

Changing the Way Diabetes Is Treated

A Progress Report from the
National Diabetes Education Program





Contents

Introduction	1
National Diabetes Education Program Committee and Staff Members	2
The Need for a National Diabetes Education Program	3
Diabetes Is a Serious and Growing Health Problem	3
Better Care Is Available and Makes a Difference	4
The Need to Close the Gap	5
References	6
Planning a Strategic National Program	7
Highlights and Achievements: 1997 – 2000	9
Guiding Principles for Diabetes Care	9
A Strong Partnership Network	9
A Major Public Education Campaign About the Importance of Diabetes Control	13
Tools and Resources for People with Diabetes and Health Care Providers	17
Initiatives to Improve Quality and Access to Diabetes Care	18
Priorities for the Future	19
National Diabetes Education Program Awards	21
National Diabetes Education Program Work Groups	22
National Diabetes Education Program Publications and Order Form	25



The National Diabetes Education Program

For more information about the
National Diabetes Education Program and
how to become involved, please contact:

NIDDK, 301-496-3583 or CDC, 770-488-5000.

The National Diabetes Education Program

The 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. Evidence from two major studies, completed in 1993 and 1998, 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 NDEP and guide the program's efforts to translate current science into practice.



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. The participation of the full range of diabetes organizations, and the program's partnerships with 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 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;
- ▲ Health care providers;
- ▲ Payers and purchasers of health care and health care system policy makers; and
- ▲ The general public, including the estimated 5.4 million people who have diabetes but are undiagnosed and people at risk for the disease.¹

In the past 3 years, NDEP program messages have reached more than 180 million people through nationwide campaigns and community activities. This report presents highlights of the program's accomplishments through 2000 and its priorities for the future.



National Diabetes Education Program Committee and Staff Members

National Diabetes Education Program Executive Committee

Charles Clark, Jr, M.D.	Regenstrief Institute for Health Care
Judith Fradkin, M.D.	NIDDK, National Institutes of Health
Joanne Gallivan, M.S., R.D.	NIDDK, National Institutes of Health
Roland Hiss, M.D.	Michigan DRTC, University of Michigan Medical School
Rodney Lorenz, M.D.	School of Michigan Medical School
Frank Vinicor, M.D., M.P.H.	University of Illinois, College of Medicine
Faye Wong, M.P.H., R.D.	Centers for Disease Control and Prevention
	Centers for Disease Control and Prevention

National Diabetes Education Program Steering Committee

Kelly Acton, M.D., M.P.H., F.A.C.P.	Indian Health Service
Ann Albright, Ph.D., R.D.	California Diabetes Control Program
Gerald Bernstein, M.D.	American Diabetes Association
Lawrence Blonde, M.D., F.A.C.P.	American College of Physicians
Betty Burrier	Health Care Financing Administration
Valentine Burroughs, M.D.	National Medical Association
Jeff Caballero, M.P.H.	Association of Asian/Pacific Community Health Organizations
Mary Clark, M.Ed.	The Links, Inc.
Charles Clark, Jr, M.D.	Regenstrief Institute for Health Care
P. Michael Conn, Ph.D.	Endocrine Society
Judith Dempster, Ph.D.	American Academy of Nurse Practitioners
Peter Fitzgerald	American Association of Health Plans
Yanira Cruz Gonzalez, M.P.H.	National Council of La Raza
Stuart Haines, Pharm.D., B.C.P.S., C.D.E.	American Pharmaceutical Administration
Roland Hiss, M.D.	Michigan DRTC, University of Michigan Medical School
Carolyn Leontos, M.S., R.D., C.D.E.	American Dietetic Association
Claresa Levetan, M.D.	American Association of Clinical Endocrinologists
Rodney Lorenz, M.D.	University of Illinois, College of Medicine
Eliana Loveluck, M.S.W.	National Alliance for Hispanic Health
David Marrero, Ph.D.	Indiana DRTC, Indiana University School of Medicine
Timothy McDonald, M.S.	General Motors Corporation
Robert Moulthrop	Juvenile Diabetes Research Foundation International
Adolfo Perez-Comas, M.D., Ph.D.	Puerto Rican Association of Diabetes Educators
Kevin Peterson, M.D.	American Academy of Family Physicians
Leonard M. Pogach, M.D.	NJ Veterans Administration Health Care System
Stephen Popolizio, Ph.D.	Lions Clubs International
Jose Rivera, M.P.H.	Kaiser Permanente Stockton
Yvette Roubideaux, MD, MPH	Association of American Indian Physicians
Daniel Stryer, M.D.	Agency for Health Care Policy and Research
Christine Tobin, R.N., C.D.E.	American Association of Diabetes Educators
Mark Williams, M.D.	National Kidney Foundation
Violet Woo, M.S., M.P.H.	Office of Minority Health, DHHS

National Diabetes Education Program Staff

Larry Agodoa, M.D.	NIDDK, National Institutes of Health
Sanford Garfield, Ph.D.	NIDDK, National Institutes of Health
Mimi Lising, M.P.H.	NIDDK, National Institutes of Health
Phyllis McGuire	Centers for Disease Control and Prevention
Kathy Rufo, M.P.H.	Centers for Disease Control and Prevention
Elizabeth Singer, M.S.	NIDDK, National Institutes of Health

The Need for a National Diabetes Education Program

Diabetes Is a Serious and Growing Health Problem

Diabetes is an emerging epidemic in the United States that threatens to worsen during the 21st century. The sixth leading cause of death by disease, diabetes exacts a severe toll as the leading cause of adult blindness, kidney failure, and non-traumatic lower limb amputations and as a major contributor to premature heart disease and stroke.¹

Diabetes in the United States (1998): Serious, Common, and Costly

Diagnosed:	10.3 million
Undiagnosed:	5.4 million
Incidence:	800,000 year
Complications:	
▲ Heart Disease and Stroke:	2-4 times higher in people with diabetes
▲ Adult Blindness:	12,000-24,000 new cases each year
▲ Kidney Failure:	40 percent of new cases
▲ Non-traumatic Lower Limb Amputations	86,600 year ²
Cost:	\$98 billion/year (direct and indirect)

Source: NIDDK Diabetes Fact Sheet, March 1999

The prevalence of diabetes has increased at an alarming rate in the past decade. Findings from a recent Centers for Disease Control and Prevention survey show a 33 percent increase in diabetes prevalence in the United States between 1990 and 1998.³ The increase spanned all ages, ethnic groups, and educational levels. Even more alarming, there was a 70 percent increase among people aged 30 to 39 years.

A number of trends are contributing to the rise in diabetes prevalence:

- ▲ **Americans are becoming more obese.** Obesity is a major risk factor for type 2 diabetes, the most common form of the disease. The 1999 National Health and Nutrition Examination Survey (NHANES) found that 26 percent of adults are obese, up from 23 percent in the 1988 – 1994 NHANES Survey.⁴ More alarming is the increase in obesity in children. A staggering 25 percent of children and adolescents are obese, an increase of 50 percent in the past 20 years.⁵
- ▲ **Racial and ethnic groups are harder hit.** Diabetes disproportionately affects African Americans, Hispanics and Latino Americans, American Indians and Alaska Natives, and Asian Americans and Pacific Islanders. Compared to non-Hispanic whites, rates of diabetes are 1.7 times higher in African Americans,





1.9 times higher in Mexican Americans, and 2.8 times higher in American Indians and Alaska Natives.¹ In some American Indian tribes, notably the Pima Indians in Arizona, up to half of adults have diabetes. Racial and ethnic populations also experience higher rates of complications and, often, have limited access to quality health care. Ethnic populations, such as Hispanic Americans, are among the fastest growing segments of our society, thus potentially increasing the number of Americans with diabetes.



American Indian, African American, and Hispanic/Latino American children appear to be at greater risk, particularly if they are overweight.

▲ **The U.S. population is aging.** Type 2 diabetes typically develops in people 40 years and older, and it is especially common in persons after age 65. About 20 percent of people over age 65 have diabetes.¹ This population is expected to increase dramatically in numbers as baby boomers age.



Better Care Is Available and Makes a Difference

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.⁸ 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.⁹ Both studies have established the need for aggressively controlling blood sugar levels and have provided evidence-based tools for achieving improved outcomes. Most diabetes experts now agree that any improvement in blood glucose control helps to prevent or delay complications.

The means to achieve improved control of blood glucose levels are now available to people with diabetes and their health care providers. Advances in medical research and technology have produced an array of treatment and management tools to improve and monitor blood glucose control:

▲ **Type 2 diabetes is now occurring in children.** Normally a disease of adults, type 2 diabetes is becoming more common in children and adolescents.⁶ The NIH estimates that, of children diagnosed with diabetes, the percentage classified as having type 2 (versus type 1) diabetes has risen from less than 5 percent prior to 1994 to 20 to 30 percent today.⁷



▲ **New tests have revolutionized diabetes control.**

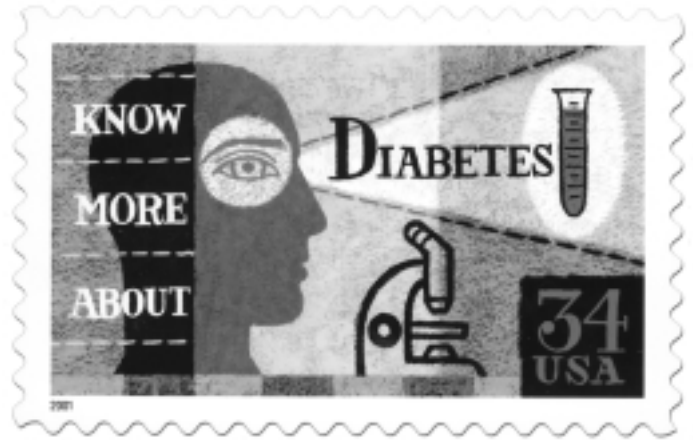
Self-monitoring of blood glucose (SMBG) and the hemoglobin A1c test (A1C) have vastly improved the potential for controlling blood glucose levels. These two tests have revolutionized diabetes management. SMBG enables people with diabetes to test their blood on a daily basis and ascertain with a great deal of accuracy the current level of glucose in their blood. The A1C test, which provides an index of the average level of blood glucose over a 3-month period, allows health care providers and people with diabetes to evaluate the success of the treatment plan and work together to make adjustments as necessary.

