

# The Road to Health

Blaze Your Own Trail to Healthy Living.



**National Diabetes Education Program**

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

*Learn How to Help People Who Are at Risk for Type 2 Diabetes  
in Your American Indian Community:  
A Flipchart for Community Health Representatives.*

### **Acknowledgements:**

Florida State Health Department, formerly known as the Florida Diabetes Prevention and Control Program, and its tribal group partners

Indian Health Service and its volunteer community health representatives

CDC's Native Diabetes Wellness Program team lead, Dawn L. Satterfield, RN, PhD, and staff

NDEP's American Indian/Alaska Native, African American, and Hispanic Latino Stakeholder Group

### **Road to Health (RTH) Adaptation Group Members (Disclaimer: Some names were omitted as requested by members who preferred to remain anonymous.)**

Isabel Valentin-Oquendo, MS, RD, LD/N, *IVO Nutrition Counseling, LLC*

Pamela Aguilar, Data Network Corporation Contractor, Indian Health Services business analyst/CHR PCC Trainer, Community Health Representative Program

Charlene Avery, MD Indian Health Service

Paul M. Baker, Senior Director for Programs, National Alliance for Hispanic Health

Janet O. Brown-Friday, RN, MSN, MPH, Clinical Trials Manager, Diabetes Clinical Trials Unit, Albert Einstein College of Medicine

Kelly Concho-Hayes, MEd Associate Director - High Risk and Health Disparities Department, American Diabetes Association American Indian & Alaska Native Initiative

Elissa Caston, New Mexico Department of Health, NM Diabetes Prevention and Control Program

Ramona Dillard, CHR/CHWD Director

Cyndi Gilks, Muscogee Creek Nation CHR Program Director and OAACHR President, Creek Nation CHR Office

JoAnn N. Lehner, RN Director/Nurse Educator, SDPI Competitive Diabetes Prevention Grant, Indian Health Service Pine Ridge

Heather Levi, Project Director, Indian Health Network Association of American Indian Physicians

Cathy Stueckemann, JD, MPA, Public Health Advisor/National CHR Director, Community Health Representative Program, Indian Health Service Headquarters

Roanna Stump, CHR Program Manager, Shoshone-Bannock Tribal Health & Human Services Department

Cheryl Willis, Community Health Representative Chickasaw Nation Sulphur Area Office

### **Volunteer Community Health Representatives (CHRs)**

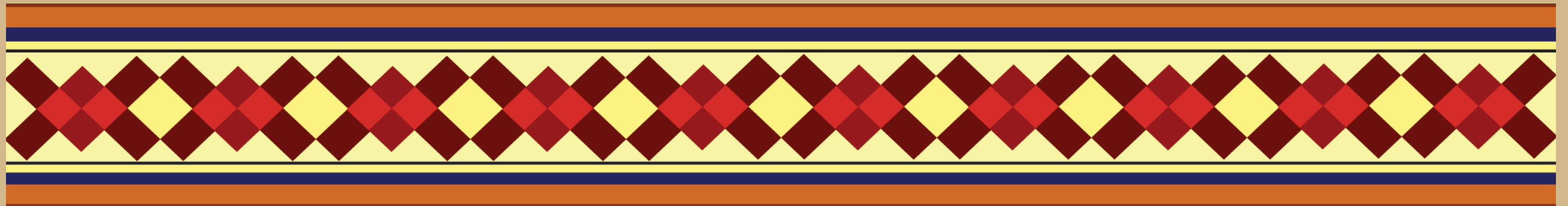
Debra Isham, MPH CHR/EMS Coordinator, Oklahoma City Area Indian Health Service

Andreanna Ponce, LPN Community Health Services Director, Kickapoo Tribe of Oklahoma

Dean Ahdokobo, Kiowa Tribe of Oklahoma

Nicole White Wolf, Cheyenne River Sioux Tribe's CHR Director, CRST CHR Program

Ayita's picture is courtesy of Melinda R. Frank, MPH, LT, USPHS CC, Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Native Diabetes Wellness Program



# Instructions for Community Health Representatives

## How to Use the Flipchart

### Background

In 2012, members of the tribal groups in Florida and South Georgia requested help from the National Diabetes Education Program (NDEP) to adapt the Road to Health (RTH) Toolkit flipchart for their local communities. The Florida State Health Department<sup>1</sup> worked with these representatives to spearhead the development of an initial version of the flipchart. Community health representatives (CHRs) from Indian Health Services; members of the NDEP American Indian and Alaska Native (American Indian), African American, and Hispano/Latino Stakeholder Group; the Road to Health Adaptation Group; and the Centers for Disease Control and Prevention Native Diabetes Wellness Program worked with the NDEP to develop this version of the flipchart.

The Road to Health – Blaze Your Own Trail to Healthy Living flipchart was culturally adapted for American Indian people who are at risk for type 2 diabetes and incorporates the key messages from the existing African American and Hispanic/Latino versions.

This flipchart is a teaching tool for community health representatives, as well as other community health leaders. Its purpose is as follows:

- The flipchart was designed to teach people at risk for type 2 diabetes prevent or delay the disease by helping them become more active, make healthier food choices, and lose weight or maintain a healthy weight.
- This healthy way of life is based on recommendations from the Diabetes Prevention Program (DPP)—a large study of people at risk for developing type 2 diabetes. One hundred seventy-two American Indians participated in the DPP, helping to confirm that type 2 diabetes can be prevented or delayed in American Indian populations. Type 2 diabetes does not have to be your destiny. The DPP study recommended that people at high risk for type 2 diabetes do the following:

- Lose 5 to 7 percent of their weight if they are overweight—that’s 10 to 14 pounds for a 200-pound person.
- Lose this weight and maintain the weight loss by making healthy food choices – by eating a variety of vegetables, fruits, whole grains, low-fat dairy, and lean proteins and reducing the number of calories they eat per day.
- Get at least 30 minutes of moderate-intensity physical activity five days a week. This could be brisk walking, yard work, actively playing with children, and dancing.

The goal of this flipchart is to help you share the three basic messages from the DPP study with people who are most at risk of developing type 2 diabetes. You probably have met many people who are at risk for type 2 diabetes. You can do several things to help them.

- Be a good listener.
- Become a better resource by learning more about the services available in your community.
- Encourage them to make every effort to prevent or delay the disease.

**DISCLAIMER:** Talk to your participants about the importance of starting slowly with a new meal or physical activity plan. Encourage them to talk first with their doctor or other health care professionals before starting anything new.

1) Formerly known as the Florida Diabetes Prevention and Control Program

# Using the Flipchart

Before talking to your American Indian community members about preventing type 2 diabetes, you may want to acknowledge historical trauma in American Indian populations and the significant grief experienced by American Indians from losing their language, culture, pride, and other values from generation to generation. Before you mention diabetes, you can ask your participants about what can they do today to recognize their grief.

To open the dialog, you may consider saying:

- I know that dealing with past grief is the key to being healthy and preventing illness today.
- Grief robs us of energy. It robs us of hope. It robs us of reasons to be healthy and happy.
- People have reported asking themselves, “Why bother?” That was grief talking. Grief was a “sad and defeated me”, sitting on my shoulder saying, “You know what’s going to happen. This will not work. It will end in failure. It will end in tragedy.”

Discuss with them that small steps to joy can come through dealing with and overcoming grief; this is the first step in getting fit. There are many ways Native people have dealt with grief – prayer, ceremonies, talking to spiritual advisors, and getting support from loved ones. The first step is to realize that almost every Native person carries multi-generational grief with him or her.

To make better use of the flipchart, consider the following:

Each page in the flipchart has two sides. The side with the page number on it faces the person or group you are talking to; the other side faces you. Each page features facts to teach, a link to the story of a sister and brother, Ayita and Logan White Horse, and “guiding questions.” Ask these questions to help your audience talk about what they know, how confident they feel about making changes, and their challenges and successes. These questions encourage people to apply the concepts you are teaching and to set short term goals. Ideally, people need to make changes in their own way rather than be told how to change by others. Feel free to add your own questions. You, too, may be at risk for diabetes or have family members who have been affected by diabetes. If it seems relevant, you may want to share your own efforts to prevent diabetes as you listen to participants express their efforts and concerns.

We recommend that you divide your discussions into lessons. For example, you could teach three broad topics such as preventing type 2 diabetes, making healthier food choices, and adding physical activity to a daily routine. People are not likely to make lifelong changes in food choices, healthy cooking with commodity foods, and physical activity on the basis of one session with you. The flipchart is meant to be used over several sessions. We have given you a choice of options so you can pick what works best for you and your audience. You can be flexible about the teaching time too. The central messages are: to prevent type 2 diabetes, to lose weight by eating less fat and smaller portions, and to become more physically active.

## Flipchart Topics

### **Part 1: Type 2 diabetes is preventable and losing some weight can help**

The flipchart, along with the story of The Road to Health, begins by describing a healthy future without type 2 diabetes. It also explains the disease and its risk factors and describes how the disease can be prevented or delayed.

Page 1: Preventing type 2 diabetes—meeting Ayita and Logan.

Page 2: Diabetes affects various body organs.

Page 3: Type 2 diabetes risk factors and how the disease can be prevented.

### **Part 2: Making healthy food choices. This section teaches participants about food and nutrition basics.**

Page 4: Reading labels.

Page 5: Finding hidden fats.

Page 6: Learning about fast food “value” meals.

Page 7: Using the “traffic light method” to label foods.

Page 8: Understanding proper portion sizes.

Page 9: Cooking with commodity foods.

### **Part 3: Increase physical activity. This section teaches participants about the benefits of physical activity, problem solving, and rewards for a healthier lifestyle.**

This section teaches participants about the benefits of physical activity, problem solving, and rewards for a healthier lifestyle.

