

The National
Diabetes
Education Program



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NDEP'S FIRST 10 YEARS



Charles M. Clark Jr., M.D.
Chair Emeritus
NDEP Chair, 1997-2002



James R. Gavin III, M.D., Ph.D.
Immediate Past Chair
NDEP Chair, 2002-2005

Since its inception nearly ten years ago, the National Diabetes Education Program (NDEP) has led the way in changing the way diabetes is treated: from a silent killer to a cover story. Reaching out to people with diabetes and those at risk, health care professionals, and more than 200 partner organizations, NDEP has spread the word that type 2 diabetes is serious, common, and costly, yet controllable and preventable. Developing an impressive library of evidence-based, culturally-tailored, and easy-to-read materials on diabetes prevention and control, NDEP has established itself as a trusted source for diabetes information in languages ranging from Spanish to Samoan. Now, 10 years later, NDEP has rededicated itself to wider dissemination, deeper outreach, and stronger partnerships with its mandate to “promote, promote, promote.” There’s real momentum in NDEP, momentum that must be maintained and built upon through the next decade.

- ▶ **We began in 1997 with one message:** that diabetes is serious, common, and costly, but controllable. Ten years later we’re still spreading the word, having added the dynamic new message that type 2 diabetes can be prevented or delayed. In 2006 alone, more than 150 million sets of “eyes and ears” saw, heard, or read NDEP messages on television, radio, and in newspapers and magazines.
- ▶ **We began in 1997 with one product**—a video that introduced NDEP to potential partners. Ten years later we have more than 100 materials and tools supporting two central messages: *Control Your Diabetes. For Life.* and *Small Steps. Big Rewards. Prevent type 2 Diabetes.* In 2006 alone, we distributed nearly one million materials through the National Diabetes Information Clearinghouse.
- ▶ **We began in 1997 without a presence on the web.** Ten years later we have three websites, e-newsletters, and a growing partner database. In 2006 alone, NDEP’s principal website recorded nearly 2.4 million visits.
- ▶ **We began in 1997 without partners.** Ten years later we have built a Steering Committee of partners and advisors, a number of crucial work groups, and a partnership network of more than 200 organizations engaged in a common mission to ensure that we speak with a common voice on issues of diabetes prevention and control. NDEP is successful only because of these partnerships—partnerships fueled by active volunteers.

With the help of an extraordinary network of volunteers, NDEP has built an extraordinary set of resources and a strong program. This brief report demonstrates what we have accomplished and previews where we are headed. Our focus has become reaching and influencing people:

- ▶ **Reaching people with diabetes** to encourage and motivate them to continue to work on managing their diabetes.
- ▶ **Reaching people at risk** to turn the tide on this epidemic and spreading the good news that type 2 diabetes prevention is proven, possible, and powerful.
- ▶ **Reaching health care professionals** to ensure they have tools and resources to help patients.
- ▶ **Reaching health care purchasers** and those who pay for health care to help them understand the challenge presented by diabetes and the value of comprehensive care for diabetes.

Our goal remains the same as it was ten years ago—to *change the way diabetes is treated*. Much has been done and, we all know, much more needs to be done. We hope that you will continue to work with us—or join with us—in the decade ahead.

Sincerely,



Charles M. Clark Jr., M.D.
Chair Emeritus
NDEP Chair, 1997-2002



James R. Gavin III, M.D., Ph.D.
Immediate Past Chair
NDEP Chair, 2002-2005



AN OVERVIEW OF THE NATIONAL DIABETES EDUCATION PROGRAM

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is the leading federal government public education program that promotes diabetes prevention and control. Launched in 1997, NDEP's mission is to reduce the morbidity and mortality associated with diabetes. NDEP translates the latest science and spreads the word that diabetes is serious, common, and costly, yet *controllable and preventable*. More than 200 organizations and many volunteers have joined with NDEP to help develop critical and effective initiatives and bring them to life.

Evidence from two major studies, completed in 1993 (Diabetes Control and Complications Trial) and 1998 (United Kingdom Prospective Diabetes Study), showed conclusively that improved control of blood glucose levels can make a big difference in reducing complications associated with diabetes. NDEP outreach, beginning in 2001, evolved to address the ABCs of diabetes: comprehensive control of blood glucose (as measured by the A1C test), blood pressure, and cholesterol. Research results continue to drive NDEP action. The Epidemiology of Diabetes Interventions and Complications (EDIC) study, which has continued to monitor DCCT patients over time, has spurred renewed outreach on the link between diabetes and cardiovascular disease. These and other studies form efforts to translate current science into practice.

The results of the Diabetes Prevention Program (DPP) clinical trial, announced in August 2001, showed that among people with pre-diabetes, type 2 diabetes can be prevented or delayed through modest weight loss and regular physical activity. Beginning in 2002, NDEP released messages and materials to translate the science of diabetes prevention into clinical practice and to raise awareness among high risk individuals.

NDEP is sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (NIH) and the Division of Diabetes Translation of the Centers for Disease Control and Prevention (CDC). The program's goals and objectives support a major federal government public health initiative, Healthy People 2010, which has established health objectives for reducing the burden of diabetes in the first decade of the 21st century. A special part of this commitment—in spirit and initiatives—is to address health disparity challenges in diabetes.

The program's sponsorship by the two major health agencies of the federal government, NIH and CDC, provides a firm basis of credibility, commitment,

1 billion

Results of NDEP media relations outreach: news stories reaching more than 1 billion readers

\$30 million

Television and radio public service advertising valued at more than \$30 million

53 million

Print public service advertising reaching more than 53 million readers

NDEP translates the latest science and spreads the word that diabetes is serious, common, and costly, yet *controllable and preventable*.

3.1 million

Through the National Diabetes Information Clearinghouse, NDEP fulfills on average 1,000 requests each month; 20,000 materials each month; and a total of more than 3.1 million publications since 1997.

NDEP aims to change the way diabetes is treated by many different audiences—by the media, by the public, and by the health care system.

resources, and links to state and local public health agencies nationwide. Participation of the full range of diabetes organizations, including partnerships with over 200 health professional, community, and consumer groups and private sector organizations, ensure broad and meaningful input in NDEP's design, effective implementation, wide dissemination of its messages, and continued growth.

NDEP aims to change the way diabetes is treated by many different audiences—by the media, by the public, and by the health care system. Program audiences include:

- ▶ People with diabetes and their families;
- ▶ People at risk for diabetes and their families, with special emphasis on those at highest risk;
- ▶ Health care professionals;
- ▶ Payers and purchasers of health care and health care system policy makers; and
- ▶ The general public, including the millions of people who have diabetes, but are undiagnosed.

The reach of NDEP's public education campaigns have been extensive, with more than 1 billion media impressions made and more than 3.1 million publications distributed.

NDEP offers a wide range of resources around two major public education campaigns. These campaigns provide the foundation for conducting outreach activities in communities across the country. Each campaign provides a wealth of tools—brochures, tip sheets, provider kits, public service advertising, and more—that can be used to reach out to people with diabetes, people at risk, or health care professionals.

Consumer materials are carefully tailored for groups at highest risk for diabetes—African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, Pacific Islanders, and other older adults. Many materials are available in 16 languages, from Spanish to Samoan. Translations and adaptations have been pre-tested with intended populations. This commitment to tailor and adapt materials is one small example of NDEP's commitment to addressing health disparities.

All materials are free and may be reproduced or reprinted at no cost. Materials may be ordered from our clearinghouse or downloaded from the NDEP website at little or no cost.

Evaluation data trends show that NDEP—and the synergy that NDEP creates across its partnership network with organizations actively engaged in public health outreach to improve diabetes care—are moving America in the right direction.

NDEP'S LEADERSHIP & ORGANIZATION

NDEP was a collaboration from its inception. From the first planning meetings, NIH and CDC engaged a broad cross section of organizations in shaping the mission, messages, and materials. Over time a unique structure has emerged to ensure that NDEP remains effective in translating science into practice (see chart).

A 30-35 member Steering Committee serves as a “board of advisors,” providing advice and counsel across a broad spectrum of issues. The Steering Committee also provides an opportunity for coordination of outreach across the diabetes community and a forum for the broad diabetes community to identify and speak with unified messages about diabetes prevention and control. The Steering Committee meets twice a year.

Several work groups provide the core of NDEP services. Each of the workgroups has 10 to 15 volunteers who meet regularly by phone and once a year in person to guide staff through challenges and issues. Work group members have guided staff through adaptation of materials, translated materials, reviewed translations, provided thorough technical review of products, helped to pre-test materials, and made countless presentations on NDEP's behalf. Work group leaders meet twice each year to coordinate activities and serve as the organization's Operations Committee.

The largest group is the NDEP Partnership Network. Built on a core of state Diabetes Prevention and Control Programs and Steering Committee and work group member organizations, more than 200 organizations and countless individuals are engaged with NDEP. The Partnership Network routinely gathers to exchange information and learn from one another about effective outreach programs and interventions.





small steps
big rewards
Prevent type 2 Diabetes

Many materials are available in 16 languages, from Spanish to Samoan.

NDEP'S TWO MAJOR CAMPAIGNS

Control Your Diabetes. For Life. promotes the importance of comprehensive diabetes control. Based on findings from the landmark Diabetes Control and Complications Trial, the campaign has distilled essential information into easy-to-read materials for people with diabetes and their loved ones. NDEP also has tools for the health care team—family doctors, specialists, nurses, diabetes educators, dietitians, and pharmacists, among many others—all of whom need to be engaged in caring for the person with diabetes. NDEP's *Control Your Diabetes. For Life.* materials include the message that comprehensive control is the key to preventing the heart attacks and strokes that kill two out of three people with diabetes. Based on data from the United Kingdom Prospective Diabetes Study, the campaign highlights the ABCs of diabetes control: **A** for the A1C test to measure blood glucose control, **B**lood pressure, and **C**holesterol.

NDEP's prevention initiative, **Small Steps. Big Rewards. Prevent type 2 Diabetes.** is the nation's first comprehensive multicultural campaign to stem the diabetes epidemic by reaching out to the more than 54 million Americans with pre-diabetes. Based on the groundbreaking findings from the Diabetes Prevention Program clinical trial, the campaign delivers practical, real world tools to help people take the small steps needed to achieve the big reward of preventing type 2 diabetes. Messages and materials have been tailored and adapted for groups at high risk for diabetes, including older adults, Hispanics/Latinos, African Americans, Asian Americans, Pacific Islanders, American Indians, Alaska Natives, and women with a history of gestational diabetes.

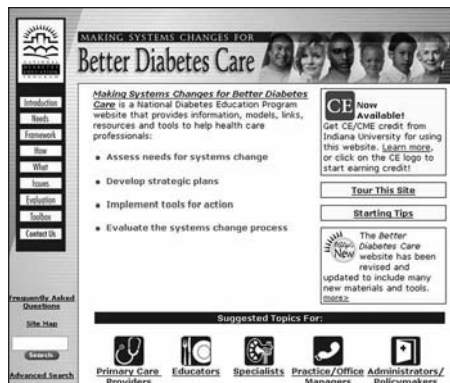
NDEP'S ONLINE RESOURCES

www.ndep.nih.gov

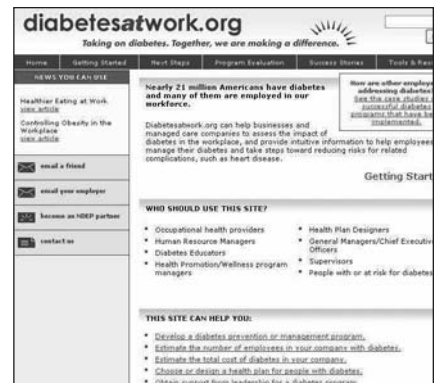
NDEP's principal website allows consumers, health care professionals, and potential partners to learn more about diabetes, download or order diabetes education resources and tools, learn how to work with NDEP to promote diabetes prevention and control, and find out more about how NDEP works



www.ndep.nih.gov



www.BetterDiabetesCare.nih.gov



www.DiabetesAtWork.org

to change the way diabetes is treated. The website, now drawing more than 2 million visitors a year, is the principal point of entry to all of NDEP's materials and resources.

www.BetterDiabetesCare.nih.gov

BetterDiabetesCare is focused on improving the delivery of diabetes care rather than the clinical care itself. The content of the website is based on current, peer-reviewed literature and evidence-based practice recommendations. It provides models, links, resources, and tools to help health care professionals assess their needs, develop and plan strategies, implement actions, and evaluate results. Through collaboration with the Indiana University School of Medicine, health care professionals can now earn continuing education credits through a "self-directed" learning program linked to the website.

www.DiabetesAtWork.org

This easy-to-use website helps the business community assess the impact of diabetes in the workplace. Resources and tools are available to create and implement worksite education programs to prevent and control diabetes. Creating opportunities for the business community to better understand diabetes care is a critically important first step in NDEP's outreach to purchasers of health care.

