

Our Messaging



Who Are Our Audiences?

Everyone. Full stop. Our job is to know them, show them we know them, and show them we care. Do this and our communications will connect.

How Will We Influence Them?

Transforming how people feel about themselves starts with the person. As you communicate, remember to connect at that level first.

- Individual
- Family
- Community
- Government
- Innovation
- Health care

Connecting With Our Audience

Start with a big idea.

One that stops people in their tracks and say, “Wow, I never thought of things that way.” Then, trust the idea and carry it through to the end of your communications.

Write less and you’ll say more.

The goal is understanding. Get there faster with smaller, simpler words and shorter sentences. This makes the technical and complex easier to internalize.

Write on our behalf.

Use the first-person plural “We” when you write. It conveys our humanity and demonstrates how we are connected in this effort.

Add personality where you can.

In using a more conversational style in writing, look for ways to add more human speech into your writing. For example, start a sentence the way you might when you’re talking to friend by saying, “Look.” As in, look, these tips might change a lot of things—including peoples’ lives.

Be wary of adjectives.

Adjectives get in the way of easy readability. Apparently, so do adverbs. Avoid them and the hard sell they suggest.

Voice & Tone

Voice and tone are how we sound when we speak or write. If your voice is your character, your tone is the expression of that brand character. Like your character, your voice should never change. It should also transcend our writing to embody all expression: written, presented, and acted. However, tone changes based on the situation and the audience. It is how empathy and relevance are conveyed when we speak in different settings to different audiences.

Why do voice and tone matter? When our voice (or character) is inconsistent, people notice. Inconsistency works against our brand, making people uncomfortable and less likely to trust us—less likely to believe they can live their best life.

As the best minds and biggest hearts united in this effort, our voice should work hard to connect these two parts of life for our readers.

Our voice is informed and empathic.

We're like your go-to friend when you need advice. We get you, meet you where you are, and tell you the truth—without an agenda.

Our voice is optimistic and realistic.

We see the best in life and the future, but only because we can also see the path—data, innovations, and breakthroughs to reach it.

Our tone is dynamic.

We're alive. We're signaling our dynamism by speaking our audiences' languages—all of them. We know them, so let's show them we know them, and show them we care. We're energized about the wins.

Our tone is motivating.

We're never the coach that yells at you, or the teammate that's in your face if you make a mistake. We're the one that wants you to have the ball when the game is on the line, because we know you have what it takes to win—even if you don't know it yet.

To the ADA.

It's diabetes. A fight worth picking. This is for the bad days, the good ones, and for all those who'd happily take either. This is for the sleepless nights and dizzying days. For the guilt, the blisters, the numbers. It's for stepping in front of it, owning it, and embracing it so we're better at the thing we're here to do—fight it. Fight for the millions who feel it. Fight for the millions who know it. Fight for the millions who don't. But will. That's why we're here. Now. Connected for Life. Fighting for a cure. Fighting for us to thrive. Fighting for Life.

To the world.

This is something none of us can ignore anymore. Because nearly 25,000 children will be diagnosed this year, we're fighting for a cure. Because access to quality diabetes care is hard to find where it's needed most, we're pioneering new outcomes. Because the cost of lifesaving insulin keeps increasing, we're advocating for change. Because diabetes requires 24/7 attention, our resources are here for you. And because nearly one-in-two of us has diabetes or prediabetes, we're all Connected for Life.

To the diagnosed.

Life doesn't end with a diagnosis. We believe your best days lay ahead. That's why we're here. To inspire the millions of people affected by this disease to step forward and leave diabetes in the dust. To do more. See more. Love more. Laugh more. To live more. Unapologetic and unafraid. Because diabetes doesn't define us. It doesn't intimidate us. And it won't hold us back. We're in this together. Connected for Life.

About Us

Connected for Life

We are united in the fight of our lives. A community of families, friends, loved ones, volunteers, health care professionals, innovators, and dedicated staff across the country. Committed to a cure while we help people live their best lives. Driven by our knowledge while diabetes has brought us together, it cannot stop us when we are Connected for Life.

