Mi Salud Es Primero
(My Health Comes First)

Charla Guide for Promotores de Salud

Alivio Medical Center
National Council of La Raza
Peers for Progress
The National Council of La Raza (NCLR)—the largest national Hispanic civil rights and advocacy organization in the United States—works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations, NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas—assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families.

Founded in 1968, NCLR is a private, nonprofit, nonpartisan, tax-exempt organization headquartered in Washington, DC, serving all Hispanic subgroups in all regions of the country. It has state and regional offices in Chicago, Los Angeles, Miami, New York, Phoenix, and San Antonio.

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ALIVIO MEDICAL CENTER

Alivio Medical Center is a bilingual, bicultural organization committed to providing access to quality cost-effective health care to the Latino community, the uninsured, and the underinsured, and not to the exclusion of other cultures and races. This mission is expressed through the provision of services, advocacy, education, and research and evaluation provided in an environment of caring and respect.

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NCLR’s Institute for Hispanic Health (IHH) is dedicated to reducing the incidence, burden, and impact of health problems among Hispanic Americans. IHH works in close partnership with NCLR Affiliates, government partners, private funders, and other Hispanic-serving organizations to deliver the highest-quality health interventions. These interventions focus on the improvement of, access to, and utilization of health promotion and disease prevention programs. IHH is committed to providing technical assistance that is culturally competent and linguistically appropriate.

PEERS FOR PROGRESS

Peers for Progress was founded in 2006 to promote peer support as a key part of health, health care, and prevention in the U.S and around the world. To accomplish its goals, Peers for Progress began by funding 14 projects in 9 countries on 6 continents to build the evidence base for peer support in diabetes. Other activities include networking for quality improvement, making resources available for program development and evaluation, and providing technical assistance to improve peer support programs across the globe. With NCLR and support from Bristol-Myers Squibb Foundation, Peers for Progress has been active in facilitating advocacy efforts to promote the work of peer supporters at the federal and state levels.

Peers for Progress is dedicated to helping establish peer support as an accepted, core component of health care for all people. If you are interested in using peer support or have been involved with a peer support program, we encourage you to connect with colleagues in other peer support initiatives by joining the Peers for Progress global network at www.peersforprogress.org.
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Objectives of This Guide

1) Show *promotores de salud* the steps to follow when conducting a *charla* session with community members.
2) Serve as guidance material to *promotores de salud* during *charla* sessions.
3) Provide technical knowledge on how the body works, the impact of diabetes on the body, and ways to keep diabetes under control.

Structure of This Guide

This guide consists of two sections:

1. **Training Strategies**
   a. Suggestions for *promotores de salud*
   b. Establishing group ground rules: your role as health promoter
   c. General information on preparing for a *charla*

2. **Charla: “Mi salud es primero”**
   d. Objectives
   e. Suggestions for *promotores de salud*
   f. The day of the *charla*
   g. Structure
   h. Opening
   i. *Charla* content

The guide’s information is supported by a PowerPoint presentation with educational illustrations presented throughout the *charla*. The guide explains what to do, what to say, and which handouts to distribute to participants during the *charla*. It also includes the amount of time that should be devoted to each slide, key learning objectives to cover, notes, questions and answers, and instructions for conducting activities.

Text that you should *say* is highlighted in gray. **Notes** to help you conduct the *charla* are highlighted in orange. Optional text that you can choose to share with participants, if you have time, is left in white. Questions to ask participants are included to make the session more interactive.
The following icons are used in this guide:

**Show Slide**

Show participants the slide as indicated. An image for each slide is included for reference in this guide.

**Say**

Say to participants what is written in the gray section.

**Give Handout**

Give participants the referenced handout.

**Activity**

Conduct the referenced activity. The guide includes instructions for each of the activities. These instructions are not included on the flip chart.

**Ask**

Ask the question as listed. This question is also on the flip chart.
Training Strategies

A. Suggestions for Promotores de Salud

The goal of the exercises, group interactions, and materials is to make the charla educational, enjoyable, and easy to understand.

- **Be prepared.**
  - Review and become familiar with the content of this guide.
  - Review the concepts you learned during training and practice what you will say ahead of time. Practicing words and phrases will allow you to be more comfortable when facilitating the discussion.
  - Each section in the flip chart and this guide includes reminders and step-by-step instructions (for example, materials to be used, information you need to listen for, and duration of the activity).

- **Encourage participants to learn more about type 2 diabetes and how to keep it under control.** Remember that a charla is a small community health education session and only gives an opportunity to explain basic ideas on the subject.

- **Use group facilitation techniques.**
  - Set up group rules (see Part B of this section).
  - Make sure participants see you as a guide, not as an expert.
  - Speak up and speak clearly.
  - Listen carefully to participants when they talk and address you.
  - If a participant asks a health question and you do not know the answer, say that you do not know the answer and encourage the participant to ask his or her doctor or clinic staff. Remember that you cannot take on the role of a health care professional and that some questions must be referred to the participant’s medical providers.
  - Do not let a participant monopolize the charla. If someone tries to dominate the discussion or strays from the discussion, make sure to explain, with subtlety, “Your opinion is very important and we will have the opportunity to continue discussion on this issue during the break or at the end of the session.”
  - Make sure to start and finish the session on time. Ask a volunteer to help you keep track of time.
  - Encourage everyone in the group to participate in the discussion.

- **Whenever possible, link participants to resources that exist in the community to support them in their self-management efforts.**
  - Determine whether there are resources at your organization that can support patients in understanding or implementing the different diabetes self-care behaviors. For example, your organization or another community resource may offer nutritionist services, assistance in applying for SNAP or WIC, or exercise classes or groups.
  - Let patients know if you or other promotores will be available to further explain or demonstrate key activities, such as glucose monitoring, if they need extra help.
B. Establishing Group Ground Rules: Your Role as Health Promoter

Rules for group participation should be established at the beginning of the session. The *charla* should encourage group participation in activities and decision-making.

Group participants should accept and follow the established rules and change those that the majority wishes to change. This provides the opportunity to review any concerns they may have, such as the responsibility to keep opinions and personal information within the group discussion and not share them outside the session.

As a health promoter, how you behave and react will have a great impact on the group’s motivation and on setting a comfortable environment for everyone.

The following suggestions can help you connect to and communicate well with the group:

- Show enthusiasm and support for positive behaviors and correct answers (for example, during demonstrations or role playing).
- Correct misinformation gently.
- Acknowledge individual and group achievements.
- Support definitions or concepts with examples whenever possible.
- Share your personal experiences when relevant.
- Use plain language.
- Encourage group participants to share relevant experiences, if they wish to do so.
- Listen carefully.
- Allow the group to react, think, and analyze.
- Clearly identify expectations and explain how group members should be treated when they participate.
- Encourage the sharing of personal experiences, but remind participants that they do not have to share.
- Show respect for different points of view.
- Reinforce and accept, without being judgmental, the feelings and experiences shared by the group.
- Demonstrate acceptance and respect toward all participants regardless of their appearance or background.
- Make clear to participants that they have the right to disagree with you or others, and that they can express disagreement by saying phrases such as “Although I disagree with you, I respect your opinion.”

C. General Information on Preparing for a Charla

- Identify a space to conduct the *charlas*. Consider the following:
  - It must be centrally located and familiar to participants.
  - It must be clean and at a comfortable room temperature.
  - It must provide enough parking or be easily accessible by public transportation.

- Identify and recruit participants according to the established criteria. Reach prospective participants through media sources (audio, visual, or print) preferred by them.

- The *charla* should be conducted using the PowerPoint presentation as visual educational support material.
The objective of the exercises and group activities included in this session is to reinforce the PowerPoint presentation content. You may adapt these activities to the participants’ learning needs and the amount of time available.

- The *charla* should be conducted by at least two *promotores de salud*.
- When you conduct an activity, ask your partner to keep track of time.