2,431,016

NDEP website visitors in 2006

127,086

BetterDiabetesCare website visitors in 2006

34,938

DiabetesAtWork website visitors in 2006

Diabetes Prevention and Control Programs (DPCPs)

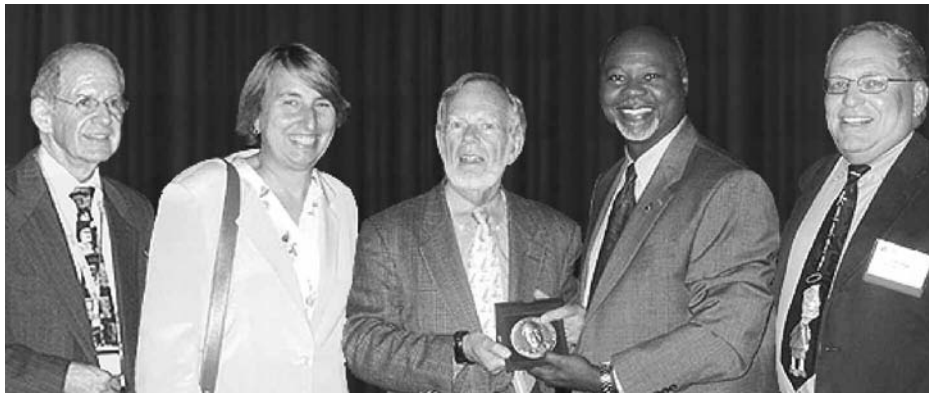
The Division of Diabetes Translation at the Centers for Disease Control and Prevention provides funding for diabetes prevention and control programs (DPCPs) in all 50 states, the District of Columbia, and eight U.S.-affiliated jurisdictions. These DPCPs are the core of the NDEP Partnership Network and play a vital role in carrying NDEP messages and materials into local communities across the country. Working with state and county health departments, community health organizations, and local health and recreation centers, DPCPs are able to tailor NDEP messages and materials for local audiences and local needs. They are our "boots on the ground," working day in and day out to change the way diabetes is treated.



NDEP has made great progress over the past 10 years.

TEN YEARS OF PROGRESS

This Progress Report includes a snapshot of the state of diabetes “yesterday, today, and tomorrow,” additional details about the strengths of NDEP’s campaigns and resources, and illustrates how NDEP is measuring and evaluating its work. NDEP has made great progress over the past 10 years. This report celebrates our accomplishments and the partners who have played such an important role. It concludes with thoughts from NDEP’s current chair and chair-elect as they accept the challenge of continuing to work to *change the way diabetes is treated* as the program enters a second decade.



Members of NDEP’s Executive Committee with the Charles H. Best Medal for Distinguished Service in the Cause of Diabetes, June 2005 (from left: Dr. Lawrence Blonde, Dr. Judith Fradkin, Dr. Charles M. Clark Jr., Dr. James R. Gavin III, and Dr. Frank Vinicor)

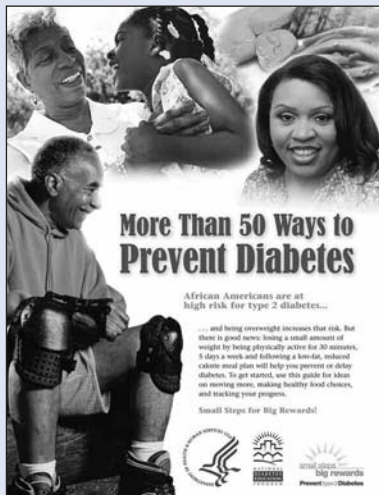
NDEP Honored with Best Medal by the American Diabetes Association

NDEP was honored by the American Diabetes Association on June 10, 2005 at the ADA Scientific Sessions in San Diego with the **Charles H. Best Medal for Distinguished Service in the Cause of Diabetes**. Named for Dr. Best, the co-discoverer of insulin, the award honors distinguished service in the field of diabetes, including both scientific and non-scientific endeavors. In bestowing the honor, ADA recognized that “with focus on the media, public, and the health care system, NDEP tirelessly continues the fight to change the way diabetes is treated in America.” Accepting the medal, NDEP Chair Dr. James R. Gavin III thanked the many partners without whom NDEP would not be possible.

NDEP Work Groups

Work group volunteers provide the core of NDEP services. These committees of 10-15 volunteers meet regularly by phone and once a year in person to guide staff through challenges and issues. Work group members have guided staff through adaptation of materials, translated materials, reviewed translations, provided thorough technical review of products, helped to pre-test materials, and made countless presentations on NDEP's behalf. Work group leaders meet twice each year to coordinate activities and serve as the organization's Operations Committee.

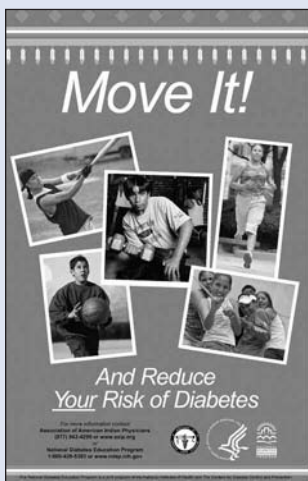
African American/African Ancestry Work Group



The African American/African Ancestry Work Group guides diabetes awareness and education issues that help NDEP reach this high risk population with effective messages and materials. Diabetes control information has been developed with a family theme, including references to family reunions and intergenerational links. Diabetes prevention materials, including the *50 Ways to Prevent Diabetes* tip sheet, have used humor to capture the attention of the audience.

American Indian and Alaska Native Work Group

American Indians and Alaska Natives leaders have come together to develop a strong response to

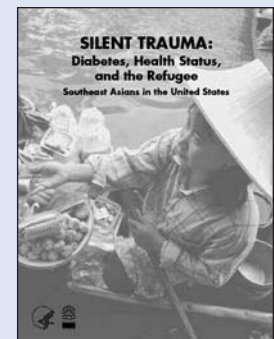


diabetes across their communities. Working closely with the Indian Health Service and the American Association of Indian Physicians, this work group helps NDEP get the word out about diabetes control and diabetes prevention. *We Have the Power* materials provide a positive affirmation of the ability to prevent or delay the onset of diabetes. The *Move It! And*

Reduce Your Risk of Diabetes kit has enabled hundreds of schools that serve American Indian and Alaska Native youth take steps to encourage physical activity and develop healthy habits that can last a lifetime.

Asian American and Pacific Islander Work Group

These diverse communities face many challenges in addressing diabetes issues and a strong group of advisors and experts have helped NDEP step up to the task. *The Silent Trauma* report has helped to illustrate the scope of diabetes confronting Southeast Asians and helped to overcome the fact that not enough epidemiology data has been developed for Asian American and Pacific Islander populations. The work group has also led development of tip sheets on comprehensive diabetes control and the primary prevention of diabetes in 15 Asian and Pacific Islander languages.



Business Health Strategies Work Group

This work group seeks to increase awareness of the clinical and economic benefits of quality diabetes care and prevention through worksite programs and employer selection of diabetes care supportive health plans. The leader among many accomplishments has been the development and promotion the *DiabetesAtWork*



website (www.DiabetesAtWork.org). Here the "business case" for diabetes care and diabetes prevention has been brought together with tools and resources that allow business leaders to take action within their companies.

Diabetes in Children and Adolescents Work Group

This work group addresses awareness and education issues that pertain to children with type 1 and type 2 diabetes in health care, school, and community environments.

The work group led a broad coalition in the diabetes and education communities to produce a guide for schools wrestling with effective diabetes management—*Helping the Student with Diabetes Succeed: A Guide for School Personnel*. The group went on to develop

and promote a series of tip sheets—the first ever—for young people diagnosed with type 2 diabetes. They have also developed a tip sheet providing tools for how young people can lower their risk for developing type 2 diabetes.

Evaluation Work Group

The Evaluation Work Group develops practical plans for evaluating the effectiveness and reach of NDEP's messages, materials, and campaigns. The work group examines existing data on the state of diabetes in the United States to identify current trends in diabetes prevention and control and cost-effective ways to obtain new data to fill existing gaps. The group reviews existing surveys and instruments developed by NDEP to gather evaluation data and provides expert counsel on survey questions and data collection efforts conducted with partner organizations.

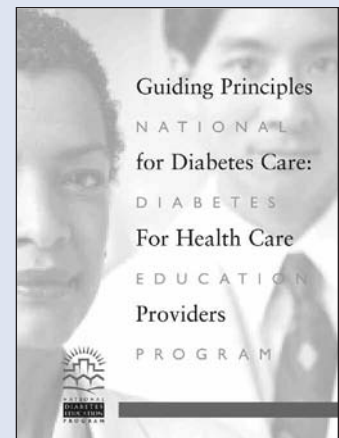
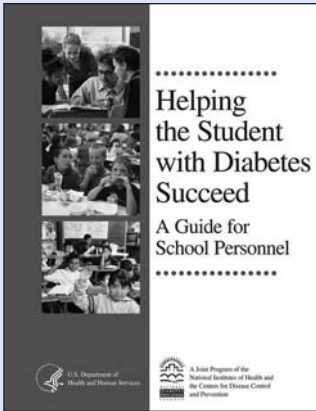
Health Care Professional Work Group

From the inception of NDEP, this work group has ensured that all messages are rooted firmly in the best medical evidence. Simultaneously, they have worked to close the gap between current and

desired diabetes care, focusing on educating health care professionals about the benefits of controlling the ABCs of diabetes—A1C, Blood Pressure, and Cholesterol, as well as the value of primary prevention of diabetes. In addition to key NDEP publications—*Guiding Principles for Diabetes Care* and the *Numbers-At-a-Glance* reference card—the work group led the development of the *BetterDiabetesCare* website (www.BetterDiabetesCare.nih.gov). *BetterDiabetesCare* is focused on how to improve the way health care professionals deliver diabetes care rather than the clinical care itself. The content of the website is based on current, peer-reviewed literature and evidence-based practice recommendations. It provides models, links, resources, and tools to help you assess your needs, develop and plan strategies, implement actions, and evaluate results.

Hispanic/Latino Work Group

One in three children born in the year 2000 are projected to develop diabetes—a projection that is even more challenging for this community—nearly 50 percent of Hispanic and Latino children are projected to develop diabetes. This work group energizes and leads NDEP's strong response by adapting campaigns and materials to ensure that they are culturally appropriate and effective. *Usted es el corazón de la familia...Cuide su corazón* and *Paso a Paso* are the key adaptations that lead outreach on diabetes



control and diabetes prevention. Strong tools and partnership are also in place to work with promotores (community health workers) and others who meet the needs of the underserved.

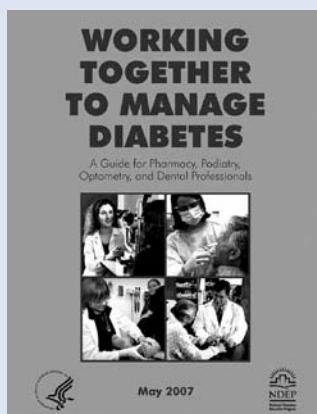
Pharmacy, Podiatry, Optometry, and Dentistry Work Group

Comprised of representatives of key health professional organizations across these four disciplines, the work group uses their respective organizations and providers to increase awareness of and access to quality care for people with diabetes in a multidisciplinary team. A critically important primer, *Working Together to Manage Diabetes*, helps this cross section of professionals become engaged in diabetes control and the primary prevention of diabetes. A medications supplement and posters for health care professional offices

and clinics have allowed these professions to become fully engaged in NDEP outreach.

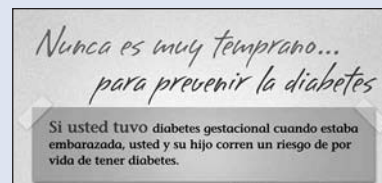
Diabetes Prevention Program Translation Committee

The Diabetes Prevention Program Translation Committee worked with NDEP to translate the landmark findings of the Diabetes Prevention Program clinical trial by developing practical, easy-to-use resources for consumers and health care professionals, including the *YOUR GAMEPLAN to Prevent Type 2 Diabetes* package.



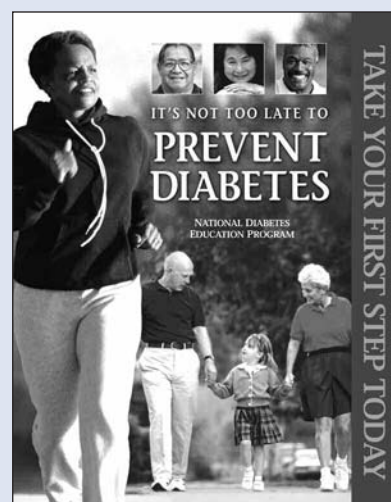
Gestational Diabetes Mellitus (GDM) Expert Panel

A partnership of the Diabetes in Children and Adolescents and Health Care Professional Work Groups, the GDM Expert Panel brought together experts on gestational diabetes and the lifelong risk of diabetes experienced by women with a history of GDM and their children. Members of the panel worked with NDEP staff to create and launch *It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family*, NDEP's prevention message for women with a history of GDM and their families.



Older Adults Work Group

From the start, NDEP recognized the high prevalence of diabetes in older adults and has provided materials for this audience and their caregivers. The Diabetes Prevention Program brought renewed energy to this outreach because older adults had the best response to lifestyle interventions to prevent or delay the onset of type 2 diabetes. An important part of this work has been partnerships and links with the Centers for Medicare and Medicaid Services to develop and share information about Medicare benefits for people with diabetes.



