

Diabetes Self-Management Workshop for the Visually Impaired

Overall Considerations

- Flyers should be printed in 18 – 20 font size
- Ariel Black font style
- Use strong contrast on flyers; preferably black on white; no yellow on flyer
- Provide the audio book to the lending library
- Classes may have to start a little late due to Access often arriving late
- If rain is predicted for workshop day, you may consider postponing the workshop as many participants do not take Access on rainy days (due to long delays in pick up/drop off times)
- Remember to announce name before speaking
- When starting workshop, announce all participant names; and after any breaks
- Announce if someone has joined or left the group
- If the workshop is at a facility that serves lunch and you will be breaking for lunch, be cognizant of the time; many participants will be part of a subsidized lunch program and if late, lunch may run out
- Accommodate for facility functions; concerts, plays etc.; usually scheduled right after lunch
- Use notepads to keep brainstorm notes; no need for flipcharts
- Do not raise your voice when speaking, they are blind, not deaf; this happens all the time
- When doing activities in pairs, it is easiest for participants to pair off with the person next to them; if anyone is left without a partner, “introduce” them to the pair next to them
- References in the script to driving a car or riding a bicycle can be substituted with “learning to use a white cane”

Week 1

- Provide enlarged documents for those with low vision – this will decrease the amount of time for data collection (125% reproduction)
- For those without vision, data collection must be done one-to-one – remember this will add time to the workshop
- Takes approximately 7 minutes per person for data collection in Session 1
- Make sure you announce that you will be breaking for lunch and will have them out on time; this is often a large concern
- Delay class start (particularly Session 1) to allow for Access transportation which is often late

Week 2

- Adjusted Meal Planning Activity
- Helpful to have a *Calorie King* book with you for looking up nutritional information
- Bring in 9-inch paper plates, 8-ounce cups and measuring cups for the participants to feel; this can help them understand the difference in restaurant serving sizes
- Meal plan as a group; ask for suggestions for planning dinner
- Have participants agree on meal; example: chicken breast, mashed potatoes, string beans, roll, diet soda/water
- Facilitators look up the nutritional information; facilitators announce the amount of carbohydrates, protein and fat for the meal
- Facilitators remind participants of carbohydrates, protein, and fat recommendations
- Facilitators ask the participants how the meal can be adjusted to match the nutritional recommendations

Week 3

- No accommodations are necessary for Week 3
- **Planning ahead for Week 4;** ask the group to list foods that they commonly eat, pick about five foods that a majority of the group eat, facilitators should ask the participants to bring in labels for these foods
- **Planning ahead for Week 4;** if any of the participants have label scanners or a label reading app on their phone, ask them to bring it to the next workshop

Week 4

- Adjusted Reading Nutrition Labels Activity
- Added a brainstorm/problem solve, “How can you “read” nutrition labels?”
- Collect the nutrition labels that participants brought to the workshop
- With each label, ask participants to estimate/guess: serving size, carbohydrates, fat and calories
- After recording all those that wish to answer, announce the nutrition information for each product
- Remind participants how these nutrition facts fit into the recommended amounts of fat, carbohydrates and protein per meal

Week 5

- No accommodations in Week 5

Week 6

- Provide enlarged documents for those with low vision (125% reproduction)
- Session 6 Survey is longer and more complex (about 9 – 10 minutes per person)

Observations on Diabetes Self-Management Workshop for the Visually Impaired

- Most of the people in this population are very familiar with all aspects of diabetes and its complications
- This population appears to be receiving responsive healthcare; they had been seen by endocrinologists, nephrologists, podiatrists and dieticians
- A section/activity on diabetes burnout would be very beneficial for this population