



**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

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**February 23, 2011**

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**Note:** The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.



11-73

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Kathy Miller, Director of Programs

**DATE:** February 23, 2011

**SUBJECT:** Elder Justice Act Proposed Funding

The Elder Justice Coalition today praised President Obama's FY 2012 budget which proposed more than \$20 million in first time funding for programs included in the Elder Justice Act of 2010. EJC National Coordinator Bob Blancato called it a "significant development to have the President include funding in the first full fiscal year since the law was passed."

Since the time the Elder Justice Act was signed into law in March of 2010, the Elder Justice Coalition has held meetings focused on the FY 2012 budget with Obama Administration officials including from the Office of Management and Budget, the White House Health Reform Office and the Administration on Aging.

**Breakdown:**

Adult Protective Services (APS)-\$16.5 million for State Adult Protective Services demonstrations to improve operations. Of these funds, \$1.5 million will be targeted for coalition building, training and technical assistance, elder rights program development and research for preventing and addressing elder abuse within Tribal nations according to AOA.

Long-Term Care Ombudsman Program-an additional \$5 million to improve resident advocacy to elders and adults with disabilities who live in long-term care settings.

The Coalition said it hoped the amount in the President's budget would be the floor and not the ceiling in terms of funding for the Elder Justice Act. It pledged to accelerate its work with Congress to ensure at least this floor funding as they move to enact spending bills for the fiscal year that begins on October 1<sup>st</sup>.

The Coalition indicated that its focus will be on the following Committees:

House Budget Committee (<http://budget.house.gov/>)

Senate Budget Committees (<http://budget.senate.gov/>)

House Appropriations Committee (<http://appropriations.house.gov/>)

Senate Appropriations Committees (<http://appropriations.senate.gov/>)



11-74

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Nancy Lo, MSW  
VA GrandDriver

**DATE:** February 23, 2011

**SUBJECT:** Road Safety Mini Grant Opportunity

Please see attached flyer for \$500 mini-grants to assist with U.S. local and state activities for the May 11th Decade of Action for Road Safety launch. If you are planning a traffic safety event in May (perhaps for National Youth Traffic Safety Month, National Bicycle Safety Month, or National Motorcycle Safety Month, or other safety event), I hope you will consider holding your event on May 11th in coordination with the worldwide launch of the Decade of Action for Road Safety - which will start in New Zealand and end in Mexico!

This is a very short application (250 words) and any not-for-profit organization (including government offices) may apply. Due date is March 21, 2011. Applications will be judged on visibility/impact, planning, use of funds, geographic distribution, participants/partners, and communication methods.



## \$500 Mini Grants: Launching the UN Decade of Action for Road Safety

We are seeking creative, influential, and engaging groups of youth and adults in the U.S. to commit to **take action** for traffic safety on **May 11<sup>th</sup>, 2011** - the official launch of the

*UN Decade of Action for Road Safety!*

We are awarding up to 20 grants of \$500 for creative, visible, unique events to launch the Decade of Action on May 11<sup>th</sup>. In addition to the financial support, teams will receive a Flip Video camera, Decade t-shirts, Decade Tags, and an electronic toolbox full of ideas to actively support road safety during the Decade of Action and beyond!

The Decade Tag, our global road safety symbol, should be highly visible in your event. Visit [www.decadeofaction.org](http://www.decadeofaction.org) to register to use the Tag. The Tag will be seen in some of the most well-known places around the world on May 11<sup>th</sup>! Where will it be in your community?

### Who is Eligible?

- ◆ All Ages
- ◆ Not-for-Profit Organizations/Groups/Offices (not Individuals) in the U.S.

### Rules:

- ◆ **Submissions due:** March 21, 2011.
- ◆ **Notification of awards:** April 8, 2011.
- ◆ Winners must post videoclips of their May 11<sup>th</sup> event to YouTube.
- ◆ Winners must post pictures of their May 11<sup>th</sup> event to the Decade of Action US Facebook Fan Page.
- ◆ To enter: (1) Go to [www.decadeofaction.org](http://www.decadeofaction.org) and register to use the Decade Tag. (2) Apply online at: [www.zoomerang.com/Survey/WEB22BVLZGEXHT/](http://www.zoomerang.com/Survey/WEB22BVLZGEXHT/)
- ◆ You must receive confirmation of receipt of submission to be entered; if you have not received confirmation within 48 hours, please email: [usdecadeofaction@gmail.com](mailto:usdecadeofaction@gmail.com)

**Thank you to our partners for the Decade of Action for Road Safety:**





11-75

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Joseph Hoyle, MD MPH  
Virginia Department for the Aging

**DATE:** February 23, 2011

**SUBJECT:** Best Practices Awards Solicitation

We are accepting nominations for this exciting award, in its fifth year, through March 15. Please help us distribute this flier to any sites in your area that you think would help us get more applicants, especially ones involved in providing services to older adults and caregivers.

# COMMONWEALTH COUNCIL ON AGING

## 2011 Best Practices Awards

[vda.virginia.gov/council.asp](http://vda.virginia.gov/council.asp)

The Commonwealth Council on Aging invites you to nominate your most effective program for a 2011 Best Practice Award. Thanks to the Rotondaro Family Foundation, the Council will be offering \$10,000 to be used as cash awards:

- \$5,000 for first place
- \$2,500 for second place
- \$1,000 for third place
- \$500 for three (3) honorable mentions

### PURPOSE

The Best Practices Awards Program is designed to identify and recognize unique programs of excellence and encourage the replication of model programs throughout the Commonwealth. The awards will echo the message to develop and support programs and services that assist older adults to *Age in the Community*. This invites an opportunity to recognize creativity in services that foster “Livable Communities” and/or “Home and Community Based Supports” - from transportation to housing, from caregiver support to intergenerational programming. We believe the door is wide open for creative best practices.

These programs may be sponsored by providers of aging services and non-profit organizations, universities, faith organizations, local governments, or municipalities. Applications may be submitted by single organizations or a partnership including any combination of the above. Programs will be judged for their innovation, cost-effectiveness, ease of replication, and their impact on the quality of life of older Virginians, caregivers and family members. The Council will disseminate information on the award winning programs throughout the Commonwealth. Winners will be asked to coordinate efforts to host media and community stakeholders for a formal presentation of the award in their respective community. Note that a portion of the cash award must be used in replication efforts: such as the development of a replication manual, replication training for interested organizations, etc.

### CRITERIA

- Community Need and Impact
- Promotion of Aging in the Community
- Quality/Innovation
- Inclusiveness
- Goals/Outcomes/Evaluation
- Cost Effectiveness
- Sustainability
- Lessons Learned
- Ease of Replication



**Instructions, nomination forms, and 2010 Best Practice Award Winners** are available on the Virginia Department for the Aging's website: [www.vda.virginia.gov](http://www.vda.virginia.gov). Nominations for the 2011 Awards must be received by **5 PM on Tuesday, March 15, 2011.**



11-76

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Katie Roeper, Assistant Commissioner

**DATE:** February 23, 2011

**SUBJECT:** National Community Reinvestment Coalition Invites Grant Proposals for Initiative to Empower Older Adults - Deadline: March 4, 2011

The National Community Reinvestment Coalition, with support from Atlantic Philanthropies, has announced its 2011 Request for Proposals for National Neighbors Silver, an initiative to support and empower older adults across the United States.

In line with NCRC's mission to increase fair and equal access to credit, capital, and banking services in underserved communities, National Neighbors Silver is designed to specifically address the problems of older adults in America who are facing financial insecurity due to historically high rates of home foreclosure and unemployment.

The program will bring community, public, and private-sector partners together utilizing structured, neighborhood-focused outreach, education, and advocacy to benefit older adults. The National Neighbors Silver grant will fund regional advocacy networks, facilitated by local organizers. NCRC will select five organizations over three funding cycles, for a total of fifteen organizations. Each funding cycle for this program will last three years.

Grantees will bring the goals of inclusion, opportunity, economic stability, and empowerment to their region's older adult population through the following activities: 1) creation of an organizing network to engage and activate older adults, along with the general public, to build power and promote key policy initiatives; 2) education of a task force of community practitioners on issues effecting older adults; 3) minimization and discouragement of discrimination and predatory practices that weaken the financial security of older adults; and 4) preservation of the wealth of older adults and their primary financial assets — their homes — through strengthened homeownership, enhanced home equity, and improved foreclosure prevention programming.

National Community Reinvestment Coalition Invites Grant Proposals for Initiative to Empower Older Adults - Deadline: March 4, 2011

February 23, 2011

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The program will provide \$37,500 in year one, \$30,000 in year two, and in-kind support in year three. Grantees must provide \$10,000 in matching funds in year one, \$17,500 in matching funds in year two, and \$47,500 in funding for year three. Preference will be given to applicants who include a Letter of Interest for the first-year \$10,000 match. This match can be provided by the grantee's organization or from an outside funding group, collaborative, or other nonprofit.

Applicants must be nonprofit corporations or advocacy organizations with proof of 501(c)(3) or 501(c)(4) tax-exempt status, and members of NCRC at the time the grant proposal is submitted. (For information about becoming a member, visit: <http://www.ncrc.org/get-involved/become-a-member>.)

Visit the NCRC Web site for program information and the complete Request for Proposals.



11-77

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen Nau, Program Coordinator

**DATE:** February 23, 2011

**SUBJECT:** Kinship Care, Immigrant Families, Intergenerational Programs

**FACES:** Virginia's non-profit association providing resources, networking, support and advocacy for adoptive, foster, and kinship families. Join FACES members at the "Be a Star" 4th Annual Support and Training Institute at the Roanoke Sheraton Conference Center on May 20-22, 2011. Register on-line at [www.facesofvirginia.org](http://www.facesofvirginia.org)!

Brighter tomorrows for children...begin today with families! For further information, please contact: Cate Newbanks, Executive Director of FACES at FACES of Virginia Families  
877-VA FACES

**CWLA: Child Welfare League of America**

**CWLA's 2011 National Conference, March 27-30, *The State of Children & Families: Building an Effective National Voice*** will draw professionals, community advocates, administrators, and consumers to share their best knowledge and experiences in order to renew our vision for making children and families a national priority.

