the potential partner in person, not just on the phone.
- For greater appeal, match your *Power to Prevent* program needs with the interests of the members of the partnering group. Be clear about the role you would like the individual or group to play in your program, and give options for involvement.
- Describe your program, what you expect it to accomplish, and the potential benefits to partners. You can provide potential partners with copies of some of the materials included in this curriculum to give them information about the program.
- Make sure the roles that you are asking the potential partner to play are realistic and consistent with the resources of the organization.
- Choose specific short-term activities that are likely to be successful. Clarify responsibilities on both sides.
- Ask partners to commit to one or more tasks. Be sure they understand what each task will involve. Keep track of the commitments, and be prepared to provide gentle reminders if they are not kept.
- Identify contact people and follow up with them.
- Provide appropriate materials that can be customized for publications, meetings, and outreach efforts.
- Keep written notes of all your meetings, conversations, and other communications with potential partners.
- Thank partners by letter, certificate, or public recognition.
- Share results. Information about your program's successes may encourage further involvement.

### *Selecting and Securing a Regular Meeting Site*

Explore the potential for free space at churches, libraries, schools, community or recreation centers, community health centers, or other local facilities. You may need to reserve the space in writing, through a letter of agreement or some other formal written arrangement.



# Tips for Using Media Tools to Promote and Enhance Your Program

## *Tips for Promoting Your Program*

There may be many inexpensive ways you can promote your program in your community. For example, create flyers and post them at supermarkets, beauty salons, barbershops, places of worship, libraries, and worksites. A local print shop may offer you a discount or even do some graphic design or printing at no cost in return for an advertisement on your flyer. Take advantage of upcoming events—for example, a local health fair, a wellness event, or an ethnic festival.

You might include a short description of your program in neighborhood newspapers, in worksite e-mails, and on Web sites. You could also contact your local cable channel and arrange for a public service announcement (PSA) to run on the local radio station.

For more information on working with the media to promote your program, see the NDEP *Diabetes Community Partnership Guide* on the NDEP Web site at [www.ndep.nih.gov/diabetes/pubs/catalog/html#PubsOrg](http://www.ndep.nih.gov/diabetes/pubs/catalog/html#PubsOrg). See also Appendices A to D for sample media tools. Visit the NDEP Web site at [www.ndep.nih.gov](http://www.ndep.nih.gov) for more tools and tips for working with the media, sample press releases, and ideas for developing a media kit to promote your program.

## *Tips for Securing Incentives and Rewards for Participants*

Incentives and rewards help people feel better about themselves, and they work to help people take new actions. Incentives are a critical tool for helping folks “try on” the idea of being physically active and eating better as a family or group. They do not need to cost much or even anything at all. Ideas for incentives and rewards include:

- Free or discounted child care while program participants take part in a physical activity arranged through a partner organization
- A one-day pass to a low-impact aerobics class at the recreation center, church, gym, or other exercise facility such as the YMCA/YWCA
- Free family passes for program participants to local skating rinks or swimming pools upon completion of a certain number of sessions of the program or the entire program
- Recognition of group members (by certificate, ceremony, or both) at the end of the program or upon completion of a certain number of sessions
- Taking pictures of your classes and highlighting participants’ achievements and efforts in church bulletins, local newspapers, community bulletin boards, or other means. (Make sure you have permission first from all group members!)
- Holding “family days” featuring activities such as potluck picnics at the park or in the community center after completion of the class
- Local business sponsorship through gift certificates, merchandise, or other awards
- Preparing or providing nutritious snacks for the program sessions
- A miniature sampling buffet of healthy snacks prepared or arranged by a nutritionist
- Free family passes for a visit to the community pool or gym
- A free class and food demonstration arranged by the local Cooperative Extension Service

Reward participants for finishing the program. Present them with a Certificate of Completion. Also consider offering a mid-program Certificate of Accomplishment for completing six sessions (templates for these certificates can be found on the CD-ROM accompanying this curriculum).

The complete NDEP Diabetes Community Partnership Guide can be downloaded from <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm#PubsOrg> and photocopied, or ordered from the NDEP by calling 1-800-438-5383.

---

# Appendix G:

## Troubleshooting for Program Leaders

### Tips for Preparing for Possible Challenges in Conducting the Sessions

Every group has its ups and downs and often brings unexpected surprises. The group may include people who tend to dominate the discussion as well as those who are quiet but have much to contribute. The following tips are intended to help you as the program leader deal with some of the most frequently encountered situations.

#### *We don't have a conference room where we can meet.*

You don't need one. A local school classroom, or church classroom, or any room where people can sit and feel comfortable will work. Someone's living room can work for a small group. It is helpful to have a flipchart or a marker board to write on, but you don't have to have one to make the sessions work.

#### *Someone in the group has burst into tears!*

Those tears needed to come out. The rest of the group may be even more uncomfortable with tears than you are, so it helps to say something like, "For some of us, this topic (or discussion) may hit close to home for different reasons. Sometimes, talking about diabetes means dealing with a lot of large emotional issues. We are among friends here, so don't be afraid to cry. Crying is part of the healing process that lets you move forward."

The amount of distress a person is experiencing is difficult to gauge. Provide contact information for mental health services in your community to all session participants. Unless you are a trained mental health professional, do not attempt to offer counseling yourself to the members of your *Power to Prevent* program sessions.

#### *People take cell phone calls during the sessions. The ringing and their conversation interrupt the discussion.*

At the beginning of the session, ask all participants to turn off their cell phones or switch the ringers to the vibration mode. If someone needs to take a call during the session, ask him or her to step outside of the room and out of hearing range.

### *People bring their children to the meetings, and the noise of the children playing is disruptive.*

Small children can be a distraction for the group, so prepare ahead of time for the possibility that participants will bring them. Figure out what options you have for keeping the children busy and away from the group. If possible, arrange to have a VCR or a DVD player and a TV monitor in another room close by to play children's videos. Older children or teenagers could be invited to participate in the session. Ask the group members how they want to deal with the situation. The group might decide to pool funds to hire a teenager to provide care for small children in another room nearby.

### *People expect food at sessions like this, or they bring food that's not healthful.*

Food helps people to feel more relaxed, and you do want a comfortable setting. If you as program leader or your organization can do so, consider providing water or sugarless drinks, fruit, vegetables and low-fat dip, or low-fat crackers and cheese. Pretzels are a lower-fat choice than chips, but they still high in salt and are not the best choice for people with high blood pressure. Consider discussing this food issue with the group at the first session. Ask that participants choose only low-fat, low-sugar, healthful snacks if they bring food to share.

### *One person is doing all the talking.*

You can deal with this situation in a couple of ways. Sometimes the person who is dominating the discussion is bringing out good points, and although you don't want him or her to stop, you do want to make sure that everyone has a chance to speak. In that case, every once in a while, explain that you would like to go around the room and ask each person if he or she has anything to say on the topic being discussed. Alternatively, you can tell participants that you would like them to adopt some "ground rules" for the discussion; for example, that only one person speaks at a time, that there is to be no interrupting, and that all opinions are welcome. Another "ground rule" might be that a person may speak for only two minutes at a time. Two minutes is plenty of time for relating an opinion, and even enough time to share most personal stories. The "two-minute rule" helps to ensure that everyone has enough time to speak and that one person does not monopolize the discussion.

### *I tried those things and they are not working. This person is a problem!*

Call for a break in the session and speak to the person individually during the break. Here are two options for approaching this conversation:

1. If you think that the person means well but is having trouble with control, ask him or her to help with the class. You can enlist the person's help in taking notes on the flipchart, distributing handouts, or performing other duties. Use the person's energy and goodwill to help you.
2. If the person is difficult and disruptive, during a break take the person aside and ask him or her to keep comments brief because others in the group want to speak as well. Everyone should have an opportunity to speak, to express their thoughts, and to ask questions. Tell the disruptive person that if he or she cannot give others a chance to speak, you will have no choice but to ask him or her to leave.

### *Someone has asked a question about his or her personal health.*

Questions about personal symptoms must be directed to the person's health care provider. Don't fall into the trap of trying to give medical advice. That is not your role here, and it is not the purpose of the sessions.

### *A lot of medical questions are coming up, and I don't know the answers.*

If you don't know the answer, don't guess. Don't give medical information unless you are absolutely sure of your facts. Tell participants that you don't have the answer to the question but will try to find out and get back to them at the next session. Ideally, you should avoid leaving medical questions up in the air, but you may need to tell participants that their questions are simply beyond the scope of the program. Suggest that they consult a health care provider for answers. The NDEP strongly recommends inviting a certified diabetes educator or a physician to one or more of your sessions to help with these questions.

### *We want more information. Where can we get it?*

Visit the many Web sites listed in the table Appendix Materials and Resources (Forward/Introduction section, pages 6-7). You can also order materials by calling the National Diabetes Education Program (NDEP) at 1-800-438-5383, the public inquiries line at the Centers for Disease Control and Prevention (CDC) at 1-877-CDC-DIAB, or the National Diabetes Information Clearinghouse at 1-800-860-8747. You can also visit the NDEP Web site [www.ndep.nih.gov](http://www.ndep.nih.gov) to download and photocopy materials or order free materials from <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm>

### *We need to change program leaders. How can we smooth the transition?*

In this situation, good note taking and use of the evaluation tools (questionnaires) really help. Review these items with the new program leader so that he or she understands the individual and group goals and needs. Explain which topics or concepts have not been covered and where the group's trouble spots are in knowledge, attitudes, or behaviors. If at all possible, tell group members about the transition ahead of time, and ask them for ideas on what would help maintain the positive group dynamics and forward progress of the group.

### *I don't think we can cover all of the material in 12 sessions. Should I drop some of it?*

It is best not to drop a session entirely. The curriculum was designed to build on skills and knowledge gained in earlier sessions. A better option would be either to lengthen the curriculum to 15 sessions, to increase the time for each session (perhaps to 120 minutes, with a physical activity break in the middle), or to skip the optional activities. Which option you choose will depend on the goals of the group. For example, if the group is focused on primary prevention and is less interested in diabetes care, you could minimize the spent on the ABCs of diabetes goals, preventing diabetes complications, and other diabetes care issues. Consider the program mid-point as an opportunity to review the evaluation questionnaires and to decide on an approach. Do you notice knowledge gaps or areas of struggle that require more time? Ask group members for their input. Would they prefer to attend some additional sessions for review, or would they like to add some sessions to do the optional activities?



---

# Appendix H:

## Motivational Quotes

An optional activity for each session is identifying an affirmation or motivational quote that participants can keep in mind between sessions to help them stay focused. The “power of positive thinking” is the idea behind using an affirmation.

An affirmation is a statement that can encourage self-efficacy. It should be short enough that program members can remember it and can repeat it to themselves during an activity such as walking. Some people like to use basic statements from familiar stories (such as the affirmation of The Little Engine That Could, who kept repeating, “I think I can, I think I can” as he climbed the hill). Others prefer quotes from people they admire (such as the statement by Martin Luther King, Jr.: “Take the first step in faith. You don’t need to see the whole staircase, just take the first step.”). Participants in your group may even want to develop their own individual or group sayings to bolster confidence and to lend support (for example, “Every day in every way I am getting stronger and stronger”). Warn group members to avoid a common self-fulfilling prophesy; that is, if you tell yourself, “I’m a failure, I can’t do it,” even silently, there is a good chance you will fail.

## Examples of Affirmations and Motivational Quotes

The following list of motivational quotes is offered as a resource. Such quotes can be found in many sources, such as *Bartlett’s Familiar Quotations*, which can be found at your local library. Consider asking participants to bring in quotes they find particularly encouraging or relevant.

“Where there is a will, there is a way.”

—Anonymous

“After a rainstorm, the sun will shine.”

—Anonymous

“Take the first step in faith. You don’t have to see the whole staircase, just take the first step.”

—Martin Luther King, Jr.

“God made the sea, we make the ship; He made the wind, we make a sail; He made the calm, we make the oars.”

—Senegal proverb

“You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can come out of it.”

—Maya Angelou

“Luck is a matter of preparation.”

—Oprah Winfrey

“I can accept failure. Everyone fails at something. But, I can’t accept not trying.”

–*Michael Jordan*

“The battles that count aren’t the ones for gold medals. The struggles within yourself—the invisible, inevitable battles inside all of us—that’s where it’s at.”

–*Jesse Owens*

“A faithful friend is the medicine of life.”

–*Ecclesiastes 6:16*

“It’s not the load that breaks you down; it’s the way you carry it.”

–*Pearl Bailey*

“Where there is hope there is life; where there is life there is possibility; and where there is possibility, change can occur.”

–*Jesse Jackson*

“Every small, positive change we can make in ourselves repays us in confidence for the future.”

–*Alice Walker*

“It is the mind that makes the body.”

–*Sojourner Truth*

“The head and the body must serve each other.”

–*Wolof Proverb*

“The empty bag cannot stand up.”

–*Haitian Proverb*

“Don’t be afraid to look at your faults.”

–*Yoruba proverb*

“Instead of wallowing in misery, I just made some changes.”

–*Stephanie Mills*

“The wind does not break a tree that bends.”

–*Unknown*

“When one door closes, another one opens.”

–*African-American folklore*

“If you are on a road to nowhere, find another road.”

–*Ashanti proverb*

“As soon as healing takes place, go out and heal somebody else.”

–*Maya Angelou*



---

# Appendix I:

## Sign-in and Contact Form

### Power to Prevent: A Lifestyle Approach to Diabetes Prevention

#### *Sign-In and Contact Form*

Name \_\_\_\_\_

#### Contact Information

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Contact Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s) \_\_\_\_\_



---

# Appendix J:

## Game plan fat and calorie counter and Food and Activity Tracker

The NDEP GAME PLAN *Fat and Calorie Counter* and *Food and Activity Tracker* are first introduced in the lesson plan for Session 1 and is given out to all participants in every session.

Source: National Diabetes Education Program

Pub. No. 04-5487

Web site: [www.ndep.nih.gov/diabetes/pubs/catalog.htm](http://www.ndep.nih.gov/diabetes/pubs/catalog.htm)

Description: If you are overweight and at increased risk for type 2 diabetes, this booklet can help. One of the most successful techniques for losing weight is to write down everything you eat and drink and to figure out how many calories and fat grams you consume every day. Use this tracker to record your food and drink intake and the time you spend on physical activity. Print out copies of the tracker and put them in your purse or pocket. Keeping track of your progress will help you reach your weight loss and activity goals.

