

Diabetes 101



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Image¹

DC 12/4/2020

Session Overview: DIABETES 101

Say: Thank you for agreeing to meet with me today. If it's okay with you, I'd like to spend a few minutes sharing with you some information about diabetes that I hope you will find helpful. If at any time you have questions, please stop me and I'll do my best to answer them. Ready to get started?

DIABETES 101

Today's Topics:

- ✓ Myths and Facts about Diabetes
- ✓ Glucose & Insulin
- ✓ What is Diabetes?
- ✓ Type 1 vs. Type 2 Diabetes
- ✓ Risk Factors for Diabetes
- ✓ Hypoglycemia & Hyperglycemia
- ✓ Taking Care of Your Diabetes Every day
- ✓ Monitoring Your Diabetes
- ✓ Know Your Numbers

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MYTH OR FACT?

Say: Before we get started, I thought it would be fun for us to play a little game. I'm going to read a sentence about diabetes, and I want you to decide if this is a MYTH or FACT; in other words, TRUE OR FALSE.

Statement #1: You can catch diabetes from someone else.¹

ANSWER: MYTH! Although we don't know exactly why some people develop diabetes, we know diabetes is not contagious. It can't be caught like a cold or flu.

Statement #2: Diabetes is caused by eating too many sweets¹.

ANSWER: MYTH! Type 2 diabetes is caused by a combination of genetics and lifestyle factors. Although a diet high in sugar and calories can lead to weight gain, there is no direct link between sweets/desserts and developing diabetes.

Statement #3: You can have "just a touch" or "a little diabetes."²

ANSWER: MYTH! There is no such thing as having "just a touch" or "a little diabetes." Some people may be diagnosed with pre-diabetes or told they are "borderline" but everyone who has diabetes runs the risk of serious complications.

Statement #4: Having the flu doesn't affect someone with diabetes any more than it would affect someone that doesn't have diabetes.

ANSWER: MYTH! People with diabetes are more likely to have complications from getting the flu, including being hospitalized. That is why it is very important for people with diabetes to get flu shots each year.

Statement #5: With proper treatment, diabetes can be cured.

ANSWER: MYTH! Neither type 1 or type 2 diabetes can be cured. However, with proper management, individuals with type 2 diabetes can control their condition and greatly reduce their risk for complications.

Say: Don't worry, some of those questions were really tricky, and many people answer them incorrectly. This is why they continue to be myths! Let's move on, and I'll share with you some other information that you might find interesting.

MYTH OR FACT?

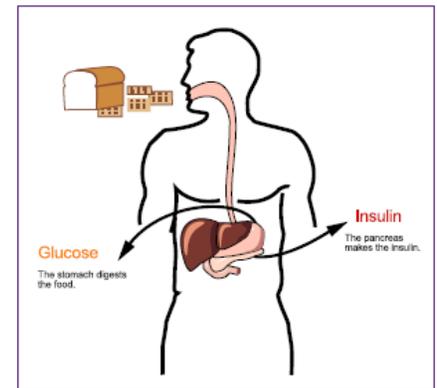


Let's Play!

