

# DIABETES NEWSBEAT



Nebraska Department of Health and Human Services \* Diabetes Prevention and Control Program

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The Nebraska Diabetes Prevention and Control Program (NDPCP) is a Centers for Disease Control and Prevention grant funded program designed to help reduce the burden of diabetes in the State of Nebraska. The NDPCP works in partnership with the American Diabetes Association (ADA) and local community and healthcare groups statewide to provide education and assistance with minimizing health problems which may result from diabetes. The NDPCP focuses on prevention through education.

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## IS YOUR PANTRY SUFFERING FROM STICKER SHOCK?

(March 31, 2008) - ADA

Prices for food staples such as wheat, eggs, milk and rice have increased substantially in the last year, leaving many to wonder how to affordably plan their next shopping trip. If you or a loved one has diabetes, you know the importance of stocking a well-balanced pantry and eating healthy foods to maintain good diabetes control.

So how do you plan healthy menus for you and your family without breaking the bank? According to the American Diabetes Association (ADA), it is a common misconception that a healthy diabetes meal plan must be costly and consist of high-priced specialty foods.

"Eating well and spending less are not mutually exclusive," commented Ann Albright, PhD, President, Health Care & Education, American Diabetes Association. "In fact, healthier foods can actually save you

money by reducing portion sizes and buying fewer high-calorie, high-priced foods."

The ADA offers these tips to save money and help cost-conscious consumers navigate the grocery store shelves:

- \* Boneless cuts are often better buys, since you are not paying for the weight of the bone. Think of cost per edible serving rather than cost per pound. Turkey has 46% edible meat per pound, while chicken has 41%.

- \* There is no nutritional difference between brown and white eggs. Choose white eggs since they cost less.

- \* Vegetables frozen in butter sauce cost twice as much as plain frozen vegetables and they have more calories.

- \* Instead of buying small containers of yogurt, buy a quart and separate it into 1-cup servings yourself.

- \* Avoid individually packaged snacks. Reap significant savings with a do-it-yourself approach.

- \* Price fruits with an eye on the cost per edible serving. If you are paying by the pound, you will be paying for the inedible seeds and rinds.

- \* If fresh fruit is too expensive, buy frozen or canned fruit packed in water. If you buy fruit canned in syrup, rinse it before eating.

- \* Use nonfat dry milk for drinking, cooking and baking. It is inexpensive and has a long shelf life.

- \* Make your own cooking spray by putting vegetable oil in a spray bottle.

- \* Cook your own hot cereal to save money. Regular or quick-cooking oats are much less expensive than instant oats.

- \* Dry beans triple in volume when they are soaked and cooked. A 1-pound bag will make six 1-cup servings.

- \* The costs of special "dietetic or diabetic" foods are high and not necessary.

For more tips and recipes, visit [www.diabetes.org](http://www.diabetes.org) or call 800-DIABETES.

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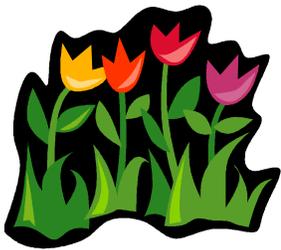
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## DEPRESSION AND DIABETES

Depression is about twice as common among people with diabetes than the general population, affecting at least 15% of people with diabetes.

While depression in and of itself is a problem if left untreated, depression can also have a negative impact on diabetes self-management, blood glucose control, and cause other complications. If you are feeling depressed, be sure to tell your health care provider. There are steps you can take to feel better.

There is not just one cause of depression. It is a complex disease that can occur as a result of a multitude of different factors, including biology, emotional and environmental influences. For people with diabetes, depression can develop as a result of the lifestyle adjustments they have to make to control their diabetes. Managing diabetes can be stressful and time consuming and the dietary restrictions can make life less enjoyable.

There are several warning signs of depression, including:

- Sadness
- Anxiety
- Irritability
- Loss of interest in activities once enjoyed
- Withdrawal from social activities
- Inability to concentrate
- Insomnia (difficulty falling and staying asleep)
- Excessive feelings of guilt or worthlessness
- Loss of energy or fatigue
- Changes in appetite
- Observable mental and physical sluggishness
- Thoughts of death or suicide

If you (or someone you love) has diabetes and show signs of depression, tell your doctor immediately. There are treatments that can help you feel better.

