



SDPI e-Update

Sharing Our Success

A Message from the Director

Kelly Acton, MD, MPH, FACP
Director, IHS Division of Diabetes Treatment and Prevention

Celebrating 10 Years: Many More Examples of SDPI's Success

Welcome to the sixth edition of SDPI E-Update. We continue to have lots of reasons to celebrate our success during SDPI's 10th anniversary year. I hope you will continue to spread the word about the SDPI's success by forwarding this E-Update to your colleagues. And, please continue to send me your feedback at diabetesprogram@ihs.gov.

In this edition, we feature two innovative technology projects that are making a difference in treating diabetes and its complications. The Indian Health Service-Joslin Vision Network (IHS-JVN) Teleophthalmology Program has achieved impressive results using telemedicine technology to reduce diabetes-related blindness in an efficient, cost-effective manner. The Navajo Special Diabetes Project's SkySite Balloons use satellite technology to obtain blood sugar readings of Navajos with diabetes in remote areas and to help meet their needs.

In addition to updating us on the Navajo SkySite Balloon Project, Robert Nakai, a Program Manager with the Navajo Special Diabetes Project, has written an inspiring testimonial about his commitment to making the lifestyle changes needed to control diabetes. Mr. Nakai describes the low-tech approach he uses: move more, eat less, lose weight—and maintain it. I encourage you to share Robert's story with your program participants. His words will truly inspire them.

If you have a success story you'd like to place in the next E-Update, please send a message to diabetesprogram@ihs.gov.

The Division of Diabetes seeks to improve the quality of diabetes care for American Indians and Alaska Natives. That is why we created the IHS Integrated Diabetes Education Recognition Program (IDERP). Learn more about the program and how to apply for accreditation for your outpatient diabetes self-management education (DSME) services. Also, be sure to tell your staff members about the Division of Diabetes' three Web-based continuing education training sessions on Communication Skills. They are available online at any time for you to use, and fit in to your schedule.

As you know, we have a wealth of talented and dedicated people who have contributed to SDPI's success. In this issue, meet Darryl Red Eagle, a member of the Tribal Leaders Diabetes Committee and Karen Sheff, a biostatistician and a key member of the Division of Diabetes.

Finally, I want to call your attention to several awards competitions for gaining recognition for your work. In this issue, we feature the Association of American Indian Physicians (AAIP), the Society for Public Health Education (SOPHE), the American Association for Health Education, the Association for Prevention Teaching and Research (APTR), and the American College of Physicians (ACP). Many community-based SDPI grantees qualify for these awards and I encourage you to GO FOR IT! Check out the [Announcements](#) section for more information.



Kelly Acton, MD, MPH, FACP

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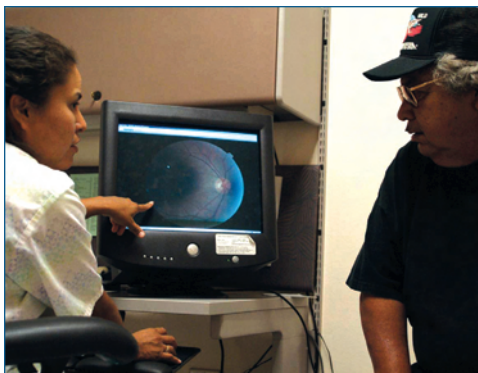
Advances in Diabetes Treatment and Prevention

The IHS-JVN Teleophthalmology Program: Increasing Access to Eye Care

Diabetes is the leading cause of blindness among adults. American Indians and Alaska Natives with diabetes are particularly susceptible to diabetes-related blindness, largely because less than half of them get an annual diabetic eye exam. One reason for this gap in diabetes care is that many American Indians and Alaska Natives live far from health care centers that can provide nationally accepted standards of eye care.

