



# ODPCP

OHIO DIABETES PREVENTION & CONTROL PROGRAM  
BUREAU OF HEALTH PROMOTION & RISK REDUCTION

## Dining With Diabetes Success

The Ohio State University (OSU) Extension in partnership with the Ohio Diabetes Prevention and Control Program (ODPCP) offered free Dining With Diabetes classes in 12 counties during March 2006. The counties included: Adams, Brown, Sandusky, Washington, Trumbull, Richland, Cuyahoga, Lucas, Pike, Ross, Jackson and Hamilton. The classes were held at or near local federally qualified health centers in order to provide outreach efforts to uninsured and under-insured persons.



Family and consumer science specialists, registered dietitians and certified diabetes educators offer the Dining With Diabetes program to help people with diabetes better manage their disease. A series of three, two-hour classes are presented. The goals of the program are to:

- \* Increase the knowledge of healthy food choices.
- \* Present healthy versions of familiar foods.

- \* Encourage behavior changes.
- \* Provide an opportunity for partnership between extension professionals and diabetes health professionals.
- \* Encourage participants to learn from one another.

Each class includes information on diabetes management, basic nutrition and a sampling of recipes designed specifically for the program.

Appreciation is extended to the following people who made this endeavor such a success:

- \* Cindy Oliveri-OSU Extension
- \* Sheila Maggard and Delores McFarland-Adams County
- \* Kathy Jelly and Jara Bauer-Brown County
- \* Monadine Matthey, Matthew Black and Lisa Walker-Jackson and Pike counties
- \* Lisa Barlage and Amanda Bruce-Ross County
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- \* Cindy Long, Sally Oswald, Mary Christy, Robert Bowers and Bruce Martin- Richland County
- \* Sharon Mader, Becky Davis and Liz Smith-Sandusky County
- \* Susan Zies, Di Ortegga, Joanne Treuhaft and Judy Pohl-Lucas County

- \* Marissa Warrix and MaryAnn Nicolay-Cuyahoga County

*Dining With Diabetes photos on page 4*

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## Continuing Education Credit Now Available for *BetterDiabetesCare* Web Site

Now available at <http://www.BetterDiabetesCare.nih.gov/> is a Web-based continuing education program through the National Diabetes Education Program that allows health care providers to ask their own questions about the real challenges that affect their practice such as:

- \* How to make patient-centered team care a reality for their patients.
- \* How to manage patient records, payments and other information in a way that is right for them.
- \* How to evaluate their outcomes and make informed decisions about improving their practice.

They choose the question, and they choose the tools and resources they need to find the answers. By documenting the process, practitioners can receive up to 10 hours of continuing education credits from the Indiana University School of Medicine.



*BetterDiabetesCare* is focused on how to improve the way diabetes care is delivered, rather than on the clinical care itself. The content of the Web site is based on current, peer-reviewed literature and evidence-based practice recommendations. It provides models, links, resources and tools to help health care providers assess their needs, develop and plan strategies, implement actions and evaluate results.

For a fee of \$10, users of the site will receive a certificate documenting up to 10 CE/CME credits per year.

Visit <http://www.BetterDiabetesCare.nih.gov/> and share the site with colleagues. Consider forwarding this announcement to local community health organizations, professional associations and every health care provider you know. Encourage them to familiarize themselves with the site, to click on the CE link to learn more and to begin earning credits.

## Healthy Ohioans--Small Steps, Big Strides

**H**ealthy Ohioans--Small Steps, Big Strides is a multi-year, statewide health and wellness initiative of Governor Bob Taft and the Ohio Department of Health to increase awareness of the importance of healthy lifestyles and to exchange unhealthy habits for healthy ones--one small step at a time. The ultimate goal of Healthy Ohioans is to improve Ohio's chronic disease rates related to lifestyles.

In fact, the five leading causes of death in Ohio--heart disease, cancer, stroke, chronic obstructive pul-

monary disease and diabetes--are directly linked to unhealthy lifestyles. Healthy Ohioans is working to lower Ohio's chronic disease rates by encouraging Ohioans to improve nutrition, increase physical activity, prevent tobacco use and increase tobacco-use cessation. The simple fact is that a healthy lifestyle is one of the most important health prevention tools available.

