Participants will have a better understanding of:

- The physiology and types of DM;
- The ABC’s of diabetes (goals for A1C, blood pressure and cholesterol) and prevention of complications;
- The importance of self blood glucose monitoring;
- The different medications available to treat DM;
- The basics for healthy eating;
- The recommended food portions and healthiest choices within each food group; and
- Recommendations for being physically active

Workshop Outline

100. What is Diabetes and why is it so common in South Asian community?
101. Complications Review
102. Control your Diabetes (goals for A1C, blood pressure and cholesterol)
103. Self Blood Glucose Monitoring
104. Medications
105. Hypoglycemia
106. Diet for Diabetes
107. Regular Meals
108. Balance
109. Portion Control
110. What about Alcohol?
111. Meal Planning
112. Benefits of being Physically Active
113. Goal Setting / Homework (Food Intake + Blood Sugar Records)
114. Questions?

Handouts
LMC Guide to Staying on Track (translated)
LMC Diabetes Medication (translated)
LMC Hypoglycemia Survival Guide (translated)
LMC Diabetes Survival Guide (translated)
CDA Just the Basics (Punjabi)
LMC Carbohydrate Containing Food Guide
PEN: Glycemic Index (Punjabi)
LMC Suggested Modifications to reduce Glycemic Index
PEN: Healthy Carbohydrates for Diabetes (Punjabi)
CDA South Asian Sample Menu for the Northern Culture
CDA Sugars & Sweeteners
LMC Exercise & Diabetes Guide
DEC Workshop Evaluation

Materials Needed
Folders
Pens
Whiteboard or Flipchart
Measuring cups
Food models (all food groups - use South Asian foods)
Portion Plate
**Introduction (3 min)**
- Briefly introduce yourself
- Be sure that participants are in the correct workshop
- Find out what they are expecting to gain from the session
- Briefly outline what they can expect to gain from the workshop

**Q. Survey the class:**
- How many people here are newly diagnosed with Diabetes?
- How many people have had diabetes for a while?

---

**What is Diabetes?**

**Q. Does everyone understand what Diabetes is?**
*Use information from participants to formulate an explanation. Many of the patients may not know what diabetes is.*

Type 2 Diabetes happens when your body cannot make enough insulin or does not use the insulin it makes properly. Insulin is a hormone produced by the pancreas. Many of the foods we eat turn into sugar to give us energy. It is the job of insulin to pick up the sugar in our blood and bring it into our cells.

**Q. What are the different types of Diabetes?**

Type 1 Diabetes: 10% of people with diabetes
Occurs in mostly in young people. Blood sugars increase because the body stops producing insulin. Insulin injections are needed to survive.

Type 2 Diabetes: 90% of people with diabetes. There are 2 problems that cause a high blood sugar. One problem is that the body produces less insulin than normal. The other problem is that the body does not absorb the insulin well and therefore the blood sugars stay high. *(you could draw a picture on the wipe board to help explain it)*

Gestational – occurs during pregnancy.

**Q. How do you feel about being diagnosed with Diabetes?**
*Gather feelings and attitudes from the class. Hopefully you will get some insight into any myths that exist. Many of the patients may have negative beliefs and attitudes about diabetes (ex: think they are doomed to die or think this may affect their ability to find a partner and feel that diabetes carries a big stigma).*

*Reinforce that Diabetes is a very common disease and they should not feel ashamed for having it and ensure them that they can still lead a normal, healthy, long life with proper management.*

**Q. What causes Diabetes?**

There is no single cause of type 2 diabetes but there are factors that put people at a greater risk. What are they? *(Write on whiteboard and discuss)*
- Age >40 *(however South Asians can be diagnosed in their 20s and 30s)*
• Being overweight (small percentage of people will be lean – more genetics). South Asians carry more fat around their bellies, which can lead to insulin resistance. Also, South Asian body is more resistant when exposed to high calorie western diet and low levels of exercise.
• Family history (very strong)
• Gestational diabetes (diabetes in pregnancy) or baby >9 lbs
• Ethnicity (South Asian, East Asian, Native Indian, Caribbean, African, Hispanic)

Q. How common do you feel Diabetes is in the South Asian population?
* Try to draw out their feelings on how prevalent diabetes among South Asians. (ex: Do they have family members or friends with Diabetes? Do they notice that Diabetes affecting more people in their community?) Facts to cover include:
  • South Asians are 3 - 5 x more likely to develop Type 2 Diabetes. 12-15% of South Asians in Canada have Diabetes compared to 3 - 5% of white people.