Annual eye exams and laser treatment of high-risk individuals are very cost-effective, saving hundreds of millions of dollars each year by preventing diabetes-related vision loss. The Indian Health Service-Joslin Vision Network (IHS-JVN) Teleophthalmology Program is leading the way to close the gap in eye care and to increase early identification of American Indians and Alaska Natives at risk of losing their sight. The IHS-JVN Teleophthalmology Program was established in 2000 to use telemedicine technology to reduce the incidence and severity of diabetes-related vision loss.

This innovative technology uses a digital camera with special computer software to transmit photographs of a patient's eye to the National



IHS-JVN Reading Center located in Phoenix. IHS eye doctors, specially trained by Joslin Diabetes Center staff, interpret the images and send a report to the patient and primary care physician. The report includes the level of diabetic retinopathy, presence of any non-diabetic eye disease, and a recommended course of treatment.

Results from the IHS-JVN Teleophthalmology Program

The IHS-JVN Teleophthalmology Program has provided more than 21,000 eye exams to American Indians and Alaska Natives in 17 states. A four-

year study of the program has documented the program's effectiveness and demonstrated:

- a 50% increase in annual eye exams
- a 51% increase in laser treatments to prevent blindness
- lower cost with quality equal to or better than a normal eye exam

The IHS-JVN Teleophthalmology Program has achieved these impressive results using methods that are more cost-effective than conventional eye care. With continued program support, IHS and JVN will work to ensure that more American Indian and Alaska Native communities have access to nationally accepted standards of eye care through this program.

A fact sheet on the IHS-JVN Teleophthalmology Program is the newest addition to the IHS Division of Diabetes fact sheet series and can be viewed and downloaded by visiting:

http://www.ihs.gov/MedicalPrograms/Diabetes/FactSheets/fs_index.asp

Choose Your Foods: New Guidelines for Subtracting Fiber from Carbohydrate Grams



The American Diabetes Association and the American Dietetic Association recently changed their guidelines regarding subtracting grams of fiber from total carbohydrates. The two organizations made the change to be consistent with guidelines from the Institute of Medicine's (IOM) Dietary Reference Intakes for Energy.

According to Marion Franz, a leading diabetes nutritionist, "In deriving values for food labeling, fiber is

calculated as having half the energy (2kcal/g) of other carbohydrates (4 kcal/g)." This adjustment is only practical if the amount of either fiber or carbs per serving is greater than 5 grams. More information about this IOM guideline can be found at http://books.nap.edu/openbook.php?record_id=10490&page=349.

The new version of the patient education booklet, "Choose Your Foods: Exchange Lists for Diabetes," available through the American Diabetes Association's online bookstore, states that if a food contains more than 5 grams of fiber, subtract half the grams of fiber from the carb grams to get the total carb grams. When counseling patients, keep in mind that this guideline applies only to people who are counting carbs to fine tune rapid-acting insulin doses. You can purchase the booklet at the American Diabetes Association online store by visiting:

<http://www.diabetes.org>.

Meet the Staff... Karen L. Sheff



**Karen L. Sheff,
M.S., B.S.P.H.
Consultant/
Biostatistician**

Karen Sheff is celebrating her fifth anniversary with the IHS Division

of Diabetes in May 2008. A biostatistician with over 15 years of experience in public and private sector health programs, Karen has played a major role in "crunching the numbers" for the Division of Diabetes and SDPI and demonstrating the effectiveness of IHS's diabetes programs.

Always looking for ways to improve and simplify the way people work with data and information, Karen has applied her keen analytical skills to the Diabetes Audit and served as project manager for development of the Diabetes WebAudit, her biggest project since coming to the Division of Diabetes. According to Karen, "The Diabetes WebAudit allowed me to put three key principles of data analysis and data management to work: automation, centralization, and documentation."

As its users can attest, the WebAudit has automated the process, making it easier to enter data and create reports. All the data now are centralized in ONE place, giving national and local staff access to the data. With onscreen instructions and an FAQ one click away, users can quickly and easily find the documentation they need to use the WebAudit.

