

SWEET NOTHINGS



Diabetes Education Recognition Program

Spotlight on Henderson County

In starting our Diabetes Self-Management Education program, the Henderson County Dept of Public Health chose to limit candidates to clients with gestational diabetes. We enrolled six Spanish speaking and four English speaking clients. From our trial run last fall, we determined that it worked better to cover all topics in one continuous session because some people did not come back on a separate day. Many of our clients don't get paid if they miss work and for some, that is their only income. We found that most clients chose attending the doctor's appointment over the diabetic educator.

For the class, the Nurse Educator uses the gestational diabetic map to jump start the class and focuses on what is important for that particular client, keeping in mind all the basic education that is needed regarding diabetes. We use clinic interpreters for Spanish speaking clients. All have already been taught to use their glucometer by the clinic nurse upon diagnosis. Because we have no Spanish manual, we have copied handouts from the diabetic website so that they will have something to refer to at home. We supply the DSME book for English speaking clients. All are encouraged to take advantage of our behavioral health counselor who works as part of the multidisciplinary prenatal team. We advise them that pregnancy can be very emotional even without the added diagnosis of diabetes, but we are all here to

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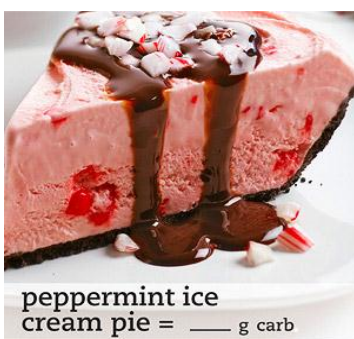
help them get through it with a healthy mom and baby outcome.

The second part of the class is held in WIC, where the Nutritionist Educator does hands on portion measuring with actual food. She also reinforces the plate method for eating that she teaches at the MNT appt. That method is easier than carb counting for most of our clients. For those that express an interest, we offer to teach the carb counting method. Some of our feedback indicated that we need to include more culturally appropriate foods to make it easier for our Spanish speaking gestational diabetic clients to eat healthier. We are lucky to have an exercise physiologist on staff who works in WIC. She spends 20-30 minutes demonstrating exercises, including the Dynaband, and she points out easy ways to add exercise in their daily lives.

We try to keep the total time they are here to two and a half hours. They go home with the small copy of the gestational map which includes their goals, the DSME book or Spanish handouts, measuring cup, Dynaband, pedometer and, if we have enough on hand, they also get a divided plate.

Guess the Grams

Get ready, set, count! Take a guess at the carb counts in each of the following foods and find the correct gram amounts to see how close you were - or if you were way off See Page 4 for Answers!



Your Waist Size and Your Kidneys

It's been known for a long time that overweight and obese individuals are more likely to have one or more chronic diseases including high blood pressure, diabetes, and heart disease than those of ideal body weight. All of these chronic diseases increase the risk of chronic kidney disease.

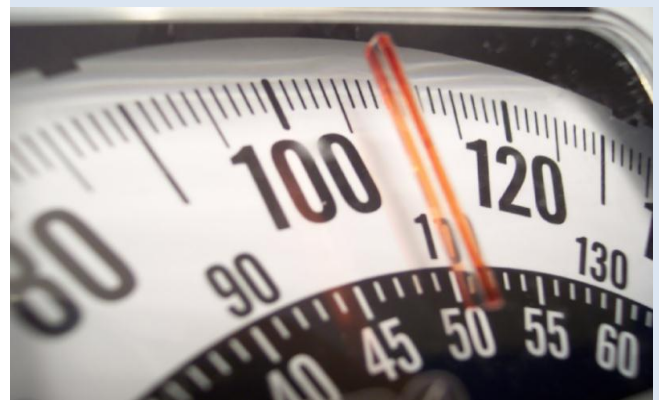
Nearly one-third of all adults are now classified as obese (BMI > 30 kg/m²) and more than one in every eight Americans has chronic kidney disease. A new study showed that men and women who were obese were 3 to 4 times as likely as those who had never been obese to need dialysis.

Why does obesity affect the kidneys? One problem is that excess fat crowds the kidneys and compresses them. Another problem is that the kidneys have to work harder to keep up with a bigger body. Yet another issue related to obesity is inflammation. Other factors more common in obese people are insulin resistance (changes in how your body responds to sugar) and higher levels of blood pressure raising hormones (angiotensin and renin).

If your excess weight is mostly around the middle (apple shape), you are more likely to develop obesity-related health problems than if the weight is around your hips (pear shape). Waist size is one factor that indicates you are at higher risk of chronic diseases, including CKD.

