

D **T E X A S** DIABETES

The Newsletter of the Texas Diabetes Council 

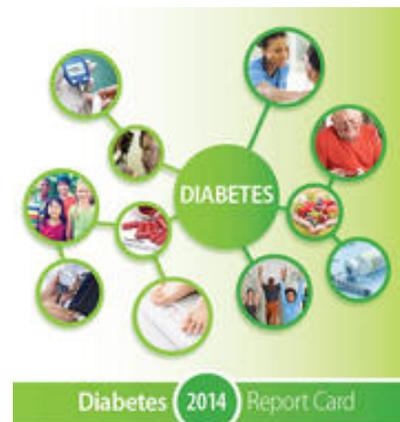
Summer 2015

Diabetes Data

Diabetes data from the Texas Behavioral Risk Factor Surveillance System (BRFSS), 2012, can now be found on the [Diabetes Data: Surveillance and Evaluation web page](#). According to the 2012 Diabetes and Prediabetes Fact Sheet for Texas, an estimated 10.6 percent of adults in Texas had diabetes and 6.2 percent had prediabetes. There were 5,127 deaths caused by diabetes.

Blacks and Hispanics were twice as likely to die from diabetes as whites. Additional detail on diabetes and prediabetes prevalence and burden is listed by demographic characteristics, risk factors, other conditions, and place of residence on the [Diabetes Data web page](#).

On the national level, [The Diabetes Report Card](#) is published by the Centers for Disease Control and Prevention (CDC) every 2 years based on the Catalyst to Better Diabetes Care section of the Patient Protection and Affordable Care Act. The 2014 Diabetes Report Card provides information on the status of diabetes in the United States. It includes information and data on diabetes, gestational diabetes, prediabetes, preventive care practices, risk factors, quality of care, outcomes, progress made towards meeting national diabetes goals and to the extent possible, national and state trends.



Building on the 2012 Diabetes Report Card, the [2014 Report Card](#) has been expanded to include data on diabetes trends over time illustrated by U.S. maps, diabetes and youth, gestational diabetes, and stories from the field. Nationally, the report shows some decreasing trends of five major health complications – heart attack, stroke, amputations of the legs and feet, end-stage renal disease, and deaths due to high blood sugar (hyperglycemic) crisis. In addition, the report highlights Diabetes Prevention and Control Recommendations from the Community Preventive Services Task Force and the U.S. Preventive Services Task Force.

Help Students with Diabetes Succeed



School has already started, but it's not too late to help students with diabetes succeed. Create a [Diabetes Medical Management Plan](#) with your doctor. Inform your school and provide them with supplies, medicines, and items needed to carry out your child's health care and emergency plans. [Visit this list of diabetes resources for parents and educators.](#)

Highlights from AADE 2015

The American Association of Diabetes Educators Annual Meeting and Exhibition (AADE15) is the largest annual meeting of U.S.-certified diabetes educators. Below are selected highlights from the meeting on August 5-8, 2015, in New Orleans, LA.

- [Community Health Workers Connect Patients, Diabetes Education](#)
- [Individualized Education Most Effective for Hypoglycemia Prevention](#)
- [Increased Capacity Equals Increased Performance in Diabetes Education Programs](#)
- [Bring the CDE-CHW Connection Into Your Practice](#)
- [Changing Behavior One Thought at a Time](#)
- [Double Monitoring of Insulin Doses Offers Minimal Protection Against In-Hospital Errors](#)
- [Exercise Counseling Integral Component of Diabetes Education](#)
- [Smart Meter Advances Connection Between Patients, Educators in Real-Time Diabetes Management](#)
- [Telehealth Platforms Provide Cost-Effective Outreach to Patients with Diabetes](#)
- [Electronic 'Smart Forms' Provide Essential Information for Diabetes Management](#)

Diabetes Exemption Program for Commercial Driver's Licenses

Those with insulin-treated diabetes are allowed to operate commercial vehicles in interstate commerce if they met certain conditions. Information about the Diabetes

Exemption Program is now available on the [Texas Department of Public Safety Commercial Driver's License \(CDL\) web page](#).

You do not need to do anything if you hold a valid state waiver and do not wish to drive a commercial vehicle in interstate commerce. If you want to begin driving across state lines, or otherwise driving in interstate commerce, and you use insulin to treat your diabetes, you will need to [apply for an exemption with the Federal Motor Carrier Safety Administration](#).

For more information, visit the [American Diabetes Association Frequently Asked Questions about CDLs](#).

