



Sweet Nothings

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Spotlight on Davie County

Submitted by Cathy Manson, M.Ed., RD

The Davie County Health Department is part of Cohort III. We are still in the early stages of implementing the Diabetes Self Management Program. Three days a week, we are in Davie County and two days a week, we travel to Yadkin County.

Our efforts have mostly been focused on marketing. We have visited five physician offices in which we gave them referral sheets placed in hanging files. We also developed pamphlets and flyers and asked the physician referral coordinators if they would place them in their clinic rooms/waiting rooms. Most said they would.

We did a presentation for approximately 25 seniors with diabetes at the Senior Center on diabetes and informed them about the Diabetes Self Management Program. We also have a nutrition presentation scheduled at the local YMCA to do in which the Diabetes Program will be discussed.

On October 24 we will have a booth set up at a local church for "Hope Lives" day in Mocksville. We will give out pamphlets and market the program during that day. We will be set up beside a booth that will be checking blood sugars for the community. We also met with the Carolina Access Caseworker who gave me a list of names to contact.

We did get five referrals in Davie County in which we were able to have our first class for four of these referrals. We didn't consider this number too low considering we are new and part time in Davie County.

Anna Hamby, Health Educator in Yadkin County, wrote a wonderful article for "Yadkin Valley Living Magazine" on "North Carolina and Diabetes." This was published and is a great plug for the program. The magazine is distributed at several places in Davie County—the library, several restaurants, etc.

The next plan is to put a paid advertisement in the Davie Enterprise regarding the program. We will let you know how this works out as our marketing saga continues!!!!!!

Mark Your Calendar Now!

The 2nd Annual Janet Reaves Memorial Conference on Quality and Chronic Disease will be held February 18-19, 2010 at the Hilton RTP at RDU in Durham, NC. Registration is only \$75, with all meals provided and continuing education credits available. Confirmed speakers include Dr. Joel Schwartz, the "Stress Less Shrink", Dr. Carolyn Dunn, Chair of NC Eat Smart Move More and Dr. John Buse, renowned diabetes guru. Please make plans now to attend!

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Remember



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

Data Update

October, 2009

Total Number of Patients Seen:
 New Patients:
 Pre A1c:
 Post A1c:
 Foot Exams:



“You Have ADA Recognition, Now What?”

Submitted by Laura Edwards, RN, MPA



How Much Continuing Education Must I Have, and Does It All Have to Be About Diabetes?

The NC Diabetes Education Recognition Program requires all non-CDE instructional staff to have 20 hours of continuing education per year (April to April).

The hours of continuing education may be in any one or any combination of the following topics: diabetes specific, diabetes related, psychosocial, education and program management. These topics are defined as follows:

- Diabetes specific is any program or session topic or any program objective or course outline heading that specifically addresses diabetes.
- Diabetes related is any program or session topic or any program objective or course outline heading that clearly states issues related to diabetes, but does not specifically use the word, “diabetes.” These topics can be, but not limited to the following: nutrition, exercise, retinopathy, nephropathy, neuropathy, cardiovascular disease, stroke, lipids, obesity, metabolic syndrome, etc.
- Psychosocial is any program or session topic or any program objective or course outline heading that clearly articulates psychiatric, psychological, behavior modification or social content.
- Educational is any program or session topic or any program objective or course outline heading that uses any one of the following words: teaching, knowledge, learning, education, training, instruction, or culture.
- Program Management is any program or session topic or any program objective or course outline heading pertaining to the operations of the DSME, including business operations, performance improvement, case and disease management.

All Continuing Education Units (CEUs) must be awarded from an agency that accredits Continuing Education Programs. Examples of these agencies are AADE, ACCME, ADA, ACPE, ANCC, CDR.

What Has to Be Included in the Education Record?

1) Referral from a primary care provider.

2) Comprehensive assessment – A comprehensive assessment must be done with each participant. This assessment must include the participant’s diabetes knowledge, self-management skills, diabetes and health related behaviors, behavioral change, potential and other relevant information, including medical history. The assessment can be ongoing; parts of it may be deferred and documented as such with rationale for the deferment.

A self-assessment or knowledge pre-test **may not** serve as the sole means of assessing and documenting the participant's knowledge, skill level and behaviors.

3) Education plan with participant selected behavioral objectives based on the assessed needs of the participant – The education record should document a plan which includes at least one patient identified behavioral objective (with educator assistance as needed.) The behavioral objective documentation should include the specific behavior that the participant is interested in changing, how the participant will change that behavior, and how that change in behavior will help to improve the participant’s health or quality of life.