▲ **New oral drugs and new forms of insulin improve diabetes control.** Physicians can now choose from a variety of drugs that act in different ways to lower blood glucose and improve insulin usage. In previous years, only one class of drugs, the sulfonylureas, was available to treat type 2 diabetes.

Researchers have also developed new and purer forms of insulin that act more synergistically with the body and provide better day-to-day coverage. Insulin pumps, insulin pens, and other devices to improve insulin delivery make it easier and less painful for people with diabetes to manage their disease.

▲ **New and more effective diagnostic and treatment approaches for diabetes complications are available.**

- Major advances have been made in diagnosing and treating diabetic eye disease.
- Studies have demonstrated the value of angiotensin-converting enzyme (ACE) inhibitors, a drug used to treat hypertension, in slowing the progression of diabetic kidney disease.
- New drugs to treat high blood pressure and to control blood lipids allow physicians to be more aggressive in treating these conditions, both of which contribute to excess mortality from heart disease in people with diabetes.
- Management of diabetes in pregnancy — both in women with pre-existing diabetes and those with gestational diabetes — is vastly improved. Many women with diabetes are now able to have successful pregnancies with minimum risk to themselves and their babies.



The U.S. Postal Service's Diabetes Awareness postage stamp encourages Americans to “know more about diabetes.”

▲ **New guidelines make it easier to diagnose diabetes earlier.** New guidelines for diagnosing diabetes, adopted in 1997, make it easier to identify people with undiagnosed diabetes and bring them into the medical system earlier. Currently, an estimated 5.4 million people have undiagnosed diabetes. Early identification and treatment of people with diabetes will reduce the damage caused by uncontrolled high blood glucose levels.

The Need to Close the Gap

With these advances, it is now possible to improve the delivery of care to people with diabetes. More than half of people with diabetes have hemoglobin A1c (or A1C) levels above 7 percent, the level above which the risk for microvascular complications increases significantly, and more than one-third have values greater than 8 percent.¹⁰ Despite its proven value in assessing the level of diabetes control, the hemoglobin A1c test is not widely used in clinical practice. As many as 50 percent of adults with diabetes and 16 percent of those on Medicare do not receive the tests, according to estimates.¹¹

Current diabetes care often does not meet the recommended standards for treating diabetes, screening for complications, referrals to specialists, blood glucose self-monitoring, dietary counseling, and patient education.^{11,12,13,14} In addition, people with diabetes often neglect self-care practices such as proper nutrition, regu-



lar physical activity, and blood glucose monitoring because of lack of time or resources, lack of education in diabetes management, or lack of appreciation of the

seriousness of diabetes. Educational activities are needed to inform people with diabetes and those who care for them of the benefits of good diabetes control.

REFERENCES

- ¹ National Institute of Diabetes and Digestive and Kidney Diseases. Diabetes statistics fact sheet. NIH Publication No. 99-3892, 1999.
- ² National Center for Health Statistics. National hospital discharge survey, 1996. Centers for Disease Control and Prevention, 1996.
- ³ Mokdad AH, et al. Diabetes trends in the U.S.: 1990-98. *Diabetes Care* 2000; 23: 1278-83.
- ⁴ National Center for Health Statistics. Prevalence of overweight and obesity among adults: United States, 1999. Health E-Stats, Centers for Disease Control and Prevention, 2000.
- ⁵ Hansen JR, Fulop MJ, and Hunter, MK. Type 2 diabetes mellitus in youth: a growing challenge. *Clinical Diabetes* 2000; 18: 52-56.
- ⁶ American Diabetes Association. Type 2 diabetes in children and adolescents consensus statement. *Diabetes Care* 2000; 23: 381-389.
- ⁷ National Institute of Diabetes and Digestive and Kidney Diseases and National Institute of Child Health and Human Development. Type 2 diabetes in the pediatric population. RFA DK-00-008, December 1999.
- ⁸ The Diabetes Control and Complications Trial Research Group. The effect 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: 977-86.
- ⁹ 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.
- ¹⁰ Clark CM, et al. Promoting early diagnosis and treatment of type 2 diabetes, the National Diabetes Education Program. *Journal of the American Medical Association* 2000; 284: 363-65.
- ¹¹ Marshall CL, et al. Outpatient management of diabetes mellitus in five Arizona Medicare managed care plans. *American Journal of Medical Quality* 1996; 11: 87-93.
- ¹² Harris MI. Health care and health status and outcomes for patients with type 2 diabetes. *Diabetes Care* 2000; 23: 754-8.
- ¹³ Cook CB, et al. Outpatient diabetes management of Medicare beneficiaries in four Mississippi fee-for-service primary care clinics. *Journal of the Mississippi State Medical Association* 1999; 40: 8-13.
- ¹⁴ Kell SH, et al. Measure of diabetes control in Medicare beneficiaries with diabetes mellitus. *Journal of the American Geriatric Society* 1999; 47: 417-22.

Planning a Strategic National Program

The results of the Diabetes Control and Complications Trial (DCCT) set the stage for the National Diabetes Education Program. 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.

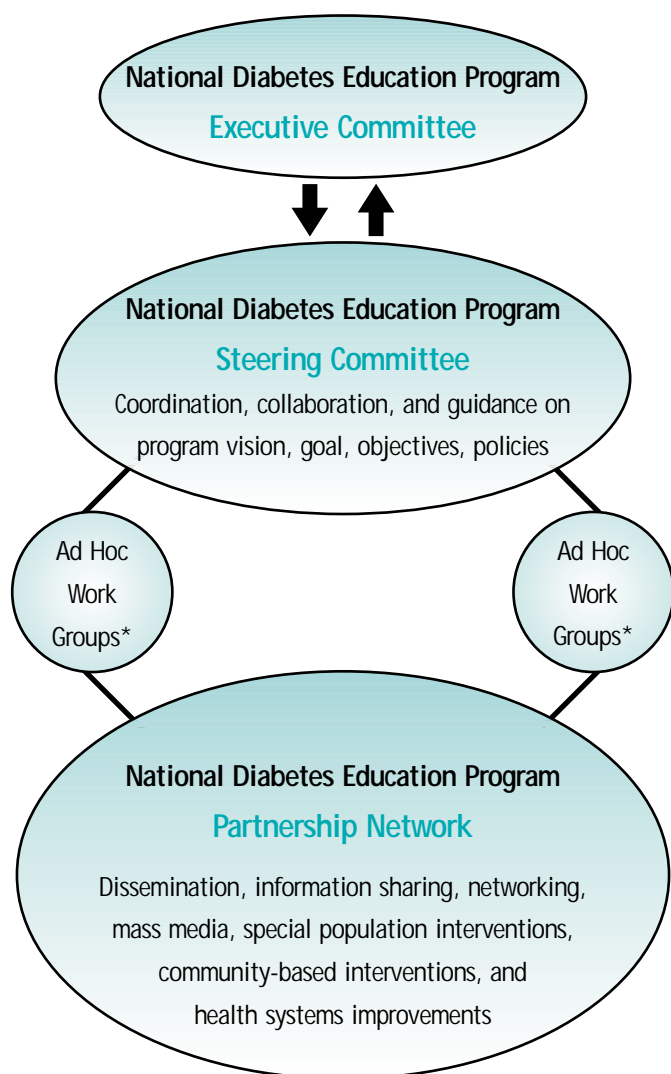
Diabetes is a multi-faceted national health problem that requires multiple strategies to solve it. Following the recommendations of an expert panel that had been convened to address translation of the DCCT findings into practice, planning the NDEP involved a wide variety of organizations to help develop program 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. The planning meetings produced these key strategies for a national 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 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 National Diabetes Education Program involves representatives from national, state, and local organizations on its Executive and Steering Committees and on ad hoc work groups that help plan, design and imple-

ment program strategies. (See National Diabetes Education Program Organizational Chart below.)

The National Diabetes Education Program Organizational Structure



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



National Diabetes Education Program 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 Partnership

Network who have the necessary expertise, experience, and organizational linkages to address the work group's task. A list of all the work group participants can be found at the end of this publication.