The Healthy Ohioans initiative is focused on four fronts: with schools through the Governor's Buckeye Best Healthy Schools Awards program;

with businesses through the Governor's Healthy Ohioans Business Council; with state employees through the State Agency Wellness Committee and the State Employee Health and Fitness Taskforce; and in communities through the community award program, cardiovascular health grants and other community efforts.

To learn more visit <http://www.healthyohioans.org>



# Intensive Glycemic Control Yields Big Cardiovascular Benefits

by the National Diabetes Education Program

Intensive glucose control in people with diabetes reduces the risk of heart attacks and strokes by more than half. Intensive therapy should start early and yields benefits for years.

That's the take-home message from the National Institute of Health-sponsored Epidemiology of Diabetes Interventions and Complications (EDIC) study. This is a long-term follow-up of patients in the landmark Diabetes Control and Complications Trial (DCCT).

From 1983 to 1989, the DCCT randomly assigned 1,441 people with type 1 diabetes to either an intensive or conventional treatment group. Those in the intensive group received at least three insulin injections a day and were required to self-monitor their own glucose levels regularly. Those in the conventional group received one or two insulin injections a day with daily urine or blood glucose testing. By the end of trial, hemoglobin A1C readings averaged 7.4 percent in the intensive group and 9.1 percent in the conventional group. The DCCT ended in 1993 after conclusively demonstrating that intensive treatment yielded lower rates of diabetic retinopathy, neuropathy and nephropathy.

In 1994, the vast majority of DCCT participants were enrolled in EDIC. This follow-up study simply tracked participants' health; no interventions were carried out. Insulin treatment regimens obtained from participants' own physicians were not significantly different between groups. During the 11 years of the EDIC follow-up, A1C

values between the two groups converged: 8.0+1.2 in the intensive group and 8.2+1.2 in the conventional group ( $p=0.03$ ).

And yet the differences in complications between the two original groups continued to diverge. More than a decade after they left the DCCT and returned to the care of their own doctor, participants are benefiting from what appears to be a metabolic memory of their approximately 6.5 years of intense glucose control. They continue to be protected against cardiovascular disease, as well as retinopathy, nephropathy and neuropathy. EDIC findings reported in the Dec. 22, 2005, issue of the *New England Journal of Medicine* included:

- \* During a mean follow-up of 17 years, there were 46 cardiovascular events among 31 patients assigned to the DCCT's intensive group versus 98 events among 52 patients in the conventional group.
- \* Patients in the intensive group show a 42 percent reduction in the risk of any cardiovascular disease ( $p=0.02$ ) and a 57 percent reduction in the risk of nonfatal myocardial infarction, stroke or death from cardiovascular disease ( $p=0.02$ ).

This is dramatic confirmation of the role of glucose control, independent of blood pressure and cholesterol, in reducing the rate of cardiovascular disease in people with type 1 diabetes.

What about people with type 2 diabetes? There is strong and growing evidence that people with type 2 diabetes also benefit from intensive

glucose control. The United Kingdom Prospective Diabetes Study (UKPDS)

demonstrated that glucose control yields similar microvascular benefits among people with type 2 diabetes, and researchers expect that a definitive answer on macrovascular complications will come from the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial, a major study testing ways to lower the risk of cardiovascular disease in adults with type 2 diabetes. Results of this study, sponsored by the National Heart, Lung, and Blood Institute and co-funded by the National Institute of Diabetes and Digestive and Kidney Diseases, are due in 2009.

Achieving and maintaining glucose control is not easy. The latest data from the Centers for Disease Control and Prevention (CDC) suggest that fewer than 45 percent of Americans with diabetes are achieving the level of glucose control recommended by the American Diabetes Association. EDIC findings should motivate both patients and their health care providers to strive for improved control.

