



OCDPCP

Ohio Community Diabetes Control Program

"Let's make Ohio the place where people with diabetes live better lives!"

Portions Control Our Weight

American's lifestyle of inactivity and poor nutrition choices are having a dramatic influence on our health. The rate of overweight among adults has climbed steadily from 43 percent in the early 1960's to an all time high of 61 percent. One out of four school-aged children are overweight and one in eight are obese. Diabetes is the disease most closely linked to overweight with Type 2 Diabetes increasing 33 percent since 1990.

High fat, high calorie food choices, larger servings in restaurants, more frequent dining out and reduced energy expenditure with labor saving technology are all to blame for our expanding waistlines.

In the 1950's and 60's McDonald's french fries only came in one size. The two-ounce portion contained 200 calories. In the early 1970's a large serving was introduced with 320 calories. By the mid 1990's the large had grown to 450 calories and a super-size entered the market and offered 540 calories. By 2000 the large serving of french fries had become a medium and a new seven ounce size topped the charts at 610 calories.



Soft drinks and hamburgers have also grown over the years. In 1955 a 6.5-ounce Coca-Cola was the only size available. Today 20 ounces is standard. As a comparison, one 12-ounce regular soda provides about 150 calories whereas a 32 ounce sweetened beverage contributes 400 calories.

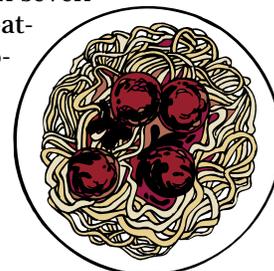
An original McDonald's burger, small fries, and 12 ounce coke adding up to 590 calories pales in the face of the super-size value meal. The quarter pounder with cheese, super size fries and super

Original Hamburger	270 calories
Quarter Pounder w/cheese	530 calories
Big Mac	570 calories
Big Extra	710 calories
Big Extra w/cheese	810 calories

size coke pack in a whopping 1,550 calories-and that is just one meal.

In 1987, 18 percent of our calories came from foods eaten away from home. Today, eating out contributes almost 36 percent of our calories and that number is still climbing. All-you-can-eat buffets are popular ways to get one's money's worth but the extra portions pack on extra pounds. Serving sizes in sit down restaurants have also increased over the years. For example, a mushroom cheeseburger, fries and standard 20-ounce soda at Applebee's contribute 1700 calories to the daily total. The 2 3/4-cup portion of Linguine Alla Marinara and two-2 ounce breadsticks at Olive Garden is the equivalent of 9-1/2 servings of grains. Their three-cup serving of spaghetti with seven ounces of meatballs and two-2 ounce breadsticks provide 10 grains and two to three and one half protein servings.

Based on the dietary pyramid, 1/2-cup of cooked rice or pasta is one serving and 6-11 grains are adequate for the entire day.



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Portions Control Our Weight *Continued*

Other favorites that pack in the fat and calories include:

	<u>Calories</u>	<u>Fat</u>	<u>Saturated Fat</u>
7oz Starbucks Blueberry Crumb Cake	800	38 grams	18 grams
8oz Cinnabon Pecanbon	1,100	56 grams	10 grams
One 2.5oz Mrs. Fields Milk Chocolate Cookie	280	13 grams	8 grams
3 oz Mrs. Fields Butter Croissant	320	20 grams	15 grams

Out of control portions is only one part of the weight gain equation. Our sedentary lifestyle accounts for reduced energy expenditure and also contributes to weight gain. From 1960-1990, the number of Americans who walked to work decreased from 6.4 million to 4.5 million. Meanwhile the number of local miles traveled in cars by the average American increased from 26 miles per day in 1977 to 39 miles per day in 1999. The typical child spends about 40 hours per week in front of the TV, computer and video games.

