Overview of the NC Diabetes Prevention and Management Guide

North Carolina Diabetes Advisory Council

Ronny Bell, Ph.D., MS, Chair
Jan Nicollerat, MSN, RN, ACNS-BC, CDE, Vice Chair
A SNAPSHOT

DIABETES IN THE UNITED STATES

DIABETES

29.1 MILLION

29.1 million people have diabetes

That's about 1 out of every 11 people

1 OUT OF 4 do not know they have diabetes

PREDIABETES

86 MILLION

86 million people — more than 1 out of 3 adults — have prediabetes

9 OUT OF 10 do not know they have prediabetes

1,030,000 in North Carolina

2,500,000 in North Carolina
Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults Aged 18 Years or Older

**Obesity (BMI ≥30 kg/m^2)**

- **1994**
- **2000**
- **2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;14.0%</th>
<th>14.0%–17.9%</th>
<th>18.0%–21.9%</th>
<th>22.0%–25.9%</th>
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<td>2010</td>
<td>No Data</td>
<td>No Data</td>
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Diabetes

- **1994**
- **2000**
- **2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;4.5%</th>
<th>4.5%–5.9%</th>
<th>6.0%–7.4%</th>
<th>7.5%–8.9%</th>
<th>&gt;9.0%</th>
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<td>1994</td>
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<td>2010</td>
<td>No Data</td>
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North Carolina: Percentage of Adults (aged 18 years or older) with Diagnosed Diabetes, 1994-2010

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Racial and ethnic differences in diagnosed diabetes among people aged 20 years or older, United States, 2010–2012

Age-adjusted* percentage of people aged 20 years or older with diagnosed diabetes, by race/ethnicity, United States, 2010–2012

- Non-Hispanic whites: 7.6%
- Asian Americans: 9.0%
- Hispanics: 12.8%
- Non-Hispanic blacks: 13.2%
- American Indians/Alaska Natives: 15.9%

*Based on the 2000 U.S. standard population.
COST

$245 BILLION
Total medical costs and lost work and wages for people with diagnosed diabetes

Risk of death for adults with diabetes is 50% HIGHER than for adults without diabetes

Medical costs for people with diabetes are twice as high as for people without diabetes

7th Leading Cause of Death
Complications of Diabetes

- Brain (stroke, TIA)
- Eye (blindness)
- Heart (angina, heart attack)
- Kidney disease
- High blood pressure
- Male organ (erectile dysfunction)
- Loss of legs or feet
- Peripheral neuropathy (nerve disease)
New Diabetes Cases Among Americans Drop for First Time in Decades: CDC
But another report shows U.S. has more cases than 37 other developed nations

By Robert Preidt
Tuesday, December 1, 2015

TUESDAY, Dec. 1, 2015 (HealthDay News) -- In a sign that Americans may finally be turning the corner in the fight against diabetes -- and possibly obesity -- federal health statistics released Tuesday show that the number of new cases of diabetes has dropped for the first time in decades.

The decline wasn’t sudden or dramatic. But, the number of new diabetes cases went from 1.7 million in 2009 to 1.4 million in 2014, according to the U.S. Centers for Disease Control and Prevention.

"It seems pretty clear that incidence rates have now actually started to drop. Initially it was a little surprising because I had become so used to seeing increases everywhere we looked," CDC researcher Edward Gregg told The New York Times.

The proportion of Americans with diabetes is still twice what it was in the early 1990s. And not every racial group has made strides against the blood sugar disease, which is often triggered by obesity and lack of exercise.

Also, another report released Tuesday at the World Diabetes Congress in Vancouver, Canada, shows that the United States still has the highest diabetes rate among 38 developed nations.

However, the CDC report offers some encouraging indications that Americans may finally be adopting healthier lifestyles.

For example, fewer whites are now being diagnosed with diabetes -- typically type 2 diabetes, by far the most common form of the disease. But, blacks and Hispanics haven’t seen significant declines in diagnoses even though a downward trend is starting to emerge, the CDC report showed.

Educated Americans also have seen improvements in diabetes diagnoses, while the less educated are not seeing much improvement.
Where we have been......

