



Sweet Nothings

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Spotlight on Macon County

Submitted by Kay Hilty, RD, LDN

The Macon County Public Health Center is part of Cohort III of the North Carolina Diabetes Education Recognition Program. Macon County is a rural community located in the mountains of Western North Carolina. It is a popular retirement and vacation community with a high percentage of the population being older adults. The total population is estimated to be approximately 34,000 and the median age is 46.28, the third oldest in the State. This older population translates into a high number of people with diabetes or pre-diabetes.

Our marketing plan during the fall of 2009 consisted primarily of visits to physician offices. We partnered with an existing marketing program for the health department. This program consists of health department employees visiting physicians' offices, providing a lunch for their entire staff and making a presentation to the staff on health department services or other health issues in the community. In November, through this program, we visited two offices and spoke to a total of four physicians. This small amount of marketing has proven to be very successful. Between Dec. 1, 2009 and April 1, 2010 we received 42 referrals – an amount that we were not prepared to manage. In early December, we suspended marketing until we are able to “catch up.” The marketing program is expected to begin again in May.

For our classes, we have partnered with North Carolina Cooperative Extension Service. The Family and Consumer Science Agent for Macon County prepares a light meal, serves it to participants, and teaches a lesson on healthy cooking. She also gives each participant a cookbook called “Dining with Diabetes” and gives a brief discussion of her experiences in preparing many of the recipes. Her presentation is lively, entertaining, and provides a welcome break during the class.

We have also found another resource to help with the program. The registered dietician at our health department serves as a preceptor for nutrition students from Western Carolina University who are working on their required internship to become a registered dietitian. These students spend 40-hours-a-week for seven to eight weeks at the health department. They are a valuable resource and extremely helpful with all of the details which are part of the DSMT classes. They have done everything from helping to teach lessons on healthy eating, to leading the class participants in light physical activity, to taking blood pressures, to moving furniture to setting up the classroom, to helping to fill a cooler with ice and bottled waters for the class participants. We always miss the students when their internship comes to a close.

We have two success stories with patients which we would like to share. One woman who attended class, later told us that learning about treating hypoglycemia had really made a difference for her. She lives alone, was sick with the flu, and ended up having dangerously low blood sugar. She drank regular soda and ended up being okay. She stated that if she had not taken the class, she would not have known what to do. A second success story involves a man who was newly diagnosed. Diabetes is very prevalent in his family. He attended the classes and must have felt they were helpful and worthwhile. Since he has finished the classes, his father, mother, sister and niece have all either gotten referrals or in the process of getting referrals from their physicians to attend the classes.

We feel blessed to have success stories, not only with our patients, but also with the partners who are helping us provide the diabetes education. We look forward to more success stories as we continue working with the North Carolina Diabetes Recognition Program.

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Remember



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

Data Update

April 2010

Total Number of Patients Seen: 1,458
 New Patients: 162
 Pre A1c: 8.1%
 Post A1c: 7.1%
 Foot Exams: 55%



NC Diabetes Education Recognition Program Receives Frankie Award



The NC Diabetes Education Recognition Program received a Frankie Award at the CDC's Division of Diabetes Translation conference on April 13, 2010. The Frankie Awards are named in honor of Frank Vinicor, M.D., former director of the Center for Disease Control and Prevention's (CDC's) Division of Diabetes Translation (DDT) and a founder of the National Diabetes Education Program (NDEP). The "Frankies" recognize innovative use of NDEP materials and resources as the cornerstone of diabetes prevention and control programs and initiatives, as well as exemplary promotion and incorporation of NDEP materials and messages into existing programs and activities. NC DERP's award is in the category of Implementation of an NDEP Program or Activity through Interpersonal Channels, which is the use of NDEP resources to provide health education one-on-one or in a group, such as in a healthcare, worksite, or community setting. April Reese, Laura Edwards and Joanne Rinker were honored to accept this award on behalf of the NC Diabetes Prevention and Control Program.

