

Diabetes Self Care

A guide to help you take care of your diabetes



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

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Finding out you have diabetes

When you find out you have diabetes, you may find yourself experiencing a lot of different emotions. Feeling emotional is normal and accepting your diagnosis may take some time. As you learn more about living with diabetes and what it takes to manage it, you will begin to feel more calm and comfortable with your diagnosis.



Some of the most common emotions people feel when they find out they have diabetes are:

Scared: When a person is diagnosed with diabetes they may feel scared. They may have heard stories or know someone with diabetes, who has lost a leg or had another complication. Having diabetes does not mean you will get a complication of diabetes.

A person with diabetes today has very different tools available to them to manage their diabetes than people had 20 or 30 years ago. Diabetes can be managed. When diabetes is managed, the risk of having diabetes-related complications is much, much lower.

Shocked: Many people are shocked when they hear they have diabetes. Often times, people feel that illness is something that won't happen to them. When a person hears they have diabetes, they may feel like they are having a dream, or think, "how can this be happening?"

Shock can make learning new information very difficult and there is a lot to learn with any new diagnosis. It can help to focus your first visits with your provider and educator on learning diabetes "survival skills". Survival skills are the skills and information you need to better understand diabetes. Information such as how to take medication and how to check your blood sugar would be considered two examples of survival skills. It is also often helpful to bring a family member or trusted friend with you to your appointments and to write down questions you have so you can bring them with you to your appointment.

Denial: Diabetes denial means that a person refuses to believe they have diabetes. A person may think the test results are wrong or a provider "doesn't know what they are talking about". While denial is completely normal, it is important not to ignore your diagnosis. If you don't treat your diabetes, you put yourself at risk for complications.

Sad: It is normal for many people to feel sad after being diagnosed with diabetes. Life with diabetes means a lot of change. New things will have to be considered in order to live healthy with diabetes. Feeling a loss for your old “normal” life is common. This sadness should start to go away as you learn more about managing diabetes and begin to feel more comfortable with your diagnosis. If your sadness does not go away, talk to your provider about getting some help.

Angry: People often feel angry after being told they have diabetes. They might feel angry with their provider, their diabetes educator, family members or even themselves. They may just feel mad about all the lifestyle changes needed to live healthy with diabetes.

While it is normal to feel some anger, it is important not to get “stuck” in anger. This can make taking care of diabetes difficult. One way to help with anger is to learn more about diabetes and how to manage it. Feeling in control of your diabetes might help you feel less angry. If you feel stuck in anger, talk to your provider and try some of the steps in the Adjusting to Diabetes section of this handout.

Guilt: Some people feel like getting diagnosed with diabetes is their fault. Diabetes is a complicated disease; even now we continue to learn more and more about diabetes and why some people are more likely to get it than others. Feeling guilt about past choices won't help you live healthfully with diabetes *now*. Ask yourself “what can be done *today* to manage my diabetes?”.



Embarrassed: When many people are first diagnosed with diabetes, they want it kept a secret. This is very normal. Some people initially see being diagnosed with diabetes is a sign of weakness, because you somehow weren't doing what you were “supposed” to be doing. The truth is, people get diabetes for lots of reasons. With time, diabetes will become only a small part of the person you are.

Overwhelmed or Anxious: It is perfectly normal for a person to feel overwhelmed or anxious after getting diagnosed with diabetes. A lot of lifestyle changes need to be made, and sometimes people feel like they won't be able to do all the things needed to do to live healthy with diabetes: checking blood sugar, going to doctor's visits, getting blood draws, exercising regularly, making healthy food choices, etc. Over time, these tasks will become habit. Taking care of your diabetes will become easier with time.

Adjusting to diabetes

Trying to work through your feelings about having diabetes will take time. As you get used to your new routine, there is a good chance you will need some new skills, along with the support of others. Here are some steps you can take to help adjust to your life with diabetes:

- Get your family involved. Communicate your needs to your family. Let them know how they can support you. Lifestyle changes needed to live healthy with diabetes help EVERYONE live healthier. Regular exercise, healthy food and drink choices and staying away from tobacco are choices that are good for the whole family.
- Talk to someone you can trust. Opening up about your feelings can help you work through difficult emotions. It might be hard at first, but you can do it! Try to find the words for the emotions you are feeling and share them.
Over time, try to share some of the positive feelings you are having too. Eventually you will start to feel more calm and confident in your ability to care for your diabetes.
- Get organized: Make a plan that includes when you will exercise, when you will check your blood sugar, what you will eat for lunch, etc. Do you have the supplies you need? Can you get them? Can you make your provider visits in advance, so they are on your calendar? Being organized and having a plan can help you feel more in charge of your diabetes!
- Find a support group, or make your own: Is there a support group in your area? Even if you live in a village, there may be another person or people who would like to meet up to talk about their diabetes. Other people who have been through what you are going through can help you learn ways to cope with some of your feelings. People can also share tips they have learned for things like going to potlucks, preparing food, or staying active in the winter.
- Talk about your feelings to a counselor or behavioral health aide. If you are having a hard time, it might be helpful to talk to someone in your area who has expertise in helping people work through their emotions.



What can I do now to manage my diabetes?

1. **Start moving your body every day.** Exercise is the best medicine for diabetes. Start doing whatever you can, for as long as you can, each and every day. It will help to lower your blood sugar and make you feel good.
2. **Take medicine as your provider prescribed.** It is important not to skip any doses. If you have questions about why you take a medicine, be sure to ask!
3. **Check your blood sugar with a finger stick monitor or continuous glucose monitor (CGM).** This will help YOU know if YOUR blood sugar is in a healthy range. If the numbers are high, meet with your diabetes team to come up with a plan to get your blood sugars closer to target.
4. **Choose healthy foods and small portions to fuel your body.** Color your plate with vegetables, choose 100% whole grains and lean meats (fish and wild game). Eat less processed, packaged, bagged /boxed foods. Choose your Native foods when possible.

“Healthy by choice, not by chance.”



What is Diabetes?

Diabetes is an ongoing (chronic) disease. When a person has diabetes their body does not make enough insulin or their cells have trouble using insulin.

When you eat food, some of the food you eat is broken down into glucose and is released into the blood stream. Insulin*, is the tool that is needed to get glucose out of the blood, and into the cells to be used for energy.