MY GAME PLAN
FOOD AND ACTIVITY TRACKER

NAME: _____

AGE: _____

WEIGHT: _____

HEIGHT: _____

WEIGHT LOSS GOAL: _____

WEIGHT LOSS RATE: _____

WEIGHT LOSS DATE: _____

WEIGHT LOSS PERCENTAGE: _____

WEIGHT LOSS STATUS: _____

WEIGHT LOSS NOTES: _____

DATE	WEIGHT	HEIGHT	WEIGHT LOSS PERCENTAGE	WEIGHT LOSS STATUS

NDEP National Outreach Organizations

National outreach organizations play an active role in developing, implementing, and evaluating specific efforts to disseminate culturally appropriate diabetes education messages through community and media channels. By funding these organizations through cooperative agreements, CDC strengthens the capacity of these organizations to reduce the disproportionate burden of diabetes among high-risk populations that experience health disparities. These collaborations help NDEP reach targeted populations with culturally and linguistically appropriate intervention strategies through trusted and valued community-based intervention approaches and delivery channels.

Cooperative agreements are granted to national outreach organizations in incremental funding cycles. For the 2005–2010 cycle, CDC funded eight organizations to support NDEP program activities:

- ▶ **Association of American Indian Physicians**
Extending NDEP's reach across Indian Tribes and Nations and strengthening links with the Indian Health Service to ensure that diabetes information reaches this high-risk population.
- ▶ **Black Women's Health Imperative**
Building on a strong existing network to deliver diabetes information to community leaders, the Imperative dramatically extends NDEP's reach.
- ▶ **Khmer Health Advocates**
Helping NDEP recognize, understand, and deliver services to Southeast Asian communities across the country.
- ▶ **National Alliance for Hispanic Health**
NAHH leaders have helped NDEP from its inception and now focus on service delivery in several communities across the States, supporting a national toll free telephone number for consumer inquiries and media outreach.
- ▶ **National Association of School Nurses**
Implementing powerful programs aimed at

lowering the risk of developing diabetes in middle school children across the country.

- ▶ **National Latina Health Network**
Innovative outreach in the Latina community featuring dramatic presentations that highlight the challenges of diabetes and the power to control—and prevent—diabetes.
- ▶ **National Medical Association**
Leading the way by building diabetes coalitions in five communities across the country and bringing health professionals and community leaders together to address the diabetes epidemic with improved outreach and services.
- ▶ **Papa Ola Lokahi (Pacific Diabetes Education Program)**
Serving a diverse population across the Pacific Islands with culturally appropriate in-language diabetes materials.

Why NDEP Partners are Invaluable

by Griffin P. Rodgers, M.D., M.A.C.P.,
Director, National Institute of
Diabetes and Digestive and Kidney Diseases,
National Institutes of Health



At the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), we support the world's top researchers as they examine the etiology of diabetes, define its scope, and test treatment options. NIDDK-funded research has definitively established links between diabetes and heart disease, kidney disease, retinopathy, and neuropathy, and provides the evidence base for diabetes prevention through lifestyle change. For every breakthrough in the laboratory, for every success in a clinical trial, and for every landmark publication, there are thousands of health care professionals and millions of people with and at risk for diabetes who need to hear the news. And at NIDDK, we rely on outreach programs like the National Diabetes Education Program to deliver that news: to spread the word that diabetes is common, consequential, and costly, but that diabetes prevention is proven, possible, and powerful. NDEP partners can trust that messages and materials are accurate. NDEP in turn relies on our partners to promote these messages at conferences, in newsletters, in local media, and in local clinics. And promote they have. NDEP messages reached more than 151 million pairs of eyes and ears in 2006! Strong partnerships help get tailored messages and materials out to high risk audiences in a variety of ways, where they work, eat, live, and play. Thank you, and keep up the good work!

DIABETES: YESTERDAY, TODAY, AND TOMORROW

From its inception in 1997, the National Diabetes Education Program (NDEP) has worked to change the way diabetes is treated in America. NDEP recognizes that **diabetes is serious, common, and costly, but controllable and preventable.**

Diabetes is serious...

While the seriousness of the disease is sometimes not fully appreciated by the public, diabetes is ranked as the sixth leading cause of death by disease in the United States, with 224,092 deaths attributed to diabetes in 2002. Diabetes can also lead to a number of other serious—often fatal—diseases that must be managed in addition to diabetes. Cardiovascular conditions such as heart disease, stroke, high blood pressure, and lipid problems go hand-in-hand with diabetes, especially in people who are obese and older adults.

- ▶ Heart disease and stroke account for about 65 percent of deaths in people with diabetes. Adults with diabetes have heart disease death rates two to four times higher than adults without diabetes.
- ▶ The risk for stroke is two to four times higher among people with diabetes.
- ▶ Diabetes is the leading cause of new cases of blindness among adults 20 to 74 years old. Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year.
- ▶ More than 60 percent of nontraumatic lower-limb amputations occur among people with diabetes. In 2002, about 82,000 nontraumatic lower-limb amputations were performed among people with diabetes.
- ▶ About 60 to 70 percent of people with diabetes have mild to severe forms of nerve damage.
- ▶ Diabetes is the leading cause of kidney failure, accounting for 44 percent of new cases.
- ▶ About one third of people with diabetes have periodontal disease.

We have made progress. In 1997, only 8 percent of Americans believed that diabetes was serious. By 2003, diabetes was a *TIME* magazine cover story. In 2006, 89 percent of Americans reported that diabetes was serious.

Diabetes is ranked as the sixth leading cause of death by disease in the United States, with 224,092 deaths attributed to diabetes.

The incidence of diagnosed diabetes rose
41%
from 1997 to 2003.

By 2005, the total number of people with diabetes climbed to 20.8 million (7 percent of the U.S. population).

1 in 3
adults has diabetes or pre-diabetes.

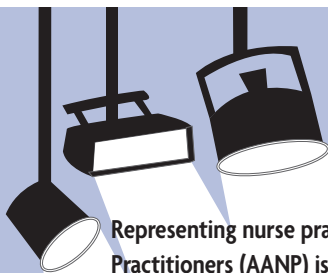
Diabetes is common...

In 1997, 16 million Americans had diabetes. By 2005, the total number of people with diabetes climbed to 20.8 million (7 percent of the U.S. population).¹ Of the total, about one-third is undiagnosed and untreated. Type 2 diabetes accounts for up to 95 percent of all diabetes cases.

In 2005, the total prevalence of diabetes among people in the U.S. ages 20 years or older was:

- ▶ Age 20 years or older—20.6 million or 9.6 percent of all people in this age group have diabetes.
- ▶ Age 60 years or older—10.3 million or 20.9 percent of all people in this age group have diabetes.
- ▶ Men—10.9 million or 10.5 percent of all men aged 20 years or older have diabetes.
- ▶ Women—9.7 million or 8.8 percent of all women aged 20 years or older have diabetes.

About 1.5 million people ages 20 or older are diagnosed with diabetes per year; those aged 40 to 59 lead the new cases for adults.



Partner Spotlight: American Academy of Nurse Practitioners

Representing nurse practitioners from around the country and from all specialties, the American Academy of Nurse Practitioners (AANP) is a longtime member of the NDEP Steering Committee, providing advice and counsel on the development and dissemination of NDEP messages and materials.

AANP promotes NDEP on their website by featuring a link to the NDEP homepage as well as articles and information from *NDEP News & Notes*, our monthly e-newsletter. They have also promoted NDEP messages and materials through their print publications and in the *AANP Smart Brief*, their daily e-newsletter. AANP supported NDEP evaluation efforts by including questions about diabetes in a survey of their members.

AANP Executive Director Dr. Judith Dempster serves on NDEP's Health Care Professional Work Group, a volunteer group that seeks to reduce the gap between current and desired patient outcomes and support health care professionals in their efforts to provide quality care. Dr. Dempster played an integral role in the work group's development and launching of NDEP's *BetterDiabetesCare* website.

With gratitude and much appreciation, NDEP acknowledges the continuing hard work and dedication of the American Academy of Nurse Practitioners in support of NDEP's work to change the way diabetes is treated.

About 155,000 young people under age 20 have diabetes—one in every 523. Although type 1 diabetes is more common among young people, type 2 diabetes is increasingly being diagnosed in this population. The prevalence of type 2 diabetes in children and adolescents has increased at least 33 percent in the past 15 years. Rates of type 2 diabetes have closely mirrored the increased rates of overweight in children. In 10 to 19 year-olds with diabetes, type 2 occurs in 6 percent of whites, 22 percent of Hispanics/Latinos, 33 percent of African Americans, 40 percent of American Indians and Pacific Islanders, and 76 percent of American Indians.

The epidemic increase in diabetes prevalence over the past 20 years is linked with the increased prevalence of obesity in the U.S. Overweight and obesity are major risk factors for pre-diabetes and type 2 diabetes. Approximately 66 percent of the U.S. adult population is now classified as overweight (body mass index (BMI) ≥ 25 kg/m²) and 32 percent are obese (BMI ≥ 30). Among U.S. adults with diabetes, the prevalence of overweight was 85.2 percent, and prevalence of obesity was 54.8 percent in 1999–2002. About 17 percent of children and adolescents were overweight ($>95^{\text{th}}$ percentile of the sex-specific BMI for age growth charts) in 2003–2004, an increase of 19 percent from 1999–2000.

Type 2 diabetes disproportionately affects ethnic/racial minority populations with rates up to 2.8 times higher than in non-Hispanic whites. The prevalence of diabetes in adults in these groups is:

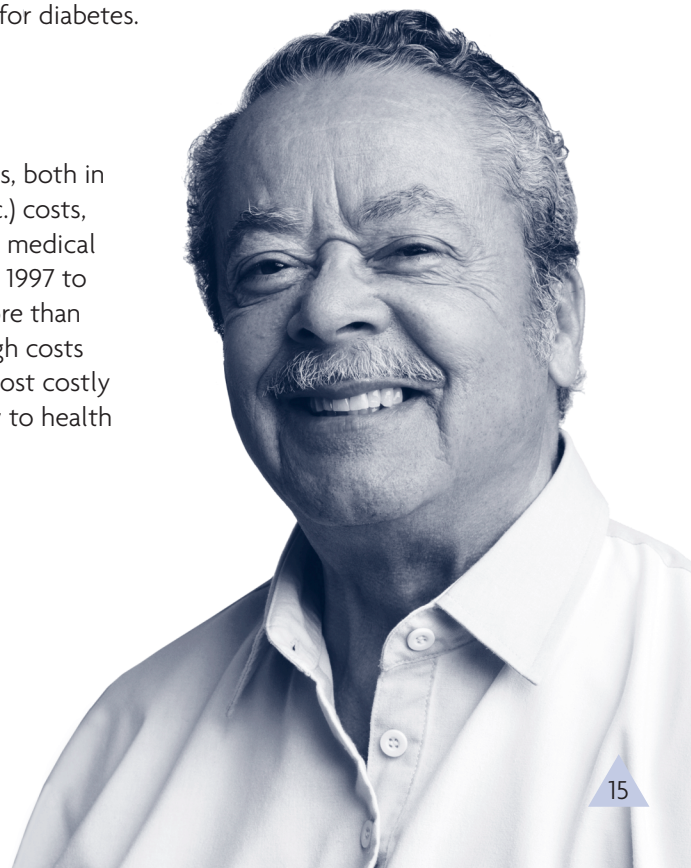
- ▶ 13.1 million or 8.7 percent of all non-Hispanic whites;
- ▶ 3.2 million or 13.3 percent of all African Americans;
- ▶ 2.5 million or 9.5 percent of all Hispanic/Latino Americans; and
- ▶ 118,000 or 15.1 percent of all American Indians and Alaska Natives.

Prevalence data for diabetes among Asian Americans and Pacific Islanders are limited, but some groups within these populations clearly have an increased risk for diabetes.

Diabetes is costly...

In 2002, the estimated cost of treating diabetes and its complications, both in terms of direct (medical) and indirect (disability, work loss, death, etc.) costs, was estimated at \$132 billion, up from \$100 billion in 2001. The direct medical costs of diabetes more than doubled in five years from \$44 billion in 1997 to \$92 billion in 2002. Treatment costs for people with diabetes are more than double those for people without diabetes, mainly because of the high costs associated with complications. Cardiovascular disease remains the most costly complication of type 2 diabetes. Depression contributes significantly to health care costs for people with diabetes.

In 2002, the estimated cost of treating diabetes and its complications was estimated at \$132 billion, up from \$100 billion in 2001.



Among adults ages
65 and older

nearly
22%
have diabetes

nearly
40%
have pre-diabetes.

The total number of people with diabetes in the United States is projected to rise from 17.7 million in 2000 to 30.3 million in 2030, placing the United States third in global prevalence.

Yet, diabetes is controllable...

Evidence shows that many of the problems associated with diabetes can be successfully managed, reduced, or even prevented. The landmark Diabetes Control and Complications Trial (DCCT) proved that intensive treatment to lower blood glucose levels can reduce or delay microvascular complications affecting the eyes, kidneys, and nerves in people with type 1 diabetes. The DCCT-EDIC researchers further demonstrated that many years after the study, type 1 patients assigned to intensive treatment in the DCCT had a 42 percent decrease in risk for any cardiovascular outcome and a 57 percent reduction in the risk for nonfatal heart attack, stroke, or death from cardiovascular disease. The United Kingdom Prospective Diabetes Study (UKPDS) reported similar microvascular results for people with type 2 diabetes, and similar macrovascular outcomes in a subset of the UKPDS participants. These studies have established the need for intensive diabetes treatment and form a large part of the scientific basis for NDEP.

