

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

A Message from Kentucky Diabetes Partners

CDC DIABETES DIRECTOR ANNOUNCES HISTORIC PUBLIC-PRIVATE PARTNERSHIP AIMED AT PREVENTING TYPE 2 DIABETES

Webcast of Opening Plenary Session from the 2010 CDC Diabetes Translation Conference Available for Viewing Through November 2010

In her opening plenary session of the *2010 Centers for Disease Control and Prevention (CDC) Diabetes Translation Conference*, Dr. Ann Albright, Director of the CDC Division of Diabetes Translation (DDT), announced an unprecedented public-private partnership between CDC, the YMCA, and United Health Group (UHG) which will focus on lifestyle intervention programs to prevent diabetes.

Online availability of this opening session from the 33rd annual Diabetes Conference has been extended through November 2010 and will provide an



Dr. Ann Albright, Director of the Division of Diabetes Translation for the Centers for Disease Control and Prevention (CDC)

opportunity for diabetes stakeholders and partners across the nation to learn more about the *CDC National Diabetes Prevention Program*. The program is designed to bring evidence based methods for preventing type 2 diabetes to communities across America.

The partnership will provide CDC-recognized, UHG-reimbursed lifestyle intervention programs at several YMCAs around the country. CDC is also funding 10 additional model sites with the YMCA. Sites other than the YMCA along with broader coverage beyond UHG are anticipated in the future.

To view the remarks from Dr. Albright, go to <http://www.cdc.gov/diabetes/about/conferences.htm>.

Webcast: Opening Plenary Session at CDC Diabetes Translation Conference
<http://preventtype2diabetes.nologyinteractive.com/>

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- KENTUCKY DIABETES HEALTH PLAN DATA REPORTS P. 8-9 AND MORE!

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

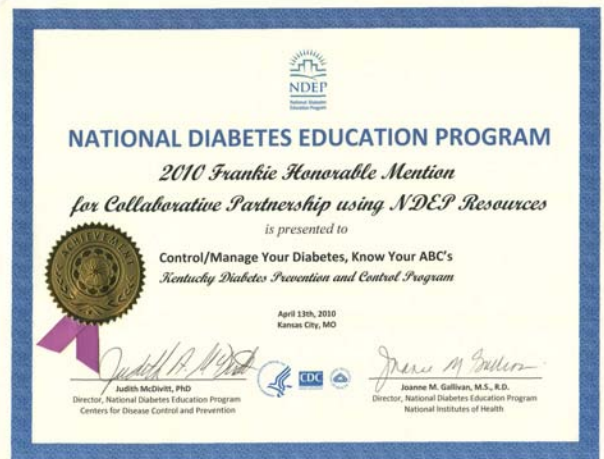
TRADE

Tri-State Association of Diabetes Educators

KENTUCKY REPRESENTED AT 2010 NATIONAL CDC DIABETES CONFERENCE



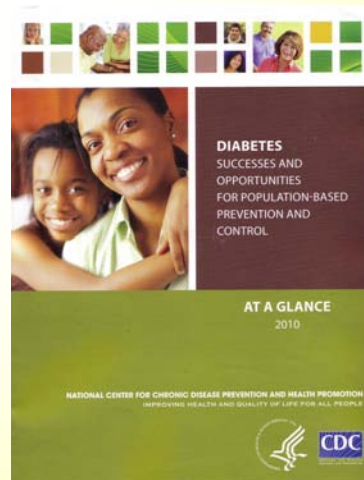
Pamela Allweiss, MD, (pictured above) an endocrinologist from KY, presents at the CDC Diabetes Translation Conference held in Kansas City the week of April 12th



Certificate Above — Kentucky received Honorable Mention at the CDC Conference 2010 Frankie Awards for use of the National Diabetes Education Program's Control / Manage Your Diabetes, Know Your ABC's Campaign



Janice Haile RN, CDE, (pictured above left) talks with Allyson Drain MS, RD, LD, from Oklahoma City, (pictured above right) regarding the new web-based KY Diabetes Resource Directory at the poster session of the CDC Diabetes Translation Conference



Kentucky TRANE Commercial Systems Project by the KY Diabetes Prevention and Control Program with the Lexington Fayette County Health Department was featured at the 2010 CDC Conference in the publication, "Diabetes Successes and Opportunities for Population-Based Prevention and Control"

Inside CDC Publication

progress of the project, and information learned from the project will shape future efforts to make the service available

Kentucky: Forming a Partnership to Improve Work Site Wellness

Trane Commercial Systems offered employees in Lexington, Kentucky, the opportunity to participate in an annual wellness assessment. The assessment showed that numerous employees had diabetes, heart disease, or related risk factors, which increased their risk for heart attack and stroke. These conditions resulted in health-related absences from work and increased employer health care costs. To address this problem, the company planned to launch an onsite wellness



Diabetes Prevention: Keeping our Eyes on the Prize

FREE webcast offered by University at Albany
 Diabetes prevention is possible, powerful and proven!
 Speakers: Ann Albright, PhD, RD, Director Centers for Disease Control, Division of Diabetes Translation and Dr. Kaushal Nanavati, Primary Care Physician

KY PRESCRIPTION ASSISTANCE PROGRAM WORKS WITH NOVO NORDISK TO ASSIST SENIORS TO OBTAIN INSULIN

Submitted by: Rebecca McCoy MSN, RN, Kentucky Prescription Assistance Program Manager, Health Care Access Branch, KY Department for Public Health

