



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Type 2 Diabetes

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

1 Core Basics

3 Force Field Fact Sheet

5 Materials & Tools

7 Exam · Ambassador

2 Self-Reflection

4 Prepared Patient Course

6 Skills Lab

8 Disease Advocate



SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns Type 2 Diabetes from something that happens to you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

TYPE 2 DIABETES — A NATIONAL OVERVIEW

Type-2 Diabetes (T2D) is when your body can't use insulin well. Insulin helps sugar leave your blood. So your blood sugar (glucose) runs too high. Doctors say you have it when your A1c is $\geq 6.5\%$.

Or when fasting glucose is ≥ 126 . Or when random glucose is ≥ 200 with symptoms. Over years, high blood sugar hurts your blood vessels, eyes, kidneys, nerves, and heart.

But you can prevent most of this harm. Steady control is the key. Modern medicines help a lot. These include metformin, GLP-1 receptor agonists (shots like semaglutide and tirzepatide), SGLT2 inhibitors, and insulin.

Good daily habits help too. The real goal is to keep your A1c at your target. For most people that is $< 7\%$. You do this with food, movement, sleep, and meds each day.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.

What Type 2 Diabetes actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it



1 Core Basics

Welcome — why becoming a Prepared Patient matters

★ My Prepared Patient Pledge

I pledge to learn about my Type 2 Diabetes, to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Type 2 Diabetes



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with Type 2 Diabetes. This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever had your blood sugar or A1C tested?

More than a third of U.S. adults have prediabetes and 80%+ don't know it. Testing is how you find out where you stand.

CHOOSE ONE

- ☐ Yes — regularly (every visit, or at home)
- ☐ Occasionally — at clinic visits
- ☐ Just once or twice that I can recall
- ☐ No, not in a long time
- ☐ I'm not sure / I don't remember

Q2 Has anyone in your family been diagnosed with type 2 diabetes, prediabetes, or had complications like neuropathy, kidney disease, or vision loss?

Family history is one of the strongest risk factors for T2D — but also one of the most useful pieces of context for prevention.

CHOOSE ONE

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Some, but I'm not sure who

Q3 Have you ever heard about, or thought about, any of these in connection with diabetes? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ A1C — the 3-month blood-sugar average
- ☐ Glucose meter (finger-stick) or CGM (continuous glucose monitor)
- ☐ Metformin, GLP-1s (Ozempic / Wegovy / Mounjaro), insulin, SGLT2s
- ☐ The "plate method" or carb-counting
- ☐ Diabetic foot care or annual eye exams
- ☐ Low blood sugar (hypoglycemia) or DKA
- ☐ None of these — this is all new to me



2 Self-Reflection

Eight soft questions to find your honest starting point

Q4 Do you feel confident that you understand type 2 diabetes — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to prevent) type 2 diabetes?

Quality of life is the goal — energy, mood, relationships, work — not just "controlling the number."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before



2 Self-Reflection

Eight soft questions to find your honest starting point

Q7 Do you have at least one person — family, friend, or care team — you can turn to about diabetes?

Diabetes is daily — habits stick when they're shared.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I have type 2 diabetes
- ☐ I have prediabetes
- ☐ Someone I love has T2D or prediabetes
- ☐ I want to prevent it before it starts
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious

What these answers tell me about where I'm starting



2 Self-Reflection

Eight soft questions to find your honest starting point

Additional Notes

☐ I've completed Step 2 · Self-Reflection for Type 2 Diabetes



3 Force Field Fact Sheet

Primer · Foundations



This is the heart of the resource: the complete Type 2 Diabetes Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



What Is Type-2 Diabetes?

PRIMER · TIER 0

Type-2 Diabetes (T2D) is when your body can't use insulin well. Insulin helps sugar leave your blood. So your blood sugar (glucose) runs too high. Doctors say you have it when your A1c is $\geq 6.5\%$.

Or when fasting glucose is ≥ 126 . Or when random glucose is ≥ 200 with symptoms. Over years, high blood sugar hurts your blood vessels, eyes, kidneys, nerves, and heart.

But you can prevent most of this harm. Steady control is the key. Modern medicines help a lot. These include metformin, GLP-1 receptor agonists (shots like semaglutide and tirzepatide), SGLT2 inhibitors, and insulin.

Good daily habits help too. The real goal is to keep your A1c at your target. For most people that is $< 7\%$. You do this with food, movement, sleep, and meds each day.

CONCEPTS · LEARN IT

- A1c $\geq 6.5\%$ means you have T2D. Fasting glucose ≥ 126 or random ≥ 200 with symptoms also count.
- Your body can't use insulin well. So glucose runs high. Over years this harms vessels and organs.
- You can prevent most harm. Keep your A1c $< 7\%$. Your team may set a different goal for you.
- Main meds: metformin, GLP-1, and SGLT2, plus healthy habits. Your mix depends on you.
- T2D often comes with HTN (high blood pressure), OSA (sleep apnea), CKD (kidney disease), and heart failure. See Square 13.

