Ohio Department of Health

Spring 2004

ODPCP

OHIO DIABETES PREVENTION & CONTROL PROGRAM

Health Secretary Holds Town Hall Meeting On Diabetes

On March 29, 2004, a landmark event was held at the Hilton Cincinnati Netherland Plaza in Cincinnati, Ohio. U.S. Health and Human Services Secretary Tommy Thompson held a town hall meeting to discuss the epidemic of diabetes in our nation.

Prior to Thompson's arrival on stage, Lt. Governor Jennette Bradley spoke about the burden of diabetes in Ohio and of the lifestyle changes needed to thwart the disease.

J. Nick Baird, director of the Ohio Department of Health, directed his comments to the important work being done by the Healthy Ohioans campaign to improve the lifestyle practices of Ohio residents. Dr. James Holtsinger (secretary of the Cabinet of Health-Commonwealth of Kentucky) presented information about the Kentucky Diabetes Prevention and Control Program and Steven Collier (superintendent of the Norwood School System) gave a report on the Buckeye Best Healthy School Award program and the Norwood City Schools. Jerry Mallicott, the Anthem/Blue Cross representative on the Healthy Ohioans Business Council, ended the first panel discussion with messages of the importance of prevention and the necessity of permanent lifestyle changes.

J. Nick Baird, M.D., Director of Health

Audience participation was enthusiastic and the questions were diverse. Much time was spent on encouraging legislators to pass the Diabetes Cost Reduction Act in Ohio as Ohio is just one of three states in the nation that does not have this guarantee of insurance coverage for persons with diabetes.

The second panel convened with Dr. Allen Spiegel (National Institute of Diabetes, Digestive and Kidney Diseases), Dr. Francine Kaufman (former president of the American Diabetes Association), Nicole Johnson Baker (1999 Miss America and type 1 diabetic) and Thompson.

"The incidence of diabetes in America is increasing so rapidly it may outpace the nations ability to deal with it. This is not going to be sustainable, Spiegel said. This is going to wreck the

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Profile - Sandra Aguilar Scott

Sandra Aguilar Scott

The new executive secretary for the Ohio Diabetes Prevention and Control program is Sandra Aguilar Scott. She is originally from San Antonio. Scott is married, has one son, Tommy, and currently resides in Pickerington, Ohio.

Scott graduated from South San Antonio High School and she earned an associate degree in court reporting from The Academy of Court Reporting in Columbus, Ohio. She is attending Columbus State Community College in pursuit of a bachelor degree.

Sandra has been employed by the Ohio Department of Health for two years and recently transferred to her new position. She has also worked as a court reporter and for the department of defense at Kelly Air Force Base in San Antonio, and at Wright Patterson Air Force Base in Fairborn, Ohio.

Profile - Roland Bittles

Roland Bittles

Roland Bittles is the newly appointed executive director for the American Diabetes Association in Central Ohio which encompasses Franklin and 20 other counties. Bittles is the former director of the Upward Bound program at The Ohio State University and the co-founder, along with his wife Jenita Landrum Bittles, of the Artloft Studios and Gallery in downtown Columbus. He also is a member of numerous health awareness coalitions.

Bittles has more than three decades of experience with nonprofit organizations and grassroots community initiatives. Bittles currently serves as the chairperson for the First Tee of Columbus Board Development Committee and is one of two volunteer coordinators. He is a graduate of Arizona State University and is the father of one.

His son, Cory, is a very promising young golfer with the First Tee of Columbus.

Bittles is a person with diabetes and has a vested interest in finding a cure for the disease. His goals for the next three years are:

- To raise awareness about the seriousness of diabetes and that it can be prevented.
- To raise awareness of the numerous programs and services offered by the American Diabetes Association, especially the 1-800-DIABETES help line.
- To develop and provide access to more diabetes services for seniors, minorities, children and other underserved and at-risk populations.
- To provide diabetes services to all 21 counties in the Central Ohio Area.
- To ensure that every family in Central Ohio has the opportunity to take the American Diabetes Association's "Risk Test."
- To involve more people, businesses and corporations in the fight to find a cure for diabetes.

American Diabetes Association Programs and Services:

- America's Walk for Diabetes.
- Tour de Cure (cycling).
- School Walks (elementary and middle school).
- African American Program and Diabetes Sunday.
- Diabetes Assistance and Support (DAR) for Hispanics.