Diabetes Education: Assessing Health Literacy

Assessing your patient is a crucial first step to determine format and content of the education. One of the areas of assessment important for designing appropriate education is a patient's health literacy. Literacy is the state of being able to read and write while health literacy refers to the ability of an individual to understand and use health information. This includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education materials, healthcare provider directions and the ability to negotiate complex **health** and community care systems. For the person with diabetes, health literacy has daily application in interpreting self care instructions, making food choices, using BG monitoring results to problem solve and make decisions, etc. etc. It is therefore very important for the educator to have a measure of a patient's health and general literacy status in preparing to provide him or her with useful education. The question is how to obtain this measure in the often limited time we have in preparing to provide education. Experts recommend paying attention to simple red flags like missed appointments and not following through on discussed plans, lack of questions and inability to recall prescriptions. Assessing literacy can be incorporated in the social history—type of work, level of school completed, preferences of reading materials; functional health literacy can be assessed by having patients explain the way they take their diabetes prescriptions and comparing that to the actual prescription instructions, reading and interpreting a food label. There are some tools out there specifically for assessing functional health literacy: one of them is the REALM (Rapid Estimate of Adult Literacy in Medicine), NVS (Newest Vital Sign) and TOFHLA (Test of Functional Health Literacy in Adults). These tools are available online and may provide you with ideas on how they can be abbreviated and incorporated in your current assessment.

Once functional health literacy has been established, strategies recommended to improve communication and enhance learning regardless of literacy level include avoiding medical jargon, focusing on key messages (one to three key points per visit), using the return demonstration or teach back technique and using patient friendly educational materials. According to experts, patient friendly education materials are generally 4th to 6th grade reading level, have simple words, are picture based with more white space and relevant or personal to the patient. Education can be individualized for low literate patients to enhance or optimize learning. Patients with low or marginal health literacy struggle to understand self care instructions. Assessing and addressing functional health literacy in diabetes education has been shown to improve patient outcomes.

Below are Web sites with resources for addressing diabetes specific health literacy and numeracy:

- www.mc.vanderbilt.edu/diabetes/drtc/preventionandcontrol/
- www.niddk.nih.gov/health/eztoread.htm#dia
- www.pfizerhealthliteracy.com/

Source: American Diabetes Association www.diabetes.org

Application Submitted!

The application for local health departments participating in Cohort III was submitted to the American Diabetes Association on April 20, 2010! The Cohort II application for community health centers was submitted to ADA on April 21, 2010.



Health Literacy Training

To help public health professionals respond to limited health literacy, the Centers for Disease Control and Prevention (CDC) has launched a free, online training program: "Health Literacy for Public Health Professionals." Limited health literacy affects nine out of ten adults and impacts their capacity to fully manage their health.

http://www.cdc.gov/Features/OnlineTraining/?s_cid=fb277

NDEP's No. 1 Prevention Resource Now Available in Spanish!

[*Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes*](#) is now available in Spanish. This three-booklet package helps people assess their risk for developing diabetes and implement a program to prevent or delay the onset of the disease. The package includes a booklet on diabetes prevention, an activity tracker, and a fat and calorie counter. (Please note that the fat and calorie counter is only available to order by mail).

Source: National Diabetes Education Program

[DM Educate Comprehensive Diabetes Management, 2nd Edition](#)



Novo Nordisk has provided an unrestricted educational grant to the University of Pittsburgh School of Pharmacy with a vision to "Change Diabetes," creating DM Educate™, a unique internet-based, comprehensive diabetes continuing education course, which has recently been revised, offering updated and new content. Below is the link for the course outline:

[DM Educate \(TM\) Comprehensive Diabetes Management, 2nd Edition](#)

Newsflash

Zocor (simvastatin) -- increased risk of muscle injury with high doses: FDA has notified healthcare professionals and patients that, based on review of data from a large clinical trial and other sources, there is an increased risk of muscle injury in patients taking the highest approved dose of the cholesterol-lowering medication, Zocor (simvastatin) 80 mg, compared to patients taking lower doses of simvastatin and possibly other drugs in the "statin" class. [FDA Medwatch](#)

Glucose Tracker

[Glucose Tracker](#)

From the American Heart Association, download and print this week-at-a-glance chart for your patients to record their glucose levels. There's even a space to jot down questions. [Glucose Tracker](#)

CARB COUNTING QUIZ

If you have a salad that has ¼ cup raisins, ¼ cup Craisins, ¼ cup canned pineapple chunks and ¼ cup strawberries, how many servings of carbs are you having with that meal?

