



ODPCP

OHIO DIABETES PREVENTION & CONTROL PROGRAM
BUREAU OF HEALTH PROMOTION & RISK REDUCTION

Tight Glucose Control Lowers CVD by about 50 Percent in Persons with Diabetes

A significantly lower risk of heart disease can now be added to the list of proven long-term benefits of tight glucose control in people with type 1 diabetes. Researchers announced this finding in June at the annual scientific meeting of the American Diabetes Association (ADA) after analyzing cardiovascular disease (CVD) events such as heart attack, stroke, and angina in patients who took part in the Diabetes Control and Complications Trial (DCCT) years ago.



"The longer we follow patients, the more we're impressed by the lasting benefits of tight glucose control," said Saul Genuth, M.D., of Case Western Reserve University. Genuth chairs the

follow-up study of DCCT participants, called the Epidemiology of Diabetes Interventions and Complications (EDIC) study, which has been looking at the long-term effects of prior intensive versus conventional blood glucose control. "The earlier intensive therapy begins and the longer it is maintained, the better the chances of reducing the debilitating complications of diabetes," he said.

The DCCT was a multi-center study that compared intensive management of blood glucose to conventional control in 1,441 people with type 1 diabetes. Patients 13 to 39 years of age were enrolled in the trial between 1983 and 1989. Those randomly assigned to intensive treatment kept glucose levels as close to normal as possible with at least three insulin injections a day or an insulin pump, guided by frequent self-monitoring of blood

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NKF of Ohio Launches Glomerular Filtration Rate (GFR) Awareness Initiative

Twenty years ago, cholesterol levels were all but unknown to the public. Through education and public awareness, cholesterol testing and treatment has become the first line of defense against cardiovascular disease. Kidney disease is becoming more and more prevalent throughout the United States due largely to the increase in the prevalence of diabetes. It's critical that early detection and treatment of kidney disease become part of daily baseline testing.

The fact is that 20 million people in the United States have chronic kidney disease, another 20

million are at risk.

As part of its strategic focus, the National Kidney Foundation (NKF) of Ohio is undertaking a statewide awareness and education initiative to make the Glomerular Filtration Rate (GFR) test as common as all of the other baseline health indicators.

GFR is the best test to measure the level of kidney function and determine stages of kidney disease. Physicians can calculate this number from the results of blood creatinine test, age, race, gender and other factors. GFR is then used to determine how far along,

if at all, a patient is in the five stages of chronic kidney disease. The earlier kidney disease is detected, the better the chance of slowing or stopping its progression.

This initiative will seek to educate health care professionals, media and the general public about a basic test that is essential to determining kidney disease. For more details please contact the NKF of Ohio at 800-242-2133.

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The Centers for Disease Control and Prevention reports that between 1997 and 2003, the incidence of diabetes among adults in the United States has increased 41 percent.

National Diabetes Education and Control Program Partners Share Strategies and Successes at DDT 2005

The Center for Disease Control and Prevention (CDC) 2005 Diabetes Translation Conference brought together more than 500 people representing a wide range of local, state, federal, and territorial governmental agencies and private-sector diabetes partners. Conference highlights included Marcia Draheim's opening plenary, where she urged participants to "not just dance... but to TANGO..." and the annual "Frankie Awards," honoring diabetes prevention and control programs' (DPCPs) most creative

efforts in the last year. Especially exciting for NDEP was a standing room only session hosted by NDEP Director Joanne Gallivan where nearly 100 NDEP partners shared strategies and successes in implementing NDEP campaigns and messages across the country. Special thanks to Cheryl Metheny of Illinois, Laura Shea of New York, Brenda Bodily of Utah, Mary Ann Reiter of New Jersey, Thomas "Eddie" Joyce of Ohio, Pat Zapp of Wisconsin, Barbara Orozco-Valdivia of California, and Don Post of Delaware for helping NDEP spread the word!

More Women Than Men Suffer from Potentially Blinding Eye Diseases

More than 142,600 Ohioans age 40 and older suffer from visual impairment and 96,213 are women. In fact, of the four leading causes of blindness in older Americans, age-related macular degeneration (AMD), cataract, diabetic retinopathy and glaucoma, the rate of women's cases outnumbers the men.