**The Day of the Charla**

- Check that the room is ready for the session.
- Put up signs to identify the room where the *charla* will take place.
- Provide healthy snacks and water for participants.
- Arrange the room to ensure that it is comfortable for participants.
- Considerations:
  - Child care
  - Transportation
  - Scheduling
- Materials checklist:
  - This *charla* guide
  - PowerPoint presentation
  - Projector and screen
  - Sign-in sheet
  - Patient binder materials
  - Newsprint pad or large pad of paper to write down group rules

**Charla Opening**

Introductions are essential because they set the tone for the entire session. With energy and an upbeat tone:

- Introduce yourself to the group. Welcome everyone and share information such as your name, country or place of origin, or things you like to do.
- Ask participants to introduce themselves and say something about themselves to create a more familiar environment.
- Point out the session’s objectives.
- Remind participants how long the *charla* will be. The session should be about two hours long and have no more than 10–12 participants.
- Set group rules with participants.
- Point out where the restroom, water fountain, child care, and other relevant things are located.
- Assign someone to keep track of time.
Charla: Mi Salud Es Primero (My Health Comes First)

Lesson 1

What Is Diabetes?
Introduction

**Time:** 5 minutes

**Objectives:**

- Share the objectives of the program.
- Welcome participants.
- Conduct an icebreaker.
- Establish ground rules.

**Say**

Good morning/afternoon/evening. My name is ___________. I’m a health promoter from [NAME OF ORGANIZATION]. Thank you for coming to our talk, “My Health Comes First.”

This session is designed for people like you: adults who have been diagnosed with type 2 diabetes. At the end of the talk, we hope that you will:

1. Have increased your knowledge about how your body works and how it is affected by diabetes
2. Have learned about the seven self-care behaviors for type 2 diabetes and feel motivated to use them to keep your diabetes under control and prevent health complications
3. Set up a plan to cope with diabetes and lead a healthy life

This session is sponsored by [NAME OF YOUR ORGANIZATION] and [FUNDER].

**Note to promoter:** Before starting the session, you should conduct the following activities:

- Activity A: Icebreaker
- Activity B: Ground Rules
Activity A: Icebreaker
Time: 2 minutes

There are different ways to conduct icebreakers. You can conduct an icebreaker through an easy activity. For example, ask participants to introduce themselves by saying their name and where they are from.

Activity B: Ground Rules
Time: 3 minutes

It is important to establish rules before starting the charla because they will help avoid problems. On a large pad of paper, write “Rules.” These can include the following or any additional rules you’d like to add:

1. Turn off or silence cell phones.
2. Participate actively.
3. Respect different points of view.
4. Feel free to discuss and ask questions.
5. Keep all information shared confidential.

Note to promoter: Distribute Patient Binder materials to participants, and let them know that you will be referencing each handout as you go through the charla curriculum. Make sure to remind participants at the end of each lesson to bring their binder back with them to the next class.
Slide 1: Living Healthily with Diabetes

**Key Learning Objective:**
- Understand that it is necessary to take responsibility for your self-care in order to live healthily while coping with diabetes.

**Ask**

What comes to mind when you hear the phrase “living healthily”?

**Note to promoter:** Allow one to two minutes for participants to share their opinions.

Living healthily means taking care of ourselves and staying well, enjoying life at any age, and being prepared to face diabetes.

**Say**

Diabetes is an illness that requires us to pay a lot of attention to our health and manage our disease every day. To help you do this, we have prepared this educational session.

We will start by discussing how your body works and how it is affected by diabetes. We will then discuss specific steps that you should take to manage diabetes. Finally, we will conclude with an individualized action plan that you should share with your health care professional to help you achieve this goal.

Let’s get started by talking about what happens in the body when we have diabetes.
What is diabetes?

Note to promoter: Allow participants one or two minutes to give their responses.

Diabetes is the presence of elevated levels of glucose in our blood. This can happen for two reasons:

1. The first reason is that our body does not produce enough insulin.

OR

2. The second reason is that our body is not able to adequately use the insulin that we produce.

Diabetes is an illness that is

• Chronic,
• Incurable, and
• Has acute and chronic complications

BUT

It can be controlled if we know how to manage it.
What is glucose?
Glucose is our principal source of energy. It is required for all of our daily vital functions, including breathing, sleeping, thinking, and working. We obtain it through the food that we eat.

Glucose absorption
After we eat, the foods we have just eaten are digested and absorbed through our intestines toward the blood vessels. In the blood vessels, glucose travels to each one of our cells to be transformed into energy. But to get into the cells, glucose needs a special key...

Insulin
Insulin is the key that glucose needs to be able to enter into the cells. Insulin is a hormone produced by our pancreas, which is an organ near the stomach.

What happens when we have diabetes?
Our body doesn’t produce enough insulin or doesn’t use it properly. Therefore, the glucose from the foods that we eat can’t enter in our cells and stays in our bloodstream, where it builds up to unsafe levels and causes damage to our body.

Note to promoter: Go over with participants the illustration showing what happens in the body when we have diabetes, on page 8 of the Patient Binder.
Another metaphor for diabetes*

Think about a car. A car needs fuel or gas to move, which is put into the car using a gas pump. Think of each cell in your body as a car, the sugar or glucose that is produced when you digest food as the gas, and insulin as the pump. When someone has diabetes, if they are insulin-deficient, they do not have a pump (insulin) to be able to put gas (glucose) into the car (cells). Or, if they are insulin-resistant, maybe they have a pump (insulin), but the gas cap is rusted shut and doesn’t let them put gas (glucose) into the car (cells).

Note to promoter: The “Connection for Life” video is an additional resource that illustrates what diabetes is and how to control it. If you have time and would like to show it to your patients, the video can be found at http://web.diabetes.org/link/link_for_life/main.html (in English) and http://web.diabetes.org/link/link_for_life_sp/main_sp.html (in Spanish).

* Adapted from Tricia Tang and Martha Funnell, Peer Leader Manual, International Diabetes Foundation.
Slide 4: Types of Diabetes

Time: 5 minutes

Key Learning Objectives:

- List the three types of diabetes.
- Understand that type 2 diabetes develops when the pancreas does not produce enough insulin or insulin is not properly used.

There are three types of diabetes:

**Type 1 diabetes** is more common among children and young people. It occurs when the pancreas cannot produce insulin and requires treatment with insulin injections from the beginning.

**Gestational diabetes** is diagnosed when pregnant women experience high levels of blood glucose because their bodies are unable to adequately use insulin. Gestational diabetes may disappear at the end of a pregnancy.

Note to promoter: If you have time, you can add that women who are overweight/obese or have a family history of diabetes are at higher risk of developing diabetes during pregnancy.

**Type 2 diabetes** occurs either when the pancreas doesn’t produce sufficient insulin (which is known as insulin deficiency) or when the body’s cells cannot adequately use insulin (which is known as insulin resistance). This type of diabetes is more common among adults over 40, but it can also occur in children and youth who are overweight or obese. This is the type of diabetes that we will focus on in this charla.
Slide 5: Risk Factors for Type 2 Diabetes

Time:  5 minutes

Key Learning Objective:
• Identify the risk factors for diabetes.

Who knows some of the risk factors for diabetes?

Note to promoter: Give participants a few minutes to answer. Correct answers include the following:

• Family history of diabetes
• Overweight
• Unhealthy diet
• Physical inactivity
• Increasing age
• High blood pressure
• Ethnicity
• Impaired glucose tolerance (IGT)
• History of gestational diabetes
• Poor nutrition during pregnancy

Then explain the following:

Say:

Some risk factors for type 2 diabetes can be changed, while others we can’t change. Factors that can’t be changed include:

• **Race or ethnicity.** Latinos, African Americans, American Indians, and Asian Americans are at higher risk for type 2 diabetes.