Glucose & Insulin

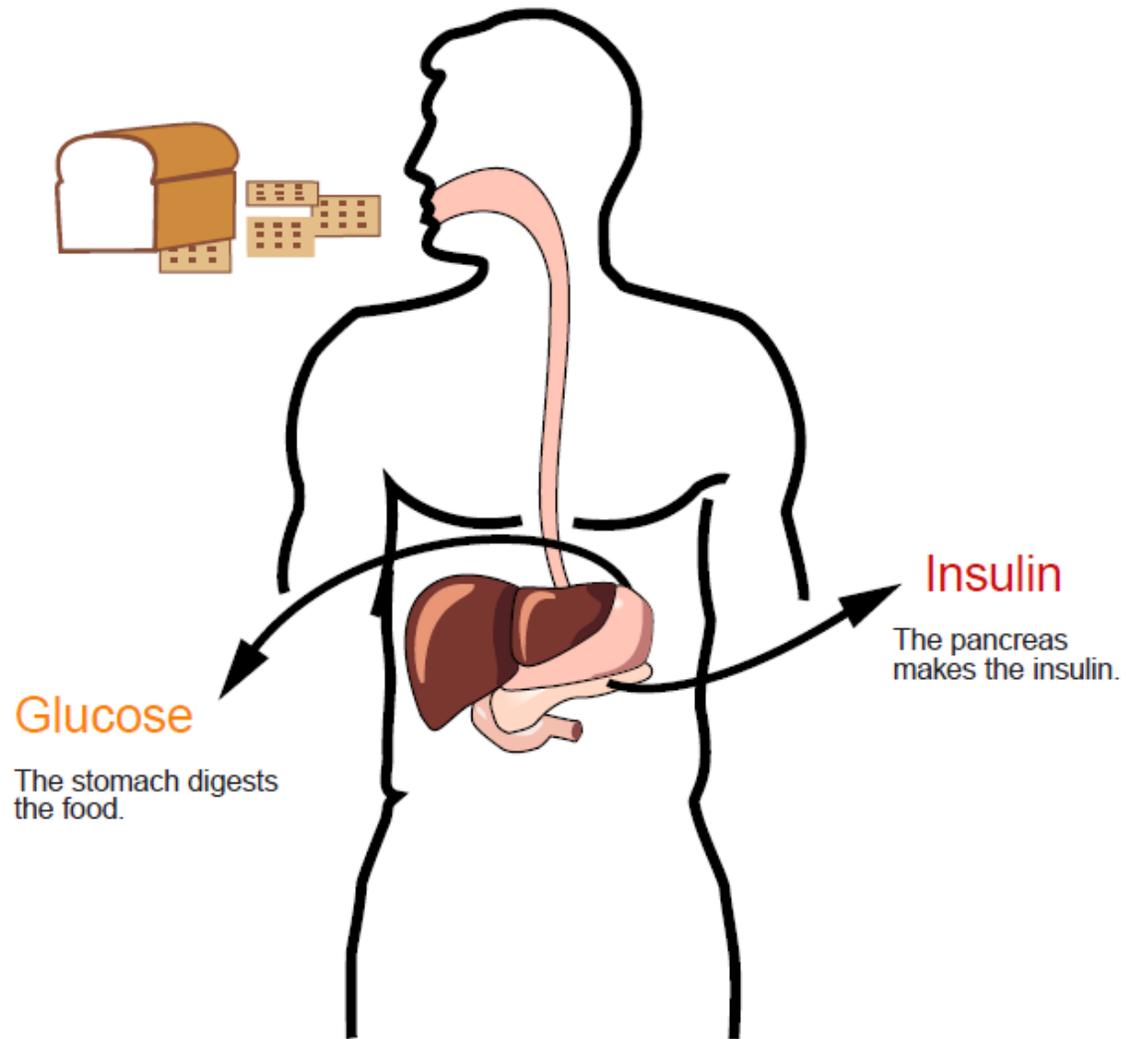
Say: In the healthy body, the food we eat goes to the stomach where it is digested. The food is broken down into glucose. Blood glucose is also called blood sugar.

The blood takes the glucose to the cells of your body, where it is turned into the energy needed for daily life. However, glucose cannot enter the cells alone. Insulin, a hormone made in the pancreas, helps glucose enter the cells.³



