



ODPCP

OHIO DIABETES PREVENTION
& CONTROL PROGRAM

BUREAU OF HEALTH PROMOTION
& RISK REDUCTION

OFFICE OF
HEALTHY OHIO

H1N1 Influenza

The Centers for Disease Control and Prevention (CDC) has issued a public health alert due to the increase of H1N1 influenza (swine flu) cases in the United States. Individuals have an important role in protecting themselves and their families.

- Stay informed. Health officials will provide additional information as it becomes available.
- Everyone should take these everyday steps to protect your health and lessen the spread of this new virus:
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
 - Avoid touching your eyes, nose or mouth. Germs spread this way.
 - Try to avoid close contact with sick people.
 - If you are sick with a flu-like illness, stay home for seven days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. This is to keep from infecting others and spreading the virus further.
 - Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.

For people with diabetes, being sick can raise blood glucose levels and illness can prevent them from eating properly, which further affects blood glucose.

Influenza is spread mainly person to person through coughing or sneezing of infected people. If you develop influenza:

- Be sure to continue taking your diabetes pills or insulin. Don't stop taking them even if you can't eat. Your health care provider may even advise you to take more insulin during sickness.
- Test your blood glucose every four hours, and keep track of the results.
- Drink extra (calorie-free) liquids, and try to eat as you normally would. If you can't, try to have soft foods and liquids containing the equivalent amount of carbohydrates that you usually consume.
- Weigh yourself every day. Losing weight without trying is a sign of high blood glucose.
- Check your temperature every morning and evening. A fever may be a sign of infection.

Call your health care provider or go to an emergency room if any of the following happen to you:

- You feel too sick to eat normally and are unable to keep down food for more than six hours.
- You're having severe diarrhea.
- You lose five pounds or more.
- Your temperature is over 101 degrees F.
- Your blood glucose is lower than 60 mg/dL or remains over 300 mg/dL.
- You have moderate or large amounts of ketones in your urine.
- You're having trouble breathing.
- You feel sleepy or can't think clearly.

For more information, visit the following Web site: <http://www.cdc.gov/h1n1flu/>

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VACCINE TIPS FOR PERSONS WITH DIABETES SEASONAL FLU, H1N1 (SWINE) FLU AND PNEUMONIA



Diabetes “Seasonal” Flu Vaccine***

- People with diabetes (6 months old or older) should receive a yearly “seasonal” flu vaccine beginning in September or October.
- Children with diabetes under the age of 9 who get the seasonal flu vaccine for the first time should get 2 doses at least 28 days apart.
- People with diabetes **SHOULD** receive the seasonal flu shot (inactivated) and **SHOULD NOT** receive flu mist or intranasal (live) flu vaccine.

Diabetes “H1N1 (Swine)” Flu Vaccine***

- People with diabetes (6 months old or older) should receive the H1N1 vaccine.
- Children with diabetes under the age of 9 who get the H1N1 vaccine should get 2 doses at least 21 days apart.
- People with diabetes **SHOULD** receive the H1N1 shot (inactivated) and **SHOULD NOT** receive the “live” H1N1 intranasal flu vaccine.
- People with diabetes may receive the “seasonal” flu and “H1N1” Inactivated vaccines at the same visit but using different parts of the body for injection.

Diabetes Pneumonia Vaccine***

- People with diabetes (age 2 or more) should receive a pneumonia shot (PPSV 23)
- A one-time revaccination for pneumonia may be recommended for people older than 65.

***** NOTE: If YOU have egg allergies or have had other allergic reactions- check with your physician before taking any flu or pneumonia vaccines.**

**For more information about diabetes and H1N1, visit:
<http://www.cdc.gov/diabetes/news/docs/flu.htm>**

F as in Fat: How Obesity Policies are Failing in America 2009

Adult obesity rates increased in 23 states and did not decrease in a single state in the past year, according to a report released recently by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). In addition, the percentage of children who are obese or overweight is 30 percent or higher in 30 states.