When the body does not make enough insulin, or the cells block (or are resistant to) the insulin, sugar starts to build up in the blood. This is when a person develops diabetes.

Definitions:

***Insulin:** a hormone your body makes to lower your blood sugar; it helps sugar get into your cells. When your body does not make enough insulin or any at all, you may need to give yourself shots to stay healthy.

Insulin Resistance: Your body has trouble using insulin and it causes your blood sugar to rise.

Pancreas: An organ in your body that makes insulin.

Glucose: Another name for sugar. Glucose is your body's main source of energy.

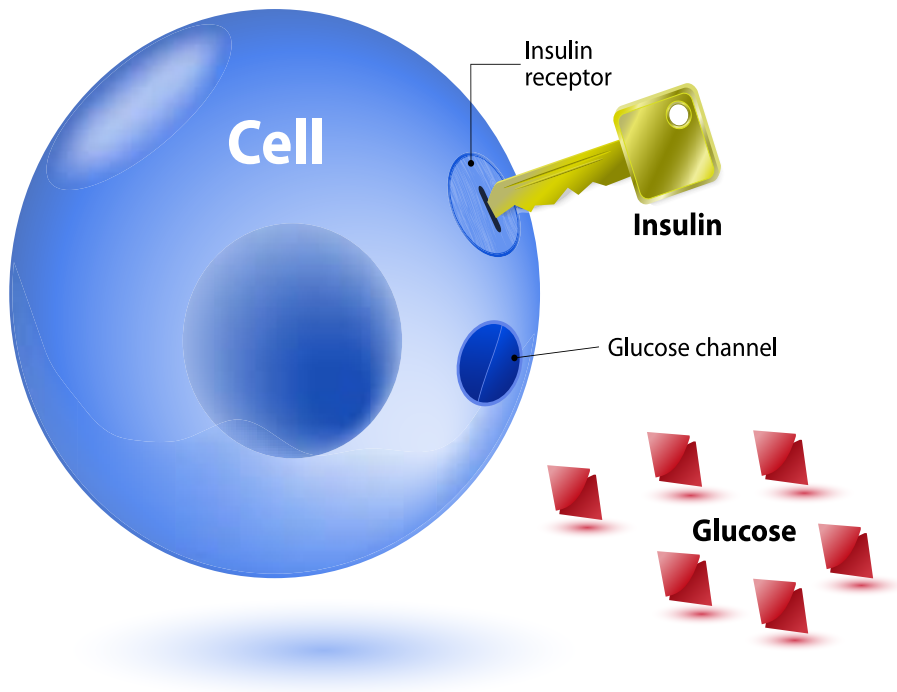
Where does glucose come from?

Glucose comes from two places:

Your body breaks down carbohydrate foods into glucose.

Your liver makes glucose. When you have not eaten, blood glucose levels begin to drop. In response, your liver releases glucose into your bloodstream.

IMPORTANCE OF INSULIN





Types of Diabetes: which is it?

Type 1 Diabetes



With Type 1 diabetes, the pancreas makes little or no insulin. People with Type 1 diabetes will need to take insulin shots each day to keep their body healthy and working properly.

We see this type of diabetes mostly in kids and people under age 30, but sometimes adults can develop Type 1 diabetes too. Trauma or certain environmental factors may trigger the onset, but a person has no control of whether or not they get this disease.

At this time, there is nothing that can be done to prevent Type 1 diabetes. We can successfully manage Type 1 diabetes with insulin and people can live long, healthy lives.

Type 2 Diabetes

Type 2 diabetes is the most common type of diabetes; 90 percent of people with diabetes have this type. The body has trouble using the insulin it makes.

When people are overweight the body has trouble using the insulin. This can cause sugar to build up in the blood stream causing high blood sugar.

Type 2 diabetes is more likely to develop when there is a family history of diabetes, if a person is overweight,

and/or if a person does not maintain a healthy diet and does not get enough exercise.

Other contributing factors to diabetes are: ethnicity, age and a history of gestational diabetes.

Type 2 diabetes is managed with medication, healthy food choices, exercise, keeping medical appointments, getting regular screens and stress management.

Signs and Symptoms of Diabetes

Some people don't feel any different. Signs of diabetes appear when the sugar is already at very high levels. Some signs are listed below:

- Increased hunger or thirst
- Peeing a lot
- Blurred vision
- Itchy, dry skin
- Getting infections often
- Weight loss
- Feeling tired or sluggish

NOTE: Type 2 diabetes develops very slowly over time. People may have diabetes for several years without any of the above symptoms.

Which type of diabetes do you have? What will you do to take control of your diabetes? _____

Diabetes Medicines

Along with being active and choosing a healthy way of eating, your doctor may prescribe medicine to help you better manage your diabetes. Diabetes medicines can be taken as a pill or in a shot/injection. Half of people with Type 2 diabetes will need a shot at some point. Shots are very good at lowering blood sugar and many of the newer shots help people lose weight.

Medicines that could cause a low blood sugar:

- Insulin
- Glyburide, Glipizide, Glimepiride (Micronase, Glucotrol, Amaryl)
- Nateglinide (Starlix)

Medicines less likely to cause a low blood sugar:

- Metformin (Glucophage)
- Pioglitazone (Actos)
- Liraglutide (Victoza)
- Alogliptin (Nesina)
- Empagliflozin (Jardiance)
- Semaglutide (Ozempic)

Alert your provider if you use any other alternative treatments for your diabetes, such as plants, herbs, or other supplements.

Important: There are many diabetes medicines and new ones are made often. The above list does not include all medicines, just some of the common ones. Always ask your pharmacist about the side effects of your medicines and if low blood sugar is more likely to occur with medicines that you take. Carrying your blood sugar meter and treatment for a low blood sugar with you is a good idea.



Healthy eating, weight management, increased physical activity, keeping up with diabetes screens and diabetes education are the foundation of living healthy with diabetes.

If you are unable to reach your A1C goal with food choices and activity,
the first medication recommended is **Metformin**.

