

The DAWN2 Study: Putting the results into your practice

National Diabetes Education Program Webinar Series

Wednesday, January 21, 2015

2-3 PM ET



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention



National Institutes
of Health





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Presenters

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Acknowledgements

- DAWN2 study group
 - Rachid Malek, Algeria
 - Johan Wens, Belgium
 - João Eduardo Salles, Brazil
 - Katharina Kovacs Burns & Michael Vallis, Canada
 - Xiaohui Guo, China
 - Ingrid Willaing, Denmark
 - Gérard Reach, France
 - Norbert Hermanns & Bernd Kulzer, Germany
 - Sanjay Kalra, India
 - Antonio Nicolucci & Marco Comaschi, Italy
 - Hitoshi Ishii, Japan
 - Miguel Escalante, Mexico
 - Frans Pouwer, The Netherlands
 - Andrzej Kokoszka, Poland
 - Alexander Mayorov, Russian Federation
 - Edelmiro Menéndez Torre, Spain
 - İlhan Tarkun, Turkey
 - Melanie Davies, Richard Holt, Angus Forbes & Neil Munro, UK
 - Mark Peyrot, USA
 - Søren Eik Skovlund & Christine Mullan-Jensen, Novo Nordisk, Denmark
- DAWN2 global partners
 - IDF
 - Steno diabetes center
 - IAPO
 - Novo Nordisk A/S
- Collaborators and advisors
 - See details at www.dawnstudy.com



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DAWN study in 2001

DAWN™

Diabetes Attitudes Wishes & Needs



5,426

PWD (adults)

3,982

HCPs

13

Countries

Platform for stakeholder dialog and engagement

To improve outcomes in diabetes, we must focus on the *person* with the condition

PWD, people with diabetes
HCPs, healthcare professionals



DAWN study in 2001

- Diabetes self management is less than optimal
- Self-management problems are due in large part to psychosocial problems that are common but rarely treated
- 85% reported severe distress at diagnosis; 43% continued to experience these feelings (mean=15 years)
- Access to team care and communication between patients and professionals is associated with better outcomes



Back
before
DAWN ...

MANAGING DIABETES IS AS SIMPLE AS ABC:

A

A1C Below 6.5%

- The A1C test reflects your blood glucose control over the past few months.
- Work with your doctor to have your own personal A1C goal.
- Every 1% above 6% elevates the risk for diabetes complications.
- Your blood glucose will stay lower when you exercise and restrict calorie intake.



B

Blood Pressure Below 130/80

- Up to 60% of people who have diabetes also have high blood pressure.
- High blood pressure can cause heart attack, stroke, and kidney disease.
- Blood pressure stays low when you reduce sodium in your diet and follow the DASH diet.



C

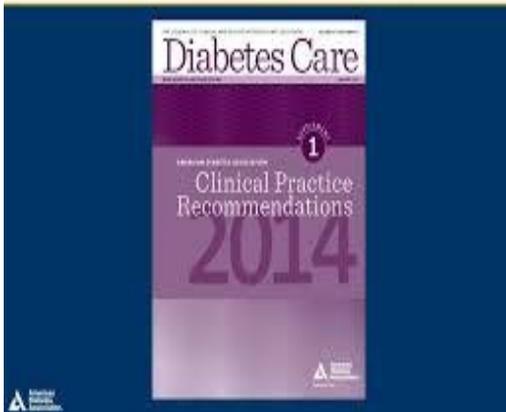
Cholesterol in Check

- The LDL goal for most people is below 100.
- The HDL goal for most people is above 40.
- If you have diabetes you are more prone to cholesterol abnormalities and heart disease.
- LDL or "bad" cholesterol can clog your blood vessels and cause heart attack or stroke.
- HDL or "good" cholesterol helps remove cholesterol from your blood vessels.
- LDL stays low when you eat less saturated fat and cholesterol from animal foods.
- HDL stays high when you exercise, eat fish and soluble fiber and live a healthy lifestyle.



Standards of Care

STANDARDS OF MEDICAL CARE IN DIABETES—2014



Emotional well-being is an important part of diabetes care

- Assess psychological and social situation as part of medical management of diabetes
- Screening: attitudes, expectations affect/mood, quality of life, resources (financial, social, and emotional), psychiatric history
- Routinely screen for depression, diabetes-related distress, anxiety, eating disorders, and cognition



Diabetes Self- management Education

Required content areas now emphasize:

- Effective coping
- Problem solving
- Behavior change strategies
(Self-directed goal setting)





DSMS

On-going diabetes self-management support (DSMS) is critical in order to sustain participants' progress resulting from diabetes self-management education





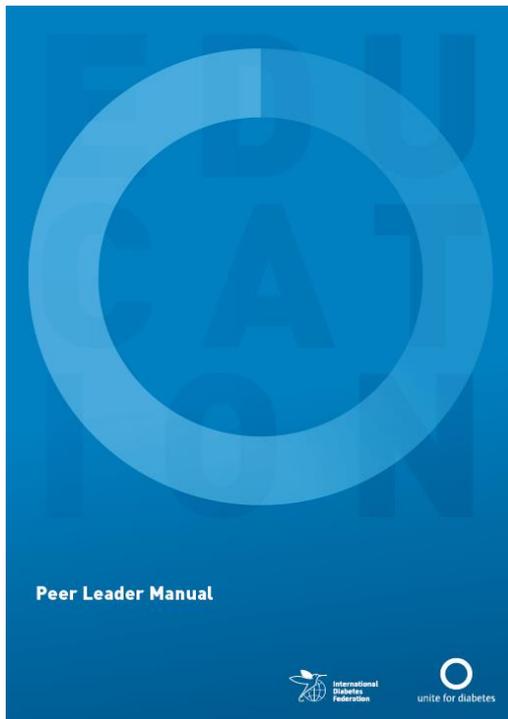
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DSMS by peers

The activities to assist the person with diabetes to implement and sustain the ongoing behaviors needed to manage their illness

The support can include behavioral, educational, psychosocial and/or clinical





Key lessons for diabetes educators

- Self-management behaviors are symptoms of underlying problems in living with diabetes
- Need to start with identifying the problem if we want to help people with diabetes improve their behaviors
- Need to integrate psychosocial and behavioral aspects with the clinical content
 - What are the key motivations and barriers?



Why was a new study required?

**371
million**

PWD today¹
Will increase to
552 million by 2030²

**Every
10
seconds**

Three more people
will develop diabetes³

Primary health systems are under-resourced and poorly designed to deliver empowering and supportive preventive diabetes and chronic care

Active broad involvement of PWD and their FMs, use of chronic care models, and IT/mobile technologies are yet to be fully realized



DAWN2 required to provide new global evidence and a partnership platform to drive long-term change for person-centered chronic care and prevention



Long-term study goals

- Raise awareness of the unmet needs of PWD, their FMs, and HCPs
- Facilitate new dialog and collaboration among all key stakeholders in diabetes to improve patient involvement and equal access to quality care, self-management education, and support
- Drive scientific benchmarking and better practice sharing to facilitate global, national, and local action for person-centred diabetes care



To enable all PWD to live full, healthy, and productive lives, and be actively engaged in preserving their own health and quality of life