To contact Bittles about programs and services call:

614-436-1917
1-800-342-2383

Dining With Diabetes

Cindy Oliveri demonstrates proper technique

Are you a newly diagnosed person with diabetes. Do you have lots of questions about changes in your diet? Have you been struggling to manage your diabetes and aren't sure which foods to eat?

If so, Ohio State University Extension in partnership with registered dietitians and certified diabetes educators offer the Dining with Diabetes program to help people with diabetes better manage their food intake. This program was originally developed in Georgia and adopted by West Virginia University Extension in 1997. The series of three classes is co-taught by a family and consumer sciences extension agent and a registered dietitian or a certified diabetes educator. The sessions are followed up three months later with a class reunion that includes additional educational topics and healthy recipes.

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 and encourage participants to learn from one another. Each class includes information on diabetes management, basic nutrition and sampling of recipes designed specifically for the program.

Regional trainings have been presented by Anita Pulay, Belmont County Family and Consumer Sciences agent; Cindy S. Oliveri, district specialist Family and Consumer Sciences; and Nancy D. Schaefer, Ohio Department of Health, Diabetes Prevention and Control Program's public health nutritionist and health educator.

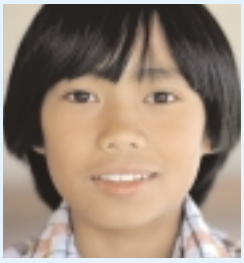
Anita Poulay with student Janice Schultz

For additional information about the program, and the location nearest you, contact your county extension office.

Article Submitted By:
Cindy Oliveri and Anita Poulay

A multi-center study of diabetes in children and youth

SEARCH is a 5-year multi-center study funded by the Centers for Disease Control and Prevention and the National Institute of Diabetes and Digestive and Kidney Diseases. The study focuses on children and youth in the United States who have diabetes. It is expected that the six clinical centers located in California, Colorado, Hawaii, Ohio, South Carolina and Washington will invite approximately 9,000 children and youth who have been diagnosed with diabetes to participate in this study. Data from these children and youth will provide more information and help us better understand diabetes.



The study goals are to: (1) identify the number of children and youth under age 20 who have diabetes; (2) study how type 1 diabetes and type 2 diabetes differ, including how they differ by age and race/ethnicity; (3) learn more about the complications of diabetes in children and youth; (4) investigate the different types of care and medical treatment that these children and youth receive and (5) learn more about how diabetes affects the everyday lives of children and youth who have diabetes.

The SEARCH study will provide valuable information to researchers and health care providers in an attempt to find ways to treat and increase knowledge about diabetes in children and youth.

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Insulin Resistance Syndrome Initiative: 2004-2005

The Insulin Resistance Syndrome Initiative for 2004-2005 by the Ohio Valley Chapter of the American Association of Clinical Endocrinologists in partnership with participating pharmaceutical companies has begun.

The program, titled Insulin Resistance Syndrome: Definition, Diagnosis and Treatment, addresses impact insulin resistance syndrome (IRS) on the health of Ohioans. Specifically, the decrease in longevity and quality of life and the increases in illness and cost of health care that result from cardiovascular and metabolic complications of IRS are targets of this initiative. Our vision is to facilitate recognition and prevention of IRS in Ohio by enhancing its recognition by primary care physicians and nurses and by making solutions and treatments for IRS more acceptable to patients. The objectives of this program include distribution of current recommendations on detection and treatment of IRS to primary care physicians thereby increasing testing of individuals at increased risk for this disorder. We believe the diagnosis of IRS may be frequently missed, resulting in medical errors, lapses in patient safety and quality of care and in the patients' sense that that they are receiving the care they need. Our initiative is being reinforced by our pharmaceutical industry partners and the effectiveness of our program will be evaluated by the outcome data collected through the Ohio Department of Health Diabetes Prevention Task Force.

