



Made for Us, by Us: Get to Know CDC's New Native PreventT2 Curriculum and Resources

Centers for Disease Control and Prevention (CDC)
Division of Diabetes Translation

Indian Health Service (IHS) Advancements in Diabetes
Webinar

September 30, 2026



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Agenda

- **Foundations**
 - Timeline of the Special Diabetes Program for Indians (SDPI) and the National Diabetes Prevention Program (National DPP) lifestyle change program
- **Evolution of Diabetes Prevention Program Curricula**
- **CDC's Native PreventT2 Curriculum**
 - Need and Call to Action
 - Phases of Development
 - Trainings
- **Native Diabetes Prevention Network (NDPN)**
 - Mentorship Program
 - Coach Connections
 - Newsletter and Resources

American Indian and Alaska Native (AI/AN) Communities' Role in Shaping Diabetes Prevention Research and Practice

AI/AN communities have made significant contributions to the science of diabetes prevention, which is evident across decades of landmark events.

1963

National Institutes of Health (NIH) Recognizes Diabetes as an Epidemic among AI/AN Populations

The NIH Pima Indian study recognizes a diabetes epidemic among AI/AN populations.

1996

NIH Initiates the Diabetes Prevention Program (DPP) Study

This study determined whether diabetes could be prevented through modest lifestyle changes; included 171 American Indians as participants.

1997

Tribal Leaders Testify before Congress

Tribal leaders and allies testify before Congress on the disproportionate prevalence of diabetes among AI/AN communities.

1998

IHS Establishes the Tribal Leaders Diabetes Committee (TLDC)

The TLDC is established to advise on all diabetes-related issues and priorities.

2002

NIH Releases the DPP Study Results

NIH DPP Study results provide scientific evidence that type 2 diabetes can be prevented or delayed.

1976

Congress Creates the Indian Health Service (IHS) National Diabetes Program

The IHS National Diabetes Program is enacted by Congress.

1997

Congress Establishes the Special Diabetes Program for Indians (SDPI)

Under the Balanced Budget Act, Congress establishes the SDPI.

1998

CDC Establishes the Native Diabetes Wellness Program (NDWP)

The NDWP is established as part of CDC's Division of Diabetes Translation (DDT).

TIMELINE
CONTINUES
ON NEXT
SLIDE

AI/AN Communities' Role in Shaping Diabetes Prevention Research and Practice

AI/AN communities have made significant contributions to the science of diabetes prevention, evident across decades of landmark events.

2004

IHS Initiates the SDPI Diabetes Prevention Demonstration Project (DP)

IHS SDPI DP focuses on diabetes prevention.



2012

CDC Establishes the Diabetes Prevention Recognition Program (DPRP)

CDC establishes the DPRP as part of the National DPP, offering recognition to organizations meeting CDC standards for delivering the National DPP lifestyle change program (LCP) with quality and fidelity to diabetes prevention science.

2018

CMS Launches the Medicare Diabetes Prevention Program (MDPP)

CMS launches the MDPP as a covered service for eligible Medicare beneficiaries.



2022

CDC Continues to Recognize Tribal Programs in the DPRP

In 2022, there are 71 CDC-recognized tribal programs in the DPRP.

2024

CDC Establishes the Native Diabetes Prevention Network

A network, informed by tribal partners, is established to support tribes offering the National DPP LCP.



2010

Congress Authorizes the National Diabetes Prevention Program (National DPP)

Congress authorizes CDC to establish the National DPP based on results of the DPP study and subsequent translation studies, including the SPDI DP.

2014

CDC Funds the GHWIC Cooperative Agreement

CDC partners with IHS to fund the first five-year GHWIC cooperative agreement.

2019

GHWIC Expands Available Resources

GHWIC resources expand access to and participation in the National DPP LCP.

2024

CDC Creates a Cultural Adaptation of the National DPP PreventT2 Curriculum

CDC develops a culturally adapted PreventT2 curriculum for AI/AN communities.

CDC's Native PreventT2 Curriculum: Acknowledgements

Expert Panelists

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Oneida Nation

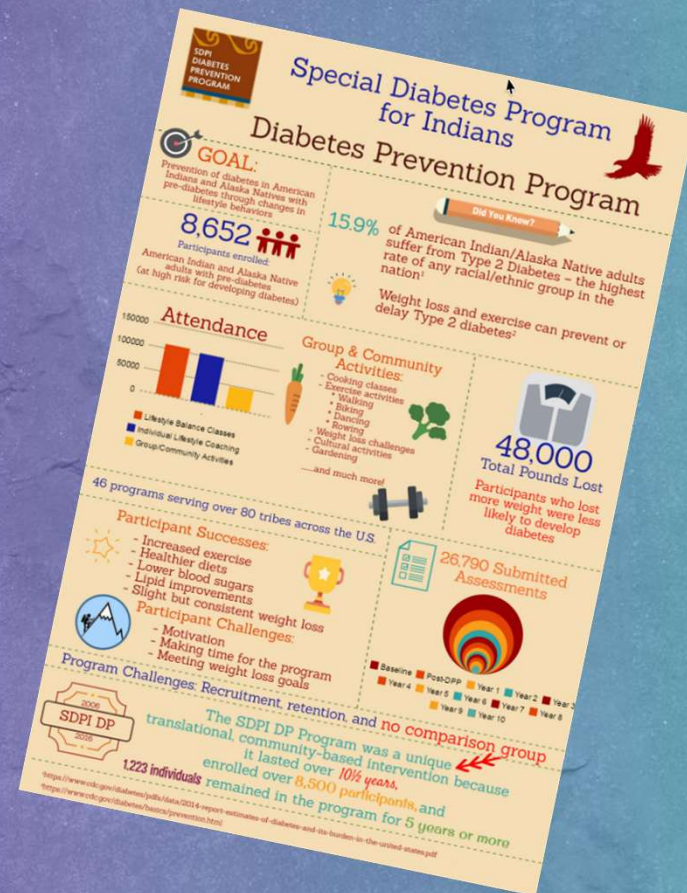
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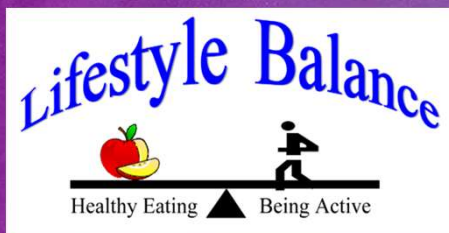
ICF International Inc.

