

Our Mission

The Cray Diabetes Self-Management Center supports the University of Kansas Health System's Endocrinology and Internal Medicine Departments for comprehensive diabetes care. The diabetes center is founded on Bud and Sally Cray's beliefs that diabetes treatment should not be hurried and should be based on mutual conversations, listening and problem solving. These beliefs continue to be the driving model for patient care within the program. Patients have opportunities to visit with diabetes educators, attend support groups and take group classes in addition to their regular doctor and advanced practice professional visits.

For more information contact us at Craydiabetes@kumc.edu or call 913-588-6877.



Endocrinology Corner

Type 2 Diabetes and Liver Health

By Amita Jain, MD, Endocrine fellow

Adults with type 2 diabetes, particularly those with obesity, hyperlipidemia and hypertension, are at increased risk for inflammatory liver disease. This is referred to as metabolic dysfunction-associated steatotic liver disease (MASLD), which was formally known as non-alcoholic fatty liver disease. It is estimated that MASLD may occur in up to 70% of people with type 2 diabetes. Patients with type 2 diabetes have a higher risk of rapid progression of liver disease, eventually culminating in liver cirrhosis. Those with type 2 diabetes and cirrhosis have a twofold increased risk of liver cancer as compared to those without diabetes. Hence, early detection of liver dysfunction is critical for patients with diabetes as most patients with MASLD are asymptomatic in early stages.

Talk to your doctor about the appropriate screening test for you.

- A simple non-invasive screening test called Fibrosis-4 (Fib-4) Index offers an easy assessment for liver fibrosis.

Talk to your doctor about what medications may be right for you.

- Medications may include pioglitazone, GLP1 receptor agonists and SGLT2 inhibitors.

Ask your doctor about meeting with a Registered Dietitian and Certified Diabetes Education and Care Specialist.

- Multiple diet and lifestyle interventions have been studied in patients with fatty liver disease. The overall goal of these interventions is to achieve a gradual weight loss of 7-10% of body weight. The Mediterranean diet has been found to be useful due to its cardiovascular benefits.

Other strategies to consider:

- Minimize alcohol intake: ≤ 1 drink per day for women and ≤ 2 drinks per day for men; abstain from alcohol for those with fibrosis
- Reduce simple carbohydrates (processed snack foods, sugary drinks and sweets)
- A combination of light exercises and strength building exercises for a minimum of 150 minutes per week.

References:

1. 4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes—2025 | Diabetes Care | American Diabetes Association
2. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease - PubMed

Services Available:

- Medical Visits (MD, PA, NP)
- Individual Diabetes Education
- Group Diabetes Education Classes
- Telehealth options available

Locations:

- KUMC Main Campus - 2000 Olathe Blvd, Kansas City, KS 66160
- College Square Medical Pavilion - 12000 W 110th, Overland Park, KS 66210
- Englewood Center - 101 NW Englewood Rd, Gladstone, MO 64118



Technology Updates

Technology Advancements in Diabetes

By Race Shepherd, MS, RD, CDCES

The fall of 2025 promises exciting updates in continuous glucose monitoring (CGM) and insulin delivery systems, bringing improved wear times, new FDA approvals, and better integration for diabetes management.

Dexcom G7: Extended Wear Time Coming Soon

Dexcom is extending the wear time for its G7 CGM from 10.5 days to 15 days and is expected to roll out this change starting in Fall 2025. This update will reduce the frequency of sensor changes, offering more convenience and fewer interruptions for users. It also supports sustainability efforts by reducing waste. The longer wear time means users can focus more on their diabetes management without the need for constant sensor replacements.

Medtronic Simplera Sensor Receives FDA Approval

Medtronic's Simplera CGM sensor has received FDA approval and will launch this fall. The Simplera sensor promises enhanced accuracy and is designed for seamless integration with Medtronic's insulin pumps. With the ability to wear the sensor for up to 7 days, users will enjoy longer-lasting, real-time glucose monitoring and automated insulin delivery. This launch expands Medtronic's CGM offerings, providing another option for those seeking a more efficient diabetes management system.

Omnipod and Dexcom G7 Compatibility on iPhone

Omnipod's tubeless insulin pump will soon integrate with the Dexcom G7 when using the iPhone app, offering users easy access to real-time glucose data directly from their smartphones. This update, expected this year, will simplify diabetes management by consolidating glucose tracking and insulin delivery into a single device. Users can monitor their glucose levels and insulin delivery effortlessly while on the go, further streamlining their daily diabetes care. (This feature is already available for users that control their pump through the PDM or an Android phone).

