

ODPCP

OHIO DIABETES PREVENTION AND CONTROL PROGRAM

Diabetes HealthSense

<http://www.YourDiabetesInfo.org/HealthSense>

Resources for living well

New Videos, Website Offer Important Resources for People Affected by Diabetes

NIH and CDC diabetes education program offers resources to support lifestyle change

New videos to help people make lifestyle changes and cope with the demands of diabetes were announced by the U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP). The series of three- to five-minute videos, which can be found at <http://www.YourDiabetesInfo.org/HealthSense>, address topics such as setting goals to improve health, living with diabetes, finding needed support, as well as segments on diabetes prevention and physical activity.

The video series is the latest addition to NDEP's offerings in lifestyle change. The videos are being released to coincide

with the redesign of NDEP's online library of behavior change resources, Diabetes HealthSense. Diabetes HealthSense provides users with a searchable database of research, tools and programs to address the wide array of psychosocial and lifestyle-change challenges associated with diabetes self-management. Resources included in Diabetes HealthSense have been reviewed by a team of leading independent experts on psychosocial issues with specific expertise in the science of behavior change.

Visitors to the Diabetes HealthSense site can view videos featuring expert professionals who are volunteers to NDEP, as well as people living with diabetes or working to prevent type 2 diabetes and

— continued on page 2 —



Cope with Stress and Emotions

- › My Action Plan to Solve a Problem
- › New Health Partnerships
- › Diabetes TLC



Be Active

- › Active at Any Size
- › Get Fit on Route 66
- › Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging



Eat Healthy

- › A Healthier You
- › Journey for Control
- › Interactive Menu Planner



Manage Your Weight

- › Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes
- › CheckUp America
- › MOVE!

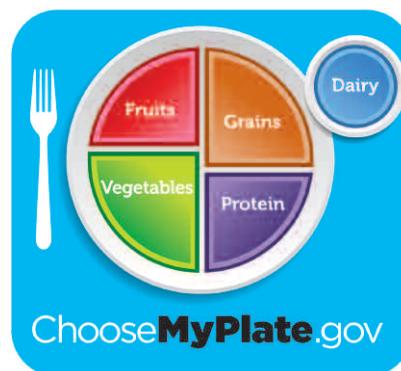
These video choices are taken from <http://www.YourDiabetesInfo.org/HealthSense>

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First Lady, Agriculture Secretary Launch MyPlate Icon as a New Reminder to Help Consumers to Make Healthier Food Choices

First Lady Michelle Obama and Agriculture Secretary Tom Vilsack have unveiled the federal government's new food icon, MyPlate, to serve as a reminder to help consumers make healthier food choices. MyPlate is a new generation icon with the intent to prompt consumers to think about building a healthy plate at meal times and to seek more information to help them do that by going to <http://www.ChooseMyPlate.gov>. The new MyPlate icon emphasizes the fruit, vegetable, grains, protein and dairy food groups.



— continued from page 1 —

New Videos, Website Offer Important Resources for People Affected by Diabetes

about setting goals and making lifestyle changes. Initial videos (with more in the series to follow) include the following topics:

- setting goals to improve your health
- managing type 2 diabetes
- living with type 2 diabetes: finding needed support
- preventing type 2 diabetes
- maintaining a healthy weight
- practical tips and action steps: physical activity

Additionally, visitors can choose what they would like help with, such as how to cope with stress and emotions, eat healthy or how to be active. They can also utilize tracking tools for calories or physical activity, or online programs to help them manage their weight or stop smoking.

“It’s common to feel overwhelmed, sad, or angry when you are living with a chronic disease such as diabetes,” said NDEP’s executive committee chair and certified diabetes educator Martha M. Funnell, M.S., R.N. “A person may know what to do to improve their health, but figuring out how to do it can be one of the biggest challenges. For example, people know that being physically active can help them lose weight - but

do they know how to take the necessary steps to become more physically active and keep it up over time?”

Diabetes HealthSense includes links to tools and programs to help people set goals and find ways to deal with the stress and emotions that can prevent a person from achieving their goals, whether they have diabetes or are at risk for the disease.

NDEP is jointly sponsored by NIH and the Centers for Disease Control and Prevention. NDEP works with more than 200 partners and offers materials and resources to the general public, people diagnosed with diabetes, and health care and business professionals. NDEP resources are available at:

www.YourDiabetesInfo.org or by calling toll-free 1-888-693-NDEP (1-888-693-6337).



My Little Girl Has Diabetes.
We'll BOTH Get Our Flu Vaccines.

For more information go to <http://www.flu.gov/>

Number of Americans with Diabetes Projected to Double or Triple by 2050

As many as 1 in 3 U.S. adults could have diabetes by 2050 if current trends continue, according to a new analysis from the Centers for Disease Control and Prevention.

One in 10 U.S. adults has diabetes now. The prevalence is expected to rise sharply over the next 40 years due to an aging population more likely to develop type 2 diabetes, increases in minority groups that are at high risk for type 2 diabetes and people with diabetes living longer, according to CDC projections published in the journal *Population Health Metrics*. Because the study factored in aging, minority populations and lifespan, the projections are higher than previous estimates.

The report predicts that the number of new diabetes cases each year will increase from 8 per 1,000 people in 2008, to 15 per 1,000 in 2050.

The report estimates that the number of Americans with diabetes will range from 1 in 3 to 1 in 5 by 2050. That range reflects differing assumptions about how many people will develop diabetes and how long they will live after developing the disease.

