Closing the Gap

Recognizing the Link Can Save Your Life
Diabetes and Heart Disease

Brigette Settles Scott, MA

Inside

A newsletter of the Office of Minority Health, U.S. Department of Health and Human Services

Last spring, just after her 46th birthday, Adrean Grant* found out that she had type 2 diabetes. At that time, she was asymptomatic and visiting her doctor for a routine physical exam. Yet, as she turned to leave the office, she learned that her life would never be the same.

"While I was at the doctor, they asked me for a urine sample—which they've always done. I was on my way out the door, and the nurse called me back and said that my urine sample indicated that I had a great deal of sugar in my urine," said Grant. That, coupled with a finger prick, confirmed a diagnosis that she knew little about. She was completely unaware of even being at risk.

> *"It takes more than knowledge to control your diabetes—it takes action, and keeping it in the forefront of your mind."*

As an African American woman over 45, battling severe sleep apnea, managing high cholesterol, and a tad bit overweight—Grant had absolutely no idea she was actually a ticking time bomb. "I've been managing high cholesterol for several years, and didn't know that my cholesterol level placed me at risk for diabetes," she said.

Yet, Grant possessed nearly all of the risk factors associated with type 2 diabetes—her age, being overweight and having high cholesterol. The connection between her cholesterol level being a risk factor for both diabetes and heart disease, and cardiovascular disease being a major complication that can arise in diabetics was never discussed.

"When I was diagnosed with diabetes, I was given medication and was told to come back in two weeks. I was also referred to a dietician, and given a glucometer so that I could test my blood sugar everyday—but that was it," said Grant. "Complications that I know about now, like heart disease and stroke, were never mentioned."

Making the Connection

Cardiovascular disease poses the greatest threat to people with diabetes, killing 75 percent of all diabetics.

Traditionally, diabetes treatment has focused on the management of blood glucose. However, recent studies now show that managing blood pressure and cholesterol, in addition to controlling blood glucose levels, can save the lives of thousands of people with diabetes by preventing heart disease.

Many diabetes patients do not know they are at risk for cardiovascular disease, and that this risk can actually be reduced through better management and control of diabetes. High blood pressure and lipid abnormalities are among the conditions that contribute to an increased risk of cardiovascular disease. The majority of people with diabetes present with at least one of these conditions.

Diabetes tends to lower "good" HDL cholesterol, and raise both "bad" LDL cholesterol and triglyceride levels, increasing the risk of heart disease and stroke. Obesity, a condition that afflicts 80 percent of people with diabetes, is another risk factor for developing cardiovascular disease. In addition, physical inactivity and smoking dramatically increase the risk of cardiovascular disease.

This means that people with diabetes are two to four times more likely to have a stroke or heart attack than are people without diabetes. Moreover, because diabetes can cause severe nerve damage to the heart, diabetics often experience painless heart attacks that are harder to diagnose and more likely to be fatal. People with diabetes are more likely to die from a second heart attack and are more likely than those without the disease to have a second cardiovascular event.

According to a study published in the Journal of the American Medical Association (1999), deaths from heart disease in the general population have shown a marked decrease, but deaths from heart disease in women with diabetes have increased 23 percent. Deaths from heart disease in diabetic men have decreased by only 13 percent, compared to a 36 percent decrease in men without the disease.

Cardiovascular disease is not only the deadliest complication of diabetes, but also the most expensive. In 1999, the Centers for Disease Control and Prevention reported that over $7 billion of the $44.1 billion in annual costs associated with diabetes went towards treating cardiovascular disease.

Increasing Awareness

There are several things people with diabetes can do to keep their disease under control, and to prevent cardiovascular disease. In fact, several organizations have stepped up to the plate to educate diabetics on how to prevent heart disease and other related complications.

The National Diabetes Education Program partnered with the American Diabetes Association and launched a comprehensive consumer education campaign—*ABCs of Diabetes*. The "A" stands for the A1c or hemoglobin A1c test, which measures average blood glucose levels; "B" is for blood pressure; and "C" is for cholesterol.

"We've expanded our education program from a singular focus on glucose control to include cholesterol and blood pressure management—all with the hopes of reducing the rates of cardiovascular disease among diabetics," said NDEP's information specialist, Joanne Gallivan.

The campaign outlines specific therapy goals for optimal diabetes management—A1c test results should measure less than 7 percent or an average blood glucose level of 150, blood pressure should be below 130/80, and LDL cholesterol should fall below 100.

"I tried to tell myself that I was going to be the poster child for diabetes control when I was first diagnosed, but I didn't realize that it takes time. It's a process, and although it doesn't happen overnight, it is attainable. Initially, my A1c test score was 9.8—which is really bad, but I made some changes, began exercising everyday, and the next time I was tested, it was down to 7.5," added Grant. "Now I go every three months to make sure that I'm progressing to my target range—below 7 percent."

Later this year, NDEP will be tailoring this program to specifically focus on racial and ethic minorities. "Minorities in general are at a higher risk for diabetes for a number of reasons, and are therefore at a greater risk of cardiovascular disease," said Gallivan.

Fortunately, several approaches, such as weight control, increased physical activity, drug therapy and cholesterol lowering are each viable ways of controlling cardiovascular disease risk factors. Cholesterol management, in particular, should be addressed in much the same way by a person with diabetes as in a person diagnosed with heart disease.

Recognizing this fact, the National Cholesterol Education Program (NCEP) has recently amended its guidelines to better address the connection between diabetes and cardiovascular disease. "Diabetes has always been a known risk factor for cardiovascular disease, but has been elevated to a 'coronary risk equivalent' because people with diabetes are at equal risk for a heart attack as a person with heart disease," said Dr. James Cleeman, coordinator, NCEP. "We now encourage people with diabetes to lower their LDL cholesterol under 100, the same as someone with cardiovascular disease.

NCEP underscores the connection between diabetes and cardiovascular disease in all of its publications, including its recent online educational campaign—*Live Healthy, Live Longer*. The site contains information about cholesterol lowering for people who want to lower their risk of cardiovascular disease—especially those with diabetes.

In addition, the campaign's National Cholesterol Education Month Tool Kit features tips for reducing cardiovascular risk and heart healthy recipes-particularly African American and Latino favorites.

"There may be more educational efforts that are needed to address this issue in minority communities, but diabetes is an equal opportunity risk factor. We've taken an even-handed approach to this. The treatment is basically the same across minority lines," Cleeman said, re-emphasizing the importance of lowering cholesterol levels.

"Living with diabetes can be easy if you surrender to it, recognize that you have it, and work towards tight control. If you don't, you're guaranteed to have problems. It takes more than knowledge to control your diabetes—it takes action, and keeping it in the forefront of your mind." Grant concluded.

For more information on the link between diabetes and heart disease, visit the National Diabetes Education Program Web site at http://ndep.nih.gov or contact the American Heart Association at http://www.americanheart.org or call 800-AHA-USA1. To access the Live Healthy, Live Longer online educational materials, go to http://www.nhlbi.nih.gov/chd◆

*Name has been changed to protect privacy.

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The Office of Minority Health Resource Center provides free information on various health issues affecting U.S. minorities.

Send an e-mail to info@omhrc.gov to join our mailing list or to update your address. Or, write to OMHRC, P.O.Box 37337, Washington, D.C. 20013.

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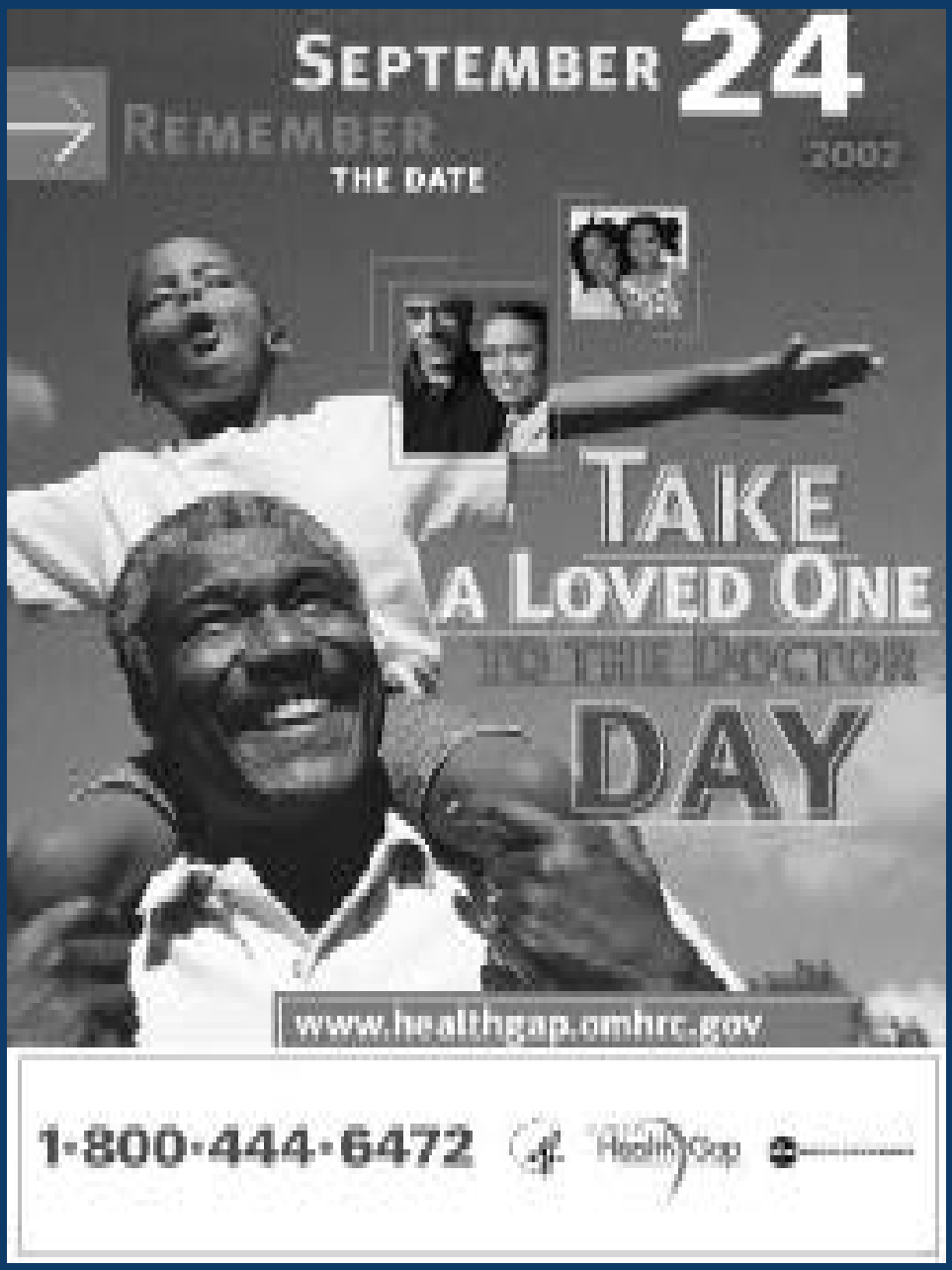


