



*Picture This:*  
**Diabetes**  
**Seattle**



***Picture This:***  
**A Resource for Creators . . .**

*Picture This* is a guide to the key issues related to diabetes as identified by physicians, advocates, patients, policy-makers, and others working to improve public awareness about diabetes in the local media market.



**Entertainment Industries Council, Inc.**  
**[www.eiconline.org](http://www.eiconline.org)**

*Picture This: Diabetes* is presented by the Entertainment Industries Council, Inc.  
in collaboration with Novo Nordisk, Inc.

# Picture This: Diabetes Seattle

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# ACKNOWLEDGMENTS

Researching health issues can be as basic as finding information on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important is the perspective of people who, for one reason or another, make a deeper commitment by dedicating their professional and personal time to a cause.

This document is a publication resulting from a formal meeting of experts in the fields of diabetes research, diabetes treatment, and public health, as well as media panelists from KING 5 Television, KIRO-FM, and NorthWest Cable News Channel in Seattle, Washington.

Numerous organizations and individuals provided insight into the complex issues concerning diabetes as we created *Picture This: Diabetes* in Seattle.

## Special Thanks to KING 5 for Hosting.

## Special Thanks to Our Participants!

- |  |  |
|--|--|
| American Diabetes Association                    | PeaceHealth  |
| American Diabetes Association-Seattle            | Premera Blue Cross                                     |
| Benaroya Research Institute<br>at Virginia Mason | Puget Sound Health Alliance                            |
| Center for Multicultural Health                  | Regence Blue Shield of Washington                      |
| Community and Migrant Health Centers             | Sea Mar Community Health Centers                       |
| Community Health Plan of Washington              | Seattle Indian Health Board                            |
| FMG Diabetes Services                            | Seattle University-College of Nursing                  |
| Group Health Cooperative of Puget Sound          | Seattle YMCA   |
| Harrison Diabetes Center                         | Swedish Medical Center                                 |
| International Community Health Services          | University of Washington                               |
| Juvenile Diabetes Research Foundation (JDRF)     | University of Washington Extension                     |
| KC Nurses  | Valley General Hospital                                |
| Kent School District                             | Washington Association of Diabetes<br>Educators (WADE) |
| KING County Public Health-REACH                  | Washington Health Foundation                           |
| Molina Healthcare                                | Washington State Department of Health                  |
| Northwest Hospital and Medical Center            |  |



Thank you to **Washington State Representative Bill Hinkle**, representing the 13<sup>th</sup> District, for taking time out of his busy schedule to attend this forum. Representative Hinkle is a member of the House Healthcare and Wellness committee, which considers a variety of healthcare issues, as well as new programs to promote better overall public health. During the forum Representative Hinkle updated his Twitter regarding his participation in *Picture This: Diabetes* further exhibiting his commitment to improving the understanding of health issues, like diabetes, in his community.

Special thanks to KING 5 Television for hosting *Picture This: Diabetes* in Seattle. Thanks to KING 5 Station Manager, Ray Heacox, and to the KING 5 Team: Betsy Robertson, Kim Griffis, Tim Griffis, John Goff, and Julie Pinson.

Our gratitude also goes to our *Picture This* table facilitators: Nutritionist Heather King, Professor of Psychosocial and Community Health Gail Bond, Ph.D.; University of Washington- Graduate Student Marwa Maziad; Communications Consultant Kate Lynch; and Community Health Program Manager Fabien Giguere.

Also, thanks to our *Picture This* media panel: Wayne Lynch, News Director, NorthWest Cable News; Margaret Larson, Host, *New Day Northwest*; Patricia Duggan, Producer, *KING 5 Healthlink*; Ursula Reutin, Managing Editor, *News Talk*, KIRO-FM.

## Special Thank You to Our Collaborator, Novo Nordisk, Inc.

### *Picture This* Team



#### Moderator Jayne Brook

EIC would also like to acknowledge our event moderator, actor **Jayne Brook**, whose commitment to advocating on behalf of EIC has made her a dear friend to this organization. As an actor that understands the power the industry has to promote change and educate the public, Jayne has participated in multiple EIC briefings and also presented at the annual *PRISM Awards* ceremony held in Beverly Hills. Jayne's participation at *Picture This:*

*Diabetes* in Seattle represented the commitment of the entertainment industry to EIC's efforts to make a difference through the media.

### EIC Project Staff

Marie Gallo Dyak  
Executive VP, Program Services  
& Government Relations

Larry Deutchman  
Executive VP, Marketing  
& Industry Relations

John Hartinger  
Marketing Services

Todd Flourney  
Public Affairs

Ashley Jupin  
Program Coordinator

Monika Thum  
Program Coordinator

Jeff Coppola  
Program Assistant

Christina Fedak  
Program Assistant, Publications

### EIC Intern Team

Brandi Johnson

Claire Berlin

Debbie Sellnow

Emma Muir

Kate Shooltz

Lauren Picciolo

Suzanne Radcliffe



## Foreword

### A Special Message to the Seattle Area Media Community

The media's ability to influence and interact with individuals, communities, and institutions often reinforces change of attitudes and behaviors. With a focus on not only raising awareness but also educating the Seattle community regarding diabetes management and care, Novo Nordisk, the Entertainment Industries Council, Inc. (EIC), and KING 5 Television presented *Picture This: Diabetes*, a media-based forum for health experts and advocates. The forum encouraged dialogue to discover the top messaging for topics that need to be communicated to the public to increase overall

health by raising consciousness about diabetes, especially type 2 diabetes.

Diabetes is an epidemic that is quickly increasing its grasp on our society. The Centers for Disease Control and Prevention (CDC) has reported that by 2050, the rate of diabetes may double or even triple. Now is the time to take action, to create informative and accurate news stories and become involved in the promotion of public service campaigns on diabetes. KING 5 was pleased to host this educational forum with EIC, produce video vignettes, and expand the website with diabetes information in order to showcase our support for this initiative...but there is still more for all of us – the media community – to do.

The signs and symptoms of diabetes are widely misunderstood. By the time most patients are diagnosed they have already begun to experience complications. When it comes to diabetes, there is no “them” or “they”; diabetes diagnoses are diverse, multi-generational, and affect all those involved. By engaging a panel of local media experts to offer their expertise about what they are looking for when they create good news stories, this forum opened up a dialogue with experts and those living with diabetes that can positively shape news and public service coverage of diabetes.