Page 10: Moving more.

Page 11: Barriers and excuses.

Page 12: Rewards of a healthier lifestyle—setting goals.

Page 13: Summary of key points.

## How you choose to deliver these messages is up to you.

We have a few suggestions.

- Don't try to teach too much at one time.
- Be positive and supportive about efforts to promote health of individuals and their families.
- Thank them for time to talk together.
- Cover the materials over several sessions to allow people to think about what they have learned and to practice skills.
- Don't try to solve people's problems for them, but help them learn how to name their barriers and overcome them. Leave time to discuss the guiding questions in the "Ask and Discuss" sections. If you are short on time, cover one area well, including discussion, instead of rushing to cover everything. You can always set up additional times to meet.

## Flipchart Description

- The Flipchart uses storytelling as a technique. It describes how a brother and sister with diabetes in their family have followed their road to health to help them prevent type 2 diabetes.
- Each participant page depicts part of the story and shows a photograph of the speaker.
- The center of each page refers to the topic being taught (e.g., nutrition or physical activity), which is illustrated with photos or images.
- The lower part of the page depicts a health message that will be reinforced at the end of the session.
- This Flipchart can be used with small groups or individual people. You can either discuss all of the topics or limit the discussion, depending on the available time.

## Presenting the Flipchart

1. What should I do before using the flipchart?

- Read everything in the flipchart ahead of time, so you won't have to search for information when you are leading a discussion.

2. What should I do during the teaching sessions?

- Start the first session by asking your participants if they have any family or friends with diabetes, or if their doctor has told them that they have prediabetes. These questions will get people talking about the topic and give you a better idea of your group's health needs. Many people have had experiences with diabetes, but they don't know how to talk about their experiences or they might be shy. Participants' examples will liven up your session.

- While presenting the flipchart, regularly ask if anyone has questions.
- Use the discussion questions to engage your participants. Refer to the Ask and Discuss section in this Flipchart.
- You can distribute copies of the NDEP Food and Activity Tracker (available for download at [www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/game-plans/small-steps/Documents/GP\\_FoodActTracker.pdf](http://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/game-plans/small-steps/Documents/GP_FoodActTracker.pdf)). This tool can help your participants keep track of their goals for daily physical activity and food intake, especially their intake of fats and calories.
- You can distribute copies of the NDEP American Indian Fat and Calorie Counter (available for ordering or download at [www.cdc.gov/diabetes/ndep/pdfs/89-aian-fat-calorie-counter.pdf](http://www.cdc.gov/diabetes/ndep/pdfs/89-aian-fat-calorie-counter.pdf)). Use this Fat and Calorie Counter to help your participants keep track of the number of fat grams and calories in foods commonly eaten by American Indians.

3. How long will each session last?

- Each session may last 30 minutes to 1 hour. The time will depend on your participants' needs and knowledge levels.
- The Flipchart promotes a dialogue, which can extend beyond the time assigned for each topic. Limit yourself to two or three questions from the "Ask and Discuss" section, and then reinforce the session content with the message on the bottom of the participant's page. Using this flipchart as part of a "talking circle," which is a traditional way for Native American people to solve problems, may be a very effective way to remove barriers and to allow people to express themselves with complete freedom.

**Tips: In using this flipchart you do not need to read every page word for word. You can read what Ayita and Logan say, but then make the story fit your situation. You may give a little information or a lot on each page, but you do not need to cover it all in one session. Be sure to use some of the guiding questions in the Ask and Discuss section. These questions will encourage participants to think about how Ayita's and Logan's story relates to their own. The goal is to motivate your participants to come up with their own goals and solutions.**

# Two Wolves

An old Cherokee is teaching his grandson about life...

Use this story to incorporate the spiritual side of health. Read the story to participants as a way to introduce the first lesson. Ask what this story means to them when it comes to their health and diabetes.

“A fight is going on inside me,” he said to the boy. “It is a terrible fight and it is between two wolves: One is evil – he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego. The other is good – he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith.”

“This same fight is going on inside you – and inside every person.”

The grandson thought about it and then asked his grandfather,

“Which wolf will win?” The elder Cherokee simply replied, “The one you feed.”



‘Cherokee story’

Author Unknown (Possibly a Cherokee parable, and going back probably at least to the 1950’s in print.)

# Guidance on Addressing Healthy Cooking with Commodity Foods

## Use this section to complement flipchart Part 2, “Making healthy food choices,” when addressing participants who are recipients of commodity food programs.

If you are in a participant’s home, remind them that they may select from over 100 products including:

- canned fruits, vegetables, beans and other legumes, soups, and spaghetti sauce
- juices and dried fruit
- pastas, cereals, rice, and other grains
- dried beans and dehydrated potatoes
- cheese, egg mix, low-fat ultra-high temperature milk, nonfat dry milk, and evaporated milk
- peanuts and peanut butter
- frozen ground beef, beef roast, chicken, canned meats, poultry, and fish
- flour, cornmeal, bakery mix, and crackers

Note: When discussing food available to participants remember to stress making healthier food choices by preferring low fat, low sodium, and whole grain options.

## Use the following questions and tips to discuss healthier alternatives in commodity food preparation:

Does it matter whether a food is fresh, frozen or canned? No, it does not matter! The best choices are those without any added salt, fat or sugar such as fresh and plain frozen vegetables. If the vegetables and fruits are canned you can drain and rinse them to remove added salt, fat or syrup before cooking and/or serving or you can get ones with low sodium or no-salt added.

- What do sauces add to vegetables? Although sauces add flavor and texture to a dish, they also add salt, fat and calories. You can make a healthier sauce by: reducing fat or salt and by using herbs.
- There are also protein foods that do not come from animals: beans and other legumes, nuts, and seeds. The benefit from plant-based protein is that they get the protein along with healthy fats.
- Remind participants that there are a lot of salt-free spices and herbs that are a better way to bring out the flavor in foods. These are healthier than adding sugar, honey, agave or maple syrup.
- People may add sweeteners like sugar, honey, agave or maple syrup to improve the flavor of foods. Reminds participants that there are a lot of salt-free spices and herbs that are healthier ways to make food taste better.

## A Few Tips for Cooking Using Commodity Foods:

- Substitute whole milk with nonfat dry milk (reconstituted with water).
- If fresh corn is not available, use drained whole corn.
- If fresh fruits and vegetables are not available, use canned versions. Some fruits are canned in heavy or light syrup, which adds lots of empty sugar calories. Choose canned fruit packed in its own juice or in water instead.
- Rinse, drain and re-rinse fresh vegetables/fruits before adding to a recipe.
- Use dill weed, celery seed, thyme, garlic powder, granulated garlic, and other spices and herbs to enhance the flavor of dishes.
- Marinate animal proteins in lime juice, orange juice, a little oil, garlic powder, oregano, parsley, salt and pepper to add flavor and avoid adding high fat sauces.
- Substitute chocolate chips and other high sugar toppings with trail mix and raisins.
- If fresh options are not available, use canned commodity foods. When using canned food, remember to drain and rinse before adding to your recipe.



# Resources

## Community Gardens or Give Veggies Seeds

### Local Tribal Programs

In preparation for your session, you may also want to look up if there are any local tribal programs. These are some websites and resources that can assist you:

- USDA's Federally Recognized Tribal Extension Programs: <http://nifa.usda.gov/program/federally-recognized-tribes-extension-grant-program>
- Indian Country Extension Program Resources: <https://www.indiancountryextension.org/program-areas>
- Cherokee Farming and Gardening (Eastern Band of Cherokee Indians): <https://www.indiancountryextension.org/extension/program/ Cherokee-farming-and-gardening>
- Eastern Band of Cherokee Nation's Cherokee Youth Gardening Program: <http://theonefeather.com/2013/07/gardening-outside-of-the-lines/>
- Encouraging Ramah Navajo to Eat Healthy Using Traditional Foods Program: <http://www.farmentoschool.org/news-and-articles/farm-to-school-taking-root-in-indian-country>
- White Mountain Community Garden Facebook: <https://www.facebook.com/WMCommunityGarden>
- Cherokee Nation Community Garden: <http://www.cherokee.org/News/Stories/24212.aspx>
- Tohono O'odham Community and School Gardens under Project O'idag: <http://www.tocaonline.org/project-oidag.html>
- Prairie Band Potawatomi Nation's Gardening Tips: [http://www.pbpindiantribe.com/upload/pdf/DPP\\_gardening\\_program.pdf](http://www.pbpindiantribe.com/upload/pdf/DPP_gardening_program.pdf); also, check out: <http://www.pbpindiantribe.com/news.aspx?id=440>

## Master Gardener Programs:

Master Gardener programs train individuals who then volunteer in their communities by giving lectures, creating gardens, and giving advice on home gardening. Use this information to help spark interest among participants to grow their own fruits and vegetables or improve the amount and quality of vegetables they produce in their garden, or even to teach others how to do the same.

- Indian River County Master Gardener Program: <http://indian.ifas.ufl.edu/hort/MasterGardenerSite/>
- Alaska Master Gardener Online Course: <https://www.indiancountryextension.org/resource/alaska-master-gardener-online-course>
- University of Idaho Master Gardener Handbook: <http://www.extension.uidaho.edu/mg/resources/handbook/mghbook.pdf>
- Junior Master Gardener Program: <http://jmgkids.us/>
- USDA - Find a Garden in Your Area: [http://www.usda.gov/wps/portal/usdahome?navid=GARDEN\\_RT7&parentnav=PEOPLES\\_GARDEN&navtype=RT](http://www.usda.gov/wps/portal/usdahome?navid=GARDEN_RT7&parentnav=PEOPLES_GARDEN&navtype=RT)



### What resources provide viable options for obtaining healthy foods or making healthy food choices for the elderly and/or low-income families?

