



DIABETES EDUCATOR Update

Spring 2010

A publication of the Greater Atlanta Association of Diabetes Educators (GAADE)

GAADE Web address:
www.atlantadiabetes.org

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Toolbox Tips for Children

Anne Peterka, MS, RD, LD, CDE
Children's Healthcare of Atlanta

Publications: Kids are not just "little adults". They respond to bright, colorful stories and hands on based education in short segments.

A good example is "Being Healthy Rocks" developed by the International Diabetes Center to help educators and parents guide kids and families toward a healthier lifestyle.

It can be used for children:

- With or at risk for Type 2 diabetes
- Weight control
- Emotional problems related to food
- A motivational tool, focusing on the behaviors that help improve health, self-esteem and well-being

A guide is included that offers tips and directions with the intent to have fun, connect with the kids and give them a reason to want to be there.

"Being Healthy Rocks" starts by

acknowledging that everyone wishes they were different in some way and that we can change our health habits and feel good about who we are. The story includes multiple parts:

- "Get into the Action!"- Ways to increase fun physical activity and decrease screen time. (Tip: Award extra screen time with additional activity).
- "Healthy Food Gauge" - An assessment and teaching tool to talk about portions and how to make wiser food choices
- "Hunger Gauge" - Help kids learn how to recognize hunger cues and full as different from visual cues to connect them to making proper choices about eating.
- "Helping Hand Servings per Day"- Help kids learn what and how much they currently eat and how to use this "helping hand" measuring tool to estimate proper portion sizes.
- "My Food and Activity Record" -This tool works as incentive to making healthier choices. Ask kids to fill in the record for something eaten that day.

MESSAGE FROM THE PRESIDENT

Linda Lowey, RN,CDE,CWOCN



Major changes are planned for the structure of AADE and GAADE over the course of this year. In the 2009 Member Survey it was found that members would like more opportunities to connect locally as well as to be able to access resources and people 24/7. Chapters have been asking for more help to run their groups. Some chapters have been struggling to find new volunteers to run for office and to have new member involvement. Mariner Management & Marketing conducted a series of research surveys. Results of their research surveys led the AADE Board to create MY AADE NETWORK. This new model will reduce administrative duties and loosen board structure requirements.

My AADE NETWORK will consist of diabetes educators working together at the local, state, regional and national level to achieve AADE's mission and vision. With help from AADE, each state or region will have a network of members who coordinate professional education, networking, mentoring, public awareness, outreach, and advocacy.

A private social networking site will be at the core. This member only online portal will provide a way to talk to others about issues, share ideas, photos and stories, ask questions, and create instant meet-ups.

Activities will be coordinated through local networking groups and state or regional coordinating bodies. A Coordinating Body will be the hub for activity in the state or region. The Leadership Team, which will vary in size from 3-7 people based on the need of the Coordinating Body, will coordinate resources and programs within the area.

AADE will support the Coordinating Body by providing technology, training, and access to national staff for advice and resources for the Leadership Team.

Local networking Groups will form based on convenient geographical areas. The mission will be to serve as channels through which members help members. These groups will have minimal structure and draw resources and assistance from the state coordinating body. They will be led by one or more volunteers.

Each state will have the flexibility to focus on educational needs and

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MESSAGE FROM THE PRESIDENT (continued)

issues appropriate to its area.

AADE will provide:

- All financial services including banking and accounting
- Accounting reports to assist leaders in planning and decision-making
- A volunteer management

system that will provide training and development for volunteers and a portal through which volunteers can interact with their peers around the country.

For more information about MY AADE NETWORK visit the AADE website.

MESSAGE FROM THE EDITORS

“More important than the curriculum is the question of the methods of teaching and the spirit in which the teaching is given”.
—Bertrand Russell (English Philosopher 1872-1970)

As diabetes educators most of us follow a diabetes self management education curriculum to cover the core concepts needed to effectively understand and manage diabetes. While there are many tried and true diabetes curricula that thoroughly cover the spectrum of content needed, a curriculum is only as helpful as the educator that presents it. What makes a teaching encounter effective and empowering is the relationship forged between the educator and the students and the tools and techniques used to convey the important concepts. In this issue

of the Diabetes Educator Update, you will hear from a variety of educators about some tools and tricks that are used to make diabetes education teaching transcend didactic methods to truly impact the learners served.

