ADMINISTRATIVE TIDBITS
NEW CURRICULUM STATUS UPDATE

We received the updated 2017 edition of the Diabetes Empowerment Education Program (DEEP)™ curriculum a couple of weeks ago. The initial review and comparison to the 2014 version has been completed. We are in the process of developing a crosswalk between the two for your convenience. It should be ready for distribution the first of December. We will also attach the electronic version of the updated curriculum. The crosswalk we are developing will highlight the major changes in format and clinical guidelines. We believe you will be very pleased with the changes.

We will hold a conference call following the distribution. We are hoping for an implementation date of January, but that is flexible.

The largest impact for facilitators will mainly be reading the modules before each session, using the crosswalk as a guide to note the changes. There will be some changes to handouts, and a couple of the activities will need to be tweaked to reflect the clinical changes. We are committed to be there to help make this transition easy for everyone.

In the meantime, happy holidays! And know we are very thankful for you!

Genee Miller
Program Staff Assistant

DEEP IMPACT

As of November 13, 2017…

- **267 total DEEP graduates**
- Of these, **198 Medicare graduates** who have diabetes or prediabetes

As of October 31, 2017…

- **13 of 22 graduates** with pre- and post- A1c data had their levels stay the same or go down.

“What was your favorite aspects of your DEEP classes?”

- The interaction of activities and discussion
- The best class was the one with the doctor, nutritionist and pharmacist. I also found out about a local doctor who I subsequently went to see.
- Background info at beginning of class regarding how diabetes affects the whole body
- Hearing experiences of others living with diabetes
November is American Diabetes Month. So you might be thinking, *What kind of message should I use to increase diabetes awareness in my community?* Many diabetes professionals agree there is no good, cohesive messaging. There are strong messages about other health conditions such as breast cancer, and rightfully so! The “pink ribbon” is a wonderful message of strength. However, diabetes does not have a ribbon nor a clear national message. There is no good, cohesive messaging. There are strong messages about other health conditions such as breast cancer, and rightfully so! The “pink ribbon” is a wonderful message of strength. However, diabetes does not have a ribbon nor a clear national message.

**The Muddled Diabetes Message**

Current diabetes messaging can involve blaming people with diabetes for their condition or shaming them for not properly taking care of their health. These messages are not helpful and can actually be harmful. There is a dire need for messaging that is strength-based, empowering, nonjudgmental, respectful, inclusive and that imparts hope.

Many organizations serve people with diabetes, but they do not share a color to globally represent the disease. The American Diabetes Association (ADA) uses red to represent blood and blood sugar, which are what most people think about when it comes to diabetes. The International Diabetes Federation (IDF) uses a blue circle to represent connecting diabetes advocates and to promote awareness on World Diabetes Day, which is November 14, the birthday of co-discoverer of insulin Sir Frederick Banting.

Not only are different colors associated with diabetes awareness, but messages vary, too. This makes it difficult to refine a consistent message during American Diabetes Month. The ADA’s message this year is “There’s a hero inside you,” while the IDF is emphasizing women with “Our right to a healthy future.” The National Diabetes Education Program (part of the National Institute of Diabetes and Digestive and Kidney Diseases) is touting “You are the center of your diabetes care team.”

With all the different diabetes messaging, what is the most important message for your community and DEEP classes? Just remember this: Whatever you choose, make sure it is empowering, positive, person-centered and hopeful, and keep it free from judgement, shame and blame.

**The Importance of Self-Management**

Diabetes is a complex, challenging disease that involves many factors and variables. If a person with diabetes did everything his/her health care provider suggested, he/she would make about 300 decisions every day—or spend approximately two-and-a-half hours of their day devoted to diabetes. That is equivalent to a part-time job! Diabetes is the ultimate DIY, and it has to be. Imagine the strength and determination it takes to make so many focused health decisions every day. People with diabetes are strong, so our messaging should reflect that strength.

**The Language of Diabetes**

The American Association of Diabetes Educators (AADE) and the ADA have new guidance about what language to use when working with people with diabetes and their support systems. What we say has an impact on motivation, behaviors and outcomes. Using empowering language can help people with diabetes engage in the positive self-management of their condition.

For example, asking “Are you a diabetic?” labels the person as his/her disease. People live full, active lives, and diabetes is not who they are. It is a condition they have to manage and live with the best they can. Instead, we should ask, “Do you have diabetes?”, a more person-centered question. You can learn more about “speaking the language of diabetes” on AADE’s website.

As we commemorate American Diabetes Month and World Diabetes Day this month, please know that, as DEEP facilitators, your words and messages matter. You make a difference every day by giving your class participants the knowledge and skills to help them self-manage their diabetes and help them feel supported and empowered. Thank you for your dedication and for making such a meaningful difference in your communities.