

# Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

## A Message from Kentucky Diabetes Partners

### KY STATEWIDE DIABETES SYMPOSIUM BOASTS RECORD ATTENDANCE!

#### 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



*The Kentucky Statewide Diabetes Symposium, held Friday, November 15th in Louisville, broke previous attendance records with 290 participants!*

*The Symposium, held in recognition of World Diabetes Day, was organized by the American Association of Diabetes Educators (AADE) KY Coordinating Body (CB) and Local Networking Groups (LNGs) GLADE, KADE, TRADE and DECA along with the KY Diabetes Prevention and Control Program (KDPCP) and the KY Diabetes Network (KDN).*



*More Symposium Photos on pages 2 and 3.*

**Symposium Photos Provided Compliments of Amy Campbell Photography**

**DIABETES DAY AT THE CAPITOL — FEBRUARY 6TH P. 4**

**DIABETES HAS BECOME FULL-BLOWN EPIDEMIC: KY NEEDS TO DO MORE P. 5**

**KENTUCKIANA HEALTH COLLABORATIVE P. 6**

**AND MORE!**

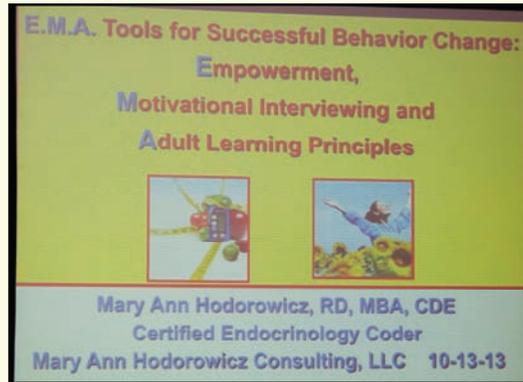
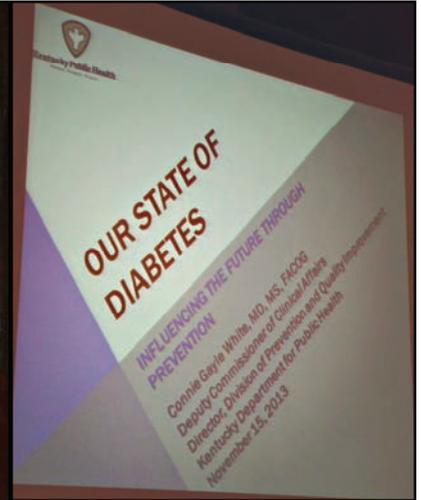
**TYPE 2 DIABETES SUPPLEMENTS: WHAT THE SCIENCE SAYS P. 8-9**

# KENTUCKY STATEWIDE DIABETES SYMPOSIUM 2013



*Betty Bryan, AADE KY Coordinating Body Volunteer Leader, left at podium, and Theresa Renn, KY Diabetes Prevention and Control Program Manager, far left in background, served as Diabetes Symposium moderators.*

*Connie White, MD, Deputy Commissioner of Health with the KY Department for Public Health, right, presented, "Our State of Diabetes: Influencing the Future Through Prevention at the Symposium".*



*Mary Ann Hodorowicz, consultant, speaker, author, and spokesperson, pictured left and right, presented three topic areas at the 2013 Symposium including, "Empowerment, Motivational Interviewing, and Adult Learning: Tools to Change Behavior", "Money Matters: MNT and DSME Reimbursement", and "2013 Nutrition Guidelines".*



*Symposium attendees, pictured above, get active and have fun during one of the presentations by Mary Ann Hodorowicz.*



*Stephanie Arnett, Pharm D, pictured above, presented, "Diabetes Medications: What's New and What's Coming" at the state diabetes symposium.*

Symposium Photos Provided Compliments of Amy Campbell Photography  
[amycambell3210@gmail.com](mailto:amycambell3210@gmail.com)

# KENTUCKY STATEWIDE DIABETES SYMPOSIUM 2013



*Dana Graves, behind podium, the KADE Local Networking Group (LNG) Leader recognizes Tami Ross, in blue sweater, the American Association of Diabetes Educators (AADE) National President 2013 as she is crowned “Queen of Kentucky Diabetes Educators”. Tami, who is from Kentucky, presented, “Emerging Trends and Issues Impacting Diabetes Education”.*



*The 2014 AADE President, Joan Bardsley, pictured above on far left, also attended the KY symposium.*



*Charles Macfarlane, AADE, CEO, pictured above, presented with Tami Ross, regarding emerging trends in diabetes education.*



*Exhibits are an important part of the learning process at the State Diabetes Symposium (see the three photos above). The 2013 Symposium Industry Allies Council included the American Association of Diabetes Educators (AADE) at the DIAMOND / PLATINUM level; Novo Nordisk and Sanofi at the GOLD level; Tandem at the SILVER level; and Valeritas at the BRONZE level. Over 30 other exhibitors participated.*



*The 2013 Diabetes Symposium Planning Committee included left to right: Mechelle Coble, Kim Jackson, Teresia Huddleston, Dana Graves, Kelly Dawes, Betty Bryan, Stacy Koch, Vanessa Paddy, Maggie Beville, Janice Haile, Chair Julie Shapero, Ann Ingle, Theresa Renn, Barb Jolly and Nancy Wilson.*

# KENTUCKIAN BECOMES THE FIRST “LICENSED” DIABETES EDUCATOR IN THE UNITED STATES

Submitted by: *Doug Alexander, Public Relations Consultant, Nicholasville, KY*



*Kim DeCoste*

Kim DeCoste, a registered nurse and chair of the Kentucky Diabetes Educators Licensure Board, has become the first person in the United States to receive a license as a diabetes educator.

The requirement to be licensed to practice diabetes education in Kentucky was created by the Kentucky General Assembly in legislation passed in 2011. Kentucky

is the first state to require licensing of diabetes educators as a way to improve the quality of health care in the state.

Working with physicians and other professional health care providers, diabetes educators help people with or at risk of diabetes develop a plan of care. According to the American Association of Diabetes Educators (AADE), diabetes educators are “health care professionals — registered nurses, registered dietitians and pharmacists, among others — who specialize in helping people with diabetes understand how to best manage their health.”

DeCoste has been a member of AADE for 29 years. She is past member of the AADE’s Board of Directors and continues to serve on many of its committees. She is past president of the Kentucky Association of Diabetes Educators (KADE).

“I am proud to represent diabetes educators throughout Kentucky as the first person to receive a license,” said DeCoste. “Kentucky’s legislation assures that the qualifications of diabetes educators have been thoroughly reviewed and that individuals are appropriately credentialed. Improved consumer safety is vital as diabetes care becomes increasingly complex.”

The 2011 legislation created the Kentucky Board of Licensed Diabetes Educators whose mission is to regulate the practice of diabetes education to ensure safe and competent diabetes education in the Commonwealth. The Board is responsible for administering and enforcing the requirements for practicing as a diabetes educator and for granting licenses. For more information regarding diabetes educator licensure go to [bde.kv.gov](http://bde.kv.gov).

