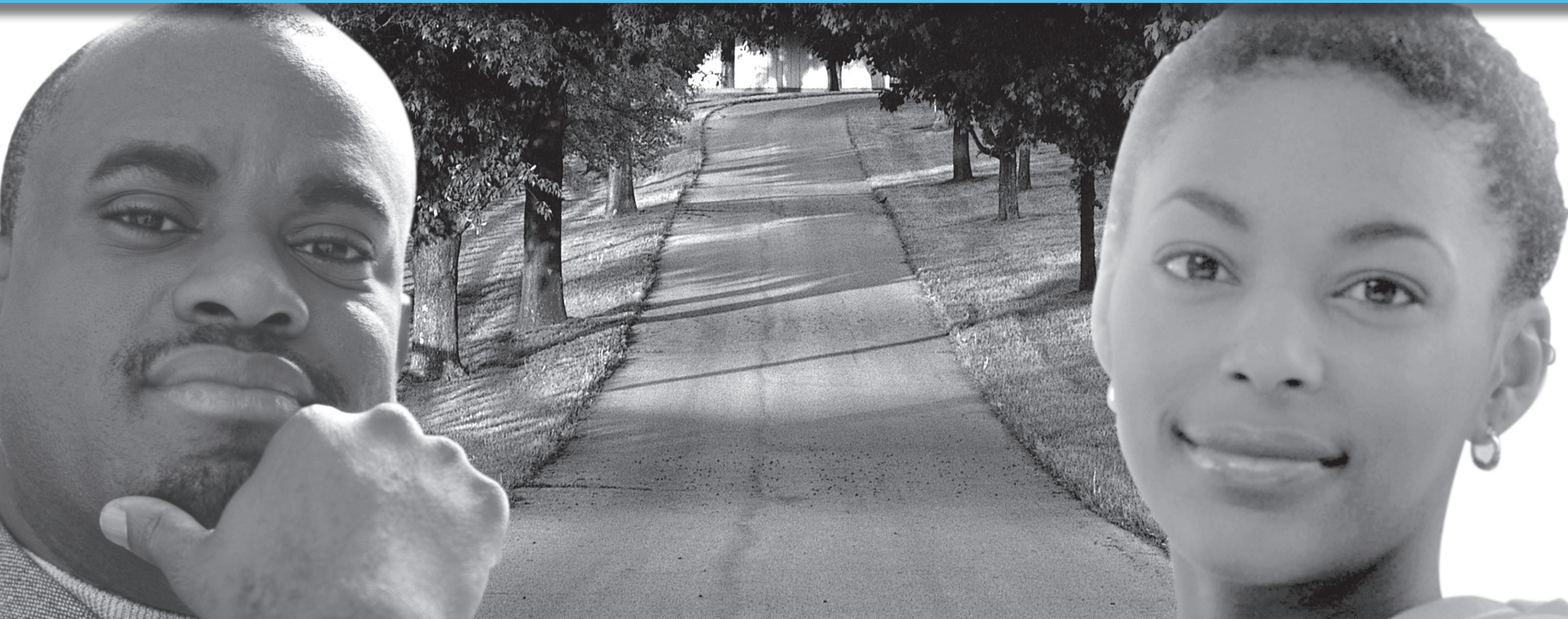


The Road to Health Toolkit



*How to Prevent or Delay Type 2 Diabetes in Your
Community: A Flipchart for Community Health Workers*



October 2008



NDEP-106



Instructions for Community Health Workers

How to Use the Flipchart

Background

The *Road to Health Toolkit* is written for African Americans/African Ancestry and Hispanics/Latinos who are at risk for type 2 diabetes—but really it can appeal to any audience. It will help people in these communities learn how to prevent or delay type 2 diabetes.

This *Flipchart* is one of the tools in the toolkit. It is designed to support community health workers (CHWs)/*promotores de salud* who serve the African American/African Ancestry and Hispanic/Latino communities. Its purpose is as follows:

- The *Flipchart* was designed to help people at risk for type 2 diabetes prevent or delay the disease. With it, you can help people become more active, make healthy food choices, and lose and 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. The DPP study can be summarized in three recommendations as follows:
 - 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 (90.6 kg) person.
 - Lose and maintain the weight loss by making healthy food choices by eating a variety of foods that are low in fat 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.

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.

To learn more about the DPP, please see page 27 of *The Road to Health User’s Guide*.

The goal of this toolkit, especially the Flipchart, is to help CHWs share the three basic messages from the DPP study to people who are most at risk of developing type 2 diabetes.

As a CHW, 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 their community.
- Encourage them to make every effort to prevent or delay the disease.

Using the Flipchart

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 Angela and Ray, 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. If you need more guidance about how to conduct an effective education session, refer to the “What should I do if” section of the *User’s Guide*. This section is intended to help you with some possible situations and provides suggestions for overcoming obstacles.

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 and physical activity on the basis of one session with you. The toolkit is meant to be used over several sessions. You don’t need to cover all the activities. 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.

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.
- 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 and preventing type 2 diabetes.
- Each participant's 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.
- Don't worry if you don't understand some words. This toolkit has a User's Guide and other resources that will help you understand the concepts discussed in the Flipchart. Please see the "What should I do if..." section of the User's Guide for more help.

