

Resource ID#: 4790

Control Your Diabetes for Life: Campaign Guide
for Partners

A white sunburst graphic with a semi-circular base and several triangular rays pointing upwards and outwards, positioned behind the text.

Control your
diabetes.
For Life.

Campaign Guide
for Partners

DEAR PARTNER ORGANIZATION:

The National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health and the Centers for Disease Control and Prevention have joined forces to bring you the **Control Your Diabetes. For Life.** campaign. The campaign is part of the National Diabetes Education Program (NDEP)—a new, national initiative aimed at reducing the suffering and death associated with diabetes and its complications.

The **Control Your Diabetes. For Life.** campaign seeks to reach the 16 million Americans with diabetes and their families with messages about the seriousness of diabetes, ways to control the disease, and the benefits of controlling diabetes for life. A core message of the campaign is: **Know your blood sugar numbers** as measured by hemoglobin A1c (also called H-b-A-one-c) testing and finger-stick testing using a blood glucose meter. Campaign materials offer tips to help people with diabetes keep their blood sugar under control.

As a National Diabetes Education Program partner, you play an essential role in educating people with diabetes and their families about how to control their disease. You can help us get out these diabetes messages by distributing the materials in this kit to your members, constituents, patients, health professionals, local media, and other community organizations. The section on **How to Get Out the Message** gives you many ideas to get started.

Please help us make the **Control Your Diabetes. For Life.** campaign a nationwide success by delivering the campaign messages in this kit. With your help, we can improve understanding about diabetes control. With your help, we can begin to reduce the pain, suffering, and deaths due to diabetes and its complications. Together, we can make a difference for the 16 million Americans with diabetes and their families.

Thank you for being a partner in the **Control Your Diabetes. For Life.** campaign. For more information about the campaign, call the National Diabetes Education Program at 1-800-438-5383, or visit our web sites at <http://ndep.nih.gov/> or <http://www.cdc.gov/diabetes/>. For more diabetes information, call the National Diabetes Information Clearinghouse at 301-654-3327, or visit the web site at <http://www.niddk.nih.gov/>.

Sincerely,



Charles M. Clark, Jr., M.D.
Chairman, NDEP Steering Committee



Sponsored by the National Diabetes Education Program

A Joint Program of the National Institutes of Health and the Centers for Disease Control and Prevention
<http://ndep.nih.gov/> or <http://www.cdc.gov/diabetes/>

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Note: All contents of this kit may be reproduced and disseminated without permission. We encourage you to duplicate and use all of the written materials and artwork provided to get out the message about diabetes control to your members, patients, constituents, local media, and other community organizations.

OVERVIEW OF THE CONTROL YOUR DIABETES. FOR LIFE. CAMPAIGN

An estimated 16 million Americans have diabetes. Diabetes is one of the leading causes of death and disability in the United States. It is the leading cause of adult blindness, end-stage kidney disease, and amputations of the foot or leg. It also puts people at increased risk of heart disease and stroke. Yet public awareness about the disease is very low, and many people with diabetes do not understand all they can do to control their disease and prevent complications.

The **Control Your Diabetes. For Life.** campaign is the first of many campaigns to come from the National Diabetes Education Program. The program is a new, national initiative jointly sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health and the Centers for Disease Control and Prevention.

The **Control Your Diabetes. For Life.** campaign seeks to reach the 16 million Americans with diabetes and their families with messages about the seriousness of diabetes, ways to control the disease, and the benefits of controlling diabetes for life. A core message of the campaign is: **Know your blood sugar numbers** as measured by hemoglobin A1c (also called H-b-A-one-c) testing and by finger-stick testing using a blood glucose meter. Campaign materials offer tips to help people with diabetes keep their blood sugar under control.

Campaign messages are being delivered via television, radio, and print public service announcements (PSAs) in both English and Spanish; news coverage; educational materials; and promotion through a broad network of public and private sector organizations. Planning is under way to produce future campaigns and educational materials targeted to other minority populations including African Americans, Asian Americans, Pacific Islanders, and Native Americans.

The National Diabetes Education Program welcomes you as a partner in the **Control Your**

Diabetes. For Life. campaign. As a partner organization, you can help to get out the messages about diabetes control to your members and constituents and to people with diabetes, health professionals, local media, and other community organizations. This partner kit is designed to help you promote the campaign messages. It includes:

- ▲ **Press Release.** A news release about the **Control Your Diabetes. For Life.** campaign contains all the vital information a reporter needs to write a story. Distribute the release to local media interested in covering the campaign. You also can use the release to write an article in your organization's newsletter. Feel free to adapt or tailor the release for your readers.
- ▲ **Editorial.** A sample editorial stresses the seriousness of diabetes, highlights the benefits of controlling diabetes for life, and describes the campaign materials and messages about diabetes control. Run the editorial as is, or use it as a resource for preparing an editorial for your organization's newsletter. Insert the name of your organization in the appropriate places. You also can adapt the editorial and submit it as a letter-to-the-editor or an op-ed to local newspapers.
- ▲ **Patient Brochures.** An easy-to-read, reproducible patient brochure stresses the importance of knowing your blood sugar numbers as measured by hemoglobin A1c testing and finger-stick testing using a blood glucose meter. A second patient brochure provides an action plan with practical tips for controlling blood sugar. Print these tips as sidebars to a feature story in your organization's newsletter, and encourage reporters to do the same. You also can photocopy the reproducible brochure and distribute it to your members or constituents at your group's meetings or through direct mailings.

▲ **Quiz.** A short written test measures patient knowledge about hemoglobin A1c testing. The correct answers are given on the back of the quiz. Use the quiz in your organization's newsletter or distribute it at your group's meetings and encourage people with diabetes to find out more about hemoglobin A1c testing. You also can use the quiz to educate reporters about the basics of hemoglobin A1c testing.

▲ **Logo Sheets and Multi-cultural Artwork.** Camera-ready campaign logos in various sizes and artwork related to diabetes control are provided for developing your own articles or materials. Print the logos and artwork in your organization's publications. You also can offer these camera-ready items to reporters who request graphics to support an article.

▲ **Print Ads.** Camera-ready public service print ads promote the campaign messages of **knowing your blood sugar numbers** and controlling your diabetes. Submit them to publications that devote space to public service advertising with a cover letter to the appropriate contact (e.g., advertising director, public service director). You also can place the print ads in your organization's newsletter or other publication, if appropriate. Insert your organization's phone number as a contact for more diabetes information.

▲ **List of Resources.** Give this list to people with diabetes and their families, reporters, or members of your organization who are looking for additional professional or patient education publications.

▲ **Principles of Diabetes Care.** The Principles of Diabetes Care describe the essential components of quality diabetes care and form the basis of NDEP's public and professional awareness programs. The Principles have been developed for people with diabetes, their families, health care providers, as well as those who pay for health care. Feel free to copy these Principles and disseminate them to health care providers and to people with diabetes.

▲ **Fact Sheets.** The fact sheets provide additional background and statistics about diabetes. Give them to reporters to use for background information. You also can use these items for your organization's own publications.

▲ **Program Background Information.** A fact sheet about the National Diabetes Education Program and a list of the program's steering committee members from health professional, minority, managed care, and community service organizations are included. Give the fact sheet to reporters and encourage them to write a story about the program. Use the National Diabetes Education Program steering committee list as a source for more information about diabetes and the program.

▲ **User Feedback Form.** A feedback form requests your comments about how useful you found the materials. Please take a moment to complete the form and fax or mail it to us. It will help us to evaluate and improve our diabetes information materials.

In addition to this kit, the **Control Your Diabetes. For Life.** campaign includes:

- Television, radio, and print PSAs in English and Spanish;
- Patient education brochures in English and Spanish; and
- Health care provider information on glycemic control.

Use the **order form on page 41** to obtain copies of these campaign materials.

Read on for more ideas about how your organization can become an active partner in the **Control Your Diabetes. For Life.** campaign. For more ideas about community outreach, call the National Diabetes Information Clearinghouse at 301-654-3327 to obtain a copy of the community partners planning guide, which will be available in Fall 1998.

HOW TO GET OUT THE MESSAGE

This section provides many ideas and tips for communicating messages about diabetes control to your local media and in your community. Choose the ideas that are appropriate for your organization or add your own ideas. Make a list of your ideas, put them in order of priority, and then develop your own timetable for a media plan that works for you.

How to Work With the Media

Tips for Creating Good Media Relations

The news media — television and radio stations, newspapers and newsletters, and local or regional magazines — can play an important role in getting your organization's messages to the public. The media also can help to publicize your organization's events. Follow these basic rules to maximize your impact with the media:

- ▲ Let your local news media know that you exist, what you do, what you know about, where you are, and how to reach you.
- ▲ Attend programs where reporters are present to get to know them.
- ▲ Know your story and make sure it has substance. Have a well-defined message.
- ▲ Anticipate any questions and get the answers before you contact a reporter.
- ▲ Watch and read the stories of your local news media. See how they present the news for clues about how to pitch your stories to them. Then rehearse your story pitch.
- ▲ Be alert for international, national, or regional events that could serve as a springboard for your organization. Look for ways to use these events as a news peg for a story with a local angle.
- ▲ Define your target audience. Determine which departments (news, features, health, etc.) of the targeted media outlet (radio, television, newspaper, magazine, cable access channel, or newsletter) would be interested in your story.
- ▲ Have available names and telephone numbers of other sources (diabetes experts and patients)

who will speak to the media.

- ▲ Identify all procedures and deadlines for calendar listings, club listings, and other regular sections of newspapers or broadcasts where you can list activities and meetings.
- ▲ Be friendly, helpful, and professional—no matter what.
- ▲ Use your imagination and good judgment.

Developing a Usable Story Idea

All reporters seek similar story elements: audience appeal; issues that stimulate debate, controversy, and even conflict; stories that generate high ratings and increase readership; and fresh angles that will pique public interest.

In general, reporters dislike: covering topics that are “old hat;” duplicating stories with a competitor; printing inaccuracies or writing incomplete stories; and being pressured to cover a topic because someone “went over their heads.”

Reporters and editors receive many story ideas every day. To ensure that your message stands out from the rest, use these questions as a guide:

- ▲ Is your story:
 - Timely?
 - Completely accurate?
 - New or unusual?
 - Controversial?
 - Of interest to the publication's audience?
- ▲ Does your story have a:
 - Local angle?
 - Tie-in with an event?
 - Tie-in with a current trend?
 - Human interest element?
- ▲ Does the story involve:
 - Pending legislation?
 - A prominent person?

Once you're confident that you have a “good” story to tell, it's time to release the information.

Releasing the Information

Start a Media List

Create a list of media contacts by reading newspapers and monitoring radio and TV shows to learn the names of reporters who cover health topics. Also check media directories available in libraries, from local public relations associations, and from other organizations with whom you work. A few tips about mailings lists:

- ▲ Your list should cover all media and appropriate reporters in the area.
- ▲ Include church, PTA, club, community group, health care, and business newspapers and newsletters. Many unions also publish newspapers and newsletters.
- ▲ Add names of personal press contacts from other people in your organization to your mailing list.
- ▲ Develop personal contacts with sympathetic reporters. They will appreciate your efforts to keep them posted and may use your press releases to give you coverage even when they cannot cover an event themselves.
- ▲ When developing your mailing lists, the first line on your mailing label should read:
 City Desk (for daily newspapers)
 News Assignment Desk (for radio and television stations)
 Local News Desk (for wire services and periodicals)
 Health Editor (where applicable, for newspapers and magazines)
 Editor (for weeklies).

