Spring 2006

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists Ohio Valley 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

A Message from Kentucky Diabetes Partners

KENTUCKY DIABETES RECOGNITIONS

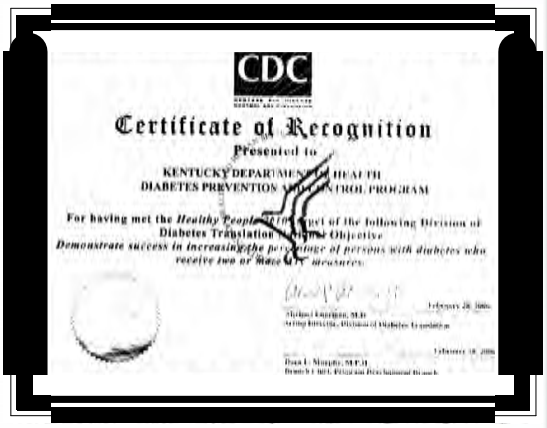
The Kentucky Diabetes Network (KDN) was the recipient of the *2006 Public Policy Award* given by the National Association of Chronic Disease Directors (NACDD).

This national award was presented to KDN at its quarterly meeting March 10, 2006 by John Robitscher, NACDD Executive Director. The Public Policy Award is given to an organization or coalition that has been effective in promoting policy change that reduces the chronic disease burden on a national, state, or local level. KDN was nominated for its accomplishments in advocating for new state funding on behalf of the Kentucky Diabetes Prevention and Control Program (KDPCP) and for developing tools to assist health care providers and insurers in caring for patients with diabetes.

John Robitscher (L) Executive Director of the National Association of Chronic Disease Directors (NACDD) presents the National Public Policy Award to Kentucky Diabetes Network President Randy Steele (R)

Kentucky received recognition in Atlanta at the National Diabetes Prevention and Control Program's Directors Meeting.

The Kentucky Department for Public Health's Diabetes Prevention and Control Program was recognized recently by the Centers for Disease Control and Prevention (CDC) for having met the Healthy People 2010 target of the CDC's National Objective, ***"Demonstrate success in increasing the percentage of persons with diabetes who receive two or more A1C measures".*** Theresa Renn, RN, CDE, Diabetes Project Director with the Kentucky Diabetes Prevention and Control Program (KDPCP), was presented with a certificate at the National Diabetes Prevention and Control Project Directors meeting which was held on February 27 – March 2 in Atlanta, Georgia.


CDC

Certificate of Recognition

Presented to

KENTUCKY DEPARTMENT OF HEALTH
DIABETES PREVENTION AND CONTROL PROGRAM

For having met the Healthy People 2010 target of the following Division of Diabetes Translation National Objective:
Demonstrate success in increasing the percentage of persons with diabetes who receive two or more A1C measures.

Certificate of Recognition presented by the Centers for Disease Control (CDC) to the Kentucky Diabetes Prevention and Control Program

If you would like to be added to the mailing list to receive this newsletter, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@grdhd.org

KENTUCKY SCHOOL HEALTH RESOLUTION (INCLUDING DIABETES SERVICES) PASSES THE HOUSE BUT DIES IN THE SENATE … KENTUCKY BOARD OF NURSING REQUESTING INFORMATION!

Submitted by: ***Dawn Fraze RN, BSN, CDE, KY Diabetes Prevention and Control Program, Lincoln Trail District Health Department, GLADE President, KDN member***

With input from: ***Mary Lou Marzian, KY Legislator, Louisville***

As a former school nurse, I have witnessed first hand the dilemma many parents, schools, and nurses face when it comes to students with diabetes and the diabetes care received during the school day. We all want to make sure that children receive the care necessary for their health and for optimal learning. In fact, section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of 1991, and American with Disabilities Act require diabetes to be viewed as a disability providing protection against discrimination. Basically put – students with diabetes and other disabilities must receive the same educational opportunities of those who are not disabled. The problem arises in determining the best way to ensure this protection.

Discussion regarding this important issue has continued and grown among Kentucky's diabetes educators, advocates, community leaders and policy makers. In December of 2004, the Greater Louisville Association of Diabetes Educators (GLADE) sponsored a panel of key stakeholders to begin a discussion on how to address this growing problem. In 2005, a law was passed in Kentucky requiring schools to have at least one employee trained in glucagon administration.

Most recently, a new Kentucky resolution that would have directed the Interim Joint Committee on Education to study how schools could effectively and efficiently provide school-based health services to students, was written. Unfortunately, this resolution (included in this newsletter) passed the KY House but did not pass the Senate. The good news is the resolution did cause much discussion among Kentucky legislators regarding insulin administration within schools and other settings.

In fact, the Kentucky Board of Nursing has requested information from diabetes educators and advocates regarding this issue. The Board of Nursing is preparing a position paper to address the administration of medications by unlicensed persons, which will include the provision of medications for children with diabetes in schools, as well as a host of other settings.

The Board of Nursing is collecting data, information, and/or descriptions of experiences regarding the administration of medications by unlicensed persons in schools (or other settings) that you wish to provide as well as your written comments. You may send this information to the KY Board of Nursing office, Bernadette M. Sutherland, MSN, RN, Nursing Practice Consultant, KY Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, KY 40222-5172, Phone: 502-429-3307, FAX: 502-696-3937, E-mail: BSutherland@ky.gov , KBN Office Website: http//kbn.ky.gov .

COPY OF KY SCHOOL HEALTH RESOLUTION
http://www.lrc.state.ky.us/record/06RS/HC169/bill.doc

A CONCURRENT RESOLUTION requesting the Legislative Research Commission to direct the Interim Joint Committee on Education to study how schools can effectively and efficiently provide school-based health services to students.

WHEREAS, students require a broad spectrum of in-school medical services ranging from injections, catheterization, medication administration, administration of suppositories, and tube feedings, to blood sugar testing; and

WHEREAS, schools do not have sufficient financial resources to hire enough school nurses to meet the National Association of School Nurses' recommendation of one nurse for every 750 students; and

WHEREAS, KRS 156.502 allows nurses or doctors to delegate provision of medical services for students to school personnel; and

WHEREAS, there is inconsistency in how medical services are delegated, a lack of training for school staff to whom delegation is made, and substantial disagreement among various professional associations about what services may be delegated; and

WHEREAS, there is no standardized training or training manual for medical personnel to use to train school staff without medical training to provide services to students; and

WHEREAS, some nurses are concerned that delegation of services creates a greater exposure to liability and can jeopardize their nursing licenses; and

WHEREAS, some parents are providing training for nonmedical staff even though this is not allowed by statute; and

WHEREAS, the delegation of services and training of nonmedical staff to administer insulin to students with diabetes is a particular concern; and

WHEREAS, some school staff with no medical training are required to provide certain medical services as a part of their job description, and it is important to determine how to provide additional training for staff charged with providing these services; and

WHEREAS, strong working relationships between schools and their county public health departments can improve health services available to children;

NOW, THEREFORE,
Be it resolved by the House of Representatives of the General Assembly of the Commonwealth of Kentucky, the Senate concurring therein:
Section 1. The Legislative Research Commission is requested to direct the Interim Joint Committee on Education

School Health Resolution Continued on page 3

School Health Resolution Continued from page 2

to study how schools can effectively and efficiently provide school-based health services to students. The Legislative Research Commission shall assign appropriate persons from the staff of the Interim Joint Committee on Education and Health and Welfare to assist with the study.

Section 2. Areas of investigation may include, but are not limited to:

(1) Training needed for nonmedical personnel and identification of how that training may be provided;

(2) Additional resources needed to meet the increasing medical needs of students;

(3) Medical services that appropriately may be delegated to nonmedical personnel;

(4) Model partnerships between schools and public health departments;

(5) Possible certification endorsements through the Education Professional Standards Board for individuals providing medical services that would enable those individuals to get the training needed to obtain additional compensation for learning additional skills; and

(6) Innovative approaches to providing school-based medical services in Kentucky and other states.

Section 3. The Committee shall consult with the following organizations to obtain input on the issues to be studied:

(1) The Kentucky Department for Public Health;

(2) The Kentucky Department of Education;

(3) The Education Professional Standards Board;

(4) The Kentucky Board of Nursing;

(5) The Kentucky School Nurses Association;

(6) The Kentucky Nurses Association;

(7) The Kentucky Education Association;

(8) The Kentucky School Boards Association;

(9) The Kentucky Association of School Administrators;

(10) The Kentucky Association of School Superintendents;

(11) The Kentucky Association of School Councils;

(12) The Kentucky Diabetes Association; and

(13) Other organizations as deemed appropriate.

Section 4. The study shall be completed by November 15, 2006, with a written report, including findings and policy options, presented to the Legislative Research Commission by December 1, 2006.

Section 5. Provisions of this Resolution to the contrary notwithstanding, the Commission shall have the authority to alternatively assign the issues herein to an interim joint committee or subcommittee thereof, and to designate a study completion date.

This resolution did not pass the Kentucky Senate.