Q. Do you notice that more South Asians tend to develop Diabetes when they move to Canada from out West?
* Try to draw out their opinions on this (ex: Were they diagnosed soon after moving here? Why do they think moving out West brings on Diabetes? Did their diet or exercise change?) Facts to cover include:
  • Changes in Diet: more calories & refined carbs (white flour) & fat. Less complex carbs (whole wheat flour) & less fibre.
  • Reduced physical activity: use cars & buses more, desk jobs, watching TV
  • Stress: increased stress due to moving to new country (language barrier, difficult finding a job, family may have become separated when moved to Canada)
  • These diet, physical activity, & stress changes lead to obesity and insulin resistance thus leading to Diabetes

Q. Did anyone experience any of the symptoms of high blood sugars? What are they? (Use diagram from before to explain symptoms)

• Thirst
• Frequent urination
• Tired
• Unexplained weight loss
• Blurry vision

Do you think people with a fasting blood sugar of 7.0 would feel symptoms of high blood sugars? Many people would not feel any symptoms - that is why it is important to get regular check ups by your doctor even if you feel okay. Please tell your family and friends to get their fasting blood sugar checked by their doctor every 3 years after the age of 40. Some of your family members and friends may have diabetes and not know it.

Why is it so important to control your Diabetes?
Because we can prevent complications – that’s why we care about our numbers!

► Demo: use BS wands to demonstrate difference in a normal bs (<7) and high bs (>10).
Q. Does anyone know what parts of our bodies are affected by high blood sugars?

► Use poster to illustrate.
  - Eyes & Kidney
  - Heart
  - Neuropathy: fingers & toes and stomach digestion
  - Your Sexual Health (Sexual Dysfunction - men & women)

Control Matters!
  - All of these complications are serious and that is why you need to always take good care of your health and control your blood sugar. We can reduce our risk of complications by 50 - 75% by good blood sugar control.
  - Do not feel ashamed of having to seek medical help to look after your diabetes as it is not a sign of weakness. Diabetes is something that you will have for life and you will always need to follow a healthy lifestyle and see your doctor. It is not something that you can ignore and it will go away. You are in control of your own fate and can prevent complications.

Q. So what can YOU, as patients with diabetes, do to help prevent complications?

102 Control your Diabetes

The message is the same across all of the complications! Control the risk factors! Maintain normal blood sugar, BP and lipid control! Empower patients to be aware of their lab values and record them when they visit their MD.

► Bring attention to LMC Guide to Staying on Track (translated) hand-out.

Important not to overwhelm patients – explain that this is just a guide for them to use WITH their doctors.

Discuss the ABC’s of Diabetes: A1C, BP, Cholesterol

- Reinforce that being overweight or "chubby" is not healthy and increases their risk for diabetes and complications. Joke around that it is important not to show love to your family members by fattening them up
- Discuss that BMI should be ≤ 23 (as WHO defines overweight as BMI > 23) in South Asians
- Discuss that waist circumference should be ≤ 90 cm for men & ≤ 80 cm for women in South Asian population. Have patients make these corrections on Staying on Track hand-out.
- Reinforce that sometimes these targets are difficult to meet and decreasing your waist circumference and/or losing 5-10% of your current weight can help you better control your diabetes.

103 Self Blood Glucose Monitoring

Q. Is everybody testing their blood sugars?
Why do we test?
- Even though you may feel fine, it is still important to test your blood sugars because the more you test the better blood sugar control you will get.
- Testing helps you to understand the effect of food, exercise, medication, and illness on your blood sugar.
- These results enable you to make choices!! And take action!!! by making changes to your food, exercise and medication.
- Knowing and acting help to prevent and or reduce the risk of long term complications caused by high blood sugars.
- Help your health care team recommend adjustments to your medications.

What are your targets? RECORD on whiteboard.
- Target for most patients:
  - FPG/preprandial: 4-7 mmol/L
  - 2 hour postprandial: 5-10 mmol/L (5-8 mmol/L if A1C is not within target).

How often should I test?
- BG monitoring is an essential part of daily diabetes management for all people using insulin or oral medications to control their diabetes.
- Intensive Insulin Therapy: Minimum 3 – 4 x/day – before each meal and bedtime.
- Oral Agents or diet: individualized (could be 2x/day at variable times at least 3x/week), should include pre & post, more frequent testing is recommended if not achieving targets.