Mississippi had the highest rate of adult obesity at 32.5 percent, marking the fifth year in a row that the state topped the list. Four states now have adult obesity rates above 30 percent, including Mississippi, West Virginia (31.2 percent), Alabama (31.1 percent) and Tennessee (30.2 percent). Ohio's adult obesity rate is now 28.7 percent. Adult obesity rates now exceed 25 percent in 31 states. Colorado (18.9 percent) remains the only state where less than 20 percent of adults are obese. The F as in Fat report contains rankings of state obesity rates and a review of federal and state government policies aimed at preventing or reducing obesity. The report also offers recommenda-

tions for addressing obesity as part of health reform. Some key recommendations include:

- Ensuring every adult and child has access to coverage for preventive medical services including nutrition and obesity counseling and screening for obesity-related diseases such as type 2 diabetes.
- Increasing the number of programs available in communities, schools and child care settings that help make nutritious foods more affordable and accessible and provide safe places for people to engage in physical activity.
- Reducing Medicare expenditures by promoting proven programs that improve nutrition and increase physical activity among adults ages 55 to 64.

The report also calls for a National Strategy to Combat Obesity that would define roles and responsibilities for federal, state and local governments and promote collaboration

among businesses, communities, schools and families. It would seek to advance policies that:

- Provide healthy foods and beverages to students at schools.
- Increase the availability of affordable healthy foods in all communities.
- Increase the frequency, intensity and duration of physical activity at school.
- Improve access to safe and healthy places to live, work, learn and play.
- Limit screen time.
- Encourage employers to provide workplace wellness programs.

To access the full report visit the following Web site:

<http://www.rwjf.org/childhoodobesity/product.jsp?id=45050>

The Healthy Ohio obesity prevention plan can be viewed at: <http://healthyohioprogram.org/ASSETS/0B9A7DFFF7E64202AE5A704AEB9A9EC0/ohobe-spln.pdf>

What is ACHIEVE?

ACHIEVE
Healthy Communities

ACTION COMMUNITIES FOR HEALTH, INNOVATION & ENVIRONMENTAL CHANGE

ACHIEVE (Action Communities for Health, Innovation and EnVironmental change) is an initiative sponsored by the Centers for Disease Control and Prevention (CDC). Selected national organizations collaborate with CDC to enhance local communities' abilities to develop and implement policy, system and environmental change strategies that will help prevent or

manage health-risk factors for heart disease, stroke, diabetes, cancer, obesity and arthritis. Specific activities are directed toward reducing tobacco use and exposure; promoting physical activity and healthy eating; improving access to quality preventive health-care services; and eliminating health disparities. The five national organizations that have been selected to

collaborate with CDC's Healthy Communities Program in conducting ACHIEVE are:

- The National Association of Chronic Disease Directors (NACDD).
- The National Association of County and City Health Officials.
- The National Recreation and Park Association.

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What is ACHIEVE?

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- YMCA of the USA and (Y-USA).
- The Society for Public Health Education.

The five national organizations support community health action response teams (CHARTs) in the selected communities through their local affiliates. Communities receive technical support from national organizations as well as assistance from national experts to implement strategies that support and sustain healthy lifestyles where people live, work, learn and play.

In January 2008, 10 initial communities were jointly selected by the NACDD and the Y-USA to pilot the ACHIEVE model. Stark County, Ohio, was selected as one of the first communities in the nation to participate in this initiative. Under the lead-

ership of ACHIEVE coaches Sherry Smith and Erin McGuire (Stark County General Health District), a dedicated CHART has been developed that has implemented:

- A well-recognized community wellness brand-Live Well Stark County.
- Walking paths for 60 local businesses.
- Signage for workforce wellness reminders.
- A wellness scorecard for the local workforce.
- Worksite wellness policies.
- Additional physical activity opportunities via a supplemental obesity grant from the Ohio Department of Health.

In March 2009, 43 additional communities were selected to join ACHIEVE. In Ohio, communities in Butler and Lake counties were chosen to participate. It is anticipated that an additional 250 ACHIEVE communities will be funded within the next three to five years.