Diabetes prevalence has continued to climb over NDEP's first decade. We have, however, made progress in helping individuals control the disease (see page 27).

Diabetes is preventable...

The Diabetes Prevention Program (DPP) clearly showed that moderate weight loss can delay and possibly prevent type 2 diabetes in a diverse population of overweight people with pre-diabetes, a condition in which blood glucose levels are higher than normal but not yet high enough for a diagnosis of diabetes. At least 54 million Americans have pre-diabetes.

The DPP found that modest weight loss—5 to 7 percent of body weight through increased physical activity, such as brisk walking for 30 minutes a day 5 days a week and using a low calorie low-fat eating plan—can cut a person with pre-diabetes' risk of developing type 2 diabetes by more than half. This powerful reduction in risk of diabetes was found in men and women (including women with a history of gestational diabetes) and in all the racial/ethnic groups represented in the study. It was most effective in people ages 60 and older. The oral diabetes drug metformin reduced type 2 diabetes risk, although not as effectively as lifestyle changes. During the average follow-up period of three years, about 29 percent of the placebo group and 14 percent of the intensive lifestyle group developed diabetes. Most of the DPP participants continue to be followed closely in the DPP Outcomes Study to examine the longer-term impact of the original treatment interventions. Diabetic retinopathy has been found in nearly 8 percent of participants with pre-diabetes and in 12 percent of participants with type 2 diabetes who developed diabetes during the DPP. DPP data show that, compared with the placebo intervention, the lifestyle intervention delayed the onset of type 2 diabetes by 11 years with a cost per quality adjusted life year of \$1,100.

Without ongoing action, diabetes will continue to grow...

The total number of people with diabetes in the United States is projected to rise from 17.7 million in 2000 to 30.3 million in 2030, placing the United States third in global prevalence, preceded only by India and China. People over age 60 have the highest prevalence of diabetes and this population segment is expected to increase significantly in the coming years. The current increase in the number of new cases in people age 40 to 59 raises the need for interventions focused on this largely employed and productive segment of the population. If recent trends in diabetes and pre-diabetes prevalence rates continue linearly over the next 50 years, future changes in the size and demographic characteristics of the U.S. population will lead to dramatic increases in the number of Americans with or at risk for diabetes.

NDEP is committed to generating action to stem this growth. Progress has been made on the first step—awareness. In order to set the stage for action, America must understand that diabetes is serious. From 1997 to 2006, awareness that diabetes is a serious disease grew from 8% to 89% of Americans. The powerful network assembled by NDEP, a network that helps the diabetes community speak with one message, has built this foundation for action and the program is ready to move forward.

A Little Help Goes a Long Way: Supporting a Loved One with Diabetes

Alfred Dimps works hard at eating healthy, staying active, and following a lifestyle plan to control diabetes. Except that Alfred doesn't have diabetes—his wife Linda does. After Linda was diagnosed with type 2 diabetes in 1997, she didn't change her eating or exercise habits. She took her prescribed medication, but soon developed a kidney complication. Kidney problems are often the result of uncontrolled diabetes.



Then, four years ago, Linda's mother passed away from diabetes complications. She was on dialysis, suffered a heart attack, and lost her vision. Linda saw the devastating effects that diabetes had on her mother's health and vowed to avoid the same fate. So in 2002 Linda and Alfred made some changes. They began to take her diabetes more seriously and to manage it more effectively.

NDEP encourages friends and family to be active participants in supporting the more than 20 million Americans with diabetes. The active support of loved ones helps people with diabetes live longer, healthier lives. Linda's doctor encourages their family-oriented approach to controlling her diabetes. With Alfred's invaluable support, Linda is controlling her diabetes for life.

Alfred, 58, and Linda, 52, worked together to develop a plan of action for making lifestyle changes that helped both of them feel better, stay healthy, and control Linda's diabetes. "We found a balance," says Alfred. "We concentrated on being consistent with our meals, our activities, medication, and doctor's appointments. And we stay positive every day." Linda walks every day and takes water aerobics at a local community center near her home in Washington, DC. Alfred prepares most of their meals and takes simple steps to make the meals healthy and delicious. Alfred bakes food instead of frying, cuts back on salt, and uses different seasonings. "I do a lot of research," he says. "I read the literature that Linda gets from her doctor and diabetes education classes, and I keep up on what's going on with the disease. Together, we make this work!"

In addition, Linda manages her diabetes by controlling her ABCs: blood glucose as measured by the A1C test, Blood pressure, and Cholesterol. Since adopting their healthy habits, Linda has dropped 58 pounds – she even lost a shoe size! She has also greatly reduced her risk for kidney disease, heart attack, stroke, and other deadly complications. Alfred has struggled with high blood pressure in the past, and thanks to the lifestyle changes he and Linda made together, he has lost 52 pounds and his blood pressure is now under control.

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A CLOSER LOOK: CONTROL YOUR DIABETES. FOR LIFE.



The Science of Control

From 1983 to 1993, the NIDDK-funded Diabetes Control and Complications Trial (DCCT) randomly assigned 1,441 people with type 1 diabetes to either an *intensive* or *conventional* treatment group. Those in the *intensive* group received at least three insulin injections a day and were required to self-monitor their own glucose levels regularly. Those in the *conventional* group received one or two insulin injections a day with daily urine or blood glucose testing. By the end of the trial, A1C readings averaged 7.4 percent in the intensive group and 9.1 percent in the conventional group. The DCCT ended in 1993 after conclusively demonstrating that intensive treatment yielded lower rates of retinopathy, neuropathy, and nephropathy.

In 1994, the vast majority of DCCT participants were enrolled in the NIDDK-funded Epidemiology of Diabetes Interventions and Complications (EDIC) study. After teaching intensive management to those in the conventional group, both groups were returned to the care of their individual physicians. This follow-up study tracked participants' health over the next several years without any study intervention. Insulin treatment regimens obtained from participants' own physicians were not significantly different between groups. During the first 11 years of the EDIC follow-up, A1C values between the two groups converged: 8.0+1.2 in the *intensive* group and 8.2+1.2 in the *conventional* group ($p=0.03$).

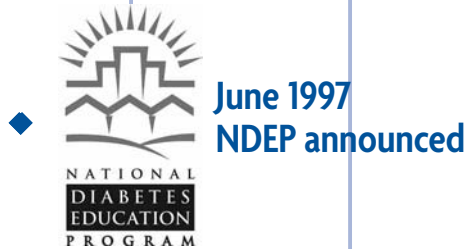
And yet the differences in complications between the two original groups continued to diverge. More than a decade after they left the DCCT and returned to the care of their own doctor, participants in the *intensive* group are benefiting from what appears to be a metabolic memory of their approximately 6.5 years of intense glucose control. They continue to be protected against retinopathy, nephropathy, and neuropathy, and as they advanced to the age at which cardiovascular disease occurs, they were found to be protected against this complication as well. EDIC findings published in the December 22, 2005 issue of the *New England Journal of Medicine* reported the following:

- ▶ During a mean follow-up of 17 years, there were 46 cardiovascular events among 31 patients assigned to the DCCT's *intensive* group versus 98 events among 52 patients in the *conventional* group.
- ▶ Patients in the *intensive* group show a 42 percent reduction in the risk of any cardiovascular disease ($p=0.02$) and a 57 percent reduction in the risk of nonfatal myocardial infarction, stroke, or death from cardiovascular disease ($p=0.02$).

This is dramatic proof of the role of glucose control—independent of blood pressure and cholesterol—in reducing the rate of cardiovascular disease in people with type 1 diabetes. The United Kingdom Prospective Diabetes Study (UKPDS) replicated the findings of the DCCT among people with type 2 diabetes, showing similar microvascular benefits among people with type 2 diabetes.

The Diabetes Control and Complications Trial ended in 1993 after conclusively demonstrating that intensive treatment yielded lower rates of retinopathy, neuropathy, and nephropathy.

10 YEARS



1997 1998 1999 2000 2001 2002



◆ First TV PSA, *Many Faces*

◆ DPP results announced

OF NDEP

Be Smart
about Your
Heart. Control
the ABCs of
Diabetes
campaign
launches



BetterDiabetesCare.nih.gov
launches



DiabetesAtWork.org launches



NDEP's 10th
Anniversary

◆ Partners in Prevention Meeting

2003 2004 2005 2006 2007 2008

◆ Step Across America – Team NDEP

Its
ed



TIME cover story
on diabetes



Control message becomes
comprehensive care



Small Steps.
Big Rewards. Prevent type 2
Diabetes. campaign
launches

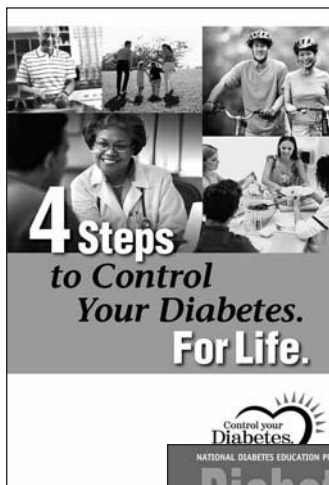
Now, almost ten years after NDEP was first launched, we know that intensive control can reduce the risk of heart attacks and strokes—the #1 killer of people with diabetes—by more than half.

UKPDS also demonstrated the strong link between diabetes and cardiovascular disease. Each 1 percent decrease in A1C reduced the risk of microvascular complications by 37 percent, lower extremity amputation or fatal peripheral vascular disease by 43 percent, heart attack by 14 percent, stroke by 12 percent, heart failure by 16 percent, and cataract extraction by 19 percent. Other trials have shown that aggressive lipid reduction therapy reduces the risk of cardiovascular disease in people with diabetes, and rigorous management of hypertension slows the rate of progression of diabetic renal disease, and reduces the risk of vision loss, heart failure, stroke, and diabetes-related death.

UKPDS also reinforced the need for comprehensive diabetes control— focusing not only on glucose management but also on controlling hypertension and dyslipidemia. Aggressive lipid reduction therapy reduces the risk of cardiovascular disease in people with diabetes, and rigorous management of hypertension slows the rate of progression of diabetic renal disease, reduces risk of stroke, diabetes-related death, heart failure, and vision loss. UKPDS data showed that for each 10 mm Hg decrease in mean systolic blood pressure, the relative risk for microvascular complications decreased by 13 percent, diabetes-related deaths by 15 percent, and heart attack by 11 percent.

Researchers expect additional data on type 2 diabetes and its complications from the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial, a major study testing ways to lower the risk of cardiovascular disease (CVD) in adults with type 2 diabetes. Results of this study, sponsored by the National Heart, Lung, and Blood Institute (NHLBI) and co-funded by NIDDK, are due in 2009.

Now, almost ten years after NDEP was first launched, we know that intensive control can reduce the risk of heart attacks and strokes—the #1 killer of people with diabetes—by more than half. And so we rededicate our outreach to people with diabetes, offering tools and resources to help them control their diabetes—for life.



The Science Translated

Launched in June 1998, *Control Your Diabetes. For Life.* was NDEP's first campaign designed to educate the now more than 20 million Americans with diabetes about the seriousness of diabetes, ways to control the disease, and the benefits of good glucose control.

The core message of the *Control Your Diabetes. For Life.* campaign continues to be that **diabetes is serious, common and costly, yet controllable.** The hopeful element in this message—that diabetes is controllable—is the unifying theme for all campaign materials directed to people with diabetes. Campaign materials teach people with diabetes about comprehensive diabetes control and how to *know their ABCs*—what their **A1C**, **B**lood pressure, and **C**holesterol numbers *are*, what they *should be*, and how to work with their health care team to *reach those goals.*

To introduce the ABCs message, NDEP created a special campaign—*Be Smart About Your Heart. Control the ABCs of Diabetes.* This effort has now been fully incorporated into the *Control Your Diabetes. For Life.* campaign and outreach efforts.

Control your Diabetes.

NATIONAL DIABETES EDUCATION PROGRAM (NDEP)

Diabetes

Numbers At-a-Glance!
(For Non-pregnant Adults)

Criteria for Diagnosis of Pre-diabetes
 Impaired fasting glucose: 100 – 125 mg/dL (FPG) (Fasting plasma glucose) and/or
 Impaired glucose tolerance: 140 – 199 mg/dL (IGT) (2hr post 75g glucose challenge)

Criteria for Diagnosis of Diabetes
 Random plasma glucose: ≥ 200 mg/dL with symptoms (polyuria, polydipsia, and unexplained weight loss) and/or
 Fasting plasma glucose: ≥ 126 mg/dL and/or
 2hr plasma glucose: ≥ 200 mg/dL post 75g glucose challenge
*Repeat to confirm on subsequent day.

Treatment Goals for the ABCs of Diabetes
A1C < 7%
 Preprandial plasma glucose: 90 – 130 mg/dL
 Peak postprandial plasma glucose: < 180 mg/dL
(usually 1 to 2 hr after the start of a meal)

Blood pressure (mmHg)
 Systolic: < 130
 Diastolic: < 80

Cholesterol – Lipid Profile (mg/dL)
 LDL Cholesterol: < 100
 HDL Cholesterol: Men > 40 Women > 50
 Triglycerides: < 150

Individualize treatment goals. For example, consider:
 • A1C goal as close to normal (< 6%) as possible without significant hypoglycemia.
 • Less stringent A1C goal for people with severe or frequent hypoglycemia or if other factors exist (e.g., limited life expectancy).
 • Lower blood pressure goals for people with nephropathy.
 See source materials for treatment recommendations.