National Diabetes Education Program Work Groups

The National Diabetes Education Program Work Groups and their missions are:

- ▲ **Guiding Principles for Diabetes Care:** To develop and disseminate guiding principles that represent the essential components of quality diabetes care and treatment.
- ▲ **Community Interventions, including the African American, Hispanic/Latino, American Indian, and Asian American/Pacific Islander Work Groups:** To develop culturally and linguistically appropriate messages and materials and promote community-based interventions that raise awareness and support people with diabetes.
- ▲ **Health Care Providers:** To develop appropriate messages for health care providers that promote the importance of controlling diabetes, promote the use of the hemoglobin A1c test, and determine the best strategies to disseminate messages effectively.
- ▲ **Podiatry, Pharmacy, Optometry, and Dentistry:** To promote the principles of the National Diabetes Education Program by utilizing podiatry, pharmacy, optometry, and dentistry organizations and providers to increase awareness of and access to quality care for persons with diabetes.
- ▲ **Team Approach to Care:** To identify benefits and barriers of an integrated approach to care and education for all people with diabetes and outline strategies to facilitate its utilization in a variety of settings.
- ▲ **Diabetes in Children and Adolescents:** To address awareness and education issues related to children with diabetes, including the growing prevalence of type 2 diabetes in youth.
- ▲ **Business and Managed Care:** To increase awareness of the clinical and economic benefits of quality diabetes care, promote prevention through work-site interventions and community involvement, and increase the utilization of prevention practices.
- ▲ **Medicare Benefits:** To provide input on developing Medicare regulations on diabetes and, in coordination with the Health Care Financing Administration, to promote awareness of the new diabetes benefits to Medicare beneficiaries, health care providers, and other stakeholders.
- ▲ **Evaluation:** To develop a practical plan for assessing the effectiveness and reach of NDEP and to provide guidance on evaluating the minority component of the program.

Highlights and Achievements 1997 – 2000

The National Diabetes Education Program was introduced to the diabetes community in June 1997. Since then, the program has made substantial progress in carrying out program strategies. Among the program's major accomplishments are development of:

- ▲ Guiding principles for diabetes care;
- ▲ A strong partnership network;
- ▲ A public education campaign to increase awareness of the importance of diabetes control with special emphasis on racial and ethnic populations;
- ▲ Tools and resources for people with diabetes, health care providers, and partners; and
- ▲ Initiatives to improve access to quality health care services.

Guiding Principles for Diabetes Care

One of the first priorities of the new National Diabetes Education Program was to define broad elements of good diabetes care to meet the need for consensus in the medical and health insurance communities. A work group of diabetes experts, including representatives from the American Diabetes Association (ADA), was convened to help. Clinical practice guidelines for diabetes care are issued by the ADA and other health care organizations and managed care groups. Instead of developing another set of guidelines, the NDEP work group formulated *Guiding Principles for Diabetes Care*—seven overarching, essential components of quality diabetes care that form the basis for the National Diabetes Education Program's public and professional awareness program.

The Guiding Principles are intentionally broad to adapt to different practice settings and are intended to guide physicians and people with diabetes in making decisions about individual treatment plans. They may

be used by managed care organizations and employers to determine diabetes care and treatment services and to assess quality of care. The NDEP has also produced an easy-to-read version of the principles, "7 Principles for Controlling Your Diabetes for Life," in English and Spanish for people with diabetes.

A Strong Partnership Network

The heart of the National Diabetes Education Program is its Partnership Network. The program's first Partnership Network meeting in March 1998 brought together about 100 potential partners, many of whom had participated in the planning meetings. Today, the network has doubled in size and is still growing. The diversity of the Partnership Network reflects the pervasive impact of diabetes and its complications on the individual with diabetes, the family, the community, the work environment, and the health care system.

The Role of Partners. Partners play a crucial role in the success of the program. They help create messages and activities and disseminate them to program audiences through local media outlets, newsletters, and community-based interventions. Partners serve on the NDEP Steering Committee and on work groups where they participate in setting priorities, identifying program needs, and developing new projects. Partners often advise program staff on special needs and are available to lend their expertise in developing materials or programs for special populations so that NDEP messages are communicated in meaningful terms to target audiences. Drawing on their contacts, they work in their communities to improve health care systems and spread the program message, greatly amplifying what the government could do on its own. Partners expand the NDEP Partnership Network by forming their own networks and encouraging others to become part of the National Diabetes Education Program.



Guiding Principles for Diabetes Care

Principle 1: Screening High Risk People and Diagnosing Diabetes

Fasting plasma glucose should be measured periodically as part of routine health screening, particularly in people at high risk for diabetes. The diagnosis of diabetes should be clear, based on accepted standards for high blood glucose.

Principle 2: On-going Care

The person with diabetes should have on-going care in a positive, supportive environment, without barriers to obtaining care. The health care team must include a provider responsible for on-going care and skilled in its delivery with access to other types of providers to offer specialist care as indicated.

Principle 3: Diabetes Education

People with diabetes and their family members have the right to accurate information and education needed for diabetes self-care.

Principle 4: Treating Hyperglycemia

Blood glucose levels should be kept as near to normal levels as is safely possible. The target range should be based on an overall assessment of the person's health.

Principle 5: Self-monitoring of Blood Glucose Control and Hemoglobin A1c (or A1C)

Blood glucose levels and hemoglobin A1c values should be measured on a routine basis using current, reliable methods.

Principle 6: Preventing and Diagnosing Long-term Diabetes Problems

Routine measurement and management of risk factors involved in diabetes complications such as smoking, high blood pressure, and high levels of blood fats are part of good diabetes care.

Principle 7: Screening for and Treating Long-term Diabetes Problems

People with diabetes should have regular exams to help find and treat long-term diabetes problems. All long-term diabetes problems have effective treatments.

Communicating with Partners. Partners network with each other at partnership meetings, through work group calls, and via the electronic media, sharing information about effective approaches and new ideas. National Diabetes Education Program staff communicate with partners in a number of ways:

- ▲ Partnership Network Meetings;
- ▲ NDEP *Program Update*, the National Diabetes Education Program newsletter; and
- ▲ The National Diabetes Education Program (at <http://ndep.nih.gov>) and the Centers for Disease

Control and Prevention (at <http://www.cdc.gov/diabetes>) web sites.

Resources for Partners. The National Diabetes Education Program has developed a variety of resources for partners such as media materials, community intervention resources, materials for businesses and employers to support diabetes control, and various tools and educational materials for health care providers and people with diabetes. All materials are copyright-free and may be duplicated without permission. An order form for NDEP materials is included at the end of this report.



National Minority Organizations

Six organizations have been awarded grants to work with the National Diabetes Education Program's minority work groups in disseminating culturally appropriate diabetes education messages through community and media channels. These organizations and highlights of their activities are:

Association of American Indian Physicians (AAIP)

AAIP promotes the NDEP on its website, through its toll-free telephone service, at meetings, and through a speaker's bureau; networks with local and tribal health units; disseminates NDEP patient education brochures with the AAIP logo at American Indian events and conferences; and developed a media kit for distribution to American Indian media and at events and meetings. The Association promotes NDEP through its network of regional partners and to allied organizations and programs such as the Association of Native American Students and Strategies for the Prevention and Control of Diabetes Project. Its American Indian "Control Your Diabetes. For Life." campaign poster/calendar is distributed widely at conferences, events, and workshops attended by AAIP. To promote the campaign and encourage diabetes awareness activities in Indian communities nationwide, the Association also distributed *Things You Can Do to Make a Difference in Diabetes in Your Community*.



Association of Asian Pacific Community Health Organizations (AAPCHO)

The Association's "BALANCE Program for Diabetes" has funded centers in California, Hawaii, Massachusetts, and New York using NDEP resources, held community discussion groups to profile Asian Americans' and Pacific Islanders' knowledge, attitudes, and beliefs about diabetes; coordinated a review of 150 existing diabetes education materials in Asian and Pacific Island languages; and trains media spokespersons for the NDEP media campaign.



National Asian Women's Health Organization (NAWHO)

Through its "Transforming Information Into Action: The National Asian American Diabetes Education Campaign," NAWHO serves as a lead coordinator of the National Diabetes Education Program's Asian American and Pacific Islander Awareness Campaign. The campaign has been covered in 47 English and Asian-language media, reaching an estimated 1.4 million Asian Americans since 1998. NAWHO's regional diabetes symposia for health professionals have reached more than 120 providers of health care to Asian Americans. The organization also sponsors leadership training conferences in 27 states for Asian American health advocates, who are trained to promote diabetes messages at community events and in their own organizations.



National Council of La Raza (NCLR)

NCLR supports the National Latino Diabetes Initiative, which promotes local and broad-based diabetes coalitions and other collaborative efforts in cities with high Hispanic/Latino populations. Its "A Su Salud: ¡Viva Mas, Viva Mejor!" diabetes awareness campaign has reached more than 37 million people through print media and the Internet. The Council has awarded technical assistance grants to





National Minority Organizations *(continued)*

four community-based organizations in Chicago, New Mexico, Washington, DC, and Los Angeles for special diabetes awareness and training projects. NCLR also sponsors a website, publishes a quarterly newsletter, has published a children’s storybook on diabetes, and developed an evaluation tool for community-based organizations.

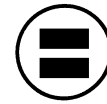
National Hispanic Council on Aging:

The Council supports a diabetes awareness project that targets midlife and older Mexican Americans and Puerto Ricans at risk for or who have diabetes.



Urban League of Nebraska, Inc.:

The Urban League of Nebraska is spearheading the National Urban League’s program called “Lift Every Voice: A Community-based National Diabetes Education and Prevention Program.”



URBAN LEAGUE
OF
NEBRASKA, INC.
Building for Equal Opportunity

The League is replicating and enhancing an effective community organization/education strategy and applying it to diabetes education and prevention and is providing technical assistance and training in 16 targeted African American communities to implement a series of culturally appropriate community intervention strategies.

