



OCDPCP

Ohio Community Diabetes Control Program

"Let's make Ohio the place where people with diabetes live better lives!"

New Findings on the Connection Between Diabetes and Heart Disease and Stroke

Research findings released June 24 at the American Diabetes Association's (ADA) annual meeting shed new light on the connection between diabetes and cardiovascular disease. The latest report from the NIH-sponsored Epidemiology of Diabetes Interventions and Complications study (EDIC) demonstrates that high blood glucose levels play a role in the development of atherosclerosis (hardening of the arteries), putting people with diabetes at increased risk for heart disease and stroke.



"Heart attacks and stroke are the major killers of people with diabetes. After following patients with type 1 diabetes for more than 12 years, we can conclude that patients who control their blood glucose significantly lower their risk for worsening atherosclerosis", says David M. Nathan, M.D., co-chairman of the EDIC study and an investigator at Harvard Medical School.

"If you have diabetes, you have the same high risk of having a heart attack as someone who has already had their first attack", said Program Chair, Charles Clark, National Diabetes Education Program.

"Even worse, your chances of dying from your first heart attack are the same as someone without diabetes who has had a second heart attack".

In response to mounting scientific evidence on the connection between diabetes and cardiovascular disease, the National Diabetes Education Program (NDEP) launched a new campaign on June 24 to make people with diabetes



aware of their high risk for heart disease and stroke and to tell them how they can take steps to lower that risk. The "Be Smart About Your Heart: Control the ABCs of Diabetes" campaign is a coordinated national response to this critical public health problem, involving more than 200 partner organizations. Materials for this campaign will be available to partners within the next few months.

For more information,
<http://ndep.nih.gov>
 or <http://www.cdc.gov/diabetes>

Dietary Guidelines for Heart Health

In May, the National Cholesterol Education Program (NCEP) released new recommendations to help prevent and treat heart disease. The primary focus remains on lowering low-density lipoprotein cholesterol. The new guidelines also cite HDL levels less than 40 as risky, and urge more aggressive treatment of high triglyceride levels.

Syndrome X, a metabolic syndrome marked by low HDLs, elevated triglycerides, insulin resistance, excess abdominal fat and high blood pressure increases the risk of heart disease and has drawn attention in the latest report.

Desirable Levels

Total Cholesterol	< 200 mg/dl
LDL	< 100 mg/dl
HDL	> 60 mg/dl
Triglycerides	< 150 mg/dl

NCEP/ATP III Report, 2001

Despite the likelihood that more cholesterol-lowering medications will be prescribed to reduce the risk of heart disease this does not negate the continued need for diet.

Recommendations have liberalized total fat content, allowing up to 35 percent of calories as fat, provided saturated and trans fats are reduced to 7 percent of total calories and total dietary cholesterol is limited to 200 mg/day.

Research shows that a higher fat intake with mostly mono (up to 20 percent of calories) and polyunsaturated fats (up to 10 percent of calories) and 45 percent of calories from complex carbohydrates can help raise HDLs and reduce triglycerides

especially in people with Syndrome X. Staying at a reasonable weight and increasing physical activity are key issues as well.

Following are specific diet guidelines:

- **Cholesterol** - Found in foods of animal origin. Limit organ meats and egg yolks.
- **Saturated Fats** - Found in foods of animal origin and are solid at room temperature such as shortening; bacon, luncheon meats, sausage; fats in and around red meats; dairy products made with cream and whole milk; and products made with coconut/palm oils. **Choose** lean meats, fish, skinless poultry, and fat free or 1 percent milk, cheeses, and other dairy products. Check food labels for coconut/palm kernel oils.
- **Trans Fats** - Unsaturated fats that have been chemically altered by hydrogenation to make them more saturated. Trans fats spell double trouble by increasing LDLs and decreasing HDLs. Limit cookies, pastries, crackers and fast food fries. **Choose** Liquid or tub margarines with "0 trans" instead of butter or stick margarines. Check food labels for hydrogenated fats.
- **Monounsaturated fats** - Found in vegetable or plant oils. **Choose** Olive oil, canola oil, peanut oil, olives, nuts, (almonds, cashews, peanuts and pecans), peanut butter, avocados, sesame seeds.
- **Polyunsaturated fats** - Found in vegetable or plant oils. **Choose** vegetable oils such as



corn cottonseed, safflower, sunflower, soybean; tub margarines, salad dressings.