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 pre-diabetes. 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.
- At the end of each session, use some of the activities suggested in the *Activities Guide* of the toolkit.
- In addition to the ideas in the *Activities Guide*, you can also show the *Step by Step: Moving towards Prevention of Type 2 Diabetes* music video or play the CD/DVD to promote dance as physical activity with your participants. These activities will reinforce the message that physical activity is important to prevent type 2 diabetes and that it can be fun too. See page 22 in the User's Guide for more ways to use these materials.
- You can distribute copies of the *Food and Activity Tracker* included in the toolkit. This tool is taken directly from the DPP study and can help your participants keep track of their own goals for daily physical activity and food intake, especially of intake of fats and calories.

3. How long will each session last?

- Each session will last 15 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.

Tips: In using this Flipchart you do not need to read every page word for word. You can read what Ray and Angela 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 the guiding questions in the Ask and Discuss section. These questions will encourage participants to think about how Angela's and Ray's story relates to their own. The goal is to motivate your participants to come up with their own goals and solutions.

4. What format can be used to present the sessions?

This Toolkit contains *The Road to Health Supplemental CD-ROM* with a copy of the Flipchart, allowing you to make the presentation in several ways.

- A PowerPoint presentation: You will need a computer, an LCD projector, and a screen or white wall.
- Transparencies: You will need an overhead projector and a screen or white wall.
- Copies of each page to distribute among participants.
- A Flipchart.

We strongly suggest looking at the *User's Guide* for more information on other toolkit components to enrich your educational sessions.

5. How should I use the background notes on the pages that are facing me?

- The participants do not see these pages.
- Depending on the time available and the needs of the participants, use all the notes or only those that are more important or appropriate for the group.
- Read and review the background section(s) before the session.

Other Toolkit components include:

- *User's Guide*.
- *Activities Guide*.
- *Resource Guide*.
- *Photo Journal*.
- *CD/DVD Movimiento Por Su Vida*.
- *CD/DVD Step by Step: Moving towards Prevention of Type 2 Diabetes*.
- A VHS copy of the music videos from *Movimiento* and *Step by Step* are available.
- *NDEP Food and Activity Tracker*.
- *NDEP Fat and Calorie Counter*.
- *The Road to Health Supplemental CD-ROM* with files of some of the toolkit components as well as additional tools such as the Portion Distortion Quiz, a PowerPoint version of the Flipchart, and other teaching aids and handouts.
- *The Road to Health Training Guide*.
- *The Road to Health Training Video*.

Flipchart Topics

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

The Flipchart, along with the story of a 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 Angela and Ray.

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.

Part 3: Increase physical activity

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

Page 9: Moving more.

Page 10: Barriers and excuses.

Page 11: Rewards of a healthier lifestyle—setting goals.

Page 12: Summary of key points.

Preventing type 2 diabetes— Meeting Angela and Ray

Background

Angela and Ray Williams are sister and brother. They are from a family affected by type 2 diabetes. Their mother and brother have diabetes, as do other members of their extended family. Because of this family history, Angela and Ray are at risk for type 2 diabetes. Over the last 2 years, Angela and Ray have made small changes in the way they eat and to their physical activity level to help prevent type 2 diabetes from becoming their destiny. Telling a story about Angela and Ray can help participants learn the key points.

Tip: Tell the story YOUR way. The Flipchart shows Angela and Ray's key messages, but it is up to you to add the 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 Angela and Ray Williams 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 Angela and Ray as they move through the Flipchart.

THE WILLIAMS' FAMILY STORY:

Meet sister and brother, Angela and Ray Williams



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

Angela, 28
Elementary School
Teacher



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

Ray, 32
Realtor

Type 2 diabetes does not have to be our destiny.

Ask and Discuss

- Does anyone in your family have diabetes?
- How has type 2 diabetes affected you?
- Do you think you are at risk? (Participants will learn more about risk for type 2 diabetes later in the Flipchart.)

THE WILLIAMS' FAMILY STORY:

Meet sister and brother, Angela and Ray Williams



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

Angela, 28
Elementary School
Teacher



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

Ray, 32
Realtor

Type 2 diabetes does not have to be our destiny.

