



Sweet Nothings

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Orange County Health Department

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The Orange County Health Department (OCHD) became a part of the North Carolina Diabetes Education Recognition Program in spring 2009 (Cohort III) and started seeing participants that September. The OCHD received a two-year grant from the Kate B. Reynolds Charitable Trust in August 2009 for start-up funding to build the program infrastructure.

Our DSME program is available to county adults with a diagnosis of type 2 diabetes. Marketing efforts target those who have historically lacked access to services including minority populations, the under/uninsured, those living in rural areas, and those lacking transportation to classes offered outside the county. The program includes the following four elements:

(1) DSME, (2) provider education and training, (3) improved DSME marketing and referral plan, and (4) MNT and follow-up. The program is offered in various locations, times and settings within the county (in both the northern and southern parts) to ensure access.



Orange County
Diabetes
Self-Management Education Program



Spotlighting Marketing Efforts: One goal of the program is to improve marketing efforts and referral systems with local medical providers. The DSME program is using social marketing principles that include formative research (in the form of focus groups), development of behavior change messages and marketing materials, and targeted outreach efforts. The marketing plan is being implemented in phases to allow for better process evaluation and planning: research (September-November 2009); print material development (December 2009-January 2010); paid advertising via newspapers and transit ads (February-April 2010); and radio and TV public service announcements (February-June 2009).

Progress to Date: In the fall of 2009, we held three focus groups with community members with type 2 diabetes to learn more about audience members' knowledge, attitudes, and beliefs about diabetes self-management. Program staff used focus group data to design program materials. Our official program launch was Jan. 27, where staff introduced the program to local medical providers and community agency representatives at the county's diabetes task force meeting. At this meeting, we distributed medical provider toolkits containing posters, flyers, and referral forms with instructions on how to complete the referral process. Staff issued an online survey in March to determine provider satisfaction with and use of materials.

By holding the Diabetes Task Force Meeting with local medical providers, we predict improved community awareness of the DSME program. This will increase referrals to ensure adequate participation for program sustainability. By providing clear communication messages and materials explaining the benefits of DSME, we anticipate medical providers sharing program information with clients who have type 2 diabetes. Additionally, we believe tailored marketing materials, will increase audience interest and participation in the program.

Our current and upcoming marketing efforts include the following: Placing print ads on area transit buses and in local newspapers (March 2010); Developing radio and television public service announcements (March/April 2010); Offering marketing presentations to interested medical practices (Spring-Fall 2010); Attending community events to promote the program to residents (Spring-Fall 2010).

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Remember



Data reports and PDSAs are due the 5th of each month.

Data Update

March 2010

Total Number of Patients Seen: 1,296
 New Patients: 128
 Pre A1c: 8.1
 Post A1c: 7.1
 Foot Exams: 54%



7 Layer Salad



Ingredients:

- 1 head lettuce, broken in pieces
- 1 c. diced celery
- 1/2 c. chopped onion
- 2 c. frozen peas, do not cook
- 2 c. low-fat or fat free ranch salad dressing
- 2 packets of splenda
- 8 oz. or more low fat shredded cheese
- 8 oz. crumbled bacon or 1 bottle (3 oz.) of imitation bacon bits

Directions:

Layer ingredients in glass dish (13"x9"). Lettuce, dressing, splenda, celery, onions, peas, cheese and bacon. Refrigerate as long as possible and serve! You can serve this with carrot sticks or green pepper slices to keep carb count down, otherwise, try whole wheat tortilla chips.

Nutrition Facts: 1/6 of the dip: 85 calories, 18g carbs, 4g protein, 2g fat, 3g fiber

Carb Counting Quiz

Strawberries will start to be plentiful. Often, during the spring months, I eat strawberries by the handful. If a patient was to eat 4 cups of strawberries how many servings of carbohydrates did they eat?

- A: 1
- B: 2
- C: 3
- D: 4

(Answer on page 4)

Chronic Kidney Disease Facts

- .. 26 million Americans—one in nine—have chronic kidney disease.
- .. More than 367,000 currently depend on dialysis for survival.
- .. More than 83,000 are on the waiting list for a kidney transplant.
- .. Every two hours, one person waiting for a kidney transplant dies.