4) Educational interventions which include date of intervention, content taught and name(s) of instructors – The instruction should be based on the assessed needs of the participants, education plan and behavioral objectives. The content areas taught should be documented, along with the date of instruction and identification of each instructor who taught the specific objective or content area.

5) Evaluation of progress towards behavioral goals and related health or quality of life outcomes, and/or achievement of learning objectives – After the educational intervention, the educator must assess and document whether the participant is making progress towards or has met the learning and behavioral objectives. As the participant

(continued on page 3)



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“You Have ADA Recognition, Now What?”

meets the outlined objectives, new objectives should be developed as appropriate. If the participant is unable to meet the outlined objectives the participant's needs should be reassessed and new achievable objectives should be developed. The follow-up assessments and progress toward objectives, both learning and behavioral should be documented.

6) Communication with the referring provider, including plan for Diabetes Self-Management Support

(DSMS) - DSMS is a plan, developed by the participant and the educator(s), for ongoing self-management support after completing formal DSMT. The purpose is to identify and link the participant to diabetes resources in her or his home/work/school community that will sustain learning achieved in the DSME. This can include returning to referring provider services, support groups, refresher courses, community programs, etc. The DSME is not required to follow-up on the plan. Providing a list of resources to the patient will NOT meet this criteria.

Why Do I Have to do a PDSA Every Month?

1. ADA requires documentation that within the past 12 months the DSME entity has utilized a formal continuous quality improvement PLAN/PROCESS to evaluate the effectiveness of the DSME program at this site
2. Documentation of whether the results of the continuous quality improvement evaluation are used to determine opportunities for improving DSME services at this site AND that a current project is in progress using that plan/process.

Doing monthly PDSA's demonstrates an ongoing CQI process.

Valturna: Just Approved by the FDA to Treat Hypertension

Submitted by Melinda Rummage, RN, CDE

Valturna is a new drug to treat hypertension. It is unique because it is a combination of two drugs: valsartan and aliskiren. These two medications target two key points within the renin system, an important regulator of blood pressure. As diabetes educators, the ABC's of diabetes include blood pressure control of < 130/80. Research suggests that most patients with hypertension need multiple medications to treat their blood pressure. This drug is indicated for patients not adequately controlled with monotherapy and is recommended as initial therapy in patients who are likely to need multiple drugs to achieve their blood pressure goal.

Valturna is available in two strengths as tablets containing aliskiren (the only approved direct renin inhibitor) and valsartan (ARB): 150mg/160mg and 300mg/320mg. The patient is started on the lower dose for two to four weeks and reassessed. The MD may titrate up as needed up to maximum dose. The majority of the drugs effects are obtained within two weeks time. Take one tablet daily. If the drug is taken with a high fat meal the drug absorption may be affected.

The most common adverse affects are fatigue and nasopharyngitis.

Avoid use in pregnancy and in nursing mothers.

Produced by Novartis Pharmaceuticals Corporation

Information obtained from www.Novartis.com.





Healthy Crockpot Bread Pudding



Ingredients:

- 8 to 9 pieces of your favorite 100% whole wheat bread
- 2 cups of skim organic milk
- 3 golden delicious apples sliced
- 2 eggs
- 1 tsp vanilla
- ½ tsp cinnamon
- ¼ cup dried fruit (could be raisins, cranberries, cherries, etc)
- ¼ cup brown sugar
- ¼ cup raw sugar

Directions:

1. In a 1.5 quart, mini-crockpot, mix eggs, milk, brown sugar, sugar, vanilla and cinnamon
2. Tear up bread and push down into the liquid mixture
3. Fold in apples and dried fruit
4. Cook on high 2-3 hours or on low 3-5 hours

Nutrition Facts: Makes 8-1/2 cup servings
22g carbs, 1g fat, 3g protein, 3g fiber, 110 calories

Carb Counting Quiz

On a chilly day in November, we decided to go to Wendy's for Chili. We had a \$1 chili and a \$1 baked potato (plain with just margarine, salt and pepper). How many servings (15g per servings) of carbs were in that meal? Check it out at <http://www.wendys.com/food/pdf/us/nutrition.pdf>

- A: 2.5
- B: 3.5
- C: 4.3
- D: 5.3

Healthy Monday: The Day All Health Breaks Loose

Healthy Monday is a movement of people and organizations who commit every Monday to the behaviors and actions that will end preventable disease in the U.S. This Monday resolve to think small: Take one focused step at a time to reach healthful goals. Small changes, done consistently, add up to big improvements that last a lifetime.

<http://www.healthymonday.org/>



Did You Know?

