The influenza and pneumonia season is rapidly approaching and it is time to notify the people with diabetes about the importance of getting vaccinated.

Supply
Vaccine production for the 2003-2004 influenza season is proceeding satisfactorily, and a sufficient supply of influenza vaccine should be available during October and November. Therefore, influenza vaccination can proceed for all high-risk and healthy persons, individually and through mass campaigns, as soon as vaccine is available. For all groups, the optimal time to vaccinate continues to be during October and November, although the length of the influenza season and past pattern of peak flu activity mean that vaccination later in the flu season (December and later) can still provide protection against influenza. Because children younger than 9 years of age who are receiving their first influenza vaccination need a booster dose of vaccine for effective coverage, their vaccination should take place early in the season.

Target Groups for Vaccination
Target groups include those who are at risk for complications from influenza infection, persons ages 50 to 65 and persons who can transmit influenza to those in high-risk groups.

High-risk Target Groups
• Persons 65 years and older,
• Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions,
• Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma,
• Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies or immunosuppression (including immunosuppression caused by medications or by HIV),
• Children and adolescents aged 6 months to 18 years who receive long-term aspirin therapy and, therefore, might be at risk for experiencing Reye’s syndrome after an influenza infection, and,
• Women who will be in the second or third trimester of pregnancy during the influenza season.

Persons Aged 50-64 Years
Vaccination is recommended for persons aged 50 to 64 years because this group has an increased prevalence of persons with high-risk conditions and historically has a low vaccination rates. Persons aged 50 to 64 years without high-risk conditions also benefit from the decreased rates of influenza illness, decreased work absenteeism and decreased need for medical visits and medication that accompany vaccination. Further, other preventive services and routine assessment of vaccination status are recommended at age 50.

See Advisory Committee page 2
Advisory Committee continued

Persons Who Can Transmit Influenza to Those at High Risk

Persons who are clinically or subclinically infected with influenza can transmit influenza virus to persons at high risk for complications from influenza. Decreasing transmission of influenza from caregivers and household contacts to persons at high risk might reduce influenza related deaths among persons at high risk. Vaccination of health care personnel and others in close contact with persons at high risk, including household contacts, is recommended.

The following groups are potential transmitters of virus and should be vaccinated:

- Physicians, nurses and other personnel in both hospital and outpatient care settings, including medical emergency response workers (e.g., paramedics and emergency medical technicians),
- Employees of nursing homes and chronic-care facilities who have contact with patients or residents,
- Employees of assisted-living and other residences for persons in groups at high risk,
- Persons who provide home care to persons in groups at high risk, and
- Household contacts (including children) of persons in groups at high risk.

Young Children and Their Close Contacts

Because young, otherwise healthy children are at an increased risk for influenza-related hospitalization, influenza vaccination of healthy children aged 6 to 23 months continues to be encouraged. Vaccination of children older than 6 months who have certain medical conditions also continues to be strongly recommended. In addition, because of the increased risk for influenza-related hospitalization of children aged 6 to 23 months, vaccination is encouraged for their household contacts and out-of-home caregivers, particularly for contacts of children aged up to 5 months. Influenza vaccines have NOT been approved by the United States Food and Drug Administration (FDA) for use among children younger than 6 months old.

Influenza Educational Materials

The Ohio Diabetes Prevention and Control Program will be distributing to our influenza and pneumonia immunization partners consumer information materials. The vaccine information statements are also available free for downloading in PDF format and in more than 20 languages at www.immunize.org/vis. The consumer information (available in both English and Spanish) can be downloaded in PDF format at www.cdc.gov/nip/flu.

Source: Center for Disease Control and Prevention

American’s Walk for Diabetes

Eighty American Diabetes Association sites across the country conducted the America’s Walk for Diabetes the weekend of October 4, 2003 and raised close to $20 million in support of our mission: to prevent and cure diabetes and to improve the lives of all people affected by diabetes. Central Ohio was part of this. The Central Ohio Walk took place in front of Nationwide Arena on Saturday, October 4th, with over 800 registrants raising approximately $100,000. Former OSU Head Football Coach, Earle Bruce, participated in the opening ceremony and cut the ribbon to start the 3.2 mile Walk through the streets of downtown Columbus.

This year’s Walk was dedicated to the memory of Butch Rockwell who died suddenly in January. Butch and his wife, Joy, were longtime supporters of the Walk. Joy and her entire family walked in honor of Butch on Saturday and once again raised over $10,000 for the fight against diabetes. This year’s Walk Co-Chairs from Glucerna, a National sponsor of America’s Walk for Diabetes were Kathy Smith and Anna Buckingham.