Registration: <http://bit.ly/cwla2011NC> Ellen Nau will attend the Sunday, March 27 preconference National Kinship Summit: *A Voice for the Nation's Informal Kinship Care Community*.

**St. Mary's Home for Disabled Children**

Do you know grandparents caring for a disabled child? The following resource may be of interest to them. Located in Norfolk, Virginia, St. Mary's Home for Disabled Children is the only pediatric long-term-care residential facility of its kind in Virginia for children and young adults with severe disabilities, and one of about 100 of this type of facility nationwide.

St. Mary's offers comprehensive residential, medical, therapeutic, educational and

recreational services, providing a level of around-the-clock, complex care that often can be difficult to achieve at home. Information is attached about the St. Mary's Home for Disabled Children. (If you are "seasoned" citizen and lived in the Tidewater Area *many years ago*, you may remember St. Mary's as the St. Mary's Infant Home.) For further information, contact: Kathy Brobst at [kbrobst@smhdc.org](mailto:kbrobst@smhdc.org)

### **MEOC KinCare Program**

Are you trying to increase your agency's outreach to KinCare families? MEOC may have some kinship care program aspects for you to consider when you construct your kinship care program. Please see the attached informative report on MEOC's KinCare program. Information on various aspects of the program and funding sources are included. For further information, contact Marilyn Pace Maxwell at [mmaxwell@meoc.org](mailto:mmaxwell@meoc.org) or Patty Bailey at [pbailey@meoc.org](mailto:pbailey@meoc.org).

MEOC Executive Director, Marilyn Maxwell also notes an article in U.S. News and World Report cites the stability of kinship care families for children removed from the their parents' homes because of maltreatment. The low amount of financial support for these families versus funding for foster children is noted in the article. Children in kinship family situations can demonstrate behavioral issues as they age. The article advocates for increased support services for kinship care families. To read the article, go to:

<http://health.usnews.com/health-news/family-health/brain-and-behavior/articles/2011/02/07/kinship-caregivers-get-less-help-than-foster-parents-study>

### **Virginia's Immigrant Population**

#### **Virginia Child Protection Newsletter Spring, 2011**

Virginia has experienced a growth in its foreign born population from the 1960's to 2000. A 2004 report by the Joint Legislative Audit and Review Commission to the Virginia legislature noted that 8% of The Commonwealth's population was foreign born. Highest concentrations of immigrant children (81% of these children are born in the United State and are citizens) in Virginia are located in Alexandria City, Arlington County, Fairfax County, Prince William County, Loudoun County, Shenandoah County, Henrico County, Albemarle County, Fauquier County, Virginia Beach City, Chesterfield County, Stafford County, and Rockingham County. (Source: American Community Survey Report, 2005).

The 2011 Spring Virginia Child Protection Newsletter offers excellent definitions of classifications of the foreign born immigrant population, and suggestions for serving this population. The newsletter cites various organizations located throughout the Commonwealth that can aid your agency in serving immigrant and refugee families Please consult this newsletter! It can be viewed electronically at:

<http://psychweb.cisat.jmu.edu/graysojh/>

### **School Lunches for Court Placed Children in Kinship Care**

**From: Howard Davidson**, Director & Acting Director, Commission on Youth at Risk

Kinship Care, Immigrant Families, Intergenerational Programs

February 23, 2011

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ABA Center on Children and the Law via **Lyndell Lewis**, Virginia Department of Social Services

According to Mr. Davidson, children, placed in their grandparents' care by the court system, are eligible to receive free school lunches. A 1/31/11 guidance letter issued to child nutrition program directors across the country by Cynthia Long, Director of the U.S. Department of Agriculture's (DOA) Child Nutrition Division, a local educational institution needs documentation from an appropriate state or local child welfare agency indicating that a child is a foster child under state responsibility or has been placed in a caretaker household by a court to provide the child with a free lunch. For further information on the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296), please contact Mr. Davidson at: [howard.davidson@americanbar.org](mailto:howard.davidson@americanbar.org)

**Jefferson Area Board on Aging - Intergenerational Programming**

From grade school students to medical and law school students, the Jefferson Board on Aging (JABA) supports intergeneration activities! Please see the attached report from Cheryl Cooper, Chief Operating Officer on JABA's intergenerational activities.

6171 Kempsville Circle  
Norfolk, VA 23502  
[www.saintmaryshome.org](http://www.saintmaryshome.org)



CONTACT: Sonja Barisic  
office 757.622.2208 ext. 331  
mobile 757.412.7071  
email [sbarisic@smhdc.org](mailto:sbarisic@smhdc.org)

## ST. MARY'S HOME FOR DISABLED CHILDREN FACT SHEET

### **About**

St. Mary's Home for Disabled Children in Norfolk is the only pediatric long-term-care residential facility of its kind in Virginia for children and young adults with severe disabilities, and one of about 100 nationwide. St. Mary's offers comprehensive residential, medical, therapeutic, educational and recreational services, providing a level of around-the-clock, complex care that often can be difficult to achieve at home.

### **Residents**

Up to 92 residents, ranging in age from newborn to 21 years old.  
Come here as a result of birth disorders, traumatic accidents, illness and child abuse. About two-thirds are from southeastern Virginia, the rest from throughout the state. Referred by hospitals, physicians, social service agencies and current residents' families. Average length of stay is 7 to 9 years.  
Upon leaving St. Mary's, residents transition to group homes, adult intermediate care facilities for people with mental disabilities, skilled-care adult homes, foster care, state training centers, etc.

### **Our Building**

88,000-square-foot facility on 8 acres.  
Opened in 2005.  
One of the few buildings nationwide designed and built exclusively for providing quality care in a home-like environment for children with severe disabilities.  
Built to withstand a category 3 hurricane.

### **Features**

10 educational classrooms  
4 newly furnished courtyards, including sensory and butterfly gardens  
Playground with specially adapted equipment  
Hydrotherapy pool  
2 private family visitation rooms  
4 residential "neighborhoods," each with 1 nurses' station and (6) 4-person living units  
Wheelchair-accessible vans and shuttle buses  
Occupational therapy clinic  
Physical therapy clinic  
Visiting physician clinic rooms  
Atrium for sports and activities  
Barber/beauty shop

<b>Services</b>	Clinical care delivered 24/7 by registered nurses, licensed practical nurses, certified nursing assistants, and physical and occupational therapists.
	Routine examinations by pediatricians on staff at Children’s Hospital of the King’s Daughters and Eastern Virginia Medical School, both in Norfolk.
	In-house consultations with medical specialists such as neurologists, orthopedists, psychiatrists, gastroenterologists and a dentist.
	Early Intervention Program, begun in 2007 to expose infants and toddlers with disabilities to an engaging and stimulating learning environment.
	Recreational therapy, including an art therapy program, a pet therapy program and a Girl Scout troop with six proud St. Mary’s members.
	Staff dispenses 1,400 medications and administer 250 splint and position changes daily – the equivalent of an acute-care hospital with 120-plus beds.
<b>Education</b>	A partnership with Southeastern Cooperative Educational Programs provides an on-site, individualized educational program for about two-thirds of our residents to develop communication, cognition and daily living skills.
	About one-fourth of our residents attend Norfolk and Virginia Beach public schools.
	Each child is required to take the yearly Virginia Alternative Assessments, an alternative to the Standards of Learning for Virginia public schools.
<b>Costs</b>	\$10,000 per month per child.
	Covered by Medicaid, United Way certifications (designation only; #5039), grants and individual, corporate and municipal donations.
	Assistance available for military families through the U.S. Armed Forces’ Exceptional Family Member Program.
<b>History</b>	We have been caring for children since 1944, when children abandoned by World War II widows appeared on the doorstep of a boarding school in downtown Norfolk run by the Daughters of Wisdom. St. Mary’s Home began caring for children with disabilities in 1956. By the 1980s, we had evolved into a private, nonprofit 501(c)(3) organization.
<b>CEO</b>	William C. Giermak
<b>Board President</b>	Michael P. Cotter, <i>Vandeventer Black LLC</i>
<b>Medical Director</b>	Joseph Toland, M.D., <i>North Shore Pediatrics</i>
<b>Medical Director/ Therapy Services</b>	Jean Shelton, M.D., <i>Eastern Virginia Medical School</i>
<b>Auxiliary President</b>	Karen Hibbard

## A Progressive Facility

Since its founding, St. Mary's had been located in downtown Norfolk. Housed in a 1960s-era building, St. Mary's had reached a point where the outdated facility could no longer accommodate the needs of the children. In February 2005, the children and staff moved into a new \$16 million facility that is conveniently located in Norfolk just off I-64/I-264 and a short drive to Virginia Beach.



This new Home is twice the size of the old facility and has many features and amenities designed especially for the needs of residents, staff and residents' family members. These include the following:

- Private family visitation rooms
- Four residential "neighborhoods" that house a nurses' station, two active treatment/classrooms and six four-person living units
- Four interior courtyards – one has a playground with adaptive play equipment, and one has a hydrotherapy pool and fountain
- Spacious hallways to accommodate the children's oversized wheelchairs
- Rooms and hallways with large windows and skylights
- Modern environmental control systems



## St. Mary's Home for Disabled Children

*A Special Place for Special Children.*

6171 Kempsville Circle, Norfolk, Virginia 23502

1-800-237-6555

(757) 622-2208; Fax: (757) 627-5314

[www.saintmaryshome.org](http://www.saintmaryshome.org)

Located directly across from Sentara Leigh Hospital.



## St. Mary's Home for Disabled Children

*A Special Place for Special Children.*



This progressive facility will enable St. Mary's to continue providing exceptional care for these medically fragile, special-needs children.

*St. Mary's Home for Disabled Children, a 501 (c) (3) non-profit organization, is registered through the Division of Consumer Protection in the Virginia Department of Agriculture and Consumer Services. Federal I.D. # 54-0505952. A copy of our IRS Form 990 is available by calling (757) 622-2208 or 1-800-237-6555.*

## A Tradition of Quality Care

For more than 60 years, St. Mary's Home for Disabled Children has provided a safe and loving environment for children. And for most of those years, St. Mary's has been home to some of Virginia's most severely disabled children. St. Mary's is a non-profit, nonsectarian, 88-bed residential healthcare facility, the only one of its kind in Virginia.