• The Diabetes Prevention and Control Branch:
  – Initially funded by CDC 1981
  – Merged with Project DIRECT in 2000
  – Had approximately 8 FTE’s

• The Diabetes Advisory Council:
  – Started in Northeastern North Carolina in 1984
  – Appointed by the State Health Director
  – Included 35 members
Key DAC Leadership

• Joe Konen MD- Chair
• Betty Lamb
• John Bowdish
• Janet Reaves
• Myrna Miller Wellons – Vice Chair
• John Buse MD
The Original Goals of the Diabetes Prevention and Control Branch

- Prevent the complications of diabetes
- Prevent diabetes
- Eliminate diabetes-related health disparities
Previous Partnership Success

- Insurance coverage of diabetes testing supplies and self management education (HB 5 - 1997)
- One of the first states to pass legislation requiring care for school children with diabetes
- Developed and distributed Patterns of Care Guidelines to hundreds of providers across the state
- Developed diabetes self management curriculum before standard ADA and AADE DSME curriculums existed
- Implemented one of the largest and longest running participatory based research programs in the U.S.
School Policy

• **S.L. 2002-003**
  - One of the first State’s to pass a law protecting children with diabetes in school
  - Through public-private partnerships over 400 school personnel have been trained in curriculum

• **S.L. 2009-563**
  - Requires annual compliance reporting
  - In 2010 all public non-charter schools reported and half of charter schools
  - In 2011 100% of charter and non-charter public schools reported
Other Policy Activities

• Blue Cross and Blue Shield of North Carolina
  – Unlimited visits to the RD for some people with diabetes
  – Allowed Registered Dieticians to become credentialed providers
  – Reimbursement for Diabetes Self Management Education and Medical Nutrition Therapy

• N.C. Medicaid
  – Contract evaluation for diabetes testing supplies
  – Consideration of eliminating prior approval for Medical Nutrition Therapy and expanding service

• National
  – *Fix the oversight of the Balanced Budget Act of 1997 which excluded CDEs as Medicare providers of DSMT- still not resolved in 2015*
The "Access to Quality Diabetes Education Acts," Amends title XVIII (Medicare) of the Social Security Act to:

- Designate Certified Diabetes Educators (CDE) as Medicare-approved providers of Diabetes Self-Management Training (DSMT) services.
- Permit DSMT to be provided to patients via telehealth by a CDE.

Cost:

- The bill was scored by both the Congressional Budget Office (CBO) and the Centers for Medicare and Medicaid Service (CMS) as having a little to no impact on the federal budget.
- Another study found that enactment of the bill would actually save the Medicare program $2 billion over 10 years.
- A 3-year retroactive claims analysis showed an average Medicare cost savings per month/per patient of $135 for those beneficiaries who complete DSMT. Inpatient hospital cost savings were higher, $160/ per month/per patient.
Eat Smart- Move More- Weigh Less for Diabetes

- Partnership with Physical Activity and Nutrition Branch
- Pilot Project 8/1/11-12/1/11
- Bladen, Columbus, Hoke, Surry Counties
- Average attendance = 16
- Total pounds lost = 769
Kidney Initiative (10/11-10/13)

• N.C. was one of 5 states to receive a national grant to work on diabetic kidney disease
• Partnership with N.C. Community Health Center Association and UNC Kidney Center
• Quality Improvement around diagnosing diabetic kidney disease and referral to diabetes self management education and improved clinical care
Confronting the Diabetes Epidemic

The policy forum of this issue reviews activities to prevent and control diabetes in North Carolina. Topics considered include the epidemiologic characteristics of the diabetes burden, the role of community health workers in diabetes education and care, and the influence of federal and state policies on programs and services for individuals with or at risk for diabetes. Original articles in the issue complement the policy forum by looking at characteristics associated with glycemic control, diabetes care provided by school nurses, a program to increase retinal screening among diabetic individuals, and diabetes prevention and control services in North Carolina health departments. Elsewhere in the issue, experts review allied health's contributions to health reform in North Carolina. [TABLE OF CONTENTS] [FULL ISSUE (pdf)]
Statewide Plan for Diabetes Prevention and Control

