

# Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

## A Message from Kentucky Diabetes Partners

### KENTUCKY DIABETES SYMPOSIUM INCLUDED NATIONALLY RECOGNIZED SPEAKERS

#### AACE

American Association of Clinical Endocrinologists  
Ohio River Regional Chapter

#### ADA

American Diabetes Association

#### DECA

Diabetes Educators Cincinnati Area

#### GLADE

Greater Louisville Association of Diabetes Educators

#### JDRF

Juvenile Diabetes Research Foundation International

#### KADE

Kentucky Association of Diabetes Educators

#### KEC

Kentuckiana Endocrine Club

#### KDN

Kentucky Diabetes Network, Inc.

#### KDPCP

Kentucky Diabetes Prevention and Control Program

#### TRADE

Tri-State Association of Diabetes Educators



*Joseph Solowiejczyk speaks to the largest ever KY Diabetes Symposium audience (at 297) regarding the "Family Approach to Behavior Change"*



*Virginia Zamudio Lange, Past AADE President and Current Editor of the AADE in Practice Newsletter, presented regarding "Sleep Apnea"*

### LARGEST ATTENDANCE EVER!



*Dr. Aletha Tippet enlightened 2009 Diabetes Symposium participants with her presentation on "Wound Therapy including Maggot Debridement"*

*See Page 2 for 2009 Diabetes Symposium Article & Pictures*



*Donna Rice, Past AADE President, presented "Male Sexual Health in Diabetes" at the Statewide Diabetes Symposium held in Newport, KY*



*Dr. Arthur Evans addresses "Pregnancy and Diabetes Treatment" at the 2009 Statewide Diabetes Symposium*

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# KY STATEWIDE DIABETES SYMPOSIUM 2009

## (CONTINUED FROM PAGE 1)

*Submitted by: Symposium Planning Committee with representatives from DECA, GLADE, KADE, KDN, KDPCP, and TRADE*

The third annual Kentucky Statewide Diabetes Symposium in recognition of World Diabetes Day was held on November 19, 2009 at the Newport Syndicate Conference Center in Newport, Kentucky. This third annual collaborative diabetes program was attended by 297 healthcare professionals from many different practice areas within Kentucky, Ohio, Indiana, and Illinois.



*Theresa Renn, Director of the KY Diabetes Prevention and Control Program, welcomes attendees to the 2009 Diabetes Symposium*

Kentucky Diabetes Prevention & Control Program (KDPCP) and the Tri-State Association of Diabetes Educators (TRADE), would like to thank the companies who provided grants or resources to make the 2009 Kentucky Statewide Diabetes Symposium a success. Sponsors included: Animas, CCS Medical, Insulet Corporation, Medtronic, Novo Nordisk, ResMed, Roche Diagnostics, Sleepcare Diagnostics and Solvay.

Planning for the 2010 Kentucky Statewide Diabetes Symposium is already underway.

The symposium planning committee invites anyone interested in joining this effort to contact Jan Lazarus at [janifer.lazarus@ky.gov](mailto:janifer.lazarus@ky.gov) or Janice Haile at [janice.haile@ky.gov](mailto:janice.haile@ky.gov).

Participants enjoyed a day filled with exceptional, dynamic speakers with topics including family approach behavior change, male sexual health, sleep apnea, pregnancy, and wound therapy including maggot debridement. Without the collaboration and support of many individuals and organizations, this symposium would not be possible.

The planning committee, with representatives from the Diabetes Educators of Cincinnati Area (DECA), Greater Louisville Area Diabetes Educators (GLADE), Kentucky Association of Diabetes Educators (KADE), Kentucky Diabetes Network (KDN),



*The 297 attendees of the KY Diabetes Symposium included nurses, dietitians, pharmacists, physicians, physical therapists, social workers, health educators and exhibitors*

**Watch this Newsletter for the 2010 Symposium Date!**



*A group of Lexington diabetes educators enjoy the luncheon provided as part of the 2009 Symposium*



*Over 30 diabetes companies and non-profit organizations exhibited at the 2009 Symposium*

# WORLD DIABETES DAY ACTIVITIES IN MAGOFFIN COUNTY



**Magoffin County Judge Executive,  
Dr. Charles Hardin (center front), signing  
proclamation declaring November  
*Diabetes Awareness Month***

*Pictured with Judge Hardin in front row (left to right) Kathy Borders, RN, Magoffin County Health Department (MCHD) Diabetes Coordinator and Marlene Robertson, RN, Clinic Supervisor MCHD; Back row (left to right) Stella Prater, Magoffin County Circuit Court Deputy Clerk; Tonya Ward, Magoffin County Circuit Court Clerk; David Gibson, Director of Pupil Personnel of Magoffin County School District; Brooke Jenkins, Magoffin County Extension Agent for Family and Consumers Sciences; Diane Howard, MCHD Catalyst/Consultant/Community Encourager; Margie Adkins, Magoffin County School District Food Service Director; and Brenda Wireman, MCHD Catalyst/Consultant/Community Encourager*



**Magoffin County Diabetes Coalition Members and  
Volunteers at World Diabetes Day Event**

*Pictured (left to right) Joe Hunley, School Superintendent; Stella Prater, Circuit Deputy Clerk; Sherri Blair, RD, Paul B. Hall Regional Medical Center; Dr. Charles Hardin, County Judge Executive; Kathy Borders RN, Magoffin County Health Department, Diabetes Coordinator; Tonya Ward, Magoffin County Circuit Court Clerk*



