

# Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

## A Message from Kentucky Diabetes Partners

### TAMI ROSS ELECTED AMERICAN ASSOCIATION OF DIABETES EDUCATORS PRESIDENT

**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



*Tami Ross, RD, LD, CDE  
to serve as  
AADE President in 2013*

Kentucky diabetes educator, Tami Ross, was recently elected President of the American Association of Diabetes Educators (AADE), a national organization serving over 12,000 diabetes professionals across the United States (200 from KY)! After serving as President Elect in 2012, Tami will fulfill her role as AADE President beginning in 2013.

Tami received her Bachelor of Science Degree from the University of Kentucky and has worked in diabetes education for over 20 years. Tami currently works as a dietitian and certified diabetes educator for Internal Medicine Associates in Lexington, KY. She is also a speaker, writer, and consultant and has co-authored several books.

**WE ARE PROUD TO  
HAVE TAMI LEAD OUR  
NATION'S DIABETES  
EDUCATORS!**

**CONGRATULATIONS  
TAMI!**



**MODERN APPLICATION OF ANCIENT PRINCIPLES ON DIABETES CARE — P. 2-4**  
**HOW LOW CAN YOU GO? DR. POHL'S COLUMN — P. 6-7**  
**THE FOOT EXAM IN DIABETES — P. 8-9** **AND MORE!**  
**KY CONGRESSMAN ED WHITFIELD INTRODUCES DIABETES ACT 2011 — P. 10**

# THE MODERN APPLICATION OF ANCIENT PRINCIPLES

## A "MIND-BODY" PERSPECTIVE ON DIABETES SELF-CARE



Submitted by: *William W. Wojasinski, Mind-body Exercise and Wellness Consultant, Director, Kentucky Tai Chi and Qigong Center, Lexington, KY*

Good diabetes management is not only about lowering glucose levels, but also about the overall reduction in the risk factors for diabetes complications. This requires lifelong care and management. Studies have shown that many complications of diabetes can be prevented or delayed through effective management of the disease. This includes lifestyle measures such as a healthy diet, engaging in some form of physical activity, and attainment of an ideal body weight.

### The Cost of High Blood Sugar

If diabetes is not well controlled, it can cause long-term complications that over time lead to serious damage to many of the body's systems, especially heart, blood vessels, eyes, kidneys, and nerves. These complications include *retinopathy* (the result of long-term accumulated damage to the small blood vessels in the retina), *neuropathies* (damage to nerves in the hands, arms, feet, legs, organ system, etc.) and *nephropathy* (kidney damage).

People who have diabetes also face increased risks of heart disease, high blood pressure (twice as common in diabetes), strokes (mortality rates from this disorder are three- to five-times higher in diabetes) and peripheral vascular disease (damage to blood vessels).

Unfortunately, many people do not take diabetes seriously. Until a person's health is affected, having diabetes seems more of a nuisance than a real threat. Having this perspective can prove fatal. Diabetes is the 6th leading cause of death in Kentucky and often leads to heart attack, stroke, lower extremity amputation, kidney failure and blindness.

Fortunately, tight control of a person's blood sugar can help reduce and perhaps eliminate the health consequences of the disease.

### Physical Activity: An Important Tool For Managing Diabetes

Physical activity is a key factor in leading a healthy lifestyle and reducing the impact of diabetes on health. Staying active is a very important part of diabetes management. Besides improving overall fitness, exercise can also help manage the blood sugar levels, control weight and improve cardiovascular health. Exercise also helps reduce the harmful effects of stress on glucose levels. Exercise helps control diabetes by:

- Improving the body's use of insulin.
- Improving muscle strength.
- Burning excess body fat, helping to decrease and control weight (decreased body fat, especially around the waist, results in improved insulin sensitivity).
- Increasing bone density and strength.
- Lowering blood pressure.
- Lowering 'bad' LDL cholesterol and increasing 'good' HDL cholesterol.
- Improving blood circulation and reducing the risk of heart disease.
- Increasing energy levels and enhancing work capacity.
- Reducing stress, promoting relaxation, and releasing tension and anxiety.



**Being habitually physically inactive is one of the risk factors for developing type 2 diabetes and pre-diabetes.**

*Source: KY Diabetes Prevention and Control Program*

**Stress, both physical and mental, is a major cause of poor diabetes control.**

*Source: American Diabetes Association*

### Psychological Factors: Emotions Affect Blood Sugar Control

Psychological factors such as stress, anxiety, depression and hostility are considered as damaging in the progression of diabetes as a poor diet. These factors play a crucial role in blood sugar control. The lifestyle changes and health threat associated with diabetes often seem overwhelming and can have a direct impact on blood sugar levels (elevating). Psychological factors can also raise blood sugar indirectly by hindering how a person takes care of him / herself making them less likely to exercise, eat right, take their medication and test their blood sugar. When self care deteriorates, blood sugar control does also.

Managing these factors will help people with diabetes take more positive control of their health and better keep their blood sugar levels within prescribed limits. Many exercise programs, however, do not adequately address the impact of these psychological factors on a person's well-being. A good diabetes management plan should contain a "holistic" perspective on self-care that includes methods that address both physical and psychological aspects of good health.

## THE MODERN APPLICATION OF ANCIENT PRINCIPLES (CONTINUED)

### Mind-Body Exercise: An Important Part of a Diabetes Management Plan

So what has “a mind-body perspective on diabetes self-care” got to do with good diabetes management?

During the past two decades, research into the interactions between the mind and body and the powerful ways in which emotional, mental, social, and spiritual factors can directly affect health has proven that our thoughts, feelings, beliefs, and attitudes can positively or negatively affect our health. In other words, our minds can affect how healthy our bodies are. One result of this research has been the increasing popularity of “mind-body” practices such as Qigong, Tai Chi, Meditation, and Relaxation Techniques.

**Mind-body exercise:  
The implication is that  
body, breath, and mind exert a  
reciprocal influence on each  
other (e.g. when the body  
relaxes, the breathing rate slows  
down and the  
mind becomes calm).**

*Source: Chinese Medical Qigong*

### Diabetes Self-Care Through the Application of Ancient Principles

A diabetes self-care program, using a mind-body system such as Qigong or Tai Chi, promotes good health and general well-being and should be one of life’s daily priorities without becoming inconvenient, impractical and time-consuming. Mind-body practices offer an effective addition to the diabetes management plan and address both physical exercise and the psychological factors (stress, depression, anxiety and hostility) that negatively impact blood sugar control.

**Relaxation techniques of  
a mind-body practice  
like Qigong or Tai Chi  
can be very effective for  
reducing stress**

*Source: Mayo Clinic*

### Qigong and Tai Chi: Gentle Ways to Better Diabetes Control

Qigong and Tai Chi are wellness-promoting systems that can go far beyond simple exercise. Qigong was born from ancient Chinese medicine and is a major branch of today’s Traditional Chinese Medicine. Tai Chi, a form of Qigong, was born as an ancient martial art. Today Tai Chi is practiced worldwide for its benefit to health and health maintenance. Both systems combine gentle, rhythmic movements, healthy breathing, relaxation and mental focus to reduce stress, build stamina, increase vitality, and enhance the immune system. They have also been found to improve cardiovascular, respiratory, circulatory, lymphatic and digestive functions. Both can be easily adapted to an individual’s needs, even for the physically challenged and can be practiced by all age groups. Anyone can enrich their lives by adding Qigong or Tai Chi to their daily routine. These activities can be practiced anywhere, at any time and there is no need to buy special clothing or to join a health club.

