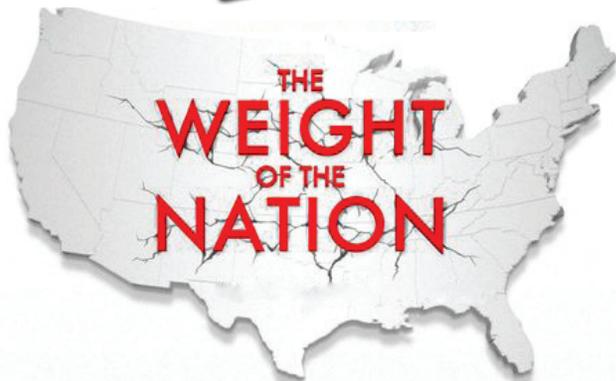




ODPCP

OHIO DIABETES PREVENTION AND CONTROL PROGRAM



Confronting the obesity epidemic from multiple angles, CDC collaborates with public health researchers and practitioners, partners, state and community leaders to raise awareness and share evidence-based strategies.

Watch. Learn. Act.

According to the Centers for Disease Control and Prevention (CDC), obesity is common, serious, and costly. More than one-third of adults (35.7%) and approximately 17 percent of children and adolescents are obese. Behavior and environment play a large role causing people to be overweight and obese. These are the

greatest areas for prevention and treatment actions. Weight of the Nation brought together public health researchers and practitioners, policy makers, and national partners devoted to obesity prevention and control to raise awareness across the country as well as share approaches that show promise or demonstrated success for improving healthy eating and active living.

Over 1,200 people gathered in Washington, D.C. on May 7-9 for the Weight of the Nation 2012 conference. U.S. Department of Health and Human Services Secretary Kathleen Sebelius, CDC Director Thomas Frieden, Let's Move! Director Sam Kass and Philadelphia Mayor Michael Nutter spoke at the conference about key obesity prevention priorities.

People all around the world participated in six sessions as they were broadcast live from the three-day event. The sessions are available on demand at www.adph.org/alpht. The Weight of the Nation is also a documentary series and public health campaign. Three years in the making, the campaign is an unprecedented collaboration of HBO and the Institute of Medicine, in association with CDC, the National

continued on page 2

Obesity and Severe Obesity Forecasts Through 2030

Most of the previous efforts to forecast future trends in obesity applied linear forecasts, assuming that the rise in obesity would continue unabated. However, evidence suggests that obesity prevalence may be leveling off. A recent study published in the American Journal of Preventive Medicine presents estimates of adult obesity and severe obesity prevalence through 2030 based on nonlinear regression models. These forecasted results are then used to simulate the savings that could be achieved through modestly successful obesity prevention efforts.

The study was conducted in 2009–2010 using data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) and included nonpregnant, adult women from 1990 – 2008. In addition, state-level data from the U.S. Bureau of Labor Statistics, the American Chamber of Commerce Research Association, and the Census of Retail Trade was used as a supplement. “Future Obesity”

and “Severe Obesity” prevalence estimates were then achieved by projecting trends in variables expected to influence obesity prevalence using regression modeling.

Previous linear time trend forecasts suggest that by 2030, 51% of the population will be obese. However, the newer model estimates a much lower obesity prevalence of 42% and severe obesity prevalence of 11%. If obesity were to remain at 2010 levels, the combined savings in medical expenditures over the next two decades would be \$549.5 billion. The study also estimates that a 33% increase in obesity prevalence and a 130% increase in severe obesity prevalence are likely over the next 2 decades. If these forecasts prove accurate, this will further hinder efforts for healthcare cost containment.

—Dietz, W. et al. *Am J Prev Med.* 2012 June; 42(6): 563-570. Retrieved from [http://www.ajpmonline.org/article/S0749-3797\(12\)00146-8/abstract](http://www.ajpmonline.org/article/S0749-3797(12)00146-8/abstract)

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See Page 9

2nd Global Diabetes Summit

Ohio Union
November 14-17
Franklin County Veteran's Memorial
on November 17



The State of Living Well.

