



Sweet Nothings

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Spotlight on Graham County

Submitted by: Kristen Shuler, RN, BSN

The Graham County Department of Public Health is part of Cohort III of the North Carolina Diabetes Education Recognition Program. Graham County is very small, with a population of around 8,000 and only one private doctor's office in the county.

Our efforts have mostly been focused on marketing. We have visited the one local physician's office and presented the program to the providers there. We are contacting primary care providers in Cherokee and Swain counties to set up presentations because so many of our residents travel to those counties for medical care. Our intention is to let them know that we are available for patients who reside in Graham County.

Because of the large number of Native Americans living in Graham County and the high rates of diabetes in Native Americans, we have contacted the Snowbird Clinic to let them know what we are offering.

Referrals through November were fairly slow, but have started to pick up in December. We have five clients that we are working to get scheduled for assessments right now and two clients who have completed their assessments and are ready for classes.

Graham County only has one pharmacy. Two of the three pharmacists employed there are actively involved with our Diabetes Support Group. They have been an excellent resource for referrals to the support group. They inform their clients with diabetes about our program. We created inserts to go in the pharmacy bags of those who were filling diabetes-related prescriptions to promote the support group.

We have been extremely fortunate with our media coverage in Graham County. The local weekly newspaper has an employee with Type 2 diabetes who is very interested in what we are doing. She has written several articles on diabetes rates, the benefits of physical activity, opportunities to increase physical activity, diabetes prevention, and the services available at the Public Health Department for those with diabetes.

An ongoing plan for us is to get extremely involved with our county's largest employer, Stanley Furniture Company, to offer diabetes self-management training (DSMT) to their employees. The local physician's office provides on-site health care to Stanley employees one day per week, making the referral process very simple. The Industrial Health Nurse and Human Resources Manager there are working to encourage employees to attend DSMT.

We are looking forward to January and hoping to be busy seeing clients all month!

CONGRATULATIONS!!!!

Congratulations to the winners of the National Diabetes Month competition! The winners were Jackson County Health Department and Toe River District Health Department. Jackson County was the winner for the county seeing the most new patients (seven patients). Toe River District Health Department was the winner for having the most patients in class (eight patients). Each of these counties will receive one scholarship to the Janet Reaves Memorial Conference being held on Feb. 18-19, 2010 at the Hilton RTP – RDU.

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Remember



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

Data Update

December, 2009

Total Number of Patients Seen: 978
 New Patients: 56
 Pre A1c: 8.0%
 Post A1c: 7.1%
 Foot Exams: 62%



High Protein Heart Healthy Three Bean Salad

Submitted by Joanne Rinker, MS, RD, CDE, LDN



Ingredients:

1 (15 oz.) can kidney beans
1 (15 oz.) can black beans
2 (4 oz.) cans diced chiles
1 (15 oz.) can green beans
1 (15oz.) can wax beans
1 c. chopped celery
1 med. onion (red), sliced
1 (10 oz.) pkg. frozen peas
1/4 tsp. fresh cilantro (coriander leaf) or 3 tsp. dried

Directions:

Combine the canned beans, chilies, celery, onion and cilantro. Boil peas for 1 minute. Cool peas. Add peas to salad and chill the salad for 2 hours together. Enjoy!

Nutrition Facts: Makes 12-1cup servings: Calories: 70, Carbs: 15g, Fat: 1g, Pro: 5g, Fiber: 4g

American Diabetes Association's Education Recognition Program Announces Important Changes in the Recognition Process

The American Diabetes Association's Education Recognition Program has recently announced two important changes in the recognition process. Effective immediately, all applicants seeking recognition will be awarded recognition for four years instead of the previous three years, giving you an additional year to continue your work to Stop Diabetes. Once approved, new applicants including multi-sites can retroactively bill starting from the data collection period, taking away the threat of revenue loss while you gear up to stop diabetes.

Source: www.diabetes.com

CARB COUNTING QUIZ

This is the new year so we need to start if off right! If we ate a large salad (lettuce, tomato, cucumber, green peppers, black olives) with 1 can of tuna, 1ounce of slivered almonds and 1ounce of shredded cheddar cheese. How many servings of carbs would we have?

A: 1

B: 2

C: 3

D: 4

(Answer is on page 4)



Did You Know?

