



INDIANA MINORITY HEALTH COALITION



DIABETES AWARENESS DAYS: 2007 CALL TO ACTION

A COMMUNITY ACTION TOOL KIT

March 2007

Developed Under Contract with
Hinton Hoytt & Associates
Laurel, MD

ABOUT THE INDIANA MINORITY HEALTH COALITION

From its inception in 1992, the Indiana Minority Health Coalition (IMHC) has worked to improve overall health outcomes for minority populations by seeking to eliminate health disparities in Indiana's communities of color. IMHC is a unique model among minority health organizations in the US and has gained national attention and recognition for mobilizing grassroots organizations to address the public health needs of their communities.

Our mission is to enhance the quality of life through education, advocacy and quality healthcare services for racial and ethnic minorities. As we continue to work with coalitions throughout Indiana to reduce health disparities between non-minorities and minorities experiencing disproportionate burdens of disease and premature death, we call upon all concerned citizens to help us find ways to increase community awareness of the impact of one of our most preventable chronic health conditions - diabetes; and fight to protect the medical care and benefits that are so desperately needed by the thousands of people currently living with diabetes across the state.

OUR CHALLENGE

Eliminating racial and ethnic health disparities is a complex mix of environmental, behavioral and social issues and cannot be achieved without considerable broad-based, culturally relevant interventions and consolidated and coordinated efforts that are designed and sustained for the long-term. The time is now for all concerned individuals to recognize and appreciate the depth of racial and health disparities as a public health problem, which adversely affects the health, welfare, and economic development of Indiana and its constituents.

As we continue our efforts to address these health challenges - our current focus is diabetes; a serious health condition that presents many challenges - including the fact that many people do not know they have it and therefore experience extreme complications that can often be prevented.

With the launch of the "***Know Your Numbers, Know Your Symptoms***" Diabetes Awareness campaign, IMHC is calling for communities to come together to ensure access to culturally specific diabetes prevention information and education, care and treatment services to help reduce the burden of this disease on our communities.

I invite you to join IMHC and its partners in this statewide ***Diabetes Awareness Days*** campaign. Together we can take on this challenge and find ways to redefine and shape our future health outcomes.



President and CEO
Indiana Minority Health Coalition

DIABETES IN INDIANA



387,000	Estimated number of Hoosiers, over age 18, diagnosed with diabetes
188,000	Indiana residents that have undiagnosed diabetes
3,800	Estimated number of Hoosiers, 0 - 18 years of age, diagnosed with Type 1 diabetes
8.3%	Prevalence of diabetes in Indiana compared to national average of 7%
10.4%	Prevalence of diabetes in African Americans in Indiana compared to 10.0% in Hispanics and 7.7% in Whites
1.8%	Adult women in Indiana diagnosed with gestational diabetes
62%	Of adults in Indiana who are overweight or obese
9,784	Individuals in Indiana discharged from the hospital who had a primary diagnosis of diabetes
\$13,243	Average annual cost of medical care for person in Indiana with diabetes (in 2002)
\$2,560	Average annual cost of medical care for person in Indiana <i>without</i> diabetes

INTRODUCTION

For the past several years, IMHC has focused on specifically addressing a key health issue affecting racial and ethnic minorities in Indiana by launching a statewide educational and advocacy campaign to increase awareness and move communities to action. April 2006 saw the launch of Indiana HIV/AIDS Awareness Days, designed to heighten awareness of legislators, funders and communities around the continuing impact of HIV and AIDS in the state. This year, IMHC will launch Diabetes Awareness Days as part of a series of activities to commemorate the Minority Health Initiative (MHI) and Minority Health Month in April 2007. Each of these campaigns has been planned in partnership with a state-wide planning group of concerned individuals, public health leaders, policymakers, philanthropists and representatives from faith and community based organizations. These campaigns are, designed to put the issue of diabetes and Indiana's public health in the hands of its citizens and legislators. The campaign also underscores the need for all Indiana residents to work together in addressing the continuing challenges faced by persons diagnosed with diabetes.

Our focus is on creating opportunities that every citizen can take to ensure access to diabetes education, prevention, treatment and medication. It is about families, friends, and community coming together, talking with one another and sharing information. And just as HIV awareness activities are marked by the signature red ribbon, the symbol for diabetes awareness is a silver or gray ribbon.

OUR CAMPAIGN GOALS

- Increase personal awareness of potential risk for diabetes
- Motivate communities to become actively engaged in diabetes education
- Motivate communities to develop solutions and action strategies to expand access to medical and social support services for persons impacted by diabetes
- Increase opportunities for diabetes education, screening and self-care in the state of Indiana.

The Indiana Minority Health Coalition is launching this campaign to generate awareness of the importance of diabetes as a preventable health issue in Indiana and the many ways communities can become involved.

WHY IS THIS CAMPAIGN IMPORTANT?

Diabetes has become such a growing problem in the United States that many have labeled it an epidemic. More than 20 million U.S. citizens have diabetes and 54 million have pre-diabetes - totaling nearly one - fourth of the nation's population. In addition to the health burden resulting from this disease, diabetes presents an ever-increasing financial and social burden that requires increased allocation of resources for its prevention, education, diagnosis and treatment.

Each year, more than 1.5 million people in the U.S. are diagnosed with diabetes, yet one-third of Americans with diabetes don't know that they have it. This is a solid foundation for creating a diabetes awareness campaign in Indiana.

According to the Indiana State Department of Health, it is important to note both the current burden of diabetes and the possible trends we will see in that burden over the next several years. With the burden and rate of diabetes increasing at a rapid pace, we must also examine the factors contributing to this rapid increase - obesity and sedentary lifestyles - and determine what can be done to address them.

Despite all the advances in diabetes treatment, education remains the cornerstone of diabetes management. People with diabetes, unlike those with many other medical problems, can't just take pills or insulin in the morning, then forget about their health the rest of the day. Differences in diet, exercise levels, stress and other factors may all affect blood sugar levels. So the more people with diabetes learn how these factors affect them, the better control they will be able to achieve.

With the changing political and economic environment we are experiencing, ensuring access to effective, culturally specific diabetes prevention, education, treatment and support services becomes even more crucial to the people of Indiana. As always, community members must unite to communicate their challenges and concerns about addressing this disease and to engage decision-makers and the public to care. Hard numbers and statistics are not enough to mobilize people and create understanding. It is the personal, intimate, real faces of those who live and work in our communities, those who are affected by diabetes, family members, caregivers, friends, and people who simply care, who deliver the greatest impact.