"These are alarming numbers that show how critical it is to change the course of type 2 diabetes," said Ann Albright, PhD, RD, director of CDC's Division of Diabetes Translation. "Successful programs to improve lifestyle choices on healthy eating and physical activity must be made more widely available, because the stakes are too high and the personal toll too devastating to fail."

Proper diet and physical activity can reduce the risk of diabetes and help to control the condition in people with diabetes. Effective prevention programs directed at groups at high risk of type 2 diabetes can considerably reduce future increases in diabetes prevalence, but will not eliminate them, the report says.

The projection that one-third of all U.S. adults will have diabetes by 2050 assumes that recent increases in new cases of diabetes will continue and people with diabetes will also

live longer, which adds to the total number of people with the disease.

Projected increases in U.S. diabetes prevalence also reflect the growth in the disease internationally. An estimated 285 million people worldwide had diabetes in 2010, according to the International Diabetes Federation. The federation predicts as many as 438 million will have diabetes by 2030.

Risk factors for type 2 diabetes include older age, obesity, family history, having diabetes while pregnant, a sedentary lifestyle and race/ethnicity. Groups at higher risk for the disease are African-Americans, Hispanics, American Indians/Alaska Natives, Appalachians and some Asian-Americans and Pacific Islanders.

CDC and its partners are working on a variety of initiatives to prevent type 2 diabetes and to reduce its complications.

CDC's National Diabetes Prevention Program, which launched in April, is designed to bring evidence-based programs for preventing type 2 diabetes to communities. The program supports establishing a network of lifestyle intervention programs for overweight or obese people at high risk of developing type 2 diabetes. These interventions emphasize dietary changes, coping skills and group support to help participants lose 5 percent to 7 percent of their body weight and get at least 150 minutes per week of moderate physical activity. The program is working with 28 sites across the United States offering group lifestyle interventions with plans to expand to additional sites in the future.

The Diabetes Prevention Program clinical trial, led by the National Institutes of Health, has shown that those measures can reduce the risk of developing type 2 diabetes by 58 percent in people at higher risk of the disease.

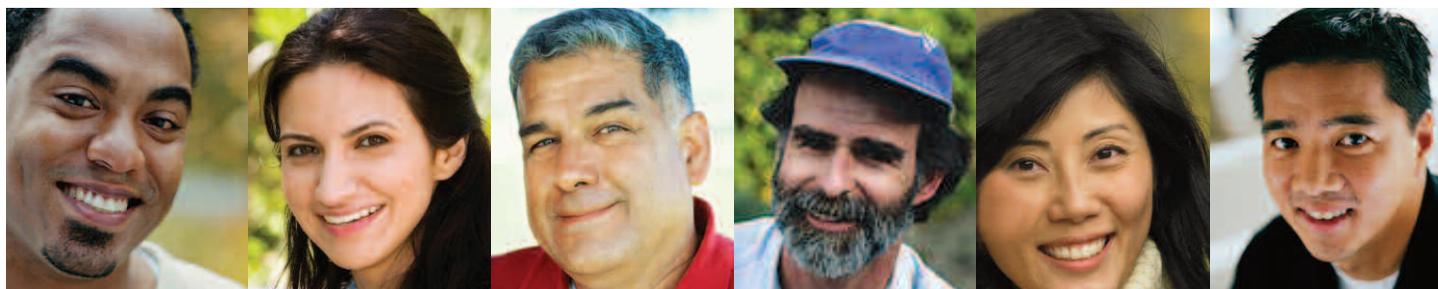
For information about diabetes visit

<http://www.cdc.gov/diabetes> or the National Diabetes Education Program at www.yourdiabetesinfo.org.

For a full copy of the report, visit

<http://www.pophealthmetrics.com/content/8/1/29>.

Groups at higher risk for the disease are African-Americans, Hispanics, American Indians/Alaska Natives, Appalachians and some Asian-Americans and Pacific Islanders.



The Claim: Sea Salt Is Lower in Sodium than Table Salt

THE FACTS

Recently, the American Heart Association surveyed 1,000 people nationwide about their thoughts on sodium and heart health. Sixty one percent said that they believed sea salt was a low-sodium alternative to table salt.



They can be forgiven for thinking so. Sea salt is marketed as a health food, added to soups, potato chips and a wide variety of packaged snacks labeled low sodium, all natural and/or healthy.

But in reality, sea salt and table salt are not terribly different, at least chemically. The real differences are in how the two are used in cooking.

Table salt comes from underground salt deposits. Companies that sell it typically add an anti-caking agent to keep it from clumping, as well as iodine, an essential nutrient. During processing, table salt is stripped of many of its natural minerals.

Sea salt, on the other hand, is made from evaporated seawater. With little processing, it retains most of its magnesium, calcium and other minerals, which some cooks say give it a better flavor.

But both contain the same amount of sodium chloride by weight, which means they contribute equally to total sodium consumption and have the same effect on blood pressure.

The 2010 Dietary Guidelines for Americans recommend limiting sodium to less than 2,300 mg a day — or 1,500 mg if you're age 51 or older, or if you are black, or if you have high blood pressure, diabetes or chronic kidney disease.

Yet most Americans consume more than double the amount they need, mostly from processed foods, so it is best to limit salt — of any kind.

NATIONAL DIABETES EDUCATION PROGRAM (NDEP)

Diabetes

Numbers At-a-Glance 2011[†]

For non-pregnant adults

Criteria for Diagnosis of Diabetes*

- (1) A1C ^{††} $\geq 6.5\%$ **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 Pre-diabetes**

- (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* 34 (Suppl.1): S11-S61, 2011, 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 regular use of low-dose aspirin for CVD prevention as appropriate.
- 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).