DAWN2: A global 360° perspective on diabetes

17 countries



IDF

Steno
Diabetes
Center

IAPO

15,438 (US 940)
respondents



8,596¹ (US 539)^{2,3}
PWD



2,057⁴ (US 121)²
FMs



4,785⁵ (US 280)²
HCPs

1. Nicolucci A, et al. Diabet Med 2013;30:767–77

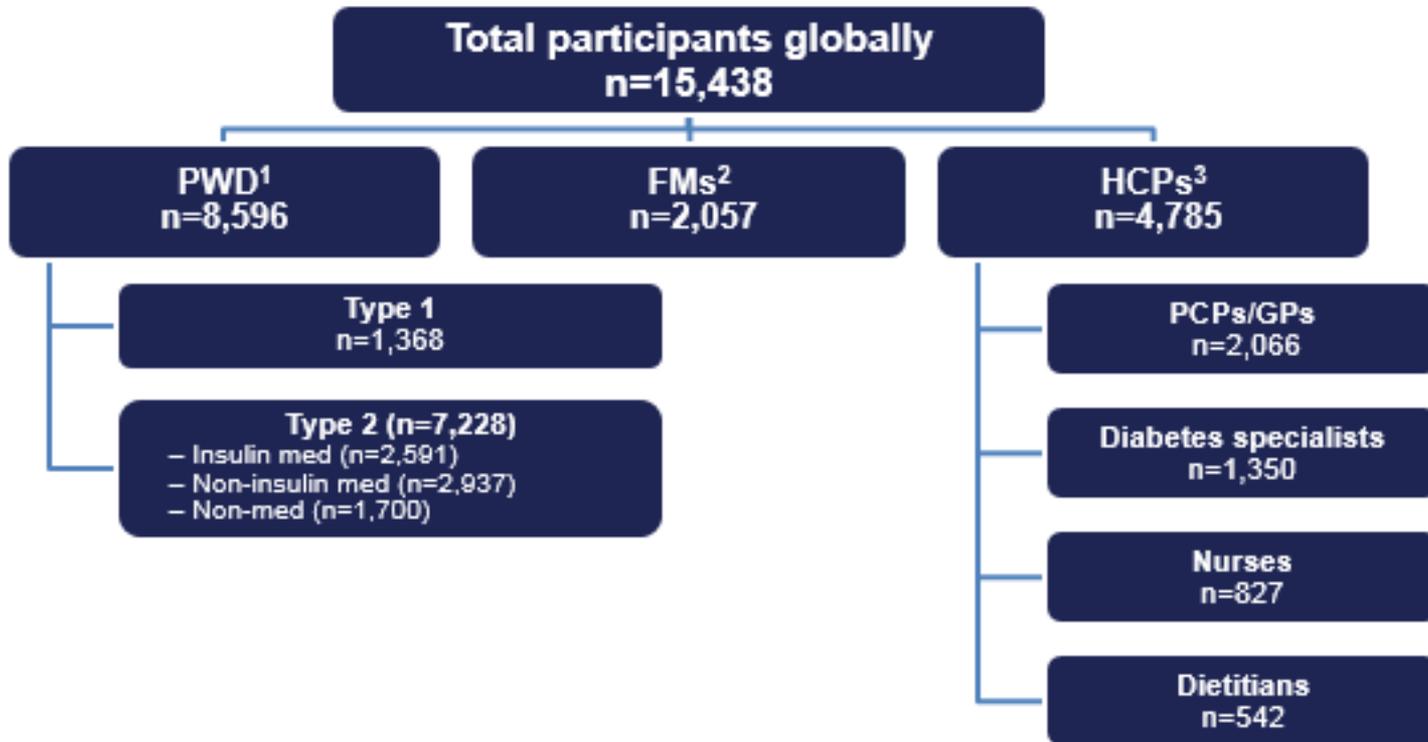
2. US DAWN2 study (data on file)

3. Peyrot M, et al. Curr Med Res Opin 2014;30:2241–54

4. Kovacs Burns K, et al. Diabet Med 2013;30:778–88

5. Holt RIG, et al. Diabet Med 2013;30:789–98

Total study population





Questionnaire topics

**Health/quality of life
(PWD and FMs)**

**Attitudes and beliefs about
diabetes**

**Diabetes training
(HCPs)**

Diabetes profile

**Care and
support/involvement**

Future needs

Active self-management

**Diabetes education
and information**

**Demographic and practice
characteristics**



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The DAWN2 results themes



Emotional and physical well-being



New perspectives on family burden and support



Involvement and support for active self-management



Educational and information resources



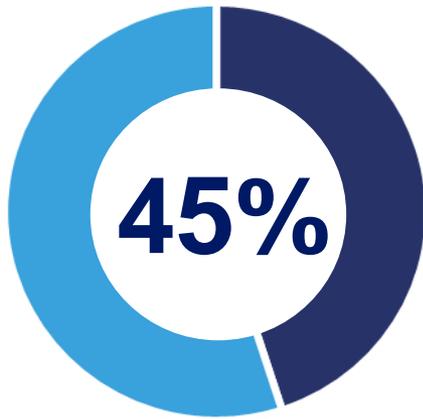
Access to quality diabetes care



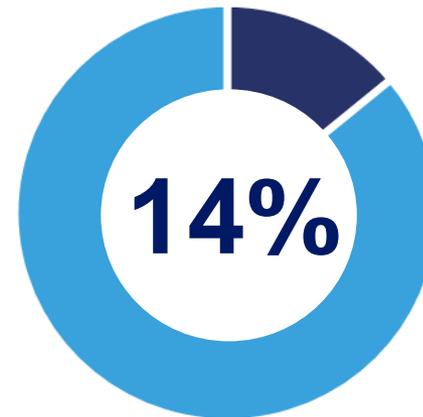
Community resources and societal attitudes



