

# Diabetes Partners in Action Coalition

## In the news

The new external DPAC website is being updated with workgroup reports, highlights and additions to the toolbox. Visit <http://www.dpacmi.org>.

### Jennifer Edsall New DPAC Operations Manager



On October 1<sup>st</sup>, Jennifer Edsall joined the Michigan Department of Community Health Diabetes and Kidney Disease Unit. Previous to this position, Jennifer was the coordinator of the

Michigan Dementia Coalition and worked in the Michigan Department of Community Health, Cardiovascular Disease Section. She is a licensed Master's level social worker who has directed community based programs with a focus on chronic disease and older adults in the Lansing area. According to Jennifer, "As someone who has personal and professional experience working with folks who have been diagnosed with diabetes, I look forward to working with DPAC in efforts to prevent and control diabetes across Michigan. I enjoyed meeting many of you at the recent Full Membership DPAC meeting, and was impressed by your level of expertise and commitment to diabetes and kidney disease prevention and treatment."

### Michigan Diabetes Prevention Course

Do you reach people with prediabetes and others at high risk of diabetes?

The Michigan Diabetes Prevention Course is now available. The free, one-day instructor training sessions will be held this fall:

- § **November 3 or 17 -- Grand Rapids**
- § **November 6 -- St Clair**

To register and for more information contact Megan Goff at [goffm1@michigan.gov](mailto:goffm1@michigan.gov) or 517-335-8853

### Diabetes and Oral Health: New Toolkit Available

By Dawn Crane, MS, ACNS-BC, CDE  
Diabetes Prevention and Control Program  
Michigan Department of Community Health

You may already know that hyperglycemia (high blood glucose) increases the risk for infection. But, did you realize that having diabetes increases the risk for chronic gum infections **two to three times** over that of someone without diabetes? And, that poorly managed diabetes, gum infections and poor oral care then increase the risk for tooth loss? These factors can each affect one's ability to eat, cause pain, and impact making healthy food choices. So, diabetes does affect oral health and the reverse is also true: poor oral health affects one's diabetes by making blood glucose control more difficult.

Training and Education Workgroup members set out to increase public awareness of the connection between diabetes and oral health in 2009. The workgroup developed a toolkit to assist in the dissemination of valuable information. In developing the toolkit, workgroup members focused on available consumer-oriented, written materials from various national, state, and commercial sources. The chosen materials present accurate information that is consumer friendly, current, free and available in English and/or Spanish.

We hope that you will visit the DPAC website to access the Oral Health and Diabetes toolkit ([www.michigan.gov/diabetes](http://www.michigan.gov/diabetes), click on DPAC). The toolkit is under *Workgroups: Training and Education Programs*. Please help us educate and improve both the oral and overall health of people with diabetes by distributing these resources.



## World Diabetes Day is November 14th



The theme for World Diabetes Day this year centers on diabetes education and prevention. The key messages for the campaign are:

- Know the diabetes risks and the warning signs
- Know how to respond to diabetes
- Know how to manage diabetes and take control

Find out more about the World Diabetes Day by visiting the official website:

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

The Prevention Workgroup is taking the lead on the campaign for DPAC. The workgroup plans to send email messages to all DPAC members with the following:

- Suggested activities to implement in your organization or community
- Talking points
- Resource links

*Keep an eye out for World Diabetes Day emails in the next couple of weeks!*

### Save the Dates:

**November 6, 10 – 11 am:** Webinar: *Oral Health and Diabetes*. The Michigan Oral Health Coalition is hosting this webinar to familiarize diabetes educators, dentists, dental hygienists and dental assistants with the techniques to treat a patient with diabetes. All DPAC members are able to register at the Michigan Oral Health Coalition member rate of \$40. For more information, contact Karlene Ketola, Executive Director of the Michigan Oral Health Coalition, at 517-381-8000, ext. 218.

**Thursday, April 29, 2010** – DPAC Meeting, Kellogg Center, East Lansing

## Myths and Facts about Diabetes and Health Care Reform

*From the American Diabetes Association*

Rumors about health care reform are spreading, many of them with serious implications for people with diabetes. To respond to this situation, the ADA has put together a list of *Myths and Facts about Health Care Reform* which DPAC encourages you to read at:

<http://www.diabetes.org/>

Here is an example of one of the myths and facts, pertaining to access to diabetes services, supplies and care:

**MYTH:** Health care reform aims to ration access to health care, including diabetes services and supplies and care for Medicare seniors.

**FACT:** Health care reform will not lead to rationing access to health care including diabetes services and supplies. Currently the U.S. spends the largest amount (and highest percentage of gross domestic product) on health care in the world, yet we have some of the worst health outcomes. Health care reform does not aim to cut health care costs by rationing care, rather health care reform focuses on ensuring that the money we do spend on health care goes to high quality and appropriate care. Health care reform attempts to redirect spending to high quality care and reducing unnecessary, poor quality expensive sick care. Health care reform will protect Medicare patients' access to their health care providers and reduce the costs of preventive care to help seniors live healthy lives. Health care reform will not cut Medicare benefits, reduce access to Medicare services or give the government the power to make treatment decisions for anyone regardless of age.