Local sponsors for this year’s Walk were Cardinal Health, KPMG, Kforce, O’Shaughnessy’s Public House, Target and MP Total Care.

The Walk truly would not exist without the teams and the hundreds of walkers who raised money in the fight against diabetes. ADA thanks you all.
Diabetes Program Gets a Boost

As a student at Ohio University nearly 40 years ago, U.S. Senator George Voinovich witnessed first-hand some of the problems facing Appalachian Ohio—including problems related to health care.

On Aug. 18, 2003, Senator Voinovich was joined by Ann Pope, co-chairwoman of the Appalachian Regional Commission (ARC), to announce funding for a health initiative for the region, which will be led by Ohio University (OU).

The university will add $25,000 to a $75,000 grant from the ARC to help fund a new health institute that will battle diabetes.

The fifth-leading cause of death in the United States, diabetes rates in Appalachia are higher than in the rest of Ohio and the country.

During the next 18 months, OU will develop and implement a comprehensive initiative promoting diabetes education, prevention and health care in Appalachian Ohio. Coordinated by the newly established Appalachian Rural Health Institute at OU’s College of Osteopathic Medicine, the program will partner with the university’s Voinovich Center, the Edison Biotechnology Institute and the College of Communication.

Diabetes rates in Appalachian Ohio are more than twice that of the rest of the country, said Voinovich, whose father had the disease.

The new institute and initiative will “be important to the region and important to Ohio," Voinovich said.

Pope linked health issues with Southeastern Ohio’s struggle for economic development. Without a healthy workforce, job creation and economic development will flounder, she said.

The diabetes program under development by OU’s medical college could become a model for those in other parts of Appalachia. “I’m very excited about his project," she said.

The partnerships that are a part of the project, from the ARC’s role to that of the various components at OU, will help the program succeed, said Joy Padgett, director of the Governor’s Office of Appalachia. "The power of partnerships like these is just incredible," she said. "There’s nothing we can’t overcome."

As part of the program, the Institute for Local Government Administration and Rural Development at OU’s Voinovich Center will lead an effort to establish baseline information about diabetes and health care in the region as well as the presence of risk factors.

The medical college and other groups and individuals will provide education and nutritional counseling for diabetics, as well as communicate risk factors to the general population.

The new institute will assist local health care providers with education, prevention programs and treatment alternatives and work on strategies to improve health care access.

During the first week in August 2003 OU announced a $1.5 million gift from the Osteopathic Heritage Foundation that will help fund a diabetes research initiative, including creation of the J.O.Watson, D.O., Endowed Research Chair. Dr. Leonard Kohn, a professor of biomedical sciences at the OU medical college, has been appointed to the research position.

Dr. Frank Schwartz, a member of the medical school’s clinical faculty, will work with Dr. Kohn to establish a diabetes center as part of the Appalachian Rural Health Institute.

The National Kidney Foundation of Ohio: Focus on Diabetes

The National Kidney Foundation of Ohio (NKFO) is delighted to participate in the Ohio Diabetes Task Force. As we work towards our mission of preventing kidney disease, we see the diabetic population as one of our main audiences. Some facts about kidney disease and diabetes from the National Kidney Foundation:

• Diabetes is the single leading cause of kidney failure in the United States, accounting for 45 percent of the people who start treatment for kidney failure each year, and 38 percent of all Americans being treated for kidney failure. Each year, nearly 25,000 people with diabetes develop kidney failure.

• Diabetes damages small blood vessels throughout the body, affecting the kidneys as well as other organs and tissues.

• Researchers feel that the presence of high blood pressure may be the most important predictor of which diabetics develop chronic kidney disease. Therefore, the detection and control of high blood pressure are very important for people with diabetes. Specific high blood pressure medicines, such as the angiotensin converting enzyme inhibitors, may be the most effective in preventing diabetic kidney disease. About 60 to 65 percent of people with diabetes have high blood pressure.

• The risk of developing chronic kidney disease increases with the length of time a patient has diabetes. For those surviving 20 to 30 years with type 1 diabetes, about 30 percent develop chronic kidney disease — making it a frequent, but not inevitable, complication among people in this group. About 10 to 40 percent of people with type 2 diabetes develop chronic kidney disease and kidney failure.

