

Overview of the NC Diabetes Prevention and Management Guide



North Carolina Diabetes Advisory Council

Ronny Bell, Ph.D., MS, Chair
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Vice Chair

DIABETES IN THE UNITED STATES



DIABETES

1,030,000 in North Carolina

29.1
MILLION

29.1 million
people have
diabetes



That's about 1 out of every 11 people



1
OUT
OF
4

do not know they
have diabetes

PREDIABETES

2,500,000 in North Carolina

86
MILLION

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



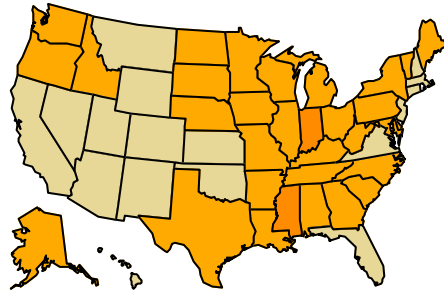
9
OUT
OF
10

do not know they
have prediabetes

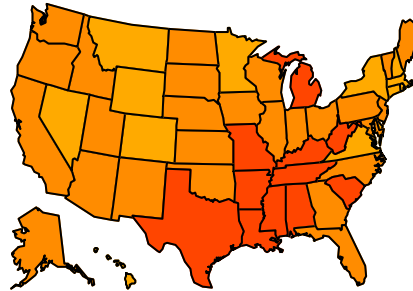
Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults Aged 18 Years or Older

Obesity (BMI ≥ 30 kg/m²)

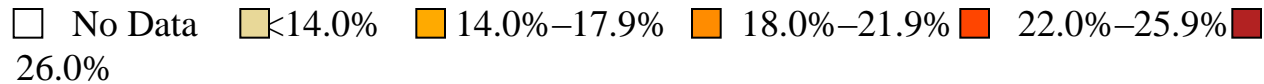
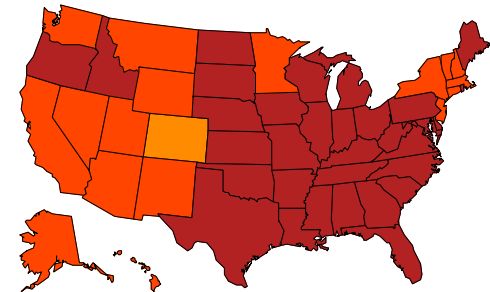
1994



2000

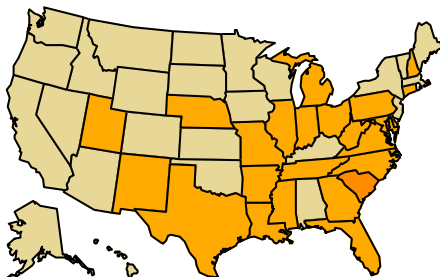


2010

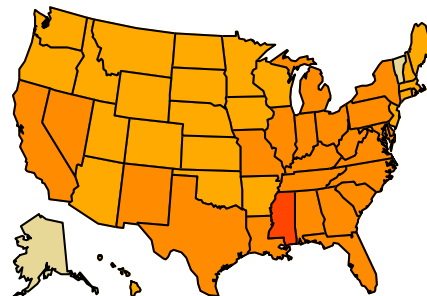


Diabetes

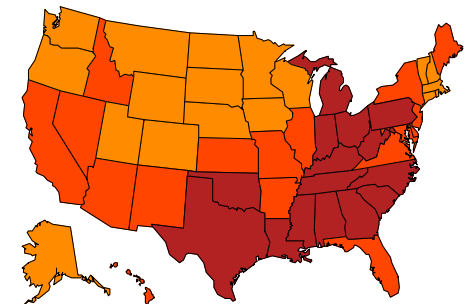
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2000



