



1-800-TEAMUP4

The AADE is now offering easy access to diabetes educators across the nation. Please provide this toll-free phone number as an additional resource to patients with diabetes. Operators are on duty 24 hours a day and can handle calls in several languages.

For additional information, contact the AADE at 1-312-424-2426.



Diabetes Prevention Trial: Type 1

The Diabetes Prevention Trial - 1 (DPT-1) is a clinical study sponsored by the National Institutes of Health that has been conducted nationwide since 1994. It is designed to determine if it is possible to prevent or delay the onset of Type 1 diabetes (a.k.a. juvenile diabetes).

Family members of people with Type 1 diabetes will be screened for islet cell antibodies which are present in most people who develop Type 1 diabetes.

To be eligible, a person must be:

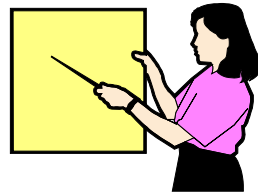
■ Age 45 or under and have a child, parent, sister or brother with Type 1 diabetes **OR**

■ Age 20 or under and have an aunt, uncle, cousin, niece, nephew, grandparent or half sibling with Type 1 diabetes.

Children between the age of 3 to 10 should be re-screened yearly, children between the ages of 10 and 20 every two years and adults need only be screened once if negative.

These **FREE** screenings will only be available through the year 2000. Screening sites are available across the nation.

Call 1-800-425-8361 for more info.



Monthly Diabetes Self-Help Group

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This article will provide helpful tips in forming a monthly group as an adjunct to individualized patient education. The monthly sessions which San Mateo County Health Center began holding in September 1996 continue to be a successful endeavor within our Outpatient Diabetes Program.

How to get started:

First, know your target population. Participants in our program consist of a multi-ethnic population of 38 percent Hispanics, followed by Caucasian, African American, Pacific Islanders, Asian and Middle-Eastern sect. The majority are of the lower socio-economic level between ages 18-80. The major age group ranges from 45-60 years. The average reading level is 6th grade. Twenty percent are functionally illiterate while another twenty percent have a college education. The informal presentations were supported with visual handouts, slide projections, posters and demonstrations.

Second, conduct a written short survey in order to gather information on the following points:

- ◆ **Decide best day and time to meet:** Based on results of a survey, we decided to meet the first Friday of every month from noon to 1 pm. (*Same day and time each month makes it easy to remember*)
- ◆ **Decide on location:** Consider accessibility, proximity and size of your target audience when choosing a facility. Our conference room came equipped with video equipment, a white wipe-off board and space for 25 to 30 participants. We realized, however, that when the exercise physiologist was scheduled to demonstrate exercise routines, additional space was required.
- ◆ **Determine topics of interest:** The survey was helpful in ascertaining participant's topics of interest. Many of the topic suggestions were related to the chronic complications of diabetes.

Recruit Speakers:

We recruited speakers from our hospital staff of doctors, social workers, nurses, nutritionists, pharmacists and psychiatrists along with outside speakers within the community. We also invited an exercise physiologist from the local YMCA and a sexologist from a private practice. Request that they volunteer one hour of their time annually for the benefit of the Monthly Diabetes Self-Help Group. Provide the speaker a catered lunch. All of our attendees were encouraged to participate in the "Question and Answer" session immediately following the lecture.

Advertise:

One page flyers were used to advertise the monthly sessions. The topics creatively corresponded with the theme and color of the month and/or season. For example, February's flyer was pastel pink paper and contained heart logos with the topic "Changing Habits for a Healthy Lifestyle" The base of the presentation was "Love Yourself". Participants were urged to attend the group sessions to learn more about certain topics. It's a great opportunity to meet with other participants in the program.



Mark Your Calendar!

