



Spotlighting Diabetes Prevention: Empowering Communities to Take Control



Planning Your Diabetes Awareness Event:
Tips from the Society for Public Health Education

**National Diabetes
Month**
November 2012

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Introduction

Each November, National Diabetes Month takes place to focus national attention on diabetes as a major public health issue. People, communities, and organizations rally together to highlight opportunities to prevent and control diabetes and raise awareness about this serious disease. At the Society for Public Health Education (SOPHE), this month will focus on promoting consumers' understanding of the role of health education in promoting the importance of diabetes prevention programs and empowering communities to reduce the risk of diabetes.

SOPHE aims to provide global leadership to the profession of health education and health promotion and to promote the health of society.

As part of the SOPHE Sustainable Solutions for Health Equity (Health Equity Project) aimed to address risk factors associated with diabetes and other chronic diseases among African American/Black (AA/B) and American Indian/Alaska Native (AI/AN) populations, this toolkit will help provide tips and resources for planning and promoting your National Diabetes Month activities.

Diabetes: A Snapshot

Diabetes mellitus (MEL-ih-tus), or simply, diabetes, is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin.¹

Why is diabetes a public health problem?²

- Diabetes is the seventh leading cause of death in the United States
- Diabetes is a major cause of heart disease and stroke
- Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults
- 25.8 million children and adults in the United States—8.3% of the population—have diabetes.
 - * 18.8 million of those people have been diagnosed with diabetes
 - * It is estimated that 7 million of those with diabetes are currently undiagnosed
 - * The number of adults in the United States with newly diagnosed diabetes is over 1.7 million
- It is estimated that 79 million American adults aged 20 years or older have prediabetes

What can I do to prevent or delay the onset of diabetes?

Public health efforts designed to prevent and control diabetes should be incorporated into all populations, especially minorities, who are disproportionately affected by the disease. We are all responsible for ensuring that consumer education campaigns are accessible to people with diabetes, their families, and people at risk for diabetes.

Regardless of whether you are a health educator, community group leader or a concerned community member, there are ways you can help delay the onset of diabetes.



Diabetes: A Snapshot

Specifically, you can address and improve the public health burden with these tips:

1. Advocate for funding for diabetes treatment and prevention, screening, and outreach.
2. Strengthen public education about diabetes risk factors and ways to reduce the risk (e.g. lose weight and increase physical activity)
3. Help to identify what consumers need and want to know about diabetes prevention and management.
4. Partner with adult educators in your community to create diabetes-related curricula that builds diabetes self-management skills, improved diabetes knowledge, and awareness of the public health problem.
5. Educate colleagues about diabetes and ways to address the problem.
6. Include diabetes prevention programs in your organization's planning and evaluation activities.
7. Develop tools and strategies to address the lives of racial and ethnic populations who suffer disproportionately from the burden of disease and disability to eliminate these health disparities.
8. Advocate for Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) to be recognized as a professional partner in a multidisciplinary team assisting with the delivery of diabetes self-management education (DSME) as a certified diabetes educator (CDE).
9. Encourage organizations to become a recognized program by ADA National Standards for Diabetes self-management education.

REFERENCES

¹American Diabetes Association (2012). Diabetes basics. Retrieved from <http://www.diabetes.org/diabetes-basics/?loc=GlobalNavDB>

²Centers for Disease Control and Prevention (2011). National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

What is health education?

Health education is a social science that draws from the biological, environmental, psychological, physical, and medical sciences. It aims to promote health and prevent disease, disability, and premature death through theory-based voluntary behavior change activities, programs, campaigns, and research. Health education is an essential public health service that requires the practice of three core functions of public health: assessment, policy development, and quality assurance. By focusing on prevention, health education helps to reduce the financial and human costs that individuals, employers, medical facilities, insurance companies, and the nation would spend on healthcare and medical treatment.

In practice, health education adopts a broad, ecological approach in an effort to create healthy communities. Health educators work at the individual, group, institutional, community, and systemic levels to improve health knowledge, attitudes, and skills for the purpose of changing or encouraging behaviors that result in optimal health status. The field provides a scientific backdrop that has established strong theories for disease prevention and health enhancing behaviors.

The Role of the Health Education Specialist

Health education specialists work to promote healthy lifestyles and prevent and manage disease by empowering individuals to make informed decisions about their health and positively influencing the policies and conditions that affect people's health where they live, learn, work, and play.

In efforts to address the nation's health challenges, health education specialists plan and direct programs, design workshops and forums, work closely with community groups, and otherwise serve a broad public health agenda. They may also conduct studies of public health education needs, evaluate the materials and methods used in programs, determine program effectiveness, and strive to improve the overall health of communities.

The role of the health education specialist, then, is to take this message of improving health to the populations that they work with on a daily basis. Health educators are everywhere; they are in cities, and they are in rural areas. They are in elementary schools, and they are in retirement homes. They reach a variety of people in a variety of settings across the globe. Health educators play an integral role in developing and distributing accessible, appropriate messages regarding health and wellness.

As we celebrate National Diabetes Awareness Month, we also promote the field of health education and honor our health education specialists. In honor of this month, be sure to recognize health education specialists, not only for their many contributions to improving the public's health by promoting diabetes prevention and management, but also for all they do every day to sustain efforts to address the nation's health challenges.



Where Do Health Education Specialists Work?

According to the U.S. Department of Labor's Bureau of Health Statistics 2010 Census, there are more than 63,400 health educators (SOC Code 21-1091) working in the following settings:¹

Hospitals, Clinics and Health Plans to promote healthy lifestyles, help patients and families recover from illness and manage their condition, and provide training

Schools to assist students adopt healthful behaviors thereby improving academic performance.²

Municipal/County/State Public Health Departments to promote and protect the health of all populations living in their geographic area and achieve public health goals.

Nonprofit/Voluntary Organizations to provide education and services related to a particular disease or priority population.

Business/Industry to improve the health of employees. Chronic diseases and unhealthy behaviors affect the ability to work and increase employers' workers' compensation and health care costs, work-related injuries, absenteeism, as well as decreased productivity.³

Universities to provide specialized curricula for future health educators and to conduct research on effective programs, policies and interventions.

What Services Do Health Education Specialists Provide?

At the individual and population-based levels, health education specialists by following the Seven Areas of Responsibilities and competencies outlined by the national Commission for Health Education:

- | | |
|--|---|
| ⇒ Assess needs, assets and capacities for health education | ⇒ Conduct evaluation and research related to health education |
| ⇒ Plan evidence-based effective health education programs | ⇒ Administer and manage health education |
| ⇒ Implement health education policies, projects and programs | ⇒ Serve as a health education resource person |
| | ⇒ Communicate and advocate for health and health education |

Where Are Health Education Specialists Trained?

More than 250 professional preparation programs around the country provide formal degrees in school and community/public health education at the baccalaureate, masters and doctoral levels. Many health education specialists hold master's degrees from schools and programs in public health. Curricula include a unique combination of instruction from the behavioral/social, epidemiological, environmental, and biomedical sciences, as well as health administration and public policy.

What is a Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES)?

The CHES designation signifies that an individual has met eligibility requirements for, and has successfully passed a competency-based examination demonstrating skill and knowledge of the *Seven Areas of Responsibility of Health Educators*, upon which the credential is based. Certification is provided by the National Commission for Health Education Credentialing. The MCHES designation signifies that an individual has met advanced-level competencies.

Why Are Health Education Specialists Vital to the Nation?

Health educators are involved in primary, secondary, and tertiary care (e.g. those who have illness, help to manage condition and improve quality of life. Health education improves the health status of individuals, communities, states, and the nation; enhances the quality of life for all people; and reduces costly premature deaths and disability.

By focusing on prevention, health education reduces the costs (both financial and human) spent on medical treatment. Chronic conditions, such as diabetes, heart disease, and cancer, consume more than 75 percent of the \$2.2 trillion spent on health care in the United States each year - the equivalent of about 2.5 economic "bailout" packages.³ Spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years.⁵

Health education specialists offer knowledge, skills and training that compliment those of health providers, policy makers, educational experts, human resource personnel and many other professionals whose work impacts human health.

Addressing a single risk factor (e.g., smoking) influences outcomes across multiple diseases, from pre-term birth to lung disease and cancer. Addressing obesity in today's children alters the prevalence of many diseases (e.g. heart disease, cancer, diabetes, arthritis) that may be encountered decades later.⁶



What is the role of the health educator in diabetes prevention?

The health education competencies are knowledge and skills that can be applied to a variety of health content areas, including diabetes.

SOPHE strongly believes that CHES/MCHES have a vital role in the Diabetes Self-Management Education (DSME) team and in helping to address the 25.8 million people in the United States who have diabetes as well as the 79 million with prediabetes. As part of a healthcare team, CHES and MCHES possess the competencies needed to provide information, behavioral support and links with the health care system.



Health education specialists are equipped with valuable knowledge and skills to help develop evidence-based curriculum to meet the cultural, linguistic and health literacy needs of the individual with diabetes and his/her family/social support team. Health Educators receive extensive preparation in various aspects of health behavior theory and chronic care management; assessment; planning (including health communication and andragogy/pedagogy); implementation of individual, group and community programs; and evaluation and monitoring of specified learning and program objectives. CHES and MCHES are qualified to design, implement and evaluate behavioral change intervention programs in multiple settings including health care, community, school, and worksites. All of these skill sets are critical to health care and public health teams in addressing diabetes prevention and control.

REFERENCES

¹Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2012-13 Edition*, Health Educators, on the Internet at <http://www.bls.gov/ooh/community-and-social-service/health-educators.htm> (visited August 01, 2012).

²Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion. Student Health and Academic Achievement. Accessed on February 27, 2010 at http://www.cdc.gov/HealthyYouth/health_and_academics/index.htm

³National Association of Chronic Disease Directors (2009). School Resources, Worksite Resources and Community Resources. Accessed on February 17, 2009 at <http://www.achievecommunities.org/nacddresources.cfm>.

⁴Partnership to Fight Chronic Disease (2009). January 27, 2009 press release. Access on February 13, 2009 at <http://www.fightchronicdisease.org/media/statements/pfcd/Stimuluspackage.cfm>.

⁵Trust for America's Health (2008). Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. June, TFAH.

Planning your National Diabetes Month Activities

Collaborate with local, state, and national partners to build sustainable programs and to help empower communities. Remember that programs, activities, and collaborations can extend beyond National Diabetes Month.

Form a Planning Committee

Setting aside sufficient planning time for your campaign will help you produce a successful and meaningful outcome. One way to structure this process is to form a planning committee.

When recruiting a planning committee, consider a diversity of strengths and talents that individuals might bring to the group. These include leadership skills, technical skills, promotional skills, subject area expertise, or access to particular communities or organizations. You should also include members of your priority population in your efforts. That way you can better understand their specific interests, needs, and wants.

Besides in-person meetings and conference calls, use creative ways to meet with the planning committee to keep them engaged. Use web cams, set up an online discussion forum (i.e. Google Groups), and/or create a blog to keep members up-to-date with events.

The committee will be charged with:

- ⇒ Conduct a needs assessment using national/state/local/county data
- ⇒ Establishing the goals and objectives of the campaign based on sound data
- ⇒ Developing a plan of action and activities to accomplish the objectives
- ⇒ Creating a timeline Identifying responsibilities
- ⇒ Evaluating progress
- ⇒ Addressing obstacles
- ⇒ Evaluating outcomes

Establish Goals and Objectives

The overall goal of National Diabetes Month 2012 is to promote the awareness of diabetes prevention through public education and environmental/system change. The specific objectives for your campaign can be determined locally, based on the interests and needs of community members.

Examples of objectives for National Diabetes Month 2012 might include:

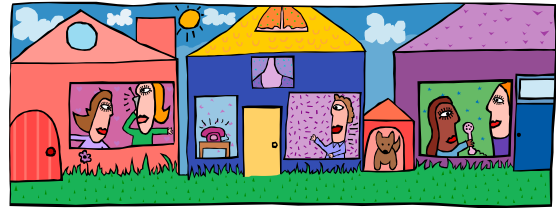
By the end of the year 2012, at least “X percent” of health educators in Community X will receive information about the importance of diabetes prevention.

By the end of National Diabetes Month 2012, at least “X percent” of Community X will have participated in at least one educational session regarding diabetes.

By the end of National Diabetes Month 2012, at least “X percent” of participating health professionals in Community Center X's Diabetes Workshop will evaluate health education materials for minorities with

Engage Community Support

Whether led by an individual or a planning committee, successful campaigns are often grounded by community support. One way to elicit such support is to recruit community members and organizations that are involved in community health, school health, key stakeholder groups (e.g. media or public officials) health education, and health promotion, both locally and nationally. Support can be fostered through advertising, networking, and one-on-one interviewing.