MEDICATION	How it works	Causes low blood sugar?	Supports weight loss?	Most common side effects?
Metformin	Tells liver not to make too much sugar	✗	✓	Upset stomach, diarrhea
If you are unable to reach your A1C goal with food choices, physical activity and metformin there are six second-line medicines to choose from:				
Liraglutide or Victoza [®] Semaglutide or Ozempic	Tells the pancreas to make more insulin and helps people feel full sooner. Especially helpful for people living with diabetes and heart disease.	✗	✓	Nausea, diarrhea
Alogliptin or Nesina [®]	Tells pancreas to make more insulin <i>when you eat</i>	✗	✓	Headache
Empagliflozin or Jardiance [®]	Allows kidneys to filter out extra sugar into urine. Especially helpful for people living with diabetes and heart disease	✗	✓	Yeast infections, urinary tract infections
Glargine or Lantus [®] , Degludec or Tresiba [®]	Provides background insulin for about 24 hours	✓	✗	Low blood sugar, weight gain
Glyburide, Glipizide, Glimperide	Tells the pancreas to make more insulin regardless of food intake	✓	✗	Low blood sugar, weight gain
Pioglitazone or Actos [®]	Helps your muscles use the insulin your body makes	✗	✗	Weight gain, ankle swelling
Novolog	Provides insulin to cover meals	✓	✗	Low blood sugar, weight gain

Adapted from the American Diabetes Association Dia Care 2015;38:S41-S48. | Updated 6.22.2022

Insulin

What is it?

Insulin is medicine to lower blood sugar. If your body does not make enough insulin, you may need to give yourself insulin.

How does it work?

Insulin is injected into your fat tissue with a needle and it gets absorbed by your body.

Does it hurt?

Giving yourself insulin shots is usually painless. You typically can't feel the injection and it tends to hurt less than poking your finger to check your blood sugar.

What are the common side effects?

- Low blood sugar
- Weight gain, so it is important to make healthy food choices.

Most common insulin prescribed:

Name of insulin	Time it starts working after you inject	Working at its strongest	Done working
Aspart (Novolog)	5-15 minutes (give before meal)	1-2 hours	4-6 hours
Glargine (Lantus)	1-2 hours (give once a day)	The next 24 hours	20-24 hours
Degludec (Tresbia)	6 hours (once a day)	The next 42 hours	42 hours
Detemir (Levemir)	3-4 hours (once a day)	24 hours	24 hours

What do I do if I miss a dose?

Missing your insulin often can be very serious. Try not to miss taking your insulin. If you miss your insulin dose, call your diabetes team or your health aide right away to make a plan for what to do next.

Do I have to check my blood sugar or use a CGM if I am on insulin?

Yes. Knowing your blood sugar will let you know how well your insulin is working. Check your blood sugar 2-4 times a day or use a continuous glucose monitor to check your blood sugar throughout the day.

IMPORTANT: If you experience low blood sugar often, it may mean your insulin needs to be adjusted. Having a low blood sugar 1-2 times each week would be a reason to contact your diabetes provider right away. It is important to always carry treatment for low blood sugar with you. It's also a good idea to test your blood sugar before you drive or start exercising to make sure your blood sugar is not too low.



Using an Insulin Pen

1. Getting your pen ready

- Get your supplies: You will need the insulin pen and a disposable needle
- Remove the protective paper from your disposable needle.
- Attach the needle to the insulin pen.
- Pull off the outer needle cap.
- Pull off the inner needle cap. You should now see your needle.

2. Do an “air shot”.

An air shot is when you shoot a small amount of insulin out of your pen to make sure there is not a small air bubble in your needle. An air bubble would keep you from getting the right dose of insulin. To do an air shot, turn your dose selector to two units.

- Hold the pen with the needle facing toward the sky.
- Tap the cartridge a few times to help the air bubble rise to the top.
- Next push the push button all the way in. The dose selector will return to zero.
- A drop of insulin should appear at the needle tip. If insulin does not appear on the needle, change the needle and try again. If you are unable to see a drop of insulin, contact your pharmacist about getting a new pen.

3. Dialing the Dose

- Turn the dose selector to the number of units you need to inject.
- The pointer should line up with the dose. You can turn the dial in either direction.

4. Giving the injection

- Push the needle into a fatty area of your body. Many people use fat on their stomach.
- Hold the push button down until the dial goes to zero.
- Keep the needle in the skin and the push button pushed all the way in for six seconds. This is to make sure the full dose of insulin has been given.

5. Remove the needle and place it in a sharps container.

Hypoglycemia: Low Blood Sugar

What causes it?

- Too much medicine
- More exercise/activity than normal
- Less food than normal

How does it feel?

Below are some possible symptoms you may experience:

- Sweaty, shaky
- Tired, hungry, crabby
- Fast heart rate, confused, dizzy



A blood sugar below 70 is too low.

For many people a blood sugar is

too low when it is less than 80. To treat low blood sugar follow these steps known as “The 15-15 Rule”:

1. Check blood sugar if possible
2. If blood sugar is below 80, eat a carbohydrate food with **15 grams** of carbohydrates such as:
 - » 4 glucose tablets
 - » 4 ounces of juice or regular soda
 - » Pilot bread cracker
 - » 6 regular crackers
3. Wait **15 minutes** and check blood sugar again.
4. If blood sugar is still below 80, repeat steps 1 and 2 until blood sugar is above 80.
5. Once blood sugar is above 80, eat a small meal to refuel. A half of a sandwich would be an example of a small meal.

Once your blood sugar is stable, call your health aide or diabetes team and let them know what happened. There are many things that can be done to help prevent blood sugars from going too low.

IMPORTANT: If you experience low blood sugar often, it may mean your medicines need to be adjusted. Having a low blood sugar 1-2 times a week would be a reason to contact your provider right away.

It is important to always carry treatment for low blood sugar with you such as glucose tablets. It's also a good idea to test your blood sugar before you drive or start exercising to make sure your blood sugar is not too low.

My low blood sugar treatment will be: _____

Monitoring Your Blood Sugar

Why should I check my blood sugar?

You want to know if your blood sugar is in control. If it is high often, it could mean you ate too much, forgot your medicines, or you did not exercise. If you have been eating healthy, taking your medicines and exercising, but your blood sugar is still high, then you need to talk to your provider to come up with a new plan to manage your diabetes.

When should I check?