† American Diabetes Association Standards of Medical Care, Diabetes Care 30 (Suppl 1): S4-S11, 2007.

Diabetes Control: Spreading the Word

The epidemic of type 2 diabetes has profound consequences for the quality of life of individuals and families. African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, and Pacific Islanders are at high-risk for type 2 diabetes and are disproportionately affected by the disease. If this epidemic is not turned around, minority communities will disproportionately suffer with disability and premature death, and the nation will have to spend billions more dollars in medical care for diabetes.

This negative trend can be reversed by managing diabetes and delaying or preventing its deadly complications. Managing diabetes isn't easy, but it can be done. It takes hard work. And it can save lives.

NDEP is committed to developing effective public education and awareness materials. NDEP work groups (see page 9) provide expert counsel as materials are developed and adapted for each audience; volunteers ensure that each product is both scientifically accurate and effective in reaching members of the intended audience. NDEP also takes an important second step—we pre-test materials with members of the intended audience. Expert counsel and testing in the “real world” helps to ensure that each NDEP material meets its objectives.

If this epidemic is not turned around, minority communities will disproportionately suffer with disability and premature death, and the nation will have to spend billions more dollars in medical care for diabetes.

WORKING TOGETHER TO MANAGE DIABETES
A Guide for Pharmacy, Podiatry, Optometry, and Dental Professionals

May 2011

Guiding Principles
NATIONAL
for Diabetes Care:
DIABETES
For Health Care
EDUCATION
Providers
PROGRAM

NATIONAL DIABETES EDUCATION PROGRAM

You don't need to be a **SUPERHERO** to manage your diabetes.

You need to control your **ABCs**.

If you have diabetes, you are at high risk for heart attack and stroke. *But you can fight back.* You can control the ABCs of diabetes and live a long and healthy life. Ask your health care provider what your **A1C**, **Blood Pressure**, and **Cholesterol** numbers are and ask what they *should* be. Then talk about the steps you can take to reach your ABC goals. You have the power to help prevent heart attack and stroke. Control your ABCs.

Talk to your health care provider today.

Be Smarter About Your Heart
Control the ABCs of Diabetes
— A1C
— Blood Pressure
— Cholesterol

For a free brochure about the ABCs of diabetes, call 1-800-438-5383 or visit www.ndep.nih.gov.

NATIONAL DIABETES EDUCATION PROGRAM

A message from the National Diabetes Education Program, sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention.

Controlling diabetes isn't easy, but it can be done. It takes hard work. And it can save lives.

Multicultural is not just a word for NDEP, it is a commitment. Several key tools are produced in 20 adaptations:

- ▶ General audience English
- ▶ Older adult audiences in English
- ▶ American Indian and Alaska Native audiences in English
- ▶ African American/African Ancestry audiences in English
- ▶ Spanish language adaptation
- ▶ 15 Asian and Pacific Islander language adaptations

NDEP does not simply translate content. Diabetes messages are adapted for each culture. Examples for healthy eating and physical activity changes for each culture. Materials in Samoan carry pictures of Samoans, materials in Vietnamese have pictures of Vietnamese,

materials for American Indians include pictures of American Indians, and so on. NDEP takes these steps to ensure that materials are both credible and effective.

NDEP has also developed a set of publications for health care professionals based on the diagnosis and treatment guidelines of the

American Diabetes Association. These publications allow health care professionals to quickly understand the principals of diabetes care and call for the entire health care team to focus on comprehensive control —blood glucose, blood pressure, cholesterol, foot care, eye care, dental care, regular flu vaccines, and each of the other elements that capture the entire spectrum of diabetes care.

The *Control Your Diabetes. For Life.* PSAs have been well received the media and seen or heard by millions of Americans:

- ▶ TV PSAs have aired more than 130,000 times across the country—the equivalent of buying more than \$20 million in advertising.
- ▶ Radio PSAs have been broadcast nearly 100,000 times on stations in nearly every market and every format—from country to hip-hop. More than 60 millions sets of ears have had an opportunity to hear NDEP messages.



- ▶ Print PSAs have been seen in newspapers and magazines that have been read by more than 40 million Americans.
- ▶ NDEP has also generated news coverage of diabetes – more than 10,000 stories have included NDEP messages reaching more than 600 million readers.

All told, this outreach has had an impact. In 1997, 8 percent of Americans believed diabetes was a serious disease. By 2003, diabetes was a *TIME* magazine cover story. By 2006, 89 percent of Americans report that they believe that diabetes is a serious disease.

RESOURCES FOR CHILDREN, PARENTS, AND SCHOOL PERSONNEL

Tips for Kids with Type 2 Diabetes is a series of colorful patient education handouts in English and Spanish that provide basic information about type 2 diabetes and how to manage it to live a long and healthy life. These reproducible tip sheets were developed as easy-to-read handouts about type 2 diabetes tailored for children and their loved ones. Topics include: “What Is Diabetes?” “Be Active,” “Eat Healthy,” and “Stay at a Healthy Weight.” In 2006, NDEP added “Lower Your Risk,” one of the first resources to address the potential to lower the risk for type 2 diabetes among young people and “Dealing with the Ups and Downs of Diabetes,” designed for teens with type 2 diabetes.

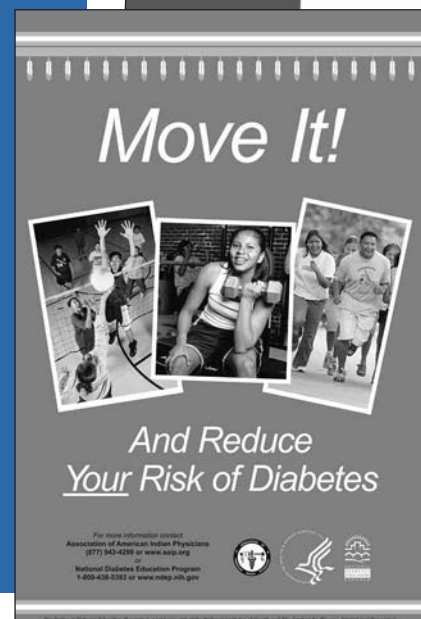
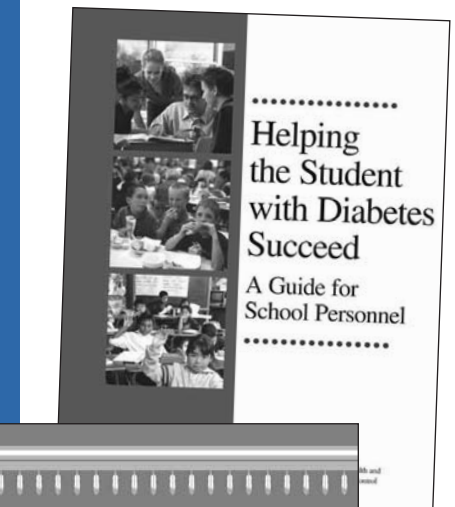
NDEP also has created an extensive resource directory for people seeking information about children and diabetes. Accessible from the website, this directory lists government agencies, professional organizations, and voluntary associations, some of which offer educational materials and support to children with diabetes and the general public, while others primarily serve health care professionals.

Additionally, NDEP has compiled a bibliography for health care professionals and other adults interested in the topic of diabetes in children and adolescents. This bibliography lists some of the most important and/or influential articles on the topic.

To ensure a safe learning environment and equal access to educational opportunities for all students with diabetes, NDEP’s Diabetes in Children and Adolescents Work Group created *Helping the Student with Diabetes Succeed: A Guide for School Personnel*. This comprehensive guide for managing diabetes at school reflects a consensus from a broad spectrum of federal agencies and leading organizations in the diabetes and education communities on how schools can better meet the medical and educational needs of students with diabetes. It lays out a team approach to diabetes management in schools and outlines the roles and responsibilities of all key school personnel, including school nurses, administrators, teachers, coaches/physical education instructors, bus drivers, lunchroom staff, guidance counselors, as well as parents and the student with diabetes.

NDEP’s American Indian and Alaska Native Work Group recently released its revised and updated *Move It! And Reduce Your Risk of Diabetes* school kit. The purpose of the *Move It!* kit is to encourage physical activity in the school setting to help reduce risk for diabetes among American Indian and Alaska Native youth. The *Move It!* kit includes fact sheets on diabetes in American Indian and Alaska Native youth, posters, and examples of successful school activities using *Move It!* materials.

Partners may find the *Move It!* kit helpful in any general intervention promoting physical activity among youth, even if the organization does not focus on American Indians or Alaska Natives. Also, while *Move It!* was designed for school-based interventions, it may be adapted for use at community events as well as those in workplace and clinical settings to promote primary prevention of diabetes among high risk individuals and reduce obesity through increased physical activity.



AWARD WINNING CAMPAIGNS

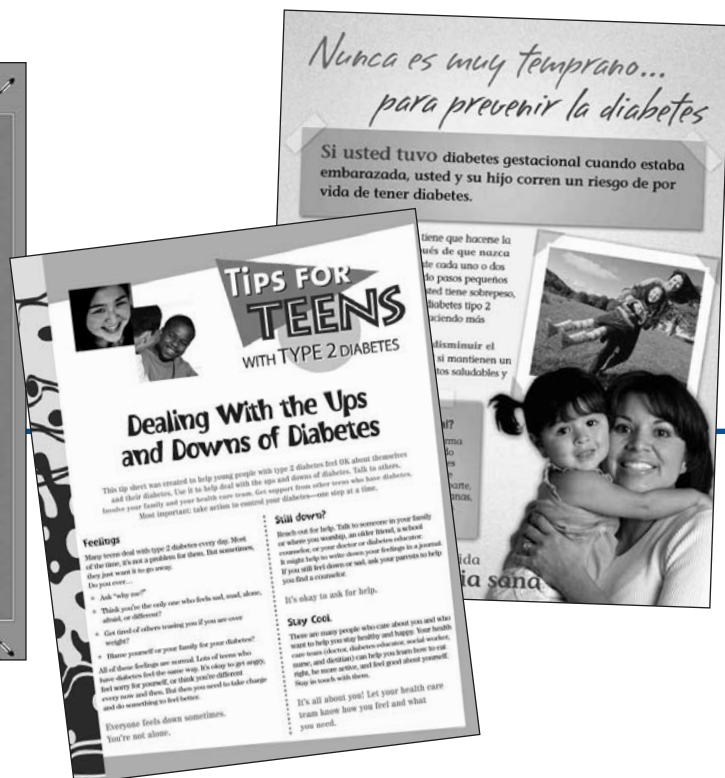
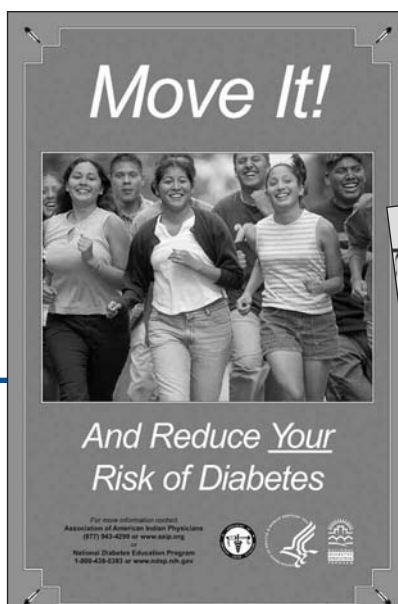
NDEP campaigns and brochures have been recognized and honored by many organizations. The American Diabetes Association honored NDEP in 2005 with the Best Medal for Distinguished Service in the Cause of Diabetes.

Recognizing NDEP's commitment to writing that is clear and to the point, the National Institutes of Health Plain Language Awards have honored more than a dozen NDEP publications. Awards of excellence have been given to:

- ▶ *Nunca es muy temprano para prevenir la diabetes. Pequeños pasos de por vida para una familia santa. (It's Never too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family), 2007*
- ▶ *Tips for Teens: Dealing with the Ups and Downs of Diabetes* tip sheet, 2006
- ▶ *Small Steps. Big Rewards.* tip sheets, 2005
- ▶ *Tips for Kids with Type 2 Diabetes: Stay at a Healthy Weight* tip sheet, 2004
- ▶ *Cuide su Corazón* health educator presentation flipchart, 2004
- ▶ *7 Principles for Controlling Your Diabetes. For Life.* brochure, 2002

NDEP has been recognized by many others as well. Highlights include:

- ▶ Sabre Awards Certificate of Excellence—*Get Real* TV PSA
- ▶ Sabre Awards Certificate of Excellence—*Helping the Student with Diabetes Succeed: A Guide for School Personnel*
- ▶ National Health Information Silver Award for *Move It!* poster
- ▶ Public Relations Society of America Thoth Award—Award of Excellence for Multicultural Communications for the *Control Your Diabetes. For Life.* campaign



Diabetes Control: Charting our Progress

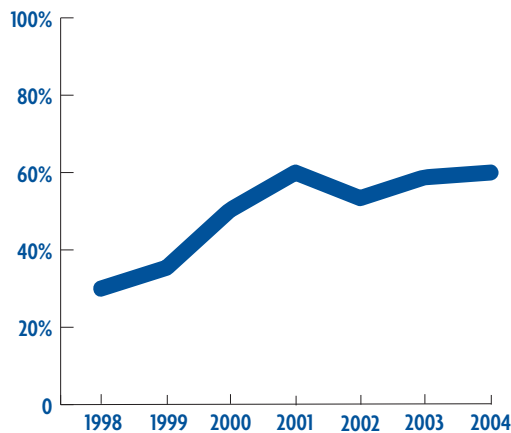
NDEP was launched in 1997. Over our first decade, the epidemic of diabetes has grown. The larger epidemic of obesity has continued to grow. There are clear indications, however, that NDEP and its many partners—organizations focused on diabetes, health professional organizations, consumer groups, and state and local health departments—have had a significant impact.

