In October, the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA) published a paper that outlines appropriate diabetes language that includes the following suggestions:

**USE Language that...**
- Is neutral, non-judgmental, and based on facts, actions, or physiology / biology
- Is free from stigma
- Is strengths-based, respectful, inclusive, and impacts hope
- Fosters collaboration between patients and providers
- Is person centered

A common example that is often heard among the public, medical professionals and even diabetes educators — is use of the word “DIABETIC”. The new language document emphasizes:

Never call someone a “DIABETIC” and even refrain from using the word “DIABETIC” as a noun or adjective.

**Rationale:**
Avoid labeling someone as a disease. Instead they are a PERSON WITH DIABETES.

To see the complete paper / article: [http://journals.sagepub.com/doi/10.1177/0145721717735535](http://journals.sagepub.com/doi/10.1177/0145721717735535)
Mechelle Coble, MS, RD, LD, CDE, MLDE, pictured on the right, Program Coordinator for Diabetes Education, Norton Healthcare, Louisville, KY, both presented at the National AADE 2017 conference as part of a panel discussion titled, “How Are Diabetes Educators Revitalizing Diabetes Self-Management and Support (DSMES) Programs Before They Close?”. The 2017 AADE National Conference was held in Indianapolis August 4-7.

Kim DeCoste, RN, BSN, CDE, MLDE, pictured on the left, with the Kentucky Department for Public Health’s Diabetes Prevention and Control Program (KDPCP) presented as one of the American Association of Diabetes Educators (AADE) instructors teaching AADE’s Core Concepts Course in Indianapolis August 4-7. The AADE Core Concepts course used case studies, discussions, and hands-on activities to explore the fundamentals of Diabetes Self-Management Education and Support (DSMES).

Numerous Kentucky diabetes educators, pictured above, attended the Kentucky Coordinating Body (CB) booth on the evening of August 4th at the AADE National Conference.
Merritt Bates-Thomas, RDN, LD, pictured above, and Abby Beerman, MPH, Epidemiologist with the Green River District Health Department co-authored a poster presented at the American Association of Diabetes Educators (AADE) National Conference in Indianapolis, IN on August 4-7, 2017. Their poster titled, “Reducing Diabetes, Increasing Resiliency: Spreading Awareness Through Partner Engagement” discussed the partnership between the Daviess County Diabetes Coalition, the Henderson County Diabetes Coalition and the Green River District Medical Reserve Corps to increase awareness regarding diabetes and prediabetes, while increasing resiliency related to disaster preparedness.

Vicky Albertson, RN, CDE, Janet Cowherd, RN, BSN, CDE, and Jamie Lee, RN, CDE, MLDE with the Lake Cumberland District Health Department presented a poster, pictured above, at the American Association of Diabetes Educators (AADE) National Conference in Indianapolis, IN on August 4-7, 2017. Their poster, titled, “Road to Recognition” spotlighted their development of the National Diabetes Prevention Program (DPP) in a ten county area and included efforts to achieve RECOGNITION through the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP).

Kathleen Stanley, CDE, RD, LD, MSEd, BC-ADM, pictured above, co-authored a poster with Rachael Clipson, BSN, RN, CDE and Christine Higgins, RD, LD with Baptist Health Lexington at the American Association of Diabetes Educators (AADE) National Conference in Indianapolis, IN on August 4-7, 2017. Their poster titled, “Identifying and Overcoming Challenges in a Diabetes Prevention Program (DPP)” discussed strategies to maintaining national recognition through CDC.

Beth Ackerman, MS, RD, CDE, pictured above on the right, with the University of Louisville Physicians Diabetes and Obesity Center and Shana Nicholson, BSN, RN, pictured above on the left, with the University of Louisville, KentuckyOne Health Jewish Hospital, presented a poster titled, “Collaborative Diabetes Education: Bridging The Care in Patients Undergoing Total Pancreatectomy with Islet Transplantation” at the American Association of Diabetes Educators (AADE) National Conference in Indianapolis, IN on August 4-7, 2017.
Diabetes Costs Moving In The Right Direction

New Figures Show State Programs Working

Submitted by: Jenny Goins, Commissioner, Department of Employee Insurance, Kentucky Employees’ Health Plan and Group Life Insurance, Kentucky Personnel Cabinet

Costs for diabetes treatment are on the decline, according to a review of 2016 healthcare data provided to the Kentucky Employees’ Health Plan (KEHP). New numbers show KEHP members with diabetes are not only adhering to their medications, the usage of other prescription drugs is down 3.5 percent. Likewise, emergency room visits are down 10.3 percent; medical costs decreased 7 percent; and hospital admissions declined 6.5 percent from 2015.

KEHP provides health insurance to more than 260,000 state employees, retirees and others, and spends more than one million dollars in diabetes claims each year. It’s one of the most costly medical conditions for the state’s largest self-insured health plan.

But KEHP is seeing the tide turn. With the implementation of several innovative programs, members are taking a more proactive role in their diabetes care and, in some cases, are able to actually reduce their costs and improve their health.

One of the newest programs offered by KEHP is the Diabetes Value Benefit (DVB) which allows members with a diabetes diagnosis to receive maintenance prescriptions and supplies — such as diabetes test strips — free or at a reduced copay or coinsurance with no deductible.

The program is working. While the number of diabetes prescriptions per patient went up 5.4 percent in 2016, the total number of prescriptions went down 3.5 percent. This data indicates that as members managed their diabetes, they were also able to reduce the use of other medications.