By now all of us are familiar with the results of the Diabetes Prevention Program released on August 9, 2001, indicating that diet and exercise delay the onset of diabetes in high risk individuals. Intensive lifestyle intervention reduced their risk of getting Type 2 diabetes by 58 percent. The good news is such favorable results were achieved with realistic changes - a loss of 10-15 pounds by following a low fat diet and moderate intensity exercise (i.e. walking) at least 30 minutes per day, 5 days per week.

Following are some ideas to incorporate into our patient education to



help the overweight and/or persons with diabetes begin making lifestyle changes:

- Use the Dietary Pyramid as a basis for the appropriate number of servings to be included each day.
- Illustrate portion sizes and encourage decreasing all portions, with special attention to fat calories.

- Recommend switching to sugar free beverages, unsweetened or artificially sweetened ice tea or water.
- Suggest 3 or 4 small meals throughout the day instead of skipping meals and consuming one large meal and/or snacking on high fat, high calorie choices.
- Allow the inclusion of favorite foods but in moderation and on occasion.

In addition to dietary changes, regular physical exercise must be incorporated to burn additional calories. Not only does physical activity preserve and build muscle tissue, it also increases metabolism. Strength training alone can increase a woman's metabolism by 15 percent. The ultimate goal is 30 minutes of strength training 2 or 3 times a week plus 30 minutes of aerobic activity such as walking everyday.

In view of the recently published studies, we need to emphasize and reinforce with our patients that small practical steps will enable them to lose enough weight to make a difference in their risk factors and glycemic control.

References:

Environmental Nutrition,
January 2001

Nutrition Action Healthletter,
January-February 2001

Tufts University Health and
Nutrition Letter, February 2001

Know Your Body Mass Index

BMI Table

Weight (lb)

	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4'9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
4'11"	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36
6'9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35
6'10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35

Less risk

More risk

Body Mass Index is a relationship between height and weight. The BMI chart above is a practical tool to assess obesity and to identify optimal weight for health. Adults (over 18 years of age) with a BMI of 18.5-25 are considered to be in a normal weight range. A BMI of 27 or greater indicates the individual is overweight and places him/her at greater risk of developing serious health conditions including diabetes, hypertension and high cholesterol. A BMI greater than 30 suggests obesity.

Third Annual Faith Communities Conference "Restoring the Body Mind and Spirit"

Close to 150 participants were on hand at the St. Louis Airport Marriott Hotel, September 4-5, 2001 at the Committed Caring Faith Communities third annual statewide substance abuse conference for clergy, lay faith leaders, treatment agency professionals and social service agency representatives.

In addition to guests from throughout the state of Missouri, representatives attended from Ohio,

Kentucky, Illinois, Texas and Pennsylvania. One participant came all the way from Sydney, Australia.

The conference took on a different flavor when Thomas Joyce, Director of the Ohio Diabetes Control Program, representing the National Diabetes Education program, spoke on the topic of "Diabetes in the Faith Community". Mr. Joyce distributed diabetes fact sheets, reference material and diabetes magazines illustrating the serious prob-

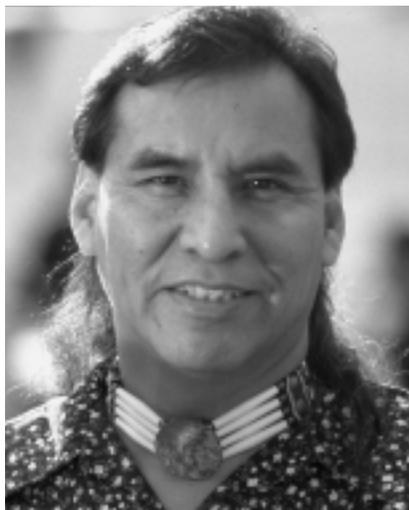
lem of diabetes. His message was centered around coalition building in the faith communities and how these partnerships can empower individuals in the communities to take control of diabetes.

The challenge was presented to the participants to take the message, "Control Your Diabetes for Life" back to their communities and empower the people to begin to live healthier lives.