**World Diabetes Day Activities in  
Magoffin County**

*Pictured (left to right) Brenda Wireman, Catalyst/Consultant/Community Encourager; Angeleia Conley, RN, CDC, HOPE Family Medical Center Nurse Manager; Stella Prater, Magoffin County Circuit Court Chief Deputy Clerk; Kelly Combs-Howard, Salyersville Medical Center Pediatric PA; Joe Hunley, Superintendent of Magoffin County School District; Diana Howard, Catalyst/Consultant/Community Encourager; Kathy Borders, RN, Magoffin County Health Department Diabetes Coordinator; Dr. Ayman Albaree, Albaree Health Services; Tonya Ward, Magoffin County Circuit Court Clerk; Marlene Robertson, RN, Magoffin County Health Department Clinic Supervisor; Margie Adkins, Magoffin County School District Food Service Director; Doris Barnett, Community Representative*



**Magoffin  
County  
World  
Diabetes  
Day  
Event  
Attendees**

# DR. POHL'S COLUMN

## DIABESITY: MELTING THE FLESH



**Stephen L. Pohl, MD**  
slpohl@insightbb.com

*Submitted by: Stephen Pohl, MD, Endocrinologist, Lexington, KY, KDN, ADA, and ACE member*

### **To diet or not to diet — that is the question.**

In my last column I made a case for deemphasizing weight loss as a goal in the treatment of type 2

diabetes. Even so, a normal body weight for life is the holy grail for the obese and the providers who serve them. Unfortunately, easier said than done does not begin to capture the difficulty and frustration around body weight reduction and maintenance.

### **Is achieving and maintaining a normal body weight impossible for the obese?**

Fortunately, the answer to this question is no. Most of us know or have heard about a person or two who has been successful with weight management.

### **National Weight Control Registry (NWCR) tells us about successful dieters.**

Better yet, there is a unique resource, the **National Weight Control Registry (NWCR)**, which tells us a lot about the characteristics of successful dieters. Founded in 1994 by Drs. Rena Wing and James Hill, the NWCR is the largest prospective investigation of long-term successful weight loss maintenance. It is an excellent resource for refining a clinical approach to obesity.

The NWCR advertises and invites registration by persons over 18 years of age who have maintained a weight loss of at least 30 pounds for one year or longer. At present, the registry has about 6,000 enrollees. These numbers deserve comment before we go on. First, 6,000 is an encouragingly large number until we compare it with the number of overweight or obese persons — about 200,000,000, in the United States. Even allowing for massive under enrollment, the proportion is tiny. Second, 30 pounds is not much

of a weight loss for someone who is 100 pounds or more overweight, and it is certainly possible to regain weight after a year. Fortunately, these numbers look much better when we examine the details.

Several things caught my attention in looking over the NWCR data. Participants were previously severely obese, on average lost weight to or near normal and maintained weight loss for several years. By any criteria, these people were extremely successful losers. I find nothing striking in the demographics or vignettes about the registrants. They seem to represent a cross section of the U.S. population. It is noteworthy that about 50% of registrants participated in some kind of program whereas the other 50% reported losing and maintaining weight entirely on their own. I find no mention that any specific diet or program that was particularly effective or that spending a lot of money predicted success.

Apparently, some losers found value in external help, but a surprisingly large number did not need help. Nearly all NWCR registrants used a combination of diet and exercise. A few reported using diet only; an even smaller number reported using exercise only.

### **There are four behaviors that characterize NWCR participants: consuming a low calorie, low fat diet, exercising vigorously, weighing frequently, and eating breakfast.**

It is important to remember that these behaviors are self reports by people who have already lost weight and are in a weight maintenance phase that will last for the rest of their lives. Allowing for underreporting, the average daily food consumption was about 1800 calories with 24% from fat. Exercise was equivalent to one hour daily of vigorous exercise, e.g. brisk walking, was by far the most common exercise mode. A majority reported weighing themselves at least weekly. The value of frequent weight monitoring may be to help detect and treat regain before it gets out of hand. A large majority of NCWR registrants reported eating breakfast, an activity that cannot, by itself, cause weight loss but which may forestall irresistible hunger later in the day.

The NWCR data are both very interesting and profoundly disappointing. They tell us things we

# DR. POHL'S COLUMN

## DIABESITY: MELTING THE FLESH (Continued)

already know and don't want to hear. There is no easy way out. An obese person who wants to lose weight to normal and stay there faces very long odds against success. There is no way to circumvent the first law of thermodynamics. The only way to lose body fat is to achieve large scale negative energy balance by decreasing energy intake and increasing energy expenditure. There is no especially effective diet or weight loss program. We cannot buy our way out of obesity. Maintenance of a reduced body weight requires lifelong diet and exercise similar to those required to lose weight in the first place. Maintenance also requires vigilance and prompt action in order to stop and reverse any hint of weight regain.

There is much to learn about patient care from the NWCR. As health care professionals, we must remember that our chance of success in treating obesity is the same as the patient's, i.e. near zero. We must stop dismissing our patients with gratuitous remarks like, "You need to lose a few pounds."