Most elders live at or below the poverty line. Many are homebound, because of illness or because they have no means of transportation. Facing obstacles such as these, many elders often struggle to obtain enough food to get through the month. Nutritious food and regular meals are especially important for those with diabetes. Look into local programs available in your community, such as the American Indian Relief Council (AIRC, now the Northern Plains Reservation Aid (NPRA)) Breakfast-in-a-Bag service that ensures elders age 62 and over can start each day with a healthy meal at home. [www.nrcprograms.org](http://www.nrcprograms.org)



# Small changes, big rewards

## Traditional Option

### Fry bread:

Ingredients for fry bread (16 servings):

- 1½ Teaspoons dry yeast
- 1 Pints warm water
- 2 Teaspoons salt
- 2 Teaspoons sugar
- 4 Cups flour
- 1 Tablespoons and 1 Teaspoons oil
- 5 Tablespoons and 1 Teaspoons corn meal



### Instructions:

Dissolve yeast in warm water then add salt and sugar. Let stand for 5 minutes covered with a towel. Add flour and oil to liquid mixture. Mix and put on floured bread board and knead until mixture is smooth. Put dough in a greased bowl, cover with towel and let it rise for 1 1/2 hours. Remove from bowl and put on bread board, knead in the 1/2 cornmeal. Make dough into 4 balls rolling each into 12 inch circles 1/2 inch thick. Drop into hot cooking oil. (Works best with cast iron skillet.) Fry for only a few moments. Drain on paper towel and sprinkle with white powdered sugar.

Adapted: <http://www.manataka.org/page180.html#Traditional>

## Healthier Choice to Traditional Option

### Baked Fry bread:

Ingredients for baked fry bread (12 servings):

- 3 cup white flour
- 3/4 tsp. salt
- 3 tsp. powdered milk
- 3 tsp. baking powder
- 1 1/2 cup water



### Instructions:

Preheat oven to 350 degrees Fahrenheit. Mix the dry ingredients together. Add water and mix (try not to over-mix so that they still turn out nice and fluffy). Form a ball. Divide into 4 sections and flatten out into sections that look similar to pancakes. They don't have to be perfect. It may help to sprinkle a little flour on top if they are too sticky to handle. In a 2-quart pot, boil 4 cups of water. Place the flattened sections into the boiling water for about a minute. Dough will rise to the top when done. Remove from pot and pat dry. Set the 4 sections in a greased baking sheet, using a low fat cooking spray of your choice, and bake at 350 degrees Fahrenheit for 10 minutes. Turn the oven off after 10 minutes (make sure the center of each piece is not doughy), but you can keep the bread in there until you are ready to serve dinner so they stay warm.

Adapted from: <http://busymomrecipes.com/dinner/navajo-tacos-with-baked-fry-bread/>

\* Please note that nutritional fact information will be discussed in the section "Reading labels".

# Preventing type 2 diabetes: Meeting Ayita and Logan

## Background

Ayita and Logan White Horse are sister and brother. They are from a family affected by type 2 diabetes. Their mother and oldest brother have diabetes, as do other members of their extended family. Like many American Indian people– and many other Americans –, Ayita and Logan are at risk for type 2 diabetes. Over the last 2 years, Ayita and Logan have asked their elders for advice on ways to make small changes to overcome barriers in the way they eat and to their physical activity level to help prevent type 2 diabetes from becoming their destiny. Telling Ayita and Logan’s story can help participants learn the key strategies for healthy eating and increasing physical activity.

**Tip:** Tell the story YOUR way. The Flipchart shows Ayita and Logan’s key messages, but it is up to you to add details to make the story real to your participants. Don’t be afraid to add information about how diabetes has touched your life and your community.

## Key Points

Introduce Ayita and Logan as a sister and brother. Describe their family history of diabetes.

Tell participants that this is only part of the story and that they will learn more about Ayita and Logan as they move through the Flipchart.

*You already possess everything necessary to become great – Crow*

## The Family Story

Meet sister and brother, Ayita and Logan White Horse



With better choices, we can prevent or delay type 2 diabetes.

**Logan, 32,**  
Emergency Medical Technician



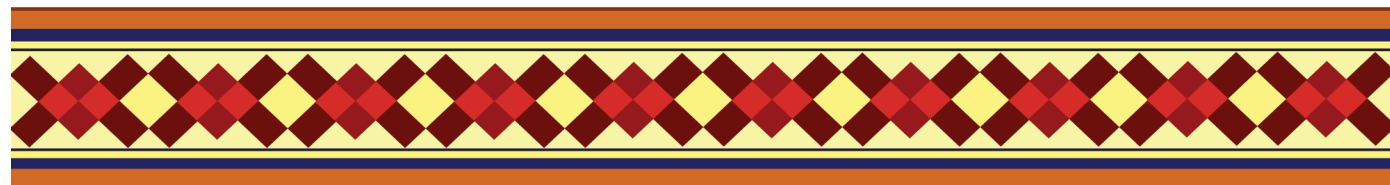
I see our future...  
a future without type 2 diabetes.

**Ayita, 28,**  
Elementary School Teacher

**Type 2 diabetes does not have to be our destiny.**

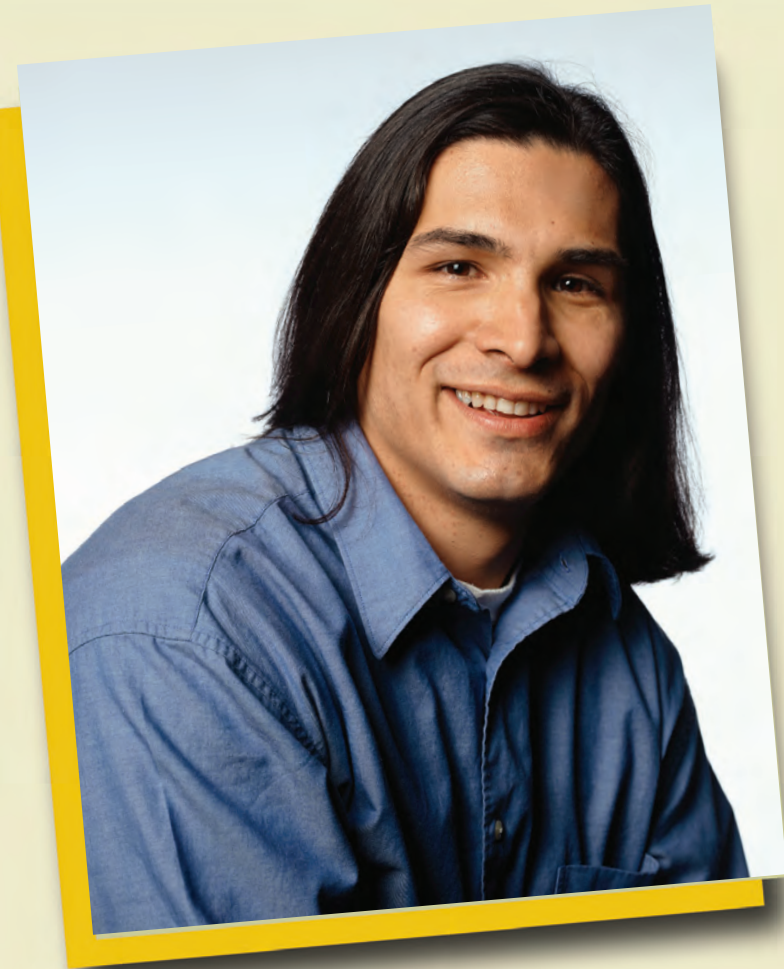
## Ask and Discuss

- **Do you think you are at risk for type 2 diabetes? (Participants will learn more about risk for type 2 diabetes later in the Flipchart.)**
- **Does anyone in your family have diabetes?**
- **How has type 2 diabetes affected you?**
- **Which activities (such as praying, participating in ceremonies, talking to spiritual advisors, and getting support from loved ones) do you engage in to help you in your journey to prevent type 2 diabetes?**



# The Family Story

Meet sister and brother, Ayita and Logan White Horse



With better choices, we can prevent or delay type 2 diabetes.

**Logan, 32,**  
**Emergency Medical Technician**



I see our future...  
a future without type 2 diabetes.

**Ayita, 28,**  
**Elementary School Teacher**

**Type 2 diabetes does not have to be our destiny.**

# Diabetes affects various body organs

## Background

Having diabetes means that your blood sugar, or glucose, is too high. Glucose comes from the food that you eat and is also made in your liver and muscles. Your blood always has some glucose in it because your body needs glucose for energy. But too much glucose in the blood isn't good for your health. An organ called the pancreas controls the amount of glucose in your blood. The pancreas makes insulin, which helps glucose get from food into your cells. Cells take the glucose and make it into energy your body needs for life. In a person with diabetes, either the pancreas does not make enough insulin or the cells don't use insulin very well. So glucose builds up in the blood and can't get into your cells. Your blood glucose gets too high and then damages your body.