Resources for Partners *(continued)*

The NDEP *Campaign Guide for Partners* includes an array of media materials designed to be adapted by partner organizations for multiple media dissemination activities, depending on individual needs and situations. There are reproducible print ads and educational brochures, press releases and fact sheets, as well as ideas on how to work with the media. Partners are encouraged to add their own logos to materials and use them in creative ways.

A major resource for partners is the NDEP’s *Diabetes Community Partnership Guide*. The guide provides a blueprint for conducting a diabetes awareness program, with tips for enlisting potential partners, planning events, suggested activities for raising and maintaining diabetes awareness in the community, reaching goals, and evaluating the success of the program. A companion video, “Diabetes Control: Five Communities Reach Out,” presents examples of how diverse community groups are helping people with diabetes control the disease.

Highlights of Partner Activities. National Diabetes Education Program partners have engaged in a wide range of activities to promote program messages. Activities include disseminating NDEP materials

through state and local health departments, placing program messages on local radio and television stations, promoting the program at local and national health-related meetings, adapting program materials into other languages, supporting web sites and toll-free telephone services, helping in printing and disseminating materials, and incorporating NDEP messages and strategies into ongoing programs of their own organizations.

Partners have contributed significantly to the success of the NDEP Awareness Campaign. They 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 campaign, distributing TV, radio, and print PSAs with their own local tags to broadcast stations and print media outlets. They have made presentations about the campaign to their state and local networks, obtained private sector support for reproducing campaign materials, and adapted campaign messages to reflect their communities. They also have helped translate media materials such as the news releases and print ads for the Asian American and Pacific Islander Campaign into 11 languages.



A Major Public Education Campaign About the Importance of Diabetes Control

Increasing awareness about the importance and benefits of diabetes control has been the key objective of the National Diabetes Education Program's media campaign. Launched in June 1998, the "Control Your Diabetes. For Life." awareness campaign has reached over 180 million Americans with targeted radio and television public service announcements (PSAs), print ads, and newspaper stories carrying the program's messages. The ability of the campaign to achieve national prominence in such a short time reflects both the commitment to this effort by the National Diabetes Education Program and the principles of effective public health education on which the campaign is based.

Audience Research. To help ensure the success of the awareness campaign, the National Diabetes Education Program sought the help of the people it planned to reach. Focus groups were conducted around the country with people with diabetes representing the various ethnic, racial, and senior audiences for the campaign. The focus groups explored attitudes about diabetes, the language people use to discuss diabetes, and reactions to promising educational strategies for controlling the disease.

Minority Work Group Participation. The involvement of the NDEP Community Interventions Minority Work Groups, comprised of representatives of each of the racial/ethnic populations disproportionately affected by diabetes, was crucial to ensuring that the campaign messages were culturally sensitive and resonated with the audiences they were designed to inform and influence. The work groups were instrumental in shaping the messages so that they were relevant to the intended audiences and in formulating effective strategies for reaching their constituents. Work group members also have been a major force in promoting and disseminating campaign messages through targeted placement in local

media and trusted community-based communication channels. The NDEP's outreach to racial and ethnic populations would not have succeeded without the active involvement of the four minority work groups.

Crafting the Campaign Messages. The message platform for the National Diabetes Education Program awareness campaign drives the development of all campaign messages:

"Diabetes is serious, common, costly, yet *controllable*."

The hopeful element in this message platform—diabetes is controllable—has become the unifying theme for all campaign materials directed to people with diabetes.

Implicit in the campaign's slogan, "Control Your Diabetes. For Life.," is the recognition that people with diabetes play an important, ongoing role in managing their disease to protect their health and prevent complications. The "Control Your Diabetes. For Life." campaign was launched in 1998 with "The Many Faces of Diabetes" television PSAs, which were designed to reach the broad, general audience of people over age 45 with diabetes. These PSAs and companion posters demonstrated that diabetes affects people of every race and ethnic group.

Tailored Messages for Diverse Audiences. Based on focus group research findings and with the guidance of NDEP minority work group members, the central campaign message was carefully tailored for each of the high-risk population groups. The result is a set of campaign materials reflecting important cultural considerations that enhance their persuasiveness with a particular audience and help motivate people with diabetes to practice good diabetes self-management.



SON TANTAS LAS COSAS EN LA VIDA QUE NO SE PUEDEN CONTROLAR. POR SUERTE, LA DIABETES NO ESTÁ ENTRE ELLAS.

La incidencia de la diabetes en la comunidad hispana es muy alta. A muchos de nosotros, nos viene de familia. Pero no dejamos que eso nos controle. Porque la diabetes sí se puede controlar. Es cosa de cuidar lo que se come, hacer ejercicio y saber cuáles son sus niveles de azúcar en la sangre. Para así poder controlárselos. Cuanto más aprendamos sobre cómo vivir con la diabetes y sobre cómo evitar sus complicaciones graves, más y mejor viviremos. Porque al fin y al cabo, hay una infinidad de motivos para vivir.

TOME SU DIABETES EN SERIO PARA QUE NO SE VUELVÁ COSA SERIA.

LLAME AL 1-800-438-5383 PARA MÁS INFORMACION.
Programa Nacional de Educación sobre la Diabetes





I'm controlling my diabetes – with a little help from my family.

Controlling diabetes makes a huge difference.

I have diabetes so I need to keep my blood sugar under control. My family is a big help, too. When we get together, they always remember to serve a variety of healthy foods. And the grandkids keep me moving – they like to walk with me whenever they visit. My wife reminds me to take my medicine and to test my blood sugar.

With my diabetes under control, I feel a lot better and have more energy. Best of all, I'm going to be around for my family... for my friends... for life.

Call 1-800-438-5383 to learn more.
Or visit us at our website: <http://ndep.nih.gov>

A joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.

Control your diabetes. For Life.

A PUBLIC SERVICE OF THIS PUBLICATION

Hispanic/Latino Campaign—launched June 1998: The “Rayos y Truenos” (“Thunder and Lightning”) campaign addresses the cultural barrier of fatalism and puts 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.”

African American Campaign—launched June 1999: The “Family Reunion” theme speaks to the importance of family support and intergenerational ties within the African American community.

Delivering the Message. NDEP has used targeted and cost-effective strategies to promote and distribute campaign messages. Campaign dissemination strategies employ selective distribution of PSAs and print materials to media outlets most likely to reach campaign audiences. Campaigns are also timed to coincide with events of importance to key audiences.

- ▲ Campaign PSAs were distributed to media markets that have the highest concentrations of the racial and ethnic audiences and the seniors for whom the PSAs were designed.
- ▲ Distribution of print PSAs was even more targeted: newspapers were identified that are geared to reaching specific populations. For example, the “Family Reunion” print PSAs were distributed primarily to African American-oriented newspapers and have reached about three million readers.

- ▲ The American Indian campaign was launched in November 1999—Native American Heritage Month as well as National Diabetes Month. “Future Generations” radio PSAs were distributed to American Indian radio stations and to general audience media outlets in markets with the highest concentrations of American Indians received the campaign ads. The PSAs were aired over 5,000 times and reached about 3.7 million listeners.
- ▲ Latino communications firms were used to distribute the Hispanic/Latino campaign materials, ensuring that they reached appropriate media outlets such as *Univision* and *Telemundo*, two Hispanic/Latino television networks.
- ▲ The National Asian Women’s Health Organization and the Association of Asian Pacific Community Health Organizations, two community-based Asian



"It's not always easy to manage diabetes, but you can do it."

"We know... because we have diabetes, too."

We all go through times when it's hard to manage our diabetes. But we keep trying – taking it one day at a time. When our diabetes is under control, we feel better and have more energy. We don't want to go blind, have kidney disease, or lose a foot or leg due to diabetes. So we do the best we can to keep our blood sugar close to normal.

That means we choose healthy foods and watch how much we eat – even at parties and traditional celebrations. We make time to fit regular exercise into our busy schedules. And we take our prescribed medications and test our blood sugar on a regular basis.

It's not always easy to control our diabetes, but we can do it. You can, too!

Call 1-800-438-5383 to learn more. Or visit our web site at <http://ndep.nih.gov> for more information.




A joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.

Control your diabetes. For Life.

A PUBLIC SERVICE OF THIS PUBLICATION

Control your diabetes for future generations.



The future of American Indians is threatened by diabetes. But we can fight it by controlling our blood sugar.

We can work to keep our blood sugar close to normal by choosing healthy foods, staying physically active, taking our diabetes medication, and testing our blood sugar. And if you know people who have diabetes, help them take these steps to keep their blood sugar under control.

As American Indians, we need to control our diabetes because our young ones look up to us. We must take charge of diabetes – for future generations.

Call 1-800-438-5383 to learn more. Or visit our website at: <http://ndep.nih.gov>.



A joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.

Control your diabetes. For Life.

A PUBLIC SERVICE OF THIS PUBLICATION

Asian American and Pacific Islander Campaign—launched November 1999: The program message, "Manage Your Diabetes," was translated into 11 different languages to reach this multicultural audience.

American Indian Campaign—launched November 1999: The "Future Generations" theme emphasizes the need to protect and pass along culture and traditions, an important concept in American Indian communities.

associations, are conducting outreach to the Asian American and Pacific Islander communities, and are distributing campaign materials to appropriate media outlets and other communication channels.