AMERICAN NURSES ASSOCIATION DEVELOPS POSITION STATEMENT REGARDING SCHOOL NURSES AND SAFE CARE FOR CHILDREN IN SCHOOL

American Nurses Association Position Statement
(printed in part - see website for full version)
http://www.nursingworld.org/PRACTICE/SchoolNurseFinal1.doc

Purpose:

The health needs of children during their time in school have increased significantly and are more complex now than ever before. The presence in schools of registered professional nurses with a specialty in school health nursing, hereafter referred to as school nurses, is of the utmost importance yet, in some school districts, their presence is declining. *The registered professional school nurse is the health care provider who has the knowledge, education, experience and authority to manage and provide the full range of health services in the education system. The ultimate goal of school nursing practice is to support students' optimal state of health to promote student's capacity for successful learning.* Some state legislatures have overridden Nurse Practice Acts to allow provision of nursing care by teachers, teacher's aides, school secretaries, school bus drivers and a number of other personnel. This current situation endangers the well-being of children with illnesses, chronic conditions and the "well" children needing nursing services. The profession must explain the problem, safeguard the health of our children, strongly advocate for schools to hire qualified school nurses at safe ratios and for having school nurses established and maintained as the care manager for student health needs.

Position Statement:

- A full time registered school nurse must be available daily in every elementary, middle, junior high and senior high school. For larger schools, one school nurse must be available for at least every 750 students in the general school population; and at a decreased ratio for students with special education or health needs;

- The safe care of the student with a special health need must be individualized and directed by a person specifically educated and licensed to provide that care, i.e. the school nurse;

Only the school nurse, in accordance with State Nurse Practice Acts, can determine whether and to what level others may be involved in a child's health care at school.

Therefore, it is the position of the American Nurses Association and other organizations listed below that appropriate school nurse to student ratios are essential for ensuring safe delivery of nursing services to students in the school setting.

ANA Position Statement Continued on page 4

ANA Position Statement Continued from page 3

Supportive Materials:

The prevalence and complexity of children's health problems affects every United States (U.S.) classroom. It is estimated that between 24% and 32% of children have a chronic health condition. Children bring to school many health conditions including asthma, diabetes, communicable diseases, life-threatening environmental and food allergies, substance abuse problems, adolescent pregnancy and parenting issues, immune and eating disorders, depression, obesity and others. Children attending school are increasingly reliant upon medical assistive devices such as pacemakers, insulin pumps, intravenous medications, and artificial respirators.

The impact of health conditions upon children's growth, development, and academic success is significant. For example:

- One child in four is considered at risk for school failure because of social, emotional, or physical health problems. Asthma-related illness, for instance, accounts for 14 million school days missed annually.
- One in five children has a mental health condition that seriously impedes their ability to acquire academic skills and social competence.
- Even healthy school children, by the nature of their growth and development, are at risk for injury and health impairment, as evidenced by statistics on injury, death and morbidity in youth. This includes illnesses and injuries resulting from the high risk behaviors in which some young people engage.

  -School-related injuries account for 19% of all injuries to U.S. children and youth; 3.7 million (1 in 14) sustain substantial injuries at school

There is a positive correlation between children's health and academic potential. *The ultimate goal of school nursing practice is to support students' optimal state of health to promote student's capacity for successful learning.* All children **need** to receive support at school for health conditions affecting their safety, well-being and capacity for learning. Accordingly, they deserve to receive the best, uncompromised health care possible from a registered professional school nurse. Furthermore, children are **entitled** to school health services. Federal legislation mandates that children with special health care needs have the right to be educated with their peers in the least restrictive environment and to receive support and accommodations for conditions that negatively impact their capacity for learning. State statutes and court decisions obligate schools to safely provide health services when students require them in order to access an appropriate education. Because of compulsory attendance laws, schools reach a majority of children. Increased local and national demands are made on school systems to take on the responsibility of improved access for children to social and health services as well as improved academic performance. For instance, parents and children identify schools as their primary providers of mental health services. The Institute of Medicine identified the importance of providing health services to students in schools.

School health services may include, but are not limited to, interpretation of medical records, assessment of students' symptoms, trouble shooting technical medical devices, health appraisals, health education, active listening, case management, direct care, counseling, advocacy, and health screenings. School health services are part of the Center for Disease Control and Prevention's coordinated school health program enacted throughout the United States. These services require specially educated, licensed and experienced professional personnel for their implementation. *The registered professional school nurse is the health care provider who has the knowledge, education, experience and authority to manage and provide the full range of these health services in the education system.*
This expertise includes knowledge and skills to provide:

- direct health care for acute injury and illness and chronic health conditions,
- leadership for provision of health services and health policies and programs,
- screening and referral for health conditions, and individual health promotion as well as promotion of a healthy school environment.

The school nurse plays a critical role in providing children with special health needs with a safety net as well as continuity of care among healthcare providers, home and school. Professional nurse management of treatments and medication is necessary in the school setting to ensure appropriate and safe care. For example, research has found that medication errors were more likely to occur when someone other than a school nurse was involved. Studies have shown that students have better performance and attendance when attending a school with a full time school nurse, decreased absence due to asthma was correlated with a full-time school nursing services and general positive influences on health and disease management were associated with the involvement of a school nurse. This premise is supported by the *Healthy People 2010* objective to increase the proportion of the nation's elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750, that is, one professional school nurse for every 750 children.

While federal and state statutes and court decisions clearly obligate schools to provide health services when students require them to access an appropriate education, education systems cite budget constraints as the cause for providing inadequate school nurse-to-student ratios. In an attempt to compensate, some schools have trained unlicensed persons. This is not an adequate substitute for a qualified, licensed professional school nurse and creates risk for students and school districts for adverse outcomes. The use of assistive personnel may be appropriate to supplement professional school nursing services, but their limited knowledge and skill do not allow them to make independent nursing decisions nor to perform a nursing task without school nurse delegation and supervision. In some states delegation is not

ANA Position Statement Continued on page 5

ANA Position Statement Continued from page 4

permitted by the State's Nurse Practice Act. Without professional nursing assessment, development of individualized care plans, and evaluation of treatment outcomes, students' health needs are not safely managed. Additionally, the delivery of care by unlicensed persons may constitute the practice of nursing without a license which incurs legal sanctions. Furthermore, school nursing standards (NASN and ANA, 2005), focused on providing safe client care, recommend at a minimum, the nurse-to-student ratio should be no greater than 1:750 students (one registered professional school nurse for every 750 children) in the general school population, 1:225 (one registered professional school nurse for every 225 children) in the mainstreamed population, 1:125 (one registered professional school nurse for every 125 children) in severely chronically ill or developmentally disabled populations, and based on individual needs in medically fragile populations.

Documentation:

The Individuals with Disabilities Education Act (IDEA) of 1975 and its updating Regulations (1990, with amendments in 1997 and reauthorization in 2005) provide access to school and a free and appropriate education in the least restrictive environment for children with disabling conditions that interfere with learning;

IDEA requires "school districts to provide nursing services when necessary for students to access and benefit from their education program;"

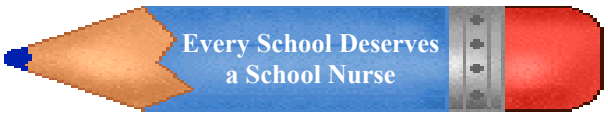
Section 504 of the 1973 Rehabilitation Act requires schools to make accommodations for students with "a physical or mental impairment that substantially limits major life activities; has record of such an impairment; or is regarded as having an impairment."

The supreme court decision on the Garret F case held that IDEA requires a school district to be financially responsible for the nursing services students require in order to attend school and benefit from their education program.

The 2010 Health Objectives for the Nation direct an increase for the proportion of the nation's elementary, middle, junior high and senior high schools that have a nurse-to-student ratio of at least 1:750 (one registered professional school nurse for every 750 children) to support and sustain school attendance and academic achievement.

State Nurse and Medical Practice Acts set forth requirements about the performance of certain health care procedures to ensure public safety, thereby prohibiting parent or school personnel from delegating procedures requiring skilled nursing/medical care.

References Available on Website
http://www.nursingworld.org/PRACTICE/SchoolNurseFinal1.doc



American Diabetes Association Comments On Draft Of The American Nurses Association Position Statement Regarding School Nurses Providing Care For Children In The School Setting

Article taken in part from the American Diabetes Association Website http://WWW.advcacy.diabetes.orgsiteDocServerADARespondANA.pdfdoID=1781&autologin=true&AddInterest=2401&JServSessionIdr011=jswOxy5ell.app17b

Introduction

The American Diabetes Association (ADA) submits these comments regarding the American Nurses Association (ANA) draft position statement entitled ***"School Nurses: Providing Safe Health Supervision and Care for Children in the School Setting".***

While there is much in the ANA draft position statement that ADA can agree with, such as the critical need for additional school nurses in our nation's school, the statement fails to provide for a system in which students with diabetes can be medically safe at school, obtain maximum educational performance, and have access to the same educational opportunities as their peers.

The fundamental issue with the ANA draft statement is that it fails to recognize the vital role that other individuals, including school personnel in addition to the school nurse, must play in order to achieve needed diabetes care in the school setting. This role is vital for four reasons:

1. Diabetes care requires a team approach that includes the school nurse, all school personnel who have a supervisory role over the student with diabetes, support staff such as bus drivers and cafeteria workers, the student, the student's parents/guardians, and the student's personal health care team.

