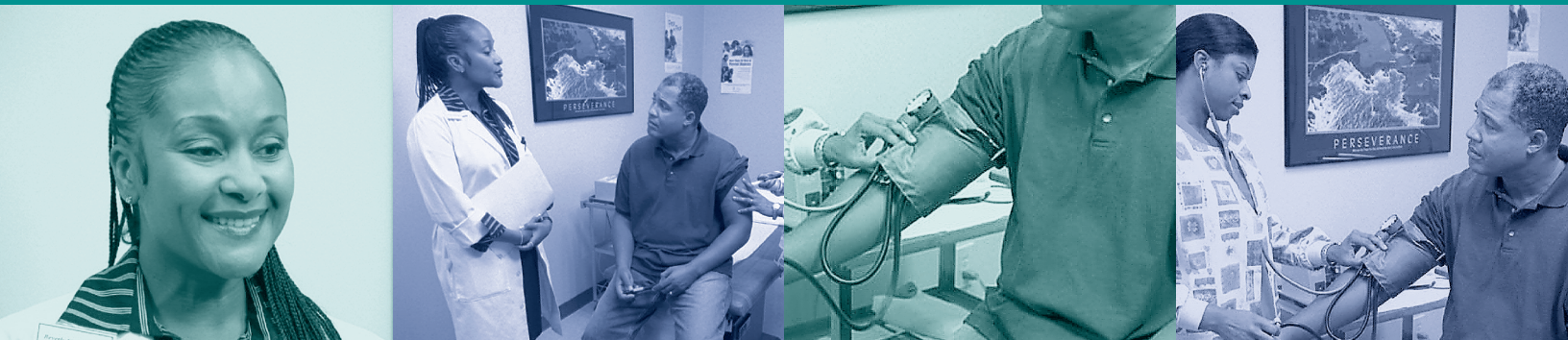


New Beginnings



A Discussion Guide for Living Well with Diabetes



Based on Themes from the Film *The Debilitator*



November 2005

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

<http://www.ndep.nih.gov>

New Beginnings: A Discussion Guide for Living Well with Diabetes

Based on Themes from the Film *The Debilitator*

2005



NATIONAL
**DIABETES
EDUCATION**
PROGRAM

Acknowledgments

Many National Diabetes Education Program partners contributed to the development of this guide. The following people formed a core writing and review team that helped research, write, and refine drafts of the manuscript and enlisted the involvement of school personnel and parents in reviewing the guide. Their dedication and assistance were invaluable.

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In addition, the National Diabetes Education Program would like to thank the following individuals, who reviewed portions of this discussion guide:

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Disclaimer

The Debilitator is an independently produced film created by Millennium Filmworks. The film is not an NDEP product, and as such, the NDEP does not have the rights to use, reproduce, or broadcast the film. The NDEP is not responsible for the content of *The Debilitator* film, and reference to this film does not imply an endorsement of products developed by the organizations that funded and created this film. Information on obtaining this film is provided solely as a service for users of this NDEP discussion guide. It is possible to use this discussion guide without access to the film. Contact Millennium Filmworks at ***<http://www.millenniumfilmworksinc.org>*** for further information on obtaining the film.

Photographs in the discussion guide that are related to *The Debilitator* film were provided by Millennium Filmworks, Inc.

Contents

Introduction.....	1
How to Use This Guide.....	3
Frequently Asked Questions.....	7
Session One. Overview: <i>The Debilitator</i>	13
Session Two. What’s Going On in the Family?.....	19
Session Three. Be Smart About Your Heart: Know Your ABCs.....	23
Session Four. Every Day Is a New Beginning.....	31
Handout for Session Four: Emotional Stages of Change	
Session Five. Diabetes Detection: Could I Have Diabetes Right Now... and Not Know It?.....	39
Handout for Session Five: Diabetes Detection Initiative Risk Test	
Session Six. You Can Be Your Own Worst Enemy or Your Own Best Friend.....	45
Handout for Session Six: Home Exercise	
Session Seven. Emotional “Short Circuits” and “Brain Shutdown”.....	53
Session Eight. Children and Family: How Can They Understand?.....	59
Handout for Session Eight: Effects of Diabetes	
Session Nine. Fear of “the Needle”.....	65
Handout for Session Nine: Myths and Facts About Insulin	
Handout for Session Nine: What You Might “Know” About Diabetes: Myths and Facts	
Session Ten. Working with Your Doctor.....	73
Session Eleven. A Frightening Future: The Rise of Type 2 Diabetes in Youth.....	81
Handout for Session Eleven: Obesity Maps and Diabetes Maps	
Handout for Session Eleven: Eating Healthily, Moving More	



Session Twelve. Spirituality as a Guide and Support	89
Session Thirteen. What Are My Patients Thinking? A Session for Health Care Providers.	95
Handout for Session Thirteen: The 5As	
Handout for Session Thirteen: Role-Playing Exercise	
Troubleshooting	103
Creating Your Own Panel Discussion	107
References and Resources.	109
<i>NDEP Publications Order Form</i>	113
State-Based Programs to Reduce the Burden of Diabetes	119

Introduction

A discussion facilitator is the person who takes the lead in guiding the discussion. This person could be a diabetes educator but doesn't have to be. Experience acting as a group facilitator is helpful but not essential, because these sessions do not need to be held in a formal setting. They could be explored in a more informal and intimate setting, such as a family gathering.

How to Use This Guide

Frequently Asked Questions

How to Use This Guide

Welcome to this new discussion guide from the National Diabetes Education Program (NDEP). This guide was developed to expand on themes and educational opportunities brought out in *The Debilitator*, a public television docudrama developed by independent film company Millennium Filmworks.

This film and discussion guide focus on an often overlooked aspect of diabetes—the impact that emotions can have on how people give and receive information about diabetes, whether they seek help, and, ultimately, what influences them to take action to control or prevent diabetes. Our experience participating in pilot test screenings of the film *The Debilitator* has told us that people want to talk about it afterward: about their personal experiences and the emotions that accompany living with diabetes. This guide is intended to help facilitate the discussion by providing stimulus questions, group and individual exercises, and role-playing experiences.

The material in this discussion guide is divided into 13 modules to be used by facilitators in leading sessions on topics drawn from *The Debilitator*. This film is about Calvin Dixon, an African American man with neglected diabetes who dreams that he dies of a heart attack. The dream prompts him to share his fears with his family and to accept their help in taking action to control his diabetes.

The modules for the sessions, all formatted in the same manner, include background information, learning objectives, materials needed, suggestions for stimulation questions, and points to bring out in the discussion. An estimated time is given, but only for the discussion. An additional 30 minutes is needed for watching the film. Many modules contain classroom and homework exercises, and some include optional activities. You may choose among these activities based on the interests of the group, the amount of time that you have, and your expertise as a discussion leader. Some handouts for the sessions are included in this discussion guide kit and may

be photocopied for participants; others must be ordered from the NDEP ahead of time or downloaded from the Internet at <http://www.ndep.nih.gov>

Each module is designed to stand alone. You can use any one of the modules if you are meeting with a group only once, or you can use the modules as a series if you are meeting several times with the same group. The overview session is designed to bring out facts about diabetes and to probe emotions evoked by viewing *The Debilitator*. The session is “scripted”; that is, it contains detailed notes on what you can say to the group to facilitate discussion. You may want to use that module if you are meeting on a one-time basis with a group and the participants don’t know each other. The other modules in the guide focus more closely on specific scenes in the film and can be used in a support group, in an educational meeting, or in any other group that is meeting more than once. Those modules assume that the group members have already met together at least once. They are not as heavily scripted as the overview session, but they all include points that we suggest you bring out during the discussion.

Key to Icons Used in This Guide



DVD

1. Play film, or replay scene in film.



2. Distribute/review handout(s).



3. Make sure the following points are brought out in the discussion.



4. Be alert to a sensitive topic (e.g., spirituality, discussion of emotions).



5. Time needed for discussion.



6. Classroom exercise or activity.



7. Homework exercise/home exercise.

Only the final module requires special medical training, and any factual information about diabetes that you may need is included in the handouts. However, the NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise. The final module is designed specifically to be used to lead a session for health care providers. We recommend that this session be facilitated by a health care provider who is currently involved in clinical care.

Also contained in this guide are a group of frequently asked questions and their answers, a section on troubleshooting to help you handle unexpected situations during the sessions, a list of suggestions for creating your own

panel discussion, a References and Resources section, a form for ordering NDEP materials, and a list of state-based programs to prevent and control diabetes.

Please submit questions or comments about this guide to Dr. Jane Kelly, director of the National Diabetes Education Program (NDEP), Centers for Disease Control and Prevention (CDC), at jkelly@cdc.gov, or fax 770-488-5195.

THANK YOU

Frequently Asked Questions

What is the film *The Debilitator* about?

The Debilitator tells the story of Calvin Dixon, an African American man with neglected diabetes who has a bad dream about dying of a heart attack. When he wakes up, his fears prompt him to tell his family about his diabetes and to get help in dealing with his diabetes and taking proper care of himself. Diabetes can be a “debilitator” in that it can wear down, or debilitate, a person’s energy, health, and well-being, but it doesn’t have to. One can beat “the debilitator.” As Calvin Dixon says, “I’m going to beat the odds.”

What is the discussion guide all about?

The discussion guide contains materials that show facilitators how to lead a discussion among a small group of people (for example, a support group, a diabetes class, a church group, or a “lunch-and-learn” session at work) about the events in the film. The guide contains 13 modules on different topics drawn from Calvin Dixon’s story. The final module is a communications training module for health care providers to help them understand more about what their patients are experiencing.

Lots of videos and booklets about diabetes are available nowadays. How are these materials different?

By telling the story of one man and how he deals with learning that he has diabetes, *The Debilitator* connects emotionally with the audience. The discussion guide focuses on the emotions that Calvin Dixon experiences, how he shares his feelings with his family, and how he interacts with his doctor.

This film is about an African American man and his family. The people in the group I’ll lead may not be African American. Do the film and discussion guide still apply to them?

Yes. Human emotions are universal. This story focuses on an African American man, but the emotional issues and lessons learned apply to all of us. It might be worthwhile for your group to talk about how some things in the

film might be expressed differently in your family, your culture, or your community group.

I am a Diabetes Educator. How can I use this film?

As a diabetes educator, you have a fundamental role in providing and teaching diabetes self-management. You can use *The Debilitator* film and discussion guide in a variety of settings (e.g., clinics, community organizations, support groups, diabetes retreats) to help your clients

- Acknowledge the emotional aspects of diabetes and how they can hinder or support diabetes self-care.
- Better understand the importance of diabetes care and self-management.
- Formulate a plan for adopting diabetes self-care behaviors.

I am the program director/coordinator of the state Diabetes Prevention and Control Program (DPCP). How can I use this material?

DPCPs can work collaboratively with communities, municipalities, regions, clinics, health insurance companies, churches, and hospitals, among others, to address the many facets of diabetes, such as risk factors and the connection between diabetes and cardiovascular diseases. Settings in which DPCPs can use *The Debilitator* and the discussion guide are

- ✓ **Coalitions.** Support and foster the development of coalitions to address diabetes and cardiovascular diseases.
- ✓ **Diabetes Education and Training Programs for Professionals.** Provide opportunities to promote best practices and standards of care among those responsible for providing medical care to people living with diabetes.
- ✓ **Provider Education.**
 1. **Patient Education Tools**—Distribute the film to providers and professionals statewide, or hold luncheon meetings to discuss the film.

2. **Continuing Education Unit (CEU)**—Provide educational training sessions on the emotional impact of living with diabetes and on ways to improve communications between health care providers and people living with diabetes and cardiovascular diseases.

Note: The NDEP does not provide continuing medical education (CME) or CEU credit, but your organization may find that these discussion modules fit into already scheduled and approved CEU/CME programs.

- ✓ **Clinic Support for Indigent Diabetes Care.**
- ✓ **Public Education Activities.**
- ✓ **Health Care Systems.** Provide training, support, and resources for primary care centers to improve diabetes care.
- ✓ **Community Interventions.** Use the discussion guide in churches and in other community settings to promote wellness, physical activity, and weight and blood pressure control for people with diabetes.

I am a business owner. What does this discussion guide have to offer me?

Poorly controlled diabetes has a huge effect on your most important resource: your employees. Investing in improved diabetes control can pay off in heightened productivity, decreased absenteeism, lower medical costs, and healthier retirees. Many businesses already have wellness coordinators or occupational health nurses who could lead discussion groups. Smaller businesses that may not have these personnel may have a few employees who would be willing to lead these discussions as “brown bag” lunch sessions. More information and suggestions for things that you as a business owner can do to help prevent and control diabetes among your employees can be found at <http://www.diabetesatwork.org>.

I work at a community college. Can we use this material in our adult enrichment courses?

Yes, you may use the NDEP discussion guide. All NDEP materials are in the public domain, so you can photocopy

and use any of these materials without concern about copyright infringement. You may add other materials or adapt these materials to your needs for an adult enrichment course, and you may put your logo on the materials alongside the NDEP logo. You must contact Millennium Filmworks for information on the rights to show the film.

I run a clinic (or I am a hospital administrator). How can I use this material?

The modules in this discussion guide can be used in training health care providers to improve communication with their patients. Consider showing the film and leading a discussion at a noontime conference or at a weekly CME event. Improved communications between health care providers and patients have been noted to reduce lawsuits and to enhance clinical care. You might even consider holding discussions that bring patients and providers together as a learning experience for both groups. The final module, a communications training module, has been specially designed to help health care providers understand more about what their patients are experiencing.

Note: As stated earlier, the NDEP does not provide CME or CEU credit, but your organization may find that these discussion modules fit into already scheduled and approved CEU/CME programs.

I want to lead a group, but I don't know that much about diabetes. Will this film and accompanying guide give me all the facts that I need to know about the disease?

Some facts about diabetes are presented, but you don't need to have extensive knowledge of diabetes to lead a group. (For a list of common medical terms related to diabetes, visit <http://www.cdc.gov/diabetes/pubs/tcyd/appendix.htm>.) Most of the material in the discussion guide is focused on emotions and behavior—how people can recognize the emotions that stop them from doing the things that are healthy for them, and what they can do to change. If at all possible, invite a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

I have diabetes and want to learn more about it, and perhaps even lead a discussion, but I don't have a diabetes support group, and I don't go to diabetes education classes. Where can I use this material?

You can use the film and discussion guide anywhere that people get together. You can show the film at a community event, such as a health fair, and then choose one module to discuss. Or you can simply get family and friends together as a group. You may want to ask your local hospital, clinic, or American Diabetes Association (ADA) chapter to help you organize a group. Your state Diabetes Prevention and Control Program may know of programs in your areas or may help you start a program. Refer to the contact list for DPCPs in this discussion guide kit. Or visit <http://www.cdc.gov/diabetes> for the most up-to-date contact list for your state.

What do I need to do to hold a discussion group?

How do I get started?

Most written materials needed to hold a discussion group are included in this guide. (Some materials for the sessions must be downloaded from the Internet or ordered from the NDEP.) The film *The Debilitator* can be obtained from Millennium Filmworks at <http://www.millenniumfilmworksinc.org>. The discussion guide and other NDEP materials are available free of charge. Download them from the National Diabetes Education Program Web site <http://www.cdc.gov/diabetes/ndep>, order them online from <http://www.ndep.nih.gov>, or order them by phone by calling 1-800-438-5383.

Where do I go for more information?

Refer to the References and Resources section at the back of this discussion guide.

Session One
Overview: *The Debilitator*

1

Session One

Overview: *The Debilitator*

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

This module for the overview session focuses largely on reinforcing some facts about diabetes and on probing emotions evoked by viewing the film *The Debilitator*. This module is a good choice if you are working with a group on a one-time basis and the participants don't know each other. It also works well as the first session in a series of sessions over weeks or months with the same participants.

For your convenience, this first session is heavily scripted; it contains detailed notes on what you can say to the group to facilitate discussion. Feel free to use either this script or your own words to lead the discussion.

Background

Diabetes is the sixth leading cause of death in the United States. Diabetes is also a major contributor to heart disease, which is the nation's number one cause of death. Diabetes and its complications disproportionately affect African Americans. The more that people understand about diabetes, how it causes complications, and what they can do to control and prevent it, the better equipped they will be to take action. The film *The Debilitator* can be used to raise awareness of diabetes, to educate viewers about the link between diabetes and heart disease, and to direct viewers to action steps that they can take to control and prevent diabetes. Diabetes can be a "debilitator" because it can wear down (or debilitate) a person's energy and well-being, but as Calvin Dixon shows, this does not have to happen. A person can take charge and control diabetes.

Objectives

1. To describe the actions that a person can take to control type 2 diabetes.
2. To discuss the role of the family in supporting a person with diabetes.



Time needed for the session: a minimum of 60 minutes (including 30 minutes for watching the film).

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: NDEP brochure *4 Steps to Control Your Diabetes for Life* (at least one copy for each participant). Use the *NDEP Publications Order Form* at the end of this guide to order this handout and other NDEP materials referenced in this guide by fax or mail, or go to the Web site <http://www.ndep.nih.gov> to order online or to download the materials.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).

Introduction

1. **Say:** Hello. I'd like to welcome you all here today for our group discussion on the effects of diabetes on people with the disease, their families, and their friends. Before we get started, I'd like to ask you a few questions. *[Request that participants raise their hand in response to your questions.]* How many of you either have diabetes or have someone in your immediate family with diabetes? Okay, keep your hands

raised. How many of you others have a close friend or coworker with diabetes? *[Most of the group should have their hands raised. Instruct everyone to look around the room at the number of people affected by diabetes.]*

Wow, it's amazing to see how many people are affected by diabetes. According to the Centers for Disease Control and Prevention (CDC), there are one million new cases of diabetes in the United States each year. I want you all to think about this fact for a minute. This disease is very serious and has complications that can cause heart disease, blindness, impotence, and many more health conditions. But before we go more deeply into our discussion of diabetes, let's introduce ourselves. My name is _____, and I'll be facilitating our discussion today. I'm glad that you are here to share your story and learn more about diabetes. *[Ask participants to introduce themselves.]*

Now, let's get back to this discussion. Some people don't realize how serious diabetes is. Did you know that diabetes is the sixth leading cause of death in the United States, and that there is a strong link between diabetes and heart disease? In fact, more people with diabetes die of heart disease than of any other cause. We have to do something to help educate each other about how to prevent and control diabetes.