The success of the awareness campaign can be measured in the large numbers of NDEP materials distributed, the extensive airplay given to the program's PSAs, coverage in national and local print and broadcast media, and numerous personal appearances by campaign spokespersons. The TV PSA campaign has received well over \$11 million in free advertising time on television stations and cable systems across the country. Articles on the campaign have appeared in 3,360 newspapers and magazines with an estimated readership of over 180 million people. More than 550,000 NDEP publications were distributed by the National Diabetes Information Clearinghouse between April 1998 and September 2000. The campaign's achievements are also

reflected in the numerous awards the National Diabetes Education Program has received, including the U.S. Department of Health and Human Services' (DHHS) Distinguished Program Award in May of 2000. (See page 21 for a list of NDEP awards.)

Obtaining NDEP Materials. NDEP materials are available on request from the National Diabetes Information Clearinghouse (NDIC), which answers public and professional inquiries about diabetes, refers people to patient-support and professional organizations, and provides additional health education materials on diabetes. NDIC promotes the National Diabetes Education Program's resources, tools and activities through exhibits at numerous diabetes and other health care provider meetings. All NDEP materials are posted on the program's web site and may be reproduced without copyright restrictions.



Yo Controlo Mi Diabetes



PARA PODER GOZAR DE LA VIDA.
Disfrutar de la vida—de eso se trata. Mantengo una dieta que me ayuda a controlar el nivel de azúcar en la sangre, tomo los medicamentos para la diabetes y participo en actividad física regular. Todas estas cosas me ayudan a controlar la diabetes y me pueden ayudar a vivir una vida larga y más saludable.

Y AHORA, MEDICARE AYUDA A PAGAR POR EL EQUIPO Y LOS MATERIALES PARA CONTROLAR LA DIABETES.
Medicare ayuda a pagar por el equipo y los materiales, tales como monitores para medir el nivel de azúcar en la sangre, cintas y lancetas. Beneficiarios de Medicare que tienen diabetes (aquellos que son tratados con insulina y los que no necesitan insulina) son elegibles. Usted paga el 20 por ciento de la cantidad que aprueba Medicare después del deducible anual de la Parte B.

Controle la diabetes por su vida y de por vida.



Para información sobre cómo controlar la diabetes y los beneficios de Medicare, llame al 1-800-438-5383 o visite www.medicare.gov en el Internet.

NDEP Promotion and Distribution Strategies

- ▲ Newspapers and radio stations offering programming for high-risk minorities received PSAs, print ads, and other materials designed specifically for their audience.
- ▲ As part of the 1998 campaign launch, media kits including fact sheets, contact and resource lists, publication order forms and suggestions for feature stories were distributed to more than 4,000 newspapers.
- ▲ A video news release in support of the 1998 campaign launch was promoted to approximately 1,000 television stations across the country.
- ▲ Dr. David Satcher, U.S. Surgeon General and a spokesperson for efforts to reduce disparities in health status among different U.S. populations, taped a message to public service directors urging them to air the campaign PSAs, and participated in the African American campaign launch.
- ▲ Diabetes Control Programs, funded by CDC and affiliated with each state's Department of Health, and over 150 national, state and local organizations received campaign materials and supplemented the program's own efforts to extend media coverage for campaign messages.
- ▲ Nicole Johnson, Miss America 1999, taped a message of support urging NDEP partners to disseminate the "Control Your Diabetes. For Life." campaign in their communities.
- ▲ The National Association of Broadcasters partnered with the NDEP in 2000, transmitting the program's PSAs on its monthly satellite feed to 1,300 member TV stations.
- ▲ The National Association of Black-Owned Broadcasters has endorsed the African American radio campaign to its members.

Medicare Benefits and Controlling Your Diabetes Campaign—launched April 1999: The National Diabetes Education Program joined forces with the Health Care Financing Administration to disseminate information about Medicare's new diabetes benefits, which cover SMBG supplies and educational services, and help people with Medicare insurance learn how they can improve their control of diabetes.

How to contact the National Diabetes Education Program:

To speak with a diabetes specialist, call 1-800-843-8767.

To order NDEP materials, call 1-800-438-5383.

NDEP web sites:
<http://ndep.nih.gov>
and
www.cdc.gov/diabetes



TV PSA Monitoring Report

PSA	Air Dates	Number of Plays	Dollar Value of Ad Time
Many Faces of Diabetes	August 1998 – July 1999	41,389	\$ 4,973,686
Medicare Benefits	April 1999 – June 1999	1,424	161,278
Taking Control	June 1999 – May 2000	6,448	1,336,645
Family Reunion	June 1999 – May 2000	9,919	2,408,854
Future Generations	June 1999 – May 2000	5,571	1,128,367
Thunder and Lightning	June 1999 – May 2000	6,975	1,287,354
Rayos y Truenos	October 1999 – December 1999	11,689	447,779
Totals		83,415	\$11,743,963

The TV PSA campaign has received well over \$11 million in free advertising time on television stations and cable systems across the country.

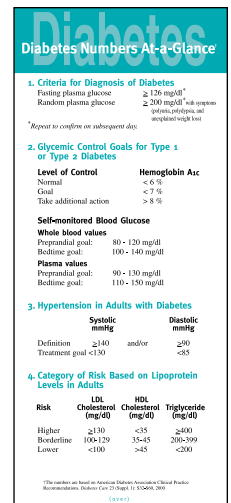
Tools and Resources for People with Diabetes and Health Care Providers

Controlling diabetes is a challenge both for people with diabetes and their health care providers.

People with diabetes are largely responsible for managing their own care, including following recommendations for nutrition and physical activity, monitoring blood glucose levels, and taking medications, if needed, on a regular basis. The National Diabetes Education Program is responding to the educational needs of people with diabetes and also helping health care providers with materials they can use with people with diabetes.

NDEP has developed brochures for people with diabetes on the guiding principles of diabetes care,

blood glucose monitoring, Medicare's diabetes benefits, and foot care that present information and tips for controlling diabetes in simple, easy-to-understand language and in positive encouraging terms. Most are available in English and Spanish. In addition to the *Guiding Principles for Diabetes Care* for health care providers, the National Diabetes Education Program has produced *Diabetes Numbers At-a-Glance*, a quick-reference pocket guide on current standards of care, and the *Feet Can Last a Lifetime* kit. To order NDEP materials from the National Diabetes Information Clearinghouse, see the publications list on page 23 or visit the program's web site, <http://ndep.nih.gov>, to preview and download publications.





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 National Diabetes Education Program. Program strategies include disseminating information and education to health care providers, 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. The NDEP Work Groups are playing a major role in implementing these strategies.

Reaching Out to Health Care Providers. One of the keys to improving the quality of diabetes care is ensuring that health care providers understand how to manage the disease and are aware of its implications for a variety of other conditions. In addition to developing professional education resources, the NDEP conducts a variety of other provider awareness-building and educational activities, including presenting or exhibiting at meetings of key primary care provider groups such as the American College of Physicians and the American Association of Family Physicians, as well as

at meetings of diabetes specialists, diabetes educators, and dietitians. The response from these groups has resulted in broad support for NDEP educational initiatives.

Articles in professional journals and newsletters are also a highly effective way of promoting the problem of diabetes to health care providers. The

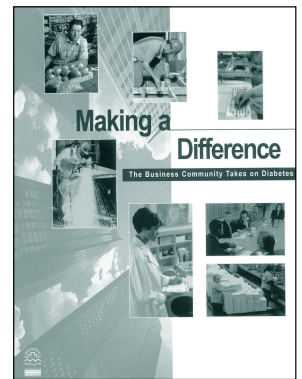
NDEP commentary, "Promoting Early Diagnosis and Treatment of Type 2 Diabetes," which appeared in the *Journal of the American Medical*

Association (JAMA) in July 2000, argued persuasively for making diabetes care a national health care priority. Not only did this article reach the readers of *JAMA*, but it also resulted in an Associated Press wire service story that reached over 40 million newspaper readers.

The Emerging Issue of Type 2 Diabetes in Children. The NDEP is also disseminating important new information about the emerging problem of type 2 diabetes in

children. The program has held a chat on WebMD to answer physician questions about the problem. The program is planning a campaign targeting health care providers to increase awareness of the rising incidence of type 2 diabetes among children, especially in minority populations. Journal articles and educational materials are being developed about the importance of early diagnosis of diabetes for pediatricians and other health professionals who care for children.

Business and Managed Care. Business and managed care organizations are essential partners in National Diabetes Education Program efforts to address issues of access and quality of care for people with diabetes. The NDEP Business and Managed Care Work Group developed *Making a Difference: The Business Community Takes on Diabetes*, a National Diabetes Education Program publication designed to build awareness of the economic and health consequences of diabetes and the benefits of worksite interventions to prevent diabetes-related problems. This booklet also outlines specific goals and action steps that businesses can take to support employees who have diabetes and to encourage health-promoting lifestyles among all employees. It has been widely distributed among business groups, corporations, and occupational health organizations, including the Association for Worksite Health Promotion and the American College of Occupational and Environmental Medicine.



Team Care Approach. People with diabetes need continuous, proactive, and carefully planned care from interdisciplinary health care teams trained in diabetes management. Team care integrates the skills of different health care professionals with those of people with diabetes and family members into a comprehensive lifetime diabetes management program. The NDEP Team Care Approach Work Group has generated a report, *Team Care: Comprehensive Lifetime Management for Diabetes*, which focuses on the importance of team care and the requirements for achieving it. Intended for organizational leaders in health care systems and purchasers of health care, the report provides guidelines for team care policies that will improve outcomes for people with diabetes while minimizing expensive procedures and hospitalizations.