There are no laboratory tests to specifically diagnose depression. The diagnosis is based on reported symptoms – including any problems with functioning caused by the symptoms.

Depression in people with diabetes has been successfully treated with tricyclic antidepressants. These drugs work by increasing the levels of norepinephrine and serotonin, neurotransmitters in the brain that help nerve cells communicate with each other. If these chemicals are out of balance or not working properly, messages may not make it through the brain correctly, leading to symptoms of depression. Tricyclic antidepressants work by correcting the balance of these chemicals.

Counseling, or psychotherapy are also often beneficial for those suffering from depression. Meeting with a support group can help too.

The outlook for people with depression who seek treatment is very promising. By working with your doctor or a qualified and experienced mental healthcare professional, you can regain control of your life. *From WebMD, September 01, 2006*



## Spring into Action: Make Exercise a Part of Your Life

By Ricci Rathbun-Nisley, M.S.

Exercise Physiologist

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**“Those who do not exercise will have to find time for illness.” – Old Proverb**

With all of the technology of today’s world, it’s easy to find time to be *less* active. Riding mowers, dishwashers, leaf-blowers, intercoms, escalators, computers, remote control everything, elevators, video games, even automatic toilet flushers! All of these things are appreciated for their convenience and efficiency. Unfortunately, the key to a healthy lifestyle is physical *inefficiency*. We all know that the Surgeon General recommends that, “Every adult in the U.S. should accumulate 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week.” However, the thought of finding the time to exercise for 30 minutes may seem overwhelming to you. But now you can take a breath of fresh air. It has been proven that intermittent 10-minute bouts of exercise that total 30 minutes of activity throughout the day still offer health benefits. Random bouts of activity, such as yard work, household chores, a short walk at lunch, or taking the stairs can all add up to the necessary amount, and you don’t even need to break a sweat. Some suggestions for getting more activity into your day are:

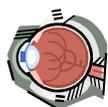
- \*Wake up 10 minutes early and do chair weights before work
- \*Walk and/or take the stairs for 10 minutes during your lunch break
- \*Spend 10 minutes after work doing housework or take a walk
- \*Get up during commercials and walk to the mailbox and back

If you are unable to start with 10-minute bouts of activity, begin with 5-minute bouts. Something is better than nothing. If you are already getting 30 minutes of activity on most days of the week, think about either increasing your time or intensity to get the added heart-health benefits.

Remember, every time you start to think about ways to be physically efficient in your day (i.e., make one trip to the copy machine instead of two), try to be, instead, physically inefficient. Make two trips, park farther away, take the stairs. All of those steps and all of that time add up. Soon, physical activity will be as automatic for you as taking a daily spring shower.

### When was the last time that you visited the eye doctor?

An annual visit to an ophthalmologist or optometrist is recommended by the American Diabetes Association to detect retinal changes that can occur as a result of diabetes.



Check out pages 4-5 for more information on eye health!



# Eye Disease Management

## *Healthy Eyes are the Essence of a Healthy Life*

March is National Save Your Vision Month.

### FOR IMMEDIATE RELEASE

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NEBRASKA OPTOMETRIC ASSOCIATION

***With life expectancy figures continuing to climb, managing eye disease is essential for people to maintain healthy, happy and productive lives. By performing a comprehensive eye exam, a doctor of optometry can successfully detect the diseases listed below and treat them in conjunction with other health care providers.***

**Age-Related Macular Degeneration (AMD)**, the leading cause of blindness in the United States, is caused by deterioration of certain cells in the macula, a portion of the retina located at the back of the eye that is responsible for clear, sharp vision.

**Symptoms:** A painless and gradual loss of ability to see objects clearly, distorted vision, a gradual loss of color vision and a dark or empty area appearing in the center of vision.

**Cause:** Not certain, but could be attributed to lack of certain vitamins and minerals to the retina; circulation breakdown to the retina; excessive levels of cholesterol or sugar in the diet; hypertension; excessive exposure to ultraviolet light; and heredity.

**At High Risk:** AMD is high among Caucasians ages 65 to 74 (*11 percent*); women tend to get the disease more than men.

**Cataracts**, caused by chemical changes in the lens, will cloud all or part of the normally clear lens within the eye. Cataracts are the leading cause of vision loss.

**Symptoms:** Blurred or hazy vision; appearance of spots in front of the eyes; increased sensitivity to glare or the feeling of having a film over the eyes.

