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SNPhA Mission

SNPhA is an educational service association of pharmacy students who are concerned about pharmacy and healthcare related issues, and the poor minority representation in pharmacy and other health-related professions.

The purpose of SNPhA is to plan, organize, coordinate, and execute programs geared toward the improvement for the health, educational, and social environment of the community.

Diabetes Initiative Mission

★ Advance public knowledge about Pre-Diabetes and Diabetes through educational events
★ Increase collaboration within initiatives, with pharmacy organizations, local and national community organizations
★ Empowering members to become diabetes educators while increasing knowledge about the disease and confidence in working with patients
★ Advocate for the profession through relentless efforts to increase disease awareness

Diabetes Initiative Chair Duties

★ Plan, organize, and coordinate diabetes events
★ Submit diabetes events on the SNPhA website for initiative CIC points
★ Attend conference calls held by the National Diabetes Chair
★ Correspond with National Diabetes Chair regarding any endeavor with the Diabetes Initiative
★ Complete any duties specific to your chapter bylaws for the diabetes chair position
★ Encourage and recruit members to join SNPhA and health fairs
★ Stay up to date on the latest developments related to Diabetes
★ Attend SNPhA regional and national conferences

National Diabetes Initiative Chairs: Current/Past Officers

2019-2020
Aliyah Cruz, PharmD Candidate 2022
University of North Carolina Eshelman School of Pharmacy
2018-2019
Vi Nguyen, PharmD
Mercer University College of Pharmacy

2017-2018
Janet Akinduro, PharmD
Notre Dame of Maryland School of Pharmacy

2016-2017
Wanda Azu Owoh, PharmD
Hampton University School of Pharmacy, 2017

2015-2016
Cheryl Wisseh, PharmD
University of North Carolina Eshelman School of Pharmacy, 2016

2014-2015
Patrick Maranon, PharmD
University of Houston College of Pharmacy, 2015

2013-2014
Jennifer Tieu, PharmD
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Other Diabetes Initiative Manual Contributors

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Jacqueline Benjamin, PharmD
SNPhA Chapter Diabetes Initiative Chair 2013-2014

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SNPhA Chapter Diabetes Initiative Chair 2013-2014
Diabetes Disease State Overview

WHAT IS DIABETES?

Diabetes mellitus is a group of metabolic disorders in which there is not enough insulin secretion, there is insulin resistance, or both. This impaired insulin action results in patients having persistently high blood sugars, or hyperglycemia. In 2017, 9.4% of the U.S. population, or 30.3 million patients, were found to have diabetes based off the CDC National Diabetes Statistics Report, 2017. Additionally, to complete the picture of how many people are affected with diabetes, the National Diabetes Statistics Report found the following:

- 5% of people with diabetes are estimated to have type 1 diabetes
- 23.8%, or 7.2 million patients, of those living with diabetes are undiagnosed
- In 2015, 193,000 patients under the age of 20 were living with diabetes.
- In 2015, 1.5 million new cases of diabetes were diagnosed Americans 18 years or older
- The rate of incidence is higher among Non-Hispanic Blacks and Hispanics compared to Non-Hispanic Whites during 2013-2015

The health complications associated with diabetes are life altering. The comorbidities and complications associated with diabetes include the following:

- Hypoglycemia and/or hyperglycemia
- Hypertension
- Dyslipidemia
- Cardiovascular disease and death
- Stroke
- Blindness and eye problems
- Kidney Disease
- Neuropathy
- Limb amputations due to poor wound healing

To understand diabetes as a whole, we need to review the anatomy and physiology of the pancreas and the body’s way of regulating glucose.
The Body's Needs for Glucose
Glucose is one of the body’s main sources of energy. However, while other organs can use glucose, fats, or protein for energy, the brain is absolutely dependent on glucose for energy. Glucose is obtained either from the diet or synthesized in the liver. The liver is the main glucose regulatory organ and it responds to insulin secretion from the pancreas to convert glycogen to glucose. Normal fasting blood glucose is 80-100 mg/dL. Glucose is freely filtered by the kidney, but it is all completely reabsorbed up to 180 mg/dL. When blood glucose levels exceed 180 mg/dL, carrier mediated absorption is saturated and glucose spills into the urine.

