



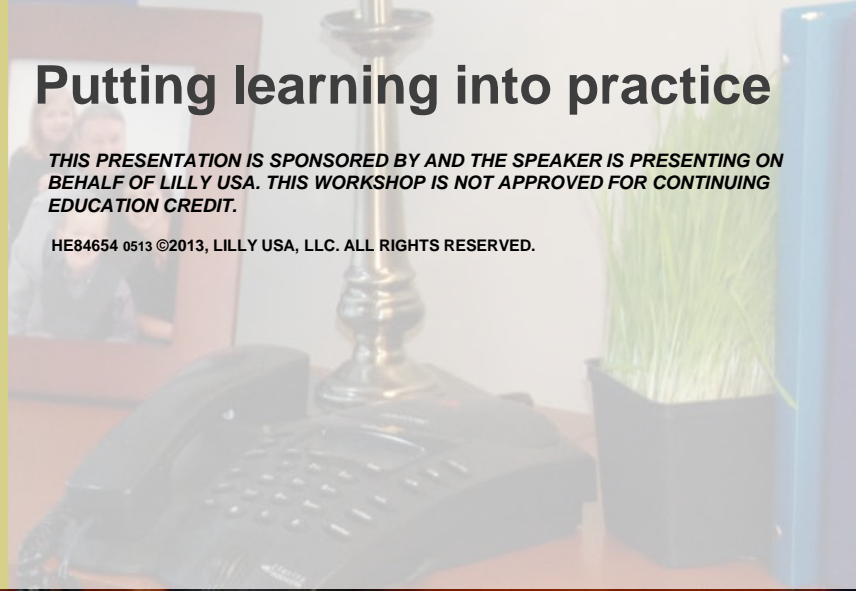
PATIENT-CENTERED PROVIDER WORKSHOP



Putting learning into practice

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DIABETES
FUNDAMENTALS

Welcome!

YOUR INVOLVEMENT COUNTS

This workshop involves *learning...*
and putting learning into practice

Throughout the workshop, you'll have opportunities to:



Share your experiences with the group—talk about the successes and challenges you have had in your work as a provider



Put it into your practice—think about how you might apply the information and skills with your patients



Try it today—take a moment in the workshop to try a skill you've learned



Take a look—watch the videos to see how the information and techniques can be used with patients



Check your knowledge—test your knowledge in the quick questions and answers found in this workshop

WHAT YOU WILL LEARN TODAY

What you will learn

Why it matters

Diabetes fundamentals

Diagnosis
Treatment options
Complications



Reinforces the core information you may need in your work with patients

Importance of provider



Underscores the critical role you play

Clear communication



Helps you communicate effectively with your patients

Educational topics

Diabetes self-management
Behavior change
Teach-back method



Provides tips and techniques you can try to help foster diabetes self-management in your patients

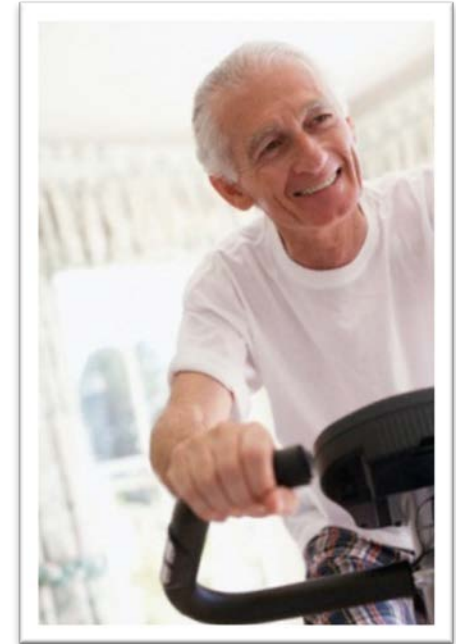
Conclusion/wrap-up



Reviews key information, including information from the American Diabetes Association

A CLOSER LOOK AT THE WORKSHOP

- The workshop will provide information to help you in:
 - Coaching your patients to identify their personal disease-management goals (utilizing self-management techniques):
 - Medical nutrition therapy
 - Treatment adherence
 - Exercise and healthy lifestyles
 - Blood glucose management
 - Describing treatment options
 - Describing the complications of diabetes and the impact of blood glucose management on these complications
 - Using American Diabetes Association standards of care guidelines
 - Using the teach-back method when counseling your patients



What are your goals for the workshop?

IMPORTANT PROJECT INFORMATION

- Because this presentation offers general information, it is ultimately your decision as to whether it needs to be altered to fit the practices, settings, and unique circumstances related to your patients. Lilly USA, LLC, assumes no responsibility for:
 - Any modification made to this material
 - Any practices you may or may not enact based on this material
- This material is based on the references cited. The guidelines represented in this material are not the only guidelines that exist, so you may wish to consult other guidelines in considering what best fits the needs of your patients.



LEARNING MORE
ABOUT DIABETES

WHAT IS DIABETES?¹

- Diabetes mellitus is characterized by hyperglycemia (high blood glucose), which results from the body's inability to use blood glucose for energy
- Type 1 and type 2 diabetes are the most common forms

1. American Diabetes Association. <http://www.diabetes.org/diabetes-basics/common-terms/#mellitus>.

WHAT DOES DIABETES INVOLVE?¹

CHRONIC
Condition

DAILY
Self-management

ONGOING
Involvement
of a diabetes
health care team

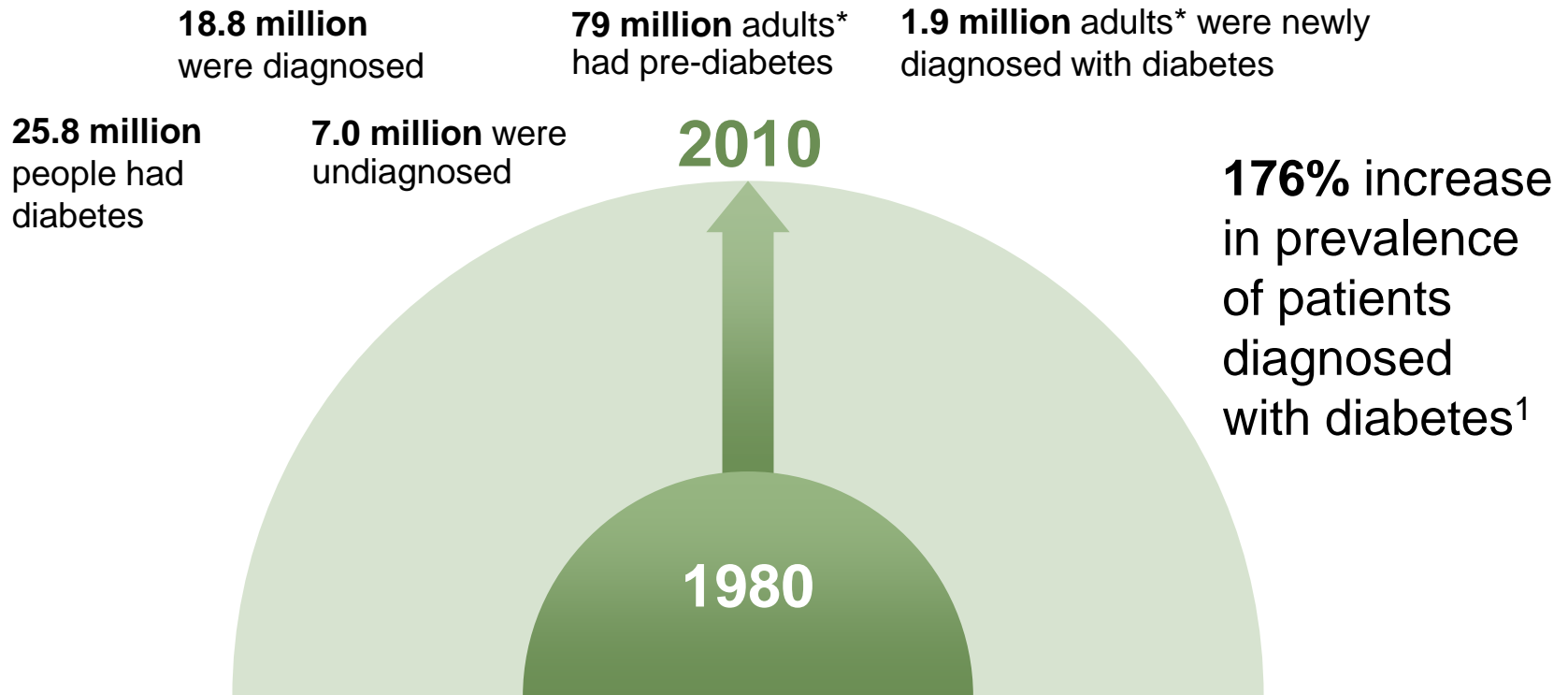


*Think about what your patients with diabetes go through each day.
What does diabetes involve for them?*

1. Funnell MM et al. *Clin Diabet*. 2004;22(3):123-127.

A DIABETES EPIDEMIC

In the United States in 2010²:



*Aged 20 years and older.

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/diabetes/statistics/prev/national/figage.htm>. 2. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/statistics/DM_Statistics_508.pdf.

DIABETES CARE IN THE FACE OF AN EPIDEMIC

Given the diabetes epidemic
in this country...

*let's look at how diabetes
care can help.*

HELPING PATIENTS WITH DIABETES

- As someone who works with patients who have diabetes, you may be involved with¹:



- Assessing patients' current levels of health care and their needs
- Developing individual diabetes care plans
- Putting care plans into action
- Monitoring results

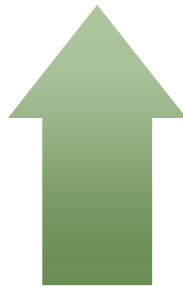
1. Community Preventive Services Task Force. <http://www.thecommunityguide.org/diabetes/casemgmt.html>.

DIABETES CARE MANAGEMENT

- Along with others involved in caring for patients with diabetes, care managers can make a difference
- Centers for Disease Control and Prevention task force strongly recommends care management for patients with diabetes¹

Care management has been shown to **improve**¹:

- Glycemic management
- Physician monitoring rates of glycemic management



A review of 14 clinical trials showed a median decrease in glycated hemoglobin of²:

- 0.53% in 11 studies when care management was combined with disease management
- 0.40% in 3 studies with disease management alone



1. Centers for Disease Control and Prevention. <http://www.cdc.gov/diabetes/projects/community.htm>. 2. Community Preventive Services Task Force. <http://www.thecommunityguide.org/diabetes/casemgmt.html>.

SHARE YOUR EXPERIENCES

“ ”

Think about a time you helped a patient achieve better glycemic management.

WHAT IS DIABETES?



[Play Video](#)

**TAKE A
LOOK**



Learn more about the
pathophysiology of diabetes

TYPES OF DIABETES

A quick check-in —

Can you name
5 *types of diabetes?*

TYPES OF DIABETES¹ (CONT'D)

1

Type 1 diabetes is an autoimmune disease. The immune system mistakenly attacks and destroys beta cells that produce insulin in the pancreas

2

Type 2 diabetes is a metabolic disorder characterized by insulin resistance and pancreatic beta cell dysfunction

1. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/statistics/DM_Statistics_508.pdf.

OTHER TYPES OF DIABETES

3

Gestational diabetes mellitus (GDM) is a type of diabetes diagnosed in pregnant women¹

4

Latent autoimmune diabetes in adults (LADA): a disorder in which the autoimmune system slowly destroys cells in the pancreas, leading to insulin dependency²

5

Maturity-onset diabetes of the young (MODY): a form of monogenic diabetes (diabetes that originates from a single gene mutation) that first occurs in children or adolescents but may not be detected until adulthood³

1. Centers for Disease Control and Prevention. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. 2. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/overview/Diabetes_Overview_508.pdf. 3. National Institute of Diabetes and Digestive and Kidney Diseases. <http://diabetes.niddk.nih.gov/dm/pubs/mody/>.

GESTATIONAL DIABETES MELLITUS (GDM)

- GDM is reported in approximately 2% to 10% of pregnancies¹
 - GDM occurs more often among women who have a family history of diabetes
- GDM is also prevalent in women who are¹:
 - African American
 - Hispanic/Latino
 - American Indian
 - Obese
- Pregnant women who have never had diabetes but have high glucose levels can develop GDM²
 - Hormones made in the placenta cause insulin resistance



1. Centers for Disease Control and Prevention . http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. 2. American Diabetes Association. <http://www.diabetes.org/diabetes-basics/gestational/what-is-gestational-diabetes.html>.

GESTATIONAL DIABETES MELLITUS (GDM) (CONT'D)

- Women with GDM can have healthy pregnancies if they follow their treatment plan and manage their blood glucose¹
- Left untreated, GDM increases the risk for¹:
 - High blood pressure
 - Preeclampsia
 - Fetal death during the last 4 to 8 weeks of pregnancy
 - Unusually large birth weight, leading to need for caesarean section
- GDM increases the risk for developing type 2 diabetes in the future²

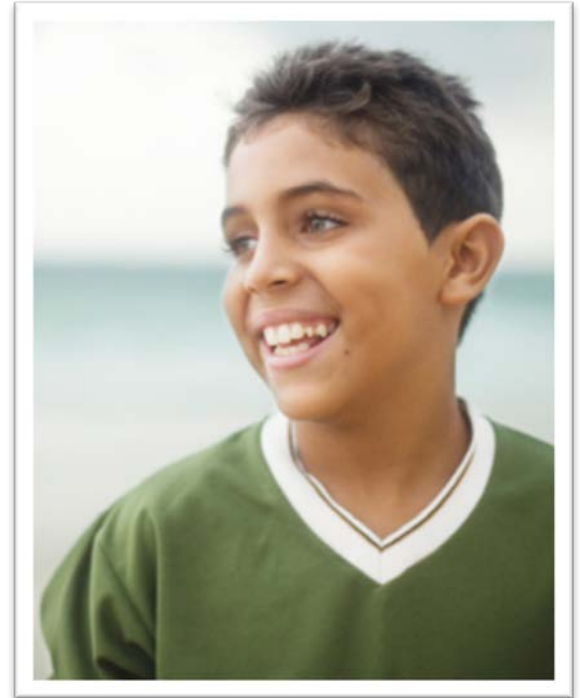


Women with GDM have a **35% to 60%** chance of developing type 2 diabetes within the 10 to 20 years following their GDM diagnosis

1. Eunice Kennedy Shriver National Institute of Child Health and Human Development. *Am I at Risk for Gestational Diabetes?* NIH publication 00-4818; June 2005. 2. Centers for Disease Control and Prevention. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.

DIABETES IN CHILDREN AND TEENS

- **Type 1** diabetes was formerly called *juvenile diabetes*¹
- **One** in every **400 to 600** children has type 1 diabetes²
- About **215,000** people younger than 20 years of age have diabetes³
- **Type 2** diabetes in children is on the rise due to the childhood obesity epidemic⁴
- There are special considerations for managing diabetes in young people⁵



1. National Institute of Diabetes and Digestive and Kidney Diseases. http://diabetes.niddk.nih.gov/dm/pubs/type1and2/YourGuide2Diabetes_508.pdf. 2. American Diabetes Association. *Diabetes Care*. 2007;30(suppl 1):S66-S73. 3. National Diabetes Education Program. Teens. <http://www.ndep.nih.gov/teens/>. 4. National Diabetes Educational Program. http://ndep.nih.gov/media/youth_factsheet.pdf. 5. National Diabetes Educational Program. Helping children and adolescents manage diabetes. National Diabetes Program. http://ndep.nih.gov/media/youth_factsheet.pdf.

SPECIAL CONSIDERATIONS FOR CHILDREN AND TEENS

- Special considerations for managing diabetes in children include¹:
 - Recognizing that children with diabetes have different needs/concerns
 - Planning ahead for parties, sleepovers, and sports
 - Preparing for and discussing the child's feelings of being different
 - Talking with a social worker or psychologist if needed
 - Having a strong network of family support
 - Supporting the child's transition to independence

1. National Diabetes Education Program.
http://ndep.nih.gov/media/youth_factsheet.pdf.

SHARE YOUR EXPERIENCES



Think about a time when you have helped parents with diabetes management for their child. What were the key barriers? What helped you help the parents?

SETTING GOALS

- Guide caregivers the same way as patients with diabetes.¹
Encourage caregivers to help their children by:
 - Starting small
 - Setting realistic goals
 - Steering them away from triggers for weight gain
 - Celebrating success with healthy foods or a fun activity

1. MayoClinic. <http://www.mayoclinic.com/health/childhood-obesity/FL00058>.

CHILDHOOD OBESITY: PARENTAL MANAGEMENT TIPS¹

TIPS
THAT
TEACH

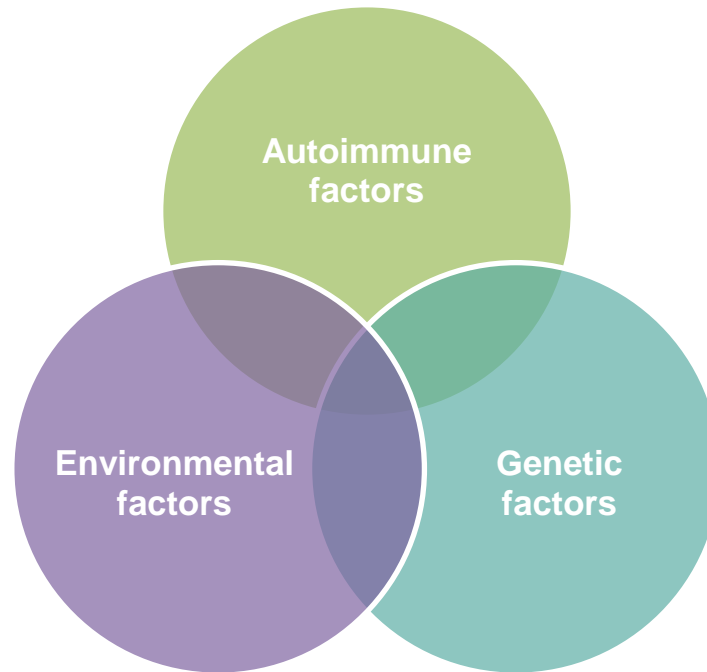


- Advise caregivers of obese children to...
lead by example
 - ☑ **Show children what healthy eating looks like.** Talk about, prepare, serve, and eat healthy meal choices
 - ☑ **Make healthy foods with the child.** Involve them in preparing a healthy meal or snack
 - ☑ **Be active.** Set a good example. Being active together daily helps build a routine and confidence
 - ☑ **Be smart about free time.** Watch TV or play video games in moderation. Encourage new activities like walking, riding bicycles, or taking day trips

1. Smith M, Robinson L. http://www.helpguide.org/mental/childhood_obesity.htm.

RISK FACTORS FOR TYPE 1 DIABETES¹

- Genetic disorders are just 1 possible cause of type 1 diabetes
- Risk factors for type 1 diabetes may include autoimmune, genetic, or environmental factors



1. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/statistics/DM_Statistics_508.pdf.