When to Check	Blood Sugar Target
Fasting or before meals	80-130
2 hours after a meal	Less than 180
Bedtime	100-140

Fasting blood sugar is the first check you do after you wake up from sleeping. When a person has diabetes, the liver puts out extra sugar at night while you sleep. Your fasting blood sugar can give you information about how much sugar your liver is putting out during the night.



To learn more about how your current diabetes plan is working with the foods you eat, check your blood sugar before you eat and again two hours after you eat, and look at the difference between the two numbers. This is called **paired testing**. Paired testing helps you learn how certain foods affect your blood sugar. There is a paired testing log on the next page.

You can also try using paired testing before and after exercise to learn the effect exercise has on the body.

Paired Testing Log

Choose one meal each day. Check before you eat and 2 hours after you are done. Record your results on the chart below. Don't eat anything after your meal until you have done your 2-hour check. Keep track of the foods you ate at each meal.

Pre-B-fast	2 hrs after	Difference	Pre-lunch	2 hrs after	Difference	Pre-Dinner	2 hrs after	Difference
137	200	$200-137=63$				100	150	$150-100=50$

Two Ways to Monitor Blood Sugar at Home

Finger stick testing:

Finger stick testing is when a small amount of blood from the end of the finger is applied to a test strip that is loaded into a blood glucose monitor. The amount of glucose that is in the blood will read on the monitor. Finger stick testing has been the way most people with diabetes have monitored their blood sugar for the last several years.



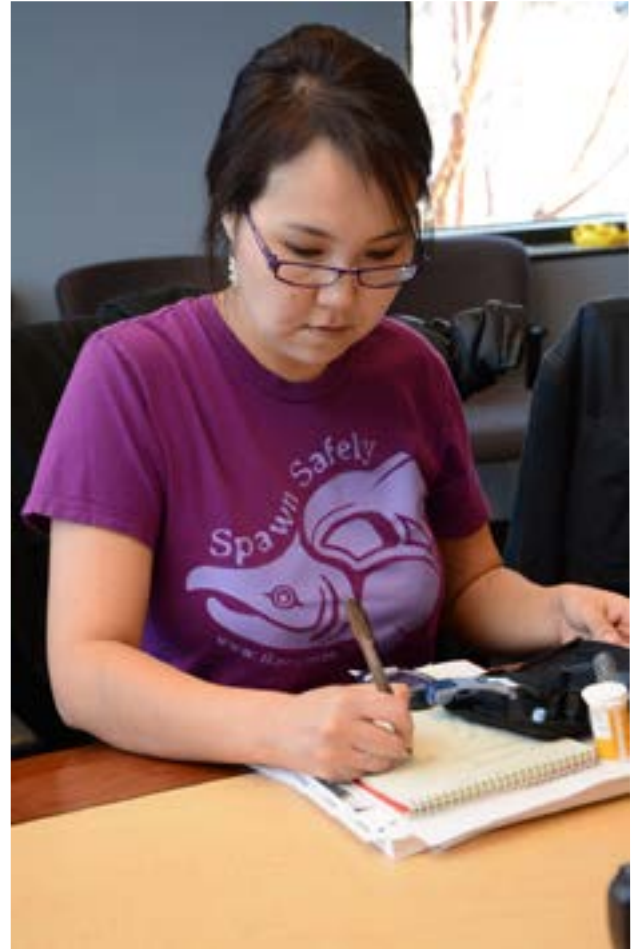
Continuous Glucose Monitoring (CGM):



Continuous Glucose Monitoring is a newer method for measuring the amount of glucose in the blood. It uses a tiny sensor that is inserted in the arm for up to 14 days. The newest CGMs measure a person's blood glucose every minute and sends blood sugar information to a reader or a person's cell phone. The person with diabetes can look at their reader or cell phone as often as they want to find out what their blood glucose is without having to poke their finger. If they wish, a person with diabetes can also share their blood glucose information with their provider, family members or friends remotely.

What do I do with all these numbers?

1. **Are you getting blood sugars of 70 or less at least once a week?**
 - TALK TO YOUR PROVIDER IMMEDIATELY, you may need a medicine change
2. **Are your fasting or pre-meal blood sugars high?**
 - Talk to your provider about changing your medicines
 - Adjust your evening meal/snack
 - Try adding exercise each day
3. **Do your blood sugars rise more than 50-60 points after you eat? (Compare before you eat to 2 hours after you eat.)**
 - Talk to your provider about adjusting your medicine
 - Try cutting back on your carbohydrates
 - Talk to your dietitian about your diet and see if there is anything that could be changed.
 - Take a 15-30 minute walk after you eat.
4. **Are your blood sugars high before you go to bed?**
 - Change or skip your bedtime snack
 - Talk to your provider about adjusting your medicine



HEMOGLOBIN (A1c) and Estimated Average Glucose (eAg)

The A1c test gives you a picture of your average blood glucose for the past 2 to 3 months. The results give you a good idea of how well your diabetes treatment plan is working.

You should have your A1c test done 2-4 times each year depending on your overall diabetes management.

My most recent A1c result was: _____

	Hemoglobin A1c (Lab Test)	Estimated Average Glucose (eAg)
Action Needed	12%	298
	11%	258
	10%	240
	9%	212
Caution	8%	183
Excellent	7%	154
	6%	126

Traveling with Diabetes

Things to remember:

1. Insulin, pills, pens, blood glucose monitor and strips or CGM reader, should all travel with you in your carry on.
2. Carry your original bottles or boxes that have your prescriptions so if there is any question, you have all the information with you.
3. Pack at least twice as much medicine as you think you need in case you are delayed.
4. Carry healthy snacks with you when you travel and treatment for low blood sugar.
5. Do not leave your insulin or blood sugar meter in a hot trunk or directly in the sunlight, you also want to take care that your insulin and meter do not get too cold.
6. You do not have to refrigerate your insulin during travel unless you know you will be in a very hot environment where you will have trouble keeping it cool.
7. If you are crossing several time zones, talk to your provider or diabetes educator about when to take your insulin (particularly your long-acting insulin).
8. In foreign countries, insulin is dosed in different strengths. If you have to get insulin in an emergency, you should contact your diabetes team for some help.
9. Take an empty refillable water bottle and be sure to fill up before you get on the plane. It is important not to get dehydrated when you fly.
10. Consider wearing a medic alert bracelet.