- **Soluble Fiber** - Helps lower cholesterol levels by binding with cholesterol so it is excreted. Soluble fiber should provide 10-25 grams a day of the 20-35 grams total fiber that is needed. Be sure to drink adequate fluids. **Choose** oats, fruits (citrus, pears, apples, berries, prunes and apricots), vegetables (Brussels sprouts, cabbage, carrots, sweet potatoes) and dried beans and peas.
- **Sterols, Stanols** - the main ingredients in margarines such as *Take Control* and *Benecol*, these block the absorption of cholesterol from the intestines and can lower LDLs an additional 10 percent.

Despite new cholesterol lowering recommendations and ever changing diet advice, the principles for a heart healthy diet remain the same. Reduce total fat and dietary cholesterol, limit saturated fats and trans fats and keep the mainstay of your diet focused on whole grains, fruits, vegetables, fish, poultry and lean meats, and low fat dairy products.

Ohio Diabetes Task Force

The Ohio Diabetes Task Force held their summer meeting in Cleveland on July 11 with 20 members, guest and staff attending. After a brief program update the group divided into the four work-groups to continue with future planning and implementation of activities.

Diabetes in Youth - Dr. Paul Delamater, Chair. Maureen Spence, RD, LD, Coordinator of the New York Diabetes Control Program, attended as a guest and met with the Diabetes in Youth Workgroup. She shared controversies that the New York DCP encountered around the issues of blood glucose monitoring in the schools and discrimination concerns. She also provided insights into the production of the New York resource manuals for school personnel and families. The group discussed the pros and cons of producing one comprehensive manual versus two companion manuals and the availability of

funds and other contributors to support such a project.

A conference call is scheduled for Sept. 11 to continue the discussion and exchange of ideas.

Physician Information Workgroup

- Dr. Paul Rosman, Chair. Positive feedback has been received from the Osteopathic Association, the Ohio Academy of Family Practice, and the Ohio State Medical Association regarding the first six articles that were submitted in the previous year. Discussion centered on the obstacles and difficulties in adapting the physician - oriented articles for other professions such as pharmacy, podiatry, dietitians, public health, and nursing and for facilitating the process for publication in these allied health newsletters. It was recommended that professionals in the field serve in an advisory capacity for input and review of articles. Three major areas of focus were identified for the coming year: create and submit

short informational bullets (Light Bites) for various professional organizations every other month; determine another venue for modifying the primary care articles and incorporating into allied health publications; and develop another series of six articles for the primary care physicians. A follow-up conference call is scheduled for Aug. 28.

Surveillance Workgroup - Dr. Rosemary Duffy-Cooper, Chair. A draft booklet titled Diabetes in Ohio - 2001 was presented depicting prevalence, demographics, and risk factors, health care, diabetes care, trends and mortality data on diabetes and its outcomes. Other data to be explored will be from the Ohio Hospital Association and Medicaid.

The next meeting of the Ohio Diabetes Task Force will be Oct. 10, in Columbus with the focus being on discussion of objectives and activities for the upcoming competitive grant application.



Paul Delamater, M.D.



Paul Rosman, D.O.



Rosemary Duffy-Cooper, D.D.S.

Diabetes in Central Ohio

One Year Later-is it Getting Better or Worse?

Central Ohio Diabetes Association (CODA) has updated key findings of its community needs assessment, *Diabetes in Central Ohio: A Problem We Can't Afford to Ignore*. Released in February 2000, the study reported that mortality rates in Columbus were almost double those of the United States; Columbus' African-American population has alarmingly high rates of mortality due to diabetes, particularly among Central Ohio black men; and, more than half of local residents diagnosed or in treatment for diabetes have already developed diabetes complications.

Seven underlying reasons for higher rates of death and complications due to diabetes in Central Ohio were identified.

CODA officials addressed the updated findings in a press conference May 30 2001 at the Vern Riffe Center in downtown Columbus.