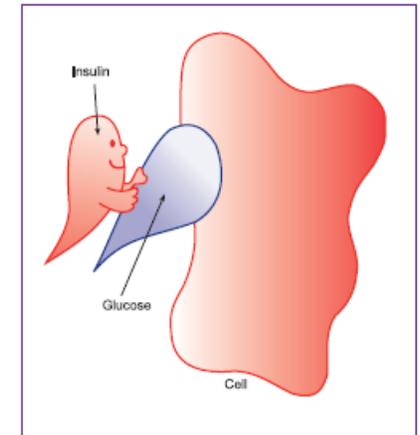
Image³

Glucose & Insulin



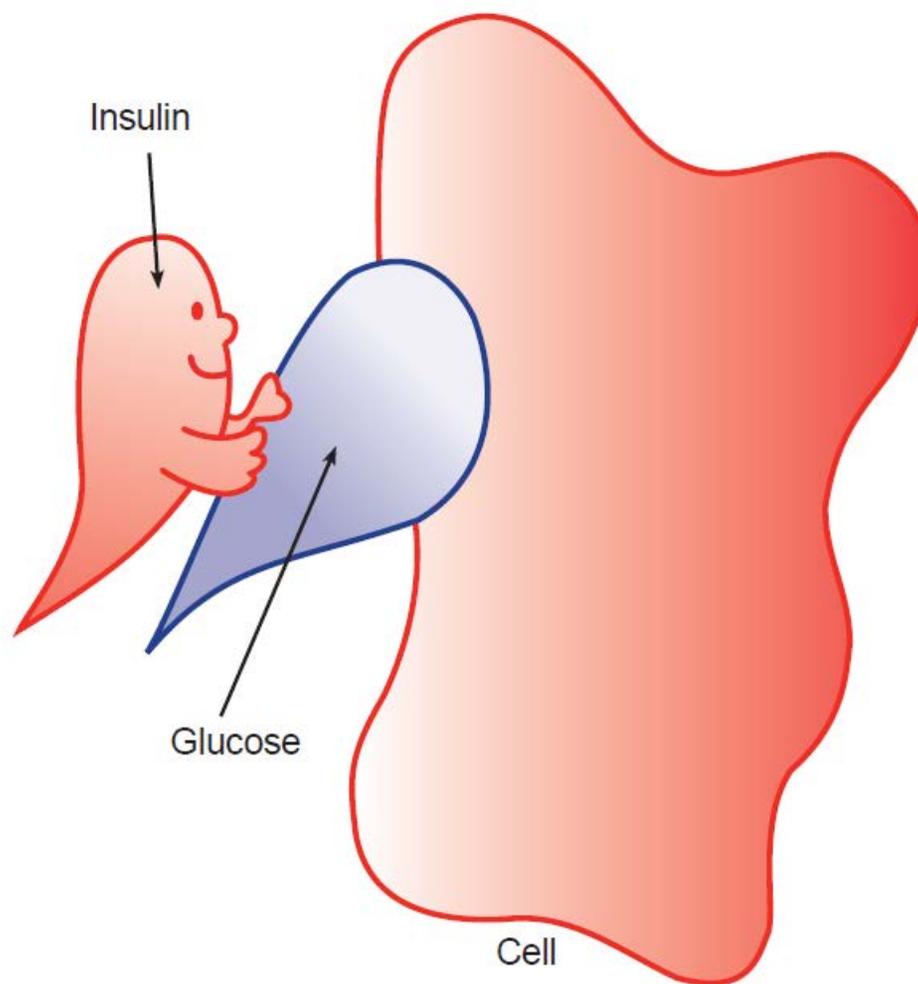
What is Diabetes?

Say: Diabetes happens when the body does not produce enough insulin, or when the cells cannot use the insulin well. This means that glucose cannot enter the cells and builds up in the blood. People who have high levels of glucose in their blood have diabetes. ³



Image³

What is Diabetes?



Type 1 vs. Type 2 Diabetes

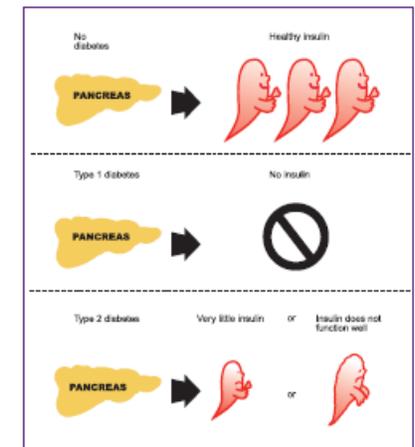
Say: When a person does not have diabetes, the pancreas produces a healthy amount of insulin, which the body can use. There are two main types of diabetes:

Type 1 diabetes:

- Happens when the pancreas no longer produces insulin.
- Requires an insulin pump or shots every day.
- Is usually found in children, adolescents, or young adults.
- Affects about 5 to 10 percent of those with diabetes.

