



Diabetes & Eating

Facilitator Guide

This session will take 2 hours to complete.

Goals of Program:

After this class, participants will be able to:

- Have a basic understanding of the three macronutrients and which foods will affect blood sugars.
- Understand the impact of fibre, sweeteners, and alcohol in blood glucose management.
- Be familiar with the glycemic index.
- Read labels effectively to determine amount of carbohydrate, sugar and fibre per serving.
- Understand how to plan meals successfully.
- Identify a behavior change goal or strategy to improve or sustain diabetes management efforts.
- Locate additional resources for ongoing learning and support.

Intended Participants:

This program is open to anyone who:

Has type 2 diabetes or prediabetes.

Has a family member who has diabetes and is interested in helping them manage.

***This program is part of a 4-part series “Diabetes – Separating Fact or Fiction.” It will provide a comprehensive understanding of how to manage diabetes and prevent complications. It is recommended they be taken in the following order: (1) Diabetes Essentials, (2) Diabetes & Eating, (3) Eating for Health, and (4) Mind & Body Wellness.**

ACKNOWLEDGEMENTS

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ABOUT THE FACILITATOR GUIDE

This guide offers service providers a framework for facilitated group work for those who have diabetes/pre-diabetes.

The focus of this session is food, nutrition, and healthy eating behaviours for diabetes management.

Education, skill building and practical activities are incorporated to help participants identify how simple changes can make a lasting impact. This session promotes overall well-being and presents the building blocks to further self-management skills by linking them to other programs available throughout the Winnipeg Regional Health Authority (WRHA).

All the information provided is based on current Clinical Practice Guidelines (2018) and evidence-based research, and is to be provided by a regulated healthcare professional.

It is not the expectation that 100% of these topics get covered. Interests identified by the participants will dictate what areas you spend more time on and if a topic area is skimmed over or skipped.

Facilitator's Role:

As a facilitator of a community group, it is important that you:

- have an empathetic, non-judgmental attitude
- allow all group members opportunity to express themselves
- prepare other relevant information and resources to help the group
- provide group members your contact information so they can follow-up with you or the appropriate clinician, if needed.

Text Colors:

- **"BOLD"**: Read aloud! This information is appropriate for the group
- Normal font: This information is for you as the facilitator to help guide the class. It may also provide supporting information on the topic that does not need to be read to the group.
- **"TIP"** *text boxes*: This information is to help you as a facilitator.

CHECKLIST OF MATERIALS

Nametags

Pencils

Whiteboard or flip chart

Markers

Food models or Food photos

Measuring cups

Education and Interactive Material: (You may want to print these out in color and laminate them)

Carbohydrate diagram

Yes/No cards

Cereal box labels

Handouts for participants as found in the manual:

Diabetes Food Guide (Ottawa) **or** Eating Well with Canada's Food Guide

Healthy Plate (WRHA) or InMotion round template

Fibre, alcohol, sugar sweeteners, GI Index handouts (Diabetes Canada)

Meal Planning Template

Label reading/%DV (Health Canada)

Dial-a-Dietitian pamphlets

Action Plan worksheet

Evaluation

WELCOME TO DIABETES AND EATING GROUP (15 min)

This session is designed to take 2 hours, and includes interactive activities that can be done by the group, as well as time for questions at the end. It is strongly recommended that group sessions include opportunities for participation and interaction and that some time is spent indicating why this information is important to the adult learner.

Overview

“During this 2 hour session, we will discuss food, nutrition and healthy eating behaviours for diabetes management. I will offer skill building activities and help you set realistic goals to make lifelong changes.

I hope that you feel comfortable asking questions, and interacting with the group. Please ask questions as we go and also respect each other by listening and giving everyone a chance to speak. Everything that you share in class will be kept confidential.”

Please provide your group with any specific housekeeping information, (i.e.) washroom location, when there will be a break, etc.

Introductions

Activity 1: INTRODUCTIONS

“Let’s start the session by going around the table and have each person introduce him or herself and share with us information such as:

How long have you lived with diabetes or is diabetes new to you?

Have you had diabetes education in the past?

What have you heard or been told about eating to manage blood glucose?

Have you been told to lose weight to manage diabetes?

Have you considered or tried a fad diet to lose weight?

Is there one thing you want to learn today about eating well with diabetes?”

TIP: You may want to write what participants want to learn or any nutrition-related myths on a whiteboard/poster sheet. At the end of the session, you can review to make sure that each question or concern was addressed with the group.

“Thank you for sharing. We will discuss many of these questions, myths or ideas as well as what we currently know about food and nutrition to manage diabetes during this session.

Healthy eating is an essential part of the treatment and self-management of diabetes. The benefits of making healthy food and lifestyle choices:

- **Promote better control of blood glucose, blood pressure and cholesterol levels. According to Diabetes Canada Clinical Practice Guidelines, A1C, or glycated hemoglobin, can be reduced by 1-2% simply by making changes to your food intake and lifestyle. A1C shows how well your diabetes has been controlled in the last 2 to 3 months.**
- **Satisfy the body’s energy, vitamin and mineral requirements.**
- **Prevent and treat complications of diabetes.**
- **Improve your overall health and wellbeing.**

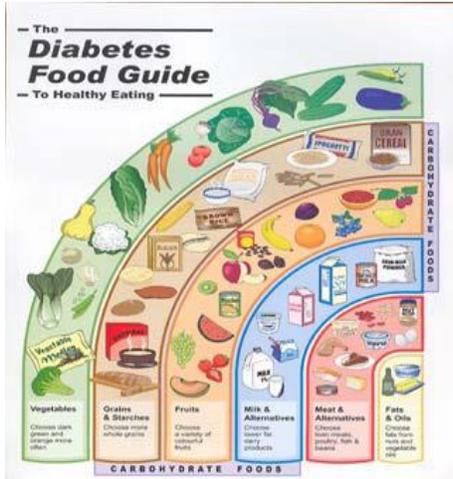
Today, we will learn there is no "Diabetic" diet or specific meal plan that is right for everyone. There are no forbidden foods. The pattern of eating well to manage diabetes includes learning about balance, variety, moderation and consistency. We won't be discussing carbohydrate (or carb) counting because everyone's carbohydrate needs are different. It is important to work with a Registered Dietitian (*like me*) when you start carb counting. He or she can help you figure out the right amount of carbohydrate to eat based on your personal needs. I can help you find a registered dietitian at the end of class or you can simply call Dial-a-Dietitian (*show pamphlet*).

“Let’s get started!”

NUTRITION BASICS FOR DIABETES (50 min)

Diabetes Food Guide & Macronutrients

Use the Diabetes Food Guide Handout



TIP: Canada's Food Guide to Healthy Eating can be used in place of the Diabetes Food Guide. You can still highlight the rainbow concept and carbohydrate food sources.