• **Age.** As we get older, especially after age 45, our risk for type 2 diabetes increases. This may be because we exercise less, lose muscle mass, or gain weight. But type 2 diabetes is also increasing among children, adolescents, and younger adults.

• **Family history.** Your risk increases if one of your parents or siblings has type 2 diabetes.

• **Gestational diabetes.** Someone who develops gestational diabetes while pregnant later has an increased risk of developing prediabetes and type 2 diabetes. Also, if you give birth to a baby weighing more than 9 pounds (4 kilograms), you’re more likely to develop type 2 diabetes.
There are other risk factors that we can change, including:

- **Weight.** The more fatty tissue we have, the more resistant our cells become to insulin.

- **Physical inactivity.** When we’re less physically active, we’re at greater risk. Physical activity helps us control our weight, uses up glucose as energy, and makes our cells more sensitive to insulin.

- **High blood pressure.** Having blood pressure over 140/90 is linked to an increased risk of type 2 diabetes.

- **Abnormal cholesterol and triglyceride levels.** If we have low levels of HDL, or “good” cholesterol, our risk of type 2 diabetes is higher. Triglycerides are another type of fat carried in the blood. People with high levels of triglycerides also have an increased risk of type 2 diabetes.

- **Stress.** Higher levels of stress in our lives increase our risk for developing type 2 diabetes as well as other illnesses.
Slide 6: Symptoms of Type 2 Diabetes

**Time:** 5 minutes

**Key Learning Objective:**
- Identify what the signs and symptoms of diabetes are.

**Ask**

Do you remember the signs and symptoms you had before you were diagnosed with diabetes?

**Note to promoter:** Allow one to two minutes for participants to share their answers. Then, point them to the “Diabetes: Know the Symptoms” illustration in the Patient Binder and go over it together.
Slide 7: Complications of Type 2 Diabetes

Time: 5 minutes

Key Learning Objective:

- Learn that over time, high glucose levels in the bloodstream can cause serious damage to different parts of the body.

Over time, high levels of glucose in the blood stream can cause damage to the small blood vessels found all over the body, such as in the eyes and kidneys. It can also cause damage to nerves and to the heart. This can lead to an increased risk of such serious events as heart attack and stroke. In fact, heart disease and stroke are the leading causes of early death in people who have diabetes but do not control it. Uncontrolled diabetes can also cause damage to nerves in the arms, legs, feet, and hands, leading to pain, loss of sensation, and even more serious problems.

Note to promoter: Review the “Long-Term Complications of Diabetes” graphic in the Patient Binder with participants.

Note to promoter: Diabetes is the sixth leading cause of death in the United States. If participants ask questions about diabetes complications and how diabetes affects different parts of the body, you may use the information provided below.

Heart disease and stroke

Heart disease and stroke are the leading causes of early death in people who have diabetes but do not control it. Unfortunately, two out of three people with diabetes die because of heart disease or stroke.

How can diabetes affect your eyes?

Diabetes is the leading cause of blindness among adults. High blood glucose levels may cause eye vessels to bleed. This condition leads to blurred vision and sometimes blindness.

People with diabetes are also more likely to have vision problems such as cataracts (clouding of the lens of the eye) and glaucoma (damage to the optic nerve).

How can diabetes affect your nervous system?

When diabetes causes damage to the nervous system it is known as diabetic neuropathy. Diabetic neuropathy appears to be more common among people who have trouble managing blood glucose levels, high cholesterol, high blood pressure, and excess weight, and among people over 40 years old.
Damaged nerves do not send signals properly to the different parts of the body and may cause:

- Loss of feeling in feet
- Pain in legs, feet, arms, or hands
- Eating problems
- Urination problems
- Problems having sexual relations

**How can diabetes affect your kidneys?**

Kidneys serve as filters by removing waste from the blood and maintaining proper balance between liquids and salt in the body. High blood glucose levels make kidneys work extra hard.

With time, high glucose levels can stop kidneys from functioning properly. When kidneys no longer function well, the person needs to filter his or her blood several times a week using a machine (dialysis) or get a kidney transplant.

Kidney problems progress slowly and silently. Therefore, a person may not feel anything unusual until severe complications are present.

**How can diabetes affect your oral health?**

Diabetes may cause gum infections due to problems related to blood irrigation. People with diabetes are more likely to have problems with their teeth and gums because of a high level of glucose in their blood. And like any other infection, oral infections can increase blood glucose levels.

Painful, swollen, or red gums that bleed when brushing teeth are a sign of a dental problem known as gingivitis. Periodontal disease is another problem. This is when gums shrink or move away from teeth.

Smoking also increases the likelihood of gum disease, especially among people with diabetes who are 45 years old or older.
Slide 8: Treatment for Diabetes: The 7 Self-Care Behaviors

Time: 5 minutes

Key Learning Objective:

- Name the seven self-care behaviors outlined by the American Association of Diabetes Educators for successful self-management of type 2 diabetes.

What is the treatment for diabetes?

Basic treatment for type 2 diabetes consists of eating healthy foods in appropriate portions, practicing physical activity, and controlling your blood sugar level. Some people with type 2 diabetes also need medications, insulin, or both to control blood glucose levels. It is especially important for a person with diabetes to take personal responsibility for his or her own care.

A treatment plan is essential for making sure your insulin and glucose levels stay balanced. Treatment plans for controlling diabetes are individualized and should be developed to emphasize self-care, because the majority of daily care for diabetes must be done by the individuals themselves. In this way, treating your diabetes is different from treating other medical conditions, because you must take an active, daily part in the process.

Your health care provider will help you decide what type of treatment is best for you. Make sure to follow the guidelines we will talk about in this charla, and follow up with your health care provider regularly to discuss how your treatment plan is going.

Now we will talk about the basic guidelines for self-care. Daily self-care behaviors will help us keep our blood sugar level as close to normal as possible and help us prevent serious complications.

Does anyone know what some of the diabetes self-care behaviors are?

Note to promoter: Allow one to two minutes for participants to share their answers. Then, point them to page 12, “Seven Behaviors of Good Diabetes Control,” in the Patient Binder.
The American Association of Diabetes Educators has made a list of seven self-care behaviors that are key for successfully managing diabetes. These seven behaviors are:

1. Healthy eating
2. Being active
3. Monitoring our glucose levels
4. Taking medication
5. Problem solving
6. Reducing risks to prevent complications
7. Healthy coping

In the next three classes, we will discuss what each of these steps mean and how to put them into practice. In the next class, we will discuss behaviors one and two: healthy eating and being active.

**Note to promoter:** End of Lesson 1. Before participants leave, *remind them to bring their Patient Binders to the next lesson.*
Lesson 2

Controlling Type 2 Diabetes: Healthy Eating and Being Active
Controlling what, when, and how much we eat is one of the best tools to keep our blood glucose levels under control and prevent diabetes complications.

It’s important to know that healthy eating for diabetes is slightly different than healthy eating when one does not have diabetes.

Here are some basic guidelines to follow, which we will talk about more in the next sections:

- Choose a variety of foods that have a high nutritional content.
- Eat three balanced meals per day, every three or four hours: breakfast, lunch, and dinner.
- Eat a small snack before bedtime if your blood sugar level tends to be below 126 mg/dl.

**Note to promoter:** This is to prevent nighttime hypoglycemia.
• Try to eat around the same time every day.
• Learn to identify correct serving sizes of foods.
• Learn to identify which foods have a lot of carbohydrates.
• Monitor the amount of carbohydrates in each of your meals and snacks.
• Choose foods with healthy/preferable fats (monounsaturated and polyunsaturated).
• Limit your consumption of foods high in saturated and trans fats.
• Eat more foods high in fiber: nonstarchy vegetables, some fruits, and whole-grain products.
• Limit your consumption of foods high in sodium (salt).