ACTIONS · THIS WEEK

- Get a CGM or glucometer this month
- Add T2D and your A1c to your phone's medical ID
- Set up yearly eye, kidney, and foot checks

SKILLS · LIVE IT

- Say your A1c, fasting glucose, and goal
- Use a glucometer (blood sugar meter) or CGM (sensor that tracks sugar) the right way
- Know the signs of low blood sugar (hypo) and high blood sugar
- Tell your team about other heart and metabolic problems

PLAN · SHARE IT

- Read all 16 squares
- Open the deep course tile #1: What HTN Is — same tool, T2D content
- Build your home blood sugar routine



3 Force Field Fact Sheet

Primer · Foundations



360 Human Anatomy: Endocrine / Vascular

PRIMER · ANATOMY

Let's walk through the body where T2D lives. The pancreas makes insulin. Your cells use insulin to take in glucose. In T2D, cells stop responding well.

This is called insulin resistance (cells ignore insulin). In time the pancreas can't keep up. High glucose over years harms four organs. These are the same four that high blood pressure harms.

They are the eyes (retinopathy, or eye damage), kidneys (nephropathy, or kidney damage), nerves (neuropathy, or nerve damage), and large vessels (atherosclerosis, or clogged vessels).

The 360 Human Explorer shows you where the harm shows up. It also shows why check-up dates matter.

CONCEPTS · LEARN IT

- Pancreas makes insulin. Insulin helps cells take in glucose.
- Insulin resistance plus low insulin = T2D
- Eyes, kidneys, nerves, and vessels are the four target organs
- T2D harms vessels the same way HTN does. Together they harm more.
- Foot checks matter. Nerve damage can hide an injury.

ACTIONS · THIS WEEK

- Click into 360 Anatomy: Endocrine system
- Make sure yearly eye, kidney, and foot exams are set
- Add a heart risk score (like ASCVD) to your records

SKILLS · LIVE IT

- Open the 360 Human Anatomy module
- Name the four target organs
- Do a simple foot check
- Read your last A1c, lipid panel (blood fats), and eGFR (kidney score)

PLAN · SHARE IT

- Visit the endocrine system module
- Mark your own organs of concern
- Bring your marked map to your next visit



3 Force Field Fact Sheet

Primer · Foundations



Who Gets Type-2 Diabetes?

PRIMER

About 37 million Americans have T2D. About 96 million more have prediabetes. That is 1 in 3 adults. Risk goes up with age, weight, and family history. It also goes up with sitting too much, sleep apnea, and past gestational diabetes (diabetes during pregnancy).

Rates are higher and start younger in African American, Hispanic, American Indian/Alaska Native, and Asian American groups. About 1 in 5 people with T2D don't know they have it.

Prediabetes can be reversed. Diabetes can be managed. Both need your care.

CONCEPTS · LEARN IT

- ~37M have T2D. ~96M have prediabetes. 1 in 5 don't know they have it.
- Rates start higher and younger in AA, Hispanic, AI/AN, and Asian American groups
- Sleep apnea is a common hidden cause
- Family history matters. Daily habits matter most.
- Prediabetes can be reversed with steady habit change

ACTIONS · THIS WEEK

- Ask your siblings and parents about their A1c
- Get a sleep apnea check if you have signs
- Add T2D to your phone's medical ID

SKILLS · LIVE IT

- Know your family's T2D history
- Check for sleep apnea if you snore or feel tired
- Track your activity, sleep, and food honestly

PLAN · SHARE IT

- Talk with family about A1c this month
- Ask for a sleep doctor if you have signs
- Update your Health Passport with family history



3 Force Field Fact Sheet

Primer · Foundations



The Numbers PRIMER

The U.S. spends about \$413B a year on T2D and its problems. Care costs about \$10,000 per person each year. Heart and vessel disease cause most T2D deaths.

Other health problems drive much of the harm. Each 1% drop in A1c cuts small-vessel problems by about 37%. GLP-1 receptor agonists (semaglutide, tirzepatide) cut heart events by about 14-24% in trials.

They also lead to 10-15%+ weight loss. T2D care has changed a lot in five years.

