

NDEP Webinar Series:
Living a Balanced Life with Diabetes
18- September 2012
Webinar Transcript

Slide 1- Title Slide

Operator: Thank you for joining today's introductory webinar Living a Balanced Life with Diabetes. This webinar is sponsored by the National Diabetes Education Program, which is a joint program from the Centers for Disease Control and Prevention and the National Institutes of Health. Our two speakers today are Ms. Shondra McCage and Dr. Michelle Owens-Gary. Shondra McCage is a Health Promotion Specialist and Program Manager for the Chickasaw Nation Diabetes Care Center. She earned her MPH at the University of Oklahoma Health Science Center. She serves as chair for the American Diabetes Association's Native American Initiative Sub-Committee and is also a member of the National Diabetes Education Program's American Indian/Alaska Native stakeholder group. Dr. Michelle Owens-Gary is a Behavioral Scientist in the Division of Diabetes Translation at the Centers for Disease Control and Prevention. At CDC, Dr. Owens-Gary serves as the team leader of the National Public Health Initiative on Diabetes and Women's Health and is also a staff member for the National Diabetes Education Program, where she works on tasks to address diabetes for American Indians/Alaska Natives, women's health and mental health. She is a licensed psychologist who earned a Ph.D. degree at the University of Massachusetts Boston. Shondra, you can proceed.

Slide 2 – The National Diabetes Education Program

Ms. McCage: I just wanted to thank everyone for joining us today. As he mentioned, I am Shon McCage and I will be covering the first half of this presentation and then Dr. Owens-Gary will cover the second half of the presentation. We will go ahead and get started.

Slide 3 – Outline

Our outline for today is we will cover the burden of diabetes in Indian country; we will highlight how depression impacts American Indians and Alaska Natives. We will describe the association between diabetes and depression and why we developed the toolkit, components of the toolkit, and also how the toolkit can be used in various settings and then we will also discuss promotion and evaluation of this toolkit.

Slide 4 – Background

I would like to discuss a bit of the background information related to diabetes and depression. Diabetes and depression are two illnesses that are very common and often occur together. People with diabetes are twice as likely as people without diabetes to be depressed. The reason why depression and diabetes is so concerning is that diabetes can worsen when depression occurs with it. Depression is associated with poor glycemic control and this also increases the risk of complications and mortality in people with diabetes. American Indian and Alaska Native people with diabetes are at particularly high risk for depression.

Slide 5 – Diabetes Prevalence Among AI/ANs

This is just a few statistics from the 2007 report to congress by the Indian Health Service. Of course, American Indians, Alaska Natives we know how the highest age adjusted rate of diagnosed diabetes at 16.3 percent among all U.S. racial and ethnic groups. Then in some communities, the prevalence rate has been known to be as high as 60 percent.

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Slide 6 – Diabetes in AI/ANs

Also just a few more health statistics, the likelihood -- American Indians, Alaska Natives are over two times more likely to have diabetes compared to non-Hispanic whites. Then the death rate due to diabetes is three times higher for American Indian, Alaska Natives compared to the general U.S. population.

Slide 7 - Prevalence of Depression Among Adults with Diabetes

This slide continues to show some of the statistics we were talking about showing the prevalence of depression among adults with diabetes. This data was obtained from a 2006 behavioral risk factor surveillance system. You can see here that the light blue chart shows that major depression alone and then the major and minor depression together is indicated by the dark blue bar. You can see here of course that American Indian and Alaska Natives are two to three times more likely to have major and minor depression compared with non-Hispanic whites.

Slide 8 – Concerns about Depression in Diabetes

Individuals who are depressed may have more difficulty following the medical treatment that their healthcare team has established for them. Therefore depression can result in poor physical and mental functioning and, of course, when this occurs we know that these people are less likely to maintain physical activity or to practice trying to eat a healthy diet. Just an example, depressed people may not take their medication as prescribed or monitor their blood sugars. We all know what kind of implications that can have.

Slide 9 – Depression and Diabetes

Untreated depression in diabetes can result in some of the concerns that I was mentioning with hyperglycemia or high blood sugars, poor metabolic control, a decreased quality of life, increased healthcare usage and cost and also increased risk of mortality.

