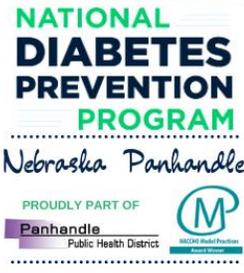


Take Control of Your Health Today!

Join an evidence-based lifestyle support program offered at

NO COST for Panhandle adults 18+

For more information or to register for a healthy lifestyle support program, contact Cheri Farris at 308-220-8020 or cfarris@pphd.org

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Evidence-Based Program</p>			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">What it Is</p>	<p>Year-Long facilitated Program in person or online</p> <ul style="list-style-type: none"> • Lose 5-7% starting body weight • Get 150 minutes physical activity weekly • Learn healthy eating & managing stress <p>Since 2012, over 1,000 participants have lost 10,000 pounds in the Panhandle!</p>	<p>6-week interactive workshop in person or online</p> <ul style="list-style-type: none"> • Empowers YOU to take control of your health • Builds self-efficacy • Builds skills & knowledge • Improve communication skills 	<p>Telephone-based Health Coaching</p> <p>Guided conversation to help YOU find your intrinsic motives to:</p> <ul style="list-style-type: none"> • Support you to make healthy changes <p>Focus on healthy eating, physical activity, managing blood pressure, weight, chronic disease</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Who its For</p>	<p>Do you have:</p> <ul style="list-style-type: none"> • Prediabetes • Hypertension • Other risk factors • A need for ongoing support 	<p>For care givers or people living with:</p> <ul style="list-style-type: none"> • Any Chronic health condition(s) • Diabetes-specific workshops available 	<p>For people who have:</p> <ul style="list-style-type: none"> • Willingness or desire to create healthier habits to improve health outcomes
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Testimonials</p>	<p><i>"I joined the National DPP because I was overweight, and my numbers were up. My sister has diabetes, so I was worried about my own health. I just had my screenings, and all my numbers were down over 3%!! I WAS SO EXCITED!"</i> Cindy</p>	<p><i>"Living Well has made me more aware of what I can do to manage my conditions. I am not alone."</i> Jacque</p>	<p><i>"My health coach helped me organize and set up my goals as well as a vision. She has helped me organize my thoughts into small, easy to achieve objectives that have led to reaching my overall goals."</i> Anonymous</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Why it Matters</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div data-bbox="349 1585 527 1753"> <p>84 million adults have prediabetes a risk factor for heart disease, stroke, and type 2 diabetes</p> </div> <div data-bbox="787 1575 950 1743">  <p>1 in 2 deaths in the Panhandle are caused by chronic disease</p> </div> <div data-bbox="1234 1564 1404 1753"> <p>1 in 3 PANHANDLE ADULTS have at least one chronic disease</p>  </div> </div>		

Healthy Lifestyle Support Program

Referral Form

For adults 18 and older



Name _____

Date of Birth: _____

Phone: _____

Address: _____

Email: _____

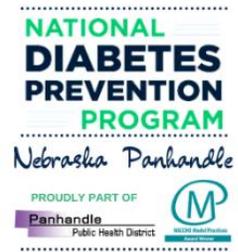
Healthcare Provider: _____

Clinic: _____

National Diabetes Prevention Program

Referral eligibility information:

Criteria	Reference range	Result
<input type="checkbox"/> Body Mass Index (BMI)	Eligibility = ≥ 25 (≥ 23 if Asian)	_____
<input type="checkbox"/> Blood test	Date of blood test (mm/dd/yy): _____	_____
• Hemoglobin A1C	5.7-6.4%	_____
• Fasting plasma glucose	100-125 mg/dL	_____
• 2-hour oral glucose tolerance test	140-199 mg/dL	_____
<input type="checkbox"/> History of Gestational Diabetes		



Living Well or Living Well with Diabetes (Circle preference)

Referral eligibility:

- Ongoing health condition
- Cares for someone with an ongoing health condition
- Diabetes Diagnosis**

*Referring Providers, please note that Living Well or Living Well with Diabetes (when available) are a better fit for those with T2 Diagnosis



Health & Wellness Coaching

Referral eligibility:

- Desire to set goals to become healthier



*Please check eligibility to make the referral. You can refer to more than one lifestyle support program.

Referral Source

- Self-Referral
- Provider Referral

I authorize Panhandle Public Health to receive my information.

Signature: _____ Date: _____

Send Referrals to Cheri Farris, Community Health Educator

Email
cfarris@pphd.org

Phone
308-220-8020

Mail
18 W 16th St, Scottsbluff, NE 69361