Take a Loved One to The Doctor Day is part of a national campaign by the U.S. Department of Health and Human Services (HHS) and ABC Radio which focuses on the health gap between African Americans and the general population. The campaign, "Closing the Health Gap," was launched November 19, 2001.

Take a Loved One to the Doctor Day is one component of that campaign, encouraging individuals to see a health care professional on September 24, 2002, or at the least, make an appointment on that day or during that week to see a health care professional in the near future.

By focusing efforts on a single day, a greater understanding of the importance of regular health screenings while at the same time focusing on those populations which tend to have the least access to health care will be generated.

Prior to and after Take a Loved One to the Doctor Day, health messages will be aired on some 240 ABC Radio stations across America discussing the health gap and offering specific tips on leading a more healthy life.

Events are being planned by local organizations in communities across the country. These will include health fairs and health screenings at specific locations (shopping malls, local parks), community health forums, local media outreach, and much more.

For more information, go to http://www.omhrc.gov/healthgap/drday.htm or call the Office of Minority Health Resource Center at 800-444-6472. ◆

HHS Diabetes Initiatives

Diabetes prevention is a integral part of the U.S. Department of Health and Human Services' (HHS) plan for a healthier America.

Joining forces with both the private and public sectors, HHS recognizes the importance of casting a broad net in reducing the impact of diabetes—programs incorporate reducing obesity, healthy eating and exercise promotion, blood pressure and cholesterol monitoring, and prevention of other diabetes-related health concerns.

Research, prevention, outreach, and education efforts are used to combat this disease and the following are just a few of the HHS initiatives and programs targeting diabetes prevention and education:

American Indian/Alaska Native Programs

Through the Indian Health Service's (IHS) National Diabetes Program, HHS promotes collaborative strategies to prevent diabetes and its complications among native populations. These efforts include grants to promote diabetes prevention.
Go to http://www.ihs.gov/MedicalPrograms/Diabetes/ for more information.

Healthy People 2010

HHS' Healthy People 2010, the nation's broad-based national health agenda, targets obesity, lack of physical activity and other health issues related to diabetes. Go to http://www.health.gov/healthypeople/ for more information.

National Diabetes Education Program

Co-sponsored by NIH and CDC, the National Diabetes Education Program (NDEP) conducts diabetes awareness and education activities, develops and disseminates educational tools and resources, and promotes initiatives to improve the quality of and access to diabetes care. The program has more than 200 private and public-sector partners.
Go to http://www.ndep.nih.gov/ for more information.

Older Americans and Diabetes

The NDEP and HHS' Centers for Medicare & Medicaid Services (CMS) and Administration on Aging (AoA) work together on a campaign to remind older Americans who have diabetes about the importance of routine blood sugar monitoring to manage their disease and that Medicare benefits are available to help them do so.
Go to http://ndep.nih.gov/conduct/medicare.htm for more information.

Pre-Diabetes

In March 2002, HHS and the American Diabetes Association (ADA) launched a new effort to encourage Americans with pre-diabetes to take steps to reduce their risks for developing type 2 diabetes. A panel consisting of ADA and HHS experts urged doctors to screen patients for pre-diabetes and encourage prevention.
Go to http://www.hhs.gov/news/press/2002pres/20020327.html for more information.

Targeting Diabetes Disparities

Diabetes is one of the major focus areas for HHS' Closing the Health Gap campaign, which aims to bring the best health information to African-American communities and help consumers take charge of their health.
Go to http://www.omhrc.gov for more information.

Women and Diabetes

In May 2002, HHS' Food and Drug Administration (FDA) launched a new campaign to raise awareness among women about preventing and managing diabetes. As the family's primary caregivers, women can make a positive difference to the whole family's health, including their own. Go to http://www.fda.gov/womens/taketimetocare/diabetes/ for more information.
CDC also co-sponsors the National Public Health Initiative on Diabetes and Women, which is pursuing steps to improve women's health.
Go to http://www.cdc.gov/diabetes/projects/women.htm for more information.

Go to http://www.hhs.gov/news/press/2002pres/diabetes.html for more information on HHS diabetes initiatives. ◆

Helpful Federal Sites

BAM.gov - This Body and Mind (BAM) site is an interactive tool for adolescents, providing up-to-date information and encouragement to increase their level of physical activity and establish fitness habits that will stay with them for life.

Fitness.gov - Run by the President's Council on Physical Fitness and Sports, this site updates the public on the Council's fitness promotion activities and serves as a comprehensive resource for organizations and individuals wishing to take part in the Council's awards programs.

Nutrition.gov - This site provides easily accessible government information on nutrition, healthy eating, and food safety. Provides accurate information on nutrition and dietary guidance in the effort to curb obesity and other food related diseases.

Recreation.gov - A partnership among Federal land management agencies to provide an easy-to-use Web site with information about all Federal recreation areas. The site allows you to search for recreation areas by state, by recreational activity, by agency, or by map.

"Pre-Diabetes"
New Campaign Targets Those Most At Risk

Kauthar B. Umar, MA

U.S. Department of Health and Human Services (HHS) Secretary Tommy Thompson recently launched an initiative targeting individuals who are most at risk for developing type 2 diabetes. Jointly sponsored with the American Diabetes Association (ADA), the new campaign informs Americans, and the health care providers who treat them, about a new name for impaired glucose intolerance—"pre-diabetes"—that sharply increases the risk for developing type 2 diabetes.

"Pre-diabetes" is an increasingly common condition in which blood glucose levels are higher than normal but not yet diabetic. Also known as impaired glucose tolerance or impaired fasting glucose, "pre-diabetes" currently affects 16 million people in the U.S. HHS studies show that unless people with 'pre-diabetes' change their diet and level of physical activity, they are likely to develop type 2 diabetes within 10 years.

"The good news is if you have 'pre-diabetes' you can do something about it," Secretary Thompson said. "We want people to know that 'pre-diabetes' is a serious condition that can be reversed or alleviated with modest changes in their daily routines—such as eating fewer calories and participating in a regular exercise program. In America, we spend a lot of money, once people get sick, to get them well again. It's time for people to take a proactive role in their health care and focus on prevention."

HHS and ADA released recommendations which state that overweight people age 45 and older should be screened for 'pre-diabetes" by their doctors during regular office visits. Adults younger than 45 should be screened if they are significantly overweight and have a family history of diabetes, low HDL cholesterol and high triglycerides, high blood pressure, history of gestational diabetes, gave birth to a baby weighing more than 9 pounds, or belong to a racial minority group.

"These new recommendations gives physicians added incentive to screen their middle-aged overweight patients for both type 2 diabetes and 'pre-diabetes'," said Dr. Francine Kaufman, newly elected president of ADA.

These recommendations are the result of findings released in 2001 from HHS' Diabetes Prevention Program—a major clinical trial that found that diet and exercise resulting in a 5 to 7 percent weight loss lowered the incidence of type 2 diabetes by 58 percent.

Of the millions projected to have "pre-diabetes," most remain unaware, stated Dr. Judith Fradkin of the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK). "Now that we have shown that we can prevent or delay diabetes, we need to find the people who can benefit. These new practical recommendations can help."

For more information about research and advances related to diabetes, go to http://www.niddk.nih.gov or call NIDDK's National Diabetes Information Clearinghouse at 1-800-860-8747.

Symptoms and Treatment

Listed below are common symptoms of type 1 and type 2 diabetes. Not everyone may have the same symptoms or same treatment plan, therefore, if you are not feeling well or think you are at risk for diabetes, see a health care professional for medical assistance. For more information, call the American Diabetes Association at 800-342-2383

Type 1

Symptoms of type 1 diabetes develop most often in children and young adults, but the disorder can appear at any age.

Often developed over a short period, the symptoms include: increased thirst and urination; constant hunger; weight loss; blurred vision; and extreme fatigue.

If not diagnosed and treated with insulin, a person can lapse into a life-threatening diabetic coma, also known as diabetic ketoacidosis.

Treatment of type 1 diabetes requires a strict regimen that typically includes a carefully calculated diet, planned physical activity, home blood glucose testing several times a day, and multiple daily insulin injections.

Type 2

Symptoms of type 2 diabetes usually develops in adults age 40 and older but is becoming more common in young overweight children and adolescents.

