Diabetes Education Recognition Program North Carolina

Sweet Nothings

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March 2009

Spotlight on Nash County

Submitted by Karen Ramsey, Health Education Supervisor

Here in Nash County we have just held our second 8-hour Diabetes Self Management Class! We are so excited that we can offer this special service to our residents, as there is only one other local option for diabetes education. Our program is building and we are honored to be able to use this opportunity to share some COOL stuff that is happening within our new program:

- Our classes are very informal and very 'hands on'. We greet the 5-10 participants with some healthy snacks and use food throughout the day as teaching tools to help them understand carb counting and reading labels.
- We provide participants with healthy, inexpensive lunches like chicken Caesar salads from McDonalds, light and fat-free dressings and flavored Crystal Light teas so that we can help them see how to enjoy fast food in healthy ways. Most have never gotten a salad at a fast food restaurant and are AMAZED at how tasty they are!
- Because of another grant, we were able to give our February class participants foot care kits including a mirror, powder, a large pair of clippers, a pumice stone, emery boards, and lotion samples. We used the kit to teach healthy foot care, and the kits were fairly inexpensive as we found most of the items at a dollar store.
- We had a 'guest speaker' during this recent session—a pharmacist diabetes educator from the rural health center in our county. She was WONDERFUL! She explained diabetic medicines in such an understandable way and our participants were so comfortable with her that they asked question after question! We hope this pharmacist will become one of our education team members for future classes.
- We also had a dietitian intern to create and present, under our dietitian's guidance, a special section on carb counting that seemed to really help participants 'get it'!
- This same dietitian intern spent a day recently delivering informational packets to physicians and pharmacists in the south and western sections of our county, which are very rural. We immediately had two referrals from one of the physicians! We will be excited when those referrals return to their physician for follow up labwork and have reduced HbA1cs.

Happy Spring!

Data Update

Total Number of Patients Seen: 433
Cohort I: 246
Cohort II: 187
Patients Seen from January 5, 2009—February 5, 2009: 56
% of Patients Checking Feet: 52%
Pre A1c: 8.0
Post A1c: 7.1

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Remember

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

DIRECT Solutions for Diabetes Control Community Seminar "A Success Story"

Submitted by Melvin Jackson

In Wake County on Saturday, Nov. 8, 2008, DIRECT Solutions for Diabetes Control held a Community Seminar from 9:00 a.m. to 4:00 p.m. at the Alice Aycock Poe Center for Health Education. There were 140 pre-registrants, and 100 participants attended the event. The Raleigh Links Inc. (a volunteer service organization of concerned, committed, and talented women) and the Project DIRECT Ambassadors served as volunteers for the events. Over 800 flyers were distributed and a PSA was sent to the local media as well as on the "Tom Joyner Morning Show".

Concurrent workshops were held, two in the morning and two in the afternoon. Workshop topics included: Diabetes Management; Insulin, Medications, and Everything Else; Healthy Eating & Diabetes; Blood Glucose Monitoring; Ask The Dietitian; Ask The Educator; Know Your Feet; Diabetes Past, Present & Future; Ask The Endocrinologist; Diabetes and Stress Management; and the Psychological & Emotional Aspects of Eating. Key speakers were Ken Wolpert, PA-C, CDE, Sally Ullman, RD, CDE, Beverly Gardner, RD, CDE, Dr. Anthony Azzi, MD, Endocrinologist, Dr. R. Sellers, DPM, Podiatrist, Dolly Daniel, RN, CDE, Deborah Klinger, MA, LMFT, CEDS, Mellow Curry, FNP Paula Jennings, RD, CDE' Karen Boehmke, PA-C, Carol Younkin, RN, CDE, CHES, Nalini Narahari, RD, CDE and Dwan Kelsey, NP. Lanarda Smith, DIRECT's Administrative Assistant, handled event logistics. Supporting vendors included Abbott Diabetes Care, Abbott Nutrition, Bayer Healthcare, CCS Medical, Inc., Life Source Medical, Inc., Merck and Co. Inc., Sanofi Adventis, WaveSense, AgaMatrix Inc. and WellLife Diabetes Center. Lunch was catered by Honey Bear. Inc. Project DIRECT, Abbott Diabetes Care, CCS Medical, Life Source Medical, Inc. and Sanofi Adventis, sponsored snacks and lunch for the event.