By including the greater community in your campaign, you have the potential to:

- Gain a deeper understanding of community needs and assets
- Reach more of your population of interest
- Increase credibility of your campaign
- Gain access to additional materials
- Benefit from community talent and additional human resources
- Share financial costs associated with campaign materials, events, and/or activities
- Foster a collegial network within the community-at-large

Identify and Reach Your Population

A successful campaign is grounded in an understanding where your population of interest can be reached. Most likely, this population will be determined by the emphasis of the National Diabetes Month theme, *“Spotlighting Diabetes Prevention: Empowering Communities to Take Control,”* as well as the defined campaign objectives. Then, focus on the characteristics that those individuals might have in common. Such characteristics might include age, life stage, gender, attitudes or beliefs, patterns of behavior, religion, ethnicity, origin, and health status. Once you determine certain similar characteristics, you have identified your population of interest. The more specifically defined your population of interest, the more successfully you can focus your campaign. In the case of this campaign, consider addressing diabetes prevention among populations by racial/ethnic groups that suffer disproportionately from diabetes. Other questions to consider include the following:

1. **WHERE** can your population of interest be reached?

Rather than locating a campaign at the most convenient place, consider finding places where you can reach the most number of individuals from your population of interest. By learning where a group's "hot spots" are located, you will be able to maximize the time you spend during your campaign. Locations to consider include neighborhood gathering spots, shopping centers or malls, schools, parks, places of worship, and bus stops.

2. **WHEN** will your population of interest be most open to the campaign?

In addition to a prime location, an effective campaign also targets particular times. You might consider a weekend community fair or event. Remember, not all activities may fit into a standard “9 to 5” day.

Resources

Understanding and utilizing your resources is an integral component to a successful campaign. Resources include:

- Human resources (employees, volunteers, interns, etc.)
- Monetary funding (available funds, grant money, donations, etc.)
- Materials (handouts, flyers, nutrition books, etc.)
- Space (physical space as well as airtime, television time, etc.)
- Time (for planning, implementation, and evaluation)

To maximize your resources consider the following opportunities:

- Establish partnerships within the community (community-based organizations, local health departments, youth advocacy groups, schools, parks and recreations, etc.)
- Draw on the strengths of your employees, contacts, and board of directors
- Seek out funding opportunities at the local, state, and/or national levels
- Offer volunteer and internship positions
- Gain community support through appropriate marketing of your campaign
- Hold fundraisers and encourage donations
- Save paper and the need for excess materials by making two-sided handouts and posting information on the Internet
- Recruit members of your population of interest to conduct training/outreach
- Adapt a program already shown to be effective (evidence-based programs)

Select and Plan Activities

Once you have developed objectives for your program, you can brainstorm some strategies to achieve your objectives. When planning your specific events and activities for National Diabetes Month, consider impacting your intended audience at a variety of levels.

Individual: Approach your population directly.

Group: Plan activities and programs related to a group's common bond such as informing and educating older men and women on the importance of regular feet, eye, and kidney exams after age 50.

Organizational: Consider addressing the organizations to which they belong, such as civic or church-based groups.

Community: Sponsor community-wide events, such as health fairs and workshops.

Public Policy: Develop policies and plans that increase services for persons experiencing health disparities.

Project Ideas

Follow these steps to get something started:



- ⇒ Local residents: Meet with elected officials to support diabetes treatment, prevention, screening and outreach
- ⇒ Take part in **American Diabetes Association Alert Day®**, a one day “wake-up call” asking the American public to take the Diabetes Risk Test to see if they are at risk for developing type 2 diabetes. Visit <http://www.diabetes.org/in-my-community/programs/alert-day/> for more information.
- ⇒ Find a recognized program in your area <http://www.cdc.gov/diabetes/prevention/recognition/registry.htm#program>
- ⇒ Partner with local community-based organizations
- ⇒ Offer diabetes self-management programs such as the Diabetes Prevention Program <http://www.cdc.gov/diabetes/prevention/recognition/registry.htm#program>
- ⇒ Coordinate support groups <http://www.diabetes.org/in-my-community/local-offices/sacramento-california/support-groups.html>
- ⇒ Organize a farmer’s market in your community
- ⇒ Hold a “Diabetes Olympics Day” where kids can participate in fun physical activities
- ⇒ Organize a healthy cooking contest
- ⇒ Hold a golf outing to raise awareness
- ⇒ Organize Health plays/productions
- ⇒ Develop a newsletter or other publication
- ⇒ Coordinate event/ church events
- ⇒ Incorporate diabetes education into worksite wellness programs (lunch n learn, walking groups, etc)

⇒ Conduct diabetes screening events as a step in preventing or delaying the disease and its complications.

⇒ Sponsor an award ceremony of leaders (recognition of World Diabetes Day) http://www.who.int/mediacentre/events/annual/world_diabetes_day/en/index.html

⇒ Sponsor a Photo Contest/Photovoice

For examples visit <http://diabetes.ufl.edu/about-us/diabetes-awareness-month-events/world-diabetes-day-blue-circle-photo-contest-2/>

<http://www.diabetesfamily.net/toolkit/activities/community/participatory-photography.pdf>

⇒ Participate in activities sponsored by:

Juvenile Diabetes Research Foundation (JDRF)

Find an event in your community <http://jdrfevents.donordrive.com/index.cfm?fuseaction=donorDrive.eventGroup&eventGroupID=A693B4F5-F4C3-B356-14571767CAFF0EC0>

Become involved in a grassroots fundraising effort

American Diabetes Association (ADA)

Employers: Stop Diabetes at Work <http://www.diabetes.org/in-my-community/programs/stop-diabetes-at-work/>

Attend a diabetes expo and learn more about becoming involved <http://www.diabetes.org/in-my-community/expo/?loc=DropDownMC-expo>

Do it Yourself Fundraising <http://www.diabetes.org/donate/do-it-yourself-fundraising.html?loc=DropDownDON-diy-fundraising>

Centers for Disease Control and Prevention (CDC)

Find a state-based Diabetes Prevention & Control Program <http://www.cdc.gov/diabetes/states/index.htm>

National Diabetes Prevention Program <http://www.cdc.gov/diabetes/prevention/index.htm>

American Association of Diabetes Educators (AADE)

Find an accredited diabetes program near you <http://www.diabeteseducator.org/DiabetesEducation/Programs.html>

Visit the Take Back Your Life website to see more resources <http://www.diabetesselfcare.org/self-care-behaviors/overview/>

SOPHE

Visit the Chronic Disease Policy page for advocacy tools and diabetes <http://www.sophe.org/CDP/resources.cfm>

Read the latest publications from SOPHE's two peer reviewed journals, newsletters and other resources http://www.sophe.org/Publications_Resources.cfm

⇒ Sponsor a cooking demonstration/ diabetes meal planning

⇒ Watch diabetes presentations

Examples of presentations from American Diabetes Association <http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=60378&typ=17>

⇒ Launch a diabetes Social media campaign (Facebook, twitter)

⇒ Generate media coverage by writing an op-ed or letter to the editor

⇒ Utilize free resources from the American Diabetes Association to plan your event <http://www.diabetes.org/food-and-fitness/?loc=GlobalNavFF>

⇒ Organize fitness activities (walks, biking, skating, running, etc)

Form a team and participate in the Step Out Walk to Stop Diabetes® sponsored by the American Diabetes Association http://stepout.diabetes.org/site/PageServer?pagename=OUT_homepage&loc=DropDownMC-StepOut
Ride to Cure Diabetes http://www2.jdrf.org/site/PageServer?pagename=ride_homepage
Walk to Cure Diabetes with the JDRF http://www2.jdrf.org/site/PageServer?pagename=walk_homepage

⇒ Sponsor musical events

<http://www.diabetesfamily.net/toolkit/activities/community/get-musical.pdf>

⇒ Sponsor poster contests

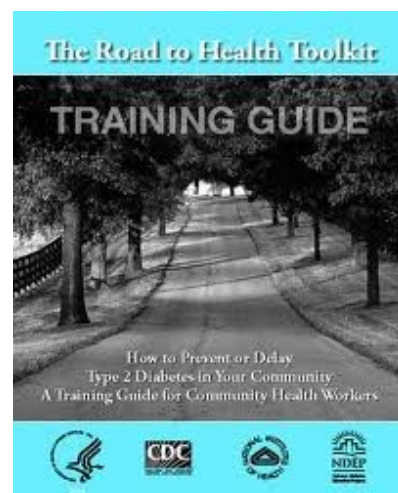
⇒ Utilize the Road to Health Toolkit resources

<http://ndep.nih.gov/media/road-to-health-training-guide.pdf>

⇒ Explore more activities sponsored by www.diabetesfamily.net: <http://www.diabetesfamily.net/toolkit/activities/>

⇒ Obtain ideas from other activity guides

<http://www.ndep.nih.gov/partners-community-organization/BringDiabetesInformationToYourCommunity.aspx>



Getting your Message Heard: Inform the Public

A crucial step to engaging your priority audience for National Diabetes Month is getting the message out there. Spreading the word can be done in many ways—by visiting the priority population, by word of mouth, or through written correspondence. You can do this through traditional media (newspapers, radio, television), or propagate your message through social media (Twitter, Facebook, Flickr). Depending on your audience, you might write a feature article about your event for the local paper or use Facebook to create an invitation.

Media Outlets

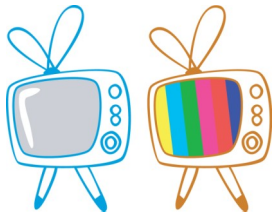
Newspapers

Newspapers remain popular venues through which individuals can share facts, resources, and opinions (although there is currently a trend toward strictly online status, which reduces the diversity of readers to those with internet access). When advocating for a particular health issue, consider the following: feature articles, op-eds, letters to the editor, “Dear Abby”, advertisements, and adding your event to a community calendar.



Newsletters

Newsletters provide a smaller forum through which readers can learn about specific issues, events, or services being offered. If you know of associations or organizations that may have members who are interested in diabetes, submit a blurb about your National Diabetes Month event or activity. They are more likely to include your write-up in a newsletter if it is well-written and ready for publication!



Television

Based on figures from the US Census Bureau, Americans spend over 4 hours watching television per day, which makes it an excellent marketing tool. If your organization has enough money to fund a television campaign or a public service announcement (PSA), this media option can be quite fruitful. If not, there are several ways that you can engage your local tele-

vision stations. Many television stations include a segment during the morning or evening news that focuses on a health issue. Research who covers these segments and inform that individual of your National Diabetes Month event or activity. Keep in mind that you must make your case as to why the public will be interested in diabetes—present facts.

For examples of television PSA's visit the National Diabetes Education Program's website at <http://ndep.nih.gov/resources/index.aspx?ToolType=4>

Radio

While not as popular as television, radio can also be an effective way to market a message. Press releases can be read over the air to spread the word. Depending on your target population, try local stations, regional stations, or even National Public Radio.

For examples of radio PSA's (English and Spanish), see the National Diabetes Education Program's page at <http://ndep.nih.gov/resources/ResourceDetail.aspx?ResId=335>

Social Media Outlets**What is social media?**

Social media is a term that refers to Web-based and mobile technologies that allow people to interact with and engage one another. Such media includes:

- Blogs and micro-blogs, such as Twitter
- Social networking sites, such as Facebook and LinkedIn
- Image-sharing sites, such as Flickr
- Video-sharing sites, such as YouTube

The key characteristic of social media is that it's organized around user-generated content—people sharing messages with other people. And best of all, social media sites are generally free so the cost of setting up an account is non-existent or negligible.

How Can You Use Social Media to Convey Your Message?

You can use social media to communicate directly with the public. But you can also use social media to communicate directly with policymakers, media and general public. Often, reporters will pick up a story based on what they through social media feeds.

If your organization has a Web site, you can place links to your social media channels on your site.

Some points to keep in mind about using social media are:

1. It takes an investment of time to manage the sites, post new material, and monitor the conversation. Before you begin, make sure that someone on your coalition is responsible for any given social media channel with responsibility for maintenance, updating, and monitoring.
2. To keep your social media channels fresh and encourage people to keep coming back, you need to continually post new information. You may not have a great deal of news about your Chapter efforts on a regular basis. You may therefore wish to position your social media channel as an authoritative source of reliable health-related news and update it weekly with new stories on health topics related to your initiative.
3. Social media is defined by the presence of user-generated content. That means that people will be having a conversation with you by posting questions or comments on your Facebook page; giving your site a thumbs up or thumbs down, depending on whether or not they like it; and responding to entries on blogs or to videos with written comments. You need to invest time in monitoring these comments, listening to what people are saying to and about you, and participating in the conversation.

4. Although social media sites are generally not difficult to use, it helps to have a tech-savvy partner to back you up if you do run into technical difficulties.

What is blogging and how can I do it?

A blog is an online journal that is regularly updated. Blogs may focus on a specific topic (e.g., your organization's work) or on a broader topic (e.g., health news in your community). Most blogs are formatted so that their entries are posted in reverse chronological order (the most recent at the top) and readers are invited to post comments in response to blog entries.

