

# Sweet Nothings

Volume III, Issue 8

August 2009

## Spotlight on Union County

Submitted by: Kristin Opsomer, RD, LDN

The Union County Health Department has been hard at work trying to set up its new Diabetes Self Management Education Program, and it has not been easy! With only one educator working in our county we have faced several challenges along the way. However, each challenge has led to a new learning experience for us.

In the beginning stages of our program the marketing we did consisted mostly of health fairs throughout the community. We also strategically placed posters advertising our program at different spots throughout the area such as at libraries and at the local senior center. When this did not generate the number of referrals that we expected we moved on to placing a small article in the local newspaper. This helped to generate a few referrals and gave us the participants who would be in our first group class. However, since the article was in the newspaper only once and was not ongoing, the referrals soon stopped.

We then teamed up with our Health Promotions Manager here at the Health Department who gave us a few additional ideas to help promote our program. One of them included taping a public service announcement. The PSA was basically a question and answer session that discussed the key points of diabetes and the different aspects of our program including what the program consists of and who could benefit from it. The PSA is currently airing for 30 minutes twice a day on the local Union County Government Channel. In our most recent attempt to advertise our program we placed an ongoing ad in a local county newsletter. The newsletter is distributed by the Council on Aging to over 13,000 seniors in Union County quarterly. We are hoping that these efforts will generate a large number of referrals to our program.

Our other key marketing initiative was to introduce ourselves to the local physicians in town. We went out to local offices around the area to promote our program and took brochures and hanging file folders with our referral forms inside. After meeting with the providers, we called each of them a few weeks later to follow up with them and remind them of how their patients can benefit from participating in our program. Since we have put into place all of our marketing efforts we have started to see an increase in the amount of referrals, and we are now receiving between one to two referrals per week.

Something else that we are proud of here is the success of our classes, because in the beginning we didn't know if we would ever make it that far! We are presently holding our classes at the local library in four hour segments twice per month. So far the patients that we have seen in our program have provided us with excellent feedback and we have seen a drop in

(continued on page 2)

## ADA RECOGNITION GRANTED!

We are pleased to report that Cohort II's application for ADA recognition was approved on July 13, 2009. We should receive the certificate numbers in early August, and the Cohort II programs should be able to bill soon thereafter. Thanks to all of you for your hard work, dedication and support during this process. CONGRATULATIONS!

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## Remember



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

## Data Update

July, 2009

Total Number of Patients Seen:  
678

New Patients: 56

Pre A1c: 8.0%

Post A1c: 7.1%

Foot Exams: 57%



## Spotlight on Union County

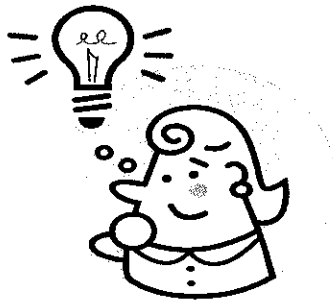
Submitted by: Kristin Opsomer, RD, LDN

(Continued from page 1)

A1C in everyone who has completed our program. Currently the classes have only been taught lecture style since we did not receive our conversation maps until recently. However, we still managed to engage our participants in several discussions throughout the class and they were able to learn a lot from one another by doing this. We are very excited to begin using our conversation maps for our next series of classes.

## New Annual Site Visit Structure

Joanne Rinker MS, RD, CDE, LDN



A request from one of our Cohort II counties has inspired me to do a PDSA on myself (FUN!) and make a program change that could help all of our sites! Site visits are currently done when a county initially enters the program (prior to data collection), right before application submission to the ADA (toward the end of the data collection period) and then annually to get an update on the program goals and outcomes.

Typically, that annual site visit is spent auditing charts and discussing the overall program process at that site. It is a time for Q&A and discussions on how to improve the program. These things will still be covered at the annual site visit. What we will add to the annual visit is a few hours of marketing done with Melinda or myself while we are there for this visit. We ask that when we schedule your annual site visit (typically the fall of each year) that you schedule appointments with local media (TV, radio, newspaper, etc), local MD office managers, referral managers, staff, etc. We will do some marketing calls together and help you to increase your referrals into the program at your site.

We tried this for the first time at one of the Cohort II counties and now they are getting in at least 2 referrals each week. This is a drastic increase in numbers for this particular site. Please let me know if you have any questions or suggestions of other ways we can assist you during the annual site visit.

## Carb Counting Quiz

Joanne came home from her site visit at Davie County and raided the fridge. She ate 2/3 cup egg noodles, 3oz stew beef 1/2 a baked potato, a string cheese, 15 fresh cherries and a diet coke. How many of servings of carbohydrates did Joanne have?

- A: 2
- B: 4
- C: 6
- D: 8

(Answer is on page 3)



## Melinda's Medication Moment

By Melinda Rummage, RN, CDE

It is recommended by the ADA that people with diabetes be immunized with the influenza vaccine and pneumococcal polysaccharide vaccine. The recommendations are:

Annually provide an influenza vaccine to all diabetic patients six months or older.