SYMPTOMS OF TYPE 1 DIABETES¹

Increased thirst

Hunger

Fatigue

Dry skin

Blurred vision

Frequent urination

Unexplained
weight loss

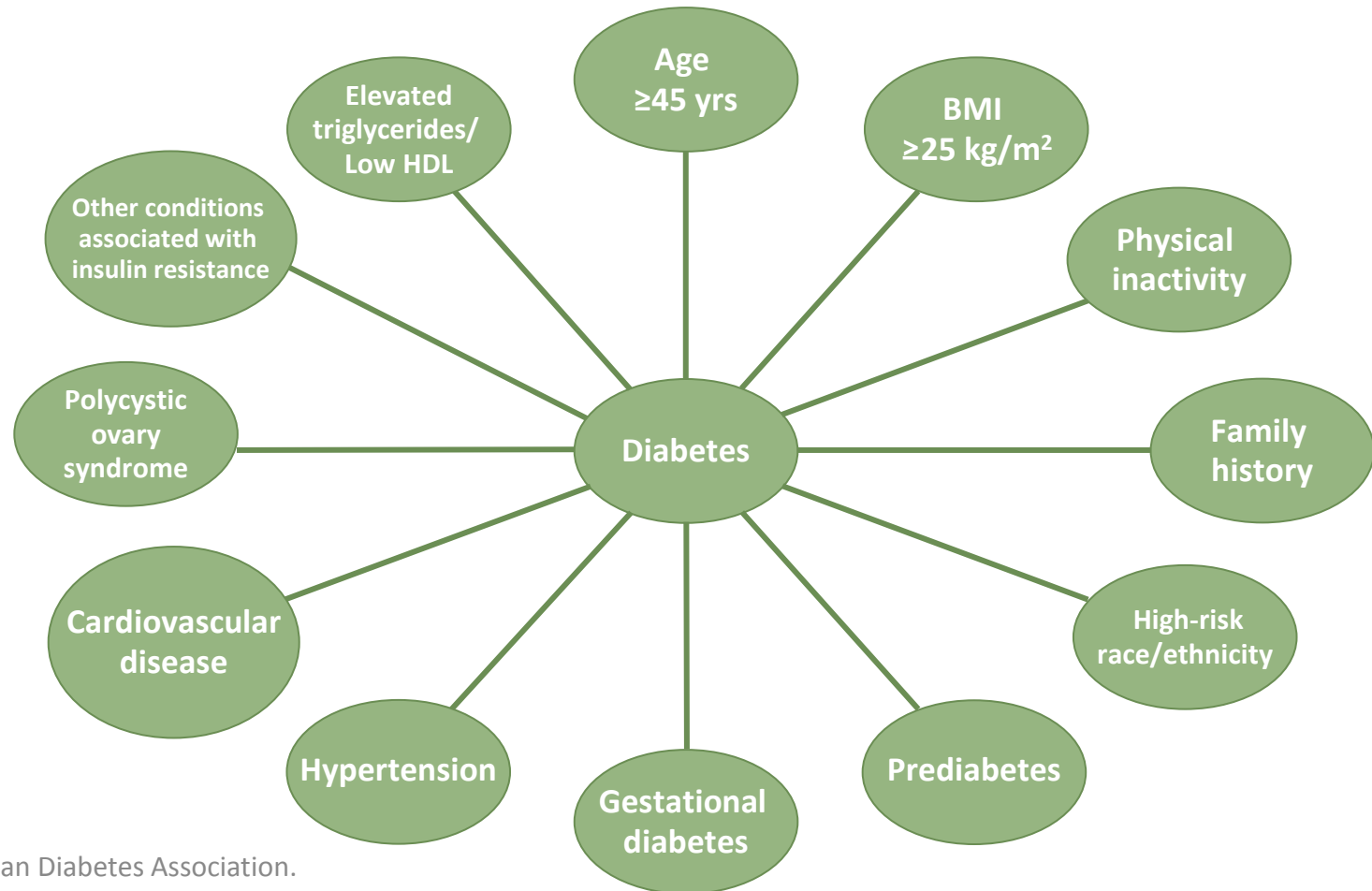
Fruity-smelling breath



1. Medline Plus. <http://www.nlm.nih.gov/medlineplus/ency/article/000305.htm>.

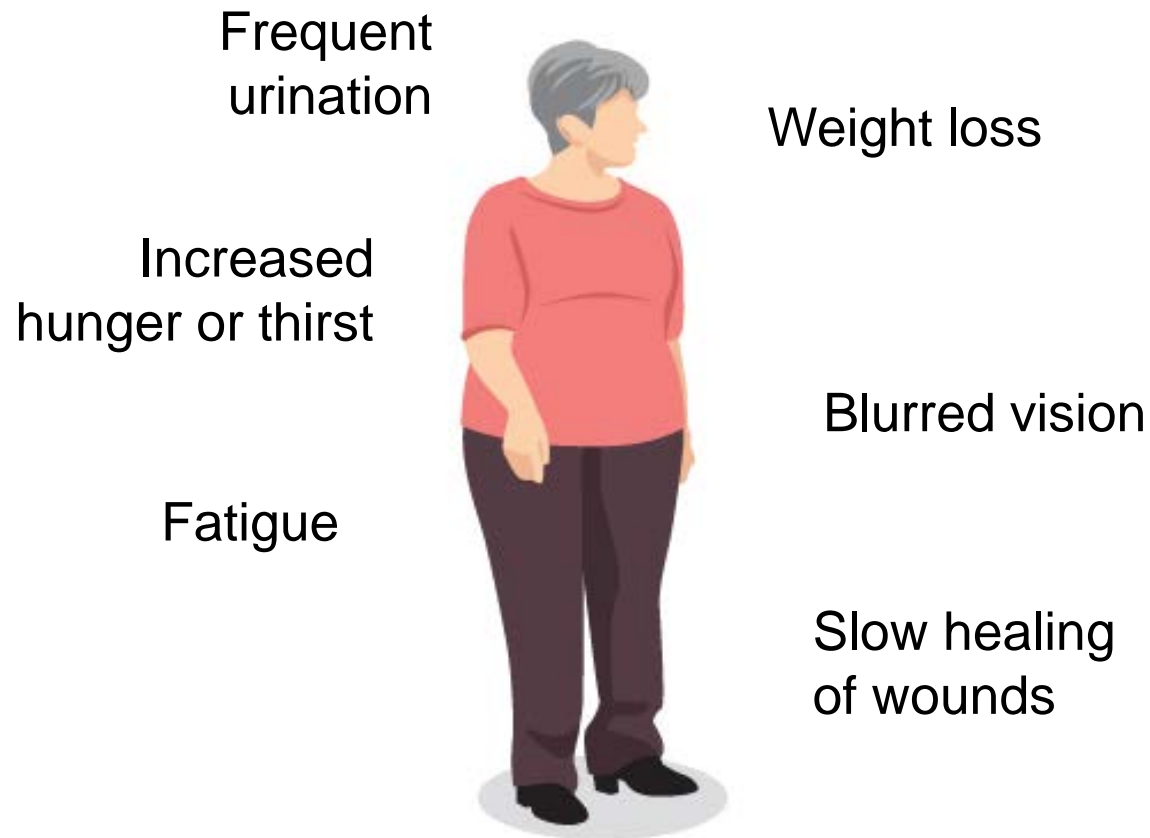
RISK FACTORS FOR TYPE 2 DIABETES¹

What are some of the risk factors for type 2 diabetes?



1.American Diabetes Association.
Diabetes Care. 2013;36(suppl 1):S11-S66.

SYMPTOMS OF TYPE 2 DIABETES¹



Patients may not have symptoms.

1. National Institute of Diabetes and Digestive and Kidney Diseases.
http://www.diabetes.niddk.nih.gov/dm/pubs/overview/DiabetesOverview_508.pdf

PUTTING IT TOGETHER

EPIDEMIC

More and more patients are being diagnosed with diabetes¹



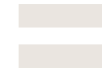
CHRONIC

and diabetes is an ongoing condition²



COMPLEX

that has multiple risk factors and symptoms.³⁻⁶



NEED

Patients need information and support that you and others can provide.

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/diabetes/statistics/prev/national/figage.htm>. 2. MayoClinic. <http://www.mayoclinic.com/health/type-1-diabetes/DS00329/METHOD=print>. 3. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/statistics/DM_Statistics_508.pdf. 4. Medline Plus. <http://www.nlm.nih.gov/medlineplus/ency/article/000305.htm>. 5. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66. 6. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/overview/DiabetesOverview_508.pdf.



KNOWLEDGE CHECK 1

WHAT IS PREDIABETES?

- Prediabetes is¹:
 - Hyperglycemia not sufficient to meet diagnostic criteria for diabetes
 - A risk factor for type 2 diabetes
 - A risk factor for cardiovascular disease
- Risk factors for prediabetes include:

Body mass index (BMI) ≥ 25 ¹

Use of some schizophrenia medications²



Aged 45 years or older¹

Other known risk factors for developing diabetes, such as family history, impaired glucose tolerance, and impaired fasting glucose¹

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.
2. Handelsman Y et al. *Endocr Pract*. 2011;17(suppl 2):1-53.

PUT IT INTO YOUR PRACTICE



As you counsel patients, consider the risk factors they may have for diabetes.

STRATEGIES FOR MANAGING PREDIABETES

Medical nutrition therapy (MNT), which is nutrition counseling provided by a registered dietitian,¹ can be used to manage certain conditions, such as prediabetes.² MNT can be used to promote weight loss—a target of 7% reduction in body weight²

Increase physical activity—at least 150 minutes a week of moderate activity²

- Physically active individuals have a lower risk for developing diabetes than do inactive individuals³

Consider Pharmacologic treatment² by first evaluating these factors:

- Patient's age
- Patient's ability to achieve lifestyle changes
- Patient's risk for developing diabetes and cardiovascular disease (CVD)
- Cost of medication

1. Academy of Nutrition and Dietetics. <http://www.eatright.org/HealthProfessionals/content.aspx?id=6442451339>. 2. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66. 3. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.diabetes.niddk.nih.gov/dm/pubs/overview/DiabetesOverview_508.pdf.

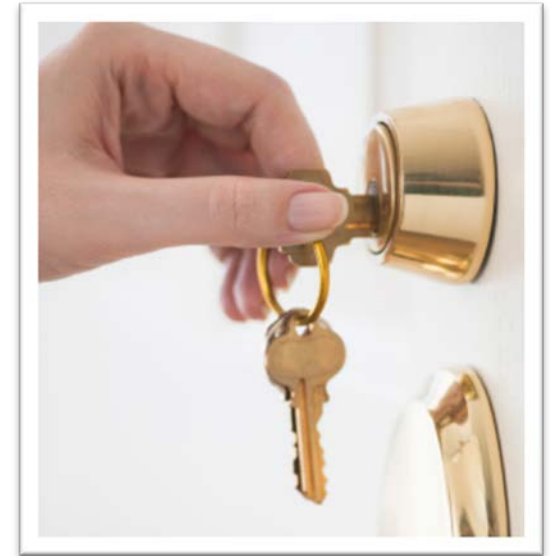
PUT IT INTO YOUR PRACTICE



Think about how you can help support patients in managing prediabetes.

INSULIN RESISTANCE AND TYPE 2 DIABETES

- What is insulin resistance?¹
 - Pancreas produces insulin but the body does not use it properly
 - Pancreas fails to keep up, so excess glucose builds up in the bloodstream
 - Increases risk for type 2 diabetes
- How can you talk about insulin resistance and diabetes with your patients?
- Using an analogy, such as a lock and key, can help patients understand diabetes and insulin resistance



1. National Institute of Diabetes and Digestive and Kidney Diseases.
[http://diabetes.niddk.nih.gov/dm/pubs/overview/
DiabetesOverview_508.pdf](http://diabetes.niddk.nih.gov/dm/pubs/overview/DiabetesOverview_508.pdf).

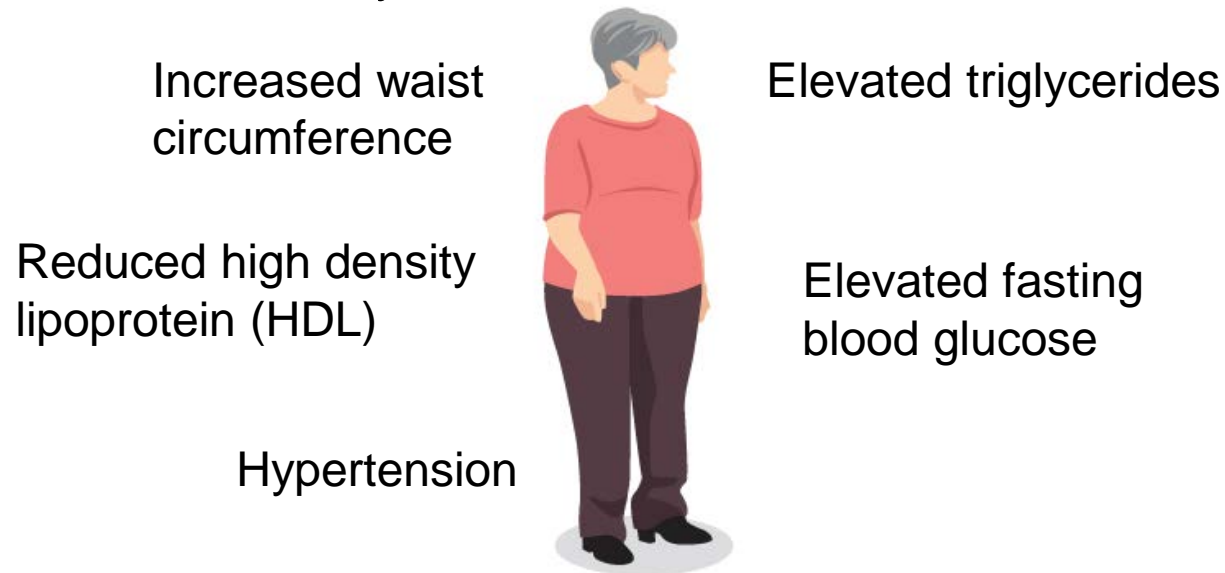
TRY IT TODAY



Try a role play. How can you explain insulin resistance and diabetes in a patient-friendly way?

METABOLIC SYNDROME AND TYPE 2 DIABETES

- What is metabolic syndrome?
 - Metabolic syndrome is a cluster of risk factors for cardiovascular disease and diabetes¹
 - Insulin resistance may increase the risk for metabolic syndrome²
- Criteria for metabolic syndrome include³:



1. National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/ms/>.

2. National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/ms/treatment.html>.

3. Alberti KG et al. *Circulation*. 2009;120(16):1640-1645.

IDENTIFYING METABOLIC SYNDROME¹

Criteria*	Defining measures
Increased waist circumference[†]	Population- and country-specific definitions
Elevated triglycerides (drug treatment for elevated triglycerides also is an indicator[‡])	≥150 mg/dL
Reduced high-density lipoprotein (HDL) (drug treatment for reduced HDL also is an indicator[‡])	<40 mg/dL in men <50 mg/dL in women
Elevated blood pressure (antihypertensive drug treatment in a patient with a history of hypertension also is an indicator)	Systolic ≥130 and/or diastolic ≥85 mm Hg
Elevated fasting glucose[§] (drug treatment of elevated glucose also is an indicator)	≥100 mg/dL

*The presence of any 3 of these criteria constitutes a diagnosis of metabolic syndrome.

[†]It is recommended that the International Diabetes Federation (IDF) levels be used for non-Europeans and that either the IDF or the American heart Association (AHA)/National Heart, Lung, and Blood Institute (NHLBI) levels be used for people of European origin until more data are available.

[‡]Commonly used drugs for elevated triglycerides and reduced _{HDL} are fibrates and nicotinic acid. A patient taking 1 of these drugs can be presumed to have high triglycerides and low HDL. High-dose omega 3 fatty acids presumes high triglycerides.

[§]Most type 2 diabetes patients will have metabolic syndrome by the proposed criteria.

1. Alberti KG et al. *Circulation*. 2009;120(16):1640-1645.

MANAGING METABOLIC SYNDROME

- Encourage your patients to help manage metabolic syndrome by¹:
 - Losing weight
 - Eating a heart-healthy diet
 - Being physically active
 - Quitting smoking
- Patients may also need²:
 - Hypertension treatment
 - Aspirin therapy to reduce the risk for cardiovascular events
 - Treatment for dyslipidemia



1. National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/ms/treatment.html>. 2. Grundy SM. *J Am Coll Cardiol*. 2012;59(7):635-643.

PUT IT INTO YOUR PRACTICE



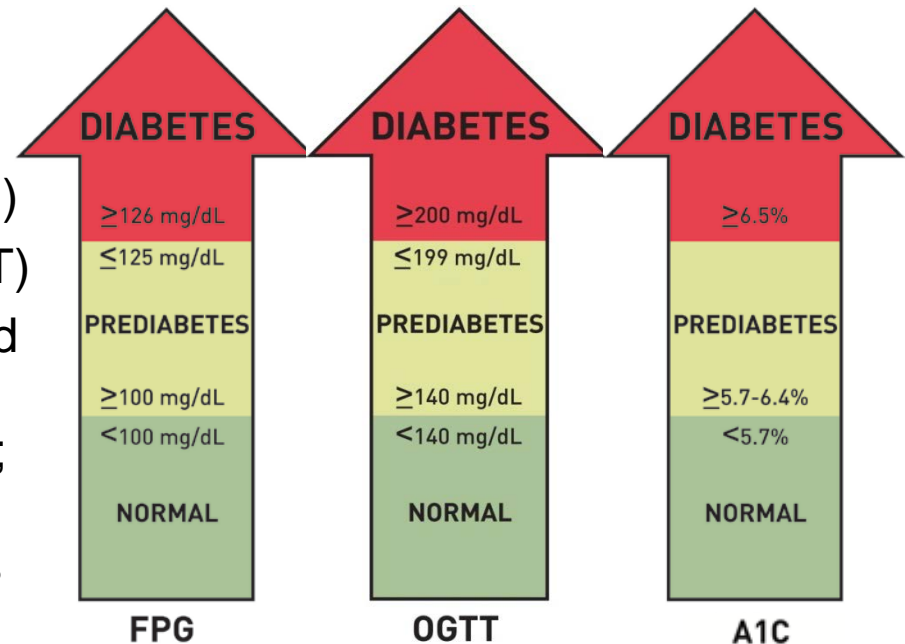
Patients managing metabolic syndrome may need extra support from you and others.



DIAGNOSIS AND TREATMENT OF DIABETES

TESTS FOR DIAGNOSING DIABETES¹

- Diagnostic tests include:
 - Random plasma glucose test (RPG) — ≥ 200 mg/dL is an indication of diabetes
 - Fasting plasma glucose test (FPG)
 - Oral glucose tolerance test (OGTT)
 - A1C: test measures average blood glucose over several months — $\geq 6.5\%$ is an indication of diabetes; however, a diagnosis of diabetes should not be made on the results of one A1C test alone



1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

ABCs OF DIABETES

Criteria		Recommended Targets*	
		<i>American Association of Clinical Endocrinologists¹</i>	<i>American Diabetes Association²</i>
A	A1C	≤6.5%	<7.0%
	Preprandial/ fasting plasma glucose	<110 mg/dL	70-130 mg/dL
	Postprandial/2-hr blood glucose	<140 mg/dL	<180 mg/dL
B	Blood pressure	<130/80 mm Hg	<140/80 mm Hg

*Individual targets can be based on health care team's recommendations.

1. Handelsman Y et al. *Endocr Pract.* 2011;17(suppl 2):1-53. 2. American Diabetes Association. *Diabetes Care.* 2013;36(suppl 1):S11-S66.

ABCs OF DIABETES (CONT'D)

Criteria		Recommended Targets	
		<i>American Association of Clinical Endocrinologists¹</i>	<i>American Diabetes Association²</i>
C	Cholesterol		
	Low-density lipoprotein (LDL)	<100 mg/dL	<100 mg/dL <70 mg/dL if overt CVD
	Triglycerides	<150 mg/dL	<150 mg/dL
	High-density lipoprotein (HDL)	>40 mg/dL for men >50 mg/dL for women	>40 mg/dL for men >50 mg/dL for women

1. Handelsman Y et al. *Endocr Pract.* 2011;17(suppl 2):1-53. 2. American Diabetes Association. *Diabetes Care.* 2013;36(suppl 1):S11-S66.

PUT IT INTO YOUR PRACTICE



ABC is a simple way to explain key measures patients need to know.

BENEFITS OF INTENSIVE DIABETES MANAGEMENT¹

- In several large studies, intensive diabetes management has been shown to be effective in helping patients with type 1 and type 2 diabetes:
 - Achieve A1C levels close to the American Diabetes Association recommendation of 7% or less as safely as possible
 - Reduce the risk of microvascular and/or macrovascular diabetes complications



Diabetes Control and Complications Trial (DCCT)

studied the relationship between glycemic management and the development of microvascular complications in patients with type 1 diabetes.

United Kingdom Prospective Diabetes Study (UKPDS)

studied the relationship between glycemic management and the development of micro- and macrovascular complications in patients with type 2 diabetes.

1. American Association of Diabetes Educators. http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/IntenDiabMngmt.pdf.

TREATMENT PATHWAY RECOMMENDATIONS FOR TYPE 1 DIABETES

- Type 1 diabetes treatment pathways
 - Type 1 diabetes is characterized by an **absolute insulin deficiency**¹
 - Type 1 diabetes treatment pathway requires **multiple-dose insulin injections** daily.¹ Patients may use²:
 - A basal (long-acting insulin) and bolus (short-acting insulin) regimen
 - Continuous subcutaneous insulin infusion if an insulin pump is being used

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66. 2. Bolli GB. *Endocr Pract*. 2006;12(suppl 1):105-109.

TREATMENT PATHWAY AND COUNSELING RECOMMENDATIONS FOR TYPE 2 DIABETES

- Type 2 diabetes treatment pathways¹
 - Diet and exercise
 - Oral medications—single use and/or combination therapy
 - Injectables
- Counsel patients to help set expectations
 - Type 2 diabetes is a **chronic** and **progressive** disease²
 - Type 2 diabetes may eventually require medication to help manage blood glucose²
 - Type 2 diabetes can be managed to help delay its progression³

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

2. Alli C et al . <http://www.jfponline.com/Pages.asp?AID=6886>.

3. American Association of Diabetes Educators.

http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/IntenDiabMngmt.pdf.