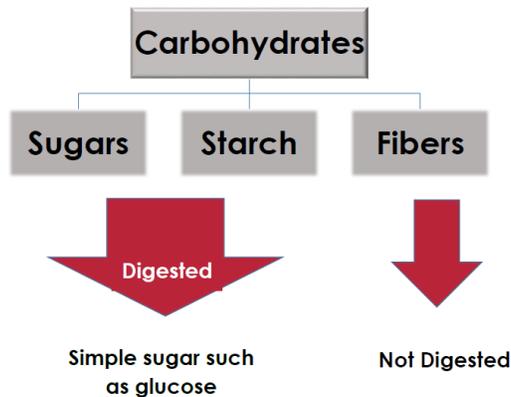
“There are 3 macronutrients found in the foods we eat – FAT, PROTEIN, and CARBOHYDRATE.”

Let's look at why we need them and how each affects blood glucose levels:

- **FAT...** dietary fats and oils provide us with energy as well as essential fats that are needed to prevent a nutrient deficiency, and also help your body absorb fat soluble vitamins such as A, D, E and K. You need fat in your diet for normal body functions. Fat gives flavour to foods, and will not affect blood glucose levels. The type of fat consumed is more important than the total amount due to the increased risk of heart disease with diabetes.
- **PROTEIN...** is a part of every cell in your body and is needed to build and repair muscle, tissue, skin, nails and hair. Protein is found in meat, fish, poultry, and alternatives such as beans, eggs, nuts, seeds, tofu, milk and dairy products. Some dairy products contain carbohydrate that will affect blood glucose. Including a source of protein with meals and snacks can slow the rise in blood glucose levels.
- **CARBOHYDRATES...** are found in grains, grain products (e.g. bread, cereals), starchy vegetables (e.g. potatoes and corn), fruit, milk, yogurt, juice, pop

and other sugar-sweetened beverages such as iced coffee or sweetened coffee and teas, sugars, syrups, and sweets. The carbohydrates that you eat and drink directly affect your blood glucose level. All digestible carbohydrates are eventually converted to glucose, a simple sugar that your body uses for energy.”

Use this carbohydrate diagram or write it on a board for all to see to further explain SUGAR, STARCH and FIBRE.



“Carbohydrates include sugar, starch and fibre. Both sugar and starch are digested into glucose, which can raise your blood glucose level.”

Question: “What foods would be a source of sugar?” Examples include: candy, pop and other sugar sweetened beverages, cakes, cookies, etc. “These foods will turn to glucose in your body.”

Question: “What foods would be considered as starch?” Examples include: bread, pasta, potato, corn, rice, crackers, cereal, etc. “These foods will also turn to glucose in your body.”

“Dietary fibre is also a type of carbohydrate; however it is not digested, therefore does not turn to sugar. This is one reason why we encourage higher fibre foods- especially higher fibre, starchy foods”.

Question: “What foods would be a source of fibre?” Examples include: whole grains, foods made from whole grains (bread, cereal), vegetables, fruit, dried peas, beans and lentils.

Activity 2: FOODS THAT IMPACT BLOOD GLUCOSE

Provide each participant with a Yes/No card. Use food models or photos of various and culturally appropriate foods from the food groups including single foods like eggs, carrots, bread, cheese, fruit but also combined items like a cheese sandwich, or cake. Ensure you use at least one food from each food group. Take only a few minutes and ask:

“For each of the following foods, respond by showing either Yes or No if they affect your blood glucose.”

TIP: You may choose to discuss some of the less obvious foods or when the group may be unsure or have mixed answers.

The Healthy Plate

Use the back of Diabetes Food Guide

The Diabetes Food Guide

Recommended Daily Food Choices	What is a choice?	
Vegetables 5+ choices a day	<ul style="list-style-type: none"> 1 cup raw leafy greens, or ½ cup cooked (spinach, romaine, kale, arctic, Swiss chard) ½ cup roasted: asparagus, beans, broccoli, green and yellow string beans, carrots, cabbage, cauliflower, celery, cucumber, eggplant, peas, mushrooms, mixed frozen vegetables, onions, green and red peppers, tomato, turnips, zucchini <p><small>* portions of more than 1 cup of parsnips, peas, winter squash and tomato sauce will add 15 g of available carbohydrate (3 teaspoons of sugar) to your meal.</small></p>	
CARBOHYDRATE	<p style="text-align: center;">1 choice from carbohydrate foods = 15 grams of carbohydrate (3 teaspoons of sugar)</p>	
	Grains and Starches 6-8 choices a day <small>Measure after cooking</small>	<ul style="list-style-type: none"> 1 slice whole grain bread ½ cup hot cereal ½ cup cold cereal ½ cup barley, bulgur, buckwheat, quinoa, wild rice ½ cup pasta, couscous ½ cup corn kernel or ½ cob ½ medium potato or ¼ cup mashed potato 1/3 cup brown rice, white rice, wild rice 1/3 cup sweet potato 1 (6 inch) whole wheat chapatti, roti, tortilla ½ (6 inch) pita bread ½ cup mashed potato 1 large bagel 1 (4 inch) pancake or waffle 1 (2 inch) small muffin 3 cups popcorn ½ english muffin 7 whole crackers
	Fruits 3 choices a day	<ul style="list-style-type: none"> 1 medium apple, orange, pear 2 medium: kiwi, plums, kiwifruit, apricot ½ medium mango 1 small banana, grapefruit 1 large peach, nectarine 2 cups strawberries, blackberries, raspberries 1 cup blueberries 1 cup melon ½ cup fresh pineapple 15 grapes, cherries ½ cup unsweetened applesauce, canned fruit in juice ½ cup unsweetened juice 3 cups popcorn ½ cup mixed dried fruit
	Milk and Alternatives 2-3 choices a day	<ul style="list-style-type: none"> 1 cup milk 1 cup fortified soy beverage plain ½ cup chocolate milk ½ cup fortified soy beverage flavoured 4 tsp powdered milk ½ cup evaporated milk ½ cup plain low fat yogurt ½ cup artificially sweetened yogurt
	Meat and Alternatives 4-8 choices a day <small>Measure after cooking</small>	<ul style="list-style-type: none"> 1 ounce (30 g) lean meat, poultry or fish 1 large egg ½ cup cooked fish ½ cup cottage cheese (1-2% MF) 1 ounce (30 g) cheese (>20% MF) ½ cup legumes (beans, peas, lentils)* ½ block (85 g) tofu 2 tbsp. peanut butter 1/3 cup hummus <p><small>* portions of more than 1 cup of beans and lentils will add 15 g of available carbohydrate (3 teaspoons of sugar) to your meal.</small></p>
Fats and Oils Moderation	<ul style="list-style-type: none"> 1 tsp. butter or non hydrogenated margarine 1 tsp. oil, canola, olive or peanut 1 tsp. nuts or seeds 1 tsp. salad dressing, regular 1 tsp. mayonaisse, light 1 table spoon ½ avocado 	
Sweets Have sweets in moderation and enjoy small portions. Choose food and beverages low in added sugars.	Physical activity Be physically active for at least 30 minutes most days of the week.	
<p>Different people need different amounts of food: This guide gives you a lower and higher number of servings from each food group. See a Dietitian to help you determine how much you need.</p>		

“Healthy eating is not only what you eat, but how much and when. If you turn the Diabetes Food Guide over, you will see recommendations on sizes and amounts of foods for each food group. This is to give you a sense of the variety and balance of foods from each food group and forms the foundation when planning meals. For

blood glucose management, it's also important to be consistent with spreading carbohydrates out throughout the day and to not skip meals.