Contact the Wire Services

In addition to print and broadcast media contacts, your media list should include the wire services. Wire services are news agencies that gather and distribute news to subscribing television, radio, and print media. The two major wire services are Associated Press (AP) and United Press International (UPI). In many major cities, AP and UPI produce a complete listing of the important news events scheduled for the day; it's called the Daybook.

To get your event on the Daybook, call the nearest AP or UPI bureau, ask for the person who handles the Daybook, and very briefly describe your event and ask that it be listed. Use the first paragraph of your news release as a guide. Offer to supply the wire service bureau with an extra copy of your news release and be sure to provide a telephone number and contact name for additional information. A few more tips for dealing with wire services:

- ▲ If you have a solid story, you can phone it in to the Daybook without mailing a release, although a written notice is preferable.
- ▲ If you are phoning in a story about an event, do it at least 12 hours before the event.
- ▲ If you send a press release or advisory about an event, **always** call the Daybook to follow up. ("Hello, I want to make sure you have listed our [describe] event for noon tomorrow.")
- ▲ In many cities, private wire services offer similar services. Some are free, and others charge a fee. Check with your local library or Chamber of Commerce to find out if this service is available in your area.

Talking to Reporters

Reporters often will call to ask a question, verify a fact, clarify a position, or get an opinion. Include your name and telephone number as the news source in a clearly visible spot on every communication with the press. Then follow these tips for handling press calls:

- ▲ Be informed. Know the topics your organization and campaign are dealing with.
- ▲ When you call reporters, it is your job to let them know what is going on and their job to decide whether it is important.
- ▲ Be brief and to the point. Don't risk losing a reporter's interest by rambling.
- ▲ Give accurate answers. **Always be honest.**
- ▲ If you don't know the answer, don't invent one. Just say, "I don't know, but I'll find out for you. How soon do you need an answer?" Then always call back. This makes you a reliable news source.

Print PSAs are designed to get the reader to identify and pay attention to your organization or campaign. The ads included in this kit are appropriate for use in local newspapers, magazines, and all types of newsletters that may reach people with diabetes and their families.

To increase your chances of placing print PSAs:

- ▲ Find out whether a publication uses PSAs before you send the ads. If so, then send the ads with a cover letter to the appropriate contact (e.g., advertising director, public service director).
- ▲ Follow up with a telephone call to the Public Service Director requesting a meeting to discuss the ads. Explain the objective of the PSAs and describe the local target audience.
- ▲ Demonstrate the need to get this information to the publication's readers. Make your point with local statistics and stories about diabetes and people with diabetes in your community.
- ▲ Encourage the Public Service Director to insert the ads in specific sections such as the health section. Ask the newspaper to run a different ad weekly and rotate the ads throughout the year.

How to Approach a News Interview

Preparing for an Interview

Interviews are the basic tool of newsgathering. A reporter interviews you to get a good story. The reporter is not interested in flattering or favoring you, nor in damaging you. The reporter just wants news that will be of interest to readers or viewers.

Many interview subjects learn the hard way that they should have done more to prepare themselves for the opportunity to get their message out to the public through the news media. Here are a few tips to help you prepare for an interview:

- ▲ Do your homework. Take the time to brush up on recent news stories about your organization and about diabetes.
- ▲ Anticipate key questions. Use your own knowledge of your project or campaign to give the reporter a hook—that is, why it's a hot story and why it's of interest.

- ▲ Have answers ready for questions you may be asked. If possible, include quotable quotes or phrases that present your answers in an interesting way.

Doing the Interview

After you've done your homework and have anticipated key questions and answers, here are some tips for getting through the interview:

- ▲ Make the interview worthwhile for you and your organization. Tell your story!
- ▲ Be brief. Chances are that only 20 to 60 seconds of your interview with TV or radio reporters will be used. Get to the point quickly and with punch.
- ▲ Put your main point or conclusion first, followed by supporting points or arguments if necessary.
- ▲ Prepare several "sound bites"—short, snappy answers in 30-second "nuggets."
- ▲ Present your point of view in a positive manner. Don't be defensive.
- ▲ Speak clearly and firmly, but be natural. Don't sound rehearsed or as if you are reading, even if it's a prepared statement.
- ▲ Speak in plain English. Jargon, lingo, or abbreviations that may be familiar to you as an insider may mean little to the general public. For example, say "nerve damage" not "neuropathy."
- ▲ Tell the truth. You are remiss if you allow a reporter to accept a partial truth as a truthful answer. What's more, you risk damaging your credibility.
- ▲ Use the key answers you prepared ahead of time. Use quotable quotes and anecdotes.
- ▲ Listen very carefully to each question. Questions that are "off the subject" may be a signal that the interviewer doesn't understand the topic and that you need to offer a quick overview.
- ▲ Don't dodge questions. It's a signal that you have something to hide.
- ▲ If you don't know the answer to a question, say so. Offer to find out the answer as soon as possible. Then get back to the interviewer with the information.
- ▲ If you absolutely cannot divulge information, state why in a matter-of-fact way.

- ▲ Speak only for yourself or your organization—not for your industry as a whole, unless you are an industry spokesperson.
- ▲ Resist any temptation or effort to get you to attack other organizations or competitors. Your accusations or attack may be the only part of your interview that is remembered.
- ▲ Don't let a reporter put words in your mouth. Otherwise, you may end up appearing to agree to points you disagree with or admitting something you don't agree with.
- ▲ If you think you've answered a question incorrectly or want to restate something to make it clearer, tell the reporter and ask for another chance to answer.
- ▲ Avoid an argument with a reporter. You, rather than the reporter, may come across in print or on the air as the one trying to start an argument. If you get angry, count to ten before you proceed.

How to Get Out the Message in Other Ways

Partnerships with Local Organizations

You can reach members of your target audience in the places they shop, work, worship, socialize, and seek health care. Based on your organization's resources, some activities may be more appropriate than others. You can probably think of other ideas that will work well in your community, but here are a few to get you started:

- ▲ Ask professional organizations with newsletters to publish articles, editorials, and campaign print ads using the materials in this kit. If these organizations have speakers' bureaus, ask to be added to their lists. Check with your local library for a list of organizations in your area.
- ▲ Find out if you can become involved in health education activities already being conducted by voluntary organizations such as the American Diabetes Association and the Juvenile Diabetes Foundation International. These groups may also be interested in co-sponsoring new activities.
- ▲ Speak at professional meetings and brown bag luncheons sponsored by community groups. Religious groups, senior citizen associations, YWCAs and YMCAs, diabetes support groups, and libraries are good places to start. These groups may also be interested in displaying diabetes control materials.
- ▲ Ask local nonprofit organizations, social service organizations, civic and volunteer groups, fraternities and sororities, and associations to donate funds, services (e.g., printing), and volunteers.
- ▲ Join forces with local members or affiliates of National Diabetes Education Program Steering Committee partner organizations. See the Steering Committee Roster on pages 36 through 40, or contact the National Diabetes Education Program for a list of partner organizations.

Partnerships with Pharmacists and Health Care Providers

- ▲ Team up with pharmacists in your community to distribute diabetes control materials. They can display campaign materials and brochures on counters, insert diabetes control messages (such as the print ads in this kit) in bags with all prescriptions for people with diabetes, or print messages on prescription receipts. Some pharmacies also offer patient education programs and publish newsletters, both good ways to get the word out to patients.
- ▲ Suggest that pharmacists, health care providers, and health insurance companies record and play messages about diabetes control for callers who are put on hold.
- ▲ Ask health care providers to distribute diabetes control materials to their patients.
- ▲ Give health care providers reminder notices they can use to notify their patients with diabetes to get a hemoglobin A1c test at least two times a year.
- ▲ Speak at professional meetings and brown bag luncheons of health care provider organizations (e.g., local physicians, state or county dietetic and nursing associations, etc.) to promote the diabetes control messages with these audiences.

Sample Press Release

For Immediate Release
_____, 1998

Contact: {name}
{phone number}

NEW AWARENESS CAMPAIGN'S MESSAGE IS CLEAR— CONTROL YOUR DIABETES. FOR LIFE.

{Name of organization} joins National Diabetes Education Program
in promoting diabetes awareness.

{City, state} — _____, 1998 — {Name of organization} has joined the National Diabetes Education Program as a partner in its first awareness campaign—*Control Your Diabetes. For Life*. The National Diabetes Education Program is a joint program of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC).

"We are confident that our involvement in this campaign will make a difference in the lives of people with diabetes and their families," said {organization leader}. "It's time to recognize diabetes as a serious disease. Contrary to popular belief, it is not acceptable to have a 'touch of sugar' in the blood."

Sixteen million Americans have diabetes, at an estimated cost to the nation of \$98 billion each year. The prevalence of diabetes is rising as the U.S. population ages and as more Americans become obese. Diabetes is the leading cause of adult blindness, end-stage kidney disease, and amputations of the foot or leg. In addition, people with diabetes have an increased risk of heart disease and stroke. Death rates are twice as high among middle-aged people with diabetes as among middle-aged people without diabetes.

The campaign will raise awareness about the importance of controlling diabetes, especially among minority groups that are greatly affected by diabetes—specifically, African Americans, Hispanic Americans, Asian Americans, Pacific Islanders, and Native Americans. Between nine and 10 percent of African Americans and Hispanic Americans have diabetes, compared with seven percent of non-Hispanic whites. Among Native Americans, diabetes can affect up to 50 percent of adults; Native Hawaiians are twice as likely to have diagnosed diabetes as white residents of Hawaii.

"We know that much of the illness and death from diabetes may be prevented or delayed by aggressive treatment with diet, physical activity, and new medicines that help people with diabetes gain control of their blood sugar levels," said {organization leader}.

The National Diabetes Education Program recommends that all people with diabetes get a blood test called the hemoglobin A1c at least twice a year and talk with their health care providers about reaching their hemoglobin A1c goals. Research shows that maintaining hemoglobin A1c levels at less than seven percent may reduce the risk of diabetes complications by 50 to 80 percent.

According to the National Diabetes Education program, the hemoglobin A1c is the best test for measuring blood sugar control. This simple test measures a person's average blood sugar level over the 3 months prior to the test. The test measures the amount of sugar attached to the hemoglobin in red blood cells. Results are given in percentages.

Campaign materials provide information for people with diabetes about learning their blood sugar numbers and tips for controlling their disease. The materials also give health care providers information on ways to help patients manage their diabetes. For a free booklet about controlling diabetes, call 1-800-438-5383 or visit the NDEP web sites at <http://ndep.nih.gov> and <http://www.cdc.gov/diabetes/>.

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Sample Editorial

{NAME OF ORGANIZATION} JOINS CAMPAIGN TO RAISE AWARENESS OF DIABETES

Diabetes affects 16 million Americans and costs the United States \$98 billion each year. It is the leading cause of adult blindness, end-stage kidney disease, and amputations of the foot or leg, and puts people at increased risk of heart disease and stroke. Death rates are twice as high among middle-aged people with diabetes as among middle-aged people without diabetes. Despite these staggering statistics, public awareness about the seriousness of diabetes is low.

{Name of organization} has made a firm commitment to support and participate in the National Diabetes Education Program's first awareness campaign—**Control Your Diabetes. For Life.** In doing so, we will assist this important public health program in its efforts to raise awareness of the importance of controlling diabetes and the benefits of proper treatment.