Long-term regular practice of Qigong or Tai Chi (for 30 to 60 minutes most days of the week) can provide a variety of benefits in the control of diabetes. Along with better blood sugar control (and all the benefits that come from that), they also provide a person with “tools” to help offset the physical and psychological factors that can sabotage one’s efforts at changing unhealthy habits. **Potential benefits include: improved overall health, effective stress reduction, reduced blood pressure, better control of emotional eating, improved weight control, improved relaxation and sleep, improved blood sugar control, improved balance, agility, flexibility, and mobility, improved blood circulation, strengthened immune system, increased energy levels, better concentration and improved mood.**

Why “potential”, because it takes commitment. The benefits from Qigong and Tai Chi come through practice. Even people who don’t like to exercise and don’t really move very much can benefit from these low impact (easy on the joints and muscles) systems. For people with physical limitations or problems (such as back, knee, or hip problems) that restrict or prevent doing regular exercise while standing, Qigong and Tai Chi can be a perfect alternative. Each can be done while seated (or wheelchair bound) and offer many benefits, including physical activity, mental stimulation, and greater social involvement to people with ambulatory disabilities.

### Qigong and Tai Chi Are For Everybody

We all know that regular physical exercise is a key element of living healthy and managing diabetes. We also know that diabetes can strike anyone, including those with physical and ambulatory disabilities which hinder their ability to engage in regular moderate physical activity. Consequently, people with diabetes who also have disabilities may not view physical activity as an important part of their management plan and consider mind-body techniques like Qigong and Tai Chi as not possible or accessible.



However, the mind-body practices of Qigong and Tai Chi are powerful tools with the potential to dramatically improve the mental and physical quality of life. They are among the most economical, low risk and convenient self-care methods available. Qigong and Tai Chi can be done in the conventional walking form or, for those who have limited movement or are wheelchair bound, while standing or seated.

Seated Qigong or Tai Chi practice offers many benefits to those with physical and

**ARTICLE CONTINUED ON PAGE 4**

## THE MODERN APPLICATION OF ANCIENT PRINCIPLES (CONTINUED)

ambulatory disabilities through a series of gentle circular movements that improve and stimulate the rotating range of the torso, waist, lower back, shoulders, arms and wrists. In addition, seated practice also helps minimize muscle atrophy, builds self-confidence, promotes social involvement and encourages proactive self-care.

For more information about the potential benefits of a seated mind-body program for people with disabilities, see the YouTube video “Seated Tai Ji: Strengthening Mind & Body” by Dr. Zibin Guo ( <http://www.youtube.com/watch?v=JPpa0HbVIE> ).

### Implementing a “Mind-Body” Practice on Diabetes Self-Care With Qigong or Tai Chi

Relaxation techniques are skills and take practice to develop. The more a person practices these mini-sessions, the better they become at producing sensations of relaxation in a short period of time.

For a diabetes self-care program to succeed in becoming permanent and worthwhile it must fit comfortably into a person’s daily life and .....it has to work. Including a “mind-body” practice as part of the diabetes management plan offers many benefits through health-oriented techniques that can be applied throughout a person’s busy day. By incorporating “mini-practices” into the day, a person can improve blood sugar control.

Mini-practices of 1-3 minutes in duration are a key element to making a mind-body practice work. Performing a stress reduction program once or twice a day is beneficial but may not affect the blood sugar over the course of a whole day. For better blood sugar control, a person must keep the stress hormones down throughout the day. Whether at work, at home, on business travel, or on vacation, these techniques allow a person to be more creative and flexible at fitting a wellness program into a daily routine.

**To implement a mind-body practice, a person must first make self-care a priority. Suggestions for our patients with diabetes include:**

- Choose health over illness (take control of their own health).
- Check with their physician before beginning any mind-body practice to ensure the safety of exercise.
- Choose a mind-body self-care activity and include it in their diabetes management plan (STICK TO IT).
- Find a knowledgeable teacher who is right for them. If they have any medical conditions which require special attention, it is essential that they choose a teacher who has experience making accommodations for their condition.
- Learn techniques that allow them to be creative and flexible at fitting their wellness program into their daily routine.
- Develop “mini-practices” to enhance blood sugar control throughout the whole day.
- Schedule time for THEMSELVES just as they would schedule a doctor’s appointment. KEEP IT.
- Be consistent with practice. The benefits will be achieved through patience, perseverance, and practice.
- Monitor blood glucose regularly, especially before and after any exercise. Keep a daily log.
- Keep it simple. The simplest things are usually the most powerful.
- Have fun. The key to success is to enjoy the chosen mind-body self-care practice.

Successful diabetes management is based on a simple and powerful promise: ***Make small changes, get big results.*** People who make a mind-body self-care practice a priority in the diabetes management plan and stick to it will reap the numerous health benefits that a consistent practice routine provides. Taking good care of diabetes today means avoiding other health related problems from the disease in the years to come.

Diabetes is a serious and costly disease in Kentucky....yet it is controllable. Experience “meditation in motion” while exploring the power within to reduce the impact of diabetes. Once learned, the mind-body self-care practice of Qigong or Tai Chi is a treasure that will last a lifetime....a long lifetime. ***It’s never too late to start.***

*About the Author: William W. Wojasinski has been involved with the martial, healing, and meditation arts of both China and Japan for nearly 45 years. He believes that a “mind-body practice” should be an important part of a person’s overall wellness program and teaches both Tai Chi Chuan and Qigong as cost-effective self-care strategies that promote the understanding and practice of these arts as a means to support creative, healthy, and active lifestyles. William serves as a health care professional on the Central Baptist Hospital Diabetes Education Advisory Board for 2011. He has type 2 diabetes and incorporates Qigong and Tai Chi as a key element of his diabetes management plan. For more information on the mind-body practice of Qigong or Tai Chi, contact William at [bill@kentuckytaichi.com](mailto:bill@kentuckytaichi.com).*

# KENTUCKY WORK HIGHLIGHTED AT SEVERAL NATIONAL EVENTS

Submitted by: Becki Thompson, RN, BSN, CDE, State Staff, KY Diabetes Prevention and Control Program, KDN member

## KY Educators Present in Washington State

Two KY diabetes educators recently traveled to Washington State to train and mentor fellow diabetes educators and leaders. Janey Wendschlag, RN, BSN, and Mechelle Coble MS, RD, LD, CDE, with the KY Diabetes Prevention and Control Program of the Lexington-Fayette County Health Department and the Lincoln Trail District Health Department, respectively, shared successful presentation tools and tips in diabetes education at the Washington Area Diabetes Educators annual meeting on April 1 and 2. Together they provided two programs — the first was a pre conference break out session demonstrating how to make educational props and the second was a repeat of a presentation they had presented at the annual 2010 American Association of Diabetes Educators (AADE) annual meeting entitled, *Light Bulb Ideas to Make Your Educational Programs Shine!*



Mechelle Coble, left behind podium, and Janey Wendschlag, right behind table, were guest speakers at the Washington Area Diabetes Educators annual meeting in Washington State.

## Poster Session Provided at the Centers for Disease Control and Prevention (CDC) 2011 Diabetes Translation Conference

Janey Wendschlag also provided a poster session that focused on the development of culturally sensitive Spanish tools to enhance learning at the 2011 CDC Diabetes Translation Conference held in Minneapolis, Minnesota. The poster abstract, *Habla, No Habla Espanol? No Problemo: Tools for Teaching Diabetes with the Spanish Speaking Participant*, focused on the use of bilingual materials to enhance the learning experience of the Hispanic population. Janey along with her Hispanic support group

created a 30 minute walking exercise DVD, *Movimiento Latino*, to stress the importance of physical activity. For additional information regarding the poster session or the tool that was developed, email [Janeyl.wendschlag@ky.gov](mailto:Janeyl.wendschlag@ky.gov).