The Costs of Health Disparities in the US

- Between 2003 and 2006 the combined costs of health inequalities and premature death in the United States were \$1.24 trillion.
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion for the years 2003-2006.
- Between 2003 and 2006, 30.6 percent of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities.
- Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars between 2003 and 2006.

Source: Joint Center for Political and Economic Studies www.jointcenter.org

Link Between Mental Illness, CVD and Diabetes

A joint statement issued by the European Association for the Study of Diabetes, European Society of Cardiology and European Psychiatric Association emphasizes the link between mental illness and CVD, with the goal of increasing awareness, improving care and initiating cooperation and screening. The statement documents the relationship between mental illness, CVD and diabetes, and provides guidance for screening. This includes: details of any history of previous CVD, diabetes or other related disease; family history of premature CVD, diabetes or other related disease; smoking; clinical examination; measurement of weight and height in order to calculate BMI and waist circumference; blood testing to include fasting blood glucose, fasting blood lipids, total cholesterol, triglycerides, LDL and HDL; and electrocardiography. Further, not only are diabetes and CVD more common in this population, but they may occur at a much younger age.

Source: *Eur Psychiatry*. De Hert M 2009;24:412-424.

Disaster Preparedness

People with diabetes need to be especially well-prepared for times of disaster. To assist people with a preparation plan, AADE now has a disaster preparedness toolkit on their website which houses information provided by the Alamo Association of Diabetes Educators in Texas. Below is a link to the toolkit:

http://www.diabeteseducator.org/ProfessionalResources/Library/Disaster_Response_Toolkit.html

H1N1 Updates

CDC is constantly updating their information about H1N1 flu. For the most current information, visit their website at:

<http://www.cdc.gov/H1N1flu/>



Seasonal Flu Vaccine

It is imperative that people with diabetes receive their regular seasonal flu vaccine. CDC had produced a fact sheet about Influenza (including H1N1) for people with certain medical condition such as diabetes. You can access the fact sheet at: http://www.cdc.gov/flu/freeresources/2009-10/pdf/certain_medical.pdf

Answer to Carb Counting Quiz on Page 4

The answer is D. 5.3. There are 61 grams in the potato and then 19 in the small chili. That is 80 grams of carbs $80/15=5.33$. A suggestion to a patient would be to split the baked potato with someone. Then, they would have had about 45-50 grams of carbs and closer to 3-4 servings. That is a reasonable amount for a meal.



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

www.ncdiabetes.org

The Day of Giving Thanks



© 2004 Diabetes Health
"I'll be giving thanks on the day we can find a way
to control high and low blood glucose."

www.diabeteshealth.com

RESOURCES

Bridges to Access is GlaxoSmithKline's patient assistance program, which provides GSK prescription medicines to eligible low-income patients without prescription drug benefits. GSK now allows patients to fill out the forms themselves, instead of requiring a health care provider to complete the forms. Find more information at <http://www.bridgestoaccess.com/>

The Joslin Diabetes Center has created a comprehensive diabetes checklist to assess management skills, etc. for persons with diabetes. You can download a pdf document at <http://www.joslin.org/Files/ComprehensiveDiabetesChecklist.pdf>

12th Annual Diabetes Management conference.
www.wfubmc.edu/cme/calendar
There is a charge of \$50 for 5.5 contact hours.

Visit ADA's [MyFoodAdvisor™](http://www.myfoodadvisor.com), a unique calorie and carbohydrate counting tool that can help with diabetes management and nutrition.
<http://tracker.diabetes.org/myfoodadvisor.html>

Continuing Education

Preparing for CDE Exam

<http://www.diabetesed.net/webclinics/index.html>

Free Online Seminar on Treatment of Patients with Hypertension –The Georgia Department of Community Health, Division of Public Health, Cardiovascular Health Initiative, and the International Society on Hypertension in Blacks (ISHIB) are pleased to offer a free online Hypertension Academy for physicians, nurses, nurse practitioners, physician assistants, and other healthcare professionals. Topics include:

- a critique of U.S. Hypertension Guidelines (Review of JNC 7 and new ISHIB Guidelines); and
- risk stratification, blood pressure targets, and therapeutic strategies for diabetes mellitus, chronic kidney disease, and coronary heart disease.

Visit the ISHIB Website (www.ishib.org) for more information (click on "view more info" next to the Hypertension Academy information).

Taking Care of Your Diabetes (TCOYD) - May 22, 2010 – Raleigh, NC

TCOYD Weekend for Women - May 22 – 23, 2010 – Raleigh, NC
<http://tcoyd.org/news/tcoyd-announces-2010-national-conference-schedule.html>

Janet Reaves Memorial Conference on Quality & Chronic Disease

February 18-19, 2010
Durham, NC
www.ncchca.org