



ODPCCP

OHIO DIABETES PREVENTION
& CONTROL PROGRAM

BUREAU OF HEALTH PROMOTION
& RISK REDUCTION

OFFICE OF
HEALTHY OHIO

Devastating Toll of Diabetes Reaches \$174 Billion

Study reveals costs have climbed 32 percent since 2002

Diabetes is costing Americans \$174 billion annually, a figure that has increased by 32 percent since 2002, according to a study commissioned by the American Diabetes Association (ADA). The study was conducted by the Lewin Group and is titled "The Economic Costs of Diabetes in the U.S. in 2007." The ADA, leaders from the Congressional Diabetes Caucus and diabetes experts discussed the economic impact of this compelling new data during a congressional briefing Jan. 23, 2008, on Capitol Hill.

The study revealed the direct economic costs associated with diabetes have reached unprecedented levels. Medical expenditures for care of people with diabetes are estimated to be \$116 billion, with a disproportionate percentage of the costs resulting from treatment and hospitalization of people with diabetes-related complications. The findings also suggest \$1 out of every \$5 health care is for caring for someone with diagnosed diabetes.

Ann L. Albright, PhD, R.D., president, health care & education, ADA, "The findings re-affirm that diabetes is a public health crisis and its implica-

tions are painful and far reaching and this underscores the importance of early diagnosis and treatment. Diabetes becomes much more costly in financial and human terms when the disease is not properly treated."

The study also assessed the economic impact of indirect costs, which were estimated to be \$58 billion when accounting for reduced productivity of both those in the labor force and unpaid workers, unemployment from disease-related disability and increased absenteeism. Last year alone, diabetes claimed more than 284,000 lives in the United States.

Considering that an additional 6 million more people are believed to have diabetes but have not yet been diagnosed, the study estimates the actual cost of diabetes may greatly exceed \$174 billion.

The annual estimated costs of diabetes are available for each state and congressional district, and can be accessed by visiting the ADA's Web site: <http://www.diabetes.org/cost>. Users will be prompted to enter the respective state and congressional district number to retrieve data for the area of interest.

Gestational Diabetes

It's Never too Early to Prevent Diabetes is the latest addition to the NDEP's campaign, Small Steps, Big Rewards-Prevent Type 2 Diabetes, the nation's first comprehensive, multicultural type 2 diabetes prevention campaign. The campaign offers materials

It's never too early... to Prevent Diabetes

If you had gestational diabetes when you were pregnant, you and your child have a lifelong risk for getting diabetes.

Because of this risk, you need to be tested for diabetes **after your baby is born**, then every one to two years. Reduce your risk by taking small steps for you and your family. If you weigh too much, you can prevent or delay type 2 diabetes if you lose a small amount of weight and become more active.

Your children can lower their risk for type 2 diabetes if they don't become overweight. Serve them healthy foods and help them to be more active.

What is Gestational (jes-TAY) Diabetes?
It is a type of diabetes that occurs when women are pregnant. Having it raises their risk for getting diabetes, mostly type 2, for the rest of their lives. African American, Hispanic/Latino, American Indian, and Alaska Native women have the highest risk.

A Lifetime of Small Steps for A Healthy Family
National Diabetes Education ndcep@nidd.nih.gov

that can help women with a history of gestational diabetes mellitus (GDM) take steps to prevent or delay type 2 diabetes and help their children lower their risk for the disease. Available campaign materials include a tip sheet for women who have had GDM, a tip sheet for children at risk

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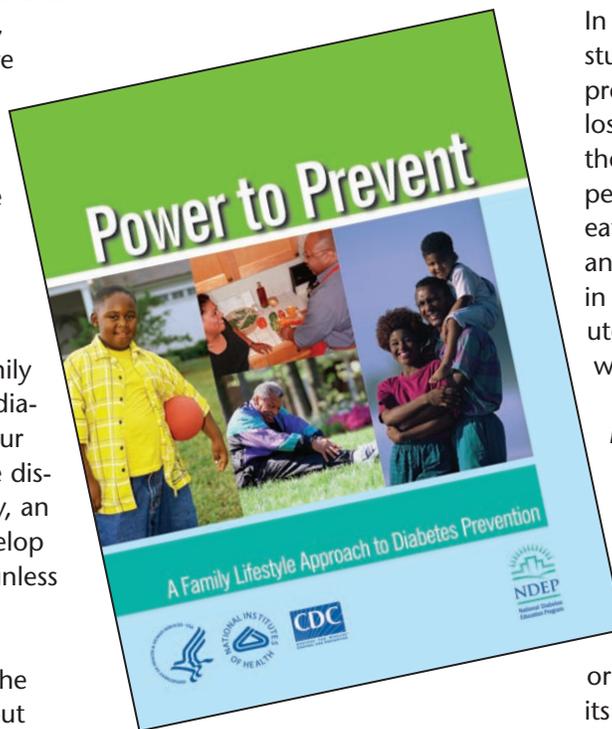
Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention Curriculum Helps African Americans Learn How to Eat, Move and Live Smart to Prevent Diabetes