The Kentucky Prescription Assistance Program, known as KPAP, was introduced by Governor Steve Beshear in October 2008. This program assists qualifying individuals in identifying sources of free and low-cost medications. Eligibility for the program is based on income guidelines, set by each individual pharmaceutical company. Individuals who are at or below the federal poverty level or senior citizens in the Medicare “donut hole” may be eligible. Clients whose income or resources make them ineligible for existing drug assistance programs through pharmaceutical manufacturers receive consultation about other sources of low-cost prescriptions. The program utilizes and coordinates existing assistance programs offered by pharmaceutical companies via enhanced computer assisted technology, specifically Drug Assistant software, to allow for reduced paperwork and a streamlined process. As a result, public access to sources of free and low-cost medications has been increased.

One particular area of concern and focus for KPAP staff has been the vast population with diabetes within the Commonwealth. KPAP staff has been working with Novo Nordisk for the past year, lobbying on behalf of clients with diabetes as well as Medicare clients to help get them insulin. Novo Nordisk, who does have prescription assistance programs in place, previously did not “assist” anyone with their pharmaceutical assistance program if the person was over the age of 65 (regardless of their Medicare status).

As a result of ongoing efforts by KPAP staff members, the Novo Nordisk Corporation has now changed their position on Medicare Part D enrollees and those not enrolled for Medicare Part D in 2010. Novo Nordisk has recently agreed to provide assistance in the form of medications and insulin to all Kentuckians, regardless of age, who meet the eligibility income guidelines. Furthermore, at this time, Kentucky is the only state thus far for which they have changed this longstanding policy. KPAP is very excited to have been a catalyst in this tremendous accomplishment and what it means for the population with diabetes in Kentucky.

If you would like further information, please contact Rebecca McCoy MSN RN, Program Manager via email at rebecca.j.mccoy@ky.gov or call (502) 564-8966, ext. 4216.

THREE KENTUCKIANS RUN FOR NATIONAL OFFICE OF THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE)



Kentuckian Kim Coy DeCoste (above) is running for President-Elect of the American Association of Diabetes Educators



Kentuckian Tami Ross (above) is running for Vice-President of the American Association of Diabetes Educators



Kentuckian Patti Geil (left) is running for the Nominating Committee of the American Association of Diabetes Educators



***Kentucky
Diabetes Educator
State Licensure Law
Did NOT Pass in 2010***

***AADE Plans to Try
Again in 2011***

DR. POHL'S COLUMN

DIABESITY: AN OUNCE OF PREVENTION



Stephen L. Pohl, MD
slpohl@insightbb.com

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

In February, 1966, discontented with medical school and life in Cleveland, I set off for the Middle East. I had arranged an elective clerkship to study nutrition in Lebanon and Jordan. The deal was four months of work for two months of credit that would complete the requirements for my MD degree. I had visions of a career wiping out disease in exotic lands. Two weeks later I found myself in a backwards hospital in Amman watching a seemingly endless procession of starved children entering and leaving the pediatrics ward. These were children from the Palestinian refugee camps in Jordan. They lived in these camps with little to eat until they developed either a respiratory infection or diarrhea. Often they were moribund on admission. We treated them with fluids, food, and antibiotics. Some survived. Many didn't. I saw one case of rickets and one case of kwashiorkor (protein deficiency). Otherwise, it was all marasmus (pan malnutrition). I learned very quickly that this nutritional nightmare would persist until the cultural, political, and economic problems governing the living conditions of these people improved. We physicians were treating patients in the terminal phase of a preventable illness.

Now I find myself at the other end of my career, contemplating the other end of the nutrition spectrum, and harboring some of the same thoughts and frustrations. A patient who comes to us thirty pounds overweight has already accumulated over 100,000 Cal of stored fuel. If that patient has type 2 diabetes, at least 50% of his or her insulin secretory capacity is already gone. The process that kills these patients, atherosclerosis, begins in childhood; yet, several decades may pass before anyone tries to do anything about it. No wonder that health care professionals enjoy only limited success in treating obesity and type 2 diabetes. By the time we get involved, there is already too much water over the dam.

The results of the ACCORD Trial provide a graphic illustration of the limitations of diabetes treatment.

ACCORD (Action to Control Cardiovascular Risk in Diabetes) was a very large clinical trial that examined the effects of aggressive treatment of blood sugar, blood pressure, and hyperlipidemia on cardiovascular disease in diabetes. ACCORD enrolled 10,251 subjects at 77 centers in the United States and Canada beginning in 1999. All of these subjects had type 2 diabetes and either known cardiovascular disease or cardiovascular risk factors. Primary outcome of the trial was a composite of nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes. Secondary outcomes included all cause-mortality and several cardiovascular events.

The blood sugar arm of ACCORD compared intensive treatment with a target A1c <6.0% to standard therapy, A1c target 7.0 – 7.9%. The intensive treatment group differed from the standard therapy group primarily in the number of drugs required to achieve treatment goals. For example, 52% of participants in the intensive group were on three oral medications as well as insulin, compared to 16% of those in the standard group. The median A1c was 6.4% in the intensive group compared to 7.5% in the standard group. After an average treatment period of 3.5 years all-cause mortality in the intensive treatment group was 22% higher compared to the standard therapy group. Intensive treatment had no impact on cardiovascular events.