Diabetes affects various body organs

Background

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

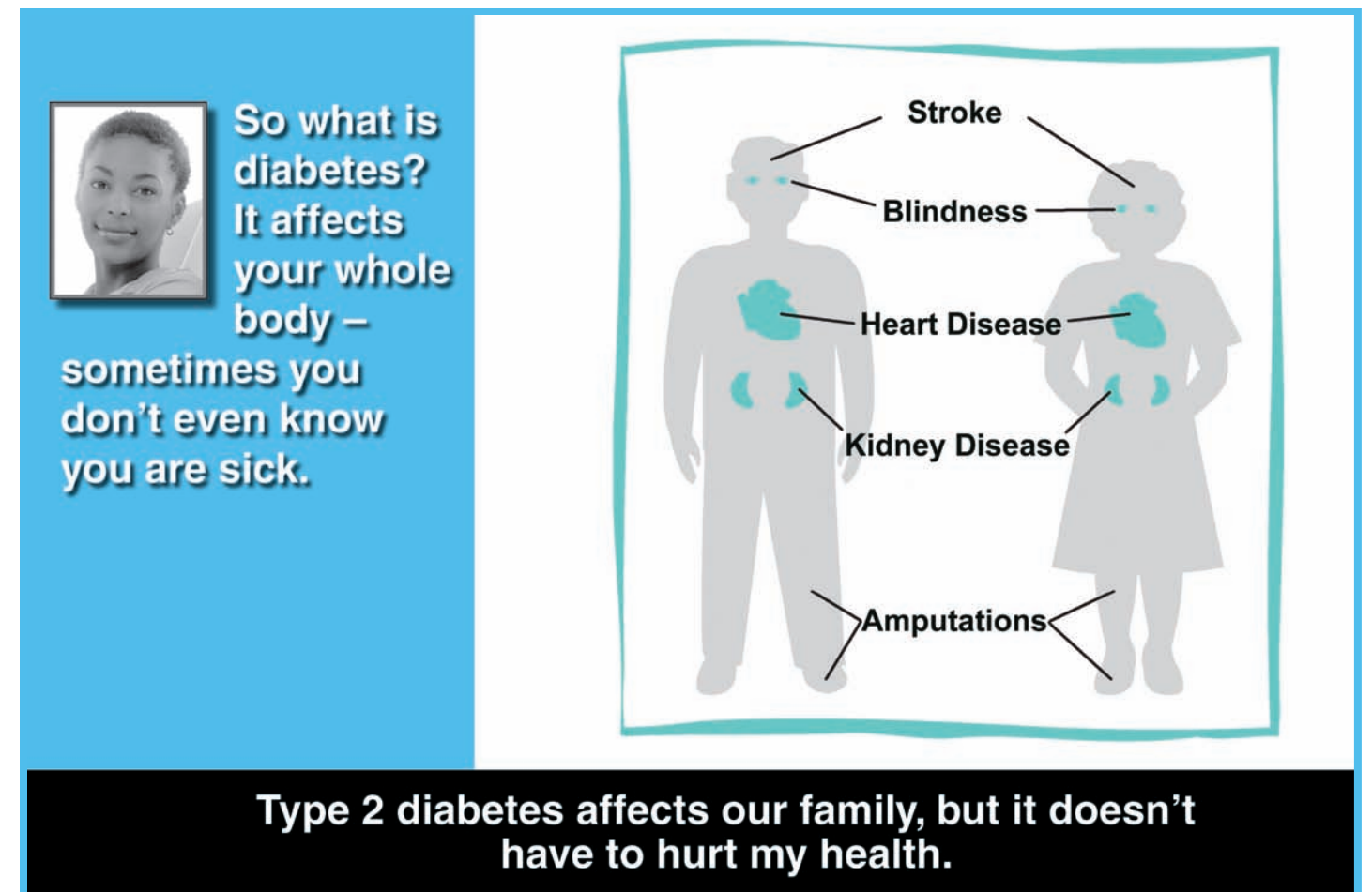
Key Points

How does diabetes affect your health? Think about a glass of lemonade 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. Recent 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 (4.5 to 6.3 kg) for a 200 pound (90.6 kg) person.
- Lose and maintain the weight loss by making healthy food choices by eating a variety of foods that are low in fat 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.

Tip: You may want to show the sample weight-loss chart on page 44 in the *Activities Guide*.