Here are some tips from the Centers for Disease Control and Prevention (CDC) on blogging best practices:

1. Observe the blogosphere by reading other people's blogs before starting your own. You can find blogs through a blog search engine such as Technorati (www.technorati.com).
2. Provide links to other reliable Web pages that support the content in your blog.
3. Keep your posts relatively short, providing enough information to support main points but not a lot of detail. Web readers are more likely to read shorter posts.
4. Make headlines attention grabbing.
5. Include numbered or bulleted lists to allow more white space on the page
6. Use sub-heads and keep your headings and sentences short so that your posts are easy to scan quickly.
7. Keep a consistent style and conversational tone.
8. Use keywords strategically; think about the terms that people are likely to search for.



What is Twitter and how can I use it?

Twitter (www.twitter.com) is an information network made up of 140-character messages called tweets. In 140 characters, you have the opportunity to promote an event, share a link, or simply initiate dialogue about a certain topic. In order to be an effective “tweeter,” your Twitter account must maintain visibility. By using the “#” symbol for keywords, your tweets become part of a streaming dialogue about a specific topic, which increases the visibility of a tweet. Tweets are sometimes called “micro-blogs” because they are so short.

Twitter users subscribe to receive tweets by following an account. Followers receive messages in their timeline that includes a feed of all the accounts they have subscribed to. Tweets can be read as text messages, mobile Web sites, or on the Twitter Web site at Twitter.com.

Twitter users share information, links, videos, photos, and re-tweeting material posted by others. In addition, you can engage in Twitter events, including:

- **Twitter Chat:** Scheduled events in which your organization can communicate with its followers through discussion, questions and answer sessions, and the dissemination of information.
- **Twitterview:** This scheduled event is a type of interview in which the interviewer and the interviewee are limited to conversations made of 140-character messages.
- **Twitter Town Hall:** A scheduled forum that allows followers to submit questions on a specific topic. Responses can be delivered through live tweets, video, or live stream.
- **Live Tweeting:** Tweeting live from an event to highlight key points of a presentation and play-by-play moments.

CDC offers the following tips on Twitter best practices:

1. Set up a profile name, image, and biography when you establish your free account. Your profile name should be short (15 characters maximum) and reflect the nature of your organization. Your 160-character biography or organizational description should be the first post from your new profile. Include a logo or graphic that represents your organization.
2. Keep content short and simple. CDC recommends tweets of 120 characters so that messages can be easily retweeted by others without editing.
3. Provide more information with a shortened URL of your main Web site. There are Web sites (e.g., <http://tinyurl.com> or <http://is.gd>) that can help you shorten your URL.
4. Promote your Twitter profile in other communication materials.
5. Engage your followers by posting on a regular schedule.
6. Post other relevant content from partners and followers.

**What is Facebook and how can I use it?**

Facebook is the most popular social media site. With over 500 million users, Facebook provides an excellent opportunity for getting your message out:

- Using the Event Invitation application, you can invite Facebook friends to an upcoming National Diabetes Month event and ask them to pass along the invitation.
- Also use the “What’s on your mind?” box at the top of your homepage to notify fellow Facebookers about upcoming National Diabetes Month events and activities. Individuals can also become creative with these “status updates” by providing a different diabetes related fact each day of National Diabetes Month.
- If your organization has a Facebook page, also be sure to utilize the discussion section to not only publicize events, but also to engage your “Facebook fans” in dialogue by asking questions related to diabetes and health education.

CDC suggests the following best practices for using Facebook to communicate:

- Become familiar with other public health-related social network sites. These are generally Facebook pages used by organizations and businesses, which are distinct from Facebook profiles created by individuals.
- Ensure that there are adequate time and staff resources available to support ongoing maintenance of the page in order to keep content fresh and fans engaged.
- Provide engaging posts and communication material (e.g., videos, quizzes, games, images, etc.) to actively and repeatedly engage users.
- Create a comment policy about how you will respond to inappropriate comments.
- Collect and store comments in order to document the conversations you sparked. This documentation can help you evaluate your efforts.
- Promote your Facebook page on all your communication materials.



What is online video sharing and how I can I use it?

Online video sites, such as YouTube (www.youtube.com), MSN (www.msn.com), and Yahoo (www.yahoo.com), allow people to share their videos with others who can comment on what they see. Videos can be produced inexpensively with a webcam or camcorder and editing software and then uploaded to the site.

CDC offers the following best practices for online video productions:

1. Prepare content that is appropriate for your target audience. Try to avoid technical information, jargon, and complicated charts and graphs. Focus instead on producing simple, easy-to-follow “stories” with human interest and a “call to action.”
2. Keep videos short. Most sites have limits on how long videos can be. Many users start to drop off after three minutes, according to CDC data.
3. Promote your videos on all your communication materials.
4. Create high-quality video by using a tripod to stabilize the camera, appropriate lighting, and a plug-in microphone.
5. Choose appropriate music that suits the mood of the video and is copyright free (unless you are paying to use it).
6. Include a URL at the end of the video where people can find more information.

For examples of videos offered by the National Diabetes Education Program visit <http://ndep.nih.gov/resources/index.aspx?ToolType=17>



What is image sharing and how can I use it?

Image sharing Web sites, such as Flickr (www.flickr.com), is an online community forum for sharing photos. They are commonly used for reference, teaching, presentations—meaning wider exposure to your events and activities. Choose “tags” (keywords) for your photos that will generate interest, such as “National Diabetes Month,” “health education,” and “diabetes.” By sharing photos of your National Diabetes Month events and activities, you will generate interest and awareness in the work that you do and gain a wider audience for your organization.

Try one or a variety of the above options. The key is magnitude. The more people you reach, the more successful your event and/or intervention will be.

REFERENCES

Centers for Disease Control and Prevention’s Social Media Toolkit. http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf

Media Access Guide: A Resource for Community Health Promotion, CDC’s Healthy Communities Program (2009). <http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/mediaaccessguide.pdf>

Steps Towards a Successful Marketing Campaign

Whichever media outlet you choose, there are similar steps to successfully market your message.

Step 1: Identify your key audiences.

You may have different key messages for specific communities as well as general set of messages for the general population.

Step 2: Decide upon key message(s)

Possible key messages:

- ⇒ Even though diabetes can be prevented, many people do not take the necessary steps such as adopting a healthy lifestyle, following their healthcare team's recommendations, and properly self-managing their diabetes.
- ⇒ Diabetes can lead to serious complications such as nerve damage, blindness, kidney disease, lower leg amputations, mental health disorders, disability, and death if not properly managed or prevented in the first place.
- ⇒ Improving diabetes self-management skills requires a comprehensive set of strategies, including the use of plain language techniques, culturally and linguistically appropriate communication, participatory design, field-tested materials, policy change, and advocacy.



Step 3: Get the facts

Research the facts that support your key message(s). Many diabetes facts can be found throughout this toolkit. Additional places to find such information are listed in the Resources section.

Step 4: Decide which media outlets you want to utilize

Refer to list of media outlets (page 17).

Step 5: Develop a current media contact list

Include local and regional radio, television, print outlets and key health journalists. Also identify relevant blogs and make contact with the blogger (to start your search, check out <http://blogsearch.google.com>). Join Twitter and follow groups with related messages to network and increase visibility.

Step 6: Develop a press release (Refer to the sample press release on page 26)

- ⇒ Include a background page about National Diabetes Month and diabetes. The background page can include key facts, statistics, and information resources.
- ⇒ Identify a member of your organization as a local spokesperson to answer journalist questions.
- ⇒ Identify examples of effective diabetes programs in your community to pitch to journalists and bloggers for coverage.

Step 7: Develop a strategy for utilizing media outlets

- ⇒ See your information through the eyes of a journalist or blogger. Fashion your story to fit their needs and interests.
- ⇒ Leverage local or regional media interest to promote National Diabetes Month by stressing the value of preventative health efforts as a major way to lower health care costs for your community, organization, employers, and the nation.
- ⇒ Create media interest through the use of specific stories about individuals helped, health programming undertaken, and policy stands that speak to diabetes education and promotion.
- ⇒ Identify local experts who can talk to the media about the need to improve diabetes education in communities and at schools, and the role of health educators in improving diabetes health outcomes in the local community.

Step 8: Disseminate your information to media outlets & priority media targets

- ⇒ Include a brief cover letter with your press release.
- ⇒ Mail, fax, email and telephone calls are all mechanism to get your message to media outlets. Check to see how your local journalists prefer to be contacted. They are often busy professionals who appreciate clarity and brevity.
- ⇒ Don't wait for them to contact you— follow-up with a call, fax, or email.
- ⇒ Follow through on media requests. Be timely in responding to media requests for more information and connecting them to experts on the topic.

Step 9: Begin to establish a relationship with the media

- ⇒ Send thank you notes to those media that covered your story.
- ⇒ Add contacts to distribution lists for newsletters and other publications.
- ⇒ Send additional news of interest to those media contacts.
- ⇒ After the story, invite the media to cover your organization, program, and/or worksite for events.
- ⇒ Follow the interests of specific journalists and send them relevant stories.
- ⇒ Help establish your organization as a credible source for information on health issues.

What is a press release?

Press releases, or news releases, are one- or two-page announcements sent to the media so they will cover your story or event. A press release goes into greater depth than a media advisory and is written like a news story. Press releases should:

Contain approximately 500 words, formatted in short paragraphs.

Use an inverted pyramid style of writing, meaning the most important information is at the top, filtering down to the less crucial details toward the end.

Include a quote from your organization's spokesperson or key event figure. If you are partnering with another organization, their spokesperson should also be quoted.

Close the press release with a paragraph that provides a concise overview of your program, including where to find additional information and your contact information.

How to Format a Press Release

Use letterhead to identify your program.

At the top left side of the page, write PRESS RELEASE.

Underneath PRESS RELEASE, state the release date and time. Most often, this will state FOR IMMEDIATE RELEASE: and the date. If not, be clear about when and what time you want your release to come out, e.g., EMBARGOED UNTIL 11 A.M., Wednesday, November 2, 2012.

Below the date include your contact information.

Use an informative headline that tells what your story is about.

Indicate the dateline or where the release originated and that day's date.

Double-space your copy and allow wide margins.

At the bottom of the page, type ### indicating the end of the press release.

When to Send a Press Release

Press releases are ordinarily issued the day of the event, either directly before or immediately following the event. If a media contact is on a tight deadline and needs the information in advance, you can provide him or her with an "embargoed" release. This implies they will honor your request to publish the story after your event or announcement, even though they have advance information.

Sample Press Release

[organization, company or program letterhead here]
[date]

FOR IMMEDIATE RELEASE

[contact person name]
[telephone number]
[email address]

EDUCATION KEY TO IMPROVING PUBLIC'S AWARENESS OF DIABETES ***National Diabetes Month 2012 Sets Focus on Improving Diabetes Health Outcomes***

[CITY, state] – An estimated 23.6 million people in the United States have diabetes and 79 million have been diagnosed with prediabetes¹. Helping them understand how to prevent or manage diabetes through education is the focus of National Diabetes Month, 2012.

Occurring the month of November, this year's focus is *Spotlighting Diabetes Prevention: Empowering Communities to Take Control*. Because diabetes is a public health problem, [name of program/organization] [describe the activity/event/promotion being conducted].

Quote from [credible organization/program individual]

The total cost to our nation (direct and indirect) of diabetes is estimated to be \$174 billion U.S. dollars (USD) annually.¹

Many adults are unaware they may have diabetes or prediabetes and those diagnosed may lack the proper education needed to manage the disease or prevent the complications. Many populations are still disproportionately burdened by diabetes and its complications due to the gap in culturally and linguistically-appropriate diabetes awareness and education campaigns.

Quote from [health education expert]

Diagnosed cases of diabetes are high and the resulting health outcomes are disabling and deadly. Diabetes can affect many parts of the body leading to serious complications such as blindness, kidney damage and lower leg amputations. By working together, people with diabetes, their health care team, and support network can reduce the occurrence of the disease, prevent complications, and improve their quality of life.

National Diabetes Month is celebrated annually during the month of November to raise awareness and encourage public education on this major public health issue. National Diabetes Month improves consumer understanding of health education's role in promoting the public's health.

About SOPHE

The Society for Public Health Education (SOPHE) is a non-profit professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion and to promote the health of society. For more information, go to www.sophe.org.

About [Organization name]

REFERENCES

¹Centers for Disease Control and Prevention (2011). National diabetes fact sheet. Retrieved from <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>

What is a Proclamation?

A proclamation is a formal announcement made by a local city or county government on a topic important to the members of the community. Issuing a proclamation is a great way to raise awareness about diabetes.

How to format a Proclamation

Remember the proclamation should entice others, so choose effective words and adjectives to strengthen your proclamation.

