



Division of Diabetes
Treatment and Prevention

Providing Nutrition Education for the Non-Dietitian

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Division of Diabetes Treatment and Prevention | Indian Health Service



My Roots



Poll Question

Who currently provides nutrition education in their community or clinic?



Indian Health Service
Division of Diabetes Treatment and Prevention

“Dietitian vs. Nutritionist”



Dietitian

Registered Dietitian
Registered Dietitian Nutritionist

Nutritionist

Accredited by the Academy of Nutrition and Dietetics

May have a degree in nutrition, but not required.

Has completed an undergraduate program in nutrition and also a one year clinical internship program.

May have an interest in providing nutrition information for their job or other reasons.

Must pass a national exam.

Must maintain their registered status (paying annual dues and receiving 75 hours of continuing education every 5 years).



We all have a role
in nutrition education.



IHS Standards of Care: Type 2 Diabetes

Division of Diabetes Treatment and Prevention	<h2>Diabetes Standards of Care & Clinical Practice Resources</h2>
About Us	<h3>Nutrition</h3> <p>Healthy eating is an essential component of managing diabetes. All individuals with prediabetes or diabetes should receive nutrition education that considers access to nutritious foods, as well as personal and cultural preferences.</p>
IHS Diabetes Audit	<p>Health care team members are encouraged to provide basic nutrition education. Whenever possible, patients should be referred to a registered dietitian (RD) for individualized medical nutrition therapy (MNT).</p>
Clinician Resources	<h3>Nutrition Sections</h3> <p>Quickly jump to a section on this page by clicking on one of the links below.</p> <ul style="list-style-type: none">• Section 1 – Clinical Practice Recommendations: Nutrition• Section 2 – Clinician and Educator Resources: Nutrition• Section 3 – Patient Education Resources: Nutrition
Online CME/CE	
Diabetes Standards of Care & Clinical Practice Resources	
Diabetes Treatment Algorithms	
Diabetes Education Lesson Plan Outlines	
Federal Partner Agency Resources	
Training	

+ Quick Links:
Diabetes Standards of Care
(click to expand)

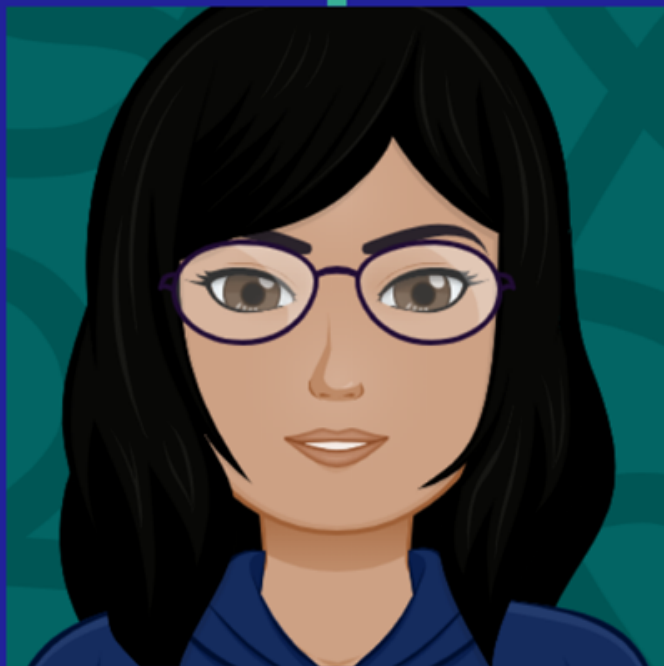
**Updated
February 2019!**

Screenshot of webpage.

<https://www.ihs.gov/diabetes/clinician-resources/soc/nutrition/>

Jane





- 50 yo Female
- Type 2 Diabetes – diagnosed 2 years ago
- First visit to diabetes education program
- Nearest RD is 30 miles away

Jane



Tips for Educators Using My Native Plate

My Native Plate is a visual guide to help your adult clients eat healthy meals. Use it to engage discussion about eating practices such as food choices, meal preparations, and portions.



My Native Plate can also help educators with the following:

- Encourage individuals to set nutrition-related goals.
- Work with individuals and their families to develop a basic meal plan that includes traditional and cultural preferences.
- Use examples and tips to encourage eating a variety of foods.

Issues to Consider

Understanding and addressing issues that influence a client's eating behaviors are important to consider as you use *My Native Plate*.

1. Food Insecurity

Individuals and families with food insecurity can be predisposed to overeating available foods, skipping meals, or choosing foods that are less expensive and unhealthy.

- ✓ Not having enough money to buy good quality food affects eating habits. Provide information on how to use *My Native Plate* on a limited budget.
- ✓ Assess the individuals' access to a sufficient quantity of affordable, nutritious foods. Start by using the [IHS Food Insecurity Assessment Tool and Resource List](#).
- ✓ Provide individuals with information on the resources available in their community to address food insecurity issues.

2. Traditional foods

- Talk with Tribal members, such as elders, about traditional foods in their community and how these foods are harvested, prepared, and preserved. Partner with them to offer food demonstrations and cooking classes.
- Discuss how traditional foods can work with *My Native Plate*.



Tips for Educators Using My Native Plate

3. Family and community gatherings

- Social gatherings are important to your clients and may affect health eating regimens.
- Keep in mind that not eating foods offered at gatherings, potlatches, feasts, and potlucks may not be socially or culturally acceptable.
- Help clients plan ahead by using *My Native Plate* as a guide in selecting types of foods commonly found at gatherings.
- For more tips, see the handout [Ten Doable Ways You Can Enjoy Meals on Special Days](#) located on the IHS Division of Diabetes website.

4. Emotions and stress

- Food can often be used as a coping agent or to fill a void in some conditions, such as depression, anxiety, and stress.
- If the issues presented are beyond your scope of practice, refer clients to a behavioral health professional.

5. Fast food, restaurants, take-out, and corner stores

- Assist clients with ideas on how to compare food choices and select the healthier option.
- Keep in mind that menu options labeled “healthy” may cost more.
- Suggest ways to use *My Native Plate* when eating away from home.

6. Special nutrition needs

- Refer clients with special nutrition needs (e.g., diabetes, hypertension, kidney disease) to a registered dietitian for medical nutrition therapy.

Resources

Education Materials and Resources (Online Catalog):

www.ihs.gov/diabetes/education-materials-and-resources/

IHS Food Insecurity Assessment Tool and Resource List:

www.ihs.gov/diabetes/includes/themes/responsive2017/display_objects/documents/clinicaldocs/FoodInsecurityAssessTool.pdf

Ten Doable Ways You Can Enjoy Meals on Special Days:

www.ihs.gov/diabetes/includes/themes/responsive2017/display_objects/documents/printmat/TenWaysSpecialMeals_508c.pdf



FOOD INSECURITY



Food Insecurity

The ready availability of
nutritionally adequate and safe foods.

Food Security

Access by all people at all times to enough food for an active, healthy life.

Food Insecurity

The limited or uncertain availability to acquire acceptable foods in socially acceptable ways.



TRADITIONAL FOODS

- Reflect traditional lifeways
- Embrace language, spirituality, and medicines
- Teach respect for life
- Honor the interconnectedness of all living things

SDPI GRANT PROGRAMS

CLINICS AND HOSPITALS

POLICYMAKERS

TRIBAL NATIONS

LOCAL ELDERS, YOUTH, COOKS

INDIGENOUS FOODS MOVEMENT

NON-PROFIT
ORGANIZATIONS

NURSING HOMES

SCHOOLS &
TRIBAL COLLEGES

CLINICIANS AND DIETITIANS

HEALTH BOARDS &
COALITIONS



FAMILY AND COMMUNITY GATHERINGS



**EMOTIONS &
STRESS**

FAST FOOD RESTAURANTS TAKE-OUT CORNER STORES





SPECIAL NUTRITION NEEDS



Special Diabetes Program for Indians Best Practice: Nutrition Education

Required Key Measure

Number and percent of individuals in your Target Group who receive nutrition education.*

* Performed by a Registered Dietitian or other health or wellness program staff.