IRS is defined by its clinical manifestations of atherosclerotic cardiovascular disease, hypertension, polycystic ovary syndrome and nonalcoholic steatohepatitis (or nonalcoholic fatty liver disease). The insulin resistance of IRS results from genetic and/or environmental factors. In patients with IRS the insulin resistance is defined by a) normal fasting plasma glucose (<110 mg/dL) and insulin levels that are elevated relative the glucose levels; b) "impaired fasting glucose" (fasting plasma glucose >110 mg/dL and <126 mg/dL); or c) "impaired glucose tolerance" where fasting plasma glucose <126 mg/dL and glucose levels >140mg/dL and <200 mg/dL 2 hours after a 75-gram glucose challenge. Most patients with IRS have normal fasting plasma glucose levels. IRS is difficult to establish, in part, because insulin levels cannot make the diagnosis. Insulin levels in IRS are not defined, are usually used in a research setting and remain un-standardized between different clinical laboratories. Biochemical components of IRS include: a) elevated uric acid levels; b) elevated plasma triglycerides; and c) low plasma HDL-cholesterol levels. Hemodynamic changes seen in IRS include: a) increased sympathetic nervous system activity; b) sodium retention; and c) hypertension. Prothrombotic factor, such as PAI-1, and inflammation markers, such a c-reactive protein and wbc counts, are elevated in patients with IRS. In addition, dysfunction of the vascular endothelium increases mononuclear cell adhesion, inhibits nitrous oxide production and decreases vasodilation when blood from IRS patients is tested in vitro.

The likelihood of IRS is increased in patients with a family history of diabetes mellitus 2, hypertension or cardiovascular disease. Further, IRS is increased in those on non-Caucasian ethnicity, > 40 years of age, having a personal history of cardiovascular disease, hypertension, polycystic ovary syndrome or nonalcoholic fatty liver disease. The likelihood of IRS is increased, as well, by the presence of gestational diabetes, glucose intolerance, a BMI >25 kg/m2 or a sedentary life style. The finding of plasma triglyceride levels >150 mg/dL, and/or HDL cholesterol levels <40 mg/dL in men or <50 mg/dL in women are indicators of IRS. Additional indicators include blood pressure >135/85 mm Hg and/or impaired fasting or stimulated glucose levels.

Treatment begins when IRS is recognized. IRS has been established as a bona fide diagnosis by virtue of the ICD-9 code 277.7 resulting from the efforts of the American Association of Clinical Endocrinologists. It is a clinical cluster of findings that increase the likelihood of cardiovascular disease or diabetes mellitus 2 in any individual. The risk of cardiovascular disease increases as glucose intolerance progresses toward diabetes mellitus, and the presence of IRS increases that risk by more than 100 percent. The adverse risk is accentuated in women of African-American and Latino-Hispanic ethnicity. People with obesity and sedentary lifestyles experience increased health care costs of about $94 billion nationally, are likely to have insulin resistance and can have improved outcomes with simple and inexpensive lifestyle changes.

Clinical management of IRS focuses on: a) improving insulin sensitivity; and b) reducing and eliminating the manifestations of IRS such as elevated plasma triglycerides, low HDL-cholesterol levels, hypertension, and stimulated hyperglycemia. Improving insulin sensitivity is done best by a 5 to10 percent weight loss in obese individuals, and/or increasing aerobic activity to 30 to 40 minutes > 4 times weekly. This lifestyle approach is more

See Insulin Resistance on page 12

Using the Diabetes Food Pyramid

The Diabetes Food Pyramid has six sections for food groups. These sections vary in size. The largest group – breads, grains and other starches-- is on the bottom. This means that persons with diabetes should eat more servings of grains, beans and starchy vegetables than of any of the other foods. The smallest group -- fats, oils and sweets -- is at the top of the pyramid. This indicates that few servings from these food groups should be routinely consumed.

Servings from all the food groups other than the fats, oils and sweets group should be eaten every day. The exact number of servings needed from each group depends on diabetes goals, calorie and nutrition needs, lifestyle and the foods individually chosen as favorite foods. The number of servings a person with diabetes should eat is divided among the meals and snacks consumed each day. The Diabetes Food Pyramid makes it easier to remember what to eat. For a healthy meal plan that is based on individual needs, working with a registered dietitian with expertise in diabetes management is recommended.

Health Secretary Holds Town Hall Meeting On Diabetes *continued*

healthcare system."

The Department of Health and Human Services estimates 129 million Americans are overweight or obese, conditions that often lead to diabetes and multiple, expensive health problems.

Dr. Spiegel said about 18 million Americans have type 2 diabetes - what used to be called adult-onset diabetes - and approximately 20 million more have a pre-diabetes condition that leaves them susceptible to developing the disease.

About 300 diabetes advocates from Ohio, Kentucky, Indiana, West Virginia and Michigan attended the meeting that was billed as the first of half a dozen town hall sessions to help develop public policy regarding diabetes.

"Prevention is going to be the cornerstone of the new diabetes action plan, Thompson said. "Our poor eating habits and lack of activity are literally killing us."

Future town hall sessions will focus on education, early treatment of diabetes and research, he said.