Slide 10 – Untreated Depression and Complications

Also, of course, our major concerns are untreated depression can result in diabetes related complications and these of course include heart disease, blindness, amputations, erectile dysfunction, stroke and kidney disease.

Slide 11 – Other Concerns

Along with depression some of our patients may also deal with issues such as denial, anger, and grief. Some of these people have a difficult time accepting that they have a chronic illness. Others may become angry or upset that they developed diabetes. These and other psychosocial issues are often overlooked in clinical settings and they may not be talked about by our patients unless the healthcare provider may raise the issue.

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Slide 12 – A Word about Stigma

There can be many reasons, of course, why depression is overlooked in the clinical setting or not discussed by the patient and of course we all know that some of this may be due to stigma that is associated with depression and so we realize that it is often hard for people to talk about being depressed and people worry about how others will react or react to them if they mention this. What we want to know is that you are able to let your patients know that this is very common among people with diabetes; it is not a sign of weakness to be feeling depressed. It is so important that they try to get help and also that there is treatment available.

Slide 13 – A Word about Access to Care

Now of course when I say that there is treatment available some of you may have cringed because I know even in my world behavioral healthcare can be an issue and it is challenging to get access to care. Some of you may struggle with that in your areas but people who are eligible for care at IHS, tribal or urban facilities they can contact any clinic nearby and HRSA which is the Health Resources and Services Administration has information about federally funded health centers that offer care for people without health insurance and you can see here on the screen that they did list the website for that. I would encourage you after the webinar maybe you can go online and go to that website and see what is available and just as other resources that you can use to help your patients.

Slide 14 – Need for Resources

The NDEP in collaboration with the Association of American Indian Physicians they spoke with several healthcare providers about the needs in our communities and how we can address psychosocial issues. It was overwhelming that of course what came up time and time again was that healthcare providers needed resources to help them increase their own skills in reaching out to patients concerning psychosocial issues and emotional concerns. Our healthcare providers needed materials to help raise awareness about the risk of depression in American Indian and Alaska Native people and as a way of increasing opportunities for early treatment in these high risk individuals.

Slide 15- NDEP AI/AN Stakeholder Group

The NDEP's American Indian/Alaska Native stakeholder group focuses on efforts to increase awareness of diabetes prevention and control in American Indian and Alaska Native communities and we also identify depression in diabetes as a priority issue that needed to be addressed in Indian country.

Slide 16 – Living a Balanced Life with Diabetes: A Toolkit

The main objective when creating this toolkit was to raise awareness of course about social and psychosocial issues and then also to provide culturally appropriate resources.

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Slide 17 – How to Use the Toolkit

Our toolkit has components that were developed or included to be used directly by healthcare professionals but there are also materials that healthcare professionals can share with patients who have depression or other psychosocial concerns.

Slide 18 – How to Use the Toolkit

To use the toolkit healthcare professionals of course must be able to recognize depressive symptoms, familiar with how to use screening tools and the main screening tool we use is the patient health questionnaire. Patient health questionnaire nine you may have heard of this as PHQ9 to assess depression and also aware of available community resources to address diabetes and mental health concerns.

Slide 19 – Living a Balanced Life with Diabetes: Toolkit Components

Now we can take a look at the different components that are part of this toolkit and on the slide you are seeing here of course shows the disks with these materials that you are able to download and then also is a magnet with information and hotline numbers. Michelle, I think, did you mention too the use of the magnet was really a popular idea and people really liked the use of magnets.

Dr. Owens-Gary: People really do like the use of the magnet, mainly because it is an easily accessible tool that providers can hand out to their patients and the number is available right there for people to use, especially if there is a need for an emergency.

Slide 20 – Toolkit Components

Ms. McCage: I'm not familiar. I don't know if some of you on the call today have seen the toolkit or if you just heard of this? I hope you have seen it. If you haven't, some of the components inside the toolkit include the Indian health diabetes best practices on depression care, of course the depression screening tools, there is a resource list that using our wit and wisdom there is the book and the audio CD. There are also tip sheets for American Indian and Alaska Natives, like we just discussed, the suicide prevention hotline magnet and then also articles from the Health for Native Life magazine.

