BEYOND DIAGNOSIS

MODULE 1

Instructor Notes

BEYOND TYPE 1

SLIDE 1

WELCOME to our Diabetes Education program. We are excited to have you as part of our group.

My name is [INSTRUCTOR NAME] and I work with [INSERT ORGANIZATION NAME] as a [INSERT ROLE NAME]. I am passionate about diabetes because _____. As we get to know each other during our class today, please feel free to ask questions, share stories, and connect with others in the group. Our goal is to learn together from the beyond diagnosis toolkit, and from each other. As individuals who live with diabetes, you have a wealth of experience in managing your condition that may be helpful to the other group members here. We want to hear and learn from YOUR experiences!

Let's all take a moment to introduce ourselves. Please tell us your name, one interesting thing about you, and one question that you would like to have answered during our time together.

NOTE: Instructor should write down each participant's learning goal/question they would like to have answered today.

Thank you all for your introductions. It's wonderful to meet you. Let's get started!

SLIDE 2

So that I can pass out the toolkits relevant to each of you, I would like to know which type of diabetes you have? Type 1 or Type 2? It's okay if you are not entirely sure. We can give you both toolkits for now. If you do know your diabetes diagnosis, please show me with your fingers (1 or 2) which type of diabetes you have so I can provide you with the correct toolkit for today's session.

Instructor to pass out the participant beyond diagnosis toolkits now.

Focus on Section 1: Decoding Diabetes.

- ***BT1 Toolkit: p.3-17***
- ***BT2 Toolkit: p.3-16***

Here are the topics we will learn about today as we explore the Decoding Diabetes section of your toolkit. You will learn:

1. Diabetes: Type 1 and Type 2
2. What Are the Symptoms of Diabetes?
3. Treatments & Lifestyle to Help Manage Diabetes
4. Medication Options
5. What Are the Different Types of Insulin? & Injection Know-How
6. What We Really Want You to Know About Diabetes

SLIDE 3

Introduce the group to the Beyond Diagnosis Ambassadors, Erika and Carlos, by playing one or both videos linked.

MEET ERIKA who lives with T1D.

CARLOS who lives with T2D.

Now that we have met some inspiring people who live with diabetes (just like the rest of you), let's get started with Decoding Diabetes.

SLIDE 4

Knowing your diabetes diagnosis is really important. It's common that many people know they have diabetes but may not be sure which type! If that sounds like you, make sure to ask your health care team for more information about your diagnosis. You can ask them " WHAT KIND OF DIABETES DO I HAVE?" or "DO I HAVE TYPE 1 OR TYPE 2 DIABETES? There is no "better or worse" kind of diabetes, but the treatments for each are different.

On this slide, you can see some of the main differences of diabetes:

- Having type 1 diabetes (T1D) means your body cannot make its own insulin. T1D happens when the immune system attacks the beta cells in the pancreas. Beta cells are the cells that make insulin. This autoimmune attack on these beta cells is so aggressive that the body of a person with T1D loses its ability to make insulin. Because people with T1D can no longer make insulin on their own, they must get insulin from an outside source. Taking insulin is not "optional" if you live with T1D. A person with T1D will need to take insulin from the moment they are diagnosed. For a person with T1D, Having access to insulin is of the essence for survival. About 1.5 million people in the USA live with Type 1 diabetes, which represents only 5-10% of the diabetes cases.
- If you have T2D you still make some insulin but either not enough or your body doesn't use it correctly. This can be known as "insulin resistance." T2D can go undetected for many people because the symptoms are more mild and develop progressively over time, but that doesn't mean taking care of T2D is any less important. There are many effective treatments for T2D, and we will learn about some of them today. T2D is far more common and in the USA, at least 8.6 million people live with T2D but are undiagnosed.