Often developing gradually, symptoms may include: fatigue or nausea; frequent urination; unusual thirst; weight loss; blurred vision; frequent infections; slow healing of wounds or sores, and in some cases, no symptoms at all.

Treatment of type 2 diabetes: typically includes diet control, exercise, home blood glucose testing, and in some cases, oral medication and/or insulin. Approximately 40% of people with type 2 diabetes require insulin injections.

Kidney Disease and African Americans

Kauthar B. Umar, MA

Late last year, in response to the millions of Americans with kidney disease, the National Institute of Diabetes & Digestive & Kidney Disease (NIDDK) launched a new program—the National Kidney Disease Education Program (NKDEP).

Modeled after the Federal National High Blood Pressure Education Program and National Diabetes Education Program, NKDEP's initial focus will be on African Americans at high risk for, or undiagnosed with, kidney disease—primarily those with diabetes, hypertension, and or a family history of kidney failure. The program will also target the primary care clinicians who treat them.

NKDEP chose to focus on African Americans first because the rates of kidney disease are highest among this population than any other racial or ethnic group. "African Americans have kidney disease about four times greater than the White population. In males between 20 and 40, it's almost 20 times more," said Dr. Tom Hostetter, NKDEP director. "It's increasing in all populations. It's just much higher among African Americans."

Today, diabetes is the leading cause of kidney disease. More than 8 million Americans have seriously reduced kidney function, and nearly 400,000 require dialysis or a kidney transplant to stay alive. The number of people developing kidney failure has doubled each decade for the last two decades, according to data published by the NIDDK.

Studies show that low protein diets, blood glucose and blood pressure control can significantly reduce the risk of kidney complications. However, despite advances in treatment and prevention, only a small fraction of people at serious risk, or with established but early kidney disease are receiving proper screening or treatment.

The program is designed to raise awareness about the importance of prevention, early diagnosis, and the appropriate management of kidney disease and its complications. Other NKDEP activities include working towards improving laboratory reporting of kidney function, and developing clinical tools for primary care providers. NKDEP has also created a compendium of existing educational programs and resources on chronic kidney disease for use by consumers, providers and other health professionals.

Phase one of the program, which is scheduled to roll out in January 2003, will be to conduct educational campaigns in four pilot sites—Baltimore, MD, Atlanta, GA, Jackson, MS, and Cleveland, OH. These pilot sites will enable the program to identify successful strategies for a broader national campaign.

"There is a very high incidence of kidney failure in these four areas, in part because many African Americans live there, and in part for reasons we just don't know yet," said Dr. Hostetter.

In its second phase, NKDEP will broaden its focus and target other racial and ethnic groups—specifically the American Indian and Hispanic communities.

For additional program information, go to http://www.nkdep.nih.gov or contact Mimi Lising at 301-496-3583 or Tom Hostetter at 301-594-8864. ◆

'Si Tiene Diabetes, Cuide Su Corazón' *Targeting Hispanics and Latinos*

Heart disease is a leading killer of Hispanics and Latinos with diabetes so a new national campaign targeting Hispanics and Latinos with diabetes was unveiled by the National Diabetes Education Program (NDEP) during the National Council of La Raza's (NCLR) annual conference.

"The campaign 'Si Tiene Diabetes, Cuide Su Corazón' is aimed at helping Hispanic Americans better understand the need to control all aspects of their diabetes to help prevent heart disease," said U.S. Department Health and Human Services Secretary Tommy G. Thompson.

The focus is to help Hispanics with diabetes control their blood sugar, blood pressure, and cholesterol levels, which in turn helps prevent heart disease and stroke—the leading killers of people with diabetes.

"At least 65 percent of people with diabetes die from heart disease or stroke, and yet only one in four Hispanic and Latino Americans with diabetes know they are at risk for heart disease," said Yanira Cruz Gonzalez, director of the Center for Health Promotion at the NCLR and chair of the NDEP's Hispanic/Latino work group.

The NDEP offers a recipe booklet featuring new twists on traditional Hispanic and Latino recipes that are flavorful but low in fat and salt.

A free booklet along with additional information on diabetes in Spanish and English can be ordered by calling the National Diabetes Information Clearinghouse at 1-800-438-5383.

For more information, call 202-785-1670 or visit them at www.nclr.org ◆

Getting to the Heart of Diabetes

Roger Campbell • Senior Editor/Writer, American Heart Association

It's no health secret: minorities in America are more likely to develop—and die from—cardiovascular disease. Diabetes is a major reason why. In fact, according to the National Institute of Diabetes & Digestive & Kidney Diseases, in 2000, among various racial and ethnic groups in the United States, American Indians and Alaska Natives have the highest occurrence of diabetes—15.1 percent. Blacks and Latino Americans are right behind them at 13 percent and 10.2 percent respectively. These numbers are much higher compared to those of Whites—7.8 percent.

Furthermore, about 80 percent of all people newly diagnosed with type 2 diabetes are overweight. And as most healthcare professionals know, obesity and physical inactivity—risk factors for heart disease—are more prevalent among Blacks and Hispanics. And when a person has diabetes and high blood pressure (also more prevalent and severe in Blacks and Hispanics), his or her risk for cardiovascular disease doubles.

If that's not enough, there's a great disconnect between patient perception and reality of diabetes' relationship to heart disease, according to a survey released by the American Heart Association (AHA) in 2001. Among the disturbing findings, only 33 percent of people with type 2 diabetes considered heart disease to be among the "most serious" diabetes-related complications. Yet 63 percent of diabetes patients in the survey experienced cardiovascular disease.

So it's a case of bad news, more bad news, then good news: 1) Type 2 diabetes is nearing epidemic proportions in America; 2) Most people don't know about diabetes' relationship to heart disease, especially minorities who are disproportionately affected by it; and 3) You can help your patients or those at risk control or prevent diabetes.

"Research from the past few years has helped us to better understand the link between diabetes and cardiovascular disease, and the role insulin resistance plays in both," says AHA chief science officer, Sidney C. Smith, Jr., MD. "Unfortunately, diabetes patients still tend to treat heart disease as a separate concern."

Heart-Healthy Dietary Guidelines Updated

The American Heart Association (AHA) has updated its dietary guidelines to make them more helpful to a broader public audience. The new guidelines include advice for people at high risk for heart disease and stroke, as well as for those who already suffer from these conditions. By addressing the special dietary needs of people with or at risk for hyperlipidemia, hypertension, diabetes, insulin resistance, renal failure, heart failure, and other conditions, these guidelines are unique in the nutrition arena.

For more information and the consumer booklet An Eating Plan for Healthy Americans: The New 2000 Food Guidelines, go to http://www.americanheart.org

For these reasons, the AHA has enlisted in the battle against diabetes, one of the major risk factors for heart disease and stroke—America's No. 1 and No. 3 killers. A key weapon in its fight is *The Heart of Diabetes: Understanding Insulin Resistance.*

AHA launched the free program in July 2001, setting a goal to enroll 10,000 people by the end of 2002. *The Heart of Diabetes* program provides type 2 diabetes patients with knowledge and tools to reduce their risk for heart disease and stroke. A program guide then takes them through steps to apply what they've learned. After completing a health risk assessment to gauge their condition, participants are enrolled as *Heart of Diabetes Thrivers* and receive:

- A journal that includes tips to help manage their diabetes and reduce their risk, and a ledger to track their A1c, cholesterol, blood pressure and glucose levels and exercise activities. This will encourage more communication between patients and their healthcare providers;
- A free 12-month subscription to *Diabetes Positive* magazine;
- Incentives throughout the year to help them stay motivated; and
- Ongoing tips and facts on physical activity, nutrition, emerging trends, new research and profiles of Thrivers' successes.

At the end of their first year, *Thrivers* complete a survey to measure how much they've learned about heart disease, type 2 diabetes and insulin resistance. They also record their progress made to control and prevent these diseases.

AHA recognizes the need to increase its efforts to "most at risk" minority populations. That's why it's now tailoring *The Heart of Diabetes* to the Black community. AHA plans to secure an African American celebrity spokesperson to help "re-launch" the program for a more comprehensive and sustained communications effort in 2003. To encourage more interest and participation among Hispanics, the association will also translate program materials into Spanish.

AHA also will create a diabetes module for its popular and successful *Search Your Heart,* a faith-based heart health program tailored to African Americans that includes education and activity kits on high blood pressure, stroke, nutrition and physical activity. The association also will develop a Spanish version of *Search Your Heart* that will include a diabetes module.

For more information on The Heart of Diabetes: Understanding Insulin Resistance, *go to http://www.americanheart.org/diabetes Web site or call 1-800-AHA-USA1 (1-800-242-8721).*

A National Approach
State Programs Reduce Diabetes in African Americans

Aimee Swartz

"Here in South Carolina, African American men are almost twice as likely to die of diabetes as White men, and African American women are more than four times as likely to die of the disease as Whites," said Rhonda Hill, PhD, a division director with the South Carolina Diabetes Control Project. "African Americans are also likely to suffer amputations and end-stage renal disease."

With outcomes like these, diabetes control has become a major issue for state health departments. The Federal Centers for Disease Control and Prevention (CDC) makes assistance to state diabetes control programs (DCPs) an important element of its national strategy to reduce the incidence of diabetes, in the U.S., providing money and technical assistance to DCPs in 50 states, the District of Columbia, and eight U.S.-affiliated jurisdictions.