ACHIEVE Site Visit for 2009

The first site visit of the 2009 ACHIEVE-funded communities took place in June in Lake County. NACDD ACHIEVE project consultants Ali Jaglowski, David Yum and Randy Kirkendall traveled to Lake County, Ohio, to visit with Tori Luyster and Maureen O'Hearn (ACHIEVE coaches), the CHART members including the ODH state health department expert adviser Nancy Schaefer. The Lake County team is a diverse group of community leaders representing the YMCA, family services, the aging population, mental health organizations, education, parks and recreation, OSU Extension, the county commissioners and city planners/engineers, among others. Over the course of a day-and-a-half visit, the NACDD team toured a local community college and met with the Lake County Parks & Recreation staff. A windshield tour of the county was also conducted that focused on the residents' accessibility to physical activity opportunities and nutritious food. The NACDD project consultants and the Lake County CHART team discussed the initial steps necessary for assessing the community using the tool developed for the ACHIEVE initiative.

The ACHIEVE Action Institute was held in Denver July 20-24, 2009. ACHIEVE leaders and national policy experts (including Mark Fenton and Larry Cohen) presented information detailing the opportunities for local community interventions via policy and systems changes.



Lake County CHART members who attended the ACHIEVE Action Institute:

Front row (Left to right): Maureen O'Hearn, (Lake County General Health District), Steve Madewell (Lake MetroParks), Tory Luyster (Lake County General Health District), Lisa Siciliano-Miller (OSU Extension) and Traci Salkiewicz (Lake County engineers).

Back Row (Left to right): Dick Bennett (Lake County YMCA), Wayne Lindstrom (Crossroads-a community based mental health/alcohol/drug addiction organization serving children, adolescents and their families in Lake County, Dan Troy (Lake County commissioner), Dick Kotapish (Lake County GIS), Nancy Schaefer (ODH) and Sharon Minjares (Lake Hospital System).

Diabetesatwork.org

Launched in April 2002, <http://www.Diabetesatwork.org> is the first online resource specifically designed to address the management of diabetes in the workplace. Diabetesatwork.org can help businesses and managed care companies assess the impact of diabetes in the workplace and provide intuitive information to help employees manage their diabetes and take steps toward reducing risks for related complications such as heart disease.

- It was developed for top-level managers, occupational health providers, benefits and human resource managers and employees.
- It is a free and easy-to-use Web site that enables companies to assess their need for diabetes education at the worksite. Users can download more than 30 resources that can be used to inform employees about how to best manage their diabetes while at work and how to reduce their risk for further complications.
- More than 30 lesson plans and fact sheets can be downloaded and e-mailed to employees. Topics include

general weight loss and exercise; managing diabetes if you are a shift worker; supervising an employee with diabetes; business travel and diabetes; and taking an occupational health history for an employee with diabetes who is choosing a health plan.

- The Web site was developed in collaboration with the National Diabetes Education Program's Business and Managed Care Work Group and is hosted by the Washington Business Group on Health. Other collaborators include the American Association of Health Plans, National Business Coalition on Health and the Washington Business Group on Health.

Diabetesatwork.org fills a great educational need in the business community:

- Web site content was developed by diabetes educators, occupational health care providers, wellness managers and health plan benefits managers who saw a great need to make diabetes educational informa-

tion easily accessible and user-friendly to employers and managers at both large and small companies.

- The information on Diabetesatwork.org can be used to create low-cost education programs, fact sheets, Web sites and news health bulletins for employers that can be printed in company newsletters. The information can also be incorporated into current health management programs, health fairs and brown bag lunches.
- The information can help senior managers make the business case to top company executives about the need to address diabetes in the workplace.

Corporate America can help employees manage their diabetes or reduce their risks of developing it:

- With employees spending more than one-third of their days on the job, corporate America is in a unique position to address this health issue.
- It is in the employer's best interest to try to work with employees who have diabetes or are at risk for the disease to improve productivity and lower health costs as well as help employees stay in good mental and physical health.
- Current data from the American Diabetes Association show that people with diabetes who control their disease by keeping their blood sugar down cost employers only \$24 a month, compared with the \$115 a month for people with diabetes who do not control their blood sugar.

diabetesatwork.org
Taking on diabetes. Together, we are making a difference.

Home Getting Started Next Steps Program Evaluation Success Stories

DiabetesAtWork.org can help you reduce healthcare costs and improve productivity by keeping your employees healthy.

Who should use this site?

