This product was developed by the Move More program at MaineGeneral Health in Waterville, ME. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

"Move More Diabetes"

Move More Diabetes
Lay Health Educator Manual

June 7, 2004

Move More Diabetes
Contact information

For all questions regarding the project:
Alison Webb, Move More Diabetes Project Coordinator
50 Roosevelt Avenue
Waterville, ME 04901
Tel. 872-2157
Fax 872-6508
Email: ajwebb@colby.edu

For questions regarding contracts and stipends:
Natalie Morse, Move More Diabetes Project Director
32 College Avenue
Waterville, ME 04901
Tel. 872-1788
Fax 861-5535
Email: Natalie.morse@mainegeneral.org

Move More Diabetes Phone numbers:

Waterville	872-1789
Augusta	624-4325
Skowhegan	474-7473

"Move More"

The *Move More Diabetes Project* helps us improve our lives by preventing diabetes and the complications of diabetes.

Move More Diabetes Project
Enrollment Criteria

- ✓ Is the person 30 to 70 years old?
- ✓ Does the person have type 2 diabetes?
- ✓ Does the person exercise some, but struggles to meet his or her physical activity goals?
- ✓ Has the person's health care provider recommended physical activity?
- ✓ Does the person want some help being physically active?
- ✓ Is the person prepared to make some changes to reach his or physical activity goals?

People who answer "yes" to all of these questions are eligible to enroll in the Move More Diabetes Project.

Note: People who have not spoken with their health care provider about physical activity should do so before they enroll in the project. Some people with type 2 diabetes should not undertake the level of physical activity recommended in this project.

MOVE MORE DIABETES Enrollment Form

In order to learn more about the background of those participating in the "Move More Diabetes Project," we ask that you complete the following items.

1. In general, how would you rate your overall health now?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. What is your date of birth?_____

3. Are you male or female? ☐ Male ☐ Female

4. What is the highest grade you completed in school? (check one box)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Grade School								**High School**				**College**				**Post Grad**

5. Are you Spanish, Hispanic or Latino? ☐ Yes ☐ No

6. Which of the following best describes your race?

☐ White or Caucasian
☐ Black or African-American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native
☐ Other_____(please describe)

7. What is your height? _____

8. What is your weight? _____

9. Has a doctor ever told you that you had:

	[1] Yes	[2] No
a.	Hypertension or high blood pressure	
b.	High cholesterol or blood lipids	

As part of the Move More Diabetes Project, you may be asked to complete a telephone survey about you and about your health. Participation in the survey is voluntary and will help MaineGeneral Health and other clinics to improve their programs. Your decision to participate or not participate in this survey will not affect the services you receive from MGH's Move More Diabetes Project. If you are willing to be contacted for the survey, please complete the contact information below.

Contact Information (for the participant survey)

Phone number(s):

home _____
work _____
cell _____

Address, ZIP code _____
_____
_____

Best time and day to call _____
Contact person (someone who will know
how to contact you) and phone _____
_____
_____

1. How long have you known that you have diabetes?
2. During the past year, have you participated in a program about diabetes? ☐ Yes ☐ No
3. Are you currently receiving regular medical care for your diabetes? ☐ Yes ☐ No

If "Yes", what is the name of the professional(s) or organization(s) where you receive care.

4. Are you currently a patient of the Diabetes and Nutrition Center? ☐ Yes ☐ No
5. Have you ever attended the diabetes education classes (ADEF) in Maine? ☐ Yes ☐ No

To be completed by Program Coordinator
Unique patient identifier (six digits)23xxxx
Date diagnosed with diabetes, if known _____
Date become a patient of clinic or practice, if known _____
Will RTI receive clinical data for this participant (pending his or her approval)? ☐ Yes ☐ No

Research Study Consent Form

Introduction

You are invited to take part in a research study at MaineGeneral Health called "Advancing Diabetes Self Management and Building Community Supports for Diabetes." The Robert Wood Johnson Foundation, a not-for-profit organization in Princeton, NJ, sponsors this research study. RTI International (RTI), a not-for-profit research organization in Research Triangle Park, North Carolina, is conducting the study. The purpose of this study is to understand the most effective components of a self-management or community supports program for diabetes care and to inform future efforts related to diabetes care. You are one of approximately 3000 people being invited to participate in this study, here at MaineGeneral Health and at 13 other sites around the United States.

Procedures

If you agree to participate in the study the information on the program intake/enrollment form you have completed will be shared with RTI. This includes information about you and your household, and questions related to your diabetes care and about living with diabetes. A form authorizing MaineGeneral Health to release this information to RTI is attached.

Some participants will be asked to complete a telephone survey administered by RTI. If you agree to participate in the survey and are one of those randomly chosen to be interviewed, you will be contacted by an RTI survey interviewer and asked a series of questions about your experience with MaineGeneral Heath's Move More Diabetes Project. The interview will last about 35 minutes each at two times over the next 30 months. If you authorize MaineGeneral Health to release medical information about you to RTI, this information will be linked to your responses to the survey.

When this study is finished, RTI plans to provide MaineGeneral Heath with the medical record information and survey question responses of all participants. RTI also intends to provide The Robert Wood Johnson Foundation with this information. *This information will not include your name or any other information that would allow someone to associate the information with you.*

Voluntary Participation

Your participation in this study is completely voluntary. There are two parts to the study: (1) a part about medical information related to diabetes, and (2) a survey. You may participate in neither of the parts, either one, or both parts of the study. You may request that MaineGeneral Health not provide RTI with information related to your health and your diabetes. You may also request not to be contacted as part of the participant survey. You may also decline to participate in both parts of the study. *Your refusal would not affect any benefits that you may receive.* If you agree

to participate, you can refuse to answer any question on the intake form or the survey questionnaire. You also have the right to stop participating at any time and the right to participate in the programs offered by MaineGeneral Health without participating in the study.

Risks

There are no physical risks to you from participating in this study. If you are among those randomly selected to receive a telephone survey and you choose to participate, it is possible that some of the survey questions may make you uncomfortable or feel various emotions.

Benefits

There are no direct benefits from answering questions in this survey or from providing health information related to your diabetes. However, you will be helping us to learn more about the best programs to support persons with diabetes.

Payments

If you are one of those participants who also completes a survey administered by RTI, you will be provided with twenty dollars to thank you for your time and your contribution to developing programs related to diabetes care.

Confidentiality

Your name will not be reported with any information that you provide to us. RTI will receive your name solely for the purpose of contacting you for the survey portion of this study. Everyone involved in this study is committed to protecting the confidentiality of the information you provide and has signed a Confidentiality Pledge. This includes researchers at RTI.

Questions

You will be given a copy of this consent form to keep.

If at any time you have questions about the study, you may call Joe Burton, Project Director (781-788-8100 x158); or Dr. Douglas Kamerow, Principal Investigator (202-728-1959), at RTI.

If you have any questions about your rights as a study participant, you may call MaineGeneral Health and IRB contact Dr. Stephen Sears (207-626-1236). You may also call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

I have read this consent form and have been given the opportunity to ask questions. I will also be given a signed copy of this consent form for my records. I hereby consent to my participation in the research study described above, as indicated by the check boxes below:

☐ Medical information related to diabetes
☐ A survey, administered by RTI

_____ _____

Date Signature or mark of participant

If subjects cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks, and procedures were read to the subject. All questions were answered and the subject has agreed to take part in the research.

_____ _____

Date Signature of Witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Date Signature of Person Who Obtained Consent

Authorization (Permission) to Use or Disclosure (Release) of Health

STUDY ID NUMBER

Robert Wood Johnson Foundation
Advancing Diabetes Self-management
and Building Community Supports for Diabetes Initiatives

Patient Name: _____
First Middle Last

Patient's Date of Birth: _____
Month/Day/Year

1. ***What is the purpose of this form?***
Researchers would like to use your health information for research in a study regarding type 2 diabetes. This information may include data that identifies you. Please read this from carefully about the information they would like to use. If you agree that researchers can use your personal health information you must sign and date this form to give them permission.

2. ***What personal information do the researchers want to use?***
Researcher want information related to your health care, including dates of service.

They want the results of these lab tests:

1) Glucose control (HbA1c) measures (assessment dates and values)
2) Blood lipid profiles (assessment dates and values)

They also want the following health information gathered at your doctor visits and visits to the Diabetes and Nutrition Center:

3) Blood pressure (assessment dates and values)
4) Foot examinations (reported frequency of self-monitoring and date of provider assessments)
5) Body mass (height [one-time] and weight)
6) Smoking (status and cessation)
7) Whether participant is lost to follow-up (date and reason)
8) Health insurance status (insurance status and any dates of change)

3. ***Why do researchers want my personal health information?***
Your authorization will allow MaineGeneral Health to collect your health information and share it with Research staff at RTI, Research Triangle Park, NC. RTI will use your information for a study on type 2 diabetes

4. ***Who will be able to use my personal health information?***
Your authorization will allow MaineGeneral Health to use your information for research. As part of this research, MaineGeneral Health may give your information to the following groups taking part in the research and analysis related to the Robert Wood Johnson Foundation's Advancing Self-management and Building Community Supports for Diabetes Initiatives.

Research Triangle Institute (RTI)

Maine General medical Center may also permit these groups to come in to review your original records that ate kept by MGMC so they can monitor their research study. By specifically signing this form, I authorize disclosure of the following kinds of information, if applicable: (i) any information held by MaineGeneral Medical Center that may be covered by federal rules relating to the confidentiality of alcohol or drug abuse treatment; (ii) any information held by MaineGeneral Medical Center that may be

covered by the rules of the Department of Behavioral and Developmental Services known as the "Rights of Recipients of Mental Health Services" or the "Rights of Recipients of Mental Health Services Who Are Children In Need of Treatment"; or (iii) any information held by MaineGeneral Medical Center that may relate to my diagnosis or treatment for HIV infection. Please initial here if you wish to review such information prior to its disclosure_____

5. ***How will information about me be kept private?***
RTI will keep all your information private, and will not disclose any of your health information to anyone outside the study. Your name will not be connected to your health information in the study analysis.

6. ***What Happens if I do not sign this permission form?***
If you do not sign this form you will not be able to take part in the research study for which you are being considered.