Diabetes experts urge more aggressive testing, treatment

Diabetes too often undiagnosed

U.S. steps up efforts to educate people about danger of Type 2 disease

Priorities for the Future



In the coming years, the National Diabetes Education Program will continue to focus on its goal: to reduce the illness and death of diabetes and its complications.

As new biomedical research on management of diabetes emerges, the National Diabetes Education Program will translate that science into practice and expand its target audiences as warranted. Data from clinical trials and research supported by the National Institute of Diabetes and Digestive and Kidney Diseases and the Centers for Disease Control and Prevention will be promoted and disseminated to the scientific, health professional, and lay public communities to help close the gap in diabetes care.

In the near future, the program will address a variety of emerging issues in diabetes care through information, education, and partnership outreach activities including the following.

Awareness campaigns are being planned to offer social support for people with diabetes, provide healthy eating tips to Hispanics/Latinos to help them control the disease, renew efforts to reach seniors with messages about Medicare's benefits for people with diabetes, and

promote the importance of healthy eating and regular physical activity to American Indian children to help reduce their risk of diabetes.

Heart disease and stroke account for nearly 75 percent of all diabetes-related deaths. A growing body of scientific evidence indicates that aggressive management of blood glucose, lipids, and blood pressure is essential to reduce morbidity and mortality in people with diabetes. NDEP will expand its diabetes control awareness campaign to educate and inform people with diabetes about the link between diabetes and cardiovascular disease. Campaign messages will encourage them to work closely with their health care providers to control the ABCs of diabetes: A1C, blood pressure, and cholesterol. NDEP will work with its Health Care Providers and Minority Work Groups to develop educational materials and clinical practice tools to address this critical component of diabetes care.

Children with diabetes face special challenges controlling their diabetes in school settings. To help children with type 1 or type 2 diabetes, materials will be developed for schools and day care centers to

As new biomedical research on management of diabetes emerges, the National Diabetes Education Program will translate that science into practice and expand its target audiences as warranted.



educate school personnel on the appropriate management of diabetes in children in the school setting. In addition, the NDEP will develop partnerships with key educational and health care provider organizations and parent groups to enhance and support diabetes management in schools.

To meet the special needs of older Americans with diabetes, the NDEP's newly expanded Older Americans work group will develop activities to address the broader issue of improving diabetes control in people ages 65 and older. Research is planned to gain a better understanding of the problems older Americans face in dealing with diabetes, how to reach the various segments of the population, and how to develop effective partnerships with senior groups.

Another NDEP initiative will be targeted to pharmacists, podiatrists, optometrists, and dentists to heighten their awareness of the importance of blood glucose control in the prevention of complications affecting the feet, eyes, teeth, and gums and to foster collaboration between these health professionals and other health care providers.

Plans are in the offing to promote the team approach to care to the people who make decisions about health care plans. Similarly, the program will offer worksite-

based diabetes control program tools to employers, and the people who purchase health care.

The National Diabetes Education Program will continue to support its Partnership Network with technical assistance tools and training sessions, meetings, and a new interactive web site designed to promote information sharing. NDEP will work to expand its

NDEP will work to expand its Partnership Network and involve many additional organizations in its information and education activities.

Partnership Network and involve many additional organizations in its information and education activities.

Finally, the National Diabetes Education Program has developed a plan to collect, evaluate and analyze NDEP-related partner activities and the minority work group process component of the Partnership Network. In addition, plans are being outlined for measuring the National Diabetes Education Program's impact on target audiences and outcomes related to diabetes care.

The National Diabetes Education Program has made its mark as a strong, flexible organization that responds rapidly to public health needs and to the needs of its constituents. The program envisions a promising future that will continue to be shaped by its strong leadership and the many partners who have worked steadfastly to spread the word about the program and the importance of diabetes control.



National Diabetes Education Program Awards

Sponsor	Award	Component	Year
Health Improvement Institute	Aesculapius Award of Excellence	“Rayos y Truenos” television PSA	1998
Mercomm, Inc.	Silvery Mercury Award	“Rayos y Truenos” television PSA	1998
Health Improvement Institute	Aesculapius Award of Excellence	“Family Reunion” television PSA “Future Generations” television PSA “Give It Up” radio PSA	1999
Health Improvement Institute	Aesculapius Award of Merit	“Many Faces of Diabetes” television PSA	1999
National Health Information Awards	Certificate of Merit	“Give it Up” radio PSA	1999
International Association of Business Communicators	Silver Inkwell Award	Overall National Diabetes Education Program Awareness Campaign and Campaign Guide for Partners	1999
Public Relations Society of America	Thoth Award Certificate of Excellence	“Many Faces of Diabetes” television PSA	1999
U.S. Department of Health and Human Services	Secretary's Award for Distinguished Service	National Diabetes Education Program Minority Awareness Campaigns	2000
Centers for Disease Control and Prevention	Honor Award for Communication Service	National Diabetes Education Program Awareness Campaign	2000
Videographer Awards	Award of Excellence Honorable Mention	“Diabetes Control: Five Communities Reach Out” video	2000
Public Relations Society of America	Thoth Award Certificate of Excellence	National Diabetes Education Program Multicultural Awareness Campaign	2000
Questar International	MerComm Gold Award	“Diabetes Control: Five Communities Reach Out” video	2000
Questar International	MerComm Silver Award	“Future Generations” television PSA	2000
National Health Information Awards	Certificates of Merit	“Family Reunion” television PSA “Future Generations” television and radio PSAs	2000
Health Improvement Institute	Aesculapius Award of Excellence	“Future Generations” radio PSA	2000



National Diabetes Education Program Work Groups

Guiding Principles

Kelly Acton, M.D., M.P.H., F.A.C.P.	Indian Health Service
Charles Clark, Jr, M.D.	Regenstrief Institute for Health Care
Claresa Levetan, M.D.	American Association of Clinical Endocrinologists
Adolfo Perez-Comas, M.D., Ph.D.	Puerto Rican Association of Diabetes Educators
Leonard M. Pogach, M.D.	NJ Veterans Administration Health Care System
*Christopher Saudek, M.D.	American Diabetes Association
Stephen Spann, M.D.	American Academy of Family Physicians
Robert E. Stone, M.B.A.	American Healthways, Inc.
Daniel Stryer, M.D.	Agency for Health Care Policy and Research
Herbert Young, M.D.	American Academy of Family Physicians

Community Interventions

Jeff Caballero, M.P.H.	Assoc. of Asian/Pacific Community Health Organizations
Mary Clark, M.Ed.	The Links, Inc.
Diana Nancy DeLeon, M.P.H.	White Memorial Medical Center
Steven Edelman, M.D.	University of California at San Diego
Eliana Loveluck, M.S.W.	National Alliance for Hispanic Health
Stephen Popolizio, Ph.D	Lions Clubs International
*Yvette Roubideaux, M.D., M.P.H.	Association of American Indian Physicians
Violet Woo, M.S., M.P.H.	Office of Minority Health, DHHS

African American

James Black, D.D.S.	100 Black Men of America
Eva Bradley, R.N., B.S.N., C.D.E.	Independent Practitioner
*Mary Clark, M.Ed.	The Links, Inc.
Caswell Evans, Jr., D.D.S., M.P.H.	NIDCR, National Institutes of Health
Linda Jackson	National Caucus and Center on Black Aged
Thomas Joyce, M.S.	Ohio Department of Health, DCP
Sara Lomax Reese	HealthQuest Magazine
Clifton Mitchell	Center for Substance Abuse Treatment, SAMHSA
Carolyn Thompson, M.A.	Mississippi Department of Health, DCP
Gladys Gary Vaughn, Ph.D.	U.S. Department of Agriculture
Stephanie White-Perry, M.D.	Tennessee Department of Health
Frederick Wright	The Urban League of Nebraska Inc.

Hispanic/Latino American

Nelva Ancona-Paraison	Diabeticos Hispanos Perfil Latino TV Program
Lizia Auger	University of Georgia, Cooperative Extension Service
Diana Nancy DeLeon, M.P.H.	White Memorial Medical Center
*Yanira Cruz Gonzalez, M.P.H.	National Council of La Raza
Eliana Loveluck, M.S.W.	National Alliance for Hispanic Health
Wanda Montalvo, R.N, M.S., A.N.P.	Diabetes Collaborative, Northeast Cluster
Adolfo Perez-Comas, M.D., Ph.D.	Puerto Rican Association of Diabetes Educators
Elena Rios, M.D., M.S.P.H.	National Hispanic Medical Association
Betsy Rodriguez, C.D.E., M.S.N.	Puerto Rican Association of Diabetes Educators
Aracely Rosales	Health Promotion Council
Marta Sotomayor, Ph.D.	National Hispanic Council on Aging
Jaime Torres, M.D.	National Hispanic Medical Association
*Elizabeth Valdez, M.D.	Concilio Latino de Salud
Jose Luis Velasco, Ph.D.	National Hispanic Council on Aging

* Indicates Work Group Chair



American Indian

Kelly Acton, M.D., M.P.H., F.A.C.P.	Indian Health Service
Charlene Avery, M.D.	Association of American Indian Physicians
Dan Burich	Bayer Pharmaceuticals
Lorelei De Cora, R.N.	American Indian Talking Circles
Yvette Joseph-Fox, M.S.W.	National Indian Health Board
Margaret Knight	Association of American Indian Physicians
Gale Marshall	Two Feathers Management
Kelly Moore, M.D.	Billings Area Indian Health Service
Ben Muneta, M.D.	Indian Health Service
Georgia Perez	University of New Mexico
*Yvette Roubideaux, M.D., M.P.H.	Association of American Indian Physicians
Lorraine Valdez, R.N., M.P.A., C.D.E.	Indian Health Service
Tanya Wapskineh	Association of American Indian Physicians
Patricia Yarholer	Association of American Indian Physicians