This publication is intended to summarize the discussions that took place at *Picture This: Diabetes* and also translate the dialogue into a usable resource for news writers, producers, journalists, and bloggers who serve this community. Within these pages, you will find factual information and depiction suggestions about diabetes that will spark creative thinking regarding how you can inspire, move, and help our audiences.

Thank you for your commitment to shaping a healthier future.

Sincerely,

Brian L. Dyak  
President, CEO & Co-Founder  
Entertainment Industries Council, Inc.

Ray Hearof  
President & General Manager  
KING 5 Television

Wayne Lynch  
News Director  
NorthWest Cable News

CHRISTINE O. GREGOIRE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 753-6780 • TTY/TDD (360) 753-6466

## *Greetings from the Governor*

*October 22, 2010*

I am pleased to extend warm greetings to all of those attending today's *Picture This: Diabetes* forum, presented by the Entertainment Industries Council (EIC) in collaboration with KING 5 and Novo Nordisk.

This forum is an important opportunity for local media, health care providers, consumer groups, and other community stakeholders to discuss ways to enhance public awareness about diabetes and diabetes services in Seattle.

For nearly 24 million Americans, diabetes is a daily reality. The sixth leading cause of death in the U.S., diabetes is a serious disease that can cause significant health complications including heart disease, blindness, kidney failure, and amputations of the foot or leg. Roughly 2 million Washingtonians are affected by diabetes, with a breakdown of about 444,000 having diagnosed diabetes, more than 162,000 having undiagnosed diabetes, and 1.4 million having pre-diabetes, which means they have higher blood glucose levels than normal, but not high enough to be diagnosed as diabetes.

As we look to better educate the public about this disease, it is important to highlight that diabetes is controllable and that there are steps, such as making better food choices, staying at a healthy weight and getting more exercise, that will help prevent type 2 diabetes and reverse pre-diabetes. Effectively reaching our pre-diabetes population with this message and the tools they need to make these positive lifestyle changes is key to stopping the increase of diabetes diagnoses in our state.

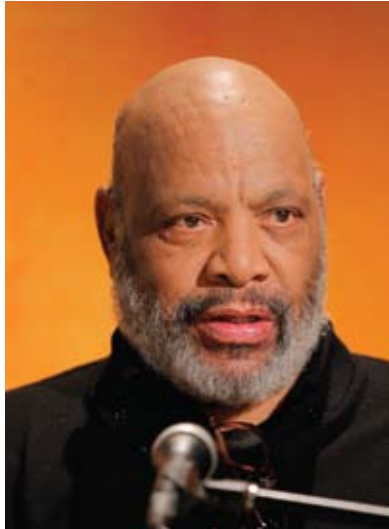
I applaud EIC, KING 5, and Novo Nordisk for making this event possible, and I am confident that your dialogue will result in creative strategies for increasing public awareness about diabetes, as well as the steps we can take to improve our health and prevent this costly disease.

Thank you for coming, and please accept my best wishes for a rewarding and productive meeting.

Sincerely,

A handwritten signature in cursive script that reads "Christine O. Gregoire".

Christine O. Gregoire  
Governor



## **Diabetes Treatment and Lifestyle: A Message from Our Diabetes Awareness and Education Ambassador, Actor, James Avery**

When I was first diagnosed with type 2 diabetes, I reacted quite typically; I was angry. I was angry at this condition. I was angry with myself. This anger is what has motivated me to come forward to increase awareness about diabetes diagnosis and management. It has been my experience that when it comes to diabetes, awareness keeps to itself. People feel misunderstood and become afraid to come forward regarding their diagnosis.

This results in the general population missing out on the most important message – anyone can be at risk for this condition, whether you know it or not, and lifestyle changes that are simple in the beginning can make all the difference when it comes to managing your personal health.

Following my original diagnosis, I could not stop thinking about the disintegration of my body, my eyesight, and my life as I knew it. I felt as though my body had betrayed me. My lack of knowledge regarding diabetes in my family and the disease in general is what led to these feelings of fear and dread. I had always known that I was a bit overweight and that I ate too much, but following my diagnosis, I made up my mind that I was going to get healthy and lose weight. Before I knew it, I had brought my blood sugar down and diabetes seemed to have left my life. A short while later, I stubbed my toe and I was thrown back into the hold of diabetes. That is when I learned that diabetes is a part of one's everyday routine. It needs to be managed and controlled. I needed to get educated and learn how to change my life for the better. I became aware of what I was putting into my body and the effects that it would have on me throughout the day. Now I am in control. I am in control of my diet and in control of my health.

It is my hope that through my involvement in this program, I will be able to increase awareness about diabetes, how to live with it, how to manage it, and how to educate future generations about it. Awareness is key. I believe everyone should get screened for diabetes and learn about the health history of their family. Health is never definite; if diabetes runs in your family, there is no guarantee that you will be diagnosed, but if you stay informed, you can make the necessary adjustments to protect yourself from future complications. Your health is in your own hands; talk to your doctor, get screened, and take control.

# A Commitment to Change: About Novo Nordisk



More than 23 million people in America are living with diabetes – and of those, 5.7 million remain undiagnosed and are not receiving treatment. If current projections hold true, there will be close to 333 million people with diabetes worldwide by 2025. To make a real difference, we must drive change. Our history tells us it can be done. For more than 85 years, Novo Nordisk has been at the forefront of diabetes treatment, research, and care.

Our approach has always been rooted in the philosophy that the patient should be at the center of care, and our commitment to defeating diabetes will always remain our passion and our business. Nearly a century ago, our founders could not have foreseen the global diabetes pandemic we face today. But our mission remains the same: to provide care and treatment for people with diabetes around the world, and to put their needs at the center of everything we do.

- Our portfolio of diabetes pharmaceuticals and delivery systems is the most comprehensive available, including GLP-1 agonists for the treatment of diabetes.
- Innovator in diabetes treatment.
- Leader in the U.S. insulin market based on total insulin volume.
- Dedicated to offering products and services in other therapeutic areas where we can make a difference including hemophilia, growth disorders and women's health.