7. ***If I sign this section of the form, will I automatically be entered into the study?***
No. You must sign the consent section of the form to be eligible for the study, and RTI will need to select you to be in the study. RTI plans to select 200 people who sign the consent section to participate in the study from Maine.

8. ***What happens if I withdraw my permission?***
You can change your mind at any time and withdraw your permission. You withdraw your permission in writing according to Maine General Health's "Notice of privacy practices". Beginning on the date you withdraw your permission, no new personal information will be used for research, however MaineGeneral Health may continue to use the health Information that was provided before you withdrew your permission.

To withdraw your permission please contact the following person:
Natalie Morse
Community Health Improvement
MaineGeneral Health
Waterville, Maine 04901
(207-872-1788)

She will make sure your written request to withdraw your permission is processed correctly.

9. ***How long will this permission last?***
Once you give permission data will be used until December 31, 2007, unless you withdraw your permission as stated above.

10. ***What are my rights regarding access to my personal health information?***

You have the right to refuse to sign this permission form. You have the right to review and/or copy records of your personal health information kept by MaineGeneral HealthYou do not have the right to review and/or copy records kept by **RTI** or other researchers associated with the research study.

I understand that I may, at any time, request an accounting of any disclosures of my health information related to this research study for which I have not provided written authorization.

I acknowledge that I have been offered a copy of this authorization. I also acknowledge that I have received a copy of MaineGeneral Health's "Notice of Privacy Practices."

****

Signatures

I agree that my personal health information may be used for the research purposes described in this form.

Signature of Patient
or Patient's Legal Representative: _____ Date: _____

Printed Name of Legal Representative (if any): _____

Representative's Authority to Act for Patient: _____

Signature of Person Obtaining Permission: _____ Date: _____

Printed Name of Person Obtaining Permission: _____

MOVE MORE DIABETES PROJECT

Lay Health Educator Policies and Procedures

February 1, 2004

Move More Diabetes Project
Lay Health Educator Policies and Procedures

TABLE OF CONTENTS

Move More Diabetes Project

I. GOAL AND OBJECTIVES

Goals:

To increase physical activity of the target population to 150 minutes per week, by providing peer support in a variety of community settings.

To increase referrals to and enrollment in diabetes self-management skill development services; and to provide follow-up services to patients who are using all diabetes self-management skill development services.

- ***Objective 1:***
  Identify adults age 30-70 with type two diabetes and enroll them in the Move More Diabetes Project.
- ***Objective 2:***
  Implement one or more non-directive supportive behaviors with enrollees in the community.
- ***Objective 3:***
  Record number of contacts and log interaction types during the pilot projects.
- ***Objective 4:***
  Conduct one or more chronic disease self-management education courses in the community.
- ***Objective 5:***
  Refer adults with type two diabetes to appropriate diabetes self-management skill development services

II. LAY HEALTH EDUCATOR ROLE AND RESPONSIBILITIES

The Role of the Lay Health Educator:

Using non directive supportive interaction to motivate, educate and to be a resource person in the community regarding DSM including existing physical activity resources.

To conduct chronic disease self-management education courses in the community.

To provide follow-up and referral services for all aspects of diabetes self-management skill development working closely with health care providers, case managers, DNC staff and other clinical partners.

- ***The Lay Health Educator is responsible for:***

1. Providing informal social support and educates enrollees about physical activity options in the community and associated with this project.
2. Distributing booklets, pedometer and other support tools to enrollees
3. Encouraging enrollees to discuss exercise with their healthcare provider.
4. Directing enrollees to their health care provider regarding medical concerns.
5. Conducting chronic disease self-management education courses in the community. (Level 2 Lay Health Educators only)
6. Maintaining a record of the number of enrollee contacts to help provide researchers insight into they types of peer support that is most helpful to adults age 30-70 in exercising 150 minutes per week.
7. Maintaining a log of the number of chronic disease self-management courses they conduct, and the number of enrollees in each course. (Level 2 Lay Health Educators only)
8. Submitting monthly activity logs to the Project Coordinator.
9. Consulting with the Project Coordinator with questions or concerns that arise.

III. PROJECT COORDINATOR RESPONSIBILITIES

Project Coordinator Responsibilities

- ***The Project Coordinator is responsible for:***

1. Directing the Lay Health Educators' activities.
2. Providing guidance regarding the types of non-directive supportive activities selected for the project.
3. Supplying Lay Health Educators with project tools, print materials, enrollment forms, etc.
4. Monitoring the performance of Lay Health Educators, by answering questions and reviewing log sheets.
5. Developing a plan for chronic disease self-management training needs for the project.
6. Communicating Lay Health Educator activities regularly to the Diabetes Care Initiative Advisory Group.

IV. LAY HEALTH EDUCATOR STANDING ORDERS

Lay Health Educator Standing Orders

- **Purpose**

  To provide clear guidelines regarding the Lay Health Educator role in outreach, enrollment, resource education, referrals, non-directive support behaviors, chronic disease self-management education, and documentation of Lay Health Educator activities.

- **Lay Health Educator Actions**

1. Completes initial project enrollment for all participants. Informs participants who have type two diabetes of research and consent forms.
2. Obtains information on enrollee diabetes self-management goals, including exercise goals set by the enrollee and the enrollee's health care provider, and establishes plan for appropriate level of peer support to be provided by Lay Health Educator.
3. Educates the enrollee in the following areas:
    - Diabetes self-management skill development and support services in the region
    - Physical activity options and resources in the area
    - Type of peer support he/she can provide
    - Goal of the Move More Diabetes Project (engaging in physical activity 150 minutes/week)
    - The need to consult with the medical provider prior to initiating an exercise plan and if problems and concerns arise while exercising.
4. Verbally contracts with enrollee the type of peer support the Lay Health Educator will provide, clarifying dates, time and frequency.
5. Distributes log books, pedometers and other tools (as appropriate to enrollee.)
6. Works with health care provider and/or DNC staff to provide support to help enrollee achieve diabetes self-management goals established with health care provider.
7. Conducts chronic disease self-management education courses in the community. (Level 2 Lay Health Educators only)
8. Documents according to procedure.
9. Notifies Project Coordinator of any questions, problems or concerns.
10. Mails in monthly log sheet to Program Coordinator the first Monday of each month.

V. LAY HEALTH EDUCATOR JOB DESCRIPTION

DESCRIPTION:

Provides non-directive peer support that encourages diabetes self-management, including regular physical activity of all adults enrolled in the program. Provides chronic disease self-management education courses in the community(Level 2 Lay Health Educators only).

SUPERVISION:

Directly supervised by Project Coordinator.

ESSENTIAL FUNCTIONS:

1. Assists in project education, outreach and participant recruitment.
2. Delivers social marketing messages to target audience(s).

3. Assesses potential participant appropriateness (participants must meet target audience criteria) and readiness.
4. Assists the participants in completing enrollment forms.
5. Promotes diabetes self-management activities, including regular physical activity using non-directive support behaviors.
6. Provides chronic disease self-management education courses in the community. (Level 2 Lay Health Educators only)
7. Provides follow-up of enrollees participating in physical activity interventions.
8. Assists enrollees in overcoming diabetes self-management barriers
9. Provides instruction in the use of tools (log books, pedometers etc.)
10. Prepares monthly activity reports.
11. Maintains patient confidentiality and protects operations by keeping information confidential.
12. Encourages enrollees to follow-up with health care providers about appropriate levels of exercise, concerns etc.

SECONDARY FUNCTIONS:

1. Keeps records of his/her activities and prepares reports as required by Project Coordinator.
2. Participates in Move More promotional events and activities

SKILLS AND ABILITIES:

1. Knowledge of community health problems.
2. Knowledge of physical activity resources in the community.
3. Ability to work effectively with others and to deal tactfully with professional personnel as well as with the public.
4. Ability to motivate and work with individuals in target areas to promote participation in the project.
5. Ability to express ideas clearly and concisely, and to exercise good judgment in evaluating situations and in making recommendations.
6. Leadership abilities and willingness to lead small groups in chronic disease self-management skills.
7. Ability to make decisions and capable of self-directed work.

PERSONAL CHARACTERISTICS:

1. Membership in or shared experience with the community
2. Friendly, outgoing, sociable
3. Internally strong and courageous, with healthy self-esteem
4. Patient
5. Open-minded and non-judgmental
6. Motivated and capable of self-directed work
7. Caring, compassionate
8. Honest
9. Committed and dedicated
10. Respectful
11. Open and eager to grow, change and learn

12. Dependable, responsible, reliable
13. Flexible and adaptable
14. Desire the help the community
15. Persistent
16. Creative and resourceful
17. Sense of humor
18. Supportive (helping) rather than directive (telling what to do)
19. Emotionally mature
20. A model for trying to live a healthy lifestyle

ESSENTIAL POLICIES AND PROCEDURES THAT MUST BE FOLLOWED:

- **Client and Department Confidentiality:**
  I understand that I am dealing with client information, which is mandated to remain confidential. Therefore I affirm by signing below that:

  I understand that I am not to discuss verbally, transcribe, photocopy or paraphrase any information, which I obtain as part of my duties.

I hereby acknowledge that I have read and understand the above mentioned job duties, qualifications, policies and procedures. I also certify that I received a copy of this job description.

Lay Health Educator Signature_____

Date _____

Move More Diabetes Project
Lay Health Educator Log Sheet

Name

Date

Log sheet for (month and year)

Date of Contact	Number of New Enrollees	Number of Total Enrollees	Number of Contacts	Type of Contacts	Comments
TOTAL	0	0	0		

Draft Contract between MaineGeneral Health and _____
Kennebec Valley Diabetes Care Initiative Community Supports Project

This letter outlines an agreement between MaineGeneral Health and Lay Health Educator (name) (hereafter *Contractor*) for "Lay health Educator Activities "of the Move More Diabetes Building Community Supports Project, funded by the Robert Wood Johnson Foundation (RWJF Reference ID #_____).