Type-2 Diabetes Proves Tougher to Treat in Kids and Teens

Type 2 diabetes, the kind linked with obesity, progresses much faster and is harder to treat in children than in adults, according to the disappointing results of a new study that sought to determine the best treatment for the disease in obese teens.

The study, the largest to examine type 2 diabetes treatment in youth, looked at the effectiveness of several methods to manage blood sugar in newly diagnosed teens aged 10 to 17. The researchers found that nearly half of all participants failed to maintain stable blood sugar over the four year study, and one in five suffered serious complications as a result.

The findings are troubling for teens' health since obesity and diabetes rates are increasing nation-wide. Uncontrolled diabetes can increase the risk for serious health problems, including heart disease, vision loss, nerve problems, amputations and kidney failure.



— Read more:

<http://healthland.time.com/2012/04/30/type-2-diabetes-is-tougher-to-treat-in-kids-and-teens>

Weight of the Nation

continued from page 1



This infographic, available on the Weight of the Nation Facebook page, shows the rapid increase in the prevalence of obesity in the United States over the course of just one lifetime.

Institutes of Health, made in partnership with the Michael & Susan Dell Foundation and Kaiser Permanente. The core of The Weight of the Nation campaign are four feature films that take an unflinching look at the severity of the obesity epidemic and its crippling effects on our health care system. The films were broadcast on May 14-15 on HBO and are free to view any time at theweightofthenation.hbo.com.

Community and state programs can advance their community mobilization activities by hosting screening events for community and state decision makers, leaders, coalition members, community and state residents, elected officials, the media and others positioned to implement evidence-based strategies that make it easier for people to eat healthily and be physically active.

— Centers for Disease Control and Prevention, *Weight of the Nation*. Retrieved from <http://www.cdc.gov/Features/WeightoftheNation>; 3 July 2012.

SUGAR BYTE

A recent National Institute of Health funded-study found that prescribing a combination of two diabetes drugs may prove more effective in treating youth with recent-onset type 2 diabetes than prescribing just one!

VISIT US ON THE WEB!

Log on to <http://www.healthyohioprogam.org/> to learn more about the updated website! The new, user-friendly layout enables visitors to find diabetes related information and resources and find out "What's New" in diabetes with features being updated monthly!

Basics About Childhood Obesity

HOW ARE CHILDHOOD OVERWEIGHT AND OBESITY MEASURED?

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's age, sex, weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.

A child's weight status is determined using growth charts with an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

WHAT ARE THE CONSEQUENCES OF CHILDHOOD OBESITY?

HEALTH RISKS NOW

- **High blood pressure and high cholesterol**, which are risk factors for cardiovascular disease (CVD). In one study, 70 percent of obese children had at least one CVD risk factor, and 39 percent had two or more.
- **Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes.**
- **Breathing problems**, such as sleep apnea, and asthma.
- **Joint problems and musculoskeletal discomfort. Fatty liver disease, gallstones, and gastro-esophageal reflux** (i.e., heartburn).
- **Greater risk of social and psychological problems**, such as discrimination and poor self-esteem, which can continue into adulthood.

CDC GROWTH CHARTS

Used to determine the corresponding BMI-for-age and sex percentile. For children and adolescents (aged 2–19 years):

OVERWEIGHT

Defined as a BMI between the 85th percentile and the 95th percentile for children of the same age and sex.

OBESITY

Defined as a BMI at or above the 95th percentile for children of the same age and sex.

HEALTH RISKS LATER

- **Obese children are more likely to become obese adults.** Adult obesity is associated with a number of serious health conditions including heart disease, diabetes, and some cancers. If children are overweight, obesity in adulthood is likely to be more severe.

—Centers for Disease Control and Prevention, Basics About Childhood Obesity. Retrieved from <http://www.cdc.gov/obesity/childhood/basics.html>; 10 July 2012.

Benefits of Breastfeeding Regarding Childhood Obesity

Breastfeeding a baby exposed to diabetes in utero may help protect that infant from becoming obese during childhood, according to a study published in the March 2011 issue of *Diabetes Care* and an accompanying editorial. Babies that were breastfed for six months or more, after exposure to maternal diabetes in utero, were no more likely to put on extra weight as children (ages 6-13) than those who were not exposed to diabetes, the study found. However, results for babies breastfed less than six months were inconsistent.

