Welcome to CDE Exam Boot Camp 8

2019

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President, Diabetes Education Services
Healthy Coping and Behavior Change Objectives

- Discuss the chronic care model
- Describe coping and patient assessment
- List psychosocial, emotional and life barriers to diabetes self-care
- Discuss strategies to assist patients with individualized coping skills
- Describe behavior change models and approaches
Providing Diabetes Care

- Setting up successful delivery systems
- Assessing the unique needs of each individual
- Supporting diabetes self-care
Change the Care System – Focus on Quality of Care delivered

- Optimal diabetes management requires:
  - organized, systematic approach
  - involvement of a coordinated team of dedicated health care professionals,
  - working in an environment where patient centered high quality care is a priority.
Diabetes Care Concepts - Tenants

- Keep it person centered
  - Consider the individual
  - Customize standard goals based on assessment

- Diabetes Across the lifespan
  - We are getting diabetes earlier and living longer
  - Promote coordinated care across lifespan

- Advocacy
  - Active support and engagement
  - Address social determinants and underlying causes of health disparities. Let your voice be heard.
How to Improve Chronic Care Model

- Optimize Provider and Team Behavior
  - Appropriate and timely intensification of lifestyle if BG not at target
  - Explicit goal setting
  - Use evidence based guidelines and clinical information tools
  - Incorporate care management teams:
    - Pharmacists, nurses and other providers to improve outcomes
- Address literacy and cultural barriers
Patient-Centered Medical Home (PCMH)

- Care delivery model whereby patient treatment is coordinated through their primary care MD to ensure they receive the necessary care when and where they need it, in a manner they can understand.

- Centralized setting that facilitates partnerships between pts, their personal physicians, family.

Care is facilitated by registries, info technology, health information exchange etc. to assure pts get indicated care in a culturally and linguistically appropriate manner.
Assess Literacy

- **Numeral**
  - 130 could look same as 310, 013

- **Health**
  - Not sure how to use the health system
  - Prescriptions, appointments, insurance coverage

- **Functional**
  - Ability to use reading, writing and computation at levels adequate to everyday situations (checkbooks, signs, etc)
Reading: Go direct!

- Is this blood sugar in target?
- If your blood sugar is xxx, what would you do?
- Can you read this back to me?
- Return Demo (please draw it up)
Poll question 1

Which of the following strategies are best used when someone has low literacy skills?

A. speak slowly and clearly
B. underline key points on educational materials
C. direct the teaching to the support person and encourage reinforcement.
D. be concrete and focus on problem solving
Teaching Approaches: Low Literacy

- Be Concrete
- Word usage (be sensitive!)
- Identify 1-2 messages
- Be patient, use teaching aids
- Small group - problem solving
- Tech level - video, computer, printed info, “apps”
- Engage support people
When to Assess?

- At initial visit
- At periodic intervals
- Change in disease, treatment or life circumstances.

“Have there been changes in your mood during since our last visit?”

- Feeling overwhelmed, stressed by diabetes or other life stressors
What to Assess?

- Performance of self-management behaviors
- Psychosocial factors impacting self-management.
- Life circumstances
- If find issue, try to address at visit.
  - If can’t, schedule follow-up or refer to qualified behavioral health provider
Assessment Factors

- Developmental age and stage
- Finances
- Environment (transportation, location, safety)
Assess: Learning Style:

- **Method:** read, listen, discuss
  - **Sensors:** problem solving: demo.
  - **Feelers:** listening, discussion
  - **Thinkers:** Facts...lecture
Poll Question 2

Which phrase represents the principles for communicating with and about people living with diabetes.

A. Your BMI indicates you’re obese
B. Your fasting blood sugar is above normal
C. You should try and exercise 150 minutes a week.
D. You are checking your blood sugar daily.
Language of Diabetes Education

Old Way
- Control diabetes
- Test BG
- Patient
- Normal BG
- Non-adherent, compliant

New Way
- Manage
- Check
- Participant
- BG in target range
- Focus on what they are accomplishing

What we say matters
Move away from term “Non-Compliance”

- People with diabetes are asked to take active role in directing the day-to-day planning, monitoring, evaluation and problem-solving.
- Non-compliance denotes a passive, obedient role or “following doctor’s orders” without any input
- Need to eval perceptions about their own ability and self-efficacy to manage diabetes
What we say matters.

