

Diabetes Newsbeat

Diabetes Prevention and Control Program
Diabetes Newsbeat
Fall 2010

DHHS Kicks Off Campaign FOR DIABETES AWARENESS & PREVENTION

There's just something about this time of year — the kids are back in school, autumn harvest is well under-way, the air is cooler and the days shorter! And let's not forget that Husker football is here again!



diabetes, and part of that plan is to know your risk."

Dr. Joann Schaefer, DHHS Chief Medical Officer, reminds Nebraskans that "Taking the diabetes risk test is free, takes less than a minute and could be the 'wake-up call' to people unaware that they already have diabetes or pre-diabetes".

What other exciting things are going on? Nebraska Diabetes and Prevention Program has partnered with Husker Sports Marketing and the Nebraska Heart Institute, along with diabetes educators and health industry representatives throughout the state, to implement a new campaign, titled 'Defend Against Diabetes - Get a Game Plan' to promote diabetes awareness and prevention.

The message being promoted by the campaign according to Dr. Schaefer is for "Nebraskans to make leading a healthy lifestyle part of their Game Plan for defending against diabetes!"

Spokesperson for the media campaign, Carl Pelini, Husker Football Defensive Coordinator and Coach, urges Nebraskans to find out whether they are at risk for diabetes. "As defensive coordinator for the Husker football team, I know how important it is to know your opponent. That's why I learned the risk factors for diabetes, like being overweight, not eating right, not getting enough physical activity, or having high blood pressure and high cholesterol. We all need a game plan to defend against

Diabetes can be prevented or delayed by:

- Eating healthy
- Achieving or maintaining a healthy weight
- Being active or increasing physical activity

Kathy Goddard, Nebraska Diabetes Program Manager reported that one of the recent campaign activities was to hold a Diabetes Risk Screening Event for the public prior to the Nebraska/Kansas football game on November 13, 210.

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Any portion of this publication may be reproduced for furthering the support of persons with diabetes, their families, and their healthcare providers. We encourage readers to share this newsletter with others and to send the editor comments about its contents.

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 on prevention through education.

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Know and Reduce Your Risk

2009 Behavioral Risk Factor Surveillance System data indicates that about 100,000 or 7.5% of Nebraska adults have been diagnosed with diabetes. An additional 63,000 Nebraska adults have been told that they have pre-diabetes. **About one-third of people with diabetes do not even know they have it.** Many people do not find out they have diabetes until they are faced with serious health problems.

Are you at risk for developing diabetes?

It's important to learn the risk factors for diabetes, like being overweight, not eating right, not getting enough physical activity, or having high blood pressure and high cholesterol, and then **get a game plan to defend against diabetes.** The first part of your game plan should be to **KNOW YOUR RISK.**

Did you know?

If you have a mother, father, brother, or sister with type 2 diabetes, you are at risk for developing the disease. Talking about your family health history may make all the difference when it comes to preventing type 2 diabetes. Although you cannot change your family health history, knowing about it can give you the information you need to work with your health care team to take action on the things you can change.

To find out about your risk, note each item on this list that applies to you and then talk with your health care team about your risk for diabetes and whether you should be tested.

- I am 45 years of age or older.
- I am overweight compared to my height (BMI).
- I have a parent, brother, or sister with diabetes.
- My family background is African American, Hispanic /Latino, American Indian, Asian American or Pacific Islander.
- I have had diabetes while I was pregnant or I gave birth to a baby weighing 9 pounds or more.
- I have been told that my blood glucose (blood sugar) levels are higher than normal.
- My blood pressure is 140/90 or higher, or I have been told that I have high blood pressure.
- My cholesterol (lipid) levels are not normal. My HDL cholesterol ("good" cholesterol) is less than 35 or my triglyceride level is higher than 250.
- I am fairly inactive. I am physically active less than three times a week.
- I have been told that I have polycystic ovary syndrome.)
- I have been told that I have blood vessel problems affecting my heart, brain, or legs.