The National Diabetes Education Program (NDEP)'s *Control Your Diabetes. For Life* campaign materials teach people with diabetes how to *know their ABCs...what their A1C, Blood pressure and Cholesterol numbers are, what they should be and how to work with their health care team to reach those goals.* NDEP, a joint program of the NIH and the

*Continued on page 6*





**Dining With Diabetes**



## New Ohio-specific Vision Data is a Eye Opener

The Behavioral Risk Factor Surveillance System (BRFSS) is one of the nation's largest health surveys. It includes interviews from 247,000 households and is the primary means whereby states collect their data on health status and health behaviors.

In 2005, for the first time, the BRFSS offered additional survey questions about vision to interviewees aged 50 and older. Because of the momentum generated by the Aging Eye Public Private Partnership, Ohio was one of five states electing to collect this additional data from the 6,000 households that it surveys through the Ohio Department of Health.

The following early results from the Ohio survey are eye openers and can provide vision stakeholders and policy-makers with new Ohio-specific information from which to set our future Ohio Vision Agenda:

**\* The top two reasons for not visiting an eye doctor included "no reason to go" and cost/lack of insurance.**

This may point to a need for public awareness regarding preventive eye care. Regular eye exams are important even if there is "no reason to go," as many eye problems that can lead to vision loss have no symptoms and occur slowly. Often, vision lost cannot be restored and the later a vision problem is caught, the less successful its treatment might be.

Approximately 13 percent of seniors (age 65 and older) and 25 percent of Ohioans aged 50-64 reported that cost or lack of insurance prevented them from getting an eye exam. While 60 percent of Ohioans aged 50-64 and 47 percent of Ohioans aged 65+ report having some type of health insurance coverage for eye care, there is still a gap in access to

needed eye care, especially for working-aged Ohioans at a time when preventive care can be most effective longterm.



**\* Despite the fact that Medicare covers medical eye care expenses for age-related macular degeneration, diabetic retinopathy, glaucoma and cataract, only 47 percent of Ohioans aged 65+ reported having some type of health insurance coverage for eye care and 13 percent of reported that cost or lack of insurance prevented them from getting an eye exam.**

Since January 2002, Medicare has covered 80 percent of the fee for a comprehensive eye exam for seniors with risk factors - a family history of glaucoma, African Americans and those with diabetes. We might draw the conclusion that less than half of Medicare beneficiaries are aware that they have this Medicare benefit or are unsure when it is appropriate to access his benefit.

**\* 11.4 percent of seniors, aged 65+ report that their last visit to an eye doctor was more than two years ago - this is nearly one out of every nine Ohio seniors (172,000) who are not getting periodic, professional eye care.**

This may be an indication that seniors are not aware that the risk for vision loss dramatically increases with age and that most eye diseases that steal vision occur slowly, without any noticeable symptoms that allow for self-diagnosis. Preventive care is the best defense. It may also be an indication of consumer decisions regarding preventive health care in general. Most people do not seek care unless

they notice that something is wrong, whether or not they are aware of the importance of preventive care. This may also be an indication that seniors are not aware that Medicare covers 80 percent of the fee for a comprehensive eye exam for seniors with risk factors - a family history of glaucoma, African Americans and those with diabetes.

**\* Nearly 11 percent of Ohio seniors, aged 65+ reported being told by an eye doctor or other health professional that they have glaucoma.**

If 11 percent of Ohio's seniors report having glaucoma, 166,470 seniors are affected. **This is nearly double current national estimates.** It is also known that only half of those with the "sneak-thief of sight" are aware they have the disease. If this is true, then we can assume that there may be another 166,470 Ohio seniors who have glaucoma and don't know it... for an estimated total of **333,000 Ohio seniors with glaucoma.**

**\* 8.6 percent or 130,149 Ohio seniors aged 65+ and 2.1 percent of Ohioans aged 50-64 (17,608) report being told by an eye doctor or other health professional that they have age-related macular degeneration (AMD).**

This is a total of 147,757 Ohioans with AMD. **This is more than double current national estimates** of Americans in this age group with AMD.

**\* 54 percent of seniors, aged 65+, reported being told by an eye doctor or other health professional that they now have cataracts.**

Applying this percentage to Ohio's current population aged 65+, there are 817,219 Ohio seniors who now have or have had a cataract. This is consistent with national data.

