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Inclusion helps ensure better presentations for volunteers and staff.

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Volunteer

Voice

A publication for volunteers of the American Diabetes Association

American Diabetes Association
Cure • Care • Commitment®

Advocacy at any age

When it comes to a good cause, age really doesn't matter

You have to be at least 18 years old to vote, and 35 years old to be president. States have different age requirements for obtaining a driver's license. There are minimum and maximum age requirements for most retirement plan distributions. For better or worse, age matters in many parts of our lives.

Fortunately, age doesn't matter when it comes to diabetes advocacy. Advocates represent diverse backgrounds. They come from all parts of the country. And yes, they come in all ages, from first graders to octogenarians and beyond. Your American Diabetes Association's growing advocacy efforts continue to attract committed volunteers of all ages and demonstrate that

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Youth Advocate **Quinn Nystrom** is no stranger to the White House or the Capitol.

The Benefits of Recognition

Diabetes Physician Recognition Program raises quality of care

A little recognition can go a long way. In fact, it can actually save lives and improve the quality of life for many Americans with diabetes. Through the Diabetes Physician Recognition Program (DPRP), physicians and medical groups that demonstrate a high quality of diabetes care can be publicly recognized and rewarded for their performance.

The DPRP, established in 1997, is a program of the National Committee for Quality Assurance (NCQA) and is co-sponsored by your American Diabetes

Association. The program is voluntary, and it is the first of its kind in the health care field to exclusively measure provider care in any one particular area.

Recognition under DPRP is more than just a pat on the back, however. In order to earn this distinction, a provider must meet stringent quality care standards that focus entirely on diabetes. A complex scoring system looks at how a provider examines a patient with diabetes, and what the

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Communities Light the way — All Year Long

During the Association's Annual Meeting in June 2002, volunteers and staff from across the country rallied around the meeting's theme "Communities Light the Way." This catchy theme was designed to highlight the tremendous work done by our volunteers and staff at the community level, which is vital to the work of our mission. The theme held meaning for so many people, it was carried over as the theme for our volunteer meetings this past November, and will also be used as the theme for the 2002 Annual Report.

It's not difficult to see why this theme has been so popular. It says something so simple that sometimes people forget it – new or old – local or national – as volunteers we all represent communities that are impacted by diabetes, and we all want to do something about it.

The news about diabetes in 2002 only amplified the need for the Association to ramp up its volunteer efforts. One year ago, the picture of diabetes in America revealed that 16 million people have diabetes. At that time, we had no idea how many more people were at risk for developing diabetes. Now we know that the number of Americans with diabetes has grown to 17 million, and that another 16 million Americans have pre-diabetes. Almost overnight, the number of people the American Diabetes Association serves has doubled.

In light of this news, the Association is committed to nurturing our existing volunteer base, and determined to build aggressively upon it, in order to prepare the Association to meet the needs of the exponentially growing diabetes

community. To support the Association in building and maintaining its volunteer base, several key initiatives are underway.

Over the past 7 months, a task force made up of Association volunteers from

another session titled "ADA – Who We Are and What We Do," appropriate for both volunteers and staff. You will receive additional information on these efforts and how to sign up for them through the Association's electronic newsletter for volunteers titled

"Volunteers in Action (or VIA)."

As we begin the New Year, we extend a heartfelt thank you to the volunteers and staff of the American Diabetes Association for their tireless work and efforts in 2002. It is through your kind and generous work that the Association has been able to grow and

support the diabetes community. Keep up the great work and keep your community connected to the important

work of the American Diabetes Association.

A Message from the Volunteer Leadership



Michael A. Weiss
Chair of the Board



Francine Kaufman, MD
President



**Martha Funnell, MS,
RN, CDE, President,**
Health Care & Education

all levels of the organization has been meeting and is preparing recommendations that provide support to our volunteer efforts at the community level. A report on the recommendations of the Task Force on Building and Supporting Effective Volunteer Community Organizations will be presented at the March 2003 National Board of Directors Meeting in Virginia.