Most of us know someone who has diabetes. It is the sixth-leading cause of death in the United States and a major contributor to heart disease, stroke, amputation and blindness. More than 13 percent of African Americans 20 years and older are living with diabetes. That's more than one in eight and the number keeps rising. Think about it. How many people do you know with diabetes? Chances are, if you are African American, someone in your family has diabetes. Maybe you have diabetes and are worried about your family members developing the disease, too. Of people born today, an estimated one in three will develop diabetes in his or her lifetime, unless something changes.

Diabetes is serious problem in the African American community, but there is good news. A recent study, the Diabetes Prevention Program (DPP), proved diabetes can be prevented or delayed in those at high risk for the disease.

The National Diabetes Education Program (NDEP) - a joint initiative between the Centers for Disease Control and Prevention and the National Institutes of Health - has developed a new curriculum, *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention*, to help African Americans learn how to apply the findings of the DPP study in their own communities. *Power to Prevent*

focuses on how to prevent and control diabetes through physical activity and healthy eating.



Power To Prevent includes effective, step-by-step lesson plans to help African Americans with or at risk for diabetes, to take control of their eating habits and engage in a more physically active lifestyle.

"Diabetes is a growing epidemic among African Americans, yet one-third of all people who have this condition aren't even aware that they have it," said Dr. Gladys Gary-Vaughn, chair of the NDEP's African American Work Group. "*Power to Prevent* gives program leaders the resources and information they need

to inform people that it is possible to prevent or delay type 2 diabetes in people at high risk."

In the 2002 findings of the DPP study, scientists found people can prevent or delay type 2 diabetes by losing some weight (5 to 7 percent of their weight or 10 to 15 pounds for a person who weighs 200 pounds), eating healthy (consuming less fat and fewer calories) and participating in physical activity (such as 30 minutes of brisk walking five days a week).

Power to Prevent is a companion piece to the NDEP's Small Steps, Big Rewards- Prevent type 2 Diabetes campaign. The key theme of this campaign is people at risk for diabetes can reap big rewards - such as the delay or prevention of type 2 diabetes and its complications by taking small steps to implement healthy lifestyle behaviors. For more information on this campaign, visit <http://www.ndep.nih.gov>.

The Ohio Diabetes Prevention and Control Program encourages community and program leaders, those with type 2 diabetes and concerned family and friends to get a copy of *Power To Prevent*. Free copies of the curriculum are available by downloading or ordering a hard copy online from: <http://www.ndep.nih.gov> or by calling 1-800-438-5383.

Type 2 Diabetes Can Be Predicted in Childhood, According to Cincinnati Children's Hospital Medical Center Study

Data from a study now in its 34th year shows the development of type 2 diabetes in adults can be predicted in childhood. The Cincinnati Children's Hospital Medical Center (CCHMC) study, which has followed a group of children and adults since 1973, demonstrates that metabolic syndrome in childhood is strongly associated with type 2 diabetes in adulthood, particularly for African American men and women. Metabolic syndrome is a constellation of any three of the following factors: high blood pressure, high triglycerides, high body mass, high blood glucose and low HDL cholesterol – often referred to as good cholesterol.

The study is published in the online edition of the *Journal of Pediatrics* and will appear in a future print issue of the journal.

"Pediatricians and family physicians should evaluate children and adolescents for metabolic syndrome and whether there is a family history of diabetes," said John Morrison, Ph.D., a researcher at CCHMC and the study's lead author. "We need to identify in childhood those who are at risk of adult metabolic syndrome and type 2 diabetes to prevent these outcomes."

The study is a follow-up of former student participants in the National Heart, Lung and Blood Institute Lipid Research Clinics Princeton Prevalence Study (LRC), which began in 1973, and in the Princeton Follow-up Study (PFS), which took place between 2000 and 2004. The PFS was a 25-30

year follow-up of students and parents who participated in the Cincinnati clinic of the LRC. The LRC in Cincinnati was a multi-stage survey of lipids and other cardiovascular disease risk factors.