IHS Standards of Care: Type 2 Diabetes

Division of Diabetes Treatment and Prevention	Diabetes Standards of Care & Clinical Practice Resources
About Us	Nutrition
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Training	

+ Quick Links:
Diabetes Standards of Care
(click to expand)

Screenshot of webpage.

<https://www.ihs.gov/diabetes/clinician-resources/soc/nutrition/>



IHS Diabetes Standard of Care: Nutrition

Recommendation One

Recommendations for Nutrition

It is recommended that patients receive basic nutrition education that supports healthful eating patterns, focusing on a variety of foods in appropriate amounts. Consider using [My Native Plate](#) to engage discussion about eating practices such as food choices, meal preparations, and portions.

1. Provide basic nutrition education to all patients with diabetes or prediabetes:
 - at diagnosis
 - then annually
 - more often as needed

Screenshot of webpage.



Indian Health Service
Division of Diabetes Treatment and Prevention

Roles and Approaches



2.56 Million

Number of American Indians and Alaska Natives in User Population

Number of Tribes Served (Federally-Recognized)

573

NUTRITION EDUCATION SETTINGS

CLINICS



WELLNESS CENTERS



HOME VISITS



SENIOR NUTRITION SITES



COMMUNITY EVENTS



URBAN INDIAN HEALTH PROGRAMS



NON-RD EDUCATORS





Over the past few months...

1. How many times a week did you eat fast food meals or snacks?

Less than 1 time
(0)

1-3 times
(1)

4 or more times
(2)



Over the past few months...

2. How many servings of fruit did you eat each day?

5 or more (0)	3-4 (1)	2 or less (2)
------------------	------------	------------------



Over the past few months...

3. How many servings of vegetables did you eat each day?

5 or more
(0)

3-4
(1)

2 or less
(2)



Over the past few months...

4. How many regular sodas or glasses of sweet tea did you drink each day?

Less than 1 (0)	1-2 (1)	3 or more (2)
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SUMMARY SCORE (sum of all items): _____



Over the past few months...

5. How many times a week did you eat beans (like pinto or black beans), chicken, or fish?

3 or more times
(0)

1-2 times
(1)

Less than 1 time
(2)



Over the past few months...

6. How many times a week did you eat regular snack chips or crackers (not low-fat)?

1 time or less
(0)

2-3 times
(1)

4 ore more times
(2)



Over the past few months...

7. How many times a week did you eat desserts and other sweets (not the low-fat kind)?

1 time or less
(0)

2-3 times
(1)

4 ore more times
(2)



Over the past few months...

8. How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread, or corn?

Very little (0)	Some (1)	A lot (2)
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Starting the Conversation

Performance of a Brief Dietary Assessment and Intervention Tool for Health Professionals

Over the past few months...

1. How many times a week did you eat fast food meals or snacks?	Less than 1 time (0)	1-3 times (1)	4 or more times (2)
2. How many servings of fruit did you eat each day?	5 or more (0)	3-4 (1)	2 or less (2)
3. How many servings of vegetables did you eat each day?	5 or more (0)	3-4 (1)	2 or less (2)
4. How many regular sodas or glasses of sweet tea did you drink each day?	Less than 1 (0)	1-2 (1)	3 or more (2)
5. How many times a week did you eat beans (like pinto or black beans), chicken, or fish?	3 or more times (0)	1-2 times (1)	Less than 1 time (2)
6. How many times a week did you eat regular snack chips or crackers (not low-fat)?	1 time or less (0)	2-3 times (1)	4 ore more times (2)
7. How many times a week did you eat desserts and other sweets (not the low-fat kind)?	1 time or less (0)	2-3 times (1)	4 ore more times (2)
8. How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread, or corn?	Very little (0)	Some (1)	A lot (2)

SUMMARY SCORE (sum of all items): _____



Starting the Conversation

Performance of a Brief Dietary Assessment and Intervention Tool for Health Professionals

Food Frequency Instrument

- Eight Questions

Scale developed by:

- Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill
- North Carolina Prevention Partners

Paxton AE, Strycker LA, Toobert, DJ, Ammerman AS, Glasgow RE (2011) Starting the Conversation: Performance of a Brief Dietary Assessment and Intervention Tool for Health Professionals. *American Journal of Preventive Medicine* ,40(1), 67-71.

[https://www.ajpmonline.org/article/S0749-3797\(10\)00586-6/pdf](https://www.ajpmonline.org/article/S0749-3797(10)00586-6/pdf)



Let the Client/Patient Set the Agenda

- Ask the what areas they need help with
- Ask what goal(s) are important for them to work on
- Depending on literacy, have them fill out their agenda before coming in for the visit

What would you like help with today?



Making Healthy Meals



Losing Weight



Eating Fruits & Vegetables



Being Active



Shopping for Food / Budget



Not Sure



Drinking More Water

Something Else:













Feelings About Health/Diabetes

Diabetes Program PERSONAL GOALS

Name: _____

Many people with diabetes have something that they would like to change in their life. Look at the items below, decide how happy you are with each of them with a check mark and identify those you would like to change.

Looking at this list, I want to improve (Choose the one most important goal to you):

		
1. Healthy Eating  	OK	COULD BE BETTER
2. Being Active 	OK	COULD BE BETTER
3. Monitoring 	OK	COULD BE BETTER
4. Taking any medicines everyday 	OK	COULD BE BETTER
5. Problem Solving 	OK	COULD BE BETTER
6. Healthy Coping 	OK	COULD BE BETTER
7. Reducing Risks 	OK	COULD BE BETTER



Engage Patients in Their Care

Ask open ended questions and listen to their answers.

“What about _____ do you find most challenging?”

Fill in the blank with:

- Managing your diabetes
- Eating healthy
- Being active
- Drinking water

Or any other goal or issue they are addressing



Poll Question

How would you start the conversation with Jane?



**“I don’t know what to eat.
The hardest thing is
knowing how to eat
healthy.”**

Jane



Indian Health Service
Division of Diabetes Treatment and Prevention

What is Basic Nutrition Education?



What is Basic Nutrition Education?

Basic nutrition education:

- considers access to nutritious foods, and personal and cultural preferences.
- supports healthful eating patterns.
- focuses on a variety of foods in appropriate amounts.



- **There is no such thing as a “Diabetes Diet”.**
- **People with diabetes do not have to buy special foods to eat healthfully.**
- **Indigenous ancestral or traditional foods are the foundation to eating a healthful diet.**