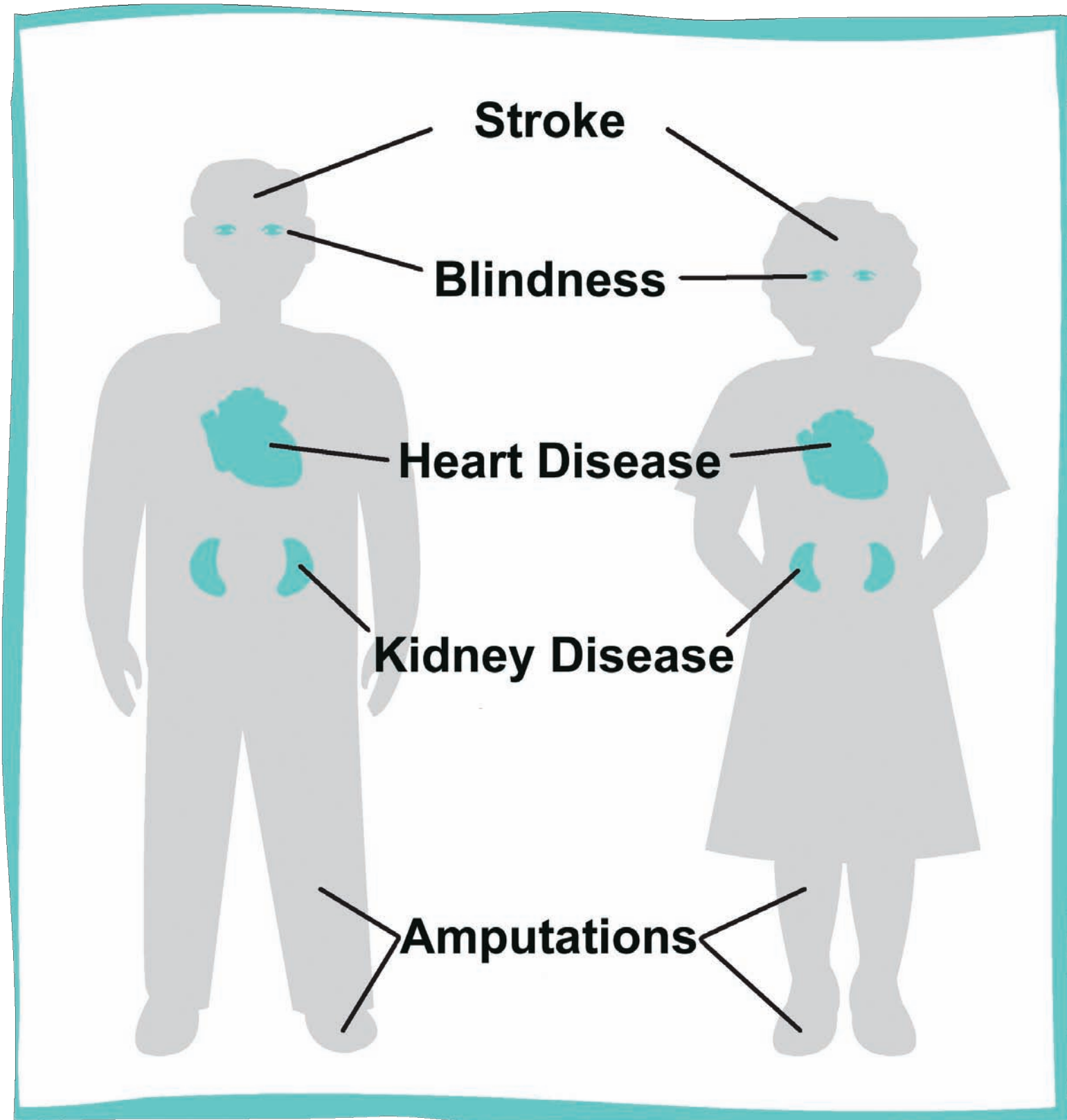
The infographic is divided into three main sections. On the left, a blue vertical banner features a small portrait of a young Black woman and the text: "So what is diabetes? It affects your whole body – sometimes you don't even know you are sick." To the right, a white box with a teal border contains two grey silhouettes of a man and a woman. Lines connect various parts of their bodies to labels: "Stroke" points to the head, "Blindness" to the eyes, "Heart Disease" to the chest, "Kidney Disease" to the lower back, and "Amputations" to the lower legs. At the bottom, a black banner with white text reads: "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 and delay type 2 diabetes?**



**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 African American, Hispanic/Latino, Asian American or Pacific Islander, or American Indian/Alaska Native.
- Having a close family member, like a parent, brother, or sister, who has or had diabetes.
- Being older than 45.
- Having had diabetes when you were pregnant.

Diabetes can develop at ANY AGE.

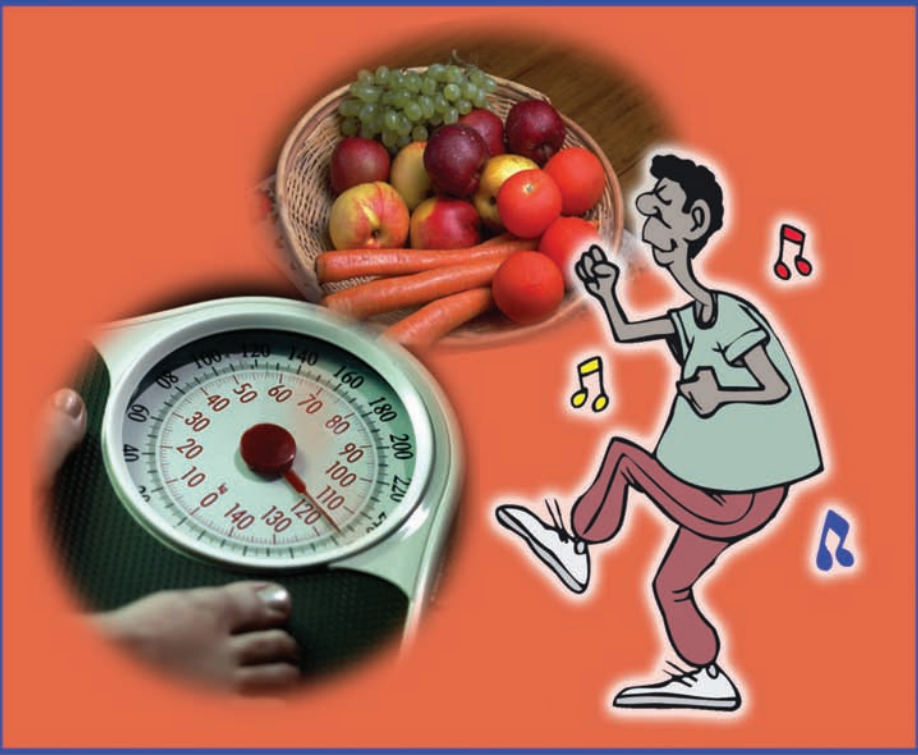
Key Points

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.