Among people with diabetes there are several indications that people better understand the seriousness of the disease and that they are taking steps to control it. Three examples illustrate progress:

People with diabetes have shown a dramatic increase in awareness of one of the key measures of diabetes control, the A1C test. From 1998 to 2004, awareness doubled. (See Figure 1.)

Figure 1. Prior to today, have you ever heard of Hemoglobin A1c or HbA1c test?

Percent of people with diabetes who have heard of hemoglobin A1C, 1998–2004

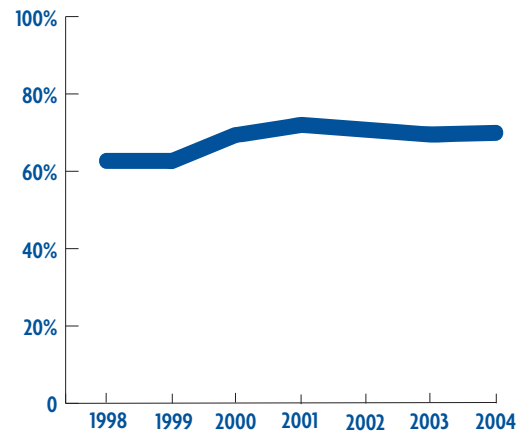


ADA sponsored Patient Survey (1998–2004)

Second, people with diabetes report that they have had an A1C test within the past 12 months. This measure has not shown the same dramatic increase, but it reflects steady progress in patient awareness of control measures. (See Figure 2.)

Figure 2. In the past 12 months, have you had an HbA1c test?

Percent of people with diabetes who have had an A1C test in the past year, 2000–2006

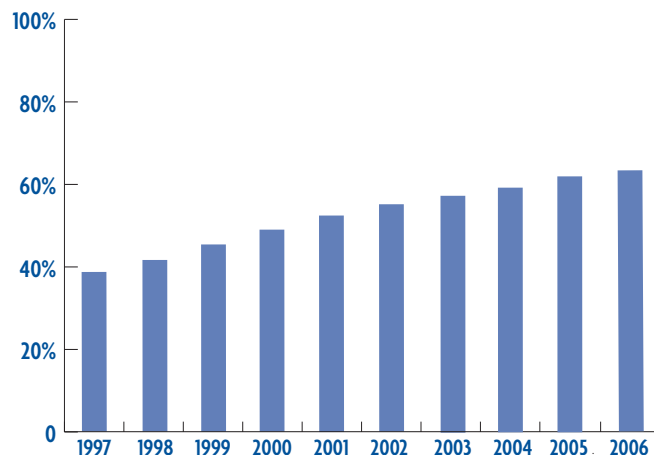


ADA sponsored Patient Survey (1998–2004)

Third, people with diabetes report a significant increase in a key diabetes control behavior—self monitoring blood glucose. Patients who regularly test for glucose are more engaged and active in the management of their diabetes—a critically important step in taking control. (See Figure 3.)

Figure 3. About how often do you check your blood for glucose or sugar?

Percent of people with diabetes who check their blood glucose level one or more times per day, 1997–2006

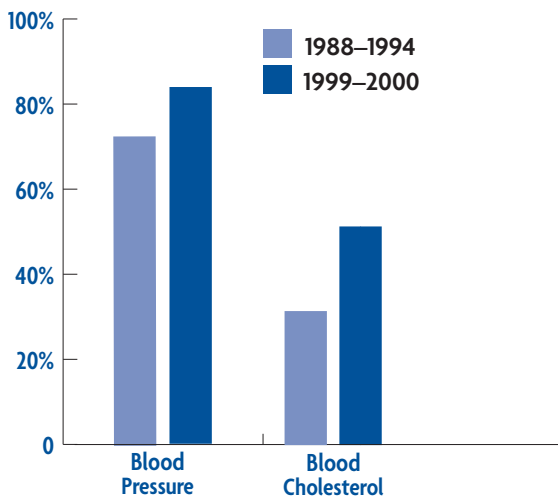


Behavioral Risk Factor Surveillance System, (1997–2006)

There are also signs that people with diabetes are taking steps to improve outcomes. Comprehensive control of diabetes—control of **A**1C, **B**lood pressure, and **C**holesterol or the ABCs of diabetes—is a key measure of progress in controlling diabetes. According to the two most recent NHANES surveys, there has been a significant increase in people with diabetes taking medications to control cholesterol and hypertension. (See Figure 4.)

Figure 4. Control of cholesterol and hypertension among adults with previously diagnosed diabetes

Percent of people with diabetes and hypertension or high blood cholesterol who are on medication, 1988–1994 and 1999–2000

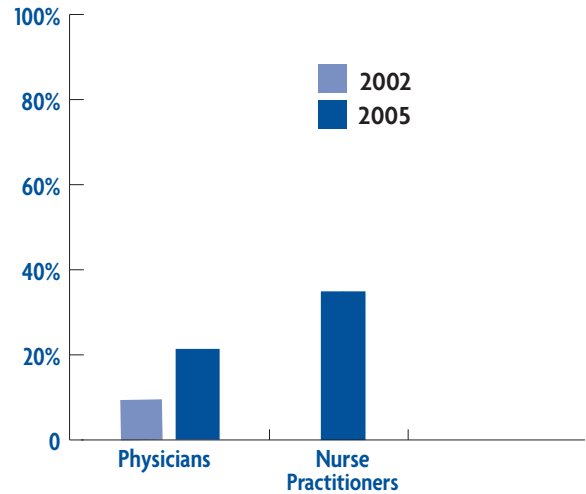


National Health and Nutrition Examination Survey (1988–94, 1999–00)

Among health care professionals there has also been an increasing awareness of the importance of comprehensive care of diabetes. This includes a significant increase in awareness of the “ABCs” message. (See Figure 5.)

Figure 5. Are you familiar with the “ABCs of Diabetes”?

Percent of health care professionals who have heard of the “ABCs of Diabetes,” 2002 and 2005

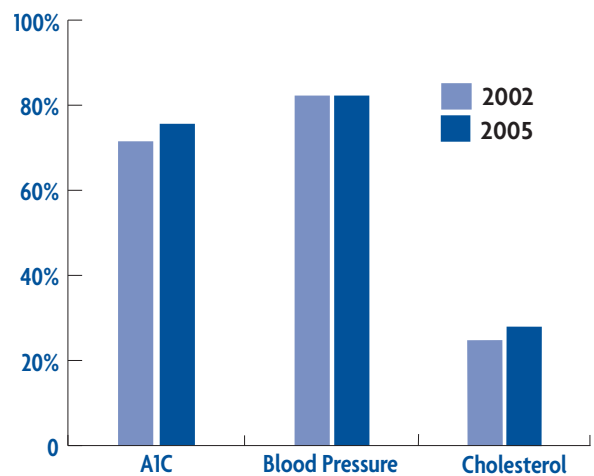


ADA Physician Study (2002, 2005) and Survey of AANP Nurse Practitioners (2005)

Health care professionals are not only aware of the ABCs messages, but they also report that they are working to get their patients to goal by frequently monitoring their ABCs. (See Figure 6.)

Figure 6. Percentage of physicians who frequently monitor ABCs

Percent of physicians who report that they monitor their patients’ A1C, blood pressure, and total cholesterol frequently (every 0 to 3 months), 2002 and 2005

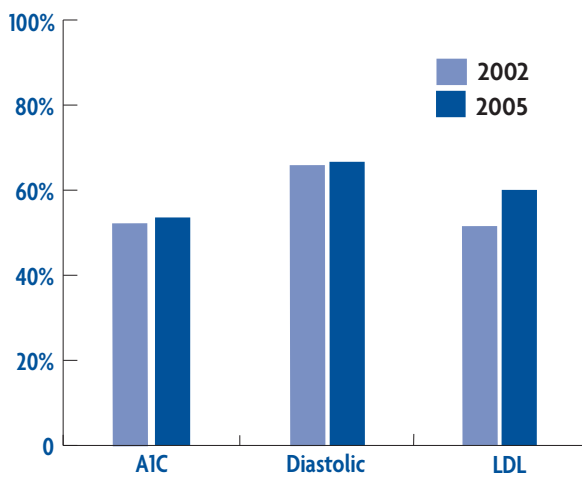


ADA Physician Study (2002, 2005)

Physicians recognize that many of their patients are not at goal for A1C, blood pressure, and cholesterol. (See Figure 7.)

Figure 7. According to your definition of “at goal,” what percentage of your diabetes patients would you estimate is at goal for: A1C, blood pressure, and LDL cholesterol?

Mean percent of diabetes patients reported to be at goal—A1C, blood pressure, and cholesterol, 2005 and 2002

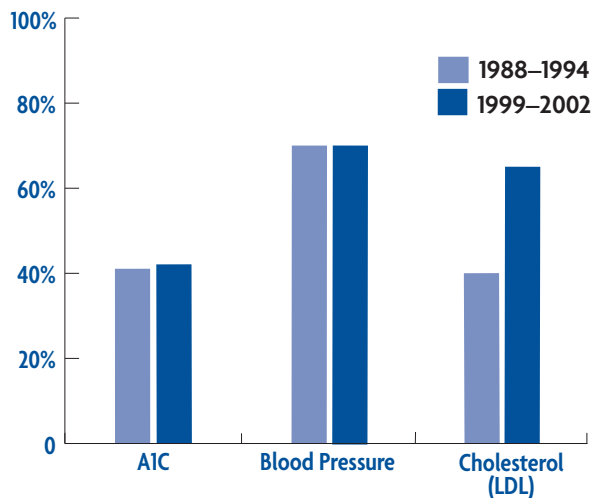


ADA Physician Survey (2002, 2005)

Despite these encouraging trends, there is much more to be done. While there has been an improvement in cholesterol levels, relative few people with diabetes have reached their ABCs goals. (See Figure 8.)

Figure 8. Percent of diabetes patients who meet their ABCs goals, 1988–1994 and 1999–2002

Percent of diabetes patients meeting goals



National Health and Nutrition Examination Survey (1988-94, 1999-00, 2000-02) and Behavioral Risk Factor Surveillance System (1995 and 2002)

NDEP is committed to continuing careful and thorough evaluation. More importantly, NDEP is committed to learning from the evaluation process in order to improve the outreach program, better engage partners, and, in turn, improve health outcomes for people with diabetes.



A Word About Evaluation

NDEP is committed to a thorough evaluation of its program. The program carefully tracks “process measures” to identify the reach of public service advertising, media relations, and the number of materials downloaded or ordered. NDEP carefully pre-tests materials to assess their potential effectiveness and works closely with partners to monitor the impact of materials when as they are put to use.

The program is equally committed to tracking “outcome measures”—measures that reflect the health of people with diabetes and people at risk for diabetes. Health outcomes across broad groups don’t change overnight, but NDEP is committed to carefully tracking these measures to both assess the value of the program and to gain new insights for program planning and implementation strategies.

A logic model—based on the CDC’s “Framework for Program Evaluation in Health”—guides evaluation efforts. Federal government health surveys provide the core data. NDEP partners, including the American Diabetes Association, the American Academy of Nurse Practitioners, and the American Association of Diabetes Educators, have shared results of public, health care professional, and member surveys. Federal agencies, including the Veterans Administration and the TRIAD program, track health data and have shared results through published data.

NDEP is also committed to doing original research as a part of the commitment to evaluation. In 2006, NDEP conducted a telephone survey of people over 45 to identify attitudes and beliefs about diabetes. This survey, which will be repeated in 2008, begins to provide insights into the critically important area of motivation—awareness that diabetes is serious has significantly increased, yet health outcomes have shown only modest change. Awareness alone does not always create behavior change. The diabetes community needs to know more about the attitudes and beliefs of those we are trying to reach in order to motivate a change in behavior. Highlights of the survey findings include:

- Eighty-nine percent of respondents reported that they considered diabetes to be a serious disease. This is a significant increase in awareness that diabetes is a serious disease and reflects a success of NDEP and its many partners across the diabetes community over the last decade.
- Primary prevention remains an important area for focus. Of those at high risk, only 25 percent report that they believe they are at risk. Even more, only a small percentage (9 percent) of the population has been told that they have pre-diabetes and are at risk for developing diabetes. Communications about pre-diabetes and the power of diabetes prevention to health care professionals and consumers remains important.
- NDEP and its partners may want to review messaging about risk. Even among those told that they have pre-diabetes, some 40 percent do not feel at risk. Similar data emerges about the risk of complications reported by people with diabetes. Better communications about risk may motivate more actions – more behavior changes among people with diabetes and those at risk for diabetes.
- Similarly, only 25 percent of those who are at high-risk as defined by risk factors feel at risk for diabetes. Age and race were not recognized as risk factors. The reason given most often for feeling at risk for diabetes is having a family history of diabetes (60 percent). Yet, only 54 percent of people with a family history of diabetes feel at risk.