- Occupational Health Providers
- Diabetes Educators
- Health Programs
- People at Risk for Diabetes
- Decision Makers
- Health Plans

New Survey Results Show Huge Burden of Diabetes

In the United States, nearly 13 percent of adults age 20 and older have diabetes, but 40 percent of them have not been diagnosed, according to epidemiologists from the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), whose study includes newly available data from an Oral Glucose Tolerance Test (OGTT). Diabetes is especially common in the elderly: nearly one-third of those age 65 and older have the disease. An additional 30 percent of adults have pre-diabetes, a condition marked by elevated blood sugar that is not yet in the diabetic range. The researchers report these findings in the February 2009 issue of *Diabetes Care*, which posted a pre-print version of the article online at <http://diabetes.org/diabetescare>.

The study compared the results of two national surveys that included a fasting blood glucose (FBG) test and a two-hour glucose reading from an OGTT. The OGTT gives more information about blood glucose abnormalities than the FBG test, which measures blood glucose after an overnight fast. The FBG test is easier and less costly than the OGTT, but the two-hour test is more sensitive in identifying diabetes and pre-diabetes, especially in older people. Two-hour glucose readings that are high but not yet diabetic indicate a greater risk of cardiovascular disease and of developing diabetes than a high, but not yet diabetic, fasting glucose level.

"We're facing a diabetes epidemic that shows no signs of abating, judging from the number of individuals with pre-diabetes," said lead author Catherine Cowie, Ph.D., of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), a part of the

NIH. "For years, diabetes prevalence estimates have been based mainly on data that included a fasting glucose test but not an OGTT. The 2005-2006 National Health and Nutrition Examination Survey, or NHANES, is the first national survey in 15 years to include the OGTT. The addition of the OGTT gives us greater confidence that we are seeing the true burden of diabetes and pre-diabetes in a representative sample of the U.S. population."



Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. It is the most common cause of blindness, kidney failure and amputations in adults, and a leading cause of heart disease and stroke. Type 2 diabetes accounts for up to 95 percent of all diabetes cases and virtually all cases of undiagnosed diabetes. Pre-diabetes, which causes no symptoms, substantially raises the risk of a heart attack or stroke and of developing type 2 diabetes.

In its analysis, the team also found that:

1. The rate of diagnosed diabetes increased between the surveys, but the prevalence of undiagnosed diabetes and pre-diabetes remained relatively stable.
2. Minority groups continue to bear a disproportionate burden. The prevalence of diabetes, both diagnosed and undiagnosed, in non-Hispanic blacks and Mexican-Americans is about 70 to 80 percent higher than that of non-Hispanic whites.
3. Diabetes prevalence was virtually the same in men and women, as was the proportion of undiagnosed cases.
4. Pre-diabetes is more common in men than in women (36 percent, compared to 23 percent).
5. Diabetes is rare in youth ages 12 to 19 years, but about 16 percent have pre-diabetes.

"These findings have grave implications for our health care system, which is already struggling to provide care for millions of diabetes patients, many of whom belong to vulnerable groups, such as the elderly or minorities," said Griffin P. Rodgers, M.D., director of the NIDDK. "Of paramount importance is the need to curb the obesity epidemic, which is the main factor driving the rise in type 2 diabetes."

The study is based on 2005-2006 data from the NHANES conducted by the CDC's National Center for Health Statistics. The survey involved 7,267 people, who represented a national sample of those 12 years and older. Participants were interviewed in their homes and received a physical exam. A subsample had a blood sugar reading taken after an overnight fast as well as

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New Survey Results Show Huge Burden of Diabetes

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the OGTT, sometimes called a two-hour glucose challenge.

The OGTT measures blood glucose two hours after a person drinks a premeasured sugary beverage. The findings were then compared to those of the last NHANES survey that included the OGTT, which was conducted from 1988 to 1994.

"These findings of yet another increase in diabetes prevalence are a reminder that a full-scale public health response is in order. Re-directing the trends in diabetes will require changing the nutritional and physical activity habits of people at risk, and also creative and substantial efforts by health systems and communities," said Ed Gregg, Ph.D., epidemiology and statistics branch chief in CDC's Division of Diabetes Translation.