The ***Diabetes Awareness Days*** campaign recognizes the important role individuals from all walks of life - persons living with or affected by diabetes, health providers, policy makers, elected officials, funders, and representatives from community and faith-based organizations—can play

in bringing about community change. We need your help and commitment to reach the broadest audiences possible so that we can help influence the lifestyles, behaviors and decision-making that impact the lives of so many of our fellow Hoosiers.

DIABETES AWARENESS DAYS



CAMPAIGN ACTION TOOLKIT

WHAT IS THIS TOOLKIT?

To help us achieve our campaign goals, IMHC has developed this community action toolkit of practical information, tools and techniques. We encourage you to use this action kit in your communities as you organize, mobilize, educate, and talk and write letters to your state legislators, policymakers and the media. We also provide you with techniques and tips for organizing fundraising activities around diabetes prevention, education and advocacy. This toolkit is intended as a guide to help you find the best approach to carry out your plan to influence people and organizations to become involved and take action.

The kit provides information about diabetes in Indiana, practical tools and tips to help you better communicate the facts and urgency of the issues, mobilize your community to action, educate your state legislators, policymakers, and the media regarding the impact of this disease and the need for statewide action to promote effective screening, detection and management of diabetes in order to reduce the personal and economic toll on the citizens of Indiana.

The purpose of this action kit is two-fold:

- First, to give you, community residents and organizations, what you need to know about the impact of diabetes in Indiana. By understanding the demographic and geographic trends of diabetes in Indiana, we are better prepared to take the steps necessary to reduce its impact across the state.
- The second purpose of the toolkit is to provide communities with the practical tools that will support them in creating the energy needed to address diabetes locally. It is intended to assist local communities in planning and coordinating local activities and provide the technical information on organizing and coordinating advocacy, educational, and fundraising activities.

OBJECTIVES OF THE TOOLKIT

- To increase the capacity of community agencies and community leaders to engage community members to take action and make changes in their communities;
- To encourage community leaders and community members to promote ongoing information, educational and advocacy activities; and
- To develop skills in organizing and carrying out advocacy and fundraising plans.



DIABETES IN INDIANA

THE IMPACT OF DIABETES IN INDIANA

According to 2005 US Census estimates, Indiana is the 15th largest state with a population of 6,313,520. The racial and ethnic composition of Indiana is 88.6 percent white, 8.8 percent Black, 4.5 percent Hispanic, 1.2 percent Asian and 0.3 percent American Indian or Alaska Native. Approximately 12.4 percent of the population is 65 and over, which is consistent with the median percentage for the US population. This is the age group in which the prevalence of diabetes is highest. In Indiana, diabetes prevalence in persons over age 65 was 20.5 % in 2005. It is not unexpected that the oldest age group has the highest prevalence of diabetes, since diabetes is a chronic disease. ,

Complications of Diabetes

Indiana is above the national average for diabetes prevalence. While this is disturbing, one of the more troubling aspects of diabetes is that while the number of individuals it affects is significant, we are often not aware we have it until we develop one or more of its life-threatening complications and currently. Currently, there is no cure.

Diabetes is a serious disease because of its long-term cardiovascular and other complications that can result in premature death. Complications include heart disease, stroke, blindness, kidney failure, amputations of the leg, foot and toe, as well as deaths related to the flu, pneumonia and complications during pregnancy.

End-Stage Renal Disease (ESRD)

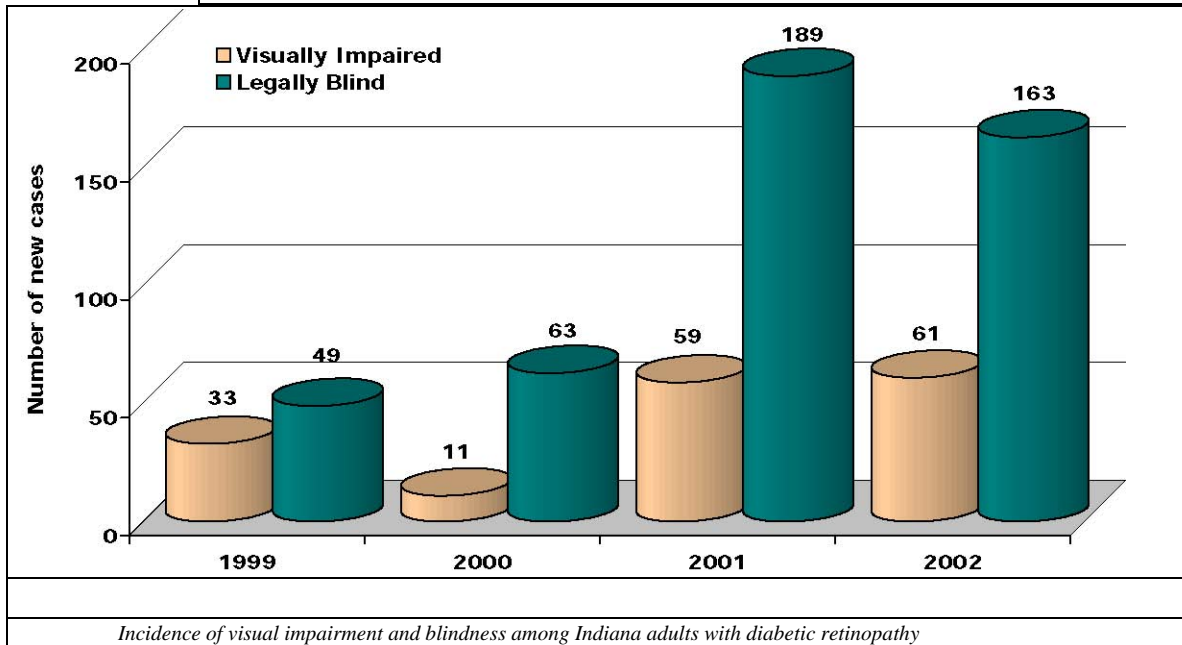
- Diabetes was responsible for 42 percent of the new cases of ESRD in Indiana in 2000.