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

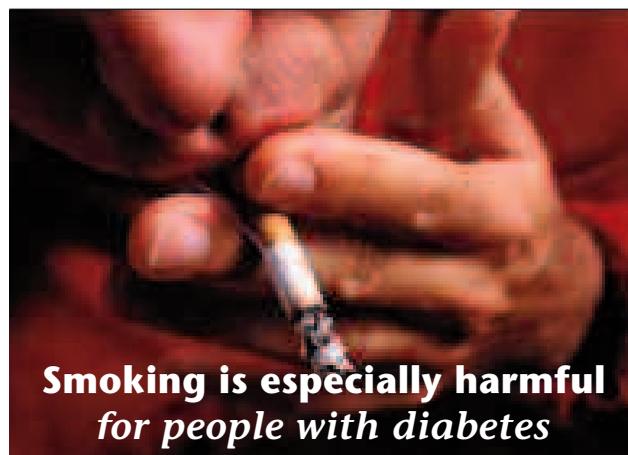
The US Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

Updated March 2011

NDEP-12

Sugar Byte

The number of people living with diabetes has soared to 366 million, and the disease kills one person every seven seconds, posing a "massive challenge" to healthcare systems worldwide.



**Smoking is especially harmful
 for people with diabetes**

OHIO
 TOBACCO
QUIT LINE CALL IT QUILTS.
1-800-QUIT-NOW
 1-800-784-8669

Assistance with the High Cost of Medications

LeAnn has had diabetes for the last 15 years. She takes numerous medications daily and tests her blood sugar regularly. Even with her insurance, LeAnn pays over \$500 a month for her prescriptions. In order to save money, she has been cutting some of her medications in half. She will continue to cut her pills even though she knows this will affect her health. Does this scenario sound familiar?

The rate of diabetes is on the rise, people are taking more and more medications and healthcare costs continue to increase. The combination of the three leads to more people paying out-of-pocket for their medications and related items.

Here are some sad statistics about Ohioans. There are over 800,000 Ohioans who have diabetes. There are also over 1.3 million Ohioans without insurance.

Adults pay almost half - 48 percent - of their expenses for prescription drugs out-of-pocket, but persons 65 to 79 pay 56 percent and those age 80 and older pay 67 percent of their total drug expenditures out-of-pocket. The average number of prescriptions filled also increases with age, from 13 for those age 50 to 64 to 22 for those age 80 and older. A study conducted by the Center on an Aging Society of people age 65 and older in eight states reported that 22 percent of respondents indicated that they had not filled prescriptions one or more times in the past year due to the cost of the medication. About 23 percent said they skipped doses of medications to make them last longer. Additionally, 21 percent reported that they spent less in the past year on food, heat or other necessities so they could afford to purchase their medications.

The number of adults with diabetes taking pills and the number taking both insulin and pills more than doubled from 1997 to 2008, according to the CDC. Approximately 98 percent of people with diabetes use prescription medications. Adults with diabetes fill about 4 times as many prescriptions and spend 4 times as much on prescription drugs as the general population. In 2008, there were about 16.6 million prescriptions filled for Metformin. The following year there was 22.9 million prescriptions filled for Metformin. That is a 37.4% increase over 1 year.

With both the cost of prescription medications and co-payments on the rise, some pharmacies are assisting with these expenses by providing certain medications at \$4 for a 30-day supply and \$10 for a 90-day supply along with free dia-

The number of adults with diabetes taking pills and the number taking both insulin and pills more than doubled from 1997 to 2008, according to the CDC.

betes medications. Walmart, Kroger, Giant Eagle and Meijer all have \$4 and \$10 medication lists. These lists contain a number of medications that persons with diabetes take on a daily basis, including ACE inhibitors.

Beyond the \$4 and \$10 medication lists, two pharmacies offer free diabetes medications. Meijer offers regular release Metformin and Giant Eagle offers several free medications including:

- Chlorpropamide 100mg
- Glimepiride 1mg, 2mg, 4mg
- Glipizide 5mg, 10mg
- Glipizide ER 5mg
- Glyburide 1.25mg, 2.5mg, 5mg
- Glyburide MCR 3mg, 6mg
- Metformin 500mg, 850 mg, 1000mg
- Metformin ER 500mg

Check with your local pharmacy or their website for a complete list of their medications and full details.

With rising healthcare costs, out-of-pocket expenses and an increasing number of people developing diabetes, some pharmacies are able to assist people with their medications costs. Whether it is through the \$4 and \$10 medication lists or the free diabetes medications, pharmacies have stepped up to the plate. Pharmacies and pharmacists will continue to play an important part in the healthcare system and these programs show evidence of their part.

—Article submitted by: Kevin R. Duvall, R.Ph, CDE



Diabetes Mellitus is a significant public health risk with about 26 million Americans suffering from the disease.



vision & eye health
COUNCIL

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

According to the Centers for Disease Control and Prevention, Diabetes Mellitus

is a significant public health risk with about 26 million Americans suffering from the disease. The total costs of diabetes are an estimated \$174 billion annually, including \$116 billion in direct medical costs. Persons with diabetes are 25 times more likely than the general population to become blind. Decreased vision and blindness is associated with myriad problems, such as falls, hip fractures, family stress and depression.

Diabetes Mellitus is a significant public health risk with about 26 million Americans suffering from the disease.