Novo Nordisk is dedicated to *Changing Diabetes*, which starts by recognizing that the status quo is not good enough.

- Novo Nordisk strives to defeat diabetes by developing innovative therapies and working as a catalyst to advance diabetes care through awareness, prevention and education.
- The company also strives to be at the forefront of research and development in other areas of healthcare where it can make a significant difference.
- Novo Nordisk goes beyond our products to impact patients and society in sustainable and fundamental ways.

Visit [novonordisk-us.com](http://novonordisk-us.com).

## *Picture This: Diabetes*

# Guest Speakers Explore Diabetes Management Through Understanding



### **Maxine Hayes, M.D., State Medical Director, Washington State Department of Health**

"The call to action is to have people recognize that diabetes is serious, but it's not something that can't be managed or even prevented. There are about 2 million people in the state of Washington that are affected by this already; 1.4 million people have what we call pre-diabetes, and those people don't have to go on and develop diabetes. When it comes to diabetes management, the whole family has to be involved. When a person is diagnosed or at risk, it is likely that their family is at risk as well. By supporting each other, the whole family can benefit by learning new skills to manage their own health... I want to thank the media for being involved in this program. When it comes to communicating this message in a way that resonates to motivate people, the cooperation of the media will make all the difference."



### **Anthony Hoovler, M.D., Novo Nordisk, Inc.**

"I think the biggest obstacle with diabetes is the fact that the seriousness of diabetes is not always appreciated. Some people assume that diabetes is just a problem with sugar when it's actually much more than that. It is a chronic condition that, if untreated, may lead to undesired and significant consequences. People need to address the fact that many with diabetes are undiagnosed. The numbers related to undiagnosed cases are simply frightening... The data is clear that early diagnosis of diabetes, or even pre-diabetes, and interventions between those two conditions are essential. The rates of complications are greatly reduced with effective treatment, so it must be pursued aggressively. Not everyone that is diagnosed with diabetes is in need of medication, but of course, most do, and when it is invoked, medication can make all the difference in the way someone lives with diabetes, as well as how their family is able to handle the diagnosis. Creating messages around this topic will actually change the way that people live with diabetes."

## Introduction and Event Description

EIC, KING 5, and Novo Nordisk teamed together to raise awareness about diabetes in the local community of Seattle, Washington. The purpose of *Picture This: Diabetes* was simple: convene diabetes experts and experts in the local media to discuss effective messaging techniques and focus areas that will assist the public to better understand, detect, and manage this condition in themselves and their families.

EIC partnered with the local media professionals at KING 5 Television and their partners NorthWest Cable News and KIRO-FM to create a panel of media experts. EIC convened government officials, authorities on diabetes, public health groups, and diabetes education specialists at KING 5 Television Studios to develop strategic ways to increase and strengthen awareness about diabetes throughout Seattle. The panel included Wayne Lynch, News Director, NorthWest Cable News; Television Personality Margaret Larson, Host, *New Day Northwest*; Patricia Duggan, Producer, *KING 5 Health Link*; and Ursula Reutin, Managing Editor, *News Talk*, KIRO-FM. These panelists provided insight and advice regarding delivering health messages about diabetes to the attention of the local network news and their audience.

Read on to better understand the conversations that took place at this engaging forum and the top priorities identified when it comes to changing the way the public manages and understands diabetes. To watch video clips and access up-to-date diabetes information, resources, and services, please visit [www.KING5.com/community/diabetes](http://www.KING5.com/community/diabetes). This website was developed especially for the *Picture This: Diabetes* forum by the KING 5 team.



## Depiction Priorities

The following are priorities based on the consensus of the diabetes leadership that convened at *Picture This: Diabetes in Seattle* . . .

The participants were tasked with developing a consensus on the top three priorities present in the broad conversation about diabetes; they were asked to achieve this by representing their various constituencies: diabetes educators, patients and their families, healthcare providers, all from the private and public sectors.

### 1. Diabetes is manageable

- Diabetes is a lifelong condition and it is something that can be managed and controlled.
- Consider portraying diabetes management as the key to avoiding the debilitating complications of diabetes. Promote patient compliance to their physician's recommendations when it comes to managing their diabetes.

#### a. You have options

- We all have options, whether it is our behavior, our reaction, or what we decide to eat for dinner. Consider stories in your area regarding screening, support groups, and education. Show people that they do not have to go through this diagnosis alone, that there are certified diabetes educators (CDEs) and community programs that are there to help make the management of their diabetes as unique as they are.

#### b. With diagnosis and treatment, further complications are often avoided

- Health management is one of the best ways to prevent the complications of diabetes. Promote stories that involve early diabetes diagnosis or the treatment of pre-diabetes.
- Consider focusing on themes of everyday diabetes management instead of the side effects of diabetes complications. Focus on a human interest story of a patient that is able to live a life with few if any day-to-day complications because they manage their diabetes adequately and comply with the treatments provided by their doctors.
- Portray unmanaged diabetes and managed diabetes as two separate entities. Although diabetes is a life long health complication, it can be managed and life can be lived with little to no complications. If diabetes goes undiagnosed, managing it becomes more difficult and complications will occur.
- Being proactive about one's health means feeling empowered that you are in control. When creating messages about diabetes, consider empowering individuals to take control. Diabetes

does not have to be the silent killer it is portrayed to be. Patients can manage their symptoms and lead healthful lives by feeling empowered to visit their doctor regularly and being in control of their health.



**“As state health officer, I’d like to say this . . . Diabetes is serious, it’s common and it’s costly. For that reason alone, we need to act and we need to act now.”**

—Maxine Hayes, M.D., State Medical Director, Washington Department of Health

## 2. Education is key to diabetes management

### a. Awareness in families and communities is important

- Promote programs that ask patients to talk to their physicians about their health status. Know your numbers (e.g., blood sugar, weight, level of risk). Know your body.
- Families are an amazing motivator. Reminding individuals that staying informed and in control of their health will allow them to be there for their children creates a touching message that will help to motivate family members to lead by example and get tested for diabetes.