To obtain the GAME PLAN *Fat and Calorie Counter* and the *Food and Activity Tracker*:

- 1) Print out or order from the URL listed above
- 2) Print out from the *Power to Prevent* CD-ROM accompanying this curriculum
- 3) Order by calling 1-800-438-5383 or
- 4) Complete the NDEP Order Form provided in Appendix AD and FAX it to (703) 738-4929

**If ordering, please allow at least 6 weeks for delivery. Order enough for the entire program.**



## Weekly Pledge

- Pledges should be realistic and specific. They should include something that you can do regularly and can continue over time.
- You may repeat a pledge from an earlier session if you want to continue working in a specific area.
- Be sure to post your pledge in a place where you will see it every day.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Date: \_\_\_\_\_



# Appendix L:

## Individual Progress Chart

### Individual Progress Chart

*Fill in three boxes on this chart at every session after the first one.*

You've earned a **star** if you:

- Kept your weekly pledge all or most of the time during the week (top box)
- Met your goals or decreased your fat grams or calories for the week according to your food tracker (middle box)
- Increased your physical activity for the week according to your activity tracker (bottom box)

You've earned a **smiling face** if you:

- Kept your weekly pledge at least half of the time during the week
- Decreased your fat grams or calories a little but did not meet your goals for the week according to your food tracker
- Made some improvement or maintained your physical activity for the week according to your activity tracker

You've earned a **supportive hand** if you:

- Kept your weekly pledge only a little or not at all during the week
- Increased your fat grams or calories according to your food tracker
- Decreased your physical activity or made little to no progress for the week according to your activity tracker

Session	2	3	4	5	6.1	6.2	6.3	7	8	9	10	11	12
Weekly Pledge													
Food Tracker													
Activity Tracker													

Your program leader or your group may choose to use different stickers or to have you draw pictures in the boxes. The purpose of the chart is to help you keep track of your progress and to identify areas where you might need a little extra help.





---

# Appendix M:

## Evaluation tools

This appendix contains nine pre- and post-session questionnaires, two pre-program questionnaires, a mid-program questionnaire, and a post-program questionnaire, which are listed in the table below. You can use these questionnaires to monitor learning needs, attitudes, reported behaviors, motivation, and confidence in making changes (self-efficacy) of individual members of the group and the group as a whole.

To match the questionnaires to individual respondents, you must ask respondents to put some identifying information at the top of the page. You can ask participants to write their names, or if they are uncomfortable with writing their names on the questionnaires, suggest that they write their initials (the first letters of their first and last names) and their month and day of birth (e.g., December 17, or 12/17). Using this system, Mary Smith, who was born on December 17, would write MR December 17 (or MR 12/17) at the top of all of her questionnaires. Ask participants to be consistent in the use of their identifying information on all questionnaires.

The pre- and post-session questionnaires are designed to be administered at specific sessions to reflect the content of those sessions. Use the questionnaire responses to guide your preparation for later sessions on similar topics. For example, Session 4 and Session 7 both concern physical activity. Review the Post-Session 4 Questionnaire responses when planning for Session 7. Depending on the responses, you may want to add an optional activity to Session 7 to review a certain topic or to follow up on concerns participants have expressed on their questionnaires.

Protect the confidentiality of your participants. Do not share any personal information while discussing questionnaires unless you have permission from the respondent(s). If you use an example from a questionnaire, make sure it does not inadvertently reveal the person who wrote it (for example, do not use a story in which the person refers to his wife if the group has only one or two men).

The National Diabetes Education Program and its partners have not obtained Office of Management and Budget (OMB) or Institutional Review Board (IRB) clearance or other approval for gathering data from program participants. These questionnaires are provided for your convenience only.

Please check with your organization before administering questionnaires regarding your organization's guidelines concerning data collection. Your organization or its funding agencies may require clearance of this data collection and may have special processes for approval.

Session	Questionnaire	Intent
1	Pre-session	Find out about goals, expectations, baseline knowledge, attitudes, behaviors, self-confidence
1	Pre-program questionnaire for people with diabetes (OPTIONAL)	Optional questions for organizations working with people with diabetes that wish to measure impact of program
1	Pre-program questionnaire—demographics (OPTIONAL)	Optional questions for organizations that wish to gather demographic data on program participants
3	Pre- and post- session	Measure whether knowledge, attitudes, reported behavior, intent, and self-confidence concerning healthy eating changed during the session
4	Pre- and post-session	Measure whether knowledge, attitudes, reported behavior, intent, and self-confidence concerning physical activity changed during the session
5	Mid-program (OPTIONAL)	To be given at end of Session 5 to gauge changes in knowledge, attitudes, reported behaviors, and self-confidence at the program's mid-point; to be used for guiding content and choosing activities during the remaining sessions
6	Pre- and post- session	Gauge baseline knowledge of diabetes control and prevention of complications
11	Pre- and post-session	Measure changes in self-reported understanding of coping with stress and measure problem-solving abilities in dealing with negative emotions
12	Post-program	Measure changes in goals, knowledge, attitudes, behaviors, and self-confidence compared with baseline in Session 1

# Pre-Session 1 Questionnaire

*(Fill Out This Questionnaire at the Beginning of Session 1)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

Welcome to our program! You are asked to fill out this questionnaire so that you will be able to see the amount change in your attitudes, lifestyles, and behaviors from the time you start this program (right now) to the time you finish the program. You will compare your answers on this questionnaire with a similar questionnaire you will complete at the end of the program to see how well you are achieving your goals.

If you do not want to write your name on this questionnaire, use another identifier, such as the first letters of your first and last names and your day and month of birth (for example, MR 12/17), so that the program leader can return the questionnaire to you at the end of the program. Please use the same identifier for every questionnaire you complete during the program so that all of your questionnaires can be returned to you.

**Be Honest in Your Answers. This is for You!**

## *Goals and Expectations*

My goals are to: (Please check all that apply, or write in your own.)

- ☐ Lose weight
- ☐ Feel better about myself
- ☐ Be more physically active
- ☐ Learn to eat and/or cook more healthily
- ☐ Learn more about how to control diabetes in general
- ☐ Take control over my diabetes
- ☐ Prevent diabetes in myself and/or my family

Other: \_\_\_\_\_

My expectations are that I will: (Please check all that apply, or write in your own.)

- ☐ Learn more about diabetes control
- ☐ Learn more about diabetes prevention
- ☐ Gain support from other members of the group
- ☐ Be able to teach my family about diabetes prevention
- ☐ Be able to make changes in my eating
- ☐ Be able to make changes in my physical activity

Other: \_\_\_\_\_

## Where Am I Right Now?

Thinking about your physical activity and eating over the past three months, please answer the following questions.

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

Right now:	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Don't know or refused
1. I eat healthily.	5	4	3	2	1	
2. I get enough physical activity.	5	4	3	2	1	
3. I want to eat more healthily.	5	4	3	2	1	
4. I want to be more physically active	5	4	3	2	1	

## Physical Activity

Please answer the following questions about your level of physical activity.

During the past week, what was the highest level of physical activity you got? (Check the best answer below.)

- ☐ No specific physical activity routine (just activities of daily living such as walking in the house or at work)
- ☐ Light intensity physical activity (for example, slowly walking the dog, breathing and heart beat are not faster)
- ☐ Moderate intensity physical activity (brisk walking, light yard work e.g. raking leaves or mowing lawn, biking at a casual pace)
- ☐ Vigorous physical activity (jogging/running, swimming laps, playing basketball or soccer)

During the last week, how many days were you physically active at the level you checked above for at least 30 minutes per day?

- ☐ None
- ☐ 1 to 2 days
- ☐ 3 to 5 days
- ☐ 6 to 7 days

## Eating

Please answer the following question about your eating.

How do you usually decide what to eat? (Please check all that apply.)

- ☐ Count calories
- ☐ Count carbohydrates
- ☐ Avoid sweets and sugars
- ☐ Limit amount of fat
- ☐ Eat anything I want or whatever is convenient

Other: \_\_\_\_\_

Please answer the following. Circle only one number for each question. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Daily or more often	More often than weekly but less than daily	Weekly	More often than monthly but less often than weekly	No more often than once a month	Don't know or refused
1. How often do you skip a meal and then snack or overeat?	5	4	3	2	1	
2. How often do you eat foods high in fat, such as fried foods or lots of butter, cheese, or lard?	5	4	3	2	1	
3. How often do you eat more than you think you should?	5	4	3	2	1	

### *How confident are you that you can make changes now?*

Please circle one number to indicate how confident you are that you can make the following changes. (Check “Don’t know or refused” if you do not know or do not want to answer.)

#### **Physical Activity**

	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
1. Get physical activity more often	4	3	2	1	
2. Be physically active for longer time	4	3	2	1	

#### **Eating**

	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
3. Eat more healthful food	4	3	2	1	
4. Overeat less often	4	3	2	1	

#### **Taking Medication (if Applicable)**

	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know, refused or not taking medications
5. Miss fewer medications	4	3	2	1	
6. Take medications on time	4	3	2	1	

#### **General Health**

	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
7. Lose weight if overweight	4	3	2	1	
8. Get support from family/friends	4	3	2	1	
9. Get blood pressure under control	4	3	2	1	
10. Handle stress better	4	3	2	1	

**Please put your name (or your initials with day and month of birth) at the top of this questionnaire and give it to your program leader.**

The next questionnaire is an optional choice for organizations that work with people with diabetes and want to evaluate the impact of their *Power to Prevent* program.

The National Diabetes Education Program and its partner organizations have not obtained OMB (Office of Management and Budget) nor IRB (Institutional Review Board) clearance or other approval for gathering data from program participants. These questionnaires are provided for your convenience only.

Please check with your organization before administering this or any other questionnaire regarding your organization's guidelines concerning data collection. Your organization or its funding agencies may require clearance of this data collection and have special processes for approval.

# Pre-Program Questionnaire for People with Diabetes

## *(Optional Pre-Session 1 Questionnaire)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

This questionnaire is for those of you whom a doctor has told that you have diabetes (“sugar”).

## *What changes, if any, would you like to make now?*

Please circle one number to indicate how confident you are that you can do the following things. (Check “Don’t know or refused” if you do not know or do not want to answer.)

## *Problem Solving for Blood Sugar Levels*

	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
1. Prevent high blood sugar levels	4	3	2	1	
2. Treat high blood sugar levels	4	3	2	1	
3. Prevent low blood sugar levels	4	3	2	1	

## *Reducing Risks for Diabetes Complications*

	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
4. Get diabetes check-ups for mouth, feet, and eyes	4	3	2	1	
5. Check my feet	4	3	2	1	

## *Living with Diabetes*

	Sure I can	think I can	Not sure I can	Don't think I can	Don't know or refused
6. Cope with diabetes	4	3	2	1	
7. Get support from my medical team	4	3	2	1	

## *Feelings About Having Diabetes*

Please tell us how you feel about your diabetes. Please circle only one number for each question. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	A lot	Some	A little	Not at all	Don’t know or refused
1. How sure are you that you can manage your diabetes?	4	3	2	1	
2. How much do you feel your family/friends support your efforts for diabetes control?	4	3	2	1	
3. How much does diabetes interfere with your job, school, or daily activities?	4	3	2	1	
4. How much does diabetes reduce your well-being?	4	3	2	1	
5. How much does your diabetes seem out of control?	4	3	2	1	
6. How much do you fear you will develop complications?	4	3	2	1	
7. How often do you feel overwhelmed by your diabetes?	4	3	2	1	
8. How often do you feel depressed about your diabetes?	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**



# Pre-Program Questionnaire - Demographics

## *(Optional Pre-Session 1 Demographics Questionnaire)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

### *How did you find out about the program?*

Please check all of the following that apply.

- ☐ Neighbors
- ☐ Church members
- ☐ Family members
- ☐ Flyers
- ☐ Posters
- ☐ Newsletter
- ☐ Newspaper
- ☐ Radio
- ☐ Doctor or clinic
- ☐ Other: \_\_\_\_\_

### *General Information*

1. What is your sex?

- ☐ Male      ☐ Female

2. What is your race: (Check all that apply.)

- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ White or Caucasian
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other: \_\_\_\_\_

3. Are you of Latino or Hispanic ethnicity?

- ☐ Yes      ☐ No      ☐ Don't know

4. What is your date of birth (month/day/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Pre-Session 3 Questionnaire

*(Fill out this questionnaire at the beginning of session 3)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

Three healthful meals that I can prepare for myself (and my family) are: (Check “Don’t know or refused” if you do not know or do not want to answer.)
1.
2.
3.
<input type="checkbox"/> Don’t know or refused

## Nutrition-Related Lessons

Please circle one number to indicate how strongly you agree or disagree with each of the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don’t know or refused
1. I know how to create healthful lunches.	5	4	3	2	1	
2. I eat less healthily when I feel stressed.	5	4	3	2	1	
3. I am confident I can eat more fruits and vegetables every day (or that I am at my goal for this).	5	4	3	2	1	
4. I understand what a single serving for my favorite foods is.	5	4	3	2	1	
5. I understand how to read food labels to choose foods lower in fat.	5	4	3	2	1	
6. I can think of healthy food choices I like to eat.	5	4	3	2	1	
7. I know how to identify drinks with added sugar.	5	4	3	2	1	
8. I can find healthy food choices at my favorite fast food restaurants.	5	4	3	2	1	
9. I know ways to control overeating or eating high-fat foods when I eat out.	5	4	3	2	1	
10. I can think of small steps that I can take to eat more healthily.	5	4	3	2	1	
11. I am confident I can take small steps in healthy eating that will lead to a big reward of improved health.	5	4	3	2	1	

*For each of the following foods, please write down at least one alternative that is more healthful:*

(Check “Don’t know or refused” if you do not know or do not want to answer.)