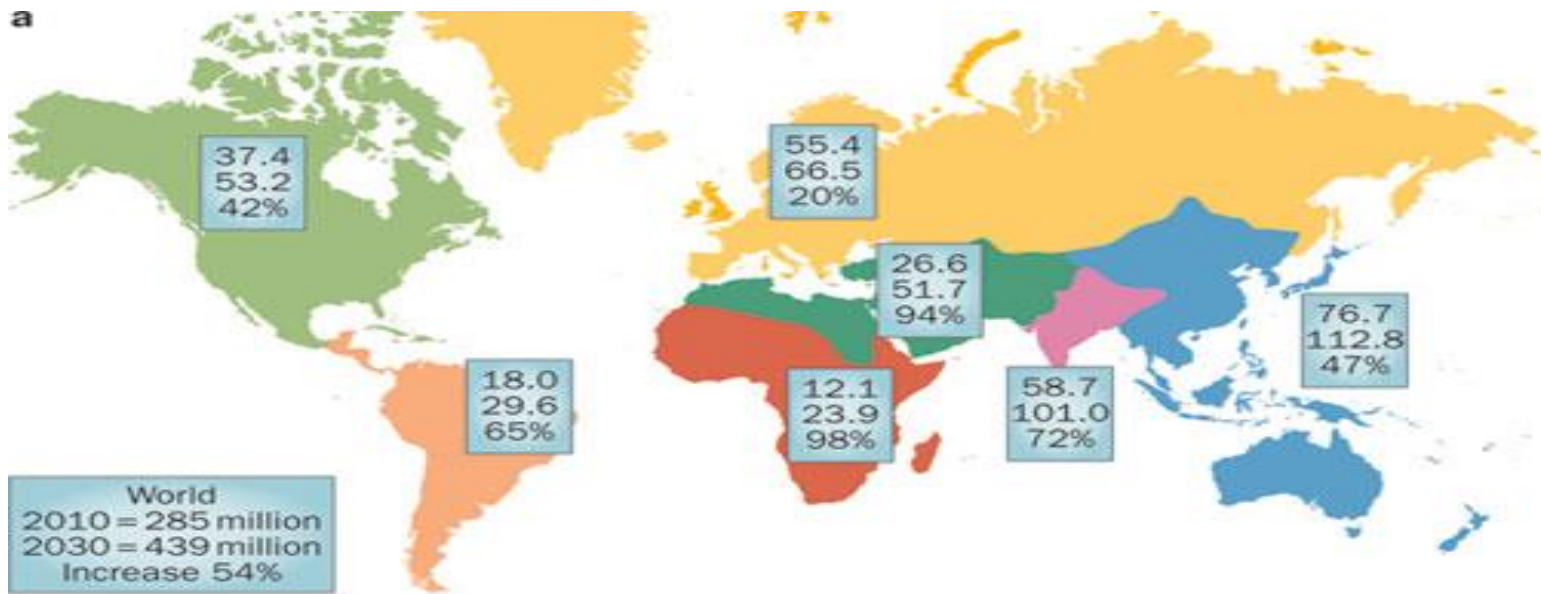
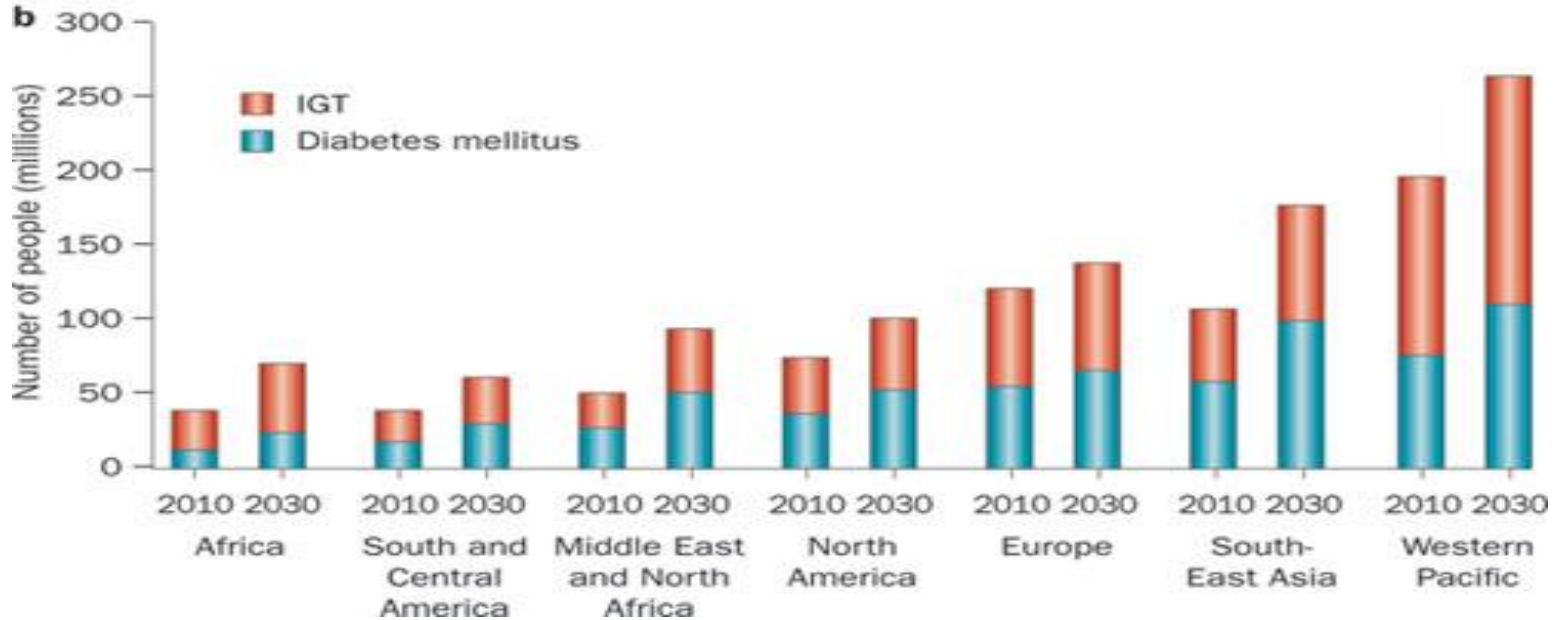
2010



North Carolina : Percentage of Adults (aged 18 years or older) with Diagnosed Diabetes, 1994-2010