Diabetic Retinopathy

- Prevent Blindness America in 2002 stated that there were more than 112,000 cases of diabetic retinopathy in Indiana, and more than 22,000 cases of blindness in adults 40 and older.
- In Indiana in 2005, there were 553 new cases of legal blindness and 272 new cases of visual impairment due to diabetic retinopathy in adults over 17

Complications of Diabetic Retinopathy in Adults 18 and older

Indiana, 1999 - 2002



Lower Extremity Amputations

- Based on hospital discharge information, in 2003, the average number of nontraumatic lower extremity amputations (LEA) among persons with diabetes in Indiana was 1,769.
- The incidence rate of LEA for men in Indiana is one and a half times that for women.

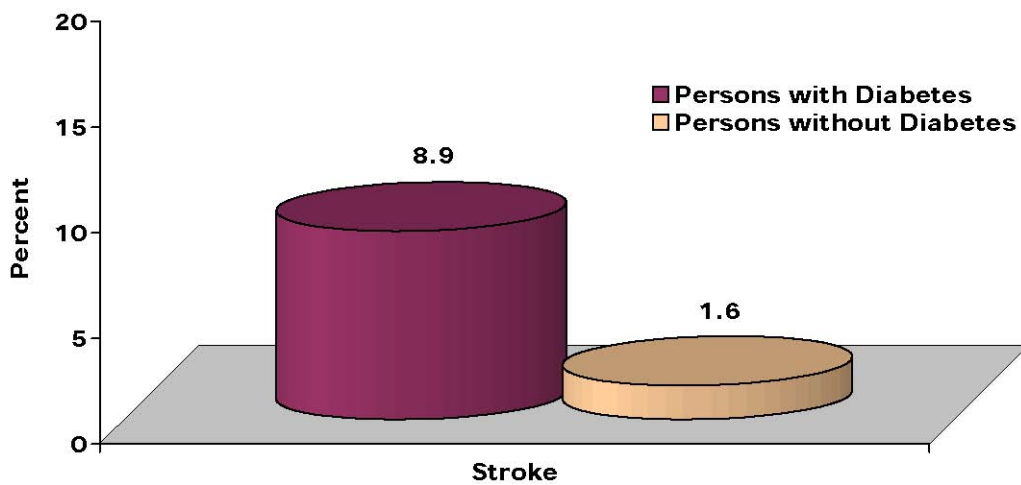
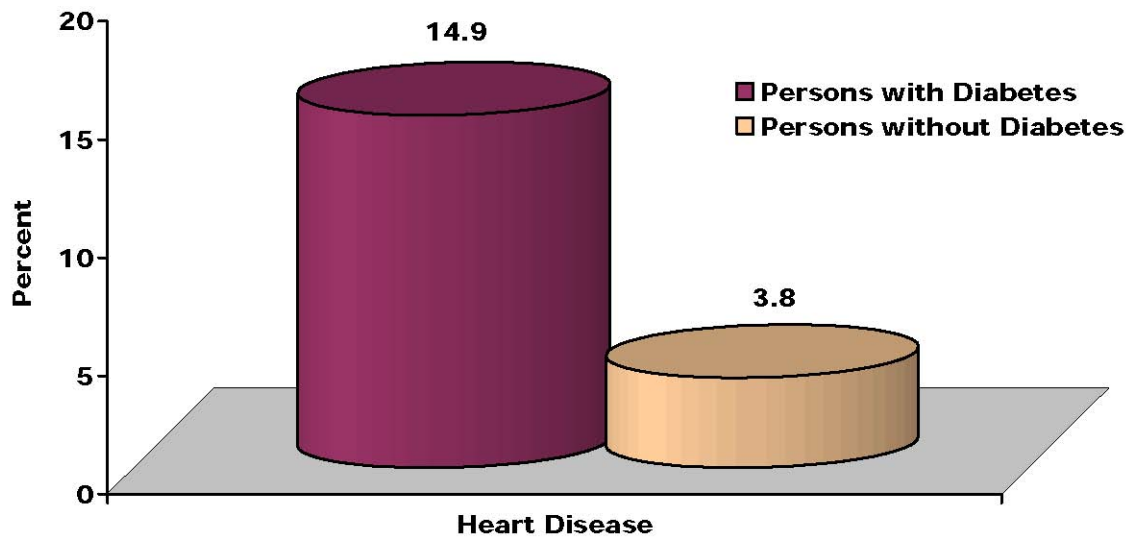
Heart Disease and Stroke

While the previous statistics are disturbing and represent a great burden of both medical expenses and human suffering, it is the increase in heart disease and strokes that result in the greatest expense and the largest percentages of death. People with diabetes suffer heart attacks and strokes at a higher rate than the general population and often have worse health outcomes than people without diabetes. People with diabetes are 30 percent more likely to die after a heart attack than people without diabetes.

The following Behavioral Risk Factor Surveillance System (BRFSS) survey findings provide estimates of the percentage of people who have had heart disease or strokes. Fifteen per cent of Hoosiers with diabetes

reported having heart disease and 9 percent had had a stroke. Diabetes contributes to over 5,000 deaths in Indiana each year.

Prevalence of Heart Disease by Diagnosed Diabetes Status
Indiana 2002
Source: BRFSS



DEMOGRAPHIC TRENDS

Populations at Risk

As stated throughout this document, diabetes and its many complications place numerous populations at risk.

- **Age** - individuals 65 and older (12% of state population) had a diabetes prevalence rate of 20.5% in 2005

- **Race/Ethnicity**
 - African Americans (8% of population) had a diabetes prevalence of 10.4%
 - Hispanic/Latino (4.3% of population) had a diabetes prevalence of 10%
 - American Indians (0.3% of population) and Asian American/Pacific Islanders (1.2%) had a diabetes prevalence of 16.5%

