

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

A Message from Kentucky Diabetes Partners

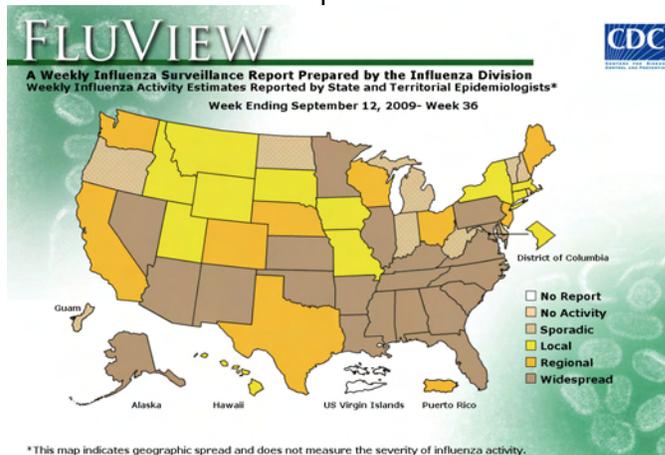
KENTUCKY INFLUENZA ACTIVITY DECLARED "WIDESPREAD"

In mid September 2009, the Kentucky Department for Public Health (DPH) reported to the Centers for Disease Control and Prevention (CDC) that the influenza (flu) activity level in the state increased from "regional" to "widespread".

Widespread activity is the highest level of flu activity, which indicates increased flu-like activity or flu outbreaks in at least half of the regions in a state. The activity levels for states are tracked weekly as part of the CDC's national flu surveillance system. This level of flu activity is consistent with other southeastern states that are also currently reporting widespread activity.

Diabetes Educators as well as other health professionals who provide direct patient

care are urged to get vaccinated against "seasonal" flu and also "H1N1". The H1N1 vaccine is expected to be available in Kentucky, by mid-October through local health care providers or at the local health department.



Flu Activity Map

<http://www.cdc.gov/flu/weekly/usmap.htm>

For more information on H1N1 Flu, go to: www.flu.gov OR H1N1 and Kentucky <http://healthalerts.ky.gov> OR contact CDC 1-800-232-4636 <http://www.cdc.gov/h1n1flu>.

See Page 4 of this Newsletter for Related Article "Diabetes Educator Teaching Tips Regarding H1N1"

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

- DR. POHL'S COLUMN: DIABESITY — ENERGY BALANCE GONE BAD P. 2-3
- H1N1 DIABETES EDUCATOR TEACHING TIPS P. 4
- AADE NATIONAL STAFF VISIT KENTUCKY TO DISCUSS LICENSURE IDEA P. 5
- KENTUCKY DIABETES EDUCATORS GO TO WASHINGTON DC P. 6-7 AND MORE

DR. POHL'S COLUMN

DIABESITY: Energy Balance Gone Bad



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

After my first column in this newsletter, I asked for ideas regarding future topics. A couple of people suggested an obesity treatment update. My initial reaction to this suggestion was very negative. After all, my personal and professional experience and my reading of the literature tell me that attempts at weight loss and maintenance of a reduced body weight are rarely successful. I can count on one hand the number of my patients who lost large amounts of weight and did not regain it. After some reflection, I have shelved my cynicism and decided to do a miniseries on diabetes, the syndrome of obesity and type 2 diabetes mellitus. This first article draws on my experience in treating 10,000 or so patients with diabetes and my interpretation of the recent scientific literature with an emphasis on what we can learn to improve patient care.

Conventional wisdom holds that obesity causes diabetes — but a better explanation is that obesity and type 2 diabetes are consequences of over nutrition.

There are, however, several glaring holes in this concept that “obesity causes diabetes” that tell us that it is, at best, too simple. It has been known for many years that in type 2 diabetes losing relatively small amounts of weight may result in substantial reduction of hyperglycemia. This presents an interesting paradox. A morbidly obese person with type 2 diabetes may lose ten pounds, experience substantial improvement or remission of diabetes, and remain morbidly obese. In fact, many of my obese patients gained weight when they used certain medications to improve diabetes control.

When very low calorie diets became popular, I saw several patients who lost large amounts of weight and experienced dramatic improvement in diabetes control. However, within days of going off the diet, long before they became obese again, the diabetes came back. I also saw several patients who had lost over 100 lbs as a result of poorly controlled type 2

diabetes and then regained every pound when we fixed the diabetes with medications. None of these observations can be explained by a simple cause-effect relation of obesity on diabetes. A better explanation is that obesity and type 2 diabetes are coincidental consequences of over nutrition.

Diabetes is all about energy balance, the relationship between energy-in and energy-out.

Energy-in is the caloric content of the food we eat. Energy-out is the energy we expend for work and to generate heat. Energy-out also includes energy we waste by excretion, mainly passing glucose in urine. The energy equation has one more term – stores or storage. We know from the first law of thermodynamics that energy can be neither created nor destroyed. Therefore, any excess of energy-in over energy-out must result in an increase in energy stores; we call this state positive energy balance.