Women are more prone than men to AMD in particular, which destroys central vision, with 45,812 of the 71,113 cases diagnosed to females, according to the *Vision Problems in Ohio* report by Prevent Blindness Ohio (PBO). Cataract, a clouding of the eye's naturally clear lens, affects 879,000 Ohioans age 40 and older. Nearly 551,500 of those cases are women.

Glaucoma, a disease that causes the degeneration of cells that make up the optic nerve, continues to plague the population. Close to 55 percent of glaucoma cases are women. Diabetic retinopathy, where blood vessels in the retina can break down, leak or become blocked, affects more than 216,861 Ohioans, with women making up 116,447 cases.

The total number of eye disease cases is steadily on the rise. The increased longevity of our aging population is one attributable factor. As the life expectancy rises (now at 76 years of age), the progression of risks for vision loss

occur. And because women on average tend to outlive men, the number of visual ailments increases. Obesity, also on the rise in the United States, is a major contributor to diabetes, therefore increasing the rate of diabetic eye disease. PBO encourages women to make their own health a priority.



"Prevent Blindness Ohio cannot stress enough how important it is

for women to make sure they take care of their vision throughout their lives," said Sherill K. Williams, president and CEO of PBO. "We urge everyone to encourage their mothers, wives, daughters, sisters, etc. to get their eyes checked on a regular basis so they don't lose that precious gift of sight. Many eye diseases are treatable and vision can often be saved through early detection."

Besides early detection, PBO offers other ways for women to keep their eyes healthy:

Eat Healthy and Stay Fit - *The American Journal of Clinical Nutrition* found that the risk of cataracts can be lowered by eating 3 servings of fruits or

vegetables a day. Green leafy vegetables especially contain loads of nutrients for the eye. Pairing a healthy diet with exercise will reduce the risk of obesity, leading to diabetes.

Take Supplements - Antioxidants have been shown to actually reduce the progression of some eye illnesses, including AMD. Vitamin A, riboflavin (vitamin B2), vitamin C and zinc are good sources to help maintain eye health.

Quit Smoking - Besides the known side effects of smoking (cancer, lung disease, etc.), smoking also increases the risk for eye diseases.

Wear UV Eye Protection - PBO recommends wearing brimmed hats in conjunction with UV-rated sunglasses (labeled: absorbs 99-100 percent of UV-A and UV-B rays). UV rays are extremely dangerous for the eyes when venturing outdoors.

Know Your Family History - Genetics plays a key role in eye disease. Research your family's health history and notify your eye care professional of any eye diseases that run in the family.

For more information on women's eye health or general vision information, please visit "<http://www.preventblindness.org/Ohio>" or call **800-301-2020**.

Article Submitted By:
Molly Ryan-Fisher

Tight Glucose *continued*

glucose. Intensive treatment meant keeping hemoglobin A1c (HbA1c) levels as close as possible to the normal value of 6 percent or less. (The HbA1c blood test reflects a person's average blood sugar over the past two to three months.) Conventional treatment at the time consisted of one or two insulin injections a day with daily urine or blood glucose testing.

In 1993, researchers announced the DCCT's main findings: intensive glucose control greatly reduces the eye, nerve and kidney damage of type 1 diabetes. Tight control also lowers the risk of atherosclerosis, according to a study of DCCT participants published in 2003. But what's most remarkable about intensive control, the researchers say, is its long-lasting value.

After 6 1/2 years of the DCCT, HbA1c levels averaged 7 percent in the intensively treated group and 9 percent in the conventionally treated group.

When the study ended, the conventionally treated group was encouraged to adopt intensive control and shown how to do it, and researchers began the long-term follow-up of participants. To the researchers' surprise, the benefits of the original six years of intensive control have persisted despite the fact that both groups' HbA1c values have leveled off at about 8 percent after a rise in blood glucose in the intensively treated group and a drop in blood glucose in those formerly on conventional treatment.

In results announced at the ADA conference, among the 1,375 volunteers continuing to participate in the study, the intensively treated patients had less than half the number of CVD events than the conventionally treated group (46 compared to 98 events). Such events included heart attacks, stroke, angina and coronary artery disease requiring angioplasty or coronary bypass surgery. Thirty-one intensively treated patients (4 percent) and 52 conventionally treated patients (7 percent) had at least one CVD event during the 17 years of follow-up. The average age of participants is 45 years; 53 percent are male.