The recent update showed diabetes is getting worse in Columbus and surrounding areas:

- The diabetes mortality rate in Columbus increased 29 percent and continues to be twice the national diabetes mortality rate, which also showed a 16 percent increase. These figures reflect an ever-growing crisis related to diabetes in Central Ohio.
- In Central Ohio, by the end of 2001, there will be 171,500 people with diabetes, as compared to 158,000 two years ago. Overall, the Columbus diabetes death rate has increased 6 percent since 1990.

- There has been a significant increase in the mortality rate in African-American females, almost three times the national rate. In 1998, twice as many black women in Columbus died of diabetes than from breast cancer.
- The mortality rate for African-American men continues to be the highest among the groups studied.
- The mortality rate in Central Ohio for white females has also increased significantly, nearly one-and-a-half times the national rate.

Diabetes Facts

- 16 million Americans have diabetes including more than 600,000 in Ohio.
- Ohio has the third highest diabetes mortality rate in the nation.
- Diabetes takes a huge economic and human toll on Ohio. In 1997, this included: 1,357 new cases of blindness; 3,168 lower-extremity amputations; 1,451 cases of kidney failure; 156,172 diabetes-related hospitalizations - 53,234 of which were for cardiovascular disease; and \$5.6 million in direct and indirect costs.
- There is no cure for diabetes, but it can be controlled. Through diet, medication and monitoring of blood glucose, patients can reduce the risk of complications by up to 76 percent.

CODA

CODA cited that the lack of funding for direct services in Central Ohio decreases individuals' chance to receive the adequate treatment and self-management education deemed necessary to reduce diabetes related mortality and complications.

"Increasing numbers of Central Ohioans are suffering needlessly from diabetes complications, which far too often results in death," said CODA Executive Director Jeanne Grothaus. "Our community is in critical need of programs that will reduce diabetes complications and mortality rates. However, community resources are severely limited due to a lack of funding for outreach and direct services. Resolving this growing public health crisis will take sustained efforts from local government, businesses and non-profit organizations combined".

To reduce the local rates across the board, CODA leaders called for increased public awareness as to the urgency of diabetes control, the need to be tested and the community resources that are available. The agency also called for increased program funding for diabetes-related services and renewed support for the Diabetes Cost Reduction Bill (Ohio House Bill 100 and Ohio Senate Bill 45).

To obtain a copy of *Diabetes in Central Ohio: A Problem We Can't Afford to Ignore* and/or the update, please call CODA at 1-800-422-7946 or (614) 486-7124.



Update: Diabetes Today

Diabetes Today is a national training program developed by the Centers for Disease Control and Prevention that looks at diabetes from a public health perspective.

The goal of the course is to create community-based diabetes initiatives that focus on the strengths of communities and their ability to work creatively to control and/or prevent the problems caused by diabetes. Major components of the program include forming a coalition with key community leaders, assessing the community needs, barriers, and resources, developing local programs in collaboration with other agencies and on-going evaluation of the needs and programs.

In April, Chris Goodall and Nancy Patton conducted a three-day interactive training for 21 participants from 11 counties. Denise Goodrich, Ohio Commission on Minority Health, opened the program by discussing Cultural Beliefs and

Attitudes about Diabetes. Betsy Randall-David, RN., Ph.D., University of North Carolina facilitated the final session on evaluation and additional resources.

The five Ohio facilitators who were trained in October shared their progress in organizing a coalition and developing local interventions based on their specific needs.

The attendees represented voluntary agencies and urban and rural hospitals, and health departments. Following is a list of participating agencies: National Kidney Foundation, Columbus Urban League, Dayton Urban League, American Diabetes Association, Diabetes Association of Greater Cleveland, Central Ohio Diabetes Association, S.O.U.L., Ohio Primary

Care Association, Bumpas Pharmacy, Ohio KePRO, Inc., KidPRO, Inc., RN from West Mansfield, Brown County Hospital in Georgetown, Holzer Clinic in Gallipolis, Morrow County Hospital and Health Department, Huron Hospital in Cleveland, St. Rita's Hospital in Lima, Southern Ohio Medical Center in Portsmouth, Jackson County Health Department,



Previous Diabetes Today participants share their experiences with building community coalitions.

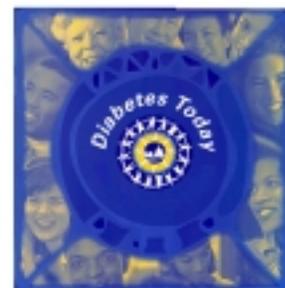
Meigs County Health Department, Summit County Health Department, Columbus Health Department, and Reading Health Department.