In addition to the WebAudit, Karen has managed and analyzed data for SDPI, including grantee questionnaires and the Community Directed grantee information database. Her attention to detail and excellent organizational and communications skills did not go unnoticed at the Division of Diabetes, and Karen was appointed project manager for the SDPI 2007 Report to

Meet the Staff continues on page 6

Spotlight on... Darryl Red Eagle

Heartbreak and Hope Fuel Darryl Red Eagle's Fight for Better Health Care

By Cecilia Kayano

Before Darryl Red Eagle (Fort Peck and Assiniboine and Sioux Tribes) testified in front of Congress in February, he said a prayer. He was going to testify about why continued and increased funding is needed for American Indian health care. "That morning, I was so nervous. I felt the weight and hope of all our people on my shoulders," he said. "I humbly asked God to give me the right words. I asked Him to put his hand on me and bless me to be able to speak on behalf of Indian people. I felt He was there."

As Congress members listened, Darryl told of the two health clinics on the Fort Peck Reservation: two clinics with 21 unfilled jobs, trying to serve over 6,000 people. He told of people without health care coverage, people without money for gas to drive to the nearest hospital. In one sentence, he clearly illustrated the difference between being American Indian and being mainstream American: "I have to bury a loved one once a month." Even though Darryl is only 41, he has already buried four brothers, leaving him as his parent's only living son.

The tragedy of losing loved ones has inspired Darryl to fight for better health care. Even though the Senate passed a \$1 billion increase for health care for American Indians, Darryl says it isn't enough. The \$1 billion is only a fraction of the \$740 billion that Congress designated for the Department of Health and Human Services. Considering there are 561 tribes and 3.3 million American Indians

in need of better health care, the \$1 billion is insufficient. "We could use \$19.1 billion," he says.

Darryl became a member of the TLDC in February, and he brings a similar message to the meetings. "We have some good things going on, and I'm pleased that the SDPI has been funded through 2009. But we need it funded for another ten years."

One of the good things that Darryl has witnessed is the creation of two wellness centers on the Fort Peck Reservation. "The community is more aware of diabetes and diabetes prevention. More people are walking. Many are walking fifty miles to get a pair of N7 shoes."

Darryl and his partner, Amber Iron Bear, are joining the walkers. Darryl says he wants to lose weight, so he can be a better role model to all Native youth, especially his four-year-old son, Dennis Malvin Red Eagle. "Malvin was the name of my younger brother. We did everything together, and when he passed, a piece of me was taken away."

It is part heartbreak, part hope that keeps Darryl going. "My greatest hope is that our grandmas and grandpas could go to the Spirit world and know that we are being taken care of." But with that hope comes reality, and Darryl adds, "You can always hope, but there's still a lot of work to be done. Every day I ask myself; 'How can I make a difference?'"

Send Us Your Feedback

The SDPI E-Update is designed to help you succeed in your work in diabetes treatment and prevention. We want to hear from you. Please let us know what you like – or don't like – about the E-Update and what information you want us to include. Also, please share your ideas and success stories with us and we will share them with our readers.

Email diabetesprogram@ihs.gov with your suggestions.

SDPI Success Stories

In this issue, we offer two very different, but exciting articles. First, we bring you an update on a brief item featured in a previous E-Update about the Navajo Special Diabetes Project's use of space age technology to monitor blood sugar levels and help people with diabetes living in remote areas. The second story, written by Robert Nakai, the program manager for the Navajo technology project, provides a personal account of how Robert has been winning the battle against diabetes with a simple, low-tech formula: make the decision to live—and move more, eat less, bring your weight down, and maintain it. We hope you are as inspired as we were by these two stories.

Navajo Special Diabetes Project's SkySite Balloons Are Up and Soaring



Working with Space Data Corporation and the U.S. Department of Agriculture's Distance Learning and Telemedicine Grant Program, the Navajo Nation Special Diabetes Project is using SkySite satellites for the first time ever to fight diabetes. With nearly 22,000 Navajo nation members scattered on 7,205 square miles of land, many have difficulty traveling the long distances to medical facilities, either

because they don't have transportation or are too ill to travel. This is a special problem for those with diabetes.

