

# Walking Away from Diabetes: Educator Manual & Curriculum

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**Walking Away**  
from **Diabetes**

## Acknowledgements

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# Chapter 1: Introduction to the Educator Manual & Curriculum

Welcome to this structured education module, Walking Away from Diabetes. You will be using this manual and curriculum to deliver self management education to people at risk of Type 2 diabetes

This module is one of a family of structured education interventions developed by members of the DESMOND Collaborative.

This module has been developed through robust evidence-based research and has undergone rigorous testing. It meets national standards and criteria for structured education (NICE 2003; DOH 2005). What you experience when attending Educator training and delivering this module is the result of thorough scientific testing and experiential development.

If you have received a copy of this manual and curriculum, it means you are attending training to deliver Walking Away from Diabetes to people at risk of this condition.

If you are new to our programmes, you will have already attended a generic training day to familiarise yourself with the philosophy and theories of learning which inform and underpin all the structured education programmes in the DESMOND family.

If you are an experienced DESMOND Educator and practised at delivering education in this style, training to deliver Walking Away from Diabetes will be an opportunity to extend your skills and the range of modules you deliver.

Your professional development will be robustly supported by our Quality Development (QD) process.

The manual is made up of two sections:

**Section 1: Introductory Chapters**

**Section 2: Curriculum for Walking Away from Diabetes**

Taken together, these sections contain all you need to know as an Educator to run the Walking Away module.

## Section 1: Introductory chapters

The introductory chapters which form the 'manual' have been designed to provide you with some necessary information about the background, aims and objectives and evidence-base of the Walking Away from Diabetes module.

You should read it in conjunction with material you have previously been given at other DESMOND training courses, especially those chapters on the philosophy and theories of learning which underpin all education programmes in the DESMOND family, including this Walking Away from Diabetes module.

- Chapter 1 is an overview of the manual contents.
- Chapter 2 provides some background to the Walking Away module, its evidence-base, how it was developed, and its aims and objectives.
- Chapter 3 discusses how to prepare to deliver the module, with tips on referral pathways and preparation within the organisation, and how Educators might prepare themselves during the period immediately after training.
- Chapter 4 is an introduction to the curriculum, and explores the broad topic outline of individual sessions complete with timings. It includes an introduction to the icons and symbols used throughout the curriculum.

## Section 2: Walking Away from Diabetes curriculum

Following the overview given in Chapter 4, this section of the manual is comprised of the complete Walking Away curriculum, laid out session by session, each with a detailed sample script, each preceded by a summary of key messages, learning opportunities, content and participant and Educator activity, to support delivery of the module.

Welcome to Walking Away from Diabetes!

## References

National Institute for Clinical Excellence (2003) *Guidance on the use of patient-education models for diabetes. (Technology Appraisal 60)* London: NICE. Department of Health/Diabetes UK (2005) *Structured patient education in diabetes: report from the Patient Education Working Group.* London: DOH.

## Chapter 2: Background to the Walking Away from Diabetes Module

The Walking Away module has been specifically developed for those people identified as being at risk of developing Type 2 diabetes and cardiovascular disease. It has been designed as a complementary intervention to support the vascular checks programme: a national screening programme, which is currently underway in England and Wales.

### The importance of early screening and interventions to prevent Type 2 diabetes

Type 2 diabetes is a serious and progressive chronic condition characterised by the body's inability to regulate blood glucose levels. In the short-term, it is associated with general debility and a reduced quality of life. In the medium to long-term, it can lead to complications with devastating results, such as heart disease, stroke, kidney failure, blindness and lower limb amputation. The life expectancy of people with Type 2 diabetes may be shortened by as much as 15 years. Because diabetes most commonly occurs with few symptoms, until one or more complications appears, people may have the disease for as long as 10-12 years before being diagnosed.

In the UK, as in the rest of the world, diabetes is fast approaching pandemic levels, with as many as 5% of the population, or 2 million people diagnosed with the disease, and a further 1.8 million likely to be have diabetes without being aware of it. The number of those with diabetes is growing year on year, fuelled by the rising trend of obesity and sedentary lifestyles (Booth et al. 2000). This is also causing people to develop Type 2 diabetes at a much younger age.

### And now for the good news ....

While still emphasising the serious nature of diabetes, it is important to acknowledge the good news – that there are actions which people can take for themselves, and support, which health care services can provide, to prevent those at risk of going on to develop this chronic disease.

### This is where the Walking Away from Diabetes module fits into the picture

One of the most challenging factors about Type 2 diabetes is that there is no magic pill or treatment which can prevent it. Rather, prevention lies in people having up-to-date evidence-based information and the opportunity to acquire the skills necessary to be able to modify health-related behaviours especially where linked to choices about physical activity.

## Development of the Walking Away module

Walking Away from Diabetes is a group structured education module which has a patient-centred philosophy and is based on psychological theories of learning aimed at activating people to become successful self managers of their own risk status and to support them in adopting behaviours and making choices which promote general health and reduce their risk of developing Type 2 diabetes.

Walking Away is based on the successful PREPARE (Prediabetes Risk Education and Physical Activity Recommendation and Encouragement) programme, developed by a multi-disciplinary team in partnership with the DESMOND Collaborative, University of Leicester and University of Loughborough (Yates et al. 2008).

PREPARE was a 3-hour group-based education programme aimed at increasing walking activity levels in individuals with impaired glucose tolerance, an intermediary condition between Type 2 diabetes and normal glucose control. The PREPARE programme was scientifically evaluated and found to be highly effective at promoting physical activity and improving glucose control over 12 months. The PREPARE team went on to develop the Walking Away module for people identified at risk of Type 2 diabetes and to conduct a further study in Leicester, involving 800 people at risk of diabetes.

## Aims of Walking Away from Diabetes

The aim of the Walking Away structured education module, is to promote increased physical activity in individuals, who have been identified as having an increased risk of developing Type 2 diabetes. This is achieved by targeting perceptions and knowledge of diabetes and diabetes risk, as well as by targeting physical activity behaviour itself. A key aim of the module is to enable participants, to successfully self-manage their physical activity levels within their own environments using pedometers and personalised step per day goals. Pedometers are widely recognised as a useful aid in the promotion of physical activity. In particular, given that pedometers provide objective feedback to the wearer and that they enable the wearer to set realistic goals, their use is especially relevant to structured education programmes. Although participants attending the Walking Away module are responsible for setting their own goals, the module is based on encouraging sedentary individuals, to increase their physical activity levels by at least 30 minutes per day of walking activity (equivalent to around 3,000 steps).

## References

- Booth FW, Gordon SE, Carlson CJ & Hamilton MT, 2000. Waging war on modern chronic diseases: primary prevention through exercise biology, *Journal of Applied Physiology*, 88, 774-787.
- Yates T, Davies M, Gorely T, Bull F & Khunti K, 2008. Rationale, design and baseline data from the PREPARE (Pre-diabetes Risk Education and Physical Activity Recommendation and Encouragement) programme study: a randomised controlled trial, *Patient Education and Counselling*, 73, 264-271.
- Yates T, Davies M, Gorely T, Bull F & Khunti K, 2009. Effectiveness of a pragmatic education programme aimed at promoting walking activity in individuals with impaired glucose tolerance: a randomised controlled trial, *Diabetes Care*, 32, 1404-1410.



## Chapter 3: Preparing to run the Walking Away from Diabetes Structured Education Module

### Guidance for Organisations

#### Setting up and running Walking Away in your area

To successfully implement the Walking Away module in your locality it should be adopted as an integral part of clinical management for the person identified as being at high risk of developing Type 2 diabetes. It is recognised that for effective risk management, people who are at risk should receive a service which encourages partnership in decision-making, supports them in managing their risk and helps them adopt and sustain a healthy lifestyle (Dept of Health 2001).

Once the decision has been made to adopt the Walking Away module as part of routine care, planning is required in order for it to be effective as a therapeutic intervention. A local co-ordinator should be appointed to ensure that administration of the local module runs smoothly. Good referral pathways and promotion of Walking Away are key to its successful implementation. For this reason, a starter pack is routinely provided to each local co-ordinator / site by the DESMOND Central Office. This includes sample referral letters, pathways and promotional material which can all be customised for local use.

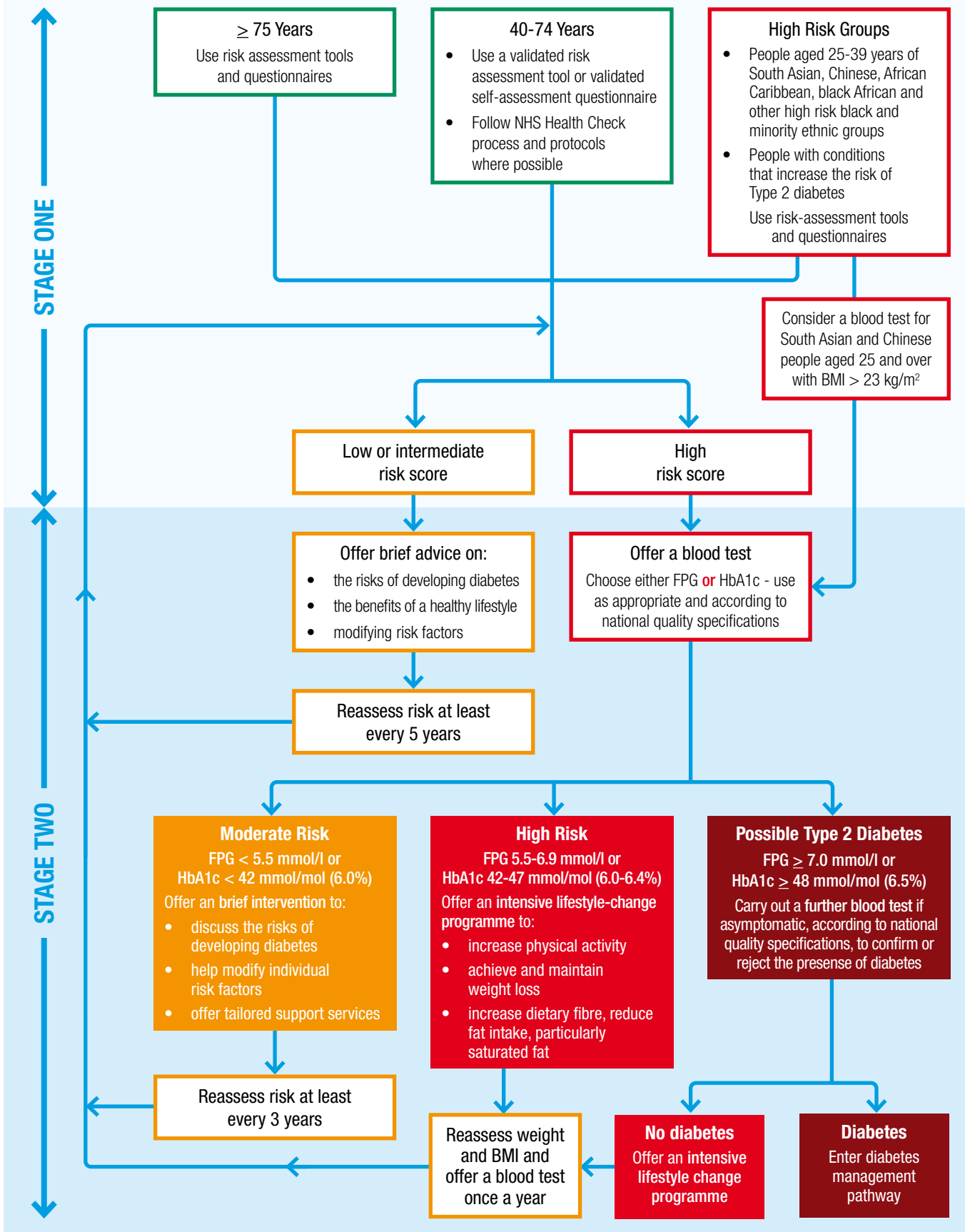
#### Identification of participants

Identification of individuals can be done in a number of ways either through the vascular checks programmes; the paper based screening risk tool, opportunistically or other database search programmes. NICE has recently (2012) given guidance on how to identify people at risk. The flow chart on the following page is a summary of their suggested pathway.

#### The module

- Is a 3 hour structured education programme
- Is delivered by 2 Educators who have been formally trained via an approved Walking Away training course\*
- Can be delivered to up to 10 people, identified at high risk of diabetes/cardiovascular disease who may be accompanied by a partner, family member or friend
- Is delivered using the Walking Away curriculum and recommended resources
- Provides participants with a resource pack containing the main messages of the course and additional worksheets
- Has a robust Quality Assurance component to assess Educator competency

Preventing type 2 diabetes: risk identification and interventions for individuals at high risk



## Biomedical results

A key component of the Walking Away course is that participants are provided with their latest biomedical results (usually taken when they were identified as being at risk of diabetes/ cardiovascular disease) in order to support them to plan personally relevant goals.

Your referral process will need to take account of this, ensuring that referrals either have the most recent biomedical information as part of that process or that participants are able to bring with them their most recent results. The former is often the most successful, particularly if the biomedical information is provided on the referral form itself.

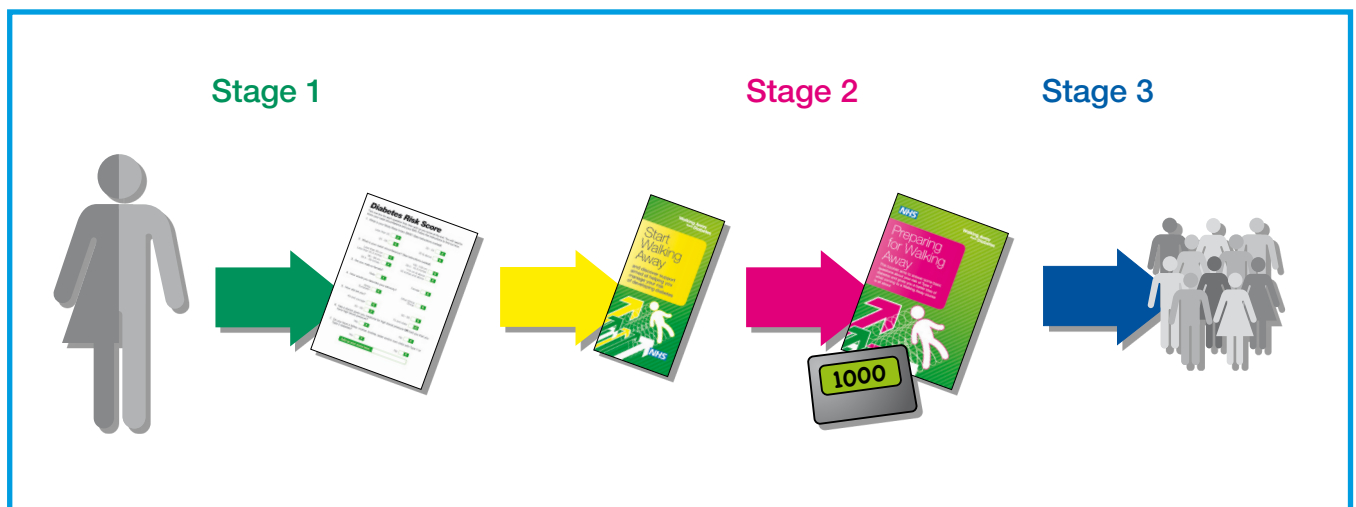
Biomedical data:

- HbA1c or fasting glucose (dependant upon local arrangements)
- Total cholesterol and HDL
- Blood pressure
- Step counts from initial pedometer use (dependant on local arrangements)

Enabling participants to successfully use their pedometer is key to promoting meaningful long-term changes to physical activity levels, This is because the primary goal of structured education is to help participants actively self-regulate their behaviour in their own environments using self-monitoring and goal setting strategies.

## Example of a suggested patient referral pathway

There are many potential referral pathways which could be adapted to implement Walking Away. The following is one example:



## Stage 1

- Identify individuals at high risk of developing diabetes and/or cardiovascular disease
- GP/practice nurse discusses this risk with the individual and the benefits of attending the Walking Away course
- GP/practice nurse gives **Start Walking Away** leaflet as supporting information
- Practice records the person's most recent biomedical data onto referral form and sends to local co-ordinator

## Stage 2

- Co-ordinator contacts the individual to invite to a course and to answer any questions
- Confirmation letter is sent out with details of date, time, venue, travel instructions, refreshments etc
- Also included is the **Preparing for Walking Away** leaflet
- A pedometer and instructions may be sent to the individual (Local option)

## Stage 3

- Participants arrive at the course
- Welcomed by the Educators, and given their own copy of the **Walking Away Pack**
- Confirmation of attendance or non-attendance is sent to the referrer following the course

## Audit

Once a course is completed, it is important to record participant biomedical data and formally capture feedback to create a baseline measurement against which achievements and improvements, as well as areas for action can be plotted. Taken together, this creates an audit process, which is a requirement of NICE criteria and standards for structured education programmes (DOH 2005).