St. Mary's cares for children from birth to age 21. These medically fragile children come to the Home as a result of birth disorders, accidents, illness or child abuse. St. Mary's provides a comprehensive range of residential, medical, therapeutic, educational and recreational services.

St. Mary's children come from throughout Virginia and represent the state's diverse economic, cultural and ethnic backgrounds. No child is refused admission due to limited family finances.

## A Homelike Environment

St. Mary's provides a level of round-the-clock complex care for residents that would be impossible in a home setting, regardless of the resources and capabilities of parents. This care is given in an atmosphere of warmth, nurturing and personal attention. St. Mary's medical care is combined with a gentle touch to create a therapeutic environment for each child.

Through the Southeastern Cooperative Educational Program (SECEP), each child receives a specialized education program. The children benefit from a comprehensive curriculum that includes physical, occupational, recreational and speech therapy; art, music and adaptive physical education; adaptive computers and audio-visual aids; and specially-designed field trips and camp experiences.

The Home's activities and therapeutic recreation departments provide daily opportunities for the children to enjoy recreation and leisure pursuits. Activities not only provide enjoyment, but also

increase the children's communication and motor skill levels that in turn lead to an enhanced quality of life. Visits from holiday carolers, field trips, musical performances and monthly birthday parties are all part of the special events enjoyed by the children.

As with all children, family relationships are vital. Seasonal events and special family programs provide opportunities for family members to stay active in their children's lives. Extensive visiting hours and an overnight leave policy help keep residents in close contact with their families. Also, a toll-free telephone line allows children to stay in touch with long-distance family members.

## An Extraordinary Staff



Daily care is delivered by registered nurses, licensed practical nurses, certified nursing assistants, and physical, occupational and recreational therapists, who work under the medical direction of a board-certified pediatrician. Children also receive routine medical consultations from various medical and surgical specialists. The majority of St. Mary's physicians are on staff at Children's Hospital of The King's Daughters in Norfolk.

St. Mary's employs 200 full- and part-time staff



members who have made an exceptional commitment to the children. Tenures of 10, 15 and even 20 years are common. Some employees have devoted entire careers to caring for Virginia's most fragile children.

## A Worthy Cause

As a non-profit organization, St. Mary's looks to the community for annual support. Although state and federal funding does offset a portion of the cost of caring for St. Mary's residents, additional funding through private donations is essential for the Home to continue providing the quality of care and services the children need and deserve.

Throughout the year, St. Mary's receives personal contributions from individuals, corporations and foundations. St. Mary's is also a certified United Way Agency (Agency Code #5039) and receives support from individuals who have specifically designated the Home on their annual United Way pledge form.

Please consider making a gift for the children of St. Mary's. Your tax-deductible donation contributes directly to their quality of life. Gifts of \$1,000 and above will receive recognition on a donor plaque and invitations to receptions with the Trustees and CEO. If you'd like to discuss your gift, please contact Martha Price Stewart, Director of Development, at (757) 622-2208 or [mstewart@smhdc.org](mailto:mstewart@smhdc.org).

## St. Mary's Home for Disabled Children

*A Special Place for Special Children.*

6171 Kempsville Circle, Norfolk, Virginia 23502

1-800-237-6555

(757) 622-2208; Fax: (757) 627-5314

[www.saintmaryshome.org](http://www.saintmaryshome.org)



KinCare Program of Mountain Empire Older Citizens, Inc. (MEOC)  
Serving Lee, Wise and Scott Counties and the City of Norton, Virginia  
P.O. Box 888—Big Stone Gap, Virginia, 24219---www.meoc.org  
Telephone—276-523-4202 / Fax---276-523-4208  
Contact--- Marilyn Pace Maxwell, M.S.W. email: [mmaxwell@meoc.org](mailto:mmaxwell@meoc.org) or Patty Bailey  
email: [pbailey@meoc.org](mailto:pbailey@meoc.org)

MEOC is the area agency on aging, public transit entity and Children's Advocacy Center (CAC) serving the Central Appalachian region of far southwest Virginia. All of MEOC's kinship care services are provided free to relative caregivers regardless of age. Both individual and group services are provided to caregivers and children in their care. Services provided are: counseling; case management; crisis intervention and follow-up; transportation; legal assistance; support groups; socialization activities; educational information; referrals; assistance with school supplies, art supplies, books and other supportive services. Partnership is central to our efforts with over 60 organizations partnering with MEOC's KinCare Program.

Transportation is provided at no cost to relative caregivers attending KinCare sponsored activities. Providing transportation is a major key to our program's success. This is through our partnership with MEOC Transit.

MEOC's case management department provides many referrals to KinCare and assesses all referrals of people aged 60 and older. The KinCare Director assesses all referrals on those under the age of 60. The Assessment and Referral component of KinCare uses the Virginia Uniform Assessment Instrument, a kinship care intake form, a consent form, and a behavioral symptoms checklist. This comprehensive assessment leads staff to identify and make needed referrals to all available community resources, including services within MEOC.

Meeting mental health needs is a major emphasis of our program. This need is met by referrals to community mental health agencies, as well as to the CAC of MEOC. The CAC's LCSW provides assessment and therapy for KinCare families as needed. KinCare also provides a monthly support group for caregivers to provide additional support and information.

Kinship Care family events are held five times per year where relative caregivers and children come together for planned social outings and activities. Food and transportation are provided as part of the planned intergenerational activities.

A Relative Caregiver Luncheon is held annually and focuses on social and educational programming. Grandparents Day is celebrated with a luncheon.

MEOC's Children's Services include KinCare, Healthy Families of Southwest Virginia and the CAC. MEOC places increasing emphasis on intergenerational programming and services. MEOC's Director of Children's Services is an equal and integral member of MEOC's management team. MEOC's program is both an aging and a children's service as evidenced by the program's diverse funding partners — The Brookdale Foundation, Older Americans Act through the Virginia Department for the Aging, Virginia Department of Social Services, National Children's Alliance, private foundations, United Way, local and state governments and local fundraisers have been among our funders over the years..

## JABA's Intergenerational Activities

### Shared Site Intergenerational Centers:

- Hillsdale Adult Care Center and Montessori—Children and older adults come together each day to share activities. JABA staff are encouraged to volunteer in the ACC as well
- Louisa Adult Care Center and Shining Star Child Care Center at the Betty J. Queen Intergenerational Center in Louisa—Children and older adults share activities and have lunch together each day. Program activities also include individuals in Parks and Rec and ARC of the Piedmont programs
- Jefferson School City Center—Opening in 2012 with partner tenants include: JABA Community Center, café for congregate program and meals for community purchase, nursing clinic and case management; Y for infant and child care; PVCC for downtown classes and culinary arts program; CATEC culinary arts student placement in JABA's café; Common Ground Healing Arts for affordable complementary health practices; Literacy Volunteers of America; Martha Jefferson Hospital clinic, focusing on women's and children's health issues; Charlottesville Parks and Rec; and the African American Cultural Heritage Center with exhibitions and performing arts for individuals of all ages.
- Southern Albemarle Intergenerational Community Center—Opening date unknown with partner tenants to include: JABA's Community Center and the Y, both in close proximity to the Southern Albemarle Family Practice clinic. Additional partner tenants may be identified in the future.
- Fluvanna Intergenerational Community Center—In planning stages, with partner tenants to include: JABA's Community Center and Parks and Rec. Additional partner tenants may be identified in the future.

### Community

- All eight of JABA's Community Centers hold intergenerational activities routinely as part of their monthly calendar. Children from local schools, faith based organizations, service clubs visit with older adults in the Center and older adults visit with the children and youth at their meeting places.
- Kid Pan Alley is a program in which singers and song writers work with older adults and children to exchange stories and write songs that the children perform at a public concert.
- JABA recruits volunteers of all ages to work together to contribute to sustainability of healthy communities. Older adults and children share skills and talents with each other and learn the value of meaningful activities.
- JABA's efforts at promoting the value of local food and increasing access is intergenerational. Gleaning from local farmers' markets provides local food to low income individuals of all ages in the community. Education sessions and cooking classes allow older adults and children to learn together and share good nutrition. JABA introduced local currency at public housing sites and EBT at the Charlottesville farmers' market to enable families with low incomes to purchase local food.

### School Programs

- FISH—Friends in Schools Helping—recruits volunteers to work with children, primarily in elementary schools, to develop their reading and math skills. Children participating in the program are identified by their teachers as being academically at-risk.
- Louisa County High School—the Long Term Care Ombudsman participates once or twice a year in discussions with two high school classes on long-term care issues and the Ombudsman program.

- CATEC—Charlottesville Albemarle Technical Education Center—has a culinary arts program for high school students. Students work as interns in JABA’s Hillsdale kitchen, learning about food preparation. When the Jefferson School opens, CATEC and JABA will offer curriculum in all aspects of running a café, including but not limited to: food ordering, food preparation, business financials, customer service, facility maintenance. Credits earned from CATEC can be applied to PVCC’s culinary arts program.
- PVCC—Piedmont Virginia Community College—is developing an Associate Degree level culinary arts program to be housed in the Jefferson School. JABA and PVCC will partner to provide students various learning opportunities to include running a café, food preparation and catering for large and small events.
- UVA:
  - School of Nursing—JABA’s nurse practitioner is on faculty at UVA School of Nursing and has students on clinical rotations in the Community Centers and Louisa Adult Care Center. Member of JABA’s Jefferson Eldercare Board and JABA Board are on faculty at the School of Nursing and have students on clinical rotations at Mountainside Senior Living and Crescent Hall (public housing community where JABA provides a nursing clinic).
  - School of Medicine—JABA provides first year medical students with exposure to older adults and community based services and nursing home advocacy through the “Social Issues in Medicine” study. Third year students have an opportunity to begin to use clinical skills in the community through a clerkship program with JABA. JABA’s CEO provides annual lectures on issues of aging, and a member of JABA’s Board (a retired geriatrician) provides an annual program for aspiring medical students in which they visit with residents of Mountainside Senior Living and JABA Hillsdale Adult Care Center to interview and spend one-on-one time with older adults.
  - Dietician Program—Dietetic Interns visit JABA’s Community Centers and assess older adults for their nutritional status and menu preferences. They plan menus and analyze JABA’s menu for nutritional content.
  - Masters of Public Health—Students learn about the impact of policy on programs for older adults. They have an opportunity to perform ongoing service projects and research projects that have an impact on the local living conditions for older adults.
  - School of Architecture—Students and faculty are engaged in learning more about the living and health conditions for older adults and children through mapping research programs. A faculty member has worked with JABA to perform a Neighborhood Engagement Study for the Jefferson School. Youth, adults and older adults participated in a unique project in which they took photographs in their community to help inform the School’s Foundation and partner tenants on what programs and services they hope to see available at the School.
  - School of Law—JABA’s Long-Term Care Ombudsman provides classroom discussion of long-term care issues and the Ombudsman program.