**What You Can Do:** Avoid smoking and over-exposure to sunlight. Cigarettes and ultraviolet (UV) light produce free radicals and may play a role in cataract development, according to researchers at the Mayo Clinic.

**Good News:** More than 95 percent of people who have cataracts removed end up with better vision.

**At High Risk:** About half of Americans between the ages of 65 and 75 have cataracts to some degree.

**Diabetic Retinopathy** can weaken and cause changes in the small blood vessels that nourish the eyes of people with diabetes.

*Symptoms:* Early stages of diabetic retinopathy may cause blurred vision or may produce no visual symptoms at all. As the disease progresses, individuals may experience cloudiness of vision, blind spots, or floaters.

*What You Can Do:* Monitor diabetes through diet and exercise under a doctor's supervision. Inform your doctor of optometry that you have diabetes and schedule an annual dilated eye examination to detect changes in the retina or optic nerve.

*Good News:* Early diagnosis and timely treatment have been proven to prevent vision loss in more than 90 percent of patients. However, an estimated 50 percent of patients are diagnosed too late for effective treatment.

*At High Risk:* African-Americans are 1.7 times more likely to have diabetes than Caucasians, according to the American Diabetes Association.

**Glaucoma**, one of the leading causes of blindness in the United States, is the result of a build-up of pressure in the eye, resulting in damage to the nerve fibers, optic nerve, and blood vessels in the eye.

*Cause:* The most common type of glaucoma develops without symptoms, gradually and painlessly. A rare form occurs rapidly and its symptoms may include blurred vision, loss of side vision, seeing colored rings around lights and pain or redness in the eyes.

*What You Can Do:* Individuals over 40 or those who have a family history of glaucoma should schedule an annual comprehensive eye examination.

*Good News:* If detected early, glaucoma can be controlled. However, at least half of the people who have glaucoma are not receiving treatment because they are unaware of their condition. If glaucoma is not detected, it can lead to permanent vision loss.



*At High Risk:* Glaucoma is the number one cause of vision loss in African-Americans.

*The Nebraska Optometric Association represents over 200 doctors of optometry throughout the state and offers its members opportunities for quality post-graduate education, a forum for communication and cooperation, and the promotion of professional optometry within the state. Its members provide complete primary eye care services, including diagnosis and treatment of eye and vision conditions.*

*Sources: The American Optometric Association; The U.S. Health and Human Services Department; and MayoClinic.com.*

**Nebraska Optometric Association website: <http://www.noaonline.org/>**

## HEALTHY DESSERTS FOR YOUR DIABETES DIET

Can I really have chocolate mousse pie or banana split cake?

**YES!!!** You don't have to give up desserts if you have diabetes. It's true that life changes in many ways with a diagnosis of diabetes, but your diet does not have to be dull and devoid of pleasures. Depriving yourself can actually backfire. If you are too restrictive and don't allow yourself any sweets or favorite foods, you can get frustrated and go on binges. But you can work out a balance and allow for tasty but healthy desserts in your meal plan, especially when you work with a diabetes educator.

So here are some suggestions for the next time your sweet tooth calls you. Try to have some of these items on hand so you can be ready when the craving hits!

- ~No-sugar hot chocolate with a sprinkle of cinnamon.
- ~A parfait made with sugar-free pudding and alternating layers of fresh fruit and sugar-free whipped topping.
- ~Sugar-free gelatin made with fresh fruit or canned fruit packed in light or extra-light syrup.
- Other fruit treats:

**Melon Salad** made with 3 cups of cubed cantaloupe and 3 cups of cubed honeydew melon. Sprinkle with 1 tablespoon chopped mint leaves and 1 tablespoon honey. Toss gently. Makes 6 servings.

**Fruit Salad with Yogurt Dressing** made with cups sliced strawberries, 1 cup of blueberries and 2 cups of green grapes. Dress with ½ cup plain, fat-free yogurt, 1 tablespoon honey, 1 tablespoon lemon juice and ¼ teaspoon vanilla extract. Makes 5 servings.



And now for that Banana Split Cake and Chocolate Mousse Pie, turn to page 11!

### Diabetes Information



one call

1-888-693-NDEP



one click

www.YourDiabetesInfo.org

Your Source for Free  
Diabetes Information

A message from the U.S. Department of Health and Human Services' National Diabetes Education Program, a joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.