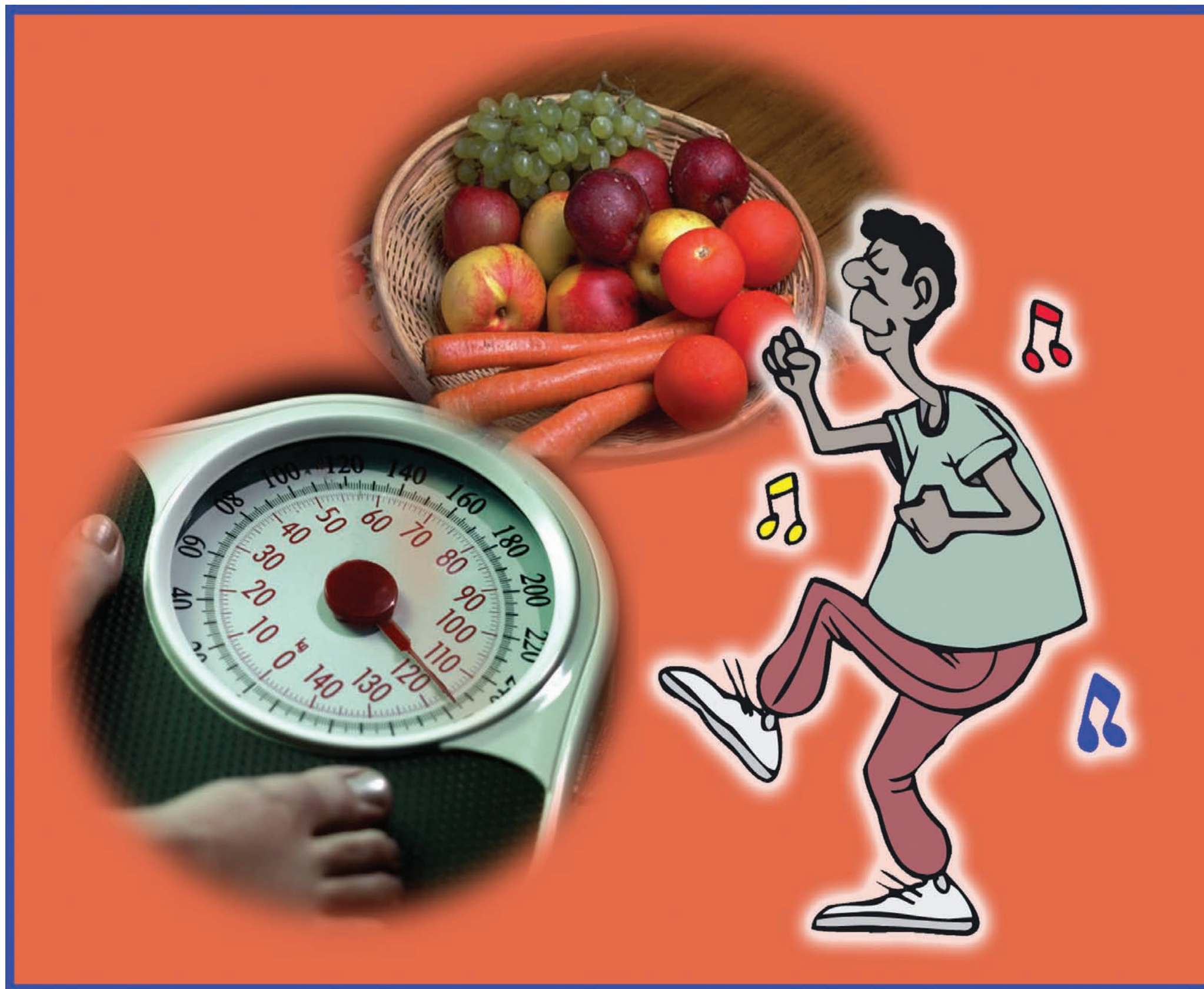
Diabetes runs in our family, but I don't claim it. I'm making small changes to what I eat and do. I'm losing a few pounds and I'm in control.

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

3

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?



Diabetes runs in our family, but I don't claim it.



I'm making small changes to what I eat and do. I'm losing a few pounds and I'm in control.

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. Start by teaching participants to read and understand food labels.

Ray took the first step to learn what he eats and how to make better choices. The two labels below are for reduced fat milk and nonfat milk. As you see, the reduced fat milk has 5 grams of total fat in each serving. The nonfat milk has 0 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.

Tip: Community health workers should bring food labels for foods that are high and low in fat, calories, and sugar. Teach participants to compare food labels.

REDUCED FAT MILK
2% Milk Fat

Nutrition Facts
Serving Size 1 cup (236ml)
Servings Per Container 1

Amount Per Serving
Calories 120 Calories from Fat 45

	% Daily Value*
Total Fat 5g	8%
Saturated Fat 3g	15%
Trans Fat 0g	
Cholesterol 20g	7%
Sodium 120mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
Sugars 11g	17%
Protein 9g	

Vitamin A 10% • Vitamin C 4%
Calcium 30% • Iron 0% • Vitamin D 25%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

NONFAT MILK

Nutrition Facts
Serving Size 1 cup (236ml)
Servings Per Container 1

Amount Per Serving
Calories 80 Calories from Fat 0

	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol Less than 5mg	0%
Sodium 120mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
Sugars 11g	17%
Protein 9g	

Vitamin A 10% • Vitamin C 4%
Calcium 30% • Iron 0% • Vitamin D 25%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

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.