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*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors  
Health Promotion and Disease Prevention Coordinators

**FROM:** Elaine S. Smith, MS, RD  
Program Coordinator

**DATE:** February 23, 2011

**SUBJECT:** New Diabetes Fact Sheet

Diabetes affects 8.3% of the U.S. population: 25.8 million people, including 7.0 million people who are undiagnosed. Among U.S. residents aged 65 years and older, 26.9% had diabetes in 2010. In 2005–2008, based on fasting glucose or hemoglobin A1c levels, 35% of U.S. adults aged 20 years or older had prediabetes (50% of adults aged 65 years or older).

Following is a new diabetes fact sheet from the CDC. The information is also available at the following link. [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf). The publication is not subject to copyright restrictions; you may duplicate and distribute the information contained within as desired.

# National Diabetes Fact Sheet, 2011



## Citation

Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.



## FAST FACTS ON DIABETES

***Diabetes affects 25.8 million people  
8.3% of the U.S. population***

**DIAGNOSED**  
***18.8 million people***

**UNDIAGNOSED**  
***7.0 million people***

All ages, 2010

- Among U.S. residents aged 65 years and older, 10.9 million, or 26.9%, had diabetes in 2010.
- About 215,000 people younger than 20 years had diabetes (type 1 or type 2) in the United States in 2010.
- About 1.9 million people aged 20 years or older were newly diagnosed with diabetes in 2010 in the United States.
- In 2005–2008, based on fasting glucose or hemoglobin A1c levels, 35% of U.S. adults aged 20 years or older had prediabetes (50% of adults aged 65 years or older). Applying this percentage to the entire U.S. population in 2010 yields an estimated 79 million American adults aged 20 years or older with prediabetes.
- Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the United States.
- Diabetes is a major cause of heart disease and stroke.
- Diabetes is the seventh leading cause of death in the United States.

National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation



## Estimation methods

The estimates in this fact sheet were derived from various data systems of the Centers for Disease Control and Prevention (CDC), the Indian Health Service's (IHS) National Patient Information Reporting System (NPIRS), the U.S. Renal Data System of the National Institutes of Health (NIH), the U.S. Census Bureau, and published studies. The estimated percentages and the total number of people with diabetes and prediabetes were derived from 2005–2008 National Health and Nutrition Examination Survey (NHANES), 2007–2009 National Health Interview Survey (NHIS), 2009 IHS data, and 2010 U.S. resident population estimates. The diabetes and prediabetes estimates from NHANES were applied to the 2010 U.S. resident population estimates to derive the estimated number of adults with diabetes or prediabetes. The methods used to generate the estimates for the fact sheet may vary over time and need to be considered before comparing fact sheets. In contrast to the 2007 National Diabetes Fact Sheet, which used fasting glucose data to estimate undiagnosed diabetes and prediabetes, the 2011 National Diabetes Fact Sheet uses both fasting glucose and hemoglobin A1c (A1c) levels to derive estimates for undiagnosed diabetes and prediabetes. These tests were chosen because they are most frequently used in clinical practice. Detailed information about the data sources, methods, and references are available at <http://www.cdc.gov/diabetes/pubs/references11.htm>.

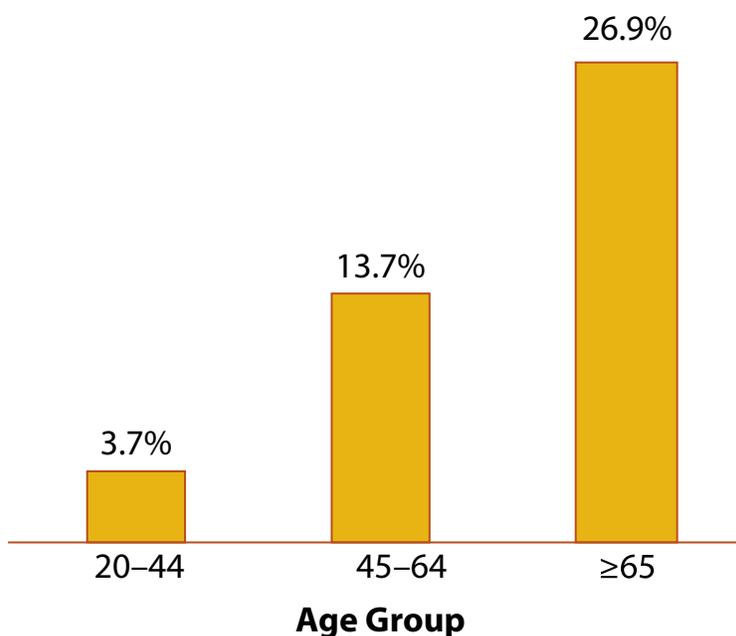
## Diagnosed and undiagnosed diabetes among people aged 20 years or older, United States, 2010

Group	Number or percentage who have diabetes
Age ≥20 years	25.6 million or 11.3% of all people in this age group
Age ≥65 years	10.9 million or 26.9% of all people in this age group
Men	13.0 million or 11.8% of all men aged 20 years or older
Women	12.6 million or 10.8% of all women aged 20 years or older
Non-Hispanic whites	15.7 million or 10.2% of all non-Hispanic whites aged 20 years or older
Non-Hispanic blacks	4.9 million or 18.7% of all non-Hispanic blacks aged 20 years or older

Sufficient data are not available to estimate the total prevalence of diabetes (diagnosed and undiagnosed) for other U.S. racial/ethnic minority populations.

## Diagnosed and undiagnosed diabetes

**Estimated percentage of people aged 20 years or older with diagnosed and undiagnosed diabetes, by age group, United States, 2005–2008**



Source: 2005–2008 National Health and Nutrition Examination Survey

## Diagnosed diabetes

### Diagnosed diabetes among people younger than 20 years of age, United States, 2010

About 215,000 people younger than 20 years have diabetes (type 1 or type 2). This represents 0.26% of all people in this age group. Estimates of undiagnosed diabetes are unavailable for this age group.

### Racial and ethnic differences in diagnosed diabetes

National estimates of diagnosed diabetes for some but not all minority groups are available from national survey data and from the IHS NPIRS, which includes data for approximately 1.9 million American Indians and Alaska Natives in the United States who receive health care from the IHS. Differences in diabetes prevalence by race/ethnicity are partially attributable to age differences. Adjustment for age makes results from racial/ethnic groups more comparable.

Data from the 2009 IHS NPIRS indicate that 14.2% of American Indians and Alaska Natives aged 20 years or older who received care from IHS had diagnosed diabetes. After adjusting for population age differences, 16.1% of the total adult population served by IHS had diagnosed diabetes, with rates varying by region from 5.5% among Alaska Native adults to 33.5% among American Indian adults in southern Arizona.

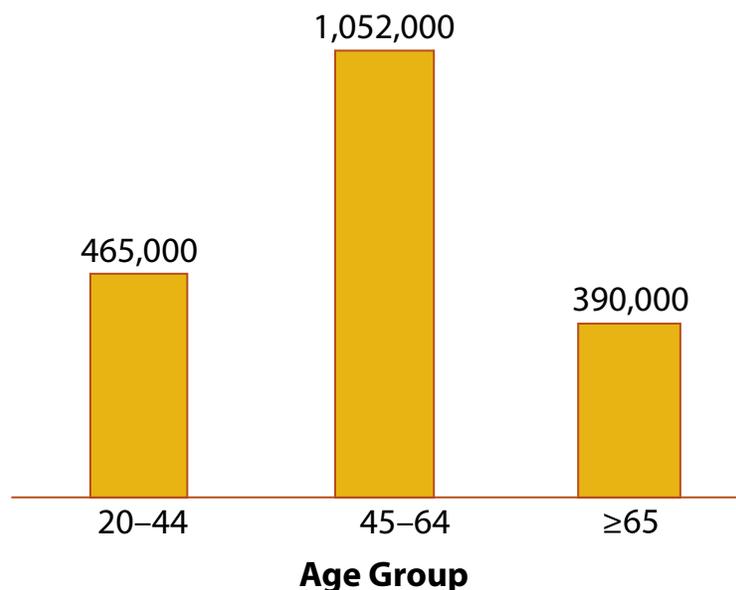
After adjusting for population age differences, 2007–2009 national survey data for people aged 20 years or older indicate that 7.1% of non-Hispanic whites, 8.4% of Asian Americans, 11.8% of Hispanics, and 12.6% of non-Hispanic blacks had diagnosed diabetes. Among Hispanics, rates were 7.6% for both Cubans and for Central and South Americans, 13.3% for Mexican Americans, and 13.8% for Puerto Ricans.

Compared to non-Hispanic white adults, the risk of diagnosed diabetes was 18% higher among Asian Americans, 66% higher among Hispanics, and 77% higher among non-Hispanic blacks. Among Hispanics compared to non-Hispanic white adults, the risk of diagnosed diabetes was about the same for Cubans and for Central and South Americans, 87% higher for Mexican Americans, and 94% higher for Puerto Ricans.

# New cases of diagnosed diabetes

## Estimated number of new cases of diagnosed diabetes among people aged 20 years or older, by age group, United States, 2010

About 1.9 million people aged 20 years or older were newly diagnosed with diabetes in 2010.