Public health professionals have additional responsibilities to address diabetic eye disease and visual impairment in the United States. To decrease morbidity from vision loss and blindness, public health professionals must increase public awareness about diabetic eye disease; integrate and coordinate timely screening, diagnosis and treatment to prevent vision loss; ensure continuity of care between medical treatment and supportive care for vision loss; and monitor the status of visual impairment. Most blindness in persons with

diabetes results from diabetic retinopathy. An annual dilated eye examination can identify diabetic retinopathy early and permit timely treatment to prevent loss of vision and possible blindness. However, about half of persons with diabetes had not had a dilated eye examination in the preceding year.

Retinal photography is a standard technique for examining eyes that is both 100% sensitive and specific for diagnosing diabetic retinopathy and is the standard for evaluating severity of retinopathy in clinical trials and epidemiologic studies. Screening by retinal photography has tested favorably and this report suggests strategies to use digital retinal imaging as a screening protocol to increase timely referrals for people at risk for vision loss due to diabetes.

Please feel free to disseminate this article broadly to anyone who has an interest in vision and eye health. For questions or comments - **contact Charlie Fox, O.D., Ph.D.** (cfox@pointpark.edu) - Chair of the NACDD Vision & Eye Health Council Primary Care Team.

—The NACDD Vision & Eye Health Council

Exploring NDEP's Support for Behavior Change Resource



NDEP's Support for Behavior Change Resource (SBCR), an online library of resources on how to make healthy lifestyle changes, includes a variety of tools and programs for individuals and health care providers. To help acquaint you with the offerings available to you through the SBCR, a different resource from the library will be explored each month.

Every New Year, many Americans make resolutions they never achieve or maintain, including quitting smoking. Quitting smoking can evoke many feelings, including fear and anxiety, but also relief. Freedom From Smoking, a program from the American Lung Association, has helped thousands of smokers to quit for good. This year, make sure

the people you care about, whether friends, family members, patients, colleagues or yourself, have the support they or you need to finally put down those cigarettes. Through a series of online lessons, Freedom From Smoking prepares smokers for their quit day by providing information about quitting and reinforcing their commitment to drop the habit.

Freedom from Smoking is available for free online at <http://www.ffsonline.org/>

Resources for supporting healthy behavior changes are also available at www.YourDiabetesInfo.org/SBCR.



Making Vision
a Health Priority

Diabetes and Healthy Eyes Toolkit

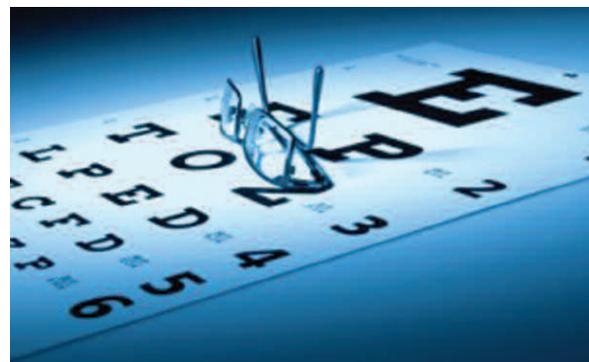
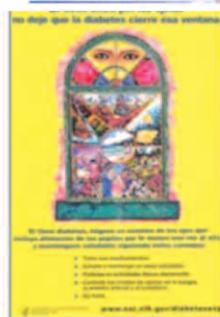
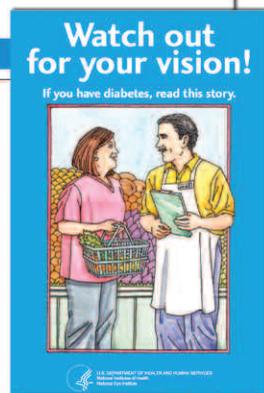
The Diabetes and Healthy Eyes Toolkit provides community health workers and health educators with unique tools to inform people with diabetes and their loved ones about diabetic eye disease and maintaining healthy vision.

Available in English and Spanish, the Toolkit includes the following:

- **Diabetes and Healthy Eyes Flipchart.** Use this in small group settings to help educate people about diabetic eye disease.
- **Diabetes and Healthy Eyes Module.** This module provides background information about diabetic eye disease and details how to use the flipchart to educate people about diabetic eye disease.
- **Watch Out for Your Vision! Brochure.** (¡Ojo con su Visión! Si tiene diabetes, lea esta historia) Booklet. Distribute copies of this booklet to people with diabetes to educate them about the importance of getting a dilated eye exam at least once a year.
- **Medicare Benefits Card.** Help promote the glaucoma and diabetic eye disease benefit under Medicare.
- **Publications Order Form.** Order diabetic eye disease materials and resources.
- **Evaluation Form.** Share your thoughts and experiences using the Toolkit.
- **CD-ROM with copies of the module**

Additional materials include a:

- **TRACK Diabetes Magnet.** (English only). Give tips to people with diabetes about keeping their health on TRACK.
- **Lo bello entra por los ojos...no deje que la diabetes cierre esa ventana (Beauty enters through the eyes.** Don't let diabetes close the window) Poster (Spanish only). Remind people with diabetes about getting a dilated eye exam at least once a year. To learn more about the toolkit or to order a copy contact: https://www.nei.nih.gov/diabetes_toolkit



2011 National Diabetes Fact Sheet

The 2011 National Diabetes Fact Sheet is available on the CDC website. The Fact Sheet was prepared with input from multiple federal agencies, including those within the Department of Health and Human Services and external partners such as the American Association of Diabetes Educators, the American Diabetes Association, and the Juvenile Diabetes Research Foundation International. Power Point slides, screen shots, and buttons and badges that can be downloaded and posted on your website with a link to the Fact Sheet are available at <http://www.cdc.gov/diabetes/pubs/fact-sheet11.htm>

2011 American Diabetes Association Clinical Practice Guidelines

The 2011 ADA Clinical Practice Guidelines have been released. These guidelines are updated on an annual basis and published in Diabetes Care. They can also be downloaded from the American Diabetes Association website at http://professional.diabetes.org/CPR_search.aspx.