The ACCORD investigators stopped the blood sugar arm early because of the excess deaths and lack of benefit associated with intensive glycemic therapy.

The blood pressure arm of ACCORD compared intensive treatment of blood pressure with target systolic blood pressure less than 120 mm Hg to standard treatment with target systolic blood pressure less than 140 mm Hg. As in the blood sugar arm, the main difference between groups was the quantity of medication required. The mean numbers of blood pressure medications were 3.4 for the intensive group and 2.1 for the standard group. Mean systolic blood pressure was 119 mm Hg for the intensive group and 134 mm Hg for the standard group. There was no



DR. POHL'S COLUMN

(CONTINUED)

significant difference between the intensive and standard treatment groups in the rates of cardiovascular events.

The lipid arm of ACCORD differed from the other two arms. There were no lipid level targets. The standard treatment group received simvastatin and a placebo. The intensive treatment group received simvastatin and a non statin lipid lowering drug, fenofibrate. The rationale for using fenofibrate is that, in contrast to statin drugs, it raises HDL and lowers triglyceride levels. Unfortunately, adding fenofibrate did not lower the rate of cardiovascular events in the ACCORD study.

In summary, ACCORD showed a stunning lack of benefit from intensive treatment of blood sugar, blood pressure, and lipids in patients with type 2 diabetes and known or presumptive cardiovascular disease compared to standard therapy.

The results of the blood sugar arm are in agreement with two other recent large clinical trials, ADVANCE and VADT. The conclusion drawn from ACCORD is that there is no benefit from setting targets more stringent than those of standard therapy: A1c <7.0%, systolic blood pressure <140 mm Hg, and LDL cholesterol <100 mg/dl.

At first glance, ACCORD appears to be a big blow to diabetes care as we currently practice it.

Before we throw in the towel, however, let's take a closer look at ACCORD. The typical ACCORD patient was over 60 years of age, obese, on multiple medications, had an A1c >8%, and had existing complications of diabetes. In other words, the study subjects had already failed in our existing health care environment. The ACCORD investigators selected these subjects because they could be expected to have a high rate of cardiovascular events, thereby decreasing the length and cost of the study. Excess mortality occurred in a subgroup of patients who had A1c >7% despite intensive treatment, i.e. poor responders. There were also hints in the ACCORD data that those patients who had no prior history of heart attack or stroke or who had a baseline A1c <8.0% may have benefited from intensive therapy.

The message from ACCORD is that late in the course of type 2 diabetes the strategy of adding more and more drugs is ineffective and possibly harmful. Reducing the impact of cardiovascular disease is going to require prevention instead of attempting to undo the damage already done.

In reference to the diabetes syndrome, "prevention" has several meanings. For example, we could view ACCORD as a prevention trial, although I would hardly consider it to be a model of the kind of prevention we need. If we look at people who already have diabetes, we find an interesting disconnect in prevention of complications. Treating to a target A1c of 7% is very effective in preventing microvascular and neuropathic complications of diabetes but has never been proven effective in preventing cardiovascular complications. The clock apparently starts to tick on retinopathy, nephropathy, and neuropathy when the blood sugar becomes elevated. The affected person can avoid these complications by keeping A1c below 7% from the onset. In contrast, processes involved in atherosclerosis, overeating, insulin resistance, hyperinsulinemia, and dyslipidemia, begin much earlier, even before the development of obesity. By the time the blood sugar becomes elevated irreversible cardiovascular damage has already occurred.

As we learn more about diabetes, it is increasingly clear that primary prevention of obesity is absolutely necessary.

Until we have primary prevention, the victims of the diabetes syndrome are going to suffer from cardiovascular disease and die early. I believe that, like the problem of children starving in Jordan, the solution is not the province of conventional medicine. There are no pills or operations to fix ineffective legislators or an apathetic citizenry. We are going to have to put on our political activist hats.

An ounce of prevention is worth a pound of cure.

It is easier to stop something from happening in the first place than to repair the damage after it has happened. Our goal should not be a better ACCORD study. It should be no ACCORD study for want of study subjects.



HEALTH CARE REFORM

HOW IT WILL AFFECT DIABETES



Submitted by Stewart Perry, American Diabetes Association (ADA) National Board Member, KDN Member



Stewart Perry

The federal health care reform legislation (the *Patient Protection and Affordable Care Act* and the *Health Care & Education Affordability Act of 2010*) which became law in March 2010, includes many new tools in the fight to stop diabetes. Once the provisions of the law are fully in place, people with diabetes can no longer be denied insurance or forced to pay more for coverage simply because they have diabetes. Insurance companies will not be allowed to limit benefits or drop coverage when a person needs health care most. In summary, a diagnosis of diabetes will no longer be a lawful reason to deny health care, ending the current system that sanctions such discrimination. Throughout the health care reform debate, the American Diabetes Association fought hard to ensure that reform benefited the nearly 24 million people with diabetes and the 57 million more with pre-diabetes. While the new laws are not perfect, they will protect people with diabetes in fundamental ways. The new law includes the following provisions.