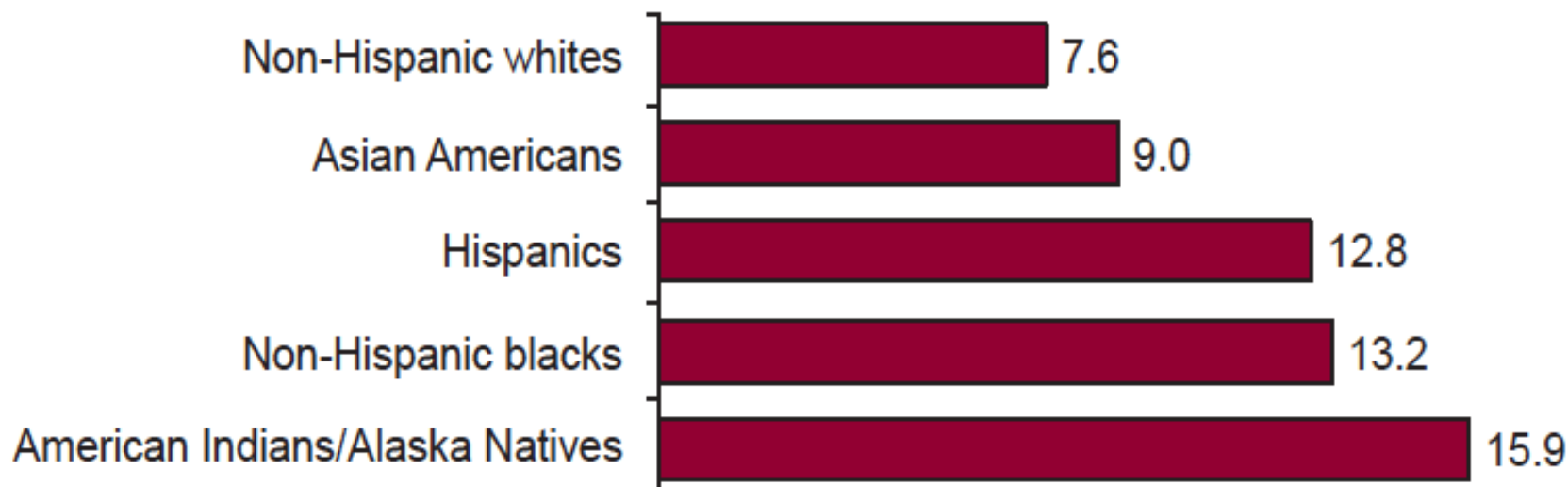


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

a**b**

Racial and ethnic differences in diagnosed diabetes among people aged 20 years or older, United States, 2010–2012

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



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

Source: 2010–2012 National Health Interview Survey and 2012 Indian Health Service's National Patient Information Reporting System.



COST



\$245
BILLION

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

Risk of death for adults with diabetes is



50%
HIGHER

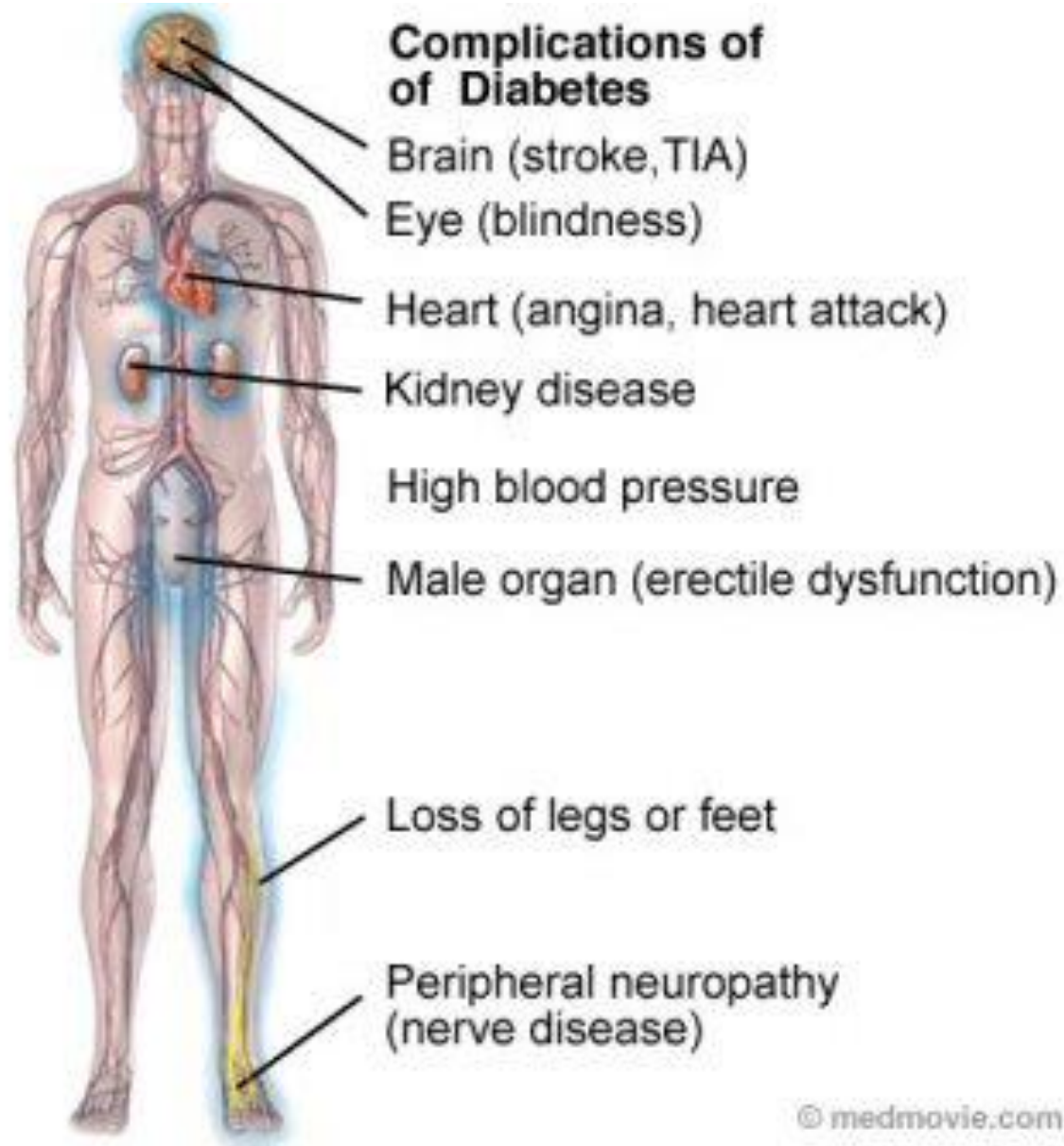


than for adults without diabetes

7th Leading Cause of Death



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



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New Diabetes Cases Among Americans Drop for First Time in Decades: CDC

But another report shows U.S. has more cases than 37 other developed nations

By Robert Preidt

Tuesday, December 1, 2015



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

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

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

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

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

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

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

Educated Americans also have seen improvements in diabetes diagnoses, while the less educated



Related MedlinePlus Health Topics

[Diabetes](#)[Health Statistics](#)

Where we have been.....