Auditing an education programme is essential to ensure it maintains its integrity and continues to achieve the best outcomes possible for patients, their families, carers and for service providers.

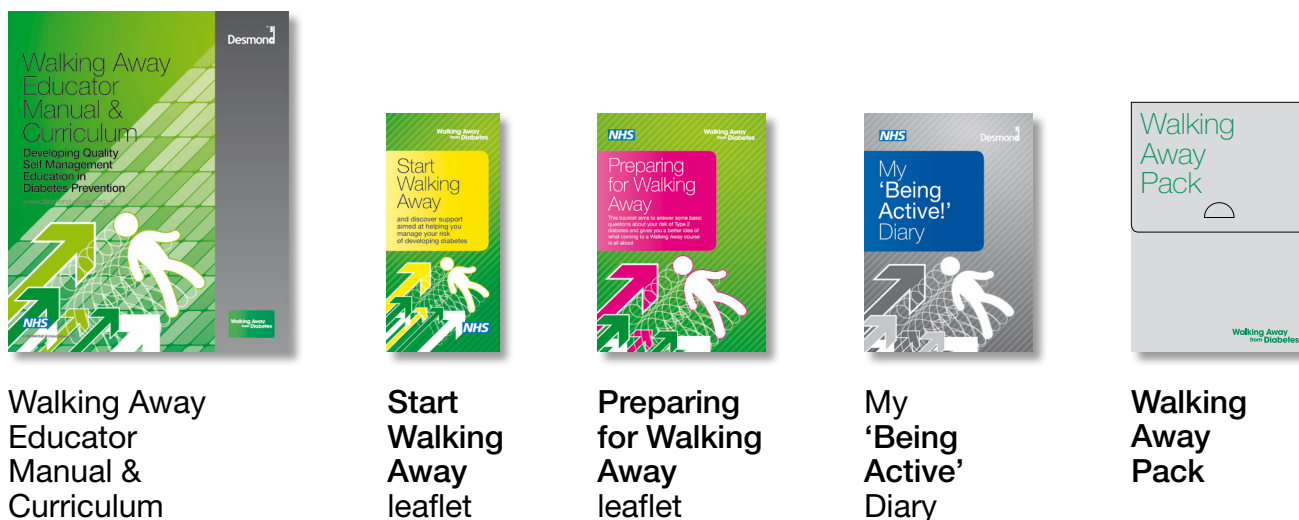
These are examples of data you may collect:

- Local audit of participant biomedical data and step activity
- Local audit of participant satisfaction

For more information about audit, or to discuss individual service requirements, contact the DESMOND Central Office via the website [www.desmond-project.org.uk](http://www.desmond-project.org.uk)

## Educator Resources

At the training course, you will have received a copy of:



Walking Away Educator Manual & Curriculum

Start Walking Away leaflet

Preparing for Walking Away leaflet

My 'Being Active!' Diary

Walking Away Pack

## Participant Walking Away Pack contents



Walking Away Pack

My 'Being Active!' Diary

Walking Away Handbook

Resource For You leaflet

As part of your health care organisation's participation in Walking Away they will have purchased a starter pack containing all key resources for training. Additional resources including duplicates of reusable items such as the Magnetic Board and further patient resources can be ordered at any time by contacting [DESMOND Central Office on 0116 258 5881](mailto:DESMOND Central Office on 0116 258 5881) or via our website [www.desmond-project.org.uk](http://www.desmond-project.org.uk). Your organisation will most likely have an established procedure for ordering.

## References

Department of Health/Diabetes UK (2005) Structured patient education in diabetes: report from the patient education working group. London: DOH.

National Institute for Clinical Excellence (2012) Preventing type 2 diabetes - risk identification and interventions for individuals at high risk (PH38). London: NICE



# How to use this manual

## The Broad Curriculum

This chapter is to enable Educators to understand the format of how the Walking Away from Diabetes curriculum is written and the structure of the sessions. The curriculum is broken into a number of sessions which are described and scripted in detail in Section 2. Each session has the following structure:

### Key Messages:

- If you asked the participants what messages they got from the session, these are the points you would hope they would say

### Participant Learning Opportunities

Participants will have the opportunity to learn:

- These could be seen as 'learning objectives' but we have chosen 'opportunity' as we realise that we can only create opportunities for people to learn
- They are designed to assist the development of the key message(s)

### Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources)

- If you were observing the session, these are the key activities you would expect the Educator to be DOING
- The 'CORE BEHAVIOURS' of the programme should underpin them, and so will be the 'how' the session is being delivered
- They are designed to support the learning opportunities

### Participant Activity

- If you were observing the session, these are the activities that you would expect to see the participants engaged in
- They are designed to maximise the learning opportunities

### Content Framework

- The scope of the content that is likely to be needed to deliver the key message(s)

### Resources Required

- Checklist of resources required for the delivery of the session

### The Broad curriculum

The module has been designed to be delivered in one session of 3 hours including a break of 10 minutes. Educators should insert further refreshment/comfort breaks as they consider appropriate, bearing in mind this would lengthen the duration of the course.

The topics and appropriate timings of the module are as follows:

### The topics and timings of the module

	Session	Running Total
A Introductions & Housekeeping	5 mins	(5 minutes)
B The Participant Story How did they find out they were at risk? What do they know? What do they want to know or find out?	25 mins	(30 mins)
C Blood Glucose	20 mins	(50 mins)
D How Could Being at Risk of Diabetes Affect My Health?	15 mins	(1 hr 5 mins)
E Risk Story	25 mins	(1 hr 30 mins)
Break	10 mins	(1 hr 40 mins)
F Physical Activity	55 mins	(2 hr 35 mins)
G Food Choices	20 mins	(2 hr 55 mins)
H Questions and Future Care	5 mins	(3 hr 00 mins)



## Timekeeping








Educators may find it useful to prepare an outline of the sessions for participants so that they are aware of the topics to be covered and the approximate timings. This may also be useful in supporting Educators to signpost participants to the sessions where the answer to their question may most likely be found.

Aspects of this module will be similar to some in the DESMOND Newly Diagnosed Curriculum (for those who are DESMOND Educators). But in Walking Away the emphasis is different, Walking Away participants do not have diabetes. Spending time explaining issues related to diabetes will result in Educators running out of time for other sessions. The most important messages of the importance of increasing physical activity and reducing risk are then lost. People who go on to develop either pre-diabetes or diabetes will have opportunities at that time to access appropriate education related to these conditions.

## Using the symbols in the manual

Throughout the Curriculum (Section 2), symbols are used to denote certain specific areas of the script. For example, where you are speaking, or giving information; where activities are taking place; or where an important point is being brought to your attention.

The full list of symbols is as follows:

	This icon denotes information that you, the Trainer are providing if answers to your open questions are not forthcoming. Feel free to use your own words rather than those given in the script.
	This icon indicates a prompt you might use to help the participants reach their learning objective
	Helpful hints are indicated by this icon
	This icon indicates a flip chart
	This icon highlights points for your attention
	Games and activities are indicated by this icon
	Preparation instructions are marked by this icon
	Theory Thought: A reflective 'thought' to Educators in developing behaviours linked with the underpinning theories
	Philosophy Alert to support the reflection and development of Educators by illuminating the philosophical stance of DESMOND
	Use of the magnetic timeline resource

## Session A: Introduction and Housekeeping

Duration: 5 minutes (approx)

### Key Messages

- The course will be delivered with consideration for the needs of the group, both related to health and safety, but with a style that they may not have experienced before

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- The housekeeping aspects for the programme
- The learning style may be different to other learning experiences
- The aim and contents of the programme

### Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Prepare room and resources for the programmes
- Welcome participants
- Complete a register of the participants and accompanying people
- Outline the content of the programme
- Briefly outline the style of the programme
- Introduce Walking Away Pack and specifically introduce Action Planning
- Facilitate discussion about how the group can work together effectively (optional)

### Participant Activity

- Asks questions/concerns about the programme
- Explores thoughts about how the Educators can help the group work together (optional)

### Content Framework

- Programme aims, content and style
- Background to the programme
- Housekeeping details: fire, refreshments, location of toilets, use of mobile phones

### Resources Required

- Register of attendees
- Flip chart/pens
- Prepared flip chart outlining topic areas for the day
- Blue/white tac
- Walking Away Packs for each participant
- Name badges (optional)



### Philosophy Alert

We cannot be responsible for what people take away from our sessions, we can only be responsible for providing an environment in which they can learn.

## Session Plan

### Prepare room



Arrange chairs in an arc facing the teaching area (you will know in advance how many chairs are needed, i.e. if those attending are bringing a partner, family member or friend).



Fix 5 pieces of flip chart paper on the walls of the teaching area and label from left to right:

Flip chart 1

Name

Flip chart 2

How did you find out you were at risk of Type 2 diabetes?

Flip chart 3

Why do you think you are at risk?

Flip chart 4

How do you think this risk will affect your future?

---

What can you do to reduce your risk?

Flip chart 5

Your key question?

## On arrival

*When participants arrive, welcome them and confirm whether they can stay for the whole session.*

*Ask each person to sign in, both the participant and their accompanying person, so that you have a register of attendees not only for your records, but also in the case of fire or another emergency.*



### Philosophy Alert

The use of a person's name is an important part of the DESMOND philosophy. You will have developed your own strategy for remembering participants' names when delivering DESMOND. You could also consider the use of name badges. If you do, please check first if participants are willing to wear a name badge and remember that Educators should also wear a name badge. Whatever you decide, either everyone wears a name badge - or no one does!



Ensure each person is given a **Walking Away Pack**.

## Introduction

*Start the group promptly on time. If you are expecting others who have not yet arrived, explain this to the group.*

*To begin, each Educator should introduce themselves.*

*If any additional people are present, for example, assessors carrying out quality assurance, observers from within your organisation or from elsewhere, introduce these people to the group in terms of their name, job title, where they are from and their role (if appropriate). Ensure you check these details in advance with the individuals themselves.*

*Inform the group about practical 'housekeeping' information, such as where the toilets, fire escape and assembly point are located.*

*Explain the format of the session and when the breaks will occur.*

*In your own words explain the purpose of the sessions i.e. that they come away from the course:*



- Understanding why they are at risk of diabetes
- Knowing what they can do to reduce this risk
- Having answers to most of the questions about their risk of diabetes with which they may have arrived

### Introduce the Walking Away Pack

*Explain that the Walking Away Pack is their personal resource which has been written to summarise the information covered on the course. Participants will be using the materials from the pack in certain sessions to carry out some activities such as using their own blood test and other medical results to make action plans.*

One of the themes of the DESMOND Education Programme is what you can do to manage your risk of developing Type 2 diabetes. To support you in this, DESMOND has developed some resources. For Example turn to the 'What Am I Going To Do Now?' worksheet.



**Why do you think we should include making an action plan?**

*Briefly outline the challenge to all human beings in changing our behaviour. Explain that research has shown that having an action plan helps people achieve success in reaching their goals*



**Has anyone experience using action plans before?**



**This is just to introduce the idea of action planning. Avoid getting involved with discussions about how hard/easy it is to change things.**



This DESMOND course may be different to other education sessions you have experienced.

It's different because:

- We will be asking lots of questions...
- We will get you to explore the answers yourselves...
- We will not necessarily answer all your questions directly. Instead our role today is to enable you to work out the answer for yourself OR to know how to find out the answer yourself.
- To ensure we do not miss any of your questions we are going to record them on a Burning Issues/Important Questions flip chart.

*You may wish to set ground rules to ensure that everyone appreciates the need to respect one another and their confidentiality - You may wish to facilitate this in your own way. Below is an example of how to do this:*



**We are all busy people and have given up our time to be here today.**

*Record responses to the questions on a flip chart which the group can refer back to if required during the sessions*



- What will help us to make best use of the time?
- What will get in the way?

*Examples of the things that participants may suggest are:*

- Arriving on time
- Listening to each other's contributions
- Respecting confidentiality
- Staying focused
- Avoid getting off-track



## Session B: The Participant Story

Duration: 25 minutes (approx)

### Key Messages

- Everyone has a story about their risk of diabetes
- People have different beliefs, knowledge and experiences about their own risk
- People have different questions about their risk

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- Their own beliefs and perceptions about being at risk of Type 2 diabetes
- How their beliefs compare to those of others
- The range of questions held by the participants within the group

### Educator Activity

- Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to support participants to talk about their experiences of finding out they are at risk of developing Type 2 diabetes
- Captures the specific responses from each participant on pre-prepared flip charts
- Compiles a list of participant 'burning issues' or key questions to be answered
- Ensure each member of the group is heard and given time to tell their story
- Ensure they are correctly capturing each participant's story
- Acknowledge participants' experiences

### Participant Activity

- Reflects on and describes:
  - their personal experiences of being told they are at an increased risk of developing Type 2 diabetes
  - their care so far
  - what they believe about their risk at the present moment
  - one question that concerns them about their risk
- Listens to the stories/experiences of other participants

### Content Framework

- How did they find out they were at increased risk?
- What symptoms, if any, had they noticed?
- What they believe caused their increased risk?
- How they believe that being 'at risk' will affect their future?
- What they believe/have heard that can reduce their risk?
- What is one key question that, if answered, would help them?

### Resources Required

- 5 flip charts on the wall as identified in Session A:
  - 1 - Name
  - 2 - How did you find out you were at risk of developing Type 2 diabetes?
  - 3 - Why do you think you are at risk?
  - 4 - How do you think this risk will affect your future? (Top half)
    - What can you do to reduce your risk? (Bottom half)
  - 5 - Your key question?
- Flip chart pens
- Blue/white tac



### Philosophy Alert

Non-judgement - note this can be negative or positive judgement. Most of us find it easy to avoid the negative judgement, but avoiding the positive can be harder. Praising someone for the right answer/behaviour can be compelling, but avoiding this prevents you assuming incorrectly that this person feels the same, and also prevents one person in the group being rewarded for getting things right, rather than perhaps being rewarded for exploring.



### Theory Thought: Using participants' own words

This session uses the Health Belief model to enable participants to review their beliefs about their risk and themselves, so ensure that you use and write down participants' own words. If something is 'incorrect' or does not 'fit', then at this stage it is important to collect it (as it is a belief from this person about their risk story). You will have an opportunity to review this at the end of the session when you review the whole picture with the group - by this time, they or another participant may have questioned it! If you do not understand the meaning of the words they are using then seek clarification from the participant.

## Session Plan

*Introduce the session by explaining that you are going to ask each person to tell his or her story about how he or she came to find out they were at high risk of developing Type 2 diabetes. Explain that you will do this by asking a series of questions and capturing what is said on the relevant flip charts.*

Use the flip chart headings as your guide!

*As you note participants' responses on the flip charts ask clarifying questions where appropriate.*



In this session you will be collecting and recording people's stories as told in their own words, not responding to incorrect information or answering questions. These stories will be explored throughout the rest of the sessions.



### Flip chart 1: Name

*Start with an individual on the left or right of the group, or the person who looks likely to be the most comfortable to begin talking.*

*Having found a person to begin, in your own words, ask them their first name or establish what they would like to be called. Write this down in the relevant place on flip chart 1.*

*With each individual, continue to use the flip chart headings to guide their telling of their own story. We have included some prompts in the description below, but you may feel free to use your own if they come more naturally to you.*

*Once all the questions have been completed for the first individual, move on to the next person in the group and repeat the process. If this is someone's accompanying person, ask his or her name, and put this on **Flip chart 1** in the relevant place. Check there is nothing they would like to add to the flip chart and in your own words ask whether there is any one question they would like to have an answer to by the end of the course.*





**Flip chart 2: How did you find out you were at risk of developing Type 2 diabetes?**



How did you find out you were at risk of developing Type 2 diabetes?



Are there any symptoms that you have, that you think might be linked with being ‘at risk?’

*Elicit how the participant found out that they were at increased risk of developing Type 2 diabetes.*

*Summarise the key points in the person’s own words on Flip chart 2.*

How did you find out you were at risk of Type 2 diabetes?



People at risk of diabetes will not have any symptoms of diabetes, but if a symptom is elicited, reflect back to participant for example, “do you believe that your ‘symptom’ is related to your risk?”

If they believe the symptom is related to their risk, list the symptom on the flip chart.

*Once they have finished, move on to the next flip chart.*



**Flip chart 3: Why do you think you are at risk?**



Why do you think you are at risk of Type 2 diabetes?

