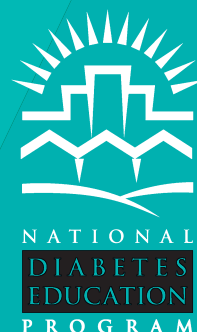


# CHANGING THE WAY DIABETES IS TREATED:

An Update on Outreach and Progress



The National Diabetes Education Program  
1997-2003



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# The National Diabetes Education Program



The U.S. Department of Health and Human Services' (HHS) National Diabetes Education Program (NDEP) was launched in 1997 to improve diabetes management and thus reduce the morbidity and mortality from diabetes and its complications among the 18.2 million people with diabetes.<sup>1</sup> Evidence from two major studies, completed in 1993 (DDT) and 1998 (UKPDS), proved conclusively that improved control of blood glucose levels can make a big difference in reducing complications associated with diabetes. These and other studies form the basis for the NDEP and guided the program's initial efforts to translate current science into practice.

A series of important studies that followed these major clinical trials demonstrated the strong link between diabetes and cardiovascular disease. NDEP outreach, beginning in 2001, evolved to address comprehensive diabetes control: blood glucose, blood pressure, and cholesterol, the ABCs of diabetes.

The results of the Diabetes Prevention Program (DPP) clinical trial, announced in August 2001, added a dramatic message to the NDEP's outreach: among high risk individuals, the onset of diabetes can be prevented or delayed. The DPP and other major studies showed that modest weight loss through regular physical activity and healthy eating could cut the risk of developing type 2 diabetes by more than half in people with pre-diabetes. Beginning in 2002, the NDEP released messages and materials to translate the science of diabetes prevention into clinical practice and to raise awareness among high risk individuals.

In November 2003, the NDEP provided support for the launch of HHS' "Diabetes Detection Initiative: Finding the Undiagnosed." The initiative, piloted in 10 communities across the country, seeks to identify the approximately 5.2 million Americans who have diabetes but do not know it and to refer them to the health care system for follow-up.

The 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.

The program's sponsorship by two major health agencies of the federal government, NIH and CDC, provides a firm basis of credibility, commitment, 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 its design, effective implementation, wide dissemination of its messages, and continued growth.

The 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, with special emphasis on racial/ethnic populations;
- People at high risk for diabetes and their families, with special emphasis on racial/ethnic populations;
- Health care providers;
- Payers and purchasers of health care and health care system policy makers; and
- The general public, including the estimated 5.2 million people who have diabetes but are undiagnosed.<sup>1</sup>

Since 1997, NDEP program messages have created more than 2.2 billion impressions through nationwide campaigns and community activities. This report presents highlights of the program's accomplishments through 2003 and its priorities for the future. ▲

# The Need for a National Diabetes Program

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

## DIABETES IS SERIOUS...

While the seriousness of diabetes is often overlooked by the public, it is ranked as the sixth leading cause of death by disease in the United States, with 213,062 deaths attributed to diabetes.<sup>1</sup> Diabetes can lead to a number of other serious—often fatal—diseases that must be dealt with along with the diabetes itself. Cardiovascular conditions such as heart disease, stroke, high blood pressure, and lipid problems go hand-in-hand with diabetes, especially in obese people and older adults:

- Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates two to four times higher than adults without diabetes.<sup>1</sup>
- The risk for stroke is 2 to 4 times higher among people with diabetes.<sup>1</sup>
- Diabetes is the leading cause of new cases of blindness among adults 20 to 74 years old.<sup>1</sup> Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year.<sup>1</sup>
- More than 60 percent of nontraumatic lower-limb amputations occur among people with diabetes. In 2000-2001, about 82,000 nontraumatic lower-limb amputations were performed annually among people with diabetes.<sup>1</sup>
- Diabetes is the leading cause of treated end-stage renal disease, accounting for 44 percent of new cases.<sup>1</sup>

## DIABETES IS COMMON...

In 2003, 18.2 million people were estimated to have diabetes, representing 6.3 percent of the U.S. population.<sup>1</sup> About 13 million cases have been diagnosed and 5.2 million are as yet undiagnosed. The vast majority of diabetes cases—between 90 and 95 percent—are type 2 diabetes, formerly called adult onset.

About 18 million adults ages 20 years or older have diabetes, representing 8.7 percent of this age group. This prevalence rate holds for both adult men and women.

Diabetes prevalence increases steadily with age. People ages 60 years or older have the highest prevalence rate at 18.3 percent. In recent years, the average age of diagnosis of diabetes has declined from 50.7 years to 46.7 years.<sup>2</sup>

About 206,000 young people under age 20 have diabetes, representing 0.25 percent of this age group. One in every 400 to 500 children and adolescents has type 1 diabetes, formerly called juvenile diabetes. Type 1 diabetes is more common among young people under age 20, however, type 2 diabetes is increasingly being diagnosed in children and adolescents.

The prevalence of diabetes has been increasing at epidemic proportions over the past 20 years, linked with the increased prevalence of obesity in the United States (see Figure 1, page 3). Since 1997 alone, there have been 2 million more cases of diabetes in the United States, a 12.5 percent increase. Although steps can be taken to prevent type 2 diabetes, the diabetes epidemic is expected to grow by 41 percent in the developed world by the year 2025.<sup>1</sup>

Diabetes is more common among ethnic/racial populations than among whites:

**Non-Hispanic Whites:** 12.5 million (8.4 percent) non-Hispanic whites ages 20 years or older have diabetes.<sup>1</sup>

Figure 1. Number of diagnosed cases of diabetes in the United States between 1980 and 2000.

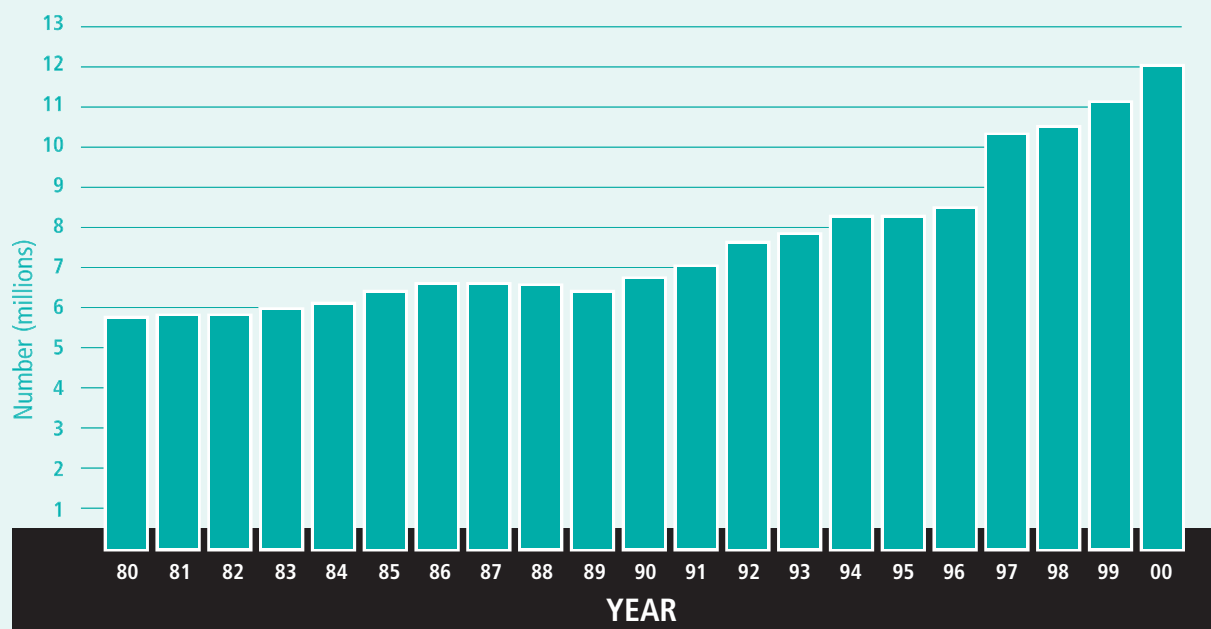


Chart courtesy of the Centers for Disease Control. Available at: <http://www.cdc.gov/diabetes/statistics/prev/national/fig1.htm>

**Non-Hispanic Blacks:** 2.7 million (11.4 percent) non-Hispanic blacks ages 20 years or older have diabetes. On average, non-Hispanic blacks are 1.6 times as likely to have diabetes as non-Hispanic whites of similar age.<sup>1</sup>

**Hispanic and Latino Americans:** 2 million (8.2 percent) Hispanic/Latino Americans ages 20 years or older have diabetes. On average, Hispanic/Latino Americans are 1.5 times more likely to have diabetes than non-Hispanic whites of similar age. Mexican Americans, the largest Hispanic/Latino group, are more than twice as likely to have diabetes as non-Hispanic whites of similar age. Similarly, residents of Puerto Rico are 1.8 times more likely to have diagnosed diabetes than U.S. non-Hispanic whites.<sup>1</sup>

**American Indians and Alaska Natives who receive care from the Indian Health Service (IHS):** 110,814 (14.9 percent) American Indians and Alaska Natives ages 20 years or older who receive care from IHS have diabetes. At the regional level, diabetes is least common among Alaska Natives (8.2 percent) and most common among American Indians in the Southeastern United States (27.8 percent) and southern Arizona (27.8 percent). On average, American Indians and Alaska Natives are 2.3 times as likely to have diabetes as non-Hispanic whites of similar age.<sup>1</sup>

**Asian Americans and Native Hawaiian or other Pacific Islanders:** Prevalence data for diabetes among Asian Americans and Pacific Islanders are limited, but some groups within these populations are at increased risk for diabetes. For example, in 2002 Native Hawaiians, Japanese and Filipino residents of Hawaii ages 20 years or older were approximately two times as likely to have diagnosed diabetes as white residents of Hawaii of similar age.<sup>1</sup>

## 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,<sup>3</sup> up from \$100 billion in 2001.<sup>3</sup> The direct medical costs of diabetes more than doubled in five years from \$44 billion in 1997 to \$92 billion in 2002. The nation spends \$13,243 on each person with diabetes, compared to \$2,560 per person for people who don't have diabetes.<sup>3</sup>

## YET, DIABETES IS CONTROLLABLE...

The landmark Diabetes Control and Complications Trial (DCCT), completed in 1993, proved conclusively that aggressive treatment to lower blood glucose levels is associated with reduced or delayed microvascular complications affecting the eyes, kidneys, and nerves in people with type 1 diabetes.<sup>4</sup> The United Kingdom Prospective Diabetes Study (UKPDS), completed in 1998, reported similar results for people with type 2 diabetes and also demonstrated that aggressive treatment to control high blood glucose and blood pressure levels lowered the risk for heart attack and stroke.<sup>5</sup> Both studies have established the need for controlling blood glucose levels aggressively and have provided evidence-based therapies for achieving improved outcomes.

## AND, NOW WE HAVE PROOF THAT DIABETES IS PREVENTABLE...

The Diabetes Prevention Program (DPP), completed by the National Institutes of Health in 2001, was the first major clinical trial in the United States to show that moderate weight loss can delay and 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. Currently, 40 percent of U.S. adults ages 40 to 74 (41 million) have pre-diabetes.<sup>1</sup>

The DPP found that modest weight loss—losing 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 following a low-calorie, low-fat eating plan—can cut a person with pre-diabetes' risk of developing type 2 diabetes by more than half. The DPP also found that the oral diabetes drug metformin reduces type 2 diabetes risk, although not as effectively as lifestyle changes. The lifestyle intervention worked equally well in men and women and in all the racial/ethnic groups represented in the study. It was most effective in people ages 60 and older. ▲

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<sup>1</sup> National Institute of Diabetes and Digestive and Kidney Diseases. National Diabetes Statistics fact sheet: general information and national estimates on diabetes in the United States, 2003. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, 2004.

<sup>2</sup> Saydah SH, Fradkin J, Cowie CC. Poor Control of Risk Factors for Vascular Disease Among Adults With Previously Diagnosed Diabetes. *JAMA* 2004; 291: 335-342.

<sup>3</sup> Hogan P, Dall T, Nikolov P.; American Diabetes Association. Economic Cost of Diabetes Mellitus in the U.S. in 2002. *Diabetes Care*. 2003; 26: 917-932.

<sup>4</sup> The Effectiveness of Intensive Treatment of Diabetes on the Development and Progression of Long-Term Complications in Insulin-Dependent Diabetes Mellitus. *The New England Journal of Medicine*. 1993; 329 (14): 977-86.

<sup>5</sup> United Kingdom Prospective Diabetes Study Group: Intensive Blood-Glucose Control with Sulphonylureas or Insulin Compared with Conventional Treatment and Risk of Complications in Patients with type 2 Diabetes (UKPDS 33). *Lancet*. 1998; 352: 837-853.

# Planning a Strategic National Program

The results of the Diabetes Control Complication Trial (DCCT) set the stage for the National Diabetes Education Program (NDEP). The DCCT message—good blood glucose control matters—needed to be communicated to people with diabetes and those responsible for their care. A series of planning meetings in 1996 and 1997 laid the groundwork for the program.