Upcoming Meetings

American Association of Diabetes Educators

(26th Annual Meeting)

◆ August 18-22, 1999 - Orlando, FL

National Diabetes Education Week

(Sponsored by the AADE)

◆ November 1 -7, 1999

American Diabetes Association

(47th Annual Postgraduate Course)

◆ January 19-23, 2000 - Honolulu, HI

How New Theories Change Nutrition and Diabetes

A Professional Symposium

September 23-25, 1999

International Diabetes Center

Naegele Auditorium

Minneapolis, Minnesota

Call ☎ 1-888-825-6315

for registration & more details.



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Paddock Laboratories is making it easy for Diabetes Educators to “☎ phone home ☎” at the upcoming AADE Meeting in Orlando in August.

Stop by our booth #917 to check it out!



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Website Options For Inquiring Minds

www.diabetesdigest.com

◆ Diabetes Digest

Nation's Largest Circulation Diabetes Magazine

www.nutrasweet.com

◆ Monsanto Company

*Patient Education Materials Available
For People With Diabetes*

www.ificinfo.health.org

◆ International Food Information Council (IFIC)
*Guidelines For Communicating Emerging Science
On Nutrition, Food Safety & Health*

Submit items of interest for upcoming issues to:

Paddock Laboratories, Inc.

Fax: (612) 546-4842 or

e-mail: nfred@paddocklabs.com

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Phone: (800) 328-5113

Determine the luncheon menu:

Since the meetings were scheduled over the lunch hour, we provided a free catered lunch to attendees. The menu consisted of lean meat sandwiches with a fresh salad and low fat dressing, a piece of fruit for dessert and a beverage (diet drink or bottled water).

Arrange for the funding of the monthly luncheons:

A \$100 was budgeted per month to feed 25 to 30 participants. During the first year, sponsorships from various pharmaceutical companies were obtained by writing fundraising letters. When soliciting companies for sponsorships and/or donations by letter, here are some suggestions:

- ◆ Be brief.
- ◆ Fully state the need.
- ◆ Make examples specific.
- ◆ Make the request specific.
- ◆ Have a specific use for the donation.
- ◆ State the dollar amount of donation requested.
- ◆ Mention the deductibility of the gift for tax purposes.
- ◆ Acknowledge any donation with an appreciative thank-you note.

Remember that a positive attitude in the letter promotes a positive attitude in the giver. Make a point to include the sponsor's name on the monthly flyer.

Benefits of the monthly group sessions:

Our individual teaching efforts were greatly enhanced by the group sessions, which devoted a full hour to each topic. Participants expressed a better understanding of chronic complications associated with diabetes. Increased awareness of these complications and also of the psychosocial issues was a major benefit for the attendee. One of the most successful presentations was regarding “*Diabetes and Sexual Health*” by Patricia Gray, Ph.D., Sexologist. Dr. Gray presented the topic in an original and delicate manner, which prompted a group discussion among many of the participants. The participant involvement in our monthly self-help group sessions have greatly enhanced our individualized teaching efforts.

Sources:

Lifetime Encyclopedia of Letters p. 90-91. Author: Meyer. Pub date: 9/1/96.
Prentice Hall Simon & Schuster, 1996.

San Mateo County Health Center Speaker Topics:

- Diabetes & Sexual Health
- Diabetes & Eye Care
- Diabetes & Dental Health
- Diabetes & Kidney Disease
- Diabetes & Stress
- Diabetes & Social Services
- Diabetes & Self Esteem
- Diabetes & Cardiac Disease
- Foot Care & Diabetes
- Diabetes & Surviving the Holidays
- Medications for Diabetes
- New Meds for Type 2 Diabetes



Diabetes: Issues In Patient Care

The ADA recommends eating 15 grams or one-half ounce of carbohydrates during a hypoglycemic reaction. More than 15 grams will make the blood sugar skyrocket; less than 15 grams may not solve the problem. **Glucose 15** is a recommended oral glucose gel.

(Diabetes: Issue In Patient Care. American Druggist Supplement. Vol 2. No. 3)

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