



ODPCP

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

African Americans and Diabetes Facts

Compared to the general population, African Americans are disproportionately affected by diabetes:

- 3.2 million or 13.3 percent of all African Americans aged 20 years or older have diabetes.
- African American are 1.8 times more likely to have diabetes as non-Hispanic whites.
- Twenty-five percent of African Americans between the ages of 65 and 74 have diabetes.
- One in four African American women over 55 years of age has diabetes.



Complications

Diabetes is associated with an increased risk for a number of serious, sometimes life-threatening complications and certain populations experience an even greater threat. Good diabetes management can help reduce the risk of developing the complications of the disease:

Blindness: African Americans are almost 50 percent more likely to develop diabetic retinopathy as non-Hispanic whites.

Kidney Disease: African Americans are 2.6 to 5.6 times more likely to suffer from kidney disease with more than 4,000 new cases of end stage renal disease (ESRD) each year.

Amputations: African Americans are 2.7 times more likely to suffer from lower-limb amputations. Amputation rates are 1.4 to 2.7 times higher in men than women with diabetes.

Heart Disease and Stroke: Heart disease and stroke account for about 65 percent of deaths in people with diabetes.

- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- The risk for stroke is 2 to 4 times higher and the risk of death from stroke is 2.8 times higher among people with diabetes.

In women with diabetes, deaths from heart disease have increased 23 percent over the past 30 years compared to a 27 percent decrease in women without diabetes. Deaths from heart disease in men with diabetes have decreased by only 13 percent

compared to a 36 percent decrease in men without diabetes.

For more information on diabetes and other complications, visit <http://www.diabetes.org>

In This Issue...

<i>African Americans and Diabetes Facts</i>	1
<i>A1C Champions™ Program</i>	2
<i>Components of a good foot exam</i>	2
<i>Diabetes and High Blood Pressure</i>	2
<i>September is Women's Health Month</i> ...	3
<i>Influenza Vaccine</i>	3
<i>Vision Loss Among Older Ohioans Is Increasing</i>	3
<i>National Kidney Foundation of Ohio</i>	4
<i>HHS Launches Web site</i>	4
<i>Warning About Fake Test Strips</i>	5
<i>Diabetes-Healthy Holiday Gatherings and Winter Parties</i>	5
<i>News from the Juvenile Diabetes Research Foundation</i>	6
<i>Food Products and Trans Fat-Staying on Top of Recent Changes</i>	6
<i>Sugar Byte</i>	6
<i>National Institutes of Health Fact Sheet - Diabetic Retinopathy</i>	7
<i>Global Diabetes Summit</i>	8

A1C Champions™ Program

The A1C Champions™ Program, sponsored by Aventis, is a patient-led approach to diabetes education. A1C Champions™ are people with diabetes who are trained and evaluated to share diabetes self-management and lifestyle strategies based on extensive training and their personal experience. An A1C Champions™ primary role is to conduct empowering presentations for other people with diabetes, their family and friends. In these 60-minute, patient-to-patient presentations, an A1C Champion™ talks

about his or her physical, emotional and psychological experiences with diabetes. By sharing personal insights and helpful approaches with others, A1C Champions™ help empower others to make the right choices in taking care of their diabetes. An example of topics covered includes:

- Achieving good glucose control.
- Learning about effective self-management.
- Developing a balanced and healthy lifestyle.

- Planning and prioritizing diabetes management.
- Overcoming fears surrounding diabetes.
- Finding resources for diabetes support.

The A1C Champions™ Program may increase knowledge about diabetes management and provide a sense of fulfillment from helping others. To schedule an A1C™ Champion please e-mail: Info@A1CChampions.org or call 866-741-7047 for more information.

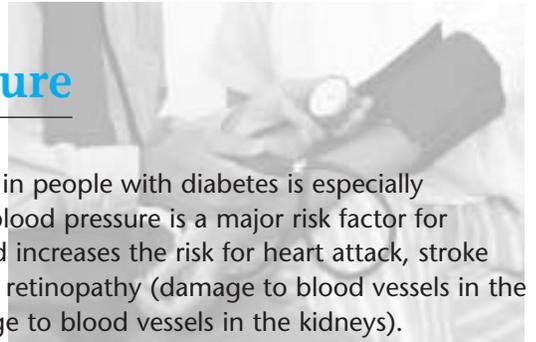
Components of a good foot exam

At least once a year, everyone with diabetes should have a thorough foot examination. It should include an assessment of:

- Protective sensation test.
- Foot structure.
- Biomechanics - including any limits in joint mobility or problems with gait and balance.
- Vascular status - including questions about painful walking and determination of pulses in the feet.
- Skin integrity - especially between the toes and on the ball of each foot.
- Increased pressure on the soles of the feet; areas of warmth, redness or callus formation may be indicative of tissue damage.