Living with and managing diabetes is distressing for PWD

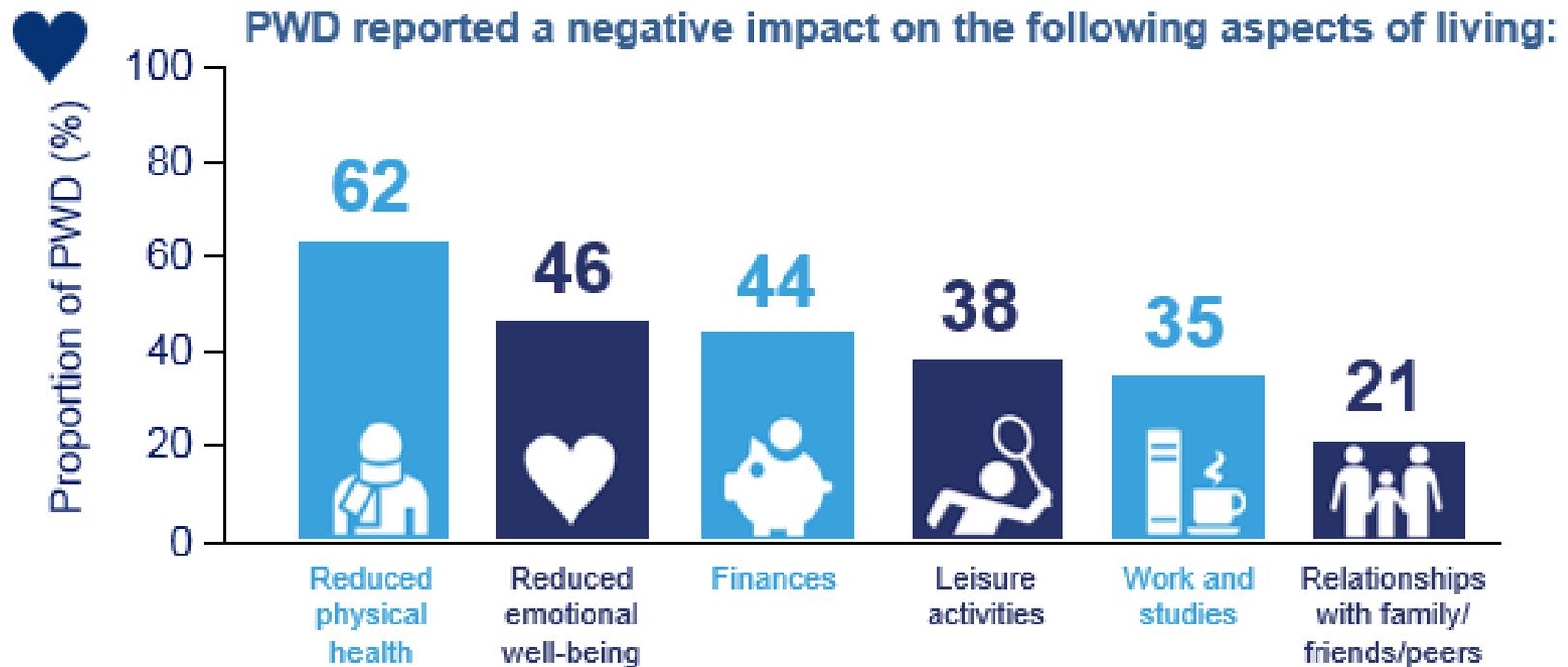


of PWD have emotional distress due to their diabetes



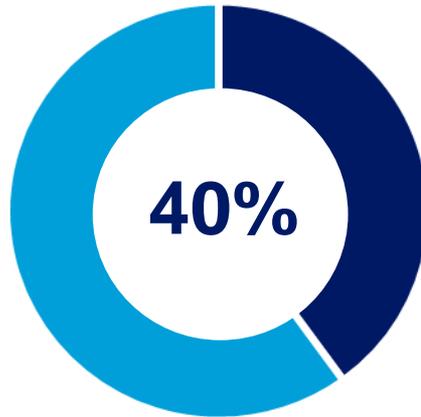
of PWD report having likely depression

Diabetes has a negative impact on a wide range of life domains

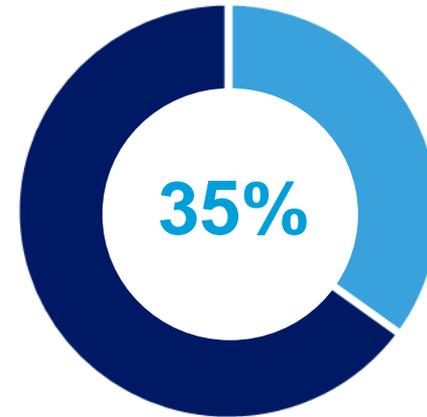




Diabetes impacts FMs, resulting in substantial burden, worry and distress

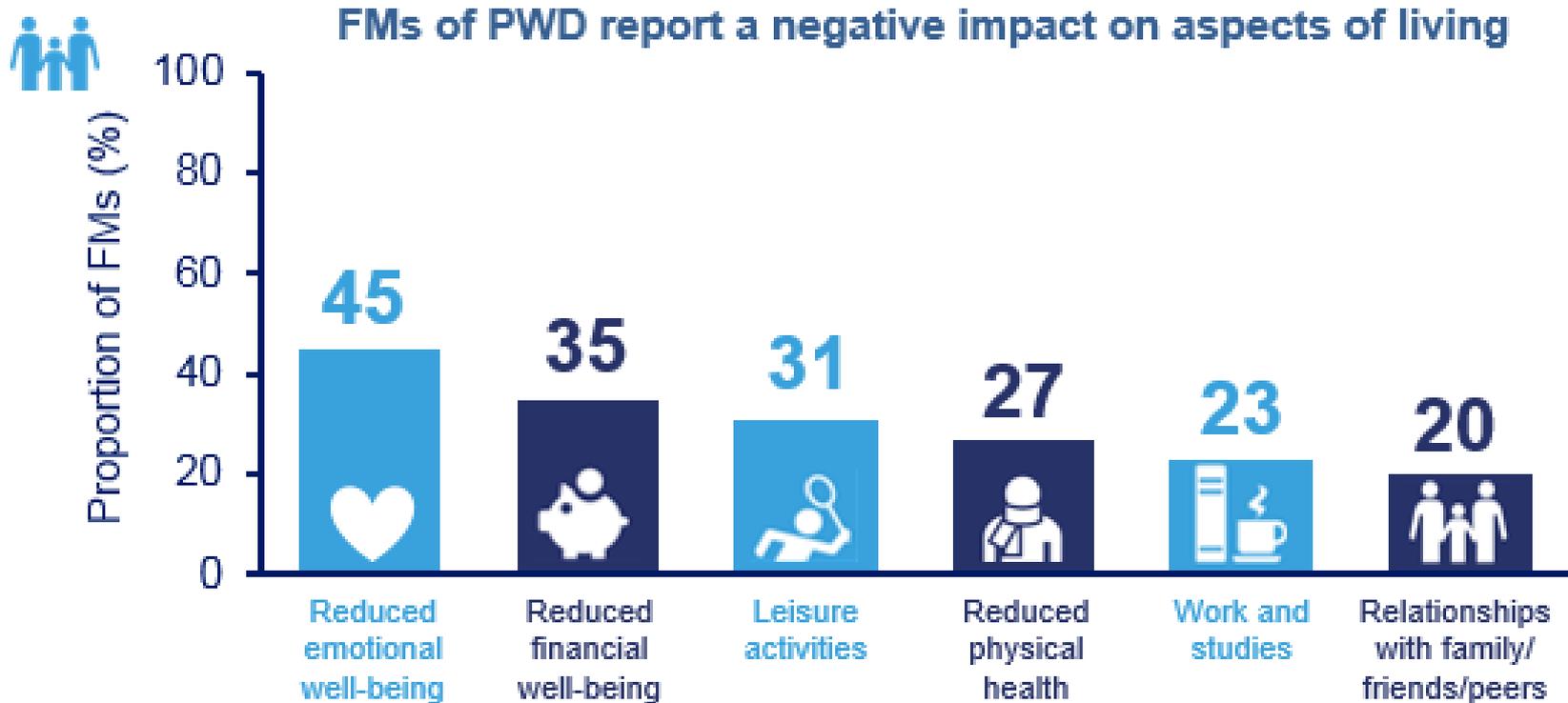


of FMs expressed a high level of distress related to concerns about their relative with diabetes

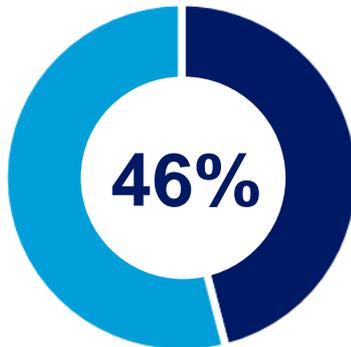


of FMs reported a 'moderate' to 'very large' burden from caring for a relative with diabetes

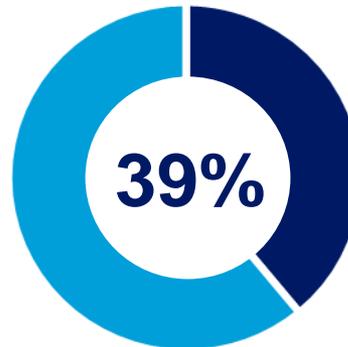
Diabetes has a wide-ranging impact on the lives of FMs



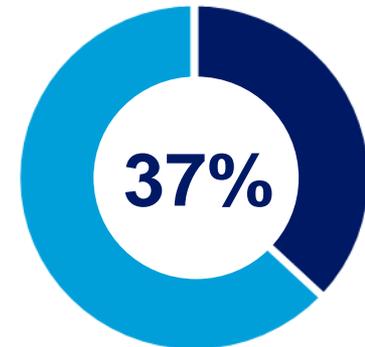
Many FMs want to help, but do not know how



would like to be more involved in helping their relative with diabetes deal with feelings about the condition



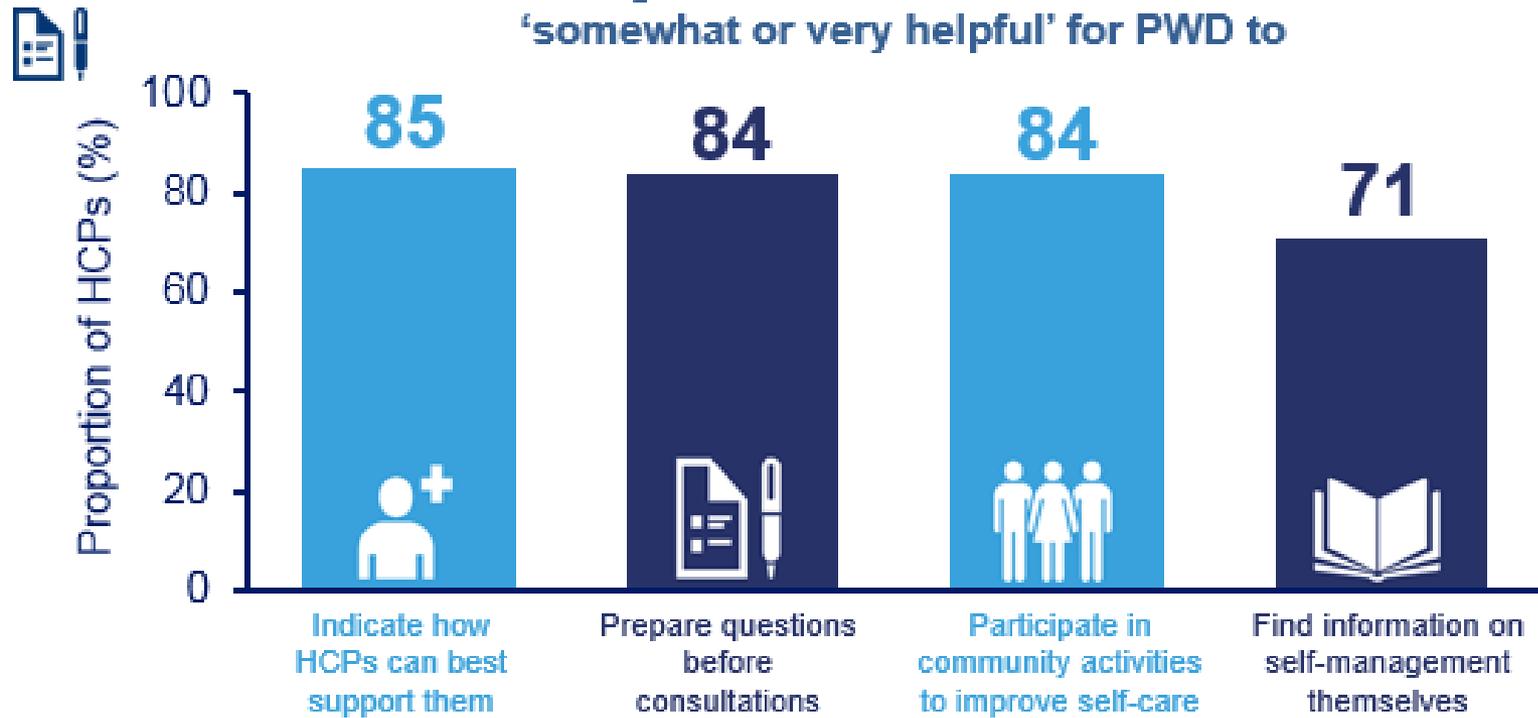
want to be more involved in caring for PWD



do not know how best to help

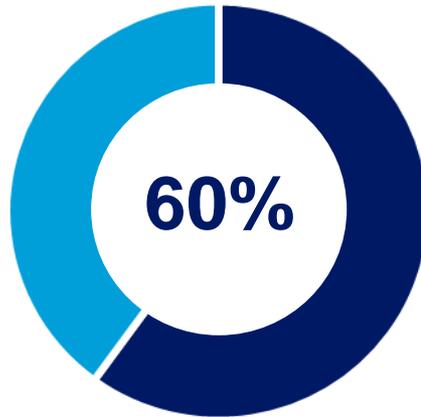
The value of actively engaged PWD

Percentage of HCPs who indicate it would be 'somewhat or very helpful' for PWD to

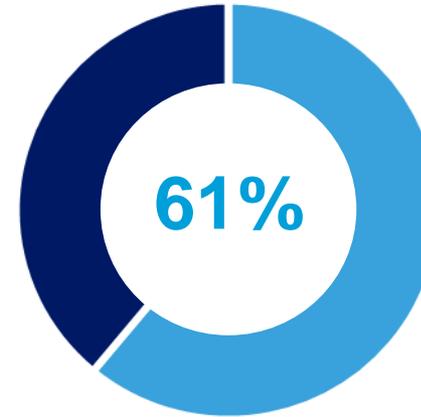




The need for self-management resources



of HCPs feel that there is a need for major improvements in the availability of diabetes self-management education



of HCPs feel that improving the availability of diabetes self-management education will reduce disease burden