- Say:** We're going to watch a 30-minute film called *The Debilitator*. It's about an African American man and his life with diabetes. After we watch the film, we'll have a short discussion. Your comments are all very important, so I ask that we please respect each other and our time here by speaking one at a time. The discussion should last about _____ minutes or so. *[Let the group know how much time you have allotted for discussion—usually 30 to 60 minutes.]*

Optional if your organization has the resources:

Say: After the film and discussion, you'll receive a small token of our appreciation for your participation and your willingness to learn about diabetes.

3. **Ask the group:** Are there any questions at this point? If not, let's get started. You may want to take notes as you watch the film.

Optional if your organization has the resources:

Say: Refreshments are on the table, so please help yourselves. *[Make sure that only healthful snacks are served.]*



DVD

Show the Film

After-Film Discussion

[When the film is over, look out at the participants to see if any are eager to speak. If so, let them comment on the film. If not, move on to the first question.]

1. **Say:** Wow. That was a powerful film. It had a lot of key messages for Calvin and his family. Tell me how this film made you feel and why. *[In all cases, wait for open, voluntary responses; call on people who look as if they have something to say. When necessary, probe for the following emotions: fear, sadness, and hope. Allow each participant about 3 minutes to express his or her feelings and then move to the next person.]*
2. **Ask:** What role did the family members play in the life of this man with diabetes? How important were the family members to Calvin's survival? *[Probe your audience by giving a few lead-in examples of the family's role; for instance, the mother's choice of what to cook for dinner, the children exercising with their father, and the family making sure that Calvin takes his medications regularly.]*
3. **Ask:** Can you relate to this family? In what ways? *[Discuss relationships within families, and ask members of the group to share their personal stories relating to a family member or close friend.]*
4. **Ask:** If you had been in Calvin's shoes, how many of you would have actually listened to the doctor and gone to the diabetes support group meeting? *[If you need to probe for comments, call on different people in the group.]*

5. **Ask:** Does anyone have any suggestions on how to help someone in your family who is living with diabetes?

[Don't ask more than five questions about the movie. If your group is having a good discussion not related to the questions above, feel free to go with the flow—just as long as the comments contribute to the understanding of diabetes.]

6. **Say:** Now let's get to the fun part of the session. Let's do some role playing.
7. **Ask:** Could I have two volunteers—one man and one woman? *[You may need to select two people if no one volunteers.]* I want you two to pretend that you are Calvin and his wife. Calvin wants to eat some cake for dessert, but his wife is reluctant because she is worried about his health. *[Allow the volunteers to act out this scene in their own way. Offer to give them 5 minutes to prepare if desired. Tell them that they have 5 minutes to perform the role-playing scene.]*
8. **Say** *[at the end of the act]:* That was great. Thanks! Does anyone have any comments or questions about the skit?

Make sure that the following points are brought out in the discussion:

- Nagging or fear tactics are usually not helpful.
- Nagging, anger, and fear may push people further away emotionally.
- Emotional support and understanding are needed for behavior change.

[If needed, ask for two more volunteers to role-play a scene without using fear tactics, anger, or nagging.]

9. **Say:** We're getting close to the end of the session now. We're almost finished. I just have one more question for you.

10. **Ask:** Are there things that you'll do differently in your own life or your family's life now that you have watched this film and have attended this discussion?

Conclusion

Say: We want to thank each of you for participating in our group discussion. The information that we have shared is of enormous value to you and your lives. Please go out and spread the message of diabetes control and prevention. Does anybody have any questions before we wrap up? *[Answer questions briefly.]* Then we thank you *[optional: "and would like to give you a small gift as a thank you for your time spent with us this evening"]*.



[Healthful incentive gifts might include water bottles, pedometers, healthful snacks, or other healthful-behavior reminders from your organization (e.g., a refrigerator magnet reminder).]



Homework Exercise

Distribute the NDEP brochure *4 Steps to Control Your Diabetes for Life* as take-home reading, and ask participants to discuss the brochure's contents with family members and friends.

Session Two
What's Going On in the Family?

2

Session Two

What's Going On in the Family?

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Poorly controlled diabetes can result in devastating complications, such as stroke, heart attack, amputation, kidney disease, blindness, and death. After a death from diabetes, surviving family members can experience many emotions that can be either punishing or empowering. Facing these emotions is an important part of the grieving process that enables people to move on to positive action. Coping with diabetes complications (e.g., amputation, blindness, or kidney failure) also involves a grieving process that is important in accepting the challenge of living with diabetes.

Objectives

1. To identify some of the emotions that family members may experience when a loved one has diabetes.
2. To identify ways that family members can help or hurt themselves in coping with complications of diabetes or a death in the family from diabetes.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

- Optional: Flipchart or blackboard for writing down key words from discussion.
- The Troubleshooting section of this guide *[for your review before leading this session]*.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

Tell the group: Think about the funeral scene in the film *The Debilitator*. *[You may wish to replay that scene in the film to refresh participants' memories.]*

Consider using the following questions to guide the discussion:

1. **Ask the group:** How do you think Calvin's daughter Latosha feels? How do you think his son Bobby feels? How does Calvin's wife Monica feel?



Make sure that the following points are brought out in the discussion:

- Survivor guilt. Sometimes people feel guilty that they couldn't do more for the person before he or she died, and they blame themselves in a way that is not constructive.
 - Anger. This is a normal emotion that may evoke the question "Why did he leave us?"
 - Worry about financial issues.
 - Blaming the victim. This blame may lead to statements such as "He knew he wasn't taking care of himself."
2. **Ask the group:** Is there any way to turn these emotions into positive actions?



Make sure that the following points are brought out in the discussion:

- Sometimes it takes a tragedy to wake us up to the need to make changes.
- You can turn anger into action. Anger can give rise to positive resolutions, such as “There’s no way I am going to let this happen again!”
- Blaming the victim is never useful. People who develop diabetes are not “bad,” and it is not helpful to look at them and their behavior as “being good” or “being bad.” What is helpful is learning to problem-solve.
- Children may be more likely to verbalize accusatory statements such as “Why did you go and leave me?” but adults often feel this way, too. Blaming others and feeling guilty are not helpful and often prevent people from going on to more positive action.
- Just talking honestly about emotions helps. Once people have had a chance to talk about their pain and fears, they can move on to finding solutions.



- 3. Ask the group:** Are any of you willing to share a story of how diabetes affected your family, and how you dealt with the emotions that arose? *[Be prepared for participants to express a lot of emotion here. Crying is OK, and it can be important in the healing process. You may want to read the Troubleshooting section in this guide before leading this discussion.]*
- 4. Ask the group:** Does anybody have any suggestions about what family members can do to cope with grief when a loved one dies of diabetes?



Make sure that the following points are brought out in the discussion:

- Seek help if you are grieving. Go to a counselor, talk to your spiritual advisor or religious leader, or ask your local hospice organization for suggestions.

- Share your grief with loved ones. Don't be afraid to open up and talk.

5. **Ask the group:** Does anybody have any suggestions about what family members can do to cope when a loved one develops a serious complication from diabetes?



Make sure that the following points are brought out in the discussion:

- Accompany the person with diabetes to his or her doctor's appointments so that you can learn more.
- Ask for a referral to a physical therapist, occupational therapist, or mental health counselor to help you and your family member deal with the physical and mental stress of a diabetes complication.
- Go to a diabetes support group on your own, or with the person who has diabetes.

Resources



Share with the group the resources listed in the References and Resources section at the end of this discussion guide. Consider making photocopies of the materials in that section as handouts for each participant.

Session Three
**Be Smart About Your Heart:
Know Your ABCs**

3

Session Three

Be Smart About Your Heart: Know Your ABCs

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Heart disease and stroke kill two-thirds of people with diabetes. Blood sugar (blood glucose) control is very important for preventing these complications and others, but so are blood pressure and cholesterol control.

Objectives

1. To identify some of the signs and symptoms of heart disease.
2. To name the ABCs of diabetes.
3. To discuss why control of the ABCs of diabetes is important.
4. To identify some practical day-to-day actions that people with diabetes can take to control the ABCs.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: NDEP brochure *Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol* (at least one copy for each participant).

Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order the brochure online from <http://www.ndep.nih.gov>, or download it for photocopying from http://ndep.nih.gov/diabetes/pubs/ControlABC_broch_Eng.pdf.

- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Make sure to cover these important points during the session:

- The number one cause of death among people with diabetes is heart disease.
- The ABCs of diabetes are **A1C**, **B**lood pressure, and **C**holesterol.
- A1C (formerly known as hemoglobin A1C) measures average blood sugar (blood glucose) control over the past 3 months. The goal for a person with diabetes is to have an A1C level of less than 7.0.
- Controlling blood pressure is also very important in people with diabetes. High blood pressure increases the work that the heart must do to push the blood through the body, and it can lead to heart attack, stroke, and eye and kidney disease. The goal for blood pressure for someone with diabetes is less than 130/80.
- Cholesterol is a fat that clogs up the arteries and makes it harder for blood to flow through them. A high level of LDL cholesterol (the “bad” cholesterol) increases the risk of a heart attack, a stroke, and circulation problems. The goal for LDL cholesterol for someone with diabetes is less than 100. For people with multiple risk factors (for example, diabetes, high

blood pressure, and tobacco use), the goal for LDL cholesterol is less than 70.



DVD

1. **Tell the group:** Think back to the funeral scene in the film. *[You may want to replay that scene in the film to refresh participants' memories.]*

Consider using the following questions to encourage discussion of the important points for this session:

- Were you surprised that Calvin dies of a heart attack in his dream? Were you aware of the link between diabetes and heart disease?
- Why do you think that people with diabetes are more likely than people without diabetes to have heart disease and stroke?



DVD

2. **Tell the group:** Think now about the scene in which Calvin tells his daughter, "I'll be all right....I'll mow the lawn later and that will be my exercise, and that will bring my blood sugar down." *[You may want to replay that scene in the film.]*

Consider using the following questions for discussion:

- **Ask:** What do you think, or how do you feel, about the fact that (in his dream) Calvin dies of a heart attack while mowing the lawn?

Potential reactions include:

- What was his family supposed to do? He went out to exercise, and he dropped dead!
 - I thought that he was dying of heat stroke because he was sweating.
 - This scene is proof that exercise is dangerous. I don't want to die while getting exercise. Wasn't there a famous exercise guy who died while running?
- **Say:** So there may be some mixed messages in this scene about exercise. Did Calvin have early warning signs that he might be having trouble with his heart?



Make sure that the following points are brought out in the discussion:

- Swelling in the feet and trouble breathing when lying flat in bed can be signs of heart trouble.
 - Even if no symptoms occur, high blood sugar and high blood pressure by themselves are risk factors for heart attack and stroke.
3. **Ask:** Now that we know about these early warning signs, does anyone have any suggestions about what Calvin could have done to avoid having a heart attack while mowing the lawn?



Make sure that the following points are brought out in the discussion:

- He could have talked to his doctor about how to start increasing his physical activity safely.
 - He could have talked to his doctor about how to get his blood sugar and his blood pressure under control before exercising heavily.
 - He could have asked his doctor about his swollen feet and his shortness of breath.
 - He could have talked to his doctor about other actions to take to protect his heart (for example, taking baby aspirin, or giving up tobacco if he smokes or chews).
 - He could have talked to his doctor about whether he needed an exercise treadmill test or other tests of his heart's function.
 - He could have learned the early warning signs of a heart attack.
4. **Ask:** Can anybody name some benefits of getting regular physical activity, especially for people with diabetes?



Make sure that the discussion brings out the fact that physical activity can

- Lower your blood sugar.
- Lower your blood pressure.
- Reduce stress.
- Help you sleep better.

5. **Say:** So, with all these benefits of increased physical activity, why did Calvin die while mowing the lawn in his dream?



Make sure that the following points are brought out in the discussion:

- His blood sugar and blood pressure may have been too high at the time because he was not taking his medication, not eating right, or not taking care of himself in general.
- He started strenuous physical activity abruptly, and it was too much for him.
- He may not have recognized, or he may have been ignoring, early warning signs of a heart attack (chest pressure, nausea, shortness of breath, dizziness, sweating).



DVD

6. **Tell the group:** Now I'd like you to think now about the scene with Calvin and Dr. Goodson. *[You may want to replay that scene in the film.]*

Consider using the following questions for discussion:

- **Ask:** Can anybody remember the points that Dr. Goodson made about how to take care of your diabetes?



Make sure that the following points are brought out in the discussion:

- Control your blood sugar.
- Get regular check-ups from your doctor.

- Take medicines as directed.
- Eat healthful meals.
- Get regular physical activity.
- **Ask:** Can anyone tell me what A1C means? *[A1C measures average blood sugar (blood glucose) over the past 3 months.]* Do you remember how Dr. Goodson and Calvin Dixon described A1C? *[It is like a batting average.]* Can anyone tell me what the A1C goal is for a person with diabetes? *[The A1C goal is less than 7.0.]*



Classroom Exercise

1. **Say:** Checking your blood sugar with a fingerstick tells you what your blood sugar is at that moment. When you check your own blood sugar at home with a glucose monitor, that gives you a snapshot of what your blood sugar is at the moment. But you want to know the bigger picture, not just a snapshot. The A1C measurement can tell you the 3-month average of all those ups and downs.
2. **Ask:** Can anyone tell me what your average blood sugar is if your A1C is 7.0?



Make sure that the following points are brought out in the discussion:

- An A1C of 7.0 corresponds to an average blood sugar of 150 over the past 3 months.
 - This does not mean that the goal for a fasting blood sugar level (first thing in the morning before you eat) is 150.
 - It is best to start the day with a fasting blood sugar of 80 to 120.
3. **Say:** The film didn't give much information about blood pressure and cholesterol. Does anyone know what the ABCs of diabetes are? *[It's OK to drop hints if no one comes up with the answer right away.]*



Make sure that the following points are brought out in the discussion:

- **A** = A1C.
 - **B** = Blood pressure.
 - **C** = Cholesterol.
4. **Say:** We just talked about the goal for A1C. What was that goal again? [*Less than 7.0.*]
5. **Ask:** Does anyone know what the goals are for blood pressure and LDL cholesterol for someone with diabetes?



Make sure that the following points are brought out in the discussion:

- The goal for blood pressure is less than 130/80.
 - The goal for LDL cholesterol is less than 100.
6. **Ask:** Can anyone name some actions that you can take to reach your ABCs?



Make sure that the following points are brought out in the discussion:

- Take the medicines prescribed by your doctor.
- Eat less fat (lard, butter, fatty meats, grease, fried foods).
- Eat less salt.
- Be physically active.
- Lose some weight.
- Eat more fresh fruits and vegetables.



Distribute and Review Handout

Distribute the NDEP brochures *If You Have Diabetes, Know Your Blood Sugar Numbers* and *Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol* to each participant. Tell the participants to take the brochure home and discuss its contents with family members and friends.

Session Four
Every Day Is a New Beginning

4

Session Four

Every Day Is a New Beginning

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Learning to live with diabetes is not easy. Managing diabetes means making changes in eating habits, probably increasing physical activity, possibly taking medications, and dealing with the emotions that may arise from living with a chronic disease. Behavior change does not happen overnight. A person usually goes through many emotional stages in accepting and making diabetes-related changes. Family and social support is very important in making these transitions smoothly.

Objectives

1. To discuss some of the emotional barriers to making a behavior change.
2. To identify ways in which family members can help a person with diabetes make healthy lifestyle changes and to identify actions that family members should avoid because they may discourage a person from making these behavior changes.
3. To discuss the emotional stages of change that a person may go through when confronting a chronic illness or serious life event.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Emotional Stages of Change* (included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Make sure to cover these important points during this session:

- Many people go through several emotional stages before they can learn to live healthfully with diabetes. Most people, at some time, go through these general stages:
 - Denial.
 - Depression.
 - Anger.
 - Bargaining.
 - Acceptance.
- People don't always go through the stages in this order. They may experience them in a different sequence, or they may waver back and forth between emotions. Also, they may experience different emotional stages for different reasons; for example, they may accept that they need to walk more but may be angry about glucose monitoring or in denial about preventing complications.

- **Family interactions** can help or hurt a person experiencing these emotional stages. Role playing and discussion are important ways to learn what is helpful and what is not. Interactions may be hurtful if they are not based on an understanding of the challenges that a person faces in dealing with diabetes. It is a normal human reaction to push back when someone is nagging you, yelling at you, or being sarcastic toward you. Helpful interactions are based on accepting that living with diabetes is hard. These helpful interactions may include gentle reminders, but they may also involve looking for ways to identify barriers, assisting in finding solutions, and offering motivation and support for making behavior changes.
- **Emotions** such as fear, anxiety, sense of loss, grief, and anger all present barriers to making healthy lifestyle changes and performing daily self-care tasks necessary for controlling diabetes. For a person with diabetes, or for his or her family and friends, expressing these emotions is not “giving in” to diabetes. It is a healthy step towards dealing with these emotions so that one can move on to a course of action. An emotion that is stuck in a person’s heart or head could be absorbing a lot of energy that could be channeled into taking control of diabetes.



DVD

1. **Tell the group:** Think about the scene in Calvin Dixon’s dream in which Calvin’s daughter Latosha confronts him while he is watching TV in the living room. *[You may want to replay the scene to refresh participants’ memories.]*
2. **Ask:** Does anyone have any general comments about this scene? *[If so, lead off the discussion with those points. If not, proceed to the first discussion question below.]*
3. **Ask:** What emotions do you think Calvin is experiencing? What emotions do you think Latosha is experiencing?



Make sure that the discussion brings out the following points:

- Denial. Calvin is ignoring his symptoms: his feet are swelling up, he is short of breath, he is not checking his blood sugar, and he is not paying attention to what he eats.
 - Depression. This emotion is not obvious in this scene, but it might be playing a part in Calvin's choice of food. Many people use food to try to cope with depression.
 - Anger. Both Latosha and her father are showing some anger about the situation.
 - Bargaining. Calvin says, "I'll be all right...I'll mow the lawn later and that will be my exercise..."
4. **Ask:** Does anyone have any suggestions for handling these emotions? What could Latosha say to help her father? What could Calvin do to deal with these emotions?



