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Indian Health Service nutrition series diabetes curriculum

M Powers

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These lesson plans were developed by the Indian Health Service Diabetes Program. Copies are available through the headquarters office:

Indian Health Service Diabetes Program, HQW
5300 Homestead Road, NE
Albuquerque, NM 87110
505-248-4182
fax 505-248-4188

Lead Writer/Project Contractor:
Maggie Powers, MS, RD, CDE
Powers and Associates, Inc.
St. Paul, MN 55116
612-699-0031

The following Indian Health Service staff contributed their time and expertise to the development of this manual:

National Task Force on Diabetes Education for Native Americans
Cindy Bochenski, RN-C, CDE
Dorinda Bradley, RN, CDE
Brenda A. Broussard, RD, MPH, MBA, CDE
Jean Charles-Azure, RD, MPH
Gwen Hosey, ANP, MS, CDE
Beth Schatzman RD, CDE
Melanie Sipe, RD, CDE
Lorraine Valdez, RN, MPA, CDE

Field Testers
Ruth Bear, RD, MS, CDE
Nora Bashian, RD, CDE
Kibbe McGaa Conti, RD
Edith McDonald, DT
Sr. Anna Rose Ruhland, RD, MS

Project Officer:
Brenda Broussard, RD, MPH, MBA, CDE
Acting Program Director/Nutrition Consultant
IHS Diabetes Program, HQW
Albuquerque, MN 87110
505-248-4182

- October 1996 -
Objectives for the
IHS DIABETES CURRICULUM - NUTRITION SERIES

HEALTHY EATING - A BRIEF INTRODUCTION
At the end of this education session, the client will be able to
1. State healthy food choices are important for their health
2. State one specific change they will make in their food choices and how they will do it

HOW MUCH DO I EAT?
At the end of this education session, the client will be able to
1. State that portion sizes affect their blood sugar level.
2. Select one positive change in their portion size choices to make in the next couple of weeks

SHOP SMART
At the end of this education session, the client will be able to
1. State the importance of having a shopping list or planning before shopping
2. State one shopping tip she/he will use the next time they shop

COOKING AND BAKING FOOD THAT TASTES GOOD
At the end of this education session, the client will be able to
1. State that their favorite and meaningful foods may be part of their eating plan
2. Adjust a recipe to lower fat and sugar content

SUGAR IS A CARBOHYDRATE
At the end of this education session, the client will be able to
1. Name carbohydrate foods (2 sugars, 2 starches)
2. State that all carbohydrates raise blood sugar levels
3. State that carbohydrate intake needs to be balanced
**FRIED FOODS**
At the end of this education session, the learner will be able to
1. State that frying foods adds fat and calories to a food
2. State 3 ways to cook foods instead of frying
3. Describe how they can prepare one typically fried food differently; or, describe one food they can choose instead of a typically fried food

**PROTEIN: Don’t Eat Too Much**
At the end of this education session, the client will be able to
1. Identify protein sources in their diet
2. List one way they plan to cut back on protein intake

**SELECTING A WEIGHT GOAL**
At the end of this education session, the client will be able to
1. State how body weight affects blood sugar levels
2. Select a reasonable weight goal (may be for one month or two months)
3. Describe why frequent visits with dietitian, support group, or other monitoring/motivating system is needed

**ALCOHOL, DIABETES AND YOUR HEALTH**
At the end of this education session, the client will be able to
1. State that alcohol can affect blood sugar levels and weight
2. State 3 safe drinking tips
3. State when to avoid drinking alcohol

**COMMODITY FOODS - CANNED MEAT**
At the end of this education session, the client will be able to:
1. Remove fat from commodity canned meat
2. State when they will remove fat from commodity canned meat
TITLE  HEALTHY EATING - A BRIEF INTRODUCTION

AUDIENCE  Clients with non-insulin dependent diabetes (type II) who are newly diagnosed or need a fresh start with diet.

LENGTH  10-15 minutes

OBJECTIVES  At the end of this education session, the client will be able to
1. State healthy food choices are important for their health.
2. State one specific change they will make in their food choices and how they will do it.

SUGGESTED MATERIALS  Guide - Eating Well for Diabetes

CONTENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 min.</td>
<td>Introduce session: What you eat is important in order for you to manage your diabetes. The goal with diet is to help you be able to eat the foods you like. If you are not the RD state that a special team member (the dietitian/nutritionist) will sit down and ask you lots of questions about how and when you like to eat. We will schedule that appointment today. Your appointment is important so you can learn about the best food choices for you. <em>Purpose</em> of today’s session: is to get you started; not to make a lot of changes.</td>
</tr>
<tr>
<td>2 min.</td>
<td>Objectives: Today we will get you started by talking about guidelines for healthy food choices. This is important because what you eat affects your blood sugar</td>
</tr>
<tr>
<td>5 min.</td>
<td>Guide: Review the “Guide -Eating Well for Diabetes.” Answer questions about the different choices.</td>
</tr>
<tr>
<td>5 min.</td>
<td>Personalize: Help client identify one change to make, i.e., switch to diet soda, only small glass of juice, no mayonnaise on sandwich, etc. Be sure change does not compromise diabetes management, especially if taking insulin.</td>
</tr>
</tbody>
</table>

SUMMARY  Choosing healthy foods will help your diabetes. The choice you made will help you. You will probably think of questions about food before your next visit. Keep a list of your questions on the back of the guide sheet so you don’t forget them.

EVALUATION  Client is able to state healthy food choices are an important part of diabetes care and one change they will work on before their next appointment.
CUE SHEET - Healthy Eating - A Brief Introduction

Opening

Emphasize that the health team's goals are to help the client make the best choices for her/him. Each person is different. Today will just be a beginning with diet.

Note: This lesson is designed to be used by any health team member, including the dietitian.

Healthy Food Choices

You may have a favorite teaching tool at your clinic that you like to use that explains healthy food choices or lists the basic changes most people need to make. Be sure the material is not overwhelming. The Food Guide Pyramid may be too complex for this brief session. Talking about food groups, serving sizes, and balance of insulin with food takes more time than this brief lesson allows.