Conversely, any excess of energy-out over energy-in must come from stored energy; this is negative energy balance. Energy balance is neutral when energy-in and energy-out are equal and energy stores don't change. Almost all of the stored energy in the human body is in the form of fat. Practically speaking, we can reduce body fat intentionally only by decreasing energy-in (diet) and increasing energy-out (exercise).

From the perspective of total body energy balance, obesity is easy to understand. An overweight or obese person has simply been in positive energy balance long enough to accumulate excessive fat. A pound of fat contains about 3500 calories. Therefore, a person who is 100 pounds overweight is carrying a burden of 350,000 calories. A small excess, say an average of 100 calories per day, of energy intake over a long time results in substantial weight gain. Averaging a can of regular pop or a couple of Oreo cookies too much every day would cause a weight gain of 10 lbs. in one year and 100 lbs in 10 years. Obviously, the larger the excess, the faster will be the weight gain.

Conversely, shedding fat is painfully slow. An average person expends about 100 calories per mile of brisk walking. That is 35 miles of walking to lose one pound or 3,500 miles to lose the whole 100 lbs.

DR. POHL'S COLUMN

DIABESITY: Energy Balance Gone Bad (CONTINUED)

The relationship between energy balance and type 2 diabetes is more difficult to understand.

Recent studies provide some important insights. The amount of excess energy that an individual can store normally is limited by the number of fat cells and the amount of fat that these cells can contain. Furthermore, the maximum storage capacity varies widely; some people only become “a little overweight” whereas others seem to be able to gain weight without limit. It is possible for a person to “fill” his or her “normal energy stores”. If that person continues to overeat when his “normal adipose fat stores” are full, something has to happen to the excess energy. One thing that happens is that fat begins to accumulate in abnormal sites such as the muscle, liver, and pancreas, a situation associated with insulin resistance.

Insulin resistance contributes to the loss of the ability to produce enough insulin to keep blood glucose and fat levels normal.

Insulin resistance, in turn, contributes to loss of the ability to produce enough insulin to keep blood glucose and fat levels normal. Glucotoxicity and lipotoxicity, the toxic effects of elevated blood glucose and fat levels, further damage normal energy storage mechanisms. The end result of all of this is diabetes which we may now define as an abnormal accumulation of fuel – glucose and fat – in blood.

Part of the diabetes syndrome is glucosuria, the excretion of glucose in urine. Glucosuria is quantitatively significant, as much as 200 grams or 900 calories per day. Our patient with diabetes who continues to overeat without gaining weight therefore complies with the first law of thermodynamics by excreting excess energy via glucosuria. If the glucosuria is bad enough, the patient may actually lose weight while overeating, another interesting paradox.

How does energy balance help us in working with our diabetes patients? For one thing it explains how our patients can benefit from nutrition and exercise counseling without losing weight. In order to take the pressure off energy storage mechanisms it is only necessary to achieve neutral energy balance. Losing weight requires prolonged negative energy balance.

It also explains what happens if we attempt to fix diabetes with medication and the patient makes no effort to reduce positive energy balance. The patient may gain weight, possibly a lot of weight, as the glucosuria associated with poorly controlled diabetes diminishes. Furthermore, response to the medication is likely to be poor. I found throughout my career that it was fairly easy for patients to get the A1c down to about 8.0% with medication. This level of control eliminates significant glucosuria. Getting the A1c to target below 7%, however, required some contribution from diet and exercise but not necessarily weight loss.

Stop telling patients they must lose weight to treat diabetes, instead focus on diabetes control.

I believe that we should stop telling patients they need to lose weight in order to treat diabetes. The statement is simply not true and it sets the patient, and the health care provider, up for failure. Finally, it creates the impression that weight loss can cure diabetes. It doesn't. I believe that we should advise our patients to reduce caloric intake and to exercise daily. However, the initial measure of success should be diabetes control. Significant weight loss, if it occurs at all, will lag far behind.

Despite everything I have said in this article, weight loss is still the holy grail for the obese and the providers who serve them. In the best of all worlds, we would have a widely effective, safe, inexpensive method for treating obesity and its myriad medical complications. We don't, but there is hope.

In our next article in this series, we will see what lessons there are to learn from a very large group of people who have lost substantial weight intentionally and maintained a reduced body weight.



Diabetes Educator Flu Teaching Tips

Both Seasonal and H1N1 (Swine) Flu

Diabetes "Seasonal" Flu Vaccine Guide **

- People with diabetes (6 months old or older) should receive a yearly "seasonal" flu vaccine beginning in September or October.
- Children with diabetes under the age of 9 who get the seasonal flu vaccine for the first time should get 2 doses at least 28 days apart.
- People with diabetes SHOULD receive the seasonal flu shot (inactivated) and SHOULD NOT receive flu mist or intranasal (live) flu vaccine.