Asian American/Pacific Islander

Nina Agbayani, R.N.	Assoc. of Asian/Pacific Community Health Organizations
*Jeff Caballero, M.P.H.	Assoc. of Asian/Pacific Community Health Organizations
Catherine Cruz-Guzman, M.P.H., R.D.	Guam Memorial Hospital Authority
Aurora Cudal, M.P.H.	Council of Phillipine American Orgs. of San Diego County, Inc.
Tele Frost-Hill, RN, F.N.P.	LBJ Hospital
Wilfred Fujimoto, M.D.	University of Washington, Seattle
Lydia Hsu, R.N., P.H.N., M.H.S.	North East Medical Services
Lisa Huang	National Asian Women's Health Organization
Peggy Huang, R.N., C.D.E.	University of California, San Francisco
Joseph Humphry, M.D.	Hawaii Medical Service Association
Theanvy Kuoch, M.A.	Connecticut Dept. of Public Health
Man-Ja Lee, R.N.	Parkland Health and Hospital System
Jackie Liro	Association of Asian/Pacific Community Health Organizations
T.G. Patel, M.D.	U.S. Department of Veterans Affairs
Tam Phan	Vietnamese Health Care Association
Marcus Samo, M.P.H.	Department of Health and Social Affairs, Micronesia
Jennifer Stoll-Hadayia, M.P.A.	National Asian Women's Health Organization
Robert Uhrle	Advocate Initiatives for Grassroots Access (AIGA)
Violet Woo	Office of Minority Health

Older Americans

Ann Albright, Ph.D., R.D.	California Diabetes Control Program
Betty Burrier	Health Care Financing Administration
Jane Fletcher	Lifescan, Inc.
Glendale Johnson	National Council on Aging, Inc.
Carolyn Leontos, M.S., R.D., C.D.E.	American Dietetic Association
Rodney Lorenz, M.D.	University of Illinois, College of Medicine
Jan Norman, R.D., C.D.E.	Washington State Dept. of Health, DCP
Kathleen Swiger, M.S.	University of North Carolina at Chapel Hill

Diabetes in Children and Adolescents

Charles M. Clark, Jr, M.D.	Regenstrief Institute for Health Care
Anne Fagot-Campagna, M.D.	Centers for Disease Control and Prevention
Leslie Curtis	NIDDK, National Institutes of Health
Alison Evert, R.D., C.D.E.	American Dietetic Association
Sheila Gahagan, M.D.	University of Michigan
Barbara Linder, M.D.	NIDDK, National Institutes of Health
Rodney Lorenz, M.D.	University of Illinois, College of Medicine
*Kelly Moore, M.D.	Billings Area Indian Health Service
Robert Moulthrop	Juvenile Diabetes Research Foundation International
Adolfo Perez-Comas, M.D., Ph.D.	Puerto Rican Association of Diabetes Educators
Judith Robinson, Ph.D., R.N.	National Association of School Nurses
Stephanie White-Perry, M.D.	Tennessee Department of Health
Cheryl Wilson, M.S.	Indian Health Service
Regan Wright	American Diabetes Association

* Indicates Work Group Chair



Health Care Provider

Samuel Abbate, M.D., C.D.E.	American Diabetes Association
*Lawrence Blonde, M.D., F.A.C.P.	American College of Physicians
Charles Clark, Jr, M.D.	Regenstrief Institute for Health Care
Sam Dagogo-Jack, M.D.	University of Mississippi
Judith Dempster, Ph.D.	American Academy of Nurse Practitioners
Carolyn Leontos, M.S., R.D., C.D.E.	American Dietetic Association
Claresa Levetan, M.D.	American Association of Clinical Endocrinologists
David Marrero, Ph.D.	Indiana DRTC, Indiana University School of Medicine
Bob McNellis, M.P.H., PA-C	American Academy of Physician Assistants
*Kevin Peterson, M.D.	American Academy of Family Physicians
Leonard M. Pogach, M.D.	NJ Veterans Administration Health Care System
Christine Tobin, R.N., C.D.E.	American Association of Diabetes Educators
Mark Williams, M.D.	National Kidney Foundation

Pharmacy, Podiatry, Optometry, and Dentistry (PPOD)

Barbara J. Aung, D.P.M.	American Podiatric Association
Norma Bowyer, O.D., M.P.H., F.A.A.O.	American Optometric Association
Caswell Evans, Jr., D.D.S., M.P.H.	National Dental Association
Joann Gurenlian, R.D.H., Ph.D.	American Dental Hygienists Association
Stuart Haines, Pharm.D., C.D.E.	University of Maryland, School of Pharmacy
Lawrence Harkless, D.P.M.	American Podiatric Association
S. Daniel Kidder	National Association of Chain Drug Stores
Kathryn Kuhn, P.D.	National Community Pharmacists Association
Milissa A. Rock, R.Ph., C.D.E.	American Pharmaceutical Association
*Ross Taubman, D.P.M.	American Podiatric Medical Association
George W. Taylor, III, D.M.D., D.P.H.	School of Dentistry, University of Michigan
Rosie Janiszewski, M.S., C.H.E.S.	National Eye Institute

Team Approach to Care

*Kris Ernst, R.N., C.D.E.	American Association of Diabetes Educators
Judith Dempster, D.N.Sc., NP-C	American Academy of Nurse Practitioners
Martha Funnell, R.N., M.S., C.D.E.	Michigan Diabetes Research and Training Center, University of Michigan
Sandy Gillespie, M.M.Sc., R.D., L.D.	Independent Practitioner
Roland Hiss, M.D.	Michigan Diabetes Research and Training Center, University of Michigan
Patricia Kidd, R.N., C-FNP	CIBA Vision Corp.

Business and Managed Care

Pamela Allweiss, M.D.	American College of Occupational and Environmental Medicine
Jamie L. Amaral, M.H.A.	National Federation of Independent Businesses
Kristen Birtwhistle, M.A.	Stockton Kaiser Permanente Medical Center
Amita Dasmahapatra, M.D.	Merck-Medco Managed Care, L.L.C.
M. Sue Gerson	General Motors
Catherine Ehlen	American Association of Health Plans
Synnomon Harrell, M.B.A.	United Auto Workers
Pam Kalen	Employers Managed Health Care Association
Barbara A. Larsen, M.P.H., R.D.	Utah Department of Health, DCP
*Timothy McDonald, P.A., M.H.S.A.	General Motors Corporation
Marilyn Park	AFL-CIO
José Rivera, M.P.H.	Stockton Kaiser Permanente Medical Center
John Semeraro, M.D.	Polaroid Corporation
Patricia Thompson-Reid, M.P.H.	Centers for Disease Control and Prevention
Cathy Van Doren, M.S.H., N.P.	The Alliance Health Quality Partnership
Marcus G. Wilson, M.D.	General Motors Corporation

Evaluation

Joanne Gallivan, R.D., M.S.	NDEP/NIH
Roland Hiss	Michigan DRTC, University of Michigan Medical School
Rodney Lorenz, M.D.	University of Illinois, College of Medicine
Phyllis McGuire	NDEP/CDC
Yvette Roubideaux, M.D., M.P.H.	Association of American Indian Physicians
Frank Vinicor, M.D., M.P.H.	NDEP/CDC

* Indicates Work Group Chair



NDEP Publications Resource List

MATERIALS FOR PEOPLE WITH DIABETES

First 25 copies free. See each item for pricing of additional copies and limits.

Take Care of Your Feet for a Lifetime (NDEP-4) ★

This illustrated patient booklet provides step-by-step instructions for proper foot care. Includes a tear-off reminder card and a patient "To Do" list. Each additional package of 25, \$5. Limit 2 packages.

Cuide sus pies durante toda su vida (NDEP-48)

Spanish version of *Take Care of Your Feet for a Lifetime*. Each additional package of 25, \$5. Limit 2 packages.

Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy (NDEP-8) ★

This two-color patient education booklet provides an action plan for diabetes control that includes tips on knowing blood sugar levels, reaching blood sugar goals, and maintaining blood sugar control. Each additional package of 25, \$5. Limit 2 packages.

Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy, Photocopy Master (NDEP-8PM)

Camera-ready version of NDEP-8.

Tome su diabetes en serio, para que no se vuelva cosa seria. Recomendaciones para sentirse mejor y estar mas saludable (NDEP-9) ★

Spanish version of *Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy*. Each additional package of 25, \$5. Limit 2 packages.

If You Have Diabetes, Know Your Blood Sugar Numbers (NDEP-10) ★

This reproducible, black-and-white patient education brochure provides information on measuring blood sugar levels using the hemoglobin A1c test and the finger-stick test (with a blood glucose monitor). Each additional package of 25, \$5. Limit 1 package.

Sepa cuánta azúcar tiene en la sangre: Hágase la prueba para controlar el azúcar sanguíneo (NDEP-11) ★

Spanish version of *Know Your Blood Sugar Numbers: The ABCs of Testing for Blood Sugar Control*. Each additional package of 25, \$5. Limit 1 package.