Earlier this month, a study released by the Centers for Disease Control and Prevention predicted that obesity might overtake smoking as the nation's No. 1 cause of preventable death. Thompson repeatedly has assailed overindulgence in fast foods and a sedentary lifestyle which contribute to type 2 diabetes.

"When you're in front of the TV, do a couple of pushups," Thompson told the friendly crowd.

Thompson has urged physical activity and moderate eating since he joined the Bush administration.

"I put my whole department on a diet," Thompson said. "I said, If we're going to go out and talk about this, we ought to look the part. I lost 15 pounds."

In November 2002, Thompson announced the launch of a national diabetes prevention campaign, Small Steps, Big Rewards, stressing a healthy diet and exercise. The campaign grew out of study by the National Institutes of Health that showed that people with pre-diabetes can delay and possibly prevent type 2 diabetes by losing 5 to 7 percent of their body weight through moderate changes in diet and exercise.

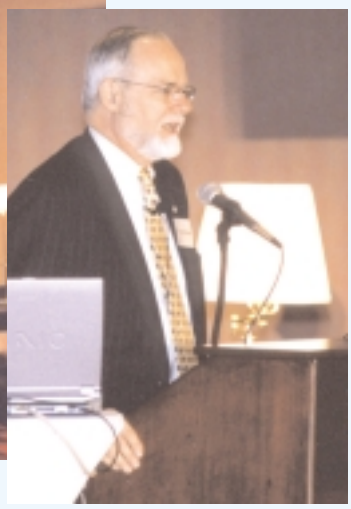
Nicole Johnson Baker has lived with diabetes for more than 10 years and has been an ardent advocate on behalf of people with the disease. She said she has found that regular walking allows her to reduce the amount of insulin she must take each day.

"Small steps do yield big rewards," she said.

Diabetes can result in kidney failure, amputations, heart disease and blindness. Thompson said the administration would be seeking $1 billion next year for research at the National Institutes of Health.

American Diabetes Assocation
Care · Cure · Commitment

DIABETES:
ARE YOU AT RISK?



Ohio Physicians Recognized for Quality Diabetes Care

The following physicians have been Recognized by the American Diabetes Association/National Committee for Quality Assurance Physician Recognition Program for the provision of quality diabetes care.

Physician	Organization	City/State
Richard Beham, MD	Endocrine and Diabetes Care Center	Toledo, OH
John E. Brunner, MD	Endocrine and Diabetes Care Center	Toledo, OH
Jyoti Chakravarty, MD	Endocrine and Diabetes Care Center	Toledo, OH
Cincinnati Group Health Associates		Cincinnati, OH
Robert M. Cohen, MD		Cincinnati, OH
Paul Delamater, MD	The Endocrine and Diabetes Care Center	Toledo, OH
Gregg H. Faiman, MD		Mayfield Heights, OH
Don Fixler, MD		Norwood, OH
Luis Gerstenmaier, MD	Endocrine and Diabetes Care Center	Toledo, OH
Narendra K. Gupta, MD		Lima, OH
Douglas L. Hancher, MD	Springdale Family Medicine	Cincinnati, OH
Ron Hsieh, MD		Cincinnati, OH
Toni King, MD	Endocrine Associates, Inc	Akron, OH
Kenneth Kreines, MD	Diabetes and Endocrinology Associates	Cincinnati, OH
Christopher Meier, MD		Fairfield, OH
Ferdinand J. Niehaus, Jr., MD		Cincinnati, OH
Craig Nielsen, MD		Cleveland, OH
Robert Osborne, MD	Eastern Hills Internal Medicine	Cincinnati, OH
Deborah R. Pillow, MD		Addyston, OH

Ohio Physicians Recognized for Quality Diabetes Care *continued*

James C. Pritchard, MD		Cincinnati, OH
M. Rammohan, MD		Warren, OH
Paul M. Rosman, DO		Warren, OH
John P. Sheehan, MD		Westlake, OH
Richard K. Shewbridge, MD	Endocrine Associates, Inc.	Akron, OH
Vidya Sundaram, MD	Diabetes, Endocrine, and Lipids Center	Cincinnati, OH
Michael U. Todd, MD	Springdale Family Medicine	Cincinnati, OH
David Vance, MD	Eastern Hills Internal Medicine	Cincinnati, OH
Barry W. Webb, MD	Springdale Family Medicine	Cincinnati, OH
Timothy C. Williams, MD	Diabetes and Endocrinology Associates	Cincinnati, OH
David Wilson, MD	Eastern Hills Internal Medicine	Cincinnati, OH
William B. Zipf, MD	Central Ohio Pediatric Endocrinology & Diabetes Services	Columbus, OH

The Diabetes Physician Recognition Program recognizes physicians who meet the standards of diabetes care established by the Program. The DPRP designation does not constitute an endorsement of the individual physician or a guarantee that the physician will provide quality treatment in any particular case. The DPRP performance indicators and outcomes measures represent consensus standards for appropriate treatment of diabetes patients. However, they are not intended to substitute for the physician's independent judgment in treating each patient based on the individual's condition and medical history.