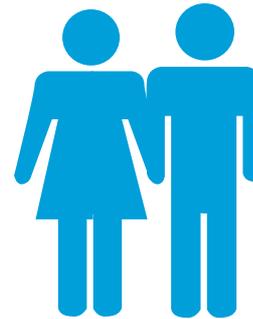


Participation in diabetes education needs improvement



49%

of PWD participate in diabetes educational programs/activities to help them manage diabetes¹



23%

of FMs participate in any diabetes educational programs/activities²

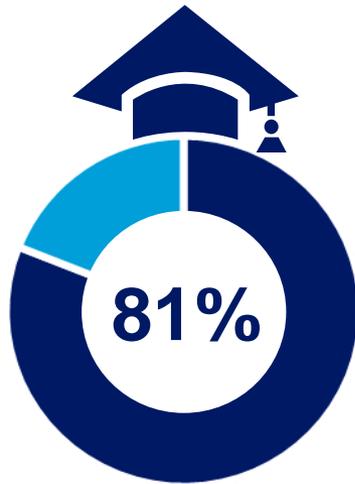
1. Nicolucci A, et al. Diabet Med 2013;30:767–77
2. Kovacs Burns K, et al. Diabet Med 2013;30:778–88



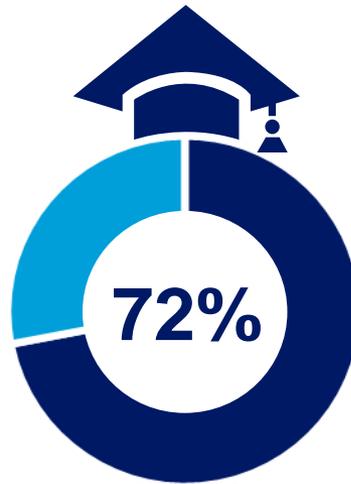
Diabetes education is helpful for those who participate in it



Percentage of PWD and FMs reporting that diabetes education programs are 'somewhat or very helpful'



PWD¹



FMs²

People who participate in diabetes education reported fewer psychological problems and enhanced self-management compared with those who had not participated in any educational program³

1. Nicolucci A, et al. Diabet Med 2013;30:767–77

2. Kovacs Burns K, et al. Diabet Med 2013;30:778–88

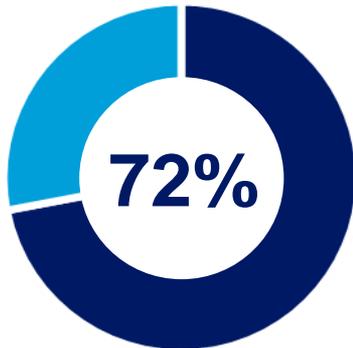
3. Willaing I, et al. Abstract presented at EASD 2013 (A-1136)



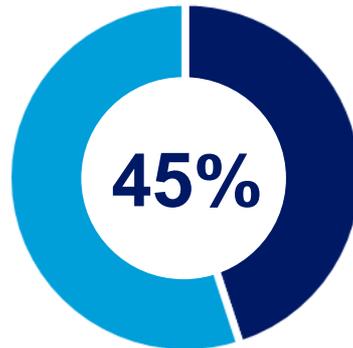
Inadequate psychosocial and behavioral assessment



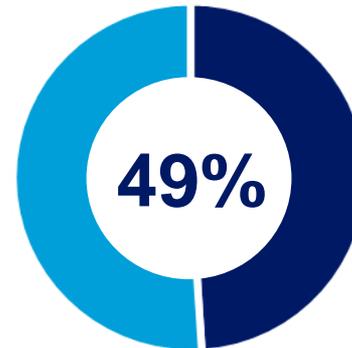
In the past 12 months, did anyone from your healthcare team do the following (% reporting 'yes')?:



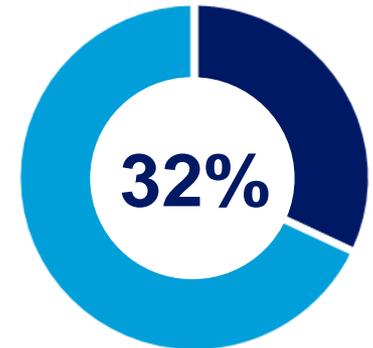
Measure your long-term blood sugar control level