Source: 2007–2009 National Health Interview Survey estimates projected to the year 2010

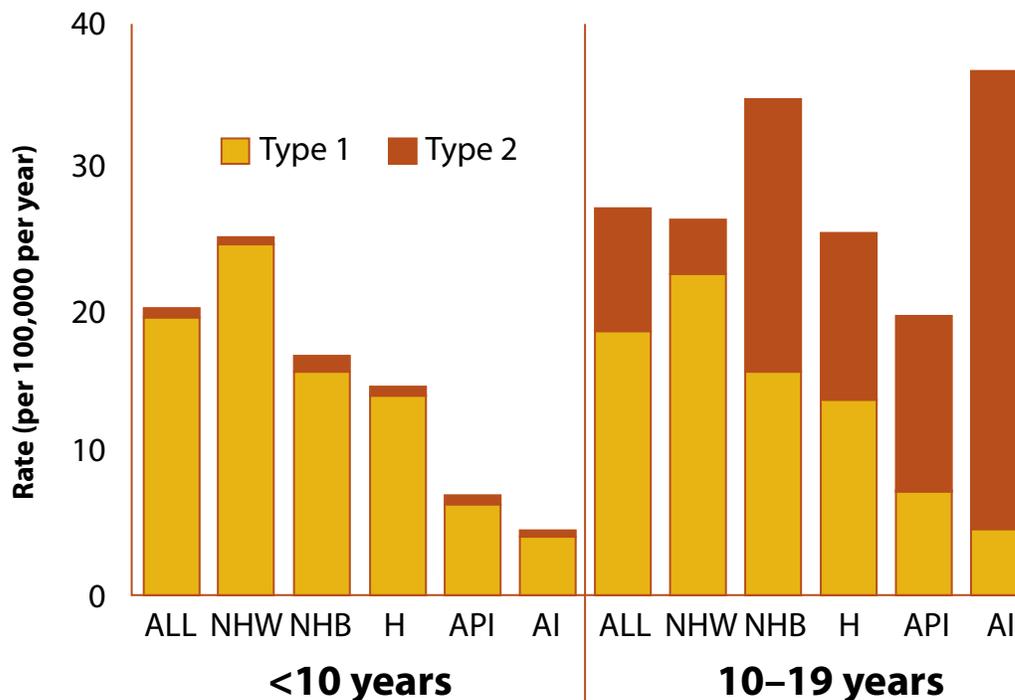
## New cases of diagnosed diabetes among people younger than 20 years of age, United States, 2002–2005

SEARCH for Diabetes in Youth is a multicenter study funded by CDC and NIH to examine diabetes (type 1 and type 2) among children and adolescents in the United States. SEARCH findings for the communities studied include the following:

- During 2002–2005, 15,600 youth were newly diagnosed with type 1 diabetes annually, and 3,600 youth were newly diagnosed with type 2 diabetes annually.
- Among youth aged <10 years, the rate of new cases was 19.7 per 100,000 each year for type 1 diabetes and 0.4 per 100,000 for type 2 diabetes. Among youth aged 10 years or older, the rate of new cases was 18.6 per 100,000 each year for type 1 diabetes and 8.5 per 100,000 for type 2 diabetes.
- Non-Hispanic white youth had the highest rate of new cases of type 1 diabetes (24.8 per 100,000 per year among those younger than 10 years and 22.6 per 100,000 per year among those aged 10–19 years).
- Type 2 diabetes was extremely rare among youth aged <10 years. While still infrequent, rates were greater among youth aged 10–19 years than in younger children, with higher rates among U.S. minority populations than in non-Hispanic whites.
- Among non-Hispanic white youth aged 10–19 years, the rate of new cases was higher for type 1 than for type 2 diabetes. For Asian/Pacific Islander and American Indian youth aged 10–19 years, the opposite was true—the rate of new cases was greater for type 2 than for type 1 diabetes. Among non-Hispanic black and Hispanic youth aged 10–19 years, the rates of new cases of type 1 and type 2 diabetes were similar.

## New cases of diagnosed diabetes *(continued)*

Rate of new cases of type 1 and type 2 diabetes among youth aged <20 years, by race/ethnicity, 2002–2005



Source: SEARCH for Diabetes in Youth Study

NHW=non-Hispanic whites; NHB=non-Hispanic blacks; H=Hispanics; API=Asians/Pacific Islanders; AI=American Indians

## Prediabetes

### Prediabetes among people aged 20 years or older, United States, 2010

- Prediabetes is a condition in which individuals have blood glucose or A1c levels higher than normal but not high enough to be classified as diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.
- Studies have shown that people with prediabetes who lose weight and increase their physical activity can prevent or delay type 2 diabetes and in some cases return their blood glucose levels to normal.
- In 2005–2008, based on fasting glucose or A1c levels, 35% of U.S. adults aged 20 years or older had prediabetes (50% of those aged 65 years or older). Applying this percentage to the entire U.S. population in 2010 yields an estimated 79 million Americans aged 20 years or older with prediabetes.
- On the basis of fasting glucose or A1c levels, and after adjusting for population age differences, the percentage of U.S. adults aged 20 years or older with prediabetes in 2005–2008 was similar for non-Hispanic whites (35%), non-Hispanic blacks (35%), and Mexican Americans (36%).
- Using a different data source than for other race/ethnicity groups, a different age group, and a different definition on the basis of fasting glucose levels only, and after adjusting for population age differences, 20% of American Indians aged 15 years or older had prediabetes in 2001–2004.

# Gestational diabetes in the United States

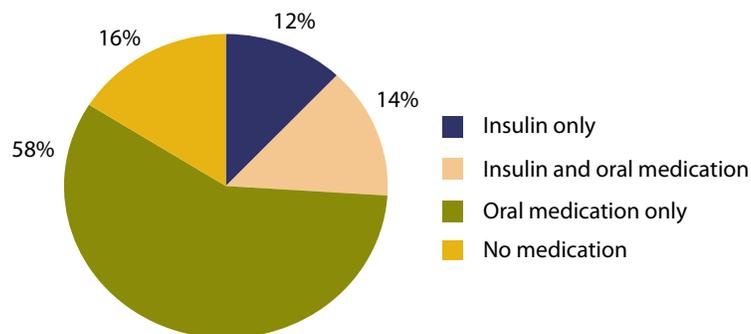


- Reported rates of gestational diabetes range from 2% to 10% of pregnancies.
- Immediately after pregnancy, 5% to 10% of women with gestational diabetes are found to have diabetes, usually type 2.
- Women who have had gestational diabetes have a 35% to 60% chance of developing diabetes in the next 10–20 years.
- New diagnostic criteria for gestational diabetes will increase the proportion of women diagnosed with gestational diabetes. Using these new diagnostic criteria, an international, multicenter study of gestational diabetes found that 18% of the pregnancies were affected by gestational diabetes.

*Women who have had gestational diabetes have a 35% to 60% chance of developing diabetes in the next 10–20 years.*

## Treatment of diabetes, United States, 2007–2009

**Percentage of adults with diagnosed diabetes receiving treatment with insulin or oral medication, United States, 2007–2009**



Source: 2007–2009 National Health Interview Survey

Among adults with diagnosed diabetes (type 1 or type 2), 12% take insulin only, 14% take both insulin and oral medication, 58% take oral medication only, and 16% do not take either insulin or oral medication.

# Deaths among people with diabetes, United States, 2007

- Diabetes was the seventh leading cause of death based on U.S. death certificates in 2007. This ranking is based on the 71,382 death certificates in 2007 in which diabetes was the underlying cause of death. Diabetes was a contributing cause of death in an additional 160,022 death certificates for a total of 231,404 certificates in 2007 in which diabetes appeared as any-listed cause of death.
- Diabetes is likely to be underreported as a cause of death. Studies have found that about 35% to 40% of decedents with diabetes had it listed anywhere on the death certificate and about 10% to 15% had it listed as the underlying cause of death.
- Overall, the risk for death among people with diabetes is about twice that of people of similar age but without diabetes.

*Overall, the risk for death among people with diabetes is about twice that of people **of similar age** but without diabetes.*

## Estimated diabetes costs in the United States, 2007

<b>Total (direct and indirect)</b>	\$174 billion
<b>Direct medical costs</b>	\$116 billion  After adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than what expenditures would be in the absence of diabetes.
<b>Indirect costs</b>	\$58 billion (disability, work loss, premature mortality)

*Medical expenses for people with diabetes are more than two times higher than for people without diabetes.*



# Complications of diabetes in the United States

## Heart disease and stroke

- In 2004, heart disease was noted on 68% of diabetes-related death certificates among people aged 65 years or older.
- In 2004, stroke was noted on 16% of diabetes-related death certificates among people aged 65 years or older.
- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- The risk for stroke is 2 to 4 times higher among people with diabetes.

## Hypertension

- In 2005–2008, of adults aged 20 years or older with self-reported diabetes, 67% had blood pressure greater than or equal to 140/90 millimeters of mercury (mmHg) or used prescription medications for hypertension.

## Blindness and eye problems

- Diabetes is the leading cause of new cases of blindness among adults aged 20–74 years.
- In 2005–2008, 4.2 million (28.5%) people with diabetes aged 40 years or older had diabetic retinopathy, and of these, 655,000 (4.4% of those with diabetes) had advanced diabetic retinopathy that could lead to severe vision loss.

## Kidney disease

- Diabetes is the leading cause of kidney failure, accounting for 44% of all new cases of kidney failure in 2008.
- In 2008, 48,374 people with diabetes began treatment for end-stage kidney disease.
- In 2008, a total of 202,290 people with end-stage kidney disease due to diabetes were living on chronic dialysis or with a kidney transplant.

## Nervous system disease

- About 60% to 70% of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, erectile dysfunction, or other nerve problems.
- Almost 30% of people with diabetes aged 40 years or older have impaired sensation in the feet (i.e., at least one area that lacks feeling).
- Severe forms of diabetic nerve disease are a major contributing cause of lower-extremity amputations.

## Amputations

- More than 60% of nontraumatic lower-limb amputations occur in people with diabetes.
- In 2006, about 65,700 nontraumatic lower-limb amputations were performed in people with diabetes.

# Complications of diabetes in the United States *(continued)*

## Dental disease

- Periodontal (gum) disease is more common in people with diabetes. Among young adults, those with diabetes have about twice the risk of those without diabetes.
- Adults aged 45 years or older with poorly controlled diabetes (A1c > 9%) were 2.9 times more likely to have severe periodontitis than those without diabetes. The likelihood was even greater (4.6 times) among smokers with poorly controlled diabetes.
- About one-third of people with diabetes have severe periodontal disease consisting of loss of attachment (5 millimeters or more) of the gums to the teeth.