Special Diabetes Program for Indians: Diabetes Prevention Initiative

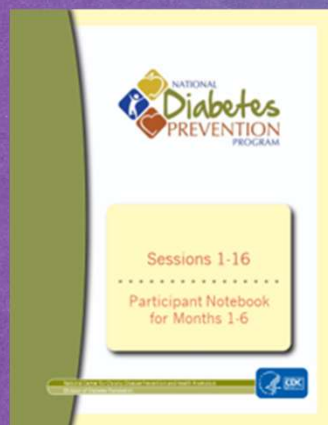


Evolution of the Diabetes Prevention Curriculum

Started 2004



Started 2012



**Started 2016
Updated 2021**



Started 2026



**MAVEN
COLLECTIVE**

Made For Us, By Us: Get to Know the New Native PreventT2 Curriculum





PreventT2 Curriculum and Handouts: American Indian and Alaska Native Participants



For Public Health

APR. 21, 2026

WHAT TO KNOW

Cultural tailoring of CDC's PreventT2 curriculum honors cultural identities and enhances the effectiveness of type 2 diabetes prevention programs in American Indian and Alaska Native (AI/AN) communities. To achieve this, CDC worked with partners and AI/AN diabetes program leaders to co-create a curriculum tailored for diverse cultural traditions and reflective of community values and worldviews across AI/AN communities.



<https://www.cdc.gov/diabetes-prevention/php/lifestyle-change-resources/t2-curriculum-ai-an.html>



**Bookmark
this webpage**

Community Engagement for Meaningful Adaptation

Expert Panel Formation

Expert Panelists

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[PreventT2 Curriculum and Handouts | National Diabetes Prevention Program | CDC](#)

Field Testing for Feedback



Field Testing and Evaluation
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Suggested Citation
PreventT2 Curriculum for American Indian and Alaska Native communities. US Dept of Health and Human Services; 2025.

Overall Impressions



Coaches shared that the materials were presented appropriately. There are more opportunities to facilitate discussions and sharing, which is important for American Indian/Alaska Native people.

Having spaces within modules to "pause and ask" participants questions was helpful. It allows for conversation and helps people feel more connected.

The wording and stories were changed to be more relatable to the community, making it easier to use the information during class sessions.

Overall Impressions

Coaches expressed how the modules were clear and provided tips for activities they could do or say before their class. Including the overview at the beginning of each module in the participant guide was helpful to the coaches.

The stories emphasized resilience.

The concept of family was prevalent throughout the modules, an important cultural aspect.



Curriculum Highlights – What's different?

Curriculum and handouts

The PreventT2 curriculum for AI/AN participants follows the same schedule and requirements as the PreventT2 curriculum. To adhere to the Diabetes Prevention Recognition Program Standards, you must deliver at least 22 of the 26 modules provided according to the schedule outlined below.

First 6 months of the program

Present all 16 of these sessions within the first 6 months. *Module 1: Introduction to the Program* must come first. Otherwise, there is no required order.

However, we recommend that you present the next six sessions in the order listed, since they provide the foundation for the rest of the curriculum. We recommend presenting *Module 16: Stay Motivated to Prevent Type 2* at the 6-month mark.

Module	Participant Learning Objectives	Coach	Participant
All	View all 16 sessions in one PDF.		
Program Overview	This module provides an overview of the adaptations and changes for AI/AN participants, the PreventT2 lifestyle change program, goals, explanation of the course structure, and your role as coach.	View [PDF - 2 MB]	
Module 1: Introduction to the Program	Set the stage for the PreventT2 program. <i>Presented during the first session.</i>	View [PDF - 1 MB]	View [PDF - 3 MB]
Module 2: Be Active to Prevent Type 2	Identify benefits of activity and learn ways for getting and staying active. <i>Recommended for the second session.</i>	View [PDF - 1 MB]	View [PDF - 4 MB]
Module 3: Track Your Activity	Demonstrate how to accurately track physical activity using a standardized tracking tool. <i>Recommended for the third session.</i>	View [PDF - 587 KB]	View [PDF - 262 KB]
Module 4: Eat Well to Prevent Type 2	Explain how food can help prevent or delay type 2 diabetes and identify	View [PDF -]	View [PDF - 5 MB]

ON THIS PAGE

Curriculum and handouts

Supplemental handout

RELATED PAGES

- Lifestyle Change Program Provider
- Personal Success Tool (PST)
- Personal Success Tool (PST) Modules
- Additional Links and Resources for Program Providers
- Other Curricula
- Prevent T2 Curriculum and Handouts

VIEW ALL
National Diabetes Prevention
Program

www.cdc.gov/diabetes-prevention/php/lifestyle-change-resources/t2-curriculum-aian.html



Coaches Guide

Your Role as a Lifestyle Coach

Your Role as a Lifestyle Coach

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Your role as a Lifestyle Coach is to facilitate the PreventT2 program through a series of group sessions using a CDC-approved curriculum. You'll support participants in behavior change, including habit formation, action planning, food and activity tracking, self-monitoring, and overcoming challenges through problem solving.