The study also suggests that the early postnatal period may be a critical period for determining future obesity and

diabetes risk, the researchers concluded. "The macronutrient composition of breastmilk (i.e. protein, fat, carbohydrate) and bioactive substances not present in formula may influence metabolic programming and regulation of body fatness and growth rate," they wrote. Previous research has shown that children born to mothers who had diabetes during pregnancy are more prone to childhood obesity than those who are not, perhaps because they are "programmed" to put on extra weight due to exposure to their mother's excessive glucose levels during these critical stages of prenatal development.

—*Diabetes Care*, published by the American Diabetes Association



NATIONAL DIABETES EDUCATION PROGRAM (NDEP)

Diabetes

Numbers At-a-Glance 2012[†]

For non-pregnant adults

Criteria for Diagnosis of Diabetes*

- (1) A1C ^{††} ≥ 6.5% **or**
- (2) Fasting plasma glucose ≥ 126 mg/dl **or**
- (3) 2-hr plasma glucose ≥ 200 mg/dl post 75g oral glucose challenge **or**
- (4) Random plasma glucose ≥ 200 mg/dl with symptoms (polyuria, polydipsia, and unexplained weight loss)

*For criteria 1-3: Repeat test to confirm unless symptoms are present. It is preferable that the same test be repeated for confirmation. If two different tests are used (e.g., FPG and A1C) and both indicate diabetes, consider the diagnosis confirmed. If the two different tests are discordant, repeat the test above the diagnostic cut point.

Criteria for Prediabetes**

- (1) Fasting plasma glucose 100 – 125 mg/dl [Impaired fasting glucose (IFG)] **or**
- (2) 2-hr post 75g oral glucose challenge 140 – 199 mg/dl [Impaired glucose tolerance (IGT)] **or**
- (3) A1C ^{††} 5.7 % – 6.4 %

**For all tests, risk of diabetes is continuous, extending below the lower limit of the range and becoming disproportionately greater at higher ends of the range.

Treatment Goals: the ABCs of Diabetes*****A1C^{††}** < 7 % for many people

Preprandial capillary plasma glucose 70 – 130 mg/dl

Peak postprandial capillary plasma glucose < 180 mg/dl
(usually 1 to 2 hr after the start of a meal)**Blood pressure** (mmHg)

Systolic < 130 for most people

Diastolic < 80

Cholesterol – Lipid Profile (mg/dl)

LDL Cholesterol < 100

HDL Cholesterol Men > 40, Women > 50

Triglycerides < 150

*****Individualize target levels. For example, consider:**

- A1C target as close to normal as possible without significant hypoglycemia in people with short duration of diabetes, little comorbidity, and long life expectancy.
- Less stringent A1C target for people with severe hypoglycemia, limited life expectancy, extensive comorbid conditions, advanced complications, or longstanding diabetes where the general goal is difficult to attain despite optimal efforts.
- Higher or lower systolic blood pressure targets may be appropriate based on patient characteristics and response to therapy.

See source materials for treatment recommendations.

[†] While utilizing American Diabetes Association Standards of Medical Care, *Diabetes Care* 35 (Suppl. 1): S11-S63, 2012, NDEP recognizes that guidelines from other groups may vary, reflecting the limitations and complexity of the evidence base.

^{††} A1C testing for diagnostic purposes should be performed in a laboratory using a method that is NGSP certified. Point of care A1C tests should not be used for diagnosis. Be alert to the impact of hemoglobin variants on A1C values. See www2.niddk.nih.gov/variants for information.

Diabetes Management Schedule

Adults with diabetes should receive medical care from a physician-coordinated team of health care professionals. Referrals to team members should be made as appropriate.

At each regular diabetes visit:

- Measure weight and blood pressure.
- Inspect feet if one or more high-risk foot conditions are present.
- Review self-monitoring glucose record.
- Review/adjust medications to control glucose, blood pressure, and lipids. Consider low-dose aspirin for CVD prevention.
- Review self-management skills, dietary needs, and physical activity.
- Assess for depression or other mood disorder.
- Counsel on smoking cessation and alcohol use.