MY NATIVE PLATE

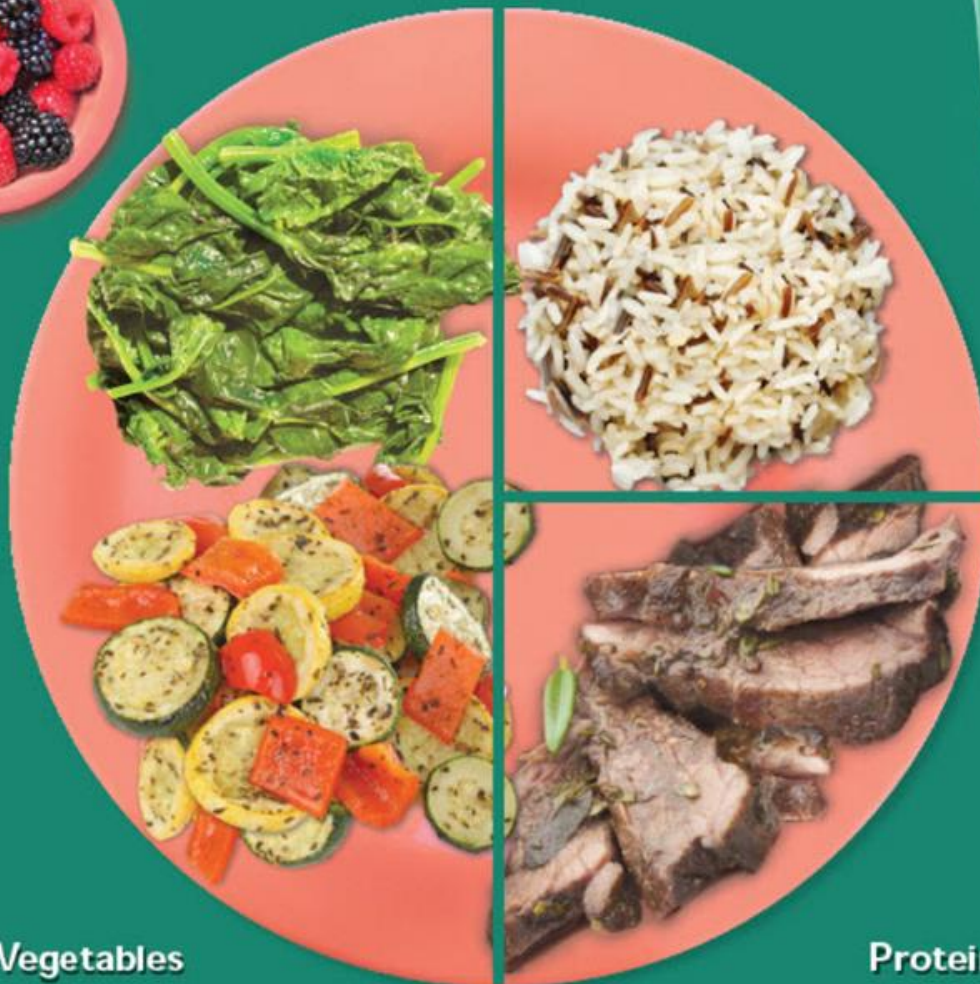
Fruit



Water



Grain/
Starch



Use your plate as a guide to help you eat in a healthy way!

1. Fill half of your plate with vegetables.
2. Fill the other half of your plate with a grain/starch and a protein.
3. Add a side of fruit.

Pictured here:

- Mixed berries
- Cooked spinach
- Baked squash with peppers and herbs
- Steamed wild rice
- Baked deer meat with sage
- Water

Take a picture with your cell phone. Look at the picture later as a reminder!



Vegetables

Protein

Remember:



Stay active



Drink water



Use a 9-inch plate

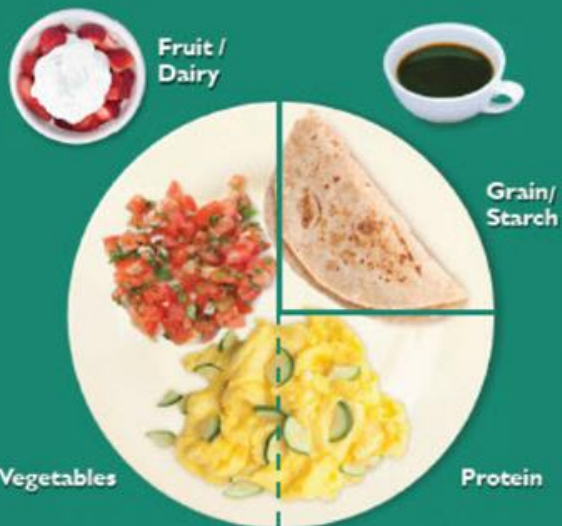
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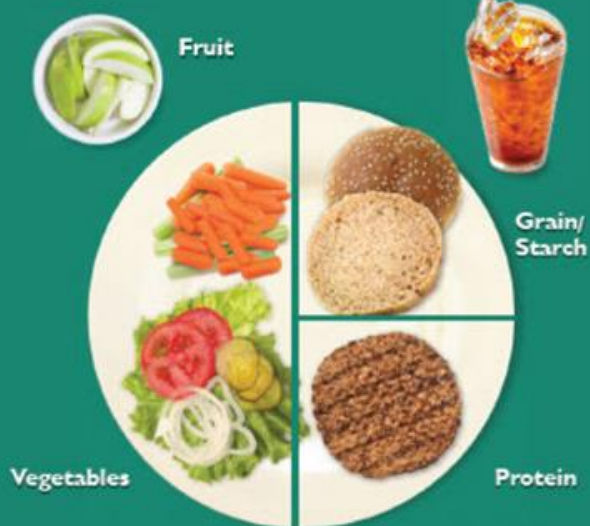
Indian Health Service, Division of
Diabetes Treatment and Prevention,
07/2018



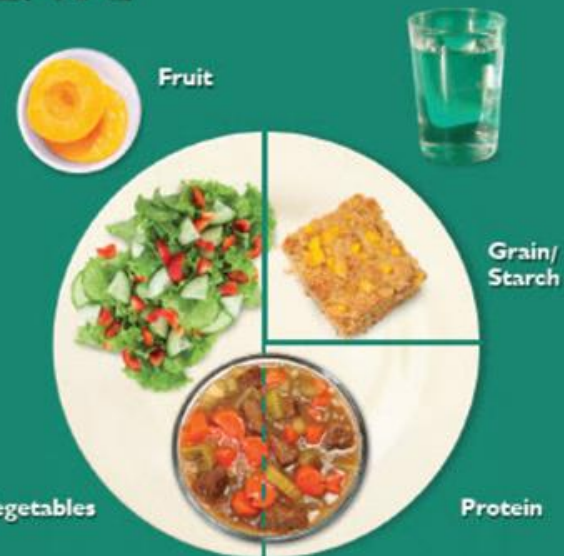
More Ideas for MY NATIVE PLATE



Pictured here: Yogurt with strawberries, salsa, scrambled eggs with zucchini, tortilla, coffee



Pictured here: Apple, carrots, celery, lettuce, tomato, onion, pickle, beef patty, bun, unsweetened tea



Pictured here: Peaches, salad, beef and vegetable stew, cornbread, water

Ways to Add Variety to Meals and Snacks

Vegetables and Fruits

Tips

- Stock up on fresh, frozen, and canned vegetables and fruits.
- Keep fruits and vegetables on hand for snacking.
- Plan some meals around a vegetable main dish, such as a stir fry, stew, or soup.
- Enjoy fruit as a dessert.

Examples

Vegetables: Wild greens, tomatoes, carrots, leafy greens, zucchini, avocados, broccoli, green beans, cucumbers, onions, peppers, okra

Fruits: Berries, melons, apricots, peaches, citrus fruits, bananas, apples, pears

Proteins

Tips

- Choose fish, beans, lentils, eggs, and nuts more often to cut down on meat.
- Instead of a beef patty for your burger, try a veggie, black bean, turkey, soy, or bison patty.
- Grill, stew, or bake meat instead of deep frying.
- If milk upsets your stomach, try yogurt, lactose free milk, or soy milk.

Examples

Animal proteins: Fish, wild game, bison, poultry, mutton, beef, pork, eggs

Plant proteins: Beans, lentils, nuts, nut butters, seeds, tofu, soy products

Dairy proteins: Milk, lactose free milk, yogurt, cheese, cottage cheese

Grains and Starches

Tips

- Choose whole grain foods, such as whole wheat breads, corn tortillas, oatmeal, and wild or brown rice.
- Try whole wheat flour instead of white flour.
- Add wild or brown rice to main dishes, such as a stir fry, stew, or soup.
- Bake or roast potatoes instead of deep frying.

Examples

Grains: Pastas, breads, crackers, rice, oats, quinoa, barley, cereals, tortillas, flour, cornmeal

Starchy vegetables: Potatoes, corn, green peas, winter squash



VEGGIES

Add Veggies to Meals and Snacks

- Stock up on fresh, frozen, and canned vegetables.
- Keep veggies on hand for snacking.
- Plan some meals around a vegetable main dish, such as stir fry, stew, or soup.
- It's OK to eat veggies for breakfast!



FRUITS

Add Fruits to Meals and Snacks

- Stock up on fresh, frozen, and canned fruits.
- Keep fruits on hand for snacking.
- Enjoy fruit as a dessert.
- Choose fruit over fruit juices.
- Add dried fruit to nuts for a high-energy snack.



PROTEINS

Add Proteins to Meals and Snacks

- Choose fish, beans, lentils, eggs, and nuts more often to cut down on meat.
- Instead of a beef patty for your burger, try a bison, veggie, black bean, or turkey patty.
- Grill, stew, or bake meat instead of deep frying.
- If milk upsets our stomach, try yogurt, lactose free milk, or nut milk.