7 Principles for Controlling Your Diabetes for Life (NDEP-17) ★

This easy-to-read brochure for people with diabetes describes the essential components of quality diabetes care in a checklist form. Each additional package of 25, \$5. Limit 2 packages.

7 Principios para controlar la diabetes para toda la vida (NDEP-18) ★

Spanish version of *7 Principles for Controlling Your Diabetes for Life*. Each additional package of 25, \$5. Limit 1 package.

NEW The power to control diabetes is in your hands (NDEP-38) ★

This easy-to-read, 12-page brochure provides information for Medicare beneficiaries who have diabetes. The brochure focuses on the importance of self-monitoring blood sugar levels and explains the Medicare benefits that help pay for diabetes equipment and supplies. Each additional package of 25, \$5.

NEW The power to control diabetes is in your hands, Photocopy Master (NDEP-38PM)

Camera-ready modified version of NDEP-38.

NEW El poder de controlar su diabetes está en sus manos (NDEP-39)

Spanish version of *The power to control diabetes is in your hands*. Each additional package of 25, \$5.

NEW El poder de controlar su diabetes está en sus manos, Original para Fotocopiar (NDEP-39PM)

Camera-ready modified version of NDEP-39.

NEW Tips for helping a person with diabetes (NDEP-57)

This tips sheet provides practical tips and suggestions for helping loved ones with diabetes. The sheet also lists diabetes organizations that can provide help. Each additional package of 25, \$5. Limit 2 packages.

MATERIALS FOR HEALTH CARE PROVIDERS

Single copies free. See each item for pricing of additional copies and limits.

UPDATED Feet Can Last a Lifetime Kit (NDEP-2) ★

This comprehensive kit for health care providers contains ready-to-use foot exam forms, Medicare certification forms for therapeutic footwear, a sample disposable sensory testing monofilament, reproducible patient education materials, and current resource and reference materials. Single kit free. Each additional kit, \$3. Limit 6 kits.

Diabetes Numbers at-a-Glance (NDEP-12) ★

This quick-reference pocket guide for health care providers lists criteria for diagnosing diabetes and treating people with diabetes. Package of 25, \$5. Limit 5 packages.

Guiding Principles of Diabetes Care (NDEP-16) ★

This booklet describes the essential components of quality diabetes care for people with diabetes, their families, health care providers, and insurers. Package of 25, \$5. Limit 1 package.

NEW Guía de Principios para el Cuidado de la Diabetes (NDEP-20) ★

Spanish version of *Guiding Principles of Diabetes Care*. Package of 25, \$5. Limit 1 package.

NEW The power to control your diabetes is in your hands, Poster (NDEP-40) ★

This striking 2-color poster conveys the importance of regular self-monitoring of blood sugar levels and explains Medicare coverage of diabetes testing equipment and supplies. Package of 25, \$5.

★ Commercial printer-ready Zip cartridges available. Call (800) 860-8747.

Visit our home page at <http://ndep.nih.gov> to preview or download these publications. June 2001

NEW *El poder de controlar su diabetes está en sus manos, Afiche (NDEP-41) ★*
Spanish version of *The power to control diabetes is in your hands* poster. Package of 25, \$5.

NEW *The power to control diabetes is in your hands, Countertop Display (NDEP-42)*
This 2-color tabletop display conveys the importance of regular self-monitoring of blood sugar levels and Medicare coverage of diabetes testing equipment and supplies. Package of 10, \$5.

NEW *El poder de controlar su diabetes está en sus manos, Exhibición de Contramesa (NDEP-43)*
Spanish version of *The power to control diabetes is in your hands* countertop display. Package of 10, \$5.

MATERIALS FOR ORGANIZATIONS

The following items are intended for use in public education campaigns, not for individual patients. See each item for pricing of copies and limits.

Control Your Diabetes. For Life. Campaign Videotape 1999 Edition (VHS) (NDEP-23)
Contains the following: A message to Partners from Miss America; "Taking Control," a 30-second general audience public service announcement (PSA); "Family Reunion," a 30-second African-American PSA; "Future Generations," a 30-second American Indian PSA; "Medicare Benefits," a 30-second Older American PSA (English); "Medicare Benefits," a 30-second Older American PSA (Spanish); "Thunder & Lightning," a 30-second Hispanic/Latino PSA (English); "Rayos y Truenos," a 30-second Hispanic/Latino PSA (Spanish); "Couple in the Rain," a 15-second Hispanic/Latino PSA (Spanish); and "Snowstorm," a 15-second Hispanic/Latino PSA (Spanish). (\$10)

Control Your Diabetes. For Life. Campaign Videotape 1998 Edition (VHS) (NDEP-14)
Contains the following: "Many Faces of Diabetes," 60-, 30-, and 15-second general audience PSAs; "Rayos y Truenos," a 30-second PSA (Spanish); a message from U.S. Surgeon General Dr. David Satcher; and the campaign launch video news release. (\$10)

Changing the Way Diabetes Is Treated (The NDEP Program Video) (NDEP-24)
This video introduces the National Diabetes Education Program and its purpose, goals, and objectives. It presents information on the devastating effects of diabetes and explains why organizations should participate in the program. (\$10)

NEW *Diabetes Control: Five Communities Reach Out Videotape 2000 (VHS) (NDEP-36)*
This powerful 22-minute video and the video guide show how different communities can work together and use available resources to improve diabetes control. The video can be used as a part of a community action-planning workshop when combined with the NDEP publication *Diabetes Community Partnership Guide*. It can also be used independently in waiting rooms, in community and church gatherings, and as a motivational tool for communities to establish diabetes programs and interventions. (\$10)

Control Your Diabetes. For Life. Campaign Guide for Partners (NDEP-15) ★
This 58-page how-to guide is designed to help partner organizations disseminate the *Control Your Diabetes. For Life.* campaign messages. Single copy free. Each additional copy, \$3.

Diabetes Community Partnership Guide (NDEP-21)
This how-to kit contains ideas, tools, and guidelines for community partnerships and diabetes activities. Single copy free. Each additional copy, \$3. Limit 6 copies.

Making a Difference: The Business Community Takes on Diabetes (NDEP-33) ★
This white paper is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. It provides information on the human and economic impact of diabetes and gives suggestions on how businesses can help employees with diabetes achieve improved glycemic control. Single copy free. Each additional copy, \$1.

MEDIA KITS

Single copy free. Limit 1 copy each. Reproducible.

General Audience Campaign Media Kit (NDEP-25)
Focuses on the seriousness of diabetes and the importance of controlling blood sugar levels. Contains a sample news release, diabetes statistics, resources, educational materials for people with diabetes, print public service ads, and live-read radio scripts.

African American Media Kit (NDEP-26)
Focuses on the seriousness of diabetes in the African American population with a "Family Reunion" theme. Contains a sample news release, diabetes statistics, resources, educational materials for patients, print public service ads, and live-read radio scripts.

American Indian Media Kit (NDEP-27)
Focuses on the seriousness of diabetes in the American Indian population. Contains a sample news release, diabetes statistics, resources, educational materials for patients, print public service ads, and live-read radio scripts.

Asian American and Pacific Islander Media Kit—English Version (NDEP-28)
Focuses on the seriousness of diabetes in Asian Americans and Pacific Islanders. Contains a sample news release, diabetes statistics, resources, educational materials for patients, print public service ads, and live-read radio scripts.

Asian American and Pacific Islander Media Kit—Translated Versions
The sample news release, diabetes statistics, live-read radio scripts, and print ads from the English kit have been translated into 11 Asian American and Pacific Islander languages.

Cambodian (NDEP-28CA)	Hindi (for Asian Indians) (NDEP-28HI)	Laotian (NDEP-28LO)
Chinese (NDEP-28CH)	Hmong (NDEP-28HM)	Samoan (NDEP-28SM)
English (for Asian Indians) (NDEP-28EI)	Ilokano (for Filipinos) (NDEP-28IL)	Tagalog (for Filipinos) (NDEP-28PI)
Gujarati (for Asian Indians) (NDEP-28GU)	Korean (NDEP-28KO)	Vietnamese (NDEP-28VI)

Hispanic/Latino Media Kit (NDEP-29)
Focuses on the seriousness of diabetes in the Hispanic/Latino population. Contains a sample news release, diabetes statistics, resources, educational materials for patients, print public service ads, and live-read radio scripts.

★ Commercial printer-ready Zip cartridges available. Call (800) 860-8747.
Visit our home page at <http://ndep.nih.gov> to preview or download these publications. June 2001



NDEP Publications Order Form



We regret that we cannot provide more than the limits noted. We hope the photocopy masters, commercial printer-ready Zip cartridges, and online versions will encourage you to create your own inventory. Remember: All our publications are free of copyright and many are on the web site at <http://ndep.nih.gov>. Please duplicate and distribute as many copies of these materials as you like.

Titles	Quantity	Cost
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		

Please print clearly and provide all necessary mailing information.

Make checks payable to NDIC.

Bulk orders must be prepaid in U.S. dollars.

Please do not send cash.

Name

Title/Organization

Address

City

State

ZIP

Telephone

Email Address

Please return this order form with your payment to

National Diabetes Information Clearinghouse
1 Diabetes Way, Bethesda, MD 20892-3600
Phone: (301) 654-3327 or (800) 860-8747 Fax: (301) 907-8906
Email: ndic@info.niddk.nih.gov
 Allow 4 to 6 weeks for delivery.



Sponsored by the National Diabetes Education Program
A Joint Program of the National Institutes of Health and the Centers for Disease Control and Prevention
June 2001