To Find Out More:

www.defendagainstdiabetes.ne.gov

Eat Healthy

One of the best ways to defend against diabetes is to eat healthy. Knowing what to eat can be confusing. Everywhere you turn, there is news about what is or isn't good for you. Here are some healthy eating tips for your game plan to defend against diabetes:

- Eat lots of vegetables and fruits. Choose fresh, frozen, canned, or dried fruit and 100% fruit juices most of the time. Eat non-starchy vegetables such as spinach, carrots, broccoli or green beans with meals. Eat plenty of veggies like these:
 - * Dark green veggies (e.g., broccoli, spinach, brussel sprouts).
 - * Orange veggies (e.g., carrots, sweet potatoes, pumpkin, winter squash).
 - * Beans and peas (e.g., black beans, garbanzo beans, kidney beans, pinto beans, split peas, lentils).
- Choose whole grain foods over processed grain products. Whole grains can be found in:
 - * Breakfast cereals made with 100% whole grains.
 - * Oatmeal.
 - * Whole grain rice.
 - * Whole-wheat bread, bagels, pita bread, and tortillas.
- Include dried beans (like kidney or pinto beans) and lentils into your meals.
- Include fish in your meals 2-3 times a week.
- Choose lean meats like cuts of beef and pork that end in "loin" such as pork loin and sirloin. Remove the skin from chicken and turkey.
- Choose non-fat dairy such as skim milk, non-fat yogurt and non-fat cheese.
- Choose water and calorie-free "diet" drinks instead of regular soda, fruit punch, sweet tea and other sugar-sweetened drinks.
- Eat less fat. Choose fewer high-fat foods and use less fat for cooking or choose liquid oils for cooking instead of solid fats . You especially want to limit foods that are high in saturated fats or trans fat, such as:
 - * Fatty cuts of meat.
 - * Fried Foods.
 - * Whole milk and dairy products made from whole milk.
 - * Cakes, candy, cookies, crackers, and pies.
 - * Salad dressings.
 - * Lard, shortening, stick margarine, and nondairy creamers.
- Cut back on high calorie snack foods and desserts like chips, cookies, cakes, and full-fat ice cream.
- Use less salt in cooking and at the table. Eat fewer foods that are high in salt, such as:
 - * Canned and package soups.
 - * Canned vegetables.
 - * Pickles.
 - * Processed meats.

Eating too much of even healthful foods can lead to weight gain. Learn what a serving size is for different foods and how many servings you need in a meal.

Where can I learn about making a diabetes meal plan?

Contact a registered dietitian to make a meal plan just for you. Visit the American Dietetic Association Web site to find a nutrition professional that can help you develop a healthy meal plan (www.eatright.org). Visit the American Association of Diabetes Educators to find a diabetes educator (www.diabeteseducator.org). Visit the American Diabetes Association Web site for more information on carbohydrate counting and the exchange method (www.diabetes.org).

Physical Activity

Walking vigorously, hiking, climbing stairs, swimming, aerobics, dancing, bicycling, skating, skiing, tennis, basketball, volleyball, or other sports are just some examples of physical activity that will work your large muscles, increase your heart rate, and make you breathe harder – important goals for fitness.

In addition, strength training exercises with hand weights, elastic bands, or weight machines can help you build muscle. Stretching helps to make you flexible and prevent soreness after other types of exercise.

Do physical activities you really like. The more fun you have, the more likely you will do it each day. It can be helpful to exercise with a family member or friend.

Are there any safety considerations for people with diabetes when they exercise?

Exercise is very important for people with diabetes to stay healthy, but there are a few things to watch out for.

You should avoid some kinds of physical activity if you have certain diabetes complications. Exercise involving heavy weights may be bad for people with high blood pressure, blood vessel, or eye problems. Diabetes-related nerve damage can make it hard to tell if you've injured your feet during exercise, which can lead to more serious problems. If you do have diabetes complications, your health care provider can tell you which kinds of physical activity would be best for you. Fortunately, there are many different

ways to get exercise.