Diabetes and High Blood Pressure

Controlling blood pressure in people with diabetes is especially important because high blood pressure is a major risk factor for cardiovascular disease and increases the risk for heart attack, stroke and other complications such as retinopathy (damage to blood vessels in the retina) and nephropathy (damage to blood vessels in the kidneys).



American Heart Association recommendations:

Blood Pressure Category	Systolic (mm Hg)	Diastolic (mm Hg)
Normal	Less than 120 <i>and</i>	Less than 80
Pre-hypertension	120-139 <i>or</i>	80-89
High		
Stage 1	140-159	90-99
Stage 2	160 or higher <i>or</i>	100 or higher

Governor Taft Declares September 2006 as Women's Health Month

Governor Bob Taft's proclamation to declare September 2006 as Women's Health Month was presented to Debra Seltzer and Joyce Hersh at the kick-off event on Sept. 8, 2006. The event was held at the Ross County OSU Extension facility in Chillicothe, Ohio. The theme for this year's event was "Diabetes and the Appalachian Woman."

Cindy Oliveri, OSU Extension family and consumer science specialist, provided the opening remarks. Included in her remarks was a description of the Dining With Diabetes initiative that was begun in 2006.

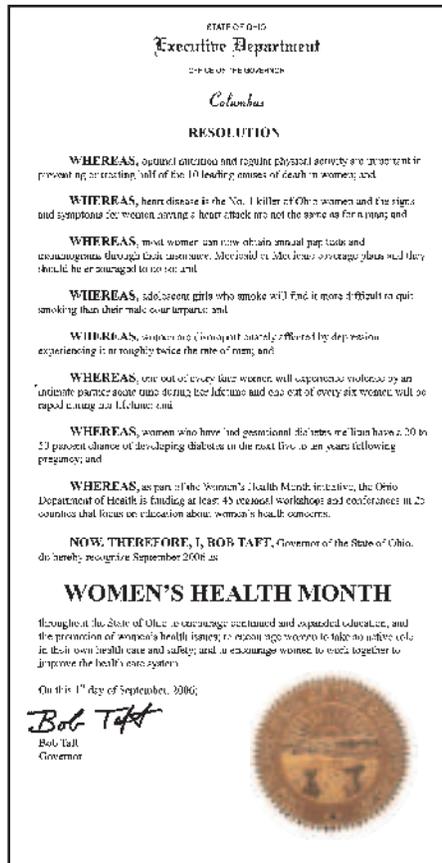
Other officials to open the event included: Kathy Trace, (Area Health Education Center at Ohio University), Dr. Deborah Arms and Nan Migliozzi (both from the Ohio Department of Health).

The presenters and topics included:

- Dr. Trudy Gaillard - "Diabetes, Disparities and Women"
- Dr. Mary DeGroot - "Taking Care of Ourselves: Stress Management for Women with Diabetes"

- Ms. Barbara Nakanishi - "What Every Woman Needs to Know About Carb Counting"

Appreciation is extended to everyone who made this a successful event.



Influenza Vaccine

The Centers for Disease Control and Prevention (CDC) recommends people get vaccinated in October and November, but getting a vaccine in December and beyond can be beneficial because the virus can circulate until May. The CDC expects an ample supply of influenza vaccine to be available this year.

Who Should Get the Vaccine?

The flu vaccine is one of the few immunizations recommended for the majority of the population. The CDC recommends the following groups get the flu vaccine because they are at a higher risk of developing complications from this virus

- Children from 6 months to 5 years.
- Pregnant women.
- People 50 years of age and older.
- Adults and children with chronic medical conditions including asthma, heart disease, **diabetes** and kidney disease.
- People who live in nursing homes and other long-term care facilities.
- Health care workers, caregivers and guardians of people in the above groups.

For more information about influenza and the influenza vaccine, visit <http://www.cdc.gov/flu> or call 800-CDC-INFO (800-232-4636).