Food	More Healthful Alternative(s)
1. Whole (regular) milk	
2. Lard, butter, or shortening	
3. High-fat deli lunch meats	
<input type="checkbox"/> Don't know or refused	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Post-Session 3 Questionnaire

*(Fill out this questionnaire at the end of session 3)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

Three healthful meals I can prepare for myself (and my family) are: (Check “Don’t know or refused” if you do not know or do not want to answer.)
1.
2.
3.
<input type="checkbox"/> Don’t know or refused

## Nutrition-Related Lessons

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t Know or Refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don’t know or refused
1. I know how to create healthful lunches.	5	4	3	2	1	
2. I eat less healthily when I feel stressed.	5	4	3	2	1	
3. I am confident I can eat more fruits and vegetables every day (or that I am at my goal for this).	5	4	3	2	1	
4. I understand what a single serving for my favorite foods is.	5	4	3	2	1	
5. I understand how to read food labels to choose foods lower in fat.	5	4	3	2	1	
6. I can think of healthy food choices I like to eat.	5	4	3	2	1	
7. I know how to identify drinks with added sugar.	5	4	3	2	1	
8. I can find healthful food items to eat at my favorite fast food restaurants.	5	4	3	2	1	
9. I know ways to control overeating or eating high-fat foods when I eat out.	5	4	3	2	1	
10. I can think of small steps I can take to eat more healthily.	5	4	3	2	1	
11. I am confident I can take small steps in healthy eating that will lead to a big reward of improved health.	5	4	3	2	1	

*For each of the following foods, please write down at least one alternative that is more healthful:*

(Check “Don’t know or refused” if you do not know or do not want to answer.)

Food	More Healthful Alternative(s)
1. Whole (regular) milk	
2. Lard, butter, or shortening	
3. High-fat deli lunch meats	
<input type="checkbox"/> Don't know or refused	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Pre-Session 4 Questionnaire

*(Fill out this questionnaire at the beginning of session 4)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

## *Physical Activity-Related Lessons*

Three health benefits of physical activity are: (Check “Don’t know or refused” if you do not know or do not want to answer.)	
1.	
2.	
3.	
<input type="checkbox"/>	Don’t know or refused

## *Physical Activity-Related Lessons*

Please circle one number to indicate how strongly you agree or disagree with each of the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I understand the connection between physical activity and diabetes prevention.	5	4	3	2	1	
2. I understand why properly fitting shoes are important for a person with diabetes.	5	4	3	2	1	
3. I can think of small steps I can take to increase my physical activity.	5	4	3	2	1	
4. I am confident I can be more physically active.	5	4	3	2	1	
5. I can name physical activities I can do to reduce stress.	5	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Post-Session 4 Questionnaire

*(Fill out this questionnaire at the end of session 4)*

Name or other identifier (such as initials with day and month of birth): \_\_\_\_\_

## *Physical Activity-Related Lessons*

Three health benefits of physical activity are: (Check "Don't know or refused" if you do not know or do not want to answer.)	
1.	
2.	
3.	
<input type="checkbox"/> Don't know or refused	

## *Physical Activity-Related Lessons*

Please circle one number to indicate how strongly you agree or disagree with each of the following statements. (Check "Don't know or refused" if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I understand the connection between physical activity and diabetes prevention.	5	4	3	2	1	
2. I understand why properly fitting shoes are important for a person with diabetes.	5	4	3	2	1	
3. I can think of small steps I can take to increase my physical activity.	5	4	3	2	1	
4. I am confident I can be more physically active.	5	4	3	2	1	
5. I can name physical activities I can do to reduce stress.	5	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Post-Session 5 Questionnaire

*(Fill out this mid-program questionnaire at the end of session 5)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

Thanks for participating in our program! This questionnaire was given to you to fill out at the beginning of the program. Now we would like you to fill it out again. Then you can compare your answers from the first session with these answers to see how far you have come.

## *Goals and Expectations*

My goals are to: (Please check all that apply, or write in your own.)

- ☐ Lose weight
- ☐ Feel better about myself
- ☐ Physical activity more
- ☐ Learn to eat and/or cook more healthily
- ☐ Learn more about how to control diabetes in general
- ☐ Take control over my diabetes
- ☐ Prevent diabetes in myself
- ☐ Other: \_\_\_\_\_

## *Where Am I Right Now?*

Please answer the following questions thinking about your physical activity and eating over the past five weeks.

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t Know or Refused” if you do not know or do not want to answer.)

In this program I:	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Don’t know or refused
1. Understand more about diabetes control.	5	4	3	2	1	
2. Understand more about diabetes prevention.	5	4	3	2	1	
3. Gained support from other members of the group.	5	4	3	2	1	
4. Became able to teach my family about diabetes prevention.	5	4	3	2	1	
5. Became able to make changes in my eating.	5	4	3	2	1	
6. Became able to make changes in my physical activity.	5	4	3	2	1	



## Where Am I Right Now?

Please answer the following questions thinking about your physical activity and eating over the past five weeks.

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

Right now:	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Don't know or refused
1. I eat healthily.	5	4	3	2	1	
2. I get enough physical activity.	5	4	3	2	1	
3. I want to eat more healthily.	5	4	3	2	1	
4. I want to be more physically active.	5	4	3	2	1	

## Physical Activity

During the past week, what was the highest level of physical activity you got? (Check the best answer below.)

- ☐ No specific physical activity routine (just activities of daily living such as walking in the house or at work)
- ☐ Light intensity physical activity (for example, slowly walking the dog, breathing and heart beat are not faster)
- ☐ Moderate intensity physical activity (brisk walking, light yard work e.g. raking leaves or mowing lawn, biking at a casual pace)
- ☐ Vigorous physical activity (jogging/running, swimming laps, playing basketball or soccer)

During the last week, how many days were you physically active at the level you checked above for at least 30 minutes per day?

- ☐ None
- ☐ 1 to 2 days
- ☐ 3 to 5 days
- ☐ 6 to 7 days

## Eating

How do you usually decide what to eat? (Please check all that apply.)

- ☐ Count calories
- ☐ Count carbohydrates
- ☐ Avoid sweets and sugars
- ☐ Limit amount of fat
- ☐ Eat anything I want or whatever is convenient
- ☐ Other: \_\_\_\_\_

Please answer the following. (Check only one response for each question.) (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Daily or more	More that weekly but less than daily	Weekly	More than monthly but less than weekly	No more than once a month	Don't know or refused
1. How often do you skip a meal and then snack or overeat?	5	4	3	2	1	
2. How often do you eat foods high in fat, like fried foods or lots of butter, cheese or lard?	5	4	3	2	1	
3. How often do you eat more than you think you should?	5	4	3	2	1	

### *How confident are you that you can make changes now?*

Please circle one number to indicate how confident you are that you can make the following changes. (Check “Don’t know or refused” if you do not know or do not want to answer.)

Activity	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
1. Get physical activity more often	4	3	2	1	
2. Be physically active for longer time	4	3	2	1	

Eating	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
3. Eat more healthful food	4	3	2	1	
4. Overeat less often	4	3	2	1	

Medication Taking (if Applicable)	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know, refused or not taking medication
5. Miss fewer medications	4	3	2	1	
6. Take medications on time	4	3	2	1	

General Health	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
7. Lose weight	4	3	2	1	
8. Get support from family/friends	4	3	2	1	
9. Get blood pressure under control	4	3	2	1	
10. Handle stress better	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Pre-Session 6 Questionnaire

*(Do this pre-session questionnaire at the beginning of session 6)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

## *Diabetes-Related Lessons*

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don’t know or refused
1. I know what the “ABCs of diabetes” stands for.	5	4	3	2	1	
2. I understand the connection between the ABCs and preventing diabetes complications.	5	4	3	2	1	

## *What do you know about diabetes right now?*

Fill in the blanks. (Check “Don’t know or refused” if you do not know or do not want to answer.)

<p><b>Three risk factors for type 2 diabetes are:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p> <p><b>Physical activity helps people who have diabetes and people who want to prevent diabetes by:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p>	<p><b>Three signs/symptoms of diabetes are:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p> <p><b>By controlling or preventing diabetes, I can protect myself from the following health problems:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p>
--	---

Three questions people with diabetes should ask their doctor at each visit are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

☐ Don't know or refused \_\_\_\_\_

## Check Ups

Please check "Yes" or "No" and fill in the blank on the line provided. (Check "Don't know or refused" if you do not know or do not want to answer.)

1. Have you ever been told that you have diabetes ("sugar")?

☐ Yes    ☐ No    ☐ Don't know or refused

If you have diabetes, please answer question 1a below:

1a. My A1C value is \_\_\_\_\_ Don't know or refused

2. I have had my blood pressure taken in the last 3 to 6 months.

☐ Yes    ☐ No    ☐ Don't know or refused

2a. My blood pressure is \_\_\_\_\_ Don't know or refused

3. I have had my LDL cholesterol tested within the last year.

☐ Yes    ☐ No    ☐ Don't know or refused

3a. My LDL cholesterol count is \_\_\_\_\_ Don't know or refused

## How confident are you now?

Please circle one number to indicate how confident you are that you can do the following things. (Check "Don't know or refused" if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I feel confident that I can ask my doctor questions about diabetes at my next visit.	5	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Post-Session 6 Questionnaire

*(Fill out this questionnaire at the end of session 6)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

## *Diabetes-Related Lessons*

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I know what the “ABCs of Diabetes” stands for.	5	4	3	2	1	
2. I understand the connection between the ABCs and preventing diabetes complications.	5	4	3	2	1	

## *What do you know about diabetes right now?*

Fill in the blanks. (Check “Don’t know or refused” if you do not know or do not want to answer.)

<p><b>Three risk factors for type 2 diabetes are:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p> <p><b>Physical activity helps people who have diabetes and people who want to prevent diabetes by:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p>	<p><b>Three signs/symptoms of diabetes are:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p> <p><b>By controlling or preventing diabetes, I can protect myself from the following health problems:</b></p> <p>2. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused</p>
<p>Three questions people with diabetes should ask their doctor at each visit are:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> Don't know or refused _____</p>	

### *How confident are you now?*

Please circle one number to indicate how confident you are that you can do the following things.  
(Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I feel confident that I can ask my doctor questions about diabetes at my next visit.	5	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Pre-Session 11 Questionnaire

*(Fill in this questionnaire at the beginning of session 11)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

## *Emotion-Related Lessons*

Please circle one number to indicate the answer closest to how you feel. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I am aware of things that are bad for my health (for example, overeating or binge drinking of alcohol) that I might do when I feel bad.	5	4	3	2	1	
2. I understand how negative feelings (for example, feeling that I am a weak or bad person or that I always fail) can lead to poor eating habits and less physical activity.	5	4	3	2	1	
3. I am confident I can “talk back” to negative thoughts to improve my mood.	5	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**

# Post-Session 11 Questionnaire

*(Fill out this questionnaire at the end of session 11)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

## *Emotion-Related Lessons*

Please circle one number to indicate the answer closest to how you feel. (Check “Don’t know or refused” if you do not know or do not want to answer.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or refused
1. I am aware of things that are bad for my health (for example, overeating or binge drinking of alcohol) that I might do when I feel bad.	5	4	3	2	1	
2. I understand how negative feelings (for example, feeling that I am a weak or bad person, or that I always fail) can lead to poor eating habits and less physical activity.	5	4	3	2	1	
3. I am confident I can “talk back” to negative thoughts to improve my mood.	5	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**



# Post-Program Questionnaire

*(Fill out this post-program questionnaire at the beginning of session 12)*

**Name or other identifier** (such as initials with day and month of birth): \_\_\_\_\_

Thanks for participating in our program! This questionnaire was given to you at the beginning of the program. Now we would like you to fill it out again. Please make sure that your group leader has your home address so that a copy of this questionnaire can be sent to you. Then you can compare your answers from the first session with these answers to see how far you have come.

## *Goals and Expectations*

My goals in this program were to: (Please check all that apply, or write in your own.)

- ☐ Lose weight
- ☐ Feel better about myself
- ☐ Become more physically active
- ☐ Learn to eat and/or cook more healthily
- ☐ Learn more about how to control diabetes in general
- ☐ Take control over my diabetes
- ☐ Prevent diabetes in myself and/or my family
- ☐ Other: \_\_\_\_\_

In this program I did the following: (Please check all that apply, or write in your own.)

- ☐ Learned more about diabetes control
- ☐ Learned more about diabetes prevention
- ☐ Gained support from other members of the group
- ☐ Became able to teach my family about diabetes prevention
- ☐ Became able to make changes in my eating
- ☐ Became able to make changes in my physical activity
- ☐ Other: \_\_\_\_\_

## Where Am I Right Now?

Thinking about your physical activity and eating over the past three months, please answer the following questions:

Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check “Don’t know or refused” if you do not know or do not want to answer.)

Right now:	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Don't know or refused
1. I eat healthily.	5	4	3	2	1	
2. I get enough physical activity.	5	4	3	2	1	
3. I want to eat more healthily.	5	4	3	2	1	
4. I want to be more physically active.	5	4	3	2	1	

## Physical Activity

During the past week, what was the highest level of physical activity you got? (Check the best answer below.)

- ☐ No specific physical activity routine (just activities of daily living such as walking in the house or at work)
- ☐ Light intensity physical activity (for example, slowly walking the dog, breathing and heart beat are not faster)
- ☐ Moderate intensity physical activity (brisk walking, light yard work e.g. raking leaves or mowing lawn, biking at a casual pace)
- ☐ Vigorous physical activity (jogging/running, swimming laps, playing basketball or soccer)

During the last week, how many days were you physically active at the level you checked above for at least 30 minutes per day?

- ☐ None
- ☐ 1 to 2 days
- ☐ 3 to 5 days
- ☐ 6 to 7 days

## Eating

How do you usually decide what to eat? (Please check all that apply.)

- ☐ Count calories
- ☐ Count carbohydrates
- ☐ Avoid sweets and sugars
- ☐ Limit amount of fat
- ☐ Eat anything I want or whatever is convenient
- ☐ Other: \_\_\_\_\_

Please answer the following.

(Check “Don’t know or refused” if you do not know or do not want to answer.)

	Daily	Several times a week	A few times a month	Once in a while	Rarely or never	Don't know or refused
1. How often do you skip a meal and then snack or overeat?	5	4	3	2	1	
2. How often do you eat foods high in fat, like fried foods or lots of butter, cheese, or lard?	5	4	3	2	1	
3. How often do you eat more than you think you should?	5	4	3	2	1	

### *How confident are you that you can make changes now?*

Please circle one number to indicate how confident you are that you can make the following changes. (Check “Don’t know or refused” if you do not know or do not want to answer.)

