Diabetes Education Services Presents:

The Impact of Adverse Childhood Experiences on Health

Advanced Level & Specialty Topics | Level 4 | Class 9 | 2024

Beverly Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, her, hers
www.DiabetesEd.net

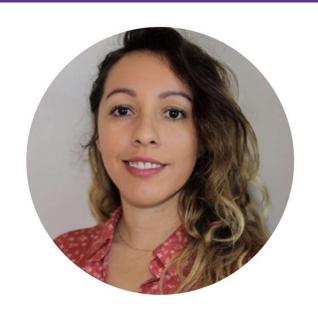
Land Acknowledgment

We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.

We are Here to Help!



Bryanna Sabourin
Director of Operations
Certification Pathway Coach &
Customer Happiness Expert



Tiffany Bergeron
Customer Advocate &
Customer Happiness Expert

If you have questions, you can chat with us at www.DiabetesEd.net or call 530 / 893-8635 or email at info@diabetesed.net

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- Inclusion
- Diversity
- Equity
- Access



- We are committed to promoting diversity and inclusion in our educational offerings.
- We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- We are committed to practicing cultural humility and cultivating our cultural competence.
- We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Coach Bev has no Conflict of Interest

- She's not on any speaker's bureau
- Does not invest or have any financial relationships with diabetes related companies.
- Gathers information from reading package inserts, research and articles
- The ADA Standards of Medical Care is main resource for course content

Objectives:

- Discuss the benefits of assessing Adverse Childhood Experiences (ACE) in individuals with diabetes.
- State the relationship between ACE Scores and risk of future health complications.
- Describe a person-centered approach to fostering resilience and self-care for individuals with toxic stress.
- Identify two strategies to provide trauma informed care in your work setting.

Diabetes is Complex

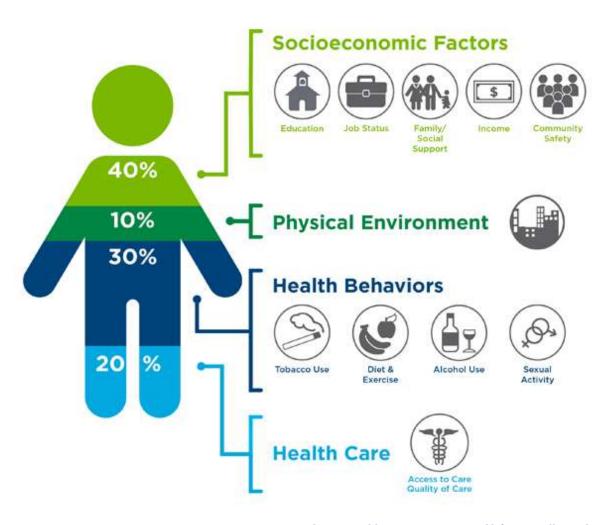
- Goal achieve well being and satisfactory medical outcomes
- Psychological factors:
 - Environmental
 - Social
 - Behavioral
 - Emotional
- Keep it person centered while integrating care into daily life
 - Consider the individual



Address Barriers to Self Management

- Barriers exist within health system, payer, health care professional & individual.
- Address barriers through innovation, including community health workers, telehealth, other digital health solutions.
- Consider social determinants of health in the target population when designing care.

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

https://coveragetoolkit.org/health-equity/defining-health-equity/

Tailoring Treatment for Social Context

"Social determinants of health (SDOH)—often out of direct control of the individual and potentially representing lifelong risk contribute to health care and psychosocial outcomes and must be addressed to improve all health outcomes"



The ADA recognizes this relationship and is taking action.