Source: National Kidney Foundation www.kidney.org



Did You Know?

Childhood Obesity and Pre-Diabetes Linked with Premature Death

Obesity, glucose intolerance, and hypertension in childhood are strongly linked with premature death from endogenous causes in young adulthood and middle age, according to the results of a new epidemiological study. A study that tracked thousands of children through adulthood found the heaviest youngsters were more than twice as likely as the thinnest to die prematurely (before age 55) of illness or a self-inflicted injury. Youngsters with a condition called pre-diabetes were at almost double the risk of dying before 55.

Source: *New England Journal of Medicine*. Feb. 11, 2010 issue

Minorities Less Likely to Receive A1c Diabetes Test

Ethnic and racial minorities bear a disproportionate share of America's diabetes epidemic but are two to three times less likely than white patients to receive the A1c test during physician office visits, according to Washington State University researchers. Earlier this year, the American Diabetes Association announced guidelines encouraging the use of the A1c test in both the monitoring and diagnosis of Type 2 diabetes, the most common form of the disease.

Source: Diabetes in Control www.diabetesincontrol.com

Eye Damage from Diabetes Remains the Leading Cause of Blindness in Adults

Nearly 60% of all diabetes patients can expect to develop diabetic retinopathy within ten years of their diagnosis. Despite major progress in diagnosis and treatment, diabetic retinopathy remains the major cause of blindness in adults under 60 in the U.S.. Diabetic retinopathy affects 5.3 million adults in the U.S. and some 24,000 of them go blind each year. With timely laser surgery and proper follow-up care, people with diabetic retinopathy can reduce their risk of blindness by 90 percent.

Source: Diabetes in Control www.diabetesincontrol.com

Pay-for-Performance Improves Patient Care Outcomes for Diabetes

Measures of quality of care and clinical outcomes improved significantly when diabetic patients in a large private health plan were treated by physicians receiving pay-for-performance incentives, researchers said. The risk that diabetic patients would be hospitalized was 25 percent lower (incidence rate ratio 0.75, 95 percent CI 0.61 to 0.93) among those seen for three consecutive years by physicians who received extra pay for meeting quality-of-care targets, compared with the risk for patients whose physicians did not receive such incentives. High-quality care -- defined as receiving at least two tests for glycated hemoglobin (HbA1c) and one for LDL cholesterol during a given year -- was delivered 16 percent more often by physicians in the pay-for-performance system.

Source: *Chen J, et al "The effect of a PPO pay-for-performance program on patients with diabetes" Am J Manag Care 2010; 16: e11-e19.*

Prevalence of Childhood Chronic Health Conditions Increases

The rate of chronic health conditions among children in the U.S. increased from 12.8 percent in 1994 to 26.6 percent in 2006, for conditions such as obesity, asthma and behavior/learning problems, according to a study. Understanding prevalence and dynamics of chronic conditions on a national scale is important when designing health policy, making accurate clinical predictions, and targeting interventions to prevent chronic conditions, according to background information in the article. Patterns of how childhood chronic conditions have changed over time have not been widely examined. "Chronic conditions in childhood are common and dynamic, underscoring the benefits of continuous, comprehensive health services for all children to adjust treatment of chronic conditions, promote remission, and prevent onset of new conditions. Future research should examine etiological differences between persistent and remitted cases," the authors conclude.

Source: *JAMA*. 2010;303[7]:623-630.

One in Five Kids Have Abnormal Lipids

New data from the CDC shows that one in five youths aged 12 to 19 years has abnormal lipid levels. Also, nearly one-third of these youths are obese or overweight and based on their body-mass index (BMI) are candidates for lipid screening, according to investigators. Among the sample, 20 percent had at least one abnormal lipid measurement, such as elevated LDL cholesterol (>130 mg/dL), reduced HDL cholesterol (150 mg/dL). Researchers also showed that compared with normal-weight youths, those who were overweight or obese were significantly more likely to have at least one abnormal lipid measurement.



