

NDEP tells mothers: It's Never Too Early to Prevent Diabetes



Dr. Rodgers, RADM Moritsugu, and Ms. Loveluck stretch with moms and kids at Mary's Center.

On April 25, 2006, NDEP partners and friends gathered at Mary's Center for Maternal and Child Care in Washington, D.C. to launch *It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family*, a new diabetes prevention message spreading the word about the risk for type 2 diabetes faced by women with a history of gestational diabetes mellitus (GDM) and their offspring. More than 75 people attended the launch event, including local NDEP partners and work group members, health care professionals, community health workers, members of the media, and mothers with a history of GDM and their children. On hand to introduce NDEP's newest message was RADM Kenneth P. Moritsugu, U.S. Deputy Surgeon General; Griffin P. Rodgers,

M.D., acting director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); Maria Gomez, R.N., M.P.H., president and CEO of Mary's Center; Eliana Loveluck, M.S.W., program director for the National Alliance for Hispanic Health; and Carol Baker, a mother with a history of GDM and a Diabetes Prevention Program (DPP) participant.

Each speaker emphasized the importance of spreading the word that by taking small steps—like making healthy food choices and being more physically active—women with a history of GDM can help prevent or delay future diabetes. Children can lower their risk for type 2 diabetes by not becoming overweight. The fun-filled event concluded with a family-friendly fitness activity, as the entire audience followed the lead

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A Message from our Chair



Welcome to the summer 2006 issue of *NDEP Update*. Until recently, diabetes was what some called the "Rodney Dangerfield of diseases" because it did not get the respect it deserved. Now, a recent *Diabetes Care* paper estimates that there are 73 million people with or at risk for diabetes, and an American Diabetes Association study estimated that in 2002, direct medical and indirect expenditures attributable to diabetes were \$132 billion. Moreover, there is an almost daily barrage of information about the epidemic of diabetes,

risks of developing diabetes or its complications, and new treatments. For people with diabetes, people at risk, and their health care professionals, it is increasingly difficult to separate valuable guidance from hyperbole and conjecture.

NDEP messages and materials have always been evidence-based, making NDEP an objective, reliable source of information. In this issue of *Update* we review the connection between the science and the message by taking a closer look at the scientific evidence that has grounded NDEP since its inception. Dr. Griffin Rodgers, acting director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes

of Health (NIH), discusses the importance of NDEP's role in promoting evidence-based messages to people with and at risk for diabetes where they work, eat, live, and play.

Also in this issue, we share our newest tools, including *It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family*, our diabetes prevention tip sheet for women with a history of gestational diabetes mellitus (GDM), and *Silent Trauma: Diabetes, Health Status, and the Refugee*, our monograph examining diabetes among Southeast Asians in the United States.

As always, we proudly shine a spotlight on our partners' efforts to spread the word, and this month I'm pleased to single out the

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of mothers and toddlers as they stretched, marched, and danced to music.

It's Never Too Early to Prevent Diabetes is the latest addition to NDEP's *Small Steps. Big Rewards. Prevent type 2 Diabetes*, the nation's first comprehensive multicultural type 2 diabetes prevention campaign. NDEP has developed a number of new tools, including a tip sheet in English and Spanish that can help women with a history of GDM take steps to prevent or delay type 2 diabetes and help their children lower their risk for the disease.

GDM is a form of glucose intolerance that occurs during pregnancy and affects about 7 percent of all US pregnancies annually—approximately 200,000 cases each year. Women with a history of GDM have a 20 to 50 percent chance of developing diabetes throughout their lifespan, and their children are at increased risk for obesity and diabetes compared to other children.



From left: Ms. Gomez, Dr. Rodgers, RADM Moritsugu, Ms. Baker, and Ms. Loveluck.

The Diabetes Prevention Program (DPP), an NIDDK-funded clinical trial, found that people at risk for type 2 diabetes can prevent or delay the onset of the disease by losing 5 to 7 percent of their body weight through increased physical activity and a low-fat, low-calorie eating plan. The DPP included several hundred women with a history of GDM, and the powerful reduction in risk of diabetes demonstrated in the study—up to 58 percent—was found in all subgroups, including this group of women.