Free resource for patients newly diagnosed with type 2 diabetes



STOP CONFUSION • STOP FEAR • STOP DENIAL • STOP DIABETES



Order your **FREE Patient Booklets**

Where Do I Begin?



ORDER FREE COPIES

Order your free copies of the *Where Do I Begin?* booklet to give to your patients at diagnosis.

The American Diabetes Association's new, *Where Do I Begin?* booklet starts to answer many of the questions patients newly diagnosed with type 2 diabetes have at diagnosis. For ongoing information and support throughout their first year with diabetes, patients can enroll in the Association's free, **Living with Type 2 Diabetes program**. Free English or Spanish copies of *Where Do I Begin?* are available at: <https://platform.rievent.com/attend/2215>



Fill Half Your Plate with Fruits & Veggies

New Dietary Guidelines Recommend Filling Half Your Plate with Fruits and Vegetables

<http://www.fruitsandveggiesmorematters.org/>



The U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) have released the new 2010 Dietary Guidelines for Americans with no changes to the recommended fruit and vegetable servings per day. The new guidelines do, however, stress the move to a more plant-based diet, specifically instructing Americans to fill half their plates with fruits and vegetables. They also emphasize **limiting added sugars and solid fats in the diet**, and slashed the maximum recommendation for sodium from less than 2,300 mg to 1,500 mg per day. The new dietary guidelines policy document points out that most Americans of all ages consume too few fruits and vegetables and too many added sugars and solid fats.

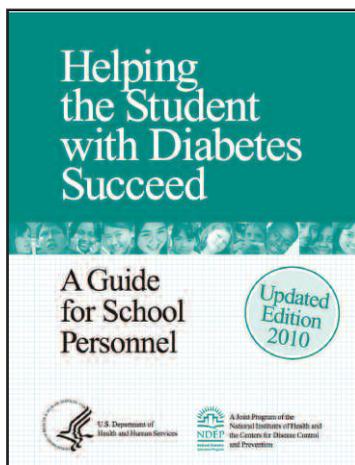
Every five (5) years, USDA and HHS examine the latest developments in nutritional science and release a new version of their Dietary Guidelines for Americans. This is done to keep them current with new developments in nutritional science. The guidelines serve as the basis for federal food and nutrition programs like the USDA school breakfast and lunch programs.

Updated Edition of Comprehensive Guide,

Helping the Student with Diabetes Succeed: A Guide for School Personnel, Now Available

The updated version of *Helping the Student with Diabetes Succeed: A Guide for School Personnel* is now available to download and order from the NDEP website. Students with diabetes, their parents and school personnel who work with them face unique challenges. About 215,000 school-aged children have diabetes in the United States and the numbers continue to increase annually with more new cases of diabetes being diagnosed in young people. Collaboration and coordination is essential to ensure a safe learning environment and equal access to educational opportunities for students with diabetes.

To help meet these challenges, NDEP has released an updated version of the Guide, which provides school personnel, parents, and students with a coordinated team approach for helping students manage their diabetes effectively in the school setting. The Guide contains user-friendly tools, copier-ready action plans, a diabetes primer and glossary, and a review of school responsibilities under federal laws. This updated version was developed with and supported by 23 leading diabetes, pediatric medicine, health care profes-



sional and education organizations, as well as federal agencies. The Guide includes new and updated information on:

- strategies for effective diabetes management for children with type 1 and type 2 diabetes
- stages of child development and students' corresponding abilities to perform diabetes care tasks
- diabetes management training for school personnel using a three-tiered approach
- commonly used diabetes supplies for blood glucose monitoring and administering insulin
- step-by-step instructions for carb counting and computing insulin doses
- a review of federal laws pertaining to students with diabetes

To download a free copy go to:

http://ndep.nih.gov/media/youth_ndepschoolguide.pdf

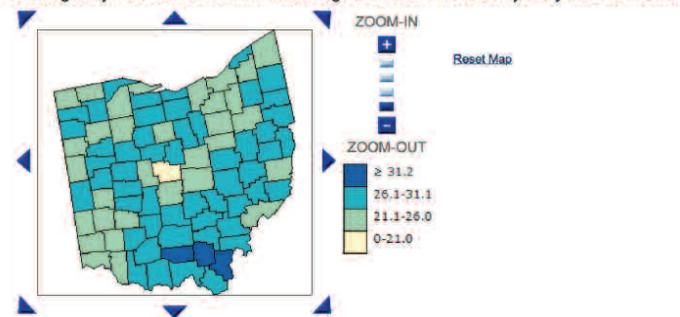
CDC Releases County Level Estimates for Leisure-Time Physical Inactivity

CDC has released new county and county equivalent-level estimates of leisure-time physical inactivity, complementing previously released county level data on both obesity and diagnosed diabetes. Key findings include:

- States where residents are the **least** likely to be physically active during leisure time are Alabama, Kentucky, Louisiana, Mississippi, Oklahoma, and Tennessee. In those states, physical inactivity rates are 29.2 percent or higher for more than 70 percent of the counties.
- States where residents are the **most** likely to be physically active during leisure time are California, Colorado, Hawaii, Minnesota, Oregon, Vermont, and Washington. In those states, physical inactivity rates are 23.2% or lower for more than 70 percent of the counties.

