



# ODPCP

OHIO DIABETES PREVENTION & CONTROL PROGRAM

BUREAU OF HEALTH PROMOTION AND RISK REDUCTION

OFFICE OF HEALTHY OHIO

## The Southern Ohio Medical Center *Building a Network of Diabetes Self-Management Education in Southern Ohio*

The Southern Ohio Medical Center (SOMC) is a 222-bed hospital in Portsmouth, Ohio that is accredited by the American Diabetes Association for their provision of national standards of care.

SOMC was recently awarded a grant by the Ohio Department of Health, Office of Healthy Ohio/Bureau of Health Promotion and Risk Reduction, Diabetes Prevention and Control Program. The funds have been used to develop and implement a 10-week diabetes self-management education program that includes monitored physical activity.

The program was created to provide immediate access to lifestyle education for people in Scioto County with type 2 diabetes or with risk factors to develop the disease. "We want to ensure that the program participants have all the resources necessary to successfully manage the disease on their own once the program is complete," Jill Preston, RN, MSN, Workforce Development Manager at SOMC, said. "Not only will this include one-on-one education time with clinical dietitians, exercise physiologists and diabetes experts, but we will also provide them with many resources to

*continued on page 2— see [SOMC](#)*



Seated is Jill Preston, RN, MSN, Manager of Workforce Development and Community Health, from the left is Danielle Marion, Exercise Physiologist, Tiffany Hadsell, RN, Clinical Educator and Ashley Salyers, RN, MSN, Community Educator.

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# Stanford University Diabetes Self-Management Program Introduced in Ohio

Through funding made possible by the Office of Healthy Ohio, Stanford University's Patient Education Research Center was contracted to provide T-Trainers to come to Ohio to facilitate Master Training for the Diabetes Self-Management Education Program (DSMP). 16 current Chronic Disease Self-Management Program (CDSMP) Master Trainers received the DSMP cross-training and 25 persons received both CDSMP and DSMP training in the spring of 2010. They are now eligible to become Master Trainers in the DSMP after they complete their required participate workshops. The new Master Trainers represent the Ohio Department of Health, local health departments, OSU Extension, the YMCA, the Southern Ohio Medical Center and the Ohio Department of Aging including several Area Agencies on Aging. The Stanford training is aligned with the Ohio Diabetes Prevention and Control Program's goal of developing a network of locally available diabetes self-management education programs to prevent diabetes complications, disabilities and the burden associated with diabetes.

The Stanford Diabetes Self-Management workshop is given 2½ hours once a week for six weeks, in community settings such as churches, community centers, libraries and hospitals.

People with type 2 diabetes attend the program in groups of 12–16. Workshops are facilitated from a highly detailed manual by two trained leaders, one or both of whom are peer leaders with diabetes themselves.

Subjects covered include:

- 1) Techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration,
- 2) Appropriate exercise for maintaining and improving strength and endurance,
- 3) Healthy eating,
- 4) Appropriate use of medication(s) and
- 5) Working more effectively with health care providers.

Participants will make weekly action plans, share experiences and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians and other health professionals both at Stanford and in the community have reviewed all materials in the course.

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life with Chronic Conditions* and an audio relaxation tape.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

The program does not conflict with existing programs or treatment. Treatment is not altered. For medical questions, participants are referred to their health care providers.

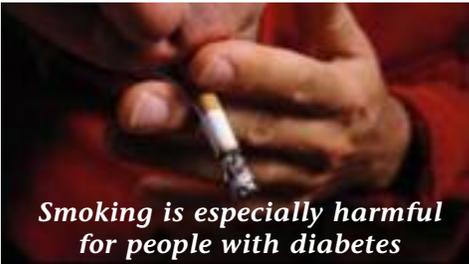
## SOMC *continued from page 1*

help better manage their diabetes." The program is offered at four locations throughout the county and will be held in partnership with the Portsmouth City Health Department, the Scioto County Health Department, the Family Health Care Center, Community Action Organization and Shawnee Mental Health.

SOMC also offers outpatient education for patients with Type 1, Type 2 and Gestational Diabetes. This education is provided by a registered nurse and a registered dietitian. Classes are conducted on an individual or group class basis.

In collaboration with the Ohio Department of Aging, the Ohio Department of Health's Diabetes Prevention and Control Program and the local Area Agency on Aging SOMC is offering Healthy U DSMP Workshops.

This summer SOMC has added a community education program for children diagnosed with type 1 diabetes. The children were invited to spend the day playing games, making friends and learning ways to manage their disease during a Hot Shots Diabetes Camp held at SOMC. Twenty children between the ages of six and 13 attended the daylong event, which featured many activities including educational arts and crafts, cooking/carbohydrate counting and physical exercise through Zumba, swimming and basketball.