Janey Wendschlag, left, provided a poster presentation at the 2011 CDC Diabetes Translation Conference in Minneapolis, MN.

## Kentucky Receives 2011 Frankie Award at National CDC Conference

Kentucky received the 2011 Frankie Award in the “*Use of Media to Promote the National Diabetes Education Program (NDEP)*” category by work in promoting and reporting the NDEP messages to increase the awareness of diabetes throughout Kentucky. As of 12/31/10, the following activities and audience/exposure numbers were reported for the “*Know the ABCs of Diabetes*”: Billboards – 10,322,855; Magazine Articles – 36,000; Marquee/Wallboard – 8,985; Material Distribution/Displays, Health Fairs – 39,743; News Release – 992,513; Payroll Stuffer – 34,990; Radio Program/PSA – 14,196,500; and TV Program/PSA – 2,178,018. The total exposure to the ABCs message was 27,809,604!!

**2011 CDC Diabetes Translation  
Conference Plenary Sessions  
Available to View at:**

**<http://www.cdcdiabetes2011.com/>  
click on “presentations”**

# DR. POHL'S COLUMN

## How Low Can You Go?



Stephen L. Pohl, MD  
slpohl@insightbb.com

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

**Hypoglycemia is the bane of the diabetes care practitioner. Were it not for hypoglycemia, diabetes would be easy to treat.**

We would simply prescribe enough diabetes medications to lower blood glucose to normal. Instead, we struggle to achieve conflicting goals: preventing both hypo- and hyperglycemia. For example, intensive treatment of diabetes prevents chronic complications *and* increases the risk of severe low blood sugars. Helping patients find the point of optimal glyceemic control with acceptable hypoglycemia risk is at the heart of diabetes care.

Hypoglycemia, real or feared, comes up in several ways. In general, signs and symptoms of low blood sugar are more uncomfortable and alarming than the symptoms of high blood sugar. In addition, there is a lot of misinformation floating around about the dangers of low blood sugar. As a result, many patients allow their blood sugars to run high in order to diminish the risk of low blood sugars. Sometimes family members or other health care professionals sabotage our efforts to treat diabetes intensively because they don't want to deal with low blood sugars. At the other end of the spectrum, we occasionally run into a patient who is so compulsive about diabetes treatment or so afraid of chronic complications that he/she over treats and suffers incapacitating low blood sugars.

We tend to think of hypoglycemia as a problem associated with type 1 diabetes. Indeed, low blood sugar is more common in type 1 reflecting the greater instability of blood sugar levels in type 1, the blood sugar lowering power of insulin, and the insulin resistance associated with type 2. However, anyone taking blood sugar lowering medication is at risk for hypoglycemia. Furthermore, some of the nastiest low blood sugar problems I saw in practice were in patients with type 2. In this article I make no distinction between type 1 and type 2 in discussing the concepts behind clinical approaches to hypoglycemia. In the next article in this series, I will discuss some of the practical issues associated with different types of diabetes.

**Considering that the major function of blood glucose is to fuel the brain, it is surprising how little harm low blood sugars cause. Writings on the subject often state that hypoglycemia can cause death or brain damage but cite no convincing source for such a statement.**

To my knowledge, none of the thousands of patients I treated died solely as a result of hypoglycemia. While there may be cases I have forgotten or that did not come to my attention, hypoglycemia ranked with "lightning strikes" as a cause of death in my practice. Brain injury was equally rare. I had one man who suffered permanent severe brain damage after trying to commit suicide with insulin. He chose a summer afternoon in his garage as the time and place for his attempt; so, it was never clear whether hypoglycemia or hyperthermia did the damage. Otherwise, every patient I saw who had confusion or other mental problems after a low blood sugar eventually recovered completely.

On the other hand, there is nothing good about low blood sugar episodes. At best they are unpleasant, frightening, and embarrassing. Even if hypoglycemia per se is benign, insulin reactions often have serious consequences. Severe insulin reactions render the victim vulnerable to injury. One of my patients crashed her car and killed another driver during a low blood sugar episode. Another crashed her car while driving alone and died. Although there was no supporting evidence, I suspected that low blood sugar played a role. A severe insulin reaction may be more traumatic for a witness than the victim. Nearly fifty years ago I witnessed a severe insulin reaction for the first time. I remember thinking, "This guy is going to die right here and right now" but, within a few minutes after receiving intravenous glucose, he recovered completely and had no memory of the event. Imagine the panic a young mother must feel the first time she watches her child pass out, turn blue, and convulse from a low blood sugar. It is no wonder that patients and families often give avoidance of low blood sugar a higher priority than reducing average blood sugar.

Scientific studies of hypoglycemia during the past two decades have produced several concepts that are very useful in working with patients. The first is the simple definition of severe hypoglycemia developed by the Diabetes Control and Complications Trial.

**A hypoglycemic episode is severe if neurologic impairment prevents self-treatment and the assistance of another person is required. Any episode of**

## DR. POHL'S COLUMN (CONTINUED)

### **hypoglycemia that is not severe we'll call mild hypoglycemia.**

As a clinical rule of thumb, severe hypoglycemia is not OK. In addition to rendering the victim vulnerable to injury, severe hypoglycemia may have undesirable physiologic effects (see below). Mild hypoglycemia, while undesirable, is tolerable.

We now place signs and symptoms of hypoglycemia in two categories: autonomic and neuroglycopenic. The autonomic symptoms are the classical fight or flight sensations. Neuroglycopenic symptoms are those of brain malfunction such as coma and seizures. The autonomic symptoms are part of a more general phenomenon that we now call counter regulation, the defense the body mounts against a falling blood sugar. These so-called warning symptoms prompt behaviors such as eating and glucose or glucagon administration. They also reflect physiological events such as release of glucose from stores and gluconeogenesis. Neuroglycopenic signs and symptoms, then, are the consequence of the autonomic response to a falling blood sugar failing to get the job done. The fall in blood sugar continues to and beyond the point that the brain no longer has adequate fuel to function normally.

### **Abnormal autonomic response to hypoglycemia is common in the course of diabetes and produces states of hypoglycemia unawareness and defective glucose counter regulation.**

Although the mechanisms differ, both states predispose to progression of hypoglycemia to neuroglycopenic symptoms and severe insulin reactions. Hypoglycemia unawareness means that the cues to eat, for example, are lost. The cues to avoid potentially dangerous activities such as driving an automobile may also be lost. Defective counter regulation means that glycogenolysis and gluconeogenesis, the normal reactions to a falling blood sugar, do not occur to the extent required to keep blood sugar up.

Risk of autonomic failure increases with duration and poor control of diabetes raising the interesting concept that susceptibility to severe insulin reactions is a complication of diabetes. Thus, a person who deliberately runs high blood sugars in order to avoid insulin reactions may be setting him- or herself up for a much greater problem with low blood sugars later in life.

Another intriguing possibility is that severe hypoglycemia may cause or contribute to autonomic failure leading to a vicious cycle of severe insulin reactions. Meticulous avoidance of low blood sugar for a few weeks, even at the expense of high blood sugars, is a maneuver worth trying in patients who suffer from recurrent severe hypoglycemia.