Endocrine Pancreas
The pancreas is an organ located behind the stomach and is surrounded by the small intestine, liver, and spleen. It is an essential organ for converting food into fuel and energy for the body’s needs. The pancreas has exocrine (aids in digestion) and endocrine (regulates blood sugar) functions. The islet cells of Langerhans of the pancreas create and release necessary hormones for blood sugar regulation. Islet cells include β -cells responsible for secreting insulin and amylin, α -cells responsible for secreting glucagon, and delta cells responsible for secreting somatostatin.5

Hormones Involved in Blood Glucose Regulation
➢ **Insulin**: Insulin is secreted from β -cells of the pancreas in response to hyperglycemia in order to lower blood glucose levels. Insulin has many effects on several tissues as an anabolic hormone. Primarily, insulin promotes the insertion of GLUT-4, a glucose transporter, into cell membranes. These transporters are insulin dependent and allow the uptake of insulin into the cells of skeletal, muscle, and fat tissue. Additionally, insulin promotes glycogen, protein, and fat synthesis and storage.
➢ **Glucagon**: Glucagon secretion is stimulated by hypoglycemia, amino acids, physical stress, and/or infection in order to raise blood glucose levels. As a catabolic hormone, glucagon activates liver enzymes to stimulate glycogenolysis (breakdown of glycogen to glucose), proteolysis (breakdown of proteins), and gluconeogenesis (synthesis of glucose). In normal patients, meals increase blood glucose, so glucagon is suppressed and insulin can work to decrease blood glucose levels. Glucagon secretion is inhibited by hyperglycemia, free fatty acids, and somatostatin. Glucagon can be used therapeutically for insulin shock and severe hypoglycemia.
➢ **GLP-1 (glucagon like peptide 1)**: GLP-1 is only secreted in the presence of food by intestinal cells after a meal. GLP-1 facilitates the release of insulin from pancreatic cells. This may occur even before post-meal hyperglycemia is detectable by the body. GLP-1’s other actions include increasing insulin synthesis, reducing inappropriate glucagon secretion, slowing gastric emptying, and reducing food intake by inducing satiety.
➤ **Amylin**: Amylin is also released from $\beta$-cells along with insulin secretion. Amylin acts similarly to GLP-1 by indirectly affecting blood glucose levels by slowing gastric emptying and inducing satiety.

**Type 1 Diabetes vs. Type 2 Diabetes**

Type 1 diabetes is a result of pancreatic $\beta$-cell mediated immunity where insulin secretion is then decreased or completely absent. The disease has an abrupt onset usually during childhood or adolescence. Patients typically present as thin and undernourished. There is some genetic predisposition for Type 1 diabetes, but we’re unsure of how it works. Type 1 diabetes can be caused by inflammatory disorders, such as acute or chronic pancreatitis, or by autoimmune disorders where islet auto-antibodies may or may not be present.

Type 2 diabetes is a result of insulin resistance. Insulin resistance develops due to a binding defect in its receptors. Therefore the receptors have decreased sensitivity to insulin. When this happens insulin has diminished activity in lowering blood glucose and the liver produces more glucose. With constantly high blood glucose levels, the pancreas continues to attempt to compensate by making more insulin. However, it can't keep up with the required insulin needs, and this results in progressive decline in beta cell function over time. This endless cycle results in a persistent increase in HbA1c and fasting blood glucose.

Type 2 diabetes usually presents with a gradual onset of symptoms in patients over 40 years of age who additionally have signs of metabolic syndrome (obese, hypertensive, high triglycerides, low HDL). The risk factors for developing Type 2 diabetes include the signs of metabolic syndrome, chronic physical inactivity, positive family history, impaired glucose intolerance, and history of gestational diabetes. Patients may present with low, normal, or high insulin levels, depending on the stage of pancreas decline.

Some secondary causes of diabetes are genetic defects of the pancreatic beta cells, insulin receptor mutations, endocrinopathies (Cushing’s disease, acromegaly, hypothyroid), and/or medications. Medication-induced causes of diabetes include steroids, thiazides, niacin, beta-blockers, and atypical antipsychotics. Additionally, some patients may develop gestational diabetes in which glucose intolerance occurs during the 2nd to 3rd trimester of pregnancy. Gestational diabetes occurs in 7-10% of all pregnancies, and as many as 40% of these patients will then develop Type 2 diabetes postpartum.

**Disease Prevention & Treatment**

**Prevention**

You can prevent or delay the onset of type-2 diabetes through a healthy lifestyle. Change your diet, increase your level of physical activity, maintain a healthy weight to stay healthier longer and reduce your risk of diabetes.
Healthy Steps
➢ Start SLOW (warm up before and after exercising)
➢ Work out with a friend and keep each other accountable
➢ Wear comfortable shoes and clothes – and carry an ID showing that you have diabetes
➢ Check your feet before and after exercise
➢ Try to exercise 1-3 hours after a meal (blood sugar is high)
➢ The American Diabetes Association (ADA) recommends exercising 5 times a week (at least 30 minutes per day) for a total of 150 minutes a week.  
➢ Record your blood sugar before and after exercise to understand how exercise affects your blood sugar levels.
➢ Low blood sugar can be a problem when you exercise, so always have a high-sugar snack in hand! Low blood sugar symptoms after exercise may be presented as feeling shaky, nervous, sweating, and blurry vision. If you feel any of these symptoms check your blood sugar immediately. If it is below 70mg/dL, you can drink half a cup of juice or regular, non-diet soda, 1 tablespoon of sugar, honey, or corn syrup, 2 tablespoons of raisins, 8 ounces of nonfat or 1% milk, hard candies, jellybeans, gumdrops (see package for amount to consume), gel tube (follow package instructions), glucose tablets (follow package instructions).

