



Sweet Nothings

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Spotlight on Martin-Tyrell-Washington

Submitted by, Loretta Hodges, RD, LDN, CDE

Martin-Tyrell-Washington District Health Department serves three counties in Eastern North Carolina, these counties include Martin, Tyrrell and Washington counties. The population we serve live in rural communities that have limited finances and very limited access to healthcare, coupled with a deeply ingrained southern way of life. In these counties there is an estimated 2,900 residents that are diagnosed with diabetes. Our death rates from diabetes complications exceed NC's rate.

MTW wanted to improve healthcare outcomes for this population by using the Diabetes Self-Management Program as tools to empower this population to take control of their diabetes, decreasing complications as well and decreasing diabetes related deaths.

We have Loretta Hodges, RD, LDN, CDE, Sarah Price, RN, and Phileta Holland, RN, Health Ed teaching our classes. Sarah and Loretta teach the classes in Martin County, and Loretta pairs with Phileta for classes in Washington and Tyrrell counties.

We got off to a slow start, pulling patients out of our clinics at the health department and placing an advertisement in the newspaper. We are currently expanding our recruitment to surrounding hospitals and doctor's offices and circulating brochures throughout the community.

As we get patient referrals, we have them come in for the initial assessment and obtain necessary labs, then we schedule them for a class. For our classes we have split the contents of the program into 4 blocks of information. By doing this we allow for smaller classes with more one on one interaction and maximum participation.

We just finished the first class for our second group of clients. We had three patients and two of them have their spouses with them. We spent a large amount of time on nutrition with a big emphasis on stress management and exercise. We provided diabetic friendly snacks, giving them a chance to read and study the nutrition labels as they were eating. We had them stand and do a series of stress relief techniques and a dyna band workout. At the conclusion of that day, the clients were excited about what they learned and ready to come back next week for more.

We hope that providing this program will be a wonderful asset to our community and promote health and well being in our local population.

Data Update

November Data:

Pre A1c: 8.0
Post A1c 7.2
Foot Exams—48.8%
Total # of patients = 340
New patients in November—59

December Data:

Pre a1c: 7.9
Post a1c: 7.1
Foot exams: 51%
Total # of patients: 377
New patients: 37 (not bad for Dec!)

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Remember



Data reports and PDSAs are due the 5th of each month. Data collection for the ADA application starts January 5th.



State Awards Honor Innovation, Advancement of Public Health

Submitted by: **Don Yousey**



Photo Taken by Jim Jones, DHHS

Brunswick County Health Director Don Yousey was awarded a 2009 Ronald H. Levine Legacy Award for Public Health in recognition of his outstanding contributions to public health in North Carolina. The award was announced by State Health Director Leah Devlin at the 2009 State Health Directors Conference in Raleigh on Jan. 24.

Named for former North Carolina State Health Director Dr. Ron Levine, the annual awards honor individuals whose life work on behalf of the public's health has resulted in significant, sustainable and positive improvements in North Carolina's public health system.

The 2009 Levine Award for Local Innovation in public health was presented to Don Yousey, who has been health director of Brunswick County for more than 10 years. Yousey was honored for a long list of accomplishments, including securing grant money for a new outreach medical unit, establishing a regional office to administer case management services for Medicaid clients, and starting a clinic for seniors with no medical home. Yousey also led a focused effort by the health department and Minority Infant Mortality Task Force that resulted in two consecutive years of a zero infant mortality rate in the county.

Among his many other successful projects was the establishment of an umbrella organization to enable area local health departments to provide low-cost diabetes self-management education that is reimbursable by Medicaid, Medicare, and private health insurance. The pilot project received American Diabetes Association approval in 2008.

A native of Rome, N.Y., Yousey received his master's degree in Public Health from the University of Texas at Houston in 1984. He retired to North Carolina from the U.S. Air Force as a lieutenant colonel in 1993. He served as health director of Bladen County for almost four years before transferring to Brunswick County. Yousey is past president of the North Carolina Association of Local Health Directors and was the recipient of the 2003 Health Director of the Year Award and the 2005 Ham Stevens Award.

Wake County Human Services/Project DIRECT Selected As A Recipient of the 2009 American Diabetes Association's Provider of the Year Award

Wake County Human Services/Project DIRECT/ Strengthening the Black Family program has been selected as a recipient of the 2009 American Diabetes Association's Provider of the Year Award.

The Provider of the Year Award is awarded to the ADA Recognized Education Programs that exceed the national standards for providing patient care through excellence in caring for individuals with diabetes. Wake County/Project DIRECT's program has not only met the American Diabetes Association's National Standards for patient care, but is driven by a higher internal standard based on their dedication to caring for people with diabetes.