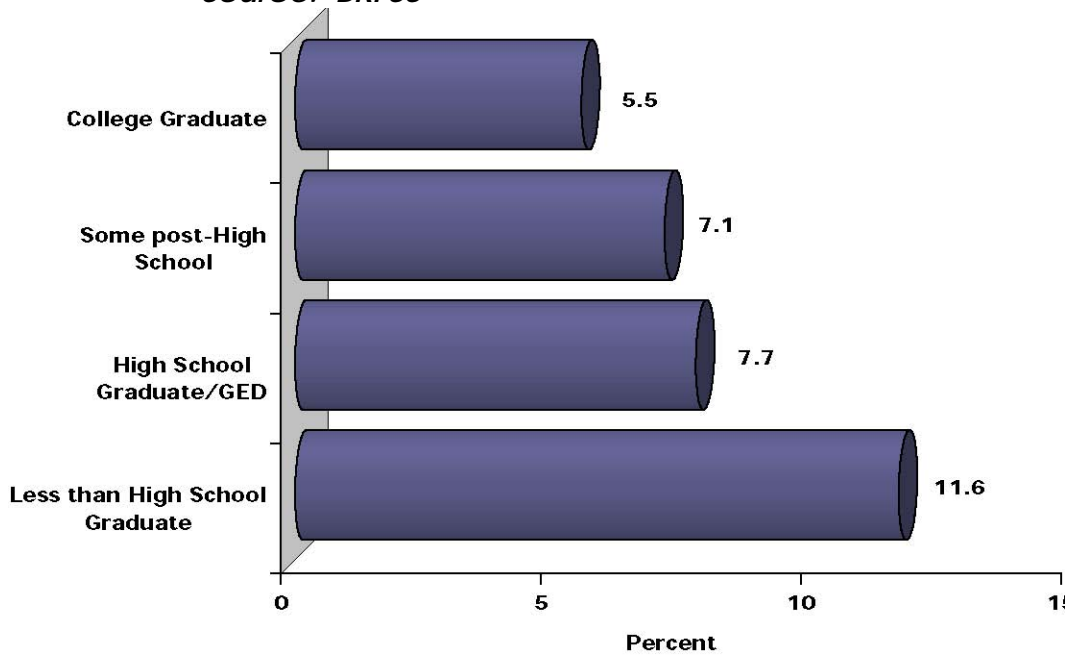
- **Pregnant Women** - 2003, 1.8% of women diagnosed were diagnosed with gestational diabetes, with a 20 - 50% chance of developing diabetes in the next 5 - 10 years.

- **Overweight or Obesity** - In 2005, 62.4% of adults in Indiana are overweight or obese, and of those with diabetes, 26.7% were overweight, and 53% were obese

Diabetes and Socioeconomic Trends in Indiana

Diabetes is more common as one moves down the socio-economic scale. That is, the poorer you are or the less educated you are, the more likely you are to develop diabetes. The prevalence of diabetes in Indiana is higher among those with less than a high school education than any other level of educational attainment. The level of educational attainment is one measure of socio-economic status (SES). The prevalence of diabetes is inversely related to SES, i.e. the lower the SES, the higher the prevalence of diabetes.

Self-Reported Prevalence of Diagnosed Diabetes by Education
Indiana 2002
Source: BRFSS

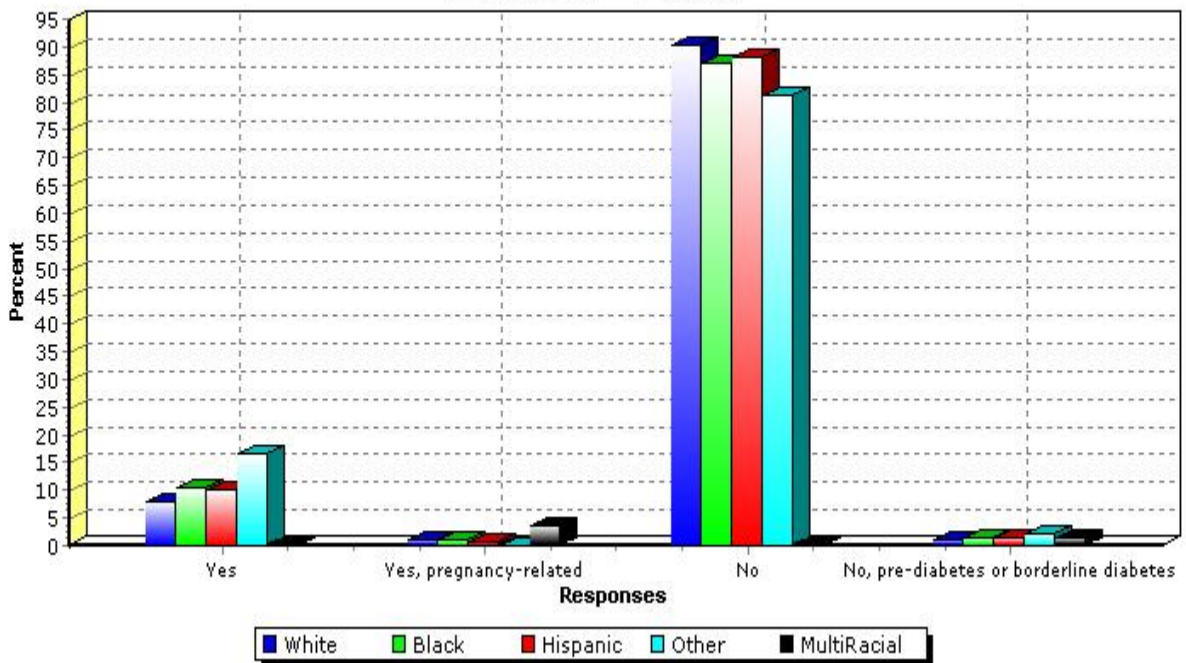


Diabetes Prevalence by Race/Ethnicity

Unfortunately, diabetes does not strike equally among all populations. Sugar, as diabetes is commonly referred to in the African American community, is 60 percent more common in Blacks than Whites. African American women are two to four times more likely than White women to develop type 2 diabetes, and are two times more likely to die from diabetes.

Not only are African Americans and Latinos much more likely to have diabetes, they also are more likely to develop its complications and to die from the disease at an earlier age. The prevalence of diabetes among African Americans in Indiana is much higher than the national rate.