Media coverage of the launch event and new campaign included interviews that aired on local *Telemundo* and *Univisión* stations, as well as on *CNN Radio en Español*. Print stories appeared in the *Washington Hispanic*, *The Birmingham Times*, and *DOC News*. The announcement was also featured on the *DiabetesInControl.com* website, seven hospital websites and in many NDEP partner e-newsletters such as *The Endocrine Insider* and the *Academy of Nurse Practitioners SmartBrief Newsletter*. And NDEP *Paraded* into more than 20 million homes on Sunday, July 16 as *Parade* magazine's "Intelligence Report" promoted the new tip sheets.

For your own copy of the new *It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family*, tip sheet in English, the *Nunca es muy temprano para prevenir la diabetes. Pequeños pasos de por vida para una familia sana*, tip sheet in Spanish, and other *Small Steps. Big Rewards.* diabetes prevention materials, visit www.ndep.nih.gov or call 1-800-438-5383. ■

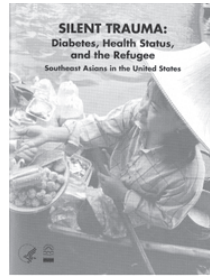
CHAIR from page 1

American Association of Diabetes Educators (AADE) for special praise. A true partner, AADE has played, and continues to play, a significant role in NDEP's success.

As we look to NDEP's tenth anniversary year in 2007, our challenge continues to be promotion—bridging the gap between science and outcome, between researcher and health care provider, and between academia and neighborhood clinic. We know the science and we've

New from NDEP

NDEP addresses Silent Trauma



New from the NDEP: *Silent Trauma*, a monograph addressing diabetes, health status, and the refugee experience of Southeast Asians in the United States. The impact of type 2 diabetes among Southeast Asians in the United States must be understood in the context of cultural, historical, and logistical factors pervasive in these communities. Effective diabetes prevention and control programs must be designed with these factors in mind.

This monograph discusses:

- The concern that type 2 diabetes is a serious condition among Southeast Asian Americans
- Misinterpreted traditional health practices that can lead to errors in diagnosis
- The high prevalence of post-traumatic stress disorder among Southeast Asian refugees that complicates diabetes care
- The need for culturally appropriate health care, including mental health services
- Promising practices for overcoming the many barriers to care
- Recommendations and resources for health care providers and organizational leaders concerning special issues related to diabetes

Jeff Caballero, M.P.H., executive director of the Association of Asian Pacific Community Healthy Organizations, led the development of *Silent Trauma* as former chair of NDEP's Asian American and Pacific Islander Work Group. "For too long, people have believed that the relative lack of data about diabetes among Southeast Asians means that there's no problem. But no data doesn't mean no disease," says Caballero. "Our hope with *Silent Trauma* is to increase awareness of the risk for type 2 diabetes in Southeast Asians and of all the factors that impact this unique community."

The monograph, developed for health care providers, public health leaders, mental health professionals, policy makers, academics, and all who work closely on health issues among Southeast Asian Americans, is available at www.ndep.nih.gov or by calling 1-800-438-5383. ■

developed valuable educational materials. It's now up to all of us to promote, promote, promote, and continue to change the way diabetes is treated. ■

Lawrence Blonde, M.D., F.A.C.P., F.A.C.E
Chair, National Diabetes Education Program

SPREADING THE *word* NDEP Partners at work.

Because our partners play such a key role in our mission to *promote, promote, promote*—they also play a key role in our ability to measure how we're doing. That's why the NDEP Partner Activities Survey, sent every spring and fall by email, is so important. NDEP and would like to thank all of our partners who participated in the spring 2006 edition of the survey. Here are just a few of the ways, reported in the survey, that our partners are working to change the way diabetes is treated.