The National Diabetes Education Program is a joint program of two federal agencies—the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). The program is partnering with public and private sector organizations, including {name of your organization}, to design ways to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and, ultimately, to prevent the onset of diabetes.

The good news is that aggressive treatment with diet, physical activity, and new medicines to achieve lower blood sugar levels can reduce the death and disability associated with diabetes. {Name of organization} will work with the National Diabetes Education Program to close the gap between current and desired diabetes care and practices by increasing awareness about the seriousness of diabetes and its risk factors, by promoting blood sugar control, and improving the quality of and access to care.

The National Diabetes Education Program's awareness campaign is a milestone for public health education. This is the first federal government program to work with public-private partners committed to raising awareness about diabetes. The campaign is releasing television, radio,

and print public service announcements, all unified by a central theme—**Control Your Diabetes. For Life.** Campaign materials will educate and inform people with diabetes about the importance of knowing their blood sugar numbers, reaching their blood sugar goals, and keeping their blood sugar under control. Central to the awareness campaign will be mass media and outreach programs targeted specifically toward African American, Hispanic American, Asian American, Pacific Islander, and Native American communities, whose members have higher rates of diabetes.

The awareness campaign also marks the release of the National Diabetes Education Program's Principles of Diabetes Care. The Principles are designed to help close the gap between what *can* be accomplished in diabetes care and what is now being accomplished, by describing the essential components of good diabetes management. The Principles outline elements of good care, leaving specifics up to the individual and the health care team.

Diabetes is a self-managed disease that requires daily adherence to dietary, physical activity, blood sugar self-monitoring, and medicine regimens. To help our members and their families deal with the challenges of diabetes control, {name of organization} will distribute the campaign materials and messages. {Optional: talk about the ways that you will disseminate materials and messages throughout your organization}. This program is consistent with our organization's concern about the health and well-being of our members and the nation.


We are confident that our involvement in this campaign will make a difference among people with diabetes and their families. It's time to recognize diabetes as a serious disease. Contrary to popular belief, it is not acceptable to have a "touch of sugar" in the blood. Neither diabetes, nor the treatment of the disease, should be taken lightly.

To receive a free brochure from the National Diabetes Education Program about controlling diabetes, call 1-800-438-5383, or visit the National Diabetes Education Program web sites at <http://ndep.nih.gov> or <http://www.cdc.gov/diabetes/> for more information.

Does my insurance pay for self-testing supplies?

In 1998, Medicare will start paying for finger-stick testing supplies for people with diabetes. If you have Medicare insurance, ask your health care provider for details.

Take Control of Your Blood Sugar.

-  1 Go over this brochure with your health care provider and ask for a hemoglobin A1c test at least twice a year.
- 2 Test your own blood sugar using a blood glucose meter as often as needed.
- 3 Talk to your health care provider about your blood sugar goals for the hemoglobin A1c test and the finger-stick test using a blood glucose meter.
- 4 Eat the right foods, exercise, and take prescribed medicines to keep your blood sugar under control.
- 5 For more information, call 1-800-438-5383.

fold here

Know Your Blood Sugar Numbers: The ABCs of Testing for Blood Sugar Control

Taking control of your diabetes can make you feel better and stay healthy. Lowering your blood sugar (also called blood glucose) by any amount lessens your chances of getting diabetes eye, kidney, and nerve disease. To control your diabetes, you must **know your blood sugar numbers.**

There are two different tests to measure your blood sugar:

- 1** The **hemoglobin A1c test** (pronounced he'me-glo-bin A-one-C) measures your blood sugar control over the last 3 months. It is the **best way** to know if your blood sugar is under control.
- 2** A **finger-stick test** you do yourself using a blood glucose meter measures your blood sugar **at the time you test.**

You need **both** tests to get a complete picture of your blood sugar control.

Control your
diabetes.
For Life.



Sponsored by the National Diabetes Education Program
A Joint Program of The National Institutes of Health and
The Centers for Disease Control and Prevention
NIH Publication No. 98-4350
July 1998

The Hemoglobin A1c Test: The Best Test for Blood Sugar Control

What is the hemoglobin A1c test?

The hemoglobin A1c test (also called H-b-A-one-c) is a simple lab test that shows the average amount of sugar that has been in your blood over the last 3 months. Your health care provider does the test by taking a small sample of your blood and sending it to a lab.



Why should I have a hemoglobin A1c test?

The hemoglobin A1c test is the best test for your health care provider to tell if your blood sugar is under control. This test shows if your blood sugar is close to normal or too high.

What is a good hemoglobin A1c testing goal?

The hemoglobin A1c goal for people with diabetes is less than 7 percent. If your test result is less than 7 percent, your treatment plan is probably working and it is likely that your blood sugar is under good control.

A high hemoglobin A1c is one that is greater than 8 percent. A high test result means that you have a greater chance of getting eye disease, kidney disease, or nerve damage. If your test result is greater than 8 percent, you may need to work with your health care provider to change your treatment plan.

How often do I need this test?

Ask your health care provider for a hemoglobin A1c test at least two times a year. Get the test more often if your blood sugar stays too high or if your health care provider makes any change in your treatment plan.

Go over this brochure with your health care provider. Ask about the hemoglobin A1c test and what your test result means.

The Finger-Stick Test: For Testing Your Own Blood Sugar Using a Blood Glucose Meter

What is a finger-stick test?

A finger-stick test is a simple test you can do using a blood glucose meter to check changes in your own blood sugar. The finger-stick test tells you what your blood sugar is at the time you test.



Why should I do this test?

Self-testing helps you see how food, physical activity, and diabetes medicine affect your blood sugar. The readings you get from these tests can help you manage your diabetes day by day or even hour by hour. Keep a record of your test results and review it with your health care provider.

What is a good self-testing blood sugar goal?

Ideal goals for most people with diabetes when self-testing using a blood glucose meter are:

Before Meals	80-120 mg/dl
At Bedtime	100-140 mg/dl



Your blood sugar goals may be different from these ideal goals. Ask your health care provider what goals are best for you.

How often should I do this test?

Finger-stick tests are usually done before meals and/or at bedtime. Ask your health care provider how often to test your blood sugar.

If I test my own blood sugar using a blood glucose meter, do I still need the hemoglobin A1c test?

Yes. The results of each test will tell you and your health care provider whether your blood sugar is under control. Talk to your health care provider about how often you need each test.

Hemoglobin A1c Testing Quiz

Check Your Hemoglobin A1c I.Q.

Find out how much you know about the hemoglobin A1c test (also called H-b-A-one-c). Mark each statement true or false. Then see how you did by checking the correct answers and explanations on the back of this sheet.

1. A hemoglobin A1c test measures the average amount of sugar in your blood over the last 3 months. T F
2. It's important to know your hemoglobin A1c number. T F
3. All people with diabetes need to have a hemoglobin A1c test. T F
4. The hemoglobin A1c goal for people with diabetes is less than 7 percent. T F
5. Most people can tell what their blood sugar levels are simply by how they feel. T F
6. You can have a "touch of sugar" but don't have to do anything about it. T F
7. You can do something about high blood sugar. T F
8. A hemoglobin A1c number over 8 percent is a sign that one or more parts of your treatment plan needs to be changed. T F
9. A hemoglobin A1c test should be done about once a year. T F
10. There's no proof that lowering your hemoglobin A1c number can reduce your chances of getting serious eye, kidney, and nerve disease. T F

Control your
diabetes.
For Life.

Control your
diabetes.
For Life.