During these sessions, you'll find valuable tips to use in your role as Lifestyle Coach.

In the next five sections, you'll find valuable tips to use in your presentation.

Know Your Audience

Know Your Audience

As a Lifestyle Coach, it's important to understand the uniqueness of your audience. You can adjust your program as needed and be better prepared to offer support.

Participant Profiles in [Appendix A](#) to gain insight so you can identify your audience's needs, preferences, or find useful, or what may upset or offend them. They can also help you anticipate challenges that real participants may face and

Start by exploring the Participant Prompts and considering how you can adjust your approach to meet the needs of your participants. What your participants might enjoy or find useful, and what they might help you understand some of the needs and challenges that real people face. What motivates them.

Here are four areas where participants may need support:

- **Literacy Levels.** For a participant who may have trouble reading and writing, or who has difficulty understanding written instructions, you can help them while remaining sensitive and respectful. There are four areas where participants may need support:
 - about ways to record goals and track eating and activity. For example, you can help them by writing down their goals and recording their voice describing their physical activity. You might also ask them to take a photo of their food portions. Or you might suggest they ask a family member to help them fill in forms. Also, consider helping the participant by taking photos, helping them record their voice, or filling out forms for them.
- **Health Challenges.** You'll find that some participants have trouble reaching activity goals because of another health challenge. For example, some may have a painful condition such as arthritis. You can help them find ways to be active by swimming, yoga, or Tai Chi.
- **Participants With Disabilities.** Some of your participants may have long-term, intellectual, hearing, or vision impairments. You'll need to suggest ways to help them. See [CDC's Disability and Health Inclusion Strategies](#).

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Your Role as a Lifestyle Coach

- **Participants With Disabilities.** Some of your participants may have long-term physical, mental, intellectual, hearing, or vision impairments. You'll need to support them, so take a look at [CDC's Disability and Health Inclusion Strategies](#).

CDC offers a PreventT2 curriculum that is inclusive of people with disabilities called PreventT2 for All. You may want to talk to your organization about using this curriculum. For more information and tips on adapting your program for people with disabilities, see [Keys to Success: Enroll and Retain – People with Disabilities](#).

- **Environmental Barriers.** Your participants may have limited access to transportation, childcare, a safe place to walk, technology, time, healthy food, and health care. Help participants work through these barriers. For example, if your participants don't have Internet access, or don't have a smartphone, laptop, or computer to use for your sessions, you might offer phone sessions or in-person sessions.

Set the Tone

Here are some ways you can foster a supportive and respectful group culture:

- Show rapport with each participant and be an active listener.
- Build that you understand participants' feelings. They will likely feel frustrated at times as they try to adapt and sustain new healthy behaviors.
- Let participants talk freely about their thoughts and ideas and ask questions without the risk of being judged or humiliated.
- Encourage participants to share their thoughts and feelings. But don't pressure them to do so.
- Make sure all participants get a chance to speak.

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Your Role as a Lifestyle

Tailor Examples and Messages to

Examples and Messages to

Keep in mind that participants' traditions, beliefs, and int
tailor the program to your group members. Consider cha
traditional activities, images, and/or stories so they make
community. You are encouraged to personalize the progra
participants. If you're not from the same area as your part
community's customs, observances, and common foods.

We suggest that as you read through each
the following:

We suggest that as you read through the following:

- **Are the included stories likely to resonate with my participants?**
If not, you may want to think about how you can draw a connection with your participants. For example, if the story mentions a grandchild, but your participants are much older, consider asking the person in the time (e.g., volunteering, caring for grandchildren, etc.) to make a connection, consider bringing a story of your own.
- **Are the foods and/or activities included in the materials representative of my community?**
If not, consider editing the participant materials to include local activities.
- **Is it likely that the images will resonate with my participants?**
If not, consider providing some photos of your own to share.
- **What community resources are available to support my participants?**
Participants may need help finding resources available to support their goals. Places to mention may include helpful options such as safe walking routes, accessible affordable food, shared hobbies and/or ceremonial activities, if you need assistance with tailoring module content to better suit your community, please reach out to the **National DPC Customer Service Center**.
To better suit your community, please reach out to the **National DPC Customer Service Center**.

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Your Role as a Lifestyle Coach

Promote Engagement

Keep in mind that the traditions, beliefs, and interests differ for participants, so you'll need to tailor the program to your group members. If you are not from the community you are coaching, take time to learn the tribal area's customs, observances, and common foods. You'll find instructions in the Lifestyle Coach Guides on how to encourage participation in group discussions and group activities.

Remember that participants can also benefit from good support from their peers. Encourage your participants to connect with their peers for support in using what they've learned outside the sessions. Once they've gotten connected with peers in this way, continue encouraging them to make the most of that connection to meet their goals.

