PATIENT-CENTERED PROVIDER WORKSHOP

Putting learning into practice

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Welcome!
YOUR INVOLVEMENT COUNTS

This workshop involves learning…
and putting learning into practice

Throughout the workshop, you’ll have opportunities to:

- **Share your experiences** with the group—talk about the successes and challenges you have had in your work as a provider
- **Put it into your practice**—think about how you might apply the information and skills with your patients
- **Try it today**—take a moment in the workshop to try a skill you’ve learned
- **Take a look**—watch the videos to see how the information and techniques can be used with patients
- **Check your knowledge**—test your knowledge in the quick questions and answers found in this workshop
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<th>Why it matters</th>
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<td>Reinforces the core information you may need in your work with patients</td>
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<td>- Treatment options</td>
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<td><strong>Importance of provider</strong></td>
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<td><strong>Clear communication</strong></td>
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<td><strong>Conclusion/wrap-up</strong></td>
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A CLOSER LOOK AT THE WORKSHOP

- The workshop will provide information to help you in:
  - Coaching your patients to identify their personal disease-management goals (utilizing self-management techniques):
    - Medical nutrition therapy
    - Treatment adherence
    - Exercise and healthy lifestyles
    - Blood glucose management
  - Describing treatment options
  - Describing the complications of diabetes and the impact of blood glucose management on these complications
  - Using American Diabetes Association standards of care guidelines
  - Using the teach-back method when counseling your patients
Because this presentation offers general information, it is ultimately your decision as to whether it needs to be altered to fit the practices, settings, and unique circumstances related to your patients. Lilly USA, LLC, assumes no responsibility for:
  - Any modification made to this material
  - Any practices you may or may not enact based on this material

This material is based on the references cited. The guidelines represented in this material are not the only guidelines that exist, so you may wish to consult other guidelines in considering what best fits the needs of your patients.
LEARNING MORE ABOUT DIABETES
WHAT IS DIABETES?¹

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

WHAT DOES DIABETES INVOLVE?¹

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

In the United States in 2010:

- 18.8 million people were diagnosed with diabetes.
- 79 million adults had pre-diabetes.
- 1.9 million adults were newly diagnosed with diabetes.
- 25.8 million people had diabetes.
- 7.0 million were undiagnosed.

176% increase in prevalence of patients diagnosed with diabetes.

*Aged 20 years and older.
Given the diabetes epidemic in this country…

let’s look at how diabetes care can help.
As someone who works with patients who have diabetes, you may be involved with:\n\n- Assessing patients’ current levels of health care and their needs
- Developing individual diabetes care plans
- Putting care plans into action
- Monitoring results

Along with others involved in caring for patients with diabetes, care managers can make a difference. The Centers for Disease Control and Prevention task force strongly recommends care management for patients with diabetes.1

Care management has been shown to improve:1
- Glycemic management
- Physician monitoring rates of glycemic management

A review of 14 clinical trials showed a median decrease in glycated hemoglobin of:2
- 0.53% in 11 studies when care management was combined with disease management
- 0.40% in 3 studies with disease management alone

WHAT IS DIABETES?

Play Video

Learn more about the pathophysiology of diabetes
A quick check-in —

Can you name 5 types of diabetes?

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

**Type 2 diabetes** is a metabolic disorder characterized by insulin resistance and pancreatic beta cell dysfunction.
### OTHER TYPES OF DIABETES

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<td>3</td>
<td><strong>Gestational diabetes mellitus (GDM)</strong> is a type of diabetes diagnosed in pregnant women¹</td>
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GESTATIONAL DIABETES MELLITUS (GDM)

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

Women with GDM can have healthy pregnancies if they follow their treatment plan and manage their blood glucose\(^1\).

Left untreated, GDM increases the risk for\(^1\):
- High blood pressure
- Preeclampsia
- Fetal death during the last 4 to 8 weeks of pregnancy
- Unusually large birth weight, leading to need for caesarean section

GDM increases the risk for developing type 2 diabetes in the future\(^2\).

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

DIABETES IN CHILDREN AND TEENS

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

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SPECIAL CONSIDERATIONS FOR CHILDREN AND TEENS

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


SHARE YOUR EXPERIENCES

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

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

CHILDHOOD OBESITY: PARENTAL MANAGEMENT TIPS

Advise caregivers of obese children to…

*lead by example*

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

RISK FACTORS FOR TYPE 1 DIABETES

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

SYMPTOMS OF TYPE 1 DIABETES

1.Increased thirst
2.Hunger
3.Fatigue
4.Blurred vision
5.Unexplained weight loss
6.Dry skin
7.Frequent urination
8.Fruity-smelling breath

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

SYMPTOMS OF TYPE 2 DIABETES

- Fatigue
- Frequent urination
- Increased hunger or thirst
- Weight loss
- Blurred vision
- Slow healing of wounds

Patients may not have symptoms.

More and more patients are being diagnosed with diabetes\(^1\)
and diabetes is an ongoing condition\(^2\)
that has multiple risk factors and symptoms.\(^3\)-\(^6\)

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

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KNOWLEDGE CHECK 1
WHAT IS PREDIABETES?

- Prediabetes is\(^1\):
  - Hyperglycemia not sufficient to meet diagnostic criteria for diabetes
  - A risk factor for type 2 diabetes
  - A risk factor for cardiovascular disease

- Risk factors for prediabetes include:
  - Body mass index (BMI) ≥25\(^1\)
  - Aged 45 years or older\(^1\)
  - Use of some schizophrenia medications\(^2\)
  - Other known risk factors for developing diabetes, such as family history, impaired glucose tolerance, and impaired fasting glucose\(^1\)

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PUT IT INTO YOUR PRACTICE

As you counsel patients, consider the risk factors they may have for diabetes.
STRATEGIES FOR MANAGING PREGNANCY

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

Increase physical activity—at least 150 minutes a week of moderate activity\(^2\)
  - Physically active individuals have a lower risk for developing diabetes than do inactive individuals\(^3\)

Consider Pharmacologic treatment\(^2\) by first evaluating these factors:
  - Patient’s age
  - Patient’s ability to achieve lifestyle changes
  - Patient’s risk for developing diabetes and cardiovascular disease (CVD)
  - Cost of medication

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PUT IT INTO YOUR PRACTICE

Think about how you can help support patients in managing prediabetes.
What is insulin resistance?¹

- Pancreas produces insulin but the body does not use it properly
- Pancreas fails to keep up, so excess glucose builds up in the bloodstream
- Increases risk for type 2 diabetes

How can you talk about insulin resistance and diabetes with your patients?

Using an analogy, such as a lock and key, can help patients understand diabetes and insulin resistance

What is metabolic syndrome?
- Metabolic syndrome is a cluster of risk factors for cardiovascular disease and diabetes\(^1\)
- Insulin resistance may increase the risk for metabolic syndrome\(^2\)

Criteria for metabolic syndrome include\(^3\):

- Elevated triglycerides
- Increased waist circumference
- Reduced high density lipoprotein (HDL)
- Elevated fasting blood glucose
- Hypertension

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# IDENTIFYING METABOLIC SYNDROME

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

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

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

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


<table>
<thead>
<tr>
<th>Criteria*</th>
<th>Defining measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased waist circumference†</td>
<td>Population- and country-specific definitions</td>
</tr>
<tr>
<td>Elevated triglycerides (drug treatment for elevated triglycerides also is an indicator‡)</td>
<td>≥150 mg/dL</td>
</tr>
<tr>
<td>Reduced high-density lipoprotein (HDL) (drug treatment for reduced HDL also is an indicator‡)</td>
<td>&lt;40 mg/dL in men &lt;50 mg/dL in women</td>
</tr>
<tr>
<td>Elevated blood pressure (antihypertensive drug treatment in a patient with a history of hypertension also is an indicator)</td>
<td>Systolic ≥130 and/or diastolic ≥85 mm Hg</td>
</tr>
<tr>
<td>Elevated fasting glucose§ (drug treatment of elevated glucose also is an indicator)</td>
<td>≥100 mg/dL</td>
</tr>
</tbody>
</table>
Encourage your patients to help manage metabolic syndrome by¹:
  - Losing weight
  - Eating a heart-healthy diet
  - Being physically active
  - Quitting smoking