As educators, advocates, spouses, friends, and providers, our use of language can deeply affect the self-view of people living with diabetes everyday.

The language used in the health care setting is immensely important in determining the success of the interaction and long term relationships.

*Thoughtful communication provides a sense of support and empathy and moves both provider and person with diabetes toward greater satisfaction and success.*

Based on powerful research, there is growing movement within diabetes education and beyond, to rethink the words we use and the approaches we take when providing counsel to people with diabetes.

Let’s lift people up by choosing language that is non-judgmental and person centered.

*Enjoy our free Language and Diabetes FREE Mini-Webinar* to learn more and take your communication to the next level!
Look Beyond – What impacts DSM

- Improving diabetes treatment outcomes requires looking at multiple factors:
  - Patient behaviors
  - Adequacy of medical management
  - Duration of diabetes
  - Weight gain / weight loss
  - Other health related problems
  - Social structural factors (poverty, insurance, living situation)
  - ACE – Adverse Childhood Experiences
When Treatment Goals aren’t met

- Reassess treatment regimen and barriers
  - Competing demands including those related to family responsibilities and dynamics
  - Literacy
  - Diabetes related distress or depression
  - Poverty
  - Culturally appropriate education?
  - Referral to social worker for assistance with insurance coverage
  - Medication taking behavior and regimen
  - Other?
Assess Emotional Health

- Assess- first meeting and regularly.
  - Use instruments and open ended questions;
  - ASK! Consider Diabetes Distress vs depression.

- Encourage Optimism and Resilience:
  - Hardiness and humor, resources, self confidence!

- Develop network of specialists to help YOU for your own self balance and care!
Psychosocial Assessment

- Include assessment of the person’s psychological and social situation as part of the ongoing medical management of diabetes

- Psychosocial screening may include:
  - Attitudes about diabetes
  - Expectations of medical management and outcomes
  - Affect/mood and quality of life
  - Available resources (financial, social, emotional)
  - Psychiatric history
Assessment Factors:

Stress response and coping strategies are based on:

- Health beliefs
- Perceptions
- Cultural traditions, family system.
- Social, religious and employment influences
- Personal factors: attitudes, cognitive factors, literacy, learning styles
- Psychosocial factors
Assess: Capabilities/limits

- **Physical:**
  - Visual/ hearing/ psycho-motor, meter, group environment, injection
- **Substance Abuse**
  - Alcohol, tobacco, illicit drugs
- **Support System, who, when, where...**
Types of Social Support
(virtual or live)

- **Emotional support**
  - Caring, empathy, love, trust----most important (perceived)

- **Informational support**
  - provided during time of stress-problem solving, chat, blog, apps

- **Instrumental support**
  - goods/services---“help” / Apps

- **Affirmational support**
  - affirming acts or statements
Mental health – Build a Foundation

- Although the educator might not feel qualified to treat psychological problems, optimizing the patient/educator relationship as a foundation to increase likelihood of acceptance.
Consider Referral to Mental Health Provider for Evaluation and Treatment

- Diabetes distress even after tailored education
- Screens positive for depression, anxiety, FoH*
- Disordered eating or disrupted eating patterns
- Not taking insulin/meds to lose weight
- Serious mental illness is suspected
- Youth with repeated hospitalizations, distress
- Cognitive impairment or impairment of DSME
- Before bariatric/metabolic surgery

*FoH – Fear of Hypoglycemia
Diabetes Educator Role

- Assess – see standardized eval tools
- Determine if help is needed
- Have a list of mental health providers
- Resource list of phone helplines
- Help individual problem solve to get access
- If individual cannot act on behalf of themselves, help identify a support person
Routine Mental Health Screening

- Depression – affects 20-25% of DM
  - Increases risk of MI and mortality
  - High priority to screen and treat for those over 65
  - Provide a collaborative care approach to treat depression
  - Diabetes related distress (18-45% of pts)

- Anxiety

- Eating disorders

- Cognitive impairment
Poll Question 3

Which of the following statements by a PWD reflects they are depressed?