Diabetes is a multi-faceted national health problem that requires multiple strategies to manage it. Following the recommendations of an expert panel that had been convened to address translation of the DCCT findings into practice, a wide variety of organizations came together to plan the NDEP and to help develop the program's strategies. These organizations represented health care professionals, payers and purchasers of health care, public health officials, people with diabetes and their families, the general public, and many groups representing racial/ethnic minority populations. In 2002, the results of the Diabetes Prevention Program study presented the opportunity to utilize the NDEP structure and network to create and disseminate new messages about primary prevention of diabetes.

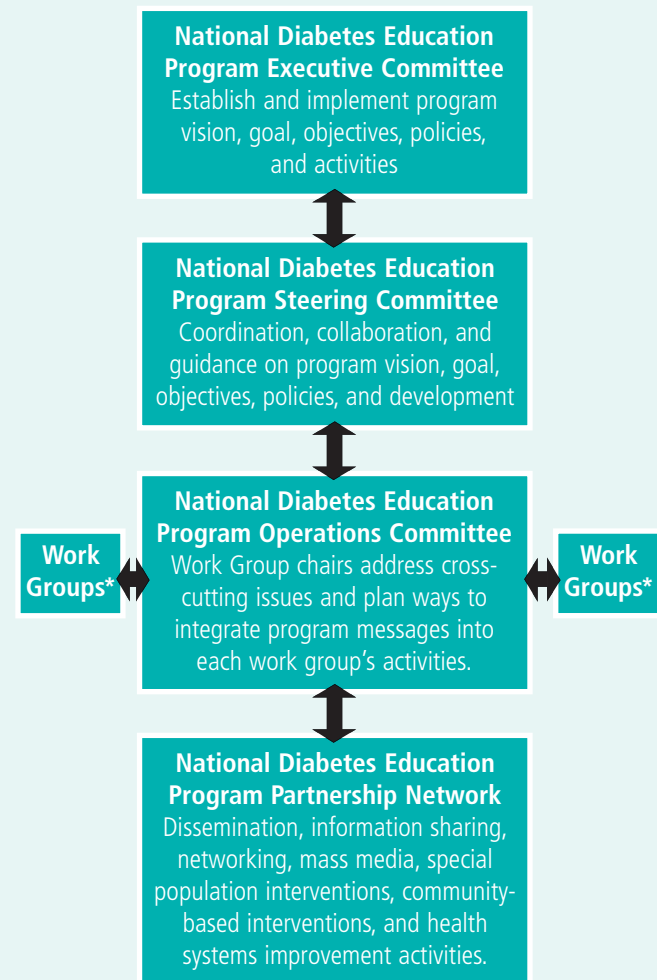
The NDEP developed these key strategies to guide the program:

- Develop and disseminate guiding principles that promote quality diabetes care;
- Create partnerships with other organizations concerned about diabetes;
- Develop and implement awareness and education activities with special emphasis on reaching the racial and ethnic populations disproportionately affected by, or at risk for, diabetes;
- Identify, develop, and disseminate educational tools and resources for the program's diverse audiences; and
- Promote policies and activities to improve the quality of and access to diabetes care.

The NDEP involves representatives from national, state, and local organizations on its Executive and Steering Committees and on work groups that help plan, design, and implement program strategies.

NDEP work groups play an active role in developing, implementing, and/or evaluating specific program components. Work Group participants include Steering Committee members and representatives from the program's Partnership Network who have the necessary expertise, experience, and organizational linkages to address the work group's tasks. ▲

## The National Diabetes Education Program Organizational Structure



\*Work groups of the National Diabetes Education Program assist in the development, implementation, and/or evaluation of specific program components.

## NDEP Work Groups

### **African American Work Group**

The African American Work Group addresses diabetes awareness and educational issues that affect the African American community. The work group has representatives from national minority organizations including media and publications, medical, and government organizations that develop culturally appropriate initiatives and promote diabetes awareness campaigns and interventions geared to African American audiences.

### **American Indian and Alaska Native Work Group**

The American Indian and Alaska Native Work Group develops and promotes culturally appropriate diabetes educational materials and messages for the American Indian and Alaska Native communities. The work group has representatives from leading minority organizations including tribal, medical, educational, and government agencies serving these populations.

### **Asian American and Pacific Islander Work Group (AAPI)**

The AAPI Work Group has representatives from national Asian health organizations, Asian and Pacific Island community-based organizations, diabetes educators, and health professionals who work for federal agencies, state health departments, universities, and hospitals who have a special interest in Asian American and Pacific Islander health issues. All of the AAPI Work Group members have extensive expertise and experience with Asian American or Pacific Islander patient populations in the areas of diabetes control, education, outreach, or research.

### **Business and Managed Care Work Group (BMC)**

The BMC 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 BMC Work Group represents a diverse group of individuals, including occupational medicine health professionals, worksite wellness and promotion managers at Fortune 500 companies, state diabetes prevention control program officers, and administrative service managers at health management organizations and managed care organizations.

### **Diabetes in Children and Adolescents Work Group**

The Diabetes in Children and Adolescents 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 comprises representatives from leading diabetes, pediatric, primary care, nutrition, and education organizations.

### **Evaluation Work Group**

The Evaluation Work Group develops practical plans for evaluating the effectiveness and reach of the 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 identifies cost-effective ways to obtain new data to fill existing gaps. The group reviews existing surveys and instruments and those

developed by the NDEP to gather evaluation data and provides expert counsel on survey questions and data collection efforts conducted with partner organizations.

### **Health Care Providers Work Group**

The Health Care Providers Work Group promotes comprehensive diabetes care in clinical practice to providers and patients. The work group helps close the gap between current and desired diabetes care, focusing on educating providers about the benefits of controlling the ABCs of diabetes—A1C, Blood Pressure, and Cholesterol. The work group comprises representatives from leading diabetes, primary care, nutrition, and diabetes education organizations.

### **Hispanic and Latino American Work Group**

The Hispanic and Latino American Work Group addresses diabetes awareness and education issues for the Hispanic/Latino community. The work group comprises representatives from leading medical, national advocacy, and community-based organizations who assist CDC and NIH on the development of culturally appropriate initiatives geared towards Hispanic/Latino audiences.

### **Older Adults Work Group**

The Older Adults Work Group develops diabetes education materials and messages appropriate for people ages 60 and older. The work group comprises representatives from government, health care, education, and nonprofit sectors working on initiatives geared towards the older adult population.

### **Pharmacy, Podiatry, Optometry, and Dentistry Work Group (PPOD)**

The PPOD Work Group promotes the principles of NDEP by using their respective organizations and providers to increase awareness of and access to quality care for people with diabetes in a multidisciplinary team. This work group has representatives from the pharmacy, podiatry, optometry, and dental care professional fields who advise and consult to develop and promote NDEP materials, messages, and principles.

### **Diabetes Prevention Program Translation Committee**

The Diabetes Prevention Program Translation Committee is working with the 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.



## EVALUATION OF WORK GROUP ACTIVITIES

### Partnership Participatory Assessment Tool (PPAT)

The NDEP has conducted two interactive surveys of members of four high risk audience work groups (African American, American Indian/Alaska Native, Asian American/Pacific Islander, Hispanic/Latino) to assess the process by which these groups are working together and with NDEP leadership to deliver the NDEP messages. The interactive survey was developed in a participatory process in which the work group members reached consensus about the important areas to survey and most productive questions for developing a plan for improvement. This research has and will continue to help NDEP determine strengths of the NDEP partnership and which areas need improvement.

Both PPAT surveys were positive overall around work group interactions, the federal-private organization partnership process, and resulting products. The surveys addressed several other issues that will continue to guide NDEP interaction with work groups.

Responses to the first PPAT resulted in a number of changes in NDEP structure to enhance communication among work groups, encourage cross-collaboration, and increase input from work groups to NDEP leadership. Two examples are the NDEP Operations Committee and an NDEP web board in which work group members can post questions, comments, articles of interest, share presentations, and become familiar with other work group draft materials. Also, changes were made to increase communication among all work group members and NDEP leadership.

## NDEP-Funded National Minority Organizations Project

National Minority Organizations (NMOs) 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 NMOs through cooperative agreements, NDEP strengthens the capacity of these organizations to reduce the disproportionate burden of diabetes among high-risk populations that experience health disparities. NDEP/NMO collaboration helps the NDEP reach targeted populations with culturally and linguistically appropriate intervention strategies through trusted and valued community-based intervention approaches and delivery channels.

The cooperative agreements are granted in incremental funding cycles. For the 2002-2005 cycle, NDEP funded six NMOs to support NDEP program activities.

Association of American Indian Physicians  
Association of Asian Pacific Community Health Organizations  
Ethiopian Community Development Council  
National Alliance for Hispanic Health  
National Urban League  
National Asian Women's Health Organization

### The Association of American Indian Physicians (AAIP)

The AAIP is charged with developing and disseminating culturally tailored messages for American Indian and Alaska Native communities through printed materials, audio/visual aids, public service announcements, and training. In the last year, this outreach delivered more than 18,000 publications across Indian country. The AAIP also works in partnership with the NDEP American Indian Work Group. This partnership provides a viable means for delivering special diabetes education messages and products for American Indian communities and to date includes several media campaigns and diabetes-related products. Additionally, the AAIP is responsible for establishing coalitions and partnerships that capitalize on the momentum of ongoing diabetes education efforts, improving the capacity of local health care providers to provide competent and appropriate diabetes information, and developing a well-designed evaluation plan to monitor progress and measure accomplishments. Over the last year, these initiatives included two Diabetes Today training programs and support for the development of five Community Diabetes Coalitions.

continued

### **Association of Asian Pacific Community Health Organizations (AAPCHO)**

AAPCHO's mission is to promote advocacy, collaboration, and leadership to improve the health status and access to care of Asian Americans, Native Hawaiians, and Pacific Islanders within the United States, its territories, and freely associated states, primarily through member community health centers. These member centers are located across the United States in communities with large populations of medically underserved Asian Americans and Pacific Islanders (AAPIs) in California, Hawaii, Massachusetts, New York, and Washington. AAPCHO works in partnership with the NDEP AAPI Work Group. Implementation of AAPCHO's "BALANCE Program for Diabetes" (Building Awareness Locally and Nationally through Community Empowerment) is designed to increase awareness of diabetes among AAPI communities, improve the ability of health care providers serving AAPI patients to provide culturally and linguistically competent services and messages, improve the quality of care for AAPIs, and address barriers to health care access for AAPIs. In the last year, 14 partner agencies have been engaged in the BALANCE Program, more than 5,000 NDEP publications have been distributed and another 2,400 BALANCE tools have been distributed.

### **The Ethiopian Community Development Council, Inc. (ECDC)**

Through a national diabetes prevention and education program, the ECDC aims to reduce diabetes-related morbidity and mortality among African immigrants to the United States. The ECDC provides facilitation training, peer education, community participation, and literature development and dissemination that are culturally tailored for African newcomer communities. The ECDC has developed NDEP materials and diabetes information in several African languages, French, and Arabic and has worked with community-based organizations and church groups targeting Somali, Sudanese, Togolese, Ethiopian, Nigerian, and Congolese refugees. Since the inception of the program, 133 partner agencies have been engaged through 53 training programs, 30 peer educators have been trained and have reached more than 300 individuals, more than 7,000 diabetes publications have been distributed, and radio programs and PSAs have reached more than 10,000 African immigrants.

### **The National Alliance for Hispanic Health (NAHH)**

The NAHH is charged with implementing effective strategies for the delivery of diabetes education messages to Hispanic and Latino American communities using a variety of culturally and linguistically proficient community-based approaches. Since their launch, NAHH has utilized radio programming to reach more than 200,000 Hispanic consumers, engaged Univision in programming outreach and distributed more than 10,000 fact sheets through their clearinghouse. Additionally, the NAHH is responsible for establishing coalitions and partnerships that capitalize on the momentum of ongoing diabetes education efforts, improving the capacity of local health care providers to provide competent and appropriate

diabetes information, and developing a well-designed evaluation plan to monitor progress and measure accomplishments. Four community partners are actively engaged and a database of health care providers committed to quality care is being assembled. NAHH is a member of the NDEP Hispanic and Latino American Work Group.

### **The National Urban League (NUL)**

The NUL has launched a nationwide diabetes education and prevention campaign targeting African Americans and the physicians who treat them. The "Lift Every Voice" program utilizes community-based interventions to empower African Americans to educate themselves about and take preventive actions against diabetes. The NUL also works in partnership with the NDEP African American Work Group. The NUL is responsible for establishing coalitions and partnerships that capitalize on the momentum of ongoing diabetes education efforts, improving the capacity of local health care providers to provide competent and appropriate diabetes information, and developing a well-designed evaluation plan to monitor progress and measure accomplishments. Currently, four NUL chapters serve as regional training centers and five additional chapters have seed grants to establish stronger community programs. These nine chapters have strong initiatives that include health fairs, small group training sessions, community resource centers and other innovative programs.

