American Diabetes Alert Day (Tuesday, March 22, 2016)

Personal Story Pitch Document Template

Drafted February 24, 2016

**NAME OF REPORTER/EDITOR**

**TITLE**

**NEWS OUTLET NAME
NEW OUTLET ADDRESS**

Dear **(NAME OF REPORTER/EDITOR)**,

We at the **(COALITION NAME)** have an opportunity for you to put a local face on Diabetes—a disease that affects more than 29 million Americans. The story features **(NAME)**, a **(CITY/COUNTY)** resident who struggles daily with Type 2 Diabetes. **HIS/HER** Diabetes is attributed to smoking **(NOTE: YOU CAN ALSO FEATURE SOMEONE WHOSE DIABETES IS WORSENED BY SMOKING)**, a leading cause of Diabetes. This is a great time to tell **(NAME’S)** story since Tuesday, March 22 is American Diabetes Alert Day, which encourages individuals to learn their Diabetes status.

**(DESCRIBE THE DAY-TO-DAY CHALLENGES ASSOCIATED WITH DIABETES. WHAT ACTIVITIES CAN THE INDIVIDUAL NO LONGER ENJOY THAT THEY ONCE DID? WHAT’S THEIR DAY-TO-DAY ROUTINE LIKE? IF THEY STILL SMOKE, HOW DOES THAT AFFECT THEIR DIABETES? THE MORE PERSONAL THE STORY, THE BETTER THE ODDS OF GETTING COVERAGE).**

In addition to being a leading cause of Diabetes, smoking also makes Diabetes more difficult since individuals with Diabetes who smoke need larger doses of insulin to control their blood pressure and are more likely to face serious health issues. **(INCLUDE IN ABOVE IF THIS IS TRUE FOR THE FEATURED PERSON).**

Despite the challenges that **(NAME)** faces, **HE/SHE** is very interested in helping others avoid the health problems that come with Diabetes by telling **HIS/HER** story.

In addition to **(NAME), (DR. NAME),** a local physician is also available to talk about Diabetes risk factors and lifestyle changes to reduce Diabetes risk. We would also invite you to talk to **(NAME)** of the **(COALITION NAME)** about local tobacco prevention efforts.

Feel free to contact me at **(CONTACT INFO)** to get in touch with any of these individuals. I look forward to hearing from you in the near future.

Sincerely,

**NAME
ORGANIZATIONADDRESS**