2. There are simply not enough nurses in our schools today. The reality is that most schools share a nurse and some have no nurse at all. Students with diabetes need a plan that provides for care given the current reality. As worthwhile as the campaign to increase the number of school nurses is, these vulnerable students cannot be left in unsafe situations while such advocacy continues. They need a plan that also deals with the reality of their schools *today*.

3. While ADA fully supports efforts to increase the number of school nurses, *even if* the target goal of at least one school nurse for every 750 students were met and *even if* every school in the country had at least one full-time nurse, that would not be adequate to protect the safety of students with diabetes. Even a full time nurse is not always available, most obviously during field trips and extracurricular activities. Rather, other school personnel must be trained to perform diabetes

ADA Comments Continued on page 6

ADA Comments Continued from page 5

care tasks in the absence of a school nurse.

4. Non-medical school staff can be trained and supervised to safely perform diabetes care tasks in the absence of a school nurse – and have been successfully performing these tasks in schools around the country.

As explained in these comments, the safe solution – and the one supported by the diabetes health care community – is to train non-nursing school staff to perform diabetes care tasks in the absence of a school nurse.

Conclusion

The American Diabetes Association stands willing to work with the American Nurses Association and others to develop a consensus statement that will allow the diabetes care needs of students to be met safely. The Draft ANA School Statement should be revised so that it not only advocates for the much-needed increase in the number of school nurses, but also urges school nurses to take full advantage of their ability to delegate, train, and supervise school personnel in the tasks needed to assist all students, including those with diabetes. Where state law, regulation, or policy prevents school nurses from getting the help they need to provide adequate care for students, school nurses should advocate for changes in such laws and policies. Such advocacy in no way undermines the critical role of the school nurse in providing health care at school – and is in the best interest of our children.

SCHOOL BEVERAGE GUIDELINES SET FOR U.S. SCHOOLS

Submitted by: ***Ron Alsup, Kentucky American Heart Association, KDN Member***

The Alliance for a Healthier Generation – a joint initiative of the William J. Clinton Foundation and the American Heart Association – has worked with representatives of Cadbury Schweppes, Coca-Cola, PepsiCo, and the American Beverage Association to establish new guidelines to limit portion sizes and reduce the number of calories available to children during the school day. Under these guidelines, only lower calorie and nutritious beverages will be sold to schools. This is the Alliance's first industry agreement as part of its Healthy Schools Program, and it affects close to 35 million students across the country.

These science-based guidelines are just one part of the Alliance for a Healthier Generation's overall strategy to help kids live healthier lives by decreasing excess calories consumed while increasing calories burned. Along with the Alliance's other strategies, these guidelines will significantly impact the epidemic of childhood obesity. Launched in February of this year, the Alliance's Healthy Schools Program works with schools to help curb obesity among their students by creating environments that foster healthy lifestyles.

These guidelines will cap the number of calories available in beverages in schools at 100 calories per container, except for certain milks and juices whose nutritional value warrants the higher number of calories -- a logical, and proactive step toward helping our kids live healthier lives.

Under the terms of the agreement, the beverage industry will work to spread these standards to 75% of the nation's schools prior to the beginning of the 2008-2009 school year. The industry will strive to fully implement these guidelines prior to the beginning of the 2009-2010 school year, provided schools and school districts are willing to amend existing contracts.

"This is an important announcement and a bold step forward in the struggle to help America's kids live healthier lives," said President Clinton, a leader of the Alliance for a Healthier Generation. "These industry leaders recognize that childhood obesity is a problem and have stepped up to help solve it. I commend them for being here today and for taking this important step. There is a lot of work to be done to turn this problem around but this is a big step in the right direction and it will help improve the diet of millions of students across the country."

Governor Mike Huckabee, a leader of the Alliance for a Healthier Generation and Chairman of the National Governors Association, said, "This agreement is an important example of industry voluntarily working with others to address one of the most critical challenges facing our nation -- childhood obesity. I commend the parties involved in this agreement and look forward to seeing its positive impact on the health of our children."

In addition to the Alliance's efforts, the National Governors Association and a task force of six governors have also been working on reducing childhood obesity with industry representatives for the past year.

Under these newly established guidelines, elementary schools will only sell water, and eight ounce, calorie- capped servings of certain juices with no added sweeteners and servings of fat free and low fat regular and flavored milks. Middle schools will apply the elementary school standard with portion sizes increased slightly to 10 oz.

In addition to the beverages available in elementary and middle schools, high schools will also sell no calorie and low calorie drinks, such as bottled water, diet and unsweetened teas, diet sodas, fitness water, low calorie sports drinks, flavored water, and seltzers; as well as light juices and sports drinks.

At least half of available beverages in high schools will now be water, no calorie, and low calorie selections. Light juices and sports drinks will be sold in 12 ounce containers with no more than 100 calories per container, while 100% juices and non fat and low fat milks will also be sold in containers up to 12 ounces.

"This really is a groundbreaking agreement," said American Heart Association President Robert Eckel, MD. "Many school districts are headed in the same direction as our guidelines. We commend the many leaders and advocates who have fought for healthier school environments. These new guidelines will help expedite those changes and support

School Beverage Guidelines Continued on page 7

School Beverage Guidelines Continued from page 6

parents and students in districts that have not yet been able to improve the nutrition of their schools."

Donald R. Knauss, President, Coca-Cola North America, said, "Our broad product portfolio offers great taste, refreshment, hydration and nutrition, and we're pleased to use that portfolio to join the Alliance in helping to reduce calories and increase nutrition in our schools. By combining our product offerings with the nutrition and physical education programs we support, we can help put schools at the forefront of the efforts to create a healthier generation."

"There are no shortcuts to solving the obesity problem," said Dawn Hudson, President and CEO of Pepsi-Cola North America. "It's a much broader issue then what students eat and drink. It is also about what they learn and what they do. This Alliance provides schools with real-world, common sense solutions that give students the tools they need to lead healthier lives. We're delighted that our products are part of the equation."

"At Cadbury Schweppes, we are incredibly proud of the brands that we make," said Gil Cassagne, president and CEO, Cadbury Schweppes Americas Beverages. "We've created brands people love for over 200 years and are pleased to offer consumers a wide variety and choice of great tasting products that can fit into a balanced lifestyle. We are taking an important step forward by working with parents, community leaders and school officials to collectively focus on healthier lifestyles for children."

Susan K. Neely, President and Chief Executive Officer, American Beverage Association, said, "The American Beverage Association welcomes the opportunity to work with the Alliance for a Healthier Generation in providing new beverage guidelines for schools. The new guidelines will continue our industry's work to provide more lower-calorie and nutritious or functional beverages for students. Limiting calories in schools is a sensible approach that acknowledges our industry's long-standing belief that school wellness efforts must focus on teaching kids to consume a balanced diet and be physically active."

This agreement is the result of several months of talks between the Alliance for a Healthier Generation and representatives of the beverage industry. The parties explored practical ways to provide children with healthier options as part of the Alliance's larger efforts.

The American beverage industry created a school vending policy last year. These new guidelines strengthen the current ABA policy by further reducing the availability of caloric beverages during the traditional school day and applying these same standards to the extended school day when before and after school programs, such as clubs, yearbook, band and choir practice, student government, drama, and childcare/latchkey programs, take place.

Beginning in 2007 and annually thereafter, the beverage industry will compile the percentage of schools they have under contract that are in compliance with this policy. This information will be made publicly available through the American Beverage Association beginning in August 2007.

About The Alliance for a Healthier Generation:

The Clinton Foundation and the American Heart Association partnered in May 2005 to create a new generation of healthy Americans by addressing one of the nation's leading public health threats –- childhood obesity. The Alliance focuses on preventing childhood obesity and creating healthier lifestyles for all children. The Alliance targets several areas that will spark change and slow the increasing rates of childhood obesity in the U.S. and encourage healthier lifestyles for young people. The effort will focus on four key areas: industry; schools, healthcare professionals and kids. For more information visit www.healthiergeneration.org.

The Alliance launched its Healthy Schools Program in February 2006. The program takes a comprehensive approach by recognizing schools that improve nutrition in the foods sold in schools; that increase both physical education and physical activity before, during and after the school day; that provide nutrition education; and that establish staff wellness programs. The Robert Wood Johnson Foundation is a major funder of this program.

CDC Applauds Action By U.S. Beverage Distributors To Restrict Soft Drink Marketing In Schools!

Submitted by: Karen Hunter, CDC Media Relations Division

The Centers for Disease Control and Prevention applauds the announcement from the major U.S. beverage distributors that they soon will stop sales of all soft drinks to elementary and middle schools and will sell only diet soft drinks to high schools.

This action demonstrates that food and beverage companies can play a major role in fighting today's epidemic of childhood obesity. Soft drinks are a significant source of calories consumed by some children and young people, and CDC welcomes the efforts of distributors to improve the quality of beverage choices for students. Because childhood obesity is such a pressing public health problem, reducing potential sources of excess calories in the diet represents an important step forward.

This announcement is consistent with the first recommendation made by the Institute of Medicine in its recent report, ***Food Marketing to Children and Youth: Threat Or Opportunity.*** "Food and beverage companies should use their creativity, resources, and full range of marketing practices to promote and support more healthful diets for children and youth."