SLIDE 5

- Type 1 diabetes (T1D) was previously known as Juvenile Diabetes and thought only to impact children. We now know that T1D can occur at any age.
- Having type 1 diabetes (T1D) means your body cannot make its own insulin.
- T1D happens when the immune system attacks the beta cells in the pancreas. Beta cells are the cells that make insulin. This autoimmune attack on these beta cells is so aggressive that the body of a person with T1D loses its ability to make insulin.
- Because people with T1D can no longer make insulin on their own, they must get insulin from an outside source like an insulin injection, insulin pen, or insulin pump.
- Taking insulin is not "optional" if you live with T1D. A person with T1D will need to take insulin from the moment they are diagnosed and continue taking insulin for the rest of their life. For a person with T1D, Having access to insulin is of the essence.
- There is no cure for T1D, however, with the right tools and support, you can manage T1D and live your best life!

SLIDE 6

Research is still ongoing to determine the cause of T1D. Current thinking suggests that there is a combination of environmental and genetic factors that contribute to T1D diagnosis. We understand that the stages before diagnosis can vary, but they are predictable. Today, T1D is most often diagnosed in the final stage (stage 3), when symptoms become present. However ongoing research and T1D screening efforts are now able to capture individuals who are likely to develop T1D, offering effective treatment to delay their progression towards T1D.

The stages of developing T1D are:

- **Stage 1:** The individual has two or more autoantibodies but still has normal blood glucose levels and no symptoms of type 1 diabetes.
- **Stage 2:** During this stage, individuals still show two or more autoantibodies, but their blood glucose begins to become irregular. Those in stage 2 will experience higher blood glucose levels–but may not be experiencing symptoms at this stage. There is now a drug therapy called Tzield that can be initiated in Stage 2 that can delay the onset to Stage 3 and preserve insulin producing beta cell function.
- **Stage 3:** This is the classic stage where most people receive their T1D diagnosis. At this stage, people with T1D lose their ability to produce their own insulin–resulting in high blood glucose levels and the classic, noticeable symptoms of T1D.

It is important to note that even adults diagnosed with diabetes or those with body weights above the healthy range should still be considered for autoantibody testing to confirm or rule out the diagnosis of T1D, because T1D can occur at any age or in any body size. This is a common misconception with adult T1D diagnosis (that a higher body weight automatically signals T2D, which is not ALWAYS the case).

It is recommended that individuals with a family history of T1D, younger age at diagnosis, unexplained weight loss, and shorter time to insulin treatment have autoantibody screening for T1D. If you know someone who lives with T1D, please tell them about these screening efforts! It may be helpful to one of their family members. To find out more, visit: *screenfortype1.com*.

SLIDE 7

T2D is more common than T1D. It represents more than 90% of the diabetes cases in the USA. T2 is the most common form of diabetes and can result from a wide range of lifestyle and genetic reasons. Worldwide, about half of those living with T2D are not diagnosed and In the U.S., at least 8.6 million people live with type 2 diabetes but do not know it. T2D diagnoses are frequently associated with lifestyle factors, including poor diet, high blood pressure, body weight above the healthy range, physical inactivity, taking certain medications and genetics. Underserved communities face additional challenges in developing T2D such as not having access to safe places to exercise or having affordable, convenient access to fresh and nutritious food.

Adults and children are screened for risk for T2D at regular intervals within healthcare settings, but this may not identify risk or help diagnose T2D in all cases. Individuals with someone who has T2D within their family are much more likely to develop T2D themselves because the genetic link is very strong, but poorly understood. That means if you have someone in your family who has T2D, your risk of developing T2D is much higher.

Additional risk factors for developing T2D are:

- Age (greater than 35)
- Men are more likely than women to have undiagnosed diabetes
- Taking medications that can increase risk for diabetes like glucocorticoids, statins, thiazide diuretics, some HIV medications, some antipsychotic medications, protease inhibitors, nucleoside/nucleotide reverse transcriptase inhibitors,
- Diagnosis of HIV (having HIV and taking some HIV medications can both increase the risk)
- Prior gestational diabetes
- Polycystic ovarian syndrome

The good news is that if type 2 diabetes is adequately managed, it is possible to live a full life. Insulin resistance is responsive to many healthy lifestyle habits such as physical activity, medications, and other forms of self-care. To manage your blood glucose, you don't need to manage T2D, you don't need to do anything drastic. Type 2 diabetes isn't a one-size-fits-all condition. The way it affects you won't be the same way it affects another person with type 2 diabetes. However it is still important that you find a T2D management regimen that works for your life to keep you healthy.