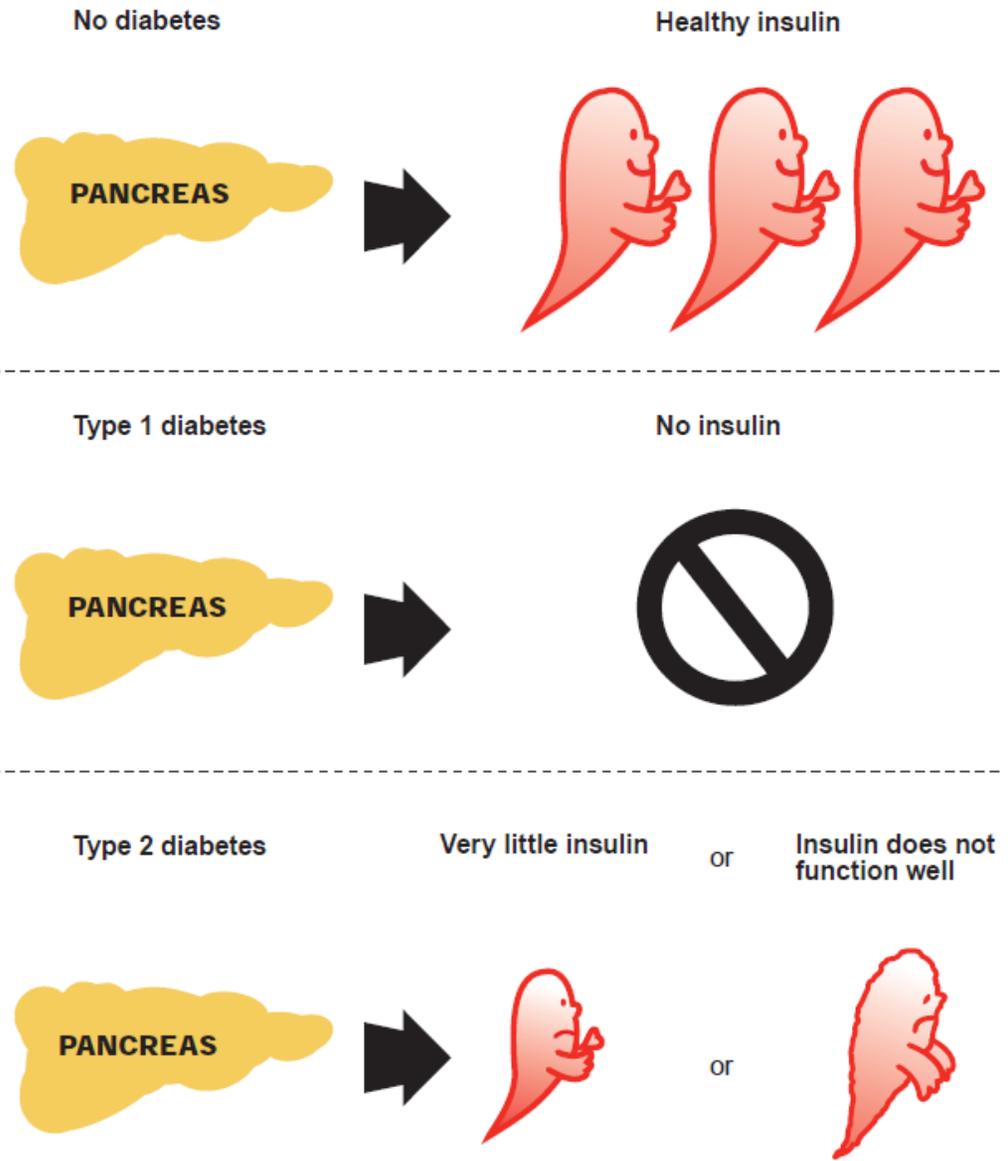
Type 2 diabetes:

- Happens when some insulin is produced, but the body cannot use it well.
- Happens more often in people who are overweight and physically inactive.
- Is usually treated with pills or, sometimes, insulin shots.
- Can occur at any age, but it is more common after age 40.
- Is common among African Americans.
- Is rising among children, especially if they are overweight and African American.
- Affects 90 to 95 percent of people with diabetes. ³



Image³

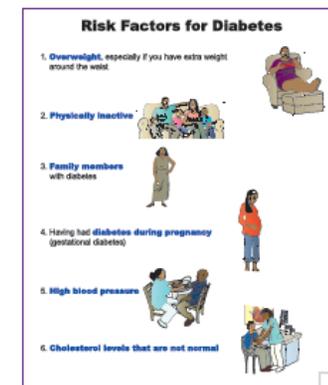
Type 1 vs. Type 2 Diabetes



Risk Factors of Diabetes

Say: Your risk of getting diabetes increases if you:

- Are overweight—especially if you have extra weight around the waist. Nearly 8 out of 10 African American women are overweight or obese.
- Are physically active fewer than three times a week.
- Have a parent, brother, or sister with diabetes.
- Are African American, Latino, American Indian, Asian American, or Pacific Islander.
- Have had gestational diabetes or have given birth to a baby weighing more than 9 pounds. African American women are more likely to have had gestational diabetes than are white women.
- Have blood pressure that is 140/90 mmHg or higher or have been diagnosed with high blood pressure.
- Have cholesterol levels that are not normal:
 - ✓ HDL (high-density lipoprotein) cholesterol (“good” cholesterol) is 35 mg/ dL or lower.
 - ✓ Triglyceride level is 250 mg/dL or higher.³



Image³

Risk Factors of Diabetes

1. **Overweight**, especially if you have extra weight around the waist



2. **Physically inactive**



3. **Family members** with diabetes



4. Have had **diabetes during pregnancy** (gestational diabetes)



5. **High blood pressure**



6. **Cholesterol levels that are not normal**



Hyperglycemia & Hypoglycemia

Say: In people with diabetes, we know that blood glucose levels go up and down throughout the day and night. But you can learn how to make sure your blood glucose levels stay on target—not too high and not too low.

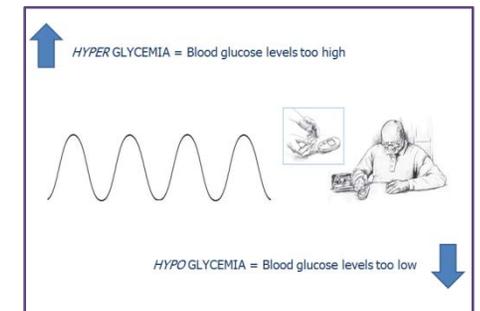
High blood glucose levels, called **hyperglycemia**, over time can result in heart disease and other health problems. If you're very thirsty and tired, have blurry vision, and have to go to the bathroom often, your blood glucose may be too high. Your blood glucose levels can go too high if:

- you eat more than usual
- you're not physically active
- you miss taking your diabetes medication(s)
- you're sick or under stress
- you exercise when your blood glucose level is already high

Low blood glucose levels, called **hypoglycemia**, can make you feel shaky, weak, confused, or can make you pass out. An easy way to remember the names *hyper-* and *hypo-*glycemia, HYPO rhymes with LOW. Your blood glucose levels can go too low if:

- you eat less than usual
- you miss a meal or snack or eat later than usual
- you're more active than usual
- you drink alcoholic beverages on an empty stomach

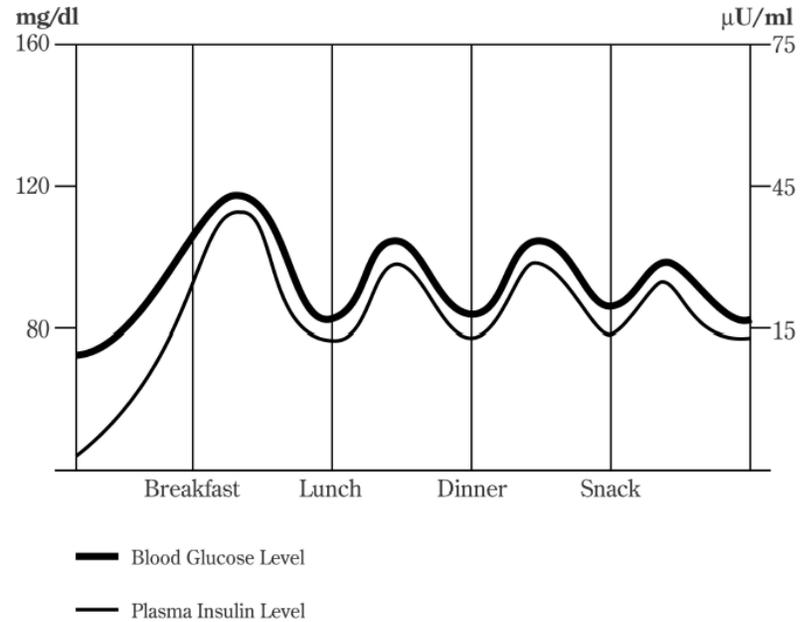
If you have these symptoms, you should check your blood glucose. If it is below 70, you should have one of the following right away: 3-4 glucose tablets, ½ cup fruit juice, ½ regular soda (not diet), or several pieces of candy. Check blood sugar after 15 minutes, and repeat if needed until blood glucose is 70 or higher. Some diabetes medicines can also lower your blood glucose too much. Ask your doctor whether your diabetes medicines can cause low blood glucose.⁴