More than 23,000 KEHP members have been diagnosed with diabetes, down from 25,000 members in 2015. Kentucky as a whole ranks 12th in the nation for diabetes. It’s the 7th leading cause of death by disease in the Commonwealth.

Chris Biddle, a KEHP member who has been diagnosed with diabetes, has seen the benefits of KEHP’s programs first-hand. “I began utilizing the wellness program, and (through DVB) my medications and testing supplies are now very low or no-cost. My numbers have improved so much that I ceased taking some of my other cardiac medications and my diabetes medications have been cut in half — a big savings out of my pocket! I’m now going to the doctor about half as much as I did before. I found numerous benefits from this program and I urge others who share my condition to take advantage of these offerings.”

KEHP also provides coverage for the Diabetes Self-Management Education and Support (DSMES) program and pays 100 percent of the cost of the Diabetes Prevention Program (DPP) for those with prediabetes, both of which have been recognized as innovative programs in the education and treatment of the disease.

Additional information for KEHP members can be found at: http://kehp.ky.gov or at https://livingwell.ky.gov.

Kentuckians who are not covered by the KEHP can get information about diabetes resources, such as the Department for Public Health’s Healthy Living with Diabetes courses or other diabetes self-management education courses, by visiting the Kentucky Diabetes Resource Directory at: https://prd.chfs.ky.gov/KYDiabetesResources/. Diabetes self-management courses are available as well as programs for individuals who are at-risk for developing diabetes all around Kentucky.

Diabetes Care Management
Diabetes mellitus affects nearly 10 percent of Americans, and much of that number is undiagnosed. It remains the seventh leading cause of death in the US, and more than one million new cases are diagnosed every year.

Project Support
Diabetes can be a highly complex disease with increased risk for significant complications if not well controlled. That’s why *Lexington Clinic*, supported by the *Lexington Clinic’s* Payer Transformation Department and Optum One Analytics, is making it a priority to partner with people with diabetes in a team approach for the delivery of quality care and a healthier lifestyle. Care pathways can improve outcomes by engaging patients, strengthening multidisciplinary communication and promoting a uniform standard of care.

Pilot Program
*Lexington Clinic* recognized the potential benefits of such care pathways and introduced the *Diabetes Care Management* program, piloted in August 2016. The program identifies members of its population who have the disease, educates them about the risks and best practices and provides clinical intervention to mitigate adverse health events. The maximum program duration is six months and can be less if the patient’s hemoglobin A1C value meets or exceeds the target range determined by the primary care or endocrinology provider. The initial pilot was limited to just three populations and comprised of 60 patients. Early results of the pilot were impressive with 59 percent of patients meeting A1C targets before program graduation and 44 percent of patients graduating with target A1C less than 7.0. With such obvious success, the program expanded in early 2017.

Program Preparation
In preparation for the pilot, *Lexington Clinic* recognized the importance of education and nutrition as they significantly impact diabetes control. Internal services were expanded to include dietitian services for nutritional counseling as well as a diabetes self-management training program recognized and accredited by the American Association of Diabetes Educators in 2016. These services were an integral part in program development to ensure a full scope of services are available to meet patient needs in maintaining diabetes control.

Program Participation
Program participation is elective and is offered to patients with uncontrolled Type 2 diabetes. As a result of participation, patients are equipped with the knowledge and resources needed to maintain optimal diabetes control. Success requires a partnership between the patient and multidisciplinary healthcare team unifying efforts to identify both barriers and facilitators to improve diabetes care. Patients receive biweekly calls (or more frequently as needed) by a clinical team of nurses and medical assistants to optimize patient engagement. This process has become a key strategy in promoting informed decision-making and behaviors to facilitate improved diabetes health outcomes. *Lexington Clinic* takes a proactive approach to fight diabetes by involving patients in the management of their health through patient engagement and activation creating opportunity for lowering costs, increasing patient satisfaction and improving health outcomes.

With the implementation of a robust, integrated health records system and patient portal, *Lexington Clinic* recognizes more patients are engaged in their health. This has been a successful stepping stone to improve the diabetes patient population.

As the program expands, a significant factor in the success of *Lexington Clinic’s* Diabetes Care Management pathways is the methodical approach. Angela Baranchak, *Lexington Clinic* Clinical Care Manager, Population Health, says, “By rolling out this program in phases, one primary care location at a time, it allowed us to focus on getting things right before moving on to the next location.” Full program expansion will be complete by the end of 2018.

Lessons Learned
In reflecting upon the lessons learned thus far, both strong administrative and physician leadership and dedicated time have been key to successful development and implementation of the Diabetes Care Management pathway. This program pathway has not only become a vehicle to engage patients and encourage them to take ownership of their health, but also has become a tool to systematically approach and treat the diabetes patient population in a standardized and consistent manner.
What is the Diabetes Advocacy Alliance (DAA)?

The Diabetes Advocacy Alliance (DAA) is a coalition of 22 members representing patient, professional / trade associations, nonprofit organizations, and corporations all united in the desire to change the way diabetes is viewed and treated in America.

The DAA was formed and began activities in January 2010. Three members of the DAA serve as co-chairs: American Diabetes Association; Pediatric Endocrine Society; and Novo Nordisk Inc.

DAA Purpose:

The DAA aims to unite and align key diabetes stakeholders and the larger diabetes community around important diabetes-related policy efforts in order to elevate diabetes on the national agenda.