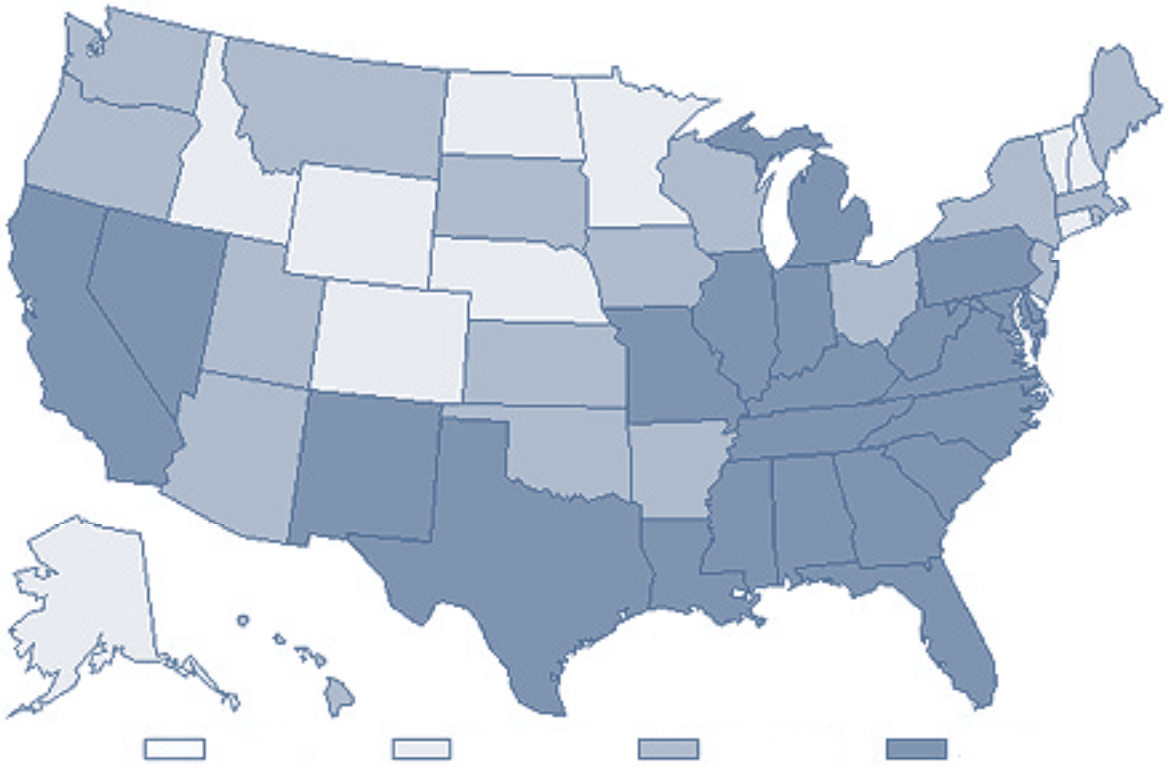
State programs like South Carolina's are designed to improve access to affordable, high-quality diabetes care and services, with priority on reaching high-risk and disproportionately affected populations. Other goals of state-based DCPs include: determining the scope of diabetes-related problems, why they exist and how to prevent them; developing and evaluating new strategies for diabetes prevention; increasing awareness of diabetes prevention and disease management within the community; and improving access to quality diabetes care to prevent, detect, and treat diabetes complications.

The South Carolina Department of Health has received CDC funds for diabetes control since 1994. Diabetes is the sixth leading cause of death in South Carolina. "Our primary target group is African Americans, because they are more likely to suffer disproportionately from diabetes," added Hill.

The Department's projects target three primary areas: health systems, health communication and coalitions, and community education.

- Health systems. Project targets community health centers for interventions that are designed to improve diabetes care in office-based practices in medically undeserved areas, and to increase the diabetes self-management

Prevalence of Diabetes Age-Standardized Prevalence of Diagnosed Diabetes per 100 Adult Population by State, United States, 2000



For more information, go to the Centers for Disease Control and Prevention's (CDC) Web site at http://www.cdc.gov/diabetes

skills in patients who attend these clinics. Approximately 90 percent of the patients served are African American. Other priority populations are the elderly, the uninsured, and the underinsured.

- Health communication and coalitions. Project develops coalitions at the community level for better resource use and advocacy. For example, the project created and maintains an Internet list-serve to enable diabetes patients to share ideas and current information.

- Community education. Project conducts community-based, community-owned programs for the prevention and management of diabetes. The project implements the CDC's signature *Diabetes Today* program, which mobilizes communities to raise awareness of the burden of diabetes. A major educational effort is the Annual African American Conference on Diabetes. Held every November in observance of National Diabetes Awareness month, the conference targets patients, caretakers, health care professionals, and interested community members.

South Carolina has an immediate goal of increasing the number of diabetes patients who receive appropriate preventative measures, such as foot exams, hemoglobin A1c tests, flu shots, and pneumonia vaccinations. Its long-term goal is to achieve a reduction in disparities of complications and preventable deaths from diabetes in South Carolina among African Americans.

Reducing Complications and Death

As in South Carolina, diabetes threatens the lives of many residents in Ohio. A study conducted by the Central Ohio Diabetes Association found that diabetes and its long-term morbidity and mortality rates have increased dramatically in citizens of central Ohio, particularly in African American males. The reason for the increased rates of diabetes and its related complications were attributed, in part, to higher rates of obesity, hypertension, physical inactivity, and heredity, as well as lack of access to health care and lower socioeconomic status.

In response to this problem, in 2001, the Ohio Commission on Minority Health launched the Ohio State University (OSU) Community Diabetes Partnership Project—a five-year study to determine whether intensive intervention of diabetes control will prevent long-term complications and death from diabetes-related complications.

"There had been increasing evidence that diabetes care teams that were lead by a diabetologist were more successful at reaching the patient's treatment goals than a primary care physician, but we hadn't seen that studied in inner city America," said Cheryl Boyce, MS, executive director, Ohio Commission on Minority Health.

During the five-year project, health care providers from OSU attend neighborhood clinics on a monthly basis to provide expert care for diabetic patients attending the clinics. At each visit, a physician, dietician, and diabetic educator evaluate the patient.

The primary endpoints are the improvement in fasting glucose less than 120 mg/dl and A1c test results less than 7 percent. The secondary endpoint is to demonstrate that an intensive community-based diabetes care program reduces the rate of long-term complications and cardiovascular deaths.

In addition to the study, the Commission is also addressing diabetes through its Coalition of Networking Neighbors Effecting Change Together (CONNECT) program. CONNECT seeks to address higher death rates in the African American community through health assessments, including screening for cholesterol and glucose and blood pressure monitoring; classes that teach heart-healthy cooking and shopping; exercise classes; and assessment and evaluation of changes in healthy behavior, risk reductions, and incentives to change unhealthy behavior.

"We're trying to change health outcomes for African Americans by changing their behavior," Boyce explained.

CONNECT is comprised of participants from the minority community, community-based health care providers, student volunteers, and members of a local church. CONNECT advertises its services through local television, radio, and newspapers, as well as religious, social, and political networks.

For more information on the South Carolina Diabetes Control Program, contact Dr. Rhonda Hill at 803-898-0757.

For more information on diabetes in Ohio, contact Cheryl Boyce, Ohio Commission on Minority Health at 614-466-4000. ◆

What is Your Eye-Q?

Do you know that diabetic eye disease is a leading cause of blindness? If you have diabetes, do you know how to reduce your risk of visual loss?

Below are a few questions to test your Eye-Q from the National Eye Institute. The answers are below upside down.

1. Diabetic eye disease usually has early warning signs.
   True____ False____

2. People who have good control of their diabetes are not at high risk for diabetic eye disease.
   True____ False____

3. The risk of blindness from diabetic eye disease can be reduced.
   True____ False____

To see the complete quiz, both in English and Spanish, contact the National Eye Institute at http://www.nei.nih.gov

1. False. Often there are none in the early stages of the disease. Vision may not change until the disease becomes severe.

2. False. Glaucoma is almost twice as likely to occur in people with diabetes than in those without the disease.

3. True. With early detection and timely treatment, the risk of blindness from diabetic eye disease can be reduced.

Type 2 Diabetes on the Rise in Minority Youth

Brigette Settles Scott, MA and Sibyl Bowie Page

When television programs like the one hosted by television personality Maury Povich can air multiple episodes that focus on 80-, 100, and 150-pound, two, three and four-year old children, we are indeed in a health crisis. Nearly all of the kids featured on these programs were not obese because of a genetic abnormality or health problem, but were simply allowed to over eat. Their excessive weight is causing them to present with a myriad of health problems—including diabetes.

Once seen only in adults, type 2 diabetes has been rising steadily in children—especially minority adolescents. The percentage of children with newly diagnosed diabetes who are classified as having type 2 has risen from less than five percent before 1994 to 30-50 percent in subsequent years.

More specifically, according to a March 2000 report in *Diabetes Care*, children with type 2 diabetes are usually diagnosed over the age of 10 years and are in middle to late puberty. The Third National Health and Nutrition Examination Survey projected a national prevalence of type 2 diabetes in children of 4.1 per 1000 12-19 year olds—with other population-based studies revealing a prevalence of type 2 diabetes in youth at much higher rates (e.g., those conducted on the Pima Indians in Arizona revealed a prevalence of 22.3 per 1,000 in the 10- to 14-year old age group and 50.9 per 1,000 in the 15-to19-year old age group).

Type 2 diabetes in children, according to the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK), is such a recent phenomenon that many youth are discovered by accident. Researchers and clinicians have yet to agree on a formal definition of type 2 diabetes in children. The diagnosis of type 2 diabetes in children can be complex, requiring a look beyond biochemical characteristics to examine clinical signs. One important sign is acanthosis nigricans (AN). This term is used to characterize the brownish-black, velvety skin patches usually found on the back of the neck, in the armpits, or on the thighs. AN is almost always a sign of high levels of insulin, and thus, of type 2 diabetes rather than type 1 in childhood. AN is more common in people of color than in Whites. It is even more common among American Indians.