REDUCED FAT MILK

2% Milk Fat

Nutrition Facts	
Serving Size 1 cup (236ml)	
Servings Per Container 1	
Amount Per Serving	
Calories 120	Calories from Fat 45
% Daily Value*	
Total Fat 5g	8%
Saturated Fat 3g	15%
Trans Fat 0g	
Cholesterol 20g	7%
Sodium 120mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
Sugars 11g	
Protein 9g	17%
Vitamin A 10% • Vitamin C 4%	
Calcium 30% • Iron 0% • Vitamin D 25%	
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	

NONFAT MILK

Nutrition Facts	
Serving Size 1 cup (236ml)	
Servings Per Container 1	
Amount Per Serving	
Calories 80	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol Less than 5mg	0%
Sodium 120mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
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Calcium 30% • Iron 0% • Vitamin D 25%	
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	

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.



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

Angela 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 or 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 glazed doughnut, and a cup of macaroni and cheese as examples. Bring teaspoons of butter or shortening to show what fat really looks like.

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

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 Fat and Calorie Counter* is also a good way to look up favorite foods and lower fat alternatives. More information about these tools can be found on page 25 of the *User's Guide* and in the *Road to Health Supplemental CD-ROM* and at www.ndep.nih.gov.

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

	=		POTATO CHIPS, 1 ounce bag = 9.7grams of fat = 2 teaspoons of fat
	=		PRETZELS, 1 ounce bag = 1 gram of fat = 0.214 tsps of fat
	=		FRIED CHICKEN, 2 small chicken drumsticks, breaded/battered, deep fried (fast food), skin eaten = 42 grams of fat = 8 1/2 teaspoons of fat
	=		BAKED, BROILED OR STEWED CHICKEN, 2 small chicken drumsticks, skin removed = 13.4 grams of fat = 2 2/3 teaspoons of fat
	=		DONUT, 1 glazed, yeast, 4" diameter = 10.5 grams of fat = 2 teaspoons of fat
	=		PUDDING, 1/2 cup of Puddings, all flavors (made from mix, sweetened) with skim milk = 0 grams of fat
	=		MACARONI & CHEESE, 1 cup macaroni and cheese, made from mix, with whole milk = 22.7 grams of fat = 4 1/2 tsps of fat
	=		LOW-FAT MACARONI & CHEESE 1 cup macaroni and cheese, homemade with skim milk, low-fat cheese = 3.0 gram = 2/3 teaspoons of fat

Fats are hidden in all kinds of foods.

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?



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

I’ve made changes to lower-fat foods.



=



POTATO CHIPS,

1 ounce bag = 9.7grams of fat = 2 teaspoons of fat



=



PRETZELS,

1 ounce bag = 1 gram of fat = 0.214 tsps of fat



=



FRIED CHICKEN,

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



=



BAKED, BROILED OR STEWED CHICKEN,

2 small chicken drumsticks, skin removed = 13.4 grams of fat = 2 2/3 teaspoons of fat



=



DONUT,

1 glazed, yeast, 4” diameter = 10.5 grams of fat = 2 teaspoons of fat



=

PUDDING,

1/2 cup of Puddings, all flavors (made from mix, sweetened) with skim milk = 0 grams of fat



=



MACARONI & CHEESE,

1 cup macaroni and cheese, made from mix, with whole milk = 22.7 grams of fat = 4 1/2 tsps of fat



=



LOW-FAT MACARONI & CHEESE

1 cup macaroni and cheese, homemade with skim milk, low-fat cheese = 3.0 gram = 2/3 teaspoons of fat

Fats are hidden in all kinds of foods.

Learning about fast food “value meals”

Background

Ray 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. Ray 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.

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 Fat and Calorie Counter in this toolkit.)




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

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

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



- 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, and salt.

Using the “traffic light method” to label foods

Background

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

- Red means stop and think. Eat these foods (such as hot dogs, soda, pie, and fried foods) only once in a while and in very small portions. If at least half the calories come from fat, the food is a “red” food.
- Yellow means go slowly. Eat these foods (bread, grits and butter, beans, 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.

Key Points

- If you are in a participant’s home, bring color stickers and label foods and teach why each food is a “red,” “yellow,” or “green.” Foods with more than half the calories from fat get the red light. Foods with less fat, 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., 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.
- For more resources about choosing healthier food options, refer to the *Activities Guide*.
- Talk about how participants can easily add more foods from the “green” group.

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?**



To help me make healthy food choices,

I made my own food guide.

The Traffic Light Method



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Eat more of these, every day.



August 2008

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

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

Understanding proper portion sizes

Background

Ray and Angela 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 and can, of course, be larger or smaller than a serving.

The 2005 Dietary Guidelines for Americans recommends for the general population to consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains (Source: <http://www.healthierus.gov/dietaryguidelines/>).

For example, a serving of pasta is 2 ounces of dried pasta (about 1 cup cooked) and the U.S. Department of Agriculture recommends that 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.

One toolkit resource for teaching about portion size is the *Portion Distortion Interactive Quiz Slide Show I and II*, located in the *Road to Health Supplemental CD-ROM*. You can also refer to the *Activities Guide: Activity I: Portion Distortion*.

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.

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.

