

What Are You Doing To Stop Diabetes?

ADA's new call to action, Stop Diabetes, is up and running. Join the thousands of people who are already **sharing** information about staying healthy, **acting** to wipe out diabetes, **learning** about the disease, and **giving** to the cause.

→ **Send a letter** to your senator or member of Congress in support of the Special Diabetes Program by visiting diabetes.org/how-to-give/action.



American Diabetes Association.

asked if he was “too nice” to win.) But his drive and unique style would win over the judges. The final round called on Michaels and his rival candidate, actress Holly Robinson Peete, to develop new teas and an accompanying marketing plan for the bottled drink—brand Snapple. Michaels named his drink Diet Trop-A-Rocka (he chose an artificially sweetened drink because he avoids sugared sodas as part of his diabetes management). It’s a blend of green and black teas with pear, cinnamon, and mango flavors. ADA gets its logo on the label; in addition, the association will receive half of the funds raised through NBC’s online auction of this season’s *Apprentice* memorabilia, as well as money from the sales of bandannas created by Michaels in collaboration with the association.

Visit diabetes.org/bretmichaels for more information.

Michaels spoke often during the show of his desire to help children with diabetes. He’s a big supporter of ADA Diabetes Camps, and the *Apprentice* finale showed tape of him bringing kids with diabetes to his concert in Ardmore, Okla., where they got to come up onstage for a sound check. “[I wanted to] show them that they could come out of this great, that they can live a great, strong, happy life,” he explained.

In May, Michaels began receiving outpatient treatment for the hole in his heart, which his doctor called “operable and treatable.” Meanwhile, his new solo album, *Custom Built*, is due out this summer. The spring may have been rocky, but Michaels is now on a roll. ▲

Renewed Dedication

advocacy

TYPE 1 RESEARCH AND NATIVE AMERICAN PROGRAMS MAY GET NEW FEDERAL FUNDS

» **Two groups stand** to gain—or lose—a great deal from one piece of legislation now before Congress: people with type 1 diabetes and Native Americans with type 1 or type 2. Under the bill, research into type 1 and programs to prevent and treat type 2 diabetes in Native Americans (nearly 17 percent of whom have diabetes, the highest of any U.S. racial or ethnic group) would each receive \$1 billion in federal funding over five years, starting in 2011.

The American Diabetes Association is backing the bill, which would reauthorize two programs that went into effect in 1998 and expire in September 2011, plus boost funding for each by \$50 million a year over present levels. They are the Special Diabetes Program for Type 1 Diabetes (SDP-Type 1) and the Special Diabetes Program for Indians (SDPI). Following is a look at the kind of work supported by the two programs.



TrialNet and Type 1 Diabetes

Mariah Hake, 17, of Powell, Ohio, discovered the benefits of type 1 research firsthand when she took part in a trial of a medication called rituximab, which is approved for treating lymphoma but not for diabetes. Hake began the study three months after being diagnosed with type 1 at age 14. Over three years, she and her parents drove the three hours from Powell to Indiana University's James Whitcomb Riley Hospital for Children in Indianapolis about eight times.

The trial Hake participated in, the TrialNet Rituximab Study, aims to find out if rituximab can prevent further destruction of the pancreas's insulin-producing beta cells in patients recently diagnosed with type 1, says Henry Rodriguez, MD, director of the Indianapolis branch of the study. Scientists theorize that rituximab's ability to slow down the immune system's response in illnesses like lymphoma might mean that it could help in type 1 treatment, too.

Studies like this one have big implications for treating and maybe even preventing type 1, says Rodriguez, who is a pediatric endocrinologist, director of the Pediatric Diabetes Clinical Program at Riley Hospital, and an associate editor of *Diabetes Forecast*.

"Theoretically, [with a proven treatment] you can go back to high-risk individuals and treat them prior to developing diabetes," he says. "There is also value potentially in considering long-term treatment even in people who are newly diagnosed. The longer you can make your own insulin or need less insulin by injection, the better your control and the lower your risk for complications and low blood sugars."