Micro Boiler Plate

The best minds and hearts united in the fight for a cure for diabetes. Connected for Life.

<or>

The best minds fighting for a cure united with the biggest hearts helping people live their best lives. Connected for Life.

About Us

Boiler Plate

Every day, more than 4,000 people are newly diagnosed with diabetes in America. More than 133 million Americans have diabetes or prediabetes and are striving to manage their lives while living with the disease. The American Diabetes Association (ADA) is the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic and help people living with diabetes thrive.

For nearly 80 years, the ADA has been driving discovery and research to treat, manage, and prevent diabetes while working relentlessly for a cure. We help people with diabetes thrive by fighting for their rights and developing programs, advocacy, and education designed to improve their quality of life. Diabetes has brought us together, what we do next will make us Connected for Life.

To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (1-800-342-2383). Join the fight with us on **Facebook** (@American Diabetes Association), **Spanish Facebook** (@Asociación Americana de la Diabetes) **Twitter** (@AmDiabetesAssn), and **Instagram** (@AmDiabetesAssn).

Messaging Sound Bytes

The “sound bytes” below can be used verbatim in all types of ADA communications, including promotional materials, press releases, fundraising solicitations, advocacy update, and general constituent relations communications.

Our Vision

Life free of diabetes and all its burdens.

Our Mission

The mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

For nearly 80 years, the American Diabetes Association has been helping win the fight against diabetes and to improve the lives of all people affected by the disease. Because there’s nothing we can’t do when we’re Connected for Life.

Messaging Overview

The “sound bytes” below can be used verbatim in all types of ADA communications, including promotional materials, press releases, fundraising solicitations, advocacy update and general constituent relations communications.

FOR:

For the millions of individuals, families, communities, government agencies, R&D and innovation communities, and care providers.

WHO:

Who are unaware that diabetes is stealing life from more of us—even though it can be prevented and we’re making our best strides.

PROVIDES:

The ADA connects the best minds—driving innovation and advancing toward a cure—with the biggest hearts—helping people and families live with conviction and hope because they have knowledge and access to resources.

Connecting with Individuals

The Problem

Too many individuals are unaware of their personal risk, unaware of strategies to prevent and/or manage diabetes, and unaware of the socio-economic impacts of diabetes.

How We Solve This

Hearts: We connect individuals to a game plan for life, helping them understand their risks, options, choices, and ability to thrive.

Minds: We provide hope in the breakthroughs we see today and the promise of a cure tomorrow.

How We're Working for Individuals

- Solutions for Life: Helping 88 million Americans with prediabetes learn their risk for type 2 diabetes so they can take action to prevent or delay the onset of diabetes.
- Changed for Life: Sharing the 24/7, everyday reality of millions of family and friends who are diagnosed.
- Advocating for Life: Fighting on your behalf for insulin price transparency, access to qualified care, and a reduction in the diabetes health care cost burden.
- Breakthroughs for Life: Investing more than \$860M into 4,800 research projects to spark new discoveries for a cure and to improve everyday management.
- Roadmap for Life: Supporting people with diabetes with proven, practical ways to live their best lives right now.

Connecting with Families

The Problem

Families living with diabetes take on too many of the burdens—financial, emotional, physical—themselves. Many don't access the existing resources, support, care, and programs that are readily available to them. Others are unaware that these resources exist.

How We Solve This

Hearts: We connect families to resources for life, understanding and supporting them through all of life's chapters with practical tools and programs.

Minds: We provide families with real hope in the breakthroughs we see today and the promise of a cure tomorrow.

How We're Working for Families

- Game Plan for Life: Empowering families—young, old, multi-generational—with tools and support to gain the confidence, knowledge, and independence to live a safe and healthy life.
- Engaged for Life: Leading successful programs such as Safe at School and camps across the U.S. to improve inclusion, education, and collaboration.
- Solutions for Life: Helping 88 million Americans with prediabetes learn their risk for type 2 diabetes so they can take action to prevent or delay the onset of diabetes.
- Advocating for Life: Fighting on their behalf for insulin price transparency, access to qualified care, and a reduction in the diabetes health care cost burden.