There are three main energy sources for your body:
• Carbohydrates (sugars and starches)
• Proteins
• Fats

Next we will discuss each of these energy sources, where they can be found, and how much of each one you should eat to maintain balanced nutrition and control your blood sugar.
What are carbohydrates?

Carbohydrates are the nutrients that most quickly elevate our blood glucose level because they are converted directly into sugar in the body. Therefore, we need to be very careful about the amount of carbohydrates we consume.

Carbohydrates can be found in different forms in the following foods:

- In grains, cereals, and some vegetables, it is called **starch**.
  - Wheat: bread, crackers, pastas, cereals, tortillas...
  - Corn: tortillas, tostadas, tamales, arepas...
  - Oats: cereals, granola, cookies/crackers...
  - Rice: cereals, soups...
  - Barley: bread, drinks (e.g., beer)...
  - Starchy vegetables: peas, potatoes, sweet potatoes, winter squash, yucca...
  - Beans and lentils

- In fruits it is called **fructose**. All fruits contain carbohydrates:
  - Plantains
  - Apples
  - Pears
  - Mango
  - Melon
  - Oranges

- In milk and yogurt it is called **lactose**.
Why are carbohydrates important in controlling diabetes?

When eaten and digested, carbohydrates become sugar. Managing diabetes relies on controlling the amount of sugar that enters the blood stream. The objective is to keep sugar levels as normal as possible.

What is a serving size of carbohydrates?

One portion of carbohydrates equals **15 grams**; 15 g carbohydrates is the same as:

- 1/3 cup rice
- 1/2 cup beans
- 1 slice of whole-grain bread
- 1/3 cup pasta
- 1 tortilla
- 1/2 cup fruit
- 1 small fruit (1/2 banana)
- 1/2 cup potato (1 small potato or 1/2 large potato)
- 1/2 cup corn
- 1 cup milk
- 1 cup yogurt

Note to promoter: See if participants can come up with examples of carbohydrate servings for breakfast, lunch, dinner, and snacks, to fill in the chart on page 16 of the Patient Binder. They may need to refer to the list of examples on the following page.

How many carbohydrates should we eat at each meal?

At breakfast, lunch, and dinner, we can eat up to **3 to 4 servings** (45 g to 60 g) of carbohydrates at each meal. We can eat a snack containing **2 servings** (30 g) of carbohydrates once in the morning and once in the afternoon. If you tend to have low blood sugar at nighttime, you can eat a very small snack containing **1 serving** (15 g) of carbohydrates before going to bed.

Fiber

There is another kind of carbohydrate called **fiber**. Fiber is found in all plant foods such as whole grains, vegetables, fruits, beans, and lentils. However, fiber is indigestible so it does not have the same effect on our blood sugar levels as other carbohydrates. In fact, fiber can help us better control or lower our blood sugar. It can also lower our cholesterol, help us maintain regularity, and decrease the risk of suffering from certain chronic ailments. Choose foods that contain at least 3 grams of fiber per serving for a total of 25 to 30 grams of fiber per day.

Note to promoter: Review with participants the list of vegetables without starch on page 18 of the Patient Binder. Remind them that these vegetables will not raise their blood sugar like starchy vegetables, grains, or sugars do.
Slide 11: Healthy Eating: Proteins  

**Time:** 5 minutes

**Key Learning Objectives:**
- Identify what a protein is.
- Learn the serving size of protein.

**What are proteins?**
Proteins are important for the growth, maintenance, and healing of tissue and muscles. Most proteins (except for legumes) do not have an immediate effect on our blood sugar. Proteins can be found in the following foods:

- Fish
- Chicken
- Turkey
- Beef
- Pork
- Shrimp
- Seafood
- Eggs
- Dairy products (such as cheese)
- Legumes (such as black beans, lentils, chick peas)
- Nuts and seeds (such as almonds, walnuts, pepitas, peanut butter)

**How much is a serving of protein?**
Meats and fish can be eaten in serving sizes of 2 to 3 ounces, which is about the size of a deck of cards or the palm of a woman’s hand. Other protein serving sizes include 1 egg, 2 tbsp. peanut butter, 1/2 cup beans, and 2 to 3 ounces cheese.

In general, the following serving sizes are recommended:
- One serving of meat (beef, poultry, fish) at least three times per week
- Eggs, no more than three per week
- Two daily servings of milk or milk products (cheese, yogurt)
- Legumes, at least once per week
Slide 12: Healthy Eating: Fats

Time: 5 minutes

Key Learning Objectives:

- Identify the four different kinds of fats.
- Learn the serving size of fats.

What are fats?

Fats do not have an immediate effect on blood sugar; however, they are another nutrient we should keep in check because they can:

- Cause our blood sugar levels to rise hours after we have digested them
- Contribute to insulin resistance
- Raise cholesterol and triglyceride levels if we eat too much of them
- Contribute to weight gain if we eat too much of them

There are four different kinds of fats:

**Monounsaturated fats**

- These can be found in foods such as nuts, almonds, olive oil, and avocado.
- They are preferable because they lower LDL, or “bad cholesterol,” and raise HDL, or “good cholesterol.”

**Polyunsaturated fats**

- These can be found in safflower oil, sesame oil, corn oil, and soybean oil.
- They are preferable because they lower the bad cholesterol (or LDL); however, if eaten in excess they lower the good cholesterol (or HDL) too, so they should be consumed in moderation.

**Saturated fats**

- These can be found in animal products like meat, dairy products, eggs, and coconuts.
- They should be limited because they raise LDL and the risk of heart disease.
Trans fats

- These can be found in snack foods, dessert foods like pastelillos, cookies, cakes, donuts, and fried foods.
- These should be avoided, as they raise LDL and lower HDL.

How much is a serving of fats?

Examples of a serving of fats include:

- 1 teaspoon of oil
- 2 tablespoons of avocado
- 1 tablespoon of salad dressing or mayonnaise
- 2 tablespoons of sour cream
- 1 tablespoon of cream cheese
- 10 peanuts, almonds, or walnuts
Slide 13: Healthy Eating: Foods to Limit

**Time:** 5 minutes

**Key Learning Objective:**
- Explain how salt, added sugar, and alcohol affect your body.

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It is important to limit our intake of certain other foods, including sodium (salt), added sugar, and alcohol.

**Sodium (salt)**

Sodium (salt) can raise our blood pressure and cause damage to different organs of the body, including the heart, kidneys, brain, and eyes.

Ways to control our salt intake:

- It is recommended that we lower our salt intake to no more than **2,300 mg per day**.
- Choose fewer processed and canned foods.
- Choose more fresh fruits and vegetables.
- Consuming foods rich in potassium such as potatoes, melon, plantains, and spinach can lower our absorption of sodium and thus lower our blood pressure.
Other foods to limit

The following foods have little or no nutritional value and contain too much added sugar and unhealthy fats. If you choose to eat them, you should do so very sparingly:

- Sweets: If you choose to eat sweets, have them in very small portions and save them for special occasions. Make sure to eat healthy foods most of the time and be physically active.
- Regular soft drinks
- Pastelitos
- Cookies
- Energy drinks
- Alcoholic drinks: If you choose to drink alcohol, keep portions limited to one drink a day for women, or up to two drinks a day for men. You shouldn’t drink if your blood sugar levels aren’t under control or if you have nerve damage from diabetes. One serving of alcohol is:
  - 4 ounces of wine, or
  - 12 ounces of beer, or
  - 1.5 ounces of hard liquor

Artificial sweeteners

Artificial sweeteners are substances that can be used instead of added sugar. Even though they are very sweet, they do not contain sugar and so they do not raise blood sugar levels in the same way. However, artificial sweeteners may have other negative effects on our health, so it is best to reduce our consumption of sweets in general when we have diabetes.

Products with artificial sweetener include:

- Diet soft drinks (instead of regular soft drinks)
- Artificially sweetened lemonade (instead of regular, with sugar)
- Artificially sweetened jamaica (instead of regular, with sugar)
- Crystal Light and Wyler’s Light (instead of regular juice drinks like Tampico, Jumex, Kool-Aid, etc.)