- **The Diabetes Prevention and Control Branch:**
 - Initially funded by CDC 1981
 - Merged with Project DIRECT in 2000
 - Had approximately 8 FTE's
- **The Diabetes Advisory Council:**
 - Started in Northeastern North Carolina in 1984
 - Appointed by the State Health Director
 - Included 35 members

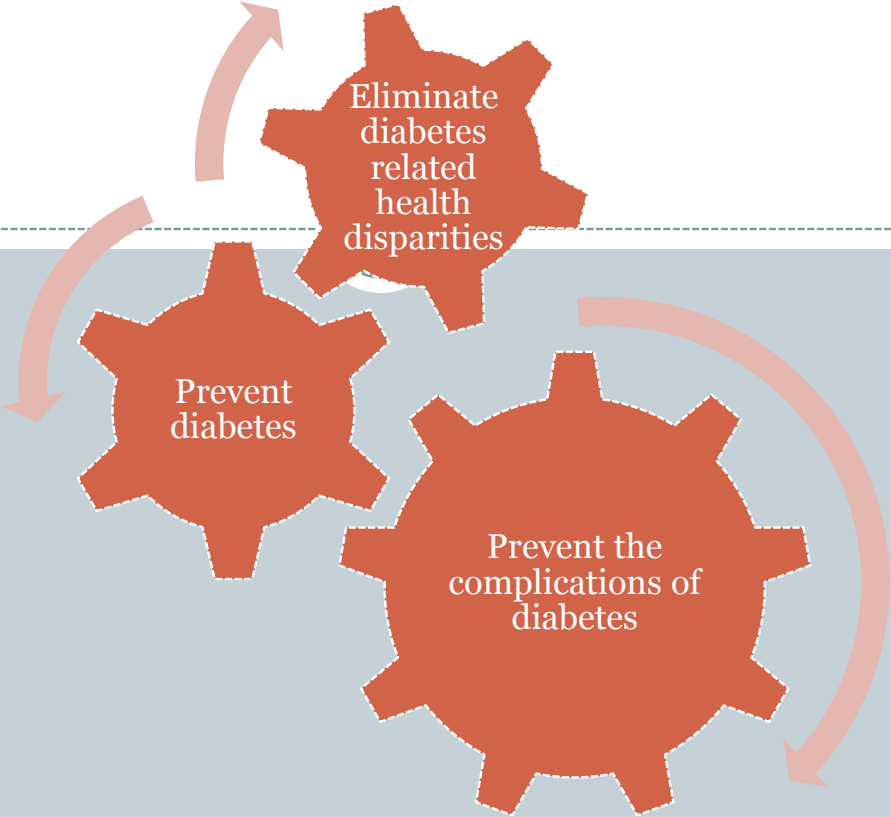


Key DAC Leadership

- Joe Konen MD- Chair
- Betty Lamb
- John Bowdish
- Janet Reaves
- Myrna Miller Wellons – Vice Chair
- John Buse MD



The Original Goals of the Diabetes Prevention and Control Branch



Previous Partnership Success

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



School Policy

- **S.L. 2002-003**
 - One of the first State's to pass a law protecting children with diabetes in school
 - Through public-private partnerships over 400 school personnel have been trained in curriculum
- **S.L.2009-563**
 - Requires annual compliance reporting
 - In 2010 all public non-charter schools reported and half of charter schools
 - In 2011 100% of charter and non-charter public schools reported



Other Policy Activities

- Blue Cross and Blue Shield of North Carolina
 - Unlimited visits to the RD for some people with diabetes
 - Allowed Registered Dietitians to become credentialed providers
 - Reimbursement for Diabetes Self Management Education and Medical Nutrition Therapy
- N.C. Medicaid
 - Contract evaluation for diabetes testing supplies
 - Consideration of eliminating prior approval for Medical Nutrition Therapy and expanding service
- National
 - H.R. 2787 The Diabetes Self-Management Training Act of 2011
 - *Fix the oversight of the Balanced Budget Act of 1997 which excluded CDEs as Medicare providers of DSMT- still not resolved in 2015*



The Access to Quality Diabetes Education Act of 2015 – (S. 1345 /H.R. 1726)

The "Access to Quality Diabetes Education Acts," Amends title XVIII (Medicare) of the Social Security Act to:

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

Cost:

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



Eat Smart- Move More- Weigh Less for Diabetes

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



Kidney Initiative (10/11-10/13)

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

NC Medical Journal – 2011



Confronting the Diabetes Epidemic

The policy forum of this issue reviews activities to prevent and control diabetes in North Carolina. Topics considered include the epidemiologic characteristics of the diabetes burden, the role of community health workers in diabetes education and care, and the influence of federal and state policies on programs and services for individuals with or at risk for diabetes. Original articles in the issue complement the policy forum by looking at characteristics associated with glycemic control, diabetes care provided by school nurses, a program to increase retinal screening among diabetic individuals, and diabetes prevention and control

services in North Carolina health departments. Elsewhere in the issue, experts review allied health's contributions to health reform in North Carolina. [TABLE OF CONTENTS](#) | [FULL ISSUE \(pdf\)](#) »