The county-level estimates are posted at: http://apps.nccd.cdc.gov/DDT_STRS2/NationalDiabetesPrevalenceEstimates.aspx?mode=PHY.

2008 Age-Adjusted Estimates of the Percentage of Adults¹ Who Are Physically Inactive in Ohio



County	Percentage	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Standard Deviation
Mahoning County	28.3	24.1	28.7	1.2
Marion County	28.9	24.2	34.5	2.8
Medina County	22.0	18.4	26.2	2.0
Meigs County	28.7	22.5	36.0	3.4
Mercer County	25.8	20.4	32.1	3.0
Miami County	25.9	21.1	31.4	2.6
Monroe County	26.9	22.8	36.2	3.5
Montgomery County	25.0	23.0	27.2	1.1
Morgan County	27.2	21.3	34.2	3.3

[Back to Ohio Surveillance Data](#)

Footnotes
¹≥ 20 years old. See glossary for definition of indicator.

Suggested Citation
 Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>. Retrieved 9/1/2011.

Geographic Distribution of Diagnosed Diabetes in the U. S. - A Diabetes Belt

This study conducted by the CDC's Department of Diabetes Translation researchers identifies a geographically contiguous region of the U.S. where the prevalence of diagnosed diabetes is especially high, called the "diabetes belt." People who live in the diabetes belt are more likely to develop type 2 diabetes than people who live in other parts of the United States.

In 2010, data from the 2007 and 2008 *Behavioral Risk Factor Surveillance System* were combined with county-level diagnosed diabetes prevalence estimates. Counties in close proximity with an estimated prevalence of diagnosed diabetes ≥ 11.0 percent were considered to define the diabetes belt. Prevalence of risk factors in the diabetes belt was compared to that in the rest of the U.S. The fraction of the excess risk associated with living in the diabetes belt associated with selected risk factors, both modifiable (sedentary lifestyle, obesity) and non-modifiable (age, gender, race/ethnicity, education), was calculated.

A diabetes belt consisting of 644 counties in 15 mostly southern states was identified.

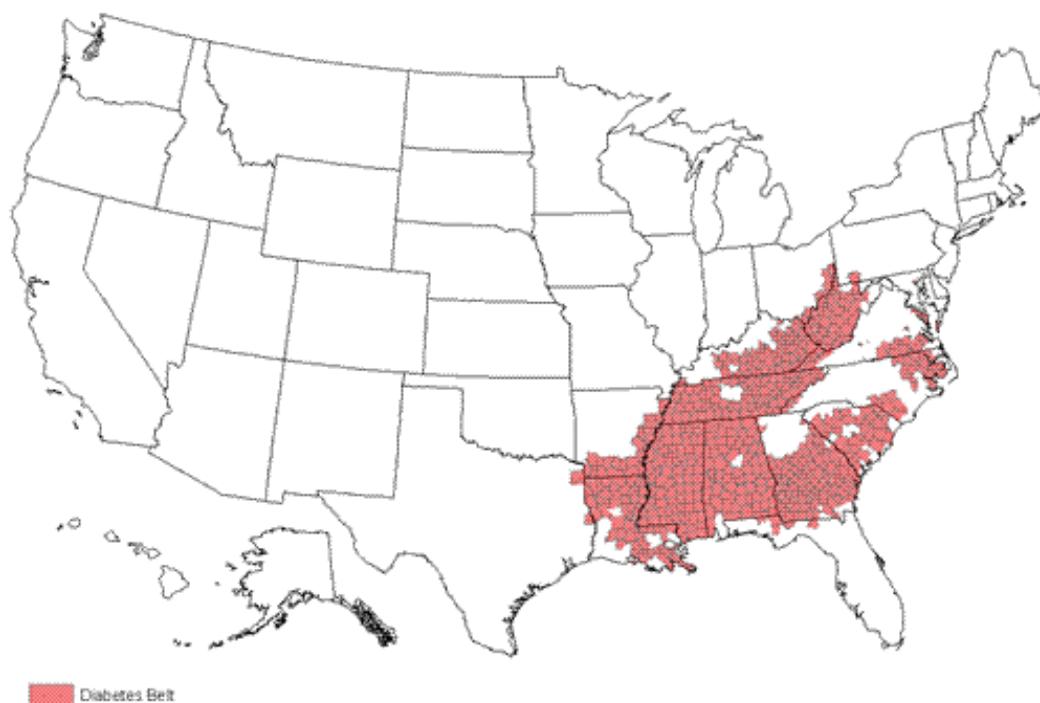
People in the diabetes belt were more likely to be non-

Hispanic African-American, lead a sedentary lifestyle, and be more obese than in the rest of the U.S. Thirty percent of the excess risk was associated with

People in the "diabetes belt" were more likely to be non-Hispanic African-American, lead a sedentary lifestyle, and be more obese than in the rest of the U.S.

modifiable risk factors such as sedentary lifestyle and obesity, and 37 percent with non-modifiable factors. The authors concluded that culturally appropriate interventions aimed at decreasing obesity and sedentary lifestyle in counties within the diabetes belt should be considered.

