



Closing the GAP

National Diabetes Education Program

By John West

Call the Office of Minority Health Resource Center at 1-800-444-6472 to receive a free National Diabetes Fact Sheet in English or Spanish from the Centers for Disease Control and Prevention. Or call to get a free Glaucoma Awareness Kit or Diabetic Eye Disease Kit from the National Eye Institute.

Today, more Americans than ever suffer from various forms of diabetes, and the resulting rates of death and serious complications—like adult blindness, kidney disease and foot or leg amputations—are especially high for racial and ethnic minority populations.

Yet knowledge can go a long way in helping to prevent such outcomes. People who monitor their blood sugar regularly and maintain it within recommended levels can add years to their lives and greatly improve its quality.

That's why the National Diabetes Education Program, or NDEP, is aggressively taking its first public message, "Control Your Diabetes. For Life," to minority communities.

Diabetes is the seventh leading cause of death in the United States. Of the almost 16 million people who have diabetes, one-third go undiagnosed because diabetes is generally asymptomatic until complications develop.

Diabetes is also one of the most expensive health problems in the U.S., costing \$98 billion a year or 13 percent of the total spent for U.S. health care, according to the November 1998 *National Diabetes Fact Sheet* from the Centers for Disease Control and Prevention (CDC). It is the leading cause of adult blindness and end-stage renal disease in the U.S. People with diabetes are five times more likely to have heart disease. It can also lead to many other health problems.

Started in 1997 as a public-private partnership, NDEP aims to improve the treatment and outcomes for people with diabetes. It is also designed to promote early diagnosis, and ultimately, to prevent the onset of diabetes.

NDEP is sponsored jointly by National Institute of Diabetes and Digestive and Kidney

Diseases (NIDDK), of the National Institutes of Health (NIH), and the CDC. "The CDC and NIH partnership has been a one-of-its-kind success story of two major federal agencies working very closely together to sponsor a national education initiative on diabetes," said Faye L. Wong, Associate Director for Diabetes Education, Division of Diabetes Translation, CDC and co-project director of NDEP.

According to Wong, both entities bring their collective strengths of expertise, resources and partners to the table. "Working together, we are blending our strengths and accomplishing more than we would have alone in sponsoring a program as complex and extensive as the NDEP," she added.

NDEP's goal is to reduce the illness and numbers of deaths associated with diabetes and its complications, and to raise the same awareness for diabetes that has been done for hyper-

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OFFICE OF PUBLIC HEALTH AND SCIENCE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Office of Minority Health Resource Center provides free information on various health issues affecting U.S. minorities including cancer, heart disease, violence, HIV/AIDS and diabetes. Call to learn about funding sources for minority health programs. *Closing the Gap* is a free monthly newsletter published by the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services. Send all correspondence to: Editor, *Closing the Gap*, OMH-RC, PO Box 37337, Washington, D.C. 20013-7337. Or call OMH-RC toll-free, 1-800-444-6472.

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tension and cholesterol in the past.

Since public awareness about diabetes was very low, the first goal of the NDEP was to inform patients with diabetes about the disease's complications. The message to the patient and general public was kept simple and stressed that diabetes is a serious, common, and costly disease, yet controllable.

Last June, NDEP launched its first awareness campaign, "Control Your Diabetes. For Life." The event and campaign messages received major coverage in national and local media outlets across the country. The goal of this ongoing awareness campaign is to encourage people with diabetes to manage their disease.

"People with diabetes benefit from getting consistent messages from multiple sources everywhere they go," Wong said. "Numerous partners are involved at every level of the NDEP and are delivering the NDEP messages locally, in communities, where people live and work," she added.

Wong also pointed out that minority organizations have been full partners of the NDEP from the very beginning of planning the program.

"We heard early on that many national programs are not successful because the people who know the minority populations the best were not actively engaged in identifying the needs, developing the messages, materials or strategies, or delivering the program," she said.

The NDEP has four minority work groups: Hispanic/Latino, African American, American Indian/Alaska Native, and Asian American/Pacific Islander.

These work groups have been deeply engaged in directing and developing the component of the NDEP unique for their respective populations.

The Hispanic/Latino component of the "Control Your Diabetes. For Life." campaign began in June 1998 and emphasized—in Spanish language—that diabetes is serious, yet controllable. By the end of September 1998, print and broadcast news

stories had reached audiences of almost 12.5 million Hispanics and Latinos in the U.S. and Puerto Rico.

The African American component began with a press briefing during the Congressional Black Caucus' annual meeting last September in Washington, D.C. At that briefing, Surgeon General David Satcher called diabetes "an epidemic" within the African American community.

"The number of African Americans diagnosed with diabetes has tripled over the past 30 years," Dr. Satcher said. "The NDEP is a key strategy of the Presidential Initiative on Race, which is designed to improve the health status of America's racial and ethnic populations, including African Americans" he added.

During his remarks, Dr. Satcher called on all African Americans with diabetes to work with their health care providers to manage their disease.

"African Americans experience higher and more devastating rates of diabetes complications including eye disease, kidney failure, amputations, and premature deaths than Caucasians," according to Marcus Wilson, MD, national medical director of the Mutual of Omaha Company. "It is crucial that we treat this disease as an epidemic and inform everyone about the long-term benefits of controlling diabetes," Dr. Wilson said during the press briefing.

NDEP Steering Committee Co-Director Joanne Gallivan, MS, RD, director of NIDDK's Diabetes Outreach and Education Programs, said plans are underway for additional components of "Control Your Diabetes. For Life." These campaigns, to be launched this year, will target American Indians/Alaska Natives and Asian Americans/Pacific Islanders.

"Our priority this year is to complete and introduce the targeted minority awareness campaigns and community intervention kit, and to continue expansion of the NDEP Partnerships Network nationally," Gallivan said.

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Surgeon General David Satcher calls on African Americans to control their diabetes during the campaign's kick off event held at the Congressional Black Caucus' annual meeting in Washington, DC, Sept. 1998.

These minority awareness campaigns will include products for TV, radio and print public service announcements, posters, brochures, and media kits. "In our view, anyone and everyone in a community can get involved and make a contribution," Wong said.

Community intervention kits have been put together that contain numerous ideas, how-to guidelines and tools for partners to use in planning and implementing simple diabetes awareness activities and programs to support people with diabetes.