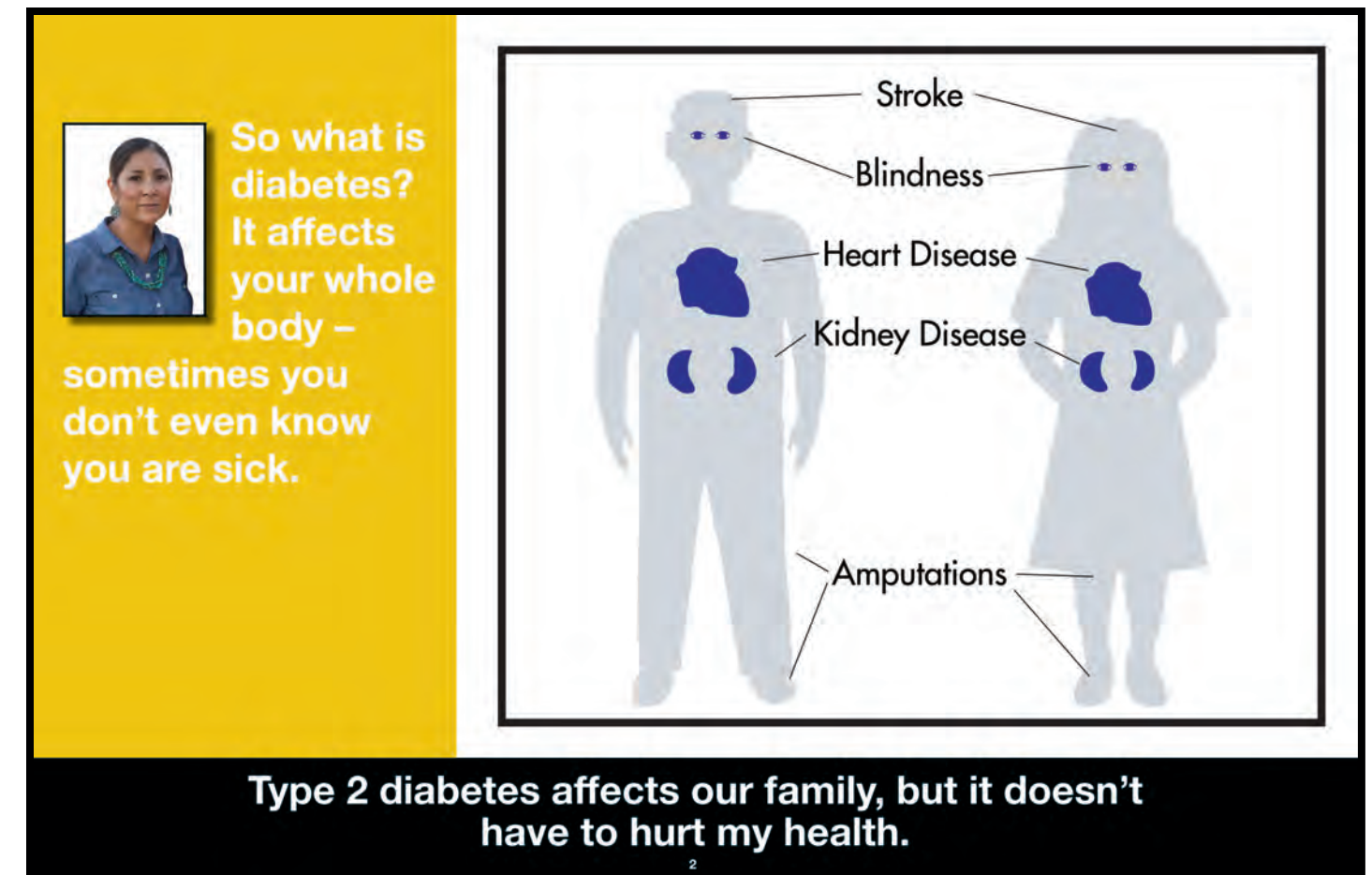
*Adapted from the National Diabetes Education Program: Tip Sheets for Kids with Type 2 Diabetes*

## Key Points

How does diabetes affect your health? Take a glass of Honey Drink that sits out overnight. As the water evaporates, it leaves a coating of sugar on the inside of the glass. Imagine that coating building up on the insides of your blood vessels or coating your nerves. This is not literally what happens to blood vessels and nerves in people with diabetes, but it is an image that helps people understand the damage diabetes can cause. Diabetes can damage any part of your body if your blood sugar level is high most of the time.

Diabetes is a serious disease. It increases your chance of blindness, heart disease, stroke, kidney failure, and amputations. But you can protect yourself by making some simple changes. Studies show that people at high risk for type 2 diabetes could prevent or delay it by doing the following:

- Lose 5 to 7 percent of their weight, if they are overweight—that's 10 to 14 pounds for a 200 pound person.
- Lose and maintain the weight loss by making healthy food choices – by eating a variety of vegetables, fruits, whole grains, low-fat dairy, and lean proteins and reducing the number of calories.
- Get at least 30 minutes of moderate-intensity physical activity five days a week. This could be brisk walking, yard work, and actively playing with children (for example, riding bicycles or dancing).



The infographic features a yellow background on the left with a photo of a woman and text. On the right, a white background shows silhouettes of a man and a woman with blue icons representing internal organs and labels for complications: Stroke, Blindness, Heart Disease, Kidney Disease, and Amputations. A black banner at the bottom contains a quote.

**So what is diabetes? It affects your whole body – sometimes you don't even know you are sick.**

**Type 2 diabetes affects our family, but it doesn't have to hurt my health.**

## Ask and Discuss

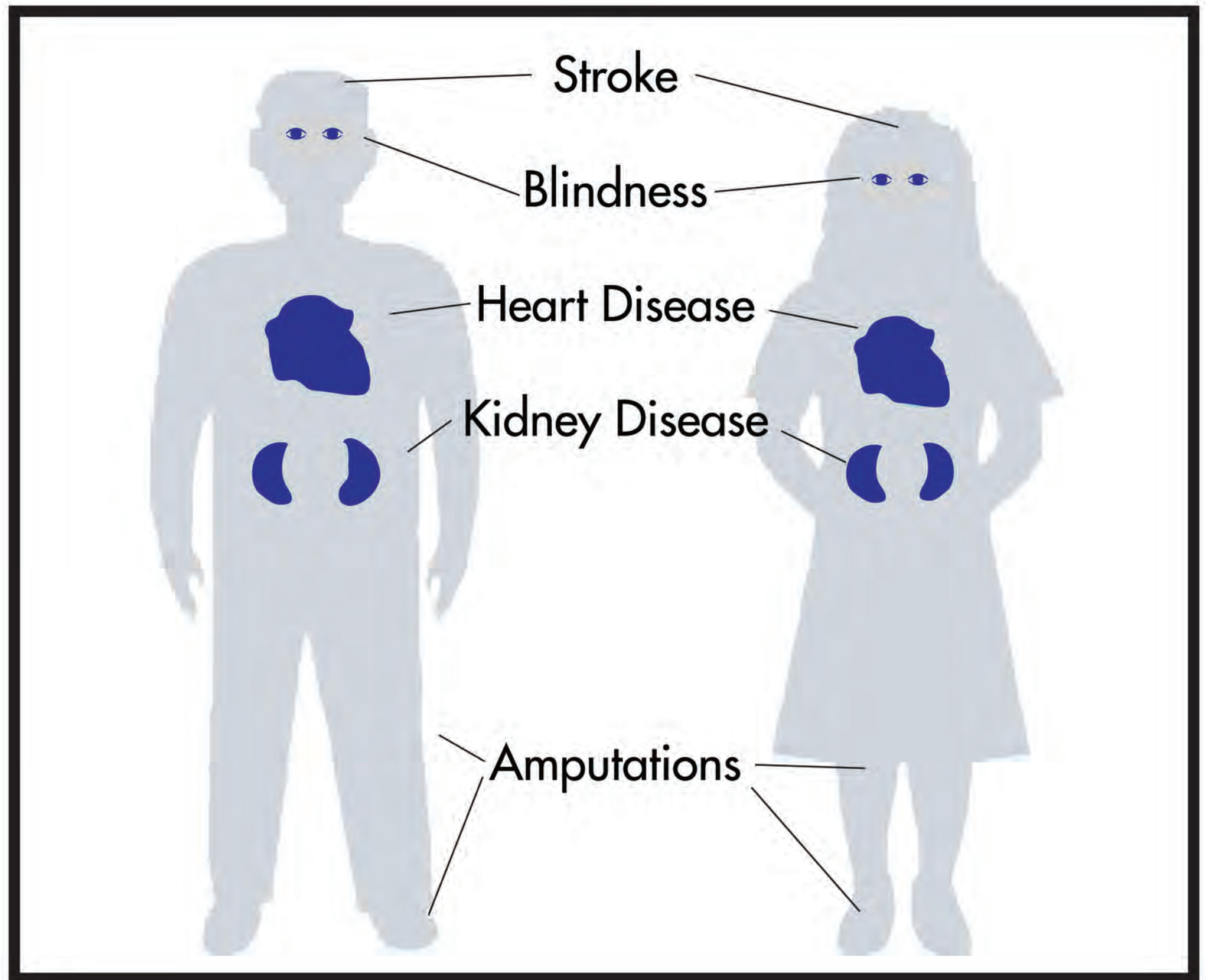
- **If your family talks about diabetes, what do they talk about most?**
- **Do people you know consider diabetes a serious disease? For example, do they know diabetes can be life-threatening?**
- **How is diabetes managed in your family?**
- **Did you know that type 2 diabetes can be prevented or delayed?**
- **What do you think of when you hear that small changes can prevent or delay type 2 diabetes?**

Note: Visit <https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm>

Everything on earth has a purpose, every disease an herb to cure it, and every person a mission. This is the Indian theory of existence. – Mourning Dove [Christine Quintasket] (1888-1936)



**So what is diabetes?  
It affects your whole body –  
sometimes you don't even know you are sick.**



**Type 2 diabetes affects our family, but it doesn't have to hurt my health.**

# Type 2 diabetes risk factors and how the disease can be prevented

## Background

People with certain conditions in their or their family's health history are more likely to develop type 2 diabetes. These are called "risk factors." Having one or more of the following risk factors means you are at a higher risk for type 2 diabetes than other people:

- Being overweight.
- Being American Indian/Alaska Native, African American, Hispanic/Latino, or Asian American or Pacific Islander.
- Having a close family member, like a parent, brother, or sister, who has or had diabetes.
- Being older than 45 (although diabetes can develop at any age)
- Having had diabetes when you were pregnant.