SHARE YOUR EXPERIENCES



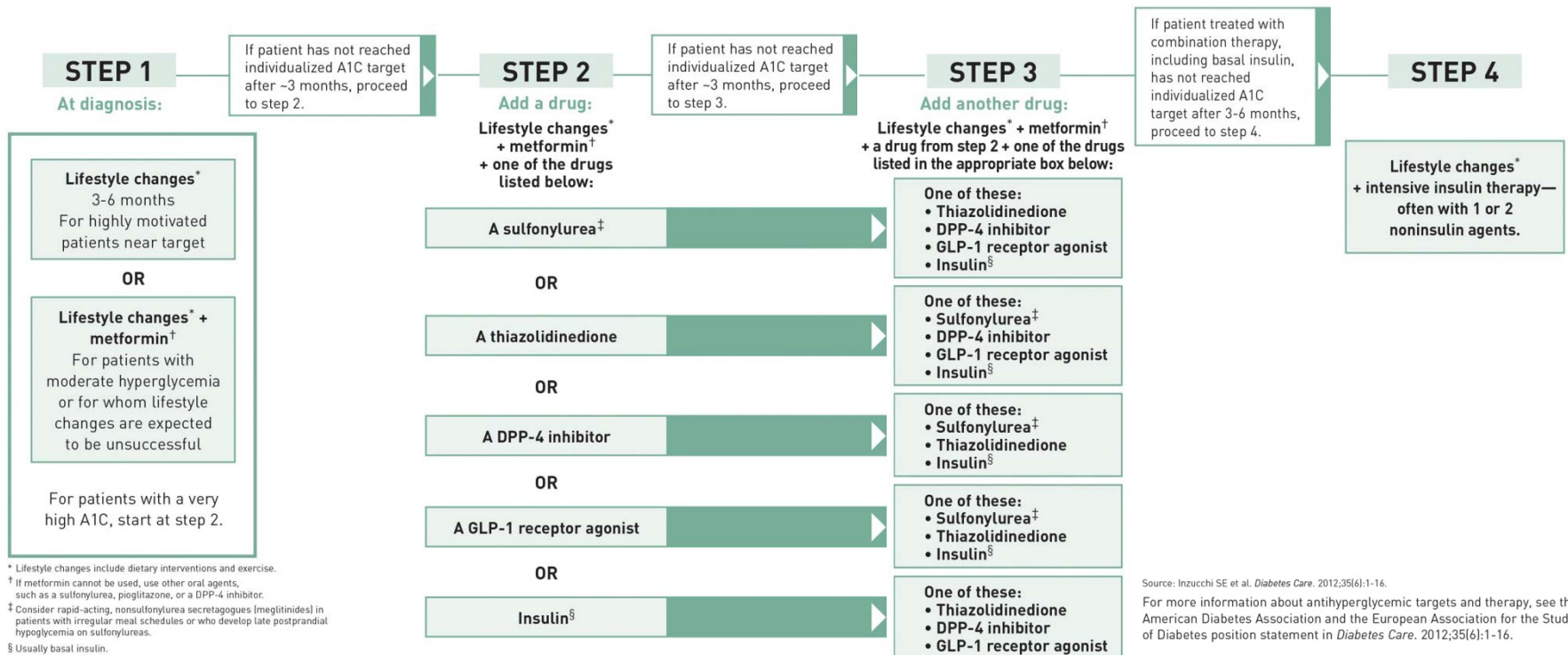
Why is it important to help your patients understand that diabetes is chronic and progressive?

TREATMENT PATHWAY AND COUNSELING RECOMMENDATIONS FOR TYPE 2 DIABETES (CONT'D)

Recommendations of the American Diabetes Association and European Association for the Study of Diabetes for Treating and Managing Type 2 Diabetes

Treatment recommendations based on individualized patient targets—a patient-centered approach.¹

Combination Therapy



HEALTH LITERACY IN DIABETES MANAGEMENT

- Health literacy is the ability to find, understand, and use basic health information and services needed to make appropriate health decisions¹
 - Includes skills beyond reading and writing, including²:
 - Speaking and listening
 - Cultural and conceptual knowledge
 - Using numbers as needed to manage health (also called *quantitative literacy* or *numeracy*)



Keeping in mind the health literacy needs of your patients is critical.

1. Health Resources and Services Administration. <http://www.hrsa.gov/publichealth/healthliteracy/healthlitabout.html>.

2. Osborn CY et al. *Clin Diabetes*. 2010;28(4):171-175.

HEALTH LITERACY IN DIABETES MANAGEMENT (CONT'D)

- More than **1 adult in 3** has below basic or basic health literacy skills¹

Who might be at risk for low health literacy?



- Older adults²
- People with limited education²
- Ethnic minorities²
- People with cognitive impairments³

Patients with low health literacy may⁴:



- Be less familiar with medical concepts and vocabulary
- Ask fewer questions
- Hide their limited understanding because they feel ashamed or embarrassed

1. Kutner M et al. *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy*. Washington, DC: National Center for Educational Statistics; 2006. 2. National Center for Education Statistics, *National Assessment of Adult Literacy*. http://nces.ed.gov/naal/kf_demographics.asp. 3. Federman AD et al. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2754116/pdf/nihms-136453.pdf>. 4. Kripalani S et al. *J Gen Intern Med*. 2006;21(8):888-890.

TIPS FOR CLEAR COMMUNICATION

TIPS
THAT
TEACH



As a provider, it is important for you to:

- Avoid medical jargon¹
- Limit the length of messages¹
- Use simple language²
- Apply the teach-back method²
- Break up information into multiple teaching sessions²
 - Assess baseline understanding
 - Repeat key messages
- Provide patients with printed materials²
- Write down important notes and instructions for patients²

1. Weiss B. *Health Literacy and Patient Safety: Help Patients Understand*. Chicago, IL: American Medical Association Foundation and American Medical Association; 2007. 2. Kripalani S et al. *J Gen Intern Med*. 2006;21(8):888-890.

USING SIMPLE LANGUAGE¹

- Avoid using complex, uncommon terms
- Instead, use plain language that explains the idea

Uncommon	Common
Indications	Uses
Experiencing	Having
Frequently	Often
Immediately	Right away
Initiate	Start
Participate	Join
Produce	Make

Plain Language Medical Dictionary

<http://www.lib.umich.edu/plain-language-dictionary>

1. Kripalani S et al. *J Gen Intern Med.* 2006;21(8):888-890.

LEARNING ABOUT THE TEACH-BACK METHOD¹

- It has been shown that:
 - **Patients understand and retain only about 50%** of what they are told¹
- With the teach-back method²:
 - Patients rephrase in their own words the information they were given
 - This allows providers to evaluate what patients heard and understood
 - Providers can then clarify information as needed to ensure that the information was understood correctly



The teach-back method has been proven to²:

- Increase patients' retention of information
- Foster better glycemic management in patients with diabetes

1. Schillinger D et al. *Arch Intern Med.* 2003;163(1):83-90. 2. Weiss B. *Health Literacy and Patient Safety: Help Patients Understand.* Chicago, IL: American Medical Association Foundation and American Medical Association; 2007.

USING THE TEACH-BACK METHOD

- Before using the teach-back method with a patient, allow him or her to choose the topic for discussion (patient-led learning)
- Provide tips and support to help foster the patient's self-management
- Then employ the teach-back method by¹:
 - Using open-ended questions to assess the patient's baseline understanding
 - Repeating or clarifying instructions (if needed) to enhance the patient's understanding
 - Reassessing the patient's understanding (if needed) by asking more open-ended questions

TIPS
THAT
TEACH



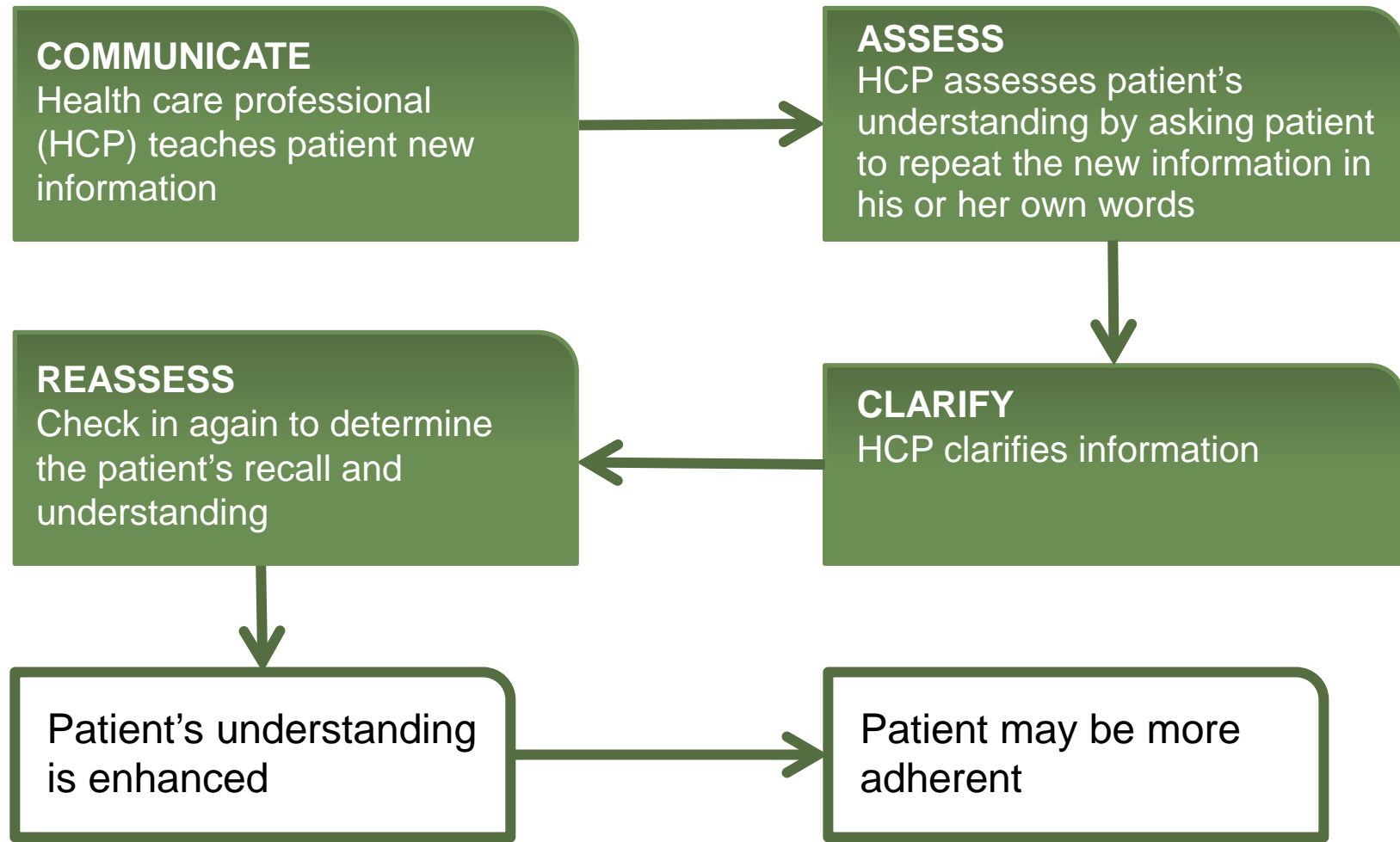
1. Weiss B. *Health Literacy and Patient Safety: Help Patients Understand*. Chicago, IL: American Medical Association Foundation and American Medical Association; 2007.

TRY IT TODAY



In teams of 2, try the teach-back method.

USING THE TEACH-BACK METHOD¹ (CONT'D)



1. Schillinger D et al. *Arch Intern Med*. 2003;163(1):83-90.

PATIENT PROFILE

- Name: Antonio
- Age: 53
- Diagnosed with type 2 diabetes 2 months ago
- Started lifestyle changes (diet/exercise) to help manage blood glucose



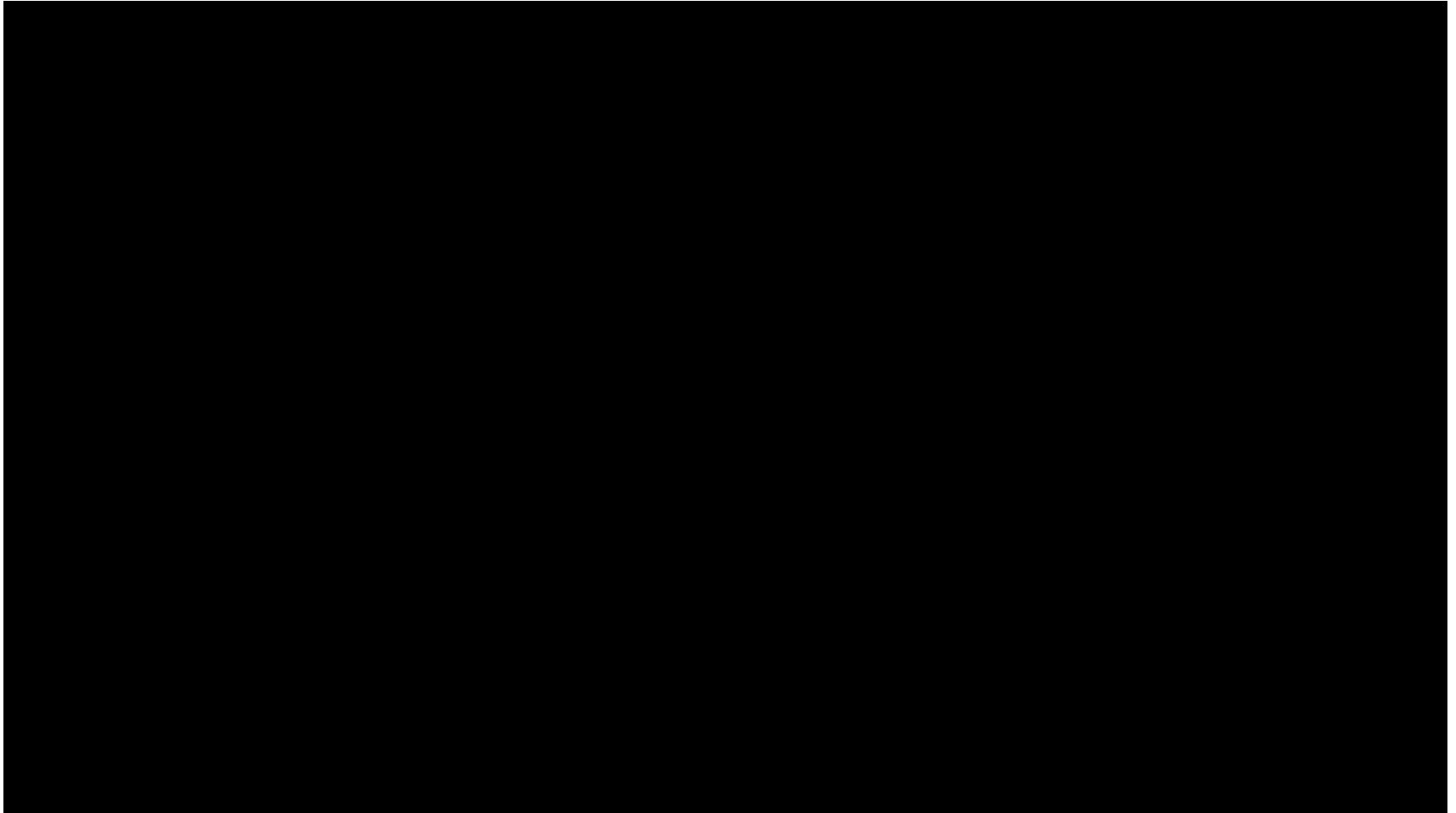
NOTE: This is not a real patient.

TAKE A LOOK



Take a look at the following video.

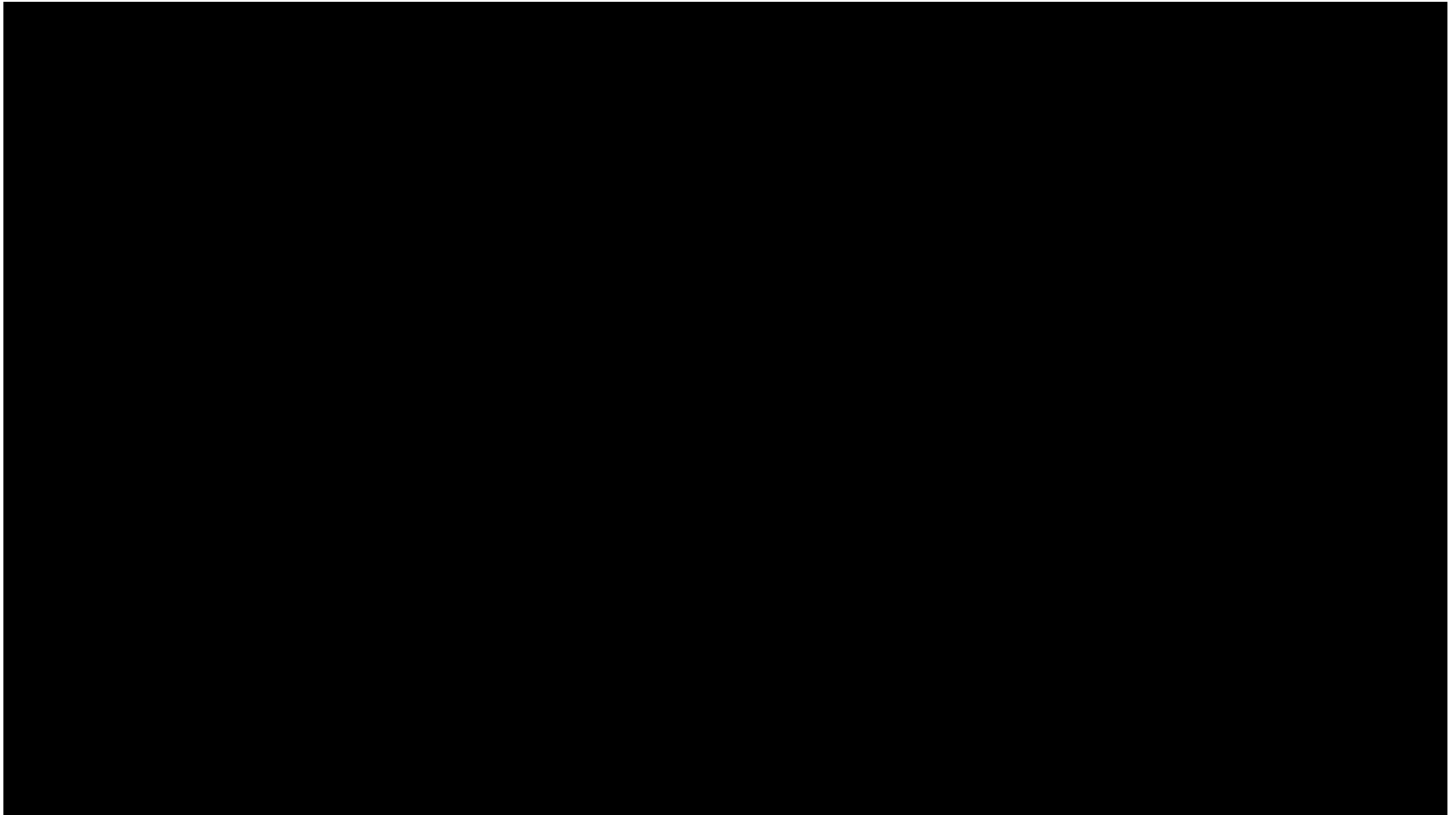
VIDEO: CLEAR COMMUNICATION



DISCUSSION POINTS

- What do you think of the words the care manager used with the patient?
- Share examples of simpler words the care manager could use

VIDEO: CLEAR COMMUNICATION (CONT'D)



A photograph of a young couple shopping at a market. The woman, on the left, has long dark hair and is wearing a light-colored sleeveless top and a white tote bag. The man, on the right, is wearing a yellow polo shirt. They are both smiling and looking at fresh vegetables on a market stall. The man is reaching for a tomato in a basket. In the background, other market stalls and people are visible, creating a busy, outdoor market atmosphere. A green semi-transparent box is overlaid on the right side of the image, containing the title text.

**DIABETES
SELF-MANAGEMENT
EDUCATION**

DIABETES SELF-MANAGEMENT EDUCATION¹

Diabetes self-management involves:

- Eating healthfully
- Being active
- Monitoring of blood glucose and other values
- Taking medication
- Solving problems, given the changing nature of diabetes
- Reducing risks
- Coping in healthy ways, given the distress that can occur

1. American Association of Diabetes Educators.
<http://www.diabeteseducator.org/ProfessionalResources/AADE7/>.



How can you educate your patients about diabetes self-management?

SELF-MONITORED BLOOD GLUCOSE (SMBG)

TIPS
THAT
TEACH

- SMBG is a key component of intervention that can help improve glycemic management^{1,2}
- Below are a few helpful steps to assist your patients with SMBG:
 - ☑ Advise patients to keep a written log³
 - ☑ Explain how to look for patterns and when to test blood glucose¹
 - ☑ Describe the importance of working with the diabetes care team
 - ☑ Advise patients to store and dispose of equipment properly



1. Handelsman Y et al. *Endocr Pract.* 2011;17(suppl 2):1-53. 2. American Diabetes Association. *Diabetes Care.* 2013;36(suppl 1):S11-S66. 3. National Institute of Diabetes and Digestive and Kidney Diseases. http://diabetes.niddk.nih.gov/dm/pubs/complications_control/.

SELF-MANAGEMENT TIPS—SICK DAYS¹

TIPS
THAT
TEACH



- Encourage patients to make a sick-day plan that includes:
 - Talking with the health care provider
 - Asking the health care provider for recommendations about other medicines (for colds or other illnesses)
 - Continuing to take diabetes medicines as prescribed
 - Checking blood glucose and ketones in urine often (or more frequently)
 - Eating regularly
 - If patients do not feel like eating, they could snack instead, choosing foods that have about 10 to 15 grams of carbohydrate (such as 1 ice pop, 1 cup of soup, 4 ounces of orange juice)
 - Drinking plenty of water

1. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/parents-and-kids/planet-d/new-to-diabetes/sick-days.html>.

SELF-MANAGEMENT TIPS—DENTAL CARE¹

TIPS
THAT
TEACH

- What is the relationship between diabetes and dental care?
 - Patients with diabetes are at higher risk for gum disease
- Patients should be encouraged to:
 - Take care of their teeth and gums
 - Have regular dental checkups every 6 months
 - Tell their dentists about their diabetes so oral procedures can be scheduled when blood glucose is well-managed

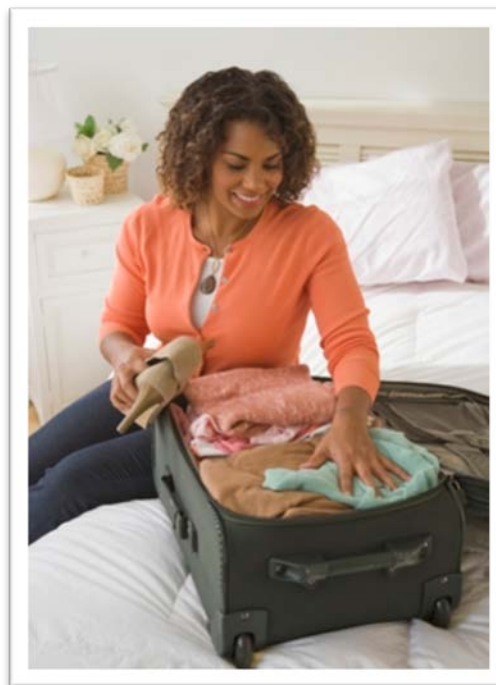


1. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/oral-health-and-hygiene/diabetes-and-oral.html>.