In the area of training, the Association rolled out a new volunteer development session to its staff this past November. The training was designed to enhance staff's ability to recruit new volunteers and work with volunteers to conduct effective meetings. Two additional face-to-face volunteer development modules are currently being developed covering the topics of "Building and Cultivating Relationships" including coaching and "Retaining Volunteers through Motivation and Recognition." In the electronic world, two new courses will be offered through ADA University, the Association's online learning lab, this spring. One titled "Volunteer Development," designed for staff, and

Volunteer Voice

Volunteer Voice is published by the Internal Communications Department, American Diabetes Association. Your comments, questions, article ideas, photographs and letters to the editor are highly encouraged. Please forward to:

Internal Communications Department
American Diabetes Association
1701 North Beauregard
Alexandria, VA 22311
(703) 549-1500

James M. Gallisdorfer
Director, Internal Communications
jgallisd@diabetes.org

Rob Holt
Senior Analyst, Internal Communications
rholt@diabetes.org

Respecting the diversity of your audience: Guidelines for an inclusive presentation

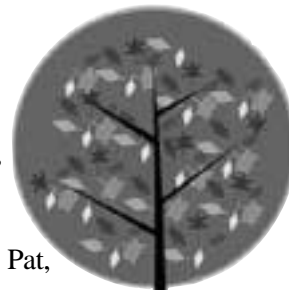
Volunteers and staff alike are often called upon to make presentations to diverse audiences. The following guidelines can help you to be more aware of the sensitivities that may reside in your audience, which if ignored or unrecognized can cause you to miss the opportunity to see your material fully embraced.

- ◆ **AVOID ACRONYMS THAT CREATE CONFUSION.** What is easily pronounced or understood in English may not make sense in another language. Avoid the excessive use of acronyms and other abbreviations whenever possible.
- ◆ **SPEAK SLOWLY AND CLEARLY.** The American accent can be difficult to understand for individuals who speak English as a second language. So too can be the accents of speakers for whom English is a second language. Keep in mind that 30 percent of your audience may come from outside the U.S. and English may be their second language.
- ◆ **INTRODUCE PANEL MEMBERS AND OTHER SPEAKERS EQUITABLY.** When John Doe and Towanda Noguchi are on the panel, use titles such as Ms., Doctor, Professor and Mr. for both or neither unless you have asked their personal preferences beforehand, and they are contrary to this rule, i.e., do not refer to him as “Doe” and her as “Towanda.”
- ◆ **USE VISUALS AS OFTEN AS POSSIBLE.** Slides, transparencies,

graphics and pictures will make it easier for those from other countries to understand your material. Avoid pictures or scenarios that may be inappropriate. Avoid gender and racial stereotyping in handouts and visual aids.

- ◆ **ELIMINATE “GENDERSPEAK” FROM HANDOUTS.** When giving examples involving people, assign non-gender-specific names like Terry, Pat, Jerry, Dana, etc., unless the person's gender is important to the example. To be totally inclusive, give some examples of both successes and failures that include names which are traditionally non-Caucasian, such as Diego and Yoko.
- ◆ **ELIMINATE “GENDERSPEAK” FROM TITLES AND TOPICS.** Genderspeak is defined as “language which is gender-specific and thereby exclusionary.” Terms include *Chairman of the Board, Salesmen, Mailman*. Replace with *Board Chair* (or the plural *chairpeople*), *Sales Representatives, Mail Carrier*, etc. This should be done even if the group about whom you're speaking is comprised solely of men, as it shows the possibility of women's inclusion.
- ◆ **USE APPROPRIATE GENDER-IDENTIFIERS.** Boys and girls are

not likely to be in the work force; there are child labor laws! Refer to adults as men and women to show respect. The terms lady and gentleman are subjective and effectively used in a traditional greeting/opening. Refer thereafter as men and women. The terms male and female should be used as adjectives only, as in *female pilot* and *male engineer*. It is inappropriate to use these terms as nouns (as in “we have two females in the sales department.”) Such usage is perceived as dehumanizing.



Our Inclusive Environment
A CORE VALUE... A KEY ASSET AT THE
American Diabetes Association.

- ◆ **GIVE PARITY IN FEEDBACK TO MEN AND**

WOMEN WHO COMMENT DURING THE SESSION. Studies show that feedback given to men and boys in our culture is 2-1/2 to 3 times lengthier than that given to women and girls. Beware.

- ◆ **USE MEN AND WOMEN EQUALLY AS ASSISTANTS.** When help is needed distributing materials or otherwise assisting your presentation include all groups.