Between 1973 and 1976, the LRC enrolled students in grades one-12 in public and parochial schools in the Princeton School District. The LRC also included a random sample of the students' parents. The PFS was conducted to prospectively assess changes in cardiovascular disease risk factors from childhood into the fourth and fifth decades of life and to assess changes in families' lipid correlations from the period in which students lived in the same house as their parents to the period in which they lived in separate households.

There were 814 individuals in the CCMHC study, with a mean follow-up age of 38.4 years. Adult body mass index (BMI) was strongly associated with BMI in childhood and adolescence, according to Morrison.

"Sixty-three percent of participants at risk of being overweight in the earlier LRC evaluation were obese at the PFS phase 25 to 30 years later," he said. "A positive parental history of diabetes was also strongly associated with overweight status in both childhood and adulthood."

Of the 32 LRC participants who had metabolic syndrome, 22 had metabolic syndrome at the PFS follow-up. In addition, adult metabolic syndrome was strongly associated with BMI at follow-up: Of the 217 adults

with metabolic syndrome, 155 (72 percent) were obese.

There were 44 cases of type 2 diabetes in the PFS sample. Of the 32 cases of pediatric metabolic syndrome, 15.6 percent had adult metabolic syndrome at follow-up, compared to 5 percent of adults who did not have pediatric metabolic syndrome when they were younger.

Pediatric metabolic syndrome and a positive parental history of type 2 diabetes were major predictors of adult diabetes, according to Morrison. In addition, African American men and women had twice the risk of developing type 2 diabetes as adults compared to white men and women. And for each one-year increase in age, the risk of diabetes increased 12 percent in African Americans.

"Our 25-year follow-up evaluation should serve as a clarion call for primary prevention of adult metabolic syndrome and type 2 diabetes," Morrison said. "In addition, the significant changes in risk of metabolic syndrome in middle age associated with changes in body mass between the two LRC and PFS studies underscore the central importance of weight management in early and middle adult years."

The study was funded by the National Heart, Lung and Blood Institute of the National Institutes of Health. The follow-up study was funded in part by a grant from the American Heart Association.

People with Diabetes and Sick Cell Trait Should Have Reliable A1C Test

A new information campaign of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health (NIH), highlights the importance of using accurate methods to test hemoglobin A1C in people with diabetes who also have sickle cell trait or other inherited forms of variant hemoglobin. The specific needs for testing blood glucose control in these patients are explained in two booklets, *Sickle Cell Trait and Other Hemoglobinopathies and Diabetes: Important Information for Physicians and For People of African, Mediterranean, or Southeast Asian Heritage: Important Information about Diabetes Blood Tests* from NIDDK's National Diabetes Information Clearinghouse at <http://www.diabetes.niddk.nih.gov>.

Studies have repeatedly shown that intensive control of blood glucose, blood pressure and cholesterol reduces heart disease and the other complications of diabetes. The hemoglobin A1C blood test (or simply the A1C test) is an essential tool in diabetes care because it shows a patient's average level of blood glucose control in the previous two to three months. Physicians base their treatment decisions in large part on the A1C test results. Inaccurate A1C readings, whether falsely high or low, may lead to the over treatment or under treatment of diabetes.

The A1C test, though essential in diabetes management, is not recommended for diagnosing diabetes. However, if an A1C test is given to a person not known to have diabetes



and the result is higher than normal, a fasting blood glucose test is needed to confirm a diabetes diagnosis. The National Glycohemoglobin Standardization Program (NGSP) at the University of Missouri School of Medicine, supported by the NIDDK and Centers for Disease Control and Prevention (CDC), is working to improve and standardize the measurement of A1C in laboratories around the world. The NGSP Web site (<http://www.NGSP.org>) lists the test methods that accurately measure A1C in patients with hemoglobin variant S, also known as sickle cell trait and variant C, another common variant in the United States.

"In the United States, more than 3,000 labs rely on 20 different methods to measure A1C in people with diabetes," said Randie Little, Ph.D., who heads the NGSP. "However, six of these methods yield unreliable results in patients with sickle cell trait. Health care professionals caring for people with diabetes should know that specific A1C tests should be used in this group of patients."

Many individuals are unaware they have a hemoglobin variant such as sickle cell trait because the condition usually causes no symptoms. In diabetes patients of African, Mediterranean or southeast Asian descent, several situations may suggest the presence of a hemoglobin variant:

- A1C result does not correlate with results of self blood glucose monitoring.
- An A1C result is different than expected or radically differs from a previous test result after a change in lab A1C methods.
- An A1C result is more than 15 percent.