1. Improving Care and Promoting 2022 mm.

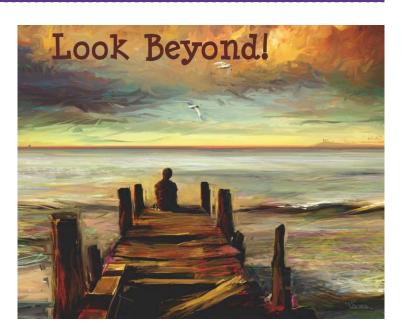
Individualized Care Strategies

- Consider individualized care and create environmental structures to support people with:
 - Food insecurity
 - Cognitive dysfunction
 - Mental illness (2-3 x's higher rates of diabetes in schizophrenia, bipolar)
 - ▶ HIV (meds can cause pancreatic dysfunction)
 - History of trauma
- Health disparities related to:
 - Ethnicity, racism, culture, sex, socioeconomic status, LGBQT



Look Beyond Diabetes

- ACE Adverse Childhood Experiences
- Diabetes Distress
- Cultural traditions, family system.
- Social, religious and employment influences
- Personal factors: attitudes, cognitive factors, literacy, learning styles, health beliefs
- Depression, anxiety
- Mental illness
- Addiction issues





Question - What is ACE?

- ► ACE =
 - Adverse
 - Childhood
 - Experiences
 - b (before 18 yrs)
- What is the relationship between childhood trauma and health?



CDC-Kaiser Study 1997

- Mailed out over 17,000 questionnaires asking KP participants in CA, asking about specific early childhood adverse experiences.
- More than 60% had 1 or more
- ▶ 18% had 4 or more



10 Assessment Areas for ACE – Use 10 **Question Screening Tool to Assess**

ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical





Mental Illness



Incarcerated Relative



Emotional



Mother treated violently



Substance Abuse



Sexual



Divorce

https://www.npr.org/sections/healthshots/2015/03/02/387007941/takethe-ace-quiz-and-learn-what-itdoes-and-doesnt-mean

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.) Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you? Did you lose a parent through divorce, abandonment, death, or other reason? Did you live with anyone who was depressed, mentally ill, or attempted suicide? Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs? Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other? Did you live with anyone who went to jail or prison? Did a parent or adult in your home ever swear at you, insult you, or put you down? Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Did you feel that no one in your family loved you or thought you were special? Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)? Your ACE score is the total number of yes responses.

Experiences in childhood are just one part of a person's life story.

There are many ways to heal throughout one's life.

Not Much

Some

Do you believe that these experiences have affected your health?

Adult ACE Questionnaire

https://www.acesaware.org /learn-aboutscreening/screening-tools/

https://aceresourcenetwork .com/

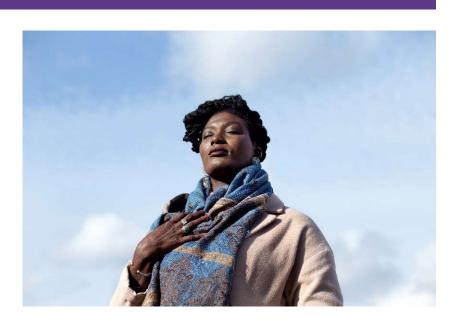
https://www.cdc.gov/violen ceprevention/aces/about.ht ml

https://numberstory.org/



A Note to My Colleagues

- Many of us have experienced childhood trauma
- This information my evoke strong feelings or difficult memories
- You may want to share your story or maybe you're not ready.
- We will discuss coping and healing strategies.
- Counseling can help



ACE Screening Tool – Multiple Languages Available

Screening tools are available in:

Arabic	
Armenian	
Cambodian	
Chinese	
English	
Farsi	
Hindi	
Hmong	
Japanese	
Korean	
Laotian	
Punjabi	
Russian	
Spanish	
Tagalog	
Thai	
Vietnamese	

Adverse Childhood Experience (ACE) is Common



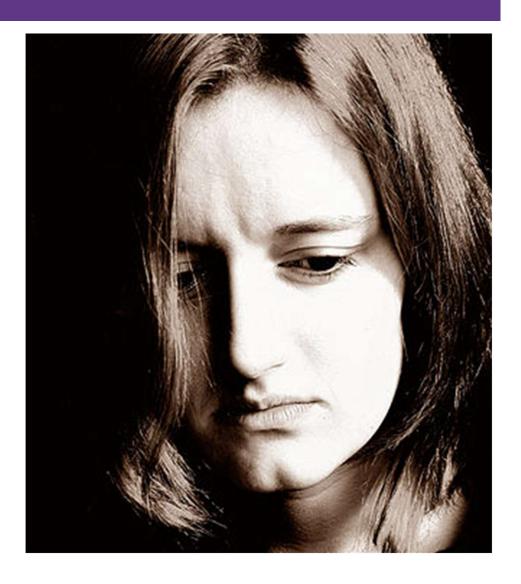


See Child Abuse and Neglect Resources for more resources about child abuse and neglect.