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## Ohio State Study: Providing Nutrition Information at Restaurants Helps Consumers Cut Calories

An Ohio State University study provides more evidence that consumers pay attention to calorie counts of meals when they are provided conveniently.

The study collected data about choices consumers made among 12 entrees offered at a university dining center that operates much like a fast-food restaurant. Researchers found that when nutrition information was provided at the point-of-purchase, sales of high-calorie entrees dramatically decreased, while sales of lower-calorie items substantially increased. After the nutrition information was removed, sales of the higher-calorie items gradually increased again.

“The study offers strong evidence for requiring restaurants to provide nutrition information in a manner that doesn't require consumers to ask for it or look for it. Significantly, the restaurant lost nothing in sales during the study. The revenue per entree sold remained consistent before, during and after the nutrition information was offered,” said Gail Kaye, one of the study's authors. This finding could help reduce qualms of restaurants hesitant to offer calorie information to consumers for fear that sales would decrease, but Kaye, a program director with Ohio State University Extension and the Department of Human Nutrition in the College of Education and Human Ecology, is even more interested in the calorie savings for consumers.

“The average decrease in calories in the entrees chosen was small, about 12 calories on the first day and increasing gradually through the two-week study period, but the decrease was immediate when nutrition information was available,” Kaye said. “Even more dramatic was the difference in the numbers of

higher- and lower-calorie entrees sold before calorie counts were available.” Of the 12 entrees tracked, the six highest-calorie entrees all decreased in sales between the two weeks before nutrition information was available and the two weeks during the study when it was available. The highest-calorie entree (839 calories) lost the most sales - a decrease of 190, or 5.4 percent; an entree offering 735 calories lost the most ground percentage-wise, decreasing by 80 sales, or by 25 percent. All of the six lower-calorie entrees increased in sales, with a mid-range offering containing 492 calories increasing in number by 289, or 8.2 percent. The lowest-calorie entree, with 412 calories, increased in sales by 108, or by 50 percent.

To conduct the study, researchers initially collected sales data on the 12 entrees for two weeks. The only information offered to consumers was a description of each entree. During the next two weeks, posters with simplified nutrition labels for each of the 12 entrees were posted at the point of selection; information included total calories, serving size, and amount of fat, protein and carbohydrates in each entree. In addition, a space divider guided patrons in a manner so they could view the information and menu board easily. After a 14-day period, the nutrition information was removed and descriptions of the entrees were again offered, this time on a sheet of paper in a floor stand, as was typical practice at the restaurant before the study began. The restaurant made no modifications to the recipes during the study, but afterwards, it reformulated its highest-calorie offering to reduce the calorie content by 172 calories, to 667 calories. The change is



substantial, the researchers said: An extra 172 calories a day can cause an increase of 11 pounds of body weight over the course of an academic year.

Interest in the effect of posting calorie information on restaurant menus and menu boards increased in 2008 when the New York City Board of Health began requiring the information, at least for chain restaurants. Currently, the federal government is considering enacting similar legislation nationwide. “New regulations could make a significant difference in the nation's obesity rate,” Kaye said. In 2007, Americans spent \$555.7 billion on meals prepared away from home, compared with \$331.8 billion in 1997.

The study, “Improving Patrons' Meal Selections Through the Use of Point-of-Selection Nutrition Labels,” was published in the November 2009 issue of the American Journal of Public Health. Lead author was Yong H. Chu, who was Kaye's undergraduate student at Ohio State during the time of the study; he is now with the University of South Carolina, Columbia, as are co-authors Edward A. Frongillo and Sonya J. Jones.

## Number of Eye Disease Cases Expected to Soar Due to Diabetes Epidemic

As the number of Americans with diabetes continues to increase, so does the expected increase in the number of cases of major eye disease including diabetic retinopathy, cataracts and glaucoma. Today, there are more than 23 million Americans, or close to 8 percent, who have diabetes. Projections from the Centers for Disease Control and Prevention (CDC) show that the number will balloon to 48 million by the year 2050. Patients with diabetes are at increased risk for developing these types of eye diseases.

Diabetes is the leading cause of new cases of blindness in adults 20-74 years of age. A new study estimates that the number of persons with diabetes who have diabetic retinopathy will increase from 5.5 million in 2005 to 16 million by 2050. The "Projection of Diabetic Retinopathy and Other Major Eye Diseases among People with Diabetes Mellitus" by Jinan B. Saaddine, M.D., M.P.H., et al, also stated that the number of diabetes patients with cataracts will increase to 10 million and the number with glaucoma will increase to 1.4 million.