SELF-MANAGEMENT TIPS —TRAVEL¹

- Patients should plan ahead for managing diabetes during travel. This includes:
 - Having a checkup with the health care provider before a long trip to make sure diabetes is well-managed
 - Getting a letter from the health care provider with instructions for what is needed to manage diabetes and getting a prescription for the medicines that are required
 - Having a medical ID
 - Packing extra supplies. Patients should pack at least twice as many supplies as will be needed (medicines, glucose monitor supplies, snacks, and other supplies)
 - Packing needed supplies in a carry-on bag that is easily accessible by the patient

TIPS
THAT
TEACH



1. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/medication/when-you-travel.html>.

SHARE YOUR EXPERIENCES



What advice do you give your patients when they travel?

SELF-MANAGEMENT—SEXUAL DYSFUNCTION¹

TIPS
THAT
TEACH



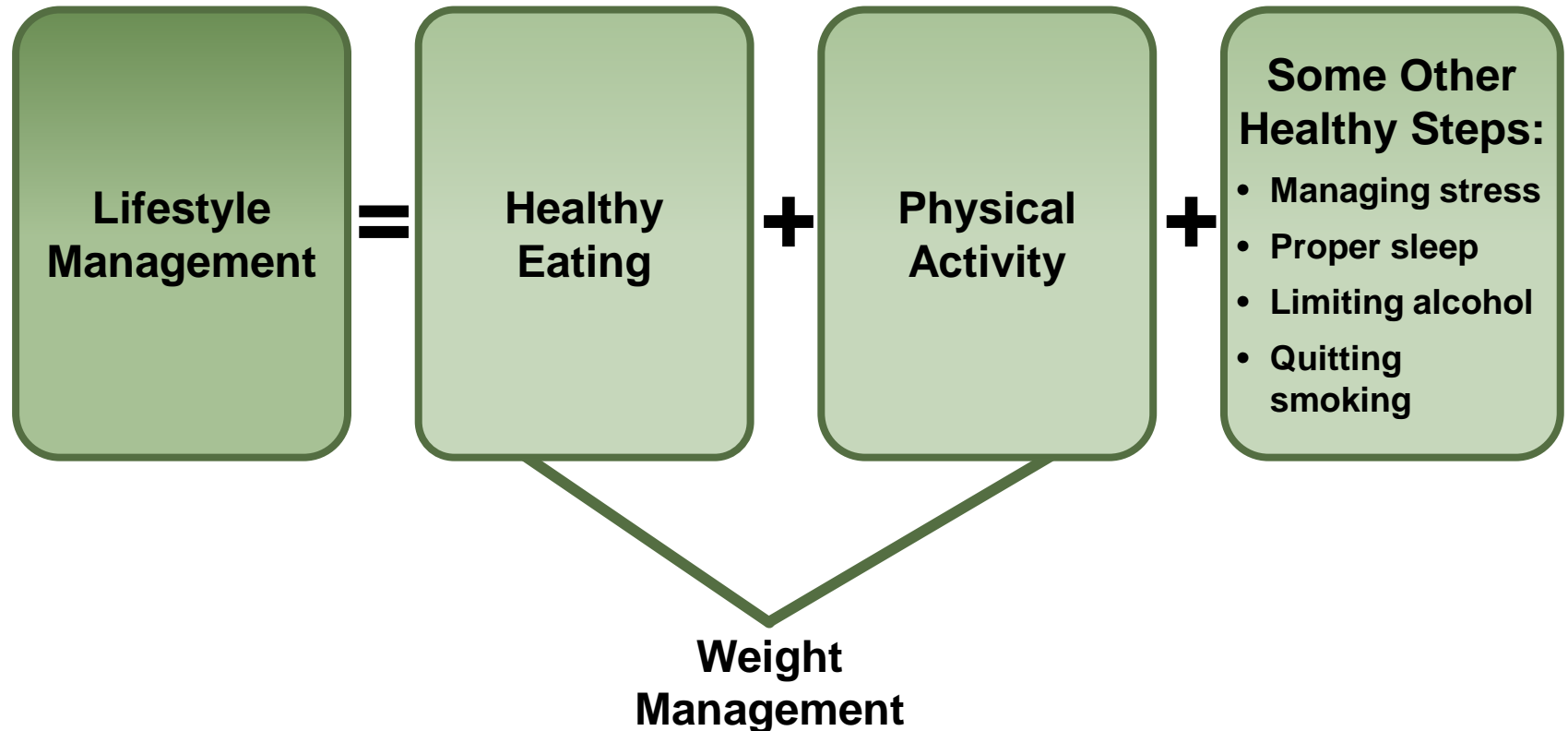
- Both men and women with diabetes are at risk for sexual dysfunction
- Sexual problems in men—such as erectile dysfunction
- Sexual problems in women—such as decreased sexual desire
- Patients should be encouraged to:
 - Recognize that sexual dysfunction can happen and not to be ashamed if it does
 - Talk with the health care provider about any sexual dysfunction they may be experiencing
 - Know that sometimes treatment can be prescribed to address sexual dysfunction

1. National Institute of Diabetes and Digestive and Kidney Diseases. <http://diabetes.niddk.nih.gov/dm/pubs/sup/>.



LIFESTYLE MANAGEMENT

LIFESTYLE MANAGEMENT FOR PEOPLE WITH DIABETES



WEIGHT MANAGEMENT

TIPS
THAT
TEACH



- Patients may need help to set realistic, achievable weight-loss goals. They may not be successful with their weight loss if we do not help them explore their strengths and weaknesses
- To help your patients, you may want to encourage them to:
 - List all the changes they need to make to lose weight
 - Identify which changes are easiest to make
 - Prioritize changes that are achievable
 - Write down the changes they want to make and the realistic goals they have set for themselves
 - Make their goals public by sharing them with family members or friends
 - Explore the benefits of making those changes
 - Explore the barriers to making those changes



Making lifestyle changes is no easy task. It is important to let your patients know that you recognize the difficulty and are there to support them.

WEIGHT MANAGEMENT¹ (CONT'D)

TIPS
THAT
TEACH

- Encourage your patients to:
 - Keep a record of food consumed
 - Understand portion sizes and choose healthier portions
 - Take in fewer calories than are expended
 - Limit intake of sodium, solid fats, added sugars, and refined grains
 - Drink more water instead of high-calorie beverages

1. US Department of Agriculture and US Department of Health and Human Services. *Dietary Guidelines for Americans*, 2010. <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/ExecSumm.pdf>.

COUNSELING ABOUT THE ROLE OF CARBOHYDRATE¹

- Foods with carbohydrate raise blood glucose
- There are 3 types of carbohydrate. Each plays an important role in healthy nutrition

Starch: Foods high in starch include peas, corn, pinto beans, and potatoes

Sugar: There are 2 main types of sugar:

- Naturally occurring sugars, such as those in milk or fruit
- Sugars added during processing, such as the heavy syrup fruit is often canned in or the sugar added to make a cookie

Fiber: Dietary fiber comes from plant foods such as beans, legumes, fruits, vegetables, whole grains, and nuts



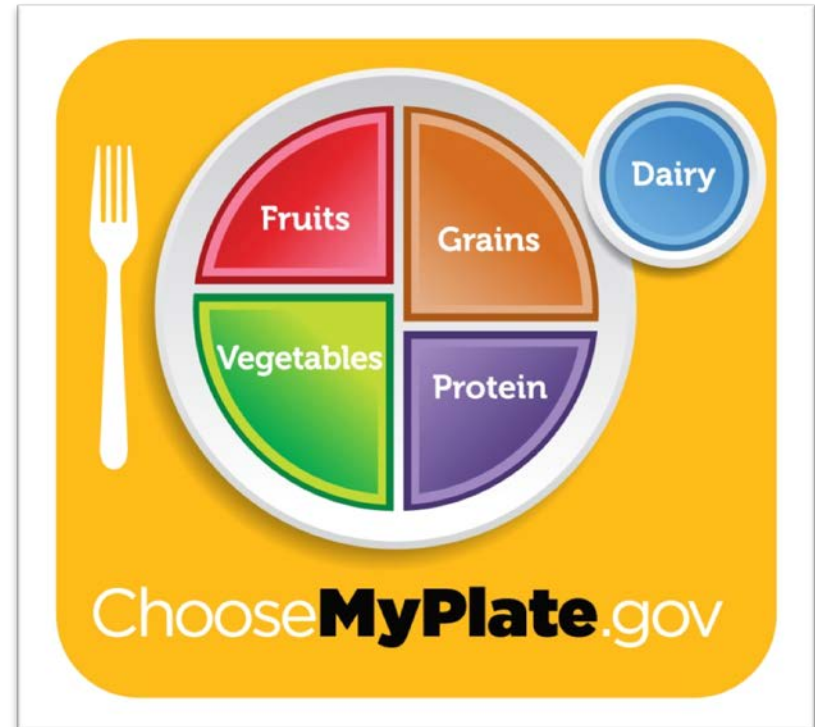
When patients are counting carbohydrate, they should look at the total carbohydrate number on the nutrition label.

Nutrition Facts	
Serving Size 2 crackers (14 g)	
Servings Per Container About 21	
Amount Per Serving	
Calories 60	Calories from Fat 15
% Daily Value*	
Total Fat 1.5g	2%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 70mg	3%
Total Carbohydrate 10g	3%
Dietary Fiber 1g	3%
Sugars 0g	
Protein 2g	
Vitamin A 0%	Vitamin C 0%
Calcium 0%	Iron 2%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2400mg 2400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

1. American Diabetes Association. <http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/carbohydrates.html>.

HEALTHY EATING WITH MYPLATE¹

- MyPlate:
 - Is part of a large healthy eating program based on *2010 Dietary Guidelines for Americans* to help consumers make better food choices
 - Is designed to remind Americans to eat healthfully; it alone is not intended to change consumer behavior
 - Illustrates the 5 food groups by using a familiar mealtime visual, a place setting
- For more information, visit ChooseMyPlate.gov



1. Center for Nutrition Policy and Promotion. <http://www.cnpp.usda.gov/Publications/MyPlate/GettingStartedWithMyPlate.pdf>.

PORTION CONTROL

- Healthy eating with MyPlate is recommended, but it is still important for patients to understand portion sizes
- Encourage patients to use their hands to measure portion sizes:
 - The palm of the hand is about 1 serving of meat or beans¹
 - The fist is about 1 serving of fruit or vegetables^{1,2}
 - The thumb is roughly 1 serving of mayonnaise, or jam, or half of a serving size of salad dressing^{2,3}
 - The tip of the thumb is about 1 serving of butter, oil, or margarine²⁻⁵

1. American Diabetes Association. <http://www.diabetes.org/food-and-fitness/fitness/weight-loss/food-and-portion-size.html?print=t>.

2. Diabetes America. http://www.diabetesamerica.com/da-nutrition_measuring.cfm. 3. United States Department of Agriculture. http://www.fns.usda.gov/tn/healthy/portions_kit/serving_size.pdf.

4. American Heart Association. http://www.heart.org/idc/groups/heart-public/@wcm/@global/documents/downloadable/ucm_321862.pdf.

5. National Heart, Lung, and Blood Institute. http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/fat_free.htm.

TIPS
THAT
TEACH

Use your hand to measure serving sizes.

Your palm is about 1 serving of meat or beans.



Your fist is about 1 serving of fruit, vegetables, or grains.



Your thumb is about 1 serving of salad dressing, mayonnaise, or jam.



The tip of your thumb is about 1 serving of butter, oil, or margarine.



EATING AT HOME

TIPS
THAT
TEACH

- Encourage your patients to:
 - Try new recipes low in fat and high in fiber^{1,2}
 - Try low-fat or fat-free foods^{1,2}
 - Make vegetables, whole grains, and fruits the mainstay of the meal plan^{1,3,4}



1. American Diabetes Association. *Diabetes Care*. 2008;31(suppl 1):S61-S78. 2. American Diabetes Association. <http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/dairy.html?print=t>. 3. Center for Nutrition Policy and Promotion. <http://www.cnpp.usda.gov/Publications/MyPlate/GettingStartedWithMyPlate.pdf>. 4. American Diabetes Association. <http://www.diabetes.org/food-and-fitness/fitness/weight-loss/food-and-portion-size.html?print=t>.

EATING OUT¹

- Encourage your patients to:
 - Ask questions about the menu
 - Order a salad and a low-fat appetizer instead of an entrée
 - Order sauces and dressings on the side
 - Eat the same portion as they would at home and take the rest home

TIPS
THAT
TEACH



1. American Diabetes Association. <http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/eating-out/table-tips.html?print=t>.

GOALS OF MEDICAL NUTRITION THERAPY (MNT)

- MNT is a type of therapy that is based on nutrition¹ and MNT involves²:
 - Nutrition assessment
 - Planning and implementing a nutrition intervention
 - Monitoring and evaluating progress
- MNT may help people with diabetes achieve and maintain³:
 - Blood glucose and blood pressure levels in the normal range or as close to normal as safely possible
 - A lipid and lipoprotein profile that helps reduce the risk for cardiovascular disease
- MNT may also help patients to³:
 - Reduce the risk of or slow the development of chronic complications by modifying nutrient intake and lifestyle
 - Address individual nutrition needs, including personal and cultural preferences
 - Maintain the pleasure of eating by limiting food choices only when needed



Encourage your patients to see a dietitian about MNT.

1. Academy of Nutrition and Dietetics. <http://www.eatright.org/HealthProfessionals/content.aspx?id=6442451339>.

2. Academy of Nutrition and Dietetics. <http://www.eatright.org/healthprofessionals/content.aspx?id=6877>.

3. American Diabetes Association et al. *Diabetes Care*. 2008;31(suppl 1):S61-S78.

PHYSICAL ACTIVITY RECOMMENDATIONS

- Before starting any physical activity program, patients should first check with their health care provider
- Set reachable goals that include aerobic activities¹
- Guidelines recommend 30 minutes of moderate exercise most days of the week¹
- Find everyday places to exercise, such as local school yards and public parks



1. American Diabetes Association. *Diabetes Care*.2002;25(suppl 1):S64-S68.

PHYSICAL ACTIVITY RECOMMENDATIONS (CONT'D)

An 8-Week Walking Program— Share these tips with your patients:

TIPS
THAT
TEACH

1. Choose at least 5 days to walk each week. Check off the days you walk.
2. Always walk slowly for the first and last 5 minutes. This is your warm-up and cool-down.
3. In between your warm-up and cool-down, walk faster. Walk faster for 5 minutes the first week. Then add 3 minutes of fast walking each week. By the eighth week, you should be walking fast for 26 minutes.
4. If you get an ache or pain, take it easy for a few days. If it doesn't get better, talk with your doctor.

week	walk fast	Su	Mo	Tu	We	Th	Fr	Sa
1	5 min							
2	8 min							
3	11 min							
4	14 min							
5	17 min							
6	20 min							
7	23 min							
8	26 min							

My personal goals

Keep going!

***Remember, fitness is a
lifetime commitment!***

PHYSICAL ACTIVITY: BENEFITS¹

- Physical activity is an important component of a healthy lifestyle
- In 1 study, there was a lower incidence of developing diabetes over a 3-year period in patients who exercised regularly
- Regular physical activity may help people with diabetes to:
 - Lose weight
 - Reduce the risk for CVD
 - Achieve better blood glucose management
 - Improve physical and mental well-being



If patients look for reasons not to exercise, have them ask themselves¹:

- Are my goals realistic? Do I need a change in activity?
- Would a different schedule help?

1. National Institute of Diabetes and Digestive and Kidney Diseases. http://diabetes.niddk.nih.gov/dm/pubs/physical_uz/#how.

PHYSICAL ACTIVITY: TIPS

TIPS
THAT
TEACH

- Patients with diabetes should be reminded to¹:
 - ☑ Always consult with their health care provider before implementing an exercise regimen
 - ☑ Test blood glucose before and after activity; test during if exercising for 1 hour or longer
 - ☑ Carry food, glucose tablets, or gel
- Additional tips to ensure safe physical activity:
 - ☑ Wear or carry ID¹
 - ☑ Always warm up and cool down¹
 - ☑ Wear well-fitting shoes and cotton socks¹
 - ☑ Drink plenty of water²



Advise your patients to do the “talk test” during physical activity.³

1. National Institute of Diabetes and Digestive and Kidney Diseases. http://diabetes.niddk.nih.gov/dm/pubs/physical_ez/#how.

2. American Diabetes Association. *Diabetes Care*.2002;25(suppl 1):S64-S68. 3. Joslin Diabetes Center.

<http://www.joslin.org/info/exercising-with-diabetes-complications.html>.

PHYSICAL ACTIVITY: TIPS¹ (CONT'D)

TIPS
THAT
TEACH



- These strategies can help patients increase their activity level:
 - ☑ Walk rather than drive whenever possible
 - ☑ Take the stairs instead of the elevator
 - ☑ Work in the garden, rake leaves, or do some housecleaning every day
 - ☑ Park at the far end of the shopping center and walk to the store

- Encourage patients to:
 - ☑ Choose enjoyable activities
 - ☑ Enjoy activity with a partner
 - ☑ Add variety to daily routine

1. American Diabetes Association. <http://www.diabetes.org/food-and-fitness/fitness/ideas-for-exercise/types-of-exercise.html?>

TRY IT TODAY



Talk about ways to help a young obese patient be more active.



BEHAVIOR CHANGE

BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT

- Stages of Change Model is a behavior change model that can be used in type 2 diabetes management
- Stages of Change Model centers on¹:
 - Patient's readiness and motivation for making a change
 - The process a patient goes through to make a change



1. National Cancer Institute. <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>.

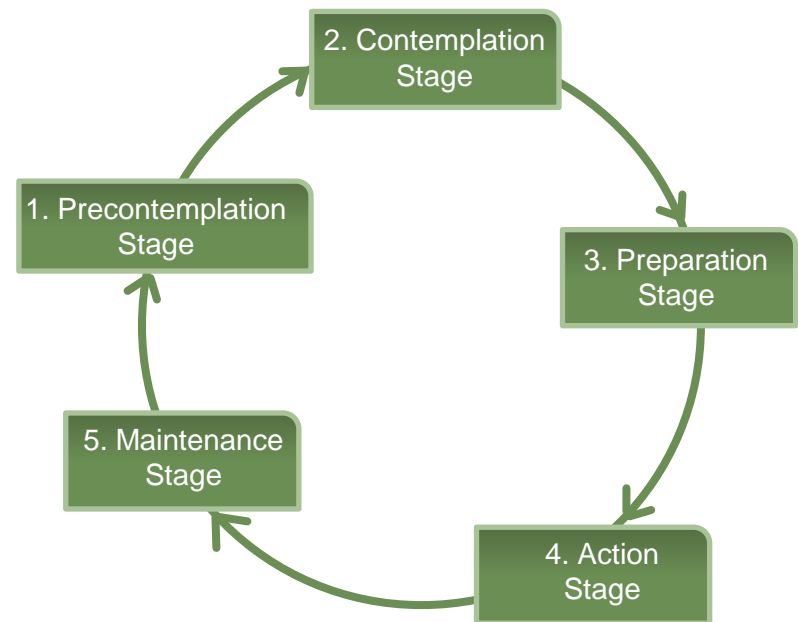
BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT¹ (CONT'D)

- There are 5 stages in the Stages of Change model:

- 1. Precontemplation:** A patient has no intention of making a change within the next 6 months.
- 2. Contemplation:** A patient intends to make a change within the next 6 months.
- 3. Preparation:** A patient is preparing to make a specific change within 30 days and has taken some steps in the direction of the change.
- 4. Action:** A patient has changed behavior for less than 6 months.
- 5. Maintenance:** A patient has been incorporating new behavior for more than 6 months.

- Relapse, when a patient returns to previous behavior, can occur at any stage

Stages of Change



Understanding the stages may help you recommend appropriate self-management tips.

1. National Cancer Institute. <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>.

BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT¹ (CONT'D)

Stage of Change	Potential Change Strategies
Precontemplation	<ul style="list-style-type: none">• Help patients be aware of the need for change• Help patients understand the risks and benefits in a personal way
Contemplation	<ul style="list-style-type: none">• Help provide motivation for patients to make change• Encourage patients to make specific plans for the change
Preparation	<ul style="list-style-type: none">• Assist patients with developing and putting into place concrete action plans• Help patients set gradual goals
Action	<ul style="list-style-type: none">• Help patients with feedback, problem solving, social support, and reinforcement
Maintenance	<ul style="list-style-type: none">• Assist patients with coping, reminders, finding alternatives, avoiding relapses (if possible)

1. National Cancer Institute. <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>.

SUPPORTING BEHAVIOR CHANGE

- Supporting behavior change involves:
 - Understanding the patient's perspective
 - Using tools to assist in making and sustaining changes
- Use strategies to promote behavior change, including:
 - Fostering patients' self-efficacy, which is confidence in their ability to successfully perform an action¹
 - Helping patients set progressive goals¹
 - Using outcome expectancies¹
 - Using motivational interviewing²



You have the opportunity to counsel patients on their diabetes self-management skills and support them in making positive behavior changes.