Very little is known about the natural progression of the disease in children, partly because patients have not been followed long enough to learn about long-term complications. However, it is generally accepted that the longer a person has diabetes, the greater the chances of developing the disabling, life-threatening complications.

"Type 2 diabetes in youth is increasing in incidence and is seen predominantly in minority populations. This increase is associated with changing food patterns and increasing rates of obesity," said Dr. Francine Kaufman, president-elect of the American Diabetes Association and director of the Comprehensive Diabetes Center at the Children's Hospital of Los Angeles in a recent press statement. "We are also seeing young people in their late teens who are already developing the complications of type 2 diabetes."

Diabetes complications—eye disease, kidney disease, heart disease, stroke, and nerve disease—can be experienced at an early age, and with greater severity, if blood sugar levels are not properly managed.

Risk Factors

Four primary factors place youth at risk for developing type 2 diabetes during childhood:

1. Ancestry - American Indians and Alaska Natives, Latinos, and African Americans are more likely to have diabetes than the general population;

2. Obesity - especially among people who carry their fat around the middle. People with a body mass index (BMI) of 30 or greater (considered obese by the American Obesity Association) have a five-fold greater risk of diabetes than those with a normal BMI of 25 or less. Health professionals use BMI measures to help them assess whether an individual is overweight;

3. Genetics - having a family history of type 2 diabetes. Between 35 and 100 percent of children with type 2 diabetes in childhood have relatives with diabetes; and

4. Sex - gender can provide an additional risk. Significantly more girls than boys developed type 2 diabetes in childhood.

Many other factors can adversely affect the ability of an adolescent to control his or her blood sugar, including periods of growth, physical activity, medications, illness/infection, and fatigue. For example, during adolescence, the body's hormonal systems undergo major changes leading to insulin resistance, related either to increased levels of growth hormones or the sex steroids (such as estrogen and testosterone), thus making control of insulin levels more difficult. However, when the growth periods end and hormone production levels out, these glucose swings become more manageable.

Overweight a Contributing Factor

The Centers for Disease Control and Prevention calls overweight and obesity "a public health epidemic," noting that the percentage of children and adolescents who are defined as overweight has more than doubled since the early 1970s. According to *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, released in late 2001, nationwide, about 13 percent of children and adolescents are overweight or obese, conditions which are associated with dramatic increases in asthma, and type 2 diabetes among children. Up to 85 percent of affected children with type 2 diabetes are either overweight or obese at diagnosis.

Lifestyle plays an important role in determining overweight in youth. Generally, overweight in children and adolescents is caused by a lack of physical activity, unhealthy eating patterns, or a combination of these two factors. Due to the sedentary lifestyle in American society, children—especially girls—are becoming less active through adolescence.

"Obesity-related diabetes is more common, especially among children. It's time we got our children off the Play Stations and on to the playgrounds; and adults need to join them as well," said HHS Secretary Tommy Thompson at a press briefing earlier this year.

Genetics is another significant determinant of overweight in youth. Overweight adolescents have a 70 percent chance of becoming overweight or obese adults; and, if one or both parents are overweight or obese, the chances that the child will be overweight increases to 80 percent.

Helping Kids Manage

Living with diabetes presents a challenge, not just for the diabetic child, but for the whole family. What the family does for fun and relaxation, vacations, parent's jobs, and how the family eats are just some of the many factors that must be taken into account as part of routine diabetes care.

Children may have difficulty understanding the lifestyle modifications—food restrictions, glucose monitoring, and medications or insulin injections—that diabetes brings to their lives. Moreover, teenage patients wanting to express their independence may decide to experiment by not taking their insulin, and the results can be dangerous.

Increasingly, doctors and diabetes educators are encouraging a family-centered approach to diabetes management. Parents and siblings can provide the necessary encouragement to foster the independence the child needs to successfully manage his diabetes. Teens need honest information, not scare tactics, to help them accept responsibility for their self-care. But, until the diabetic youth is ready emotionally to assume full responsibility for his diabetes management, caregivers are advised to continue to supervise self-care.

Support groups can be helpful to the family, providing the diabetic child the benefit of knowing he is not alone. Parents can share information and insights with other parents who know the frustrations, pitfalls, and anxieties of living with diabetes.

Specialized residential and day camps enable diabetic children to meet and share their experiences with one another in a safe environment while they learn to be more personally responsible for their disease. This concept has become widespread throughout the U.S. since the first diabetes camp opened its doors in Michigan in 1925. Each year, the American Diabetes Association supports 85 camps nationwide.

Moving Forward

The NIDDK is funding clinical trials on prevention and treatment of type 2 diabetes in children. These studies, currently being planned for recruitment next year, will try to develop ways to stem the rising rate of type 2 diabetes in children and treat the disease safely and effectively in those who develop it.

For more information on type 2 diabetes in youth, contact the American Diabetes Association at http://www.diabetes.org

For more information on youth-focused diabetes clinical trials, contact Barbara Linder, MD, PhD, Division of Diabetes, Endocrinology and Metabolic Diseases, NIDDK at 301-594-0021. ◆

Pediatric Growth Charts Updated

The National Center for Health Statistics (NCHS) has initiated the process to revise the pediatric growth charts—a clinical tool used to determine if the physical growth of a child is adequate or inadequate—to make them more comprehensive, up-to-date, and reflective of the U.S.' cultural and racial diversity.

Body mass index or BMI (wt/ht2)—a number calculated from a person's weight and height measurements—is used to judge whether an individual's weight is appropriate for their height and to determine if someone is overweight or obese.

The new charts will allow health care providers to detect, at early ages, children who are showing signs of being at risk for overweight/obesity.

For more information, see the full growth charts report at http://www.cdc.gov/growthcharts ◆

Communities Take Action
Diabetes in AAPI Community Soaring

Kauthar B. Umar, MA

"Avoid three things: hurry, worry, and curry," said South Asian members of a community diabetes management group. Changing life patterns, reducing stress, and avoiding certain ethnic foods to maintain a healthy diet is easier said than done, and only touches on the many challenges facing Asian Americans and Pacific Islanders (AAPI) when trying to overcome the diabetes epidemic now plaguing their community.

Diabetes poses a rapidly growing health challenge to the 28 Asian and 19 Pacific Islander ethnic groups that make up the AAPI community. Prevalence data for AAPIs are limited, but according to the National Institute of Diabetes & Digestive & Kidney Disease (NIDDK), studies have shown that some groups within this population are at increased risk for developing type 2 diabetes.

"Diabetes is not very common in Asia, but when Asians come to the U.S., or are born here, their diabetes rates skyrocket," said Christine Luong, diabetes program coordinator, National Asian Women's Health Organization. "One of the difficulties with diabetes and the AAPI community is that each race and ethnic subgroup has different risk factors for diabetes. Some subgroups have as much as one fifth of their entire population with diabetes." Studies have shown that Asian Americans in Hawaii have prevalence rates at least twice as high as the local White population—a rate that far exceeds the nation's average, Luong added.

According to the Joslin Diabetes Center, the incidence of diabetes in AAPIs is growing at an alarming rate—with 90 to 95 percent of those diagnosed with diabetes having type 2. Rates of pregnancy induced or gestational diabetes are also higher than the national average in certain AAPI populations. Results from the most recent Centers for Disease Control and Prevention (CDC) study on gestational diabetes in the AAPI community show that from 1993 – 1995, the overall rate for gestational diabetes in AAPIs was 25.3 per 1,000 women. Yet, for Asian Indian women, the rate of gestational diabetes was the highest in the country at 56.1 per 1,000. According Luong, the third-highest prevalence rate of gestational diabetes was among Filipino American women at 39.8 per 1,000, followed by Chinese American women at 39.1 per 1,000.

"Among the Asians, the prevalence of gestational diabetes was higher than the prevalence observed among Hispanics, African Americans and Whites," said Dr. Assiamira Ferrara, MD, PhD, senior investigator, Division of Research at Northern California Kaiser Permanente, in an unpublished, 2001, limited study of northern California Kaiser patients.

Barriers to Disease Management

The high rates of type 2 diabetes within the AAPI population and the increasing rates in AAPI youth are leaving community leaders, health care workers, and families searching for answers. "It's really hard because we don't know where to start," said Vuthy Nol-Mantia, project director, Khmer Youth and Family Center, in Lynn, MA. "The problem is that this community doesn't know what diabetes is. There is no such thing as 'diabetes' in Cambodian culture or language." They assume the symptoms associated with diabetes are a normal part of aging, he added.

NIDDK attributes the rise in diabetes cases among the AAPI population to a combination of factors including obesity and a sedentary lifestyle that have risen in the AAPI population.

Limited funding for diabetes education and research in the AAPI community, Nol-Mantia says, makes it difficult to assess the needs, and to help people manage this disease. The mismanagement of diabetes leads to long-term complications, such as blindness, kidney failure, heart attacks, and gangrene.

"Many obstacles interfere with how they [patients] manage their health," said a nurse from the Charles B. Wang Community Health Center, in New York, NY. Miscommunication due to language barriers is a common obstacle for AAPIs with diabetes. Obtaining translators for the multiple dialects represented at the center has been very difficult, adding to the lack of proper physician/patient communication.

"Most of the time, when taking medicine, they will say they don't know or understand why they are taking it. They do it just because their doctor said to," continued the nurse. "If the medicine doesn't work immediately, then they tend to stop taking it all together."