### b. Describe healthy lifestyles

- One in five Americans that is diagnosed with diabetes has received a formal education. Health literacy is at nationally low levels, and people are not relying on reputable resources for their health information. Consider producing stories that will teach people the basics of a healthy lifestyle that are easy to understand and implement into their daily routine. This will help the audience to utilize the media as a source for health information, capable of educating them regarding the importance of a healthy lifestyle.
- When it comes to both managing and preventing diabetes, baby steps are key. Consider creating stories around the simple changes one can make when adding healthy habits into their daily routine.

### c. Reverse trends and predictions of rate increases through education and early diagnosis and treatment

- Diabetes treatment is all about numbers. Nationally, low levels of numeracy (one's understanding of information that utilizes numbers and statistics) is one of the most wide spread barriers to understanding health information. Consider promoting education regarding the numbers related to diabetes in your stories (see chart). Help your audience to understand what numbers represent a healthy weight, healthy blood sugar levels, or diabetes.
- When creating diabetes messages, consider always using the theme of "Act Now!" Now is not too late to get an early diagnosis. Now is not too late to start leading a more aware and healthful life. Use diabetes messages to promote action in the community regarding testing, treatment, and management of diabetes. Strive to not only simply provide information but also provide a message.

### d. Outreach needs to be culturally sensitive

- Diabetes does not affect just one type of person. Develop stories with diversity when you explore diabetes. Everyone could be at risk, regardless of gender or ethnicity, so it is important to stay informed.
- Messages are best received when the audience can relate to them. When creating messages about diabetes, understand who will be receiving them, what they will do with the information, and how they will react to it. Knowing your audience and being sensitive to their specific cultural needs and ideals will make all the difference when it comes to exploring diabetes management and diagnosis.

### Blood Glucose Levels

Normal Fasting Blood Glucose: <100 mg/dL

Pre-Diabetes: 100-125 mg/dL

Diabetes: 126+ mg/dL

### Diabetes Management

In Control: 120-150 mg/dL

Un-Managed: 240-330 mg/dL

Before a Meal: 80-120 mg/dL

Before Bed: 100-140 mg/dL

Two hours after a meal: 30-50 mg/dL above your glucose level prior to the meal

\*These numbers are based on an average. Every person may experience slight differences in what is considered normal for them. For more information regarding healthy blood sugar levels for your body consult your physician.

(Adapted from the National Diabetes Clearinghouse Publication Distributed by the American Association of Diabetes Educators)

### 3. Lose the denial

Often, people are unaware or in denial that they are at risk for a disease and, therefore, will not seek out information about it. Try to promote the idea that understanding diabetes and its causes is the first step to managing one's diagnosis or preventing diabetes altogether.

#### a. Know your family history and risk factors

- The future, in regards to someone's health, will always be a mystery, but understanding your family history can make all the difference when it comes to prevention and early diagnosis. Consider promoting the importance of understanding one's family history to your viewers and the difference it can make in prevention and management of diabetes. If people are aware of their family history, they can begin to integrate healthy habits into their daily routine, and get screened regularly; if diabetes is in their future, they will be ready and capable of handling it.
- Promote the message that no matter what your race, age, or gender, you could be at risk for diabetes.

#### b. Unmanaged diabetes increases the risk of complications

- Consider promoting diabetes testing and resources in your area... Where can screenings be done for free? What public transportation options are available? What occurs during diabetes testing? What tools are available following a diagnosis? Where can people access information regarding how to properly rework their lifestyle in order to best manage their diabetes every day?
- Empower others to talk about their challenges with diabetes in order to spread a message of management and prevention to future generations. Use your messages to empower people to speak up in their community about diabetes and work toward change.
- Encourage your viewers to educate themselves about the risk factors, as well as signs and symptoms of diabetes, so that they will be aware of what these symptoms mean should they begin to experience them.

#### c. Take away the blame; diabetes is not someone's fault

- It is often too easy to blame diabetes patients for their predicament. Genetics and family history play a strong role in diabetes diagnosis. Merely being overweight does not mean someone will definitely develop type 2 diabetes. Instead of placing blame, promote understanding and management of diabetes, along with family support for the patient.
- Blaming people only increases the feelings of unfamiliarity that surrounds diabetes. This increases fear and prevents the sharing of information that is essential to the proper management of this disease. Instead of placing blame and shame upon type 2 diabetes patients, consider promoting a healthy lifestyle that will decrease their complications and allow them to set a good example for future generations.

## Discussion Highlights: Presented by Our Table Facilitators



### Heather King, Seattle Indian Health Board

"In my work, I have found that the biggest motivator for adults with diabetes is their kids and grandkids. The message needs to motivate people that if you are not going to do it for yourself, at least get healthy for the next generation so you can spend more time with them. We as healthcare professionals and media experts need to live our message and practice what we preach so that others can learn from our example when it comes to taking charge of their own health. Instead of competing with one another, it is time to join forces to get the message out!"

### Fabien Giguere, Washington Community Health Plan

"Health education and public healthcare are very important sources to aid in making the message clear that we can fight diabetes. Diabetes can be managed definitively by taking the right steps and working closely with a physician, a nurse, or a CDE. A patient must create a very unique partnership with their provider in order to succeed in treatment. One thing to keep in mind is that people with diabetes are not different and there should be no misdirected blame. We all have a responsibility to take care of our health, but there is a greater social responsibility to take care of each other."



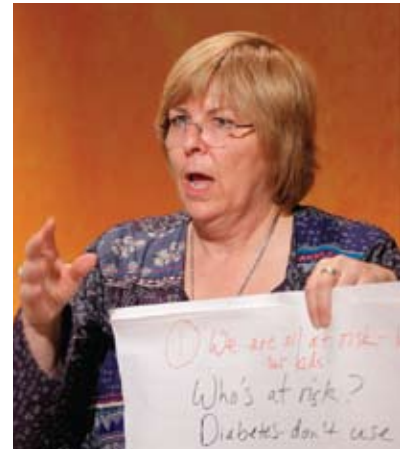
### Gail Bond, University of Washington

"The key theme is, how are we going to get people screened and educated? Only one in five people in the U.S. that get diagnosed with diabetes have any type of formal education. Education is so important, but it has to be targeted to your audience. People need to be made aware of what they need to ask when they visit their health provider. We need to educate people regarding the important numbers and what numbers are normal and what should result in further investigation. People need to understand that family history is key and make sure their information is coming from reliable sources. Awareness and education leads to empowerment and empowerment will lead to change."