1. National Cancer Institute. <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>. 2. Rollnick S et al. *Motivational Interviewing in HealthCare: Helping Patients Change Behavior*. New York, NY: The Guilford Press; 2008;1-64.

MOTIVATIONAL INTERVIEWING

- Motivational interviewing¹:
 - Is collaborative
 - Is goal oriented
 - Aligns with personal values and beliefs
 - Examines ambivalence about behavior change
- The 4 processes of motivational interviewing are²:
 - Engaging
 - Relational foundation
 - Focusing
 - The strategic focus
 - Evoking
 - The transition to motivational interviewing
 - Planning
 - The bridge to change



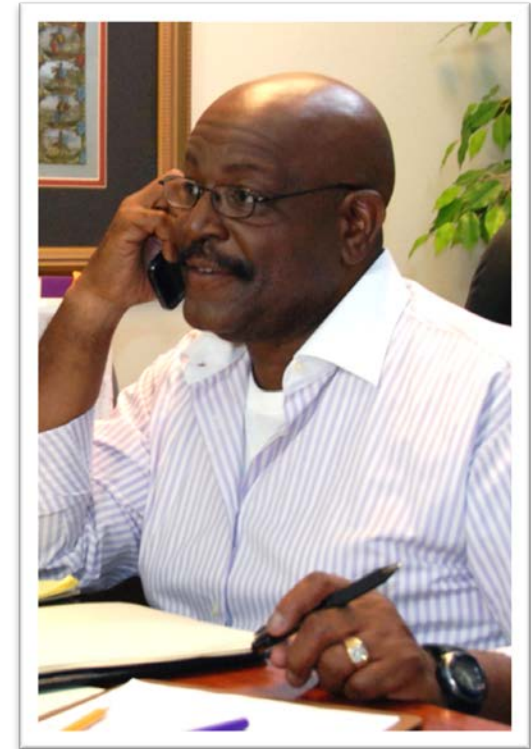
Techniques of motivational interviewing:

- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

1. Motivational Interviewing. <http://www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf>. 2. Miller WR, Rollnick S. The method of motivational interviewing. *Motivational Interviewing; Helping People Change*. New York, NY: The Guilford Press; 2013.

PATIENT PROFILE:

- Name: Montel
- Age: 45
- Diagnosed with type 2 diabetes; most recent A1C was high at 7.9%¹
- Started lifestyle changes (diet/exercise) and oral diabetes medication 8 months ago to help manage blood glucose



NOTE: This is not a patient.

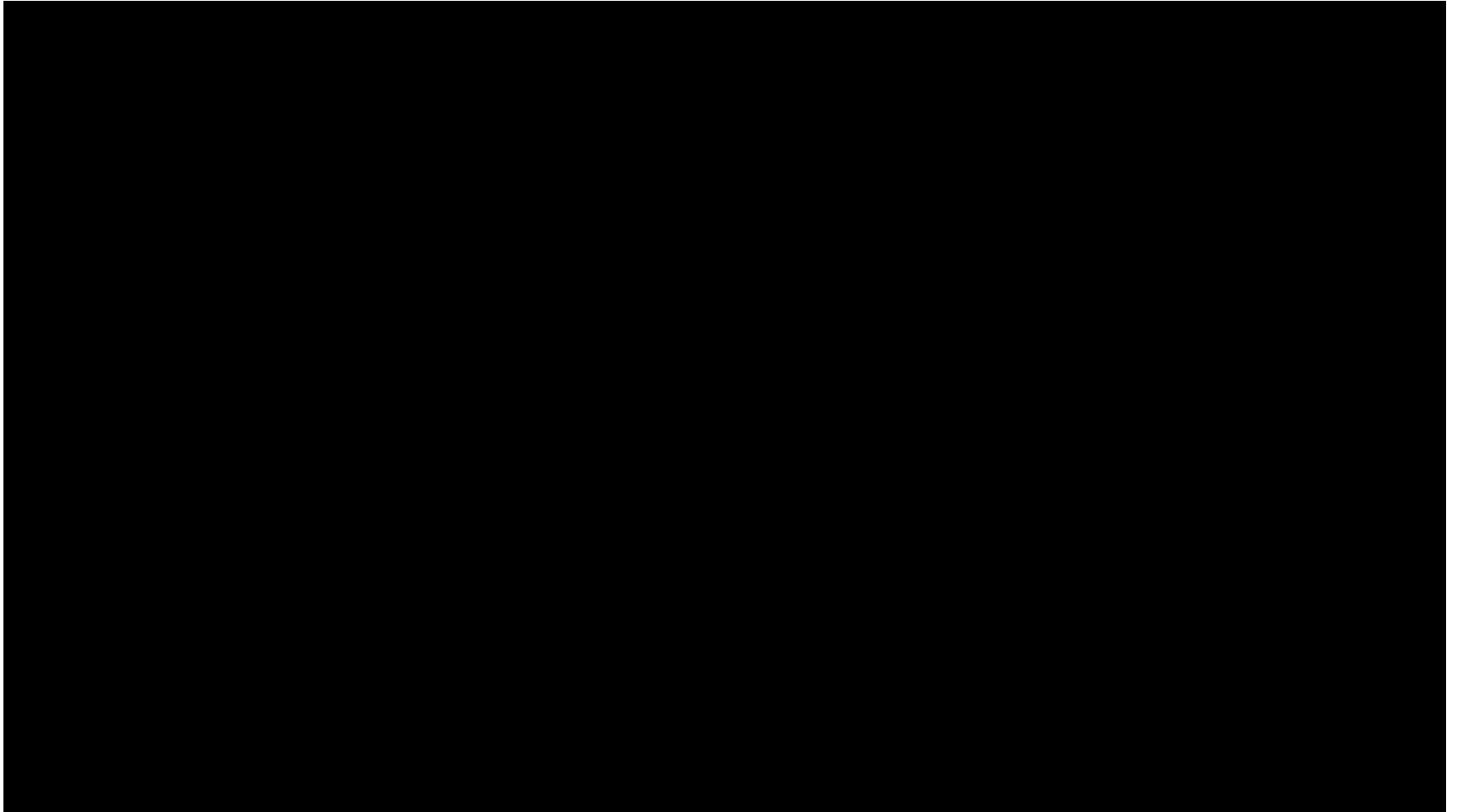
1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

TAKE A LOOK



Take a look at the following video.

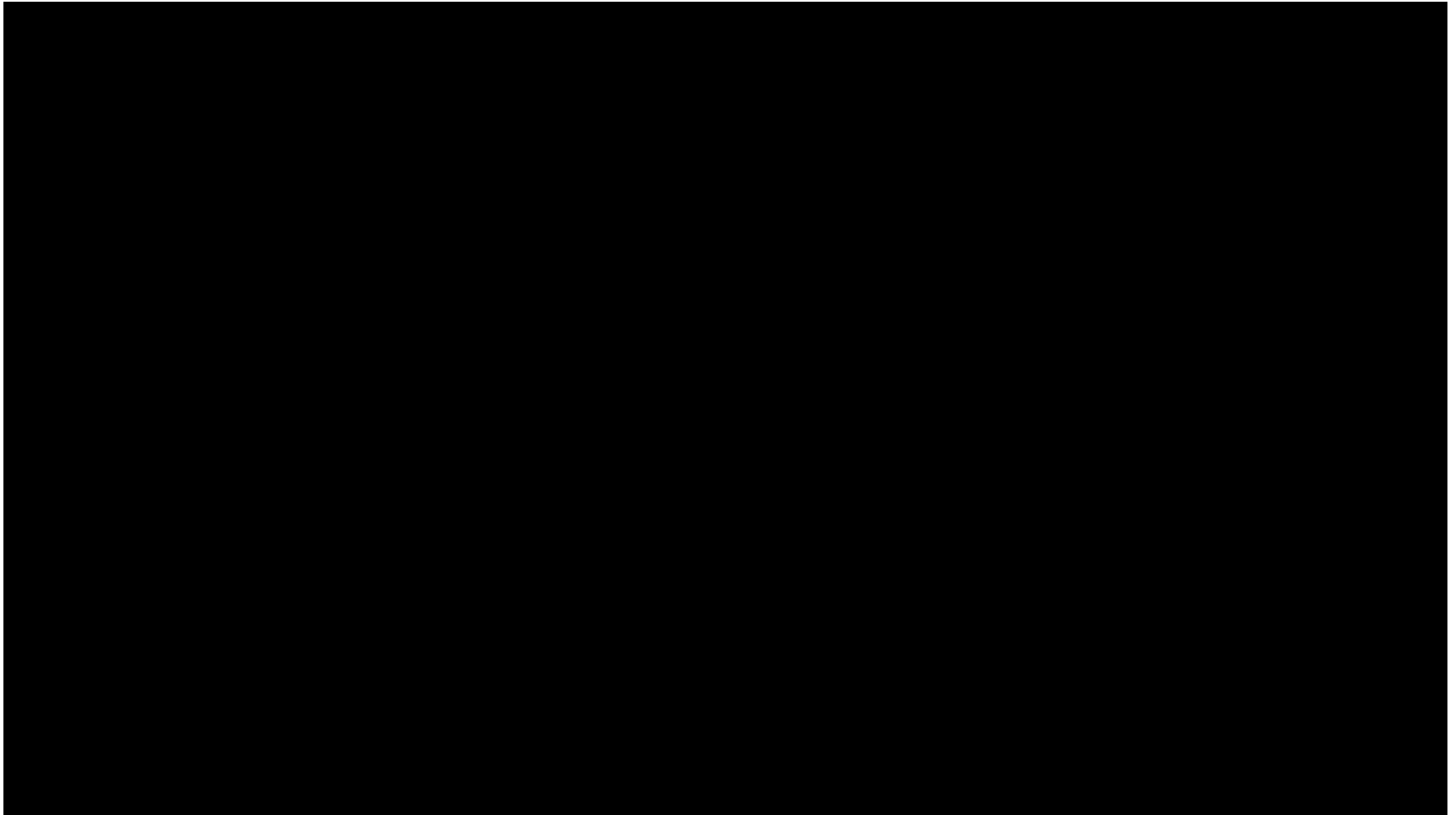
VIDEO: BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT



DISCUSSION POINTS

- Which stage of change is Montel at in his goal to change his eating habits?
- What worked well in the exchange between the care manager and the patient?

VIDEO: BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT (CONT'D)





DIABETES COMPLICATIONS

HYPOGLYCEMIA

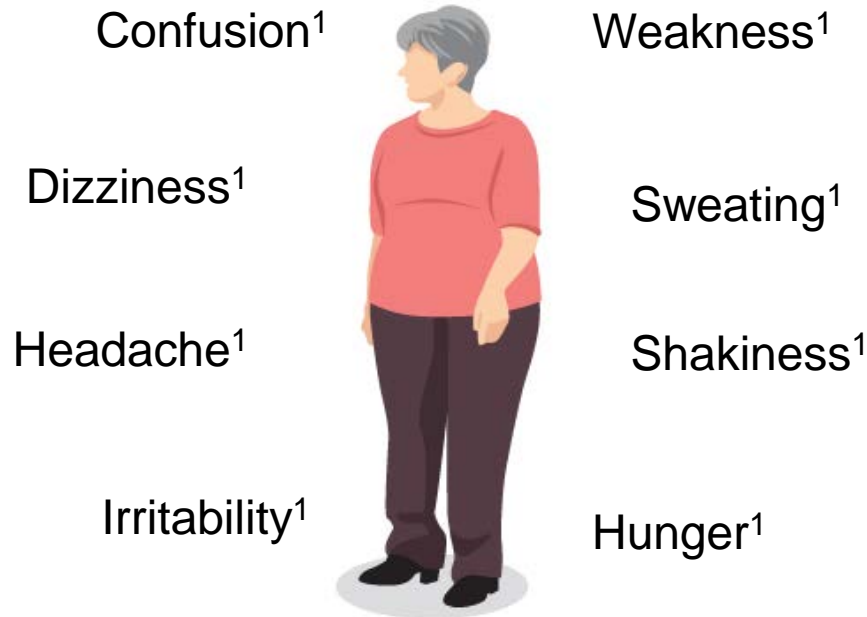
- Hypoglycemia, or low blood glucose, is a common, short-term complication of medication therapy in diabetes management¹
- Hypoglycemia must be recognized and treated quickly²
- It can occur if an individual¹:
 - Skips a meal
 - Takes too much medication, or if there is a change of medication
 - Exercises more than usual

1. MayoClinic. <http://www.mayoclinic.com/health/diabetic-hypoglycemia/DS01166/METHOD=print>. 2. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>.



When can hypoglycemia occur?

SOME HYPOGLYCEMIA SYMPTOMS



- Some people with hypoglycemia experience few or no symptoms^{1,2}
- Sometimes hypoglycemia will present with more severe symptoms, such as loss of consciousness and seizures. It can lead to death^{1,2}



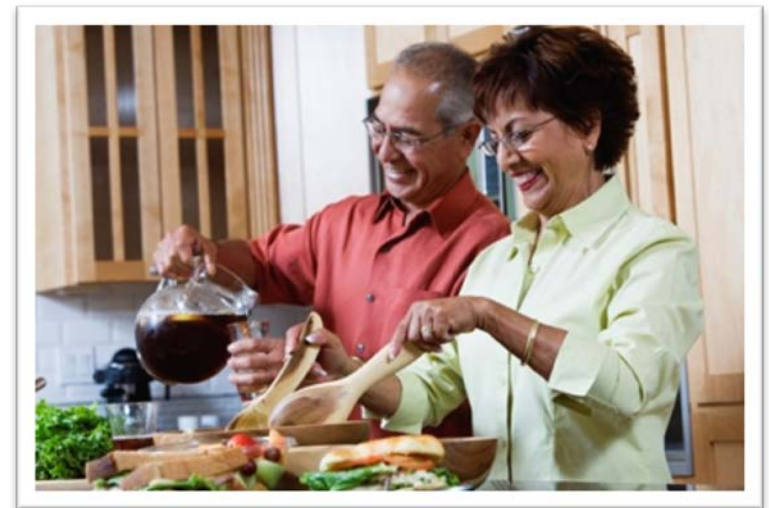
Help your patients recognize their usual responses to hypoglycemia.

1. MayoClinic. <http://www.mayoclinic.com/health/diabetic-hypoglycemia/DS01166>. 2. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>.

HYPOGLYCEMIA PREVENTION

- Help your patients be aware of their potential triggers for hypoglycemia
- Encourage patients to take steps to prevent hypoglycemia¹
 - Do not skip or delay a meal¹
 - Take measures to prevent nocturnal hypoglycemia¹
 - Always carry at least 15 grams of carbohydrates or glucose²
 - Monitor blood glucose regularly¹
 - Exercise with a buddy who may notice signs of hypoglycemia
 - Take medication as recommended¹

TIPS
THAT
TEACH



TRY IT TODAY



How do you help your patients prevent episodes of hypoglycemia?

1. MayoClinic. <http://www.mayoclinic.com/health/diabetic-hypoglycemia/DS01166>.

2. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>.

HYPOGLYCEMIA TREATMENT—THE RULE OF 15

- **The rule of 15** represents 15 grams of carbohydrates every 15 minutes¹
- If symptoms of hypoglycemia occur:
 1. Take PROMPT action.
 2. If possible, test blood glucose. Hypoglycemia is defined as blood glucose of <70 mg/dL.²
 3. Eat or drink carbohydrates (**15** grams).³
 4. Rest for **15** minutes; then retest blood glucose.³
 5. If blood glucose remains too low, repeat steps 3 and 4.³
 6. Resume regular meal schedule as soon as you feel better.³

1. Joslin Diabetes Center. http://www.joslin.org/info/how_to_treat_a_low_blood_glucose.html. 2. MayoClinic. <http://www.mayoclinic.com/health/diabetic-hypoglycemia/DS01166>. 3. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>.



PUT IT INTO YOUR PRACTICE



The rule of 15 is an easy way for your patients to remember how to treat hypoglycemia.

HYPOGLYCEMIA TREATMENT—MAKING APPROPRIATE FOOD CHOICES¹

1. 1/2 cup of orange juice
- ~~2. A milk shake~~
- ~~3. A handful of nuts~~
4. 4 or 5 saltine crackers
- ~~5. 3 cookies~~
6. 1 tablespoon of honey
- ~~7. 1 ounce of cheese~~



These foods have a higher fat content, which slows down the rate at which blood glucose is raised.¹

1. American Diabetes Association. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>.

TRY IT TODAY



Which of these are good food choices for treating hypoglycemia? Which are not? Why?

HYPOGLYCEMIA TREATMENT—MAKING APPROPRIATE FOOD CHOICES (CONT'D)

- The following items contain 15 grams of carbohydrate:
 - 3 to 5 glucose tablets¹
 - 1 dose of glucose gel¹
 - 1/2 cup of orange juice or regular soda (not sugar free or diet)²
 - 1 tablespoon of honey or syrup³
 - 1 tablespoon of sugar²
 - 5 or 6 pieces of hard candy²
 - 1 cup of milk¹

1. National Institute of Diabetes and Digestive and Kidney Diseases. <http://diabetes.niddk.nih.gov/dm/pubs/hypoglycemia/>.

2. MayoClinic. <http://www.mayoclinic.com/health/diabetic-hypoglycemia/DS01166>. 3. American Diabetes Association.

<http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>.

SOME HYPERGLYCEMIA SYMPTOMS

- Polydipsia (increased thirst)¹
- Polyuria (increased urination)¹
- Polyphagia (increased hunger)¹
- Blurry vision²
- Fatigue²
- Slow healing of cuts or wounds²
- More frequent infections²
- Weight loss¹
- Nausea, vomiting, and abdominal pain²



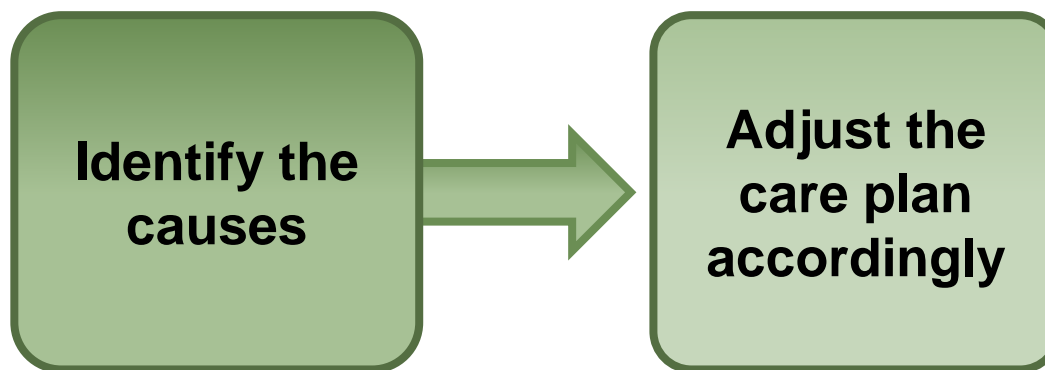
Some people with hyperglycemia experience no symptoms, so encourage your patients to check their blood glucose regularly.¹

1. American Diabetes Association. http://care.diabetesjournals.org/content/34/Supplement_1/S62.full.
2. MayoClinic. <http://www.mayoclinic.com/health/hyperglycemia/DS01168>.

HYPERGLYCEMIA MANAGEMENT AND TREATMENT¹

TIPS
THAT
TEACH

- Encourage patients to¹:
 - Test blood glucose regularly
 - Look for causes, such as¹:
 - Poor food choices
 - Missed medication
 - Stress or illness
 - Work with diabetes team to adjust care plan¹



PUT IT INTO YOUR PRACTICE



Review your patients' logbooks with them to identify the causes of hyperglycemia.

1. MayoClinic. <http://www.mayoclinic.com/health/hyperglycemia/DS01168>.

DIABETIC KETOACIDOSIS (DKA)

- DKA occurs when blood glucose is not available to the body as a fuel source, so the body uses fat instead¹
- Ketones (by-products of fat metabolism) then build up in the body¹
- DKA is a medical emergency¹**

DKA Precipitating Events ²	DKA Signs and Symptoms ²	DKA Interventions ²
<ul style="list-style-type: none"> Illness Inadequate insulin Physical and emotional stress New-onset type 1 diabetes 	<ul style="list-style-type: none"> Hypothermia Hyperpnea (Kussmaul respiration) Acetone breath Dehydration Mental changes, including coma Gastrointestinal distress Hyperglycemia Electrolyte imbalance 	<ul style="list-style-type: none"> Rehydrate Administer insulin Correct electrolyte imbalances



It is important that your patients, their friends, and their family members know how to recognize the signs and symptoms of DKA so that it can be treated promptly.

1. PubMed Health. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001363/>. 2. Mensing C. *The Art and Science of Diabetes Self-Management Education*. Chicago, IL: American Association of Diabetes Educators; 2006.