Patients may also need²:
  - Hypertension treatment
  - Aspirin therapy to reduce the risk for cardiovascular events
  - Treatment for dyslipidemia

TESTS FOR DIAGNOSING DIABETES

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

### ABCs OF DIABETES

<table>
<thead>
<tr>
<th>Criteria</th>
<th>American Association of Clinical Endocrinologists&lt;sup&gt;1&lt;/sup&gt;</th>
<th>American Diabetes Association&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>A1C</strong></td>
<td>≤6.5%</td>
<td>&lt;7.0%</td>
</tr>
<tr>
<td>Preprandial/ fasting plasma glucose</td>
<td>&lt;110 mg/dL</td>
<td>70-130 mg/dL</td>
</tr>
<tr>
<td>Postprandial/2-hr blood glucose</td>
<td>&lt;140 mg/dL</td>
<td>&lt;180 mg/dL</td>
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<tr>
<td><strong>B</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
<td>&lt;130/80 mm Hg</td>
<td>&lt;140/80 mm Hg</td>
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</tbody>
</table>

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

## ABCs OF DIABETES (CONT’D)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended Targets</th>
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<tbody>
<tr>
<td><strong>American Association of Clinical Endocrinologists</strong>¹</td>
<td><strong>American Diabetes Association</strong>²</td>
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<tr>
<td><strong>C</strong></td>
<td><strong>Cholesterol</strong></td>
</tr>
<tr>
<td>Low-density lipoprotein (LDL)</td>
<td>&lt;100 mg/dL</td>
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<tr>
<td>Triglycerides</td>
<td>&lt;150 mg/dL</td>
</tr>
<tr>
<td>High-density lipoprotein (HDL)</td>
<td>&gt;40 mg/dL for men&lt;br&gt; &gt;50 mg/dL for women</td>
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In several large studies, intensive diabetes management has been shown to be effective in helping patients with type 1 and type 2 diabetes:

- Achieve A1C levels close to the American Diabetes Association recommendation of 7% or less as safely as possible
- Reduce the risk of microvascular and/or macrovascular diabetes complications

**Diabetes Control and Complications Trial (DCCT)** studied the relationship between glycemic management and the development of microvascular complications in patients with type 1 diabetes.

**United Kingdom Prospective Diabetes Study (UKPDS)** studied the relationship between glycemic management and the development of micro- and macrovascular complications in patients with type 2 diabetes.

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TREATMENT PATHWAY RECOMMENDATIONS FOR TYPE 1 DIABETES

- Type 1 diabetes treatment pathways
  - Type 1 diabetes is characterized by an absolute insulin deficiency\(^1\)
  - Type 1 diabetes treatment pathway requires multiple-dose insulin injections daily.\(^1\) Patients may use:\(^2\):
    - A basal (long-acting insulin) and bolus (short-acting insulin) regimen
    - Continuous subcutaneous insulin infusion if an insulin pump is being used

TREATMENT PATHWAY AND COUNSELING RECOMMENDATIONS FOR TYPE 2 DIABETES

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

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Why is it important to help your patients understand that diabetes is chronic and progressive?
Recommendations of the American Diabetes Association and European Association for the Study of Diabetes for Treating and Managing Type 2 Diabetes

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

**Combination Therapy**

1. **STEP 1**  
   At diagnosis:  
   - **Lifestyle changes**  
     - 3-6 months  
     - For highly motivated patients near target  
   
   **OR**  
   - **Lifestyle changes + metformin**  
     - For patients with moderate hyperglycemia or for whom lifestyle changes are expected to be unsuccessful  
   
   For patients with a very high A1C, start at step 2.

2. **STEP 2**  
   Add a drug:  
   - **Lifestyle changes**  
   - + metformin1  
   - + one of the drugs listed below:  
   - A sulfonylurea2  
   - OR  
   - A thiazolidinedione  
   - OR  
   - A DPP-4 inhibitor  
   - OR  
   - A GLP-1 receptor agonist  
   - OR  
   - Insulin3

3. **STEP 3**  
   Add another drug:  
   - **Lifestyle changes**  
   - + metformin1  
   - + a drug from step 2 + one of the drugs listed in the appropriate box below:  
   - One of these:  
     - Thiazolidinedione  
     - DPP-4 inhibitor  
     - GLP-1 receptor agonist  
     - Insulin3  
   - OR  
   - One of these:  
     - Sulfonylurea1  
     - DPP-4 inhibitor  
     - GLP-1 receptor agonist  
     - Insulin3  
   - OR  
   - One of these:  
     - Sulfonylurea1  
     - Thiazolidinedione  
     - Insulin3  
   - OR  
   - One of these:  
     - Sulfonylurea1  
     - Thiazolidinedione  
     - Insulin3

4. **STEP 4**  
   If patient treated with combination therapy, including basal insulin, has not reached individualized A1C target after 3-6 months, proceed to step 6.

**Lifestyle changes**  
- + intensive insulin therapy—often with 1 or 2 noninsulin agents.

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For more information about antihyperglycemic targets and therapy, see the American Diabetes Association and the European Association for the Study of Diabetes position statement in Diabetes Care. 2012;35(6):S1-S19.
Health literacy is the ability to find, understand, and use basic health information and services needed to make appropriate health decisions

- Includes skills beyond reading and writing, including:
  - Speaking and listening
  - Cultural and conceptual knowledge
  - Using numbers as needed to manage health (also called quantitative literacy or numeracy)

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

More than 1 adult in 3 has below basic or basic health literacy skills

Who might be at risk for low health literacy?

• Older adults
• People with limited education
• Ethnic minorities
• People with cognitive impairments

 Patients with low health literacy may:

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

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TIPS FOR CLEAR COMMUNICATION

As a provider, it is important for you to:

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

USING SIMPLE LANGUAGE

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

<table>
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<th>Uncommon</th>
<th>Common</th>
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Plain Language Medical Dictionary

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

LEARNING ABOUT THE TEACH-BACK METHOD

- It has been shown that:
  - **Patients understand and retain only about 50% of what they are told** \(^1\)

- With the teach-back method \(^2\):
  - Patients rephrase in their own words the information they were given
    - This allows providers to evaluate what patients heard and understood
  - Providers can then clarify information as needed to ensure that the information was understood correctly

The teach-back method has been proven to \(^2\):
- Increase patients’ retention of information
- Foster better glycemic management in patients with diabetes

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USING THE TEACH-BACK METHOD

- Before using the teach-back method with a patient, allow him or her to choose the topic for discussion (patient-led learning)

- Provide tips and support to help foster the patient’s self-management

- Then employ the teach-back method by:
  - Using open-ended questions to assess the patient’s baseline understanding
  - Repeating or clarifying instructions (if needed) to enhance the patient’s understanding
  - Reassessing the patient’s understanding (if needed) by asking more open-ended questions

USING THE TEACH-BACK METHOD\(^1\) (CONT’D)

COMMUNICATE
Health care professional (HCP) teaches patient new information

ASSESS
HCP assesses patient’s understanding by asking patient to repeat the new information in his or her own words

CLARIFY
HCP clarifies information

REASSESS
Check in again to determine the patient’s recall and understanding

Patient’s understanding is enhanced

Patient may be more adherent

PATIENT PROFILE

- Name: Antonio
- Age: 53

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

NOTE: This is not a real patient.
DISCUSSION POINTS

- What do you think of the words the care manager used with the patient?
- Share examples of simpler words the care manager could use
Diabetes self-management involves:

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


How can you educate your patients about diabetes self-management?
SELF-MONITORED BLOOD GLUCOSE (SMBG)