"The risk of heart disease is about 10 times higher in people with type 1 diabetes than in people without diabetes. It's now clear that high blood glucose levels contribute to the development of heart disease," said David Nathan, M.D., of Massachusetts General Hospital, who co-chaired the DCCT Epidemiology of Diabetes Interventions and Complications (EDIC) research group and presented the results. "The good news is that intensively controlling glucose significantly reduces heart disease as well as damage to the eyes, nerves and kidneys in people with type 1 diabetes. Tight control is difficult to achieve and maintain, but its advantages are huge."

"The take-home message is that good glucose control should be started as early as possible to delay or prevent serious diabetes-related complications," said Alan D. Cherrington, Ph.D., president, ADA.

Is glucose control just as important for people with type 2 diabetes? "There is a strong and growing body of evidence that everyone with diabetes gains from strict blood glucose control," said Catherine Cowie, Ph.D., who oversees EDIC for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

DCCT and EDIC were funded by the NIDDK and other parts of the National Institutes of Health (NIH) under the U.S. Department of Health and Human Services (HHS). Genentech, Inc., also supported the studies through a Cooperative Research and Development Agreement with the NIDDK. The NIH also funds a great deal of research aimed at developing new approaches to help patients control diabetes, which is difficult for many people.

About 18.2 million people in the United States have diabetes, the most common cause of blindness, kidney failure and amputations in adults and a major cause of heart disease and stroke. At least 65 percent of people with diabetes will die from a heart attack or stroke, yet two out of every three people with diabetes are unaware of their increased risk.

Type 1 diabetes accounts for up to 10 percent of diagnosed cases of diabetes in the United States (up to 1 million people). This form of diabetes usually strikes children and young adults, who need several insulin injections a day or an insulin pump to survive. Insulin, though critical for controlling blood glucose, is no cure. Most people with type 1 diabetes

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Have Diabetes - Will Travel

Whenever you travel, your diabetes comes along with you. And while having diabetes should not stop you from traveling in style, you will have to do some careful planning.

Here are some diabetes travel tips from the National Diabetes Education Program.

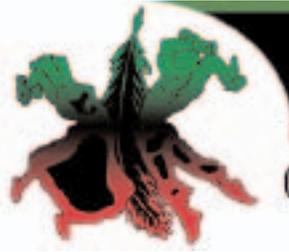
Plan ahead. Make sure you:

- Get all your immunizations. Find out what's required for where you're going, and make sure you get the right shots on time.
- Control your ABCs: A1C, Blood pressure and Cholesterol. See your health care provider for a checkup four to six weeks before your trip to make sure your ABCs are under control and in a healthy range before you leave.
- Ask your health care provider for a prescription and a letter explaining your diabetes medications, supplies and any allergies. Carry this with you at all times on your trip. The prescription should be for insulin or diabetes medications and could help in case of emergency.
- Have wearable diabetes identification in the languages of the places you are going to visit.
- Plan for time zone changes. Make sure you'll always know when to take your diabetes medicine, no matter where you are. Remember: eastward travel means a shorter day. If you inject insulin, less may be needed. Westward travel means a longer day, so more insulin may be needed.
- Find out how long the flight will be and whether meals will be served. Pack properly.
- Take double the amount of diabetes medication and supplies that you'd normally need. Better safe than sorry.
- Keep your insulin cool by packing it in insulated bag with blue ice.
- Keep snacks, glucose gel or tablets with you in case your blood glucose drops.
- If you use insulin, make sure you also pack a glucagon kit.
- Make sure you keep your medical insurance card and medical insurance emergency number handy.
- Don't forget to pack a first aid kit with all the essentials. Some things to keep in mind if you are flying.
- Plan to carry all of your diabetes supplies in your carry-on luggage. Don't risk a lost suitcase.
- Keep your diabetes medications and emergency snacks with you at your seat -- don't store them in an overhead bin.
- If the airline offers a meal for your flight, call ahead for a diabetic, low-fat or low-cholesterol meal.
- Wait until your food is about to be served before you take your shot. Otherwise, a delay in the meal could lead to low blood glucose.
- If no food is offered on your flight, bring a meal onboard.
- If you plan on using the restroom for insulin injections, ask for an aisle seat for easier access.
- Don't be shy about telling the flight attendant that you have diabetes -- especially if you are traveling alone.
- When drawing up your dose of insulin, don't inject air into the bottle (the air on your plane will probably be pressurized).
- Because prescription laws may be very different in other countries, write for a list of International Diabetes Federation groups: IDF, 1 rue Defaeqz, B-1000 Belgium or visit <http://www.idf.org>. You may also want to get a list of English speaking foreign doctors in case of an emergency. Contact the American Consulate, American Express or local medical schools for a list of doctors.
- Insulin in foreign countries comes in different strengths. If you purchase insulin in a foreign country, be sure to use the right syringe for the strength. An incorrect syringe may cause you to take too much or too little insulin.

