Is Kentucky Finally Turning a Corner in the Fight Against Diabetes?

Federal health statistics released in December show that the number of new cases of diabetes in America is dropping (see chart below). The number of “new diabetes cases” nationally went from 1.7 million in 2009 to 1.4 million in 2014, according to the U.S. Centers for Disease Control and Prevention. KY followed that same pattern showing declines in “new cases of diabetes” from rates of 10.5% in 2009 to 7.6% in 2013. See http://www.cdc.gov/diabetes/statistics/prev/national/methods.htm for complete data.

Teri Wood, PhD, with the KY Department for Public Health, recently released the chart above depicting Kentucky diabetes trends showing a decline in the rates of new cases of diabetes.

This data is a “synthetic” estimate – meaning it is not produced by direct data (i.e. diabetes is not a reportable disease, therefore, exact data does not exist). The estimate is produced by combining multiple years of data.

Source: Centers for Disease Control and Prevention - National Center for Chronic Disease Prevention and Health Promotion - Division of Diabetes Translation.

KY Data from the Behavioral Risk Factor Survey. National Data from the National Health Interview Survey

The KY Statewide Diabetes Symposium 2015 was held in recognition of World Diabetes Day on November 6, 2015 at the Marriott Louisville East.

The KY Statewide Diabetes Symposium 2015 boasted a record attendance of 409 professionals. The breakdown of participants included: RN 138 (20 APRN); RD 111; RPh 99; Health Educators 6; Health Educator Director 1; PhD 3; MD 1; Pharmacy Students 2; Nutrition Students 3; Community Health Worker (CHW) 3; Medicaid MCOs 2; Health Advocate 1; LPN 2; Pharmaceutical Representatives not counted elsewhere who attended program 3; Speakers 2; Exhibitors not counted elsewhere 32.

In recognition of World Diabetes Day, banners were displayed which included the blue circle logo representing “Unite for Diabetes” around the world.

Symposium participants, shown in photo at left, were happy to receive door prizes donated by the Symposium committee and exhibitors.

Special thanks to Peter Rubino and his staff at Program Management Services, Inc. (www.MyCEcenter.com) for serving as grantor for the 2015 Symposium.

Symposium Photos Courtesy of: O’Neil Arnold Photography, Louisville, KY
Symposium Committee 2015
with Mitch McConnell’s
Field Representative
(pictured at right)

Mitch McConnell’s Field Representative, Janet Cuthrell, pictured in the front row in a gray suit, represented Mitch McConnell at the Symposium to read a letter from Senator McConnell to Symposium attendees (see p. 5 to view copy of letter).

Symposium committee members pictured left to right, Front Row: Kathy West, Janice Haile, Senator McConnell’s Field Representative Janet Cuthrell, and Julie Shapero; Second Row: Larrissa Roach, Kelly Dawes, Deanna Leonard, Cathy McCormick, Barb Jolly, Janey Wendschlag, and Maggie Beville; Third Row: Stacy Koch, Vanessa Paddy, Merritt Bates-Thomas, Dana Graves, Ann Ingle, Theresa Renn, Beth Ackerman, and Kim DeCoste; Fourth Row: Betty Bryan, Ann Ries, Lisa Arnold, Julie Sieber, and Dr. Joseph Loftus.

Symposium Photos Courtesy of: O’Neil Arnold Photography, Louisville, KY
Over this past year, the KY CB began to address several important issues during conference calls and face-to-face meetings including:

- Community Health Workers (CHW) role in conducting diabetes self-management training classes utilizing the Diabetes Empowerment Education Program (DEEP) and the need to clarify this role in diabetes education and state licensure with the KY Board of Licensed Diabetes Educators (KBLDE).

- Betty Bryan (GLADE) attended the 2015 Public Policy Forum in Washington DC June 15-16. She met with our state representatives to have a voice with members of Congress to address issues concerning diabetes. One of the main advocacy areas included, The Access to Quality Diabetes Education Acts H.R. 1726/S.1345. Senate bill 1345 would allow “Credentialed Diabetes Educators” to receive Medicare reimbursement payments.

- Invitation to Mitch McConnell — Maggie Beville, GLADE, Kurt Anderson, the American Association of Diabetes Educators (AADE) Director of Federal and State Advocacy, along with Deborah Outlaw, AADE Federal Lobbyist, joined a KY CB conference call to discuss S. 1345. A decision was made to invite Senate Majority Leader Mitch McConnell to the State Diabetes Symposium to address attendees regarding the Access to Quality Diabetes Education Act of 2015 (S 1345 / HR 1726). See Maggie’s section of this article for more details.

- The KY CB continues to closely monitor activities related to the state licensure for diabetes educators including the proposed amendment to 2012 KAR 45:100 (supervision and work experience as it relates to KRS 309.325 through 309.33). The KY Board of Licensed Diabetes Educators (KBLDE) has noted that this amendment is designed to make the supervision requirements more manageable for both apprentices and supervisors by relaxing requirements for monthly and in-person interaction while maintaining the quarterly interaction requirement. The CB discussed this amendment during our face-to-face meeting on November 5th and sent a letter to the KY Board of Licensed Diabetes Educators (KBLDE) expressing concern with the relaxed requirements. Vanessa Paddy designed a letter requesting the KBLDE Board consider using the following statement:

  The apprentice diabetes educator shall interact with the supervisor no less than two (2) hours quarterly, both of which shall be during direct observation of a patient-apprentice education interaction encompassing comprehensive diabetes education as outlined in the Scope of Practice (201 KAR 45:160).

  After visits to Frankfort by Vanessa Paddy, Betty Bryan, and Maggie Beville to address the KY CB concerns during the regulations approval process, the KBLDE agreed to defer consideration of this administrative regulation until the December 9 meeting of the Subcommittee and then requested another deferral until January 2016.

  The CB continues to follow the KBLDE on this matter and other important issues.

I close out my year of being the CB Leader by thanking the CB committee members for all their help this past year. The KY CB represents the AADE Local Networking Groups (LNG’s) and covers the state of Kentucky. The KY CB conducts ongoing conference calls and face-to-face meetings to address important diabetes issues.

MITCH MCCONNELL
REPRESENTATIVE ATTENDS STATE DIABETES SYMPOSIUM

Submitted by: Maggie Beville, RN, BSN, CDE, MLDE, AADE KY CB State Grassroots Coordinator

Though our invitation inviting Senator Mitch McConnell to lunch at our statewide diabetes symposium on November 6, 2015 was declined (due to Congress being in session) — we had the next best thing! The KY CB would like to thank Janet Cuthrell, Field Representative for Senator Mitch McConnell, for being gracious enough to come to the Symposium and read a letter (see next page) from Senator McConnell to Kentucky diabetes educators.