Some brands of artificial sweetener that you can use to sweeten your own drinks or foods include:

- Splenda
- Sweet’N Low
- Equal
- Truvia

Remember to use sweets sparingly, no matter which kind you use.
Slide 14: Healthy Eating: The Plate Method for Diabetes

**Time:** 5 minutes

**Key Learning Objective:**

- Learn how to divide up your plate into nonstarchy vegetables, proteins, and carbohydrates to plan balanced meals.

**Say**

The plate method is a simple way to plan your meals to achieve balanced nutrition. The plate method for diabetes is slightly different than the regular plate method, because people with diabetes have to limit their intake of carbohydrates (starches and sugars). To plan your meals using the plate method, all you need is a nine-inch diameter plate and an eight-ounce cup or glass.

**Note to promoter:** Refer to the “Example of a Healthy Plate for People with Diabetes” graphic in the Patient Binder.

**Say**

Pay attention to your plate:

- No more than 1/4 of your plate should have carbohydrates, such as bread, pasta, rice, corn, potatoes, starchy vegetables, and fruit.
- About 1/4 should have protein-rich foods, such as meat, poultry, fish, or beans.
- The other 1/2 should have nonstarchy vegetables, such as mixed salad, carrots, broccoli, or spinach.

You may also include another serving of carbohydrates such as a glass of milk or a small piece of bread. Most people with diabetes should be able to eat three or four servings of carbohydrates at each meal.

**Note to promoter:** If your organization offers nutritionist services, let participants know that this is an available option to help them develop a tailored meal plan to match their tastes and lifestyle.
Slide 15: Healthy Eating: Reading Nutrition Facts Labels

**Time:** 5 minutes

**Key Learning Objective:**
- Learn how to read Nutrition Facts labels.

The Nutrition Facts labels on packaged foods can help you identify the number of carbohydrates and other nutrients the food contains to help you make healthy choices.

**Note to promoter:** Point participants to the “Nutrition Facts Label” graphic.

You should look for the following information on Nutrition Facts labels:

**Serving Size and Servings Per Container (Per Package, etc.):** This tells you how much of the packaged food the Nutrition Facts are based on.

**Total Fat:** Look at the % Daily Value column for Total Fat. Generally, a food with 5% or less per serving is low in fat, and a food with 20% or more per serving is too high.

**Cholesterol and Sodium:** Limit your consumption of these.

**Total Carbohydrates:** This one is very important. Check how many carbohydrates *per portion* are in the food you are going to eat.

**Dietary Fiber:** Make sure to get enough of this (25 to 30 g per day).

Remember that one serving size of carbohydrates is 15 g!
Slide 16: Being Active: The Importance of Physical Activity

**Time:** 5 minutes

**Key Learning Objective:**

- Explain why physical activity is key to controlling diabetes.

**Ask**

Why is it important to practice physical activity to control diabetes?

**Note to promoter:** Let participants share their responses for one or two minutes.

**Say**

Physical activity uses up extra glucose and improves your body’s sensitivity to insulin (in other words, it lowers insulin resistance). It will help you reduce your daily glucose levels as well as cholesterol and blood pressure. When you are active on a regular basis, it can also lower your A1c level. Exercising will help you lose weight, if needed, and improve your mood.

**Things to do when starting out with physical activity**

- First, check with your health care provider and get their approval.
- Begin slowly and increase your level and amount of activity gradually.
- Chose activities that you like.
- Include physical activity in your daily activities (such as mowing the lawn or gardening, walking, and taking the stairs).
- Divide up your physical activity throughout the day.
- Start with 30 minutes three to five times per week.
There are three types of physical activity, and each one has its own benefits:

**Aerobic exercise**
- Benefits: Works your heart, lungs, and circulatory system, keeping them healthy, and gives you energy
- Examples: Walking, jogging, biking, aerobics exercise class, swimming

**Strengthening/resistance exercises**
- Benefits: Strengthens the muscles and bones
- Examples: Weight lifting, resistance bands

**Flexibility exercises**
- Benefits: Helps you move more easily and keeps muscles relaxed and joints mobile
- Examples: Stretching, yoga

People who have retinopathy (a complication of diabetes that affects their eyes) should avoid activities such as high-impact aerobics or weight lifting and should opt for gentler activities with less impact such as swimming or bicycling.

Remember to try to do physical activities that you like! The more fun you have, the more likely you will be to keep it up. It can also be helpful to exercise with family or friends.
Slide 18: Being Active: Safety Tips

**Time:** 5 minutes

### Key Learning Objectives:

- Emphasize that people with diabetes need to check with their doctor before they begin an exercise program.
- List at least three other safety tips to keep in mind before, during, and after engaging in physical activity.

People with diabetes need to take certain safety precautions before, during, and after engaging in physical activity.

- **Check with your doctor before beginning any exercise program.** Your doctor will tell you the safest kind of exercise for you, depending on the condition of your heart, blood vessels, eyes, kidneys, feet, and nervous system.
- Exercise one to two hours after eating to prevent low blood sugar (hypoglycemia).
- Warm up before starting to exercise and cool down right before you stop by doing less intense activity for five minutes before and after. Also, take your blood glucose before and after you exercise.
- Use comfortable clothing and appropriate shoes.
- Carefully inspect your feet before and after activity for blisters, redness, or other signs of irritation. Talk to your doctor if you have a foot injury or a blister, cut, or sore that doesn’t heal.
- Drink plenty of water before, during, and after activity to stay hydrated.
- Stay in well-lit areas.
- Always take a source of sugar (for example, glucose tablets or hard candy) with you to treat any episode of low blood sugar (we will talk about the symptoms of low blood sugar and how to treat it in the next lesson).
- Wear a medical identification bracelet or chain that identifies you as someone with diabetes, in case of emergency.
- Carry a cell phone with you in case you need to call someone for assistance.
Special precautions

- **Do not exercise if your blood sugar is too low (below 100 mg/dl) before you begin.**
- Remember, always carry some source of immediate sugar when exercising away from home to treat any possible episode of low blood sugar.
- Check your blood sugar level before and after doing exercise.
- **STOP** exercising if you feel chest pain, lightheadedness, or trouble breathing. Talk to your doctor about any unusual symptoms that you experience.

Taking care of your feet

If you have diabetes, you should check your feet every day because you are at a greater risk of having foot problems.

**Note to promoter:** Let participants share their opinions briefly.

What should I do if I injure my foot?

If you have injured your foot, you should make an appointment to see your health care provider immediately.

How do I care for my feet?

A health care provider should examine your feet at every appointment and explain to you how to keep them healthy. Visit a specialist (podiatrist) at least once a year.

The following simple steps will help you keep your feet healthy:

- Use shoes that are roomy and comfortable. Shoes with silica gel or air midsoles are a good choice for weight-bearing activities such as walking because they are built to reduce stress on your feet and joints.
- Wear seamless socks. Socks made out of a material that reduces friction and pulls moisture away from your skin (such as CoolMax, polypropylene, or acrylic) are preferable.
- Never walk barefoot—not even at the beach.
- Do not warm up your feet with hot water bags.
- Wash and dry your feet carefully to prevent fungi.
- Trim your nails carefully.
- Check your feet frequently, paying attention to any small injuries.

Why is it especially important to care for my feet if I have diabetes?

Damage to the nervous system, circulatory problems, and infections can cause severe complications to the feet of people with diabetes. Sometimes, damage to nerves can deform feet, which causes blisters, sores, or ulcers on pressure points. Poor circulation may slow the healing of these lesions, which may lead to the amputation of toes, feet, or legs.