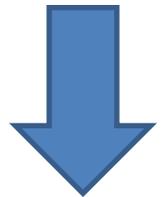
Image¹



HYPER GLYCEMIA = Blood glucose levels too high



HYPO GLYCEMIA = Blood glucose levels too low

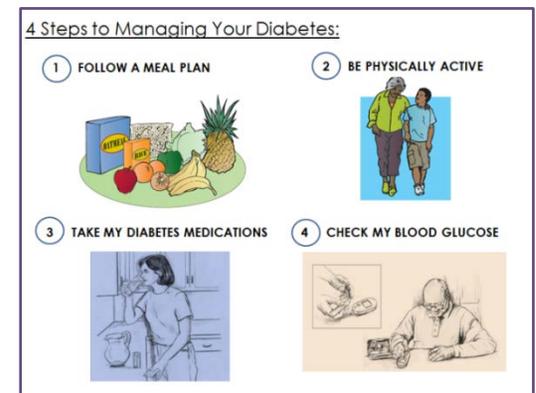


Taking Care of Your Diabetes Every Day

Say: There are four things that you can do every day to help manage your diabetes:

- Follow a meal plan.
- Be physically active.
- Take your diabetes medicines.
- Check your blood glucose.

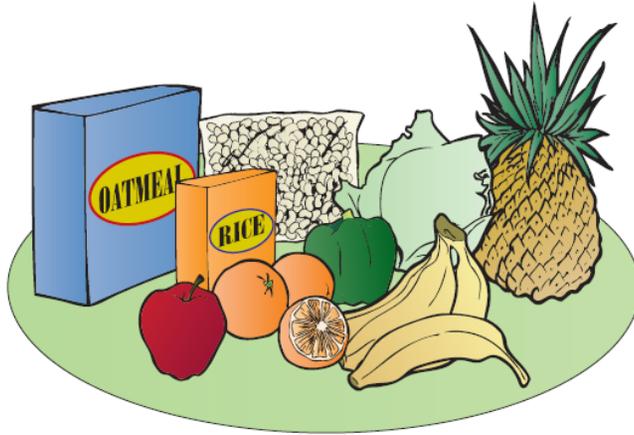
Most people with diabetes should try to keep their blood glucose level as close as possible to the level of someone who doesn't have diabetes. The closer to normal your blood glucose is, the lower your chances are of developing serious health problems over time.⁵ We will talk about some of the potential complications of diabetes at another time.