Diabetes educators have a tendency to teach too much. We need to guide changes. Keep your focus on beginning changes.

Personalize

Most clients know what they need to change. Your expertise in guiding change will strengthen their commitment to selecting a change to make. Focus on one change; avoid making too many changes. Set the client up for success.

Document selected change in the medical chart. Arrange for dietitian appointment.
Eating Well for Diabetes

You can help control your blood sugar by making healthy food choices. Here are some of the choices you may wish to make.

Which do you choose?

☐ Eat at least three times a day. Don’t skip meals.

☐ Eat only one helping of food (no seconds). Choose to do this for breakfast, lunch, or supper.

☐ Keep meat portions small. A small serving of meat is about the size of a deck of cards.

☐ Eat only one or two starchy foods at each meal. Bread, tortillas, cereal, rice, noodles, and potatoes are all starchy foods.

☐ Cut back on extra fats added to food. Enjoy the taste of food without adding margarine, butter, mayonnaise, sour cream, gravy, or regular salad dressing. Choose to do this at breakfast, lunch, or supper for one week.

☐ Choose diet soda instead of regular soda.

☐ Drink one small glass of juice instead of a large glass.

☐ Eat at regular times. My meal times are: ________________________________

☐ Other (your choice): ________________________________

My appointment with the dietitian is: ________________________________


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Phone (505) 248-4182 • Fax (505) 248-4188 • October 1996
TITLE HOW MUCH DO I EAT?

AUDIENCE Clients with diabetes who are overweight or who eat inconsistently.

LENGTH 20 minutes

OBJECTIVES At the end of this education session, the client will be able to
1. State that portion sizes affect their blood sugar level.
2. Select one positive change in their portion size choices to make in the next couple of weeks

SUGGESTED MATERIALS measuring equipment, serving/eating dishes and utensils, drawings of food portions, food models, if available
My Personal Care Record, IHS

CONTENT

<table>
<thead>
<tr>
<th>Time</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2 min.</td>
<td>Introduce session: How much a person with diabetes eats is important. <strong>Purpose</strong> of session: is to become more aware of how much you do eat. At the end of the session you can choose one change you want to make in your food portions. After you keep a record of your food portions, an appointment can be made to talk about whether your portions should change.</td>
</tr>
<tr>
<td>6 min.</td>
<td>Involve client: 1) ask the client to describe several meals; use food models, drawings or items to quantify portion sizes; 2) ask the client’s impression of different portion sizes; are they huge, large, medium, or small; 3) ask the client to tell you what he/she uses to measure food when following a recipe or figuring out how much to eat.</td>
</tr>
<tr>
<td>4 min.</td>
<td>Why are portion sizes important? Use measuring equipment / serving dishes / food models to show larger and smaller meals, relate to blood sugar levels.</td>
</tr>
<tr>
<td>5 min.</td>
<td>Personalize one - two meals for client to monitor portions; provide a log book/sheet to record food and blood sugar test results. Discuss when the client should test. Set up a follow-up appointment.</td>
</tr>
</tbody>
</table>

SUMMARY How much you eat affects your diabetes. Keeping track of how much you eat will help you know if you need to change your portion sizes.

EVALUATION The client will state one change and follow-up plans.
Opening
This session is to help clients become more aware of how much they eat. One of the most powerful tools in weight management is keeping a food record/diary.

Involving the client
Encourage the client to describe how they really eat. Ask the client if their serving sizes are huge, large, medium, or small. If they do not use measuring equipment, they can measure with their eyes.

Why portion sizes are important.
The best way to review this would be to look at the client’s food record and blood sugar record. If this is not possible right now, you can do a 24-hour recall or take one of their meals and imagine a blood sugar reading (within a good target range), then take a meal with more food and state a higher reading. Involve the client in adjusting the larger meal to be a bit smaller. When discussing blood sugar tests, remind the client to test right before a meal (or when they take their insulin) and/or 1 1/2 - 2 hours after a meal.

Personalize
Help the client isolate one change to work on. This may be changing from a Big Gulp (32 oz) regular soft drink to a 12 oz size. It may be switching to a larger serving of vegetables with less fat.

Review measuring equipment and how to measure.
Spend more time on this if you have the time. Not everyone will need to be precise with their measurements, yet they need to be fairly consistent from day to day because of their own endogenous insulin production, or if they are on a weight management program to lose or maintain weight. Food can be measured in a number of ways -- one bowl, one large scoop, one sandwich. Consistency is often key so that usual eating and drinking dishes can be used as can other typical serving utensils/portions.

- 1/2 cup = 1 ice cream scoop
- 1 cup = 1 fist (check their fist; equate fist size to serving of canned fruit or starch serving)
- 3 oz = deck of cards
- 3 oz = palm area of hand (check their palm; larger person’s might be 4-5 oz which could be their serving size)
How Large is a 2-ounce Serving?

2 chicken legs are 2 ounces.

Also, 2 ounces of chicken equals:
- 1 chicken thigh
- 2 chicken wings
- 1/2 small chicken breast
- or 1/2 cup chopped chicken

1 slice of lean roast beef this size is 2 ounces.

A piece of fish this size is 2 ounces.
TITLE  SHOP SMART

AUDIENCE  Clients with diabetes. The person who does most of the shopping for the persons with diabetes.