## Diabetes Myths


American Indians and Alaska Natives used stories, many still told today, to explain the unknowable and to help them understand the world. We learn about the world from the stories but, when it comes to diabetes, it is important to distinguish between what is real and what is made up. Here are some common diabetes myths to discuss and explore with participants.

- Diabetes has always been with us, is in all of our families, and is inevitable in our lives.
- Nothing that we do can influence our chances of getting diabetes or help control our disease once we get diabetes.
- Diabetes only affects the body, and not the mind.

## Key Points

Discuss the risk factors for diabetes, and why it is important for people to know they may be at risk. (Because they can take steps to prevent it.) Let your participants know that even if they are at high risk, they can do something about it. Tell your participants that:

- Walking at least 30 minutes a day and losing some weight can make a big difference.
- The key is small steps, taken one at a time. Small changes add up to big results.
- Risk factors are not a 100% guarantee that you will get diabetes. You can make your own road to health.



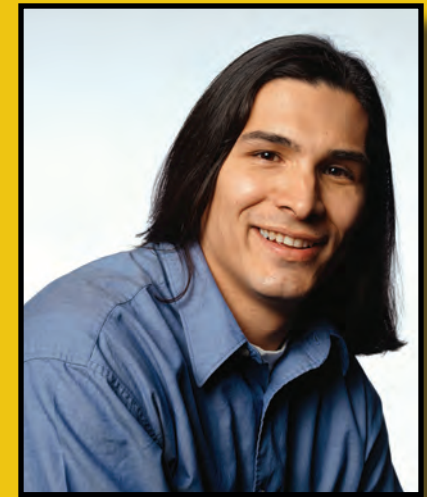
Diabetes runs in our family, many often say; "Everyone in my family has it, why fight it. I am going to enjoy eating what I like. But my road does not have to include diabetes, so I'm making small changes to what I eat and do. I'm losing a few pounds and I'm in control. We will be known forever by the tracks we leave."

**Even those of us at high risk can prevent or delay type 2 diabetes.**

## Ask and Discuss

- **What are your risk factors?**
- **What do you think of when you hear that you may be at higher risk for type 2 diabetes? How do you feel about it?**
- **You can download and print a copy of the CDC Prediabetes Screening Test to help participants find out if they could have prediabetes by visiting <http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>. If their score shows they are at high risk for prediabetes, advice to talk to their health care provider and ask to be tested for prediabetes.**

Encourage your participants to enroll in a National Diabetes Prevention Program (National DPP) lifestyle change program. These are proven programs that can help people with prediabetes and/or at risk for type 2 diabetes make achievable and realistic lifestyle changes and cut their risk of developing type 2 diabetes by 58 percent. Tell them that they can join a CDC-recognized lifestyle change program in a community near them or online. To find a program, people can go to [https://nccd.cdc.gov/DDT\\_DPRP/Programs.aspx](https://nccd.cdc.gov/DDT_DPRP/Programs.aspx). To learn more about the National DPP, visit: [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention)



Diabetes runs in our family, many often say; “Everyone in my family has it, why fight it. I am going to enjoy eating what I like. But my road does not have to include diabetes, so I’m making small changes to what I eat and do. I’m losing a few pounds and I’m in control. We will be known forever by the tracks we leave.”

**Even those of us at high risk can prevent or delay type 2 diabetes.**

# Reading Labels

## Background

Two ways to prevent or delay type 2 diabetes are to eat better and to be physically active. You'll discuss these topics more over the next few pages. People may not like to read labels because they feel like it takes too much time or because they seem hard to understand. You can help them overcome this by teaching participants the basics of food labels.

Logan took the first step to learn more about what he eats and how to make better choices. The two labels below are for Fry Bread and Baked Fry Bread. As you see, the regular Fry Bread has 5.1 grams of total fat in each serving. The Baked Fry Bread has 0.3 grams of total fat. Teach your participants to reduce their fat intake by making better choices that are based on food labels. Review the calories, fat, and sugar—the main items to read on a label. Teach your participants to become “fat detectives.” To learn more about fats in our foods that you may not know about, please see the *Finding Hidden Fats* section on page 5 of this flipchart.

### Traditional Fry Bread

Nutrition Facts	
16 servings per container	
<b>Serving size</b>	<b>1 bread (70g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>150</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 1.5g	<b>2%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 290mg	<b>13%</b>
<b>Total Carbohydrate</b> 29g	<b>11%</b>
Dietary Fiber 1g	<b>4%</b>
Total Sugars 1g	
Includes 1g Added Sugars	<b>2%</b>
<b>Protein</b> 4g	
Vitamin D 0mcg	0%
Calcium 0mg	0%
Iron 1.4mg	8%
Potassium 0mg	0%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

INGREDIENTS: ENRICHED BLEACHED FLOUR (WHEAT FLOUR, MALTED BARLEY FLOUR, NIACIN, IRON, THIAMINE, RIBOFLAVIN, FOLIC ACID), WATER, YELLOW CORN MEAL, VEGETABLE OIL, SUGAR, SALT, YEAST

### Healthy Fry Bread

Nutrition Facts	
12 servings per container	
<b>Serving size</b>	<b>1 bread (21g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>120</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 0g	<b>0%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 340mg	<b>15%</b>
<b>Total Carbohydrate</b> 24g	<b>9%</b>
Dietary Fiber <1g	<b>3%</b>
Total Sugars <1g	
Includes 0g Added Sugars	<b>0%</b>
<b>Protein</b> 4g	
Vitamin D 0mcg	0%
Calcium 26mg	2%
Iron 1.4mg	8%
Potassium 94mg	2%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

INGREDIENTS: ENRICHED BLEACHED FLOUR (WHEAT FLOUR, MALTED BARLEY FLOUR, NIACIN, IRON, THIAMINE, RIBOFLAVIN, FOLIC ACID), WATER, MILK, DRY, NONFAT, REGULAR, WITH ADDED VITAMIN A AND VITAMIN D, BAKING POWDER (SODIUM ACID PYROPHOSPHATE, SODIUM BICARBONATE, CORNSTARCH, MONOCALCIUM PHOSPHATE), SALT




Nutrition Facts	
16 servings per container	
<b>Serving size</b>	<b>1 bread (70g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>150</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 1.5g	<b>2%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 290mg	<b>13%</b>
<b>Total Carbohydrate</b> 29g	<b>11%</b>
Dietary Fiber 1g	<b>4%</b>
Total Sugars 1g	
Includes 1g Added Sugars	<b>2%</b>
<b>Protein</b> 4g	
Vitamin D 0mcg	0%
Calcium 0mg	0%
Iron 1.4mg	8%
Potassium 0mg	0%

Nutrition Facts	
12 servings per container	
<b>Serving size</b>	<b>1 bread (21g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>120</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 0g	<b>0%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 340mg	<b>15%</b>
<b>Total Carbohydrate</b> 24g	<b>9%</b>
Dietary Fiber <1g	<b>3%</b>
Total Sugars <1g	
Includes 0g Added Sugars	<b>0%</b>
<b>Protein</b> 4g	
Vitamin D 0mcg	0%
Calcium 26mg	2%
Iron 1.4mg	8%
Potassium 94mg	2%

We have to eat healthier and make better choices. First I learned to read food labels.



Small steps in eating and moving can lead to big rewards.

## Ask and Discuss

- What do you think of when you hear “making healthy food choices?”
- What do you think of when you hear “physical activity?”
- Do you read food labels? What do you look for?
- What are some better choices than foods you buy now? For example, could you switch from reduced fat to nonfat milk or from fried chicken to baked chicken.





Fry Bread

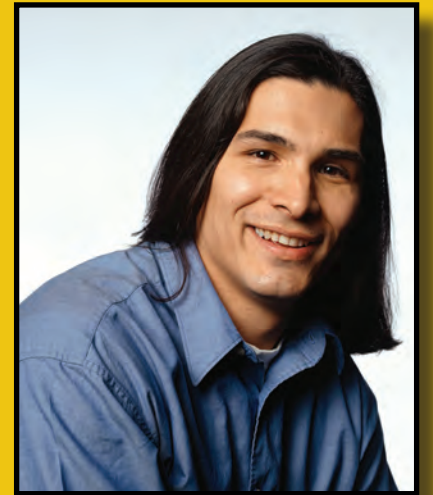
Nutrition Facts	
16 servings per container	
<b>Serving size</b>	<b>1 bread (70g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>150</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 1.5g	<b>2%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 290mg	<b>13%</b>
<b>Total Carbohydrate</b> 29g	<b>11%</b>
Dietary Fiber 1g	<b>4%</b>
Total Sugars 1g	
Includes 1g Added Sugars	<b>2%</b>
<b>Protein</b> 4g	
Vitamin D 0mcg	<b>0%</b>
Calcium 0mg	<b>0%</b>
Iron 1.4mg	<b>8%</b>
Potassium 0mg	<b>0%</b>
*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	



Baked Fry Bread

Nutrition Facts	
12 servings per container	
<b>Serving size</b>	<b>1 bread (21g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>120</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 0g	<b>0%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 340mg	<b>15%</b>
<b>Total Carbohydrate</b> 24g	<b>9%</b>
Dietary Fiber <1g	<b>3%</b>
Total Sugars <1g	
Includes 0g Added Sugars	<b>0%</b>
<b>Protein</b> 4g	
Vitamin D 0mcg	<b>0%</b>
Calcium 26mg	<b>2%</b>
Iron 1.4mg	<b>8%</b>
Potassium 94mg	<b>2%</b>
*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

We have to eat healthier and make better choices. First I learned to read food labels.



Small steps in eating and moving can lead to big rewards.

# Finding Hidden Fats

## Background

Ayita talks about “hidden fats,” which are in lots of foods and have different names:

- Oil.
- Partially hydrogenated oil.
- Butter or margarine.
- Lard or shortening.