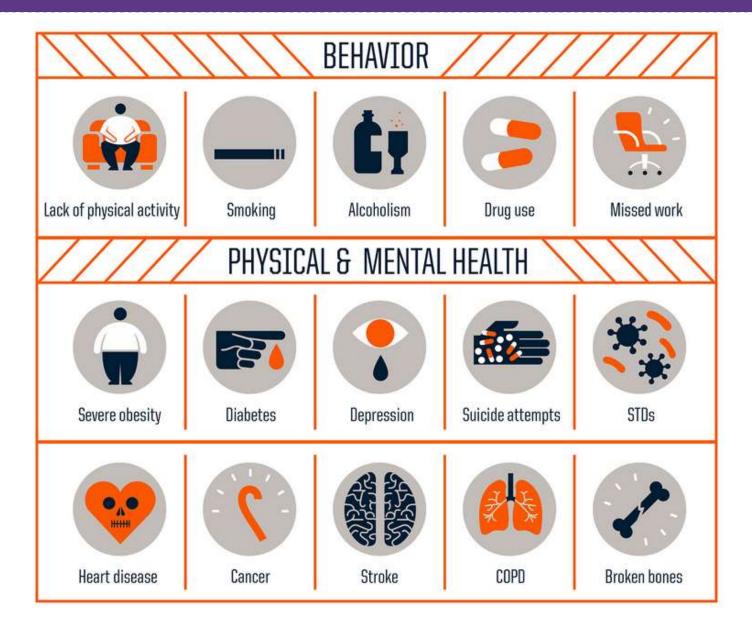
The impact of childhood trauma and Toxic Stress?

Leads to:

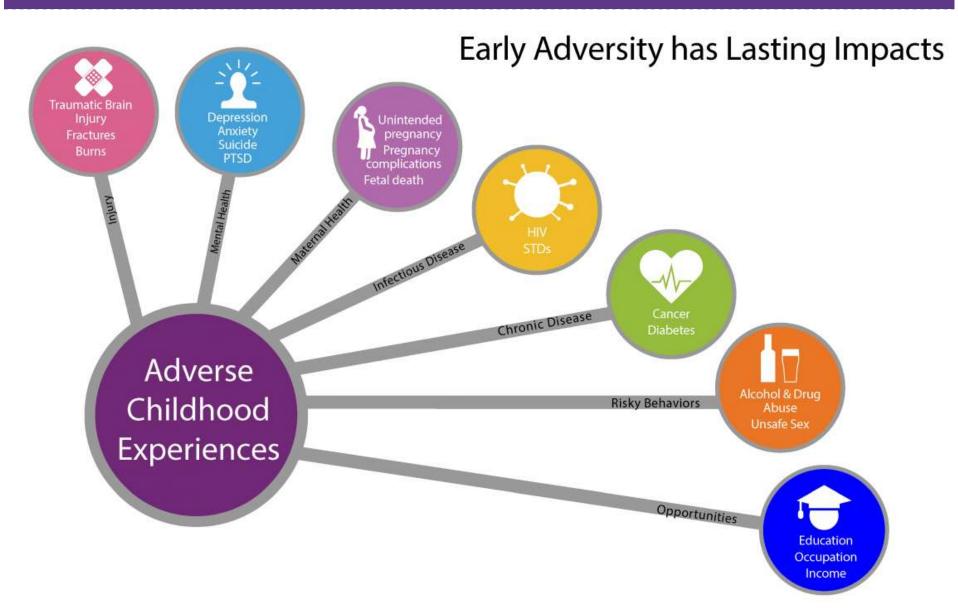
- Neuroendocrine dysregulation
- Altered immune response
- Disrupts DNA packaging
- Epigenetic tags can alter genetic makeup



Impact of Childhood Trauma on Adults



Early Adversity – Lasting Impact



Toxic Stress (ACEs) in Childhood

Three Types of Stress

Positive

Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses, buffered by supportive relationships.