Armed with PDA-type glucose monitors provided by the Navajo Nation Special Diabetes Project, 200 people with diabetes living in remote areas throughout Utah, New Mexico and northeastern Arizona can now transmit their numbers to modified weather balloon satellites soaring 65,000 feet above the ground. Their blood sugar information is transmitted to a database monitored by health care professionals who can send out help.

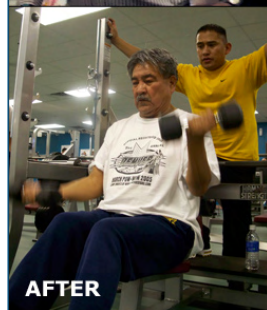
"This program will allow us to prioritize and focus limited resources on those who need the most urgent attention," said Robert Nakai, Program Manager for the Navajo Special Diabetes Project. "This innovative and technical communication solution will help prevent illness, promote health, facilitate early intervention, and maximize the effectiveness of treatment regimes."

Jerry Knobloch, CEO of Space Data Corp., based in Chandler, AZ, is pleased to see the technology his company has developed being applied to keeping people healthier and saving lives—while also saving money. "It costs \$31,000 to cover one emergency hospital trip for diabetes, but for that cost you can monitor two people for a lifetime. Plus it saves miles and time for health care providers."

To learn more about SkySite technology, visit the Space Data Corp. web site at www.spacedata.net.

I Decided To Live

By Robert Nakai, Program Manager III, Navajo Special Diabetes Project



About 18 months ago, November 2006 to be exact, I thought I was in the best of shape because I was directing the Special Diabetes project in Window Rock, Arizona. We were supposed to be healthy and exhibiting a healthy lifestyle for participants, but I failed to take a visual inventory of myself and I was not willing to have my health checked by a doctor.

Denial was my motto of the day. I didn't feel bad, so I figured that type 2 diabetes was no big deal. I would take my pills, check my glucose level every so often, and eat some good food.

When I came to work with the Navajo Special Diabetes Project, I knew all I needed to know about diabetes and regulating my blood glucose. After all, I was a health care administrator and a diabetic. Nobody needed to tell me how to check my blood glucose, what to eat, and how much to eat. I had been through diabetes boot camp with a nutritionist at Pine Hill Health Center.

Working at the Navajo Special Diabetes Project, I spoke bravely and forwardly about the problems of type 2 diabetes among the Navajo people. I advocated for funding to help solve the problems and complications associated with the disease. I was taking the lead on talking about the seriousness of type 2 diabetes and how people should be working harder to lose weight. I even gave a talk about the advantages of having a new wellness center for the people to confront their weight problems and work out so their hearts would become stronger.

Over time, I didn't notice I was gaining weight and eating large quantities of food. I didn't really worry about my heart, my eyesight, or the tingling in my feet or my hands. All of these symptoms should have gone away and I should have felt better because I was taking my medications as prescribed. It shouldn't have mattered that I wasn't exercising much or that I was gaining weight.

We opened the Window Rock Wellness Center (WRWC) for people in the community to come to and work out. I sporadically went to the wellness center to work out, but I

Success Stories continues on page 6

Empowering Clinicians to Deliver Quality Diabetes Care

Communication Skills Web-based Continuing Education Trainings

By Wendy Sandoval, Training Officer, IHS Division of Diabetes



Communication skills are critical and central to the ongoing success and satisfaction of SDPI staff and for participants in their programs. Despite the excellent knowledge base and training of many who work within SDPI programs, few people are provided with education in communication practices. With this in mind, the Division of Diabetes has developed a series of web-based continuing education trainings that will not only increase knowledge of communication skills, but also provide program staff with experience in the communication process.