Diabetes "H1N1 (Swine)" Flu Vaccine Guide **

- People with diabetes (6 months old or older) should receive the H1N1 vaccine.
- Children with diabetes under the age of 9 who get the H1N1 vaccine should get 2 doses at least 21 days apart.
- People with diabetes SHOULD receive the H1N1 shot (inactivated) and SHOULD NOT receive the "live" H1N1 intranasal flu vaccine.
- People with diabetes may receive the "seasonal" Flu and "H1N1" INACTIVATED vaccines at the same visit but using different parts of the body for injection.

Diabetes Pneumonia Vaccine Guide **

- People with diabetes (age 2 or more) should receive a pneumonia shot (PPSV 23).
- A one time revaccination for pneumonia may be recommended for people older than 65.

** NOTE: If YOU have egg allergies or have had other allergic reactions — check with your physician before having any flu or pneumonia vaccine.

INFORMATION TAKEN FROM THE KY DIABETES PREVENTION AND CONTROL PROGRAM AND THE KY IMMUNIZATION PROGRAM
FLU / PNEUMONIA BROCHURE 2009 UPDATE

LEADERS FROM NATIONAL DIABETES EDUCATORS GROUP VISIT KENTUCKY TO DISCUSS POSSIBLE STATE LICENSURE OF DIABETES EDUCATORS

Submitted by: Martha Rinker, Chief Advocacy Officer of the American Association of Diabetes Educators (AADE), Chicago, IL

Lana Vukovljak, Chief Executive Officer of the American Association of Diabetes Educators (AADE), and Martha Rinker, AADE's Chief Advocacy Officer, recently visited the Kentucky Diabetes Network's (KDN) quarterly meeting on September 11, 2009 in Elizabethtown, KY, to discuss possible federal and state diabetes educator legislation. Discussions included federal **H.R. 2425** which would add Certified Diabetes Educators (CDE) to the list of approved providers of diabetes self management education (DSMT) and possible state legislation that would require a license to practice diabetes education or use the title of diabetes educator in Kentucky.

AADE President-Elect Deb Fillman, MS, RD, LD, CDE, and AADE Board Member Kim DeCoste, RN, MSN, CDE, both educators from Kentucky, provided the KDN meeting participants with an update on the American Association of Diabetes Educators' federal and state legislative initiatives.

Kim DeCoste discussed the Medicare DSMT benefit and noted that currently the Certified Diabetes Educator (CDE) is not a recognized provider, and cannot bill Medicare, for providing DSMT. Kim noted that **H.R. 2425** has been introduced in the U.S. House of Representatives by the Chairs of the Diabetes Caucus to add the CDE to the list of approved Medicare providers of DSMT. She also said that this provision has been added to the House Health Care Reform bill (**H.R. 3200**) and is also included in the current Senate Finance Committee Health Care Reform. She noted that while these are important and exciting steps forward — there is no assurance that the final bill that comes to the floor (for the House or Senate) for vote will still have the CDE provision intact.

Kim pointed out that no Kentucky Representatives have cosponsored **H.R. 2425** and now, more than ever, it is crucial that we increase the overall number of demonstrated supporters to **H.R. 2425**. This will help add strength to AADE's lobbying efforts in Washington to keep this provision in the final Health Care Reform bill.

Deb Fillman introduced to the meeting attendees the AADE state legislative initiative – **To pass state legislation that requires a license to practice diabetes education or use the title of diabetes educator**. The driving factors in this effort are patient safety and recognition of the true practice of diabetes education.

The KDN was asked for their support of a Kentucky Legislative Initiative to pass a **Diabetes Education Licensure Bill** in the upcoming legislative session. Deb presented an action plan for the introduction and passage of the proposal. She urged all diabetes educators in Kentucky to support this state legislation and ask their representatives to pass this into law.

Lana Vukovljak and Martha Rinker participated in the “question and answer” portion of the presentations.



Lana Vukovljak (far left), Chief Executive Officer of the American Association of Diabetes Educators (AADE), and Martha Rinker (behind podium), Chief Advocacy Officer of AADE, visited KY on September 11, 2009 at the quarterly KY Diabetes Network (KDN) meeting to discuss AADE's legislative initiatives



KY diabetes educators, Deborah Fillman (far left) and Kim DeCoste (behind podium), speak to fellow KDN members regarding AADE's proposal of state licensure of diabetes educators

Note: Both Deborah Fillman and Kim DeCoste currently serve on the National AADE Board of Directors

KENTUCKY EDUCATORS GO TO WASHINGTON D.C. FOR FIRST EVER AADE PUBLIC POLICY FORUM

Submitted by: Wilma Hoskins RN, CLC KADE, Laurel County Health Department, London, KY, KADE, KDN Member

On June 15 and 16, 2009, nearly eighty diabetes educators and advocates, including several from KY, met in Washington, D.C. for the first ever **AADE Public Policy Forum** meeting of its kind. This forum was hosted by the American Association of Diabetes Educators (AADE) along with generous contributions from a number of diabetes partners / pharmaceutical companies and was planned and facilitated by AADE's Chief Advocacy Officer, Martha Rinker and staff. There were thirteen invited speakers including Congressman Zack Space (D-18th-OH) and Former Congressman Bob Franks of Counsel Winning Strategies Washington.