*Elicit each person’s belief on what caused his or her increased risk of developing Type 2 diabetes?*

*Summarise the key points in the person’s own words on flip chart 3.*

Why do you think you are at risk?



### Theory Thought

If a participant does not think that they are at risk of diabetes, note down their belief on the flip chart in their own words. Do not try to correct them.

*Once they have finished, move on to the next flip chart.*



### Flip chart 4: How do you think this risk will affect your future? (top half)



### How do you think this risk will affect your future?

*Summarise the key points in the person's own words on top half of flip chart 4.*

How do you think this risk will affect your future?

---

What can you do to reduce your risk?



### Theory Thought

If a participant does not think this risk will affect their future, note down their belief on the flip chart in their own words. Do not try to correct them.

*Once they have finished, move on to the next question on flip chart 4.*



**Flip chart 4: What can you do to reduce your risk? (bottom half)**



**What can you do to reduce your risk?**

*Note answers on the flip chart on the bottom of half of flip chart 4.*

*Once an individual cannot think of anything else to add, thank them, and move on to flip chart 5*

How do you think this risk will affect your future?

What can you do to reduce your risk?



**Flip chart 5: Your key question?**



**What is the one question you would like to have an answer to by the end of the day?**

*Note their answer on flip chart 5 and explain that during the programme, as a group, we will attempt to answer this question by the end of the course. Everyone needs to be able to identify his or her question at the end of the day.*

*As you repeat this exercise for each member of the group, when a person gives a response that is repeated or agreeing with something already on the flip chart, just add a check mark (✓) to the response on the flip chart.*

*Thank everyone for his or her contribution and explain you will use the information they have generated in the forthcoming sessions.*

Your key question?





## Session C: Blood Glucose

Duration: 20 minutes (approx)

### Key Messages

- The process of developing insulin resistance can start years before the diagnosis of Type 2 diabetes
- The level of glucose in the blood stream can be a marker of diabetes risk
- Knowing your own risk may help you prevent diabetes developing by reducing factors related to insulin resistance

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- The ability of the body to control glucose levels
- What goes wrong with this process (insulin resistance) in someone 'at risk' of developing Type 2 diabetes
- Their own possible risk by using the health profile to plot their personal levels of glucose

### Trainer Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Elicit information from participants to develop a picture of what happens within the body to control blood glucose levels
- Elicit what changes occur within the body (insulin resistance) that lead to diabetes
- Facilitate the plotting of participants' blood glucose levels on their Health Profile
- Facilitate discussion of the benefits of knowing own risk

### Participant Activity

- Explores individually and as part of the group their knowledge of how the body controls blood glucose levels
- Thinks and reflects about what could change in the body to cause diabetes, and when this might start
- Reflects and explores their own risk and the benefits to them of knowing this risk

### Content Framework

- What is glucose and how is it used by the body for energy
- How glucose enters the cells by the action of insulin
- What are 'non diabetic' glucose levels and how are these controlled in people without diabetes?
- How insulin resistance relates to the rise of blood glucose levels over time
- How Type 2 diabetes is diagnosed and the risks associated with the diagnosis
- How being at risk of Type 2 diabetes is diagnosed and the absence of symptoms
- Participants' personal blood glucose levels and meaning in relation to risk of developing Type 2 diabetes

### Resources Required

- Flip chart and pens
- Magnetic Man and images to demonstrate 'healthy blood glucose control' and 'what goes wrong when someone develops Type 2 diabetes'
- **A1 Health Profile**
- **Health Profile in Resources For You**
- Magnetic Timeline
- Participant blood glucose results (OGTT, FBG, HbA1c) dependent on local arrangements



### Theory Thought

- The process of systematic learning (dual processing) encourages participants to think more deeply about the message. It usually entails asking the participant to scrutinise, ask questions and work things out for themselves
- The Educator will ask mainly open questions to elicit the information from the group. Eliciting information from participants facilitates them to realise what they already know. Educators can then put support in place to help the group understand the missing elements and put these in place to move forward - for example, supplying a piece of information the group cannot work out or do not know
- If a person comes up with the right answer straight away, avoid taking this and moving on. Instead check with the group whether they agree, disagree or have a different view, to support people's processing of information

## Session Plan

Aspects of this section will be similar to some in the DESMOND Newly Diagnosed Curriculum (for those who are DESMOND Educators). But in Walking Away the emphasis is different, Walking Away participants do not have diabetes.

Spending time explaining issues related to diabetes will result in Educators running out of time for other sessions. The most important messages of increasing physical activity and reducing risk are then lost. People who go on to develop diabetes will have opportunities at that time to access appropriate education related to their specific condition.

*This section describes one way to get through all the information. If you find it more comfortable to build up the glucose story in a different way, that is acceptable.*

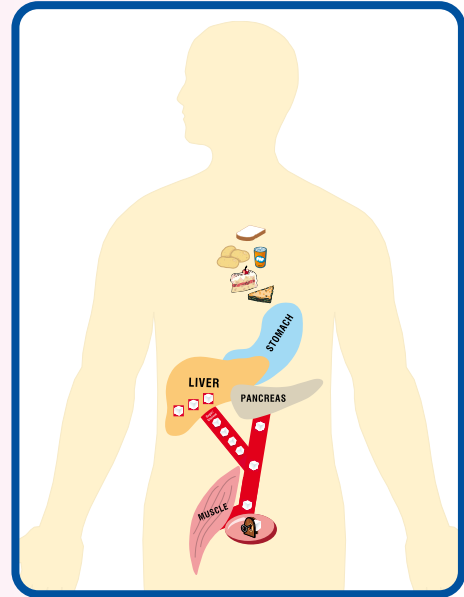
*The aim is to assist the group to work out as much as they can by themselves, with occasional prompting by you and provision of new knowledge only as required to keep the story moving.*

*Begin by using an outline body shape*



The Magnetic Man resource has been designed for this section - not everyone likes to be an artist! But it's your choice whether you draw all the visuals in this section, or use the resources provided - use whatever best helps you enhance the story process.

If you choose the Magnetic Man, this graphic shows an example of how the story can be built up during the discussion with the group.



### C1 Healthy Blood Glucose Control



*In your own words, explain that as a group, we are going to try and make sense of most of the information we have just shared, to try and understand what being at risk of developing diabetes means and what you can actively do to self-manage your risk.*

To start at the beginning...



**What is diabetes?**

*Listen to answers and acknowledge responses.*



In diabetes something goes wrong with the way the body functions and this makes the glucose levels in the body rise above normal levels.

*Explain to the group that to understand their risk, it may be useful to start by thinking about what happens in the body of someone who does **not have diabetes**.*



**What is glucose and what is it used for?**



Glucose is a type of sugar, the form of sugar that is found in the blood.



**What do you think glucose in our bodies does?**



Glucose acts as fuel or energy for cells. Cells are the tiny components that make up all the parts of our body, such as our heart, brain and muscles.



**Where does glucose come from?**

*Keep prompting the group and guide their thinking until they come up with food. (You can now begin to add images onto the Magnetic Man resource to build up the story).*



**When you eat food where does it go?**



It goes into the stomach where it is churned up and digested into tiny parts, including glucose.

*(Demonstrate on the magnetic man resource, food going into the stomach)*



**What do you think happens to the glucose then?**



It gets taken into the blood stream.

*Demonstrate on the Magnetic Man resource*



**What happens to the glucose once it is in your blood?**



The blood stream is like a transport network - it delivers the glucose and other things around the body.



**Where do you think the blood takes the glucose?**



The glucose goes to all the cells and parts of the body.



**How do you think the glucose gets into the cells?**



Imagine this room is the cell and you are the glucose. How did you get in here?

*People will usually say “through the door”.*



Today we left the door open when you arrived. Why don't we leave the door open all the time?

*Prompt the group into answers such as, people come in who are not supposed to (may disrupt the group, steal things), the room may get cold as the heat is lost (or too hot if air conditioning not working in summer) etc.*



To stop these things happening we keep the door locked most of the time. This is the same with our cells. The doors that allow glucose to get into the cell are usually locked.



**What do you need to open the cell doors?**

*Prompt the group until they come up with a key. If you are using the Magnetic Man, you can use the piece portraying a locked cell. If you are drawing the picture, add a lock (a padlock might be easiest) on the wall of the cell.*



**What could this chemical key be in our bodies?**

The key represents insulin.



**Where does insulin come from?**



Insulin is made in the pancreas. Insulin is the chemical key that opens the cell doors and allows insulin to enter the cell.

*Add a pancreas and some keys in the pancreas, some in the blood vessel and one key sticking into the side of the cell. This cell should have some sugar in it as well.*



**What happens to the glucose when it is in the cell?**



It gets burned up and used for energy.



If the body has enough energy, where do you think the extra is stored?



It goes into the liver. Your liver keeps a small supply of glucose in reserve for when you aren't eating.



If the liver stores are full, where does excess glucose/ energy get stored?



It gets stored as fat.

So this is how the body manages to keep blood glucose at normal healthy levels.



Usually blood glucose doesn't fall lower than 4 mmol/l and rarely goes higher than 8 mmol/l after a meal.

### C2: What Goes Wrong in Type 2 diabetes?



So using this picture/Magnetic Man, let's think about where things go wrong in someone with **Type 2 diabetes**? Think back to how glucose gets into the cells by using insulin/key to unlock the cell door.



What could happen if the lock was rusty or stiff?



The insulin/key would not open the door and glucose could not get into the cells easily. The level of glucose in the blood starts to rise.

In the vast majority of people developing Type 2 diabetes, the first thing to go wrong in the body is 'rusty locks' and this is called insulin resistance.



This is a key message. Ensure a strong emphasis is placed on **insulin resistance** being the first stage in the development of Type 2 diabetes.



If the 'locks' are not working very well, how do you think that the pancreas may try to help to fix the problem?

*Reflect back to the Magnetic Man and see if the group can work it out.*



Because the lock is rusty (insulin resistance), the key (insulin), cannot work very well to open the doors. The pancreas tries to overcome this problem by making more keys (insulin). If the pancreas factory can keep up with increasing production, your blood glucose levels are kept in the normal range.



If the pancreas is an insulin-producing factory, what do you think happens to workers and insulin production in the factory if they have to work overtime all day everyday to produce insulin/keys?



The workers would start to get tired and production of insulin keys would start to fade.

This is what happens when people develop Type 2 diabetes. Because the workers have to work extra hard to produce more insulin, the workers tire and insulin production falls. In time the pancreas gets worn out and cannot produce enough insulin.



You do not need to cover this if participants do not bring up the topic of Type 1 diabetes BUT if someone does, you may wish to use the following prompt questions.



**What do you think happens in Type 1 diabetes?**



In Type 1 diabetes, the pancreas 'factory' doesn't work at all and stops making insulin completely (*use your picture or Magnetic Man as a reference*).



**What would happen to people if they had no insulin?**



The blood glucose levels would rise, because there are no keys/insulin to allow glucose into the cells. So people with Type 1 diabetes need to have insulin to live.





If the locks are not working very well and less keys (insulin) are being made, what would start to happen to the blood glucose level?

*If people are not forthcoming with the answers, reflect back to the Magnetic Man and see if they can work it out.*



The blood glucose levels will start to go up because the glucose cannot get from the blood into the cell.

**In summary: the first thing that goes wrong with the development of Type 2 diabetes is insulin resistance (rusty locks), and ultimately over time, this leads to less insulin production and over time blood glucose levels begin to rise.**



How long do you think these changes can be going on before Type 2 diabetes is diagnosed?



This process of insulin resistance which eventually leads to reduced insulin production, can start to happen up to 12 years before Type 2 diabetes is diagnosed.



Demonstrate on the magnetic board



*Place the man on the green side of the timeline and demonstrate that over this period the man will move from the green end towards the red diabetes end*



How is Type 2 diabetes diagnosed?

*Collect answers and acknowledge responses.*



One way to diagnose Type 2 diabetes is by testing blood glucose levels.



There are a variety of ways to check blood glucose levels. What have you experienced?

*Refer to flip chart 2 and ask participants to recall their experiences of having their blood glucose levels checked. It may have been by a glucose tolerance test, a fasting blood glucose test, a random test or an HbA1c.*



Local policy will determine whether participants attend the programme having had a blood test. Some may attend the programme without a blood test.

For those without blood tests e.g. having completed a risk score only, move on to **C3 Signs and Symptoms**.



Supplementary information for Educators:

Below are some of the tests used to check blood glucose levels:

- Fasting blood glucose test - this measures blood glucose levels following a fast, patients should have had nothing to eat since midnight.
- An HbA1c test is a blood test measuring the amount of glucose that has stuck to the red blood cell. Because red blood cells are renewed every 2-3 months, this test is a long-term measurement of blood glucose.
- The glucose tolerance test (OGTT) measures fasting blood glucose and blood glucose levels, 2 hours after a person has drunk a fixed amount of Lucozade.

Recent NICE Guidance suggests a move away from using OGTT's and identifying those at high risk by either fasting blood glucose and/or HbA1c.

*For those who have had a blood test, invite participants to turn to the **My Health Profile** in the **Resource For You** booklet. Invite participants to look at the glucose section on the 'My Health Profile'.*



What do you think the different colours are indicating?



- Having blood glucose levels in the green area indicates a healthy glucose level.
- Having blood glucose levels in the red area indicates possible diabetes.
- Having blood glucose levels in the yellow range means that someone is 'at risk' of developing Type 2 diabetes.
- A diagnosis of '**high risk**' is made if fasting blood glucose levels and /or HbA1c results are in the following range:
  - Fasting blood glucose level 5.5 - 6.9 mmol/l
  - HbA1c 6.0 - 6.4% (42 mmol/mol - 47 mmol/mol)



Sometimes when people are at 'high risk' of developing diabetes their doctor or nurse may give it another name. Has anyone heard of, or been told that they have 'Prediabetes' or 'Impaired Glucose Regulation'?



You may have heard of the terms Impaired Fasting Glucose or Impaired Glucose Tolerance

*Invite participants to share their knowledge/ experience.*

All these names mean the same thing. **You are at 'high risk' of developing Type 2 diabetes.**

*If you have them, hand out each participant's blood glucose result. Some participants may bring their results with them. These results may be results from a fasting blood test, a glucose tolerance test (which will include fasting and two hour blood glucose readings) or an HbA1c result.*

*Put the A1 Health Profile on display and demonstrate how to record a blood test result on it. Invite participants to mark their results down on their My Health Profile.*



Educators may need to support participants to record their blood test results on My Health Profile.



Now that you have put your test results onto your health profile, what are the results telling you?

*Invite participants to share their results if they wish to and write them on the A1 profile. You may wish to use different coloured pens for different individuals.*



*Refer back to the Magnetic Timeline.*



Having seen your blood glucose results, where do you think you are on this timeline?

*Elicit thoughts and acknowledge responses. At this point there is no need to explain any further, this is to get participants to start to think that they may be on a journey towards diabetes.*

### C3: Signs and symptoms of Type 2 diabetes



Now we are going to explore whether there are any signs or symptoms associated with being at risk of Type 2 diabetes.



*Demonstrate with the Magnetic Timeline by placing the man on the green end.*



*Move the man along the line from the green area to the red area and ask the following question.*





Looking at this timeline when do you think symptoms may start to occur?

*Listen to responses*



Explain symptoms of diabetes do not generally start until the blood glucose levels are high.



*Move the man in the middle of the magnetic timeline.*



Do you think that people at risk of diabetes would have any symptoms?

*Listen to and explore responses.*



People 'at risk' would have no symptoms, because although their blood glucose levels may be a little raised, they are not high enough to cause symptoms.



Symptoms are not usually present until fasting blood glucose levels rise above 10mmol/l



### Theory Thought

If participants suggest other symptoms or the Participant Story flip chart includes other symptoms, clarify what people mean and why they think high blood glucose may cause them. If the person still thinks their symptoms are linked to their diabetes, ask the rest of the group what they think. If non-related symptoms are present, generate a discussion about what the person could do to find out what the symptoms are related to, i.e. go and see their GP.



Does anyone know what the symptoms of diabetes are?

*Elicit responses and add any not mentioned.*



- Tiredness
- Thirst
- Going to the toilet more often to pass water
- Weight loss
- Blurred vision
- Increased infections



Why do you think it might be useful to discuss symptoms of high blood glucose with you?



So that if you start to develop any symptoms, you can seek advice and get checked if necessary.

In summary, the key messages in this section are aimed at supporting you to understand:

- Type 2 diabetes develops over time because of insulin resistance (rusty locks) and changes in insulin production (keys)
- People can be detected as being at high risk of developing Type 2 diabetes through having a blood test
- People at high risk of developing Type 2 diabetes will not have any symptoms

This has been quite a lot to get through. Thank you!