SLIDE 8

Insulin resistance has an important role in the development of T2D. Insulin resistance means that the pancreas still produces insulin, but the body progressively becomes less sensitive to it, which causes increased blood glucose levels. As the body becomes less sensitive to insulin, the pancreas begins to produce more and more to help cells access the insulin they need to create energy. Over time the pancreas struggles to keep up with the increased demand for insulin as the body progressively loses its sensitivity to the body's insulin. The pancreas eventually cannot keep up with the body's increased demand for insulin because the insulin-producing cells (beta cells) are too fatigued from overproduction resulting in high blood glucose.

While the majority of those with T2D also experience higher body weight, T2D can affect people of all sizes and backgrounds. Most importantly, having type 2 diabetes does not mean you have failed in any way. There are many misconceptions and stigmas about diabetes which can make taking care of it even more difficult. T2D diagnoses are frequently associated with lifestyle factors, including poor diet, high blood pressure, obesity, physical inactivity, taking certain medications and genetics. Underserved communities face additional challenges in developing T2D such as not having access to safe places to exercise or having affordable, convenient access to fresh and nutritious food. Adults and children are screened for risk for T2D at regular intervals within healthcare settings, but this may not identify risk or help diagnose T2D in all cases. Individuals with someone who has T2D within their family are much more likely to develop T2D themselves because the genetic link is very strong, but poorly understood in research.

When you have insulin resistance, your body has built up a tolerance to insulin, making the hormone less effective.

GENES: Some genes can make a person more or less likely to develop insulin resistance. For example:

- TCF7L2: Variants in this gene have been linked to increased risk of type 2 diabetes by affecting insulin secretion and action.1
- PPARG: This gene influences fat storage and glucose metabolism. Certain variants can lead to increased insulin resistance.
- FTO: Known for its role in obesity, FTO variants can also affect insulin sensitivity.
- CAPN10: Associated with insulin resistance and type 2 diabetes, this gene impacts insulin signaling pathways.

WHAT HAPPENS WHEN YOU HAVE INSULIN RESISTANCE?

1. A lot of blood sugar enters the bloodstream.
2. The pancreas pumps out more insulin to get blood sugar into cells.
3. Over time, cells stop responding to all that insulin.
4. The cells have become insulin resistant.
5. To get cells to react, the pancreas produces more insulin.
6. The pancreas can't keep up and blood sugars keep on rising.

SLIDES 9-10

Let's apply everything we've learned today with some diabetes trivia!

1. **T1D is more common than T2D.**

   FALSE; T2D represents 90-95% of cases in USA. T1D is less common (5-10% of diabetes cases in USA).

2. **T2D can be prevented or put into remission with lifestyle changes.**

   TRUE; Lifestyle approaches are effective at managing T2D. T1D can primarily only be treated by lifelong insulin therapy at this time.

3. **T1D and T2D can impact people of all ages.**

   TRUE; Previously, it was thought that T1D could only be diagnosed in children, but we know this is no longer true. T2D was thought to only impact adults, but it is now being diagnosed in children and adolescence, too.

4. **T1D requires insulin therapy but T2D may take other medications that aren't insulin to manage their blood glucose**

   TRUE; The best treatment for T1D is insulin. There are different medication options for managing T2D which can include insulin at some point.

5. **Risk factors that increase your chances of T2D are lifestyle, race, and genetics**

   TRUE; Most risk factors for T2D are genetic (race, sex, family medical history of T2D) but can also include lifestyle behaviors like inactivity or poor diet.

6. **It is still possible to live a long and healthy life with diabetes.**

   TRUE; Many treatments are available for diabetes. Living a healthy lifestyle and managing your glucose is possible!

SLIDE 11

The treatments for T1D and T2D differ, but there are many strategies that are effective for both conditions.