Keep an Eye on the Time

Each session is designed to last 60 minutes. Keep a watch or clock handy to cover key content within this time frame, allowing time for sharing. If a discussion is taking too much time, table it and continue it later, maybe after the session.

To help you stay on track, the Session Content sections in the Lifestyle Coach Guides suggest how many minutes to spend on each section. They also label some activities "optional." These times are suggestions only; be flexible so you can respond to the needs of your participants. They may need more or less time on a given topic, activity, or discussion.

Obtain and Record Participants' Weight

At each session, privately weigh each participant to the nearest whole pound and tell them how much they weigh. Then, record this number for each participant in the Lifestyle Coach Log handout. Participants must also record this number in their Weight Log handout.

For virtual sessions, you can have participants use digital or Bluetooth-enabled scales or have them self-report from their own scale. Bluetooth-enabled scales transmit weights securely through wireless or cellular transmission. Check with your organization on the best approach for ensuring that all participants have access to a scale at home or another location.

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Representation Matters

Session Focus



In this session, we will talk about:

- The program's goals and structure
- The basics of type 2 diabetes
- How to make your first action plan
- Setting your 6-month goals

Program Overview

Prediabetes



PreventT2 Goals



PreventT2 is a yearlong program. It's designed for people with prediabetes. It's also for people who are at high risk for type 2 diabetes and want to lower their risk.

PreventT2 Program Goals

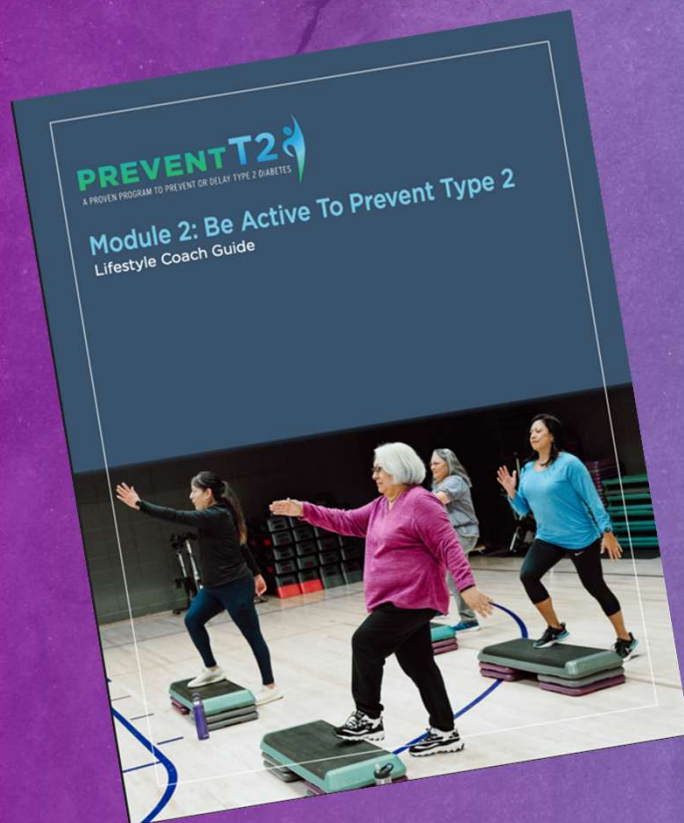
By the end of the first 6 months, PreventT2 program goals are to:

- Lose at least 5% of your starting weight, OR
- Lose at least 4% of your starting weight and log an average of 150 minutes of activity each week, OR
- Lose at least 4% of your starting weight and attend at least 17 sessions, OR
- Lower your HbA1C by 0.2%.

By the end of the second 6 months, program goals are to:

- Keep off the weight you've lost
- Keep working toward your weight or HbA1C goals, if you haven't reached them
- Lose more weight if you wish, but no more than 1 to 2 pounds a week
- Keep getting at least 150 minutes of activity each week

Representation Matters



Ways to Be Active

There are so many ways to be active. Here are some ideas to try that you may find enjoyable.

- ☐ After you read a book for 30 minutes, get up and move a little.
- ☐ Practice a traditional dance or dance to your favorite music.
- ☐ Pace the sidelines at your children's or grandchildren's sports events.
- ☐ Play actively with your children or pets for 15 to 30 minutes a day.
- ☐ Go foraging or work in the garden or yard.
- ☐ Walk briskly when you do errands or shop.
- ☐ Start a new active hobby, such as biking or hiking.
- ☐ Take a walk after dinner with your family or by yourself.
- ☐ Track your steps with a pedometer or smartphone. Work up to 10,000 steps or more a day.
- ☐ Walk around whenever you talk on the phone.
- ☐ Use the stairs instead of the elevator.
- ☐ Walk your dog each day.
- ☐ When you watch TV, stand up and move or do chores during the ads.



One small step toward being active that I will commit to this week is:

Sources:

American College of Sports Medicine, "Reducing Sedentary Behaviors: Sit Less and Move More" (<https://www.heartfoundation.org.au/healthy-living/physical-activity/sit-less-move-more>).

Heart Foundation, "Sit Less, Move More" (www.heartfoundation.org.au/Heart-health-education/Sit-less-move-more).