- SMBG is a key component of intervention that can help improve glycemic management\(^1,2\)

- Below are a few helpful steps to assist your patients with SMBG:
  - Advise patients to keep a written log\(^3\)
  - Explain how to look for patterns and when to test blood glucose\(^1\)
  - Describe the importance of working with the diabetes care team
  - Advise patients to store and dispose of equipment properly

SELF-MANAGEMENT TIPS—SICK DAYS

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

SELF-MANAGEMENT TIPS—DENTAL CARE

- What is the relationship between diabetes and dental care?
  - Patients with diabetes are at higher risk for gum disease

- Patients should be encouraged to:
  - Take care of their teeth and gums
  - Have regular dental checkups every 6 months
  - Tell their dentists about their diabetes so oral procedures can be scheduled when blood glucose is well-managed

SELF-MANAGEMENT TIPS — TRAVEL

Patients should plan ahead for managing diabetes during travel. This includes:

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

Both men and women with diabetes are at risk for sexual dysfunction

Sexual problems in men—such as erectile dysfunction

Sexual problems in women—such as decreased sexual desire

Patients should be encouraged to:

- Recognize that sexual dysfunction can happen and not to be ashamed if it does
- Talk with the health care provider about any sexual dysfunction they may be experiencing
- Know that sometimes treatment can be prescribed to address sexual dysfunction

LIFESTYLE MANAGEMENT FOR PEOPLE WITH DIABETES

- Lifestyle Management
- Healthy Eating
- Physical Activity

Some Other Healthy Steps:
- Managing stress
- Proper sleep
- Limiting alcohol
- Quitting smoking

Weight Management
WEIGHT MANAGEMENT

• Patients may need help to set realistic, achievable weight-loss goals. They may not be successful with their weight loss if we do not help them explore their strengths and weaknesses.

• To help your patients, you may want to encourage them to:
  – List all the changes they need to make to lose weight
  – Identify which changes are easiest to make
  – Prioritize changes that are achievable
  – Write down the changes they want to make and the realistic goals they have set for themselves
  – Make their goals public by sharing them with family members or friends
  – Explore the benefits of making those changes
  – Explore the barriers to making those changes

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

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

COUNSELING ABOUT THE ROLE OF CARBOHYDRATE

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

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

**Sugar:** There are 2 main types of sugar:
- Naturally occurring sugars, such as those in milk or fruit
- Sugars added during processing, such as the heavy syrup fruit is often canned in or the sugar added to make a cookie

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

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

HEALTHY EATING WITH MYPLATE

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

- For more information, visit ChooseMyPlate.gov

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PORTION CONTROL

- Healthy eating with MyPlate is recommended, but it is still important for patients to understand portion sizes
- Encourage patients to use their hands to measure portion sizes:
  - The palm of the hand is about 1 serving of meat or beans¹
  - The fist is about 1 serving of fruit or vegetables¹,²
  - The thumb is roughly 1 serving of mayonnaise, or jam, or half of a serving size of salad dressing²,³
  - The tip of the thumb is about 1 serving of butter, oil, or margarine²-⁵

EATING AT HOME

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

Encourage your patients to:

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

GOALS OF MEDICAL NUTRITION THERAPY (MNT)

- MNT is a type of therapy that is based on nutrition\(^1\) and MNT involves\(^2\):
  - Nutrition assessment
  - Planning and implementing a nutrition intervention
  - Monitoring and evaluating progress
- MNT may help people with diabetes achieve and maintain\(^3\):
  - Blood glucose and blood pressure levels in the normal range or as close to normal as safely possible
  - A lipid and lipoprotein profile that helps reduce the risk for cardiovascular disease
- MNT may also help patients to\(^3\):
  - Reduce the risk of or slow the development of chronic complications by modifying nutrient intake and lifestyle
  - Address individual nutrition needs, including personal and cultural preferences
  - Maintain the pleasure of eating by limiting food choices only when needed

Encourage your patients to see a dietitian about MNT.

Before starting any physical activity program, patients should first check with their health care provider.

Set reachable goals that include aerobic activities.

Guidelines recommend 30 minutes of moderate exercise most days of the week.

Find everyday places to exercise, such as local school yards and public parks.

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

1. Choose at least 5 days to walk each week. Check off the days you walk.

2. Always walk slowly for the first and last 5 minutes. This is your warm-up and cool-down.

3. In between your warm-up and cool-down, walk faster. Walk faster for 5 minutes the first week. Then add 3 minutes of fast walking each week. By the eighth week, you should be walking fast for 26 minutes.

4. If you get an ache or pain, take it easy for a few days. If it doesn’t get better, talk with your doctor.

*Keep going!*

*Remember, fitness is a lifetime commitment!*

<table>
<thead>
<tr>
<th>week</th>
<th>walk fast</th>
<th>Su</th>
<th>Mo</th>
<th>Tu</th>
<th>We</th>
<th>Th</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5 min</td>
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<td>2</td>
<td>8 min</td>
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<td>3</td>
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<td>14 min</td>
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<tr>
<td>5</td>
<td>17 min</td>
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<td>23 min</td>
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<tr>
<td>8</td>
<td>26 min</td>
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</tr>
</tbody>
</table>

*My personal goals*
PHYSICAL ACTIVITY: BENEFITS

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

If patients look for reasons not to exercise, have them ask themselves:
- Are my goals realistic? Do I need a change in activity?
- Would a different schedule help?

PHYSICAL ACTIVITY: TIPS

- Patients with diabetes should be reminded to\(^1\):
  - Always consult with their health care provider before implementing an exercise regimen
  - Test blood glucose before and after activity; test during if exercising for 1 hour or longer
  - Carry food, glucose tablets, or gel

- Additional tips to ensure safe physical activity:
  - Wear or carry ID\(^1\)
  - Always warm up and cool down\(^1\)
  - Wear well-fitting shoes and cotton socks\(^1\)
  - Drink plenty of water\(^2\)

![Advise your patients to do the “talk test” during physical activity.\(^3\)](image)

These strategies can help patients increase their activity level:

- Walk rather than drive whenever possible
- Take the stairs instead of the elevator
- Work in the garden, rake leaves, or do some housecleaning every day
- Park at the far end of the shopping center and walk to the store

Encourage patients to:

- Choose enjoyable activities
- Enjoy activity with a partner
- Add variety to daily routine

BEHAVIOR CHANGE
BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT

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

There are 5 stages in the Stages of Change model:

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

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

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

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Potential Change Strategies</th>
</tr>
</thead>
</table>
| Precontemplation     | • Help patients be aware of the need for change  
                      • Help patients understand the risks and benefits in a personal way |
| Contemplation        | • Help provide motivation for patients to make change  
                      • Encourage patients to make specific plans for the change |
| Preparation          | • Assist patients with developing and putting into place concrete action plans  
                      • Help patients set gradual goals |
| Action               | • Help patients with feedback, problem solving, social support, and reinforcement |
| Maintenance          | • Assist patients with coping, reminders, finding alternatives, avoiding relapses (if possible) |

SUPPORTING BEHAVIOR CHANGE

- Supporting behavior change involves:
  - Understanding the patient’s perspective
  - Using tools to assist in making and sustaining changes

- Use strategies to promote behavior change, including:
  - Fostering patients’ self-efficacy, which is confidence in their ability to successfully perform an action\(^1\)
  - Helping patients set progressive goals\(^1\)
  - Using outcome expectancies\(^1\)
  - Using motivational interviewing\(^2\)

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

MOTIVATIONAL INTERVIEWING

- Motivational interviewing\(^1\):
  - Is collaborative
  - Is goal oriented
  - Aligns with personal values and beliefs
  - Examines ambivalence about behavior change

- The 4 processes of motivational interviewing are\(^2\):
  - Engaging
    - Relational foundation
  - Focusing
    - The strategic focus
  - Evoking
    - The transition to motivational interviewing
  - Planning
    - The bridge to change

Techniques of motivational interviewing:
- Open-ended questions
- Affirmations
- Reflections
- Summaries

PATIENT PROFILE:

- Name: Montel
- Age: 45

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

NOTE: This is not a patient.