U.S. Department of  
Health and Human Services  
Small Step Health Tips...

Small Step #20: Do yard work



## WHAT ABOUT THOSE CROCS?

You probably can't go anywhere these days without seeing people wearing "crocs" – those clog-like shoes in bright colors. They seem to be an up-and-coming trend for all age groups and all walks of life.

Where did they come from? They were originally produced in Canada in 2002 and were intended as footwear for boating because of the nonslip tread and somewhat waterproof tendencies. The American manufacturers added a strap and gave them a little flair.

Are they really good for our feet? They are certified by the U.S. Ergonomics Council and the American Podiatric Medical Association (which means they have been found to be beneficial in promoting good foot and ankle care.) There is even an RX line created with healthy feet in mind: Croc Relief, Croc Cloud and Croc Silver Cloud. According to the manufacturer they were designed specifically to eliminate plantar pain and achy feet. He states that they also help people with injured feet, bunions, hammer toes and diabetes. There is a lot of inner support, heel cups and massaging heel nubs, and arch support.

Some doctors, such as Harold Glickman, DPM and former president of the American Podiatric Medical Association (APMA), are even recommending them to patients with foot problems. They are especially light and have huge toe room which affords the front part of the foot a lot of space. The RX Crocs are lined with antibacterial material to prevent fungal and bacterial infections. These two properties offer added protection for people with diabetes who are at higher risk for open sores and wound infection. Dr. Glickman also recommends trying Crocs instead of flip-flops because they offer more protection and comfort. Flip-flops are another trend seen almost everywhere but they don't provide much arch support and are open-toed, allowing more opportunity for injury.

Other healthcare professionals question the medical value of crocs, stating that even though they offer more positive attributes than negative they get overused by people who need more support. They are deemed by some to be not as good as an orthotic or a medical-type shoe. And although they acknowledge the good points of Crocs, some physicians are waiting

for a clinical trial published in a medical journal before actually recommending Crocs.

Until then, those who love them will continue to enjoy the comfort they find in them, even if only a small majority seem to find them attractive! And it looks like they will continue to be seen almost everywhere, from hospitals to hockey rinks, shopping malls, beaches, amusement parks, schools – apparently providing comfort with every step!

*Summary of article found on WebMD*



**Are you  
checking your  
feet daily for  
changes in  
appearance and  
sensation?**



# If you have diabetes... know your blood sugar numbers!

**T**aking control of your diabetes can help you feel better and stay healthy. Research shows that keeping your blood glucose (blood sugar) close to normal reduces your chances of having eye, kidney, and nerve problems. To control your diabetes, you need to know your blood glucose numbers and your target goals.

## There are two different tests to measure your blood glucose.

1



**The A1C test** (pronounced A-one-C) reflects your average blood glucose level **over the last 3 months**. It is the best way to know your overall blood glucose control during this period of time. This test used to be called hemoglobin A-1-C or H-b-A-1-C.

2



**The blood glucose test you do yourself** uses a drop of blood and a meter that measures the level of glucose in your blood at the time you do the test. This is called self-monitoring of blood glucose (SMBG).

**You and your health care team need to use both the A1C and SMBG tests to get a complete picture of your blood glucose control.**



1-800-438-5383

[www.ndep.nih.gov](http://www.ndep.nih.gov)

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

NIH Publication No. 98-4350

Revised July 2005

## The A1C Test

### The Best Measure of Long-Term Diabetes Control



#### What is the A1C test?

The A1C test is a simple lab test that reflects your average blood glucose level over the last 3 months. A small blood sample to check your A1C can be taken at any time of the day.

#### Why should I have an A1C test?

The A1C test is the best test for you and your health care team to know how well your treatment plan is working over time. The test shows if your blood glucose levels have been close to normal or too high. The higher the amount of glucose in your blood, the higher your A1C result will be. A high A1C result will increase your chances for serious health problems.

#### What is a good A1C goal?

You and your health care team should discuss the A1C goal that is right for you. For most people with diabetes, the A1C goal is less than 7. An A1C higher than 7 means that you have a greater chance of eye disease, kidney disease, or nerve damage. Lowering your A1C—by any amount— can improve your chances of staying healthy.