- A: 1
- B: 2
- C: 3
- D: 5

(Answer on page 4)



NC Diabetes Education Recognition Program Curriculum Trainings

Remember to register for the North Carolina Diabetes Education Recognition Program Curriculum Trainings being held June 3-4, 2010 (Eastern Region) at the North Raleigh Hilton and on June 14-15, 2010 (Western Region) at the Henderson County Health Department Classroom. Registration forms may be mailed to the Division of Public Health, NC Diabetes Education Recognition Program, 1915 Mail Service Center, Raleigh, NC 27699-1915 or faxed to 919-870-4801. If you need a refresher or have new staff, consider attending.

Taking Control of Your Diabetes

The Taking Control of Your Diabetes (TCOYD) Conference and Health Fair will be held **May 22, 2010 at the Raleigh Convention Center** from 9:00 a.m. to 5:00 p.m.. TCOYD brings national and local medical experts in diabetes care to people with all types of diabetes, those at risk for diabetes and their loved ones for a day of highly educational and motivational programs. To register or get more information, call 800-998-2693 or visit www.tcoyd.org.

Cabbage Salad with Ramen Noodles



Ingredients:

Salad:

- 1 head cabbage, shredded
- 8 green onions, sliced
- 1/2 c. sunflower seeds
- 1/2 c. toasted almond slices
- 2 pkgs. Ramen noodles oriental, uncooked

Dressing:

- 1 c. oil
- 2 tbsp. vinegar
- 2 tbsp. sugar
- 1 Packet Stevia
- 1 tsp. pepper
- Ramen Noodle Seasoning Packet

Directions:

Mix dressing ingredients together and set aside. Break up uncooked noodles and toss with remaining salad ingredients. Pour dressing over salad just before serving. Serves 10. You could even add some chicken to this and make it a meal!

Nutrition Facts: 180 calories, 16g carbs, 7g protein, 7g fat

Answer to Carb Counting Quiz on Page 3

Answer is D: 5. ¼ cup each of raisins and Craisins are 29g. So, that is 58g (almost 4 servings) plus 10 for the pineapple chunks and 6 for the strawberries makes it almost 75g and almost 5 servings of carbs in a salad! Keep that in mind when counting carbohydrates and calories!



Did You Know?

Doctors and Patients Share Role in Weight Loss but Don't Have the Resources

Primary care physicians agree they have a role in addressing obesity, but say they do not have the right weight management resources. Obese or heavier adults take responsibility for weight loss, but adults who need to lose weight may lack information about effective weight loss methods and strategies.

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Source: Strategies to Overcome and Prevent (STOP) Obesity Alliance, March 2010
<http://www.stopobesityalliance.org/>

Insulin Glargine Safety in Pregnancy

Insulin glargine (Lantus) is an extended-action insulin analog with greater stability and duration of action than regular human insulin. The long duration of action and decreased incidence of hypoglycemia provide potential advantages for its use in pregnancy. However, the placental pharmacokinetics of insulin glargine have not been studied. In summary, when used at therapeutic concentrations, insulin glargine is not likely to cross the placenta. Results indicate a wide capacity of the human placenta to block insulin glargine transfer to the fetal compartment.