—Barker LE, et al. *Am J Prev Med.* 2011 Apr;40(4):434-9.
<http://www.ncbi.nlm.nih.gov/pubmed/21406277>





Diet-Induced Weight Loss on High-Density Lipoprotein Cholesterol (HDL-C) Function in Black and White Men and Women

Researchers at The Ohio State University, Division of Endocrinology, Diabetes and Metabolism, are seeking overweight and obese healthy black and white men and women between the ages of 25 and 70 years to participate in a study of the effect of diet-induced weight loss on high-density lipoprotein cholesterol (HDL-C) function (good cholesterol).

Seeking the following

- Overweight/obese black and white men and women
- Age range 25-70 years
- NO smoking
- NO cholesterol medication
- NO diabetes, liver or heart disease

Participants will receive

- Free history and physical exam
- Free testing for diabetes and cholesterol
- Free bone density and body composition studies
- Free diet and lifestyle counseling for weight loss

If interested please contact Trudy Gaillard, PhD, RN, CDE, study coordinator, at **614-688-4184** or **Trudy.Gaillard@osumc.edu**.



WHAT IS MILLION HEARTS?



Million Hearts is a national initiative to prevent 1 million heart attacks and strokes over the next five years. The Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services are the co-leaders of Million Hearts within the U.S. Department of Health and Human Services, working alongside other federal agencies including the National Institutes of Health, the Agency for Healthcare Research and Quality and the Food and Drug Administration.

Heart disease and stroke are two of the leading causes of death in the United States. Million Hearts aims to improve heart disease and stroke prevention by:

- Improving access to effective care.
- Improving the quality of care.
- Focusing more clinical attention on heart attack and stroke prevention.
- Increasing public awareness of how to lead a heart-healthy lifestyle.
- Increasing the consistent use of high blood pressure and cholesterol medications.

Million Hearts brings together existing efforts and new programs to improve health across communities and help Americans live longer, healthier and more productive lives. More information can be accessed at: <http://millionhearts.hhs.gov/index.shtml>



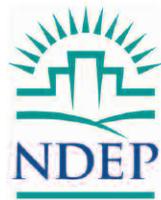
The National Diabetes Education Program - Step by Step: Moving Towards Prevention of Type 2 Diabetes

The National Diabetes Education Program's (NDEP) *Step by Step: Moving Towards Prevention of Type 2 Diabetes* CD/DVD includes songs and music videos to inspire listeners to get moving. Designed for those serving African American and/or Hispanic Latino communities, *Step by Step* promotes the message that becoming more physically active is easier than it seems. The feature song, "*Every Day Is a New Beginning*," accompanies a 3.5-minute music video of people walking, dancing, playing with children, and even doing home chores to the rhythm of the music.

NDEP has also developed a promotional flyer for *Step by Step*. To order a free copy of the *Step by Step* CD/DVD, call 1-888-693-6337. Songs from the CD/DVD can be downloaded for free at www.ndep.nih.gov.

NDEP has also released a convenient, easy-to-disseminate promotional card that lists ways to increase physical activity. Taken from the *Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes: Information for Patients* booklet (http://www.ndep.nih.gov/media/GP_Booklet.pdf), this card offers tips on how to make physical activity a part of daily life. It also features a powerful message from the Diabetes Prevention Program study.





National Diabetes Education Program

The National Diabetes Education Program Announces New Resources

2011 Diabetes Numbers At-a-Glance

The 2011 update of the National Diabetes Education Program's (NDEP's) popular *Numbers-At-a-Glance pocket guide* is now available. Based on American Diabetes Association clinical practice recommendations, this handy guide for health care professionals provides a list of current recommendations to diagnose and manage pre-diabetes and diabetes. The 2011 update includes modified blood pressure guidelines and additional information on individualized target levels. Download free copies at: <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=114>

Easy-to-Read Tip Sheets

These popular NDEP tip sheets have been updated to make them easier to read, with more descriptive pictures, larger font, and an enhanced focus on actionable items.

- **Help a Loved One with Diabetes:** This tip sheet provides practical suggestions for helping loved ones with diabetes. It also lists organizations that can help. Download free copies at: <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=45>
- **Know Your Blood Sugar Numbers:** This tip sheet discusses the importance of knowing your blood glucose (sugar) numbers and provides information on the A1C test, self-monitoring blood glucose, and working with a health care team to set blood glucose targets and reach them. Download free copies at: <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=17>
- **Tips to Help You Stay Healthy:** This tip sheet helps people work with their health care team to make a successful diabetes action plan. Download free copies at: <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=43>

Help a Loved One with Diabetes

There are many things you can do to help your loved one—a family member or friend—with diabetes. Use these tips to get started today.

Learn about diabetes.
There is a lot to learn about living well with diabetes. Use what you learn to help your loved one manage his or her diabetes.

- Join a support group about living with diabetes.
- Check with your doctor, hospital, or area health clinic.
- Read about diabetes online.

For help go to www.YourDiabetesInfo.org

- Ask your loved one's diabetes health care team how you can learn more.

Talk to your loved one about coping with diabetes.

- What things are hard for him or her to manage?
- What things are easy?
- Does your loved one set self-care goals?
- How does he or she stay on track to reach these goals?
- How can you help with diabetes care tasks?
- Does your loved one feel down sometimes?
- What can you do to help him or her feel better?
- Does your loved one talk to his or her doctor or other health care team members about feeling down?

Find out what your loved one needs.
Ask your loved one.