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Effective in 2010 [timeline noted in brackets; note that the exact date will depend in many cases on when the insurance plan year begins, so actual dates may be later]

- **New Coverage Options for Individuals with Pre-existing Conditions:** Uninsured people with diabetes will be able to access insurance through high risk pools specifically created to make insurance available to people with pre-existing conditions. These high risk pools will be available until the provisions banning discrimination based on pre-existing conditions are fully in place in 2014. [90 days after the new law; on or around June 21]
- **No Pre-existing Conditions Exclusions for Children:** Insurers are prohibited from excluding children with diabetes from being covered under their parents' insurance due to their pre-existing condition. [Six months after the new law; on or around September 23]

- **No Dropping the Sick:** Insurers are prohibited from rescinding policies to avoid paying medical bills when a person is diagnosed with diabetes or has a complication related to diabetes. [Six months after the new law; on or around September 23]
- **No Lifetime Limits on Benefits:** Lifetime limits on benefit coverage is prohibited. [Six months after the new law; on or around September 23]
- **Young Adults Can Stay on Their Parents' Plans:** Children with diabetes will be able to stay on their parents' insurance plan until age 26. [Six months after the new law; on or around September 23]
- **Coverage of Free Preventive Care:** Some preventive services will be free of co-pays and deductibles under private insurance plans and Medicare. [Six months after the new law; on or around September 23]
- **Limits the Out-of-Pocket Drug Costs on Seniors:** Provides a \$250 rebate for seniors with diabetes who fall into the donut hole. The donut hole is the gap in the Medicare drug benefit when seniors have to pay the full cost for their medications and premiums.
- **New Program to Prevent Type 2 Diabetes:** Establishes the National Diabetes Prevention Program providing grants to community organizations for lifestyle intervention programs to prevent type 2 diabetes. This is based on proven cost-effective community programs that have already been successfully piloted and shown to reduce the risk of diabetes by 58%.
- **Prevention and Wellness Trust Fund:** Provides \$15 billion in dedicated funding over the next 10 years for public health programs designed to prevent disease and promote wellness. The first \$500 million of the fund became available immediately and must be used by September 30, 2010.

Effective in 2011

- **Expansion and Strengthening of the Health Care Workforce:** Expands investments in the nation's

health care workforce to help meet the needs of the nearly 65 million Americans who cannot easily access primary care through expanding funding for scholarships and loan repayments for primary care practitioners working in underserved areas and expanding primary care and nurse training programs to help address workforce shortages.

- **Begins Closing the Donut Hole:** Closes the donut hole by reducing the coverage limit by \$500 and instituting a 50% discount on brand-name drugs, including biologics like insulin, paid for out-of-pocket while in the donut hole. The discount expands up to 75% and will include generic drugs by 2020.

Effective in 2014

- **No Denials of Coverage:** Insurers will no longer be able to refuse to sell or renew policies based on the fact that a person has diabetes, and will no longer be able to exclude coverage for an individual of any age because of a pre-existing condition.
- **No Increased Cost Based on Health Status or Gender:** Insurers will no longer be able to charge higher rates because a person has diabetes or because of gender.
- **No Annual Limits on Benefits:** Annual limits on benefit coverage are prohibited.
- **Medicare Wellness Visit and Personalized Prevention Plan:** Creates a new, free wellness visit to identify a senior’s health risks and establish a personalized prevention plan to stem the risk for onset or complications of conditions such as diabetes.
- **Essential Benefits Must Be Offered:** All small group and individual plans must offer a minimum set of health benefits including coverage of preventive and wellness services and chronic disease management. The specific elements of coverage will be established during a regulatory process.
- **Subsidies to Make Health Care More Affordable:** Medicaid eligibility will increase to 133 percent of poverty level for all non-elderly individuals. Tax credits will be available to those whose income is above Medicaid eligibility and below 400 percent of the poverty level who do not have access to affordable coverage.
- **Menu Labeling:** Chain restaurants of 20 or more outlets, including drive-through displays and vending machines, will be required to post caloric information

on menus and menu boards. Additional information, including carbohydrates will be available upon request.

Other related provisions:

- **Creates the Cure Acceleration Network (CAN):** Housed at National Institutes of Health (NIH), the CAN provision awards grants to develop cures and treatments of diseases – for development of medical products and behavioral therapies for high-needs diseases.
- **Catalyst For Better Diabetes Care provisions:** Creates a national and state-by-state level Diabetes Report Card to track health outcomes; alters death certificates to include information about diabetes-related mortality; and requires the Department of Health and Human Services to collaborate with the Institute of Medicine to develop recommendations on appropriate levels of diabetes medical education that should be required prior to medical licensing and board certification.

**ADA CANCELS KENTUCKY
DIABETES CAMP FOR CHILDREN**

Kentucky’s American Diabetes Association (ADA) week-long Camp Hendon for children with diabetes scheduled for the end of July has been cancelled for 2010 due to the sale of the camp site where the camp was to be held.

Kentucky children with diabetes wanting to attend a diabetes camp can go to <http://www.diabetes.org/living-with-diabetes/parents-and-kids/ada-camps/camps/> and search for other camps in surrounding states.