Fat contains more than twice as many calories as the same amount of carbohydrate or protein. So even small amounts of high-fat foods are high in calories. In the DPP study, most people lost weight by cutting down on the amount of fat they ate.

## Key Points

Use food labels for everyday items your participants eat to teach how much fat is in each item. Tell them that most of their fat probably comes from meats, dairy, and snacks and show them examples of these foods. The flipchart shows potato chips, two chicken drumsticks, a portion of fry beard, and a cup of macaroni and cheese as examples. Bring teaspoons to show what fat really looks like, using examples demonstrated on upper right image.

Teach participants that these are the kinds of foods to watch out for as “fat detectives.” They are widely available, tempting to many of us, and traditional in some families or cultures.

Teach how to find out how much fat is in foods and how to reduce it. A food tracker can help your participants see how much food they are eating. Participants can use the NDEP Food and Activity Tracker to record their food and drink intake. The NDEP American Indian/Alaska Native Fat and Calorie Counter is also a good way to look up favorite foods and lower fat alternatives (<http://www.cdc.gov/diabetes/ndep/pdfs/89-aian-fat-calorie-counter.pdf>)

I found a lot of “hidden fats” in my foods. I’ve made changes to lower-fat foods.

**Fried Chicken,**  
2 small chicken drumsticks, breaded/battered, deep fried (fast food), skin eaten = 42 grams of fat = 8 1/2 tablespoons of fat

**Baked, Broiled or Stewed Chicken**  
2 small chicken drumsticks, skin removed = 13.4 grams of fat = 2 2/3 teaspoons of fat

**Fry Bread,**  
1 serving of fry bread = 5.1 grams of fat = 1 teaspoons of fat

**Baked Fry Bread,**  
1 serving of baked fry bread = 0.3 grams of fat = 0 teaspoons of fat

**Macaroni & Cheese,**  
1 cup of macaroni and cheese, made from mix, with whole milk = 22.7 grams of fat = 4 1/2 teaspoons of fat

**Low-Fat Macaroni & Cheese,**  
1 cup of macaroni and cheese, homemade, with skim milk low-fat cheese = 3.0 grams of fat = 2/3 teaspoons of fat

Choose your fats wisely.

## Ask and Discuss

- What kinds of food do you eat that are high in fat?
- What are easy ways to reduce fat in what you eat?
- What are some low-fat foods that you can eat in place of high fat foods?












## Choose Your Fats Wisely

There are two sources of trans-fat, also known as trans fatty acids, formed during food processing and trans-fat forms naturally. Naturally occurring trans-fat is produced in the gut of some grazing animals. That’s why small quantities of trans-fat can be found in animal products like meat, milk, and milk products.



I found a lot of “hidden fats” in my foods.

I’ve made changes to lower-fat foods.

	=		<b>Fried Chicken,</b> 2 small chicken drumsticks, breaded/battered, deep fried (fast food), skin eaten = 42 grams of fat = 8 1/2 tablespoons of fat
	=		<b>Baked, Broiled or Stewed Chicken</b> 2 small chicken drumsticks, skin removed = 13.4 grams of fat = 2 2/3 teaspoons of fat
	=		<b>Fry Bread,</b> 1 serving of fry bread = 5.1 grams of fat = 1 teaspoons of fat
	=		<b>Baked Fry Bread,</b> 1 serving of baked fry bread = 0.3 grams of fat = 0 teaspoons of fat
	=		<b>Macaroni &amp; Cheese,</b> 1 cup of macaroni and cheese, made from mix, with whole milk = 22.7 grams of fat = 4 1/2 teaspoons of fat
	=		<b>Low-Fat Macaroni &amp; Cheese,</b> 1 cup of macaroni and cheese, homemade, with skim milk low-fat cheese = 3.0 grams of fat = 2/3 teaspoons of fat

Choose your fats wisely.


# Learning about fast food “value meals”

## Background

Logan talks about “value meals.” After he found out more about the nutrition in them, he understood why they aren’t a good “value” for his body. Logan used to drive by fast-food places every day. He made one small change: he drives a new way to work. He is not tempted to grab a value meal. You can get nutrition information by asking for it at the counter of the fast-food restaurant.

## Key Points

Talk about the idea of “value meals” and their real cost to health. If participants “have to eat fast food,” ask them how they can make fast-food meals healthier. Tell participants they can “downsize,” not “super-size,” their foods. They can also share the fries with a friend, get the children’s hamburger with no cheese, or order a diet drink or water. Many fast-food restaurants now offer low fat choices, such as grilled chicken or salad. Tell parents that taking their children to fast-food restaurants can give them bad habits that can last a lifetime.



**1/4 pounder fast food bacon cheeseburger with mayo and ketchup**  
668 total calories  
361 fat calories  
40.1 grams of fat  
= 8 teaspoons of fat

**Large french fries**  
426 total calories  
207 fat calories  
23 grams of fat  
= 4 1/2 teaspoons of fat

**Large soda**  
413 total calories  
106 grams of sugar  
= 21 teaspoons of sugar

Value meals may have been a bargain to my wallet, but they weren't a bargain for my health.

The real cost of “value meals” is high calories, fat, sugar, and salt.

6

## Ask and Discuss

- How often do you eat fast food? Why is it so tempting?
- Would you eat it if you knew about all the fat and sugars in the food? (Refer to visual on participants’ page.)
- How many calories do you eat each day? How do you know? (Use the NDEP American Indian/Alaska Native Fat and Calorie Counter, to learn more about calories in different types of foods.)
- What is one thing you can do today to cut calories? (For example, could you cut out soda?)
- What foods are high in fat? How can you reduce the fat?
- What are better choices at a fast food place? (For example, broiled chicken sandwich or salad with a small amount of dressing.)



## **1/4 pounder fast food bacon cheeseburger with mayo and ketchup**

**668 total calories**  
**361 fat calories**  
**40.1 grams of fat**  
**= 8 teaspoons of fat**



## **Large french fries**

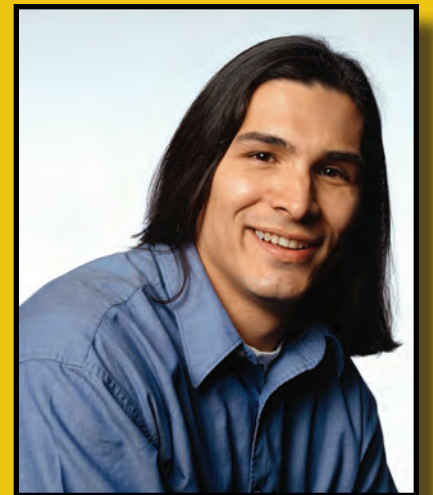
**426 total calories**  
**207 fat calories**  
**23 grams of fat**  
**= 4 1/2 teaspoons of fat**



## **Large soda**

**413 total calories**  
**106 grams of sugar**  
**= 21 teaspoons of sugar**

**Value  
meals  
may have  
been a  
bargain  
to my wallet,  
but they weren't  
a bargain for  
my health.**



**The real cost of “value meals” is high calories, fat, sugar, and salt.**

# Using the “traffic light method” to label foods

## Background

There are many ways we can divide food into categories for health. Ayita used this “traffic light” method to help her make healthy food choices:

- Red means stop and think. Eat these foods (such as fried bread, juice drinks, sugared cereals, canned soups, soda, pie, and fried foods) only once in a while and in very small portions. If at least half the calories come from fat or sugar, the food is a “red” food.
- Yellow means go slowly. Eat these foods (such as bread, grits and butter, low-fat macaroni and cheese) in moderation. Be careful about portion size. Even these healthier foods, eaten in large enough portions, can make you gain weight.
- Green means go ahead. Eat more of these foods, which include most fruits and vegetables—maize (corn), squash, many types of peppers, pumpkin, many types of beans, mushrooms, blackberries, raspberries, wild berries, and Muscadines.

## Key Points

- If you are in a participant’s home, bring color stickers and help them label foods and teach why each food is a “red,” “yellow,” or “green.” Foods with more than half the calories from fat and sugar get the red light.
- Foods with less fat and/or sugar, but that people usually eat in larger amounts than recommended, get the yellow light. For example, a can of pears in syrup, though a fruit, would get a yellow sticker because it’s high in sugar. Fresh fruit and fresh, canned, and frozen vegetables get the green light.
- If you are in a community setting (e.g., pow-wow, church, school, health fair), bring samples of commonly eaten foods and have participants label them using the “traffic light” method.
- Emphasize that there are no “bad foods,” just foods that should be eaten in small amounts and on special occasions. No one can eat only “red sticker” foods and be healthy.
- CHR’s should acknowledge that fresh, local fruits and vegetables may not be available to all tribes. For healthy options, people will have to rely on what grows in different climates or what they can get from food distribution program options (frozen ground beef, beef roast, chicken, canned meats, poultry, fish, canned fruits and canned vegetables, beans, pastas, cereals, rice, grains, cheese, egg mix, low or nonfat fat milk, flour, cornmeal, crackers, dried beans, dehydrated potatoes, juices, dried fruit, peanuts, and peanut butter). Remind participants that they can grow their own fresh fruits and vegetables if they are not available in their area).
- Talk about how participants can easily add more foods from the “green” group.
- Discuss foods obtained by fishing or hunting (see below for additional information on hunted meat) such as: salmon and other fish (fish is a very healthy choice), seafood, and meats such as deer, duck, and rabbit.

In our every deliberation, we must consider the impact of our decisions on the next seven generations – Iroquois Maxim (Circa 1700-1800)

To help me make healthy food choices, I made my own food guide.