Physical Activity	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
1. Get physical activity more often	4	3	2	1	
2. Be physically active for longer time	4	3	2	1	

Eating	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
3. Eat more healthful food	4	3	2	1	
4. Overeat less often	4	3	2	1	

Medication Taking (if Applicable)	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
5. Miss fewer medications	4	3	2	1	
6. Take medications on time	4	3	2	1	

General Health	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
7. Lose weight	4	3	2	1	
8. Get support from family/friends	4	3	2	1	
9. Get blood pressure under control	4	3	2	1	
10. Handle stress better	4	3	2	1	

**Please put your name (or your initials with day and month of birth) on this questionnaire and give it to your program leader.**



---

# Appendix N:

## Read the Food Label To Choose Foods Lower in Fat, Saturated Fat, and Cholesterol

The handout below, Read the Food Label to Choose Foods Lower in Fat, Saturated Fat, and Cholesterol, is given out to all participants in Session 3.

Source: National Institutes of Health, National Heart, Lung, and Blood Institute, Office of Prevention, Education and Control. Your Heart. Your Life. A Lay Health Educator's Manual, page 94.

Pub. No.: 99-3674, December 1999

Web site: [www.nhlbi.nih.gov/health/prof/heart/latino/eng\\_mnl.pdf](http://www.nhlbi.nih.gov/health/prof/heart/latino/eng_mnl.pdf)

Description: This handout is taken from Salud para su Corazón (For the Health of Your Heart): a comprehensive community-based heart-health promotion initiative from the National Heart, Lung, and Blood Institute. It targets Latinos living in the United States. The project raises awareness of the risk factors and promotes lifestyle changes to reduce the chances of developing heart disease.

Note: See the companion CD ROM, included with the curriculum, for all of the Web links and .pdfs.

To obtain the materials:

- 1) Print from the URL listed above
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum or
- 3) Complete the NHLBI Publications Order Form provided in Appendix AD and FAX

If ordering, please allow at least 6 weeks for delivery.

## Sample label for Macaroni & Cheese

① Start Here →

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

② Check →  
Calories

Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 110

③ Limit These →  
Nutrients

	% Daily Value*
<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
Dietary Fiber		25g	30g

Source: <http://www.cfsan.fda.gov/~dms/foodlab.html#twoparts>

# Read the Food Label To Choose Foods Lower in Fat, Saturated Fat and Cholesterol!



Food labels tell you what you need to know about choosing foods that are lower in saturated fat, total fat, and cholesterol. Here's a food label for a carton of whole milk. The label tells you:

## ■ Amount Per Serving

The nutrient amounts are for one serving. So, if you eat more or less than one serving, you need to add or subtract nutrient amounts. For example, if you drink 2 cups of whole milk, you are eating two servings. So you need to double the amount of total fat, saturated fat, and cholesterol.

## ■ Nutrients

Here are the amounts of total fat, saturated fat, and cholesterol in one serving. These amounts are given in grams (g) or milligrams (mg).

## Whole Milk

### Nutrition Facts

Serving Size 8 fl oz (240ml)	
Servings Per Container 4	
<b>Amount Per Serving</b>	
Calories 150	Calories from Fat 70
<b>% Daily Value*</b>	
<b>Total Fat</b> 8g	12%
Saturated Fat 5g	25%
<b>Cholesterol</b> 35mg	12%
Sodium 125mg	5%
<b>Total Carbohydrate</b> 12g	4%
Dietary Fiber 0g	0%
Sugars 11g	
<b>Protein</b> 8g	
Vitamin A 6%	Vitamin C 4%
Calcium 30%	Iron 4% • Vitamin D 25%
*Percent Daily Values are based on a 2,000 calorie diet.	

## ■ Serving size and number of servings

The serving size is 8 fl. oz. (1 cup). There are four servings in the carton.

## ■ Percent Daily Value

The Percent Daily Value helps you compare products and quickly tells you if the food is high or low in these nutrients. Choose products with the lowest Percent Daily Value for total fat, saturated fat, and cholesterol.

## The Choice is Yours—Compare!

### Which one would you choose?

Except for fat and saturated fat, fat free milk has all the nutrients of whole milk including the calcium. That makes fat free milk a better choice! Read food labels and choose products to keep your heart strong.

Calories 150	Calories from Fat 70
<b>% Daily Value*</b>	
<b>Total Fat</b> 8g	12%
Saturated Fat 5g	25%
<b>Cholesterol</b> 35mg	12%
Sodium 125mg	5%

### Whole Milk

One cup of whole milk has 25 percent or 1/4 of the Daily Value of saturated fat you should limit yourself to in 1 day. That's a lot.

Calories 90	Calories from Fat 0
<b>% Daily Value*</b>	
<b>Total Fat</b> 0g	0%
Saturated Fat 0g	0%
<b>Cholesterol</b> 5mg	1%
Sodium 135mg	6%

### Fat Free (Skim) Milk

One cup of fat free milk has 0 percent of the Daily Value of saturated fat.





---

# Appendix O:

## Empower Yourself!

### Learn Your Cholesterol Number

The booklet Empower Yourself! Learn Your Cholesterol Number is given out to all participants in Session 3. It may be downloaded individually or ordered as part of a seven-booklet series (see Appendix Q).

Source: National Institutes of Health, National Heart, Lung, and Blood Institute

Pub. No.: 97-4063, September 1997

Web site: [www.nhlbi.nih.gov/health/public/heart/index.htm](http://www.nhlbi.nih.gov/health/public/heart/index.htm)

Description: This publication is part of a set of booklets, Improving Cardiovascular Health in African Americans—Package of Seven Easy-to-Read Booklets. These booklets are designed to help you reduce your chances of having a heart attack or stroke. The set includes the following titles: Energize Yourself- Stay Physically Active;—Eat Less Salt and Sodium—Spice Up Your Life; Lose Weight If You Are Overweight—Embrace Good Health; Prevent High Blood Pressure—Protect Your Heart; Empower Yourself - Learn Your Cholesterol Number— Eat Foods Lower in Saturated Fat and Cholesterol—Be Heart Smart; and Stop Smoking—Refresh Yourself. Publication No. 55-832.

NOTE: See the companion CD ROM, included with the curriculum, for all of the Web links and pdfs.

To obtain the booklet or set of booklets:

- 1) Print from the URL listed above
- 2) Print from the accompanying *Power to Prevent* CD-ROM

**If ordering, please allow at least 6 weeks for delivery.**



---

# Appendix P:

## Your GAME PLAN for Preventing Type 2 Diabetes—Information for Patients

The booklet Your Game Plan for Preventing Type 2 Diabetes—Information for Patients is given out to all participants in Session 4.).

Source: National Diabetes Education Program

Pub. No. :03-5334, February 2003 (NDEP-60.)

Web site: [www.ndep.nih.gov/diabetes/pubs/catalog.htm](http://www.ndep.nih.gov/diabetes/pubs/catalog.htm)

Description: This booklet will help you learn about your risk for developing type 2 diabetes and how to start your GAME PLAN to prevent or delay the onset of the disease. Get tips on how to set goals, track your progress, start a walking program, and where to get more help.

To obtain the booklet:

- 1) Print out or order from the URL listed above
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum
- 3) Order by calling 1-800-438-5383 or
- 3) Complete the NDEP Publications Order Form provided in Appendix AD and FAX to (703) 738-4929

**If ordering, please allow at least 6 weeks for delivery.**



---

# Appendix Q:

## Energize Yourself!

### Stay Physically Active

The booklet *Energize Yourself! Stay Physically Active* is given out to all participants in Session 7. It may be downloaded individually or ordered as part of a seven-booklet series (see Appendix O).

Source: National Institutes of Health, National Heart, Lung, and Blood Institute

Pub. No. No. 97-4059, September 1997

Web site: [www.nhlbi.nih.gov/health/public/heart/index.htm](http://www.nhlbi.nih.gov/health/public/heart/index.htm)

Description: This publication is part of a set of booklets, *Improving Cardiovascular Health in African Americans—Package of Seven Easy-to-Read Booklets*. These booklets are designed to help you reduce your chances of having a heart attack or stroke. The set includes the following titles: *Energize Yourself - Stay Physically Active*; *Eat Less Salt and Sodium—Spice Up Your Life*; *Lose Weight If You Are Overweight—Embrace Good Health*; *Prevent High Blood Pressure—Protect Your Heart*; *Empower Yourself -Learn Your Cholesterol Number—*; *Eat Foods Lower in Saturated Fat and Cholesterol—Be Heart Smart*; and *Stop Smoking—Refresh Yourself*. Publication No. 55-832.

NOTE: See the companion CD ROM, included with the curriculum, for all of the Web links and .pdfs.

To obtain the booklet or set of booklets:

- 1) Print from the URL listed above
- 2) Print from the accompanying *Power to Prevent* CD-ROM

If ordering, please allow at least 6 weeks for delivery.



---

# Appendix R:

## Blood Sugar Testing: The power to control diabetes is in your hands

Blood Sugar Testing: The Power to Control Diabetes Is in Your Hands contains a brochure, a tip sheet, and a fact sheet to be handed out to participants during Session 6, Part 3. These publications are: If You Have Diabetes, Know Your Blood Sugar Numbers; The Power to Control Diabetes Is in Your Hands; and Expanded Medicare Coverage of Diabetes Services Fact Sheet.

Source: National Diabetes Education Program

Pub. No. If You Have Diabetes, Know Your Blood Sugar Numbers (NDEP-10)  
The Power to Control Diabetes Is in Your Hands (NDEP-38)  
Expanded Medicare Coverage of Diabetes Services Fact Sheet (NDEP-77)

Web site: [http://www.ndep.nih.gov/campaigns/Power/Power\\_index.htm](http://www.ndep.nih.gov/campaigns/Power/Power_index.htm)

Description: **If You Have Diabetes, Know Your Blood Sugar Numbers** (NDEP-10) This tip sheet provides information on measuring blood sugar levels using the A1C test and the finger-stick test.

**The Power to Control Diabetes Is in Your Hands** (NDEP-38) This brochure provides information for older adults with diabetes on how to manage their disease, including the importance of checking blood glucose levels, managing the ABCs of diabetes, and how to access Medicare benefits. It is an excellent companion piece to the Expanded Medicare Coverage of Diabetes Services Fact Sheet.

**Expanded Medicare Coverage of Diabetes Services Fact Sheet** (NDEP-77)

To obtain the materials:

- 1) Print out or order from the URL listed above
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum
- 3) Order by calling 1-800-438-5383 or
- 4) Complete the NDEP Publications Order Form provided in Appendix AD and FAX to (703) 738-4929

**If ordering, please allow at least 6 weeks for delivery.**





---

# Appendix S:

## Feet Can Last a Lifetime

The booklet *Feet Can Last a Lifetime* is an optional handout for Session 4.

Source: National Diabetes Education Program

Pub. No. Take Care of Your Feet for a Lifetime (NDEP-4)

Web site: [http://www.ndep.nih.gov/diabetes/pubs/Feet\\_broch\\_Eng.pdf](http://www.ndep.nih.gov/diabetes/pubs/Feet_broch_Eng.pdf)

Description: If you have diabetes, you should know that your feet need special attention. This illustrated booklet helps you care for your feet and provides tips to help you avoid serious foot problems.

To obtain the booklet:

- 1) Print from the URL listed above or order from <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm>
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum
- 3) Order by calling 1-800-438-5383 or
- 4) Complete the NDEP Publications Order Form provided in Appendix AC and FAX (703) 738-4929

**If ordering, please allow at least 6 weeks for delivery.**



---

# Appendix T:

## Portion distortion QUIZ and the Plate method

The Portion Distortion Quiz 1 and the Portion Distortion Quiz 2 are given to participants during Session 8. Quizzes and answers can be printed out and given to participants, or they can be projected by using transparencies or PowerPoint. The handout below, The Plate Method, is to be copied and distributed to all participants.

Source: Portion Distortion Quiz: National Heart, Lung, and Blood Institute

Plate Method: Multiple sources (see below and publications listed in Appendix AE: References)

Web site: Portion Distortion Quiz: <http://hp2010.nhlbihin.net/portion/>

Description: Anyone eating on the run or at restaurants has probably noticed that food portions have gotten larger. Some portions are called “super-sized,” while others have simply grown in size and now provide enough food for at least two people. With this growth have come increases in our waistlines and body weight.

To see if participants in your *Power to Prevent* group know how today’s portions compare with the portions available 20 years ago, use the Portion Distortion Quizzes 1 and 2 (see accompanying CD-ROM). The quizzes also illustrate the amount of physical activity required to burn off the extra calories provided by today’s portions.

The Plate Method provides a visual aid that people with diabetes and those trying to lose or maintain weight can use to increase vegetable consumption and control portion size of other foods. Several organizations have come up with versions of the Plate Method. The handout provided in *Power to Prevent* contains a description of the Plate Method adapted from [www.tops.org/](http://www.tops.org/). Publications concerning the Plate Method are listed in Appendix AE: References

To obtain the Portion Distortion quizzes:

- 1) Print from the URL addresses listed above or
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum

To use The Plate Method:

- 1) Photocopy the following pages in this Appendix or
- 2) Visit the URLs provided on the following pages and in the references

# The Plate Method

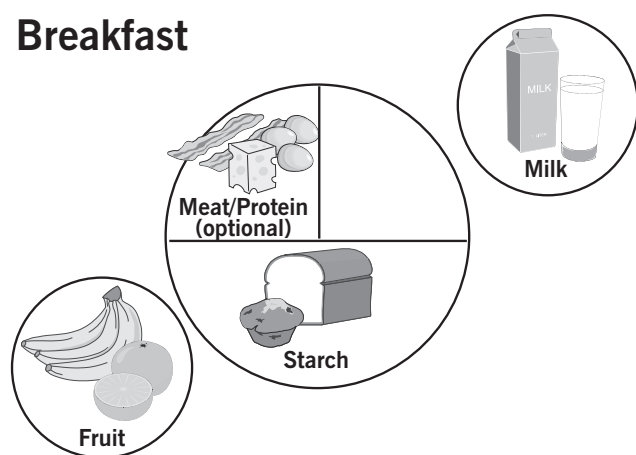
The Plate Method can help people eat more vegetables and control the portions sizes of other foods they eat.

