Getting to the Heart Diabetes

February 25, 2025 - Virtual Event

MASSACHUSETTS Diabetes Network



Today’s Agenda

12 noon: Welcome and Announcements

12:10-12:40 pm: 2025 Standards of Care

12:40-1:10 pm: Community-based Approaches

1:10 -1:30 pm: Q&A and Upcoming Events

MASSACHUSETTS Diabetes Network

Recognizing American Heart Month: *Getting to the Heart of Diabetes*

Today's Speakers:

- **Somaneh Bouba Diemé**
  - Founder, Heart of a Giant Foundation
- **Barbara Eichorst,MS, RD, CDCES**
  - VP of Health Programs, American Diabetes Association

MASSACHUSETTS Diabetes Network



CEUs available through ADCES

- Those who attend the full session are eligible for continuing education units (CEUs)
- CEUs will be granted for RNs, Dieticians, Social Workers, CDCES, DCES
- Participants must fill out the evaluation to be eligible for CEUs by **March 11th**
- CE Evaluation link: **https://forms.office.com/r/dZTCnU3Zck**
- Instructions on accessing the certificate through ADCES will be emailed to participants.



Upcoming Events

- Next Massachusetts Diabetes Network meeting April/May - Survey
- March 8 - Breakthrough T1D Community Summit at Marriott Copley Place
- March 27 - Massachusetts ADCES virtual program - ***The Impact of Resistance Training and Diabetes Education on Physical Function: The Band-Frail Study***
- May 3 - Massachusetts ADCES Spring Meeting at Western New England University - ***Making the Invisible, Visible***

MASSACHUSETTS Diabetes Network

Massachusetts Health Promotion Clearinghouse

https://massclearinghouse.ehs.state.ma.us/







MASSACHUSETTS Diabetes Network

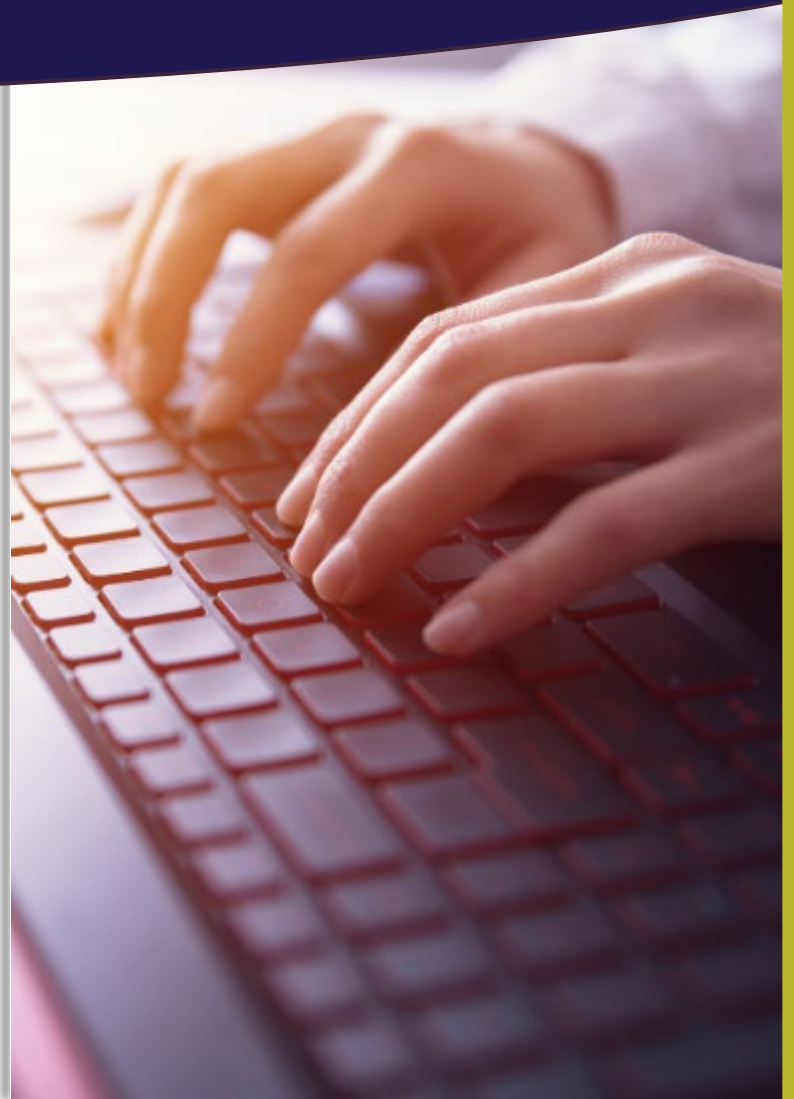
Join the Network!

Network Benefits

- Expand your professional network with diabetes professionals and organizations
- Receive and contribute to Network newsletters
- Earn CEUs for quarterly meeting presentations

Get Involved

- Join committees of interest
- Participate in collaborative meetings
- Connect with your peers



MASSACHUSETTS Diabetes Network

Join the Network!



Diabetes Network Member Spotlight

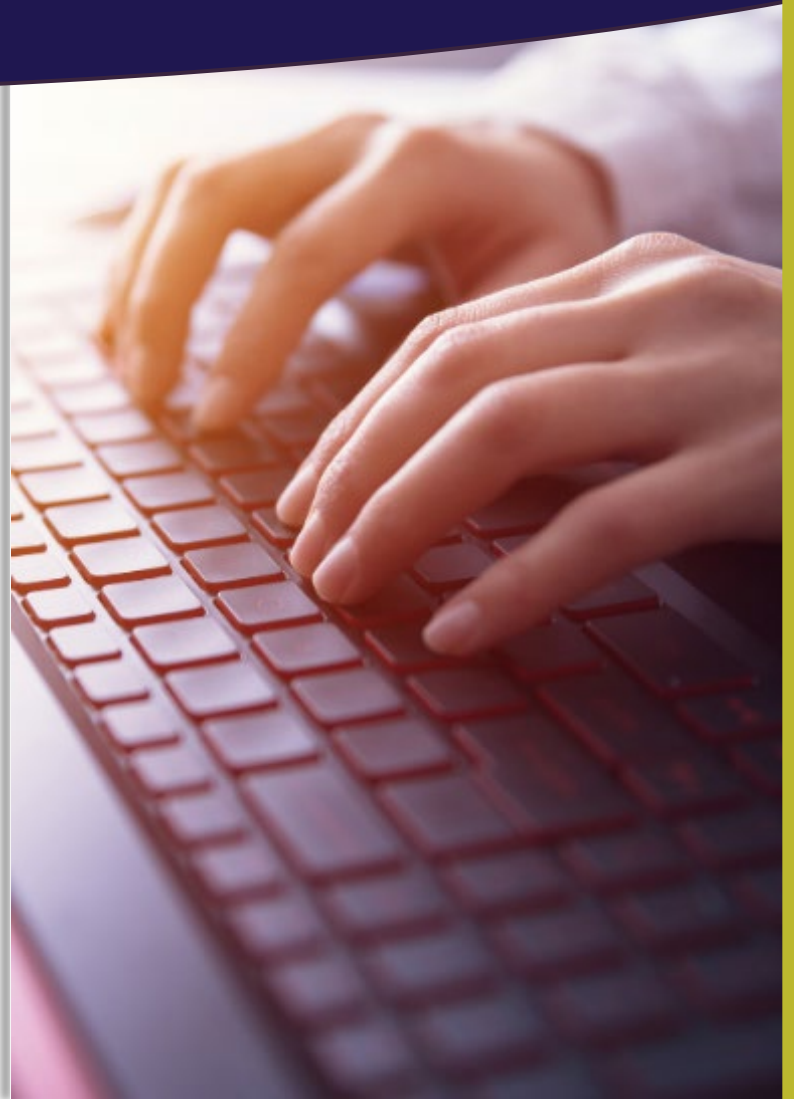
Katelyn Parsons (Kennedy), PharmD, BCACP
Clinical Associate Professor
Western New England University
and
Clinical Pharmacist Practitioner
Baystate Primary Care - Longmeadow

Trainings and Resources

SAVE THE DATE! Upcoming Events



MASSACHUSETTS Diabetes Network



Contact Us

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MASSACHUSETTS Diabetes Network


American
Diabetes
Association®
Connected for Life

American Diabetes Association.

The **WHY**

VISION
Life free of diabetes and all its burdens

MISSION
To prevent and cure diabetes and to improve the lives of all people affected by diabetes

The **WHO**

WHO WE NEED TO BE TO FULFILL OUR MISSION
Global Leader | Trusted Source | Preferred Partner | Connected Community

The **WHAT**

Research: Lead groundbreaking research to prevent, treat, and cure diabetes and obesity globally.

Advocate: Be the leading voice to drive policy changes, health equity, and improve access to care for all PWDs & PWOs.

Educate: Provide trusted diabetes and obesity education for prevention, management, and treatment.

Connect: Improve access to and activation of resources, information, and communities for PWDs & PWOs to thrive.

People with Diabetes & People with Obesity

OUR **VALUES**

Accountability | Results | Collaboration
Equity & Inclusion | Agility

The **FOCUS**

- Diabetes Prevention & Management
- Obesity
- Health Equity
- Nutrition & Wellness
- Primary & Collaborative Care

Confidential; For Internal Use Only

OUR *IMPACT AGENDA*

- **We envision** a life free of diabetes and all its burdens.
- **We aim** to be the **global leader, trusted source, preferred partner, and a connected community** united to prevent and cure diabetes while improving the lives of all people affected by it.
- **We achieve** this through...
  - **Groundbreaking Research**: By leading innovative studies and funding cutting-edge science, we aim to prevent, treat, and ultimately cure diabetes on a global scale, fostering hope and delivering transformative breakthroughs.
  - **Bold Advocacy:** As the leading voice for PWDs & PWOs, we drive policy changes, champion health equity, and work tirelessly to improve access to quality care and resources for all affected.
  - **Trusted Education:** By providing comprehensive, evidence-based education, we empower PWDs & PWOs to prevent and manage diabetes, and equip healthcare professionals with the knowledge to deliver the best possible care.
  - **Meaningful Connections:** By building strong networks of support, we connect PWDs & PWOs to resources, information, and communities that enable them to thrive and lead healthier, fuller lives.
- **We focus** on tackling the most critical challenges in diabetes care and prevention, including improving **diabetes management**, addressing **obesity**, advancing **health equity**, transforming **food & nutrition**, and enhancing **primary & collaborative care** to drive meaningful, lasting impact.

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American Diabetes Association.

THE IMPACT OF YOUR GENEROSITY IN MASSACHUSETTS

At the American Diabetes Association® (ADA), we rely on our network of scientists, health care professionals, policymakers, corporations, charitable organizations, and communities to help us achieve our vision of a life free of diabetes and all its burdens. The generosity and hard work of those throughout Massachusetts has made an impact on how we improve the lives of those living with diabetes across the country. ***Together, we make progress possible.***

Learn more at
diabetes.org
1-800-DIABETES (800-342-2383)





$10,695,637.25
Invested in Research
Our research program funds the most promising and innovative projects, looking at the prevention, treatment, and eventually cures for diabetes.

840
Inquiries to Our CFI
Our Center for Information (CFI) has trained specialists that can provide guidance on diabetes prevention and management, as well as ADA programs and events.

86 ERP Sites
Reaching 24,392 People
Education services that meet the National Standards for Diabetes Self-Management Education and Support (DSMES) and received the ADA's Education Recognition Program (ERP) designation.