Sandy Gillespie, Lois Vergis, and Janine Freeman remind us of some oldies but goodies that have stood the test of time such as the plate method, and the coke bottle demo. In her article entitled “*A Pharmacists Toolbox*”, Christina Wheeler, RPh shares two of her most effective teaching tools to talk about medications and insulin action. With many programs expanding to address diabetes prevention with youth, the article *Toolbox Tips for Children* shares great resources, many of them free to address this growing high risk population. Teaching persons

with diabetes problem solving skills is often cited as important as understanding basic diabetes concepts. Idie Clement, RN, CDE discusses a strategy for group problem solving that can help participants practice and anticipate behavior change challenges.

In closing, it is vital for us to continually learn new information, new resources, and new tools that can benefit the people that we serve. There is so much to learn from one another. So borrowing the words of the great Michael Angelo, say to yourself, “I am still learning”.

Sarah Piper, on behalf of the Publications Committee

Toolbox Tips for Children... from page 1

- “Family Guide and Goal Setting” agreement. -Help kids set small, achievable, measureable behavior change goals.

- “Kids Activity Pyramid” - Useable sheet helps kids identify different kinds of activity and set written goals to achieve the recommend activity per day. (separate publication)

National Diabetes Education Program Publication;

www.YourDiabetesInfo.org

1-888-693-NDEP (6337) (English and Spanish) A treasure of diabetes information and resources. *

The following are easy-to-read tip sheets contain the basics of either reducing risk or managing diabetes for children and teens. Many publications list additional resources. (First 25 copies are free.)

- Tips for Kids: How to Lower Your Risk for Type 2 Diabetes (NDEP-98)

- Tips for Teens: How to Lower Your Risk for Type 2 Diabetes

(NDEP-87)

- Tips for Teens with Diabetes: What is Diabetes? (NDEP-63); Be Active (NDEP-64); Stay at a Healthy Weight (NDEP-65); Making Healthy Food Choices (NDEP-66); Dealing with the Ups and Downs of Diabetes (NDEP-81)

- Move It! And Reduce Your Risk of Diabetes School Kit (NDEP-91) Designed for school; it may be adapted to community and clinical settings. Contains posters, fact sheets and resources.

- Physical Activity Music CDs: Step by Step: Moving Towards Prevention of Type 2 Diabetes (CD/DVD) (NDEP-93); Spanish version: Movimiento Por Su Vida (Movement for Your Life) (CD/DVD) (NDEP-62CD) One copy is free.

* All DNEP products are in the public domain and copyright-free.

Homemade Hints: Many parents are unaware of the volume of liquid sugars (drinks,

including juices) and sugared cereals kids eat. Visual aids to demonstrate measurement are very revealing.

- Liquids: 3 glasses (4 oz. juice glass, 8 oz. and 16 oz.)

- Cereals: Plastic baggies filled with portion servings (Ex: 1 cup, 1½ cups, 2 cups) comparing carbohydrates in unsweetened and sweetened cereals.

Web Sites:

- www.rd411.com – Large array of nutrition information resources which are free, downloadable and peer reviewed.

- www.nhlbi.nih.gov/portion - Portion Distortion visual reality quiz and slide sets to show how food portions have changed over the years.

- www.myfamilyhealthspot.org Newsletter, recipes, games and activities. Log food and exercise, track weight and BMI.

Toolbox for Encouraging Physical Activity

Charlotte Hayes, MMSc,
RD,CDE

Janine Freeman, RD,LD,CDE

In the good old days many diabetes programs included an exercise specialist/physiologist, so the rest of the team could focus on other aspects of self-management. Today most diabetes educators don't have the luxury of such expertise in their fiscally lean programs and must take on the responsibility of communicating the role of exercise/physical activity in diabetes self-management. Of course, referral to an exercise specialist is always an option and recommended when feasible.

The most important message to convey is that most people with diabetes need to engage in regular physical activity. The potential for complications is not a barrier to exercise. The current physical activity guidelines recommended for adults are 150 minutes/week of moderately intense exercise or 75 minutes/week of vigorous exercise (www.health.gov/paguidelines/). This breaks down to 30 minutes 5 days/week. Some patients will need to start at 10 minutes/day and increase by 3-5 minutes each week until they are able to achieve the 30-minute goal. In addition, the ADA recommends that in the absence of contraindications, people with type 2 diabetes should be encouraged to perform resistance training three times a

week.