"The number of those who are affected by diabetes today is alarming, but the projected increase of patients is staggering," said Hugh R. Parry, president and CEO of Prevent Blindness America. "Knowing that one of the major health complications of the disease is blindness reminds us how important it is to educate the public on the increased risk for vision loss and what people can do today to help save their vision for tomorrow."

The study also predicts a dramatic increase in the number of eye disease cases in Hispanic and African American populations. The research estimates that Hispanics with diabetes in all age groups will have substantially large increases in diabetes-related eye disease. African Americans are five times more likely than Caucasians to develop glaucoma. And, rates for African Americans with diabetes with glaucoma are expected to increase the most among those aged 50 and older, and the rates of cataracts for those 75 and older is expected to increase more than 600 percent in woman and close to 700 percent in men.

In an effort to educate the public on diabetes and its potential effect on vision, Prevent Blindness America has declared November as Diabetic Eye Disease Month. The organization provides free information to patients on diabetic eye disease, risk factors, treatment options and Medicare benefits through its toll-free number, (800) 331-2020 and Web site,



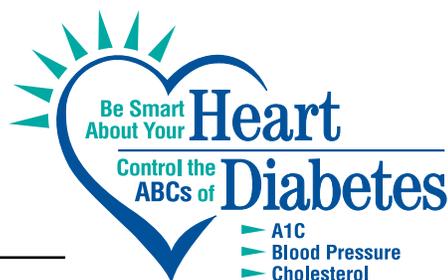
<http://www.preventblindness.org/diabetes>.

Prevent Blindness America also recommends that everyone take the following steps to protect their eyesight:

- See an eye doctor at least once a year if you have diabetes or if you are at high risk. For some, diabetic retinopathy is one of the first signs that they have diabetes.
- Maintain a healthy weight—if you are overweight, even a modest weight loss can help prevent type 2 diabetes.
- Increase your physical activity—exercising 30 minutes a day, five times a week can cut your risk of type 2 diabetes by more than half. It is important to check with your doctor before starting an exercise program.
- Watch and control your blood sugar levels and blood pressure.
- Quitting smoking can significantly reduce the risk for diabetic retinopathy as well as other health benefits.
- All women who are pregnant or who are planning to become pregnant and have been diagnosed with diabetes should get a full, dilated eye exam.

For more information on diabetic eye diseases, please call Prevent Blindness America at (800) 331-2020 or visit <http://www.preventblindness.org/diabetes>.

# African Americans, Diabetes and Heart Disease: *How to Beat the Odds*



by the National Diabetes Education Program

African Americans are at increased risk for type 2 diabetes, and two out of three people with diabetes die of a heart attack or stroke. This is serious business. But you can work to beat the odds. You can take action to help prevent heart attack and stroke.

For people with diabetes, a key to preventing heart attack and stroke is to control the ABCs of diabetes: blood glucose (“sugar”), blood pressure, and cholesterol. A is for the A1C, a test measuring average blood glucose control over three months. B is for blood pressure. C is for cholesterol.

Take control. Ask your health care provider what your ABC numbers are, what they should be, and what you can do to reach those goals. And during American Heart Month, the National Diabetes Education Program (NDEP) offers some lifestyle tips for how people with diabetes can help prevent heart attack and stroke and live a long, healthy life.

- Be physically active everyday. Playing sports, dancing, walking, or even doing household chores help you lose weight and lower your blood pressure. Aim to get at least 60 minutes of physical activity, most days of the week.
- Eat less fat and salt. Instead of reaching for the salty fries, choose a side salad.
- Add more fiber to your diet by choosing whole grains, vegetables, and beans.

- Stay at a healthy weight. Being overweight or obese is a risk factor for heart attack and stroke.
- Stop smoking. Smoking is one of the major risk factors associated with heart attack and stroke. Ask your health care provider for help to quit.
- Take your medicines as prescribed. Also ask your doctor about taking aspirin.
- Ask for help. A little encouragement and a support go a long way. Ask your family and friends to help you stay on the right track.

The NDEP's Be Smart About Your Heart. Control the ABCs of Diabetes campaign offers tools to help people with diabetes and their loved ones control their diabetes and prevent heart attack and stroke. Visit NDEP online at <http://www.ndep.nih.gov> and click on the Be Smart logo for more information.

The National Diabetes Education Program promotes awareness of the ABCs of diabetes through its Be Smart About Your Heart. Control the ABCs of Diabetes campaign. NDEP, the leading federal government source of information about diabetes prevention and control, is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) and 200 partners.



## 47th Annual CODA Diabetes Symposium

The 47th Annual Diabetes Symposium will be held on Thursday October 14 and Friday October 15, 2010 at the Bridgewater Banquet and Conference Center in Powell, Ohio. Individuals can register to attend one or both days of the conference. Symposium speakers will present and answer audience questions on topics such as Gestational Diabetes, Medication Updates, Continuous Glucose Monitoring, Teaching Strategies, Complementary/Alternative Medicine and more.