A. I used to love gardening, now I don’t even care if my garden is overrun by weeds.
B. Yes, I feel sad that I have diabetes.
C. Some mornings, it’s just hard to check my blood sugars.
D. I am so tired of everyone telling me how to eat!
Depression

- Characterized by depressed mood
- Loss of interest in activities usually found pleasurable
- Difficulty concentrating, sleeping, changes in appetite
- Difficulty in following through with self care behaviors
Depression Assessment

**Depression:**
- Over the last 2 weeks, have you felt down, depressed or hopeless?
- Over the last 2 weeks, have you felt little pleasure in doing things?

**Depression**
- Pt. Health Questionnaire (PHQ-9) in resources page
- Beck Depression Inventory (BDI)
- Symptom Checklist (SCL-90)

**Referral to Mental Health:**
- Refer to therapy *(list ready!)*
- Pharmacologic TX
  Anti-depressants: (2-8 weeks to work)
Anxiety – Exaggerated response to normal fears

- Anxiety
  - Symptoms - (must have 5 for over 6mo’s)
    - restlessness,
    - keyed-up or on-edge
    - easily fatigued
    - difficulty concentrating or mind going blank
    - irritability
    - muscle tension
    - sleep disturbances

Diabetes causes fear –
  - Hypoglycemia
  - Complications
  - Living with chronic condition

Impact of Anxiety
  - 1. Counterreg hormones
  - 2. Self-care behavior diminishes
Cognitive Impairment

People with diabetes more like to have:

- Dementia (associated with hyperglycemia and other causes)
- Alzheimer's

Treatment:

- Refer to specialist for assessment
- Achieve optimal BG control
- Pharmacist to evaluate drug safety and potential drug interactions
- Keep physically active
Poll Question 4

A 47 year old enters your office and says, “the doctor made me come here. I don’t know why, I just have borderline diabetes”. The pt’s A1c is 8.7%. What is the most appropriate response?

A. Based on your A1c level, it looks like you have diabetes.
B. We don’t use the term “borderline diabetes anymore
C. Let’s just start with carb counting.
D. I sense you might be feeling frustrated?
<table>
<thead>
<tr>
<th>Adaptation to the Emotional Stress of Chronic Disease</th>
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<tr>
<td>(Kubler-Ross, Rubin RR, WHPolonsky)</td>
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</table>

| Denial        | Don’t agree, but listen  |
|              | Acknowledge              |
|              | Survival Skills only!    |

| Anger         | Indicates: Awareness,   |
|              | Learning Begins         |
|              | Be clear, concise instructs |
|              | No long WHY answers     |

| Bargaining    | ID’s w/ others          |
|              | Group classes good      |
|              | Ed: “what” pt. wants to know |

| Depression & Frustration | Realize permanency of DSC Tx |
|                         | Psycho-social support referral |
|                         | Emphasize + change made     |

| Accept & Adapt         | Sense of responsibility for Self-care; |
Diabetes Related Emotional Distress = DRED

- DRED - unique emotional issues directly related to the burdens and worries of living with a chronic disease. (embarrassed, guilty)
  - More than worry: can overlap with depression, anxiety and stress.
  - Normal-to some extent
  - Associated with stress of living with diabetes
  - Express high levels stress and depressive symptoms; but not clinical depression
  - Not rare: linked to poor health outcomes
Yields a total Diabetes Distress Scale score plus 4 sub scores:

- Emotional burden
- Physician related Distress
- Regimen related Distress
- Interpersonal Distress

Begin a conversation with any item rated 3 or more – See Distress Scale in your resources page

- 44.5% of patients reported diabetes distress
- Only 24% of providers asked pts how diabetes affected their life (DAWN Study)
1. Feeling that diabetes is taking up too much of my mental and physical energy every day.

2. Feeling that my doctor doesn't know enough about diabetes and diabetes care/ doesn't give me clear enough directions.

3. Feeling angry, scared, and/or depressed ... think about living with diabetes

4. Feeling that I am not testing my blood sugars frequently enough.

5. Feeling that I am often failing with my diabetes routine.

6. Feeling that friends or family are not supportive enough of self-care efforts (planning activities that ..., encourage me to eat the "wrong" foods).