Anyone teaching patients about exercise/physical activity needs certain items in their educator's toolbox to assist them. Demonstrating is an important aspect of promoting physical activity. Purchase a few pieces of equipment to allow patients to touch and feel. Showing gentle stretching movements is very helpful. References are available to visually demonstrate the correct method of stretching and performing various exercises (see below).

Toolbox:

- Light hand-held weights (2-3lb)
- Exercise bands (inexpensive from sporting goods stores)
- Exercise videos (arm chair exercises such as "Chair Aerobics for Everyone")
- Pedometer – recommend a reliable device such as a DigiWalker and show patients how to put it on. Use guidelines on setting realistic goals (America on the Move)
- Fitness/exercise centers for referral – investigate resources available in your community such as cardiac rehab, hospital-based fitness programs, YMCAs, exercise classes, multipurpose county-funded senior centers
- Suggestions for public walking/biking areas – investigate

safe areas to walk such as The Path at Chastain Park, Chattahoochee Nature Center, Silver Comet Trail

- Recommend a dog – a great motivator to get outside twice a day and walk, rain or shine

References:

- America's Walking: The 20% Boost Program: Fit Walking into Your Life
www.pbs.org/americaswalking/health/health20percentboost.html
Discusses how to get a pedometer.
- America on the Move: promotes use of pedometer to increase physical activity. Register as HCP and download materials to share with your patients.
<http://aom3.americaonthemove.org/get-active.aspx>
- 2008 US Physical Activity Guidelines for Americans:
www.health.gov/paguidelines/
- American Diabetes Association Clinical Practice Recommendations 2010. Diabetes Care, Vol 33, Supplement 1, January 2009, page S26.
- Small Steps, Big Rewards: Your Game Plan to Prevent Type 2 Diabetes – National Diabetes Education Program (NDEP). Free booklet and downloadable handouts include guidelines for walking and using a pedometer

http://ndep.nih.gov/media/GP_Booklet.pdf

- ACSM Fitness Book by American College of Sports Medicine, 3rd Edition
- The American Diabetes Association's "I Hate to Exercise"

Book for People with Diabetes, 2nd Edition, by Charlotte Hayes

The goal is to help the patient understand that small, incremental increases in physical activity add up over time and lead to improved health and fitness. Small successes

build self-confidence and an "I can do it!" outlook when it comes to *being* physically active.

Toolbox for Overcoming Language Barriers

Audrey Dean, MS, RD,LD,CDE, RN, CDE

Good Samaritan Health Clinic

Delivering effective diabetes education, with very limited financial resources and language barriers, requires dedication and a lot of hard work from our bilingual volunteers.

Our bilingual staff is willing to give a quick few minutes but we compete with their many job duties. The result is a resistance to diabetes education due to the complicated concepts and time required. We are currently using volunteer resources such as churches, colleges and individuals who are seeking bilingual clinical experiences. (Part of our mission is to mentor and train students and volunteers.) Many of them have minimal experience in diabetes or even healthcare, so there is more

orientation and training initially.

To facilitate the orientation and training we're in an ongoing process of developing a trilingual diabetes practice guide (English, Spanish and Portuguese). It includes a glossary, assessment questions and education scenarios to train the volunteer. The preparation and practice helps the volunteer gain experience and confidence as well as maximize efficiency during the patient visit. Volunteer feedback is an integral part of the process which engages their active participation. They share and gain knowledge from each other while improving our bilingual resources on the various regional and subculture differences. At times, when neither staff or volunteers are available, the educator can use portions of the practice guide to facilitate an abbreviated communication or assessment.

We also set aside one morning each week, exclusively for diabetes patients to have scheduled volunteer interpreters. The same interpreter will facilitate the patient communication through several provider appointments, all in the same morning.

For educational handouts, volunteers assist with the online search for ones already available (i.e., NDEP and California Pacific Medical Center have Spanish handouts). If nothing is available on a specific topic, some of the more skilled volunteers translate written materials. In addition, volunteers are working to compile a library database of educational materials to eliminate duplication or conflicting materials among different departments in the clinic.