1. MaineGeneral Health will pay the *Contractor* $1250 as a stipend for activities outlined below from May 1, 04 to October 31 2006. Five payments of $250.00 each will be *made on the following dates: June 24, 2004; December 24, 2004; June, 24, 2005; December 24, 2005; June 24, 2006;*

2. *The Contractor will:*
   a. Attend Basic LHE Training session.
   b. Recruit Project enrollees who have type two diabetes.
   c. Assist enrollees in completion of enrollment forms, and turn them in to the Project Coordinator.
   d. Assess enrollees DSM skill needs and refer patients to variety of appropriate DSM resources.
   e. Provide ongoing non-directive support to enrollees regarding all aspects of DSM, including physical activity.
   f. Deliver social marketing messages developed by project to enrollees to facilitate behavior change of enrollees.
   g. Refer enrollees to PCP when appropriate (with health care/medical questions and concerns).
   h. Consult with Project Coordinator re questions or concerns re enrollees, resources etc.
   i. File monthly reports of enrollee contacts with Project Coordinator.
   j. Attend monthly Lay Health Educator meetings.
   k. Participate as a LHE in the project from May 1, 2004 to October 30 , 2006.
   l. Attend an evaluation/wrap up session of the pilot project in October 2006.
   m. Follow all policies and procedures of the Lay Health Educator as outlined in the policies and procedures manual.

3. MGH will pay contractor a additional $200 stipend to cover the cost of travel and related expenses if he/she organizes and delivers a Chronic Disease Self Management Program class series in a community setting to 6 to 20 participants. The contractor must coordinate scheduling and delivery with the Project Coordinator, and obtain approval from the Project Director in order to become eligible for this stipend.

4. This contract has an effective date of May 1, 2004

Maine General Medical Center

_____

By: Anthony F. Marple
Its: Executive VP & Treasurer

_____

(Lay Health Educator's Name)

"Move More"

The *Move More Diabetes Project* helps us improve our lives by preventing diabetes and the complications of diabetes.

Stages of Change Model
(Prochaska, DiClemente & Norcross)

I. **Pre-contemplation** (I won't, I can't)

A. Individual does not see behavior(s) as a problem or does not see behavior(s) as problematic as others see it. Reluctance, resistance, rationalization, or resignation may be present.
B. Interventions: empathy, motivational interviewing, consciousness raising, experiencing consequences, environmental shifts, and catharsis.

II. **Contemplation** (I may)

A. Client is open to information and to weighing decision to change. Ambivalence, fear of change, and interest (but not commitment) are characteristic of this stage.
B. Interventions: same as pre-contemplation with movement toward self-reevaluation, assessing how one feels and thinks about oneself with respect to the problem. Education, bibliotherapy, amplifying motivation and confrontation may be useful.

III. **Preparation** (I will)

A. Client is determined to take action and may make serious attempt at change. Shifting levels of commitment and ambivalence are common.
B. Interventions: commitment-enhancing techniques, summarizing pros and cons of taking action, considering options for making changes, negotiating a plan, setting meaningful, realistic goals.

IV. **Action** (I am)

A. Implementation of a plan: client uses therapy to pursue actions toward goals, seeks support, and gains greater sense of self-efficacy.
B. Interventions: positive reinforcement of successful actions, support and enhancement of social support network, devising alternatives for problem

behaviors, restructuring environment and daily activities, cathartic relief, and increasing rewards.

V. **Maintenance: Relapse and Recycling** (I still am)

A. New behaviors become firmly established; preparation for maintenance through assessment of conditions under which problems might reappear (triggers, risky contexts).

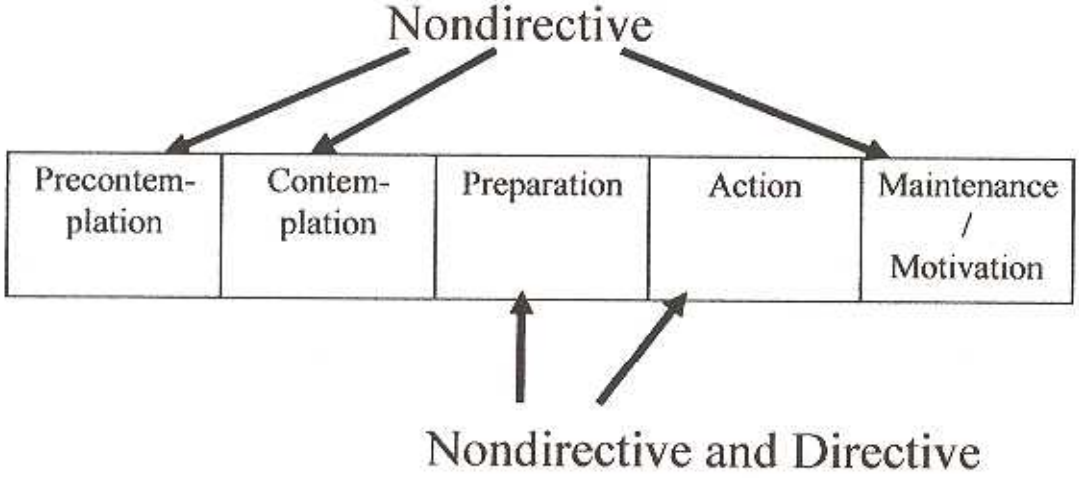
B. Interventions: relapse prevention techniques—for example, plan for risk situations, plan for recovery from setback, and schedule booster contacts.

Where are people on the Stages of Change Scale??

Stages of Change Scale – Physical Activity

Not thinking	Thinking	Planning/ Try it	Regular Practice	Habit
Precontem-plation	Contem-plation	Preparation	Action	Maintenance / Motivation
I won't I can't	I may	I will	I am	I still am

Nondirective/Directive Support and Stages of Change



(Derived from Prochaska, DiClemente, & Norcross, 1992, In Search of How People Change: Applications to the Addictive Behaviors. American Psychologist 47:1102-1114.).

"Move More"

The *Move More Diabetes Project* helps us improve our lives by preventing diabetes and the complications of diabetes.

Nondirective & Directive Support Behaviors

Non Directive

Show interest in how you are doing
Offer range of suggestions
Provide information so you can understand why you should do things
Work with you as you deal with problems
Recognize when you can handle things
Understand how you feel about things
Available to talk
Make it easy for you to talk about anything important

Directive

Keep tabs on you
Monitor health for you
Make sure you take care of yourself
Tell you what to do
Help you do things right by telling you how they do it
Solve problems for you
Take charge of your problems
Tell you how to deal with your emotions
Point out harmful or foolish ways you view things

Movers are only to provide program participants with nondirective support. When program participants are in contemplation and action stages of readiness it is appropriate to encourage them to seek clear directions and directives regarding exercise from their health care provider.

Movers are to serve as a resource, a helper, a listener who cares.

What should you do?

If people are in pre-contemplation phase:

- Offer them information about the benefits of exercise.

If people are in contemplation phase:

- Offer them information about the exercise options in the area and the kinds of support you can offer.

If people are in preparation phase:

- Assist them with setting realistic goals with their doctor, develop a plan and set a date to begin. Make an agreement to contact them and provide support. ***

If people are in the action phase:

- Offer them other resources that are available that may help them be successful. Ask them what they need from you for support. Offer log books, pedometers, etc. Provide them with your contact information. "Be There." ***

If people are in the maintenance phase:

- Tell them about the project, and offer the resources to support maintenance. Ask them to call you if they need something. "Be There."

***** Enroll in the program if the person accepts resources and/or support.***

"Move More"

Lay Health Educator Messages

When you talk to…..	*Your message is…..*
Working men with type 2 diabetes who exercise	Just 150 minutes of walking a week, 10 minutes at break time, after work, or with your family, can prevent complications of diabetes like heart disease, blindness and strokes. Your family needs you, so if you need a little help call the Move More project. 872-1789. They have ideas about how to fit exercise into your busy schedule, maps of places to walk even in the winter, and helpful tools like pedometers. Your doctor told you to exercise and you keep thinking, "How can I find the time and the motivation?" You exercise some, but you know it's not enough. Just 150 minutes of activity can prevent diabetes complications. You can do it! The Move More Diabetes Project can help by providing you with a free pedometer and other helpful tools. Call 872-1789, 624-4325 or 474-7473.
Adult women age 45 and over with diabetes who do little to moderate physical activity	I am (*your name*), and I know how tough it is to get motivated to exercise. Research shows that walking with friends or family can really help you achieve 150 minutes a week of exercise to prevent the complications caused by diabetes. So ask a friend or family member to help, or call me. I can help you get started. Call 872-1789, 624-4325 or 474-7473. Your doctor told you exercise could really help control your blood sugar, and you keep thinking, "How can I find the time and the motivation?" Believe or not you can do it. Just 150 minutes of walking or activity can prevent diabetes complications. Call the Move More Diabetes project for some free motivation! Call 872-1789, 624-4325 or 474-7473. You can prevent the diabetes complications by exercising 150 minutes per week, and I can help you. Pedometers, a walking buddy, logs books, and fun places to walk can all help motivate you.
Employed men and women age 30-60 with or at risk for pre-diabetes	You can prevent diabetes and diabetes complications by taking walking breaks and doing walking meetings at work. Keep track of your minutes. I have tools and resources (pedometers, log books, and awards to help you).

Importance of

Social Support

Social Support

- Research shows support is associated with
  - Mood
  - Adherence
  - Stress
  - Clinical Status
  - Survival
- But what is it?
  - "It wasn't anything he did or said, but just knowing he was there"
  - "Thanks for being there for me"

Justice Potter Stewart on Obscenity (or Social Support?)

I may not be able to define it, but I know it when I see it and this is it.

Nondirective vs Directive Support

Two 50-year-old, males with Type 2 diabetes, responding to question:
"How does you wife help you deal with your diabetes?"

- "My wife is great. I just eat what she gives me and I'm OK. And when I eat the wrong thing, she gives me hell, so that helps me stay on track."
- "My wife is great. She understands that this diabetes is for life, so even when I screw up, she knows I'm trying my best."