Some things to keep in mind on a road trip

- Do not leave your medications in the trunk, glove compartment or near a window as they may overheat.
- Bring extra food with you in the car in case you can't find a restaurant. General traveling tips.
- Stay comfortable and reduce your risk for blood clots by moving around every hour or two.
- Always tell at least one person traveling with you about your diabetes.

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Celebrating African American Independence

2005
Juneteenth Ohio
June 18 & 19
Franklin Park Columbus, Ohio

Juneteenth, or June 19, 1865, is considered the date when the last slaves in America were freed. Actual emancipation did not come until June 19, 1865, when Union soldiers commanded by Maj. Gen. Gordon Granger arrived in Galveston, Texas, with news that the Civil War was over, and that all slaves were free. The anniversary of this celebration is called "Juneteenth" - a combination of the words "June" and "nineteenth." The date traditionally is marked on the third Saturday in June.

Juneteenth today celebrates African - American freedom while encouraging self-development and respect for all cultures. In recent years, a number of national Juneteenth organizations have arisen to take their place along side older organizations- all with the mission to promote and cultivate knowledge and appreciation of African - American history and culture. As the Juneteenth celebration takes on a more national and even global perspective, the events of 1865 in Texas are not forgotten, for all of the roots tie

back to this fertile soil from which a national day of pride is growing.

For the first time, the Ohio Department of Health (ODH) spearheaded by the Ohio Diabetes Prevention & Control Program (ODPCP) exhibited valuable health information at this important Columbus event. Hundreds of attendees received health information about diabetes, smoking cessation, cancer prevention, domestic violence, nutrition, exercise, lead and immunizations.

ODH staff members and volunteers who participated in this event include: Susan Williams, Nancy D. Schaefer, Thomas Joyce, Dan Moffat, Nancy Patton, Joyce Hersh, Beth Malchus, Susan Williard-Gibler, Terry Sloan, Tracy Clopton, Edie LeDay-Smith, Tracey Barron-Watkins, Monica Coleman, Joyce Brown and Michelle Bell.

Thanks to all the volunteers and their families.



Festival Latino 2005

Festival Latino, a celebration of Latin-American culture, offering a wide variety of authentic music and dance from international, regional and local artists was held in Columbus June 17 and 18, 2005. The festival appeals to people of all ages and backgrounds with traditional and contemporary Latin-American cuisine, a marketplace with authentic arts and crafts, children's workshops, educational activities and continuous music and dance on three stages. Festival Latino is the largest Hispanic/Latino event in Ohio. It is estimated that more than 300,000 people attended

the two-day event.

For the seventh consecutive year, the Ohio Department of Health (ODH) sponsored a health information booth at the festival that was coordinated and staffed by the efforts of the Ohio Diabetes Prevention and Control Program (ODPCP) and other program volunteers. There was an extensive display of health materials printed in English and Spanish for distribution and the Wheel of Health was again used this year.

ODH staff members who made this event so successful include:

the ODPCP staff -Thomas Joyce; Susan Williams, Dan Moffat and Sandra Scott; the graphic talents of Joe Speakman and Bob Hill; Dave Crowner and staff; ODH volunteers Tulla Zambetis, Winnie Miller, Roberto Santos, Debra Seltzer, Steven Miller, Edie LeDay-Smith, Jocelyn Wilson, Terry Sloan, Michelle Bell, Beverly Henderson, Orvil L. Carroll, Monica C. Coleman, Phoebe Golke, Joyce Brown, Cynthia Smith, Debbie Wallace, Nancy Patton, Robyn Taylor, Beth Malchus, Sandra Solano-McGuire and Susan Williard-Gibler.