## DIABETES DAY AT THE CAPITOL SAVE THIS DATE!

### FEBRUARY 6, 2014 ROOM 113

#### Who Should Come?

Anyone interested in the prevention or control of diabetes in Kentucky

#### What?

Advocacy training and visits with your legislators

#### Where?

State Capitol in Frankfort, Kentucky

#### Event Planned By:

The Kentucky Diabetes Network (KDN) and partners including the

- American Diabetes Association
- KY Coordinating Body of the American Association of Diabetes Educators (AADE)
- Kentuckiana Juvenile Diabetes Research Foundation

#### For More Information:

Mary Beth Lacy  
502-297-4767 [melacy@cvty.com](mailto:melacy@cvty.com)

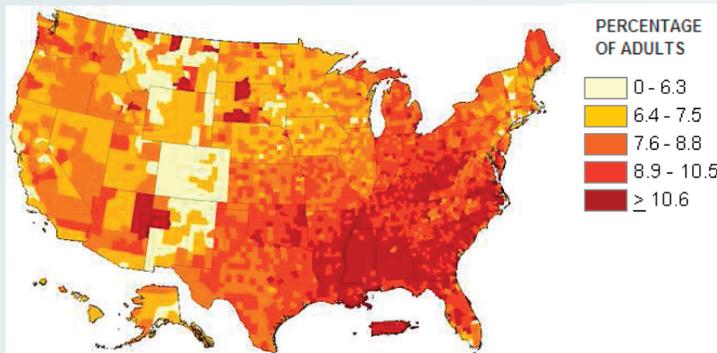
# DIABETES HAS BECOME A FULL-BLOWN EPIDEMIC

## *KENTUCKY NEEDS TO DO MORE TO KEEP THE DIABETES RATE FROM GROWING*

*Submitted by: Dr. Gilbert Friedell and Isaac Joyner, Lexington, Co-authors of The Great Diabetes Epidemic: A Manifesto for Action*

World Diabetes Day was November 14th and we urgently need to address this plague right here at home. Diabetes is a major public health problem — an epidemic — in the United States. One out of 10 people over the age of 20 now has diabetes, primarily Type 2 diabetes, and the disease is rapidly increasing. This increase has been particularly striking in the several Southeastern states comprising what the federal Centers for Disease Control and Prevention calls the “Diabetes Belt.”

**Diabetes Belt Shown Below — Darkest Areas of U.S. Map**



In Kentucky, one of eight people now has the disease — a frightening fact! Even more frightening: one-fourth of those with diabetes do not know they have the disease! If this epidemic is not interrupted, by 2050 about one out of three people in this country will have diabetes. For minorities, that figure will be closer to one out of two.

Diabetes itself poses a significant health problem, but the real burden of the disease is its complications. The high blood sugar levels characteristic of diabetes, plus the effects of high blood pressure and elevated cholesterol levels, damage both small and large blood vessels. Over time, those with diabetes frequently go blind, have a toe or foot amputated, lose kidney function and frequently die of a stroke or heart attack. These complications are **BAD**: **B**lindness, **A**mputations and **D**ialysis.

The cost of diabetes is staggering. In 2025 its annual direct and indirect cost to the country is projected to exceed \$500 billion. Here’s what we need to do about this epidemic.

First, we need to focus on primary prevention of the disease, and that means stressing proper nutrition and regular exercise. Early childhood is the time to begin good dietary habits, and the conscious selection of food for school snacks and lunches provides an excellent opportunity for establishing these habits.

With young people and adults, a structured program of weight loss and exercise can prevent the onset of diabetes among about half of the overweight population that has elevated but not diabetic levels of blood glucose.

At the community level, we need active engagement by local health departments and officials interacting with the population. We recommend the creation of broad-based Community Diabetes Control and Prevention Councils, with health providers, business leaders and teachers, along with diabetes patients and their advocates.

At the state level, we need mandatory screening of all adults, and mandatory reporting of all new cases of diabetes to a state diabetes registry. Strong support from the federal government must be provided for these efforts, and for local health departments.

**Diabetes prevention will require a significant change in the behavior of patients, health providers, communities and government. This will not be easy, but the current fragmented way in which we deal with diabetes is not working. It is long past time for greater public recognition of the grave threat that the diabetes epidemic poses — and for a rational, coordinated response to it.**

*This editorial appeared in some 38 U.S. newspapers, including 4 in Kentucky, the Chicago Tribune and the Los Angeles Times.*

# KENTUCKIANA HEALTH COLLABORATIVE



*Submitted by: Randa Deaton MA and Teresa Campbell MS, Kentuckiana Health Collaborative (KHC)*

Kentucky has a heavy disease burden, a culture where healthy choices are not always the easiest, a shortage of primary care physicians,

**Teresa Campbell, MS**     **Randa Deaton, MA**  
 and like the rest of the country, unsustainable healthcare costs. As the executive directors of the Kentuckiana Health Collaborative (KHC), Randa Deaton and Teresa Campbell are part of a 501c3 organization dedicated to better health, better care, and better value. They are also directors of the UAW/Ford Community Healthcare Initiative and are tasked with facilitating a multi-stakeholder coalition to develop collaborative solutions to healthcare problems. The KHC has three chairpersons with unique healthcare perspectives that help lead the group's direction. The co-chairpersons are Steve Barger, Managing Member, SBC, LLC; Larry Caruso, Retired GE Senior HR Executive; and John Lewis, MD, MPH, Retired Medical Director of Health Care Excel.

The KHC is growing and working hard to collaborate for win-win solutions that improve healthcare quality and costs in Greater Louisville. In 2013, the KHC began hosting quarterly Community Health Forums with national speakers on emerging trends in healthcare. In 2014, the KHC will launch a new website to display the quality scores of participating physician group practices. While this has been done in many other communities, this will be the first

time this type of data will be made available to the general public in Greater Louisville. Additionally in 2014, the KHC will begin working with outside experts to develop a long-term, sustainable action plan for healthcare transformation in the community.

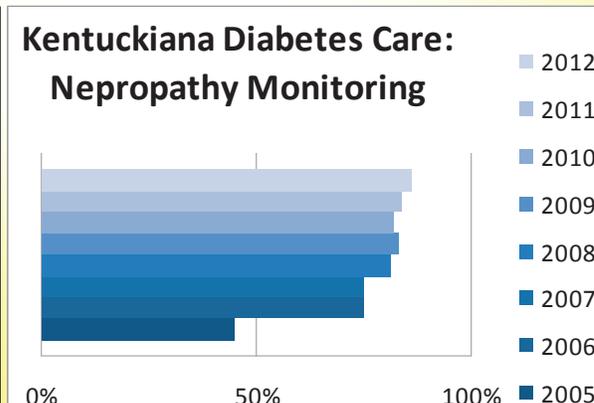
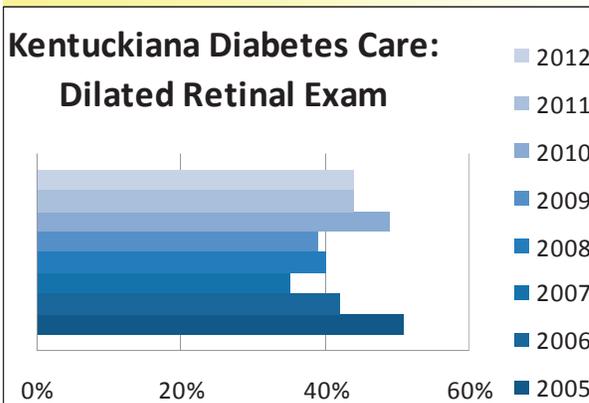
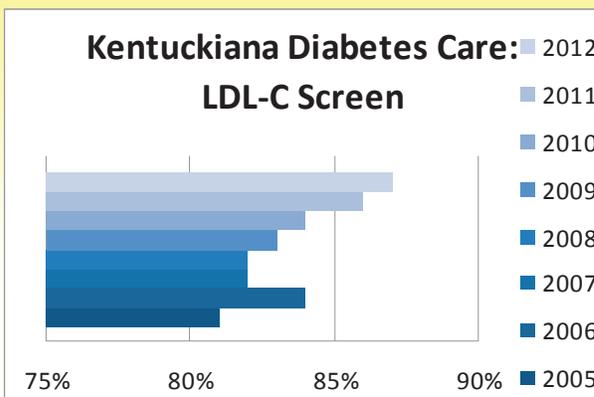
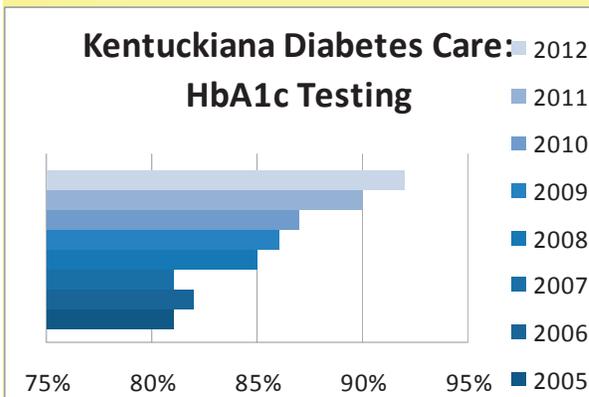
Over the last seven years, the KHC has been best known for combining multiple health plan data to provide quality measurement reports to providers in Greater Louisville and periodically throughout the Commonwealth of Kentucky. The purpose of the reports is to promote best practices and evidenced-based medicine by allowing comparison of provider and group data to local and state averages and benchmarks. The KHC began with 4 diabetes measures and expanded its measurement set to 27 in total. Despite the expanded focus, diabetes continues to be a major focus for this group. Below are graphs showing the Kentuckiana progress towards recommended care for the National Committee for Quality Assurance (NCQA) Health Effectiveness Data & Information Set (HEDIS®) Comprehensive Diabetes Care measures.