Oldies but Goodies

Sandy Gillespie, RD,LD,CDE

Janine Freeman, RD,LD,CDE

Lois Vergis, MS, RD,CDE

Reach down into your toolbox for old standbys; take them out, polish them up and give them another go.

The coke bottle demo consists of an empty 10 or 12 oz. coke bottle filled with sugar corresponding to the carb count of a regular coke (9 teaspoons for a 12 oz. size). The visual impact of that amount of sugar gets your patient's interest in a hurry. Some folks consume up to six regular cokes a day. That's equal to half a cup of sugar! This may get them to switch to diet cokes.

The plate method is still one of the simplest, least expensive, and most effective ways to teach portion control and healthy eating. Take a styrofoam or sturdy paper plate and draw a line through the middle with a black permanent marker. Draw another line dividing one half into quarters. Fill $\frac{1}{2}$ the plate with non-starchy vegetables, $\frac{1}{4}$ with a starch, $\frac{1}{4}$ with lean meat, poultry or fish. Use food models or colorful items cut from cooking magazines or seed catalogues to fill the plate. Tell your patients, "The more

color on your plate, the healthier it is."

Glucose Wands illustrate the difference between a normal A1C and an elevated A1C. You can find them at www.ideabetes.com/products.html#wands

Label Reading

Collect a variety of food package labels to teach about label reading and carb counting, fiber and sugar alcohols

Carb Counting

Use a clock for a simpler way of teaching carb counting. Every 15 minutes of the clock represents 15 grams, 30, 45, and 60 grams of carbohydrate)

Stories:

Sometimes a simple story can make a point better than a drawn-out explanation. Years ago a man requested that I tell his story to my patients when we discuss hypoglycemia.

A young man with type 1 diabetes goes out with friends for a couple of drinks. He forgets to: eat, check his blood sugar, wear an ID bracelet or carry carb sources with him. You get the picture? The young man drives home alone and

his BG starts to drop. He gets confused; he weaves all over the road, gets pulled over by police and arrested for DUI. At the police station, someone finally figures out what is going on with the young man and gives him a regular coke. What's the take-home lesson from this story?

Resources:

- Choose Your Foods: Exchange Lists for Diabetes
<http://store.diabetes.org/>
- My Food Plan (and My Food Plan Made Easy)
www.parknicollett.com/healthinnovations
- Eating for People with Diabetes (very visual, 3rd grade reading level)
www.parknicollett.com/healthinnovations

Freebies:

- Download printable diabetes educational handouts for patients written by RDs on a variety of topics including carb counting (Ready, Set, Start Counting), insulin management, continuous glucose monitoring, hypoglycemia.
www.dce.org/pub_publications/education.asp
- Check out the Produce for Better Health Foundation Website for free toolkits.

including downloadable fruit and vegetable tip sheets for each season. www.pbhfoundation.org

- Visit the University of Georgia Cooperative Extension Service Web site to obtain sample menus for a variety of calorie levels for “Uptown” or “Down Home”

tastes, as well as other free nutrition publications.

www.fcs.uga.edu/ext/pubs/food.php?category=Diabetes

- Diabetes Conversation Maps (Merck) can be used to teach nutrition management of diabetes.

www.healthyinteractions.com

- Portion Distortion slides from NHLBI to teach portion control. [Portion Distortion Slides](http://hp2010.nhlbi.nih.net/oei_ss/Portion_Distortion_Slides) (http://hp2010.nhlbi.nih.net/oei_ss/menu.htm)

A Pharmacist's Toolbox

Christine Wheeler, RPh

Rite Aid Corporation

Consultation with a patient regarding their medications is a part of pharmacists' every day activities. Normally, the consultation takes place over just a couple of minutes at the pharmacy counter. Diabetes Education offers the pharmacist the opportunity to explain, in detail, how each medication works, its importance to the patient's regimen, and what to expect as each medication works. As a pharmacist and a diabetes educator, I have discovered a few items that help me convey exactly what I want I am trying to say to the patients. The items I will discuss provide visual cues to the patient, which helps with the retention of the information.