Compose “Whereas” statements stating why you are making the proclamation. These statements should make it clear why you are proclaiming a certain day or event.

Skip a space between each “Whereas” statement in which you make the actual proclamation itself. Clearly state why you are making this proclamation.

Conclude with a “Therefore” statement in which you make the actual statement itself and use the word “Proclaim” to make your point clear.

When to Send the Proclamation

If you are holding an event for Diabetes Month, promote and distribute the proclamation. You can also have the proclamation displayed at a news conference, event, or your office. Encourage local health organizations and local government officials to display the proclamation and post the proclamation on your own website.

Sample Proclamation

WHEREAS, the State of [name of state, city] has a vital interest in preventing diabetes, educating, and improving the lives of those living with diabetes in our nation; and

WHEREAS, diabetes has been defined as the “A group of diseases characterized by high blood glucose levels that result from defects in the body’s ability to produce and/or use insulin¹; and

WHEREAS, 23.6 million people in the United States have diabetes, 79 million have been diagnosed with prediabetes, and the cost to our nation of diabetes is estimated to be \$174 billion U.S. dollars (USD) annually²; and

WHEREAS, diabetes affects many parts of the body and can lead to serious complications, and by adopting healthy behaviors and acting on important public health alerts, people working together can reduce the occurrence of other diabetes complications; and

WHEREAS, improving diabetes self-management skills require a comprehensive set of strategies, including controlling blood sugar levels, incorporating healthy behaviors, participatory design, field-tested materials, policy change, and advocacy; and

WHEREAS, community health education specialists are uniquely positioned to bridge the gap between the culturally and linguistically-appropriate educational campaigns within the minority populations that are disproportionately affected by diabetes; and

WHEREAS, the [name of chapter or organization] is committed to addressing diabetes as a public health problem and reducing the incidence of diabetes and prediabetes among Americans by bringing health education ideas and principles into the legislative and public arenas; and

WHEREAS, in celebration of National Diabetes Month, government, schools, healthcare providers, libraries, organizations and communities are essential to support the 2012 National Diabetes Month focus on advancing diabetes education through the theme, “Spotlighting Diabetes Prevention: Empowering Communities to Take Control”;

NOW, THEREFORE, I [name of governor, mayor, elected official, or health commissioner] of the [name of state, city] do hereby proclaim

The Month of November, 2012

As

National Diabetes Month

And urge all individuals, organizations, and communities to implement at least one strategy designed to raise awareness of diabetes and promote organizational and institutional changes to improve diabetes health outcomes during National Diabetes Month.

REFERENCES

¹American Diabetes Association (2012). Diabetes basics. Retrieved from <http://www.diabetes.org/diabetes-basics/?loc=GlobalNavDB>

²Centers for Disease Control and Prevention (2011). National diabetes fact sheet. Retrieved from <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>

Resources

This section lists many resources related to diabetes education. Included are Web sites and links to PDFs that will help you to plan and execute a National Diabetes Month Event following the theme “*Spotlighting Diabetes Prevention: Empowering Communities to Take Control.*”

Inclusion in the resources section should not be construed as an endorsement by Society for Public Health Education. This list is intended to be a sampling of known materials and organizations pertinent to diabetes that can be used to educate yourself and your community. Since the organizations listed may discontinue or revise materials from time to time, all of the items listed may not be readily available.

All deletions or corrections should be brought to the attention of:

**Attn: National Diabetes Month
Society for Public Health Education
10 G Street, NE, Suite 605
Washington, DC 20002
info@sophe.org**



DIABETES BASICS

National Diabetes Month

What is Diabetes?²

Diabetes Mellitus (diabetes) is a chronic disease where the body does not produce insulin or the body cannot effectively use insulin, or both. Insulin is a hormone that regulates glucose (sugar) in the blood stream and allows glucose to enter cells and be converted into energy. Insulin is produced and secreted by the pancreas. Over time, glucose can cause damage to vital organs and organ systems when it remains in the blood stream.

Type 1 Diabetes

Type 1 diabetes is an autoimmune disease previously referred to as childhood or juvenile diabetes. This is because Type 1 diabetes is usually diagnosed in children and young adults, although it can occur at any age. Type 1 occurs when the body's immune system attacks and destroys its own insulin-producing beta cells in the pancreas. The exact cause of type 1 unknown, but research shows it may be contributed to genetic, environmental, or other factors. Type 1 diabetes accounts for approximately 5 percent of all diagnosed cases of diabetes in adults.

Symptoms:⁴

Weakness, fatigue, increased urination, increased hunger, increased thirst, weight loss



(Courtesy of www.Healthline.com)

Type 2 Diabetes

Type 2 diabetes, previously referred to as adult-onset diabetes, occurs when the body does not make enough insulin or cannot use the insulin it makes effectively. This form of diabetes usually develops in adults over the age of 40 but is becoming more prevalent in younger age groups—including children and adolescents.

Type 2 diabetes can be managed by nutrition and lifestyle change alone or with supplemental insulin or oral medications.

Symptoms:⁴ (sometimes overlooked and may occur over a period of time)

Weakness, fatigue, dry itchy skin/numbness, and tingling of hands and feet, frequent infections, blurred eyesight, slow healing cuts and scars, frequent urination, increased hunger, increased thirst

Risk factors:⁴ being over 40 years old, overweight, sedentary lifestyle, family history of diabetes, have had diabetes during pregnancy, high blood pressure, are African American, Hispanic American or Native American.

Gestational Diabetes

Gestational diabetes is a type of diabetes that develops during pregnancy, usually around the 24th week. Gestational diabetes happens when a pregnant woman's body is unable to make and use all the insulin it needs during pregnancy. Diagnosis of gestational diabetes doesn't mean a woman was

undiagnosed with diabetes or will have diabetes after giving birth. However, women who have had gestational diabetes do have a higher chance of developing diabetes, mostly type 2, in the next 10 to 20 years.

Diabetes & Pregnancy



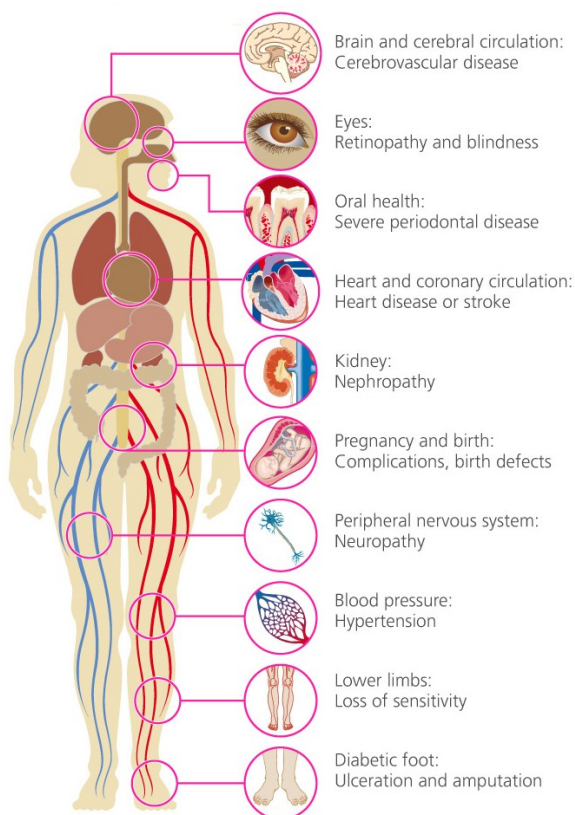
18% of pregnancies
may be affected by
gestational diabetes

Up to 10% of which result in
a diagnosis of Type 2 Diabetes
in the mother immediately
following the pregnancy.

Prediabetes

Prediabetes is a condition where blood glucose levels are higher than normal but not high enough to be called diabetes. Prediabetes almost always precedes diabetes. Another difference between prediabetes and diabetes is that prediabetes can be reversed. Losing weight, increasing physical activity, and adopting healthier eating habits can prevent or delay the progression of prediabetes to diabetes.

Diabetes Complications



Diagnosed diabetes cases cost the US

\$174 BILLION

in 2007

(Courtesy of www.Healthline.com)

Medical Compliance³

- Maintain normal blood sugar levels
- A1C Test– measures your average blood glucose control for the past 2-3 months
- Checking your blood glucose and keeping a log
- Carry a medical id with you at all times
- Work with your diabetes team to develop and maintain a plan
- Talk with your doctor to determine the right type of insulin for your health needs and lifestyle

Sexual Health²

Women

- Some women may have less interest in sex because of depression levels or dryness.
- Some women may need to work with their health care team to keep blood glucose levels on target during monthly menstrual cycles.
- Women may be able to reduce the risk of heart disease with hormone replacement after menopause.

Men

- Some men may experience impotence due to blood vessels and nerves becoming damaged or other conditions such as prostate or bladder surgery.
- Emotional factors such as depression, anxiety, or stress can lead to sexual dysfunction.
- If you have type 2 diabetes, you are twice as likely to suffer from low testosterone as a man without diabetes.

If you are experiencing feelings of stress, anxiety or any sexual health issues, talk to your healthcare team.

Preventing and Managing Diabetes³

Maintaining a healthy lifestyle and self-management are essential to preventing and managing your diabetes. With these positive steps, you can stay healthier longer and reduce your risk.

- Know your risk for diabetes
- Controlling blood pressure, cholesterol and weight
- Exercising regularly
- Eating healthy foods
- Quitting smoking
- Getting regular checkups of eyes and kidneys
- Maintaining a positive attitude

Learn about your risk for diabetes at <http://www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test/>



National Perspective³

- 25.8 million children and adults in the United States—8.3% of the population—have diabetes.
- 18.8 million of those people have been diagnosed with diabetes
- It is estimated that 7 million of those with diabetes are currently undiagnosed
- It is estimated that 79 million American adults aged 20 years

or older have prediabetes

- Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults
- Diabetes is a major cause of heart disease and stroke

Global Perspective⁸

- In 2004, an estimated 3.4 million people died from consequences of high blood sugar.
- More than 80% of diabetes deaths occur in low- and middle-income countries.
- The World Health Organization projects that diabetes deaths will double between 2005 and 2030.

\$116 BILLION
direct medical costs in 2007 in the U.S.⁶

Gender & Age²

Men

13 million, or 11.8% of all men aged 20 years or older have diabetes

Women

12.6 million, or 10.8% of all women aged 20 years or older have diabetes

25.6 million Americans ages 20 or older have diabetes — 11.3 percent of this age group

10.9 million Americans ages 65 and older have diabetes — 26.9 percent of this age group

Children

215,000 Americans younger than 20 have diabetes. Type 1 diabetes is usually diagnosed in children and young adults and was previously known as juvenile diabetes. In type 1 the body does not produce insulin

Health Disparities²

Certain minority populations are more frequently and disproportionately affected by type 2 diabetes. Minority groups constitute 25 percent of patients with diabetes in the United States.

Diabetes prevalence by race/ethnicity in adults 20 years and older:

- 7.1% of non-Hispanic whites
- 12.6% of non-Hispanic blacks
- 8.4% of Asian Americans
- 11.8% of Hispanics

Tips for Health Educators

1. Advocate for Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) to be recognized and designated as a professional partner within multidisciplinary teams assisting with the delivery of diabetes self-management education (DSME).
2. Work with the local YMCA in your community to promote the Diabetes Prevention Program to provide lifestyle change programs for people at risk for type 2 diabetes. For more information about the National Diabetes Prevention Program visit <http://www.cdc.gov/diabetes/prevention/index.htm>
3. Join local advocacy groups that work to promote diabetes prevention programs within your state and community.
4. Encourage patient education for pregnant women on the risks for gestational diabetes and provide tools and resources to promote a healthy lifestyle.
5. Learn about community programs offered by visiting: <http://www.diabetes.org/in-my-community/programs/?loc=DropDownIMC-programs>
6. Coordinate a local walk or fundraiser to celebrate Diabetes Awareness Month in November and/or throughout the year.
7. Encourage individuals to utilize services available locally including state and local health departments, free clinics and community health centers.