## Session D: How Could Being at Risk of Diabetes Affect My Health?

Duration: 15 minutes (approx)

### Key Messages

- Being at risk of Type 2 diabetes is associated with an increased cardiovascular risk

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- That being at risk of Type 2 diabetes is associated with an increased cardiovascular risk
- That raised blood pressure and cholesterol are associated with increased cardiovascular risk
- The targets for blood pressure and what blood pressure is
- The targets for blood cholesterol and what cholesterol is

### Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Use time effectively to focus on key message
- Enable participants to explore the complications of being at risk of Type 2 diabetes
- Elicit a list of factors that contribute to cardiovascular risk
- Facilitate completion of BP/Cholesterol in **My Health Profile**
- Facilitate exploration of participants' views around the benefits of knowing their personal risk

### Participant Activity

- Works out the common complications associated with being at risk
- Works out the targets for BP, plots their own results on their **My Health Profile**
- Works out the targets for cholesterol, plots their own results on their **My Health Profile**
- Personally reflects on the benefits of knowing their risk

### Content Framework

- The main complications associated with being at risk of Type 2 diabetes/having Type 2 diabetes
- Complications are not only caused by raised blood glucose and that the risk of developing complications can be reduced by managing all the risk factors identified on **My Health Profile** (BP and Cholesterol)

### Resources Required

- Flip chart and pens
- **A1 Health Profile** and **Health Profile in (Resources For You)**
- Individual results for blood pressure and cholesterol
- Magnetic Timeline
- Magnetic images of complications
- Blood vessel model



### Theory thought

The aim of this session is for you to try to get into the 'assumptive world' of the participant - seeking to understand what they believe and why. Using open, curious (I wonder why you think this?) questions and magnetic images will help the participant reflect on their own beliefs and those of others. You will also identify areas that may need reflecting on during the session using other theoretical approaches (dual processing theory for example), to enable participants to rethink their beliefs.



## Session Plan



Aspects of this section will be similar to some in the DESMOND Newly Diagnosed Curriculum (for those who are DESMOND Educators). But in Walking Away the emphasis is different, Walking Away participants do not have diabetes.

Spending time explaining issues related to diabetes will result in Educators running out of time for other sessions. The most important messages of increasing physical activity and reducing risk are then lost. People who go on to develop diabetes will have opportunities at that time to access appropriate education related to the condition.



*As you begin this session refer to the Magnetic Timeline.*

In this session we are going to look at some of the problems that can be associated with being at risk of diabetes. Before we do this, let's just think about the potential consequences of having Type 2 diabetes.

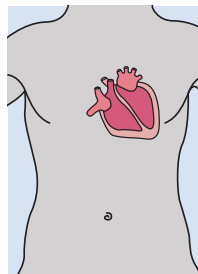
**What long-term problems/complications are associated with having Type 2 diabetes?**

*As you elicit participants' answers, place the representative magnetic images above the red (diabetes) section on the Timeline.*

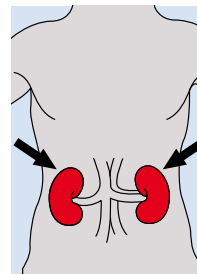
*If answers are not forthcoming ask permission to give the answers.*



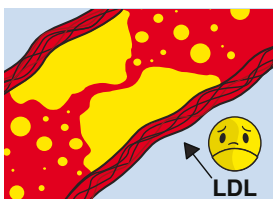
**Blood Pressure**



**Heart**



**Kidneys**



**Cholesterol**





Which of these problems do you think people identified as being at high risk of diabetes, might already have?



If appropriate refer to flip chart 4, as participants may have suggested some consequences of being at risk, or they may have mentioned that they have pre-existing raised blood pressure and cholesterol, or have experienced heart attack or stroke.

As you elicit participants' answers, move the representative magnetic image from the red (diabetes) section to the yellow (at risk) section on the Timeline.

If answers are not forthcoming, ask permission to give the answers.

The diagram illustrates various health complications and a timeline. The complications are: Heart, Cholesterol (LDL), Circulation, Stroke, Blood Pressure, Erectile Dysfunction, Kidneys, Feet, and Eyes. Below these is a horizontal timeline with three sections: 'No Diabetes' (green), 'At Risk' (yellow), and 'Diagnosed with Diabetes' (red).



As you can see, heart, stroke, circulation, blood pressure and blood cholesterol seem to be a problem for people who have been identified as being at risk of diabetes, as well as for people with diabetes. We know that by the time many people are diagnosed with Type 2 diabetes, they already have some of these complications of diabetes.



How can having high cholesterol cause heart attack and strokes?

Show a model of a blood vessel and pass it around the group for everyone to see.



Cholesterol can be deposited in the arteries which cause them to narrow (*show this in your model*).



### What can happen as a result of this?



It causes a narrowing or blockage, which can slow or stop the blood and oxygen getting to where it is going (*show this in your model*) or some of the fatty deposit can break off and cause blockage in another part of the body.



### What types of cholesterol do you know of?



There are good and bad cholesterol. LDL cholesterol (the bad one) tends to clog up the vessels, but HDL cholesterol is good and helps to smooth out the furring inside the arteries, a bit like hair conditioner.



### What level of cholesterol do you think you should aim for to reduce your risks?



As levels of total cholesterol and LDL cholesterol (bad cholesterol) increase, so does the risk of heart disease. There is a lot of debate in the UK at the moment about how low cholesterol levels should be. It is generally accepted that we should aim to have a cholesterol level of 5 mmol/l or lower.

*Hand out individual cholesterol results and ask participants to record their result on their My Health Profile.*

*Ask questions about personal concerns relating to recent cholesterol results.*



### Let's now think about blood pressure. What is blood pressure?



Blood pressure is the pressure on the walls of your arteries. As people get older arteries become stiffer and they can furr up, resulting in higher blood pressure.



### What damage can high blood pressure have on your body?



Higher blood pressure means more stress is on the artery wall and this can cause damage. As blood pressure increases, so does the risk of heart attacks, strokes and premature death.



### What blood pressure target do you think you should aim for?



It is recommended that the general population should aim for a blood pressure of less than 140/85. We are much more concerned about people at risk because of the added effect of insulin resistance and raised glucose, so the lower your blood pressure is, the better.

*Hand out individual blood pressure results and ask participants to record their result on their **My Health Profile**.*

*Ask questions about personal concerns relating to their results.*



**What is the benefit of finding out if your blood pressure and cholesterol are above the target range?**

*Elicit answers and acknowledge responses. Answers may include:*



- I can then do something about it
- I can reduce the risk of further damage
- I can get treatment

### **Summary**



In summary, the key messages in this section are:

- The complications associated with being at risk of developing Type 2 diabetes are mainly associated with large blood vessels
- Knowing what your current risk factors are can enable you to take action to try to reduce them

In the next sessions we will look at what you can do to reduce all your risks.

## Session E: Risk Story

Duration: 25 minutes (approx)

### Key Messages

- It is possible to reduce the risk of going on to develop Type 2 diabetes by changing modifiable risks

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- What being at risk means to them
- How risk factors can 'stack up' and that having more risk factors increases their personal risk of developing Type 2 diabetes
- How their personal risk may change over time and how this can be monitored
- Different options for reducing their risk of developing Type 2 diabetes
- Increasing physical activity can have the biggest impact on all modifiable risk factors

### Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Explore what being at risk means to participants
- Explore all possible risk factors for developing Type 2 diabetes
- Explore the impact of increasing risk factors
- Identify which risk factors can be changed and those that cannot be changed
- Enable participants to identify their own specific risk by completion of 'My Risk Factors'
- Facilitate participants to work out where they might be on the timeline/possible journey to developing Type 2 diabetes
- Facilitate participants to explore which modifiable risk factor(s) would have the highest impact on reducing risk, if changed
- Explore how participants could find out how to reduce other modifiable risk factors, as the rest of the course is focused on physical activity

### Participant Activity

- Explores what being at risk means to them
- Explores what the risk factors for developing Type 2 diabetes are
- Works out which of these risk factors are modifiable
- Reflects personally on where they might be/ are on the timeline/ possible journey to developing Type 2 diabetes
- Works out that physical activity is the one modifiable risk factor that will have an impact on the majority of other risk factors

### Content Framework

- What being at risk means to them
- The factors that contribute to an increased risk of developing Type 2 diabetes
- Completion of 'My Risk Factors'
- What factors can be changed to reduce the risk of Type 2 diabetes

### Resources Required

- Flip chart and pens
- My Health Profile in **Resources For You**
- **A1 Health Profile**
- Risk Factors Activity resources (tray, 4 plastic glasses, plastic bottle, toy phone and toy cat) or (tray, teacups, saucers, teapot, toy phone) may be more appropriate for a South Asian audience
- Magnetic Timeline
- Magnetic images for risk factors
- **My Risk Factors** in **Resources For You**



### Philosophy Alert

Non-judgement - note that this can be negative or positive judgement. Most of us find it easy to avoid the negative judgement, but avoiding the positive can be harder. Praising someone for the right answer/behaviour can be compelling but avoiding this prevents you assuming incorrectly that this person feels the same, and also prevents one person in the group being rewarded for getting things right, rather than perhaps being rewarded for exploring. For example, accepting that individuals' perceptions of risk may differ from yours and others in the group.



### Theory Thought: Using participants' own words

This session uses the Health Belief model to enable participants to review their beliefs about their risks. This is enhanced by using such questions as “what does being at risk mean to you?” and asking participants to choose images they believe represent their personal risks.

These are examples of activities within this session that support social learning theory in action:

- **Mastery experiences:** Provide new means of delivering key messages about risk/nutrition/activity
- **Indirect or vicarious experiences (role modelling):** Facilitate discussion within the group of their experiences of risk
- **Verbal persuasion:** Provision of up-to-date information, and encouraging self-talk about how these risks apply to the individual
- **Physiological or psychological state:** Support participants to explore their emotions related to their risk

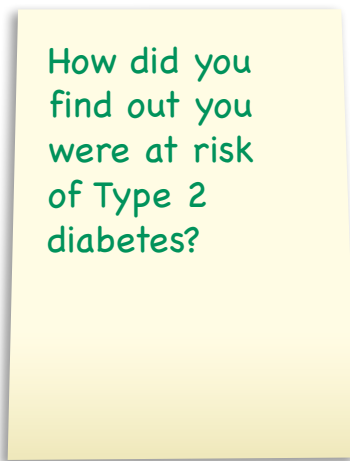
## Session Plan

### E1: Risk Factors for Developing Type 2 Diabetes

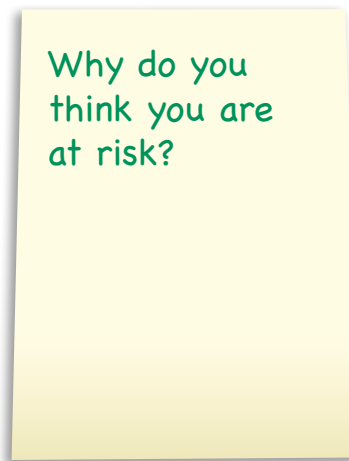


You may wish to refer to the previously generated *flip charts* in this session:

Flip chart 2



Flip chart 3



You are here because you have been identified as being at high risk of developing Type 2 diabetes.



*Use the Magnetic Timeline to demonstrate risk* - You are already further down your journey of developing Type 2 diabetes than others.



During this session you will begin to explore what risk means to you and how you were identified as being at high risk of developing Type 2 diabetes.



**What does being at risk mean to you?**

*Listen to the answers and acknowledge.*



To understand risk more, let us think about things you do everyday that carry a risk.





The purpose of this activity is to demonstrate risk in a simple and fun way. Whilst it is a simple analogy, it is not meant to be patronising. The way in which you deliver this session may affect how messages are taken on board. If you choose to role model this activity you will need to work together with your co-Educator.

If you do not feel comfortable with role modelling this activity, use the suggested open questions to demonstrate this scenario. The aim of this activity is to enable participants to work out how risk increases as the risk factors stack up.

If you are delivering this module to a South Asian group, it may be more culturally appropriate to use a non alcohol related analogy such as trays, teacups, saucers and a teapot. Replace the risk posed by the cat with a child or grandparent.



*You will need to have a tray, 4 plastic glasses and a bottle.*



Let's consider carrying a tray of 4 champagne glasses from the kitchen into another room. What is the risk that you will drop them?

*Educator to demonstrate holding a tray with 4 glasses on.*



Possibly low.



What if, as you are carrying the tray of glasses, someone adds a bottle of champagne to the tray? How does your risk of dropping the glasses change?

*Educator to demonstrate holding a tray with 4 glasses and place the bottle on the tray.*



Higher than before.



What if, on the way to the next room, the phone rings, so you end up carrying the tray whilst answering the phone? How does your risk of dropping the glasses change?

*Educator demonstrates holding the tray with four glasses and a bottle on it in one hand whilst answering a pretend phone with the other hand.*



Higher than before.



As you are on the phone, carrying the tray, someone calls to you from upstairs and distracts you. How does your risk of dropping the glasses change?

*Educator demonstrates holding the tray with four glasses and a bottle on it in one hand, whilst answering a pretend phone with the other hand and improvise a call from upstairs.*



Higher than before.



You are on the phone, holding the tray of glasses and champagne, whilst someone is calling to you and the cat runs under your feet? How does your risk of dropping the glasses change?

*Participant or fellow Educator, if present, to improvise throwing the toy cat in your path. The Educator holding the tray, glasses, bottle and phone in one hand could **pretend** to trip over the cat and drop the tray.*



What is this story trying to show you?



It is showing that the more risks you stack up the greater the risk of dropping the tray.



How does this relate to the risk of developing diabetes?



If a lot of risk factors are present i.e. the glasses, the tray, the phone and the distractions, the risks of developing diabetes or dropping the tray are higher.



Thinking of your risk of getting diabetes what do you think the glasses, the tray, the bottles, the cat and the phone represent for you?

*Refer back to Flip chart 3 - Why do you think you are at risk? Acknowledge the participants responses/risk factors generated in the Participant Story.*



## Look At Risk Activity

We are now going to do an activity to look more closely at the risk factors for developing diabetes.



*Use Magnetic resource: Risk Factors*

*Use the magnetic images below to discuss the risk factors associated with developing Type 2 diabetes.*



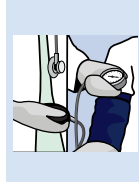
**Gestational Diabetes**



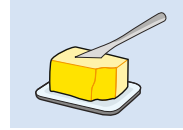
**Depression and Chronic Stress**



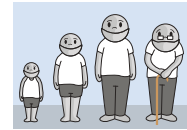
**Getting Older**



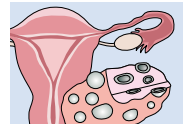
**High Blood Pressure**



**Saturated Fat**



**Family History**



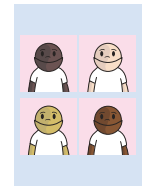
**Polycystic Ovarian Syndrome**



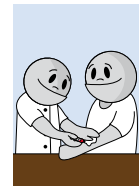
**Steroids**



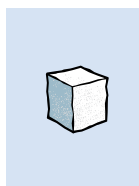
**Being Less Active**



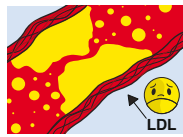
**Ethnicity - Especially South Asian & African - Caribbean**



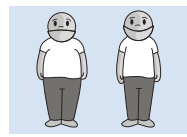
**Abnormal Blood Glucose Test**



**Eating Sugar**



**High Blood Cholesterol**



**Having Central Obesity / Apple Shape**



This activity can be done in two ways.

Either: Lay out all of the images and invite individuals to pick out an image that they think is a risk factor for developing Type 2 diabetes. Invite participants one by one to place the piece that they have chosen onto the magnetic board and invite them to comment on why they believe it is a risk factor

Or: Hand out a risk image to each participant. Invite individuals to hold up their image to the group. Invite the group as a whole to discuss whether the image is a risk factor or not.

Once individuals or the group have selected the images that they believe to be risk factors for Type 2 diabetes, go through each risk image in turn.



### Supplementary information for Educators to facilitate some discussion:

These risk factors can be linked to genetic make-up, insulin resistance, other health complications, and age:

- **Age**
- **Genetic make up**
  - Family history
  - Ethnicity (South Asian/ African-Caribbean families)
- **Linked to insulin resistance (rusty locks)**
  - Central obesity
  - Being less active
  - Saturated fat
  - Polycystic Ovarian Syndrome
  - Gestational Diabetes
  - Steroids
- **Markers of risk**
  - Abnormal blood glucose
  - High blood pressure
  - High cholesterol
  - Depression

Although abnormal blood glucose, high blood pressure and high cholesterol do not cause Type 2 diabetes, they are markers of diabetes risk. Often if someone has high blood pressure and/ or high cholesterol, they are likely to develop Type 2 diabetes.