The first item that I use with my patients is a trio of bottles depicting various levels of blood glucose. The first bottle is a solution showing the viscosity of a blood glucose level between 80 and 120mg/dl. The bottle contains the solution, which is

very thin and watery, and three Styrofoam balls. The balls move easily through the solution. The second bottle depicts blood glucose of 121 to 200mg/dl. As expected, the balls have a more difficult time moving through the solution. The final bottle in the set depicts blood glucose over 250mg/dl. The solution is very much like syrup. The three balls take fifteen to twenty seconds to appear at the top when the bottle is turned over. Visually showing a patient what their blood looks like has great impact on their understanding of why their blood vessels and heart have such a tough time when their blood sugar is high.

The next item that helps me explain diabetes and how medications will work is a tear pad from Sanofi-Aventis pharmaceuticals entitled “Go Insulin”. This tool shows how glucose and insulin move through the blood. It also shows what happens when insulin resistance occurs. Using these illustrations I am able to explain how metformin helps insulin “unlock” the cells to let the glucose move

from the blood into the cells to provide energy. I can also explain that, without the metformin, it takes a great deal more insulin to force the glucose into the cells. A third thing this tool allows me to do is to explain how a sulfonylurea makes the pancreas produce more insulin to move the most glucose out of the blood and into the cells as possible. Finally, again with this tool, I can point out to the patient that if all this glucose is in their blood there is very little room left for red blood cells with oxygen.

These are only two of the items I have in my tool kit. However, I find that they are two of the most important and they impact everyone that sees them. The opportunity to do more than a one to two minute counsel for a patient is exhilarating as a pharmacist. Most importantly, the tools we choose to deliver the presentation can really make a difference in the patient's understanding, and ultimately, the patient's quality of life.

Diabetes Tools

Idie Clement, RN, CDE
Piedmont Hospital Diabetes
Resource Center

- Cost cutting ideas: buy strips in 100 count boxes and use mail order; it is 6-7 cents cheaper per strip
- Shop in bigger stores, more quantity, less expensive
- Be wary of free meters. The cost of strips may be high.
- Make sure you have checked with your insurance, so you use the preferred meter and have less of a copay.
- Check with your physician to see if you can use a generic for any of your diabetes medications. Some do not have a generic substitute.
- Remember you do not need alcohol pads for your fingers when testing blood glucose. Soap and water are fine (and preferred, less drying to skin.)
- If re-using needles do not wipe off needle with alcohol, it removes coating that makes injections less painful.
- If patient has poor dexterity, avoid strips, which are individually wrapped, or packed

tightly into small vials.

- Avoid vinyl or plastic shoes, they do not stretch or breathe. Choose leather, suede or cotton.
- Check shoes and socks before putting on.
- Keep a hand-held mirror in the bathroom to check feet.

To help with behavior change during a class discussion, try using a handout for problem solving. Develop a chain of events and trouble shoot on how you could have done things differently to change a habit. For example:

Sarah's Action Chain

1. Didn't eat lunch
2. Boss was critical
3. Sarah felt stressed and anxious
4. Came home tired, upset, and hungry
5. Went right to the kitchen
6. Saw cookies on counter
7. Ate cookies

Brainstorm Sarah's

Options

1. Pack lunch
2. Talk to her boss about solving problems at work, take a break or get support from a co-worker
3. Go for a walk after work to unwind
4. To avoid the kitchen, enter the house through a different door. Make a plan on what to do the minute you get home from work; go out to the yard, open mail, etc.
5. Don't buy cookies. Keep cookies out of site, keep fruit in sight.

Have the participants discuss the options, and choose one that would be most likely to work for them. This could be a good problem-solving activity for a behavior change class.

Obviously, there are always tips and advice we can offer our patients and each other. Since having diabetes take a lot of effort, planning and thought, it is important to be practical and think in terms of real life to help make their lives as easy

Upcoming Events 2010

May 16	ADA Tour de Cure Tyrone, GA	Aug 4-7	AADE Annual Meeting San Antonio, TX
May 24	GAADE Membership Meeting at Wellstar Development Center	Sept. 25	ADA Atlanta Step Out Grant Park
May 27-30	ADA 25th Annual Southern Regional Conference Marco Island, FL	Sept. 27	GAADE Membership Meeting
June 25-29	ADA Scientific Sessions Orlando, FL	Nov 6-9	American Dietetic Assoc. Food & Nutrition Conference & Expo Boston, MA
July 26	GAADE Membership Meeting		

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