



A program for people with type 2 diabetes

- ✓ Get the facts about diabetes management.
- ✓ Learn to enjoy a variety of foods while managing blood sugar.
- ✓ Get the encouragement you need to make positive changes.
- ✓ Meet others who have the same concerns you do.



What: A program to empower people with type 2 diabetes
Who: Open to all (including friends/family members)
When: 6-8 pm each Thursday, January 19th – Feb 16th
Where: Huntington ISD Boardroom at 908 N Main St in Huntington
Cost: \$20 for all 5 classes (limited number of scholarships available)

****Register by Thursday, January 12th to reserve your spot!****

For more information contact:
Joel Redus
 County Extension Agent—
 Family & Consumer Sciences
 936-634-6414x101
 joel.redus@ag.tamu.edu

Class Schedule*

1. **Getting Started:** How Food Affects Your Blood Glucose – Jan 19th
 2. **Are You Eating the Right Number of Carbohydrates?** Let's Find Out – Jan 26th
 3. **Beyond the Diet:** Improving Your Blood Glucose Control with Physical Activity – Feb 2nd
 4. **Beyond Diet and Physical Activity:** Improving Your Blood Glucose Control with Medication – Feb 9th
 5. **Celebrating Diabetes Control While Avoiding Complications:** Having Your Cake (or Snack) & Eating It, Too! – Feb 16th
- *All classes led by Registered Dietitian Nutritionist, Registered Nurse, or Certified Diabetes Educator.

Find out how you can Do Well, Be Well with Diabetes

<http://fcs.tamu.edu/diabetes>

Provisions from the American Disability Act will be considered when planning educational programs and activities. Please notify the Angelina County Extension Office at 936.634.6414 by Jan 12, 2017 if you plan on attending this program and need specialized services.



*Take home recipes and references you can share with friends and family. All materials available in English and Spanish.



REGISTRATION:

Make checks payable to **Angelina FCS Committee**. Registration / payment may be mailed to or dropped off to the **Angelina County Extension office at 2201 S. Medford Dr., Lufkin, Texas 75901**

Name _____ How long have you had type 2 diabetes? _____

Address _____

E-mail _____ Phone _____

How many attending? _____ (There is no additional cost to bring a friend or family member for support)

Total Amount: _____ Check # _____