VIDEO: BEHAVIOR CHANGE IN TYPE 2 DIABETES MANAGEMENT
DISCUSSION POINTS

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

- Hypoglycemia, or low blood glucose, is a common, short-term complication of medication therapy in diabetes management\(^1\).
- Hypoglycemia must be recognized and treated quickly\(^2\).
- It can occur if an individual\(^1\):
  - Skips a meal
  - Takes too much medication, or if there is a change of medication
  - Exercises more than usual

---

SOME HYPOGLYCEMIA SYMPTOMS

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

Help your patients recognize their usual responses to hypoglycemia.

---

HYPOGLYCEMIA PREVENTION

- Help your patients be aware of their potential triggers for hypoglycemia
- Encourage patients to take steps to prevent hypoglycemia\(^1\)
  - Do not skip or delay a meal\(^1\)
  - Take measures to prevent nocturnal hypoglycemia\(^1\)
  - Always carry at least 15 grams of carbohydrates or glucose\(^2\)
  - Monitor blood glucose regularly\(^1\)
  - Exercise with a buddy who may notice signs of hypoglycemia
  - Take medication as recommended\(^1\)


TRY IT TODAY

How do you help your patients prevent episodes of hypoglycemia?
HYPOGLYCEMIA TREATMENT—THE RULE OF 15

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


The rule of 15 is an easy way for your patients to remember how to treat hypoglycemia.
HYPOGLYCEMIA TREATMENT—MAKING APPROPRIATE FOOD CHOICES

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

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

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

The following items contain 15 grams of carbohydrate:

- 3 to 5 glucose tablets
- 1 dose of glucose gel
- 1/2 cup of orange juice or regular soda (not sugar free or diet)
- 1 tablespoon of honey or syrup
- 1 tablespoon of sugar
- 5 or 6 pieces of hard candy
- 1 cup of milk

SOME HYPERGLYCEMIA SYMPTOMS

- Polydipsia (increased thirst)$^1$
- Polyuria (increased urination)$^1$
- Polyphagia (increased hunger)$^1$
- Blurry vision$^2$
- Fatigue$^2$
- Slow healing of cuts or wounds$^2$
- More frequent infections$^2$
- Weight loss$^1$
- Nausea, vomiting, and abdominal pain$^2$

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

HYPERGLYCEMIA MANAGEMENT AND TREATMENT

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


Identify the causes

Adjust the care plan accordingly

Review your patients’ logbooks with them to identify the causes of hyperglycemia.
**DIABETIC KETOACIDOSIS (DKA)**

- DKA occurs when blood glucose is not available to the body as a fuel source, so the body uses fat instead\(^1\)
- Ketones (by-products of fat metabolism) then build up in the body\(^1\)
- **DKA is a medical emergency\(^1\)**

<table>
<thead>
<tr>
<th>DKA Precipitating Events(^2)</th>
<th>DKA Signs and Symptoms(^2)</th>
<th>DKA Interventions(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Illness</td>
<td>• Hypothermia</td>
<td>• Rehydrate</td>
</tr>
<tr>
<td>• Inadequate insulin</td>
<td>• Hyperpnea (Kussmaul respiration)</td>
<td>• Administer insulin</td>
</tr>
<tr>
<td>• Physical and emotional stress</td>
<td>• Acetone breath</td>
<td>• Correct electrolyte imbalances</td>
</tr>
<tr>
<td>• New-onset type 1 diabetes</td>
<td>• Dehydration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mental changes, including coma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gastrointestinal distress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hyperglycemia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Electrolyte imbalance</td>
<td></td>
</tr>
</tbody>
</table>

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

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

1. Fowler MJ. *Clin Diabetes*. 2008;26(2)77-82.
Diabetes is the seventh leading cause of death in the United States

Stroke

Leading cause of blindness in adults ages 20 to 74 years

Nervous system damage

Heart disease

Men have an increased risk of erectile dysfunction

Cause of 60% of all nontraumatic leg amputations

Death

Cause of 44% of all new cases of end-stage renal disease

What are the long-term complications of diabetes?

The American Diabetes Association standards of care checklist provides clinicians, patients, researchers, payers, and others with:

- Components of diabetes care
- Generally recommended treatment goals
- Tools to evaluate the level of care by health care professionals

### AMERICAN DIABETES ASSOCIATION
### STANDARDS OF CARE CHECKLIST\(^1\) (CONT’D)

<table>
<thead>
<tr>
<th>Test/Measurement</th>
<th>Recommended value*</th>
<th>Frequency*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C</td>
<td>&lt;7.0% (but doctors may set specific goals for individual patients)</td>
<td>• Every 3 months for patients whose blood glucose is not well managed or whose therapy has changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Every 6 months in patients who are meeting glycemic goals</td>
</tr>
<tr>
<td>Preprandial/FPG</td>
<td>70-130 mg/dL</td>
<td>Per recommendations of health care team</td>
</tr>
<tr>
<td>Postprandial/2-hr blood glucose</td>
<td>&lt;180 mg/dL</td>
<td>Per recommendations of health care team</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>&lt;140/80 mm Hg</td>
<td>At every routine diabetes visit</td>
</tr>
<tr>
<td>Low-density lipoprotein (LDL)</td>
<td>• &lt;100 mg/dL</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>• &lt;70 mg/dL if overt CVD</td>
<td></td>
</tr>
</tbody>
</table>

*These are recommendations.

## AMERICAN DIABETES ASSOCIATION STANDARDS OF CARE CHECKLIST \(^1\) (CONT’D)

<table>
<thead>
<tr>
<th>Test/Measurement</th>
<th>Recommended value</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triglycerides</td>
<td>&lt;150 mg/dL</td>
<td>Annually</td>
</tr>
<tr>
<td>HDL</td>
<td>• &gt;40 mg/dL for men</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>• &gt;50 mg/dL for women</td>
<td></td>
</tr>
<tr>
<td>Microalbuminuria</td>
<td>&lt;30 µg/mg creatinine</td>
<td>Annually</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>N/A</td>
<td>At least annually</td>
</tr>
<tr>
<td>Comprehensive eye exam (dilated)</td>
<td>N/A</td>
<td>Annually</td>
</tr>
<tr>
<td>Foot exam</td>
<td>N/A</td>
<td>Comprehensive exam annually, though feet should be inspected at every visit</td>
</tr>
</tbody>
</table>

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

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

1 Know your goals

A1C (3 month average):
Daily blood sugar number when I wake up and before meals: ______ to ______
Daily blood sugar reading after a meal:
Blood pressure: ______ Cholesterol: ______
Weight: ______ Other: ______

2 Take action to meet your goals

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

Write down reasons you want to control your diabetes:

_____________________________________________________________________________
_____________________________________________________________________________

Problems you may have to solve to meet your goals:

_____________________________________________________________________________
_____________________________________________________________________________

3 Talk to your diabetes care team

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

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

In an emergency, call 911
Plan de Acción para la diabetes tipo 2

Nombre ___________________________________________    Fecha _______________________
Médico ___________________________________________    Teléfono ______________________

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

1 Conozca sus metas

A1C (promedio de 3 meses): ______________________________
Cifra diaria del nivel de azúcar en sangre cuando me levanto y antes de las comidas: ___ a ___
Lectura diaria del nivel de azúcar en sangre después de una comida: ______________________
Presión arterial: _______________ Colesterol: _________________________________
Peso: ________________________ Otro: ____________________________________

2 Tome medidas para cumplir con sus metas

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

Escreba las razones por las que desea controlar su diabetes:
_____________________________________________________________________________
_____________________________________________________________________________

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

3 Hable con su equipo de cuidados de la diabetes

• Pidale ayuda a su médico o al personal de enfermería: ¡ellos desean ayudarle!
• Pidales ayuda a sus familiares o amigos.