### **National Asian Women's Health Organization (NAWHO)**

NAWHO's program objectives are to engage Asian American communities in partnerships to create and implement innovative culturally and linguistically appropriate diabetes intervention strategies, motivate Asian Americans with diabetes or at high risk for diabetes toward utilization of diabetes care services, strengthen the cultural competence of providers to better serve Asian American communities, mobilize a national Asian American diabetes education movement as an extension of the NDEP, and establish program partners at the local and state level to ensure synergy of diabetes efforts for Asian Americans. NAWHO's programs include "Transforming Information into Action: The National Asian American Diabetes Education Campaign." NAWHO is a member of the NDEP Asian American and Pacific Islander Work Group. Since inception of the program, NAWHO has conducted eight major conferences on diabetes for health care providers and community leaders, engaged eleven community organizations as strong outreach partners and encouraged their partners to become engaged in broader diabetes community coalitions to raise awareness of Asian American concerns. More than 200,000 Asian Americans have been reached through media efforts, nearly 10,000 brochures have been distributed and almost 600 health care providers have been engaged through both formal and informal training sessions.

# Highlights And Achievements: 1997–2003

The NDEP's first public outreach/awareness campaign was launched in summer 1998. In 5 short years, the NDEP has established itself as one of the nation's leading providers of public and professional education on diabetes control, and, more recently, has become the lead organization in promoting diabetes prevention. From the beginning, the NDEP has worked to develop evaluation strategies and tools that would enable the program to assess its success and to inform the next generation of public and professional outreach on issues associated with diabetes.

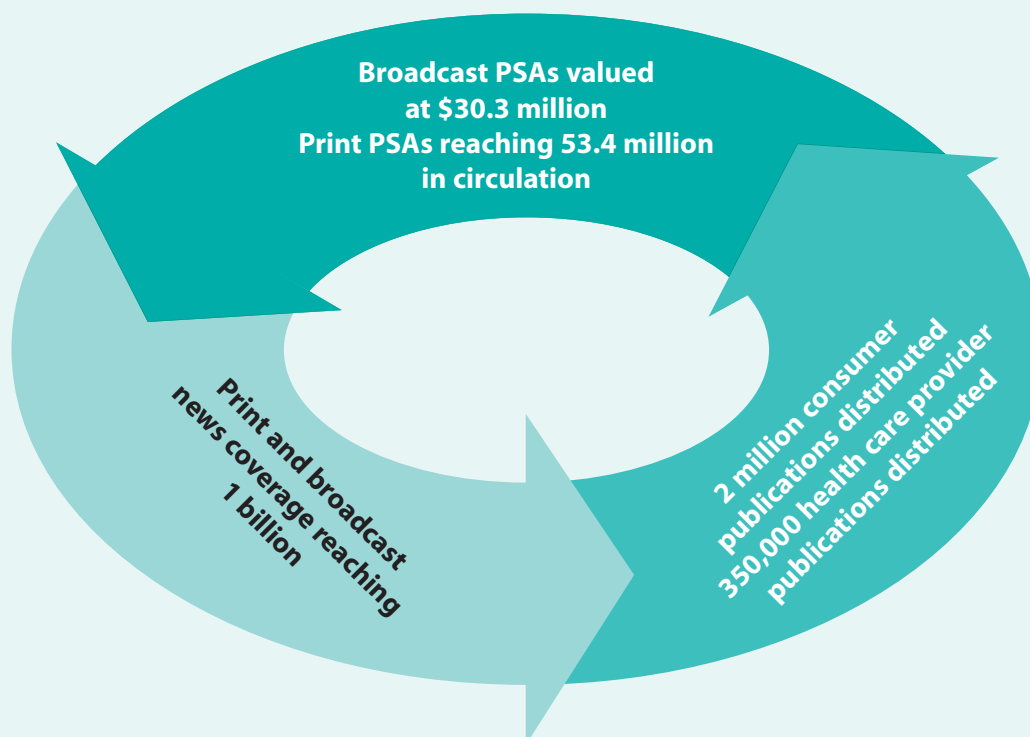
The following sections offer highlights of NDEP's outreach and track progress in changing how diabetes is treated. The evaluation data that support changes in outcomes for patients are still emerging, but the trends reflected in this report show that the NDEP—and the synergy that the NDEP creates across its partnership network and other organizations that are actively engaged in public health outreach to improve diabetes care—is moving America in the right direction. Much more needs to be done by the NDEP and the diabetes community. The NDEP continues to work to

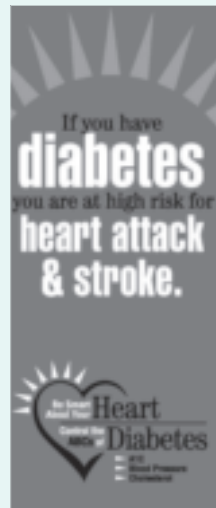
refine its messages, outreach strategies, and evaluation plans and tools to enable the program to continue to lead the way in improving diabetes prevention and care.

## NDEP OUTREACH EFFORTS:

**Media Communications:** The NDEP conducts public relations outreach that results in news stories that have reached more than 1 billion readers; television and radio public service advertising is valued at more than \$30 million; and print public service ads have reached more than 53 million readers.

**NDEP Publications:** The NDEP develops publications for a broad array of audiences, including people with diabetes, health care professionals, people at risk for diabetes and their family members, educators and parents of children with diabetes, community organizations and leaders, business leaders, and policymakers in the health care system. More than 2.3 million publications have been distributed.





The NDEP translates scientific advances into materials to help people with diabetes and people at risk for diabetes live longer, healthier lives.

Fulfillment of requests for NDEP materials is handled through the National Diabetes Information Clearinghouse (NDIC). On average, the NDIC receives nearly 1,000 requests for NDEP materials per month via phone, fax, and mail. About 20,000 NDEP publications are sent out from the NDIC per month. In addition, partner organizations reprint NDEP products; all are copyright-free and may be reproduced without permission.

**Partner Activities:** NDEP partners help develop, distribute, and promote program messages and materials. Their efforts are crucial to the NDEP's success. Diabetes affects people from all walks of life across the country. Hundreds of organizations have stepped up to the plate to help the NDEP spread its messages. A new NDEP "partner" website ([www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep)) describes the NDEP partnership network and the activities of individual work groups, highlights partner activities, and provides more background on NDEP operations. NDEP partners exchange resources and information at periodic Partnership Network meetings and through the interactive NDEP web board. The unique quality of the NDEP Partnership Network is its

ability to bring together diverse organizations that might not otherwise collaborate closely around the unified mission of changing the way diabetes is treated.

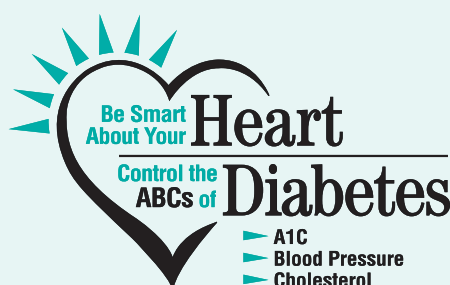
**Partners have:**

- Helped identify appropriate radio stations, newspapers, and other outlets to receive campaign PSAs and other promotional materials. Many partners have become active participants in the program's awareness campaigns, distributing television, radio, and print PSAs with their own local information to broadcast and print media outlets.
- Made presentations about NDEP campaigns to their state and local networks, often utilizing ready-made presentations and talking points provided by the NDEP. Campaign partners have made hundreds of presentations incorporating NDEP publications, websites, statistics, and other materials.
- Obtained or provided private-sector support for reprinting campaign materials.
- Adapted campaign messages to reflect their communities and reprinted and disseminated NDEP publications through their networks.

A summary of NDEP partner activities can be found on page 11.

**Presentations and Exhibits:** The NDEP participates in numerous scientific meetings and conferences across the country. For example, in 2003 NDEP made formal presentations at meetings of the American Association of Diabetes Educators, the American Diabetes Association, the American Dietetic Association, the CDC Diabetes Translation Conference, the National Association of School Nurses, the National Council of La Raza, the National Medical Association, the Food Marketing Institute, and the Medical Fitness Association.

In addition, NDEP exhibited at more than a dozen national health professional meetings, putting materials directly into the hands of those who can use them to change the way diabetes is treated. These are important



opportunities to present NDEP messages directly to health care providers and to enlist them as intermediaries in reaching directly to people with diabetes and those at risk for the disease. Presentations and exhibits support each of the NDEP's priorities.

**NDEP Website:** The website expands the NDEP's capability to disseminate diabetes information and materials to its target audiences. The NDEP site, re-designed in fall 2003, generates an average of over 76,000 visitors per month and increasingly serves as a central location for partners to get up-to-date information, download electronic versions of publications, and order materials. The NDEP is committed to making it easy for individuals and health care providers to reach the program and to have access to scientifically and medically accurate information. ▲



The NDEP website—redesigned in 2003—allows easy access to all program information and materials.

## Partner Activities

In the fall of 2003, NDEP conducted its first online, web-based Partner Activities Survey, asking partner organizations to report on their most recent activities. The partner survey will continue on a semi-annual basis.

### Key Findings

Sixty-five individuals completed the survey, a cross-section of NDEP's 200 partner organizations.

- 88% support priority area 1: Control Your Diabetes. For Life.
- 83% support priority area 2: Be Smart About Your Heart.
- 67% support priority area 3: Small Steps. Big Rewards. Prevent type 2 Diabetes.

The majority of respondents reported involvement with developing new materials (72%). The second most frequently reported involvement with NDEP was spreading NDEP messages at conferences (66%). Some examples include:

- March 2003 National Hispanic Medical Association meeting
- Pacific Diabetes Today training conference
- Annual meeting of the Washington Association of Diabetes Educators
- National Association of School Nurses national conference, June 2003

Fifty-five percent of the partners reported that their role with NDEP involves sharing materials with coalitions such as:

- American Academy of Family Physicians
- The US Department of Veterans Affairs diabetic educators
- Capital District (NY) Coalition for Children with Diabetes
- National Association for the Advancement of Pacific Islanders

Thirty-four percent of partners said they have a role in implementing awareness programs. Ninety-five percent of those who implement awareness programs reported using NDEP materials to do so.

Other roles reported include the evaluation of NDEP programs (29%) and involvement in NDEP media-related activities (20%). Partners have:

- Included NDEP information in a corporate wellness newsletter that goes to more than 600,000 homes
- Shared information with newsletters serving Asian Indians and gave an interview on TV Asia
- Included NDEP in weekly half hour TV programs and daily radio PSAs

Sixty-seven percent of the respondents reported that their organization sponsors diabetes-related programs other than NDEP. Some examples include:

- Diabetes support groups in several locations in the state
- National Optometric Association has developed and implemented the "Three Silent Killers That Can Rob You Blind" patient education program
- Diabetes camps, family weekends, Bring a Friend Weekends, Diabetes Education Days
- Pediatric Education for Diabetes at School

Positively, 74 percent of partners that sponsor other diabetes-related programs also report that they use NDEP materials with these programs.

The most frequently used NDEP materials were the brochures (62%), print public service announcements (38%), electronic Word documents (31%), and NDEP posters (31%). Less frequently used materials were the NDEP television PSAs (17%), radio PSAs (17%), PR materials (17%), and artwork/masters for duplication (17%).

Ninety-two percent of the respondents reported that their organization has a website, and of these, 44 percent post NDEP materials on their website for their partners to download. In addition, 46 percent provide a link to the NDEP website.

# Continue To Promote The Importance And Benefits Of Diabetes Control— **Control Your Diabetes. For Life.**

## CAMPAIGN OVERVIEW

Launched in June 1998, *Control Your Diabetes. For Life.* is the NDEP's first campaign designed to educate the 18 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 has been: Diabetes is **serious, common, 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.

People with diabetes (PWDs) play a major role in controlling the disease and in helping to prevent serious complications. Creating awareness and empowering PWDs to take control have been key objectives of the *Control Your Diabetes. For Life.* campaign.

### Media Communications

The NDEP created television, radio, and print public service announcements (PSAs) and public relations tools to spread the word about diabetes control. The PSAs focus on steps PWDs can take to control their diabetes, including managing their diets, getting more

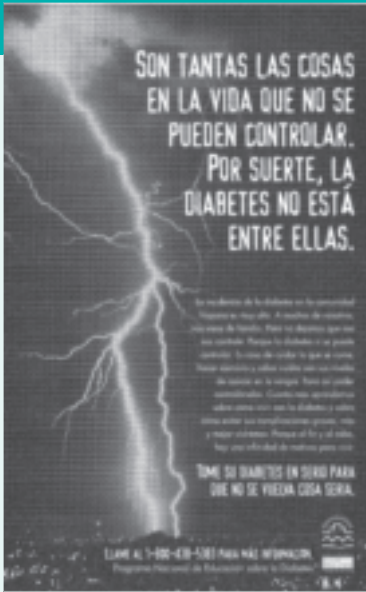
physical activity, self-monitoring of blood glucose, and taking medications as prescribed. To increase the campaign's reach, the NDEP enlisted celebrity spokespersons, including former Miss America Nicole Johnson and NBA star Jerry Stackhouse.