The course received very positive evaluations. Participants were enthusiastic and acknowledged the benefit of the small group activities and the opportunity for sharing and meeting new partners. The highlight of the training was witnessing the collaboration that had developed and hearing many of the attendees say how much more could be accomplished by working together and pooling their resources than anyone could do singularly.

Through the comprehensive grant with the OCDPCP, seed money will be provided to each participating agency to initiate local needs assessments and program development to serve the people with or at-risk for diabetes.



Betsy Randall-David R.N., Ph.D., facilitator, center, and Megan Estes, right, from the Diabetes Association of Greater Cleveland enjoy listening to participant's experiences.



2001–2002 Flu Season

The flu and pneumonia season is fast approaching and it is time to get the word out to people with diabetes to get vaccinated. As most of you already know, there is a projected delay in availability of the vaccine again this year, but no anticipated shortage.

Supply

The projected distribution of influenza vaccine for 2001, based on aggregate manufacturers' estimates as of July 10, is 77.1 million doses, which is greater than in 2000 and comparable with 1999. By the end of October, 49.8 million doses will be available for delivery and 27.3 million doses are projected to be available in November and December. Delays this year are not expected to be as great as those experienced last season. Nevertheless, officials at FDA and CDC stress that these are early projections from manufacturers and could change as the season progresses.

ACIP Supplemental Recommendations for 2001-02 Influenza Season

Because of the 2001-02 influenza season vaccine delay and the large number of doses projected for distribution in November and December, the Advisory Committee on Immunizations Practices (ACIP) has developed supplemental recommendations. The goals of these recommendations are 1) to prioritize and phase in using vaccine for the 2001-02 influenza season to ensure that persons at greatest risk for severe influenza and its complications and their health-care providers receive vaccine early in the influenza season, and 2) to increase overall pro-

tection of those at greatest risk for severe influenza and its complications as targeted in the Healthy People 2010 objectives. Persons at high risk include those aged ≥ 65 years; nursing home and other chronic-care facility residents; adults and children with chronic disorders of the pulmonary and cardiovascular systems, including asthma; adults and children who required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression, including that caused by medications or human immunodeficiency virus; children and teenagers (aged 6 months to 18 years) who receive long-term aspirin therapy; and women who will be in the second or third trimester of pregnancy during the influenza season. Achieving influenza vaccination goals will require the combined actions of vaccine providers; the public; manufacturers, distributors, and vendors; and health departments and other organizations providing vaccine.



Vaccine Providers

- Providers should target vaccine available in September and October to persons at increased risk for influenza complications and to health-care workers.

- Beginning in November, providers should offer vaccine to contacts of high-risk persons, healthy persons aged 50-64 years, and any other persons wanting to reduce their risk for influenza.
- Providers should continue vaccinating patients, especially those at high risk and in other target groups in December and should continue as long as there is influenza activity and vaccine is available.

The Public

- Persons at high risk for complications from influenza, including those aged ≥ 65 years and those aged < 65 years who have underlying chronic illnesses, should seek vaccination with their provider when vaccine is available.
- Persons who are not at high risk for complications from influenza, including household contacts of high-risk persons, are encouraged to seek influenza vaccine in November and later.

Manufacturers, Distributors, and Vendors

- Distribution of vaccine to work-sites, where campaigns primarily vaccinate healthy workers, should be delayed until November.
- All providers who have placed orders should receive some early season vaccine.
- Manufacturers, distributors, and vendors should inform providers of the amount of vaccine they will be receiving and the date of shipment.

Health Departments and Other Organizations

- Organizers of mass vaccination campaigns not in workplaces (e.g., at health departments, clinics, senior centers, and retail stores) should plan campaigns for late October or November or when they are assured of vaccine supply and make special efforts to vaccinate elderly persons and those at high risk for influenza complications.
- Influenza vaccine service providers should develop contingency plans for possible delays in vaccine distribution.

Rates of Immunization and Disparities

In 1998-99, influenza vaccination levels among older persons in each state were exceeded or were close to the 60 percent national 2000 objective. Coverage for persons 65 years was 67 percent. However, influenza vaccination levels may have reached a plateau which is well below the 90 percent national objective for 2010.