Table of Contents

Chapter 1: The Burden of Diabetes
  Overview ........................................................................................................... 4
  Diabetes Disparities ......................................................................................... 5
  Children and Diabetes in North Carolina ......................................................... 5
  Diabetes Mortality ............................................................................................ 8
  Diabetes Risk Factors ....................................................................................... 9
  Diabetes Complications .................................................................................. 9
  Preventive Care Practices ............................................................................. 11
  Diabetes Cost ................................................................................................... 12

Chapter 2: Diabetes Prevention and Management Efforts in North Carolina
  Leadership and Partnerships .......................................................................... 11

Chapter 3: Diabetes Prevention and Management Strategies
  Developing the Plan .......................................................................................... 15
  Evidence and Best Practices ......................................................................... 15
  Strategy Framework ....................................................................................... 16
  Strategic Priorities ......................................................................................... 18

Chapter 4: Evaluation
  Logic Model .................................................................................................... 23
  Process Evaluation ......................................................................................... 24
  Outcome Monitoring ...................................................................................... 24

Chapter 5: Planning to Action: Building on Past Success
  Logic Model .................................................................................................... 23
  Process Evaluation ......................................................................................... 24

Attachments
  Outcome Monitoring Indicators .................................................................... 23
  Diabetes Strategic Planning Meeting Participants, March 18–19, 2010 ............. 26

North Carolina Diabetes Advisory Council
Partnerships Make the Difference
Changes over the past 3 years

- Decrease in all funding for diabetes
- Changes in CDC goals/objectives/initiatives
- Reorganization and Integration of chronic disease branches (Diabetes, Heart, Cancer, Tobacco, Health Promotion, etc.) into one: Community and Clinical Connections for Promotion of Health Branch (CCCHP)

- Expansion of DERP program
- Focus on diabetes to include DPP, prediabetes, prevention and management of complications per CDC initiatives
- Collaboration with community stakeholders to bring this to fruition
- Development of NC Diabetes Action Plan and Guidelines

North Carolina Diabetes Advisory Council
The Diabetes Advisory Council (DAC) is an advocacy group working to reduce the burden of diabetes through coordination among stakeholders in diabetes prevention and management in North Carolina.

Core Responsibilities include:

- Emphasize screening and prevention, early detection, treatment and self-management training for diabetes prevention and control as a health priority for all North Carolinians.
- Use clinical advancements, data and technology to provide scientific credibility and public validity for new service priority areas and interventions.
- Foster interagency collaboration and networking for identification, utilization and expansion of resources for diabetes prevention and control services.
- Evaluate, present and propose strategies for the prevention and control of diabetes in North Carolina in terms of assessed need, estimated costs, potential benefits and probability of success of each strategy.

**2015 Meeting Times:**

- February 6, 2015
- June 12, 2015
- October 2, 2015

**Staff Contact:**

April Reese, Health Systems Unit Manager
April.Reese@dhhs.nc.gov
Guide Development
The Guide is a collaboration of the Division of Public Health and the Diabetes Advisory Council.
### Timeline for Development of the Diabetes Action Plan and Guide

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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<tbody>
<tr>
<td>2011/2012</td>
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</table>
  - NC Diabetes Strategic Plan  
  - Highlight the social determinants of health and looks for whole person solutions  
  - Coordination across disease states and risk factors like obesity and tobacco use  
  - Promoting physical activity in planning and particularly walking  
  - Encourage use of community health workers to prevent and manage diabetes  
  - Promote quality clinical guidelines like diabetes screening and education recommendations |
| 2013 |  
  - NC Coordinated Chronic Disease and Injury Prevention State Plan  
  - Expand access to and increase coordination for screening and clinical preventive services for all North Carolinians  
  - Provide individuals with the tools and knowledge they need to manage their health condition(s)  
  - Maintain or improve quality of life and build community capacity to provide prevention and self-management programs for chronic diseases. |
| 2014 |  
  - Multiple Events and documents by Partners  
  - Increase the number of CDC recognized lifestyle change programs  
  - Increase the number of people who are aware that they have pre-diabetes  
  - Increase access to diabetes and pre-diabetes education for the underserved population  
  - Provide third party reimbursement for DPP  
  - Provide technical assistance for billing DSME  
  - Extend pregnancy Medicaid to allow for A1c post-pregnancy diabetes testing |
| 2015 |  
  - NC Legislatively Required Diabetes Action Plan  
  - Third party reimbursement for DPP  
  - Gestational diabetes follow-up |
| 2015/2016 |  
  - NC Guide to Diabetes Prevention and Management  
  - Six core principles of diabetes prevention: increased physical activity, weight management, smoking cessation, individual and group education, quality healthcare and medication adherence  
  - Activities for Communities, Employers, Healthcare Providers  
  - Sorted by Primary Prevention, Diabetes Prevention and Prevention of Diabetes Complications |