Slide 21 – Toolkit Components

Some of you, I know, may be familiar with these; they have really good articles in them, and our patients really like them. The toolkit components, when we were developing this toolkit they wanted to be sure these were things you would be able to use and of course so you are able to copy. These can be copied for multiple patients or co-brand; you could put your own organization's logo on these materials or use with other NDEP resources. We really wanted you to tailor it to meet your needs for your patients. Sometimes they are more likely to grab something that has a more familiar logo, your program or your tribal seal or something along these lines versus something they may not be familiar and know what NDEP is. We do encourage people who are going to be using these to tailor it and have it special for them and their patients.

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Side 22 – Toolkit Components for Healthcare Professionals

Now we will look more at the toolkit components that are specifically for the healthcare professionals and this includes the Indian health diabetes best practice on depression care, the depression screening tool and the resource list.

Slide 23 – Indian Health Best Practice

First up is, of course, the best practices on depression care. Once again some of you may have seen this and/or be familiar with it.

Slide 24 – Indian Health Diabetes Best Practice: Depression Care

This slide shows the web link that can take you to this resource. This comes from the Indian Health Service, you can click on the division of diabetes treatment and prevention and you can get to these resources here.

Slide 25 - Indian Health Diabetes Best Practice: Depression Care

The purpose of having the best practice on depression care in to this toolkit was because it really provides a good guidance for programs that seek to improve the individual's diabetes and mental health status and to enhance the delivery of effective diabetes care. It describes depression screening and treatment options and this best practice report can be used for any individual with either Type 1 or Type 2 diabetes.

Slide 26 - Indian Health Diabetes Best Practice: Depression Care

It also provides eight key recommendations for depression screening treatment and care and it provides suggestions to how to implement these recommendations. For example, the key recommendation two says to screen for depression in all patients with diabetes. Well how would you implement that? Well it gives you suggestions, you can screen for depression, and you can use the screening tool such as the PHQ9 that we discussed earlier.

Slide 27 – Screening Tools

Then next we are going to go into discussing more of the screening tools and Michelle if you will finish out the remainder of the presentation.

Dr. Owens-Gary: Good afternoon everyone. This is Dr. Michelle Owens-Gary, as Shon just mentioned I will spend the rest of the time discussing the screening tools and other materials that are in the toolkit. The next section we will talk about the toolkit, Living a Balanced Life with Diabetes, looking at two depression screening tools and there is a patient health questionnaire that Shon talked about and there is also a depression checklist which was developed by NDEP's psychosocial sub-committee.

Slide 28 – Patient Health Questionnaire – 9

Here you see a screen shot of the patient health questionnaire nine. The patient health questionnaire nine is a self-administered tool that assesses depressive symptoms. It is in the public domain so that means that anyone can use it. It is available online. You can also order hard copies from a website; you can Google it and find more information about the patient health questionnaire nine. The patient health questionnaire nine can be used by healthcare professionals who see diabetes patients. It can be filled out by the person with diabetes and then reviewed by the healthcare provider to see whether or not the patient has depressive symptoms.

Slide 29 – PHQ-9

The PHQ9 is a helpful tool to help healthcare providers to determine what the next steps should be, such as, is there a need for local resources if the patient is indeed showing depressive symptoms? The PHQ9 has nine questions that look at topics related to a person losing interest in things, a person feeling down or depressed, having trouble sleeping, feeling tired or lacking energy, having a change in one's appetite, feeling bad about one's self, having trouble concentrating, moving or speaking slowly or having thoughts of hurting one's self or even death.

Slide 30 – PHQ – 9

When the PHQ9 is scored the items are all scored from either zero to three. A total score from zero to four means that the patient may not need depression treatment. If a healthcare provider finds that the patient scores between five to 14 the healthcare provider should then consider clinical judgment in deciding whether or not the patient needs treatment. Then greater than 15 means that the healthcare provider should definitely consider treatment for depression using antidepressants, psychotherapy or a combination of medicines and therapy.

Slide 31 – PHQ-9

Once the results have been scored and tallied the result should then be shared with the patient and then the healthcare provider should make appropriate referrals for treatment if that is indeed necessary.