Everyone knows how hard it is to lose weight, but it's possible to succeed with a lot of work. Here are five things you can do that will help:

1. Learn how to make healthier food choices and learn what a good portion size is. Your doctor or a registered dietitian can help you understand these.
2. Eat fewer foods that are high in fats (fast food, butter, oil, lard, etc.) and sugar. Eat more "whole wheat" carbohydrates rather than "white" carbohydrates (white breads, bagels, white pasta, white rice, etc.).
3. Eat a wide variety of foods that are not processed. Choose fruits and vegetables, lean meats and fish, whole grains and low-fat dairy products.
4. Learn how to read nutrition labels when you shop for foods. Look for high levels of fiber and low levels of fat, sugar, and carbohydrate.
5. Increase your physical activity. If you are out of shape, start slowly with a few minutes a day, and build up as you gain strength. People who have successfully lost weight have found these tips to be helpful:
 - Keep a food diary of everything you eat.
 - Drink more water, especially before meals.
 - Shop from a list and shop after you have eaten.



Mom Writes Prescription for School

Carrie Dow-Smith is a lot like other mothers across Wake County. She is a busy working mom with three kids at [Hunter GT Magnet Elementary](#) in Southeast Raleigh. She's also a pediatrician with [WakeMed Faculty Physicians](#), where many of her patients are obese.

And Dr. Dow-Smith is also an advocate; she has taken steps in recent months to help students at Hunter be more active, eat better and learn more about healthy lifestyles!

Now the school has three new programs in place: a Walking Club, the Healthy Hunter Challenge, and the Healthy Hunter Cafeteria a la carte options form.

[Learn how your school can model these efforts--read the whole article on AHA's web site...](#)



Don't A-Salt Your Kidneys

The latest dietary guidelines from the U.S. government emphasize that more than half of the American population needs to make drastic cuts to their daily sodium intake. High-risk groups are being urged to consume only about a half a teaspoon of sodium. That is less than one-fourth of what they eat now. Too much sodium increases the risk of high blood pressure, stroke and other problems.

According to new dietary guidelines, people who should drastically cut their intake of sodium are those over the age of 50; African-Americans; those suffering from high blood pressure, diabetes, or chronic kidney disease. Together, these groups make up half the U.S. population.

For everyone else, the U.S. Department of Agriculture and Health and Human Services Department guidelines recommend lowering their sodium intake to a "teaspoon a day" or 2,300 milligrams, which is about one-third less than the average person usually consumes.

It's not just the salt shaker. Most sodium for the average person comes from foods sold in boxes, cans, or bags. Sodium is hidden in foods such as breads, canned soups, pasta, frozen foods and processed foods. Several large food companies have already introduced products that are lower in sodium.

Cutting sodium is very good for your health, but some people complain low-sodium food doesn't taste as good. Experts suggest that it takes several months to appreciate low-sodium foods, but that it will pay back in better health for your heart and kidneys.

To reduce the risk of disease from high sodium intake, follow these recommended guidelines:

- Read nutrition labels closely and buy items labeled low in sodium.
- Use little or no salt when cooking or eating.
- Consume more fresh or home-prepared foods and fewer processed foods.
- Ask that salt not be added to foods at restaurants.

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NC Diabetes Education Recognition
Program**

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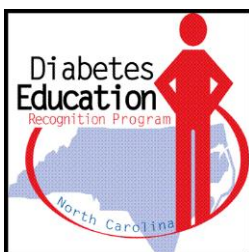
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Diabetes Self-Management Education to
Empower Persons with Diabetes**

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CARB COUNT Answers:

Peppermint Pie = 65g 1/8 pie

Pasta Salad = 35 g 1 cup

Pumpkin Bars = 35 g 2x2 piece

CONTINUING EDUCATION

The Road to Health Training Guide

The goal of The Road to Health Training Guide is to 1) help readers learn how to use the Road to Health Toolkit and 2) increase knowledge and skills regarding type 2 diabetes prevention among community health workers (CHWs) in Hispanic/Latino and African American/African communities, so they are able to clearly relay the following message: Type 2 diabetes does not have to be our destiny because it can be prevented or delayed in people at high risk for the disease.

http://www.cdc.gov/diabetes/ndep/ce_RoadtoHealthTraining.htm

Therapeutic Options for the Management of Patients with Type 2 Diabetes

<http://www.proevalinc.com/medical/diabetes/ADAIN2.php>

ADDITIONAL...

The National Diabetes Information Clearinghouse (NDIC) has updated a publication and added new interactive tools to the National Institute of Diabetes and Digestive and Kidney Diseases website. Find out more about these and other NDIC resources at www.diabetes.niddk.nih.gov/about/Dateline/win11/13.htm

online CME eLearning: Outpatient Diabetes Management -The Incretin Effect

<http://my.ncahec.net/education.php?d=a>

Mark Your Calendar!

Curriculum/Program Trainings

June 7-8, Greenville

June 14-15, Asheville