The partnership with Healthy People 2020, which was first announced on November 19, 2012, focuses on people with diabetes and those at risk for developing it. This work brings together staff from federal agencies with representatives of the 22 members of the DAA working together to advance four Healthy People 2020 Diabetes objectives related to preventing diabetes among those at risk and improving glycemic control among people with diabetes.

Our partnership has three primary goals:

1. Coordinate activities that promote awareness of diabetes prevention or prevention of complications from diabetes
2. Facilitate data collection to monitor progress toward achievement of Healthy People 2020 Diabetes objectives
3. Support cross-sector collaboration to affect policy and system changes

We’re proud of our accomplishments, which over the years have included:

- Participating in the Office of Disease Prevention and Health Promotion’s (ODPHP) 2012 National Health Promotion Summit in Washington, D.C.
- Planning and implementing four Spotlight on Health webinars on prevention of type 2 diabetes, emerging diabetes technologies, diabetes self-management education and support, and improving diabetes screening and referrals to diabetes prevention programs
- Participating in the 2015 Healthy Aging Summit, co-sponsored by ODPHP and the American College of Preventive Medicine, with content focused on diabetes and older adults
- Bringing together DAA members and representatives of several federal agencies through convening five in-person meetings have allowed for sharing of research, insights and have encouraged collaboration in diabetes screening, prevention and care; quality measures; diabetes self-management education and support; and diabetes and rural health

What will the future hold?

Given the accomplishments we’ve seen to date, we look forward to continuing our joint efforts in support of diabetes prevention and care, and await the establishment of objectives for Healthy People 2030.

Read more about our partnership activities:

http://www.diabetesadvocacyalliance.org/

Visit Healthy People 2020 Diabetes Objectives at:

UK Barnstable Brown Diabetes Center

Conducts First Annual Diabetes Symposium

The Barnstable Brown Diabetes Center at the University of Kentucky (UK) held its First Annual Barnstable Brown Diabetes Symposium on October 27, 2017 in Lexington, KY. The UK Diabetes Symposium hosted over 120 health care professionals as well as a number of vendors and exhibitors. Healthy food choices, a music venue, and door prizes were shared with attendees.

The UK Barnstable Brown Diabetes Center held its First Annual Diabetes Symposium on October 27, 2017 in Lexington, KY. Presenters and staff pictured above from left to right include: Dr. John Fowlkes, Director, Barnstable Brown Diabetes Center; Dr. Laura Hieronymus, Associate Director Barnstable Brown Diabetes Center and Symposium Course Director; Dr. John Anderson, Keynote Speaker, Tristar Medical Group, Nashville, Tennessee; Dr. Mark DeBoer, State of the Art Address, Associate Professor of Pediatrics, University of Virginia; Amy Hess Fischl, Registered Dietitian, Diabetes Educator, University of Chicago; and Shawn Crouch, Administrator, Barnstable Brown Diabetes Center

The Barnstable Brown Diabetes Center provides expert clinical care, self-management education and diabetes prevention program services, as well as quality research for the state and region, with professional influence nationwide.

UK Receives $3.1 Million Diabetes Grant

Reprinted in part from: University of Kentucky Press Release 11-1-2017

Nancy Schoenberg, the Marion Pearsall Professor of Behavioral Science in the University of Kentucky (UK) College of Medicine, is the principal investigator of a series of projects called Faith Moves Mountains. Earlier this fall, she and her team of community and university researchers in the UK College of Medicine and the UK College of Public Health were awarded a new five-year, $3.1 million grant from the National Institutes of Diabetes and Digestive and Kidney Disease (NIDDK) to continue the Faith Moves Mountains initiative and implement a project, “Clinic to Community Navigation to Improve Diabetes Outcomes” in Appalachian communities where diabetes is considered an epidemic.

Like previous projects, researchers aim to target specific health behaviors through faith-based interventions, by building relationships with churches within Appalachian communities.

Appalachian Kentucky has rates of diabetes about 46 percent higher than the national average. And even more challenging is that about one-third of those who have diabetes are not yet diagnosed.

During the project, researchers intend to reduce adverse outcomes by educating people with Type 2 Diabetes about self-management and training community-based facilitators to help coordinate health care services. To determine the most effective intervention components, researchers will use a three-arm randomized experimental design, assigning participants to one of three groups: a diabetes self-management group; a patient navigation group; or a combined self-management and patient navigation group.

The self-management groups will occur in churches or other community-based venues. In addition, patient navigators will assist with educating and facilitating health care appointments at community-based health clinics and check-in with patients to make sure they attend medical appointments and receive adequate follow-up care.
NEW RESEARCH STUDY FOR PEOPLE WITH DIABETES AND KIDNEY DISEASE

Submitted by: Christopher Johnson, PhD, Site Director, University of Louisville, School of Public Health and Information Services

At University of Louisville hospital, we are excited to announce that we are currently conducting a Phase 2 clinical trial: the REACT (REnal Advanced Cell Therapy) Study. This therapy is designed to build renal function and delay or prevent dialysis. The primary purpose of this study is to assess the safety and efficacy of an investigational treatment, called Neo-Kidney Augment (NKA) cell therapy, in patients with diabetic kidney disease. The secondary objective includes assessing the impact of NKA injection(s) on renal safety and function.

TECHNOLOGY
NKA is a percutaneous minimally invasive injectable product composed of the patient’s own regenerative renal cells (RRC). The renal cells are obtained via a standard kidney biopsy procedure that adheres to standard medical biopsy practice. The RRCs are isolated and expanded from the biopsy tissue and formulated to make a personalized product (Neo-Kidney Augment). This product is then injected back into the patient’s diseased kidneys, using standard minimally invasive percutaneous methods commonly used in hospitals and outpatient clinical settings.