Slide 32 – NDEP Depression Checklist

As I mentioned, the NDEP created the depression checklist. This slide shows you a screen shot of that checklist and it was created to be a part of the toolkit. The checklist helps us determine if depressive symptoms are present and it also provides resources for additional information related to emotional issues.

Slide 33 – Depression Checklist

The checklist can be given to a patient who completes the PHQ9; it also provides the patient with tips on how to get help to cope with his or her feelings. And the depression checklist provides additional information about diabetes as well as about depression.

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Slide 34 – Resource List

This slide shows the resource list that is a part of the toolkit. The resource list provides information about health, nutrition, physical activity and other topics for American Indians and Alaska Native people. It provides resources for healthcare professionals to obtain training related to behavioral health; it also has information for healthcare providers in terms of information they can share with their patients about behavioral change. Then it also has information to help the patients find the nearest healthcare facility if there is a need for that.

Slide 35 – Toolkit Components for AI/AN Patients with Diabetes and Their Loved Ones

So along with the screening tools and the resource list the toolkit also contains several other products that can be given to American Indian/Alaska Native patients with diabetes as well as their loved ones. These other components include the book and audio CD that is called Using our Wit and Wisdom, new tips sheets for American Indians and Alaska Natives. As Shon mentioned a suicide prevention hotline magnet and also Indian Health for Native Life magazine articles.

Slide 36 – Using our Wit and Wisdom to Live Well with Diabetes (book and audio CD)

Now let's look at Using our Wit and Wisdom book that was written by Barbara Mora. The book has many topics that relate to diabetes and controlling diabetes for American Indians and Alaska Natives. The Wit and Wisdom book and audio CD highlight successes and challenges a person may experience while living with diabetes and it's all discussed from a personal perspective from that of Barbara Mora's experience. It is told by the author but it also provides examples of how to live a positive life and how to cope with diabetes.

Slide 37 - Using our Wit and Wisdom to Live Well with Diabetes (book and audio CD)

The book chapters can be used in a group setting to address different issues related to myths about diabetes, accepting the diagnosis of diabetes, dealing with diabetes on a daily basis and also obtaining support to cope with diabetes and emotional feelings.

Slide 38 – Using our Wit and Wisdom to Live Well with Diabetes (book and audio CD)

The book chapters can also be used in a group setting with other toolkit materials. In using the book you can also combine a discussion with a tip sheet and there are four tips sheets that are listed that can be used with the book and that includes resources to help a loved one deal with diabetes; that is one tip sheet that we will discuss in a minute. Another tip sheet is called tips for taking care of yourself and that deals with self-esteem. Tips for American Indian/Alaska Native teens and also the book can be used with a tip sheet that is called Diabetes, Stress and Healthy Food Choices. There are also a whole host of NDEP resources that the book could be combined with in a diabetes support group, such as four steps and also other American Indian/Alaska Native materials that NDEP has produced. To learn more about NDEP resources and tools please feel free to visit our website and that is www.yourdiabetesinfo.org.

Slide 39 – New Tip Sheets for AI/ANs

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An environmental scan was conducted to determine what tip sheets and patient education materials currently existed for people with diabetes, American Indians and Alaska Natives and also for psychosocial issues. Based on this environmental scan and feedback from the American Indian/Alaska Native stakeholder group several tip sheets were developed for this toolkit. The tip sheets cover psychosocial issues that many people with diabetes experience, including depression, self-esteem, stress and coping and healthy eating and also tobacco and alcohol use. There is also a tip sheet that helps family members to learn more about diabetes so that they can care for their loved one. All of the tip sheets provide online resources with some resources that are specifically for American Indians and Alaska Natives.

Slide 40 – Tips for AI/AN Teens

A tip sheet for American Indian/Alaska Native teens was created for this toolkit. This tip sheet focuses on stressors that teens may experience in having diabetes in their youth, particularly as they try to deal with other life issues like school, family and relationships. It helps teens realize that it is normal to have concerns about feeling sad when they think about having diabetes. It also lets them know that they are not alone in dealing with diabetes and that they should talk with others when they are feeling stressed to find new solutions for their concerns. The tip sheet also provides a checklist for teens to think about how they have been feeling about having diabetes and to also see if there have been any major changes in their life, such as getting poor grades, having no interest in things they once enjoyed or just feeling tired all the time. It also encourages teens to talk to their healthcare team, their spiritual counselor, their parents or others that they trust to get help and support.