Make sure that the discussion covers the following points:

- In dealing with all of these emotions, nagging or yelling is usually NOT helpful and can push a person away. What can be helpful are gentle reminders, assisting with problem solving, and offering motivation and support for making behavior changes.
- For denial, avoid arguing. Make a factual statement about how diabetes can affect a person's health, and then state that the final decision about making changes lies with the person with diabetes. Tell the person that you know that he or she can make these changes. It is good to let the person know that you are concerned and that you want to know how you can help. It is OK to offer reading materials for him or her to consider reading later.
- For depression, ask the person to identify barriers to overcoming this emotion, and help him or her brainstorm about solutions.

- Be on the lookout for lack of self-confidence (“I don’t know how...” or “I can’t do...”). Ask the person to identify what he or she CAN do.
- Be on the lookout for lack of social support (“No one understands...” “I’m the only one who can do...”). Ask the person if he or she can think of one person to turn to for help.
- Sometimes guilt or fear of failure is a sign of depression (“I can’t face the doctor if my blood sugar is high again.” “It’s no use. Every time I try, I mess up.”).
- For anger, you need to “defuse” the situation. Yelling back at the person doesn’t help. Letting the person know why you are worried does. Point out the methods that seemed to work in the past, and ask what you can do to help the person get back on track. Don’t tell the person what to do—remember that Calvin needed to make his own decision—but ask what he or she has tried before, what worked, and how you can be supportive. Encourage the person to name barriers out loud, and then ask if you can help him or her make a plan to overcome them.
 - The person may say, “I can’t go for a walk. Who’s going to stay home with Bobby?”
 - You may then reply, “Well, we all think that going for a walk would be better for you right now, and we want to help. Why don’t we all go for a walk together?” or, “Can you think of someone else who can stay with Bobby?”

It is OK to make suggestions, but it is usually best simply to help the person come up with his or her own solutions to overcoming barriers.

- For bargaining, coax the person into reality if what he or she proposes doesn’t sound like a good idea. Again, don’t TELL the person what to do—ASK.

- You may say something like, "I can't help but be a little worried. Can we call Dr. XXX to make an appointment about your foot swelling?"
 - Talk about the positive aspects of making changes. You may say, "Your feet will feel better if we can do something about that swelling."
 - Correct the person's misperceptions, such as: "I don't want to bother the doctor." You might reply, "You're not bothering the doctor. The doctor wants to know what's going on with you."
5. **Ask:** Would anybody like to volunteer to do some role playing? I'd like you to recreate the scene between Calvin and his daughter, except this time act as though each character is very angry. For example, imagine that Calvin says, "Leave me alone. I don't need my children telling me what I can and can't do! My breathing is none of your business!" See if Latosha can "defuse" the situation. *[Ask for suggestions from the group. Then have volunteers recreate the scene using these suggestions.]*
6. **Say:** In this same scene in the film, Calvin and Latosha also talk about his not taking his medicine. What are some reasons that people don't take their medicines?

Reasons may include:

- Lack of understanding of what the medicine is for, and why it is important to take it.
- Fear of side effects.
- Actual experience of side effects.
- High cost of the medicine.
- Denial, depression, anger, and bargaining emotions previously discussed.
- Inconvenience of refilling the prescription for the medicine.

- Inconvenience of needing to see the doctor for a refill.
7. **Ask:** Does anyone have any suggestions for what actions people with diabetes can take so that their medicines will work better for them?

Suggestions may include:

- Bring a written list of questions about the medicines to the doctor.
 - Talk to the pharmacist about the medicines.
 - Be honest with the doctor and the pharmacist about fears, concerns, and side effects related to the medicines.
 - Tell the doctor and the pharmacist about any problems with the cost of the medicines. Maybe they can help with getting the medicine less expensively or switching to another medicine.
8. **Tell the group:** These same issues apply to overcoming barriers to changing diet and physical activity behaviors. Getting support from family and friends, discussing these barriers with medical professionals, and learning ways to make healthy lifestyle changes are important, just as taking medicines is important.



Optional Classroom Activity

Consider trying another role play about Calvin and his medication. Ask volunteers to play Calvin making a list of his questions and concerns for the doctor and the pharmacist and practicing what he will say to each of them.



Homework Exercise

Give out copies of the handout *Emotional Stages of Change*. If there is time in the session, you may want to read some statements from the brochure aloud. Ask participants to look at the brochure at home, discuss it with family or friends, and come up with a few statements of their own for each emotional stage of change. Participants may also be interested in the NDEP brochure "Tips for Helping a Person with Diabetes," available from http://www.ndep.nih.gov/diabetes/pubs/TipsHelping_Eng.pdf



Handout for Session Four

Emotional Stages of Change

People don't accept a diagnosis of diabetes overnight. Being told that you have diabetes is a frightening experience. Many people close their ears and cannot hear anything about diabetes until they have worked through their emotions.

Adjusting to the diagnosis of diabetes can be like riding an emotional roller coaster. People with diabetes have ups and downs not only in blood sugar but in mood, and they can go back and forth between several emotional stages before they finally reach an acceptance of their diabetes. These stages include denial, anger, bargaining, depression, and finally acceptance. Each stage is described below.

Denial. The person refuses to believe that he or she could have diabetes, or refuses to accept that it is a serious condition that requires making some changes.



Can you think of other things that people in denial might say?



Depression. Feeling hopeless, helpless, worthless, and guilty is all part of depression. Depression can also express itself as self-hatred. The symptoms of depression sometimes can be subtle and hard to recognize. Not everyone with depression cries all the time or acts irrationally. Some people overeat or turn to alcohol or drugs to try to deal with depression. People experiencing depression may even kill themselves in a way by ignoring their health problems and slowly allowing themselves to die. Depression can lead to a worsening of diabetes if people become unable to make decisions or to take care of their diabetes.

*"I'm so stupid—
I can't deal with
this diabetes!"*

"God is
punishing
me....I
deserve this."

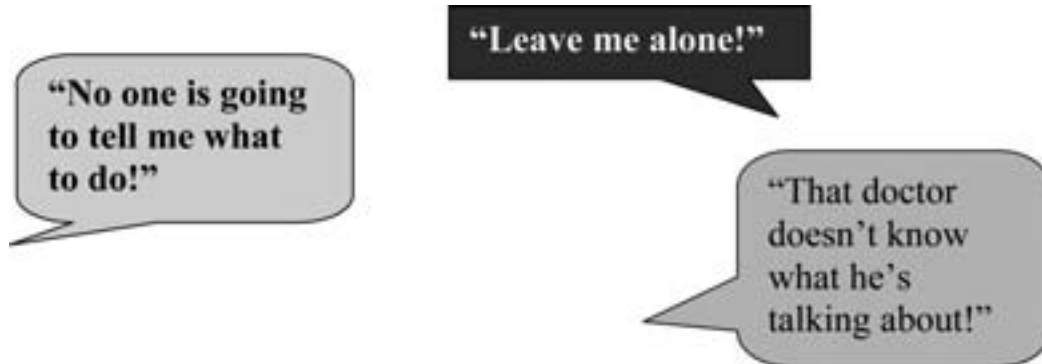
"Nothing I do
makes any
difference."

"Why go to the
doctor? He can't
do anything!"

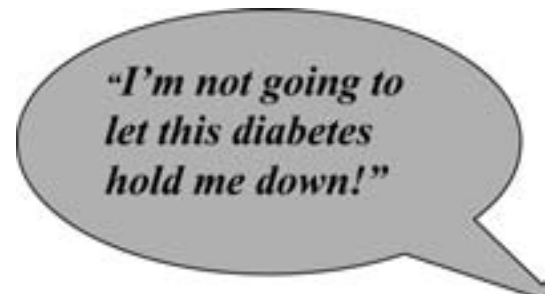
Can you think of other things that people experiencing the emotional stage of depression might say?



Anger. Life is not fair, but dealing with this fact by becoming angry is usually not helpful. Anger often leads to blaming, striking out, and actions that further isolate a person from his or her support system: family, friends, and doctors. Some people learn to harness their anger and turn it into action. Statements such as “I’m not going to let this diabetes hold me down!” can be a very positive direction in which to channel anger.



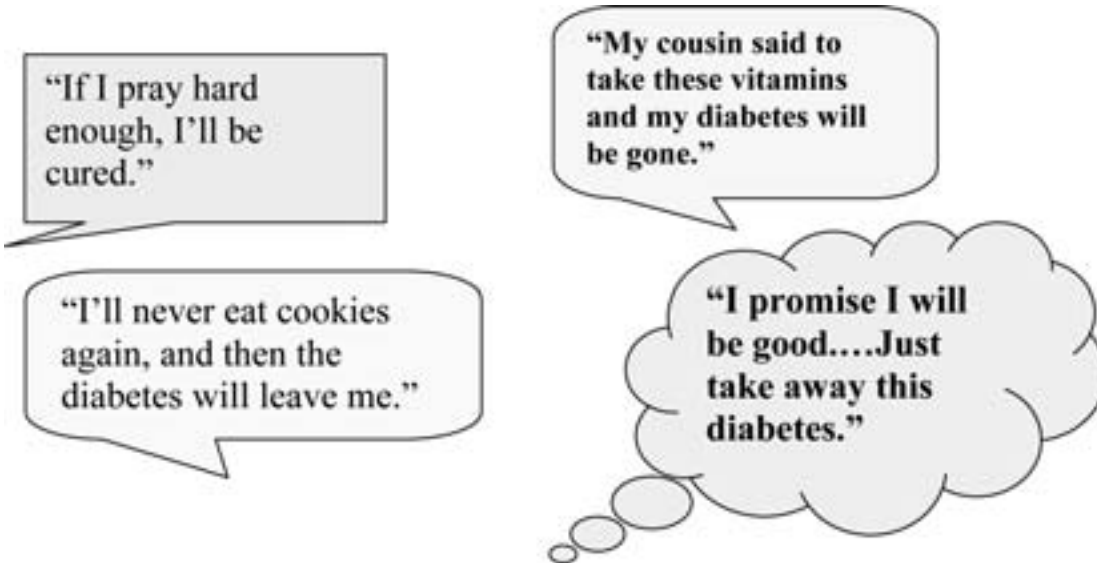
Or, learn to harness anger and turn it into action:



Can you think of other things that people experiencing the emotional stage of anger might say?



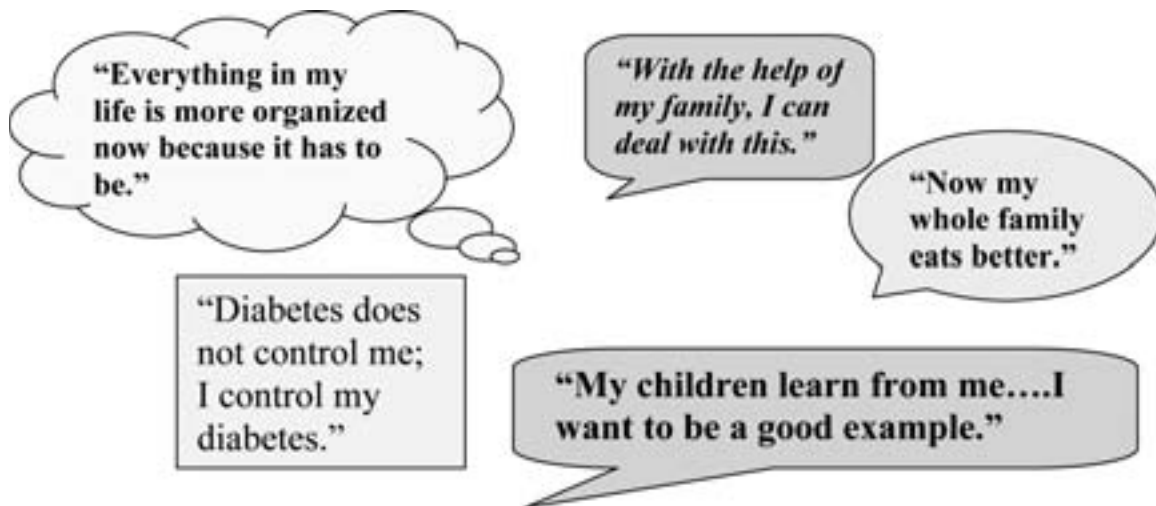
Bargaining. Trying to make a deal with oneself, or with fate, is a normal human reaction to bad news. But sometimes it leads to unrealistic thoughts, such as, "I promise I won't yell at my daughter anymore...then this diabetes will go away." "If I pray hard enough, I'll be cured."



Can you think of other things that people experiencing the emotional stage of bargaining might say?



Acceptance. A final emotional stage is accepting the diagnosis of diabetes and the changes a person must make in life to keep diabetes under control. Acceptance doesn't necessarily mean that a person is happy with the diagnosis, but learning to live with diabetes can be a source of inner personal strength. A person may reach this stage in general, but then may slip back into another stage if a new complication or problem related to diabetes occurs, or if life becomes more stressful in other ways.



What else might a person in the emotional stage of acceptance say?

Session Five

Diabetes Detection: Could I Have Diabetes Right Now and Not Know It?

5

Session Five

Diabetes Detection: Could I Have Diabetes Right Now... and Not Know It?

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Approximately 18.2 million people in the United States have diabetes, and about one-third of them don't even know that they have it. Diabetes may go unrecognized for many years because the person with diabetes either experiences no symptoms, doesn't tell his or her doctor about the symptoms, or thinks that the symptoms are from something else (such as getting older or feeling stressed).

Objectives

1. To discuss how diabetes can damage the body silently when a person does not know he or she has it.
2. To use the Diabetes Detection Initiative Risk Test to determine whether one is at increased risk.
3. To describe the symptoms of diabetes.



Time needed for discussion: 30 to 45 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Diabetes Detection Initiative Risk Test* included in this discussion guide kit; make at least one copy for each participant. The brochure may also be downloaded from <http://www.ndep.nih.gov/ddi/resources/risktest.pdf>.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
 - Play the film, or select scenes from the film as needed.
1. **Tell the group:** I'd like you to think about how Calvin was diagnosed with diabetes.
 2. **Ask:** When was he first told that he had diabetes?



Make sure that the discussion covers the following points:

- He was told one year earlier by another doctor but then never went back to that doctor.
- He had been given medicines and a blood glucose machine but had never used them



DVD

3. **Tell the group:** Think back to the doctor's office scene in the film. *[You may consider replaying this scene to refresh participants' memories.]*
4. **Ask:** How did Calvin respond when Dr. Goodson asked him if he had ever been told that he had diabetes?



Make sure that the discussion brings out these three things that Calvin said or asked:

- “I didn’t believe it, so I never went back.” (He just didn’t believe it.)
- “Isn’t diabetes just what we call sugar?” (He didn’t take the diagnosis seriously.)
- “Am I dying?” (Now he is really worried because the diabetes has gone on for so long.)

5. **Ask:** What did Calvin tell his family after that first doctor’s appointment? Did he tell them later that the first doctor had told him that he had diabetes?



Make sure that the discussion brings out the following points:

- Calvin’s wife first learns that Calvin has diabetes when she sees his medicines from Dr. Goodson’s office. He didn’t share much information with her from his appointment with the first doctor a year earlier.
- Calvin’s daughter asked, “Didn’t you have a blood glucose test a few months ago?” but it appeared that she thought that the results at that time were normal.

Note: In the dream, Calvin’s daughter seems to know that Calvin has diabetes, but later during the dinner conversation, it appears that the diagnosis is news to all of the family. Don’t get stuck on this point if participants express confusion about it. Suggest that dreams don’t show exactly what is happening in real life but instead show what is in a person’s subconscious—what a person is afraid of or worried about, or simply what’s on the person’s mind.

6. **Ask the group:** Can you see this same thing happening in your family? If you found out that you had diabetes, would you tell your family? Why or why not?

Responses might include

- Yes, we are very open in my family, and we talk about medical problems.
- No, people in my family don't want to worry one another (or worry Mom, or one particular person in the family), so we don't talk about problems.
- Yes, I couldn't keep being on medication a secret from my family, and I wouldn't want to.
- No, I would be ashamed. Or I'd be afraid I'd get an "I told you so" lecture, or that I'd be a bad example for my kids if I let them know I had diabetes.
- Yes, I'd be afraid that if I had a low blood sugar reaction or some problem, they wouldn't know what to do unless I'd told them about my diabetes.
- No, everyone would be worried all the time about me, or nagging me, and that would drive me crazy.
- Others?

Brainstorming Activity

Explore with the group what could be done to turn those "No, I wouldn't tell them" answers into "Yes, I would want to talk to them about my diabetes" answers.

1. **Ask:** Does anyone remember what symptoms of diabetes Calvin is having?

Answers might include:

- Tired all the time.
- Going to the bathroom a lot (urinating a lot).

2. **Ask:** Can anyone name other symptoms of diabetes?

Answers might include:

- Blurred vision.
- Thirsty all the time.

- Vaginal yeast infections in women.
 - Others?
3. **Ask:** Are there other things that can cause these symptoms?

Answers might include:

- Yes, lots of things, such as depression, getting older, or infections.
4. **Ask:** Do you think that a person could have diabetes and have no symptoms at all? [*Answer: Diabetes can occur with no symptoms, or the symptoms can be attributed to other causes.*]

Answers might include:

- Yes, diabetes can “sneak up” on you slowly, so you don’t notice the changes.
- Yes, a lot of those symptoms don’t show up until your blood sugar is very high.
- No, don’t you think a person could feel it if his or her blood sugar was up?

Note: Some people insist that they can “just tell” what their blood sugar is without measuring it. There is no scientific proof of this assertion, but it is probably not worthwhile to argue with participants about this point during this session. The point of the session is that it is possible to have diabetes and not know it; it is possible to have no symptoms while diabetes is silently causing damage.



Classroom Exercise

Pass out copies of the *Diabetes Detection Initiative Risk Test*. Ask participants to spend 5 minutes taking the test and figuring out their scores.

1. **Ask the group:** Now that you have taken this risk test, are any of you willing to share your feelings about talking to your doctor about getting tested for diabetes?