Examine your feet

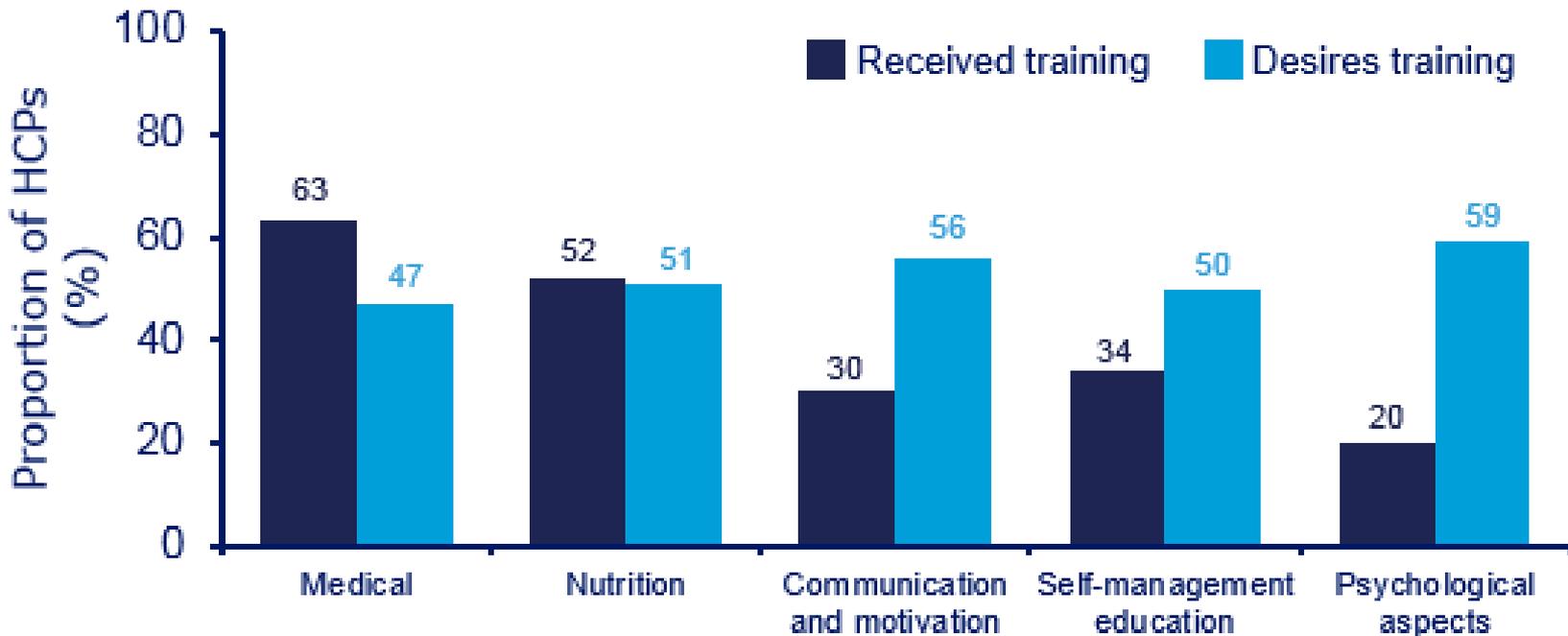


Ask about the types of foods you have been getting



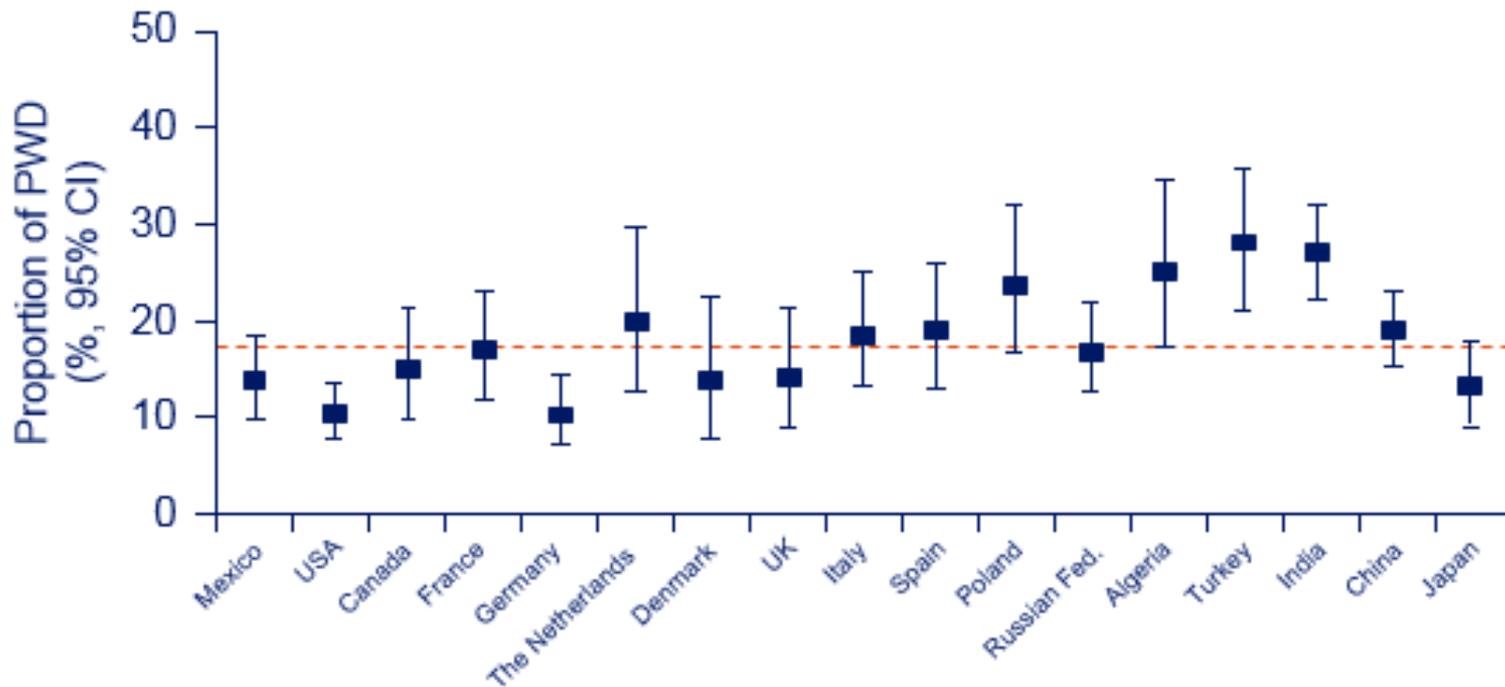
Ask if you have been anxious or depressed

HCPs want to receive more training in many aspects of diabetes care



Discrimination – a global issue

- Proportion of people (% , 95% CI) who experienced discrimination because of their diabetes, by country





Living with Diabetes



Negative themes:

- Anxiety, fear, worry about acute/long-term complications, depression and negative moods
- Discrimination at work and societal lack of understanding about diabetes

Adaptive themes:

- Positive outlook and sense of resilience
- Psychosocial support from family, friends, HCPs and others with diabetes



Summary:

DAWN2 Key global study results



Diabetes is associated with significant psychosocial challenges



FMs are burdened by diabetes but they also represent an untapped potential for support



Active engagement and participation of PWD is lacking but a high priority for most



Half of all PWD never participated in a diabetes education program, but of those who did most found it very helpful

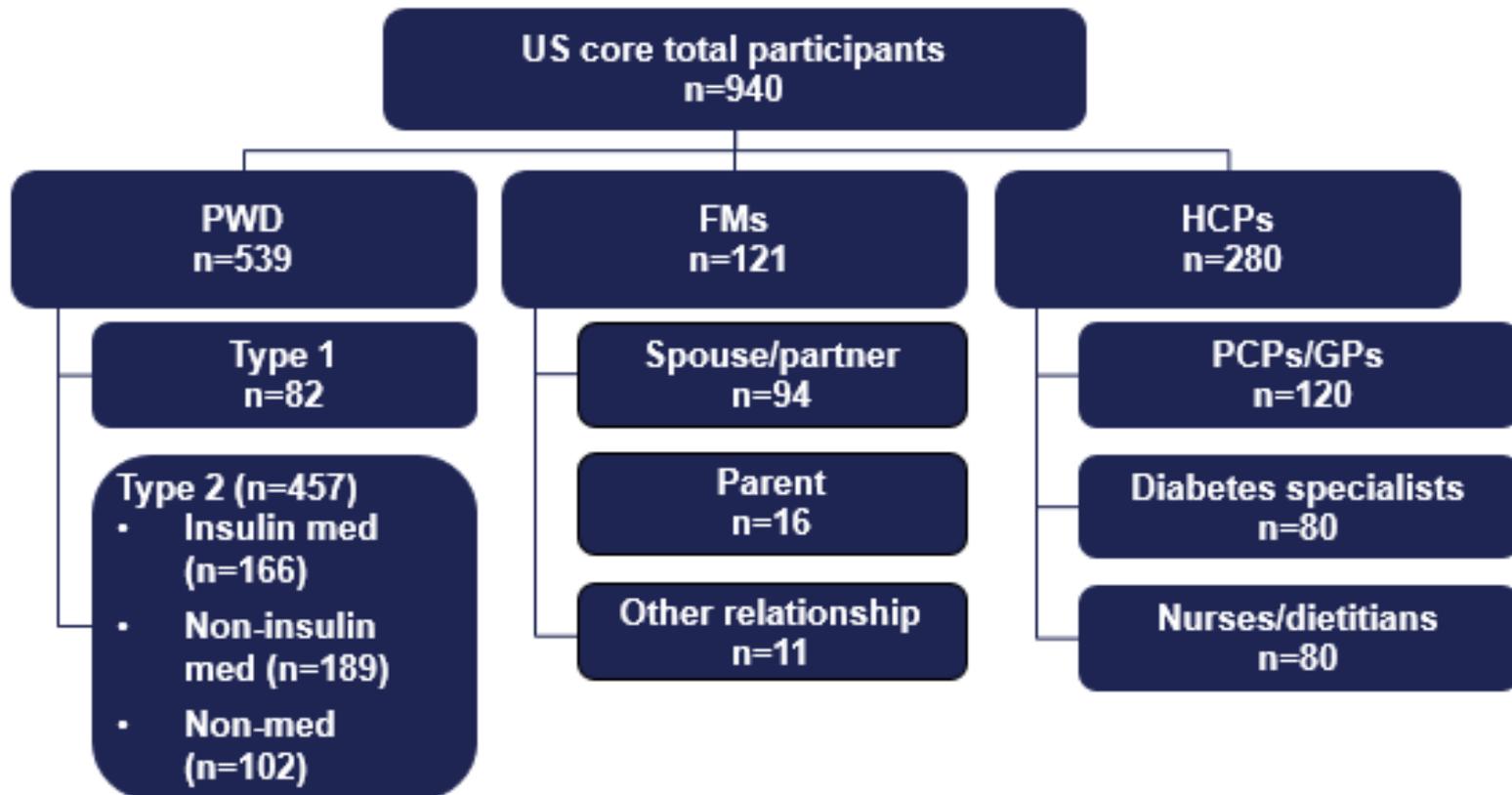


Access to quality diabetes care is poor and HCPs want more training in many aspects of diabetes care

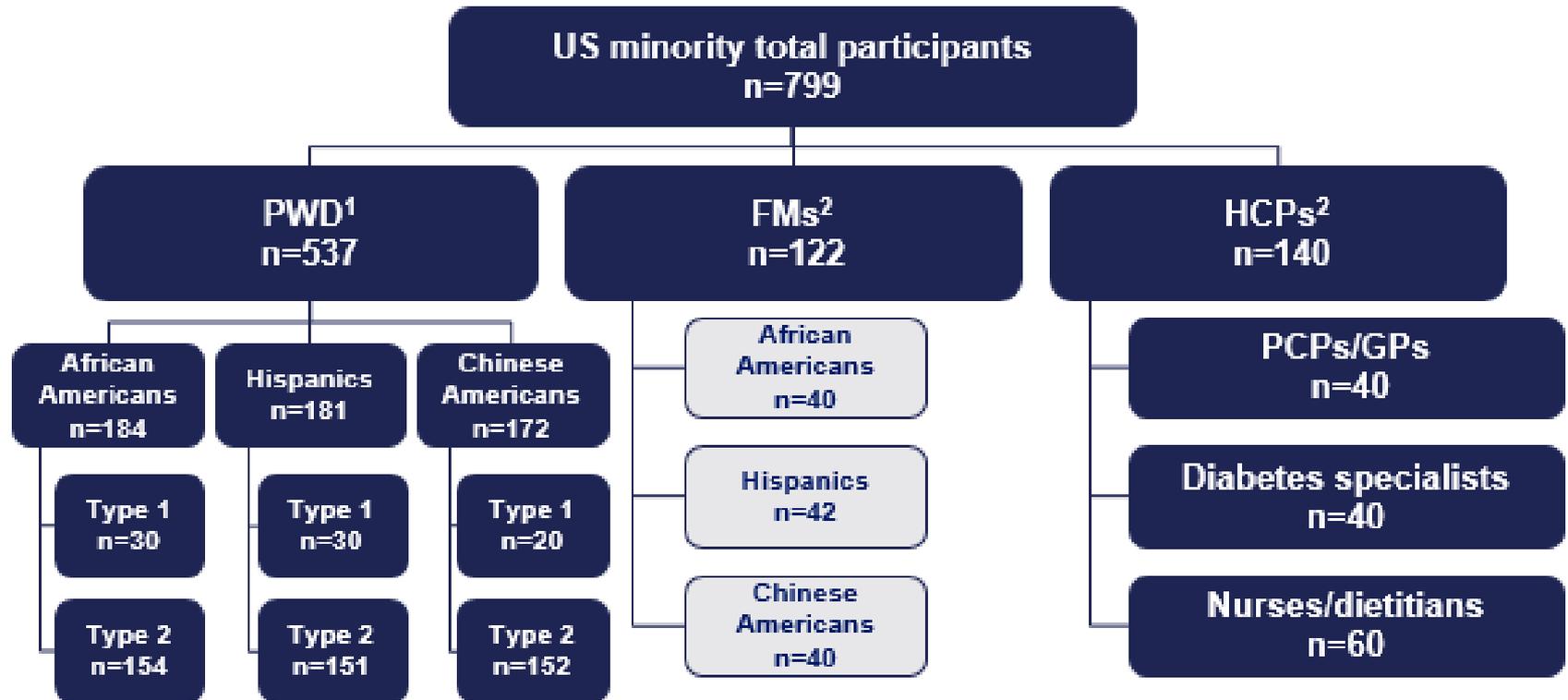


Discrimination due to diabetes is prevalent, demonstrating a lack of education and awareness