**If your number is 7 or more, or above your goal, ask your health care team about changing your treatment plan to bring your A1C number down.**

Level of Control	A1C Number
Normal	6 or less
Goal	less than 7
Take action	7 or more

#### If I am pregnant, what is my A1C goal?

Keeping your A1C less than 6 if you are pregnant will help ensure a healthy baby. If possible, women should plan ahead and work to get their A1C below 6 before getting pregnant.

#### How often do I need an A1C test?

Ask for an A1C test at least twice a year. Get the test more often if your blood glucose stays too high or if your treatment plan changes.

#### What about home testing for A1C?

You and your health care team should decide if home testing is a good idea for you. If so, be sure to do the test the correct way and **discuss the results with your doctor.**

## Checking Your Own Blood Glucose



### The Best Test for Day-to-Day Diabetes Control

#### Why should I check my blood glucose?

Self monitoring of blood glucose, or SMBG, with a meter helps you see how food, physical activity, and medicine affect your blood glucose levels. **The readings you get can help you manage your diabetes day by day or even hour by hour.** Keep a record of your test results and review it at each visit with your health care team.

#### How do I test my own blood glucose?

To do SMBG, you use a tiny drop of blood and a meter to measure your blood glucose level. Be sure you know how to do the test the correct way. Also, ask your health care team whether your meter gives the results as plasma or whole blood glucose. Most new meters provide the results as plasma glucose.

#### What is a good self-testing blood glucose goal?

Set your goals with your health care team. Blood glucose goals for most people with diabetes when self-testing are on these charts.

Plasma Values	
Before meals	90 – 130
1 to 2 hours after meals	less than 180

Whole Blood Values	
Before meals	80 – 120
1 to 2 hours after meals	less than 170

#### How often should I check my blood glucose?

Self-tests are usually done before meals, after meals, and/or at bedtime. People who take insulin usually need to test more often than those who do not take insulin. Ask your health care team when and how often you need to check your blood glucose.

#### If I test my own blood glucose, do I still need the A1C test?

Yes. The results of both SMBG and A1C tests help you and your health care team to manage your diabetes and get a complete picture of your diabetes control.

#### Does my insurance pay for the A1C test, self-testing supplies, and education?

Most states have passed laws that require insurance coverage of SMBG supplies and diabetes education. Check your coverage with your insurance plan. Medicare covers most of the cost of diabetes test strips, lancets (needles used to get a drop of blood), and blood glucose meters for people who have diabetes. Ask your health care team for details about Medicare's coverage of the A1C

test, diabetes supplies, diabetes education, and nutrition counseling. For more information, visit the Medicare website at [www.medicare.gov](http://www.medicare.gov).

#### How do blood glucose self-testing results compare with A1C test results?

Here is a chart from the American Diabetes Association to show you how your blood glucose testing results are likely to match up with your A1C results. As the chart shows, the higher your self-testing numbers are over a 3-month period, the higher your A1C result is going to be.

A1C Level	Average self-test glucose numbers (plasma)
12	345
11	310
10	275
9	240
8	205
7	170
6	135

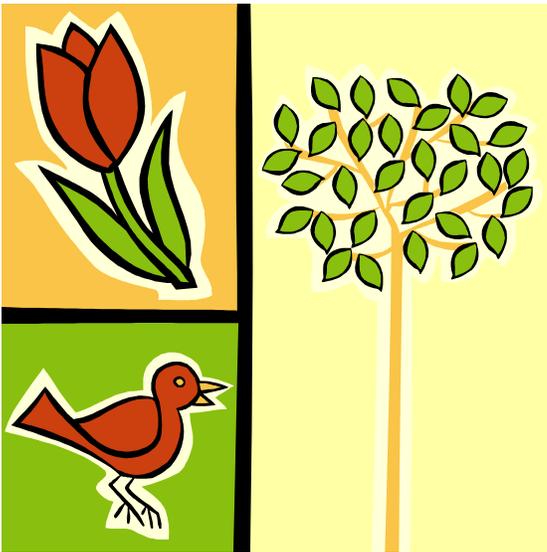
#### What other numbers do I need to know to control my diabetes?

People with diabetes are at high risk for heart attack and stroke. That is why people with diabetes need to control their blood pressure and cholesterol levels as well as their blood glucose levels. Be smart about your heart and take control of the **ABCs of diabetes**: A1C, Blood pressure, and Cholesterol.