Participants were asked to complete an evaluation upon completion of the seminar. Seventy-five percent of the participants completed and returned the program evaluation. In summary, 94% of the respondents were female, 46% were employed and 46% retired, 51% were married, 50% were between the ages of 50 and 65 and 30% were 65+. Ninety percent were African American and approximately half reported they lived in the SE Raleigh community. Largely, the opinions of the workshops were favorable. Participants requested more of this type of programming. They enjoyed the one-on-one attention provided by the endocrinologist, the podiatrist, the nutritionist and Life Source Rep., the diabetic shoe vendor. Major challenges reported were the participants' inability to attend all of the sessions and the absence of an optometrist or an eye care professional. Additional topics requested for future seminars include: more of the same information, cardiovascular disease, the effect of medications on the kidneys, eye care, and medical insurance. In the future large group sessions will be provided.

DIRECT's next steps will be to encourage the participants to attend support group session and to provide mini-seminars through out the coming year. DIRECT will also promote and attend the May 2, 2009 Take Control of Your Diabetes Conference.

Carb Counting Quiz

Eva asked Joanne for 10 homemade sweet potato french fries, 1/2 cup of peas, 1 slice whole wheat bread and 2 oz. of steak for dinner. Joanne was so excited that she asked for such a healthy meal that she quickly prepared dinner and served her family. After dinner, Eva then asked to have a cup of yogurt and 3 gingersnaps. If Joanne gave Eva all of her dinner and all of her dessert, how many carb choices would Eva have eaten?

A: 2
B: 3
C: 5
D: 7

(Answer is on page 5)

Melinda's Medication Moment

Submitted by Melinda Rummage, RN, CDE

Januvia: (sitagliptin) : Januvia is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Januvia is a DPP-4 inhibitor. Technically it inhibits the DPP-4 enzyme that degrades GLP-1 and GIP resulting in 2-3 fold increased levels of these incretins. It increases insulin secretion in presence of elevated plasma glucose and reduces postmeal glucagon secretion.

To explain this in simple terms; the body sends important messages to the pancreas to try to balance high blood sugar. In response, our pancreas makes more insulin and signals the liver to make less sugar. But a substance in the body called DPP-4 blocks some these messages. Januvia works by blocking the DPP-4 so more messages get through so that the pancreas can produce more insulin and to decrease the sugar made in the liver to lower blood sugars.

Januvia comes in 25 mg, 50 mg,100 mg tablets. It is usually ordered 100 mg po Q Day. With moderate renal insufficiency (CrCl > 30 to < 50 ml/min) 50 mg per day. For severe renal insufficiency (CrC <30 mil/min): 25 mg per day. Januvia can be taken with or without food.

The duration of action is 24 hours.

There is a low incidence of side effects, including hypoglycemia or gastrointestinal symptoms. Side effects include headache, upper respiratory tract infections, and nasopharyngitis.

Precautions include: not to be used with type 1 diabetes or for treatment of diabetic ketoacidosis. Assessment of renal function is recommended prior to initiation and periodically thereafter. It shouldn't be administered to mothers who are breast feeding.

Januvia may be used as monotherapy or in combination with Metformin or TZD s. When used in combination with Metformin, a lower dose of Metfomin may be requied to prevent hypoglycemia. Januvia has not been studied in combination with insulin therapy. Not associated with weight loss.

Information obtained from Diabetes Medications Supplement: Working Together to Manage Diabetes and www.Januvia.com.

DID YOU KNOW?

Women Get Diabetes Earlier Than Men: Women may show signs of diabetes far earlier than men, according to new research. The findings could lead to new diabetes screening procedures to help identify who is at greatest risk of developing the disease. Women in the study had a higher incidence of prediabetes than men. Because these pre-diabetic markers are not routinely assessed and because diabetes is strongly linked with coronary heart disease, the study may help explain why the decline in death rates for heart disease in diabetic women lags behind that of diabetic men. *Diabetes Care Feb. 2007*

According to the American Diabetes Association, smoking increases the risk of diabetes by seven percent. Smoking reduces the secretion of insulin from the pancreas and at the same time increases cellular resistance to insulin, leading to diabetes. Smoking also raises the risk for heart disease and stroke in everyone, especially for people with diabetes. Smokers with diabetes are three times more likely to die of heart disease than people with diabetes who don't smoke – which makes quitting even more important.
www.diabetes.org

Nearly one-third of U.S. adults age 65 and older have diabetes, while an additional 30 percent have prediabetes. In the United States, nearly 13 percent of adults age 20 and older have diabetes, but 40 percent of them have not been diagnosed.
Source: National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
www.nih.gov/news/health/jan2009/niddk-26.htm

Diabetes Connected!