- ◆ **USE HUMOR CAREFULLY.** Humor is potentially dangerous and can leave the attendee from other cultures confused or insulted. Using football and other athletic jargon and principles as metaphors for teamwork principles can be gender/culture exclusive. Avoid sexist jokes.

The concept of inclusion is an integral part of the American Diabetes Association mission. It is one of our core values and a key strategic initiative. Inclusion is all those things we do as an organization and as individuals to appreciate, celebrate and honor our diversity in order to achieve our mission. For more information, volunteers should visit the Inclusion Web site at <http://intranet.diabetes.org/inclusion>.

Advocacy at any age

Three different faces of advocacy provide living proof that age really doesn't matter

Advocacy

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when the cause is right, you simply can't be too young or too old to help.

Just ask our 2002 National Youth Advocate, **Quinn Nystrom**. "Anyone can get it (diabetes) at any age, at one or 100," notes Quinn. While she sees more and more of her teenage peers getting involved, Quinn says, "no age is too young to be an advocate. Even if you don't have diabetes, but know someone affected with this disease, you can be an effective advocate." The 16-year old Minnesotan has been a strong proponent of increased awareness of diabetes and increased support for diabetes research not just during her tenure as the National Youth Advocate, but in the three years since she was diagnosed with diabetes at age 13. Quinn says having a younger brother with diabetes helped prepare her for her eventual diagnosis, and equipped her with the knowledge and desire to take her own diabetes fight and make it part of a greater cause.

OK, so maybe age matters just a little if you want to be a Youth Advocate. National Youth Advocates must be between nine and 17 years old. They serve for one year and engage in a wide variety of activities, from local awareness campaigns in their communities to lobbying efforts at their state government and in Washington, D.C.

But Quinn is quick to point out that when her year is over, she'll still be "crusading against diabetes... with or without a title."

Dick Armstrong agrees with Quinn. He's held many key positions in the fight against diabetes, but his commitment and drive have outlasted every title. The 75-year old Michigan native has had diabetes for almost 30 years, and he is an incredible example of how discipline really pays off. Dick uses an insulin pump, and says, "I check blood sugar six to eight times a day; I measure and weigh my food, count carbohydrates, exercise twice a day, and keep my weight right at 170 plus or minus a pound." Dick adds, "I've been very fortunate... I basically have no complications."



Dick Armstrong, left, receives a 3-R award from James Horbowicz, the Association's Chair of the Board-Elect. Dick is actively involved in event recruiting as well as advocacy efforts.

Dick says he became interested in the larger diabetes picture in the winter of 1991, when he moved to New Hampshire and participated in a diabetes ski fund raiser. Before he knew it, Dick was president of the local affiliate Board of Directors. He and his wife of 50 years, Nancy, became involved in Walks and several *Tour de Cure* events, and "Five years ago we started America's Walk for Diabetes here in the upper valley (near Lebanon and Hanover). We've been going ever since; each year we make a little bit more money and have a few more walkers. Dick also spent two

years on the Association's national Inclusion Committee when he decided, "I could be of more assistance on the advocacy end of things."



Rosemary Jaffe, shown here with her husband, has been working phones and email to keep elected officials aware of the need for diabetes funding and support.

It didn't take him long to make an impact. The veteran skier and local sailboat racer (Dick proudly notes he's "the oldest skipper with the oldest boat, and I win more than my share of races!") came to Washington, D.C. to participate in the 2002 Call to

Congress. Back home, he and Nancy formed a small group and continued to lobby. "We got all incumbents and new people running for office to sign the forms (pledging support for diabetes funding). We were the first state to get everybody to sign up."

Dick remains one of the most active people with diabetes you will ever meet at any age. He is still involved with the upper valley Walk committee, though he says some young blood would be more than welcome. The committee "has been made up mostly of seniors," and Dick jokes that "us old folks are getting tired a little bit."

For anyone just joining the advocacy team, Dick has some solid advice – it helps to have "a detailed understanding of the disease and the potential complications." Also, it helps to be outgoing and have a family support team. Above all, Dick says to take good care of your own diabetes and "don't give up easily" when it comes to advocacy efforts.

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Easy to subscribe, Easy to read — it's *E-news!*

Now the latest diabetes news and information can be delivered to you via email

Have you ever wanted the latest diabetes news but just didn't have the time to search newspapers, magazines or the Web? Well, thanks to ADA's electronic newsletter service, you don't have to look anywhere except your inbox!