Physical activity can lower your blood glucose too much, causing hypoglycemia,

especially in people who take insulin or certain oral medications. Hypoglycemia can happen at the time you're exercising, just afterward, or even up to a day later. You can get shaky, weak, confused, irritable, anxious, hungry, tired, or sweaty. You can get a headache, or even lose consciousness.

To help prevent hypoglycemia during physical activity, check your blood glucose before you exercise. If it's below 100, have a small snack. In addition, bring food or glucose tablets with you when you exercise just in case. It is not good for people with diabetes to skip meals at all, but especially not prior to exercise. After you exercise, check to see how it has affected your blood glucose level. If you take insulin, ask your health care provider if there is a preferable time of day for you to exercise, or whether you should change your dosage before physical activity, or before beginning an exercise regimen.

On the other hand, you should not exercise when your blood glucose is very high because your level could go even higher. Do not exercise if your blood glucose is above 300, or your fasting blood glucose is above 250 and you have ketones in your urine.



Maintain a Healthy Weight



Reaching and maintaining a healthy weight is important for overall health and can help you prevent many disease and conditions.

Assessing Your Weight and Health Risk

Assessment of weight and health risk involves using three key measures:

- Body mass index (BMI) (www.nhlbissupport.com/bmi/bmicalc.htm)
 - Waist circumference
 - Risk factors for diseases and conditions associated with obesity
- (See: www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/bmi_dis.htm)

For people who are considered obese (BMI greater than or equal to 30) or those who are overweight (BMI of 25 to 29.9) and have two or more risk factors, weight loss is recommended. Even a small loss (between 5 and 10% of your current weight) will help lower risk of developing disease associated with obesity.

When it comes to weight loss, there's no lack of fad diets promising fast results. But such diets limit our nutritional intake, can be unhealthy, and tend to fail in the long run. The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.

Healthy Weight Tip

While some factors like family history are out of your control, you can make positive lifestyle changes to lose weight and to maintain a healthy weight. These include a healthy eating plan and being more physically active.



See Your Doctor



The American Diabetes Association provides standards of medical care for people with diabetes. These guidelines give the most up-to-date information on taking care of your diabetes. Also, the guidelines let you know what to expect from your doctor and health care team.

You should be receiving your diabetes care from a team put together by your doctor. Diabetes is complicated. Your doctor alone cannot be an expert in every area. For this reason, your diabetes care team may include an eye doctor, nurses, and a dietitian. Depending on what complications you have, your doctor may send

you to other specialists as well, such as a foot doctor.

“What's most important is that all aspects of your diabetes be regularly monitored and treated.”

The American Diabetes Association (ADA) advises a **team approach** coordinated by a physician who can be a family doctor or an endocrinologist. What's most important is that all aspects of your diabetes be regularly monitored and treated, says John Buse, M.D., Ph.D., president for Medicine and Science at the ADA and professor at the University of North Carolina School of Medicine in Chapel Hill. This includes diabetes education, lifestyle counseling, regular management of blood glucose and medications, and screening for complications, including eye and foot problems and dental disease. "The key is for the person with diabetes to be well informed and fully engaged in their care," Buse says.

The American Diabetes Association (ADA) recommends people with diabetes see the following specialists:

Doctor to supervise overall care, suggest a maintenance schedule, and refer you to other health-care providers as needed. Endocrinologists specialize in diabetes; if you use a general practitioner, look for one who regularly works with people with diabetes. A nurse practitioner or physician assistant also can provide appropriate care.

Registered dietitian helps you figure out your food needs to control your blood glucose based on your desired weight, lifestyle, medication, and other health goals (such as lowering blood fat levels or blood pressure).

Certified diabetes educator (CDE) to teach you the monitoring and medication skills to manage healthy weight.

Ophthalmologist or optometrist because diabetes can damage the blood vessels in the eyes.

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Dentist because blood glucose spikes can make you more susceptible to gum disease and infections.

Pharmacist to monitor medications and possible drug interactions. Also check with your pharmacist about health supplements because some would increase blood glucose.

Mental health counselor to give you the tools to live with the emotions fostered by managing a chronic disease.