### **Pseudo hypoglycemia, i.e. symptoms of low blood sugar with normal or even elevated blood sugars is a big clinical problem.**

At least part of this phenomenon is due to the fact that symptoms of hypoglycemia are non specific. Other conditions, like anxiety, produce symptoms identical to those of hypoglycemia but have nothing to do with blood sugar. There has also been speculation that rapid changes in blood sugar, for example dropping from very high to normal, could produce hypoglycemia symptoms. Whatever the cause of the symptoms, pseudo hypoglycemia is a major barrier to successful diabetes treatment.

### **The physiology of glucose transport in the brain may be partially responsible for pseudo hypoglycemia.**

Glucose enters brain cells in response to a concentration gradient, i.e. like water flowing downhill. Unlike muscle, insulin does not stimulate glucose transport in the brain. There is no active transport, or pump, forcing glucose into brain cells. Thus, the brain glucose transport system limits rather than promotes entry of glucose. The brain seems to adapt to chronic hyperglycemia by raising the barrier to glucose entry. Then, if blood sugar becomes normal for whatever reason, the barrier is still up. Insufficient glucose enters brain cells and symptoms of hypoglycemia occur. Although speculative, this explanation is very useful in helping patients cope with pseudo hypoglycemia.

In summary, helping patients deal with hypoglycemia is one of the biggest challenges in diabetes care. Occasional mild hypoglycemia is a price one pays for the benefits of good glycemic control. It is a little like learning to ski. If you don't fall down occasionally, you're not trying hard enough. Although not a frequent cause of death or brain damage, severe hypoglycemia should be avoided as much as possible. Hypoglycemia unawareness, failure of counter regulation, and pseudo hypoglycemia are relatively new concepts that are important to understand and use in patient care.

### **In my next column, I will share some of the techniques and tricks I used to help my patients deal with hypoglycemia.**



# THE FOOT EXAM IN DIABETES



*Dr. Benjamin M. Schaffer is a podiatrist in Louisville, Kentucky who has been in private practice since 1982. He is board certified in foot surgery by the American Board of Podiatric Surgery, and is experienced in the treatment of wounds and conditions associated with diabetes.*

**Dr. Benjamin Schaffer** gives you as the examiner a chance to educate your patient and demonstrate some of the self-examination techniques that should be employed on a daily basis to monitor for signs of pathology.

## High Risk Foot:

The high risk foot as defined by Medicare when determining coverage for diabetes shoes is one that has one of the following:

- vascular compromise
- history of amputation
- history of callus or ulcer
- foot deformity.

In addition, patients who smoke, have impaired sensation, severe nail deformity, or have renal disease or retinopathy should be considered to be in the high risk category. Areas on the foot with pressure-related erythema or increased temperature should be considered to be pre-ulcerative.

**The foot exam can take as little as 10 to 15 minutes, but for a patient with diabetes this is time well spent.**

The exam should be accompanied by some words of caution or encouragement in addition to education of the patient and their family regarding daily evaluation and care of the feet.

The National Institute of Health (NIH) recommends a comprehensive foot exam at least once a year for all individuals with diabetes to identify high risk foot conditions. People identified with one or more high risk foot conditions should be evaluated more frequently for development of additional risk factors. Neuropathic patients should have a visual inspection at each contact with a health care provider. Foot inspections on each visit are recommended in communities where the “prevalence and incidence of diabetes foot problems are high”, both for high and for low risk patients. The NIH website (<http://www.ndep.nih.gov/>) offers more information, including a screening form which may be of help in the foot assessment. Another more detailed form (designed for podiatrists) is available at <http://www.visualfootcare.com/pdf/>.

## The Foot Exam

Initial questions: Can the patient walk at least 2 blocks without fatigue? Is there a history of retinal, renal, peripheral vascular, or cardiovascular disease. How compliant is this patient? If

A1C levels are consistently poor, then an infected foot would be good reason for hospitalization. Is there any history of foot ulcers? If so, then shoes for diabetes are strongly recommended, and foot exams should be considered more than once a year.

## Skin Exam:

- Inspect between the toes from toe to heels, and look for calluses, blisters, fissures, ulcers, discoloration, or temperature changes. Thinning, loss of hair, decreased turgor can be signs of vascular disease. A cardboard-like pale appearance of a toe can signal significant peripheral vascular disease. Extreme dryness should raise concern for fissuring and potential infection, and should raise the question of autonomic neuropathy. Asymmetric peeling or dryness may not be dry skin, but instead may be a chronic tinea pedis.
- Check for ingrown toenails, thickening, or extreme nail length, or fungal nail infection.

## Vascular Exam:

- Palpate pulses.
- Assess perfusion status by capillary refill, venous refill (elevate foot temporarily then observe changes in color on dependency).
- Assess the feet and legs for edema and symmetry

## Neurological Exam:

- Check deep tendon reflexes.
- Assess vibratory sensation by placing a 128-Hz tuning fork to the prominence of the 1st and 5th metatarsal heads. You may also check the navicular and the malleoli. Have the patient indicate when the vibration stops.
- Using a Semmes-Weinstein 10g monofilament, test multiple areas on the toes and feet, realizing that neuropathy usually starts on the first and third metatarsals, progressing to the first and third toes.

## Biomechanical and Musculoskeletal Exam:

- Check for foot deformities, including Charcot arthritic changes, fractures, flat or high arched (cavus) foot, hammer-toes, bunions, or any other foot deformity that may contribute to friction, pressure, or eventual ulceration.
- Evaluate for any limitations on range of motion, muscle weakness, gait abnormality. Neuropathy can cause forefoot instability and thinning due to intrinsic muscle atrophy. It can also lead to balance problems, and may lead to a dropfoot in some individuals.

## Footwear Exam:

- Reinforce the need to avoid being barefoot and to monitor the feet regularly.
- Make sure the patient wears socks regularly, and check them for any drainage.
- Examine shoes for proper shape, fit, and condition, wear patterns, and foreign objects.
- Prescribe diabetes footwear, if appropriate, based on the foot exam.

# DR. SCHAFFER'S ARTICLE (CONTINUED)

## Patient Education:

During the foot exam, I try to explain why we are examining each organ system. Written handouts are plentiful from educational sites such as the ADA, NIH, state resources, and many pharmaceutical companies. I encourage patients to take at least one handout on each visit. It's important to be enthusiastic regarding their self care, since I believe a major role of the health care provider is to be a "cheerleader" for the patient by advocating good compliance in their daily routine.

## Ongoing Concerns

### Follow-up Visits:

A "high risk foot" should at least have a cursory exam each office visit (even for non-pedal office visits), and the patient should be instructed to check both feet daily for any changes. A make-up mirror is strongly advised, especially for patients with neuropathy. I would recommend flagging charts of diabetes patients with high risk feet so that staff can make sure they remove their shoes on all visits, particularly if there is neurovascular compromise. In addition, patients with loss of sensation or peripheral vascular disease should be sent to a podiatrist for professional care of their feet on a regular basis.

### Vascular Studies:

Statistically, people with diabetes have much greater cardiovascular risk than the general population, and it is generally recommended that patients with diabetes over the age of 50 have a noninvasive arterial exam. Even without diabetes, smokers over 40 years old should be considered for vascular screening, and any patients with diminished pulses is a candidate for screening. The detection of lower extremity stenosis can often be the first indication of overall cardiovascular disease.