Though we appreciate hearing from Senator McConnell, and thank him for all his previous assistance with diabetes endeavors, we were hoping to get positive feedback in support for The Access to Quality Diabetes Education Act of 2015 (Senate Bill: 1345 / House Bill: 1726). Unfortunately, that did not happen YET. However, Ms. Cuthrell has agreed to keep us abreast of any activity of the bill moving forward and asked that diabetes educators contact her janet_cuthrell@mcconnell.senate.gov, if needed.

The good news is that as of November 17, 2015, S 1345 / HR 1726 had a total of 29 cosponsors (17 Democrats and 12 Republicans). This number is up by 10 since July, 2015.

This legislation will allow “Credentialed Diabetes Educators” (including CDEs and state licensed diabetes educators) to receive Medicare reimbursement payments for Diabetes Self-Management Education (DSME). So if you support this legislation, let your voice be heard. Call or send a letter to your U.S. legislator to ask for their support in sponsoring the Quality Diabetes Education Act of 2015.
Calibr — a biomedical research center — sees promising data with its glucose-responsive insulin designs.

JDRF-supported Calibr, which stands for California Institute for Biomedical Research, is a unique interdisciplinary institute poised to create insulins that can control glucose better for people living with type 1 diabetes (T1D). “We are about a year into the project, and we are witnessing intriguing initial data that suggests we can prove the concept in the next three years in animal models of diabetes,” said Matthew Tremblay, PhD, Vice President, Strategic Alliances at Calibr. “The point isn’t just to look at the glucose challenge like we do in mice. It’s to think of all the many small glucose challenges when people eat, live and sleep,” said Dr. Tremblay.

Real Life

Another exciting aspect of Calibr’s insulins is the possibility of maintaining glucose levels in a tighter range. Tremblay and his team are seeing fewer highs, and expect fewer and less severe rebound lows compared with today’s analog insulins in animal models. The goal is to tightly control the fluctuations in glucose that are normally experienced in T1D.

“Finally, we have to also consider the safety of the molecule, so efficacy and safety studies will be done,” according to Dr. Wang.

Why it Matters

Calibr’s glucose-responsive insulin could keep blood glucose levels within a tighter range for people with type 1 diabetes. This may help people avoid both acute and chronic adverse risks since acute situations may be life-threatening and daily fluctuations in glucose levels can cause long-term complications.

To learn more about Calibr’s Glucose-Responsive Insulin (GRI) design, contact communications@jdrf.org for the December 2015 JDRF monthly mission message.
Health Care — Hot Topic

Health Care is one of the hottest topics in our nation currently. Everyone is talking about the “system” and what is broken and needs to be fixed or thrown out completely. One group in the Big Sandy area is looking at the “system” in a whole different way. This group is the Big Sandy Diabetes Coalition (BSDC) which serves the Big Sandy Area Development District.

Kentucky’s Appalachian counties have some of the highest rates of diabetes in the state. The prevalence of diabetes in the Big Sandy Area Development District (BSADD—Magoffin, Johnson Floyd, Martin, and Pike counties) is 16.9% compared to the state’s prevalence of 10% (Behavioral Risk Factor Surveillance System, 2010). Diabetes is a leading cause of amputations, blindness, and kidney failure (leading to dialysis) and it is predicted that diabetes expenditures in Kentucky will reach 5.6 billion dollars in 2015 (Kentucky Diabetes Data and Forecasts). Quite simply, diabetes is bankrupting, maiming, and killing us. However, we believe that if there is a problem in the community, the solution is also in the community. Drawing upon the experience and knowledge of public health directors, diabetes educators, and other key stakeholders, the Big Sandy Diabetes Coalition works toward the goal of having the community take responsibility for ensuring that quality systems of diabetes prevention and care are accessible and utilized by its citizens.

Big Sandy Diabetes Coalition (BSDC) Mission

Our goal is to steadily decrease incidence, morbidity, and mortality of diabetes in Floyd, Johnson, Magoffin, Martin, and Pike counties.

The mission of the BSDC for the five counties of the Big Sandy Area Development District is to have effective educational and screening programs for the identification and prevention of pre-diabetes and diabetes, high quality management and health maintenance programs for all diabetes patients, and transparency in all aspects of diabetes care.

Diabetes Coalition Activities

Throughout the fall, the BSDC has been conducting community screening and outreach projects throughout the BSADD counties. These screenings are set up in the form of “Health Fairs” that offer free blood pressure measurements, baselines such as height/weight/BMI, Hemoglobin A1c screenings, insurance assistance through KYNECT, and community resource vendors. These fairs are in coordination with the local hospitals, health departments, universities/colleges, and health care managed care organizations.

The BSDC meets bi-monthly the last Thursday of the month and is open to anyone interested in joining the group.

Our last meeting had 40 members in attendance sharing resources and working together to combat diabetes!

For meeting information, please contact Brittany Martin, at 606 886-8546 ext. 1109 or diabetes@bshc.org.
In May, the University of Kentucky’s Center for Clinical and Translational Science selected the Big Sandy Diabetes Coalition’s “Community-Coordinated Diabetes Screening and Outreach Project” application for full funding via the form of a mini grant. The screening and outreach event took place on Thursday, September 10, 2015 from 1 – 4 PM in the second floor Myers Towers community room. Myers Towers in Pikeville, KY was chosen as a hot spot for diabetes because of the demographics as a low-income senior citizens housing.

The room was set up to have an efficient flow from one station to the next. A description of the activity and how the stations were manned is outlined below in case this is helpful to others planning similar events.

BSDC successfully performed 26 Hemoglobin A1c screenings, as well as screened other individuals who did not need the A1c test. Through this process — 17 out of the 26 people who received an A1C test (and were previously undiagnosed) were identified as having A1C in an “abnormal” range (10 in “diabetes diagnosis range” and 7 in the “prediabetes diagnosis range”). The residents of the Towers really liked the event and we hope to experience the same success at a future follow-up event in 6 months.
INTRODUCTION

In 2013, the Kentuckiana Regional Planning and Development Agency (KIPDA) Rural Diabetes Coalition (KRDC) in partnership with University of Louisville which is funded through a grant from the Centers for Disease Control (CDC), developed and implemented a peer mentor program for adults over 50 with type 2 diabetes in three rural counties in north central Kentucky (Bullitt, Henry, and Shelby Counties). The peer mentors are community members who have learned successful self-management of their chronic illness, are skilled in motivational interviewing and have vast knowledge of disease-specific resources. They provide intensive, one on one support and motivation to their mentee, another community member who has similar disease-specific struggles. The topics covered in the program include blood glucose testing, exercise, healthy eating, distress and talking to their health team. During their weekly sessions, they connect their mentees to disease-specific resources offered by national and local organizations, as well as, introduce them to their “community of carers” including but not limited to pharmacists, social support groups, programs offered at county extension offices, traditional and nontraditional venues for exercise, as well as advocacy oriented coalitions such as the KIPDA Diabetes Coalition (KRDC) which aims to create healthier communities. They help them set realistic weekly goals and assist their mentee in removing barriers while creating the connections.