CDC also acknowledges the contribution of the Alliance for a Healthier Generation, a partnership between the Clinton Foundation and the American Heart Association, in achieving this historic agreement between beverage distributors and schools. The alliance supports CDC's goals in obesity prevention by its commitment to educating children and families and fostering environments that help all young people pursue healthy lifestyles.

100 CALORIES
OR LESS!

DIABETES DAY AT THE CAPITOL 2006

Submitted By: Greg Lawther, Immediate KDN Past President, Chair of Advocacy Workgroup, Kentucky Diabetes Network , INC

Since 1998, the Kentucky Diabetes Network Inc. (KDN) has held an event each year in Frankfort to raise awareness about diabetes. These events, held while the Kentucky legislature was in session, originally started out as rallies held in the capitol rotunda that were intended to get the attention of legislators. In recent years the events have focused on getting interested individuals from across the state to actually meet with their local legislator to educate them about the burden of diabetes and discuss issues that were likely to come before the legislature during the session that was in progress.

I am pleased to report that this year's event, held on February 7, 2006, was another resounding success! People living with diabetes, family members, public health officials, nursing and dietetic students, Lions Club members and others descended on the capitol to educate legislators about diabetes and encourage them to increase funding aimed at fighting the disease.

A crowd of about 130 attended the event. This was probably the best attendance we have had since the format of the event was changed to focus on actually sitting down one-on-one with legislators. Prior to the meetings with legislators, participants were provided educational materials that addressed the burden of diabetes in a way that should be especially meaningful to legislators.

No legislator who is attentive to problems affecting his or her constituents can afford to ignore diabetes. According to statistics provided by the Kentucky Diabetes Prevention and Control Program, diabetes rally participants were told more than 1 of every 10 Kentuckians has diabetes and a third of those people don't even know it. An additional 611,000 Kentuckians over 40 years of age are at high risk for developing diabetes. Furthermore, an increasing number of children are at increased risk for developing the disease because of the levels of obesity and lack of physical activity. The economic effects of diabetes are another factor that cannot be ignored by our policy makers. Diabetes costs Kentucky over $2.9 billion each year in direct medical care costs and indirect costs due to lost productivity and premature mortality. The states Medicaid program, which receives about one quarter of its funding from the state general fund and is a perennial problem when it comes to balancing the state budget, spends over $610 million each year to pay for services for people with diabetes. Tally up the additional costs to Medicare and private insurance and it becomes obvious that diabetes is a disease affecting the people of Kentucky on a scope that is unparalleled.

Armed with these facts and the personal experience with diabetes many of the participants had, over 80 legislators were visited that day. Almost all of the remaining members of both the Senate and the House of Representatives were left a packet that included a variety of educational materials. This was an effort we all should be very proud of and an effort we will hopefully be able to repeat in the future.

One of the highlights of the day was the nursing and dietetic students who participated in the event. These students made up almost half of the 130 participants and added a level of excitement and vitality that made the day very special. They not only helped raise awareness about diabetes among the legislators, but also received an important lesson on how their state legislature works. I have a feeling we'll see some of these students again as new members of KDN and at future "Diabetes Day at the Capitol" events.

Last year, after an effort of several years, KDN succeeded in getting the legislature to appropriate an additional $900,000 for the Kentucky Diabetes Prevention and Control Program (KDPCP) in the Department for Public Health. This was the first time in 25 years that the state funding for the program had been increased. As many of you may know, the Kentucky Diabetes Prevention and Control Program provides a variety of patient education, public education and awareness, and professional education services across the state through our district and local health departments. The program also provides support for organizing and maintaining local diabetes coalitions in numerous Kentucky communities and conducts a variety of statewide initiatives aimed at fighting diabetes.

KDN's primary legislative goal for 2006 was to once again convince the legislature to appropriate more funding for the KDPCP. Although we did not succeed in getting additional funding for the KDPCP again this year, the event was a success in other ways. In the version of the state budget approved by the House of Representatives, the existing funding for KDPCP in the amount of $2.3 million each year of the upcoming biennium was mentioned specifically to assure that it would continue to be used for the KDPCP. Additionally, $200,000 per year was once again appropriated for the Kentucky Diabetes Research Board (which is soon to be appointed) as well as new funding in the amount of $750,000 each year appropriated to establish three, "diabetes centers of excellence" which are to focus on improving diabetes outcomes in the Kentucky Medicaid population. Although the details of this new initiative have not yet been shared with KDN, we welcome any new funding provided for diabetes, especially when it is provided to our local health departments across the state that focus primarily on education and prevention.

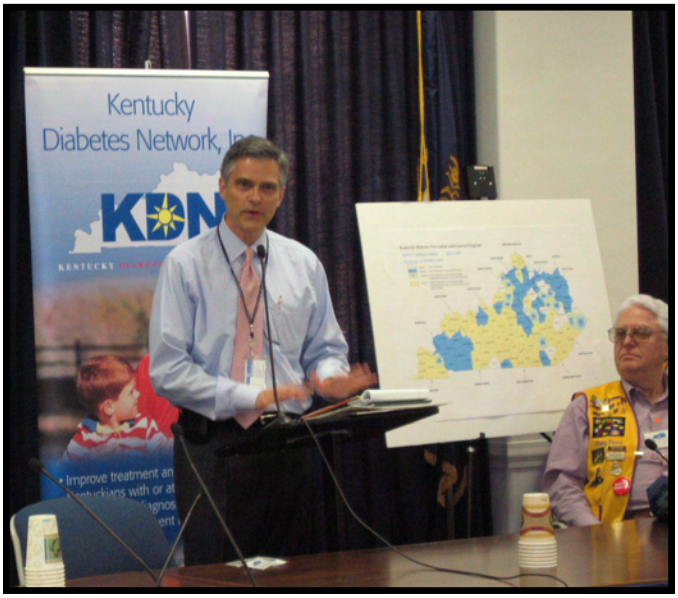
At the time of the writing of this article, the House of Representatives and the state Senate were in conference to iron out the differences between their respective versions of the budget, but we do expect the funding mentioned above to remain. The legislature will adjourn during the last week in March and return to officially end the 2006 session on the 10th and 11th of April. KDN certainly deserves a good portion of the credit for helping to get these funds appropriated. Our efforts over the last several years are definitely paying off!

To all who participated in the 2006 "Diabetes Day at the Capitol"….you deserve a very big THANK YOU for helping to make it a success! Please continue to educate your legislators back home after the legislative session ends. We look forward to having you, and hopefully many others who have not participated in the past, be a part of this event again in 2007.

Diabetes Day At The Capitol, 2006

Downloadable Photos Will Be Available June 1, 2006 Through http://www.healthdepartment.org/diabetesday.htm

Randy Steele, President of KDN, Addresses the Diabetes Rally Group



Bob Baggage With The American Diabetes Association Addresses The Diabetes Day At The Capitol Group

Owensboro Group Meet With Senator David Boswell, Representative From Owensboro, Kentucky (center with tie)

Diabetes Advocacy Group Prepare To Rally At The State Capitol

Senator Julie Denton From Jefferson County Addresses The KDN Group While Past President And Advocacy Chair Greg Lawther Looks On

Diabetes Advocates Meet With Representative Harry Moberly, From Richmond (center with tie)

Power of Prevention: An Endocrinologist Goes to School!

Submitted By: *Vasti Broadstone, MD, Endocrinologist, AACE Member, Medical Director of the Joslin Diabetes Center in New Albany, Indiana, KDN Member*

In 2004, the American Association of Clinical Endocrinologists (AACE) launched the ***Power of Prevention Through Fitness and Nutrition*** **or** ***"POP"*** campaign geared to sixth graders. With the growing incidence of obesity and diabetes, this was the Association's response to do something about it. Sixth graders were targeted for this initiative because they are at an age when they "understand" but "still listen". The goal of the AACE ***"POP"*** program is to send endocrinologists to local schools to talk about how healthy lifestyles, consisting of increased physical activity and better eating habits can prevent diabetes.

As an endocrinologist, I participated in this program in 2004 and 2005. I wrote to the principals of all six elementary schools in New Albany, Indiana offering to come to their school to conduct an interactive presentation. Initially, I was a little apprehensive about being able to fit this commitment into my tight work schedule as an endocrinologist. However, to my surprise, no one called me back! I then called each one of the principals and actually scheduled a visit to one of the schools. It turned out that the principal from the school I visited actually had diabetes and was excited about the idea of "diabetes prevention". I presented a brief presentation regarding diabetes prevention to the sixth graders after morning assembly in the gym. Handouts were also given to the students to take home. I also presented the ***"POP"*** presentation during career day at my son's school, where I knew the principal. No other principals returned my calls!

When the second year of ***"POP"*** rolled in, again the appeal from the National AACE office called for action in the local communities. Since the New Albany county had rearranged the grades, moving sixth grade to middle school, I thought I'd try again. My son was now in middle school, so I had that contact. I presented during science class (which actually turned out to be seventh grade) on two different days to cover all periods. I also presented at a second middle school because of a personal contact I had with the assistant principal. This school actually videotaped my presentation so they could show it to the other sixth graders. The third middle school never returned my calls.

I was astonished by the lack of interest, but then that is one of the reasons why we have the problem of obesity and diabetes in the first place! Nevertheless, I felt that the message was well received when I was finally able to give the presentations. In all, I talked to about 450 children. Teachers appreciated the package of materials they received as part of the program to help them reinforce the message.