### The Traffic Light Method

**Red Light**  
Stop, think small, don't eat it all.

**Yellow Light**  
Go slow or my weight can grow.

**Green Light**  
Eat more of these every day.

Eating healthier means making good choices without sacrificing the taste of foods we love.

## Ask and Discuss

- **Think of what you ate today. Try to classify the food using the “traffic light method.” Classify what you ate last night.**
- **What can you do to cut out fat in what you eat?**
- **How can you satisfy a sweet tooth without eating too much sugar?**

\* In general, wild hunted meat is leaner than that from domesticated animals, because animals in the wild are typically more active. In comparison to lean cuts of beef and pork, hunted meat has about one-third fewer calories (hunted birds have about half the calories) and quite a bit less saturated and total fat.



To help  
me make  
healthy  
food  
choices,

I made my own  
food guide.

## The Traffic Light Method



### Red Light

Stop, think small, don't eat it all.



### Yellow Light

Go slow or my weight can grow.



### Green Light

Eat more of these every day.



Eating healthier means making good choices without  
sacrificing the taste of foods we love.

# Understanding proper portion sizes

## Background

Reservation areas without electricity, refrigeration, and/or cooking facilities or grocery stores may further promote the use of highly processed foods with long shelf lives and certain cooking styles. Longer term use of commodity foods affects food choice and food preferences.<sup>1</sup>

Logan and Ayita, like many low-income families relying on federal food programs, may be at increased risk of obesity and diet-related chronic conditions due to long-term eating of foods that are high in fat and calories and low in fiber, vegetables, fruits and lean meats. For Logan and Ayita, most meals consisted of commodity or purchased foods rather than hunted, fished, gathered, or grown foods. They found new ways to look at their food and think about what they eat. They also learned that they might not have to give up foods they eat every day if they could control their portion sizes. Proper portion size is a key to losing weight.

A portion is not the same as a serving. A serving is a recommended amount of food. It can be found on a food label, along with the calories, fat, and sugar for that serving. A portion is the amount of food you choose to eat. Since you choose it, a portion can be larger or smaller than a serving.

For example, a recommended serving of pasta is 2 ounces of dried pasta (about 1 cup cooked). Most adults eat only 5–7 ounces from this food group (grains) per day.

If the amount of pasta you usually eat is closer to 2–3 cups than 1 cup, you may be eating all three of your recommended servings for the day at one meal. A goal might be to bring this portion size closer to the recommended serving size.

## Key Points




The following are some suggestions for controlling portion sizes. You can also ask participants to come up with their own tips.

- Use smaller plates.
- Look at serving sizes on labels and start trying to bring your portion size closer to the serving size.
- Split meals with friends at a restaurant or box up half the food right away to take home.

1. <http://www.pimatisiwin.com/online/wp-content/uploads/2010/jan/07HaffChino.pdf>

**To learn the right size of portions, we use an easy system.**

**We're learning to be "food detectives." We look at how much food is on our plates.**

AMOUNT OF FOOD	TYPES OF FOOD	SIZE OF ONE SERVING (the same size as:)
3 Ounces	meat, chicken, turkey or fish	The palm of a hand 
1 Cup	cooked vegetables, salads, casseroles or stews, such as chili with beans, milk	The average-sized fist 
1/2 Cup	fruit or fruit juice, starchy vegetables, such as potatoes or corn, pinto beans and other dried beans, rice or noodles, cereal	Half of an average-sized fist 

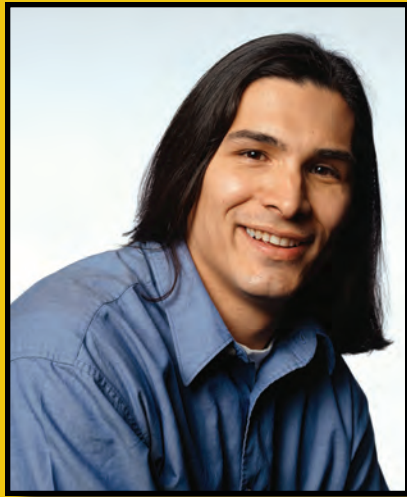
**Learning portion sizes is easy.**

8

## Ask and Discuss

- **Are you aware of how your typical portion would compare to a recommended serving size?**
- **Do you know the serving sizes of the foods that you eat?**
- **How can you make healthier choices and still feel full?**
- **Show me how much you usually eat in a portion of chicken or fish. How does that compare with what we have talked about today as a portion of meat or fish for a meal?**
- **What else can you do to control the portion sizes you eat?**








To learn the right size of portions, we use an easy system.

We're learning to be "food detectives." We look at how much food is on our plates.



# Choose Sensible Serving Sizes

AMOUNT OF FOOD	TYPES OF FOOD	SIZE OF ONE SERVING (the same size as:)
3 Ounces	meat, chicken, turkey or fish	The palm of a hand 
1 Cup	cooked vegetables, salads, casseroles or stews, such as chili with beans, milk	The average-sized fist 
1/2 Cup	fruit or fruit juice, starchy vegetables, such as potatoes or corn, pinto beans and other dried beans, rice or noodles, cereal	Half of an average-sized fist 

Learning portion sizes is easy.

# Cooking with Commodity Foods

Look for examples of commodity food preparation receipes and suggested servings.

Here are some points to get you started:

- The best food choices are those without any added salt, fat or sugar such as fresh and frozen vegetables.
- It would be better not to add any sauces to your food.
- Protein foods that are low in unhealthy (solid fats) are what you should aim for. As long as they are not deep fried, and/or the fat is cut off.
- There are also protein foods that do not come from animals: beans and other legumes, nuts, and seeds.
- There are a lot of salt-free spices and herbs that are a better way to bring out the flavor in foods. Do not add sugar, honey, agave or maple syrup. People may add sweeteners like sugar, honey, agave or maple syrup to improve the flavor of foods. Remind participants that there are a lot of salt-free spices and herbs that are healthier ways to make food taste better.



## Key Points

- Substitute whole milk for nonfat dry milk (reconstitute milk with water)
- If fresh corn is not available use drained whole corn
- If fresh fruits are Choose canned fruit packed in tis own juice or in water instead available, use canned commodity fruits
- Rinse, drain and re-rinse vegetables/fruits before adding to receipe
- Use dill weed, celery seed, thyme, garlic powder, granulated garlic, and other spices and herbs to enhance the favor of dishes
- Marinate animal proteins in lime juice, orange juice, little oil, garlic powder, oregano, parsley, salt and pepper to add flavor and reduce fat
- Substitute chocolate chips and other high sugar toppings with trail mix and raisins
- Substitute tortillas for lettuce leaves for sandwiches or wraps



I found healthy ways of cooking with commodity foods, by making a few changes to the way I prepare our food.

Instead of these...		Substitute these.
 Whole Milk	➔	 Skim Milk
 Corn Tortillas	➔	 Lettuce Wrap
 Potato Chips	➔	 Trail Mix

Cooking healthy with "commodity foods" is just as easy as making a few healthy choices and or substitutions.

## Ask and Discuss

- What are some ways in which cook with can foods?
- Think of the recipes you often use, What changes can you make to make them healthier while using commodity food?
- What can you do to reduce salt, fat or sugar from the food you cook?



I found healthy ways of cooking with

commodity foods, by making a few changes to the way I prepare our food.

**Instead of these...**



**Whole Milk**



**Corn Tortillas**



**Potato Chips**

**Substitute these.**



**Skim Milk**



**Lettuce Wrap**



**Trail Mix**

**Cooking healthy with “commodity foods” is just as easy as making a few healthy choices and or substitutions.**

# Moving More

## Background

Moving is the key to being healthier. The results of the DPP study tell us that we need to move at least 30 minutes a day, at least 5 days a week. Ask participants what they “hear” when you say “30 minutes a day.”

The key is to move more each day. There are lots of ways to get moving.

## Key Points

### Tips for getting your 30 minutes

- Walk, walk, and keep walking—with a friend or by yourself, but walk briskly. (If you can sing as you walk, you’re too slow. If you can talk, that’s a better pace.)
- Take a family walk before or after dinner each evening.
- Dance!
- Show the kids how to dance to your kind of music. (Try to learn to dance to their music.)
- Turn off the TV and do something outside.
- If you have a lawn, mow it, trim the shrubs, and take care of your garden. If you don’t have a garden, start one. It will give you many health benefits and put fresh vegetables on your table.
- Clean your house to upbeat music.
- Walk your dog or a friend’s dog.
- Take the stairs instead of the elevator.
- Play actively (i.e. walk, bike, fish, hunt, run, or play basketball ball, baseball, boxing, horse shoe, football, volleyball) with your kids or grandkids, neighbors or other members of your community.



The infographic features a yellow background on the left with a portrait of a woman and text. On the right, an orange background contains three images: a Native American headdress, a person in a red jacket, and a colorful mask. A black bar at the bottom contains a white message.

**Preventing type 2 diabetes is not just about healthy food choices. I also had to move more! I make simple small moves that add up to at least 30 minutes a day.**

**Moving more may help prevent or delay type 2 diabetes.**

10

## Ask and Discuss

- **Do you have a lot of time in your day when you are not physically active? For example, sitting at work, driving to appointments, preparing meals.**
- **Can you think of ways to be physically active for 10 minutes at a time? (Listen for activities that really take 10 minutes, and correct the ones that only take 1–2 minutes.)**
- **What kinds of physical activities do you like? Why do you like them?**
- **What are some of the benefits of being more physically active for you?**



Preventing  
type 2  
diabetes  
is not just  
about

healthy food  
choices. I also had  
to move more!  
I make simple small  
moves that add up  
to at least 30  
minutes a day.