The KHC is very grateful to the Kentucky Diabetes Network (KDN) and the Kentucky Diabetes Prevention and Control Program (KDPCP) for being strong partners and advocates for diabetes over the years. The KDN graciously served as the organization's fiscal agent in years past. Both organizations have collaborated on many projects and continue to serve on the executive leadership team that helps set and guide KHC direction. We sincerely thank both organizations for their valued contribution to the success of the KHC.

**For more information:**  
<http://www.khcollaborative.org/kentuckiana/>

## Explanation of Diabetes Measures/Kentuckiana

- **Eligible Population:** Kentuckiana patients 18 to 75 years of age with diabetes (type 1 or type 2)
- **HbA1c Testing:** An HbA1c test performed in measurement year
- **LDL-C Testing:** An LDL-C test performed during measurement year
- **Dilated Retinal Exam:** An eye screening for diabetic retinal disease; requires a retinal or dilated eye exam by eye care professional in measurement year or negative retinal or dilated eye exam by eye care professional in previous year
- **Nephropathy Monitoring:** Nephropathy screening test or evidence of nephropathy in measurement year  
 (Note: Measurement spec change from 2005 to 2006)



# KENTUCKY ADVOCACY: *DIABETES CARE IN SCHOOLS AND AFFORDABLE CARE ACT*



*Gary Dougherty*



*Submitted by: Gary Dougherty, Associate Director, State Government Affairs for the American Diabetes Association (ADA)*

## **Diabetes Care in KY Schools**

The American Diabetes Association (ADA) continues to work with the Kentucky Board of Nursing (KBN) on a revised regulation to allow unlicensed school personnel to administer insulin to children in the school setting. Whereas the ADA has already developed training modules for use by schools and organizations (free of charge) to train their staff, we are also taking an active role in KBN's development of a training curriculum to be used in Kentucky schools. Until these actions are finalized and implemented throughout the Commonwealth, children with diabetes are at risk in Kentucky schools. The American Diabetes Association remains both a strong advocate and a cooperative partner in ensuring that children are truly Safe at School.

## **The Affordable Care Act**

Kentucky has proven to be a beacon of hope shining through the rhetoric and controversy associated with the Affordable Care Act. Calls into the **kynect** call center are rising as are the numbers of Kentuckians who have enrolled in new health insurance.

The American Diabetes Association is also taking an active role in educating those with diabetes about their health care options.

The Affordable Care Act, passed in 2010, includes a number of changes to improve access to health insurance for individuals and families and make coverage more affordable. Some parts of the law are already in place and people with diabetes are already benefitting from them, while many other protections go into effect in 2014.

Already in effect is the guarantee that job-based plans

and new individual plans cannot deny children coverage because of diabetes or any other pre-existing condition.

In addition, individuals currently have the right to get a plain language summary (called a Summary of Benefits and Coverage, or SBC) of a health plan's benefits to help them better understand the plan's coverage and compare plans. The SBC must include a general coverage example for managing type 2 diabetes. This example provides a snapshot of how much the plan might pay for medical care for a sample patient with type 2 diabetes. The example will not estimate your specific costs for managing your diabetes, but will help in comparing different plans.

Starting in 2014, all new health insurance plans, whether sold inside or outside the Marketplace, cannot deny coverage, charge more, or refuse to cover treatments because you or someone in your family has diabetes.

Furthermore, a minimum set of "essential health benefits" like hospitalization, prescription drugs, preventive services, and chronic disease management must be covered in all new individual and small group plans (including all plans sold in the new Marketplace) starting in 2014. It is important to know that the specific benefits and what you pay within these categories of services can vary by plan. When shopping for health insurance, it is important to ask if the plan covers the diabetes supplies, services, and prescription medications you need, and what it costs.

I recently spoke with a mother whose adult daughter, who has Type 1 diabetes, was not receiving the assistance to which she was entitled in a group home setting. One of the ways that the American Diabetes Association seeks to improve the lives of people affected by diabetes is by combating discrimination against people with diabetes in the workplace, schools, correctional institutions and places of public accommodation. We do this by providing information, education and resources. ADA's informative employment and commercial driving discrimination packets and other helpful information may be obtained by calling **1-800-DIABETES**.

# TYPE 2 DIABETES AND DIETARY SUPPLEMENTS: WHAT THE SCIENCE SAYS

*Taken from the National Center for Complementary and Alternative Medicine (NCCAM) which is 1 of 27 institutes and centers at the National Institutes of Health (NIH)*

Overall, there is not enough scientific evidence to show that any dietary supplement can help manage or prevent type 2 diabetes. It is important to note that there are multiple case reports linking dietary supplement use to kidney disease, which is of particular concern because diabetes is the leading cause of chronic kidney disease and kidney failure in the United States. Supplement use should be monitored closely in patients who have or are at risk for kidney disease.

## Minerals

### Magnesium

Found in many foods, including whole grains, nuts, and green leafy vegetables, magnesium is essential to the body's ability to process glucose. Magnesium deficiency has been associated with diabetes.

#### Strength of Evidence

- Much research has been done to investigate the effects of magnesium on reducing the risks of developing type 2 diabetes.

#### Research Results

- There is no evidence from clinical trials that magnesium is beneficial in managing diabetes in the absence of magnesium deficiency.
- A 2011 meta-analysis reviewed the results of 13 studies that looked at how much magnesium people got in their diets, either through supplements or food, and their risk of diabetes. The review found that people who had lower magnesium intake had a greater risk of developing diabetes.
- One of the studies in the 2011 meta-analysis, a large 2007 clinical trial, found an association between a higher intake of cereal fiber and magnesium and a reduced risk of developing type 2 diabetes.

**A diet rich in magnesium was associated with a 15 percent reduced risk of developing type 2 diabetes, a 2007 meta-analysis found.**

#### Safety

- No serious side effects were reported in studies where people with diabetes were given magnesium supplements for up to 16 weeks. However, the long-term safety of magnesium supplements for people with diabetes has not been established.
- Large doses of magnesium in supplements can cause diarrhea and abdominal cramping. Very large doses—more than 5,000 mg/day per day—can be deadly.