HYPERGLYCEMIA COMPLICATIONS¹

Microvascular complications include:

Retinopathy
(diabetic eye disease)

Nephropathy
(diabetic kidney disease)

Neuropathy
(diabetic nerve disease)



Macrovascular complications include:

Stroke

Coronary artery disease

Peripheral arterial disease

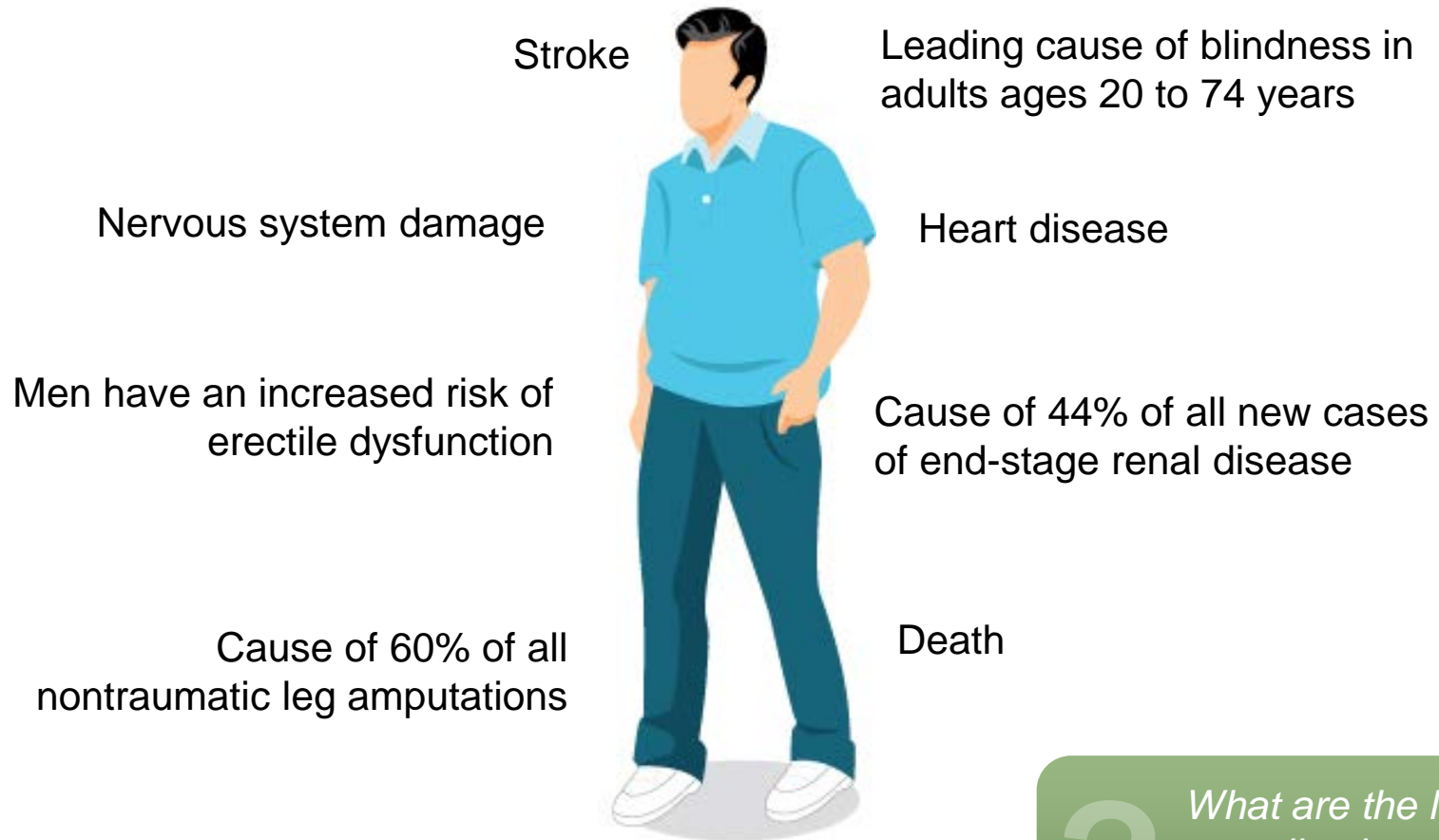


Help your patients understand the importance of diabetes management to help reduce the risk of these serious complications.

1. Fowler MJ. *Clin Diabetes*. 2008;26(2)77-82.

LONG-TERM DIABETES COMPLICATIONS¹

Diabetes is the seventh leading cause of death in the United States



1. Centers for Disease Control and Prevention.
http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.



What are the long-term complications of diabetes?



KNOWLEDGE CHECK 2



**AMERICAN
DIABETES
ASSOCIATION
STANDARDS
OF CARE**

AMERICAN DIABETES ASSOCIATION STANDARDS OF CARE CHECKLIST¹

Working with your healthcare team

Taking care of your diabetes can seem like hard work. Taking one step at a time can help. Below are steps you and your healthcare provider can take together. Check each step you are taking. If you have questions about your care plan or health goals, talk with your healthcare provider or nurse.

At your office visits, talk with your healthcare team about:

- Your diabetes care plan.** This plan tells you how to be active, follow a meal plan, and take your medicine
- Your diabetes ABCs—Your A1C, blood pressure, and cholesterol (blood fats)**
- Your at-home blood glucose (sugar) test results.** The American Diabetes Association recommends these target ranges:
 - **Before meals:** 70 mg/dL to 130 mg/dL.
 - **1 to 2 hours after meals:** less than 180 mg/dL.Tell your healthcare provider if your blood sugar is lower than 70 mg/dL (hypoglycemia).
- Health problems that diabetes can cause,** such as problems with your heart, eyes, feet, and kidneys
- Other medicines you take,** even your non diabetes medicines


At each office visit, ask your healthcare team to:

- Check your blood pressure
- Examine your bare feet

At your next office visit, ask your healthcare provider if it is time to check your:

- A1C.** This blood test is done 2 to 4 times a year. It shows your average blood sugar over the past 2 to 3 months
- Cholesterol.** Your healthcare provider will do a blood test each year to measure the amount of fat in your blood
- Eyes.** Each year, you should have a dilated eye exam. This is part of a comprehensive eye exam that also checks your vision
- Feet.** Each year, you should have a complete foot exam
- Kidneys.** Your healthcare provider will test your blood and urine once a year to tell how well your kidneys are working

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ORGANIZATION LOGO 

- The American Diabetes Association standards of care checklist provides clinicians, patients, researchers, payers, and others with:
 - Components of diabetes care
 - Generally recommended treatment goals
 - Tools to evaluate the level of care by health care professionals

PUT IT INTO YOUR PRACTICE



Consider using the workshop handout with your patients.

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

AMERICAN DIABETES ASSOCIATION STANDARDS OF CARE CHECKLIST¹ (CONT'D)

Test/Measurement	Recommended value*	Frequency*
A1C	<7.0% (but doctors may set specific goals for individual patients)	<ul style="list-style-type: none"> • Every 3 months for patients whose blood glucose is not well managed or whose therapy has changed • Every 6 months in patients who are meeting glycemic goals
Preprandial/FPG	70-130 mg/dL	Per recommendations of health care team
Postprandial/2-hr blood glucose	<180 mg/dL	Per recommendations of health care team
Blood pressure	<140/80 mm Hg	At every routine diabetes visit
Low-density lipoprotein (LDL)	<ul style="list-style-type: none"> • <100 mg/dL • <70 mg/dL if overt CVD 	Annually

*These are recommendations.

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

AMERICAN DIABETES ASSOCIATION STANDARDS OF CARE CHECKLIST¹ (CONT'D)

Test/Measurement	Recommended value	Frequency
Triglycerides	<150 mg/dL	Annually
HDL	<ul style="list-style-type: none"> • >40 mg/dL for men • >50 mg/dL for women 	Annually
Microalbuminuria	<30 µg/mg creatinine	Annually
Serum creatinine	N/A	At least annually
Comprehensive eye exam (dilated)	N/A	Annually
Foot exam	N/A	Comprehensive exam annually, though feet should be inspected at every visit

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

AMERICAN DIABETES ASSOCIATION STANDARDS OF CARE CHECKLIST¹ (CONT'D)

TIPS
THAT
TEACH

- Encourage your patients to talk with their health care team about¹:
 - ☑ The diabetes care plan. This plan tells patients how to follow a meal plan, be active, and take their medicine
 - ☑ Diabetes ABCs—A1C, blood pressure, and cholesterol goals
 - ☑ At-home blood glucose (sugar) test goals. Patients should report any problems they may have had with low blood glucose or if they are not meeting their goals
 - ☑ Screening for diabetic complications. Report any health problems with the heart, eyes, feet, and kidneys that occur between screenings
 - ☑ Other medicines, supplements, and herbal medications patients take

1. American Diabetes Association. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

Type 2 diabetes action plan

Name _____ Date _____

Doctor _____ Phone _____

Meeting your diabetes goals can be as easy as 1-2-3! Work with your doctor to fill out this form to help set goals that are right for you.

1 Know your goals

A1C (3 month average): _____

Daily blood sugar number when I wake up and before meals: _____ to _____

Daily blood sugar reading after a meal: _____

Blood pressure: _____ Cholesterol: _____

Weight: _____ Other: _____

2 Take action to meet your goals

- Test your blood sugar daily
- Take your medicines the way your doctor tells you
- Eat healthy foods and follow your meal plan
- Be more active
- Check your feet daily
- Get all the exams your doctor tells you
- Stop smoking



Write down reasons you want to control your diabetes:

Problems you may have to solve to meet your goals:

3 Talk to your diabetes care team

- Ask your doctor or nurse for help—they want to!
- Ask your family or friends for help

Call your doctor if your blood sugar reading is below _____ or over _____

In an emergency, call 911

Plan de Acción para la diabetes tipo 2

Nombre _____ Fecha _____

Médico _____ Teléfono _____

¡Cumplir con sus metas para la diabetes puede ser tan fácil como contar hasta tres! Trabaje con su médico para completar este formulario que le ayudará a fijar las metas que sean adecuadas para usted.

1 Conozca sus metas

A1C (promedio de 3 meses): _____

Cifra diaria del nivel de azúcar en sangre cuando me levanto y antes de las comidas: ____ a ____

Lectura diaria del nivel de azúcar en sangre después de una comida: _____

Presión arterial: _____ Colesterol: _____

Peso: _____ Otro: _____

2 Tome medidas para cumplir con sus metas

- Hágase una prueba para determinar su nivel de azúcar en sangre todos los días
- Tome sus medicamentos de la forma que le indique su médico
- Coma alimentos saludables y siga su plan de alimentación
- Manténgase más activo
- Revítese los pies todos los días
- Realícese todos los exámenes que le indique su médico
- Deje de fumar



Escriba las razones por las que desea controlar su diabetes:

Problemas que quizás tenga que resolver para cumplir con sus metas:

3 Hable con su equipo de cuidados de la diabetes

- Pídale ayuda a su médico o al personal de enfermería: ¡ellos desean ayudarle!
- Pídale ayuda a sus familiares o amigos.

Llame a su médico si la lectura de su nivel de azúcar en sangre es inferior a _____ o superior a _____

En caso de emergencia, llame al 911

Este material ha sido desarrollado por GlaxoSmithKline.

Do you have your *new* diabetes meter?

CenCal Health has chosen new types of blood glucose meters and test strips for our members with diabetes. This will help make it easier for you to check your blood and manage your diabetes. No coding is required and less blood is needed.

This change began on July 1. You can choose from 4 different meters to meet your needs:

- **FreeStyle Freedom**—Larger screen; easier to hold and read
- **FreeStyle Lite**—Backlit; can use in the dark
- **Precision Xtra**—For those with type 1 diabetes
- **FreeStyle InsuLinx**—For type 1 and 2; touchscreen lets you log insulin doses and glucose results

You can also get the meter and test strips at your pharmacy. If for some reason you want to continue using your current meter, talk with your doctor.



KEEP TRACK WITH A FREE BLOOD GLUCOSE LOG

Need a place to write down your numbers when you check your blood sugar? We can send you a Blood Glucose Log. You can also get a booklet, "Living with Diabetes," that can answer many of your questions. Call us at **1-800-421-2560**, extension **3126**, to request a copy.

Know your ABCs!

These are important numbers to know when you have diabetes:

A is for A1c—a blood test that measures your blood sugar levels for the past 3 months.

B is for blood pressure—it measures how hard your heart needs to work to keep your blood circulating.

C is for cholesterol—a fat found in your blood. You want your lab work to show that your LDL is low, and your HDL is high, for a healthy heart.

Talk with your doctor about your numbers and what your goal should be.

Questions?



If you have not gotten your new meter yet, or if you have questions about how to use it, you can call **Abbott Diabetes Care**:

To receive a new meter, call **1-866-224-8892**.

For help using the new meter, call **1-888-522-5226**.

¿Tiene su nuevo medidor de diabetes?

CenCal Health ha escogido nuevos tipos de medidores de glucosa en la sangre y tiras de prueba para nuestros miembros con diabetes.

Esto hará más fácil que usted se pueda examinar su sangre y controlar su diabetes. No requiere codificación y requiere menos sangre.

Este cambio comenzó el 1° de julio. Puede escoger entre 4 medidores distintos que respondan a sus necesidades:

- **FreeStyle Freedom**—Pantalla más grande, más fácil de detener y leer
- **FreeStyle Lite**—Contraluz, se puede usar en la oscuridad
- **Precision Xtra**—Para personas con diabetes tipo 1
- **Freestyle InsuLinx**—Para tipo 1 y 2, la pantalla táctil le permite registrar dosis de insulina y resultados de glucosa. También puede obtener el medidor y las tiras para la prueba en su farmacia. Si por alguna razón quiere continuar usando el medidor que tiene en estos momentos, hable con su médico.



HAGA SEGUIMIENTO CON UN REGISTRO DE GLUCOSA GRATIS

¿Necesita tener dónde escribir sus cifras cuando se examina la azúcar en la sangre? Le podemos enviar un Registro de la Glucosa. También puede obtener un cuaderno, “Living with Diabetes”, que contesta muchas de sus preguntas. Llámenos al **1-800-421-2560**, extensión **3126**, para pedir una copia.

¿Preguntas?



Si todavía no ha recibido su nuevo medidor o si tiene preguntas sobre cómo usarlo, puede llamar a **Cuidado de Diabetes de Abbott**:

Para recibir un medidor nuevo, llame al 1-866-224-8892.

Para ayuda sobre cómo usar el medidor nuevo, llame al 1-888-522-5226.

¡Sepa sus cifras!

Estas son cifras importantes que debe saber cuando tiene diabetes:

A1c—una prueba de sangre que mide sus niveles de azúcar en la sangre durante los últimos 3 meses.

Presión arterial—mide cuán fuerte su corazón tiene que trabajar para mantener su sangre circulando.

Colesterol—una grasa que se encuentra en su sangre. Para tener un corazón saludable, usted quiere que sus resultados de laboratorio demuestren que su LDL está bajo y que su HDL está alto.

Hable con su médico sobre sus cifras y cuáles deben ser sus metas.

DIABETES PATIENT-CENTERED PROVIDER WORKSHOP

Barriers to Insulin Therapy²

There are many barriers to insulin therapy—reasons that patients are resistant to using insulin. Patients might think using insulin indicates that their efforts to manage their diabetes have failed.¹ They might think insulin therapy is too expensive or too complicated. This chart can help you address some common barriers your patients may have.

What a Patient Might Say	What You Can Say/Do
“If I need insulin, it means I’ve failed at managing my disease.”	Even if you’ve done everything you can to manage diabetes, it might have gotten worse. That’s because diabetes is a progressive disease. Taking insulin now can help reduce the risk for damage, such as problems with your heart and/or eyes.
“Insulin will make me gain weight.”	Insulin will help your body use glucose properly, so the energy that comes from the food you eat won’t be wasted. But you can reduce the likelihood of gaining weight if you exercise and watch what you eat.
“I don’t think insulin will help me.”	Many patients with diabetes may eventually need insulin as the disease progresses. Taking insulin now can help reduce the risk for damage, such as problems with your heart and/or eyes.
“Insulin therapy is too complicated and will change my lifestyle.”	The needles and devices are small, so you can give your insulin without being noticed. Exercising and eating healthy meals will continue to be very important.
“I don’t like needles.”	The needles used today are smaller than ever, and most patients say that injecting the insulin hurts less than testing their blood glucose. <i>(If possible, show the patient the small needle and the device.)</i>
“Insulin might cause hypoglycemia.”	Remember that you can help reduce the risk for hypoglycemia through monitoring and lifestyle choices. <i>(Remind patient how to recognize and treat hypoglycemia.)</i>
“Insulin is too expensive.”	Health insurance can help with the cost of insulin and supplies. <i>(Eligible patients can access assistance programs at www.LillyTruAssist.com / 855-559-8783 and www.PPARx.org / 888-477-2669.)</i>

References:

1. National Institute of Diabetes and Digestive and Kidney Diseases. Types of insulin. http://diabetes.niddk.nih.gov/dm/pubs/medicines_ez/insert_C.aspx. Accessed September 19, 2012.
2. Minze MG, Dalal K, Irons BK. Removing barriers to insulin use. *J Fam Pract*. <http://www.jfponline.com/Pages.asp?AID=9925>. Accessed September 14, 2012.

American Diabetes Association Standards of Care Checklist¹

Test/Measurement	Recommended value*	Frequency*
A1C	<7.0% (but doctors may set specific goals for individual patients)	<ul style="list-style-type: none"> • Every 3 months for patients whose blood glucose is not well managed or whose therapy has changed • Every 6 months in patients who are meeting glycemic goals
Preprandial/FPG	70-130 mg/dL	Per recommendations of health care team
Postprandial/2-hr blood glucose	<180 mg/dL	Per recommendations of health care team
Blood pressure	<140/80 mm Hg	At every routine diabetes visit
Low-density lipoprotein (LDL)	<ul style="list-style-type: none"> • <100 mg/dL • <70 mg/dL if overt CVD 	Annually
Triglycerides	<150 mg/dL	Annually
HDL	<ul style="list-style-type: none"> • >40 mg/dL for men • >50 mg/dL for women 	Annually
Microalbuminuria	<30 µg/mg creatinine	Annually
Serum creatinine	N/A	At least annually
Comprehensive eye exam (dilated)	N/A	Annually
Foot exam	N/A	Comprehensive exam annually, though feet should be inspected at every visit

*These are recommendations from the American Diabetes Association. Health care teams may determine different appropriate values and frequencies for individual patients.

Reference

1. American Diabetes Association. Standards of medical care in diabetes—2013. *Diabetes Care*. 2013;36(suppl 1):S11-S66.

HEALTHY CHOICES

A healthier you

You have the power to change your health. Making good choices about what you eat and how active you are can help you manage your diabetes. Healthy eating is not only about *what* you eat but also *how much* you eat. Well-balanced meals can help keep your blood sugar levels stable.

Below are guidelines for healthy food choices and portion sizes. Remember, drinking alcohol can lower your blood sugar too much. Always eat food before and when drinking alcohol. If you are a woman, do not have more than 1 drink that contains alcohol a day. If you are a man, do not have more than 2 drinks that contain alcohol a day. Check your blood sugar before you drink.

What's on your plate?

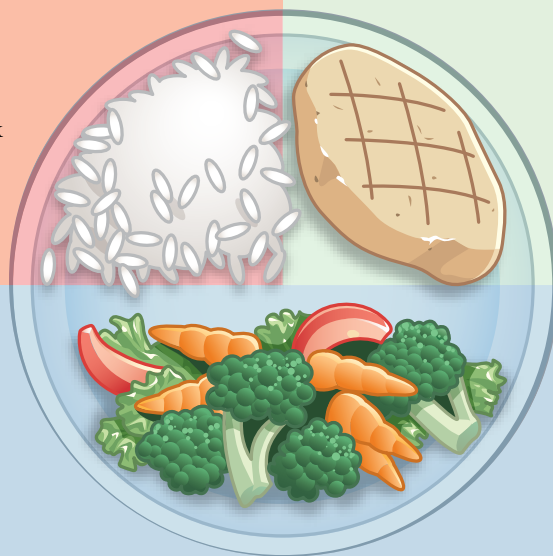
Carbohydrates— $\frac{1}{4}$ plate

Carbohydrates (carbs) can raise your blood sugar level. Try to eat a balance of simple and complex carbohydrates. This can keep your blood sugar levels stable.

- **Simple carbs** can raise your blood sugar quickly. Examples of foods containing simple carbs include fruit, milk, soda, and cake
- **Complex carbs** raise your blood sugar more slowly than simple carbs. Examples of foods containing complex carbs include whole grains, rice and dried beans, as well as starchy vegetables, such as potatoes, peas and corn



Add a glass of nonfat milk.



Protein— $\frac{1}{4}$ plate

Fill a quarter of your plate with protein-rich foods, such as eggs, fish, tofu, skinless chicken or turkey, and lean meat.

Vegetables— $\frac{1}{2}$ plate

Fill the largest section with nonstarchy vegetables, such as broccoli, green beans, mushrooms, lettuce, and tomatoes.

For more information about healthy eating, visit the American Dietetic Association Web site at www.eatright.org.

Your plan for being active

Being active may help in many ways. It can improve your blood sugar control and can lower your blood pressure and cholesterol levels. It can lower your risk for other health problems, such as heart attack and stroke. And it can even help you lose weight. Talk with your healthcare provider before you become more active. Together, you can make a plan that is right for you. This plan will likely include checking your blood sugar before and after you are active.



Getting started

Making a plan to be active is a good first step. The next step is following your plan. But you may have reasons why you are not active. The chart below can help you overcome them.

Below are reasons some people have for not being active. Check off the reasons that apply to you. Then check off steps you can take to be more active. Add some of your own reasons and steps in the extra spaces.