Other resources:

www.diabetes.org

www.dlife.com



Nutrition and Diabetes

1. Read food labels

- Look at the serving size
- Look at Total Carbohydrates, not sugars
- Choose foods with 3g of fiber or more per serving
- Aim for 25-35g dietary fiber per day

2. 45 grams of carbohydrates per meal is a good place to start.

Use your CGM or blood glucose monitor, along with help from your diabetes educator to determine the best amount of carbs per meal for you.

3. Choose less boxed, packaged foods from the aisles at your store.

Instead, choose fruits, vegetables, dairy and lean meat.

4. Drink lots of water and avoid juice, Tang, Kool-Aid and soda.

These foods are high in sugar and less healthy.

5. Eat foods close to how they were found in nature.

(Hint: you do not see bologna walking around, but you do see moose) Choose 100% whole grains, whole fruits and vegetables—canned and frozen are good too!

6. Choose to bake, broil, or boil your foods; avoid frying.

7. Even though fat and protein do not have a big impact on your blood sugar, they can still affect your heart health.

Choose wild game, birds, fish, and seafood more often than red meat/pork.

8. Smaller amounts of food = smaller rise in blood sugar.

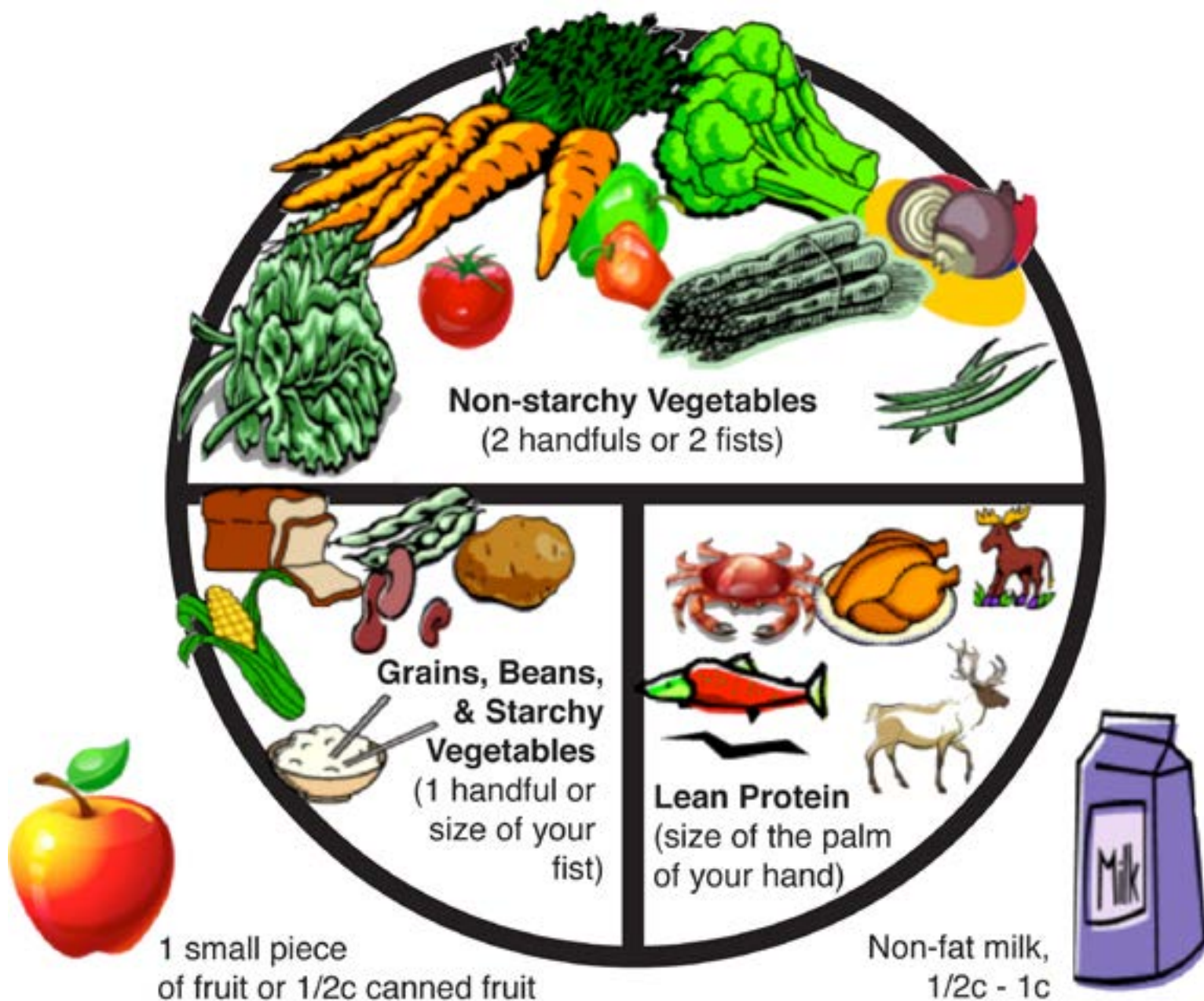
Eating smaller portions of foods with carbohydrates helps keep your blood sugar from getting too high.



Balancing Your Plate

- Fill half of your plate with non-starchy vegetables such as: spinach, celery, lettuce, carrots, peppers, broccoli, asparagus, seaweed, green beans, onions, mushrooms, tomatoes, etc.
- Fill one-quarter of your plate with lean meat or fish.
- Fill one-quarter of your plate with starchy or carbohydrate foods, such as: rice, potatoes, pasta/noodles, bread, corn, peas, squash and beans.

The plate method will help you get the right portions and a healthy balance.



Carbohydrate Counting

Below is a list of foods that will affect your blood sugar.

You should eat these foods at each meal in small amounts. Aim for about 45 grams of carbs at each meal. Because these foods affect blood sugar it is important not to eat too many at one time.

Each serving listed is about 15 grams of carbs — make 3 choices at each meal.