Homework Exercise

Suggest that participants take their copy of the risk test home to discuss it with family and friends and to encourage those people to take the test themselves and figure out their scores.



DIABETES DETECTION INITIATIVE

**DIABETES. YOU COULD BE AT RISK
TAKE THE TEST—KNOW YOUR SCORE!**

Diabetes means your blood sugar (glucose) is too high. How would you know? Are you often thirsty, hungry, or tired? Do you urinate often? Do you have sores that heal slowly, tingling in your feet, or blurry eyesight? Even without these signs, you could still have diabetes.

Diabetes is a serious disease. It can cause heart attack or stroke, blindness, kidney failure, or loss of feet or legs. But diabetes can be controlled. You can reduce or avoid these health problems. Take the first step. Find out if you are at high risk.

Know your risk of having diabetes now. Answer these quick questions. For each Yes answer, add the number of points listed. All No answers are 0 points.

Question	Yes	No
Are you a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Do you have a sister or brother with diabetes?	1	0
Do you have a parent with diabetes?	1	0
Find your height on the chart. Do you weigh as much as or more than the weight listed for your height? (See chart on back)	5	0
Are you under 65 years old and get little or no exercise in a typical day?	5	0
Are you between 45 and 64 years old?	5	0
Are you 65 years old or older?	9	0
Add Your Score	<input type="text"/>	<input type="text"/>

These questions are from the American Diabetes Association's on-line "Diabetes Risk Test" (<http://www.diabetes.org/info/risk/risktest.jsp>).



At Risk Weight Chart

Height	Weight (Pounds)	Height	Weight (Pounds)
4'10	129	5'8	177
4'11	133	5'9	182
5'0	138	5'10	188
5'1	143	5'11	193
5'2	147	6'0	199
5'3	152	6'1	204
5'4	157	6'2	210
5'5	162	6'3	216
5'6	167	6'4	221
5'7	172		

Know Your Score

If you scored . . .	then your risk is . . .
10 or more points	High for having diabetes now. Please bring this form to your health care provider soon. If you don't have insurance and can't afford a visit to your provider, contact your local health department.
3 to 9 points	Probably low for having diabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for diabetes.

I Scored 10 or More

How Can I Get Tested for Diabetes?

If you have . . .	then do this . . .
Individual or group private health insurance	See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and co-pays will apply.
Medicaid	See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.
Medicare	See your health care provider. Medicare will pay the cost if the provider has a reason for testing. If you don't have a provider, contact your local health department.
No insurance	Contact your local health department for more information about where you could be tested or call your local health clinic.

Session Six
**You Can Be Your Own Worst Enemy
or Your Own Best Friend**

6

Session Six

You Can Be Your Own Worst Enemy...or Your Own Best Friend

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Stress can bring out the worst or best in a person. Sometimes people actually punish themselves in stressful situations by doing things that are bad for their health or destructive to their self-esteem.

Objectives

1. To discuss ways in which Calvin shows behaviors and attitudes that work against him.
2. To describe ways in which Calvin acts as his own best friend to help him deal with stress.
3. To discuss how a person can be his or her own worst enemy or best friend.
4. To identify ways in which a person can break self-destructive habits and build positive ones.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

- Pens or pencils, paper, and an envelope for each member of the group (including the facilitator).
- Stamps for mailing each envelope.
- Handout: *Home Exercise* (included in this discussion guide kit; make one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.

Introduce the session with this background concept: Stress can bring out the worst or best in a person. Sometimes people actually punish themselves in stressful situations by doing things that are bad for their health or destructive to their self-esteem.



DVD

1. **Tell the group:** I'd like you to identify some of the things Calvin does that work against him, and why he does them. Sometimes the "reason" a person does something is not a factual explanation but an attitude or an emotion. *[You may want to write key words from the discussion on a flipchart or blackboard.]*



Make sure that the discussion brings out the following points about the actions that Calvin takes that work against him and make him his own worst enemy:

- Action: In Calvin's dream, Calvin's daughter finds him eating large portions of unhealthful foods while he is sitting in front of the TV.

Possible reasons:

- He's tired, and this is how he relaxes.
- These foods taste good.
- He eats more when he is stressed or tired.

- He doesn't want to think about whether the foods are healthful or not.
- Others?
- Action: Calvin tells his daughter to leave him alone when she tries to help him.

Possible reasons:

- He knows that she's right, but he doesn't want to think about what she is saying and is annoyed.
- He doesn't want to face his diabetes.
- It's the wrong time for this discussion because he's tired.
- He feels that she is nagging or accusing him.
- Others?
- Action: The first time that Calvin is told that he has diabetes, he hides this fact from his wife.

Possible reasons:

- Denial. He doesn't want to believe the diagnosis.
- He doesn't want to worry her. Perhaps he is worried about his job as a truck driver or about his insurance.
- Others?
- Action: Calvin doesn't go back to the first doctor for follow-up.

Possible reasons:

- Denial. He doesn't want to believe that it's important to do so.
- Excuses. Maybe Calvin doesn't want to take the time off from work, or maybe his work schedule makes it hard for him to keep a regular appointment.

2. **Ask:** But aren't these the excuses that your own worst enemy would give?
3. **Ask the group:** What does it mean to be your own best friend? What kind of actions does a best friend take to help you out?



Make sure that the discussion brings out the following points:

- A best friend is kind but doesn't let you make excuses.
 - A best friend helps you decide what you want to do without telling you what to do.
 - A best friend might not be as hard on you as you are on yourself, but he or she would still point out the things that you are doing that are harmful. For example, a best friend might suggest that it's no use feeling guilty about past overeating, but that you might want to get rid of those potato chips you have in the house if you really plan to quit "pigging out" in front of the TV.
 - A best friend reminds you to think about what's most important to you.
4. **Ask the group:** In the film, how does Calvin show that he can also be his own best friend?



Make sure that the discussion brings out the following points:

- Action: Calvin faces thinking about the bad dream that he had.

Possible reasons:

- He knows deep inside that there is some truth to the dream.
- He wants to protect his family from losing him.
- The dream "shook him up" enough that now he's ready to face reality and do something about his diabetes.
- Others?

- Action: Calvin listens to and thinks about the doctor's advice.

Possible reasons:

- He is willing to try something new because what he has been doing isn't working well for his health.
- He is willing to take charge and to take action.
- He is willing to ask for help.
- Others?

- Action: Calvin shares his concerns with his family members.

Possible reasons:

- They are important to him.
- They can help.
- They can give more help if they know what's going on.
- He doesn't want to scare them, but he thinks that they should know what he's feeling.
- His dream had a serious impact on him and gave him the push that he needed to go to the doctor, and he wants them to know about it.
- Others?

5. **Ask the group:** Are you ever your own worst enemy? Can you give examples?

Examples might include:

- Feeling guilty.
- Telling yourself that you are no good, that you can't do anything right, that you brought this on yourself, and that you'll never change.
- Worrying about everyone else, so that you don't take care of yourself.

- Feeling fearful of facing the truth.
 - Seeking out people who are even worse off than you (so that you can feel better), but who lead you to do unhealthy things (such as drinking too much alcohol, being angry at everyone, and blaming others instead of making changes).
 - Being angry (at yourself, at others, at how unfair life is).
 - Others?
6. **Ask:** Are you ever your own best friend? Can you give examples?

Examples might include:

- Telling yourself you can do it (power of positive thinking).
 - “Patting yourself on the back” for making good changes, including small ones.
 - Giving yourself credit for problem-solving.
 - Asking for what you need (such as help with getting more physical activity, restaurant food that is prepared healthfully, or kind words instead of criticisms from friends and family).
 - Sharing your fears (instead of always trying to be the “pillar of strength” for everyone else).
 - Seeking out positive people who have energy and an upbeat attitude.
 - Telling yourself that you deserve to have a healthy body, a second chance, time to yourself, the right to love yourself the way you are, and the right to ask for help.
7. **Ask:** How can you be your own best friend?

If the following points haven't already been addressed in discussion, consider bringing them out now:

- Don't beat up on yourself.

- But don't let yourself get away with excuses, either. Excuses are your own worst enemy talking.
 - Be kind to yourself. Imagine putting an arm around yourself and thinking about what you could say that would be helpful. Everyone needs comfort, but can it be from a hot bath, from a phone call to an old friend, or from a walk alone with the dog instead of from eating?
 - Sometimes being your own best friend means allowing yourself to grieve—letting your emotions out about loss (of independence, of a loved one, of your health) or about your fears (of possible complications of diabetes, of disability, of death) so that you can move on. A best friend wouldn't tell you to "just hold it all in."
8. **Ask the group:** Think back to a very stressful time in your life. Imagine that you can go back in time to comfort yourself, to offer help, or even just to offer a shoulder to cry on. What would you tell yourself?
9. **Ask:** Is anyone willing to share a story or an example?



Classroom Exercises

1. Your Own Best Friend Versus Your Own Worst Enemy

Consider using the mental image of a best friend leaning over one shoulder and a worst enemy hovering over the other. A worst enemy doesn't just tempt you with overeating or other unhealthy behaviors; he or she also beats up on you emotionally so that you keep hurting yourself. A best friend puts a comforting arm around your shoulder, offers a kind helping hand, and asks you to forgive yourself so that you can do better next time.

Note: This next exercise provides the opportunity for participants to learn how to coach themselves with positive and comforting thoughts by asking them to imagine being their own best friend. Having the leader collect the participants' letters and mail them later can

help boost morale and remind people of this technique.

2. Letter-Writing Exercise

- Hand out paper, pens or pencils, and envelopes.
- Ask participants to address the envelopes to themselves.
- Ask participants to take 5 to 10 minutes to imagine being their own best friend.
- Ask each person to write a letter to himself or herself as his or her own best friend.
- Ask participants to seal the letter inside the self-addressed envelope and turn it in to the discussion leader/facilitator.
- Mail the letters 2 days after the session.



Home Exercise

1. Give out one copy of the handout *Home Exercise* to each participant.
2. If there is time, review some of the worst enemy/best friend examples from the handout.
3. Ask group members to take the handout home and to fill out the reverse side of the handout with some of their own worst enemy/best friend examples. Ask them to record how they sometimes act as their own worst enemy, how they can also be their own best friend, and what they would say to themselves to help with frustrations or in times of struggle. (**Note:** Consider asking participants to bring their completed form back to the next session to discuss and share ideas.)



Handout for Session Six

Home Exercise

Being Your Own Worst Enemy	Being Your Own Best Friend
Feeling guilty.	Telling yourself to give yourself a break and to do things differently next time.
Telling yourself that you are no good, can't do anything right, brought this on yourself, and will never change.	Reminding yourself that everybody makes mistakes sometimes, that it's never too late to make a change; telling yourself that you can do it (power of positive thinking).
Worrying about everyone else, so that you don't take care of yourself.	Reminding yourself that you have to take care of yourself if you are going to be there for your family.
Being fearful of facing the truth.	Seeking support from friends, family, and faith.
Seeking out people who are even worse off than you (so that you can feel better), but who lead you to do unhealthy things (such as drinking too much alcohol, being angry at everyone, blaming others instead of making changes).	Seeking out positive people who have energy and an upbeat attitude.
Belittling everything and thinking that, even when you make a change, it is always too small and is never enough (for example, criticizing yourself for losing only 5 pounds when you want to lose 50).	"Patting yourself on the back" for making good changes, including small steps; giving yourself credit for problem-solving.
Feeling that you can't look weak because everyone looks up to you and you would lose respect if you asked for help.	Sharing your fears and not always trying to be the "pillar of strength" for everyone else; realizing that people respect those who are self-confident enough to ask for help.
Feeling that standing up for yourself is selfish and that you will embarrass yourself or your family (for example, that you'll insult the hostess if you make your requirements for healthful food known).	Asking for what you need (for example, help with getting physical activity, healthfully prepared food, or kind words instead of criticisms).
Providing excuses for others' behavior.	Not blaming yourself ("they're right, I deserve it") but speaking directly; telling others to suggest ways that they can help instead of offering criticisms.
WRITE IN YOUR OWN EXAMPLES ON THE REVERSE SIDE	

Session Seven
**Emotional “Short Circuits” and
“Brain Shutdown”**

7

Session Seven

Emotional “Short Circuits” and “Brain Shutdown”

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Strong emotions can set off the “fight or flight” response of the nervous system. This response, which relies on animal instinct instead of thought-out decisions, is helpful in a sudden emergency when a person needs to react quickly by running away or fighting back. But when these strong emotions remain with people all the time because they are upset about something (such as having a chronic medical condition like diabetes) and have trouble dealing with it, the feelings can be destructive. Hiding these emotions doesn’t help. Finding a way to bring them out and face them often does help.

Objectives

1. To discuss ways that the people in film *The Debilitator* deal with their emotions.
2. To describe what is happening when a person can’t think clearly because of strong emotions.
3. To discuss effective and ineffective ways of dealing with strong emotions.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.

- DVD player/TV monitor.
- Small memo pads (3 x 5 inch)—one for each participant—and pens or pencils.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.

Begin the session by discussing how the characters in the film *The Debilitator* deal with their emotions around living with diabetes.



DVD

1. **Tell the group:** Think about the last scene of the film, which shows people interacting in the diabetes support group. *[You may choose to replay the scene to refresh participants' memories.]*
2. **Ask:** Which characters are experiencing strong emotions, and how are they dealing with them?

Examples might include:

- The African American teenage boy who says, "I honestly wish that I was normal like all my other friends." This boy seems stunned and depressed about his diabetes. His quiet statement about just wanting to be normal is disturbing and makes us wonder how much emotion he is holding in.
Ask: How can holding in these emotions work against him?
- The Latina who says, "The blood vessels in my eyes are not getting enough oxygen.... I don't want to go blind." She seems fearful of her future. Fear can paralyze people or spur them to action.
Ask: How is she is dealing with her fear of blindness?

- The white man who says, “I’ve had diabetes for about 3 years.... About 6 months ago I had to have my foot amputated.”

Ask: What is going on with his emotions? How could they be working against him?

Possible responses:

- Maybe he had diabetes for a long time but couldn’t face thinking about it or didn’t take it seriously until he had a serious complication (the nerve or blood vessel damage that led to the amputation).
- Maybe he was afraid to go to the doctor so his diabetes went untreated for years.

3. **Ask the group:** Where do the people in the support group in this film get their strength? Can you recall positive attitudes about living with diabetes that the other people in the support group shared?

Examples might include:

- The older African American woman who says, “I’ve had diabetes for 10 years, but I don’t claim it. It’s my faith that keeps me physically, emotionally, and spiritually strong.”
- The white woman with type 1 diabetes who says, “Diabetes does not need to be a debilitator.” Her attitude is a “take charge” one: take control of your diabetes so that it does not control you.
- Calvin says, “I’m going to beat the odds.” He has been told about all of the possible serious complications of diabetes, but he also knows that the statistics do not mean that he will inevitably have complications or die from diabetes.

4. **Ask the group:** Which one of these characters do you relate to the most and why?

Continue the session by discussing how emotions can “short-circuit” the brain and cause “brain shutdown.”

5. **Tell the group:** Think back to your childhood. Were you ever suddenly called on in class to answer a question or do a math problem, and your mind went blank? What is going on in a situation like that? Your brain, in a sense, short-circuits when you are experiencing powerful emotions. It's hard to think clearly, to make decisions, and to deal with things that you could normally handle when your brain short-circuits and shuts down. You have to let the emotions out and work through them to get your brain back on track.
6. **Ask the group:** Have you ever had the feeling of a lump in your throat, a feeling of tightness as if you were closed in, or a feeling that you couldn't think straight because you were upset and were holding in your emotions? What did you do that helped?

Answers might include:

- Yelling.
 - Having a good cry.
 - Talking to someone.
 - Praying.
7. **Ask:** What are some other things that a person can do to deal with these strong emotions that can short-circuit the brain and hinder a person's ability to make good decisions?



Make sure that the discussion brings out positive actions that people can take to calm their emotions and to increase their decision-making ability.

Examples might include:

- Exercising. Exercise has a calming effect that helps you think clearly.
- Writing in a diary or journal, or writing a letter to yourself.
- Talking with others in a support group.
- Giving yourself permission to cry. You may feel much better after you let those tears flow, and you

may then be able to do what you need to do to help safeguard your health.

- Sharing your emotions with your family. Your family members are the most important people in your life, so don't shut them out!

8. **Ask:** What are some negative things people do to try to get rid of the panicky feeling that comes from strong emotions and that works against them?



Make sure that the discussion brings out the following points:

- Overeating or bingeing, especially on junk food. Many people do feel calmer when they stuff themselves with food, but what they're experiencing is a vicious cycle.
- Drinking alcohol.
- Yelling at your children, your spouse, or your friends.
- Hitting someone or something.
- Staring at the television.

Classroom Exercise



1. Hand out 3 x 5 inch memo pads (one for each participant) and pens or pencils.
2. Ask participants to write their names on their pads. Emphasize that this book now belongs to them, and that it is small enough to keep with them all the time in a purse, or in the pocket of a shirt or jacket.
3. Spend 10 minutes now in a quiet thinking exercise. Ask all participants to write down a brief description of at least one time when they experienced the brain shutdown caused by strong emotions. Then have them write down one positive action that they think they could take if this situation were to arise again.

4. After 10 minutes has passed, ask if anyone needs more time. If yes, give 5 minutes more, and then call the group back together.
5. **Ask:** Is anyone willing to share a story about when you experienced “brain shutdown” and what you did?

If no one responds, you may share a story of your own, you can point out what Calvin did, or you can do both. Calvin could have just allowed his dream to play over and over in his head without doing anything except worrying about his diabetes. Instead, he talked to his family, and he told his story at a support group. He voiced his fears.



Homework Exercise

Remind participants to keep their memo pads with them and to write down the following:

- Any situations in which they experienced brain shutdown and couldn't make a decision because they were upset.
- What they did (or were tempted to do) in that situation, such as yelling, overeating, or hiding from others.
- What they plan to do to deal more positively with strong emotions in the future.

Tell participants that they may also use the memo pad as a personal journal or diary, or to write a letter to themselves.

If the group meets again, consider asking the participants at future sessions to share how they have been using their memo pads and what changes this writing exercise has brought them.