The example below uses a 9-inch diameter dinner plate. Remember—don't pile the plate high with a big mountain of the pasta, rice, and meat. The idea is to make a flat portion covering one-quarter of the plate and about 1 inch high. Then add fruit and dairy.

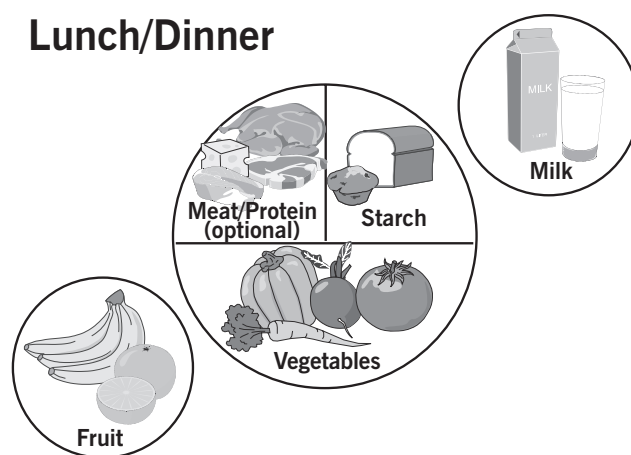
Adapted from TOPS® ([www.tops.org/](http://www.tops.org/)).

## *The Plate Method*

### Breakfast



### Lunch/Dinner



This method is a quick and easy way to get more vegetables into your diet and to control your portions of other foods.

### *At breakfast:*

1. Divide your 9-inch dinner plate into two halves. Use one half for whole grain foods such as one to two slices of whole wheat toast.
2. Divide the other half into two quarters. Use  $\frac{1}{4}$  of the plate for meat or other protein foods (e.g., egg, low-fat sausage, beans).
3. Leave the other  $\frac{1}{4}$  of your plate empty at breakfast.
4. Add one piece of fruit, and one glass of fat-free or low-fat milk (if you drink milk).

### *At lunch and dinner:*

1. Divide your 9-inch dinner plate into two halves. Use one half for cooked or fresh vegetables.
2. Divide the other half into two quarters. Use  $\frac{1}{4}$  of the plate for whole grain foods such as rice or pasta.
3. Use the remaining  $\frac{1}{4}$  of the plate for meat, poultry, fish, or other protein foods (e.g., tofu, beans).
4. Add one piece of fruit and one glass of fat-free or low-fat milk (if you drink milk).

The Plate Method is particularly well suited to those who eat out often.

Adapted from Diabetic.com, a Web site that serves as an educational resource (available at [www.diabetic.com](http://www.diabetic.com)).

---

# Appendix U:

## WHY physical activity is important for people with diabetes

### What are four ways to lower your high blood glucose level?

If you have diabetes, do four things **every day** to lower your high blood glucose (sugar) level:

- Follow your meal plan.
- Be physically active.
- Take your diabetes medicine.
- Check your blood glucose.

Experts say that most people with diabetes should try to keep their blood glucose level as close as possible to the level of someone who does not have diabetes. The closer to normal your blood glucose level is, the lower your chances are of developing damage to your eyes, kidneys, and nerves.

### Why is being physically active important?

Physical activity is good for controlling your diabetes. Walking, swimming, dancing, riding a bicycle, playing baseball, and bowling are all good ways to be active. You can even increase your physical activity when you clean house or work in your garden. Physical activity is especially good for people with diabetes because:

- Physical activity helps keep weight down
- Physical activity helps insulin work better to lower blood glucose
- Physical activity is good for your heart and lungs

Before you begin exercising, talk with your doctor. Your doctor may check your heart and your feet to make sure you have no special problems. If you have high blood pressure or eye problems, some exercises (e.g., weightlifting) may not be safe. Your health care team can help you find safe exercises.

Try to be active almost every day for a total of about 30 minutes. If you have not been very active lately, begin slowly. Start with 5 to 10 minutes, and then add more time. Or be physically active for 10 minutes three times a day. If your blood glucose (sugar) is less than 100, have a snack before you engage in physical activity. Work up to at least 30 minutes of moderate intensity physical activity (such as brisk walking) 5 days a week.

Reference Your Guide to Diabetes: Type 1 and Type 2. NIH publication No. 05-4015, November 2004.



---

# Appendix V:

## Four Keys to Healthy Eating Out

The handout Four Keys to Healthy Eating Out is to be given to each participant at Session 9

Source: Diabetes Prevention Program, Lifestyle Change Program, Lifestyle Balance During Core Curriculum, Session 10

Web site: [www.bsc.gwu.edu/dpp/lifestyle/apndx.pdf](http://www.bsc.gwu.edu/dpp/lifestyle/apndx.pdf)

Description: **Lifestyle Manuals of Operations** Copyright 1996, University of Pittsburgh, All right reserved. Permission is granted without costs to DPP or to the public that may access these materials. The manuals may be downloaded, duplicated, transmitted and otherwise distributed for educational or research purposes only, provided proper credits are given to the DPP Research Group. Note that some of the materials may have incorrect formatting and are undergoing revisions.

- 1. Lifestyle Balance During Core**

This manual provides guidelines for implementing the first 16 sessions, called the “core curriculum,” of the DPP lifestyle intervention. The core curriculum ensured that all participants received a standard intervention that could be easily described and translated for use in the future. The materials are only available in English.

- 2. Lifestyle Balance After Core**

This manual provides guidelines for implementing the individual and group sessions after the initial core curriculum. The materials are available in English and some in Spanish.

- 3. Lifestyle Materials for sessions 1-16 - Standard Participant Handouts**

Participant Handouts The materials are available in English and some in Spanish.

Duplicate: Make enough copies of this handout for participants.

**This handout can be found in the DPP Lifestyle Balance Program curriculum .pdf.**





---

# Appendix W:

## Solving the Problem of Buffets and Receptions

The handout Solving the Problem of Buffets and Receptions, below, is to be copied and given to all participants during Session 9.

Source: Diabetes Prevention Program, Lifestyle Change Program, Manual for Lifestyle Balance After Core Curriculum, Session 5

Web site: [www.bsc.gwu.edu/dpp/lifestyle/acor/english/lsoft4.pdf](http://www.bsc.gwu.edu/dpp/lifestyle/acor/english/lsoft4.pdf)

Description: **Lifestyle Manuals of Operations**

Copyright 1996, University of Pittsburgh, All right reserved. Permission is granted without costs to DPP or to the public that may access these materials. The manuals may be downloaded, duplicated, transmitted and otherwise distributed for educational or research purposes only, provided proper credits are given to the DPP Research Group. Note that some of the materials may have incorrect formatting and are undergoing revisions.

**1. Lifestyle Balance During Core**

This manual provides guidelines for implementing the first 16 sessions, called the “core curriculum,” of the DPP lifestyle intervention. The core curriculum ensured that all participants received a standard intervention that could be easily described and translated for use in the future. The materials are only available in English.

**2. Lifestyle Balance After Core**

This manual provides guidelines for implementing the individual and group sessions after the initial core curriculum. The materials are available in English and some in Spanish.

**3. Lifestyle Materials for sessions 1-16 - Standard Participant Handouts**

Participant Handouts The materials are available in English and some in Spanish.

Duplicate: Make enough copies of these handouts for participants.

**This handout can be found in the DPP Lifestyle Balance Program curriculum pdf**

## Solving the Problem of Buffets and Receptions.

Imagine that you are at a buffet-style party. There are many low and high-fat options available. Everyone is standing, mostly near the table of food and drinks.

1. Set a reasonable fat/calorie goal for this meal for yourself. Explain why you chose it.
2. Practice standing at a distance from the buffet table.
3. Practice “buffet strategies.” Examples: Survey the scene. Decide how to approach it. Use the smaller plate. Fill up with lower-fat items first. Eat the best and leave the rest.
4. Practice eating slowly and “mindfully,” tasting and enjoying each item.
5. Practice focusing on non-food aspects (e.g., imaginary background music, conversation).
6. Role play ordering a low-calorie drink from a bartender.
7. Practice “nursing” a drink.
8. State some negative thoughts you have at buffets/receptions. Examples: “My plate is empty. This is a dumb party. I wish I had more food.” Practice talking back.
9. Role play responding to a waiter who brings a tray of high-fat/calorie appetizers. Role play responding to a friend nearby who insists you have some.



---

# Appendix X:

## 4 Steps to Control Your Diabetes for Life and Tips for Helping a Person with Diabetes

The booklets *4 Steps To Control Your Diabetes for Life* and *Tips for Helping a Person with Diabetes* are handout for Session 10.

Source: National Diabetes Education Program

Pub. No.: **4 Steps To Control Your Diabetes for Life (NDEP-67)**  
**Tips for Helping a Person With Diabetes (NDEP-57)**  
**Dealing with the Ups and Downs of Diabetes (NDEP-81)**

Web site: [http://www.ndep.nih.gov/diabetes/pubs/4\\_Steps.pdf](http://www.ndep.nih.gov/diabetes/pubs/4_Steps.pdf)  
[http://www.ndep.nih.gov/diabetes/pubs/TipsHelping\\_Eng.pdf](http://www.ndep.nih.gov/diabetes/pubs/TipsHelping_Eng.pdf)  
[http://www.ndep.nih.gov/diabetes/pubs/YouthTips\\_Teen\\_Dealing.pdf](http://www.ndep.nih.gov/diabetes/pubs/YouthTips_Teen_Dealing.pdf)

Description: Use the 4 Steps brochure to learn more about diabetes, the 4 steps you can take to control your diabetes and live a long, active life (revised 10/06). Use *Tips for Helping a Person with Diabetes* to learn how you can support a friend or family member who has diabetes. Use *Dealing with the Ups and Downs of Diabetes* if you have teens in your group who are living with diabetes.

To obtain the booklets:

- 5) Print from the URLs listed above or order from <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm>
- 6) Print from the *Power to Prevent* CD-ROM accompanying this curriculum
- 7) Order by calling 1-800-438-5383 or
- 8) Complete the NDEP Publications Order Form provided in Appendix AD and FAX (703) 738-4929

**If ordering, please allow at least 6 weeks for delivery.**



---

# Appendix Y:

## Coping with Bad Feelings

### Coping with Bad Feelings

You've heard it a million times—diabetes care is up to you. But it's easier said than done. Staying motivated 24 hours a day, 7 days a week can tire anyone out. Of course, the more you stick to your plan of care, the healthier and more energetic you will feel. But what if you lose your drive? If you find you're in a slump, ask yourself if your emotions are getting in the way of good self-care.

Three common culprits are denial, depression, and anger. You can learn to spot when these feelings are disrupting your self-care.

#### *Denial*

Denial is that voice inside repeating: “Not me.” Most people go through denial when they are first diagnosed with diabetes. “I don’t believe it. There must be some mistake,” they say.

That first reaction is not the real problem. In fact, it’s so common that some doctors think it’s part of the process of accepting the diagnosis.

The trouble comes when you keep on denying your diabetes. Long-term denial stops you from learning what you need to know to keep yourself healthy.

#### *Why Deny?*

Sometimes denial serves a purpose. It is a way of coping with bad news. It can keep you from getting overwhelmed and depressed. It lets you accept news little by little, when you are ready.

Denial can persist because it seems easier. Denying that your diabetes is serious lets you avoid self-care. It shields you from the fact that diabetes is a lifelong, chronic illness, which, if left untreated, can result in complications. Denial also lets your family and friends pretend that “nothing is wrong.”

Doctors who do not specialize in diabetes care may fuel your denial. They may talk about a “mild” case of diabetes or say there is “just a touch of sugar” in your blood. Though well-meaning, these terms send the wrong message. What you hear is “Don’t worry. Your diabetes is not serious enough to hurt you.”

## *Spotting Denial*

Denial has a few catch phrases. If you hear yourself thinking or saying them, you are avoiding some part of your diabetes care.

- One bite won't hurt.
- This sore will heal by itself.
- I'll go to the doctor later.
- I don't have time to do it.
- My diabetes isn't serious. I only have to take a pill, not shots.

## *The Hidden Dangers of Denial*

Because denial can creep into any aspect of diabetes self-care, it can be dangerous. Any denial sabotages your health care. Common pitfalls are:

- **Not testing.** It can be a bother to check your blood glucose regularly. You may decide you "know" what your blood glucose is by how you feel. But a blood glucose meter is a much better measure of blood glucose than feelings are.
- **Ignoring your meal plan.** Changing eating habits and food choices is tough. When your doctor told you to see a dietitian, follow a meal plan, and change your eating habits, maybe you thought to yourself:
  - I'll never be able to stick to a meal plan.
  - It's too expensive to see a registered dietitian.
  - I can't ask my family to change what they eat. I don't want to eat alone or fix two meals.
  - There's no place to buy healthy food where I work.
  - It's too hard to bring my lunch.

Eating right may not be as difficult as you think. A dietitian can help you put together a plan that meets your personal needs.

- **Forgetting your feet.** You know you should check your feet each day, but it takes too much time. Or you forget. Or you have limited mobility and it's too hard. Washing and checking your feet for signs of trouble every day are essential for avoiding serious injury. This is true no matter what type of diabetes you have.
- **Smoking.** You might tell yourself, "I only take a few puffs." You may say smoking keeps you from eating too much—"If I quit, I'll gain weight." Smoking and diabetes are a deadly duo. Smoking increases your risk for complications. Quitting is one of the best things you can do for your health.

## *Avoiding Denial*

Denial is human. It's bound to crop up from time to time. When it does, you can recognize what's going on and fight back.

Write down your diabetes care plan and your health care goals. Understand why each item in your plan is important. Accept that it will take time to reach your goals.

If you find you are denying some parts of your diabetes care, ask your diabetes educator or health care provider for help. If you have trouble with your food plan, ask your health care provider to refer you to a registered dietitian for help. Together you can come up with solutions.

Tell your friends and family how they can help. Let them know that insisting that you try dessert or take that second serving doesn't help. Inform them about how you take care of your diabetes. They might want to adopt some of your healthy habits.

## *Depression*

Feeling down once in a while is normal. But some people feel a sadness that just won't go away. Life seems hopeless. Feeling this way most of the day for 2 weeks or more is a sign of serious depression.

At any given time, most people with diabetes do not have depression. But studies show that people with diabetes have a greater risk for depression than people without diabetes. There are no easy answers about why this is true.