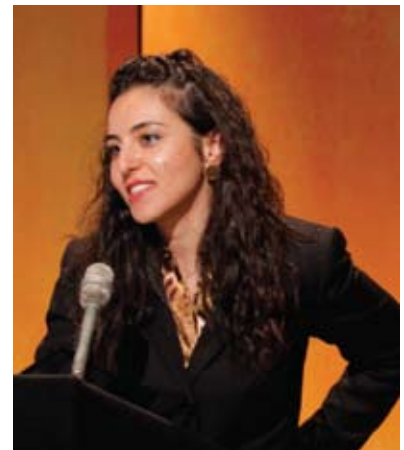
## Kate Lynch, Washington State Department of Health

"Place is important. Where people live, learn, work, and play is important. People need to feel like they can relate to the message and that they have support of others. Everyone needs to understand that they have a choice, they have options, and they have hope... The main message is that we are all at risk for diabetes, including our kids."



## Marwa Maziad, University of Washington

"Diabetes is not someone's fault. It's not your fault. You can't look at a diabetic and write them off as possibly bringing this upon themselves. This message is really close to home for me because my mom is diabetic, and I've always held her accountable for that. Second, don't wait; don't wait to learn if you're at risk. Don't wait to gain control, and don't wait to speak up to friends, family, and health providers."



# Developing News Stories

## Questions to Ask

Here are some questions to ask yourself as you are researching and developing news stories involving diabetes:

- Can you position this story in a way that empowers individuals to learn about diabetes and increases their awareness?
- Does this story surround those diagnosed with diabetes? Does it focus on a message of hope and encouragement instead of one that contributes to blame and shame?
- Do the underlying themes of your story promote a healthy diabetes lifestyle - one in which proper diabetes management leads to a high quality of life for the patient and their family?
- Can your story promote diabetes screening and the importance of health awareness to your viewer?
- How can you present baby steps and simple lifestyle changes as options regarding diabetes prevention and management?
- Does your audience see the effects of poorly managed or undiagnosed diabetes on the individual and their family?
- Is diabetes portrayed as an issue for your entire audience, regardless of race or gender?



Jayne Brook, Brian Dyak and James Avery

## Perspective From Our Media Panelists

### Wayne Lynch, News Director, *NorthWest Cable News*

“When I look at people who are diabetic, I am not sure if they are or not. I think that is what hurts coverage of this topic. It's hard to visualize this condition if I look spry, I'm smiling, and I'm doing all the things that you do. That fact works against awareness in many ways. You've got to convince your patient to let their guard down, open up their privacy window, and say, 'You can help by exposing your problem in a unique and open way. We can reach people.' Messaging is a two-way communication process. It isn't about just what you want to get out. It's about, who's going to receive this? Who's going to process it? How are they going to react? How are they going to act? What are they going to do? Don't think about what I can do to get my message out, but think about how it will be received and what people will do about it when they get it. When it comes to this topic, I think I will use the word attack. I don't think that's a misplaced word right now.”



### Margaret Larson, Host, *New Day Northwest*

“We as humans are hardwired to understand stories about one another. One of the things we have most in common is we need to be aware of people. There's no statistic that can tell a better story than a human being's story. One of the things I suggest organizations do, whether it's a health non-profit or any other sort of non-profit, is to think about creating a story bank. As you run across people or circumstances that are especially illustrative of what you're trying to communicate, keep those people in mind for opportunities where you can share their story to promote your message. What we want to do is tell your story effectively and have something that's appealing to all of our viewers. Thinking about your ideas in terms of how they apply to everyone and not just your organization or cause is the best way to frame your message, and hope and empowerment to individuals should be an important part of that message. Don't get discouraged; there is always somebody who cares about what you care about and that will take your call and hear you out.”



**“Whether you're type 1 or type 2, be type A about diabetes!”**

—Wayne Lynch, News Director, *Northwest Cable News*



### **Patricia Duggan, Producer, *KING 5 Healthlink***

“We need patients. That’s the number one thing that I have the toughest time getting as a producer and writer. Unless you can tell somebody’s story and put the research or the message into some sort of context, people don’t tend to relate to it. There is a misconception about diabetes that it is the person’s own fault, and that is just not true. We need to frame the message as, ‘What can you do?’ ... You don’t need something elaborate... but I need something beyond the obvious. If you want me to be your spokesperson in the morning meeting, I need to have a little more information. We always need what’s called a news hook. Why do people care? The statistic that one in three Americans will end

up with diabetes... That’s a good news hook.”

### **Ursula Reutin, Managing Editor, *News Talk, KIRO-FM***

“Every day, our challenge is, how we are going to get more listeners to tune in to us, stay with us longer, tune in to us more frequently? How are we going to get more unique users to our website? We do that by telling great stories, stories that are relatable to our audience, whom we know very well. Understanding our target audience lets us know if they are going to learn something new. Is it going to affect their family, their health, their wallet, etc.? Obviously, diabetes is a topic that affects us all in some way. I think if we could tell a story of a family that’s been affected, a child who was recently diagnosed, one that empowers our listeners to take action – I think those are the great stories, and we are always looking for great stories, one that will hit on an emotional level.”