Nondirective vs Directive

- Nondirective
  - Cooperating without taking over
  - Accepting feelings and choices
  - "Wow, I can't believe he said that"
- Directive
  - Taking responsibility for tasks
  - Directing choices and feelings
  - "You've just got to look on the bright side"

Summary of Research Findings

Based on interviews and surveys regarding how family and friends "HELP"

Nondirective support associated with:

- better metabolic control (glycosolated hemoglobin) and lower scores on Beck Depression Inventory among those with diabetes
- lower anxiety among those awaiting diagnostic mammography
- higher scores on measures of quality of life

Nondirective support from professionals associated with QOL in those with HIV+

Nondirective & Directive Support Behaviors

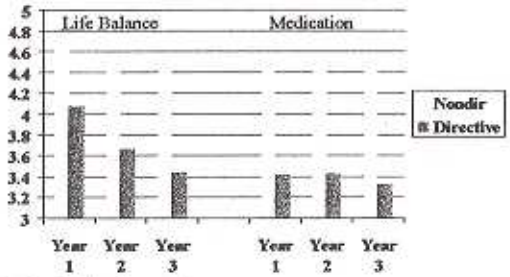
- Non Directive

Show interest in how you are doing
Offer range of suggestions
Provide info so you can understand why you should do things
Work with you as you deal with problems
Recognize when you can handle things
Understand how you feel about things
Available to talk
Make it easy for you to talk about anything important

- Directive

Keeps tabs on you
Monitor health for you
Make sure you take care of yourself
Tell you what to do
Help you do things right by telling you how they do it
Solve problems for you
Take charge of your problems
Tell you how to deal with your emotions
Point out harmful or foolish ways you view things

Diabetes Prevention Program
Nondirective & Directive Support from Staff



For Directive, effect of time, $p < .01$

Peer Based Interventions

Movers

Uses of Lay Health Workers

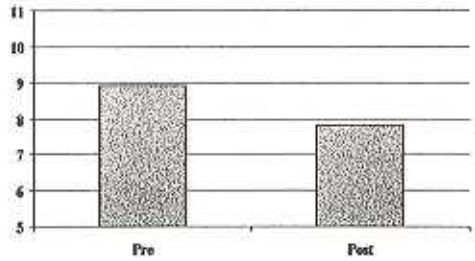
- Program implementation & planning
- Promoting access to and use of screening and other types of care
- Education for self management
- Counseling for adherence, adjustment, quality of life
  - Implementation of Transtheoretical Model (Stages of Change Model)
- Advocacy
- Reach to disadvantaged, minorities

Examples of Impacts of Lay Health Workers

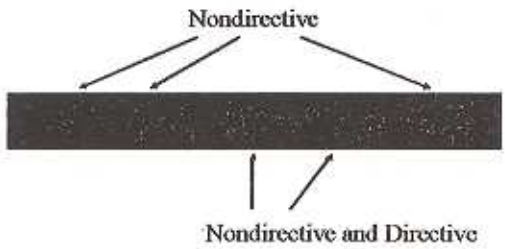
- "Mother Coordinators" trained other mothers to:
  - Recognize Sx of malaria and give chloroquine
  - Reduced mortality by 40%
- TB Control in Bangladesh
  - Programs with LHWs – $64 per patient cured
  - Progams without LHWs – $96 per patient cured
- Patient Education +/- LHW for diabetes
  - 80% with LHW completed education vs 40%
  - Completion of education → reduced GHb

Swider *Public Health Nursing* 2002 19: 11-20.

Diabetes Coach: Impacts on Metabolic Control (HbA1c)



Nondirective/Directive and Stages of Change



Where are people at?

Stages of Change Scale – Physical Activity

Not thinking Thinking Planning/ Try it Regular Practice Habit

What should you do ?

If people are in precontemplation phase-

(offer information about the benefits of exercise)

If people are in contemplation phase-

(offer them information of the exercise options in the area and the kinds of support you can offer)

If people are in preparation phase-

(Assist them with setting realistic goals with their doctor, develop a plan and set a date to begin. Make an agreement to contact them/ provide support) ****

*** – Enroll

What should you do?

If people are in the action phase-

(Offer them other resources that are available, that may help them be successful. Ask them what they need from you for support. Offer Log books, pedometers, etc. Provide them with your contact information. "Be There")***

If people are in the maintenance phase-

(tell them about the project, offer the resources to support maintenance. Ask the to call you if they need something. "Be There") *** if the person accepts resource/ support.

When do I push people and when do I give them room?

General

- Nondirective for Precontemtplation, Contemplation & Maintenance/Motivation
- Directive for Preparation & Action

Situation Specific

- Directive if:
  - Acute
  - Person lacks skills and ready to accept help
- Nondirective for motivational, "trouble shooting" issues

So What?

1. General: Nondirective may be more appropriate than Directive/prescriptive/didactic in pre-action, maintenance, issues of motivation, and trouble shooting,.
2. Nonprofessional peer workers can have substantial impacts.
   - Critical may be responsiveness, warmth, and availability, ***not*** technical expertise

Six Aspects of Diabetes Self-Management/
How to Assess Diabetes Self-Management Education and Support Needs in Move More Diabetes Project Enrollees

Blood Glucose
Is this person testing blood glucose at home as instructed by his/her physician? Is this person's hemoglobin A1 C below 7?

Diet
Is this person following a diet provided to him/her? This may include carbohydrate counting, decreasing total fats, and weight loss goals. How is this person doing with making these changes?

Exercise
Has this person had a conversation with his/her health care provider regarding how often to exercise? Is this person exercising as recommended?

Medications
Is this person taking medication as prescribed? Are the medications working ?

Blood Pressure and Cardiovascular Health
Has this person been told he/she has problems with blood pressure? If yes, how is this person doing with keeping blood pressure below 120/80? Does this person have knowledge of his/her risk for heart disease?

Eyes , Feet, Kidneys, and Nervous system
Does this person know about complications of the feet, eyes, kidneys, nervous system? If yes, what is he/she doing about preventing these? Does this person see the doctor regularly for screening of these problems?

TARGET Diabetes - Care Flow Sheet

Practice name:

Patient Name:_____ **D.O.B.**_____

Primary Care Provider:_____

TARGET DIABETES

	Rec'd Frequency	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Physical Exam									
Weight	Each visit								
BMI	Each visit								
Blood Pressure	Each visit								
Foot exam *(visual inspection)*	Each visit								
Comprehensive Foot Exam *(monofilament)*	Annual								
Dilated Eye Exam	Annual								
Labs									
HbA1c	Q 3-6 mos.								
Total Cholesterol (< 200)	Annual*								
HDL (>40 males) (>50 females)	Annual*								
LDL (< 100)	Annual*								
Triglyc (< 150)	Annual*								
Urine microalbumin	Annual								
Creatinine									
K									
ALT									
Immunizations									
Flu	Annual								
Pneumovax									
Assessment/Education									
ASA q day	Each visit								
Smoking cessation	Each visit								
Adherence to:									
-Diet	Each visit								
- Physical activity	Each visit								
- Medications	Each visit								
- Home glucose testing	Each visit								
- Follow-up appts	Each visit								
Self mgmt goals	Each visit								
ADEF classes	Evaluate on Annual basis								
Nutrition Counsel	Evaluate on Annual basis								

* The lipid profile can be done every two years if all values are within the goals listed above.

Algorithm for Exercise in Patients with Type 2 Diabetes

Diagnosis:
Impaired Fasting Plasma Glucose (FPG)
110-125 mg/dL

Diagnosis Diabetes Mellitus
FPG ≥ 126 mg/dL

Patient screening/risk assessment
Proper footware*

Is cardiovascular disease Present?

- **No** →
- **Yes** → Recommend ETT (Exercise Tolerance Test) (1) prior to exercise prescription

Does patient have proliferative retinopathy?

- **Yes** → Advise low intensity/low impact exercise (2,3) → **Enroll MMD**
- **No**

Does patient have vascular/orthopedic problems?

- **Yes** → Advise low intensity/low impact exercise (3) → **Enroll MMD**
- **No**

Does patient have one or more major risk factors such as: hypertension, smoking, hyperlipidemia, or family hx of CVD?

- **Yes** → Advise low intensity/low impact activity exercise
  - •ETT is recommended prior to moderate or vigorous activity (1)
  - → **Enroll MMD**
- **No**

Is patient's age < 35 yrs.

- → Advise moderate or vigorous activity → **Enroll MMD**

Is patient's age ≥ 35 yrs.

- → •Advise moderate physical activity
  - •ETT recommended before advising vigorous physical activity (1)
  - → **Enroll MMD**

T
DIABETES
R
G
E
T

The MaineHealth Family 2003

(Adapted from the Texas Diabetes Council 2001) TD03

(see reverse side for definitions)

Recommendations for Exercise Tolerance Test

(1) Based on the clinical context in which they occur, if your patients have any of the following signs or symptoms of cardiovascular or metabolic disease, consider an exercise tolerance test (ETT) before recommending moderate or vigorous activity.

- Pain, discomfort (or other anginal equivalent) in the chest, neck, jaw, arms or other areas that may be ischemic in nature.
- Shortness of breath at rest or with mild exertion
- Dizziness or syncope
- Orthopnea or paroxysmal nocturnal dyspnea
- Ankle edema
- Palpitations or tachycardia
- Intermittent claudication
- Unusual fatigue or shortness of breath with usual activities
- Any macrovascular disease
- Any microvascular disease
- Peripheral vascular disease

(2) Moderate activity is recommended to achieve physiologic improvement

(3) Orthotics as indicated

* Proper footware (socks, shoes, insoles) to prevent injury.

If your patients are "apparently healthy" and have fewer than two major risk factors for cardiovascular disease (CVD), then they are categorized by age:

• For men and women under 35 yrs. Of age, there are no limitations. They can safely begin or continue a program of moderate or vigorous activity.

•If they exceed the age limit (≥ 35 yrs.), it is safe to limit your recommendations to moderate activity (55% to 70% maximum heart rate) for both genders. Patients in this group who wish to participate in vigorous or competitive activities should be considered for an ETT screening.

If your patients have one or more major risk factors for cardiovascular disease, they should undergo an ETT **before** beginning a moderate exercise program.

It is important to underscore the fact that the majority of of your patients, regardless of risk factors, can and should be encouraged to start or continue a program of regular moderate physical activity.

Definitions

•Low Intensity/Low Impact Activity - includes activities like walking, housework light gardening, light yard work and social dancing

•Moderate Intensity Activity - includes activities like brisk walking, vigorous gardening, slow cycling, aerobic dancing, doubles tennis or hard work around the house

See "Diabetes Program" on MaineHealth website at www.mainehealth.org for additional diabetes management algorithms

TD03

(Adapted from Texas Diabetes Council)

"Move More" The *Move More Diabetes Project* helps us improve our lives by preventing diabetes and the complications of diabetes.