CONCEPTS · LEARN IT

- ~37M have T2D. Cost is ~\$413B/yr, or ~\$10k per person.
- Heart and vessel disease cause most T2D deaths
- A 1% A1c drop = about 37% fewer small-vessel problems
- GLP-1 meds cut heart events ~14-24% and help with weight loss
- SGLT2 inhibitors protect the kidneys and heart

ACTIONS · THIS WEEK

- Track A1c every 3 months
- Work out your last 90-day adherence % (how often you took meds)
- Ask if you can take GLP-1 or SGLT2 meds

SKILLS · LIVE IT

- Name one number that keeps you going
- Track your A1c over time
- Figure out your heart and metabolic risk

PLAN · SHARE IT

- Add an A1c log to your Health Passport
- Set a personal A1c goal with your team
- Opt in to PHIT to add to national results



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Knowing My Numbers

LEARN IT · TIER 1 AWARE

A1c is your 3-month average blood sugar. It is the most important T2D number. Most adults aim for <7%. Goals can change per person. Aim for <6.5% if you are younger with no problems.

Aim for <8% if you are older or frail. **Time-in-range** is another key number. It is how often your sugar stays between 70–180 mg/dL. A CGM measures this. Aim for more than 70% time-in-range.

Know your fasting sugar and after-meal sugar. Watch the pattern around meals and sleep. Bring a 2-week sugar log (or CGM data) to each visit.

CONCEPTS · LEARN IT

- A1c is your 3-month average. Most adults aim for <7%.
- Time-in-range >70% (sugar 70–180 mg/dL) is the modern CGM goal
- Watch fasting sugar, after-meal sugar, and your patterns
- Goals differ: tighter if younger, looser if older or frail
- Bring a 2-week log to each visit

ACTIONS · THIS WEEK

- Order a CGM or glucometer this week
- Keep a 14-day log
- Bring it to your next visit. Ask: "Am I at goal?"

SKILLS · LIVE IT

- Say your A1c, fasting sugar, time-in-range, and goal
- Take a correct glucometer reading
- Link a CGM to your phone
- Spot a wrong reading (bad control solution, old strips)

PLAN · SHARE IT

- This week: get a device and start a log
- This month: talk about your best med plan
- Update your Passport with A1c trend and goal



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Master Meds & Devices

LEARN IT · TIER 1 AWARE

Metformin is the first med for almost everyone. It is cheap, works well, and is safe (decades of data). **GLP-1 receptor agonists** are shots. These include semaglutide (Ozempic/Wegovy/Rybelsus), tirzepatide (Mounjaro/Zepbound), and dulaglutide (Trulicity).

They lower A1c, drop weight 10–15%, and cut heart events. **SGLT2 inhibitors** protect the kidneys and heart. These include empagliflozin (Jardiance) and dapagliflozin (Farxiga).

Insulin (basal, or long-acting, and mealtime) is used when needed. It is a tool, not a failure. A **CGM** (Dexcom G7, Libre 3) replaces fingersticks for many people.

Taking your meds as planned is the #1 lever.

CONCEPTS · LEARN IT

- 5 main types: metformin (first), GLP-1, SGLT2, DPP-4, and sulfonylureas
- Insulin when needed. Basal (long-acting), mealtime, or both.
- A CGM beats fingersticks for most people
- ACE/ARB meds protect kidneys when you also have HTN (high blood pressure)
- Call about side effects: stomach upset (GLP-1), genital infection (SGLT2), low blood sugar (sulfonylurea, insulin)

ACTIONS · THIS WEEK

- This week: set up a pillbox or phone reminder
- Bring your full med list to each visit
- Ask: 'Is this the best med plan for me — including GLP-1 or SGLT2 if I qualify?'
- Apply for co-pay help if GLP-1 or CGM cost is hard

SKILLS · LIVE IT

- Check your med list at each visit
- Show your insulin pen technique (if you use one)
- Show your GLP-1 shot technique (if you use one)
- Link and read a CGM

PLAN · SHARE IT

- Daily: meds and CGM
- This month: talk about your best med plan
- This quarter: finish missed labs (lipids, kidney, eye, foot)



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Spot Red Flags Early

LEARN IT · TIER 1 AWARE

Some T2D symptoms are emergencies. **DKA** (diabetic ketoacidosis) is one. Signs are fruity breath, deep fast breathing, nausea, vomiting, and confusion. DKA is more common in T1D.

But it can happen in T2D, mostly on SGLT2 meds (called "euglycemic DKA"). Call 911. **Severe low blood sugar** is another. Signs are shaking, sweating, confusion, slurred speech, seizure, or passing out.

Give sugar right away (glucose tabs, juice) or glucagon. Then call 911 if the person won't wake. **HHS** (hyperosmolar hyperglycemic state) hits older adults.

Signs are extreme thirst, dehydration, confusion, and very high sugar. Call 911. A **foot infection** with nerve damage is urgent. **Stroke FAST** signs are always 911.