Despite the hurdles, I believe the AACE *"Power of Prevention"* program is a good program for sixth graders. If you have a contact within a school system, you may ask one of your local AACE members to give the presentation in your community and spread the Power of Prevention!

Free Diabetes Education Programs Offered!

Primary Care: Optimizing Insulin Administration in the Hospital Setting and Beyond

June 17, 2006
7:30 am - 12 noon
Louisville Marriott Downtown
280 West Jefferson
Louisville, Kentucky

FREE Physician, Nursing, and Pharmacist Continuing Education Credits

Register NOW by contacting
Norton Healthcare Office of CME:
Phone: (502) 629-7905 or (502) 629-8574

Diabetes Educational Conference
Sponsor: Pike County Health Department

May 23, 2006
1pm - 5pm For All Health Professionals
5pm - 8 pm For Physicians and Medical Students
Eastern Kentucky Expo Center
126 Main Street
Pikeville, Kentucky

FREE Physician and Nursing Continuing Education Credits; Dietitian Continuing Education Credits Pending Approval

Register NOW by contacting Paula Compton, RN, (606) 437-5500 X 332 or paulaa.compton@ky.gov

Dental Professionals: Essential Members Of The Diabetes Management Team

Submitted by: Linda Piker RD, Kentucky Department for Public Health, Dental Program

Due to the increased prevalence of diabetes, dental professionals are seeing more patients with diabetes. This trend will likely continue as the population ages and the obesity epidemic persists. In the January 2006 issue of the Journal of the American Dental Association, the journal editor, Glick stated, "A dental practice with an average of 1,000 different patients per year can be expected to treat annually at least 70 diabetic patients and an additional 140 patients who are prediabetic. The vast majority of these patients will not be aware of their diabetes status. With an older population, the number of diabetic and prediabetic patients may even be higher." Currently, there are 2,912 licensed dentists and 2,018 licensed dental hygienists in Kentucky who are potential members of the diabetes management team.

In both the patient and professional population, the mouth's relationship to health appears to be separated from the body. However, it is apparent that there is an oral disease-diabetes linkage that affects one's oral as well as systemic health. Periodontal disease is a prime example of this linkage.

Periodontal disease is an inflammatory disease initiated by the accumulation of Gram negative bacteria around the teeth and gums. Periodontal disease can be prevented by safe and effective methods. Good oral hygiene, regular dental visits, being a non-smoker, and good control of blood glucose levels can protect diabetes patients against periodontal disease.

Numerous factors increase the risk of periodontal disease for individuals with diabetes. Patients with diabetes are at increased susceptibility to the twelve periodontal pathogens found only in the mouth. The reduced blood supply to the gingival (gums) makes the gingival more prone to disease. Poor glycemic control in patients with diabetes has been associated with high blood glucose levels, which in turn, are linked with xerostomia (dry mouth); increased cavities; and plaque build up; slower wound healing; fungal infections (e.g., oral candidiasis, median rhomboid glossitis, denture stomatitis, angular cheilitis, mucormycosis); and periodontal disease.

Dental plaque acts as the instigator of periodontal disease. The Gram negative anaerobes initiate periodontal disease. The quality and virulence of the plaque determine the critical mass to instigate periodontal disease and the critical mass varies for individual patients. The goal of periodontal therapy is to maintain bacterial levels below the critical mass, which can be facilitated by adequate oral hygiene and an antimicrobial rinse.

In the earlier and reversible stage of periodontal disease, gingivitis, bacteria in the plaque build up around the tooth cause the gums to be inflamed. The clinical hallmarks of inflammation are gingival redness, gingival swelling/edema, bleeding on probing, and pocket formation.

In the later stage of periodontal disease, periodontitis, plaque grows below the gum line and toxins produced by the bacteria cause the body's natural defense to turn on itself. The tissue and bone supporting the teeth are broken down and destroyed. Signs and symptoms of periodontal disease are: bleeding gums during brushing; red, swollen or tender gums; gums that have pulled away from the teeth; persistent bad breath; pus between the teeth and gums; loose or separating teeth; a change in the way the teeth fit together when a person bites; and a change in the fit of partial dentures.

Periodontal disease has been reported to be as much as three times higher for individuals with poor blood glucose control as those with good blood glucose control. In fact, it has been reported that individuals who have good control of their diabetes are no more likely to have periodontal disease than individuals without diabetes.

It is imperative that diabetes health professionals encourage patients with diabetes to inform their dental professional regarding their diabetes and its control. Dental professionals should be an active member of the diabetes management team.

When patients with diabetes schedule a dental appointment, they should tell their dentist about their diabetes, its control, and symptoms; eat before the dental visit; take usual medicines before dental visit; schedule dental appointments in the morning; maintain normal meal plan after dental work or plan how to maintain the meal plan if they cannot chew well after the dental work or postpone non-emergency dental procedures if blood sugar levels are not in control.

Dental complications from diabetes appear to be associated with the severity and duration of diabetes. Although periodontal disease is usually associated with older populations, periodontal disease is now being seen in young people, particularly those with diabetes, which brings about specific concern for diabetes in youth. An on-going study at Columbia University found that young people with diabetes have more dental plaque and gum inflammation than youth without diabetes. The study also found early signs of gum disease in approximately 60 percent of the 6-11 year old children with diabetes as compared to 30 percent of youth without diabetes. Approximately 80 percent of the 12-18 year old youth with diabetes had early signs of gum disease. It is imperative that youth with diabetes begin optimal oral health care as soon as possible after diagnosis.

The primary investigator for the Columbia study, Lamster, released the following prepared statement, "Our research illustrates that programs to prevent and treat disease should be considered a standard of care for young patients with diabetes." The study co-author, Goland, reported there appeared to be a perceived lack of need by patients with diabetes to visit their dentists. He stressed the need for physicians, dentists, and patients with diabetes to learn to focus extra attention on oral health.

For optimal oral health, your patients with diabetes will need to visit their dentist regularly, practice good oral hygiene, and include dental health professionals in their diabetes management team.

References Available Upon Request

Health Care Excel Offers Opportunity To Improve Cultural Competency

Submitted by: ***Tammy Geltmaker, RN, BSN, Clinical Coordinator for the Physician Practice Quality Initiative (PPQI) at Health Care Excel, Louisville, KY, KDN Member***

Ms. Williams, an elderly Hispanic woman with type 2 diabetes comes into your office. Williams has just returned from the Southwest, where she spent six weeks receiving traditional therapy. She made her own tea, ate traditional foods, and prayed for courage, peace of mind, and her health. Although she says she felt great while in the Southwest, she is now suffering from several symptoms she had before she left. You let her know that you are concerned about her consistently high blood sugar, cholesterol, and blood pressure.

You would like to admit her to the local hospital to monitor her blood sugar and ensure she receives education on her meal plan and how to administer her insulin properly. You also need to address her dizziness, bladder infection, and pain in the lower legs and feet. The sooner she is admitted, the sooner she'll receive the medical care she needs.

Ms. Williams refuses your treatment plan, stating that the last experience she had with the hospital was when her husband was there for similar treatment and died. She does not want to suffer the same fate as her husband. She refuses to die in a small, closed room that smells of sickness. She insists on continuing her traditional treatment.

Are you prepared to handle Ms. Williams' situation? How would you work with her desire not to receive treatment? How would you try to learn about and understand her perspective? In 2000, the Surgeon General announced a goal to eliminate health disparities experienced by minorities, including the improvement of diabetes care. The goal is set to be accomplished by 2010.

The Centers for Medicare & Medicaid Services (CMS) is currently sponsoring a national initiative called Cultural Competency. The Cultural Competency project is designed to improve upon our existing health care system to deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, or English proficiency. Improved cultural awareness can equip family practices with the knowledge and skills to improve the health care of the increasingly diverse population of Kentucky.

By participating in this project, your practice also will be able to participate in Cultural Competency Curriculum Modules (CCCM) sponsored by the Office of Minority Health. By completing the CCCMs, you have the opportunity to decrease health care costs, increase patient satisfaction, and obtain nine hours of FREE online CME credits.

Health Care Excel serves as the Kentucky Medicare Quality Improvement Organization (QIO) under a CMS contract. The QIO offers assistance at no charge with practice assessments, tools, and guidance in preparing to care for patients of diverse backgrounds. For more information regarding Cultural Competency participation in Kentucky, contact Tammy Geltmaker, RN, BSN, the Clinical Coordinator for the Physician Practice Quality Initiative (PPQI) at Health Care Excel, 1951 Bishop Lane, Suite 300, Louisville, KY 40218. You may also call the Medicare Provider Help Desk at (800) 300-8190; fax (502) 454-5113, or e-mail kydroffice@hce.org.

New Diabetes Video And Discussion Guide Useful By Diabetes Educators In Class Or Support Group Settings

A new National Diabetes Education Program (NDEP) Discussion Guide called, ***New Beginnings: A Discussion Guide for Living Well with Diabetes*** **(NDEP-82)** has been found to be very helpful to diabetes educators to lead discussion regarding diabetes in a class or support group setting. This discussion guide is based on themes from the privately produced docudrama *The Debilitator*. The guide contains 13 modules that can be used in small group discussions or larger community events in discussion of the emotional impact of living with diabetes and social support for people with diabetes. **A single copy from NDEP is free.** Each additional copy; $5. Limit 2 copies. CDs available. Call 1-800-860-8747 or visit http://www.ndep.nih.gov/diabetes/pubs/catalog.htm to order online.