### Chromium

Found in many foods, chromium is an essential trace mineral. If

you have too little chromium in your diet, your body can't use glucose efficiently.

#### Strength of Evidence

- Many studies have been conducted on the effects of chromium for controlling or preventing diabetes. However, many of the studies have been very small or not high quality.

#### Research Results

- Studies, including a 2007 systematic review, have found few or no benefits of chromium supplements for controlling diabetes or reducing the risk of developing it.

#### Safety

- Chromium supplements may cause stomach pain and bloating.
- There have been a few reports of kidney damage, muscular problems, and skin reactions following large doses.

## Herbs and Other Dietary Supplements

There is no strong evidence that any herbal supplement can help to control diabetes or its complications.

### Cinnamon

#### Strength of Evidence

- There has been much research conducted on the effects of cinnamon in people with diabetes.

#### Research Results

- Researchers have found no clear benefits and some risks of cinnamon for people with diabetes. For example, a 2012 systematic review of 10 randomized controlled trials did not support using cinnamon for type 1 or type 2 diabetes.

#### Safety

- When researchers tested samples of the common spice cassia cinnamon for sale at grocery stores in Europe, they found many samples contained coumarin, a substance that may cause or worsen liver disease in people who are sensitive. Further, eating food containing coumarin may be especially risky for people taking blood-thinning drugs; the interaction of coumarin and blood thinners can increase the likelihood of bleeding.

### Alpha-Lipoic Acid

Alpha-lipoic acid is an antioxidant sold as a supplement and is in foods, including liver, spinach, broccoli, and tomatoes.

#### Strength of Evidence

- Several studies have examined the effects of alpha-lipoic acid on complications of diabetes.

#### Research Results

- A 2011 clinical trial of 467 participants with type 2 diabetes found that 600 milligrams of alpha-lipoic acid daily did not prevent diabetic macular edema, an eye condition that causes

## DIETARY SUPPLEMENTS CONTINUED...

blurred vision.

- Alpha-lipoic acid and vitamin E supplements taken separately or in combination did not improve cholesterol levels or the body's response to insulin in a 2011 clinical trial of 102 people with type 2 diabetes.

### **Safety**

High doses of alpha-lipoic acid can cause nausea, upset stomach, fatigue, and insomnia.

### **Omega-3s**

#### **Strength of Evidence**

Much research has examined the role of omega-3 fatty acids in reducing the risk of developing type 2 diabetes.

#### **Research Results**

- A 2008 systematic review found that omega-3s supplements don't help people with diabetes control their blood sugar levels.
- A 2012 study that combined a meta-analysis and a systematic review looked at the possible link between eating seafood or plants with omega-3s and the risk of developing type 2 diabetes. The study found little evidence that these dietary sources of omega-3s affected the risk of developing diabetes.

### **Safety**

- Omega-3 supplements usually do not have negative side effects. When side effects do occur, they typically consist of minor gastrointestinal symptoms, such as belching, indigestion, or diarrhea.
- Omega-3 supplements may extend bleeding time.

### **Other Dietary Supplements**

#### **Strength of Evidence**

- A few studies have examined the herbs Asian ginseng and American ginseng and their effects on controlling glucose levels.
- The evidence is still preliminary on the effects on diabetes of polyphenols—antioxidants found in plant-based foods such as fruits, grains, and vegetables.

#### **Research Results**

- Currently, research reviews and clinical trials show that there is not enough evidence to support the use of the herbs Asian ginseng and American ginseng for diabetes.

### **Safety**

- Information on the safety to herbal supplements for people with diabetes is generally inconclusive or unavailable.
- Interactions between herbs and conventional diabetes drugs have not been well studied and could be a health risk.

For more information: <http://nccam.nih.gov/health/providers/digest/diabetes-science.htm>

## Update On Delegation of Insulin And Glucagon Administration In School Settings



*Pam Hagan  
Kentucky Board of Nursing*

*Submitted by: Pamela Hagan, MSN, RN,  
KY Board of Nursing, Practice Consultant,  
Louisville, KY*

The KY Board of Nursing (KBN) at its December meeting approved a proposed new regulation, 201 KAR 20:405, on the delegation by a nurse of the administration of insulin and glucagon to students in schools by unlicensed school employees. The regulation incorporates a standardized training program developed by the Board.

The regulation will be filed with the Legislative Research Commission (LRC) in January and is anticipated to be in effect for the upcoming 2014 school year, following training. For further information contact Nathan Goldman, General Counsel or Pam Hagan, Practice Consultant at the KBN office.



KENTUCKY BOARD OF NURSING

## Green County Intermediate School Named "Diabetes Awareness Champion 2013" in Lake Cumberland area!



Green County Intermediate School students, pictured above, took diabetes awareness to another level this year! Students learned about diabetes on morning news programs, heard a classmate share her story about living with Type 1 diabetes, and wore blue on November 14th (World Diabetes Day). Footprints to "stomp out diabetes" were also sold to benefit the Juvenile Diabetes Research Foundation (JDRF).

**Congratulations  
Green County School!**

# ADA HONORS KATHLEEN STANLEY NATIONALLY FOR OUTSTANDING SERVICE



Submitted by: Lisa Edwards, American Diabetes Association, Lexington, KY

## Stanley Recognized Nationally for Her Commitment to Stop Diabetes®

Kathleen Stanley, RD, LD, CDE, MEd, BC-ADM, of Lexington, Ky., was recognized nationally by the American Diabetes Association (ADA) for her outstanding contributions in the fight to **Stop Diabetes** at the Association's Community Volunteer Leadership Conference that took place this month in Nashville, Tennessee. Stanley was presented with the LEARN Outreach Award.

The LEARN Outreach Award is presented to an individual volunteer who has demonstrated in his or her community a significant and ongoing commitment to those affected by diabetes by organizing, conducting, and facilitating Association programs and activities that provide education, raise awareness and deliver services.

Stanley has played a key role in the raising awareness and providing diabetes education for her patients. She has led patient seminars, health care symposia, support groups, speaker's bureaus and screening events. She is also involved with the Association's programs: Family Link®, Project POWER and Stop Diabetes @ Work.



Kathleen Stanley, pictured above, honored nationally by ADA

Each year the Association honors volunteers who have made a significant contribution to diabetes at its Community Volunteer Leadership Conference.

## Congratulations Kathleen!

# BEVERLY BREYETTE, LOUISVILLE DIABETES LEADER AND MENTOR TO RETIRE

Submitted by: Ronda Merryman-Valiyi, MSN, RN, CDE, Baptist Health, Louisville, KY

Beverly Breyette, longtime diabetes educator, leader, mentor, and advocate, will soon be retiring. Beverly attended Baptist Hospital School of Nursing and began her nursing career as a part of the Baptist family. Over the years, she held many different roles before discovering her passion as a diabetes educator.

For many years, Beverly served as the sole diabetes educator at Baptist Hospital East, providing education to inpatients and eventually developed the outpatient Diabetes Management Program, leading the program to ADA recognition in 1999. She grew the program to eventually include 2 PRN educators and a part time secretary. Beverly then went back to school and received a bachelors and masters degree in nursing from Bellarmine University.

Beverly was a charter member of the Greater Louisville Association of Diabetes Educators (GLADE) and served as president and treasurer in the formative years. She also served as KY Chair for the National American Association of Diabetes Educators meeting held in Louisville in 2001.

Her most treasured role has been proud mother to her daughter Nicole. She will be retiring as of December 31, 2013. Beverly plans to pursue other interests and businesses in her retirement. Please join us in celebrating the career of this passionate and dedicated Diabetes Educator!