LENGTH  15 -30 minutes

OBJECTIVES  At the end of this education session, the client will be able to
1. state the importance of having a shopping list or planning before shopping
2. state one shopping tip she/he will use the next time they shop

SUGGESTED MATERIALS  Shop Smart, ADA/ADA (includes detailed label information)
Guide - Smart Shopping Tips
Shopping Tips, Wisconsin Extension

CONTENT

| 3 min. | Introduce session: State that you know some tips to help make shopping easier. Purpose: is to find tips that will help make shopping easier for the client and for the client to feel more confident when shopping. Personalize: Ask client if they have any questions before you go on about shopping. |
| 5 min. | Involve the client - Find out who does the shopping for the client, where they shop, who is involved in deciding what is bought, when do they shop, how often do they shop, do they use commodity foods. Ask if a shopping list is made out, are coupons used. Ask if they find it hard to choose foods that fit their food plan? |
| 3 min. | Why plan for shopping? Planning for shopping puts you in charge. Discuss scenarios when one does not plan. |
| 10 minutes optional | Comparing food labels can help you decide what to buy. Look at a food label and point out sections that are most important to the client. |
| 5 min. | Shopping tips; use above materials or develop list of tips with ideas from client. Identify one shopping tip to use the next time she/he shops. |

SUMMARY  Planning for grocery shopping puts you in charge. Shopping can be easier and you can make better choices and save money.

EVALUATION  Client can state one shopping tip she/he will use, and that it is important to plan ahead before shopping.

CUE SHEET - Smart Shopping

IHS Diabetes Curriculum - Nutrition Series
Opening
Some clients have not thought about shopping as part of their food plan, but it is the beginning - having the right foods available, and not distracting foods. If the client does not do the shopping they should still be a part of the planning process. Address any question(s) that the client might have: use questions as a lead into the next content area; answer; or tell them when you will address that question.

Involve the client
Find out about their shopping habits. Determine if they are on general assistance or have limited resources. Do they use commodity foods? It is helpful if you know about the client’s eating habits and food preferences, but not necessary.

Why plan for shopping?
Scenario #1
Denise makes a stop at the grocery store after work with her grandchildren. She is hungry and rushed. Do you think she feels in control and confident? What would help her?

Scenario #2
Henry does the weekly shopping. He buys what he likes and his wife does the cooking. How would planning help them?

Shopping tips
- Write out a menu for the week based on your food plan.
- Write a shopping list based on your menu. Note what is available as a commodity food or you need from the grocery store.
- Arrange the shopping list based on the location of food in your grocery store.
- Shop after eating, instead of when you are hungry.

Planning
Helps you feel in control and confident
Saves time
Saves money
Family works together

Food Labels
Although the focus of this lesson is not on label reading, some clients or groups may bring up questions about labels and have a strong desire to address the topic. If time permits review the food label in the handout and any others you have available.
Shopping Tips

Start with a food plan.

- Write out a menu for the week or month based on your food plan. Don’t forget snacks and drinks.
- Write a shopping list based on your menu. It’s easier to stick to your food plan if you have the foods on hand.
- Decide if you can get some of the foods as a commodity food.
- Think about where foods are in your grocery store. Write your shopping list in the order you shop.
- Include a variety of foods. Eat different foods each day.
- Shop for foods that are in season. Or plan meals that include food you grow in a garden. Read the newspaper to find out about foods on sale.
- Plan to use fresh vegetables while they are still fresh. Have canned or frozen vegetables for later.

Other shopping tips

- Shop after eating, instead of when you are hungry and tempted to buy extra food.
- Ask store employees for help if you can’t find something on your list.
- Foods in the “diet” section of the grocery store can be expensive and unnecessary.

Convenience Foods

Some convenience foods can save you time and money. These include:

- frozen juice concentrates
- pancake mixes
- cake mixes
- spaghetti sauces
- canned soups
- canned fruits and vegetables

Other convenience foods are expensive and save little time. These include:

- meat "helpers"
- seasoned rice mixes
- some frozen dinners
- coating mixes for meat and poultry
- salad dressing

Try the following easy, low cost recipe for salad dressing.

**Sweet Red Russian Dressing**
Makes 1 cup (serving size 2 Tablespoons)

1 cup catsup  
1/4 cup vinegar  
1/2 teaspoon pepper  
1 teaspoon garlic powder  
2 Tablespoons brown sugar  
1 teaspoon vegetable oil (optional)

Combine all ingredients in a jar with lid and shake well. Refrigerate.

1 serving has 50 calories.

**SHOPPING TIPS**

To Stretch Your Food Dollar
Follow These Steps To Get The Most For Your Food Dollar

Save $

- Handle and store food properly to reduce waste

Shop
- Stick to your list
- Compare prices (store brands and sale items may not always be the best buy)
- Check higher and lower shelves for less costly items

Remember
- Take list and coupons
- Avoid shopping when tired, hungry or rushed
- Convenience foods are often more costly than home prepared (see recipe on back)

Write
- Grocery list
- Sale price next to item on the list

Check
- Food you have on hand and what you will need
- Newspaper ads for weekly specials
- Coupons for items you use

Plan
- Meals and snacks for a week
- A variety of foods: Bread, cereal, rice and pasta
  - Vegetables
  - Fruit
  - Milk, yogurt and cheese
  - Meat, poultry, fish, dry beans, eggs and nuts
AUDIENCE
Clients with diabetes who want to include favorite foods as part of their eating plan.

LENGTH
15 - 20 minutes

OBJECTIVES
At the end of this education session, the client will be able to
1. state that their favorite and meaningful foods may be part of their eating plan
2. adjust a recipe to lower fat and sugar content

SUGGESTED MATERIALS
Cooking, Baking, and Diabetes, ADA/ADA Guide - Switch Ingredients to Lower Fat and Calories
Guide - Change How You Cook or Bake

CONTENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
</table>
| 3 min. | **Introduce** session: Ask the client “Are there some foods you think you should avoid because of your diabetes?” or “Do you ever feel guilty about eating some foods?” or “Do others tell you that there are some foods you should not have?”
**Involve** the client: Ask the client what foods these might be.
**Purpose** of today’s session: To help you plan how to eat some of your favorite foods. |
| 2 min. | How can you enjoy your favorite foods and not feel guilty? You may need to enjoy them in a little different way -- eating less, being careful with other food choices at that meal, or adjusting the recipe. |
| 4 min. | Provide examples of replacement ingredients; or varying cooking/baking method. |
| 6 min. | **Personalize:** Show how their favorite or meaningful food(s) recipes can be adjusted or how the nutrient content will affect other food choices. |

SUMMARY
All food you eat will affect your blood sugar level. Adjusting how you cook and bake will help you fit most foods into your eating plan.