State Diabetes Prevention and Control Programs (DPCPs)

- **Linda Leber** shares that last December, the **Kentucky DPCP**, in partnership with county health departments, adapted NDEP's *Get Real! You Don't Have to Knock Yourself Out to Prevent Diabetes*. print ad and placed it on a billboard in eastern Kentucky. The billboard stayed up through March of this year and was seen by 12,000 people *each day!* They also placed NDEP's article on diabetes and heart disease in two state-sponsored newsletters, *Focus* and *Commonwealth Communiqué*, reaching 43,500 people, and placed NDEP's article about Minority Health Month in the newsletter for the Governor's Office of Minority Empowerment, reaching 40,000 people.
- Thanks to **Richard Kropp** and the **Texas DPCP**, the summer 2005 and winter 2006 issues of *Texas Diabetes*, the Texas Diabetes Council newsletter reaching 27,000 health care professionals, included NDEP print PSAs "Diabetes Superhero" and "The Power to Control Diabetes Is in Your Hands." The Texas DPCP also displayed the *BetterDiabetesCare.nih.gov* web banner on all Texas Diabetes Council web pages geared to health care professionals and continuing medical education.
- The **Oklahoma DPCP** sent a broadcast email to health providers promoting the continuing education opportunities (CME/CE) available by using the NDEP's *BetterDiabetesCare.nih.gov* website as part of their distribution of materials to partners. **Marshan Marick** reports receiving positive feedback and that some recipients had not previously been aware of NDEP or its resources.
- **Sara Eve Sarliker** reported on how the **Washington State DPCP** conducted a campaign to promote NDEP messages in partnership with Confederated Tribes of the Colville Reservation Steps Program. Together, the groups tailored NDEP ads for American Indian and Alaska Native audiences living on and around the North Central Washington reservation. They developed print ads, posters, and tip sheets featuring local faces and multiple logos of the collaborating agencies. The campaign promoted *We Have the Power to Prevent Diabetes* tip sheets, posters, and print ads; the *Take Care of Your Heart. Manage Your Diabetes* poster, print ads, and tip sheets; and the *Move It!* kit for kids.

Work Group Members

- Using NDEP's *DiabetesAtWork.org* website as a framework, **Roger P. Austin of NDEP's Business and Managed Care Work Group** implemented a six-month workplace diabetes intervention program at DaimlerChrysler World Headquarters in Auburn Hills, Mich., that enrolled 127 participants with pre-diabetes, type 1 diabetes, and type 2 diabetes.
- **Leonard Pogach of NDEP's Health Care Provider Work Group** continued work on the Veterans' Health Administration (VHA) *MOVE! Prevent type 2 Diabetes.* campaign. VHA distributes NDEP materials via email to all diabetes educators working with the VA.
- **Carol Mallette of NDEP's African American Work Group** worked with the Southern Jersey Family Medical Centers' Diabetes Outreach and Education System to promote NDEP materials to providers and consumers in a five-county area of Southern New Jersey, distribute tip sheets at health and "Diabetes Day" fairs, and use NDEP talking points for presentations on radio talk shows, in her newsletter, and in other public venues.
- **Janine Rourke of NDEP's American Indian and Alaska Native Work Group** used NDEP radio PSA scripts for live radio interviews (and mentioned our website on the air!) and distributed posters and packets of materials to area schools and after-school programs, including the Boys & Girls Club.
- **Barbara J. Aung of the Pharmacy, Podiatry, Optometry, and Dentistry (PPOD) Work Group** delivered a presentation on NDEP programs and materials during an Arizona Diabetes Collaborative teleconference attended by 20 sites throughout Arizona.
- **Laurel Reger of NDEP's Older Adults Work Group** worked with the Minnesota Diabetes Collaborative to create an office poster based on the *Control Your Diabetes. For Life.* campaign and distributed thousands to primary care clinics across the state. She also placed a "Diabetes Superhero" print ad in a special supplement of the *Sunday Minneapolis Star Tribune* dedicated to diabetes.
- **Mele Look of NDEP's Asian American and Pacific Islander Work Group** included NDEP materials and resources in diabetes education training workshops for community health workers and outreach workers who focus on Native Hawaiians and other Pacific Islander groups.
- **Nichole Bobo of NDEP's Diabetes in Children and Adolescents Work Group** distributed NDEP's *Tips for Kids with type 2 Diabetes* and *Helping the Student with Diabetes Succeed: A Guide for School Personnel* to more than 300 school children and 200 school nurses. ■

the science

OF DIABETES PREVENTION

THE SCIENCE & THE MESSAGE

Why NDEP and its Partners are Invaluable

At the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) we support the world's top researchers as they examine the etiology of diabetes, define its scope, and test treatment options. NIDDK-funded research has definitively established links between diabetes and heart disease, kidney disease, retinopathy, and neuropathy, and provides the evidence base for diabetes prevention through lifestyle change.