**If we choose to address obesity, our responsibility is to ensure that our patients understand: the interpretation of body weight in view of size, the adverse health states associated with obesity, the lack of need to lose much if any weight to enjoy the health benefits of diet and exercise, the degree of commitment required to achieve and maintain a normal body weight, the lifelong nature of such commitment, the degree of caloric restriction required, the frequency and intensity of exercise, and the importance of self monitoring.**

I also believe we should counsel our patients to be extremely skeptical about fad diets and expensive commercial weight loss programs.

Given this sobering view of obesity, one may ask if we should even address the subject with our patients. I say yes. As health care professionals, I believe that we have an obligation to advise our patients about their health issues, review their options, and discuss

their questions and concerns. The rewards of approaching the problem this way are very real even if the numbers on the bathroom scales are disappointing.

I will finish with a few words about my own experience. Over the course of forty years, I counseled many thousands of obese patients. Excluding those who had bariatric surgery, only a handful lost large amounts of weight and maintained a reduced body weight for the duration of the time I knew them. My patients tried every imaginable weight loss scheme. The few who succeeded shared one thing: a moment of great clarity about what needed to be done. One patient had retired and came to grips with the fact that he had reached now or never time. Another had "his moment" after I recommended bariatric surgery as his only hope. A third was simply driving down the highway when it struck her. Each of these patients figured out a program strikingly similar to a typical NWCR successful loser. None followed a fad diet, enrolled in a commercial program, or seemed to need any further help from me.

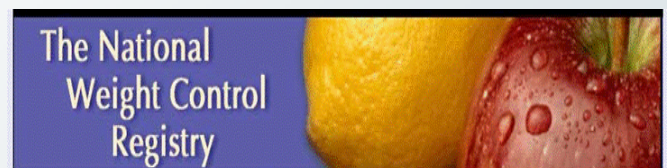
Up to this point in my series on diabetes I have made no mention of the use of drugs or surgery for weight reduction. I will not say anything further about drugs as I do not believe there are any effective and safe agents for obesity management. Surgery is another matter.

**Although invasive and expensive, bariatric surgery is now an acceptable option for weight and diabetes management and will be the subject of my next column.**

#### **AUTHOR'S NOTES:**

*The title of this column comes from Hamlet's soliloquy, "O, that this too solid flesh would melt, thaw, and resolve itself into a dew". The title also brings to mind the ancient description of diabetes by Arateus as "the melting down of flesh and limb into urine."*

*In describing the **National Weight Control Registry**, I have tried to hit the high points and avoid getting bogged down in the data. For more detail and a bibliography, please visit the NWCR web site, [www.nwcr.ws](http://www.nwcr.ws). Note the unusual domain name; it stands for Western Samoa.*



## LAKE CUMBERLAND WORKS WITH WALMART IN AUGUST AND ALSO CONDUCTS SPECIAL EVENTS DURING NATIONAL DIABETES MONTH



*Pictured (left to right) LaCosta Carver and Jamie Lee (LCDHD Diabetes Educators) and Ron Hall (Walmart PSP Captain)*

*Submitted by: Jamie Lee, KY Diabetes Prevention and Control Program, Lake Cumberland District Health Department, KDN and AADE member*

The KY Diabetes Prevention and Control Program from the Lake Cumberland District Health Department (LCDHD) was able to reach approximately 750 KY citizens during a unique opportunity to partner with Walmart to promote “Diabetes Awareness” throughout the month of August. During a program Walmart offers called the **Personal Sustainability Program (PSP)**, Walmart associates discovered that several of their own employees either had diabetes themselves or had family members with the disease. So Walmart decided to do something about it!

The Walmart in the Lake Cumberland area chose August as their **Diabetes Awareness Month** and contacted the Diabetes Education Program at the LCDHD to provide diabetes displays, materials, and education for Walmart associates as well as customers who had diabetes. Ron Hall, Walmart PSP Captain, organized this opportunity for his community.



## Lake Cumberland District Health Department (LCDHD)

### November Diabetes Awareness Activities

- Approximately 250 LCDHD staff members wore *Diabetes Awareness Buttons* each day in November
- Diabetes educators had *Proclamations for Diabetes Awareness Day* signed by the County Judge Executives in all ten counties included in the Lake Cumberland District.
- LCDHD provided National Diabetes Education Program (NDEP) materials to students at Pulaski County High School to increase student awareness of what living with diabetes entails. Students, faculty, and friends (159 of them) walked from the school to the Pulaski County Court House to meet County Judge Barty Bullock who released balloons in recognition of Pulaski County High School’s first ADA School Walk for Diabetes (the walk raised \$2260).
- The Pulaski County High School also held a silent auction which raised \$700 for the LCDHD blood glucose test strip program for people with diabetes who cannot afford their test strips.