**Note to promoter:** End of Lesson 2. **Before participants leave, remind them to bring their Patient Binders to the next lesson.**
Lesson 3
Controlling Type 2 Diabetes: Glucose Monitoring, Taking Medications, and Problem Solving
Slide 19: Monitoring: Keep Track of Your Glucose Levels

Time: 5 minutes

Key Learning Objective:
- Identify blood glucose monitoring as the main tool to verify how well your diabetes care plan is working.

Blood glucose (blood sugar) monitoring is the main tool you have to control your diabetes and check how well your care plan is working.

Your blood sugar level varies according to the food you eat and the physical activity you do during the day, as well as when you get sick, become stressed, or take your medications. That is why you must measure it at different times of the day.

Note to promoter: Have participants find the “Glucose Monitoring at Home” table/worksheet.

It is important to keep a log of your results. Write down the date and time of each glucose reading. This will help you identify changes in your glucose level due to nutrition, medication, and other factors. When you bring this record to your health care provider, you will have a good picture of how your body is responding to your diabetes care plan.
Slide 20: Monitoring: How Do I Measure My Blood Glucose?

**Time:** 5 minutes

**Key Learning Objective:**
- Identify the two different ways to measure blood glucose and the importance of each method.

**Show Slide**

**Note to promoter:** Allow participants to give their responses.

There are two ways to measure our blood glucose. Does anyone know what one or both of the ways are?

Both methods are important to get a good picture of how our blood glucose levels are doing each day and over the long term. The first method is:

1. **Through a drop of blood you draw yourself.** Check with your health care provider for instructions on how to perform the test yourself or have a family member help you.

   How often you should check your glucose level depends on personal factors. Ask your health care provider how often is right for you. Many people with type 2 diabetes need to check their glucose at least once per day and sometimes more.

The second way is:

2. **Through a blood sample drawn at the doctor’s office.** This test is known as the hemoglobin A1c test. The A1c test offers an average of the general glucose levels in your blood during the last two to three months. Always ask for the test results.

   You should have this test performed:
   - Twice a year if you don’t use insulin and your blood sugar level is usually within your target range, or
   - Four times a year if you use insulin to manage your diabetes or you have trouble keeping your blood sugar level within your target range.
The American Diabetes Association recommends the following target blood glucose levels for most adults with diabetes:

**Before a meal**, your target range should be **70-130 mg/dl**.

**One to two hours after beginning a meal**, your target range is **less than 180 mg/dl**.

When you get your A1c test done at the doctor’s office, your result should be below 7 (or 154 mg/dl). If your result is higher, it means that during the last two to three months your blood glucose level was too high and that the control during that time was not good.

**Do you know your A1c level?**

**Note to promoter:** Let participants mention their A1c levels. Encourage participants who don’t know or remember to find out.
Key Learning Objectives:

- Identify the different kinds of medications available to treat type 2 diabetes.
- Recognize that only a health care provider can help you decide what medications are most appropriate for you and what changes you can make in your treatment.

In addition to maintaining a healthy diet and being physically active, most people need various kinds of medications to control diabetes.

Your diabetes treatment plan may include the following medications:

- Pills for diabetes or insulin injections
- Pills for high blood pressure and cholesterol
- Aspirin

Many people with diabetes also take medication to control other health problems and reduce the risk of a heart attack or stroke.

Only your health care provider can help you decide what medications are most appropriate for you and what changes you can make in your treatment.

If a medication does not help you, call your health care provider as soon as possible and explain what happens when you take the medication.
**Key Learning Objective:**
- Name the important information to know about each of your medications.

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**What are some important things to know about your medications?**

- How many pills should I take?
- How often should I take them, and when?
- Should I take my medication with or without food?
- What should I do if I forget to take my medication and remember later?
- What are the possible side effects?
- What can I do if I have side effects?
- What problems might I have if I combine diabetes medication with my other medications?

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**Note to promoter:** Go over the sample drug label on page 32 of the Patient Binder and review with participants all of the information it gives. Then, review with them the “Current Medications” chart on page 33 of the Patient Binder.
Slide 24: Medications: Take Your Medications

**Time:** 5 minutes

Key Learning Objective:

- List some ways to help you safely handle and remember to take your medications.

It is important to safely handle and remember to take your medications at the appropriate times. Follow these suggestions:

- Make sure you read the drug label and check that the instructions are clear.
- Keep your medications handy, but out of your children’s reach.
- Write down a schedule for your medications and post it where you can see it.
- To help you remember, link as many medications as possible with daily activities such as getting up, eating, brushing your teeth, and going to bed.
- Program your watch, clock, or alarm to remind you of your next dose.
- Use a pill dispenser or organizer.
Slide 25: Problem Solving: Hyperglycemia (High Blood Sugar)

Key Learning Objectives:

- Identify the symptoms of hyperglycemia.
- Know what to do to address hyperglycemia.

Now we’ll talk about hyperglycemia, or high blood sugar.

**Note to promoter:** Point participants to the “Hyperglycemia” illustration in the Patient Binder.

Unlike hypoglycemia, which comes on suddenly, hyperglycemia usually comes on slowly. It can be caused by eating too much, having too little insulin or too few diabetes pills, or illness or stress.

Symptoms of hyperglycemia include:

- Increased thirst
- Frequent urination
- Blurred vision
- Fatigue
- Headache

**What should you do?**

- Check your blood sugar.
- Stay hydrated by drinking calorie-free liquids (especially water).
- Reduce the amount of food you are eating at mealtimes.
- If your blood sugar levels stay elevated for three days and you don’t know why, call your doctor.

Exercising can also help lower your blood sugar. **However, if your blood glucose is very high (above 240 mg/dl) you should NOT exercise.**
If hyperglycemia goes untreated, a very serious, life-threatening condition called ketoacidosis can develop. This can lead to coma (passing out for a long time) or even death. Early warning signs of ketoacidosis include:

- Thirst or a very dry mouth
- Frequent urination
- High blood glucose (sugar) levels

Then other symptoms appear:

- Constantly feeling tired
- Dry or flushed skin
- Nausea, vomiting, or abdominal pain
- A hard time breathing (short, deep breaths)
- Fruity odor on breath
- A hard time paying attention, or confusion

(Vomiting can be caused by many illnesses, not just ketoacidosis. If vomiting continues for more than two hours, contact your health care provider.)

Ketoacidosis is dangerous and very serious. If you have any of the above symptoms, contact your health care provider immediately or go to the nearest emergency room of your local hospital.

To prevent ketoacidosis, manage your blood sugar level to keep it within the healthy range. If hyperglycemia develops, treat it as soon as you detect it.
Slide 26: Problem Solving: Hypoglycemia (Low Blood Sugar)

Time: 5 minutes

Key Learning Objectives:

- Identify the symptoms of hypoglycemia.
- Know what to do to address hypoglycemia.

If glucose levels are too high or too low, one of the following conditions may occur:

1. Hypoglycemia, or low blood sugar, occurs when blood glucose is below 70 mg/dl.
2. Hyperglycemia, or high blood sugar, occurs when blood glucose is higher than 240 mg/dl.

Both hypoglycemia and hyperglycemia can cause a medical emergency if they are not treated. Therefore, it’s important to know the symptoms of each and what to do if you experience those symptoms.

First we will talk about hypoglycemia, or low blood sugar.

Note to promoter: Draw participants’ attention to the “Hypoglycemia” illustration in the Patient Binder.

Hypoglycemia usually comes on suddenly. It can be caused by eating too little or skipping a meal, by taking too much insulin or too many diabetes pills, or by being more active than usual.

Let’s go over the symptoms:

- Shakiness
- Accelerated pulse/heartbeat
- Sweating, chills, or clamminess
- Lightheadedness or dizziness
- Anxiety
- Hunger and nausea
- Blurry vision
- Feeling weak or sleepy
- Headaches
- Nervousness, irritability, or impatience
Other symptoms not on the handout might include:

- Confusion or delirium
- Tingling or numbness in the lips or tongue
- Lack of coordination
- Nightmares or crying out during sleep
- Seizures
- Unconsciousness

What should you do?