Description of the Trainings

Three web-based trainings have been developed and will be available soon on the Division of Diabetes website. You will be able to access them at <http://www.ihs.gov/MedicalPrograms/Diabetes/training.asp>. One hour of continuing professional education credit (CE) for each training is available for physicians, nurses, nurse practitioners, and dietitians. If you have any questions, contact us at diabetesprogram@ihs.gov.

Each training takes approximately one hour. We encourage you to complete the training in one sitting. If you only have 15 minutes or so, you can start and stop. You can return to the training at your convenience. Once you start the quiz for the CE credits, however, you must complete the entire quiz. You will be able to print a certificate of completion online. Here are short descriptions of the three trainings.

Building Relationships with Clients

You want to be effective with every client, but sometimes it feels like you are not only ineffective, you might even be bothersome. This training will help you improve your communication skills. You will learn to listen better, hear what your client is really saying, and know what kind of information will really help them. Plus, you'll get to test the techniques presented, so the next time you meet with your client, you'll be ready to listen and be heard.

Handling Work Place Conflicts

Conflicts happen. You probably experience them every day. They don't have to be uncomfortable, and they don't have to escalate. This training will help you see that in every conflict there is an opportunity to find common ground, and come together to achieve goals. By learning these solid conflict resolution skills, the thought of facing conflict will no longer be anxiety-producing. This training will give you the knowledge and experience so you can deal confidently with conflicts no matter how large or small.

Problem Solving Among Co-workers

Whether working with clients or colleagues, having good problem-solving skills enhances collaboration and team work. Working together as a team can enhance work satisfaction, increase productivity, provide support, and improve personal connections. Instead of trying to solve problems once they have occurred, problem-solving models provide a framework to tackle problems as they arise. In this training, you will see a problem unfolding and have the opportunity to view and practice problem-solving skills.

If you have any questions about the new web-based Communication Skills Training, please contact diabetesprogram@ihs.gov. And, please send us your feedback about the training and how it has helped you in your work with patients.

IHS Integrated Diabetes Education Recognition Program (IDERP)

By Robin Thompson, IDERP Coordinator

The Indian Health Service Integrated Diabetes Education Recognition Program (IDERP) is a national accreditation body for outpatient diabetes self-management education (DSME) services within IHS, Tribal and Urban (I/T/U) facilities. IDERP incorporates the *National Standards for Diabetes Self-Management Education (NDSME)* to guide and improve I/T/U DSME programs.

IDERP provides a framework that consists of review criteria and indicators that meet 10 standards for quality DSME programs. The framework consists of a 3- stage approach for DSME programs to achieve **Diabetes Education Program Recognition** or **Integrated Diabetes Program Recognition**.

- Level 1 – Developmental:** Level 1 review criteria and indicators provide a framework to build the infrastructure and develop the processes necessary to sustain a quality DSME program. Level 1 review criteria and indicators serve as a self-assessment of program readiness to apply for *Diabetes Education Program Recognition*. Recognition **is not** awarded at Level 1.
- Level 2 – Diabetes Education Program Recognition:** Level 2 review criteria and indicators assess the program's ability to implement the processes needed to sustain a quality DSME program. At Level 2, the DSME program provides ongoing services, collects data on participant outcomes, and evaluates program effectiveness. Achieving all Level 2 review criteria demonstrates that a program provides quality DSME services. DSME programs must be in place for a minimum of six months before an application can be submitted for **Diabetes Education Program Recognition**.

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SDPI Success Stories (continued)

I Decided to Live continued from page 4

with no real intent of sweating or doing anything serious about my weight problem, not to mention other health symptoms which began to manifest themselves. I was taking 8 to 9 pills a day to deal with my diabetes, high blood pressure, high triglycerides, and cholesterol. I had headaches, aching joints, and always felt bloated.

I recently saw a picture of myself taken in November 2006 and I was amazed at how large and bloated I looked. Much to my chagrin, I met an old friend who I was close to many years before. I wanted to look better, so I began coming to the WRWC to exercise in earnest.