Resources

Centers for Disease Control and Prevention offers Powerpoint slides on diabetes http://www.cdc.gov/diabetes/statistics/diabetes_slides.htm

The American Diabetes Association offers a variety of diabetes resources, programs, and educational information to support their mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes. www.diabetes.org

The Joslin Diabetes Center is a teaching and research affiliate of Harvard Medical School dedicated to prevent, treat and cure diabetes. <http://www.joslin.org>

The National Diabetes Education Program is a federally-funded program sponsored by the U.S. Department of Health and Human Services, National Institutes of Health and the Centers for Disease Control and Prevention and includes over 200 partners at the state, federal and local levels working together to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of type 2 diabetes. <http://ndep.nih.gov>

The American Association of Diabetes Educators is the leading association for diabetes educators. They work to ensure professional growth of their 13,000+ educators and promote recognition of diabetes educators. www.diabeteseducator.org

The National Diabetes Information Clearinghouse (NDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases and the National Institute of Health that provides diabetes information, resources, and services to create knowledge and understanding about diabetes. <http://diabetes.niddk.nih.gov/>

Find a diabetes educator in your state at <http://www.diabeteseducator.org/DiabetesEducation/Find.html>

Find your local American Diabetes Association office <http://www.diabetes.org/?loc=logo>

Learn about and utilize other community-based organizations like Racial and Ethnic Approaches to Community Health program (REACH) <http://www.cdc.gov/reach/> and Action Communities for Health, Innovation, and Environmental change (ACHIEVE) <http://www.cdc.gov/healthycommunitiesprogram/communities/achieve/>

References

1. American Association of Diabetes Educators (2012). About diabetes education. Retrieved from <http://www.diabeteseducator.org/DiabetesEducation>
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7. National Institute of Diabetes and Digestive and Kidney Diseases (2012). Diabetes. Retrieved from <http://diabetes.niddk.nih.gov/>
8. World Health Organization (2012). Diabetes. Retrieved from http://www.who.int/topics/diabetes_mellitus/en/



DIABETES & SMOKING

National Diabetes Month

Overview

Smoking is a preventable risk factor for diabetes and one of the most modifiable causes of premature death. It is no surprise the health outcomes associated with tobacco smoke are devastating. The chemicals in tobacco smoke complicate the regulation of blood sugar levels, exacerbating the health issues resulting from diabetes. In addition, nicotine narrows and restricts blood vessels¹¹ and increased insulin resistance occurs in smokers with and without diabetes.⁹

State of the art diabetes care should include smoking prevention and cessation as a priority of treatment.¹³ By focusing on one of the most preventable risk factors for diabetes, health educators can help patients avoid initiating or continuing smoking as a high-risk behavior.

Tobacco Facts



(Courtesy of FDA.gov)

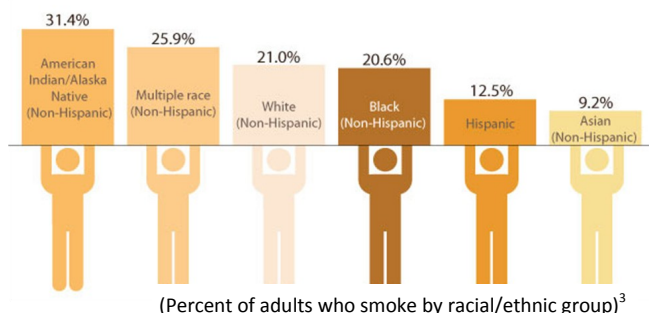
National Perspective

- In the United States, tobacco use is responsible for about one in five deaths annually (i.e., about 443,000 deaths per year, and an estimated 49,000 of these smoking-related deaths are the result of secondhand smoke exposure).⁶
- Number of current smokers (2010) in the U.S. is 19.3% of all adults (45.3 million people).⁶
- Cigarette smoking costs more than \$193 billion (i.e., \$97 billion in lost productivity plus \$96 billion in health care expenditures).⁶
- Half of adults who continue to smoke will die from smoking-related causes.³

Diabetes Complications

- The risk for cardiovascular disease among smokers with diabetes is up to 14 times higher than that for smoking or diabetes alone.¹³
- Research indicates that because diabetics are already at a higher risk of cardiovascular disease, they may face increased risk due to the impact of particle pollution on their cardiovascular systems.²
- Smokers with diabetes have a higher risk of heart disease, amputation, eye disease causing blindness, nerve damage and poor circulation.¹²

Disparities Among Smokers



- Diabetic smokers were shown to have significantly lower rates for diabetes care indicators compared to diabetic non-smokers such as: professional foot examination, annual dilated eye examination, biannual A1C test, and flu vaccination.¹⁰
- Diabetic smokers were more likely to be without health care coverage or on a government health plan than diabetic nonsmokers.¹⁰
- The largest group of current smokers in the U.S. in 2010 at 31.4% are non-Hispanic American Indian/Alaska Native, followed by 21% of non-Hispanic whites and 20.6% of non-Hispanic blacks.³

14 times higher your risk of cardiovascular disease among smokers with diabetes¹³

19.3%

Percentage of current adult smokers in the US⁶



Strategy in Action: Implementing a Comprehensive Tobacco Control Program³

- California's adult smoking rate has dropped nearly 50% and the number of cigarettes smoked per person has decreased by 67% since the state began the nation's longest-running tobacco control program in 1988.
- California saved \$86 billion in health care costs by spending \$1.8 billion on tobacco control, a 50:1 return on investment over its first 15 years of funding its tobacco control program.

Prevention & Smoking Cessation

Best Practices for Comprehensive Tobacco Control Programs:

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf

The Community Guide: Reducing Tobacco Use and Second-hand Smoke Exposure <http://www.thecommunityguide.org/tobacco/index.html>

Use the **World Health Organization's MPOWER** strategies to prevent and reduce tobacco use and to make tobacco products less accessible, affordable, attractive and accepted. http://whqlibdoc.who.int/publications/2011/9789240687813_eng.pdf



The National Quitline (1-800-QUIT-NOW) serves smokers in every state, District of Columbia, and some U.S. territories.




5 MILLION

Deaths per year from tobacco use⁶

Prevention is a cost-effective intervention that should be recommended for all patients with diabetes.¹³

Tips for Health Educators

- 
1. Encourage policy makers to increase the tax of cigarettes so price serves as a deterrent in purchasing and smoking cigarettes.
 2. Promote anti-tobacco campaigns at the local, state, and federal level such as QuitButts, Tobacco Free Kids, Kick Butts Day, Teens Against Tobacco Use & Great American Smokeout.
 3. If your state has not already done so, encouraging policies that limit smoking in public places, such as restaurants. Connect with states that have implemented smokefree laws such as North Carolina and California.
 4. Educate adolescents on the risks of cigarette smoking, as research suggests that the earlier one begins to smoke, the more likely the behavior persists into adulthood.¹³
 5. Recommend tobacco use and smoking cessation treatment for patients with diabetes.
 6. Use the transtheoretical model as an approach to tailor interventions specific to each readiness stage based on their desire to change behavior.

Resources

The **American Diabetes Association** provides steps to quit smoking available at <http://www.diabetes.org/diabetes-basics/prevention/checkup-america/smoking.html>

The **American Lung Association** offers more information about the health effects of smoking available at <http://www.lung.org/stop-smoking/about-smoking/health-effects/>

Read the **2010 Surgeon General Report**, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease* available at <http://www.surgeongeneral.gov/initiatives/tobacco/index.html>

Centers for Disease Control and Prevention: Learn more about youth tobacco prevention at <http://www.cdc.gov/tobacco/youth/index.htm>

National Diabetes Information Clearinghouse (NDIC) provides resources related to the compli-

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DIABETES & NUTRITION

National Diabetes Month

Overview

Eating well is one of life's greatest pleasures. Fortunately, having diabetes does not prevent you from enjoying a wide variety of foods. People with diabetes have the same nutritional needs as anyone else.² Good health depends on eating a variety of foods that contain the right amounts of carbohydrates, protein and healthy fats, as well as vitamins, minerals, fiber and water. Healthy eating helps keep your blood sugar in your target range and can prevent the complications of the disease.⁵ You can keep your blood glucose levels on target by making wise food choices, being physically active, and taking medicine if needed.

Making wise food choices can help you:⁵

- ⇒ feel good every day
- ⇒ lose weight if you need to
- ⇒ lower your risk for heart disease, stroke, and other problems caused by diabetes

With proper education and within the context of healthy eating, a person with diabetes can eat anything a person without diabetes eats⁴

Quick Facts

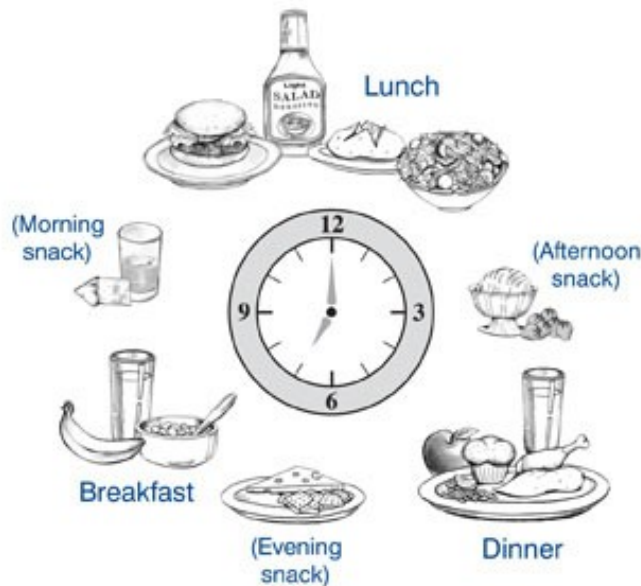
- There is no such thing as a “diabetic diet.” No single eating plan will work for everyone.³
- The key is to monitor blood sugar levels carefully to determine which foods work best.³
- Carbohydrates affect your blood sugar more than protein or fat. As your daily meal plan is designed, portioning out foods rich in carbohydrate will help control blood sugar levels.
- Eat some starches at each meal. They provide carbohydrate, vitamins, minerals, and fiber.⁶
- What you eat and when you eat affect how your diabetes medicines work. Talk with your doctor or diabetes teacher about when to take your diabetes medicines.⁶



Eat Complex Carbohydrates

- ⇒ Examples: Bread, pasta, corn, pretzels, potatoes, rice, crackers, cereal, tortillas, beans, yams, lentils, starchy vegetables
- ⇒ Buy whole grain breads and cereals
- ⇒ Eat fewer fried and high-fat starches

For people taking certain diabetes medicines, following a schedule for meals, snacks, and physical activity is best. However, some diabetes medicines allow for more flexibility. You'll work with your health care team to create a diabetes plan that's best for you.⁶



Reading a Food Label

Nutrition Facts	
Serving Size 1 slice (47g) Servings Per Container 6	
Amount Per Serving	
Calories 160	Calories from Fat 90
	% Daily Value*
Total Fat 10g	15%
Saturated Fat 2.5g	11%
Trans Fat 2g	
Cholesterol 0mg	0%
Sodium 300mg	12%
Total Carb 15g	5%
Dietary Fiber less than 1g	3%
Sugars 1g	
Protein 3g	
Vitamin A 0%	Vitamin C 4%
Calcium 45%	Iron 6%
Thiamin 8%	Riboflavin 6%
Niacin 6%	

Start here (points to Serving Size)

Check the total calories per serving (points to Calories 160)

Limit these nutrients (points to Total Fat, Saturated Fat, Trans Fat, Cholesterol, Sodium, Total Carb, Dietary Fiber)

Get enough of these nutrients (points to Protein, Vitamin A, Vitamin C, Calcium, Iron, Thiamin, Riboflavin, Niacin)

Quick Guide to % Daily Value:
5% or less is low
20% or more is high

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

(Courtesy of American Heart Association) See resources for more information about reading a food label

Vitamins and Nutrients¹



By choosing nutrient-rich foods that provide the most nutrients per calorie, you can build a healthier life and start down a path of health and wellness. Small steps can help you create healthy habits that will benefit your health now and for the rest of your life:

- Start each day with a healthy breakfast that includes whole grains and calcium-, vitamin D- and vitamin C-rich foods.
 - ⇒ Studies have shown over the past decade that vitamin D is important for normal immune function, blood vessel health, and organ function (including the pancreas). Low vitamin D levels increase the risk for developing both Type 1 and Type 2 diabetes.³
- Replace refined grains with whole grains like whole-grain breads and cereals and brown rice.
 - ⇒ Whole grains contain the entire grain (bran, germ, endosperm) and are much more nutritious than refined grains²
- Pre-washed salad greens and pre-cut vegetables make great quick meals or snacks.

Calories Turned into Blood Sugar²

Carbohydrate counting is easier when food labels are available. You can look at how much carbohydrate is in the foods you want to eat and decide how much of the food you can eat.



- Carbohydrates: Have the greatest and fastest impact on blood sugar; 100% turned to blood sugar 15 minutes to 2 hours after eating
- Protein: Has a medium and slower impact on blood sugar; 60% turned to blood sugar 2-3 hours after eating
- Fat: Has the smallest and slowest impact on blood sugar; 10% turned to blood sugar 3-4 hours after eating

Tips for Health Educators

1. Refer to *Nutrigenomics and Nutrigenetics* to learn about associations made between specific nutrients and genetic factors and how they can be applied on a larger scale to address chronic disease prevention. [www.sophe.org/Sophe/PDF/Nutragenomics\[1\].pdf](http://www.sophe.org/Sophe/PDF/Nutragenomics[1].pdf)
2. Familiarize yourself with recognized Diabetes Education Programs (teaching programs approved by the American Diabetes Association) http://professional.diabetes.org/ERP_List.aspx
3. Learn about appropriate blood glucose levels for people with diabetes at http://www.diabetes.niddk.nih.gov/dm/pubs/eating_ez/#starches
4. Work with a registered dietician in your area to create a healthy eating plan for people with diabetes. To find a dietitian near you, call the American Dietetic Association's National Center for Nutrition and Dietetics toll-free at 1-800-877-1600 or see www.eatright.org and click on "Find a Nutrition Professional."
5. Utilize food and nutrition handouts in multiple languages <http://www.eatright.org/HealthProfessionals/content.aspx?id=250>
6. Incorporate the Nutrition "Tip of the Day" into your educational materials <http://www.eatright.org/Public/Tips.aspx>
7. Work with local policymakers linking scientific research to the nutrition needs of your community.