### Podiatrist:

If this patient has an "at-risk foot" due to poor circulation or diminished sensation, then most insurance will cover periodic foot care by a podiatrist. **To qualify, the patient must be "at risk" rather than unable to care. Inability to reach the feet or loss of sight are not reasons to qualify for foot care under Medicare.**

## WHAT TO KNOW ABOUT SHOES FOR DIABETES

*Medicare, Medicaid, and many insurance plans will cover shoes and insoles for diabetes. There are several choices available. It is important for the prescriber to be aware of these differences so that the patient's annual benefit is not used up with inappropriate footwear by a vendor that contacted them by mail, door-to-door, or at their retirement center or dialysis clinic. Realize that if your patient needs therapeutic footwear, either yourself or another qualified medical professional should choose the appropriate footwear rather than a mail-order or soliciting salesperson.*

**Diabetes shoes:** Patients identified as high risk should also be considered for diabetes shoes. The shoes give adequate depth to accommodate foot deformities, and have a thick insole that can be replaced by custom or non-custom multi-density heat-molded insoles to relieve plantar pressures on the foot.

**Medicare pays for one pair of diabetes shoes along with three pair of diabetes insoles every calendar year for an at-risk diabetic foot.**

**Diabetes Insoles:** A standardized design for a multi-layered insole had been created to help relieve plantar pressures on the foot. The technology is very important for patients with loss of sensation, but can also benefit any patient – even a non-diabetes who has painful plantar calluses. **However, Medicare will only pay for diabetes shoes and insoles for at-risk patients with diabetes.**

**Custom Diabetes Insoles:** Many vendors only offer a standard non-custom insole that is warmed and molded against the patient's foot. If there are no plantar pressure abnormalities in a patient's foot, a standard foam multi-density insole will suffice, but if the patient has a high arch or other foot deformity or a history of plantar foot ulcers, a custom molded insole is strongly recommended. If you prescribe diabetes shoes for your patients, you need to be aware of these important differences in insoles, and know how to prescribe a custom insole that can more effectively redistribute plantar foot pressures. Custom insoles cost only a small fraction more than standard insoles, but the difference can be major if there is a need for plantar pressure redistribution. Accommodations for pressure areas and metatarsal pads are just two of the helpful additions that can be incorporated into custom insoles. **The custom insoles are reimbursed by Medicare for just a few dollars more than the standard insoles - a relative bargain when you compare the effort required in making them.**

**Custom Diabetes Shoes:** Everyone sees patients with severe foot deformities that can not be managed with manufactured shoes. For example, the patient has severe edema or wears an AFO brace on one foot. Some patients have feet so small they can't fit in a standard shoe. Some need aggressive offloading on the inside and/or outside of the shoe, extra high toe box, bunion accommodation, foam lining, or a rocker sole (rocker front, rocker back, or rocker front and back). Custom diabetes shoes can accomplish any or all of these tasks for you, and need to be part of your arsenal if you are prescribing shoes. Even if the patient will just be wearing them for one year due to problems with a very stubborn foot ulcer, they should be considered. The shoes are made with custom insoles that can include special modifications, just like the rest of the shoe. **Medicare will cover custom molded shoes with the same type of documentation as standard diabetes shoes.**



# DIABETES MEDICATION UPDATE

*NEWS FOR TREATING DIABETES PATIENTS*

*Submitted by: Christine Hanshaw, RN, BSN, CDE, Diabetes Center of Excellence, Team Leader, Barren River District Health Department, Bowling Green, KY, Christine.Hanshaw@ky.gov*

## **New Warning for Actos**

The newest warning for Actos (pioglitazone) concerns an increased risk of bladder cancer when used for more than one year. Drug labels for pioglitazone-containing medicines will soon include information about this risk in the *Warnings and Precautions* section of the label and the *Patient Medication Guide*, according to the U.S. FDA.

## **Stopping Aspirin a Bad Idea**

Patients at risk of cardiovascular events who stop taking low doses of aspirin (for secondary prevention) are at an increased risk of myocardial infarction, according to a large case-controlled study conducted by Luis Garcia Rodriguez, MD, from the Spanish Centre for Pharmacoeconomic Research in Madrid, and colleagues.

## **One Extra Bolus Dose of Insulin as Effective as Three**

Researchers have found that adding one additional dose of bolus insulin to the basal dosage may be as effective in controlling blood glucose levels as adding two or three bolus doses at mealtimes in patients with type 2 diabetes. However, Matthew Riddle, MD, Professor of Medicine at Oregon Health Sciences University in Portland, found that both add-on regimens of insulin appear more effective in reducing A1C than using premixed insulin twice a day.

## **New DPP-4 Inhibitor**

Tradjenta (linagliptin) is the newest DPP-4 Inhibitor, approved by the FDA in May for type 2 diabetes patients as a stand-alone therapy, and in combination with other therapies including metformin, glimepiride, and pioglitazone. Tradjenta has not been studied in combination with insulin and is marketed by Boehringer Ingelheim Pharm., Inc. and Eli Lilly Company.

## WESTERN KENTUCKY CONGRESSMAN WHITFIELD INTRODUCES DIABETES SELF- MANAGEMENT TRAINING ACT OF 2011



*U.S. Representative  
Ed Whitfield*

A Congressman from western KY, Ed Whitfield, introduced the Diabetes Self-Management Training Act of 2011 (HR 2787) on August 1, 2011, to the U.S. House of Representatives!

HR 2787 would amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing certified diabetes educators (CDE's) to provide diabetes

self-management training services under part B of the Medicare program. Excerpts from the bill include:

*Section 1861(qq) of the Social Security Act (42 U.S.C. 1395x(qq)) is amended-- by striking `by a certified provider in an outpatient setting' and inserting `in an outpatient setting by a certified diabetes educator or by a certified provider and by adding at the end the following:*

*the term `certified diabetes educator' means an individual who is licensed or registered by the State in which the services are performed as a health care professional; specializes in teaching individuals with diabetes to develop the necessary skills and knowledge to manage the individual's diabetic condition; and is certified as a diabetes educator by a recognized certifying body. The term `recognized certifying body' means a certifying body for diabetes educators which is recognized by the Secretary as authorized to grant certification of diabetes educators for purposes of this subsection pursuant to standards established by the Secretary.*

**To View the Entire Bill, go to:**

**[http://thomas.loc.gov/cgi-bin/  
query/z?c112:H.R.2787:](http://thomas.loc.gov/cgi-bin/query/z?c112:H.R.2787)**

# KET EXPLORES DIABETES IN KENTUCKY!

*MARK YOUR CALENDAR TO VIEW!*



Explore Kentucky's important health issues by watching KET's Health Three60, which looks at each issue from three perspectives in 60 minutes.

In our premiere episode, we tackle the crisis of diabetes in Kentucky where many counties have diabetes rates of 11 percent or higher. The human toll and financial implications are enormous — as much as 25 percent of Kentucky's Medicaid budget goes toward treating the complications of type 2 diabetes. Join us as we discuss this rising health problem and share hopeful news about diabetes management and prevention strategies.

## **TV Schedule - Upcoming Airdates:**

- KETKY: Monday, October 10 at 2:00 pm EDT
- KETKY: Thursday, October 13 at 11:00 am EDT

**If you do not have access to KET programming, view the program on the KET website <http://www.ket.org/health/>**

**Health Three60: The New Face of Diabetes**

This program was funded, in part, by a grant from the [Foundation for a Healthy Kentucky](#).

# HOSPITALS & PROVIDERS CONTINUE TO RECEIVE INCENTIVES FOR ELECTRONIC HEALTH RECORDS

*Frankfort Press Release Beth Fisher or Gwenda Bond (502) 564-6786 ext. 3101 or ext. 3100 (Press Release Printed in Part)*

Numerous Kentucky hospitals and medical providers have received federal dollars from the Centers for Medicare and Medicaid Services (CMS) for electronic health records under the 2009 American Recovery and Reinvestment Act. The funding—Medicaid incentive payments—will assist with the purchase or upgrade of information technology systems for health care records. In late February, March, and early April, payments exceeded \$17 million, reaching the state's urban areas, as well as rural communities.