Healthy Eating
Making just a few small changes can make a big impact on your weight and health. Eating healthy is one of the most important things you can do to lower your risk for type 2 diabetes and heart disease. (Please refer to page 3 for healthy eating tips.)

All About Cholesterol
Cholesterol is a form of fat that is carried in the blood. Unhealthy cholesterol levels can raise your risk for type-2 diabetes and heart disease. In diabetics (40-75 years, LDL 70-189 mg/dL), a high intensity statin should be considered with a 10-year ASCVD risk ≥ to 7.5%, according to ACC/AHA guidelines.  

High Blood Pressure
High blood pressure raises your risk for heart disease, stroke, and other problems. Managing blood pressure can help prevent these problems. If you have high blood pressure you should maintain your blood pressure to be below 140/90 mmHg.

High Blood Glucose
Managing your blood glucose (sugar) can help you prevent and manage type 2 diabetes. Goals for blood glucose: Fasting blood sugars: between 80 and 130 mg/dL. Sugar two hours after a meal: below 180 mg/dL (ADA).

Stop Smoking!
Smoking causes a lot of problems in your body and can raise your risk of heart attack or stroke. Smoking also interferes with insulin production, making blood sugar harder to
control and increases risks of developing serious complications such as blindness, kidney problems, poor circulation, amputation, and nerve damage (Centers for Disease and Control).

Limit Alcohol Intake
➢ Men and women may only drink 1 drink a day (2 okay for men).
➢ Drink with a meal or with foods high in carbohydrates
➢ Drink slowly and do not drink alone.
➢ Check your blood sugar often
➢ Always have a low blood sugar snack handy.
➢ Make sure someone with you knows you have diabetes.

<table>
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<tr>
<th>A1c: Approximate conversion to blood sugar levels</th>
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<tbody>
<tr>
<td>A1c Value</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>12.0 %</td>
</tr>
<tr>
<td>11.0 %</td>
</tr>
<tr>
<td>Action</td>
</tr>
<tr>
<td>Suggested</td>
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<tr>
<td>9.0 %</td>
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<tr>
<td>Caution</td>
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<tr>
<td>Excellent</td>
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<td>7.0 %</td>
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<td>6.0 %</td>
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Diagnosing Information
There are several tests to diagnose diabetes. Each test usually needs to be repeated on a second day to diagnose diabetes. Testing should be carried out in a healthcare setting (such as your doctor’s office or a lab). If your doctor determines that your blood glucose level is very high, or if you have classic symptoms of high blood glucose in addition to one positive test, your doctor may not require a second test to diagnose diabetes.

"Diabetes is diagnosed with any one of these criteria:"
★ A1C of greater than or equal to 6.5%
★ Fasting blood glucose of greater than or equal to 126 mg/dl
★ 2 hour blood glucose of greater than or equal to 200 mg/dl
★ Random blood glucose levels of greater than or equal to 200 mg/dl
★ Presenting with high blood sugar symptoms such as polydipsia, polyuria, and polyphagia. ¹¹

Goals of Treatment
Learn how to monitor your blood glucose (blood sugar) with the latest tools. To manage diabetes, work with your healthcare team to keep track of your A1c, Blood pressure, and Cholesterol (ABC). Get more information about the different types of medications and how they work. Maintain dental care with two routine visits per year. Incorporate activities into your daily routine to prevent complications. Get answers to your questions from pharmacists, eye doctors, dentists, and dietitians. Research the best insurance options to make your healthcare more affordable.

Self-Monitoring Goals
It is recommended for patients to keep a log of blood sugar levels to monitor blood glucose patterns at various times of the day (before and after meals) and during different days of the week. The log helps to track how things such as food, physical activity, medications, and stress influences blood glucose. It also allows practitioners to see if a particular treatment plan is working.

The American Diabetes Association suggests goals for blood sugar levels for adults with diabetes:

- **Blood sugar target before meals (fasting): 80-130 mg/dL**
- **Blood sugar target 2 hours after beginning of meals: <180 mg/dL.**

The A1c is a blood test performed by practitioners to obtain a picture of the average blood sugar levels over the past 3 months. The goal A1c for diabetics is less than 7%, unless specified otherwise by the practitioner.12

Special populations such as children and the elderly have different A1c goals.