"If you see a significant discrepancy between a patient's A1C reading and the results of routine blood glucose monitoring, consider the possibility that your patient may have a hemoglobin variant and find out if your lab is using an accurate method to measure A1C," said NIDDK Director Griffin P. Rodgers, M.D.

Hemoglobin is the oxygen-transporting protein in red blood cells. Mutations in the genes that code for the protein, which occur more frequently in people of African, Mediterranean and southeast Asian descent, cause variations in the structure or amount of hemoglobin. Researchers have identified hundreds of hemoglobin variants in the human population, affecting millions of people worldwide.

The most common variant is sickle cell trait in which a person inherits a gene for hemoglobin S and a gene for hemoglobin A, the usual form of hemoglobin. Sickle cell trait affects about 8 percent of African Americans. Having sickle cell trait or another hemoglobin variant does not increase a person's risk for developing diabetes.

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In sickle cell disease, a person inherits two genes for hemoglobin S, which causes the malformation, or sickling, of red blood cells, leading to anemia, repeated infections and periodic episodes of pain. The A1C test is not used in diabetes patients with sickle cell anemia due to the shortened life span of red blood cells.

Diabetes afflicts nearly 21 million people in the United States, but its burden is disproportionately felt by minorities, including African Americans, Hispanic/Latino Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders. About 13 percent of African Americans age 20 and older suffer from diabetes, a rate that is nearly twice that of non-Hispanic whites.

The NIDDK conducts and supports research on diabetes; endocrine and metabolic diseases; digestive diseases, nutrition, and obesity; and kidney, urologic and hematologic diseases. Spanning the full spectrum of medicine and afflicting people of all ages and ethnic groups, these diseases encompass some of the most common, severe and disabling conditions affecting Americans.

For information about the CDC, an agency of the U.S. Department of Health and Human Services (HHS), see <http://www.cdc.gov>.

NIH — *The Nation's Medical Research Agency* — includes 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 it 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>.

Office of Healthy Ohio

As part of Governor Strickland's Turnaround Ohio health initiative, Healthy Ohio is charged with enhancing health promotion and disease prevention activities, as well as promoting health equity and improving care through those efforts. To take the lead in developing and implementing the program, the Office of Healthy Ohio (OHO) was created and located in the Ohio Department of Health.

Healthy Ohio's goal is to improve the health and wellness of all Ohioans to create a better quality of life, a productive workforce, and students who are ready to learn, while also contributing to the more efficient and cost-effective use of medical services. Healthy Ohio will emphasize personal wellness by encouraging and educating Ohioans to choose more active lifestyles and nutritional food, choices which will, over time, help prevent the incidence of and better manage chronic disease. The program will work to address disparities through targeted efforts and improved measurement of progress. Healthy Ohio will also promote collaboration to better coordinate programs. For example, the program will help assure that children grow to be active and healthy adults by targeting the prevention and reduction of childhood obesity through partnerships and a comprehensive

strategy including physical activity, nutrition and healthy communities. Finally, the program will also address secondary prevention through the implementation of several local projects that will provide care coordination to uninsured individuals with chronic conditions.

Beginning in September, 2007, the Bureau of Health Promotion and Risk Reduction was aligned with OHO in order to further strengthen the role of the Bureau's health promotion and disease prevention activities, as well as better achieve the goals of the Healthy Ohio program.

In addition to work within ODH, Healthy Ohio will work in cooperation with other agencies charged with related health care initiatives to assure coordination and avoid duplication. The Office is also involved with the Administration's Health Care Coverage Reform Initiative, which is being led by the Ohio Department of Insurance with the goal of expanding affordable health insurance to another 500,000 currently uninsured Ohioans by 2011.



Healthy  hio
The State of Living Well.

Ohio State Alliance of YMCA's Awarded Diabetes Grant

As part of its Healthy Ohio initiative, the Ohio Department of Health (ODH) through the Ohio Diabetes Prevention and Control Program (ODPCP) has awarded a grant to the Ohio State Alliance of YMCAs to provide diabetes screenings, physical activity sessions, disease management and nutrition education for persons with or at risk of developing diabetes in 17 Ohio counties.

Twenty-seven YMCA branches in the 17 selected counties have been chosen to provide the diabetes screenings, physical activity sessions, disease management and nutrition education programs.