### Public Service Announcements

The *Control Your Diabetes. For Life.* campaign includes PSAs that are designed to reach groups that are particularly hard hit by the diabetes epidemic, including African Americans, American Indians and Alaska Natives, Hispanic and Latino Americans, Asian Americans and Pacific Islanders, and older adults. These targeted materials are culturally sensitive and address the particular perceptions within each group as discovered during focus group testing done with each target audience. For example, the "Family Reunion" theme for African American audiences speaks to the importance of family support and intergenerational ties. The "Future Generations" theme, designed for American Indians and Alaska Natives, emphasizes the need to protect and pass along culture and traditions. The message to the multicultural Asian American and Pacific Islander audience, "Manage Your Diabetes," has been adapted into 11 different languages. To reach Hispanic and Latino Americans, the NDEP developed the "Reyos Y Truenos" (Thunder and Lightning) PSAs. These messages address the cultural barrier of fatalism and put diabetes control in context with the message that "There are certain things in life that cannot be controlled, but diabetes is not one of them."

### NDEP Publications

The NDEP has developed a series of publications for people with diabetes. Based on the latest science regarding diabetes control, each product is drafted, reviewed for technical accuracy and cultural appropri-



To help spread the *Control Your Diabetes. For Life.* message, the NDEP distributed print, radio, and TV PSAs in multiple languages that are culturally diverse and appropriate.

ateness by experts (as needed), and pre-tested with individuals typical of the target audience prior to final printing. NDEP materials are updated periodically to reflect changes in current diabetes management. Most consumer materials are adapted and produced in Spanish and Asian and Pacific Islander languages to ensure that they are culturally appropriate for communities at higher risk for diabetes. Tools for health care providers, business leaders, and educators also have been developed and released by NDEP to support the *Control Your Diabetes. For Life.* campaign.

## OUTREACH MEASURES

The NDEP has been promoting its diabetes control messages through mass media, educational materials, and collaborative efforts with partner organizations. NDEP closely tracks its media placements.

### Media Tracking

From August 1998 through December 2003, the *Control Your Diabetes. For Life.* television PSAs were aired over 127,000 times across the country, representing a total dollar value of approximately \$19.5 million. In addition, during the same period, the radio PSAs were broadcast nearly 80,000 times, representing a \$1 million value and reaching an audience of more than 58 million individuals. Also, the campaign's print PSAs have run over 3,100 times, reaching a circulation of almost 40 million.

Between June 1998 and December 2003, over 9,200 print news stories were published reaching a total circulation of nearly 600 million, including an Associated Press story based on an NDEP commentary

in the *Journal of the American Medical Association* that appeared in over 600 publications across the country. Major placements include *USA Today*, *Chicago Sun-Times*, *Detroit News*, *Cleveland Plain Dealer*, and *Sports Illustrated* (highlighting the campaign with NBA star Jerry Stackhouse).

## PROGRESS MEASURES: DIABETES CONTROL TRENDS

The NDEP's *Control Your Diabetes. For Life.* campaign, along with other diabetes control initiatives, appear to have produced modest changes since 1998. Although there is still a long road ahead, the hundreds of thousands of commercial ads, PSAs, news stories, educational materials, and health care system efforts appear to be reaching people with diabetes and the public.

### Awareness of **Control Your Diabetes. For Life.**

**People with Diabetes and Their Families:** According to the HealthStyles consumer panel study in 2002, just under 50 percent of PWDs answered “yes” when asked, “In the past year, have you heard or seen the message ‘Control Your Diabetes. For Life.’ in any ads or educational materials about diabetes?”<sup>1</sup> This is consistent with the findings of the previous two years (see Figure 2, page 14). A 2001 survey of people with diabetes conducted by the American Diabetes Association (ADA) found that 58 percent of PWDs had seen or heard the *Control Your Diabetes. For Life.* message in the past 6 months.<sup>2</sup>

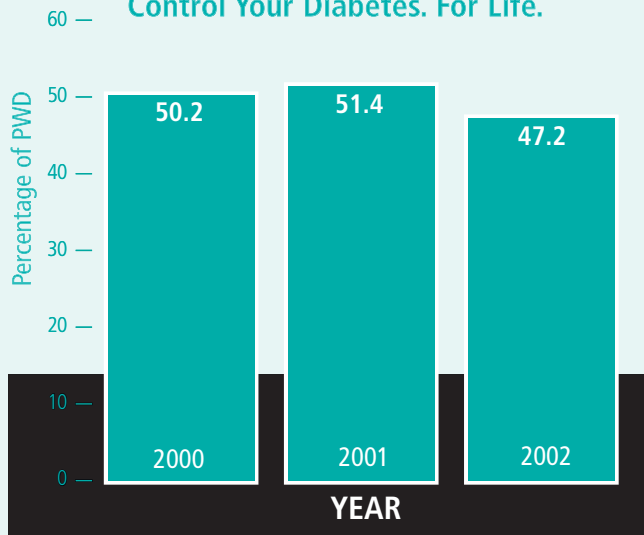


Publications like these help PWDs learn how to take control of their diabetes and help them live longer, healthier lives.

**General Public:** About 30 percent of the total HealthStyles survey population (both with and without diabetes) was familiar with the *Control Your Diabetes. For Life.* campaign message in 2002.<sup>1</sup>

**Minority Populations:** Since many minority populations are disproportionately affected by diabetes, the NDEP has targeted its media messages to these populations. According to HealthStyles, African Americans were most familiar with the *Control Your Diabetes. For Life.* message, with 42.3 percent indicating they had heard of the message. Hispanic and Latino Americans were the second most familiar, with 30.8 percent answering affirmatively. These groups were followed

Figure 2. Percentage of people with diabetes who have seen the message **Control Your Diabetes. For Life.**



Data courtesy HealthStyles 2000-2002

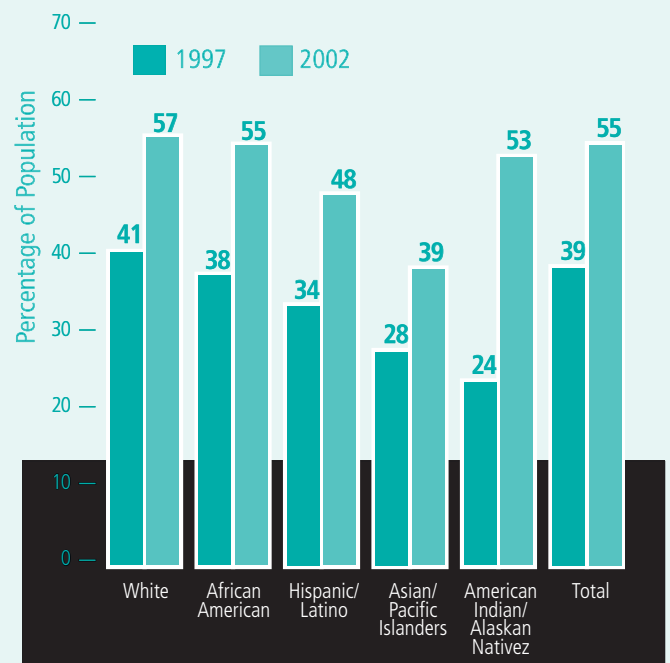
by whites (28.9 percent), Asians (19.2 percent), and all other groups (26.9 percent).<sup>1</sup>

**Awareness of Blood Glucose Levels:** For PWDs, one of the most crucial pieces of information for controlling diabetes is knowing their blood glucose levels. To maintain good control, PWDs need to check their blood glucose on a regular basis to see how well their diabetes regimen is working.

According to data gathered by the Behavioral Risk Factor Surveillance System (BRFSS), the percent of PWDs who report that they check their blood glucose at least once a day has been increasing. In 1997, 39 percent of PWDs reported daily testing, and in 2002 that figure was 55 percent.<sup>3</sup> Among men, there was a 34 percent increase over the 5 years, from 38 percent in 1997 to 51 percent in 2002; among women, there was a 50 percent increase from 40 percent in 1997 to 60 percent in 2002.

This positive trend holds true across racial and ethnic groups (see Figure 3). Comparing BRFSS data from 1997 and 2002 reveals that daily blood glucose testing increased from 41 percent to 57 percent among whites, from 38 percent to 55 percent among African

Figure 3. Percentage of people with diabetes who check their blood glucose at least once a day (by race/ethnicity)



BRFSS 1997-2002

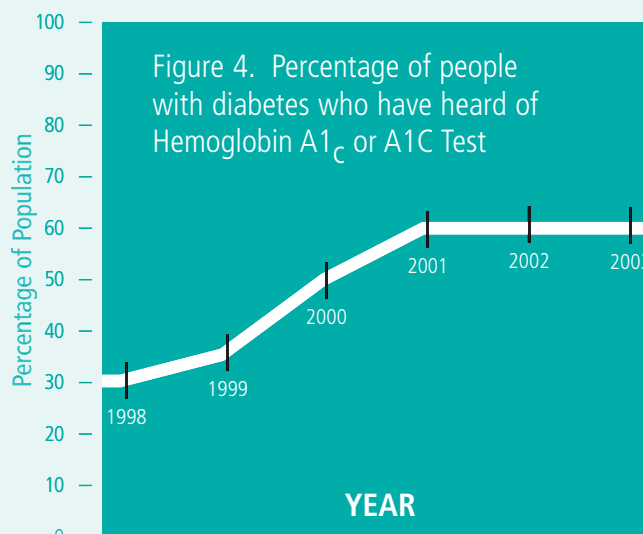


Americans, from 34 percent to 48 percent among Hispanic/Latinos, and from 28 percent to 39 percent among Asian American and Pacific Islanders. The greatest gain is seen among American Indians and Alaska Natives: The percentage reporting daily blood glucose testing in 1997 was 24 percent, compared with 53 percent in 2002.

**Awareness of A1C Test:** In addition to routine monitoring of blood glucose levels, PWDs need to track their hemoglobin A1c (HbA1c), also known as glycosylated hemoglobin or A1C. (The diabetes community has now adopted "A1C" as the common name for this test.) The A1C test indicates how well blood glucose has been controlled over the previous 2 to 3 months.

Although the A1C test is more than a decade old, it is not yet universally used by PWDs and their health care providers. The NDEP and its partners are promoting utilization of the A1C test as part of the *Control Your Diabetes. For Life.* and *Be Smart About Your Heart. Control the ABCs of Diabetes* campaigns (see next section).

According to recent surveys conducted by the market research firm Roper ASW, PWDs steadily have grown



Data courtesy Roper. ASW 1998-2003

more aware of the A1C test over the last 5 years (see Figure 4). In 1998, only 31 percent of PWDs had heard of the A1C test; by 2003, that percentage had almost doubled to 59 percent.<sup>4</sup>

Of those who were aware of the A1C test, usage is getting better—but it is still not universal. In both 1998 and 1999, 61 percent of those who were familiar with the A1C test had their A1C checked within that year. In

## The Power to Control Diabetes Is in Your Hands Campaign

The Balanced Budget Act of 1997 expanded Medicare’s diabetes benefits for testing equipment and supplies and self-management training. The NDEP and the Center for Medicare & Medicaid Services (CMS), formerly HCFA, teamed together to promote the new benefits to the Medicare population. In May 2001, the NDEP launched *The Power to Control Diabetes Is in Your Hands* campaign. The campaign educates people over age 65 who have diabetes about the importance of regular blood glucose testing and the availability of Medicare benefits to purchase test strips, lancets, and monitors. Campaign materials encourage a dialogue between patients and physicians about diabetes control through blood glucose testing.

Campaign products, many available in English and Spanish, include:

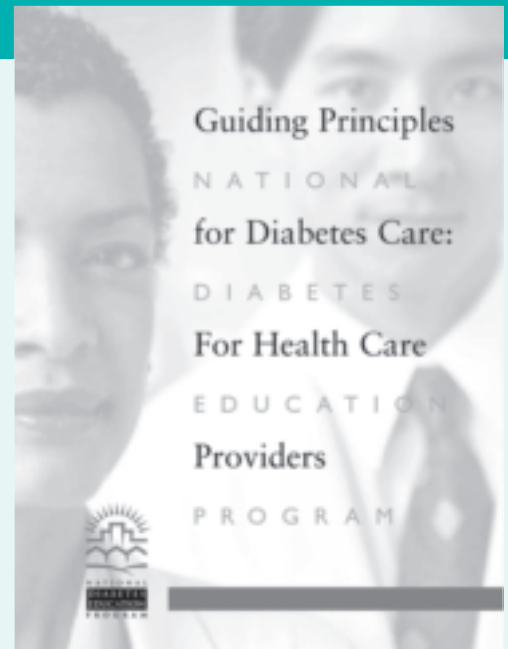
- Print ads
- Countertop “Point of Purchase” displays
- Fact sheets (also available in 6 Asian and Pacific Islander languages)
- Patient brochures
- Community Interventions Kit
- Health Care Provider Kit



The campaign was also launched in 3 pilot sites: Nevada, San Diego, and Puerto Rico. The communities received a limited supply of materials and technical assistance to conduct their campaigns. All developed coalitions and launched very sophisticated campaigns that involved local government officials, local press, and many health and non-health-related partners.

Media campaign results:

- Broadcast reach—over 2.2 million people reached in 33 media markets.
- Print reach—212 newspapers in 24 states; total readership of over 12 million people; cumulative circulation over 3 million.



The NDEP produces materials and tools to assist health care professionals deliver quality care to PWDs.