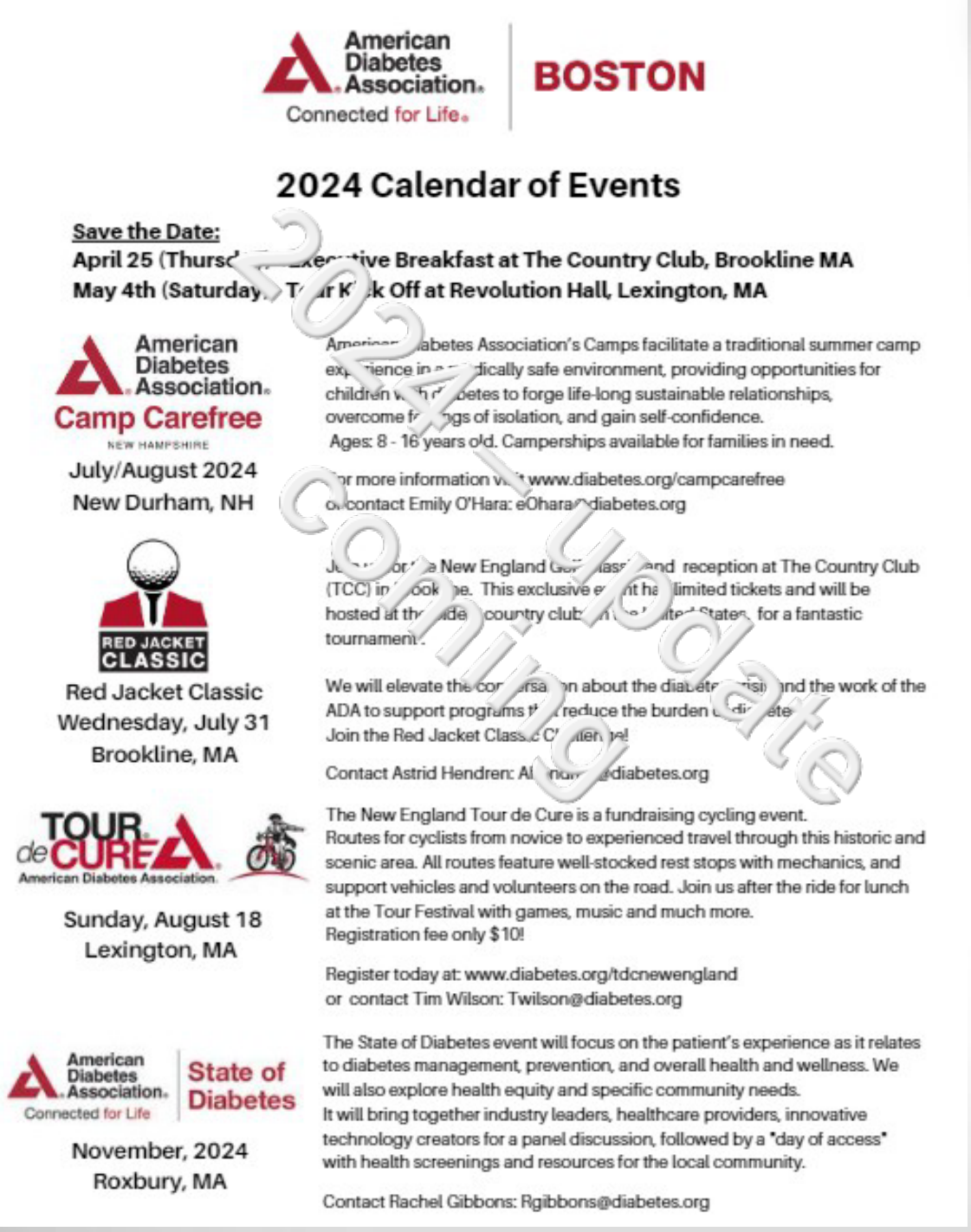
8,922
Diabetes Advocates
Our Diabetes Advocates help drive affordable access to health care and medications, protections from discrimination, and a continued public investment in diabetes research and prevention.

355
Professional Members
ADA professional membership provides exclusive education, career development, and engagement resources that keep health care professionals on the cutting edge of diabetes research and care, which continues to evolve.

3
Project Power for Youth Participants
This program helps youth ages 9 to 12 prevent obesity and type 2 diabetes by teaching them to make healthy lifestyle choices and make those choices a part of their daily lives.

American Diabetes Association.

Updated December 2024



Event Updates & Mark Your Calendars!

May 3 – Tour Kick Off
July 23– Camp VIP Day
July 30 – Red Jacket Classic
August 17 – Tour de Cure
November (TBD) – State of Diabetes

American Diabetes Association.

Connected for Life



WE RIDE

to end diabetes.

EVENT DETAILS

WHEN: SUNDAY, AUG. 17

WHERE: LEXINGTON LABS
10 MAGUIRE RD, LEXINGTON

ROUTES: 100, 62, 31, 15, 5

2024

State of Diabetes



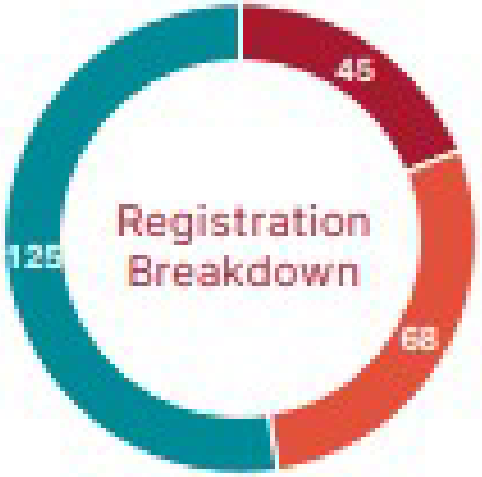
EVENT OVERVIEW

The State of Diabetes addresses the current landscape of diabetes, management and prevention challenges and impacts, and its financial impact on individuals, employees and the community. ADA provided a platform for networking and resources to equip stakeholders with solutions and strategies.

- Informative diabetes panel discussion
- Valuable networking opportunities
- Cutting-edge resources distributed and free health screenings and food provided

238

Registrants Engaged



- 63 registrants shared they're living with diabetes
- 61 have a family member or close connection to diabetes
- Over 200 food partner resour those in need



Grassroots Advocacy

Base: Diabetes Advocates
- Close to a half million people
- Receive our advocacy alerts (and fall access and affordability survey)

Middle: Regional Advocacy Councils
- Half-dozen regional councils
- Meet quarterly
- Provide an opportunity for information and discussion

Top: National Advocacy Committee
- Safe at School Working Group
- Legal Advocacy Subcommittee

How You Can Help

Sign up to be an advocate ->>>





Integrating Diabetes Standards of Care Into Practice

Barbara Eichorst, MS, RD, CDCES

Disclosure

- No Disclosures

American Diabetes Association.

What is new

- Review of new updates to 2025 SOC

Integration

- Strategize on integration into your practice

Resources

- List resources you can use

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Standards of Care in Diabetes—2025

Intended to provide clinicians, patients, researchers, payers, and other interested individuals with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care.

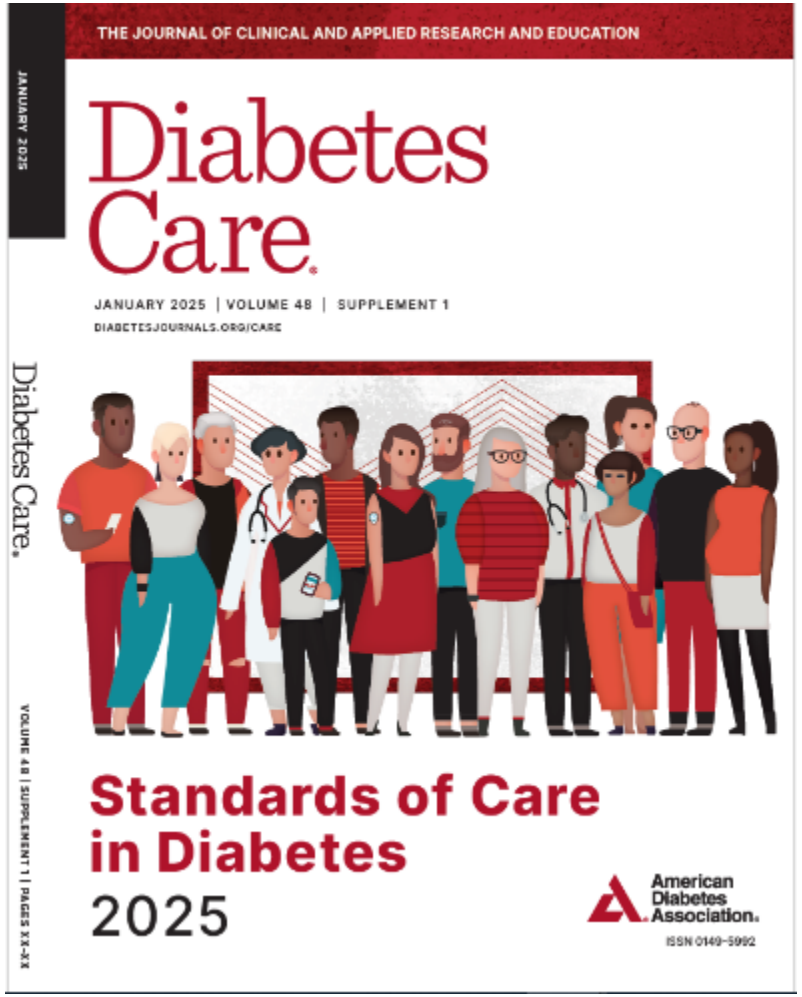

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Table of Contents

1. Improving Care and Promoting Health in Populations
2. Diagnosis and Classification of Diabetes
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4. Comprehensive Medical Evaluation and Assessment of Comorbidities
5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes
6. Glycemic Goals and Hypoglycemia
7. Diabetes Technology
8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes
9. Pharmacologic Approaches to Glycemic Treatment
10. Cardiovascular Disease and Risk Management
11. Chronic Kidney Disease and Risk Management
12. Retinopathy, Neuropathy, and Foot Care
13. Older Adults
14. Children and Adolescents
15. Management of Diabetes in Pregnancy
16. Diabetes Care in the Hospital
17. Diabetes and Advocacy

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Section 2

Type 1 Diabetes: **Antibody-based screening for presymptomatic type 1 diabetes** is emphasized for individuals with a family history or elevated genetic risk, with expanded supporting text.