Economic Burden of Diabetes:

The current economic burden of diabetes for individuals and families is significant—the 2007 per capita annual costs of health care for people with diabetes is \$11,744 a year, of which \$6,649 (57 percent) is attributed to diabetes. One in five health care dollars is currently spent on someone diagnosed with diabetes.

One in six individuals with diabetes report avoiding or delaying needed medical care because of cost.

Annual health care expenses for a person with diabetes topped \$11,477 in 2007.

A study showed that 80 percent of people with diabetes went uninsured after having lost coverage due to health insurance transitions triggered by job change or layoff, a move, divorce, graduation from college, or a change in income or health status.

Source: Preventing and Treating Diabetes: Health Insurance Reform and Diabetes in America, November 2009

http://www.magnetmail.net/images/clients/ACDD/attach/DC_Sebelius_Health_Reform_PWD_Nov_09.pdf

Diabetes is a Leading Cause of Death in US:

Diabetes is a leading cause of death by disease in the United States. Since 1987, the death rate due to diabetes has increased by 45 percent. For the nearly 47 million individuals who are uninsured and the millions more who are underinsured, a diagnosis of pre-diabetes, diabetes, or another chronic condition is a significant threat to financial stability.

Source: American Diabetes Association

www.diabetes.org

Diabetes on the Rise in the U.S.:

According to the [Gallup-Healthways Well-Being Index](#), the reported incidence of diabetes on the rise in the United States, climbing to 11.3 percent of American adults -- or about 26 million Americans -- in the third quarter of 2009, up from 10.4 percent in the first quarter of 2008. If current trends continue, 15 percent of American adults -- or more than 37 million Americans -- will be living with diabetes by the end of 2015.

Source: <http://www.well-beingindex.com/>

Diabetes Facts:

Someone is diagnosed with diabetes every 20 seconds, but many Americans lack basic knowledge about the potentially life-threatening disease, according to a new survey from the American Diabetes Association. Diabetes is responsible for more deaths each year in the United States than breast cancer and AIDS combined, but just 42 percent of those surveyed knew that diabetes could be so deadly.

By walking just an extra five minutes a day you can burn an additional 24 calories per workout. That may not seem like much, but over the course of one year it adds up to a total of 8,760 additional calories burned.

www.diabetes.org

A1c News from ADA

A number of factors have traditionally limited the use of A1c as a diagnostic or screening tool for diabetes. The American Diabetes Association has recently convened a panel to develop a position on the use of A1c for diagnoses of diabetes and the identification of intermediate risk categories, i.e. pre-diabetes categories. The verdict is out and the updated criteria for diabetes diagnoses include A1c \geq 6.5 percent. The updated criteria for increased risk for diabetes (pre-diabetes) include A1c from 5.7 percent to 6.4 percent. Other qualifying parameters for both diabetes and pre-diabetes still hold, i.e. fasting plasma glucoses, glucose tolerance test results and random plasma glucoses where indicated.

This gives you one more tool to assess patients and determine appropriate interventions. For more information on the new diagnostic criteria based on A1c, look for the upcoming 2010 Clinical Practice Recommendations. (Diabetes Care, Supplement 1, January 2010).

www.diabetes.org

DIABETES- Get the Latest FDA Consumer Health Updates

FDA regulates medical devices and medicines used to control diabetes. WebMD and FDA are partnering to give you fast and dependable answers when you need them most.

<http://www.webmd.com/fda/diabetes/default.htm>



AACE Releases New Algorithm for Treatment of Type 2 Diabetes

The American Association of Clinical Endocrinologists (AACE) and the College of Endocrinology (ACE) released online a one-page resource for physicians and healthcare providers for the management of glycemic control in type 2 diabetes. "Depending on a patient's current A1c level, a physician will use the algorithm to determine whether a mono-, dual-, or triple combination therapy should be considered," Dr. Helena Rodbard, former AACE president and Co-Chair of the Algorithm Task Force said in a press release. "To minimize the risk of diabetic complications, the algorithm will help achieve a hemoglobin A1c value of 6.5 or less when appropriate."

The algorithm (a simple flowchart) starts with lifestyle modification, such as exercise and diet, as the primary impacting factor on a patient's health. Then depending on hemoglobin A1c levels, physicians can use the flow chart to determine if a single medication, dual medications, or a triple-combination therapy should be prescribed.