2000, 69 percent of the same group answered affirmatively when asked if they had their A1C checked; and 71 percent answered yes when asked in 2001.<sup>2</sup>

**Self-Management Education:** Dietary management and getting regular physical activity can have a big impact on diabetes control. As such, educating PWDs about diet and exercise regimens is critical. According to BRFSS data, in 2002, 53 percent of PWDs had sought and received education, compared to 49 percent in 2000.<sup>3</sup>

**Lifestyle Changes to Control Diabetes:** While self-management education is important, most PWDs also must make lifestyle changes to reach treatment goals. A 2001 survey of about 2,000 PWDs provides baseline data on actions PWDs report that they are taking in regard to diet and physical activity. About 66 percent said they walked at least 15 minutes at a time about once a day or a few times a week and 95 percent said they included fruits and vegetables in their diets (86 percent often, and 9 percent occasionally).<sup>2</sup> The NDEP will continue to track these data.

A 2003 survey of PWDs provides additional measures on diabetes self-management. In terms of diet, 50 percent of PWDs reported that they planned their meals often or occasionally, 32 percent counted carbohydrates, and 40 percent kept track of daily food intake.<sup>4</sup>

**Health Care Providers:** The *Control Your Diabetes. For Life.* campaign also targets health care providers. One of the goals of the campaign has been to educate health care providers about the benefits of the A1C test and to encourage them to utilize it with their patients.

According to a 2002 survey conducted by the ADA, about 75 percent of physicians overall reported that they check their diabetes patients' A1C levels at least once every three months. Endocrinologists monitor A1C levels most stringently, with 90 percent reporting that they routinely check A1C levels, followed by primary care physicians at 72 percent, and cardiologists at 40 percent.<sup>5</sup>

## WHAT'S NEXT?

The NDEP launched its diabetes control awareness campaign in 1998. Although the NDEP—and the diabetes community—have come to recognize the value of comprehensive control to reduce cardiovascular disease risk in people with diabetes, glucose control remains a critical factor. The NDEP's core message that diabetes is serious, common, costly, yet controllable, will remain a key priority in the program's outreach activities and knowledge, attitudes, and practices data related to glucose control will continue to be tracked. ▲

<sup>1</sup> HealthStyles Survey. Conducted for the Centers for Disease Control and Prevention. 2002.

<sup>2</sup> 2001 U.S. Diabetes Patient Market Study, Roper ASW, 2001. Prepared for the American Diabetes Association.

<sup>3</sup> Centers for Disease Control and Prevention. BRFSS. 1997-2002.

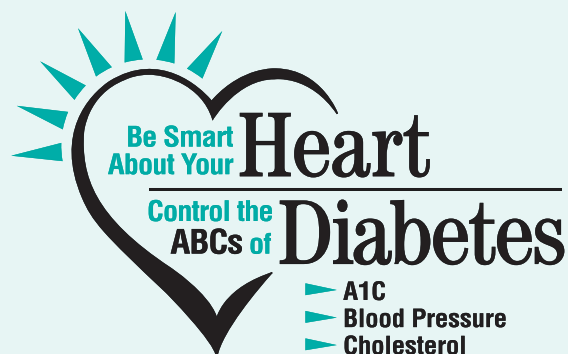
<sup>4</sup> 2003 U.S. Diabetes Patient Market Study, Roper Global Diabetes Program. Management Summary Report. Prepared for the American Diabetes Association.

<sup>5</sup> American Diabetes Association. Assessing the Cardiovascular Risks Associated with Diabetes (Physicians Study). 2002.

# Launch and Implement the Diabetes and Cardiovascular Disease Campaign— Be Smart About Your Heart. Control the ABCs of Diabetes

## CAMPAIGN OVERVIEW

Launched in November 2001, the NDEP's *Be Smart About Your Heart. Control the ABCs of Diabetes* campaign focuses on educating people with diabetes (PWD) about the link between diabetes and cardiovascular disease (CVD) and how to manage their CVD risk factors to help prevent heart attacks, strokes, and premature death. Research has demonstrated that with even small improvements in controlling the ABCs of diabetes (A1C, Blood pressure, and Cholesterol), people with diabetes can live longer, healthier, and active lives.<sup>1</sup>



Although CVD is a major complication of diabetes and the leading cause of premature death among PWDs<sup>2</sup>—at least 65 percent of PWDs die from heart disease or stroke—less than one in three PWDs consider CVD to be a serious complication.<sup>3</sup>

To help reduce the risk of CVD and other complications, the ABCs campaign promotes these goals:

- A1C levels less than 7 percent.  
Check at least twice a year.
- Blood pressure measurements below 130/80.  
Check at every doctor's visit.
- Cholesterol (LDL) concentrations below 100.  
Check at least once a year, every 2 years if normal.

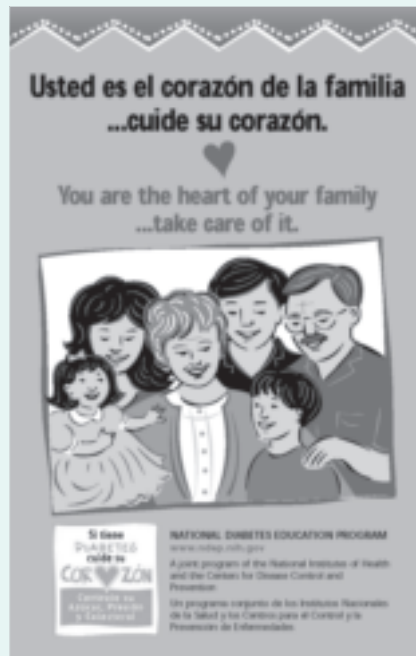
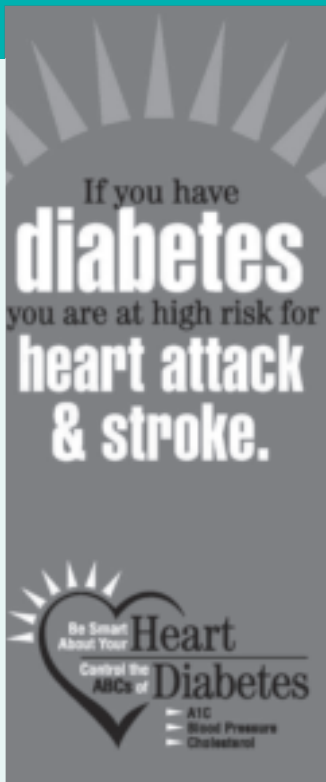
The NDEP has tailored the *Be Smart About Your Heart. Control the ABCs of Diabetes* campaign message for Hispanic and Latino Americans with the *Si tiene diabetes, cuide su corazón (If you have diabetes, take care of your heart)* campaign. *Take Care of Your Heart. Manage Your Diabetes: Blood Glucose, Blood Pressure, and Cholesterol* is the tailored message for Asian Americans and Pacific Islanders.

### Media Communications

The NDEP is promoting the ABCs message through an array of mass media vehicles, the Internet, and articles and commentaries in medical journals and publications. All media outreach efforts focus on one constant theme: If you have diabetes, you are at increased risk for heart disease and strokes. Find out what your ABC numbers are and work with your health care team to reach and maintain target values.

Media communications have included:

- June 2001 press conference announcing the ABCs message at the American Diabetes Association (ADA) annual scientific meeting.
- November 2001 media outreach, including a video news feed and audio news release featuring ADA and NDEP spokespersons for National Diabetes Awareness Month.
- March 2002 press conference with ADA—at the U.S. Department of Health and Human Services and featuring HHS Secretary Tommy Thompson—announcing new survey data regarding health care providers' understanding of the ABCs.
- November 2002 media outreach package coordinated with the state Diabetes Prevention and Control Programs (DPCPs) that included local press releases,



ABCs materials are available for many diverse audiences.

opportunities to co-brand PSAs, and recommendations for media events and outreach.

- A series of print media and web articles in conjunction with partners such as BET.com and Well & Healthy Women in addition to media tours with consumer magazines and responses to media articles that touch on the ABCs message.

### Public Service Announcements

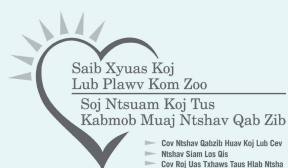
The NDEP actively partners with the ADA to promote and distribute television, radio, and print PSAs for the ADA's *Make the Link* campaign, a complementary effort that promotes the link between diabetes and CVD to health care providers and PWDs. *Make the Link* PSAs have been offered to NDEP partners for co-branding, spreading the message deeper into communities across the country.

### NDEP Publications

In addition to updating existing materials designed for the *Control Your Diabetes. For Life.* campaign with the ABCs message, several new publications were developed specifically for this campaign.

*Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol:* a general audience brochure that serves as the main fulfillment piece for the campaign, aiming to educate PWDs about the link between diabetes and CVD. The tri-fold brochure includes a handy wallet card to allow people to record and track their ABCs numbers, helping them reach their goals.

*Si tiene diabetes, cuide su corazón (If you have diabetes, take care of your heart):* an 8-page bi-lingual (Spanish and English) booklet, adapted from the ABCs brochure, is



ABCs materials available in:

Cambodian	Chamorro	Chinese
Chuukese	English	Gujarati
Hindi	Hmong	Japanese
Korean	Lao	Samoaan
Tagalog	Thai	Tongan
Vietnamese		



In addition to distributing PSAs in partnership with the American Diabetes Association, the NDEP promotes the ABCs message through both print and broadcast news coverage.

¿Sabía usted que 2 de cada 3 personas con diabetes mueren por enfermedades del corazón o derrames cerebrales?

Afortunadamente usted puede disminuir su riesgo de desarrollar enfermedades del corazón o derrames cerebrales si baja el nivel de azúcar en la sangre, el colesterol y la presión arterial.

- Baje su nivel A1C a menos de 7. La prueba A1C mide el promedio del nivel de azúcar en la sangre durante los últimos 3 meses.
- Mantenga la presión arterial por debajo de 130/80.
- Disminuya el nivel de colesterol "malo" o LDL por debajo de 100.

¡Pida a su médico que le explique más sobre la conexión entre la diabetes y las enfermedades del corazón.

State program name and phone number will go here

designed to educate Hispanic and Latino Americans about the link between diabetes and CVD and includes a form for recording and tracking ABC goals.

A *Cuide Su Corazón* flipchart, featuring a scripted presentation and illustrations, was developed for community health workers (Promotoras) and health educators to use in Hispanic and Latino communities.

*Take Care of Your Heart. Manage Your Diabetes: Blood Glucose, Blood Pressure, and Cholesterol*: these reproducible handouts, also adapted from the ABCs brochure, are designed to educate Asian Americans and Pacific Islanders about the link between diabetes and CVD and include a form for recording and tracking ABC goals. Handouts are available in 15 Asian and Pacific Islander languages.

## OUTREACH MEASURES

### Media Tracking

To fuel TV news coverage of the campaign, the NDEP distributed a video news feed, resulting in 176 stories that created nearly 50 million media impressions, the equivalent of about \$230,000 in free advertising. Stories aired in 12 of the top 15 markets, including Los Angeles, Chicago, Philadelphia, San Francisco, Detroit, Atlanta, and Washington, DC.

To date, almost 900 articles featuring the ABCs message have been published, reaching a circulation of over 257 million. Major magazine placements include *Time*, *Essence*, and *Parade*.

Journal articles authored by the NDEP about the ABCs have appeared in *American Family Physician* and the *Journal of the American Medical Association*.

As for PSA reach, according to the American Diabetes Association:

- Approximately 33,000 *Make the Link* TV PSAs have attained about 648 million media impressions, representing a value of about \$4.5 million.
- Approximately 48,300 *Make the Link* radio PSAs have reached an estimated 111 million listeners, representing a value of \$3.04 million.

## PROGRESS MEASURES: INDICATORS THAT CONTROL OF THE ABCS OF DIABETES IS IMPROVING

Data from the National Health and Nutrition Examination Survey (NHANES) provide NDEP with the best indicators for tracking progress in control of the ABCs of diabetes. A comparison of data from

NHANES III (1988–1994) and NHANES 1999–2000 reveals that **A** (glucose control measured through A1C values) has remained steady while **B**lood pressure and **C**holesterol measures have shown modest improvements (see Figure 5). These measures were obtained before the NDEP launched the *Be Smart About Your Heart* campaign in November 2001 and provide a baseline for tracking future progress.