OCDCP Update

During the summer the Ohio Community Diabetes Control Program staff were involved in the following programs and activities.

OCDCP staff distributed diabetes risk assessment and self-management literature and answered questions at the Central Ohio Pow-Wow held over the Labor Day weekend in Grove City, Ohio. The pow-wow is an annual event attracting people from Ohio, surrounding and distant states. This year's attendance was estimated at 250. Many personal stories were shared with program staff about the prevalence of diabetes in American Indian families and the devastating complications that occur from lack of resources and access to health care. The OCDCP is beginning to form partnerships with the U.S. Indian



Health Service and the American Indian Center in Columbus to address particular issues relating to diabetes within the community of 25,000 American Indians living in Ohio.

The OCDCP staff participated as an exhibitor at the Annual Faith-based Health Fair and Community Festival on Sept. 1, sponsored by the First Church of God Outreach Ministry, New Beginnings CCRC and CORLA/Daycare, Mount Carmel Health and the National

Kidney Foundation of Ohio. The purpose of the health and education event was to provide opportunities for families to improve their physical, emotional and spiritual health and to address the disparity that exists in the minority community. The community festival was well attended and offered fun activities for the whole family.

A presentation was made to occupational nurses from Brush Wellman in Toledo during their annual meeting. Discussion focused on new medications, insulin delivery devices, risk factors, weight management strategies and principles of behavior change.

OCDCP exhibited for 165 attendees at the new school nurse orientation and provided each nurse a packet of handouts and materials pertinent to school nursing issues for the child with diabetes. Information was supplied on ADA's Wizdom Kit, Body Mass Index and HbA1c levels. Pens, pumps, glucagon kits, food portions, and fast food guides were featured on the display table.

FQHC CORNER

Regional professional education updates on diabetes management will be offered around the state in the Spring 2002.

Please provide us with your input.

1. What day is best to attend a CME/CEU program?
2. What time of day is preferred?
3. Would you be willing to travel 50-60 miles to attend a program?
4. What diabetes questions/concerns do you encounter?

Please mail responses to:

Chris Goodall
BHPRR, Diabetes Unit 8th Floor
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43266-0588
or call (614) 728-7000

Looking Ahead

Feb. 27 - March 1, 2002

16th National Conference on Chronic Disease Prevention and Control
Atlanta, GA.

March 3, 2002

27th Annual Swim for Diabetes sponsored by CODA

May 6-9, 2002

CDC Diabetes Translation Conference
St. Louis, MO

June 14-18 2002

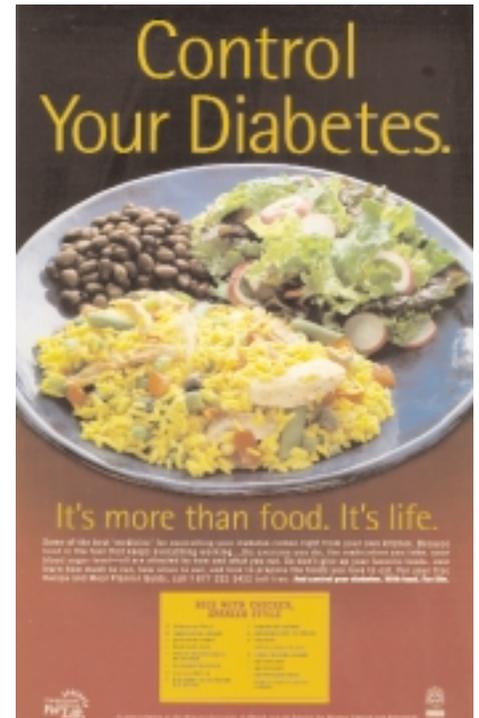
ADA Scientific Sessions
San Francisco, CA

NDEP Update

The Hispanic/Latino American Workgroup of the National Diabetes Education Program (NDEP) has recently released a recipe and meal planner guide. The guide outlines steps to healthy eating and a healthy life style to control and manage diabetes. It describes and offers examples of how traditional Latino recipes can be altered to fit within an individualized meal plan based on the Diabetes Food Pyramid. The guide is spiral-bound, much like a cookbook, and both the Spanish and English language versions are contained within it. A sample meal plan is included as well as refer-

ences, websites and a full-color copy of the Diabetes Food Pyramid.