If hypoglycemia is not treated, you may faint or require medical assistance. Severe hypoglycemia can cause accidents, injuries, coma, and even death. Therefore, if you feel symptoms of hypoglycemia coming on, you should:

1. **Check your blood sugar level immediately.** If you can’t take your blood sugar measurement but are experiencing the symptoms of low blood sugar, treat yourself anyway.

2. **Treat yourself by eating 3 to 4 glucose tablets,** eating 3 to 5 hard candies that you can chew quickly, or drinking 4 ounces of fruit juice or 1/2 a can of a regular soft drink.

3. **Check your glucose level again after 15 minutes.** If it is still low, treat yourself again. If your symptoms do not go away, call your doctor.
Slide 27: Problem Solving: What to Do When You Get Sick

Time: 5 minutes

Key Learning Objectives:

- Understand that blood glucose levels may increase when you are sick.
- Identify what you should do to take care of yourself when you become ill.

When you get a cold, the flu, or an infection, or when you are very stressed, the hormones produced to combat your illness or stress can also cause your blood sugar to rise. Even people who don’t have diabetes may develop hyperglycemia if they get very ill. If your blood sugar level gets very high, this could result in ketoacidosis and/or coma without adequate medical care, so it’s important to keep your blood glucose as near to normal as possible during illness or stress.

To prevent a minor illness from becoming a very serious problem, you need to make an action plan ahead of time. Your action plan should include the following:

- Have a family member or friend help you when you need help. This person should know, for example, when to call a doctor or when to take you to the emergency room.
- Have your glucose monitor nearby and a notebook to write down your results.
- Have a thermometer at home and know how to use it.
- Have your doctor’s telephone number and a list with the names and dosages of medications you are taking.
- Have a blood pressure monitor available.

If you feel sick (have nausea, diarrhea, vomiting, etc.), do the following:

- Measure your blood sugar more frequently—every two to four hours.
- Continue taking your medicines or insulin as normal.
- If it’s difficult to eat or digest foods, try to consume:
  - 1 portion of carbohydrates every hour or
  - 3 portions of carbohydrates every three to four hours
- Stay hydrated by drinking calorie-free liquids:
  - 8 oz. of liquid every hour, and
  - 1 cup of broth containing sodium every third hour
You need to call your health care provider if:

- You have a fever of more than 100° F.
- You have had vomiting or diarrhea more than 5 times or for more than 6 hours.
- Your blood sugar levels are over 300 mg/dl twice in a row.
- You take insulin such as Novolog, Humalog, or Apidra.
- You use medications such as Prandin, Starlix, or Precose.
- You have the flu.

**Note to promoter:** Allow time for participants to give their answers.

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**What should I eat when I get sick?**

If you are sick and it’s difficult to eat, try to consume one portion of carbohydrates every hour or three portions every three to four hours.

**Note to promoter:** Allow participants to answer. Then draw their attention to the “Sick Day Foods” list on page 39 of the Patient Binder.

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**Who remembers how many grams are in one portion of carbohydrates?**

This list shows you portions of carbohydrates and proteins that are usually easy to digest when sick. Try to stick to one portion every hour, or three portions every three to four hours.

**How can I prevent myself from getting sick in the first place?**

The best protection against illnesses is taking preventive measures. For example, you can protect yourself by getting the flu shot every year to prevent seasonal flu. All people with diabetes, including pregnant women, should get the flu shot every year. The best time to get your shot is between October and mid-November, before the start of the flu season. Also, eating healthily, doing physical activity, reducing stress if possible, and finding ways to cope with stress are good ways to boost your immune system.
Slide 28: Problem Solving: Holiday Eating

Time: 5 minutes

Key Learning Objective:
- Understand how to maintain control of your diabetes during the holidays.

During the holidays, we need to continue following the same nutrition guidelines to keep blood sugar levels under control.

We also need to:
- Measure blood glucose according to the same schedule.
- Take the same medicines or insulin at the same times.
- Get physically active.
- Keep portion sizes under control.

The holidays are not a vacation from diabetes! We need to keep up our same level of self-care as usual.

Remember, one meal can contain three or four 15-gram servings of carbohydrates. Only a quarter of your plate should contain carbohydrate-rich foods. Try to switch out less-healthy options for healthier substitutes.

Note to promoter: Draw participants’ attention to the “Avoid/Choose” tables under “Diabetes during the holidays” in the Patient Binder.

Here are some examples of less healthy options that we should avoid during the holidays. Healthier options that you can substitute are to the right.

Note to promoter: Go over the list of substitutions with participants. Then draw their attention to the “Sample of serving sizes = 15 grams of carbohydrates in typical holiday dishes” table.

This is a list that you should keep handy for the holidays. It shows typical holiday foods and how much of each equals one serving. Remember, three to four servings of carbohydrates per meal is our limit.

Note to promoter: End of Lesson 3. Before participants leave, remind them to bring their Patient Binders to the next lesson.
Lesson 4
Controlling Type 2 Diabetes: Reducing Risks and Healthy Coping
Slide 29: Reducing Risks: Go to Your Medical Appointments

Time: 5 minutes

Key Learning Objectives:

- Discuss how people with diabetes may be treated by a team of health care providers who treat diabetes.
- Understand that an essential part of your diabetes care is to visit your health care provider regularly and discuss your feelings or questions regarding the management of your diabetes.

An essential part of your diabetes care is to visit your doctor regularly and discuss your feelings and questions regarding the management of your diabetes (for example, discussing whether the treatment works for you and how you feel when you take your medications).

You should also choose a team of health care providers who understand your language and habits and who specialize in patients like you.

Your team of providers for the treatment of diabetes may include:

- A primary health care provider
- A professional in nursing
- A nutritionist or dietitian
- A diabetes educator
- Specialists such as an endocrinologist, an ophthalmologist (eye doctor), or a podiatrist (foot doctor)

What are routine medical checkups and tests that people with diabetes must have?

At each visit or as often as needed, health care professionals should do the following:

- Check your blood pressure.
- Check your feet for lesions.
- Order a hemoglobin A1c test.
- Order urine and blood tests to assess kidney function at least once a year.
- Order blood tests at least once a year to check for lipids (fats), total cholesterol, LDL (“bad” cholesterol), HDL (“good” cholesterol), and triglycerides.
You should also visit your dentist at least twice a year, get an eye exam with pupil dilation at least once a year, and get your flu and pneumonia shots every year.

**Note to promoter:** Encourage participants to use the “Tests Record” table on page 47 to keep track of all of the health tests and checkups they get to ensure they are taking care of themselves.

**Remember:** Even though these professionals are essential to your diabetes care, you, your family, and your friends who help you are the most important members of the team that keeps your diabetes under control.
Slide 30: Reducing Risks: Control Your Blood Pressure

Time: 5 minutes

Key Learning Objective:

- Know what normal blood pressure reading to maintain (under 130/80) to prevent damage to the body.

Blood pressure is the force of blood against the walls of arteries, which makes blood circulate all over the body. It is recommended that people with diabetes maintain their blood pressure under 130/80.

Do you know the meaning of each number in your blood pressure measurement?

Note to promoter: Let participants share their answers for one to two minutes.

Your blood pressure is recorded as two numbers, such as 130/80. The first number is the systolic pressure, which measures the pressure as the heart beats and pushes blood through the blood vessels. The second number is the diastolic pressure, which measures the blood pressure as the heart relaxes between beats.

Why is it important to control blood pressure levels?

High blood pressure can make your heart work harder than necessary, which can cause health complications such as a heart attack or stroke.

Next we will talk about controlling cholesterol levels.
Slide 31: Reducing Risks: Control Your Cholesterol Level

Time: 5 minutes

Key Learning Objective:
- Know the normal levels of cholesterol and triglycerides to maintain to prevent diabetes complications.