TYPES OF PROTEINS

Animal Protein Examples

- Fish, wild game, bison, poultry, mutton, beef, pork, eggs

Plant Protein Examples

- Beans, lentils, nuts, nut butters, seeds, tofu, soy products

Dairy Protein Examples

- Milk, lactose free milk, yogurt, cheese, cottage cheese



GRAINS & STARCHES

About Grains & Starches

- Choose whole grain foods, such as whole wheat breads, corn tortillas, oatmeal, and wild or brown rice.
- Try whole wheat flour instead of white flour.
- Add wild or brown rice to main dishes, such as a stir fry, stew, or soup.
- Bake or roast potatoes instead of deep frying.



GRAINS & STARCHES

Grains Examples

- Pastas, breads, crackers, rice, oats, quinoa, barley, cereals, tortillas, flour, cornmeal

Starchy Vegetables Examples

- Potatoes, corn, green peas, winter squash





Native Infusion: Rethink Your Drink

A Guide to Ancestral Beverages

WATER
IS LIFE



FOOD IS OUR
MEDICINE



TASTE
THE SEASON



PROTECT
WHAT YOU LOVE



BUILD
STRENGTH



Authors: Valerie Segrest & Elise Krohn

Funding support provided by First Nations Development Institute
and the Muckleshoot Tribe's Traditional Foods Program





Jane

Jane is ready to set goals.

What?

When?

Where?

How often?

Start time?



Refer to an RD for Individualized Nutrition Recommendations (Medical Nutrition Therapy)



IHS Diabetes Standard of Care: Nutrition Recommendation Two

Recommendations for Nutrition

It is recommended that patients receive basic nutrition education that supports healthful eating patterns, focusing on a variety of foods in appropriate amounts. Consider using [My Native Plate](#) to engage discussion about eating practices such as food choices, meal preparations, and portions.

1. Provide basic nutrition education to all patients with diabetes or prediabetes:
 - at diagnosis
 - then annually
 - more often as needed
2. Refer patients to an RD, whenever possible, for MNT for diabetes and other health conditions that need individualized nutrition recommendations (e.g., hypertension, dyslipidemia, kidney disease).
 - at diagnosis
 - then annually
 - more often as needed
3. Assess a patient's access to a sufficient quantity of affordable, nutritious foods. Screen for food insecurity using the [Food Insecurity Assessment Tool and Resource List](#) [PDF - 230KB].



Poll Question

*Do you know the process to
access an RD in your
healthcare system?*



Referring To and Accessing Dietitians

- RD on site vs. RD off site
- Depends on your local health care system
- Ask around!
 - Registered Dietitian
 - Chief Nurse
 - Chief Medical Director
 - Billing Department
 - Referred Patient Care



Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

INDIAN HEALTH SERVICE
Division of Diabetes Treatment and Prevention

Patient Information

Patient's Last Name _____ First Name _____ Middle _____

Date of Birth ____/____/____ Gender: Male Female

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ E-mail address _____

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

Initial group DSME/T: 10 hours or _____ no. hrs. requested

Follow-up DSME/T: 2 hours or _____ no. hrs. requested

Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

Vision Hearing Physical

Cognitive Impairment Language Limitations

Additional training additional _____ requested

Telehealth Other _____

DSME/T Content

Monitor diabetes Diabetes disease process

Psychological adjustment Physical activity

Management Goal setting problem solving

Prevent, detect and treat acute complications

Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

Type 1 Type 2

Gestational Diagnosis code _____

Complications/Comorbidities

Check all that apply:

Hypertension Dyslipidemia Stroke

Neuropathy PVD

Kidney disease Retinopathy CHD

Non-healing wound Pregnancy Obesity

Mental/affective disorder Other _____

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

Initial MNT 3 hours or _____ no. hrs. requested

Annual follow-up MNT 2 _____ hrs. requested

Telehealth Additional MNT _____ in the same calendar year

Additional _____ requested _____
Case summary in medical condition, treatment and/or diagnosis: _____

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # _____ Date ____/____/____

Group/practice name, address and phone: _____

Revised 10/2014 by the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics



Diabetes Referral

- New DM Pt Education Class
- Meter Download
- New DM Pt Education Class
- DM Intensive Care Management

Prevention Adults

- Weight Management
- Physical Activity
- Pre-diabetes/Elevated Glucose
- Metabolic Syndrome
- Healthy Choices Group Class

Special Diets Adults Only

- Diabetic Renal
- Hypertension Hepatic
- Elevated Lipids Digestive Disorder
- Other

Child/Adolescents

- Weight Management Diabetes
- Physical Activity Special Diet
- Elevated Glucose
- Elevated Lipids

Provider Signature _____ Date _____



Indian Health Service
Division of Diabetes Treatment and Prevention

Address Food Insecurity



IHS Diabetes Standard of Care: Nutrition Recommendation Three

Recommendations for Nutrition

It is recommended that patients receive basic nutrition education that supports healthful eating patterns, focusing on a variety of foods in appropriate amounts. Consider using [My Native Plate](#) to engage discussion about eating practices such as food choices, meal preparations, and portions.

1. Provide basic nutrition education to all patients with diabetes or prediabetes:
 - at diagnosis
 - then annually
 - more often as needed
2. Refer patients to an RD, whenever possible, for MNT for diabetes and other health conditions that need individualized nutrition recommendations (e.g., hypertension, dyslipidemia, kidney disease).
 - at diagnosis
 - then annually
 - more often as needed
3. Assess a patient's access to a sufficient quantity of affordable, nutritious foods. Screen for food insecurity using the [Food Insecurity Assessment Tool and Resource List](#) [PDF - 230KB].



Food Insecurity Risk Factors

- Low, inconsistent or lost income
 - Recent job loss or reduction in hours
 - Inadequate SNAP allotment or access to government food resources
- Elder population
- Single-parent homes
- Drug and alcohol dependency
- Uninsured or underinsured with a medical illness



When is food insecurity likely to occur?

- At the end of the month - SNAP or income may have run out
- Holiday seasons
- Birthdays, life-cycle rituals
- Feast Days
- Ceremonies
- Summer (kids out of school)
- Seasonal bills
- Competing housing and medical costs



Food Insecurity Assessment Tool and Resource List

To help your patients and clients improve their health, it is important to understand food insecurity and provide them with resources to get more healthy food.

When patients/clients and their children cannot get enough healthy food, they have food insecurity. They:

- Are at greater risk for being emotionally distressed.
- Eat less expensive foods which are often unhealthy.
- Have little choice over what kinds of food to buy or receive for free, making it difficult or impossible to eat balanced meals.
- Have periods when they don't eat, then overeat when food is available. If they have diabetes, this makes it very difficult to manage blood sugar.
- Have a greater risk for being overweight or obese.
- Are more likely to get diseases like diabetes.

To help your patients/clients lessen food insecurity, take these three steps:

1. Read each statement* and ask your client if the statement is often true, sometimes true, rarely true, or never true.
 - Within the past 12 months, we worried whether our food would run out before we got money to buy more. Often True Sometimes True Rarely True Never True
 - Within the past 12 months, the food we bought just didn't last and we didn't have money to get more. Often True Sometimes True Rarely True Never True
2. If your client responds "often true" or "sometimes true" to either statement, they likely have food insecurity. Help them get more food by filling out the list of resources (see next page) and giving it to them.

You can also fill out the list, make copies, and leave them in waiting rooms and other areas for community members to pick up.
3. Advocate for nourishing foods in your community. Take steps to increase the availability of nutritious, affordable food.

* Hager ER, Quigg AM, Black MM, Coleman SM, Heeren T, Rose-Jacobs R, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010 Jul 1; 126(1):26-32.

Food Insecurity Assessment

Read each statement and ask your client if the statement is often true, sometimes true, rarely true, or never true.

- Within the past 12 months, we worried whether our food would run out before we got money to buy more.
- Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

If the response is "often true" or "sometimes true" to either statement, they likely have food insecurity.





Starting the Conversation About Food Insecurity

“I ask all of my patients about access to food. I want to make sure that you know the community resources that are available to you. Many of these resources are free of charge.”

Food Insecurity Screening Algorithm for Adults

<https://nopren.org/wp-content/uploads/2017/10/Clinical-Linkages-Adults-FI-Screening-Algorithm-10.9.17.pdf>

This tool is the work of the Nutrition and Obesity Policy Research and Evaluation Network's (NOPREN) Hunger Safety Net Clinical Linkages Workgroup



Where to Get Food Assistance in This Community

Community Name: _____ Date: _____

Not having enough food for yourself and your family is stressful. Lack of good food makes it difficult to provide nutritious meals that help children grow and adults stay healthy. The thought of not having enough food can make you worry.