To provide specific strategies for community groups, employers and healthcare providers to help people manage their risk for developing diabetes, gain and maintain control of diabetes as well as reducing risks for related complications.

• To provide specific strategies for community groups, employers and healthcare providers to help people manage their risk for developing diabetes

• To gain and maintain control of diabetes

• To reduce risks for diabetes related complications

• To develop, design, implement & advocate for policy changes as needed to reduce the burden of diabetes in North Carolina
Socioecological Model of Health
## Socioecological Model of Health: Evidence-Based Strategies—Community

<table>
<thead>
<tr>
<th>Diabetes Primary Prevention</th>
<th>Diabetes Prevention for People at High Risk</th>
<th>Diabetes Management and Prevention of Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incent the building of supermarkets in low-income food deserts.</td>
<td>Work with health care providers or state agencies to train your Community Health Workers to screen for diabetes and refer to appropriate care</td>
<td>Offer support groups for people who have diabetes and their caregivers</td>
</tr>
</tbody>
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North Carolina Diabetes Advisory Council
## Socioecological Model of Health: Evidence-Based Strategies—Healthcare

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Advocate for walkable communities</td>
<td>Point of care testing</td>
<td>Develop standing orders for diabetes screening</td>
</tr>
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</table>
## Socioecological Model of Health: Evidence-Based Strategies—Worksites

<table>
<thead>
<tr>
<th></th>
<th>Diabetes Primary Prevention</th>
<th>Diabetes Prevention for People at High Risk</th>
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</thead>
<tbody>
<tr>
<td><strong>Establish at least 10 consecutive hours per day of protected time off-duty to allow workers to obtain no fewer than 7-8 hours of sleep.</strong></td>
<td><strong>Offer DPP as a covered benefit</strong></td>
<td><strong>Premium reductions for medication adherence or well-controlled diabetes</strong></td>
<td></td>
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</table>

North Carolina Diabetes Advisory Council
### Primary Prevention of Diabetes

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Increase the number of organizations that support diabetes primary prevention by 2020</td>
</tr>
<tr>
<td>2.</td>
<td>Increase the number of legislative/regulatory policies that support diabetes primary prevention strategies by 2020</td>
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Socioecological Model of Health: Measurement
## Diabetes Prevention for Those at High Risk

<table>
<thead>
<tr>
<th>Goal</th>
<th>Target</th>
<th>Source</th>
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<tbody>
<tr>
<td>Increase the number of people who know that they have prediabetes</td>
<td>from 644,000 to 967,000 by 2020.</td>
<td>(source: BRFSS and population data estimates for North Carolina from State Center for Health Statistics)</td>
</tr>
<tr>
<td>Increase the number of people in North Carolina who enroll in a</td>
<td>from 740 (in July 2015) to 5,000 by 2020.</td>
<td>(source: CDC DPRP State Level report)</td>
</tr>
<tr>
<td>diabetes prevention program that is recognized by the CDC</td>
<td></td>
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</tr>
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</table>
## Diabetes Management and Prevention of Complications

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of people in North Carolina with type 2 diabetes who have taken a diabetes class from 484,000 to 533,000.</td>
<td>(source: BRFSS and population data estimates for North Carolina from State Center for Health Statistics)</td>
<td></td>
</tr>
<tr>
<td>Increase the number of people in North Carolina with type 2 diabetes who enroll in a recognized Diabetes Self Management Program from 36,000 to 50,000 by 2020.</td>
<td>(source: CDC report)</td>
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</table>
FIGURE 2:
Lifetime Risk Management for Developing and Controlling Type 2 Diabetes

The risk of developing diabetes increases with age.