Many of NDEP's materials developed for the "Control Your Diabetes. For Life" campaign are now available on the campaign's Web site, <http://ndep.nih.gov>.

As NDEP develops, additional

efforts will focus on:

- people with undiagnosed diabetes and their families;
- health care providers;
- health care payers, purchasers and policymakers.

NDEP continues to build partnerships for support of diabetes awareness and education to the targeted audiences. By identifying voluntary organizations and private companies as potential partners, NDEP "brokers" the collaboration of collective efforts in diabetes education, prevention and treatment.

According to Wong, it is through these partnerships that NDEP constantly strives to develop a sense of future diabetes and health education program plans, exploring new ways to continually establish and exploit

mutually beneficial partnerships to help eliminate diabetes.

"Our role is to bring together diverse partners nationally to develop the vision, goals, objectives, priorities, messages, strategies, guidelines, tools and national partnerships for the program," Wong said.

As for the future of the NDEP, Wong feels that strong partnership ties will make the difference. "The full engagement of our minority partners has resulted in a strong band of mutual trust, respect, commitment and friendship that will help NDEP make a difference in the lives of people with diabetes," she said.

For more information on NDEP or on how to get involved in your community, call 1-800-438-5383; or visit their Web site at: <http://ndep.nih.gov>.❖

Controlling Our Diabetes...and Our Lives

By Nathan Stinson, Jr., PhD, MD, MPH, Acting Deputy Assistant Secretary for Minority Health

It is with pleasure and enthusiasm that I have accepted the post of Acting Director of the Office of Minority Health (OMH). Raising awareness of and controlling diabetes in minority communities is one of the many commitments my predecessor, Dr. Clay E. Simpson, and I share. Having served as Director of the Division of Programs for Special Populations at the Bureau of Primary Health Care, I witnessed first hand the devastating affect diabetes can have. It's a disease that is controllable, but it poses a special challenge for those hard to reach populations like minorities and the poor.

Diabetes is a disease that, for many, requires medication and treatment, and significant diet and lifestyle changes. Without proper knowledge of the risk factors and symptoms of diabetes, many Americans—an estimated 5.4 million—go undiagnosed. For those who know they have diabetes, education on controlling it is the most important tool to maintaining a quality life.

OMH has made a firm commitment to support and participate in the National Diabetes Education Program's (NDEP) first awareness campaign, "Control Your Diabetes. For Life." In doing so, we are actively assisting this important public health program in its efforts to raise awareness of the importance of controlling diabetes and the benefits of proper treatment.

The NDEP program is designing ways to promote early diagnosis of diabetes, improve the treatment and outcomes for people with diabetes, and ultimately, to prevent the onset of diabetes. It is teaching people with diabetes the importance of diet, physical activity and new medicines to achieve lower blood sugar levels. It is showing people how to get access to these treatment methods to ensure healthier lives.

NDEP's awareness campaign is a milestone for public heath education, something that OMH has, and continues to place at the top of its list of goals. This is the first federal government program to work with public-private partners committed to raising awareness about diabetes.

Together with the Centers for Disease Control and Prevention, OMH was able to use our cooperative agreements with the Association of American Indian Physicians, Association of Asian/Pacific Community Health Organizations, and the National Council of LaRaza, to strengthen minority participation and help improve outcomes for people with diabetes.

I hope other community-based organizations, health care providers, and individuals affected in one way or another by diabetes, play active roles in identifying and treating people with this devastating illness. We are confident that our involvement with this effort will make a difference for people with diabetes and their families.

Contrary to popular belief, it's not acceptable to have a "touch of sugar" in the blood. Neither diabetes, nor its treatment, should be taken lightly. It's time to recognize diabetes as a serious disease.

To receive free information on NDEP, call the Office of Minority Health Resource Center at 1-800-444-6472; or look us up on the Web at: <http://www.omhrc.gov>.

Acting OMH Director Named

Nathan Stinson, Jr., PhD, MD, MPH, was appointed Acting Deputy Assistant Secretary for Minority Health, effective February 1, 1999.

As former director of the Division of Programs for Special Populations at the Bureau of Primary Health Care (BPHC), Dr. Stinson led a \$120 million health care delivery system for the homeless, residents of public housing, and other special populations. He also served as BPHC's deputy director of the Division of Community and Migrant Health, and branch chief of the Clinical and Professional Activities Branch in the Division of the National Health Service Corps.

Dr. Stinson has received numerous awards including the Surgeon General's Exemplary Service Medal.

Who Has Diabetes?

By Jean Oxendine

Of the 16 million Americans suffering from diabetes, about 5.4 million of these people do not know they have the disease. Each year, an additional 798,000 people are diagnosed with diabetes, and the number of people with diagnosed diabetes has risen from 1.5 million in 1958 to 10.6 million in 1998—a sixfold increase.

The majority of people who suffer from diabetes have type 2 diabetes, which accounts for 90 to 95 percent of all diagnosed cases of the disease. Diabetes affects men and women at equal rates, with 7.5 million men (8.2 percent of all men), and 8.1 million women (8.2 percent of all women) having the disease. Diabetes strikes all age groups—it is most prevalent in older Americans, with 6.3 million age 65 and older having diabetes (18.4 percent of this age group), and 15.6 million Americans age 20 and older having diabetes (8.2 percent of this age group).

Minorities have particular reason to become aware and involved in NDEP and other diabetes education and treatment programs. Among

African Americans, 2.3 million people age 20 and older (10.8 percent) have diabetes. African Americans are 1.7 times as likely to have diabetes as Caucasians of similar age. Hispanic Americans are almost twice as likely to have diabetes as non-Hispanic whites of similar age. Both Mexican Americans and Puerto Ricans have higher rates of diabetes than non-Hispanic whites.

American Indians have the highest rates of diabetes in the world, ranging from 5 to 50 percent. Among the Pima Indians of Arizona, half of all the adults have type 2 diabetes. The data for diabetes among Asian Americans and Pacific Islanders are limited, but we do know that some groups within this population are at increased risk for diabetes. Data collected from 1988 to 1995 show Native Hawaiians are twice as likely to have diagnosed diabetes as Caucasian residents of Hawaii.

In 1995, diabetes contributed to 187,800 deaths, and was the seventh leading cause of death listed on U.S. death certificates (sixth leading cause of death by disease). Diabetes death rates vary considerably across racial and ethnic groups. Compared to non-Hispanic whites, diabetes death rates were 2.5 times higher among African Americans, 2.4 times higher among American Indian/Alaska Natives (AI/AN), and 1.7 times higher among persons of Hispanic origin.