What Are Net-impact Carbohydrates?

Food companies created the term "net-impact carbohydrates" to give their products more shelf appeal. Net-impact carbohydrates result from replacing wheat flour with soy flour or by adding fiber, sugar alcohols or fat. According to manufacturers, these compounds don't increase blood sugar the way other carbs do.

Don't be swayed by promises on food wrappers. Remember that calories count. Special low-carb food products are not calorie-free.

You can modify your carbohydrate levels without learning a new food vocabulary. Make sure carbohydrate consumed are in the form of whole grains, fresh fruits and vegetables. And pay close attention to your portion and serving sizes.

Content provided by the American Dietetic Association. For more nutrition tips, visit: http://www.eatright.org

Millions more have pre-diabetes than earlier estimated, government says

LAURAN NEERGAARD,
AP Medical Writer. Associated Press. New York: Apr 29, 2004. pg. 1

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Apr 29, 2004

WASHINGTON (AP) _ Millions more Americans than previously thought have signs of what could later turn into diabetes, the government says.

Doubling previous figures, the government estimates that 41 million Americans have pre-diabetes _ blood sugar high enough to dramatically increase their risk of getting the full-blown disease.

The figures released Wednesday are significantly higher than previous estimates because doctors have changed the criteria for diagnosing the condition after research showed they were missing too many at-risk patients. "These latest numbers show how urgent the problem really is," said Health and Human Services Secretary Tommy Thompson, who was announcing the new estimates at a federal health meeting Thursday in Baltimore.

"We need to help Americans take steps to prevent diabetes or we will risk being overwhelmed by the health and economic consequences of an ever-growing diabetes epidemic." The good news is that modest diet and exercise can delay, if not prevent, the onset of diabetes in many pre-diabetics.

But "most of these people have no idea" they're at risk, said Dr. Francine Kaufman, past president of the American Diabetes Association.

Some 18 million Americans have full-blown diabetes, a leading cause of blindness, kidney failure, amputations and heart disease that claims 180,000 U.S. lives a year.

Some people are born with it, but the vast majority have Type 2 diabetes, an illness that develops, often in middle age, when their bodies lose the ability to turn blood sugar into energy. Obesity, an increasing problem in the United States, is associated with diabetes.

The loss in ability to turn blood sugar into energy is very gradual, and it can be measured by blood tests. Glucose levels that are above normal but not yet in the diabetic range signal pre-diabetes _ and a change in what one test considers normal prompted the government's new increased estimates.

Doctors once thought blood sugar levels below 110 milligrams per deciliter as measured by the "impaired fasting glucose" test _ given before eating anything in the morning _ were normal. But the American Diabetes Association in November changed the definition of normal to below 100 milligrams _ meaning anyone with a fasting glucose between 100 and 125 milligrams is now classified pre- diabetic.

That seems like a small change. But a lot of people are in that 100 to 110 range, data that conclude about 40 percent of people ages 40 to 74 are pre-diabetic, explained Dr. Frank Vinicor, diabetes chief for the Centers for Disease Control and Prevention.

Changing the pre-diabetes cut-off "isn't an arbitrary decision," Vinicor said. "It's based on emerging science from the last two to three years," that found the risk of glucose-spurred heart disease began rising at lower levels than once thought.

Cut-offs for a second test _ where blood sugar levels are measured two hours after a glucose-rich drink remain unchanged. Levels between 140 and 199 milligrams are considered pre-diabetic in that test.

So who needs to seek one of these tests? The ADA says:

- Anyone 45 or older who is overweight should seek testing during the next routine doctor visit.
- Anyone over 45 who are of normal weight should ask their doctor if testing is appropriate.
- Doctors should consider testing younger people if they are overweight and have another risk factor: a diabetic relative; bad cholesterol; high blood pressure; diabetes during pregnancy or gave birth to a baby bigger than 9 pounds; or belong to a racial minority group.