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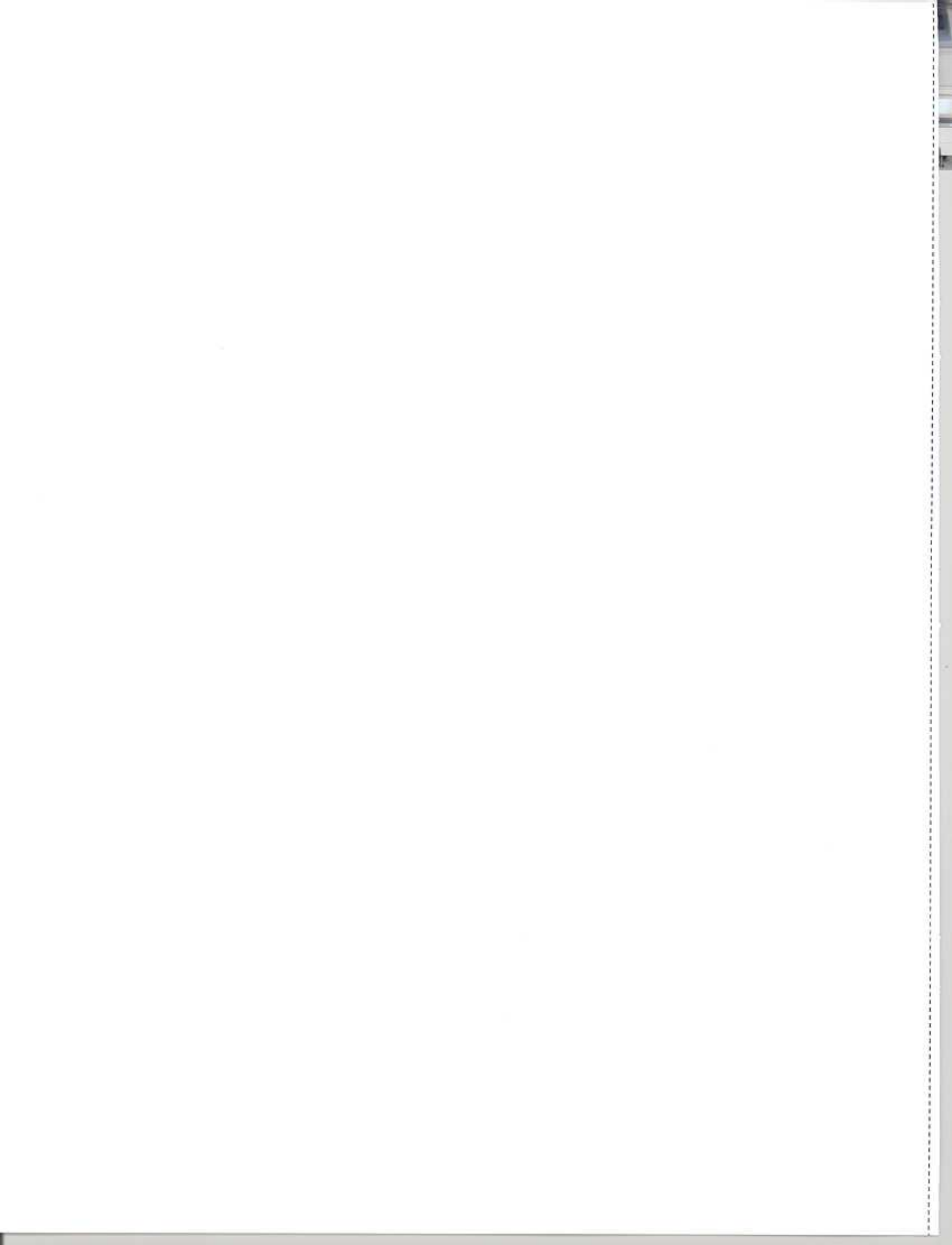
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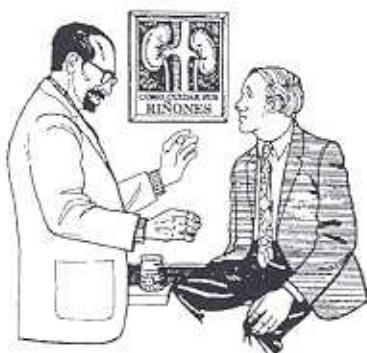
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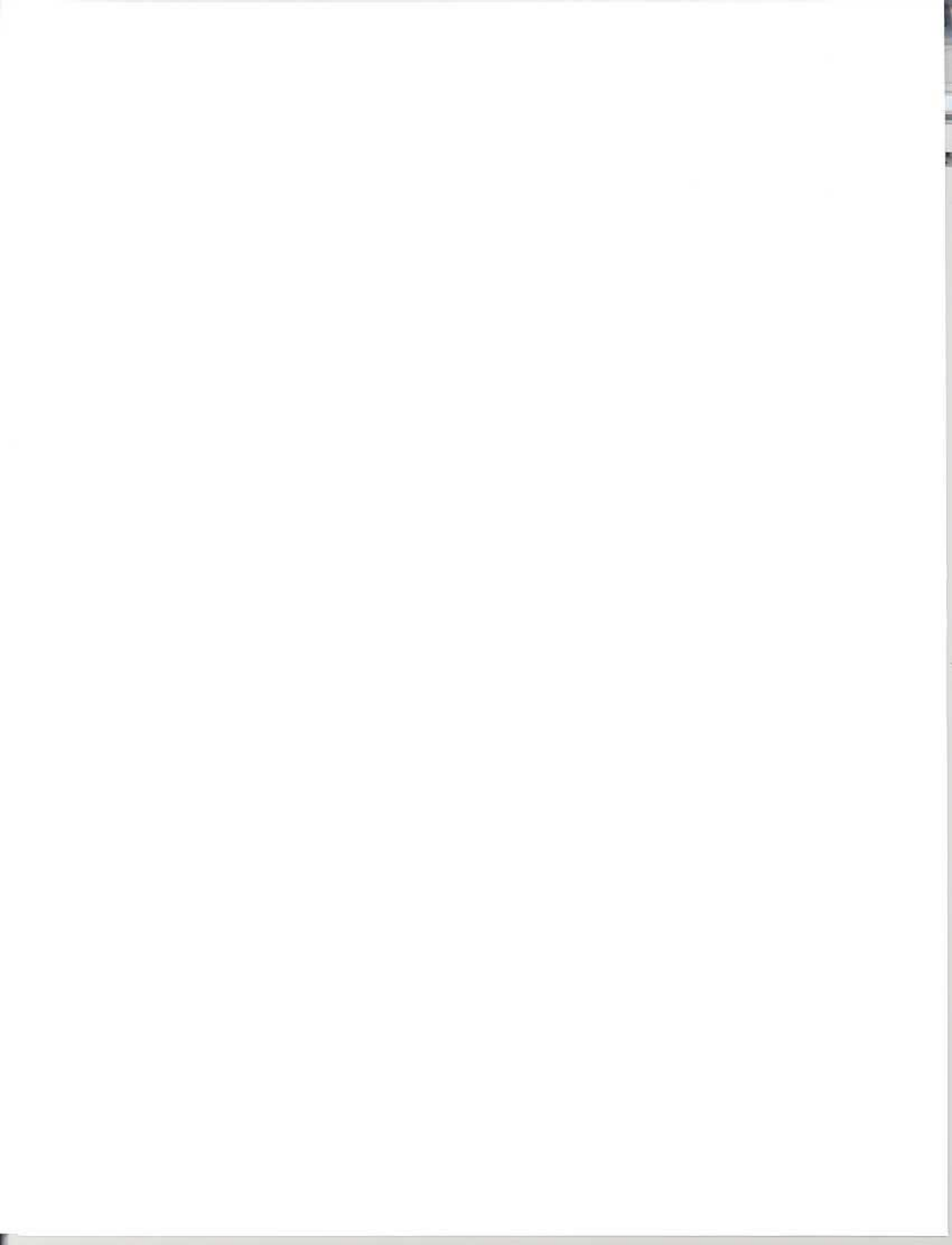
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diabetes.
For Life.



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If you have
DIABETES . . .
Know your blood sugar
NUMBER.

Control your diabetes by finding out your blood sugar number. Controlling your blood sugar can help you feel better, stay healthy, and enjoy a better quality of life.

The **best way** to find out your number is with the hemoglobin A1c test. It's a simple lab test that shows the average amount of sugar that has been in your blood over the last three months.

Aim for a hemoglobin A1c number of less than 7 percent. If your hemoglobin A1c number is 8 percent or higher, talk to your health care provider about changing your treatment plan.

Ask your health care provider today about the hemoglobin A1c test, and know your blood sugar number.

Control your
diabetes.
For Life.



A Message from the National Diabetes
Education Program of the NIH and CDC

If you have
DIABETES . . .
Stick to the
BASICS.

To control your diabetes, work closely with your health care provider, get regular hemoglobin A1c tests, and test your own blood sugar using a blood glucose meter. Eat foods to control your blood sugar, get physical activity, and take your diabetes medicine.

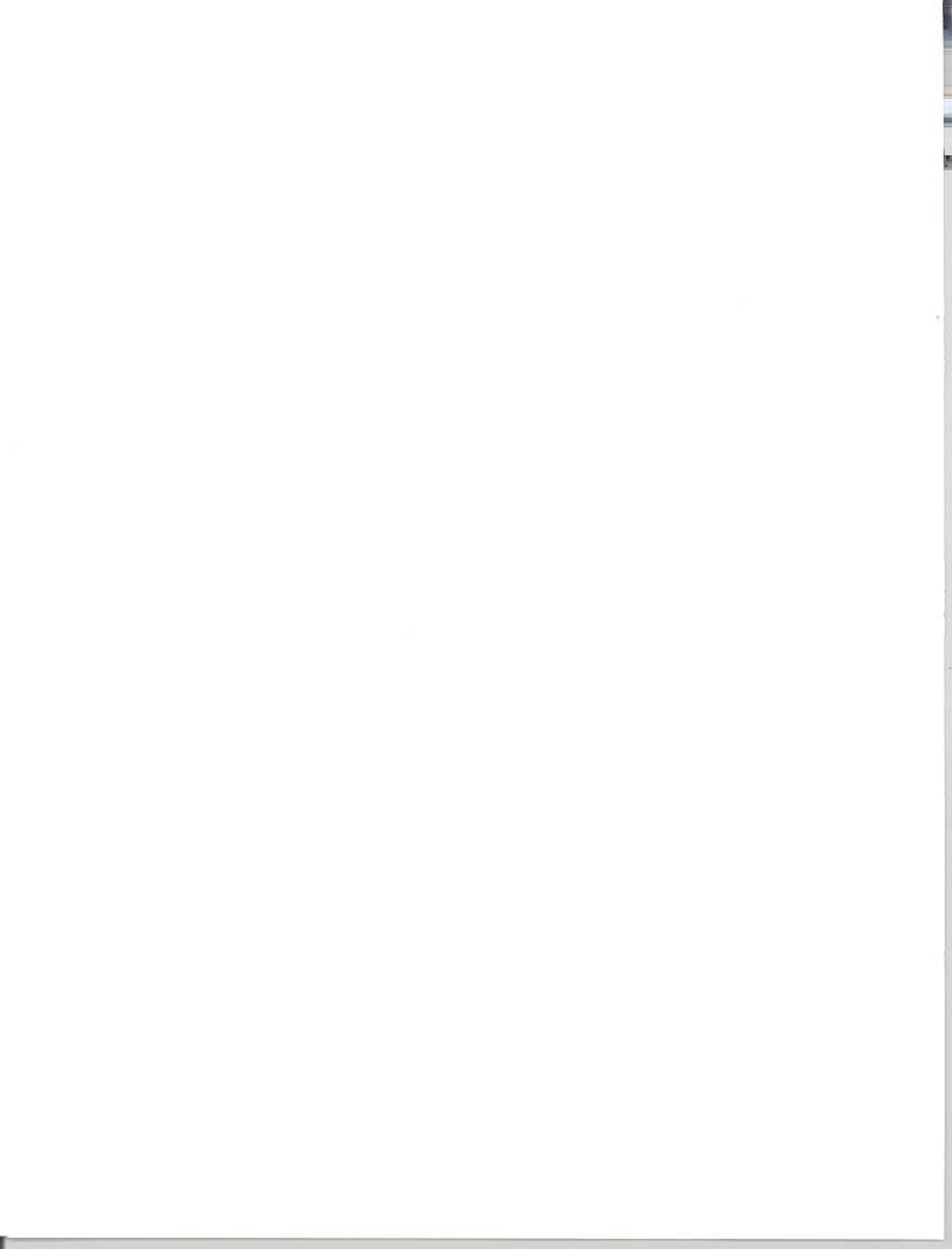
Stick to the basics and you can lower your chances of having serious health problems such as eye disease, kidney disease, and nerve damage. Plus, you'll feel better, have more energy, and enjoy a better quality of life.

Ask your health care provider for help with controlling your diabetes, and make a point of sticking to the basics.

Control your
diabetes.
For Life.



A Message from the National Diabetes
Education Program of the NIH and CDC



ADDITIONAL RESOURCES ON DIABETES CONTROL

To learn more about controlling diabetes, the following publications are available from the National Diabetes Information Clearinghouse (NDIC). Single copies are free of charge. To order, contact:

*National Diabetes Information Clearinghouse
1 Information Way
Bethesda, MD 20892-3560
Phone: 301-654-3327*

Some of the materials on this list are available online at <http://www.niddk.nih.gov/>. A complete publications list is available from the clearinghouse.

Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy, 1998

A patient education booklet that provides an action plan for diabetes control and offers tips for measuring blood sugar, reaching your blood sugar goal, and maintaining blood sugar control.

Recomendaciones para sentirse mejor y estar más saludable, 1998

Spanish-language version of *Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy.*

Sepa cuánta azúcar tiene en la sangre: Hágase la prueba para controlar el azúcar sanguíneo, 1998

Spanish-language version of *Know Your Blood Sugar Numbers: The ABCs of Testing for Blood Sugar Control.*

Medicines for People With Diabetes, 1997

Presents the basics of oral diabetes medicines—including the newest ones—and the five types of insulin. Helps people with diabetes and their diabetes educators plan medication regimens and management goals. (28 pages)

I Have Diabetes: What Should I Eat? 1997

Uses the food pyramid to help people learn to make healthier food choices. Suggests healthier ways to cook and serve foods. Helps people with diabetes and diabetes educators assess current food intake and make changes needed to improve diabetes and blood glucose management. (32 pages)

I Have Diabetes: When Should I Eat? 1997

Stresses the importance of scheduling medication times and meals to achieve good blood glucose control. Helps people with diabetes learn the names and dosages for medications as well as plan a meal-and-medication schedule. (8 pages)

I Have Diabetes: How Much Should I Eat? 1997

Teaches food portion sizes and how to link calorie needs with the proper number of servings. Provides measuring tips for each food group. Helps people with diabetes create a custom food pyramid and develop sample meal plans. (28 pages)

Do Your Level Best, 1995

An easy-to-read, illustrated overview of diabetes self-care for people with type 1 or type 2 diabetes. (60 pages)

The Diabetes Dictionary, 1994

Illustrated glossary of more than 300 diabetes-related terms. (64 pages)

Diccionario de la Diabetes, 1991

Spanish-language version of *The Diabetes Dictionary.*

Take Care of Your Feet for a Lifetime, 1997

Illustrated, easy-to-read booklet on proper foot care for people with diabetes.