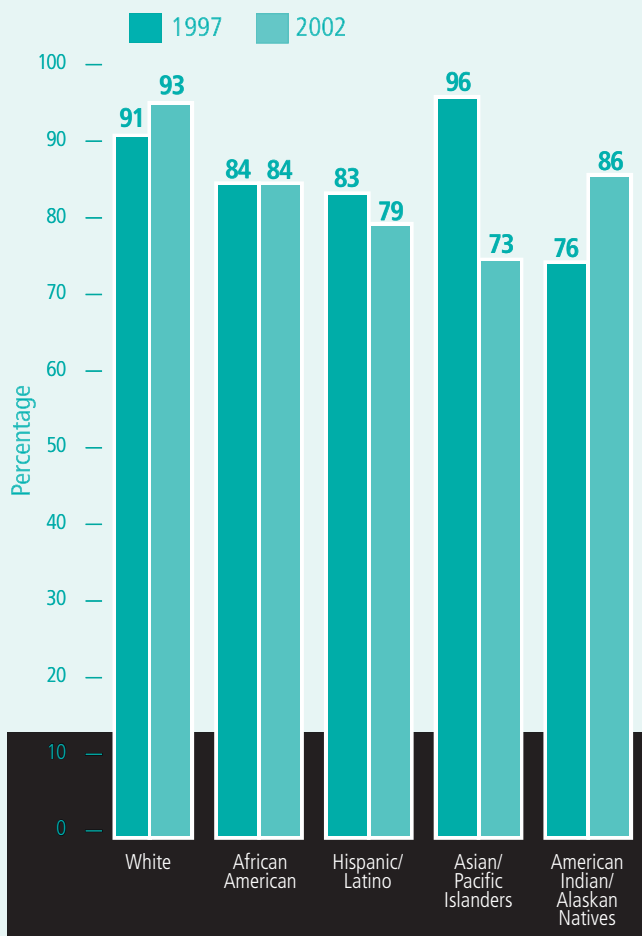
Figure 5. Control of the ABCs of Diabetes in People with Diabetes

	NHANES 1998-1994	NHANES 1999-2000
Mean A1C	7.6	7.8
Mean BP	137.9/73.5	134.8/71.5
Mean Cholesterol	222.8	208.9

The most recent NHANES data show that overall, only 7.3 percent of PWDs were in “total control” of all three ABC risk factors in 1999-2000.<sup>4</sup> This figure is slightly higher than the 5.2 percent in “total control” in 1988-1994.

Looking at ABC control by individual risk factor, in 1999-2000, 37.0 percent had achieved the target A1C level of less than 7; 37.2 percent were above the recommended “take action” level of 8 percent. These figures are not significantly different from NHANES 1988–1994 data. In 1999–2000, 35.8 percent had achieved the target systolic blood pressure of less than 130 mmHG and diastolic blood pressure of less than 80, a figure that was comparable to NHANES 1988–1994. In terms of cholesterol levels, 49.2 percent had total levels below 200 in 1999–2000, a marked improvement over the 33 percent below 200 in 1988–1994.<sup>4</sup>

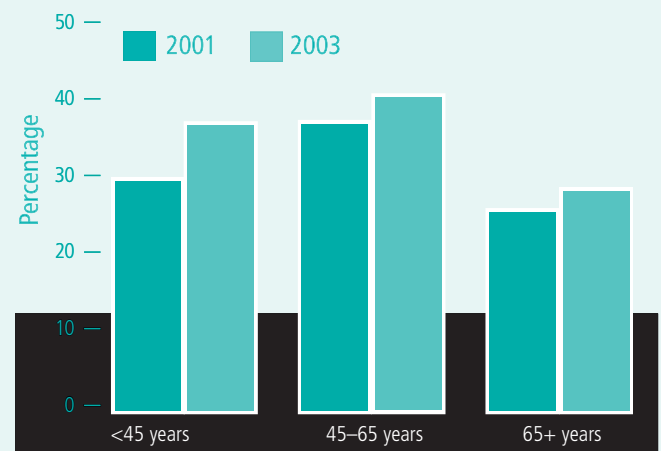
Figure 6. Percentage of people with diabetes who have ever had their blood cholesterol checked (by race/ethnicity)



BRFSS 1997–2002

In addition to tracking progress in control of the ABCs of diabetes, survey data enable the NDEP to track the extent to which PWDs report having their risk factors checked and taking medications to control risk factors. The BRFSS survey in 1997 asked PWDs if their blood pressure had been checked in the past 6 months. About 92 percent of PWDs answered affirmatively, with little variation across racial and ethnic groups (this question was not repeated in 2001 or 2002). Similarly, the vast majority of PWDs (90 percent in 2002) report ever having had their blood cholesterol

Figure 7. Percentage of people with diabetes who are aware of CVD complications



Source: Roper Global Diabetes Program, 2003 U.S. Diabetes Patient Market Study, Management Summary Report, Prepared for the American Diabetes Association)

checked. BRFSS data indicate an increase in cholesterol monitoring across all racial and ethnic groups from 1997–2002 (see Figure 6, page 20).<sup>5</sup>

BRFSS 2001 found that among PWDs who were told they have high blood pressure, 87 percent said they were taking medication for their high blood pressure, with little variation across racial and ethnic groups (see Figure 8).<sup>5</sup> A 2003 ADA survey found that 50 percent of PWDs report having high cholesterol/lipid problems and 66 percent of them were taking medication.<sup>6</sup>

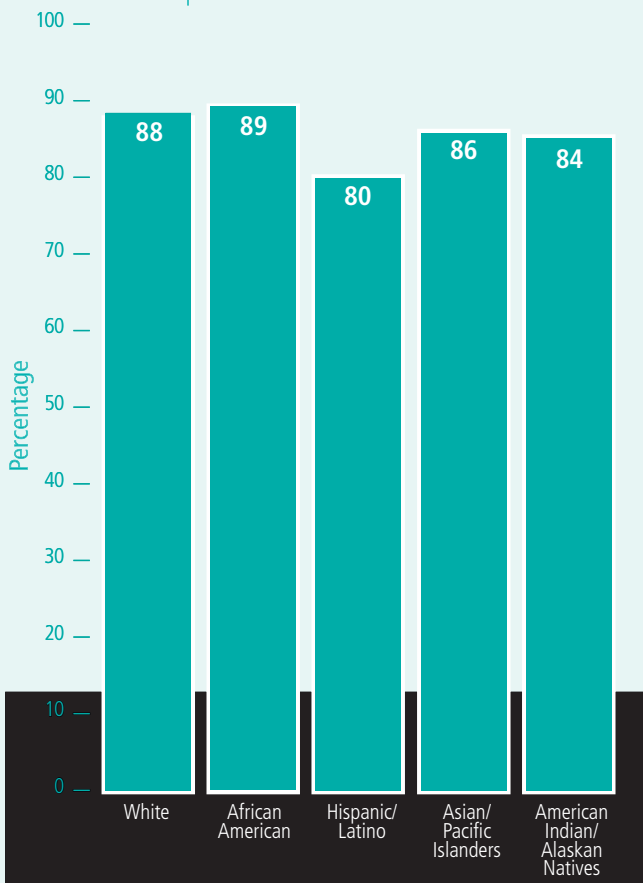
To track awareness and knowledge of the ABCs of diabetes message, the ADA has conducted tracking surveys among PWDs. Survey data indicate that in 2003, 12 percent of PWDs had heard or seen anything about the “ABCs of diabetes” and 24 percent of these PWDs correctly identified what the phrase means.

As another indicator of the preliminary impact of the ABCs message, data from a 2003 survey of PWDs show that awareness of CVD complications has increased among all age groups and ethnic backgrounds (see Figure 7, page 20).<sup>6</sup>

### Health Care Providers

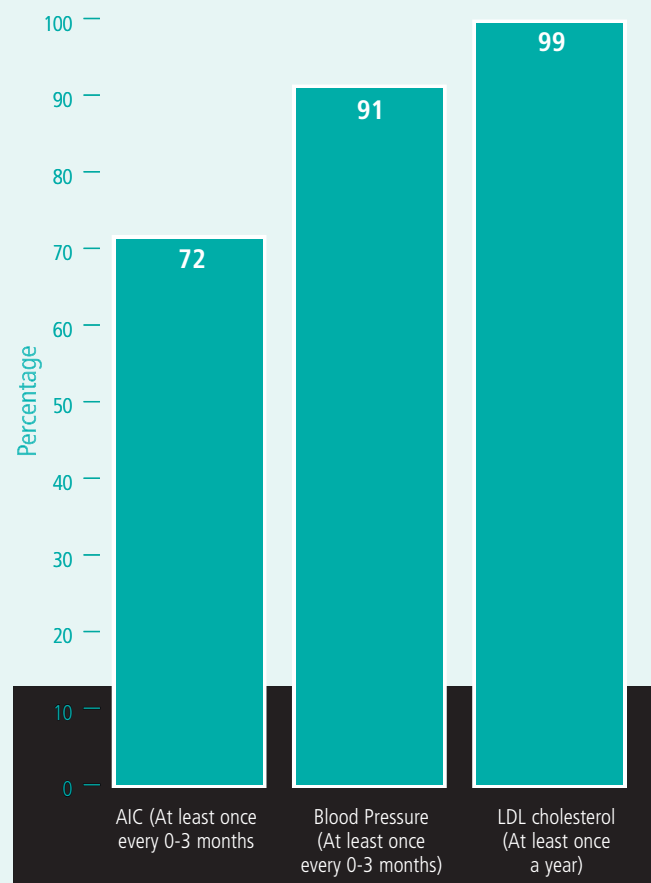
In coordination with the ADA and the American College of Cardiology (ACC), the NDEP is working to educate physicians and other health care providers about the link between diabetes and cardiovascular disease and comprehensive control of the ABCs. The NDEP’s *Be Smart About Your Heart* campaign and the ADA’s *Make the Link* campaign are complementary efforts that promote recommended guidelines for managing the ABCs of diabetes to the health care community. The NDEP, ADA, and many other partner organizations reinforce the ABCs message through their communication channels.

Figure 8. Percentage of people with diabetes and high blood pressure who are taking medication for their high blood pressure



BRFSS 2001

Figure 9. Percent of health care providers who report monitoring the “ABCs of Diabetes”



ADA Physicians Survey 2002

In 2002, ADA conducted a survey of physicians' knowledge, attitudes, and practices related to diabetes management and CVD. This survey has provided the NDEP and ADA with baseline measures for tracking progress in promoting the ABCs of diabetes. In 2002, 5 percent of physicians surveyed identified all three ABCs of diabetes; 11 percent correctly identified the "A" as A1C; 11 percent identified the "B" as blood pressure; and 10 percent identified the "C" as cholesterol.<sup>7</sup>

In terms of physician practices, ADA's 2002 survey found that 72 percent of physicians reported monitoring their diabetes patients' A1C levels at least once every three months; 91 percent reported checking their diabetes patients' blood pressure at least once every three months; and 99 percent reported monitoring their diabetes patients' LDL cholesterol at least once a year (see Figure 9, page 21).<sup>7</sup>

A study of patient charts conducted by the National Ambulatory Medical Care Study (NAMCS) measured the frequency of testing for cholesterol and blood pressure during physician visits.

- In 1997, blood pressure was measured in 73.7 percent of diabetes-related visits; in 2000, this number was virtually unchanged at 73.8 percent.
- In 1997, cholesterol levels were measured in 9.9 percent of diabetes-related doctor visits; in 2000, this number climbed to 19.4 percent.

## WHAT'S NEXT?

As scientific evidence demonstrated the need to control CVD risk factors among people with diabetes to reduce illness and premature death, the NDEP and its partners created the *Be Smart About Your Heart* campaign. The NHANES data reported above clearly indicate the need for the NDEP, ADA, and other partners to continue to conduct outreach and education to PWDs and health care providers regarding control of the ABCs of diabetes. The NDEP will continue to move forward with outreach on this important message to help PWDs reach their target goals, including:

- Enlisting new partners in outreach to health care providers and people with diabetes, partners that will strengthen outreach through professional organizations and continuing medical education as well as through consumer health fairs, offices of health care providers, pharmacies and other places where consumers seek counsel and information on health care issues.
- Creating new tools for promoting the message, including public service advertising, educational and motivational videos and renewed—and continual—outreach through the media.
- Developing tools that can be used by individuals and CBOs to support behavior changes that lead to better control. ▲

<sup>1</sup> National Institute of Diabetes, Digestive, and Kidney Diseases. "As Diabetes Epidemic Surges, HHS and ADA Join Forces to Fight Heart Disease, the Leading Cause of Death for People with Diabetes." November, 2001. Available at: <http://www.niddk.nih.gov/welcome/releases/11-01-01.htm>. Accessed September 24, 2003.

<sup>2</sup> Centers for Disease Control and Prevention. Centers for Disease Control and Prevention: Diabetes Surveillance Report, 1999.

<sup>3</sup> 2001 U.S. Diabetes Patient Market Study, Roper ASW, 2001. Prepared for the American Diabetes Association.

<sup>4</sup> Saydah SH, Fradkin J, Cowie CC. Poor Control of Risk Factors for Vascular Disease Among Adults With Previously Diagnosed Diabetes. *JAMA* 2004; 291: 335-342.

<sup>5</sup> Centers for Disease Control and Prevention. BRFSS. 1997-2002.

<sup>6</sup> 2003 U.S. Diabetes Patient Market Study, Roper Global Diabetes Program. Management Summary Report. Prepared for the American Diabetes Association.

<sup>7</sup> American Diabetes Association. Assessing the Cardiovascular Risks Associated with Diabetes (Physician Study), 2002.



# Launch and Implement the Small Steps. Big Rewards. Prevent type 2 Diabetes Campaign

## CAMPAIGN OVERVIEW

The NDEP launched its *Small Steps. Big Rewards. Prevent type 2 Diabetes* campaign in February 2003. The campaign is targeted at delaying or preventing the onset of type 2 diabetes in adults.



## Prevent type 2 Diabetes

Based on the Diabetes Prevention Program (DPP), the campaign aims to create awareness among health care professionals and people at risk that type 2 diabetes can be prevented or delayed with modest changes in lifestyle—i.e., small steps. By losing 5 to 7 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's messages 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 type 2 diabetes.
- **For health care providers:** Assess your patients for pre-diabetes and help them initiate the modest changes necessary to prevent type 2 diabetes.