EVALUATION
The client will be able to state one way to reduce the fat or sugar content in a favorite recipe and that it can be part of their eating plan.
CUE SHEET - Cooking and Baking Food that Tastes Good

Opening
If the client is uneasy about answering the first questions, explain that some people with diabetes feel they should not or actually have been told they should never have gravy, fry bread, juice, cake, or other favorite foods. Do the personalizing at the end of the session if you have information to do so.

How can you enjoy your favorite foods and not feel guilty? The focus of this lesson is adjusting recipes, but there are other solutions including:

1. Eat less - one small taste may provide the satisfaction of tasting the food. For some, smaller amounts are a “tease.” If stopping at a smaller than usual amount is not possible then the next two solutions may help.

2. Be careful with other food choices - remember that most foods can be worked into a meal plan. Some high fat and sugar foods are difficult to include because of their high calorie content. Those foods could make up all the calories allotted for a meal! If so, then see solution three.

3. Adjust the recipe - adjusting the recipe to lower fat and sugar content helps make a food easier to include in a meal.

4. Do not end the session with changes the client will not make. If she/he is going to continue with moderate to large portions of high fat/sugar foods. Approach the subject from another angle. A possibility is to have the client test their blood glucose and see the impact (or lack) on their blood glucose readings.

Personalize
If the client has shared or is ready to share some of the foods they feel they should eat less of, then adjust them to reduce fat or sugar.
See guidelines under switch ingredients in Cooking, Baking, and Diabetes.

October 1996
### Switch Ingredients to Lower Fat and Calories

<table>
<thead>
<tr>
<th>Try</th>
<th>Instead of</th>
<th>Save fat (grams)</th>
<th>Save calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup of skim milk</td>
<td>1 cup of whole milk</td>
<td>8</td>
<td>60</td>
</tr>
<tr>
<td>1 cup skim evaporated milk</td>
<td>1 cup whipping cream</td>
<td>89</td>
<td>630</td>
</tr>
<tr>
<td>(chill well before whipping)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 cup low-fat or fat-free sour</td>
<td>1 cup sour cream</td>
<td>40</td>
<td>260</td>
</tr>
<tr>
<td>cream</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 oz. fat-free cream cheese</td>
<td>1 oz. cream cheese</td>
<td>10</td>
<td>75</td>
</tr>
<tr>
<td>1 cup fat-free mayonnaise</td>
<td>1 cup mayonnaise</td>
<td>111</td>
<td>1,440</td>
</tr>
<tr>
<td>2 egg whites</td>
<td>1 whole egg</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>1 tablespoon diet margarine</td>
<td>1 tablespoon margarine</td>
<td>6</td>
<td>50</td>
</tr>
<tr>
<td>1/2 cup applesauce (in baked foods)</td>
<td>1/2 cup oil</td>
<td>109</td>
<td>910</td>
</tr>
<tr>
<td>1 teaspoon butter-flavor sprinkles</td>
<td>1 tablespoon butter</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>1 cup part-skim ricotta cheese</td>
<td>1 cup whole-milk ricotta cheese</td>
<td>13</td>
<td>100</td>
</tr>
<tr>
<td>6 packets aspartame or saccharin</td>
<td>1/4 cup sugar</td>
<td>0</td>
<td>170</td>
</tr>
</tbody>
</table>

Change how You Cook or Bake to Lower Fat and Sugar

These are tips to help you use less sugar and fat. Use what will help you.

- Bake, broil, steam, poach, or grill foods instead of frying or cooking in fat.
- Make stews or soups ahead of time, refrigerate, and skim off the hard fat on top.
- When making casserole dishes, cook onions or other vegetables in a non-stick pan or the microwave, rather than in oil.
- Toast bread for hot sandwiches without adding butter or margarine.
- Use flour and water to thicken sauces, instead of flour and butter.
- Use nonstick spray to coat muffin tins, cake pans, and cookie sheets.
- Use less of an ingredient.
  - Use less oil.
  - Use extra vegetables, dried beans, pasta, or rice — and less meat — in soups, casseroles, and stews.
  - Leave out one-third to one-half of the sugar in most baked goods.
- Use smaller amounts of cheese.

**TITLE**  
**SUOAR IS A CARBOHYDRATE**

**AUDIENCE**  
All clients with diabetes.

**LENGTH**  
15 - 20 minutes

**OBJECTIVES**  
At the end of this education session, the client will be able to
1. name carbohydrate foods (2 sugars, 2 starches)
2. state that all carbohydrates raise blood sugar levels
3. state that carbohydrate intake needs to be balanced

**SUGGESTED MATERIALS**  
Food Guide Pyramid, IHS; food models; food labels
Diabetes : Sugars and Sweets, ADA/ADA
The Healthy Eating Food Guide For Diabetes, IHS
My Personal Care Record, IHS
Guide - Sugar is a Carbohydrate

**CONTENT**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 min.</td>
<td><strong>Introduce</strong> the topic: Many people with diabetes wonder if they can eat sugar. Sugar is a carbohydrate, just like starch is a carbohydrate. Both will raise your blood sugar level. If you eat food high in “sugar-carbohydrate,” then you need to eat less food high in “starch-carbohydrate.” The purpose of this session: is to help you know that sugar can be part of your meal plan, what foods are carbohydrates, that all carbohydrates raise blood sugar levels, and to know how to balance your carbohydrate foods.</td>
</tr>
<tr>
<td>6 min.</td>
<td>What are carbohydrates? Sugars and starches, both increase blood sugar; starch foods have more nutrients (vitamins and minerals). Review one of the handouts that shows pictures or has lists of sugars and starches. <strong>Involve</strong> the client: Ask what other foods are carbohydrates (or sugars) that they might eat that are not pictured or listed. Draw them or write them in. Talk about mixed dishes / casseroles as having a lot of carbohydrate.</td>
</tr>
<tr>
<td>5 - 10 min.</td>
<td><strong>Personalize:</strong> Balance - Ask the client to describe a typical meal. Use this for showing how the meal can be adjusted to include sugar-carbohydrate and other starch-carbohydrate. <strong>Summarize:</strong> Important to balance amount of carbohydrate at each meal from day to day.</td>
</tr>
</tbody>
</table>

**SUMMARY**  
Sugar is a carbohydrate. It can be part of your meal plan. All carbohydrates will raise blood sugar levels. You should have a regular amount at each meal from day to day. If you want sugar or sweets as part of your meal, you will most likely have to eat less starch.