I started to walk two miles on the treadmill and to work out with weights to increase my blood flow and build my muscles. Slowly, I started to jog and eventually I would finish my workout with a full run, increasing my heart rate to 165. I went to the wellness center at 5:00 a.m. to run, finishing my morning workout with some leg exercises. I returned after work to run again, lift weights, and work out on the various exercise machines.

After four months, I began to notice my clothes were big on me. I had to purchase smaller pants and smaller workout shirts. My old t-shirts were all too big and bulky. I started to eat smaller amounts of food. Sometimes, when I had lunch with others, I ate only a salad or only half of my food and took the rest with me.

In six months, I lost 35 pounds and my weight stabilized at 168 pounds. Even though that is still considered overweight for someone my size, my blood sugar has come down to normal—and sometimes even lower than that. I continually have to be aware of keeping myself from becoming hypoglycemic as it can affect me during the day.

I feel better and my glucose and microbiology readings are good. I have dropped all but three medications. My senses are sharp. I don't have any more tingling in my body. I notice that when

Meet the Staff... **Karen L. Sheff** (continued)

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to Congress. Karen shepherded a team of 15 researchers, writers, and reviewers through the report development process, communicating regularly with team members and facilitating project meetings and completion of tasks.

"I'm no stranger to diabetes," Karen notes. "My mother has the disease and working at the Division of Diabetes I have learned a great deal about what my mom is going through and how I can stay healthy by eating well and keeping active."

Before joining the Division of Diabetes in 2003, Karen gained extensive experience as a biostatistician in public health at the University of Colorado Health Sciences Center's Prevention Research Center for Family and Child Health (PRC) in Denver. The PRC leads the effort to analyze outcomes from clinical trials of the Nurse-Family Partnership, an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children.

I don't put salt on my meals, my sense of taste is heightened. I used to wake up with headaches in the mornings, but I don't have them anymore.

I receive a lot of positive comments from people, mainly women, inflating my ego, which has helped me to stay slimmer. I am 60 years old, soon to be 61, but after changing my appearance, I feel and look younger. I feel strong, which enables me to do things without worrying about injury. I look forward to working for many more years in the health care field in various positions.

I have instructed my staff to take an hour a day for exercise as part of their job. It is imperative that we, Navajo Special Diabetes Project, not only take the lead but be the example to others. When time permits during the day, I take some time to exercise; otherwise, I usually exercise in the morning before work and/or after work to keep healthy and burn up calories. When I travel, I look

"Working at PRC on this nationally recognized program designed to prevent child abuse and neglect was not only an opportunity to hone my skills as a biostatistician, but it was also a great opportunity to work with a program that makes a difference in people's lives," say Karen. "It's wonderful to see that Ann Bullock is now working to implement the Nurse-Family Partnership model with Cherokee families in North Carolina."

An honors student, Karen earned her B.S. in Public Health in 1991 and her M.S. in Biostatistics from the University of North Carolina (UNC) at Chapel Hill in 1993. She went on to apply her educational skills in positions at UNC, at Duke University Medical Center, at the Southwest Foundation for Biomedical Research, and at PPD Pharmaco in Austin, TX.

When not engrossed in her work at the Division of Diabetes, Karen and her 6-year-old son, Ethan, enjoy being outdoors, hiking and swimming, and spending time with their friends.

for fitness rooms where I can exercise or places where I can take a long walk.

I feel that exercising and eating a smaller amount of healthy foods (mainly vegetables and fruits) will decrease either the onset of type 2 diabetes or delay its complications. The more a person weighs, the harder the heart has to work to move the blood through the vessels. And, if it has to move the blood through additional layers of fats, it makes it harder to provide healthy vitamins to the muscles. Further, the added weight impacts the joints of the body such as the knees, the ankles and toes, making it easier to injure or stress these joints.