So what does a balanced meal look like?"

Use the Healthy Plate (WRHA handout) or use the Inmotion template (French on the reverse) to show how the basic 4 food groups (or 6 food groups if using the Diabetes Food Guide) can be combined into a meal.



"Do your meals look like this? When is the last time you went out to eat and your plate looked like this?"

Let's take a closer look at a healthy meal:"

Activity 3: CREATE A MEAL

Provide food models or photos and have each participant create their own typical meal or any meal. Then ask for a volunteer to share the meal.

"Can I have a volunteer describe or show us their meal?"

Work with the group to briefly discuss if the meal is balanced, if not, what could be changed to make it more balanced? For example: protein, fibre, portions, add a vegetable, etc.

“We have learned about carbohydrates and the healthy plate for eating well with diabetes. I would like to quickly review how FIBRE can impact blood glucose levels and the management of diabetes.”

Fibre

Use the Diabetes Canada Fibre and Diabetes Handout

Fibre + diabetes Canadian Diabetes Association

Why is it good for me?

- controls blood glucose
- manages blood pressure
- reduces blood cholesterol
- increases the feeling of being full
- contributes weight
- regulates heart rate

What is the difference between soluble and insoluble fibre??

Soluble fibre is the soft fibre that helps control blood glucose and reduces cholesterol. It also helps in managing diabetes. Soluble fibre is present in oat bran, oatmeal, legumes (lentil beans and chickpeas) and fruits such as apples and strawberries.

Insoluble fibre is the hairy fibre that helps to prevent constipation. It also helps to prevent some types of cancer. It is present in wheat bran, whole grain breads and cereals, fruits and vegetables. Many fruits contain both soluble and insoluble fibre.

How much fibre do I need?

The adults the Canadian Diabetes Association recommends 25 - 30 grams of fibre every day. Children between the ages of 1 and 18 need a gradual increase of fibre in their diets, usually calculated by using the child's age and adding 5 grams. People with diabetes should not rely on a laxative to obtain a measure of both soluble and insoluble fibre.

How can I get enough?

- eat the skins and seeds of vegetables and fruit
- choose "whole grain" bread, pasta, cereal, crackers and rice
- use whole grain flour in your homemade baked goods
- add barley, beans and lentils to soups and salads
- use canned beans, chickpeas in salads or in place of meat a few times every week
- add ground flax seeds to yogurt, cereal or homemade baked goods
- add a small handful of almonds or other nuts to a salad

Read the facts to find fibre!

Nutrition Facts		
Serving 1 cup (250 mL)		
Amount		
% Daily Value		
Calories 100		
Total Fat 1.5 g		3%
Cholesterol 0.3 g		1%
Saturated Fat 0 mg		0%
Sodium 100 mg		2%
Potassium 100 mg		2%
Carbohydrate 28 g		56%
Fibre 4 g		8%
Soluble Fibre 4 g		24%
Insoluble Fibre 2 g		4%
Sugars 3 g		6%
Starch 12 g		24%
Protein 3 g		6%
Vitamin A 0%	Vitamin C 0%	
Calcium 0%	Iron 30%	

Average Fibre Content

Fruit 15 g carbohydrate	1 medium-size apple with skin, 1 small banana, 1 cup strawberries	2 g
Vegetables less than 5 g carbohydrate	1 cup lettuce, ½ cup tomatoes, ½ cup green beans	1 - 2 g
Grain Products, Low fibre about 5 g carbohydrate	1 slice white bread, white hamburger bun, ½ white pizza (12")	1 g
Grain Products, High fibre about 10 g carbohydrate	1 slice whole-wheat bread, ½ cup hot cereal, ½ cup whole-wheat pasta	3 g
Meat and Alternatives about 5 g carbohydrate	3 oz cooked skinless chicken breast or meat meats	0 g
Meat Alternatives about 15 g carbohydrate	1 cup legumes (kidney beans, black beans, chickpeas)	10 g

Low Fibre Diet	Fibre (g)	Fibre (g)	High Fibre Diet
Breakfast			Breakfast
1 cup Corn flakes	0.7	6.1	1 cup Corn flakes
1 cup low fat milk	0.0	0.0	1 cup low fat milk
1 boiled egg	0.0	0.0	1 boiled egg
1 slice white toast	0.9	3.2	1 slice whole grain toast
1 small banana	1.8	2.3	1 medium orange
Lunch			Lunch
1 cup chicken noodle soup	0.4	4.5	1 cup split pea soup
Turkey sandwich (2 slices white bread, turkey, mustard)	1.6	5.8	Turkey sandwich (2 slices whole grain bread, turkey, lettuce, mustard)
½ cup tomato slices	1.2	1.2	½ cup tomato slices
1 slice cheese	0	0	1 slice cheese
1 apple	2.6	2.6	1 apple
		2.9*	10 baby carrots
Snack			Snack
¼ cup of almonds	4.1	4.1	¼ cup of almonds
3 peanut butter cookies	0.3	4.2	1 small pear
Supper			Supper
2½ oz baked salmon	0.0	0.0	2½ oz baked salmon
1 cup white rice	1.7	2.8	1 cup quinoa
1 cup green beans	3.2	3.2	1 cup green beans
1 cup lettuce salad and dressing	1.2	0.7	1 cup spinach salad
		0.9	with ½ cup of cauliflower and ¼ cup chickpeas and dressing
1 cup low fat milk	0.0	0.0	1 cup low fat milk
Bedtime Snack			Bedtime Snack
¼ cup plain yogurt	0.0	0.0	¼ cup plain yogurt
¼ cup of blueberries	2.0	2.0	¼ cup of blueberries
TOTAL FIBRE	21.7	48.4	TOTAL FIBRE
TOTAL ENERGY (Calories)	1910	1972	TOTAL ENERGY (Calories)

*Information on fibre content taken from the Canadian Nutrient File (CNF) 2010

The low and high fibre meals look very similar but are very different in the amount of fibre. Simple changes to your food choices can increase the amount of fibre in your diet.