The complications from diabetes are numerous, affecting minorities at greater rates than non-minorities. According to NIDDK, African Americans experience higher rates of diabetes complications such as eye disease, kidney failure, and amputations, as compared to whites. The frequency of diabetic retinopathy is 40 percent to 50 percent higher in African Americans than in whites,

according to the National Center for Health Statistics. African Americans with diabetes experience end-stage renal disease about four times more often than whites with diabetes. And they are more likely to undergo lower-extremity amputations than whites with diabetes.

According to the American Diabetes Association, in 1995, the rate of diabetic end stage renal disease among AI/ANs was six times higher than the general population with diabetes. More than half of lower limb amputations in the U.S. occurred among people with diabetes, and amputation rates among AI/ANs were significantly higher than the general population.

Although studies don't universally agree, there is some evidence that suggests Mexican Americans have a higher incidence of microalbuminuria—an early indicator of diabetic nephropathy—than non-Hispanic whites. Other research shows Mexican Americans have higher rates of diabetic retinopathy than white Americans.

Diabetes costs the United States about \$98.2 billion annually, for total health care and related costs for treatment. Of this total, direct medical costs (e.g. hospitalization, medical care, treatment supplies) account for about \$44.1 billion. The other \$54.1 billion covers indirect costs such as disability payments, time lost from work, and premature death.

As evidenced by these statistics, diabetes is a disease that affects everyone, regardless of age, race, or gender. The good news is that the NDEP campaign is making efforts to turn these numbers around.

For more information on NDEP, please call 1-800-438-5383; or visit the Web sites at: <http://ndep.nih.gov/> or <http://www.cdc.gov/diabetes/> ❖

Your Comments, Please!

The Office of Management and Budget is requesting your comments on its draft provisional guidance on the implementation of the revised federal standards for racial and ethnic data. This draft guidance—to be used for consistency and comparability—will help federal agencies determine how to present data collected using the revised standards for racial and ethnic data. Browse OMH-RC's Web site for details: <http://www.omhrc.gov>, or call toll free at 1-800-444-6472.

NDEP Forms Working Groups to Reach Minorities

By Jean Oxendine

Using focus groups and pilot sites, the National Diabetes Education Program (NDEP) is trying a new approach to raising diabetes awareness in minority communities. Specific public awareness campaigns—designed by minority working groups for their respective community members—aim to show the “many faces of diabetes.” These campaign messages will be delivered via television, radio and print public service announcements (PSAs), and through the program’s Partnership Network of more than 100 public and private sector organizations.

Each racial and ethnic minority working group began planning and, in some cases, implementing these efforts during 1998. Steering committee members representing each of the minority racial and ethnic groups shared information on their programs and interests as they relate to their specific group.

Asian Americans/Pacific Islanders

Stephen Jiang, executive director of the Association of Asian/Pacific Community Health Organizations (AAPCHO), located in Oakland, CA, said he became involved with the NDEP program several years ago at the first NDEP planning meeting. At this time he serves as chair of the NDEP ad hoc work group on Asian American and Pacific Islanders.

Mr. Jiang said that the AAPI working group is “developing strategic messages to best reach limited-English-proficient (LEP) and low income AAPIs diagnosed with diabetes.” The group is also looking at the entire AAPI population that has been diagnosed with diabetes to serve their needs as well, according to Jiang.

In addition, AAPCHO is working with the Centers for Disease Control and Prevention (CDC) to look at how the community perceives and addresses diabetes. “We are studying the infrastructure, including providers, systems,

and patients, to determine the best ways to meet the needs of AAPI people with diabetes,” said Jiang. “To date NDEP has been open to listening to the AAPI community,” according to Jiang.

For AAPIs, Jiang hopes NDEP will look at how diabetes is perceived at the community level as far as knowledge and understanding.

“If there is a diagnosis of diabetes, and if the person is an AAPI, they need to determine which information is culturally and linguistically appropriate for this population. For example, there is information available on diet, but what about AAPI food items? We see information on hot dogs, but this is not part of the AAPI diet.”

Jiang also commented on publications that he considers culturally insensitive, such as the promotion of regular exercise by carrying golf bags rather than riding in the cart.

Another important objective, according to Jiang, is to encourage NDEP—along with NIH and the CDC—to work directly with AAPI communities in order to determine their needs first hand.

“We want our audience to understand at least two underlying messages: that diabetes is threatening the future of our people, but that there is hope.”

African Americans

The NDEP African American work group held its press briefing on September 19, 1998, in Washington, D.C. Key figures in health care including Surgeon General David Satcher, MD, and Gary Dennis, MD, president of the National Medical Association, sat on the panel.

Members of NDEP’s African American working group attended the launch as well, including Mary Clark, chair of NDEP’s working group on African Americans. She began working on diabetes in 1994. Clark became acquainted with the NDEP through her work with the CDC’s “Diabetes Today” Program and NIH’s National Eye Institute

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Health Education Program. "Most of the individuals on the African American working group have been involved with the CDC and NIH, and all members either have diabetes or have a family member with diabetes, or are health care professionals."

"The African American working group is implementing media interventions in companion with community-based interventions," said Clark. The pilot sites will share their community intervention efforts through the media—particularly the African American media. "We will look primarily at encouraging and promoting healthy eating, nutrition, and physical activity," said Clark.

The efforts will focus on senior housing, community health centers, and churches, to start. "We are using a variety of outlets to get the message across," said Clark. By using community and media interventions at the same time, this will keep the press informed and will help promote the message.

Instead of starting something completely new, we are trying to see what happens in pilot sites when you incorporate the message into current programs, Clark said.

American Indians/Alaska Natives

According to Kelly Moore, MD, acting chief medical officer and area diabetes consultant for the Billings, Montana, area Indian Health Service, and American Indian/Alaska Native (AI/AN) working group member, "I was asked to become a member of the group by the chair of the group, Yvette Roubideux, MD, because I work with clients who have diabetes and I work with IHS, tribal, and urban diabetes programs based in Montana and Wyoming." The Association of American Indian Physicians (AAIP)—of which Dr. Roubideux is the president-elect—began working with the National Diabetes Education Program in 1997 through the formation of a diabetes

committee. Several members of that committee now serve on the NDEP AI/AN work group. The AAIP Diabetes Committee conducted a series of focus groups to gather input from tribal leaders, Indian health professionals, and American Indian community members to guide the development of culturally appropriate diabetes education materials for NDEP.