*Beverly Breyette, longtime diabetes educator and mentor, pictured at right teaching diabetes classes, will be retiring in December.*



# QUIT NOW KENTUCKY: HELP FOR DIABETES PATIENTS WHO USE TOBACCO



*Bobbye Gray*

*Submitted by: Bobbye Gray, RN, BS,  
Tobacco Cessation Administrator,  
Department for Public Health, Frankfort,  
KY*

Kentucky is # 1 nationally in smoking — and the state's Tobacco Program is trying to improve quit rates with new expanded services.

**Quit Now Kentucky** is an integrated combination of telephone, web-based and messaging services to help tobacco users quit. Using the Stages of Change with motivational interviewing, tobacco cessation specialists successfully help tobacco users quit for good! Since April 2012, the Tobacco Prevention and Cessation Program has been integrating technology into the quitline services that they offer to help Kentuckians overcome their addiction to tobacco.

The first addition was web-based services which include the following features:

- smoking calculator
- online registration
- quit dashboard
- goal setting
- Nicotine Replacement Therapy (NRT) tracking
- appointment reminders
- usage tracking
- social support
- resources

## **Text and e/messaging features include:**

- messages related to support and relapse prevention
- messages customized by tobacco type and stage of change
- messages assessing moods, craving and tobacco status
- appointment reminders
- congratulatory messages
- tips, motivation and encouragement

## **Multiple referral / access to services include:**

- calling 1-800-Quit Now (1-800-784-8669)
- online referral form
- e/referral ([www.quitnowkentucky.org/ereferral](http://www.quitnowkentucky.org/ereferral))
- web referral
- paper fax referral

## **Special protocols for priority populations include:**

- pregnancy/postpartum protocols
- youth
- African Americans
- Latinos
- LGBT
- Smokeless Tobacco

**Pregnancy/postpartum protocols include dedicated, female coaches that follow pregnant women throughout her pregnancy up to 1 year postpartum. Gift card incentives for keeping appointments include:**

- \$5.00 gift cards up to \$25.00 during pregnancy
- \$10.00 gift cards up to \$40.00 postpartum

In order to reach the Spanish speaking population, the CDC added 1-855-De Jelo Ya (1-855-335-3569) in March of 2013.

We also provide 2 weeks of free NRT patches to any uninsured participant who enrolls in coaching to help them be successful in quitting.

Available the end of 2013 will be our easily accessible Mobile App in the App Store and Android markets.

It will feature customizable home screen with:

**Distractions** — Music and games

**Support** — Call the quitline or friend

**Tips** — To deal with cravings and triggers

While many states have gone to a 1-call program, Kentucky remains a 5-call program for all Kentuckians age 15 and older. For more information, contact Bobbye Gray: [bobbye.gray@ky.gov](mailto:bobbye.gray@ky.gov) or call the KY Department for Public Health 502-564-9358 extension 4017.

# DIABETES PREVENTION PROGRAM USES LIFESTYLE CHANGES TO PREVENT ONSET

*Submitted by: Julie Shapero RD, LD, MEd*

The Northern Kentucky Health Department decided to do something about the growing diabetes epidemic in Kentucky by offering a program to help people prevent the disease. The new program, offered for the first time in Northern Kentucky, utilizes the CDC's evidence-based lifestyle change program for preventing type 2 diabetes, which focuses on long-term lifestyle changes. Research demonstrated that making modest behavior changes helped participants lose 5 to 7 percent of their body weight. These lifestyle changes also lowered the risk of developing type 2 diabetes by 58 percent in people with prediabetes.

Participants meet weekly for 16 sessions and then monthly for eight additional months, though it may extend beyond that time with ongoing support group meetings. Joan Geohegan, BS, RN, CDE, and I teach the classes.

Thirteen participants initially enrolled in the program and 11 are still active after session 12. To date, more than 90 percent of the participants have lost weight, ranging from 0 to 24 pounds. About half of the participants have been diagnosed with prediabetes and the remainder have at least two reported risk factors for developing diabetes. All of the participants have increased their activity minutes as they work towards a goal of at least 30 minutes of activity five times per week.

The session was almost cancelled Thanksgiving week because of problematic weather conditions, yet more than half of the participants managed to attend in spite of the dire weather predictions. Participants said that attending class that week was just what they needed to keep them motivated through the holiday. It was true: 86 percent showed a weight loss at their first weigh-in after Thanksgiving.

Participants believe that their success comes from establishing new healthy behaviors. Most credit a large part of their success to keeping track of what they eat. While the program provides participants with weekly paper journals, many of the participants track their progress with online programs instead. One participant

was shocked the first time she measured her peanut butter for a sandwich and now uses half as much.

Participants are also being more active. One brought a "stepper" to her work site and steps on and off of it during her many long conference calls. Several participants even stand during part of the class because standing burns more calories than sitting.

As instructors, Joan and I work hard to keep the participants motivated by writing personal comments on their weekly food and activity journals and emailing and texting them with support. During one of the weekly weigh-ins when a participant finally lost some weight, she thanked me for not giving up on her. Another participant recently emailed back "Many THANKS to you two for all the effort and encouragement you share with all of us "sisters" who attend the meetings."

Participants receive door prize tickets each session that they attend and prizes are awarded intermittently. The more times that they attend, the more door prize entries they have.

The Northern Kentucky Health Department is charging only a minimal charge of \$35 to attend. As an added incentive, participants who complete at least 12 of the initial 16 sessions will receive a \$25 gift card.

It's been a positive experience so far: Participants are finding out how to be losers on the scale and winners in their efforts to prevent diabetes.



*Julie Shapero, RD, LD, MEd, above second from left and Joan Geohegan BS, RN, CDE, above far right, work with Diabetes Prevention Program participants on portion control and food measurements.*

# KY COORDINATING BODY (CB) REPORT



Betty Bryan



Vanessa Paddy

Submitted by: *Betty Bryan, RN, CDE, 2013 Volunteer Leader and Vanessa Paddy, MSN, APRN, 2014 Volunteer Leader for the Kentucky Coordinating Body (CB) of the American Association of Diabetes Educators (AADE)*

The KY Coordinating Body (CB) of AADE, comprised of members of GLADE, TRADE and KADE, along with a representative from DECA met for a face-to-face meeting in Louisville on November 14th. The group met to discuss ongoing questions and concerns from diabetes educators across the state regarding the Diabetes Educator License. Several diabetes educators from across the state have been in contact with members of the CB seeking clarification regarding who is required to obtain licensure. The KY CB members have forwarded these concerns on to the licensure board.

Most licensure questions have centered around the exemption clause of the statute which states *“If you are a physician, nurse, pharmacist, dietitian, nutritionist, student in an accredited training program in those professions, or hold another Kentucky license that includes the practice of diabetes education, you do not need to acquire a license from the Board of Licensed Diabetes Educators in order to continue practicing diabetes education. KRS 309.327(2)”*. The Board has responded to most inquiries (from health professionals asking if they need to obtain a diabetes educator license) with the following statement which is noted in italicized red font below:

*Though it is not a requirement of the law (KRS 309:327), it is still important that those health professionals (eg. RN, RD, Pharmacists) currently practicing as diabetes educators become licensed.*

*“Professional licensure has numerous purposes: consumer protection, professional recognition and setting quality guidelines for the profession. Currently, payers may reimburse for the diabetes education service (DSMT) but they are not reimbursing the provider of the*

*services, the diabetes educator. Medicare Part B pays for services provided by physicians and certain non-physician practitioners are not recognized as Medicare providers and thus are not able to bill independently for their DSME/T services. Although, in some cases payment for their services is made to the facility or as an incident to the professional services of a physician. Hopefully licensure will help to strengthen the profession and will lead to reimbursement for the qualified diabetes educator. Without this "legal" definition, diabetes educators will continue to be self-defined.*

*It is a requirement that to serve as a supervisor for an Apprentice Diabetes Educator you must have an active license as a Licensed Diabetes Educator.” (taken from emailed response from Jennifer Hutcherson, Board Administrator for the KY Board of Licensed Diabetes Educators”)*

The KY CB strongly encourages anyone with questions or concerns to send them to Jennifer Hutcherson [Jennifer.hutcherson@ky.gov](mailto:Jennifer.hutcherson@ky.gov). Additional information and Frequently Asked Questions can also be found on the Board’s website at [bde.ky.gov](http://bde.ky.gov).