Genetics

Some people are born with increased risk for developing diabetes.
Non-modifiable risk factors include:
- Race/ethnicity
- Parent or sibling with diabetes
- Mother who had gestational diabetes

To manage these risks, share your personal and family history of diabetes with your health care team.

Modifiable Risk Factors for Diabetes

Everyone can lower their risk of developing diabetes by:
- Maintaining a healthy weight
- Eating healthy
- Engaging in physical activity
- Living tobacco free
- Getting adequate sleep

Pre-diabetes (A1c=5.7-6.4)

Once blood sugar increases to the range shown above, diabetes can still be prevented or delayed by:
- Maintaining a healthy weight
- Eating healthy
- Engaging in physical activity
- Living tobacco free
- Getting adequate sleep
- Participating in group education to prevent diabetes

Diabetes prevention for people at high risk

Diabetes management and prevention of complications

Diabetes (A1c≥6.5)

Once blood sugar increases to the level shown above, diabetes needs to be managed and complications prevented by:
- Maintaining a healthy weight
- Eating healthy
- Engaging in physical activity
- Living tobacco free
- Getting adequate sleep
- Participating in individual and/or group education to manage diabetes
- Adhering to personalized diabetes treatment plans

To manage and prevent diabetes complications, work with your health care team to protect your:
- Brain or cognition
- Ears
- Emotions/mental health
- Eyes
- Feet
- Heart
- Kidneys
- Nerves
- Skin
- Teeth and gums

DAC
North Carolina Diabetes Advisory Council
Community & Clinical Connections for Prevention & Health Branch
NORTH CAROLINA DIVISION OF PUBLIC HEALTH

TYPE 2 DIABETES
IN NORTH CAROLINA

Fact Sheet

What is diabetes?
• Diabetes is a group of diseases marked by high levels of blood glucose (sugar) resulting from defects in the production or action of insulin, a hormone that regulates blood glucose levels.
• Diabetes can lead to serious complications and premature death, but people with diabetes, working together with their support network and their health care providers, can take steps to control the disease and lower the risk of complications.
• Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes in adults.

How many people have diabetes?
• Diabetes is the seventh leading cause of death in both the United States and North Carolina. In 2012, diabetes was the primary cause for 2,401 deaths (almost 3% of all deaths) and a contributing cause to many more deaths in North Carolina.
• An estimated 25.8 million adults in the United States have diabetes, and of these, over a quarter (7 million individuals) do not know that they have the disease. In North Carolina, almost 750,000 adults report having been diagnosed with diabetes by a health professional. Assuming that national rates also apply to North Carolina, then up to an additional 280,000 North Carolinians may have diabetes but are unaware of their condition.

Figure 1. Prevalence of modifiable risk factors for diabetes, North Carolina, 2011-2012

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Prevalence</th>
</tr>
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<tbody>
<tr>
<td>Fruit, vegetables, or beans (less than 5 servings a day)</td>
<td>86.3%</td>
</tr>
<tr>
<td>Overweight or Obese</td>
<td>66.8%</td>
</tr>
<tr>
<td>Did not meet aerobic PA recommendations</td>
<td>53.2%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>38.9%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>32.4%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>20.9%</td>
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</table>


• In North Carolina, less than three out of every five adults (58.6%) without a known diagnosis of diabetes have had a blood sugar test within the past three years.