PILOT PROGRAMS

The first pilot program began with a six week diabetes self-management program (DSMP), followed by a 12 week peer mentoring program. In the first pilot program, five peer mentors were paired with 11 mentees. They reported extremely high satisfaction with the program and strong willingness to recommend the program. From pre to post program, the mentors showed a significant change in their self-efficacy or confidence level in the self-management behaviors. They also reported an increase in their blood glucose testing and a slight increase in fruit and vegetable intake. Unfortunately, there was no significant difference in the pre to post exercise levels.

In 2014, a new pilot program was developed to address the lack of change in exercise levels by incorporating access to the Healthy Lifestyle Center, an exercise facility, at Jewish Hospital in Shelbyville, Kentucky. In this pilot, 6 mentees participated in the 12 week peer mentoring program while attending the Healthy Lifestyle Center approximately 2 to 3 times a week, which included access to a nurse and a personalized exercise plan. At the conclusion of the peer...
mentoring program, the mentees completed a Standard Diabetes Self-Management Class (DSMP) which is a 6 week, interactive group class, evidence based program which was taught by two mentors. The mentees also received a healthy lunch provided by the clinical dietitian at Jewish Shelbyville for 4 of the weeks with the mentees bringing their own lunch the first and final session of the program.

OUTCOMES

The program started with seven mentees, yet six remained throughout the entire program. Two of the six had received some form of prior diabetes education. There were four female and two male participants, all Caucasian, between 50-79 years of age with 5 of 6 over the age of 65. Three mentees were retired, one was still employed, one was a homemaker and one was unable to work. Four of the mentees were married and two were widowed. The monthly income ranged from $575 to $3500 per month. All reported having co-occurring health problems including heart, obesity, prostate, blood pressure, closed head injury, hearing and mental health issues. Three of the mentees invited their support persons to participate with them. During this program, the mentees exercised 2 times a week for an average of 44.65 minutes for a total of 6207 minutes for the 14 week period. Each mentor received approximately 40 contacts from their mentee over the 14 weeks. Mentors contacted their mentee about 2 to 3 times a week for about 2.5 hours a week. During the time spent together, the mentors reviewed peer mentoring topics as stated above, co-exercised, called or emailed for the purpose of checking-in or the provision of additional support and reminders of upcoming sessions.

SUCCESSES

All mentees reported being extremely satisfied with the peer mentoring program. All mentees reported a decrease in their A1C levels from pre to post program, which was physician verified, as noted in the graph provided below. It is important to note that the literature indicates that for every 1 percent reduction of HbA1c blood tests, the risk of developing of eye, kidney and nerve disease is reduced by 40 percent while the risk of heart attack is reduced by 14 percent.¹ Five out of the six mentees reported a better health status from pre to post program. Four out of the six mentees reported a higher mean self-efficacy in their self-management behaviors from pre to post program. Five out six reported an increase the fruit and vegetable consumption from pre to post program. All reported significant increases in their self-reported empowerment in taking care of their diabetes from pre to post program. Six out of six individuals indicated that the peer mentoring program had definitely made them feel that they have people to turn to for help with their diabetes. At the close of the program, all mentees continued to exercise in their home or in the community and were committed to healthy lifestyles.

¹National Diabetes Fact Sheet, 2011.

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Chart Above: Pre and Post A1C levels for the Six Mentees in the Peer Mentoring and Healthy Lifestyle Center Pilot.
Submitted by: Gary Dougherty, Associate Director-State Government Affairs, American Diabetes Association

Noting advances in diabetes management and technology as well as the growth in the number of states having laws that protect students with diabetes, the American Diabetes Association (ADA) has published an updated position statement on Diabetes Care in the School Setting. This updated position statement, which can be found at http://care.diabetesjournals.org/content/38/10/1958.full.pdf, provides the diabetes management recommendations for students with diabetes in the elementary and secondary school settings. It is based on the Association’s current Standards of Care. Families, school administrators, health care professionals, and advocates should use this peer-reviewed statement as a guide for establishing appropriate school diabetes management practices and protocols.

CHILD NUTRITION STANDARDS

November was American Diabetes Month which provided ADA with a perfect opportunity to advocate for kids and healthy school meals. ADA advocates from across the country contacted their federal legislators to urge them to pass a reauthorization of child nutrition programs that keep important nutrition standards. Kids have been eating healthier meals at schools for the past three years because of the Healthy, Hunger-Free Kids Act of 2010. It’s based on a simple concept: kids should eat more fruits, vegetables, whole grains, and other healthy foods. But these nutrition standards are under attack as child nutrition programs are renewed. We must ensure our schools are a place where kids can learn how to live healthy lives.

The Healthy Hunger-Free Kids Act was an important step in making school a healthier place for students. For children with type 1 and type 2 diabetes, good nutrition isn't just an idea, it's critical to their daily management of the disease. What's more, supporting healthy lifestyles is critical to curbing childhood obesity and type 2 diabetes, and schools are on the front lines of this fight.

According to the Centers for Disease Control and Prevention, more than one third of children are overweight or obese. Unless we take action, one in three American adults will have diabetes by the year 2050. In addition, the latest data from the Department of Agriculture indicates that 15.8 million (21.6%) of our children live in families fighting a constant battle against food insecurity, which is a risk factor for type 2 diabetes. While school nutrition programs matter for all students, they are especially important to families in these populations.

Healthy eating patterns and a variety of nutritious foods in appropriate portion sizes are key components of overall health for people with and at risk for diabetes. Since the passage of the Healthy Hunger-Free Kids Act, school lunches, breakfasts, and snacks have become healthier. Students are served lower calorie meals with more fruits, vegetables, and whole grains, helping reduce their risk for obesity, type 2 diabetes, and other chronic diseases. Additionally, 97 percent of school districts are meeting the updated nutrition standards. Rather than roll back these critical standards, we should focus on helping the last 3 percent of school districts provide the same support for their children's health.

Members of Congress have been encouraged to protect the recent gains in school nutrition by maintaining current nutrition standards for school meals and snacks. Many students consume more than half of their daily calories at school. It is imperative that school meals provide the right nutrients to students so they can excel physically and academically.