Camps in Tennessee, Ohio, and Illinois include:
(Note: Indiana’s camp has already taken place and West Virginia does not have an ADA camp)

August 9, 2010 to August 13, 2010
[ADA Camp Sugar Falls](#)
Antioch, Tennessee
Age Range: 6 to 16 years

August 1, 2010 to August 7, 2010
[ADA Camp Teen Adventure](#)
Ingleside, Illinois
Age Range: 14 to 18 years

July 17, 2010 to July 23, 2010
[ADA Camp Granada](#)
Monticello, Illinois
Age Range: 8 to 16 years

August 9, 2010 to August 13, 2010
[ADA Camp Can-Do](#)
Palos Park, Illinois
Age Range: 4 to 9 years

July 25, 2010 to July 31, 2010
[ADA Camp Triangle D](#)
Ingleside, Illinois
Age Range: 9 to 13 years

August 1, 2010 to August 7, 2010
[ADA Camp Korelitz](#)
Cincinnati, Ohio
Age Range: 8 to 15 years

KENTUCKY DATA FROM 49,889 DIABETES PATIENTS

COMPILED FROM KENTUCKY HEALTH PLAN DATA

Submitted by: Randa Deaton & Mary Lyle, Co-Directors UAW-Ford Community Healthcare Initiative, Louisville, KY

The Kentuckiana Health Alliance Quality Improvement Consortium (KHAQI-C) is working collaboratively to promote best practices and improve patient care for diabetes in the greater Louisville region. Through a partnership with the Kentucky Health Quality Agenda, clinicians receive private annual reports and feedback on the quality of diabetes care their patients received.

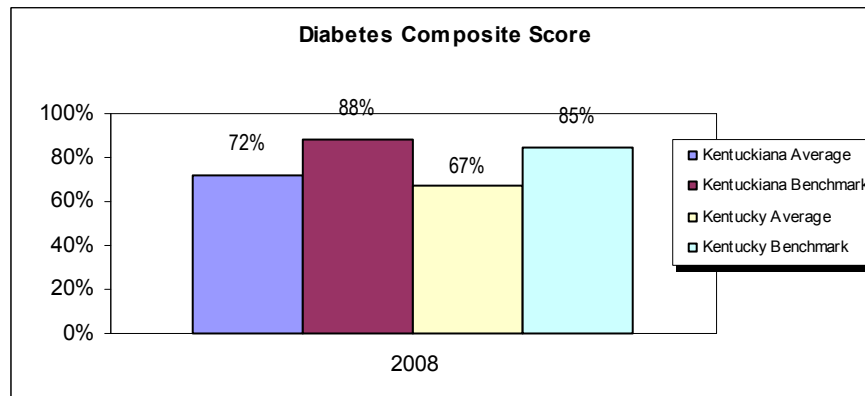
Anthem Blue Cross Blue Shield, Humana Health Plan of Kentucky, Passport Health Plan and Kentucky Medicaid provide data derived from their annual Health Plan Employer Data and Information Set (HEDIS®) submissions. This data is then used to create and distribute private consolidated measurement reports to providers on a variety of clinical areas, including diabetes. Healthcare Excel of Kentucky consolidated the data for these reports that allow for individual comparison of provider data to average and benchmark data.

	Kentuckiana ² Average - KHAQI-C				Kentuckiana ² Benchmark ³ -KHAQI-C				Kentucky ⁴ Average - KHQA			Kentucky ⁴ Benchmark ⁵ - KHQA		
	2005	2006	2007	2008	2005	2006	2007	2008	2006	2007	2008 ⁸	2006	2007	2008 ⁸
HEDIS ¹ Comprehensive Diabetes Care														
HbA1c Tested	81%	82%	81%	85%	98%	98%	98%	99%	84%	85%	81%	99%	99%	98%
LDL-C Screening Performed	81%	84%	82%	82%	97%	98%	99%	99%	88%	82%	76%	99%	99%	98%
Eye exam (retinal) performed	51%	42%	35%	40%	78%	71%	61%	67%	44%	37%	36%	72%	65%	62%
Nephropathy monitored ⁶	45%	75%	75%	81%	92%	97%	96%	99%	71%	70%	77%	98%	97%	98%
Composite Measure ⁷				72%				88%			67%			85%

Notes:

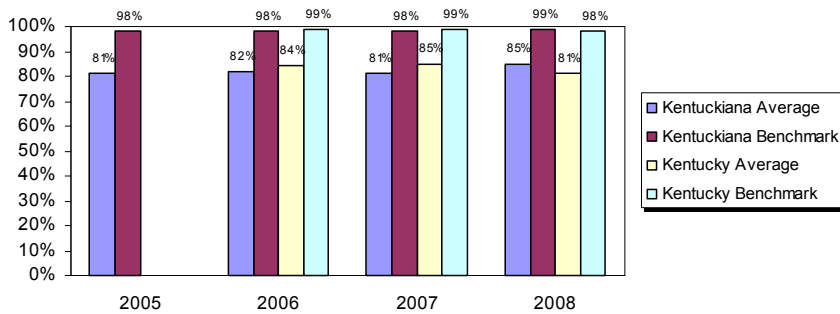
- HEDIS is a set of standardized performance measures designed to ensure that purchasers & consumers have the information they need to reliably compare the performance of managed health care plans, "The State of Health Care Quality 2009" National Committee for Quality Assurance.
- Kentuckiana measures reflect overall performance of all Louisville area providers as available from the participating plans' administrative data. Kentuckiana includes Jefferson, Oldham, and Bullitt counties in Kentucky and Clark, Floyd, Harrison, and Scott counties in Southern Indiana.
- Kentuckiana benchmark is an average rate for the top-ranked providers in the Louisville area whose patients together account for 10% of the total population in this report with respect to each measure.
- Kentucky includes all counties in Kentucky. Measures reflect overall performance of all KY providers as available from the participating plans' administrative data.
- Kentucky Benchmark is an average rate for the top-ranked providers in KY whose patients together account for 10% of the total population in this report with respect to each measure.
- Due to HEDIS measure specification changes in 2007 for nephropathy monitoring (Comprehensive Diabetes Care), results for this cannot be trended to previous years' results.
- Co/mposite measure is not a HEDIS measure. It is calculated as an average of the four HEDIS Comprehensive Diabetes Measures.
- Kentucky Medicaid Data was added in the 2008 data. Anthem, Humana, and Passport provided data for these reports from 2005-2008.