Quarterly:

- Obtain A1C in patients whose therapy has changed or who are not meeting glycemic goals (twice a year if at goal with stable glycemia).

Annually:

- Obtain fasting lipid profile (every 2 years if patient has low-risk lipid values).
- Obtain serum creatinine to estimate glomerular filtration rate and stage the level of chronic kidney disease.
- Perform urine test for albumin-to-creatinine ratio in patients with type 1 diabetes >5 years and in all patients with type 2 diabetes.
- Refer for dilated eye exam (if normal, an eye care specialist may advise an exam every 2–3 years).
- Perform comprehensive foot exam.
- Refer for dental/oral exam at least once a year.
- Administer influenza vaccination.
- Review need for other preventive care or treatment.

Lifetime:

- Administer pneumococcal vaccination (repeat if over age 64 or immunocompromised and last vaccination was more than 5 years ago).
- Administer hepatitis B vaccination to patients aged 19 to 59 (use clinical discretion for patients ≥60 years).*

*CDC Morbidity and Mortality Weekly Report. Use of hepatitis B vaccination for adults with diabetes mellitus: recommendations of the Advisory Committee on Immunization Practices. December 23, 2011/60(50):1709-1711.



To order NDEP materials visit
www.YourDiabetesInfo.org or call
1-888-693-NDEP (1-888-693-6337).

The US 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.

Updated March 2012

NDEP-12

Prediabetes: Am I at Risk?



The Centers for Disease Control and Prevention estimates that one of every three U.S. adults had prediabetes in 2010. That is 79 million Americans aged 20 years or older. The vast majority of people living with prediabetes do not know they have it.

People with prediabetes have blood glucose (blood sugar) levels that are higher than normal, but not high enough to be

diagnosed as type 2 diabetes and are more likely to develop type 2 diabetes, heart disease, and stroke.

If you have prediabetes, you are 5 to 15 times more likely to develop type 2 diabetes than people with normal blood glucose (blood sugar) levels. When you take steps to prevent type 2 diabetes, you also lower your risk for possible complications of diabetes such as heart and kidney disease, stroke, blindness, nerve damage, and other health problems.

Many factors increase your risk for prediabetes and type 2 diabetes. To find out more about your risk, see which characteristics in this list apply to you:

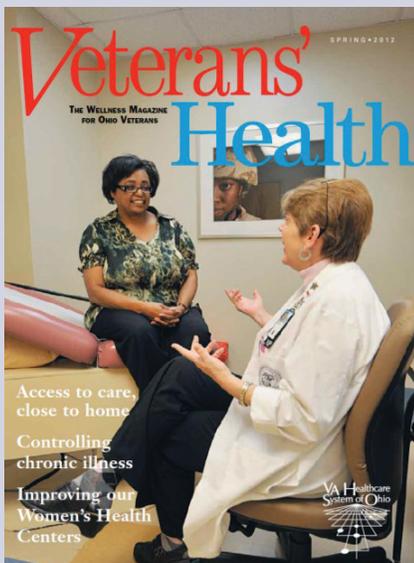
Some High Risk Factors

- I am 45 years of age or older.
- I am overweight.
- I have a parent with diabetes.
- I have a sister or brother with diabetes.
- My family background is African American, Hispanic/Latino, American Indian, Asian American, or Pacific Islander.
- I had diabetes while I was pregnant (gestational diabetes), or I gave birth to a baby weighing 9 pounds or more.
- I am physically active less than three times a week.

If any of these factors listed above apply to you, you could be at risk for prediabetes and should talk to a health care provider as soon as possible to have yourself tested.

If your tests show that you have prediabetes, you should talk to a health care provider about enrolling in an evidence-based lifestyle program to lower your chances of getting type 2 diabetes and also have your blood glucose (blood sugar) levels checked again in 6 months to 1 year.

—Centers for Disease Control and Prevention,
Prediabetes: Am I at Risk?
Retrieved from <http://forecast.diabetes.org>; 6 July 2012.



Attention Veterans and Service Men and Women!

Veterans' Health is published quarterly as a patient education service by VA Healthcare System of Ohio. It provides information to veterans helping them stay well and manage their health care. Featured in the spring edition were articles on the topic of access to care, close to home, controlling chronic illness, and improving women's health centers.