**Moving more may help prevent or delay type 2 diabetes.**

# Barriers and excuses

## Background


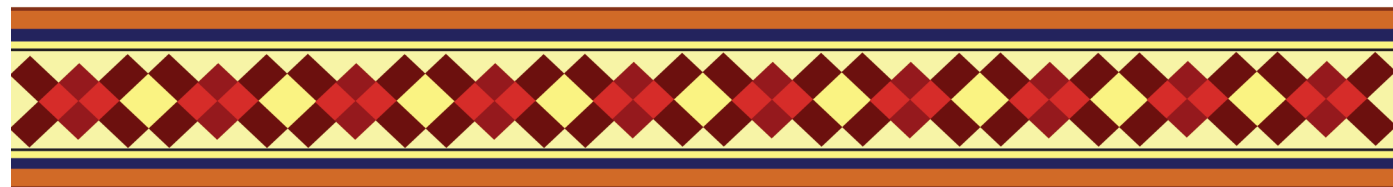
Logan talks about excuses to avoid physical activity—he didn't have time, he was too tired, and lots of others. So he tackled them one at a time. He broke up 30 minutes into three 10-minute segments.

## Key Points

Talk about barriers to physical activity. Have participants brainstorm all the barriers they can think of, and write them down.

Talk about each barrier. Can participants find solutions or think of small things they can do to be more active? They don't have to overcome every barrier on the spot. The key is to remind them that small steps are important to long-term change.

Children learn from what they see. We need to set an example of truth and action.  
—Howard Rainer, Taos Pueblo Creek (2012)



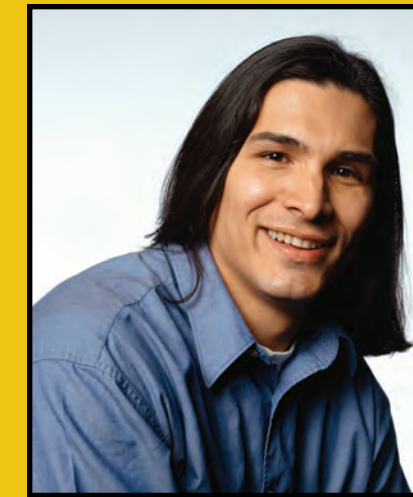
**Making excuses is way too easy.**

**I added one healthy change a month and broke up my physical activity into smaller parts during the day.**

**There are no excuses, only choices. Each day I choose to take care of myself.**

## Ask and Discuss

- We all have barriers, but do you and your family always seem to have an excuse for not doing physical activity? What are your barriers to making healthy changes?
- What is one thing YOU can do today to be healthier? What one habit you can adopt this month? Ask each person to name one thing to change. Encourage the person, no matter how small the change.
- What one goal will you set for yourself today? What one goal can you set for your family?
- How can you keep track of progress?
- What would happen if you kept taking steps to be healthier?



**Making  
excuses  
is way too  
easy.**

**I added one healthy  
change a month  
and broke up my  
physical activity  
into smaller parts  
during the day.**

**There are no excuses, only choices. Each day I choose to take care of myself.**

# Background

Ayita and Logan talk about their rewards.

## For Ayita:

- She has more energy at work.
- The last pow-wow didn't wear her out...
- She lost 10 pounds over the last year and a half—slow but steady progress.
- Her friends are now in a walking group with her.
- She no longer craves sugar and salt.

## For Logan:

- He lost about 8 pounds in 12 months—slow but steady loss.
- He no longer keeps junk food in the house. He avoids temptation and saves money.
- He still treats himself to Mom's home cooking, but once a week instead of every day.
- His knees no longer hurt all the time.
- He can walk up the steps, greet friends, and not be out of breath.



**Making excuses is way too easy.**

**I added one healthy change a month and broke up my physical activity into smaller parts during the day.**

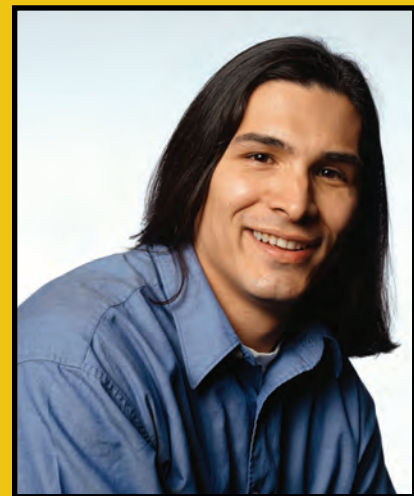
**There are no excuses, only choices. Each day I choose to take care of myself.**

11

**Today I will... This week I will...  
This month I will...**



Change takes time. I can handle that. The best part is that I can see the rewards!



For me? I stopped feeling tired, weak, and out of shape.



**My rewards come from the small changes. One at a time.**

# Summary of key points

## Background

This is the last page. Remind participants about the three ways they can prevent or delay type 2 diabetes:

- Lose 5 to 7 percent of their weight, if they are overweight—that's 10 to 14 pounds (4.5 to 6.3 kg) for a 200 pound person.
- Lose and maintain the weight loss by making healthy food choices by eating a variety of vegetables, fruits, whole grains, low-fat dairy, and lean proteins and reducing the number of calories they eat per day.
- Get at least 30 minutes of moderate-intensity physical activity five days a week. This could be brisk walking, yard work, and actively playing with children, for example, riding bicycles or playing soccer.

## Key Points

- Start setting some activity and healthy eating goals with your participants.
- Ask each person to commit to one thing to improve his or her health.
- Ask participants to finish these three sentences: “Today I will ...,” “This week I will ...,” and “This month I will ...”
- Remind them that small changes lead to big rewards, and help them set themselves up for success by choosing a change they CAN do!
- Remind them that all lifestyle changes can be done with little cost by making a few adjustments in their daily routine.
- Discuss barriers and ways to overcome them.

**Change takes time. I can handle that. The best part is that I can see the rewards!**

**For me? I stopped feeling tired, weak, and out of shape.**

**My rewards come from the small changes. One at a time.**

12

## Ask and Discuss

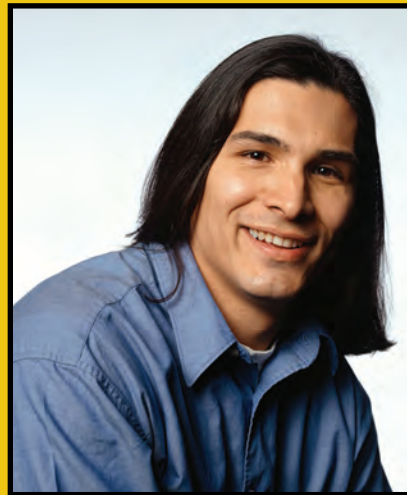
- **What are your next steps (for example, clean out pantry, split lunch with friends, drink water)? What is one thing you will work on today or this week?**
- **Make a list of your goals to start on your road to health. Where will you put this list (for example, fridge, front door, bedroom mirror)?**
- **How can I support you in your efforts?**



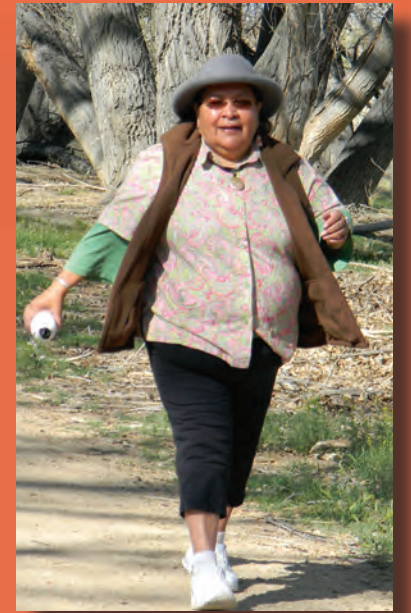
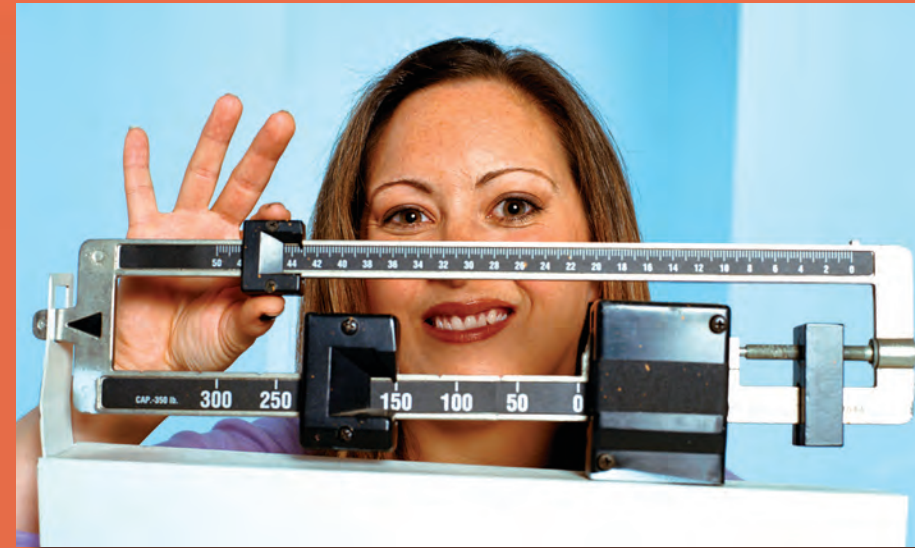
I can prevent or delay type 2 diabetes

too. It does not have to be my destiny.

I take it one choice, one day at a time.



I'm making my own road to health.

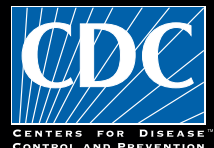


**Make your own road to health be a road without type 2 diabetes.**



**Visit [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep)  
or call 1-800-CDC-INFO for more  
information about NDEP.**

**HHS' NDEP is jointly sponsored  
by NIH and CDC with the support  
of more than 200 partner  
organizations.**



July 2017