In addition to these resources, a patient education guide called **Take Charge of Your Diabetes, 1997**, is available in both English and Spanish from the Centers for Disease Control and Prevention (CDC). You can download the complete text of both versions from the CDC web site at <http://www.cdc.gov/diabetes/>.

NATIONAL DIABETES EDUCATION PROGRAM (NDEP) GUIDING PRINCIPLES FOR DIABETES CARE: FOR PEOPLE WITH DIABETES

Introduction

The Guiding Principles for Diabetes Care are written for people with diabetes, their families, health care providers, and those who pay for health care. The principles describe the key points of good diabetes care and are based upon current research, guidelines, and standards of care. But because each person with diabetes has different needs, he or she should talk with a health care provider about the treatment plan that works best for him or her and why.

Taking proper care of diabetes can lower the chances of getting eye disease, kidney disease, nerve damage, and other problems linked to diabetes. With proper education and good self-care, people with diabetes should expect to lead long and active lives at work, home, and during leisure time.

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Principle 1: Screening High-Risk People and Diagnosing Diabetes

One-third of people with diabetes remain undiagnosed. Finding and treating diabetes early can improve health outcomes for people with diabetes. Therefore, routine screening and correct diagnosis are essential.

Diabetes is more common among people who are older, overweight, have a family history of diabetes, have had gestational diabetes (diabetes during pregnancy), and are of certain ethnic backgrounds. People at high risk for diabetes should have frequent, routine testing for diabetes. Finding and treating diabetes early can lower a person's chances of getting diabetes problems such as eye disease, kidney disease, nerve disease, and heart disease. You should be told right away that you have diabetes and the type of diabetes you have. Terms such as "a touch of diabetes," "borderline diabetes," or "sugar's a little high" are not correct and are no longer used.

Principle 2: On-Going Care

People with diabetes should always receive high-quality care on an ongoing basis to ensure that they are taking good care of their diabetes, and to make

changes to their treatment plan when needed to achieve control of the disease.

People with diabetes should always expect to receive care and support that is positive and helpful. You should not have trouble getting care, and you should be able to see your health care provider on a regular basis. In addition to your physician, you should be able to see other types of health care providers who can help you manage your disease such as a diabetes educator or a nutritionist. People of certain ethnic backgrounds, children, teenagers, pregnant women and older adults have very special needs that need special treatment. People with diabetes also need support from their family, friends, and co-workers. You should not be prevented from getting the proper education, equipment, supplies, and medicine because of lack of money. You should not be discriminated against in your work, getting insurance, and obtaining licenses.

Principle 3: Diabetes Education

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

People with diabetes should be able to get the education they need to become active in treating and managing their disease. Taking an active role in managing your diabetes will help you stay healthier. This education should be ongoing and should address your unique needs and the needs of your family.

Principle 4: Treating Hyperglycemia (High Blood Sugar)

Blood sugar 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.

The number one goal of diabetes treatment is to control high blood sugar levels. Over time, high blood sugar has been shown to cause eye disease, kidney disease and nerve damage, and may also be linked to heart disease and stroke.

There are many methods to control high blood sugar. These methods will vary from person to person and will depend on your unique needs. In type 1 diabetes, the treatment plan includes a healthy diet and regular physical activity coordinated with an insulin schedule. Treatment for type 2 diabetes often includes a healthy diet, physical activity, and in some cases, pills and/or insulin. You should be involved in creating your treatment plan and making decisions about your diabetes care.

Principle 5: Self-Monitoring of Blood Glucose and Hemoglobin A1c (HbA1c)

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

Diabetes is sometimes called the “silent disease” because it can cause serious damage to the body without showing any signs or symptoms. You may need to self-test your blood sugar on a regular basis to measure your blood sugar levels and help you manage your diabetes. You should work with your health care provider to decide how often to test, the type of test to use, and how often to report the test results. You should talk to your health care provider about getting the supplies you need to self-test.

Hemoglobin A1c (pronounced hē'mē-glō'bīn ay-wun-see, or H-b-A-one-c,) is a test that gives the average amount of sugar in the blood over the last 2 to 3 months. This test is very important because it tells how well you are managing your diabetes. Lowering the hemoglobin A1c number by any amount improves your chances of staying healthy and lowers your chances of having diabetes problems. You should talk to your health care provider about your hemoglobin A1c number and your own target goal.

Principle 6: Preventing and Diagnosing Long-term Diabetes Problems

Excellent diabetes care can greatly lower the chances of developing long-term diabetes problems.

People with diabetes must control their blood sugar levels to prevent diabetes problems such as

eye disease, kidney disease, nerve damage, heart disease and stroke. People with diabetes should also ask their health care provider for regular blood pressure checks, cholesterol tests, and other blood fat tests (HDL or “good cholesterol” and LDL or “bad cholesterol”). Routine testing of these factors is also part of good diabetes care.

You should work with your health care provider to make healthy lifestyle choices to help control and manage your diabetes. Eating to control blood sugar and blood fat levels, taking prescribed diabetes medicine, getting regular physical activity, and getting regular foot and eye exams are all important for good health and to help control diabetes.

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.

All people with diabetes should be examined by their health care providers for the problems that can occur with diabetes. Regular exams by a health care provider can help find problems at a time when they can be treated and managed successfully. You should have your feet, eyes and kidneys checked on a regular basis. Other tests may also be needed.

The long-term problems that occur in people with diabetes can usually be prevented or delayed if they are found and treated at an early stage. For example, kidney disease can be slowed or prevented by controlling high blood pressure and high blood sugar and by taking special medicines. Severe eye disease can be managed by laser surgery. Problems of circulation in the legs, heart, or brain can be improved by treatments that may or may not involve surgery. These examples show that it is important for people with diabetes to be treated for diabetes problems at any stage of the disease to prevent the problems from getting worse.

NATIONAL DIABETES EDUCATION PROGRAM (NDEP) GUIDING PRINCIPLES FOR DIABETES CARE: FOR HEALTH CARE PROVIDERS

Introduction

The goal of the National Diabetes Education Program (NDEP) is to reduce the suffering and death resulting from diabetes and its complications, through programs which increase public and health professional awareness of the seriousness of diabetes and the value of its treatment. These Principles of Diabetes Care describe the essential components of quality diabetes treatment and form the basis of NDEP's public and professional awareness programs. The principles have been developed for people with diabetes, their families, health care providers, as well as those who pay for health care, to define the information and care needed to assure quality diabetes care. They are consistent with the principles recommended in the 1998 "Consumer/Patient Bill of Rights," developed by the Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

People with diabetes and health care professionals should be in an on-going conversation about what care is best for each individual, and why. To encourage these conversations, the Principles of Diabetes Care outline essential elements of quality treatment, leaving specifics up to the individuals with diabetes, their families, and health care providers. These principles are based upon current research, guidelines, and standards of care.

Persons with diabetes should be encouraged to participate in all aspects of a full and active life, with decisions regarding any limitations being made on an individual basis between a person and his or her health care provider. Proper care and continued management of diabetes can prevent or control diabetes complications. With proper education and careful self-monitoring, people with diabetes should expect to lead long and active lives at work, home, and during leisure time.

Principle 1: Screening High Risk People and Diagnosing Diabetes

One third of people with diabetes remain undiagnosed. Finding and treating diabetes early can improve health outcomes for people with diabetes. Therefore, routine screening and correct diagnosis are essential.

Fasting plasma glucose should be measured periodically as part of routine health screening, particularly in people at high risk for diabetes. High-risk individuals include those who are older, overweight, have a family history of diabetes, have had gestational diabetes, and are of certain ethnic backgrounds. Early identification of diabetes may lessen or prevent the all-too-frequent problem of long-term complications developing before the person has been diagnosed. The diagnosis of diabetes should be clear, based on accepted standards for high blood glucose. Terms such as "a touch of diabetes," "borderline diabetes" or "sugar's a little high" are unnecessary, confusing and unacceptable. There should be no question on the part of the patient or the treating professional whether or not a person has diabetes. Persons with diabetes should also know what type of diabetes they have.

Principle 2: On-Going Care

People with diabetes should always receive high-quality care on an ongoing basis to ensure that they are taking good care of their diabetes, and to make changes to their treatment plan when needed to achieve control of the disease.

The person with diabetes should have on-going care in a supportive, positive 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 that often include physicians with various specialties, a diabetes educator, a nutritionist, and other health care professionals when appropriate. Particular groups including people of certain ethnic backgrounds, youths,

should know their own hemoglobin A1c, and whether they are reaching their target goal.

Principle 6: Preventing and Diagnosing Long-term Diabetes Problems

Excellent diabetes care can greatly lower the chances of developing long-term diabetes problems.

The control of blood glucose is one important way to prevent complications. Other important risk factors include smoking, high blood pressure and levels of blood fats above normal (especially high total cholesterol and LDL cholesterol, or low HDL cholesterol levels). Routine measurement and management of these risk factors are part of good diabetes care.

Another important way to prevent long-term complications of diabetes is to practice healthy self-care behaviors. A healthy diet and regular use of prescribed medications are basic behaviors needed for diabetes self-care. Regular physical activity, foot care, and routine visits to health care providers are examples of other needed behaviors.

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.

Routine screening for long-term complications can help detect problems at a time when they can be successfully treated and managed. The physical examination and/or laboratory tests can be used to identify early complications. Examples include the dilated eye examination by a competent professional for detection of retinal (eye) complications, the physical examination for detection of nerve damage, and a measurement of protein in the urine to detect kidney disease.

The progression of long-term complications of diabetes can usually be prevented or delayed if they are found and treated at an early stage. The progression of diabetic kidney disease, for example, can be slowed or prevented by controlling high blood pressure and high blood glucose. Severe eye disease can be successfully managed by laser therapy. Circulatory complications in the legs, heart, or brain may be improved by treatments that may or may not need surgery. These examples show the importance of treating long-term complications at any stage of diabetes.

A SNAPSHOT OF DIABETES: THE FACTS ABOUT AMERICA'S SIXTH LEADING CAUSE OF DEATH BY DISEASE

What is diabetes?

Diabetes is a chronic metabolic disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy.

How many Americans have diabetes?

- ▲ About 16 million Americans have diabetes; that's about 6 percent of the population. About 5.4 million of these people do not know they have the disease.¹
- ▲ Each year, 798,000 people are diagnosed with diabetes.¹
- ▲ The number of people diagnosed with diabetes has risen from 1.5 million in 1958 to 10.3 million in 1997, a sixfold increase.^{1,2}

What is the prevalence of diabetes by type?

- ▲ Type 1 diabetes accounts for 5 to 10 percent of all diagnosed cases of diabetes.¹
- ▲ Type 2 diabetes accounts for 90 to 95 percent of all diagnosed cases of diabetes.¹

What is the prevalence of diabetes by gender?

- ▲ 7.5 million men have diabetes (8.2 percent of all men age 20 years and older).¹
- ▲ 8.1 million women have diabetes (8.2 percent of all women age 20 years and older).¹

What is the prevalence of diabetes by age?

- ▲ 6.3 million Americans age 65 or older have diabetes — 18.4 percent of this age group.¹
- ▲ 15.6 million Americans age 20 or older have diabetes — 8.2 percent of this age group.¹

What is the prevalence of diabetes by race/ethnicity?