"The AAPI community is a high risk community and it's due partially to genetics and partially to adapting to the western lifestyle," said Jackie Liro, program coordinator of the BALANCE Program for Diabetes at the Association of Asian Pacific Community Health Organizations (AAPCHO).

BALANCE—Building Awareness Locally and Nationally through Community Empowerment—was created to promote awareness of diabetes and diabetes prevention that:

- Is community-directed;
- Is respectful of cultural practices, languages and beliefs;
- Eliminates health disparities; and
- Improves the quality of life for AAPIs.

By coordinating diabetes education activities, the BALANCE Program teaches that diabetes can be controlled. After assessing the community's needs through qualitative research or focus groups at community health centers, in New York, California, Hawaii, Massachusetts, and Washington, a variety of activities were developed.

"The Family Health Center, in Worcester, MA, established 'health parties' at the homes of clients as a form of educational outreach. They went into the clients' homes and conducted diabetes education with groups, and found it quite effective because in the AAPI community, transportation can be an issue," said Liro. "At the Waimanalo Health Center in Hawaii, they established a monthly support group. It's a group of people with diabetes and they get together to talk about different issues, maybe problems and solutions that they have come up with. It's a forum to talk about how they manage their disease."

Maintaining a healthy lifestyle is one of the most important tools in successful diabetes management, according to David J. DeRose, MD, MPH, medical director, Lifestyles Center of America in Sulphur, OK. This residential program focuses more on natural living than conventional medicine. Participants are placed on a plant-based diet and an unconventional exercise plan that includes short periods of exercise interspersed with short periods of rest.

***AAPI* continued on 19**

Managed Care Takes On Diabetes

Aimee Swartz

Reducing the number of Americans who lose their eyesight each year as a result of diabetes—the leading cause of blindness in the United States—is the focus of a new campaign launched by the American Association of Health Plans (AAHP), the American Diabetes Association (ADA) and the Foundation for the American Academy of Ophthalmology.

A simple eye exam can lead to the prevention of blindness, but many people with diabetes fail to have their eyes checked on a regular basis. In fact, eye exams for people with diabetes are covered under most health plans across the country, but most patients are unaware of this benefit.

"Patients with diabetes are 25 times more likely than the general population to go blind," said Saira Seema, AAHP's program manager for diabetes. African Americans are 40-50 percent more likely to experience diabetic retinopathy, the condition that leads to blindness. According to the Centers for Disease Control and Prevention, Latinos and American Indians also experience higher rates of diabetes and its complications.

The campaign targets these minority communities through Spanish and English public service announcements that are available in radio, television and print formats. Each ad, which features a grandmother who is terribly saddened by the loss of her sight to diabetes, highlights the need for people with diabetes to get their eyes checked. The ads also remind the viewer that eye exams for persons with diabetes are covered by health plans.

The campaign is part of the AAHP's larger initiative, *Taking on Diabetes*, a long-term commitment to improving the lives of people with diabetes by dramatically reducing the negative health consequences associated with the disease. "AAHP member groups wanted to do something within the community to tackle diabetes. What resulted was *Taking on Diabetes*," Seema said.

Health plans taking part in the initiative have committed to reducing the risk of vision loss, cardiovascular disease, end stage renal disease, and the loss of lower extremities for people with diabetes. The initiative, launched in 1999, promotes screening, early intervention and treatment. To date, approximately 200 health plans providing coverage for more than four million people with diabetes have committed to participate in the effort.

New Mexico Health Care Takes on Diabetes, the first pilot program, has created a uniform, tested, and proven guideline for care of patients with diabetes. As part of the program, health care providers across New Mexico implement procedures for care that minimize the sometimes life-threatening effects of diabetes.

Taking on Diabetes also includes models in Westchester County, NY, and Kansas City, MO. In Westchester County, the initiative provides physicians with a diabetes tool kit. The tool kit, available on the *Taking on Diabetes* Web site, includes outreach tools targeting patients, providers, and the community, as well as organizational flow sheets and charts designed to assist providers and health plans in diabetes care and management. In Kansas City, four health plans, along with provider groups and hospitals, are working to improve physician office practice systems to promote better outreach.

For more information, go to the Taking on Diabetes *Web site at http://www.takingondiabetes.org*

Using Culture and Tradition to Fight Diabetes

Brigette Settles Scott, MA

Diabetes is one of the most serious health challenges facing American Indians and Alaska Natives (AI/AN) in the United States today. The disease is very common in many tribes, and morbidity and mortality from diabetes can be severe. Approximately 15.1 percent of all AI/AN adults have diabetes. On average, American Indians are 2.6 times more likely to have diabetes than Whites.

Great diversity in culture, language, location, lifestyles, and genetic heritage exists among American Indians and Alaska Natives. Currently, more than 500 Native American tribal organizations exist in the United States—making it more challenging to reach each with culturally and linguistically appropriate diabetes prevention and control messages or strategies. Other challenges include poverty, cultural perceptions of diabetes, and inadequate health delivery systems.

Awakening the Spirit

The American Diabetes Association (ADA) launched *Awakening the Spirit-Pathways to Diabetes Prevention and Control* program in late 1999. Designed to promote community wellness and to share messages about the seriousness of diabetes, the campaign uses cultural traditions as a means to educate and empower tribal leaders and community members to live healthier lifestyles that will help prevent or delay the onset of diabetes and its related complications.

"The name—*Awakening the Spirit*—came to us after having spent some time praying and pondering on how to best reach our indigenous populations with messages that they themselves have the spirit and knowledge to do something about diabetes. The message is 'let us awaken the spirit within ourselves—that same spirit that has brought our ancestors to endure hardships, and the same fighting spirit that we will pass on to our children.' The goal is to reactivate and reenergize this spirit to fight diabetes," said Dr. Lillian Tom-Orme (Navajo), program chair.

The program centers on the theme of changing destructive lifestyle habits that have placed Native people—some as young as five—at risk for diabetes. According to Tom-Orme, because of the prevalence of diabetes in Native communities, many people are now thinking in terms of "when I get diabetes" rather than "if I get diabetes." To help change this mindset, the program messages work to drive home the fact that diabetes can be prevented.

"We wanted to create a program that not only helps us understand how to cope with diabetes, but how we can adopt better eating habits and healthy lifestyle choices to further prevent the onset of diabetes and/or delay its life-threatening complications," said Tom-Orme. "The primary fight against type 2 diabetes among our people does not necessarily require insulin injections or modern technology. In fact, we Native people, known for our survival skills, can once again delve into our ancient, yet reliable techniques of strengthening our spirits..." wrote Tom-Orme in a program brochure.

Awakening the Spirit relies primarily on the work of volunteers to achieve its objectives. As a true community-based initiative, it works with tribal leaders and others to both become and train others to become diabetes educators. "Our program is unique because any community member can be involved. They do not have to have a certain degree or initials after their name to be involved," said Tom-Orme. "We have trained community health workers, volunteers, and some professionals on how to reach American Indian and Alaska Native people with positive messages about diabetes control and staying healthy. We have also conducted train the trainer programs so as a result we now have trainers available nationally."

The campaign is also working closely with other organizations to further promote diabetes education in Indian Country. "We have several partners including the Federal government. The Indian Health Service (IHS) has a diabetes nurse consultant that works with us and provides activity updates from IHS to ensure that we do not duplicate efforts. We also work with the Tribal Leaders Diabetes Committee (TLDC) who have participated in our advocacy visits to Capitol Hill," said Tom-Orme. She believes that partnering with others increases the campaigns reach and impact. As a result, ADA will be a co-sponsor with TLDC and others on a diabetes conference that is scheduled for later this year.

Measuring Success

ADA partnered with the University of New Mexico to implement and evaluate the campaign. The training curriculum was tested in four regions—Oklahoma, the Northwest, Arizona and the Great Lakes—and modified to meet each community's needs.

"Since its launch, the campaign has successfully trained more than 300 American Indians as mentors, and has reached 2,500 people across many tribes through the country," said Brenda Broussard, program coordinator. The University of New Mexico has documented a decrease in glycohemoglobin (A1c) levels overall, and in various communities.

"We have collected beautiful stories from people with diabetes and tribal program staff on how this program is making a difference in their communities. Some of these differences include learning how to use a glucose meter which translates into better diabetes control, re-

Awakenings **continued on 15**

Medicare and Diabetes
New Services Available

Kauthar B. Umar, MA

New for 2002, Medicare now covers medical nutrition therapy (MNT) for its beneficiaries. Previously, only a small percentage of Medicare recipients with extreme health problems had access to MNT. Eliminated were the millions of recipients who lived with less severe health conditions. Today, approximately, 110,000 Medicare recipients with kidney disease, and 4.5 million diabetics are eligible for consultation with registered dieticians or other qualified nutrition professionals.

Research has demonstrated that MNT is more cost effective and prolongs lives of those who have diabetes. Specifically, a congressionally commissioned study reported in 2000 by the Institute of Medicine, showed that recipients of MNT demonstrated an improved quality of life.

MNT services consist of an initial assessment, follow-up visits for interventions, and reassessments as necessary during the 12-month period beginning with the initial assessment to assure compliance with the dietary plan. As with the traditional services, Medicare covers 80 percent of the nutrition counseling and related services.

"We want to encourage beneficiaries to act before they get sick," said U.S. Department of Health and Human Services Secretary Tommy G. Thompson, in a press statement. "Medicare must play a leading role in preventing, containing, or slowing illness."

Other Services Covered by Medicare

Administered by the Centers for Medicare & Medicaid Services, Medicare is the nation's largest health insurance program covering all Americans 65 and older, those with permanent kidney failure and certain people with disabilities. Medicare currently covers nearly 40 million Americans.