## **Picture This: Diabetes**

### **Diabetes Myths/Realities**

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- **Myth: Isn't diabetes just "a touch of sugar."**  
**Fact:** Diabetes is a serious chronic medical condition that if left untreated can be life threatening. Diabetes develops when your body is unable to use insulin properly, doesn't make enough insulin, or both.<sup>1</sup> The two most common types of diabetes are type 1 and type 2. Type 1 diabetes (formerly known as juvenile diabetes) is characterized by the body's inability to produce insulin; the cause of this condition is currently unknown. Type 2 diabetes (formerly known as adult onset diabetes) is characterized by a resistance to insulin; 90% of people diagnosed with diabetes are diagnosed with type 2.<sup>2</sup> Because obesity is a common risk factor of type 2 diabetes, the prevalence of type 2 diabetes among young people is increasing as the number of overweight youth rises.<sup>3</sup>
- **Myth: Diabetes isn't a serious disease – cancer and HIV/AIDS affect many more people than diabetes.**  
**Fact:** While cancer and HIV/AIDS may seem more prevalent due to the resources and attention they receive, diabetes is actually more common than either of these diseases in the U.S., with nearly 26 million Americans diagnosed and undiagnosed.<sup>2</sup> On its current course, the number of people with diabetes is projected to nearly double to 44.1 million by 2034 due in large part to the aging baby boomer population and increased rates of overweight Americans and obesity.<sup>4</sup>
- **Myth: Diabetes rarely goes undiagnosed.**  
**Fact:** There are 7 million people in the United States living with diabetes who are undiagnosed.<sup>2</sup> The American Diabetes Association recommends that all adults who are overweight and have at least one additional risk factor be tested for diabetes. These risk factors include physical inactivity, immediate relative (immediate = 1<sup>st</sup> degree relative) with diabetes, member of a high-risk population (e.g. African American, Latino, Native American, Asian American, Pacific Islander), diagnosed hypertension (at least 140/90 mmHg or on therapy for hypertension), HDL cholesterol levels (HDL is < 35 mg/dL), history of cardiovascular disease and women with polycystic ovarian syndrome. In the absence of known risk factors testing is recommended beginning at age 45 and should continue every three years.<sup>5</sup>
- **Myth: Diabetes is a death sentence.**  
**Fact:** Diabetes cannot yet be cured, but it can be managed.<sup>6</sup> With the proper diet, exercise, regular blood sugar testing, and treatment therapy, people living with diabetes can lead full and active lives. However, if left untreated, diabetes can lead to serious and life threatening complications including, stroke, kidney disease, high blood pressure, blindness, nerve problems and amputations.<sup>2</sup>

- **Myth: If I have type 2 diabetes and my doctor prescribes insulin, it means I failed in managing my diabetes.**
- **Fact:** Medical guidelines and recommendations aimed at curbing the progression of type 2 diabetes have included earlier introduction of insulin for patients who have not succeeded in improving glycemic control with exercise and oral medication alone.<sup>7</sup>

As type 2 diabetes progresses, the body's ability to make enough insulin declines. Over time, non-insulin medicines may not be enough to bring down blood sugar levels. Insulin injections become necessary. This does not mean you have failed to control your diabetes. It simply means that your body has changed and needs a different type of treatment.<sup>8</sup>

- **Myth: No one in my family has diabetes, so I am not at risk.**
- **Fact:** Healthcare providers are still unsure exactly what causes diabetes, although both family history/genetics and lifestyle factors may play a role. Genetics and lifestyle factors including, age, lack of physical activity, obesity, high blood pressure and ethnicity are thought to have an especially important role in triggering type 2 diabetes.<sup>9</sup>



Table Facilitator Marwa Maziad guides the conversation at her table towards the priority discussion topics



## **Diabetes Basics Backgrounder**

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### **What is Diabetes?**

- Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. There are two types of diabetes.<sup>1</sup>
  - *Type 1 Diabetes:* Type 1 diabetes (formerly known as juvenile diabetes) is characterized by the body's inability to produce insulin. Why the body does not produce insulin is currently unknown.<sup>2</sup>
  - *Type 2 Diabetes:* Type 2 diabetes (formerly known as adult onset diabetes) is characterized by a resistance to insulin; 90% of people diagnosed with diabetes are diagnosed with type 2.<sup>2</sup> Type 2 diabetes is increasing among young people as the amount of overweight youth increases.<sup>3</sup>
- Diabetes Symptoms
  - Symptoms of type 1 diabetes may include frequent urination, unusual thirst, extreme hunger, unusual weight loss, extreme fatigue and irritability.<sup>1</sup>
  - Symptoms of type 2 diabetes may include frequent urination, unusual thirst, extreme hunger, unusual weight loss, extreme fatigue and irritability, frequent infections, blurred vision, slow healing cuts and bruises, tingling/ numbness in the hands and feet, recurring skin, gum, or bladder infections.<sup>10</sup>

### **Prevalence and Cost of Diabetes**

- In the U.S., diabetes impacts millions of people annually, with 1.9 million people aged 20 years or older newly diagnosed each year. While cancer and HIV/AIDS may seem more prevalent due to the resource and attention they receive, diabetes is actually the more common chronic disease in the U.S. with nearly 26 million Americans – over 8% of the population – suffering from the disease.<sup>2</sup>
  - On its current course, the number of people with diabetes is projected to nearly double to 44.1 million by 2034 due in large part to the aging of the baby boomer population and increased rates of overweight Americans and obesity.<sup>4</sup>
- Diabetes is one of the costliest diseases in America, with total direct and indirect costs for diabetes and pre-diabetes estimated at \$218 billion in 2007.<sup>11</sup>

### **Understanding Diabetes Treatment & Management**

- Diabetes cannot yet be cured, but it can be managed.<sup>6</sup> With the proper diet, exercise, regular blood sugar testing and treatment therapy, people living with diabetes can lead full and active lives.<sup>2</sup>
- When left untreated or poorly controlled, diabetes can have serious complications, including stroke, kidney disease, high blood pressure, blindness, nerve problems and amputations. If detected early and treated properly, complications can be prevented or delayed.<sup>2</sup>
- Good blood glucose control, or glycemic control has long been established as the cornerstone of successful diabetes treatment, however many patients in the U.S.



are not achieving recommended A1C targets, which are a measure of a person's average blood glucose control for the past 2 to 3 months.<sup>7</sup>

- Adequate patient self-management has been identified as a critical component for successful short- and long-term treatment of diabetes and its complications.<sup>2</sup>
- For people living with diabetes, healthy eating, physical activity, blood glucose and one or more diabetes medicines including, insulin, pills and other injectable medicine to control blood glucose levels, are the basic management tools for diabetes.<sup>2</sup>
- Insulin therapy, discovered nearly 90 years ago remains one of the most significant discoveries in the field of medicine and continues to be a mainstay of diabetes treatment as a way to reduce the risk of developing serious complications.<sup>12</sup>
  - Despite the effectiveness of insulin treatment, several factors have been suspected to impact insulin usage, including needle anxiety, fear of injection pain and inconvenience coupled with psychological barriers to insulin initiation (e.g. social embarrassment).<sup>13</sup>
- Insulin plays an important role in managing diabetes. To get the full benefits of insulin therapy, people with diabetes need to take it exactly as directed by their physicians. For many patients, it will be important to choose an insulin delivery method that works for their lifestyle, whether it be a vial and syringe or an easy-to-use insulin delivery device.<sup>14</sup>
  - Insulin delivery devices are an integral part of diabetes treatment and the successful outcome of treatment today; however, the adoption rates among physicians and patients in the U.S. are still relatively low.<sup>15</sup>
  - Today in the U.S only 17% of insulin units are delivered through insulin pens (durable, refillable or prefilled disposable insulin pens) compared to 95% and 88% in Japan and Europe, respectively, according to a September 2009 study.<sup>16</sup>
  - Today there are approximately 10 insulin delivery pens available on the market providing options to diabetes patients to help them actively manage their own health.