NIDDK Acting Director
Griffin P. Rodgers, MD

For every breakthrough in the laboratory, for every success in a clinical trial, and for every landmark publication, there are thousands of health care professionals and millions of people with and at risk for diabetes who need to hear the news. And at NIDDK we rely on outreach programs like the National Diabetes Education Program (NDEP) to deliver that news: to

spread the word that diabetes is common, consequential, and costly, but that diabetes prevention is proven, possible, and powerful.

On these pages you'll find summaries of the science at the heart of NDEP's campaigns and messages. One of the great strengths of NDEP is the strong, *evidence-based* science of our messages. NDEP partners can trust that messages and materials are accurate.

The NDEP in turn relies on you—our partners—to promote these messages at conferences, in newsletters, in local media, and in local clinics. And promote you have. With your help, NDEP messages reached more than 176 million pairs of eyes and ears in 2005! Strong partnerships help get tailored messages and materials out to high risk audiences in a variety of ways, where they work, eat, live, and play. We welcome your continued input and feedback. Thank you, and keep up the good work! ■

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

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

Researchers have confirmed that a gene variant identified in another study confers susceptibility to type 2 diabetes in participants of the DPP, and found that even the participants at highest genetic risk benefited from healthy lifestyle changes as much or perhaps more than those who did not inherit the variant. This finding emphasizes yet again that people at risk of diabetes, whether they're young or old, male or female, modestly or markedly overweight, or have this particular genetic variant, can benefit greatly by implementing a healthy lifestyle.

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

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

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

the science

OF DIABETES CONTROL

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

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

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

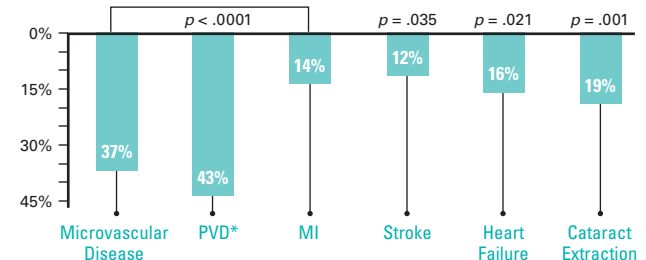
- During a mean follow-up of 17 years, there were 46 cardiovascular events among 31 patients assigned to the DCCT's *intensive* group versus 98 events among 52 patients in the *conventional* group.
- Patients in the *intensive* group show a 42 percent reduction in the risk of any cardiovascular disease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

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

UKPDS also demonstrated the strong link between diabetes and cardiovascular disease. As shown in the figure at right, each 1 percent decrease

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

UKPDS: Risk reductions with 1% decline in A1C



*Lower extremity amputation or fatal peripheral vascular disease (PVD).
Stratton IM, et al. *BMJ*. 2000; 321:405-412.

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

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

NDEP's *Control Your Diabetes. For Life.* campaign materials teach people with diabetes about comprehensive diabetes control and how to *know their ABCs*—what their A1C, Blood pressure, and Cholesterol numbers *are*, what they *should be*, and how to work with their health care team to *reach those goals*.