• Some of the signs that someone who has diabetes may be developing chronic kidney disease are:
  ◦ Protein in the urine
  ◦ High blood pressure
  ◦ Leg swelling, leg cramps
  ◦ Increased need to urinate, especially at night
  ◦ Abnormal blood tests, such as a rise in blood urea nitrogen (BUN) and creatinine
  ◦ Less need for insulin or anti-diabetic pills
  ◦ Morning sickness, nausea and vomiting
  ◦ Weakness, pallor and anemia
  ◦ Itching

• A cure for diabetic kidney disease has not yet been found; the treatment involves controlling the disorder and slowing its progression to irreversible kidney failure. Some of the treatments that may be effective are:
  ◦ Controlling high blood pressure
  ◦ Controlling blood sugar levels
  ◦ Reducing dietary protein intake
  ◦ Avoiding medications that may damage the kidneys
  ◦ Treating urinary tract infections
  ◦ Exercise and weight loss (under the supervision of a physician)

The NKFO will be hosting a conference for primary care providers, Feb. 20-21, 2004, to educate them on the signs, symptoms, complications and at-risk populations for kidney disease. One focus of the conference will be alerting providers about their diabetic patients’ increased risk for kidney disease.

The NKFO is located in Columbus at 1373 Grandview Ave. and we can be reached at 614-481-4030 and www.nkfofohio.org.

Source: Sarah Pierce, NKFO

Many Ohio Department of Health (ODH) employees volunteered to work Festival Latino, held in downtown Columbus June 20 and 21 this year.

Under the direction of Thomas "Eddie" Joyce and Julie Barrett (staff members of the Diabetes Prevention and Control Program), ODHers disseminated thousands of pamphlets with information about diabetes, cancer, tobacco, immunization, nutrition, WIC, sexually transmitted diseases and more. The pamphlets – and coloring books for children – were available in both English and Spanish.
Diabetes Today Update

Diabetes Today, the national training program developed by the Centers for Disease Control and Prevention, has been used by the Ohio Diabetes Prevention and Control Program since April 2001. The fourth class was conducted on September 23 and 24, 2003, with two staff members and 14 outside professionals participating. The class consisted of eight nurses, five dietitians, one dietetic technician and two program directors/outreach managers. Attendees represented hospitals in Bellevue, Medina, Jefferson County, Holmes County, Middletown, and Grant Hospital in Columbus, the Combined Health District in Montgomery County, Ohio University College of Osteopathic Medicine, the Diabetes Association of Greater Cleveland and the Ohio Primary Care Association. A total of 36 counties have been involved with the program. Diabetes Today was developed to create community-based diabetes initiatives, through a collaborative network of partners, to improve diabetes awareness, education and care. The program is designed to strengthen communities by bringing together local people who are interested in enhancing existing services for families affected by diabetes and those at risk.

Topics of discussion and group activities during the two-day training included cultural issues, dealing with personality conflicts, forming a coalition, involving key leaders as partners, assessing the needs, resources, and barriers in a community, accessing county-specific data, planning diabetes interventions and on-going evaluation. Attendees from previous classes joined the group to share their experiences with coalition development and program successes and challenges.

Through this interactive training, the participants gain the confidence, resources, and skills to coordinate efforts for the implementation of needed local diabetes programs and services.

Submitted by Chris Goodall, R.D., L.D., program coordinator

The President’s Challenge

Dr. J. Nick Baird, M.D., director - Ohio Department of Health - has been appointed as a member of President Bush’s Council on Physical Fitness and Sports. His interest stems from the knowledge that most Americans are not physically active. In fact, poor diet and sedentary lifestyles kill about 300,000 Americans annually. Sixty-one percent of U.S. adults - or 108 million people - are overweight or obese and 70 percent of American adults are not active during leisure time. Americans packing excess weight cost this nation some $117 billion in year 2000 and account for about 14 percent of all U.S. deaths.

The president, Governor Bob Taft and Dr. Baird want that to change. President Bush wanted 20 million Americans to sign up for a physical fitness challenge in the form of an interactive web site: www.presidentschallenge.org. by the end of August. As a card-carrying Healthy Ohioan, Dr. Baird reminds employees that this is a great way to monitor their physical activity. There are more than 100 types of activities that can be logged and going to the gym is not mandatory. Walking a dog or working in the garden are types of activities listed in the challenge as are walking, playing with your children or sailing a boat. Dr. Baird would like to get Ohio adults to be active for at least 30 minutes each day and children for 60 minutes a day so we can turn the tide on some of Ohio’s dismal health indicators...including diabetes and obesity. It is well known that Ohio needs to shape up. More than 25 percent of Ohio adults smoke cigarettes, more than 30 percent of Ohio adults do no leisure-time activity, nearly 60 percent of Ohio adults are overweight and more than 80 percent of Ohio adults eat less than five servings of fruits and vegetables daily.