Living a healthy lifestyle is the core of T1D and T2D self-management. Healthy living includes healthy eating, being active, healthy coping, taking medication, monitoring, problem-solving, and reducing risks. These daily health behaviors are essential for long-term health and wellness for all adults, especially those with diabetes.

- **HEALTHY EATING:** Making nutritious food choices and developing balanced meals for optimal health
- **BEING ACTIVE:** Incorporating physical activity into daily routines in a consistent way that you enjoy.
- **HEALTHY COPING:** Identifying and managing emotional aspects of living with diabetes and developing strategies to manage stress and maintain a positive outlook
- **TAKING MEDICATIONS:** Adhering to your diabetes medication treatment plan, including taking your medications as prescribed on a daily basis.
- **MONITORING:** Regularly checking glucose to understand patterns and identify changes.
- **PROBLEM-SOLVING:** Identifying and addressing challenges that arise during the course of managing diabetes. This can be done independently and/or in coordination with your health care team.
- **REDUCING RISKS:** Staying on top of routine health care visits with your health care team to ensure long-term health of body systems that can be impacted by diabetes such as: eyes, kidneys, nerves, stomach, teeth, reproductive organs, and feet.

Medications for T1D and T2D are different, and we will talk more about those in the next slide.

Sticking with your medication regimen and communicating with your health care team if you are having issues like side effects, difficulty remembering to take your medicine, or issues affording the cost of your medications is essential!

Your close monitoring and problem-solving of glucoses that are above or below the healthy range are important clues for you and your health care team too. Please always remember that checking your glucose and taking your medication are extremely important, no matter which kind of diabetes you have!

SLIDE 12

Here are some of the non-insulin medications that are used to treat T2D. Look at the table to see if you recognize a name of your medications that you take to manage your T2D.

Understanding how your diabetes medications work improves our understanding of why they are important to take every day and how they help keep glucose levels stable.

- Metformin is the most popular diabetes medication for T2D. It comes from a type of medications called "biguanides" which target the liver's production of glucose. Our liver stores excess glucose. This medication slows down the glucose that the liver releases back into the bloodstream, which decreases blood glucose and keeps you healthy. Metformin is a pill that can be taken once or twice per day (but make sure to take it as your doctor recommends).
- Sulfonylureas are another common type of pill for T2D. They assist the pancreas at producing more insulin to decrease glucose levels. This medication can increase your risk of low blood sugar, particularly if you take this medication and skip a planned meal. Make sure to eat consistently and check your glucose regularly to make sure this medication is working as expected, and contact your health care team for a medication adjustment if this is not the case.
- DPP-4 Inhibitors are a type of intestinal hormone that increases insulin secretion, decreasing glucagon secretion, and slowing gastric emptying. This medication acts by buffering the pancreas's insulin function and aiding when extra glucose support is needed while glucose is above target, helping reduce stored glucose production when glucose is stable, and slowing the pace of food's digestion.
- GLP-1 and GIP medications are newer, and becoming very popular due to their effectiveness. These medications are hormones naturally found in your intestines that increase insulin production, decrease stored glucose production, and delay digestion. In addition to being effective for managing glucose, GLP-1 and GIP medications usually result in weight loss. These medications are most commonly injected once per week.
- SGLT2s These medications take extra glucose in the blood stream and get rid of it in your urine. Sometimes, they can help with a little bit of weight loss, too.
- TZDs are pills that help your body become more sensitive to insulin that your body produces. They are becoming less common due to some of their side effects.
- Meglitinides are diabetes pills that help your body increase how much insulin your pancreas produces.

Do you recognize any of your diabetes medications from this list? Can you identify how the diabetes medications that you are taking work within your body? Let's take a minute to learn how each of our T2D medications work in our bodies and ask any questions that you may have.

SLIDE 13

For T1D taking insulin is imperative to your keeping blood glucose in a healthy range. Insulin may also be a medication added to your medications for managing T2D, but it is usually not the first step. This is how insulin works in your body.

SLIDE 14

Many people do not realize that there are different kinds of insulin they can try and different ways they can be administered (ie, syringe, insulin pen, insulin pump, auto-injector, and inhaler). Learn more about the insulin you take, how it works, and make sure to ask questions about the insulin. The important part is to find the option that works best for your lifestyle and to keep glucose in a target range.