"It's important to know if you have diabetes or pre-diabetes, because there's so much you can do to preserve your health," said Joanne Gallivan, M.S.,

R.D., director of the National Diabetes Education Program (NDEP) for the NIH. "You should talk to your health care professional about your risk. If your blood glucose is high but not high enough to be diagnosed as diabetes, losing a modest amount of weight and increasing physical activity will greatly lower your risk of getting type 2 diabetes. If you already have diabetes, controlling your blood glucose, blood pressure and cholesterol will prevent or delay the complications of diabetes."

People over age 45 should be tested for pre-diabetes or diabetes. Those younger than 45 who are overweight and have another risk factor should ask their health care provider about testing. People are at greater risk of developing pre-diabetes and type 2 diabetes if they:

- Are age 45 or older.
- Have a family history of diabetes.
- Are overweight.
- Are inactive (exercise less than three

times a week).

- Are members of a high-risk ethnic population (e.g., African-American, Hispanic/Latino- American, American Indian and Alaska Native, Asian-American, Pacific Islander).
- Have high blood pressure: 140/90 mm/Hg or higher.
- Have an HDL cholesterol less than 35 mg/dL or a triglyceride level 250 mg/dL or higher.
- Have had diabetes that developed during pregnancy (gestational diabetes) or have given birth to a baby weighing more than 9 pounds.
- Have polycystic ovary syndrome, a metabolic disorder that affects the female reproductive system.
- Have acanthosis nigricans (dark, thickened skin around neck or armpits).
- Have a history of disease of the blood vessels to the heart, brain or legs.
- Have had higher-than-normal blood glucose levels on previous testing.



The NDEP, jointly sponsored by the NIH, CDC and 200 partner organizations, provides diabetes education to improve the treatment and outcomes for people with diabetes, promote early diagnosis and prevent or delay the onset of diabetes. In its Small Steps. Big Rewards. Prevent Type 2 Diabetes campaign, the NDEP (<http://www.ndep.nih.gov/>) informs people at risk for type 2 diabetes that they have the power to turn the tide against this disease. The Control Your Diabetes for Life campaign encourages people with diabetes to control their blood glucose as well as their blood pressure and cholesterol to prevent or delay complications that affect the heart, eyes, nervous system, kidneys and blood vessels.

Through the Eyes of the Eagle: Illustrating Healthy Living for Children

The Through the Eyes of the Eagle: Illustrating Healthy Living for Children exhibition will be on display at the Cleveland Museum of Natural History from 10/1/2009 through 1/31/2010.

Through the Eyes of the Eagle: Illustrating Healthy Living for Children is a traveling exhibition of the original artwork from the Eagle Books. Curated by the Centers for Disease Control and Prevention’s Global Healthy Odyssey Museum, the exhibition has been on display at the Smithsonian’s National Museum of the American Indian, the Indian Pueblo Cultural Center, and at the Centers for Disease Control and Prevention’s Global Health Odyssey Museum.

The exhibition features 65 framed watercolors and gouache illustrations on paper from the books:

- Through the Eyes of the Eagle
- Knees Lifted High
- Plate Full of Color
- Tricky Treats

The books promote primary prevention of type 2 diabetes and encourage a return to traditional ways of Native Americans that include healthy eating and physical activity.

The stories were written by Georgia Perez and illus-

trated by Patrick Rolo (Bad River Band of Ojibwe, Wisconsin) and Lisa A. Fifield (Oneida Tribe, Wisconsin, Black Bear Clan).

Learn more about the Eagle Books and supporting materials such as the animated DVD and coloring books by visiting: www.cdc.gov/diabetes/eaglebooks.

Sugar Byte

Nearly half of all people with diabetes have some form of diabetic retinopathy, and diabetes is the leading cause of blindness in adults 20-74 years of age.



Be aware of the following WARNING SIGNS:	
D	Drowsy, lack of energy
I	Itching
A	A family history of diabetes
B	Blurred vision
E	Extreme thirst or frequent urination
T	Tingling, numbness
E	Extreme weight loss or gain
S	Slow healing of cuts or wounds

The Gluten-free Diet

Everywhere you look, you can see signs of the growing gluten-free (GF) market. Industry reports detail this growth:

- Sales in GF foods have grown an average of 28 percent each year since 2004 and 20 percent just in the past year.
- In 2007, it was estimated that 8 percent of U. S. shoppers were seeking GF food products; that number has increased to 15 percent to 25 percent of consumers.
- The variety of GF products on the market has increased from roughly 215 in 2004 to 700 in 2007.
- The past year's GF sales were valued at \$1.75 billion.

