Understanding diabetes

What you should know

You may be at risk – even if you're not overweight. Understanding your numbers is one of the simplest, most powerful things you can do for your long-term health.

Diabetes and prediabetes affect millions of people, and many don't know they have it. The good news: with a little awareness, most cases of type 2 diabetes can be delayed or prevented. This guide is here to help you understand your risk, know what to ask your doctor and take simple next steps – without the guilt, medical jargon or information overload.

1. Know your risk

Your risk for this health condition is shaped by a mix of factors, many of which have nothing to do with body size. People at a healthy weight can develop prediabetes or type 2 diabetes, and people who are overweight may never develop it.

The only way to know your risk is to check your numbers.

Risk factors to know:

- Family history of diabetes (parent, sibling)
- Age 35 or older
- Race or ethnicity (Black, Hispanic/Latino, American Indian, Asian American and Pacific Islander communities have higher rates)
- High blood pressure or high cholesterol
- History of gestational diabetes or a baby born over 9 pounds
- Polycystic ovary syndrome (PCOS)
- Limited physical activity
- Sleep issues, including sleep apnea
- Chronic stress

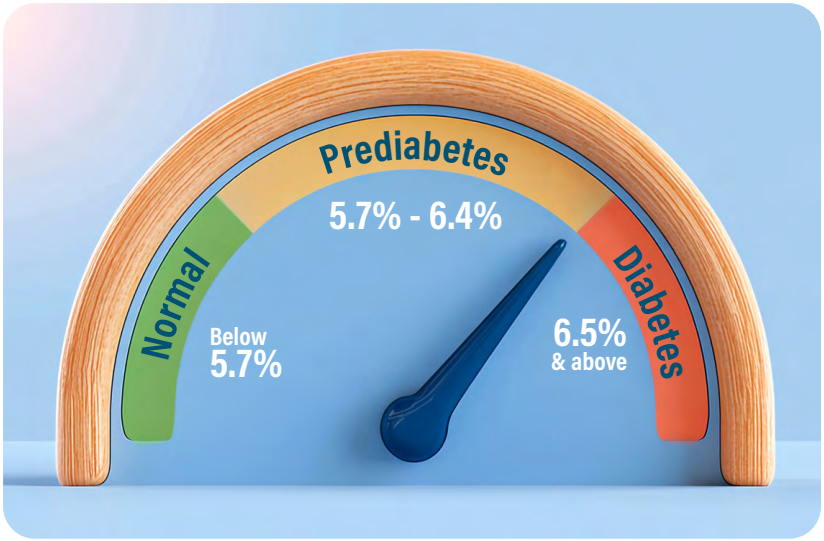
2. Understand your numbers

What is A1C?

A1C is a simple blood test that shows your average blood sugar (glucose) level over the past two to three months. Unlike a daily glucose check, it gives your doctor a bigger-picture view – and it doesn't require fasting.

- **Below 5.7%:** Normal range
- **5.7%-6.4%:** Prediabetes range – this is your window to take action
- **6.5% or above:** In the diabetes range – talk with your doctor about next steps

Prediabetes is reversible for many people. Small, sustainable changes – not drastic ones – can bring your numbers back to a normal range.



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3. Signals worth paying attention to

Many people with prediabetes have no symptoms at all, which is why testing matters. When symptoms of high blood sugar do appear, they can be easy to dismiss as everyday tiredness or stress. Here's what's worth a conversation with your doctor:

- Increased thirst or a dry mouth
- Frequent urination, especially at night
- Feeling unusually tired or fatigued
- Blurred vision
- Cuts or bruises that heal slowly
- Tingling or numbness in hands or feet
- Unexplained weight changes
- Patches of darkened skin, often around the neck or armpits

4. Myth vs. fact

MYTH	FACT
"Only people who are overweight get diabetes."	Body weight is one of many risk factors. Genetics, age, ethnicity and other health conditions all play a role – people at any size can develop prediabetes or type 2 diabetes.
"If I feel fine, I don't need to get tested."	Prediabetes often has no symptoms. A simple blood test is the only reliable way to know your numbers.
"Eating sugar directly causes diabetes."	Diabetes is caused by how your body processes blood sugar over time, influenced by genetics, activity level and overall health – not by any single food.
"A prediabetes diagnosis means diabetes is inevitable."	For many people, prediabetes can be delayed or reversed through manageable lifestyle changes and regular checkups.
"Diabetes is a personal failing."	Diabetes risk is shaped by many factors outside a person's control. Support, not judgment, leads to the best outcomes.

5. Questions to ask your doctor

A good conversation starts with good questions. Consider bringing these to your next appointment or biometric screening:

- What is my A1C, and what does it mean for me?
- Based on my history, am I at higher risk for prediabetes or diabetes?
- How often should I have my blood sugar checked?
- Are there other labs that should be checked, such as cholesterol or blood pressure?
- What lifestyle changes would make the biggest difference for me, specifically?
- What resources or programs are available to help me if my numbers are elevated?

6. Take action

You don't need to have all the answers today – just a next step. Here are three simple ways to start:

1. **Know your numbers.** Get a biometric screening or ask your provider for an A1C test. You can also take a short online diabetes risk assessment to get a general sense of where you stand.
2. **Talk to your doctor.** Share your results and risk factors. Use the previous questions to guide the conversation, and ask what next steps make sense for you.
3. **Explore your benefits and resources.** Visit ConcordiaPlans.org/Diabetes to learn about prevention programs, coaching and resources available through your Concordia Plan Services benefits.

Learn more and find next steps at **ConcordiaPlans.org/Diabetes**.

Disclaimer: This resource is for general education and does not replace medical advice. Please consult your healthcare provider about your individual health needs.