Healthy Heart and Nutrition Fair

Submitted by: ***Judith Watson RN, CN, CDE, Kentucky Diabetes Prevention and Control Program Regional Coordinator, Member KDN, TRADE, ADA***

The ***Healthy Heart and Nutrition Fair*** was held on February 20th at the Kentucky Oaks Mall in Paducah. Over 3000 participants visited the various health screenings and booths. The Kentucky Diabetes Prevention and Control Program of the Purchase District Health Department provided cooking demonstrations throughout the day showing the audience healthier ways to cook and get more fruits and vegetables in their meal plans. The Diabetes Program discussed the link between diabetes and heart disease and encouraged those with diabetes to control their ABC's of diabetes. (A = Hemoglobin A1C; B= Blood Pressure; C = Cholesterol)

DeAnna Leonard (L) & Judith Watson (R) Preparing To Grill Marinated Vegetables At The Kentucky Oaks Mall In Paducah

Glasscock Elementary Is Kentucky Kids Move It! Winner

Submitted by: ***Dawn Fraze, RN, BSN, CDE, Regional KDPCP Coordinator, Lincoln Trail District Health Department KDN Primary Prevention WG vice-chair, GLADE President***

The Kentucky Diabetes Network, Inc. (KDN) recently sponsored the *"Kentucky Kids Move It!"* contest pilot to encourage children and teens to become more active and to raise overall awareness in the importance of physical activity in the prevention of type 2 diabetes. To participate, students were asked to log the total number of minutes they were physically active during a 2 week period. Schools competed by combining all student minutes logged over that 2 week period, with the school achieving the highest time, winning.

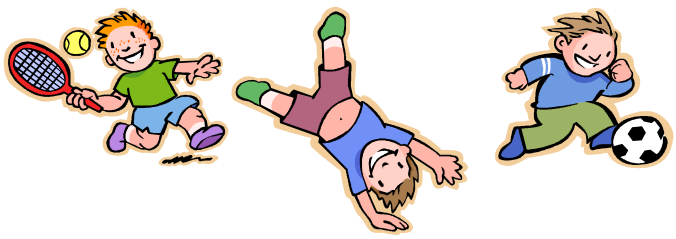
Glasscock Elementary School reported 3690 minutes or 61.5 hours of physical activity and was the winning school. Glasscock Elementary received a cash prize of $250 that will be used to purchase equipment for classroom physical activity.

The photo below shows participating students who helped their school win. Each received a certificate and small prize.

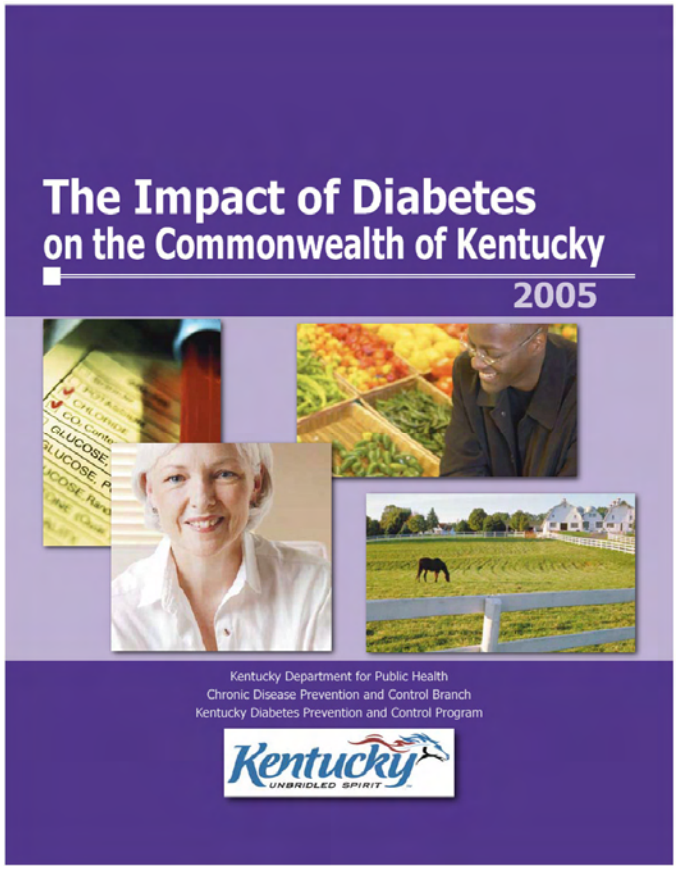
Glasscock Elementary Contest Winners
1st row left to right: *Sam Smith, Dillon Burchett, Gabbie VanWhy, Taylor Simpson, Becky Ito, Madalynn Thompson, Michael Richardson.*

2nd row left to right: *Luc Buckman, Chelsie Wright, Lindsey Buckman, Jake Smith, Paige Spalding, Dustin Burchett, Kaitlyn Smith.*

Back row left to right: *Renee Schooling RN, BSN LTDHD Cardiovascular School Health Nurse, Joey Orberson, Cody Burchett, Brooks Divine, Courtney Cox, Loren Robinson, Ann Courtney Thompson, Kristen Corey, Caitlin Moran, Lee Ann Divine, Principal Glasscock Elementary School, Dawn Fraze, RN, BSN, CDE*



Kentucky Diabetes Prevention & Control Program Releases New Diabetes Impact Document



The Kentucky Diabetes Prevention & Control Program (KDPCP), through the Kentucky Department for Public Health, has published a new *Diabetes Impact Document.* This resource was last published several years ago. The new document has been updated with the newest Kentucky diabetes surveillance data. To receive a FREE copy of this document, contact KDPCP at 502-564-7996, ask for the diabetes program, or email Reita Jones at reita.jones @ ky.gov or go to the KDPCP website at www.chfs.ky.gov/dph/ach/diabetes to download the document.

Facts About Exubera - The New Inhalable Insulin

Taken from Pfizer Website:http://www.pfizer.com/pfizer/download/exubera_release_faq.pdf

EXUBERA
insulin human [rDNA origin]
Inhalation Powder

What is Exubera?

Exubera® (insulin human [rDNA origin]) Inhalation Powder is a prescription medication that contains a rapid-acting, dry powder human insulin that is inhaled normally through the mouth into the lungs, using the handheld Exubera® Inhaler. When used as a mealtime insulin, the dose of Exubera should be given within 10 minutes before a meal.

Exubera is the first inhaled and non-injectable insulin option in the United States since the introduction of insulin more than 80 years ago.

Exubera is FDA-approved for the treatment of adults with type 1 and type 2 diabetes mellitus. Patients with type 2 diabetes may use Exubera alone as an alternative to rapid-acting insulin injections or diabetes pills, or in combination with diabetes pills or longer-acting insulins. Patients with type 1 diabetes will use Exubera in combination with longer-acting injected insulin.

How does Exubera work?

Exubera is a mealtime insulin. After a blister of Exubera insulin is inserted into the Exubera® Inhaler, a patient pumps the inhaler handle and presses a button, causing the insulin to be released in a cloud into the Exubera® Inhaler Chamber. A patient breathes in normally through the mouth, sending the insulin into the lungs, where it is rapidly absorbed into the bloodstream to help reduce blood sugar levels.

The Exubera® Inhaler, when closed, is about the size of an eyeglass case, weighs only four ounces and is portable. The handheld device was designed for ease of use and does not need batteries or electricity to operate. It consistently delivers the prescribed dose and does not require a special breathing technique.

Why is the lung an effective way to deliver insulin into the bloodstream?

The lungs have a very large and permeable surface area which offers a rapid and efficient way to transport molecules such as insulin into the bloodstream.

How were the efficacy and safety of Exubera studied?

The efficacy and safety profile of Exubera was studied in more than 2,500 adult patients with type 1 and 2 diabetes, for an average duration of 20 months.

Exubera was found to be as effective as short-acting insulin, and to significantly improve blood sugar control when added to diabetes pills.

In clinical trials, many patients using Exubera reported greater treatment satisfaction than patients taking insulin by injection. Significantly more patients who had used both Exubera and insulin injections or diabetes pills reported an overall preference for Exubera.

When will Exubera be available?

Exubera will be available for patients by mid-year. During this period, Pfizer will provide health care providers with comprehensive information, education and customer support about Exubera.

How will Exubera be available?

The Exubera insulin will be available in 1 milligram and 3 milligram blisters. An individual patient's dosage will be determined by the treating health care professional based on factors such as current blood sugar control, and duration of diabetes, as well as dietary and exercise habits.

The Exubera® CareKit will include all the device components, including the Exubera® Inhaler, a replacement inhaler chamber and two Exubera® Release Units (a component of the inhaler that facilitates the release of the insulin).

What is the price of Exubera?

The price of Exubera has not been set.

Important Safety Information

Exubera is a prescription medicine that contains insulin powder that is breathed in (inhaled) through the mouth using the Exubera® Inhaler. It is used to treat adults with diabetes. It helps to control high blood sugar.