The Ohio Community Diabetes Program has received 200 copies of the guide and will be distributing them to community health centers in the near future. Copies of the guide can be ordered by calling the National Diabetes Information Clearing House at 800-860-8747. The first 20 copies are free and each additional package of 20 is \$5. There is a limit per organization of two additional packets after the free packet. Other NDEP materials for consumers, health care providers and organizations can be ordered by downloading an order form from the NDEP website at <http://ndep.nih.gov>. Please note that all NDEP publications are copyright-free and can be duplicated and distributed freely.



Influenza Update

- As of this printing, there has been sporadic influenza activity in Ohio.
- Most of the viruses isolated worldwide since May are well-matched to the current vaccine strains.
- The Advisory Committee on Immunization Practices (ACIP) recommends that people at high risk and health care workers be immunized in October and that contacts of high-risk persons and healthy persons aged 50-64 years be vaccinated beginning November.
- The 140 health departments that receive vaccine from the Ohio Department of Health are restricted to offering the vaccine to persons 65 or older or those who have chronic diseases such as diabetes. This new mandate is a result of a smaller vaccine supply related to a sharp increase in price. The cost of one dose of vaccine has increased from \$1.85 in 1999 to \$4.49 this year.
- In December, the vaccine should be in ready supply. While the optimum time to vaccinate is October and November, there is no reason not to vaccinate after that time.
- A 1996 CDC survey of Medicare recipients found that about 40 percent didn't get the influenza vaccine because of unfounded fears that it wouldn't work, would have side effects, or would actually cause the illness.
- Persons with diabetes who contract the flu are six times more likely to need hospital care and three times more likely to die of such complications as pneumonia than are people without diabetes.
- Research has shown that health care provider recommendation for a flu shot is the single most accurate predictor for actual immunization.
- "If people have no fear of vaccine, but fear of disease, the argument in favor of vaccination is clear-cut. If they have no fear of vaccine but also no fear of disease, there may be inertia. When they have no fear of disease, but fear of vaccines, they are likely to refuse immunization" (attributed to David Salisbury, Principal Medical Officer, United Kingdom).

National Meetings Convene

The American Diabetes Association held the 61st Scientific Sessions in Philadelphia PA. June 22-26. Four plenary sessions addressed the Genetics of Aging, Pathobiology of Atherosclerosis, Socioeconomic Influences on Health, and Structure and Function of Tyrosine-Kinase Receptors. The tracks covered Clinical Diabetes with a focus on education, nutrition and behavioral medicine, Complications, Obesity, Epidemiology, Cell Biology, and Integrated Physiology. Other state-of-the art lectures included current issues, Meet-the Professor, Special Reports and oral and poster discussions. More than 200 companies exhibited their latest diabetes products, equipment and services. Next year's meeting will be held June 14-18 in San Francisco, CA.

The American Association of Diabetes Educators held their annual meeting in Louisville, KY. August 15-19. Gary Hall, Jr., the 2000 U.S. Olympic Gold Medalist was the keynote speaker.

He shared how his diagnosis of Type 1 Diabetes in 1999 and being told "your swimming career is over" almost destroyed his career but how his proper diabetes management, hard work, persistence, determination and belief in himself triumphed to enable him to achieve his dream of being a world champion.

Other general session speakers included: Jeff Mackie, Ph.D. - find-

ing and nurturing the spark of a champion to help patients develop the motivation to be active participants in their treatment.