Administer pneumococcal polysaccharide vaccine to all diabetic patients two years or older. A one-time revaccination is recommended for individuals over 64 if they were previously immunized more than five years ago. Other indications for repeat vaccination include nephritic syndrome, chronic renal disease, and other immunocompromised states, such as after transplantation.

Influenza and pneumonia are common, preventable infectious diseases associated with high mortality and morbidity in the elderly and in people with chronic diseases. These diseases are associated with an increase in hospitalizations and its complications.

Safe and effective vaccines are available that can greatly reduce the risk of serious complications from these diseases. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommends influenza and pneumococcal vaccines for all individuals with diabetes (<http://www.cdc.gov/vaccines/recs/>).

American Diabetes Association: Standards of Medical Care in Diabetes-2009. Diabetes Care, Volume 32, Supplement 1, January 2009.

## FDA Approves NovoLog(R) Labeling Update

Diabetes patients taking NovoLog((R)) (insulin aspart [rDNA origin] injection) can now use the insulin in their pump for up to six days following the FDA approval of a labeling change. Novo Nordisk announced last week that this makes NovoLog((R)) the first and only rapid-acting insulin with this extended in-use time.

## RECALLS

### OneTouch Ultra Test Strips

A small number of OneTouch Ultra Test Strips are being recalled for giving readings that are falsely low. Check your vials for **lot No. 2829235**; the manufacturer, LifeScan, will replace defective strips. (For more information, call 1-866-247-1281.)

### Medtronic Infusion Sets

Medtronic Inc. has initiated a recall of infusion sets — thin tubes that deliver insulin from insulin pumps to diabetes patients — because the tubes may not deliver insulin properly. The Quick-set infusion sets may not allow insulin pumps to properly vent air pressure, and that could result in diabetics getting too much or too little insulin, a situation that could cause serious injury or death.

About 60,000 of the estimated three million infusion sets presently with customers are affected. The affected infusion sets, sold mostly in the U.S., have reference numbers MMT-396, MMT-397, MMT-398 and MMT-399 with lot numbers starting with the number "8." Customers with those sets are being told to stop using "Lot 8" sets.

Customers are being asked to return any affected infusion sets to the company. Medtronic is providing customers with replacement Quick-set infusion sets at no additional charge. [www.medtronic.com](http://www.medtronic.com)

## Answer to Carb Counting Quiz on Page 2

Answer is B: 4. Egg noodles=2, 1/2 baked potato=1, 15 cherries=1



### Did You Know?

- To reduce their cardiovascular risk, people with type 2 diabetes should do at least two-and-a-half hours per week of moderate-intensity or one-and-a-half hours per week of vigorous-intensity aerobic exercises, plus some weight training, according to an American Heart Association scientific statement published in *Circulation: Journal of the American Heart Association*.

Diet and exercise can prevent or slow the development of type 2 diabetes and produce clinically significant improvements in blood sugar control and cardiovascular risk factors in people with the condition, according to the statement. This benefit can reduce or eliminate some patients' needs for medications to control risk factors.

American Heart Association (2009, June 8). Diabetes Patients Should Have Regular Exercise, Weight Training. *ScienceDaily*.

- Obesity Accounts for Greatest Jump in Healthcare Costs**

Healthcare spending on obese patients in the U.S. has grown more than 80 percent over a five-year period, rising to \$303.1 billion in 2006 from \$166.7 billion in 2001 -- an 82 percent increase. The increase in spending on healthcare for overweight and obese Americans tracks the general rise in obesity in the U.S., as the number of obese jumped to 58.9 million from 48.2 million over the study period. Obese adults were associated with over half of the growth in healthcare spending between 2001 and 2006. The average annual healthcare expenditure for the obese population increased to \$5,148 from \$3,458 over five years and jumped to \$3,636 from \$2,792 for the overweight population. Normal-weight patients spent an average of \$3,315 in 2006 compared with from \$2,607 in 2001. *Agency for Healthcare Research & Quality*.

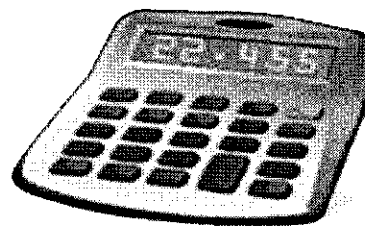
- In a recent study released by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF), North Carolina has the 12th highest rate of obesity for adults (28.3%), and the 14th highest rate of obesity for children (33.5%).

<http://healthyamericans.org/reports/obesity2009/>

### On-Line Calculator From ADA

ADA has an online calculator to determine estimated Average Glucose (eAG) and here's a table of calculations that have already been done.