Toxic

Prolonged activation of stress response systems in the absence of protective relationships.

As Adults

- Manifests as psychological issues (depression and anxiety)
- But also manifests
 as diseases like
 diabetes (regardless
 of lifestyle factors)

ACE increases risk for 9 out of 10 leading causes of death in US

Leading Cause of Death

Odds Ratio with ≥ 4 ACEs

Heart Disease

2.1

Stroke

2.0

Diabetes

1.4

Kidney Disease

▶ 1.7

Cancer

2.3

Alzheimer's

4.2

Suicide(attempts)

37.5

https://www.cdc.gov/vitalsigns/aces/index.html

It's Worth Preventing ACEs

Morbidity and Mortality Weekly Report

Early Release / Vol. 68

November 5, 2019

Preventing ACEs could reduce a large number of health conditions.



21 MILLION

CASES OF DEPRESSION



1.9 MILLION

CASES OF HEART DISEASE



UP TO

2.5 MILLION

CASES OF OVERWEIGHT/OBESITY

Poll Question

JR is 26 years old with newly diagnosed diabetes. JR keeps missing appointments and when you finally get a hold of them on the phone, they start crying and say "my life is a mess". JR is struggling with addiction periods of houselessness and extra weight in addition to diabetes. Based on this information, what is the most likely barrier to JR engaging in self-care?

- A. JR is struggling with depression
- B. Diabetes distress is at the core of the listed behaviors
- c. Grieving and denial of diabetes diagnosis
- D. Adverse Childhood experiences (ACEs)

Pediatric ACEs and Related Life-events – PEARLS for Peds

Pediatric ACEs and Related Life Events Screener

CHILD

Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.

The Pediatric ACEs and Related Life-events Screener (PEARLS) is used to screen children and adolescents ages 0-19 for ACEs

PEARLS in English

- Child (Parent-Caregiver Report) De-Identified (English)
- Child (Parent-Caregiver Report) Identified (English)
- Child (Parent-Caregiver Report) Part 1 De-Identified, Part 2 Identified (English)
- Teen (Parent-Caregiver Report) De-Identified (English)
- Teen (Parent-Caregiver Report) Identified (English)
- Teen (Parent-Caregiver Report) Part 1 De-Identified, Part 2 Identified (English)
- Teen (Self-Report) De-Identified (English)
- Teen (Self-Report) Identified (English)
- Teen (Self-Report) Part 1 De-Identified, Part 2 Identified (English)

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

- 1. Has your child ever lived with a parent/caregiver who went to jail/prison?
- Do you think your child ever felt unsupported, unloved and/or unprotected?
- Has your child ever lived with a parent/caregiver who had mental health issues? (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
- 4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
- 5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
- 6. Has your child ever lacked appropriate care by any caregiver? (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
- 7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
 - <u>Or</u> has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
- 8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
 - Or has any adult in the household ever hit your child so hard that your child had marks or was injured?
 - Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
- Has your child ever experienced sexual abuse? (for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
- 10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

PEARLS Part 1 – Directed to Caregiver

https://www.acesaware.org /learn-aboutscreening/screening-tools/

PEARLS Part 2

PART 2:

- Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
 (for example, targeted bullying, assault or other violent actions, war or terrorism)
- Has your child experienced discrimination? (for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
- Has your child ever had problems with housing? (for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
- 4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
- 5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
- 6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
- 7. Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:

The Act of Recognition is Healing



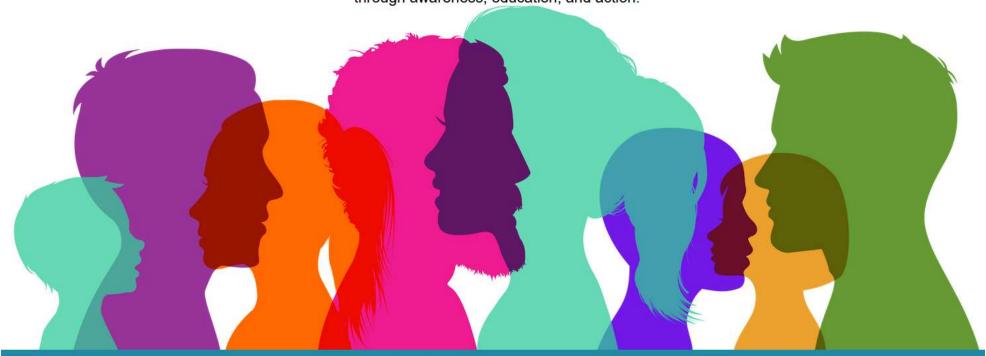
When we provide trauma informed care, we give voice to the unheard.

There is hope for healing.

We are part of breaking the cycle.

Awareness >> to Healing

Yet many people, parents, health professionals, and educators don't know about ACEs. This lack of knowledge leads to significant illness and unimaginable expense – much of which could be averted through awareness, education, and action.



https://aceresourcenetwork.com/
You can heal from ACEs.

ACEs have affected all of us in one way or another. ACEs are what happened to us. They are not who we are. They are part of our story and they shape it. If our well-being has been affected, change is possible and there is hope.

What can Diabetes Specialists do?

We can identify people who experienced toxic stress and take action.

Provide

Provide ACE screening tool as part of intake process.

Acknowl edge

Acknowledge Results.

Provide

Provide trauma informed care.

How to Ask questions about trauma



In addition to the stresses of daily life, sometimes people with diabetes might have experienced something particularly difficult or traumatic.



We also know that experiencing violence is very common in many people's lives.



I'm just wondering if there's anything like this you might want to talk about?

ACEs are Not Destiny

Diabetes Care
Specialists can help
interrupt
intergenerational
transmission of toxic
stress



With early detection and evidence-based intervention, we can transform health outcomes"

Nadine Burke Harris, MD 1st Surgeon General of California Pediatrician, Activist, Role Model

Supporting Resilience



The clinical response to identification of toxic stress should include:

- Applying principles of trauma-informed care, including establishing trust, safety, and collaborative decisionmaking.
- Supplementing usual care for ACE-Associated Health Conditions with patient education on toxic stress and discussing strategies that can help regulate the stress response, including:
 - Supportive relationships, including with caregivers (for children), other family members, and peers
 - · High-quality, sufficient sleep
 - · Balanced nutrition
 - Regular physical activity
 - Mindfulness and meditation
 - · Experiencing nature
 - Mental health care, including psychotherapy or psychiatric care, and substance use disorder treatment, when indicated



- 3. Validating existing strengths and protective factors.
- 4. Referrals to patient resources or interventions, such as educational materials, social workers, school agencies, care coordination or patient navigation, and community health workers.

Actions We Can Encourage That Help Buffer Toxic Stress Response



ACEs Aware Self-Care Tool for Adults

When a person has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less stress hormones than is healthy. This can lead to physical and/or mental health problems, such as diabetes, heart disease, anxiety, smoking, or unhealthy use of alcohol or other drugs. Safe, stable, and nurturing relationships can protect our brains and bodies from the harmful effects of stress and adversity. The following tips can help you manage your stress response. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help decrease stress hormones and improve health. Here are some goals you can set to support your health. [Check the goals that you are choosing for yourself!]