Currently, the AI/AN working group is developing a national PSA, and plan to release a message that will appeal to most AI/ANs. "It is difficult to do this because we need to appeal to all Indians and there are many different tribes. The PSA must represent diversity," said Dr. Moore.

The script, "Dancers," and another television PSA, were focus group tested in the Dakotas. The "Dancers" was favored by the majority of the focus groups. It was felt to be culturally appropriate and motivating. Now the group is searching for a production company that is culturally sensitive and has experience with AI/AN projects. The work group hopes to use an AI/AN production company, if possible.

The recurrent theme in the PSA focus group testing and in the AAIP Diabetes Committee focus groups has been a return to traditional values. According to Dr. Moore, "We want our audience to understand at least two underlying messages: that diabetes is threatening the future of our people but that there is hope."

Dr. Moore said the AI/AN culture and traditions will only be preserved if the older generation assumes control of their diabetes. And, she said AI/AN people must learn that they *do* have a choice about their health. If they eat healthy, exercise and play an active role in other self care practices related to diabetes, they can make a difference.

One difficulty with the AI/AN group is the number of different tribes that the PSA will attempt to reach. "We wanted to show traditional

foods, but with so many different tribes, this was difficult, as food for each group might be different," said Dr. Moore. The PSAs will show corn, beans, and squash—foods that are traditional Indian foods for most of the groups.

"The scenes from the PSAs depict traditional weavers, drum players and storytelling to the children by elders," said Dr. Moore. "There are also images of different people with diabetes practicing healthy behaviors while discussing how to control their diabetes."

Hispanics/Latinos

NDEP has developed Hispanic PSAs for television which are being aired in primetime on UNIVISIÓN. The campaign, "Rayos y Truenos," has won an award of excellence from the Health Improvement Institute.

Eliana Loveluck, chair of the NDEP Hispanic working group, got involved with NDEP when the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) was invited to the initial NDEP planning meeting.

"COSSMHO took special interest in becoming involved in NDEP due to the need for education about diabetes in Hispanic communities, and because of the work COSSMHO has conducted in the past on this particular disease," said Loveluck, project director for AIDS and Chronic Diseases at COSSMHO.

Loveluck said the working group is involved in several projects to benefit Hispanics. "Our role has been to advise NDEP with respect to Hispanic participation in NDEP, the development of the media and educational materials and campaign, and overall guidance for tailoring NDEP's work so that it is relevant to the needs of Hispanics in the United States," she added.

Loveluck noted that NDEP has relied on representatives of minority

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Easy Foot Test Just a LEAP Away

By John West

We fish with it. We use it in our weed-wackers. Some people even use it to hang pictures. So, how does something that simple make such a big difference to thousands of people with diabetes?

It's called monofilament—a small piece of clear nylon wire-like, string 37 mm long, 5.07 mm in diameter, that will exert 10 grams of force when applied to the skin and it is all that is needed to perform a simple, yet effective foot screen test for those at risk of developing circulatory foot problems from diabetes.

The test, called the Diabetic Foot Screen, identifies those patients who have lost vascular protective sensation. It is the brainchild of 1992 efforts by the Lower Extremity Amputation Prevention (LEAP) Program, at the Health Resources and Services Administration's (HRSA) Gillis W. Long Hansen's Disease Center, Carville, La., to create a simple program to reduce lower extremity amputations due to diabetes by 40 percent.

According to Bob Rolfsen, director of the LEAP Program at Carville, the filament was originally designed to be used in a Patient Empowerment Program study.

"We wanted to determine if patients, sometimes with the help of family members, could use the filament to test themselves and get the right answer without special training," he said.

In the study, nine centers in eight states were selected because of their ability to represent a diverse socioeconomic group. In all, 196 self-screening kits with surveys were sent to patients with 145 surveys being returned for a 74 percent response rate.

"The study was successful and the results were published in the January 1998 issue of *Diabetes Care*, the professional journal of the American Diabetes Association," Rolfsen said.

"Authors of the study reported that 87 percent of the patients who participated in the study obtained the correct results as documented by their primary care provider," he added.

Rolfsen pointed out that the filament has now become the "tool of choice" and that it has made a dramatic difference in early detection.

"Seven years after the LEAP program started and sensory testing began, it has become the accepted and recommended method for determining loss of protective

sensation in the diabetic foot," he said. "It is recommended that patients be screened at least once a year and if there is a loss of sensation at any of the tested sites, the patient should go see a provider as soon as possible," he added.

Since diabetes is generally a self-managed disease, patients provide most of their own daily care. Statistics show that patients who are empowered with awareness of their own disease-related problems, treatment options, and tools for self-care, make healthier choices in the management of their diabetes.

Lower extremity amputation is a serious consequence of diabetes complications. In fact, 50 percent of all non-traumatic amputations are the result of complications from

diabetes, while 15 percent of persons with diabetes sustain lower extremity ulcers.

Each year, almost 67,000 lower extremity amputations cost health care providers nearly \$268 million. Additionally, people with diabetic foot ulcers are responsible for 20 percent of all hospital stays.

Sharley Chen, Division of Programs for Special Populations, Bureau of Primary Health Care, HRSA, said that Congress mandated \$3 million of the FY 1999 Budget to be set aside for implementation and evaluation of the diabetes Lower Extremity Amputation Prevention (LEAP) programs

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in areas served by community health centers in the states of Louisiana, Alabama, Georgia and Mississippi.

“These states have high incidences of diabetes that result in lower extremity amputations,” she said. “Congress also funded pilot programs in conjunction with the Louisiana State University School of Medicine, the University of South Alabama, and the Roosevelt Warm Springs Institute for Rehabilitation,” she added.

Rolfesen said that the Centers for Disease Control and Prevention (CDC) statistics show that minorities are more at risk of diabetes and the complications that go with it such as blindness, kidney problems and hypertension.

“We need to stress an increase in the level of awareness about diabetes and its complications and make sure that people are aware of the existence of federal health centers, where anyone can be seen regardless of their ability-to-pay or status of citizenship,” he said.