On day one, AADE President Marcia Draheim RN, CDE delivered motivational opening remarks to stir up the advocate in all of us and get us geared up for the next days' legislative meetings. Many of the diabetes educators who attended the forum serve as their local AADE Chapters' Legislative Coordinator (CLC) / advocacy workgroup chair. **Kentucky was represented by CLC's from GLADE (Greater Louisville Association of Diabetes Educators) Michelle Smith RD, LD, CDE, CLC and Diana Metcalf, RN, CDE ; KADE (Kentucky Association of Diabetes Educators) Kim Coy DeCoste RN, CDE and Wilma Hoskins RN, CLC; and TRADE (Tri-State Association of Diabetes Educators) Ann Ingle RN, CDE, CLC.**

After an intense first day of advocacy training and motivational messages delivered by guest speakers, on day two, diabetes educators and advocates met with legislators and legislative aides to discuss the role of the Certified Diabetes Educator (CDE). Other topics of discussion were --- why Diabetes Self Management Training / Education (DSMT/E) is so important, the impact HR 2425 could potentially have on DSMT/E outcomes, and information on diabetes facts specific to each constituent's residing area.

Diabetes educators urged members of the House and Senate to co-sponsor HR 2425, the Medicare Diabetes Self-Management Training Act of 2009. We discussed the inclusion of the needed technical clarification to designate CDE's as providers of DSMT/E under the Medicare program in any health care reform considered by the House of Representatives and requested that members of the Senate write a letter to Senate leadership asking that they do the same with any health care reform considered by the Senate.

When Congress created the DSMT/E benefit in 1997, they did not create a new provider group to deliver it. Congress assumed diabetes education programs in hospitals would be able to provide services to those who were in need. Hospital diabetes education programs are closing at an alarming rate which means that there are a large number of people with diabetes who have no other means of getting the education they need unless they see a CDE in a local clinic, health department, or private practice. This also means that those who have no insurance other than Medicare cannot pay for these services and are unable to get the education they desperately need.

KY needs more Congressional support in expanding access for people with diabetes to the services of CDE's. HR 2425 would potentially answer this need. Diabetes educators are a critical part of the diabetes treatment and management team. DSMT/E provided by CDE's seeks to ensure patient adherence with individual treatment plans that lead to positive outcomes of more healthy, active, and productive lives.

Excerpts taken from AADE 2009 Public Policy Forum Handbook, June 15-16, 2009



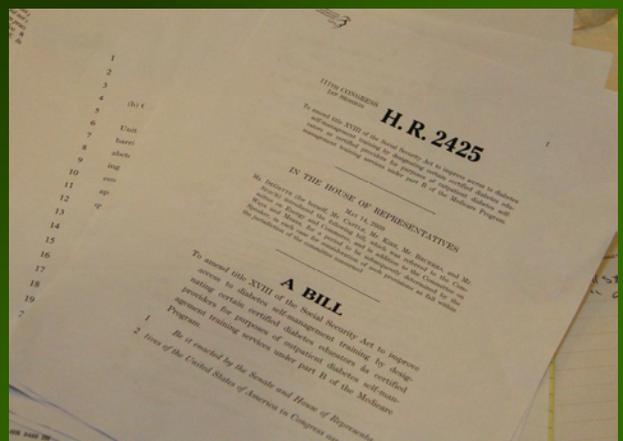
Nearly eighty diabetes educators from across the U.S. (see picture at left), including several from KY, attended the first-ever AADE Public Policy Forum in Washington D.C. in June

KENTUCKY DIABETES EDUCATORS ATTEND NATIONAL AADE PUBLIC POLICY FORUM



Kentucky diabetes educators (from left), Ann Ingle, TRADE CLC, Wilma Hoskins, KADE CLC, and Diana Metcalf, GLADE CLC, prepare to meet with KY Congressmen in Washington D.C. Not Pictured GLADE's Michelle Smith

Kim DeCoste (far right in orange), from Richmond, Kentucky, and current AADE Board Member, works with diabetes educators across the U.S. to prepare for legislative visits



Information distributed to KY Congressmen regarding HR 2425 and certified diabetes educators



CDC RELEASES NEW REPORT WITH STRATEGIES TO REDUCE OBESITY

Taken in part from CDC Press Release

The Centers for Disease Control and Prevention (CDC) recently released the first set of comprehensive recommendations to promote healthy eating and active living and reduce the prevalence of obesity in the United States. The report contains 24 recommended obesity prevention strategies focusing on environmental and policy level change initiatives that can be implemented by local governments and school districts to promote healthy eating and active living.