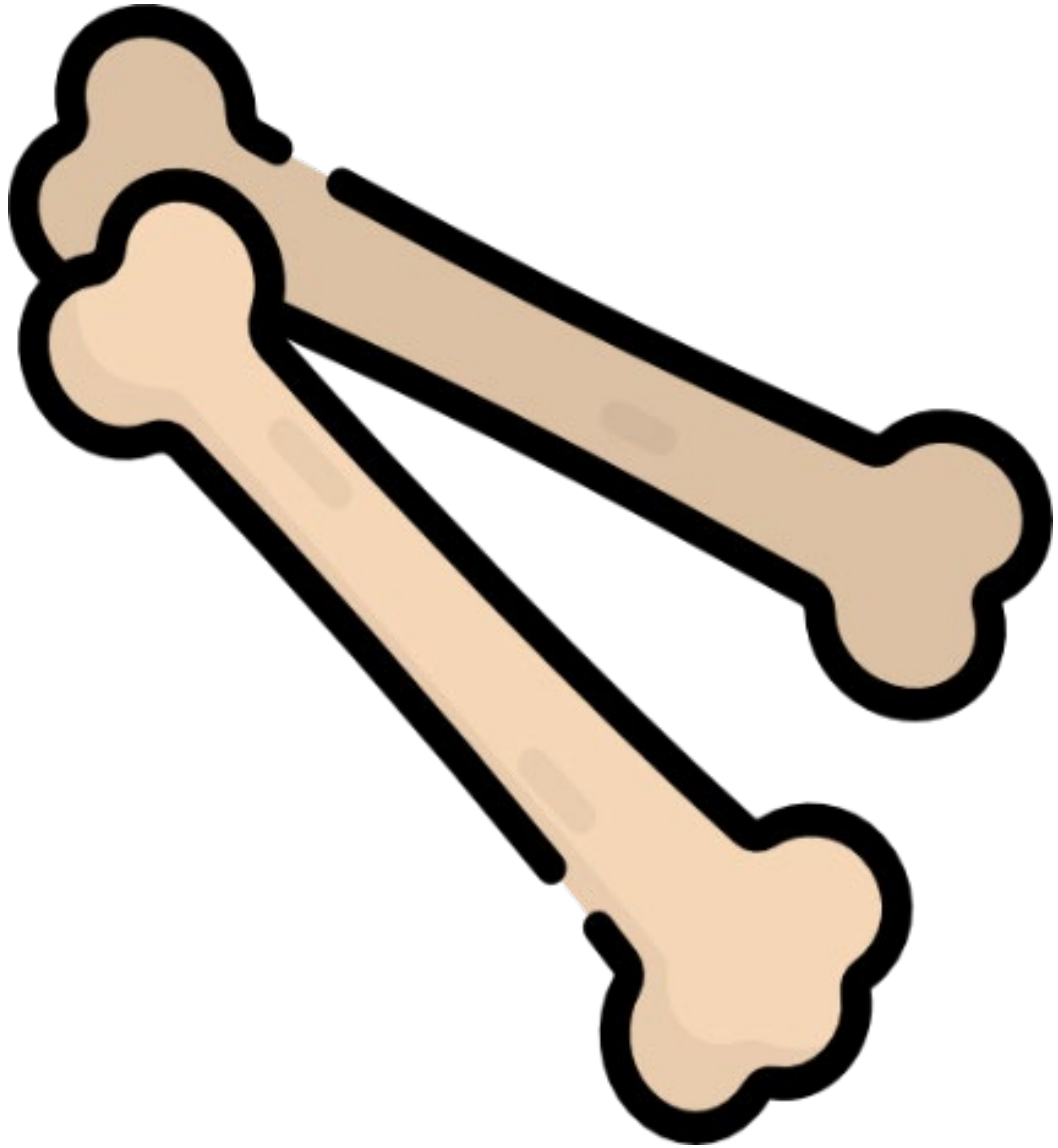
Section 3

In the “Lifestyle Behavior Changes for Type 2 Diabetes” subsection, text pertaining to **sleep health in relation to risk of type 2 diabetes** was added. This addition highlights sleep as a central component in the management of prediabetes and type 2 diabetes, **placing it on a level playing field with other lifestyle behaviors** (e.g., physical activity and eating patterns).



Section 4

Consider the **potential adverse impact on skeletal health when selecting pharmacological options** to lower glucose levels in people with diabetes. Avoiding medications with a known association with higher fracture risk (e.g., thiazolidinediones and sulfonylureas) is recommended, particularly for those at elevated risk for fractures.



Section 4
A new subsection on “Dental Care”.

People with diabetes should be **referred for a dental exam at least once per year**.

Coordinate efforts between the medical and dental teams to appropriately adjust glucose-lowering medication and treatment plans prior to and in the post–dental procedure period as needed.



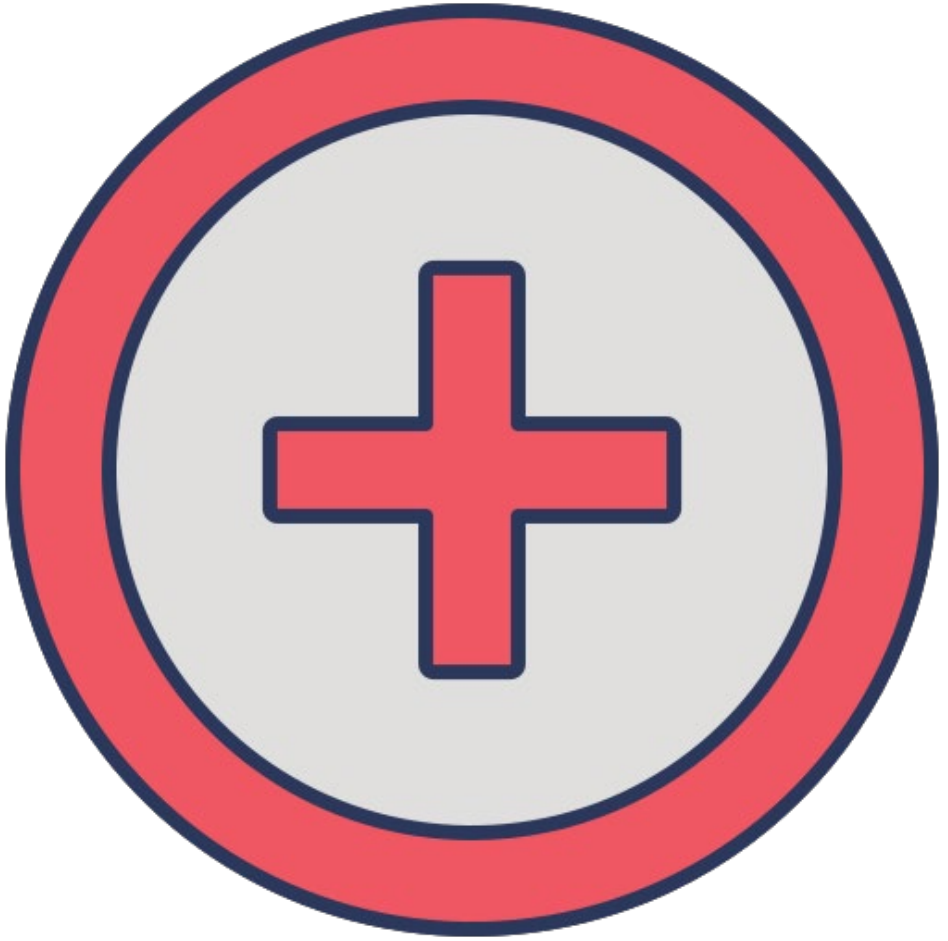
Section 4
Disability

Assess for disability at the initial visit and for decline in function at each subsequent visit in people with diabetes. If a disability is impacting functional ability or capacity to manage their diabetes, a **referral should be** made to an appropriate care professional specializing in disability.



Section 4
Sexual Health in Men

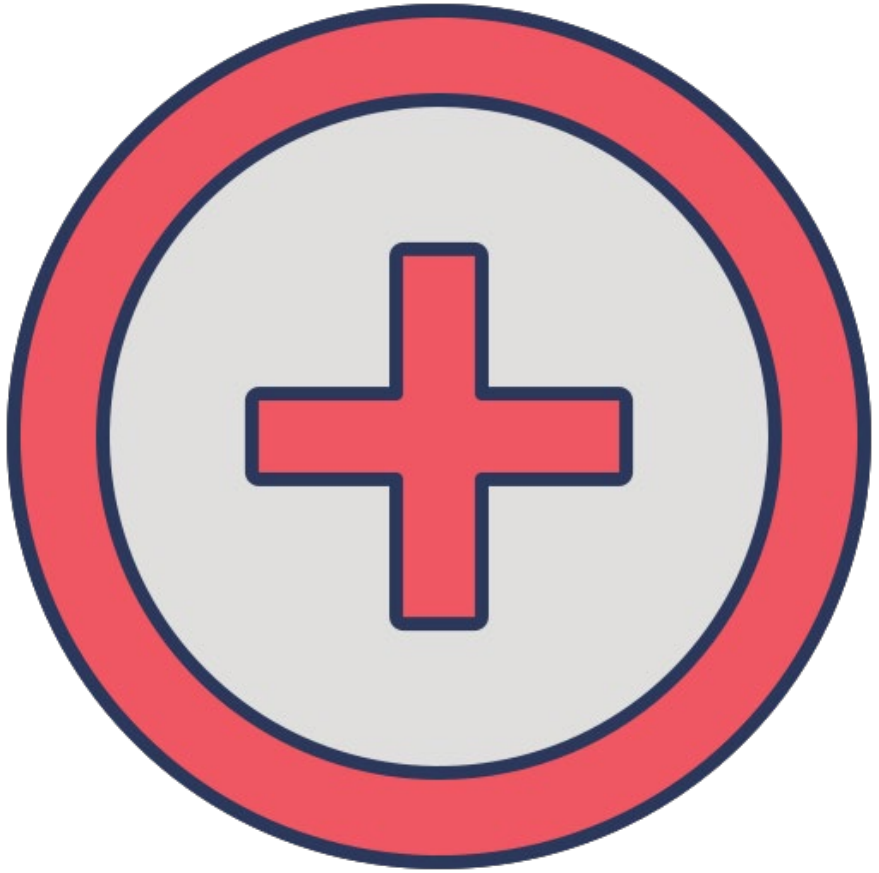
In men with diabetes or prediabetes, **screen for ED,** particularly in those with high cardiovascular risk, retinopathy, **cardiovascular disease, chronic kidney disease**, peripheral or autonomic neuropathy, longer duration of diabetes, depression, and hypogonadism, **and in those who are not meeting glycemic goals.**



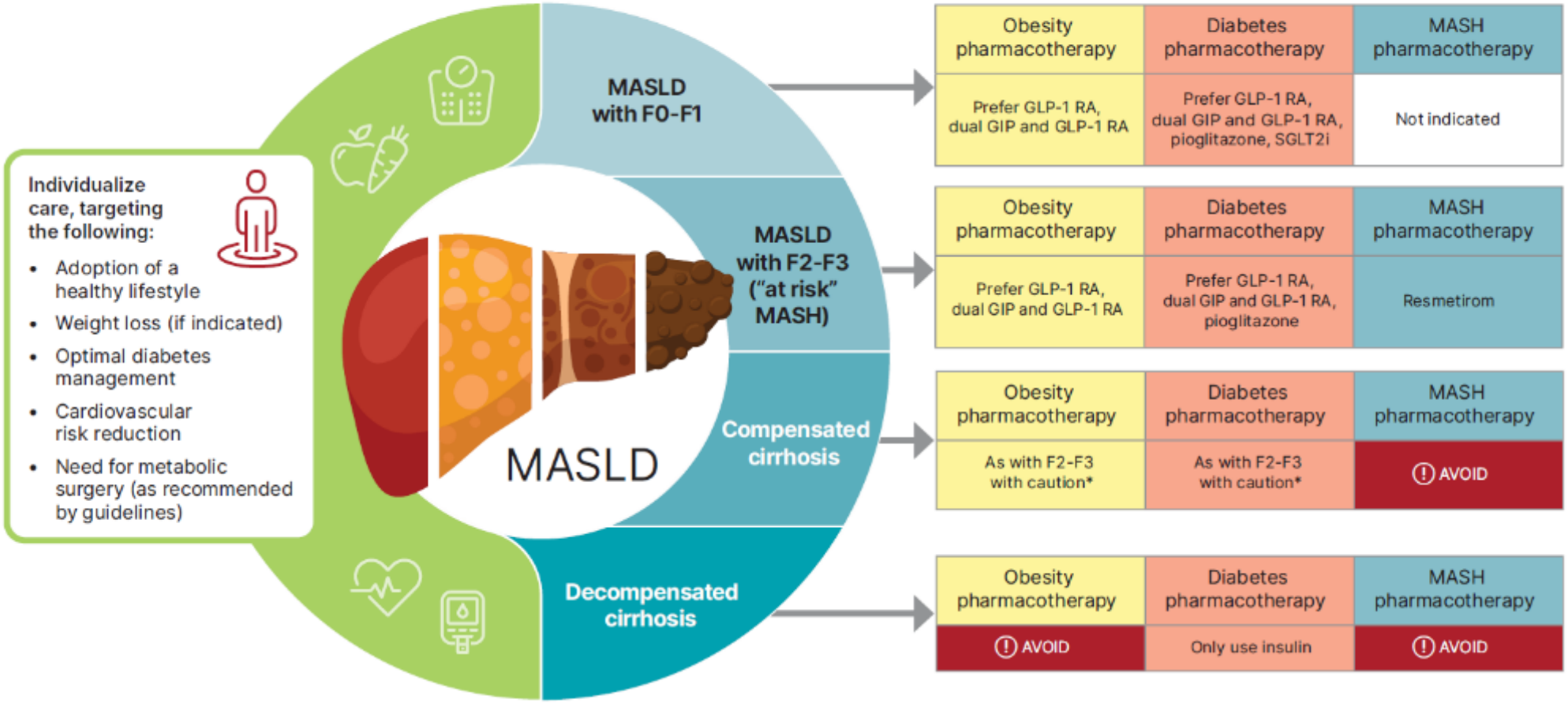
Section 4

A new subsection on “Female Sexual Dysfunction”

In women with diabetes or prediabetes, **inquire about sexual health** by screening for desire (libido), arousal, and orgasm difficulties, particularly in those who experience depression and/or anxiety **and those with recurrent urinary tract infections.**



Metabolic Dysfunction–Associated Steatotic Liver Disease (MASLD) Treatment Algorithm



*Individualized care and close monitoring needed in compensated cirrhosis given limited safety data available.