CONCEPTS · LEARN IT

- DKA = fruity breath, fast deep breathing, nausea, confusion → 911
- Severe low blood sugar (confused, seizure, won't wake) → sugar + 911
- HHS in older adults → ER
- Foot infection with nerve damage → urgent care today
- FAST stroke signs = always 911

ACTIONS · THIS WEEK

- Save 911, your team, and urgent care in your phone
- Carry glucose tabs at all times
- Print a Red Flag card for the fridge
- Practice teach-back with family

SKILLS · LIVE IT

- Know the signs of DKA
- Spot low blood sugar and treat it (15 g sugar, recheck in 15 min)
- Use a glucagon emergency kit
- Do a daily foot check

PLAN · SHARE IT

- This week: put a red flag card on the fridge
- This month: practice one low-sugar drill with family
- Quarterly: review the plan with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field

LEARN IT · TIER 1 AWARE

Habits can move A1c a lot. Sometimes as much as a med. **Low-glycemic eating** (foods that raise sugar slowly) plus **5-10% weight loss** can drop A1c 1-2 points.

150 minutes a week of moderate movement helps your body use insulin. **7+ hours of sleep** matters more than people think. Short or broken sleep raises insulin resistance.

Untreated sleep apnea drives sugar up. Treating it lowers A1c. Drinking less, quitting smoking, and stress and breathing skills all help too. Stack three of these.

You may cut or drop a med.

CONCEPTS · LEARN IT

- Low-glycemic eating + 5-10% weight loss = A1c down 1 to 2 points
- 150 min/wk of movement
- 7+ hours of sleep. Broken sleep raises insulin resistance.
- Sleep apnea drives T2D. Treat it!
- Drink less, quit smoking, build stress skills

ACTIONS · THIS WEEK

- This week: one low-glycemic meal a day
- Track your sleep for 1 week
- Set up a sleep apnea check if you have signs
- Pick one stress skill. Do it 5 min a day.

SKILLS · LIVE IT

- Plan a low-glycemic meal
- Read a food label and find added sugar
- Walk 30 min, 5 days a week
- Do a 4-7-8 breathing cycle
- Check yourself for sleep apnea

PLAN · SHARE IT

- Daily: low-glycemic meals and 30 min of movement
- Weekly: weigh in and log it
- Quarterly: review with your team. Adjust meds if A1c improves.



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Make Every Visit Count

LIVE IT · TIER 2 ACTIVE

A great T2D visit is built, not lucky. Bring 14 days of sugar data (or share your CGM). Bring three written top questions. Do one teach-back. Make one shared choice.

Set one clear next step. Use the AHRQ SHARE Approach (a way to make choices with your doctor). Ask: "What's my A1c goal?" and "If you were me, what would you do next?" Say the plan out loud before you leave.

CONCEPTS · LEARN IT

- Sugar log + 3 questions + 1 teach-back + 1 shared choice
- Health Passport = your record you can take anywhere
- The SHARE Approach beats 'just ask'
- Setting goals up front saves time later
- Map your next steps before you leave the room

ACTIONS · THIS WEEK

- Do a pre-visit routine (15 min, day before)
- During: do one teach-back
- After: list 3 next steps
- Follow up on the portal in 24 hours

SKILLS · LIVE IT

- Before: 14-day sugar log + 3 top questions
- During: one teach-back, one shared choice
- Ask 'What's my A1c goal?' and 'What would you do?'
- Send a portal follow-up within 24 hours

PLAN · SHARE IT

- Do a pre-visit routine
- Practice teach-back with family
- Set up a debrief after each visit



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team Members

LIVE IT · TIER 2 ACTIVE

T2D care is a team sport. Your **primary care** doctor is the quarterback. An **endocrinologist** (hormone doctor) helps if A1c is hard to control or insulin gets complex.

A **CDCES** (Certified Diabetes Care and Education Specialist, once called a diabetes educator) teaches self-care. An **RD/dietitian** (food expert) helps with meals.

A **pharmacist** helps with meds and sticking to them. An **ophthalmologist** (eye doctor) does your yearly eye exam. A **podiatrist** (foot doctor) handles foot care.

Behavioral health helps with stress, depression, and habit change. A **peer mentor** with T2D shares real-life tips.

CONCEPTS · LEARN IT

- T2D care = a team sport
- A CDCES helps a lot and is Medicare-covered (DSMT)
- An RD and behavioral health are proven add-ons
- Yearly checks: eye, foot, kidney, lipids (blood fats)
- A peer mentor is real medicine

ACTIONS · THIS WEEK

- Build your Care Team card
- Ask for a CDCES referral if you don't have one
- Find an RD or virtual food coach
- Ask for a sleep doctor if you have signs

SKILLS · LIVE IT

- List every team member
- Use 'who handles what' to triage
- Set up yearly checks
- Run a handoff meeting with family

PLAN · SHARE IT

- Finish your Care Team card
- Book any missing yearly check
- This year: finish a sleep check if you have signs



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Telemedicine (video visits) and health tech now do real work in T2D. Most routine visits can be 15-min video reviews of CGM data. Patient portals carry messages, labs, and refill requests.