Talk with your diabetes providers to learn more about taking advantage of these advancements and how they could help you!



Simplera™ by Medtronic™



Omnipod 5@ with Dexcom G7™



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Learn About Cray Diabetes Center What is an American Diabetes Association Education Recognition Program?

By Aubrey Hall, RD, CDCES

The services at the Cray Diabetes Self-Management Center include a diabetes education program that is recognized by the American Diabetes Association. Being recognized by the American Diabetes Association means that the education program has been identified as meeting the National Standards for Diabetes Self-Management Education and Support (DSMES).

Standards for an education program to maintain recognition include:

- Staffing professionals who specialize in diabetes by maintaining diabetes-specific continuing education activities or the credential Certified Diabetes Care and Education Specialist (CDCES).
- Utilizing an evidenced-based curriculum to guide education.
- Assessing the participant's diabetes education needs to establish a personalized education plan that is based on a participant's specific needs and concerns.
- Assisting participants in setting behavioral goals and providing support for behavior change.
- Communication with the participant's referring provider and other healthcare team members on the education provided and participant outcomes.
- Monitoring participant and program outcomes and maintaining a continuous quality improvement project based on review of outcomes.

Evidence has shown that people with diabetes who participate in DSMES have positive changes in health behaviors and improved outcomes including improved A1C, reduced onset or progression of diabetes complications, enhanced quality of life, decreased diabetes-related stress, improved lifestyle habits such as healthier meal planning, engagement in physical activity and effective weight management, and fewer emergency room visits, hospital admissions and readmissions.

When you are referred to a diabetes program recognized by the American Diabetes Association, you can trust that the education meets high standards designed to help you manage your condition and improve your health outcomes.

Source: <https://professional.diabetes.org/education-recognition-program>



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Expert Advice Exercise “Snacks”

By Haley Bjelobrk, MS, RD, CDCES

Short on time but want to increase fitness and help lower blood sugar? Exercise “snacks,” or short bursts of exercise, can have significant improvements in blood sugar control, cardiovascular health, and overall fitness. Research has shown that engaging in short, frequent bouts of exercise such as walking, stair climbing, cycling, and bodyweight resistance exercises such as squats and lunges can help improve insulin sensitivity and prevent large spikes in blood sugar after meals. By breaking up long periods of sitting after eating, the body can more effectively regulate blood sugar. Exercise “snacks” offer an easy, accessible, and effective way to combat the challenges of diabetes, making it a powerful tool in daily management.

Where to start?

- Include a 5-15 minute walk after meals
- Do sets of squats or lunges during TV breaks
- Walk around the house during phone calls
- Complete a “mini circuit” at your desk including marching in place, half squats, lunges for 5 minutes
- Try a 10 minute Youtube “walk at home” or light strength training video

Healthy Eating Recipe Roasted and Spiced Chickpeas

By Megan Gomez, Dietetic intern, KUMC

This is a simple but delicious recipe that can be a great substitute for chips or for those with nut-allergies. It can be eaten as a snack, or as a topping for soups and salads! It can also be easily prepped as a pre-exercise snack to provide energy during exercise. You can switch spices based on what you like, to have a variety of flavors.

Ingredients:

- Nonstick cooking spray
- 1 can (15.5 oz) garbanzo beans, rinsed and drained (dry well)
- 2 tbsp olive oil
- 1 tsp ground cinnamon
- 1 tsp cumin
- 1/4 tsp chili powder
- 1/4 tsp salt (optional)
- 1 1/2 tbsp low-calorie brown sugar substitute

Directions:

1. Preheat oven to 400°F. Spray a baking sheet with cooking spray.
2. In a medium bowl mix together garbanzo beans, 1 Tbsp. olive oil, cinnamon, cumin, chili powder and salt.
3. Spread garbanzo bean mixture evenly on baking sheet. Bake for 40-45 minutes, stirring every 10 minutes, until beans are crispy and dry.
4. Remove from oven and place hot beans in a medium bowl. Add 1 Tbsp. olive oil and low-calorie brown sugar substitute. Mix well.
5. Pour beans on parchment paper and allow to cool for 20 minutes.

Nutrition Facts per serving (1/4 cup): Calories 120, Fat 6 g, Carbohydrates 15 g, Fiber 4 g, Protein 4 g; serves 6

Recipe from www.diabetesfoodhub.org

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