Diagnosed With Diabetes Indiana - 2005



GEOGRAPHIC TRENDS

The following 2004 Indiana Mortality Report documents where diabetes ranks as a leading cause of death in the five largest cities in Indiana

Diabetes Deaths in Indiana

Ranking as Leading Cause of Death	Population Impacted
Sixth	Total Indiana population
Fourth	African Americans
Fourth	African American Females
Seventh	African American Males
Eighth	Hispanics/Latinos
Seventh	Hispanic/Latino Females
Eighth	Hispanic/Latino Males

Diabetes Deaths in Indianapolis

Ranking as Leading Cause of Death	Population Impacted
Fourth	African Americans
Fourth	African American Females
Eighth	Hispanic/Latino Females

Diabetes Deaths in Gary

Ranking as Leading Cause of Death	Population Impacted
Fourth	African Americans
Third	African American Females
Third	Hispanics/Latinos
Second	Hispanic/Latino Females

Diabetes Deaths in Fort Wayne

Ranking as Leading Cause of Death	Population Impacted
Fifth	African Americans
Fourth	African American Females
Second	Hispanic/Latinos
Third	Hispanic/Latino Females

Diabetes Deaths in South Bend

Ranking as Leading Cause of Death	Population Impacted
Sixth	African Americans
Sixth	African American Males
Seventh	African American Females

Deaths in Evansville

Ranking as Leading Cause of Death	Population Impacted
Fourth	African Americans
Fourth	African American Females

Source: BRFSS, Indiana Statewide Survey, 2005, Indiana State Department of Health

When a needle falls down a deep well, many people will look into the well, but few will be ready to go down after it. – Guinean proverb

THE NEED FOR ACTION

As evidenced by the information contained in this toolkit, diabetes is nearing epidemic proportions in our country and throughout Indiana. It has become an issue so serious in Indiana that thousands of people are being impacted. The financial cost of the care and treatment for diabetes and its complications has been high, and many persons living with diabetes are becoming increasingly unable to cope, due to the health, personal and financial burden of the disease.

We as citizens in Indiana, have a tremendous opportunity to take action to help change the course and impact of diabetes throughout the state. This action requires responsibility and commitment on many levels – individual, community, political, funding, and provider response is needed if we are to curb the impact of diabetes on our populations. Responses needed range from making the personal and individual decision to make healthier lifestyle and behavioral decisions and choices, to helping shape and change the policies that prevent many from receiving the medical and financial support they need to treat diabetes.

While none of the required actions is easy, many of you may think of advocacy as overwhelming and time consuming. Actually, there are many simple tasks that take very little of your time and effort, but go a long way to help our communities as a whole.

What type of action must our residents, communities and governments take? It is up to you!

The organizers of the Diabetes Awareness Days campaign believe that we can fight diabetes with the help of dedicated individuals like you and the many agencies and organizations that support more funding, expanded services and increased access to treatment and medication. We urge you to use the information and tools included in this toolkit to focus public attention on the disease.

The time is now for you to make a difference! We encourage you to use this action kit and look forward to hearing from you about your efforts.



**WHAT YOU CAN DO –
TAKE PERSONAL ACTION**

LEARN THE FACTS ABOUT DIABETES

In order to prevent or manage a disease, one must be knowledgeable of its cause(s), prevention strategies, and ways to control the condition.

What is Diabetes?

- **Diabetes mellitus** is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both.
- Diabetes is one of the leading causes of death and disability in the US. Total health care and related costs for treatment of diabetes run about \$132 billion annually.

What are the Different Types of Diabetes?

- **Type 1** – (formerly called juvenile diabetes) results when the body’s immune system attacks and destroys its own insulin-producing cells, needed to regulate blood glucose, in the pancreas. It most often appears during childhood or adolescence and accounts for 5-10% of all diagnosed cases of diabetes.
 - **Type 2** - (formerly called adult-onset diabetes) occurs when the body does not make enough insulin or does not use the insulin properly. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 accounts for 90–95% of diagnosed diabetes. Type 2 diabetes most often appears in people older than 40, but it is increasingly being diagnosed in children and teens and is no longer considered an adults-only disease.
 - **Gestational** diabetes is a form of glucose intolerance diagnosed in some women during pregnancy. Women who are diagnosed with gestational diabetes during pregnancy have a 20-50% chance of developing diabetes in the next 5-10 years. A portion (5-10%) of these women will have Type 2 diabetes immediately following pregnancy.
 - **Pre-diabetes** is a term used to distinguish people who are at increased risk of developing Type 2 diabetes. People with pre-diabetes have higher blood sugar than normal, though not high enough to be diagnosed with diabetes.
-

What are the Risk Factors for Diabetes?

- **Type 1** – autoimmune, genetic and environmental.
- **Type 2** – older age, obesity, physical inactivity, race/ethnicity (African Americans, Hispanic/Latino Americans, American Indians, and some Asian American and Pacific Islanders), family history of diabetes, and prior history or gestational diabetes.
- **Gestational** – obesity, race/ethnicity (African Americans, Hispanic/Latino Americans, and American Indians), and family history of diabetes

What is the Link Between Cardiovascular Disease and Diabetes?

- Cardiovascular disease is the leading cause of death for people with diabetes – accounting for about 65% of all deaths
- People with diabetes are 2 – 4 times more likely to have heart disease or suffer a stroke than people without diabetes
- About 73% of people with diabetes also have high blood pressure
- Smoking doubles the risk for heart attack in people with diabetes

Can Diabetes Be Prevented?

- At present, there is no known way to prevent **type 1** diabetes.
- Engaging in regular physical activity and losing weight can help prevent **type 2** diabetes.

What Can I Do to Help Prevent Heart Attack and Stroke Related to Diabetes?

- **Reach and stay a healthy weight.** Being overweight or obese is a risk factor not only for diabetes, but also for heart attack and stroke.
- **Get moving everyday.** Dancing, walking, doing household chores, or playing sports – as long as you are physically active – can help you lose weight and lower your risk for high blood pressure and other complications.

- **Eat healthier.** Eat less fat and salt. Choose lean meats, poultry, fish, nuts, fat-free or low fat milk and dairy products. Grill or bake foods instead of frying them. Use herbs and other seasonings in place of salt to add flavor.
- **Add more fiber to your diet.** Choose whole grains, fresh fruits and vegetables, dry beans and peas.
- **Stop smoking.** Smoking is one of the major risk factors associated with heart attack and stroke.
- **Ask for help.** Ask your family and friends to help you get on track and stay on track. A little support goes a long way.



**ADVOCACY: SHAPING POLICY AND ENGAGING
THE PUBLIC**

WHAT IS ADVOCACY?

Advocacy is getting your cause on the public agenda and shaping the way the issue is discussed by the public and covered by the media. It is appealing to the general public to contact the legislature about an issue.

WHY ADVOCATE?

To get your issue on the table, on the airways, in the paper, and in the legislature!

GETTING STARTED IN AN ADVOCACY CAMPAIGN

1. Form a coalition.
2. Mobilize your community.
3. Determine your goals.
4. Identify and segment your audiences and understand their current perceptions.
5. Craft compelling messages.
6. Determine the appropriate way and best spokespeople to reach each audience.
7. Spell out the actions you want people to take.

Following these essential steps in carrying out your advocacy campaign can produce many benefits.

