



Sweet Nothings

June 2008

Volume II, Issue 6

ADA RECOGNITION GRANTED!

We are pleased to report that our application for ADA recognition was approved on May 20, 2008. We should receive our certificate numbers in early June, and the pilot programs should be able to bill soon thereafter. Thanks to all of you for your hard work, dedication and support during this process. CONGRATULATIONS to everyone!

Brunswick County Receives North Carolina Association of County Commissioners Outstanding County Program Award for ADA Diabetes Education Umbrella

Don Yousey, Brunswick County Health Director

Ed Wooters, members' services director of the North Carolina Association of County Commissioners, presented Brunswick County Commissioner Chairman Bill Sue and County Health Director Don Yousey with the Outstanding County Program Award for the health department's American Diabetes Association (ADA) Education Umbrella at last Monday's county commissioner meeting. Mr. Wooters noted that the educational umbrella had just completed being piloted with five counties (including Brunswick County) and should receive accreditation by the ADA in the next two months.

Yousey reported that only four health departments in North Carolina are currently able to provide the much-needed training, as achieving ADA accreditation is costly, time consuming and very hard to successfully complete. Since physicians' offices don't have time to do the education and the service cannot be billed to insurances until ADA accreditation is achieved, most diabetics never get the training. This lack of education on how to best care for themselves can lead to early onset of renal failure, circulation problems (often leading to amputations), blindness, and other health problems. These health problems lead to expensive hospitalizations and severely negatively impact the quality of life for diabetics. Yousey said that if diabetics can be taught to care for themselves following ADA guidelines, many of these health problems could be prevented.



Yousey noted during the award presentation that while this state-wide umbrella was his brainchild, getting ideas is easy. Carrying out the ideas and making them reality is the hard part. He stressed that the umbrella would have never become reality without the support of his wonderful staff that have really done all the work. Pictured with the award are the ADA Diabetes Education Umbrella Team – Fred Michaels (deputy health director), Joanne Rinker (state consultant), Patty Ellis (dietitian), Diana Jones (registered nurse), Anne Wrenn (WIC director), Jen Miller (health educator) and Mr. Yousey.

Once the ADA recognition is completed, the umbrella will be expanding and adding 15 more counties in the next year. Yousey stressed that each county choosing to participate is agreeing to pay 10 percent of their earnings in diabetes education to make the umbrella financially self-sufficient and sustainable.

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Data reports are due the 5th of each month

COHORT 2 NEWS!

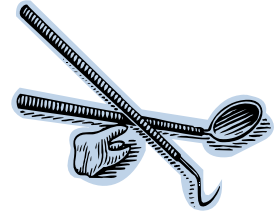
12 counties/health districts submitted applications for participation in Cohort 2: Cabarrus, Chatham, Cleveland, Duplin, Guilford, Jackson, Martin-Tyrell-Washington, Nash, Northampton, Pitt, Sampson and Union.



Diabetes and Periodontal Disease

Joanne Rinker, MS, RD, CDE

Did you know that the sixth major complication of diabetes is periodontal disease? In fact, 80 percent of the adult population in the U.S. has periodontal disease. Not too many people realize the severity of this problem. Many people do not think about their teeth when they think about the complications of diabetes. Periodontal disease, or pyorrhea, is a disease of the supporting tissues of the teeth, gums, and bones of the mouth. Once you have periodontal disease, it is almost impossible to cure it completely. However, with the help of your dentist and hygienist, you can slow down its progression with early detection and aggressive treatment.



In addition to periodontal disease, the mouth is vulnerable to other problems that can affect people with diabetes. These include:

1. Altered taste resulting from a change in salivary chemistry, dry mouth or the presence of yeast.
2. Dryness of the mouth from inactive or defective salivary glands. Dryness is also a manifestation of poorly controlled diabetes.
3. Yeast (candida) in the mouth, a fungal infection associated with elevated glucose levels that is a frequent complication of diabetes.
4. Oral neuropathy, or numbness of the mouth, a rare complication characterized by a burning sensation in the mouth or on the tongue.
5. Halitosis, or bad breath, often occurs when periodontal disease is present. Bad breath is worsened by dry mouth. Strong breath mints may help, but they only mask the problem, not solve it.