## Complications of pregnancy

- Poorly controlled diabetes before conception and during the first trimester of pregnancy among women with type 1 diabetes can cause major birth defects in 5% to 10% of pregnancies and spontaneous abortions in 15% to 20% of pregnancies. On the other hand, for a woman with pre-existing diabetes, optimizing blood glucose levels before and during early pregnancy can reduce the risk of birth defects in their infants.
- Poorly controlled diabetes during the second and third trimesters of pregnancy can result in excessively large babies, posing a risk to both mother and child.

## Other complications

- Uncontrolled diabetes often leads to biochemical imbalances that can cause acute life-threatening events, such as diabetic ketoacidosis and hyperosmolar (nonketotic) coma.
- People with diabetes are more susceptible to many other illnesses. Once they acquire these illnesses, they often have worse prognoses. For example, they are more likely to die with pneumonia or influenza than people who do not have diabetes.
- People with diabetes aged 60 years or older are 2–3 times more likely to report an inability to walk one-quarter of a mile, climb stairs, or do housework compared with people without diabetes in the same age group.
- People with diabetes are twice as likely to have depression, which can complicate diabetes management, than people without diabetes. In addition, depression is associated with a 60% increased risk of developing type 2 diabetes.

As indicated above, diabetes can affect many parts of the body and can lead to serious complications such as blindness, kidney damage, and lower-limb amputations. Working together, people with diabetes, their support network, and their health care providers can reduce the occurrence of these and other diabetes complications by controlling the levels of blood glucose, blood pressure, and blood lipids, and by receiving other preventive care practices in a timely manner.



*Working together, people with diabetes, their support network, and their health care providers can reduce the occurrence of diabetes complications.*

# Preventing diabetes complications

## Glucose control

- Studies in the United States and abroad have found that improved glycemic control benefits people with either type 1 or type 2 diabetes. In general, every percentage point drop in A1c blood test results (e.g., from 8.0% to 7.0%) can reduce the risk of microvascular complications (eye, kidney, and nerve diseases) by 40%. The absolute difference in risk may vary for certain subgroups of people.
- In patients with type 1 diabetes, intensive insulin therapy has long-term beneficial effects on the risk of cardiovascular disease.

## Blood pressure control

- Blood pressure control reduces the risk of cardiovascular disease (heart disease or stroke) among people with diabetes by 33% to 50%, and the risk of microvascular complications (eye, kidney, and nerve diseases) by approximately 33%.
- In general, for every 10 mmHg reduction in systolic blood pressure, the risk for any complication related to diabetes is reduced by 12%.
- No benefit of reducing systolic blood pressure below 140 mmHg has been demonstrated in randomized clinical trials.
- Reducing diastolic blood pressure from 90 mmHg to 80 mmHg in people with diabetes reduces the risk of major cardiovascular events by 50%.

## Control of blood lipids

- Improved control of LDL cholesterol can reduce cardiovascular complications by 20% to 50%.

## Preventive care practices for eyes, feet, and kidneys

- Detecting and treating diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50% to 60%.
- About 65% of adults with diabetes and poor vision can be helped by appropriate eyeglasses.
- Comprehensive foot care programs, i.e., that include risk assessment, foot-care education and preventive therapy, treatment of foot problems, and referral to specialists, can reduce amputation rates by 45% to 85%.
- Detecting and treating early diabetic kidney disease by lowering blood pressure can reduce the decline in kidney function by 30% to 70%. Treatment with particular medications for hypertension called angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) is more effective in reducing the decline in kidney function than is treatment with other blood pressure lowering drugs.
- In addition to lowering blood pressure, ARBs and ACEIs reduce proteinuria, a risk factor for developing kidney disease, by about 35%.



*Detecting and treating diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50% to 60%.*

# General information

## What is diabetes?

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can lead to serious complications and premature death, but people with diabetes, working together with their support network and their health care providers, can take steps to control the disease and lower the risk of complications.

## Types of diabetes

**Type 1 diabetes** was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. To survive, people with type 1 diabetes must have insulin delivered by injection or a pump. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. In adults, type 1 diabetes accounts for approximately 5% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may be autoimmune, genetic, or environmental. There is no known way to prevent type 1 diabetes. Several clinical trials for preventing type 1 diabetes are currently in progress or are being planned.

**Type 2 diabetes** was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. In adults, type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or other Pacific Islanders are at particularly high risk for type 2 diabetes and its complications. Type 2 diabetes in children and adolescents, although still rare, is being diagnosed more frequently among American Indians, African Americans, Hispanic/Latino Americans, and Asians/Pacific Islanders.

**Gestational diabetes** is a form of glucose intolerance diagnosed during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to optimize maternal blood glucose levels to lessen the risk of complications in the infant.

**Other types** of diabetes result from specific genetic conditions (such as maturity-onset diabetes of youth), surgery, medications, infections, pancreatic disease, and other illnesses. Such types of diabetes account for 1% to 5% of all diagnosed cases.

## Treating diabetes

Diet, insulin, and oral medication to lower blood glucose levels are the foundation of diabetes treatment and management. Patient education and self-care practices are also important aspects of disease management that help people with diabetes lead normal lives.

- To survive, people with type 1 diabetes must have insulin delivered by injection or a pump.
- Many people with type 2 diabetes can control their blood glucose by following a healthy meal plan and exercise program, losing excess weight, and taking oral medication. Medications for each individual with diabetes will often change during the course of the disease. Some people with type 2 diabetes may also need insulin to control their blood glucose.
- Self-management education or training is a key step in improving health outcomes and quality of life. It focuses on self-care behaviors, such as healthy eating, being active, and monitoring blood sugar. It is a collaborative process in which diabetes educators help people with or at risk for diabetes gain the knowledge and problem-solving and coping skills needed to successfully self-manage the disease and its related conditions.
- Many people with diabetes also need to take medications to control their cholesterol and blood pressure.

# General information *(continued)*

## Prevention or delay of type 2 diabetes

- The Diabetes Prevention Program (DPP), a large prevention study of people at high risk for diabetes, showed that lifestyle intervention to lose weight and increase physical activity reduced the development of type 2 diabetes by 58% during a 3-year period. The reduction was even greater, 71%, among adults aged 60 years or older.
- Treatment with the drug metformin reduced the risk by 31% overall and was most effective in younger (aged 25–44 years) and in heavier (body mass index  $\geq 35$ ) adults.
- Prevention or delay of type 2 diabetes with either lifestyle or metformin intervention was effective in all racial and ethnic groups studied and has been shown to persist for at least 10 years.
- Interventions to prevent or delay type 2 diabetes in individuals with prediabetes can be feasible and cost-effective. Research has found that lifestyle interventions are more cost-effective than medications.

## Acknowledgements

### The following organizations collaborated in compiling the information for this fact sheet:

Agency for Healthcare Research and Quality: <http://www.ahrq.gov/browse/diabetes.htm>

American Association of Diabetes Educators: <http://www.diabeteseducator.org>\*

American Diabetes Association: <http://www.diabetes.org>\*

Centers for Disease Control and Prevention: <http://www.cdc.gov/diabetes>, <http://www.cdc.gov/nchs>

Centers for Medicare & Medicaid Services: <http://cms.hhs.gov>

U.S. Department of Veterans Affairs: <http://www.healthquality.va.gov>

U.S. Food and Drug Administration: <http://www.fda.gov>

Health Resources and Services Administration: <http://www.hrsa.gov>

Indian Health Service: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.asp>

Juvenile Diabetes Research Foundation International: <http://www.jdrf.org>\*

National Diabetes Education Program, a joint program of NIH and CDC: <http://www.yourdiabetesinfo.org>

National Diabetes Information Clearinghouse: <http://diabetes.niddk.nih.gov>

National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health: <http://www.niddk.nih.gov>

U.S. Department of Health and Human Services, Office of Minority Health: <http://www.omhrc.gov>

\* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

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### For other information:

Division of Diabetes Translation  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Highway NE, Mailstop K-10, Atlanta, GA 30341-3717  
Phone: 770-488-5000. <http://www.cdc.gov/diabetes>

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*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors  
Health Promotion and Disease Prevention Coordinators

**FROM:** Elaine S. Smith, MS, RD  
Program Coordinator

**DATE:** February 23, 2011

**SUBJECT:** Health Promotion/Disease Prevention (HP/DP) Toolkit Development

At the last review of the Loudoun County Area Agency on Aging, I noted that toolkits had been developed by Elizabeth Huibergtse, MSW, Aging Program Specialist, on a number of health topic areas and resources were obtained to enhance HP/DP presentations in the senior community centers. Most of the kits contain a video as well as handouts, an oral presentation, and demo/role playing. Topics are sometimes presented by a guest speaker. The topics are presented at least quarterly. The agency conducts a follow up survey to see what seniors learned and will put into practice.

I asked Kathryn Van Curen, Elder Resources Program Manager, and Ms. Huibergtse, to document the contents of several toolkits in order to share these valuable resources with other AAAs. The attachment that follows shows the process for establishing such programs; the contacts, including web links, for obtaining the contents for 5 of the most popular toolkits; and examples of client surveys for targeting programs and evaluating the presentations.