Resources

Healthy Recipes <http://www.diabetesaction.org/site/PageServer?pagename=recipe>

My Food Advisor: Set your goals and track your progress as you save your favorite recipes and create shopping lists.
http://tracker.diabetes.org/my_mfa/

More recipes and dietary information <http://www.diabetesaction.org/site/PageServer?pagename=link>

Search the glycemic index <http://www.glycemicindex.com/>

Learn about all the foods you can eat <http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/>

Carbohydrate Counting <http://www.diabetes.org/food-and-fitness/food/planning-meals/carb-counting/>

Use smart eating strategies when dining out <http://www.eatright.org/Public/content.aspx?id=5671>

Meal Planning Active Tutorial <http://www.nlm.nih.gov/medlineplus/tutorials/diabetesmealplanning/htm/index.htm>

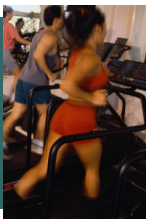
View the international Nutrition Toolbox <http://healthymeals.nal.usda.gov/resource-library/international-nutrition-toolbox>

Learn to read a food label <http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/HeartSmartShopping/>

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DIABETES & PHYSICAL ACTIVITY

National Diabetes Month

Overview

Physical activity plays an important part in preventing type 2 diabetes. A major government study, the Diabetes Prevention Program (DPP), showed that modest weight loss of 5 to 7 percent—for example, 10 to 15 pounds for a 200-pound person—can delay and possibly prevent type 2 diabetes. People in the study used diet and exercise to lose weight.⁶

If you are overweight, your body does not use insulin well. Even a weight loss of 10-20 pounds can improve blood sugar control. Any change in eating or activity that lowers your blood sugar usually improves your health and fitness level.⁷

Benefits of Physical Activity¹

- ✓ Improve blood glucose management
- ✓ Lower blood pressure
- ✓ Improve blood fats
- ✓ Lower blood glucose and weight
- ✓ Burns calories, lose weight
- ✓ Lower risk for other health problems, such as stroke, some cancers, and bone loss
- ✓ Gain more energy and sleep better
- ✓ Reduce stress, anxiety and depression while improving your mood
- ✓ Build stronger bones and muscles
- ✓ Be more flexible, move easier when you are active
- ✓ Improves libido and sexual performance
- ✓ Stimulates your muscles (which feed glucose) to produce more insulin receptors

Prevention

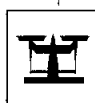


85% of both Type 2 Diabetes and its side effects can be prevented, delayed, or effectively treated.

Most cost effective prevention method



Healthy Diet



Healthy Weight



Physical Activity



Regular Medical Checks

(Courtesy of Healthline.com)

Exercise is critical in diabetes because exercise is your body's cue that you need to absorb and use sugar, so without exercise (or strenuous occupational activity) there is no cue and the sugar just stays in your blood stream. Unfortunately, your body doesn't stop absorbing sugar, it just keeps it in the blood after storing a whole lot as fat.⁴

Experts recommend moderate-intensity physical activity for at least 30 minutes on 5 or more days of the week. Some examples of moderate-intensity physical activity are walking briskly, mowing the lawn, dancing, swimming, or bicycling.²

Tip #1

Take a walk with your family after dinner or walk around a large department store

Safety Considerations¹

Before beginning an exercise routine, you should first see your doctor. Here are some safety considerations before starting:

- Exercise involving heavy weights may be bad for people with blood pressure, blood vessel, or eye problems.
- Diabetes-related nerve damage can make it hard to tell if you've injured your feet during exercise, leading to more serious problems.
- Physical activity can lower your blood glucose too much, causing hypoglycemia, especially in people who take insulin or certain oral medications. Hypoglycemia can happen at the time you're exercising, just afterward, or even up to a day later.

Tips to prevent:²

Hypoglycemia

- Check your blood glucose before you exercise. If it's below 100, have a small snack.
- Bring food or glucose tablets with you when you exercise just in case. It is not good for people with diabetes to skip meals at all, but especially not prior to exercise.
- After you exercise, check to see how it has affected your blood glucose level.
- If you take insulin, ask your health care provider if there is a preferable time of day for you to exercise, or whether you should change your dosage before physical activity, before beginning an exercise regimen.

Hyperglycemia

- You should not exercise when your blood glucose is very high because your level could go even higher.
- Do not exercise if your blood glucose is above 300, or your fasting blood glucose is above 250 and you have ketones in your urine.



Benefits of Weight Training²



Weight training is special for a few reasons in diabetes. For one, it appears to be more effective than aerobic exercise in increasing your basal metabolic rate (BMR). So assuming your caloric intake stays constant, raising your BMR leads to weight loss. Additionally weight training seems more effective at increasing lean muscle mass as well as increasing strength. These may not sound like great benefits, however lean muscle mass is particularly insulin sensitive tissue, and therefore insulin sensitivity improves. Because glucose from your meals is absorbed predominantly by your muscle tissue, strength training is particularly good at improving elevated blood sugars following meals.

Get Moving!¹

Find a few activities you enjoy.

Select one activity that helps you burn calories and glucose (like walking or biking) and another one that helps you build muscles (like lifting or walking with light weights or using the machines at a fitness place). Think of creative ways to strength train such as using resistance bands, using household items like canned goods, and using your own body weight such as pushups.

Start Slowly

Set your first goal at three ten minute walks each week or even less. If you reach this goal, increase the number of minutes you walk. Then increase the number of times a week you walk.

Find a Partner or Join an Exercise Group

This can help you stay on track and make exercise more fun. Look in your area for a mall or local walking program. Or find an online group.

Be Active in 10-minute spurts

Don't feel that if you can't exercise for 30 minutes at a time, it's not worth it. It's just as good to add up 10 minutes here and 10 minutes there for a total of 30 minutes. This may be easier to fit in.

Make a Plan



People tend to be more successful when they set specific physical activity goals for themselves. Once you set a realistic, specific goal for yourself, make a plan to achieve that goal. It may help to write down your goals and your plan.



Getting Active with Children

Children need 60 minutes of moderate to vigorous active play every day. Physical activity can add up over the course of the day. Here are some tips for keeping active with your children each day:

- ✓ Plan activities with your family such as biking, swimming, Frisbee, or tennis.
- ✓ Plant a garden and reap the benefits of fresh fruit as well!
- ✓ Break up watching TV or playing video games by doing jumping jacks, stretching, doing sit-ups, or active house chores.
- ✓ Make physical activity and eating healthy part of your everyday lives and become involved in the President's Challenge as a family. Learn more at www.presidentschallenge.org

Physical Activity at Work

Many of us are sitting for long periods of time throughout the day without incorporating physical activity into our daily routines at work. Enjoy the benefits of staying active while at work with these tips:

- ✓ Participate in workplace wellness activities and read the educational materials provided by your employer.
- ✓ Use the stairs when possible instead of taking the elevator.
- ✓ If possible, walk or ride your bike to work. Park as far away as possible from the entrance if you drive.
- ✓ Walk at lunch; form a walking group at your office and encourage other departments to join.

Learn about more ways to stay active at work at <http://www.diabetesatwork.org/index.cfm>

Programs & Best Practices

CDC's State-Based Nutrition and Physical Activity Program to Prevent Obesity and other Chronic Diseases focuses on approaches that make it easier for more people to change obesity-related behaviors through healthier food, and an environment that promotes healthy eating and active living.

<http://www.cdc.gov/obesity/stateprograms/index.html>

CDC's BAM Body and Mind encourages kids 9-13 years old to get moving and make healthy lifestyle choices.

http://www.bam.gov/sub_physicalactivity/index.html

CDC State-Based Diabetes Prevention & Control Programs focuses on diabetes prevention programs at the state level including state laws and diabetes, population specific prevention programs, and further resources.

<http://www.cdc.gov/diabetes/states/index.htm>



National Diabetes Prevention Program³

The CDC-led National Diabetes Prevention Program is designed to bring to communities evidence-based lifestyle change programs for preventing type 2 diabetes. It is based on the Diabetes Prevention Program research study led by the National Institutes of Health and supported by Centers for Disease Control and Prevention. The lifestyle program in this study showed that making modest behavior changes, such as improving food choices and increasing physical activity to at least 150 minutes per week, helped participants lose 5 to 7 percent of their body weight. These lifestyle changes reduced the risk of developing type 2 diabetes by 58 percent in people at high risk for diabetes.

Who can offer lifestyle classes under the National Diabetes Prevention Program?

Any organization including the following:

- ⇒ Not-for-profit and community-based organizations
- ⇒ Companies, worksites
- ⇒ Faith-based organizations
- ⇒ Educational institutions
- ⇒ Healthcare facilities
- ⇒ Fitness and Wellness centers

National Diabetes Prevention Program COMPONENTS



(Courtesy of CDC)

Learn more about starting a Diabetes Prevention Program in your community and access more resources at <http://www.cdc.gov/diabetes/prevention/index.htm>

Tips for Health Educators

1. When developing goals for your diabetes prevention program, use the Healthy People 2020 goals for diabetes. <http://healthypeople.gov/2020/>
2. Work with local policymakers to encourage biking and walking paths in your community to promote physical activity.
3. Advise the participants in any physical activity program to consult with their doctor or physician before beginning an exercise regimen.
4. Encourage parents to be active, serving as a role model for their children to prevent childhood obesity, a risk factor for developing type 2 diabetes.
5. Learn about and develop a social marketing campaign to promote your diabetes prevention program for nutrition and physical activity. <http://www.cdc.gov/nccdphp/DNPAO/socialmarketing/index.html>
6. Encourage employers to take action to prevent obesity and diabetes by giving them the tools and resources they need to implement effective prevention programs.
7. Advocate for safe neighborhoods and communities in support of the Kids Walk-to-School Program to increase opportunities for physical activity. <http://www.cdc.gov/nccdphp/dnpa/kidswalk/>



Resources

Take special considerations with Insulin Use http://www.diabetesaction.org/site/PageServer?pagename=complementary_4_08

Insulindependence empowers people in the diabetes community and encourages them to embrace self-management through active living. <http://www.insulindependence.org/about/caseStatement.html>

Explore these interactive Health Education Tools from the National Institute of Diabetes and Digestive and Kidney Diseases: <http://www2.niddk.nih.gov/HealthEducation/InteractiveTools/>

The Road to Health Toolkit offers activity guides to encourage physical activity <http://ndep.nih.gov/media/road-to-health-toolkit-activities-guide-508.pdf>

Centers for Disease Control and Prevention Diabetes Public Health Resource <http://www.cdc.gov/diabetes/>

National Diabetes Education Program physical activity publications <http://ndep.nih.gov/publications/index.aspx?Keyword=Physical+Activity&Go.x=13&Go.y=10>

First Lady's Let's Move! Website is a comprehensive initiative with the goal of reducing or eliminating childhood obesity. www.letsmove.gov

For Special Populations

The Native Diabetes Wellness Program develops programs designed to improve the health status of American Indians and Alaska Natives. http://www.cdc.gov/diabetes/projects/about_ndwp.htm

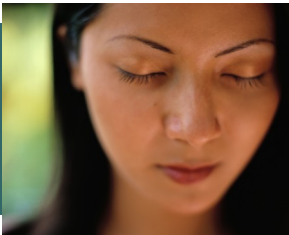
Toolkit for Organizations Serving Asian and Pacific Islander Communities http://www.cdc.gov/diabetes/ndep/CE_aapiToolkit.htm

Tips for Teens with Diabetes: Be Active <http://www.ndep.nih.gov/media/youth-tips-active-508.pdf>

See how much physical activity is recommended for each age group <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

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DIABETES & DEPRESSION

National Diabetes Month

Overview

Several studies suggest that diabetes doubles the risk of depression, although it's still unclear why. The psychological stress of having diabetes may contribute to depression, but diabetes' metabolic effect on brain function may also play a role. At the same time, people with depression may be more likely to develop diabetes. The risk of depression increases as more diabetes complications develop. When you are depressed, you do not function as well, physically or mentally; this makes you less likely to eat properly, exercise, and take your medication regularly.⁵

Fast Facts⁸

- Depression also often coexists with other serious medical illnesses such as heart disease, stroke, cancer, HIV/AIDS, diabetes, Parkinson's disease, thyroid problems and multiple sclerosis, and may even make symptoms of the illness worse.
- Studies have shown that both women and men who have depression in addition to a serious medical illness tend to have more severe symptoms of both illnesses.
- They also have more medical costs than those who do not have coexisting depression.
- Treating the depression along with the coexisting illness will help ease both conditions.