Fibre is important for your overall health.

Good foods with at least 2 g of fibre per serving can claim to be a "source" of fibre.

Better foods with at least 4 g of fibre per serving can claim to be a "good source" of fibre.

Best foods with at least 6 g of fibre per serving can claim to be a "very good" or "excellent" source of fibre.

Note: Increase the amount of fibre slowly and drink plenty of fluids to avoid discomfort and gas.

Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. Our community-based network of supporters help us provide education and services to people living with diabetes, advocates for our cause, broad-based research a cure and translate research into practical applications.

diabetes.ca | 1-800-BANTING (226-8464)

Review the handout, highlighting the following: Benefits - including beneficial effect on postprandial blood glucose control. Fibre is not digested thus negligible effect on blood glucose.

- Recommended amount- noting people with diabetes can benefit from more fibre in their diets (i.e.) Recommendations: 25-38 g per day for women and men respectively, up to 25-50 g per day or 15-25g per 1000 kcal for people living with diabetes.
- Types – soluble and insoluble.
- Food sources.
- Reminder: Increase the amount of fibre slowly and drink plenty of fluids to avoid discomfort and gas.

NOTE- may be a good time for a 5 to 10 minute quick break if time permits

Fact or Fiction- I need to lose weight to manage my diabetes

Fiction:

“Some of you may have been told to lose weight to manage diabetes. Some of you may have heard of, or have tried, different fad diets to lose weight. These could include popular ones such as Atkins, Zone, or Ketogenic (having very limited carbs and lots of fat). The evidence of these diets show some inconsistency with the ability to lower A1C, but according to research, none of these diets provide long term improvement in glycemic control, weight or cholesterol levels.

Source: Diabetes Canada Clinical Practice Guidelines Expert Committee. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. Can J Diabetes. 2018;42 (Suppl 1):S1-S325.

Facts:

Many people try to lose weight, but fewer people lose weight and keep it off.

Weight-cycling (losing/gaining) can actually jeopardize health

Many things affect our weight including stress, some medical conditions, certain medications and simply day to day life.

Losing weight is not the only way to manage diabetes

Focusing on dieting or losing weight can lead to dysfunctional eating, nutrient deficiencies and a negative body image

The reality is that fad diets come and go, may not be nutritionally adequate and are not sustainable for the long term. For long-term health, you may want to look into the benefits of dietary patterns such as the Mediterranean or DASH diet.

A Registered Dietitian can help you learn more and help you make positive day-to-day behaviour changes for lasting impact.

The key to being healthier is to make small, realistic behavior changes gradually that you can do today and for the rest of your life.

As time permits, briefly review SUGARS/SWEETENERS and ALCOHOL. Or you can highlight a few take-home messages and reference the handouts are available for more information.

Sugars/Sweeteners

Use The Diabetes Canada Sugar And Sweeteners Handout

Diabetes and Eating V2



The handout is titled "DIABETES CANADA Sugars and Sweeteners". It is divided into two main sections: "Sweeteners that INCREASE blood sugar levels" and "Sweeteners that DON'T INCREASE blood sugar levels". Each section contains a table with columns for "Sweetener", "Form & uses", and "Other things you should know...".

Sweeteners that INCREASE blood sugar levels		
Sweetener	Form & uses	Other things you should know...
Sugars (Some examples)		
<ul style="list-style-type: none">Agave syrupBrown rice syrupBrown sugarCoconut sugarDemeraraFructoseFull-fat coconut oilGlucoseHigh-fructose corn syrupMaple syrupSteviaSucroseSweetener blendsSyrupSugarSweetener blendsSyrupSugarWhite sugar	<ul style="list-style-type: none">Used in sweetener blends and syrups.May be found in medications.	<ul style="list-style-type: none">Sugars are carbohydrates that can affect your blood sugar (glucose) levels and blood lipids.There is no advantage to fructose or diabetes in using one type of sugar over another.Sugars may be added to medications by people with diabetes. Up to 10% of the dry weight can come from added sugar. That effect can be at sugar levels will vary. Talk to your dietitian about how to fit sugars into your meal plan.
Sweeteners that DON'T INCREASE blood sugar levels		
Sweetener	Form & uses	Other things you should know...
Sugar alcohols		
<ul style="list-style-type: none">Hydrogenated starch hydrolysates (HSH)IsomaltLactitolMaltitolMannitolMaltitolNeohesperidin dihydrochalconeNeotameSteviaSorbitolSorbitolSorbitolSorbitol	<ul style="list-style-type: none">Used in sweetener blends, syrups, "sugar free" or "no added sugar" products.May be found in cough and cold syrups and other liquid medications (e.g. acetaminophen).	<ul style="list-style-type: none">Sugar alcohols are neither sugars nor alcohols. Small amounts are found naturally in fruits and vegetables. They can also be manufactured.They are only partly absorbed by your body, have fewer calories than sugar and have no major effect on blood sugar.Check product labels for the number of grams of sugar alcohols per serving. If you eat more than 50 grams of sugar alcohols a day, you may experience side effects such as gas, bloating or diarrhea.Talk to your dietitian if you are on long-term treatment and need to use foods sweetened with sugar alcohols.

Review the handout, highlighting the following:

- Which sweeteners increase blood glucose, which don't
- Different types of artificial sweeteners, including **safe** amounts. Note that Health Canada regulates all sweeteners that are used and sold in Canada. Sweeteners are only approved when scientific evidence confirms that they are safe. Sugar substitutes are safe in moderation- even during pregnancy. Moderation is defined by the acceptable daily intakes. For aspartame, a person would need to consume about 10 cans of diet pop a day, or more, to be considered unsafe.
- **Reminder:** The use of any sweetener is a personal choice; sweeteners are used for taste.

Alcohol Consumption

Use the Diabetes Canada Alcohol and Diabetes Handout.

DIABETES CANADA | Alcohol and diabetes

As a general rule, there is no need to avoid alcohol because you have diabetes.

You should not drink alcohol if you:

- are pregnant or trying to get pregnant
- are breastfeeding
- have a personal or family history of alcohol problems
- are planning to drive or engage in other activities that require alertness or skill
- are taking certain medications. Ask your pharmacist about your medications.

Consider the following questions when deciding what is best for you.

	Yes	No
1. Is my diabetes under control?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do I have any health problems that alcohol can make worse such as disease of the pancreas, eye disease, high blood pressure, high cholesterol, liver problems, nerve damage or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do I know how to prevent and treat low blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "no" to any of these questions, you should speak to your diabetes educator or health-care professional before drinking alcohol.