Repeating this survey, and completing it with qualitative research to help understand messages and outreach strategies, is a key priority for NDEP’s evaluation work moving forward.

A CLOSER LOOK: SMALL STEPS. BIG REWARDS. PREVENT TYPE 2 DIABETES



The Science of Prevention

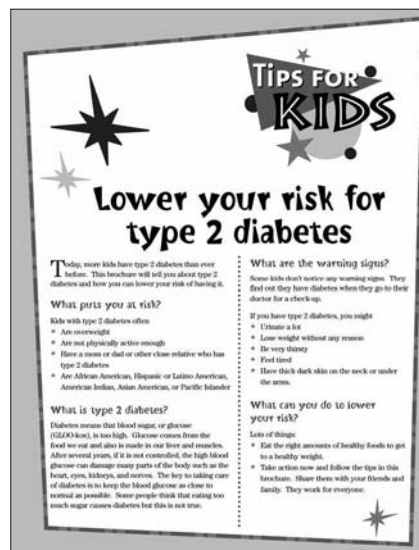
Launched in 1995, the landmark NIDDK-funded Diabetes Prevention Program (DPP) clinical trial ended in 2001, a year earlier than planned, because the results were so clear. The 3,234 people who took part in the study were adults with blood glucose readings that were higher than normal, but not yet in the diabetic range. Most were significantly overweight. Nearly half were minorities, who have a disproportionately high risk for diabetes. Those who lost 5 to 7 percent of weight by cutting calories in their diet and increasing physical activity (e.g., walking 5 days a week, 30 minutes a day) reduced the onset of type 2 diabetes by 58 percent. Treatment with metformin lowered the chances of developing diabetes by 31 percent. During the average follow-up period of three years, about 29 percent of the placebo group, 14 percent of the intensive lifestyle group, and 22 percent of the metformin group developed diabetes.

The DPP demonstrated that for every seven participants treated with intensive lifestyle modification, one case of diabetes was prevented. This powerful reduction in risk of diabetes was found in all subgroups, including men and women, the ethnic groups that made up 45 percent of participants, women with a history of gestational diabetes, and people ages 60 and older. In fact, participants over the age of 60—who as a group have a nearly 20 percent prevalence of diabetes—reduced their development of diabetes by 71 percent. Most of the DPP participants continue to be followed closely in the DPP Outcomes Study to examine the longer-term impact of the original treatment interventions.

The Science Translated

Based on the DPP findings, NDEP's *Small Steps. Big Rewards. Prevent type 2 Diabetes.* campaign was launched in 2002 and encourages health care professionals and people at risk for diabetes to take action to prevent or delay the onset of the disease through modest changes in lifestyle, i.e., small steps. By losing five to seven percent of their body weight through increased physical activity and following a low calorie, low-fat diet, people with pre-diabetes can reduce their chances of developing type 2 diabetes by more than half—a big reward. The campaign messages, materials, and

People at risk of diabetes, whether they're young or old, male or female, or modestly or markedly overweight, can benefit greatly by implementing a healthy lifestyle.



According to the Centers for Disease Control and Prevention, at least 54 million Americans ages 20 or older have pre-diabetes. It's never been more important for NDEP to spread the word far and wide that type 2 diabetes prevention is proven, possible, and powerful.

media outreach (television, radio, and print public service advertisements and stories from print, broadcast, and online news outlets) are clear and consistent:

- ▶ **For people at risk**—Find out if you have pre-diabetes or if you are at risk for developing diabetes. Take small steps to reduce your risk and prevent or delay type 2 diabetes.
- ▶ **For health care professionals**—Assess your patients for pre-diabetes and help them initiate the modest changes necessary to prevent or delay type 2 diabetes.

Diabetes Prevention: Spreading the Word

The National Diabetes Education Program is spreading the word that diabetes prevention is **proven, possible, and powerful**. NDEP's *Small Steps. Big Rewards. Prevent type 2 Diabetes* public education campaign and its tailored messages for African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, Pacific Islanders, women with a history of gestational diabetes, and older adults can help increase each community's awareness that type 2 diabetes can be prevented.

The campaign provides free information and tools—all designed to help people at risk take the small steps needed to stop diabetes in its tracks. NDEP materials are easy to read, based on science, and copyright-free.

The campaign includes TV, radio, and print PSAs that have been widely utilized by media and adopted by partners. Combined they have reached more than 300 million sets of “eyes and ears” across the country.

The cornerstone of *Small Steps. Big Rewards.* is the *GAME PLAN* toolkit, first printed in 2003 and revised in 2006. *GAME PLAN* stands for: Goals, Accountability, Monitoring, and Effectiveness: Prevention through a Lifestyle of Activity and Nutrition. Based on the science of the DPP, these materials target both consumers and health care professionals, stressing that while

huge changes are often unrealistic, minor or moderate changes in lifestyle—like taking a 30-minute walk every day, or trying to lose just 10 to 15 pounds rather than 100—can dramatically cut a person's risk for type 2 diabetes.

The *GAME PLAN* package includes practical tools to help those at risk change their lifestyle. It begins with a booklet explaining the small steps and how to set goals to get started. It continues with tips to change eating habits and begin physical activity. Most important, it includes a fat and calorie counter and a food and activities tracker to get people started. Using the tracker to create a sense of accountability is a key step.



small steps big rewards
Prevent type 2 Diabetes

MY GAME PLAN

FOOD AND ACTIVITY TRACKER

NAME _____

DATE _____

FROM _____ TO _____

MY GAME PLAN THIS WEEK...

FOR CUTTING FAT GRAMS: _____

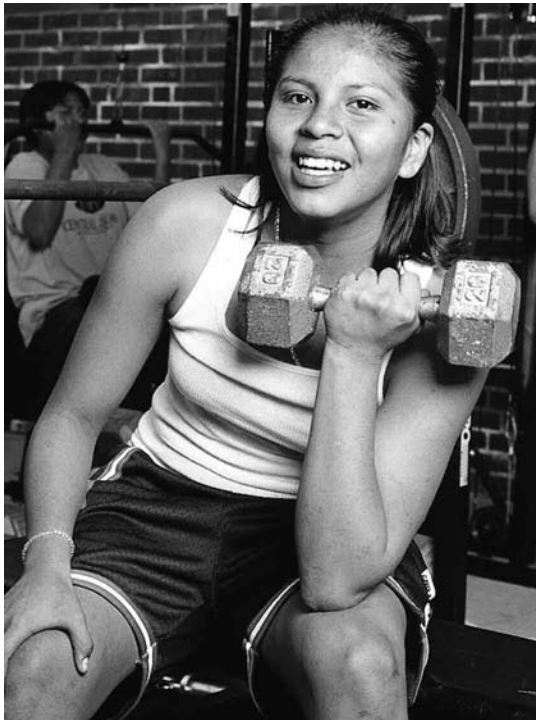
FOR CUTTING CALORIES: _____

FOR GETTING MORE PHYSICAL ACTIVITY: _____

NDEP/NDEP is jointly sponsored by NIH and CDC with the support of more than 200 partner organizations.

SAMPLE ENTRY:

MONDAY FOOD AND DRINK TRACKER			
TIME	AMOUNT/NAME/DESCRIPTION	FAT GRAMS	CALORIES
8:00 AM	1/2 cup oatmeal	1	70
	1 cup 2% milk	5	121



Get Real! You don't have to eat like this to prevent diabetes.

It's about small steps:
losing 10 to 15 pounds if
you weigh 200 pounds,
walking briskly for 30 min-
utes most days, and making
healthy food choices.

It's about big rewards:
living a longer and healthier
life-- and avoiding heart
attacks, strokes, blindness,
kidney failure, nerve
damage and amputation.

Take the first step today.
If you're over 45 and
overweight, you may be at
high risk for diabetes.
Talk to your health care
provider.

For free information about preventing diabetes, call 1-800-438-5383.



A message from the National Diabetes Education Program, sponsored by the
National Institutes of Health and the Centers for Disease Control and Prevention.



The Small Steps. Big Rewards.
Prevent type 2 Diabetes. campaign
provides free information and tools—all designed to
help people at risk take the small steps needed to
stop diabetes in its tracks. Minor or moderate
changes in lifestyle—like taking a 30-minute walk
every day, or trying to lose just 10 to 15 pounds
rather than 100—can dramatically cut a person's risk
for type 2 diabetes.

Diabetes Prevention: Charting Our Progress

NDEP was launched in 1997. Over our first decade, the epidemic of diabetes has grown. The larger epidemic of obesity has continued to grow. As reported earlier in this report, there are clear indications that NDEP and its many partners—organizations focused on diabetes, health professional organizations, consumer groups, and state and local health departments—have begun to make changes in how diabetes is treated.

The *Small Steps. Big Rewards.* campaign was introduced at the end of 2003 and came to life over the next 18 months. This campaign, reaching out to those at risk for developing diabetes rather than to those with diabetes, has not had the same span of time to track health outcomes. The commitment of NDEP is the same however—to carefully track both campaign outreach and health outcome measures to both assess the value of the program and to gain new insights for program planning and implementation strategies.

The following examples demonstrate the ways NDEP is beginning to monitor and track the steps that people at risk and their health care professionals are taking to prevent or delay the onset of type 2 diabetes.

First, it is clear that people at risk believe they are being encouraged by their health care team to take steps to change their lifestyle. This is a key step indicator, reflecting knowledge about diabetes prevention on the part of health professionals and those at risk.

In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?

Percent of people at risk told by their doctor or other health professional to lose weight

1997—18%
2003—21%

BRFSS (1997, 2003)

Within the past 12 months, has a doctor, nurse, or other health professional told you to be more physically active?

Percent of people at risk told by their doctor or other health professional to be more physically active.

2003—40%

BRFSS (2003)

Second, people at risk report that they are listening to this good advice and are taking small steps towards “eating better” and “moving more.”

To lower your risk of developing heart disease or stroke, are you eating fewer high fat or high cholesterol foods?

Percentage of people at risk who are eating fewer high fat or high cholesterol foods

2003—72%

BRFSS (2003)

To lower your risk of developing heart disease or stroke, are you more physically active?

Percentage of people at risk who are more physically active

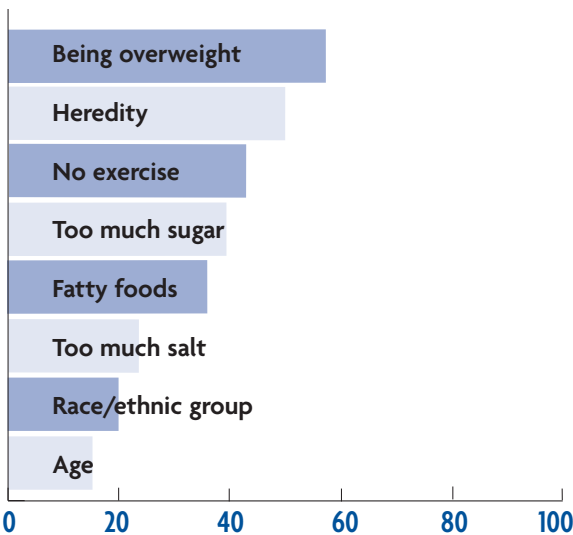
2003—64%

BRFSS (2003)

Third, from NDEP’s survey research, we have a growing appreciation for how individuals perceive their risk for diabetes. This is important information about the attitudes and beliefs of people at risk—information that will help NDEP leaders craft messages and outreach strategies that will capture attention and motivate action.

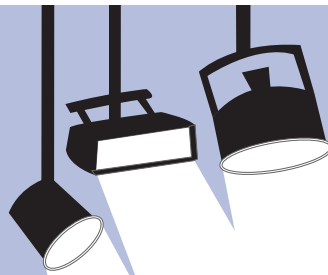
Awareness of risk factors for diabetes

Percent of sample that feel these are definite causes of diabetes



NDEP Survey of the Public Attitudes, Knowledge, and Practices Related to Diabetes (2006)

NDEP is committed to continuing careful and thorough evaluation. More importantly, NDEP is committed to learning from the evaluation process in order to improve outreach programs, better engage partners, and, most importantly, slow the diabetes epidemic by helping those at risk make the lifestyle changes needed to prevent the onset of type 2 diabetes.



Partner Spotlight: American Association of Diabetes Educators

The American Association of Diabetes Educators (AADE) is a founding partner of the National Diabetes Education Program. While the reasons for partnering are obvious (AADE represents more than 11,000 individuals involved in diabetes education—11,000 individuals that can make all the difference in the world for a person with diabetes) a successful partnership does not happen just because missions coincide. This is a successful partnership because AADE has taken action.

Each summer, AADE has provided NDEP with an opportunity to showcase our resources at their annual conference. We’ve used the platform to introduce new materials for people with diabetes, for people at risk, and for health care professionals. NDEP chair Dr. Lawrence Blonde has presented on the *BetterDiabetesCare* website and the continuing education credits available by utilizing the site for self-directed learning. In the past, NDEP has performed a “wedding” at the conference (bringing Health E. Eating and Move Moore together) and hosted an on-site game with sneakers, pedometers, fruit, and other items that represented the small steps that can lead to diabetes prevention.