Connecting in Communities

The Problem

With nearly half the American population at risk, individual management of diabetes can no longer be separated from the community. Limited access to care, affordable medication, and community resources are adding up to larger socio-economic impacts—immediate and long-term.

How We Solve This

Hearts: We connect community leaders with strategies for life, educating them on the issues and impact diabetes is having in their communities, economies, and cultures.

Minds: We share the breakthroughs and best practices communities are implementing to improve the quality of life in their communities.

How We're Working for Communities

- Learning for Life: Educating leaders about the social and financial impact of diabetes and how to prevent it with better access to care, affordable insulin, and treatment.
- Standing Up for Life: Combatting discrimination at school, at work, and in our hometowns across the country with education, advocacy, and educational programs.
- Game Plan for Life: Empowering families—young, old, multi-generational—with tools and support to gain the confidence, knowledge, and independence to live a safe and healthy life.
- Engaged for Life: Leading successful programs such as Safe at School and camps across the U.S. to improve inclusion, education, and collaboration.
- Solutions for Life: Helping 88 million Americans with prediabetes take action to prevent or delay the onset of diabetes by learning their risk for type 2 diabetes.

Connecting with Policy Makers

The Problem

Even while more and more people are affected by diabetes, fewer and fewer options exist for affordable care and medication and basic access to services. As this problem continues to grow, the burden exponentially increases on government and health care resources—a fate more baffling than daunting, because it's avoidable.

How We Solve This

Hearts: We connect policy makers with the masses who are changed for life, helping them hear the real impact diabetes has on our infrastructure, our resources, and our humanity.

Minds: We provide evidence-based policies that can increase access, transparency, and research today to avoid an exponentially increasing burden on resources tomorrow.

How We're Working for Policymakers

- Stand Up for Life: Advocating on behalf of the millions of people living with diabetes at all levels of government.
- Solutions for Life: Driving the development, passage, and implementation of legislation and policy that ensures pricing transparency, affordable access to care and medications, and critical funding for research.
- Access for Life: Combatting discrimination at school, at work, and in our hometowns across the country with education, advocacy, and educational programs.

Connecting with Innovators

The Problem

While great strides have been made in recent years, the problem is too large to tackle alone and so much more has to be done in advancing a cure.

How We Solve This

Hearts: We connect the innovation community with a purpose for life, helping them understand human-centered design principles, breaking down barriers that previously divided them, and creating mechanisms for collaboration, investment, and shared innovation.

Minds: We share the breakthroughs and best practices, while facilitating investment to accelerate innovation at a pace previously unachieved.

How We're Working for Innovators

- **All in for Life:** Investing more than \$860M into 4,800 research projects to spark new scientific discoveries.
- **Collaborating for Life:** Hosting the world's largest forum for diabetes research and innovation at our annual Scientific Sessions.
- **Speaking Up for Life:** Advocating for critical government funding to support diabetes research.

Connecting with the Diabetes Care Team

The Problem

Diabetes faces more challenges than other diseases, for the diagnosed and care providers. Too often, access to quality care is limited by the lack of coverage, high cost of treatments, expertise in rural areas, and unknown standards of care.

How We Solve This

Hearts: We connect health care with leadership for life, working with the health care community to be better prepared for the challenges they face and collectively more influential in prevention.

Minds: We share the latest best practices to help care providers recognize the signs and deliver care.

How We're Working for the Diabetes Care Team

- Better Outcomes for Life: Enabling health care providers to deliver life-changing and life-saving care with our world-renowned ***Standards of Medical Care in Diabetes***.
- Collaborating for Life: Hosting the world's largest forum for diabetes research and innovation at our annual Scientific Sessions.
- Solutions for Life: Deliver accredited education programs to health care professionals to ensure patients receive the best care, treatment, and education.
- Commitment to increase participation in and access to the Diabetes Prevention Program (DPP) lifestyle change program.
- Healthy eating resources for consumers with prediabetes and diabetes.