Can you identify the names of your insulin?

- Fiasp or Apidra are very fast and start working within 2 minutes. They help manage your glucose after meals and can be delivered by syringe, pen, cartridge, or pump.
- Afrezza: this is inhaled insulin that is taken at mealtimes.
- Novolog, Humalog, aspart, and lispro are very common mealtime insulins that work within 15 minutes to manage glucose after meals. They last in your system about 4-6 hours and can be injected via syringe, pen, cartridge, or pump.
- NPH, humulin N, and novolin N work in combination with the faster insulins above. They are considered a basal insulin which works in the background throughout the day and night. These are not as commonly used today, but can be an affordable option.
- Lantus, basalgar, semglee, levemir, glargine, and detemir are long acting, basal insulins that last about 24 hours. They are commonly taken once per day at the same time and used in combination with mealtime (short acting insulin).
- Ultra long acting insulin, like tresiba, work steadily in the background for up to 42 hours at a time. This kind of medication is still taken every day at the same time, but lasts in your system longer and works consistently day and night. This type of medication can be combined with a faster type of insulin to manage glucose spikes from eating.
- Premixed insulin combine more than one type of insulin in a syringe or insulin pen. This allows an intermediate acting insulin and an insulin that supports mealtime to be combined into one injection. When taking this kind of insulin, it is important to eat on schedule and not miss meals.

Taking insulin can be expensive. If you struggle to afford the cost of insulin, there are many resources available to help you afford your insulin. Visit getinsulin.org today for financial assistance! Don't let cost be a reason you skip insulin or take less than what your body needs.

NOTE: For images of different insulin administration routes and where insulin should be injected, please refer to the implementation guide.

SLIDE 15

Vial and Syringe Instructions:

Draw up insulin from a small bottle (vial) through the needle and into a syringe.

Insulin Pen (disposable)*

Insulin pens that are disposable are filled with insulin and can be discarded once all of insulin has been used. They look like a writing pen but have a syringe as the point (instead of ballpoint with ink). They come in boxes with multiple disposable insulin pens. Some insulin pens have memory features to remember doses, calculate doses, or provide reports to your health care team.

Insulin Pen (replaceable insulin cartridge) instructions:

Some insulin pens use replaceable cartridges. These devices help reduce waste by re-using the insulin pen component and only replacing the insulin cartridge once the insulin is used or expired. Some insulin pens have memory features to remember doses, calculate doses, or provide reports to your health care team.

Inhaler instructions:

This type of insulin is inhaled through the mouth and delivered to the body through the lungs via a dry powder insulin. It is similar to using an inhaler for asthma, but a different shape.

Jet Injector

This needle-free device injects insulin under the skin using a spring-loaded mechanism that releases the dose under the skin. Jet injectors can be helpful for those who have difficulty with injecting themselves or have variable insulin absorption.

Pump (tubed or tubeless) instructions:

Insulin pumps are small devices that deliver personalized doses of insulin throughout the day.Traditional insulin pumps are worn outside your body (eg, pager on your belt or in a pocket). There is a plastic tube which connects to a cannula (small plastic or metal needle) which delivers insulin under your skin. A person wearing an insulin pump needs to independently change the infusion sites every few days. Patch-style insulin pumps do not have tubing and instead attach directly to your skin with adhesive and deliver insulin under your skin using a hand-held controller.

Artificial Pancreas (Automated Insulin Delivery) instructions:

AID systems combine an insulin pump, a continuous glucose monitor, and a diabetes program (algorithm) to deliver insulin and adjust the amount based on the person's glucose trends. All pumps on the market offer some form of AID.

See this resource for detailed insulin delivery options currently available:
https://beyondtype1.org/insulin-delivery-methods

SLIDE 16

Insulin and other medications injected to manage blood sugars can be injected in many different locations in the body. The goal is to inject the insulin into the fat layer just beneath the skin as this is where insulin is best absorbed. Below are some locations where injectable medications for diabetes can be injected. Encourage participants to choose a location that they can see, access, and reach with ease.