- The power of a coalition. A coalition is a group of interdependent people focused on advancing or opposing a particular issue. A coalition's power lies in its ability to present a united front. It mobilizes allies through grassroots efforts to increase community understanding and support.
- A greater base of support for your mobilization goals. By recruiting new allies, a campaign can generate financial support, volunteers, and other resources to help achieve goals.
- Access and appeal to a mass audience. By working with the media as part of a public engagement campaign, you can tell your story or provide useful information to greater numbers of people than can be reached through other channels.
- Greater leverage with decision-makers. By creating popular buy-in for an initiative and by generating press coverage, policymakers and others are more likely to join, support, and protect your vision and goals.

REASONS TO ADVOCATE FOR YOUR CAUSE

1. **You can make a difference.**
2. **People working together can make a difference.** Mothers Against Drunk Driving convinced dozens of states to toughen their drunk driving laws. As a result, the numbers of drunk driving deaths are lowering nationwide.
3. **People can change laws.** History is full of people and groups that fought against great odds to make great changes: child labor laws, public schools, clean air and water laws. These changes were not easy to achieve. They all chose active involvement.
4. **Advocacy helps find real solutions.** People thinking creatively and asking their elected officials for support can generate innovative solutions that can overcome the root causes of a problem.
5. **Advocacy is easy.** You can learn how to be an effective advocate - who to call, when, what to say in minutes.
6. **Policymakers need your expertise.** No one knows more about the impact of diabetes on our communities than those who live and work in the community. Your personal stories are powerful tools for change.
7. **Advocacy helps people.** Everything that goes into an advocacy campaign - the research, the strategy planning, the phone calls and visits - will help fulfill your goal.
8. **The views of community residents are important.** Citizens have a responsibility to tell local policy makers what is needed and what will work. Your advocacy can have an immediate, concrete impact on people in need.
9. **Advocacy advances your cause and builds public trust.** Building public trust is essential to communities and advocacy helps you to gain it by increasing visibility.



WORKING WITH YOUR LEGISLATORS

HOW TO WORK WITH YOUR LEGISLATOR OR ELECTED OFFICIAL

1. Establish your agenda and goals.

- Know your issue(s) and limit them to no more than three.
- Decide what you would like to get out of the visit, i.e., a commitment to vote for your issue, leadership on the issue, or information.
- Allow time for small talk at the outset, but not too much. Remember, it's your visit.

2. Listen well.

- Much of advocacy is listening. Look for indications of the elected official's views, and find opportunities to provide good information.
- If you are meeting with a "silent type," draw her/him out by asking questions.
- If you are confronted with a "long-winded type," look for openings to bring her/him back to the point.

3. Be prepared, but don't feel that you need to be an expert.

- Do your homework, but don't feel that you need to know every little detail of an issue. Air personal feelings and experiences where appropriate. Relate the concerns of your friends and members of the community.
- Know when to admit, "I don't know," and offer to follow up with the information.
- Be open to counter-arguments, but don't get stuck on them. Don't be argumentative or confrontational.

4. Don't stay too long.

- Try to get closure on your issue. If you hear what you had hoped for, express your thanks and leave. If you reach an impasse, thank her/him, even if disappointed, and say so. Leave room to continue the discussion at another time.

5. Remember you are there to build a relationship.

- If the elected official is good on an issue you've been involved in or has supported your position in the past, be sure to acknowledge your appreciation during the course of the visit.
- If the opposite is true, think of the phrase, "No permanent friends, no permanent enemies." Some day, on some issue of importance to you, s/he may come through. In the meantime, your visit may prevent the official from being an active opponent. In other words, you may help to turn down the heat on the other side.

6. Follow-up is important.

- Be sure to send a thank-you note after the visit. If commitments were made in the meeting, repeat your understanding of them. If staff members were present, write to them too. They can often be important allies.

THREE WAYS TO MAKE YOUR VOICE HEARD

Community members and those most impacted by an issue have an important role to play in educating public officials about the issues and concerns they deal with. Here are three ways to get your message through.

1. **Letter Writing.** Writing to a public official does make a difference. They know that every person who writes represents many others who feel the same way. Follow these tips to be most effective:

- Be clear about what you want.
- Tell a story or example to make the issue real.
- Ask for a direct response on his or her position.
- Personal letters are much better than form letters or petitions.

2. **Visits.** Every citizen has the right to meet with his/her legislator, councilperson, or other elected representative. These tips will help make visits effective:

- Keep your group small (4-5 people).
- Make your group diverse.
- Discuss in advance how to handle the meeting.
- Be direct, but not threatening.
- Know your facts.
- Leave informational material with the official.
- Invite the person to tour a clinic or whatever facility or site conveys your message in real and human terms.

3. **Establish a relationship with staff.** Many elected officials have staff people you can contact. Staff are generally more accessible than the official and are willing to help in scheduling an appointment, a visit or an invitation.

WRITING LEGISLATORS AND LOCAL ELECTED OFFICIALS

Writing your legislator is one of the most effective means of getting your message across. It only takes a few minutes. Your letter documents your views and reminds your legislators that their decisions have a direct impact on you and their other constituents.

- **Use the correct address and salutation.** For example, Dear Representative (Last Name), or The Honorable, and type or write your letter clearly so that it is legible and not discarded. Be sure to include your return address on the letter, as non-constituent mail may be thrown out.
- **Be personal.** Use your own words and stationery. Legislators feel that personal letters, rather than form letters, show greater personal commitment and carry greater weight.
- **Focus your message.** Avoid a “laundry list” of issues.
- **Be brief.** Make it short, but include enough information to explain your reason for writing.
- **Be specific.** Give example(s) of how the issue affects your district.
- **Know your facts.** Avoid inaccurate or misleading information. If you can, find out how your legislators voted on this issue or similar issues in the past.
- **Be timely.** Contact your legislator while there is still time for him/her to consider and act on your request.
- **Be persistent.** Write often and ask for more information if you do not receive a specific response.
- **Say thank you.**



WORKING WITH THE MEDIA

MEDIA OUTREACH TIPS

Media outreach can raise awareness and help generate television, print and other coverage for your cause. An effective plan can also generate interest beyond a specific event or activity and help create sustained interest in ongoing advocacy and educational efforts. The tips in this section will assist you in conducting your media outreach activities.