Vision Loss Among Older Ohioans Is Increasing

More Americans than ever are facing the threat of blindness from age-related eye disease. More than 187,000 Ohioans age 40 and older are currently legally blind or visually impaired, largely resulting from the eye diseases of diabetic retinopathy, cataract, glaucoma and age-related macular degeneration. The number of older Americans 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. Unfortunately, blindness and vision impairment represent a significant burden, not only to those affected by sight loss, but to our Ohio economy



as well. It is estimated that blindness and vision impairment cost Ohio \$160 million annually in benefits and lost taxable income. The following Web site provides Ohio county-specific data: <http://www.preventblindness.org/Ohio/Agingeye/VPOH.html>

National Kidney Foundation of Ohio Wants You to Know Your Kidney Score

What is your kidney score? Furthermore, what is a "kidney score?" It may be a new question to you, and a question the National Kidney Foundation (NKF) of Ohio strongly believes that your kidney score should be as well known as cholesterol or blood pressure measures.

In September 2006, the Kidney Score Awareness Campaign was launched with the goal of reaching hundreds of thousands of people in Ohio with an early detection message. The campaign used radio and TV ads, bus signs, door hanger information and other methods to inform the public.



This campaign is a unique pilot program designed to increase awareness and change behavior regarding kidney disease detection and prevention.

Kidney disease is a silent killer and can happen to anyone. In the early stages, there often are no signs or symptoms - that is why the blood test for kidney function - the kidney score - is so important. For African-Americans and Hispanics, who can have a four times greater risk for kid-

ney disease than the general population, the impact is even greater.

Early detection is critical and is easy. Knowing one's kidney score does not require additional tests or blood draws beyond those done for a routine checkup. The kidney score / GFR (glomerular filtration rate) is an equation added to routine lab work that, due to urging by the NKF of Ohio, is now being provided by many hospitals and large labs in Ohio. The next time you are having a checkup or blood work, ask your doctor about your kidney score. Knowing is living. For more information, log on to <http://www.kidneyscore.org>

HHS Launches Web site Promoting Health Literacy Improvement

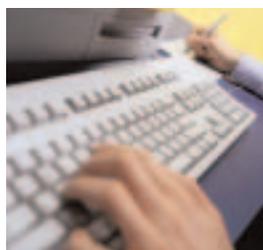
The Health and Human Services (HHS) Office of Disease Prevention and Health Promotion has recently launched a Health Literacy Improvement Web site as part of its Health Communication Activities. The URL is www.health.gov/communication/literacy. On this site are a variety of sources including:

The Quick Guide to Health Literacy - This guide is for government employees, grantees, contractors and community partners working in health care and public health fields. It contains:

- A basic overview of key health literacy concepts.
- Techniques for improving health literacy through communication, navigation, knowledge-building and advocacy.
- Examples of health literacy best practices.

- Suggestions for addressing health literacy in your organization.

If you are new to health literacy, the guide will give you the information you need to become an effective advocate for improved health literacy. If you are already familiar with the topic, you will find user-friendly, action-oriented materials that can be easily referenced, reproduced and shared with colleagues.



Health Literacy Power Point Presentation - Health Literacy: What You Need to Know and What You Can Do About It. This presentation can be used to educate yourself and others on factors that affect health literacy, how health outcomes and quality of care can be affected by

health literacy, measuring health literacy, plain language, cultural competency and how to include health literacy in your work. The presentation is available as a Power Point and in text format.

Links to Other Health Literacy Resources - This Web site also includes links to additional resources including the Healthy People 2010 Health Communication Chapter and Action Plans, other government resources such as the Plain Language Web site and links to research and reports about health literacy.

All of this information is also available on a "Tools for Health Literacy" CD. If you would like a copy of the CD for your organization or have community partners, grantees or others that may find this information useful in their health education efforts, please contact Neyal Ammary at ammaryn@nei.nih.gov.

People With Diabetes Warned About Fake Test Strips

The government has warned persons with diabetes to watch for counterfeit versions of test strips commonly used to monitor blood sugar levels. The test strips, for use in glucose monitors made by a Johnson & Johnson company, were distributed nationwide.

The phony test strips are for use with various models of LifeScan Inc.'s OneTouch brand of blood glucose monitors. LifeScan is part of New Brunswick, N.J., based Johnson & Johnson.

The counterfeit test strips could give incorrect blood glucose values, leading patients to take too little or too much insulin and suffer injury or death, according to the Food and

Drug Administration (FDA). To date, no such reports have been received from the FDA.

The FDA also advised persons with diabetes who purchased the counterfeit test strips to stop using them, replace them immediately and call their health care provider.

The counterfeits are:

- OneTouch Basic/Profile, lot numbers 272894A, 2619932, 2606340 and 2615211. The 50-count packages are labeled in English and French.
- OneTouch Ultra, lot numbers 2691191 and 2691261. The 50-count packages are labeled in English, Greek and Portuguese.



In Diabetes Today

Samples of the strips tested by LifeScan do produce blood-glucose results, but they do not meet company specifications, according to LifeScan spokesman Dave Detmers.