# DAVISS AND HENDERSON COUNTY DIABETES COALITIONS CONDUCT SUCCESSFUL FUNDRAISERS



*DCDC Officers, Treasurer John Oberst (left) and President Paul Puckett (right), work the DCDC golf scramble where 60 golfers participated*



*Celebrity Cameron Mills, former UK basketball stand out (second from left), attended the DCDC fundraiser with fellow golfers Johnny Pitman, Rex Vaughn, and Scott Kingsley*



*DCDC Vice President David Vowels sells tickets for a raffle at the DCDC Golf Scramble held at Panther Creek Golf Course*

*Submitted by Mary Tim Griffin and Mary Ann Correll, KY Diabetes Prevention and Control Program, Green River District Health Department, KDN and TRADE Members*



*Bobby "BobDigga" Bridges (left), a comedian who has entertained nationally, volunteered his time for his hometown HCDC Fundraiser*

**The Daviess County Diabetes Coalition (DCDC) and the Henderson County Diabetes Coalition (HCDC) recently conducted very successful diabetes fundraisers that netted over \$5000 and \$6000 dollars respectively.**

**DCDC conducted a golf scramble on September 18th at Panther Creek Golf Course while HCDC conducted their comedy show / silent auction / dinner at Holy Name School on October 19th. Both coalitions plan to use the majority of the money raised to fund diabetes medications and supplies for people in their community who cannot afford them.**



*On October 19, 2009 HCDC held a Comedy Show / Silent Auction / Dinner Fundraiser with the assistance of the Holy Name Men's Club to benefit the local Coalition. This Fundraiser raised over \$6,000 which will be used to help maintain the HCDC Patient Assistance Program, the adult and children's Diabetes Support Groups and other diabetes related programs.*



*Henderson's State Senator Dorsey Ridley serves attendees of the Henderson County Diabetes Coalition Fundraiser. Local community leaders and politicians served as "waiters" for the event.*

# Diabetes Day at the Capitol

*Save This Date!*

**February 2, 2010 \***



## **Who should come?**

Anyone interested in the prevention or control of diabetes in Kentucky



## **What?**

Advocacy training and visits with your legislators



## **When?**

February 2, 2010

8:00 am

Registration

8:30 am

Advocacy Training

As Scheduled

Visits with Legislators



## **Where?**

Capitol Annex in Frankfort, Kentucky



## **For More Information:**

Contact Mary Tim Griffin at [mary.griffin@ky.gov](mailto:mary.griffin@ky.gov)



## **Sponsored by:**

The Kentucky Diabetes Network (KDN) and partners including the American Diabetes Association

**\* SNOW DATE February 9, 2010**

# KENTUCKIANA CHAPTER OF JDRF RAISES NEARLY A MILLION DOLLARS FOR DIABETES RESEARCH

## RESEARCH INFORMATION ON SMART INSULIN AND BETA CELL REGENERATION

Submitted by Twynette Davidson, Executive Director of the KY Juvenile Research Foundation (JDRF) International, Kentuckiana Chapter

Over 9,000 individuals participated in the 2009 Juvenile Diabetes Research Foundation International Kentuckiana Chapter's two *Walks to Cure Diabetes* in Louisville and Lexington which raised ~\$1 million for diabetes research. The walks were held at Churchill Downs and Masterson Station Park.



The Kentuckiana JDRF Chapter's next event is its *Passport to Paradise Gala* on February 6<sup>th</sup> at the Louisville Marriott Downtown. For event information or volunteer opportunities, contact JDRF at (502)485-9397 or 866-485-9397 or visit [www.jdrf.org/chapters/KY/Kentuckiana](http://www.jdrf.org/chapters/KY/Kentuckiana).

### Helpful Resource For Diabetes Educators and School Personnel Working with Families with Type 1 Diabetes

The **JDRF School Advisory Toolkit** helps parents and school personnel insure that students with type 1 diabetes have the best possible school experience. The Toolkit was written by a retired school administrator who is also the parent of a child with diabetes. As a result, it helps parents and school personnel understand each other's points of view, as well as the needs of students with type 1 diabetes. The Toolkit includes:

- Practical information on everyday medical needs
- Helpful charts with information on low and high blood sugar symptoms
- Information for parents on plans, etc.
- Steps to prepare substitute teachers for students with type 1 diabetes
- Classroom tear out sheets & sample tools
- Real-life scenarios to help parents obtain a better understanding of schools' legitimate concerns and needs when a student has type 1 diabetes

### JDRF Funds the Development of a New Insulin that Reacts to Blood Sugar

JDRF has entered into a partnership with the company SmartCells, Inc., to advance the development of SmartInsulin, an insulin that is administered just once a day and that is "self-regulating." After it is injected, the insulin is only released in response to the body's glucose levels. Unlike currently available insulins, SmartInsulin is designed to maintain continuous, tight control of blood sugar levels while reducing the risk of hypoglycemia—like the pancreas does automatically in people without type 1 diabetes. JDRF is providing funding to support safety and efficacy trials of SmartInsulin, with the goal of accelerating its development and reducing the time needed to move to human testing.

**Key Point:** *An insulin that needs to be injected only once per day and that reacts to blood sugar only when needed could mark a significant improvement in treating diabetes, requiring fewer injections and less glucose monitoring while reducing hypoglycemia.*

### Researchers Discover How Beta Cell Regeneration Slows With Age

Two groups of JDRF-funded researchers have identified processes that explain why insulin-producing beta cells lose their ability to regenerate with age. The findings shed light on what regulates normal expansion and decline of those cells—and could help lead to new therapies for type 1 diabetes. Scientists believe that insulin-producing beta cells can regenerate within the body either through adult beta cells replicating or from stem cells in the pancreas. However, the capacity of beta cells to regenerate and adapt diminishes as we age. To better understand the molecular events involved, the two groups focused on a specific cluster of genes known to have a "braking" effect on cell growth. They found key proteins that stop this inhibitory process. The research, which took place at Stanford University School of Medicine in California and at the University of California, Los Angeles, was published in the journal *Genes & Development*.