The stress of daily diabetes management can build up. You may feel alone or set apart from your friends and family because of all this extra work.

If you face diabetes complications such as nerve damage, or if you are having trouble keeping your blood glucose (sugar) levels where you'd like, you may feel as if you're losing control of your diabetes. Tension between you and your doctor may make you feel frustrated and sad.

Just like denial, depression can get you into a vicious cycle. It can block good self-care for diabetes. If you are depressed and have no energy, chances are that you will find such tasks as regular blood glucose testing to be too much. If you feel so anxious that you can't think straight, it will be hard to keep up with eating a good diet. You may not feel like eating at all, or you may eat more unhealthful food. Of course, both of these actions will affect your blood glucose levels.

## **What to Do?**

Spotting depression is the first step in dealing with it. Getting help is the second. If you have been feeling really sad, blue, or down in the dumps, check for these symptoms of depression:

- Loss of pleasure. You no longer take interest in doing things you used to enjoy.
- Change in sleep patterns. You have trouble falling asleep, you wake often during the night, or you want to sleep more than usual, including during the day.
- Early awakening. You wake up earlier than usual and cannot get back to sleep.
- Change in appetite. You eat more or less than you used to, and the result is a quick weight gain or weight loss.
- Trouble concentrating. You can't watch a TV program or read a magazine because other thoughts or feelings get in the way.
- Loss of energy. You feel tired all the time.
- Nervousness. You always feel so anxious that you can't sit still or finish something you started.
- Guilt. You feel you "never do anything right" and worry that you are a burden to others.
- Morning sadness. You feel worse in the morning than you do the rest of the day.

If you have three or more of these symptoms, or if you have just one or two but have been feeling bad for 2 weeks or more, it's time to get help.

## *Getting Help*

If you are feeling symptoms of depression, don't keep them to yourself. First, talk them over with your health care provider. There may be a physical cause for your depression.

Diabetes that is in poor control can cause symptoms that look like depression. During the day, high or low blood glucose can make you feel tired or anxious. Low blood glucose levels can also lead to hunger and eating too much. If you have low blood glucose at night, it could disturb your sleep. If you have high blood glucose at night, you may get up often to urinate and then feel tired during the day.

Other physical causes of depression can include:

- Alcohol or drug abuse
- Thyroid problems
- Side effects from some medications

Do not stop taking a medication without telling your health care provider. He or she will be able to help you discover if a physical problem is at the root of your sad feelings.

If your health care provider rules out physical causes, he or she may treat you directly or refer you to a mental health care provider. A mental health professional can contribute a lot to a diabetes care team. Be sure to tell your mental health care provider if you are taking medication or other treatment for diabetes. That way, your treatment plan can be coordinated. Some antidepressant medications can raise blood glucose levels, but others do not, and some people with depression can be treated without medications.

**If you have symptoms of depression, don't wait to get help. Talk to your health care provider. Your local American Diabetes Association (888-DIABETES or [www.diabetes.org](http://www.diabetes.org)) may also be a good resource to locate counselors who have worked with people with diabetes.**

## **Anger**

Diabetes is the perfect breeding ground for anger. Anger can start at diagnosis with the question, "Why me?" You may dwell on how unfair diabetes is: "I'm so angry at this disease! I don't want to treat it. I don't want to control it. I hate it!"

One reason diabetes and anger so often go hand in hand is that diabetes can make you feel threatened. Life with diabetes can seem full of dangers—low blood glucose reactions or complications. When you fear these threats, anger often surges to your defense.

While it's true that out-of-control anger can cause more harm than good, that's only part of the story. Anger can also help you assert and protect yourself. You can learn to use your anger constructively. You can even put it to work for better diabetes care.



## *Anger and Self-Care*

Anger worked against Mary H., a woman in her mid-50s who was diagnosed with diabetes six months earlier. She was furious. She saw diabetes as not just a threat to her health, but also a threat to her whole way of life. A very proud woman, active in community and social affairs, she found it impossible to be open about her “weakness.” She didn’t want her friends to prepare special foods for her. She even felt that her husband now saw her as an “invalid” and that she was “less of a woman” to him. Denial fueled Mary’s anger at diabetes.

## *The Anger Circle*

Mary was stuck in an anger circle. She was angry at diabetes for changing her life. She refused to face her health care needs because she refused to change her life. Her diabetes went uncared for, and her blood glucose levels stayed high. As the disease continued to be poorly controlled, Mary felt worse. Her anger at diabetes grew.

If you find yourself in an anger circle, like Mary, you don’t have to stay stuck. One way to break the circle comes from *Dr. Weisinger’s Anger Work Out Book* by Hendrie Weisinger, Ph.D. He suggests that you do three things:

1. Figure out what’s making you angry. How is that anger affecting your life? Keep track of when you feel angry. Each evening, think back over the day. When were you angry? What time was it? At whom were you angry? What did you do about it?

After several weeks, read over your notes. Do you see any patterns? When Mary read her anger diary, she learned that social situations made her angry. She did not like talking about her diabetes in public. She felt angry if friends asked her what she could eat or if they made special food. When she and her husband tried to go out with friends, she felt that her diabetes was the center of attention.

2. Change the thoughts, physical responses, and actions that fuel your anger. Look for warning signs that your anger is building. Do you feel tense? Are you talking louder and faster? When you feel anger taking over, calm yourself by:

- Talking slowly
- Slowing your breathing
- Getting a drink of water
- Counting to 10
- Stopping to write down what you are feeling in your anger journal

These steps don’t take away the thing that is causing your anger, but they do help you take charge of your anger instead of letting **IT** control **YOU**.

3. Find ways to make your anger work for you. Your anger diary can help. Read your notes again. Look at each situation. Ask yourself, “How was my anger helping me cope?” Mary decided her anger was helping her avoid talking about her diabetes with others. She decided to try answering questions in a matter-of-fact way, but she found that talking about diabetes in public still made her furious.

Mary’s anger told her something very important: she still hadn’t accepted having diabetes. To get more support, she joined her local American Diabetes Association chapter and participated in their support group. Meeting other people with diabetes helped her feel less alone. She also realized that having diabetes did not make her less of a person.

Slowly, she became able to enjoy her friends again. She became able to talk openly about her disease and also to tell her friends that she didn’t want special treatment.

## *Let Anger Be Your Ally*

The goal is not to try to totally eliminate anger from your life. You may go on feeling angry about the same things. When you feel threatened, afraid, or frustrated, anger is a normal response. You can put your anger to work for you. Your anger may be a signal that you need to take action. A few sessions with a skilled counselor might help you learn to use your anger constructively.

Anger can be a force for action, change, and growth. The better you understand your anger, the better you will be able to use it for good self-care.

---

# Appendix Z:

## Stress

“Stress” is a term many people use to express how they feel when they are emotionally upset, worried, or experiencing health problems such as illness or injury. When stress occurs, the body prepares to take action. This preparation is called the fight-or-flight response. In the fight-or-flight response, levels of many hormones shoot up. One effect of stress is to make a lot of stored energy—glucose—available to cells. These cells are then primed to help the body get away from danger.

In people who have diabetes, the fight-or-flight response can work against them by raising blood glucose levels.

Many sources of stress are not short-term threats. For example, surgery is definitely a stress, but it can take many months to recover from it. In this case and others, stress hormones that are designed to deal with short-term danger may stay turned on for a long time.

Many long-term sources of stress are mental. Like physical stress, mental stress can be short-term—in situations ranging from taking a test to getting stuck in a traffic jam. In many situations, though—from working for a demanding boss to taking care of an aging parent—mental stress can be long-term. In response to the constant mental stress, the body pumps out stress hormones, but this process is not very helpful in these long-term situations.

### *How Stress Affects Diabetes*

In people with diabetes, stress can alter blood glucose levels. It does so in two ways. First, people under stress may not take good care of themselves. They may eat more, drink alcohol excessively or be less physically active. They may forget, or feel that they do not have time, to check their glucose levels or to plan good meals. Second, stress hormones may alter blood glucose levels directly.

### *Stress and Personality*

You have some control over your reaction to stress. For some people with diabetes, controlling stress with relaxation therapy seems to help. Try different coping styles for the stressful situations in your life.

A coping style is how a person deals with stress. For example, some people have a problem-solving attitude. They say to themselves, “What can I do about this problem?” They try to change their situation to get rid of the stress.

Other people find a way to accept a situation they cannot change. They say to themselves, “I can live with this,” or even, “This problem isn’t really so bad after all.”

Can you think of examples of how you have used these coping skills in your life? Can you think of ways to cope with your current stressors?

## *Learning to Relax*

There are many ways to help yourself relax:

- Breathing exercises. Sit or lie down and uncross your legs and arms. Take in a deep breath. Then push out as much air as you can. Breathe in and out again, this time consciously relaxing your muscles while breathing out. Keep breathing and relaxing for 5 minutes at a time. Do the breathing exercises at least once a day.
- Progressive relaxation therapy. In this technique, which you can learn in a clinic or from an audiotape, you tense muscles, then relax them.
- Physical activity. Even limited activity such as stretching can be relaxing. Moderate intensity activity such as walking has many benefits, including relieving stress and depression.
- Replacing bad thoughts with good ones. Each time you notice a bad thought, purposefully think of something that makes you happy or proud. Or memorize a poem, prayer, or quote and use it to replace a bad thought. Remember the saying of the Little Engine That Could? Replace “I can’t do it” thoughts with “I think I can, I think I can” and you will succeed!

Whatever method you choose to relax, practice it. Just as it takes weeks or months of practice to learn a new sport, it takes practice to learn relaxation.

## *Other Ways to Reduce Mental Stress*

Ask yourself, can I change something in my life to lessen stress? If you feel that you just don’t have time to take care of yourself because you are too busy taking care of others, is there someone you can ask to help? Can you share child care with a friend? Can you get your teenagers to help with chores to reduce your stress about getting everything done?

Some sources of stress can’t be eliminated, but you can still learn to deal with them. There are ways to reduce the stresses of living with diabetes. Support groups can help. By talking to other people in the same situation, you can pick up tips for living with diabetes and coping with stress, and you know that you are not alone.

There are other ways to fight stress as well. Add positive things that fit in with your life: confide in friends, play with your children and grandchildren, consider prayer and meditation, or walk more. Physical activity itself can lift your spirits and reduce stress.

Dealing directly with diabetes-related stress can also help. Think about the aspects of living with diabetes that are the most stressful for you—taking your medication, checking your blood glucose levels regularly, exercising, or eating as you should. What can you do to change these stressors? Can you find a way to make these stressors easier to accept?

Sometimes stress can be so severe that you feel overwhelmed. Counseling or psychotherapy might help. Talk to your health care provider about your options for how to deal with your stress. You may learn new ways of changing your behavior.

---

# Appendix AA:

## Talk Back to Negative Thoughts

The handout Talk Back to Negative Thoughts is to be given out to all participants during Session 11.

Source: Diabetes Prevention Program, Lifestyle Change Program, Lifestyle Balance During Core Curriculum, Session 11

Web site: [www.bsc.gwu.edu/dpp/lifestyle/dpp\\_part.htm](http://www.bsc.gwu.edu/dpp/lifestyle/dpp_part.htm) l

Description: Lifestyle Manuals of Operations  
Copyright 1996, University of Pittsburgh, All right reserved. Permission is granted without costs to DPP or to the public that may access these materials. The manuals may be downloaded, duplicated, transmitted and otherwise distributed for educational or research purposes only, provided proper credits are given to the DPP Research Group. Note that some of the materials may have incorrect formatting and are undergoing revisions.

- 1. Lifestyle Balance During Core**

This manual provides guidelines for implementing the first 16 sessions, called the “core curriculum”, of the DPP lifestyle intervention. The core curriculum ensured that all participants received a standard intervention that could be easily described and translated for use in the future. The materials are only available in English.

- 2. Lifestyle Balance After Core**

This manual provides guidelines for implementing the individual and group sessions after the initial core curriculum. The materials are available in English and some in Spanish.

- 3. Lifestyle Materials for sessions 1-16 - Standard Participant Handouts**

Participant Handouts The materials are available in English and some in Spanish.

Duplicate: Make enough copies of these handouts for participants.

**This handout can be found in the DPP Lifestyle Balance Program curriculum pdf**



---

# Appendix AB:

## Be Smart About Your Heart. Control the ABCs of Diabetes

The brochure *Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol* is to be given out to all participants during Session 6, Part 2

Source: National Diabetes Education Program

Pub. No.: **Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol (NDEP-52 )**

Web site: [http://www.ndep.nih.gov/campaigns/BeSmart/BeSmart\\_index.htm](http://www.ndep.nih.gov/campaigns/BeSmart/BeSmart_index.htm)

Description: This two-color twofold brochure emphasizes the *Be Smart About Your Heart. Control the ABCs of Diabetes* message and explains the link between diabetes and heart disease. The brochure encourages people with diabetes to take action to control the ABCs of diabetes: A1C, blood pressure, and cholesterol.

To obtain the brochure:

- 1) Print from the URL listed above
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum
- 3) Order by calling 1-800-438-5383 or
- 4) Complete the NDEP Publications Order Form provided in Appendix AD and FAX to (703) 738-4929

**If ordering, please allow at least 6 weeks for delivery.**





---

# Appendix AC:

## Heart-Healthy Home Cooking: African American Style

The booklet Heart-Healthy Home Cooking: African American Style is to given to each participant at the end of Session 12.

Source: National Institutes of Health, National Heart, Lung, and Blood Institute

Pub. No.: 02-3792, September 1997

Web site: [www.nhlbi.nih.gov/health/index.htm](http://www.nhlbi.nih.gov/health/index.htm)

Description: Prepare your favorite African American dishes in ways that protect you and your family from heart disease and stroke. These 20 tested recipes will show you how to cut back on saturated fat, cholesterol, salt, and sodium and still have great-tasting food. Delicious foods from spicy southern barbecued chicken to sweet potato pie are included. 28 pages. NIH Publication No. 97-3792.

Note: See the companion CD ROM, included with the curriculum, for all of the Web links and .pdfs.