Depression is often linked with developing Type 2 diabetes but the mechanism is still uncertain.

Evidence suggests that eating too much sugar does not directly increase risk. However, if eating too much sugar leads to obesity, then the risk of developing Type 2 diabetes increases

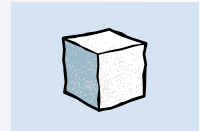


Participants often suggest that eating too much sugar and sweets increases their risk. If a participant suggests this at this stage, or it was recorded in the **Participant Story**, in order to correct this you may need to ask the following.



**What is the effect of having too much sugar?**

*Discuss how sugar may influence weight and insulin production, but is not a direct risk. You may find it useful to refer back to the Magnetic Man used earlier in **Session C: Blood Glucose**.*



*Invite participants to get out their **My Risk Factors** in their **Resources For You** booklet and encourage them to tick the number of risk factors they have.*

My Risk Factors Walking Away from Diabetes

Risk Factor	My Risk Factor	Can I change this risk factor?
South Asian or African Caribbean		
Family History of Diabetes		
Getting Older		
Abnormal Blood Glucose		
High Blood Pressure		
High Blood Cholesterol		
Being Less Active		
Weight Around the Middle		
Eating Saturated Fat		
Depression or Chronic Stress		
PCOS		
Gestational Diabetes		
Steroids		



Those participants who completed a risk score before attending the course may be familiar with these risk factors.

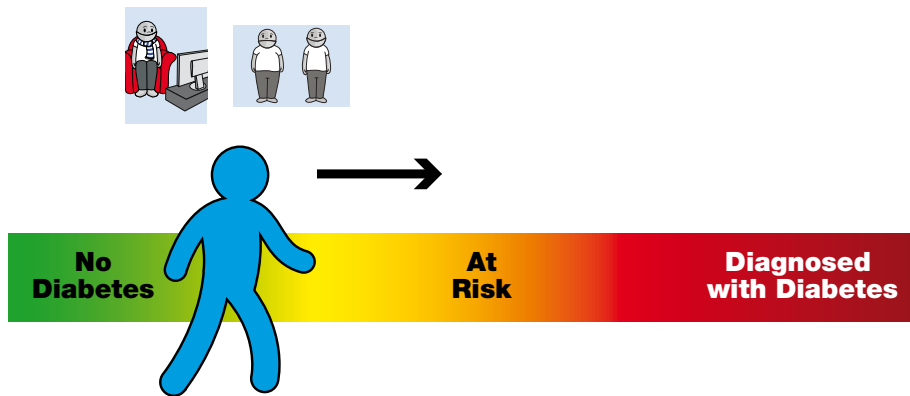


*Demonstrate on the Magnetic Timeline that the more risk factors a person has, the further along the line they may be. Compare to the story of the glasses on the tray.*

You may wish to use the following prompt questions.



*If you only have a few risk factors, where do you think you might be on your journey towards diabetes?*



## E2 Reducing the Risk of Developing Type 2 Diabetes

*Reflect back to the magnetic 'Looking at risk' activity and invite participants to open up their My Risk Factors in their Resources For You booklet and leave it open where they can see it.*



We are now going to spend some time thinking about which of the risk factors are risks that can be changed and which are risks that cannot be changed.



**Which of these risk factors can be changed and which cannot?**

*Invite the participants to call out which column they think the magnetic images should go into. Explore any misplaced images.*

*Across is an example with the images correctly placed for Educator reference*



*Move all of the magnetic pieces from the column headed 'Risks that you can change' onto the magnetic timeline and demonstrate that risk is movable, depending on the number of risk factors present.*

**Risks that you cannot change**

**Risks that you can change**



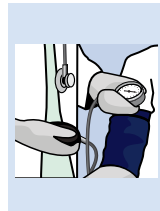
**Gestational Diabetes**



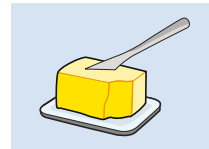
**Depression and Chronic Stress**



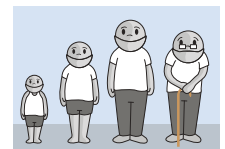
**Getting Older**



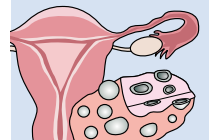
**High Blood Pressure**



**Saturated Fat**



**Family History**



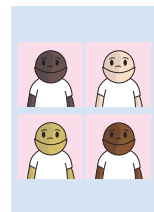
**Polycystic Ovarian Syndrome**



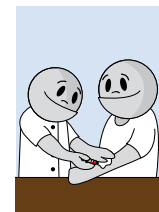
**Steroids**



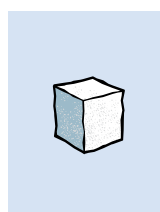
**Being Less Active**



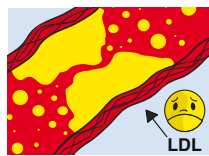
**Ethnicity - Especially South Asian & African - Caribbean**



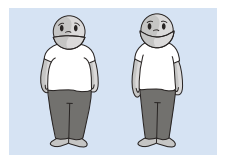
**Abnormal Blood Glucose Test**



**Eating Sugar**



**High Blood Cholesterol**



**Having Central Obesity / Apple Shape**

*Invite participants to look at their My Risk Factors and tick which of their risk factors they can change.*



In summary, anything that you can do to reduce your risk factors such as, being more active, losing weight around the middle, eating less saturated fat, reducing depression, lowering blood pressure, cholesterol and blood glucose, will reduce your risk of developing Type 2 diabetes.



**Of all the risk factors that you could change, which factor do you think makes the most difference in reducing your risk not only of diabetes, but blood pressure and cholesterol?**



Being more active is the most effective way to reduce your risk of developing Type 2 diabetes, reducing blood pressure and cholesterol. If you are only able to concentrate on one risk factor it is better to choose activity.



Studies show that even if you do NOT lose weight, by being more active you can reduce your risk of developing Type 2 diabetes and heart disease.



The Walking Away from Diabetes module is not a weight management program. If you wanted to know more about weight, and how to lose weight, where could you find out more information?



There are many different ways to get information and support which can include going to see the GP, practice nurse, library and local slimming clubs.



*Remove the magnetic **weight** image from the magnetic timeline.*



If you wanted to know more about depression what could you do?



You can discuss with the practice nurse, GP, or library (for self-help books and contact details of local support groups).



*Remove the magnetic **depression** image from the magnetic timeline.*



If you wanted to know more about blood pressure, blood cholesterol and blood glucose, what could you do?



You can discuss with the GP, practice nurse or library (for self-help books).



*Remove the magnetic **blood pressure, blood cholesterol and blood glucose** image from the magnetic timeline.*

*The last image left on the magnetic board should be **saturated fat and physical activity**.*



The Walking Away programme is based around physical activity and eating less saturated fat. For the rest of the time today we will be looking at how to reduce both of these risk factors.





It is important that participants are aware that the Walking Away from Diabetes programme is a programme using physical activity to reduce risk. It is not a weight management or diet programme. If participants require more information about these areas sign post them to local services.



## Session F: Physical Activity

Duration: 55 minutes (approx)

### Key Messages

- Increasing physical activity will have an impact on all of the changeable risk factors as well as having many benefits on health and wellbeing
- There are many options for increasing physical activity levels within day to day life, that make it more achievable and sustainable
- Using personalised goals (short and long-term) and finding ways of monitoring your own performance (e.g. using pedometer and diary) will help you maintain your planned changes
- Identifying/planning for barriers (strategies to overcome barriers) to your plan will help your plan be more achievable

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- How physical activity reduces the risk of cardiovascular disease and Type 2 diabetes
- The additional benefits of physical activity of health and wellbeing
- The current recommendations for physical activity (in terms of time and intensity and as daily step count) and what this means for them as individuals 'at risk' of developing Type 2 diabetes)
- How activities can be made into 'moderate intensity' level activities
- How 30 minutes of 'moderate intensity' activity can be incorporated into everyday activities
- The benefits of using a pedometer for recording steps and providing feedback
- How to set a personal short-term and long-term goal for daily step count and record in **Activity Diary**
- The importance of building up to their personal activity goal slowly
- The stages of behaviour change and where they might be in that cycle
- The potential barriers and possible solutions to physical activity
- The benefits of completing an action plan using SMARTER goals

### Educator Activity

Use Core Behaviours (and Open Questions, Reflection, Visual Tools) to:

- Facilitate participants to generate a list of the benefits of physical activity
- Facilitate discussion about the current recommendations and how much increased activity (in terms of moderate activity time and steps) people at risk of Type 2 diabetes have to do to reduce the risk
- Enable participants to work out how they could fit a minimum of 30 minutes of additional physical activity into their day-to-day lives
- Explore what options they have for monitoring their personal levels of activity in terms of minutes/steps
- Facilitate participants to reflect and explore the benefits of using a pedometer to support the achievement of their short and long-term goals
- If area is running Option 1- support participants to work out their own short term and long-term goals for daily steps, based on their recorded steps and plot them in their Activity Diary
- If area is running Option 2- support participants to be able to work out their short-term and long-term goals when they have gathered a record of a week of steps in their Activity Diary
- Facilitate a discussion about making changes using Cycle of Change (optional)
- Explore further the benefits of making an action plan
- Demonstrate the completion of an action plan using a step by step approach
- Support the setting of SMARTER personal goals
- Support a discussion around barriers to physical activity and possible solutions

### Participant Activity

- Explores what they understand to be the potential benefits of physical activity by using the magnetic images
- Uses the Physical Activity Continuum card game to explore the possible personal changes they could make daily to increase their physical activity
- Participates in the 'measuring activity' game to identify specific short and long-term goals in terms of steps/minutes
- Participates in working out how to set a personal short term and long-term goal for daily steps (using own results in option one or fictional goals if using option two)
- Reflects on the Stages of Change and considers their own readiness to change stage
- Identifies and activity of choice to reduce their risk of developing Type 2 diabetes
- Uses 'What am I going to do now?' to review and develop an action plan of their chosen activity, using SMARTER goals
- Considers personal barriers and possible solutions in order to achieve their personal goal

## Content Framework

- The effects of physical activity on risk factors
- The benefits of physical activity on health and emotional wellbeing
- The current national recommendations for physical activity (in terms of moderate activity time and daily step count)
- Recommended levels of physical activity to reduce the risk of developing Type 2 diabetes (in terms of moderate activity time and daily step count)
- What activities are moderate intensity activities, how activities can be made into moderate intensity level activities and how 30 minutes of moderate intensity activity can be incorporated into everyday activities
- Benefits of wearing a pedometer and keeping a physical activity diary
- Setting personal short-term and long-term goals for daily steps
- Importance of building up goals slowly
- The process of the 'Cycle of Change' model
- The benefits of developing an action plan using SMARTER goal approach
- Strategies to overcome barriers and possible solutions

## Resources Required

- Information on local activity schemes and activities (if available)
- Activity Continuum cards
- Laminates – Ways to Increase your Daily Activity
- Step count cards
- Magnetic images of health benefits
- **A1 My Health Profile**
- **My Health Profile** in Resources for You Booklet
- Magnetic man
- **My Being Active** – Physical Activity Diary
- Calculators (optional)
- Magnetic Cycle of Change
- **What Am I Going To Do Now?** in 'Resources for you'
- **A1 What Am I Going To Do Now?**
- Flip chart and pens
- White/blue tac
- Pedometer



## Theory Thought

These are examples of activities within this session that support social learning theory in action:

- **Mastery experiences**
  - Provide new means of delivering key messages
  - Provide time and tools to enable participants to consider how they will increase their activity
- **Indirect or vicarious experiences (role modelling)**
  - Facilitate discussion within the group of their experiences in activity and prompt discussion of positives and negatives
  - Facilitate people to share their stories about positive attempts to increase activity
  - Facilitate the group members to share their barriers to physical activity and then support the group to discuss options for overcoming these barriers
  - Facilitate the participants to 'group-solve' problems
- **Verbal persuasion**
  - Provision of up-to-date information about activity, and encouraging self-talk about how these risks apply to them
  - Provide time to reflect on and decide 'What am I going to do now as a result of this session'
  - Verbally explore barriers to integrating activity into their lives
  - Support the personal setting of SMARTER goals at the end of session
- **Physiological or psychological state**
  - Support participants to explore their confidence related to their physical activity

## Session plan

### F1 Health Benefits of Physical Activity

In this session we are going to spend some time looking at being more active.



What is the first thing that starts to go wrong in the body of people with Type 2 diabetes?

*It may be useful to reflect back to the Magnetic Man.*



The locks are rusty (insulin resistance).



How can being active help the locks to be less rusty?

*Collect answers, acknowledge responses and try to elicit the following.*



Physical activity has been shown to 'oil' the locks, a bit like WD40, allowing more glucose to enter the muscle cells i.e. physical activity helps to reduce 'insulin resistance'.



*Place the image that represents 'insulin resistance' on the magnetic board labelled 'Health Benefits'. You will add more images to represent health benefits of activity throughout this session.*



How else can being more active help oil those rusty locks?



Physical activity can help with weight management.

**Even if someone does not lose weight, being more active, can improve health. It is better to be a bit overweight and active rather than slim and inactive.**

*Place the image that represents Weight Management on the magnetic chart labelled Health Benefits.*



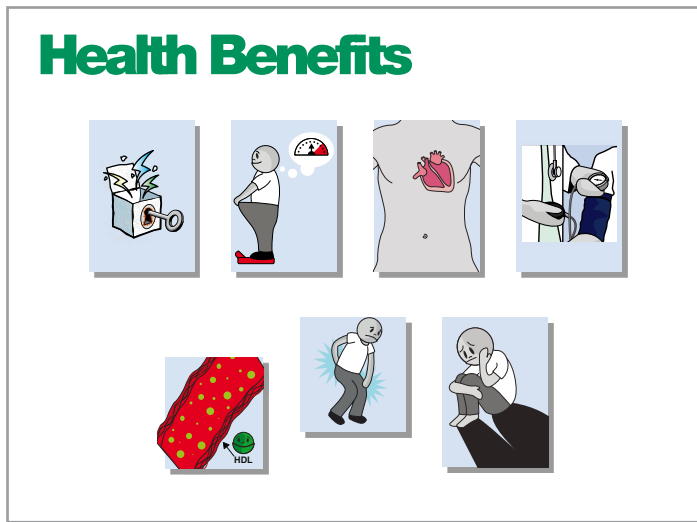
What other health benefits are there from being active?

*Elicit the following answers and place images that represent the health benefit on the magnetic chart labelled 'Health Benefits'.*



- Helps to reduce insulin resistance
- Helps reduce weight
- Helps keep the heart healthy
- Helps blood pressure
- Helps increase the levels of good cholesterol in the body (HDL)
- Helps maintain strong healthy joints
- Helps relieve stress, anxiety and improves mood

*This is an example of the completed magnetic board.*



If you have joint pain, what benefits would you get from being more active?

*Listen to answers and clarify.*



As people age, muscles work on 'a use it or lose it' basis, therefore if you don't do exercise, the muscles around the joints weaken with time. This can put more pressure on joints which can lead to joint ache and discomfort. For people who already experience joint pain or have osteoarthritis, it is very important that weight bearing exercise such as walking is attempted. Although it may be painful to start off with, over time the muscles will become stronger, give better joint stability and less joint pain. For those that have joint pain and do not exercise, pain will worsen over time.





So you can see, being active can help to reduce your risk of developing Type 2 diabetes, reduce your risk of heart disease and give other health benefits.



**What are the current recommendations for physical activity?**

*Listen to responses.*



**30 minutes of moderate activity 5 days a week**, or 150 minutes a week

If people can manage to do this, it can improve blood pressure, increase good cholesterol and improve heart health.



**What would 'moderate' activity feel like / look like?**

*Collect answers, acknowledge responses. If no answers are forthcoming move on and give the correct answer.*



- Makes you breathe a little harder
- Heart beats a little faster
- You feel warm



If there is room, demonstrate examples of low intensity, moderate intensity and vigorous walking activity by walking around the room.



**Do people known to be at high risk of developing diabetes need to do more or less activity than this general recommendation?**

*Listen to and acknowledge responses.*



For people at high risk of developing Type 2 diabetes, **30 minutes** of moderate physical activity is the **minimum** amount of activity needed **every day** to reduce their risk of developing Type 2 diabetes. Any activity **more** than the recommended daily 30 minutes would give **additional** health benefits.