Nutrition Education & Meal Planning
When you have diabetes, eating well takes practice and planning. A good balance of the right foods, along with regular exercise and your prescribed medications, can help you feel better and stay healthier. Work with your doctor and dietitian to create a meal plan that:

- Works with your schedule
- Keeps your weight on track
- Improves your blood glucose, blood pressure, and cholesterol numbers.

Eating Habits
- Variety of dark colored fruits and vegetables. Choose >5 servings per day (3 servings of veggies and 2 servings of fruit! Fruit has a lot of sugar so be cautious of that!)

Last Updated: August 2019
➢ Variety of whole grains. Choose >6 servings per day.
➢ Eat fish at least twice a week, particularly fatty fish such as mackerel, lake trout, herring, sardines, albacore tuna and salmon.
➢ Fat free and low-fat milk products, legumes (beans), skinless poultry and lean meats.
➢ Balance the number of calories you eat with those you use up each day to maintain your ideal weight. Walk or do physical activities for at least 30 minutes on most days of the week.
➢ Limit your intake of soft drinks and candy.
➢ Look for healthy strategies to overcome your overeating habits.
➢ Learn to read labels when you shop. You should be looking for the amount of carbohydrates on each ingredient or food you consume. Discuss with your doctor how many carbohydrates you are allowed in your daily dietary intake.
➢ Save the fats, oils, and sweets for special occasions.
➢ Drink plenty of water, at least eight 8 oz. (64 oz) per day.
➢ Serve your family and yourself small portions and learn to eat slowly.
➢ Develop strategies to eat healthy at restaurants.

The Plate Method is a healthy and easy way of maintaining and keeping track of what you eat:
   It is important not to skip meals or snacks, even when feeling unwell.)
➢ Eat 3 balanced meals a day, 4-5 hours apart.
➢ Plan to have low carbohydrate snacks in between meals to prevent low blood sugar levels.
➢ Add a lean protein food to your snack.
➢ Eat fresh and low fat foods to protect your heart; eat less fried foods and fast foods.
➢ Avoid all sugar in drinks. Drink Diet Soda, Crystal Light, or Flavored Water.
➢ Aim for zero-calorie or very low calorie drinks such as Water, Unsweetened Tea, Diet Soda, Crystal Light, or Flavored Water.
➢ Squeeze lemon slices or citrus in water for a refreshing taste
➢ Eat less salt to help with blood pressure; less fast food and packaged foods
Diabetes Initiative Event Planning

Diabetes Projects

Project Fight Diabetes is a great way to get involved in the community, gain leadership skills within SNPhA and your school of pharmacy, and to learn about this prevalent disease state that will have a very important stance in your career as you move on through pharmacy school and develop to become a pharmacist.

There are several types of diabetes projects you can hold as Diabetes Chair that will benefit both the community and aid you and your SNPhA chapter in learning about diabetes as intern pharmacists. It is important to remember that your project must follow certain criteria in order for you to earn CIC points. These criteria were established in order to ensure the community is being adequately served and that SNPhA is being involved in an appropriate manner.

Requirements

★ Must provide direct outreach to patients and/or health care providers/students
★ Must provide a detailed description of the event and level of patient outreach
★ A minimum of 2 SNPhA members must be present during the event
★ Must include 2/5 of the following to serve as a diabetes Event
  ○ Distribution of patient information related to diabetes (brochures, printouts)
  ○ Screenings (Blood Glucose, A1c, Diabetes Foot Screening)
Medication reviews/education
- Seminar/lecture for patients and members
- Create/Distribute surveys to assess the quality of event
  ★ Must include 3 pictures that show direct patient care and/or patient education
  ★ 1 picture of the information distributed/used to educate (if applicable)

Please review this checklist each time you are planning an event in order to ensure you will be adequately rewarded with CIC points for all your hard work and effort!

Next we will review some sample project ideas to help you get started with planning this upcoming academic year.

### Diabetes Initiative Event Ideas

#### Health Fairs: Screening & Education
You may either join in on an existing health fair and simply set up a Diabetes Screening Table/Booth (which is much easier) or you can organize your own health fair (this is more complicated and you need to contact your School of Pharmacy to figure out how to do this if you already don’t know how to set up a health fair from scratch). To join in on an existing health fair, keep an eye out on the community for upcoming health fairs and contact the coordinator to find out how you can join them. Always make sure to have a preceptor involved and follow the proper procedures and guidelines set up by your School of Pharmacy. Make sure you procure enough supplies for screenings (glucometers, lancets, test strips, alcohol wipes, cotton balls, gloves, band aids, paper towels, biohazard waste bins) and bring tables/chairs/plastic table covers if necessary. Participant forms are usually required, check with your school or organization to see what is necessary. It would be prudent to require all students who are performing the screenings to have copies of their pharmacy intern license, CPR Card, BLS certificate, and other certifications on hand with them on the day of the event. Please ensure there are an adequate amount of pharmacist preceptors present as to not violate the pharmacist to intern ratio laws in your state.