New Algorithm for Diabetes Self-management Education and Support in Type 2 Diabetes

The American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), and Academy of Nutrition and Dietetics jointly released new guidelines on when and how patients should be referred for Diabetes Self-Management Education (DSME). The information was published in *Diabetes Care*, July 2015:

- [Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics](#) (PDF)

New CPT Code for Billing Diabetes Prevention Program Services

A new CPT code for diabetes prevention programs recognized by the CDC will take effect on January 1, 2016. For details, [refer to pages 4 and 10 of the American Medical Association \(AMA\) CPT Assistant, August 2015](#) (PDF). *Source: Copyright 2015 American Medical Association. All Rights Reserved.*

Promoting Medication Adherence in Diabetes

NDEP's [Promoting Medication Adherence in Diabetes](#) web resource has tools to help health care professionals improve medication-taking behavior in their patients. The "[Resources for Health Care Teams](#)" section includes health literacy tools, a brief questionnaire about an individual's social support network, and a presentation about different options for adherence measurement.

GAME PLAN for Preventing Type 2 Diabetes: A Toolkit for Health Care Professionals and Teams

The National Diabetes Education Program (NDEP) [GAME PLAN for Preventing Type 2 Diabetes: A Toolkit for Health Care Professionals and Teams](#) can help health care professionals identify, counsel, and support patients at risk for type 2 diabetes. This online toolkit features prediabetes screening information, strategies for talking to patients about prediabetes, and multiple tools and resources to help patients prevent or delay the onset of type 2 diabetes.

NIH Body Weight Planner

The U.S. Department of Agriculture (USDA) and National Institutes of Health have partnered to add the [NIH Body Weight Planner](#) to USDA's SuperTracker online tool as a goal-setting resource for weight management. The [NIH Body Weight Planner](#) (BWP) is a free online tool designed to help adults set personal physical activity and calorie targets to achieve and maintain weight goals. The BWP is a unique goal-setting resource for weight management because it accounts for the change in metabolism as people alter their diet and physical activities and has been validated using data from multiple controlled studies in adults.

Launch the Body Weight Planner

Starting Information	
U.S. Units	Metric Units
Weight	lbs
Sex	
Age	yrs
Height	ft. in.
Physical Activity Level	1.6
Estimate Your Level	

Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities



On September 9, 2015, U.S. Surgeon General Vivek Murthy issued a "Call to Action" to encourage Americans of all ages and abilities to walk more and to encourage communities to create safe, accessible places for people to walk and wheelchair roll. The Step It Up! Surgeon General's Call to Action to Promote Walking and Walkable Communities offers strategies for increasing walking and walkable communities for people of all ages and abilities.

Below is a link to the Surgeon General's Call to Action document and executive summary, as well as other resources you can use to help spread the word about how everyone can help America become a more walkable nation.

- The Surgeon General's [Call to Action](#) (PDF) to Promote Walking and Walkable Communities and [Executive Summary](#)
- Step it Up! A [Partners Guide](#) (PDF) to Promote Walking and Walkable Communities
- Step it Up! Help Make Our Communities Walkable Animated [Consumer Video](#)

More resources are available at: www.surgeongeneral.gov/StepItUp

Abstracts Presented at National Conferences

The DSHS Health Promotion and Chronic Disease Prevention Section includes the Office of Surveillance, Evaluation and Research (OSER). Epidemiologists and evaluators in OSER serve as the collectors, evaluators and interpreters of data that informs and enhances health promotion and chronic disease prevention in Texas. Recently, two OSER experts presented abstracts at national conferences.

Diabetes Status and Comorbid Multiple Chronic Conditions among Adults in Texas, 2012-2013

Suparna Bagchi presented an abstract on *Diabetes Status and Comorbid Multiple Chronic Conditions among Adults in Texas, 2012-2013* at the 2015 Annual Public Health Association meeting on October 31-November 4, 2015.

Background: In 2013, 11 percent of adults in Texas reported being diagnosed with diabetes and 7 percent of adults reported borderline diabetes (prediabetes). Prior literature indicates that adults with diabetes also have serious co-morbid multiple chronic conditions (MCC), that complicate their care, treatment, and outcomes. Due to lack of Texas-specific investigation, we determined the association between diabetes status and MCC among adults, 18 years and older in Texas.

Methods: Combined data from Texas Behavioral Risk Factor Surveillance System for 2012 and 2013 were analyzed. The dependent variable MCC (value range 0-6, categorized as none, 1, 2, ≥ 3 chronic conditions) was defined from the following self-reported "doctor-diagnosed" conditions:

- cardiovascular disease
- cancer
- chronic obstructive pulmonary disease
- kidney disease
- arthritis
- current asthma

The primary independent variable was diabetes status derived from self-reported, doctor-diagnosed diabetes, pre-diabetes, and none. The analysis adjusted for age, sex, race, education, household income and body mass index. Chi-square tests

were used to determine associations between diabetes status and comorbid MCC and potential confounders. A weighted cumulative logic regression model was built to account for complex survey design and determine the adjusted odds ratios (aOR) and 95 percent Confidence Intervals (CI) between diabetes status and MCC after adjusting for potential confounding factors.