A light bulb = one serving of vegetables

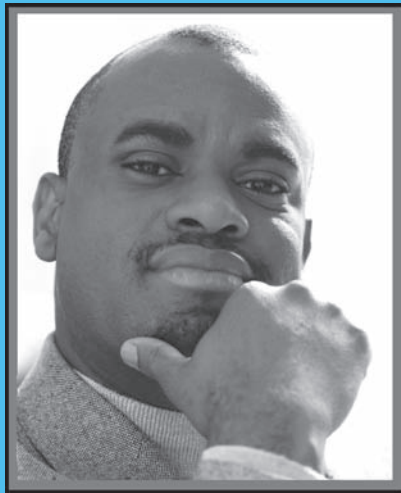
A deck of cards = one serving of meat

An ice cream scoop = one serving of rice, cereal, or potato

Learning portion sizes is easy.

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.

A glowing light bulb on a red background.

**A light bulb =
one serving of vegetables**

A deck of blue playing cards on a red background.

**A deck of cards =
one serving of meat**

A metal ice cream scoop filled with white rice on a red background.

**An ice cream scoop =
one serving of rice, cereal, or potato**

Learning portion sizes is easy.

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.
- Play basketball with the kids.
- Show the kids how to dance to your kind of music. (Try to learn to dance to their music. Have a good laugh together.)
- 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.
- Listen to the music CD/DVD or see the music video in this toolkit and dance along.
- Go bowling.
- Take the stairs instead of the elevator.
- Play actively (run, walk, bike) with your kids or grandkids.
- Get off the bus one stop early.



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.

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?**



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Moving more may help prevent or delay type 2 diabetes.

Barriers and excuses


Background

Ray 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. Use the “*Welcome to the City of Excuses*” poster in the *Road to Health CD-ROM* for this discussion.

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.



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
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**one healthy
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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

Angela and Ray talk about their rewards.

For Angela:

- She sings with more strength—and the choir noticed.
- She played in the softball game at her family reunion.
- 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 Ray:

- 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.

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.

**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 (90.6 kg) person.
- Lose and maintain the weight loss by making healthy food choices by eating a variety of foods that are low in fat 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.
- *The Road to Health Supplemental CD-ROM* contains a tool called *The Barriers Quiz*, which can help people focus on the main things that stop them from being more active. Then use the *Suggestions for Overcoming Physical Activity Barriers* on the *Road to Health Activities Guide*.



My road will not include diabetes. 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.

Ask and Discuss

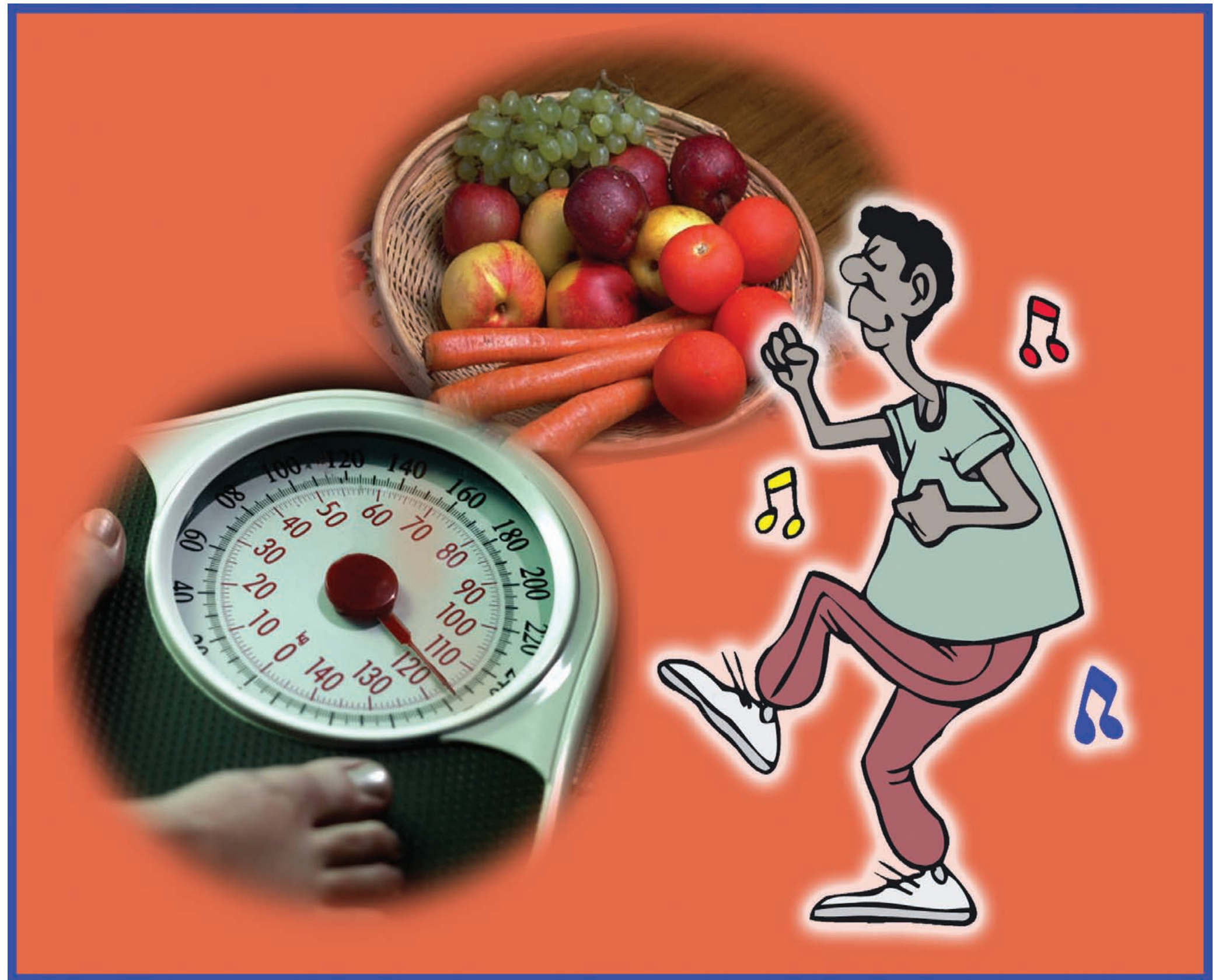
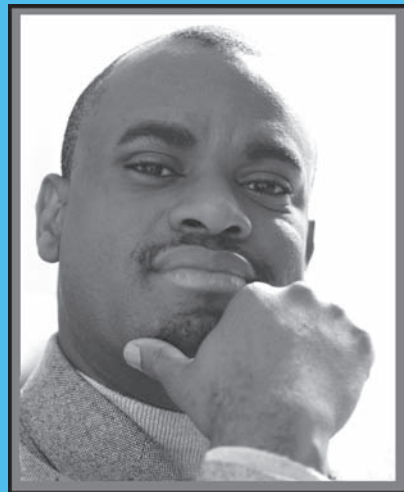
- **What are your next steps (for example, clean out pantry, split lunch with friends, drink water)? What is one thing you will work on today or this week?**
- **Make a list of your goals to start on your road to health. Where will you put this list (for example, fridge, front door, bedroom mirror)?**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