To obtain this booklet:

- 1) Print from the URL listed above
- 2) Print from the *Power to Prevent* CD-ROM accompanying this curriculum or

**If ordering, please allow at least 6 weeks for delivery.**



---

# Appendix AD:

## NDEP Publications & Resources

### Publications and Resources for Consumers

*Control Your Diabetes. For Life.*



#### ***4 Steps to Control Your Diabetes for Life***

(NDEP-67)\*

An easy-to-read booklet for people with diabetes, *4 Steps to Control Your Diabetes for Life* helps health care providers educate patients in vital self-care principles. Written for people newly diagnosed with diabetes as well as for those living with diabetes for years, the four steps help them understand, monitor, and take control of their diabetes. Presented in a simple format, *4 Steps* empowers people with diabetes to be active partners in their own care and to take steps to stay healthy. First 25 copies free. Each additional package of 25, \$5. Limit two packages. (Updated November 2006.)

#### ***4 Pasos Para Controlar La Diabetes de por Vida***

(NDEP- 80)\*

Spanish version of 4 Steps to Control Your Diabetes for Life brochure. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

#### ***Control Your Diabetes For Life. Tips for Feeling Better and Staying Healthy***

(NDEP-8)

This tip sheet provides an action plan for diabetes control that includes tips for knowing blood glucose levels, reaching blood glucose goals, and maintaining blood glucose control. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

#### ***Consejos para ayudarlo a sentirse mejor y a mantenerse saludable***

(NDEP-79)

Spanish version of Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy. This tip sheet provides an action plan for diabetes control that includes tips for knowing blood sugar levels, reaching blood sugar goals, and maintaining blood sugar control. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

#### ***If You Have Diabetes, Know Your Blood Sugar Numbers***

(NDEP-10)\*

This patient education brochure provides information on measuring blood glucose levels using the A1C test and the finger-stick test. First 25 copies free. Each additional package of 25, \$5. Limit two packages. (Updated 2005.)

### ***Si Usted Tiene Diabetes, ¡Sepa los Niveles de Azúcar en su Sangre!***

(NDEP-10SP)

Spanish version of If You Have Diabetes, Know Your Blood Sugar Numbers. This patient education brochure provides information on measuring blood sugar levels using the A1C test and the finger-stick test.

### ***The Power to Control Diabetes is in Your Hands***

(NDEP-38)

This brochure provides information for older adults with diabetes on how to manage their disease, including the importance of checking blood glucose levels, managing the ABCs of diabetes and how to access Medicare benefits. An excellent companion piece to the “Expanded Medicare Coverage of Diabetes Services” fact sheet. First 25 copies free. Each additional package of 25, \$5. Limit 2 packages. (Updated October 2005.)

### ***El Poder de Controlar la Diabetes Está en Sus Manos***

(NDEP-39)\*

The Spanish version of the Power to Control Diabetes is in Your Hands Brochure. The brochure provides information for older adults with diabetes on how to manage their disease, including the importance of checking blood glucose levels, managing the ABCs of diabetes, and how to access Medicare benefits. First 25 copies free. Each additional package of 25, \$5. Limit 2 packages. (Updated October 2005.)

### ***Take Care of Your Feet for a Lifetime***

(NDEP-4)\*

If you have diabetes, your feet need special attention. This illustrated booklet helps you care for your feet and provides tips to help you avoid serious foot problems. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

### ***Cuídese los pies durante toda la vida***

(NDEP-48)\*

Spanish version of Take Care of Your Feet for a Lifetime. This illustrated booklet helps you care for your feet and provides tips to help you avoid serious foot problems. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

### ***Tips for Helping a Person with Diabetes***

(NDEP-57) \*

This tip sheet provides practical tips and suggestions for helping loved ones with diabetes. The sheet also lists diabetes organizations that can help. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

### ***Recipe and Meal Planner Guide (Recetas y plan de comidas)***

(NDEP-51)\* Available on-line only.

This bilingual (English and Spanish) meal planner is complete with recipes for every day of the week and tips to control diabetes deliciously. Appetizing food photography and a practical design make the meal planner a terrific addition to any kitchen.

***Be Smart About Your Heart. Control the ABCs of Diabetes.***  
***Be Smart About Your Heart. Control the ABCs of Diabetes:***  
***A1C, Blood Pressure, and Cholesterol***



(NDEP-52)\*

This two-color, two-fold brochure explains the link between diabetes and heart disease and encourages people with diabetes to take action to control the ABCs of diabetes: A1C, blood pressure, and cholesterol. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

***Usted es el corazón de la familia...cuide su corazón***  
***(You are the heart of your family... take care of it.)***

(NDEP-58)\*

An easy-to-read, bilingual (Spanish and English) booklet that explains the link between diabetes and heart disease for Hispanic and Latino Americans. This illustrated booklet encourages patients to take steps to control not only their blood glucose, but also their blood pressure and cholesterol. A detachable wallet card allows patients to track these target numbers. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

***Take Care of Your Heart. Manage Your Diabetes***

**Adapted for American Indians and Alaska Natives**

(NDEP 52-AI/AN)\*

This reproducible, two-sided patient education handout tells people with diabetes about the link between diabetes and heart disease and encourages them to manage their blood glucose, blood pressure, and cholesterol. Includes a record form for people with diabetes to keep track of their numbers and work with their health care providers to reach their target goals. First 25 copies free. Each additional package of 25, \$5. Limit 2 packages. Commercial printer-ready CDs available.

***Take Care of Your Heart. Manage Your Diabetes.***

**Adapted and translated for Asian Americans and Pacific Islanders**

(NDEP-52)\*

This reproducible, two-sided patient education handout tells people with diabetes about the link between diabetes and heart disease and encourages them to manage their blood glucose, blood pressure, and cholesterol. Includes a record form for people with diabetes to keep track of their numbers and work with their health care providers to reach their target goals. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

**Cambodian (NDEP-52CA)**

**Hindi (NDEP-52HI)**

**Samoan (NDEP-52SA)**

**Chamorro (NDEP-52CM)**

**Hmong (NDEP-52HM)**

**Tagalog (for Filipinos) (NDEP-52TA)**

**Chinese (NDEP-52CH)**

**Japanese (NDEP-52JA)**

**Thai (NDEP-52TH)**

**Chuukese (NDEP-52CK)**

**Korean (NDEP-52KO)**

**Tongan (NDEP-52TO)**

**English (NDEP-52EN)**

**Lao (NDEP-52LA)**

**Vietnamese (NDEP-52VI)**

**Gujarati (NDEP-52GU)**

## ***Small Steps. Big Rewards. Prevent Type 2 Diabetes***

### ***Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes: Information for Patients***



(NDEP-60)\*

This four-booklet package provides patients with information about their risk for developing diabetes and how to implement a program to prevent or delay the onset of the disease, including how to set goals, track their progress, implement a walking program, find additional resources, and monitor and record their food and drink intake and physical activity with the use of a tracker and fat and calorie counter. (Updated November 2006.)

### ***Small Steps. Big Rewards. Diabetes Prevention Tip Sheets for High Risk Audiences***

These tip sheets encourage people at risk for type 2 diabetes to take small steps to prevent the disease. Tailored for groups at highest risk for diabetes, the tip sheets supplement the *GAME PLAN* kits, containing culturally appropriate ideas and information on losing weight by eating healthier and getting more physical activity. First 25 copies free. Each additional package of 25, \$5. Limit: two packages of each tip sheet.

### ***More than 50 Ways to Prevent Diabetes (for African Americans)***

(NDEP-71)

### ***Prevent type 2 Diabetes. Step by Step. (Prevengamos la diabetes tipo 2. Paso a Paso) (for Hispanics/Latinos)***

(NDEP-72)

### ***We Have the Power to Prevent Diabetes (for American Indians/Alaska Natives)***

(NDEP-73)

### ***It's Not Too Late to Prevent Diabetes (for Older Adults)***

(NDEP-75)

### ***Get Real! You Don't Have to Knock Yourself Out to Prevent Diabetes (for General Audience)***

(NDEP-76)

### ***Take These Small Steps Now to Prevent Diabetes (for Asian Americans and Pacific Islanders)***

Cambodian (NDEP-74CA)	Hindi (NDEP-74HI)	Samoan (NDEP-74SA)
Chamorro (NDEP-74CM)	Hmong (NDEP-74HM)	Tagalog (for Filipinos) (NDEP-74TA)
Chinese (NDEP-74CH)	Japanese (NDEP-74JA)	Thai (NDEP-74TH)
Chuukese (NDEP-74CK)	Korean (NDEP-74KO)	Tongan (NDEP-74TO)
English (NDEP-74EN)	Lao (NDEP-74LA)	Vietnamese (NDEP-74VI)
Gujarati (NDEP-74GU)		

***It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family.***

(NDEP-88)

This tip sheet provides information to help women with a history of gestational diabetes mellitus (GDM) prevent or delay type 2 diabetes, and to help their children lower their risk for the disease. First 25 copies free. Each additional package of 25, \$5. Limit 2 packages.

***Nunca es muy temprano para prevenir la diabetes. Pequeños pasa de por vida para una familia sana.***

(NDEP-89)

Spanish version of It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family. This tip sheet provides information to help women with a history of gestational diabetes mellitus (GDM) prevent or delay type 2 diabetes, and to help their children lower their risk for the disease. First 25 copies free. Each additional package of 25, \$5. Limit 2 packages.

***Movimiento Por Su Vida (CD/DVD)***

(NDEP-62CD)

This is a music CD created to help Hispanics and Latinos incorporate more movement into their lives. It features six original songs with empowering messages and strong Latin rhythms, urging listeners that moderate physical activity can make a difference. It is a fun reminder that diabetes can be controlled AND prevented by integrating MOVIMIENTO into life. This music CD could be used to encourage individuals or groups to exercise. BONUS FEATURE: this CD also contains a music video, Movimiento Por Su Vida, that can be viewed on a DVD player.

***Movimiento por su vida (VHS)***

(NDEP-92)

This VHS tape features two short (less than 4 minutes) music videos to the lead songs from the "Movimiento Por Su Vida" and Step by Step music CDs. The music videos show Hispanic/Latinos and African Americans walking, singing, playing with the kids, and even doing housework to the beat of the music. "Movimiento" demonstrates a new dance step. Use the video to promote incorporating physical activity into everyday life.

***Step by step: Moving towards prevention of Type 2 Diabetes (CD/DVD)***

(NDEP-93)

This is a music CD created to help African Americans incorporate more physical activity into their lives. It features three original songs with empowering messages and music that makes you want to get up and dance, as well as three songs from the popular Movimiento music CD. BONUS FEATURE: this CD also contains a music video, Every Day is a New Beginning, that can be viewed on a DVD player.

# Publications and Resources for Children and Adolescents

## ***Helping the Student with Diabetes Succeed: A Guide for School Personnel***

(NDEP-61)\*

This comprehensive resource guide empowers school personnel to help ensure a safe learning environment and equal access to educational opportunities for students with diabetes. Single copy free. Each additional copy, \$3. Limit six copies.

## ***Tips for Kids with type 2 Diabetes Series***

This series of colorful, reproducible tip sheets contain the basics about managing diabetes for children and their families. First 25 copies free. Each additional package of 25, \$5. Limit two packages of each tip sheet.

**What Is Diabetes?**  
(NDEP-63)

**Be Active**  
(NDEP-64)

**Stay At a Healthy Weight**  
(NDEP-65)

**Eat Healthy**  
(NDEP-66)

## ***Consejos para Muchachos con Diabetes tipo 2***

Spanish version of Tips for Kids with type 2 diabetes. Colorful, reproducible tip sheets about managing diabetes for kids and their families. First 25 copies free. Each additional package of 25, \$5. Limit two packages of each tip sheet.

**Qué es la diabetes?**  
(NDEP-84)

**Mantente activo!**  
(NDEP-86)

**Come alimentos saludable**  
(NDEP-83)

**Mantente en un peso saludable**  
(NDEP-85)

## ***Dealing With the Ups and Downs of Diabetes***

(NDEP-81)

This colorful, easy-to-read tip sheet encourages teens with type 2 diabetes to feel OK about themselves and their diabetes. It provided tips to help them deal with the ups and downs of diabetes - to reach out and get support from others, to involve their family and the health care team, and to take action to manage the disease for a long and healthy life. A number of resources are included. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

## ***Lower Your Risk for type 2 Diabetes***

(NDEP-87)

This colorful, easy-to-read tip sheet encourages young people to take steps to lower their risk for type 2 diabetes. It provides tips to reach a healthy weight and lead an active lifestyle and includes activity and healthy food guides. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

## ***Move It! And Reduce Risk of Diabetes School Kit***

(NDEP-91)

This kit contains three posters of American Indian/Alaskan Native youth engaging in fun, healthful physical activity, fact sheets, resource lists and stories from schools that have used the materials to start Move It programs. The kit features customizable resources, along with an extensive CD-ROM with supporting materials and references.



# Publications and Resources for Health Care Providers

*Control Your Diabetes. For Life.*



## ***Diabetes Numbers at-a-Glance Card***

(NDEP-12)

Use this handy pocket guide for a quick listing of ADA recommendations for diagnosing pre-diabetes and diabetes and for managing your patients with diabetes. Single copy free. Each additional package of 25, \$5. Limit five packages. (Updated February 2006.)

## ***Guiding Principles of Diabetes Care***

(NDEP-16)

An essential and powerful evidence-based tool outlining seven patient-centered principles, Guiding Principles will help providers meet three key challenges: identifying people with pre-diabetes and undiagnosed diabetes; offering comprehensive patient-centered care, including self-management education and encouragement; identifying, treating, and preventing long-term diabetes complications. First six copies free. Each additional package of 25, \$5.

## ***Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals***

(NDEP-54)

This interdisciplinary primer focuses on diabetes-related conditions affecting the foot, eye, and mouth as well as issues related to drug therapy management. The primer promotes a team approach to comprehensive diabetes care and provides simple care recommendations to providers on making cross-disciplinary treatment referrals. Single copy free. Each additional copy, \$1. Limit six copies.

## ***Working Together to Manage Diabetes: Poster***

(NDEP-55)

This interdisciplinary color poster can be used by health professionals in exam or waiting rooms to help educate patients on controlling “the ABCs of Diabetes” and specific actions patients can take in collaboration with their eye, foot, and dental care professionals and pharmacists to control diabetes. Single copy free. Limit one copy.