I don't know how much longer I will live since the average life span of the Native American male is 75 years, but I will endeavor to live longer than that with my exercising and healthy eating. I feel that if I can do this, it can be done by anyone willing to dedicate time to exercising and eating less.

Empowering Clinicians to Deliver Quality Diabetes Care (continued)

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• Level 3 – Integrated Diabetes Education Program Recognition:

Level 3 review criteria and indicators assess the program's ability to implement the processes needed to sustain "best practices" in the integration of diabetes clinical, educational, and community-based prevention services. Programs need to achieve **Diabetes Education Program Recognition (Level 2)** before they apply for **Integrated Diabetes Education Program Recognition**.

Achieving IDERP recognition shows the community that a program provides quality DSME services. These quality DSME services improve clinical and behavioral outcomes for people with diabetes in your community. There is minimal cost involved with applying for IDERP recognition. DSME programs recognized by IDERP have the potential for third party reimbursement for DSME services.

The *National Standards for Diabetes Self-Management Education* were revised in June 2007 (*Diabetes Care*, June 2007) to address current scientific evidence and expert consensus. The IHS IDERP Standards and review criteria have been revised to reflect the changes made in the National Standards. The revised IHS Standards and Review Criteria are posted on the DDTP website at http://www.ihs.gov/MedicalPrograms/Diabetes/recognition/recog_index.asp. Currently, there is an opportunity for you to review and provide feedback on the revised IDERP Standards and Review Criteria during the public comment period. Feel free to contact the IHS Division of Diabetes for more information on applying for recognition or to request technical assistance (diabetesprogram@ihs.gov or (505) 248-4182).

2008 Award Nomination Information

We would like to highlight winners of recognition awards in the next issue of the SDPI E-Update. If you have won an award for your work in diabetes within the past year, please let us know! Email diabetesprogram@ihs.gov.

There are several Awards Competitions coming up in 2008 for earning recognition for your outstanding work. Find a complete listing and details below. Awards include:

National Indian Health Board (NIHB)

The nomination information for the 2008 National Indian Health Board Awards will be posted to their website early May 2008. Nominations will be due in June and the awards will be presented at the 2008 Annual Consumer Conference, September 22-25, 2008, in Temecula, CA.

For more information, please go to <http://www.nihb.org/> or contact Phillip Roulain at proulain@nihb.org or 703-486-5706.

Society for Public Health Education (SOPHE)

Nominations due July 31, 2008.

For questions concerning the awards nominations process, please contact the national SOPHE office at info@sophe.org or visit <http://www.sophe.org/content/awards.asp>.

Awards will be presented at the Annual Meeting in Washington, DC, November 2008. Some of these awards include:

- The **Health Educator Mentor Award** recognizes individuals who have provided excellence in mentorship to health educators in their preparation, performance, and practice; and have served to successfully bridge the rift between practice and research.
- The **Program Excellence Award** recognizes outstanding health education programs (not agencies) in existence for at least three years.
- The **Open Society Award** will be given each year to recognize an individual or group who embodies and promotes an Open Society, through research, practice, and/or teaching.

American Association for Health Education (AAHE)

Nominations due October 15, 2008.

For more information, please contact AAHE directly:

Ph: 703-476-3437

aahe@aaahperd.org

<http://www.aahperd.org/aahe/heawards/>

The American Association for Health Education (AAHE) awards program honors individuals or organizations making significant contributions to health education. There are four classifications of awards:

- The **Professional Service to Health Education Award** is presented annually at the National Convention to recognize association members who have made substantial contributions to the association and the profession for ten (10) years or more. Preference is given to nominees with the most service to AAHE.
- The **Distinguished Service to Health Education Award** is presented annually at the National Convention in recognition of an outstanding contribution to health education either by an individual or organization outside the health education profession.
- The **AAHE Scholar Award** is presented annually at the National Convention to recognize an AAHE member who has had a scholarly record for a number of years, as evidenced by publications and presentations related to health promotion/education.
- The **Horizon Award** is presented annually at the National Convention in recognition of an individual who demonstrates, through his/her contributions to the field of health education, outstanding potential to obtain prominence in the health education profession.