- Churches or other places of worship
- YMCA/YWCA
- Schools
- Community Pharmacies
- Senior Centers
- County Hospitals
- Picnics
- Carnivals/Community Fairs
- Parks
- Community Center

#### Speaker Series
You can host events on your campus in a classroom setting with a guest speaker on a diabetes education topic where the speaker provides education to pharmacy students (or
other interested healthcare professional students) on diabetes topics and provides them with handouts to give to patients. There are many topics to discuss, you can come up with ideas and ask your speaker to prepare a lecture about it or some speakers already have lecturers prepared from their organization. Here are some ideas to help you get started:

- How to Become a Diabetes Educator (CDE): [http://www.diabeteseducator.org](http://www.diabeteseducator.org)
- Insulin education/technique with dummy insulin pens/vials
- Diabetic Drug Update (perhaps from pharmaceutical companies or professors)

**World Diabetes Day: November 14th**
Get your pharmacy school involved by wearing blue (world diabetes day color) and wearing the circle blue pin and sharing facts about diabetes on an international level. Learn more at [http://www.idf.org/worlddiabetesday](http://www.idf.org/worlddiabetesday).

**National Diabetes Month: November**
This month is recognized by Diabetes walks all throughout the nation, be sure to participate in the walk in your area and look out for events hosted by your local ADA, for example, Step Out: Walk to Stop Diabetes.

**Education Only Events**
You may consider visiting local elementary/middle/high schools or senior centers to educate classrooms or groups of people about healthy lifestyle changes, such as diet and exercise habits. Be sure to have handouts to earn CIC points!

**Smoking Cessation Volunteering**
Since smoking and diabetes are intimately linked, volunteering at health clinics and helping patients in smoking cessation and educating them on diabetes would be a great way to get involved and enhance your clinical skills.

**Fitness and Nutrition Events or Challenges**
Lifestyle modifications are essential components to improve the lives of diabetic patients. Chapters can use fitness challenges or workouts to promote the importance of exercise to the community and chapter members. Additionally, education on healthy choices is another beneficial way to help patients reach their ideal body weight.

**How to Start Diabetes Projects**
Getting started on a project can be overwhelming. Be sure to follow these steps to ensure a smooth process and make sure you hit all the necessary points to ensure a successful project.

- ★ Seek approval of the project from your SNPhA advisor and SNPhA Chapter President
- ★ Secure a committed preceptor
- ★ Secure location and supplies
- ★ Have your SNPhA chapter on board
- ★ Get the event on your School of Pharmacy and SNPhA Chapter calendar

Last Updated: August 2019
Update your progress on the project with another SNPhA member
In case of emergencies, they will be able to take over the project
Be sure to plan everything in advance to avoid rushing close to the deadline
Be sure to CC your SNPhA Advisor, SNPhA Chapter President, preceptor, and anyone else who may be involved on all important emails every time
Always follow up to ensure the project is going as planned and nothing has been forgotten
On the day of the event, be sure to delegate tasks if need be. Do not take too much work on to yourself if it too much for one person to do
After the event is over, leave the place as you found it. You are representing SNPhA and your School of Pharmacy!
Remember to thank everyone involved via email or Thank You cards!

How to Get Funding for Diabetes Projects
It is usually not the norm for students to pay for organization events out of their own pockets. Please seek funding; there are various ways to fund your projects. Here are some ideas on ways to get started:

★ School of Pharmacy, or your Graduate School Student Organization Fund
Schools usually set aside funds for student organizations. Be wary of deadlines, paperwork, receipts, etc. in order to ensure proper reimbursement, otherwise you may not get paid back.

★ Local American Diabetes Association Office
Ask to provide patient education supplies/handouts or other support

★ Pharmaceutical Companies
Some companies that specialize in Diabetes medications/supplies (ie, Novo Nordisk) may be able to provide scholarships or grants for events or provide patient education supplies.

★ Local Pharmacies
Contact local pharmacies and see if they are willing to donate any supplies for you to use at health fairs (glucometers, test strips, etc.)

★ Donations
You may also ask companies/sponsors for monetary donations and then use the donations to purchase any supplies you need.

Getting Your School Involved
As the SNPhA Diabetes Chair, your engagement with students, existing SNPhA members, faculty, as well as other SNPhA chairs becomes essential to the success of your projects. Here are some pointers to kick start involvement from all three areas! (Note: These are only suggestions and can be modified to suit the needs of your events.)