Figure 4.3—Metabolic dysfunction–associated steatotic liver disease (MASLD) treatment algorithm. F0-F1, no to minimal fibrosis; F2-F3, moderate fibrosis; F4, cirrhosis; GIP, glucose-dependent insulinotropic polypeptide; GLP-1 RA, glucagon-like peptide 1 receptor agonist; MASH, metabolic dysfunction–associated steatohepatitis; SGLT2i, sodium–glucose cotransporter 2 inhibitor.

Comprehensive Medical Evaluation and Assessment of Comorbidities:
Standards of Care in Diabetes - 2025. Diabetes Care 2025;48(Suppl. 1):S59-S85

Section 5
Medical Nutrition Therapy

Eating patterns should emphasize key nutrition principles and minimize consumption of red meat, sugar-sweetened beverages, sweets, refined grains, processed and ultraprocessed foods in people with prediabetes and diabetes.



What is considered healthy eating for PWD?



Diabetes or Prediabetes:
A Consensus Report

Diabetes Care 2019;42:731–754 | https://doi.org/10.2337/dci19-0014

Janice MacLeod,[7] Joanna Mitri,[8] Raquel F. Pereira,[9] Kelly Rawlings,[10] Shamera Robinson,[11] Laura Saslow,[12] Sacha Uelmen,[11] Patricia B. Urbanski,[13] and William S. Yancy Jr.[14,15]

This Consensus Report is intended to provide clinical professionals with evidence-based guidance about individualizing nutrition therapy for adults with diabetes or prediabetes. Strong evidence supports the efficacy and cost-effectiveness of nutrition therapy as a component of quality diabetes care, including its integration into the medical management of diabetes; therefore, it is important that all members of the health care team know and champion the benefits of nutrition therapy and key nutrition messages. Nutrition counseling that works toward improving or maintaining glycemic targets, achieving weight management goals, and improving cardiovascular risk factors (e.g., blood pressure, lipids, etc.) within individualized treatment goals is recommended for all adults with diabetes and prediabetes.

Though it might simplify messaging, a "one-size-fits-all" eating plan is not evident for the prevention or management of diabetes, and it is an unrealistic expectation given the broad spectrum of people affected by diabetes and prediabetes, their

[1]UW Neighborhood Clinics, UW Medicine, University of Washington, Seattle, WA
[2]Oklahoma City Indian Clinic, Oklahoma City, OK
[3]Stanford Diabetes Research Center and Stanford Prevention Research Center, Department of Medicine, Stanford University, Stanford, CA

✓	Best outcomes	individualization
🍉	% calories from carbohydrate, protein, and fat	no ideal
🍎	One single recommended nutrition plan for everyone	there isn't one

Evert AB, Dennison M, Gardner CD, et al. Nutrition therapy for adults with diabetes or prediabetes: a consensus report. ***Diabetes Care***. 2019;42(5):731-754.

Ask PWD “What is your eating pattern? Instead of “What diet are you on”

	↓DM	↓A1C	↓TG	↓CVD	↓Wt	↓LDL	↓BP	↑HDL	Incon-clusive
Mediterranean	✓	✓	✓	✓					
Vegetarian/Vegan	✓	✓			✓	✓			
Low-Fat	✓				✓				
Very Low-Fat					✓		✓		
Low-Carbohydrate		✓			✓		✓	✓	
Very Low-Carbohydrate		✓			✓		✓	✓	
DASH	✓				✓		✓		
Paleo									✓

Evert AB, Dennison M, Gardner CD, et al. Nutrition therapy for adults with diabetes or prediabetes: a consensus report. ***Diabetes Care***. 2019;42(5):731-754.

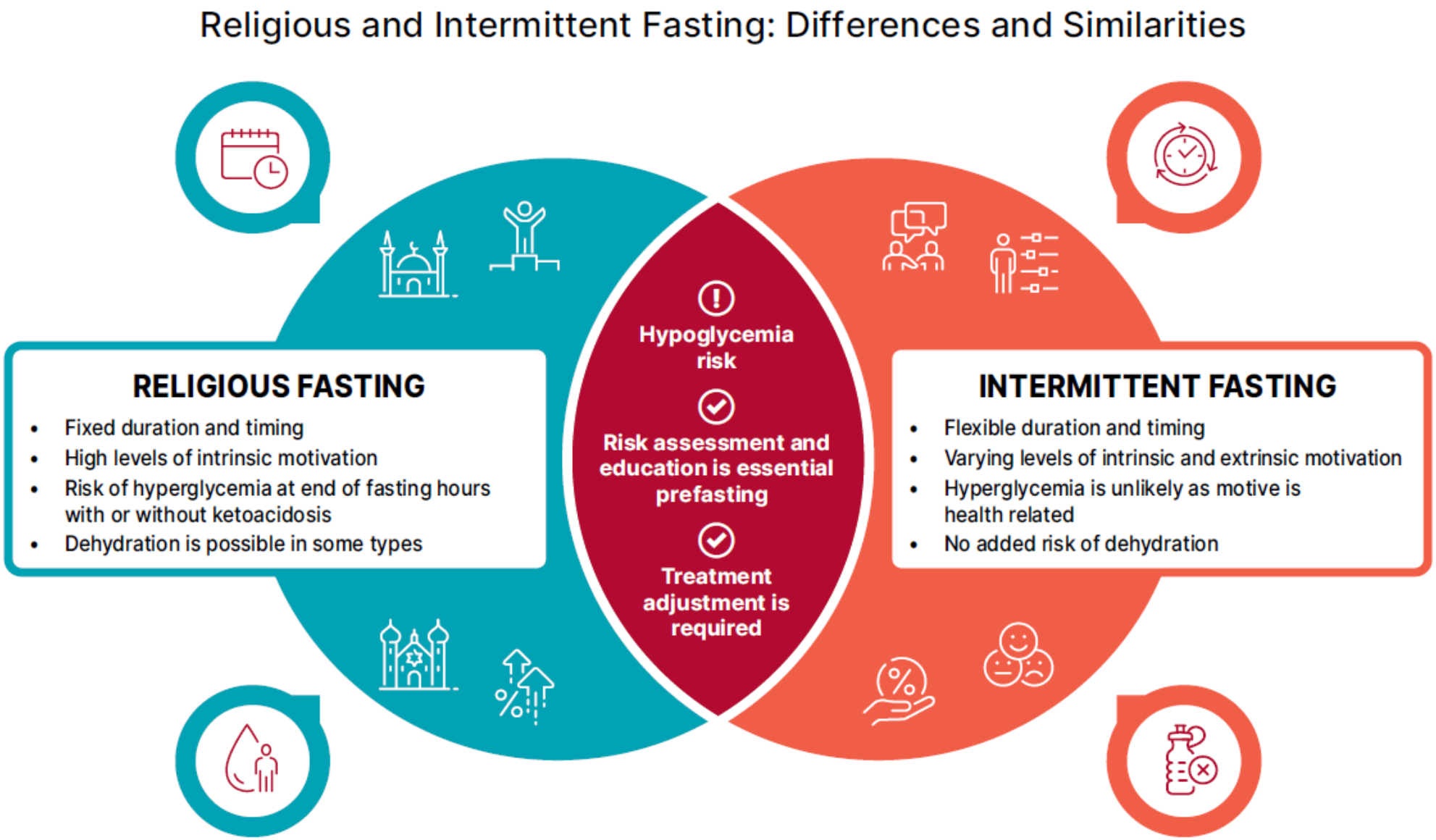


Figure 5.1—Differences and similarities of religious and intermittent fasting for people with diabetes.

Facilitating Positive Heath Behaviors and Well-being to Improve Health Outcomes:
Standards of Care in Diabetes - 2025. Diabetes Care 2025;48(Suppl. 1):S86-S127

Section 5
Physical Activity

Counsel youth with type 1 diabetes or type 2 diabetes to engage in **60 min/day or more of moderate or vigorous-intensity aerobic activity, with muscle-strengthening and bone-strengthening activities at least 3 days/week**, and to **limit the amount of time being spent sedentary**, including recreational screen time.



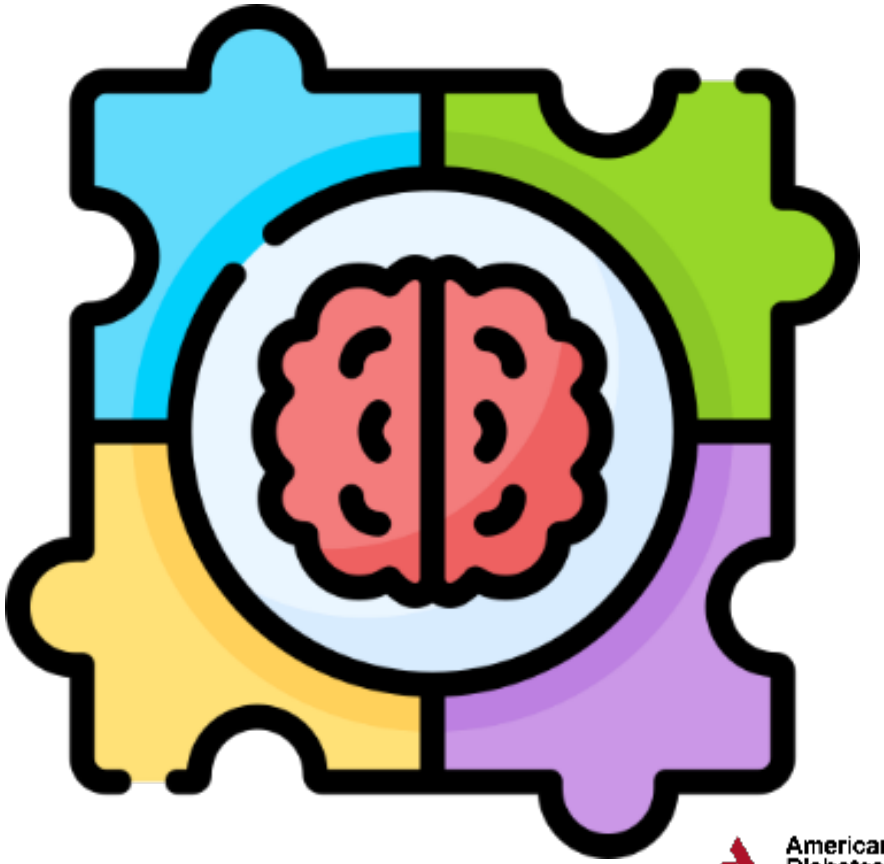
Section 5
Smoking Cessation: Tobacco, E-cigarettes, and Cannabis" subsection

Advise people with type 1 diabetes and those with other forms of diabetes at risk for diabetic ketoacidosis **not to use recreational cannabis in any form**.