Slide 41 – Tips for Taking Care of Yourself

The tip sheet on self-esteem is called Tips for Taking Care of Yourself. It acknowledges that diabetes and everyday life events can sometimes be tough. It encourages people with diabetes to get the support that they need to deal with diabetes as well as other life issues. Some of the tips to increase self-esteem include talking about problems with elders and seeking out their wisdom, learning something new like reading about the tribe's history and sharing what you have learned with others. Doing something nice for others by helping out in your community and making a list of your strengths and accomplishments, listing what you do well and your successes.

Slide 42 – Dealing with Stress and Making Healthy Food Choices

Another tip sheet dealing with stress and making healthy food choices highlights ways that people with diabetes can make healthy food choices even while dealing with stress. It emphasizes how people handle stress in different ways. Some people may turn to food to cope with stress and others may avoid food and not want to eat when they are dealing with stress. It also provides some tips on how to handle stress and that includes talking to an elder about concerns, being around others and not isolating one's self, making sure that they have fun with others, taking a nature walk, learning a new activity like fishing or horseback riding or other enjoyable events. It also talks about healthy ways to reduce stress by being physically active and talking to people that they trust. On the tip sheet it also talks about tips that can help people with diabetes make healthy food choices, such as eating a colorful variety of fruits and vegetables,

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choosing whole grain foods, limiting solid fats and sugars and eating a healthy snack between meals.

Slide 43- Help for Tobacco and Alcohol Users

Within the toolkit there is another tip sheet that focuses on tobacco and alcohol use for people with diabetes. This tip sheet provides tips on how to handle stress without tobacco or alcohol. It talks about the complications that can occur and it encourages people with diabetes to find help and support so they can quit smoking or using alcohol. The tip sheet acknowledges that quitting is tough and it also gives suggestions for quitting successfully. It also gives information about staying focused and finding new activities to do instead of using tobacco or alcohol. It also highlights the benefits of not using tobacco or alcohol, which can include improvement in health and energy, feeling and looking better, improvements in taste and smell and also saving money.

Slide 44 – Resources to Help a Loved one with Diabetes

The toolkit has a tip sheet for family members who are helping a loved one to cope with diabetes. This tip sheet has three main messages; learn about diabetes, talk about diabetes, be active together. It encourages family members to learn all that they can about diabetes so they can be a support for their loved ones, helping them with their medication and daily tasks that are needed for diabetes self-care. Shon, I know that you have used the tip sheets, many of them, in your diabetes center. Could you talk a bit about how you've used them and any responses you've gotten from patients in your center?

Ms. McCage: Yes, we made a lot of copies of these as we mentioned you are able to copy these. Of course we put them -- we have these magazine racks that we have in the patient rooms and we just put some of these tip sheets in there. We really left them in there for the provider to use to give them but often while they are in there waiting they will pick up these materials and read them and actually a couple of stories our providers have mentioned that really encouraged the patient to come forth to the provider and ask questions, and we were able to help get them treatment and refer them to our behavioral health department. Anywhere patients gather that they may have some downtime: exam rooms, your lobbies, places like that. Sometimes just having these copies there and available they may not have picked them up anywhere else if someone handed it to them to read but when you are sitting there kind of bored and waiting they will thumb through this material and I think it sparks something from within and seeing these things that they may approach to either go get help or talk to their provider more willingly about these issues.

Dr. Owens-Gary: Thank you Shon for sharing that message.

Slide 45 – Living a Balanced Life with Diabetes - Suicide Prevention Hotline Magnet

As we've talked we mentioned that the components of the toolkit also include a suicide prevention hotline magnet and they magnet provides the phone numbers of suicide prevention hotlines where one of the phone numbers was especially for Native youth. Some people may wonder why is a magnet so important. There are data that have been collected from the National Suicide Prevention Lifeline from April 2010 to January 2012 which indicates that persons who

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called the National Suicide Prevention Hotline they heard about the actual national hotline through distribution of magnets, brochures and posters. So the magnets really are helping people to learn about resources and support that are out there and they have helped people to get connected to those resources. Seeing a hotline number on a magnet was one of the top ten ways in which callers learned about this resource. Providing the hotline number on a magnet provides an easily accessible product for people to use and to locate when they are in a crisis.