**EVALUATION**  
The client can name two “sugar-carbohydrate” foods and two “starch-carbohydrate” foods; state that all carbohydrates raise blood sugar levels; carbohydrate intake should be balanced.
CUE SHEET - Sugar is a Carbohydrate

Opening Starches and sugars are both carbohydrate and affect blood sugar levels the same. (Write these words on a piece of paper or chalkboard.) Avoid the idea that sugar has to be severely restricted or absolutely avoided. Sugar can be part of an eating plan. Explaining the use of sugar can actually have a positive overall effect on a person's food choices. They will feel less deprived; remove guilt they may feel.

What are carbohydrates? Use food models, lists, pictures, food guide pyramid to show and group the kinds of foods that are carbohydrates. If you have a food record or took a food history, review it for carbohydrate foods. Circle, underline foods high in carbohydrate.

Balance This may be a difficult concept for some. The intent is not to emphasize portion sizes at this session, but rather to become aware of various carbohydrates the client is eating, and to have some thought going into the decision about what to eat.

After the client gives you a meal, a) write down all the carbohydrate foods on separate pieces of paper, or b) gather food models of those foods, and/or c) check them off on the handout; add to the list if not already on the list. Pose the question of what if he/she wanted something sweet at that meal, what would they choose. Then discuss that in order to keep “balance” he/she would have to take away another carbohydrate food. Have the client group the pieces of paper or food models. Have the client remove and add other carbohydrates.

Other Some individuals will want to know how much or how many sweets they can have per day or week. Emphasize the importance of blood glucose monitoring to help determine the correct amount all carbohydrate for them. This is a perfect opportunity to suggest a return visit to review the client’s food and blood sugar records and discuss portion sizes.
Sugar is a Carbohydrate

Here are two lists. One has foods high in starch. The other has foods high in sugar. Starch and sugar are both carbohydrates.

Both will raise your blood sugar level. If you eat more of one of these foods at a meal, eat less of another food.

For example: You usually eat cereal for breakfast and now you also want a glass of juice. That's okay. Just eat a smaller amount of cereal along with the juice.

Another example: You usually eat a sandwich and a piece of fruit for lunch and now you want a piece of cake. That's okay. Just cut back on your other carbohydrate. Have one slice of bread or no fruit.

Can you think of other examples?

Starches
- breads, tortillas, English muffins, bagels, hot dog or hamburger buns
- crackers, pretzels, popcorn (popped, no fat)
- unsweetened cereal, hominy, blue corn mush, oatmeal
- rice, noodles, bulgur
- cooked beans and peas, corn
- sweet potatoes, yams, potatoes
- macaroni and cheese, casseroles

Sugars
- table sugar, brown sugar
- honey, syrup, sweet rolls, cakes, pies, other desserts
- candy
- Jell-O
- juice, punch
- fruit
FRIED FOODS

Clients with diabetes and the person who prepares their food at home, if someone other than the client.

10-15 minutes

At the end of this education session, the learner will be able to
1. State that frying foods adds fat and calories to a food
2. State 3 ways to cook foods instead of frying
3. Describe how they can prepare one typically fried food differently, or, describe one food they can choose instead of a typically fried food

The Healthy Eating Food Guide for Diabetes, IHS
Eat Less Fat, IHS; Guide - Fat in Fried Foods
Guide - Cut Back on Fried Foods
recipes, food models, test tubes with fat/oil in them

2 min. Introduce session: Most people need to be careful with how much fat they eat. Eating too much fat can affect how you feel, your diabetes and weight.
Purpose: To discuss ways to prepare foods instead of frying them.

2 -5 min. Involve client: Do one or all of the following - ask client what fried foods she/he likes; ask client if they know how much fat is in fried chicken and baked chicken; show pictures of red food guide pyramid - discuss what foods have been fried.

5 min. Discuss cooking methods to replace frying based on foods named by client. Discuss/show how fat is reduced. Review “adjusted” recipes of typical foods that were commonly fried.

Cooking (frying) foods in fat adds a lot of fat and calories to them. Most people with diabetes need to eat less fat and calories. There are other ways to prepare foods and get the same good taste.

The client identifies 1-2 foods she/he likes fried and states how it can be prepared or cooked to decrease fat. Client selects a goal to choose/prepare 1-2 foods with less fat 1-3 times a week.
CUE SHEET - Fried Foods

Opening  Stress that you will work together to find ways to cook foods so that they have less fat and still taste good. The client does not have to give up all fried foods at one time. Most of this lesson focuses on food preparation. You will need to refocus some of the information if the client does not cook or eats primarily at fast food restaurants.

What foods are fried?
Frying is cooking in fat. Fat is margarine, butter, lard, grease, and oils. All add calories.

Foods in the red pyramid that are fried are fry bread, some donuts, chips, onion rings, french fries, fried chicken, and bacon.

If you use the Guide - Fat in Fried Foods, you may wish to use real fat to emphasize the amount of fat in the examples. The point is to make the fat content visible.

With KFC fried chicken measure out three teaspoons of margarine from a tub and put it on a plate.
Or, pour three teaspoons of oil onto a plate or a piece of bread.

You may or may not want to extend the lesson and talk about types of fats and/or other sources of fat. This lesson has limited the focus to fried foods. If the client can focus on just one food preparation technique and meets the objectives, hopefully when they are ready, they will extend the concepts to other foods and ask questions about types of fat.