(Courtesy of USC Social Work)

Diabetic Complications

Depression in diabetes is very concerning for several reasons:¹³

- Individuals who are depressed may have more difficulty following the medical treatment that their health care team establishes challenging.
- Depression can result in poor physical and mental functioning, so a person is less likely to maintain regular physical activity.
- Individuals who are depressed might adopt unhealthy behaviors, such as a sedentary lifestyle and/or a poor diet.
- Social isolation is also common for people who are depressed, which decreases opportunities for social support that is often needed for self-management of diabetes.

Special Populations

Men⁸

- More likely to be very tired, irritable, lose interest in once-pleasurable activities, and have difficulty sleeping.
- May be more likely to turn to alcohol and drugs.
- May become frustrated, angry and sometimes abusive.
- Some men throw themselves into their work to avoid talking about their depression with family or friends.

Women¹

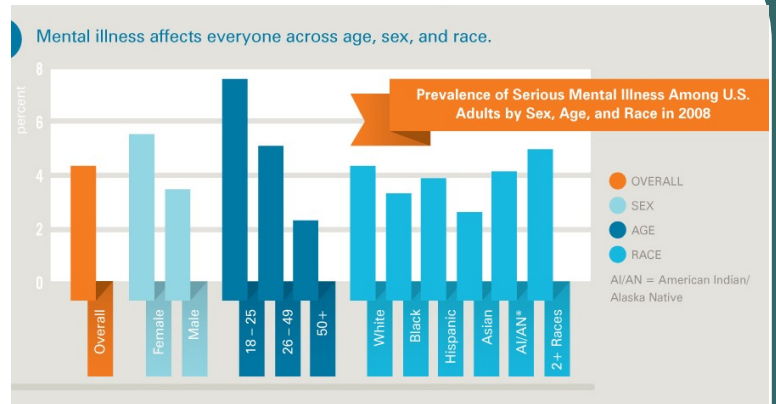
- Experience depression about *twice* as often as men and the risk of depression increases in women with diabetes.
- Many hormonal factors may contribute to the increased rate of depression in women

Older Adults⁸

- May be overlooked because seniors may show different, less obvious symptoms. They may be less likely to experience or admit to feelings of sadness or grief.
- Older adults also may have more medical conditions such as heart disease, stroke, or cancer, which may cause depressive symptoms.
- Older white males age 85 and older actually have the highest suicide rate in the United States.

Racial/Ethnic Groups

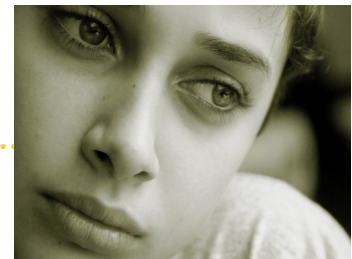
- African American and Hispanic women suffer depression twice as much as men.⁷
- American Indians, Alaska Natives, Hawaiians, other Pacific Islanders, and Asian Americans residing in Hawaii have more than twice the rate of diabetes than Whites.⁷
- African Americans and Hispanics all have significantly higher rates of diabetes than Whites.⁷
- Hispanic Americans use mental-health services far less than other ethnic and racial groups. They also constitute the largest group of uninsured in the U.S.³
- American Indian and Alaskan Native individuals underutilize mental health services, have higher therapy "dropout" rates and are less likely to respond to treatment.⁶



(Courtesy of The National Council)

Children and Teens⁸

- Children who have depression also are more likely to have other more severe illnesses in adulthood.
- A child with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.
- Older children may sulk, get into trouble at school, be negative and irritable, and feel misunderstood.
- Depression in adolescence frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. It can also lead to increased risk for suicide.



Signs and Symptoms of Depression¹³

Frequent feelings of sadness that last most of the day
Loss of self-esteem or feelings of guilt and worthlessness
Sleeping too much or having trouble sleeping
Difficulty concentrating or making decisions
Decreased energy
Possible thoughts of death or suicide
Significant weight loss or gain

Get Yourself Screened!

Screening Questions¹¹

Over the past 2 weeks, have you:

1. Been feeling low in energy, slowed down?
2. Been blaming yourself for things?
3. Had poor appetite?
4. Had difficulty falling asleep, staying asleep?
5. Been feeling hopeless about the future?
6. Been feeling blue?
7. Been feeling no interest in things?
8. Had feelings of worthlessness?
9. Thought about or wanted to commit suicide?
10. Had difficulty concentrating or making decisions?

Taking a mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of clinical depression. Many screening tests are anonymous and confidential.¹¹

A common first step in developing a comprehensive management strategy for addressing negative emotions and problems with healthy coping is screening to identify the problem(s). Initial screening is frequently followed by further assessment to document the extent and severity of problems that are identified.¹⁰

Global Perspective

According to the World Health Organization¹⁶, mental health is an integral and essential component of health and there is no health without mental health. The WHO constitution states, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

- Depression affects about 121 million people worldwide.¹⁶
- Many low- and middle-income countries currently allocate less than 2% or even 1% of the health budget to the treatment and prevention of mental disorders.¹⁵
- Barriers to effective care include the lack of resources, lack of trained providers, and the social stigma of mental disorders including depression.¹⁶
- Depression is among the leading causes of disability and is projected to be the top leading cause of disability and burden by 2030.¹⁵



A

1 in 5 people suffer from mental illness; approximately **57.7 million Americans** every year.



(Courtesy of The National Council)

Tips for Managing Depression¹⁴

- Take medication as directed
- Do not drink or take illegal substances
- Exercise
- Eat healthy
- Maintain good sleep habits
- Talk to someone you trust about your feelings



Strategy in Action⁴

SONRISA: A Curriculum Toolbox for Promotores to Address Mental Health and Diabetes

SONRISA is a CDC-funded Spanish/English mental health curriculum toolbox developed for promotores (community health workers) who work with Hispanic clients to prevent or manage diabetes. Promotoras and community members from a community-based project requested their university partner to help promotores address depression observed in their clients with diabetes. This toolkit is an innovative, integrated approach adaptable to other populations as well as other chronic diseases.

Goals of the SONRISA curriculum toolkit:

- To address the prevention and management of depression together with the prevention and management of diabetes.
- To prevent emotional burnout from helping clients cope with diabetes and other daily issues.

Visit http://www.caldiabetes.org/content_display.cfm?contentID=705&cameFromSearch=yes to download the toolkit

Tips for Health Educators



1. Encourage individuals to get screened for depression if they are experiencing symptoms. Free, anonymous screenings are available online or locate a screening event in your community at <http://www.helpyourselfhelpothers.org/>
2. Work with local policymakers to integrate mental health into their agendas, policies, and programs.
3. Address health disparities and become familiar with resources available for Latinos and their families. <http://healthyminds.org/Document-Library/Brochure-Library/Mental-Health-A-Guide-for-Latinos-and-Their-Families.aspx?FT=.pdf>
4. Advocate for better mental health resources. www.thenationalcouncil.org/cs/advocate_now
5. Explain the benefits of diabetes support groups to individuals dealing with depression and diabetes. People can talk about and share how they deal with their diabetes.
6. Each year, incorporate activities and programs around World Mental Health Day, October 10. http://www.who.int/mediacentre/events/annual/world_mental_health_day/en/index.html



Resources

Find support groups and counseling <http://www.cdc.gov/diabetes/pubs/tcyd/feelings.htm>

National Suicide Prevention Hotline 1-800-273-TALK (8255) <http://www.suicidepreventionlifeline.org/>

For more information on women and depression http://www.nami.org/template.cfm?section=women_and_depression

Learn about depression by cultural group http://www.nami.org/Content/NavigationMenu/Mental_Illnesses/Depression/Depression_and_Cultural_Groups.htm

Stay Well with a Mental Disorder <http://www.mentalhealthamerica.net/index.cfm?objectid=C7DF93C7-1372-4D20-C82144586329D724>

Employers can learn more about diabetes and depression at work <http://www.diabetesatwork.org/DiabetesResources/DepressionCaseStudy.cfm>

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Diabetes Tools

50 Ways to Prevent Diabetes Fact Sheet

http://www.ndep.nih.gov/media/50Ways_tips.pdf?redirect=true

CDC's Healthy Communities Program and Health Resources Database is a credible resource for evidence-based recommendations and findings on interventions and policies that improve health and prevent disease in communities.
<http://www.cdc.gov/healthycommunitiesprogram/tools/index.htm>

Chronic Disease Prevention and Health Promotion webpage of the Centers for Disease Control and Prevention provides recommendations, best practices, and guidelines for a variety of chronic diseases, including diabetes. Among the resources are evidence-based recommendations, community health guides, and state and community health promotion tools.

<http://www.cdc.gov/chronicdisease/resources/guidelines.htm>

Depression and Diabetes: Diabetes at Work

<http://www.diabetesatwork.org/DiabetesResources/DepressionCaseStudy.cfm>

Diabetes Action Research and Education Foundation Resources

<http://www.diabetesaction.org/site/PageServer?pagename=link>

Diabetes Prevention Program was a major clinical research study aimed at discovering whether modest weight loss through dietary changes and increased physical activity or treatment with the drug metformin could prevent or delay the onset of Type 2 diabetes in study participants. The program is evidence-based and effective and is still being used today by health educators. Learn more about the program at <http://www.diabetes.niddk.nih.gov/dm/pubs/preventionprogram/index.aspx>

Division of Diabetes Treatment and Prevention as part of the Indian Health Service (The Federal Health Program for American Indians and Alaska Natives) provides tools, resources and information on diabetes prevention and management.

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=home>

Directory of Diabetes Resources

http://diabetes.niddk.nih.gov/resources/Directory_Diabetes_Orgs_508.pdf

Glucose Tracker

http://www.heart.org/idc/groups/heartpublic/@wcm/@hcm/documents/downloadable/ucm_307472.pdf

Healthy People 2020 Topics & Objectives: Diabetes

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=8>

International Diabetes Federation

<http://www.idf.org/>

Racial and Ethnic Approaches to Community Health (REACH)

<http://www.cdc.gov/reach/>

REACH Communities

<http://www.cdc.gov/reach/communities/index.htm>

Take Charge of Your Diabetes Booklet

<http://www.cdc.gov/diabetes/pubs/pdf/tcyd.pdf>

Take the Family Health History Quiz to determine your risk for diabetes

<http://ndep.nih.gov/am-i-at-risk/family-history/index.aspx?redirect=true#main>

Tools for Special Populations*African Americans*

Choose to live: A Heart to Heart Discussion is a workshop designed to educate African Americans about the risks associated with cardiovascular disease and diabetes.

<http://www.diabetes.org/in-my-community/programs/african-american-programs/choose-to-live.html>

Diabetes Complication Series are community based educational modules that discuss nerve damage and kidney damage, targeting the African American population.

<http://www.diabetes.org/in-my-community/programs/african-american-programs/diabetes-complication-series.html>

Diabetes Epidemic Among African Americans

http://ndep.nih.gov/media/fs_africanam.pdf

Project Power is a faith-based program targeting the African American community.

<http://www.diabetes.org/in-my-community/programs/african-american-programs/project-power.html>

American Indians/Alaska Natives

Awakening the Spirit: Pathways to Diabetes Prevention & Control shares important messages about diabetes for Native American populations.

<http://www.diabetes.org/in-my-community/programs/native-american-programs/awakening-the-spirit.html>

Chickasaw Nation Diabetes Care Center

http://www.chickasaw.net/services/index_2380.htm

Diabetes Epidemic Among American Indians and Alaska Natives

http://ndep.nih.gov/media/fs_amindian.pdf

Honoring the Gift of Heart Health: A Heart Health Educator's Manual for American Indians

http://www.nhlbi.nih.gov/health/prof/heart/other/aian_manual/amer_indian.htm

Hualapai Healthy Heart Program is an SDPI funded demonstration project designed to reduce cardiovascular disease, the most compelling complication of diabetes among their participants. They have engaged their greater community in a variety of successful advocacy efforts having a local, regional and national impact.

<http://hualapai-nsn.gov/services/hualapai-health-department/healthy-heart/>

Native American Rehabilitation Association of the Northwest, INC. offers diabetes programs for American Indians, Alaska Natives, and other vulnerable populations.

http://www.naranorthwest.org/homepage_files/Page614.htm

Native Diabetes Wellness Program

<http://www.cdc.gov/diabetes/projects/diabetes-wellness.htm>

Tools for Healthy Tribes is a policy toolkit that provides technical assistance and tools on areas identified with the most potential to facilitate tribally-led ways within the participating tribes to improve access to healthy, affordable foods.