- **Develop a timeline.** The timing of media outreach efforts depends in large part on the results you want to achieve. Work backward from the date of the event or the desired coverage to determine timeline.
- **Start at least four to six weeks in advance.** For coverage for a scheduled event, such as a fund raising activity, two to three weeks in advance is usually sufficient. Consider the information and materials that may be needed and determine how much time you will need in order to prepare.
- **Compile a local media contact list.** Build your list based on your knowledge of living in the community. Don't forget local community newspapers and society photographers that you may have worked with in the past.
- **Set aside a place for media at your event.** Please remember to offer water or other beverage to the press during your event. They may be conducting quick interviews with the speakers during breaks.
- **Develop a brief pitch or talking points to support your outreach.** This will help encourage the media to cover your activities and will ensure everyone is conveying the same message.
- **Work the phones and follow up.** Newspapers and television stations get hundreds of media alerts and story ideas every day. Always follow with telephone calls to help gauge interest. Be prepared to answer questions and offer information like photo and interview opportunities that will help reporters craft a story.



COMMUNITY ACTION STRATEGIES
Campaigning for Change

What You Can Do!

OPTION #1 – PICK UP THE PHONE

Here is a simple primer on phone calls to lawmakers. Your first call, however, will not be to advocate policy. In the next month, make a call to each of your legislators. Commend them on their record of service. Invite them to visit your community, or perhaps to make a few remarks at a community meeting. Tell them that you will be sending invitations to openings and other events. If you are unable to reach a lawmaker by phone, talk to an aide. Your relationships with key staff will be no less important than your relationships with legislators. Always take notes of conversations.

Effective Advocacy by Phone

1. Understand that you may be speaking to an aide, not the legislator. Write down the name, since you will need it for follow-up conversations. The legislator's aides are the key people with whom you will be dealing most of the time.
2. Be clear on what you want from this phone call. You are calling simply to register your informed opinion on a pending issue. You are successful if the lawmaker's office understands that a concerned citizen has weighed in with a strongly held opinion.
3. Introduce yourself and give your address, making clear you are a constituent. If you have any special credentials, state them.
4. Say why you are calling: assuming you are calling about pending legislation, state the bill number and explain what the bill does (don't expect the lawmaker to have every bill memorized). Get right to the bottom line.
5. Pause briefly for a reply but be prepared to continue without feedback (the legislator or aide is likely taking notes and may want to hear you out before commenting).

OPTION # 2 – WRITE A LETTER

You already know how to write a letter. These points will help you turn your letter-writing skills into effective advocacy.

Your first letter, however, should be about relationship building, not advocacy, a follow-up to your first phone call. In the next month, write each of your legislators. Thank them for their time (or find something complimentary to say about the staff person you talked to). In coordination with the goals of Diabetes Awareness Days, request a meeting with one of your legislators. Also, use this letter to suggest a date for a visit to your community.

Sample Letter

Dear Senator Smith,

My name is _____ and I am _____ in the _____ community of Indianapolis. In our community we have long been concerned about the continuing need to ensure access to diabetes care and treatment and support services for persons impacted by this disease.

The long-simmering problems of access and un-reimbursed medical cost increases must be confronted. These problems are close to crisis proportions, and now is the time to do something about them.

We appreciate your attention to this very important matter. Thank you.

Sincerely,

Sample Action Alert

Sometimes a short note or postcard is sufficient when drafting written correspondence. This short sample note could help make your point.

I am writing to urge you to vote in favor of increased funding to support diabetes care and treatment services for Indiana residents. With the current funding cuts and changes in the Medicaid and Medicare systems, it is critical for us as citizens to ensure that those most in need of life-saving medications and services will be able to receive them. Your attention to this matter is vitally important. Thank you.

OPTION #3 - MEET WITH YOUR LEGISLATOR

Personal visits are important not only to making your point, but also to cultivating a relationship with your legislators. These points are helpful in planning your visit to the district office or the Capital.

1. Research your legislator, so you know his or her voting history and other relevant facts. IMHC can help you with this.
2. Be clear about your message.
3. Write the legislator to suggest a range of dates and times; your legislator often relies on a scheduler to juggle a busy agenda.
4. Arrive a few minutes early, and be prepared to wait; legislators' schedules are tight, and unavoidable delays are common. Again, do not consider the visit unsuccessful if you end up meeting with a top aide. They are usually the ones who do the serious follow-up anyway.
5. Legislators have to deal with a wide variety of concerns. Do not assume familiarity with your issues; rather, expect to have to explain the details. After all, part of the reason you are there is to offer your help in monitoring these issues.
6. Write a thank-you note, providing any information you promised to send, along with an invitation to visit your community.

OPTION #4 - EDUCATE THE COMMUNITY

This section provides information on implementing a community education effort in support of reducing diabetes and informing residents of changes in the Medicaid/Medicare system.

DIABETES EDUCATION

Community education programs should reach as many people as possible and to educate them about the impact of diabetes on our communities. We have to share information and make sure that individuals know the facts about preventing and living with diabetes. Education efforts should focus on prevention, risk reduction, treatment, changing behaviors, and lifestyle changes that can greatly reduce the diabetes burden on our communities.

Educational efforts should address:

- Understanding how to reach and maintain a healthy weight.
- Information on ways to be more physically active
- Healthy cooking and eating tips and techniques
- Living with diabetes
- Encouraging screening for diabetes

In planning your strategies, try to involve people living with diabetes as speakers and trainers in all public education work. This will help break the silence. Be prepared to face some prejudice and ignorance and try to deal with it constructively and calmly.

Suggestions for the various activities to use for diabetes education

Talks. Ask schools, churches, organizations and workplaces in your area if you can send a speaker to talk about diabetes. Speeches/talks should be about 30 minutes long and you should leave lots of time for questions. Also, tell people what their rights are and where they can go for help. Make sure all your speakers understand the issues, the message themes and can answer questions.

Workshops. A workshop can be a few hours long and is a good way to educate people. Workshops give people a chance to discuss issues in more detail. Try to make the workshop exciting and participatory - no one wants to sit and listen to a long lecture. (See Appendix 1 for a sample presentation outline.)

Plays, songs and music. Culture can be a very effective way of getting your message across to people who do not want to sit in meetings or workshops. Involve local cultural groups in developing education programs or messages. You can also organize cultural or talent competitions for schools and youth groups.