The Spring Issue can be viewed anytime at:

http://www.visn10.va.gov/pdf/VISN10_SPR12.pdf

Central Ohio Diabetes Association Providing More Options to Obtain Diabetes Education

Caring for diabetes is a 24-hour, seven-day-a-week job and that is why it is so important for people with the disease learn to manage it on a daily basis. Taking into consideration that time is so valuable to everyone these days, the Central Ohio Diabetes Association has reorganized its diabetes education schedule to offer more class options on various days and times of the week.

The goal of this adjustment is to assist individuals in receiving the help they need to manage diabetes by providing more opportunities for education.

The Central Ohio Diabetes Association offers a variety of classes that are related to various aspects of diabetes, including a Diabetes Self-Management Education Series, Nutrition for Diabetes Class, an Inch By Inch Weight Management Class and a Brush-Up series on the disease as well.

Diabetes Self-Management Education (DSME) is a complete diabetes education series covering a wide range of topics to help individuals understand diabetes and learn how to manage it. DSME includes both group and individual time with a registered pharmacist for instruction on the importance of diabetes medications.

Nutrition for Diabetes focuses on achieving healthy nutrition for a person with diabetes. Managing diabetes requires paying close attention to what one eats.

Inch By Inch is designed to support realistic weight management. This upbeat class series provides practical information, support, and education regarding healthy nutrition, weight management and physical activity.

The **Brush-Up** series gives Central Ohio Diabetes Association clients an opportunity to continue their diabetes education through quarterly education covering a wide variety of topics. Meter training and individual counseling are also available by appointment.

Scholarships are available for all education services at the Central Ohio Diabetes Association to those that qualify financially.

For more information contact the Central Ohio Diabetes Association at 614-884-4400 or visit www.diabetesohio.org

Upcoming Schedule

November:

Wednesdays 7 & 14, 5PM—8PM

Fridays 2 & 9, 9:30AM—12:30PM

December:

Wednesdays 5, 12 & 19, 5:30PM—7:30PM

One in 10 people in our community will develop diabetes. The Central Ohio Diabetes Association helps Central Ohioans with diabetes to detect their condition, prevent onset and complications, and learn to live well with the challenge of diabetes. The Central Ohio Diabetes Association is an independent non-profit organization providing services to people with diabetes in Central Ohio regardless of their ability to pay.

—Article submitted by: Charles Farmer, Central Ohio Diabetes Association

New Data Can Help Pave the Way to Reduce Burden

CDC's Division of Diabetes Translation is pleased to announce the upcoming release of 2009 county-level estimates of diagnosed diabetes, obesity, and leisure-time physical inactivity in the United States. These data are available on the Diabetes Data and Trends Website <http://www.cdc.gov/diabetes/statistics/>, and add to the 2004–2008 county-level estimates already available on the Website.

Also, for the first time, estimates of diagnosed diabetes will be available for the Puerto Rico municipios (county equivalents).

- These data are important to help address the burden of diabetes and selected risk factors.
- The county-level estimates help identify counties with high estimated numbers and percentages of people diagnosed with diabetes or at high-risk of diabetes.

- County-level estimates of diabetes and selected risk factors can be used to maximize use of existing resources for diabetes management and prevention efforts, including health policy.
- Combined with other resources, these data can assist in the allocation of funds to help areas hardest hit with diabetes or at high-risk of diabetes. This focused attention may help reduce rates of complications caused by diabetes and obesity, such as heart disease, stroke, as well as specific complications of diabetes such as kidney disease, blindness, and lower-limb amputations.

—For more information on diabetes prevention and control, Please visit www.cdc.gov/diabetes.