Why I am not active	What I will do to be more active
<input type="checkbox"/> I am afraid my blood sugar will go too low.	<input type="checkbox"/> I will talk with my healthcare provider about ways to safely be more active. <input type="checkbox"/> I will continue to take my medicines as prescribed. <input type="checkbox"/> I will keep my low blood sugar kit on hand in case my blood sugar drops.
<input type="checkbox"/> I am afraid it will make my diabetes worse.	<input type="checkbox"/> I will get a checkup before being more active. <input type="checkbox"/> I will talk to my healthcare provider about ways to safely be more active. <input type="checkbox"/> I will continue to take my medicines as prescribed.
<input type="checkbox"/> It is too expensive.	<input type="checkbox"/> I will do activities, such as walking, that do not involve expensive items. <input type="checkbox"/> I will safely use items around the house, such as food cans, as weights. <input type="checkbox"/> I will look into free or low-cost local programs for getting active.
<input type="checkbox"/> I am too tired after work.	<input type="checkbox"/> I will do some activity before work. <input type="checkbox"/> I will be active during my lunch or break time. <input type="checkbox"/> I will be active as often as I can during my workday.
<input type="checkbox"/> I do not have time.	<input type="checkbox"/> I will start with just 10 minutes of activity a day and see where I can fit in more. <input type="checkbox"/> I will add periods of activity throughout my day. <input type="checkbox"/> I will get up earlier and be active before my day gets too busy.
<input type="checkbox"/> I get bored.	<input type="checkbox"/> I will ask a family member or friend to join me. <input type="checkbox"/> I will do a different activity each day of the week. <input type="checkbox"/> I will work more activity into my everyday schedule, such as parking my car farther away, getting off the bus a few stops earlier, taking the stairs instead of the elevator, and being active while I watch TV.
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____

ELECCIONES SALUDABLES

Sea más saludable

Usted tiene el poder de cambiar su salud. Realizar buenas elecciones sobre lo que come y cuán activo es puede ayudarle a manejar la diabetes. Comer de manera saludable no es sólo lo que come sino también cuánto come. Las comidas bien equilibradas pueden mantener estables sus niveles de azúcar en la sangre.

Más debajo, encontrará pautas para las opciones de comidas saludables y los tamaños de las porciones. Recuerde que beber alcohol puede disminuir demasiado sus niveles de azúcar en la sangre. Siempre coma alimentos antes de beber alcohol y cuando esté bebiendo. Si es mujer, no consuma más de una bebida con alcohol al día. Si es hombre, no consuma más de dos bebidas con alcohol al día. Controle su nivel de azúcar en la sangre antes de beber.

¿Qué hay en su plato?

Carbohidratos: ¼ de plato

Los carbohidratos pueden aumentar su nivel de azúcar en la sangre. Trate de comer un equilibrio de carbohidratos simples y complejos. Esto puede mantener estables sus niveles de azúcar en la sangre.

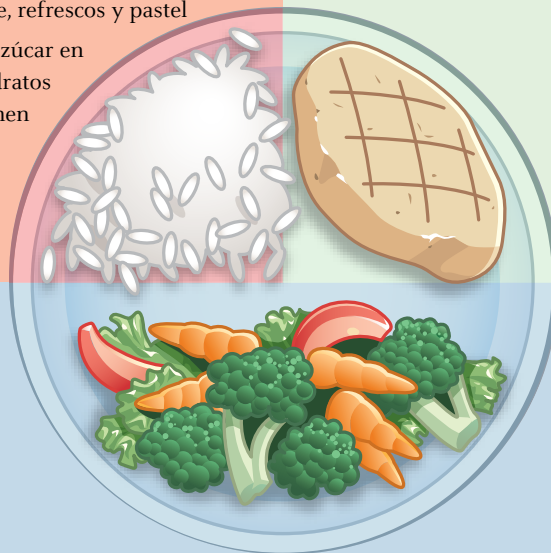
- **Los carbohidratos simples** pueden aumentar rápidamente su nivel de azúcar en la sangre. Ejemplos de alimentos que contienen carbohidratos simples incluyen frutas, leche, refrescos y pastel
- **Los carbohidratos complejos** elevan su azúcar en la sangre con más lentitud que los carbohidratos simples. Ejemplos de alimentos que contienen carbohidratos complejos incluyen granos enteros, arroz y frijoles secos como así también verduras almidonadas como papas, arvejas y maíz



Agregue un vaso de leche descremada.

Proteínas: ¼ de plato

Complete un cuarto de su plato con alimentos ricos en proteínas, como huevos, pescado, tofu, pollo o pavo sin piel y carne magra.



Verduras: ½ plato

Complete la parte más grande con verduras sin almidón, como brócoli, habichuelas, hongos, lechuga y tomates.

Si desea obtener más información sobre alimentos saludables, visite el sitio web de la Asociación Dietética Americana en www.eatright.org.

Su plan para ser activo

Ser activo puede ayudar de muchas maneras. Puede mejorar su control de azúcar en la sangre y puede disminuir su presión arterial y sus niveles de colesterol. Puede reducir su riesgo de otros problemas de salud, como ataque cardíaco y derrame cerebral. E incluso puede ayudarlo a perder peso. Hable con su proveedor de atención médica antes de comenzar a ser más activo. Juntos podrán hacer un plan adecuado para usted. Este plan probablemente incluya el control de su nivel de azúcar en la sangre antes y después de estar activo.



Comienzo

Hacer un plan de ser activo es un buen primer paso. El siguiente paso es seguir el plan. Pero es posible que usted tenga razones para no estar activo. El siguiente cuadro puede ayudarle a sobrellevarlas.

Estas son algunas razones que tienen algunas personas para no ser activo. Marque las razones que se aplican a usted. Luego marque las medidas que puede tomar para estar más activo. Agregue algunas razones y medidas propias en los espacios adicionales.

Por qué no estoy activo	Qué haré para estar más activo
<input type="checkbox"/> Tengo miedo de que mi nivel de azúcar en la sangre baje demasiado.	<input type="checkbox"/> Hablaré con mi proveedor de atención médica sobre las maneras de estar más activo de manera segura. <input type="checkbox"/> Seguiré tomando mis medicamentos tal como se indicó. <input type="checkbox"/> Tendré a mano mi kit para azúcar baja en la sangre en caso de que caiga mi nivel de azúcar.
<input type="checkbox"/> Tengo miedo de que empeore mi diabetes.	<input type="checkbox"/> Me realizaré un chequeo antes de ser más activo. <input type="checkbox"/> Hablaré con mi proveedor de atención médica sobre las maneras de estar más activo de manera segura. <input type="checkbox"/> Seguiré tomando mis medicamentos tal como se indicó.
<input type="checkbox"/> Es demasiado costoso.	<input type="checkbox"/> Haré actividades, como caminar, que no supongan elementos costosos. <input type="checkbox"/> Usaré elementos de actividad de manera segura encontrados en la casa, así como levantar latas de comida como pesas. <input type="checkbox"/> Buscaré programas locales gratuitos o de bajo costo para ser activo.
<input type="checkbox"/> Estoy muy cansado después de trabajar.	<input type="checkbox"/> Haré alguna actividad antes de trabajar. <input type="checkbox"/> Seré activo durante mi almuerzo u hora de descanso. <input type="checkbox"/> Seré activo lo más que pueda durante mi jornada laboral.
<input type="checkbox"/> No tengo tiempo.	<input type="checkbox"/> Comenzaré con sólo 10 minutos de actividad al día y veré cuándo puedo incluir más. <input type="checkbox"/> Agregaré períodos de actividad a lo largo del día. <input type="checkbox"/> Me levantaré más temprano y seré activo antes de que se me ocupe el día.
<input type="checkbox"/> Me aburro.	<input type="checkbox"/> Solicitaré a un miembro de la familia o amigo que me acompañe. <input type="checkbox"/> Haré una actividad diferente cada día de la semana. <input type="checkbox"/> Incluiré más actividad en mi agenda diaria, como estacionar el auto más lejos, bajar del autobús unas paradas antes, usar las escaleras en lugar del ascensor y ser activo mientras miro la televisión.
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____



YOUR DIABETES HEALTH CARE TEAM

Certified Diabetes Educators (CDEs)/ Registered Dietitians (RDs)

Diet is an important part of keeping diabetes in good control. CDEs and RDs help people with diabetes determine their food needs based on desired weight, lifestyle, medication, and other health goals (such as lowering blood fat levels or blood pressure).

Central Rehabilitation Clinic

Coastal Primary Care

1334 Marsh St
San Luis Obispo, CA 93401
☎ (805) 543-2724

Language(s):
Spanish(Provider)
Spanish(Staff)

Group Provider(s):
Richards, Leslie, RD

Cooper, Joanna W, CDE

Diabetes & Nutrition Education Center

295 Posada Ln Ste C
Templeton, CA 93465
☎ (805) 434-1166

Language(s):
Spanish

Eyerman, Maureen, RD CDE

San Luis Obispo County

For an appointment, please call:

☎ (805) 235-8034

Language(s):
Spanish(Provider)

Gaffaney, Jenifer, MS RD CLE

Santa Barbara Area

For an appointment, please call:

☎ (805) 681-9390

Language(s):
Spanish

Garcia, Joanne, RD CDE

Santa Barbara Area

For an appointment, please call:

☎ (805) 252-8714

Gariepy, Chantal, RD CDE

206 E Victoria St
Santa Barbara, CA 93101
☎ (805) 403-7533

Goleta Valley Cottage Hospital

351 S Patterson Ave
Santa Barbara, CA 93111
☎ (805) 967-3411

Language(s):
Spanish

Gust, Jessica, RD

RD Element

For an appointment, please call:

☎ (805) 550-1724

Language(s):
Spanish(Provider)

Hughes, Andrea R, RD CDE

Santa Maria Area

For an appointment, please call:

☎ (805) 598-4138

John, Jean, PhD, RD

Santa Barbara Area

For an appointment, please call:

☎ (805) 563-2217

Kerr, Libby, RN CDE

Diabetes & Nutrition Education Center

295 Posada Ln Ste C
Templeton, CA 93465
☎ (805) 434-1166

Language(s):
Spanish

Leonard, Patricia, RD

Santa Maria Area

For an appointment, please call:

☎ (805) 904-9782

Language(s):
Polish(Provider)
Spanish(Provider)

Lompoc Health Care Center

301 N R St
Lompoc, CA 93436
☎ (805) 737-6400

Language(s):
Hmong
Spanish

Lompoc Valley Medical Center

1515 East Ocean Ave
Lompoc, CA 93436
☎ (805) 737-3321

Marian Regional Medical Center

1400 E Church St
Santa Maria, CA 93454
☎ (805) 739-3000

Sansum Clinic

215 Pesetas Ln
Santa Barbara, CA 93110
☎ (805) 681-7500

Sansum Clinic / Carpinteria Family Medicine

4806 Carpinteria Ave
Carpinteria, CA 93013
☎ (805) 566-5080

Language(s):
Spanish

Sansum Clinic / Lompoc Adults

1225 N H St
Lompoc, CA 93436
☎ (805) 737-8700

Language(s):
Spanish
Group Provider(s):
Stephens, Yvonne, RD CDE

Sansum Clinic / Pesetas Multi-Specialty Clinic

215 Pesetas Ln
Santa Barbara, CA 93110
☎ (805) 681-1701

Language(s):
Spanish

Sansum Clinic / Pueblo Multi-Specialty Clinic

317 W Pueblo St
Santa Barbara, CA 93105
☎ (805) 898-3100

Language(s):
Spanish

Santa Barbara Cottage Hospital

Pueblo at Bath St
Santa Barbara, CA 93102
☎ (805) 682-7111

Santa Barbara County Public Health Dept Nutrition

1136 E Montecito St
Santa Barbara, CA 93103
☎ (805) 568-2099

Language(s):
Spanish

2115 S Centerpointe Pkwy
Santa Maria, CA 93455

☎ (805) 346-7230

Language(s):
Spanish

301 N R St
Lompoc, CA 93436

☎ (805) 737-6400

Language(s):
Spanish

345 Camino del Remedio
Santa Barbara, CA 93110

☎ (805) 681-5488

Language(s):
Spanish

931 Walnut Ave
Carpinteria, CA 93013

☎ (805) 560-1050

Language(s):
Spanish

Santa Ynez Cottage Hospital

2050 Viborg Rd
Solvang, CA 93463

☎ (805) 688-6431

Santa Ynez Tribal Health Clinic

90 Via Juana Ln
Santa Ynez, CA 93460

☎ (805) 688-7070

Language(s):
Spanish

Swadener, Susan, Ph.D.

2280 Sunset Dr Ste B-3
Los Osos, CA 93402

☎ (805) 528-1926

Tanner, Marlen, RD

For an appointment, please call:

☎ (805) 591-0712

Language(s):
German(Provider)

Wells, Kim, RD

Santa Maria, Lompoc, and South SLO County Areas

For an appointment, please call:

☎ (805) 748-5135

Language(s):
Korean(Provider)
Spanish(Provider)

Wilkins, Martha, RD CDE

Santa Barbara Area

For an appointment, please call:

☎ (805) 569-2652

Yorke, Kimberley A, RN CDE

Diabetes Resource Center

1704 State St
Santa Barbara, CA 93101

☎ (805) 684-7538

Language(s):
Spanish

YOUR DIABETES HEALTH CARE TEAM



Dental

People with diabetes have a greater risk for gum disease. Members should visit their dentist every six months. Dental benefits are covered under the Denti-Cal program, not CenCal Health; Denti-Cal, which is currently limited for adults, may expand in 2014 to include adult routine care again.

Denti-Cal

For information, please call:

☎ (800) 322-6384

Diabetes Supplies & Equipment

Provision of diabetic supplies for glucose monitoring (meters, strips, lancets) and insulin pumps.

Advanced Diabetes Supply

Diabetic Supplies Only

For customer service, please call:

☎ (800) 730-9887

Language(s):
Japanese(Staff)
Spanish(Provider)
Spanish(Staff)

Best Care Pharmacy

1051 E Grand Ave
Arroyo Grande, CA 93420

☎ (805) 481-5050

Language(s):
Hindi
Spanish

CVS Pharmacy

Locate your local CVS Pharmacy

Hometown Pharmacy

1414 S Miller St Ste E
Santa Maria, CA 93454

☎ (805) 922-6515

Language(s):
Arabic(Provider)
Danish(Provider)
Spanish(Provider)

JDX Pharmacy

1504 S Broadway
Santa Maria, CA 93454

☎ (805) 922-1747

Language(s):
Spanish

Kmart Pharmacy

Locate your local Kmart Pharmacy

L.M. Caldwell Pharmacist

1509 State St
Santa Barbara, CA 93101

☎ (805) 965-4528

Language(s):
Russian
Spanish

235 W Pueblo St
Santa Barbara, CA 93105

☎ (805) 682-7353

LifeCare Solutions Inc

174 Suburban Rd
San Luis Obispo, CA 93401

☎ (805) 544-2210

Merlin Medical Supply Pharmacy

699 Mobil Ave
Camarillo, CA 93010

☎ (805) 388-7669

Language(s):
Spanish(Provider)
Spanish(Staff)

Pacific Coast Pharmacy

Respiratory Specialists/ DME

720 Aerovista Pl Ste D
San Luis Obispo, CA 93401

☎ (866) 239-3784

Language(s):
Spanish

Rite Aid Pharmacy

Locate your local Rite Aid Pharmacy

Sav-On Drugs

Locate your local Sav-On Drugs

Walgreens Pharmacy

Locate your local Walgreens Pharmacy

Wal-Mart Pharmacy

Locate your local Wal-Mart Pharmacy

Endocrinology

People with diabetes in poor control may need referrals to endocrinologists who specialize in the endocrine system which includes the pancreas and insulin production.

Haghi, Marjan, MD

427 West Pueblo St Ste C
Santa Barbara, CA 93105

☎ (805) 569-7850

Lai, Michael, MD

1510 E Main St Ste 104
Santa Maria, CA 93454

☎ (805) 349-8972

911 Oak Park Blvd Ste 105
Pismo Beach, CA 93449

☎ (805) 349-8972

Sansum Clinic

215 Pesetas Ln
Santa Barbara, CA 93110

☎ (805) 681-7500

Sansum Clinic / Pesetas Multi-Specialty Clinic

215 Pesetas Ln
Santa Barbara, CA 93110

☎ (805) 681-1701

Language(s):
Spanish
Group Provider(s):
Chang, Jinny E, MD
Liebhaber, Myron, MD

Santa Barbara Health Care Center

345 Camino Del Remedio
Santa Barbara, CA 93110

☎ (805) 681-5488

Language(s):
Spanish

Santos Candido-Vitto, Cristina, MD

Candido-Vitto Medical Group Inc

427 W. Pueblo St Ste C
Santa Barbara, CA 93105

☎ (805) 569-7850

Language(s):
Spanish(Staff)
Tagalog(Provider)

Steele, Roger, MD

1250 Peach St Ste H
San Luis Obispo, CA 93401

☎ (805) 541-1671

Orthotics/Prosthetics

Provision of diabetic shoes and inserts

Achilles Prosthetic & Orthotic Inc

622 E Main St
Santa Maria, CA 93454

☎ (805) 925-6144

Language(s):
Spanish

842 California Blvd
San Luis Obispo, CA 93401

☎ (805) 541-3800

Language(s):
Spanish(Staff)

Anacapa Prosthetic & Orthotic Lab

2300 Knoll Dr Ste D
Ventura, CA 93003

☎ (805) 658-1388

Birkholm's Orthopedic Service

510 E Chapel
Santa Maria, CA 93454

☎ (805) 928-7044

Hanger Prosthetic & Orthotic, Inc

2400 Broad St
San Luis Obispo, CA 93401

☎ (805) 546-8666

Nobbe Orthopedics Inc

2345 S Broadway Ste E
Santa Maria, CA 93454

☎ (805) 925-8290

Language(s):
Spanish

3010 State St
Santa Barbara, CA 93105

☎ (805) 687-7508

Language(s):
Spanish

North County Prosthetics & Orthotics

John D. Hollingsead

310 S Halcyon Rd Ste 104
Arroyo Grande, CA 93420

☎ (805) 481-9666

8260 Morro Rd
Atascadero, CA 93422

☎ (805) 466-1296

Omni Motion Inc

CPM Units & Orthotics Only

For customer service, please call:

☎ (800) 735-0112

Language(s):
French(Staff)
Spanish(Staff)



YOUR DIABETES HEALTH CARE TEAM

Pacific Medical - San Luis Obispo

O & P Related DME Items
For an appointment, please call:
☎ (925) 784-6331

Pacific Medical - Santa Barbara

O & P Related DME Items
For an appointment, please call:
☎ (831) 682-5527

R & J Prosthetic Appliance

2407 E Main St
Ventura, CA 93003
☎ (805) 643-4063

Language(s):
Spanish

The Shoe Tree Inc

Orthotics Only

801 Dolliver St
Pismo Beach, CA 93449
☎ (805) 773-5571

Language(s):
Spanish

Podiatry

People with diabetes are prone to poor blood flow and nerve damage in the lower legs and may get infections more often. A foot exam is recommended at each visit and referral to a podiatrist as needed for those with diabetes. Nail clipping should be handled by a medical professional.

Adams, Scott E, DPM

310 S Halcyon Rd Ste 101
Arroyo Grande, CA 93420
☎ (805) 481-0881

Group Provider(s):
Ecklund, Nathan, DPM

Birkholm, Jens F, DPM

821 E Chapel St Ste 101
Santa Maria, CA 93454
☎ (805) 925-8703

Language(s):
Danish

Brian O'Carroll, DPM, Inc

1525 E Main St Ste B
Santa Maria, CA 93454
☎ (805) 354-7990

911 Oak Park Blvd Ste 106
Pismo Beach, CA 93449
☎ (805) 481-9100

Chris M Byrne, DPM, Inc

San Luis Podiatry Group

1101 Las Tablas Rd Ste K
Templeton, CA 93465
☎ (805) 434-2009

Group Provider(s):
Slade, Brandon, DPM

1551 Bishop St Ste B-210
San Luis Obispo, CA 93401
☎ (805) 543-7788

Group Provider(s):
Slade, Brandon, DPM

Daniels, Robert A, DPM

1398 Los Osos Valley Rd Ste D
Los Osos, CA 93402
☎ (805) 528-7643

3970-5 Broad St
San Luis Obispo, CA 93401
☎ (805) 544-1288

Eidelman, Jeff, DPM

244 Pacific
Morro Bay, CA 93442
☎ (805) 772-4474

620 California Blvd Ste N
San Luis Obispo, CA 93401
☎ (805) 544-1005

Garofalo, Joseph T, DPM

122 S Patterson Ave Ste 101
Santa Barbara, CA 93111
☎ (805) 964-3541

Language(s):
Spanish

Garofalo, Salvatore, DPM

122 S Patterson Ave Ste 101
Santa Barbara, CA 93111
☎ (805) 964-3541

Language(s):
Spanish(Provider)
Spanish(Staff)

Hamblin, Gordon S, DPM

8290 Morro Rd
Atascadero, CA 93442
☎ (805) 466-6111

Language(s):
Spanish(Staff)

Nelms, Lisa, DPM

334 S. Patterson Ave Ste 209
Santa Barbara, CA 93111
☎ (805) 681-1400

Norman, Richard J, DPM

2 James Wy Ste 205
Pismo Beach, CA 93449
☎ (805) 773-3668

Orien, William, DPM

5333 Hollister Ave Ste 120
Santa Barbara, CA 93111
☎ (805) 964-2300

Sansum Clinic

215 Pesetas Ln
Santa Barbara, CA 93110
☎ (805) 681-7500

Sansum Clinic / Pesetas Multi-Specialty Clinic

215 Pesetas Ln
Santa Barbara, CA 93110
☎ (805) 681-1701

Language(s):
Spanish
Group Provider(s):
Chang, Jinny E, MD
Liebhaber, Myron, MD

Sherieff, Faridi, DPM

Valley Podiatric

509 E Ocean Ave
Lompoc, CA 93436
☎ (805) 736-8818

Sterling, David, DPM

2342 Professional Pkwy Ste 100
Santa Maria, CA 93455
☎ (805) 928-5645

Language(s):
Spanish

Steve Clark, DPM, Inc

1525 E Main St Ste B
Santa Maria, CA 93454
☎ (805) 354-7990

911 Oak Park Blvd Ste 106
Pismo Beach, CA 93449
☎ (805) 481-9100

Thornhill, Rex, DPM

614 13th St
Paso Robles, CA 93446
☎ (805) 239-3136

Language(s):
German
Spanish

Vincent II, Thomas, DPM

Nipomo Foot & Ankle

620 W Tefft St
Nipomo, CA 93444
☎ (805) 929-8055

Vision Care

Diabetes can affect the blood vessels in the eyes which can lead to blindness. Annual eye exams are recommended for people with diabetes in order to detect problems early and treat diabetic retinopathy.