Community meetings. Use meetings of interested people from your community or from a specific target group, where people come together to discuss diabetes prevention or a specific issue related to diabetes. Try to involve community leaders like politicians, religious leaders and health workers. Meetings work best if people have a chance to give their views, ask questions and discuss problems and solutions. The leaders should be there to listen and to give some information and direction. Speakers should make only a very short introductory speech that covers the main issues/problems and then ask the participants to give their experiences and their views about what should be done.



CONDUCTING FUNDRAISING ACTIVITIES

OPTION #5: FUNDRAISING TO SUPPORT DIABETES PREVENTION AND EDUCATION ACTIVITIES

Plan Your Activity

1. Start your fundraising strategy by considering how best to advance your cause by answering the following:
 - What is the purpose of the event?
 - What type of activities will you undertake to achieve your purpose?
 - What resources do you need and when will you need them?
2. Identify your resource needs:
 - Human resources, e.g. a coordinator, volunteer workers, speakers.
 - Material, e.g. location, equipment, services or other in-kind help.
 - Financial, petty cash, budget, cash for supplies,
3. Draw up a budget. Be sure to include all expenses. When estimating income, consider some of the risk factors and avoid being too optimistic.

Design a Fundable Event

Just because you ask for money to support an important cause, it doesn't automatically follow that dollars will be forthcoming. You will be in competition with other groups and will have to ensure that you have an attractive or 'fundable' event or activity that is:

- Related to the specific goals of Diabetes Awareness Days
- Important and beneficial to your community
- Supported by your community
- Achievable
- Cost effective
- Relevant to the concerns of the community and potential donors

Identify Potential Funding and Donor Sources

Find out what the various groups and organizations are likely to fund your cause and know the differences between these various types of funders. Consider these possible sources of funding:

- Businesses, that may wish to gain branding or business benefits.
- Individuals likely to donate on a short-term basis are usually inspired by emotions or sympathies.
- Service and civic organizations, e.g. the Rotary Club may help if you have personal contacts.
- Faith-based organizations
- Sponsorship

Events and Activities

Don't spend excessive amounts of time brainstorming "new" ideas. Many communities have come up with great ideas and materials for combining educational awareness and fundraising events, which we've listed here for you. Create fundraising ideas that inspire. Stay focused on the theme and your goals and objectives plan ahead and above all else ENJOY!

- Open houses. Make these visually attractive, and have lots of give-aways.
- Interfaith services and candlelight prayer vigils: Hold these in support of people living with diabetes.
- Awareness luncheon: Invite local politicians to participate, and quote their statements of support in your cause.
- Hold contests: Ask the community to design a poster, button, rap song or comic. Local media may cover the winner's entry, and it gives you good campaign material.
- Celebrity sports games: Get local media, politicians and businesses involved. Charge a small admission.
- Diabetes Walks/Runs. Collect pledges for each mile or hour.
- Hold a car wash.
- Silver Ribbon campaign: Sell or give-aways. Ask businesses to give a discount to anyone wearing the ribbon during the campaign week.

- Diabetes Dance-a-thon: Involve local radio stations, ask participants to get sponsors. Great way to get moving and physically active as well.
- Hold a raffle for large, donated items.
- Conduct a cooking contest - taking traditional recipes and making them healthier. Collect favorite family recipes into a cookbook that can be produced and sold.



APPENDICES

HANDOUTS AND RESOURCES

APPENDIX 1

Am I at Risk for Diabetes? Assessment

Directions: Answer these quick questions. For each “yes” answer, add the number of points listed. All “no” answers are 0 points.

Question	Yes	No
Are you a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Do you have a sister or brother with diabetes?	1	0
Do you have a parent with diabetes?	1	0
Find your height on the chart. Do you weigh as much as or more than the weight listed for your height? (<i>See chart on next page</i>)	1	0
Are you under 65 years old and get little or no exercise in a typical day?	1	0
Are you between 45 and 64 years old?	1	0
Are you 65 years old or older?	1	0
Add your score		

Adapted from the American Diabetes Association’s online “Diabetes Risk Test”

(<http://www.diabetes.org/info/risk/risktest.jsp>).

APPENDIX 2

Handout: Know Your Score

What does my score mean?

<i>If you score...</i>	<i>then your risk is...</i>
10 or more points	High for having diabetes now. Please bring this form to your health care provider soon. If you don't have insurance and can't afford a visit to your provider, contact your local health department.
3 to 9 points	Probably low for having diabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for diabetes.

I Scored 10 or More

How Can I Get Tested for Diabetes?

<i>If you have...</i>	<i>then do this...</i>
Individual or group private health insurance	See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and co-pays will apply.
Medicaid	See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.
Medicare	See your health care provider. Medicare will pay the cost if the provider has a reason for testing. If you don't have a provider, contact your local health department.
No insurance	Contact your local health department for more information about where you could be tested or call your local health department.

RESOURCES

Online Resources

- National Diabetes Education Program - www.ndep.nih.gov
- Centers for Disease Control and Prevention - www.cdc.gov/diabetes
- LifeClinic Health Management Systems - <http://www.lifeclinic.com/focus/diabetes/default.asp>
- American Diabetes Association - www.diabetes.org

Local Resources

- Indiana State Department of Health, Diabetes Prevention and Control Program. Tel: 317-233-7634

Related Programs

- "Take Control of Your Diabetes" - Patient brochure in English and Spanish outlining the medical tests and guidelines for good diabetes health care. Available from the Diabetes Prevention and Control Program at ISDH, 317-233-7634.
- "Indiana Consensus Guidelines for Diabetes Care" - These guidelines were developed to provide guidance to primary care providers and are not intended to replace or preclude clinical judgment. Available from the Diabetes Prevention and Control Program at ISDH, 317-233-7634.
- "Dining with Diabetes" - Purdue Cooperative Extension's multi-session program, Dining with Diabetes, is designed to educate participants on practical ways to lessen the health risk posed by diabetes. The program consists of four 2-hour lessons with information about diabetes. The program highlights food choice, diet planning, healthy cooking, portion control, medical indicator awareness, and health activity levels for those with diabetes. The foods used are dishes that people like to eat but prepared so they are lower in fat, carbohydrate, calories, and/or salt. The program is targeted to diabetics or those at risk for diabetes, and their caregivers, but it is also helpful to anyone interested in diabetes or friends and family of a diabetic. People interested in this program should contact their county Purdue Extension office and ask to speak to the Consumer and Family Sciences Extension Educator.
<http://www.ces.purdue.edu/counties.htm>