## Take Control of Your Blood Glucose.



1. Talk to your health care team about your A1C goals and your SMBG goals.
2. Ask for an A1C test at least twice a year.
3. Ask your health care team what your A1C number is, what it means, what it should be, and what you need to do to reach your A1C goal.
4. Check your own blood glucose as often as needed and go over the results at each visit with your doctor and health care team.
5. To keep your blood glucose under control, eat the right foods in the right amounts. Get regular physical activity as advised by your health care team. Take medicines that have been prescribed for you.
6. Ask your health care team about your blood pressure and cholesterol numbers and what your goals should be.



## *Spring Into Action ~ Become A Healthier You!*

*Care for yourself and respect  
the ones you love by getting  
your yearly health checks and  
living a healthy life.*

***The Every Woman Matters (EWM) Program provides FREE or low-cost yearly health exams to women, ages 40 through 64.***

**Yearly health exams for women with little or no health insurance, including:**

- >Pelvic exam with a Pap test
- >Clinical breast exam
- >Mammogram
- >Teaching of breast self exam
- >Cholesterol check
- >Blood pressure check
- >Blood sugar (glucose) check
- >Education and information for living a healthier life.

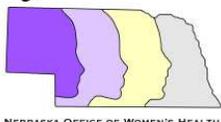
**Colon Cancer screening tests.** If you are a man or woman over age 50, find out which colon cancer test is best for you! Fill out an enrollment form today for the *Nebraska Colon Cancer Screening Program* to find out if you are eligible for program services.

**For more information about the Every Woman Matters Program  
or the Nebraska Colon Cancer Screening Program call  
*1-800-532-2227***

**Or visit our web-site at [www.dhhs.ne.gov/womenshealth](http://www.dhhs.ne.gov/womenshealth)**

***And look for more EWM Program information in future newsletters!***

*Every Woman Matters*



NEBRASKA OFFICE OF WOMEN'S HEALTH



Nebraska Colon Cancer  
Screening Program



## SENSIBLE CHOICES FOR YOUR SWEET TOOTH

The following recipes are excerpts from *Healthy Calendar Diabetic Cooking*, American Diabetes Association.

### *Banana Split Cake*

- 6 ½ graham sheets (two 1 ½ inch squares per sheet)
- 1 ounce sugar-free, instant vanilla pudding mix
- 2 cups fat-free milk
- 8 ounces light cream cheese
- 10 ounces canned, crushed pineapple packed in juice, drained
- 4 medium bananas, sliced
- 8-ounce container light whipped topping
- 3 tablespoons chopped pecans

Cover bottom of 9 x 13-inch pan with graham cracker sheets.

Prepare pudding with the fat-free milk, according to package directions. Add cream cheese to pudding and whip together. Spread over graham crackers. Spread crushed pineapple over the pudding layer and top with bananas. Spread whipped topping over bananas and sprinkle with pecans.

Exchanges: 1 fat, 1 ½ carbohydrate    Makes 16 servings, 156 calories per slice.



### *Chocolate Mousse Pie*

- 1 9-inch prepackaged pie crust
- 1 1.4-ounce package sugar-free, fat-free chocolate pudding mix
- 1 2/3 cups fat-free milk
- 1 8-ounce container fat-free whipped topping, divided
- 2 tablespoons mini semi-sweet chocolate chips

Preheat oven to 400 degrees. Bake pie crust according to package directions.

Remove from oven and cool completely. Whisk pudding and milk. Fold half (4 ounces) of whipped topping into pudding mixture until fully blended. Spread pudding mixture into pie crust and top with remaining whipped topping. Sprinkle chocolate chips on top.

Exchanges: 1 fat, 2 carbohydrate    Makes 8 servings, 194 calories per slice.



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and Human Services

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25-47-00

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E-mail: [diabetes@dhhs.ne.gov](mailto:diabetes@dhhs.ne.gov)

<http://www.dhhs.ne.gov/dpc/ndcp.htm>



### Want To Sign A Friend Up to Receive the Diabetes Newsbeat?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone (Optional) \_\_\_\_\_

I have access to the internet but do not have Email

Patient/Public

Professional

Mail to: Department of Health and Human Services  
Diabetes Prevention and Control Program  
301 Centennial Mall South  
PO Box 95026  
Lincoln, NE 68509-5026  
Attn: Newsletter Mailing List