The NKA technology uses the patient’s own healthy progenitor cells, and formulates them into a personalized product that can be re-injected into the damaged kidney for repair and regeneration. When the physician injects the Neo-Kidney Augment product into the patient’s diseased kidney, it is programmed to integrate into the damaged tissues and attract other healing cells, controlling inflammation, fibrosis and angiogenesis to form new functioning tissues and ultimately, a healthy kidney.

Chronic kidney disease (CKD) affects 8-16% of the global population. Approximately 26 million American adults have CKD and millions of others are at increased risk for developing CKD. Diabetic kidney disease (DKD) is the most frequent cause of kidney failure in western countries. DKD is characterized typically by progressive loss of kidney function that without therapeutic intervention will worsen until the patient reaches end stage renal disease (ESRD).

Treatment of patients with DKD is focused on slowing progression and preparing for dialysis and/or kidney transplant when the kidneys fail completely. This new technology has the potential to create new human tissues and kidneys (neo-tissues and neo-organs) by using the patient’s own (autologous) kidney cells. By contrast, organ transplantation from other donors (allogenic transplants) can be associated with organ rejection and failure. Further, the patient lives with the adverse effects of immunosuppression.

NEO-KIDNEY AUGMENT (NKA) TREATMENT

Depicted at Right

If you know of someone who may be eligible for the REACT Study, refer him or her to: https://reactstudy.com/
Or Email eleanora.fridell@louisville.edu.
DESIGN
This is a multi-center, prospective, open-label, randomized, double -arm, deferred-treatment study, whereby eligible subjects will be randomized 1:1 after kidney biopsy to either receive up to 2 injections of NKA (made from expanded autologous selected renal cells) into the biopsied kidney beginning as soon as NKA can be prepared, or to receive the same series of up to 2 injections given 3 months (+12 weeks) apart beginning 12–18 months after renal biopsy.

SCOPE AND DURATION
During the study, subjects randomized to begin treatment as soon as the NKA product is made available will be part of the Active Treatment Group. Assuming a one-month interval prior to the first NKA injection, and assuming a 3-month interval before the second injection, plus a 12-month follow-up period, the study duration will be 16 months.

Subjects randomized to receive NKA treatment 12–18 months after kidney biopsy will be part of the Deferred Treatment Group. Assuming a 12-month interval prior to the first NKA injection, and assuming a 3-month interval before the second injection, plus a 12 -month follow-up period, the study duration will be 27 months.

MAIN INCLUSION CRITERIA
In addition to other inclusion criteria, subjects will be eligible for study participation if they meet all the following criteria.

1. Male and female patients 30 to 80 years of age.
2. Established diagnosis of type 2 diabetes mellitus (T2DM).
3. Established diagnosis of diabetic nephropathy as the underlying cause of renal disease.
4. Established diagnosis of CKD not requiring renal dialysis, defined as having an eGFR between 20 and 50 mL/min/1.73 m2 inclusive.
5. Urine albumin excretion greater than or equal to 30 mg/day.
6. Blood pressure less than 140/90 at the screening visit, prior to renal biopsy, and prior to NKA injection(s).

MAIN EXCLUSION CRITERIA
In addition to other exclusion criteria, subjects will NOT be eligible for study participation if they meet any of the following criteria.

1. History of type 1 diabetes mellitus.
3. Uncontrolled diabetes, defined as metabolically unstable.
4. Abnormal coagulation status as measured by activated partial thromboplastin time (APTT), prothrombin time – international normalized ratio (PT-INR), and/or platelet count at the Screening Visit.
5. Bleeding disorder(s) or is taking anticoagulants, such as Coumadin® (warfarin) or direct thrombin inhibitors.
6. Small kidneys (average size less than 9 cm) or has only one kidney.

If you know a patient who may be eligible for the REACT Study, refer him or her to https://reactstudy.com/ or email eleanora.fridell@louisville.edu .

FLU SHOT KEY FOR PEOPLE WITH DIABETES
The American Association of Diabetes Educators (AADE) recently developed an infographic about Diabetes and the Flu.

Download the AADE Flu + You Infographic: https://www.diabeteseducator.org/docs/default-source/patient-resources/tip-sheets/flu-you.pdf?sfv

KENTUCKY WEEKLY INFLUENZA REPORT
The Kentucky Cabinet for Health and Family Services (CHFS) recently added the new Kentucky Weekly Influenza Report to the Department for Public Health’s Influenza – Flu webpage. The webpage offers numerous influenza resources including the HealthMap Vaccine Finder as well as other educational flu materials.

See Right Side Webpage: 2017-18 Kentucky Influenza Activity

The Kentucky Diabetes Prevention and Control Program (KDPCP) and the Kentucky Heart Disease and Stroke Prevention Program along with the Kentucky Regional Extension Center (REC) recently developed a new downloadable toolkit for clinical practice teams.

The name of the new toolkit is: **Improving Cardiovascular and Diabetes Care and Outcomes: Change Package for Clinical Practice Teams.**

The toolkit contains quality improvement materials including change concepts, actionable change ideas and related best practice tools and resources that target both hypertension and diabetes management. Application of the toolkit concepts and ideas can help significantly improve processes and outcomes.