Nurses and nurse practitioners, certified diabetes educators, pharmacists, dietitians and registered diet technicians can obtain continuing education hours while increasing their diabetes knowledge, skill level and acumen. Those persons interested in attending can see additional conference details and register via the **Central Ohio Diabetes Association's** Web-site at: <http://www.diabetesohio.org>

# ADA Releases 2010 Diabetes Care Guidelines



On December 29th, 2009, the American Diabetes Association (ADA) released the 2010 updated guidelines for diabetes. One of the major changes is that the ADA is now advocating the use of A1C testing for the diagnosis of type 2 diabetes and prediabetes. The ADA believes that by providing a faster, easier diagnostic test for diabetes, the number of undiagnosed patients will be reduced and it will be possible to better identify patients with prediabetes. The A1C blood test measures average blood sugar levels for the previous two to three months and has long been used in the management of diabetes. The new guidelines specify a diagnosis of type 2 diabetes at A1C levels exceeding 6.5%, and prediabetes for patients with A1C levels between 5.7 and 6.4 percent. According to Dr. Richard Bergenstal, president-elect of medicine and science for the ADA, "We believe that use of the A1C, because it doesn't require fasting, will encourage more people to get tested for type 2 diabetes and help further reduce the number of people who are undiagnosed but living with this chronic and potentially life-threatening disease." He added "Additionally, early detection can make an enormous difference in a person's quality of life. Unlike many chronic diseases, type 2 diabetes actually can be prevented, as long as lifestyle changes are made while blood glucose levels are still in the pre-diabetes range."

Among the other changes in the 2010 guidelines:

A section on diabetes related to cystic fibrosis has been added to "Standards of Medical Care in Diabetes."

Revisions to the section "Detection and Diagnosis of GDM (Gestational Diabetes Mellitus)" include a discussion of possible future changes in this diagnosis, according to international consensus. Women diagnosed with gestational diabetes should be screened for diabetes 6 to 12 weeks postpartum and should have subsequent screening for the development of diabetes or prediabetes. Revisions to the section "Diabetes Self-Management Education" bring a stronger focus on evidence-based strategies.

Revisions to the section "Antiplatelet Agents" now reflect evidence from recent trials suggesting that in moderate or low-risk patients, aspirin is of questionable benefit for primary prevention of heart disease.

Fundus photography may be used as a screening strategy for retinopathy, as described in the section "Retinopathy Screening and Treatment."

Revisions to the section "Diabetes Care in the Hospital" now question the benefit of very tight glycemic control goals in critically ill patients, based on new evidence.

Revisions to the section "Strategies for Improving Diabetes Care" focus on specific strategies to optimize diabetes care in physician practice settings. These include: thorough diabetes self-management education, decision-support tools and automated reminders, continuous quality improvement

incorporating performance measurement, practice redesigns such as planned care visits, tracking or patient registry systems, and case (preferably care) management services using nurses, pharmacists and other professionals including psychologists.

With regard to the recommendations for physician practice redesign, the guidelines authors note "The most successful practices have an institutional priority for quality of care, involve all of the staff in their initiatives, redesign their delivery system, activate and educate their patients and use electronic health record tools. It is clear that optimal diabetes management requires an organized, systematic approach and involvement of a coordinated team of dedicated health care professionals working in an environment where quality care is a priority."

To obtain a copy of the Standards of Medical Care in Diabetes, please contact [dkern@diabetes.org](mailto:dkern@diabetes.org).

TRIAL EVALUATING CARDIOVASCULAR  
  
 OUTCOMES WITH SITAGLIPTIN

**Research Opportunity for  
People with Type 2 Diabetes**

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*A research study evaluating the investigational use of sitagliptin to determine its effects on cardiovascular outcomes is being conducted at The Ohio State University Medical Center.*

You may be eligible if you have Type 2 diabetes, a history of vascular disease and are 50 years of age and older.

To learn more about the study, please call Jan Varga-Spangler at 1-800-678-6156

## A New Approach to Diabetes Prevention and Control

The UnitedHealth Group, one of the nation's largest health insurers, is teaming up with the Y.M.C.A. and retail pharmacies to try a new approach to one of the nation's most serious and expensive medical problems—type 2 diabetes.

Rather than simply continuing to pay ever-higher medical claims to care for its customers with diabetes, UnitedHealth is paying the Y.M.C.A. and pharmacists to keep people healthier. The anticipated result will be lower costs and lower premiums for everyone.

The insurer will work with Y “lifestyle coaches” in seven cities to help people who are at risk for diabetes lower their odds of developing the disease by losing just a modest amount of weight. The Y already offers a program that has had success in clinical tests of such efforts, in 16-week programs that help people learn to eat better and exercise.