The grant will be administered by the ODPCP at ODH, whose mission is to prevent the onset of diabetes and to reduce the complications and premature mortality among all Ohioans affected by this growing epidemic. It is estimated that more than 700,000 Ohioans have been diagnosed with diabetes and many more have the disease but are unaware. Diabetes rates are highest among African Americans, Hispanic/Latinos and persons living in Ohio's Appalachian counties. Diabetes is a leading cause of non-traumatic amputations, adult blindness, kidney dialysis and heart disease.

Please visit <http://www.activateohio.org> to learn more about program dates.

Program Dates by County

Franklin County

Eldon and Elsie Ward Branch YMCA
1. Screening: August 2008;
Program: TBA

2. Screening: January 2009;
Program: TBA

Hilltop

1. Screening: April 1 and April 7, 2008;
Program: April 14 – June 23
2. Screening: August 2008;
Program TBA

North Branch

1. Screening: April 5, 2008;
Program: April 15 – June 17
2. Screening: August 2008;
Program TBA
3. Screening: January 2009;
Program TBA

Hamilton County

Melrose Branch

1. Screening: April 19, 2008;
Program: April 29 – July 1
2. Screening: October 2008

Clippard

1. Screening April 23, 2008;
Program: May 1 – July 3
2. Screening: July 2008
3. Screening: October 2008

Lindner

1. Screening: TBA
2. Screening: TBA

Cuyahoga County

Downtown

1. Screening: July 2008
2. TBA
3. TBA

Ridgewood

1. Screening: April 5, 2008;
Program: April 29 – July 1
2. TBA

Hillcrest

1. Screening: July 2008
2. TBA
3. TBA

Summit County

Lake Anna

1. Screening: July 8, 2008;
Program: July 26 – Sept 27
2. Screening: January 2009

Canal Square

1. Screening: July 2008
2. Screening: October 2008

Stark County

North Canton

1. Screening: July 15, 2008;
Program: TBA
2. Screening: January 2009

Canton Area

1. Screening: April 7 and 8, 2008;
Program: April 17 – June 19
2. Screening: October 2008

Montgomery County

Huber Heights

1. Screening: April 6, 2008;
Program: April 17 – June 19
2. Screening: July 6, 2008;
Program: July 17– Sept 18

Kleptz

1. Screening: April 6, 2008;
Program: April 19 – June 20
2. Screening: Sept. 22, 2008;
Program: Oct. 9 – Dec. 18

Lucas County

Summit

1. Screening: April 3, 2008;
Program: April 17 – June 19
2. Screening: October 2008

Wayman Palmer

1. Screening: April 3, 2008;
Program: April 17 – June 19
2. Screening: October 2008
3. Screening: January 2009

Mahoning County

Central Branch

1. Screening: April 23, 2008;
Program: April 29 – July 1
2. Screening: October 2008

Licking County

Licking County

1. Screening: April 14, 2008;
Program: April 28 – June 30
2. Screening: July 2008

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Auglaize County**Wapakoneta**

1. Screening: October 2008
2. Screening: January 2009

Greene County**YMCA of Greene County**

1. Screening: July 2008;
Program: TBA
2. Screening: January 2009

Pike County**Pike County YMCA**

1. Screening: March 13, 2008;
Program: April 3 – June 5
2. Screening: October 2008

Mansfield County**YMCA of Mansfield**

1. Screening: April 17- 29, 2008;
Program: May 15 – July 13
2. Screening: August 2008

Defiance County**Defiance Area YMCA**

1. Screening: October 2008
2. Screening: January 2009

Champaign County**Champaign Family YMCA**

1. Screening: April 1, 2008;
Program: April 14 – June 27
2. Screening: October 2008

Miami County**Miami County YMCA**

1. Screening: May 17, 2008;
Program: May 27 – July 29
2. Screening: October 29

Fairfield County**YMCA of Fairfield County**

1. Screening: April 1, 2008;
Program: April 8 – June 10
2. Screening: January 2009



**the HEART
of DIABETES**

Diabetes dramatically increases your risk for heart disease and stroke.

In fact, diabetes is often associated with other cardiovascular risk factors, such as high blood pressure, high blood cholesterol disorders, obesity and insulin resistance. Unfortunately, most people with diabetes are not aware of these prevalent health risks.

The Heart Of Diabetes SM was created by the American Heart Association to raise awareness of this issue and help people with type 2 diabetes lower their risk for heart disease and stroke.

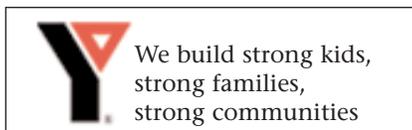
The program is sponsored through an unrestricted educational grant by Takeda Pharmaceuticals North America Inc. By participating in this free educational program, people with diabetes can learn more about type 2 diabetes, insulin resistance and related cardiovascular risks.