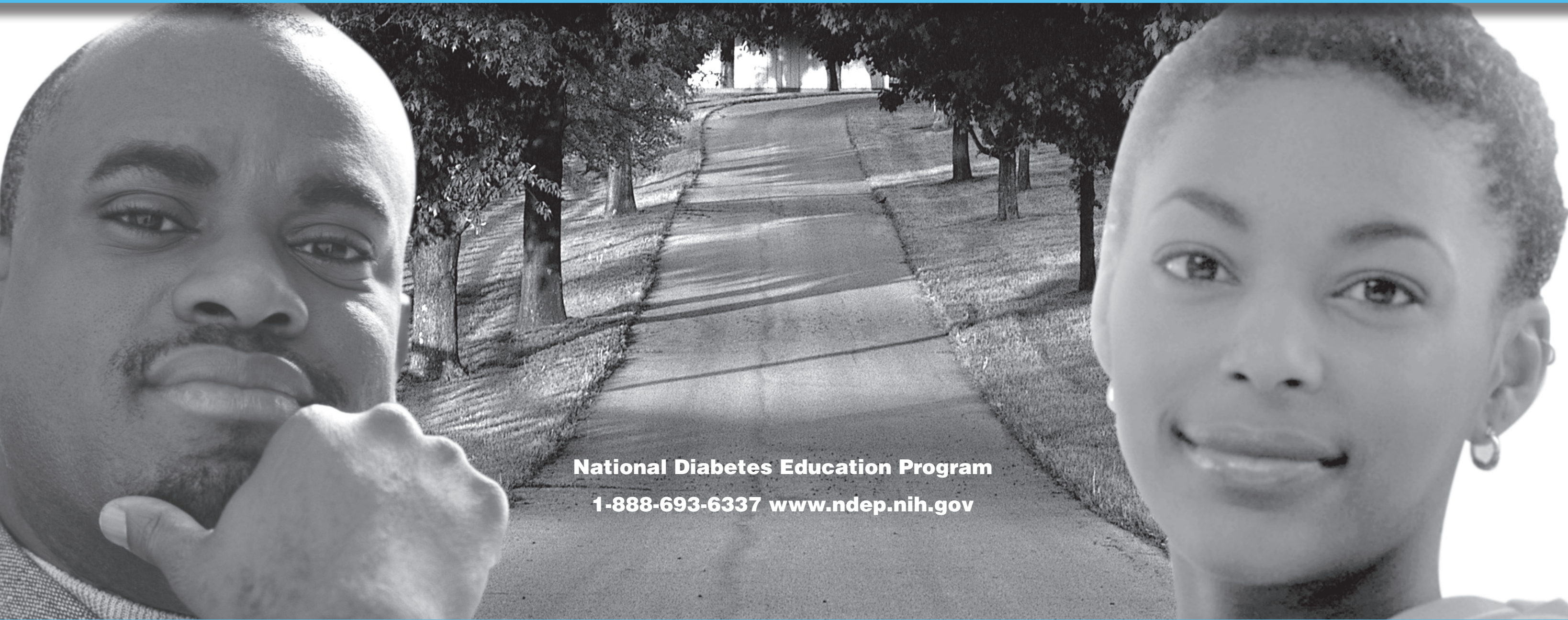
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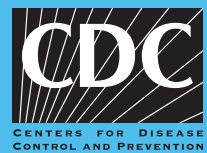
I take it one choice, one day at a time. I'm making my own road to health.



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



National Diabetes Education Program
1-888-693-6337 www.ndep.nih.gov



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