The New Food Guide Pyramid is a Guide to Healthy Living



The government has updated the familiar Food Guide Pyramid. The old pyramid was developed more than a decade ago when we didn't know as much about nutrition. For example, in 1992, there was a lot less emphasis on whole grain foods and even experts didn't understand how very important exercise was to staying healthy. To keep up with the times, the U.S. Department of Agriculture (USDA) decided to update the pyramid in April 2005. The new guide bases the intake recommendations on ones age, gender and level of physical activity.

The food guide pyramid is designed as a symbol to remind people of what they should eat to stay healthy. The old pyramid showed only foods. The new pyramid has been updated to include physical activity as well.

The new pyramid shows food groups as a series of differently sized colored bands.

The colors are:

- orange for grains
- green for vegetables
- red for fruit
- yellow for fats and oils
- blue for dairy
- purple for meats, beans and fish

The bands are different widths to show how much of a particular food group a person should eat each day. So, the orange band is much wider than the yellow one because people need to eat a lot more grains than fats and oils.

The drawing of a person climbing stairs at the side of the new pyramid is there to remind us that physical activity is as important to healthy living as eating well. Exercise helps us all to stay healthy.

The new food guide pyramid is designed to help people remember the following key points:

- **Combine exercise with eating well.** Exercise benefits every part of the body, including the mind. Experts now know that exercise fights off a range of possible health problems like heart disease, diabetes and even depression.
- **Eat a variety of foods.** The different color bands in the pyramid send the message that it's important to eat lots of different foods. Eating a variety of foods provides people with a good balance of nutrients.
- **Eat foods in moderation.** The colored bands that show each food group are wider at the bottom of the pyramid than they are at the top. That's a reminder that some foods in each group can be eaten in large quantities but others should be limited. Foods at the bottom of each section include those with little or no solid fats and little or no added sugars or sweeteners. So, a person should eat more whole-wheat bread than regular pasta, for example. Likewise, people should eat whole, fresh apples more often than apple pie and try to get most of their dairy intake from low-fat milk instead of cream cheese or other high-fat dairy products.

- **A reminder to eat right and exercise.** Why these changes? Americans are getting fatter - children and teens as well as adults.

A lot of this is because we're becoming a sedentary nation. We're spending more time in front of computer screens and TV sets than meeting up with friends and playing sports. We're sitting behind a desk or the wheel of a car instead of working at more active jobs or walking to our destinations.

What Does It Mean to You?

The new food guide pyramid design is just one part of the government's new guidelines for eating and living well. In addition to updating the pyramid, the USDA is providing information on exactly how much of each food group teens should eat compared to adults and younger children. For example, the daily recommended amount of vegetables for a 13-year-old boy is 2 1/2 cups; for a 13-year-old girl, it's 2 cups. For 14- to 18-year-olds, that number goes up to 2 1/2 cups for girls and 3 cups for boys.

Exercise levels also factor into how much a person should eat. To create a personal profile that shows what you should eat for your age, gender and activity level, visit the USDA's Web site <http://www.MyPyramid.gov>

First-Of-Its-Kind Vision Loss Prevention Research Symposium Gathers Various Groups To Prepare Ohio For Aging Eye Health Issues

Ohio hosted a first-of-its-kind Vision Loss Prevention Research symposium to address the expected increase of vision loss due to the four leading causes of adult vision loss: age-related macular degeneration, cataract, diabetic retinopathy and glaucoma. The symposium was held June 6, 2005 in Columbus at the Center of Science and Industry (COSI).

The number of Ohio seniors affected by these diseases is expected to double over the next 30 years as the Baby Boomer generation ages. More than 2.5 million Ohioans will be affected. Based on this doubling of vision loss in the next three decades, the cost of visual disorders and disabilities in Ohio may reach over \$9.4 billion annually by the year 2030.

The symposium was sponsored by Ohio's Aging Eye Public Private Partnership, a statewide collaboration formed to respond to the growth aging eye challenges in Ohio. The formation of the Partnership and its ongoing work is supported by a proclamation from Governor Bob Taft.