Build a Healthy Meal Using Traditional Foods

Tips:

- ✓ Examples of **non-starchy vegetables** include green beans, wild greens, carrots, and peppers
- ✓ Examples of **protein** include chicken, lean beef, venison, bison, and fish
- ✓ Examples of **carbohydrates and starches** include oatmeal, corn, potatoes, and wild rice

2 | Eat Well To Prevent Type 2 | Participant Guide

Traditional Foods by Region

Region	Traditional Foods
Alaska	Salmon, Seal, Sea Lion, Pacific Cod, Wild Duck, Halibut, Blueberries, Mossberries, Caribou, Seal Oil, Whale
California	Acorns, Mushrooms, Seaweed, Seeds, Berries, Nuts, Roots, Beans, Melons, Corn, Squirrel, Quail, Mice, Rabbit, Deer, Elk, Antelope, Bear, Mountain Sheep, Crickets, Grasshoppers
Northwest	Salmon, Nettle, Camas, Skunk Cabbage, Bear Berries, Black Currants, Berry Varieties, Elk
Southeast	Alligator, Turtle, Corn/Hominy, Wild Turkey, Rabbit, Deer, Hearts of Palm, Catfish
Northeast	Blueberries, Corn/Hominy, Apples, Arikara Squash, Beans, Oyster, Clam, Deer
Southwest	Cholla buds, Prickly Pear Fruit, Mesquite Pods, Bean varieties, White Sonora Wheat Berries, Corn Meal, Honey, Blue Corn, White Corn, Red Corn, Red Chile, Green Chile, Pine Nuts, Sheep/Mutton, Squash varieties, Deer, Elk, Pack Rat
Northern Plains	Maple Syrup/Sugar/Cream, Wild Rice, Bison, Walleye, Percy, Crappie, Whitefish, Honey, Chokecherry, Corn/Hominy, Lima Beans, Pumpkin, Squash
Southern Plains	Deer, Catfish, Squirrel, Corn/Hominy, Squash, Wild Onions, Grape Dumplings, Squirrel, Beans, Blackberries

21 | Eat Well To Prevent Type 2 | Lifestyle Coach Guide

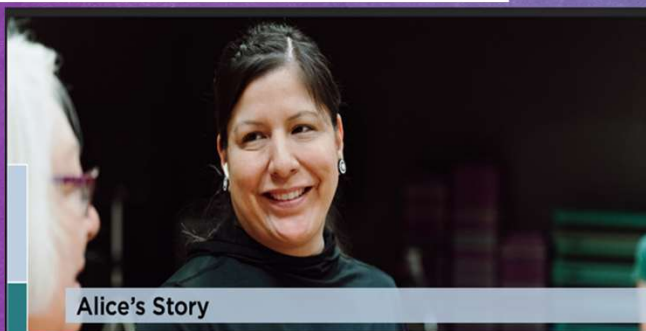
Stories that Resonate

Being Active

Tom's Story

Tom is at risk for type 2 diabetes. His doctor has encouraged him to lose 20 pounds and work up to at least 150 minutes of physical activity each week.

Tom and his wife have five children. The kids all play sports, and he spends a lot of time driving them to events. Tom also works full time. On weekends, he works a second job. When he has some free time, he likes to watch basketball on TV, but he rarely plays it. He spends a lot of time sitting.



Alice's Story

Inactivity and Type 2 Diabetes



Sherri's Story

Sherri is at risk for type 2 diabetes. Her doctor asks her to be active for at least 150 minutes a week at a moderate pace or more. Over time, she reaches that goal.

Sherri's doctor then asks her to start tracking the time she spends inactive. Here's what she finds. In the morning, Sherri sits while taking the bus to work. She spends most of the workday sitting at her desk, using the computer. Sometimes she talks on the phone or has a meeting—also sitting. She works during lunchtime and eats her lunch either at her desk or while sitting at a table in the staff room. After work, she takes the bus home. Later that evening, she works on her beadwork while sitting at the dinner table.



When Sherri adds up all that time, she is surprised! She learned that she sits still for about 12 out of the 16 hours that she's awake. So even though she gets her 150 minutes of activity a week, Sherri spends a lot of time sitting still.

Sherri decides to act. At first, adding 3 minutes of movement every 30 minutes in addition to getting her regular 150 minutes of activity each week felt overwhelming. So, she began taking small steps to reach her 3-minute movement goals. To start, Sherri decided to stand up during her bus rides.

Once this became routine, Sherri began adding in movement at work. She started with 3 minutes of movement every couple of hours and has now worked up to moving for 3 minutes every hour. Sherri is using a timer on her phone to remind herself to move for 3 minutes. She also walks around her office while she talks on the phone and sits on an exercise ball while working at her desk. Sherri feels better and is working toward her goal of taking 3 minutes to move every 30 minutes.

Appendix A: Participant Profiles

The Stressed-Out Single Mom

Everyone depends on me. I can't afford to get sick!

I went to the tribal health clinic's annual health fair, and the nurses at the diabetes program booth checked my A1C level. They asked me to make an appointment at the clinic since my A1C was higher than normal.

At my appointment, my doctor told me that my A1C number was in the range for prediabetes and referred me to the clinic's National Diabetes Prevention Program for education.

I have a physically demanding job and I'm solely responsible for my two young boys. I can't get a disease that slows me down or prevents me from taking care of my kids. I've never thought of myself as unhealthy, but knowing I'm at risk for this disease makes me worry what'll happen to my kids if I'm not around. I'm not doing this for me—I'm doing this for them.

Health Experience

- I don't really worry about my weight, but I don't feel as young and energetic as I used to.
- I did some internet searching to learn about prediabetes and the prevention program, but I don't really understand what I'll have to do to participate in the program.