The MMWR report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*, is available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm. To assist local governments, states, and policy makers implement the CDC recommended obesity prevention strategies and report on the associated measurements a detailed [Implementation and Measurement Guide](#) (PDF-2.5Mb) was developed. The guide includes measurement data protocols, a listing of useful resources, and examples of communities that successfully implemented each obesity prevention strategy.

Below is a list of the 24 Obesity Prevention Strategies

- Communities Should Increase Availability of Healthier Food and Beverage Choices in Public Service Venues
- Communities Should Improve Availability of Affordable Healthier Food and Beverage Choices in Public Service Venues
- Communities Should Improve Geographic Availability of Supermarkets in Underserved Areas
- Communities Should Provide Incentives To Food Retailers to Locate in and/or Offer Healthier Food and Beverage Choices in Underserved Areas
- Communities Should Improve Availability of Mechanisms for Purchasing Foods from Farms
- Communities Should Provide Incentives for the Production, Distribution, and Procurement of Foods From Local Farms
- Communities Should Restrict Availability of Less Healthy Foods and Beverages in Public Service Venues
- Communities Should Institute Smaller Portion Size Options in Public Service Venues
- Communities Should Limit Advertisements of Less Healthy Foods and Beverages
- Communities Should Discourage Consumption of Sugar-Sweetened Beverages
- Communities Should Increase Support for Breastfeeding
- Communities Should Require Physical Education in Schools
- Communities Should Increase the Amount of Physical Activity in PE Programs in Schools
- Communities Should Increase Opportunities for Extracurricular Physical Activity
- Communities Should Reduce Screen Time in Public Service Venues
- Communities Should Increase Access to Outdoor Recreational Facilities
- Communities Should Enhance Infrastructure Supporting Bicycling
- Communities Should Enhance Infrastructure Supporting Walking
- Communities Should Support Locating Schools Within Easy Walking Distance of Residential Areas
- Communities Should Increase Access to Public Transportation
- Communities Should Zone for Mixed-Use Development
- Communities Should Enhance Personal Safety in Areas Where Persons Are or Could be Physically Active
- Communities Should Enhance Traffic Safety in Areas Where Persons Are or Could be Physically Active
- Communities Should Participate in Community Coalitions or Partnerships to Address Obesity



CDC RELEASES \$373 MILLION DOLLARS TO FUND PREVENTION AND WELLNESS PROJECTS

The Centers for Disease Control and Prevention (CDC) is pleased to announce the release of \$373 million dollars from the American Recovery and Reinvestment Act of 2009 to fund the first part of a new \$650 million dollar public health initiative, *Communities Putting Prevention to Work*. This initiative will put money into the hands of communities, states, and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.

An additional \$277 million will be made available in the coming weeks to states, territories, and other organizations and networks to support and extend the reach and impact of the community projects. The deadlines for the state, territory, and other prevention projects that are part of the *Communities Putting Prevention to Work* initiative will be announced soon.

The initial \$373 million will support grants which will be awarded through a competitive selection process to communities to support evidence-based prevention strategies for youths and adults and to promote partnerships across communities and sectors.

Funded projects will emphasize high-impact, broad-reaching policy, environmental, and systems changes in schools (K-12), communities, and states. For example, states and communities will be encouraged to get comprehensive smoking bans into place and to provide quality physical education in the nation's schools. Every funded community and state will work to make snack foods and sugar sweetened beverages less available in schools and other community sites and to use media to promote healthy choices.

Approximately 30-40 community awardees will be selected for the *Communities Putting Prevention to Work* initiative. Eligible entities include: large cities (population > 1 million), urban areas (population > 500,000, but less than 1 million), tribal communities, and State-coordinated small cities and rural areas (populations of up to 500,000 people). Awards for both categories will vary with size of jurisdiction and the needs of communities. Potential approximate ranges are:

Category A: Obesity/Physical Activity/Nutrition

- * Large city applicants: \$10 million - \$20 million
- * Urban area applicants: \$4 million - \$10 million
- * Tribal applicants: \$500,000 - \$1.2 million
- * State coordinated small city and rural area applicants: \$3 million - \$8 million

Category B: Tobacco Prevention and Control

- * Large city applicants: \$10 million - \$20 million
- * Urban area applicants: \$4 million - \$10 million
- * Tribal applicants: \$500,000 - \$1.2 million
- * State coordinated small city and rural area applicants: \$3 million - \$8 million

Eligible applicants will be asked to propose activities in Category A or Category B or both. If applying for both categories, a separate application must be submitted for each category. A letter of intent from communities is highly recommended. Funded entities will have two years to complete their work. [For more information www.grants.gov](http://www.grants.gov).