Session Eight
**Children and Family: How
Can They Understand?**

8

Session Eight

Children and Family: How Can They Understand?

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people are afraid to burden their family with their fears or medical concerns. Often people make assumptions that children won't be able to understand, and that it is better to protect them from information about health problems. Some people assume that family members won't be willing or able to make lifestyle changes that would be better for the person with diabetes—better, in fact, for everyone in the family.

Objectives

1. To discuss what emotional expectations people have from their families.
2. To describe how Calvin deals with sharing information about his diabetes, and about his fears, with his family.
3. To discuss the role that family can play in making major decisions about health and lifestyle.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

- Handout: Web page *Effects of Diabetes* (a copy of the Web page is included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

1. **Tell the group:** Think about the opening scene in the film at the funeral and about Calvin's son Bobby. *[You may want to replay the scene from the film to refresh participants' memories.]*

Consider using the following questions to guide the discussion:

- **Ask:** Does anyone remember what Bobby says to his father as Calvin is lying in the coffin?

Response:

- Calvin's son says to him at the funeral, "Why did you have to die?"

- **Ask:** What emotions is Bobby feeling?

Make sure that the discussion identifies the following emotions that Bobby is experiencing:

- Loss.
- Fear ("What are we going to do now?").
- Confusion, and maybe resentment or anger ("Why did you have to die?").
- Others?

- **Ask:** What do you think children understand about death, and what can they handle?





Make sure that the discussion brings out the following points:

- It depends on the age of the child. A six-year-old may have “magical (unrealistic) thinking,” in which he believes that his father may come back to life. A 10-year-old has a better understanding of death as being permanent.
- Children at any age, and even adults, can believe that they are somehow at fault for the person’s death. They may feel guilty for something that they did or said or thought, even if it has no relationship to the actual cause of death.



DVD

2. **Tell the group:** Think about the scene in which Calvin calls his family together and says, “I don’t want to scare you, but I do want to talk to you all about it [diabetes].” *[You may want to replay the scene in the film before beginning this discussion.]*

3. **Ask:**

- How did you feel when Calvin talks to his family about his dream?
- Do you think that having this conversation will help Calvin live with diabetes?
- What do you think of the approach Calvin chooses? Can you imagine having this conversation with your family? Why or why not?



Make sure that the discussion brings out the following points:

- You can hurt yourself or your family members by not talking to them about diabetes because you are afraid that the information may scare them.
- Sometimes just talking about something may not seem as if it would do much good, but getting something off your chest can be a huge relief.

- It is hard to live with diabetes if you are carrying around the knowledge of your condition as a big secret or a big burden in your heart without sharing it.

4. **Ask:**

- Do you think that people you know would share this kind of emotional information with their families, their spouses, and their children?
- Do you think that there are any risks or things to consider when talking to family members about serious health topics that may affect you?



Make sure that the discussion brings out the following points:

- An important way to follow up with your children is to make sure that they are OK emotionally after you have told them about your diabetes. Ask them later what they thought about the conversation, what they think caused the diabetes, and what they think is going to happen to you. Children may have unvoiced fears of their own that they need to express.
- In the film, Calvin's son Bobby asks, "Dad, does this mean we can't play football and basketball anymore?" The family may be concerned that a person with diabetes has to be protected from exertion. They may misunderstand what is helpful and healthful and what is not.
- In the film, Calvin's daughter asked him, "Didn't you have a blood glucose test a few months ago?" Family members may not feel that the subject that you are bringing up is news because they don't realize how your attitude toward your diabetes has changed. Calvin could have responded, "Yes, but I didn't take it seriously then, and now I do."



DVD

5. **Tell the group:** Think now about the scene in which Beverly Goodson has a conversation with her mother. *[You may choose to replay this scene before the discussion.]*
6. **Ask:** What emotions do you think are coming into play in this scene?

Examples may include the following emotions:

- Denial. Beverly's mother keeps changing the subject, saying, "Oh baby, let's talk about you."
- Fatalism. People may have the feeling that there is nothing a person can do to prevent diabetes complications. Beverly's mother says, "I just want to see you married with children before I die." At some level she is afraid, and she is worried about her diabetes, but she also feels that her situation is in the hands of fate and is not under her control.
- Anxiety. People may push away responsibility for their own health because they are focused on taking care of others. Mrs. Goodson says, "I'm not worried about me; I'm worried about you." How often does this situation come up in your family? How can this situation work against a person with diabetes?
- Frustration. Beverly Goodson tells her mother that this year at medical school has been very hard because everything she learns about diabetes makes her think of her mother. But Beverly sounds very frustrated when she says this. What can she do to turn her frustrated concern into helpful action? Perhaps she can take one or more of the following actions:
 - Bring the subject up again later when her mother is calmer.
 - Write her mother a note telling her again why she is worried and saying that she loves her and wants to help.

- Suggest at least one practical thing that the two of them can do (for example, go to a doctor’s appointment together).

7. **Ask:** Do you ever have conversations like this in your family? What do you do that is helpful or not helpful?



Homework Exercise

Distribute copies of the Web page *Effects of Diabetes*. Ask participants to choose among the following optional activities based on the ages of the children in their families (who may be grandchildren or nieces and nephews), the kinds of activities that they like to do with friends and family members, and the kind of support system that they have.

- Check out the Web site http://www.cdc.gov/diabetes/human_body.htm with your family or friends. (If you don’t have a computer at home or at work, your public library has computers that you can use, and the staff will show you how to find this Web site.) Click on the human figure to find out more about how diabetes can affect different parts of the body and what you can do to prevent complications.
- Find the following items on the Internet: free music that you can download and move to, such as *Movimiento Por Su Vida* on the Web site <http://www.cdc.gov/diabetes/ndep>, or the many free materials that you can order from the Web site <http://www.ndep.nih.gov>. (If using the Internet is new to you, have the library support staff, your children, or a computer-knowledgeable friend show you how.) The Web site <http://www.diabetesatwork.org> has lesson plans and information on managing diabetes while at work. The point of this activity is not just to get educational materials—it is also to get your family involved in learning more and talking more about diabetes.
- Visit the American Diabetes Association (ADA) Web site and check out the “Family Resource Network” that connects families dealing with diabetes with each other: <http://www.diabetes.org/for-parents-and-kids/living-with-diabetes/family-resource-network.jsp>.



Handout for Session Eight Effects of Diabetes

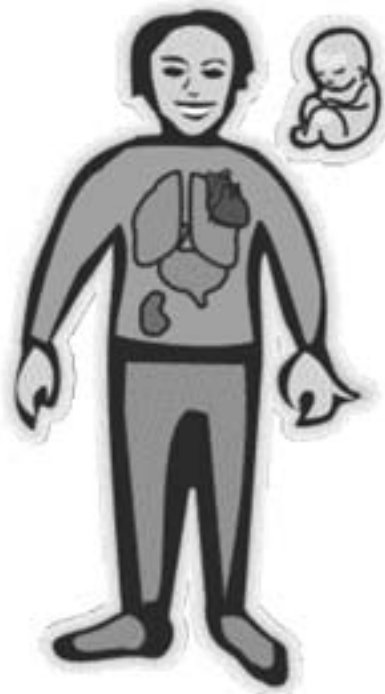
Here's a sample from the Web site

http://www.cdc.gov/diabetes/human_body.htm

Hi, I'm Frank

Effects of Diabetes

Diabetes can affect any part on your body. The good news is that you can prevent most of these problems by keeping your blood glucose (blood sugar) under control, eating healthy, being more physically active, and working with your health care provider to keep your blood pressure and cholesterol under control and getting necessary screening tests. Click on the figure at right to learn more about how diabetes can affect your body—remember: you can prevent these complications.



Visit these Web sites for more information:

<http://www.ndep.nih.gov>

<http://www.diabetesatwork.org/lessons.htm>

<http://www.diabetes.org/for-parents-and-kids/living-with-diabetes/family-resource-network.jsp>

<http://www.diabetes.org>

Session Nine
Fear of “the Needle”

9

Session Nine Fear of “the Needle”

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people with diabetes use insulin to help keep their blood sugar (blood glucose) under control. There are many myths about insulin use. Some people think that a person has a “worse kind of diabetes” if he or she uses insulin. Insulin is the fastest, most effective way for someone with very high blood sugar to get it down to a normal range. Insulin alone or in combination with pills may be the best choice for many people with diabetes. Yet many people are afraid to use insulin. Why?

Objectives

1. To discuss what fears people have of using insulin.
2. To discuss insulin myths versus realities.
3. To describe what diabetes “self-management” means in terms of checking blood sugar, giving insulin, and problem solving.



Time needed for discussion: 30 to 45 minutes without the optional section on glucose monitoring; 45 to 60 minutes if discussion of self-monitoring of blood glucose is included.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

- Handouts: *Myths and Facts About Insulin* and *What You Might “Know” About Diabetes: Myths and Facts* (the handouts are included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

1. **Tell the group:** Think about the scene in which Calvin is in the doctor’s office. [*You may want to replay the scene to refresh participants’ memories.*]

Consider using the following questions to guide the discussion:

- **Ask:** What is Calvin’s attitude in general in the doctor’s office?

Examples of his attitude might include:

- Suspicion. He asks the nurse, “How long have you been doing this?”
 - Reluctance. He is not initially interested in a support group, saying “Let me think about it.” He reluctantly agrees to return for a follow-up appointment with the doctor.
 - Concern and maybe some disbelief. He asks about his blood pressure reading: “Is that high?”
- **Tell the group:** Think about Calvin’s reaction when he is told that he needs to use insulin. What does Calvin say to the doctor?

Possible responses include:

- “You’re putting me on insulin? That’s using the needle, right?”

Ask: Is Calvin perhaps expressing disbelief, shock, dismay, or other emotions?

- “I can’t believe I have to take insulin.”

Ask: What is Calvin feeling? Disappointment or disgust? Shock? Denial? Other emotions?

- **Ask:** What are some other common reactions that people have when they are advised that they need to use insulin?

Possible responses include:

- Fear of the needle.
 - Feeling more out of control or overwhelmed.
 - Feeling that insulin is the end of the road— that if they are using insulin, their diabetes is more serious.
 - Fatalism—feeling that if they are on insulin, there’s no use watching what they eat anymore.
 - Worry about whether being on insulin will change important things in their lives, such as whether they can still hold the same job. This concern about keeping a job can be a serious one for some people—those who have a commercial driver’s license, for example.
 - Fear of what others might think, or fear that people will think that they are “skin popping” or abusing drugs.
 - Others?
- **Ask:** Is there anyone here who uses insulin and is willing to tell us what it is like? *[If anyone volunteers, ask:]* How did you feel when you first started using insulin?



You may wish to bring out the following points in the discussion:

- “Using the needle” may sound awful, but the needle is very small—smaller than the one used to draw blood or even the one used to give children their “baby shots.”
- There are a lot more kinds of insulin and ways to give it than there used to be, so you and your doctor can find a system that works for you.
- It may be scary to take insulin when you first start, but most people adjust and don’t find it hard to do over time.
- Some people do have a difficult time accepting the use of insulin. Don’t be afraid to talk to your doctor if you are afraid or are having a hard time with it.
- Some people just refuse to use insulin, but such a refusal may mean that their blood sugar stays out of control and that they are risking complications.
- Some people are embarrassed about using insulin and try to hide their use, but there is nothing to be ashamed of—no more than if you were taking any other kind of medicine. Think whether you would feel this way if you had to take medicine for arthritis pain or acid indigestion.
- It can be a hassle to have to take insulin at specific times each day, or to have to match up your insulin dosage with the amount of food that you eat. But doing so is just trying to get as close as possible to what your body would do naturally if you didn’t have diabetes.
- Some people complain that using insulin causes them to gain weight. Although insulin can stimulate appetite, it is overeating that causes weight gain. Choose vegetables or low calorie foods when you are hungry.

2. **Tell the group:** Let’s talk about some facts about insulin.
3. **Ask:** What is the doctor’s response when Calvin says, “I can’t believe I have to take insulin”?

Response:

- “Insulin is really the best thing for you now.”

4. **Ask:** Why does the doctor say this to Calvin?



Make sure that the following points are brought out in discussion:

- Insulin can bring down a high blood sugar level faster than any other medication.
- Calvin’s blood sugar is so high (400) that insulin will work better than other medications.
- It is dangerous to leave Calvin’s blood sugar so high. He and his doctor need to take action.
- Using insulin will give Calvin’s pancreas “a rest.”
- Calvin may be able to control his blood sugar without insulin later.

5. **Tell the group:** The doctor also says, “The needle is so small you really can’t feel it.” How true do you think this statement is?



Make sure that the following points are brought out in discussion:

- The needle is small, but it is still a needle. It takes time to get used to the idea of injecting insulin.
- For many people, the issue is not so much the pain of the needle, but fear about what it means to use insulin.
- Using a needle may seem scary in part because it is a different way of taking medicine. Most people take medicine in the form of pills. But insulin is not the only medicine that is taken by injection. Other medicines may also be injected because they work

faster or more reliably when taken this way. Some people give themselves injections of medicine to stop a migraine headache. If they can do this to stop a headache, you can do this to control your blood sugar and stop the complications of diabetes.

Brainstorming Exercise

Ask the group to think about Calvin's reaction to starting insulin and about the things that you have talked about in your discussion of insulin. Then ask participants what advice they would have for themselves, or for someone starting insulin, to help calm fears and other emotions.

Discussion of Self-Monitoring of Blood Sugar

1. **Tell the group:** The nurse checked Calvin's blood sugar, but no one in the film talked about self-monitoring—checking your own blood glucose at home with a glucose meter.

Note: The purpose of this discussion session is to share experiences and talk about emotions related to diabetes care, not to provide details of home glucose monitoring. A session on home glucose monitoring and how to use the results is best taught by a certified diabetes educator or health care provider.



2. **Ask:** Why do you think no one in the film talked about self-monitoring?

Make sure that the discussion brings out the following points:

- There may not have been enough time in the film to discuss everything about diabetes care.
- There is only so much that Calvin can take in about diabetes at one time.

- Dr. Goodson says that she will set up a session for Calvin with a diabetes educator. That is probably when he will learn about self-monitoring.
- Self-monitoring is very important, even though it isn't covered in the film.

Note: A participant may comment that he or she finds that doing a fingerstick for self-monitoring hurts more than injecting insulin. If so, you can acknowledge that many people feel this way. You can encourage participants to talk to their doctor or diabetes educator about this issue. Explain that new lancets are available that may make it easier and less painful for them to check their blood sugar.



Homework Exercise

Give each participant a copy of the two handouts: *Myths and Facts About Insulin* and *What You Might “Know” About Diabetes: Myths and Facts*. Ask participants to review these handouts at home and to think of any questions that are not covered. Tell them to use the two handouts to help them come up with questions to take to their next doctor's appointment.

Participants may also be interested in the NDEP brochure “Tips for Helping a Person with Diabetes,” available from http://www.ndep.nih.gov/diabetes/pubs/KnowNumbers_Eng.pdf



Handout for Session Nine

Myths and Facts About Insulin

Myth: Using insulin means that your diabetes is “really bad.”

FACT: Diabetes is a serious condition whether you use insulin, pills, or both. It is still serious even if it is controlled by food planning and physical activity alone.

Myth: You are “at the end of the road” if you are using insulin.

FACT: Insulin may be used at any time to help control diabetes. Some health care providers prescribe insulin when diabetes is first diagnosed, just as Dr. Goodson did for Calvin Dixon. Using insulin doesn’t mean that you have a “worse kind” of diabetes than others who don’t use insulin.

Myth: Insulin makes you fat.

FACT: Some people complain that using insulin causes them to gain weight. Although insulin can stimulate the appetite, it is overeating that causes weight gain. Choose vegetables or low calorie foods when you are hungry.

Myth: Some people can’t give themselves insulin.

FACT: Special devices are now available that help people with disabilities to give themselves insulin. Even blind people can measure insulin and give it to themselves accurately. If you have trouble seeing the amount of insulin to be drawn up into the syringe, or if you have any difficulty dealing with the syringe, talk to your doctor or diabetes educator about your needs.

Myth: Insulin is dangerous.

FACT: Any medicine can have side effects. It is important to know what the side effects are and how to avoid them so that you can learn to use insulin safely.

Myth: Once you start insulin, you must always stay on insulin.

FACT: There are many treatments for people with diabetes. Some people start on insulin injections and later switch to other medications taken as pills. Some are able to decrease the amount of medication they take once their diabetes is under control. Some even can stop certain medications IF they are able to lose enough weight.

Write Down Your Questions

Do you have a question about insulin? Are you unsure whether something is a myth or fact? Write it here (or on the reverse side of this page) and take it to your next doctor’s appointment.



Handout for Session Nine

What You Might “Know” About Diabetes

Myths and Facts

“I have a touch of sugar.”

There is no such thing as a “touch of sugar.” You cannot have a “touch of sugar,” just as a person cannot be a “touch” pregnant. Having “a touch of sugar” means having diabetes—plain and simple.

“I am only borderline.”

CAUTION: Diabetes Ahead! There is no “borderline” with diabetes—you either have the disease or not. The term “borderline” only serves as an excuse for people who don’t want to think about the reality of living with diabetes.

“You can’t prevent diabetes.”

Yes, you can. Studies show that people with prediabetes (blood sugar higher than normal but not in the diabetes range) can prevent or delay diabetes. If your doctor tells you that you have “a touch of sugar,” ask him if you have prediabetes or diabetes. There’s a big difference. For more information, visit <http://www.ndep.nih.gov/diabetes/prev/prevention.htm>.

“By drinking water, I can wash away the extra sugar in my blood and cure diabetes.”

Although you can wash away spilled sugar from a table, the body’s own sugar, glucose, cannot be washed away by drinking water. However, you can control your diabetes by eating a healthy diet, staying physically active, losing weight if you are overweight, seeing your doctor regularly, taking any medications as prescribed, and monitoring your blood sugar regularly.

“I have sugar in my eye.”

Uncontrolled diabetes can cause problems with vision, including blindness. Controlling the disease can prevent or delay complications with eyesight.

“Insulin is a cure for diabetes.”

Insulin is not a cure for diabetes. At this point, there is no cure for diabetes—only medicine and behaviors that help to control it. Insulin helps to control diabetes by keeping the body’s sugar, glucose, from building up in the bloodstream.