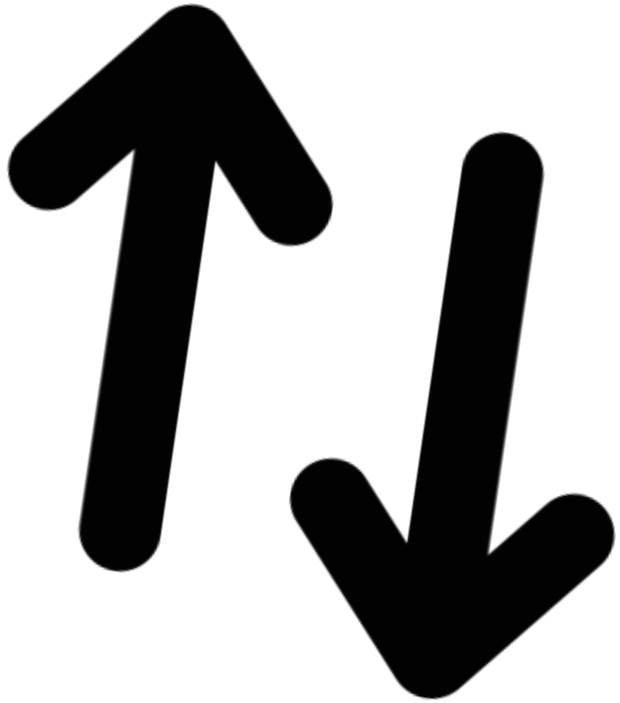
Section 5
Supporting Positive Health Behaviors

Behavioral strategies should be used to support diabetes self-management and engagement in health behaviors to promote optimal health-related quality of life and health outcomes.

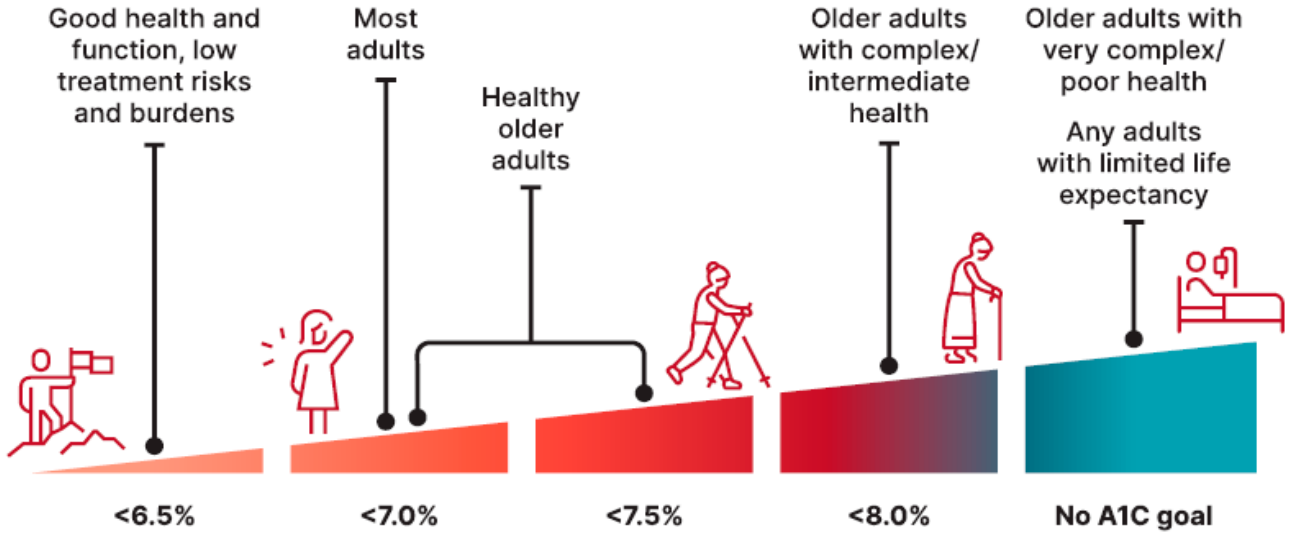


Section 6

Screen individuals at high risk for **hypoglycemia** or with severe and/or frequent hypoglycemia for fear of hypoglycemia **at least annually** and when clinically appropriate. Refer to a trained health care professional for evidence-based intervention.



Glycemic Goals and Hypoglycemia



Modifying Factors

Favor more stringent goal	Favor less stringent goal
Short diabetes duration	Long diabetes duration
Low hypoglycemia risk	High hypoglycemia risk
Low treatment risks and burdens	High treatment risks and burdens
Pharmacotherapy with cardiovascular, kidney, weight, or other benefits	Pharmacotherapy without nonglycemic benefits
No cardiovascular complications	Established cardiovascular complications
Few or minor comorbidities	Severe, life-limiting comorbidities

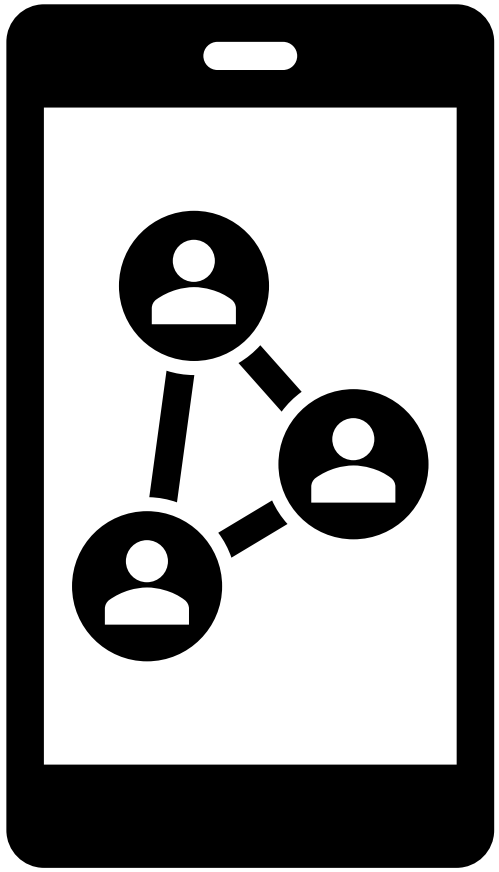
Figure 6.2—Individualized A1C goals for nonpregnant adults. Select the glycemic goal based on individual health and function as described at the top of the figure. Consider modifying to a more or less stringent goal according to the factors listed in the table. Older adults are classified as healthy (few coexisting chronic illnesses, intact cognitive and functional status), as having complex/intermediate health (multiple coexisting chronic illnesses, two or more instrumental impairments to activities of daily living, or mild to moderate cognitive impairment), or as having very complex/ poor health (long-term care or end-stage chronic illnesses, moderate to severe cognitive impairment, or two or more impairments to activities of daily living). Select glycemic goals that avoid symptomatic hypoglycemia and hyperglycemia in all individuals. Consider individuals' resources and support systems to safely achieve glycemic goals. Incorporate the preferences and goals of people with diabetes through shared decision-making.

American Diabetes Association.

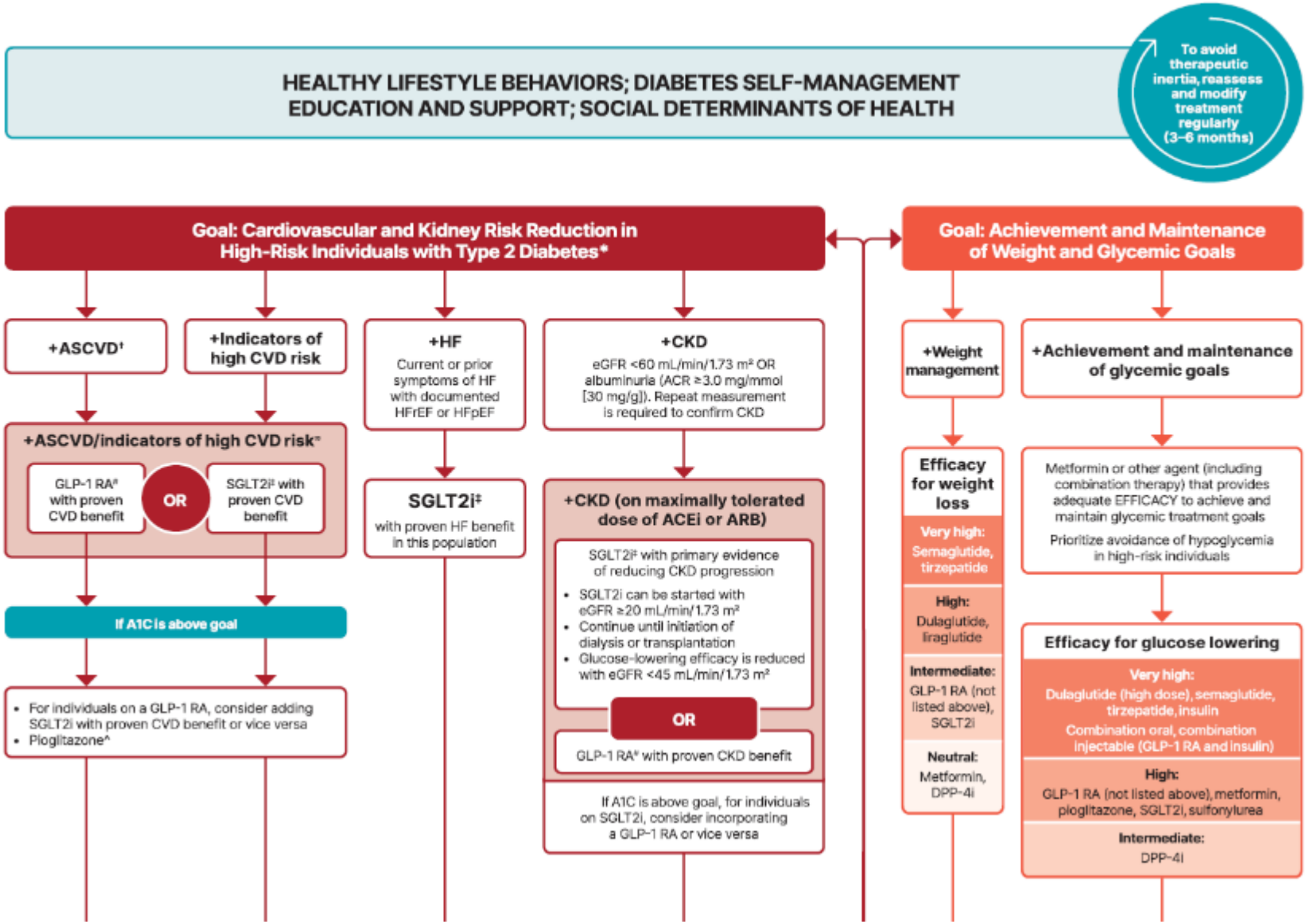
Glycemic Goals and Hypoglycemia:
Standards of Care in Diabetes - 2025. Diabetes Care 2025;48(Suppl. 1):S128-S145

Section 7
Technology

Recommend **early initiation, including at diagnosis**, of CGM, CSII, and AID depending on a person's or caregiver's needs and preferences.



Use of Glucose-Lowering Medications in the Management of Type 2 Diabetes



Pharmacologic Approaches to Glycemic Treatment:
Standards of Care in Diabetes - 2025 Diabetes Care 2025;48(Suppl. 1):S181-S206

American Diabetes Association.

Section 9

Glucose-Lowering Pharmacotherapy in Special Circumstances and Populations

Use of **compounded** products that are not approved by the FDA is not recommended due to uncertainty about their content and resulting concerns about safety, quality, and effectiveness.