Results: Approximately 14 percent of adults with diabetes reported ≥ 3 comorbid MCC and approximately 10 percent of adults with prediabetes reported ≥ 3 comorbid MCC compared to 3 percent of adults with MCC among adults without diabetes or prediabetes. Increasing age, female gender, Hispanic race, less than high school education, lower household income and obesity were significantly associated with a higher MCC. After adjusting for potential confounders, adults with diabetes had 2.4 times increased odds (aOR: 2.4, 95 percent CI: 2.0-2.9) of reporting ≥ 3 comorbid MCC and adults with prediabetes had roughly twice the odds (aOR: 1.9, 95 percent CI: 1.5-2.4) of reporting ≥ 3 comorbid MCC as compared to adults without prediabetes or diabetes.

Conclusions: Comorbid MCC were common among adults with diabetes and prediabetes in Texas. Public health and lifestyle management interventions targeted towards adults with diabetes and borderline diabetes might help prevent onset of comorbid MCC and improve diabetes management and outcomes.

Cigarette Smoking Prevalence and Quit Attempts among Adults with and Without Diabetes, Texas, 2011-2013

Erin W. Wu, MPH, presented an abstract on *Cigarette Smoking Prevalence and Quit Attempts among Adults With and Without Diabetes, Texas, 2011-2013* at the 2015 Annual Council of State and Territorial Epidemiologists on June 14-18, 2015.

Background: Among adults with diabetes, cigarette smoking is associated with an increased risk of cardiovascular disease, stroke, serious complications like lower extremity amputation, and mortality. Smoking cessation is recommended for people with diabetes. This analysis seeks to describe the prevalence of current and former cigarette smoking and quit attempts among adults with and without diabetes in Texas.

Methods: The Texas Behavioral Risk Factor Surveillance System 2011-2013 data was used to calculate prevalence estimates of current and former smoking and quit attempts among adults with and without diabetes by demographics:

- age group (18-44, 45-64, 65+)
- sex
- race/ethnicity (white only, non-Hispanic (NH); black only, NH; Hispanic; other only, NH or multiracial)
- education (<high school diploma, high school diploma, some college or more)
- marital status (married; divorced, widowed, or separated; never married or a member of an unmarried couple)

Diagnosed diabetes was defined by an affirmative response to: "Has a doctor, nurse, or other health professional ever told you that you have diabetes?" A quit attempt was defined by an affirmative response to: "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?" Log linear regression models were used to obtain adjusted prevalence ratios (APRs) for cigarette smoking and quit attempts among current cigarette smoking adults by diabetes status after adjusting for demographic characteristics.

Results: The unadjusted prevalence of cigarette smoking was lower among Texas adults with diabetes than those without diabetes (15.0 percent versus 18.0 percent, $p=.004$). This was true specifically for those over age 65, both men and women, white NH, adults with less than a high school diploma, and those previously married ($p\leq 0.05$). The percent of former smokers was higher overall among adults with diabetes than those without diabetes (32.4 percent versus 20.5 percent, $p<.0001$). Quit attempts were higher overall for adults with diabetes than those without diabetes (67.6 percent versus 61.3 percent, $p=0.05$) and specifically for women, Hispanics, and adults with less than a high school diploma ($p\leq 0.05$). Log linear regression analysis showed that the APR for smoking was 9 percent lower among adults with diabetes than those without diabetes. The APR for a quit attempt was 14 percent higher among adults with diabetes than those without diabetes.

Conclusion: Cigarette smoking prevalence was lower and the prevalence of a quit attempts were higher among adults with diabetes compared to those without diabetes. Compared to adults without diabetes, a larger percentage of adults with diabetes had already quit smoking.

Resources for National Diabetes Month 2015

National Diabetes Month is observed every November to draw attention to diabetes and its effects on millions of Americans. The National Diabetes Education Program's (NDEP) 2015 theme *Diabetes Education and Support: Everyone Has a Role. What's Yours?* highlights the need for ongoing diabetes education and support among people with diabetes and those who care for them.

Help people in your community learn more about the importance of diabetes education and support with these resources from the NDEP and the National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK).

[View resources for people with diabetes, family and caregivers, health care professionals, and the community.](#)

Prevent Type 2 Diabetes Website

In August 2015, [PreventType2.org](#) ([PrevenirTipo2.org](#)) had more than 20,000 visitors.

YOU COULD HAVE TYPE 2 DIABETES.



KNOW YOUR RISK. >

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