A CGM (Dexcom G7, Libre 3) replaces fingersticks for many. You can often start GLP-1 meds through telehealth. Smart pens log your doses. Wearables track sleep and activity.

AI diet apps can help. But they never replace your team.

CONCEPTS · LEARN IT

- Telemedicine is real medicine, not 'less'
- The patient portal is your second voice
- A CGM is the highest-value device
- You can start GLP-1 meds through telehealth
- Wearables track sleep and activity

ACTIONS · THIS WEEK

- Sign up for the portal today
- Get a CGM if you qualify
- Set your next visit as a video visit
- Try a digital food log for 30 days

SKILLS · LIVE IT

- Run a video visit smoothly
- Send a clear portal message
- Link a CGM to your phone
- Use a smart insulin pen

PLAN · SHARE IT

- This week: portal and CGM
- This month: try a video visit
- Quarterly: review your log with your team



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Referrals & Cost

LIVE IT · TIER 2 ACTIVE

Metformin is generic and nearly free. **GLP-1s** and **CGMs** often need prior authorization (insurer OK before they pay). But most appeals win when you have good records.

Medicare covers DSMT (Diabetes Self-Management Training). Co-pay help is out there: NeedyMeds, ADA assistance, maker programs (Novo Nordisk, Eli Lilly), and HealthWell.

FMLA and ADA are laws that protect your work and school when T2D affects daily life.

CONCEPTS · LEARN IT

- Metformin is generic and cheap
- GLP-1 and CGM need prior auth. Most appeals win.
- Medicare covers DSMT (Diabetes Self-Management Training)
- Co-pay help: NeedyMeds, ADA, and maker programs (PAPs)
- FMLA and ADA are your rights at work and school

ACTIONS · THIS WEEK

- Print one EOB and learn it
- Apply for one co-pay program
- Save 3 help links in your phone
- Talk to HR about FMLA before you need it

SKILLS · LIVE IT

- Read an EOB (insurance summary) and find the appeal address
- File a prior auth appeal
- Apply for co-pay help
- Get your FMLA paperwork

PLAN · SHARE IT

- This week: gather your last 3 EOBs
- This month: apply for one co-pay program
- Each year: re-check FMLA and ADA



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity & the 4-Way Cluster

SHARE IT · TIER 3 CERTIFIED

African American, Hispanic, AI/AN, and Asian American groups get T2D earlier and more often than non-Hispanic Whites. They also have worse outcomes. These include kidney disease, amputation, and heart deaths (CDC).

T2D often comes with HTN (high blood pressure, in ~75% of T2D patients), OSA (sleep apnea, ~50–80%), and CKD (kidney disease, ~40%). When SCD (sickle cell disease) is added in AA patients, the group **SCD + HTN + OSA + T2D** harms vessels even more.

It carries the highest preventable-stroke burden of any known combined pattern in U.S. groups. Banner Health's Maricopa area covers all four groups. Screen for the whole cluster.

Don't treat T2D alone.

CONCEPTS · LEARN IT

- AA, Hispanic, AI/AN, and Asian American groups = earlier T2D, worse outcomes
- T2D + HTN ~75% · T2D + OSA ~50–80% · T2D + CKD ~40%
- SCD + HTN + OSA + T2D in AA patients = highest preventable-stroke burden
- Bias in setting sugar goals and adding insulin is documented
- Equity is the central T2D story, not a side topic

ACTIONS · THIS WEEK

- Save written notes after each visit
- Build a Care Team card that covers all your conditions
- Find a local T2D-savvy advocate
- Practice calm 'broken record' redirecting

SKILLS · LIVE IT

- If you have T2D, ask about HTN, OSA, and CKD screening
- If you have any of those, ask about T2D screening
- Write down any visit problems
- Stay calm while you speak up

PLAN · SHARE IT

- This month: finish one equity training (ADA / IHI)
- This quarter: write your story
- Long-term: become an Ambassador (Tier 3)



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Teach, Mentor, Ambassador

SHARE IT · TIER 3 CERTIFIED

You become your strongest self when you teach others. Mentor a newly diagnosed neighbor or family member. Host a 'know your A1c' coffee hour at your church or community center.

Talk to your employer about a workplace prediabetes program. Volunteer with the ADA. Co-present at patient advisory boards.