How Ready is this Person?

EXTERNAL FACTORS: BARRIERS: "I'm a single parent of two boys. Commitments get in the way." FACILITATORS: "Money is tight. Luckily, the program was covered. I couldn't afford it otherwise."

INTERNAL FACTORS/CHARACTERISTICS: EXPOSURE & EXPERIENCE: "I don't know anything about diabetes." SELF-EFFICACY: "I know I need to get healthier, but I don't know how to change my lifestyle."

DATE: 3/10/24 SIGNATURE: Teresa

The "Quick Fix" Seeker

I'll give it a few weeks. I better see results!

You can usually find me visiting friends at the senior center, making jewelry or other crafts, or setting up a booth to sell my art at community events. I love my lifestyle, friends, and community.

I've always struggled with my weight, dieting on and off for years. I've lost weight, but it always comes back. I've been in my family for 60 years, and I've just runs in my family. I've been in my family for 60 years, and I've just runs in my family.

How Ready is this Person?

EXTERNAL FACTORS: BARRIERS: "I've been on a diet for years, but I just can't seem to lose weight." FACILITATORS: "I've been on a diet for years, but I just can't seem to lose weight."

INTERNAL FACTORS/CHARACTERISTICS: EXPOSURE & EXPERIENCE: "I've been on a diet for years, but I just can't seem to lose weight." SELF-EFFICACY: "I've been on a diet for years, but I just can't seem to lose weight."

DATE: 4/1/24 SIGNATURE: Michelle

The Group-Driven Guy

I'm excited to join a lifestyle change class with my coworkers.

I've been working at my job for a few years now, and my coworkers have become like my second family. We've started to do quite a few things together. Some of us even go to the same church. I really enjoy my job, but this is my first time working at a desk all day. I've noticed that a few extra pounds have crept on.

I've been overweight for a while, but during my last physical I learned that I'm now in the range for prediabetes. I heard that my employer was putting together a class that can help us understand prediabetes and what to do about it. I've never been a big fan of diets or exercise, but I know this is important for my health and it's going to be a lot easier if I do it with people I know.

Health Experience

- I don't mind some light physical activity. I try to go walking with some coworkers when it's nice outside.
- I'm usually looking for the easiest cooking option.

Challenges

- Diabetes comes around later in life, right? I'm not old yet, so I have time before I really need to be worried.
- I want to cook healthy, delicious meals, but I don't have a lot of time.
- I wish as confident as some of the others.

Motivations

- I know several others at work who also want to lose weight—it will be easier for us to do it together!
- With my family and my career aspirations, I've got a lot to live for.

How Ready is this Person?

EXTERNAL FACTORS: BARRIERS: "On top of my career, there's a lot of pressure to be successful. Life can be busy." FACILITATORS: "I've been on a diet for years, but I just can't seem to lose weight."

INTERNAL FACTORS/CHARACTERISTICS: EXPOSURE & EXPERIENCE: "I've been on a diet for years, but I just can't seem to lose weight." SELF-EFFICACY: "I've been on a diet for years, but I just can't seem to lose weight."

DATE: 3/10/24 SIGNATURE: Gene

The Committed Caregiver

I need to be there for my family.

I recently learned that I have prediabetes, and I immediately felt scared. My family has a long history of diabetes. I've seen what it can do to a person and to a family—it's terrifying.

My mom has diabetes, and it's incredibly difficult to watch how complications from the disease impact her life. She's had some vision loss and is currently on dialysis. She needs me more than ever. I don't want to get sick like she did. I wouldn't want my kids to have to take care of me like this.

I always thought I was one of the healthier family members, but now I'm starting to realize we've never really understood nutrition. I know this program is about lifestyle change, and that's what I need. I need to learn how to change, not just for myself but for our whole family.

Health Experience

- There is a history of prediabetes and diabetes in my family. Diabetes sort of feels unavoidable.
- I'm a generally healthy person, but I have high blood pressure.

Challenges

- Sweets are my biggest temptation. I've grown up in the kitchen baking. I'm nervous that I won't be able to stick with healthy eating.
- I have so much going on...I worry that I won't be able to balance my mother's appointments and my own.

Motivations

- I don't want to be a burden to my kids or grandkids. I know how hard it is to take care of someone.
- My family depends on me.
- My kids and grandchildren really want me to do this. I want to make them proud.

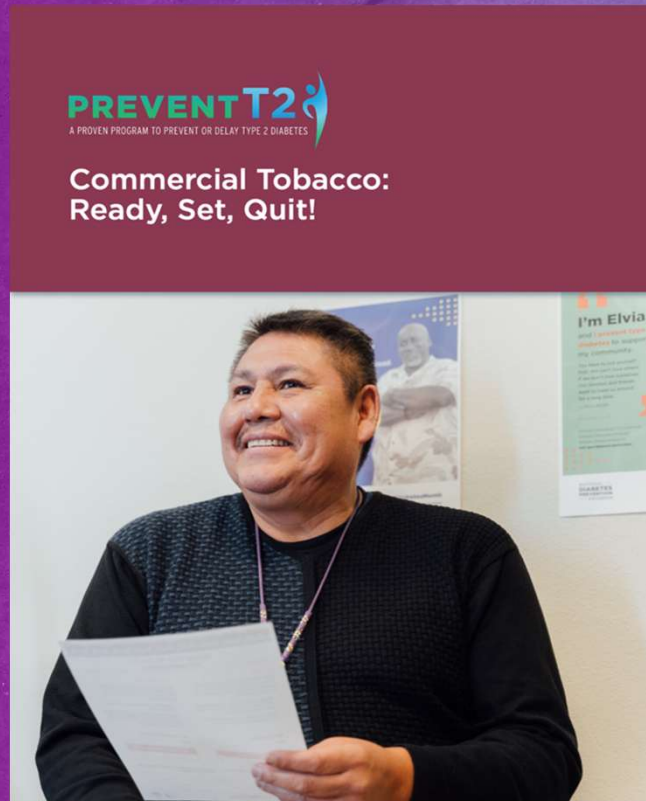
How Ready is this Person?