The package contents are categorized in the following areas of focus:

- Operational Efficiency
- Evidence-Based Interventions
- Patient Self-Management
- Data Driven Quality Improvement

Practices can select change concepts and related actionable change ideas most suited to practice gaps and goals. The change ideas are paired with a sampling of tools and resources suggested by experts in the field from a variety of organizations. They can be adopted or adapted to support implementation of chosen change ideas. Clinicians and practices are encouraged to approach this change package as a tool to be addressed with a multidisciplinary team.


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**AADE RELEASES TWO NEW WHITE PAPERS**

**NEW**

*Diabetes Educators Play a Critical Role in Successful Insulin Management*

As an outcome of the Sanofi US thought-leader summit and subsequent AADE practice survey, this paper illustrates the significance of the diabetes educator as part of the multi-disciplinary team supporting persons with diabetes.


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**NEW**

*AADE Advocates for Educators to be Involved in Formulary and Device Selection Decisions*

This practice paper outlines the overarching goal for establishing a role for diabetes educators within diabetes formulary and medical device selection and implementation processes.

November 14th was World Diabetes Day, so November’s “Measure of the Month” selection is our series of diabetes management measures. One out of ten Kentuckiana residents has Type 2 Diabetes, so it’s an important series of measures in our reporting.

At the Kentuckiana Health Collaborative (KHC), we measure in many different ways the care that patients with diabetes receive, including receiving recommended screening for A1c, nephropathy, and retinopathy. Diabetes is the number one cause of blindness in Kentucky, and just 49 percent of individuals with diabetes in Kentuckiana receive the recommended retinal eye exam for detecting and monitoring retinopathy.

Looking at the “benchmark” providers in the area (the top performing docs who make up the 10 percent of the population for each measure), A1c screening and nephropathy screening rates are 100 percent, compared to region’s total rate of 93 percent and 90 percent for A1c and nephropathy screenings, respectively. Eye exam rates for the benchmark providers are 74 percent.

In Kentuckiana, less than half (44 percent) of patients with diabetes receive all of the above recommended screenings. This is up from 37 percent in 2010, but there is still a long way to go to make sure that all Kentuckiana residents with diabetes get the care that they need. The proportion of patients who receive all recommended screenings varies greatly between the seven counties in Indiana and Kentucky that make up the Kentuckiana region. Rates range from 40% in Oldham County, Kentucky, to 64% in Floyd County, Indiana.

In Kentucky, the focus of the 2017 World Diabetes Day was to engage people with undiagnosed diabetes in schools, congregations, and workplaces by raising awareness, testing, and shepherding them into a local diabetes prevention program. The National Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program which has been demonstrated to delay or prevent the development of type 2 diabetes among people at high risk. To support this effort, the KHC added information and a link to a user-friendly prediabetes screening tool at http://www.gohealthshare.com/learn/prediabetes.html to our public reporting website, www.GoHealthShare.com. Knowing risk is the first step to proactively treating or preventing diabetes. By answering a handful of simple questions, users can easily determine their risk of developing pre-diabetes.

The Louisville Department of Public Health and Wellness has led the world diabetes efforts and distributed a tool kit with a paper screening. The Kentuckiana Regional Planning & Development Agency (KIPDA) Diabetes taskforce aims to support this initiative by hosting an ambitious screening campaign, over the course of the next two months, with the goal of screening 10,000 local residents for diabetes risk. The Louisville Health Advisory Board, a coalition of organizations within the community that works for better health outcomes, plans to do that through various marketing strategies that will raise awareness and result in use of the prediabetes screening tool. Visit the Louisville Health Advisory Board at: https://www.louisvillecultureofhealth.com/louisville-health-advisory-board/.

Diabetes Scores
Kentuckiana, Kentucky, and National Averages

To Access the Full Article: https://www.khcollaborative.org/2017/11/measure-of-the-month-diabetes/
3. Possible assistance. Forwards the case to the at this stage, our call center conducts an initial intake and then requests are processed by the handles all requests for legal assistance with discrimination issues received by the ADA from constituents. This article is meant to provide key information about the Program and how to seek help for yourself or someone you know.

1. What does discrimination look like?

Unfair treatment could be discrimination. Here are some examples:

- At Work: An employee is not allowed to take breaks to test blood glucose or eat when necessary.
- At School: A child’s school refuses to provide diabetes care.
- During an Arrest or While in Jail: Someone is arrested and denied access to diabetes medication.
- Public Places: Someone is not allowed to enter a location that is open to the public with their diabetes supplies.

2. How does the ADA handle requests for legal assistance with a discrimination issue?

The majority of constituents request legal assistance by calling 1-800-DIABETES (342-2383), emailing AskADA@diabetes.org, or using the chat function on the ADA’s website www.diabetes.org. These requests are processed by the Center for Information, our call center. At this stage, our call center conducts an initial intake and then forwards the case to the Legal Advocate Program for review and possible assistance.

3. How do I help someone who is facing discrimination?

Tell them to call 1-800-DIABETES (342-2383) or email AskADA@diabetes.org in order to go through our intake process. This is the best and fastest way for them to get help. Our call center staff is available Monday - Friday from 8:30 am to 8:00 pm Eastern Time. Legal intake is open every day except on Thursdays. When constituents contact the call center, they can immediately communicate with trained call center representatives who will gather information (i.e., conduct legal intake) to send to the Legal Advocate Program team. In some instances where the issue is not one our Program attorneys can assist with, call center representatives are often able to give helpful resources and information, though not legal advice.