Submitted by April Reese, MPH

Imagine a diabetes support group that has members all over the globe. How would it feel to find out about life with diabetes in another country? Do people in Europe use the same medications as people in your town? Do kids in Asia wear the same insulin pumps as you?

Today, imagination is reality thanks to the Internet and other technology. There are numerous websites with message boards for people with diabetes that serve as virtual support groups. Today, more and more people are connecting electronically and are looking for health information online (www.pewinternet.org/pdfs/PIP_Broadband%202007.pdf). Today, electronic information can be found in web logs or blogs, e-mails and message. We will profile a few of these electronic resources in this article; however, the opinions and information on any of these sites does not necessarily represent the views of the state of North Carolina, the Department of Health and Human Services, or the Division of Public Health. Information found on websites should not take the place of advice from a medical professional, and children under the age of 18 should always ask their parents for permission to access the Internet.

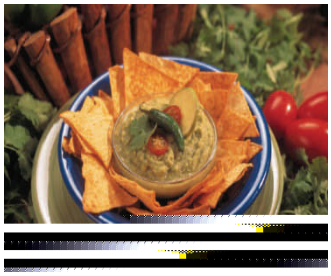
			Electronic Communication Type			
Website Name	Type of website	Address	Blogs	Message Boards	Support Groups	Other
American Diabetes Association	National non-profit advocacy agency	www.diabetes.org		X		Includes Boards in Spanish
Juvenile Diabetes Research Foundation	National non-profit advocacy agency	www.jdrf.org				On-line diabetes support
WebMD	Commercial website	www.webmd.com	X	X	X	
D-life	Commercial website with medical information and advice	www.dlife.com/	X	X		Photo wall
Dear Janis	Commercial website from Janis Rosler, RD, CDE, LD/N (2008-2009 AADE Educator of the Year)	www.dearjanis.com		X		
Diabetes Sisters	Social networking site based in North Carolina	www.diabetessisters.org	X	X		
Diabetes Talk Fest	Social networking site	www.diabetestalkfest.com	X			Chat rooms
Diabetes Forums	Social networking site	www.diabetesforums.com		X		
Diabetic Rock Star	Social networking site	www.diabeticrockstar.com		X		
Diabetic round table	Social networking site	www.zazamataz.wordpress.com	X			
Tudibaetes	Social networking site	www.tudiabetes.com	X	X		Chat rooms
Diabeticonncect	Social networking site	www.diabeticconnect.com	X	X		Bookclub

Seasonal Produce: March

Submitted by Joanne Rinker, MS, RD, CDE

Want to help decrease your carbon footprint? Then think each month about which fruits and vegetables are in season and build your recipes and your meals around those items. Then, buy those items locally so that they have not traveled too far or been harvested way too early. Locally grown foods which are picked at the peak of freshness are the highest quality making your recipe look and taste great! Here is a list of fresh fruits and vegetables to look for this month at your local produce stand. Remember you will probably pay much less for these items as well.
Fruit: Avocados, Grapefruit, Kiwi, Lemons, Limes, Pears, Pineapple , Tangerines
Vegetables: Artichokes, Asparagus, Broccoli, Lettuce, Carrots, Celery, Chicory, Endive, Escarole, Green Beans, Greens (kale, mustard, turnip, collard, watercress), Mushrooms, New Potatoes, Onions, Parsnips, Rhubarb, Spinach, Winter Squash, Sweet Potatoes, Turnips, Yams
Check out our recipe for guacamole below. Use locally grown avocados and enjoy the great taste of high quality fresh produce!

Guacamole



Ingredients:
2 avocados-pitted and mashed
2 tsp lime juice
2 sprigs of cilantro
2 cloves garlic chopped
¼ tsp salt
10 black olives chopped

Directions:
Mix all ingredients together and let "marry" for at least 1 hour. Serve cold with organic, 100% whole corn chips that are trans fat free!

Answer to the Carb Counting Quiz on Page 3

C: 5 10 fries=1, peas=1, bread=1, yogurt=1 and 3 snaps=1