EXTERNAL FACTORS: BARRIERS: "My mom is my number one priority." FACILITATORS: "My family supports me and my health choices."

INTERNAL FACTORS/CHARACTERISTICS: EXPOSURE & EXPERIENCE: "I've seen what the disease does to you." SELF-EFFICACY: "I've been cooking the same way for years. The nutrition content seems difficult." ATTITUDE: "I know change doesn't happen overnight. I just wish I didn't have so much going on."

DATE: 4/1/24 SIGNATURE: Loretta

Distinguishing Between Traditional and Commercial Tobacco



Ready, Set, Quit!



Traditional Tobacco vs. Commercial Tobacco

Traditional tobacco used during ceremony, prayer, or cultural healing practices should not be confused with commercial tobacco. Commercial tobacco products are made with added chemicals that are highly addictive and toxic when burned.

Commercial tobacco products include:

- Cigarettes
- Vapes
- Cigars
- Smokeless tobacco (chewing tobacco)
- E-cigarettes (e-cigs)
- Bidis and kreteks (clove cigarettes)
- Low-yield ("light") cigarettes
- Pipes
- Hookah



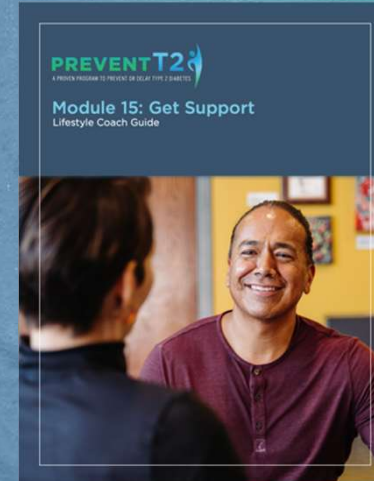
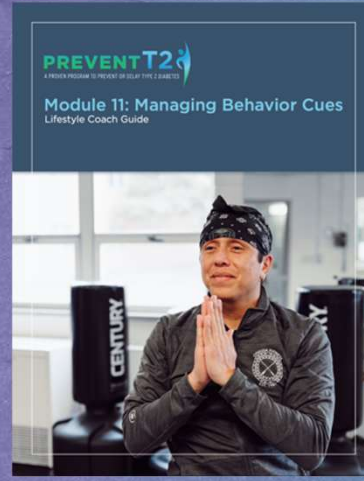
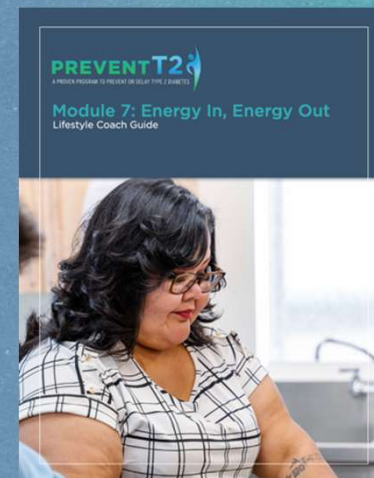
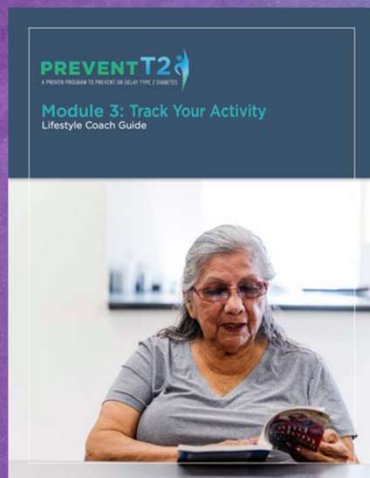
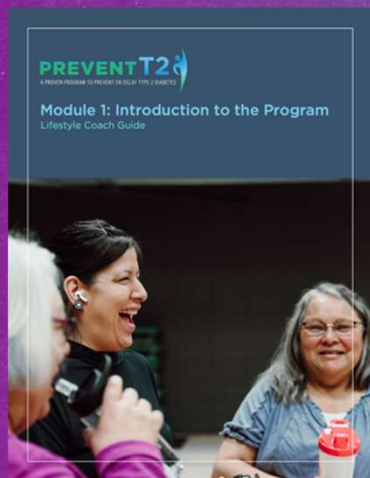
This resource is designed to help you stop using commercial tobacco products, which are harmful to your health.