Health Promotion/Disease Prevention (HP/DP) Toolkit Development

February 23, 2011

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I was not able to test each of the web links provided; however, the ones I did test were working. If you have questions about the process, the toolkit contents, or the follow-up surveys, please contact the Loudoun County Area Agency on Aging as follows:

Kathryn Van Curen, Elder Resources Program Manager  
Elizabeth Huibregtse, MSW, Aging Program Specialist  
Loudoun County Area Agency on Aging  
A Division of the Department of Parks, Recreation and Community Services  
215 Depot Court, SE, 2nd Floor  
Leesburg, VA 20175  
Phone: 703-777-0257  
Fax Number: 703-771-5161  
E-mail: [Kathryn.VanCuren@loudoun.gov](mailto:Kathryn.VanCuren@loudoun.gov)  
[Elizabeth.Huibregtse@loudoun.gov](mailto:Elizabeth.Huibregtse@loudoun.gov)

## Disease Prevention Health Promotion

### Toolkit and Presentation Development

- Conduct a community survey to determine which health related topics are of interest in the community.
- Create a sheet to track results of the survey to determine which topics have the highest interest for that community.
- Go to national organization sites to find information and materials on the subject to be presented.
- Determine which other languages may be spoken in that community and find information in other languages to be shared with the community.
- Find local community resources related to the topic to share with participants. For example, if the topic is on dental health you may want to give local resources on local dental clinic or dental insurance options.
- You can also find someone to present on the topic that is knowledgeable on the subject or use a video from a national vetted organization. For example, you may want to have someone from American Heart Association speak on having a heart health.
- Create bags with basic information to be passed out to participants during the event. Additional information can be made available that participants can take with them, for example, local resources that may be of assistance.
- Conduct a survey after the presentation to determine how useful the presentation was to the participants, the length of the session, what information was learned, and space for additional comments.
- Collect this data to be put into an Excel spreadsheet to track the success of the presentation and/or what changes could be made to the presentation.

# Disease Prevention Health Promotion Program Toolkit Development

## **Name of Toolkit: Healthy Aging**

### **Possible Materials**

Healthy Aging Discussion Guide: Physical, Social, Mental, and Financial Wellness Seminar

Concept Guide Produced by: Educational Television Network, Inc. 2008

<http://www.aoa.gov>

Healthy Aging: Our Nations Health VCR tape 57:45 minutes by U.S.

Administration on Aging <http://www.aoa.gov>

Ways to Increase Fruits and Vegetables In Your Diet (front and back card)

Virginia Department for the Aging- 1610 Forest Avenue, Suite 100

Richmond, VA 23229 Toll Free 1-800-552-3402 [aging@vda.virginia.gov](mailto:aging@vda.virginia.gov)

Website: [www.vda.virginia.gov](http://www.vda.virginia.gov)

You Can Get There From Here: Reaching and mobility aids for independent living (brochure)

Virginia Assistive Technology System Toll Free 1-800-435-8490

Virginia Department for the Aging Toll Free 1-800-552-3402 brochure

Zip It Up : Clothing adaptation and dressing aids for independent living

Virginia Assistive Technology System Toll Free 1-800-435-8490

Virginia Department for the Aging Toll Free 1-800-552-3402 (brochure)

Avoid Scams and Fraud: Hang It Up! Tear It Up! Don't Open It Up!

(Brochure)

Center for Elder Rights 1600 Forest Avenue, Suite 102 Richmond, VA

23229

Phone 804/662-9333 Toll Free 1-800-552-3402

Personal Medical Record card- Virginia Department for the Aging Toll Free 1-800-552-3402

Mental Health Services- Use local resources

Good Mental Health is Ageless( brochure) - U.S. Department of Health and Human Services

1-800-729-6686 [www.csat.samhsa.gov](http://www.csat.samhsa.gov) SAMHSA's National Clearinghouse for Alcohol and Drug Information

Depression in Later Life (booklet)- Channing Bete Company 1-800-628-7733 [www.channing-bete.com](http://www.channing-bete.com) #PS74874

Exercise and Physical Activity: Your Everyday Guide from the National Institute on Aging

Publication No. 09-4258 January 2009 Reprinted September 2010

Toll Free 1-800-222-2225 [www.nia.nih.gov](http://www.nia.nih.gov) (book)

Healthy Aging (brochure) Upbeat Information on the Issues of Growing Older [www.healthyaging.net](http://www.healthyaging.net)

Enfermedades Cardiovasculares (Spanish) Information Sheets The National Alliance for Hispanic Health 1501 Sixteenth Street, NW Washington, DC 20036 tel: 202-387-5000

[www.hispanichealth.org](http://www.hispanichealth.org)

La Nutricion (Spanish) Information Sheets The National Alliance for Hispanic Health 1501 Sixteenth Street, NW Washington, DC 20036 tel: 202-387-5000

[www.hispanichealth.org](http://www.hispanichealth.org)

Tools For Life Planning In Virginia- Financial Tools, POA, Trusts, Wills, Probate, etc. (booklet)

Virginia Department for the Aging 1610 Forest Ave, Suite 100 Richmond, VA 23229 Toll Free 1-800-552-3402 Phone: 804-662-9333 E-mail:

[aging@vda.virginia.gov](mailto:aging@vda.virginia.gov)

Website: [www.vda.virginia.gov](http://www.vda.virginia.gov)

FTC- Donaciones de Caridad: Quien Toma lo que Usted Da?

<http://us.bbb.org> or [www.ftc.gov](http://www.ftc.gov) 1-877-382-4357

La Actividad Fisicia (Physical Activity) [www.hispanichealth.org](http://www.hispanichealth.org)

The National Alliance for Hispanic Health 1501 Sixteenth Street, NW Washington, DC 20036 tel: 202-387-5000

Your Personal Path to Health: Steps to a Healthier You (Food Pyramid)

[www.MyPyramid.gov](http://www.MyPyramid.gov) IFIC Foundation Publications Department 202-296-6540 <http://ific.org/publications>

# Name of Toolkit: Older Adults and Exercise

## Possible Materials

NIH Senior Health Exercise for Older Adults

<http://nihseniorhealth.gov>

Sit and Be Fit Exercise (Video) P.O. Box 8033 Spokane, WA 99203-0033

TEL: 509-448-9438 [www.sitandbenefit.org](http://www.sitandbenefit.org)

Exercise and Physical Activity Your Everyday Guide from The National Institute on Aging

P.O. Box 8057 Gaithersburg, MD 20898 Toll Free 1-800-222-2225

[www.nia.nih.gov](http://www.nia.nih.gov) (book)

Healthy Eating and Physical Activity Across Your Lifespan Better Health and You (booklet)

Weight Control Information Network 1 WIN Way Bethesda, MD 20892

Phone: (202) 828-1025 Toll Free Number 1-877-946-4627 Email:

[WIN@info.niddk.nih.gov](mailto:WIN@info.niddk.nih.gov) [www.win.niddk.nih.gov](http://www.win.niddk.nih.gov)

BIG MOVES : Yoga for Chair and Bed Mirage Video Productions P.O. Box 19141 (video) Portland, OR 97280 [www.miragevideos.com](http://www.miragevideos.com)

Chair Dancing International Inc. (video) 2658 Del Mar Heights Road, Del Mar, CA 92014

1-800-551-4386 [www.chairdancing.com](http://www.chairdancing.com)

Tai Chi Chuan Dawn Fleetwood (video) Orchid Leaf Productions P.O. Box 72 Flint, MI 48501

810-235-9864

Yoga for Round Bodies, Volumes 1 and 2 Linda DeMarco and Genia Pauli Haddon

Plus Publications P.O. Box 265-W Scotland, CT 06264 1-800-436-9642

[www.amazon.com](http://www.amazon.com) (video)

Age Page: Exercise and Physical Activity Getting Fit for Life

National Institute on Aging Information Center 1-800-222-2225

[www.nia.nih.gov](http://www.nia.nih.gov) (brochure)

[www.nia.nih.gov/Espanol](http://www.nia.nih.gov/Espanol)

Age Page: Exercise: Getting Fit For Life

National Institute on Aging Information Center 1-800-222-2225

[www.nia.nih.gov](http://www.nia.nih.gov) (brochure)

[www.nia.nih.gov/Espanol](http://www.nia.nih.gov/Espanol)

Weight Control Information Network Active at Any Size!

1 WIN Way Bethesda, MD 20892 (booklet)

Phone: (202) 828-1025 Toll Free Number 1-877-946-4627 Email:

[WIN@info.niddk.nih.gov](mailto:WIN@info.niddk.nih.gov)

[www.win.niddk.nih.gov](http://www.win.niddk.nih.gov)

Healthy Eating and Physical Activity Across Your Lifespan "Young at Heart" (Booklet)

[www.niddk.nih.gov/health/nutrit/nutrit.htm](http://www.niddk.nih.gov/health/nutrit/nutrit.htm)

1 WIN Way Bethesda, MD 20892

Phone: (202) 828-1025 Toll Free Number 1-877-946-4627 Email:

[WIN@info.niddk.nih.gov](mailto:WIN@info.niddk.nih.gov)

[www.win.niddk.nih.gov](http://www.win.niddk.nih.gov)

Growing Smarter Living Healthier A Guide to Smart Growth and Active Aging

1200 Pennsylvania Ave N.W. Room 2512 Ariel Rios North

Washington, DC 20460 [www.epa.gov/aging](http://www.epa.gov/aging) August 2009

U.S. Environmental Protection Agency (booklet)

## **Name of Toolkit: Dental Health**

### **Possible Materials**

Toolkit, DVD, booklets-Oral Longevity and a Healthy Mouth for Life obtained from

GlaxoSmithKline and the American Dental Association

([www.orallongevity.ada.org](http://www.orallongevity.ada.org) )

(English and Spanish)

Two Information Cards from Virginia Department of Health on the topics of Flossing and

Don't Run Out of Time for a Healthy Smile (cards) Virginia Dept of Health

[www.vahealth.org/teeth](http://www.vahealth.org/teeth)

Handout: Oral Health-Preventing Cavities, Gum Disease, and Tooth Loss, from the Centers for Disease Control and Prevention (From CDC) Tel: 770-488-6054

Email: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: <http://www.cdc.gov/oralhealth>

Oral Health information handout in Chinese (From cda.org) 1-800-CDA-

## SMILE

Oral Health information handout in Spanish (From ADA)

Toothache handout (from [www.healthinfofortranslations.org](http://www.healthinfofortranslations.org) )

How to Clean Your Dentures handout (from [www.denturehelp.com](http://www.denturehelp.com) )

Handouts on dental resources (include your own local resources)

Dental Care for the Elderly <http://www.vahealth.org> Adult Oral Health Information 804-864-7785

Boca and Dientes: Como mantenerlos sanos (Spanish)

<http://familydoctor.org>

Age Page: Taking Care of Your Teeth and Mouth (English and Spanish)

National Institute on Aging Information Center 1-800-222-2225

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

[www.nia.nih.gov/healthinformation](http://www.nia.nih.gov/healthinformation)