In other news...there will be a change in leadership on the CB. Current Volunteer Leader, Betty Bryan, member of GLADE, will step down but will remain a member of the group as Past Leader. Vanessa Paddy (GLADE) will assume the role of Volunteer Leader in January 2014. Kelly Dawes (TRADE) will be the “leader elect” for 2015. Other members will continue in their roles on the KY CB. Members include: Ava Eaves (KADE) as Treasurer; Janice Haile, Teresia Huddleston and Deanna Leonard (from TRADE); Maggie Beville (Legislative Coordinator) and Ronda Merryman-Valiyi (from GLADE); Janey Wendschlag, Dana Graves, and Diane Ballard (from KADE); and Julie Shapero (Member at Large) (from DECA) .

Vanessa Paddy and Kelly Dawes will be attending the AADE Leadership Forum held in Chicago in January. This program is designed as a networking and learning opportunity with other CB’s from across the country.

# CHELATION THERAPY REDUCES CARDIOVASCULAR EVENTS FOR OLDER PATIENTS WITH DIABETES

Chelation treatments reduced cardiovascular events, such as heart attacks, and death in patients with diabetes but not in those who did not have diabetes, according to analyses of data from the National Institutes of Health-funded Trial to Assess Chelation Therapy (TACT). However, researchers say more studies are needed before it's known whether this promising finding leads to a treatment option.

Chelation is a chemical process in which a substance is delivered intravenously (through the veins) to bind atoms of metals or minerals, and hold them tightly so that they can be removed from the body. Chelation is conventionally used as a treatment for heavy metal (like lead) poisoning, although some people use chelation as an unapproved and unproven treatment for conditions like heart disease.

Chelation therapy is not approved by the U.S. Food and Drug Administration to treat heart disease. However, use of chelation therapy to treat heart disease and other health problems grew in the United States between 2002 and 2007 by nearly 68 percent to 111,000 people, according to the 2008 National Health Statistics Report.

The diabetes subgroup analysis of TACT was published in *Circulation: Cardiovascular Quality and Outcomes* and presented at the American Heart Association's Scientific Sessions 2013. TACT is a study supported by NIH's National Center for Complementary and Alternative Medicine (NCCAM) and National Heart, Lung, and Blood Institute (NHLBI).

TACT's initial report was published in the March 27, 2013, issue of *The Journal of the American Medical Association*. This previous report showed that infusions of a form of chelation therapy using disodium ethylene diamine tetra-acetic acid (EDTA) produced a modest but statistically significant reduction in cardiovascular events in all EDTA-treated participants. However, further examination of the data showed that patients with diabetes were significantly impacted by chelation therapy while patients without diabetes were not.

The patients with diabetes, which made up approximately one third of 1,708 participants, demonstrated a 41 percent overall reduction in the risk of any cardiovascular event; a 40 percent reduction in the risk of death from heart disease nonfatal stroke, or nonfatal heart attack; a 52 percent reduction in recurrent heart attacks; and a 43 percent reduction in death from any cause. In contrast, there was no significant benefit of EDTA treatment in the subgroup of 1,045 participants who did not have diabetes.

"These are striking results that, if supported by future research,

could point the way towards new treatments to prevent complications of diabetes," said Gervasio A. Lamas, M.D., the study's principal investigator and chairman of medicine and chief of the Columbia University Division of Cardiology at Mount Sinai Medical Center in Miami Beach.

From 2003 to 2010, 1,708 adults aged 50 and older were enrolled in TACT, of whom 633 had diabetes. Study participants had suffered a heart attack 6 weeks or more before enrollment (on average, the heart attack occurred about 4.5 years earlier). The participants were assigned randomly to receive 40 infusions of disodium EDTA chelation solution or a placebo solution. Patients also were randomly assigned to receive high doses of oral vitamins and minerals or an identical oral placebo. Most participants also took standard medicines for heart attack survivors, such as aspirin, beta blockers, and statins. They were followed for a minimum of 1 year and up to 5 years, with follow-up ending in October 2011.

TACT was not designed to discover how or why chelation might benefit patients with diabetes.

"Although subgroup analyses of clinical trials do not provide definitive answers, they are very useful in identifying future research questions," said Josephine Briggs, M.D., Director of NCCAM. "The effects seen in this population are large and very intriguing. This analysis suggests strongly that more research is needed to examine possible benefits of chelation in diabetics and the potential mechanisms."

"We share Dr. Briggs's interest in these compelling findings," said Michael Lauer, M.D., Director of the NHLBI's Division of Cardiovascular Sciences. "Additional studies are needed before we can determine the potential place of EDTA chelation therapy, if any, in the treatment of patients with coronary artery disease and diabetes." *TACT supported by grants* NIH's NCCAM (U01AT001156) and NHLBI (U01HL092607).

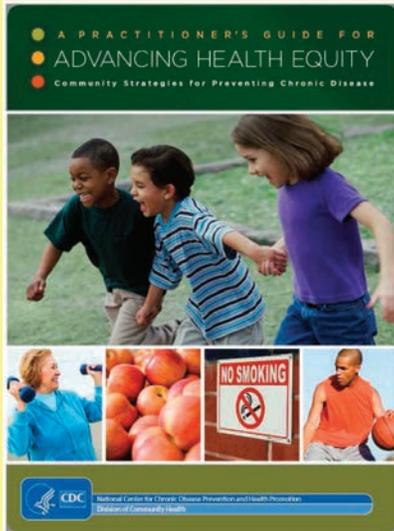


**Congratulations to Two New KY  
Certified Diabetes Educators (CDE's)!**

**Karen Goldie, RN, CDE**  
Methodist Hospital, Henderson, KY

**Diane Eakles, RN, CDE**  
Barren River District Health Department, Bowling Green, KY

# NEW CDC GUIDE FOR ADVANCING HEALTH EQUITY AVAILABLE!



## A NEW Practitioner's Guide for Advancing Health Equity is now available from CDC and the Prevention Institute.

All people and communities deserve equal opportunities to be healthy, but good health isn't distributed evenly across our society. Low-income communities, particularly communities of color, are more likely to lack access to healthy foods, smoke-free air, and safe places to play and be active. These health inequities are preventable by definition.

The Prevention Institute and the Centers of Disease Control and Prevention have just released a new tool to help public health practitioners work at the community level to tackle health inequities.

*A Practitioner's Guide for Advancing Health Equity* is a new resource designed to help public health practitioners advance health equity through community prevention strategies. While health disparities can be addressed at multiple levels, this guide focuses on policy, systems, and environmental improvements designed to improve the places where people live, learn, work, and play. It is designed for those who are new to the concept of health equity, as well as those who are already working to create equitable environments.