Rotation of injection sites helps keep your skin healthy. Avoid taking your injection in the same location repeatedly as this can harm your skin or interfere with how your medication is absorbed. When you take injectable medications for your diabetes, rotating your injection sites (see below) will keep your skin healthy and your medication working properly. If you have questions or concerns about your injection sites, contact your health care team to examine your skin.

- Those with T1D need to take insulin every day (multiple times per day) or use an insulin pump to stay healthy. Those with T2D also need to take their medications every day as prescribed by their doctor, but the medication may or may not be insulin.
- Insulin is essential for survival in T1D. Taking diabetes medication is important for all who live with diabetes and keeps your blood glucose in a healthy range.
- Work with your healthcare team to determine the type of medications that are right for you. Don't be afraid to try different options until you find the diabetes medications that work best for you, your blood glucose, and your lifestyle.

OPTIONAL LEARNING ACTIVITY: The instructor may demonstrate the correct insulin Injection technique and disposal and allow each participant to practice the technique (if appropriate). This learning activity is recommended if you have group participants who are using injectable medications like insulin, but may not be necessary group activity if the participants do not require injectable medications.

Here are the steps:

- Choose a clean spot on your skin that you can easily see and reach.
- Insert the needle straight in at a 90-degree angle.
- Push the insulin in all the way. If you're using a syringe, keep the needle in for 5 seconds; for pens hold it for 10 seconds
- Take the needle out at the same angle you put it in.
- Press on the spot to stop any leaks.
- Always throw away used needles safely to avoid accidents. Use a special container for sharps, like a thick plastic bottle (ie, sharps container, laundry detergent or dishwasher pod container), and follow the local rules for disposal.

SLIDE 17

GROUP DISCUSSION QUESTION:

- What are some things you have tried that make it EASIER to take your diabetes medication?
- What is something you wish you would have known when you first started taking medication for your diabetes?

Taking medication for diabetes can seem like a simple thing to do. But, there are things that can get in the way. It's important to recognize when it is difficult for us to take our medication because this impacts our ability to have healthy blood glucose levels.

What are some other challenges that can make taking diabetes medications difficult?

- **Inconvenience**–adding medication into a daily routine can be burdensome. Despite best intentions, we can miss doses.
- **Doubt**–it may not be obvious that the medication is working. When medications do not immediately offer results, some people may doubt that there is a purpose to taking it.
- **Stress and discouragement**–taking a new medication can be a reminder of a new chronic health condition. It can take time to process and accept a new diagnosis like diabetes which has a daily treatment regimen and feels like a lot of extra hassle.
- **Cost**–diabetes medications may come at an unpleasant cost. Though supports are available to make medication more affordable (getinsulin.org), financial stress can be difficult to discuss. Sometimes this leads to taking less medication than we should take or skipping medications all together. This can be dangerous and put our health at risk.
- **Beliefs about medications**–some individuals view taking medications as unfavorable because of personal or prior experiences. Working to overcome these experiences (or traumas) can take time and expertise of a mental health professional.
- **Negative associations**–some individuals may know others in their personal lives who took/take diabetes medications and may have had negative side effects or long-term health problems which can discourage use because they don't want the same things to happen to themself. Diabetes medications are safe and taking them gives us the best chance at having healthy blood sugars and preserving our long-term health.
- **Not ready to accept diabetes diagnosis**–understanding all that is involved with managing diabetes is a lot. Some may not be ready to jump into diabetes treatment and taking medications until they understand more about the condition, treatments, and how to manage their health. The sooner we can begin learning about diabetes and its impact on our body, the more likely we are to become ready to manage this condition.
- Lack of access–some individuals without health insurance and others with health insurance may not receive the coverage they need to cover the cost of their medication. Navigating coverage details can be complex and require many steps which serve as roadblocks to receiving the medication necessary to manage glucose. If you find yourself in a similar situation, know that help is available and access it.