### **Diabetes Impact: Multicultural & Generational Reach**<sup>2</sup>

- In the U.S., diabetes prevalence increases with age:
  - 25.6 million or 11.3% of all people 20 years of age or older have diabetes
  - 10.9 million or 26.9% of people age 65 or older have diabetes
- Diabetes disproportionately affects minority communities in the U.S. including, African Americans, Hispanics, Asians and Pacific Islanders, American Indians, and Alaskan Natives. The increasingly diverse population of people living with diabetes has created new variables for healthcare professionals to consider when treating patients to ensure they address the beliefs, attitudes and practices of each unique culture or background.
- 2007–2009 national survey data for people aged 20 years or older indicate that:<sup>2</sup>
  - 7.1% of non-Hispanic whites had diagnosed diabetes
  - 8.4% of Asian Americans had diagnosed diabetes
  - 11.8% of Hispanics had diagnosed diabetes



- 12.6% of non-Hispanic blacks had diagnosed diabetes
- Compared to non-Hispanic white adults, the risk of diagnosed diabetes was 18% higher among Asian Americans, 66% higher among Hispanics, and 77% higher among non-Hispanic blacks.

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<http://www.who.int/mediacentre/factsheets/fs312/en/index.html>
- <sup>2</sup> 2011 National Diabetes Fact Sheet. Centers for Disease Control. Accessed at:  
<http://www.cdc.gov/diabetes/pubs/factsheet11.htm>
- <sup>3</sup> NIH Fact Sheet: Type 2 Diabetes. Accessed at:  
[www.nih.gov/about/researchresultsforthepublic/Type2Diabetes.pdf](http://www.nih.gov/about/researchresultsforthepublic/Type2Diabetes.pdf)
- <sup>4</sup> Huang et al. Projecting the Future Diabetes Population Size and Related Costs for the U.S. *Diabetes Care*, December 2009, Vol. 32, No 12, 2225-2229.
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- <sup>6</sup> Mayo Clinic. Type 2 Diabetes. Accessed at:  
<http://www.mayoclinic.com/health/type-2-diabetes/DS00585>
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<http://www.cornerstones4care.com/HelpfulToolsResources/HowInsulinWorks.aspx>
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<http://diabetes.niddk.nih.gov/dm/pubs/overview/#who>
- <sup>10</sup> Mayo Clinic. Disease Symptoms. Accessed at:  
<http://www.mayoclinic.com/health/diabetes-symptoms/DA00125/METHOD=print>
- <sup>11</sup> Dall et al. The Economic Burden of Diabetes. *Health Affairs*. 29, NO. 2 (2010)
- <sup>12</sup> Family Doctor. Diabetes Insulin Basics. Accessed at:  
<http://familydoctor.org/online/famdocen/home/common/diabetes/treatment/354.printinterview.html>
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- <sup>14</sup> Novo Nordisk Cornerstones4Care. Overcoming Barriers to Insulin Therapy. Accessed at:  
<http://www.cornerstones4care.com/DiabetesMedicines/OvercomingBarriersToTaking.aspx>
- <sup>15</sup> RCNOS. Insulin Pen Market to Post Double Digit Growth in US. Accessed at:  
[http://www.rncos.com/Press\\_Releases/Insulin-Pen-Market-to-Post-Double-Digit-Growth-in-US.htm](http://www.rncos.com/Press_Releases/Insulin-Pen-Market-to-Post-Double-Digit-Growth-in-US.htm)

## Language/Terminology

(Adapted from [www.webmd.com](http://www.webmd.com) and [www.cdc.gov](http://www.cdc.gov))

**Anomaly:** A condition or defect present at birth that differs from the norm.

**Asymptomatic:** A lack of symptoms. No clear signs that disease is present.

**Basal Rate:** The base level of insulin needed to manage daily blood glucose levels.

**Carbohydrate:** One of the three main classes of food and the body's preferred source of energy. Composed of sugars and starches that are broken down into glucose after being ingested.

**Certified Diabetes Educator (CDE):** A healthcare professional that is certified by the American Association of Diabetes Educators (AADE) to teach people with diabetes how to manage their condition.

**Dehydration:** A common symptom of diabetes caused by excessive water and fluid loss due to high blood sugar levels.

**Diabetic:** Commonly used to identify a person with type 1 or type 2 diabetes. The use of this term is often discouraged due to an effort to not define a person by their diagnosis.

**Fasting Plasma Glucose Test (FPGT):** The preferred method of diabetes screening which measures a person's blood sugar levels following eight hours of fasting or not eating.

**Gangrene:** The death of body tissues caused by decreased blood flow. Often occurs as a complication of diabetes in the legs and feet.

**Glucose:** The simple sugar found in blood; the body's main source of energy.

**Human Insulin:** Bio-engineered insulin that is comparable to the insulin made naturally in the body.

**Hyperglycemia:** A term used to describe high blood sugar. Occurs when the body cannot produce enough insulin (see Insulin) or cannot use the insulin it does produce effectively.

**Hypoglycemia:** A term used to describe low blood sugar. Occurs when too much insulin (see Insulin) is present in the blood and, therefore, too little glucose.

**Insulin:** A hormone produced in the pancreas that allows for the transport of glucose into the body's cells to be broken down and used as energy.

**Insulin Shock:** A severe reaction that occurs when blood sugar levels drop suddenly.

**Juvenile-Onset Diabetes or Insulin-Dependent Diabetes:** Former term for type 1 diabetes.

**Late-Onset Diabetes or Adult-Onset Diabetes:** Former term for type 2 diabetes.

**Pancreas:** An organ in the endocrine system that is located in the abdomen and produces insulin.

**Pre-diabetes:** A condition often diagnosed prior to type 2 diabetes, characterized by higher than normal blood sugar levels that are not yet high enough to be considered diabetic.