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

En caso de emergencia, llame al 911

Este material ha sido desarrollado por GlaxoSmithKline.
Do you have your new diabetes meter?

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

This change began on July 1. You can choose from 4 different meters to meet your needs:
- **FreeStyle Freedom**—Larger screen; easier to hold and read
- **FreeStyle Lite**—Backlit; can use in the dark
- **Precision Xtra**—For those with type 1 diabetes
- **Freestyle InsuLinx**—For type 1 and 2; touchscreen lets you log insulin doses and glucose results

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

**Keep Track with a Free Blood Glucose Log**

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

Know your ABCs!

These are important numbers to know when you have diabetes:

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

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

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

**Talk with your doctor about your numbers and what your goal should be.**
¿Tiene su nuevo medidor de diabetes?

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

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

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

- **FreeStyle Freedom**—Pantalla más grande, más fácil de detener y leer
- **FreeStyle Lite**—Contraluz, se puede usar en la oscuridad
- **Precision Xtra**—Para personas con diabetes tipo 1
- **Freestyle InsuLinx**—Para tipo 1 y 2, la pantalla táctil le permite registrar dosis de insulina y resultados de glucosa

 También puede obtener el medidor y las tiras para la prueba en su farmacia. Si por alguna razón quiere continuar usando el medidor que tiene en estos momentos, hable con su médico.

**HAGA SEGUIMIENTO CON UN REGISTRO DE GLUCOSA GRATIS**

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

**¡Sepa sus cifras!**

Estas son cifras importantes que debe saber cuando tiene diabetes:

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

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

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

**Hable con su médico sobre sus cifras y cuáles deben ser sus metas.**
Barriers to Insulin Therapy

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

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

References:
## American Diabetes Association Standards of Care Checklist

<table>
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<tr>
<th>Test/Measurement</th>
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<th>Frequency*</th>
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</table>
| A1C                      | <7.0% (but doctors may set specific goals for individual patients) | • Every 3 months for patients whose blood glucose is not well managed or whose therapy has changed
• Every 6 months in patients who are meeting glycemic goals |
| Preprandial/FPG          | 70-130 mg/dL                                             | Per recommendations of health care team                                   |
| Postprandial/2-hr blood glucose | <180 mg/dL                                             | Per recommendations of health care team                                   |
| Blood pressure           | <140/80 mm Hg                                            | At every routine diabetes visit                                          |
| Low-density lipoprotein (LDL) | • <100 mg/dL
• <70 mg/dL if overt CVD                               | Annually                                                                  |
| Triglycerides            | <150 mg/dL                                              | Annually                                                                  |
| HDL                      | • >40 mg/dL for men
• >50 mg/dL for women                                   | Annually                                                                  |
| Microalbuminuria         | <30 μg/mg creatinine                                     | Annually                                                                  |
| Serum creatinine         | N/A                                                      | At least annually                                                        |
| Comprehensive eye exam (dilated) | N/A                                                      | Annually                                                                  |
| Foot exam                | N/A                                                      | Comprehensive exam annually, though feet should be inspected at every visit |

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

### Reference

A healthier you

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

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

What’s on your plate?

Carbohydrates—¼ plate
Carbohydrates (carbs) can raise your blood sugar level. Try to eat a balance of simple and complex carbohydrates. This can keep your blood sugar levels stable.

- **Simple carbs** can raise your blood sugar quickly.
  Examples of foods containing simple carbs include fruit, milk, soda, and cake

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

Add a glass of nonfat milk.

Protein—¼ plate
Fill a quarter of your plate with protein-rich foods, such as eggs, fish, tofu, skinless chicken or turkey, and lean meat.

Vegetables—½ plate
Fill the largest section with nonstarchy vegetables, such as broccoli, green beans, mushrooms, lettuce, and tomatoes.

For more information about healthy eating, visit the American Dietetic Association Web site at www.eatright.org.
Your plan for being active

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

Getting started

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

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

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

**Sea más saludable**

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

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

**¿Qué hay en su plato?**

**Carbohidratos: ¼ de plato**

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

- **Los carbohidratos simples** pueden aumentar rápidamente su nivel de azúcar en la sangre. Ejemplos de alimentos que contienen carbohidratos simples incluyen frutas, leche, refrescos y pastel.

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

Agregue un vaso de leche descremada.

**Proteínas: ¼ de plato**

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

**Verduras: ½ plato**

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

Si desea obtener más información sobre alimentos saludables, visite el sitio web de la Asociación Dietética Americana en www.eatright.org.
**Su plan para ser activo**

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

**Comienzo**


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

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

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

Central Rehabilitation Clinic
Coastal Primary Care
1334 Marsh St
San Luis Obispo, CA 93401
(805) 543-2724
Language(s): Spanish
Group Provider(s): Spanish

Cooper, Joanna W, CDE
Diabetes & Nutrition Education Center
295 Posada Ln Ste C
Templeton, CA 93436
(805) 434-1166
Language(s): Spanish

Eyerman, Maureen, RD CDE
San Luis Obispo County
For an appointment, please call: (805) 235-8034
Language(s): Spanish

Gaffaney, Jenifer, MS RD CLE
Santa Barbara Area
For an appointment, please call: (805) 681-9390
Language(s): Spanish

Gariepy, Chantal, RD CDE
206 E Victoria St
Santa Barbara, CA 93101
(805) 403-7533

---

Goleta Valley Cottage Hospital
351 S Patterson Ave
Santa Barbara, CA 93111
(805) 967-3411
Language(s): Spanish

Gust, Jessica, RD
RD Element
For an appointment, please call: (805) 550-1724
Language(s): Spanish

Hughes, Andrea R, RD CDE
Santa Maria Area
For an appointment, please call: (805) 598-4138
Language(s): Spanish

Kerr, Libby, RN CDE
Diabetes & Nutrition Education Center
295 Posada Ln Ste C
Templeton, CA 93436
(805) 434-1166
Language(s): Spanish

Leonard, Patricia, RD
Santa Maria Area
For an appointment, please call: (805) 904-0872
Language(s): Polish

Lompoc Health Care Center
301 N R St
Lompoc, CA 93436
(805) 737-6400
Language(s): Spanish

Lompoc Valley Medical Center
1515 East Ocean Ave
Lompoc, CA 93436
(805) 737-3321
Language(s): Spanish

Marian Regional Medical Center
1400 E Church St
Santa Maria, CA 93454
(805) 739-3000
Language(s): Spanish

---

San humour Clinic
215 Pesetas Ln
Santa Barbara, CA 93110
(805) 681-7500
Language(s): Spanish

San humour Clinic / Carpinteria
Family Medicine
4806 Carpinteria Ave
Carpinteria, CA 93013
(805) 566-5080
Language(s): Spanish

San humour Clinic / Lompoc Adults
1225 N H St
Lompoc, CA 93436
(805) 737-8700
Language(s): Spanish

San humour Clinic / Pesetas Multi-Specialty Clinic
215 Pesetas Ln
Santa Barbara, CA 93110
(805) 681-1701
Language(s): Spanish

San humour Clinic / Pueblo Multi-Specialty Clinic
317 W Pueblo St
Santa Barbara, CA 93105
(805) 698-3100
Language(s): Spanish

Santa Barbara Cottage Hospital
Pueblo at Bath St
Santa Barbara, CA 93102
(805) 682-7111
Language(s): Spanish

Santa Barbara County Public Health Dept Nutrition
1136 E Montecito St
Santa Barbara, CA 93103
(805) 568-2099
Language(s): Spanish

Wilkins, Martha, RD CDE
Santa Barbara Area
For an appointment, please call: (805) 569-2652
Language(s): Spanish

Yorke, Kimberley A, RN CDE
Diabetes Resource Center
1704 State St
Santa Barbara, CA 93101
(805) 684-7538
Language(s): Spanish
### YOUR DIABETES HEALTH CARE TEAM