You can find more information about the differences between ceremonial and commercial tobacco from the American Indian Commercial Tobacco Program (AIQuitLine.com). When you're ready to quit, follow these steps:

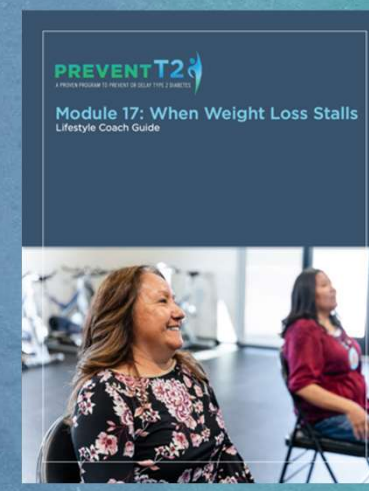
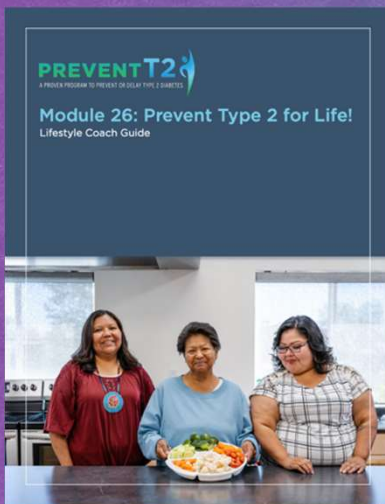
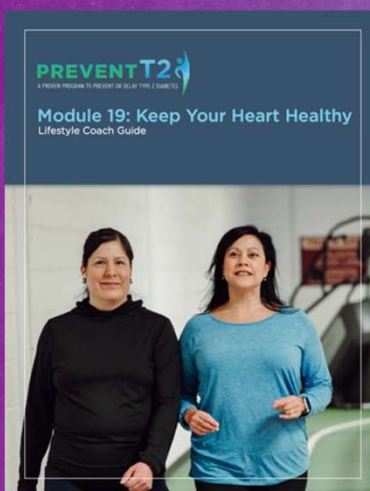
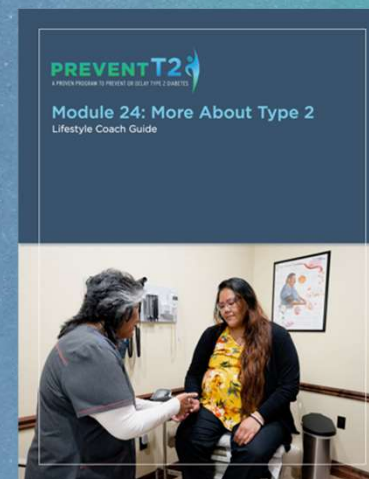
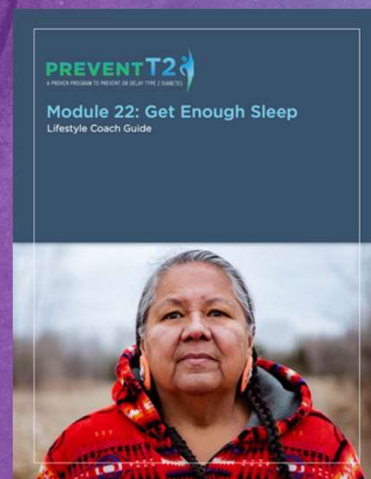
1. Set a date.

Pick a specific day within the next 2 weeks to quit. This will give you time to get ready. Try to choose a date that gives you the best chance of success. Avoid choosing a day when you will be busy, stressed, or tempted to use commercial tobacco products. Keep in mind that you may face temptations every day, so plan ahead to manage these challenges.

Module Cover Pages



Module Cover Pages



Looking Ahead: Disseminating the New Native PreventT2 Curriculum

Lifestyle Coach Trainings

“The Coach Guide is user-friendly and includes built-in facilitation skills and reminders to follow.”

“I love that this curriculum focuses on individualized health goals for participants, not just weight loss.”

“The cultural pieces in the curriculum prompt coaches to incorporate their own culture from the communities they serve.”



Native Diabetes Prevention Network presents: Tribal Diabetes Prevention Mentor Support



TribalDPP@mavencollectiveconsulting.com



405-993-3370

Tribal Diabetes Prevention Mentor Support may include assistance with:

- Starting a new, or re-starting an existing, National DPP or community-led DPP
- Participant recruitment and retention strategies
- CDC standards, recognition, and DPRP-related questions
- Connecting with partners to build a network of support
- Brainstorming culturally relevant engagement ideas
- Offering one-on-one encouragement and problem-solving

Sometimes it is helpful to simply talk with someone who has "been there" and can walk alongside your team.



NATIONAL ASSOCIATION OF
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Native Diabetes Prevention Network (NDPN)

The NDPN is a community of partners collaborating to improve the health of Native people by supporting and sustaining type 2 diabetes prevention programs across Indian Country.

The NDPN supports:

- Native-serving diabetes prevention program staff
- Tribal Area Health Boards (AHBs)
- Good Health and Wellness in Indian Country (GHWIC) cooperative agreement recipients
- Other organizations supporting Native communities



Peer Sharing

Holds **peer learning and sharing opportunities** for diabetes prevention programs



Training

Works to build and support a workforce of **Master Trainers and Lifestyle Coaches** across Indian Country



Hub Development

Convenes AHBs and partner organizations to develop **umbrella hub arrangements** that provide administrative support, training, resources, and connections to reimbursement for the National DPP lifestyle change program

STAY CONNECTED!
Join the NDPN Listserv



**SCAN
ME!**



Hosted by:



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Questions?

NDPN@chronicdisease.org

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Thank You.