Know that if you are experiencing any of these challenges, help is available! Working with a health care provider, specifically a mental health provider, can help overcome these challenges when they become too overwhelming and interfere with what is best for our overall physical and emotional health. A list of mental health professionals with experience in diabetes can be found through the American Diabetes Association: *https://my.diabetes.org/health-directory*. You can also ask your health care provider to refer you to resources to help you make diabetes medications more affordable. For those that take insulin, BT1's www. getinsulin.org is a great place to start! There are many community health care clinics which offer services at little to no cost, too.

SLIDE 18

Do you have fears about taking insulin injections? If you are nervous about insulin injections, do not be afraid to ask for help from family members, your doctor, or a mental health specialist. Remember, it's normal to feel uneasy about injecting insulin at first. Allow yourself some time to get used to the new routine, and think about practicing on an orange to gain comfort with it. With practice and patience, you'll become more comfortable over time. Most importantly, stick with it! Here is advice from people who live with diabetes.

SLIDE 19

We have learned a lot in our presentation today about the similarities and differences in the types of diabetes, how each are managed. I hope you have been able to reflect on your own diabetes regimen to identify new tools or ways to make your routine easier for your life.

What stood out today from our lesson? What made the biggest difference or biggest impact on you, personally?

Here are some key learnings that we know are really important from the lesson today:

- Our T1D and T2D ambassadors reminded us of the importance of leaning on others who understand our journey. Others who understand diabetes are uniquely helpful in understanding the challenges and helping connect us with other helpers. Always search for the helpers! Diabetes is common, and the good news is, you probably already know someone who is impacted by diabetes who can be of support to you.
- T1D and T2D are completely different conditions. You'll remember that T2D is more common (>90% of diabetes cases in the USA are from T2D). T1D is caused by the immune system's attack on the pancreas and limits the body's ability to produce insulin and regulate blood glucose. Though the diabetes medications for both of these conditions differ, living a healthy lifestyle by choosing nourishing foods, staying active, managing stress, monitoring your glucose, attending regular health care visits, and problem-solving are key ways to live your healthiest life.
- Diabetes medication is incredibly effective. Do not skip your medication. If you have trouble with side effects, affording the cost of your medications, or understanding what it does and why you should take it, contact your healthcare provider ASAP. Taking medication and monitoring your glucose levels give important clues the safety and health of your blood glucose, which can impact your body long-term.
- Navigating life with diabetes can feel complex. There are many self-care behaviors to keep track of and many misconceptions about living with diabetes which can make doing these things to take care of your diabetes even more difficult. Taking a positive attitude goes a long way. You're right that it takes a lot of grit to manage a condition like diabetes, but knowing you can do it makes all the difference.

SLIDE 20

Direct participants to find the reflection page in their toolkit. For BT1 toolkit, see page 17. For BT2 toolkit, see page 16.

It's time for us to each take a quiet moment to reflect on today's lesson. I want each of you to think about the topics we discussed today as we decoded diabetes, and begin to consider how this new information will impact your journey with diabetes. Everyone's answers will be different, and that's great! Taking this time to consider how the information impacts you will help us determine how to make an action plan. Please jot down your thoughts in your toolkit and remain quiet so the others have the chance to capture their insights, too.

[Give 5 minutes for participants to complete the workbook page]

[Give 1 minute warning for participants to finalize their thoughts]

Great job! Time is up, and we've all captured our personal insights for decoding diabetes. Next, we will build on your reflections to create an action plan.

SLIDE 21

Thank you for your attention and group participation today. I hope you enjoyed your first session on Decoding Diabetes and are feeling confident in all you have learned about the types of diabetes and their treatments.

We will meet again on **XXX** at **XXX** to build on this knowledge and learn more about Creating Your Best Path Forward. I have appointment reminder cards here at the front of the class for each of you. Please be sure to take it on your way out of class today. We would love it if you brought a friend, family, member, or support with you to the next session- they are always welcome to join us and learn about diabetes alongside you. This is one easy way to begin to build your personal diabetes network.

Next session, get ready to dive in and learn more about how to monitor your blood sugar, how to do it, what options are available, and taking action on blood sugars when they are outside of the healthy range that keep us safe. This isn't information you want to miss!