Diabetes Facts

Incidence

- ***17 million people*** — 6.2% of the population — have diabetes (5.9 million undiagnosed, 11.1 million diagnosed)
- ***20 years or older*** — 16.9 million (8.6% of all individuals 20 years or older)
- ***65 years or older*** — 7 million (20.1%)
- ***Non-Hispanic whites*** — 11.4 million (7.8%)
- ***Non-Hispanic blacks*** — 2.8 million (13.0%) (2 times more likely to have diabetes than non-Hispanic whites of similar age)
- ***Hispanic/Latino Americans*** — 2 million (10.2%) (1.9 times more likely to have diabetes than non-Hispanic whites of similar age)
- ***American Indians and Alaska Natives who receive care from the Indian Health Service*** — 105,000 (15.1%) (2.6 times more likely to have diabetes than non-Hispanic whites of similar age)
- ***1 million new cases diagnosed each year*** in those age 20 or older.

Complications

- Heart disease is the leading cause of diabetes-related deaths (adults with diabetes have heart disease death rates 2-4 times higher than adults without diabetes)
- The risk for stroke is 2-4 times higher among people with diabetes
- About 73% of adults with diabetes have blood pressure of 130/80 or higher or take hypertension prescriptions
- Diabetes is the leading cause of new blindness cases among adults ages 20-74
- In 1999, a total of 114,478 people with diabetes underwent dialysis or had kidney transplants
- 60%-70% of those with diabetes have mild to severe forms of nervous system damage
- More than 60% of non-traumatic lower-limb amputations in the US occur among people with diabetes
- Diabetes is the leading cause of treated end-stage renal disease, accounting for 43% of new cases
- Nearly a third of people with diabetes have severe periodontal disease with loss of gum attachment measuring 5 millimeters or more.

Deaths

- Approximately 450,000 deaths — 19% of all US deaths for people 25 and older — are due to diabetes
- The risk for death among those with diabetes is about 2 times higher than others.

Sources: American Diabetes Association, and Centers for Disease Control and Prevention

"Move More" The *Move More Diabetes Project* helps us improve our lives by preventing diabetes and the complications of diabetes.

The Zen of Walking

Psychologists call it flow; hippies call it Zen. Both refer to a state of pure contentment when body and mind are fully engaged, working together, and the spirit is fulfilled. Some people reach that state when deeply involved in a hobby like woodworking, painting, or gardening. When the body, mind, and spirit are in perfect harmony, you forget time, stress, and deadlines.

You can't chase down flow; you can't catch it, buy it, or build it. You can, however, create an environment where your mind, body, and soul will naturally work together. You can put yourself in the situation to get totally wrapped up in your walk and Zen out. And you won't need to burn incense or listen to a tape of singing whales.

Setting the Stage

- ***Make yourself comfortable.*** Wear good, supportive shoes and dress for the weather. Your mind and spirit can't relax if your feet hurt or you're shivering.
- ***Walk where you like to walk.*** Some people like the hum of city streets and feel secure having other people around. Others prefer the muted noise of a park or the solitude of a jogging trail. If you enjoy a sense of security walking at the local mall, then go there. The trick is to find the place that works for you... the place where your mind will be at ease, not distracted.
- ***Walk when you like to walk.*** Every body is different. Some people race against the sun and can't wait to hit the sidewalks. But if you dread getting out of bed at 5 AM, and drag your feet for the first 20 minutes, don't expect your spirit to soar; try walking in the early evening before dinner instead.
- ***Put it all together and add an attitude of anticipation.*** The setting doesn't have to be perfect, but make it pleasing. Walking for a healthy body, mind, and spirit should not be a chore. If it's not pleasant, change something. You always have options. Walk at a different time. Change your route. Walk with a friend. Walk longer, shorter, uphill, down. Drive to a beautiful spot to walk.

Beauty, it is said, is in the eye of the beholder; it differs for each person. Zen, or flow, is like that as well — in the mind of the one who experiences it. You'll know when you reach it. One day you'll decide to add an extra mile, take the long way home, or hike up the hill instead of around it simply because it feels so good and you're not ready for the feeling to end.

You can achieve the Zen of walking. It won't happen overnight, but once you know that quiet peace, you'll want to experience it again and again.

"Move More" The *Move More Diabetes Project* helps us improve our lives by preventing diabetes and the complications of diabetes.

Walking, Physical Activity, and Blood Glucose Control

The relationship between physical activity and blood glucose control is unequivocal. Active individuals are much more likely to maintainblood glucosein desirable ranges regardless of other factors. The recent studies described here support the vital role of physical activity in diabetes care.

Relationship of Walking to Mortality Among US Adults With Diabetes
Edward W. Gregg, PhD; Robert B. Gerzoff, MS; Carl J. Casperson, PhD; David F. Williamson, PhD; K.M. Vankat Narayan, MD, Archives of Internal Medicine, Vol 163, June 23, 2003

While walking is associated with reduced diabetes incidence, few studies have examined whether it reduces mortality among those who already have diabetes. This study attempts to estimate the association between walking and the risk of all-cause and cardiovascular disease mortality among persons with diabetes.

The results indicate that, compared to inactive individuals, those who walk at least 2 hours a week had a 39% lower all-cause mortality rate. The greater the duration, the greater the risk reduction; the study found those who walk 3-3.9 hours a week had a 54% lower all-cause mortality rate.

In an accompanying editorial from the same issue, Frank B. Hu, MD, PhD, Harvard School of Public Health, states: "... persuasive evidence from epidemiologic studies and clinical trials demonstrates substantial benefits of exercise, especially walking, in the prevention and treatment of type 2 diabetes... For the vast majority of the population, the benefits of walking are enormous, with little or no harm. So far, walking is probably the 'best medicine' for both prevention and treatment of diabetes mellitus."

Reported at the 63rd Scientific Sessions of the American Diabetes Association
June 13-17, 2003

Nicola Lauzon and colleagues at the Canadian Center for Activity and Aging followed 125 obese men and women with type 2 diabetes. All participants received step counters, attended weekly meetings in the first month and discussed their goals for

"Move More"

The Move More Diabetes Project Physical Activity Log

Participant Name:_____ Date started:_____ Date completed:_____

Week 1	Activities	# minutes or # steps		Week 2	Activities	# minutes or # steps		Week 3	Activities	# minutes or # steps
Mon				Mon				Mon		
Tues				Tues				Tues		
Wed				Wed				Wed		
Thurs				Thurs				Thurs		
Fri				Fri				Fri		
Sat				Sat				Sat		
Sun				Sun				Sun		

Week 4	Activities	# minutes or # steps		Week 5	Activities	# minutes or # steps		Week 6	Activities	# minutes or # steps
Mon				Mon				Mon		
Tues				Tues				Tues		
Wed				Wed				Wed		
Thurs				Thurs				Thurs		
Fri				Fri				Fri		
Sat				Sat				Sat		
Sun				Sun				Sun		

Seated Exercise Series: Chair Aerobics

Kristina Sandstedt, MS, Clinical Exercise Physiologist,
Diabetes Educator

Part Three: Chair Aerobics:

As previously stated in parts 1 & 2, seated aerobic exercises are designed to help individuals with diabetes who suffer from chronic complications (e.g. severe peripheral neuropathy, severe peripheral vascular disease, unstable congestive heart failure and morbid obesity) achieve improved blood sugar control and improved cardiovascular health. Unfortunately individuals who suffer from these devastating complications often do not engage in exercise programs. It is imperative for this group to participate in physical activity programs to improve or maintain their functional capacity and strength. Keep in mind, this may be the stepping stone you need to achieve your goal of participating in low-level aerobic, or more active, exercise.

When performing these exercises, remember that aerobic exercises are rhythmical in nature and this rhythm should be sustained for at least 20-30 minutes. If you are just starting this particular exercise program it is best to break up the exercise session into 5-10 minute bouts 2-3 times per day, gradually progressing to continuous bouts of 30 minutes of exercise once a day. Performing these particular exercises in longer duration will help your overall functional capacity which can make your activities of daily living (e.g. grocery shopping, laundry, gardening, yard work) easier.

Exercises 1 & 2:

Foot bounces – Sit up straight in your chair with the balls of both feet touching the floor and knees together. Bounce the feet to one side, return to center. Alternate to the other side.

2. Heel Toe – Right heel forward, left foot in place, heel on floor. Alternate
Combine with arms – one arm to front, other out to side. Alternate.

Exercises 3 & 4:

Jumping Jacks — Sit tall in your chair with feet flat on floor and wide apart for stability. Lift both feet, crossing them in the air and placing them on the floor, one foot in front of the other. Then lift them and bring them back to starting position.

4. Arm Pushes/Heels Together — Push arms out to full extension as you come forward with both heels together. Back to starting position, elbows bent chest level, feet flat on floor.

Charleston Basic Step — Begin with feet together. Touch ball of right foot forward and return. Touch ball of left foot back and return. (Touch forward may be replaced by a kick.)

Exercises 5 & 6:

Front Touch/Side Touch — With knees and feet together, slide the feet forward and slide them back (front touch). Keep knees together and separate right and left foot by touching them out to right and left sides and return to place (side touch).

Jumping Rope — Combine feet bounces with small arm circle as if skipping rope.

8. Arms Up/Middle/Down — A) Feet apart, arms spread above head, fingers spread apart; B) Legs together, arms together, clap; C) Feet apart, arms spread apart, hands facing floor. Repeat.

Step Kick — Step right leg in place, kick left leg forward. Step left leg in place, kick right leg forward.

Although seated exercises are low impact and are typically performed indoors, I feel it is important to provide information regarding the potential hazards of exercising at any level during the warmest months of the year. Exercising during the summer months can be dangerous for any exerciser if they do not maintain adequate levels of hydration. Prevention of dehydration and heat related illnesses should be part of the exercise education.

Physiologically, the human body produces 5-10 times more heat during exercise versus rest. Excess heat is dissipated through sweat and is often understood as the human cooling system. Humidity interferes with sweat evaporation and cooling becomes more and more difficult. If the body is under a state of dehydration it cannot cool itself efficiently and the body's ability to sweat becomes more and more compromised. As a result, the body will try to keep blood away from the skin to keep blood pressure appropriate at the core level in order to sustain cardiac output. Eventually, an ongoing battle between the skin and the muscles takes place as leg and arm muscles demand more blood in order to supply much needed oxygen and vital nutrients to sustain the muscle contraction and relaxation. At the same time the skin needs an adequate amount of blood sent in its direction to transport the heat to the peripheral level to cool the body off. The cardiovascular system is caught in the middle trying to satisfy both mechanisms. As a result, heart rate increases to sustain stroke volume which is necessary to maintain cardiac output.