8. Not feeling motivated to keep up my diabetes self management.

DDS (17) Scoring
Poll question 5

- You assess that a person with newly diagnosed LADA is struggling with diabetes distress. What is an appropriate intervention?
  - A. Encourage them to ask their provider about starting antidepressants.
  - B. Set a SMART goal that is very challenging to help move them forward.
  - C. Support them in making a small goal
  - D. Remind them that alcohol is actually a depressant
Strategies to handle DRED:

- **People w/ DM**
  - 1 thing at a time
  - Take it slowly
  - Speak up to:
    - Family, PCP,
    - People that understand.

- **Set Appropriate Goals!!!**
  - Small, discreet

- **HCProviders (you!)**
  - Handle 1 thing at a time
  - Take it slowly
  - Set Appropriate Goals.
    - Small, discreet
  - Be mindful, mundane, careful about the goal set- do not rush
  - Paired testing before/after (more tangible)
Emotional Well Being

- Important part of diabetes care and self-management
- Psychological and Social Problems can impair the ability to self-care and lead to poor health
Learning and Behavior Change
Poll Question 6

Which of the following is a SMART Goal?

a. I will lose 5% of my body weight
b. I will eat less sugary foods throughout the week
c. I will monitor my blood sugar on a regular basis
d. I will eat one less bag of chips every day for 1 week.
SMART Goals

GOAL SETTING
- SPECIFIC
- MEASURABLE
- ATTAINABLE
- RELEVANT
- TIME-BOUND
AADE 7 Self Care Behaviors

Immediate
- Learning
  - Knowledge
  - Skills
  - Barriers

Intermediate
- Behavior Change
  - AADE7 Self-Care Behaviors™ Core
    - Outcome Measures:
      - Being active
      - Healthy eating
      - Taking medication
      - Monitoring
      - Problem solving
      - Reducing risks
      - Healthy coping

Post-intermediate
- Clinical Improvement
  - A1C
  - Lipids
  - Blood pressure
  - Body mass index

Long Term
- Improved Health Status
  - Perceived health status
  - Quality of life
  - Healthcare costs

Process outcomes: program reach, participation, patient satisfaction, referral patterns, topics counseled on, eye or foot exam rates, and cost-effectiveness
Poll Question 7

- Mary has had diabetes for over 35 years and tells you she knows everything about diabetes. But her doctor insisted she come see you for to check in with her diabetes. What approach recognizes Adult Learning Theory? A1c is 7.3.
  - A. Share with me how you have been managing your diabetes to achieve an A1c of 7.3%.
  - B. Can I please see your log book?
  - C. Please demonstrate how you use your meter
  - D. Are you meeting your targets 80% of the time?
Adult Learners

- Self-directed must *feel need* to learn
- *Problem oriented* rather than subject oriented
- Learn better when *own experience* is used
- Prefer *active participation*
Facilitating Self-Care - Specific Skills Training

- Most effective education includes:
  - demo of skills
  - practice
  - direct practical feedback for efforts

- Didactic: less effective
  - Provides knowledge without skill

- Talk Less – Encourage Patient to Participate More

- *Make the Behavior Real* for that patient
Effective Diabetes Self-Management: requires behavior change

- Barriers to behavior change
  - Income
  - Health literacy
  - Poverty
  - Health insurance
  - Competing demands – family, work, other obligations
  - Diabetes Denial
  - Diabetes Distress or Depression
  - Lack of knowledge
Overcoming barriers

- Identify barriers and help with problem solving
- Offer patients evidence based hope message
- Frequent contact – phone, support group, letter, etc.
- Paired glucose testing
  
  (Seeing is believing)

- Ask pt, “Tell me 1 thing that is driving you crazy about your diabetes
- Discuss medication beliefs, ask ask ask!
- To improve outcomes, see pts more often

Bill Polonsky, PhD, CDE
“Mindfulness-based Interventions”

- Avoid compliance model
- Focus on empowerment and acceptance
- Mindfulness
  - “Pay attention-on purpose “
  - Non-judgmental
  - In-the-present
  - Better chance to be present to life and become less reactive to the tides of distraction.
- Really HEAR your clients!
Poll Question 8

Joe is deciding whether or not to start on insulin. His A1c is 9.8%. His mom had diabetes and severe complications due to chronic hyperglycemia. What would best describe application of the Health Belief Model in this situation?