Team for Life

- Recognize over 1,500 diabetes self-management education and support (DSMES) services at 3,600 sites across the country.

Editorial Guidelines

Editorial Guidelines

This section has been developed to help ensure consistency throughout the ADA. Included in this section are:

- Common acronyms
- AP Style information
- Spelling and punctuation in select circumstances
- Common style points

Acronyms

Spell out acronyms at their first occurrence and include the acronym in parentheses at that citation. Use only the acronym in all further mentions within the individual piece. Spell out “and” unless an ampersand is part of the official name (e.g. Centers for Medicare & Medicaid Services).

When using the acronym “ADA” insert “the” before it in sentences. For example “The ADA offers a free brochure” is correct.

Commonly Used Acronyms

A1C	A measure of average glucose over 2 to 3 months; a shortened form of the chemical term hemoglobin A1c or HbA1c
ACA	Affordable Care Act
ACC	Annual Clinical Conference
AACE	American Association of Clinical Endocrinologists
ADCES	Association of Diabetes Care and Education Specialists
AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
AAPA	American Academy of Physician Assistants
ACCORD TRIAL	Action to Control Cardiovascular Risk in Diabetes Trial
ACO	Accountable care organization
ADA	American Diabetes Association
ADA	Americans with Disabilities Act
ADACU	ADA Clinical Update
AHRQ	Agency for Healthcare Research and Quality
AID	Automated insulin delivery
AMA	American Medical Association
AMS	Association management system
AND	Academy of Nutrition and Dietetics
APP	Advanced practice provider (Non-physician providers, such as PAs and NPs)
BC-ADM	Board Certified Advanced Diabetes Management
BGM	Blood glucose monitor /Blood glucose meter
BMI	Body mass index (measured in kg/m ² . This ratio determines overweight/obesity)
BMR	Basal metabolic rate
BRFSS	Behavioral Risk Factor Surveillance System
CBDCE	Certification Board for Diabetes Care and Education (formerly NCBDE)
CDC	Centers for Disease Control and Prevention
CDCES	Certified diabetes care and education specialist (a certification granted by the CBDCE)
CGM	Continuous glucose monitor/continuous glucose monitoring
CKD	Chronic kidney disease
CMS	Centers for Medicare and Medicaid Services
CMS	Content/consumer management system
CSII	Continuous subcutaneous insulin infusion (Insulin pump)
CVD	Cardiovascular disease
CVOT	Cardiovascular outcomes trial

Acronyms

Spell out acronyms at their first occurrence and include the acronym in parentheses at that citation. Use only the acronym in all further mentions within the individual piece. Spell out “and” unless an ampersand is part of the official name (e.g. Centers for Medicare & Medicaid Services).

When using the acronym “ADA” insert “the” before it in sentences. For example “The ADA offers a free brochure” is correct.

DCCT- EDIC Trial	Diabetes Control and Complications Trial and the follow-up Epidemiology of Diabetes Interventions and Complications Trial
DCES	Diabetes care and education specialist (non-certified educator)
DEAP	Diabetes education accredited programs (ADCES)
DIP	Diabetes is Primary
DKA	Diabetic ketoacidosis
DM	Diabetes mellitus
DME	Diabetic macular edema
DPP	Diabetes Prevention Program
DSMES	Diabetes self-management education and support
eAG	Estimated average glucose (an alternate way to report A1C in mg/dL)
EMR/EHR	Electronic medical record/electronic health record
ERP	Education Recognition Program (ADA)
ESRD	End-stage renal disease
FDA	Food and Drug Administration
FGM	Flash glucose monitor/flash glucose monitoring
FNCE	Food & Nutrition Conference & Expo
GDM	Gestational diabetes mellitus
GFR	Kidney glomerular filtration rate
HAAF	Hypoglycemia-associated Autonomic Failure
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIT	Health information technology
IAH	Impaired awareness of hypoglycemia (also hypoglycemia unawareness)
IDDM	Insulin-dependent diabetes mellitus (former term for type 1 diabetes)
IFG	Impaired fasting glucose
IGT	Impaired glucose tolerance
IOB	Insulin on board
IR	Insulin resistance
JDRF	Nonprofit funder of type 1 diabetes research formerly known as the Juvenile Diabetes Research Foundation
LADA	Latent autoimmune diabetes in adults
MDI	Multiple daily injections

Acronyms

Spell out acronyms at their first occurrence and include the acronym in parentheses at that citation. Use only the acronym in all further mentions within the individual piece. Spell out “and” unless an ampersand is part of the official name (e.g. Centers for Medicare & Medicaid Services).