To learn more about the KHAQI-C project and to view guidelines and aggregate reports, please visit www.kentuckianahealthalliance.org, and click on the "KHAQI-C Guidelines & Reports" tab or contact Randa Deaton (rdeaton@ford.com) or Mary Lyle (mlyle3@ford.com), at 502-238-3601.

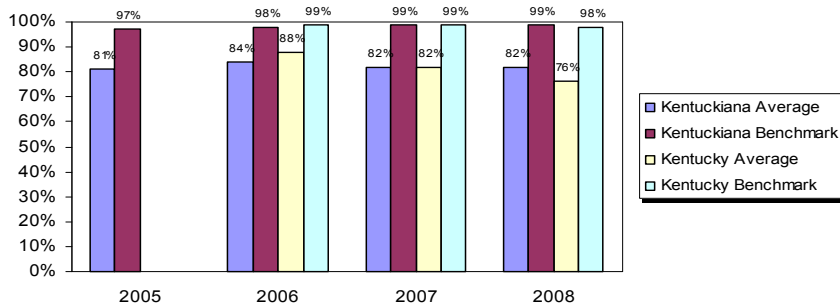


KENTUCKY DATA (Continued)

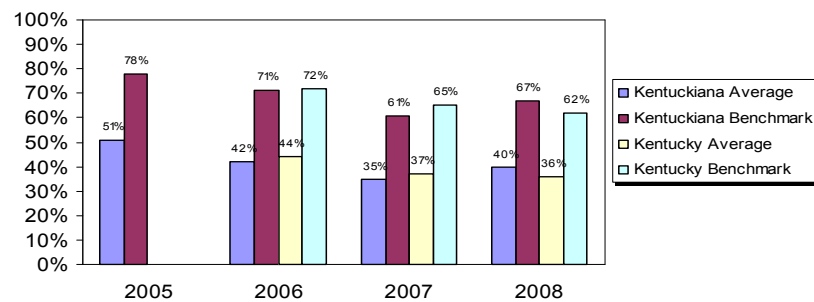
Diabetes HbA1c Testing



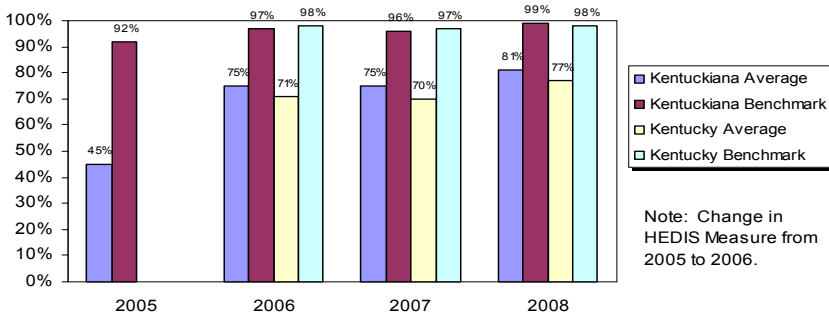
Diabetes LDL Screening



Diabetes Eye Exam Rates



Diabetes Nephropathy Monitoring



Note: Change in HEDIS Measure from 2005 to 2006.

FLOYD COUNTY DIABETES COALITION CONDUCTS HEALTH FAIR FOR STUDENTS FOCUSING ON DIABETES PREVENTION



Floyd County Diabetes Coalition members from left to right Rebecca Preston, RN, Annice Lee Welch, RN, Cheryl Younce, RD, and Lora Hamilton, RN, conduct a diabetes prevention health fair for students at the Big Sandy Community and Technical College on 3-31-10

LAKE CUMBERLAND ENVIRONMENTALISTS SUPPORT DIABETES HELP RAISE OVER \$40,000



Lake Cumberland Environmentalists Jarrod Simpson and Daniel Bell, pictured left, rode in the American Diabetes Association's Tour de Cure (a charity cycling event) on May 15, 2010 in Louisville, KY. The event raised a total of \$42,484.92 for ADA.



Representing the Lake Cumberland District's Diabetes Program, Jarrod and Daniel cycled the 40 mile route across country back roads through Jefferson, Oldham, and Shelby counties. Jarrod & Daniel raised \$310 through health department employee donations.

KIDNEY EARLY EVALUATION PROGRAM (KEEP)

PARTNERSHIPS MAKE IT HAPPEN

Submitted by Charissa Cook, Programs & Community Outreach Manager, National Kidney Foundation of Kentucky and Judith Watson, RN, MS, CDE, CN, Kentucky Diabetes Prevention and Control Program., Purchase District Health Department (Photos by Sherona Crim, Mt. Moriah Missionary Baptist Church)

The Kidney Early Evaluation Program (KEEP) targets individuals who are at increased risk for developing kidney disease. Eligible participants are screened, at no charge, for kidney disease as well as diabetes, high blood pressure, and elevated cholesterol levels.

Follow-up for each participant includes a medical consult, detailed results, and informational classes. Participants are invited for repeat screenings each year for ongoing follow-up.