**Type 1 Diabetes:** A condition in which the insulin-producing cells located in the pancreas, beta cells, are not able to produce insulin or produce only limited amounts not sufficient for normal bodily functioning. This condition is often present at birth and is managed with daily insulin injections.

**Type 2 Diabetes:** A condition that occurs later in life in which the body is able to produce insulin, but it is no longer effective in allowing for the absorption of glucose by the cells in the body. This condition can be caused by a high level of body fat and genetics and is normally treated with lifestyle modification and, sometimes, prescription medication.

## National Diabetes Resources

### **American Diabetes Association [diabetes.org]**

1-800-DIABETES (1-800-342-2383)  
Provides comprehensive information on diabetes and background on the organization's activities

### **American Association of Diabetes Educators [diabeteseducator.org]**

Provides resources for diabetes educators to help patients change their behavior and accomplish their diabetes self-management goals

### **Centers for Medicare and Medicaid Services [cms.hhs.gov]**

Includes the latest information on Medicare enrollment, benefits, and other helpful tools

### **Juvenile Diabetes Research Foundation [jdrf.org]**

A leader in setting the agenda for diabetes research worldwide, and is the largest charitable funder advocate of type 1 diabetes research

### **National Diabetes Education Program [ndep.nih.gov]**

1-888-693-NDEP (1-888-693-6337)  
Contains information on diabetes, including ways to control or prevent the disease for patients, parents, children and high-risk minority populations

### **National Institute of Diabetes and Digestive and Kidney Diseases [diabetes.niddk.nih.gov]**

Provides a wealth of information about diabetes for patients, healthcare professionals, and the general public

## Novo Nordisk Support Patient Resource

### **Cornerstones4Care [cornerstones4care.com]**

Provides information for people to learn more about daily living with diabetes

## Local Diabetes Resources

Franciscan Medical Group  
[www.fhshealth.org](http://www.fhshealth.org)

Harrison Medical Center  
[www.harrisonmedical.org](http://www.harrisonmedical.org)

International Community Health Services  
[www.ichs.com](http://www.ichs.com)

JDRF Seattle Guild  
[www.jdrfseattleguild.org](http://www.jdrfseattleguild.org)

Kent School District  
[www.kent.k12.wa.us](http://www.kent.k12.wa.us)

Northwest Hospital  
[www.nwhospital.org](http://www.nwhospital.org)

Nurse Practitioner Healthcare Foundation  
[www.nphealthcarefoundation.org](http://www.nphealthcarefoundation.org)

Premera Blue Cross  
[www.premera.com](http://www.premera.com)

Public Health-Seattle  
and King County: REACH  
[www.kingcounty.gov/health/REACH](http://www.kingcounty.gov/health/REACH)

Sea Mar Community Health Centers  
[www.seamarchc.org](http://www.seamarchc.org)

Seattle Indian Health Board  
[www.sihb.org](http://www.sihb.org)

Seattle University  
[www.seattleu.edu](http://www.seattleu.edu)

Swedish Diabetes Education Center  
[www.swedish.org/diabetes](http://www.swedish.org/diabetes)

Valley General Hospital  
[www.valleygeneral.org](http://www.valleygeneral.org)

Washington Health Foundation:  
Healthiest in the Nation Campaign  
[www.healthieststate.org](http://www.healthieststate.org)

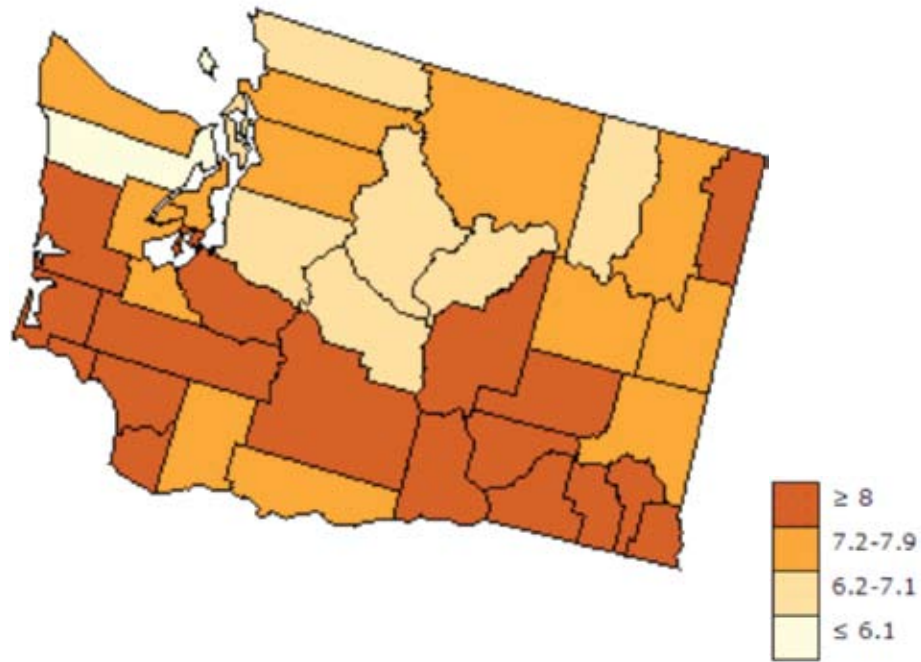
Washington State Department of Health  
[www.doh.wa.gov](http://www.doh.wa.gov)

Washington State Department of Health:  
Diabetes Resources  
[www.doh.wa.gov/cfh/cwp/resources.htm](http://www.doh.wa.gov/cfh/cwp/resources.htm)

Washington State University  
[www.wsu.edu](http://www.wsu.edu)

WSU Extension  
[ext.wsu.edu](http://ext.wsu.edu)

## County Level Estimates of Diagnosed Diabetes



Centers for Disease Control and Prevention: National Diabetes Surveillance System.  
Available online at: <http://www.cdc.gov/diabetes/statistics/index.htm>. Retrieved 11/12/2010.

Represents density per county of diagnosed diabetes in adults aged 21 years or older.



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