## ***Controlaré mi diabetes ¡Trabajando en equipo con mis profesionales de la salud!: Poster***

(NDEP-55SP)

This Spanish adaptation of the Working Together to Manage Diabetes poster can be used in exam or waiting rooms to encourage patients to team up with their eye, foot, dental and pharmacy health care providers, and offers patients specific action steps they should take to control their diabetes. Single copy free. Limit one copy.

## ***Working Together to Manage Diabetes: Diabetes Medications Supplement***

(NDEP-54-S)

This reference booklet provides profiles of diabetes medications, insulin medications, and medications for controlling blood pressure and cholesterol. Single copy free. Each additional copy, \$1. Limit six copies.

### ***Team Care: Comprehensive Lifetime Management for Diabetes***

(NDEP-37)

Quality diabetes care involves more than just the primary provider. Find out more about implementing multidisciplinary team care for people with diabetes in all clinical settings and how to reduce the human and economic toll of diabetes through a continuous, proactive, planned, patient-centered, and population-based approach to care. Single copy free. Each additional copy, \$1. Limit six copies.

### ***Feet Can Last a Lifetime: A Health Care Provider's Guide to Preventing Diabetes Foot Problems***

(NDEP-2)

This comprehensive guide provides tools and techniques for implementing effective clinical procedures on preventive foot care for people with diabetes. Includes a quick-reference card for conducting a foot exam, a monofilament for sensory testing, and templates for waiting room posters and medical record stickers. Single copy free. Each additional copy, \$3. Limit six copies.

### ***Silent Trauma: Diabetes, Health Status, and the Refugee—Southeast Asians in the United States***

(NDEP-90)

This white paper for health care professionals, community leaders, and policymakers focuses on the challenges faced by Southeast Asians in the United States. The paper discusses these challenges and gives recommendations on how to reduce the impact of diabetes in this population. Single copy free. Each additional copy, \$3. Limit six copies.

### ***www.BetterDiabetesCare.nih.gov***

This easy-to-use comprehensive resource will help health care providers, educators, policy makers, planners, and purchasers make important changes in systems of care for people with diabetes and achieve exciting results.

### ***Be Smart About Your Heart. Control the ABCs of Diabetes.***

#### ***If You Have Diabetes, Take Care of Your Heart. Flipchart Presentation***

***(Si tiene diabetes, cuide su corazón. Presentación en rotafolio)***

(NDEP-58FC)

This bilingual presentation tool makes it easy to educate Hispanic and Latino Americans about the link between diabetes and heart disease. The presentation includes easy-to-understand illustrations accompanied by a scripted presentation (in Spanish and English). Each flipchart also includes two copier-ready handouts (published 5/03). Single copy free. Each additional copy, \$4. Limit five copies.

### ***Small Steps. Big Rewards. Prevent Type 2 Diabetes***

#### ***Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes: Health Care Provider Toolkit***

(NDEP-59)\*

Get your patients in the diabetes prevention game. Find the latest evidence-based tools and techniques to help your patients start their own personalized diabetes prevention program, including a decision pathway to diagnose and treat pre-diabetes, proven strategies to counsel and motivate patients, office poster, and copier-ready patient education handouts. Single copy free. Each additional copy, \$5. Limit three copies.



# Publications and Resources for Organizations

## ***The Power to Control Diabetes is in Your Hands Community Outreach Kit***

(NDEP-44K)

This resource kit provides information on diabetes and older adults and suggestions on how to promote the Power to Control campaign with ideas for educational activities, media events and promotional campaigns. Single copy free. Each additional copy, \$5. Limit three copies. (Updated October 2005.)

## ***New Beginnings: A Discussion Guide for Living Well With Diabetes***

(NDEP-82)

This discussion guide is based on issues brought out by the privately-produced docudrama The Debilitator. New Beginnings contains 13 modules that can be used in small group discussion or larger community events in discussion of the emotional impact of living with diabetes and social support for people with diabetes. Single copy free. Each additional copy, \$5. Limit two copies.

## ***Control Your Diabetes. For Life. Campaign Guide for Partners***

(NDEP-15)

This 58-page how-to guide is designed to help partner organizations disseminate the Control Your Diabetes. For Life. campaign messages. Single copy free. Each additional copy, \$3.

## ***Diabetes Community Partnership Guide***

(NDEP-21)

This how-to kit contains ideas, tools, and guidelines for community partnerships and diabetes activities. Single copy free. Each additional copy, \$3. Limit six copies.

## ***American Indian/Alaska Native Community Partnership Guide: Supplement and Activity Plans***

(NDEP-21-S) \*Available on-line only

This supplement to the Diabetes Community Partnership Guide (NDEP-21) contains awareness activities customized for American Indian/Alaska Native (AI/AN) communities, as well as information about diabetes and AI/ANs, NDEP's campaigns for AI/ANs, and AI/AN resources and partners.

## ***Five Communities Reach Out Videotape (VHS)***

(NDEP-36)

This powerful 22-minute video and accompanying guide show how different communities can work together and use available resources to improve diabetes control. The video can be used as part of a community action-planning workshop when combined with the NDEP publication Diabetes Community Partnership Guide (NDEP-21). It can also be used independently in waiting rooms, in community and church gatherings, and as a motivational tool for communities to establish diabetes programs and interventions. Single copies \$10 each.

## ***Making a Difference: The Business Community Takes on Diabetes***

(NDEP-33)\*

This white paper is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. It provides information on the human and economic impact of diabetes and gives suggestions on how businesses can help employees with diabetes achieve improved glycemic control. Single copy free. Each additional copy, \$1.

### ***Team Care: Comprehensive Lifetime Management for Diabetes***

(NDEP-37)

This report was created to help organizational leaders in health care systems and health care purchasers implement multidisciplinary team care for people with diabetes in all clinical settings. It describes how to reduce the human and economic toll of diabetes through a continuous, proactive, planned, patient-centered, and population-based approach to care. Single copy free. Each additional copy, \$1. Limit six copies.

### ***[www.DiabetesAtWork.org](http://www.DiabetesAtWork.org)***

This online diabetes and health resource kit helps businesses and managed care companies to assess the impact of diabetes in the workplace. It also provides easy-to-understand information for employers to help their employees manage their diabetes and take steps toward reducing the risk for diabetes-related complications such as heart disease.

We regret that we cannot provide more than the limits noted above. We hope the commercial printer-ready CDs, and online versions will encourage you to create your own inventory. Remember: All our publications are copyright-free and are on the web at [www.ndep.nih.gov](http://www.ndep.nih.gov). Please duplicate and distribute as many copies of these materials as you like.

\* Commercial Printer-Ready CDs Available, \$20. Call (800)860-8747.  
Visit [www.ndep.nih.gov](http://www.ndep.nih.gov). Updated January 2007

# NDEP Publications Order Form

Titles		Quantity	Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total			

Please print clearly and provide all necessary mailing information.

For credit card orders, we accept MasterCard or Visa only.

Bulk orders must be prepaid in U.S. dollars. Please do not send cash.

**Allow 4 to 6 weeks for delivery.**

## Method of Payment

☐ Check or money order enclosed (*Make checks payable to NDIC*)

Purchase order enclosed \_\_\_\_\_

☐ VISA ☐ MasterCard \_\_\_\_\_ *Credit card number*

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_ (*Month/Year*)

Card holder signature \_\_\_\_\_

Name \_\_\_\_\_

Title/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

## Please return this order form with your payment to:

National Diabetes Information Clearinghouse  
1 Information Way  
Bethesda, MD 20892-3560

Phone: 1-800-860-8747 (for bulk orders or CDs)  
or 1-800-438-5383 (for free single copy orders)  
Fax: 1-703-738-4929  
Email: [ndic@info.niddk.nih.gov](mailto:ndic@info.niddk.nih.gov)

Please print clearly and provide all necessary mailing information.

For credit card orders, we accept MasterCard or Visa only.

Bulk orders must be prepaid in U.S. dollars. Please do not send cash.

**Allow 4 to 6 weeks for delivery.**



---

# Appendix AE:

## References

The following journal articles, books, and Web sites were used in developing the *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention* curriculum.

### Publications—Journal Articles

Brown SA. Interventions to promote diabetes self-management: state of the science. *Diabetes Educator* 1999;25:52-61.

Emmons KM, Rollnick S. Motivational interviewing in health care settings. Opportunities and limitations. *Am J Prev Med* 2001;20:68-74.

Knowler, W.C., et al Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine* 2002 Feb; 346(6);393–403.

Peterson KA. Readiness to change and clinical success in a diabetes educational program. *J Am Board Fam Pract* 2002;15:266-271.

Resnicow K, DiIorio C, Soet JE, Ernst D, Borrelli B, Hecht J. Motivational interviewing in health promotion: it sounds like something is changing. *Health Psych* 2002;21:444-451.

### Publications—Books

*A Healthier You* (based on the *Dietary Guidelines for Americans*). U.S. Department of Health and Human Services. Available for purchase by calling toll-free 1-866-512-1800.

*Black Pearls. Daily Meditations, Affirmations, and Inspirations for African Americans*. Copage, Eric V. HarperCollins, 1993.

*Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*. Institute of Medicine, Committee on Quality of Health Care in America. Washington, D.C.: National Academies Press, 2001.

*Honoring the Gift of Heart Health: A Heart Health Educator's Manual for American Indians*. National Institutes of Health, National Heart, Lung, and Blood Institute. [www.nhlbi.nih.gov/health/heart/other/aian\\_manual/](http://www.nhlbi.nih.gov/health/heart/other/aian_manual/).

*Making Health Communication Programs Work: A Planner's Guide*. National Cancer Institute. <http://cancer.gov/pinkbook>.

*Meditations on Diabetes. Strengthening Your Spirit in Every Season*. Feste, Catherine. American Diabetes Association, 2004.

*New Beginnings: A Discussion Guide for Living Well with Diabetes.* [http://www.ndep.nih.gov/diabetes/pubs/New\\_Beginnings\\_2005.pdf](http://www.ndep.nih.gov/diabetes/pubs/New_Beginnings_2005.pdf).

*Sisters Together: Move More, Eat Better.* National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. <http://win.niddk.nih.gov/sisters/index.htm>.

*Take Charge of Your Diabetes.* Centers for Disease Control and Prevention. 2003. 3rd edition. <http://www.cdc.gov/diabetes/pubs/tcyd/index.htm>.

*Trainer's Guide for Cancer Education.* National Cancer Institute. [www.cancer.gov/clinicaltrials/resources/trainers-guide-cancer-education](http://www.cancer.gov/clinicaltrials/resources/trainers-guide-cancer-education).

## Online References

(multiple resources were drawn from each site)

American Alliance for Health, Physical Education, Recreation and Dance. [www.aahperd.org/naspe/](http://www.aahperd.org/naspe/).

American Association of Diabetes Educators. <http://aadenet.org/>.

American Diabetes Association. [www.diabetes.org](http://www.diabetes.org).

American Dietetic Association. [www.eatright.com](http://www.eatright.com).

Centers for Disease Control and Prevention, Division of Diabetes Translation. [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes).

Diabetes Prevention Program, Lifestyle Balance. <http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc>.

National Dairy Council. [www.nutritionexplorations.org](http://www.nutritionexplorations.org).

National Diabetes Education Program. [www.ndep.nih.gov](http://www.ndep.nih.gov).

National Diabetes Fact Sheet United States (2005). <http://www.cdc.gov/diabetes/pubs/factsheet05.htm>

National Heart, Blood, and Lung Institute [www.nhlbi.nih.gov/health/index.htm](http://www.nhlbi.nih.gov/health/index.htm).

National Institute of Diabetes and Digestive and Kidney Diseases. <http://www.niddk.nih.gov>

U.S. Department of Agriculture. <http://www.mypyramid.gov/>

U.S. Department of Health and Human Services, Steps to a Healthier US  
<http://www.healthierus.gov/steps/>

U.S. Department of Health and Human Services <http://www.healthierus.gov>

Information regarding non-federal organizations is provided solely as a service to our users. This information does not constitute an endorsement of any organization by NDEP or the federal government, and none should be inferred. The NDEP is not responsible for the content of the individual organization Web pages.

## References for the Plate Method

(Session 8)



- Armstrong J. The plate model for dietary education [abstract]. *Proc Nutr Soc* 1993;52:19A.
- Camelon KM, Hadell K, Jamsen PT, Ketonen KJ, Kohtamaki HM, Makimatilla S, Tormala ML, Valve RH. The Plate Model: a visual method of teaching meal planning. DAIS Project Group. Diabetes Atherosclerosis Intervention Study. *J Am Diet Assoc* 1998 (Oct);98(10):1155-1158.
- Hendricks S. Nutrition Education—beyond the facts. *Can J Public Health* 1993;84:367-368.
- Karlstrom B, Vessby B, Eliasson M. Diet—a balanced approach. In: Larkins R, Zimmet P, Chisholm D, eds. *Diabetes* 1988. Amsterdam, Netherlands: Elsevier; 1989, pp. 923-925.
- Kicklighter JR. Characteristics of older adult learners: a guide for diabetes practitioners. *J Am Diet Assoc* 1991;91:1418-1422.
- Nutrition Subcommittee of the British Diabetes Association's Professional Advisory Committee. Dietary recommendations for people with diabetes: an update for the 1990's. *Diabet Med* 1992;9:189-202.
- Nydahl M, Gustafsson IB, Eliasson M, Karlstrom B. A study of attitudes and use of the plate model among various health professionals giving dietary advice to diabetic patients. *J Hum Nutr Diet* 1993;6:163-170.
- Proceedings of the Congress of the International Diabetes Federation, 1989. New York: Excerpta Medica; 1989, pp. 923-925.
- Rizor H, Richards S. All our patients need to know about intensified diabetes management they learned in fourth grade. *Diabetes Educ* 2000;26(3):392-404.
- Rizor H, Smith M, Thomas K, Harker J, Rich M. Have you tried? The Idaho Plate Method. American Dietetic Association. Diabetes Care and Education Practice Group. *DCE Newsflash*. 1996;17:18-20.
- Rizor H, Smith M, Thomas K, Harker J, Rich M. Practical Nutrition: The Idaho Plate Method. *Practical Diabetology* 1998;17:42-45.
- Steiner G. The Diabetes Atherosclerosis Intervention Study (DAIS): a study conducted in cooperation with the World Health Organization. *Diabetologia* 1996;39:1665-1661.
- Yen PK. Helping elders eat less fat. *Geriatr Nurs* 1994;15:1418-1422.