**FIRST EVER 2009 FOUR RIVERS WALK
RAISED OVER \$94,000 FOR THE JUVENILE
DIABETES RESEARCH FOUNDATION**

Submitted by: Ashley & Tom Shadoan, Paducah, KY

The first ever **2009 Four Rivers Walk to Cure Diabetes**, held April 25th in Noble Park, Paducah, KY, had over 1000 walkers and raised over \$94,000 for diabetes! The Four Rivers Committee's original goal of \$50,000 was hugely exceeded. The money raised will go to education and diabetes research for the Juvenile Diabetes Research Foundation (JDRF).

The event was a huge success because of the generosity of corporate sponsors, school fundraisers, and family teams. It was a beautiful day with music, games, and food enjoyed by all.

The next meeting of the **Four Rivers Walk to Cure Diabetes** committee will be held November 14, 2009 at KY Oaks Mall. The meeting will include a fun family event and an announcement for the **2010 Four Rivers Walk to Cure Diabetes** which will be held **April 24, 2010 at Noble Park**.

Anyone interested in getting involved can email or contact Ashley and Tom Shadoan, Four Rivers Walk Co-Chairs at ashleyshadoan@comcast.net or tomshadoan@bellsouth.net or 270-534-0667.



Paducah's "Four Rivers Walk to Cure Diabetes" had over 1000 walkers and raised over \$94,000

Kid ID Cards were provided at Paducah's "Four Rivers Walk to Cure Diabetes"



Alberta (left) and Marshall Davis (not pictured) were the single largest contributor of the Paducah walk at \$5000. Also pictured is Alberta's granddaughter, Brooke (center) and her daughter-in-law Kim Davis (right)

**2009 ANNUAL DIABETES GALA
OCTOBER 17 AT 7:00 PM**

Submitted by: Kathleen Stanley, CDE, RD, LD, MSED, BC-ADM, Central Baptist Hospital, Lexington, KY, ADA, KADE, and KDN Member

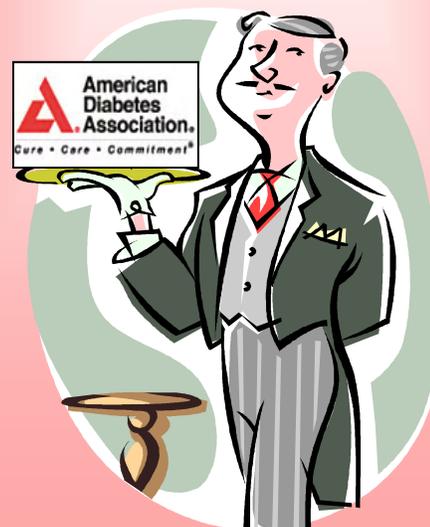
Got 15 minutes for a worthy cause near to your heart? You don't even have to leave your chair to help!

The Bluegrass American Diabetes Association (ADA) 2009 **Diabetes Gala** will be October 17th at 7 pm at the famous RJ Corman airplane hangar in Nicholasville, Kentucky. The theme is **"Where a Cure is Waiting in the Wings"**.

The Gala will have a new format this year with entertainment, complimentary cocktails, and food throughout the evening (no long program). We are hoping to bring in much needed funds for ADA to continue the important national programs (for professionals and individuals) as well as research for the next year. In 15 minutes you could help us by:

- Passing on a name of a potential sponsor for the event (small or large business or personal contact who may be willing to help)
- Asking your salesperson when you are shopping at any local store if they would consider a donation of an item to our silent auction (we have forms for tax records)
- Marketing the event to your local community (radio, TV, your church or work environment) for ticket, table, and patron sales
- Becoming a patron yourself, designating a donation (any amount) on behalf of a special patient or community you serve (have a garage sale, bake sale, chili sale or any sale to raise money for a donation!)

For ticket and event information, please contact April Enix at 888-DIABETES ext. 3307 or visit us online at www.diabetes.org/lexingtongala.



TOBACCO AND DIABETES TRAININGS OFFERED FOR KENTUCKY EDUCATORS

Submitted by: Linda Leber RN, BSN, CDE, KY Diabetes Prevention and Control Program, KDN, KADE Member

A couple of years ago, some of our staff with the Kentucky Diabetes Prevention and Control Program (KDPCP) attended a national conference where we learned about a program in California that worked with diabetes educators, who in turn worked with people who had diabetes and smoked.

At that time, we knew that KY led the nation in the greatest number of smokers. We also knew that if a person with diabetes smoked ---- they were putting themselves in a truly “life or death” situation.

So KDPCP decided that we wanted to develop a program for KY modeled after the California program.

We started conversations with our state Tobacco Prevention and Cessation Program who worked with us to develop a KY diabetes and tobacco training program which included tools for KY diabetes educators.