Podiatrist to help avoid the foot and lower-leg problems that can come with diabetes. Look for a doctor of podiatric medicine who cares for patients with diabetes.

Exercise specialist for a fitness plan to control your blood glucose and maintain a healthy body weight.

Endocrinologist if you are having trouble getting your diabetes under control or are developing severe complications.

Are You Fit? Take Our 20-Second Test!

To measure your weight, you stand on a scale. But to measure your fitness levels, there's no simple or quick method. Yes, there are many **scientific ways to measure fitness**. But most of us don't have the opportunity to submit to formal testing to assess our strength and flexibility levels. Nor do we have the interest!

So how do you keep tabs on whether your fitness levels are healthy? **Take the real-life fitness test!** Take a few seconds and read the statements below.

For a person over the age of 45, you are probably in **good physical shape** if you can:

- **Dance to a fast beat** for more than 10 minutes without needing to sit and rest.
- **Walk for 30 minutes straight** without getting tired.
- **Feel energized 14 hours** after you wake up (so if you wake up at 7, you should still be going strong at 9 pm).

- **Carry gallon-sized containers of milk** or water in hand—or any heavy groceries from the car to the refrigerator—without feeling strained.
 - **Load your luggage** into the overhead compartment on an airplane or train without feeling strained.
 - **Jump up and down** 10 times without causing your heart to race.
 - **Carry a large basket** of clothing up or down two staircases without struggle or strain.
 - **Trim your toenails** without any discomfort from bending.
 - **Easily sit down** on the floor, and then stand up.
 - **Raise your foot** as high as your hip when kicking.
 - **Twist and look behind** you without moving your feet.
- If you experience discomfort or extreme tiredness from any of these activities, it's time to make a commitment to getting in better shape **today**. Your health depends on it!

Take Everyday Steps to Protect Your Health

- ⇒ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- ⇒ Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, use an alcohol-based hand rub.
- ⇒ Avoid touching your eyes, nose and mouth. Germs spread this way.
- ⇒ Try to avoid close contact with sick people.
- ⇒ Have enough medications and supplies to last for a week in case you have to stay at home.

WHAT SHOULD I DO WHEN I AM SICK?



Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people. If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

- Be sure to continue taking your diabetes pills or insulin. Don't stop taking them even if you can't eat. Your health care provider may even advise you to take more insulin during sickness.
- Test your blood glucose

every four hours, and keep track of the results.

- Drink extra (calorie-free) liquids, and try to eat as you normally would. If you can't, try to have soft foods and liquids containing the equivalent amount of carbohydrates that you usually consume.
- Weigh yourself every day. Losing weight without trying is a sign of high blood glucose.
- Check your temperature every morning and evening. A fever may be a sign of infection.

Call your health care provider or go to an emergency room if any of the following happen to you:

- You feel too sick to eat normally and are unable to keep down food for more than 6 hours.
- You're having severe diarrhea.
- You lose 5 pounds or more.
- Your temperature is over 101 degrees F.
- Your blood glucose is lower than 60 mg/dL or remains over 300 mg/dL.
- You have moderate or large amounts of ketones in your urine.
- You're having trouble breathing.
- You feel sleepy or can't think clearly.



Joann Schaefer, MD
DHHS Chief Medical Officer

“Your health is in your hands this flu season. You can protect yourself and your loved ones by getting vaccinated.”

The Flu Ends With U

By Dr. Joann Schaefer, Nebraska’s Chief Medical Officer and Director of Public Health Nebraska Department of Health and Human Services

Your health is in your hands this flu season. You can protect yourself and your loved ones by getting vaccinated. Getting vaccinated is easy, and it provides protection that lasts through the entire season. You aren’t likely to get sick from the virus, and staying healthy means you won’t infect your family.

This year the recommendation from the National Advisory Committee on Immunization Practices is simple and universal - everyone 6 months and older should get vaccinated.