“If I’m not taking medicines for diabetes, it must not be serious.”

Not everyone who has diabetes needs to take insulin, but diabetes is always serious. If the body can produce insulin, other steps can be taken to help keep the insulin working effectively. These steps include regular physical activity, a healthy diet, oral medications (pills), and regular doctor’s visits.



“I have diabetes and I’ve seen its effect on family members. I know there is nothing I can do about it.”

Remember, diabetes is serious, common, and costly but controllable. There are many actions that people with diabetes can take to live a full life, while preventing or delaying complications. Taking care of yourself by making healthy lifestyle changes, such as regular physical activity and a healthy diet, is the key to living well, even with diabetes.

Session Ten
Working with Your Doctor

10

Session Ten Working with Your Doctor

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people find it hard to participate in their health care. They may not be sure what questions to ask the doctor, or they may feel that the doctor is in too great a hurry and doesn't have the time to answer their questions.

Objectives

1. To describe the interactions between Calvin and the staff at the doctor's office.
2. To discuss how a person can get the most out of a visit to the doctor.
3. To make the link between diabetes and heart disease.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: National Diabetes Education Program (NDEP) brochure *4 Steps to Control Your Diabetes for Life* (at least one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, or download it from the Web site <http://www.ndep.nih.gov/diabetes/control/4Steps.htm>.

- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

1. **Tell the group:** Today we are going to talk about two scenes from the film *The Debilitator*: the scene with the radio show entitled “The Good Doctor,” and the scene in which Calvin goes to see Dr. Beverly Goodson. *[You may choose to replay these scenes to refresh the participants’ memories.]*
2. **Tell the group:** Think back to the radio program “The Good Doctor.” The radio program host says of the physician guest on the show, “He speaks the truth—straight from the heart.” Some people think that health care workers shouldn’t tell people the harsh truth about the risk of heart disease and the complications of diabetes because it’s too scary.
3. **Ask:** What do you think health care providers should do?



Make sure to make the following points during the discussion:

- Scare tactics alone are not effective and can push people away.
 - People need to know the truth, and they have a right to know.
 - Some ways and times for giving information are better than others.
4. **Tell the group:** On the show “The Good Doctor,” the heart doctor made several statements that could be shocking.
 5. **Ask:** How did you feel when you heard the doctor **say**:
 - “Others [some people with diabetes] are just time bombs waiting to explode.”

- “Doctors...think that people will never change, so they don’t tell people what to do.”

Begin a discussion with participants about making the most of their doctor visits.

6. **Tell the group:** When Calvin calls Dr. Goodson’s office for an appointment, he is lucky. The office has an open appointment time that day, and he is seen right away.
7. **Ask the group:** Has that been your experience with making an appointment?
 - What do you think Calvin should have done if he had not been able to get an appointment for a month or more?
 - What would you do?

Answers might include:

- Go to the emergency room.
- Stay home and take it easy until you can see the doctor.
- Make an appointment to see another doctor.
- Try home remedies or nonprescription medications.
- Go to a naturopath or traditional healer.
- Pray that things will get better soon.



Make sure that the discussion brings out the following points:

- Don’t wait too long for an appointment. Ask if another doctor in the practice can see you as a walk-in or for just one appointment until you can see your regular doctor. Ask the receptionist to call you if the office has any last-minute cancellations.
- Emergency rooms are just for emergencies. Don’t use them as walk-in clinics or for regular care (for example, for refilling prescriptions). Try to think ahead and make appointments with your regular doctor.

- If you don't have a health care provider, seek one out and establish regular follow-up care. Community health centers that accept Medicaid or Medicare, or that provide sliding scale payments for people without insurance, are located throughout the country.
- If you are having chest pressure or increased shortness of breath, DON'T WAIT. Go to the emergency room if you have no other choice.
- It is best to talk to your doctor first before trying home remedies or nonprescription medications.
- Working with other healers (such as a massage therapist or a naturopath) can help you feel better, but such visits are not a substitute for seeing your doctor or other health care provider (such as a nurse practitioner or a physician assistant).

8. **Tell the group:** Think about Calvin's visit to Dr. Goodson. Is there anything that he could have done to get more out of this appointment?

Answers might include the following:

- He could have brought the first doctor's name and contact information so that Dr. Goodson could get his medical records.
- He could have brought any medicines that were prescribed for him by the first doctor, even if he is not taking them now.
- He could have brought a list of questions that he wanted to ask.
- He could have brought his wife or other family member for emotional support and also because "two sets of ears are better than one" for absorbing information during a doctor's visit.

9. **Ask:** How can you get the most out of your visits to the doctor and to other health care providers?



Make sure that the discussion brings out the following points:

- Think about your questions ahead of time. Perhaps write them down and give the list to the doctor at the start of the appointment.
- Bring a list of your medicines and a description of how you are taking them (for example, how many pills you take and at what time of day).
- Be honest. If you miss taking many of your pills, just say so and state why (for example, you can't remember to take the one at bedtime, or the medicine upsets your stomach if you take it in the morning).
- Tell your doctor about any nonprescription medicines, vitamins, and herbal remedies that you are taking.
- Bring along your blood glucose monitoring booklet in which you write down your blood sugar measurements.
- Discuss with the doctor what your goals are—what your blood sugar, blood pressure, and cholesterol should be, and what can you do to get them under control.
- Discuss other routine tests that people with diabetes should have: eye and foot exams, as well as measurement of A1C, blood pressure, and cholesterol.

Optional Activity: Discussing Diabetes ABCs and Heart Disease

Note: Another module in this guide, “Be Smart About Your Heart: Know Your ABCs,” also discusses the link between diabetes and heart disease.



DVD

1. **Tell the group:** Think about the scene in which Calvin dies of a heart attack in his dream. *[You may choose to replay this scene to refresh participants' memories.]*

2. **Ask:** How realistic do you think this scene is? What are the symptoms of a heart attack?



Make sure that the discussion brings out the following points:

- Usually people have some warning symptoms of a heart attack that increase with time.
 - People don't usually die suddenly as the first sign of heart trouble, but it is possible to do so.
 - A person might not recognize that his or her symptoms are from heart disease. Typical symptoms include:
 - Chest pressure—NOT a sharp pain.
 - Shortness of breath.
 - Nausea, possibly vomiting.
 - Sweating.
 - A feeling of impending doom.
 - Not just men are at risk for heart attacks. Women have heart attacks, too. In fact, women with diabetes are even more likely than men with diabetes to die of a heart attack.
3. **Ask the group:** What do you think about the fact that Calvin has a heart attack when he is doing something that he thinks is good for him—getting exercise?



Make sure that the discussion brings out the following points:

- Calvin's blood pressure and blood sugar are out of control.
- He doesn't stop when he first starts to feel bad.
- It looks as if he is mowing the lawn during the hottest part of the day (or maybe the heart attack is causing him to sweat). He should have chosen a cooler part of the day to exercise outdoors.

- Before you begin an exercise program, it is best to talk to your doctor to find out what is safe for you.



Classroom Exercise

Give each participant a copy the NDEP brochure *4 Steps to Control Your Diabetes for Life*. Tell participants that they have 5 to 10 minutes to look through the brochure before you call the group back together. Explain that the material in the brochure may help them think of questions that they would like to ask their doctor. After 5 or 10 minutes (depending on how much time is left in the session), ask if anyone needs more time. If yes, give an additional 5 minutes, and then call the group back together.

Ask: Is anyone willing to share a question that you've decided to ask your doctor at your next appointment?

If no one suggests a question, consider choosing a question directly from the NDEP brochure *4 Steps to Control Your Diabetes for Life* for discussion, if time permits.



Homework

Ask each of the participants to take home a brochure and to write down at least one question that they plan to ask the doctor at their next appointment. Suggest that they may also find it helpful to ask others (family and friends) to read the brochure and talk about it together.

Session Eleven
**A Frightening Future: The Rise of
Type 2 Diabetes in Youth**

11

Session Eleven

A Frightening Future: The Rise of Type 2 Diabetes in Youth

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

There are three main types of diabetes:

1. Type 1 diabetes, in which a person's pancreas makes no insulin, and the person must take insulin to survive. This type used to be called juvenile onset diabetes because it was the type that typically occurred in children, but it has been renamed because it can occur at any age.
2. Type 2 diabetes, in which a person's pancreas makes insulin, but either not enough insulin is produced to meet the body's needs or the body is "insulin resistant" and cannot use the insulin in the right way. Being overweight and getting little physical activity put at person a higher risk of developing type 2 diabetes. This type used to be called adult onset diabetes because it was rarely seen in children, but today the name is not accurate because more and more children and teenagers are developing type 2 diabetes. The number of children who are overweight or obese is increasing in the United States, which may be contributing to this rise in type 2 diabetes in youth.
3. Gestational diabetes develops during pregnancy, but then blood sugar levels return to normal after the pregnancy. Women who have had gestational diabetes have a higher risk of developing type 2 diabetes later. Children who are born to women who have had

gestational diabetes during the pregnancy are also at a higher risk of later developing type 2 diabetes.

Objectives

1. To describe the increase in the number of overweight children and teenagers in the United States.
2. To discuss some of the possible reasons for these increases and their possible consequences.
3. To discuss some actions that a person can take in his or her family and in the community to slow the epidemic of obesity in youth.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor; overhead projector (optional).
- Optional: Maps showing trends in rates of obesity and diabetes can be found as PowerPoint® slides on the CDC Web site <http://www.cdc.gov/diabetes>. You could either print these out to be prepared as overhead transparencies for use with an overhead projector or to be photocopied and given as handouts (one for each participant). If you have access to a computer and an LCD projector, you could show the entire series of slides and emphasize how rates of obesity and diabetes have increased over the past 20 years.
- Handout: *Am I at Risk for Type 2 Diabetes?* (one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide. The brochure may also be ordered online at <http://www.ndep.nih.gov> or downloaded for photocopying from <http://www.ndep.nih.gov/diabetes/prev/prevention.htm>.

- Handout: *Eating Healthily, Moving More* (included in this discussion guide kit; make at least one copy for each participant).
- Handout: *More Than 50 Ways to Prevent Diabetes* (at least one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at http://www.ndep.nih.gov/diabetes/pubs/50Ways_tips.pdf.
- Handout: *Tips for Children with Type 2 Diabetes Series* sheets on “What is Diabetes?,” “Be Active,” “Stay at a Healthy Weight,” and “Eat Healthy Foods” (at least one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at <http://www.ndep.nih.gov/diabetes/youth/youth.htm>.
- Handout: *Diabetes in Children and Adolescents* (at least one copy for each participant). Download the brochure for photocopying at http://www.ndep.nih.gov/diabetes/pubs/Youth_Factsheet.pdf.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
 - Play the film, or select scenes from the film as needed.
1. **Ask the group:** Did you believe the doctor on the radio show in the film when he said that children as young as age 4 have developed type 2 diabetes? [*This is true, unfortunately.*] Why are we seeing more obesity in children? How does this increase in obesity relate to diabetes?

Show the obesity and diabetes maps, or distribute the handout with links to download the maps.



Make sure that the discussion brings out the following points:

- CDC estimates that, if current trends continue, one in three children born today will develop diabetes in their lifetime. Not everyone who is overweight develops diabetes, and not everyone who has diabetes is overweight, but the two do tend to go hand-in-hand. Look at the maps. As the rate of overweight has gone up, so has the rate of diabetes.
 - The percentage of children in the United States who are overweight or obese has tripled in the past 20 years. In 2000, 10.4 percent of children 2 to 5 years old, 15.3 percent of children 6 to 11 years old, and 15.5 percent of adolescents 12 to 19 years old were overweight.
 - Even preschool children are affected. In children this young, overweight can't be blamed on school lunches and lack of physical education in the schools!
2. **Ask:** Do you think that Calvin's children in the film are at risk of developing diabetes? Why or why not?
 3. **Distribute** the NDEP brochure *Am I at Risk for Type 2 Diabetes?* for more information. Calvin's children are at increased risk, but they can take steps to reduce that risk by leading a healthy lifestyle.



Make sure that the discussion brings out the following points:

- Several factors increase the children's risk:
 - Being African American is a risk factor for developing diabetes.
 - Diabetes tends to run in families, and Calvin has diabetes.
 - Calvin's son is showing interest in sedentary activities, which could reduce his physical activity. (Recall the scene in which he is

playing video games instead of playing actively outside.)

- Several factors decrease the children’s risk:
 - Calvin’s daughter eats healthily and exercises at the gym.
 - Neither son nor daughter looks overweight, and they lower their risk of developing diabetes by eating healthily and maintaining a healthy weight.

4. **Ask:** After Calvin talks to his family members about his diabetes, what decisions do they make together that will help him control his diabetes and will also help them all live more healthily?

Examples may include the following:

- Calvin says, “Son, we’re going to spend more time together working out. I promise.”
- Calvin plans to go running with his daughter on a trail through the park.
- Calvin’s wife plans to cook healthful meals to benefit the whole family.
- The family looks for more information on diabetes and for more support. For example, at dinner Calvin’s wife mentions spirituality and talking to her pastor.

5. **Ask:** Do you think that people in your family are at higher risk than most people of developing diabetes? Do you think that your family can make the same kinds of changes that Calvin’s family does?



Make sure that the discussion brings out the following points:

- It’s not always as easy to get children away from video games and outside playing as it was for Calvin.

Ask: Does anyone have any suggestions for dealing with this situation?

Possible responses:

- Just sending the child outside to play should lead to more physical activity than watching TV does. You don't have to tell the child exactly what game or activity to do.
 - Join your child outside.
 - If you can't join your child, and you don't feel comfortable having him or her play outside, you may be able to find other safe places where your child can be more active.
- Limiting the number of hours for watching TV, using the computer, and playing video games is one method that has proved helpful in controlling children's weight (partly because children then have less time to snack in front of the TV).
 - Going running in the park is not realistic for many people (for example, because they have arthritis in the knees, because they live in an unsafe neighborhood, or because they live in a climate that is too hot or too cold for running during part of the year). But everyone can find ways to increase physical activity, even inside the house.
6. **Say:** Let's brainstorm about what else you can do for physical activity with a buddy or with family members.

Examples might include:

- Walk in the shopping mall or on a school track.
 - Try roller skating at an indoor rink.
 - Walk the dog. If you don't have one, do a good deed by walking an elderly neighbor's dog on a regular basis.
7. **Tell the group:** Many people may believe that eating healthily is too expensive for them. Does it cost Calvin's family more to eat baked chicken and baked potatoes than to eat fried chicken and french fries?



Classroom Exercise

Ask participants to take 5 minutes to think of at least one thing that they can do when they go home to get their whole family eating more healthful meals, and one thing that they can do during the coming week to be more physically active. Remind them that their motivation is not just to improve their own health but also to teach healthier habits to members of the future generation.

Note: Remind people in the group who live alone that they are not off the hook! Suggest to them that they can connect with family members by telephone to work on developing healthier habits, or they can choose to “buddy up” with someone at work, from church, from school, or from their neighborhood. If a holiday is coming up and they will be getting together with others, ask them to think about how they can make the event more healthful.



Distribute the handout *Eating Healthily, Moving More* and have each person write down at least one idea in each category.

At the end of 5 minutes, ask if anyone needs more time. If yes, give them 5 more minutes. Then ask if anyone would be willing to share what he or she has written down.



Homework Exercise

Ask participants to take home the handout *Eating Healthily, Moving More* and to think about adding one new idea to it each day. Distribute the handouts *More than 50 Ways to Prevent Diabetes*, *Tips for Children with Type 2 Diabetes Series* sheets, and *Diabetes in Children and Adolescents* to each participant to give them additional ideas.

Optional: There are lots of resources for kids who are overweight from the Weight-control Information Network. Visit <http://win.niddk.nih.gov/publications/index.htm#public>



Handout for Session Eleven

Obesity Maps and Diabetes Maps

**Overweight and Obesity: Obesity Trends:
U.S. Obesity Trends 1985–2004**

Download at:

<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/>

**Age-Adjusted Prevalence of Diagnosed Diabetes per
100 Adult Population, by State, United States, 2004**

Download at:

<http://www.cdc.gov/diabetes/statistics/prev/state/fPrevalence2004Total.htm>



Handout for Session Eleven

Eating Healthily, Moving More

Write down your ideas below:

One thing that I can do this week to get my family to eat more healthful food is:

One thing that I can do this week to get my family to be more physically active is:

Session Twelve
Spirituality as a Guide and Support

12

Session Twelve Spirituality as a Guide and Support

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Spirituality means many different things to different people, but it usually involves seeking strength, guidance, and support from a “higher power.” This support can help a person manage his or her diabetes. At the same time, it is important for people to recognize the practical aspects of diabetes care and to avoid placing their faith in unrealistic hopes.

Objectives

1. To describe ways in which spirituality, however it is experienced, can help provide support to making changes to live well with diabetes.
2. To verbalize that depending on spirituality and “faith” alone is not adequate to control diabetes.
3. To discuss what role spirituality can play in bringing family and community together to support a person in diabetes self-management.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Special Note: Discussing religion can lead to tensions as members of the group express their differences in religious views, and these differences can split a group rather than unite it. On the other hand, many self-help groups recognize the value of relating to a “higher power,” and many people will feel comfortable talking about spirituality as that which gives them inner strength of spirit. You may want to consider polling the group before you introduce this topic to be sure that all participants agree that it is appropriate for discussion. **You may also want to read the Troubleshooting section in this guide before proceeding with the discussion.**

1. **Ask:** Are there any scenes in the film *The Debilitator* in which spirituality plays a role?

Examples might include:

- The Dixon family members hold hands and say grace before the meal.
 - Calvin’s wife suggests that spirituality may be a good remedy for many illnesses.
 - The older African American woman in the support group says, “I’ve had diabetes for 10 years, but I don’t claim it. It’s my faith that keeps me physically, emotionally, and spiritually strong.”
 - In the first scene, the Dixon family is drawn together at the funeral in the church.
2. **Ask:** How does this spirituality help the people portrayed in *The Debilitator*?

Examples may be:

- It draws the Dixon family members closer together (in the scene at the dinner table).
- It is a possible source of support to give strength to the family and to the community.
- It draws the community together (the community at Calvin's funeral).