The guide was developed with the input and feedback of practitioners and researchers from across the United States, including technical reviewers from local health departments, community-based organizations, national organizations, and CDC subject matter experts. It includes dozens of case studies that showcase the great work being done by

local health departments and coalitions.

**Louisville, KY, is featured within the Guide:** Louisville Metro Public Health and Wellness implemented the Healthy Hometown Restaurant Initiative, designed to encourage restaurants to provide healthier options for their patrons. Outreach efforts led many restaurant owners throughout the city, including in low-income neighborhoods, to alter their menus and provide nutrition labeling information for their menus.

The guide is designed to help develop, enhance, and apply the critical skills necessary for advancing health equity in the community. It provides tips and concrete strategies to ensure that initiatives decrease disparate health outcomes, as well as how to increase community buy-in to achieve good health for all.

The guide focuses on four key areas to increase equitable health outcomes: incorporating equity into foundational principles of public health practice, tobacco-free living strategies, health food and beverage strategies, and active living strategies. The guide also includes:

- Tips to help build organizational capacity; develop partnerships; foster meaningful engagement; and design and evaluate equity-oriented strategies.
- Strategies, based in evidence and honed by practice, that are designed to reduce health disparities and create healthy communities for all.
- Information about potential barriers and unintended consequences that can hinder chronic disease prevention efforts.
- Examples of successful equity-oriented approaches to improving public health and reducing disparities, drawn from communities across the country.

Download

*A Practitioner's Guide for Advancing Health Equity:*

<http://www.cdc.gov/nccdphp/dch/health-equity-guide/index.htm>

# HAVE YOU HEARD?

## NEW PATIENT EDUCATION HANDOUTS AVAILABLE

NDEI.ORG is offering a series of new patient education handouts.

Follow the link below for the first in the series: healthy eating plans based on ADA nutrition guidelines.

<http://www.ndei.org/patienteducation.aspx>

There will be more to come on type 2 diabetes self care, and diagnosis and treatment basics — so check back often.

### Other popular topics available:

- Insulin Treatment for Type 2 Diabetes: The Basics
- The A1C test for People with Type 2 Diabetes
- Managing your Type 2 Diabetes: The Basics
- Managing your Diabetes: Health Eating Plans
- Preventing Childhood Obesity: Tips for Parents
- Low Blood Glucose: The Basics
- And many more....

## NEW DIABETES EDUCATION BROCHURE FOR PRESCRIBERS

The American Association of Diabetes Educators (AADE) has been working on a brochure to explain diabetes education to prescribers. The new brochure is now available! Please visit:

[http://www.diabeteseducator.org/DiabetesEducation/Provider Web Pages/](http://www.diabeteseducator.org/DiabetesEducation/Provider%20Web%20Pages/)

The new brochure will help explain to prescribers: what diabetes education is, how diabetes educators can help patients and how diabetes educators can help prescribers.

Hard copies of the brochure will be mailed in December to AADE members who have signed up to be part of AADE's professional and public awareness campaign to spread the word to both prescribers and people with diabetes that diabetes educators empower patients to successfully manage their condition.

To receive free printed copies of the brochure, email [aade@pcipr.com](mailto:aade@pcipr.com) with your name, place of work and contact information (including your mailing address). Hundreds have already signed up and will be given first access to printed materials and campaign-specific tips.

These materials will help promote your practice and educate your community. In addition to making sure prescribers and patients know about diabetes educators, AADE also hopes to convey to prescribers to be more assertive in their recommendations and follow up.

### Managing Your Diabetes: Healthy-Eating Plans

Healthy eating is an important part of managing your diabetes: eating healthy can help you to maintain your weight and keep your A1C at target levels. The American Diabetes Association's latest guidelines on nutrition say that there is no "one-size-fits-all" healthy-eating plan for everyone with diabetes. Your healthcare provider will work with you to put together a personalized healthy-eating plan that takes into account your lifestyle, food preferences, and any foods that may be a part of your culture or religion.

Below are some examples of healthy-eating plans that your healthcare provider may discuss with you.

**Healthy-eating plans and types of foods that are included**

- Low carbohydrate**
  - Foods that are high in protein and healthy fats
  - Vegetables that are low in carbohydrates (lettuce or spinach, for example)
  - Low amounts of grains and foods with sugar
- Low fat**
  - Vegetables, fruits, starches (such as lean protein, and low-fat dairy)
  - Low amounts of fats and saturated fats
- Mediterranean style**
  - Based on the eating style of people of other Mediterranean countries
  - Fruits, vegetables, bread, cereal
  - Fresh foods that are in season
  - Unprocessed foods: foods that are not artificial flavors, and other chemicals
  - Fruit for dessert
  - Low amounts of sugar or honey
  - Healthy fat, such as olive oil, and low-to-medium amounts of fat and wine (with meals)
- Vegan (Pronounced vee-gun)**
  - Fruits, vegetables, grains, nuts,
  - No foods that come from animals
- Vegetarian**
  - Fruits, vegetables, grains, nuts,
  - No foods that come from animals
  - Eggs and/or dairy are permitted
- Dietary Approaches to Stop Hypertension (abbreviated as DASH)**
  - Fruits, vegetables, low-fat dairy (chicken or turkey), fish, and nuts
  - Low amounts of red meat, added sugar, salt (sodium), and foods high in fat

**What are some examples of foods that are high in protein?**  
Meat, poultry, seafood, beans, peas, eggs, low-fat dairy products, soy products, nuts, and seeds are all high in protein.

**What are carbohydrates? Carbohydrates are the main source of energy for your body to make physical activity.**

**Preventing Childhood Obesity: Tips for Parents**

- Studies show that children and adolescents who are overweight or obese can develop high blood pressure (hypertension), high cholesterol, and other forms of cardiovascular disease. Preventing your children from becoming overweight or obese is a process that involves the whole family.- **Meal, Food Shopping a Fun and Healthy Family Experience**
  - Let your children pick healthful foods they like; they're more likely to eat foods they choose.
  - Always check nutritional food labels for information on calories, fats (including saturated and trans), cholesterol, salt, carbohydrates, and sugar. Also, look for portion-controlled packaging for appropriate child-sized snacks and drinks.
  - Buy 100% whole-grain breads (instead of white) and low-salt, low-fat deli meats and cheeses for sandwiches.
  - Stock up on bottled water rather than sugary sodas and juices (including sports drinks).
  - Choose fat-free and low-fat dairy foods.
- **Ordering Out? Make the Right Choices!**
  - Order a medium pizza rather than a large; everyone will get the same number of slices, just in smaller portions.
  - Make fast-food meals more healthful by substituting a hamburger with a chicken sandwich and soda with water. Take it two steps further: ask for a wheat bun and no mayonnaise.
  - Don't "super-size" the fries and soda! Better yet, skip the sides entirely or order a fruit cup or salad instead of fries.
- **Get Them Moving!**
  - Limit time in front of the TV and computer by encouraging outdoor play or participation in organized sports.
  - Involve the whole family in physical activity—by doing this, overweight children won't feel "different" or "set apart."
  - Turn weekends into family time by taking your children to the park. Ride bikes, rollerblade, dance—anything to keep moving!
  - Make exercise "fun" by letting your children decide what activities they want to do.
- **Create Ways to Cook Smart and Eat Healthfully**
  - Add fresh fruit to cereal, pancakes, and muffins.
  - Bake, broil, or grill fish, lean beef, and skinless chicken and turkey.
  - Try to avoid frying foods. If you occasionally fry foods, use canola or olive oils, which are lower in saturated fat than vegetable or corn oils.
  - Use "invisible" strategies. For example, when making lasagna use part-skim or fat-free cheeses instead of the whole-milk varieties—you'll reduce calories and fat.
  - Serve vegetables at each meal.
  - Avoid labeling foods as "good" or "bad." All

**Be a role model. If you practice healthful habits, your children will follow your lead.**

**DIABETES EDUCATORS: SUPPORTING YOU, EMPOWERING YOUR PATIENTS**

As the number of people with diabetes increases, the demand for diabetes practice will continue to grow. Diabetes educators can help patients achieve better metabolic control, reduce blood pressure, and improve management skills and meet follow-up care needs by partnering with a diabetes educator.