Signs of heat related illnesses and dehydration:

Heat Exhaustion: Overall weakness, headache or dizziness, rapid heartbeat, cold clammy skin and nausea. These signs and symptoms begin suddenly, sometimes after excessive perspiration and inadequate fluid intake.

Heat Stroke: Elderly and obese individuals are at highest risk. Other risk factors for heat stroke include constant daily dehydration, alcohol use, heart disease and vigorous exercise. Heat stroke occurs when the body loses the battle with heat exhaustion. The body stops sweating and temperature rises rapidly, heartbeat is rapid and shallow breathing occurs. Victims may become delirious and/or confused. Fainting can be the first sign in the elderly.

Dehydration: Marked thirst, infrequent urination, dry mouth, nausea, headache, dizziness and or light-headedness.

Heat Cramps: Painful muscle spasms. Usually occurs after vigorous exercise and possibly during the nighttime when individuals are asleep.

It is important for health care professionals to share with their patients' safety tips to ensure safe outdoor exercise.

Some of these symptoms also parallel symptoms of low blood sugar, therefore carrying your meter along with glucose tablets and water in a waist pack is always wise.

Tips for safe exercise during the summer months:

1. If the temperature is greater than 85 degrees and the humidity is greater than 75%, it is best to exercise indoors. If outdoors is a must, exercise early in the morning, after breakfast or later in the evening after your evening meal. Always avoid the 10am-4pm window as temperatures are at their peak.
2. Always wear loose-fitting, light colored, cotton or mesh clothing. Shorts, a sleeveless shirt, low cut socks and a hat are recommended to aid in heat loss (e.g. sweat).
3. Drink plenty of water, at least 64oz/day if not more considering the amount lost during exercise. Avoid sports drinks as they contain many carbohydrates. It is a good idea to carry bottled water during exercise and try to consume 4-8oz. of water every 15 minutes during moderate aerobic exercise.
4. Always start exercise with a 5-10 minute warm-up and finish the exercise with another 5-10 minute active cool-down.
5. Be sensible about your levels of exertion, and listen to your body.
6. Gardening and other various types of yard work are considered lifestyle activities and although they do not aid in improving cardiovascular fitness, it can put you at risk for a heat-related illness if heavy amounts are performed during the 10am-4pm window.

References:

Diabetes Management Therapies, a core curriculum for Diabetes Education, Fourth Edition. The American Association of Diabetes Educators, 2001.

The "I hate to exercise book" *for people with diabetes*. Charlotte Hayes, MMSc, MS, RD, CDE. American Diabetes Association, 2000.

The Best is yet to come, an exercise handbook.. D. Bruckerhoff, RN, Certified Exercise Specialist. Boone Hospital Center, WELLAWARE.

Thinking of being more active?

I have a busy work life and my job requires that I sit a lot. Between my job and my family, I do not have any room for exercise. I'd like to try to include some physical activity but I don't know how to find the time. I feel overwhelmed with how to begin.

Sounds like you'd like to make a positive change in your health—congratulations! That's the first step. Start by making small behavior changes that can later become long-term goals. Identify ways you can work around the barriers and place motivating messages around your home and/or office.

How Active Are You?

The US Surgeon General recommends that we accumulate 30 minutes (60 minutes for children and adolescents) of moderate physical activity on most, preferably all, days of the week. That's just three 10-minute brisk walks per day.

Why do I need to be physically active?

From Day One of becoming more physically active, your body will reap the benefits! Immediate benefits of physical activity include:

- Feeling better
- Increased energy level and alertness
- Increased quality of sleep
- Decreased anxiety and stress
- Increased calories burned

Try these ideas for starters:

- Turn off your TV. Almost anything is more active then watching TV. If you choose to watch TV, do crunches, jumping jacks or stretches during the commercial breaks and get rid of the remote control.
- Play catch with your kids or go for a walk with your dog.
- Use the stairs instead of the elevator or escalator whenever possible. If it seems too far to take all of the stairs, take the elevator for a few flights and then use the stairs.
- Park your car away from the mall, grocery store or your worksite destination and make a habit of walking the difference in distance everywhere you go.
- Put on upbeat music and do household chores that require lifting and bending.
- Walk or stretch while talking on the phone, brushing your teeth or doing other daily tasks.
- Take frequent stretch breaks from sitting. Try standing up and sitting down quickly 25 times in a row.
- Go dancing.
- Hand deliver messages rather than using interoffice mail, e-mail or phone.
- Trade in your power mower for a push mower and snow blower for a snow shovel.

How can I get motivated?

- See your doctor. Many times a check-up will remind you that you need to be physically active. Ask your doctor for exercise recommendations. Often advice from professionals is all we need to get moving.
- Set a realistic goal, write it down, and post it where you will see it frequently.
- Things like cost and time often feel like obstacles to getting started but they can be worked out. Start by making small adjustments in the areas that seem to be barriers. Setting the alarm 20 minutes earlier in the morning to go for a walk around the block gives you 20 minutes of activity before your day even begins and costs nothing.
- Constantly remind yourself of the benefits. Learn more and get quick tips at www.fitday.com, www.fitness.com, and www.howtobefit.com.

Maine Governor's Council on Physical Fitness, Sports, Health, and Wellness
11 Parkwood Drive • Augusta, ME 04330
gcpfs@mcd.org • www.mainephysicalactivity.org

Preparing to be more physically active?

Most of my day is spent sitting although I do some leisure time physical activity like gardening and yard work about three times per week. I also take small breaks during my workday to move around, but finding 30 minutes a day seems very challenging to me.

Keep up the good work! It sounds like you have formed some healthy habits already. Remember to focus on these successful behaviors. Sticking to a more structured physical activity plan on a few days per week may be easier than you think.

How Active Are You?

The US Surgeon General recommends that we accumulate 30 minutes (60 minutes for children and adolescents) of moderate physical activity on most, preferably all, days of the week. That's just three, 10-minute brisk walks per day.

Why Do I Need to be Physically Active?

Since you are somewhat active already, you know that physical activity increases energy, helps you to sleep more peacefully and reduces anxiety and stress. Benefits of being more physically active include:

- Feeling better
- Reduces the risk of heart disease and stroke
- Reduces the risk of diabetes and cancer
- Lowers blood pressure and cholesterol
- Improves your balance and coordination

To meet the 30 minutes on most days recommendation, try adding some of these ideas:

- Create a 10-minute morning stretching or strength routine before breakfast. If it is done first thing in the morning, you are more apt to stick with it.
- Find a walking partner or start a small walking group at work to walk a couple of times per week with you at noon.
- Check the TV listings for exercise shows on television and keep consistent by doing it on the same day and time each week. It is important to find one that you enjoy, so try a few before making a commitment.
- Make a personal or family commitment to try a fun, new activity each season.
- Join a sports league, yoga or aerobics class at the local comunity center or YMCA.
- Make an effort to walk or bike to do errands whenever possible. In rural areas this may mean driving and parking your car just outside the village center and then walking or biking to the bank, post office, library, etc. A backpack can be helpful.
- Buy a strength training video and some dumbbells and use them two times per week before dinner. Swap videos with friends or use the local library to keep costs down.
- Leave a pair of sneakers and a t-shirt in your car so you will always be ready for a quick walk.

How can I get more motivated?

- Have a friend or family member join you. You'll be less likely to skip a walk or bike ride knowing someone is waiting for you.
- Set a realistic goal, write it down, and post it where you will see it frequently.
- Set yourself up on a reward system. Each time you reach a goal, buy yourself something that supports your efforts like a new exercise tape, video or walking gear.
- Keep a journal and write down the activity you do each day and how you felt doing it. Read it when you need inspiration.
- It takes a lot of attempts to stick with it so keep trying even if you get off track.

Maine Governor's Council on Physical Fitness, Sports, Health, and Wellness
11 Parkwood Drive • Augusta, ME 04330
gcpfs@mcd.org • www.mainephysicalactivity.org

Are you maintaining your physical activity level?

I already accumulate 30 minutes of moderate physical activity on most days of the week. Is that enough?

Congratulations! You are meeting the Surgeon General's recommendation and you are contributing to your overall good health. To maximize health benefits and prevent unwanted weight gain, work up to 60 minutes of physical activity every day. It also may be time for you to become a leader in helping others to get started.

How Active Are You?

The US Surgeon General recommends that we accumulate 30 minutes (60 minutes for children and adolescents) of moderate physical activity on most, preferably all, days of the week. That's just three, 10-minute brisk walks per day.

Why do I need to be physically active?

Now that you have become an expert at keeping physically active, you understand the many benefits that activity has to offer. You have more energy, you sleep better, and have strengthened your immune system and decreased the risk of a chronic disease. By staying physically active you will continue to:

- Feel better
- Improve your self-esteem and confidence
- Improve your muscle strength and endurance
- Maintain a healthy weight
- Become a positive role model to your family and friends

Keep yourself active. Try new ideas:

- Set and write down new goals that are challenging but also realistic and attainable. Maybe it is time to enter a local walking or running road race.
- Is your activity program getting stale? Try walking a new route or join a new league or exercise class.
- Remember what worked for you when you were getting started. Identify ways you can work around new barriers and use the skills you've learned along the way to increase your physical activity time.
- Add a couple of sessions of strength training to your week if you are not doing so already. Remember, more muscle mass increases your metabolism and can prevent osteoporosis.
- Since you are now in good shape, don't be afraid to try a new sport like basketball or tennis.
- If you have been walking regularly, try intervals of jogging periodically during your walk.
- If you have been jogging regularly, try to increase your pace or your distance (but not both at once).
- Most importantly, be a role model in your community. Get involved in community planning to make sure that it is designed to be bike and pedestrian friendly.