Alert Day: March 22, 2016

KY DIABETES DAY AT THE CAPITOL

Event Planned By: The Kentucky Diabetes Network (KDN) and Partners

The Kentucky Diabetes Day at the Capitol planning committee is currently developing a new plan for this annual event. In an effort to involve more participants and to increase the effectiveness of our efforts, the committee is considering a change of format from previous years. Potential plans are to select a group of key advocates who will meet with a specific group of legislators to deliver the “2016 Diabetes Message”. Additionally, plans are to develop a legislative template to be shared with local coalitions, which would then allow more Kentuckians to meet legislators locally to voice their opinions on diabetes concerns.

For More Information:
Mary Beth Lacy
502-719-8819
melacy@actna.com

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Kentucky has a state bird, the cardinal; a state flower, the goldenrod; and a state tree, the tulip poplar. And now, thanks to the latest data from the Centers for Disease Control and Prevention (CDC), we have a state disease, diabetes, with 90 to 95 percent of the cases classified as Type 2, formerly called “adult onset diabetes.”

In our population of about 4.4 million, some 600,000 of us (almost one in seven) in Kentucky have diabetes, and about 1.1 million (one in four) of us have pre-diabetes. Sadly, 30 percent of those with diabetes don’t know they have it, while an estimated 90 percent with pre-diabetes are unaware of having it.

However, the saddest thing about both of these numbers is that we actually know how to prevent half of those with pre-diabetes from progressing to diabetes, and how to prevent or delay the serious complications in those who already have diabetes. We just don’t apply very well the knowledge we have to help our fellow Kentuckians deal with our state disease.

Four ways to stop the Great Diabetes Epidemic, which affects 1 in 7 Kentuckians and could affect 1 in 4 (those with pre-diabetes)

The health and economic costs of diabetes are staggering! It is a major cause of heart disease and stroke, and is responsible nationally and in Kentucky for at least half of the new cases each year of blindness, leg amputation and kidney failure, often followed by dialysis and/or kidney transplantation.

In 2015 some 800 new cases of end-stage renal disease in Kentucky are predicted, followed in many of them by dialysis at a cost of $80,000 per case per year or a total of some $64 million. The prediction is for 1,000 leg amputations this year — three per day! — at an average of $50,000 per case for just the hospital charge, for a total of $50 million. An estimated 72,000 people will have a significant degree of impaired vision, including blindness, this year.

Overall, the cost of diabetes in Kentucky in 2015 is estimated to be $5.7 billion! Medicaid alone will spend $1 billion for diabetes this year!

So, what can we do about it?

First, we can finally take the advice we were given by Vinicor in 1994, acknowledge that we have a diabetes epidemic, and deal with it as a public health problem. There has to be behavioral change at the personal level, but defeating this epidemic calls for strong community as well as individual action. Blaming the victim has not solved the problem.

Second, our communities must take responsibility for diabetes and pre-diabetes in their populations. It is an equal-opportunity disease, although it is more common among the underserved and minorities, and all elements of the community need to be involved.

One way to start would be to form broad-based Community Diabetes Control and Prevention Councils representing all segments of the population in every county. The local health department should initiate this activity and appoint a Council Chair. The Council should have clear responsibilities, resources and enough staff outside of the health department to carry out the decisions of the Council.

Third, the community and the Kentucky Department for Public Health need more precise information about the magnitude and extent of the epidemic. We therefore advocate universal screening of all residents over the age of 45 in doctors’ offices and in community screening locations. This has recently been advocated for those who are overweight in this age group in the program — Prevent Diabetes-Stat! — jointly sponsored by the American Medical Association and the Centers for Disease Control and Prevention.

Fourth, in order to prevent as many people with pre-diabetes as possible from developing diabetes, there should be numerous, available, affordable organized prevention programs in accessible community sites, e.g., the Diabetes Prevention Program promoted by CDC at YMCA branches, health departments, hospitals and other community locations. There is a “saving” of $10,000 per patient per year in avoidable health insurance claims for “graduates” of the DPP and others whom we help avoid developing diabetes.

Obviously we have both health and financial incentives to keep as many people with pre-diabetes from developing diabetes. Now we need to do it! These are some of the positive steps we Kentuckians can take together to defeat the Great Diabetes Epidemic. The time for action is now!
INTRODUCTION

The National Diabetes Prevention Program (NDPP) is an evidence based program, developed by the Centers for Disease Control (CDC) that has been implemented across the United States in an effort to reduce or prevent the onset of type 2 diabetes in patients diagnosed with prediabetes. Studies have shown that a 5-7% reduction in weight can reduce the onset of diabetes by 58% in people with prediabetes (Center for Disease Control and Prevention, 2015; Diabetes Prevention Group, 2002).

METHODS

Attendance rates were calculated for each participant who attended at least four sessions in the first six months. Those figures were averaged per NDPP cohort and then grouped based on payor source and use of incentives. Weights are obtained at each session a participant attends. The starting weights were compared with the weights recorded on the last session the participant attended, whether it was in the first six months (core) or months seven through twelve (post-core). If the participant was admitted to the program through blood-based diagnostic tests, a request to the provider office was made for a more recent lab value at the twelve month point. Each participant was assigned a participant identifier that indicated the NDPP cohort in which they participated followed by a hyphenated number (DPP1-1, DPP1-2, etc.) in order to de-identify the participants for data collection. The data was compiled in an Excel spreadsheet.

RESULTS

Baptist Health Louisville has admitted a total of 144 participants into the NDPP since starting the program in 2013. The first three NDPP cohorts were covered by grant funding obtained from the American Association of Diabetes Educators (AADE) through the CDC. Another cohort was conducted at an employer site off-campus from Baptist Health Louisville in that first year.

After those initial four cohorts, Baptist Health Louisville moved to a self-pay structure, charging participants $300 for the program. Two cohorts were completed as solely self-pay programs. For the seventh cohort, an all employee cohort, incentives were offered at various points in the program. At week 2, participants received measuring cups. At week 4, participants who had attended all 4 sessions received a Calorie King book. At week 10, participants who had perfect attendance up to that point were entered in to a drawing for a 6 week membership to Baptist Milestone Wellness Center that included sessions with a personal trainer as well as access to the entire fitness facility. Finally, at week 16, participants having perfect attendance received a Fit Bit.

Prior to the commencement of that cohort, participants were asked to sign a “Participant Agreement”, committing to attending a minimum of 75% of the sessions offered. The available incentives were also outlined in that agreement. In all subsequent cohorts at Baptist Health Louisville, participants are offered incentives and asked to sign a “Participant Agreement”.