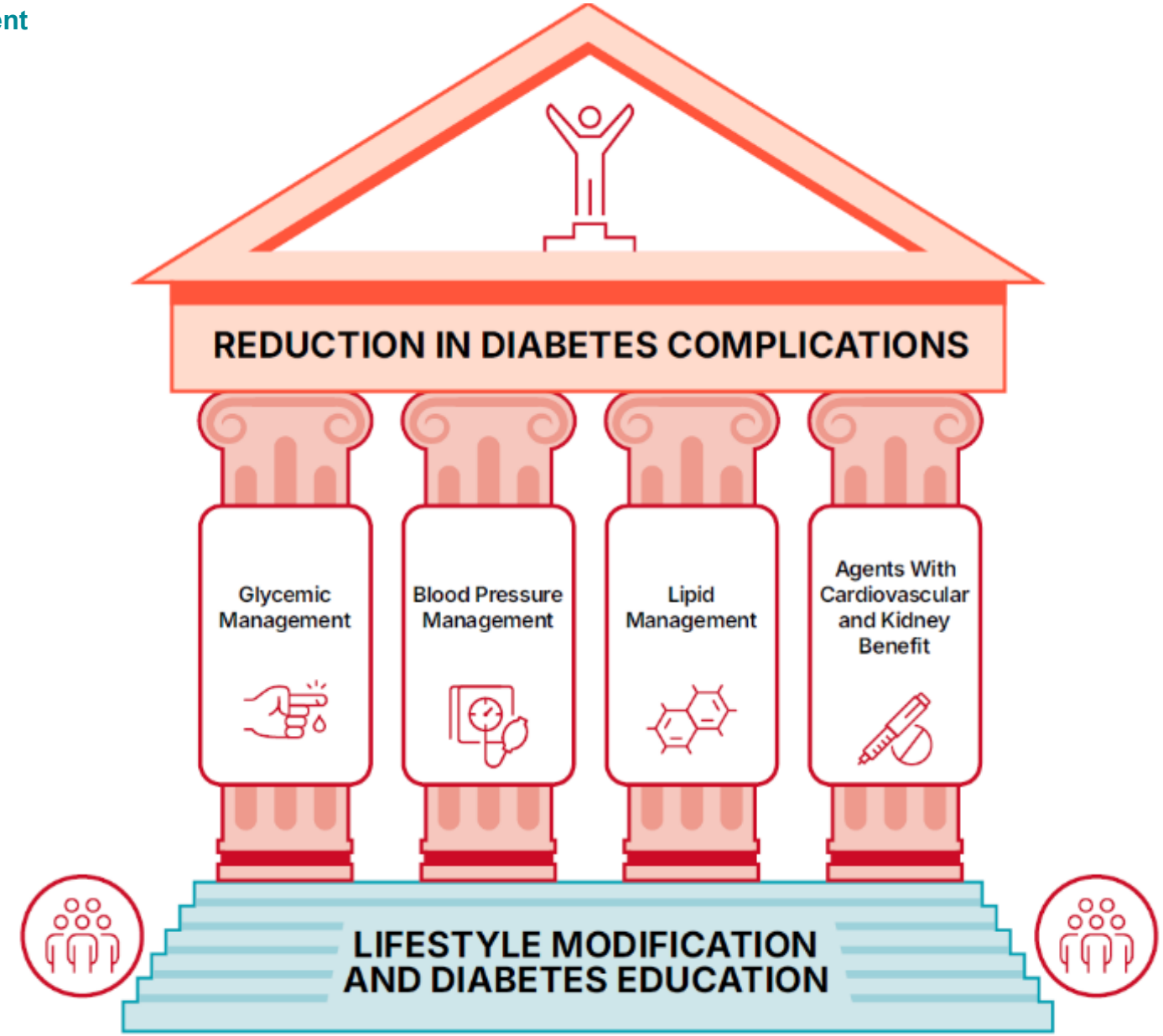


Figure 10.1—Multifactorial approach to reduction in risk of diabetes complications.

Cardiovascular Disease and Risk Management:
Standards of Care in Diabetes - 2025 Diabetes Care 2025;48(Suppl. 1):S206-S238

Screening for Undiagnosed Cardiovascular Disease

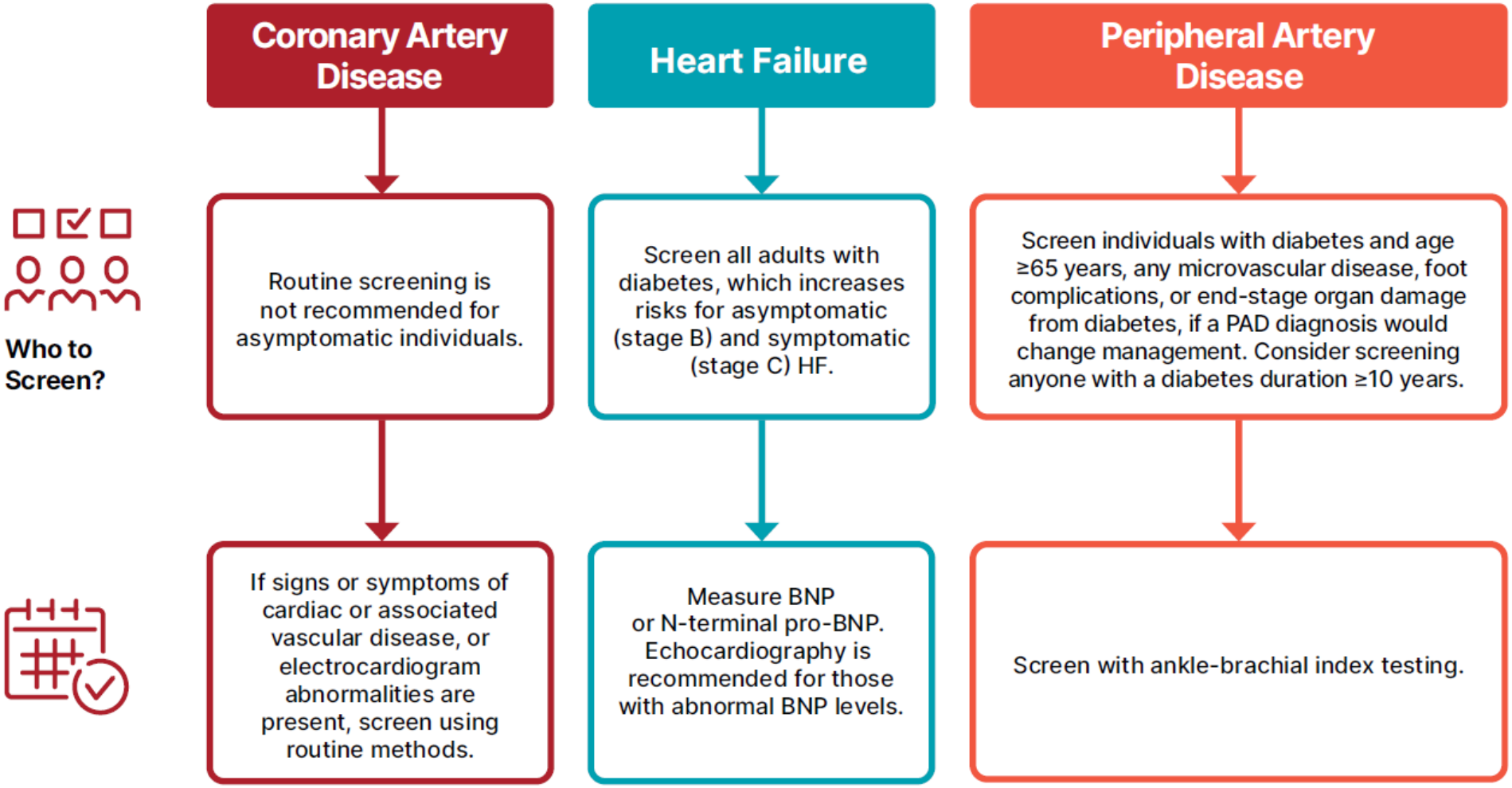
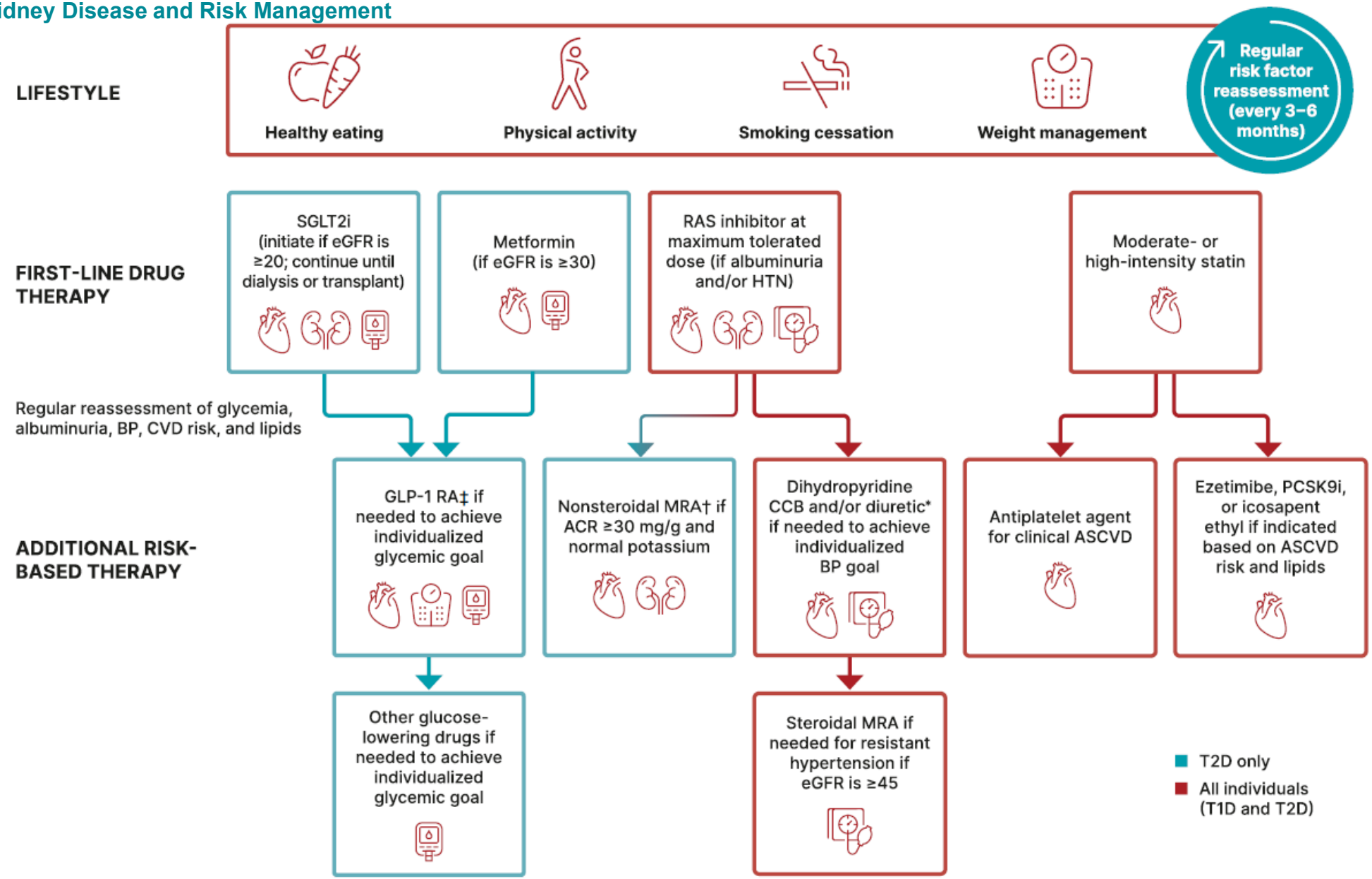


Figure 10.5—Recommendations for screening of asymptomatic and undiagnosed cardiovascular disease. BNP, B-type natriuretic peptide; HF, heart failure; PAD, peripheral artery disease. Adapted from *"Standards of Care in Diabetes—2024* Abridged for Primary Care Professionals" (325).