- Frank Vinicor, MD, MPH, CDC - reviewed the epidemic of diabetes and the multiple factors to be considered in addressing the epidemic and challenges to good diabetes care.
- Susan Calvert - Finn, Ph.D., RD, Ross Products/Abbott Labs, Columbus - women's nutritional health as it relates to the whole picture.
- Ginger Kanzer-Lewis, RNC, Edm, CDE and 2000 AADE President - Medicare reimbursement for diabetes education.



- David Schulke, American Health Quality Association, Washington D.C -Who are the PROs, their role in diabetes education and what type of data to generate.
- Keith Campbell, RPh, CDE, Washington State College of Pharmacy - new trends in pharmacotherapy and treatment algorithms for patients with diabetes.
- Martin Sullivan, MD, Duke University Medical Center,



Durham, NC - integrative care and the role of traditional medicine and complementary therapies for the delivery of health care.

- Marion Franz, MS, RD, CDE, Minnesota and Karmeen Kulkarni, RD, MS, CDE, Utah - the 2001 Nutrition Principles and Recommendations to facilitate individual lifestyle and behavior changes that lead to improved metabolic control.
- James Gavin III, MD, Ph.D., Howard Hughes Medical Institute, Chevy Chase, MD. - the closing session highlighted the impact of diabetes in ethnic minority groups and cultural issues that are barriers to improved care and optimal control.

Concurrent sessions, workshops, research programs, dilemmas in diabetes education, ask an expert and educational posters addressed treatment strategies, chronic complications, collaborative efforts, technological advances, cultural aspects, quality measures and the diversity of approaches to care and self-management.

The hundreds of exhibitors and evening socials rounded out a wonderful learning experience.

The 2002 meeting will be held in Philadelphia, PA. Aug. 7-11.

News from the Volunteers

American Diabetes Association (ADA)

During November, American Diabetes Month, the ADA recruits community co-sponsors to deliver the message that begin informed and taking early steps can prevent serious complications from diabetes. The campaign slogan is "Diabetes: What to Know Head to Toe" and features tips to lead healthy lives.

Co-sponsors can include pharmacists, physicians, hospitals, clinics, and qualified corporate wellness centers and church health ministries. The American Diabetes Association supplies a Partner Guide, educational brochures, event posters, advertisement slicks, and diabetes fact sheets.

Sites in Ohio serving people with diabetes are invited to utilize the American Diabetes Association materials to conduct an educational program or simply display the materials and make the information available to clients. All materials are free of charge and ADA will assist with the promotion of the events.

Through a grant from the Latino Influencer Network and Aventis Pharmaceuticals, the American Diabetes Association is expanding its Hispanic/Latino outreach program in central Ohio. The Diabetes Assistance & Resources Program (DAR) is a community-based program to increase awareness in the Latino community about the seriousness of diabetes. DAR, which means "to give" in Spanish, provides valuable information in both English and Spanish to the individuals and family members of the Latino community with helpful hints for staying healthy and living with diabetes.

Key Components of the program include a church based educational program, home health parties,

health fairs, media activities, and the creation of a comprehensive resource directory. Materials created by and for the Hispanic/Latino community are available for use in educational programs.

The American Diabetes Association continues to promote the Wisdom Kit, a new interactive educational and entertaining kit for children newly diagnosed with diabetes and their parents. Developed to provide all the survival guide information that kids and parents need to get them through the first 3-6 months after diagnosis, the kit consists of two books (one for the kids and one for the parents), a binder to contain diabetes information and interactive play items to enhance the educational experience.

Kits are free to children with Type I diabetes and can be obtained by calling 1-800-DIABETES (342-2383) or on the web at www.diabetes.org/wizdom.

To become an ADA co-sponsor, or to receive additional information about ADA's programs call Suzanne Smith at the ADA office at 1-888-DIABETES (342- 2383), extension 6624.