Racial/ethnic and socioeconomic disparities in influenza vaccination coverage continue. For instance, the vaccination rate among high-risk children recommended for annual influenza vaccination is very low. High risk children who are eligible for vaccines under the Vaccines for Children (VFC) Program can receive the vaccine at no cost, though providers may be able to bill Medicaid for administrative cost or charge these fees to the parents of VFC-eligible children not enrolled in Medicaid.

In Ohio, in 1999, 72.6 percent of the people with diabetes reported

receiving influenza immunization, a 3.7 percent increase from 1997. 59.3 percent of people with diabetes reported receiving a pneumococcal pneumonia immunization in 1999, a 9.1 percent increase from 1997. Although these trends are promising, i.e. exceeding the goal for flu immunization and almost meeting the 60 percent goal for pneumococcal immunization, reaching the 90 percent national objective for 2010 will still require vigilance and hard work.

Education Materials

The Ohio Community Diabetes Control Program will unfortunately not be able to mail the same volume of flu literature this year as in the past year due to CDC not receiving discretionary funding for this initiative. However, the CDC vaccine information statements for consumers will be duplicated by the OCDCP and distributed to our flu and pneumonia immunization partners. These information statements are also available free for downloading in PDF format and in over 20 languages at www.immunize.org/vis.

A quote from David Salisbury, Principle Medical Officer, UK, sums up the importance of health care provider education recommendation in the vaccination effort. "If people have no fear of vaccine, but fear of disease, the argument in favor of vaccination is clear-cut. If they have no fear of vaccine but also no fear of disease, there may be inertia. When they have no fear of disease, but fear of vaccines, they are likely to refuse immunization". Therefore, it is up to health care providers to make sure that all people, especially those at high risk, have no fear of vaccine and enough

information about the seriousness of flu and pneumonia to want to be vaccinated.

Resource/Websites

National Network for immunization information (NNII)
www.immunizationinfo.org
Highlights: A free downloadable resource kit for health care providers "Communicating with Patients About Immunization" Three-ring binder copies are available from NNII for \$20.00 each by calling (877) 341-6644.

Ohio Department of Health Immunization Program
(800) 282- 0546
www.immunize-ohio.org
Highlights: Information on immunizations immunization schedules for Ohio schools. The "Impact" computer based information system, free vaccination for children information and rates of immunization in Ohio.

Centers for Disease Control and Prevention
www.cdc.gov/ncidod/diseases/flu/fluivirus.
Highlights: Influenza prevention and control information

Centers for Disease Control and Prevention National Immunization Program
www.cdc.gov/nip/flu
Highlights: Flu vaccine updates

Flunet Global Influenza Surveillance Network - World Health Organization
<http://oms2.b3e.jussieu.fr/flunet>
Highlights: Centers, partners, news, reports, isolates, activity, data entry, links, information and documents.

Update: Federally Qualified Health Centers

The Ohio Community Diabetes Control Program has been working with the Federally Qualified Health Centers throughout Ohio to improve diabetes care and services for the high-risk and minority populations with diabetes. Chart audits conducted by OCDCP and Ohio KePRO, Inc. have shown that African Americans are receiving

A special thank you is extended to Dr. Sam Cataland, OSU and Chair of the OCDCP Task Force, for purchasing 60 monofilaments for the Federally Qualified Health Centers. These were distributed to each Community Health Center to enable them to have a standardized tool to assess peripheral neuropathy.

the HbA1c test less frequently than Caucasians and the values are higher.

In October, the OCDCP was one of several Ohio agencies awarded a two-year grant from the Tobacco Settlement Fund. With that money, OCDCP purchased DCA 2000 Analyzers and reagent strips for 35 FQHCs which will enable the clinics to do on-site HbA1c tests with immediate feedback for treatment changes.

On April 10, Rod Gilkey with Bayer Diagnostics conducted a hands-on training on the operation and maintenance of the analyzers for 40 staff of the Community Health Centers.

Future issues will summarize the status of glycemic control as documented by the usage of the DCA 2000 Analyzers at the 35 centers.



Rod Gilkey, Bayer Diagnostics, demonstrates the proper use of the DCA 2000 Analyzers.