**Do you think the 30 minutes has to be done all at once?**

*Listen to and acknowledge responses. If no answers are forthcoming, move on and give the correct answer.*



The 30 minutes can be broken down into smaller chunks and accumulated throughout the day.



**What is the smallest amount of time you need to undertake activity for, in order for it to help you?**

*Listen to and acknowledge responses. If no answers are forthcoming move on and give the correct answer.*



The smallest amount of time is 10 minutes, e.g. 3 x 10 minutes at different times of the day.



## Activity Continuum



### Theory Thought

The activity continuum is designed to support participants self efficacy in being active by providing role modelling and mastery experiences. The activity supports participants to work out that the 30 minute moderate intensity activity recommendation can be achieved within everyday living.



Now we are going to look at some of the activities that we may do in our daily lives and consider how they can contribute to this recommended minimum of 30 minutes of moderate activity a day.



*Invite participants to stand around a table.*

*On the table, place the image of a man sitting in front of the television at one end and at the other end of the table; place the image of a man playing squash.*

*Using open questions, support the group to work out that at one end of the table you have placed an image of someone doing low intensity activity and at the other end, you have placed an image of someone doing high intensity activity. Invite each participant to pick an activity card from the pack.*

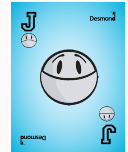


If you imagine that there is an invisible line on this table going from the low intensity activity to the high intensity activity, where do you think your card would go?

Invite each participant to place their card on the table somewhere between the two placed cards depending on how much effort they would need to be put into that activity.



If there is an activity that someone likes to do that is not represented by the cards e.g. bowling; invite the participant to take a joker card and place it on the continuum where they think it should go.



Below is an example of what the group may suggest.



Facilitate a discussion to explore the different intensities of the activities on the images.



Explore how the activities placed at the lower end of the continuum could be made into moderate intensity activities. Use examples generated by the group.



The idea of this activity is not to correct or ensure that the cards are put in the 'right' place on the continuum. The purpose of this activity is to generate discussion about how everyday activities can be made to count as 'moderate intensity' exercise.

*Having some prompt questions up your sleeves may help you open up the discussion*

For example

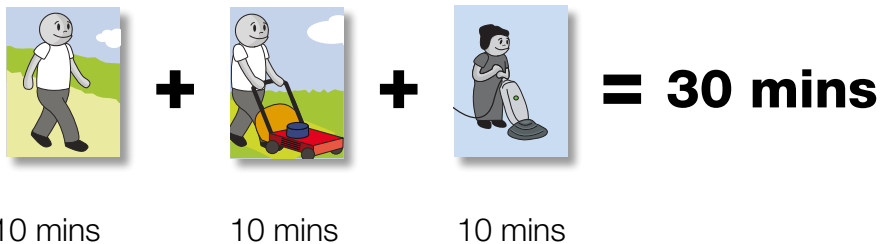


- How much effort would you use to do this activity?
- How could you make this activity into a moderate intensity activity?
- How would you know if you were doing moderate intensity activity?
- What activities have others done to include 30 minutes of moderate activity into their lives?



**Looking at these activities, how could you make up 30 minutes of moderate activity in your day?**

*Using the cards explore with the group how 30 minutes could be made up e.g. small chunks of activities i.e. walking for 10 minutes, vacuuming for 10 minutes, and mowing the lawn for 10 minutes = 30 minutes of moderate intensity physical activity.*



**If you are only able to carry out less intensive activity due to other physical restrictions, what are your options for spending less time being inactive?**



- Standing in TV breaks
- Taking breaks from the computer
- Standing doing other activities e.g. ironing



What do you think are the key messages from doing that activity?

*Elicit the following main messages*



- It is recommended that people at high risk of developing type 2 diabetes try and do a minimum of 30 minutes of activity a day
- To get the health benefits, the activity should make you feel warm and breathe harder. You should still be able to talk.
- Small amounts of activity can be added up through the day to make up the recommended amount
- Everyday activities count towards this 30 minutes recommendation
- There is a health benefit to breaking up sitting time

## F2 Measuring Physical Activity



### Theory Thought

Enabling participants to successfully use their pedometer is key to promoting meaningful long-term changes to physical activity levels. This is because the primary goal of structured education is to help participants actively self regulate their behaviour in their own environments using self-monitoring and goal-setting strategies. Therefore, as pedometers provide objective feedback to the wearer and facilitate clear and simple goal setting, they are ideally suited to this task.

Research has clearly demonstrated that physical activity interventions will be most effective if they encourage individuals to:

- Wear a pedometer on a regular (daily) basis
- Keep a daily log book of their step counts
- Form realistic, personalized steps-per-day goals
- In a research study the Walking Away programme is shown to be far less effective if the pedometer element is removed and replaced by traditional time-based goals and recommendations



What other ways have you heard about to measure how active you are on a daily basis?

*Possible answers might be using a diary, a phone app, pedometer, using gym equipment.*



Using a pedometer is one way of measuring your activity levels.



Local policy will determine whether participants receive their pedometer before the course or on the day they attend the course.

For those participants who have been provided with a pedometer before attending a Walking Away from Diabetes course; follow **Option 1**.

For those participants who have not had a pedometer provided before the Walking Away from Diabetes course; follow **Option 2**:

### Option 1

*Invite participants to share their experiences of using the pedometer and recording their steps on the activity log sheet. Be aware that not all participants may have worn their pedometer or filled in the activity sheets.*

*Suggested prompt questions could be:*



- How did you get on with the pedometer?
- How did you get on with recording your steps on the activity log sheet provided?

*Responses may be positive and negative. Possible responses are:*



- I was more/ less active than I thought
- I was active on some days and not others
- My pedometer didn't record all the steps I did
- My pedometer didn't work so I gave up

*Listen and acknowledge what participants have said. Use open questions to generate discussion on all feedback.*



Sometimes the pedometers do not read well if they are not worn correctly. Ensure that everyone is aware of how to wear their pedometer. It should be attached at the top of trousers, skirts or belts above the right hip. Where there is no attachment point available, the pedometer may be placed on the waistband or under garments and in this case, the pedometer should be attached facing inwards so it is facing the body.

Some pedometers are more accurate than others. The choice of pedometer sent to the participants on your course will have been made locally. It can be very frustrating for participants if their pedometer does not work. You may find it useful to generate a discussion about whether participants would find a value in purchasing their own pedometer and if so, what type of pedometer is the most accurate, the cost and where to buy them from.

To support you with this, there is a pedometer guidance document that can be obtained from Central DESMOND office.



### How can wearing a pedometer help you to become more active?

*Listen to and acknowledge answers. Possible responses are:*



- It lets you see how active you really are
- It may tell you that you are doing well or it may tell you that you are not as active as you think that you are
- It allow you to decide if you want to be more active
- It lets you set yourself small goals

The use of a pedometer was fundamental to the positive results seen in the study on which our Walking Away from Diabetes module is based.

Wearing a pedometer can really help you to become more active and reduce your risk of developing Type 2 diabetes.

*Invite participants to look at their My Health Profile in Resources for You.*



### What do you think that the colours mean in relation to the number of steps walked?



Those individuals walking 5,000 steps or less in the red section are not very active and are at the highest risk of developing diabetes and heart problems.

Those individuals walking 10,000 steps or more, in the green section are at the lowest risk of developing Type 2 diabetes and heart problems.



For those of who managed to wear their pedometer and record your steps, looking at your step log sheet,



How could you work out what your average daily steps were?



You could wear your pedometer for a week and work out the total number of steps that you have walked. When you have this figure, you can divide this number by the number of days you have walked for.



Both Educators may need to go round the group and support individuals to work out the average number of steps they have walked.

Some participants might not have worn their pedometer. If so ensure they know how to work out their average daily steps.

*Invite the group to share how many steps they walked.*

*Invite participant to plot their average steps on their Health profile.*



How many steps have you heard that we should be aiming to do per day?



Most people will have heard the figure of walking 10,000 steps per day



Do you think that you can only get a health benefit if you meet the 10,000 steps per day target? Why/ why not?



The 10,000 steps per day recommendation is a very generic health message. Many health experts suggest that rather than using a blanket goal for every one of 10,000 steps, a more personalised goal should be set based on an individuals baseline step count plus an increment of steps.





Remembering that we are aiming to increase our activity levels by a minimum of 30 minutes per day, how many steps do you think that you can walk in 30 minutes?



In 30 minutes of walking most people would walk about 3,000 steps

So let us think how we could set a more personalised goal

Let us use an example of Jane (or someone from within the group). Jane currently walks 4,000 steps a day.



How could we work out a personal goal for her to work towards?

*Listen to the suggestions*



*Demonstrate on flip chart paper how Jane could work out her long term goal*



*4,000 steps (current walking) plus 3,000 steps (equivalent of 30 minutes of walking) = long-term goal of 7,000 steps*



Her personal goal would be to walk her usual 4,000 steps per day plus 3,000 steps per day which is 7,000 steps per day



If you are not used to being active , what would happen if you suddenly started to do an extra 3,000 steps.?

*Listen to and acknowledge responses.*



Making such a big change straight away may lead to sore muscles, which in turn may make it unlikely the activity will be sustained. Trying to make such a big change all at once can be challenging and could lead to de-motivation if goals are not achieved. It is better to build up to the 30 minutes of extra steps slowly



What do you think is a realistic amount to increase your steps by?



Increasing by 500 steps a day would be a realistic achievable amount for some people. You may have a long term goal of walking an extra 3,000 steps a day, a realistic short term goal might be 500 steps more a day or for a week depending on what's realistic for you.



How can recording your steps support you to be more active?

*Elicit answers:*



- Let's me see how I am doing
- It helps me keep on track
- It allows me to see good days and bad days
- Helps me see barriers and plan solutions

*Invite participants to look in their My being Active: Physical Activity Diary.*



This activity diary is for you to see if you wish to record your daily steps or record the activity that you do.

- Draw attention to where participants can record their average daily steps
- Highlight in the diary where participants can record their own short-term goal
- Highlight in the diary where participants can record their long-term goal.

*If participants have not worn their pedometer show them where they could record their average steps and their short and long-term goal in their diary.*



For those of you who have worn your pedometer and recorded your daily steps, there is time now for you to record your current average daily steps in your diary and work out and record your short-term and long-term goal.



Educators need to be alert for participants who may need support to work out their long-term and short-term goal

Allow time for participants to record their average daily steps and long-term and short-term goal in their My 'Being Active!' Physical Activity Diary.



*Invite participants to get out their My being Active: Physical Activity Diary.*

### Option Two



**What are your experiences of using a pedometer?**

*Listen and acknowledge answers. Responses may be positive and negative*



**How can wearing a pedometer help you to become more active?**

*Listen to and acknowledge answers. Possible responses are:*



- It lets you see how active you really are
- It may tell you that you are doing well or it may tell you that you are not as active as you think that you are.
- It allow you to decide if you want to be more active
- It lets you set yourself small goals

The use of a pedometer was fundamental to the positive results seen in the study on which our Walking Away from Diabetes module is based.

Wearing a pedometer can really help you to become more active and reduce your risk of developing Type 2 diabetes

In order to increase your activity levels you need to know how much you are doing now



**We are going to give you a pedometer. Why do you think that we are giving you a pedometer?**



We want you to support to become more active and we believe that being active is important

*Hand out a pedometer to everyone in the group and invite everyone to put their pedometer on.*



Allow time for participants to put on their pedometers. Check that participants understand how to wear their pedometer correctly.

It should be attached at the top of trousers, skirts or belts above the right hip. Where there is no attachment point available, the pedometer may be placed on the waistband of under garments and in this case, the pedometer should be attached facing inwards so it is facing the body.

Some pedometers are more accurate than others. The choice of pedometer sent to the participants on your course will have been made locally. It can be very frustrating for participants if their pedometer does not work.

You may find it useful to generate a discussion that if participants wish to themselves purchase a more accurate pedometer, what type of pedometer is the most accurate, the cost and where to buy them from.

To support you with this, there is a pedometer guidance document that can be obtained from Central DESMOND office.



*Invite participants to look at their **My Health Profile in Resources for You.***



**What do you think that the colours mean in relation to the number of steps walked?**



Those individuals walking 5,000 steps or less in the red section are not very active and are at the highest risk of developing diabetes and heart problems.

Those individuals walking 10,000 steps or more, in the green section are at the lowest risk of developing Type 2 diabetes and heart problems.



**How could you work out what your average daily steps were?**



You could wear your pedometer for a week and work out the total number of steps that you have walked. When you have this figure, you can divide this number by the number of days you have walked for. When you have worked this out you could plot your figure onto your health profile



How many steps have you heard that we should be aiming to do per day?



Most people will have heard the figure of walking 10,000 steps per day



Do you think that you can only get a health benefit if you meet the 10,000 steps per day target? Why / why not?



The 10,000 steps per day recommendation is a very generic health message. Many health experts suggest that rather than using a blanket goal for every one of 10,000 steps, a more personalised goal should be set based on an individuals baseline step count plus an increment of steps.



Remembering that we are aiming to increase our activity levels by a minimum of 30 minutes per day, how many steps do you think that you can walk in 30 minutes?



In 30 minutes of walking most people would walk about 3,000 steps

So let us think how we could set a more personalised goal. Let us use an example of Jane who currently walks 4,000 steps a day.



How could we work out a personal goal for her to work towards?

*Listen to the suggestions*



*Demonstrate on flip chart paper how Jane could work out her long term goal*

*4,000 steps (current walking) plus 3,000 steps (equivalent of 30 minutes of walking) = long term goal of 7,000 steps*

**4,000 + 3,000  
= 7,000**

**7,000 steps  
would be your  
long-term goal**



Her personal goal would be to walk her usual 4000 steps per day plus 3,000 steps per day which is 7,000 steps per day



**If you are not used to being active, what would happen if you suddenly started to do an extra 3,000 steps?**

*Listen to and acknowledge responses.*



Making such a big change straight away may lead to sore muscles, which in turn may make it unlikely the activity will be sustained. Trying to make such a big change all at once can be challenging and could lead to de-motivation if goals are not achieved. It is better to build up to the 30 minutes of extra steps slowly



**What do you think is a realistic amount to increase your steps by?**



Increasing by 500 steps a day would be a realistic achievable amount for some people. You may have a long term goal of walking an extra 3,000 steps a day, a realistic short term goal might be 500 steps more a day or for a week depending on what's realistic for you.

*Invite participants to get out their My being Active: Physical Activity Diary*



When you have worn your pedometer for a week, you can work out your average daily steps and record them here in your activity diary.

When you have recorded your average daily steps, you can work out your short and long-term goal and write it in your activity diary.

*Show participants where in their activity diary they can record their average steps and record their own short and long-term goal.*



**How can recording your steps or activity in your Activity Diary help you with your activity levels?**

*Elicit answers:*



- Let's me see how I am doing
- It helps me keep on track
- It allows me to see good days and bad days
- Helps me see barriers and plan solution

**F3 Measuring Other Activities**



How would you know how many steps you were doing if you don't wear the pedometer, or you are doing an activity where you can't wear a pedometer? for example swimming or cycling.

*Listen to and acknowledge responses.*



**Step Equivalents**

*From the activity continuum game, pick out the following cards and step count cards;*

Activity Continuum Cards	Step Count Cards
Cycling	1,800
Dusting	1,100
Moderate walking	1,500
Mowing the lawn	2,000
Swimming	2,500



*Hand out the step count cards. Invite participants to match the step cards under the appropriate activity, which they think relates to fifteen minutes of that activity, i.e. walking, dusting, mowing the lawn, swimming and cycling.*

*This is how the steps match with the activity:*



1,800



1,100



1,500



2,000



2,500

*Facilitate a discussion about how the pedometer steps relate to the activity. For example.*



What does that tell you about swimming compared to walking?



Looking back at the sort of activities you do, how do you think they would relate to steps?

*Listen for responses. Acknowledge that it can be difficult to equate all activities with steps, but that comparing the activity to a similar one that we have talked about, will give an estimation.*



Invite participants to look at the back page of My 'Being Active!' Physical Activity Diary. You can see some of the step equivalent examples for 15 minute sessions

### F4 Ways to Increase Daily Activity (Optional)

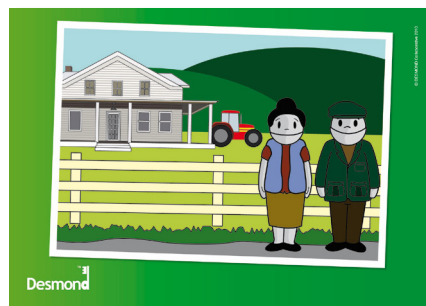
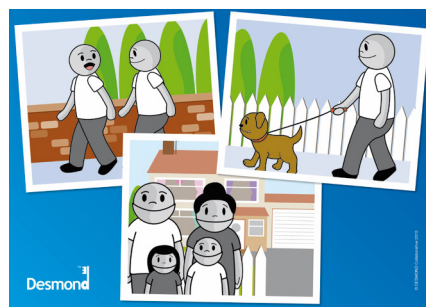
The aim of this session is to facilitate discussion about how activity can be incorporated into everyday life. If the continuum activity has already highlighted these points. This session is **optional**



We have talked about what is meant by physical activity recommendations, now let's think about ways in which you can increase moderate activity levels in your daily lives.