As the SNPhA Diabetes Chair, your engagement with students, existing SNPhA members, faculty, as well as other SNPhA chairs becomes essential to the success of your projects. Here are some pointers to kick start involvement from all three areas! (Note: These are only suggestions and can be modified to suit the needs of your events.)
Create Resource Guide

Diabetes is the leading cause of heart disease, stroke, blindness, kidney failure, and lower limb amputation. There are many aspects to the disease states that require the care of multiple health professionals and advocates. As the SNPhA Diabetes Chair, you create events that reach out to many people who are not aware of the resources available in your community. Resource guides may be created to increase awareness of available resources. Resources consist of local food banks, fitness instructors, podiatrists, and much more.

The following steps will help your chapter succeed in this task. Research available local resources. Connect with them through email or by scheduling an appointment. Initiate the conversation and discuss both of your visions and how can you both better patient care. Accumulate all of the information acquired and add it to your resource guide. Provide resource guide at all events. Be sure to keep your connections with the organizations.

5 Ways to Engage Students & SNPhA Members

1. Membership Drive
   These are great for publicizing past events to new members and serve to generate interest for your future events. Find out when the date is for your school's membership drive. Determine if your chapter’s President or Membership Drive Chair will have a PowerPoint presentation at the membership drive. If there is a PowerPoint presentation, collaborate with your chapter’s President or Membership Drive Chair to include a section in the PowerPoint presentation for you to highlight last year’s diabetes events. If the membership drive does not have a PowerPoint presentation, ask your chapter’s president to allow you to speak for 3-5 minutes to let members know your role and what you do for SNPhA.
   a. Have your president introduce you to the audience to speak about last year’s diabetes events
   b. During the presentation, keep your speech short and simple (no more than 5 minutes of talking), highlighting:
      ➢ Your chapter’s past involvement with health fairs or diabetes educational events
      ➢ How many patients were served
      ➢ Involvement and tasks student members had at each event
      ➢ Benefits past students received from participating in health fairs, patient screenings, or diabetes educational events
      ➢ What new members can benefit from these events
      ➢ Let them your members know how they can get involved (email, sign up sheets, meetings, etc.)
   c. Mention that there is a sign-up sheet (to collect student’s name, class, email, cell phone numbers) for those who would be interested in future healthcare fairs as a subcommittee chair, as a volunteer, or as both.
d. Write out your email address on the board or include it in the PowerPoint presentation so that people can reach you for further questions.

e. If time permits, stay after the membership drive so that new members or potential volunteers can speak to you if they have questions.

2. **Recruit Subcommittee Chairs**

Subcommittee chairs may be anyone interested in helping out with your Diabetes Events on an as needed basis. Recruitment can take place during the membership drive or during general body meetings. Subcommittee chairs can help with any of the following:

★ Event Planning: Contributing ideas, creativity, or manpower
★ Creating patient handouts (if they haven’t been created already)
★ Helping with bag stuffers
★ Setting up on actual day of event
  ○ Arranging tables
  ○ Arranging chairs
  ○ Setting up posters
  ○ Arranging handouts
  ○ Distributing informational sheets, brochures, patient advocacy handouts
  ○ Taking pictures while also volunteering at the event
  ○ Being a SNPhA representative for the Diabetes Poster at different health fairs or community events

3. **General Body Meetings (GBM)**

GBMs are a great opportunity for volunteer recruitment. During meetings:

★ Have your president introduce you or if you feel comfortable introduce yourself.
★ Speak about your upcoming volunteering opportunities.
★ Pass around a sign-up sheet (with the volunteer dates and times) to collect student’s email addresses and phone numbers.

4. **Health Fairs**

Health fairs allow underclassmen to enhance their confidence with patients, clinical techniques, and counseling skills.

**Engage Volunteers Before Event**

➢ Plan a 30-45 minute mandatory training session for first year volunteers so that they understand how to perform techniques in the correct manner.
➢ Invite your preceptor to come to this training session to see if they would like to share any clinical experience or tips on techniques. (Note: it is ok if the preceptor does not have time to come. The idea is just to provide additional clinical insight/guidance to underclassmen).

**During Training Session**

➢ Spend 10-15 minutes to give a simple and brief overview of the disease state
○ Signs and symptoms, diagnosis, disease state classification, interpretation of blood pressure and heart rate, interpretation of blood glucose or A1c, medications, goals, nutrition, and lifestyle changes

➢ Use 5-10 minutes to demonstrate proper blood pressure or blood glucose measurement on a volunteer.
➢ Involve the audience. Ask the underclassmen what clinical questions they should ask the volunteer patient.
  ○ Did you have coffee today? How many cups of coffee? Did you just come in from the parking lot on a hot day? Is there any family history of high blood pressure?). This process demonstrates to students that blood pressure could be affected by different factors.
➢ Use 5-10 minutes to watch underclassmen practice blood pressure measurement or blood glucose testing on each other.
➢ Provide feedback on their techniques.