Other cooking methods to suggest/discuss
• bake, broil, boil, steam, or grill foods
• stir-fry using only a teaspoon of oil per person
• sauté in wine (if appropriate) or broth instead of oil
• take the skin off chicken and turkey, before or after cooking
• trim the fat off meat
• brown ground beef and drain it well
• use nonstick spray for cooking pan
• use teflon-type, nonstick pan for cooking
• pat extra fat off a food with a paper towel

October 1996
## Tips to Eat Less Fat

<table>
<thead>
<tr>
<th>Food</th>
<th>Fat (Amount*)</th>
<th>Total Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fried chicken, one breast at KFC</td>
<td>15 grams</td>
<td>260</td>
</tr>
<tr>
<td>Baked chicken, one breast, no skin</td>
<td>0 grams</td>
<td>120</td>
</tr>
<tr>
<td>(3 1/2 oz)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potato chips, 15 chips</td>
<td>10 grams</td>
<td>170</td>
</tr>
<tr>
<td>Pretzels (3/4 oz)</td>
<td>0 grams</td>
<td>80</td>
</tr>
<tr>
<td>Fry bread, two small pieces</td>
<td>30 grams</td>
<td>400</td>
</tr>
<tr>
<td>Tortilla, eight-inch</td>
<td>0 grams</td>
<td>80</td>
</tr>
<tr>
<td>Medium McDonald’s french fries</td>
<td>17 grams</td>
<td>320</td>
</tr>
<tr>
<td>Baked potato</td>
<td>0 grams</td>
<td>160</td>
</tr>
</tbody>
</table>

* ■ = One pat of margarine = One teaspoon = Five grams of fat = 45 calories*
Tips to Eat Less Fat

Instead of | try
---|---
fry bread | patting off extra fat with paper towel, tortilla, baked bread.
fried chicken | baked chicken, stir-fried chicken and vegetables, barbecued chicken, skinless chicken
fried meats | baking, roasting, stewing, broiling, boiling, grilling, stir frying, or microwaving meat
chips | baked chips (read the label), or snack on fruit, raw vegetables, popcorn, or pretzels
fried onion rings | fresh onions, raw vegetables
french fries | mashed potatoes, boiled potatoes, baked potato slices with added spice
other ideas: |
PROTEIN: Don't Eat Too Much

Clients with diabetes who need to eat less protein

10 minutes

At the end of this education session, the client will be able to,
1. Identify protein sources in their diet.
2. List one way they plan to cut back on protein intake.

Protein: Less is Enough, ADA/ADA
The Healthy Eating Food Guide for Diabetes, IHS
Guide - Tips to Eat Less Protein
food models

2 min. Introduce session by stating that most Americans are in the habit of eating too much protein. Too much protein; 1) causes extra work for the kidneys; and 2) adds a lot of fat and calories to one's diet. Purpose of this session is to learn what foods are high in protein and to find ways for you to cut back on protein.

2 min. What is protein? Describe what it is and where it is found.

5 min. Personalize: Review tips for eating less protein. Have client select one tip that they will work on. Help client be specific and clear on what they want to do.

Eating less protein can be a healthy choice. Too much protein causes extra work for the kidneys and gives you extra fat and calories.

The client can state what food(s) she/he eats that is high in protein and lists one way she/he plans to eat less protein.
CUE SHEET - Protein: Don’t Eat Too Much

Opening
Why learn about protein? The lesson assumes that the client needs to reduce protein intake. Do not complete this lesson if it is not necessary for the client.

The “whys” stated on the other side may be sufficient. Sometimes educators spend too much time explaining “why” and less on what actually needs to be done. You may want to ask the client what they have heard about protein and diabetes and clarify any misconceptions. Limit the discussion on “why” so time can be spent on what change the client wants to make.

What is protein?
Protein is needed by the body for many reasons. Extra protein does not make you stronger or give you more muscle. Extra protein is stored as fat. You want to eat enough but not too much.

Foods high in protein:
1) animal protein - meat, fish, chicken, turkey, pork, eggs, milk, cheese, and yogurt
2) other foods - peanut butter, dried beans, split peas, nuts and seeds

Personalize
Review handout on foods high in protein. Help the client determine when they could eat less protein. Review tips to eat less protein and have client tell you what pertains to them.
Here are tips to help you eat less protein. You do not have to follow all of them. Choose one to work on. Your health educator can help you with the tip.

- Have only one small serving of protein at a meal: one chicken thigh, one thin pork chop, one thin slice of roast, only one egg and no other meat at breakfast, one slice of meat and no cheese in your sandwich.

- In stews, use more vegetables and potatoes, less meat.

- In enchiladas and tacos, add cooked rice to the meat. Also, use less cheese.

- Snack on unsalted popcorn instead of sunflower seeds, piñons, and other nuts.

- At fast-food restaurants, order one regular single burger (no cheese).

- Have pizza with vegetable toppings and no pepperoni, sausage, hamburger, or extra cheese.

- Avoid extra servings of milk, yogurt, and cheese.

Foods that are high in protein

**Animal protein:** meat, fish, chicken, turkey, pork, eggs, milk, cheese

**Other protein:** dried beans, split peas, lentils, nuts, seeds, peanut butter
TITLE SELECTING A WEIGHT GOAL

AUDIENCE Clients with type II diabetes who want/need to lose weight

LENGTH 10 - 30 minutes

OBJECTIVES At the end of this education session, the client will be able to
1. state how body weight affects blood sugar levels
2. select a reasonable weight goal (may be for one month or two months)
3. describe why frequent visits with dietitian, support group, or other monitoring/motivating system is needed

SUGGESTED MATERIALS Guide - Tips for Weight Loss
Guide - Tips for being More Active

CONTENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 min.</td>
<td><em>Introduce</em> session by asking “Why are you interested in losing weight?” or “Who suggested that you lose weight?” <em>Purpose</em> of this session is to find out what weight is best for you and to set goals that fit how you like to eat.</td>
</tr>
<tr>
<td>2 min.</td>
<td>Why be concerned about your weight? Discuss that the body can use its insulin better when you weigh less.</td>
</tr>
<tr>
<td>2 - 6 min.</td>
<td>What should I weigh? That is what most clients ask. The best response is “What do you want to weigh and what weight works best with your diabetes?” Discuss terms - ideal versus reasonable weight. Weight losses of only 10-20 pounds can help you feel better and improve your blood sugar readings. Present idea of calories eaten and calories used.</td>
</tr>
<tr>
<td>2 - 20 min.</td>
<td><em>Involve</em> the client - Set realistic weight goals for one or two months. Discuss how changes can be measured. If appropriate discuss tips to lose weight or exercise for weight loss.</td>
</tr>
<tr>
<td>2 min.</td>
<td>Support and follow-up. Discuss what kind of support the client feels they need - nutrition guidance about food choices, monitoring food intake and blood sugar readings, exercise planning/coaching, personal support, etc. Arrange follow-up.</td>
</tr>
</tbody>
</table>

SUMMARY You can make a big difference in your blood sugar readings by losing 10-20 pounds. Your weight goals should be right for you and not based on a general table.

EVALUATION The client can state their weight goal and follow-up plans.
CUE SHEET - Selecting a Weight Goal

Opening
Help client understand that losing weight needs to be their decision and their commitment. Their weight goal is also their decision. The health team can help guide them in determining when they have reached their reasonable weight.

Why be concerned about weight?
Weight loss in overweight persons with diabetes improves glycemic control. This often happens in the first week of caloric reduction. For some, a short intervention that results in 10-20 pounds weight loss is all they need to improve their glycemic control. Pressing for additional weight loss may hinder weight loss maintenance and result in relapse.

What should I weigh?
Many formulas and tables are available to answer this question. Yet the best answer depends on what the individual is able to lose and keep off:
- A reasonable/realistic weight is a weight for an individual that is achievable and maintainable.
- Calories eaten and used: 3,500 calories equals one pound. An extra 100 calories a day results in a weight increase of 10 pounds over a year.

Set goals
Set goals that are realistic and achievable based on the person’s eating habits and activity level. Losing 2-4 pounds a month is reasonable. With some, discussing what weight the client will be next year helps stress the long term commitment to weight loss and how small successes add up. Plan for (acknowledge there may be) some plateaus and possible relapses.

Evaluating Weight
Most clients will be interested in measuring weight loss in pounds. There are other ways to evaluate, document, and encourage changes in body composition. These include reducing clothing size, adjustments in belt buckle, reduction in body fat percentages, and waist to hip ratio. If the client is exercising, there may be an improvement in blood sugar levels, blood pressure, and/or blood lipid levels without a weight loss.

Support and follow-up
This is crucial for making and maintaining change. Be sure nutritional, medical, psychosocial and physical (exercise/activity) components of weight loss are covered. Document goals in medical record.

October 1996
Tips for Weight Loss

Losing weight can help your diabetes. Choose what will work for you.

☐ Eat smaller servings of food.
☐ Increase the amount you exercise each day. Be more active.
☐ Increase the amount of vegetables and fruits you eat.
☐ Eat more whole grain breads and cereals.
☐ Eat less fatty foods.
☐ Choose meat with little fat.
☐ Keep sweets and snacks out of sight. Or do not buy them.
☐ Practice saying, “No thank you. I’m not hungry.”

Ideas that have worked for others

☐ Use a small plate — it will seem like you have more to eat.
☐ Pause for two minutes halfway through each meal.
☐ Take smaller bites of food.
☐ Finish chewing one bite before putting another in your mouth.
☐ Put your fork down between each bite.

Other ideas

☐ If you feel tempted to eat, get away from food. Go for a walk, call a friend, clean a closet, read a book, or

Adapted from Making Healthy Food Choices, USDA, 1993.
Tips for being More Active

Daily activity can help you firm your muscles, use extra calories, lose weight and keep it off. Your activity time should add up to 30 minutes on most days. Here are some ways you can increase your daily activity. Choose what will be best for you.*

☐ Take a walk each day at lunchtime or walk in the morning or afternoon.
☐ Join an exercise class.
☐ Use the stairs instead of the elevator.
☐ Other: ___________________________________________________________________

<table>
<thead>
<tr>
<th>Activity for 15 minutes</th>
<th>Calories used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td>20-25</td>
</tr>
<tr>
<td>Walking</td>
<td>60-75</td>
</tr>
<tr>
<td>Bicycling</td>
<td>90-115</td>
</tr>
<tr>
<td>Jogging</td>
<td>145-180</td>
</tr>
<tr>
<td>Swimming</td>
<td>145-180</td>
</tr>
</tbody>
</table>

*Check with your doctor before starting an exercise program.

Adapted from Making Healthy Food Choices, USDA, 1993.
TITLE: ALCOHOL, DIABETES AND YOUR HEALTH

AUDIENCE: Clients with diabetes who drink alcohol. Not recommended for those with a past or present alcohol abuse problem.

LENGTH: 10-15 minutes

OBJECTIVES: At the end of this education session, the client will be able to
1. state that alcohol can affect blood sugar levels and weight
2. state 3 safe drinking tips
3. state when to avoid drinking alcohol

MATERIALS NEEDED: Alcohol, Diabetes and You, ADA/ADA Guide - Alcohol and Diabetes

CONTENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 min.</td>
<td><strong>Introduce</strong> - Why learn about alcohol? Ask the client what they know about alcohol and diabetes. Alcohol can make your blood sugar go too high or too low. Alcohol has calories and causes weight gain. It does not have food value - vitamins and minerals. Alcohol can be unsafe. Alcoholism is a disease that needs special interventions.</td>
</tr>
<tr>
<td>2 min.</td>
<td><strong>What does alcohol do to me?</strong> Ask the client if anything has happened to them when they drank too much? Sometimes you do not see or feel the effects of alcohol right away. You may gain weight or develop liver disease over a period of time.</td>
</tr>
<tr>
<td>6 min.</td>
<td><strong>Purpose</strong> of session - is to help you know safe drinking tips so you can be as healthy as you can, if you do not suffer from alcoholism. <strong>Personalize</strong> - Discuss with client their drinking habits (when, what, how much, how often) and any concerns they may have about changing them. Review safe drinking tips listed on the handout</td>
</tr>
<tr>
<td>2 min.</td>
<td><strong>Support and follow-up</strong> - Support and follow-up is essential to being a safe drinker or to stop drinking. Review services that might be helpful to this client and arrange for follow-up. Some may need to call with blood sugar tests</td>
</tr>
</tbody>
</table>

SUMMARY: Alcoholism is a disease, for some, and they should avoid all alcohol. For some stopping is difficult. This session gives you information about the use of alcohol and helps you make a decision about the use of alcohol in your diabetes plan.