When using the acronym “ADA” insert “the” before it in sentences. For example “The ADA offers a free brochure” is correct.

MODY	Mature-onset diabetes of the young
NAFLD	Non-alcoholic fatty liver disease
NASH	Non-alcoholic steatohepatitis
NCBDE	National Certification Board for Diabetes Educators (now CDBDE since 2020)
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases (part of the National Institutes of Health)
NIDDM	Non-insulin-dependent diabetes mellitus (former term for type 2 diabetes)
NIH	National Institutes of Health
NP	Nurse practitioner
NPDR	Non-proliferative diabetic retinopathy
OGTT	Oral glucose tolerance test
PA	Physician assistant (not physician’s assistant)
PCP	Primary care physician
PDR	Proliferative diabetic retinopathy
PharmD	Pharmacist/doctor of pharmacy
PPC	Professional Practice Committee
PWD	Person with diabetes
RD/RDN	Registered dietitian/registered dietitian nutritionist
RN	Registered nurse
RPh	Registered pharmacist
Rx	Prescription
SMBG	Self-monitoring of blood glucose
SOC	<i>Standards of Care/Standards of Medical Care in Diabetes</i> (Please treat this as singular in sentences, ex: <i>The Standards of Care</i> is updated annually.)
T1D	Type 1 diabetes
T2D	Type 2 diabetes
TIR	Time in range; Time-in-Range (ADA Program)
USDA	U.S. Department of Agriculture
UKPDS	UK Prospective Diabetes Study

AP Style

AP Style isn't just for the Associated Press. It is a living, breathing style that is updated yearly. It is a more approachable form of writing and best matches the our new brand position. With the AP Style, we're able to demonstrate both sides of our mission—connecting hearts and minds.

Learn more at apstylebook.com.

Spelling and Punctuation in Select Circumstances

Most copy produced and distributed by the ADA should be written in plain language ([plainlanguage.gov/about/definitions](https://www.plainlanguage.gov/about/definitions)). The ADA does not certify that our material is written at a certain grade level. Grade-level calculators take sample paragraphs from pieces and calculate grade-level by number of syllables in the words of the sample, the number of words, and the length of sentences. Something written at what a calculator would think is a low grade-level piece, could be much harder to understand than a higher grade-level piece.

- The full name “American Diabetes Association® (ADA)” should be used in the first reference in the body of text, after which ADA is appropriate. In headlines, simply use “American Diabetes Association.”
- In consumer-facing online and print communications, use the term “blood glucose,” followed by the colloquial term, “blood sugar” in parenthesis at the first use in a material. “Blood glucose” should be the preferred term throughout.

Example: “When it comes to living with diabetes, blood glucose (also called blood sugar), is an important number to know. Blood glucose can be measured in a few different ways.”

For longer online communications, “blood glucose (blood sugar)” should be used at the first instance in each new section, as readers may be skipping to different sections.

In professional communications (both print and online), only use the technical term, “blood glucose.”