If you answered "yes" to all of these questions, it is OK to drink alcohol in moderation.

Moderate alcohol intake is limited to 1 standard drink/day for men and 1 standard drink/week for women and limited to 1 standard drink/day or less than 15 drinks/week for men.

This recommendation is the same for people with diabetes. For people with high blood pressure, alcohol should be limited to 1 drink/day for women and 2 drinks/week for men.

Review the handout, highlighting the following:

- Effects on blood glucose and risks with insulin and/or sulfonylureas
- Carbohydrate content of different types of alcohol/common mixed drinks
- **Reminder:** there is no need to avoid alcohol because you have diabetes, nor should you start drinking!

Label Reading

Use this handout from Health Canada:



“Reading the nutrition facts on the label can help you make healthy food choices. You can manage portions by comparing the serving size on the package to the amount that you eat.

You can use the % Daily Value to see if there is a little or a lot of nutrient in one serving and compare similar products to help you choose a product that has more or less of that nutrient. For example – more fibre or less sodium.

5% Daily Value or less is a little while 15% Daily Value or more is a lot”

Activity 4: CEREAL BOXES

Best to use a white board or flip chart for this activity and keep the carbohydrate diagram up or available to refer to along the way. Having measuring cups to visibly show the portion size difference is helpful.

Use the photos of the Multigrain Cheerios™ and the All-Bran Buds™

“Here are 2 cereals we are going to use to compare serving sizes and look at the carbohydrate contents. Can I have 2 volunteers? I’ll be asking you to give me specific information found on each of the cereal’s nutrition facts table.”

Handout cereal box photos to volunteers.



Nutrition Facts		
Per 1 cup (30 g)		
Amount	Cereal Plus 125 mL Only 2% p.s. Milk	
Calories	110	170
	% Daily Value	
Fat 1.5 g*	2 %	6 %
Saturated 0.3 g + Trans 0 g	1 %	9 %
Cholesterol 0 mg		
Sodium 160 mg	7 %	9 %
Carbohydrate 24 g	8 %	10 %
Fibre 3 g	12 %	12 %
Sugars 6 g		
Protein 2 g		
Vitamin A	0 %	6 %
Vitamin C	0 %	0 %
Calcium	10 %	20 %
Iron	30 %	30 %
Vitamin D	0 %	25 %
Niacin	6 %	15 %
Vitamin B ₆	10 %	15 %
Folate	8 %	10 %
Pantothenate	6 %	15 %
Phosphorus	8 %	20 %
Magnesium	8 %	15 %
Zinc	4 %	10 %

* Amount in cereal

Start with MG Cheerios™. Write Cheerios on white board and ask the volunteer for the following:

Serving size = 1 cup (30 g) – explain that one is imperial/standard household measurement, the other is the metric equivalent

Carbohydrate total in grams = 24 g

Sugar = 6 g

Fibre = 3 g

Refer to carbohydrate diagram to help participants identify the missing starch.

“Remember that although starch is not included on the label, it doesn’t mean it’s not there. If you look just at the sugar, you will be missing a piece of the puzzle and miss the starch that is also impacting your blood glucose.

Here the missing starch is 15 g, which will also be digested into sugar and affect blood glucose level. So, sugar (6 g) + starch (15 g) = 21 g of digestible carbohydrates. Another way to look at the “available carbohydrate” is to take the

total carbs (24 g) – the fibre (3 g) = 21 g of digestible carbohydrate. Either way you look at it, the total digestible carbohydrate is 21 g.”
 Let’s now look at All-Bran Buds™



Nutrition Facts		
Serving 1/3 cup (28 g)		
Amount per serving	Cereal	With 1/2 Cup 1% Milk
Calories	70	130
% Daily Value		
Fat 1 g†	2 %	3 %
Saturated 0 g + Trans 0 g	1 %	3 %
Cholesterol 0 mg	0 %	2 %
Sodium 170 mg	7 %	10 %
Potassium 270 mg	8 %	13 %
Carbohydrate 22 g	7 %	10 %
Fibre 11 g	44 %	44 %
Sugars 7 g		
Protein 3 g		
Vitamin A	0 %	8 %
Vitamin C	0 %	0 %
Calcium	2 %	15 %
Iron	25 %	25 %
Vitamin D	0 %	25 %
Thiamine	45 %	50 %
Vitamin B ₆	10 %	10 %
Folate	8 %	10 %
Pantothenate	6 %	15 %
Phosphorus	20 %	35 %
Magnesium	35 %	45 %
Zinc	20 %	25 %
Manganese	90 %	90 %

† Amount in cereal.

Write Bran Buds on white board and ask the volunteer for the same information: Serving size = 1/3 cup (28 g) – explain how to compare this serving size to the Cheerios, which has virtually the same weight measurement, however when you look at the volume measurement, it is quite different. Use a 1 cup and 1/3 cup measuring cups to display this difference.

Carbohydrate total in grams = 22 g
 Fibre = 11 g
 Sugar = 8 g

Here the missing starch is 3 grams. So, sugar (8 g) + starch (3 g) = 11 g of digestible carbohydrates. Again, an alternative way to calculate the “available carbs” is to take the total carbs (22 g) – fibre (11 g) = 11 g digestible carbs.

As you can see, because of the higher fibre content in the All-Bran Buds™, the amount of carbohydrate that will affect your blood glucose level is quite different, even though the serving size is the same. This demonstrates the importance of fibre when making carbohydrate-based choices! When looking at the % DV, you can see that the Cheerios™ have 12% fibre, which is mediocre, whereas the All-Bran Buds™ have 44% fibre, which is well above the “a lot” target of 15%!

BRINGING IT ALL TOGETHER (15 min)

Now that you know what to eat and how to look at labels and compare products to make the best food choices, there are some common barriers preventing people from eating healthy and making these food choices. Do any of these pose a barrier for you or your family? Read aloud or use white board or flip chart write the following:

- Time
- Lack of planning know-how
- Cost/financial
- Access to food including cultural or familiar foods
- Limited cooking skills or ability
- Changes to the family structure; cooking for less
- Not ready or feel can't make changes

Meal planning can help to reduce many of these barriers as well as reduce food waste and even save money! Meal planning is all about trying to eat healthy, balanced budget-friendly meals. However, preparing and cooking a new meal each day can seem daunting. Let's look at planning some meals and finding simple ways to make your food preparation last over several days!