Source: Nick’s Notes, Aug. 8, 2003
Hypnotherapy in Management of Surgical and Medical Encounters

At the last Ohio Diabetes Task Force meeting, task force member Dr. Irwin Frank mentioned his use of hypnotherapy in his podiatric practice. The following is a question and answer session concerning this interesting topic:

Interviewer: Dr. Frank, how do you use hypnotherapy in your podiatric practice?
Dr. Frank: The increasing acceptance of hypnotherapy by physicians, surgeons and health care professionals has made it possible to use hypnotherapy in many medical and surgical encounters. In my specific specialty, the medical and surgical management of the patient with diabetes and pathology involving the lower extremities, we have observed the following:

The use of hypnotherapy:
• Decreases patient’s anxiety levels,
• Decreases feelings of panic,
• Can be used in patients with phobias,
• Can be used in patients with chronic/painful diseases, and
• Can be used when anesthetics cannot be used.

Appropriate times to use hypnotherapy are:
• Sometimes days before the procedure,
• Sometimes minutes before the procedure,
• Sometimes continued hypnotherapy is used to improve or adapt the patient to their condition:
  ◦ Chronic pain syndrome,
  ◦ Diabetic neuropathy,
  ◦ Peripheral Vascular Disease/Arteriosclerosis.

Who can benefit from hypnotherapy:
• Patients with good intelligence respond and are easier subjects.

Dr. Frank continues: Of course, the usual podiatric examination is utilized and if the diagnosis is seen to be of a medical nature, I explain to the patient that as part of their therapy, I would like to incorporate medical hypnosis. In a like fashion, if a surgical procedure is contemplated, I will use hypnotherapy as part of the treatment.

Interviewer: Can you give us a little history about the use of hypnotherapy for these purposes?
Dr. Frank: Certainly. Hypnosis was formally recognized by the British Medical Association in 1955 and the American Medical Association in 1958 with both societies agreeing that hypnosis is a legitimate mode of medical treatment.

Erickson, considered to be the father of modern hypnosis, defined a hypnotic state as a trance and altered state of consciousness which permits increased relaxation, focused concentration and heightened openness to suggestion.

Interviewer: How do you approach your patients for the use of hypnotherapy?

Dr. Frank: I explain to my patient that all hypnosis is self-hypnosis and that they are in control of themselves at all times. I also explain to them that I will act as their teacher and they will learn to use these procedures at home to control their discomfort. Many people will say “I can’t be hypnotized.” I will explain to them that all intelligent people can use hypnosis and that the only people who do not respond to medical hypnosis are those people with below average intelligence.

It is important to note that peripheral neuropathy, poor glucose control, hypertension, alcohol consumption, smoking, gastroparesis, bladder dysfunction and sexual dysfunction are all independent risk factors. Obesity has responded well to hypnotherapy and Rossi has shown through his research that there is also immune system response to hypnotherapy.

Note: Dr. Irwin Frank is a doctor of podiatric medicine, a certified and approved consultant in clinical hypnosis (A.S.C.H.), a member of the American Society of Clinical Hypnosis, a member of the International Society of Clinical Hypnosis and a Fellow-Cleveland Society of Clinical Hypnosis.

Sugar Bytes

Introducing Sugar Bytes, a tidbit of information concerning diabetes, diabetes management and/or the prevention of the complications of diabetes. Sugar Bytes will be appearing in various publications throughout the State of Ohio. In celebration of National Diabetes Day, Nov. 14, 2003, the staff of the Ohio Diabetes Prevention and Control Program (ODPCP) has decided to launch our first Sugar Byte in this issue of the ODPCP newsletter.

Keep blood sugar levels as close to normal as possible and blood pressure levels below 130/80 to prevent kidney disease.
Central Ohio Diabetes Association Creates a Multicultural Resource Center

The Central Ohio Diabetes Association has developed a unique and innovative service to meet the diverse needs of people with diabetes through the creation of the Multi-cultural Diabetes Resource Center (MCDRC).

The center was established with funding from the Columbus Medical Association Foundation, The John R. Maloney Fund, Olga Lucia, Huntington National Bank, Limited Brands and donors to The Diabetes Action Campaign.