CONCEPTS · LEARN IT

- Mentoring improves your own results too
- Teach what you really do, not theory
- One clear story beats ten slides
- Boundaries are part of mentoring
- Bring data: your A1c log or a CGM screenshot

ACTIONS · THIS WEEK

- Sign up to mentor one newly diagnosed family this quarter
- Speak once at school, work, or church
- Send your story to ADA or FFH
- Co-present grand rounds with your PCP

SKILLS · LIVE IT

- Tell your story in 3 minutes
- Run a 30-min peer support session
- Write a 'what I wish I'd known at __'
- Co-teach a workshop with your PCP

PLAN · SHARE IT

- Find one mentoring chance
- Give one talk this quarter
- Finish Tier 3 Ambassador steps this year



Share Insights with Clinicians

SHARE IT · TIER 3 CERTIFIED

Bring data. Write a short note to your team after a great or rough visit. Say 'what worked, what didn't, what we learned.' Help train residents on insulin starts and GLP-1 onboarding.

Most training programs welcome patient teachers. Your insight changes care for the patients who come after you.

CONCEPTS · LEARN IT

- Letters to clinicians are short, specific, and named
- Real stories beat general feedback
- Most training programs welcome patient teachers
- Even anonymous insights still help
- Feedback closes the loop on shared choices

ACTIONS · THIS WEEK

- Write one feedback letter this quarter
- Volunteer for one teaching round this year
- Send one insight to FFH for the staff training library

SKILLS · LIVE IT

- Write a 'worked / didn't / learned' letter under 200 words
- Lead a 5-min slot in resident teaching rounds
- Send portal feedback after a great visit
- Turn a hard event into a teaching case

PLAN · SHARE IT

- This month: one feedback letter
- This quarter: present once
- This year: add to the FFH Staff Training Library



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT stands for Population Health Impact Tracking. It asks one thing. Does the Prepared Patient program lower A1c, ER visits, hospital stays, and total cost of care for T2D groups? Opt in to share aggregate, de-identified results.

These include A1c, CGM time-in-range, badge progress, and self-reported quality of life. No PHI (personal health info) is shared. You can withdraw anytime.

You get plain-language updates on group progress now and then.

CONCEPTS · LEARN IT

- PHIT = de-identified, group results only
- Proven programs become paid-for and scalable
- Your data plus 1,000 others = a study that can be published
- Opt out anytime. Full transparency.
- The FFH ROI Engine pairs PHIT data with cost data

ACTIONS · THIS WEEK

- Opt in via the green box on this page
- Read your first quarterly summary
- Tell one peer about PHIT
- Check any researcher contact with FFH first

SKILLS · LIVE IT

- Read a one-page consent
- Know what is and isn't PHI
- Set up a regular dashboard review
- Withdraw or pause anytime

PLAN · SHARE IT

- Today: opt in if it feels right
- Quarterly: review your summary
- Yearly: decide whether to continue

Additional Notes

☐ I've read the full Type 2 Diabetes Fact Sheet · Step 3



4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Type 2 Diabetes is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers

The U.S. spends about \$413B a year on T2D and its problems. Care costs about \$10,000 per person each year. Heart and vessel disease cause most T2D deaths.

Other health problems drive much of the harm. Each 1% drop in A1c cuts small-vessel problems by about 37%. GLP-1 receptor agonists (semaglutide, tirzepatide) cut heart events by about 14–24% in trials.

They also lead to 10–15%+ weight loss. T2D care has changed a lot in five years.

- ~37M have T2D. Cost is ~\$413B/yr, or ~\$10k per person.
- Heart and vessel disease cause most T2D deaths
- A 1% A1c drop = about 37% fewer small-vessel problems
- GLP-1 meds cut heart events ~14–24% and help with weight loss
- SGLT2 inhibitors protect the kidneys and heart

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Type 2 Diabetes Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.

What Is Type-2 Diabetes?

FOR YOU · THE PATIENT

This is your map. Read it once all the way through. Then come back one square at a time. You get stronger with each step.

EMPLOYERS & WORKPLACE

T2D can be managed. Simple help works: a spot to take meds and check sugar. Meals on time. Time off for visits.

FAMILY & CAREGIVERS

Learn to spot low blood sugar (shaking, confusion, sweating). Keep glucose tabs close by.

STUDENTS & LEARNERS

T2D is the most common cardiometabolic condition in clinic. Learn to read A1c and start GLP-1 meds.



4 Prepared Patient Course

The complete course — three levels, applied to your life



360 Human Anatomy: Endocrine / Vascular

FOR YOU · THE PATIENT

Knowing where the disease lives makes the rest click. It shows why meds, checks, and each reading matter.

EMPLOYERS & WORKPLACE

This shows why a teammate may need an eye-exam day or a foot-care break.

FAMILY & CAREGIVERS

Use the 360 Anatomy together. Pictures explain T2D better than numbers.

STUDENTS & LEARNERS

Bookmark this. How the endocrine and heart systems work together is key T2D content for boards.