Q. Does anyone know what you can learn from testing at different times?
- You are looking for patterns; patterns are consistent trends in BG that occur at the same time of day for at least 2 consecutive days.
- In order to ensure accuracy of BG meter readings, meter results should be compared with laboratory measurement of simultaneous venous FPG at least once a year.

What can affect accuracy of blood sugar readings?
- Insufficient amount of blood on the test strips
- Test strips expired or exposed to extreme temperature
- Meter is old, dirty or exposed to extreme temperatures
- Incorrect calibration of meter to lot of strips being used
- Need new batteries

Recommendations:
- ALWAYS - record in log book will help recognize trends
- Dispose of sharps in "sharps" container – dispose at pharmacy
- Change lancet EVERY TIME

Smart Testing involves ‘using your numbers’ – don’t just write them down. If your numbers are in target – excellent. If they are out of range, ask yourself WHY?

►Demo: There are FOUR factors that influence our blood sugars. Draw 2 vertical arrows on flip chart, one pointing up and one pointing down.

Q. What are the 4 factors that influence our blood sugars?
Increase blood sugars = Carbs & Stress (Physical and/or Mental)
Decrease blood sugars = Medications & Physical Activity
- Circle CARBS – explain that RD will help them with a meal plan in next half of class
- Circle Physical Activity – explain that RD will also discuss.
• Circle STRESS – explain how any sort of stress can increase our blood sugars (i.e. sickness, death in family, stress/overload at work)
• Circle MEDICATIONS

Q. Who is taking medications to help control their DM?
► Bring attention to LMC Diabetes Medications handout. Use feedback from participants to review all pertinent medications.

104 Diabetes Medications

Many different types of medications, people can be treated with diet and exercise, a single pill, a combination of pills, pills with insulin or just insulin alone. It is very common that people with diabetes need medication to manage their blood sugars and you should not feel embarrassed about taking medication. It is important to follow your doctor’s orders about when and how to take your medication as missing doses can greatly increase your blood sugars. Also, although medication is more expensive here in Canada, it is important not to buy foreign medications as the strength of the medication is often different and the medication may come combined with other medication your doctor is not familiar with.

Some pills target our pancreas to help release more insulin – ex: Glyburide, Diamicron, Amaryl, Repliginide (can cause a low blood sugar)

Others pills target our liver to decrease the release of sugar– ex: Metformin (can cause diarrhea)

Others make our body more sensitive to insulin – ex: Avandia & Actos (can cause weight gain), Metformin

Others make your body produce more insulin after eating and slow down your digestion - ex: Januvia (can cause weight loss)

105 Hypoglycemia

Q. Has anyone ever experienced a low blood sugar? Usually, people would have to be on a medication to CAUSE their blood sugars to go to low (either a sulfonylurea or insulin).

Q. What is considered a low blood sugar? <4.0 mmol/L

Review Signs & Symptoms

• When BS< 4.0 you may feel tired, confused, hungry, weak, sweaty, light headed, shaky, you may feel your heart rate is increased or you could feel a numb sensation is your tongue or lips.

• If you are experiencing any of these symptoms you need to check your BS, and treat the hypoglycemia.

• This can be treated with ¾ a glass of juice or regular pop. You may also dilute sugar in water or eat some hard candy like lifesaver (6). If you are currently taking one of the sulfonylurea’s or are on insulin, you need to carry some form of sugar with you at all times!
• Once you have treated the hypoglycemia, wait 15 minutes and then recheck your BS, if it is still low-treat again. If your next meal is more then 1 hour away or you are going to be active have a snack. A good snack will be one that contains 15 grams of carbohydrate and a protein source. ie: cheese and crackers or a half a peanut butter sandwich.

**106 Diet for Diabetes**

Healthy eating for diabetes IS healthy eating! Just because you have been diagnosed with diabetes or pre-diabetes, it’s not a reason to have to eat much differently than the rest of your family. A few small changes are often enough to make your diet more healthy and the whole family with benefit from eating healthier foods.