_	Healtr	y relationships. The set a goal of
		Spending more high-quality time together with loved ones, such as:
		☐ Having regular meals together
		Having regular "no electronics" time for us to talk and connect with each other
		Making time to see friends and create a healthy support system for myself
		Connecting regularly with members of my community to build social connections
		Asking for help if I feel physically or emotionally unsafe in my relationships
		The National Domestic Violence hotline is 800-799-SAFE (7233)
		☐ The National Sexual Assault hotline is 800-656-HOPE (4673)
		To reach a crisis text line, text HOME to 741-741
		Create your own goal:
٥	Exerci	se. I've set a goal of
		Limiting screen time to less than hours per day
		Walking at least 30 minutes every day
		Finding a type of exercise that I enjoy and doing it regularly
		Create your own goal:

Print and fill in or Type in the Goals

	Learning more about mental he	ealth and/or substance us	e services (e.g., counseling,
	groups, medications,)		
	Identifying a local mental healt	th professional or support	group.
	Scheduling an appointment wit	th a mental health profess	sional
	If I am feeling like I am in crisis,	, I will get help	
	☐ The National Suicide Pre	evention Lifeline is 800-27	3-TALK (8255)
	To reach a crisis text line	e, text HOME to 741-741	
	Create your own goal:		
	ather and that	st to bala varionals be been	11.1
tere are	some other goals that you can se	et to neip yourself be near	tnier.
Self-C	are. I've set a goal of		
		2	
		DHCS	www.ACEsAware.org
NIA L		DHCS	aces aware
RNIA		DHCS	•
	Limiting screen/social media tir	me to less than hours p	OCES OWORE SCREEN. TREAT, HEAL.
	Limiting screen/social media tir Making a plan for what to do w	me to less than hours p	OCES OWORE SCREEN. TREAT. HEAL.
		me to less than hours p	OCES OWORE SCREEN. TREAT. HEAL. Der day out, angry, or overwhelmed
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	Making a plan for what to do w Planning with my partner, frien Making regular appointments v	me to less than hours powhen I'm feeling stressed onds, or family to get suppowith my medical provider	OCES OWORE SCREEN. TREAT. HEAL. Der day Dut, angry, or overwhelmed ort when I need it (s), including for preventive
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Mental Health and Substance Use:

- The National Alliance on Mental Illness (NAMI): https://www.nami.org/help
 - 1-800-950-NAMI (6264); Crisis Text Line Text HOME to 741-741
- The Substance Abuse and Mental Health Services Administration Facilities Locator: https://findtreatment.samhsa.gov/locator

Mental Health Goals

Please visit ACEsAware.org for Free Training

HOME

CATALOG

MY ACCOUNT -

CONTACT US





LEARN MORE ABOUT THE ACES AWARE INITIATIVE

ACEs Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services. California is leading the way in training and reimbursing Medi-Cal providers for ACEs screenings to significantly improve health and well-being across our communities. Learn more here: http://www.ACEsAware.org.

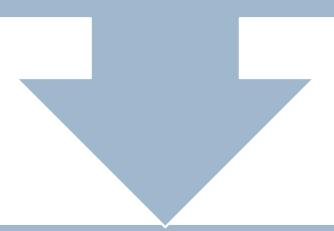
MY COURSES

You are not enrolled in any courses at this time.

Breath Break



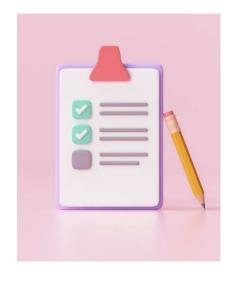
Diabetes distress (also known as "diabetes-specific distress" or "diabetes-related distress") is the emotional response to living with diabetes, the burden of relentless, daily self-management, and (the prospect of) its long-term complications.



The ADA created a wonderful resource, the ADA Behavioral Health Toolkit, which houses diabetes distress and other screening tools for easy reference.

Address and Assess for Diabetes Distress

- Emotional Burden
- PractitionerDistress
- Regimen Distress
- Interpersonal Distress



Diabetes Distress – Assess Annually

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Type 1 Diabetes Distress Scale (T1-DDS)

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Instructions: Living with type 1 diabetes can be tough. Listed below are a variety of distressing things that many people with type 1 diabetes experience. Thinking back over the past month, please indicate the degree to which each of the following may have been a problem for you by circling the appropriate number. For example, if you feel that a particular item was not a problem for you over the past month, you would circle 1. If it was very tough for you over the past month, you might circle 6.