Who Gets Type-2 Diabetes?

FOR YOU · THE PATIENT

You did not cause this. Knowing your family history helps you and the next generation.

EMPLOYERS & WORKPLACE

T2D is not contagious. A teammate in good control won't slow down.

FAMILY & CAREGIVERS

Ask everyone their A1c. Make it a normal thing to do.

STUDENTS & LEARNERS

Equity fact: AI/AN adults have ~2.3× higher T2D rates than non-Hispanic Whites. Don't forget on the wards.

The Numbers

FOR YOU · THE PATIENT

You are not a statistic. But the numbers fight for you. Use them with insurers and your team.

EMPLOYERS & WORKPLACE

T2D-friendly help saves money. Paying for CGMs for at-risk staff pays off well.

FAMILY & CAREGIVERS

These numbers show why acting early matters. Pushing for GLP-1 is one of the best things you can do.

STUDENTS & LEARNERS

Learn three: ~37M, \$413B, and 1% A1c → 37% fewer small-vessel events. You'll use them daily.

Knowing My Numbers

FOR YOU · THE PATIENT

Two minutes of good technique makes a big difference. It stops you from chasing wrong numbers.

EMPLOYERS & WORKPLACE

A private spot and 5 minutes let a teammate check sugar. That's all.

FAMILY & CAREGIVERS

Learn the goal. It belongs on every emergency contact card.

STUDENTS & LEARNERS

CGM time-in-range is replacing A1c-only thinking. Learn it now.



4 Prepared Patient Course

The complete course — three levels, applied to your life



Master Meds & Devices

FOR YOU · THE PATIENT

Taking your meds is the #1 lever you control. GLP-1 and SGLT2 are game-changers for heart risk. Ask if you qualify.

EMPLOYERS & WORKPLACE

Daily meds and CGM checks are normal. A private spot to take meds is low-cost and builds trust.

FAMILY & CAREGIVERS

Help build the routine. Pillboxes, calendars, and shared reminders beat nagging.

STUDENTS & LEARNERS

GLP-1 and SGLT2 are the two most important T2D drug classes this decade. Learn when to use them, when not to, and side effects.

Spot Red Flags Early

FOR YOU · THE PATIENT

This square saves lives. Treat severe low sugar and DKA like fire alarms.

EMPLOYERS & WORKPLACE

Take "feels off" seriously. Help a teammate check sugar, eat sugar, or call the team or 911.

FAMILY & CAREGIVERS

You may be the hero. Caregivers often spot DKA and severe low sugar first.

STUDENTS & LEARNERS

Spotting DKA and HHS is key clinical pattern recognition.

Lifestyle Force Field

FOR YOU · THE PATIENT

You can drop your A1c 1–2 points with habits alone. Stack the levers.

EMPLOYERS & WORKPLACE

Walking meetings, healthier food, gym access. These help whole groups with T2D.

FAMILY & CAREGIVERS

Cook together. Walk together. T2D habits spread in families.

STUDENTS & LEARNERS

The Diabetes Prevention Program (DPP) is the gold-standard habit plan. Learn the targets.

Make Every Visit Count

FOR YOU · THE PATIENT

Five minutes of prep equals fifty minutes of better care.

EMPLOYERS & WORKPLACE

A 30-minute window for medical visits saves money later.

FAMILY & CAREGIVERS

Be the second set of ears. Help write down next steps.

STUDENTS & LEARNERS

Use the SHARE Approach in every visit. It feels odd for two weeks. Then it feels like medicine.



4 Prepared Patient Course

The complete course — three levels, applied to your life



Care Team Members

FOR YOU · THE PATIENT

You don't need to know everything. You need to know who knows what.

EMPLOYERS & WORKPLACE

One named HR contact plus one named patient contact = no chaos.

FAMILY & CAREGIVERS

Help keep the Care Team card updated. It's hard to do alone in a crisis.

STUDENTS & LEARNERS

Become a T2D-fluent clinician. There aren't enough of you.

Telemedicine & Tech

FOR YOU · THE PATIENT

Tech is your force multiplier. Video visits cut travel time. A CGM cuts hours of guessing.

EMPLOYERS & WORKPLACE

A 30-minute video visit during the workday saves hours.

FAMILY & CAREGIVERS

Set up the tools together. Caregivers should have portal access too.

STUDENTS & LEARNERS

Tele-T2D is the future. Train in it now.

Insurance, Referrals & Cost

FOR YOU · THE PATIENT

A few hours of paperwork can save you thousands and avoid most ER bills.

EMPLOYERS & WORKPLACE

FMLA, ADA, and a helpful HR save money and keep talent.

FAMILY & CAREGIVERS

Take the lead on paperwork during a crisis.