INCENTIVES DRIVE OUTCOMES IN DIABETES PREVENTION PROGRAMS (DPP)

Baptist Health Louisville’s Poster Session At National AADE Conference

Submitted by: Ronda Merryman-Valiyi, MSN, RN, CDE, Baptist Hospital East, Louisville, KY
Poster Submitted to AADE by: Brigid Crush, RN, CDE; Carri Doyle, MSN, RN; Denise Gupton RD, LD, CDE; Ronda Merryman-Valiyi, MSN, RN, CDE; Sandora Wantland, RN, CDE; Christina Weiermann, RN, CDE

BACKGROUND

In August, Baptist Health Louisville diabetes staff presented a poster session regarding the use of incentives as part of the Center for Disease Control & Prevention (CDC’s) Recognized Diabetes Prevention Program (DPRP) at the National American Association of Diabetes Educators (AADE) Conference held in New Orleans in August, 2015. Below is the poster session submission.

Participants in the NDPP must meet the one of the following criteria: have a fasting blood glucose (FBP) of 100-125 mg/dL, a blood glucose of 140-199 mg/dL measured 2 hours after a 75 gram glucose load, glycosylated hemoglobin (HbA1c) level of 5.7-6.4, or a clinical diagnosis of gestational diabetes during a previous pregnancy that may be self-reported. Additionally, a maximum of 50% of participants may enter the program through a risk assessment test. Eligible participants attend 16 weekly hour-long sessions in the first 6 months of the program, plus 6 monthly sessions in months 7-12.

NDPP sites report data to the CDC every 6 months in the first 24 months of the program. The CDC evaluates the programs based on established criteria including: completion of 4 or more of the 16 weekly sessions, documentation of physical activity minutes at each session, weight loss achieved during the first 6 months, attendance of at least 3 of the sessions offered in months 7-12, and weight loss achieved in months 7-12. The overall expected weight loss for participants throughout the duration of the program is a minimum of 5%.
CONCLUSIONS

This study sought to determine the effectiveness of the offering incentives to participants who enter the NDPP at Baptist Health Louisville. Attendance rates, weight loss, and A1C reductions were compared across payer sources as well as with the use of incentive offerings. Cohorts who received incentives appear to have higher attendance rates, higher percentage of weight loss, and greater A1C reductions than cohorts who received no additional incentives.

The incentive group was comprised of 2 cohorts, each with different payer sources. Despite the different payer sources, increases in attendance, weight loss and A1C reduction were noted. Limitations in A1C data collection were found because many participants had not returned to their primary care provider at the 12 month point despite encouragement by the Lifestyle Coaches to do so. Additionally, some primary care providers diagnosed pre-diabetes based on fasting blood glucose results but re-evaluated the participant using the A1C result. While those results have a correlation, they cannot be directly compared in the evaluation of data.

Results suggest that using incentives in the NDPP can increase attendance and enhance outcomes of participants. Baptist Health Louisville will continue to use similar incentives in its NDPP.

REFERENCES

**DIABETES — A MAJOR RISK FACTOR FOR KIDNEY DISEASE**

**KIDNEY FOUNDATION OFFERING KEEP SCREENINGS**

Submitted by: Nital Desai Patel, MPH, National Kidney Foundation

For more than 60 years, the National Kidney Foundation (NKF) has been the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease. NKF’s legislative and scientific efforts have led to major advancements in dialysis and transplantation. NKF is committed to focusing on educational and professional programs that promote awareness of kidney disease in those at risk, highlighting the importance of early diagnosis and prevention, and supporting the millions who already have kidney disease.

Approximately 26 million American adults have kidney disease, and many don’t know it. Diabetes is a major risk factor for kidney disease and the most common cause of kidney failure. Patients with diabetes can do their part in the prevention of kidney disease by controlling their blood sugar and blood pressure, and making sure they receive urine and blood tests on a yearly basis.

**FREE KEEP SCREENINGS**

NKF offers early detection screenings and awareness programs to catch kidney disease at the earliest stage possible. If caught early, the progression of kidney disease can often be slowed or stopped. The KEEP Healthy program, formerly called the Kidney Early Evaluation Program (KEEP), is NKF’s community-based initiative to educate about the kidneys, risk factors for kidney disease, and steps to take to keep kidneys healthy and reduce risk. KEEP Healthy allows individuals who might be at risk to undergo a personal evaluation and to speak to a healthcare professional. The KEEP Healthy screenings include a short risk survey, BMI measurements, blood pressure check, urine test for albumin, opportunity to speak with healthcare professional and free educational materials. If you are interested in volunteering at a screening or scheduling one in your area, please contact Nital Desai Patel at nital.desai@kidney.org.

**FREE AWARENESS MATERIALS FOR PROFESSIONALS**

To raise awareness among the general public and individuals at risk for kidney disease, NKF developed *Your Kidneys and You*, an educational program and video that explains how kidneys function, the importance of early detection, risk factors, and the simple lifestyle tweaks that can help prevent kidney disease. Volunteers are trained by NKF local offices to deliver this presentation to the general public, corporate audiences and at-risk populations. If you are interested in volunteering to provide *Your Kidneys & You* presentations, please contact Nital Desai Patel at nital.desai@kidney.org to arrange a training session.

With new and exciting research emerging every day, NKF understands the need for continuing education programs for healthcare professionals. The mission of the NKF Continuing Medical Education Program is to provide education for academic as well as private practitioners in nephrology and other specialties/disciplines impacted by kidney disease. NKF’s accredited CME/CE activities are designed for professionals committed to continuing their education and improving patient outcomes. These educational activities are offered to regional, national and international audiences.

**MEMBERSHIP OPPORTUNITIES AND RESOURCES**

As part of NKF’s commitment to early diagnosis and better patient care, our professional membership opportunities provide busy healthcare professionals with the latest insights into chronic kidney disease. NKF’s professional membership allows the healthcare community to collaborate and network with colleagues and improve clinical practice. Due to the interdisciplinary nature of NKF, which is engaged in all aspects of chronic kidney disease, members receive a wide range of services and support. For more information how to join please visit: https://www.kidney.org/professionals/nkf-professional-membership.

**EVIDENCED-BASED GUIDELINES**

NKF’s Kidney Disease Outcomes Quality Initiative (NKF-KDOQI) has developed evidence-based guidelines for all stages of chronic kidney disease (CKD) and related complications. In addition to guideline development, KDOQI informs wider policies and educational resources that support implementation of these recommendations. All KDOQI guidelines and commentaries are published in the *American Journal of Kidney Diseases* (AJKD), NKF’s premier journal. NKF addresses the interests and needs of patients, nephrologists, physician assistants, nurse practitioners, nephrology nurses and technicians, renal dietitians and social workers.