**Key Point:** *"The investigators independently identified pathways that regulate how beta cells regenerate and that explain why these cells stop replicating with age," said Patricia Kilian, Ph.D., Director of JDRF's Regeneration program. "This is exciting, since it suggests that controlling these pathways might enable us to restore the capability to regenerate insulin-producing cells to treat diabetes, even in older people. These findings provide new tools and insights for finding a means to overcome the loss of beta cells."*

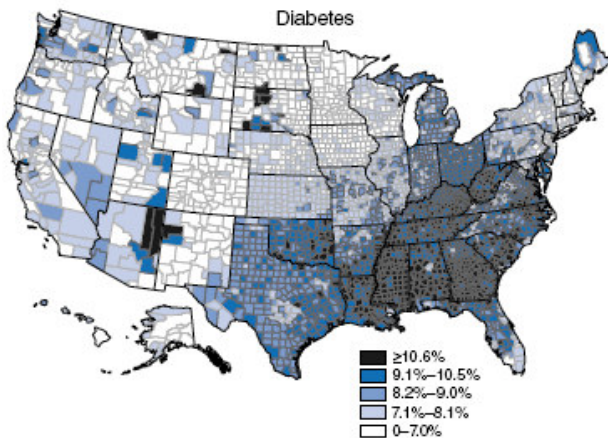
FREE Copy [www.jdrf.org/satrequest](http://www.jdrf.org/satrequest)   
School Advisory Toolkit  
for Families  
This guide offers collaborative methods for educators and parents of children with diabetes to ensure that every child enjoys the best possible school experience.

# UPDATED COUNTY LEVEL DIABETES DATA NOW AVAILABLE THROUGH CDC

## *DATA SHOWS KY COUNTIES AMONG HIGHEST IN NATION FOR DIABETES*

Taken in part from CDC Press Release November 19, 2009

The CDC Diabetes Data and Trends Website has been updated with 2006 and 2007 county level diabetes prevalence estimates and as of Nov. 19<sup>th</sup> there are also county level estimates for obesity prevalence (2004-2007 data). Links are at: [http://apps.nccd.cdc.gov/DDT\\_STRS2/NationalDiabetesPrevalenceEstimates.aspx/](http://apps.nccd.cdc.gov/DDT_STRS2/NationalDiabetesPrevalenceEstimates.aspx/).



*New CDC “County” Diabetes and Obesity Data show distinct geographic patterns in diabetes and obesity prevalence in the United States, including high prevalence rates for diabetes (≥10.6%) and obesity (≥30.9%) in West Virginia, the Appalachian counties of Tennessee and Kentucky, much of the Mississippi Delta, and a southern belt extending across Louisiana, Mississippi, middle Alabama, south Georgia, and the coastal regions of the Carolinas.*

Wide sections of the Southeast, Appalachia, and some tribal lands in the West and Northern Plains have the nation’s highest rates of obesity and diabetes, according to estimates released on November 19, 2009 by the Centers for Disease Control and Prevention. In many counties in those regions, rates of diagnosed diabetes exceed 10 percent and obesity prevalence is more than 30 percent.

Eighty-one percent of counties in the Appalachian region that includes **Kentucky**, Tennessee, and West Virginia have high rates of diabetes and obesity. So do three-quarters of counties in the southern region that includes Alabama, Georgia, Louisiana, Mississippi, and South Carolina.

“Diabetes is costly in human and economic terms, and it’s urgent that we take action to prevent and control this serious disease,” said Dr. Ann Albright, director of CDC’s Division of Diabetes Translation. “The study shows strong regional patterns of diabetes and can help focus prevention efforts where they are most needed.”

The estimates come from CDC’s Behavioral Risk Factor Surveillance System (BRFSS), which uses self-reported data from state-based adult telephone surveys, and 2007 census information. The information may help public health workers, health care providers, community organizations, and policymakers focus on high-risk regions to prevent type 2 diabetes and its complications as well as other chronic diseases linked to obesity, including heart disease, stroke, and some cancers.

The estimates come from CDC’s Behavioral Risk Factor Surveillance System (BRFSS), which uses self-reported data

The proportion of U.S. adults who are obese was 26.1 percent in 2008, according to BRFSS data. CDC estimates that nearly 8 percent of the population, or about 24 million people, have diabetes. Of these, 5.7 million are undiagnosed. “The small-area estimates for obesity will be an important tool to help communities better understand and battle this serious public health problem. Communities are in the best position to prevent and reduce obesity among their citizens through innovative programs,” said Dr. William H. Dietz, director of CDC’s Division of Nutrition, Physical Activity and Obesity.

People with diagnosed diabetes have medical costs that are 2.3 times higher than those without the disease. Obesity is one of several factors linked to type 2 diabetes. Where people live, how much money they earn, their culture and their family history also play a role. An unhealthy diet, lack of physical activity, and socioeconomic factors contribute to both obesity and type 2 diabetes as well as to complications of diabetes. Some population groups also are at higher risk, including a number of racial and ethnic minorities.