There are resources to help. If you need food assistance, please don't wait to contact the programs on this list. They can help you get the food you need for yourself and your family.*

Program Name	Contact Name	Contact Number	Other Important Information (Location, Who Can Qualify, Hours, etc.)
SNAP - Supplemental Nutrition Assistance (Food Stamps)			
Food Distribution (Commodities)			
Women, Infants, and Children (WIC)			
School Lunch and Breakfast Program			
Summer Food Service Program for Children			
Senior Center			
Meals on Wheels			
Tribal Food Program			
Farmers Markets			
Community Gardens			
Food Bank / Food Pantry			
"Mobile Grocery Store" Truck			
Church / Place of Worship			
Social Services			

*Check with the program to see if you qualify to get food.

- Fill out the list. You may need to ask for assistance from your co-workers or colleagues.
- Make copies to have available to clients/patients.
- Leave the filled out resource list in waiting rooms and other areas for community members to pick up.





Where to Get Food Assistance in This Community

Community Name: Alabama Coushatta Tribe of Texas

Not having enough food for yourself and your family is stressful. Lack of good food makes it difficult to provide nutritious meals that help children grow and adults stay healthy. The thought of not having enough food can make you worry.

There are resources to help. If you need food assistance, please don't wait to call on this list. They can help you get the food you need for yourself and your family.

Program Name	Contact Name	Contact Number	Other Info (Location, Wt)
SNAP - Supplemental Nutrition Assistance (Food Stamps)		936-327-6700	1102 N. Livingstn
Food Distribution (Commodities)	Peter	936-563-1129	CDIBS Ca fill
Women, Infants, and Children (WIC)	Dalia	936-327-5433	Mon 10-7 Tues 9-6 Wth 8-
School Lunch and Breakfast Program	check	to local	schools
Summer Food Service Program for Children	Carlene Bullock	936-563-1279	
Senior Center	Andy Flores	936-563-1337	
Meals on Wheels	Ida Langley	936-563-1268	
Tribal Food Program			
Farmers Markets			
Community Gardens		936-563-2058	Nancy J
Food Bank / Food Pantry			
*"Mobile Grocery Store" Truck			
Church / Place of Worship	Cristal Balthazar	936-563-1251	959-599 dt Jones
Social Services	Jonette Balthazar	936-563-1251	utilitic wed

*Check with the program to see if you qualify to get food.



Produced by the IHS Division of Diabetes Treatment and Prevention. To print this, go to www.diabetes.ihs.gov and search Food Insecurity Tool the web page.

Where to Get Food Assistance in This Community

Community Name: PENOBSCOT NATION

Not having enough food for yourself and your family is stressful. Lack of good food makes it difficult to provide nutritious meals that help children grow and adults stay healthy. The thought of not having enough food can make you worry.

There are resources to help. If you need food assistance, please don't wait to contact the programs on this list. They can help you get the food you need for yourself and your family.*

Program Name	Contact Name	Contact Number	Other Important Information (Location, Who Can Qualify, Hours, etc.)
SNAP - Supplemental Nutrition Assistance (Food Stamps)	Bangor office	561-4100	SNAP provides food vouchers for people to use at their local grocery store.
Food Distribution (Commodities)	Natasha Charely	817-7492	*This is done at the food pantry on 2 Down Street. The food pantry is open twice per month and also on an emergency basis.
Women, Infants, and Children (WIC)	Bangor WIC	1-800-437-9300	WIC provides food assistance for pregnant women and also for children from 0-5 years of age.
School Lunch and Breakfast Program	Eric Paul	827-4285	Contact the Food Service director at Indian Island School.
Summer Food Service Program for Children	Eric Paul	827-4285	Contact the Food Service director at Indian Island School.
Senior Center	Tammy Loring	817-7402	The senior center shares a building with Penobscot Nation Health Department and is located outside of the village. On site meals are provided weekdays for seniors over age 65.
Meals on Wheels	Eastern Area Agency on Aging	1-800-432-7812	This program is available for people 60 years of older who are homebound or disabled or otherwise unable to prepare meals.
3D Catering	Eastern Area Agency on Aging	1-800-432-7812	This service is for people who have difficulty preparing meals. The cost per meal is \$5 per meal. Meals are delivered to the home.
Women's Mission	Rose Scribner	827-3845	This service is located at 10 West Street Indian Island. Please call to request a food bag.
Community Gardens	Alivia Moore	745-8644	The community green house/high tunnel garden is located at 50 Down Street. Everyone is welcome!
Food Bank / Food Pantry	Natasha Charely	817-7492	The food pantry is located at 2 Down St on Indian Island and is open twice per month and also on an emergency basis.
*"Mobile Grocery Store" Truck	Natasha Charely	817-7492	The food truck comes once per year as organized by the food pantry on 2 Down Street.
Children's Food Pantry	Indian Island School Carol Winslow	827-4285	All children and youth 18 years or younger are eligible for food assistance. Provided food is intended for youth only and adults are encouraged to use the food pantry.
List updated 10/14/2016			

*Check with the program to see if you qualify to get food.









Produced by the IHS Division of Diabetes Treatment and Prevention, 2015. To print this, go to www.diabetes.ihs.gov and search Food Insecurity Tool in the upper right corner of the web page.

- Get to know internal and external resources
- Collaborate with local programs
 - Tribal programs
 - Extension programs
 - Food Distribution Programs
 - SDPI Programs

Food Resources near Shiprock

Not having enough food for yourself and your family is stressful. Lack of good food makes it hard to have nutritious meals that help children grow and adults stay healthy. The thought of not having enough food can make you worry. There are resources to help. If you need food assistance, please don't wait to contact the programs on this list.*

	Program Name:	Address and Phone:	Other Important Information:
	SNAP - Supplemental Nutrition Assistance (Food Stamps)	Human Services Department Income Support 101 W. Animas Farmington, NM 87401 Phone: 505-566-9600	New Mexico: https://www.yes.state.nm.us Arizona: https://www.healtharizonaplus.gov/ *How to Apply* Video: https://des.az.gov/services/basic-needs/family-assistance/health-e-arizona-application
	Food Distribution (FDPIR)	4080 Highway 64 Kirtland, NM 87417 Phone: 505-598-9736	Supplemental foods. Income required. Can receive either SNAP or FDPIR, but cannot receive both.
	Women, Infants & Children (WIC)	P.O. Box 129, Shiprock, NM 87420 Phone: 505-368-1135 138 Suite A, Giles Street Farmington, NM 87401 Phone: 505-327-9951	Supplemental eligible food for parents of children 0-5 years; Nutrition Education, Information on Breastfeeding. Income eligibility required.
	Farmer's Markets	Farmington Farmer's Market Farmington Museum Aztec Farmer's Market Shiprock Chapter House Farmer's Market	Farmington & Aztec Farmer's Market offer "Double Up Food Bucks" for SNAP participants, doubling your local foods when you use your EBT card. Farmington Hours: Saturday June 9, 2018 through October 26, 2018: 8am-12pm Saturdays; Tuesdays from 4-6pm. Shiprock Chapter House—August 4th—October 13th or first freeze—9am-6pm Saturdays
	ECHO Inc. Food Bank	401 South Commercial Avenue Farmington, NM 87401 Phone: 505-326-3770	Hours: Monday-Thursday 7:00 a.m. – 12:00 p.m. & 12:30 p.m. – 5:30 p.m.; Closed Holidays and after 3 pm on last business day of each month Free Food for Seniors: One time/season \$25 free produce at Farmington Farmer's Market (age 60+); monthly free food program (CSFP) - for income qualified NM Seniors 60+. TEFAP: Commodities, monthly supplemental food for income-qualified NM household
	Bethel Christian Reformed Church	Pastor John Greydanus Junction of Hwy 491 & 64 Shiprock, NM 87420 Office Landline: (505) 368-4475	<ol style="list-style-type: none"> Income-Eligible Program: Bag of groceries, available at first come, first serve. Proof of income required. Under 6 and Over 60 Program (CSFP): Bring ID, Social Security Card, number of people living in home, & income verification. Fruit, vegetable, food distribution every Tuesday at 10am. No income requirements.
	San Juan Baptist Association	1010 Ridgeway Place Farmington, NM 87401 Phone: 505-327-4530	Non-perishable food and clothing Hours: Mondays from 11:00 am-1:00 pm