The GF trend has taken hold not just with the growing population of people with celiac disease, but also with college students, parents of autistic or ADD/ADHD children and many others who have simply heard via the media that the GF diet is healthy. There have been claims that a GF diet can relieve chronic intestinal symptoms and boost energy. Claims have also been made that a GF diet may treat migraines, multiple sclerosis, chronic fatigue syndrome and infertility.

In fact, symptomatic celiac disease is relatively uncommon, affecting an estimated one in every 3,345 people globally. Asymptomatic celiac disease; however, is estimated to affect one in every 120 to 300 people, including one in every 133 Americans. In terms of specific populations, celiac disease is believed to occur in approximately 1 percent of all Western people; 1 to 3 percent of those with osteoporosis; 3 to 6 percent of those with type 1 diabetes; 5 to 17 percent of first-degree relatives of people diagnosed with celiac

disease; and 10 to 15 percent of those with symptomatic iron deficiency anemia. It is estimated that 95 percent of people with celiac disease are undiagnosed, or have been misdiagnosed. In the next five years, 500,000 new cases of celiac disease are expected to be diagnosed.

Celiac disease should not be confused with non-celiac gluten-sensitivity, which is a normal immune response to the presence of gluten fragments in the bloodstream. This can occur as



a result of any other condition leading to what is referred to as a "leaky gut," or simply as the result of a chronic high gluten diet. A number of autoimmune and atopic diseases have been associated with a leaky gut.

While many non-celiac GF dieters do find relief in varying degrees, some experts have suggested this is due simply to the decrease of highly processed and fast foods in their diets, rather than due to the elimination of gluten itself. There is something to be said for this. For one thing, many people who follow a GF diet have diets that are significantly higher in fresh fruits and vegetables

than the average American. In addition, the small number of GF products in the marketplace has severely restricted the purchase of processed foods for those avoiding gluten, although this is changing.

On the flip side, a GF diet can be high in saturated fats and cholesterol from meat and dairy sources. In addition, multiple vitamin and mineral deficiencies can occur if a wide variety of foods are not consumed on a GF diet. For some, the expense of purchasing GF foods may be a limiting factor as well. Dining out GF can be a real challenge and may often expose the consumer to hidden sources of gluten.

Following a true GF lifestyle can be extremely challenging. In addition to foods, other products that may contain gluten can include medications (both prescribed and over the counter), vitamin and mineral preparations, toothpastes, cosmetics and shampoos. One option is for GF dieters to have medications made to their tailored needs by a compounding pharmacy. Many GF products are now available online.

There are some changes to food labeling requirements that will aid GF dieters in being compliant. First, the 2006 Food Allergen Labeling and Consumer Protection Act requires food labels clearly identify ingredients that are sources of common food allergies. Also mandated under this same law, the United States Food and Drug Administration is developing rules for the use of the term "gluten-free" on packaging. This may include specifying the (small) amount of gluten that can be tolerated by the average celiac patient, although studies have varied in their determinations of what this level should be.

True celiac disease requires a lifelong adherence to a strict GF diet. For

The Gluten-free Diet

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those diagnosed with celiac, adoption of the GF diet often significantly improves quality of life within a short period of time. Undiagnosed celiac disease can lead to serious problems such as the loss of bone mineral density, small bowel cancer, depression and debilitating gastrointestinal symptoms. In children, short stature and physical growth retardation often occurs. One problem associated with people adopting a GF diet in the absence of a diagnosis of celiac disease is that it may cause false negatives in both blood tests and intestinal biopsies for celiac disease, with subsequent misdiagnosis.

While the benefits of following a GF diet remain somewhat controversial in the cases of autism, attention deficit disorders and general health, its benefits for people with celiac disease are clear. In genetically susceptible individuals, the exclusion of gluten from a damaged gut allows for healing to the villi in the small intestine, restoration of absorptive processes and cessation of the inflammatory process. In addition, diseases that frequently occur concurrently with celiac disease, such as osteoporosis and a variety of autoimmune and neurologic diseases, can be prevented or ameliorated.