Choose from the following e-newsletters:

◆ **Advocacy Newsletter.** Receive bi-monthly updates on how you can actively support efforts to make finding a cure for diabetes a national priority.

◆ **Book News.** In this newsletter you'll discover new cookbooks, meal planners, self-care guides, special offers and much more.

◆ **E-News Now! for Consumers.** This weekly e-newsletter provides the latest news and events occurring in the world of diabetes.

◆ **E-News Now! for Health Care Professionals.** This weekly e-newsletter is tailored specifically for health care professionals and provides the latest diabetes news and events.

◆ **Parents' E-Newsletter.** In this bi-monthly e-newsletter, you will receive news and information as well as tips, hints, and resources to help you manage your child's diabetes.

◆ **Volunteers in Action (VIA).** Distributed twice a month, VIA updates volunteers on Association initiatives, announces new volunteer resources and provides breaking Association news. Appropriate for national and community level volunteers.

Get diabetes news delivered right to your email box!

Visit www.diabetes.org/enewsletter to register for one or more of these diabetes-related e-newsletters.

Registering is quick and easy and you will instantly be added to the mailing lists you select. Once you start receiving e-newsletters, you can add or delete them anytime by scrolling to the bottom of any e-newsletter and clicking on the link that says, "click here to change or remove your subscription." From this page you can modify your e-newsletter choices, or with one click unsubscribe from all e-newsletters.

Advocacy at any age

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In between Quinn and Dick, in terms of age, is Illinois resident and advocacy newcomer **Rosemary Jaffe**. Rosemary was diagnosed at age 10, so she understands what diabetes is like from a kid's perspective. Now 50, she has four decades of diabetes management experience. And thanks to the Call to Congress, she now has a few months of advocacy experience and a lot of energy to lobby anyone, anywhere, for support in the fight against diabetes.

Her venture into advocacy was "a cannon shot," Rosemary recalls with a laugh. "I went from doing nothing to going to Washington." And it snowballed from there. "Now, I spend a lot of time on the computer, sending emails to the congressmen, writing letters, calling the White House."

Rosemary says that she had been a member of ADA for many years before becoming active in advocacy. "I always got the magazines and kept up on current issues. It struck me at one point last year... we (diabetes research) got severely under-funded. I thought, 'this is ridiculous; here I'm sitting doing nothing, and it (diabetes funding) affects me.'"

Rosemary says that while the Call to Congress is designed to inform and persuade legislators, she sees it serving a much larger purpose among all diabetes advocates. "Going to Washington made me realize that everybody can do this." Most people "have no idea how easy it is to pick up the phone and call their congressman's office," and they don't realize that their politicians "really do keep track of how many people call on an issue." But, she says, "they

don't know what you want if you don't tell them. They have to know there's a number attached. And diabetes is big enough that they will sit up and pay attention."

Rosemary is as pragmatic as she is determined. She admits she's "not worried about research finding a cure for my age group. I worry about the kids. I have grandchildren; I don't want them to ever have to go through what I've gone through my whole life — anticipating the complications. It doesn't go away, and there are no remission periods."

Interested in becoming an advocate but don't know where to start? Visit our Advocacy Web page, www.diabetes.org/advocacy, and explore the many options. You're never too old, or too young, to make a difference!



Corporate team efforts get results

It may not seem logical to compare one city with an entire state. But Cincinnati, Ohio and the state of California have something in common when it comes to *America's Walk for Diabetes* (AWFD). Both showed tremendous growth from 2001 to 2002, and both successes can be attributed to a great corporate team effort.

In California, **Kaiser Permanente** is the statewide presenting sponsor of AWFD. Kaiser's **Judith Zitter** says the number of walkers has increased each year, and 2002 saw a 22 percent increase in funds raised over the previous year. More than 4,000 Kaiser-recruited walkers raised \$330,000 in 2002. Judith says credit must be given to the many dedicated Kaiser supporters. "For each of the Walks in California, we have Kaiser people at the local level who coordinate the efforts. They involve our employees and our physicians, and that's where most of the work is done." Kaiser's commitment extends well beyond California, too, as the organization is the largest AWFD fundraiser in the country.