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

PARTNER *spotlight*

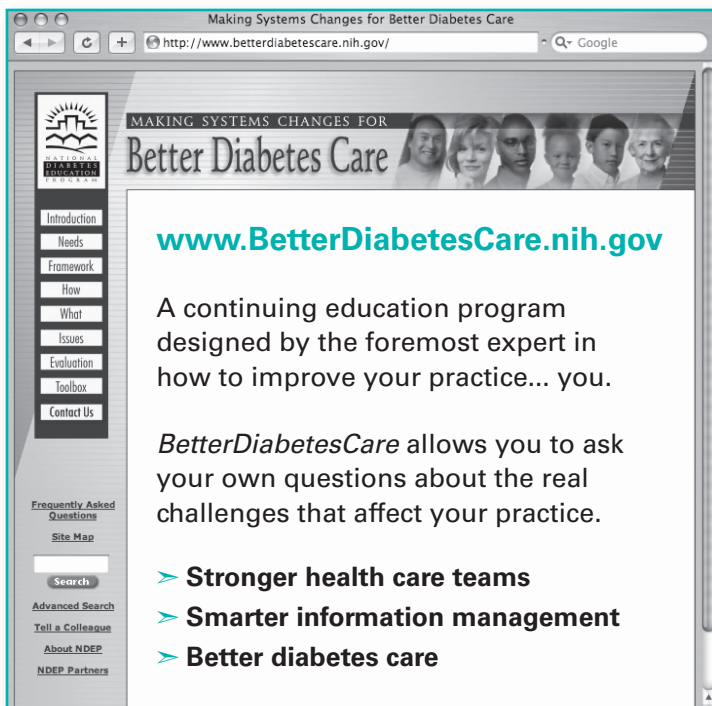
The **American Association of Diabetes Educators (AADE)** is a founding partner of the National Diabetes Education Program. While the reasons for partnering are obvious (AADE represents more than 11,000 individuals involved in diabetes education—11,000 individuals that can make all the difference in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



Each summer, AADE has provided us with an opportunity to showcase NDEP and all of our resources at their Annual Conference. We've used the platform to introduce new materials for people with diabetes, for people at risk, and for health care providers. This year, NDEP chair Dr. Lawrence Blonde will be presenting the *BetterDiabetesCare* website and the continuing education credits available by utilizing the site for self-directed learning. In the past, NDEP has performed a "wedding" at the conference (bringing Health E. Eating and Move Moore together) and hosted an on-site game with sneakers, pedometers, fruit, and other items that represent the small steps that can lead to diabetes prevention.

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

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



a job WELL DONE

NDEP has been awarded the following honors in winter and spring 2006:

- *Tips for Teens: Dealing with the Ups and Downs of Diabetes* has been honored with the Award of Excellence by the NIH Plain Language Awards. These awards recognize the use of simple, easy-to-read language in government-authored documents.
- NDEP's *Small Steps. Big Rewards.* diabetes prevention radio public service announcements have been honored with the Crystal Award of Excellence by the Communicator Awards. The PSA package includes 30 and 60 second ads tailored for general audiences, older adults, African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics and Latinos.
- The Communicator Awards has also recognized *Tips for Teens: Dealing with the Ups and Downs of Diabetes* and NDEP NEWS & NOTES, our e-newsletter, with Awards of Distinction, and *Tips for Kids: Lower Your Risk for type 2 Diabetes* with an Honorable Mention. ■

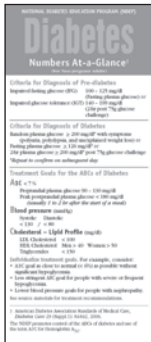


NDEP Director Joanne Gallivan, M.S., R.D., was honored by National Institutes of Health Director Dr. Elias Zerhouni with the **2006 NIH Director's Award** in "recognition of special efforts significantly beyond regular duty to fulfill the mission of the National Institutes of Health and her superior leadership of the National Diabetes Education Program." Congratulations, Joanne! ■

From left: National Institute of Diabetes and Digestive and Kidney Diseases Acting Director Dr. Griffin P. Rodgers, Ms. Gallivan, and Dr. Zerhouni.

Updated NDEP PUBLICATIONS

To order these publications or other NDEP materials, please call 1-800-438-5383 or visit the NDEP website, www.ndep.nih.gov and click on the Publications Catalog.



UPDATED

Diabetes Numbers at-a-Glance 2006

This handy pocket guide for health care professionals has been updated with a quick listing of current ADA recommendations for diagnosing pre-diabetes and diabetes and for managing patients with diabetes.

NEW

New Beginnings: A Discussion Guide for Living Well with Diabetes

This discussion guide is based on themes from the privately produced docudrama *The Debilitator*. The guide contains 13 modules that can be used in small groups or at larger community events to discuss the emotional impact of living with diabetes and how to provide social support for people with diabetes.