The symposium fostered collaboration among more than 150 vision researchers, clinicians, public health professionals, aging network professionals, bio-science funders and leaders from Ohio government. The bio-tech indus-

try (with a goal of accelerating the translation of vision research discoveries into the creation of Ohio health care products and services that prevent vision loss due to aging eye diseases) was represented as well.

By sharing information among these groups, Ohio will be better prepared for the early detection, treatment and rehabilitation services that will be needed to curb the growth of vision loss among Ohio's seniors. The symposium increased awareness regarding resources that can lead to collaboration and commercialization of research discoveries. These research discoveries can contribute toward public and professional education initiatives and products and services to help curb vision loss among seniors.

"The goal of the symposium is to raise awareness of this important health issue for Ohioans. As a state, we must be informed so that we can prepare for the early detection, treatment and rehabilitation services that will be needed," said Marc Cloutier, PhD, Special Assistant for Biotechnology, Ohio Department of Development and co-chair of the planning committee for the symposium.



Ohio's Aging Eye Public Private Partnership

A statewide collaboration preparing for the growth of aging eye challenges in Ohio

"These aging eye diseases are a looming health care issue expected to affect 2.5 million Ohioans in the next 25 years. Often, these eye diseases have no noticeable symptoms in their early stages. And baby boomers, in particular, need to take preventive steps to protect their eyes," said Timothy Kern, Ph.D., director of Diabetes Research Center, Case Western Reserve University and co-chair of the planning committee for the symposium. Kern also added, "We know that blindness and visual impairment represents a significant human and economic toll on individuals and society. In order to ensure access to and availability of preventive care, treatment and rehabilitation services, it is necessary to promote awareness of the value of vision and its cost to society."

Speakers included: Ohio Lieutenant Governor Bruce Johnson; Joan Lawrence, Director of the Ohio Department of Aging; and Kathryn Sullivan, Ph.D., President and CEO, COSI-Columbus and the first American woman to walk in space. (A complete agenda of symposium speakers is available at <http://www.preventblindness.net/symposium>)

Youth and Diabetes

Resource Guide Delivered

The resource guide – *Helping the Student with Diabetes Succeed – A Guide for School Personnel* has been delivered to approximately 5,000 schools in the State of Ohio. The guide was distributed starting March 2005 and finished May 2005. The Ohio Department of Health School and Adolescent Health Program and the Diabetes Prevention and Control Program worked diligently to provide the manuals to every school (public, private and parochial) in Ohio.

The manual will be used as a resource guide to help educate school personnel (i.e., nurses, principals, teachers, bus drivers, coaches, etc.) about diabetes, how it is treated and how each

member of the school staff can be most effective assisting in the care of students during the school day.

A follow-up survey will be arriving in late fall to the schools to evaluate the effectiveness of the resource guide.

If any school nurse/principal did not receive a copy of the resource guide, please contact:

Susan Williams, R.N.
Diabetes Prevention & Control Program

Ohio Department of Health
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The Heart Of Diabetes is a special place where you can learn more about diabetes and how it can increase your risk of heart attack and stroke. This Web site is filled with important information about type 2 diabetes, insulin resistance and related cardiovascular risks -- as well as ways you can reduce your chances of heart disease and other complications of diabetes. Plus, there's special information on our *Heart Of Diabetes Thrivers Program*. We even have special sections of Fun Stuff, My Diabetes Tools and even a Meet Our Celebrities section.



Visit this informative Web site at <http://www.s2mw.com/heartofdiabetes/index.html>.

New Edition of Overweight in Children and Adolescents Knowledge Path Released

The new edition of *Knowledge Path: Overweight in Children and Adolescents* is an electronic guide to recent, high-quality resources and information tools for identifying, preventing, managing and treating *overweight* in children and adolescents. Produced by the Maternal and Child Health (MCH) Library, the Knowledge Path includes information on

(and links to) Web sites and electronic publications, databases and electronic newsletters. It is intended for use by health professionals, policymakers, educators and families who are interested in tracking timely information on this topic. The Knowledge Path is available at http://www.mchlibrary.info/KnowledgePaths/kp_overweight.html.