In Cincinnati, **Anthem Blue Cross and Blue Shield** led the way in 2002. Overall, the Cincinnati Walk raised \$104,000, with Anthem contributing \$18,000 — a six-fold increase over the firm's previous year. Even more incredible was the six-fold increase in walkers, from 40 in 2001 to 240 last year. How did they do it? By sharing the load — Anthem Vice President **Jamie Hamm** recruited 17 associates and asked each to form a team and raise at least \$1,000.

Both Kaiser and Anthem are proof that great teamwork benefits everyone!

The many benefits of recognition

DPRP

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provider does to help that patient manage his or her condition. For example, the DPRP measures indicate what percentage of a provider's diabetes patients receive an A1C blood test at least once per year, as well as annual eye and foot exams, lipid profiles, medical nutrition therapy and self-management education. There are also measures for tobacco counseling and self-monitoring of blood glucose.

The DPRP standards assign point values to each criterion. Physicians wishing to be graded on their performance can submit relevant data, along with an optional patient satisfaction survey, to the NCQA/ADA Diabetes Physician Recognition Program panel. Providers who meet the minimum criteria will be recognized in the DPRP. This entitles a provider to the DPRP distinction in print media, on NCQA's Web site (www.ncqa.org/dprp), on the American Diabetes Association Web site (www.diabetes.org) and through our national call center (1-800-DIABETES), which receives more than 500 calls per month from persons seeking physician referrals.

While volunteers should not make direct physician or provider referrals themselves, they can refer anyone in their communities to the DPRP sources with complete confidence that the care and information provided will be in line with the best medical practices and ADA standards.

NCQA included the DPRP measurements in its 2002 State of Health Care Quality report, which noted the DPRP results "are among the most exciting in this year's report, in that they suggest the enormous

potential of applying measurement and public reporting at the provider level of the system." In every diabetes category in the report, DPRP-recognized providers scored better than non-recognized commercial, Medicare and Medicaid providers. In some cases the difference was extraordinary. For DPRP providers, about 98 percent of all adult patients with diabetes received an annual A1C test, compared to an average of less than 80 percent for all non-recognized providers surveyed for the report. Not surprisingly, DPRP-recognized providers reported a remarkably low percentage of patients with A1C levels above 9.5 percent.

The report notes, "as a group, recognized physicians deliver consistently excellent diabetes care. Patients of recognized providers receive screenings and other interventions that consistently conform to the best practices, and as a result, these individuals will live better, longer and more comfortable lives, avoiding many of the complications (including death) that other people with diabetes may face."

Perhaps the best part of the DPRP is that it is self-perpetuating. That is, as more providers receive DPRP recognition, more patients will become aware of the distinction and will demand recognition. As a result of patient demand and basic market principles, more and more providers will seek recognition under the DPRP. It's a scenario where everyone wins.

"The Diabetes Physician Recognition program is a model for improving care that really works," said **Nathaniel Clark**, M.D., M.S., R.D., Vice President for Clinical Affairs, American Diabetes Association. "It gives physicians the information they need to deliver the best possible care, and it rewards them for doing so."

Annual awards recognize commitment and compassion of volunteers and supporters across the country

National Achievement Awards presented in 2002

The Association recognizes individuals or groups that have contributed greatly to the cause of diabetes. The recipient of a National Achievement Award does not have to be a volunteer of the Association, but has to be someone who has contributed significantly to the overall diabetes community.

Banting Medal for Scientific Achievement

Samuel W. Cushman, PhD

Charles H. Best Medal for Distinguished Service

Sherman M. Holvey, MD

Charles H. Best Medal for Distinguished Service

The Rosenfeld Family

Outstanding Physician Clinician in Diabetes Award

David M. Nathan, MD

Outstanding Educator in Diabetes Award

Karmeen Kulkarni, MS, RD, CD, CDE, BC-ADM

Kelly West Award for Outstanding Achievement in Epidemiology

David J. Pettitt, MD

C. Everett Koop Medal for Health Promotion and Awareness

The Honorable **Tommy G. Thompson**, U.S. Secretary of Health & Human Services

Wendell Mayes, Jr., Medal

Alan Altschuler

Outstanding Scientific Achievement Award

Camillo Ricordi, MD

Albert Renold Award

Gerald M. Reaven, MD

Harold Rifkin Award for Distinguished International Service

Paul Zimmet, MD, PhD

Addison B. Scoville Award for Outstanding Volunteer Service

George J. Huntley

Charles H. Best Medal for Service

Stephen H. Smith

Rachmiel Levine Medal for Service

Anne E. Daly, MS, RD, BC-ADM, CDE

Banting Medal for Service

Christopher Saudek, MD

3-R Awards presented in 2002

These awards are given to our community volunteers, recognizing their outstanding contribution in Reaching People with important information on diabetes, in Raising Funds to help conduct the work of our mission, and in Recruiting and engaging new volunteers to support our work.