The project is designed to lay the foundation for a state-wide electronic health network, comprised of viable electronic health record (EHR) systems in all Kentucky hospitals, medical practices and other related facilities, as well as connectivity to the Kentucky Health Information Exchange (KHIE). More information about KHIE can be found on the new KHIE website, [khie.ky.gov](http://khie.ky.gov).

CHFS awarded the first two incentive payments in early January 2011, becoming the first state in the country to do so (past EHR recipients can be found at [khie.ky.gov](http://khie.ky.gov)). Since then, a number of hospitals and health care practices have received incentive payments, totaling approximately \$30 million in federal funds. Incentive payments distributed by CHFS since the end of February include:

## February 25

- **LaGrange** Baptist Healthcare Affiliates, \$516,256
- **Pineville** Local Provider, \$21,250
- **Danville** Dr. Glover, Harrison Ahnquist and Alex (various providers), \$127,500
- **Hardinsburg** Breckinridge Memorial Hospital, \$194,011
- **Bardstown** Local provider, \$21,250
- **Albany** Local provider, \$21,250
- **Mt. Sterling** Mt. Sterling Pediatrics (two local providers), \$42,500

## March 4

- **Mount Vernon** Rockcastle County Hospital, \$629,782
- **Evarts** Clover Fork Outpatient Clinic (two providers), \$42,500
- **Manchester** Medical Associates of Southeast Kentucky (three providers), \$63,750

## March 10

- **Lexington** Ballard Wright, M.D.P.S.C. (local provider), \$21,250

- **Bowling Green** Fairview Community Health Center (10 local providers), \$212,500
- **Stanford** Fort Logan Hospital, \$680,671
- **Marion** Crittenden County Hospital, \$198,753
- **Leitchfield** Grayson County Hospital, \$785,144
- **Bardstown** Primary Care Center (various providers), \$170,000
- **Owensboro** Owensboro Medical Health System Inc., \$1,209,237

## March 17

- **Burkesville** Cumberland Family Medical Center (two local providers), \$21,250
- **Princeton** Caldwell County Memorial, \$69,812
- **Elizabethtown** Hardin Memorial Hospital, \$865,713
- **Beattyville** Juniper Health Inc. (three local providers), \$63,750
- **Irvine** White House Clinic (one local provider), \$21,250
- **Beattyville** Lee County Family Medical Clinic (two local providers), \$42,500
- **Morgantown** J. Todd Douglas M.D. PSC (local provider), \$21,250

## April 7

- **Prestonsburg** Highlands Hospital Corp., \$1,455,889
- **Murray** Murray Calloway County Public Hospital, \$653,516
- **Danville** Ephraim McDowell Regional Medical Center, \$810,477
- **Harlan** Appalachian Regional Healthcare Inc., \$1,176,377
- **Madisonville** Trover Clinic Foundation Inc., \$921,630
- **West Liberty** Appalachian Regional Healthcare Inc., \$413,716
- **Whitesburg** Appalachian Regional Healthcare Inc., \$863,920
- **Hopkinsville** Jennie Stuart Medical Center, \$909,120
- **Florence** St. Elizabeth Medical Center, \$1,032,045
- **Covington** St. Elizabeth Medical Center, \$1,098,085
- **Bowling Green** Bowling Green Warren County Community Hospital, \$1,499,478
- **Burkesville** Cumberland Family Medical Center Inc. (local provider), \$21,250
- **Frankfort** Family Care of the Bluegrass (local provider), \$21,250
- **McKee** White House Clinic McKee (four local providers), \$85,000
- **Louisville** Amins Family Practice (two local providers), \$42,500
- **Providence** Amins Family Practice Associate (local provider), \$21,250
- **Regional Health Care Affiliate Inc.** (three local providers), \$63,750
- **Madisonville** Trover Clinic ARNP Group (eight local providers), \$170,000
- **Pikeville** East Kentucky After Hours (three local providers), \$63,750
- **Danville** Danville Pediatrics and Primary Care (local provider), \$21,250

# KENTUCKY MEDICAID CHANGING

## *FREQUENTLY ASKED QUESTIONS*

*Taken in part from the Medicaid Website [www.MedicaidMC.ky.gov](http://www.MedicaidMC.ky.gov)*

### **Kentucky Receives Federal Approval to Implement Medicaid Managed Care**

The Kentucky Cabinet for Health and Family Services (CHFS) has received approval from the Centers for Medicaid and Medicare Services (CMS) to operate a Medicaid managed care organization waiver program. The waiver allows Kentucky to implement a mandatory managed care program for virtually all Medicaid recipients in the state outside of the Passport region, which operates under a separate CMS waiver.

### **Answers to Frequently Asked Questions**

#### **How is Kentucky Medicaid changing?**

Kentucky is moving to a managed care model statewide. Kentucky Medicaid has contracted with three new companies to begin coordinating health care for most Medicaid members beginning in October. The new companies, or managed care organizations (MCOs), are: CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky. Members in Jefferson County and the 15 surrounding counties served by the Passport Health Plan will continue to receive managed care services through that plan.

#### **Why is the state switching to a managed care system statewide?**

Switching to a managed care system allows the state to improve the health of Medicaid members while reducing costs. The state projects that the new system will save taxpayers \$1.3 billion over the course of the new, three-year contracts, and will result in the creation of 543 new jobs in the Commonwealth.

#### **How does managed care work?**

Medicaid has traditionally operated on a fee-for-service basis. Under the managed care system, the MCO receives a fee for each Medicaid member it serves. This results in better coordination of health care services across multiple health care providers.

Managed care focuses on improving health outcomes through coordinated care, preventive services and by offering disease management for individuals with chronic conditions like diabetes or asthma. It also focuses on reducing the unnecessary use of services, such as emergency room visits for non-emergencies or duplicate tests.

#### **How will benefits change? Will co-pays increase?**

There will be no reduction in benefits or covered services. The MCOs may also choose to offer additional services. The MCOs cannot charge more than the current Medicaid co-payments, but may choose to charge less.

#### **Will this affect all Medicaid members? How are members being notified?**

Most Medicaid members will receive coverage through the new system. Those in nursing homes and waiver programs will not.

The MCOs are establishing provider networks across the state. Medicaid members will initially be assigned to an MCO based on their medical needs or current primary care physician. Members will be notified by letter of the MCO assignment, and will have the opportunity to choose another MCO, if desired. Changes can be made within 14 days of the initial assignment or within 90 days after managed care begins on Oct. 1. After that, members will have an opportunity to switch MCOs annually, similar to private health insurance open enrollment.

**For more information, visit the Medicaid Managed Care website at [www.MedicaidMC.ky.gov](http://www.MedicaidMC.ky.gov) or call the Medicaid Managed Care Hotline at 1 (855) 446-1245 from 8 a.m. to 6 p.m. Eastern Standard Time, Monday through Friday.**

KENTUCKY MEDICAID *Managed Care*

# KENTUCKY HOMEPLACE RECEIVES \$150,000 GIFT TO EXPAND DIABETES EDUCATION

*Submitted by: David A. Gross,  
(606) 439-3557 ext. 83525*

On July 20, 2011, Kentucky Homeplace announced a \$150,000 gift to expand its diabetes self-management education efforts in 26 Eastern Kentucky counties.