The LEAP Program, the National Diabetes Education Program and its partners are charged with the responsibility of developing a national awareness coalition. The American Pharmaceutical Association has joined forces with the group and is spearheading a project to place a LEAP Filament into every diabetes medication prescription filled by every pharmacist in the country during the month of November 1999.

“We need to get people in leadership positions or provider roles to take advantage of every opportunity to get filaments and instructions on how to use them into the hands of individuals,” Rolfesen said.

In addition to pharmacies, patients can call 1-800-373-4325 to obtain a filament or browse the LEAP Program Web site at: <http://www.bphc.hrsa.dhhs.gov/leap> and fill out the order form to receive one free by mail.❖

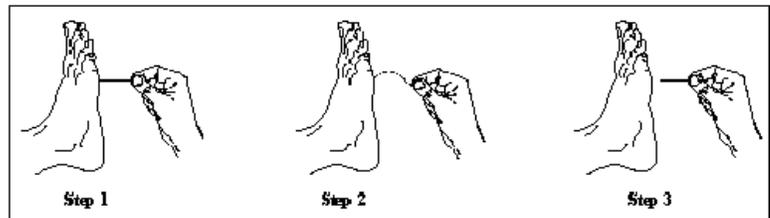
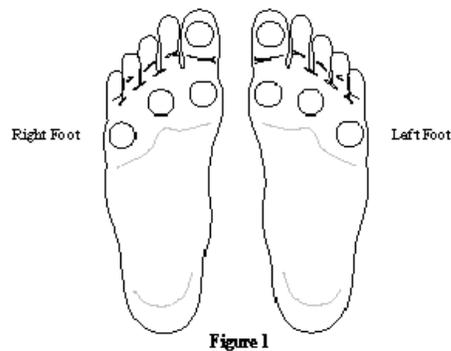
Diabetic Foot Screen: Patient Empowerment Program

Foot Screen Instructions

(You may screen your own feet or ask a relative, friend or neighbor to do it for you.)

1. Holding the filament by the paper handle, touch each foot at the four circled sites as shown below in Figure 1. *(Note: Touch the filament along side of and NOT on a scar, callus or ulcer.)*
2. Touch the filament to the skin with a smooth motion, lasting a second or two, like in the Step 1, Step 2, and Step 3 drawings below.
3. Push hard enough with the filament to make it bend (See Step 2).
4. Place a (+) in the circle if you can feel the filament at that site and a (-) if you cannot feel the filament at that site.

NOTICE: *If you have a (-) in any circle, take this form as soon as possible to your nurse or physician.*



Provider: If you have a question about sensory testing, please call (800) 642-2477

What You Should Do to Stay Healthy

By Jean Oxendine

Why should you control diabetes?

There are a number of reasons that you should work to control your diabetes. In the short run, people with diabetes who take control of it will feel better, stay healthy, and have more energy. They can also prevent the signs and symptoms of high blood sugar such as extreme thirst and fatigue, frequent urination, loss of weight, blurred vision, and cuts or bruises that are slow to heal.

In the long run, taking control of your diabetes will lower your chances of having complications such as eye disease, kidney disease, and nerve damage. People with diabetes who keep their blood sugar levels normal or close to normal for life are predicted to gain, on average, five extra years of life, eight more years of eyesight, six years free from kidney disease, and six years free from amputations and nerve damage.

The National Diabetes Prevention Program (NDEP) has developed a number of suggestions for people with diabetes so that they can live a healthier and better quality life.

Monitor your blood sugar level.

Regular testing is critical. It is important to know if your blood sugar levels stay close to normal or go up and down. By testing your blood sugar, you can determine how well you are balancing your food intake, physical activity, medicine, and stress. ***It's the only way to know for sure if you are controlling your diabetes.*** There are two types of blood sugar tests. Both are important.

1. Finger-Stick Test. Changes in blood sugar should be checked routinely. You can do this yourself at home by doing a finger-stick test using a blood glucose meter. The test measures the level of sugar in the blood at the time of the test.

Tips for finger-stick testing:

- Ask your health care provider how, when, and how often to test your blood sugar.
- Keep a record of your blood sugar tests. Write down each blood sugar reading and the date and time you took it.
- Ask your health care provider to review your record and to help you set finger-stick testing blood sugar goals.

Tips for controlling diabetes

- Keep accurate records of blood tests, medicines, and daily events.
- Take diabetes medicine as prescribed.
- Get dilated eye exam at least once/year.
- Get annual urine test to check kidneys.
- Visit dentist twice annually and be sure to tell dentist you have diabetes.
- Eat foods low in fat, salt, sugar, and high in fiber.
- Get physical activity.
- Check your feet for cuts, blisters, red spots, and swelling.
- Stay at a healthy weight.
- Treat low blood sugar quickly.
- Don't smoke.
- Learn to manage stress.
- Learn more about diabetes and diabetes self-care.
- Learn available resources.
- Seek support from friends and family, or support groups.

- Use the record of your blood sugar readings to decide how to manage your diabetes day by day.
- If your blood sugar numbers are too high or too low, talk with your health care provider about ways to improve them.

2. Hemoglobin A_{1c} Test (also called H-b-A-one-c). This test is given by a health care provider and measures the average amount of sugar in your blood over an extended period of time. The test, which shows your average blood sugar level over the past 3 months, is a laboratory test that should be conducted on people with diabetes on a regular basis. If your results show that your blood sugar is normal or close to normal and stable, you should have the hemoglobin A_{1c} test at least twice a year. If your treatment changes or if your blood sugar stays too high, you should get the test

every three months until your blood sugar level improves.

Tips for getting the hemoglobin A_{1c} test:

- See your health care provider for a hemoglobin A_{1c} test at least two times a year.
- Ask your health care provider to explain your test result and to help you set a hemoglobin A_{1c} goal.
- Keep a record of your hemoglobin A_{1c} test results.
- If your test result is too high or too low, talk to your health care provider about how to improve it.

The NDEP has prepared helpful information available for you, including a pamphlet titled, "Tips for Feeling Better and Staying Healthy." Please call 1-800-438-5383, or visit the NDEP Web sites: <http://ndep.nih.gov/> or <http://www.cdc.gov/>. ❖

HCFA Keeps Public Informed on Medicare

By John West

People suffering from diabetes and eligible for Medicare coverage got a boost last year from the Health Care Financing Administration (HCFA).