Slide 46 – Depression and Suicidal Ideation

In discussing suicidal ideation it is also important for us to mention that if you are with a patient who expresses suicidal thoughts that the patient should go to the nearest emergency room and he or she can also call the National Suicide Hotline number for more information and also for more support.

Slide 47 – Indian Health Service *Health for Native Life* Magazine: Four Articles

The toolkit also has four magazine articles from IHS's magazine, *Health for Native Life*. They focus on anger, denial, grief and a positive attitude when dealing with diabetes. Partners have mentioned to us that having real life stories about how American Indians and Alaska Natives cope with diabetes can help others to learn how to deal with their own situations. Having the *Wit and Wisdom* book and these magazine articles together in the toolkit can help a patient see themselves in the stories and they also provide them with new ways of looking at diabetes and psychosocial issues that are associated with diabetes.

Slide 48 – IHS *Health for Native Life* Magazine

The IHS's *Health for Native* magazine articles promote wellness and prevention of diabetes in American Indians and Alaska Natives. They were developed by IHS's Division of Diabetes Treatment and Prevention in partnership with the Tribal Leaders Diabetes Committee. The magazine articles can be provided to patients with diabetes as an additional resource information. They can also be used as a part of a discussion in a support group.

Slide 49 – What Does Anger Have to do with Weight Loss?

Here is one of the articles that is included in the toolkit; the article is entitled *What Does Anger Have to Do With Weight Loss?* The article talks about a man's journey from losing everything in his life: his children, his wife, his job and his health. It tells his story of coming to terms with anger issues and denial about what was happening to him. He explains how now he wants to help make an impact on others who are where he once was, being angry.

Slide 50 – Denial and Being Well with Diabetes

Another article in the toolkit is called *Denial and Being Well with Diabetes*. It highlights a man's struggle with breaking out of denial about his diabetes. It also talked about when the denial begins to fade he is able to take control of his life and also manage his diabetes.

Slide 51 – Grief and Getting Fit: Dealing with one Comes Before Doing the Other

A third article in the toolkit is called *Grief and Getting Fit*. It focuses on the grief of losing one's language, culture, pride and all that have been dear to Native people for generations. It talks

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about grief as a first step to taking control and getting fit and it also talks about a ceremony for healing.

Slide 52 – A Positive Spin

The fourth article in the toolkit is called A Positive Spin and it talks about a woman who looked at the positives instead of the negatives. It talks about diabetes as being a positive thing; it talks about how being happy and positive can help you see things that you do have in life. It encourages the reader to make a list of things that are going well and what they can do to help them deal with their diabetes. Shon I know you mentioned that you have used the magazine articles as well in the diabetes center. can you just share a couple of stories about that?

Ms. McCage: Yes, we've actually used them in a couple of different ways. We do have a behavioral health counselor; we offer a diabetes education class on Tuesdays, which we have one going today. Our behavioral health counselor actually uses the Denial and Being Well with Diabetes, sharing his example and his story. She uses that and passes that out in our education class and the patients are able to identify with this patient and his story. Then also we just make several copies of these and we've used them at health fairs just to have out that we distribute out. Sometimes we do get asked -- it kind of depends on your audience too. We go and talk at some of our senior sites and different places around our nation. Sometimes we take copies of these and we put them in their goody bags. There are lots of ways you can distribute these out there and get them out to the patients to be helpful.

Dr. Owens-Gary: Thank you, Shon.

Slide 53 – Help us Promote the Toolkit

This webinar has provided you with an overview of the toolkit components and how they can be used with a patient with diabetes as well as with his or her loved ones. Disseminating the toolkit NDEP's American Indian/Alaska Native stakeholder group members have promoted the toolkit through many national, local and regional conferences, through partner meetings, newsletters, partner organizations List Serve as well as their own website. We'd appreciate any suggestions that you have to reach people like you who would be interested in using the toolkit with American Indians and Alaska Natives.