Kentucky has been recognized as having the best KEEP because of the longitudinal focus and the commitment to the communities that are served.

In 2009, 430 people were screened throughout Kentucky. In 2010, 14 KEEP events are scheduled. Approximately 64% of these will be planned and cosponsored with staff from the Kentucky Diabetes Prevention and Control Program as well as a community host.

The KEEP event that took place on March 27th in Paducah involved almost 30 volunteers (numbers of volunteers range from 16 to 24) – some individual and some organizational sponsored. A total of 58 people were screened (participants range from 30 to 75) in Paducah. Local pharmacist, Michelle Lowe, RPh, provided food for the event.



Planners and cosponsors of the Paducah KEEP event held on March 27, 2010 included (Left to Right) Charissa Cook, National Kidney Foundation of Kentucky, Fannie Cole, Mt. Moriah Missionary Baptist Church, and Judith Watson, Purchase Area Diabetes Connection

A big part of the KEEP event are the volunteers who make it happen. Volunteers are individuals and/or various organizations in the community.

Planning for a KEEP event begins with a contact to the Kidney Foundation of Kentucky by a sponsoring organization. A host organization is sought after agreement is reached to hold



KEEP participants Bill and Ruby Massey complete the questionnaire with the assistance of volunteer Michelle Marshall from Lourdes Hospital



Shari Wallis, phlebotomist, volunteer, Western Baptist Hospital and member of Mt. Moriah Church draws blood from a participant as part of the screening

KEEP participants receive on site medical consults before leaving the screening. Detailed reports are mailed to each individual after all test results are received.



Dr. Shaukat Ali, Western KY Specialist, medical consult volunteer



Ann Mansfield, ARNP-BC, St Nicholas Free Clinic, medical consult volunteer



National Kidney Foundation
KEEP™ – Kidney Early Evaluation Program

WORLD DIABETES DAY — NOVEMBER 14, 2010!

FIVE MONTHS TO GO

2010 marks the second year of the five-year focus on “Diabetes Education and Prevention”, the theme selected by the International Diabetes Federation (IDF) and the World Health Organization (WHO) for World Diabetes Day 2009-2013.

The campaign slogan for 2010 is:

Let's Take Control of Diabetes. Now.

For the general public and people at high risk of diabetes, the focus will be on raising awareness of diabetes and disseminating tools for the prevention of diabetes. For people with diabetes, the focus will be on disseminating tools to improve knowledge of diabetes in order to better understand the condition and prevent complications. For governments and policy-makers, efforts will focus on advocacy aimed at communicating the cost-effective implications of diabetes prevention strategies and promoting diabetes education as a core component of diabetes management and treatment.



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

The key messages of the campaign, developed for different target groups, are:

- Are you at risk? Take the blue circle test.
- Know the signs and symptoms of diabetes. Early diagnosis saves lives.
- Diabetes prevention and treatment is simple and cost-effective. Put it on top of the agenda.
- Your child could be affected. Know the warning signs. See your doctor to measure the risk.
- Enjoy an active life and prevent complications.

A special video, shot in the IDF Executive Office in Brussels, has been produced explaining the 2010 campaign. View the video at <http://bit.ly/cbZKjL>.

2010 World Diabetes Day Posters Target:

People at Risk for Type 2 Diabetes

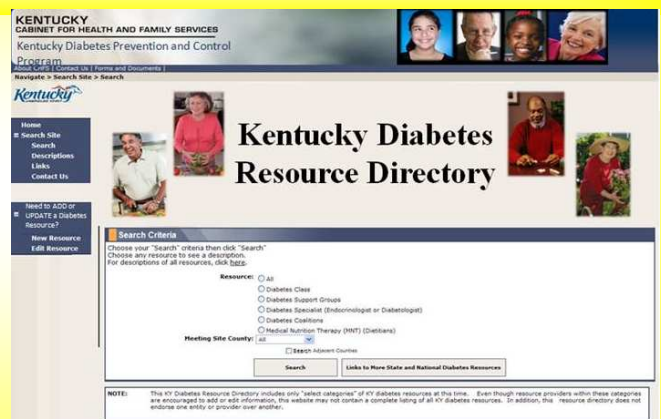
Decision Makers

Health Professionals

People with Diabetes



WEB-BASED KENTUCKY DIABETES RESOURCE DIRECTORY SCHEDULED TO BE RELEASED TO PROFESSIONALS IN JUNE WITH A PUBLIC RELEASE IN JULY



Screen Shots of the NEW KY Web-Based Diabetes Resource Directory <https://apps.chfs.ky.gov/KYDiabetesResources/>

KENTUCKY BILLBOARDS PROMOTE ABC'S OF DIABETES CONTROL

The Faces of Diabetes



Control Your Diabetes! A=A1C Below 7
B=Blood Pressure Below 130/80
C=Cholesterol Below 100 (LDL)

HCDC
Henderson County
Diabetes Coalition

small steps
big rewards
Prevent type 2 Diabetes

KCN

HERBERT W. BUCKLEY BROADCAST, INC.



SPACE DONATED BY
LAMAR

You don't need to be a **SUPERHERO**
to manage your diabetes.

You need to control your **ABCs**.