The fakes were distributed nationwide but primarily in **Ohio**, New York, Florida, Maryland and Missouri by Medical Plastic Devices Inc., of Quebec, Canada, and Champion Sales Inc., of Brooklyn, N.Y.

Consumers with questions can call LifeScan at (866) 621-4855.

Make Plans Now for Diabetes-Healthy Holiday Gatherings and Winter Parties

Holiday gatherings and parties pose a special challenge for people with diabetes. The key to a diabetes-healthy gathering is having a variety of healthy food selections. If you have diabetes, follow these tips to help keep your blood sugar level in the normal range throughout the holidays and the winter months ahead:

- **Eat a low-calorie, healthy snack before you leave home.** That way you won't overeat when you get to the party.
- **Have a plan for what, when and how much you will eat.** Check out the buffet table and then select the healthy foods that fit your meal plan.
- **Contribute your favorite healthy dish to the holiday buffet.**



- **Eat slowly and enjoy every bite.** Eating slowly reduces your chances of eating too much.
- **Drink water.** Water is the healthy, *no-calorie* beverage.

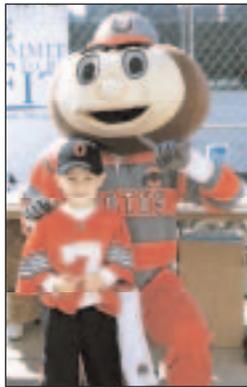
If you are hosting a holiday gathering, here are just a few ideas of what you can do to help your guests with diabetes:

- **Offer a variety of low-fat, high-fiber foods.** That means fresh fruits and vegetables, grilled or broiled lean meats, fish, and poultry dishes prepared without the skin. Cut down on mayonnaise, oil and butter and increase fiber with whole grain breads, peas and beans.
- **Transform traditionally high-fat and high-calorie foods into low-fat healthier versions.** For example, use nonfat or 1 percent milk instead of whole milk or cream. Try low-fat cottage cheese and plain yogurt instead of cream cheese.
- **Be supportive of your family members and friends with diabetes.** Encourage loved ones to stay in control of their disease. If you see them slipping, don't chastise or scold them - keep encouraging them.

News from the Juvenile Diabetes Research Foundation

It was a glorious day at Ohio Stadium for the 12th annual Walk to Cure Diabetes. The storms subsided and the sun shone brightly on the nearly 5,000 participants on Oct. 1, 2006.

Families, corporations, vendors, volunteers and media joined forces to



Of course, Brutus Buckeye was there

raise more than \$600,000 (and counting) for diabetes research. There was much to do at the home of the Buckeyes including team photos inside "Block O," live music provided by the Staplers, games, crafts and more. There was even

a visit from Brutus Buckeye - straight off the plane from the big win in Iowa.

Kids and adults alike were thrilled to personally meet every member of the Ohio State University mens basketball team. These gracious athletes gave up their morning to come out and show their support to all those living with diabetes. They generously signed countless autographs and memorabilia items, as well as posed for hundreds of photos. We owe them a huge thank you.

We would be remiss to not thank the university itself for rolling out the red carpet for this event. Please join us in thanking Dr. Karen Holbrook and the Office of the President, Gene Smith and the Department of Athletics and



Megan's Miracle Worker's started the 12th Annual Walk to Cure Diabetes

the OSU Medical Center for helping to create a very memorable day.

Save the date for next years walk: **Sunday, Sept. 30, 2007.** Many thanks to everyone who supported this important event.

Hot Topic: Food Products and Trans Fat—Staying on Top of Recent Changes

Food companies are reformulating some products to meet 2006 Food Label regulations that allow the claim of "0" trans fat. Products can carry this claim if they contain less than .5 grams of trans fat per serving. In some cases, reformulation is resulting in the replacement of trans fat with **saturated fats, such as palm and coconut oils**, to meet acceptability criteria for taste and product quality. In other cases, polyunsaturated

and monounsaturated fats are being used to replace trans fat. According to Dietary Guidelines, healthy adults are advised to consume less than 10 percent of calories from saturated fats and less than 300 mg/day of cholesterol and keep trans fat consumption as low as possible. Careful reading of food labels helps consumers select foods that are lowest in saturated fat, trans fat and cholesterol.

Sugar Byte

The World Health Organization estimates that more than 180 million people worldwide have diabetes. This number is likely to more than double by 2030.