The Ohio Department of Health invites you to learn and earn free continuing education credits:

Gestational Diabetes in Ohio: What Healthcare Providers Need to Know

One hour webinar now available
 Join us in reducing the gestational diabetes burden in Ohio
 You can register and complete the webinar at

www.ohiotrain.org

Earn one free continuing education credit for registered nurses and dietitians



WEBINAR PRESENTERS:

Cynthia Shellhaas, MD, MPH Medical, Director; Bureau of Child and Family Health Services
 Andrew Wapner, DO, MPH, Chronic Disease Medical Director; Bureau of Healthy Ohio
 Elizabeth J. Conrey, PhD, RD State Maternal and Child Health Epidemiologist

The Gestational Diabetes Collaborative is working to increase knowledge about gestational diabetes and encourage recommended screenings. To register and complete the one hour webinar visit:

<https://oh.train.org>

Ohio Department of Health Gestational Diabetes Collaborative
www.odh.ohio.gov

The Ohio Department of Health (OH-011 0415) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approved by the American Nurses Credentialing Center's Commission on Accreditation

Call to see if you qualify for free help.

1-800-QUIT-NOW
www.smokefree.gov

WHAT'S IT WORTH?

Every cigarette a woman smokes increases her risk of gestational diabetes.

Fraud Alert for People with Diabetes

Criminals who plot to defraud the government and steal money from the American people have a new target: people with diabetes. Although the precise method may vary, the scheme generally involves someone pretending to be from the government, a diabetes association, or Medicare. The caller offers “free” diabetic supplies, such as glucose meters, diabetic test strips, or lancets. The caller may also offer other supplies such as heating pads, lift seats, foot orthotics, or joint braces, in exchange for the beneficiary’s Medicare or financial information, or confirmation of this type of personal information. Additionally, call recipients may receive items in the mail that they did not order. The call and mailing are scams.

If you receive such a call or package, the Department of Health and Human Services (HHS), Office of the Inspector General (OIG) recommends the following actions:

- Protect your Medicare and other personal information. Do not provide your Medicare number or other personal information. Be suspicious of anyone who offers free items or services and then asks for your Medicare or financial information. These calls are not coming from Medicare, diabetes associations, or other legitimate organizations. While the caller says the items are free, the items are still billed to Medicare. Once your Medicare information is in the hands of a dishonest person or

supplier, you are susceptible to further scams. Alert others about this scheme and remind them not to provide Medicare numbers or other personal information to strangers.

- Report the call or package to law enforcement. Report the call to the OIG Hotline at 1-800-HHS-TIPS or online at www.OIG.HHS.gov/fraud/hotline. As part of your report, provide the name of the company that called you, the company’s telephone number and address, and a summary of your conversation.
- Check your Medicare Summary Notice and Medicare bills. Check your Medicare Summary Notice and other medical information to see if you were charged for items you did not order or did not receive. Also, check for items that were billed multiple times, such as glucose meters, diabetes test strips and lancets, and other supplies. Report any irregular activity to your health care provider and the OIG Hotline.
- Do not accept items that you did not order. You are under no obligation to accept items that you did not order. Instead, you should refuse the delivery and return the items to the sender. Keep a record of the sender’s name and the date you returned the item(s) to help the OIG identify any future illegal billing.

— For more information on diabetes prevention and control, please visit www.cdc.gov/diabetes



Columbia Shows Duration of Diabetes Associated with Stroke Risk

The risk of suffering a stroke increases with the duration of type 2 diabetes, according to a new study by Columbia University Mailman School of Public Health’s Department of Epidemiology associate professor Dr. Mitchell Elkind and colleagues at Columbia University Medical Center. Stroke risk triples for those who have diabetes for 10 years or more, according to the study.

“The findings emphasize the chronic nature of diabetes and the fact that it damages the blood vessels over time,” says Dr. Elkind, who is a senior author and also a Columbia professor of neurology. The study looked exclusively at ischemic strokes, which occur when blood to the brain is blocked because of a clot. Diabetics may be at an increased risk for stroke because of thicker plaque in neck arteries, higher prevalence of hypertension, accelerated vascular complications, and clotting

abnormalities. Although stroke rates have been declining in recent years, increased incidence of diabetes at younger ages than before may lead to a higher stroke burden in the future, according to Dr. Elkind. Over half of the nearly 26 million Americans with diabetes are younger than age 65, according to the American Diabetes Association.