Engage Students During Event
➢ Encourage first year students to be proactive in talking to patients
➢ Create a mentorship culture.
➢ Let first year students know it is okay if they do not know the answers. They can always ask you, an upperclassmen, or the preceptor for help.
➢ Allow first time volunteers to work with second or third year students for an hour or two to gain confidence.
➢ Engage second year or third year students to help first years (as needed).

For Improvement
➢ Talk to each of the volunteers to see if they achieved what they wanted to get out of the event.
➢ Ask students in the end how you did as a Diabetes Chair in organizing the event.
➢ Ask students what could be improved for next year.
➢ Inspire other students to volunteer for future events if they enjoyed this one.

5. Social Media
Use social media to your advantage! People love to see themselves and others participating in fun events.
Show that you are an active organization:
➢ Advertise your event on social media
➢ Use sites like YouTube to show event highlights
➢ Frequently post pictures after your events on your chapter’s:
  ○ Facebook
  ○ Twitter
  ○ Instagram
  ○ SnapChat
3 Ways to Engage Faculty

1. Engage Existing Faculty Members
   - Get to know existing faculty members.
   - Find out which faculty members have been preceptors for SNPhA in the past and create a database for future chairs or the board to utilize.
   - Introduce yourself as the Diabetes Chair.
   - Briefly tell them about events that you have going on.
   - Ask if they would be interested in being a preceptor for students for the specific month that you are having an event.
     - Ask permission to send emails as a follow up 1-2 months prior to event.

2. Engage New Faculty Members
   - Converse with new faculty members.
   - Find out if the new faculty member has experience with being a preceptor or with health fairs and create a database for future chairs or the board to utilize.
   - Introduce yourself as the Diabetes Chair.
   - Briefly tell them about events that you have going on.
   - Ask them if they have experience with health fairs.
   - Ask if they would be interested in being a preceptor for students in the future.
     - Ask permission to send emails as a follow up 1-2 months prior to event.

3. Involve Your Chapter Advisor
   - Get in touch with your Chapter Advisor.
   - Introduce yourself as the Diabetes Chair.
   - Ask if they would be interested in serving as a preceptor for health fairs or other service events in the future.

Strengthen Committee WITHIN Your Chapter
   - Ask your CIC coordinator to conduct a Chair Meeting and invite all of the SNPhA committee chairs.
   - Discuss initiative/community events where other chairs could collaborate with you.
     - A Diabetes Health Fair could have an information area where Chronic Kidney Disease and Stroke Chairs/representatives present their posters and give handouts about their respective diseases and disease prevention alongside the Diabetes poster.
     - Additional participation from other chairs may count as a community event. Check with your CIC coordinator or respective National Committee Chair first to see if the event meets the protocol for each chair (ex: DM, CKD, Power to End Stroke or PTES). Also be sure to submit the event for CIC points on time (preferably right after the event).
Collaborating OUTSIDE Your Chapter

Another way to strengthen participation is to collaborate with another SNPhA chapter to work a community event together.

➢ Work with another SNPhA chapter!
  ○ Show some SNPhA love! Is there another SNPhA chapter in another nearby city with which you would like to work?
  ○ Contact the Diabetes Chair or the President of the respective SNPhA chapter 1-2 months prior to your event.

➢ Team up with your school’s student APhA or SSHP!
  ○ Contact the Diabetes Chair or the President of the respective APhA or SSHP chapter 2-3 months prior to your event.
  ○ Tell them about the event you are having.
  ○ Ask if the respective chapter would be interested in such collaboration.

➢ Reach out to the local American Diabetes Association (ADA)
  ○ Do a little research on ADA events.
  ○ Contact the volunteer coordinator at the local ADA.
  ○ Introduce yourself as the Diabetes Chair for SNPhA.
  ○ Tell them about SNPhA and ask what SNPhA can do for the ADA.

Collaborating INTERPROFESSIONALLY in Your School

Here are two ways to collaborate interprofessionally with other health organizations or community leaders:

➢ Assist with non-clinical interprofessional activities
  ○ Contact other student health organizations/leaders (ex: medicine, nursing) that are holding health events.
  ○ Introduce yourself as the Diabetes Chair for SNPhA.
  ○ Ask if their event has an education awareness table for Diabetes.
  ○ Ask if 1-2 SNPhA members could assist in the event by spreading awareness and patient education of Diabetes (poster and brochures).

➢ Lead interprofessional clinical activities
  ○ 1 month prior to the event, you should have already acquired preceptor(s).
  ○ Check with pharmacy administration to see if your preceptor can also be a preceptor for nursing and medical students under school protocol.
  ○ **IMPORTANT:** If pharmacy faculty (under school protocol) cannot supervise nursing or medical students, ask a nursing or medical faculty to see if they can precept at the event.
  ○ Send an email to nursing or medical students advertising your event.
  ○ Introduce yourself as the Diabetes Chair for SNPhA.
  ○ Invite trained 3-4 nursing or 3-4 medical students to join.