The announcement was made at the conference on diabetes held April 2010 in Kansas City, Mo., by the federal Centers for Disease Control and Prevention. The announcement also included information concerning a complementary effort by the C.D.C. to finance the Y.M.C.A. programs in 10 additional locations around the country. The C.D.C. locations have not yet been chosen.

The UnitedHealth effort is an example of the new role health insurers may take on after enactment of the federal health care law, as insurance companies are forced to cover people regardless of their medical condition. It is also a response to a growing demand by employers that insurers do more to manage health costs, beyond collecting premiums and paying doctors.



In a related effort aimed at people who have been diagnosed with diabetes, UnitedHealth plans to pay Walgreens pharmacists in the same seven cities to help teach people to better manage their conditions. The insurer says it hopes to expand the program to other pharmacy chains interested in providing education and counseling to persons with diabetes.

UnitedHealth plans to introduce the program in Cincinnati, Columbus and Dayton, Ohio, and in Indianapolis, Minneapolis, Phoenix and Tucson. It will be available at no cost to participants, and will be open to adults who are enrolled in health plans the company offers through employers.

UnitedHealth said it was investing tens of millions of dollars in this initiative, helping the Y.M.C.A. develop an online curriculum and collect the data necessary to track the progress of the people enrolled in the program. The company says it will use its own data about the

health of its members to identify people who are pre-diabetic and may not know it—and then tell them about the program.

Both UnitedHealth and the C.D.C. want to expand on the success of a clinically proved program that has been offered by the Y. Based on evidence drawn from that program, people who are pre-diabetic and lose just 5 percent of their body weight can reduce their chances of developing the disease by almost 60 percent. The C.D.C. is also considering ways to encourage organizations beside the Y to develop similar programs.

In the Y.M.C.A. programs, UnitedHealth will pay on the basis of how many people participate as well as how much weight the people in the programs lose. After undergoing a more intensive 16-week course, individuals will participate in a year long maintenance course.

# IN MY BACKYARD

## Health and Wellness Program

### The HOPE Renaissance

(HEALTHY OPTIONS FOR PEOPLE EVERYWHERE)

On the near eastside of Columbus, Ohio many of the residents are affected by chronic diseases. A population that is mostly African American, the near eastside has among the highest rates of chronic diseases for the city of Columbus and the highest rate of diabetes among African Americans nationally. Ironically, in the 1940's and 50's this area was the epicenter for fresh produce, meat, fish and poultry and a community well known for its arts and entertainment. The streets were once lined with produce vendors who grew vegetables from within and outside of the local community. Today many of its residents depend upon corner carry-outs, fast food restaurants for their sources of nutrition.

In the spring of 2010 a health and wellness program designed to assist people with adopting and sustaining a healthy lifestyle began within the same community that once flourished decades ago. The In My Backyard Health and Wellness Program was developed by area resident Tim Anderson who sought to address his neighbors immediate concerns of how to live healthier. The program offers a series of health and wellness education programs such as cooking demonstrations, yoga, tai chi, men's health forums, women's health forum, cardio workout to live drummers and other activities. Programs are offered twice a month and begin at 10:00 a.m. In addition, In My Backyard Health and Wellness Program Web-site, [www.inmybackyardhope.com](http://www.inmybackyardhope.com), provides

information about the program complete with a video introduction. A new feature of the Web-site is a health discussion board with moderators from the medical, nutrition and exercise community. Lead moderators are Frank Schwartz M.D., Deborah Kemokai-Wright L.D., R.D. and Suzanne Dorsey a certified fitness instructor who will provide health, nutrition and physical fitness information.

To date, the In My Backyard Health and Wellness Program has held five series all located in Anderson's backyard. Approximately ninety neighbors have attended the series. The programs are free of charge and open to the general community. The Ohio Department of Health, Diabetes Prevention and Control Program has supplied this program with cookbooks, pedometers, diabetes health manuals and other supplies that are given to all program participants. To date, much of the program funding has been from Anderson's own personal funds due to his commitment to building healthy lifestyles in his community. Recently, the Central Community House of Columbus Ohio has supported the program by covering the refreshment cost and the cost of food for the cooking demonstrations.

The program is expected to expand into other at risk neighborhoods within Columbus next spring of 2011. That expansion will be based on outside funding and interest. Anderson plans to submit an application for funding to the Pepsi Refresh Project, an online



*Tim Anderson Founder, In My Backyard Health*

grant funding source for grassroots based initiatives. The request will be submitted in August 2010 and awards are based on the number of votes received for each project. Other sources of funding are being identified to support the programs current operation as well as it expansion.