There are two types of cholesterol: “bad” cholesterol (LDL) and “good cholesterol” (HDL).
- “Bad” (or LDL) cholesterol builds up and blocks blood vessels, which constricts and obstructs them. This may cause chest pain, heart attack, or stroke. The recommended LDL or “bad” cholesterol level for people with diabetes is below 100.
- “Good” (or HDL) cholesterol helps eliminate cholesterol from blood vessels. HDL cholesterol prevents blood vessel blockage. The recommended HDL or “good” cholesterol level for men is above 40, and for women, above 50.

Note to promoter: If time allows, mention to participants that triglycerides are a type of fat found in blood that can increase the risk of developing heart disease. People with diabetes should keep their triglyceride levels below 150.

Do you know your cholesterol numbers?

Note to promoter: Give participants the chance to share their cholesterol numbers with the group.

Now that we have discussed ways to control glucose, blood pressure, and cholesterol, we will talk about some important lifestyle changes you can make to prevent complications.
Slide 32: Reducing Risks: Make Lifestyle Changes

Time: 5 minutes

Key Learning Objective:

- List some lifestyle changes that people with diabetes often need to make to prevent the development of complications.

What are some lifestyle changes that we can make to reduce risks and prevent complications?

**Note to promoter:** Let participants share their answers for one or two minutes.

Conditions such as being overweight, smoking, and drinking alcohol can raise our risk for complications, especially if there is a history of chronic diseases (such as cardiovascular disease) in our family.

**Why are these risk factors?**

**Being overweight** if you have type 2 diabetes increases your risk for heart attacks or strokes. Losing weight may improve your glucose levels, blood pressure, and cholesterol.

**Smoking** has many negative effects on our health. Smoking:

- Causes damage to blood vessels
- Worsens bad circulation
- Increases blood pressure
- Makes controlling diabetes more difficult
- Lowers the amount of oxygen in the body
- Raises the level of cholesterol and other fats in the body
- Increases the risk of a heart attack
- Can cause damage to the kidneys and nervous system
- Can cause impotence
- Can cause frequent colds and respiratory infections
- Can cause cancer of the mouth, throat, lungs, and bladder
Excessive alcohol consumption can increase the number of ingested calories and level of fats (triglycerides) in your blood, make your blood pressure go up, and cause heart failure.

Recommendations for consuming alcohol:

- For men, no more than 2 drinks/day
- For women, no more than 1 drink/day
- 1 drink = a 12 oz. beer or 4 oz. of wine
- Avoid mixed drinks that contain juices or sweetened drinks

Note to promoter: If you went into detail about how diabetes can affect the different parts of the body such as eyes, kidneys, and mouth during Lesson 1 (Slide 7), you can use the following information to explain how to prevent damage to these parts of the body now.

In Lesson 1 of this charla, we discussed how diabetes can cause long-term damage to your eyes and vision, nervous system, kidneys, and mouth and oral health. How can we prevent these complications and maintain the health of each of these body systems?

How can I protect my vision and eye health if I have diabetes?

1. Keep your glucose level low.
2. Check your blood pressure.
3. Get an eye exam at least once a year.
4. Let your doctor know if you have blurred vision or see spots.

How can I avoid damage to the nervous system if I have diabetes?

You can keep a healthy nervous system if you manage your glucose levels, exercise regularly, avoid smoking, care for your feet daily, and see your health care provider regularly.

How can I keep my kidneys healthy if I have diabetes?

To avoid kidney problems, you must do the following:

- Control your blood glucose level.
- Check your blood pressure.
- Get a urine test at least once a year.
- Follow a nutrition plan prepared by your doctor.
- Discuss with your doctor any symptoms of bladder or kidney infection such as cloudiness in urine, blood in urine, pain or burning sensation when urinating, frequent and urgent need to urinate, back pain, chills, or fever.

How can I care for my oral health if I have diabetes?

In order to protect yourself from gum infections, you must do the following:

- Control your blood glucose level.
- Brush and floss your teeth twice a day.
- Visit your dentist twice a year.
Slide 33: Healthy Coping: Dealing with Stress and Emotions

Time: 5 minutes

Key Learning Objectives:

- Explain why it is important to manage stress and emotions when you have diabetes.
- Learn how to cope with stress and emotions effectively while living with diabetes.

How do you feel about living with diabetes?

- Angry
- Sad
- Guilty
- Scared
- Surprised
- Depressed
- Frustrated
- In control

It is important to remember that stressful emotions can affect the glucose level in our blood.

Why does this happen?

1. It might happen because people who are stressed out often do not take care of themselves adequately. For example, they stop physical activity or forget to do it, or they do not have time to measure their glucose levels or plan their meals.
2. Another reason is that hormones generated by stress can directly alter the glucose levels in blood.

How can we deal with stress and emotions effectively?

Note to promoter: Let participants share their opinions for one or two minutes.
Some options are:

- Do a physical activity (walking, gardening, dancing).
- Practice breathing exercises (yoga or deep breathing).
- Think positively (turn negative thoughts into positive ones; for example, “living with diabetes is difficult, but if I’m careful I can keep it under control”).
- Search for solutions to problems.
- Seek the company of family, friends, or neighbors.

Remember to avoid unhealthy ways of dealing with stress, such as drinking alcohol and smoking. We will talk more about these unhealthy practices next.
Slide 34: Healthy Coping: Make an Action Plan

**Time:** 5 minutes

**Key Learning Objective:**
- Establish an action plan to manage your diabetes.

**Ask**

Now that you have received this information about steps to take care of yourself, what is your plan?

**Note to promoter:** Let participants share their opinions for one or two minutes.

**Say**

For your plan to be effective, follow these guidelines:
- Set goals that you can achieve, and reach your objectives in small steps.
- You can start with a five- to 10-minute walk, three times a week.
- Eat servings based on the plate method for diabetes.
- Remember to substitute servings of carbohydrates so you don’t go over the recommended number of servings per meal.
- Make changes that you can maintain for the rest of your life.
- Turn to your family, friends, or neighbors when you feel sad or just need to talk.
- Reward yourself when you meet your goals.
- Learn to manage setbacks.
- Be reasonable with yourself.

**Note to promoter:** Have participants work in teams of two to fill out the “My Action Plan” worksheet on the final page of the Patient Binder.
Conclusion

**Time:** 5 minutes

**Key Learning Objectives:**

- Diabetes is a chronic disease which, if left untreated, can cause severe complications in your body.
- Encourage participants to take control of their own care and keep track of the essential levels for diabetes control.

**Congratulations!** We have learned a lot over the four lessons of this charla. We have learned the seven important self-care behaviors to practice every day for taking care of our diabetes.

**What are these self-care behaviors again?**

**Note to promoter:** Give participants a few minutes to answer.

Now, it is time to put all of this knowledge into action. Share the action plan you created with your health care provider to make sure it's right for you. Your health care provider might have extra suggestions that can help you.

Post your action plan in a place where you can see it every day in your house, and make sure your family members understand it too and are prepared to help.

Remember to use your Patient Binder materials to help you problem-solve about the situations that can come up when you have diabetes: what to eat, how much to exercise, what to know about your medications, what your blood glucose levels should be, what to eat during the holidays, what to do when you get sick, and how to deal with episodes of hypoglycemia and hyperglycemia.

Now you are armed with the knowledge of how to deal with each of these situations so you can successfully manage your diabetes and stay as healthy as possible.

Remember, when we have diabetes, we need to actively take care of our health every day. Keeping track of our blood sugar level is the key to knowing when there is a problem that we must address or when we need to adjust our diet, exercise level, or other areas of life. You can always ask your health care professional for advice if you have a question or problem that you don't know the answer to. Try to put the seven self-care behaviors into practice every day so that you can lead a long and healthy life with diabetes. You can do it!