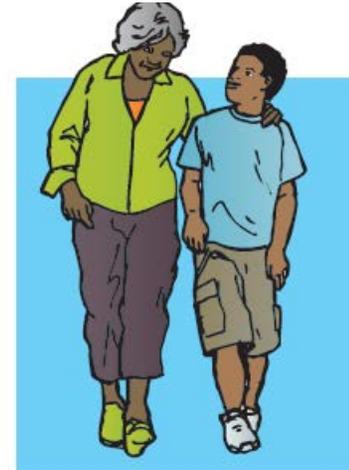
Image^{3,4}

4 Steps to Managing Your Blood Sugar:

1 FOLLOW A MEAL PLAN



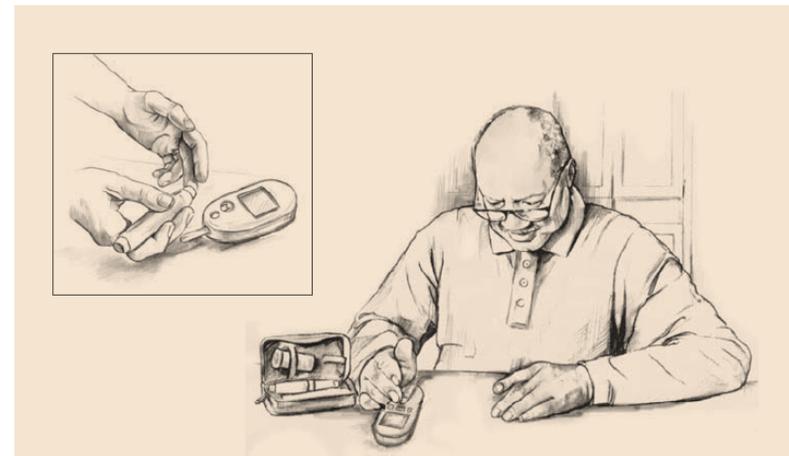
2 BE PHYSICALLY ACTIVE



3 TAKE MY DIABETES MEDICATIONS



4 CHECK MY BLOOD GLUCOSE



Monitoring Your Diabetes

Say: Monitoring your blood glucose provides the important information you need to make adjustments to medications (by your physician), your meals, and your activity levels. There are two main ways to measure your blood glucose, one is done at home by you, and the other is done at your doctor's office.

Ask: Do you monitor your blood glucose at home? If so, when and how often?

Say: (based on answers to above) Checking your blood glucose at various times of the day gives a better picture of control than just testing in the morning, but you should consult your physician to come up with a plan that works best for you. Remember that if you feel the symptoms of low blood glucose (prompt - "what was that called again?"), you should check your blood glucose right away. If you don't have one already, I can provide you with a log to keep track of the blood glucose checks you do at home [provide Supplemental Handout - "Blood Sugar Log"]

Say: The other way to measure your blood glucose is at your doctor's office with a very important test called **Hemoglobin A1c** (or A1c for short). Because red blood cells (where the glucose attaches to the hemoglobin in your blood) live for about 120 days, this test measures the average of your daily blood sugar for the previous 2-3 months. Unlike the type of test you do at home, A1c results are not affected much by what you did the day before or the day of the test. Again, A1c is your blood glucose average for the last 3-4 months.⁶

Ask: Do you know what your most recent A1c is?

Review: Table on flipchart facing participant

Target Levels		
	People Without Diabetes	People with Diabetes
Blood glucose (plasma)		
Before meals	80-125 mg/dl	90-130 mg/dl
After meals	80-130 mg/dl	Less than 180 mg/dl
A1C	Less than 6%	Less than 7%

Image⁵

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Monitoring Your Diabetes

Target Levels

	People Without Diabetes	People with Diabetes
Blood glucose (plasma)		
Before meals	80–125 mg/dl	90–130 mg/dl
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A1C	Less than 6%	Less than 7%

Know Your Numbers

Say: There are 3 key numbers that you should always be aware of when trying to better manage your diabetes and to lower your risk of heart attack and stroke. An easy way to remember these 3 important numbers are to remember your ABCs:

A: A1c (prompt: remind me, what was A1c again? If participant unsure, reinforce earlier info)

B: Blood pressure

C: Cholesterol

S: Smoking⁷

Review: Goals & Timeline table on participant flipchart

Ask: Do you remember your last A1c? Blood pressure? Cholesterol?

Give: Supplemental Handout, "Control the ABCs of Diabetes"

[*CHW FOOTNOTE: These goals are general guidelines so you should encourage participants to speak with their physician about creating an individualized care plan]

Know Your ABCs		
	GOALS	How Often
A A1C Test	< 7% *	Every 3 - 6 months
B Blood Pressure	140 / 90 *	Every doctor's visit and at home if needed
C Cholesterol	Cholesterol: under 200 mg/dL Triglyceride: 150 mg/dL or lower HDL: 40 mg/dL or higher LDL: under 100 mg/dL	At least once per year
S Smoking	QUIT SMOKING!	

Know Your ABCs

A
A1C Test



GOALS:

< 7% *

How Often:

Every 3 - 6 months

B
Blood Pressure



140 / 90 *

Every doctor's visit
and at home if
needed

C
Cholesterol



Cholesterol: under 200 mg/dL
Triglyceride: 150 mg/dL or lower
HDL: 40 mg/dL or higher
LDL: under 100 mg/dL

At least once
per year

S
Smoking



QUIT SMOKING !

Session Review:

Say: Great! That's all the information I have for today. Just to review, we talked about the following topics today:

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- ✓ Glucose & Insulin
- ✓ What is Diabetes?
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- ✓ Know Your Numbers

Say: Remind me, what are the ABCs again? [Re-review if participant can't recall]

Say: Do you have any other questions about the information we went over? Were there things you learned or didn't know before today? Were there things I didn't talk about that you'd like to discuss at a future visit?

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IMAGES:

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