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2008 Award Nomination Information (continued)

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Association for Prevention Teaching and Research (APTR)

Nominations due September 5, 2008.

For more information, please contact APTR directly:

Ph: 202-463-0550 or 866-520-APTR

info@aptrweb.org

The following awards will be presented by APTR in 2009:

- The **Special Recognition Award** honors distinguished individuals in the field of prevention and public health education. This award does not require membership in APTR.
- The **Duncan Clark Award** is presented to a senior level person with a distinguished record of achievement in the areas of teaching, research and/or advocacy in the field of public health and preventive medicine. The nominated individual must be a current APTR Member.
- The **F. Marian Bishop Outstanding Educator of the Year Award** recognizes teachers who have contributed to the instruction of students or residents in the field of public health and preventive medicine. The nominated individual must be a current APTR Member.
- The **Outstanding Educational Program of the Year Award** honors innovative programs, department or academic institutions for their involvement in advancing undergraduate or graduate medical education in prevention and public health which furthers students interest in the discipline. This award requires that the department or institution of the nominated program be a current Institutional APTR Member.

American College of Physicians (ACP)

Nominations due July 1, 2008.

For more information, please contact:

Martha Cornog at Ph: 800-523-1546, ext. 2696 or 215-351-2696 (direct)

mcornog@acponline.org

The Awards Committee of the American College of Physicians invites your assistance in recognizing

the accomplishments of distinguished individuals and organizations through the College's awards and Masterships. Awards will be presented during the Convocation ceremony at Internal Medicine 2009. These awards recognize outstanding contributions in the practice of medicine, teaching, research, public service, leadership, and medical volunteerism.

Some awards that will be presented by ACP in 2009 are:

- John Phillips Memorial Award for Outstanding Work in Clinical Medicine
- James D. Bruce Memorial Award for Distinguished Contributions in Preventive Medicine
- Alfred Stengel Memorial Award for Outstanding Service to the American College of Physicians
- American College of Physicians Award for Outstanding Work in Science as Related to Medicine
- Edward R. Loveland Memorial Award for a Distinguished Contribution in the Health Field
- Jane F. Desforges Distinguished Teacher Award
- Richard and Hinda Rosenthal Foundation Awards
- Ralph O. Claypoole Sr. Memorial Award for Devotion of a Career in Internal Medicine to the Care of Patients
- Outstanding Volunteer Clinical Teacher Award of the American College of Physicians
- Joseph F. Boyle Award for Distinguished Public Service
- Oscar E. Edwards Memorial Award for Volunteerism and Community Service
- Alvan R. Feinstein Memorial Award
- Walter J. McDonald Award for Young Physicians
- Herbert S. Waxman Award for Outstanding Medical Student Educator
- Key Contact of the Year Award
- Mastership

For full award descriptions and details, go to http://www.acponline.org/about_acp/awards_masterships/call_for_nom.htm.

Announcements and Upcoming Events

Making Data Count

The conference summary for *Making Data Count: Measuring Diabetes and Obesity in the Indian Health System* - December 18-20, 2007 at the Westin La Paloma Hotel, Tucson, AZ is now available for viewing/downloading on the conference website at:

<http://conferences.thehillgroup.com/conferences/makingdatacount/index.html>.

The conference website also has presentation materials from the speakers if you want more detailed information for the conference sessions.

SDPI Demonstration Projects - Year 4, Meeting 2

Denver, CO

June 23-27, 2008

Contact the Coordinating Center for further details.

American Association of Diabetes Educators - Annual Meeting

Washington, DC

August 6-9, 2008

Visit www.diabeteseducator.org to register.

Indian Health Information Management Conference (IHIMC)

POSTPONED UNTIL 2009