Statewide Plan for Diabetes Prevention and Control

North Carolina

Diabetes Strategic Plan 2011-2015



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Changes over the past 3 years

- Decrease in all funding for diabetes
- Changes in CDC goals/objectives/initiatives
- Reorganization and Integration of chronic disease branches (Diabetes, Heart , Cancer, Tobacco, Health Promotion,etc into one : **Community and Clinical Connections for Promotion of Health Branch (CCCHP)**
- Expansion of DERP program
- Focus on diabetes to include DPP, prediabetes, prevention and management of complications per CDC initiatives
- Collaboration with community stakeholders to bring this to fruition
- Development of NC Diabetes Action Plan and Guidelines



REDUCE **the** BURDEN



North Carolina Diabetes Advisory Council

Ronny Bell, Chair
Wake Forest School of Medicine

Jan Nicollerat, Vice Chair
*Adult Clinical Nurse Specialist,
Diabetes and CDE*

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

Core Responsibilities include:

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

2015 Meeting Times:

February 6, 2015

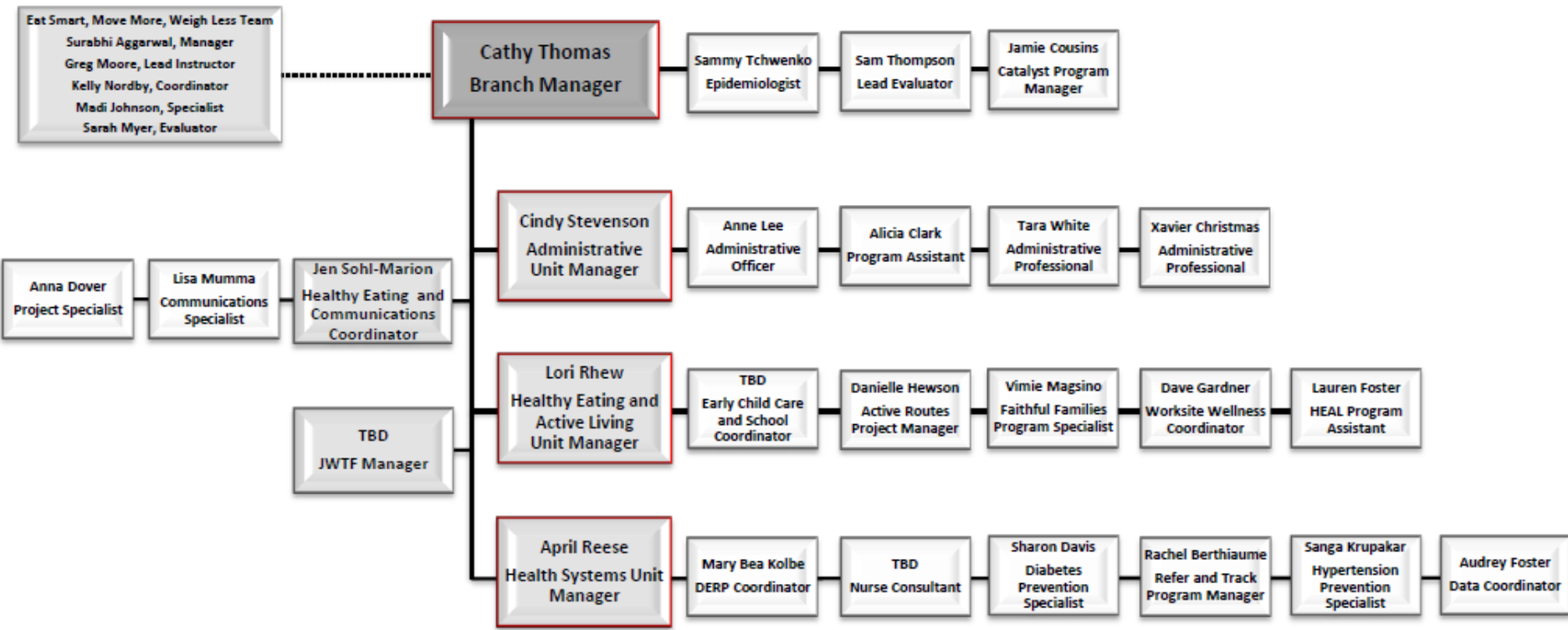
June 12, 2015

October 2, 2015

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 DIVISION OF PUBLIC HEALTH



Guide Development



North Carolina Diabetes Advisory Council

North Carolina's Guide to Diabetes Prevention and Management 2015-2020



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**DAC**
North Carolina Diabetes Advisory Council

The Guide is a collaboration of the
Division of Public Health and the
Diabetes Advisory Council.

Timeline for Development of the Diabetes Action Plan and Guide

2011/2012

•NC Diabetes Strategic Plan

- Highlight the social determinants of health and looks for whole person solutions
- Coordination across disease states and risk factors like obesity and tobacco use
- Promoting physical activity in planning and particularly walking
- Encourage use of community health workers to prevent and manage diabetes
- Promote quality clinical guidelines like diabetes screening and education recommendations

2013

•NC Coordinated Chronic Disease and Injury Prevention State Plan

- Expand access to and increase coordination for screening and clinical preventive services for all North Carolinians
- Provide individuals with the tools and knowledge they need to manage their health condition(s)
- Maintain or improve quality of life and build community capacity to provide prevention and self-management programs for chronic diseases.