#### Dental

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

**Denti-Cal**

For information, please call:

- (805) 322-6384

#### Diabetes Supplies & Equipment

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

**Advanced Diabetes Supply**

Diabetic Supplies Only

For customer service, please call:

- (805) 730-9887

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

**Best Care Pharmacy**

1051 E Grand Ave
Santa Maria, CA 93420

- (805) 481-5050

Language(s):
- Hindi
- Spanish

**CVS Pharmacy**

Locate your local CVS Pharmacy

#### Hometown Pharmacy

1414 S Miller St Ste E
Santa Maria, CA 93454

- (805) 922-6515

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

**JDX Pharmacy**

1504 S Broadway
Santa Maria, CA 93454

- (805) 922-1747

Language(s):
- Spanish

**Kmart Pharmacy**

Locate your local Kmart Pharmacy

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Language(s)</th>
<th>Staff Language(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.M. Caldwell Pharmacist</td>
<td>1509 State St Santa Barbara, CA 93101</td>
<td>(805) 965-4528</td>
<td>Spanish</td>
<td>Spanish</td>
</tr>
<tr>
<td><strong>LifeCare Solutions Inc</strong></td>
<td>174 Suburban Rd San Luis Obispo, CA 93401</td>
<td>(805) 544-2210</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>Merlin Medical Supply Pharmacy</strong></td>
<td>699 Mobil Ave Camarillo, CA 93010</td>
<td>(805) 389-7689</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>Pacific Coast Pharmacy</strong></td>
<td>720 Aerovista Pl Ste D San Luis Obispo, CA 93401</td>
<td>(866) 239-3784</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>Rite Aid Pharmacy</strong></td>
<td>Locate your local Rite Aid Pharmacy</td>
<td></td>
<td></td>
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<tr>
<td><strong>Sav-On Drugs</strong></td>
<td>Locate your local Sav-On Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Walgreens Pharmacy</strong></td>
<td>Locate your local Walgreens Pharmacy</td>
<td></td>
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<tr>
<td><strong>Wal-Mart Pharmacy</strong></td>
<td>Locate your local Wal-Mart Pharmacy</td>
<td></td>
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</tr>
<tr>
<td><strong>Endocrinology</strong></td>
<td>People with diabetes in poor control may need referrals to endocrinologists who specialize in the endocrine system which includes the pancreas and insulin production.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Haghi, Marjan, MD</strong></td>
<td>427 West Pueblo St Ste C Santa Barbara, CA 93105</td>
<td>(805) 569-7850</td>
<td>Spanish</td>
<td></td>
</tr>
</tbody>
</table>

### Orthotics/Prosthetics

Provision of diabetic shoes and inserts.

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Language(s)</th>
<th>Staff Language(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Achilles Prosthetic &amp; Orthotic Inc</strong></td>
<td>622 E Main St Santa Maria, CA 93454</td>
<td>(805) 925-6144</td>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td><strong>Anacapa Prosthetic &amp; Orthotic Lab</strong></td>
<td>2300 Knoll Dr Ste D Ventura, CA 93003</td>
<td>(805) 658-1388</td>
<td>English</td>
<td>French(Staff)</td>
</tr>
<tr>
<td><strong>Birkholm’s Orthopedic Service</strong></td>
<td>510 E Chapel Santa Maria, CA 93454</td>
<td>(805) 928-7044</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>Hanger Prosthetic &amp; Orthotic, Inc</strong></td>
<td>2400 Broad St San Luis Obispo, CA 93401</td>
<td>(805) 546-8866</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>Nobbe Orthopedics Inc</strong></td>
<td>2345 S Broadway Ste E Santa Maria, CA 93454</td>
<td>(805) 925-8290</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>North County Prosthetics &amp; Orthotics</strong></td>
<td>310 S Halcyon Rd Ste 104 Arroyo Grande, CA 93420</td>
<td>(805) 481-9666</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td><strong>Omni Motion Inc</strong></td>
<td>CPM Units &amp; Orthotics Only</td>
<td>For customer service, please call:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(800) 735-0112</td>
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</tr>
</tbody>
</table>

Language(s):
- Spanish(Staff)
- French(Staff)
- Spanish(Staff)
## YOUR DIABETES HEALTH CARE TEAM

### Pacific Medical - San Luis Obispo
For an appointment, please call: (831) 682-5527

### Pacific Medical - Santa Barbara
For an appointment, please call: (805) 643-4063

### R & J Prosthetic Appliance
2407 E Main St
Ventura, CA 93003
(805) 481-9100

### The Shoe Tree Inc
801 Dolliver St
Pismo Beach, CA 93449
(805) 773-5571

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams, Scott E, DPM</td>
<td>310 S Halcyon Rd Ste 101</td>
<td>(805) 481-0881</td>
</tr>
<tr>
<td></td>
<td>Arroyo Grande, CA 93420</td>
<td></td>
</tr>
<tr>
<td>Birkholm, Jens F, DPM</td>
<td>821 E Chapel St Ste 101</td>
<td>(805) 925-8703</td>
</tr>
<tr>
<td></td>
<td>Santa Maria, CA 93454</td>
<td></td>
</tr>
<tr>
<td>Brian O’Carroll, DPM, Inc</td>
<td>1525 E Main St Ste B</td>
<td>(805) 364-7990</td>
</tr>
<tr>
<td></td>
<td>Santa Maria, CA 93454</td>
<td></td>
</tr>
<tr>
<td></td>
<td>911 Oak Park Blvd Ste 106</td>
<td>(805) 481-9100</td>
</tr>
<tr>
<td></td>
<td>Pismo Beach, CA 93449</td>
<td></td>
</tr>
<tr>
<td>Chris M Byrne, DPM, Inc</td>
<td>1101 Las Tablas Rd Ste K</td>
<td>(805) 434-2009</td>
</tr>
<tr>
<td></td>
<td>Templeton, CA 93465</td>
<td>Group Provider(s): Siade, Brandon, DPM</td>
</tr>
<tr>
<td>Daniels, Robert A, DPM</td>
<td>1398 Los Osos Valley Rd Ste D</td>
<td>(805) 528-7643</td>
</tr>
<tr>
<td></td>
<td>Osos, CA 93402</td>
<td></td>
</tr>
<tr>
<td>Daniels, Joseph T, DPM</td>
<td>122 S Patterson Ave Ste 101</td>
<td>(805) 964-3541</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93111</td>
<td>Language(s): Spanish</td>
</tr>
<tr>
<td>Daniels, Salvatore, DPM</td>
<td>122 S Patterson Ave Ste 101</td>
<td>(805) 964-3541</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93111</td>
<td>Language(s): Spanish/English</td>
</tr>
<tr>
<td>Garofalo, Gordon S, DPM</td>
<td>8290 Morro Rd</td>
<td>(805) 466-6111</td>
</tr>
<tr>
<td></td>
<td>Atascadero, CA 93422</td>
<td>Language(s): Spanish/English</td>
</tr>
<tr>
<td>Garofalo, Joseph T, DPM</td>
<td>122 S Patterson Ave Ste 101</td>
<td>(805) 964-3541</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93111</td>
<td>Language(s): Spanish</td>
</tr>
<tr>
<td>Hamblin, Gordon S, DPM</td>
<td>334 S. Patterson Ave Ste 209</td>
<td>(805) 681-1400</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93111</td>
<td></td>
</tr>
<tr>
<td>Nelms, Lisa, DPM</td>
<td>2 James Wy Ste 205</td>
<td>(805) 773-3668</td>
</tr>
<tr>
<td></td>
<td>Pismo Beach, CA 93449</td>
<td></td>
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<tr>
<td>Oren, William, DPM</td>
<td>5333 Hollister Ave Ste 120</td>
<td>(805) 964-2300</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93111</td>
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<tr>
<td>Sansum Clinic</td>
<td>215 Pesetas Ln</td>
<td>(805) 881-7500</td>
</tr>
<tr>
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<td>Santa Barbara, CA 93110</td>
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<tr>
<td>Sansum Clinic / Pesetas Multi-Specialty Clinic</td>
<td>215 Pesetas Ln</td>
<td>(805) 881-7500</td>
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<tr>
<td>Sterling, David, DPM</td>
<td>2342 Professional Pkwy Ste 100</td>
<td>(805) 928-5645</td>
</tr>
<tr>
<td></td>
<td>Santa Maria, CA 93455</td>
<td>Language(s): Spanish</td>
</tr>
<tr>
<td>Steve Clark, DPM, Inc</td>
<td>1525 E Main St Ste B</td>
<td>(805) 354-7990</td>
</tr>
<tr>
<td></td>
<td>Santa Maria, CA 93454</td>
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<tr>
<td></td>
<td>911 Oak Park Blvd Ste 106</td>
<td>(805) 481-9100</td>
</tr>
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<tr>
<td>Thornhill, Rex, DPM</td>
<td>614 13th St</td>
<td>(805) 239-3136</td>
</tr>
<tr>
<td></td>
<td>Paso Robles, CA 93446</td>
<td>Language(s): Spanish/English</td>
</tr>
<tr>
<td>Vincent II, Thomas, DPM</td>
<td>620 W Tefft St</td>
<td>(805) 929-8055</td>
</tr>
<tr>
<td></td>
<td>Nipomo Foot &amp; Ankle</td>
<td></td>
</tr>
</tbody>
</table>