2018 Summer Meals near Shiprock—to be updated in 2019

Address and Phone:	Days of the Week:	Dates:	Hours:
Shiprock Office of Dine Youth PO Box 3257, Shiprock	Monday-Thursday	June 4th— August 2nd	12:00-1:00pm
Shiprock High School US Highway 64, Shiprock	Monday—Friday	June 4th— August 2nd	7:30-8:30am Breakfast 11:30-1:00pm Lunch
Shiprock ODY US Highway 491, Shiprock	Monday-Thursday	June 4th— August 2nd	12:00-1:00pm Lunch
Naschitti Chapter US Highway 491, Naschitti	Monday—Friday	June 25th— August 2nd	8:00-9:30am Breakfast 11:00am-1:30pm Lunch
Newcomb Elementary PO Box 7917	Monday—Friday	June 4th— August 2nd	7:30-8:30am Breakfast 11:30-1:00pm Lunch
Sanostee Chapter PO Box 219	Monday—Friday	June 4th— August 2nd	12:00-1:00pm Lunch
Ojo Amarillo Elementary School PO Box 768, Fruitland	Monday -Thursday	June 4th— August 2nd	7:30-9:00am Breakfast 11:30am-1:00pm Lunch
Upper Fruitland Chapter House N 36 Fruitland	Monday—Friday	June 11th— August 2nd	8:15-9:15am Breakfast 11:45am-12:45pm Lunch
Kirtland Youth Association 39 Road 6500, Kirtland	Monday—Friday	June 4th— August 2nd	8:00-9:00am Breakfast 11:30am-12:30pm Lunch
Kirtland Middle School 538 Road 6100, Kirtland	Monday—Friday	June 4th— August 2nd	7:00-9:30am Breakfast 11:00am-12:45pm Lunch
Hanaadili/Huerfano Youth Center 536 Cr 7150, Bloomfield	Monday—Friday	June 29th— August 2nd	12:00pm-1:00pm Lunch
Mesa Mobile Home 2011 Troy King Road, Farmington	Monday—Friday	June 4th— August 2nd	11:30am-1:00pm Lunch

Address and Phone:	Days of the Week:	Dates:	Hours:
Animas Elementary 1612 Hutton, Farmington	Monday—Friday	June 11th— August 3rd	8:30-9:30am Breakfast 11:30am-1:00pm Lunch
Northeast Elementary 1400 E. 23rd, Farmington	Monday—Friday	June 11th— August 3rd	8:30-9:30am Breakfast 11:30am-1:30pm Lunch
Berg Park 400 Scott Ave, Farmington	Monday—Friday	June 11th— August 3rd	12:00-2:00pm Lunch 4:30pm-5:30pm Snack
Sycamore Park 1051 Sycamore Street, Farmington	Monday—Friday	June 11th— August 3rd	8:30-9:30am Breakfast 11:30am-1:00pm Lunch
Westland Park 2999 La Puente Place, Farmington	Monday—Friday	June 11th— August 3rd	11:00am-1:00pm Lunch
Westside Estates Park 1501 Robin Avenue, Farmington	Monday—Friday	June 11th— August 3rd	11:00am-1:00pm Lunch
Boys & Girls Club 1825 E. 19th Ave, Farmington	Monday—Friday	May 29th— August 10th	8:00-9:00am Breakfast 11:30am-1:30pm Lunch
Gateway Museum—Farmers' Market, 2041 E. Main Street, Farmington	Saturday ONLY	June 9th— August 4th	8:30-10:00am Breakfast

Senior Meals near Shiprock

Navajo Nation Senior Center:	Phone:
Aneth	(435) 651-3527
Beclabito	(928) 656-3686
Cove	(928) 653-5813
Cudeii	(505) 368-1492
Hogback	(505) 368-1474
Huerfano	(505) 325-1400
Mitten Rock	(928) 653-5828
Nageezi	(505) 632-3106
Newcomb	(505) 696-5485
Red Mesa	(928) 656-3690
Sanostee	(505) 723-2711

Navajo Nation Senior Center:	Phone:
Shiprock	(505) 368-1560
Sweetwater	
Teec Nos Pos	(928) 656-3694
Two Grey Hills	(505) 789-3110
Upper Fruitland	(505) 598-6369

Meals and support services at Chapter Houses or delivered to homes.
Eligible Adults: 55 or 60 years old
Please check with the program to see if you qualify.

Northern Navajo Medical Center
Health Education Center for Wellness
US-491, Shiprock, NM 87420
Phone: 505-368-6843 or Jenna Cope, MPH,
RD at 505-368-7198

For more information about CCSD Summer Meals, contact: Emiliano A. Perea,
Phone: 505-841-4856

Farmington Summer Meals: Children 18 years and younger eat FREE! Adult
Breakfast: \$2.25, Adult Lunch: \$3.50.

*Please check with the program to see if you qualify to get food.



“I often run out of money to buy food before my next payday.”

Jane





Poll Question

How would you respond to Jane?



Indian Health Service
Division of Diabetes Treatment and Prevention

Education Resources



U.S. Department of Health and Human Services

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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- Find culturally relevant and easy-to-use materials for providers, patients, and clients.
- Materials are free to order, or to download and print.
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My Native Plate

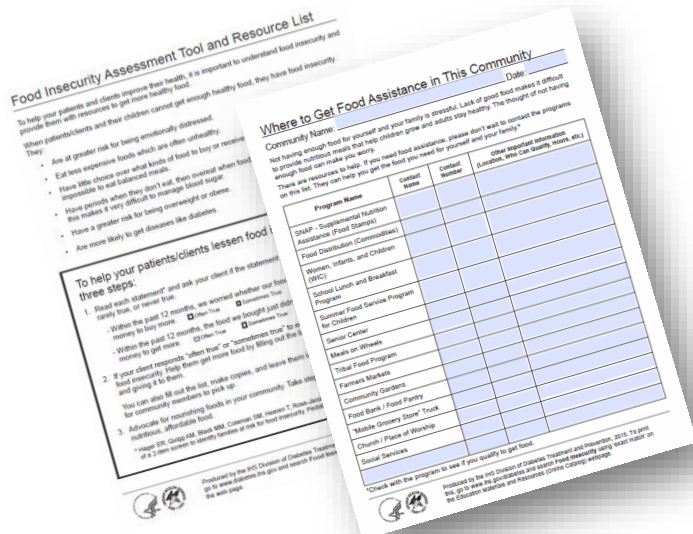
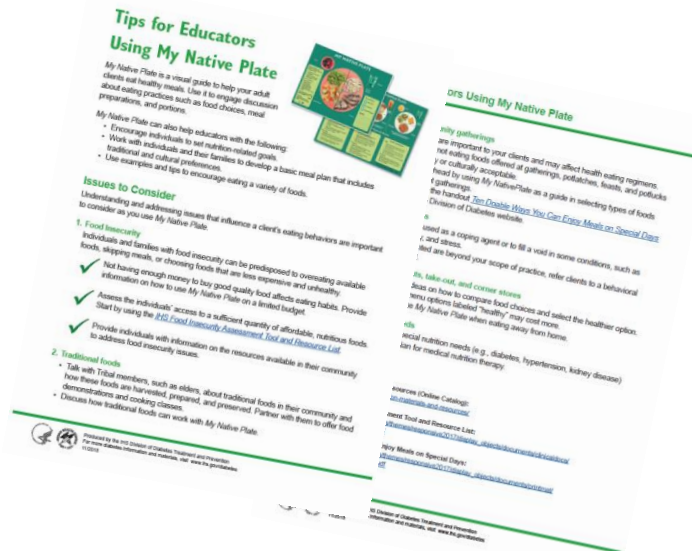
- [Order Tear-off Pad of Placemats \(12x16\)](#)
- Self-print

Tips for Educators Using My Native Plate

- Self-print

Food Insecurity Assessment Tool and Resource List

- Self-print



Where to Get Food Assistance in This Community

Community Name: _____ Date: _____

Not having enough food for yourself and your family is stressful. Lack of good food makes it difficult to complete routine tasks that help children grow and adults stay healthy. You brought us information about food resources in your community. Please help us by filling out this form. We will use the information to help us find the food you need for yourself and your family.