Beginning July 1, 1998, Medicare expanded coverage to an estimated 4 million Medicare beneficiaries with diabetes. The new benefits will now provide the skills and resources that most people need to control their diabetes. Many experts agree that early detection and management of the disease can lead to substantial reductions in life-threatening and serious illness.

According to Ann Albright, MD, director of the California Diabetes Control Program and a member of the National Diabetes Education Program (NDEP) Steering Committee, the new regulation has made a significant difference for diabetes patients.

"Prior to Fiscal Year 1998, people with type 2 diabetes did not have Medicare coverage for a blood glucose meter and testing strips," Dr. Albright said. "Now patients are able to get a blood glucose meter, lancets and, every three months, testing strips, provided particular steps are followed," she added.

Testing strips, glucose meters and lancets are all available at most local drug stores. In order for Medicare to cover these benefits, a doctor must prescribe blood glucose testing supplies to the patient and document how often the patient needs to test on the prescription.

"Some Medicare policies may define how many test strips and lancets a patient is entitled to each month," Dr. Albright said. "As always, physicians and diabetes educators can recommend the right supplies to buy," she added.

Dr. Albright also pointed out that the new regulation change, covering

type 2 monitoring, is in its very early stages. "No data has been collected yet on whether the availability of meters and strips has made a difference," Dr. Albright said. "It is extremely likely that as more providers and beneficiaries learn about the benefits and patients begin to test their blood sugar, it should assist in improving the burden of diabetes," she added.

HCFA officials agree that those patients who keep their blood glucose levels within the normal range reduce the risk of complications, such as blindness and amputations, that are often associated with uncontrolled diabetes. In the past, Medicare covered blood glucose monitors and testing strips only for type 1 patients. The new benefits will apply to people with either Medicare Part B or Medicare managed care coverage. Deductibles and co-pays for some Medicare policies may apply to these benefits officials said.

"Testing alone is not going to make significant changes," Dr. Albright said. "The results of blood glucose tests need to be augmented with education to help patients learn to make lifestyle changes and cause the medical care system to intervene if blood glucose monitoring results are not improving," she added.

For those who need help in learning how to monitor themselves, Medicare now covers a wider range of education and training programs to help teach patients to control their blood glucose levels.

A physician must certify that a patient requires the training under a comprehensive plan of care. In the past, Medicare covered only education and training furnished by hospital-based programs. Now, physicians and certain other physician practitioners, such as physician assistants, nurse

practitioners, clinical nurse specialists, nurse midwives, clinical psychologists and clinical social workers, can provide diabetes self-management and training services to their patients if their programs are recognized by the National Diabetes Advisory Board of the American Diabetes Association.

The HCFA regulation covering diabetes education was recently published in the February 11, 1999, edition of the *Federal Register* as a Notice of Proposed Rule Making (NPRM). Comments are due back to HCFA on or before April 12, 1999.

NDEP and its partners are continually working with HCFA to inform beneficiaries on Medicare coverage and making it more accessible. HCFA also continues to define standards and implement programs to improve diabetes care.

There are currently 23 quality improvement projects underway in the managed care plans with which HCFA is working to improve care for high risk patients.

In an effort to understand and improve the quality of care for patients with diabetes, HCFA has conducted an eight-state pilot project in fee-for-service and managed care settings. The project has given HCFA an opportunity to identify and evaluate multiple strategies for improving care to people with diabetes.

As for the future, Dr. Albright stressed the need for beneficiaries to stay informed. "I urge individuals to learn as much as they can about the new benefits and take advantage of them," she said.

More information on recent developments in Medicare, as well as a link to the Federal Register, can be obtained at HCFA's Web site: <http://www.hcfa.gov>. ❖

BPHC Meets Consumer Needs, Addresses Quality Care for People with Diabetes

By Roz Bullock

The Bureau of Primary Health Care (BPHC), the Health Resources and Services Administration unit that seeks to deliver health care to underserved and vulnerable populations, has launched an aggressive and innovative program to raise awareness and improve health outcomes for people with diabetes. Titled the Diabetes Collaborative, the program involves 100 health centers and addresses the needs of nearly 65,000 underserved people diagnosed with diabetes.

Partners in the effort include the Centers for Disease Control and Prevention (CDC), the Institute for Healthcare Improvement (IHI), NIH-supported diabetes research and training centers, and other public and private organizations, clinical networks and health centers. The Diabetes Collaborative is devoted to improving functional and clinical outcomes for those with diabetes. It aims to:

- generate and document improving health outcomes regarding underserved populations;
- convey knowledge on how to promote positive breakthrough changes; and
- develop infrastructure, expertise, and leadership that will support improved health, access and cost outcomes.

Learning by Doing

Guided by a steering committee, the Collaborative is comprised of five lead cluster centers that act as mentors to the 100 participating sites. Each site strives to achieve four to five goals that specifically address the needs of its community. Collectively, all sites work to achieve at least 90 percent patient participation in treatment, which includes two HbA_{1c} tests each year, at least three months apart.

During the first phase of the collaborative, these sites work on implementing strategies for improving diabetes treatment as developed by the steering committee. Each month, health center teams report their progress toward their goals, and offer support through regular conference calls with cluster coordinators and faculty.

Twice a year, the centers and sponsors attend learning sessions to address the latest findings among the clusters, and to share different strategies and breakthrough changes that will improve diabetes outcomes. Participants in these learning sessions include IHI, BPHC, CDC, Community Migrant Health, and HRSA regional cluster coordinators.

In October 1999, IHI will sponsor a national congress to develop and publish the breakthrough changes from the learning sessions. Once the findings are published, the initiative will enter its second phase and will employ additional health centers throughout the nation.

For More Information

The Diabetes Collaborative is part of BPHC's larger Health Status and Performance Improvement Collaborative (HSPIC), an initiative designed to address the nation's racial and ethnic health disparities. To learn more about HSPIC or the Diabetes Collaborative, contact one of the organizations below, or visit the Web site: <http://www.bphc.hrsa.dhhs.gov/clinician>.