Traditionally, Medicare pays 80 percent of the cost for diabetes monitoring supplies including glucose testing monitors, blood glucose test strips, lancet devices and lancets, glucose control solutions, therapeutic shoes for people with diabetes, and glaucoma screening, with some limits on supplies or how often they can be obtained. However, it should be noted that Medicare does not cover insulin, oral anti-diabetic agents (medications), or syringes needed to administer insulin.

"By expanding preventive services, we are starting to change how Medicare helps beneficiaries think about their health care choices," said Secretary Thompson.

For a more detailed description of the Medicare program and related services covered go to http://www.medicare.gov

***Awakenings* continued from 14**

ceiving better foot care and thus avoiding amputations, learning about diabetes and being able to share the information with children, youth camps where children learned about health and healthy lifestyles, and fears being allayed through counseling upon diagnosis," concluded Tom-Orme.

For more information on Awakening the Spirit, contact the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or Dr. Lillian Tom-Orme, program chair directly at 801-585-5246 or ltomorme@hrc.utah.edu

Growing Older:
Minority Population At-A-Glance

Diabetes disproportionately affects the minority population—with the elderly often facing even greater challenges.

According to the American Diabetes Association, approximately half of all diabetes cases occur in people older than 55 years of age. Nearly 18.4 percent of the United States population or 6.3 million people aged 65 or older have diabetes.

African Americans

In 2000, 2,787,427 or eight percent of the population in the U.S. ages 65 or over were African American. By 2050 the population is projected to be over 12 percent.

Hispanics

In 2000, 1,733,591 or about five percent of the population 65 years of age or over were Hispanic. Hispanic persons are projected to account for 16 percent of the older population in 2050. Although the older populations will increase among all racial and ethnic groups, the Hispanic older population is projected to grow the fastest, from nearly 2 million in 2000 to over 13 million by 2050.

Asian Americans and Pacific Islanders

Over 796,000 or 2.3 percent of the Asian American/ Pacific Islander population was age 65 or over in 2000. In 2050 the population is projected to increase to seven percent.

American Indians

About 124,790 or 0.4 percent of the Native American population was over 65 in 2000.

For more information, go to http://www.aoa.gov/minorityaccess/stats.html

Diabetes During Pregnancy
Women of Color At Increased Risk

Kauthar B. Umar, MA

The pregnancy test is positive. The ultrasound eliminates all of your worries. Ten fingers, ten toes. With this comes the anticipation of motherhood. Sorting through names and picking furniture for the nursery becomes your most enjoyable past time. Yet, for some women—particularly women of color—an uneventful pregnancy can suddenly come to screeching halt. An often routinely performed blood test at about six months can confirm the presence of high blood sugar or gestational diabetes (GD).

Throughout the United States, especially among minority women, gestational diabetes is one of the most important health concerns related to pregnancy—yet one that far too many women know little about.

GD is a type of diabetes that only pregnant women get. Approximately seven percent of all pregnancies are complicated by GD—resulting in more than 200,000 cases annually.

Nationally, GD occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. However, some local studies indicate that GD is extremely high in some Asian American communities. After pregnancy, 5 to 10 percent of women with GD are found to have type 2 diabetes. Women who have had GD have a 20 to 50 percent chance of developing diabetes within 5 to 10 years following pregnancy.

Throughout a pregnancy, GD requires treatment to normalize maternal blood sugar levels to avoid complications both to the mother and child. Women who go untreated may have a harder time with labor, and GD increases their chance of delivering surgically. Complications that can arise in infants include: jaundice, hypoglycemia or low blood sugar level, and respiratory distress syndrome which makes it hard for them to breathe.

Resources

From the March of Dimes and the National Institute of Child Health and Human Development:

Are You at Risk for Gestational Diabetes?
http://www.nichd.nih.gov/publications/pubs/gest_diabetes.htm

Understanding Gestational Diabetes - A Practical Guide to a Healthy Pregnancy
http://www.nichd.nih.gov/publications/pubs/gesttoc.htm

Diabetes in Pregnancy
http://www.modimes.org/HealthLibrary/334_583.htm

La diabetes durante el embarazo (Espanol)
http://www.nacersano.org/BibliotecaDeSalud/informatiuas/diabetes.htm

High-Risk Ethnic Groups

Women who are overweight or obese, over age 25, have a family history of diabetes or has had gestational diabetes with a past pregnancy, and those who've had a very large baby or stillbirth in the past are at risk for GD. Likewise, it has been determined that some women of color have a higher incidence of developing diabetes during pregnancy. More specifically:

- African American. Like type 2 diabetes, GD occurs more often in women of color, resulting in high cases of GD among African Americans. In fact, according to the National Institute of Diabetes & Digestive & Kidney Disease (NIDDK), several studies have shown that the occurrence of GD in African American women may be 50 to 80 percent more frequent than in White women.

- American Indian and Alaska Natives. Both long- and short-term consequences of diabetes during pregnancy are evident in American Indians and Alaska Natives. Congenital abnormalities in infants born to women with type 2 diabetes are as common as those observed in women with type 1 diabetes. Other complications seen in pregnancies in women with type 2 diabetes included increased rates of toxemia or pregnancy induced hypertension and perinatal mortality.

  In fact, 45 percent of adult offspring of Pima Indian women who were diagnosed with type 2 diabetes predating pregnancy developed diabetes by age 20 to 24. In comparison, only 1.4 percent of adult offspring of women without diabetes during pregnancy went on to develop diabetes by age 24. The strongest single risk factor for diabetes in Pima children was exposure to diabetes in utero.

  Follow up studies of American Indian women with gestational diabetes found a high risk of developing subsequent diabetes: 27.5 percent of Pima Indian women developed diabetes within 4 to 8 years, and 30 percent of Zuni Indians developed diabetes within 6 months to 9 years after pregnancy.

- Asian American and Pacific Islanders. According to NIDDK, nationally, Asian American women seem to have rates of gestational diabetes that are similar to those of White women in the United States. However, statistics based on an unpublished study conducted by Northern California Kaiser Permanente patients indicates that the prevalence of GD among Asian Americans was almost double the prevalence of GD among White women.

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African American Women at Risk

James R. Gavin III, PhD, MD • Chair of the National Diabetes Education Program (NDEP)

For many African Americans, traditional soul food high in fat and cholesterol, like barbecue ribs or fried chicken, are diet mainstays. But too much fatty food, particularly when combined with a lack of exercise, can also be dangerous, especially for people like Gail Saxton.

"I would eat anything and I didn't like to exercise," said Saxton, a 47-year old postal employee in Washington, D.C. Saxton was no stranger to diabetes. Both of her parents, a sister, and a brother lived with the disease.

Because of her family's medical history, excess weight and poor diet, Saxton was at a high risk for diabetes, and her recent blood sugar tests were high.

Obesity and lack of physical activity are contributing factors that can lead to diabetes in African Americans. These unhealthy lifestyles may also put a person at high risk for high blood pressure and high cholesterol, which like diabetes, can set the stage for heart disease and stroke.

The latest statistics show that African American women are at a higher risk for diabetes than White women. Among African Americans 20 and older, about 12 percent of women and 8.5 percent of men have diabetes. For those 50 and older, the numbers climb to 28 percent of women and 19 percent of men. The numbers continue to increase with age at alarming levels, with nearly one in three African American women ages 65 to 74 years having diabetes.

What's worse is that many African Americans may have diabetes and not know. Studies show diabetes can be present for nine to twelve years before it is diagnosed. Untreated diabetes can lead to blindness, amputations, kidney disease, and premature death from heart disease and stroke, according to the NDEP.

Saxton had watched her family members with diabetes go in and out of the hospital and had seen enough.

"I decided to change and I've never looked back," she said. She has cut out most high fat products, red meat and pork from her diet and drinks lots of water in place of her usual sodas. Saxton also tries to encourage her family to do the same but says she finds that some of them do not take diabetes seriously. "They continue to eat the wrong things and won't exercise," Saxton said. "I wish I had thought about [my diet] earlier in life, before I got diabetes."

The good news is that managing and preventing diabetes is possible. Women with diabetes who maintain lower blood glucose, blood pressure and cholesterol levels can lower their risk of cardiovascular disease.

To be proactive with your diabetes, work with your health care provider and start taking steps today to lower your risk for heart disease and stroke.

For more information, go to http://ndep.nih.gov or http://www.cdc.gov/diabetes or call the National Diabetes Education Program at 1-800-438-5383. ◆

Take Time to Care... *About Diabetes*

In May 2002, U.S. Department of Health and Human Services (HHS) Secretary Tommy G. Thompson launched a nationwide campaign to raise women's awareness about diabetes, a serious condition that affects more than 17 million Americans, more than half of them women.

"Take Time to Care About Diabetes," which is sponsored by HHS' Food and Drug Administration (FDA), the American Diabetes Association (ADA), and the National Association of Chain Drug Stores (NACDS), emphasizes that women—the family's primary caregivers—can make a positive difference to the whole family's health, including their own.

The main tools of the campaign—diabetes-related brochures, wallet-sized calendars, and cards with recipes for nutritious meals—will be distributed in grocery stores and pharmacies in key cities where residents have a high incidence of diabetes: Atlanta, Baltimore, Chicago, Dallas, Detroit, Los Angeles, Miami, New Orleans, Indianapolis, Philadelphia, and Phoenix.

Local pharmacies will offer free risk assessment and clinical testing, free educational materials and a diabetic management kit. NACDS will provide brochures in English and Spanish.

For more information about the "Take Time to Care" campaign, go to http://www.fda.gov/womens/taketimetocare/diabetes. ◆

Move More, Eat Better

In October 2001, the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) announced *Sisters Together: Move More, Eat Better*—a national media-based program that encourages African American women to maintain a healthy weight by becoming more physically active and eating healthier foods.