**Q. There are 3 MAIN RULES FOR HEALTHY EATING WITH DIABETES. What are they?**

Record on flip chart as participants say them:
1) Regular Meals
2) Balance
3) Portion Control

**107 Regular Meals**

**Q. What do you think I mean by eating Regular Meals?**
• Eating regular meals means eating 3 meals/day spaced no more than 6 hours apart.
• **Why?** Skipped or delayed meals can cause low blood sugars (if you are on certain diabetes meds) or higher blood sugars (sugar is released by your liver in effort to protect you).
• As well, skipping meals often leads to eating more later in the day. Has anyone ever heard of triangular eating?
• ► **Draw a triangle on the board/flipchart,** demonstrate how most of us eat next to nothing for breakfast and then, as the day progresses we eat more and more with MOST of our calories ingested at the end of the day when we are less active.
• ► **Now, draw a rectangle on the board/flipchart.** The goal would be to spread your food out over the day so that your body can receive a consistent source of fuel, or gas, throughout the day.

**Q. What are your barriers to eating regularly?**
• Late dinner - many south asians eat dinner at 8 or 9pm (if lunch is at 12noon, this is too long with no food)
• Family schedule - feel the obligation to eat at same time as rest of family - do not want to burden the family
• Hectic/busy jobs - not enough time to eat or eating at irregular times

**Q. What would be some solutions to these barriers?**
• Have a healthy snack around 4 or 5pm if you are going to have a late dinner (apple, almonds, yogurt, crackers - should be < 150 calories and low in fat & sugar)
• Encourage your family to also adopt a healthy lifestyle and eat at regular times
• Eat small snacks throughout the day at work (fruit and almonds or cheese and crackers)
• Pack a lunch and bring to work
**Balance**

- It is important to get a good balance in your diet so you get all the needed vitamins, minerals, and main nutrients.

**Q. Do you know what the 4 food groups are?**
- Write responses on the board
  - 1) Fruits & Vegetables
  - 2) Dairy Products
  - 3) Meat and Alternatives
  - 4) Grains & Starches

**Q. What nutrients do you get out of each food group?**
- 1) Fruits/vegetables - fibre, vitamin C, antioxidants
- 2) Dairy - calcium for bones
- 3) Meat & Alternatives - have class list some vegetarian alternatives - tofu, legumes, nuts, eggs - provide protein & iron - this is one that is often low among vegetarians, but is very important
- 4) Grains & Starches - provide energy and fibre

- Aim for 3 out of 4 of the food groups on your plate (including a protein) at each meal.
- **Why?** provides proper vitamins and minerals and the protein helps balance your blood sugar.
- Have the class create a breakfast with 3/4 food groups in it including protein choice

1. **What is a carbohydrate?**
- Carbohydrates turn into glucose (sugar) in your blood when eaten
- Carbohydrates provide energy for our cells to work, including the cells in our muscles and brains
- Unfortunately, when you have diabetes your body isn’t able utilize the sugar, leaving your blood sugar high.
- Unfortunately the South Asian diet is quite high in carbohydrates, but we will find a way to still keep them in your diet and also control your blood sugar.

**Q. What foods contain carbohydrate?**
- Grains (rice, naan, roti, chapati, idly)
- Starches (potato)
- Legumes (lentils, chickpeas)- also count as protein foods
- Fruit & Juice
- Milk & Yogurt
- Sugar and "Sweets" - desserts

One thing we know is that even though all carbohydrates convert into sugar, they are not all the same. We know that they all raise our blood sugar, however, we all know that some carbs are healthier choices than others.

**For example, what happens to your blood sugar after you eat a whole wheat roti vs a white flour roti?** Use feedback from the participants to lead you into a discussion about how whole grains and un-processed foods are better for your blood sugar.
- Draw a high/short curve on the board showing how high and fast white flour would raise your blood sugar and then draw a low/long curve showing how slowly whole wheat flour raises your blood sugar
- Eating unprocessed/high fibre foods are also good at weight control because they keep you full for longer and they help lower your cholesterol
Q. What are some examples of high fibre/unprocessed foods you eat?
- Rice: brown rice, red rice
- Roti/Chappati/Naan: use the following flours: whole wheat, besan, ragi, samai, anf juwar. Also try adding ground flax seeds to dough
- Idly/Dosa/Puttu: try using red rice
- Enjoy legumes often in dishes such as: dahl, channa, sambar etc
- Potatoes: sweet potatoes, yams, new white vs russet
- Fruit: whole fruit with the skin on if possible vs juice
So, just because you have diabetes doesn't mean that you cannot have carbs, it means that you need to control the type and the amount of carbs that you consume.