To see county-level estimates of obesity and diagnosed diabetes, go to [www.cdc.gov/diabetes/statistics](http://www.cdc.gov/diabetes/statistics). For more information on diabetes and preventing the disease, visit [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes).

## KY SITES RECEIVE NATIONAL DIABETES RECOGNITION / ACCREDITATION

*ONE THROUGH ADA AND THE OTHER THROUGH AADE*

Two Kentucky sites, Wedco District Health Department and Madison County Health Department, received national diabetes recognition / accreditation during 2009 — one through the American Diabetes Association (ADA) and the other through the American Association of Diabetes Educators (AADE) respectively.

To promote quality education for people with diabetes, the American Diabetes Association (ADA) and the American Association of Diabetes Educators (AADE) endorse the National Standards for Diabetes Self Management Education. To support this goal, the ADA Recognition Program and the AADE Accreditation program assess whether applicants meet the National Standards. *Note: The Centers for Medicare and Medicaid Services (CMS) recognized AADE as an approved national accreditation organization on March 20, 2009.*

Wedco District Health Department applied for and received recognition through ADA for the Harrison County Health Center effective in July of 2009. Madison County Health Department previously received ADA recognition and applied for and received additional AADE accreditation in 2009.



*Wedco District Health Department's Diabetes Staff include (left to right) Peggy Seithers RN; Jane Whitehead RN, CDE; Crissy Culberson, Administrative Specialist*



*Madison County Health Department's Diabetes Center of Excellence Staff include (left to right) April Whitaker RN; Margaret Maupin-Story RD, CDE; Lori Knutson; Paula Hollon RN, CDE; Kim DeCoste RN, CDE*

## AADE on Location: Preparing You for Future Challenges

**Free Program and CE  
for AADE Members**  
Meet the AADE CEO and 2010 AADE President

**Saturday, January 30, 2010  
7:30 AM - 12:30 PM**

**Where:**  
Crowne Plaza Louisville Airport  
830 Phillips Lane  
Louisville, KY 40209  
502-367-2251

**Schedule:**  
7:30 — 8:30 Registration  
8:30 — 12:30 Program and Presentation

**Topic:**  
**Effective Patient Communication: An Essential Skill for Today's Diabetes Educator**

**Speaker:**  
Sue Cornell, PharmD, BS, CDE, FAPhA

**To Register (by January 22, 2010):**  
Contact Pati Mangano 800-338-3633 X 4822 or  
Email [pmangano@aadenet.org](mailto:pmangano@aadenet.org)



**New WE CAN WEBSITE now available.**  
Go to  
<http://www.wecanky.org/>

*We Can! KY* is devoted to helping families eat better and move more. Use this web site for practical ideas to improve food choices, increase physical activity and reduce screen time for children ages 8-13. Share this website with parents and educators all across KY so they can help children develop healthy habits for a lifetime.

# CALORIE STICKER SHOCK: USING MENU LABELING TO REDUCE OBESITY

Submitted by: Anita Courtney, MS, RD, Chair/ Tweens Nutrition and Fitness Coalition

If you wanted to reduce calories, which would be the better choice?

- Four McDonald's hamburgers OR a large chocolate shake?
- An order of Denny's French toast OR country fried steak and eggs?
- Two jelly doughnuts OR a bagel and cream cheese from Dunkin' Donuts?

Most weight watchers would pick the shake, French toast and bagel but in fact, the hamburgers, steak and eggs and jelly doughnuts are the lower calorie choices.



It's challenging for consumers to know how many calories they're getting when they eat out but that may change in the not-too-distant future. Menu labeling requirements are currently part of the health care reform bill at the federal level. There is speculation that this has a good chance of passing. But if it doesn't, Kentucky stands ready to act. Senator Denise Harper-Angel and Representative Kelly Flood have plans to propose menu labeling legislation in the 2010 KY General Assembly if the federal bill is not successful. Their companion bills mirror the federal legislation.

## What does the menu labeling legislation propose?

It would require fast food and chain restaurants that have 20 or more stores in the country to list calorie information on menus, inside menu boards and at drive through windows. Information on saturated and trans fat, sodium and carbohydrate would be made available at cash registers for customers who request it.

| SANDWICHES              | CALORIES | PRICE |
|-------------------------|----------|-------|
| HAMBURGER               | 280      | .89   |
| CHEESEBURGER            | 330      | .99   |
| FILET-O-FISH®           | 470      | 1.99  |
| CRISPY CHICKEN          | 550      | 2.79  |
| QUARTER POUNDER®        | 430      | 2.29  |
| BIG N'TASTY®            | 540      | 2.29  |
| BIG MAC®                | 590      | 2.39  |
| CHICKEN McGRILL®        | 450      | 2.89  |
| DOUBLE QUARTER POUNDER® | 760      | 2.99  |

## What nutrition information are fast food and chain restaurants currently required to provide to consumers?

None! Currently there are no requirements that fast food restaurants provide any nutrition information to consumers. The 1994 Nutrition Labeling and Education Act requires that packaged foods have nutrition information on the label, but fast food is not included.

## Why is menu labeling important?

Approximately 50% of America's food expenditures go for foods consumed outside the home. Americans spent \$16.8 billion dollars on fast food in 2008. People eat more calories when they eat out. Fast food intake is associated with increased body weight.