*See Eye Opener on page 8*

# CDC Goes “Mile-High” to Combat Diabetes and Obesity



More than 1,000 participants from a wide range of local, state, federal and territorial governmental agencies and private-sector partners gathered in Denver on May 16-19 for the **2006 Centers for Disease Control and Prevention Diabetes and Obesity Conference**. At the conference, Going a Mile High against Diabetes and Obesity: A Look to the Future, attendees examined the alarming rates of diabetes and obesity in the United States and discussed ways to combat these conditions through improving the environment, changing policies, building better health care systems and helping individuals make lifestyle changes.

The National Diabetes Education Program (NDEP) kicked off the festivities with the Frankie Awards on May

16. This annual ceremony is an informal and fun event in which tribute is paid to state and territorial Diabetes Prevention and Control Programs and national outreach organizations that have used NDEP materials in innovative ways over the past year. This year saw more winners than ever before. The Ohio Diabetes Prevention and Control Program won a Frankie for their innovative use of NDEP materials.

NDEP Children and Adolescents with Diabetes Work Group Vice-Chair Dr. Francine Kaufman, professor of pediatrics at the Keck School of Medicine at the University of Southern California and Head of the Center for Diabetes, Endocrinology, and Metabolism at Children's Hospital Los Angeles, delivered the May 17 opening keynote address on The

Diabetes Epidemic and Our Children.

### The conference goals included to:

- \* Explore science, policy, education, program planning, implementation and evaluation to enhance public health strategies to prevent and control diabetes and obesity.
- \* Increase knowledge and awareness of successful, cost-effective, public and private diabetes and obesity programs.
- \* Present innovative strategies to increase diabetes and obesity awareness and prevent its complications.
- \* Provide opportunities for skill-building, information-sharing and networking.

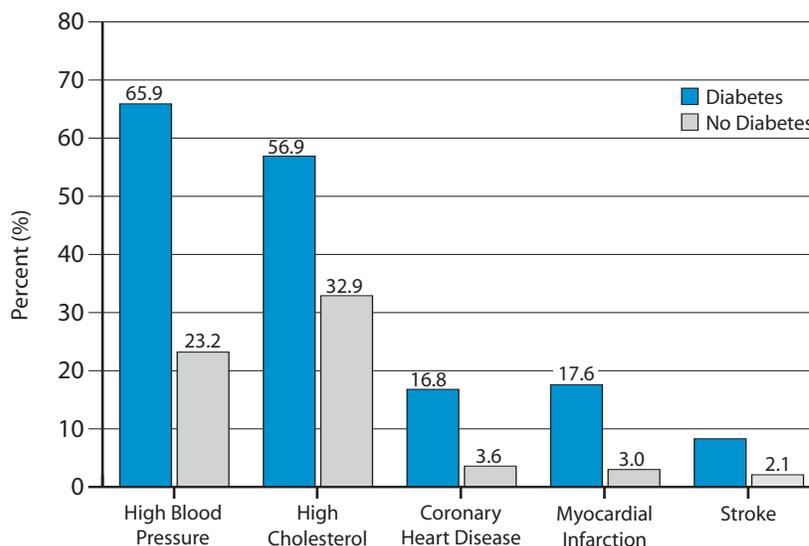
## Intensive Glycemic Control *continued*

CDC, provides copyright-free, science-based materials backed by the federal government.

For more information about our *Control Your Diabetes. For Life.* campaign, please visit the National Diabetes Education Program at <http://www.ndep.nih.gov> or call us at 1-800-438-5383.

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

Percent of Adults with and without Diabetes by Selected Medical Conditions, Ohio, 2003-2004.



Source: Ohio Behavioral Risk Factor Surveillance System, Chronic Disease and Behavioral Epidemiology Section BHSIOS - Prevention, Ohio Department of Health (6/06).