The Heart of Diabetes provides a series of educational tools to help manage diabetes and improve health through physical activity, nutrition and cholesterol management.

The Heart of Diabetes program provides:

- Access to heart-healthy educational information on diabetes and its relationship with cardiovascular conditions, as well as helpful information on how to make lifestyle changes.
- Access to a 12-week inspirational physical activity program: The Game Plan for a Healthy Life.
- Monthly e-newsletters filled with heart-healthy recipes, tips and new ideas for people with diabetes.

For information about this program, call the American Heart Association at 1-800-AHA-USA1 (1-800-242-8721) or log on to <http://www.americanheart.org/diabetes>



Early Detection is Key to Preventing Vision Loss from Glaucoma

Prevent Blindness Ohio Urges Everyone to Get an Eye Exam to Save Their Sight

For millions of Americans, the threat of vision loss is all too real. However, only half of them are aware they have a potentially blinding eye disease. Glaucoma destroys peripheral vision, and over time can cause blindness. The “sneak thief of sight” has no warning signs until sight has already been diminished. Once sight has been lost to glaucoma, it cannot be restored.

Glaucoma is the second leading cause of blindness in the world and it is the leading cause of blindness in African-Americans, according to the National Institutes of Health. Left untreated, glaucoma can lead to damage of the optic nerve, visual field loss and ultimately sight loss. It affects one in 200 people ages 50 and younger and one in 10 over the age of 80.

“We urge everyone to make regular visits to their eye care professional for comprehensive eye examinations in which the pupil is dilated,” said Sherry Williams, president and CEO of Prevent Blindness Ohio. “Many insurance policies, including Medicare, will cover glaucoma exams for qualified individuals. Don’t put off saving your vision until tomorrow. It may be too late.”

In addition to the impact that glaucoma can have on quality of life, the financial implications are significant. According to research funded by Prevent Blindness America, glaucoma costs the U.S. economy \$2.86 billion every year in direct medical costs for



outpatient, inpatient and prescription drug services. Glaucoma patients between the ages of 40 and 64 can expect to pay \$3,352 annually per person. For those 65 and older, the annual costs jump to \$5,243 per person. And those expenditures will only increase as medical costs continue to soar.

Prevent Blindness Ohio joined other leading eye care groups to build awareness during January’s National Glaucoma Awareness Month to educate the public on what they can do to help save their vision. The group provides free information on the disease through its toll-free number, 1-800-331-2020 and through the Web site at the Glaucoma Learning Center at: <http://www.preventblindness.org/glaucoma>.

The Glaucoma Web Discussion Forum, also part of the Glaucoma Learning Center’s free online services, allows patients and caregivers the opportunity to discuss online all subjects related to the disease. Topics range from general information on the condition and its treatment, to shared experiences and emotional support.

Prevent Blindness Ohio also offers free printed materials including the Guide for People with Glaucoma.

This comprehensive booklet serves as a handbook for patients and includes general information about the disease as well as information about the types of glaucoma surgery and how to administer eye drops.

Everyone is at risk for developing glaucoma. However, some factors that may increase your risk include:

- **Age** – The older you are, the greater your risk.
- **Race** – African Americans have glaucoma four to five times more often than others. African Americans are also more likely to have glaucoma at a younger age.
- **Family history** – If you have a parent, brother or sister with glaucoma, you are more likely to get glaucoma. If you have glaucoma, your family members should get complete eye examinations on a routine basis.
- **Medical history** – Diabetes, previous eye injuries, eye surgery or long-term steroid use can increase your risk of glaucoma.

Prevent Blindness Ohio offers a variety of fact sheets and brochures including a glaucoma Eye Q quiz, a glaucoma 17-point checklist and a guide for people who have been diagnosed with the disease. Materials on glaucoma are available in both English and Spanish by calling 800-301-2020 or by visiting <http://www.pb ohio.org>.

Article Submitted by:
Andrea Albanese

Walk a Hound, Lose a Pound

Steps to a Healthier Cleveland's exciting program to get Clevelanders (and their pets) moving

The basic problems are:

1. Thirty three percent of Clevelanders are obese.
2. Twenty five to forty percent of dogs in the United States are overweight or obese.
3. Twenty eight percent of Clevelanders report they don't engage in any physical activity or exercise.

Solution: Get a dog and walk it.