What can you do?

Brush your teeth at least twice a day, especially after meals; floss your teeth at least once a day; avoid harsh mouthwashes; and have your teeth cleaned regularly (every 6 months).

How do I prepare for a visit to my dentist?

First of all, make sure your dentist knows you have diabetes and what medications you take. Make your appointment at an appropriate time to avoid hypoglycemia (for those on insulin therapy). Bring your glucose meter or a log of your most recent (past week) blood sugars with you to your appointment. Try to have your blood glucose levels in goal range during dental office visits. Avoid long appointments; ask if a lengthy procedure can be split into separate visits.

Questions you can ask yourself about warning signs of periodontal disease:

- Do your gums bleed easily when brushing or flossing?
- Do you have loose teeth?
- Are your gums red, swollen or tender?
- Do you have unusually bad breath?
- Do you have tartar formation (creamy brown, hard masses on tooth surfaces)?
- Have you noticed a change in the way your teeth fit together when you bite?
- Do you feel pain when you chew?
- Are your teeth sensitive to temperature?



Diabetic patients are more likely to develop periodontal disease, which in turn can increase blood sugar and diabetic complications.

Oak Hill Camp Challenge for Children with Asthma or Diabetes

Do you have any pediatric patients who would be interested in attending camp this summer? Oak Hill's Camp Challenge for children, ages 7 through 17, with asthma or diabetes will be held June 15-20 in Oxford, N.C. It is hosted by WakeMed. Cost is \$420 for 6 days.

See www.campoakhill.org.

As educators, you may also choose to volunteer your services!



How to Make a Great Fruit Salad

Joanne Rinker, MS, RD, CDE

1. Choose the fruit carefully. Select only fruit that is fresh and ripe, but not overripe and soft. Sour or overripe fruit can ruin a fruit salad!
2. Avoid overwhelming fruits. Grapefruit, for example, will work well in a citrus salad but not with berries or delicate fruits.
3. Be wary of fruits that will oxidize, like apples. These can be used if they are cut and immediately mixed with an acidic fruit to prevent browning. The same goes for bananas. Cut them at the very last minute and then sprinkle the salad with lemon or lime juice to prevent browning.
4. Strive for similar textures but different colors. This will make a picture-perfect salad.
5. Peel and seed all fruit as necessary.
6. Cut the fruit in uniform sizes, as close to serving time as you can. If preparing the fruit ahead of time, store it in a colander over a small bowl to allow it to drain so it doesn't become soggy. You can then use that juice, lime juice and some mint as the fruit salad "dressing."
1. Dress the salad, if desired, just before serving. Use only enough dressing to lightly coat the fruit. You can also dilute some vanilla yogurt with a small amount of orange juice and toss into fruit.



Make sure you limit yourself to 1/2-1 cup of fruit if you are watching your carbs.

A Great Fruit Salad Mix

Combine: 1 1/4 lb blackberries, left whole; 1 1/2 lb sweet cherries, pitted and halved; 3 firm-ripe medium peaches or nectarines, halved lengthwise, pitted, and cut into 1/3-inch-thick wedges; and 1/2 lb seedless green grapes (1 1/2 cups), halved. Choose a dressing, toss and enjoy!



Carbohydrate Counting: Focus on Vegetables

Joanne Rinker, MS, RD, CDE

It is important to remember when counting carbs in vegetables that there are certain veggies that are very high in carbs and others that are very low. For example, high-carb veggies include: beans, potatoes of any kind, peas, corn, yams, turnips, beets, plantains, acorn and butternut squash. Of those, 1/2 cup (cooked) provides 15g of carbs and is considered 1 serving.