*The laminated images represent different environments.*





*Depending upon the group size invite participants to get into small groups and select a laminated card. Invite the small groups to discuss amongst themselves what their selected image means to them and how activity levels can be increased in this environment/ area of their life.*

*Allow time for the groups to do this.*

*Bring the small groups back together into a large group and facilitate a discussion using the questions below. Follow the same process for each group by asking:*



**What does this image/picture mean for you?**

*Allow time for one of the participant in the small group with this image to tell the large group what this image means for them.*



**Looking at your image, how can you increase your activity levels?**

*Allow time for the participants in the small group to offer their thoughts and then open up the discussion to the large group to generate more ideas.*

*The ideas will be generated by the participants. Here are some examples of what participants may say:*



- Walk when you can
- Plan walks into the day
- Vacuum, dust, Hoover more vigorously
- Walk to the shop rather than drive
- Park the car further away from the destination e.g. shop or work
- Avoid lifts and escalators
- Stand up every half an hour



**How has this discussion helped you to plan to fit an extra 3,000 steps into your day?**

*Listen to and acknowledge responses.*



Now we have explored some ideas about increasing activity in your daily lives the next part of this session will focus on how to start to make some of these changes.

## F5: Goal Setting and action planning



### Theory Query

#### Self efficacy is the key theory

This session can be the hardest to deliver for a number of reasons: firstly it is at the end of the programme and you/the participants may be tired. Secondly and more importantly, most of us are reluctant to commit to making changes and also tend to shy away from thinking hard about what we need to do.

To assist participants to have their best chance at a behaviour change success, your role as a facilitator now comes into its own as you gently, but actively, support participants to reflect on their own learning about their bodies, their diabetes and their risk factors. You can then support individuals to consider what their next steps could be, and then help them explore what may help/hinder them in doing this.

**“What if there are no obvious changes to be made...according to the health profile?”**

It may be that some participants are already making changes and have ‘well controlled’ risk factors, in which case this session can be used to help them reflect on the barriers/challenges they face in keeping up the ‘good’ work.

**“I have made so many changes so what can I make an action plan for?”**

Perhaps the action plan could be developed for ‘How will I keep going?’ or ‘What will be the hardest thing to keep going with and what can I do to keep going?’ So perhaps the action plan will be more focused on keeping going and preventing relapse - introduce the behaviour change cycle.

#### People seem reluctant to complete all the boxes

Working through the session plan is useful to all participants. Occasionally a participant may be reluctant to complete a written plan. This may be for many reasons; for example, depression, literacy problems or they are not comfortable to commit themselves straight away.

Support from one of the Educators or accompanying person may help but some may prefer to consider this in the comfort of their own home, or when they have more time, or when they are on their own! But the most important aspect at this stage is perhaps that participants have completed the first ‘box’ of the **What Am I Going To Do Now?** sheet. Observing the Educator working through the development of an action plan will model the process for future use.



**Philosophy Alert:**

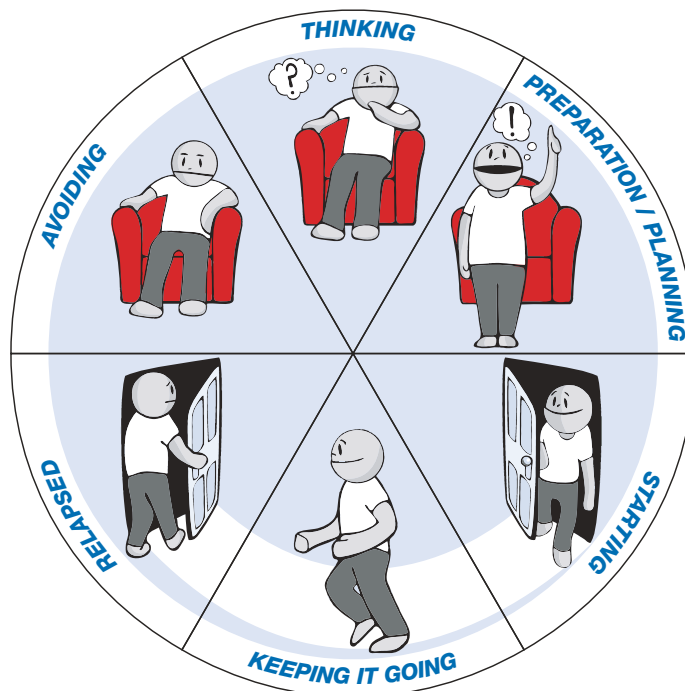
This session outlines 3 of the many professional responsibilities arising from the four DESMOND beliefs about people with diabetes:

- Ensuring people ‘at high risk’ are given the opportunity to reflect on the possible barriers to their self management
- Ensuring individuals are supported in developing their own management plan
- Ensuring individuals are supported in developing general self management skills such as goal setting, action planning and problem solving

It is also the session that requires the Educator to use their skills at a time when everyone may be tired...so energy is required! Alongside this, it is the session that expects (to some level) everyone to be active in considering their next steps, which may be hard for some. As an Educator, you will draw on your skills of supporting people to work on a plan that would be of benefit to them. It may be that their plan is a behaviour change but it may also be a plan to discuss with their GP something that is worrying them. Whatever the plan, your role is to help them have the chance of developing the skills of goal setting, action planning and problem solving.



*Use the magnetic resource for the behaviour change cycle:*





Throughout this session we have been talking about the benefits of being physically active and how this can manage your risk of developing diabetes, and heart disease. We are going to talk a little about change and how people go about making changes in their life.

*Direct participants towards the Where Am I With Change? in Resources For You booklet.*



Throughout this session you will build up the behaviour change cycle using the magnetic segments as indicated in the following text.

### Avoiding

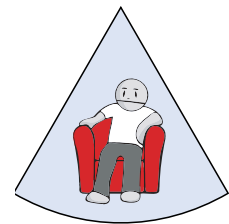


**What does this picture mean to you?**

*Listen and acknowledge all responses*



Here people are 'not thinking about change' (*place the appropriate magnetic piece on the magnetic board*). The person doesn't think they have a problem and cannot see that there would be any point to changing. They may not have the information they need or they just want to push it to the back of their mind. Sometimes they might even get annoyed when somebody mentions changing their behaviour, such as stopping smoking or increasing activity. You might have felt this way about some things before this course. You might still feel like this about some of the changes you could make.



**AVOIDING**

## Thinking

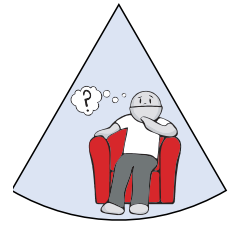


What does this picture mean to you?

*Listen and acknowledge all responses*



Next, people start to think that actually they could do with making a change (*place the appropriate magnetic piece on the magnetic board*). They are worried what they would miss or what would be difficult. At this stage sometimes people write a pros and cons list to help them make up their mind. The danger is getting stuck here and always saying “I really should do X or Y” but never getting round to it.



**THINKING**

There will always be things that get in the way of being more active. These things are called barriers.



What makes it difficult for you to fit in 30 minutes of moderate activity or walk 3,000 extra steps into your day?

*If no suggestions are initially forthcoming, give an example of a personal barrier to activity, e.g.*



- Too busy
- Taking the car
- To walk in bad weather
- Not enough time

*Allow time to ask each participant for their personal barrier and write on flip chart paper.*



Thank you for sharing those barriers. Let's work through some of these barriers and create solutions to these problems?

*Facilitate some discussion around managing barriers e.g looking for opportunities to:*



- Walk more at work
- Use the stairs instead of the lift



Invite participants to come up with the solutions for each other rather than you coming up with the answers



Why do you think it can be useful to think about barriers to being more active?



Because then you can put plans in place to help you achieving your goal.

### Preparation/Planning

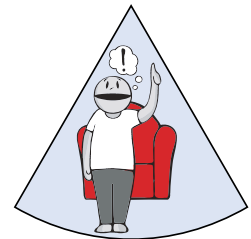


What does this picture mean to you?

*Listen and acknowledge all responses.*



Once the person has decided that they really would benefit from change they 'have decided' (*place the appropriate magnetic piece on the magnetic board*) then they need to make an action plan so that they really know what it is they are going to do. They need to think about when they will start, what they are going to do.



**PLANNING**



How does making a plan help you to become more active?

*Some examples of what participants may say:*

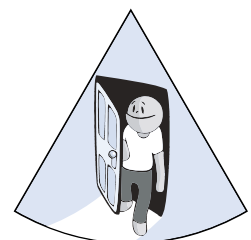


- More likely to get started
- Know what my goal is
- Can look back at plan to check progress



What do you think are the most important things to go in an action plan?

*Elicit: What am I going to do? Is it personal to me? Can I do it? When am I going to start?, How much activity am I going to do (is it measurable?), Is it realistic and achievable (e.g. you may have a long-term goal of walking an extra 4000 steps a day but a realistic short-term goal would be 500 steps a day)?*



**STARTING**



Then the person goes into action/starts.

*Place the appropriate magnetic piece on the magnetic board.*



### Keeping it going

Once started the person will keep this change going for some time.

*Place the appropriate magnetic piece on the magnetic board.*

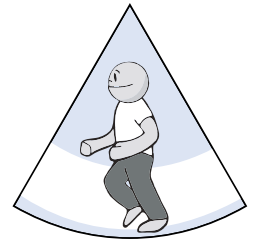


**What do you think they might find?**

*Some examples of what participants may say:*



- Harder than planned
- Easier than I thought it would be
- I feel good



**KEEPING IT GOING**

### Relapse



**When you have been making a lifestyle change for a while, what sometimes happens?**



It is harder than planned and sometimes people revert back to old ways or stop being active. This is called a relapse.

*Place the appropriate magnetic piece on the magnetic board:*



**What might influence whether a person relapses or not?**

*Elicit reasons that someone might relapse.*



**How often do you think people relapse when they make a change?**



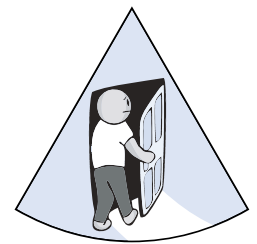
In the study it was 3-7 times with the average being 4 times.



**What are the benefits of relapse?**



You did succeed for a limited time and this may help next time around with increasing confidence that you can make a change. You can learn from the experience and reevaluate the plan.



**RELAPSE**



How could you get going again?

*Listen and acknowledge all responses.*



What stage of change do you think you might be in?

*Listen and acknowledge all responses.*

### F6 Action Planning

There is time now for you to set some personal goals and make an action plan.

What Am I Going To Do Now?		Date
<p>What activities could I do?</p>	<p>What will I do to over come the barriers? Think about and include support you may need</p>	
<p>Which of these activities am I more likely to do? Choose one of the above to work on</p>	<p>How confident do I feel that I can do this? Choose a number between 1 and 10 (where 1 is not at all confident and 10 is very confident)</p> <p>The number I choose is: .....</p>	
<p>How exactly am I going to do this?</p>	<p>What can I do to increase my confidence? If my confidence is less than 7</p>	
<p>What is going to stop me?</p>	<p>When will I review my plan?</p> <p>Date: .....</p>	

Walking Away from Diabetes



*Educators to take participants through the Action Planning process step by step and model this on the A1 What Am I Going to Do Now? sheet using a participant example if someone is willing to share or use an example of your own.*



Give the group time to do this task step by step, and be ready to provide support to participants as this can be a difficult process for some people.





### Step 1 - What activities could you do?

Think about and write down all activities you could do to increase your activity levels.

*Demonstrate on A1 sheet and allow time for participants to record their own activities on their own **What Am I Going to Do Now?** in the **Resources For You** booklet.*



### Step 2 - Which of these activities am I more likely to do?

*Educator selects 2-3 of the possible choices and writes them down on the A1 sheet. Invite participants to consider and write down their own choices.*



### Step 3 - How exactly am I going to do this?

*Through group discussion, demonstrate a very specific measurable and realistic goal and write this on the A1 sheet.*

*Allow time for participants to do this.*



If there is time, use this to facilitate a discussion about being realistic in setting behavioural goals. One way to do this is:



If I said in my action plan I was going to do this for 2 hours, twice a day, everyday, what do you think about my action plan?

*Listen to and acknowledge responses. Each individual will have different realistic goals.*



What changes might I make to my action plan to make it realistic?

*Note responses on the flip chart.*



Can anyone share an experience of making an action plan that was unrealistic and how you might, or did, change that plan?

*If no one offers experiences then move on.*



### Step 4 & 5 - What is going to stop me? What will I do to overcome the barriers?

*Invite people to consider their personal barriers and what they think they can do to overcome them. Refer to earlier discussion about barriers to being active.*

*Go around the room to help complete the sheet.*

*Allow time for participants to fill in this section on their action plan. Ensure that everyone is supported in working out their action plan.*

### Step 6



I would like you to think about your plan, and decide how confident you are that you will do it. To do this, use a 0 -10 scale, where 0 is 'there is no way I will make these changes', and 10 that you are 100% certain that you will make these changes. Write this in the Confidence box in your Action Plan.

*Pause for a moment to give everyone a chance to do this.*



### Who will tell me what their score is?

*Pause for responses.*



**If your score is less than 7 what might this tell you about your confidence to carry out your plan?**



A score of less than 7 often means that you do not feel confident.



**Think about your score and what you could do to increase your confidence. For example if you were a 6 what would you need to do to become a 7 or 8?**

*Complete the 'What can I do to increase my confidence' box on the A1 sheet and allow time for the participants to complete theirs. This box is only completed if their confidence score is less than 7.*

*Pause for a moment to give everyone a chance to re-evaluate their confidence.*

Encourage the group to complete the confidence score, as this will help them tell whether they have picked the right thing to start with. If anyone is having serious problems increasing their confidence by amending their action plan, suggest that you catch them at the end of the session to discuss it in more detail.

It is common for people to set themselves unrealistic goals, especially if depression is present. Helping participants reflect carefully, using open 'curious' questions (What will it help you achieve? What would help you be more confident?), will assist that person to be clearer about what is preventing them being realistic.

### Step 7



Now you have almost completed your plan there is just one more step, adding in a date when you will review your plan.



**How might having a review date for your plan be useful?**

*Invite participants to add in a review date for their plan. Facilitate a discussion about setting an appropriate review date.*

*Invite participants to look at their My 'Being Active' Physical Activity Diary.*



**How can recording your steps or activity help you keep going with your plan?**

*Listen and acknowledge responses*

*Invite everyone to look at the **Coast to Coast Challenge** in the back of their My 'Being Active' Physical Activity Diary.*



If you record all your steps, you can convert steps into miles and plot them on the **Coast to Coast Challenge**. If you do it for a year, you can plot your progress and it should be possible to walk the whole distance in a year!



How will you reward yourself for success?

*Listen to answers*

*Encourage all participants to go away and have a go at using their pedometers and diaries.*

## Session G: Food Choices

Duration: 20 minutes (approx)

### Key Messages

- Reducing saturated fats reduces your risk of developing Type 2 diabetes and cardiovascular disease

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- The main health messages in relation to different types of fat
- The different types of fat in foods
- Foods that are high in fat and possible alternatives

### Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Tools) to:

- Facilitate discussion around the different types of fat found in food and identify the different fat sources in food
- Facilitate a discussion that enables debate around the pros and cons of different types of fat
- Demonstrate how the frequency, amount and type of fat can be changed, by using the FAT acronym

### Participant Activity

- Works out the different types of fats through the Sort the Fat Activity
- Debates the pros and cons of different types of fat
- Discusses ways to reduce fat intake

### Content Framework

- Fat in food is linked to most risk factors (e.g. insulin resistance/lipid profile/ weight/ blood pressure)
- Types of fat
- Where fat is found in foods and methods of reducing fat intake

### Resources Required

- Flip chart and pens
- White/blue tac
- Sort the Fat game (see food resource list)
- **Walking Away Pack** (for reference)
- Magnifying glass for reading food labels (optional)
- Food labelling resource (optional)



### Philosophy Alert

- The food game has been designed to enable participants to see they have choice in a way that ‘fits’ with the philosophy
- Food is a powerful and important ‘driver’ in our world and as such we will all have strong views about what is the best to eat, how much and when. But be alert to the principle that our work is about helping people reflect on the consequences of their choices, not that their choices are incorrect
- It is really important therefore, not to bring a personal view into the discussions around food. A better approach may be to suggest ‘there is no food that you can never have, but the food activities highlight those foods that you may choose to have less frequently or in smaller amounts. They also give you ideas for alternatives’
- Achieving this will enable the philosophy of the programme to remain intact

## Session Plan

### Introduction



What are the main health messages associated with saturated fats?