Program Name	Contact Name	Contact Number
SNAP - Supplemental Nutrition Assistance (Food Stamps)		
Food Distribution (Commodities)		
Women, Infants, and Children (WIC)		
School Lunch and Breakfast Program		
Summer Food Service Program for Children		
Senior Center		
Meals on Wheels		
Tribal Food Program		
Farmers Markets		
Community Gardens		
Food Bank / Food Pantry		
"Mother-Sonny Store" Thrift Store		
Church / Place of Worship		
Social Services		

Check with the program to see if you qualify for food.

To help your patients/clients lessen food stress, three steps:

1. Read each statement and ask your client if the statement is true for them. If true, mark "Yes". If not true, mark "No".
2. If your client responds "often true" or "sometimes true" to any statement, help them get more food by filling out this form. You can also fill out the list, make copies, and leave them at home and giving it to them.
3. Advocate for increasing foods in your community. Take action for community members to help up.

You can also fill out the list, make copies, and leave them at home and giving it to them.

Approved by the IHS Division of Diabetes Treatment and Prevention, 2015. To print this form, please go to [www.ihs.gov/diabetes](#) and click on the "Forms" link.

- Issues to Consider**
- Understanding and addressing issues that influence a client's eating behaviors are important to consider as you use My Native Plate.
1. **Food Insecurity**
Individuals and families with food insecurity can be predisposed to overeating available foods, skipping meals, or choosing foods that are less expensive and unhealthy. Not having enough money to buy good quality food affects eating habits. Provide information on how to use My Native Plate on a limited budget.
 2. **Traditional Foods**
Talk with Tribal members, such as elders, about traditional foods in their community and demonstrate and cooking classes.
- Discuss how traditional foods can work with My Native Plate.

Resources Using My Native Plate

It is important to your clients and may affect health eating behaviors. You or culturally acceptable. If gathered, the handbook *2nd Edition: How You Can Enjoy Meals on Special Diets* is used as a coping agent or to fill a void in some conditions, such as grief and stress. Ask an expert beyond your scope of practice, refer clients to a behavioral health professional, or contact a dietitian. Ask on how to compare food choices and select the healthier option. My Native Plate when eating away from home. Medical nutrition needs (e.g., diabetes, hypertension, kidney disease) can be addressed with My Native Plate.

For more information, visit [www.ihs.gov/diabetes](#) and click on the "Forms" link.



Protecting Your Kidneys Taking Care of Your Teeth and Gums Taking Care of Your Eyes Low Blood Sugar How to Get Started Walking Walking Further and Faster Know Your Numbers (A1C and Blood Pressure)



Diabetes Information for You and Your Family How To Walk Further and Faster

Why walk more?

You are already walking and that's great! By walking more, you are taking steps to stay healthy and live longer so you can:

- Be there for your children, grandchildren, and other family members.
- Be an active and helpful member of your community.
- Serve as an Elder and share your wisdom.

How much do you need to walk?

To take care of your diabetes, build up to walking at least 30 minutes on most days of the week. Keep track of the number of minutes you walk each day.

- If you cannot walk 30 minutes all at once, try walking 3 times a day for 10 minutes.
- Listen to your body. Some days you may feel like you can walk longer. Other days you may need to take it easier.
- Keep up a good pace. A good pace is when you can talk while you walk without running out of breath. If you can sing while you walk, you may want to walk faster.
- Try to walk a little farther and faster each week.

How do you keep going?

- Choose the days and times that you are most likely to walk. Some people set aside the same time every day for their walks.
- Walk when you have the most energy or when the weather is the nicest.



"Walking with a group of friends or family is a great way to stay on track."
Katie Wilson (right), Choctaw/Creek Tribes, Oklahoma

- Make it family time with your children or grandchildren.
- Walk with friends. Find a walking partner or two. Laugh and have fun.

What if you have health concerns?

- Check with your health care provider about your plan to walk more. Talk about any pain you have when you walk.
- If you have chest pain, nausea, or shortness of breath, these may be signs of a serious health problem. Call a health care provider right away.



Know Your Numbers (A1C and Blood Pressure)

A1C Test

The A1C test gives an average of your blood sugars over the last 3 months. Over time, high blood sugar levels may cause problems in your eyes, feet, and kidneys.

- **Check:** Your A1C should be checked at least twice a year, or more often, as recommended by your health care provider.
- **Goal:** Your health care provider will talk with you about what A1C goal is right for you.

My last A1C was: _____

Date: _____

My A1C Goal

I will take these steps to reach or stay at my A1C goal:

Blood Pressure

High blood pressure makes your heart work harder than it should. Over time, it can also damage blood vessels, such as those in your eyes, feet, and kidneys.

- **Check:** Get your blood pressure checked at every clinic visit.
- **Goal:** The blood pressure goal for many people with diabetes is less than 140/90. Your health care provider will talk with you about what blood pressure goal is right for you.

My last blood pressure was: _____ / _____

Date: _____

My Blood Pressure Goal

_____ / _____

I will take these steps to reach or stay at my blood pressure goal:



Low Blood Sugar

Know the Symptoms of Low Blood Sugar

Low blood sugar can be a problem. You may feel one or more of the symptoms below when your blood sugar is getting low. Some people may not feel any symptoms.



What To Do If You Have Low Blood Sugar Symptoms

If you have your meter nearby, check your blood sugar. It is okay if you cannot check. It is more important to treat your symptoms right away.

Step 1: Treat low blood sugar. Choose one sugary food or drink, such as:



Step 2: Wait 15 minutes. If you are able, check your blood sugar to see if it is above 70.

Step 3: If you continue to have symptoms, or if your blood sugar is less than 70, repeat step 1.

Talk to Your Health Care Provider

Let your health care provider know if you are having symptoms of low blood sugar. You may need a change in your...

Taking Care of Your Eyes When You Have Diabetes

Mr. Johnson, you're due for an annual diabetic eye exam.

Dr. Smith, my vision is fine. I don't know why I need an eye exam every year.

Protect your vision: A diabetic eye exam can detect problems early. High blood sugar or high blood pressure over time can cause damage to the eyes. In some cases, this can lead to vision loss.

Get a diabetic eye exam at least once a year to find and treat eye problems early.

Take care of your blood sugar and blood pressure.

"I'm glad I went for my eye exam. Small problems were found that can be treated."

Take action with your eye plan. Look at this poster that we included!



Diabetes Information for You and Your Family How To Get Started Walking

Why walk?

Our bodies are meant to get up and walk—to the mailbox, down the road, around the neighborhood. Walking can help you stay healthy and live longer so you can:

- Be there for your children, grandchildren, and other family members.
- Be an active and helpful member of your community.
- Serve as an Elder and share your wisdom.

All you need is a sturdy pair of shoes, a few minutes, and a safe place to walk. Give walking a try!

How does walking help?

Walking helps your mind, body, spirit, and emotions. It can help you:

- Have more energy by keeping your blood sugar, blood pressure, cholesterol, and weight in good ranges.
- Stay active and prevent injuries by keeping your muscles and bones strong.
- Feel calmer and less stressed by lifting your spirits.

Is walking right for you?

Walking is right for most people. If you are not sure that walking is right for you, ask your health care provider.

- Is walking right for me?
- How much walking is right for me?
- Do I need to check my blood sugar before and/or after I walk?

How can you get started?

Start slowly. You may be able to walk only a few minutes at first. That's okay. Try these tips for getting started:

- Walk at your own pace.
- Walk up and down your driveway or around your home.
- Walk around while you watch TV or talk on the phone.
- Park a little farther from the store.

Try to build up to walking 3 to 5 minutes, 2 or 3 times a day. With time, you may be able to walk farther and go faster. Keep track of the minutes you walk. You may even find that you feel better and stronger!