Reaching People

Shari Catalano, Basking Ridge, NJ

Lynne Wentz, RN, CDE, Chicago, IL

Kim Dunn, Angola, IN

Wallace Brown, Dubuque, IA

Linda M. Siminerio, PhD, RN, MS, CDE, Pittsburgh, PA

Janette Kirkham, Lehi, UT

Alice Vergados, RN, CDE, Lowell, MA

Jane K. Kadohiro, DrPH, APRN, CDE, Honolulu, HI

Susan J. Beck, Tulsa, OK

Karen A. Wilkinson, BSN, RN, CDE, Jacksonville, FL

Larry Marchant, Jr., Columbia, SC

Gayle Lorenzi, RN, CDE, La Jolla, CA

Raising Funds

The Malter Family, New York, NY

Ralph and Shevi Beketic, Milwaukee, WI

Pam Carty and Marty Warchola, Cleveland, OH

Robert Landers, Wichita, KS

Ken Kayser, Philadelphia, PA

Douglas Whitneybell, Phoenix, AZ

Gregory Abajian, Burlington, VT

Laurie K.S. Tom, MD, Honolulu, HI

Stephen L. Newman, MD, New Orleans, LA

John R. Nickens, III, Birmingham, AL

Elizabeth O'Connell, Hendersonville, TN

Charles Renfro, San Francisco Bay Area, CA

Recruiting Volunteers

Richard DeBlasio, Seymour, CT

Gary Edelson, MD, Detroit, MI

Kim Ream, Cincinnati, OH

Robert Schwendinger, St. Louis, MO

Theresa Morris, Hebron, MD

Nettie Richter, Albuquerque, NM

Richard Armstrong, Hanover, NH

Janel Wright, Anchorage, AK

Pam Jurlina, Dallas, TX

Sara Connor, RN, EdD, Savannah, GA

James Dobson, Charlotte, NC

Judith Zitter, Pasadena, CA

Ironman with a heart of gold

Most people like to warm up to something new. Not **Jay Hewitt**. When the South Carolinian signed on to support the fight against diabetes in 2000, he jumped in with both feet — and they haven't stopped moving since. Jay debuted at the TEAM D Kona marathon in 2000, followed up by Rome in 2001 and back to Kona in 2002. In between marathons, friends and supporters talked him into jumping on a bicycle for the 150-mile Tour de Cure in South Carolina.

Not that Jay minds. He's an accomplished Ironman triathlete (swimming, cycling and running), which means he stays in incredible shape all year long. Though leaping tall buildings isn't yet an Ironman event, Jay has performed some Superman-like feats for the American Diabetes Association in the short time he's been a volunteer. "He has helped us to raise thousands of dollars through his own fund-raising efforts and by advising TEAM D participants," says Area Manager **Kim Costello**. "I get countless calls while

recruiting for TEAM D marathons from people who say, 'I know Jay Hewitt and he told me to call you.' "

Jay was diagnosed with type 1 diabetes while attending law school at the University of South Carolina. Obviously, it hasn't slowed him down. Through his personal commitment to diabetes, Jay has raised more than \$15,000. Recently, Jay signed on as a member of the Association's National Communications Committee, and he joined the Greenville, South Carolina Leadership Council. Jay has also spoken at national and divisional Association meetings. "I have to admit — he never ceases to amaze me," says Kim. "He is such an inspiration to us on a daily basis and he refuses to let diabetes get the best of him."

Don't expect Jay to slow down anytime soon — he's training for Ironman events in New York and Florida in 2003, and he hopes to be in Kona for TEAM D this year as well.



Jay Hewitt celebrates his finish at the Ironman Florida event in November, 2002.