Grains, beans, starchy vegetables:

- 1 slice bread
- 1/3 cup cooked rice, pasta
- 1/2 cup cooked mush, oatmeal, cream of wheat
- 1/2 cup beans, potatoes, corn, or peas
- 4-6 saltine crackers
- 1 piece pilot bread
- 1/2 bun or English muffin
- 6" tortilla
- 4" pancake or waffle



Fruit, milk, yogurt:

- 1 small piece fruit
- 1/2 cup canned fruit, unsweetened
- 1 cup melon
- About 15 grapes or cherries
- 2 tablespoons raisins
- 1 cup milk, soy milk, or light yogurt

Sweets, snacks - choose less often:

- 1 brownie, approximately 2"
- 2 small cookies, about 12 potato chips
- 1/2 cup regular soda, juice



NOTE: Fruit juice and regular soda will cause your blood sugar to rise quickly so you may want to avoid these drinks. Soda and other sweet drinks contain large amounts of carbs, but little to no nutrients. Below is a list of some foods that will have very little effect on your blood sugar:

Protein: Wild game, birds, seafood, fish, cheese, cottage cheese, tofu, eggs.

Fats: Nuts, seal oil, peanut butter, butter, sour cream, salad dressing, mayonnaise, oil.

Non-Starchy vegetables: Asparagus, carrots, fiddle head ferns, green beans, beets, sour dock, broccoli, brussels sprouts, cabbage, sea weed, zucchini, salad, greens, mushrooms, onions, peppers, cucumbers, celery, tomatoes.

Other: Sugar free Jell-o, tea, salsa, Crystal Light

Eat 1-2 cups of vegetables at lunch and dinner. Choose lean versions of your favorite proteins to keep your heart healthy.

Reading Food Labels

Nutrition Facts	
Serving Size 1 cup (228g)	
Serving Per Container about 2	
Amount Per Serving	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12g	18%
Saturated Fat 3 g	15%
Trans Fat 3 g	
Cholesterol 30 mg	10%
Sodium 460mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protiens 5g	

Look at the serving size: It says “1 cup” (the 228 g next to it is just how much the food weighs).

How many Total Carbohydrates are in one serving of this food? “31g”. That means there are 31 grams of carbohydrate in 1 cup of this food.

How many grams of fiber are in 1 cup of this food?

If you said 0 grams you were correct. If the food you are eating comes from a plant (such as bread or cereal) it should contain at least 3 grams of fiber per serving.

Sodium can raise your blood pressure. Keep your sodium under 2300 mg. per day. Aim for 600 mg or less per meal when your food has a label to read.

Choose foods that do not have a lot of items in the ingredient list. If you can barely read the ingredients in a food, the food is highly processed.

Tip: Do not spend all day at the grocery store reading labels. For each grocery trip choose one food that you eat regularly and find the healthiest version of it. You will be eating healthier in just a few weeks!



Snacks for Better Health

When diagnosed with diabetes, it's important to be mindful and pay attention to when your energy is low, especially if it's been a long time since your last meal. If you are a person who gets low energy between meals and needs a snack, here are some ideas to help boost your energy and keep your blood sugar in check:

- 5 whole wheat sesame crackers with 2 tablespoons of hummus
- 3 rye crispbread crackers with 1 spreadable cheese wedge
- 4 whole wheat crackers and 1 hard boiled egg
- 1 slice of 60-calorie whole grain bread with 1 tablespoon of peanut butter
- ½ whole wheat English muffin topped with 1 tablespoon of marinara sauce and 1-2 tablespoons of mozzarella cheese
- 3 cups of popcorn topped with 2 tablespoons parmesan cheese
- ½ large apple or 1 small apple and 1 string cheese
- 1 small banana and 1 teaspoon of peanut butter smeared on top
- ½ cup of sliced fruit or rinsed canned fruit and ¼ cup of cottage cheese
- 1 cup of berries and 10-20 nuts (almonds, walnuts, peanuts)
- 1 granola bar made with real fruit, whole nuts and whole grains
- 1 small container of Greek yogurt (look for yogurt lower in carbs and sugars)
- 1-2 cups of baby carrots or celery with 2 tablespoons of hummus or 2 tablespoons of guacamole

Remember, snacks are there to provide a little bit of energy between meals, so it's important to keep snack sizes small.

High fiber snacks, about 15 grams of carbs or less, tend to be the most filling and least likely to raise your blood sugar.



Sick Day Guidelines

Things to remember:

- Take your diabetes medicines. Continue your Lantus (glargine), Degludec (Tresiba) or Detemir (Levemir) insulin and contact your provider for guidelines on how to take your Novolog if you do not feel like eating.
- You should consider checking your blood sugar every 4 hours to see if your illness is causing your blood sugar to go higher than normal.
- Call your diabetes team if your blood sugar stays higher than normal and will not come down.
- Let your provider know if you are taking any herbs, supplements or over the counter medicines to treat your sickness.
- Stay hydrated by drinking water or unsweetened liquids.
- Call your provider for treatment if you have:
 - » Severe diarrhea or vomiting that lasts longer than 12 to 24 hours.
 - » Moderate ketones or higher (Type 1 diabetes).
 - » Blood sugars greater than 240 mg/dl twice in a row.
 - » Fever greater than 100 degrees for more than 24-48 hours.



What to Eat:

Choose clear, low sodium broths or soups

Crackers, Jell-O or fruit popsicles

If you are unable to eat food, it would be OK to sip on regular juice or ginger ale to keep energy going into your body.

Contact your provider with further questions.



Exercise

The American College of Sports Medicine and the American Diabetes Association joined together to make the guidelines for physical activity in people with diabetes.

- At **LEAST 150 minutes a week** of MODERATE to VIGOROUS aerobic exercise spread over at least 3 days during the week.
- Avoid going more than 2 days in a row between your exercise sessions.
- **Strength training, stretching, and balance exercises** are just as important as aerobic activity and should be done at least 2-3 days per week.
- Do not sit for more than 30 minutes without moving.

Tips for Getting Started:

- Choose something that you enjoy and that is fun!
- Use music, a favorite TV show or an audio book to take your mind off the exercise.
- Try new things.
- Start slow, then over time, increase how long you exercise or the intensity (how hard you breathe while exercising). Ten minutes 3 times a day is as good as 30 minutes all at once!
- March in place, walk around the block, do a seated march while you watch TV, use arm bands, just start moving.

Things to Remember:

Exercise helps to lower your blood sugar. Be sure to carry treatment with you to treat a low if you are at risk. If you get low often during exercise, you may need less medicine, call your provider.