Housed at the Central Ohio Diabetes Association’s new Irving E. Schottenstein and Dr. Manuel Tzagournis Diabetes Center, 1100 Dennison Ave., Columbus, Ohio, the MCDRC provides resources for healthcare workers, people with diabetes and non-profit organizations. The MCDRC is designed to improve the health and wellness of residents in central Ohio by providing education and promoting healthy lifestyle choices for people with diabetes. The center focuses particularly on the needs of minority communities, lower socio-economic populations and persons with special needs including vision impairment and persons with low literacy levels. The MCDRC also provides health promotion information to all persons with diabetes.

The MCDRC is building the community’s capacity for diabetes education by providing resources for health promotion that can be used by educators out in the community. By supporting programs that train and educate health advocates, the MCDRC will help to increase the number of diabetes-trained personnel in the community and increase the number of people receiving self-management education and diabetes detection, which can reduce the rates of complications and deaths.

The long term goal of the MCDRC is to improve the public’s overall participation in diabetes education and detection programs. This will lead to better health outcomes and reduced disparities for people with diabetes.

The Central Ohio Diabetes Association’s new teaching and outreach facility also includes a diabetes education classroom, detection lab, education counseling center and a teaching kitchen for on-site client services, including classes and cooking demonstrations. This new facility also serves as a center for community planning related to diabetes and increased community outreach programs. For more information on the MCDRC or other services offered by the Central Ohio Diabetes Association, call 614-843-8400 or www.diabetesohio.org

What Are Sugar Alcohols?

The sugar alcohols commonly found in foods are:
• Sorbitol
• Mannitol
• Xylitol
• Isomalt
• Lactitol
• Maltitol
• Hydrogenated starch hydrolysates

Sugar alcohols are made from fruits and berries. The carbohydrate in these plant products is altered through a chemical process. These sugar substitutes provide somewhat fewer calories than table sugar (sucrose), mainly because they are not well absorbed and may even have a small laxative effect.

Many so-called “dietetic” foods that are labeled “sugar-free” or “no sugar added” in fact contain sugar alcohols. People with diabetes MISTAKENLY think that foods labeled as “sugar-free” or “no sugar added” will have no effect on their blood sugars. Foods containing these sugar alcohols need to have their calorie and carbohydrate contents accounted for in the overall meal plan, as it is carbohydrates that raise blood sugar levels. Because many people typically overeat “sugar-free” or “no sugar added” foods, their blood sugar may be significantly elevated by these foods.

Clients are advised that when they choose a dietetic food labeled as “sugar-free” they must check the label to see if sugar alcohols are listed as one or more ingredients, as often there is a combination of two or more sugar alcohols in many foods. Most importantly, they must check what the total carbohydrate content is per serving of any food and incorporate that carbohydrate in their overall meal plan. If the product contains any total carbohydrate grams, it may likely come from sugar alcohols.

Nancy D. Schaefer, RD, LD
PH Nutritionist/Health Educator
Upcoming Events

November 1, 2003, 1:00PM-5:00 PM
Diabetes Association of the Dayton Area (DADA)
Diabetes Expo
The largest Diabetes Expo in Southwestern Ohio. This is the 12th year DADA has sponsored the Diabetes Expo. This year will be a new location, and a new day. Previously held at the Marriott Hotel on the first Sunday in November, this year will be at the West Pavilion Lobby, located at 1 Elizabeth Place.

November 3, 2003, 1:00 PM - 4:00 PM
Diabetes Expo hosted by the Madison Avenue Pharmacy will feature presentations on topics including: nutrition, exercise, medications, home monitoring, foot care, eye care, kidney disease, heart disease and insulin pumps.
Elderly United of Springfield at the Betty B. Pitzer Center
101 S. Fountain Avenue
Springfield, Ohio 45504

November 6 and 7, 2003
Central Ohio Diabetes Association's 40th Annual Diabetes Symposium
Worthington, Radisson Hotel
Call 614-884-4400 for information

November 15, 2003, 9:00 AM - 3:30 PM
Darke County Diabetes Day
Diabetes screenings and speakers featuring - Chris Smith "The Diabetic Chef."
A sack lunch will be provided
Lighthouse Christian Center, St. Rt. 127, Greenville, Ohio
For more information contact Tonya Breymier @ 937-547-5750 or e-mail tonya.breymier@waynehospital.com

Save the Date
(note change in date)

September 28 and 29, 2004
Statewide Diabetes Conference

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 Winter Newsletter is: December 15, 2003
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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Return to: Nancy D. Schaefer, RD, LD
Ohio Diabetes Prevention and Control Program
Bureau of Health Promotion & Risk Reduction,
Ohio Department of Health,
P.O. Box 118,
Columbus, OH 43266-0118
Phone: (614) 728-3775

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