Diabetes educators have a unique skill set and are an essential support for patients and providers. Diabetes educators can:

- Increase your practice's efficiency by assessing time-consuming patient testing, counseling and follow-up duties.
- Track and monitor patients' care and progress and provide you with data reports.
- Help delay the onset of diabetes with prevention and self-management testing for your patients who are at high risk.

Consider contracting with, employing or retaining your patients for a diabetes educator.

AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE) is a multidisciplinary professional association dedicated to providing diabetes educators with the best training and support necessary to help patients change their behaviors and accomplish their diabetes self-management goals.

# JDRF HONORARY GALA

ENJOY AN EVENING IN OZ AND SUPPORT JDRF AT THE 17TH ANNUAL PROMISE GALA

**SATURDAY  
FEBRUARY 15, 2014**

AT HENRY CLAY  
LOUISVILLE, KY

**HONORARY GALA CHAIR  
TOM PARTRIDGE  
PRESIDENT AND CEO FIFTH  
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LIVE MUSIC FEATURING **HAPPY HOUR**  
FOR INFORMATION CONTACT:  
**MEREDITH GAULT MGAULT@JDRF.ORG**



## Camp Hendon 2014 Mark Your Calendars!

**Camp Hendon 2014  
Save the Date**

**June 29—July 4  
Camp Loucon in Leitchfield, KY**

*May 15, 2014  
(priority application deadline)*

For more information visit:  
[www.camphendon.org](http://www.camphendon.org)



*Photos, above, are from previous Diabetes Camp sessions.*

## KET DIABETES BROADCAST Connections with Renee Shaw

Diabetes Prevention and Control (#910)

**November Diabetes Broadcast  
is now available for online viewing!**

[http://www.ket.org/connections/  
program.fwx?programid=CWRS0910](http://www.ket.org/connections/program.fwx?programid=CWRS0910)



**Redefine your Diabetes Education Skills in 2014  
With these upcoming AADE Webinars**

**Reserve your place now, as seating is limited.**

January 8—Nutrition and Fad Diets: What You Need to Know

January 22—2013: Year in Review

February 4—Literacy and Numeracy

February 19—Eat Less, Exercise More: Sounds Easy, Why is it so hard?

March 5—Obesity Series, Part 1: Healthy Eating

March 19—ADA Guidelines Update

**Webinars take place from 1-2:30 ET and offer 1.5 hours CE credit, unless otherwise noted.**

**Register now at:**

[https://www.diabeteseducator.org/  
ProfessionalResources/products/webinars.html](https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html)

**Save the Date**

## **KADE Annual All Day Conference**

**March 14, 2014**

**Central Christian  
Church**

**Lexington, KY**

## **DIABETES EDUCATION OFFERINGS**

**Save the Date**

## **TRADE Annual All Day Workshop**

**May 16, 2014**

**Henderson Community  
College**

**Henderson, KY**



**FREE CE Programs for AADE members!**

**2013 Free Recorded Webinars:**

- [Adult Immunizations and Diabetes: What You Need to Know](#)
- [Comparing Effectiveness of Medication of Adults - Type 2 Diabetes](#)
- [Diabetes and Diet: Connecting the Dots](#)
- [Healthy Fats, Heart Disease and Type 2 Diabetes](#)

**Note: All recorded webinars have an expiration date, so be sure to COMPLETE the recorded webinar before the expiration date to receive CE credit.**

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

## KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), (*covers Lexington and Central Kentucky*), meets quarterly (*time & location vary*). For a schedule or more information, go to <http://kadenet.org/> or contact: Dee Deakins [dee.deakins@uky.edu](mailto:dee.deakins@uky.edu) or Diane Ballard [dianeballard@windstream.net](mailto:dianeballard@windstream.net).

**March 14, 2014 ALL DAY CONFERENCE 8-4 pm**  
(*Central Christian Church, Lexington, KY*)

**April 19, 2014** \*Other details pending

## 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. Membership is free. A membership form may be obtained at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) or by calling 502-564-7996 (*ask for diabetes program*).

### 2014 KDN Meeting Dates (10 am—3 pm EST)

March 7, 2014  
June 13, 2014  
September 12, 2014  
December 5, 2014

## GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), (*covers Louisville and the surrounding area*), meets the second Tuesday every other month.

Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 [Vpaddy@hnh.net](mailto:Vpaddy@hnh.net) or Anne Ries at 502-852-0253 [anne.ries@louisville.edu](mailto:anne.ries@louisville.edu)



## 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 at [susan\\_roszel@trihealth.com](mailto:susan_roszel@trihealth.com) 513-977-8942. Meetings are held in Cincinnati four times per year at the 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*

## TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), (*covers Western KY/Southern IN/Southeastern IL*) meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education. To register, call Nancy Wilson at 270-686-7747 extension 3022 or email Nancy at [nancy.wilson@grdhd.org](mailto:nancy.wilson@grdhd.org).

**January 16, 2014—Charcot Foot/Bariatric Surgery**  
The Medical Center, Bowling Green, KY

**May 16, 2014—30th Annual Professional Workshop**  
Navigating Change in Diabetes Care  
Henderson Community College, Henderson, KY

**July 2014—Trade Quarterly Program**  
Details to be Announced

**October 16, 2014—TRADE Quarterly Program**  
Details To Be Announced  
Deaconess Gateway Hospital, Newburgh, IN



*Photos on this page are from the Kentucky Statewide Diabetes Symposium 2013*

## 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 Vasti Broadstone, MD, phone 812-949-5700 email [joslin@FMHHS.com](mailto:joslin@FMHHS.com).



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*Update your entry information*  
<https://prd.chfs.ky.gov/KYDiabetesResources>

# Contact Information



**American Diabetes Association**  
 Cure • Care • Commitment®

[www.diabetes.org](http://www.diabetes.org)  
 1-888-DIABETES



**TRADE**  
 Tri-State Association of Diabetes Educators  
 A LOCAL NETWORKING GROUP of the  
 AADE American Association of Diabetes Educators



**KDN**  
 KENTUCKY DIABETES NETWORK, INC.  
[www.kentuckydiabetes.net](http://www.kentuckydiabetes.net)



KENTUCKY ASSOCIATION of DIABETES EDUCATORS  
**KADE**  
 Local Networking Group of AADE  
 A LOCAL NETWORKING GROUP of the  
 AADE American Association of Diabetes Educators  
[www.kadenet.org](http://www.kadenet.org)



GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS  
**GLADE**  
 A LOCAL NETWORKING GROUP of the  
 AADE American Association of Diabetes Educators  
[www.louisvillediabete.org](http://www.louisvillediabete.org)



KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM  
**KDPKP**  
 Kentucky UNBRIDLED SPIRIT  
<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>



**JDRF** IMPROVING LIVES. CURING TYPE 1 DIABETES.  
[www.jdrf.org/chapters/KY/Kentuckiana](http://www.jdrf.org/chapters/KY/Kentuckiana)  
 1-866-485-9397



**DE CINCINNATI**  
 Diabetes Educators Cincinnati Area  
 A LOCAL NETWORKING GROUP of the  
 AADE American Association of Diabetes Educators



**AAACE** 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.