Top 10

Top 10 Ways to Keep Your Kidneys Healthy

Kidneys are remarkable organs. Inside them are millions of tiny blood vessels that act as filters. Their job is to remove waste products from the blood. Sometimes this filtering system breaks down. Diabetes can damage the kidneys and cause them to fail. Failing kidneys lose their ability to filter out waste products, resulting in kidney disease.

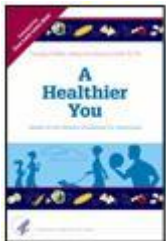
Follow these 10 Tips to Keep Your Kidneys Healthy:

1. Monitor blood pressure and cholesterol.
2. Control weight.
3. Don't overuse over-the-counter painkillers.
4. Monitor blood glucose.
5. Get an annual physical exam.
6. Know if chronic kidney disease (CKD), diabetes or heart disease runs in your family. If so, you may be at risk.
7. Don't smoke.
8. Exercise regularly.
9. Follow a healthful diet.
10. Talk to your doctor about being tested for CKD if you're at risk.

Source: National Kidney Foundation www.kidney.org

Tools For Your Practice: [A Healthier You](#)

From the U.S. Department of Health & Human Services comes a new book on everyday healthy eating and physical activity for life. This one-stop, easy-to-use resource brings together nutrition science and expertise to help Americans make smart choices from every food group, find balance between food and physical activity, and get the most out of the calories we consume. [A Healthier You](#) is grounded in the comprehensive science-based advice of the official Dietary Guidelines for Americans.



Source: <http://www.cnpp.usda.gov/dietaryguidelines.htm>

Answer to Carb Counting Quiz on Page 2

Answer is C: 3 servings.



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Providing Quality Comprehensive Diabetes
Self-Management Education to Empower
Persons With Diabetes

www.ncdiabetes.org

Wall Street Explained



www.diabeteshealth.com

Resources

Resources for healthy eating cookbooks:

National Heart Lung and Blood Institute; cookbooks can be accessed online for free, or a hard copy ordered for \$4.00. Each recipe shows serving size and nutrition information, including fat, calories, carbohydrates, and sodium.
Heart Healthy Home Cooking African American Style: With Every Heartbeat Is Life

www.nhlbi.nih.gov/health/public/heart/other/chdblack/cooking.htm

Heart Healthy Latino Recipes

www.nhlbi.nih.gov/health/public/heart/other/sp_recip.pdf

Keep the Beat: Heart Healthy Recipes

www.nhlbi.nih.gov/health/public/heart/other/ktb_recipebk/ktb_recipebk.pdf

American Diabetes Association's Month of Meals Series – 2009 list price \$19.95 www.diabetes.org

All-American Fare

Old-Time Favorites

Soulfood Selections

Vegetarian Pleasuressic Cooking

CONTINUING EDUCATION

AADE 2010 Webinar Schedule At A Glance:

These webinars are the same price for one educator or more than one educator.

www.diabeteseducator.org/search.html

April 7, 2010: Challenging Case Studies: Puberty, Teens and Diabetes

April 14, 2010: Promise for Type 1 Diabetes: Islet Cell Research

May 5, 2010: Gestational Diabetes: Successful Pregnancies Moving

June 2, 2010: Behavior Change and Motivational Interviewing: Application to Practice

July 14, 2010: Mindful Medication: Staying Current with Diabetes Management

September 15, 2010: Innovation and Accreditation: Implementing Quality Standards

October 13, 2010: Depression and Stress: A Distressing Duo

November 3, 2010: Exploring the Real Reasons of Overeating

December 1, 2010: Being Active, Having diabetes: keeping Your Patients

AADE Core Concepts Courses:

Sign up by the early registration date and save 15%

April 20-22, 2010—Chicago, Illinois

Early Registration—April 5, 2010

September 28-30, 2010—Orlando, Florida

Early Registration—September 7, 2010

October 6-8, 2010—Las Vegas, NV

Early Registration—September 7, 2010

www.diabeteseducator.org