

# A Change for Life

*This program is presented by the Centers for Disease Control and Prevention.*

[Erin Brown] All right, back again, week 13 of our Diabetes Prevention Program. Physical activity. (people in unison) Yay!

[Dr. Albright] The classes that are part of the National Diabetes Prevention Program work because they have been studied and tested. We have known for some time now, based on really well-done research studies, that you can prevent or postpone type 2 diabetes. This is the opportunity for us to implement those findings in a way that the population can experience it.

[Erin Brown] Tim, looking at far, how far you've come, what else do you – I mean what else is out there? Where else do you want to go? In their core 16 weeks of this program, a participant will come in and meet once a week with their facilitator and their small group. We'll sit down and we'll discuss one of our 16 lifestyle topics for that day.

[Vivien Ogburn] I've been pre-diabetic for over two-and-a-half years. And I've just kind of ignored it because that word "pre" was there.

[Debbie Wente] I knew that my blood sugar was high. I would watch my diet a little bit and then I would stop but I didn't do anything consistently on a consistent basis.

[Dr. Fineman] There's an issue with the patients not realizing the problem is as bad as it is or as bad as it may become.

[John Lincoln] The first few weeks of the program we're talking all about fat gram intake, behavior modification, your level of activity and how physically active that you are during the day, and stress management.

[Erin Brown] Stress management is a very important piece when it comes to lifestyle change. It affects people's eating. It affects people's physical activity. It affects everything that has to do with lifestyle change.

[John Lincoln] A lot of people think you have to have machines and tracks and things like that to constitute exercise. But what we look at in the class is how active are you, really, throughout the day.

[Debbie Wente] I like to walk early in the morning. It gets your day started and it's a good little power walk and it's free. It doesn't cost anything to walk here.

[Vivien Ogburn] Initially, I was in denial about the fact that there's a higher percentage of African Americans affected by diabetes than other ethnic groups. But, all around me, friends, family, church members, I was seeing younger and younger people affected by the disease.

[Vivien Ogburn] One of the things that we were required to do was to set a goal of weight loss, set a nutritional goal because we established what our fat gram content had to be for the day. We were to set in our books exactly how many minutes we were going to exercise every day.

[Dr. Albright] The real success is that people are working together to try to find the solutions and to support each other.

[Debbie Wentz] Without the class I would have never done this on my own because I had tried. I had done every single thing out there that I could think of.

[Erin Brown] My hope for this program is that many physicians across our community will use this resource as their first line of defense against type 2 diabetes. That's what our program is here for.

[Dr. Albright] This is really the example of what we wish would happen in many fronts. Is that the government, the private sector, and the community sector would really join forces and come together to solve these problems.

[Dr. Fineman] My patients love the idea of being able to have a program to be healthier going forward. My patients really love that. They're surprised that they can actually get older and be on fewer medications.

[Vivien Ogburn] I am so excited because I went to the doctor last week. All of my numbers were down and I am officially no longer pre-diabetic.

[Dr. Albright] There are almost 80 million people that have pre-diabetes. My dream is that in the next few years it will be easy for people to get access to this program, and ultimately we will be able to say, fewer people are developing type 2 diabetes.

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