Anderson has had previous success in obtaining funding for other projects he has developed. Those projects include the Walking In The Neighborhood and the Diabetes Lifestyle Center; other projects being developed include The Kitchen and a community development corporation, known as the Blackberry Patch CDC. But for now his immediate focus is on the In My Backyard Health and Wellness Program. If you would like more information about this program, e-mail Tim Anderson at [timanderson@inmybackyardhope.com](mailto:timanderson@inmybackyardhope.com) or call 614-402-2089.

## New Moms Can Prevent Diabetes by Keeping up Healthy Habits

by the National Diabetes Education Program

Women who develop high blood glucose (blood sugar) levels during pregnancy are said to have gestational diabetes. These women should be tested for diabetes 6 to 12 weeks after their baby is born. In many cases their blood glucose levels show that they are no longer considered to have diabetes. But what many people don't realize is that new moms who had gestational diabetes will continue to have a greater risk for getting diabetes during their entire lifetime. So even if the test for diabetes is normal right after the baby is born, these women should continue to get tested for diabetes at least every three years.

"Many women think that if the follow-up test after the baby is born shows no signs of diabetes, they are in the clear. That is not the case," said Vivian Pinn, MD, Director of the Office of Research on Women's Health (ORWH) at the National Institutes of Health. "They continue to have a greater risk for getting diabetes in the future. The good news is that there are modest but important steps these women can take to prevent or delay developing diabetes."

Gestational diabetes occurs more often in women with a family history of diabetes, obese women and Latina, African American, American Indian, Asian, Pacific Islander, and Alaska Native women. Moms who have had gestational diabetes should be tested on a regular basis for diabetes, so it is important that they tell their doctors about their history of gestational diabetes. This follow up screening may be a simple blood test. Women who have had gestational diabetes have a 2 in 3 chance that it will return in future pregnancies so they should also talk to their obstetricians if they plan on becoming pregnant again.

Women with a history of gestational diabetes should also make an effort to reach and maintain a healthy weight by making healthy food choices and being active for at least 30 minutes, 5 days a week. Even if women do not reach their "goal" weight, research shows that maintaining a healthy lifestyle can help reduce risk. These action steps are also good for the entire family.

"Children of women who had gestational diabetes are also at risk for obesity and diabetes, so it's a good idea for mothers to let their child's doctor know that they had gestational diabetes," added Pinn. "Keeping a healthy lifestyle as a family is good for



everyone. It helps both mom and baby manage their risks for getting diabetes in the future."

For a free tip sheet on gestational diabetes, including steps to reduce the risk of developing diabetes, call the National Diabetes Education Program (NDEP) at 1-888-693-NDEP (6337) or visit their website at [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org).

## New Beginnings: A Discussion Guide for Living Well with Diabetes

Originally introduced in 2006, *New Beginnings: A Discussion Guide for Living Well with Diabetes* is one of the National Diabetes Education Program's (NDEP's) most popular products. It focuses on an often overlooked aspect of diabetes—how emotions impact both the acceptance of a diagnosis and the motivation to control diabetes.

*New Beginnings* was created as a companion piece to *The Debilitator*, a compelling docudrama developed by Millennium Filmworks, Inc., about an African American family struggling to cope with a diagnosis of diabetes. As a thought-provoking discussion guide to that film, *New Beginnings* provides an opportunity for diabetes educators, church groups, clinics, hospitals, community-based organizations and anyone interested in facilitating dialogue about diabetes and its complications to expand on the themes and educational opportunities

raised by the film—how social and family support can help people with diabetes.

The discussion guide can serve multiple purposes:

- Diabetes educators can use it in clinical or community settings to provide group education and support.
- It can be used in primary care centers to provide training, support, and resources to improve diabetes care.
- It can be used in churches and in other community settings to promote wellness, physical activity, weight control and blood pressure control for people with diabetes.

A free copy of *New Beginnings* can be ordered at <http://www.yourdiabetesinfo.org> or by calling 1-800-438-5383. *New Beginnings'* companion film, *The Debilitator*, is available for purchase (\$30) through Millennium Filmworks, Inc. at: <http://www.millenniumfilmworksinc.com/>

## Everyday Choices for a Healthier Life Campaign

The American Cancer Society, American Diabetes Association and American Heart Association have joined together in a historic collaboration to encourage the prevention and early detection of cancer, diabetes, heart disease and stroke. "Everyday Choices For A Healthier Life" is a joint initiative with the goal of stimulating improvements in disease prevention and early detection by increasing public awareness about healthy lifestyles, increasing the focus on prevention among healthcare providers, and supporting legislative action to increase funding for and access to prevention programs and research.