US core study population



US minority study population



1. Peyrot M, et al. *Curr Med Res Opin* 2014;30:2241–54

2. US DAWN2 study (data on file)



Self-management in the US

On how many of the last 7 days...	Mean (on a scale of 0–7) ¹	Desire to improve outcome, % ²
have you followed a healthy eating plan?	4.7	69
did you participate in ≥30 min of physical activity?	2.7	65
did you test your blood sugar the number of times recommended by your HCP?	4.5	N/A
did you take all your diabetes medications exactly as agreed with your HCP?	6.4	30
did you check your feet?	4.7	N/A

N/A, not asked

1. Nicolucci A, et al. Diabet Med 2013;30:767–77

2. US DAWN2 study (data on file)



Psychological outcomes for PWD in the US differ by ethnicity

Psychological outcome, mean	Non-Hispanic White n=447	African American n=241	Hispanic n=194	Chinese American n=173
<i>The higher the score, the better</i>				
Well-being (SD = 22.87)*	57.12 [†]	64.36 [‡]	60.89	59.96
Quality of life (SD = 23.24)**	65.11 [†]	72.49 ^{‡ §}	62.47 [†]	63.98 [‡]
Diabetes empowerment (SD = 22.52)**	34.34 ^{† §}	51.13 ^{‡ §}	42.43 ^{†‡}	45.60 ^{†‡}
<i>The lower the score, the better</i>				
Diabetes impact (SD = 18.19)**	57.20 [†]	48.95 ^{‡ §}	51.01 [‡]	53.85 [†]
Diabetes distress (SD = 26.80)**	22.92 ^{† §}	32.33 [‡]	37.51 ^{†‡}	36.98 [‡]

Model = ANCOVA controlling diabetes type/treatment, diabetes duration, gender, age, income, education.

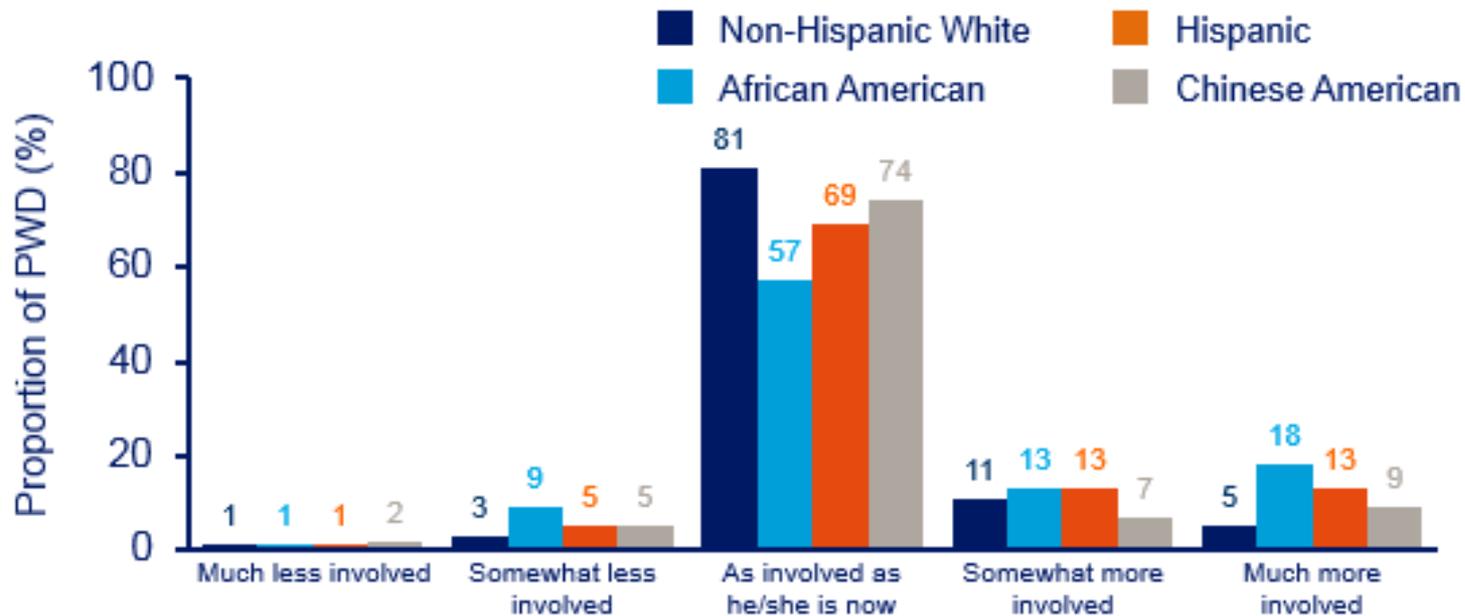
*Overall p<0.01 for ethnicity; **Overall p<0.001 for ethnicity.

Mean is significantly (p<0.05) different from [†]African American mean; [‡]non-Hispanic white mean; [§] Chinese American mean; ^{||}Hispanic mean. Better outcomes are in green; poorer outcomes are in red



Level of involvement by others desired by PWD in the US differs by ethnicity

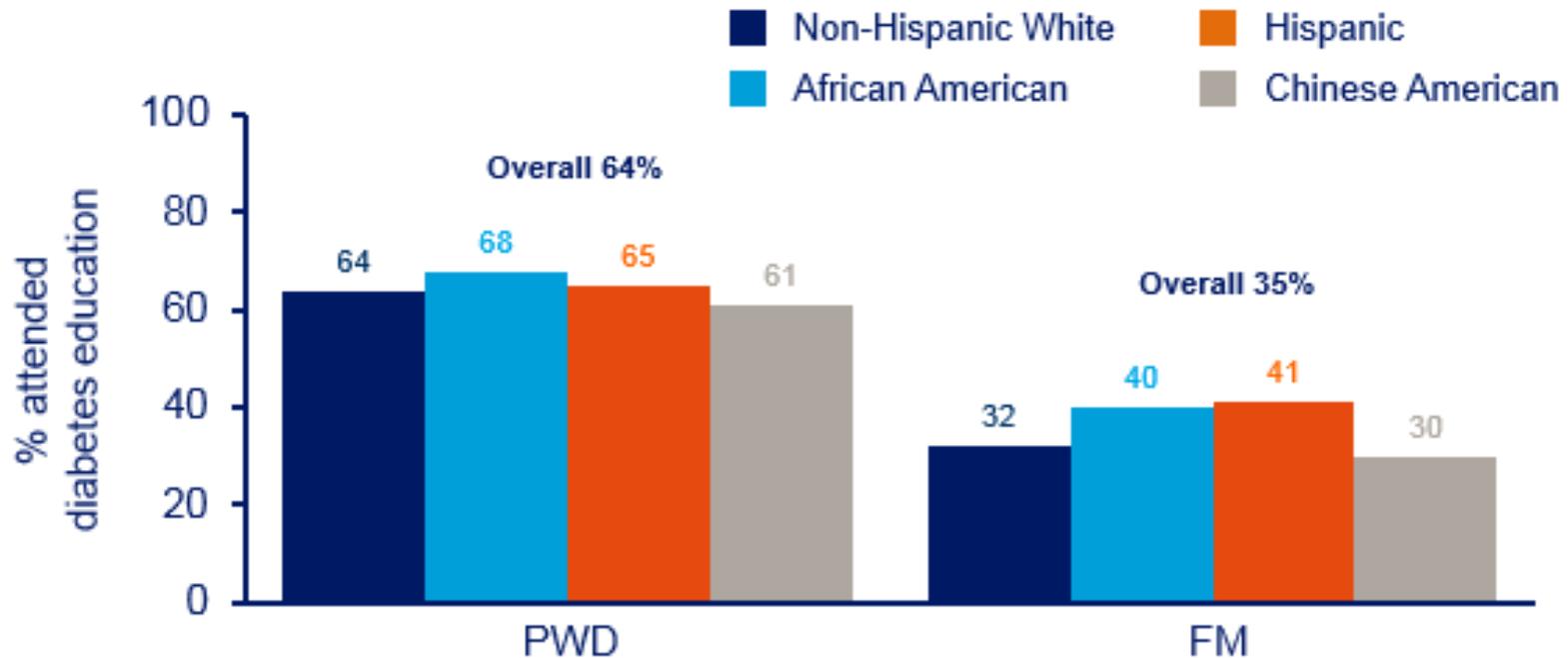
Thinking of the person most involved in your diabetes care, please indicate how you would like this person to be involved in the future





Participation in diabetes education programs across ethnic groups in the US

Have you ever participated in a diabetes education program for PWD and/or their families?