While flu can make anyone sick, certain people are at greater risk for serious complications,

and it’s extremely important they receive vaccine:

- Older people
- Young children
- People with chronic lung disease (like asthma and COPD), diabetes (type 1 and 2), heart disease, neurologic conditions and certain other long-term health condition
- Pregnant women

The seasonal flu vaccine is safe, effective and rigorously tested. It’s updated each Season to protect against flu viruses that research shows will cause the most illness. Even if you got the H1N1 flu vaccine last

season, you’ll want to get this year’s seasonal flu vaccine. H1N1 is included in this year’s vaccine, but so are two other flu viruses. You’ll want to be protected against all three.

Remember, it’s a myth that you can get flu from the shot. The most common reaction is soreness and redness at the injection site. If you don’t like needles, FluMist is a nasal spray available for healthy people 2-49 years old.

After you receive vaccine, it will take about two weeks for your body to build immunity.

How does diabetes affect how I respond to a cold or flu?

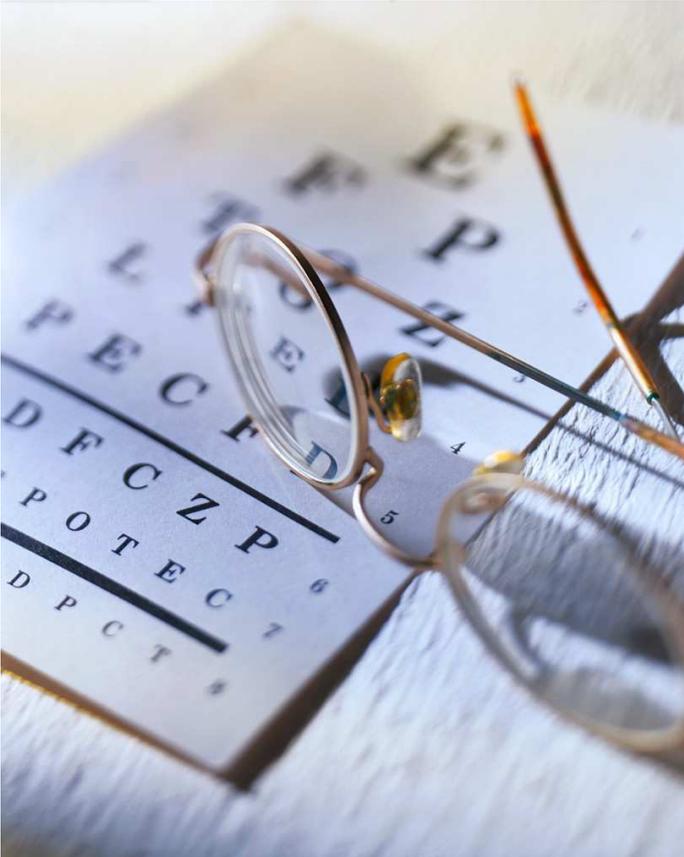
Being sick by itself can raise your blood glucose. Moreover, illness can prevent you from eating properly, which further affects blood glucose.

In addition, diabetes can make the immune system more vulnerable to severe cases of the flu. People with diabetes who come down with the flu may become very sick and may even have to go to a hospital. You can help keep yourself from getting the flu by getting a flu shot every year. Everyone with diabetes—even pregnant women—should get a yearly flu shot.



Open Your Eyes to Diabetes: The Top Cause of Blindness Among Adults

The Nebraska Optometric Association reminds consumers about the importance of comprehensive eye exams during November's National Diabetes Awareness



In honor of National Diabetes Awareness Month, the Nebraska Optometric Association (NOA), urges Americans living with diabetes and diabetic eye disease to schedule dilated, comprehensive eye exams on a yearly basis.

According to recent studies, diabetes is responsible for eight percent of legal blindness, making it the leading cause of new cases of blindness in adults 20-74 years of age. Each year, 12,000 – 24,000 people lose their sight because of diabetes. The key to successful eye care is to monitor the disease, including vision, which is why the NOA recommends those with diabetes have a dilated eye examination annually. More frequent exams may be needed if you have

diabetic retinopathy, or if you notice a change in your vision.