AADE also provides expertise to NDEP—no organization has more volunteers engaged in our work than AADE—with members on our Steering Committee and on our Health Care Professional, Older Adults, Diabetes in Children and Adolescents, Business Health Strategies, and Evaluation Work Groups. These volunteers help NDEP develop effective tools and promotional campaigns to reach people with and at risk for diabetes *and* be effective in engaging health care professionals and their peers. AADE worked with NDEP to develop the social support tip sheet *Tips for Helping a Person with Diabetes*, which has been co-branded with the AADE logo and is one of NDEP’s most popular publications. AADE staff members have also been actively engaged in supporting the evaluation of NDEP outreach activities and the organization has shared data from its powerful Diabetes Attitudes, Wishes, and Needs (DAWN) study.

NDEP partners give voice to our efforts to “promote, promote, promote.” With gratitude and much appreciation, NDEP acknowledges the continuing hard work and dedication of the American Association of Diabetes Educators in support of our work to change the way diabetes is treated.

Small Steps Across America



To launch the multicultural components of the *Small Steps. Big Rewards. Prevent type 2 Diabetes.* campaign, NDEP assembled a Small Steps Team—a group of men and women representing populations at highest risk for developing type 2 diabetes: African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, Pacific Islanders, and older adults. Each team member is dedicated to preventing diabetes in his or her own life and is committed to spreading the word about diabetes prevention in their communities.

In April 2004, the Small Steps Team introduced individual multicultural campaigns, including tailored materials and resources for their respective communities, at a national launch event in Washington, D.C. The campaign messages spread the good news that the prevention of type 2 diabetes is proven, possible, and powerful.

Team members then returned home to launch their community's campaign at local events in their own hometowns. Working with local organizations and community leaders, each team member gave their campaign launch local flavor and excitement. Thanks to the hard work and creativity of our Team Members, Small Steps has truly spread across America!



JOSE CORTEZ,
RESIDENT OF PHOENIX
Hispanic/Latino
SSBR Team Member

"It is absolutely important to ensure that people get the right message and we as leaders need to lead through action."



DEBRA JIM,
RESIDENT OF ADA, OKLAHOMA
American Indian SSBR Team Member

"It's very important that we do things to prevent it now [rather] than to wait 'till we have it. Just even 10 minutes a day, 15 minutes a day, anything they're doing to get up and get moving would help."

CARMENCITA "CHITA" DOMINGO,
RESIDENT OF SAN DIEGO
Asian American and Pacific Islander
SSBR Team Member

"My lifestyle is good food and exercise. To me health is wealth. I want to enjoy life."



SAM F. KITCHING, RESIDENT OF
MACCLENNY, FLORIDA
Older Adult SSBR Team Member

"I certainly don't want diabetes. That's one of the greatest fears. It caused my mother to lose her eyesight... A sick lifestyle is not the way to live. We want to encourage them without beating them over the head or playing like we're superior to them..."



FRENCHY RISCO,
RESIDENT OF
PHILADELPHIA
African American
SSBR Team Member

"Diabetes is a silent killer. It is devastating in the African American community... My wake-up call was seeing my buddy in the hospital with half his right leg gone."

INITIATIVES TO IMPROVE QUALITY AND ACCESS TO DIABETES CARE

Improving the quality of and access to care for people with diabetes is a major objective of NDEP. Program strategies include disseminating information and education to health care professionals, educating employers about quality diabetes care, and encouraging payers and purchasers to provide reimbursement for team care approaches that may improve the quality of diabetes care.

BetterDiabetesCare.nih.gov— A Resource for Health Care Professionals

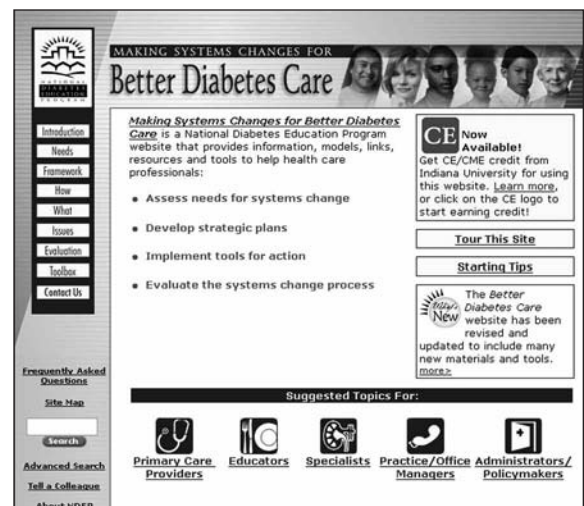
NDEP's Health Care Professional Work Group designed and launched BetterDiabetesCare.nih.gov, a comprehensive web-based resource that allows health care professionals to ask their own questions about the real challenges that affect their practice, such as:

- ▶ How to make patient-centered team care a reality for their patients.
- ▶ How to manage patient records, payments, and other information in a way that's right for them.
- ▶ How to evaluate their outcomes and make informed decisions about improving their practice.

BetterDiabetesCare is focused on how to improve the way diabetes care is delivered, rather than on the clinical care itself. The content of the website is based on current, peer-reviewed literature and evidence-based practice recommendations. It provides models, links, resources, and tools to help health care professionals assess their needs, develop and plan strategies, implement actions, and evaluate results.

"As a chronic disease, it is clear that diabetes needs to be managed with continuous, proactive, planned care rather than episodic, illness-focused care," said Dr. Kevin Peterson, representative of the American Academy of Family Physicians and chair of the NDEP Health Care Professional Work Group. "Changing the way we deliver health care can help us develop the infrastructure we need to provide the quality care that we strive for."

For a nominal fee, users of the website can receive up to ten hours of continuing education credits from the Indiana University School of Medicine.



***BetterDiabetesCare* is focused on how to improve the way diabetes care is delivered, rather than on the clinical care itself.**

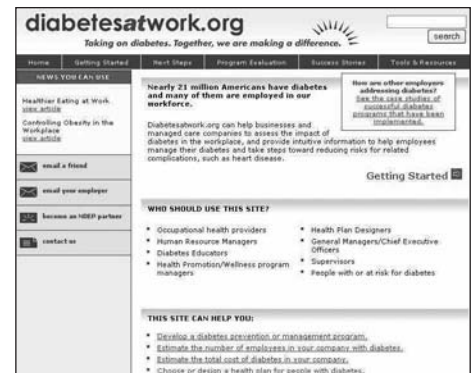
The website links top-level managers, occupational health care professionals, benefits and human resource managers, and employees to a resource kit offering a host of interactive tools.

The continuing education credits are for self-directed learning. Health care professionals choose the question, and they choose the tools and resources they need to find the answers.

DiabetesAtWork.org— A Resource for Business Leaders

NDEP's Business Health Strategies Work Group launched DiabetesAtWork.org, a website devoted entirely to easing the burden of diabetes in the workplace. The website links top-level managers, occupational health care professionals, benefits and human resource managers, and employees to a resource kit offering the latest trends in disease management, worksite wellness strategies, and a host of other interactive tools for on-the-job diabetes management. To reach a wider business audience, the website is hosted by the Washington Business Group on Health.

Key features of this web-based resource include tools to enable companies to assess their need for diabetes education and management at their work sites, guidance on choosing a health care plan that covers diabetes care needs, and more than 30 lesson plans and fact sheets that promote diabetes education management among employees. All materials are free and can be downloaded, emailed, and incorporated into electronic presentations.



A Vision for the Future

by Ann Albright, Ph.D., R.D.

Director, Division of Diabetes Translation, Centers for Disease Control and Prevention

As we celebrate our 10th anniversary, I am reminded that NDEP has come a long way since our early days, and both the Division of Diabetes Translation (DDT) and I want to sincerely thank our partners for their commitment and contributions to our program.

We have every reason to stay committed to NDEP's goals. Together, we are making progress. We are seeing an increase in preventive care practices such as eye exams, foot exams, and flu shots. We are also seeing improvements in acute complications, such as declines in emergency room admissions for metabolic crisis in Medicare populations and deaths due to hyperglycemic crisis. Some improvements in chronic complications are also being realized. The incidence of end-stage renal disease among persons with diabetes and hospital discharge rates for lower extremity amputations are trending downward. While we are making progress in improving outcomes for people with diabetes, we still have a ways to go. In addition, the numbers of new cases of diabetes and those with pre-diabetes are increasing. Consequently, it is imperative that we expand our work in preventing diabetes. The challenge we must address is sustaining and building on the gains in diabetes control by obtaining new resources for and making advances in primary prevention.

Partnerships are the hallmark of NDEP. In order to continue our progress in primary and secondary/tertiary prevention, it is important for us to continue to nurture and enhance our partnerships. NDEP partners certainly have accomplished a lot in our first decade. We still have much to do and at times it can feel very daunting. DDT's hope and vision is that the NDEP partnership will continue to rise up to meet the challenges of diabetes and be ever mindful that people are really counting on us to make a difference.



A LOOK AHEAD



Lawrence Blonde, M.D.,
F.A.C.P., F.A.C.E.
Chair, NDEP



Francine Kaufman, M.D.
Chair Elect, NDEP

As this publication goes to press, NDEP is coming toward the end of its current three-year strategic plan. For the last three years our motto has been “promote, promote, promote.” We developed strong tools for people with diabetes, people at risk, health care professionals, and community leaders seeking to address diabetes issues. NDEP has tried to focus on putting these tools and resources into the hands of those who can benefit. In the next several years, NDEP will:

- ▶ **Utilize partnerships, promotions, and media outreach to continue building awareness about diabetes prevention and control and to educate consumers**—people with diabetes and people at risk—about the steps they need to take to improve diabetes control and/or prevent the onset of type 2 diabetes. Particular attention will be focused on outreach to African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, Pacific Islanders, and older adults.
- ▶ **Utilize partnerships, promotions, and media outreach to continue building awareness about diabetes prevention and control and to educate health care professionals**—with an emphasis on outreach to the full health care team engaged in providing care for people with diabetes and pre-diabetes—on actions they can take to improve systems of care and use NDEP’s tools to support patient care and interventions for people with diabetes and those at risk for diabetes.
- ▶ **Utilize partnerships, promotions, and media outreach to increasingly provide “how to” information** about taking action to prevent or control diabetes. People at risk and people with diabetes face difficult challenges as they make lifestyle changes. Many health care professionals lack tools and training in behavior modification. NDEP has an opportunity to help by facilitating access to existing government and partner resources.
- ▶ **Utilize partnerships, promotions, and media outreach to reach health care payers, purchasers, and policymakers** with information that enhances their ability to evaluate choices and reach decisions that improve care for people with diabetes and those at risk for developing diabetes.

As we look ahead, this focus will not change. We continue to have strong tools. We are adding to our arsenal by creating tools for community leaders and lay health educators who want to help tackle diabetes prevention and diabetes control. These tools will help community leaders take advantage of NDEP campaign resources and introduce diabetes issues in group discussions and one-on-one presentations. These tools will include curriculum based on the behavioral approach that worked in the Diabetes Prevention Program and will work to establish lifestyle changes and maintain behaviors while learning more about diabetes prevention.

To put NDEP tools and resources into the hands of those who need them the most, we will also focus on encouraging even stronger collaborations among our partners and volunteers. This report highlights the work of many partners. We need to expand the ranks of partners and engage each and every partner organization in real work. It is not enough to take a seat at the table. It is incumbent upon all of us to meet together and then to take action; to take our critically important messages back to our members and constituencies; to take our tools and materials to health fairs and clinics; to act.

One of the very important collaborations that will have our attention is work with business leaders, health insurance company leaders, and managed care leaders. A significant percentage of people with diabetes are employed and insured. Equally, a significant number of people at risk for diabetes are employed. Working with private sector employers and insurers to bring better care to people with diabetes can pay extraordinary benefits. We need to learn how to talk to and work with these audiences. Why does diabetes continue to command our attention—and why should it demand your attention? Because every 24 hours in this country there are approximately:

- ▶ 4,100 new cases of diabetes;
- ▶ 810 deaths due to diabetes;
- ▶ 230 amputations due to diabetes;
- ▶ 120 cases of kidney failure due to diabetes; and
- ▶ 55 new cases of blindness due to diabetes.

These are our sisters, brothers, mothers, fathers, and children.

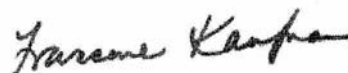
We fully recognize that NDEP does not operate in a vacuum. The support of the U.S. Department of Human Services, through NIH and CDC, gives us a strong foundation. The partnership network built on this foundation by Drs. Clark and Gavin over the last decade gives us an extraordinary opportunity to move forward.

To do so we need your help. If you have been a partner, please make the commitment to join us again. If you have not been a partner, we invite you to join us in this important work. Together we can change the way diabetes is treated.

Sincerely,

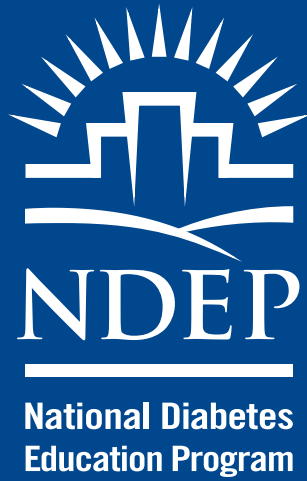


Lawrence Blonde, M.D., F.A.C.P., F.A.C.E.
Chair, NDEP



Francine Kaufman, M.D.
Chair Elect, NDEP





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