Cardiovascular Disease and Risk Management:
Standards of Care in Diabetes - 2025 Diabetes Care 2025;48(Suppl. 1):S206S238

Chronic Kidney Disease and Risk Management



Chronic Kidney Disease and Risk Management:
Standards of Care in Diabetes - 2025 Diabetes Care 2025;48(Suppl. 1):S238-S251

Using the 4Ms Framework of Age-Friendly Health Systems to Address Person-Specific Issues That Can Affect Diabetes Management

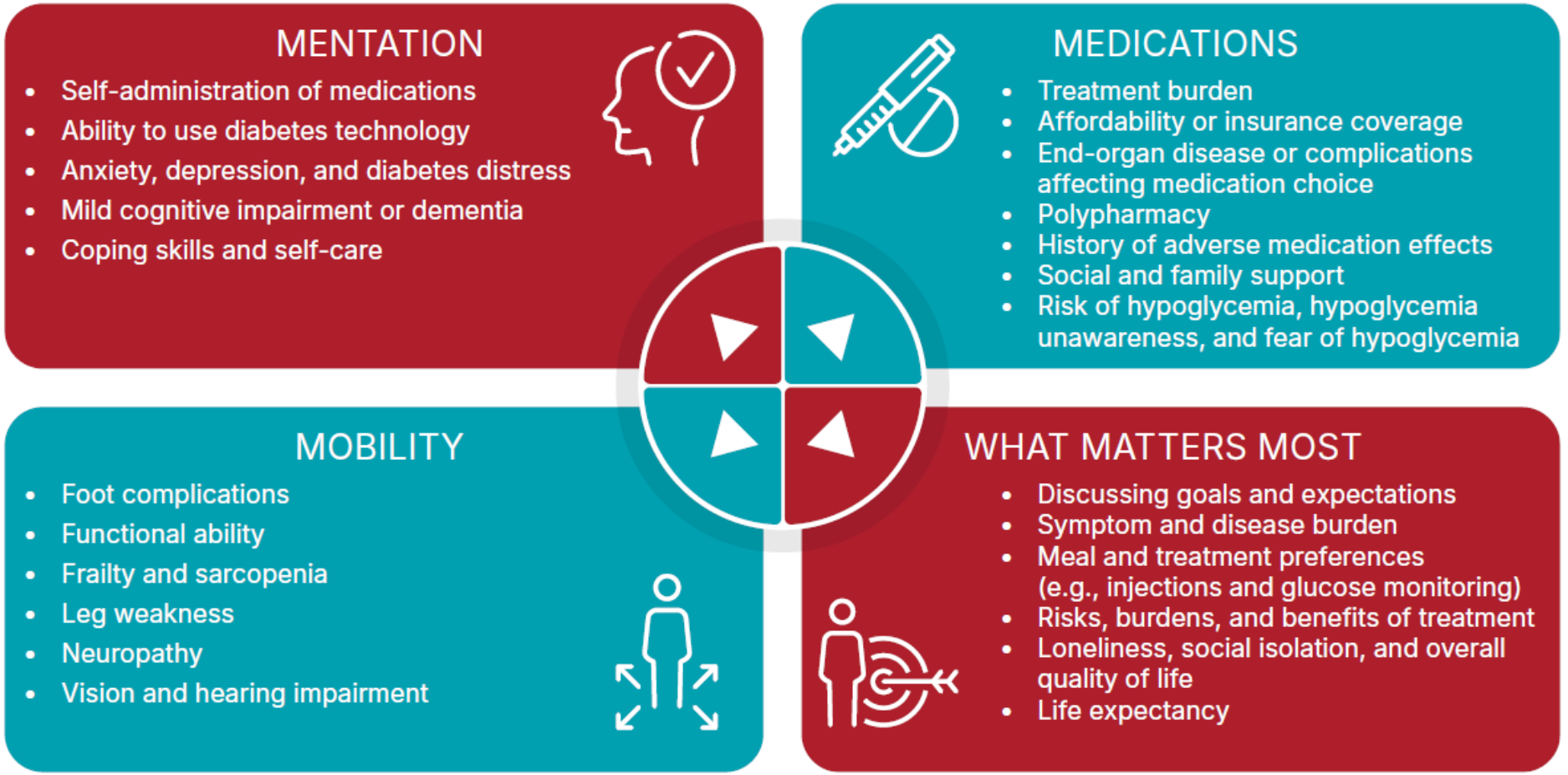
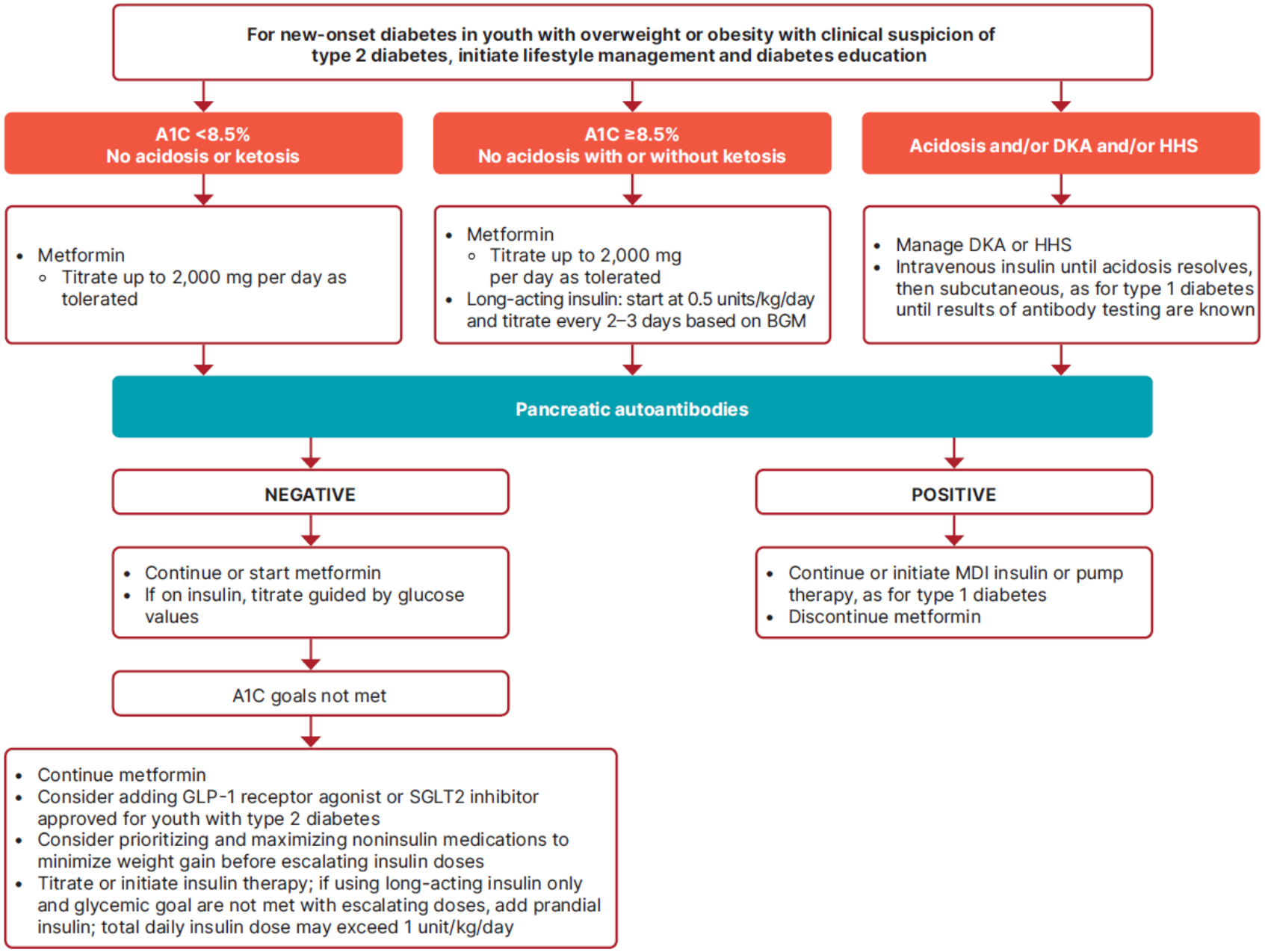


Figure 13.1—Using the 4Ms framework of age-friendly health systems to address person-specific issues that can affect diabetes management.



Children and Adolescents:
Standards of Care in Diabetes - 2025 Diabetes Care 2025;48(Suppl. 1):S283-S305

Patient Standards of Care



- In line with ADA's annual Standards of Care, the gold standard in evidence-based guidelines for diagnosing and managing diabetes and prediabetes
- Developed by SMEs currently working in the field of diabetes
- Electronic arriving June 2025
- Print available in July 2025

American Diabetes Association.

Patient Standards of Care

Empower Patients, Optimize Care, Treatment, & Management

Aligned with 9 Content Areas Standards of Care:

1. Diabetes pathophysiology
2. Healthy eating
3. Being active
4. Taking medications
5. Acute complications
6. Monitoring glucose
7. Chronic complications
8. Lifestyle and healthy coping
9. Diabetes distress and support

American Diabetes Association.

NAME: Diabetes Care Roadmap: A Guide for Living With Diabetes for You and Your Healthcare Team

5 SECTIONS ALIGNED WITH STANDARDS OF CARE

1. Prevention
2. Diagnosis & Assessment
3. Treatment
4. Preventing & Managing Complications
5. Diabetes Technology

American Diabetes Association.

Patient Education Library

Categories: - Any - Audience -

Reset

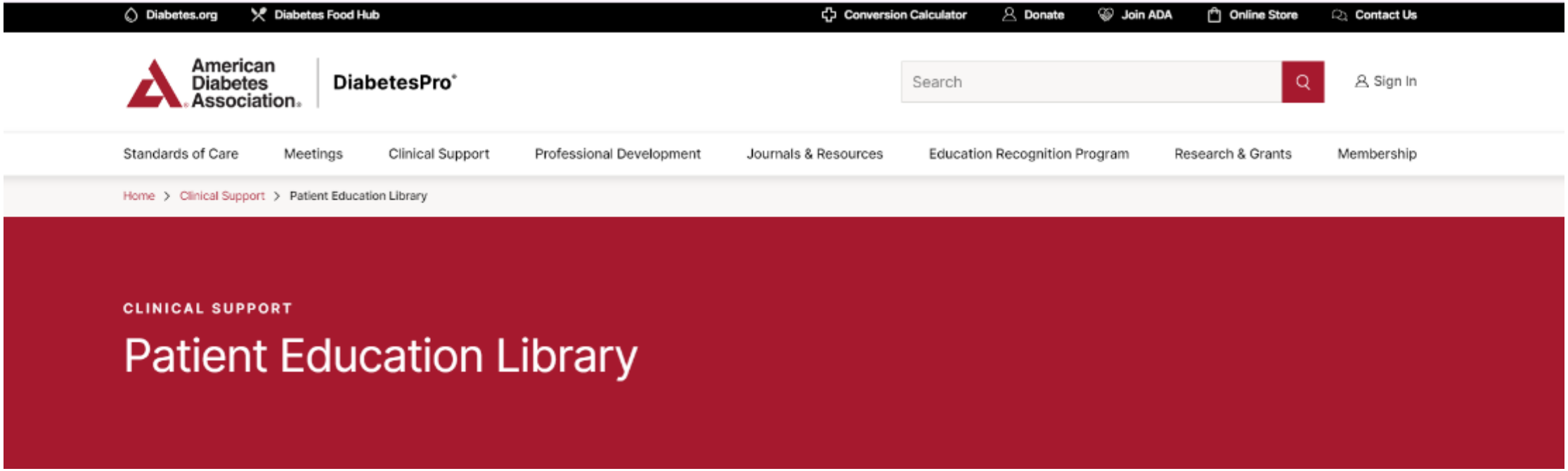
- Any -
Self-Management Education
Cardiometabolic Risk Toolkit
Complications
Diabetes and Diabetes Management
Emotional Well Being
Eye Health
Foot Care
Gestational Diabetes
Kidney Disease
Cardiovascular Disease
Nutrition
Medication Management
Patient Tools and Logs
Physical Activity
Prediabetes, Prevention, and Risk
Technology
The Diabetes Advisor
Glucose Monitoring
Type 1 Diabetes

Types



American Diabetes Association.