Oral Health: A window to your overall health [www.mayoclinic.com](http://www.mayoclinic.com)

Halitosis (Bad Breath) <http://familydoctor.org> (English and Spanish)

AARP Dental Insurance Plan [www.aarp.org](http://www.aarp.org) 1-866-583-2085

[aarpdental@deltadentalins.com](mailto:aarpdental@deltadentalins.com)

## **Name of Toolkit: Reduce Your Risk of Cancer**

### **Possible Materials**

Cancer Facts for Men American Cancer Society 1-800-ACS-2345

[www.cancer.org](http://www.cancer.org) No. 200800

Take Control of Your Health and Reduce Your Cancer Risk (English and Chinese) No. 201905

Choices for Good Health Guidelines for Nutrition and Physical Activity for Cancer Prevention No. 208900

Cancer Facts for Women 1-800-ACS-2345 [www.cancer.org](http://www.cancer.org) No 200700

Informacion sobre el cancer para las mujeres (Spanish) No 262300

Tome Control Reduzca su Riesgo de Cancer (Spanish) American Cancer Society No 201906

How to Perform a Breast Self-Exam

How Does Radiation Work to Treat Cancer? [www.cancer.org](http://www.cancer.org) American Cancer Society

Eating Smart (video) 1990 9 minutes Types of food that may help to

reduce the risk of cancer

The American Cancer Society

Digital 2000 Diet, Nutrition, and Cancer Prevention - National Center for Disease Control and Public Health Service 11 minutes (DVD)

It's about saving face...and more SKIN CANCER Hope Publications

International Health Awareness Center, Inc. 616-343-0770

[www.hithope.com](http://www.hithope.com)

Sources of Financial Assistance CancerCare 1-800-813-4673

[www.cancercare.org](http://www.cancercare.org)

Brain Tumor Society [www.tbts.org](http://www.tbts.org) 1-800-770-8287

Leukemia and Lymphoma Society [www.lls.org](http://www.lls.org) 1-800-955-4572

National Marrow Donor Program [www.marrows.org](http://www.marrows.org) 1-888-999-6743

Sun Protection Messages by National Council on Skin Cancer Prevention

[www.skincancerprevention.org](http://www.skincancerprevention.org)

Age Page: Cancer Facts for People Over 50 National Institute on Aging Information Center

1-800-222-2225 [www.nia.nih.gov/healthinformation](http://www.nia.nih.gov/healthinformation)

Colon Testing for Cancer Prevention (Chinese) ACS 1-800-227-2345

[www.cancer.org](http://www.cancer.org)

Five Lifesaving Things You Can Do (English/Chinese) ACS 1-800-227-2345

[www.cancer.org](http://www.cancer.org)

## **Name of Toolkit: Diabetes**

### **Possible Materials**

(Toolkit) Medicare Diabetes Screening Project

[www.screenfordiabetes.org](http://www.screenfordiabetes.org) National Council on Aging

[www.ncoa.org/connectthedots](http://www.ncoa.org/connectthedots) 1901 L. Street N.W. 4th Floor

Washington, DC 20036 Phone 202-479-1200 Program Materials for Seniors and Trainers

(Brochure) Monitor your Diabetes for a Healthy Future- Virginia Health Quality Center

1-800-545-3814 [www.vhqc.org](http://www.vhqc.org) VHQC/DIA/00-03

(Double sided flyer) National Diabetes Education Program "Tips to Help You Stay Healthy" [www.yourdiabetesinfo.org](http://www.yourdiabetesinfo.org) 1-888-693-NDEP

(Magnet) If you have diabetes, get a HEAD to TOE check up every year!  
Virginia Health Quality Center.

(Toolkit) The Power to Control Diabetes Is in Your Hands Community  
Outreach Kit

1-888-693-6337 [www.ndep.nih.gov](http://www.ndep.nih.gov)

(Card) Diabetes Check-Up Card Diabetes Research & Wellness  
Foundation 5151 Wisconsin Ave, NW Suite 420 Washington, DC 20016 1-  
800-941-4635

[www.diabeteswellness.net](http://www.diabeteswellness.net)

(Booklet) Pills for Type 2 Diabetes - Agency for Healthcare Research and  
Quality [www.ahrq.gov](http://www.ahrq.gov)

(Fold out) Ask. Screen. Know. Novo Nordisk [www.novonordiskcare.com](http://www.novonordiskcare.com)

American Diabetes Association [www.diabetes.org](http://www.diabetes.org) 1-800-342-2383

Ask.Screen.Know.com Info about Medicare diabetes screening benefit  
with access to a brochure and health recording tool to keep track of  
blood sugar numbers and more.

(Brochure) Are you at risk for Type 2 Diabetes? [www.diabetes.org](http://www.diabetes.org) 1-800-  
diabetes

(English and Spanish)

(Booklet) What I need to know about Physical Activity and Diabetes- U.S.  
Dept of Health and Human Services - National Institute of Diabetes and  
Digestive and Kidney Diseases NIH Publication 08-5180

[www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov) (In Spanish No 08-5180S)

National Diabetes Information Clearinghouse 1-800-860-8747

(Book) Your Guide to Diabetes Type 1 and Type 2 NIH Publication No. 09-  
4016

National Diabetes Information Clearinghouse 1-800-860-8747

[www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)

(Book) What I need to know about Eating and Diabetes NIH Publication  
08-5043

National Diabetes Information Clearinghouse 1-800-860-8747

[www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)

(Book English/Spanish) What I need to know about Diabetes Medicines  
National Diabetes Information Clearinghouse 1-800-860-8747

[www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)

Good Health Pocket Diary "Staying Healthy Until a Cure is Found" Bi-  
Monthly Logbook

[www.diabeteswellness.net](http://www.diabeteswellness.net) 1-800-941-4635 Diabetes Research & Wellness Foundation

(Brochure) What is Pre-Diabetes

(Brochure) Your feet and Diabetes

(Brochure) What is Diabetes?

Age Page: Dealing with Diabetes (brochure) The National Institute on Aging

1-800-222-2225 <http://www.nih.gov/nia>

Living Well with Diabetes- (Brochure) Krames Fast Guide - Krames Patient Education

[www.krames.com](http://www.krames.com) 1-800-333-3032

1-800- 438-5383 [www.ndep.nih.gov](http://www.ndep.nih.gov)

(Flyer Spanish) 4 Pasos para mantenerse saludable

[www.diabetesinformacion.org](http://www.diabetesinformacion.org)

(Flyer Spanish) Diabetes <http://www.fda.gov/diabetes> la Administracion de Alimentos y Medicamentos (FDA)

(Print out - Farsi) Diabetes 404-651-25642 Nutrition Education for New Americans project of the Department of Anthropology and Geography at Georgia State University

(Print out- Punjabi/Urdu/Farsi) Diabetes [info@diabetes.org](mailto:info@diabetes.org)  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

(Print out- Chinese) Diabetes- The Ohio State University Medical Center  
[www.healthinformation.com](http://www.healthinformation.com)

(Booklet-Chinese) Steps to Manage Your Diabetes - Association of Asian Pacific Community Health Organizations. NIH Publication 98-4343L

(Flyer- Korean) Diabetes National Diabetes Education Program: "From the Doctor" Newspaper Ads

(Book- Spanish) Guia para personas con diabetes tipo 1 y tipo 2 NIH Publication No 08-40168

National Diabetes Information Clearinghouse 1-800-860-8747

[www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)

## **The Senior Center at Cascades Survey Health and Wellness Information Sessions**

What health and wellness presentations listed below would you be interested in learning about?

(Please place a check in the box)

- Advance Directives                       Ageism
- Aging Policy                               Alcohol Abuse and Problem Gambling
- Adult Education Programs
- Alzheimer's and Brain Health
- Anxiety
- Assistance with Basic Needs (food, clothing, housing..)
- Arthritis
- Automobile Maintenance and Driver Safety
- Diabetes Prevention/Management
- Emergency Preparedness
- Organizing Your Home
- Independent Living/Assisted Living/Nursing/Hospice
- Loudoun County Area Agency on Aging Services
- Communicating Across Cultures
- Depression
- Elder Abuse and Domestic Violence
- Exercise for Seniors
- Family and Professional Caregiving/ Home Care Service

- Being Safe in the Community       Hearing Loss
  
  - Funeral Options and Services
  
  - Growing Old in a New Age
  - Home Repair and Efficiency       Caregiver Support
  - Healthy Aging       Family Dynamics/Mediation
  - Home/Community Safety       Nutrition/Weight Loss
  
  - Osteoporosis       Preventing Heart Attack / Stroke
  - Art and Pet Therapy       Pain and Symptom Management
  - Mental Health Services       Preventing Medication and Other  
Accidental Poisonings
  - Volunteer and Activity Opportunities
  
  - Social Security Benefits
  
  - Medicare/Medicaid Benefits and Other Supplemental Insurance
  
  - Driver Safety Tips and Transportation Options
  
  - Preventing Vision Loss
  
  - Low Income Housing Options
  
  - Stress Management and Relaxation Techniques
  
  - Cancer Prevention
  
  - Parkinson's Disease
  
  - Understanding and Dealing with Grief / Loss (spouse, home, abilities,)
  
  - Using the Internet to Find Older Adult Resources
  
  - OTHER \_\_\_\_\_
- 

Would you like someone to contact you when a presentation that you are interested in is occurring?     Yes     No

If Yes..... Your Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for your participation in this survey! Your feedback is important to us.  
Please return this survey to the front desk. Thank you once again!  
Loudoun County Area Agency on Aging- Health and Wellness Outreach  
703-777-0257

Educational Presentation Feedback and Evaluation  
Loudoun County Area Agency on Aging

Course Title: Nutrition

Outreach Presenter: Liz Huibregtse

Date and Time: 06-17-2010

10:45-12:00 pm

Location: Cascades Senior Center

1.) On a scale of 1 to 5 (with 5 being the highest), how would you rate this session for its usefulness to you?

5 (highest)    4    3    2    1 (lowest)

2.) The length of this class was: (please circle one)

a.) Too much            b.) Just right            c.) Not enough

3.) What information was presented that you found helpful and can use immediately? (Please give specific examples)

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Additional Comments?

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Thank you for attending this session and for your participation in this survey.