- Check your blood sugar before and after exercise, so you can learn the effect exercise has on your blood sugar.
- Talk to your provider about getting started and what exercise is best for you.
- Wear proper shoes and socks. Choose shoes with good support.
- Enjoy your life!



Weight Loss and Diabetes

If a person with diabetes is overweight, losing a small amount of weight can make a big difference. Losing even a few pounds by exercising and eating healthy can reduce your risk of complications and improve your blood sugar control.

Losing Weight takes three steps:

1. Take an honest inventory of you current lifestyle habits:

Food

Write down everything you eat for three or more days. There are several free computer apps that will help you figure out how many calories you are eating. Your dietitian can also do this for you. The key is to learn when and how much you are really eating.

Activity

Do you get exercise beyond your daily living activity? Daily living activity is the activity everyone does as part of a typical day: light cleaning, cooking, child care, etc... Daily living activity is important, but are you doing any moderate activity that makes your heart beat faster, or creates a light sweat? Record how much moderate activity you are getting each day.

Sleep

Are you getting enough sleep? Getting enough rest is an important part of losing weight. People who do not get enough sleep are more likely to be overweight. Pay attention to how many hours you are getting.

Stress

Does life feel out of control? Stress can increase blood sugar and make it harder to lose weight, drain your energy and affect your mood. Talk to your behavior health aide or another mental health professional about ways to prevent stress and how to cope with stress you can't prevent in a healthy way.

Medication

Is the medication you are taking helping you lose weight or making it more difficult? Ask your provider about how your medications affect your weight to learn more.



2. Review and compare your information:

- Is the amount of calories you are taking in keeping you from losing weight? Can you identify a time of day that is a problem for you? Talk to your dietitian about how many calories you should be taking in to lose weight. How do you compare?
- How much moderate activity are you getting compared to the 30-60 minutes that are recommended? You can start slow and work your way up!
- Are you running on 5 hours of sleep a night? If you are getting less than 7 hours of sleep a night, you are not getting enough!
- Are you feeling very stressed? What changes can you make in your life to feel more in control and relaxed? Meditation and exercises are two ways to help reduce the effects of stress.

3. Make a plan:

- Pick one or two things you want to work on.
- Make a goal. Be very specific. What EXACTLY do you want to do?

For example: *I would like to increase my activity.*

My goal for this is: *I will walk on my lunch break for 30 minutes on Monday, Wednesday and Friday of this week. I will walk at a pace that leaves me a little sweaty when I'm done.*

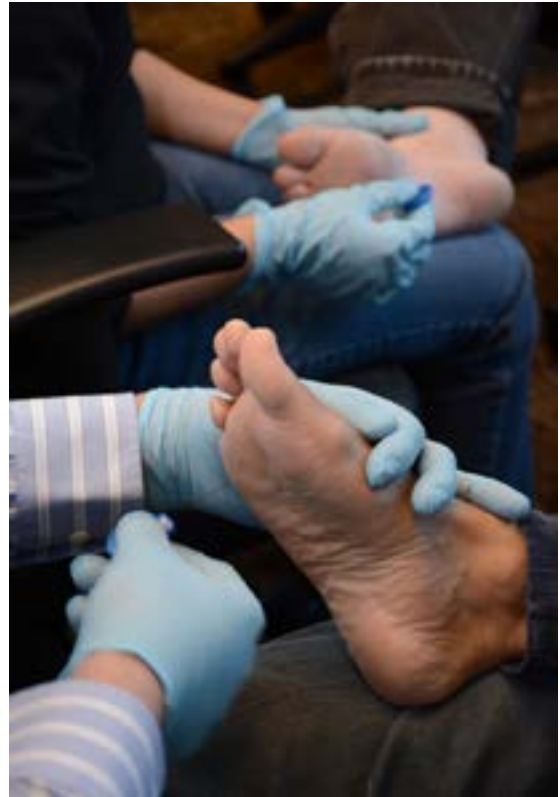
Your dietitian and diabetes educator are here to help you with this process. There isn't one way to lose weight that works best for everyone. Finding out where you need help and choosing goals that make sense to you, will help you be successful.

You are in charge of managing your diabetes. You can take action to help prevent complications. We are here to help you meet your goals, let us know how we can help you. Come prepared to your diabetes visit by bringing your blood sugar meter or blood sugar logs, your medicines, and a list of questions or topics that are on your mind.

Foot Care

Over time, some people with diabetes can lose feeling in their feet due to nerve damage. Some people will notice increased sensitivity and pain, others may begin to lose feeling altogether. Consider some of these tips to help protect your feet.

- Look at your feet each day. Check for cuts, scrapes, blisters, sores, or bruises. If you see a problem, take action. Ask a family member or friend to help you if you cannot see your feet.
- Wash your feet every day, especially between the toes. While you wash them, this is a good time to inspect them. Dry them well. Soaking your feet is not recommended.
- Cut your toenails straight across. Ask for help if you have trouble reaching your feet or if you cannot see.
- Wear shoes with good support that fit properly.
- Test water temperature in a bath before stepping in. Avoid using heating pads to warm your feet, you may not be able to feel if it is too hot.
- Have your provider look at your feet regularly.
- See your podiatrist (foot doctor) with further concerns about your feet.



Understanding the Standards of Care

Routine Care to Stay Healthy with Diabetes

Having diabetes means you can expect a team to help you manage your condition. That team might include a provider, health aide, pharmacist, dietitian, nurse, family member, and others, but the most **important** person on your diabetes team is **YOU!** It is important to have an active role in your diabetes care. The standards of care are a list of screens and tests, which are important for every single person with diabetes. When your standards of care are being met, you know that you are getting quality diabetes care to help you successfully manage your diabetes. Understanding the standards of care for a person with diabetes will help you know the type of care to expect from your diabetes team.

Talk with your provider to make sure these screens are being done. If you have screens that are due, or some of your test results aren't at goal, follow up with your provider. If you have questions, write them down to take with you to your next clinic appointment.