## Where has menu labeling been implemented?

Menu labeling has been implemented in Seattle, New York City and Westchester County, NY. Menu labeling legislation has been passed, but not yet implemented in California, Maine, Oregon, Massachusetts, Nashville, Philadelphia and 3 counties in New York state. Fifteen states, including **Kentucky**, have proposed menu labeling legislation.

**MARK YOUR  
CALENDAR TO ATTEND  
A MENU LABELING  
RALLY ON  
JANUARY 13, 2010**

# CALORIE STICKER SHOCK: USING MENU LABELING TO REDUCE OBESITY (CONTINUED)

## Don't people already know that fast food is high in calories?

Identifying healthier options at restaurants is difficult. Nine out of ten people underestimate calories in fast food menus by an average of more than 600 calories. Even experienced nutritional professionals underestimated fast food by 200-600 calories.

## Does menu labeling work?

We already know that providing consumers nutrition information on packaged food works. Americans (78%) say they use nutrition labels on packaged foods and 48% of these people say the labels prompt them to make healthier selections.

Studies in 14 scientific journals found that customers tend to order fewer calories when calories are posted in restaurants. The average reduction ranged from 52 calories to 105 calories per order. In one study with 5,542 consumers, posted calorie information led to an increase in orders of salads, vegetables, fruits, soups and low fat dairy products. Orders of desserts and regular dairy products were decreased.

Product reformulation by the food industry is another way menu labeling works. After menu labeling requirements were implemented in New York City, Dunkin Donuts reduced the calories in a *Glazed Cake Stick* from 490 calories to 360 calories; KFC reduced their *Firey Buffalo Wings* by 110 calories and McDonalds cut 70 calories in a large order of French fries. Since mandated trans fat labeling went into effect in January 2006, the use of trans fat in North America decreased by 50%.

## Won't this be a financial burden for restaurants and increase the price of food for consumers?


Half of large chain restaurants already have nutrition information on their web sites and would not incur any new costs for analyzing their products. For those restaurants that don't already have nutrition information, it would cost about \$2000 to obtain it using a nutritional soft ware program and a nutrition consultant. Menus and menu boards are changed frequently to highlight new products, for new marketing campaigns or to change prices. Chain restaurants would be given ample time to make these changes.

In addition, restaurants could gain financially from posting calories. Reformulating products by decreasing portion sizes could save food costs. They may gain new health conscious customers once calorie information is readily available.

## Isn't this just another example of big government control?

The "consumer's right to know" has always been the American way. Fuel efficiency labels on cars, care labels on clothing and energy efficiency stickers on appliances are just a few examples of point of purchase information that has been mandated to protect consumers. Providing calorie information at the point of purchase will allow consumers to make better decisions.

Compare this vehicle to others in the **FREE FUEL ECONOMY GUIDE** available at the dealer.

| CITY MPG   | Fuel Economy Information   | HIGHWAY MPG   |
|--|--|---|
| <b>23</b>  |    | <b>30</b>   |
| <small>Actual Mileage will vary with options, driving conditions, driving habits and vehicle's condition. Results reported to EPA indicate that the majority of vehicles with these estimates will achieve between 19 and 27 mpg in the city and between 26 and 35 mpg on the highway.</small> | <b>1993 CANARY 2.0 LITER L4 ENGINE FUEL INJECTED AUTO 3 SPD TRANS CATALYST FEEDBACK FUEL SYSTEM</b><br><br>Estimated Annual Fuel Cost: \$850 | <small>For Comparison Shopping, all vehicles classified as COMPACT have been issued mileage ratings ranging from 1 to 31 mpg city and 16 to 41 mpg highway.</small> |

## How can I help?

If the federal legislation doesn't pass, we will need all hands on deck to help pass Kentucky menu labeling legislation. **A rally is planned for Wednesday, January 13, at 11 am at the state Capitol in room 327.** Should we have the good fortune of having the bill pass at the national level we won't hold the rally but will turn our efforts to educating people about how to use the menu labels. If you are interested in joining us, please contact Anita Courtney at [anitac@qx.net](mailto:anitac@qx.net).

## Poster From New York City Subway Campaign

To Learn More About Menu Labeling visit <http://www.cspinet.org/>.

## NATIONAL DIABETES MEETINGS SCHEDULED

**2010 American Association of Diabetes Educators  
37th Annual Meeting and Exhibition  
August 4-7 2010 San Antonio, TX**

**2010 WEBINAR Schedule (1-2:30 pm EST)  
To Register: [www.diabeteseducator.org](http://www.diabeteseducator.org)**

|                     |   |
|---------------------|---|
| <b>January 13</b>   | <b>Diabetes and Older Adults</b>  |
| <b>January 27</b>   | <b>CGM: Helping Your Patients Live Life in Real-Time</b>                      |
| <b>February 3</b>   | <b>Valuable Strategies for Vulnerable Populations</b>                         |
| <b>March 3</b>      | <b>Technology to Go: Electronic Information Systems and Diabetes Care</b>     |
| <b>April 7</b>      | <b>Challenging Case Studies: Puberty, Teens, and Diabetes</b>                 |
| <b>April 14</b>     | <b>Promise for Type 1 Diabetes: Islet Cell Research</b>                       |
| <b>May 5</b>        | <b>Gestational Diabetes: Successful Pregnancies</b>                           |
| <b>June 2</b>       | <b>Behavior Change and Motivational Interviewing: Application to Practice</b> |
| <b>July 14</b>      | <b>Mindful Medication: Staying Current with Diabetes Management</b>           |
| <b>September 15</b> | <b>Innovation and Accreditation: Implementing Quality Standards</b>           |
| <b>October 13</b>   | <b>Depression and Stress: A Distressing Duo</b>                               |
| <b>November 3</b>   | <b>Exploring the Real Reasons for Overeating</b>                              |
| <b>December 1</b>   | <b>Being Active Having Diabetes: Keeping Your Patients Moving</b>             |

## DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at [sroszel@fuse.net](mailto:sroszel@fuse.net) or Jana McElroy at [jmcelroy@stelizabeth.com](mailto:jmcelroy@stelizabeth.com) or call 859-344-2496. Meetings are held in Cincinnati at Good Samaritan Conference Center unless otherwise noted.

- **Registration 5:30 PM**
- **Speaker 6 PM**
- **1 Contact Hour**
- **Fee for attendees who are not members of National AADE**

**Feb. 15, 2010**  
**March 15, 2010**  
**April 12, 2010**  
**September 20, 2010**  
**October 18, 2010**  
**November 15, 2010**



## DON'T MISS THIS!



Kentucky is one of the nation's leading states in the number of people with diabetes who smoke!

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Course ID: 1018633

For Information: Contact [Linda.Leber@ky.gov](mailto:Linda.Leber@ky.gov)

## ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700  
E-mail: [joslin@FMHHS.com](mailto:joslin@FMHHS.com).

**Annual Meeting — July 30-31 2010**  
**Embassy Suites, Downtown Indianapolis**  
**Details / Registration [www.aace.com](http://www.aace.com)**

## GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For meeting schedule or to register, please contact Stacy Koch at [stacy.koch@nortonhealthcare.org](mailto:stacy.koch@nortonhealthcare.org).

**2010 Meeting Dates (meetings at 5:30pm  
and program at 6:30 pm)**

**January 12, 2010**  
(Norton's Brownsboro Hospital Conference Room #1 LL-1)

**March 9, 2010**  
**May 11, 2010**  
**July 13, 2010**  
**September 14, 2010**  
**November 9, 2010**

## KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dana Graves  
Phone: 859- 313-1282  
E-mail: [gravesdb@sjhlex.org](mailto:gravesdb@sjhlex.org)  
Or Diane Ballard [DianeBallard@alltel.net](mailto:DianeBallard@alltel.net)

**Next Meeting February 16, 2010**

**Spring Symposium April 16, 2010**

**Details: go to <http://kadenet.org/>**

## KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) or by calling 502-564-7996 (ask for diabetes program).

### 2010 KDN Meeting Dates:

Meeting times are 10:00 am—3:00 pm EST  
“First-timers” should arrive by 9:30 am

**Diabetes Day at the Capitol**  
**February 2, 2010**

**Back up snow date – February 9, 2010**

**March 12, 2010**  
**History Center - Frankfort**

**June 4, 2010**  
**Location TBA**

**September 17, 2010**  
**Location TBA**

**November 5, 2010**  
**Location TBA**

## TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN/Southeastern IL, meets quarterly from 10–2 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Mary Tim Griffin at [mary.griffin@ky.gov](mailto:mary.griffin@ky.gov).

### All Programs Offer 2 Free Contact Hours

**Date: January 21, 2010**  
**Time: 10am — 2pm**  
**Location: Greenview Hospital, Bowling Green**  
**Topics: Wound Care;**  
**Rehabilitation and the Diabetes Patient**  
**Speakers: TBA**

**Date: July 15, 2010**  
**Time: 10am — 2pm**  
**Location: Murray, KY**  
**Topics: TBA**  
**Speakers: TBA**

**Date: October 21, 2010**  
**Time: 10am — 2pm**  
**Location: Methodist Hospital, Henderson, KY**  
**Topics: Diabetes Educators and Physicians**  
**Working Together to Benefit Patients;**  
**What's New in Diabetes Drugs**  
**Speakers: Zouhair Bibi, MD, Endocrinologist**  
**Justin Greubel, PharmD**

### Annual TRADE Workshop May 6, 2010

#### SAVE THE DATE

Tri-State Association of Diabetes Educators (TRADE)  
Annual Workshop

May 6, 2010

Southern Indiana Career and Technical Center  
1901 Lynch Road  
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270-852-5454 or [mary.griffin@ky.gov](mailto:mary.griffin@ky.gov)

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Bluegrass / Eastern Chapter  
A Chapter of AADE


[www.kadenet.org](http://www.kadenet.org)



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Tri-State Association  
of Diabetes Educators

AN OFFICIAL CHAPTER OF THE  
American Association  
of Diabetes Educators




www.louisvillediabesity.org



Diabetes Educators Cincinnati Area

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KENTUCKY DIABETES NETWORK, INC.

[www.kentuckydiabetes.net](http://www.kentuckydiabetes.net)



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UNBROKEN SPIRIT

<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>



American Association  
of Clinical Endocrinologists

Ohio River Regional Chapter

[www.aace.com](http://www.aace.com)

Kentuckiana Endocrine Club  
[joslin@fmhhs.com](mailto:joslin@fmhhs.com)

NOTE: Editor reserves the right to edit for space, clarity, and accuracy