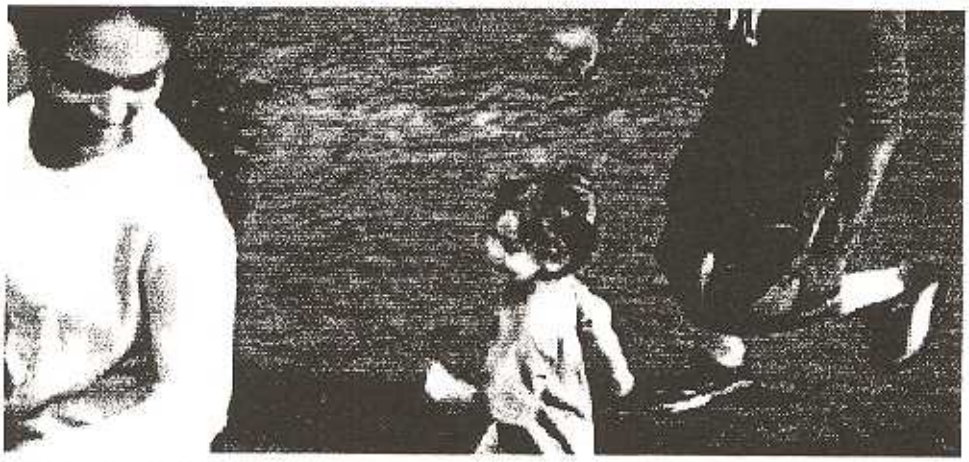
How can I stay motivated?

- Continue to increase your knowledge of the benefits of exercise. Participate in a fitness assessment every 3-4 months to check-in on your progress.
- Have a certified personal trainer assess your program and make changes as necessary for better results.
- Share your passion for activity—volunteer or coach a local youth league or club.

Maine Governor's Council on Physical Fitness, Sports, Health, and Wellness
11 Parkwood Drive • Augusta, ME 04330
gcpfs@mcd.org • www.mainephysicalactivity.org

Take the President's Challenge

The Active Lifestyle & Presidential Champions programs



You've it. Get

The President's Challenge Physical Activity & Fitness Awards Program

A Program of the President's Council on Physical Fitness and Sports, U.S. Department of Health and Human Services

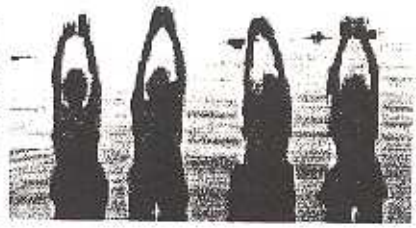
The Challenge starts with you.

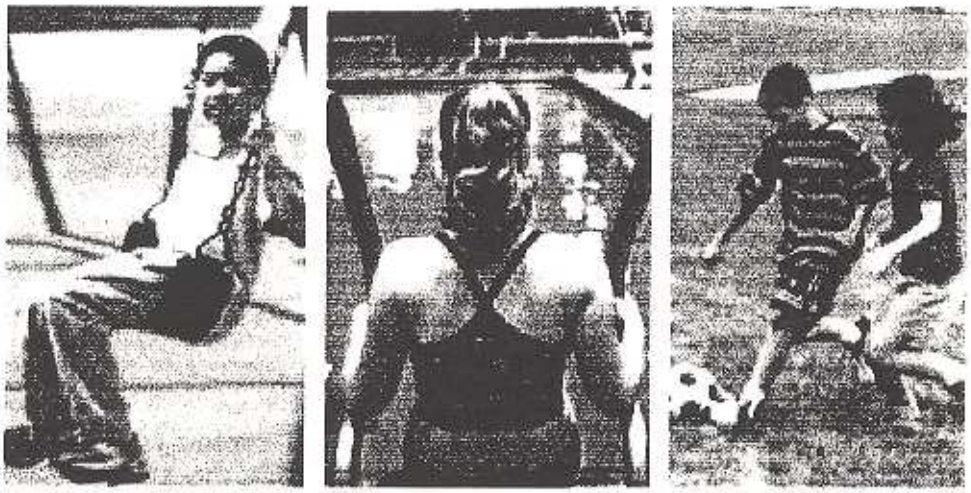
It only takes a small change. Instead of telling yourself you can't, tell yourself you can. The President's Challenge can help anyone get more active – no matter what your fitness level. What began as a national youth fitness test has grown into a series of programs that encourage healthier lifestyles.

All Kinds of Ways to Get Active
The idea behind the President's Challenge is to make staying active easy and fun. We'll help you find a program that's right for you, with activities you like. You can keep track of your progress on paper, or register on the Web site and use our online activity log.

Where to Start
Your first step: deciding which program you want to start with. If you are just getting started, the Active Lifestyle program is for you. Or if you are already active and ready for a new challenge, there is the Presidential Champions program.







The Active Lifestyle Program

This program is designed to help you make and keep a commitment to staying active. And stick to it. It helps adults get active for 30 minutes a day/5 times a week (or 60 minutes a day for youths under 18). All it takes is a few simple steps.

The Active Lifestyle program

1. Choose an activity.

Choose activities that you enjoy and make you feel good. For example, it could be walking, taking an exercise class, playing a sport, or doing chores around the house. You can take the Challenge by yourself, or together with friends and family.

2. Get active.

You need to meet your daily activity goal (30 minutes a day for adults/60 minutes a day for youths under 18) at least 5 days a week, for a total of 6 weeks. You can take up to 8 weeks to complete the program.

There's also a pedometer option for meeting your daily activity goal. See "Using a Pedometer" on the next page for all the details.

3. Track your activity.

Our online activity log makes it easy for you to track the time you spend on activities. You can log your time as often as you want, in amounts as short as 5 minutes.

You can also keep track of your progress on paper with the enclosed activity log form (page 14). Keep in mind, this means we won't have an online record of the activity points you earn — which could apply to other programs in the President's Challenge.

4. Earn your award.

Whenever you reach a goal, the Active Lifestyle program recognizes your accomplishment with special awards. Awards are available online, by mail, fax, or phone. Then you can continue earning awards in the Active Lifestyle program or move on to the next challenge: the Presidential Champions program.

If you like to run or walk, you can use a pedometer – a small device that automatically counts the number of steps you take. Then just record the number of steps in your activity log.

If you want to log minutes one day and pedometer steps the next, that's okay. As long as you meet your daily activity goal of minutes or steps.

Different people will have different daily goals:

Girls 6 to 17 – At least 11,000 steps a day

Boys 6 to 17 – At least 13,000 steps a day

Adults 18 or older – At least 10,000 steps a day

Determine your average steps per day for one week. Then increase your steps by 500/day per week until you reach 10,000.

Active Lifestyle Log Example:

Week 1	Activities	# of Minutes or Pedometer Steps
Mon	Swimming, Cleaning House	40
Tues	Pedometer	10,500
Wed	Dance Lessons, Walk the Dog	75
Thurs	Pedometer	10,000
Fri	Softball	30
Sat	Bicycling	40
Sun	Hiking with Family	50
Participant Signature		Date



Presidential Champions

This program is for adults who are active more than 30 minutes a day/5 days a week (or more than 60 minutes a day for youths under 18). There's even a special option for athletes and others who train at more advanced levels.

You can only join the Presidential Champions program online at **www.presidentschallenge.org**. Taking part in the program only takes a few simple steps:

The Presidential Champions program

1. Choose an activity.

Select activities that you enjoy and make you feel good. For example, you could go running, walk the dog, or participate in martial arts. You can take the Challenge by yourself, or together with friends and family.

2. Get active.

Your goal is to see how many points you can earn by being active. You'll earn points for every activity you log. The number of points you earn is based on the intensity of your activities and the amount of time you participate.

3. Track your activity.

Our online activity log makes it easy for you to track the time you spend on activities. You can log your time as often as you want, in amounts as short as 5 minutes. Although you can't log time for activities you haven't done yet, you can go back up to 7 days to enter past activities.

4. Earn your award.

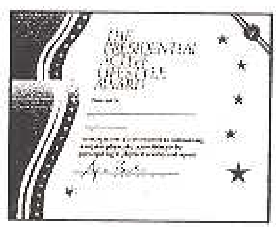
The Presidential Champions program recognizes your accomplishments with special awards. The first goal to shoot for is a Bronze award. Then you can keep going for a Silver or Gold. Awards are available online, by mail, phone or fax.

You'll find all the program details — including how many points are needed for each award level — online at www.presidentschallenge.org. The only thing left is to log on and sign up.

Awards & Appreciation

Bumper Sticker (Actual Size: 3" x 12")

Presidential Active Lifestyle Award Emblem (Actual Size: About 3" square)



Presidential Active Lifestyle Certificate (Actual Size: 8" x 10")

Strip of Stickers for Presidential Active Lifestyle Certificates

Presidential Active Lifestyle Lapel Pin

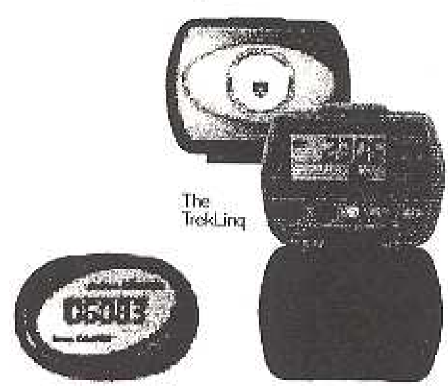
We now offer two different pedometers for both programs.

The TrekLinq

The TrekLinq is our more advanced pedometer that will keep track of the number of steps in a day, distance, speed, time elapsed during exercise, calories, time of day, as well as archiving and scanning features. It features the President's Challenge logo on the cover, a spare battery, and a belt clip. This pedometer is great for older youths and adults.

The StepLinq

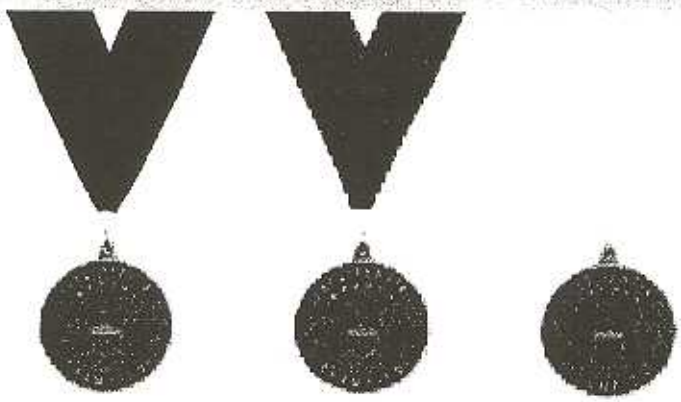
The StepLinq is our basic pedometer that will keep track of the number of steps that you take in a day. It features the phrase Active Lifestyle on the outside, a recessed reset button, and a spring belt clip. This pedometer is great for youths.