Patients should not take Exubera if they smoke or have stopped smoking less than six months prior to starting Exubera treatment. If a patient starts smoking or resumes smoking, he or she must stop using Exubera and see a health care provider about a different treatment.

Exubera may affect lung function so patients need to have their lungs tested before starting Exubera, and later during treatment, as directed by a health care provider. Exubera is not recommended for people that have chronic lung disease (such as asthma, chronic obstructive pulmonary disease or emphysema). Also, Exubera should not be used at all by people with unstable or poorly controlled lung disease.

As with all forms of insulin, a possible side effect of Exubera is low blood sugar levels, which is why it is important to check blood sugar as advised by a health care provider. Like all medicines, Exubera can cause side effects. Exubera may cause a cough, dry mouth, or chest discomfort. See product insert for complete information.

Patients and health care providers can call 1-800-EXUBERA and register to receive more information about Exubera when it is available.

Continuing Education Credit Now Available On NDEP's BetterDiabetesCare Website

Submitted by: The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control (CDC)

Now available…

a continuing education program designed by the foremost expert in how to improve your practice... YOU! The National Diabetes Education Program (NDEP) brings you *BetterDiabetesCare*, a dynamic website and resource that allows you to ask your own questions about the real challenges that affect your practice.

BetterDiabetesCare is focused on how to improve *the way you deliver* diabetes care rather than the clinical care itself. The content of the website is based on current, peer-reviewed literature and evidence based practice recommendations. It provides models, links, resources, and tools to help you assess your needs, develop and plan strategies, implement actions, and evaluate results.

Continuing education credits will be awarded for reflective learning—a self-directed process that occurs in response to key issues or problems that arise in health care practice. You can draw from appropriate sources such as educational programs, websites, colleagues, literature reviews, readings, or practice assessments such as reviewing patient medical records.

You choose the question, and you select the tools and resources you need to find the answers. Just document the process and receive up to ten hours of Category 1 continuing education credits from the Indiana University School of Medicine.

"As a chronic disease, it is clear that diabetes needs to be managed with continuous, proactive, planned care rather than episodic, illness-focused care," said Dr. Kevin Peterson, a representative of the American Academy of Family Physicians and chair of the NDEP Health Care Provider Work Group. "Changing the way we deliver health care can help us develop the infrastructure we need to provide the quality care that we strive for. CE credits provide another incentive to take the time to meet these important challenges."

For a nominal fee of $10, users of the site will receive a certificate documenting up to ten Category 1 CE/CME credits per project. Visit *BetterDiabetesCare* at www.BetterDiabetesCare.nih.gov, share the site with colleagues, and click on the CE link to learn more and to begin earning credits!

Sign Up To Be A Diabetes Advocate

SIGN UP TO BE A DIABETES ADVOCATE AND RECEIVE IMPORTANT DIABETES ALERTS FROM THE AMERICAN DIABETES ASSOCIATION AND THE JUVENILE DIABETES RESEARCH FOUNDATION!!

JUVENILE DIABETES RESEARCH FOUNDATION (JDRF)

For JDRF -- If interested in diabetes advocacy, especially as it relates to "diabetes in children", visit www.jdrf.org , click on "Advocacy" and then click on "Register as Advocate". Once registered, diabetes alerts will be sent.

THE AMERICAN DIABETES ASSOCIATION (ADA)

For ADA -- Sign up to receive Diabetes Advocacy Alerts through the American Diabetes Association via
http://advocacy.diabetes.org

Need Help Getting Medicines For Your Patients? The Partnership For Prescription Assistance Can Help!

Your patients may qualify for one of more than 475 programs, many of which offer free or nearly-free prescription drugs.

Have your patients
Call 1-888-477-2669
Or visit www.pparx.org

PARTNERSHIP FOR A FIT KENTUCKY

Submitted by: Elaine Russell, KY Department for Public Health Obesity Program

The ***Partnership for a Fit Kentucky*** is a coalition supporting the **Kentucky Department for Public Health's** Obesity Prevention Grant. Comprised of community leaders with representation of the entire state, members include the Kentucky Department of Education, Rails to Trails, Department of Agriculture, University of Kentucky Cooperative Extension Services, district and local health departments, hospitals, private businesses, faith communities, and advocacy groups. This Partnership began with a core network of dedicated health care professionals and has grown in diversity and expertise over the past two years. The focus of this group is on building healthy nutrition and physical environments in five venues: Schools, Family and Communities, Worksites, Built Environment and Health Care.

In August 2004, the ***Partnership for a Fit Kentucky*** held nine regional obesity forums. Over 1300 participants gave input regarding what their community was already doing to combat obesity and what they would like to see in the future. Each community came up with their top 5 priorities which were used to develop Kentucky's Nutrition and Physical Activity State Action Plan which can be found at www.fitky.org . The State Action Plan provides goals, objectives and strategies designed to encourage Kentuckians to change their environment so that making healthier decisions about nutrition and physical activity will be easier.

In order to reach the goals of the State Action Plan, the ***Partnership for a Fit Kentucky*** is working with regional communities to coordinate local grassroots efforts to address the obesity problem. So far, regional strategic planning meetings have been held in Owensboro, Paducah, Somerset, Louisville, Ashland, Lexington, and Bowling Green. These meetings are held to build upon the success of existing local initiatives and increase communication throughout the state.

During the meetings, participants are asked to prioritize objectives from the State Action Plan that they can work on collectively. The two objectives that have been consistently chosen as priorities in each region are:

- Increase the number of policies, practices, and incentives that promote physical activity in schools.
- Increase the number of policies, practices, and incentives that promote healthy eating.

After the groups choose an objective, they are asked to begin building a strategic action plan to accomplish the objective. The hope is to increase collaboration and communication. Regional websites will be developed to help facilitate the communication. Information on regional programs, upcoming meetings, local trainings and success stories will be posted. Each region will link their website to the ***Partnership for a Fit Kentucky's*** website. The overarching goal is to be a clearinghouse for nutrition and physical activity programs throughout the state.

The ***Partnership for a Fit Kentucky*** is proud to partner with Kentucky Action for Healthy Kids (AFHK). AFHK is a national organization that works to improve children's nutrition and increase physical activity in schools. Kentucky AFHK is a partnership similar to the ***Partnership for a Fit Kentucky*** with many of the same members. The difference between the two groups is that AFHK solely focuses on the school venue and the ***Partnership for a Fit Kentucky*** focuses on family and communities, worksites, built environment, and health care in addition to schools.

Kentucky AFHK also wanted to build regional infrastructure and support work at the local level. Because the ***Partnership for a Fit Kentucky*** and AFHK missions are well aligned, the collaboration is a natural fit. This collaboration has allowed Kentucky AFHK to be awarded a $25,000 grant from the Kellogg Foundation to build infrastructure in the school venue of regional coalitions. AFHK will help in leading the school venue of the ***Partnership for a Fit Kentucky***. This year the focus will be on implementing wellness policies. Each region will have one main regional coordinator as well as a school venue coordinator. The AFHK grant money will help fund training for the school venue regional coordinator.

Our ambition is for every region in the state to fuel enough interest for each of the five venues. Eventually each region will have a main coordinator in addition to a school, family and community, worksite, built environment and health care coordinator. A regional strategic action plan will be developed to address all venues in each region.

On November 16-17, 2006 the 5th annual ***Growing Healthy Kids Conference*** will focus on building leadership and networks in each of the regions. Resources and training will be provided during the conference to strengthen local efforts to promote a healthy weight for Kentucky youth.

The ***Partnership for a Fit Kentucky*** will continue to coordinate with local communities. Upcoming meetings:

Northern Kentucky	**Hazard**
May 10, 2006	June 27, 2006
11:00 am – 2:00 pm	1:30 pm – 4:00 pm
Boone Co. Scheben Library	UK Center for Rural Health
8899 US 42	750 Morton Blvd.
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If you would like to work with any of the regional coalitions, please contact Elaine.Russell@ky.gov.

FDA Approval Of Continuous Glucose Sensor Accelerates Development Of Artificial Pancreas

Submitted by: ***Twynette Davidson, Kentucky Juvenile Diabetes Research Foundation Executive Director, KDN Member***

The Juvenile Diabetes Research Foundation (JDRF), reported that the federal government's approval of another medical device that continuously monitors glucose is an important step in the development of an artificial pancreas - a major research priority for JDRF - and has the potential to greatly improve the quality of diabetes care and lower the risk of complications such as blindness, heart attack, kidney failure, and amputation.

"Continuous glucose sensors represent a giant leap forward in care for people with diabetes, allowing them to monitor their glucose levels and precisely dose their insulin based on that real-time information," said Aaron Kowalski, PhD, Director of Strategic Research Projects at JDRF. "This technology should greatly improve glycemic control—which research has shown to be the key to reducing or even eliminating both short and long-term complications of diabetes."

The new device, called the STS Continuous Glucose Monitoring System, from San Diego-based DexCom, Inc., was approved by the Food and Drug Administration in March for use in people with diabetes. It's the latest product in what is expected to become a competitive market for continuous glucose monitoring products.