According to the U.S. Department of Health and Human Services (HHS) Secretary Tommy G. Thompson, "… many of our health problems, especially type 2 diabetes, can be avoided through diet, physical activity and making sure we take care of ourselves with a few small steps."

Sisters Together—a program with NIDDKs Weight-control Information Network (WIN)—offers free publications offering age-appropriate tips for incorporating physical activity and healthy eating into daily living.

For more information, go to http://www.niddk.nih.gov/health/nutrit/nutrit.htm or call 1-877-WIN-4627. ◆

Multicultural Resources

Cultural and Ethnic Food and Nutrition Education Materials: A Resource List for Educators is diverse list that offers materials for many minority and ethnic groups. Go to http://www.nal.usda.gov/fnic/pubs/bibs/gen/ethnic.html to access the list from the U.S. Department of Agriculture's Food and Nutrition Information Center.

Delicious Heart-Healthy Latino Recipes teaches you to cook some of your favorite, traditional Latino dishes in a heart-healthy way. This bilingual cookbook contains 23 tested recipes that cut down on fat, cholesterol, and sodium but not on taste. Go to http://www.nhlbi.nih.gov/health/public/heart/other/sp_recip.htm or call 301-592-8573.

Heart-Healthy Home Cooking African American Style offers 20 tested recipes which show you how to cut back on saturated fat, cholesterol, salt, and sodium and still have great-tasting food. Delicious foods from Spicy Southern Barbecued Chicken to Sweet Potato Pie are included. Go to http://www.nhlbi.nih.gov/health/public/heart/other/chdblack/cooking.htm or call 301-592-8573.

The National Diabetes Education Program offers buffet table tips for Asian and Pacific Islanders. While in English, the factsheets are culturally relevant.

Go to http://ndep.nih.gov/conduct/psa-aapi.htm#aapi to download the Buffet Table Tips for following Asian audiences:

- AAPI audiences;
- Chinese audiences;
- Filipino audiences;
- Hawaiian audiences;
- Indian audiences;
- Japanese audiences; and
- Korean audiences.

***Pregnancy* continued from 16**

- Hispanic/Latinos. Mexican American women may be at particularly high risk for developing type 2 diabetes. One study of 666 women with gestational diabetes in southern California found that each year an average of 12 percent developed type 2 diabetes after pregnancy. Mexican American women, especially when they are overweight, have higher rates of gestational diabetes than White women. It has also been estimated that within 20 years of pregnancy, about half of the Latino women with gestational diabetes develop type 2 diabetes.

For more information, visit the National Institute of Child Health & Human Development Web site at http://www.nichd.nih.gov

The Native American Food Guide outlines examples of today's food and traditional Northwest Indian foods. Go to the Association of American Indian Physicians Web site at http://www.aaip.com/tradmed/tradmedfoodguide.html for more information.

The National Institute of Diabetes & Digestive & Kidney Diseases offers the following materials on nutrition and diabetes, available in Spanish and English.
For the Spanish version, go to http://www.niddk.nih.gov/health/diabetes/pubs/nutritn/what/whatspan.htm

- Tengo Diabetes: ¿Cuándo Debo Comer? (I Have Diabetes: When Should I Eat?);
- Tengo Diabetes: ¿Cuánto Debo Comer? (How Much Should I Eat?); and
- Tengo Diabetes: ¿Qué Debo Comer? (I Have Diabetes: What Should I Eat?).

The Southeastern Michigan Dietetic Association (SEMDA) members and dietetic students have modified the U.S. Department of Agriculture's Food Guide Pyramid to be culturally relevant for the following minority groups. Go to http://www.semda.org/info/ to access the following:

- Chinese Food Pyramid;
- Japanese Food Pyramid;
- Mexican Food Pyramid;
- Portuguese Food Pyramid; and
- Thai Food Pyramid.

From the Take Time To Care (TTTC) campaign, you can download the following culturally-specific recipe cards from the TTTC Web site. Go to http://www.fda.gov/womens/taketimetocare/diabetes/TTTCaboutdiabetes.html for copies of Take Time To Care ... About Diabetes brochures and recipe cards, or call 1-888-8-PUEBLO.

- Dulce de manzana (Chunky Apple Cake)
- Camarones a la parrilla con pasta y salsa de piña (Grilled Shrimp with Pasta and Pineapple Salsa)
- Arroz con pollo (Oven Fried Chicken)
- Ensalada de repollo (Collard Greens)
- Salsa fresca (Fresh Salsa)

AAPI continued from 13

According to DeRose, Lifestyle's has demonstrated success working with AAPIs and other communities that historically don't have a huge suffering from diabetes. "This holistic approach resonates with indigenous people," said Dr. DeRose. "This program shows the wisdom of ancestral people's roots. Instead of us being perceived as people imposing a different set of values on them, we are being perceived as calling them back to their roots of healthier living, eating right, and exercising."

For more information on AAPCHO's BALANCE Program for Diabetes, go to http://www.aapcho.org or call 510-272-9536. ◆

Program Materials for AAPCHO's *BALANCE Program for Diabetes*

- ☑ Community Assessment Report;
- ☑ Policy position paper available at http://www.aapcho.com/links/Diabetes.pdf;
- ☑ Translated culturally appropriate press releases;
- ☑ Media Spokesperson's Kit;
- ☑ Multilingual diabetes educational materials available at http://www.aapcho.com/links/RecList_Topic.doc; and
- ☑ Steps to Manage Your Diabetes educational material various languages.

The Joslin Diabetes Center
A New Web site for Asian Americans

Affiliated with Harvard Medical School, the Joslin Diabetes Center in Boston, MA, specializes in diabetes and endocrine disease treatment, research, and education.

The new Web site was established at Joslin to foster research, care, and education focused on diabetes among Asian Americans, especially among young Asian Americans. It offers news, research, professional education, culturally-appropriate treatment interventions, education programs, print materials, and more for this at risk population.

For more information, go to http://www.joslin.org/api/ or call 617-732-2400. ◆

Resources

American Association of Diabetes Educators
100 West Monroe Street
Suite 400
Chicago, IL 60603
800-338-3633
http://www.aadenet.org/

American Diabetes Association
1660 Duke Street
Alexandria, VA 22314
800-342-2383
703-549-1500
http://www.diabetes.org

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
800-AHA-USA-1 (800-242-8721)
http://www.americanheart.org

Association of Asian Pacific Community Health Organizations
439 - 23rd Street
Oakland, CA 94612
510-272-9536
http://www.aapcho.org

Centers for Disease Control and Prevention
CDC Division of Diabetes Translation
P. O. Box 8728
Silver Spring, MD 20910
877-CDC-DIAB (877-232-3422)
http://www.cdc.gov/diabetes

Food and Nutrition Information Center
National Agricultural Library/USDA
10301 Baltimore Avenue
Room 304
Beltsville, MD 20705-2351
http://www.nal.usda.gov/fnic/

Joslin Diabetes Center
One Joslin Place
Boston, MA 02215
617-732-2400
http://www.joslin.org

Juvenile Diabetes Foundation International
432 Park Avenue South
New York, NY 10016
212-889-7575
http://www.jdfcare.com

March of Dimes
P.O. Box 1657
Wilkes-Barre, PA 18703
888-MODIMES General Information
800-367-6630 Publication Orders
http:// www.modimes.org

National Conference of State Legislatures
Washington Office
444 North Capitol Street, NW
Suite 515
Washington, D.C. 20001
202-624-5400
http://www.ncsl.org/

National Diabetes Information Clearinghouse
National Institute of Diabetes & Digestive & Kidney Diseases
1 Information Way
Bethesda, MD 20892-3560
301-654-3327
http://www.niddk.nih.gov

National Eye Institute
2020 Vision Place
Bethesda, MD 20892-3655
301-496-5248
http://www.nei.nih.gov

National Institute of Child and Health Development
Information Resource Center
P.O. Box 3006
Rockville, MD 20847
800-370-2943
http://www.nichd.nih.gov/publications/health.cfm

Weight-control Information Network
1 Win Way
Bethesda, MD 20892-3665
877-946-4627
202-828-1025
http://www.niddk.nih.gov/health/nutrit/win.htm

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of Public Health and Science
Office of Minority Health Resource Center
P.O. Box 37337
Washington DC 20013-7337

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Conferences

October 2 - 4, 2002

Advancing Effective Health Care through Systems Development, Data, and Measurement.
The Third National Conference on Quality Health Care for Culturally Diverse Populations
Westin Chicago River North Hotel, Chicago, IL
Contact: http://www.diversityrx.org/ccconf/02/index.html
ccconf@downstate.edu

October 26, 2002

Career Opportunities in Public Health for Minorities
University of Illinois at Chicago (UIC)
Bi-Annual Fall Conference
UIC - School of Public Health, Chicago, IL
Contact: http://www.uic.edu/sph/diversity/
312-996-5955 or mensah@uic.edu

November 9-13, 2002

Putting the Public Back into Public Health
130th American Public Health Association Annual Meeting,
Philadelphia Convention Center, Philadelphia, PA
Contact: http://www.apha.org/meetings/index.htm
514-228-3009 or APHA@Laser-Registration.org

December 10-13, 2002

Diabetes Prevention in American Indian Communities: Turning Hope Into Reality
Adams Mark Hotel, Denver, CO
Contact: http://diabetes2002.niddk.nih.gov/
ldillman@thehillgroup.com

November is Diabetes Month

To find out what is going on in your community,
call the American Diabetes Association at 800-DIABETES or
call the Office of Minority Health Resource Center at 800-444-6472.