Collectively, cancer, diabetes, heart disease and stroke account for nearly two out of every three deaths in America today. African Americans suffer the highest mortality rates among the total population and African American women in particular are at highest risk for these chronic diseases. Lifestyle factors, such as obesity, poor nutrition, lack of physical activity and smoking have a significant impact on each organization's areas of interest.

Poor diet, excess weight, smoking and physical inactivity are significant risk factors for cancer, diabetes, heart disease and stroke. Existing scientific evidence suggests that about one-third of cancer deaths in the United States each year are due to poor nutrition and physical inactivity factors, including being overweight. Obesity and lack of physical activity are independent risk factors for type 2 diabetes, cardiovascular disease and contribute to high blood pressure and elevated blood cholesterol, two other major risk factors for cardiovascular diseases. Tobacco use alone is a major risk factor for both cancer and cardiovascular diseases,

and complicates diabetes treatment by greatly increasing the likelihood of heart attack or stroke.

The public education component includes a three-year public service advertising campaign, sponsored by the Ad Council, a Web site ([www.everydaychoices.org](http://www.everydaychoices.org)) and a toll-free number (1-866-399-6789) that consumers can call to receive a free brochure on making healthier choices. The public education campaign's underlying message is to urge Americans to eat a healthy diet and maintain a healthy weight, increase their physical activity, avoid tobacco products and see a primary care provider to assess their personal risk. Following these steps can significantly reduce the risk of cancer, diabetes, heart disease and stroke, which kill nearly two out of every three Americans who die each year.

More information can be found at [www.everydaychoices.org](http://www.everydaychoices.org). This Web site provides information about the everyday choices people can make to improve their health and provides links to all three organizations for more information about each disease.

In addition, consumers can call a toll-free information line (1-866-399-6789) to request a free brochure.

Physicians and other healthcare providers are critically important in influencing prevention and screening practices among their patients. Many people are not being screened early and often enough for major chronic diseases according to the guidelines established by the American Cancer Society, American Diabetes Association and American Heart Association. In addition to general education about the importance of screening and early detection, consumers and healthcare



professionals need tools that will facilitate action regarding the scheduling of key preventive services.

The Healthy Choices campaign now provides a "health card" intended to be used in clinical settings to facilitate an exchange between a patient and a healthcare professional in an effort to:

1. increase a patient's knowledge of appropriate screenings;
2. increase the public's understanding about the clinical role for prevention; and
3. increase the number of people being screened.

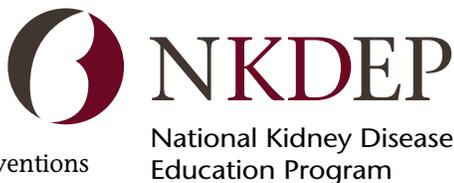
This card and supporting materials is now available to patients in a clinical setting in which a healthcare professional could provide a brief overview of the card and the importance of screenings and early detection. As part of that conversation, the healthcare professional would identify the appropriate screenings with the individual, discuss risk factors and identify options for getting the recommended tests. The card and supporting materials (in both English and Spanish) are available at:

<http://www.everydaychoices.org/index.html>

*continued on page 11—  
see **Everyday Choices***

# Nutrition for Patients with Chronic Kidney Disease (CKD)

The purpose of medical nutrition therapy (MNT) for CKD is to maintain good nutritional status, slow progression and treat complications. Many of the therapeutic interventions can be initiated by registered dietitians (RDs) in the primary care setting, before a referral to a renal dietitian. The NKDEP has developed a suite of materials to help RDs provide effective MNT to CKD patients who are not on dialysis. These free, downloadable, and reproducible materials are designed to provide key information about CKD and diet for RDs and their patients. The patient materials are written below a seventh grade reading level.



## For RDs:

- *Chronic Kidney Disease and Diet: Assessment, Management and Treatment— an overview guide on treating CKD patients who are not on dialysis.*

## For CKD Patients Who Are Not on Dialysis:

- *Eating Right for Kidney Health: Tips for People with CKD— a handout on the basic steps on nutrition and CKD.*
- *Nutrition Tips for People with CKD—individual nutrient handouts on sodium, protein, phosphorus, potassium, and food-label reading.*
- *Nutrition for Patients with Chronic Kidney Disease (CKD).*
- *Your Kidney Test Results—a tool for assessment and education of test results with patients.*

View and download these materials at: <http://www.nkdep.nih.gov/professionals/index.htm>

## NKDEP Family Reunion Initiative:

Through partnerships and other outreach efforts, the NKDEP has been encouraging African Americans with diabetes and high blood pressure to “make the kidney connection” and get tested for CKD. As part of this effort, the NKDEP is promoting its *Family Reunion Initiative*, which encourages discussion about kidney health at reunions and other family gatherings; and *Kidney Sundays*, which encourages faith-based organizations to include conversations about kidney health in their congregational gatherings. To get the word out, the NKDEP continues to cultivate relationships with organizations around the country, and will also attend community events this summer, including the Radio One Stone Soul Picnics in DC and Baltimore, and the Tom Joyner Family Reunion in Orlando, FL. Find more information on the *Family Reunion Initiative* at:

<http://www.nkdep.nih.gov/familyreunion/>

and *Kidney Sundays* at: <http://www.nkdep.nih.gov/kidneysundays/>

## Everyday Choices

*continued from page 10*

### Screening guidelines recommended by the ACS, ADA and AHA

#### Men and Women:

- **Blood pressure measurement:** Starting at age 20, each regular healthcare visit, at least every two years
- **Body Mass Index (BMI) measurement:** Starting at age 20, each regular healthcare visit
- **Blood cholesterol test:** Starting at age 20, at least every five years
- **Blood glucose (sugar) test:** Starting at age 45, every three years
- **Colorectal screening:** Starting at age 50, every 1–10 years depending on the test your doctor uses

#### Women

- **Clinical breast exam (CBE):** Starting at age 20, every three years; yearly after age 40
- **Mammography:** Starting at age 40, yearly after age 40
- **Pap test:** Starting at age 20, yearly after age 30, every 1–3 years, depending on the test your doctor uses and past results

#### Men

- **Prostate specific antigen test and digital rectal exam:** Starting at age 50, ask your doctor about the pros and cons of testing

The logo for "Sugar Byte" features the words "Sugar Byte" in a large, stylized, blue font with a slight shadow effect. The letters are rounded and have a friendly, approachable feel.

**Gestational diabetes affects about 4% of all pregnant women—about 135,000 cases of gestational diabetes in the United States each year.**

## 3rd Annual Columbus Community Thrive with Diabetes

**Diabetes education and awareness:**  
*It's good medicine and it's good business.*

### 2010 Fact Sheet

Columbus Community Thrive with Diabetes event is the Central Ohio Primary Care Physicians' annual outreach program to promote healthy living with diabetes. Through generous donations of sponsors, this is a free program open to anyone who has diabetes, knows someone who has diabetes, or wants to obtain diabetes information.

All are welcome to interact with vendors, see innovative diabetes products, enjoy a wide array of refreshments, and hear a nationally renowned speaker inspire us to Thrive with Diabetes. The party atmosphere is designed to be uplifting and encouraging.

**The goal:** Assemble 300 or more Central Ohioans passionate about diabetes to attend, laugh, learn, and thrive. Plus, engage 18 or more vendors and corporate sponsorship to help us provide a quality program and speaker.

**Date and location:** Tuesday, November 9, 2010, 5:30–8:00pm; speaker is 6:30–7:30PM  
 University Plaza Hotel  
 3110 Olentangy River Road, Columbus, OH 43202

**Speaker:** To Be Announced

**2009 Premier** Sanofi-Aventis, Roche Accu-Chek, Novo Nordisk,

**Sponsors:** Central Ohio Primary Care Physicians

**2009 Vendors:** Sanofi-Aventis, Roche Accu-Chek, Novo Nordisk, Eli Lilly, CCS Medical, Animas, Lifescan, Medtronic MiniMed, OmniPod, Abbott, Optimed Research, Pan American Laboratories, Accu-Chek Spirit, Orthopedic Foot and Ankle Center, Kroger Pharmacies, American Diabetes Association, Dr. Moeller, Mary Kay

**2009 Attendees:** 219 people attended the 2009 event; evaluations revealed an enthusiastic >90% approval rating

**Contact:** Beth Mitchell, RD, LD, CDE at COPC Innovative Diabetes Management, (614) 447-9495 ext 5. or [bmitchel@copcp.com](mailto:bmitchel@copcp.com)

## Webinars to Help Promote the Road to Health Tool Kit



Beginning in late July, the Centers for Disease Control and Prevention (CDC) hosted a series of “Welcome to the Road to Health” webinars. The purpose of the webinars is to provide participants with an overview of diabetes prevention strategies and ideas for using the Road to Health Tool Kit. The tool kit was developed for use by Community Health Workers (CHWs) to promote diabetes prevention strategies in their communities, but also can be used by others working to prevent type 2 diabetes at the community level. The webinars are designed for CHWs, lay health educators, health ministers, diabetes educators and anyone interested in learning more about the tool kit.

For more information, contact Alexis Williams at: [afw0@cdc.gov](mailto:afw0@cdc.gov).



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
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New address



Return to: Nancy D. Schaefer, R.D., L.D.,  
 Ohio Diabetes Prevention and Control Program, Bureau of Health Promotion and Risk Reduction,  
 Ohio Department of Health, Columbus, OH 43215, Phone: (614) 728-3775

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