The campaign was launched with television and print PSAs as well as outreach to print and broadcast news outlets to generate news stories and increase awareness. The NDEP has conducted research with campaign audiences and is consulting with the program's advisory groups to tailor the message and activities for high-risk groups.

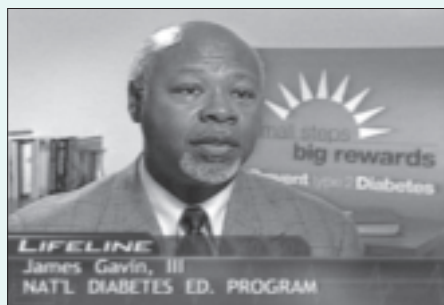
### Media Communications

To reach both people at risk for developing diabetes and health care providers, the NDEP is distributing *Small Steps. Big Rewards.* campaign messages through a multi-pronged effort utilizing broadcast and print media as well as the Internet.

In November 2002, U.S. Secretary of Health and Human Services Tommy Thompson introduced the *Small Steps. Big Rewards.* campaign during a press conference. NDEP chair James R. Gavin III, M.D., Ph.D., participated in the event and supported it with a media tour with magazine editors in New York City. In February 2003, the NDEP released the "Get Real" PSAs and supported them with a video news feed featuring Secretary Thompson, Dr. Gavin, and a participant in the DPP trial as well as a radio media tour featuring Dr. Gavin. These events have been supported by a series of media relations initiatives with broadcast, print, and web outlets.

### Public Service Announcements

The NDEP has distributed general audience television and print PSAs with the theme "Get Real." The PSAs convey the campaign's key message: "You don't have to knock yourself out to prevent diabetes." Instead, the ads encourage people to take small steps to lose a modest amount of weight.



The NDEP uses both media coverage and PSAs to educate people at risk for diabetes about the small steps they can take to prevent the disease.

The campaign’s target audience is people at risk for diabetes who are over 45 and overweight. To capture the target audience’s attention to this important prevention message, the “Get Real” PSAs use a humorous, positive approach, with a cast of ethnically diverse actors demonstrating the recommended behaviors. The ads encourage the target audience to talk to their health care providers and to call the NDEP for free educational materials.

### NDEP Publications

One of the cornerstones of the campaign is the GAME PLAN toolkit. 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 providers, stressing that while huge changes are often unrealistic, moderate changes in lifestyle—such as taking a 30-minute walk every day, or trying to lose just 10 to 15 pounds rather than 100—can cut dramatically a person’s risk for type 2 diabetes. Among other innovations, there is an original music CD, “Movimiento,” to promote physical activity through energizing songs from diverse Hispanic/Latino cultures.

### Partner Activities

The NDEP has created materials for partners to ensure that the *Small Steps, Big Rewards* campaign messages are consistent through all its programs, businesses, and organizations, and that one clear message is presented to the public. Given the complex nature of the message itself, the NDEP is phasing in release of prevention campaign messages over time to keep the information in the public eye and to encourage sustainable lifestyle changes.

In February 2003, the NDEP organized a Partners in Diabetes Prevention meeting in Washington, DC. The

meeting brought together over 200 current and potential new partners from voluntary organizations, businesses, trade associations, and government agencies. The NDEP introduced the *Small Steps, Big Rewards* campaign messages and materials and provided partners with resources to integrate the campaign into their current activities.

## OUTREACH MEASURES

### Media Tracking

The general audience TV PSA, “Get Real,” has aired over 12,000 times on more than 200 stations, garnering nearly 300 million audience impressions for an estimated \$1.7 million in free advertising. The PSA also has aired on *AccentHealth*. With healthy lifestyle programming supplied by CNN, *AccentHealth* airs in over 10,000 medical waiting rooms across the country. The PSA has reached an estimated 13 million patients for an additional \$260,000 in free advertising. In addition, a video news feed promoting the campaign was released, generating 220 stories and reaching approximately 29 million viewers.

The “Get Real” print PSAs have run over 400 times, reaching an estimated 4.5 million readers. The NDEP also has pitched the campaign actively to the print media. To date, articles featuring the *Small Steps, Big Rewards* campaign have reached a circulation of over 63 million. Major placements include *The Wall Street Journal*, *Time*, *Newsweek*, *Heart & Soul*, *Woman’s Day*, *Ladies Home Journal*, and *Essence*.

To help support the campaign, the NDEP conducted radio media tours and released two audio news releases.

The radio outreach has resulted in nearly 10,000 airings, reaching an estimated 34.3 million listeners. Additionally, radio PSAs to support the diabetes prevention campaign geared toward Hispanic and Latino Americans reached over 96 million listeners and garnered over \$327,000 in free advertising.

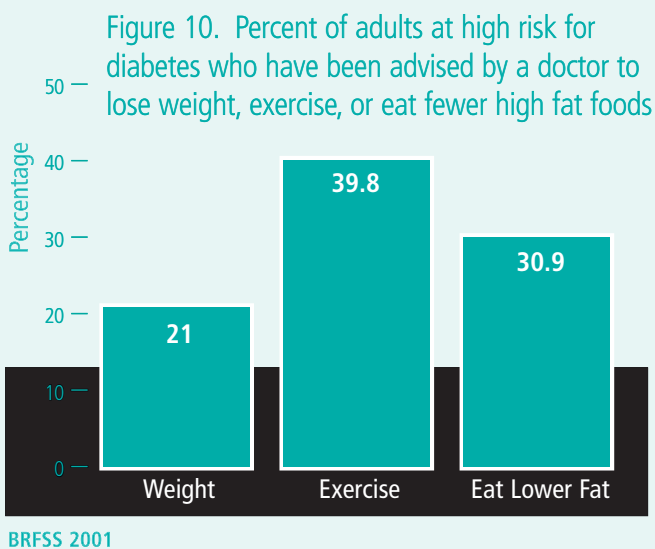
## PROGRESS MEASURES: CHANGING THE WAY DIABETES IS PREVENTED

The *Small Steps. Big Rewards.* campaign is designed to educate people at risk for diabetes (PARs) and their health care providers about the steps they can take to reduce their chances of getting type 2 diabetes by more than 50 percent.<sup>1</sup>

NDEP has identified some existing baseline measures to track the progress of the campaign. Data from these and other existing surveys plus NDEP's own survey research will be used to track progress and modify campaign strategies.

According to NHANES 1999-2000, 64.5 percent of U.S. adults (20 years of age and older) are overweight; 30.5 percent of overweight adults are clinically obese and 4.7 percent are severely obese.<sup>2</sup> As this population continues to age, the potential for increased rates of diabetes could skyrocket.

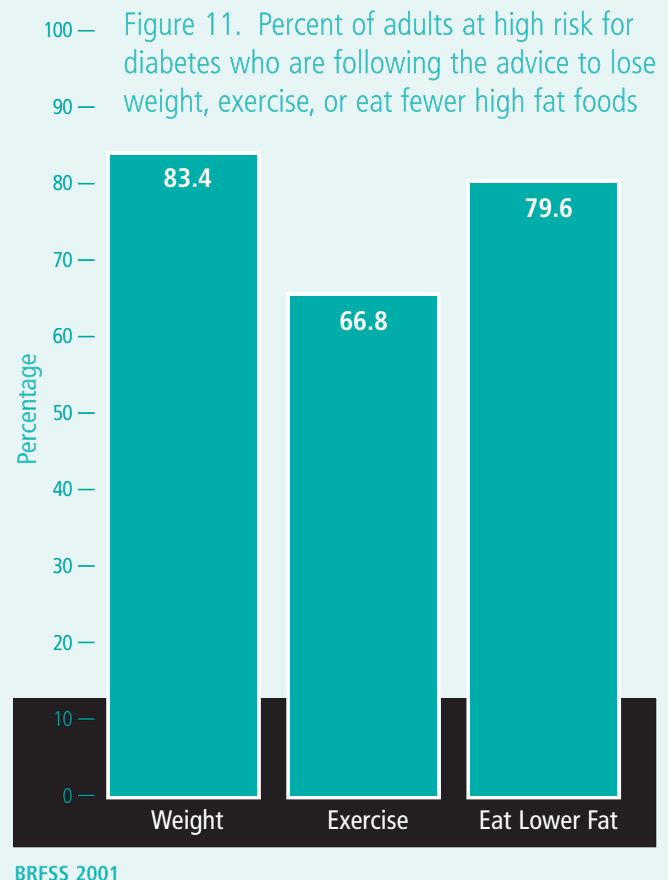
According to the 2001 BRFSS, 21 percent of PARs have been advised by their doctor to lose weight;

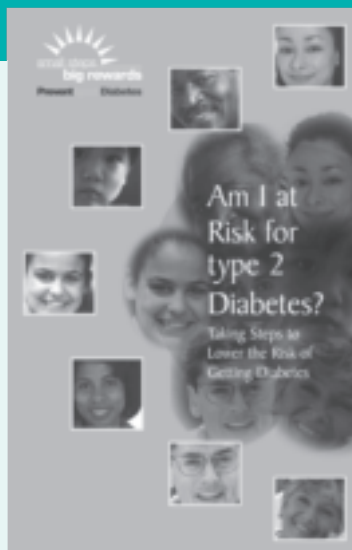


30.9 percent have been advised to reduce their consumption of fatty foods; and 39.8 percent have been advised to start some form of exercise (see Figure 10).<sup>3</sup>

A large proportion of PARs who have been advised to take action report that they are following their health care providers' advice: 83.4 percent are attempting to lose weight, 66.8 percent are trying to get more exercise; and 79.6 percent are trying to reduce their consumption of fatty foods (see Figure 11).<sup>3</sup>

A 2003 survey conducted by the ADA among the general public that included a sub-sample of overweight and obese Americans provides data on current knowledge, attitudes, and practices related to weight control among the at risk population. While more than half of the overweight or obese respondents knew that being overweight or obese puts a person at risk for type 2 diabetes, 59 percent of them did not acknowledge their own personal risk for the disease.<sup>4</sup> About two-thirds of overweight or obese respondents tried to lose weight in the past 2 years, and on average, they said they maintained their weight loss for about 25 weeks; 22 percent were successful at maintaining their weight loss for one year or more.<sup>4</sup>





To help people with pre-diabetes take small steps to prevent diabetes, the NDEP developed "Your GAME PLAN for Preventing Type 2 Diabetes."

Among the sample as a whole, people tended to overestimate how much weight a person needs to lose to improve their health status. The survey found that 38 percent agreed that a person who is 60 pounds overweight needs to lose all 60 pounds to achieve a health benefit. This is in marked contrast to the DPP findings, and other chronic disease studies, that showed an overweight or obese person only needs to lose 5 to 7 percent of their body weight (10-15 pounds) to improve their health.<sup>4</sup>

Knowledge of key information related to effective weight loss also was found to be low. While 72 percent of people surveyed said they felt they could identify portion sizes, only 23 percent actually knew the correct portion size for servings of protein, carbohydrate, and dairy in the USDA Food Pyramid. Similarly, about 75 percent of respondents underestimated by one day or more how often a person needs to exercise to achieve a health benefit.<sup>4</sup>

## WHAT'S NEXT?

The Diabetes Prevention Program study was a major breakthrough in diabetes research. The study demonstrated that individuals at high risk can turn the clock back and delay—if not fully prevent—the onset of diabetes. The NDEP leads the nation in developing

outreach tools for health care providers and individuals at risk to show them the way to get started. NDEP partners are stepping up to the challenge as well.

In 2004, the NDEP will release specially tailored materials—in more than 15 languages—to carry this hopeful prevention message to at risk communities, including African Americans, Hispanic and Latino Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and older adults. In addition to the release of tailored materials, NDEP will continue to move forward with outreach on this important message to help people at risk for diabetes understand this new message of hope and take action to reduce their risk, including:

- Working with professional organizations to ensure that all health care providers understand the implications of the DPP findings and, more importantly, have the skills and tools they need to prescribe and sustain lifestyle changes for their patients.
- Enlisting the entire NDEP Partnership Network in the *Small Steps. Big Rewards.* campaign to see the theme and message adopted across the diabetes community.
- Engaging an increasingly broader array of partners, including those from the food and fitness industry, to increase NDEP outreach to people at risk and continue to show the wide spectrum of ways individuals can take "small steps" to reduce their risk for diabetes. ▲

<sup>1</sup> National Diabetes Education Program. *Small Steps. Big Rewards. Your GAMEPLAN for Preventing type 2 diabetes: Health Care Providers Toolkit.* NIH Publication No. 03-5334, 2003.

<sup>2</sup> American Obesity Association (AOA). "AOA Fact Sheets, Obesity in the U.S.," 2002. Available at: [http://www.obesity.org/subs/fastfacts/obesity\\_US.shtml](http://www.obesity.org/subs/fastfacts/obesity_US.shtml). Accessed September 29, 2003.

<sup>3</sup> Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS), 1997, 2001.