Wake County Human Services/Project DIRECT will be honored at ADA's sixth annual gala and awards program on February 21, 2009, at the Washington Duke Inn in Durham, NC.



Our Goal: Improved Quality of Life and Decreased Risk for Complications of Diabetes

Submitted by: Melinda Rummage, RN, CDE

Diabetes is personal and a very sensitive subject for a lot of patients. Think about how overwhelming it is to the patient. They are told by a doctor, or nurse or a dietician that they have diabetes, a chronic and non-curable disease. The patient is immediately started on a medication or maybe 2-3 medications that make them feel bad. They are asked to come to classes that will help them “eat right”. By the time they come into our office, they are overwhelmed. We take them by the hand, start an assessment by asking them tons of personal questions about their medical history, eating habits, sexual difficulties, etc. These are very personal questions. It is no wonder patients do not want to come back. It is much easier to eat creamed filled chocolate covered donuts and cry on a friend’s shoulder or just ignore it, right?

As diabetes educators, we are passionate about this education because we know the lifestyle changes we are going to educate them about is worthy of their time and effort. We teach them to accept the diabetes and assess their readiness for change. The ABC’s of diabetes, the importance of monitoring their blood sugars, and how to make changes based on these blood sugars are taught to the patient. We teach them to carb count, to keep a food diary, and encourage them to exercise and decrease their stress levels where possible. We prompt them to take the medications they have been prescribed and alert them of the complications of diabetes; short term and long term. Truly the most important thing we offer them is HOPE. The patient must know there is hope for them. They can make changes, and it is possible to live a life with improved quality and a decreased risk for complications of diabetes. Every one of their efforts, both small and large, are worthy of their time. We must share with them everything we have and show them we care for them. They need to know that we are their support through this process.

Melinda’s Medication Moment

Submitted by: Melinda Rummage, RN, CDE

Glucagon is a hormone that is given by injection to increase a patient’s blood sugar when having a severe hypoglycemic episode, meaning the patient can not self-treat a low blood sugar with oral glucose. Glucagon does this by converting the liver glycogen into glucose.

Glucagon is given by injection into the subcutaneous tissue or intramuscularly. It comes in a kit that is purchased at your local pharmacy (emergency glucagon kit) and it is obtained with a prescription from your primary care physician. In the kit there is a syringe which contains the diluent and a vial with 1 mg glucagon. The glucagon kit is stored at room temperature. Once it is reconstituted, it may be stored for up to 48 hours under refrigeration. When needed, the diluent in the syringe is injected into the vial of glucagon. Once it is reconstituted, draw the glucagon into the syringe and is injected subcutaneously or intramuscularly in the deltoid or anterior thigh region. A typical dose is 0.5mg to 2mg. The duration of drug action is approximately 15 minutes and should be followed by a carbohydrate snack and blood sugar checks every 15 minutes for a couple of hours to detect blood glucose levels that are falling again or to detect hyperglycemia due to overtreatment. Any severe episode of hypoglycemia should be reported to the patient’s health care provider so changes can be made in the patient’s therapy. If a patient is having a severe hypoglycemic episode, call 911 in addition to administering the glucagon. A side effect of the glucagon is occasional nausea and vomiting.

It is recommended that all patients and their families should receive glucagon instructions and how to give this injection. This drug is only used if the patient is unconscious or unable to eat or drink due to hypoglycemia. All patients taking insulin should receive a prescription for a glucagon kit for emergency use. Remind the patient that there is an expiration date on the glucagon.

Information obtained from:

Diabetes Medications Supplement

Working Together to Manage Diabetes

NDEP: National Diabetes Education Program



Raspberry-Pomegranate Vanilla Smoothie



Quick, light and very refreshing! Makes a great quick breakfast, mid-morning snack or dessert for you and your valentine!

Ingredients:

- 1 cup frozen Raspberries
- 1 cup frozen blackberries
- 1 (8 ounce) container organic vanilla yogurt (or a yogurt with no high fructose corn syrup)
- 1 cup pomegranate juice
- 1 teaspoon real vanilla extract
- 1 pinch cinnamon

Directions:

Combine all ingredients in blender.
Blend until thick and smooth, about 2 minutes.
Pour into 2 large glasses.
Serve immediately.

Makes 2 smoothies.

Nutrition Facts: 175 calories, 30grams of carbs, 7g fiber , 2g protein

Carb Counting Question

On Valentine's day, Melinda makes John Michael a dinner that includes a 6oz grilled chicken breast, 1 cup mashed potatoes, a large salad and 2 slices of Aldi 100% whole wheat bread and butter. After dinner, she makes him a smoothie for dessert. How many servings (15g carbs each) of carbs did John Michael have for dinner?