National Diabetes Education Program



The National Diabetes Education Program, a joint federal program of the National Institutes of Health and the Centers for Disease Control and Prevention, has joined forces with the Health Care Financing Administration, the federal government agency that manages the

Medicare Program, in launching a new awareness campaign to help older adults with diabetes and their loved ones to live longer, healthier lives. The outreach effort focuses on the importance of self-monitoring blood sugar levels to control diabetes and offers people with Medicare important information about Medicare coverage for diabetes self-testing equipment and supplies.

The awareness theme is "The Power to Control Diabetes is in Your Hands". A starter campaign kit is available by visiting <http://ndep.nih.gov>, where you can view, print or order English and

Spanish versions of the campaign materials. The materials include an easy-to-read, 12-page brochure focusing on the importance of self-monitoring blood sugar levels. It also explains the Medicare benefits that help pay for diabetes equipment and supplies. In addition, there are two-color posters and a two-color table display conveying the self-monitoring message.



CDC Diabetes Translation Conference 2001

The CDC Diabetes Translation Conference was held April 30 to May 3 at the Seattle Airport Double Tree Hotel in Seattle, Washington. The meeting was co-chaired by OCDCP Coordinator, Thomas ("Eddie") Joyce.

Approximately 600 persons attended the Conference. The conference theme was Diabetes Across Life Stages, which brought together public health officials who were provided an opportunity for information sharing and networking.

Chris Goodall presented on the partnership between OCDCP and Ohio KePRO, the peer review organization managed by Medicare, to improve the quality of diabetes care at the Federally Qualified Health Centers. The purpose of the cooperative relationship was to decrease duplication in the collection of data and to analyze the data as a baseline for developing interventions that would improve diabetes care at these community health centers. Information was abstracted from chart audits using a mutually agreed upon form to measure clinical indicators. Simultaneous visits were made to the FQHCs and OCDCP looked at the non-Medicare charts and KePRO reviewed the Medicare charts. KePRO then analyzed the data using MedQuest software.

To date 1140 charts have been abstracted from 17 urban centers for baseline data and from seven rural clinics for follow-up data. Following are the composite results obtained from the chart audits completed in 1999 and 2000. In general, the findings indicate that the Medicare patients received more eye exams, more lipid profiles, more foot exams, more frequent HbA1cs and less education than the non-Medicare population. The mean

Indicators	All Non-Medicare	All Medicare
1 Eye Exams	23.0%	26.5%
2 HbA1c	75.7%	82.7%
3 Lipids	64.0%	76.5%
4 Microalbuminuria	12.1%	12.7%
5 Foot Exams	58.5%	71.7%
6 Lipid Control	67.8%	64.8%
7 BP Control	56.4%	51.9%
8 Education	63.1%	60.0%
9 Frequency-HbA1cs		
0 Tests	24.3%	17.3%
1 Test	29.4%	26.7%
2 Tests	27.3%	24.0%
3 Tests	13.9%	19.6%
4 Tests	5.1%	12.3%
HbA1c Mean	8.4%	7.7%
9a Glycemic control 1st	46.9%	59.4%
9b Glycemic control last	49.0%	66.9%
9c Improved control	14.1%	32.8%
9d Improved level	23.0%	31.2%
10 FU Intervention	69.8%	81.0%

HbA1cs for those on Medicare was 7.7 percent compared to 8.4 percent for those on Medicaid or with no insurance. Lipid control and blood pressure control was less well controlled in the Medicare group. A major disparity exists among African Americans with diabetes. In all categories the white patients received better diabetes care and more diabetes education.

Nancy Patton presented on OCDCP's efforts to reach under-served communities throughout Ohio with the diabetes and flu campaign.

In order to reach more minority and under-served populations in Ohio, additional partnerships were formed for the 2000-2001-flu season. A partnership with hospital-based parish nurses, involved in 16 Columbus area African-American churches, made it possible to disseminate vaccine information to this minority population. 130 new school nurses throughout the state were given literature to send home with students with diabetes. 90 rural, independent pharmacists

were recruited to place influenza and pneumonia literature in the bags of persons receiving diabetes-related prescriptions. 70,000 additional persons were reached by the inclusion of a mid-November paycheck insert for all state employees. 184 endocrinologists and 400 primary care physicians were added to the distribution list based on studies showing that provider recommendation is a highly significant and independent predictor of successful immunization.