"I started walking so I will be healthier and less stressed. I want to be there for my family for a long time."
Glenn Aceto, Chickasaw/Geminetee Tribes, Oklahoma





Insulin Therapy in Type 2 Diabetes

Please Note: This algorithm is intended for adults who are initiating and/or optimizing insulin therapy to achieve glycemic targets. It is not intended for situations where aggressive insulin therapy may be needed (e.g., diabetic ketoacidosis), for people with type 1 diabetes, or for the treatment of children, or women who are or could become pregnant.

Individualize Glycemic Target Ranges: choose ranges based on age, duration of diabetes, patient preference, comorbidities, hypoglycemia risk, and other factors. (See [Glucose Management Algorithm](#).)

Step 1: Start Basal insulin

Start basal insulin 10 units or 0.1-0.2 units/kg daily or divided BID.
Titrate dose based on Fasting Plasma Glucose (FPG).
Increase by 2-4 units or 10-15% every 3-4 days until FPG within target range, generally 80-130mg/dL (individualize).

If A1C not within target range but FPG at target and/or basal insulin dose >0.7-1 unit/kg

Step 2: Add Bolus insulin before largest meal

Start bolus insulin 4 units or 0.1 units/kg or 10% of basal insulin dose before largest meal.
Titrate dose based on next meal's Premeal Glucose.
Increase by 1-2 units or 10-15% every 3-7 days until next meal's Premeal Glucose within target range, generally 80-130mg/dL.

If A1C not within target range

Step 3: Add Bolus insulin before other meals

Start additional bolus insulin 4 units or 0.1 units/kg or 10% of basal insulin dose before other meals (focus on one meal at a time).
Titrate dose based on next meal's Premeal Glucose.
Increase by 1-2 units or 10-15% every 3-7 days until next meal's Premeal Glucose within target range, generally 80-130mg/dL.*

* If Premeal glucose targets achieved but A1C remains elevated, consider checking Post-Prandial Glucose: targets generally <180mg/dL 1-2 hours after meals.

Patients on insulin should receive education that includes appropriate injection and dosing technique, hypoglycemia management, and timing of doses and meals.

If hypoglycemia occurs, determine and address the cause. Review blood glucose patterns and decrease the dose of insulin that is likely causing hypoglycemia by 10-20%.

Insulin Therapy in Type 2 Diabetes

Basal Insulin	Onset (hrs)	Peak (hrs)	Duration (hrs)
NPH (Novolin N®)	1-2	4-14	10-24
Detemir (Levemir®)	1	-	8-24
Glargine (Lantus®/Basaglar®)	1	-	up to 24
Glargine U-300* (Toujeo®)	6	-	24 - 36
Degludec U-100, U-200* (Tresiba®)	1	-	up to 42

Bolus Insulin	Onset (hrs)	Peak (hrs)	Duration (hrs)
Regular (Novolin R®)	0.5-1	2-4	6-12
Aspart (Fiasp®)	2.5 min	1	5-7
Aspart (Novolog®)	< 15 min	1-2	3-5
Lispro U-100, U-200* (Humalog®)	15 min	1-2	3-5
Gulisine (Apidra®)	< 30 min	1-2	3-6

Dual Action Insulin	Onset (hrs)	Peak (hrs)	Duration (hrs)
Regular U-500* (Humulin®)	varies with dose	varies with dose	8-24

Pre-Mixed Insulin	Onset (hrs)	Peak (hrs)	Duration (hrs)
NPH/Reg (Novolin® 70/30)	0.5	2-12	18-24
NPA/Aspart (Novolog Mix® 70/30)	0.25	1-4	12-24
NPL/Lispro (Humalog Mix® 50/50)	0.5	1-4	6-12
NPL/Lispro (Humalog Mix® 75/25)	0.5	1-4	6-12

Consider for people who cannot mix insulin or who would benefit from a simpler regimen.

- When **starting**, use 10-12 units or 0.3 units/kg per day:
Give 2/3 in AM and 1/3 in PM before meals or 1/2 in AM and 1/2 in PM before meals.
- When **switching** to pre-mixed insulin, divide current daily insulin dose:
Give 2/3 in AM and 1/3 in PM before meals or 1/2 in AM and 1/2 in PM before meals.
- Increase dose by 1-2 units or 10-15% every 3-7 days

* The standard concentration of insulin is U-100 (100 units/ml). There are currently multiple products available with higher concentrations of insulin: U-200 (200 units/ml), U-300 (300 units/ml) and U-500 (500 units/ml). (See [Concentrated Insulins Handout](#).)

Medications on the IHS National Core Formulary are in **BOLD** above.

Ref: ADA Clinical Practice Recommendations, Diabetes Care; 2019, 42, Supplement 1 ePorcates (May 2018). Retrieved from: <https://online.epocrates.com/tables/32011/Insulin-Comparisons>

Last updated March 2019

Insulin Concentration

Higher concentrations of insulin are available to:
* deliver larger doses of insulin with less volume (in milliliters).
* decrease the number of injections needed at one time when patients require high doses of insulin (e.g. doses > 100 units).

Concentrated insulins contain more units in each milliliter.				
	U-100	U-200	U-300	U-500
0.1 ml	10 units	20 units	30 units	50 units

This means you use less volume for the same number of units.				
	U-100	U-200	U-300	U-500
50 units	0.5 ml	0.25 ml	0.167 ml	0.1 ml

Remember: Insulin is dosed in units. If a different concentration is used, the units will remain the same but the volume will change.

Converting to different concentrations of insulin

When switching to a more or less concentrated insulin, you can often continue the same number of units of insulin. There are some exceptions noted in the table below:

Current Insulin	New Insulin	Conversion
U-100 (Any)	U-200 (Any)	Same total daily dose
U-200 (Any)	U-100 (Any)	Same total daily dose
U-100 (Any except NPH BID)	Glargine U-300	Same total daily dose May need to increase dose of Glargine U-300 by 10-15% after switching from Glargine U-100 to maintain control
U-100 NPH BID	Glargine U-300	Reduce total daily dose by 20%
Glargine U-300	Glargine U-100	Reduce total daily dose by 20%
Any insulin	U-500 Regular	Calculate total daily dose (in units) from all insulin products combined (replaces both bolus and basal insulin) Use this total daily dose if A1c > 8% Decrease total daily dose by 10-20% if A1c ≤ 8% U-500 is dosed BID or TID 30 min before meals. Consider initial dosing ratios of 60:40 for BID (AM & PM) and 40:30:30 for TID (AM, Noon, PM)

Insulin Concentration

Concentrated Insulin Products

All concentrated insulins are available in pen form. The pens are calibrated in units to deliver the correct volume of insulin for a specific dose.

Maximum dose per injection:

U-100 Insulin vial (any product)	100 units
U-100 Lispro (Humalog U-100 KwikPen)	60 units
U-100 Aspart (Novolog FlexPen)	60 units
U-100 Aspart (Fiasp FlexPen)	80 units
U-100 Glulisine (Apidra SoloSTAR Pen)	80 units
U-100 Detemir (Levemir FlexPen)	80 units
U-100 Glargine (Lantus SoloStar Pen)	80 units
U-100 Degludec (Tresiba Pen)	80 units
U-200 Degludec (Tresiba Pen)	160 units
U-200 Lispro (Humalog U-200 KwikPen)	60 units
U-300 Glargine (Trujeso SoloSTAR Pen)	80 units
U-300 Glargine (Toujeo Max SoloSTAR Pen)	160 units
U-500 Regular (Humulin R U-500) vial	250 units
U-500 Regular (Humulin R U-500 KwikPen)	300 units

U-500 Regular is available in both a pen and a vial. If using the vial, patients should use the U-500 syringe only (specially calibrated to deliver the correct dose).

⚠ Safety Caveats:

- Inform and educate patients about their insulin and insulin regimen, especially if there are changes to the type of insulin used.
- It is important to note that the higher concentration insulins may have very similar generic and/or trade names to insulins that have a U-100 concentration.
- Never withdraw insulin from pens for use in syringes. This may result in an incorrect dose.
- Must use U-500 syringe only with U-500 vial.



We all have a role in nutrition education.

- Start the conversation and use the tools available to you.
- Consider and address issues that can influence a client's eating behaviors.
- Refer to a Registered Dietitian, when available.



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Questions

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