		Not a problem		Moderate	Somewhat serious problem	Serious problem	Very serious problem
1	Feeling that I am not as skilled at managing diabetes as I should be.	□ 1	□ 2	□ 3	4	□ 5	□ 6
2	Feeling that I don't eat as carefully as I probably should.	□ 1	2	□3	4	□ 5	□ 6
3	Feeling that I don't notice the warning signs of hypoglycemia as well as I used to.	□ 1	2	□ 3	4	□ 5	□ 6
4	Feeling that people treat me differently when they find out I have diabetes.	□ 1	2	□ 3	4	<u> </u>	□ 6
5	Feeling discouraged when I see high blood glucose numbers that I can't explain.	□ 1	<u> </u>	□ 3	4	<u> </u>	□ 6
6	Feeling that my family and friends make a bigger deal out of diabetes than they should.	□ 1	<u> </u>	□ 3	4	5	□ 6
7	Feeling that I can't tell my diabetes doctor what is really on my mind.	□ 1	<u> </u>	□ 3	4	<u> </u>	□ 6
8	Feeling that I am not taking as much insulin as I should.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6
9	Feeling that there is too much diabetes equipment and stuff I must always have with me.	□1	□ 2	□ 3	□ 4	□ 5	□ 6
10	Feeling like I have to hide my diabetes from other people.	□ 1	□ 2	□ 3	4	□ 5	□ 6
11	Feeling that my friends and family worry more about hypoglycemia than I want them to.	□1	□ 2	□3	□ 4	□ 5	□6
12	Feeling that I don't check my blood glucose level as often as I probably should.	□ 1	□ 2	□3	□ 4	□ 5	□ 6
13	Feeling worried that I will develop serious long-term complications, no matter how hard I try.	□ 1	□ 2	□3	4	□ 5	□ 6
14	Feeling that I don't get help I really need from my diabetes doctor about managing diabetes.	□ 1	□ 2	□3	4	□ 5	□ 6
15	Feeling frightened that I could have a serious hypoglycemic event when I'm asleep.	□ 1	□ 2	□3	4	□ 5	□ 6
16	Feeling that thoughts about food and eating control my life.	□ 1	2	□ 3	4	5	□ 6
17	Feeling that my friends or family treat me as if I were more fragile or sick than I really am.	□ 1	□ 2	□ 3	4	□ 5	□ 6
18	Feeling that my diabetes doctor doesn't really understand what it's like to have diabetes.	□ 1	□ 2	□3	□ 4	□ 5	□ 6
19	Feeling concerned that diabetes may make me less attractive to employers.	□1	<u> </u>	□3	□ 4	<u> </u>	□ 6
20	Feeling that my friends or family act like "diabetes police" (bother me too much).	□ 1	2	□3	4	5	□ 6



ve Health Ou

www.behavioraldiabetes.org

https://professional.diabetes.org /sites/default/files/media/ada m ental health toolkit questionnai res.pdf.

Having the Conversation

- Elicit diabetes story
- Listening for the major diabetes distress themes
- Communication Approaches
 - Open ended questions (O) -What, How, Why
 - Reflect feelings words (R) Sad, upset, worried, hopeful, angry, happy, scared etc.
 - Summarize (S) So what your saying is...
 Did I get that right?
 - Normalize (N) A lot of people with diabetes feel that same way.
 - Active listening with empathy (E) I hear you.
 That sounds really tough

Used with permission from ReVive 5 Program; Larry Fisher, PhD & Susan Guzman, PhD

Embark Trial – Emotions as Priority

I have finally given myself permission to make addressing the emotional aspects of diabetes a priority.