## New Medicare Preventive Services

**M**edicare now pays for **Diabetes Screening Tests (glucose) at no cost to the beneficiary** with Medicare Part B.

This is good news. Diabetes in those aged 65 and older accounts for almost 40 percent of the population with diabetes. Early detection of diabetes in our elderly population, especially in African Americans and Latinos/Hispanics who have a disproportionate share of diabetes, is imperative to better health outcomes and reducing health care disparities.

Medicare provides the glucose screening tests (fasting blood glucose, post-glucose challenge, oral glucose tolerance or two-hour, post-glucose challenge) with the following frequency:

- One screening test per year for individuals who have never been tested or who were previously tested and not diagnosed with pre-diabetes.
- Two screening tests per calendar year for individuals diagnosed with pre-diabetes that

includes impaired fasting glucose and impaired glucose tolerance.

**Who is eligible?** Medicare beneficiaries must have any of these risk factors or characteristics:

**Risk Factors (at least one):**

- Hypertension
- Dyslipidemia
- Obesity
- Previous identification of "pre-diabetes" (elevated impaired fasting glucose or glucose tolerance)

**Characteristics (at least two):**

- Overweight
- A family history of diabetes
- Age 65 or older
- A history of gestational diabetes mellitus or giving birth to a baby over 9 pounds

Medicare also pays for **Cardiovascular Screening Blood Tests (Total Cholesterol, HDL, Triglycerides) at no cost to the beneficiary.** These tests must be ordered by the physician who is treating the beneficiary for the

purpose of early detection of cardiovascular disease **without apparent signs or symptoms.**

**How Often? - Once every five years if the results are normal.** There is no cost to the Medicare beneficiary for this routine screening. Those diagnosed with diabetes should get a yearly lipid screening that is part of their routine diabetic care management.

For more information about all Medicare services and coverage of diabetes supplies, contact:

Center for Beneficiary Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
800-Medicare (800-633-4227), available in English and Spanish  
877-486-2048 for TTY users  
<http://www.medicare.gov>

Submitted by: Kathleen Korosi  
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Ohio KePRO

## Update: New Medications For Diabetes Treatment

DRUG	DEBUT	MAKER(S)	HOW IT WORKS
<b>Byetta</b>	June 2005	Amylin Pharmaceuticals, Eli Lilly	An injected drug that stimulates the pancreas to produce more insulin and the liver to produce less blood glucose.
<b>Exubera</b>	Expected July 2006	Pfizer	The first inhalable version of insulin.
<b>Galvus</b>	Approval expected late 2006 or early 2007	Novartis	A pill that increases the levels of GLP-1, a naturally produced hormone that stimulates the pancreas to produce more insulin and the liver to produce less blood glucose.
<b>Januvia</b>	Approval expected late 2006 or early 2007	Merck	A pill that increases the levels of GLP-1, a naturally produced hormone that stimulates the pancreas to produce more insulin and the liver to produce less blood glucose.

## Upcoming Events

### American Association of Diabetes Educators (AADE)

33rd Annual Meeting and Exhibition  
August 9-12, 2006  
Los Angeles, California  
<http://www.aadenet.org/>

### American Dietetic Association (ADA)

Food and Nutrition Conference and Expo  
September 16-19, 2006  
Honolulu, Hawaii  
<http://www.eatright.org>

### Central Ohio Diabetes Association

Black Tie and Tennis Shoe Gala  
October 21, 2006  
Hyatt Regency Columbus  
Grand Ballroom  
<http://www.diabetesohio.org>

## Eye Opener *continued*

*Note: This analysis represents self-reported data from 2,280 randomly selected Ohioans. Results from the total pool of 5,560 randomly selected Ohioans will be available in mid-2006. Limitations of the preliminary data set resulting from the early results of the 2005 BFRSS include the fact that this is self-reported data and the data are weighted only against 2000 Census data. Comparisons to national data refer to "Vision Problems in the United States" a meta-analysis published by Prevent Blindness America and the National Eye Institute in 2002.*

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**Walking is a great way to improve health. It can improve circulation and mobility, promote weight loss and help to reduce stress.**

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**Your health care provider should perform a complete foot exam at least annually - more often if you have foot problems.**



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 Fall Newsletter is: October 1, 2006**

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

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