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

(Answer is on page 7)



New Diabetes Rate Up 90 Percent In Just 10 Years

Submitted by Laura Edwards, RN, MPA

The nation's obesity epidemic is exacting a heavy toll: The rate of new diabetes cases nearly doubled in the United States in the past 10 years, according to the CDC from a report released recently. Diabetes experts said the findings show there is no end in sight to the diabetes epidemic and it will get worse before it gets better.

The data, published in CDC's [Morbidity and Mortality Weekly Report](#), show that in the past decade, the incidence (new cases) of diagnosed diabetes has increased from 4.8 per 1,000 people during 1995-1997 to 9.1 per 1,000 in 2005-2007 in 33 states.

The highest rates were in the South, according to the first state-by-state review of new diagnoses. The worst was in West Virginia, where about 13 in 1,000 adults were diagnosed with the disease in 2005-07. The lowest was in Minnesota, where the rate was 5 in 1,000.

Nationally, the rate of new cases climbed from about 5 per 1,000 in the mid-1990s to 9 per 1,000 in the middle of this decade. Roughly 90 percent of cases are Type 2 diabetes, the form linked to obesity.

The findings dovetail with trends seen in obesity and lack of exercise — two health measures where Southern states also rank at the bottom. "It isn't surprising the problem is heaviest in the South — no pun intended," agreed Matt Petersen, who oversees data and statistics for the American Diabetes Association.

The study, led by Karen Kirtland of the Centers for Disease Control and Prevention, provides an up-to-date picture of where the disease is exploding. The information should be a big help as the government and health insurance companies decide where to focus prevention campaigns, Petersen said.

Diabetes was the nation's seventh-leading cause of death in 2006, according to the CDC. More than 23 million Americans have diabetes, and the number is rapidly growing. About 1.6 million new cases were diagnosed among adults last year.

The study involved a random-digit-dialed survey of more than 260,000 adults. Participants were asked if they had ever been told by a doctor that they have diabetes, and when the diagnosis was made. The comparisons between 1995-97 and 2005-07 covered only the 33 states for which the CDC had complete data for both time periods. The researchers had data for 40 states for the years 2005-07. West Virginia, South Carolina, Alabama, Georgia, Texas and Tennessee had the highest rates, all at 11 cases per 1,000 or higher. Puerto Rico was about as high as West Virginia. Minnesota, Hawaii and Wyoming had the lowest rates. It is not entirely clear why some states were worse than others. Older people, blacks and Hispanics tend to have higher rates of Type 2 diabetes, and the South has large concentrations of all three groups. However, West Virginia is overwhelmingly white.

The report asked about diagnosed diabetes only. Because an estimated one in four diabetics have not been diagnosed, the findings probably underestimate the problem, said Angela Liese, a diabetes researcher at the University of South Carolina. The underestimates may be particularly bad in the rural South and other areas where patients have trouble getting health care, she noted.

Obesity, the CDC says, is the major risk factor for diabetes. Yet it's not necessary to become thin to avoid this debilitating disease.

A study of people at high risk for diabetes shows you can cut your [risk of diabetes](#) by 58% in a three-year period by doing just two things:

- Lose 5% to 10% of your body weight.
- Five days a week, get 30 minutes of moderate physical activity.

To minimize errors, the CDC averaged the study data over two-year periods. The latest data, from 2005-2007, is compared to data from 1995-1997. Complete data are available for 33 states.

By region: South: 10.5 new cases per year, up 133% - West: 8.6 new cases per year, up 51% - Northeast: 8.2 new cases per year, up 78% - Midwest: 7.4 new cases per year, up 76%.

The report was released three days after U.S. researchers found that while doctors are using a wider array of newer, more costly drugs to treat diabetes, there is little long-term proof they work better than older, cheaper medications.

State-by-state rates: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5743a2.htm>



Five Facts About Diabetes

Fact #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 it and lower their risk for complications. Make healthy food choices, be physically active, and stay 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 #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, since 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 you have symptoms. Set your blood glucose targets with your diabetes care team. Ask your health care team to show you how to self-monitor your blood glucose. Keep a record of your results, and share them with your team. Also, know your A1C goal and keep a record of your test results, which reflect your average blood glucose levels over the past three months. It is the best way to know how well your blood glucose is controlled overall.

Fact #3: Small amounts of foods that contain sugar can be part of a healthy meal plan. If you choose to eat sweet foods, just have a small amount at the end of a healthy meal, not every day, or have a piece of fruit rather than a sugary snack.