“During a dilated exam, an optometrist will look at your retina for early signs of diabetic eye disease, such as leaking blood vessels, swelling and deposits on the retina,” said Dr. Ted Vorhies, NOA President. “Optometrists often serve as the first line of detection for diabetes, since the eye is the only place on the body that blood vessels can be seen without having to look through the skin.”

Results from the American Optometric Association's (AOA's) new American Eye-Q® consumer survey showed that only 36 percent of people realize that diabetes can be detected during a comprehensive eye exam. In addition, 47 percent didn't know that a person with diabetes who does not wear corrective lenses should still receive an annual eye exam.

Diabetic retinopathy often has no early warning signs, so changes in vision may not be noticed. Therefore, early detection is critical in maintaining healthy vision.

By the year 2020, the number of people suffering from diabetic eye disease is expected to nearly double” said Dr. Vorhies. “However, monitoring and maintaining control of diabetes through regular visits to the doctor along with adherence to the doctor's instructions can lower one's risk of developing diabetic eye disease by as much as 76 percent.” In regards to race, both African-Americans and Hispanics are nearly twice as likely to have diabetes as non-Hispanic whites. According to the American Diabetes Association, on average, about 2.5 million, or 9.5 percent of

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Hispanics and 3.2 million, or 13.3 percent of African Americans aged 20 years or older have been diagnosed with diabetes.

Several factors influence whether someone with diabetes develops diabetic retinopathy. These include controlling blood sugar and blood pressure levels, the length of time with diabetes, race and family history.

Be sure to see an optometrist if your vision becomes blurry, if you have trouble reading, experience double vision, feel pressure in your eyes, encounter straight lines appearing wavy or if your side vision is limited.



To find an optometrist in your area, or for additional information on eye health, and diabetic retinopathy, please visit Nebraska.aoa.org.

The Nebraska Optometric Association represents over 220 doctors of optometry throughout the state. Licensed optometrists provide more than two-thirds of all primary eye care in the United States, including diagnosis and treatment of eye disease and vision conditions. Optometrists offer free vision evaluations for any infant through the Infant-SEE program and free vision assessments for all three-year-olds through the See to Learn program. Information about

Buffet Table Secrets

With the holidays nearly upon us, it's time for some fresh strategies to keep from over-indulging when the food is flowing. Here are some helpful tips.

Stake out a seat where you can't see the food. In studies done on the eating patterns of customers at buffet restaurants, overeaters seated themselves in spots with the best views of the buffet. Smart eaters sat farther away where they wouldn't be tempted. Better yet, invite several friends to join you there—so that you can enjoy good company while you nibble.

Scout the whole spread before picking up a plate. Check out all offerings, then make a plan that fits your needs. If you're eating a meal, try to fill half of your plate with plain veggies or salad, add a small serving of

grains, and a small serving of protein (meat, fish, chicken, bean dishes). If you're just snacking, identify the low-carb, low-fat, low-calorie winners that you can eat more of. And choose one or two treats you'll enjoy in small quantities.

Follow the two-item rule. Keep your intake under control by putting no more than two foods on your plate at a time. Use the smallest plates available and eat slowly. This type of slow food sampling fills you up on far fewer calories than big plates of food eaten fast.

Don't decorate your plate. Deck the halls, not your food! Skipping whipped cream, sauce, grated cheese, butter, and gravy can save you hundreds of empty calories. If you really can't resist the sauce, put a few spoonfuls in a small bowl—not directly on the food. Then dip your fork into the bowl before you pick up the food.

Gestational Diabetes Increases Risk for Developing the Disease in Mother and Child

**For National Diabetes Awareness Month,
Take Steps Now to Prevent Diabetes in the Future**

Most women with gestational diabetes know that taking steps to manage the disease during pregnancy is critical for the health of both mother and child. What many women don't realize is that those steps need to continue even after the baby is born. Women who have had gestational diabetes are at increased risk for developing diabetes in the future, and their child is also at increased risk for obesity and type 2 diabetes

“As we recognize National Diabetes Month we want all mothers with a history of gestational diabetes to be aware of their long-term health risks, the health risks faced by their children, and steps they can take to keep themselves and their families healthy,” said Kathy Goddard, RD, LMNT, CDE, Diabetes Program Manager. Gestational diabetes occurs during pregnancy and affects about 7 percent of all U.S. pregnancies, or about 200,000 pregnancies each year. Women who have had gestational diabetes should be re-tested for diabetes six to 12 weeks after the baby is born, and at least every three years after that.