EVALUATION: The client knows that alcohol can affect blood glucose levels and weight, and can list 1-3 safe drinking tips.

IHS Diabetes Curriculum - Nutrition Series
Opening
Most clients will have heard about the dangers of alcohol and the need to stop drinking either for diabetes or general health reasons. Approaching it from the angle of caring for your diabetes may influence them to be a safe drinker, or to stop. This lesson is not for someone with a past or present alcohol problem.

Note: This topic can be easily overlooked or avoided by dietitians/diabetes educators. Presenting information from the nutrition/diabetes perspective may shed more light on an important health concern and could be the trigger for the client to make changes. If the client has a drinking problem, the client requires special interventions.

What does alcohol do to me?
People react differently to alcohol. For everyone alcohol has calories and may cause low blood sugar levels, weight gain and loss of control over what they say or do.

If you drink too much you may lose control and do or say things you do not want to do or say. Your speech may become slurred and you may be confused. You may harm others or your body. If you drink a lot for a long time you may develop liver disease and other health problems.

Alcohol may affect the way the diabetes medication or insulin works and can cause blood sugar levels to go to low or too high. The extra calories in alcohol may also cause the blood sugars to rise. Drinking alcohol can make it harder for you to control your blood sugars.
Alcohol and Diabetes

Here are some safe-drinking tips. Your health educator can help you decide what is best for you, if you want.

Tip: Have your diabetes in good control.
Why: If your blood sugar is high or low, drinking will make it worse.

Tip: Do not drink every day.
Why: Alcohol has a lot of calories and no nutrition. You will gain weight if you drink too much.

Tip: When you drink, have no more than one or two drinks on that day.
Why: Too many drinks will harm your body.

Tip: If you drink, also eat some food and sip the drink slowly.
Why: If you do not eat, you can have a low-blood-sugar reaction. Do not chug or gulp. Your blood sugar may get very low.

Tip: Wear medical information.
Why: If you have a low-blood-sugar reaction, others may think you are drunk and may not give you the sugar you need for the reaction.

Tip: Test your blood sugar.
Why: This helps you know if the alcohol is affecting your blood sugar level. If it is, you may need to call your health educator. This will help you to know what to do next time you drink. Then you can make the best and safest decisions.

Tip: Do not drive a car, boat, or any farm equipment while drinking.
Why: You may not make quick, safe decisions when drinking. Keep yourself and others safe.

Tip: Do not drink if you are pregnant.
Why: Alcohol can harm your baby.

Two points

1. If you drink too much alcohol, stop. You cannot control your diabetes if you are drinking too much. Talk to someone about stopping. You do not have to do it alone.

2. If you are recovering from alcoholism or substance abuse, do not drink alcohol. It will not help you get better.
COMMODITY FOODS - CANNED MEAT

10 - 15 minutes

At the end of this education session, the client will be able to:
1. Remove fat from commodity canned meat.
2. State when they will remove fat from commodity canned meat.

See cue sheet for different activities and methods.

SUGGESTED MATERIALS

CONTENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 min.</td>
<td>Introduce the topic - commodity canned meat has a lot of fat. The fat has a lot of calories. The fat is also the kind that is bad for the heart. That is why it is good to get rid of as much fat as possible. Involve the client - ask them if they know of any way to remove the fat.</td>
</tr>
<tr>
<td>6 - 10 min.</td>
<td>Personalize - expand on the client's ideas. See activities on the cue sheet.</td>
</tr>
<tr>
<td>2 min.</td>
<td>Summarize - Discuss plans and concerns the client might have about removing fat from canned meats.</td>
</tr>
</tbody>
</table>

SUMMARY

There is a lot of fat in commodity canned meat. It is best to remove it. There are several ways to remove it. The fat is high in calories and is not good for the heart.

EVALUATION

The client can describe one way to remove fat from commodity canned meat, and can state how they will use this information.
The client may have been told to remove fat from canned meat. This lesson involves the client in actually doing it, or in an activity that simulates it. The focus is on the activity. Through conversation the point about calories and bad fat can be mentioned/discussed.

Following are three ways to remove fat from canned meat. Doing all three will remove the most fat.

**Method 1**
Open the can. Put the meat in a pot. Remove the visible fat using a spoon. The fat may be in the middle of the can or at the bottom.

**Method 2**
Put the meat in a colander. Put the colander in a pot. Pour boiling water over the meat. Rinsing the meat will remove additional fat.

**Method 3**
Put the meat, in the can or in a pot, in the refrigerator. Fat will harden and can be removed.

If you do not have the facilities to do any of the above, simulate the activity using one of the following:

**Method 1**
In a bowl of dry cereal, rice or pasta, put a large scoop (1/2 cup) of shortening. Have the client find the fat and remove it. (You can reuse some of the food and fat.) One-half a cup of fat can usually be removed from a can of beef or pork.

**Method 2**
Have test tubes prepared with liquid and fat. Refrigerate. Discuss how fat is now easy to see and remove.

Many discussions can happen during this activity: "good" fat and "bad" fat; visible and invisible fat; fat in soups; weight reduction; total fat intake; etc. Let the patient expand with their questions, if time permits. Otherwise, these are openings for other sessions.