- What do I do that helps you with your diabetes?
- What do I do that makes it harder for you to manage your diabetes?
- What can I do to help you more than I do now?

Find ways to help.
Nagging will not help either you or your loved one. When you have found one way to help, add another way.

www.YourDiabetesInfo.org or 1-888-693-NDEP (1-888-693-6337)

Robert's goal is to be more active, so now he joins his wife walking their dog after work each day.

Carla helps Daniel maintain his goal of making healthy food choices by preparing meals at home.

Know Your Blood Sugar Numbers

If you have diabetes, keeping your blood glucose (sugar) numbers in your target range can help you feel good today and stay healthy in the future.

Tips to **Help You Stay Healthy**

Taking action to manage your diabetes can help you feel good today and stay healthy in the future.

Healthy Lifestyle Programs Available Throughout Ohio

Are you sick and tired of feeling sick and tired? Healthy lifestyle programs can help you take control of your life and manage your health conditions. These "evidence-based" programs are proven, community initiatives that provide health benefits and promote disease prevention. They are made possible through funding from the U.S. Administration on Aging and support from the Ohio Department of Health, and the hard work of area agencies on aging, local health departments, Alzheimer's Association Chapters, Senior Corps Programs, senior centers and other providers.

The following programs are available in all Ohio communities. Call your area agency on aging to learn more.

- **Healthy U** - Because it's never too late to learn how to be healthy, Healthy U is a chronic disease self-management program that helps adults of any age gain confidence in their ability to manage symptoms and understand how their health problems affect their lives. Individuals participate in an interactive workshop 2 1/2 hours a week for six weeks. Each workshop is facilitated by a pair of leaders, one or both of whom are non-health professionals with a chronic disease themselves. Healthy U was developed by researchers at Stanford University, and is offered in Ohio through a partnership between the Ohio Department of Aging, the Ohio Department of Health and local organizations.
- **Healthy U: Diabetes** is a diabetes self-management program that builds on the successful structure of Healthy

U, but is tailored specifically for adults living with type 2 diabetes. Like Healthy U, this program is conducted in a series of six, 2 1/2 hour weekly workshops at locations within your community, and workshop leaders have personal experience dealing with diabetes and diabetes-related conditions. Healthy U: Diabetes was developed by researchers at Stanford University, and is offered in Ohio through a partnership between the Ohio Department of Aging, the Ohio Department of Health and local organizations.

- **Healthy IDEAS - Healthy IDEAS** (Identifying Depression, Empowering Activities for Seniors) is a depression self-management program that includes screening, assessment, education and

referral to appropriate health professionals. Made possible through collaborations with the Older Ohioans Behavioral Health Network and Ohio Department of Mental Health, the program is conducted through case management and serves clients as well as family caregivers. Healthy IDEAS is available in all regions of Ohio.

Become a Volunteer Leader

Healthy U and Healthy U: Diabetes use volunteer instructors, or "lay leaders," to conduct workshops. Volunteers often have ongoing health issues themselves and benefit from interaction with workshop participants. If you are successfully managing your chronic condition, consider becoming a lay leader to help others live happier, healthier lives. To learn more about these programs, call toll-free: 1-866-243-5678 to be connected to the **area agency on aging** serving your community.



SAVE THE DATE - NOVEMBER 14-17, 2012

THE OHIO STATE UNIVERSITY MEDICAL CENTER'S DIABETES RESEARCH CENTER PRESENTS

The 2nd Global Diabetes Summit

New Horizons in Diabetes: Genetic to Personalized Health Care

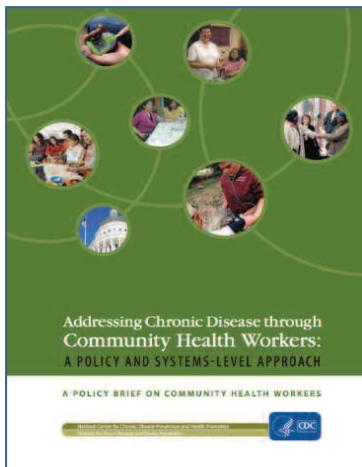
COLUMBUS, OH Learn more >>>> <http://diabetesresearch.osu.edu/>

Addressing Chronic Disease through Community Health Workers:

A Policy and Systems-Level Approach...

A Policy Brief on Community Health Workers

This document developed by the CDC's Division for Heart Disease and Stroke Prevention provides guidance and resources for implementing recommendations to integrate community health workers into community-based efforts to prevent chronic disease. To access the brief, go to:



http://www.cdc.gov/dhdsp/docs/chw_brief.pdf

Centers for Disease Control and Prevention Tobacco Free Facebook Fan Page Launched



The CDC Office on Smoking and Health (OSH) is pleased to announce the creation of a new Facebook fan page, *CDC Tobacco Free*, which will expand CDC's reach to individuals and organizations seeking reliable, up-to-date information on tobacco-related topics, and to partner with organizations at the national, state, and local levels. Be sure to check out the Materials, Videos, and Spotlight sections of the page, which include a wealth of information to view, download, and share.

<http://www.naquitline.org/news/64796/Tobacco-Control-CDCs-Office-on-Smoking-and-Health-OSH-Facebook-Fan-Pag.htm>

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.

Use this form to report a change in address or to be removed from our mailing list and/or to share information.

Name
Agency
Old address
New address

Return to: Nancy D. Schaefer, R.D., L.D.,
Ohio Diabetes Prevention and Control Program
Ohio Department of Health, Columbus, OH 43215
Phone: 1-614-728-3775

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