### Sunscreen and Sun Protection
- Sunscreen is recommended for those with diabetes. A foot exam is recommended at each visit and referral to a podiatrist as needed for those with diabetes. Nail clipping should be handled by a medical professional.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali, Syed A, OD</td>
<td>1335 S Bradley Rd</td>
<td>(805) 925-1092</td>
</tr>
<tr>
<td></td>
<td>Santa Maria, CA 93454</td>
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<tr>
<td>Associated Eye Specialists</td>
<td>5333 Hollister Ave Ste 123</td>
<td>(805) 964-4729</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93111</td>
<td>Language(s): Spanish</td>
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<tr>
<td>Baldwin, Reginald J, OD</td>
<td>590 Harbor St</td>
<td>(805) 772-1269</td>
</tr>
<tr>
<td></td>
<td>Morro Bay, CA 93442</td>
<td>Language(s): French/Spanish</td>
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<tr>
<td>Bales, Dennis R, OD</td>
<td>2040 Viborg Rd Ste 240</td>
<td>(805) 688-0707</td>
</tr>
<tr>
<td></td>
<td>Solvang, CA 93463</td>
<td>Language(s): Spanish</td>
</tr>
<tr>
<td>Bickford, Elliot L, OD</td>
<td>3324 State St Ste J</td>
<td>(805) 682-8011</td>
</tr>
<tr>
<td></td>
<td>Santa Barbara, CA 93105</td>
<td></td>
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<tr>
<td>Bream, Cory, OD</td>
<td>7096 Market Place Dr</td>
<td>(805) 562-1300</td>
</tr>
<tr>
<td></td>
<td>Goleta, CA 93117</td>
<td>Language(s): Spanish</td>
</tr>
</tbody>
</table>
## YOUR DIABETES HEALTH CARE TEAM

### California Retina Consultants
1510 E Main St Ste 103
Santa Maria, CA 93454
(805) 922-2068

- **Group Provider(s):**
  - Avery, Robert L, MD
  - Castellarin, Alessandro A, MD
  - Nasr, Ma’An, MD
  - Pieramici, Dante, MD

- **Language(s):**
  - English
  - Spanish
  - Mandarin Chinese
  - French

- **Address:**
  - 220 Oak Hill Rd
  - Paso Robles, CA 93446
  - (805) 963-1648
  - Pismo Beach, CA 93449
  - (805) 543-8409

### Englund, Gary L., OD
Optometric Care Associates
1112 Vine St
Paso Robles, CA 93446
(805) 238-1001

- **Group Provider(s):**
  - English
  - Gary L., OD
  - Hile, Daniel, OD
  - Kudja, Karen, OD
  - Major, Douglas L., OD

- **Address:**
  - 2238 Bayview Heights Dr Ste E
  - Los Osos, CA 93402
  - (805) 528-5333

### Jio, Steven S., OD
1809 9th St Ste A
Los Osos, CA 93412
(805) 528-2237

### Kaiser, Greg W., OD
1800 Quintana Rd Ste 1-D
Morro Bay, CA 93442
(805) 528-0606

### Kendall - Shepard Eye Center
425 W Central Ave Ste 102
Lompoc, CA 93436
(805) 736-2020

- **Group Provider(s):**
  - Goodman, Randal, MD
  - Shepard, Daniel, MD

### Kolarczyk, Robert A, MD
1801 State St Ste C
Santa Barbara, CA 93101
(805) 569-1000

### Ledesma, Kathleen, OD
Sani Eye Center
1315 Las Tablas Rd
Templeton, CA 93465
(805) 239-4900

- **Group Provider(s):**
  - Limberg, Michael B, MD
  - Nasir, Ma’An, MD

### Limberg Eye Surgery Inc.
1270 Peach St Ste 100
San Luis Obispo, CA 93401
(805) 541-1342

- **Group Provider(s):**
  - Cotter, John B, MD
  - Hallisey, John, MD
  - Limberg, Michael B, MD

### Lowe, Marc A, MD
Lowe Laser Eye Institute
230 W Pueblo St 2nd Fl
Santa Barbara, CA 93105
(805) 684-5476

### Mayhew, Teresa A, OD
Lowe Laser Eye Institute
5434 Carpenteria Ave
Carpinteria, CA 93013
(805) 684-5476

### Chen, Janet, MD
Family Optometric Care
1034 Vine St
Paso Robles, CA 93446
(805) 238-4460

### Moessinger, John C, OD
1954 S Broadway Ste F
Santa Maria, CA 93454
(805) 928-5959
YOUR DIABETES HEALTH CARE TEAM

8105-B Morro Rd
Atascadero, CA 93422
(805) 462-1042

Mullikin, Lee J, OD
Sears Optical
200 Town Center East
Santa Maria, CA 93454
(805) 346-7749
Language(s): Spanish

Ng, Ronald T, OD
610 E Chapel St
Santa Maria, CA 93454
(805) 928-5588
Language(s): Spanish

Norris, Nadine, OD
Central Coast Optometric Care
800 Quintana Rd Ste 1-D
Morro Bay, CA 93422
(805) 722-6166
Language(s): German(Provider) Spanish(Staff)

Pacific Eye Surgeons
1111 Ocean Ave
Lompoc, CA 93436
(805) 735-3468
Group Provider(s): Abroms, Adam D, MD
Amr, Ahmad Ali, MD
Dixon, Steven, MD
McRee, William E., MD
Merrill, Craig A, MD
Oldenburg, Joseph B, MD
Sherman, Mark, MD
590 Harbor St
Morro Bay, CA 93422
(805) 545-8100
Group Provider(s): Abroms, Adam D, MD
Amr, Ahmad Ali, MD
Dixon, Christopher, MD
McRee, William E., MD
Merrill, Craig A, MD
Oldenburg, Joseph B, MD