Activity 5: MEAL PLANNING MADE EASIER

Use this Meal Planning Handout:

The handout is divided into two main sections. The left section, titled "MENU PLANNING MADE EASIER", provides a structured template for planning meals. It includes a "Start With the Main Meal" section with lines for Sunday through Saturday. To the right of this is an "Add Other Meals and Snacks" section with sub-sections for BREAKFASTS, LUNCHES, and SNACKS, each with multiple lines for notes. At the bottom of this section is a "Make a Grocery List" section with several lines. The right section, titled "TIPS TO MAKE PLANNING MEALS EASIER", contains a bulleted list of seven practical tips for meal planning, such as "Get organized" and "Check food supplies". At the bottom of this section, it provides contact information for Dial a Dietitian: 1-877-830-8892 and Call 804-798-8248 in West Virginia.

With the group, plan out a few meals, making sure to have the meal comply with the plate method and there is a plan for leftovers. For example, start with basic roasted chicken, rice, cooked bell peppers, onions, zucchini and mushrooms as a meal. Show that by cooking once, the food preparation can last over several days: Use the chicken again as another meal (add to a salad) or mix with mayonnaise and celery for a chicken salad sandwich.

Use extra vegetables in an omelet for breakfast or add them to tomato sauce and serve over pasta.

Use rice to make rice pudding for dessert or use for a stir-fry meal that also includes the bell peppers, onions, zucchini and mushrooms.

Simplify weekly meal planning by categorizing each day of the week – for example: Meatless Mondays, Taco Tuesdays, Pizza Friday, roast on Sunday etc. Or designate certain ethnic meals on certain days. Suggest to try breakfast items for other items too.

GOAL SETTING (10 min)

“We hope that you found today helpful. We covered a lot of information and you participated in a few skill building different activities. I would like you to start thinking of a couple of things that really stood out for you. Let’s talk about goal setting.

Making changes or beginning something new can be challenging. The point of this last activity is to choose one short-term, realistic goal that you feel you can achieve and maintain.

An important part of managing health is being able to set attainable goals and behaviours. We cannot change everything at once, and we can set ourselves up for failure if we set goals to please someone else, if we’re too vague or try to change too much at once. Let’s focus on SMART goals.

SMART goals are Specific, Measurable, Attainable, Realistic and Timely. Setting “SMART” goals can also help you achieve bigger goals you may want to set for yourself over time. For example, you now know the benefits of more fibre in your diet, so you want to eat more fibre? Try this SMART goal: Starting tomorrow, I will change from my usual low fibre cereal to a high fibre one like All-Bran Buds™. You can offer other food or nutrition related examples.

I’d like you to all focus on one behaviour that you would like to do differently after today’s session. We can work through an action plan for change together.”

Complete ACTION PLAN FOR CHANGE AND PROBLEM SOLVING HANDOUT
OR Complete GROUP Brainstorming ACTIVITY FOR PROBLEM-SOLVING

Tip: It is recommended that participants pick something that they are confident that they can change. As facilitators, we hope that they start with something small that they can be successful with, gain confidence, and then move on to a larger challenge when ready.

It may be helpful to discuss the 'all or none' mentality' and that long-term success is more easily seen when we start small and change behaviours slowly, rather than all at one time.

Worksheet

Activity 6: ACTION PLAN FOR CHANGE & PROBLEM SOLVING STEPS

Action plan for Change

* We **strongly** encourage you to share this with your primary care provider (doctor, nurse practitioner) and their team (nurse, dietitian, etc) so they can help support you.

1. A behaviour I would like to change:-

2. Is this something you can achieve in the next week or two? Yes No
3. Is YES, move to the next questions. If NO, take it off the table for now and try again with something you are likely to have success with.
4. Is the question specific? If not, try to re-word it so it is easy to measure!
Does it answer the questions:
 - a. What ?
 - b. How much ?
 - c. When ?
 - d. How often ?

How confident are you that you can make this change? _____
(0 = not at all sure to 10 = absolutely sure)

If you are at 7 or more, you are ready to move ahead with planning your behavior change. If not, spend time thinking about the reasons why you may not feel ready. (See the back page for some problem-solving steps).

Try a new goal that you feel you can meet as a starting point, or maybe a smaller piece of a larger goal.

Problem-solving steps

- 1) Identify the problem

- 2) List ideas to solve the problem

- 3) Select one method to try

- 4) Check the results

- 5) Pick another idea/method if the first didn't work

- 6) Use other resources available and trial again. (Repeat Steps 1-5)

- 7) If you have attempted to fix the problem with no success a few times, accept that the problem may not be solvable now. Think about what might help you to be ready to revisit it again in the future, get support from your healthcare team/family/friends, and re-visit when ready.

Source: Lorig, Holman, and Sobel et al. *Living A Healthy Life with Chronic Conditions, Canadian 4th Ed, 2013*

Optional

BRAINSTORMING FOR SELF-MANAGEMENT

Steps to use Brainstorming and Problem Solving Skills with Groups:

Brainstorming is a great way to elicit challenges from your group and then turn them around and find ways to respond.

You can start with a particular problem and brainstorm ways of responding to it, or start by brainstorming what the problems/barriers are.

1) **Brainstorm problems:**

“What problems do you have with _____ (managing medications, exercise, eating healthy, checking your blood sugar, etc.)?”

Or other phrasing, such as:

“What barriers get the way of _____ (eating healthy, exercise, etc.)”.

Brainstorming Tips:

- Write out the question you are brainstorming at the top of a large piece of chart paper.
- Ask group to answer the question while you write participants' responses in their own words.
- Cut off the brainstorm once they've filled one page, or sooner if they're out of ideas.
- Instructors only contribute ideas once group members are done (or page is full).

2) **Pick 1 problem and problem-solve:**

- Ask if anyone has one they'd like to suggest the group work on
- Write the brainstorming question at the top of a new piece of flip chart paper. Suggested phrasing:
 - “What could you do when you face this problem?” or “How could we respond to this problem”

- Note: the focus is on what to do when they face this problem because we can't "solve" every problem in the sense of making it go away, but we can think of what we'll do when we face it.

Reinforce that problem solving is a skill. When we feel overwhelmed, it seems like there are fewer options of what to do in response to a problem. Brainstorming helps us think of options; then we choose which option we'll try next.

3) If you want you can also teach the following problem Solving Steps to your group:

Problem-solving steps*

1. Identify the problem
2. List ideas to solve the problem
3. Select one method to try
4. Check the results
5. Pick another idea if the first didn't work
6. Use other resources
7. Accept that the problem may not be solvable now

- Note: #6 "Use other resources" means talking to your healthcare professionals, accessing information on the web from credible sources, etc.
- Many people stop after step 4 – meaning they'll try something and if it doesn't work they're stuck. The key is to keep going through the steps. If you get to step 7, think of something else you can work on that might improve things even if this problem isn't solvable right now.

