

Moving to Action:

People often need more than information. These are ways you can help to move them to action:

- Identify personal barriers and explore solutions. *I can't walk in my neighborhood, it's not safe. What would make it safe for you? I've tried to lose weight before, but have never succeeded. What worked that you would be willing to try again?*
- Promote linkages to existing community groups and services. This could include local recreation or school based programs, support groups for weight control, grocery store tours and programs, mall walking programs, walking trails, etc. *There is nothing in my neighborhood to help me. What do your friends do and where do they go?*
- Recognize the need for initial and ongoing support. Suggest a "buddy", include a friend, join or form a neighborhood walking group.
- People need positive reinforcement. Find individual motivators. *What would staying healthy mean to you?*

Increasing awareness through new knowledge is but one step on the road to better health. Help advocate for community supports—reduce the barriers to physical activity and healthy food choices. Let's help move people to action.

1. Quote: Director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). ClinicalTrials.gov. Diabetes Prevention Program; Aug. 2001.
2. Tuomilehto J, Lindstorm J, Eriksson JG, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med.* 2001;344(18):1343-1350.
3. The Diabetes Prevention Program Research Group. Reduction of the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002;346(6):393-403.
4. Canadian Diabetes Association. *Just the Basics.* Toronto, ON: Author; 2002.

Background:

- Diagnosed diabetes is present in an estimated 40,000 Nova Scotians (5%), one of the highest prevalence rates in Canada. This number will increase as the population ages and lifestyle factors such as physical inactivity, poor nutrition, and excess weight take their toll.
- The number of Nova Scotians living with diabetes is projected to reach over 70,000 by the year 2015.
- Children and young adults are now developing type 2 diabetes. In 2001, type 2 diabetes accounted for 15% of newly diagnosed cases of diabetes in Nova Scotia for those < age 19. Type 2 diabetes in children was virtually unreported in the early 1990's.
- The direct costs of diabetes in Nova Scotia are estimated at \$175 million per annum and will continue to increase with longevity and the growing number of diabetes cases.

For more information:

www.diabetescareprogram.ns.ca
www.hc-sc.gc.ca or 1-888-334-9769

www.dietitians.ca
www.trails.gov.ns.ca
www.diabetes.ca

Diabetes Care Program of NS
Health Canada –
• Physical Activity Guide and
• Canada's Food Guide
Dietitians of Canada
Nova Scotia Trails
Canadian Diabetes Association

To order additional handouts, contact:

Diabetes Care Program of Nova Scotia
Tel: (902) 473-3219; Fax: (902) 473-3911
E-mail: dcpsns@diabetescareprogram.ns.ca

The Diabetes Care Program of Nova Scotia would like to acknowledge and thank the following sponsors:



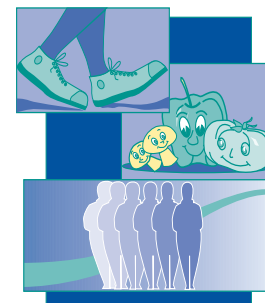
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DIABETES
CARE PROGRAM
OF NOVA SCOTIA

Preventing Type 2 Diabetes in Families at Risk

A Guide for Providers of Health Information

"...every year that a person can live free of diabetes means an added year free of pain, disability, and medical costs incurred by this disease"¹



This material is intended to assist you, the provider of health information, in delivering consistent, meaningful messages about the prevention of type 2 diabetes. The accompanying handout - *Can you catch diabetes? No, but it could catch you!* - provides useful take-away information for the person/family at risk.

Produced in collaboration with:

Nova Scotia Diabetes Educators



and also recognizing the contribution of the
Steering Committee Members

NOVASCOTIA
Department of Health

Who are we targeting?

- Individuals with a confirmed diagnosis of Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT). *These are both considered “pre-diabetic states” known to increase the risk of both type 2 diabetes and cardiovascular disease.*
- Women with a diagnosis of Gestational Diabetes (GDM) in a previous or present pregnancy. *Thirty to fifty percent (30-50%) of these women will develop type 2 diabetes within 15 years.*
- Children of women with a diagnosis of GDM. *These children are at increased risk for childhood obesity, IGT, and type 2 diabetes.*
- Individuals in which a family member (grandparent, parent, or sibling) has a confirmed diagnosis of type 2 diabetes. *In the presence of additional risk factors such as inactivity, overweight, and/or poor nutrition, this person is at even greater risk for type 2 diabetes. Waist circumference (wc) is a good measure of risk in people with a BMI of 25-35 (risk is present in males with a wc > 102 cm [40 in] and in females > 88 cm [35 in]).*

Key Messages:

- Diabetes in your family does not have to mean diabetes in your future.
- Type 2 diabetes can be prevented in over 50% of all cases through lifestyle interventions such as weight loss and increased activity.^{2,3}
- Age is no barrier to prevention. Those > age 60 had a greater reduction of risk than younger age groups (25 to 44 and 45 to 59 years) 71% and approximately 58% respectively.³
- Modest, sustained weight loss, as little as 5% to 7% of total body weight (10 to 15 lbs), in combination with moderate activity (brisk walking) for as little as 30 minutes 5 days a week can make the difference.^{2,3}
- Act now to reduce your risks and those of other family members.

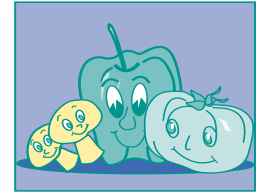
Getting Started

What should I say to start the dialogue around prevention?

- Do you know that you (or your child) are at risk for type 2 diabetes?
- Do you know that this doesn't have to be a problem for you?
- The good news is you can lower your risk.

Messaging Around Healthy Eating

- Regular meals help to control the urge to overeat.
- Aim for changes that will last a lifetime, not a day or a week.
- What is good for you is good for the whole family.
- Choose whole grains, fruits, and vegetables. These are high in fiber.
- Limit total fat intake (reduce saturated fats and substitute with mono/polyunsaturated fats such as canola and olive oils, nuts and seeds, flax, and fish).
- Monitor portion sizes. Try using the “plate method” - this helps people visualize appropriate portion sizes. One half of the plate should be at least two different vegetables, one quarter of the plate should be a starchy food (rice, potato, pasta, or a grain product), and the remaining quarter, a protein portion (fish, lean meat, chicken, beans, or lentils).⁴



Messaging Around Physical Activity

- It doesn't have to hurt to be of benefit.
- Walking is great! Ten thousand (10,000) steps a day have proven health benefits.
- Try a pedometer to provide added incentive. This may help make the person more aware of his/her activity and in many cases, his/her inactivity.
- People who are overweight, but physically fit, have fewer health problems.
- Reduce inactivity and increase activity—turn off the TV and...
- Activity for children and youth should be 1 hour a day with a corresponding reduction of inactivity (less TV and computer time).

Messaging Around Weight

- Weight loss and maintenance of weight loss is enhanced with regular physical activity.
- Set monthly goals, not daily or even weekly.
- Focus less on the scales. Track progress through loss of inches and increases in activity.
- Be reasonable. Deprivation of a specific food or food group doesn't work. Variety is the key.
- Find a buddy for support—share your plan.
- Quick fixes offer little long-term success.