3. **Ask:** Are there any ways that a person might have a misguided idea about spirituality that could hurt his or her efforts to control or prevent diabetes?

Examples might include:

- Waiting for a miracle that may never come instead of taking control of one's diabetes and making changes.
- Taking a fatalistic attitude, such as "It is God's will," instead of taking the attitude that "God helps those who help themselves."
- Mistaking normal emotional reactions (such as fear, denial, depression, and guilt) for spiritual events that lead to inaction. For example, denial or bargaining may be expressed as the belief that "if I pray hard enough, I will be cured." Depression sometimes takes the form of guilt in a belief such as "God is punishing me."
- Others?



Special Note: Some people may think of organized religion (such as a Christian church, a Muslim mosque, or a Jewish temple) when you discuss spirituality, and they may give examples that include specific beliefs or practices of faith-based institutions. For example, someone may jokingly note that church suppers can be the worst thing for people with diabetes because of the dishes served, such as fried chicken and macaroni and cheese. Others may give examples of behaviors that violate their religious views, such as gluttony as one of the seven deadly sins or alcohol use as an evil.

Consider acknowledging these examples as events or views belonging to specific religions, and try to re-focus the discussion on the broad concept of spirituality. Avoid arguments over differing religious views.

Be sure to bring out the point that talking to one's health care provider and one's spiritual advisor about fears and concerns can help.

4. **Ask:** Are any of you willing to share how spirituality plays a role in your life? In keeping you healthy?



Optional Homework Activities

Ask each person to choose one of these optional activities to do at home:

1. Participants can create their own special prayer, meditation mantra, or positive thought to recite at a special, quiet time of day: for example, in the morning when they first wake up, when they go for a walk, before a meal, as they go to pick their child up at school, when they drive home from work, at bedtime, or whatever the best time for them may be. The special thought should be something simple to remember that gives them inner strength, such as "Every day, in every way, I am getting stronger and stronger." Or, "My blessings are many and my spirit is strong." Or even, "I can do it. I know I can."
2. Participants can try the "full cup of coffee (or tea or water) exercise" every day for a week. Describe the exercise to the group by saying: "Don't rush through that first cup of coffee or tea in the morning, and don't grab a travel mug and go. Set aside time—even one minute—to sit with this morning drink as a spiritual time, however you experience it. Sit down, hold the cup in your hands, and focus. Ask yourself: From where can I draw my inner strength today? Where can I find more strength to nourish my spirit today? What do I want from my full cup today? How can I fill it tomorrow?"
3. Consider asking members of the group to suggest other spiritual exercises that help them focus and draw strength.

Ask: How can these exercises help you control or prevent diabetes in your life?

Examples might include:

- By giving you the strength to resist overeating and other health-destructive habits.
- By reducing chaos and stress in life so that you can focus on what you need to do.
- By helping you to use the power of positive thinking to convince yourself that you can make changes, increase your physical activity, check your blood sugar by yourself, make that doctor's appointment you need, face getting checked for diabetes, stop smoking, walk more, or whatever it is you need to do.

Session Thirteen
What Are My Patients Thinking?
A Session for Health Care Providers

13

Session Thirteen

What Are My Patients Thinking? A Session for Health Care Providers

Note: This session should be conducted for health care providers by a peer health care provider (e.g., a primary care physician should lead a discussion with other primary care physicians).

Background

Being diagnosed with a chronic disease like diabetes can have a huge emotional impact on your patients. Some patients find it hard to listen and to remember what you as their health care provider have told them, because their minds are occupied with adjusting to their new diagnosis. Some patients may be very difficult to work with because they don't follow your recommendations, they seem unconcerned or disbelieving, or they are even angry with you. This discussion is designed to explore what is going on in these instances, and how you can turn such difficult interactions into fruitful ones.

Objectives

1. To discuss the issue of “therapeutic nihilism”—the idea that some people won't do what you recommend, so why waste your time?
2. To describe the interactions in the film between Calvin and the staff at Dr. Goodson's office.
3. To discuss possible ways of dealing with difficult situations that you encounter with your patients.



Time needed for discussion: 30 to 60 minutes (depending on whether role-playing exercises are included).

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Emotional Stages of Change* (included in Session Four of this discussion guide kit; make at least one copy for each participant).
- Handout: *Team Care: Comprehensive Lifetime Management for Diabetes* (one copy for each participant). Order the monograph by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at <http://www.ndep.nih.gov/diabetes/pubs/TeamCare.pdf>.
- Handout: *The 5As* (included in this discussion guide kit; make one copy for each participant).
- Handout: *Role-Playing Exercise* (included in this discussion guide kit; make one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
 - Play the film, or select scenes from the film as needed.
1. **Tell the group:** Think back to the scene in the film that depicts the radio program “The Good Doctor.” The radio show host introduces the cardiovascular surgeon guest speaker by saying, “He speaks the truth—straight from the heart.”

Some health care providers believe that we shouldn't scare patients by giving too many details of the possible complications of diabetes, because the long list can be discouraging. Other health care providers feel that we need to be more “hard-hitting” with our patients by emphasizing the risks of poorly controlled

diabetes. What do you think health care providers should do?



Points to bring out in the discussion:

- Scare tactics alone are not effective and can push patients away.
- Patients need to know the truth, and they have a right to know.
- A lot depends on the emotional state of the patient at the time of his or her visit with us and on his or her ideas about preventing complications.

2. **Ask the group:** Are there some ways and times to give the patient information that are better than others?



Points to bring out:

- If the patient is in shock or in denial after you give the diagnosis of diabetes, he or she can't focus on what you are saying.
- Determine the patient's understanding of and experience with diabetes. A patient with several relatives who have had complications of diabetes may view diabetes very fatalistically (e.g., the patient may believe that nothing can be done to improve his or her health or to prevent death). Or the patient may be very angry with the health care system.
- Finding out what the patient's greatest concerns are may provide you with a "hook" for helping him or her to make changes, accept medications, or do glucose self-monitoring.

3. **Ask the group:** In the final scene of the film, Dr. Goodson is leading a support group. Is it realistic that the doctor would host the support group?



Consider using the following questions:

- **Ask:** In the film the doctor is portrayed in the role of support group leader as an ideal situation, but is this role realistic? Is it even ideal? Perhaps other

professionals are better at running support groups. Or perhaps participants are reluctant to talk about some matters in front of their doctors.

- **Ask:** Are there ways in which the physician can become involved in the patients' diabetes education and support without running the support group himself or herself?

4. **Tell the group:** On "The Good Doctor" show in the film, the cardiovascular surgeon makes several statements that may be shocking. How did you feel when you heard him say the following?

- "Others [people with diabetes] are just time bombs waiting to explode."
- "Doctors...think that people will never change, so they don't tell people what to do."

Reactions from the group may include the following:

- **Anger.** Participants may feel that the radio show host portrays the primary care physician in an unfavorable light or is laying unfair blame on physicians in general.
- **Frustration.** Participants have probably all experienced the feeling that some patients don't follow their recommendations, so why bother?
- **Disappointment.** Participants may acknowledge that some patients do seem like "time bombs," and they may wonder what they can do if patients do not follow their recommendations.



Classroom Exercise: Stages of Change

1. **Tell the group:** I'd like you to spend 5 minutes right now writing down some of the things that your most difficult patients—emotionally and behaviorally difficult, not clinically difficult—have said to you. If you can, also write down what you think a good reply might be.

2. **Ask the group** [at the end of 5 minutes]: Is anyone willing to share what they've written down?

If yes, let participants spend some time sharing stories and ideas about responses. This part of the session sometimes gives frustrated clinicians an opportunity to "blow off steam." After they have released this pent-up emotion, they are in a better position to learn from the session. Try not to counter or disagree with any of the suggestions at this stage. Just let the group discuss them.

If no one volunteers to share their written responses, you may share a clinical experience of your own, or you may use one of the hypothetical ones from the handout *Role-Playing Exercises*.

3. **Tell the group:** Remember the stages of change that Dr. Kubler-Ross described in her book *On Death and Dying*? She described five basic stages: denial, depression, anger, bargaining, and acceptance. These five stages may represent too broad a generalization, because people experience many other emotions and stages of change. The stages don't necessarily occur in this order, and not everyone experiences every stage. Nevertheless, it may be useful to consider how these stages apply to someone dealing with a chronic disease like diabetes.



4. **Distribute** the handout *Emotional Stages of Change*.
5. **Ask the group:** What emotions does Calvin express during the interactions (with his doctor, with the nurse, with family members, in the support group) in the film *The Debilitator*?

Answers might include:

- Denial (at the initial diagnosis): "I didn't believe it, so I never went back."
- Disbelief (at the repeat diagnosis in Dr. Goodson's office): "I can't believe I have to take insulin!"
- Fear (of what it means to have diabetes): "Am I going to die?"

- Doubt (perhaps about the nurse’s experience when he asks, “How long have you been doing this?”).
 - Ambivalence (about going to a support group).
 - Depression. In the dream sequence, Calvin’s interaction with his daughter as he sits of the couch and overeats can be a sign of depression, as can feeling guilty.
 - Bargaining. In the dream sequence, Calvin tells his daughter that he will mow the lawn after he eats, and that this will be his exercise. He doesn’t say that he plans to change his eating behavior, but he bargains with her so that she will leave him alone.
 - Acceptance. Calvin shows acceptance of his diabetes when he shares his dream and his diagnosis with his family, and when he opens up at the support group.
6. **Point out** to the participants that the characters’ negative emotions never get out of control in the film, but that similar situations with patients in their offices may be more extreme.



Make sure to bring out in the discussion the following pitfalls to avoid when dealing with patients:

- Becoming offended and getting into an argument.
- Becoming defensive.
- Trying to scare or threaten the patient into action.
- Trying to force too much information on a patient who is not ready for it.
- Blaming the patient.
- Rejecting the patient’s ideas outright (for example, responding to an idea about an alternative healing method by saying, “That’s just a waste of time.”).
- Dismissing the patient’s fears (for example, responding to the question “Am I going to die?” by saying, “Don’t be ridiculous!”).

7. **End the session** on a positive note. Discuss the resources available for health care providers:
- Make sure that the health care professionals in the group are aware of community resource personnel, such as diabetes educators, nutritionists, and diabetes control teams at the state and local health departments.
 - Address the availability of a team to help the doctor help a patient. Team members might include the primary care physician, a certified diabetes educator, a dietitian, a pharmacist, a podiatrist, a physical therapist, a mental health professional, a social worker, and a peer educator or community health worker. Distribute the handout *Team Care: Comprehensive Lifetime Management for Diabetes*. Explain that this monograph can guide the doctor in forming a diabetes team at his or her practice.
 - Address the doctors' feelings about arranging for a team to care for a person with diabetes.

Ask: What are some barriers to such an arrangement? Answers may include:

- Lack of access to a team.
- Reimbursement issues.
- Lack of prior experience with team care.
- The “hassle factor” of making arrangements with the patient’s health plan.

Ask the group to brainstorm about solutions.

Make sure that the following information is brought out in the discussion:

- Tell participants about the availability of free resources from the National Diabetes Education Program on team care, such as the monograph *Team Care: Comprehensive Lifetime Management for Diabetes* and many other materials.



- Refer participants to the Web site <http://www.betterdiabetescare.nih.gov> for more examples of team care and additional resources.



- 8. Distribute the handout *The 5As* and say:** You may find this handout on self-management support useful. The “5A” concept was first used in helping people to quit smoking, but the concept applies to diabetes prevention and control as well.



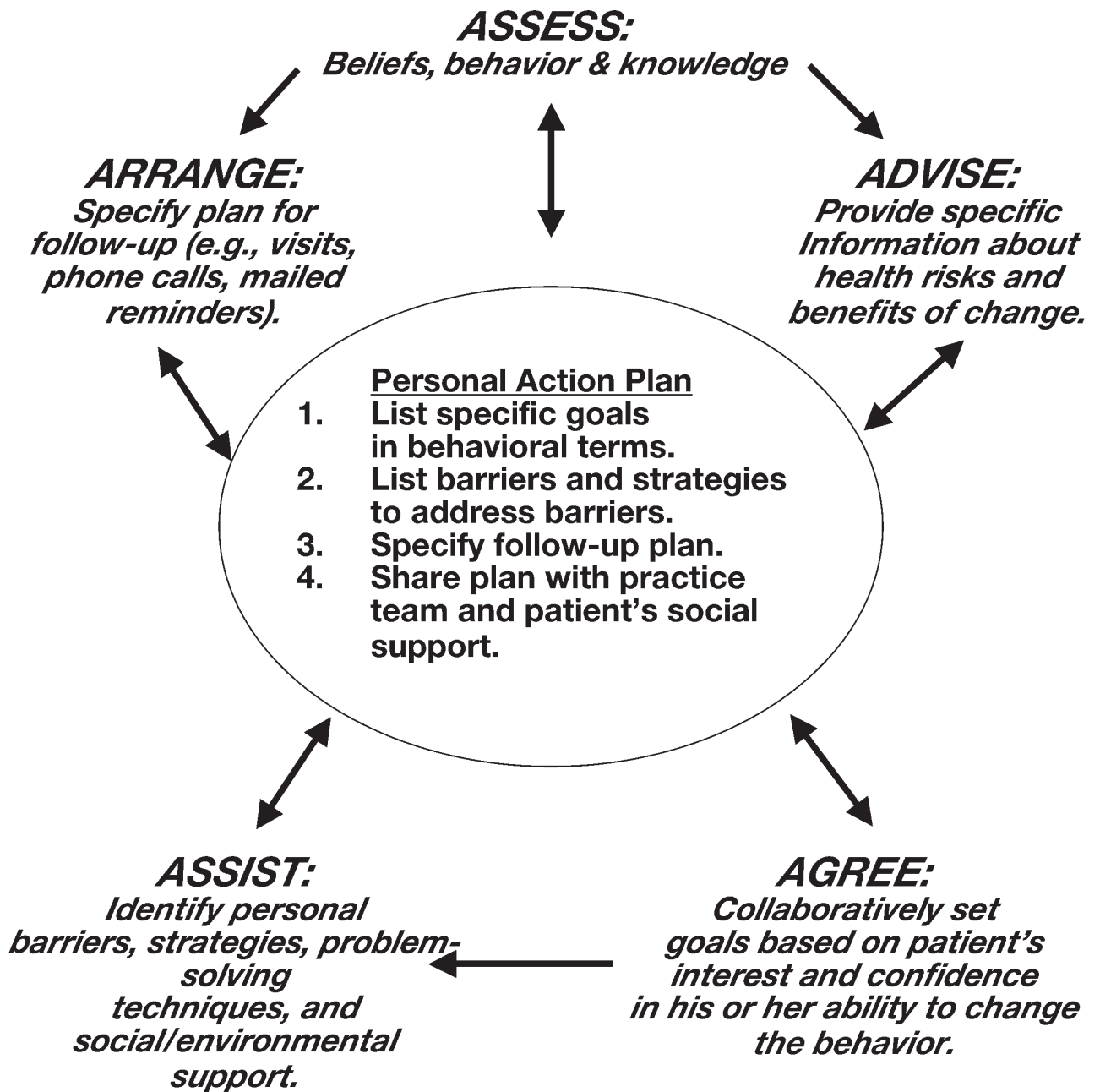
Alternative or Additional Classroom Exercise

Using the handout *Role-Playing Exercise*, ask for volunteers to role-play the part of the health care provider and the part of the patient. First, ask them to play the scene in a contentious manner that escalates as the two people fail to connect. Then, ask the same two participants (or a different set of participants, if desired) to role-play ways in which the health care provider could show respect for the patient, show an understanding of the patient’s emotional stage, and find a way to work with the patient.



Handout for Session Thirteen

The 5As





Handout for Session Thirteen

Role-Playing Exercise

Below are eight potential interactions (drawn from real clinical experiences with some details changed) that could take place between health care providers and their patients with diabetes. Ask participants to think about how each of these encounters might escalate, and about how the health care provider could defuse the situation. Then ask for two volunteers to choose one of the interactions and to act it out in front of the group. Have sets of volunteers act out as many interactions as time allows.

- Health Care Provider:** We need to get you a glucose monitor so you can check your blood sugar at home.
Patient: There's no way I am using one of those! All you doctors ever want to do is give shots and run tests. You probably make money off those glucose monitor machines. You doctors are all alike.
- Health Care Provider:** We'll need to start you on insulin.
Patient: I won't start insulin.
Health Care Provider: You need to start insulin. Your blood sugar is 400.
Patient: That doesn't matter. I am not taking the needle, and you can't make me.
- Health Care Provider:** We need to start you on these pills for your diabetes.
Patient: I don't want any of those toxic drugs. I only take all-natural remedies.
- Health Care Provider:** Your blood pressure is high. You need to lose a few pounds.
Patient: Are you saying I'm fat? I like having a little meat on my bones! I am so sick of you skinny know-it-alls telling me I'm fat!
- Health Care Provider:** Tobacco and diabetes are a bad combination. If you don't quit smoking, those cigarettes are going to kill you.
Patient: (shrugging) The way I figure it, everybody's got to die of something someday.
- Health Care Provider:** If you don't change the way you eat, your diabetes is going to get worse.
Patient: (tearfully) I know, I know! I'm such a weak person, doctor. I am so sorry. I just hate it when I'm a bad girl [or boy] and overeat. Will you forgive me?
- Health Care Provider:** Oh, and by the way, your lab tests came back, and you have diabetes.
Patient: Oh my God!
Health Care Provider: So we need to do some tests, and we might need to start you on some medicines. Let's set you up to talk to the dietitian. I'll ask the nurse



to teach you how to use the glucose monitor to check your blood sugar at home. Here's a pamphlet for you that will tell you all about diabetes.

Patient: (still in shock) I have diabetes? Are you sure? Oh, my God, I can't believe it...

8. **Health Care Provider:** How is your blood sugar doing?

Patient: Oh, I don't check it anymore. My cousin gave me this book on Ozone Therapy, so I don't need to worry about my diabetes anymore.

Troubleshooting

Creating Your Own Panel Discussion

Troubleshooting

Every group has its ups and downs and often brings unexpected surprises. The group may have people who tend to dominate the discussion, as well as those who are quiet but have much to contribute. This section is intended to help you with some of the most frequently encountered situations in leading a group discussion.