Patient Education Library

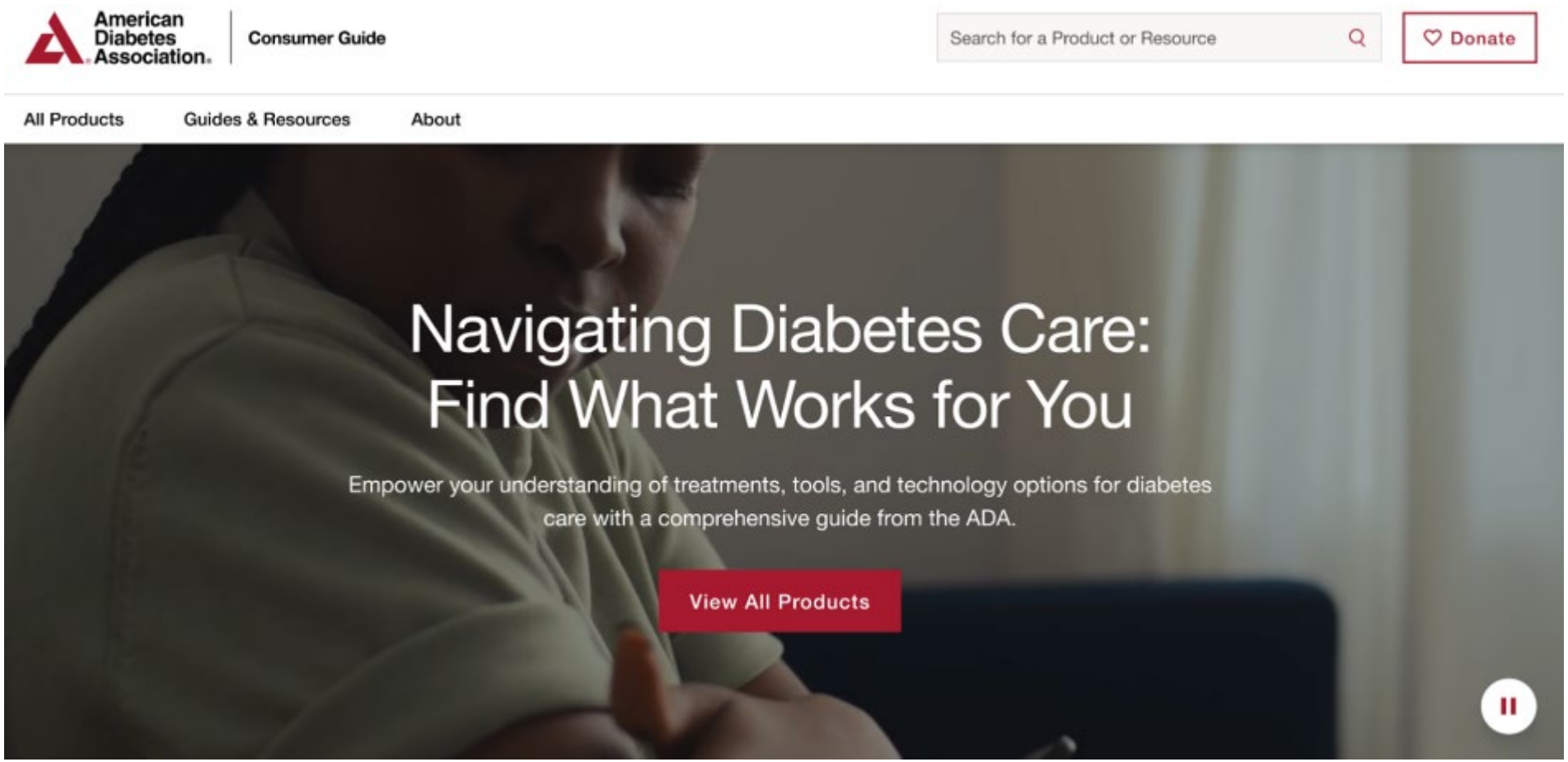


Newly added feature:



American Diabetes Association.

Consumer Guide



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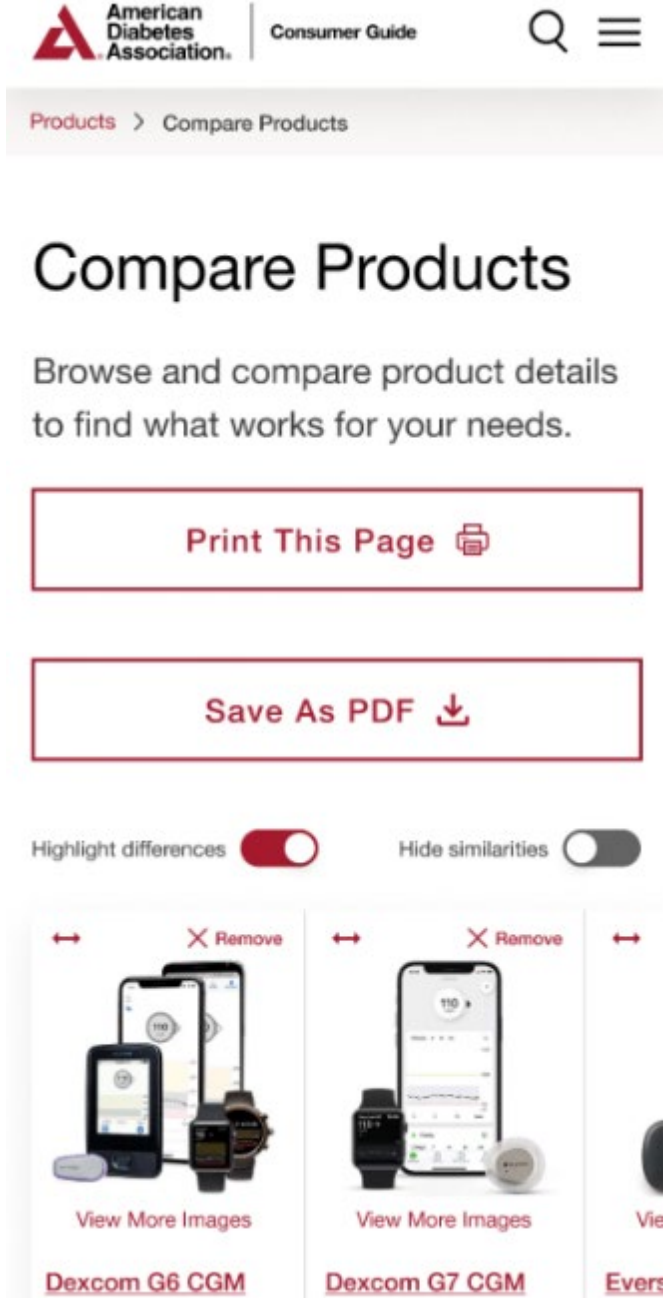
TREATMENTS

TECHNOLOGY

TOOLS





American Diabetes Association.

Thank you

Barbara Eichorst, MS, RD, CDCES

American Diabetes Association.

HEART OF A GIANT FOUNDATION

Tackling Heart Disease and Diabetes

Empowering Communities Through Education, Screening, and Support

By Bouba, Heart of a Giant

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INTRODUCTION TO HGF

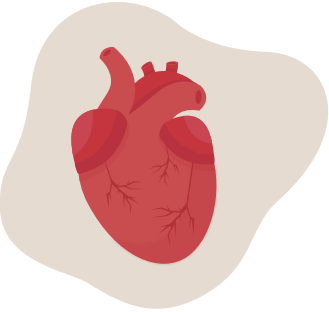
Our mission is to improve early detection, prevention, and management for underserved communities.

- Awareness: Campaigns, web blog and social media, podcasting, public speaking.
- Education: Health literacy workshops, webinars, and outreach programs.
- Screenings: Blood pressure, glucose, cholesterol, BMI, Waist circumference checks at free events in the community.
- Monitoring & Coaching: On-site and RPM, Continuous support for those at risk. e.g., hypertension, heart failure, diabetes management coaching.
- Collaborations: Partnering with healthcare providers and community organizations to expand reach and culturally responsive.



IMPACT DATA: *In 2024 alone, we conducted **802 screenings at 58 events**, reaching **635 individual participants**, with **134+ attending follow-up screenings***

THE CONNECTION BETWEEN HEART DISEASE AND DIABETES



People with diabetes are twice as likely to develop heart disease. Yet, many remain unaware of this critical link.

KEY STATS FROM OUR REPORTS:

- **32%** of our screened **participants** had **Stage 2 Hypertension.**
- **2% were in a Hypertensive Crisis** and required immediate medical attention.
- **Poor Blood Sugar Control and Obesity** were found to be common risk factors.

SOURCES: 2024 Hypertension Screening Report, CDC, AHA Know Diabetes by Heart Lesson

CHALLENGES IN UNDERSERVED COMMUNITIES

Limited access to healthcare facilities.

Lack of knowledge about **heart disease risk factors.**

Social determinants of health like food insecurity, transportation issues, and income disparities.



KEY DATA:

African Americans in Boston face a 40% higher prevalence of hypertension than white residents.

Neighborhoods like Mattapan and East Boston have some of the highest rates of hypertension and diabetes.





SOURCES: CDC Social Determinants of Health, 2024 HGF Screening Report

HGF'S APPROACH



- Awareness: Campaigns, web blog and social media, podcasting, public speaking.
- Education: Culturally tailored health workshops and digital resources.
- Screenings: Free BP, glucose, cholesterol, BMI, Waist circumference, in accessible locations.
- Monitoring & Coaching: Tracking progress over time with personalized coaching.
- Collaborations: Collaborating with hospitals, public health agencies, and community organizations.

KEY IMPACT:

231 high-risk individuals were identified and referred for follow-up care.

40% of monitored participants saw a measurable **reduction in blood pressure.**

Some participants achieved up to a **72mmHg systolic BP reduction.**



SOURCES: 2024 Blood Pressure Monitoring Report, Know Diabetes by Heart Initiative

IMPACT OF COMMUNITY-BASED INITIATIVES

1,500+ individuals reached through education and community engagement.

85+ events hosted across New England.





ESTIMATED HEALTHCARE COST SAVINGS:

$200,000 – $600,000

by preventing strokes and hospitalizations.

SOURCES: Heart of a Giant Foundation 2024 Impact Report

ROLE OF PATIENTS, FAMILIES, AND CAREGIVERS

- Patients: Tracking glucose, blood pressure, and making lifestyle changes.
- Families: Encouraging healthy meals and physical activity.
- Caregivers: Managing medications and supporting medical visits.



EXAMPLE FROM OUR REPORTS:

Hypertension Management: Maria, a 64-year-old participant, **reduced her BP from 150/90 to 125/80** through coaching and monitoring.

Luis, a 54-year-old father, **lost 20 pounds** and saw a **BP reduction from 160/100 to 130/85.**

Diabetes Management: 70% of 50+ participants reported **improved blood sugar** levels within six months**,** and **50% adopted healthier lifestyle habits** due to the coaching.

SOURCES: HGF Participant Success Stories 2024

CALL TO ACTION FOR HEALTHCARE PROVIDERS AND PARTNERS

WAYS TO PARTNER WITH HEART OF A GIANT FOUNDATION:

Host health screenings and education sessions at your organization.

Provide patient education resources tailored to at-risk populations.

Support peer-to-peer mentorship programs for long-term patient engagement.





GOAL: Scale programs to reach 5,000+ individuals annually

SOURCES: AHA & ADA: Building Healthcare Partnerships

CLOSING AND THANK YOU!

Heart disease and diabetes are community challenges.

TOGETHER

we can save lives

www.heartofagiant.org

info@heartofagiant.org