

### **Are You Prepared for a Disaster?**

It is true New Mexicans don't worry much about hurricanes or earthquakes. But, it seems most summers some community gets evacuated due to fires, and we have had isolating snow and ice storms in recent years.

Here are some ideas gathered from recent publications by the American Diabetes Association.

Gathering an emergency supply kit in advance and communicating your needs to family, friends, and coworkers seem to be the keys to staying healthy under stressful circumstances.

- Store at least one week's worth of diabetes supplies in an easy-to-identify container (waterproof and insulated) in a location that is convenient to get to in an emergency. Keep "blue ice" available to include to cool insulin, if needed.
  - Supplies might include oral medication, insulin, insulin delivery supplies, lancets, meter and strips, extra batteries for a meter and/or pump, prepackaged snacks, bottled water and a supply of a quick-acting source of glucose. Consider an extra glucagon emergency kit. Include other medications you may need such as those for blood pressure and cholesterol control.
- Keep an up-to-date list of emergency contacts; copies of medical information; prescription names, numbers and dosages. Chain pharmacies can often fill a prescription with the number alone, if you find yourself in a different city.
  - Be up-to-date with all immunizations, including tetanus and keep an immunization record in your disaster kit.
- Parents of a child with diabetes should keep copies of the physician's orders that are filed with the school or day care. Communicate with the school in advance about their protocol for emergency evacuation. Ask which staff members will assist your child in an emergency situation.
- If evacuated, communicate with those around you about your diabetes and the location of your emergency kit. Wear medical identification that will help ensure adequate medical care.
- Review your kit and replenish it at least every six months, or more frequently if medications change.
- Evacuate early, if possible, to avoid increasing difficulty in receiving shelter and support.

**Feel free to copy this information and share with others.**

Carol Marr, RD  
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## Health Literacy and Patient Education

An article posted on Medscape recently has opened doors to some new resources for client communication and education. "Building a Case for Using Technology: Health Literacy and Patient Education", Margaret Z. Cassey, MPH, RN, BC, published in Nursing Economics, 2007;25(3):186-188., addresses assessment of health literacy and provides resources for several tools.

The American Medical Association (AMA) Foundation has a campaign titled "Ask Me 3". Patients are encouraged to ask their providers "**What is my main problem?**", "**What do I need to do?**", and "**Why is it important for me to do this?**". Posters (English and Spanish) are available for use in exam rooms.

AMA Foundation also offers the following advice:

"A few informal cues to look for when assessing a patient's level of health literacy may include showing up for appointments on the wrong day or time, making excuses for not reading something that is handed to the patient, and inability to discuss medication timetables or which medicine was prescribed for a particular health problem. A few steps providers can take to make a difference include:

- Slow down
- Use plain, non-medical language
- Show or draw pictures
- Limit the amount of information provided, and repeat it
- Use the teach-back or show-me technique
- Create a shame-free environment

Pfizer has a health literacy assessment tool that will help assess the client's ability in the area of prose literacy, numeracy, and document literacy. It simply uses a "Nutrition Facts" food label and a set of 6 questions. You can take a look and download at [www.pfizerhealthliteracy.com/physicians-providers/newest-vital-sign.html](http://www.pfizerhealthliteracy.com/physicians-providers/newest-vital-sign.html)

Also at that web address is a leaflet titled, "Help Your Patients Succeed" with good reminders for all of us who teach, whatever the setting.

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## **Blue Corn Tortillas**

A study in Mexico suggests that blue corn tortillas may be healthier than white corn tortillas. Tortillas made from blue corn had less carbohydrate and a lower glycemic index. The glycemic index (GI) ranks carbohydrates according to their effects on blood glucose levels. Low GI foods are said to reduce the risk of heart disease and diabetes.

Blue corn tortillas also had 20% more protein than white tortillas. The blue color is due to the presence of anthocyanins in the corn. This the same compound found in purple grapes and red wine.

This information is from a press release from SCI (Society of Chemical Industry) To find the press release go to:

[http://www.eurekaalert.org/pub\\_releases/2007-07/soci-cb072507.php](http://www.eurekaalert.org/pub_releases/2007-07/soci-cb072507.php)

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## **Nopales Help Control Blood Sugars**

A new study shows that eating nopales (prickly pear cactus pads) with a traditional Mexican breakfast can help people with diabetes control their blood sugar. The study was done at the Universidad Autonoma de Baja California in Tijuana, Mexico. The study was to determine whether eating nopales, which have a very low glycemic index and are high in fiber, would reduce the rise in blood sugar after a meal in people with diabetes eating traditional Mexican breakfasts.

After a 12 hour fast people with type 2 diabetes ate chilaquiles (a casserole of corn tortillas with cheese, beans and tomato sauce), scrambled eggs and tomato burritos, or quesadillas with pinto beans and avocados, with or without 85 grams (about 3 ounces) of nopales.

For each of the breakfasts, adding nopales resulted in a significantly lower rise in blood sugar than when the meal was eaten without nopales. The blood sugar response was 48% lower when nopales were eaten with quesadillas. Nopales lowered the blood sugar response 30% with chilaquiles and 20% with scrambled eggs and burritos.

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## **Exercise Important in Control of Type 2 Diabetes**

Researchers found that when they combined the results from 103 studies, there was clear evidence that lifestyle changes helped people with type 2 diabetes get better control of their type 2 diabetes. While diet, exercise, and medication compliance are all important to diabetes management, exercise alone was effective in these studies.

The review found that studies that focused only on increasing exercise levels had greater benefits than those that tried to change patients' diets, exercise habits, and medication compliance all at once.

The findings "could mean that it is easier for people to focus on one thing at a time" said lead study author Dr. Vicki Conn. "It is easy for people to get overwhelmed when asked to make too many changes." The review by Dr. Conn and her colleagues from the University of Missouri-Columbia is published in the journal *Diabetologia*.

The research team found that blood sugar improvements were twice as great in studies that focused on exercise alone than in those that tried to improve diet, exercise and medication compliance. Exercise helped study participants regardless of their weight or how poor their blood sugar had been in the past.

*Diabetologia* (2007) 50:913-921

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### **New handouts from Diabetes Care and Education Practice Group of the American Dietetic Association**

The handouts are free and can be downloaded from:

<http://www.dce.org/publications/slicks.htm>

There are three new handouts:

- Sweet Taste Without the Calories (on sugar substitutes)
- Calories Count (weight loss information)
- Meal-Replacement Products for People with Diabetes (meal replacement drinks and bars)

Check out the other handouts, there may be some that will meet your clients' needs.