National Institutes of Health Fact Sheet - Diabetic Retinopathy

Thirty Years Ago

- Diabetes mellitus affected about 5 million Americans. Diabetic retinopathy was a frequent, blinding complication of the high blood sugar levels that characterize diabetes.
- Blindness from diabetic retinopathy was responsible for about 20 percent of new cases of blindness between the ages of 45 and 74.
- Half of the nearly 1 million patients who developed severe diabetic retinopathy went blind within 5 years of diagnosis.
- Researchers did not yet recognize the need for intensive glucose control to delay or prevent the complications of diabetes. Also, the importance of blood pressure control in preventing complications was not established.
- Diabetic retinopathy lacked safe and effective treatments, condemning patients to progressive loss of their vision and independence.
- The only available treatment, destruction of the pituitary gland, an aggressive and controversial surgical procedure that caused many complications, had fallen out of favor.
- Laser treatment to prevent the abnormal blood vessel growth that defines the condition was becoming more widely used but it was unknown whether this treatment was truly effective in preventing vision loss.

Today

- Thanks to a series of landmark clinical trials sponsored by the National Institutes of Health (NIH), people with diabetes can now control their disease better and reduce their risk for developing the many complications that result from poorly controlled diabetes.
- In one NIH trial, timely treatment with laser therapy and appropriate follow-up care was established as an effective regimen to prevent vision loss.
- The Diabetes Control and Complications Trial showed that intensive blood glucose control dramatically delays or prevents diabetic retinopathy and other complications in people with type 1 diabetes. The benefits in reduced eye complications extend for years after the early diabetes control.
- Another NIH-supported trial showed that lowering blood glucose and blood pressure levels in people with type 2 diabetes reduces the risk of diabetic retinopathy and other diabetes complications.
- Clinical trials also established the value of vitrectomy for patients who experience bleeding in the vitreous, the clear, jelly-like substance inside the eye. Vitrectomy allows surgeons to remove blood that often occludes vision.
- With laser treatment and vitrectomy for diabetic retinopathy, blindness was reduced by 90 percent in patients with severe diabetic retinopathy, and societal savings are estimated at \$1.6 billion per year.

- In stark contrast, the nation's investment in research to establish safe and effective standards of care was only \$70 million.
- Research produced a major improvement in the visual health of the country and significantly lowered the associated disability and health care costs.

Tomorrow

The NIH is poised to make major discoveries in the diagnosis and treatment of diabetic retinopathy.

- NIH researchers discovered the development of the abnormal blood vessels that invade the retina to cause blindness is spurred by a protein called vascular endothelial growth factor (VEGF). Further evidence suggests the gene that encodes the VEGF protein can be therapeutically regulated to prevent blood vessel growth.
- Numerous NIH-sponsored clinical trials have begun testing pharmacologic agents to control the expression of VEGF.
- NIH researchers have also developed a high-resolution imaging technology called optical coherence tomography (OCT) that allows clinicians to definitively diagnose diabetic retinopathy in its earliest stage.
- Early detection with OCT and regular follow-up to monitor the progression of the patient's disease are essential to delivering personalized treatment to patients.

Continued on page 8

Save the Date

Global Diabetes Summit

Dates

11/30/2007 to 12/1/2007

Location

Hilton Easton, Columbus, Ohio

Contact

Amy Ehrlich: 614-293-9326

Accreditation Statement

The Ohio State University Medical Center, Center for Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Ohio State University Medical Center designates this educational activity for a maximum of 21 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**National Institutes of Health
Fact Sheet - Diabetic Retinopathy *continued***

- Much of the research responsible for the dramatic reduction in blindness associated with diabetic retinopathy relied on large-scale, multi-center clinical trials. Moving forward, the NIH recently established the Diabetic Retinopathy Clinical Research Network, (DRCR.net). This collaborative group of clinicians from around the country is able to quickly recruit the thousands of patients needed to test new treatments in clinical trials, thus allowing promising research to move quickly from the laboratory to the clinic.
- Federally sponsored health education programs will continue to inform patients and the public about ways to improve the treatment and outcomes for people with diabetes, to promote early

diagnosis and to prevent or delay the onset of diabetes thus reducing the burden of diabetic retinopathy and other complications.

The National Eye Institute has educational resources concerning diabetic retinopathy. Free and low-cost educational materials can be found at: <http://www.nei.gov>.

Editorial Staff

- Eddie Joyce, M.A.
- Daniel Moffat, M.P.A.
- Nancy D. Schaefer, R.D., L.D.
- Sandra Aguilar Scott
- Susan L. Williams, R.N., B.S.N.

Graphic Designer
Robert Hill



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: Feb. 1, 2007**

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: Sandra Aguilar Scott
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) 644-8311