When properly managed, a GF diet can be curative while also supplying adequate nutrients. Consulting with a registered dietitian who specializes in celiac disease and the GF diet can significantly improve patient understanding of the diet and compliance. The increased awareness of celiac disease and the benefits of a GF diet that has taken place during this recent GF fad will ultimately benefit the general population as recognition of celiac's symptoms and earlier diagnoses will likely result.

Diabetes Association of Greater Cleveland: Training Trainers to Reach the Masses

Each week, hundreds of faithful Clevelanders gather to pray, socialize and draw strength from one another. Soon they will be managing their health together as well, thanks to a pilot program developed by the Diabetes Association of Greater Cleveland (DAGC) and funded by a grant from the Ohio Department of Health's Diabetes Prevention and Control Program.

The program, spearheaded by DAGC's health educator, MaryAnn Nicolay, D.T.R., will focus on 10 churches or social service institutions in the Greater Cleveland area. The organizations will include the Latin-American, African-American and Native-American communities. Each of the 10 organizations has identified two or three representatives with health backgrounds within its community to be trained in best practices in blood glucose screenings. The Word Church, with thousands of members on its roster, will be sending 17 nurses from its health ministry to the DAGC training. Two training sessions include blood glucose monitoring procedures as well as basic instruction on diabetes management. The first session was held in April 2009.

"Our program goal is to learn more about these communities

and identify any unrecognized diabetes problems among their members," Nicolay said. "At that point, we will be better able to determine, with the help of the church members, the type of diabetes interventions that will work best in that institution."

The program calls for the trainers to offer screenings three to four times a year to at least 25 of their members. The DAGC will provide all the necessary testing supplies such as meters, testing strips and lancet devices as well as free diabetes education literature for distribution. After each screening session, the trainers will meet with Nicolay to review the screening results and determine a course of action for any members identified as at risk for diabetes.

"This program is the first of its kind in our area," Nicolay said. We're looking forward to establishing relationships within these institutions and becoming a valuable health resource to their members."

*Submitted by
Stacey Hader Epstein*

*Public Relations & Media
Specialist*

*Diabetes Association of Greater
Cleveland*

Five Facts about Diabetes

With so much health information readily available, it is often difficult for the more than 24 million Americans living with diabetes to separate fact from fiction. To help people with diabetes better understand how to manage the disease, the National Diabetes Education Program (NDEP) provides five facts about diabetes.

Fact No. 1: Diabetes is a serious disease. It can lead to serious complications such as heart attack, stroke, blindness, kidney failure and lower limb amputations. People with diabetes can take steps to manage diabetes and lower their risk for complications by making healthy food choices, being physically active and staying at a healthy weight. Good diabetes care includes managing the ABCs of diabetes – as measured by the A1C test, blood pressure and cholesterol – to help avoid having a heart attack, stroke or other problems.

Fact No. 2: The only way to know for sure what your levels are is to check your blood glucose. The absence of symptoms of high blood glucose is an unreliable guide for judging glucose control, because symptoms do not occur until blood glucose reaches high levels. Diabetes is often called a “silent disease” because it can cause serious complications even before symptoms are noticed. Blood glucose targets should be set with the patient and the diabetes care team. It is important for the health care team to educate people with diabetes how to self-monitor blood glucose levels. It is also important to keep a record of results to share with the team. Establishing an A1C goal and keeping a record of the test results, which reflect the average blood glucose levels over the past three months. It is the best way

to know how well blood glucose is controlled overall.

Fact No. 3: Small amounts of foods that contain sugar can be part of a healthy meal plan. If people with diabetes choose to eat sweet foods, a small amount at the end of a healthy meal is acceptable on occasion. Of course, a piece of fruit rather than a sugary snack is always a more nutritious choice.

Fact No. 4: A healthy meal plan for people with diabetes is a healthy meal plan for everyone. Eat foods that are high in fiber and low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars. Healthy foods include a colorful mix of fruits and vegetables, fish, lean meats, chicken or turkey without the skin, dry peas or beans, whole grains and low-fat or skim milk and cheese. The health care team can provide an individualized healthy meal plan.