African Americans

- ▲ 2.3 million African Americans age 20 or older have diabetes — 10.8 percent of this group.¹
- ▲ African Americans are 1.7 times as likely to have diabetes as Caucasians of similar age.¹

Hispanic Americans

- ▲ On average, Hispanic Americans are almost twice as likely to have diabetes as non-Hispanic whites of similar age.¹

Asian Americans and Pacific Islanders

- ▲ Prevalence data for diabetes among Asian Americans and Pacific Islanders are limited. Some groups within this population are at increased risk for diabetes.¹
- ▲ Data collected from 1988 to 1995 suggest that Native Hawaiians are twice as likely to have diagnosed diabetes as Caucasian residents of Hawaii.¹

Native Americans

- ▲ Rates of diabetes vary widely among Native American tribes, bands, pueblos and villages, ranging anywhere from 5 to 50 percent.¹

Caucasians

- ▲ 11.3 million non-Hispanic whites age 20 or older have diabetes — 7.8 percent of this group.¹

Note: To learn more about the prevalence of diabetes among minority populations, these fact sheets are available from the National Diabetes Information Clearinghouse by calling 301-654-3327:

Diabetes in African Americans, 1998

Diabetes in Hispanic Americans, 1998

How does diabetes occur geographically?

- ▲ In Mississippi, 17 percent of adults ages 65 to 74 have diabetes—the highest prevalence in the United States for this age group. In addition, 8.5 percent of adults ages 45 to 64 in Mississippi have diabetes.³
- ▲ In Texas, 15.2 percent of adults ages 65 to 74 have diabetes—the second-highest prevalence in the United States for this age group. In addition, 9 percent of adults ages 45 to 64 in Texas have diabetes.³
- ▲ In Alaska, Delaware, Louisiana, Pennsylvania, and South Carolina, approximately 14 percent of adults ages 65 to 74 have diabetes.³
- ▲ In 31 states and the District of Columbia, the prevalence of diabetes for adults ages 65 to 74 falls between 10 percent and 14 percent.³
- ▲ In Tennessee, 9.1 percent of adults ages 45 to 64 have diabetes—the highest prevalence in the United States for this age group.³
- ▲ In addition to Tennessee, Texas, and Mississippi, the following states have the highest prevalence of diabetes among adults ages 45 to 64: Louisiana (8.7 percent), Michigan (8.5 percent), Arkansas (8.2 percent), South Carolina (8.2 percent), and West Virginia (8 percent).³

Note: Visit the Centers for Disease Control and Prevention's web site at <http://www.cdc.gov/diabetes/> for more state-specific data about diabetes.

How many deaths are linked to diabetes?

- ▲ Diabetes contributed to 187,800 deaths in 1995.¹
- ▲ Diabetes was the 7th leading cause of death listed on U.S. death certificates in 1995 (6th leading cause of death by disease).¹
- ▲ Studies have found death rates to be twice as high among middle-aged people with diabetes as among middle-aged people without diabetes.¹

How much does diabetes cost the nation?

- ▲ Total health care and related costs for the treatment of diabetes run about \$98.2 billion annually.⁴
- ▲ Of this total, direct medical costs (e.g., hospitalizations, medical care, treatment supplies) account for about \$44.1 billion.⁴
- ▲ The other \$54.1 billion covers indirect costs such as disability payments, time lost from work, and premature death.⁴

¹National Diabetes Fact Sheet: National estimates and general information on diabetes in the United States.

National Institutes of Health, et al, 1997.

²Diabetes in America (2nd Edition). National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health; NIH Publication #95-1468, 1995.

³Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1993-1995.

⁴American Diabetes Association. "Economic Consequences of Diabetes Mellitus in the U.S. in 1997," *Diabetes Care* 1998; 21(2): 296-309.

DIABETES OVERVIEW FACT SHEET

Diabetes mellitus is one of the most common and serious chronic diseases in the United States. About 16 million Americans have diabetes, 5.4 million of whom do not know they have the disease. Each year, approximately 800,000 people are diagnosed with diabetes. The prevalence of diabetes has increased steadily in the last half of this century and will continue to rise with the aging U.S. population, the growth in minority populations most susceptible to type 2 diabetes, and the increasing prevalence of obesity among Americans.

What Is Diabetes?

Diabetes is a metabolic disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life. Diabetes is characterized by high levels of blood glucose (sugar).

What Are the Different Types of Diabetes?

There are three main types of diabetes:

- ▲ Type 1 diabetes
- ▲ Type 2 diabetes
- ▲ Gestational diabetes

Type 1 diabetes, formerly called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes, is an autoimmune disease that results when the body's immune system attacks and destroys its own insulin-producing beta cells in the pancreas. People with type 1 diabetes need daily injections of insulin to live. Type 1 diabetes develops most often in children or young adults and accounts for about 5 to 10 percent of diagnosed diabetes in the United States. Although risk factors are not well defined for type 1 diabetes, autoimmune, genetic and environmental factors are involved in its development.

Type 2 diabetes, formerly called noninsulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes, is a disease that occurs when the body makes enough insulin but cannot use it

effectively. This form of diabetes usually develops in adults over the age of 40. About 90 to 95 percent of people with diabetes have type 2; about 80 percent are overweight. Type 2 diabetes is more common among people who are older; obese; have a family history of diabetes; have had gestational diabetes; and are of African American, Hispanic American, Asian American, Pacific Islander, and Native American ethnicities.

Gestational diabetes develops or is discovered during pregnancy. This type usually disappears when the pregnancy is over, but women who have had gestational diabetes have a greater risk of developing type 2 diabetes later in their lives.

What Is the Scope and Impact of Diabetes?

Diabetes is widely recognized as one of the leading causes of death and disability in the United States. It was the seventh leading cause of death listed on U.S. death certificates in 1995 and contributed to 187,800 deaths that same year.

Both type 1 and type 2 diabetes are associated with long-term complications that threaten life and the quality of life. Diabetes is the leading cause of adult blindness, end-stage renal disease, and nontraumatic lower-extremity amputations (as a result of nerve disease). People with diabetes are 2 to 4 times more likely to have coronary heart disease and stroke than people without diabetes. In addition, poorly controlled diabetes can complicate pregnancy, and birth defects are more common in babies born to women with diabetes.

Diabetes costs the United States \$98.2 billion each year. Medical costs for diabetes care — including hospitalizations, medical care and treatment supplies — total \$44.1 billion. Indirect costs — including disability payments, time lost from work and premature death — total \$54.1 billion.

How Is Diabetes Diagnosed?

Symptoms of type 1 diabetes usually develop over a short period of time, although beta cell destruction can begin months, even years, earlier. Symptoms include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme

fatigue. If not diagnosed and treated with insulin, a person can lapse into a life-threatening coma.

The symptoms of type 2 diabetes develop gradually and are not as noticeable as in type 1 diabetes. Symptoms include feeling tired or ill, frequent urination (especially at night), unusual thirst, weight loss, blurred vision, frequent infections, and slow-healing wounds and sores.

In 1997 the Expert Committee on the Diagnosis and Classification of Diabetes published new guidelines for the diagnosis of diabetes. The guidelines lowered the blood sugar values for diagnosis and recommended use of the fasting plasma glucose test to diagnose diabetes, a simpler and faster test than the commonly used oral glucose tolerance test. Glucose levels greater than or equal to 126mg/dl with the fasting plasma glucose test, or greater than or equal to 200 mg/dl with the oral glucose tolerance test indicate a diagnosis of diabetes.¹

How Is Diabetes Managed?

Diabetes is a self-managed disease because people with diabetes must take responsibility for their day-to-day care. Much of the daily care involves keeping blood glucose near normal levels at all times.

Management of type 1 diabetes: People with type 1 diabetes need daily injections of insulin because their bodies no longer produce insulin. Treatment requires a strict regimen that typically includes a carefully calculated diet, planned physical activity, self-testing of blood glucose, and multiple daily insulin injections.

Management of type 2 diabetes: Treatment for people with type 2 diabetes typically includes diet management, exercise, self-testing of blood glucose, and, in some cases, oral medication and/or insulin. Approximately 40 percent of people with type 2 diabetes require insulin injections.

The goal of diabetes management is to keep blood glucose levels as close to a normal range as safely possible, while avoiding blood glucose levels that are too high (hyperglycemia) or too low

(hypoglycemia). A 1993 study called the Diabetes Control and Complications Trial (DCCT), conclusively showed that intensive glucose control delayed the onset and progression of eye disease, kidney disease and nerve disease by "a range of 35 to more than 70 percent." In fact, it demonstrated that any sustained lowering of blood glucose helps, even if the person has a history of poor control. This study was conducted by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health.²

What Are the Major Diabetes Advances?

In recent years, advances in diabetes research have led to better ways to manage diabetes and treat its complications. Major advances include:

- ▲ New forms of purified insulin that are less likely to cause allergic reactions and are nearly identical to the insulin naturally produced by the body.
- ▲ Development of external and implantable insulin pumps that deliver appropriate amounts of insulin, replacing daily injections.
- ▲ New oral medications to improve control of type 2 diabetes.
- ▲ Better ways for patients, doctors and other health professionals to monitor blood glucose—notably, new devices for self-monitoring of blood glucose, which is performed by the patient, and the hemoglobin A1c (also called H-b-A-one-c) laboratory test, which measures blood glucose control during the previous 3-month period.
- ▲ Effective treatment for diabetic eye disease.
- ▲ Better ways to manage diabetic pregnancies, improving chances of successful outcomes.
- ▲ Treatment strategies to reduce damage to the kidneys, eyes and nerves.

Adapted from Diabetes Overview, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, NIH Publication No. 96-3873, October 1995.

¹Report of the Executive Committee on the Diagnosis and Classification of Diabetes Mellitus. *Diabetes Care*. 1997 July; 20 (7): 1183-97.

²The 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 September 30; 329 (14): 977-86.

NATIONAL DIABETES EDUCATION PROGRAM FACT SHEET

Changing the Way Diabetes Is Treated

Purpose The National Diabetes Education Program is a federally-sponsored initiative that involves public and private partners to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and, ultimately, to prevent the onset of diabetes.

Need Current scientific evidence demonstrates that much of the morbidity and mortality of diabetes can be eliminated by aggressive treatment with diet, physical activity, and new pharmacology approaches to normalize blood glucose levels. Unfortunately, a wide gap still exists between current and desired diabetes care and practices, despite the fact that the disease is one of the leading causes of death and disability in the United States—affecting an estimated 16 million Americans, including 5.4 million who are undiagnosed.

Goal The goal of the program is to reduce the morbidity and mortality associated with diabetes and its complications.

Objectives The National Diabetes Education Program's objectives are:

- To increase public awareness of the seriousness of diabetes, its risk factors, and potential strategies for preventing diabetes and its complications.
- To improve understanding about diabetes and its control and to promote better self-management behaviors among people with diabetes.
- To improve health care providers' understanding of diabetes and its control and to promote an integrated approach to care.
- To promote health care policies and activities that improve the quality of and access to diabetes care.

Sponsors The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) are jointly sponsoring the development of the program.

Audiences The National Diabetes Education Program's target audiences include:

- People with Diabetes and their Families.
- General Public.
- Special outreach efforts are targeted to specific minority populations including Hispanic Americans, African Americans, Asian Americans, Pacific Islanders, and Native Americans.
- Health Care Providers.
- Health Care Payers, Purchasers, and Policy Makers.