The algorithm, which was developed by a group of leading endocrinologists, prioritizes medications according to a number of factors. These factors include risk of hypoglycemia, efficacy, simplicity, and anticipated degree of patient adherence. It is based on the AACE/ACE Diabetes Guidelines and recent medical literature.

The algorithm goes something like this:

If A1c levels were between 6.5 - 7.5 percent at diagnosis, you would probably be started on a monotherapy (single medicine): either Metformin, a thiazolidinedione, a DPP-4 inhibitor, or an alpha-glucosidase inhibitor. If that did not do the trick in maintaining glycemic control after two or three months, you might be moved on to dual therapy. Dual therapy means metformin would be prescribed **in addition to** a thiazolidinedione, a DPP-4 inhibitor, or an alpha-glucosidase inhibitor.

If A1c levels were between 7.6 - 9.0 percent at diagnosis, you would be started on dual therapy of Metformin plus one of the above monotherapies. If blood glucose control were not achieved in two or three months, triple combination therapy would be next. An example of a triple combination therapy would be Metformin plus a DPP-4 inhibitor plus a thiazolidinedione.

If A1c levels were above 9.0 percent at diagnosis and you had symptoms, you would be started on insulin. If you had no symptoms, you would be prescribed a triple combination therapy as described above. You can view the AACE Glycemic Control Algorithm [here](#).

Source: <http://www.aace.com/pub/pdf/GlycemicControlAlgorithmPPT.pdf>

AADE7™ Self-Care Behaviors Handouts

These handouts provide basic information about the seven different areas patients should focus on while managing their diabetes. Each one includes some facts, tips, advice and activities that will get them started on their self-care and reinforce some of the lessons they learn in their diabetes education sessions.

https://www.diabeteseducator.org/export/sites/aade/_resources/pdf/general/AADE7_handouts_lo-res.pdf

County-Level Diabetes Data

The CDC Diabetes Data and Trends Website has the new county-level prevalence estimates for diabetes and obesity. You can link to this information directly at: <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>

Answer to the Carb Counting Quiz on Page 2

Answer is A: 12g carbs in 3 cups of salad, 1g total in both nuts and cheese=1 serving



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

www.ncdiabetes.org



"Don't mind Jack. He's just on one of his sugar highs!"

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RESOURCES

Resource Guide: Every January, Diabetes Forecast sends out a "Resource Guide" for that year. It is a list of new products on the market for managing diabetes. It also lists the medications. Look for a copy of the Resource List if you subscribe to Diabetes Forecast through ADA.

Insulin Resource:

www.insulinjournal.com is a website that specifically deals with insulin. It provides patient handouts that are great resources to use with patients. Handouts are: Managing Type I Diabetes for Pregnancy; Taking Insulin; High Blood Pressure and Diabetes; Let's Get Moving; My Weekly Exercise Plan; Walking Works. There are other handouts available on this site. Handouts are also provided in Spanish.

Healthy Outcomes is a free, interactive online resource that rewards your patients for taking control of their health and wellness. Participants earn Reward points by watching educational modules, completing surveys, playing games, etc.... Reward points can then be redeemed for diabetes related products.

Source: <https://www.healthyoutcomes.com/>

Continuing Education

Managing Hypertension in Adults with Diabetes

Hypertension is a major risk factor for cardiovascular disease (CVD) and microvascular complication such as retinopathy and nephropathy. The Diabetes and Hypertension Webcast will help health care professionals to better treat their patients with diabetes and hypertension.

<http://dbhypertension2006.rockpointe.com/>

Online CE/CME

Pri-Med.com offers a continuously growing list of Online CME activities addressing the latest research in multiple topic areas.

<http://www.pri-med.com/PMO/Endocrinology/Diabetes/Activities.aspx>

Free Continuing Education Credits for health care professionals who treat patients with diabetes. Visit the American Diabetes Association's professional education website.

<http://PROFESSIONAL.DIABETES.ORG/CE>

Janet Reaves Memorial Conference on Quality & Chronic Disease

Feb. 18-19, 2010

Durham, NC

www.ncchca.org

Continuing Education

Diabetes in Control offers numerous free online continuing education courses, such as:

- Patient Centered Motivational Counseling
- Patient Education: You Can Do It!
- Keeping it Real Patient Empowerment and Self-Management
- Carbohydrate Counting: From Basic to Advanced

www.diabetesincontrol.com