These should be checked every clinic visit:

Blood pressure	The goal for blood pressure for most people with diabetes is less than 140/90. Some people may have a blood pressure goal of 140/90.
Current weight and BMI	BMI stands for body mass index. It considers your weight compared to your height.
Finger stick blood sugar or CGM	For most people home blood sugar goals of control are: 80-130 fasting and less than 180 two hours after eating. Home blood glucose monitoring results can help you and your provider make decisions about your diabetes plan.
Foot check	Taking your shoes and socks off can remind your provider to look at your feet. Talk to your provider about how you can take good care of your feet.
Diabetes education	Diabetes education can provide you with some of the support and skills you need to help you manage your diabetes. Bringing your questions to clinic with you can help you get the education you need to meet your goals.

This should be checked at least twice a year:

Hemoglobin A1C (A1c)	<p>The A1C is your average blood sugar over the past 3 months.</p> <p>Your A1C goal is specific to you. Many things factor into your A1C goal, such as your age and how long you've had diabetes. For most people the A1C goal is less than 7%. For others an A1C goal of 6.5% is more appropriate. For others the goal might be 8%. An A1C at goal means your blood sugars are in the healthy range most of the time and you have a lower risk of developing complications.</p> <p>If your A1C is higher than goal, it should be tested every 3 months. If your A1C has been at goal for some time, your provider may suggest it be done every 6 months.</p>
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At least once a year you should have:

Teeth, gums and mouth exam	A dental exam is important to make sure you have healthy teeth and gums. If you have dentures, you will still need your gums checked.
Dilated eye exam	A dilated eye exam is needed to check the general health of your eyes and blood vessels, even if there are no changes in vision.
Complete foot exam	A complete foot exam includes checking feet for problems, pulses, and feeling using a monofilament. A monofilament is a small tool that looks like a piece of fishing line attached to a small handle.
Urine albumin test	This is a test that looks for very small proteins that may be leaking into the urine. If albumin is leaking into the urine, it is an early sign that the kidney is being stressed and showing damage.
A blood test that includes liver function	This test checks the health of the liver.
A blood test that includes creatinine and an estimated glomerular filtration rate (eGFR).	This blood test, along with the urine albumin test, checks the health of your kidneys.
Lipid blood test Total cholesterol should be less than 200. HDL “GOOD” cholesterol should be greater than 50. LDL “BAD” cholesterol may be less than 100 for some people. For others it may be less than 70. Triglycerides = less than 150.	Your lipid levels are one way to look at the health of your heart and arteries.
Flu shot	Diabetes decreases your body’s immune system’s ability to fight infection. A person with diabetes is more likely to be hospitalized and even die as a result of having the flu.
Medical Nutrition Therapy (MNT)	MNT can provide you with an individualized plan for making food choices as part of an overall diabetes treatment. A registered dietitian can help you with this plan. Your plan will be tailored to your medication routine, your lifestyle, your food preferences and the food available to you where you live. You should be able to meet with a registered dietitian at least once a year, but you may prefer more regular follow-up.
Emotional well-being assessment	Also known as a depression screen, an assessment of well-being, is an important part of diabetes care. Managing diabetes means making several choices each day that affect your condition. It is difficult to make healthy choices if you don’t feel emotionally well. Your emotional health should be screened at least once a year. However, you may feel you need to talk to your provider about your wellness more often.

Other Important Screens or medications

Statin	A statin is a type of cholesterol-lowering medication recommended for many people with diabetes, even if their blood cholesterol blood tests are at goal. This is because statins have been shown to decrease a person's risk of heart attack or stroke.
Aspirin therapy	May be recommended for you if you are at high risk for heart attack or stroke. Ask your provider if you should be taking aspirin.
EKG	An EKG is a test that looks at the health of your heart. It should be done soon after you are diagnosed with diabetes and then every 5 years.
Other immunizations: Pneumonia shot (Pneumovax) at least once, and again after you turn 65. Tetanus, diphtheria, pertussis (DTAP) every 10 years. Tuberculosis (TB) skin test (PPD). If you are a converter, you are more likely to get TB than someone who doesn't have diabetes. Hepatitis B should be given to adults aged 19-59, and some adults aged 60 and older. Shingles vaccine (Zostavax) is for adults over age 60. COVID-19 vaccination is recommended for all adults and most children with diabetes. HPV vaccination is recommended for people 26 and younger. People 27-45 years of age should ask their provider if they should be vaccinated against HPV.	
Colon cancer screening	It is important for everyone starting at age 45 to be screened for colon cancer. If you have a family history of colon cancer you may need to be screened earlier.
Once a year it is important to have: Pap smear (women) Clinical breast exam (women) Mammogram (women) Prostate specific antigen (PSA) (men)	Pap smear Clinical breast exam: All women should have a clinical breast exam every year. Mammogram: It is recommended for women starting at age 40, or earlier in some cases. PSA: Talk to your provider about whether this screen is right for you.

One Year of Meeting My Diabetes Standards of Care

Every Visit	Write the date results down in the space provided. Are you meeting your goals? If not, talk to your provider and educator about your diabetes plan.		
	Blood Pressure My goal: _____ _____	<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____ / _____
	Home blood sugars My goals: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Weight My goal: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Foot check	<input type="checkbox"/>	<input type="checkbox"/>
	Diabetes Education Topic: _____ Goal: _____	<input type="checkbox"/>	<input type="checkbox"/>
2-4 times per year	My A1C Goal: _____	Date: _____ Result: _____	Date: _____ Result: _____

Yearly	Dental exam	Date: Result:
	Eye exam	Date: Result:
	Complete Foot Exam	Date: Result:
	Urine Albumin Test	Date: Result:
	Total cholesterol	Date: Result:
	LDL	Date: Result:
	HDL	Date: Result:
	Triglycerides	Date: Result:
	Blood test for liver function	Date: Result:
	Emotional Health	Date: Result:
	Medical Nutrition Therapy	Date:
	Blood test for Kidney Health	Date: Result:
Prevention	Statin	Date I discussed with my provider:
	Aspirin	Date I discussed with my provider:
	Immunization	TDAP Date: Pneumovax Date: Flu shot Date: TB test Date: Hep B Date: Over 60 ask about Zostavax: HPV: COVID-19:
	Mammogram/PSA	Date: Result:
	Colonoscopy	Date:
	Pap	Date:
	EKG	Date: Result:

More Information

For more information or if you have questions, contact:

Diabetes Educator: _____

Phone: _____



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