Each year, thousands of healthcare professionals come together for NKF’s Spring Clinical Meetings, which offer many networking and learning opportunities. The Spring Clinical Meetings present the newest developments related to all aspects of nephrology practice and features specialized courses and workshops. To learn more about The 2016 Spring Clinical Meetings please visit: https://www.kidney.org/spring-clinical/registration.

For additional information on kidney disease and professional programs please visit www.kidney.org.

For more information on events and programs in Kentucky please contact, Nital Desai Patel at nital.desai@kidney.org or 502-585-5433.
Game on. That’s right Diabetes. This is Kentucky talking and we want you to know that the fight is on!

We are under no illusions. We recognize that you are a formidable and persistent opponent. But be assured that there is no quit in us and we are prepared to take the fight to you for as long as takes.

Kentucky landed a major blow against diabetes in 2011 when we became the first state to pass a comprehensive Diabetes Action Plan, a statewide blueprint for reducing the incidence of diabetes. Senator Tom Buford and Representative Ruth Ann Palumbo were the bipartisan sponsors.

That same year, led by Representative Palumbo and Senator Alice Forgy Kerr, Kentucky became the first state to license diabetes educators, recognizing the key role educators play in diabetes prevention and providing an important element of professionalism to their work. Kentucky added 600 new licensed professionals in the first year under the legislation.

Former Governor Steve Beshear recently announced plans for a new research facility at the University of Kentucky to focus on diabetes and other chronic diseases.

Because Kentucky is taking the fight against diabetes seriously, we can take pride in some recent successes. Kentucky has improved its ranking to 14th in the nation for the incidence of diabetes. We have dropped to 8th for the incidence of pre-diabetes.

Those are not good numbers, but they represent progress.

The fact that 18 other states have modeled similar legislation after Kentucky’s Diabetes Action Plan is a tribute to the hard work and determination of government leaders and diabetes advocates all across Kentucky.

The key provision of that legislation is a requirement to develop a biennial report on the impact of diabetes. It is jointly developed by the Department of Public Health, the Department of Medicaid Services, the Office of Health Policy and the Kentucky Employee Health Plan, under the direction of former Cabinet for Health and Human Services Secretary Audrey Tayse Haynes.

The recently completed 2015 report addresses progress made since the first report was completed. It acknowledges that the completion of the report itself was an accomplishment. It points out that one of former Governor Beshear’s seven health goals for the Commonwealth was the development of a strategy for diabetes prevention and control of A1C levels, achieved through executive and legislative action, public-private partnerships and the expansion of health care coverage.

The report notes that as of January 1, 2014 diabetes prevention programs became a covered benefit under the Kentucky Employee Health Plan, making us one of only three states to date to do so. The Plan deserves praise.

Managed care companies are screening for more Kentuckians in Medicaid, getting a jump on preventing and managing diabetes. These companies merit praise for this effort.

Kentucky was one of eight states to receive a grant from the National Association of Chronic Disease Directors to promote diabetes prevention programs in the Commonwealth. In addition, in the state’s 2015-2016 biennial budget, 2.6 million general fund dollars were designated for diabetes prevention and control. All of that action represents significant achievement and illustrates Kentucky’s commitment to diabetes prevention and care.

November was Diabetes Awareness Month in the United States, a time to renew our energy and reflect on the achievements we are making to combat the diabetes epidemic.

World Diabetes Day (WDD) is celebrated on November 14th each year and sponsored by the International Diabetes Federation and the World Health Organization to draw attention to issues of paramount importance to the diabetes world. World Diabetes Day is formally recognized in state law in Kentucky, the only state to have done so.

The Blue Monument Challenge was launched as a part of World Diabetes Day in 2007. Since then more than 1,000 iconic sights and buildings in 84 countries have ‘gone blue’ on November 14 to raise diabetes awareness. The celebration has included the Empire State Building, Niagara Falls, the United Nations Building, Rome’s Coliseum, the London Eye, Brandenburg Gate and the Egyptian Pyramids and hundreds more locations around the world.

Confirmed sites going blue in Kentucky this year were Memorial Hall at the University of Kentucky, the Louisville Water Company’s headquarters building, the Knott County Judicial Center, Hazard City Hall, and the Carl D. Perkins statue in Hindman to name a few. For a complete guide for participating sites in World Diabetes Day and the Blue Monument Challenge go to: www.idf.org/wdd-index.

Join the fight to end the diabetes epidemic and the toll it takes on your fellow Kentuckians.

Here’s our message to you — Diabetes...

KY lights were on for you November 14th...

NOW GAME ON!

See pages 16 - 19 for some of the WDD happenings across Kentucky — east to west.
In recognition of World Diabetes Day (WDD) 2015, the following KY Counties “Illuminated Local Landmarks in Blue”, displayed “Lighting Up Blue” banners, obtained signed “Diabetes Proclamations” from government leaders, or held special events in a combined effort to bring diabetes awareness and advocacy efforts to the forefront (see photos on p. 15-18).

Perry County Health Center, displayed a “Lighting Up Blue” Banner in recognition of World Diabetes Day 2015.

Hazard’s City Hall “lights up blue” for WDD.

Knott County Judicial Center displays blue lights for WDD.

Hindman’s City Hall “lights up blue” to raise awareness about diabetes for WDD.
The Perry County Courthouse filled a display case with numerous diabetes items in recognition of WDD. Pictured above are Alice Caudill, RD, LDE (left) and Ashley Harkins, RN, LDE (right) who organized the World Diabetes Day activities across the Kentucky River District.

Hazard’s City Hall also hung a large “Lighting Up Blue” Diabetes Banner in recognition of World Diabetes Day.

The Hall of Justice in Perry County, KY, proudly hung a “Lighting Up Blue” for Diabetes Banner.

Big Sandy Diabetes Coalition Health Extravaganza Event held in recognition of World Diabetes Day.

Brittany Martin with Big Sandy Health Care and the Big Sandy Diabetes Coalition provides an A1c screening at the Health Extravaganza Event held in recognition of World Diabetes Day.

Carl D. Perkins Statue in Johnson County was illuminated blue for World Diabetes Day.
**WORLD DIABETES DAY IN KENTUCKY**

Diabetes Proclamations Signed Across KY

**Perry County, KY**
( Photo at Right)

Hindman Mayor Tracy Neice, shown signing a diabetes proclamation, pictured with (left to right) Ashley Harkins, RN, LDE, Alice Caudill, RD, LDE, and Connie Johnson, Knott County Health Center Coordinator.