Fact #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. Ask your health care team for a healthy meal plan.

Fact #5: Physical activity is safe – and essential – for people with diabetes. Talk to your health care team about ways to safely increase your 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. Start by setting small goals until you reach at least 30 to 60 minutes of physical activity on most days of the week. Brisk walking is a good way to move more.

Source: National Diabetes Education Program at www.YourDiabetesInfo.org.

Did You Know?



“As you can see, your wife left a few messages reminding you to check your blood sugar.”

Health spending in the U.S. grew 6.1% in 2007, to \$2.2 trillion or \$7,421 per person. Overall, Americans spent about 40 % more out of their own pockets for healthcare over the past decade. An increase in chronic conditions - especially diabetes and high blood pressure - is to blame. The greatest spike in spending occurred among people with multiple chronic diseases. Out of pocket costs for medications were up 39% last year and are expected to climb even more this year.

Because many chronic ailments stem from poor lifestyle habits and get better as lifestyle habits improve, health insurance benefits and healthcare reform should include incentives for people to adopt lifestyle practices that reduce the risk of chronic conditions and improve health.
Health Affairs, January/February 2009

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<http://www.diabetesincontrol.com>



Division of Public Health
Chronic Disease and Injury Section
ADA Program

1915 Mail Service Center
Raleigh, NC 27699-1915

Laura Edwards, RN, MPA
Program Coordinator
Phone: 919-707-5376
Fax: 919-870-4801

E-mail: Laura.Edwards@ncmail.net

Joanne Rinker, MS, RD, CDE
Education Specialist
Cell: 919-699-5886
Fax: 919-870-4801

Email: Joanne.Rinker@ncmail.net

Melinda Rummage, RN, CDE
Education Specialist
Cell: 919-699-2556
Fax: 919-870-4801

Email: Melinda.Rummage@ncmail.net

Brenda Brogden, Administrative Assistant
Phone: 919-707-5346
Fax: 919-870-4801

Email: Brenda.Brogden@ncmail.net

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

www.diabetes.org

ADA Advisory Committee Conference Call

April 7, 2009
10:00 a.m. - 11:00 a.m.

ADA Program Staff Meeting

May 5, 2009
10:00 a.m.—3:00 p.m.
Cardinal Room



ADA Advisory Committee Meeting

May 19, 2009
9:00 a.m.—12:00 Noon
Cardinal Room

ADA Billing Training

May 19, 2009
1:00 p.m.—4:00 p.m.
Cardinal Room

ADA Program Staff Meeting & Curriculum Training
June 16, 2009
9:00 a.m.—4:00 p.m.
Cardinal Room

Continuing Education

Janet Reaves Memorial Conference on Quality and Chronic Disease
Hilton Raleigh-Durham Airport at Research Triangle Park
4810 Old Page Road
Durham, NC 27709
February 19-20, 2009
Registration Fee: \$50.00

Diabetes: The Fastest Growing Epidemic
Wilmington, NC: March 18, 2009
Charlotte, NC: March 19, 2009
Live Online Webinar: Mon March 23rd and Fri April 24th

This is 6 CEU credits for \$97 or if you do the online webinar it is \$79. To register go to www.ceinternational.com or call 1-800-577-5703.

Resources

www.recipezaar.com - free recipes and cooking tips, including nutritional information.

sparkpeople.com (no www.) - this is a site built for people looking for a diet or healthy living program and community.

<http://www.foodnetwork.com/healthy-eating/index.html> - in addition to recipes, it has tips on reading food labels, portion sizes, etc.

<http://labtestsonline.org/>

<http://www.webmd.com/diet/healthtool-portion-size-plate>

The American Diabetes Association offers free tools to help you stick to your New Year's Resolutions:

MyFoodAdvisor(TM) - This new, interactive calorie and carbohydrate counting tool helps you track what you eat, learn about different types of food and plan meals wisely. Use it to browse and save recipes, add up the carbs, fat and other nutrients you eat each day, or find healthier alternatives to snacks you like. Visit www.diabetes.org/myfoodadvisor.

What Can I Eat? - This free, 32-page diabetes guide outlines healthy food choices, step-by-step. The booklet offers information on carbohydrate counting, eating out, and sample menus. Call 1-800-DIABETES for your copy. Club-Ped - This online tracker allows you to log your walking steps. It provides tips and message board support as well. Visit www.diabetes.org/clubped.

Answer to Carb Counting Question on Page 4

Answer is C: 6, he got 2 servings from the potatoes, 2 servings from the whole wheat bread and 2 from the smoothie.