A1C **B**lood Pressure **C**holesterol

Sponsored by:



UNITED GRAFIX

Digital Blood

The Faces of Diabetes



Control Your Diabetes! A=A1C Below 7
B=Blood Pressure Below 130/80
C=Cholesterol Below 100 (LDL)

DCDC
Davies County
Diabetes Coalition

small steps
big rewards
Prevent type 2 Diabetes

KCN

HERBERT W. BUCKLEY BROADCAST, INC.

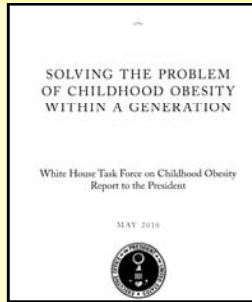


SPACE DONATED BY
LAMAR



Four Rivers Walk to Cure Diabetes

The Four Rivers Walk to Cure Diabetes held April 25, 2010, had approximately 600 walkers and raised nearly \$75,000 for JDRF



**The White House Task Force on Childhood Obesity:
Report to the President**

May be Downloaded:
http://www.letsmove.gov/taskforce_childhoodobesityrpt.html

Kentucky Statewide Diabetes Symposium 2010

Applied to Meet
Certified Diabetes Educator (CDE)
Renewal Requirements

November 19, 2010

Marriott Louisville Downtown
280 West Jefferson Street
Louisville, KY



For 2010 Symposium Brochure
Contact
janifer.lazarus@nkyhealth.org or
janice.haile@ky.gov

EDUCATIONAL OFFERINGS

KADE Fall Symposium Diabetes: A Kaleidoscope of Care September 17, 2010

held at...

Pattie A. Clay Education Center
Harper Square
1250 Lexington Rd.
Richmond, KY 40457-2801

Register Online www.kadenet.org

For More Information Contact:

Dee Deakins, RN, MS, CDE, dee.deakins@uky.edu,
Diane Ballard RN, BSN, CDE, dballard@kyde.com

**KENTUCKY ASSOCIATION
OF DIABETES EDUCATORS**



**Bluegrass / Eastern Chapter
A Chapter of AADE**

The Great Debate: Finding Middle Ground for Inpatient & Outpatient Glycemic Management FREE

Thursday, July 15, 2010

5:30-7:00 PM, Sal's Chophouse

(RSVP by 7/12/2010 to the CME Office at 859-313-1251)

THE PROGRAM WILL BE REPEATED ON

Friday, July 16, 2010

7:00-8:00 AM Presentation

Blakley Auditorium, Saint Joseph Hospital

Presented by:

Guillermo E. Umpierrez, MD

Professor of Medicine

Associate Director, Clinical Research Center

Emory University School of Medicine

Director, Diabetes & Endocrinology, Grady Health System

Educational Credit:

Saint Joseph Health System is accredited by the Kentucky Medical Association (KMA) to sponsor continuing medical education for physicians.

Saint Joseph Health System designates this continuing medical education activity for a maximum of one (1) *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

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**

- July 14** **Mindful Medication: Staying Current with Diabetes Management**
- September 15** **Innovation and Accreditation: Implementing Quality Standards**
- October 13** **Depression and Stress: A Distressing Duo**
- November 3** **Exploring the Real Reasons for Overeating**
- December 1** **Being Active Having Diabetes: Keeping Your Patients Moving**



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 or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496. Meetings are held in Cincinnati at Good Samaritan Conference Center unless otherwise noted.

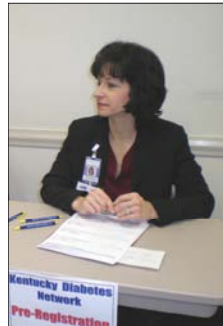
- **Registration 5:30 PM**
- **Speaker 6 PM**
- **1 Contact Hour**
- **Fee for attendees who are not members of National AADE**

**September 20, 2010
October 18, 2010
November 15, 2010**

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 Melissa Kleber diabetesed@rocketmail.com.

**2010 Meeting Dates (meetings at 5:30 pm
and program at 6:30 pm)
July 13, 2010
September 14, 2010
November 9, 2010**



Various Photos Show KY Diabetes Professionals in Action

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.

**Annual Meeting — July 30-31 2010
Embassy Suites, Downtown Indianapolis
Details / Registration www.aace.com**

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:

Dee Deakins deeski@insightbb.com

Or Diane Ballard dianeballard@windstream.net

Details: go to

**[http://
kadenet.org/](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 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

September 10, 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.

OTHER TRADE MEETINGS SCHEDULED

All Programs Offer 2 Free Contact Hours

Date: July 15, 2010
Time: 10am — 2pm
Location: Calloway County Library, Murray, KY
Topics: Diabetes Management Issues for Patients with Chronic Kidney Disease
Speakers: Renee Saul CRNP, BC-ADM, CDE

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



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Contact Information



American Diabetes Association
Cure • Care • Commitment®

www.diabetes.org
1-888-DIABETES

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass / Eastern Chapter
A Chapter of AADE


www.kadnet.org



Juvenile Diabetes Research Foundation International


dedicated to finding a cure

www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397



Tri-State Association
of Diabetes Educators

AN OFFICIAL CHAPTER OF THE
American Association
of Diabetes Educators



www.louisvillediabesity.org



Diabetes Educators Cincinnati Area

AN OFFICIAL CHAPTER OF THE
American Association
of Diabetes Educators



KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net



Kentucky
UNBROKEN SPIRIT

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



American Association
of Clinical Endocrinologists

Ohio River Regional Chapter

www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com

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