4. How long does it take to hear from a Legal Advocate Program attorney?

We often have a faster response, but it may take as long as seven to ten business days to receive a response, especially during our busy back-to-school season.

5. Can Spanish speakers and speakers of other languages get help?

Yes. We have some staff members who are fluent in Spanish and we also have access to a telephone interpretation service that can be used for nearly every other language.

6. Does the American Diabetes Association provide legal representation?

No, the Association does not provide legal representation. This means our attorneys cannot communicate directly with schools, employers or other institutions and we cannot attend meetings with constituents, either by phone or in person. Our attorneys provide limited legal services that include guidance, tools and resources to help people engage in self-advocacy including information on negotiation strategies, summaries of the federal law, written advocacy templates, and information on filing formal complaints. If our attorneys believe you need a local attorney, we will look through our Attorney Advocacy Network. This is a network of attorneys across the country who have expressed an interest in diabetes discrimination. Not every area of the country has attorneys, and not every problem will need an attorney. We cannot guarantee that an attorney will take the case.

You can learn more about the Legal Advocate Program at: http://www.diabetes.org/living-with-diabetes/we-can-help/legal-assistance.html.
The Kentucky Diabetes TRENDS column is an ongoing feature of this publication taken from the Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS). This BRFSS data, submitted to the CDC, is collected by the Kentucky Department for Public Health’s Kentucky BRFSS Program in cooperation with the University of Kentucky.

Diabetes trend data may be used by organizations to identify strengths and weaknesses in Kentucky’s diabetes care practices. Trends which show poor results may be targeted to develop collaborative plans to improve Kentucky’s diabetes outcomes. Watch this newsletter for the future KENTUCKY DIABETES TRENDS series.

**DILATED EYE EXAM IN LAST YEAR**

**SLIGHT UPSWING DETECTED:**
61.2% adult Kentuckians with Diabetes report receiving a dilated eye exam in the last year (2015).

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<th>Percentage</th>
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<tr>
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To access the complete data for cumulative years shown in graph: [https://gis.cdc.gov/grasp/diabetes/diabetesatlas.html](https://gis.cdc.gov/grasp/diabetes/diabetesatlas.html)

**CURRENT SMOKING (SELF-REPORTED HAVING DIABETES & BEING A CURRENT SMOKER)**

**TRENDING WRONG DIRECTION:**
32.2% adult Kentuckians with Diabetes report that they currently smoke (2015).

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<tr>
<td>2013</td>
<td>21.5</td>
</tr>
<tr>
<td>2014</td>
<td>29.3</td>
</tr>
<tr>
<td>2015</td>
<td>32.2</td>
</tr>
</tbody>
</table>

To access the complete data for cumulative years shown in graph: [http://gis.cdc.gov/grasp/diabetes/diabetesatlas.html](http://gis.cdc.gov/grasp/diabetes/diabetesatlas.html)
Diabetes HealthSense Evaluation Shows Satisfaction, Positive Outcomes in Site Usage Among Diabetes Educators and People with and at Risk for Diabetes

The National Diabetes Education Program’s (NDEP) Diabetes HealthSense website provides people at risk for or living with diabetes, their family members and caregivers, health care professionals, and community organizations with access to more than 150 resources designed to facilitate positive behavior change. These resources include videos, expert advice, professional articles, and toolkits to implement lifestyle changes for better living with diabetes.

In 2015, the American Association of Diabetes Educators (AADE) and the NDEP completed a study to evaluate Diabetes HealthSense for two purposes: to assess how the Diabetes HealthSense site can help individuals with and at risk for diabetes make changes in their knowledge, attitudes and behaviors to manage or prevent the disease; and to gauge diabetes educators’ and patients’ experience and satisfaction with the site.

The study involved a randomized two-group pretest-posttest design at 15 study sites to determine changes in participant self-reported knowledge, self-efficacy, and behaviors to support diabetes prevention or management. A total of 311 adults completed both a pretest and posttest. An intervention group consisted of 135 participants, while 176 were involved in the comparison group.

Intervention group members completed an online pretest and attended an in-person introductory session where a diabetes educator introduced them to HealthSense via a scripted PowerPoint presentation. At the session’s conclusion, the diabetes educator encouraged intervention participants to continue using HealthSense unaccompanied for the next four weeks. In contrast with the intervention group, the researchers excluded comparison groups from the introductory session and did not encourage participant group members to use HealthSense. Comparison group members only completed the online pretest and posttest surveys.

Key findings from the study showed participants from the intervention sites made significant increases in self-reported knowledge, self-efficacy, and healthy behaviors. Healthy behaviors encompassed healthy eating, physical activity, and coping. In the pretest and posttest surveys, participants with diabetes were asked 26 knowledge questions about managing diabetes, and participants at risk were asked 11 knowledge questions about preventing diabetes. With regard to knowledge, the intervention group increased from 75% correct at pretest to 81% correct at posttest, whereas the comparison group remained at 74% correct from pretest to posttest.

Intervention group participants also showed significant increases in their self-efficacy and healthy behaviors from pretest to posttest. Similar to the diabetes knowledge findings, the research found no significant pretest to posttest changes in the comparison group for these two areas.

Overall, diabetes educators expressed general satisfaction with the NDEP and Diabetes HealthSense. Educators from the intervention sites participated in five interviews before and after the study to assess their experience and satisfaction with the HealthSense site.