**Source: Lorig, Holman, and Sobel et al. Living A Healthy Life with Chronic Conditions, Canadian 4th Ed, 2013*

EVALUATION AND CLOSING (5 min)

Provide link to Group Self-Management Program Schedule, briefly discuss what is available to them.

www.wrha.mb.ca/groups

PARTICIPANT EVALUATION AND FEEDBACK FORM

Program Location: _____

Date: _____

Program Name: Diabetes and Eating

Thank you for taking a few moments to complete this evaluation form. The comments you provide are important for helping to improve programs in the future.

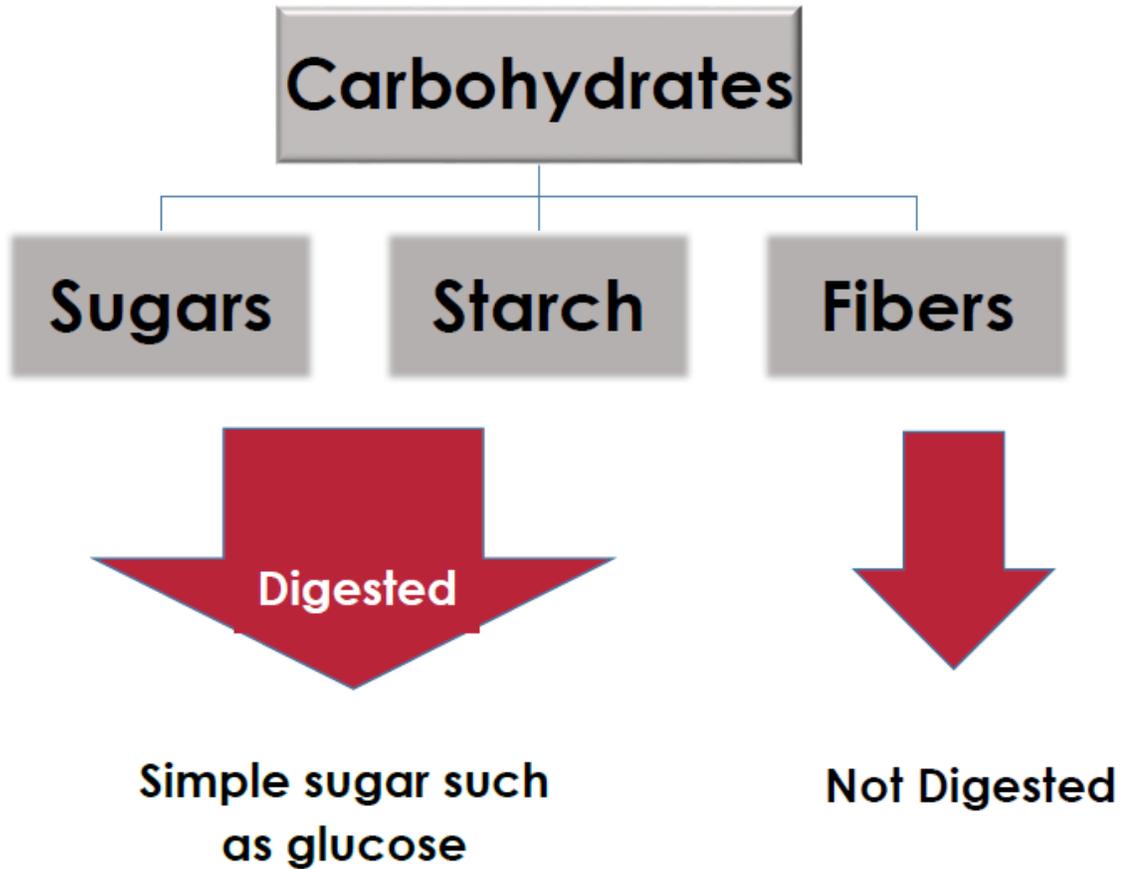
For questions 1 to 5, please circle your rating on a scale from **1 (Not at all)** to **5 (Very)**.

- | | Not at all | | | Very | |
|---|------------|---|----|------|---|
| 1. Overall, how helpful was the program for you? | 1 | 2 | 3 | 4 | 5 |
| 2. How helpful was the information | 1 | 2 | 3 | 4 | 5 |
| 3. How helpful were the group discussions? | 1 | 2 | 3 | 4 | 5 |
| 4. Were the written materials helpful? | 1 | 2 | 3 | 4 | 5 |
| 5. Would you recommend this Program to others? | 1 | 2 | 3 | 4 | 5 |
| 6. Please list 1 to 3 changes you are working on (or would like to work on) that the program has helped you with: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7. As a result of this program, has your confidence that you can make these increased (please circle)? | | | | | |
| | Yes | | No | | |

8. How did you find the length of the classes?
- Just right – don't change it
 - Each class should be longer (an additional 30 minutes or more each time)
 - Each class should be shorter (30 minutes less each class)
9. If the program you attended was more than 1 class, how did you find the number of classes:
- Just right – don't change the number of classes
 - The program should be delivered over a greater number of classes
 - The program should be delivered in fewer classes
10. How could we improve the program?

THANK YOU!

INTERACTIVE MATERIAL & WORKSHEETS FOR CLASS



For Activity 2:

yes	no
yes	no
yes	no

For Activity 4:



Nutrition Facts		
Per 1 cup (30 g)		
Amount	Cereal Plus 125 mL Only 2% p.s. Milk	
Calories	110	170
	% Daily Value	
Fat 1.5 g*	2 %	6 %
Saturated 0.3 g + Trans 0 g	1 %	9 %
Cholesterol 0 mg		
Sodium 160 mg	7 %	9 %
Carbohydrate 24 g	8 %	10 %
Fibre 3 g	12 %	12 %
Sugars 6 g		
Protein 2 g		
Vitamin A	0 %	6 %
Vitamin C	0 %	0 %
Calcium	10 %	20 %
Iron	30 %	30 %
Vitamin D	0 %	25 %
Niacin	6 %	15 %
Vitamin B ₆	10 %	15 %
Folate	8 %	10 %
Pantothenate	6 %	15 %
Phosphorus	8 %	20 %
Magnesium	8 %	15 %
Zinc	4 %	10 %

* Amount in cereal



Find recipes:
allbran.ca /allbranca

Trouvez des recettes à :
allbran.ca /allbranca

1/3 CUP 1/3 cup (28 g) provides 44 % of the daily value of fibre.

1/3 TASSE Chaque portion de 1/3 tasse (28 g) fournit 44 % de la valeur quotidienne en fibres.