Young people should try to delay the onset of diabetes through regular exercise, a healthy diet, regular doctors’ visits, and avoiding smoking. “We used to think of type 2 diabetes as a disease people get when they are older, after a lifetime of poor dietary habits,” said Dr. Elkind. “But the age at diagnosis is getting younger and younger because of the obesity problem among young people.”

—Banerjee C., et al. *Stroke*. 2012 May; 43(5): 1212-1217.

Retrieved from <http://stroke.ahajournals.org/content/43/5/1212.abstract>



Wexner Medical Center

Second Global Diabetes Summit Community Event

"Focus on Health and Wellness: Life Choices"



Saturday, November 17, 2012

Registration opens at 7 a.m.
Veterans Memorial Auditorium
300 W. Broad Street
Columbus, OH 43215

REGISTER NOW!

at <http://diabetesresearch.osu.edu/>

This event is **FREE** and open to the public. Lunch will be served to all attendees.

Join us **Saturday, Nov. 17** to learn more about what you can do to prevent or lessen the impact of this disease on you and your loved ones.



Celebrity guests **Dominique Wilkins**, NBA Hall of Fame legend and Vice President of Basketball for Atlanta Hawks and **Oscar Joyner**, President and Chief Operating Officer of REACH Media, Inc. (*Tom Joyner Morning Show*, *BlackAmericaWeb.com*) will speak on their personal battles with diabetes and successful management of this disease.



Why you should attend:

- Get free diabetes and related screenings (BP, eye check, foot care, etc.)
- Healthy cooking demonstrations
- Exercise classes that prove combating diabetes can be fun and active
- Celebrity testimonials
- Panel discussions and workshops on obesity, multicultural care, prevention, education and management

Diabetes' footprint is slowly growing across the Columbus community. Despite the rise in diabetes, we can all do our part to stop this epidemic.

For more information about the Global Diabetes Summit Community Event, please contact Wanda Dillard, co-chair, at Wanda.Dillard@osu.edu or 614-293-6972.

Conference Partners:



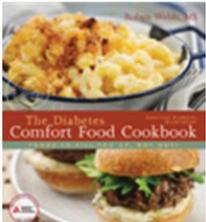
Media Sponsor:



MyFoodAdvisor®
RECIPES FOR HEALTHY LIVING



CLASSIC MAC N' CHEESE



FROM THE FEATURED COOKBOOK
The Diabetes Comfort Food Cookbook
 by Robyn Webb



Put your box mix away and try this healthier version of one of the most popular comfort foods out there!

Prep Time: 40 minutes

Ingredients

- 2 ¾ cups 1% milk, divided
- ¼ cup half-and-half
- ½ large onion, peeled and thinly sliced
- 1 bay leaf
- 5 whole peppercorns
- 12 ounces elbow macaroni
- 3 tablespoons cornstarch
- ½ teaspoon dry mustard
- 1 ½ cups finely shredded reduced-fat extra sharp cheddar cheese (white or yellow)
- 1 tablespoon freshly grated Parmesan cheese
- 1/2 teaspoon fresh ground black pepper

Topping ingredients

- ¾ cup fresh bread crumbs (preferably made from Italian bread, but whole-wheat bread is fine)
- 2 teaspoons olive oil

Instructions

1. Preheat the oven to 375° F. Coat an 8x8-inch square baking pan with cooking spray.
2. In heavy bottomed 2-quart saucepan, combine 2 cups milk, half-and-half, onion bay leaf, and peppercorns. Bring to a light boil, lower the heat, and simmer on medium-low heat for 20 minutes to all the onion and spices to infuse into the milk. Using a strainer, strain the infused milk from the onion and spices and return the strained milk to the saucepan.
3. While the milk is simmering, bring a pot of water to a boil. Add the elbow macaroni and cook for 4-5 minutes (This is less time than the package directions. You want the macaroni undercooked. This prevents the pasta from becoming too mushy in the casserole.) Drain, add to a large bowl, and set aside.
4. In a medium bowl, mix the remaining ¾ cup of milk with the cornstarch. Whisk until well combined. Add half the milk mixture in the saucepan to the milk and cornstarch mixture in the bowl and whisk for one minute. Add the milk cornstarch mixture back into the saucepan. Bring the entire milk mixture to a boil on medium-high heat. Lower the heat to medium and cook until thickened, about 5-7 minutes. Mixture will be on the thin side. Reduce the heat to low and simmer for 4-5 minutes.
5. Remove the pot from the stove. Whisk in the dry mustard, cheese, salt, and pepper. Add the cheese sauce to the pasta and mix well. The mixture should look soupy.
6. Pour the macaroni and cheese mixture into the prepared pan. Combine the fresh bread crumbs and olive oil in a small bowl and mix well. Sprinkle the top of the macaroni and cheese with bread topping. Bake for 20-25 minutes until topping is light brown and macaroni and cheese is bubbly.