**Lee County, KY**
( Photo at Left)

Lee County Judge Steve Mays, seated, pictured with (L to R) Vivian Smith-Lee County Health Center Coordinator and Susan Kincaid, Health Education Coordinator.

**Leslie County, KY**
( Photo at Right)

Leslie County Judge Jimmy Sizemore, in front, pictured with (L to R) Alison Hurt, Health Department WIC Coordinator and Ashley Harkins, RN, LDE.

**Leslie County, KY**
( Photo at Right)

Leslie County Judge Jimmy Sizemore, in front, pictured with (L to R) Alison Hurt, Health Department WIC Coordinator and Ashley Harkins, RN, LDE.

**Lee County, KY**
( Photo at Left)

Lee County Judge Steve Mays, seated, pictured with (L to R) Vivian Smith-Lee County Health Center Coordinator and Susan Kincaid, Health Education Coordinator.

**Knott County, KY**
( Photo at Left)

Knott County Judge Zachary Combs Weinberg shown signing a diabetes proclamation in recognition of WDD. KY River District Health Department staff pictured left to right include Connie Johnson, Knott County Health Center Coordinator, Alice Caudill, RD, LDE, and Ashley Harkins, RN, LDE.

**Lee County, KY**
( Photo at Left)

Lee County Judge Steve Mays, seated, pictured with (L to R) Vivian Smith-Lee County Health Center Coordinator and Susan Kincaid, Health Education Coordinator.

**Leslie County, KY**
( Photo at Right)

Leslie County Judge Jimmy Sizemore, in front, pictured with (L to R) Alison Hurt, Health Department WIC Coordinator and Ashley Harkins, RN, LDE.

**Lee County, KY**
( Photo at Left)

Lee County Judge Steve Mays, seated, pictured with (L to R) Vivian Smith-Lee County Health Center Coordinator and Susan Kincaid, Health Education Coordinator.

**Letcher County, KY**
( Photo Above)

Letcher County Judge Jim Ward shown holding the signed diabetes proclamation with Alice Caudill, Ashley Harkins, and Matt Combs, Letcher County Health Center Coordinator.

**Letcher County, KY**
( Photo Above)

Letcher County Judge Jim Ward shown holding the signed diabetes proclamation with Alice Caudill, Ashley Harkins, and Matt Combs, Letcher County Health Center Coordinator.

**Perry County, KY**
( Photo at Right)

Perry County Judge Scott Alexander shown signing a diabetes proclamation with KY River District Health Department staff (left to right) Alice Caudill, RD, LDE and Ashley Harkins, RN, LDE.

**Owsley County, KY**
( Photo at Left)

Owsley County Judge Cale Turner shown signing the diabetes proclamation pictured with (left to right) Vivian Smith, Acting Owsley County Health Center Coordinator, and Susan Kincaid, Health Education Coordinator.

**Perry County, KY**
( Photo at Left)

Perry County Judge Scott Alexander shown signing a diabetes proclamation with KY River District Health Department staff (left to right) Alice Caudill, RD, LDE and Ashley Harkins, RN, LDE.

**Wolfe County, KY**
( Photo Above)

Wolfe County Judge Dennis Brooks shown holding the diabetes proclamation with Wolfe County Health Center Staff.
Purchase Area Diabetes Connection Hosts their 14th Annual Diabetes Expo in Recognition of World Diabetes Day!

On October 24th, the Purchase Area Diabetes Connection (PADC) hosted its annual Diabetes Expo in Paducah, KY to help the community learn more about diabetes and its management. This year was a special treat with Celebrity Chef, Doreen Colondres, providing a cooking demonstration and advice for healthy eating for those with diabetes. Chef Doreen had the crowd laughing and savoring the delicious recipes she cooked live. Chef Doreen was sponsored by Novo Nordisk. There were approximately 98 attending the event. Screening and exhibits were provided by area businesses and organizations. This event was provided free to the community.

Laurel County Hosted A “Holiday Survival for Diabetes” Event in Recognition of World Diabetes Day

On November 14th, 2015, the Laurel County Health Department co-hosted with the Laurel County Cooperative Extension Office a “Holiday Survival for Diabetes” event. Kentucky One Health, St. Joseph’s London was also in attendance. The event was held to educate participants on ways to stay healthy and keep blood sugars under control during the holidays. A holiday meal was provided.

The Laurel County Health Department educated participants on nutrition facts and counting carbohydrates. The participants then made “practice plates” with paper cut-outs of the menu items to contain 60 grams of carbohydrates.

The Laurel County Health Department and Kentucky One Health St. Joseph’s London provided diabetes educational materials to all participants.

The nearly thirty attendees were also happy to be in the drawings for door prizes.
ICD (International Classification of Diseases) codes are used by physicians and medical coders to assign medical diagnoses and report inpatient procedures. The ICD-9 code sets will be replaced by ICD-10 code sets on October 1, 2015. ICD-10 consists of two parts:

- ICD-10-CM diagnosis coding which is for use in all U.S. health care settings.
- ICD-10-PCS inpatient procedure coding which is for use in U.S. hospital settings.

ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar. Current Procedural Terminology (CPT) codes will continue to be used for physician and outpatient services. It is important to note that the conversion to ICD-10 is not intended to impact payment levels, but claims could be denied if not coded correctly.

It is not within the scope of practice of a diabetes educator to make a medical diagnosis. Diabetes educators may use this list to customize paper and electronic forms within their DSME programs to facilitate referrals for DSMT or MNT services and the development of super bills.

Due to the large increase in the number of diagnosis codes in the ICD-10-CM code set as compared to the ICD-9-CM code set, mapping is not a straightforward correlation between codes of the two classification systems. In certain circumstances, the relationships and linkages between code sets are fairly close— at times a one-to-one correlation.

The ICD-9-CM and ICD-10-CM codes listed below are a representative list of diagnosis codes for which individuals may be referred to a diabetes educator for self-management education. The list is not meant to be all-inclusive. Additional ICD-10-CM codes can be found at: [http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMS.html](http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMS.html).

All of the ICD-10-CM codes listed in the table have additional digits available to provide more specificity to the diagnosis. In designing DSMT or MNT referral forms, diabetes educators should add space for the physician/physician office to include additional digits at the end of the ICD-10-CM codes as they are required to be used when they are provided in the code set. Diabetes educators may also want to include a place for them to write in additional ICD-10-CM codes.

Reprinted from American Association of Diabetes Educators (AADE) PDF

Tenth Revision

International Classification of Diseases

ICD-10 is a new code set for reporting medical diagnoses & inpatient procedures.