Slide 54 -57 – AI/AN Stakeholder Group Members

We'd like to now acknowledge all of the hard work of the NDEP American Indian/Alaska Native stakeholder group members on the next few slides.

Slide 58 – For More Information

If you would like to learn more about the toolkit or to even request your own copy of the toolkit for use with American Indian/Alaska Native communities that you serve please feel free to email aianpt@cdc.gov or you can call 1-888-693-6337. If you would also like to learn more about the toolkit you can also visit NDEP's website and that is www.yourdiabetesinfo.org.

Slide 59 – For More Information

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I also wanted to let you know that NDEP has a wonderful resource that is called Health Sense, it's a resource to help patients learn more about making and sustaining behavior change. So healthcare providers can go on this website to learn more about tools and products that currently exist that focus on behavior change and we'd like to encourage you to use this website to learn more about behavior change and diabetes care. You can go to NDEP's website, again, it's listed there for you; it is ndep.nih.gov/resources/diabetes-healthsense/index.aspx. Also if you would like to help us promote and/or evaluate the toolkit you can also email us at aianpt@cdc.gov.

Slide 60 – Questions

Before we go to the questions segment of the webinar I wanted to let you all know that there is a short survey about the webinar experience that you've had. It will be made available at the very end of the webinar. Operator, we are now ready for questions.

Operator: Thank you. Ladies and gentleman if you would like to register a question please press the one followed by the four on your telephone. You will hear a three tone prompt to acknowledge your request. If your question has been answered and you would like to withdraw your registration please press the one followed by the three or please use the chat feature located in the lower left corner of your screen. One moment please for our first question.

Dr. Owens-Gary: I do have one question here from the chat and the question is: our teens are dealing with a lot of different issues all at the same time, not just dealing with diabetes. What else can you recommend that we use to teach them about diabetes and dealing with life changes? The National Diabetes Education Program has several products for teens who have diabetes or even those who are at risk for diabetes and they focus on healthy eating, physical activity and coping with stress. Please feel free to visit NDEP's website for these free materials and the website is www.yourdiabetesinfo.org. There is another question from the chat and that question is can we obtain a copy of the presentation? This presentation will be archived on NDEP's webpage so we will be posting this within the next few months. Please feel free to look for the webinar on NDEP's webpage. Again, that is www.yourdiabetesinfo.org. Is there a question from the phone?

Operator: There are no questions on the phone lines at this time, however ladies and gentleman as a reminder to register a question please press the one followed the four on your telephone keypad.

Dr. Owens-Gary: There is another question from the chat and that says, can you get multiple magnets outside of or in addition to the toolkit? The magnets -- there are 25 magnets included in the toolkit so when you order the toolkit you will get all of the components that we talked about plus 25 magnets for distribution. At this time the magnets are not available outside of the toolkit but you would just need to order a copy of the toolkit itself. And I should mention that the toolkit is free, limited to two copies. Another question on the chat says: are there any materials that are short enough and can be translated to use as PSAs for tribal radio stations? NDEP has several materials that are geared towards different audiences, different age groups for healthcare

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providers; it really depends on the group that you are trying to focus on for your PSA. I would encourage you to visit NDEP's website and also you could use materials in the toolkit itself to modify for your own use. We just encourage you to not change the content as the content for the toolkit has been approved by CDC as well as by NIH.

Ms. McCage: Michelle, this is Shon real quick, I just wanted to comment on that. There are some PSAs on the NDEP website, not particularly pertaining to this toolkit. but there are some out there regarding diabetes and diabetes prevention because we have used them on our radio station, our tribal radio station.

Dr. Owens-Gary: Is there a question from the phone?

Operator: There are no phone questions at this time.

Dr. Owens-Gary: I do have another chat question and the question is, is the PHQ2 no longer used? The PHQ2 is currently being used but for this toolkit we have the PHQ9 available. You could also use the PHQ2 if that was something that you wanted to use; it is a shorter version of the PHQ9. It just has two questions. Another question from the chat, are there CEs, continuing education, for this? Currently there are no continuing education credits for this webinar. There is a question from the chat as well, will the toolkit have any local resources listed available for our clients or are all of the resources national and web-based? There are some materials in the toolkit that are local resources; it just depends on the materials that we were able to find in our environmental scan. If they were listed online we looked for materials that we felt could be included into the toolkit. Some materials are local and some materials are also national resources that we were able to locate. Let me just check and see if there are any questions on the phone.