The TrekLinq

The StepLinq

President's Challenge Pedometers (Actual Size: Each is approximately 2" x 1½")



Presidential Champions Medallions
(Gold, Silver, Bronze)

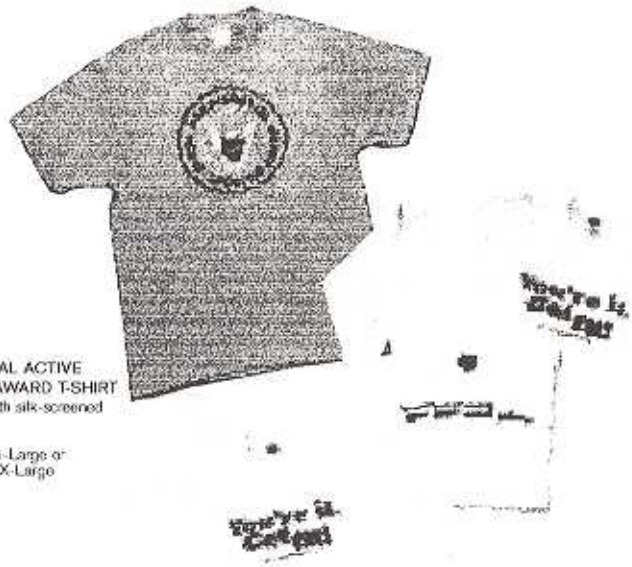
Presidential Champions Lapel Pins
(Silver, Gold, Bronze)

Presidential Champions Ribbons
(Silver, Gold, Bronze)

Presidential Champions Set

Complete award set includes one of each:
Medallion, Lapel Pin, Ribbon and Certificate
(Silver, Gold, Bronze)

T-shirts Available



PRESIDENTIAL ACTIVE LIFESTYLE AWARD T-SHIRT
Oxford grey with silk-screened logo on chest.

Youth: Medium-Large or
Adult: Small–XX-Large

PRESIDENT'S CHALLENGE INSTRUCTOR T-SHIRT
White with silk-screened message front and back.

Short or long sleeve.

Adult: Small–XX-Large

NOTE: All t-shirts are 5.6 oz. 100% preshrunk cotton.

Size Chart	S	M	L	XL	XXL
Mens	34-36	38-40	42-44	46-48	50
Womens (Bust)	34-36	38-40	42-44	N/A	N/A
Womens (Blouse)	10-12	14-16	18-20	N/A	N/A
Youth	N/A	10-12	14-16	N/A	N/A

PRESIDENTIAL CHAMPIONS T-SHIRTS
White or grey with a silk-screened logo on chest (Bronze on white, Silver on white, Gold on oxford grey)

Youth: Medium–Large or
Adult: Small–XX-Large

NOTE: All t-shirts are 100% preshrunk cotton. Bronze is 5.6 oz.; Silver and Gold are 6.1 oz.

Size Chart	S	M	L	XL	XXL
Mens	34-36	38-40	42-44	46-48	50
Womens (Bust)	34-36	38-40	42-44	N/A	N/A
Womens (Blouse)	10-12	14-16	18-20	N/A	N/A
Youth	N/A	10-12	14-16	N/A	N/A

Presidential Champions Certificates
(Gold, Silver, Bronze)
(Actual Size: 8" x 10")

To order online
Visit www.presidentschallenge.org to place orders 24 hours a day, year-round.

To order by mail
Fill out the enclosed order form and send to the address below. Please do not send cash. Allow 18 days for delivery from the time we receive your order.

The President's Challenge • 501 N. Morton, Suite 104 • Bloomington, IN 47404

To order by phone
Call 1-800-258-8146 to place an order or ask questions. Our toll-free line is open 8am to 5pm, Monday through Friday (Indianapolis, Indiana Time). You'll need a credit card or institutional purchase order for phone orders.

To order by fax
Fill out the enclosed order form and fax it to 1-812-855-8999, 24 hours a day. You'll need a credit card or purchase order number, along with a phone number or e-mail address where you can be reached. Please allow 18 days for delivery from the time we receive your order.

Shipping policy
We will send orders inside the U.S. by FedEx Ground. All other orders will be sent by the U.S. Postal Service.

When you receive your order, please check it carefully. If your order is incomplete, please contact the program office immediately. Please contact our office for return and exchange authorizations.

Rush orders
For an extra charge, we can guarantee delivery of your order within 4 business days. To place a rush order, just add 25% of the subtotal or $25 (whichever is greater) to your subtotal. We'll send your order by FedEx Express Two Day Air or FedEx Ground if the destination is within the 2-day delivery zone. Sorry, we cannot accept international rush orders.

If you're under 18
When you've earned an award, sign your name to confirm your activities for each week and have a supervising adult sign to verify your activities.

If you're taking the Challenge through your school or a youth organization
Your instructor will order awards for everyone in your class. If you're taking the Challenge with family or a group of friends, you'll need an adult to order awards for you.

FOR OFFICE USE ONLY
Rec___/___/___ Pd_____ Ck #_____ Rush ☐ Customer #_____ INT____

The President's Challenge Order Form

Ship to:

Name (Required) _____

School/Organization _____

Address _____
(Sorry, no P.O. boxes)

City _____ State _____ ZIP Code _____

E-mail _____ Phone Number (___) _____

❑ Check if you would like to be added to our e-mail list.

Billing Address (if different than above):

Name (Required) _____

School/Organization _____

Address _____
(Sorry, no P.O. boxes)

City _____ State _____ ZIP Code _____

Phone Number (___) _____

❑ Check/Money Order # _____ ❑ Bill us (institutional purchase orders only)

❑ Card Number _____ Exp. Date ____/____
(Only MasterCard and Visa accepted)

Purchase Order # _____ Signature _____

This form may be photocopied.

Mail this completed form to:

The President's Challenge
501 N. Morton, Suite 104
Bloomington, IN 47404

or fax to 1-812-855-8999

Please contact our office for return and exchange authorizations.

Shipping & Handling:
(Foreign orders must be prepaid in U.S. currency)

Less than $10.00	= $4.00
$10.00-$24.99	= $5.00
$25.00-$49.99	= $6.00
$50.00-$99.99	= $7.00
$100 or more	= 8% of subtotal

Please allow 18 days from receipt of your order at our program office for delivery of your awards.

Awards:

Description	Code	Quantity	Unit Price	Amount
PALA Set (emblem, certificate, stickers)	100		1.75	
PALA Certificate	110		.50	
PALA Stickers	120		.30	
PALA Bumper Sticker	130		.25	
PALA Lapel Pin	150		3.00	
TrekLing Pedometer	140		15.00	
StepLing Pedometer	141		12.00	
Get Fit! Handbook (Qty of 1-99)	060		1.25	
Get Fit! Handbook (Qty of 100+)	061		1.00	
Presidential Champions Medallion — Please check Color (Code): ❑ Bronze (200) ❑ Silver (201) ❑ Gold (200)			Bronze 5.00 Silver 5.50 Gold 6.00	
Presidential Champions Lapel Pin — Please check Color (Code): ❑ Bronze (212) ❑ Silver (211) ❑ Gold (210)			Bronze 2.50 Silver 2.75 Gold 3.00	
Presidential Champions Ribbon — Please check Color (Code): ❑ Bronze (222) ❑ Silver (221) ❑ Gold (220)			Bronze 0.80 Silver 0.90 Gold 1.00	
Presidential Champions Certificate — Please check Color (Code): ❑ Bronze (232) ❑ Silver (231) ❑ Gold (230)			Bronze 0.50 Silver 0.65 Gold 0.75	
Presidential Champions Set — Please check Color (Code): ❑ Bronze (242) ❑ Silver (241) ❑ Gold (240)			Bronze 8.00 Silver 8.50 Gold 9.00	

Award Shirts:

Description	Color	S	M	L	XL	2XL	Code	Quantity	1-11	12-23	24-143	144+	
Adult PALA Tee	Grey						065		8.50	7.75	7.25	6.90	
Youth PALA Tee	Grey	■			■	■	066		7.35	6.60	6.10	5.75	
Adult Instructor Tee	White						090		9.95	9.25	8.75	8.50	
Adult Instructor Tee – Long Sleeve	White						091		11.50	10.95	10.50	9.95	
Presidential Champ Adult Gold Tee	Gold						250		8.50	7.75	7.25	6.90	
Youth Gold Tee	Gold	■			■	■	251		7.35	6.60	6.10	5.75	
Adult Silver Tee	Silver						260		8.50	7.75	7.25	6.90	
Youth Silver Tee	Silver	■			■	■	261		7.35	6.60	6.10	5.75	
Adult Bronze Tee	Bronze						270		8.50	7.75	7.25	6.90	
Youth Bronze Tee	Bronze	■			■	■	271		7.35	6.60	6.10	5.75	

Sub-Total +

Rush Charge (25% of Sub-Total or $25.00 whichever is greater) +

Shipping & Handling =

GRAND TOTAL

WWW.PRESIDENTSCHALLENGE.ORG

The Active Lifestyle Activity Log

Participant Name: _____ Date Started: _____ Date Completed: _____

Week 1	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 2	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 3	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 4	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 5	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 6	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Verification

I certify that I have met the requirements of the Presidential Active Lifestyle Award.

[ ] I have met my daily activity goal for at least 5 days each week.

[ ] I have performed my physical activities for at least 6 weeks.

Participant Signature: _____

Supervising Adult's Signature (if applicable): _____

Staying Connected

To learn more about The President's Challenge Physical Activity and Fitness Awards Program, go online at **www.presidentschallenge.org** or call toll-free at **1-800-258-8146.**

You can ask for helpful information (like the **Get Fit!** handbook or the **PCPFS Research Digest**), sign up for our **Fitness Is Fun** newsletter, or find answers to your questions.

The President's Challenge
501 N. Morton, Suite 104
Bloomington, IN 47404
email: preschal@indiana.edu

The President's Council on Physical Fitness and Sports
Hubert Humphrey Building
200 Independence Avenue SW
Washington, DC 20201-0004
www.fitness.gov

The President's Challenge
Physical Activity & Fitness Awards Program

www.presidentschallenge.org
501 N. Morton, Suite 104
Bloomington, IN 47404

41-462-20