In summer 2006, the Cleveland Department of Public Health's Steps to a Healthier Cleveland initiative joined forces with some non-traditional public health partners to launch an exciting new program. Since then, Walk a Hound, Lose a Pound has taken Cleveland by storm.

Based on similar programs in Nevada, Texas and other communities across the country, the idea started small. The Walk a Hound, Lose a Pound formula is simple: Invite people to walk their dogs - or adoptable dogs from local shelters that need homes and participate together at a series of neighborhood walks. Provide them with a Walker's Guide, some fun incentives and get walking. Little did organizers know that this simple idea would bring out more than 100 walkers and their four-legged friends for the first two rainy Saturday events.

The pilot program was so promising that the Kenneth A. Scott Charitable Trust, a KeyBank Trust, awarded a \$14,500 grant to expand Walk a Hound, Lose a Pound. With this generous support, Steps to a Healthier Cleveland teamed up with the



YMCA's Clevelanders in Motion to plan more community dog walks and to promote the idea that walking one's dog can be great exercise.

In 2007, the second year of Walk a Hound, Lose a Pound kicked off with the tagline: "Meet Your New Personal Trainer." Steps to a Healthier Cleveland hosted four neighborhood walks at which the attendance figures doubled from 2006. Beyond the events themselves, the program also sought to spread the word about the benefits of physical activity and dog walking. Walk a Hound, Lose a Pound billboards, radio commercials, a cell phone text messaging campaign, newspaper advertisements and more all worked to encourage more walking among Clevelanders and their pooches.

The obvious benefit of Walk a Hound, Lose a Pound is that it's good for the health and well-being of both people and pets. But the program also has many happy byproducts and unexpected outcomes. For example, two shelter animals have been adopted by people who walked them at a Walk a Hound, Lose a Pound event and several new partners – such as

Petco, Moochie & Company, First Interstate Properties and KISS-FM 96.5 have joined the program as sponsors and partners. While the program seeks to engage Cleveland residents specifically, participants from all over Northeast Ohio have signed up - from Euclid to Oberlin.

Now beginning its third season, Walk a Hound, Lose a Pound has become a signature program of Steps to a Healthier Cleveland. In year three, Walk a Hound, Lose a Pound will focus on providing more opportunities for group dog walks, as well as retaining and tracking participants through the duration of the program season.

To learn more about Walk a Hound, Lose a Pound, contact Steps to a Healthier Cleveland, at 1-216-664-STEP (7837) or visit the Web site @ <http://www.cleveland-health.org/steps>.

Tips for using your hound as your own personal trainer:

1. Identify if your dog is too thin, ideal weight or too heavy. Consult your veterinarian on the right exercise regimen for your dog. Ask your health care provider similar questions about your weight and your exercise plan.
2. Don't overdo it and pace yourself - saving all your walking for extra long walks on the weekends can do more harm than good for both you and your pet.
3. Try walking on different surfaces such as sand, grass, snow or rough surfaces.

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Health Resources and Services Administration (HRSA) Unveils Free Online Health Literacy Training for Health Professionals

Unified Health Communication 101- Addressing Health Literacy, Cultural Competency and Limited English Proficiency, is a free, online learning experience designed to help health professionals improve their patient communication skills, increase their awareness and

knowledge of factors that affect their communication with patients and implement patient-centered communication practices. The course, developed by the Health Resources and Services Administration, comprises five modules and is estimated to take five hours to complete. The course

may be completed at the user's own pace and may be taken for credit (CEU/CE, CHES, CME and CNE) or not for credit. More information, including registration instructions, is available at <http://www.hrsa.gov/healthliteracy/training.htm>.

New Web-based Programs for Children with Diabetes



The American Diabetes Association's (ADA) Youth Initiatives has launched the new link Planet D. Planet D is the innovative way the ADA will reach out to children with type 1 diabetes.

Existing programs, such as ADA camps and Family Resource Network will be integrated under the umbrella of Planet D, as will other resources for children with type 1 diabetes.

On this Web site, children and teens can explore and discover new things about diabetes while connecting with other youth living with diabetes.

The site takes extra measures of security to ensure a safe place for youth to build their Planet D identity, which allows users to post to message boards, write blogs and communicate with others while protecting their true identities.

To visit Planet D: <http://tracker.diabetes.org/index.php>

BaM! Body and Mind

The Centers for Disease Control and Prevention has designed a Web site for children 9-13 years old that gives them the information they need to make healthy lifestyle choices. BaM! uses kid-friendly lingo, games, quizzes and other interactive features. The Web site also serves as an aid to teachers and parents, providing them with interactive, educational and fun activities that are linked to the national education standards for science and health. To learn more: <http://www.bam.gov/>



Gestational Diabetes *continued*

for type 2 diabetes and a booklet for adults to help women and their families make healthy food choices and be more physically active to prevent or delay type 2 diabetes. These materials are available in English and Spanish on the NDEP Web site at <http://www.ndep.nih.gov>.