They felt NDEP resources like Diabetes HealthSense provided helpful information for educators, people with diabetes, and people at risk for diabetes. In determining whether the site is helpful for people with or at risk for diabetes, one educator commented, “It needs to be one of the cornerstones of every diabetes education program.”

Participants also indicated a high level of satisfaction with Diabetes HealthSense and described it as “informative” and “educational”. The majority of participants reported plans to continue using Diabetes HealthSense between the introduction session and the posttest, as well as after the study was completed. One participant noted, “All of a sudden I had all this information at my fingertips,” while another stated, “I will come back to the site not only for information, but also for the tools to help myself and others to manage diabetes.”

In addition to offering Diabetes HealthSense, the NDEP provides other online resources for individuals living with diabetes and health care professionals. Promoting Medication Adherence in Diabetes supports health care professionals in promoting medication adherence among their patients and within their teams, and Practice Transformation helps physicians, health care professionals, and health care administrators across the country adapt to the changing system of health care delivery around diabetes.

Access Diabetes HealthSense: https://ndep.nih.gov/resources/diabetes-healthsense/
Access Promoting Medication Adherence in Diabetes: https://www.niddk.nih.gov/health-information/communication-programs/ndep/health-professionals/promoting-medication-adherence-diabetes
As part our continuing interest in diabetes as a model for chronic disease, the Friedell Committee has established the
Friedell Diabetes Awareness Committee.

Goal:
To reduce the incidence of diabetes and decrease Kentucky’s financial (Medicaid cost) and clinical burden of diabetes as measured by prevention quality indicators.

Plan of Action:

Diabetes is a public health and community problem and its solution must include education, universal screening, a diabetes registry and evidence-based community prevention and intervention activities.

Process:
- Identify and work with organizations, companies and health plans in Lexington to encourage screening of employees for diabetes.
- Link with existing prevention and intervention activities
- Through grant funding, implement diabetes population health efforts in communities around Kentucky in conjunction with local community leaders.

Anyone interested in participating in this effort should contact J.D. Miller at jdmill01@uky.edu.

Henderson County Diabetes Coalition (HCDC) President John Marshall, pictured above on left, and Karen Hill, HCDC Secretary, center, accept a $3500 check from Henderson City Lion’s Club member, Andrew Powell, pictured on right, to be used for local diabetes projects.

Henderson County Diabetes Coalition receives Grant

Camp Hendon 2018 Registration Now Open!

Summer 2018 Camp Sessions
- Session 1: July 1 - 6, 2018
  Loucon Training and Retreat Center — Leitchfield, KY
- Session 2: July 15 - 20, 2018
  Aldersgate Camp and Retreat Center — Leitchfield, KY

Financial Aid Available!

Fundraising Toolkit:
http://www.camphendon.org/fundraise

Camper Registration:
http://www.camphendon.org/register-for-camp

Volunteer Registration:
http://www.camphendon.org/volunteer
The College Diabetes Network (CDN) is a non-profit organization whose mission is to provide innovative peer-based programs which connect and empower students and young professionals to thrive with diabetes. CDN creates a community of young adults who have diabetes with resources to support them and their network.

CDN Recently Launched Two New Programs:

**Mental Health and T1D**
Facebook Page
[https://www.facebook.com/collegediabetesnetwork/](https://www.facebook.com/collegediabetesnetwork/)

**Newly Diagnosed Young Adult Program**
Download You’ve Got This! At:
[https://collegediabetesnetwork.org/NEWDX](https://collegediabetesnetwork.org/NEWDX)

For more information about the College Diabetes Network visit:
[https://www.collegediabetesnetwork.org/](https://www.collegediabetesnetwork.org/)

The Kentucky Diabetes Prevention and Control Program (KDPCP) and the Kentucky Diabetes Network (KDN) recently published a NEW A1C Poster.

This is a companion piece to KDN’s MY DIABETES CARE RECORD.

Download from the KDN Website at:
[http://www.kydiabetes.net/kdncontinuousqualityimprovementtoolkit.htm](http://www.kydiabetes.net/kdncontinuousqualityimprovementtoolkit.htm)

The Northern Kentucky Diabetes Coalition held another successful supermarket tour on September 28, 2018 at Meijer’s in Florence, KY.

Supermarket tour guides included from left to right in the back row: Lisa Corsale (Meijer Pharmacist), Brittany Venci, RD, LD (Coalition), Theresa Brinsky (Miami University Student), Heather Kristofski (NKYH), Mary Alicia Feist, RN, Kevin Brunacini, APRN (Coalition). Pictured from left to right in the front row: Tamara Hammons, PharmD, CDE, BCPS, VA, Hospital, (Coalition), Julie Shapero, RDN, LD, LDE, Northern Kentucky Health Department, (Coalition Chair).

Volunteers not pictured: Megan Kappes, Meijer Pharmacist (Coalition) arranged the logistics and Anne McArthy, St. Elizabeth Hospital Wound Center (Coalition) assisted prior to the tour.
Have You Heard?

Diabetes Self-Management Education and Support (DSMES) 2017 Standards

Quick Guide To What You Need To Know

<table>
<thead>
<tr>
<th>OLD TERMINOLOGY</th>
<th>NEW TERMINOLOGY</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSME</td>
<td>DSMES</td>
<td>To include support which is an integral part of DSMES</td>
</tr>
<tr>
<td>Program</td>
<td>Services</td>
<td>To allow for more individualization</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Quality Coordinator</td>
<td>To be more in line with pay for performance and outcomes-focus in new models of care</td>
</tr>
<tr>
<td>Patient</td>
<td>Participant</td>
<td>To align with key outcomes of behavior change, not recovery from illness.</td>
</tr>
</tbody>
</table>

AADE Implementation Dates:
- NEW applicants must use the 2017 standards beginning January 1, 2018
- Renewing and existing programs have until June 1, 2018.