NEW

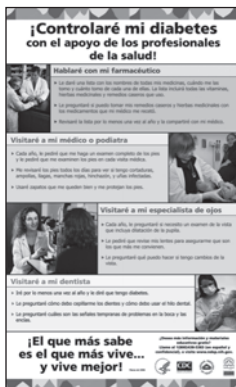
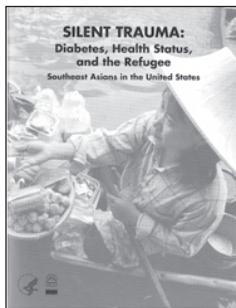
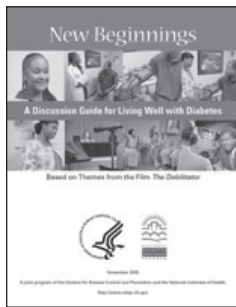
Silent Trauma: Diabetes, Health Status, and the Refugee—Southeast Asians in the United States

This new monograph addresses diabetes, health status, and the refugee experience of Southeast Asians in the United States and seeks to increase awareness about the risk of type 2 diabetes in Southeast Asians and all the factors that impact this unique community. (See more on page 2.)

NEW

Controlaré mi diabetes ¡Trabajando en equipo con mis profesionales de la salud! Poster

The *Working Together to Manage Diabetes* poster is now translated into Spanish and can be used in exam or waiting rooms to encourage patients to team up with their eye, foot, dental and pharmacy health care providers. This interdisciplinary color poster can be used to help educate patients on controlling “the ABCs of Diabetes” and offers patients specific action steps they should take to control their diabetes.



NEW

It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family. Tip Sheet

This tip sheet provides information to help women with a history of gestational diabetes mellitus (GDM) take small steps—like making healthy food choices and being more physically active—to prevent or delay type 2 diabetes and help their children lower their risk for the disease. (See more on page 1.)

NEW

Nunca es muy temprano para prevenir la diabetes. Pequeños pasos de por vida para una familia sana. Tip Sheet

Spanish-language adaptation of *It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family.* tip sheet.



Promote

Promote, Promote, Promote!

Planning a promotion around diabetes control or prevention? Consider using NDEP messages and materials and help change the way diabetes is treated.

Take our feature articles, OpEds, and public service announcements, and customize them. Add your organization's name and mission, and talk about how you and NDEP are working together. Put your logo on an ad. Add your contact information to a feature article. Then submit the ad and the article to your local paper. Everybody wins: the local paper gets a local story, your organization gets some good publicity, and NDEP spreads the word about our campaigns and materials. And don't forget to promote our products in your organization's newsletter, mention them at meetings and in slide presentations, and talk about them on conference calls!

Visit NDEP's campaign tools website at www.ndep.nih.gov/campaigns/tools.htm for sample articles, OpEds, fact sheets, public service announcements, and tips for working with the media. ■

NDEP

on the road

The NDEP regularly exhibits at national meetings across the country. Exhibits provide an opportunity to share information and publications, promote NDEP programs and resources, and strengthen links with partner organizations. Upcoming NDEP exhibits are listed below:

- > **American Association of Diabetes Educators (AADE)**
August 9-12, 2006 • Los Angeles
Booth #1515
- > **American Dietetic Association (ADA)**
September 14-19, 2006 • Honolulu
- > **American Academy of Family Physicians (AAFP)**
September 28-30, 2006 • Washington D.C.

NATIONAL DIABETES EDUCATION PROGRAM



Changing the Way Diabetes Is Treated

Partnerships • Community Outreach • Awareness Campaigns • Tools and Resources for Consumers and Health Care Providers

A Joint Program of the National Institutes of Health and the Centers for Disease Control and Prevention

stay connected
WITH NDEP

- > **Visit NDEP online** at www.ndep.nih.gov. Learn more about diabetes, download diabetes education resources and tools, learn how to work with NDEP to promote diabetes prevention and control, and find out more about how NDEP works to change the way diabetes is treated.
- > **NDEP NEWS & NOTES**, NDEP's monthly e-newsletter, is designed to keep you informed about our activities and help you identify opportunities to incorporate our messages, products, and activities into your programs. If you would like to receive NDEP NEWS & NOTES every month, please email us at ndep@mail.nih.gov and ask to be added to our subscriber list.

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