By strategically identifying areas within the state that were previously under-served in receiving flu and pneumonia vaccine information, it was possible to convey the important message to people with diabetes, who might not have otherwise been informed, that a flu and pneumonia vaccine could be life-saving.

Next year's DDT meeting, will be held in St. Louis, Missouri, May 6th through 9th 2002. Registration information will be provided in a future edition of this newsletter.

Health Ministries Association Conference

The OCDCP sponsored an education table at the National Health Ministries Association Conference held at Xavier University in June. Many contacts were made with parish nurses, min-

isters and faith-based health organizations during the three-day conference. Professional education materials and booklets from the CDC and the National Diabetes Education Program were shared with participants. The role of the OCDCP and the resources available from the state program were also discussed with those stopping by the exhibit. Many contacts and requests for further information have been generated as a result of the OCDCP's presence at this conference.

The role of faith-based organizations and the parish nurse in individualized health care continues to be expanded and defined. These organizations and health professionals reach many people who may not otherwise have ready access to health education or care in their communities.



Looking Ahead

Oct. 25-26, 2001

Bridging the Gap with Education:

Diabetes Symposium and Workshop sponsored by WVU Extension Embassy Suites, Charleston, WV
www.ext.wvu.edu/dsw2001
 304-293-2694

Feb. 27 - March 1, 2002

16th National Conference on Chronic Disease Prevention and Control, Atlanta, GA

May 6-9, 2002

CDC Diabetes Translation Conference, St. Louis, MO

Festival Latino

In June, the OCDCP sponsored a health education table at Festival Latino. The festival, held in downtown Columbus, attracts people from the entire state of Ohio. This year's attendance was 150,000.

OCDCP and other ODH staff disseminated information, answered questions and referred individuals to their health care providers as needed. Bilingual ODH staff members were on hand at all times to communicate with those who were unable to easily speak and understand English.

In addition to the many attendees, contacts with Latino organizations, radio stations and churches were made. These contacts will be used to help spread the word about the disproportionate burden of diabetes in the Latino community.

Because of the excellent and widespread education potential of this venue, plans are already in the works for OCDCP to secure a place at next year's festival.



News from the Voluntaries

The American Diabetes Association

The American Diabetes Association is pleased to announce a three-year Diabetes Cardiovascular Disease Initiative to reduce the morbidity and mortality associated with diabetes and cardiovascular disease. The initiative will educate health care providers about the proper diagnosis and treatment of cardiovascular disease in diabetes and inform patients about health risks and appropriate therapies.

Some of the major components of the initiative include:

- A public awareness campaign focusing on the link between diabetes and heart disease and stroke.
- A December 2001 research symposium, "Understanding the Metabolic Syndrome: Effect on Diabetes and Cardiovascular Disease", jointly conducted by the American Diabetes Association and the American Heart Association, presenting the most up-to-date research and clinical implications for diabetes and heart disease.
- An interactive website offering patients and health professionals educational information and tools designed to promote awareness about diabetes and cardiovascular disease.
- Additional information on the initiative will be available in the coming months. If you would like to be added to the mailing list, please send an e-mail request to MakeTheLink@diabetes.org.

Central Ohio Diabetes Association

30th Annual Diabetes Symposium "Diversity in Diabetes; Beliefs, Barriers and Behaviors" Nov. 8 and 9, 2001. Embassy Suites, Dublin
 Diabetes Health Fair Nov. 8, 2001 6:30-9pm Embassy Suites, Dublin Free to the public

Diabetes Self-Management Classes:

Day Classes

Sept. 17-20; 1 to 3:15 pm
 Oct. 15-18; 9:30-11:45 am
 Nov. 26-29; 1 to 3:15 pm

Evening Classes

6:00-8:15 pm
 Sept. 11-12 & 18-19
 Oct. 9-10 and 16-17
 Nov. 12-13 and 14-15

All classes are held at the Diabetes Education Center at CODA, 1580 King Ave., Columbus. Class size is limited.