Hake says the time and effort she invested in the trial has paid off. She recently learned that she was among the trial participants who had received rituximab, not a placebo, during the first month. She had guessed as much, because she saw results in her body's ability to handle carbohydrates. "I'm still seeing the effects today of the rituximab, after more than three years," says Hake, who will attend the Massachusetts Institute of Technology this fall. "That drug is not approved for [diabetes], so I was very lucky to be in the trial."

TrialNet, a consortium of research centers that also gets support from ADA and the Juvenile Diabetes Research Foundation International, is just one of dozens of research networks funded by SDP-Type 1. "If SDP funding were to disappear," says Rodriguez, "about 35 percent of all the money the National Institutes of Health spends on type 1 diabetes would disappear."

Changes on the Zuni Reservation

For American Indians and Alaska Natives, diabetes prevention is paramount, and SDPI programs focus in large part on fending off and treating type 2 through changes in diet and exercise that are aligned with Native American culture and values. SDPI dollars are allocated to the Indian Health Service to fund more than 450



“I refuse to let diabetes keep me on the bench.”

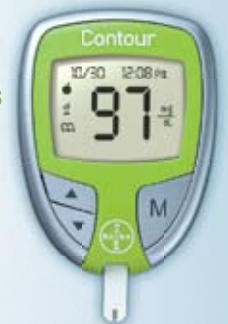
—Alana Burns
Power Forward,
type 1 diabetes



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community-directed programs in 35 states, covering nearly all federally recognized Native American tribes and allowing each community to tailor a program to its own needs.

On the Zuni reservation in New Mexico, about 150 miles west of Albuquerque, two major initiatives owe their existence to SDPI: the Healthy Lifestyles Program and the Dive Into Prevention Strategies (DIPS) program. Carlton Albert, 49, a member of the governing Zuni Pueblo Tribal Council whose birth mother died of complications from type 2, took part in DIPS, which offered strategies for healthy eating and ways to fit exercise into one's schedule.

Albert says he can see positive changes from the seven-year-old program each time he steps out into his community: More people are outside taking walks, he says, and at the grocery stores, more shoppers stop to read food labels. He says that the rate of increase of diabetes is in a "holding pattern" in his community, although the risk for diabetes is still high. The diabetes education that works best, Albert adds, draws on traditional values in Native American culture to encourage people to rely less on processed and fast foods and get back to growing their own produce and living off the land.

"The effects of modernization and convenience that we all tend to enjoy nowadays . . . that's the main culprit," Albert says. "We're so in tune with external influences around us; we don't realize how that impacts our health. It really goes back to individual choice, and how you want to live your lifestyle."

Albert says increased funding for SDPI is needed to expand the program to reach everyone who needs it. On many reservations, he says, resources aren't available for everyone who needs the help. On the Zuni reservation, as elsewhere, childhood obesity and type 2 in youth have increased, he says, and there's a need for innovative new programs for young people: "There's still a great amount of people . . . that have to be reached." ▲



Mariah Hake, 17, participated in the TrialNet Rituximab Study for people with type 1.

Culinary Adventure

A NEW DIABETES COOKBOOK NAVIGATES MEDITERRANEAN CUISINE



» **Amy Riolo was** a teenager when her mother was diagnosed with type 2 diabetes. She remembers her coming home from the doctor's office with a very short list of recommended foods jotted down on a prescription pad. But Amy was determined to help her mom continue to enjoy eating, and soon the teenager was creating weekly meal plans featuring many of her mother's favorite foods.

Today, Riolo is a Washington, D.C., cooking instructor, lecturer, and author of a new cookbook that does for people with diabetes everywhere what she once did for her mom. *The Mediterranean Diabetes Cookbook*, published by the American Diabetes Association, offers more than 200 recipes, plus tips on healthy living.