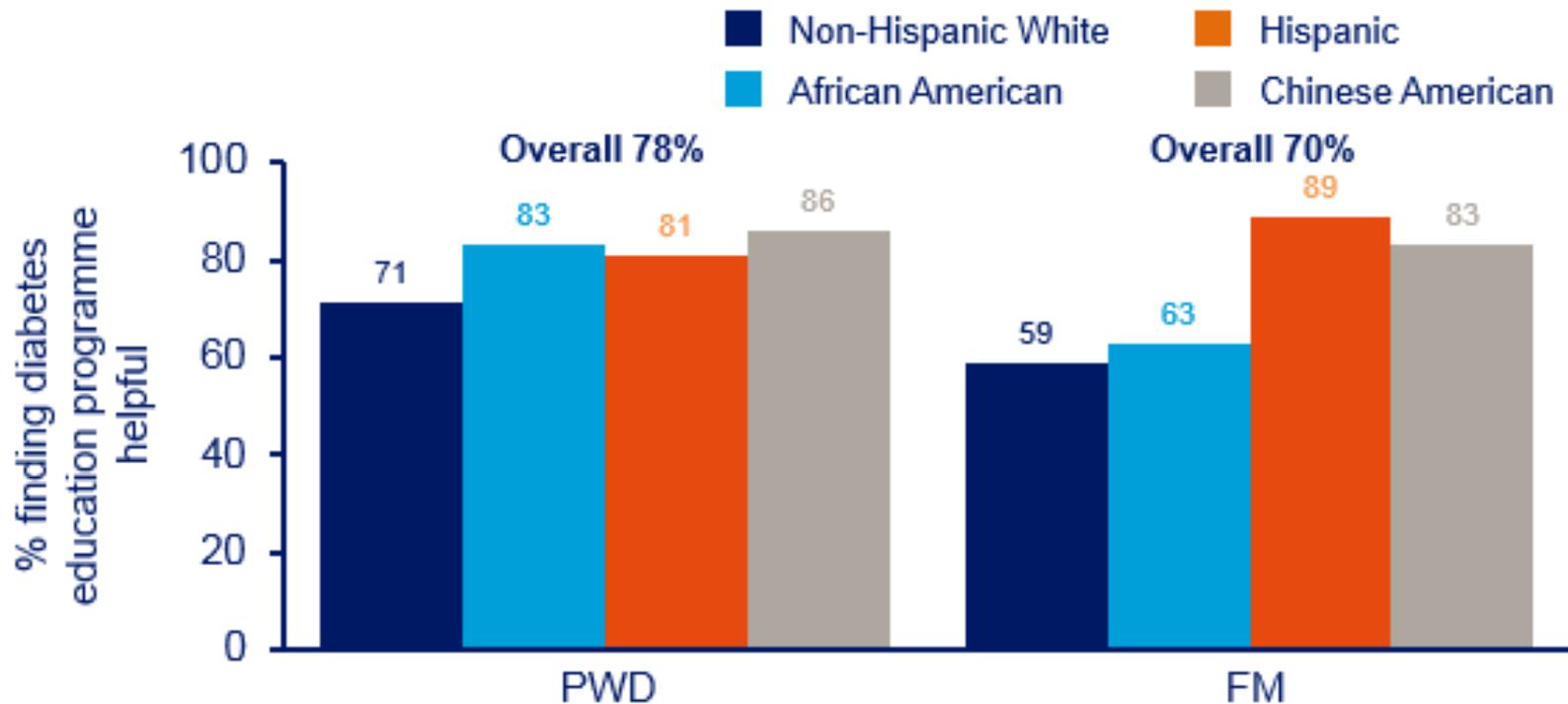
PWD data shown are weighted on age, gender, region and education to increase sample representativeness

Funnell M. Presented at AADE 2014 US DAWN2 study (data on file)



Ethnic groups in the US reporting diabetes education was helpful

Overall, how helpful was/were the education program(s) you attended?



PWD data shown are weighted on age, gender, region and education to increase sample representativeness

Funnell M. Presented at AADE 2014 US DAWN2 study (data on file)



Summary of US DAWN2 data

- Most PWD want to improve self-management (eating and exercise habits)
- There is a substantial amount of diabetes distress among both PWD and FM, and PWD who are in minority groups experience more diabetes distress than non-Hispanic whites
- Having a large social support network for diabetes is related to better psychosocial outcomes for PWD and their FMs
- Few PWD let other people know how they can best support them in managing their diabetes OR ask for support, especially non-Hispanic whites
- Most PWD are pleased with the level of involvement of their family in diabetes care, and FMs want to help. PWD feel that FMs listen to them when they talk about difficulties of living with diabetes



Implications for practice

- Diabetes is a burden, both in terms of self-managing the condition and psychologically. Thus, we need to encourage PWD to ask for support when needed
- FMs are a valued resource, but may not have the knowledge or resources to help their loved ones with diabetes
- FMs and friends should continue to listen to those with diabetes. We need to provide outlets of psychosocial support for everyone
- We must involve PWD and FMs as equal partners when developing new care solutions



Implications for diabetes educators

- We need to involve FMs or other supporters in DSME/S and help them learn how to help
- We need to ask patients how diabetes is affecting their lives
- We need to help patients identify problems, not focus on behaviors (What is hardest for you?)
- Goal-setting needs to flow from patient-identified problems (Are you interested in taking a step to make that problem or your life with diabetes better?)
- Remember, to patients diabetes is all one thing – an integrated medical, psychological, social condition



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

NDEP Campaign

Managing Diabetes.

It's not easy,
but it's worth it.

I made a plan.

It wasn't easy,
but I did it.

So can you.

Managing Diabetes

David and his wife, Kay
Fishers, IN

I made a plan. It wasn't easy, but I did it. So can you.

It's not easy, but it's worth it.

People who learn to manage their diabetes from the start have fewer health problems from diabetes years later. You can too. Learn how to better manage your diabetes. Order a free booklet, *4 Steps to Control Your Diabetes For Life*, from the National Diabetes Education Program to learn more.

For more information, visit www.YourDiabetesInfo.org
or call 1-888-693-NDEP (6337); TTY: 1-866-569-1162.

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.





US National Diabetes Education Program Diabetes HealthSense

The screenshot shows the Diabetes HealthSense website. At the top, the title "Diabetes HealthSense" is displayed in a large, light blue font, with the tagline "Resources for living well" to its right. Below the title is a navigation menu with links: "HealthSense Home", "Make a Plan", "Health Care Professionals", "Submit a Resource", and "About HealthSense".

On the left side, there is a "Help Me" section with a "Select one:" dropdown. Below it are several menu items: "Eat healthy", "Be active", "Manage my weight", "Cope with stress and emotions", "Set goals", "Stop smoking", "Prevent diabetes-related health problems", "Check my blood glucose", and "Take my medicine". Further down are sections for "I Am A", "Age", "Type of Resource", and "Language".

The main content area features a breadcrumb trail: "You are here: NDEP Home > Resources > Diabetes HealthSense". Below this is a paragraph: "Diabetes HealthSense provides easy access to resources to help you live well and meet your goals—whether you have diabetes or are at risk for the disease." This is followed by the slogan: "Live well. Eat healthy. Be active. It's not easy, but it's worth it."

On the right side, there are social media sharing options for "Share" (with a count of 149) and "Tweet" (with a count of 74). Below these is a search bar labeled "Search HealthSense by title or keyword" with a "Go" button. A blue award badge is also present, stating: "The Health Improvement Institute recently named NDEP as the recipient of its 2012 Annual Aesculapius Award, recognizing NDEP's Diabetes HealthSense website for excellence in the communication of reliable information about healthy lifestyles, disease prevention, and health care treatments. [Read more](#)."

At the bottom, there is a video player titled "Healthy Eating with Diabetes". The video shows two women sitting at a table, looking at a book. The video player includes a play button, a progress bar at 0:00, and a "YouTube" logo. To the right of the video player is a text box with the title "Healthy Eating with Diabetes" and the text: "Making changes in the way you eat can be difficult. Learn about small steps for healthy eating to help you manage your weight..". Below the text box is a navigation bar with numbered tabs 1 through 5.

US National Diabetes Education Program Diabetes HealthSense

Diabetes HealthSense Resources for living well

HealthSense Home Make a Plan Health Care Professionals Submit a Resource About HealthSense

You are here: NDEP Home > Resources > Diabetes HealthSense

Start Over

1-10 of 27 results

View by: Resource Name (A-Z) Go

Title	Description	Organization
DAWN Dialogue Tools	These validated patient survey tools work to assess patient and health care professional attitudes, wishes, and needs in diabetes management, a vital and valuable part of patient-centred quality of care improvement.	DAWN (Diabetes Attitudes, Wishes, and Needs) Study

Registration Required

DAWN STUDY DIABETES ATTITUDES WISHES AND NEEDS

HOME DAWN DAWN PROGRAMMES TOOLS AND RESOURCES WORLD OF DAWN NEWS AND MEDIA

DAWN Dialogue Tools

Psychological well-being and diabetes control are interdependent. Assessing patient and healthcare professional attitudes, wishes and needs in diabetes is a vital and valuable part of patient-centred quality of care improvement.