THE GOAL OF THE PROGRAM IS TO HAVE ALL KENTUCKY DIABETES EDUCATORS ATTEND A “DIABETES AND TOBACCO CESSATION TRAINING” AND BEGIN USING THE “TOOLS DEVELOPED” TO MAKE REFERRALS FOR TOBACCO CESSATION COUNSELING.

The goals of the program are NOT that diabetes educators will become a tobacco cessation expert or provide intensive tobacco cessation counseling.

Instead the goals of this new program are that Kentucky diabetes educators will do 3 simple things that can be remembered by thinking of the “**DAART** (D -- A -- A -- R -- T)” acronym. “**DAART**” stands for “**Diabetes Ask-Advise-Refer about Tobacco**” use.

NOTE: When you call into the Quit Line, you will be asked, “Who referred you?” Please respond that a “DIABETES EDUCATOR” referred you.



KY DIABETES EDUCATORS ARE ASKED TO DO THE FOLLOWING FOR DIABETES PATIENTS WHO SMOKE:

- **ASK** (at every visit) if they use tobacco products.
- **ADVISE** them that especially because they have diabetes ---- it is even more urgent that they stop smoking and that as their diabetes educator, you are advising them to stop smoking.
- **REFER** them to the KY Tobacco quit line (where they will receive intensive intervention and “one on one” help to assist them in stopping smoking).

It's as simple as that -- **ASK ADVISE AND REFER.**

If you are a diabetes educator who works outside of KY ---- KDPCP would still like you to use the KY tools for your patients. In fact, quit lines are activated depending on which state the person calls from. For example, if a person happens to call from an Indiana area code --- they will get the IN Tobacco Quit line and if they call from within KY ---- they will get the KY Quit Line. So it really does not matter if an educator uses the materials developed for KY ---- the diabetes patient will get connected to a quit line.

Two live trainings have been held thus far, one in Owensboro and one in Elizabethtown, and others are being scheduled. For KY educators who are unable to attend the live training, a webcast of the training will soon be available.

For more information regarding how to attend a training or how to receive your “KY Diabetes and Tobacco Tools” contact Linda Leber at 502-564-7996 X 3813 or email Linda.leber@ky.gov.

DAART
Diabetes Ask - Advise - Refer
about Tobacco Use



2ND SUNDAY 2009 — OCTOBER 11TH

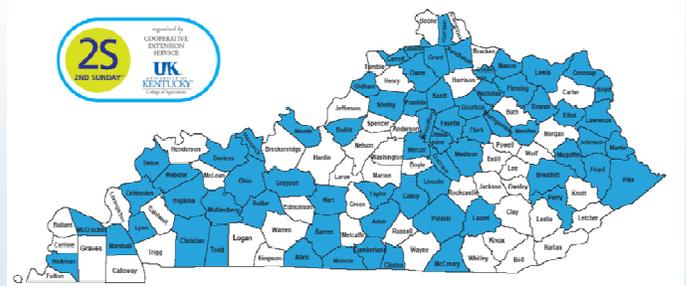
A Day For Reversing Childhood Obesity and Poor Health Behaviors

Last year, in just a few short months, Kentucky communities stepped up and achieved the unimaginable — 70 counties closed a roadway or otherwise provided group physical activities on the **2nd Sunday** of October for four hours. As a result, over 12,000 Kentuckians participated in the first ever, **2nd Sunday** event.

Since that first event held on October 12, 2008:

- Governor Steve Beshear has proclaimed **2nd Sunday** as a day in October when KY citizens unite on behalf of improving health
- State Legislature passed joint House and Senate Resolutions supporting **2nd Sunday** (model legislation)
- UK College of AG/Extension has named **2nd Sunday** a top priority
- NIH grant pending
- Statewide endorsements
- **2nd Sunday 2009 Date Set ~ October 11, 2009**

2nd Sunday's success has made Kentucky a potential national leader and model for reversing childhood obesity and poor health behaviors. This is a simple and replicable initiative that does not compete with any other effort but rather coordinates and extenuates all activities, policies, and programs relating to improving the health of our communities, state and nation. For more information, contact your local county UK extension office or www.ca.uky.edu/county or www.2ndsundayky.com



Tuberculosis and Diabetes FREE

National Web-based Seminar

Thursday, December 10, 2009

1:00 pm – 3:00 pm (CST), 2:00 pm – 4:00 pm (EST)

The Francis J. Curry National Tuberculosis Center is pleased to announce a live, 2-hour web-based training **FREE**. This 90-minute web-based seminar followed by a 30-minute question & answer period will be held on Thursday, December 10, 2009.