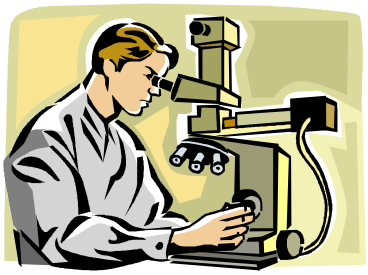
"By helping people with diabetes prevent serious and costly complications, continuous glucose sensors can greatly improve the health care system," said Cynthia Rice, Director of New Technology Access at JDRF. She noted that total diabetes-related costs exceed $132 billion a year, and 32 percent of Medicare expenditures are spent on people with diabetes. Nearly 21 million Americans have diabetes and one in three children will someday develop the disease. Diabetes is the leading cause of kidney failure and adult-onset blindness, increases the risk of heart attack deaths by two-to-four times, and leads to more than 80,000 amputations each year.

Dr. Kowalski noted that research continues to confirm that current diabetes technology is inadequate. Some studies, he said, have found that even those patients who were intensively managing their disease—measuring their glucose an average of nine times a day – spent less than 30 percent of the day in normal glucose range. The rest of the time their glucose was either too high (which can cause eye, heart, kidney, and nerve disease), or too low (which can cause seizures, comas, and death). But studies have also found that patients using continuous glucose sensors spent 26 percent more time in normal glucose range, and have statistically significant improvements in HbA1c levels, an important measure of longer-term glucose control.

Monitors such as these are the keys to the eventual development of a closed-loop glucose testing and insulin delivery system, or an "artificial pancreas." Continuous glucose sensors read glucose levels on a minute-by-minute basis using a small sensor that is inserted under the skin, which transmits data to a hand-held device. These devices not only provide actual glucose readings, but can tell a patient whether their glucose level is trending upwards or downwards, allowing them to continually adjust their medication, diet and exercise to prevent high and low glucose levels.

Closed loop technology will provide patients and their doctors with far more information about their daily glucose fluctuations and trends, and allow for far tighter control. Patients who aggressively manage their diabetes typically test their glucose up to eight times a day, and provide insulin injections based on that information. The artificial pancreas will test glucose approximately 1,400 a day, and make insulin dosing information based on that real-time information.

"The development of an artificial pancreas has been one of JDRF's top research goals, and we are cautiously optimistic that these new products will be as successful and beneficial to people with diabetes as we hope," added Dr. Kowalski. "The next critical steps are for Medicare and private sector insurers to provide reimbursement for these technologies."



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American Association of Diabetes Educators
AADE 33rd Annual Meeting and Exhibition, August 9 - 12, 2006,
Los Angeles, California

To register: Go to: http://www.aadenet.org/AnnualMeetings/06feesdetails.shtml and register on line or download and mail or fax completed registration form to:
AADE Conference, P.O. Box 494,
Brookfield, IL 60513-0494
Fax: 708-344-4444

AADE 2006 LOS ANGELES
Directing the Future of Diabetes Self-Management

Summer Diabetes Camp Guide For Children With Diabetes in Kentucky And Surrounding States

Diabetes Day Camp To Be Held In Lexington!

Diabetes Fun Camp For Children is a one-day FREE camp for children with diabetes who have completed grades K - 8. The camp is sponsored by Kentucky Association of Diabetes Educators (KADE) and The Lexington Lions Club. Pre-Registration is required.

Camp Date: **FREE** — July 16
Camper Ages: K - 8 grade
Time: 8:00 pm - 4:00 am
Contact: For information call:
Leslie Scott at 859-323-5405 x 237
Location: Masterson Station Park
Lexington, Kentucky

Kentucky - Week Long Camp

Camp Hendon is an American Diabetes Association residential camp located at Camp Crooked Creek in Shepherdsville, KY. It encompasses a man-made lake and 500 acres of woodlands and open meadows. Activities include swimming, archery, tubing, talent show, softball, nature hikes and team building courses.

Camp Dates: July 23-29
Camper Ages: 8-17
Camp Fees: $300 - ADA Members
$325 - Non Members
$565 for 2 children of ADA Members
$625 - for 2 children of Non Members

Contact: Missy Jardine at 513-759-9330, x-6662
or 888-342-2383, x-6662

Ohio - Week Long Camp

American Diabetes Association **Camp Tokumto** is a day camp located in Sharon Woods in Cincinnati. Camp Tokumto improves the lives of young people with diabetes, and provides a creative opportunity to enhance their physical, emotional and social well being through educational and recreational camping . Camp activities include arts and crafts, diabetes and diet education, field trips, swimming, and more.

Camp Dates: June 26-30
Camper Ages: 5-9
Camp Fees: $155 ADA Members; $180 Non Members

Contact: Missy Jardine at 513-759-9330, x-6662
or 1-888-342-2383, x-6662

Tennessee - Week Long Camp

Camp Sugar Falls is an American Diabetes Association day camp located at Pleasant Green Swim Club in Goodlettsville, TN just north of Nashville. Campers participate in arts and crafts, swimming, nutritional activities, athletics, games, and diabetes education. ADA provides all of the volunteer program and activity supervision, as well as the volunteer medical staff. The care is sensitive to the needs and concerns of the children with diabetes and integrates diabetes education within the camping experience. Camp Sugar Falls provides children with the opportunity to participate in recreational activities while developing independence and confidence in caring for their diabetes. One day of the week, a session for parents and children ages 5 and under is offered. Siblings are welcome.

Camp Dates: July 31 - August 3, 2006
Camper Ages: 6-12, plus one day for parents and children ages 5 and under.
Camp Fee: $55
Contact: Devin Bradford: 615-298-3066, ext. 3331.

Indiana - Week Long Camp

Camp John Warvel camp registration is full at this time. However, you may complete the online "Request Information From Camp" form in order to be added to the waiting list and the 2007 camp mailing list. That form can be found at https://web.diabetes.org/regformgen/eventform.asp?Event_No=179

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education units. To register, call (270) 686-7747 ext. 5581.

Date: **July 20, 2006 Pregnancy and Diabetes including Gestational Diabetes**
Speaker: **Ana Marie Spence, MD**
Location: **Methodist Hospital**
1305 N. Elm Street
Henderson, KY 42420

TRADE Workshop September 28, 2006
Nurses, Dietitians, Pharmacists…
Avoid Legal Issues In Diabetes Care
Hines Center, Owensboro, KY

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 *(no meeting in August)*. Registration required. Please register and direct questions to Dawn Fraze RN, BSN, CDE at 270-769-1601 ext. 129 or dawns.fraze@ky.gov .

Date/time: **Tuesday, May 9th 5:30-7:30pm**
Location: **Peterson Dumesnil House, 301 S Peterson Ave., Louisville, KY 40206**
Speaker: **Dr. Donald Wood**
Title: **The Evolution of Diabetic Therapies**
Sponsored by: **Sanofi-Aventis Pharmaceutical**
RSVP: **Stephanie Romanek**
800-321-0855 x 4325
Stephanie.Romanek@Sanofi-Aventis.com

Date/time: **July 25th 5:30 - 7:30pm *On 4th Tuesday**
Location: **Equus Restaurant, 122 Sears Ave., Louisville, KY 40207**
Speaker: **Mary Ann DeMuro MSN, ARNP, MT(ASCP), MBA, CDE**
Title: **Exubera: Inhaled insulin**
Sponsored by: **Pfizer**
RSVP: **Laura Hood**
502-299-8526
Laura.hood@pfizer.com

September meeting will be held September 12th, 2006, 5:30 - 7:30 pm, program and location will be announced at a later date.

Endocrinologists Meetings Scheduled

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

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.

Quarterly general meetings are held from 10-3 pm EST. Anyone interested in improving diabetes outcomes in KY may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2006 meeting times are 10:00 am—3:00 pm EST

June 9	**Baptist Hospital East, Louisville**
September 15	**Lexington - UK Extension Office**
November 3	**Kentucky History Center, Frankfort**

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of most months from 6 - 8pm, except summer (time & location vary). For a schedule or more information, contact:

Dana Graves OR Laura Hieronymus
Phone: 859- 313-1282 Phone: 859-223-4074
E-mail: gravesdb@sjhlex.org E-mail: laurahieronymus@cs.com

Date/time: **May 16 at 6:00 pm**
Location: **Portofino's, 249 E. Main St. Lesington, KY**
Speaker: **Raymond Reynolds MD, FACP, FACE**
Title: "**Inpatient Glycemic Control in 2006: Eliminating the Culture of Sliding Scale Insulin"**
Sponsored By: **NovoNordisk**
RSVP: **Dana Graves, see information above**

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA), which also covers Northern Kentucky. Anyone interested in diabetes is invited. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy @ jmcelroy@stelizabeth.com or call 859-344-2496

Date/time: **September 18, 2006**
Location: **To Be Announced**
Speaker: **To Be Announced**
Title: **To Be Announced**

Kentucky Diabetes Connection

Contact Information

American Diabetes Association.
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www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators

www.aadenet.org/
AboutAADE/Chapters.html

KDN
KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass/Eastern Chapter

www.kadenet.org

GLADE 1984
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www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP

www.chfs.ky.gov/dph/ach/diabetes

JDRF Juvenile Diabetes Research Foundation International
dedicated to finding a cure

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

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Diabetes Educators Cincinnati Area

www.aadenet.org/
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AACE
American Association of Clinical Endocrinologists
Ohio Valley Chapter

www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com