Through DAWN, healthcare professionals have the possibility to use validated patient survey tools. Try out one of the tools available for assessing and addressing psychological needs.

To inquire about availability of a questionnaire in your language or to ask for advice regarding strategic use of the questionnaires in your setting, please contact your local Novo Nordisk contact person.

Tools for adults with diabetes

The DAWN Experiment

Many health professionals define good communication as speaking to patients in a way that ensures that the message is understood and perceived as relevant and helpful. But effective communication is also empathetic communication: it involves listening to patients in a way that ensures that they feel understood, respected, and cared for. To practice patient-centred communications skills, you may want to refer to "The DAWN experiment".

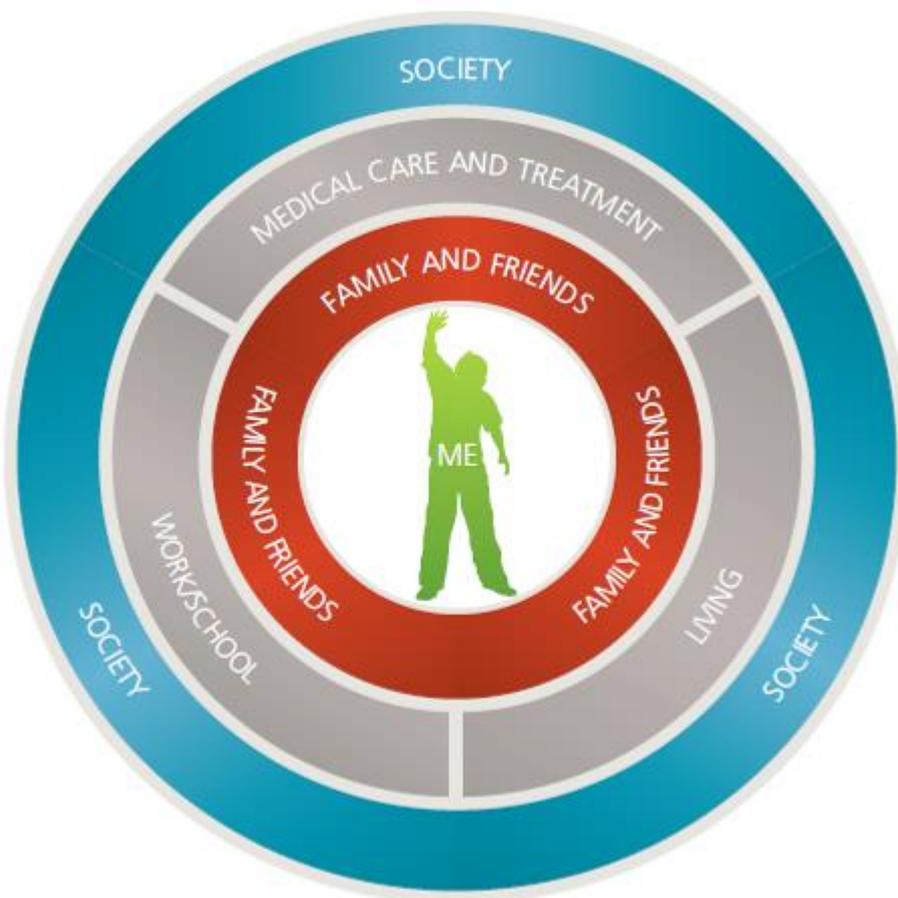
DAWN

Diabetes Attitudes Wishes & Needs

WHO-5 questionnaire

Why measure emotional well-being?
Subjective well-being is an important dimension of overall perceived quality of life and in its own right an important outcome of diabetes care. In people with diabetes emotional well-being may be compromised by the burden of living with diabetes and/or life stresses. Depression is common among persons with diabetes, affecting 10-20% of the patient population. Unfortunately the diagnosis of depression is often missed by health care professionals. Using a short questionnaire as the WHO-5 can help to monitor emotional well-being in patients as part of clinical routine and enhance the likelihood of recognizing depression. International clinical guidelines recommend to systematically monitor emotional well-being in patients with diabetes.

A new needs model for diabetes



- **Me:** Being able to cope with my condition, and living a full, healthy, and productive life
- **Family and friends:** Emotional and practical support in all aspects of my condition
- **Community: Care and treatment:** Access to quality diagnosis, treatment, care, and **DSME/S**
Work/school: Support for, and understanding of, my condition
Living: Having the same opportunities to enjoy life as everybody else
- **Society:** A healthcare system, government, and public that are willing to listen, change, and be supportive of my condition



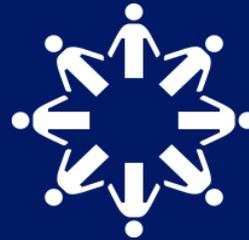
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Everyone has a role to play to make person - centered diabetes care and education a reality!



PWD and their families



Patient organizations,
communities



Decision makers,
payers



HCPs



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Thank You!



Diabetes Management Resources

www.YourDiabetesInfo.org

ENGLISH

4 Steps to Manage Your Diabetes for Life



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ENGLISH

How to Help a Loved One Cope with Diabetes

When people have the support of their family and friends, they are able to better manage their diabetes. It is a hard disease to handle alone. You can help your loved one cope with diabetes by showing your support. This tip sheet tells you how.

Learn about diabetes.

There is a lot to learn about how people can live well with diabetes. Use what you learn to help your loved one manage his or her diabetes.

- Ask your loved one to teach you about how he or she is managing diabetes.
- Join a support group—in person or online—about living with diabetes. Check with your hospital or area health clinic to find one.
- Read about diabetes online. Visit www.YourDiabetesInfo.org.
- Ask your loved one's health care team how you can learn more about managing diabetes.

Ask your loved one about coping with diabetes and how you can help.

Here are sample questions:

- Do you ever feel down or overwhelmed about all you have to do to manage your diabetes?
- Have you set goals to manage your diabetes?
- What things seem to get in the way of reaching your goals?
- What can I do to help? (Example: Are there things I can do to make it easier for you to live with diabetes? If you want to be more active, will it help if we take walks together?)
- Have you talked to your health care team about your diabetes care and how you want to reach your goals?



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ENGLISH

Taking Care of Your Diabetes Means Taking Care of Your Heart

Diabetes and Heart Disease

For people with diabetes, heart disease can be a serious health problem. Many people don't know that having diabetes means that you have a greater chance of having heart problems such as a heart attack or stroke. Taking care of your diabetes can also help you take care of your heart. Use the tools in this tip sheet to help. They are:

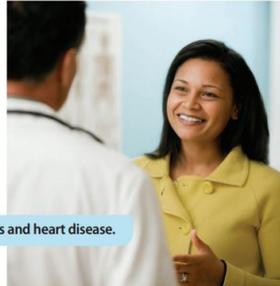
- A list of things you can do such as eating healthy foods and getting more active.
- A form to write down and track your A1C, blood pressure, and cholesterol numbers.

What you can do now

Ask your health care team these questions:

- What can I do to lower my chances of getting heart disease?
- What should my goals be for A1C, blood pressure, and cholesterol?
- What can I do to reach these goals?
- Should I take medicine that can protect my heart such as aspirin or a statin?

Ask any questions you have about diabetes and heart disease.

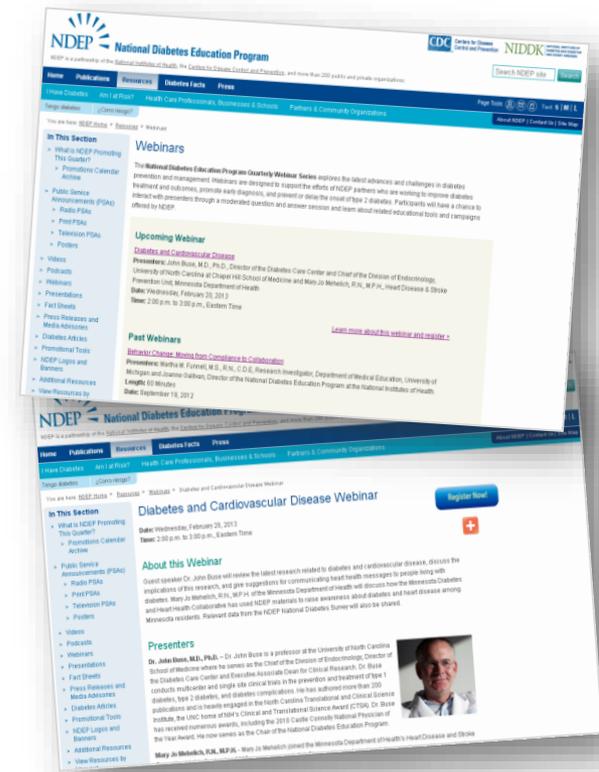


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Webinar Recording and Evaluation

- Webinar Recording and Presentation Slides
 - www.YourDiabetesInfo.org/Webinars
- Webinar Evaluation
 - Email with link to survey
- Certificate of Completion
 - ndep@hagersharp.com



Question & Answer Session



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www.YourDiabetesInfo.org

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