Ali, Syed A, OD

Inside Costco

1335 S Bradley Rd
Santa Maria, CA 93454
☎ (805) 925-1092

Language(s):
Spanish

Associated Eye Specialists

5333 Hollister Ave Ste 123
Santa Barbara, CA 93111
☎ (805) 964-4729

Language(s):
Spanish
Group Provider(s):
Poulin, Robert W, MD

Baldwin, Reginald J, OD

590 Harbor St
Morro Bay, CA 93442
☎ (805) 772-1269

Language(s):
French
Spanish

Bales, Dennis R, OD

2040 Viborg Rd Ste 240
Solvang, CA 93463
☎ (805) 688-0707

Language(s):
Spanish

Bickford, Elliot L, OD

3324 State St Ste J
Santa Barbara, CA 93105
☎ (805) 682-8011

Bream, Cory, OD

7095 Market Place Dr
Goleta, CA 93117
☎ (805) 562-1300

Language(s):
Spanish



YOUR DIABETES HEALTH CARE TEAM

<p>California Retina Consultants</p> <p>1510 E Main St Ste 103 Santa Maria, CA 93454 ☎ (805) 922-2068</p> <p>Group Provider(s): Avery, Robert L, MD Castellarin, Alessandro A, MD Nasir, Ma'An, MD Pieramici, Dante, MD</p> <p>220 Oak Hill Rd Paso Robles, CA 93446 ☎ (805) 963-1648</p> <p>Group Provider(s): Couvillion, Stephen, MD</p> <p>515 E Micheltorena St Ste C Santa Barbara, CA 93103 ☎ (805) 963-1648</p> <p>Language(s): Spanish</p> <p>Group Provider(s): Avery, Robert L, MD Castellarin, Alessandro A, MD Nasir, Ma'An, MD Pieramici, Dante, MD See, Robert, MD Steinle, Nathan, MD</p> <p>628 California Blvd Ste D San Luis Obispo, CA 93401 ☎ (805) 545-8100</p> <p>Group Provider(s): Avery, Robert L, MD Hulburd, Christopher, MD McRee, William E., MD Nasir, Ma'An, MD Pieramici, Dante, MD Steinle, Nathan, MD</p> <p>Chaffe, Geoffrey B., OD</p> <p>6480 Palma Ave Atascadero, CA 93422 ☎ (805) 466-4877</p> <p>Language(s): Spanish(Provider)</p> <p>Chang, Jason, OD <i>EnVision Optometry</i></p> <p>1245 Broad St San Luis Obispo, CA 93401 ☎ (805) 542-0700</p> <p>Chen, Janet, MD</p> <p>921 Oak Park Blvd Ste 201B Pismo Beach, CA 93449 ☎ (805) 489-8286</p> <p>Language(s): French(Provider) Mandarin Chinese(Provider) Spanish(Staff)</p>	<p>Englund, Gary L., OD <i>Optometric Care Associates</i></p> <p>1112 Vine St Paso Robles, CA 93446 ☎ (805) 238-1001</p> <p>Group Provider(s): Englund, Gary L., OD Hile, Daniel, OD Kudija, Karen, OD Major, Douglas L, OD</p> <p>2238 Bayview Heights Dr Ste E Los Osos, CA 93402 ☎ (805) 528-5333</p> <p>Group Provider(s): Englund, Gary L., OD Hile, Daniel, OD Kudija, Karen, OD Major, Douglas L, OD</p> <p>Eye Specialists of Santa Barbara</p> <p>1919 State St Ste 303 Santa Barbara, CA 93101 ☎ (805) 203-0852</p> <p>Group Provider(s): Jacobson, Douglas W, MD</p> <p>Eye Surgical Medical Group</p> <p>533 E Micheltorena St Ste 103 Santa Barbara, CA 93103 ☎ (805) 564-8917</p> <p>Group Provider(s): Coulter, William H, MD</p> <p>FirstSight Vision Services <i>Inside Wal-Mart</i></p> <p>1168 W Branch St Arroyo Grande, CA 93420 ☎ (805) 474-0653</p> <p>Group Provider(s): Giardina, Frank, OD Limon, William, OD</p> <p>2220 S Bradley Rd Santa Maria, CA 93455 ☎ (805) 925-4794</p> <p>Group Provider(s): Cohen, Allen, OD</p> <p>France, Robert, OD</p> <p>2030 Viborg Rd Ste 105 Solvang, CA 93463 ☎ (805) 688-6612</p> <p>Hammer, Charles, OD</p> <p>1157 Marsh St San Luis Obispo, CA 93401 ☎ (805) 543-8409</p>	<p>Jacobs, Michael E., OD</p> <p>573 Five Cities Dr Pismo Beach, CA 93449 ☎ (805) 773-4700</p> <p>Jio, Steven S., OD</p> <p>2098 9th St Ste A Los Osos, CA 93412 ☎ (805) 528-2237</p> <p>Kaiser, Greg W., OD</p> <p>1800 Quintana Rd Ste 1-D Morro Bay, CA 93422 ☎ (805) 528-0606</p> <p>Kendall - Shepard Eye Center</p> <p>425 W Central Ave Ste 102 Lompoc, CA 93436 ☎ (805) 736-2020</p> <p>Group Provider(s): Goodman, Randall, MD Shepard, Daniel, MD</p> <p>Kolarczyk, Robert A, MD</p> <p>1801 State St Ste C Santa Barbara, CA 93101 ☎ (805) 569-1000</p> <p>Language(s): Spanish</p> <p>Ledesma, Kathleen, OD <i>Sani Eye Center</i></p> <p>1315 Las Tablas Rd Templeton, CA 93465 ☎ (805) 239-4900</p> <p>Language(s): Spanish(Staff)</p> <p>180 Niblick Rd Paso Robles, CA 93446 ☎ (805) 237-0275</p> <p>Language(s): Spanish(Staff)</p> <p>Limberg Eye Surgery Inc.</p> <p>1270 Peach St Ste 100 San Luis Obispo, CA 93401 ☎ (805) 541-1342</p> <p>Group Provider(s): Cotter, John B, MD Hallisey, John, MD Limberg, Michael B, MD Martidis, Adam, MD</p>	<p>2151 S College Dr Ste 203 Santa Maria, CA 93455 ☎ (805) 925-2668</p> <p>Language(s): Spanish</p> <p>Group Provider(s): AliNiazee, Mateen, MD Hallisey, John, MD Martidis, Adam, MD</p> <p>2511 Main St Cambria, CA 93428 ☎ (805) 927-5468</p> <p>Group Provider(s): AliNiazee, Mateen, MD</p> <p>310 S Halcyon Rd Ste 102 Arroyo Grande, CA 93420 ☎ (805) 489-9600</p> <p>Group Provider(s): AliNiazee, Mateen, MD Cotter, John B, MD Hallisey, John, MD Limberg, Michael B, MD</p> <p>959 Las Tablas Rd Ste B4 Templeton, CA 93465 ☎ (805) 434-2222</p> <p>Group Provider(s): Cotter, John B, MD Hallisey, John, MD Martidis, Adam, MD</p> <p>Lompoc Health Care Center</p> <p>301 N R St Lompoc, CA 93436 ☎ (805) 737-6400</p> <p>Language(s): Hmong Spanish</p> <p>Lowe, Marc A, MD <i>Lowe Laser Eye Institute</i></p> <p>230 W Pueblo St 2nd Fl Santa Barbara, CA 93105 ☎ (805) 682-4761</p> <p>Mayhew, Teresa A, OD</p> <p>5434 Carpinteria Ave Carpinteria, CA 93013 ☎ (805) 684-5476</p> <p>Meek, J. Brent, OD <i>Family Optometric Care</i></p> <p>1034 Vine St Paso Robles, CA 93446 ☎ (805) 238-4460</p> <p>Moessinger, John C, OD</p> <p>1954 S Broadway Ste F Santa Maria, CA 93454 ☎ (805) 928-5959</p>
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YOUR DIABETES HEALTH CARE TEAM



<p>8105-B Morro Rd Atascadero, CA 93422 ☎ (805) 462-1042</p> <p>Mullikin, Lee J, OD <i>Sears Optical</i></p> <p>200 Town Center East Santa Maria, CA 93454 ☎ (805) 346-7749</p> <p>Language(s): Spanish</p> <p>Ng, Ronald T, OD</p> <p>610 E Chapel St Santa Maria, CA 93454 ☎ (805) 928-5588</p> <p>Language(s): Spanish</p> <p>Nipomo Optometry</p> <p>125 S Frontage Rd Nipomo, CA 93444 ☎ (805) 929-1982</p> <p>Group Provider(s): Palmer, Ben, OD</p> <p>Norris, Nadine, OD <i>Central Coast Optometric Care</i></p> <p>800 Quintana Rd Ste 1-D Morro Bay, CA 93422 ☎ (805) 772-6166</p> <p>Language(s): German(Provider) Spanish(Staff)</p> <p>Pacific Eye Surgeons</p> <p>1111 Ocean Ave Lompoc, CA 93436 ☎ (805) 735-3468</p> <p>Group Provider(s): Abroms, Adam D, MD Amir, Ahmad Ali, MD Dixon, Steven, MD McRee, William E., MD Merrill, Craig A, MD</p> <p>220 Oak Hill Dr Paso Robles, CA 93446 ☎ (805) 227-1477</p> <p>Group Provider(s): Abroms, Adam D, MD Oldenburg, Joseph B, MD Sherman, Mark, MD</p> <p>590 Harbor St Morro Bay, CA 93422 ☎ (805) 545-8100</p> <p>Group Provider(s): Abroms, Adam D, MD Amir, Ahmad Ali, MD Hulburd, Christopher, MD McRee, William E., MD Merrill, Craig A, MD Oldenburg, Joseph B, MD</p>	<p>Sherman, Mark, MD</p> <p>628 California Blvd Ste D San Luis Obispo, CA 93401 ☎ (805) 545-8100</p> <p>Group Provider(s): Abroms, Adam D, MD Amir, Ahmad Ali, MD Hulburd, Christopher, MD McRee, William E., MD Merrill, Craig A, MD Oldenburg, Joseph B, MD Sherman, Mark, MD</p> <p>816 East Enos Ste A Santa Maria, CA 93454 ☎ (805) 346-1717</p> <p>Group Provider(s): Abroms, Adam D, MD Amir, Ahmad Ali, MD Dixon, Steven, MD McRee, William E., MD Merrill, Craig A, MD</p> <p>931 Oak Park Blvd Ste 201 Pismo Beach, CA 93449 ☎ (805) 473-6640</p> <p>Group Provider(s): Abroms, Adam D, MD Higginbotham, Robert W, MD McRee, William E., MD Merrill, Craig A, MD</p> <p>Parnes, Glenn S., OD <i>Cayucos Eyeworks</i></p> <p>98 S Ocean Ave Ste A Cayucos, CA 93430 ☎ (805) 995-2777</p> <p>Parreira, Amanda, OD <i>San Luis Obispo Optometric Center</i></p> <p>894 Meinecke Ave Ste A San Luis Obispo, CA 93405 ☎ (805) 543-6632</p> <p>Peterson, Kenneth A, OD</p> <p>911 Oak Park Blvd Ste 104 Pismo Beach, CA 93449 ☎ (805) 473-9393</p> <p>Pimienta, William, OD</p> <p>4850 S Bradley Rd Ste A Santa Maria, CA 93455 ☎ (805) 937-9532</p> <p>Language(s): Spanish</p> <p>Prewett, John, OD</p> <p>943 W Grand Ave Grover Beach, CA 93433 ☎ (805) 489-2020</p> <p>Group Provider(s): Prewett, John R., OD</p>	<p>Primary Eyecare Center</p> <p>7605 Morro Rd Atascadero, CA 93422 ☎ (805) 466-3777</p> <p>Language(s): Chinese(Provider) Spanish(Staff) Vietnamese(Provider)</p> <p>Group Provider(s): Cormier, Elaine L, OD Hider, Steven, OD Immoos, Quyen T, OD Tackett, Lauren, OD</p> <p>764 Santa Rosa St San Luis Obispo, CA 93401 ☎ (805) 543-1447</p> <p>Language(s): Chinese(Provider) Spanish(Staff) Vietnamese(Provider)</p> <p>Group Provider(s): Cormier, Elaine L, OD Hider, Steven, OD Immoos, Quyen T, OD Tackett, Lauren, OD</p> <p>Reid, William R, OD</p> <p>937 E Main St Ste 102 Santa Maria, CA 93454 ☎ (805) 922-1923</p> <p>Group Provider(s): Alford, David P, OD Reid, William R., OD</p> <p>Retina Specialists of the Central Coast, Inc.</p> <p>628 California Blvd Ste C San Luis Obispo, CA 93401 ☎ (805) 547-2090</p> <p>Language(s): Spanish(Provider) Spanish(Staff)</p> <p>Group Provider(s): Johnson, Steven C, MD Lauritzen, Derek B, MD</p> <p>959 Las Tablas Rd Ste A-3 Templeton, CA 93465 ☎ (805) 434-2350</p> <p>Language(s): Spanish(Provider) Spanish(Staff)</p> <p>Group Provider(s): Johnson, Steven C, MD Lauritzen, Derek B, MD</p> <p>Rohla, Michael, OD</p> <p>1118 E Grand Ave Arroyo Grande, CA 93420 ☎ (805) 489-5577</p>	<p>San Luis Obispo Eye Associates</p> <p>234 Heather Ct Ste 102 Templeton, CA 93465 ☎ (805) 434-5970</p> <p>Language(s): Spanish</p> <p>Group Provider(s): Stathacopoulos, Rena A, MD</p> <p>689 Tank Farm Rd Ste 100 San Luis Obispo, CA 93401 ☎ (805) 781-3937</p> <p>Group Provider(s): Stathacopoulos, Rena A, MD</p> <p>Sani Eye Center, Inc.</p> <p>1315 Las Tablas Rd Templeton, CA 93465 ☎ (805) 434-2533</p> <p>Language(s): Spanish</p> <p>Group Provider(s): Rasheed, Karim, MD Sani, Javad N, MD</p> <p>Sansum Clinic</p> <p>215 Pesetas Ln Santa Barbara, CA 93110 ☎ (805) 681-7500</p> <p>Sansum Ophthalmology & Optical Shop</p> <p>29 W Anapamu St Santa Barbara, CA 93101 ☎ (805) 681-8950</p> <p>Group Provider(s): Avery, Robert L, MD Katsev, Douglas, MD Palkovacs, Elizabeth, MD Silverberg, Mark, MD Thiene, Pamela, MD</p> <p>Santa Barbara Eye Surgeons Medical Group</p> <p>515 E Micheltorena St Ste D Santa Barbara, CA 93103 ☎ (805) 963-4272</p> <p>Language(s): Mandarin</p> <p>Group Provider(s): Winthrop, Stuart R, MD</p> <p>Santa Barbara Health Care Center</p> <p>345 Camino Del Remedio Santa Barbara, CA 93110 ☎ (805) 681-5488</p> <p>Language(s): Spanish</p>
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YOUR DIABETES HEALTH CARE TEAM



Santa Maria Health Care Center

2115 S Centerpointe Pkwy
Santa Maria, CA 93455
☎ (805) 346-7230

Language(s):
Spanish

Group Provider(s):
Callahan, Tad, MD
Kromhout, Aaron D, MD
Monroy, Bruce Ryan, MD

Santizo, Wendy, OD
Optometry Care Santa Barbara

1629 State St
Santa Barbara, CA 93101
☎ (805) 569-2318

Language(s):
Spanish(Provider)

Group Provider(s):
Burris, Stephanie, OD

Schachter, Scott, OD
Advanced Eyecare and the Eyewear Gallery

300 James Wy Ste 210
Pismo Beach, CA 93449
☎ (805) 773-6000

Schmidt, Christine L, OD

2011 S Broadway Ste G
Santa Maria, CA 93454
☎ (805) 928-8878

Language(s):
Spanish

Group Provider(s):
Johnson, Kimberly, OD

Shepard Eye Center

1414 E Main St
Santa Maria, CA 93454
☎ (805) 925-2637

Language(s):
Farsi

German
Spanish
Group Provider(s):
Bylsma, Stephen S, MD
Shepard, Dennis, MD
Zarnegar, S Rami, MD

Smart, Randy, OD
AAA Optometric Eyecare Center

1518 W Branch St
Arroyo Grande, CA 93420
☎ (805) 489-8467

Smart, Tiffany, OD

590 Harbor St
Morro Bay, CA 93442
☎ (805) 772-1269

Language(s):
French(Provider)
Spanish(Provider)
Spanish(Staff)

Southaphanh, Pinhkeo, OD
Clear Vision Optometry

415 E Ocean Ave Ste B
Lompoc, CA 93436
☎ (805) 819-0742

Language(s):
Spanish(Provider)

Swanson-Rose, Romayne T., OD

Paso Robles Optometric Center

612-A 13th St
Paso Robles, CA 93446
☎ (805) 239-1177

Taketa, Daniel R, OD

611 E Ocean Ave
Lompoc, CA 93436
☎ (805) 736-7010

Vision Center of Santa Maria

1429 S Broadway
Santa Maria, CA 93454
☎ (805) 925-9575

Group Provider(s):
Prewett, John R., OD
Southaphanh, Pinhkeo, OD

Warhola, Sabrina, OD

2011 South Broadway Ste G
Santa Maria, CA 93454
☎ (805) 928-8878

Weitkamp, James W, OD
Arroyo Grande Optometry

260 S Halcyon Rd
Arroyo Grande, CA 93420
☎ (805) 489-8410

Wiley, Sidney John, OD

1140 E Clark St Ste 160
Orcutt, CA 93455
☎ (805) 938-7991

1305 N H St Ste E
Lompoc, CA 93436
☎ (805) 736-3488

Wu, Wilson, MD

200 N La Cumbre Rd Ste C
Santa Barbara, CA 93110
☎ (805) 687-8111

Language(s):
Mandarin

Young, Michael J, OD

327 Plaza Dr Ste 1-B
Santa Maria, CA 93454
☎ (805) 922-1993

Language(s):
Spanish

Zelko, Steven D, MD

309 W Quinto St
Santa Barbara, CA 93105
☎ (805) 682-2618

DIABETES EDUCATION PROGRAMS & SERVICES

North Santa Barbara County - San Luis Obispo County

Santa Maria

Programs offered by Marian Regional Medical Center

(Entire list of classes is at www.marianmedicalcenter.org under Classes)

- *Healthier Living – Your Life, Take Care – FREE*
(Also offered in Spanish "Su vida, Cuídela") For class dates call 739-3578
6 week program for those with any chronic illness, including diabetes;
teaches skills for coping with symptoms, and improving wellness.
- FREE Zumba and Yoga classes for adults – for locations call 739-3578
- Marian Diabetes Education Center 739-3791
One-on-one counseling with certified diabetes educator and registered
dietitian. By appointment. Covered by CenCal Health.

Lompoc

Programs offered by Sansum Clinic

- Monthly class about *Pre-Diabetes, Diabetes Basics, and Weight Management*
Call 1-866-829-0909 to register or go to: www.sansumclinic.org/classes.
\$10 – 15 charge. CenCal Health members can attend for FREE with Coupon.
Request coupon at class or by calling CenCal Health 1-800-421-2560 X3126.
- Certified Diabetes Educator – on-on-one appointments 737-8700

San Luis Obispo County

Programs offered by French Hospital Medical Center

- *Diabetes Support Group – 4th Wednesday each month 3-5 PM - FREE*
Auditorium at Hospital - 1911 Johnson Ave. San Luis Obispo
No RSVP needed. For more information, call 542-6229 or look for Classes at
www.frenchmedicalcenter.org
- *Healthier Living – Your Life, Take Care – FREE*
6 week program for those with any chronic illness, including diabetes;
teaches skills for coping with symptoms, and improving wellness. Contact:
Patty Herrera at 542-6268.

Certified Diabetes Educators – one-on-one counseling covered by CenCal Health

- Maureen Eyeran, RD CDE Serving all of SLO County 235-8034
- Libby Kerr, RN,CDE/Joanna Cooper, CDE – Templeton 434-1166