- Strategies** The National Diabetes Education Program will:
- Create program partnerships with other organizations concerned about diabetes and the health status of their constituents.
 - Develop and implement ongoing diabetes awareness and education activities.
 - Identify, develop, and disseminate educational tools and resources, including those that address the needs of special populations.
 - Develop and disseminate guiding principles that promote quality diabetes care.
 - Promote policies and activities to improve the quality of and access to diabetes care.

- Timeline** The key dates are:
- Convened the National Diabetes Education Program Partnership Meeting—March 1998.
 - Launched the Public Awareness Campaign—June 1998.
 - Ongoing implementation of awareness activities and development of campaigns for minority populations—June 1998 - June 1999

- Steering Committee** The key organizations involved in implementing the program include:
- American Academy of Family Physicians • American Academy of Nurse Practitioners • American Association of Clinical Endocrinologists • American Association of Diabetes Educators • American College of Physicians • American Diabetes Association • American Dietetic Association • American Pharmaceutical Association • Association of American Indian Physicians • Association of Asian/Pacific Community Health Organizations • California Diabetes Control Program • Endocrine Society • General Motors Corporation • Juvenile Diabetes Foundation International • Links, Inc. • Lions Clubs International • Michigan Diabetes Research and Training Center • Mutual of Omaha Companies • National Coalition of Hispanic Health & Human Services Organizations • National Kidney Foundation • National Medical Association • Prudential Center for Health Research • Puerto Rican Association of Diabetes Educators • Kaiser Permanente (Stockton, CA) • Vanderbilt University Diabetes Research and Training Center • Wyoming Diabetes Control Program

- Getting Involved** The program is forming partnerships with organizations concerned about diabetes and the health status of their constituents. Your organization can work with the National Diabetes Education Program in a variety of ways. You can adopt the program's messages and tailor them for your members or constituents. You can also disseminate information, coordinate activities, and share resources with other partner organizations. You can work with other organizations to help promote integrated approaches to diabetes care.

- For More Information** The National Diabetes Education Program can provide technical assistance to your organization in developing diabetes messages and incorporating them into your program. To learn more about how we can help you, please contact:

Joanne Gallivan, M.S., R.D.
National Institute of Diabetes
& Digestive & Kidney Diseases
National Institutes of Health
Phone: (301) 496-3583

Internet: <http://www.niddk.nih.gov/>

Faye L. Wong, M.P.H., R.D.
Division of Diabetes Translation
Centers for Disease Control and
Prevention

Phone: (770) 488-5037

Internet: <http://www.cdc.gov/diabetes/>

E-mail: flw2@cdc.gov

You may also visit the National Diabetes Education Program's web sites at <http://ndep.nih.gov/> or <http://www.cdc.gov/diabetes/> or call 1-800-438-5383 for updates on the program's progress.

NATIONAL DIABETES EDUCATION PROGRAM SPONSORS

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH

Contact: Joanne Gallivan, M.S., R.D.
Project Director
National Diabetes Education Program
31 Center Drive, MSC 2560
Bldg. 31, Room 9A04
Bethesda, MD 20892-2560
Phone: 301/496-3583
Fax: 301/496-7422
Email: Joanne_gallivan@nih.gov

The NIDDK conducts and supports basic and clinical research on many of the most serious diseases affecting public health such as diabetes, metabolic disorders, and digestive and kidney diseases. The Institute supports this research through investigator-initiated grants, program project and center grants, career development and training awards, and large-scale clinical trials such as the Diabetes Prevention Program and the Diabetes Prevention Trial—Type 1. The NIDDK's educational programs and activities to improve public knowledge of diabetes include sponsorship of the National Diabetes Education Program with the CDC, the National Diabetes Information Clearinghouse, and the National Diabetes Outreach Program, which sponsors the **Feet Can Last a Lifetime** campaign.

Centers for Disease Control and Prevention (CDC)

Contact: Faye L. Wong, M.P.H., R.D.
Associate Director for Diabetes
Education
Division of Diabetes Translation
Centers for Disease Control and
Prevention
4770 Buford Highway, NE (MS K-10)
Atlanta, GA 30341-3717
Phone: 770/488-5037
Fax: 770/488-5966
Email: flw2@cdc.gov

CDC's Division of Diabetes Translation provides support for public health-oriented diabetes control programs and translates diabetes research findings into widespread clinical and public health practice. The primary goal is to reduce the burden of diabetes in the United States. The Division works to improve access to affordable, high-quality diabetes care and services by funding state-based diabetes control programs in all 50 states, 8 U.S. territories, and the District of Columbia. Applied translation and research is conducted on the access to and quality of diabetes care, cost-effectiveness of diabetes prevention and control activities, effectiveness of health practices to address risk factors for diabetes, and primary prevention of type 2 diabetes. The Division jointly sponsors the National Diabetes Education Program with the NIDDK. The Division also sponsors the Diabetes & Flu campaign to raise awareness about the health risks associated with influenza for people with diabetes and about the importance of getting a flu shot.

NATIONAL DIABETES EDUCATION PROGRAM STEERING COMMITTEE ROSTER

American Academy of Family Physicians (AAFP)

The AAFP is a professional society, with 85,000 members, that represents the specialty of family practice. The academy promotes the science and art of family practice, offers continuing education to members, and maintains high standards among physicians in this specialty.

NDEP Contact: Stephen Spann, M.D.

Phone: 713/798-7788

Fax: 713/798-7778

American Academy of Nurse Practitioners (AANP)

This professional society, with 3,600 members, promotes high standards of health care delivered by nurse practitioners, represents their interest in the legislative and health care arenas, provides continuing education, and encourages research relevant to the specialty.

NDEP Contact: Barbara Resnick, Ph.D.

Phone: 202/966-6414

Fax: 202/966-2856

American Association of Clinical Endocrinologists (AACE)

The AACE is a professional society with 2,500 members, formed to promote high standards of care for patients with endocrine and related disorders. The association represents the interests of patients and endocrinologists in socioeconomic and related matters with government agencies, the insurance industry, organized medicine, and health-related organizations.

NDEP Contact: Claresa Levetan, M.D.

Phone: 202/675-6010

Fax: 202/675-6024

American Association of Diabetes Educators (AADE)

The AADE is a multidisciplinary organization with over 100 state and regional chapters for health professionals involved in diabetes patient and professional education. The organization provides grants, scholarships, awards, and continuing education opportunities to its 10,000 members. The mission of the AADE is to advance the role of the diabetes educator and improve the quality of diabetes education and care.

NDEP Contact: Kris Ernst, R.N., C.D.E.

Phone: 404/616-7417

Fax: 404/616-3717

American College of Physicians (ACP)

The ACP, with more than 100,000 members, fosters excellence and professionalism in the practice of medicine. The organization sponsors continuing education, postgraduate work, and teaching and scholarship competitions; develops clinical practice guidelines and policy statements; and engages in government relations activities designed to shape legislative and administrative decisions.

NDEP Contact: Lawrence Blonde, FACP

Phone: 504/842-4096

Fax: 504/842-3327

American Diabetes Association (ADA)

The ADA is both a professional association and a private, nonprofit voluntary organization with 363,000 lay and professional members, 51 state affiliates, and local chapters throughout the United States. The ADA carries out research, education, and advocacy activities to support people with diabetes and their families and friends, health professionals, and scientists involved in diabetes-related research.

NDEP Contact: Christopher Saudek, M.D.

Phone: 410/955-2132

Fax: 410/955-0801

**The American Dietetic Association (ADA)
Diabetes Care and Education (DCE)
Practice Group**

The ADA serves the public by promoting optimal nutrition, health, and well-being. The 4,500 members of the Diabetes Care and Education (DCE) Practice Group of the ADA are registered dietitians, dietetic technicians, and other ADA members with an interest in diabetes. The DCE Practice Group promotes quality nutrition care and education to people with diabetes and their families, its membership, other professional organizations, and industry by advocating a proactive position on nutrition and diabetes issues and responding to the needs of diabetes organizations. NDEP Contact: Carolyn Leontos, M.S., R.D., C.D.E. Phone: 702/222-3130 Fax: 702/222-3100

American Pharmaceutical Association (APhA)

This professional society promotes high professional and ethical standards in the practice of pharmacy, fosters science and research in pharmacy, offers continuing education opportunities for members, and provides a forum and mechanism for pharmacists to discuss and implement activities that benefit the profession. The APhA has 51,000 members.

NDEP Contact: Charles Ponte, Pharm.D., C.D.E.
Phone: 304/293-1460
Fax: 304/293-5483

Association of American Indian Physicians (AAIP)

The AAIP works to improve the health status of American Indians and Alaska Native people, to train American Indian physicians and other health professionals, and to further policies that affect American Indian health. Its activities include locating scholarship funds for American Indian students interested in health careers, fostering collaboration between western and traditional medicine, and providing consultative services to government health agencies. The AAIP has 220 members.

NDEP Contact: Yvette Roubideaux, M.D., M.P.H.
Phone: 206/685-2489
Fax: 206/543-9063

Association of Asian/Pacific Community Health Organizations (AAPCHO)

The association aims to improve the health status of Asian and Pacific Islanders within the United States and its territories, particularly the medically underserved. AAPCHO seeks to improve the quality, accessibility, and availability of comprehensive community-based health services that meet the cultural and linguistic needs of Asians and Pacific Islanders. AAPCHO is comprised of approximately 13 community centers.

NDEP Contact: Stephen Jiang, A.C.S.W.
Phone: 510/272-9536
Fax: 510/272-0817

California Diabetes Control Program

One of 50 state and territorial programs supported by the Centers for Disease Control and Prevention (CDC), the California Diabetes Control Program sponsors various activities designed to reduce the adverse impact of diabetes in the state. Working with partners in the public and private health sectors, the program carries out a variety of surveillance, training, and intervention activities.

NDEP Contact: Ann Albright, Ph.D., R.D.
Phone: 916/327-3053
Fax: 916/324-7764

The Endocrine Society

A worldwide organization with 8,500 members in 72 countries, this professional society aims to promote excellence in research, education, and the clinical practice of endocrinology; to foster a better understanding of endocrinology among the general public and medical practitioners; and to promote the interests of endocrinologists at governmental levels.

Phone: 301/941-0200
Fax: 301/941-0259

General Motors Corporation (GMC) Health Care Initiative

The GMC Health Care Initiative provides health care services to more than 1.5 million GM employees and retirees and their families, including worksite wellness programs and community-based wellness and screening programs. The corporation works in partnership with the United Auto Workers in implementing many activities.
NDEP Contact: Timothy McDonald
Phone: 313/556-9553
Fax: 313/974-8856

Juvenile Diabetes Foundation International (JDFI)

The JDFI is a private, nonprofit voluntary organization with 100 chapters in the United States and 11 international affiliates. The foundation raises funds to support research on the cause, cure, treatment, and prevention of diabetes and its complications; provides research grants and research training opportunities; sponsors conferences and workshops; and carries out educational and public awareness activities.
NDEP Contact: Suzanne Bliss
Phone: 212/479-7500
Fax: 212/785-9608

**Kaiser Permanente
(Medical Facility, Stockton, CA)**

Kaiser Permanente is the country's largest health maintenance organization, with nearly 8.6 million members. The organization emphasizes preventive medicine, health maintenance, and screening for early detection and treatment of ailments of all kinds.
NDEP Contact: Jose Rivera, M.P.H.
Phone: 209/476-3057
Fax: 209/476-3012

The Links, Inc.