<sup>4</sup> American Diabetes Association. "Weight Loss Matters Survey: Assessing Public Awareness of the Relationship Between Weight and Type 2 Diabetes," September 9, 2003

# 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 the NDEP. Program strategies include disseminating information and education to health care providers, school personnel, and those who care for children and adolescents, 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 PROVIDERS

In 2003, the NDEP's Health Care Providers Work Group designed and launched [BetterDiabetesCare.nih.gov](http://BetterDiabetesCare.nih.gov), a comprehensive web-based resource to assist with designing and implementing effective systems for diabetes care. The site was developed to help improve

clinical management of blood glucose, lipids, and blood pressure in people with diabetes. Numerous studies show that people with diabetes have limited success in reaching desired treatment goals, they have a poorer quality of life, and they die earlier than people without diabetes. Plus, diabetes is one of the costliest chronic diseases, reaching \$132 billion in direct and indirect expenditures in 2002.

The Better Diabetes Care website is easy to use and is designed to help health care providers, educators, policy makers, planners, and purchasers make changes in systems of care for people with diabetes. The tools help practitioners achieve effective results, whether they are experienced in quality improvement or new to the challenge. State-of-the-art materials and tools help users to focus energy, time and resources; assess needs and set priorities for change; plan strategies for realistic actions; reduce barriers to change; implement effective changes; evaluate process, outcomes, and costs; and improve patient outcomes.

The site provides models for systems change, examples of best practices, and links to many resources and references to assist with systems change. Key topics address how to implement patient-centered care, design community partnerships, focus on evidence-based decision making, develop an effective information system, meet the needs of diverse populations, align payment with quality, and prepare providers for systems change.

## DIABETESATWORK.ORG— A RESOURCE FOR BUSINESS LEADERS

The NDEP's Business and Managed Care (BMC) Work Group launched [DiabetesAtWork.org](http://DiabetesAtWork.org) in 2002. Developed in collaboration with public and private partners, Diabetes At Work is a comprehensive web resource to help businesses meet the burgeoning



This comprehensive web resource provides tools to change systems of care for health care professionals.

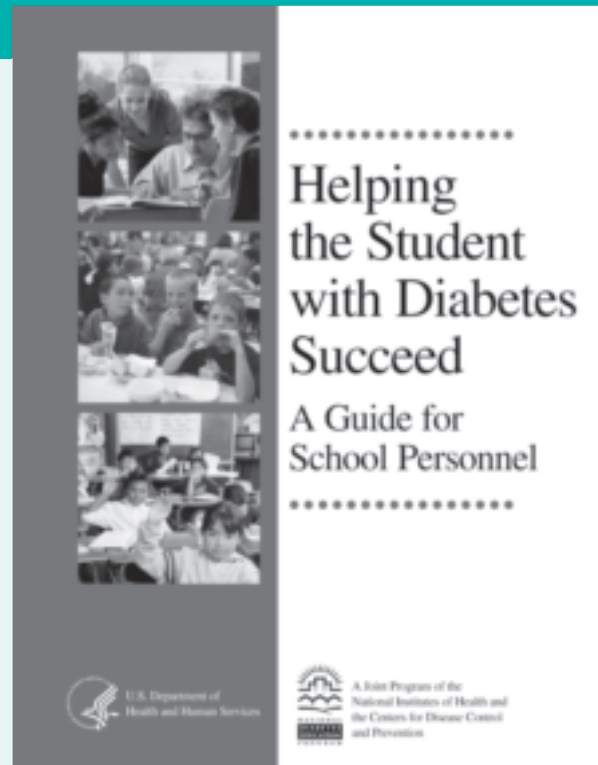


This online health resource kit helps business leaders ensure that PWDs remain effective and productive employees.

diabetes epidemic head on. The site links top-level managers, occupational health providers, 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 National Business Group on Health.

Key features of this web-based resource include a worksheet to enable companies to assess their need for diabetes education and management at their worksites, 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 can be downloaded, emailed, and incorporated into electronic presentations.

In addition to launching the website, the BMC work group has created a workshop to give health and business managers an opportunity to sample the online resource kit and get an inside look at some successful corporate wellness strategies already in place. The work group has hosted workshops in Philadelphia, Dallas-Fort Worth, and Cromwell, CT, and has plans to continue the workshops in other regions.



This comprehensive guide is designed to empower school personnel, parents, and students to create a safe learning environment and equal access to educational opportunities for all students with diabetes.

## RESOURCES FOR SCHOOL PERSONNEL, PARENTS, AND CHILDREN

To ensure a safe learning environment and equal access to educational opportunities for all students with diabetes, the 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.

Individual copies of *Helping the Student with Diabetes Succeed* were mailed directly to 52,000 school nurses on the National Association of School Nurses mailing list and 10,000 were mailed directly to members of the American Association of School



These colorful tip sheets provide basic information about type 2 diabetes and encourage young people to take steps to manage the disease for a long and healthy life.

Administrators. Additionally, a total of 11,000 copies were sent to the 18 organizations supporting the guide and to corporate partners. These copies were distributed through each organization's network. Finally, 3,500 copies were sent to the state Diabetes Prevention and Control Programs and other NDEP partners and 6,100 were ordered from the clearinghouse.

Enclosed with each guide was a feedback form, and approximately 800 forms were returned as of December 2003 from the 83,000 guides distributed, representing approximately a one percent return rate. Ninety percent of respondents were school nurses, while the other 10 percent was comprised of school personnel and administrators, health care professionals, and parents. Respondents were overwhelmingly positive about the usefulness of each section of the school guide, and over 90 percent provided a response to an open-ended question regarding what pleased them about the guide. The NDEP will work with various partners to perform further evaluation of the guide throughout 2004.

To supplement the NDEP's efforts, the American Diabetes Association (ADA) has created a set of web-based training modules based on the guide, called "Diabetes Care Tasks at School: What Key Personnel Need to Know." These modules are available on the ADA website, [www.diabetes.org](http://www.diabetes.org).

*Tips for Kids with Type 2 Diabetes* is a series of colorful patient education handouts that provides basic information about type 2 diabetes and how to manage it to live a long and healthy life. These reproducible tip sheets were developed to meet the need for 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."

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

Additionally, the NDEP has compiled a bibliography for health care providers and others interested in the topic of diabetes in children and adolescents. Updated in 2004, this bibliography lists the most important and/or influential articles on the topic. ▲

## NDEP School Guide Supporting Organizations

American Academy of Pediatrics  
 American Association for Health Education  
 American Association of Diabetes Educators  
 American Diabetes Association  
 American Dietetic Association  
 American Medical Association  
 Barbara Davis Center for Childhood Diabetes  
 Centers for Disease Control and Prevention  
 Indian Health Service  
 Juvenile Diabetes Research Foundation International  
 Lawson Wilkins Pediatric Endocrine Society  
 National Association of Elementary School Principals  
 National Association of School Nurses  
 National Association of Secondary School Principals  
 National Association of State Boards of Education  
 National Diabetes Education Program  
 National Education Association Health Information Network  
 National Institute of Diabetes and Digestive and Kidney Diseases, NIH  
 U.S. Department of Education

## Financial Supporting Organizations

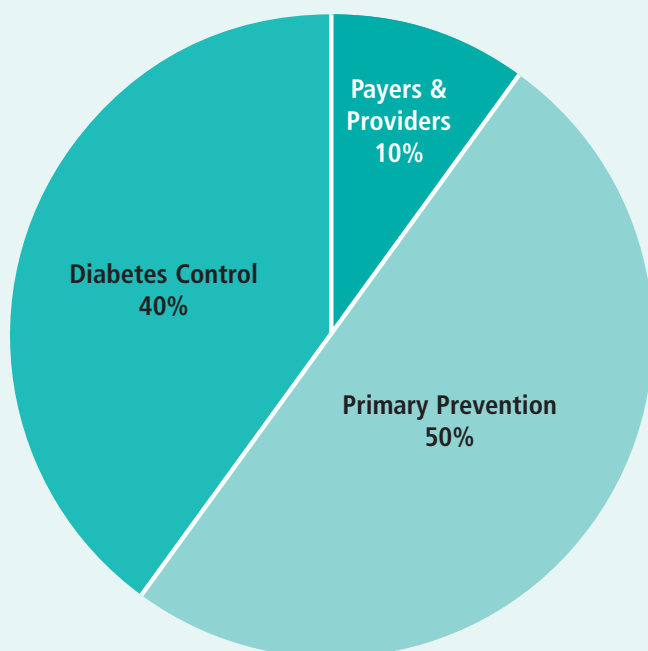
Aventis Pharmaceuticals  
 Eli Lilly and Company  
 Indian Health Service  
 Medtronic MiniMed  
 Novo Nordisk Pharmaceuticals, Inc.  
 Pfizer Inc.

# Priorities For The Future

On December 2, 2003, the National Diabetes Education Program Steering Committee focused on developing its next 3-year Strategic Plan. In a series of discussions over the day, Steering Committee members addressed two challenges: how to balance the resources of the NDEP among competing messages and, in turn, how to balance outreach to several different audiences. The Steering Committee—comprised of representatives of more than 30 organizations actively engaged in diabetes issues—fully recognizes that NDEP does not operate in a vacuum. The directions are established with the full recognition that only through collaboration and cooperation across the full spectrum of organizations engaged in improving care for people with diabetes *and* in preventing diabetes among those at risk will progress be made in changing the way diabetes is treated.

The emerging consensus recommendations are reflected in the following chart below, which allocates 50 percent of the NDEP’s resources to primary prevention, 40 percent to diabetes control, and 10 percent to payer and provider issues.

NDEP Priorities for the Future



As the consensus emerged from the Steering Committee, the following points have been made in discussions and reports:

- Early detection of diabetes is critically important, but can be addressed both through prevention and control efforts. A strong detection message can be linked to prevention outreach that encourages anyone with risk factors to talk to their health care provider about their risk for diabetes. The audiences for prevention and detection are a perfect match.
- The payer-provider-policymaker outreach emerged as a focused effort to make the economic case for treating pre-diabetes and diabetes. In the next year, the NDEP plans to convene a group of experts to address this issue and develop supporting materials. Partner organizations may be able to utilize the information in a variety of formats to meet their missions.
- Diabetes control remains critically important. It includes outreach to people with diabetes, business leaders ([www.diabetesatwork.org](http://www.diabetesatwork.org) and other tools and reports), and health care providers and health care systems ([www.betterdiabetescare.nih.gov](http://www.betterdiabetescare.nih.gov)).

As discussion turned to target audiences, several key issues emerged:

- Steering Committee members gave highest priority to reaching people at risk (prevention), people with diabetes (control), and health care providers. Members believed that more than 50 percent of the NDEP’s outreach should be aimed directly at the individuals affected and at their health care providers.
- Health care systems are also seen as critical players. As several individuals put it in discussion, if the “system” is not set up to provide optimal care, efforts to reach people with diabetes and their health care providers will not be as effective as we want them to be.
- Other audiences—community leaders, business leaders, family members of those affected, and many others cited by Steering Committee members—will be important in several ways. In some cases, they are credible conduits for delivering messages to individuals and health care providers. In other cases, such as



business leaders, they can play a key role in both delivering information to individuals and in seeking systems of care—insurers—that meet the needs of their employees with diabetes. In these instances, the balance of outreach to selected audiences will depend on the specific goals and strategies of the campaign, intervention, or outreach program.

Another resounding message emerged from the Steering Committee discussions. The NDEP has developed a wide range of effective tools:

- The NDEP has materials about diabetes control, cardiovascular disease, and comprehensive control in many languages.
- The NDEP has materials for patients, family members, health care providers, and business leaders.
- The NDEP is about to release a comprehensive set of prevention tip sheets and tools for those at high risk for diabetes, again in multiple languages and formats.

The challenge moving forward is getting these tools and products into the hands of those that can use them effectively. The NDEP, along with its Partnership Network, is committed to this mission. Only through the collaborative efforts of everyone concerned with improving care for—and ultimately preventing—diabetes will progress be made. ▲

# National Diabetes Education Program Committee and Staff Members

(as of December 31, 2003)

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Frank Vinicor, M.D., M.P.H.

American College of Physicians

Indiana University School of Medicine

National Institute of Diabetes and Digestive and Kidney  
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Morehouse School of Medicine

Division of Diabetes Translation, CDC

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American Health Quality Association

Indian Health Service

West Virginia Diabetes Prevention and Control Program

Association of Asian Pacific Community Health Organizations

Juvenile Diabetes Research Foundation International

National Alliance for Hispanic Health

American College of Physicians

Centers for Medicare & Medicaid Services

Association of Asian Pacific Community Health Organizations

The Links, Inc.

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Agency for Healthcare Research and Quality

American Academy of Nurse Practitioners

National Institute of Diabetes and Digestive and Kidney  
Diseases, NIH

LBJ Hospital (American Samoa)

University of Michigan Diabetes Research and Training Center

Morehouse School of Medicine

National Urban League

American Pharmacists Association

University of Michigan Diabetes Research and Training Center

American Association of Diabetes Educators

National Asian Women's Health Organization

American Dietetic Association

University of Illinois College of Medicine

Indiana University School of Medicine

American Academy of Physician Assistants

General Motors Corporation

Barrington & Chappell

Indian Health Service

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American Academy of Family Physicians

U.S. Veterans Administration Health Care System

American Diabetes Association

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National Urban League  
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Georgia Diabetes Prevention and Control Program  
Center for Substance Abuse Treatment, HHS  
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Mississippi Department of Health  
U.S. Department of Agriculture

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