Fact No. 5: Physical activity is safe and essential for people with diabetes. The health care team will provide guidance about how to safely increase daily physical activity. Being physically active can help people with diabetes improve their blood glucose, cholesterol, blood pressure and weight. It also helps improve strength, flexibility and balance. Evidence shows that setting small goals until reaching at least 30 to 60 minutes of physical activity on most days of the week will help to control diabetes and prevent/delay its complications. Brisk walking is a good way to move more.

For more information about diabetes, download or order the free Tips to Help You Stay Healthy tip sheet developed by the NDEP at <http://www.YourDiabetesInfo.org> or call 1-888-693-NDEP (6337); TTY: 1-866-569-1162.

Why workplace policies matter!

In 2000, the total costs (direct and indirect) attributable to obesity were estimated to be \$117 billion, and between 1987 and 2001, diseases associated with obesity (including type 2 diabetes) accounted for 27 percent of the increases in medical costs. Medical expenses for obese employees are estimated to be between 29 percent and 117 percent greater than medical expenses for employees with a healthy weight. (Finkelstein E, Fiebelkorn C, Wang G. The costs of obesity among full-time employees. *Am J Health Promot.* 2005;20(1):45-51)

In response, the Centers for Disease Control and Prevention (CDC) has launched **CDC LEANWorks!**, Leading

Employees to Activity and Nutrition. This is a free, Web-based resource that offers interactive tools and evidence-based resources to design effective work-site obesity prevention and control programs, including an obesity cost calculator to estimate how much obesity is costing a company and how much savings that company could reap with different workplace interventions. This resource can be found at <http://www.cdc.gov/leanworks>. For more information about CDC's overall efforts to combat obesity, please visit CDC's Division of Nutrition, Physical Activity and Obesity at <http://www.cdc.gov/nccdphp/dnpa>



Effects of Aspirin on High-Density Lipoprotein Cholesterol and Heart Disease in Women

Researchers at The Ohio State University Medical Center are seeking postmenopausal women to participate in a study that will examine the role of aspirin in the prevention of heart disease.

Seeking the following:

- Healthy, postmenopausal women
- Between the ages of 50 and 65
- NO diabetes, heart, kidney or liver problems
- NO smoking
- NO estrogen or cholesterol medications
- NO allergies to aspirin

Participants will receive the following for participation in the study

- ✓ **Free** study medication
- ✓ **Free** testing for Diabetes and
- ✓ **Free** 2D echo for Heart disease.

There will be a total of 11 visits during the one-year study.

If interested please call:

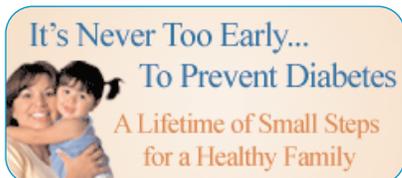
**Trudy Gaillard, PhD, Study Coordinator at
(614) 688-4184**

Diabetes Clinical Research Trials at The Ohio State University

Research Center at The Ohio State University Medical Center is seeking volunteers with type 2 diabetes to participate in clinical research programs. Qualifying participants will receive free medical care relating to type 2 diabetes, diabetes education, a glucose meter with supplies and parking-fee reimbursement. Financial compensation will be provided upon completion of the program. If you are interested, please contact Jan Varga-Spangler, recruiter for clinical studies with the Diabetes and Endocrinology Research Center at: (614) 688-3785 or 1-800-678-6156.

Women Over 50

Cardiovascular disease or heart disease is more common in women over the age of 50, when compared to men of the same age group. The Ohio State University Division of Endocrinology, Diabetes and Metabolism and the Diabetes Research Center are looking for healthy postmenopausal women between the ages of 50 and 65 years to examine the effects of aspirin therapy in the prevention of heart disease in women. Participants will receive a complete physical exam, blood work, a 2D echo cardiogram and studies of the carotid artery to evaluate heart function. Subjects will be given either aspirin therapy or a placebo. The study will last one year. If interested please contact study coordinator at 614-688-4184 or via e-mail at: Gaillard.3@osu.edu.



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 the Winter Newsletter is: Feb. 1, 2010.**

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

Please remove my name Please update my address

Name
Agency
Old Address
New Address

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