What are the treatment options for diabetes?
Figure 2. Diabetes prevalence and location of diabetes self-management programs in North Carolina

Diabetes Self-Management Program Sites
- American Association of Diabetes Education (AADE) (17)
- American Diabetes Association (ADA) (117)
- Diabetes Education Recognition Program (DERP) (83)
- Standardized Diabetes Self-Management Program (SDSMP)

MD: Insurers reimburse for Diabetes Self-Management Education that is recognized by the American Association of Diabetes Education (AADE) and the American Diabetes Association (ADA). In North Carolina, many diabetes self-management education sites that are recognized by the American Diabetes Association are associated with a statistical partnership known as the Diabetes Education Recognition Program (DERP). The Stanford Program (Diabetes Self-Management Program) and the Chronic Disease Self-Management Program is an evidence-based strategy for self-management Education that may be reimbursed in some circumstances, but not in North Carolina at this time.


REFERENCES

Community & Clinical CONNECTIONS

This fact sheet was produced by the Epidemiology Evaluation and Surveillance Unit, Community and Clinical Connections for Prevention and Health Branch, Chronic Disease and Injury Section, Division of Public Health, NC Department of Health and Human Services. If you have any questions about data used in this fact sheet or about diabetes prevention and control...
DPP Programs in NC 2012

Diabetes Prevention Programs in North Carolina

Prediabetes Prevalence, 2012
Percentage
- 5.0 - 6.0%
- 7.0 - 7.5%
- 7.6 - 8.4%
- 8.5 - 8.9%
- 9.0 - 10.9%

Map showing the distribution of diabetes prevention programs across North Carolina.
North Carolina's Race to Quit:

Far from the Finish Line.

- 1 in 5 (20.2%) of adults are smokers.
- 13% of high school students smoke.
- Smoking kills 14,200 North Carolinians every year.
- Annual health care costs of $3.8 billion.

How can you win your race to a smoke-free life?

Support is there to help you quit.

- Call Quitline NC (1-800-QUIT-NOW) to talk to a quit coach, or visit www.quitlinenc.com.
- Visit the Race to Quit, NC website: www.ncallianceforhealth.org/race-to-quit-nc to connect with resources from over 50 health care leaders.

- Just 4-7% are able to quit smoking without medicines or other help.
- 83% of North Carolinians have insurance that covers treatments to help them quit.

Talk to your health care provider and find a quit method that works for you.
DAC is a Race to Quit Partner
Step Out: Walk to Stop Diabetes

Step Out takes place in 95 cities nationwide. With more than 100,000 walkers who are walking for so many, there are so many stories, and so many who have been touched by diabetes.

Raleigh, NC….November 7, 2015
Dorothea Dix Campus
YMCA Partners: DPP programs

86 million have prediabetes
Only about 9 million are aware of it

Source: Centers for Disease Control and Prevention (2014)
ymca.net/diabetes

American Diabetes Association
American Heart Association
AMA
NACCHO
ncoa
NCLR
North Carolina Diabetes Advisory Council
Press Release and Rollout
Coming: November 30, 2015!
Tips for talking with the press about diabetes
How to Promote the Guide

- **Share** copies and information about the Guide with partners who may not be aware of the Guide and how their work aligns with the Guide

- **Link** to the Guide on your organization’s website

- **Send** out a press release about the Guide

- **Include** information about the Guide in newsletters

- **Use** social media to share the Guide
Tracking Successes—Online

Diabetes NORTH CAROLINA

This site is a tool for North Carolina citizens and providers to reduce the impact of diabetes through leadership, education, communication and community involvement. Its vision is to achieve a healthier and more productive state by reducing the number of North Carolinians who develop diabetes by targeting the risk factors for diabetes through community, clinical and institutional cooperation.

Diabetes Self-Management Education (DSME) Programs Affiliated with Local Public Health in North Carolina

News

- Community Guide News: Now Published! Task Force Says Diet + Physical Activity Programs Help People at Risk for Type 2 Diabetes
- Press Release: NC DHHS Provides Heat Tips for People with Diabetes
- Coordination of Diabetes Programs Bi-Annual Report
- The Alarming and Rising Costs of Diabetes and Prediabetes: A Call for Action!
- The Burden of Diabetes in North Carolina: Brief 2013
- Report Diabetes Strategic Plan 2011-2015

Contact: April Reese • 1913 MSC • Raleigh, NC 27699 • info@DiabetesNC.com
Tracking Successes—Where to share?

- Newsletters
- Print materials
- Social Media
- Presentations
- Conversations
Thank you!