Doctors typically repeat the test every three years if results are normal, but may test people with multiple risk factors more often.

If the test diagnoses pre-diabetes, there are proven ways to lower the risk of full-blown illness, Vinicor stressed, such as walking 30 minutes a day, five days a week, and losing 5 percent to 7 percent of body weight.

On the Net:

National Diabetes Fact Sheet:
http://www.cdc.gov/diabetes/pubs/factsheet.htm

See Millions on page 11

Diabetes Summer Camp Schedules:

For many decades, Ohio summer camps for children with diabetes have provided:

- An enjoyable recreational camping experience.
- Opportunities for children to meet other youngsters with diabetes.
- Achievements concerning independence and self-discipline.
- Educational opportunities about diabetes and how to control it.
- A safe and healthy environment away from home, providing a respite for both parents and campers.

The schedules and contact information for this year include:

- Camp Korelitz (Hamilton, Ohio)
  Aug. 1-7, 2004
  513-759-9330
  http://www.southwestohioadacamps.com

- Camp Ho Mita Koda (Newbury, Ohio) extensive schedule for the summer of 2004 to include a camp exclusively for children with type 2 diabetes
  216-591-0800 ext.34
  http://www.CampHoMitaKoda.org

- Camp Ko-Man-She (Hamilton, Ohio) July 11-23, 2004
  937-220-6611
  http://www.diabetesdayton.org

- Diabetes Resident Camp-Camp Libbey (Defiance, Ohio)
  June 27-July 2, 2004
  419-578-1796
  http://www.dyp4kids.org

- Diabetes Day Camp (Sylvania, Ohio)
  July 26-30, 2004
  419-578-1796
  http://www.dyp4kids.org

- Camp Hamwi (Danville, Ohio)
  Aug.8-21, 2004
  614-884-4400 or 1-800-422-7946
  http://www.diabetesohio.org

Many scholarship opportunities exist for those qualified campers. Please contact the camp of choice for more information.

Millions *continued*

American Diabetes Association:
http://www.diabetes.org

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Companies:

American Diabetes Association
(NAICS: 813212, Sic:8322)
Dateline: *WASHINGTON*
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SugarBytes

Persons with diabetes should have a dilated eye examination every year

Insulin Resistance *continued*

effective than metformin in stopping the progression from IRS to diabetes mellitus 2. While pharmacological approaches may be beneficial in patients with IRS, FDA approval is not established for using thiazoladinediones, metformin, Sibutramine or Orlistat in this disorder. Reducing and eliminating the manifestations of IRS begins, of course, with improving insulin sensitivity with lifestyle modification. Treatment of insulin resistance is central to improving clinical outcomes in patients with IRS because doing so reduces the occurrence of cardiovascular disease, polycystic ovary syndrome and nonalcoholic liver disease. Pharmacologic management of hypertriglyceridemia and decreased HDL-cholesterol includes fibrates, niacin, statins, thiazoladinediones and metformin. Treatment of hypertension requires dietary sodium reduction in addition to the extensive pharmacologic armamentarium led in effectiveness by angiotensin converting enzyme inhibitors, angiotensin receptor blockers and calcium channel blockers.

The Insulin Resistance Syndrome Initiative 2004-2005 by the Ohio Valley Chapter of AACE and its pharmaceutical industry partners is focused on enhancing primary care physicians' and nurses' ability to attain treatment targets in IRS. These targets include: a) body mass index <25kg/m2; b) triglycerides levels <150 mg/dL; c) HDL cholesterol levels >40 mg/dL in men and > 50 mg/dL in women; d) blood pressure <135/85 mm Hg, and; e) fasting glucose <100 mg/dL and/or two hour post challenge glucose levels < 140 mg/dL. If we are successful in this effort, Ohioans will be safer and healthier, will experience a lesser cost of their health care and enjoy an improved quality of life.

Submitted By: Paul M. Rosman, D.O., F.A.C.P., F.A.C.E.
Co-Chair, Clinical Advisory Board, Ohio Valley Chapter, AACE

Save the Date

September 27-28-29, 2004

The Ohio Diabetes Prevention and Control Program Presents:
Diabetes in Ohio:
The Burden/Challenge-
A Call for Action

Where: The Clarion Dublin Hotel
600 Metro Place North
Dublin, Ohio

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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 Summer Newsletter is: August 1, 2004

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

Name
Agency
Old Address
New Address

☐ Please remove my name ☐ Please update my address

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