Nutrition Facts
Serving 1/3 cup (28 g)

Amount per serving	Cereal	With 1/2 Cup 1% MILK
Calories	80	130
% Daily Value		
Fat 1 g†	2 %	3 %
Saturated 0 g + Trans 0 g	0 %	3 %
Cholesterol 0 mg	0 %	2 %
Sodium 170 mg	7 %	10 %
Potassium 250 mg	7 %	13 %
Carbohydrate 22 g	7 %	10 %
Fibre 11 g	44 %	44 %
Sugars 8 g		
Protein 3 g		
Vitamin A	0 %	8 %
Vitamin C	0 %	0 %
Calcium	2 %	15 %
Iron	25 %	25 %
Thiamine	45 %	45 %
Vitamin B ₆	10 %	10 %
Folate	8 %	10 %
Pantothenate	6 %	15 %
Phosphorus	15 %	30 %
Magnesium	30 %	40 %
Zinc	25 %	30 %
Manganese	80 %	80 %

Valeur nutritive
Portion de 1/3 tasse (28 g)

Teneur par portion	Céréales	Avec 1/2 tasse de lait 1%
Calories	80	130
% valeur quotidienne		
Lipides 1 g†	2 %	3 %
Saturés 0 g + trans 0 g	0 %	3 %
Cholestérol 0 mg	0 %	2 %
Sodium 170 mg	7 %	10 %
Potassium 250 mg	7 %	13 %
Glucides 22 g	7 %	10 %
Fibres 11 g	44 %	44 %
Sucres 8 g		
Protéines 3 g		
Vitamine A	0 %	8 %
Vitamine C	0 %	0 %
Calcium	2 %	15 %
Fer	25 %	25 %
Thiamine	45 %	45 %
Vitamine B ₆	10 %	10 %
Folate	8 %	10 %
Pantothénate	6 %	15 %
Phosphore	15 %	30 %
Magnésium	30 %	40 %
Zinc	25 %	30 %
Manganèse	80 %	80 %

INGRÉDIENTS: WHEAT BRAN, SUGAR, PSYLLIUM SEED Husk, SALT, BAKING SODA, COLOUR (ANNATTO), BHT.
VITAMINS AND MINERALS: IRON, THIAMINE HYDROCHLORIDE, D-CALCIUM PANTOTHENATE, PYRIDOXINE HYDROCHLORIDE, FOLIC ACID.
CONTAINS WHEAT INGREDIENTS.
All-Bran Buds™ cereal with Psyllium may cause an allergic reaction in people sensitive to inhaled or ingested psyllium powder.

INGRÉDIENTS: SON DE BLÉ, SUCRE, ENVELOPPE DE GRAINES DE PSYLLIUM, SEL, BICARBONATE DE SODIUM, COLORANT (ROUGE), BHT.
VITAMINES ET MINÉRAUX: FER, CHLORURE DE THIAMINE, 6-PANTOTHÉNATE DE CALCIUM, CHLORURE DE PYRIDOXINE, ACIDE FOLIQUE.
CONTIENT DES INGRÉDIENTS DU BLÉ.
Les céréales All-Bran Buds™ avec psyllium peuvent entraîner une réaction allergique chez les personnes sensibles à l'inhalation ou à l'ingestion de la poudre de psyllium.

**A healthy diet low in saturated and trans fats may reduce the risk of heart disease. All-Bran Buds™ cereal is free of saturated and trans fats.

**Une alimentation saine pauvre en graisses saturées et en graisses trans peut réduire le risque de maladie cardiaque. Les céréales All-Bran Buds™ sont pauvres en graisses saturées et en graisses trans.

TIPS TO MAKE PLANNING MEALS EASIER

- Get organized by knowing your and your families schedule. Plan more simple meals or use leftovers for busy days.
- Check food supplies in your fridge, freezer and cupboards to see what you can use or re-use in your menu
- Stock your cupboards with convenient canned goods like dried peas, beans and lentils, tomatoes and fish as well as whole grains like brown rice, quinoa and oats for easy meal additions or side dishes
- Check flyers for foods that are on sale or in season. Plan meals around good buys.
- Buy enough meat or poultry to make large batch recipes or portion and freeze for another week when they are on sale and you have freezer space
- Make larger amounts of food and plan to use leftovers for lunches or suppers the next day. Add leftover vegetables, meats, fish, or poultry to salads, pastas, soups or spaghetti sauce.
- Have a few go-to or family favourite recipes that can be easily prepared
- Utilize time saving kitchen gadgets like a slow cooker or instant-pot
- Ask family members for ideas and to help with cooking and clean-up
- Be flexible with the menu plan by including a “no cook” night or opportunities to order-in or dine-out as occasions arise

Get answers to meal time challenges from registered dietitians, at no cost, by calling:

Dial-a-Dietitian
1-877-830-2892
Call 204-788-8248 in Winnipeg

HANDOUTS

Diabetes Food Guide – order here: **There is a cost**

<http://www.diabeteseducation.ca/web/default/files/Diabetfoodguide.pdf>

OR:

Eating Well with Canada's Food Guide: Order or download copies here.

Translated versions also available: <https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/get-your-copy.html>

Healthy plate: WRHA Serving Size and Healthy Meals (Plate Method and Hand Jive): <http://www.wrha.mb.ca/community/seniors/files/CMP-31.pdf>

OR:

Inmotion portion plate- They are FREE. Contact WRHA Nutrition Services.

From Diabetes Canada:

Fibre – no link, need to print copies; need to make it available

Sugar And Sweeteners: <http://guidelines.diabetes.ca/docs/patient-resources/sugars-and-sweeteners.pdf>

Alcohol: <http://guidelines.diabetes.ca/docs/patient-resources/alcohol-and-diabetes.pdf>

GI Index: <http://guidelines.diabetes.ca/docs/patient-resources/glycemic-index-food-guide.pdf>

Label Reading:

Nutrition Facts Table- Health Canada

<https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/alt/pdf/publications/eating-nutrition/label-etiquetage/serving-size-fact-sheet-portion-fiche-dinformation-eng.pdf>

Nutrition Facts Table- Health Canada (French)

<https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/alt/pdf/publications/eating-nutrition/label-etiquetage/serving-size-fact-sheet-portion-fiche-dinformation-fra.pdf>

Meal Planning Made Easy- no link, need to make copies

RESOURCES

Dial-a-Dietitian: <https://misericordia.mb.ca/dial-a-dietitian/> Call to order pamphlets

Where to find a local RD: College of Dietitians of Manitoba:
<http://manitobadietitians.ca/home.aspx>. Search under For the Public tab

Healthy Eating, Government of Manitoba:
<https://www.gov.mb.ca/health/healthyeating/index.html>

Diabetes Canada: <http://www.diabetes.ca/>

Dietitians of Canada: <https://www.dietitians.ca/> Search Nutrition A-Z

National Aboriginal Diabetes Association: <http://nada.ca>

SUGGESTED APPS:

Eatracker <https://www.eatracker.ca/>

Cookspiration <http://www.cookspiration.com/>

REFERENCES

*Diabetes Canada Clinical Practice Guidelines Expert Committee. **Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.** Can J Diabetes. 2018; 42(Suppl 1):S1-S325.*