Initiative Materials

Preparing a Health Fair Poster Board

Last Updated: August 2019
Here are a few websites to get diabetes information. Your school textbooks and lecture materials can also supplement information for the poster board. Using proper citation format, make sure to cite all the references used somewhere on the poster.

**General Information**
- American Diabetes Association (www.diabetes.org)
- Mayoclinic.org
- Medlineplus.gov
- Medscape.com
- FDA.gov (https://www.fda.gov/forpatients/illness/diabetes/default.htm)
- Joslin Diabetes Center (www.joslin.org)
- http://www.diabetes.org/
- World Diabetes Day - http://www.idf.org/wdd-index/

**Evidence Based Information**
- 2018 Diabetes Guideline
- The American Association of Clinical Endocrinologists (www.aace.com)
- Pharmacist’s Letter (Subscription required)
- PubMed

**Key Points to Include on the Poster Board:**
- Present material geared toward the general population.
  - Remove any medical jargon when presenting the material.
  - Assume 5th grader reading level health literacy. There are patients that may not have graduated with a formal education. Please be considerate when providing patient education. The National Work Group on Literacy and Health recommends that health materials be written at a 5th grade reading level, but recognizes that this may still be difficult for 25% of the population. Ideally, health education levels should be written at the 3rd to 4th grade level (Ngoh, 2009).
  - Font size larger than 16 is recommended.
- When using images, be sure to cite where you obtain the image.
- When using statistics, be sure to cite where the data was obtained from.
- Trifold poster is recommended because it reduces cost and stands on its own.

**Sample Poster Board**
Preparing Patient Education Handouts

The handout is simply a miniaturized version of the poster. It should cover:

- Name of the school and the SNPhA chapter
- Section explaining what diabetes is
- Some symptoms of and health problems associated with diabetes
- Nonpharmacologic treatment section (i.e. diet and exercise)
  - For the sample handout, I included the Plate Method to help people understand one way to approach the diet.
- Pharmacologic treatment section (i.e. insulin)
- Resources patient can contact for diabetes support and counseling such as the number to the local diabetes organization or the number to American Diabetes Association (1 800-342-2383)

Chauncey I. Cooper (CIC) Chapter Reporting Guidelines

Directions on Event Report Submission

★ Initiative Protocol Description:
  - Direct outreach to patients and/or health care providers/students
  - Must provide a detailed description of the event and level of patient outreach
  - A minimum of two (2) SNPhA members must be present during the event
★ Must include two (2) of the following to serve as a diabetes event:
  - Distribution of patient education information related to diabetes (pamphlets, brochures, handouts, etc.)
  - Screenings (blood glucose, HgbA1c, diabetic foot exams)
  - Medication Review or insulin technique education
  - Seminar/lecture for membership or patients
  - Create/distribute surveys to assess participant knowledge
★ CIC 3.0/Chapter Reporting:
Log-in credentials: are granted by your chapter president

Steps to access:
- 1. Log into www.snpha.org
- 2. Go to Chapter Activity Reports
- 3. Click New Fragment
- 4. Statuses will be reverse chronological order for the search
- 5. Fill in appropriate information
- 6. Press either Save (to come back) or Submit (if done)

How to submit an event:
- My Work tab
  - New Report Fragment (to create a new report fragment)
  - Fill out every section within the event report fragment in order for chapter points to be awarded in a timely fashion
  - After filling out every section SAVE the event report fragment in order to upload 4 pictures along with the event
- Picture requirements:
  - 3 pictures must document direct patient care and/or patient education, i.e. blood glucose measurement technique, HgbA1c measurement technique, insulin administration technique, diabetic foot exam technique, and/or seminar/lecture, etc.
  - 1 picture must be of materials used during the actual event, i.e. screening supplies, pamphlets, brochures, handouts, and/or poster boards, etc.
- SUBMIT the event for review

Submission Outcomes:
- Event Approval: meets all requirements; CIC points awarded
- Event Return: event is incomplete; National Diabetes Chair will notify the submitter of the event report what is needed for re-submission and the deadline for re-submission
- Event Denial: event submitted past the deadline or does not meet the criteria for a diabetes event

Submission Timeline and Deadlines
- All event report fragments are due within 1+14 days (15 days)
  - Example: If an event is hosted on September 1st, 2017, the event report is due no later than September 16th, 2017

Resubmissions
- National Diabetes Initiative Chair reserves the right to return submitted event reports and request event report revisions.
- The submitter of the event report will be notified of the requirements for revision and resubmission
- Deadline for resubmission will be within no more than 5 days of request for revision