A. His level of readiness.
B. He is more likely to start insulin if someone he knows is on insulin.
C. If he feels empowered to inject insulin.
D. The benefit and cost associated with insulin.
1. Health Belief Model – Cost vs Benefit

- Individuals perceived risk and seriousness of illness determines the likelihood of adopting preventive behaviors.
- The more perceived risk, the more likely to take make necessary changes.
- **Influencing factors:**
  - Level of personal vulnerability about developing illness
  - How serious person believes the illness is
  - Efficacy of behavior in preventing or minimizing consequences of illness
  - Costs or deterrents associated with making changes
2. Social Cognitive Theory

- Pts learn from own AND observing “others” behaviors and consequences.
- Health behavior is a constantly changing and evolving interaction between their environment.
  - Environment
  - Behavioral capability
  - Expectations
  - Observational Learning
  - Reinforcement, Self-efficacy
Poll Question 9

Which of the following statements by the educator best reflects using the empowerment approach?

A. We are here to motivate you to get your A1c to target.
B. A motivated patient will always be able to achieve an A1c less than 7%.
C. What motivates you to improve your A1c?
D. If you follow our suggestions, you will achieve your goals.
3. Empowerment Defined

- “Helping pt’s discover and develop their inherent capacity to be responsible for their own lives and gain mastery over their diabetes”.

- Posits:
  - Choices made by pts (not HCPs) have greatest impact.
  - Pts are in control of their self-management
  - The consequences of self-management decisions affect pts most. It is their right and responsibility to be the primary decision makers.
Traditional vs Empowerment Based

Table 3.5 Comparison of Traditional and Empowerment-Based DSME and DSMS

<table>
<thead>
<tr>
<th>Traditional DSME and DSMS</th>
<th>Empowerment-Based DSME and DSMS</th>
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<tbody>
<tr>
<td>Diabetes is a physical illness.</td>
<td>Diabetes is a biopsychosocial illness.</td>
</tr>
<tr>
<td>Professional is viewed as teacher and problem solver, and</td>
<td>Patient is viewed as problem solver and self-manager:</td>
</tr>
<tr>
<td>responsible for outcomes.</td>
<td>professional acts as a resource and shares responsibility for</td>
</tr>
<tr>
<td></td>
<td>outcomes.</td>
</tr>
<tr>
<td>Learning needs are usually identified by professional</td>
<td>Problems and learning needs are identified by patient.</td>
</tr>
<tr>
<td>Education is curriculum-driven.</td>
<td>Education is patient-centered and consistent with adult learning</td>
</tr>
<tr>
<td></td>
<td>principals.</td>
</tr>
<tr>
<td>Education is primarily didactic.</td>
<td>Patient experiences are used as learning opportunities for</td>
</tr>
<tr>
<td></td>
<td>problem solving and serve as the core for the curriculum.</td>
</tr>
<tr>
<td>Emotional issues are a separate component of the curriculum.</td>
<td>Emotional issues are integrated with clinical content.</td>
</tr>
<tr>
<td>Behavioral strategies are used to increase compliance with</td>
<td>Behavioral strategies are integrated with clinical content and</td>
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<tr>
<td>recommended treatment.</td>
<td>taught to patients to help them change behaviors of their</td>
</tr>
<tr>
<td></td>
<td>choosing.</td>
</tr>
<tr>
<td>Goal of education is compliance/adherence with recommendations.</td>
<td>Goal is to enable patients to make informed choices.</td>
</tr>
<tr>
<td>A lack of goal attainment is viewed as a failure by both the</td>
<td>A lack of goal attainment is viewed as feedback and used to</td>
</tr>
<tr>
<td>patient and the educator.</td>
<td>modify goals and action plans.</td>
</tr>
<tr>
<td>Behavior changes are externally motivated.</td>
<td>Behavior changes are internally motivated.</td>
</tr>
<tr>
<td>Patients is relatively powerless, professional is powerful.</td>
<td>Patient and professional are equally powerful.</td>
</tr>
</tbody>
</table>


This philosophy is important to know for the exam
Empowerment Based, Self-Directed Behavior Change Protocol

- Define problem
  - What part of living with diabetes is most difficult or unsatisfying for you?

- Identify feelings
  - How does the situation make you feel?

- Identify long term-goal
  - How would this situation have to change for you to feel better about it?
  - What barriers will you face?
  - How important is it for you to address this issue?
  - What are the costs and benefits of addressing or not addressing this problem?
Empowerment Based, Self-Directed Behavior Change Protocol

- Identify short-term behavior change experiment
  - What are some steps that you could take to bring you closer to where you want to be?
  - Is there one thing that you will do when you leave to improve things for yourself?