Northeast:

Clinical Director's Network, Inc.
54 West 39th Street, 11th Floor
New York, NY 10018
phone: (212) 382-0699 ext. 39; fax: (212) 382-0669

West Central:

TACHC
211 E. 7th Street, Suite 818
Austin, TX 78701
phone: (512) 476-8188; fax: (512) 476-7949

Southeast:

Southeast Diabetes Collaborative
1919 Young Road
Lithonia, Georgia 30058
phone: (770) 322-7131; fax: (770) 322-7414

Pacific West and National:

Northern Regional Primary Care Association
6512 23rd Avenue, NW, Suite 305
Seattle, WA 98117
phone: (206) 932-2133

Midwest:

Midwest Cluster Project Coordinator
667 N. Wayne Street
Kenton, Ohio 43326
phone/fax: (419) 673-8997 ♦

Keep Sight of Diabetic Eye Disease

Of the approximately 16 million Americans who suffer from either type 1 or type 2 diabetes, *all* are at risk of developing sight-threatening eye diseases commonly associated with diabetes, according to the National Eye Institute (NEI). Though early detection and timely treatment can substantially reduce the risk of severe visual loss or blindness from diabetic eye disease, many people at risk are not having their eyes examined regularly to detect these problems before they impair vision.

Increased awareness of the sight-saving benefits of annual eye examinations through dilated pupils is essential to reduce the significant social and personal costs of diabetic eye disease.

There are three sight-threatening eye problems that people with diabetes may develop as a complication of the disease.

- **Diabetic retinopathy**—which damages blood vessels in the retina, the light-sensitive tissue at the back of the eye that translates light into electrical impulses that the brain interprets as vision.
- **Cataract**—an opacity of the eye's crystalline lens that results in blurring of normal vision. People with diabetes are twice as likely to develop a cataract as someone who does not have the disease. In addition, cataracts tend to develop at an earlier age in people with diabetes.
- **Glaucoma**—occurs when increased fluid pressure in the eye leads to progressive optic nerve damage. People with diabetes are nearly twice as likely to develop glaucoma as other adults.

Diabetic retinopathy is the most common diabetic eye disease. About eight million people—half of the nation's estimated 16 million people

with diabetes—have at least early signs of diabetic retinopathy.

Of this group, about 700,000 have serious retinal disease, with approximately 65,000 Americans progressing each year to proliferative retinopathy—the disease's most sight-threatening stage. Annually, as many as 25,000 people go blind from the disorder, making it a leading cause of blindness among working Americans.

For many people with diabetic retinopathy, there are no early symptoms. There is no pain, no blurred vision, and no ocular inflammation. In fact, many people do not develop any visual impairment until the disease has advanced well into its proliferative stage. At this point, vision cannot be restored.

However, some people in the early and advanced stages of diabetic retinopathy may notice a change in their central and/or color vision. The loss of central vision results from macular edema, which can often be effectively treated.

Because diabetic eye disease often has no early symptoms, it is detected during a comprehensive eye examination through dilated pupils.

As part of its mission to address diabetic eye disease through biomedical research, disease prevention, and health promotion, NEI has established the National Eye Health Education Program (NEHEP). Coordinated by NEI and in partnership with various public and private organizations, NEHEP is focusing on public education programs that encourage early detection and timely treatment of diabetic eye disease and glaucoma—the leading cause of blindness in African Americans over age 40.

For more information, call (301) 496-5248. NEHEP has printed materials for African Americans and Hispanics. Call 1-800-869-2020. ❖

Diabetes Clinical Trials

- **New diabetes treatment.** A study by the University of Miami Diabetes Research Institute found a new way to treat diabetes. The 23 study participants, who have type 1 diabetes, made medical history by being the first to be successfully infused with clusters of insulin-producing cells called islets. Previously, the islets were only available to patients who also required a lifesaving organ transplant.
- **Successful Weight Loss Treatment.** The American Diabetes Association announced that in a clinical trial involving humans and the drug, leptin, weight loss was achieved. Findings also suggest that leptin, also called anti-obesity hormone, may also lower blood sugar levels. The trial showed obese diabetes patients lost an average of 16 pounds over six months.
- **Type 2 Diabetes Clinical Trials.** These programs support large, multi-center clinical trials conducted under cooperative agreements or contracts with the National Institute of Diabetes and Digestive and Kidney Diseases. One primary prevention trial is underway. The Diabetes Prevention Program (DPP) is focused on testing lifestyle and pharmacological intervention strategies in people with impaired glucose tolerance who are at risk for developing type 2 diabetes. DPP is also focusing on how to prevent or delay the onset of this disease. The study, which takes place at 26 different sites, is looking at two lifestyle interventions, and metformin—a drug approved for the treatment of type 2 diabetes. DPP will complete recruitment in May, with a total of 3,000 participants in the study—44.5 percent of which are minorities. More information about the study is available at: <http://www.niddk.nih.gov/patient/dppbroch/dppbroch.htm> ❖

—Roz Bullock

Programs & Organizations

National Eye Health Education Program—provides information about how diabetes affects the eyes. This program is sponsored by the National Eye Institute. Contact: National Eye Health Education Program, National Eye Institute, Box 20/20, Bethesda, MD 20892; (301) 496-5248; <http://www.nei.nih.gov>.

National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation—provides information on the surveillance of prevention of diabetes for health care professionals and people with diabetes. Contact: The Centers for Disease Control and Prevention, 1600 Clifton Road, The Rodes Building MS K-13, Atlanta, GA 30333; (404) 488-5080; <http://www.cdc.gov/nccdphp/ddt>.

American Association of Diabetes Educators (AADE)—is a multidisciplinary organization, with state and regional chapters, for health professionals involved in diabetes education. AADE sponsors continuing education programs on both beginning and advanced levels and a certification program for diabetes educators, and provides grants, scholarships, and awards for educational research and teaching activities. The AADE also publishes a monthly journal, curriculum guides, consensus statements, self-study programs, and other resources for diabetes educators. Contact: 444 N. Michigan Avenue, Suite 1240, Chicago, IL 60611; (312) 424-2426 or 1-800-338-3633; <http://www.aadenet.org>.

American Dietetic Association—is a professional organization that helps find a nutritionist in the community. Contact: 216 W. Jackson Blvd., Chicago, IL, 60606; (312) 899-1979; <http://www.eatright.org>.

American Diabetes Association National Service Center—is a private, voluntary organization that fosters public awareness of diabetes and supports and promotes diabetes research. It publishes information on many aspects of diabetes, and local affiliates sponsor community programs. Local affiliates can be found through the national office. Call to find out about their Minority Initiative. Contact: National Service Center, 1660 Duke Street, Alexandria, VA 22314; (703) 549-1500 or 1-800-232-3472; <http://www.diabetes.org>.