Source: Diabetes Care. 2010;33(1):29-33

FDA Approves Combined Diabetes Management System

The FDA approved Medtronic's MiniMed Paradigm REAL-Time Revel System, a diabetes management system that combines an insulin pump with a glucose monitoring system. The system may represent the next step toward an artificial pancreas. The system includes "smart" insulin pump therapy and continuous glucose monitoring with predictive alerts that can give early warning of impending hypoglycemia or hyperglycemia. These alerts allow people with diabetes to intervene with appropriate action to prevent dangerous high or low glucose events.

In addition, the system includes online therapy management software that helps patients with diabetes and their healthcare providers evaluate and manage treatment and make needed adjustments based on easy-to-read reports, charts, and graphs. Trend alerts detected by the system's glucose sensors can notify patients of rapid changes in glucose levels, which they need to confirm with a finger stick glucose measurement and then take immediate corrective or preventative action, if needed.

Source: Diabetes In Control www.diabetesincontrol.com

Impotence Plus Heart Disease Ups Death Risk

Impotence Plus Heart Disease Ups Death Risk: Men with heart disease who also complain of erectile dysfunction die sooner than other male heart patients, researchers report. They found that men who had both conditions were twice as likely to die from any cause and twice as likely to have a heart attack than men with heart disease alone. The researchers expressed concern that using drugs to treat erectile dysfunction could mask the symptoms that point to widespread heart and artery disease and said men complaining of impotence should be checked by a cardiologist.

Source: *Circulation*, March 2010



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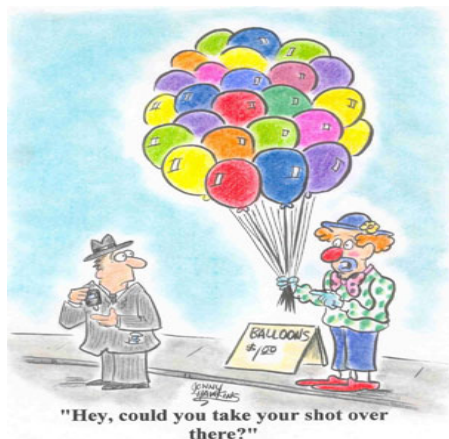
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Providing Quality Comprehensive Diabetes
Self-Management Education to Empower
Persons With Diabetes

www.ncdiabetes.org



www.diabeteshealth.com

RESOURCES

[DASH Toolkit](#)

Dietary Approaches to Stop Hypertension

Some nutrition education handouts in both English and Spanish available on this site.

<http://www.bellinstitute.com/Default.aspx?PagelD=57&SubPagelD=64>

Free and Reliable Online Resources:

Win – Weight-Control Information Network

<http://www.win.niddk.nih.gov/index.htm>

A Healthier US <http://www.healthierus.gov>

American Dietetic Association www.eatright.org

Nutrition Support Groups:

Weight Watchers www.weightwatchers.com

TOPS – Take Off Pounds Sensibly www.tops.org

Overeaters Anonymous www.oa.org

Resource for Behavior Change:

<http://ndep.nih.gov/sbcr/index.aspx>

Resource for Spanish Diabetes Materials

<http://www.nlm.nih.gov/medlineplus/spanish/diabetes.html>

Resources

Diabetes and Oral Health Patient Handout

Periodontal health can affect blood sugar levels. Here is a handout for your patients that will remind your patients as to the best way to prevent and treat periodontal disease. This handout will explain the relationship of oral health to their blood sugars. Because diabetes can affect your oral health, taking care of both your oral health and your diabetes can help prevent problems with your gums and teeth.



**Joslin
Diabetes
Center**

Click here to access the [Diabetes and Oral Health Patient Handout](#)

Continuing Education

North Carolina Health Literacy Conference

September 21-22, 2010

Embassy Suites Hotel, Greensboro, NC

Contact us at 336-334-4660 or kbstout@uncg.edu

nchealthliteracy.uncg.edu

Free continuing education credits from Diabetes in Control

Nutrition

<http://www.diabetesincontrol.com/cme#nutrition>

General Diabetes

<http://www.diabetesincontrol.com/cme#general>

AADE Webinars

<https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html>