All other veggies, including but not limited to bean sprouts, greens (lettuces, spinach, chard, collards, mustard greens, kale, radicchio and endive, herbs), parsley, cilantro, basil, rosemary, thyme, bok choy, celery, radishes, broccoli, cauliflower, cabbage (or sauerkraut), mushrooms, jicama, avocado, cucumber (or pickles without added sugars), peppers (all kinds), summer squash (including zucchini), scallions or green onions, asparagus, bamboo shoots, leeks, Brussels sprouts, snow peas (pods), green beans and wax beans, tomatoes, eggplant, artichoke hearts, fennel, onions, okra, spaghetti squash, carrots, water chestnuts and pumpkin. It takes close to 3 cups of any of those to equal 1 carb choice! So, fill your plate with those veggies and you will be eating fewer calories.

Take the Carb-Counting Mini Quiz!

For lunch, if you had 3 cups of lettuce, tomato, onions and cucumbers; 1/2 cup of mashed sweet potatoes, a 3-oz. piece of grilled chicken and 1/3 cup macaroni and cheese, how many servings of carbs would you have? (Answer is on page 4)



Are You at Risk for Osteoporosis?

Osteoporosis is a disease that causes weak bones. This increases the risk of fractures.

What are the signs of osteoporosis?

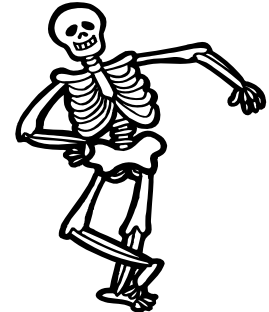
Usually, the only symptom is a broken bone. Other noticeable signs can include height loss and curvature of the spine that occur slowly over time. Osteoporosis can cause many changes that you probably will not notice on your own but that can be identified through screening tests. It is important for people who may be at risk for osteoporosis to be screened. If osteoporosis is found, treatment should be started to avoid bone fractures.

Who is at risk?

The National Osteoporosis Foundation publishes these standard risk factors.

You may be at increased risk if you:

- are female or of advanced age;
- have a hormone deficiency (testosterone in men or estrogen in women);
- are a woman who had early menopause (before age 45);
- use certain medications, such as steroids or anti-seizure drugs, or take too many supplements for thyroid or vitamin A;
- eat a diet low in calcium;
- are inactive or immobile;
- smoke or use alcohol excessively;
- have parents or siblings with osteoporosis;
- have certain medical conditions, including diabetes, cystic fibrosis, malabsorption syndromes, some genetic diseases, kidney disease, thyroid disease, bulimia, or anorexia;
- have a thin body and small bone frame; or
- are white or Asian (although members of other races can also be affected).



How can I prevent osteoporosis?

Your bones grow and achieve their peak bone mass in your youth and up to age 35. During this time, you can make your bones as strong as possible by eating a healthful diet and exercising regularly. If you are beyond age 35, you can help prevent bone loss by getting enough calcium and vitamin D, performing weight-bearing exercises, and maintaining an overall healthy lifestyle. Speak to your health care provider about the right amount of calcium and vitamin supplements for you. It is also important to reduce your risk of bone fractures by preventing falls. Wear sturdy shoes, make sure your daily environment is safe, and wear hip pads if you know you already have bone loss.

How can I be tested for osteoporosis?

Bone mineral density testing provides an easy and accurate measure of your risk for osteoporosis. Common tests include:

- dual-energy x-ray absorptiometry (DXA),
- quantitative computed tomography (QCT),
- peripheral DXA or QCT, and
- peripheral heel ultrasound.

Your health care provider can provide more information about these tests.

What treatments are available?

Many different drugs are available for treating osteoporosis. Your health care provider can help you decide which one may be right for you. Commonly used drugs include:

- bisphosphonates, such as Actonel (risedronate) or Fosamax (alendronate);
- Miacalcin (a calcitonin nasal spray); and
- Evista (raloxifene).

If you think you may be at risk for developing osteoporosis, talk to your health care provider about getting screened and, if necessary, developing a treatment plan.

Footnotes

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<http://clinical.diabetesjournals.org/cgi/content/full/20/3/158>

Answer to Carb Counting Mini Quiz on Page 3

3 servings — 1 from the sweet potatoes, 1 from the 3 cups of salad and 1 from the 1/3 cup of macaroni and cheese.



Did You Know that ½ Cup of Tomato or Vegetable Juice Equals 1 Serving of Vegetables?