The funding, provided by the Anthem Foundation, will support the Improving Diabetes Outcomes (I DO) initiative. In the project, Kentucky Homeplace will focus even more attention on counseling clients with diabetes about the benefits of a healthier lifestyle. Specific emphasis will include better food choices and exercise habits, with goals of lowering clients' blood glucose levels and body mass indices.

"We will use this gift to increase our diabetes clients' self-management knowledge, thus improving outcomes that lead to a reduction in complications caused by diabetes," said Fran Feltner, a registered nurse and director of the UK Center for Excellence in Rural Health-Hazard, where Kentucky Homeplace is based. "I would like to thank the Anthem Foundation for enabling us to offer this much-needed service."

The mission of Kentucky Homeplace – the University of Kentucky's award-winning community health worker program – is to provide access to medical, social and environmental services for the citizens of the Commonwealth. The program's workers are employed from within the communities they serve and are trained to deliver education on prevention and disease self-management.

Most Eastern Kentucky counties have unusually high rates of diabetes, which is a major contributing factor to such health complications as blindness, lower extremity amputations and heart disease. Self-management education can empower patients with diabetes to monitor medications, nutrition, physical activity levels, and other aspects of their own condition.



Kennan Wethington, left, regional vice president of sales for Anthem Blue Cross and Blue Shield in Kentucky, presents a \$150,000 check to Dr. Frederick de Beer, dean of the University of Kentucky College of Medicine, and Fran Feltner, director of the UK Center for Excellence in Rural Health-Hazard, during a ceremony announcing the Improving Diabetic Outcomes (I DO) initiative.

"On behalf of UK and UK HealthCare, we would like to thank the Anthem Foundation for this gracious gift," said Dr. Frederick de Beer, Dean of the UK College of Medicine. "It will positively impact many lives in Eastern Kentucky. Through its wonderful team of community health workers, who offer access to life-changing health care services, Kentucky Homeplace has proven to be a tremendous asset for people across Kentucky. With funding provided by this gift, Kentucky Homeplace will be able to offer even more assistance to its Eastern Kentucky clients who've been diagnosed with diabetes, leading to a better quality of life and potentially saving lives."

The program began July 1 and will continue through June 15, 2012, with the potential for continued funding.

"Teaming up with Kentucky Homeplace fits Anthem's mission to improve the health and the lives of the people in our communities," said Deb Moessner, president of Anthem Blue Cross and Blue Shield in Kentucky. "Kentucky ranks very high nationally for the number of adults with diabetes. I'm confident this program will help begin to turn the tide and decrease the prevalence of this disease."

The UK Center for Excellence in Rural Health-Hazard works to improve the health of Kentuckians through education, research, health care services and community engagement. For additional information about Kentucky Homeplace or the Center's other programs, you may call (606) 439-3557 or visit [www.mc.uky.edu/ruralhealth](http://www.mc.uky.edu/ruralhealth).

**UNIVERSITY OF KENTUCKY**  
*Kentucky Homeplace*

# KENTUCKY WALKS FOR DIABETES

**Step Out:** Walk to Stop Diabetes is the American Diabetes Association's signature fundraising walk taking place in 160 cities across the United States to help raise money to find a cure for nearly 24 million Americans living with diabetes and to help improve their lives.

**REGISTER ONLINE:** <http://main.diabetes.org/stepoutlouisville>

**DATE AND LOCATION:** October 15, 2011 Great Lawn, Waterfront Park



American Diabetes Association.

**FESTIVITIES:** Honorary Chair – Darrell Griffith

**Route:** 1 mile and 5K (approximately 3 miles)

**Family Event:** This Walk is a Family Friendly event! Strollers are welcome.

Dogs on leashes are invited as well! There will be a children's area with crafts and activities for you and your young ones to enjoy.

**Food:** Enjoy bagels, fruit, coffee, cold drinks and other healthy snacks in the ADA Café.

**Health & Wellness Festival:** While we pursue a cure for diabetes, we want those affected by it to live the healthiest life possible in the interim. At Step Out, we will hold a Wellness Festival with various vendors who want to help you live the best life you can – even with diabetes.

**Red Striders:** *Red Striders* are anyone who lives every day with diabetes - type 1 or type 2 – that registers to participate. Red Striders will be recognized with a special “red” hat, t-shirt, free goodies and more. Please join us and be acknowledged. *You are why we walk!!*

**GOAL/PURPOSE:** Monies raised will help fund research to prevent, cure and manage diabetes; deliver services to hundreds of communities; provide objective and credible information; and give voice to those denied their rights because of diabetes. Goal: \$210,000

**For more information or to register, please contact one of the following:**

April Enix  
ADA Manager  
(502) 452-6072 ext. 3307  
[aenix@diabetes.org](mailto:aenix@diabetes.org)

Daly Muller  
ADA Coordinator  
(502) 452-6072 ext. 3318  
[dmuller@diabetes.org](mailto:dmuller@diabetes.org)

Helen Overfield  
ADA Director  
(502) 452-6072 ext. 3317  
[hoverfield@diabetes.org](mailto:hoverfield@diabetes.org)



**Churchill Downs - Louisville, Kentucky  
Parking Longfield Lot**

**Saturday, October 22nd**

**Check In:** 11:00 a.m. Gate 10/Longfield Lot

**Start:** 12:30 p.m. - Infield

**For more information, contact:** Tara Denham  
(502) 485-9397 or [tdenham@jdrf.org](mailto:tdenham@jdrf.org)

**Register online at [www.jdrf.org](http://www.jdrf.org)**

**Walk will take place rain or shine!**



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

**2011 Bluegrass Region Walk to Cure Diabetes  
University of Kentucky - Commonwealth Stadium**

**Saturday, October 1st**

**10:00 a.m. Registration**

**11:30 a.m. Walk**



**For more information, contact:**  
Tara Denham (866) 485-9397 or  
[tdenham@jdrf.org](mailto:tdenham@jdrf.org)

**Register online at [www.jdrf.org](http://www.jdrf.org)**

**Walk will take place rain or shine!**

## PADUCAH WALKERS RAISE OVER \$80,000 FOR DIABETES!

Submitted by Ashley Shadoan, Paducah KY

*The 2011 Four Rivers Walk to Cure Diabetes, held on April 16, 2011, at Noble Park in Paducah, had over 1000 walkers and raised over \$80,000 for diabetes!*



*The "Four Rivers Walk to Cure Diabetes" participants, above, carry banners for diabetes.*



*Emily Northcutt, middle row, 5th from the left, from Marshall County, and her walk team in green shirts. Emily organized her team on her own and designed and sold her t-shirts.*

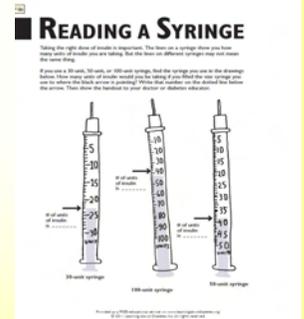


*Over 1000 Paducah area walkers brave the wind and cold in their quest to raise money for diabetes.*

## NEW FREE DIABETES TOOL AVAILABLE FOR EDUCATORS

Below is a new, free diabetes self-care aid for diabetes educators to use to ensure that someone using a syringe to inject insulin is reading the syringe correctly. (The most commonly used syringe sizes are illustrated in the handout.) How to read or draw the right amount of insulin in a syringe is not easy for some people to learn or remember. There are a number of reasons why reading a syringe may be difficult, including:

- poor number skills
- cultural or language barriers
- vision problems
- cognitive impairment.