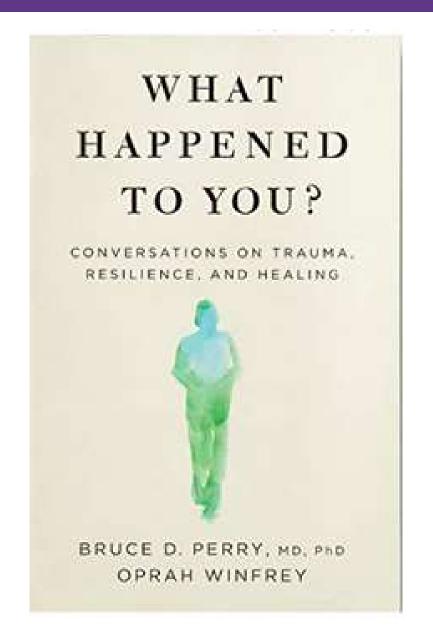
~Coach Beverly

Quotes from "What Happened to You?"

The lesson is that no matter what has happened, you get a chance to rewrite the script.

(You are not your number.)

- I wouldn't be who I am without my trauma, so I own it.
- I use my trauma in service to others - empathy, compassion and forgiveness.

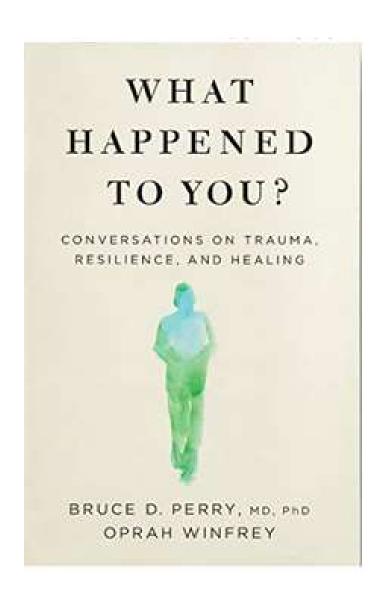


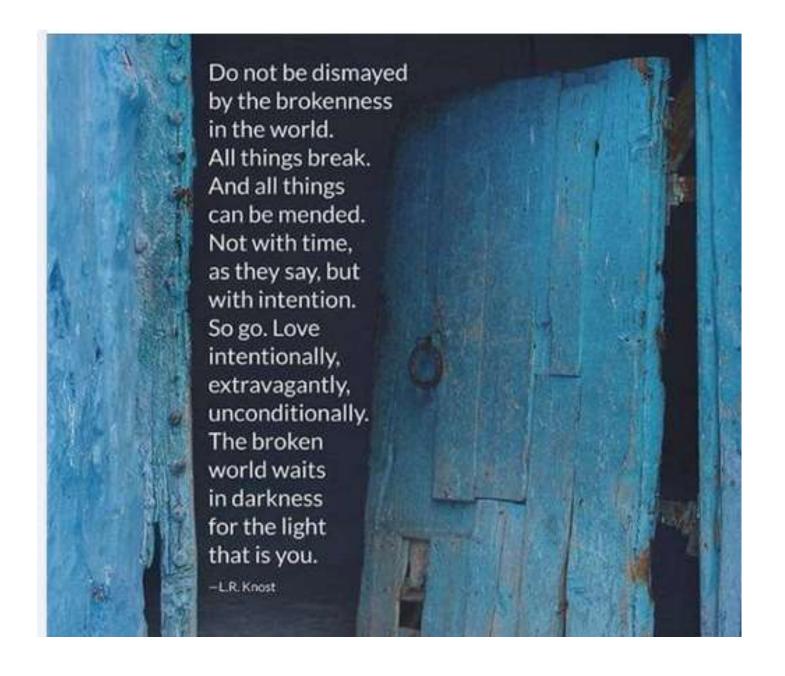
Quotes from "What Happened to You?"

Trauma and adversity, in a way, are gifts.

All of us who have been broken and scarred by trauma have the chance to turn those experiences into post-traumatic wisdom.

Forgive yourself, forgive them. Step out of your history and into the path of your future.





Being Trauma Aware Saves Lives



I finally feel like someone actually cares what happened to me and is providing me with help and support!

Thank You



- Questions? We are here to help!
- Email info@diabetesed.net
- ▶ Call 530/ 893-8635
- www.diabetesed.net