Primary Eyecare Center
7605 Morro Rd
Atascadero, CA 93422
(805) 545-8100
Group Provider(s): Abroms, Adam D, MD
Amr, Ahmad Ali, MD
Hulburd, Christopher, MD
McRee, William E., MD
Merrill, Craig A, MD
Oldenburg, Joseph B, MD
Sherman, Mark, MD
816 East Enos Ste A
Santa Maria, CA 93454
(805) 346-1717
Group Provider(s): Abroms, Adam D, MD
Amr, Ahmad Ali, MD
Dixon, Steven, MD
McRee, William E., MD
Merrill, Craig A, MD
931 Oak Park Blvd Ste 201
Pismo Beach, CA 93449
(805) 473-6640
Group Provider(s): Abroms, Adam D, MD
Higginbotham, Robert W, MD
McRee, William E., MD
Merrill, Craig A, MD
Parnes, Glenn S., OD
Cayucos Eyeworks
98 S Ocean Ave Ste A
Cayucos, CA 93430
(805) 995-2777
Parreira, Amanda, OD
San Luis Obispo Optometric Center
894 Meinecke Ave Ste A
San Luis Obispo, CA 93405
(805) 543-6632
Peterson, Kenneth A, OD
911 Oak Park Blvd Ste 104
Pismo Beach, CA 93449
(805) 473-0393
Pimienta, William, OD
4850 S Bradley Rd Ste A
Santa Maria, CA 93455
(805) 937-9532
Language(s): Spanish
Prewett, John, OD
943 W Grand Ave
Grover Beach, CA 93433
(805) 489-2020
Group Provider(s): Prewett, John R., OD
Primary Eyecare Center
7605 Morro Rd
Atascadero, CA 93422
(805) 466-3777
Language(s): Chinese(Provider)
Spanish(Staff)
Vietnamese(Provider)
Group Provider(s): Cormier, Elaine L, OD
Hider, Steven, OD
Immoos, Quyen T, OD
Tackett, Lauren, OD
764 Santa Rosa St
San Luis Obispo, CA 93401
(805) 543-1447
Language(s): Chinese(Provider)
Spanish(Staff)
Vietnamese(Provider)
Group Provider(s): Cormier, Elaine L, OD
Hider, Steven, OD
Immoos, Quyen T, OD
Tackett, Lauren, OD
Reid, William R, OD
937 E Main St Ste 102
Santa Maria, CA 93454
(805) 922-1923
Group Provider(s): Alford, David P, OD
Reid, William R., OD
Retina Specialists of the Central Coast, Inc.
628 California Blvd Ste C
San Luis Obispo, CA 93401
(805) 547-2090
Language(s): Spanish(Staff)
Group Provider(s): Cormier, Elaine L, OD
Hider, Steven, OD
Immoos, Quyen T, OD
Tackett, Lauren, OD
San Luis Obispo Eye Associates
234 Heather Ct Ste 102
Templeton, CA 93465
(805) 434-5970
Language(s): Spanish
Group Provider(s): Stathacopoulos, Rena A, MD
689 Tank Farm Rd Ste 100
San Luis Obispo, CA 93401
(805) 781-3937
Group Provider(s): Stathacopoulos, Rena A, MD
Sani Eye Center, Inc.
1315 Las Tablas Rd
Templeton, CA 93465
(805) 434-2533
Language(s): Spanish
Group Provider(s): Rasheed, Karim, MD
Sani, Javad N, MD
Sansum Clinic
215 Pesetas Ln
Santa Barbara, CA 93110
(805) 681-7500
Sansum Ophthalmology & Optical Shop
29 W Anapamu St
Santa Barbara, CA 93103
(805) 681-8950
Group Provider(s): Avery, Robert L, MD
Katsiev, Douglas, MD
Palkovacs, Elizabeth, MD
Silverberg, Mark, MD
Thiene, Pamela, MD
Santa Barbara Eye Surgeons
515 E Micheltorena St Ste D
Santa Barbara, CA 93103
(805) 963-4272
Language(s): Mandarin
Group Provider(s): Winthrop, Stuart R, MD
Santa Barbara Health Care Center
345 Camino Del Remedio
Santa Barbara, CA 93110
(805) 681-5488
Language(s): Spanish
YOUR DIABETES HEALTH CARE TEAM

Santa Maria Health Care Center
2115 S Centerpointe Pkwy
Santa Maria, CA 93455
☎ (805) 346-7230
Language(s):
Spanish
Group Provider(s):
Callahan, Tad, MD
Kromhout, Aaron D, MD
Monroy, Bruce Ryan, MD

Santizo, Wendy, OD
Optometry Care Santa Barbara
1629 State St
Santa Barbara, CA 93101
☎ (805) 569-2318
Language(s):
Spanish
Group Provider(s):
Burris, Stephanie, OD
Schachter, Scott, OD

Schmidt, Christine L, OD
Advanced Eyecare and the Eyewear Gallery
300 James Wy Ste 210
Pismo Beach, CA 93449
☎ (805) 773-6000

Santizo, Wendy, OD
Optometry Care Santa Barbara
1629 State St
Santa Barbara, CA 93101
☎ (805) 569-2318
Language(s):
Spanish
Group Provider(s):
Burris, Stephanie, OD
Schachter, Scott, OD

Schmidt, Christine L, OD
Advanced Eyecare and the Eyewear Gallery
300 James Wy Ste 210
Pismo Beach, CA 93449
☎ (805) 773-6000

Schmidt, Christine L, OD
Advanced Eyecare and the Eyewear Gallery
300 James Wy Ste 210
Pismo Beach, CA 93449
☎ (805) 773-6000

Shepard Eye Center
1414 E Main St
Santa Maria, CA 93454
☎ (805) 925-2637
Language(s):
Persian
German
Spanish
Group Provider(s):
Bylsma, Stephen S, MD
Schmidt, Christine L, OD

Shepard Eye Center
1414 E Main St
Santa Maria, CA 93454
☎ (805) 925-2637
Language(s):
Persian
German
Spanish
Group Provider(s):
Bylsma, Stephen S, MD
Schmidt, Christine L, OD

Smart, Randy, OD
AAA Optometric Eyecare Center
1518 W Branch St
Arroyo Grande, CA 93420
☎ (805) 489-8467

Smart, Tiffany, OD
590 Harbor St
Morro Bay, CA 93442
☎ (805) 772-1269
Language(s):
French(Provider)
Spanish(Provider)
Spanish(Staff)

Southaphan, Pinkeo, OD
Clear Vision Optometry
415 E Ocean Ave Ste B
Lompoc, CA 93436
☎ (805) 819-0742
Language(s):
Spanish

Swanson-Rose, Romayne T., OD
Paso Robles Optometric Center
612-A 13th St
Paso Robles, CA 93446
☎ (805) 239-1177

Taketa, Daniel R, OD
611 E Ocean Ave
Lompoc, CA 93436
☎ (805) 736-7010

Vision Center of Santa Maria
1429 S Broadway
Santa Maria, CA 93454
☎ (805) 925-9575
Group Provider(s):
Prewett, John R., OD
Southaphan, Pinkeo, OD

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

Weitkamp, James W, OD
Arroyo Grande Optometry
260 S Halcyon Rd
Arroyo Grande, CA 93420
☎ (805) 489-8410

Wiley, Sidney John, OD
1140 E Clark St Ste 160
Orcutt, CA 93455
☎ (805) 938-7991
1305 N H St Ste E
Lompoc, CA 93436
☎ (805) 736-3488

Wu, Wilson, MD
200 N La Cumbre Rd Ste C
Santa Barbara, CA 93110
☎ (805) 687-8111
Language(s):
Mandarin

Young, Michael J, OD
327 Plaza Dr Ste 1-B
Santa Maria, CA 93454
☎ (805) 922-1993
Language(s):
Spanish

Zelko, Steven D, MD
309 W Quinto St
Santa Barbara, CA 93105
☎ (805) 682-2618
DIABETES EDUCATION PROGRAMS & SERVICES
North Santa Barbara County - San Luis Obispo County

Santa Maria

Programs offered by Marian Regional Medical Center
(Entire list of classes is at www.marianmedicalcenter.org under Classes)

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

Lompoc

Programs offered by Sansum Clinic

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

San Luis Obispo County

Programs offered by French Hospital Medical Center

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

Certified Diabetes Educators – one-on-one counseling covered by CenCal Health
- Maureen Eyerman, RD CDE Serving all of SLO County 235-8034
- Libby Kerr, RN,CDE/Joanna Cooper, CDE – Templeton 434-1166

Compiled by CenCal Health September 2013 www.cencalhealth.org 1-800-421-2560