To download the new tool in English or Spanish or obtain other free diabetes education aids, visit **Learning About Diabetes, Inc.**, [www.learningaboutdiabetes.org](http://www.learningaboutdiabetes.org) or call 520-561-7100.

## Understanding Diabetes Care in the Inpatient Setting

**Thursday, October 20, 2011**  
**Baptist Hospital East Auditorium**  
**4000 Kresge Way**  
**Louisville, KY 40207**  
**12:00 PM - 4:15 PM**



**For More Information please contact:**  
**Dee Warren or Sue Schultz at (502) 897-8826**

**Cost of Seminar:**  
**BHE Employees: Free**  
**All others: \$10**

**Approved for 5.1 contact hours by the Kentucky Board of Nursing Provider # 4-0017-00-202**

# The Latest Advances in Diabetes Management

October 7, 2011  
Corbin Technology &  
Community Activities Center  
Corbin, Kentucky 40701

Registration deadline is 9/23/2011

This FREE event includes contact hours,  
breakfast, lunch and breaks.  
Seating is limited and registration is honored on  
a first come, first serve basis.

Register online at  
[www.soahec.org/cecme.html](http://www.soahec.org/cecme.html)

For additional information please contact  
Anna Jones at (606) 864-1432

## SAVE THE DATE!

# DIABETES DAY

FOR PRIMARY CARE PHYSICIANS

September 24, 2011  
Hyatt Regency Louisville

For more information, please visit  
<http://aes.aace.com>

This is a FREE CME program!

This program is intended for MDs, DOs, NPs, PAs, RNs, CDEs,  
Pharmacists, and other interested health care providers.



## EDUCATIONAL OFFERINGS

**SAVE THE DATE**

Friday, September 23, 2011  
KADE sponsored all day symposium



*"Illuminating Ideas  
for Diabetes Education"*

This all day symposium will explore various topics that will assist in  
helping to make your daily diabetes education more invigorating!  
Check the KADE website for more information and location!



Check the KADE  
website for more  
information and  
Details!  
[http://  
kadenet.org/](http://kadenet.org/)

KY Statewide Diabetes  
Symposium 2011

*Save the Date!*

November 2011						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



**\* Friday, November 18, 2011 \***

Application will be made for CEUs  
for Nurses, Dietitians, Pharmacists, and other Healthcare  
Professionals, as well as hours for CDE

Location: Lexington, KY

Registration forms available in July

This symposium is being organized by  
**Kentucky Local Networking Groups of the  
American Association of Diabetes Educators (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:  
Julie Shapero RD, LD (859) 363-2116 ([julie.shapero@nkyhealth.org](mailto:julie.shapero@nkyhealth.org))

Or

Janice Haile RN, CDE (270) 686-7747 Ext. 3031 ([janice.haile@ky.gov](mailto:janice.haile@ky.gov))

# SCHOOL NURSES GATHER IN LAKE CUMBERLAND FOR DIABETES TRAINING

The Lake Cumberland District Diabetes Education Program coordinated a *School Nurse Diabetes Day* training for sixty-eight nurses on June 30<sup>th</sup>. Guest speakers included: Katie Conschafter, MS, RD, LN, CDE (*The Mystery of Celiac Disease & Type 1 Diabetes*); Leslie Scott, PhD, PNP-BC, CDE (*A Decade of 'Change' in Pediatric Diabetes Management in School*); Mechelle Coble, RD, LD, CDE (*Diabetes Camp*); and Jennifer Dixon, RN, BSN, CPT (*Students with Insulin Pumps*).



*School nurses, left, give the "Thumbs Up" sign for a fun day at the School Nurse Diabetes Day Training held in Lake Cumberland.*



*Katie Conschafter, above, presented, "The Mystery of Celiac Disease and Type 1 Diabetes".*



*Leslie Scott, above, presented, "A Decade of Change in Pediatric Diabetes Management in School".*



*Mechelle Coble, above, presented, "Kentucky's Diabetes Camp for Children".*



*Jennifer Dixon, above, presented, "Students with Insulin Pumps".*

### Diabetes Vaccine Tips

#### Diabetes "Seasonal" Flu Vaccine Guide \*\*

- People with diabetes (6 months old or older) should receive a yearly "seasonal" flu vaccine as soon as the vaccine becomes available each fall.
- Children with diabetes, under the age of 6, who get the "seasonal" flu vaccine for the first time should get it at least 28 days apart.
- People with diabetes SHOULD receive "seasonal" flu vaccine (inactivated) and SHOULD NOT receive intranasal (live) flu vaccine.

**\*\*NOTE: If you have had any allergic reactions to any flu vaccine.**

#### People with diabetes become sick with the flu...

- Should see their health care provider as soon as possible and ask about using antiviral drugs (like Tamiflu or Relenza) preferably within 2 days after becoming ill.

#### Diabetes Pneumococcal (Pneumonia) Vaccine Guide

- Adults and children (age 2 or more) with diabetes should receive a pneumococcal polysaccharide vaccination (PPSV) against pneumococcal disease (pneumococcal bacteria can cause pneumonia).
- A one time pneumococcal revaccination may be recommended for people with diabetes who are older than 65. Discuss the need for revaccination with your health provider.

TAKEN FROM THE KY DIABETES PREVENTION AND CONTROL PROGRAM & THE KY ADMINISTRATION PROGRAM  
FLU/PNEUMOCOCCAL BROCHURE Update 2010



## It's Flu and Pneumonia Time Again!

Print your patient education hand out, *Diabetes Vaccine Tips* from the KY Diabetes Prevention and Control Program web page,

<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm> , see right hand box labeled "helpful information", click on "diabetes and flu information".

## KADE DIABETES EDUCATOR MEETINGS SCHEDULED

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

Dee Deakins [deeski@insightbb.com](mailto:deeski@insightbb.com) or  
Diane Ballard [dianeballard@windstream.net](mailto:dianeballard@windstream.net)

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

## KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

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

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

**November 4 — Baptist Hospital East  
in Louisville**

**Diabetes Day at the Capitol  
February 9, 2012**

## DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at [sroszel@fuse.net](mailto:sroszel@fuse.net) or call 859-344-2496. Meetings are held in Cincinnati 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**

## GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Melissa Kleber [diabetesed@rocketmail.com](mailto:diabetesed@rocketmail.com).

## TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

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

### All Programs Offer 2 Free Contact Hours

**Date:** Thursday, October 20, 2011  
**Title:** *AGAINST THE GRAIN: LIVING GLUTEN FREE*  
**Speakers:** **Debbie M. Bandy, MS, RD, LD**  
**Location:** **Lone Oak Church of Christ**  
2960 Lone Oak Road  
Paducah, KY 42001  
10:00 am - 2:15 pm (2.0 Contact Hours)  
**Hostess:** Julie Muscarella  
**Register:** e-mail [nancy.walker@grdhd.org](mailto:nancy.walker@grdhd.org)

**Diabetes Management Workshop — December 7, 2011**  
Henderson Community College  
Contact Janet Meyer 270-831-9754 for information

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

**Diabetes Day for  
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[preventdiabetes@ymcalouisville.org](mailto:preventdiabetes@ymcalouisville.org)

**Central Kentucky:**  
 Diabetes Prevention Program Coordinator  
 Keoka Caulder 859-367-7333  
[Ddean@ymcaofcentralkentucky.org](mailto:Ddean@ymcaofcentralkentucky.org) or [kcaulder@ymcaofcentralky.org](mailto:kcaulder@ymcaofcentralky.org)

# Contact Information



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[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.**