This community service organization, with 9,000 members and 254 local chapters in 4 regions, seeks to improve communities through support of educational, cultural, and civic activities, including a national grant-in-aid program for persons who are educationally disadvantaged and culturally deprived.
NDEP Contact: Mary E. Clark, M.Ed.
Phone: 301/589-6760
Fax: 301/650-0398

Lions Clubs International

With 1.4 million members in 40,000 clubs, the Lions Clubs sponsor humanitarian projects in communities throughout the world. The clubs are actively involved in programs related to the prevention and treatment of diabetic eye disease, including public and community education programs and provision of financial and other kinds of assistance for diabetic patients with eye disorders.
NDEP Contact: Stephen Popolizio, Ph.D.
Phone: 630/571-5466 ext. 286
Fax: 630/571-8890

Michigan Diabetes Research and Training Center (DRTC)

The Michigan DRTC is one of six DRTCs supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health. The center carries out various programs related to research, professional and patient education, and clinical care. The DRTC's Demonstration and Education Division focuses on diabetes translation issues, including patient education, professional training, and community outreach.
NDEP Contact: Roland Hiss, M.D.
Phone: 313/763-1426
Fax: 313/936-1641

Mutual of Omaha Companies

Mutual of Omaha is an insurance and financial services organization committed to providing a full range of insurance products and services to individuals and businesses.

NDEP Contact: Marcus Wilson, M.D.
Phone: 402/351-8621
Fax: 402/351-2999

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

COSSMHO has more than 700 members from community-based health, mental health, and substance abuse organizations and social service providers. The organization's mission is to improve health and human services to Hispanic communities by providing technical and financial assistance in developing model programs, strengthening local infrastructure, and conducting studies.

NDEP Contact: Eliana Loveluck, M.S.W.
Phone: 202/797-4336
Fax: 202/797-4353

National Kidney Foundation (NKF)

The NKF is a national organization with 51 affiliate offices. The foundation supports research, professional symposia, professional and public education, an organ donor program, and patient and community services, including drug banks, seminars and transportation assistance for patients, and screening programs. NKF also maintains biographical archives and compiles statistics.

NDEP Contact: Mark Williams, M.D.
Phone: 617/732-2477
Fax: 617/735-1916

National Medical Association (NMA)

The NMA is a professional society representing 13,500 physicians in primary care, pediatrics, radiology, pathology, aerospace medicine, academic medicine, administrative specialties, and medical and surgical subspecialties. It has 31 constituent associations and 73 societies in the United States, Puerto Rico, and the U.S. Virgin Islands. The NMA provides continuing education, supports workshops and symposia, and maintains 24 scientific sections.

NDEP Contact: Kwame Osei, M.D.
Phone: 614/292-5201
Fax: 614/292-1550

Prudential Center for Health Research

The Prudential Center seeks to improve the quality and effectiveness of Prudential HealthCare and managed health care nationwide through the study and support of activities related to health care processes, disease prevention and management, health promotion, payment structures, and quality improvement, including initiatives in the area of diabetes. The center collaborates with CDC, several medical schools, and TennCare, a managed care program in Tennessee.

NDEP Contact: Ronald Aubert, Ph.D., M.S.P.H.
Phone: 770/801-7517
Fax: 770/437-6101

Puerto Rican Association of Diabetes Educators

The Puerto Rican Association of Diabetes Educators is a professional organization committed to advancing the role of the diabetes educator and improving the quality of diabetes education and care.

NDEP Contact: Adolfo Perez-Comas, M.D., Ph.D.
Phone: 787/723-4728
Fax: 787/724-8538

Vanderbilt University Diabetes Research and Training Center (DRTC)

The Vanderbilt DRTC, located at Vanderbilt University, is one of six DRTCs supported by NIDDK. The center carries out various activities related to diabetes research, professional and patient education, and clinical care. The Demonstration and Education Division within the Vanderbilt DRTC focuses on educational research and instructional development, including a training program for diabetes educators on effective patient teaching.

NDEP Contact: Rod Lorenz, M.D.
Phone: 615/936-1149
Fax: 615/936-1152

Wyoming Diabetes Control Program

One of 50 state control programs supported by CDC, the Wyoming program seeks to reduce the burden of diabetes in the state through support of awareness and screening programs in the community, partnerships with such groups as the Lions Clubs and the Wind River Indian Reservation, data collection, development of resource guides, and advocacy efforts with insurance carriers. The program has a 23-member council comprised of representatives from organizations throughout the state.

NDEP Contact: Kaetz Beartusk, M.P.H.
Phone: 307/777-3579
Fax: 307/777-5402

FEDERAL LIAISONS TO THE NDEP STEERING COMMITTEE

Health Care Financing Administration (HCFA), DHHS

The HCFA provides health insurance for over 74 million Americans through its Medicare, Medicaid, and Child Health programs. HCFA also regulates all laboratory testing (except research) in the U.S.
NDEP Contact: James Coan
Phone: 410/786-9168
Fax: 410/786-1873

Indian Health Service (IHS), DHHS

The IHS provides federal health services to approximately 1.4 million American Indians and Alaska Natives who belong to more than 545 federally recognized tribes in 34 states. The goal of the IHS is to raise the health status of American Indians and Alaska Natives to the highest possible level.
NDEP Contact: Kelly Acton, M.D., M.P.H.
Phone: 505/248-4182
Fax: 505/248-4188

Office of Minority Health (OMH), DHHS

The OMH advises the DHHS Secretary and the Office of Public Health and Science on public health policies and programs affecting Blacks, Hispanics, Asians and Pacific Islanders, American Indians, and Alaska Natives. The goal of the OMH is to improve the health status of these racial and ethnic minority populations.
NDEP Contact: Joan Jacobs
Phone: 301/443-9923
Fax: 301/443-8280

Veterans Health Administration (New Jersey VA Health Care System)

The Veterans Health Administration provides America's veterans with quality medical, surgical, and rehabilitative care. VA also conducts an array of research activities and has become a world leader in such research areas as aging, women veterans' health concerns, AIDS, post-traumatic stress disorder, and other mental health issues.
NDEP Contact: Leonard Pogach, M.D.
Phone: 973/676-1000 ext. 1693
Fax: 973/677-4408

NATIONAL DIABETES EDUCATION PROGRAM
PUBLICATIONS ORDER FORM

ITEM	PRICE	NUMBER (Single copy free)	NUMBER (Packages of 25)	TOTAL PRICE
<i>Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy.</i> This patient education booklet provides an action plan for diabetes control that includes tips for measuring blood sugar levels, reaching your blood sugar goal, and maintaining blood sugar control. NIH Publication No. 98-4351 (NDEP-8)	Single copy free. Package of 25: \$5.00			
<i>Tome su diabetes en serio, para que no se vuelva seria. Recomendaciones para sentirse mejor y estar más saludable.</i> Spanish version of <i>Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy.</i> (NDEP-9)	Single copy free. Package of 25: \$5.00			
<i>Know Your Blood Sugar Numbers: The ABCs of Testing for Blood Sugar Control.</i> This reproducible patient education brochure provides information on measuring blood sugar levels using the hemoglobin A1C test and the finger-stick test (blood glucose monitor). NIH Publication No. 98-4350 (NDEP-10)	Single copy free. Package of 25: \$5.00			
<i>Sepa cuánta azúcar tiene en la sangre: Hágase la prueba para controlar el azúcar sanguíneo.</i> Spanish version of <i>Know Your Blood Sugar Numbers: The ABCs of Testing for Blood Sugar Control.</i> (NDEP-11)	Single copy free. Package of 25: \$5.00			
<i>Diabetes Numbers at a Glance</i> This quick-reference pocket guide for health care providers lists criteria for diagnosis of diabetes and treating people with diabetes. (NDEP-12)	Single copy free. \$1.00 each additional			
<i>Control Your Diabetes. For Life. Campaign Videotape</i> Includes: Message to TV station public service directors from U.S. Surgeon General Dr. David Satcher (1 minute, 10 seconds); "Many Faces of Diabetes" 60-, 30-, and 15-second general audience PSAs; "Rayos y Truenos" 30- and 15-second PSAs in Spanish and English; 7-minute speech by Dr. David Satcher endorsing the NDEP campaign; Video News Release about the <i>Control Your Diabetes. For Life.</i> campaign.	\$10.00 each copy			
<i>Control Your Diabetes. For Life. Campaign Guide for Partners</i> This 48-page practical guide is designed to help partner organizations disseminate the <i>Control Your Diabetes. For Life.</i> messages.	Single copy free. \$3.00 each additional			

Grand Total \$ _____
includes shipping

Please print clearly and provide all necessary mailing information.

Name _____
Title/Organization _____
Address _____
City _____ State _____ ZIP _____
Telephone _____

Make checks payable to NDIC.

Please do not send cash.

Please return this order form to
National Diabetes Information Clearinghouse
1 Diabetes Way, Bethesda, MD 20892-3600 (Please use 9-digit ZIP code)
Tel: (301) 654-3327 Fax: (301) 907-8906 E-mail: ndic@info.niddk.nih.gov
Allow 4 to 6 weeks for delivery



CONTROL YOUR DIABETES. FOR LIFE. USER FEEDBACK FORM

Please give us your feedback. Your comments will help us to evaluate and improve our diabetes information materials, monitor the program's progress, and plan for future campaigns. Please take a moment to complete and either fax or mail us this user feedback form.

Name (optional) _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

E-mail address _____

(1) Overall, how useful did you find the items in this kit?

	Very useful	Somewhat useful	Not very useful
Control... Brochure with Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to Get Out the Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Press Release & Editorial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know Your Blood Sugar Numbers Brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemoglobin A1c Testing Quiz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camera-ready Logos, Icons, and Multi-cultural Artwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Your Diabetes. For Life. Half-page Print Ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Resources on Diabetes Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guiding Principles of Diabetes Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Snapshot of Diabetes & Diabetes Overview Fact Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Diabetes Education Program Information (fact sheet, roster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) Please tell us how you used (or plan to use) the campaign materials. Place a check mark in the box next to each activity that you did or plan to do.

- Placed a diabetes article or used the print ads in our organization's newsletter.
- Distributed diabetes control materials through membership mailings or at our organization's meetings.
- Placed diabetes control messages on our organization's web site or linked our web site to the NDEP web site.
- Developed our own educational materials using the diabetes control messages.
- Made speeches on diabetes control at meetings.
- Placed a diabetes news story, feature article, or letter to the editor about diabetes in a local newspaper or magazine.
- Arranged a news interview on diabetes with a local television or radio station.
- Placed television, radio, or print PSAs.
- Distributed diabetes control materials at community events (health fairs, festivals, etc.) or through local community channels (houses of worship, libraries, post offices, etc.).
- Partnered with local organizations (nonprofit, social service, volunteer, etc.) or local businesses to distribute diabetes control materials.
- Provided health care providers with diabetes control materials for their patients.
- Conducted a promotional event on diabetes in the community.
- Other. Please specify: _____

(3) What did you like best about the kit materials?

(4) What changes would you recommend for future campaign kits?

(5) Other comments or suggestions:

Thank you for your comments and time.

Please fax this form to (301) 496-7422 or mail to:
Joanne Gallivan, M.S., R.D.
National Diabetes Education Program
NIDDK, National Institutes of Health
31 Center Dr., MSC 2560, Bldg. 31, Rm. 9A04
Bethesda, MD 20892-2560



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