For a complete course description and application information, please visit:

<http://www.nationaltbcenter.ucsf.edu/training/nationalwebseminar.cfm>

KY Statewide Diabetes Symposium 2009

November 19, 2009

**At the Newport Syndicate,
18 East 5th Street, Newport, Kentucky
(2 blocks south of Newport on the Levee)**

Brochures NOW Available

**CEUs Approved
for Nurses, Dietitians, Pharmacists, and
Health Educators, as well as
hours for CDEs**

This symposium is being organized by
**Kentucky Chapters of the
American Association of Diabetes Educator's (AADE)**
Diabetes Educators of the Cincinnati Area (DECA)
Greater Louisville Assn. of Diabetes Educators (GLADE)
Kentucky Assn. of Diabetes Educators (KADE)
Tri-State Assn. of Diabetes Educators (TRADE)



**Kentucky Diabetes Network
Kentucky Diabetes Prevention & Control Program**

For additional information regarding this program please contact:
Jan Lazarus, RD LD (859) 363-2116 (janifer.lazarus@ky.gov)
Or
Janice Haile, RN CDE (270) 686-7747 Ext. 3031 (janice.haile@ky.gov)

NATIONAL DIABETES MEETINGS SCHEDULED

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

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.

Date: October 19, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

Date: November 2, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital Conf. Center
Topic: TBA*



DON'T MISS THIS!



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

Special tobacco continuing education programs and tools designed specifically for Kentucky's diabetes educators have been developed.

Free Webinars Will be Held in the Near Future

For Information, Contact Linda.Leber@ky.gov



ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AAACE) 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.

FREE DIABETES PROGRAM OFFERED October 2, 2009

The Latest Advances in Diabetes Management

- **Program Description:** This program is presented by Baptist Regional Medical Center, Cumberland Valley District Health Dept, Eastern KY University, Laurel County Health Dept, St Joseph-London, & Southern KY Area Health Education Center. It will address the latest advances and recommendations in the management of diabetes through recognizing the risk factors for developing diabetes, reducing cardiovascular risk factors, nutrition management, sleep, pharmacological agents used in diabetes care, and emphasis on healthy lifestyle choices including physical activity.
- **Date / Time:** October 2, 2009, Registration at 7:30 am; Program 8 am to 5 pm; Approved for 7.25 Contact Hrs for Nurses
- **Where:** Corbin Technology & Community Activities Center, Corbin, KY
- **Registration Information:** Register Online at: www.soahec.org/cecmeschedule.htm. For paper forms, mail or fax: Anna Jones, Southern Kentucky AHEC, PO Pox 1915, London, KY 40743. Ph (606) 864-1432, FAX – (606) 864-1452
- **Cost:** FREE

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

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

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

Register TODAY!
KADE Fall Symposium
October 8, 2009 / 7:30-12 noon
Century Christian Church
Lexington, KY

**Obesity in Persons with Diabetes:
Medical and Surgical Treatment
Options**

**Register online www.kadenet.org
Fee \$30 (Free for KADE Members)**

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).

2009 KDN Meeting Dates:

November 6, 2009 — LOUISVILLE

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

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, 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.

Date: **October 15, 2009**
Time: 10 am Registration
10:30 am—1pm Program
11:30-12 pm Lunch Break
1-2 pm Business Meeting
Location: Trover Health System
8th Floor Tower
Madisonville, KY
Topic: **Gestational Diabetes**
Stress Control in Diabetes
Speakers: Heather Ricketts, MD
June Kubach, MSW, LCSW

Annual TRADE Workshop **May 6, 2010**

SAVE THE DATE

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

May 6, 2010

Southern Indiana Career and Technical Center
1901 Lynch Road
Evansville, IN 47711

Diabetes in Children, Teens, and Young Adults

Will Provide 6-7 hours of Continuing Education for
RD's, RN's, RPh's, and CDE's

For information, please contact Mary Tim Griffin at
270-852-5454 or mary.griffin@ky.gov

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month. Registration required. For meeting schedule or to register, please contact Stacy Koch at stacy.koch@nortonhealthcare.org.

2009 Meeting Dates
November 10, 2009 Details TBA*



Presort Std.
US Postage
PAID
Owensboro, KY
42301
Permit # 120

Editor
PO Box 309
Owensboro, KY 42302-0309

★ *KY Statewide Diabetes Symposium 2009 11-19-09* ★

Contact Information



American Diabetes Association®
Cure • Care • Commitment®

www.diabetes.org
1-888-DIABETES



TRADE
Tri-State Association
of Diabetes Educators

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



KDN
KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass / Eastern Chapter
A Chapter of AADE

www.kadenet.org



**GREATER LOUISVILLE ASSOCIATION OF
DIABETES EDUCATORS**
1984

www.louisvillediabete.org



**KENTUCKY DIABETES PREVENTION
AND CONTROL PROGRAM**
KDPCP



Kentucky
UNBRIDLED SPIRIT

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



JDRF Juvenile Diabetes Research Foundation International

dedicated to finding a cure

[www.jdrf.org/chapters/
KY/Kentuckiana](http://www.jdrf.org/chapters/KY/Kentuckiana)
1-866-485-9397



DE CINCINNATI A
Diabetes Educators Cincinnati Area

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



AAACE 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