We don't have a conference room in which to meet.

You don't need one. Someone's living room, a local school classroom, or anywhere that people can sit and feel comfortable expressing their feelings will work. If you plan to show the film before a discussion, you will need a TV monitor and a DVD player, but you may also ask people to watch the film at home before the session if it is airing on a local public television station or if you can lend out the DVD of the film.

Someone in the group has burst into tears! What do I do?

This is a good sign. Those tears needed to come out. The rest of the group may be even more uncomfortable with tears than you are, so it helps to say something like, "Tears are important. We are dealing with a lot of big emotional issues. We are all among friends here, so don't be afraid to cry here. Crying is part of the healing process that lets you go on."

People take cell phone calls, and they interrupt the discussion.

At the beginning of the session ask everyone to turn off his or her cell phone or switch the phone to vibration mode with the ringer off. If people must take calls during the session, tell them that you must ask them to take the calls outside of the room, out of earshot.

People bring their children, and the noise of the children playing is disruptive.

Prepare ahead of time for this possibility. Even if you have told people not to bring children, it happens sometimes. Figure out what options you have for keeping the children busy and away from the group. If possible, arrange to have a VCR player or a DVD player and a TV monitor in another room playing a children's video, or arrange for a babysitter to come during the session to keep the children from interrupting your session. Older children or teenagers could be invited to participate in the session. If the group meets regularly, ask the group how they want to deal with the situation. One possibility is to develop a rotating schedule that arranges for one person each session to stay with the children or to bring someone to stay with the children during the session. If you meet at a nearby school, the children may be able to play under supervision on the school playground.

People expect food at sessions like this, or they bring food that's not healthful.

Food helps people to feel more relaxed, and you do want a comfortable setting in which people can open up. If this is a single session, provide water or sugarless

drinks, fruit, perhaps vegetables and low-fat dip, or low-fat crackers and cheese. Pretzels are a lower fat choice than chips, but they are still high in salt and not the best choice for people with high blood pressure. If you are meeting regularly, discuss this food issue with the group at the first session and ask that only low-fat, low-sugar, healthful snacks are brought.

One person is doing all the talking.

There are a couple of ways to deal with this situation. Sometimes the person who is talking a lot is bringing out good points, and you don't want him or her to stop, but you do want to make sure that everyone has a chance to speak. In that case, every once in a while, explain that you would like to go around the room and ask each person if he or she has anything to say on the topic being discussed. Or you can tell the group that you would like them to adopt some "ground rules" for the discussion. These ground rules would include the provisions that only one person speaks at a time, that there is to be no interrupting, that all opinions are welcome, that there are no right or wrong opinions, and any other provisions that the group deems appropriate. For example, one rule might be that one person may speak for only 2 minutes at a time. Two minutes should give plenty of time for relating an opinion, and even enough time for most personal stories. The "two minute rule" helps to ensure that everyone will have enough time to speak and that one person does not monopolize the discussion.

If some participants continue to break the ground rules, remind the group of these rules. If a person continues to disrupt the class and can't seem to understand that the ground rules apply to him or her, call a break in the session and then speak to the person individually during the break. Two choices for your conversation with this person are:

1. If the person is difficult and disruptive, ask him or her to keep comments brief because others in the group want to speak. Consider establishing the "two minute rule" if you have not already done so. Tell the disruptive person that if he or she cannot follow this rule, you will have no choice but to ask him or her to leave.
2. If you think that the person has goodwill but is having trouble with control, ask him or her to help with the class. You can enlist the person's help with taking notes on the flipchart, distributing handouts, or other duties. Use the person's energy and goodwill to help you.

The DVD player isn't working, and we can't replay the scene.

Try asking for a few volunteers to role-play the scene. It doesn't matter if they don't get it exactly right. Their role playing will show how they remember the emotions of

the scene, and that's the point that we are trying to get at here. This situation might even give you a chance to have volunteers role-play the same scene in a few different ways. Ask the volunteers to role-play different emotions and different ways of helping Calvin.

People are arguing and getting upset when they disagree.

Remind folks that we are dealing with emotions here. There is no right or wrong concerning how someone feels—it just is the way that he or she feels. The point of this discussion is to bring out the many different kinds of emotions that people experience, to talk about how those emotions can help or hurt them, and to explore how to turn emotionally charged events into positive actions. Ask the group: “Can we turn all the powerful energy we are feeling during this discussion into something positive?”

Someone has asked a question about her personal health—for example, whether she should worry about the chest pain she gets sometimes when she is upset.

What should I do?

Questions about personal symptoms must be directed back to the person's health care provider. Don't fall into the trap of trying to give medical advice. That is not your purpose in these sessions.

A lot of medical questions are coming up, and I don't know the answers, or I think I do but I'm not sure. Should I guess?

No. *Don't guess.* Don't give information unless you are absolutely sure of the answer. Tell the group that you don't know but will find out for them. You are strongly encouraged to invite a local health care provider or certified diabetes educator, or someone from the local American Diabetes Association (ADA) chapter, to a session. The focus of the modules in this discussion guide is on emotions and behavior—particularly what stops people from doing the right things to take care of themselves. But you don't want to leave medical questions up in the air. You may be able to find the answers on the Web sites of the National Diabetes Education Program, the Centers for Disease Control and Prevention, or the National Institutes of Health, or from other Web sites listed in the References and Resource section at the back of this guidebook. See the following question.

We want more information. Where can we get it?

You can visit the many Web sites listed in the References and Resource section at the end of this guidebook. You can also call your local American Diabetes Association (ADA) chapter, or call the public inquiries line at the Centers for Disease Control and Prevention (CDC) at 1-877-CDC-DIAB or the National Diabetes Education Program (NDEP) at 1-800-438-5383 to order informational materials.

We want to give you some comments. How can we do this?

Do you have comments to make about this discussion guide? We'd love to have your opinions so that we can improve these materials in future revisions. Please either e-mail your comments to jkelly@cdc.gov or send them by regular mail to:

Dr. Jane Kelly
Director, National Diabetes Education Program
Centers for Disease Control and Prevention (CDC)
Division of Diabetes Translation
Mailstop K-10
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Atlanta, GA 30341

Creating Your Own Panel Discussion

The one-hour film special *The Debilitator* broadcast on public television in Atlanta (WPBA) in April 2005 included a 30-minute panel discussion with a physician, an actor from the film who himself has diabetes, a diabetes educator/dietitian, a local religious leader, and a behavioral psychologist as discussion moderator. For your community event, you may choose to show the Calvin Dixon story first, and then have your own panel discussion by a panel of local health care providers, community leaders, and others. This format can be very effective.

Here are a few suggestions for creating your own half-hour panel discussion:

1. Think first about your goals for the panel. Is the main goal to raise awareness of diabetes, to begin discussion of the emotional and behavioral aspects of living with diabetes, to inspire community leaders to take action, to encourage people to share more with their families or with their doctors, or to communicate more basic facts about diabetes?
2. Once you have established your primary goal, decide who would be the best people to communicate these objectives. Keep in mind, for example, that, if the topic is emotional support, a panel of medical experts might not be as capable of connecting with people as a person with diabetes would be.
3. Limit the number of people on the panel. Three or four people may be enough. Five people plus a moderator speaking for only 5 minutes each would take up the entire half-hour with no time for questions.
4. If the panel is speaking in front of a live audience, consider requesting that questions be submitted in writing on an index card and then turned in to the moderator to read aloud. This format will minimize disruptive, inappropriate questions (an unfortunate occurrence at some events).
5. You don't need to write a precise script for the panelists, but make sure that the moderator has a preplanned list of questions (at least one per panelist) to be used to begin the discussion. Also make sure that each panel member knows which initial questions will be directed to him or her.
6. Include an "action item" (specific suggestions for what the viewing audience can do right now while they are feeling motivated) so that people know what steps they can take after the panel discussion concludes. Give a toll-free number that they can call for more information (a local call-in line or the NDEP number), give a Web site that they can visit, or at least make the recommendation that people talk with their own health care providers. You are welcome to use the same discussion questions that were used in the panel discussion at the end of the film *The Debilitator*.

7. Don't forget evaluation. Develop a form that you can hand out at the beginning and collect at the end of the session to find out whether people found the session helpful, what actions they are planning to take, what other topics they wish you had addressed, and so forth. This feedback will give you much needed information for planning future events, and it will be of greater interest to your sponsors than simply the number of people who attended or heard the program.

References and Resources

NDEP Publications Order Form

State-Based Programs to Reduce the Burden of Diabetes

References and Resources

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Recommended for Further Reading

If you're a diabetes educator, health care provider, or support group facilitator looking for more guidance, please look at the list below. From dietary advice to inspirational quotes, these selected readings from our reference list provide a nuts-and-bolts compilation of resources for dealing with both the physical and emotional aspects of diabetes.

1. Feste C. *365 Daily Meditations for People with Diabetes*. Alexandria: American Diabetes Association; 2004.

Written by Catherine Feste, a motivational speaker and health educator, this book is a collection of meditations designed to inspire hope and provide guidance for people living with diabetes. Feste weaves together quotes from sources as diverse as Albert Einstein, William Shakespeare, and Buddha with skillful storytelling,

creating a web of emotional and spiritual thoughts that has been described as a “support group in a book.”

2. Gavin J, Landrum S. Dr. Gavin’s Health Guide for African Americans. Alexandria: Small Steps Press; 2004.

Dr. James Gavin III, MD, PhD, Chair of the National Diabetes Education Program and past president of the American Diabetes Association, combines his passion for medicine and his knowledge of African American culture into a practical, easy-to-use reference book on healthy lifestyles. The book covers everything from diabetes and other chronic diseases to the importance of emotions and family support as they relate to a person’s health.

3. *Take Charge of Your Diabetes*. 3rd ed. 2003. (English-language patient guide)
<http://www.cdc.gov/diabetes/pubs/tcyd/index.htm>

Developed by the Centers for Disease Control and Prevention, *Take Charge of Your Diabetes* offers basic information about diabetes care and management. Topics include everything from managing blood sugar levels during sick days to avoiding diabetes-related complications. The book and its online version also provide an assortment of glucose logs for those wishing to keep track of their sugar levels.

Selected Web Resources

Diabetes Prevention Program, Lifestyle Balance
<http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc>

Though *The Debilitator* film deals mostly with what to do when you have diabetes, understanding the importance of prevention is the ultimate key to leading a diabetes-free life. The Diabetes Prevention Program (DPP) Web site provides links to curriculum and information on the DPP in English and Spanish.

Improving Chronic Illness Care, MacColl Institute for Healthcare Innovation
<http://www.improvingchroniccare.org>

Improving Chronic Illness Care, a national program of The Robert Wood Johnson Foundation, is dedicated to the idea that United States health care can do better. The 99 million Americans who suffer from diabetes, depression, and other chronic conditions can lead healthier lives. Providers who care for chronically ill patients can be better supported with guidelines, specialty expertise, and information systems.

National Diabetes Education Program
<http://www.ndep.nih.gov>
<http://www.cdc.gov/diabetes/ndep>
<http://www.diabetesatwork.org>
<http://www.betterdiabetescare.nih.gov>

Centers for Disease Control and Prevention

<http://www.cdc.gov>

National Institute of Diabetes and Digestive and Kidney Diseases

<http://www.niddk.nih.gov>

U.S. Department of Health and Human Services, Steps to a HealthierUS,

<http://www.healthierus.gov>

The Web site provides links to a wide range of topics on nutrition, exercise, obesity, diabetes, and blood pressure.

Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by NDEP or the federal government, and none should be inferred. The NDEP is not responsible for the content of the individual organization Web pages.



NDEP Publications & Resources

The NDEP encourages you to visit the Web site www.ndep.nih.gov for descriptions of all items listed below, translations for various ethnic groups, and to find the newest products available to the public.

Control Your Diabetes. For Life. : Publications & Resources for Consumers



4 Steps to Control Your Diabetes. For Life.

(NDEP-67)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

7 Principles for Controlling Your Diabetes. For Life.

(NDEP-17)*

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Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy

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If You Have Diabetes, Know Your Blood Sugar Numbers

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The Power to Control Diabetes Is in Your Hands

(NDEP-38)*

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Expanded Medicare Coverage of Diabetes Services Fact Sheet

(NDEP-77)

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Take Care of Your Feet for a Lifetime

(NDEP-4)*

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Tips for Helping a Person with Diabetes

(NDEP-57) *

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Recipe and Meal Planner Guide (Recetas y plan de comidas)

(NDEP-51)*

A bilingual (English and Spanish) meal planner with food photography. Available online only at www.ndep.nih.gov.



Be Smart About Your Heart. Control the ABCs of Diabetes.

Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol
(NDEP-52)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

If You Have Diabetes, Take Care of Your Heart (Si tiene diabetes, cuide su corazón)
(NDEP-58)*

An easy-to-read, illustrated, bilingual (Spanish and English) booklet. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Small Steps. Big Rewards. Prevent Type 2 Diabetes

Small Steps. Big Rewards. Your GAME PLAN for Preventing Type 2 Diabetes: Information for Patients
(NDEP-60)*

This is a four-booklet package. Single set free. Each additional set, \$4. Limit three sets.

Small Steps. Big Rewards. Diabetes Prevention Tip Sheets for High Risk Audiences

The tip sheets are tailored for groups at highest risk for diabetes and supplement the GAME PLAN kits. First 25 copies free. Each additional package of 25, \$5. Limit: two packages of each tip sheet.

More than 50 Ways to Prevent Diabetes (for African Americans)
(NDEP-71)

It's Not Too Late to Prevent Diabetes (for Older Adults)
(NDEP-75)

Get Real! You Don't Have to Knock Yourself Out to Prevent Diabetes (for General Audience)
(NDEP-76)

Publications and Resources for Children and Adolescents

Helping the Student with Diabetes Succeed: A Guide for School Personnel
(NDEP-61)*

Single copy free. Each additional copy, \$3. Limit six copies.

Tips for Kids with Type 2 Diabetes Series

First 25 copies free. Each additional package of 25, \$5. Limit two packages of each tip sheet.

What Is Diabetes?
(NDEP-63)

Be Active
(NDEP-64)

Stay At a Healthy Weight
(NDEP-65)

Eat Healthy
(NDEP-66)

Control Your Diabetes. For Life. : Publications & Resources for Health Care Providers



Diabetes Numbers at-a-Glance Card
(NDEP-12)

Single copy free. Each additional package of 25, \$5. Limit five packages.

Guiding Principles of Diabetes Care

(NDEP-16)

First six copies free. Each additional package of 25, \$5.

Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals

(NDEP-54)

Single copy free. Each additional copy, \$1. Limit six copies.

Working Together to Manage Diabetes: Poster

(NDEP-55)

Single copy free. Limit one copy.

Working Together to Manage Diabetes: Diabetes Medications Supplement

(NDEP-54-S)

Single copy free. Each additional copy, \$1. Limit six copies.

Team Care: Comprehensive Lifetime Management for Diabetes

(NDEP-37)

Single copy free. Each additional copy, \$1. Limit six copies.

Feet Can Last a Lifetime: A Health Care Provider's Guide to Preventing Diabetes Foot Problems

(NDEP-2)

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The Power to Control Is in Your Hands, Health Care Practitioner's Kit

(NDEP-50)

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The Power to Control Diabetes Is in Your Hands. Poster

(NDEP-40)

Single copy free. Each additional package of 25, \$5.

The Power to Control Diabetes Is in Your Hands. Countertop Display

(NDEP-42)

Single copy free. Each additional package of 10, \$5.

www.BetterDiabetesCare.nih.gov

This easy-to-use comprehensive resource will help health care providers, educators, policy makers, planners, and purchasers make important changes in systems of care for people with diabetes and achieve exciting results.

Be Smart About Your Heart. Control the ABCs of Diabetes.***Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol. Photocopy Master***

(NDEP-52PM)

Camera-ready version of NDEP-52. Single copy free. No bulk orders.

If You Have Diabetes, Take Care of Your Heart. Flipchart Presentation (Si tiene diabetes, cuide su corazón. Presentación en rotafolio)

(NDEP-58FC)

A bilingual presentation tool. Single copy free. Each additional copy, \$4. Limit five copies.

Small Steps. Big Rewards. Prevent Type 2 Diabetes***Small Steps. Big Rewards. Your GAME PLAN for Preventing Type 2 Diabetes: Health Care Provider Toolkit***

(NDEP-59)*

Single copy free. Each additional copy, \$5. Limit three copies.

Publications and Resources for Organizations***Control Your Diabetes. For Life. Campaign Guide for Partners***

(NDEP-15)

This 58-page how-to guide is designed to help partner organizations disseminate the *Control Your Diabetes. For Life.* campaign messages. Single copy free. Each additional copy, \$3.***Diabetes Community Partnership Guide***

(NDEP-21)

This how-to kit contains ideas, tools, and guidelines for community partnerships and diabetes activities. Single copy free. Each additional copy, \$3. Limit six copies.

Five Communities Reach Out Videotape (VHS)

(NDEP-36)

This powerful 22-minute video and accompanying guide show how different communities can work together and use available resources to improve diabetes control. The video can be used as part of a community action-planning workshop when combined with the NDEP publication *Diabetes Community Partnership Guide* (NDEP-21). Single copies \$10 each.***Making a Difference: The Business Community Takes on Diabetes***

(NDEP-33)*

This white paper is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. Single copy free. Each additional copy, \$1.

Team Care: Comprehensive Lifetime Management for Diabetes

(NDEP-37)

This report was created to help organizational leaders in health care systems and health care purchasers implement multidisciplinary team care for people with diabetes in all clinical settings. Single copy free. Each additional copy, \$1. Limit six copies.

www.DiabetesAtWork.org

This online diabetes and health resource kit helps businesses and managed care companies to assess the impact of diabetes in the workplace. It also provides easy-to-understand information for employers to help their employees manage their diabetes and take steps toward reducing the risk for diabetes-related complications such as heart disease.

NDEP Publications Order Form

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The U.S. Department of Health and Human Services' National Diabetes Education Program of the National Institutes of Health and Centers for Disease Control and Prevention jointly sponsor the program with the participation of over 200 partner organizations