Joanne Rinker, MS, RD, CDE



Don't like tomato juice? Try Carrot Broccoli Juice! Take 6 fresh carrots and 1 whole broccoli stalk and head. This is a great vitamin A and vitamin C rich juice combo. Juice the whole broccoli, leaves and all. The carrot juice will sweeten it up, making for a particularly tasty beverage. Broccoli is rich in iron, potassium, calcium, vitamin C, vitamin A, and much more. Just add to a blender and puree!



Antioxidants Help to Decrease Complications of Diabetes

Joanne Rinker, MS, RD, CDE

Antioxidants can protect you from cancers, heart disease, diabetes, macular degeneration, the common cold, sunburns and more. This is why it is so important to eat whole foods rather than processed ones. Try to choose lots of fresh fruits and vegetables from local markets this summer.

Antioxidants are found in many foods, but especially in colorful vegetables and fruits. Food sources of carotenoids, flavonoids and cruciferous compounds include tomatoes, peaches, strawberries, red grapes, black grapes, beets, citrus, broccoli, kale, mustards and many, many more. Eat 5 to 13 servings of these daily and you may prevent many illnesses.

Numerous reports have demonstrated that oxidative stress induced by diabetes plays an important role in the development and progression of diabetic vascular complications including nephropathy. Indeed, there is emerging evidence that the formation of reactive oxygen species (ROS) is a direct consequence of hyperglycemia. Biomarkers for oxidative damage to DNA, lipids, and proteins are also supporting the concept of increased oxidative stress in diabetes and diabetic nephropathy. This is where antioxidants play a role to help reduce the oxidative stress and decrease the severity of complications. Be sure to eat 5-13 servings of fruits and/or veggies daily to have optimum effects!

Interesting Hyperlinks From WebMD

www.webmd.com/solutions/sc/diabetes-and-your-menu/food-labels

www.webmd.com/solutions/sc/diabetes-and-your-menu/eating-right

www.webmd.com/solutions/sc/diabetes-and-your-menu/dining-out-101



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

www.ncdiabetes.org

ADA Advisory Committee Annual Meeting

June 18, 2008
9:00 a.m.—12:00 Noon
Hickory Room
5505 Six Forks Road
Raleigh, NC



Billing In-Service

June 18, 2008
1:00 p.m.—4:00 p.m.
Hickory Room
5505 Six Forks Road
Raleigh, NC

Cohort Two Program Staff & Curriculum Training

July 15, 2008
10:00 a.m.—4:00 p.m.
Cardinal Room
5505 Six Forks Road
Raleigh, NC

Resources

www.todaysdietitian.com/tcpeexam.shtml

2 hours per month=24 per year

www.foodandhealth.com/continuinged.php

Currently 2 courses are available on diabetes. One is 2 hours for \$23.75; the other is 15 hours for \$156. You can do these at home!

The American Association of Diabetes Educators has live webinars that last 90 minutes. They are held once a month and the cost is \$125 for the whole office. So, five of you can earn 1.5 hours of CEU for 1 price! Here is the link:

<https://www.diabeteseducator.org/ProfessionalResources/products/view.html?target=35&sub1=DEW&sub2=Live%20Webinars>

Novo Nordisk offers some free CEU opportunities. Here is the link. You will notice that there are a lot of different diabetes topics. Again, you can do this from your office and in this case, the hours are free.

www.mededtoday.com/ce-bin/owa/pkg_specialty_pages.

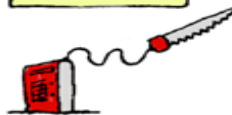
The CDC and the NDEP have also come together to offer continuing education credits for 2 diabetes products. Please click on the link below to get your credits from the CDC.

www.cdc.gov/diabetes/ndep/continuing_education.htm

Nurses: log on to www.rn.com They offer free continuing ed hours each month. If you click on Nursing Education and then Continuing Education Course list, they also have a full list of topics to choose from including stroke, cholesterol, HTN, surviving the heat, diabetes and many other topics.

Inventions that didn't catch on

Serrated lancing device



Insulin carry-all



Insulating dartboard



Swiss diabetic knife



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