Saturated fat can cause problems with insulin resistance by blocking the locks and it can cause the levels of bad cholesterol (LDL cholesterol) in the body to rise.



What types of fat have you heard of?

*Generate the following - saturated fat, polyunsaturated fat and monounsaturated fat.*



Participants may mention trans fats. Positively acknowledge this and explain that we will be talking about them shortly



What have you heard about polyunsaturated fats?



They have been shown to lower the levels of bad cholesterol (LDL cholesterol). However, in large amounts they have been shown to lower good cholesterol (HDL cholesterol) levels.



What have you heard about monounsaturated fats?



These have been shown to have the good effect of lowering the bad cholesterol (LDL cholesterol) and increase the good cholesterol levels (HDL cholesterol).

To help us to think about this in a more practical way we are going to do an activity.



## Sort the fat



### Theory thought

This activity supports ‘role modelling’ and mastery experiences. These are enhanced by the Educator facilitating the group to explore:

- “So what do you think are the key message/s about fat?”
- “What will you change in your food following this experience?”
- “What have others done to change the type or amount of fat in their day-to-day lives?”
- “How have others overcome the barriers facing them with (these) food issues?”



This activity is aimed at trying to get you to work out which types of fat are in a range of spreads and oils.

First of all, I’d like you to look at a selection of cartons, bottles and labels then decide whether you think they are mainly saturated, monounsaturated or polyunsaturated.

<b>Best Choice</b> Monounsaturated	<b>Next Best</b> Polyunsaturated	<b>Eat Sparingly</b> Saturated
<ul style="list-style-type: none"> <li>• Rapeseed Oil</li> <li>• Olive oil</li> <li>• Olive oil spreads</li> <li>• Blended vegetable oil labelled as being ‘high in monounsaturated fat’</li> </ul>	<ul style="list-style-type: none"> <li>• Corn</li> <li>• Soya</li> <li>• Sunflower oils</li> <li>• Margarines or low fat spreads which are labelled as ‘high in polyunsaturated fat’</li> </ul>	<ul style="list-style-type: none"> <li>• Lard</li> <li>• Butter</li> <li>• Block cooking fats</li> <li>• Solid oils</li> <li>• Hard margarines</li> <li>• Palm and coconut oil</li> <li>• Ghee</li> </ul>

*Facilitate a discussion about how easy/ hard it is to identify different types of fat. Discuss ways of using a label, looking at the source of oil, and whether the fat is a solid/ liquid to identify the type of fat. See supporting information across the page.*





### Supporting information

- Saturated fats are solid at room temperature and are derived from animal sources
- Monounsaturated fats are liquid at room temperature but can become more solid at cold temperatures. This type of fat is sourced mainly from olives, nuts, (groundnut, peanut) and rapeseed.
- Polyunsaturated fats are also liquid at room temperature. They are found in sunflower, sesame, corn, cotton seed and soybean oils
- Some spreads are blended and are a mixture of saturated, monounsaturated and polyunsaturated fat. This can be confusing. A healthier blended spread or oil would be one that contained a higher amount of monounsaturated fat.
- Labelling fats as 'cholesterol free' can be misleading as all fats, irrespective of type, are cholesterol free.
- Some spreads contain plant sterols and stanols which are clinically proven to reduce the levels of LDL. However, manufacturers' instructions should be followed as to how much to use. If weight is an issue, care may be needed with all of these spreads, as they are not low calorie.



Which would be the most fattening (have the most calories) a teaspoon of saturated fat, a teaspoon of polyunsaturated fat or a teaspoon of monounsaturated fat?

*Listen to and acknowledge responses.*



They would all be the same. All types of fat are high in calories.



What does that mean if you are trying to watch your weight?



It is not the type of fat that affects weight, it is the amount (how many calories/energy).



What are trans fats?



When liquid oil is converted to solid fat through the process of hydrogenation, a type of fat called trans fat may be formed.



**What effect does this have on your health?**



Evidence suggests that trans fat may have a similar effect to saturated fat. Therefore as part of a healthy diet, trying to reduce the amount of saturated fats and trans fats is good for your health.



**How could you tell if a food is high in trans fat?**



When you look at a label, if the top three ingredients on the ingredient list include the words hydrogenated oil or hydrogenated fat, there is likely to be a large amount of trans fat present within the food. Trans fat is often found with saturated fat therefore by reducing saturated fat, this will automatically reduce your intake of trans fat.



**What other way can trans fats be formed?**



Using cooking oils for a long time, or over and over again, can cause an oil to become a trans fat.



**What does this mean for you?**



Try not to overheat oil or reuse over and over for long periods of time.



**We have talked about different types of fat that you can see when you look at labels, but where can you also find hidden fat in food?**



*Generate a list on one side of the flip chart.*

*This could include foods such as pastry, pies, chips, cheese, processed foods etc.*

*For a South Asian audience these foods could be somosas, bajjs, parathas, puris burfi, gulab jaman etc..*



**If you really like these foods, what could you do to try and have less total or saturated fat?**

*Generate a list of solutions on the other side of the flip chart.*

## Summary



What do you think are the main messages about types of fat?

*Encourage participants to summarise the key learning points which should include the following:*



- Fat in food is linked to all risk factors affected by food (e.g. insulin resistance/ lipid profile/weight/blood pressure)
- All fats and oils are equally high in calories
- Saturated and trans fats are the worst for your heart and for insulin resistance
- Monounsaturated fats do the least damage
- Polyunsaturated fats in large amounts can have an adverse effect on HDL, i.e. lowers HDL
- Consider having the food less often (**F**requency)  
Consider changing the portions (**A**mount)  
Consider changing type of fat used (**T**ype)

**FAT** is an easy way to remember this

**F**requency

**A**mount

**T**ype



## Session H: Questions and Future Care

Duration: 5 minutes (approx)

### Key Messages

- This is the start of your journey and your next steps in preventing Type 2 diabetes

### Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- The answers (or how to get the answers) to the questions they had at the start of the programme
- How to access the care and support they need to help them keep going with their plan

### Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Facilitate the group to review the question identified at the start of the programme
- Enable the group to work out the answer for themselves, or consider options of how the answer may be found
- Explore future care pathway
- Offer participants 1:1 discussion if required

### Participant Activity

- Reviews and reflects on the possible answers to each of the questions identified at the start of the programme
- Reviews their needs for support as they leave the programme (including a 1:1 with Educator, if needed)

### Content Framework

- Review of initial and outstanding questions
- Review of possible options for next steps in care (including 1:1 with Educator if requested)

### Resources Required

- Flip chart Your key questions

## Session Plan



### Note to Educator

Participants in the PROPELS study will have been randomised to three groups. Participants randomised to Group One will not have attended the Walking Away from Diabetes session. Participants randomised to Group Two will have attended the Walking Away From Diabetes course. They will also be invited to attend an annual follow up group session. Participants who have been randomised to Group Three will receive the same intervention as Group Two. They will also receive extra text and phone support.



### What arrangements are in place for your follow-up care and support?

*Ensure all participants know what will happen after the course and who is the contact person for follow up and ongoing support.*



*Move the flip chart on which you have marked the group's questions from the first session into the middle of the teaching area, and get two or three marker pens. In your own words explain:*



We are now coming to the end of the course and would like to check whether you have an answer to the questions you had at the start of the day. Here is your list of questions. Take a moment to identify your question. If you feel it has been answered, please come up and take one of these marker pens and put a line through it. If it has not been answered, please leave it. Once everyone has finished this, we will then go through the questions that are left on the list.

*Once everyone who wants to has marked off their question, go through each one of the remaining questions and generate discussion to either answer the question within the group or to find a means to answer the question.*

*Thank participants for coming and participating.*

*Remind those participants who have been randomised to group three that they need to stay behind for an extra fifteen minutes to make sure that they are clear on the next steps of the study.*

*Make the group aware that if anyone wants to talk about any problem privately on a one-to-one basis, that the Educators will be remaining behind for them to do this.*

## Additional script for those participants randomised to Group Three

Duration: 20 minutes (approx)



Thank you for staying behind. As you will be aware, when you agreed to be part of the PROPELS Study, you were, by chance, chosen to go into the group of participants who receive extra support



**What have you heard about this extra support?**

*Listen to and acknowledge all response.*



You are all in the group of people who will receive extra support by texts to your mobile phone. Shortly we will go through exactly what this extra support will look like



**How do you think that receiving text messages may help you be more active?**

*Listen to and acknowledge all responses.*



The text messages are designed to support you to be more active. They may provide tips, give you motivation, and offer support when things are not going so well

*Invite participants to get out their mobile phones and switch them on.*

*Check that all participants are confident to use their mobile phone and are able to send and receive text messages. If required provide individual help to practice sending and receiving a message on their phone.*



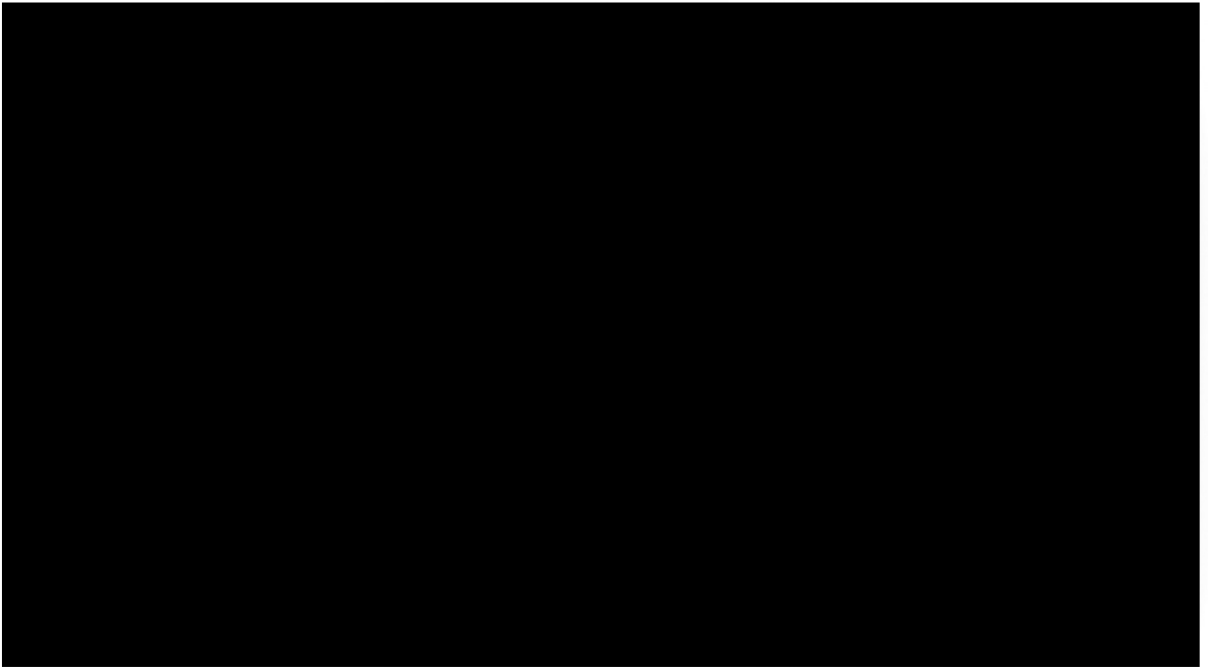
*Invite participants to look in their **Walking Away Resource pack** and get out their **Follow up Support booklet***



Now we are going to go through the **Follow up Support** booklet so that you can see what follow up support to expect.

*Take participants step by step through the booklet ensuring that they are aware of each step of the follow up plan. Draw participant's attention to what the text messages will look like.*





*When you have gone through the booklet check that the group is happy with what the next steps are.*

*Make the group aware that if anyone wants to talk about the follow up support on a one to one basis, that the Educators will be remaining behind for them to do this. Thank everyone for participating and say goodbye*

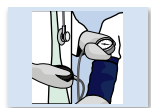


## Resource List

Welcome to this structured education module, Walking Away from Diabetes, which you will be using to deliver self management education to people at risk of Type 2 diabetes.

### Session D: Risk of Diabetes

Magnetic images of complications:



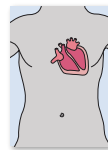
Blood Pressure



Cholesterol



Eyes



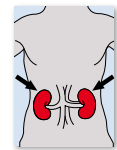
Heart



Stroke



Erectile Dysfunction



Kidneys



Feet



Circulation

### Blood Vessel Model



### Session E: Risk Story

Risk factors activity resources

Locally sourced



Toy Cat



4 Glasses



Tray



Toy Phone



Bottle


Session E: Risk Story

Look at risk activity magnetic images


**Risks that you cannot change**

**Risks that you can change**

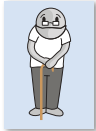
  




**Gestational Diabetes**




**Ethnicity**




**Getting Older**




**Being Less Active**




**Depression and Chronic Stress**




**Abnormal Blood Glucose Test**




**High Blood Pressure**




**Sugar**



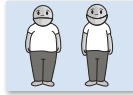
**Family History**




**Steroids**




**Polycystic Ovarian Syndrome PCOS**



**Having Central Obesity / Apple Shape**



**High Blood Cholesterol**



**Saturated Fat**

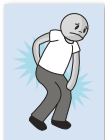
Session F: Physical Activity

Health benefits of physical activity magnetic images


**Health Benefits**



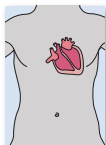
**Blood Pressure**




**Healthy Joints**



**HDL Good Cholesterol**




**Healthy Heart**



**Weight Reduction**
















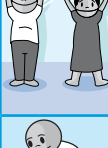
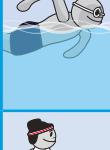





**Stress, Anxiety and Mood**



**Insulin Resistance**

Session F: Physical Activity

Activity continuum cards

	Walking (brisk)		Dusting
	Vacuuming (brisk)		Cooking
	Mowing the lawn		Watching sport
	Scrubbing the floor		Walking slowly
	Climbing the stairs		Watering the garden
	Playing a sport		Yoga
	Cleaning the windows		Group class
	Swimming		Bowls
	Going to the gym		Joker card
	Cycling		Joker card

If there is an activity that someone likes to do that is not represented by the cards, they can chose something similar or use the joker card

Session F: Physical Activity

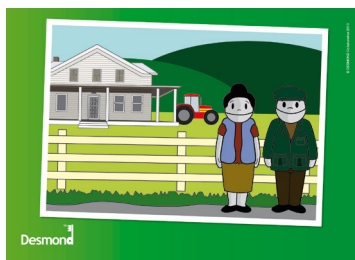
Measuring other activities step count cards

Activity Continuum Cards	Step Count Cards
Cycling	1,800
Dusting	1,100
Moderate walking	1,500
Mowing the lawn	2,000
Swimming	2,500

- 1,500
- 1,100
- 2,000
- 2,500
- 1,800

Session F: Physical Activity

Ways to increase daily activity cards (optional)



Session G: Food Choices

Sort the fat food packets required

<b>Best Choice</b> Monounsaturated	<b>Next Best</b> Polyunsaturated	<b>Eat Sparingly</b> Saturated
<ul style="list-style-type: none"> <li>• Rapeseed Oil</li> <li>• Olive oil</li> <li>• Olive oil spreads</li> <li>• Blended vegetable oil labelled as being 'high in monounsaturated fat'</li> </ul>	<ul style="list-style-type: none"> <li>• Corn</li> <li>• Soya</li> <li>• Sunflower oils</li> <li>• Margarines or low fat spreads which are labelled as 'high in polyunsaturated fat'</li> </ul>	<ul style="list-style-type: none"> <li>• Lard</li> <li>• Butter</li> <li>• Block cooking fats</li> <li>• Solid oils</li> <li>• Hard margarines</li> <li>• Palm and coconut oil</li> <li>• Ghee</li> </ul>

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Desmond

# Walking Away from Diabetes

Walking Away from  
Diabetes: Educator  
Manual & Curriculum

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09/2013

  
propels

The Promotion Of Physical activity through structured  
Education with differing Levels of ongoing Support  
for those with prediabetes (PROPELS): randomised  
controlled trial in a diverse multi-ethnic community