- Implement and evaluate plan
  - How did the plan we discussed at your last visit work out?
  - What did you learn?
  - What would you do differently next time?
  - What will you do when you leave here today?
Poll Question 10

- A patient tells you that they have been thinking about starting an exercise program. Using the trans theoretical model, what stage of change are they in?
  A. Precontemplation
  B. Contemplation
  C. Preparation
  D. Action
  E. Maintenance
Transtheoretical Theory

“Readiness” Level determines the approach!

- Patients pass through similar stages as they prepare for change (eating better, decreasing drinking)

- Simplified version of the Stages of Change:
  - Not ready - no intentions.
  - Unsure: Ambivalent
  - Ready: Committed, just needs to know HOW!
4. Transtheoretical Model

Stages of Change (Behavior Change Process)

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Termination (relapse, recycle)
Readiness determines Approach

Precontemplation:
- NOPE!
- Raise doubt
- Re: status quo.
- Info?

Contemplation:
- Maybe
- Explore + resolve abivalence.
- + Gains?

Preparation:
- OK! I want to!
- Committed to change just needs to know how!

Action/Maint:
- I’m Doing it x6m
- Who-What-Where
- Praise-Support Plan?

Relapse
- Stuck
- Support-plan-reframe??

[Diabetes Education Services]
Gauge it!

Get an idea of:
~how they feel about the problem,
~their desire to change...
~would help them succeed...
~their confidence...
~what would hold them back...

Low

1-----2-----3-----4-----5

High
Yellow= Ambivalence-concentrate energy here!
Explore Ambivalence

- Ask questions to help the pt. see pros and cons of the issue
  - Why keep things the same? (disadvantages)
  - Why change things? (advantages)
  - {Where does this (your decision) leave you}

- Summarizing Ambivalence:
  - Begin with reasons for maintaining the status quo,
  - give options,
  - end with positive reasons for making a change.
Breaking barriers with Better Approaches~

1. **Have a conversation about their Diabetes Distress, what’s really bothering them...**

2. **Set Appropriate Goals with the Patient!!!**
   
   Small, discreet, WRITTEN.

3. **Be mindful,**
   - hear the “mundane”-but important,
   - Be careful about the goal set- do not rush to the “dramatic goal”.
   - Use your expertise to guide in the right direction
   - Be aware of where you are meeting- giving “more” than the patient?
Recycle/ relapse (being stuck) is part of the cycle!

- Realistic...
- Acceptable...
- To be expected...

- To be prepared for... and talked about... “a contingency plan”.

- Surmountable (with preparation!)
- Reframe (+resources)
Support Self-Confidence

- Support positive expectations for change...
  - emphasize personal responsibility,
  - instill confidence and hope,
  - increase sense of ability to cope.

"From what you’ve told me about your past successes...it really seems like you can do this!"
Encourage Optimism and Resilience:

- Hardiness and humor, resources, self confidence!
- Develop network of specialists to help YOU for your own self balance and care!
- Action Pack for Happiness
GREAT DREAM
Ten keys to happier living

Action for Happiness has developed the 10 Keys to Happier Living based on a review of the latest scientific research relating to happiness.

Everyone's path to happiness is different, but the research suggests these ten things consistently tend to have a positive impact on people's overall happiness and well-being.

The first five relate to how we interact with the outside world in our daily activities. The second five come more from inside us and depend on our attitude to life.

**GIVING**
- Do things for others

**RELATING**
- Connect with people

**EXERCISING**
- Take care of your body

**APPRECIATING**
- Notice the world around

**TRYING OUT**
- Keep learning new things

**DIRECTION**
- Have goals to look forward to

**RESILIENCE**
- Find ways to bounce back

**EMOTION**
- Take a positive approach

**ACCEPTANCE**
- Be comfortable with who you are

**MEANING**
- Be part of something bigger

HAPPINESS is not something ready made. It comes from your own actions. ~ Dalai Lama

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel.” ~ Maya Angelou

Actionforhappiness.org
Thank You

- Questions?
- Email bev@diabetesed.net
- Web
  www.diabeteseduniversity.net