GDM is a form of glucose intolerance that occurs during pregnancy. GDM affects about 7 percent of all U.S. pregnancies annually, resulting in approximately 200,000 cases a year. After pregnancy, 5 to 10 percent of women who had GDM continue to have type 2 diabetes. Women with a history of GDM have a 20 to 50 percent chance of developing diabetes in the future and their children are at increased risk for obesity and diabetes during childhood and adolescence, compared to other children.

Gestational diabetes develops in two-five percent of all pregnancies. When untreated or poorly controlled, gestational diabetes can seriously hurt an unborn baby and can also put children and their mothers at a higher risk of developing type 2 diabetes.

What is Stevia

Stevia, which is made from the leaves of a South American shrub, has been used successfully as a sweetener by many cultures without harmful effects. However, these cultures use it in very small quantities. When used in larger quantities (as would be the case if it were marketed in sodas and baked products), stevia has been linked to the production of cancer-causing compounds, reduction in male sperm and deleterious effects on energy metabolism in animals. The Food and Drug Administration has not approved stevia for use in commercial products, but it is sold in health food stores as a dietary supplement. A new sweetener, rebiana, will be marketed under the brand name Truvia later this year. The product is made from the leaves of the stevia plant.

Sugar Byte

Since 2001, veterans who served in Vietnam and later developed type 2 diabetes have been eligible for disability compensation. This policy affecting Vietnam veterans is an outgrowth of research into the effects of Agent Orange.

Walk a Hound *cont.*

4. Eat right. Include fresh fruits and vegetables, whole grains and lean proteins every day. Keep your calories at a level to maintain optimal weight. For your pet-don't feed table scraps and measure your dog's food to ensure he is eating the proper amount.
5. Be consistent in your exercise regimen, it will be easier to adopt it as a lifestyle behavior.
6. Dress appropriately and hydrate.
7. Have fun. Consistent exercise is easier to achieve when there is an element of fun attached.

Article submitted by:

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Steps to a Healthier Cleveland



Registered dietitians and certified diabetes educators are often asked if honey is better than sugar for persons with diabetes to include in their diets. Honey is quite similar to sugar, so there is no real advantage for substituting honey for sugar. Unlike sugar, honey provides some minerals-but only in trace amounts. Also, honey is sweeter than granulated sugar, so a smaller amount of honey can be substituted for sugar in some recipes. But, honey actually has more carbohydrates and more calories per teaspoon than granulated sugar-so any calories and carbohydrates saved will be nominal.

The bottom line is- if the taste of honey is preferred, use it- but only in moderation and be sure to count the carbohydrates in honey as part of an established eating plan. Of course, honey should never be given to infants under the age of 1 year due to the possibility of food poisoning from botulism spores.

Honey/Sugar: A Nutritional Comparison:

Sweetener (1 Tablespoon)	Carbohydrates (grams)	Calories
Honey	17	64
Granulated Sugar	13	50



Free Online CME Programs Content Captured Live from 67th Scientific Sessions

The American Diabetes Association is pleased to announce the availability of two online CME programs designed for diabetes health care professionals and educators.

Insulin and Oral Hypoglycemic Agents: Determining the Proper Combination

This program includes 13 separate activities that focus on:

- The gap that exists between current oral hypoglycemic and insulin treatment regimens and the attainment of optimal blood glucose levels.
- The effectiveness of aggressive treatment regimens in helping patients obtain their desired glycemic goals, especially with the

use of innovative therapeutic treatment options now available.

- Methods for clinicians and patients to receive the education needed to properly incorporate an aggressive therapeutic regimen into a daily diabetes care plan.

Progressive Approaches in the Treatment of Type 2 Diabetes: Indications and Innovations

This program includes 10 separate activities that focus on:

- The gap in current treatments of type 2 diabetes.
- Present and future therapies to correct incretin abnormalities.
- Research studies involving agents that are members of these innovative drug classes.

- The potential role of these innovative agents in the management of patients with type 2 diabetes.

Continuing education credits available for physicians, podiatric physicians, nurses, pharmacists, dietitians, diabetes educators and other health care professionals.

Available through Oct. 19, 2008, at: <http://www.DiabetesConnect.org>

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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: Sept. 1, 2008**

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