2014

•Multiple Events and documents by Partners

- Increase the number of CDC recognized lifestyle change programs
- Increase the number of people who are aware that they have pre-diabetes
- Increase access to diabetes and pre-diabetes education for the underserved population
- Provide third party reimbursement for DPP
- Provide technical assistance for billing DSME
- Extend pregnancy Medicaid to allow for A1c post-pregnancy diabetes testing

2015

•NC Legislatively Required Diabetes Action Plan

- Third party reimbursement for DPP
- Gestational diabetes follow-up

2015/2016

•NC Guide to Diabetes Prevention and Management

- Six core principles of diabetes prevention: increased physical activity, weight management, smoking cessation, individual and group education, quality healthcare and medication adherence
- Activities for Communities, Employers, Healthcare Providers
- Sorted by Primary Prevention, Diabetes Prevention and Prevention of Diabetes Complications



North Carolina's Guide to Diabetes Prevention and Management 2015-2020: Goals

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



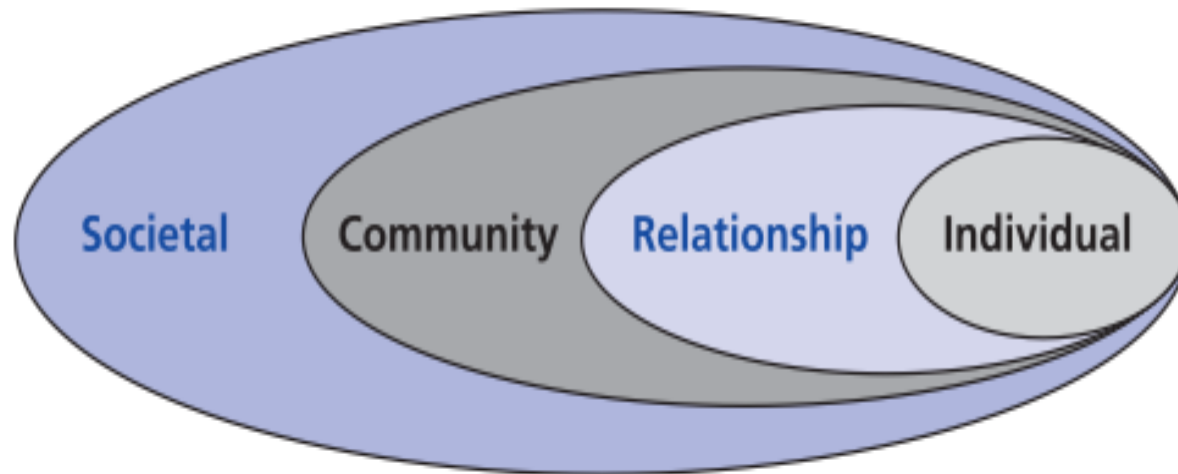
North Carolina Diabetes Advisory Council

North Carolina's Guide to Diabetes Prevention and Management 2015-2020: Goals

- To provide specific strategies for community groups, employers and healthcare providers to help people manage their risk for developing diabetes
- To gain and maintain control of diabetes
- To reduce risks for diabetes related complications
- To develop, design, implement & advocate for policy changes as needed to reduce the burden of diabetes in North Carolina



Socioecological Model of Health



North Carolina Diabetes Advisory Council

Socioecological Model of Health: Evidence-Based Strategies—Community

Diabetes Primary Prevention	Diabetes Prevention for People at High Risk	Diabetes Management and Prevention of Complications
<p>Incent the building of supermarkets in low-income food deserts.</p>	<p>Work with health care providers or state agencies to train your Community Health Workers to screen for diabetes and refer to appropriate care</p>	<p>Offer support groups for people who have diabetes and their caregivers</p>



North Carolina Diabetes Advisory Council

Socioecological Model of Health: Evidence-Based Strategies—Healthcare

Diabetes Primary Prevention	Diabetes Prevention for People at High Risk	Diabetes Management and Prevention of Complications
<i>Advocate for walkable communities</i>	Point of care testing	Develop standing orders for diabetes screening



Socioecological Model of Health: Evidence-Based Strategies—Worksites

Diabetes Primary Prevention	Diabetes Prevention for People at High Risk	Diabetes Management and Prevention of Complications
Establish at least 10 consecutive hours per day of protected time off-duty to allow workers to obtain no fewer than 7-8 hours of sleep.	Offer DPP as a covered benefit	Premium reductions for medication adherence or well-controlled diabetes



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Socioecological Model of Health: Measurement

Primary Prevention of Diabetes

Increase the number of organizations that support diabetes primary prevention by 2020

Increase the number of legislative/regulatory policies that support diabetes primary prevention strategies by 2020



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Socioecological Model of Health: Measurement

Diabetes Prevention for Those at High Risk

Increase the number of people who know that they have prediabetes from 644,000 to 967,000 by 2020. (source: BRFSS and population data estimates for North Carolina from State Center for Health Statistics)

Increase the number of people in North Carolina who enroll in a diabetes prevention program that is recognized by the CDC from 740 (in July 2015) to 5,000 by 2020. (source: CDC DPRP State Level report)



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Socioecological Model of Health: Measurement

Diabetes Management and Prevention of Complications

Increase the number of people in North Carolina with type 2 diabetes who have taken a diabetes class from 484,000 to 533,000. (source: BRFSS and population data estimates for North Carolina from State Center for Health Statistics)

Increase the number of people in North Carolina with type 2 diabetes who enroll in a recognized Diabetes Self Management Program from 36,000 to 50,000 by 2020. (source: CDC report)