<http://www.ihs.gov/healthyweight/documents/Tools4HealthyTribes.pdf>

Hispanic/Latinos

Diabetes and Latinos (English and Spanish versions)

<http://www.diabetes.org/assets/pdfs/portufamiliaonesheetbilingual.pdf>

Diabetes Epidemic Among Hispanics/Latinos

http://ndep.nih.gov/media/fs_hispaniclatino_eng.pdf

Por tu Familia is a Latino health campaign encouraging healthy choices, learning more about diabetes, and provides fun and informative workshops and activities.

<http://www.diabetes.org/in-my-community/programs/latino-programs/por-tu-familia.html>

Other

Diabetes Epidemic Among Asian Americans and Pacific Islanders

http://ndep.nih.gov/media/fs_asianam.pdf

Diabetes Epidemic Among Older Adults

http://ndep.nih.gov/media/fs_olderadult.pdf

Community Programs for Asian Americans, Native Hawaiians, and Pacific Islanders

<http://www.diabetes.org/in-my-community/programs/aanhpi/>

Tips for Teens with Diabetes

http://www.diabeteseducator.org/DiabetesEducation/Patient_Resources/AADE_NDEP_Resources.html

Literature, Reports & Research

Avoiding High-Risk Behaviors: Smoking Prevention and Cessation in Diabetes Care

<http://spectrum.diabetesjournals.org/content/15/3/164.full.pdf+html>

A Brief Culturally Tailored Intervention for Puerto Ricans With Type 2 Diabetes

Health Education Behavior:

<http://heb.sagepub.com/content/37/6/849.full.pdf+html>

Disparities in Diabetes Care Between Smokers and Nonsmokers

<http://care.diabetesjournals.org/content/30/7/1883.full.pdf+html>

The Impact of a Community-Based Chronic Disease Prevention Initiative: Evaluation Findings From Steps to Health King County

Health Education Behavior:

<http://heb.sagepub.com/content/38/3/222.full.pdf+html>

Improving Diabetes Care and Health Measures Among Hispanics Using Community Health Workers: Results From a Randomized Controlled Trial

Health Education Behavior:

<http://heb.sagepub.com/content/36/1/113.full.pdf+html>

The Internet Diabetes Self-Management Workshop for American Indians and Alaska Natives

Health Promotion Practice:

<http://hpp.sagepub.com/content/12/2/261.full.pdf+html>

Methods for the Cultural Adaptation of a Diabetes Lifestyle Intervention for Latinas: An Illustrative Project

Health Promotion Practice:

<http://hpp.sagepub.com/content/12/3/341>

Mexican Americans With Type 2 Diabetes in an Emerging Latino Community: Evaluation of Health Disparity Factors and Interventions

<http://hhc.sagepub.com/content/22/7/470.full.pdf+html>

National Agenda for Public Health Action: A National Public Health Initiative on Diabetes and Women's Health

<http://www.cdc.gov/diabetes/pubs/action/index.htm>

National Standards for Diabetes Self Management Education

http://www.diabeteseducator.org/export/sites/aade/resources/pdf/accred/2007national_standards_for_dsme.pdf

A Randomized Trial About Glycemic Index and Glycemic Load Improves Outcomes Among Adults With Type 2 Diabetes

Health Education Behavior:

<http://heb.sagepub.com/content/36/3/615.full.pdf+html>

Smoking and Diabetes: Helping Patients Quit

<http://care.diabetesjournals.org/content/30/7/1883.full.pdf+html>

Translating Efficacious Behavioral Principles for Diabetes Prevention Into Practice

Health Promotion Practice:

<http://hpp.sagepub.com/content/10/1/58>

Diabetes Listservs

Women and Diabetes Listserv

<http://www.cdc.gov/diabetes/projects/listserv.htm>

This list is open to professionals with an interest in diabetes and women's health. This list provides a mechanism for subscribers to share ideas among colleagues, improve communication on this topic, increase collaboration and partnerships, and disseminate information.

Joslin Diabetes Center Online Newsletter

https://www.joslin.org/joslin_newsletters.html

Subscribers can keep in touch with the world's premier source of information on diabetes education, diabetes care and diabetes research.

Food and Drug Administration (FDA) Updates

https://public.govdelivery.com/accounts/USFDA/subscriber/new?topic_id=USFDA_232

This list delivers updates on safety and regulatory issues related to diabetes.

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/media/subtopic/health.htm>

Choose the notifications and publications you subscribe to and receive. The CDC offers breaking health news, credentialed journals, MMWR summaries and other CDC notifications.

Juvenile Diabetes Research Foundation (JDRF)

<http://countdown.jdrf.org/>

Subscribe to the JDRF newsletter to stay up to date with news about JDRF's progress toward better treatments and a cure for type 1 diabetes.

American Diabetes Association (ADA)

http://main.diabetes.org/site/PageServer?pagename=EM_signup&loc=DropDownNR-ENEWS

Sign up for free diabetes eNewsletters to stay updated on diabetes news, book information and ways to get involved.

National Certification Board for Diabetes Educators (NCDBE)

<https://www.facebook.com/CertifiedDiabetesEducators>

Connect with NCDBE on facebook to learn about upcoming events, programs, and other related CDE news and information.

Glossary

A1C Test- a test that measures a person's average blood glucose level over the past 2 to 3 months. Hemoglobin is the part of a red blood cell that carries oxygen to the cells and sometimes joins with the glucose in the bloodstream. Also called hemoglobin A1C or glycosylated hemoglobin, the test shows the amount of glucose that sticks to the red blood cell, which is proportional to the amount of glucose in the blood. Results are given as a percentage or as an average glucose value, called an estimated average glucose.⁷

Acanthosis nigricans- a skin condition characterized by darkened skin patches; common in people whose body is not responding correctly to the insulin that they make in their pancreas, a condition called insulin resistance.⁷

Beta cells- a type of cell that makes insulin located within clusters of cells (islets of Langerhans) in the pancreas.⁸

Blood Glucose- the main sugar found in the blood and the body's main source of energy.⁷

Body Mass Index (BMI)- a method of determining by the relationship between height and weight whether or not a person is obese, overweight, underweight or of normal weight.⁷

Diabetes (or diabetes mellitus)- a disease in which blood glucose levels are above normal. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should.²

Diabetes Educator- a health care professional who teaches people who have diabetes how to manage their condition. Some diabetes educators are certified diabetes educators (CDEs). Diabetes educators are found in hospitals, physician offices, managed care organizations, home health care, and other settings.⁷

Diabetic- a politically incorrect term used to refer to people diagnosed with diabetes.

Endocrine gland- a group of specialized cells that release hormones into the blood.⁷

Fasting Blood Glucose test- a blood test in which a sample of your blood is drawn after an overnight fast to measure the amount of glucose in your blood.⁶

Gestational diabetes- a common complication of pregnancy that can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section.⁵

Glycemic Index- a ranking of carbohydrate-containing foods, based on the food's effect on blood glucose compared with a standard reference food.⁷

Hypoglycemic- also called low blood glucose, a condition that occurs when one's blood glucose is lower than normal, usually below 70 mg/dL. Signs include hunger, nervousness, shakiness, perspiration, dizziness or light-headedness, sleepiness, and confusion. If left untreated, hypoglycemia may lead to unconsciousness. Hypoglycemia is treated by consuming a carbohydrate-rich food such as glucose tablets or juice. Hypoglycemia may also be treated with an injection of glucagon if the person is unconscious or unable to swallow. Also called an insulin reaction.⁷

Hyperglycemic- higher than normal blood glucose. Fasting hyperglycemia is blood glucose above a desirable level after a person has fasted for at least 8 hours. Postprandial hyperglycemia is blood glucose above a desirable level 1 to 2 hours after a person has eaten.⁷

Insulin- a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells.⁵

Juvenile diabetes- former term for insulin-dependent diabetes mellitus (IDDM), or type 1 diabetes.⁷

Ketone- acids that build up in the blood and appear in the urine when your body does not have enough insulin.¹

Neuropathy- disease of the nervous system. The three major forms in people with diabetes are peripheral neuropathy, autonomic neuropathy, and mononeuropathy. The most common form is peripheral neuropathy, which affects the legs and feet.⁷

Pancreas- an organ that makes insulin and enzymes for digestion. The pancreas is located behind the lower part of the stomach and is about the size of a hand.⁷

Prediabetes- a condition in which individuals have blood glucose or A1C levels higher than normal but not high enough to be classified as diabetes.³

Self-Management Education or training- focuses on self-care behaviors, such as healthy eating, being active, and monitoring blood sugar. It is a collaborative process in which diabetes educators help people with or at risk for diabetes gain the knowledge and problem-solving and coping skills needed to successfully self-manage the disease and its related conditions.³

Type 1- usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1, the body does not produce insulin. Type 1 accounts for 5% of diabetes cases.¹

Type 2- either the body does not produce enough insulin or the cells ignore the insulin.¹

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⁸National Diabetes Information Clearinghouse (NDIC). National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). (2011). Pancreatic Islet Transplantation. Retrieved from <http://diabetes.niddk.nih.gov/dm/pubs/pancreaticislet/>

Evaluation

Please fill out the following evaluation form and mail to:

**SOPHE
ATTN: National Diabetes Month Toolkit 2012**

**10 G Street, NE, Suite 605
Washington, DC 20002**

Or

You may complete the evaluation online at:
<http://www.surveymonkey.com/s/DiabetesToolkit>

Please send your completed evaluation form to:

SOPHE

ATTN: National Diabetes Month Toolkit 2012

10 G Street, NE, Suite 605

Washington, DC 20002

SOPHE would like to know how you celebrated National Diabetes Month 2012.

Did you use the National Diabetes Month Toolkit 2012? ____Yes ____No

Did you conduct resources in the Diabetes Toolkit during the month of November 2012? ____Yes ____No

Did you celebrate National Diabetes Month? ____Yes ____No

Please check your target audiences (Check all that apply.)

____ Colleges/Universities	____ Schools (other):	____ Ethnic/racial groups
____ Parents/Caregivers	____ SOPHE members	____ Health care settings
____ Local businesses	____ Community agencies	____ Employees
____ Senior Citizens	____ Employers	
____ Local health experts	____ Youth	
____ Other (please describe):		

Please check your community partner (s) (Check all that apply.)

____ Schools	____ Colleges/Universities	____ Parents/Caregivers
____ Community agencies	____ SOPHE Chapters	____ Health care industry
____ Local businesses	____ Other (please describe):	
____ I did not collaborate with a community partner.		

How many individuals did your program activities

... plan to reach? _____

... actually reach? _____

Which activity/activities did you use to celebrate National Diabetes Month 2012? (Check all that apply.)

____ Classroom lessons(K-12)

____ Health fair

____ Worked with the media

____ Display booth

____ Newspaper/newsletter article

____ Community event

____ Radio/Television appearance

____ Adapted an evidence-based program

____ Speak /Present at an event

____ Other (please describe):

____ Outreach to College Students

____ Social media campaign/outreach

____ Outreach to Parents

Circle the number that best represents your answer to the following questions.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The goals of my National Diabetes Month celebration were met.	1	2	3	4	5
I plan to celebrate National Diabetes Month next year.	1	2	3	4	5
SOPHE's <i>National Diabetes Month Tool Kit</i> was useful to my planning.	1	2	3	4	5
I plan to use SOPHE materials to plan other programs.	1	2	3	4	5
Diabetes was a relevant theme for this year's awareness month.	1	2	3	4	5

What were your greatest strengths in planning and implementing your celebration?

- ☐ Strong interest from the community
- ☐ Past experience in campaign planning
- ☐ Strong interest from organization
- ☐ Theme relevant to organization's goals
- ☐ Available resources (please describe):
- ☐ Other (please describe):

What were your greatest obstacles in planning and implementing your celebration?

- ☐ Lack of interest from the community
- ☐ Lack of experience in campaign planning
- ☐ Lack of interest from the organization
- ☐ Theme not relevant to the organization's goals
- ☐ Lack of resources (please describe):
- ☐ Other (please describe):

In what setting (s) do you work? *(Check all that apply.)*

- | | | |
|--|---|---|
| <input type="checkbox"/> College/University | <input type="checkbox"/> Health Department | <input type="checkbox"/> SOPHE Chapter |
| <input type="checkbox"/> Health care setting | <input type="checkbox"/> Community agencies | <input type="checkbox"/> Local business |
| <input type="checkbox"/> School | <input type="checkbox"/> Other (please describe): _____ | |

What is your profession? _____

Please describe your community: ☐ Urban ☐ Suburban ☐ Rural

What was the most useful part of the National Diabetes Month 2012 Toolkit/Resource Guide? (If used.)

What was the least useful part of the National Diabetes Month 2012 Toolkit/Resource Guide? (If used.)

Please use the space below to share any additional comments or suggestions related to National Diabetes Month 2012.