Nutrition Facts

Serving Size: ½ cup

This Recipe serves 13

- Carbohydrates: 26g
- Protein: 10g
- Fat 4.5g
- Saturated Fat: 10 mg
- Cholesterol: 10 mg
- Sodium: 300 mg
- Dietary Fiber: 1g



Doing It for Themselves

Program serves African American women with type 2

Education

A GROUP of professional women in suits has gathered to talk about the epidemic-level threat of diabetes in their communities. But the women at a recent American Diabetes Association training meeting aren't stuck at a conference table. They're up and dancing The Wobble.

It's refreshing for the women—and they're banking that it'll be refreshing for other women, too, as the ADA launches its Choose to Live: Sisters Strong Together program. It is an offshoot of the Association's Live Empowered program for African American women with type 2 diabetes and those who are at risk. More than a support group, Choose to Live is designed to reach women in all aspects of their lives: as workers, wives, mothers, caregivers, and heads of households.

Joann Mraz, associate director of the ADA's Cleveland office, says the program offers women support and camaraderie. "We need to have a

moment to let our hair down," she says. "That's one of the core pieces of what we have to do."

Choose to Live focuses specifically on women, because they so rarely focus on their own health, says Earnestine Walker, director of the ADA's African American initiatives. Women tend to be concerned about their family and others whom they care for, Walker adds. The program tackles that tendency head on by offering easy, small steps women can take to care for their own health. In turn, that strengthens their ability to care for others.

Choose to Live has been presented in a variety of settings: sorority meetings, beauty shops, places of worship, and correctional facilities. It opens up opportunities for women to discuss both their physical and emotional health. "The whole idea of inviting people to a workshop . . . is to get [them] more engaged," Walker says.

That engagement includes movement (from stretching together to doing The Wobble), brainstorming small steps toward healthier eating, and sharing journal entries about health, wellness, and balance. The program offers a "Stay Focused" food and exercise journal in which women can keep track of their health by identifying roadblocks and how to navigate around them.

The Choose to Live program also works for women who are managing other health issues besides diabetes. "I think this program is really, really special, because it meets women, particularly African American women, where they are," says Sharon Denise Allison-Otley, MD, who led the discussion at the ADA's launch of Choose to Live. "That's a message that has to resonate." ▲

TO FIND OUT MORE about the Choose to Live program, visit diabetes.org/africanamericans.

The ADA's Earnestine Walker helps African American women focus on physical and emotional health.



Busting Myths About Diabetes

True or False: Eating too much sugar causes diabetes.

That's False! - Eating too much sugar DOES NOT cause diabetes but being overweight DOES increase your risk for developing type 2 diabetes.

True or False: Diabetes a serious disease.

That's True! - Two out of three people with diabetes die from heart disease or stroke, which is more deaths per year than AIDS and cancer COMBINED!

True or False: You catch diabetes from someone else.

That's False! - Diabetes is NOT contagious. It can't be caught like a cold or the flu.



SUGAR BYTE

If your blood glucose levels are poorly controlled, you are more likely to develop serious gum disease and lose more teeth than non-diabetics.

dLife® Diabetes Dictionary
 IT'S YOUR DIABETES LIFE! Get it now at
http://www.dlife.com/diabetes_resources/diabetes_dictionary

Are your patients struggling to understand unfamiliar terms as they learn about diabetes? This downloadable dictionary can help!

If you would like to contribute an article for the next newsletter or if you are aware of other upcoming educational opportunities and Internet resources, please send us your ideas.

**DEADLINE – for submissions for the Newsletter is: December 31, 2012

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