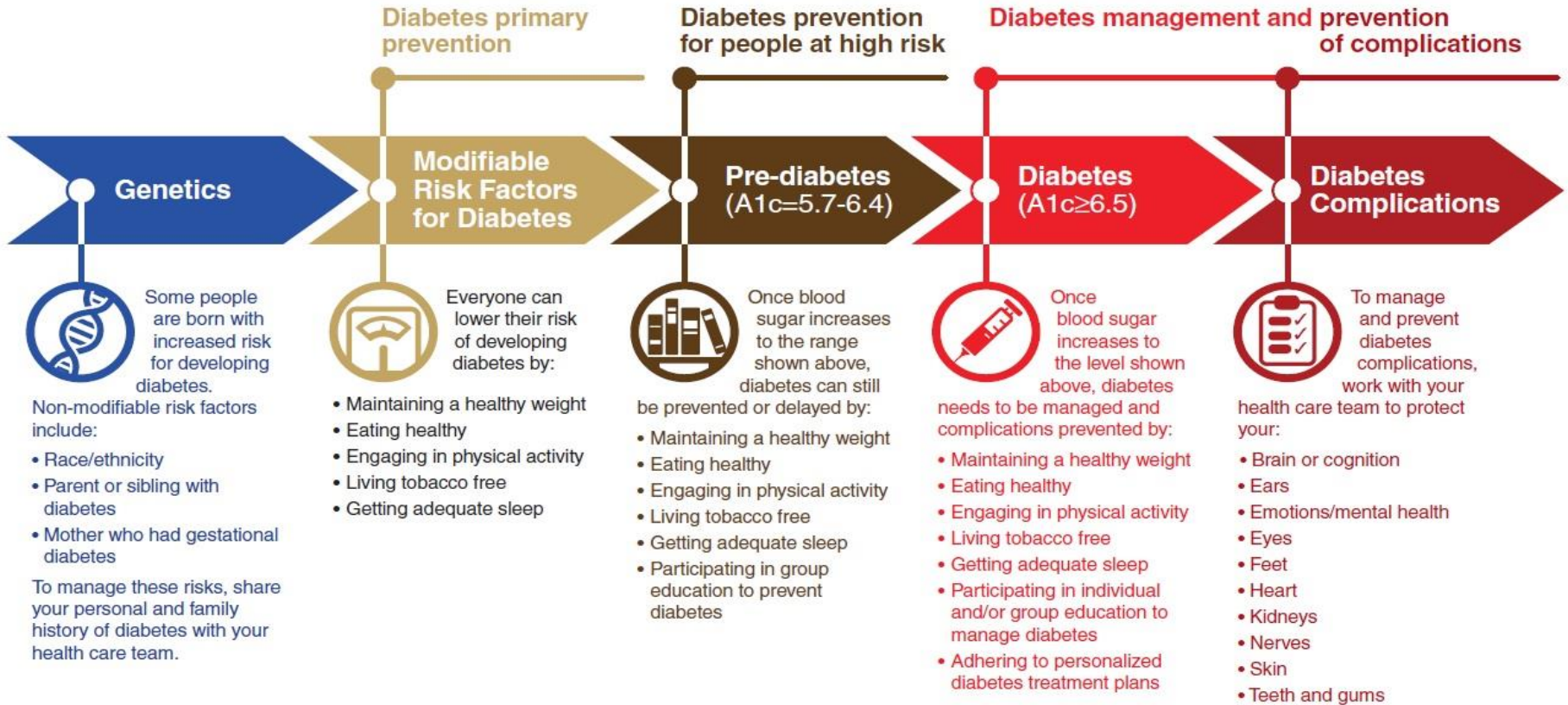


North Carolina Diabetes Advisory Council

FIGURE 2:

Lifetime Risk Management for Developing and Controlling Type 2 Diabetes

The risk of developing diabetes increases with age.



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**for Prevention & Health
Branch** NORTH CAROLINA
DIVISION OF PUBLIC HEALTH

TYPE 2 DIABETES

IN NORTH CAROLINA

Fact Sheet

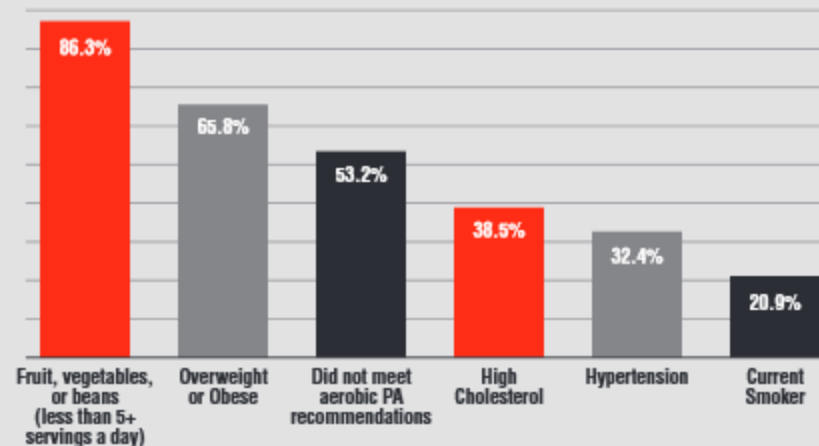
What is diabetes?

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

How many people have diabetes?

- Diabetes is the seventh leading cause of death in both the United States and North Carolina.^{1,2} In 2012, diabetes was the primary cause for 2,401 deaths (almost 3% of all deaths) and a contributing cause to many more deaths in North Carolina.²
- An estimated 25.8 million adults in the United States have diabetes, and of these, over a quarter (7 million individuals) do not know that they have the disease.³ In North Carolina, almost 750,000 adults report having been diagnosed with diabetes by a health professional.⁴ Assuming that national rates also apply to North Carolina, then up to an additional 280,000 North Carolinians may have diabetes but are unaware of their condition.