STUDENTS & LEARNERS

Most clinicians don't teach this. Learn it and you'll be the most useful person on the team.

Equity & the 4-Way Cluster

FOR YOU · THE PATIENT

You are not crazy. The system is uneven. Knowing this helps you protect yourself.

EMPLOYERS & WORKPLACE

Believe what your team member tells you. Bias is documented.

FAMILY & CAREGIVERS

Be the calm voice. Be the second witness.

STUDENTS & LEARNERS

Read CDC T2D data by race. Then change your own behavior.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Teach, Mentor, Ambassador

FOR YOU · THE PATIENT

Teaching locks in what you know. It gives meaning to what you've been through.

EMPLOYERS & WORKPLACE

A teammate who mentors becomes an in-house champion. Sponsor them.

FAMILY & CAREGIVERS

Caregiver-to-caregiver mentoring is just as powerful.

STUDENTS & LEARNERS

Learning with patient-experts is how you become a T2D-fluent clinician.

Share Insights with Clinicians

FOR YOU · THE PATIENT

Your feedback may change how 100 future patients are treated.

EMPLOYERS & WORKPLACE

Ask employees to share what works.

FAMILY & CAREGIVERS

Caregiver feedback matters too. You see the in-between moments clinicians never do.

STUDENTS & LEARNERS

The best teaching you'll get is from a patient. Show up early, stay late.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Taking part is a quiet but real act of advocacy. It helps the program get paid for and scaled.

EMPLOYERS & WORKPLACE

Sponsoring a cohort in PHIT shows your investment is working.

FAMILY & CAREGIVERS

Caregivers can opt in too. Caregiver results are tracked as well.

STUDENTS & LEARNERS

This is participatory research done right. Study how PHIT was built.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Type 2 Diabetes, in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?
- ☐ What is each of my medicines for?



4 Prepared Patient Course

The complete course — three levels, applied to your life



The one thing about Type 2 Diabetes I most want to remember

 Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for Type 2 Diabetes



5 Materials & Tools

Your home kit — the tools that keep you prepared



Being prepared between visits takes a few simple tools. Set these up for Type 2 Diabetes, and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Type 2 Diabetes at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR TYPE 2 DIABETES

- ☐ Get a CGM or glucometer this month
- ☐ Add T2D and your A1c to your phone's medical ID
- ☐ Set up yearly eye, kidney, and foot checks
- ☐ Click into 360 Anatomy: Endocrine system
- ☐ Make sure yearly eye, kidney, and foot exams are set
- ☐ Add a heart risk score (like ASCVD) to your records
- ☐ Ask your siblings and parents about their A1c
- ☐ Get a sleep apnea check if you have signs
- ☐ Add T2D to your phone's medical ID
- ☐ Track A1c every 3 months
- ☐ Work out your last 90-day adherence % (how often you took meds)
- ☐ Ask if you can take GLP-1 or SGLT2 meds

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Type 2 Diabetes





Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Type 2 Diabetes, in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say your A1c, fasting glucose, and goal
- ☐ Use a glucometer (blood sugar meter) or CGM (sensor that tracks sugar) the right way
- ☐ Know the signs of low blood sugar (hypo) and high blood sugar
- ☐ Tell your team about other heart and metabolic problems
- ☐ Open the 360 Human Anatomy module
- ☐ Name the four target organs
- ☐ Do a simple foot check
- ☐ Read your last A1c, lipid panel (blood fats), and eGFR (kidney score)
- ☐ Know your family's T2D history
- ☐ Check for sleep apnea if you snore or feel tired
- ☐ Track your activity, sleep, and food honestly
- ☐ Name one number that keeps you going
- ☐ Track your A1c over time
- ☐ Figure out your heart and metabolic risk

TEACH IT BACK

The fastest way to know you've got it: explain Type 2 Diabetes in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Type 2 Diabetes — the signs that mean “call now”



PREPARED PATIENT · TYPE 2 DIABETES

6 Skills Lab

Show you can do it — hands-on teach-back

 Additional Notes

☐ I've completed Step 6 · Skills Lab for Type 2 Diabetes





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Type 2 Diabetes** —
knowing their condition, their numbers, their red flags, and how to speak up
in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your
Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you



This optional step is a gift you give the next person. Turn what you learned about Type 2 Diabetes outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares
- ☐ Open the deep course tile #1: What HTN Is — same tool, T2D content
- ☐ Build your home blood sugar routine
- ☐ Visit the endocrine system module
- ☐ Mark your own organs of concern
- ☐ Bring your marked map to your next visit
- ☐ Talk with family about A1c this month
- ☐ Ask for a sleep doctor if you have signs
- ☐ Update your Health Passport with family history
- ☐ Add an A1c log to your Health Passport
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Type 2 Diabetes.

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Type 2 Diabetes