For more information or to register for CODA's programs, call 1-800-422-7946 or 614-486-7124 or e-mail coda@diabetesohio.org

Diabetes Association of the Dayton Area

"Local People Meeting Local Needs"

The Diabetes Association of the Dayton Area (DADA) has been in existence for 37 years and has been an independent agency since 1984. DADA has no affiliation with any national organization; therefore all monies raised in the greater Miami Valley Area stay in the area to sustain local support groups, youth camps, emergency diabetes supply

pantry and other self-management educational opportunities.

DADA's current programs consist of:

- 18 Support Groups serving Montgomery, Champaign, Clark, Greene and Shelby Counties
- Diabetes Awareness Screening Program
- Diabetes EXPO', Annual Community Educational Event
- Diabetes Information Line
- Speakers Bureau
- Camp Ko-Man-She, a residential camp for children with diabetes.
- Day Camp for children with diabetes
- Annual Diabetes Workshop for School Nurses
- Public Awareness Education
- Education Literature
- Quarterly Newsletter
- Annual Golf Outing to raise funds for camp
- Fundraisers such as Diabetes "Stroll & Roll" and Fat Tuesday Celebration
- Corporate Sponsorship Program Minority Health Program Activities

For more information, please call DADA at (937) 220-6611.

Diabetes Association of Greater Cleveland

"Diabetes in a Super-Size Society" Annual Nutrition Workshop. Presentations on the psychology of eating, effective exercise, recognizing and treating insulin resistance, and current nutrition guidelines for diabetes.

Sept. 15, 2001 morning
 Holiday Inn Independence
 6001 Rockside Road,
 Independence, Ohio
 Continuing Education credits for RD's, LD's, DTR's RN's and LPN's.

See Voluntaries next page

Voluntaries *continued*

Promenade (dinner and auction) presented by Verizon Wireless **Saturday Sept. 22, 2001** Metropolitan Plaza in Highland Hills, Cleveland

Diabetes Association of Greater Cleveland in joint sponsorship with the Cleveland Clinic Foundation "Micro and Macro Vascular Disease and Diabetes". A forum with experts in the specialized areas of cardiology, nephrology, neurology and ophthalmology **Nov. 1, 2001** 5 pm-9 pm Landerhaven 6111 Landerhaven Dr., Mayfield Heights, Ohio.

For more information on any of these programs please contact the Diabetes Association of Greater Cleveland, 216-591-0800 or visit our website at www.dagc.org.

Websites

American Association of Diabetes Educators www.aadenet.org

American Diabetes Association www.diabetes.org

American Dietetic Association www.eatright.org

Barbara Davis Center for Childhood Diabetes www.uchsc.edu/misc/diabetes/bdc.html

Behavioral Risk Factor Surveillance System Prevalence Data www.2.cdc.gov/nccdph/brfs2/publications/index.asp

Diabetes Association/Dayton Area www.diabetesdayton.org

The Black Health Network www.blackhealthnet.com

CDC Diabetes Public Health Resource www.cdc.gov/diabetes

Central Ohio Diabetes Association www.diabetesohio.org

Diabetes Association of Greater Cleveland www.dagc.org

Diabetes Today www.diabetestodayntc.org

Directory of Diabetes Organizations www.niddk.nih.gov/health/diabetes/pubs/diaborgs/diaborgs.htm

Health and Human Services Search www.hhs.gov/search

Health Quest Magazine www.healthquestmag.com

Health Resources and Services Administration www.ask.hrsa.gov

Healthy People 2010 Online Documents www.health.gov/healthy-people/document

Joslin Diabetes Center www.joslin.org

Juvenile Diabetes Foundation www.jdf.org

National Diabetes Education Program (NDEP) <http://ndep.nih.gov>

National Eye Institute www.nei.nih.gov

National Heart, Lung and Blood Institute www.nhlbi.nih.gov

National Kidney Foundation of Ohio www.nkfofohio.org

National Library of Medicine www.nlm.nih.gov

The National Women's Health Information Center www.4woman.gov

Ohio Department of Health www.odh.state.oh.us

The Renal Network, Inc. www.therenalnetwork.org

United Network for Organ Sharing www.unos.org

U.S. Office of Minority Health www.omhrc.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.

****DEADLINE** - for submitting news for Fall Newsletter is September 15, 2001

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 Ohio Department of Health,
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