Juvenile Diabetes Foundation International—is a private, voluntary organization that focuses on type I or insulin-dependent diabetes. Local affiliates are found across the country. Contact: JDF, 120 Wall Street, New York, NY 10005-4001; (212) 785-9500 or 1-800-JDF-CURE; Fax: (212) 785-9595; <http://www.jdfcure.org>.

National Clearinghouses

National Diabetes Education Program (NDEP)—is a federally sponsored initiative, involving public and private partners, to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and ultimately, to prevent the onset of diabetes. 1-800-438-5383

National Diabetes Information Clearinghouse (NDIC)—is an information and referral service designed to increase knowledge and understanding about diabetes among patients and their families, health care professionals, and the general public. (301) 654-3327

Weight Control Information Network (WIN)—is a national source of information on weight control, obesity, and weight-related nutritional disorders for health professionals and the public. (301) 984-7378

National Clearinghouse for Primary Care Information (NCPCI)—is a clearinghouse that supports the planning, development and delivery of high quality ambulatory care in medically underserved areas. (703) 821-8955, ext. 245

National Oral Health Information Clearinghouse (NOHIC)—is a resource for patients, health professionals, and the public seeking information on the oral health. (301) 402-7364

NDEP Publications

Control Your Diabetes. For Life. Campaign Guide for Partners—This 48-page practical guide is designed to help partner organizations disseminate the *Control Your Diabetes. For Life.* campaign messages. Single copies are free; \$3.00 for each additional copy.

Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy—This patient education color brochure provides an action plan for diabetes control that includes tips for knowing blood sugar levels, reaching blood sugar goals, and maintaining blood sugar control. NIH Pub. No. 98-4351 (NDEP-8). Single copies are free; packages of 50 are \$10.00.

Tome su diabetes en serio, para que no se vuelva seria. Recomendaciones para sentirse mejor y estar más saludable—Spanish version of *Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy.* (NDEP-9). Single copies are free; packages of 50 are \$10.00.

Knowing Your Blood Sugar Numbers: The ABCs of Testing for Blood Sugar Control—This reproducible, black-and-white patient education brochure provides information on measuring blood levels using the hemoglobin A_{1c} test and the finger-stick test with a blood glucose monitor. NIH Pub. No. 98-4350 (NDEP-10). Single copies are free; packages of 50 are \$10.00.

Sepa cuánta azúcar tiene en la sangre: Hágase la prueba para controlar el azúcar sanguíneo—Spanish version of *Know Your Blood Sugar Numbers.* (NDEP-11). Single copies are free; packages of 50 are \$10.00.

Guiding Principles of Diabetes Care—This booklet describes the essential components of quality diabetes care for people with diabetes, their families, health care providers, and insurers. NIH Pub. No. 98-4343. Single copies are free; packages of 50 are \$10.00.

Diabetes Numbers At-a-Glance—This quick-reference pocket guide for health care providers lists criteria for diagnosing diabetes and treatment. (NDEP-12). Single copies are free; packages of 50 are \$10.00.

Control Your Diabetes. For Life. Campaign Video (VHS)—Includes message from Surgeon General David Satcher. Features “Many Faces of Diabetes” 60-, 30-, and 15-second PSAs in English and Spanish. \$10 each.

To order these publications, call the National Diabetes Information Clearinghouse: (301) 654-3327, fax (301) 807-8906.

Minority Outreach...from page 7

populations by involving them from the beginning and at every step of the process. “There has been a genuine desire to incorporate diverse communities from the outset and this has worked very well,” said Loveluck. “However, all of the ‘minority’ organizations that participate in this endeavor are asked to do so for other campaigns and health promotion efforts,” she added. She also stressed that, although clearly invested in this effort, it has meant providing staff and resources that a majority of these organizations don’t have. This in turn has placed an increased burden on these organizations to serve as technical advisors on cultural and linguistic competence for others.

Loveluck said follow-up is an essential aspect of what needs to be stressed for the Hispanic component of NDEP. “Because Hispanics have the lowest rates of health insurance and face numerous other obstacles in accessing health care services, NDEP must work in partnership with organizations that have the capacity to educate Hispanic communities and ensure follow-up on the information provided,” said Loveluck.

According to Loveluck, it is important to provide support and technologies to maintain behavior change, and to provide health care services in a culturally and linguistically competent manner. She said it’s not enough to simply educate someone about a particular disease or its risk factors, or steps to prevent the disease, if that individual cannot be referred to community mechanisms and organizations that can help.

When planning and implementing the NDEP, Loveluck said, “It is essential for NIH and CDC to know that the needs faced by our communities are vast, and the resources are not being adequately allocated for those very communities to take control of meeting their health and human services needs,” said Loveluck. ♦

DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service
Office of Minority Health Resource Center
P.O. Box 37337
Washington DC 20013-7337

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Closing the GAP

NDEP Conferences: 1999

Apr. 9-11: American Association of Diabetes Educators Leadership Forum held in Kansas City, MO. Contact: (404) 616-7417.

Apr. 26-29: CDC Diabetes Translation Conference, "Expanding the Public Health Horizon to Reduce Disparities in Diabetes," held in Albuquerque, NM. Contact: (770) 488-5376.

Apr. 29-May 2: National Kidney Foundation, Annual Spring Clinical Nephrology Meeting in Washington, DC. Contact (617) 732-2477

Jun. 2-6: Juvenile Diabetes Foundation International. Contact: (212) 479-7500.

Jun. 19-22: American Diabetes Association Annual Scientific Sessions, in San Diego, CA. Contact: (410) 955-2132.

Aug. 18-22: American Association of Diabetes Educators in Orlando, FL. Contact: (404) 616-7417.

Oct. 18-21: American Dietetic Association Annual Meeting, Atlanta, GA. Contact: (702) 222-3130.

NDEP Partnership Network Meeting in Atlanta May 20-21, 1999

Join NDEP in Atlanta, GA, to learn about opportunities for partnership and to receive its community intervention kit and other products. NDEP will preview its exciting new awareness campaigns, including:

- "Family Reunion," African American campaign
- "Rayos y Truenos," second wave of Hispanic campaign
- "Dancer," American Indian campaign
- NDEP's Asian American and Pacific Islander campaign
- HCFA Medicare Benefits campaign

**For more information, call NDEP
at 1-800-438-5383.**