Educator Notes:
Basan: chickpea flour
Juwar: barley flour
Ragi (Kaurakkan): millet flour

2. What is a protein?
- Protein's main function is to build, maintain and repair all your body's tissue, such as muscles, organs, skin and hair.
- Many people (especially vegetarians) don't get enough protein. To help control your blood sugar and keep your muscles strong, it is important to have protein with each meal
- Protein does not raise blood sugars unless eaten in excess, however too much protein can lead to obesity and heart disease.

Q. What foods contain protein?
- Legumes, cheese (paneer), Meat, Fish, Chicken, Nuts, Tofu, eggs

- Here are some tips to add low fat protein choices into your meals:
  - Choose legumes (dahl, channa)
  - Choose low fat cheese or replace paneer with tofu
  - Aim for low fat meats (loin), take skin off chicken, eat fatty fish (salmon, tuna)
  - Eat nuts (whole or in nut butter form - peanut butter)
  - Add soybeans to curries (use green soy beans instead of peas)

3. What about fat?
- Fat is a nutrient that is essential for normal body function.
- Unfortunately, we often consume far more fat than necessary, which can lead to elevated cholesterol and obesity -- two factors that increase heart disease risk.
- The problem is that fat makes food taste GOOD and that is why a lot of foods we like are high in fat, but don't worry, I'll give you some suggestions on how to cook foods that are low in fat and still taste good!

Q. What are some high fat foods or dishes you enjoy?
- Some examples include: creamy curries (makhani), buttery curries made with ghee (butter chicken), samosas, pakoras, paneer, paratha, oily curries, pappadums, coconut milk dishes

Q. How can we make these foods with less fat or healthier fat? Do you have any tips?
- Use olive or canola oil vs. butter/ghee
- Use low fat yogurt vs whole milk and cream to make creamy sauces
o limit the amount of oil used in food - use a non-stick pan
o avoid added fats (have a dry chappati vs oily parathas)
o limit fried foods to special occasions only
o replace high fat desserts/sweets with fruit

4. What about vegetables?
   ▪ Emphasize that ALL vegetables are a healthy part of your diet: they are low in calories and carbohydrates and help balance your blood sugar
   ▪ Emphasize dark leafy green vegetables
   ▪ Encourage traditional vegetables: okra, bitter melon, eggplant

109  Portion Control
   ▪ Emphasize that healthy eating doesn’t necessarily mean always measuring, weighing and counting.
   ▪ You can start with the Zimbabwe Hand Jive:
     o Everyone hold your fist out in front of you: THIS is the maximum amount of grains & starches that you should have at each meal (rice, potatoes etc). If rotis or chappatis are your carb source 2 portions at 6 inches each would be okay (6 inches is close to the length from the tip of your fingers to your wrist).
     o Hold up your fist again: this is how big of a fruit portion to have - whether it is an orange or a pile of berries (one exception is a banana and mango - limit to 1/2 the fruit)- 3 fruit spread throughout the day is okay.
     o Everyone hold your open hand in front of you and look at your palm (minus your fingers): THIS is the recommended amount of protein that you should have at each meal (fish, chicken etc). If you’re vegetarian - choose a pile of legumes the size of your fist.
     o Everyone hold out your two hands, palms up: THIS is the amount of vegetables that you should be striving for at each meal.
     o Look at the tip of your thumb from the knuckle up: this is the amount of oil or butter to have at each meal. If you are cooking for 4 people, there should only be 4 thumbs worth of oil in the curry.
   ▪ Now show the plate method tool:
     o ¼ plate should be your grain or starch serving - remember to pick 1 starch/grain per meal - if you are having a rice, don’t eat a potato curry.
     o ¼ of your plate should be your protein serving
     o ½ of your plate should be your vegetable serving
     o **highlight the size of the plate!!!
   ▪ Highlight the inside of the CDA Just the Basics handout to show people the Hand Jive & Plate method

110  What about alcohol?
   Q. Does anyone drink alcohol here or want to learn more about safe alcohol intake with diabetes? (If no one is interested, just quickly skim over this section – we don’t want to dwell on alcohol too much).
   ▪ Provide Alcohol and Diabetes CDA hand-out
Q. What have you been told about alcohol and diabetes?

Main points:
- Generally no need to avoid alcohol just b/c you have diabetes.
- Consider the following before adding alcohol into your diet:
  - Is my diabetes under control?
  - Am I free from health problems that alcohol can worsen?
  - Do I know how to prevent and treat a low blood sugar?
  - Do I know if I’m on a medication that alcohol should not be consumed with (Ask pharmacist or Dr)?
- If no to any of these questions, you should speak to a CDE or doctor before drinking alcohol.