- CGM: Continuous glucose monitor
- Use “administer” rather than “inject” when referring to insulin and glucagon.
- Avoid the use of the word “patient” when speaking with or referring to consumers.
- diabetes.org—not www.diabetes.org. Do not include the “http:” or “www.” in URLs (e.g., diabetes.org).
- Diabetes (not diabetes mellitus, which is sometimes used outside of the ADA and as an acronym DM); the “d” is only capitalized at the beginning of a sentence or if in title case.
- Email—no hyphen
- Fundraising—one word
- Health care—two words
- Nonprofit—no hyphen
- Person (or people) with diabetes—not diabetic
- Prediabetes—no hyphen. Use person (or people) with prediabetes..
- Type 1—not Type I; the “t” is only capitalized at the beginning of a sentence or if in title case.
- Type 2—not Type II; the “t” is only capitalized at the beginning of a sentence or in title case.
- Do not use a space around em dashes (—) or en dashes (–): “Choosing what to eat is an important part of your day—especially if you are managing diabetes.”
- Use the Oxford comma in both consumer- and professional-facing communications. Example: Red, white, and blue.
- Make consistent punctuation with colon and periods “a.m.” and “p.m.” and connect with an en-dash: “The event is 10:00 a.m.–2:00 p.m.”

Email Communications

Mass Email

External communications elevate risk for the American Diabetes Association and mass emails are particularly prone to creating unwanted legal liability. The following policy addresses events, sales, marketing, and promotional communications to ensure our brand is promoted correctly and our messaging remains clear, focused, and legally compliant. Mass email merges may only be performed by Marketing, Communications, and Field Central Operations through our dedicated email marketing systems which can ensure that all email recipients have a clear way to opt-out and that the requests are honored promptly. No other person or business unit may perform mass email merges through Outlook, Mail Chimp, or any other mass email channels. For assistance with email communications, please contact:

Field Staff: fieldops@diabetes.org

Home Office Staff: ADAOperations@diabetes.org

Mass Email

Why is This Important?

Digital communications are legally governed by the United States, individual states, and Foreign Governments that impose strict standards on content, methods, and permitted practices. This includes, but is not limited to, HIPAA, General Data Protection Regulation (GDPR), CAN-SPAM Act, and the California Consumer Protection Act (CCPA). Additionally, the ADA has its own [Privacy Policy](#). The ADA is responsible for any violations of laws that govern email marketing and distribution. Fines can include penalties of \$42,530 per email under CAN-SPAM (each recipient counts as one email) while fines under GDPR can total €20 million (approximately \$22.2 million).

Email Communications

Email (other than mass email) Communications—What You CAN Do

Send emails directly to a recipient with whom you have an existing relationship (e.g., volunteer, team member, donor you've spoken with, potential sponsor you've engaged with).

Send **non-marketing emails** to a group of people who have a relationship as a group (e.g., CLB, Planning Committee, Executive Committee). An email being sent to a working group to discuss a project is perfectly acceptable, although personal one-on-one communications is always preferable. The email addresses should always be placed in the BCC to ensure privacy of information. **But please remember, emailing any group with a local newsletter, fundraising ask, or promotion of an event is NOT acceptable. If you are unsure, have questions/need assistance please contact:**

Field Staff: fieldops@diabetes.org **Home Office:** ADAOperations@diabetes.org

Send **non-marketing** emails to an individual team captain and their team members (Tour/ Step Out) is perfectly acceptable, although personal one-on-one communications is always preferable. In this instance, the email should be personalized to the team (goal setting, team praise, or other specific information). The email addresses should always be placed in the BCC to ensure privacy of information. **But please remember, emailing any group with a local newsletter, fundraising ask, or promotion of an event is NOT acceptable. If you are unsure, have questions/need assistance please contact:**

Field Staff: fieldops@diabetes.org **Home Office:** ADAOperations@diabetes.org

Email Communications

Email Communications—What you CAN'T Do

Request lists or pull lists for mass email merge purposes.

Send mass emails or email merges via Outlook or any other mass email channels like Mail Chimp, Constant Contact, etc.

You may not create your own database in Excel, Outlook, or any other tool as these types of documents contain Personally Identifiable Information which is heavily regulated.

There should be no communications sent to constituents you have not previously engaged without prior permissions. For these types of requests please contact:

Field Staff: fieldops@diabetes.org **Home Office:** ADAOperations@diabetes.org

Thank you for your efforts in building our brand and achieving our mission. To gain access all of our licensed and approved brand assets, please email us at ADACreative@diabetes.org.

Connected for Life.