Central Ohio Diabetes Association (CODA)

Activities for National Diabetes Month:

- Free Diabetes Detection Screenings
Nov. 20 and 27, 2001,
10:00-Noon
CODA office, 1580 King Ave,
Columbus.

Update from CODA

- Ruth Purdy, D.O. has been appointed Medical Director of CODA by its Board of Trustees. She replaces Samuel Cataland, MD who has served a three-year term.

- Three new staff members have joined CODA. These include Julie Giarrana RD, LD, Diabetes Nutrition Educator, Deanna Hart, RN, Diabetes Youth Nurse Educator, which is a new position and Sue Baumgardner, Chapter Program Director for the AmeriCorps members.

- CODA has launched CODA Kids, an extensive new website for children ages 7-17 with diabetes. The site provides easy-to-understand information about diabetes featuring tips on diabetes care, kid-tested recipes, topics such as diabetes in the classroom and how to safely participate in sports.

Interactive elements of CODA Kids include *Post-it!*, a message board is available for youngsters and their parents to leave messages for others living with diabetes, and *CODA Chats*, a scheduled chat room where participants talk in real time with diabetes experts and special guests. Topics and times will be posted on the site. Parents will need to sign a permission slip for youngsters to participate, which can be downloaded from the site. Both *Post-it!* And *CODA Chats* provide the chance for participants to share their experiences and learn from one another.

For more information or to register for CODA's programs, call CODA at 1-800-422-7949, 486-7124, or log on at www.diabetesohio.org

Diabetes Association of Greater Cleveland (DAGC)

DAGC Annual Meeting
January 30, 2002
Marriott, Downtown Cleveland

For more information or to register for DAGC's programs, call (216) 591-0800.

Websites

American Association of Diabetes Educators
www.aadenet.org

American Diabetes Association
www.diabetes.org

American Dietetic Association
www.eatright.org

Barbara Davis Center for Childhood Diabetes
www.uchsc.edu/misc/diabetes/bdc.html

Behavioral Risk Factor Surveillance System Prevalence Data
www.2.cdc.gov/nccdph/brfss2/publications/index.asp

Diabetes Association/Dayton Area
www.diabetesdayton.org

The Black Health Network
www.blackhealthnet.com

CDC Diabetes Public Health Resource
www.cdc.gov/diabetes

Central Ohio Diabetes Association
www.diabetesohio.org

Diabetes Association of Greater Cleveland
www.dagc.org

Diabetes Today
www.diabetestodayntc.org

Directory of Diabetes Organizations
www.niddk.nih.gov/health/diabetes/pubs/diaborgs/diaborgs.htm

Health and Human Services Search
www.hhs.gov/search

Health Quest Magazine
www.healthquestmag.com

Health Resources and Services Administration
www.ask.hrsa.gov

Healthy People 2010 Online Documents
www.health.gov/healthypeople/document

Joslin Diabetes Center
www.joslin.org

Juvenile Diabetes Foundation
www.jdf.org

National Diabetes Education Program (NDEP)
<http://ndep.nih.gov>

National Eye Institute
www.nei.nih.gov

National Heart, Lung and Blood Institute
www.nhlbi.nih.gov

National Kidney Foundation of Ohio
www.nkfohio.org

National Library of Medicine
www.nlm.nih.gov

The National Women's Health Information Center
www.4woman.gov

Ohio Department of Health
www.odh.state.oh.us

The Renal Network, Inc.
www.therenalnetwork.org

United Network for Organ Sharing
www.unos.org

U.S. Office of Minority Health
www.omhrc.gov

Robert Hill, Designer, ODH



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 Winter Newsletter is December 20, 2001**

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

Name
Agency
Old Address
New Address

Please remove my name Please update my address

Return to: Rebecca Goins
 Ohio Community Diabetes Control Program
 Bureau of Health Promotion & Risk Reduction,
 Ohio Department of Health,
 P.O. Box 118,
 Columbus, Ohio 43266-0118
 Phone: (614) 644-8311