**ICD-9 CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.00</td>
<td>diabetes mellitus, type II or unspecified type, without mention of complication, not stated as uncontrolled</td>
</tr>
<tr>
<td>250.01</td>
<td>diabetes mellitus, type I [juvenile type], without mention of complications, not stated as uncontrolled</td>
</tr>
<tr>
<td>250.02</td>
<td>diabetes mellitus, type II or unspecified type, without mention of complication, uncontrolled</td>
</tr>
<tr>
<td>250.03</td>
<td>diabetes mellitus, type I, [juvenile type], without mention of complication, uncontrolled 790.29 other abnormal glucose</td>
</tr>
</tbody>
</table>

**ICD-10 CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E10</td>
<td>Type 1 diabetes mellitus</td>
</tr>
<tr>
<td>E10.1</td>
<td>Type 1 diabetes mellitus with ketoacidosis</td>
</tr>
<tr>
<td>E10.2</td>
<td>Type 1 diabetes mellitus with kidney complications</td>
</tr>
<tr>
<td>E10.3</td>
<td>Type 1 diabetes mellitus with ophthalmic complications</td>
</tr>
<tr>
<td>E10.4</td>
<td>Type 1 diabetes mellitus with neurological complications</td>
</tr>
<tr>
<td>E10.5</td>
<td>Type 1 diabetes mellitus with circulatory complications</td>
</tr>
<tr>
<td>E10.6</td>
<td>Type 1 diabetes mellitus with other specified complications</td>
</tr>
<tr>
<td>E10.64</td>
<td>Type 1 diabetes with hypoglycemia</td>
</tr>
<tr>
<td>E10.65</td>
<td>Type 1 diabetes with hyperglycemia</td>
</tr>
<tr>
<td>E10.8</td>
<td>Type 1 diabetes mellitus with unspecified complications</td>
</tr>
<tr>
<td>E10.9</td>
<td>Type 1 diabetes mellitus without complications</td>
</tr>
<tr>
<td>E11</td>
<td>Type 2 diabetes mellitus</td>
</tr>
<tr>
<td>E11.0</td>
<td>Type 2 diabetes mellitus with hyperosmolality</td>
</tr>
<tr>
<td>E11.2</td>
<td>Type 2 diabetes mellitus with kidney complications</td>
</tr>
<tr>
<td>E11.3</td>
<td>Type 2 diabetes mellitus with ophthalmic complications</td>
</tr>
<tr>
<td>E11.329</td>
<td>Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.4</td>
<td>Type 2 diabetes mellitus with neurological complications</td>
</tr>
<tr>
<td>E11.5</td>
<td>Type 2 diabetes mellitus with circulatory complications</td>
</tr>
<tr>
<td>E11.6</td>
<td>Type 2 diabetes mellitus with other specified complications</td>
</tr>
<tr>
<td>E11.64</td>
<td>Type 2 diabetes with hypoglycemia</td>
</tr>
<tr>
<td>E11.649</td>
<td>Type 2 diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E11.65</td>
<td>Type 2 diabetes with hyperglycemia</td>
</tr>
<tr>
<td>E11.8</td>
<td>Type 2 diabetes mellitus with unspecified complications</td>
</tr>
<tr>
<td>E11.9</td>
<td>Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td>E11.22</td>
<td>Type 2 diabetes mellitus with diabetic chronic kidney disease</td>
</tr>
<tr>
<td>E11.42</td>
<td>Type 2 diabetes mellitus with diabetic Polyneuropathy</td>
</tr>
<tr>
<td>R73.09</td>
<td>other abnormal glucose</td>
</tr>
</tbody>
</table>
As we look forward to beginning a new year, health care professionals can work with their patients to make a New Year’s Resolution to better health in 2016 and help them take steps to prevent or delay type 2 diabetes. NDEP’s online toolkit, GAME PLAN for Preventing Type 2 Diabetes: A Toolkit for Health Care Professionals and Teams, can help you identify, counsel, and support patients at risk for type 2 diabetes.

The GAME PLAN Toolkit empowers health care professionals in both clinical and community settings by providing them with the information they need to identify prediabetes and facilitate effective interventions with their patients.

The GAME PLAN Toolkit is divided into the following sections:

- Prediabetes Screening: How and Why
- How to Talk with Patients About Their Prediabetes Diagnosis
- Help Your Patients Make Lifestyle Changes After a Prediabetes Diagnosis
- Reimbursement and Coding
- Facts and Statistics
- Related Resources

To learn more about this toolkit and its companion piece, Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes: Information for Patients, visit www.ndep.nih.gov.
AADE Webinars:
Webinars take place from 1-2:30 pm eastern time and offer 1.5 hours CE credit, unless otherwise noted.

January 27, 2016  2016 ADA Standards of Medical Care (Clinical Practice Guidelines)

For a full list of offerings and to register, visit:

SAVE THE DATE!
Annual KADE Symposium 2016
Friday, May 20, 2016
Lexington, KY

Kentucky Statewide Diabetes Symposium 2016
Tentative Date
November 4, 2016

Mark Your Calendar Now
Don’t Miss It!
Contact: Julie Shapero or Janice Haile
julie.shapero@nkyhealth.org or janice.haile@ky.gov.

Visit KADENET.org for details & updates.

Tri State Association of Diabetes Educators (TRADE)
Annual Workshop (in development)

Watch for Updates on Date, Topics, and Location
Contact: Merritt Bates-Thomas
merritt.thomas@grdhd.org

DIABETES EDUCATION OFFERINGS

American Association of Diabetes Educators
A LOCAL NETWORKING GROUP of the
AADE American Association of Diabetes Educators

San Diego Convention Center
SAN DIEGO • CALIFORNIA
Friday, August 12 - Monday, August 15, 2016

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

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at www.kydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2016 KDN Meeting Dates (10 am — 3:00 pm EST)
- March 11th in Frankfort — KY History Museum
- June 10th in Lexington — St. Joseph’s Office Park
- September 16th Louisville — U of L Shelby Campus
- December 2nd Frankfort — KY History Museum

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel at susan_roszel@trihealth.com 513-977-8942. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM
1 Contact Hour

Fee for attendees who are not members of National AADE.

3/18/16 — Webinar & Meeting Location TBD
5/20/16 — Annual KADE Symposium, Lexington
RSVP Needed For All Events
www.kadenet.org

Visit KADENET.org for details & for further updates.

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The Greater Louisville Association of Diabetes Educators (GLADE), (covers Louisville and the surrounding area), meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Anne Ries at 502-852-0253 anne.ries@louisville.edu or Maggie Beville at 270-307-7907 maggiebeville@yahoo.com.

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email joslin@FMHHS.com.

Learn About CDC’s National Diabetes Prevention Program
Editor
PO Box 309
Owensboro, KY 42302-0309

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.