Operator: There are no phone questions at this time. However, ladies and gentleman as a reminder to register for questions please press the one followed by the four on your telephone keypad. There are still no phone questions at this time.

Ms. McCage: Michelle, this is Shon. That was a very good question someone asked about the magnets and I think that's not a question that has come up before, that we would really like to get your feedback on whether you want more specific parts of the toolkit. We can collect this and definitely be thinking about making -- being able to order specific pieces I guess of the toolkit. So we would really appreciate your feedback and to please stay on the line and finish the survey once the webinar is completed. Thank you.

Dr. Owens-Gary: Someone else asked a question about can you explain a bit more about how the toolkit can be used in a group setting. As Shon and I talked about, many of the toolkit components can be used in a group setting. So if you do have a diabetes support group or you are working with a church organization or even an organization in the community if you are focusing on topics related to diabetes such as alcohol or tobacco use, self-esteem, healthy eating

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or even providing support for the loved one because they also experience stress when they are caring for someone with diabetes. Many of the components of the toolkit, including the tip sheets and the Wit and Wisdom book could be used for those types of discussions. We encourage you just to look through the toolkit, learn more about the different components and see how they might fit with your audience that you are working with. Someone else asked a question: we only received one copy of each tip sheet so it is okay to make copies of the tip sheets to give out to more people. The tip sheets were designed so they are printer friendly so they should print well when they are copied. All of the materials in the toolkit are also as I mentioned in the public domain so you can make as many copies as you need. Even though you only received one copy of each tip sheet, you can definitely reprint them, copy them and as Shon mentioned, put your logo on them as well. Another question from the chat asked about the toolkit, does it touch on components of the medicine wheel to incorporate balance in their lives? The medicine wheel would be a great resource to also include in the discussion if you are using the toolkit because the toolkit discusses different issues related to psychosocial concerns, stress, healthy eating, choosing healthy foods and managing one's life even when just dealing with the daily demands of diabetes -- a medicine wheel would also help and add to what is in the toolkit. It is a nice complement to each other. We definitely would encourage you to use a medicine wheel to discuss the whole issue regarding balance in one's life. Are there any questions from the phone?

Operator: There are no questions on the phone line.

Dr. Owens-Gary: There is another question in the chat and that is: can NDEP provide training to our hospital on this toolkit? As I mentioned earlier, the webinar will be recorded and it will be archived on NDEP's website. Unfortunately we don't have the manpower to do individual training but we are available for a consultation and also for technical assistance if that is needed. You can feel free to look for the webinar, the recording of the webinar on our website, and that is: yourdiabetesinfo.org. If you need consultation or TA you can also email us at aianpt@cdc.gov. Another chat question says: are you familiar with the CES depression questionnaire to assess depression? We are familiar with the CES depression questionnaire to assess depression. We didn't use that in the toolkit just because we wanted a product that was a little bit shorter and concise and focused on some of the topics that we mentioned throughout the entire toolkit. So focusing on loss of interest, not being able to concentrate, stress, suicidal thoughts, and also thoughts about death. That's really what is covered in the PHQ9. Same question is asking about do you recommend changing it to the PHQ9? The PHQ9 is just one tool that is out there for depressive symptoms to assess depressive symptoms. If someone wanted to use the CES 9 that is highly validated and highly reliable so you could use either one; it is just that we chose the PHQ9 to be a part of this toolkit. Let me stop and see if there are any questions on the phone at this point.

Operator: There are no questions on the phone line at this time.

Dr. Owens-Gary: This now concludes the webinar. There will be a survey at the very end; we thank you for joining us today.

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Ms. McCage: Michelle this is Shon again, could we go back to the slide with our contact information. There, thank you.

Slide 61 – For More Information

Dr. Owens-Gary: Again, you see the email to order the toolkit. Also, if you have questions about NDEP or any of its products feel free to call the 1-888 number and then you can also go to the NDEP website. Thank you again for joining us today.

[End of Webinar]