MCH Library knowledge paths on other maternal and child health topics are available at <http://www.mchlibrary.info/KnowledgePaths/index.html>

The MCH Library welcomes feedback on the usefulness and value of these knowledge paths. A feedback form is available at <http://www.mchlibrary.info/KnowledgePaths/feedback.html>.

Central Ohio Diabetes Association Begins Walking Program

The Walking in the Neighborhood program is designed to encourage people living with diabetes to use walking on a regular basis as a way to help control their blood sugar level and overall health, while urging those at risk for the disease to use exercise to assist in preventing diabetes.

The initiative's primary goal is to develop a healthier community, in which every individual takes control of his or her health as much as possible, and where complications of diabetes and other ailments are minimized through proper nutrition and exercise.

Walking in the Neighborhood will also foster a culture of wellness among people with diabetes and others through friendly, welcoming neighborhood chapters. Club members provide companionship and mutual support as individuals develop habits of exercise and good diet at their own pace.

Ten to 15 walking paths will be designated throughout the Columbus area and the goal of the program is to encourage 2,000 people to join and walk regularly for health and wellness within the first year.

"Walking puts health back into the hands of individuals, and

gives them a sense of empowerment. We plan to document and track the steps each individual takes and find out what the outcomes are every six months," said Gail Marie Harris, project coordinator for the Walking In the Neighborhood Program.



Ms. Harris stated: "This is the first performance based initiative that will actually document how a change in lifestyle can decrease health issues such as weight, blood pressure and blood sugar levels. The Central Ohio Diabetes Association's walking initiative is one answer that will benefit our health and our communities and our neighborhoods. When we walk together, we begin to build relationships and this interaction can create endless opportunities for residents and our neighborhoods. We've always said that many of our societal problems are the result of the lack of community. In this computer age, we need to grab this opportunity to meet each other where we live, walking in our neighborhoods, solving our problems one step at a time."

Walking in the Neighborhood speaks to a time of community, of togetherness. It's plain and simple, but its benefits project far beyond our health issues," said Jeanne Grothaus, executive director of the Central Ohio Diabetes Association.

The program is funded through grants from the Abbott Laboratories Fund, Glucerna and the Ohio Department of Health. Walking in the Neighborhood is also supported by WBNS-10 TV's Commit to be Fit campaign and Radio One. For more information on forming a walking club, volunteering or how you can participate call **614-884-4400**.

Other partners include: The Columbus Urban League; Mayor's Office, City of Columbus; Columbus Recreation & Parks Department; and the Central Ohio YMCA

**Keep your feet clean,
dry and neat for a safe,
healthy summer.
Feet can last a lifetime.**

Tight Glucose *continued*

eventually develop one or more complications, including damage to the heart and blood vessels, eyes, nerves and kidneys.

In its "Be Smart About Your Heart: Control the ABCs of Diabetes" campaign, the National Diabetes Education Program (<http://www.ndep.nih.gov/>), jointly sponsored by the NIH, the Centers for Disease Control and Prevention and 200 partner organizations including the ADA, encourages people with diabetes to control their blood glucose as well as their blood pressure and cholesterol. By keeping all three as close to normal as possible, people with diabetes can live long, healthy lives.

"Make the Link! Diabetes, Heart Disease and Stroke," is a joint

initiative of the ADA (<http://www.diabetes.org/makethelink>) and the American College of Cardiology (www.acc.org), which works to increase awareness of the link between diabetes and heart disease and helps educate physicians and people with diabetes about how to reduce those risks.

The NIH is comprised of 27 institutes and centers and is a component of HHS. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and investigates the causes, treatments and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov>.

Travel *continued*

- Protect your feet. Never go barefoot in the shower, pool or on the beach.
- Check your blood glucose often. Changes in diet, activity and time zones can affect your blood glucose in unexpected ways.

To learn more about controlling your diabetes, visit the National Diabetes Education Program at <http://www.ndep.nih.gov>.

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If you would like to contribute an article for the next newsletter or if you are aware of other upcoming educational opportunities and internet resources, please send us your ideas.

****DEADLINE - for submitting news for the Fall Newsletter is: Oct. 1, 2005**

Use this form to report a change in address or to be removed from our mailing list and/or to share information.

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Agency
Old Address
New Address

- Please remove my name Please update my address



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