ADA Implementation Dates:
- NEW and Renewing applicants must use the 2017 standards starting November 2017.
- Existing programs (not up for renewal) must be using the NEW 2017 Standards by May 1, 2018.

The National Diabetes Education Program (NDEP) at the Centers for Disease Control and Prevention (CDC) offers diabetes and emergency preparedness resources.


The Kentucky Diabetes Prevention and Control Program (KDPCP) is in the process of updating a “Have Diabetes? Be Prepared For A Disaster or Emergency” flyer.

Watch this publication for future availability.
In light of all of the regulatory changes under the Medicare Access and CHIP Reauthorization Act (MACRA) and the Quality Payment Program (QPP), the Kentucky Regional Extension Center (REC) has recorded several informational webinars to help your organization understand and navigate the potential impacts.

If you have any questions, contact: http://www.kentuckyrec.com/contact/.

Webinars Include:
- MACRA Eligibility Webinar
- MACRA Improvement Activities Deep Dive Webinar
- MACRA Advancing Care Information Deep Dive Webinar
- MACRA Quality Deep Dive Webinar
- MACRA QRUR Deep Dive Webinar
- MACRA Data Submission Webinar
- EHR/CEHRT Webinar
- 2016 QRUR Feedback Report Webinar
- 2017 MACRA Reporting Prep Webinar

To View the Webinars:
http://www.kentuckyrec.com/macraqpp-webinar-recordings-now-available-demand/

AADE Offers FREE Continuing Education

The American Association of Diabetes Educators (AADE) offers free and low-cost continuing education to nurses, dietitians, and pharmacists.

For a full list of offerings, prices or to register, visit: https://www.diabeteseducator.org/about-aade-membership/free-continuing-education

- The AADE Diabetes Prevention Program (DPP) Model (Recorded 7-26-17) (1.0 hour) Members: $0.00 Non-Members: $0.00
- How to be a Medicare Diabetes Prevention Program Supplier (Recorded 2-22-17) (1.0 hour) Members: $0.00 Non-Members: $0.00
- Individualizing Type 2 Diabetes Treatments with GLP-1 RA CVOT Outcomes Data (Recorded 12-7-17) (1.5 hours) Members: $0.00 Non-Members: $34.95
- Zeroing in on A1C Targets: Pinpointing Optimal Basal Insulin in T2DM (Recorded 10-25-17) (1.5 hours) Members: $0.00 Non-Members: $34.95

AADE18 Baltimore, Maryland August 17 – 20, 2018

SAVE THE DATE!

Kentucky Statewide Diabetes Symposium 2018

Tentative Date and Place:
November 2, 2018
Marriott East—Louisville, KY

Nurses, Dietitians, and Pharmacists earn continuing education.
Certified Diabetes Educators earn hours toward certification.

Mark Your Calendar Now
Don’t Miss It!

Contact: Julie Shapero or Janice Haile julie.shapero@nkhealth.org or janice.haile@ky.gov.
The Kentucky Diabetes Network (KDN) is a network of public and private health care professionals and advocates 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).

KDN 2018 Meeting Dates Coming Soon!
10 am - 3 pm Eastern

Register for a KDN Quarterly Meeting online:
www.kydiabetes.net

The Kentucky Association of Diabetes Educators (KADE), (covers Lexington and Central Kentucky), meets quarterly (time & location vary). For a schedule or more information, go to www.kadenet.org or contact: Dee Deakins Sawyer dee.deakins@uky.edu or Diane Ballard dballard@kyde.com.

Rsvp Needed For All Events www.kadenet.org

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.

Kadenet Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), (covers Western KY / Southern IN / Southeastern IL) meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education. To register, email Merritt Bates-Thomas at: merritt.bates-thomas@grdhd.org or call 270-686-7747 ext. 3018.

- 01-25-2018 — Quarterly Program / Meeting
  (Snow Date 2-22-18)
  Madisonville, KY
- 04-19-2018 — Quarterly Program / Meeting
  Jasper, IN
- 07-19-2018 — Quarterly Program / Meeting
  Paducah, KY

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 or email: doctor_broadstone@Hotmail.com

Endocrinologists Meetings Scheduled

The Kentucky Prescription Assistance Program (KPAP) and the Health Care Access Hotline can connect Kentuckians to free or reduced cost prescriptions for many illnesses, conditions, and diseases, including mental health. Eligibility is set by drug manufacturers and discount pharmacy programs. Even those with insurance may be eligible.

Call: 1-800-633-8100
Visit: http://chfs.ky.gov/dph/info/dpq/KPAP.htm

Learn About CDC’s National Diabetes Prevention Program
NEED A KY DIABETES RESOURCE?

Kentucky Diabetes Resource Directory

Update your entry information

https://prd.chfs.ky.gov/KYDiabetesResources/

Contact Information

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

KADe - Local Networking Group of AADE
www.kadene.org

JDRF: Improving Lives, Curing Type 1 Diabetes
www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397

Tri-State Association of Diabetes Educators
www.louisvillediabetes.org

Kentucky Diabetes Network, Inc.
www.kydiabetes.net

American Association of Clinical Endocrinologists
Ohio River Regional Chapter

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