Women with a history of gestational diabetes can do a lot to prevent or delay the risk of developing diabetes. In addition to screening for diabetes, it is important for women to reach and maintain a healthy weight by



healthy food choices and being active for at least 30 minutes, 5 days a week. These action steps are good for the entire family and help mom and baby manage their risks for developing diabetes. Breastfeeding also helps protect against childhood obesity, which is a risk factor for type 2 diabetes. For mom breastfeeding can also promote an earlier return to pre-pregnancy weight.

It is important that women talk to their doctors about their history of gestational diabetes. Women with a history of gestational diabetes should also talk to their obstetricians about earlier screening for gestational diabetes in future pregnancies. Because the children of women who had gestational diabetes are also at increased risk for obesity and type 2 diabetes, it's a good idea for mothers who had gestational diabetes to tell their child's pediatrician.

To learn more about the steps to reduce the risk of developing diabetes, take the risk test at www.dhhs.ne.gov/diabetes or call 1-888-693-NDEP (6337); TTY: 1-866-569-1162. Ask for *It's Never Too Early to Prevent Diabetes* and a tip sheet for children at risk called *Lower Your Risk for Type 2 Diabetes*, in English or Spanish.

Diabetes World Day

Please join the Nebraska Diabetes Prevention & Control Program and its partners in celebrating World Diabetes Day on November 14, 2010. Led by the International Diabetes Federation, the World Diabetes Day campaign engages millions of people worldwide in diabetes advocacy and awareness. The date was chosen because it marks the birthday of Frederick Banting, who, along with Charles Best, is credited with the discovery of insulin in 1921. World Diabetes Day is represented by a blue circle logo. The blue circle is the global symbol of diabetes and signifies the unity of the global diabetes community in response to the diabetes pandemic.

2010 marks the second year of the five-year focus on 'Diabetes education and prevention', the theme selected by the International Diabetes Federation and the World Health Organization for World Diabetes Day 2009-2013. The campaign slogan for 2010 is "Let's Take Control of Diabetes Now."



"2010 marks the second year of the five-year focus on 'Diabetes education and prevention', the theme selected for World Diabetes Day 2009-2013."

For more information go to:
www.worlddiabetesday.org.



Losing weight by making healthy food choices is one way to help reduce the risk of developing type 2 diabetes. Serve your family a quick and healthy dish like this as you gather around the holiday dinner table.

Cumin Pork and Sweet Potatoes with Spiced Butter

2 8-ounce sweet potatoes, pierced in several areas with fork

1/2 teaspoon ground cumin

Paprika to taste

4 4-ounce boneless pork cutlets, trimmed of fat

Topping

2 tablespoons reduced-fat margarine

2 tablespoons packed dark brown sugar

1/2 teaspoon grated orange zest

1/4 teaspoon vanilla, butter, and nut flavoring

1/8 teaspoon ground nutmeg

4 small oranges, quartered

Cook potatoes in microwave on HIGH setting for 10 to 11 minutes or until fork tender. Meanwhile, place a large nonstick skillet over medium-high heat until hot. Sprinkle cumin and paprika evenly over pork chops and season lightly with salt and pepper if desired. Cook pork chops 4 minutes on each side or until barely pink in center.

In small bowl, stir together topping ingredients until well blended.

Cut potatoes in half lengthwise, fluff with a fork, and spoon equal amounts topping mixture on each half. Serve with quartered oranges alongside.

Nutritional Information

Calories	335
Calories from Fat	90
Total Fat	10.0 g
Saturated Fat	3.4 g
Trans Fat	0.0 g
Cholesterol	60 mg
Sodium	125 mg
Total Carbohydrate	37 g
Dietary Fiber	5 g
Sugars	22 g
Protein	24 g