A1C	eAG	eAG
%	mg/dl	mmol/l
6	126	7.0
6.5	140	7.8
7	154	8.6
7.5	169	9.4
8	183	10.1
8.5	197	10.9
9	212	11.8
9.5	226	12.6
10	240	13.4



<http://professional.diabetes.org/glucosecalculator.aspx>

Janet Reaves  
Memorial Conference

February 18-19, 2010  
Hilton RDU at RTP, Durham NC



### Pizza Dip



**Ingredients:**

- 1 package of fat free cream cheese
- 1 1/2 cup organic pizza sauce or homemade pizza sauce
- 3/4 cup low fat mozzarella cheese, shredded
- Chopped broccoli, mushrooms and olives for topping

**Directions:**

- Spread cream cheese on bottom of a pie plate
- Spread sauce on top of cream cheese
- Top with low fat mozzarella cheese and toppings of your choice
- Bake for 30 minutes at 350 degrees (or until cheese is golden brown)

**Serving Suggestions:** Serve with celery, carrots, cucumbers, whole wheat pita chips or wheat thins

**Nutrition Facts:** For 1/6 of the dip: 100 calories, 4g protein, 3g fat, 4g fiber.

## Cohort I Community Health Centers Granted Recognition by ADA

**Submitted by: Paige Hales-Gordo, Special Projects Coordinator, North Carolina Community Health Center Association**

The North Carolina Community Health Center Association is thrilled to announce that the **Cohort I** community health centers were granted recognition by the ADA!

We would like to extend a big **Congratulations** to our **Cohort I** Teams

Prospect Hill Community Health Center  
Prospect Hill, NC

Wilson Community Health Center  
Wilson, NC

Rural Health Group at Roanoke Rapids  
Roanoke Rapids, NC

A special thanks to the community health centers for their hard work and dedication to the project to assure its success! NCCCHA is grateful to the NC Diabetes Preventions and Control Branch for their continuing support of our project.

### Remember...

To submit any updated license or continuing education information to Brenda Brogden via mail at 1915 Mail Service Center, Raleigh, NC 27699-1915 or via fax at 919-870-4801.



Division of Public Health  
Chronic Disease and Injury Section  
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Providing Quality Comprehensive Diabetes  
Self-Management Education to Empower  
Persons With Diabetes

[www.ncdiabetes.org](http://www.ncdiabetes.org)



"If you truly loved me, you'd swim back to the ship and get my diabetes medicine."

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[www.diabeteshealth.com](http://www.diabeteshealth.com)

## Resources

### Everyday Wisdom

The American Diabetes Association has compiled Everyday Wisdom, an easy to use resource that provides helpful ideas for families of children with diabetes, complete with interactive games to help foster and build communication. To order a free copy of Everyday Wisdom call 1-800-DIABETES (1-800-342-2383) or visit [www.diabetes.org/families](http://www.diabetes.org/families).

### Medication Assistance Resource

The Partnership for Prescription Assistance is a clearinghouse for information about 475 patient assistance programs. For information, go to [www.pparx.org](http://www.pparx.org) or call 1-888-477-2669. Another source of information online is [www.RxAssist.org](http://www.RxAssist.org).

### My Food Advisor

Visit ADA's MyFoodAdvisor™, a unique calorie and carbohydrate counting tool that can help with diabetes management and nutrition.

### "What Can I Eat? The Diabetes Guide to Healthy Food Choices."

A free guide for persons with diabetes, published by ADA with 28 pages of advice for choosing foods and different meal planning tips. 1-800-342-2383

### Healthy Cooking with Fruits & Vegetables

[www.fruitsandveggiesmorematters.org/](http://www.fruitsandveggiesmorematters.org/)

### Patient Guidebook

This guidebook from AADE emphasizes the importance of the care team and highlights the benefits of working with a diabetes educator to examine behaviors and develop management plans. You can download both **English** and **Spanish** versions.

[http://www.diabeteseducator.org/DiabetesEducation/Patient\\_Resources/](http://www.diabeteseducator.org/DiabetesEducation/Patient_Resources/)

## Continuing Education

### PESI Diabetes Continuing Education

<http://www.pesihealthcare.com/search/stateresults.asp?statecode=NC>

### Gestational Diabetes

July 29, 30,31

<http://www.pesihealthcare.com/search/stateresults.asp?statecode=NC>

### The Ultimate Diabetes One Day Course

October 28, 29, 30

<http://www.pesihealthcare.com/search/stateresults.asp?statecode=NC>

**Nutrition News You Can Use: Inpatient Hyperglycemia Controlled.** <http://www2.eventsvc.com/abbottnutrition/>

**Glucose Monitoring: A Case for Improved Outcomes** [http://www.rxschool.com/Course/info.cfm/course\\_id/543](http://www.rxschool.com/Course/info.cfm/course_id/543)

**NC Diabetes Education Recognition Program Billing Conference Call (for Health Departments only):**

August 28, 2009—10:00 a.m.