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



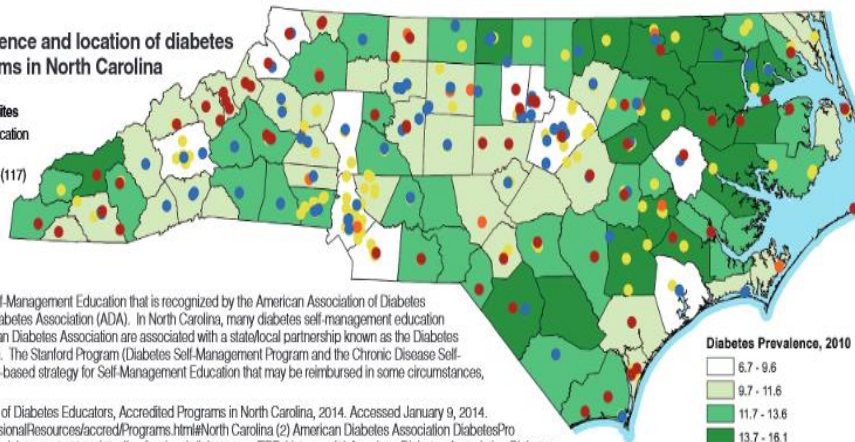
Data Source: North Carolina State Center for Health Statistics. www.schs.state.nc.us/data/brfss/survey.htm. Accessed 05/2014.

- In North Carolina, less than three out of every five adults (58.6%) without a known diagnosis of diabetes have had a blood sugar test within the past three years.⁷

What are the treatment options for diabetes?

Figure 2. Diabetes prevalence and location of diabetes self-management programs in North Carolina

- Diabetes Self-Management Program Sites**
- American Association of Diabetes Education (AADE) (17)
 - American Diabetes Association (ADA) (117)
 - Diabetes Education Recognition Program (DERP) (63)
 - Stanford Diabetes Self-Management Program (151)



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

Data Source: (1) American Association of Diabetes Educators, Accredited Programs in North Carolina, 2014. Accessed January 9, 2014. <http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html#North Carolina> (2) American Diabetes Association DiabetesPro Professional Resources Online. Accessed January 9, 2014. http://professional.diabetes.org/ERP_List.aspx (3) American Diabetes Association Diabetes Education Recognition Program Chronic Diabetes Database. Accessed January 9, 2014. (4) NC Department of Health and Human Services Division of Aging and Adult Services (DAAS) Programmatic Data, February 28, 2014. (5) National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, Diagnosed Diabetes Prevalence 2004-2010, accessed February 17, 2014. http://www.cdc.gov/diabetes/atlas/countydata/County_EXCELstate1stDM.html

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Community & Clinical CONNECTIONS

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

DPP Programs in NC 2012

Diabetes Prevention Programs in North Carolina





RACE TO QUIT, NC!

#RacetoquitNC

NORTH CAROLINA'S RACE TO QUIT:

Far from the Finish Line.



1 in 5 (20.2%) of adults are smokers.



13% of high school students smoke.



Smoking kills 14,200 North Carolinians every year.

Annual health care costs of \$3.8 billion.

HOW CAN YOU WIN YOUR RACE TO A SMOKE-FREE LIFE?

Support is there to help you quit.



Call Quitline NC (1-800-QUIT-NOW) to talk to a quit coach, or visit www.quitlinenc.com.



Visit the Race to Quit, NC website: www.ncallianceforhealth.org/race-to-quit-nc to connect with resources from over 50 health care leaders.

4-7%

Just 4-7% are able to quit smoking without medicines or other help.

83%

83% of North Carolinians have insurance that covers treatments to help them quit.

Talk to your health care provider and find a quit method that works for you.



DAC is a Race to Quit Partner

[About Us](#)

[Tobacco Use Prevention](#)

[Race to Quit, NC](#)

[Obesity Prevention](#)

[Take Action](#)

[Resources](#)

[Contact](#)



Step Out: Walk to Stop Diabetes



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

Raleigh, NC....November 7, 2015
Dorothea Dix Campus



YMCA Partners: DPP programs

86 MILLION HAVE
PREDIABETES

ONLY **9** MILLION ARE
ABOUT **AWARE OF IT**

Source: Centers for Disease Control and Prevention (2014)

ymca.net/diabetes



North Carolina Diabetes Advisory Council

**Press Release and Rollout
Coming: November 30, 2015!**



North Carolina Diabetes Advisory Council

Tips for talking with the press about diabetes



North Carolina Diabetes Advisory Council

How to Promote the Guide

- **Share** copies and information about the Guide with partners who may not be aware of the Guide and how their work aligns with the Guide
- **Link** to the Guide on your organization's website
- **Send** out a press release about the Guide
- **Include** information about the Guide in newsletters
- **Use** social media to share the Guide



Tracking Successes—Online

Diabetes NORTH CAROLINA

Home About Resources Facts Partnerships

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

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

Diabetes Prevention Programs in North Carolina

News

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

Contact: April Reese • 1915 MSC • Raleigh, NC 27599 • info@DiabetesNC.com

Diabetes NC Website



North Carolina Diabetes Advisory Council

Tracking Successes—Where to share?

- ❖ Newsletters
- ❖ Print materials
- ❖ Social Media
- ❖ Presentations
- ❖ Conversations



Thank you!



North Carolina Diabetes Advisory Council