General Rules:
- Moderation (2 drinks / day for adult men and 1/day for adult women)
- Limit intake of sugary drinks
- Drink with a meal or snack

If on insulin or OHA’s:
- Avoid alcohol induced low blood sugar – always have a carb snack with drink and keep a high sugar item to treat low blood sugar handy.
- Drink slowly and mix alcohol with low sugar mixes (diet pop, diet koolaid, club soda).
- Check your blood sugar before going to bed and possibly set your alarm and check in the middle of the night (low blood sugars can occur up to 14 hours later).

111 Meal Planning

Let’s put all this new knowledge about serving sizes about balanced meals into practice. As a group lets come up with some meal ideas that are balanced according to the plate method.

Breakfast:
Likely the breakfast ideas will be heavy on carbs as most people eat cereal and toast. Encourage high fibre cereals and discuss some protein ideas too.

**Use examples from CDA handout**

112 Benefits of being Physically Active

Being physically active is very important part of managing your diabetes. Just because you have diabetes, it doesn't mean that you are too sick to exercise. You can still lead a healthy, active lifestyle with diabetes.

Some people find it hard to fit physical activity into their busy schedule or find it hard to get to the gym, but there are so many benefits to being active that it would be a shame not to be active. Exercise can be as simple as a walk around the block with a friend or walking to the grocery store.

Q. What are the benefits of being physically active? Have class provide some examples.
- Use whiteboard or flipchart to record responses
  - Better blood sugar control
  - Reduced risk of cardiovascular disease or stoke:
- Improved cholesterol
- Reduced blood pressure
- Improved and reduced risk of developing osteoarthritis
- Reduced risk of cancer
- Sleep better at night
- Increased feeling of energy
- Maintain a healthier weight

## 112 | Exercise Safe

- **Talk to your doctor prior to starting exercise**
  - An exercise ECG stress test is recommended for previously sedentary individuals with diabetes who plan to do more than brisk walking.

- **Measure your blood glucose!**
  - Measure blood glucose before, during and post exercise to see how exercise affects your blood glucose. Your blood glucose can decrease up to 24 hours after your activity if you are using insulin or sulfonylurea medication.

- **Always carry your ID, Medic Alert bracelet, and some form of simple carbs in case of an emergency or hypoglycemic event.**

- **Drink water**
  - before, during and after exercise to keep hydrated.
  - Remember, if your blood glucose is poorly controlled, you are at increased risk for dehydration so drink up!

- **Check your feet and wear proper shoes to prevent foot ulcers.**

## 112 | Types of Activity

**Q. Can anyone tell me the various types of activity?**

- **Use whiteboard or flipchart to record responses**
- **Types of activity:**
  1. **Cardiovascular:**
     - Exercise that uses your major muscle groups to increase your heart rate.
     - Examples: walking, hiking, biking
     - CDA recommends 150 minutes/week spread out though the week. That could be a 30 min walk 5 x week. Or 15 min in morning and 15 min in evening 5 x week = 150 min.

  2. **Resistance:**
     - Exercise that you are working against a resistance which could be your body weight, water or 5 lb weights. There are lots of exercises you can do at home - you don't need to drive to a gym!
     - Examples: you can do band exercises or gravity resistance exercises (squats, wall pushups) at home or use weights at the gym
     - CDA recommends all people with diabetes perform weight resistance training 3x/week, 1-3 sets of 10-15 reps
• Initial instruction & supervision is recommended.

3. Stretching:
   • Exercise that will improve your range of motion.
     o Reduced risk of injury
     o Improved muscle balance
     o Stress reliever
   • Examples: stretches, yoga

113 Smart Goal Setting

- Provide goal sheets to class.
  Have the class write down one goal. It should be something that they learned in the class and it should be specific and attainable. "I'm going to eat 1/2 plate veggies at dinner every night" not just "I'm going to eat healthier"

114 Questions?

Ask participants to fill out evaluation forms, and encourage them to book further 1:1 counseling with the nurse or dietitian. Remind them to bring a translator with them. Patients will be responsible for booking RD/RN appointment with front desk staff.

Final Notes:

- Diabetes does not go away – it gets harder to handle as you age!
- EMPOWER YOURSELF -- it's up to you to take charge of your diabetes and your diabetes care. Don't let it take charge of you.
- CONTROL MATTERS -- your blood sugar values do matter, do your best to keep them in target. This will help prevent the complications associated with diabetes.