

# TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



## 5th Edition Diabetes Tool Kit Now Available!

**C**opies of the 5th edition of the Diabetes Tool Kit, A Practitioner's Reference, can now be ordered online at [tdctoolkit.org](http://tdctoolkit.org) while supplies last. The Tool Kit is designed for use by health care professionals who treat or educate patients with diabetes by an interdisciplinary team of diabetes educators from across the state.

The Diabetes Tool Kit is divided into three sections:

- **Health Care Professional Education** – includes diabetes resource information for practitioners regarding pregnancy and diabetes, blood glucose monitoring, acute and chronic complications, educating persons with diabetes, and medications.
- **Treatment Algorithms, Protocols, Guidelines, and Recommendations** - reviewed quarterly by the TDC Medical Professionals Advisory Subcommittee.
- **Patient Handouts in English and Spanish** – to be copied and discussed with patients in diabetes classes or one-on-one patient education.

The print version arrives in a shrink-wrapped package with hole-punched content pages and section dividers designed for use in a 1 ½ -inch, three-ring binder (binder not included). A 5th edition cover and spine are included for view binders. A CD version of the Tool Kit is also available.

**Practitioners may order up to five copies of the printed Tool Kit and/or ten CDs.** Those requiring larger orders for professional instruction may call (512) 458-7490 to request additional copies.

The latest version of the Tool Kit is always available for download and printing online at [tdctoolkit.org](http://tdctoolkit.org). ■

## A Message from the Texas Diabetes Council Regarding A1c Targets/Goals for Patients with Diabetes

**T**he Texas Diabetes Council's (TDC) Medical Professional Advisory Subcommittee is currently reviewing clinical evidence from intervention trials, long term follow-up trials (i.e., "Legacy Trials") and epidemiological data in making recommendations for a new A1c target to be reflected in future revisions of the TDC's Treatment Algorithms, Protocols, Guidelines and Recommendations.

This new A1c target will be consistent with an emerging paradigm shift that is developing within the diabetes community which underscores the importance of individualizing A1c goals based on patient characteristics and comorbidities. Although many organizations still report a single A1c target, there is active debate as to the appropriateness of this practice.

At printing, the 5th edition of the Diabetes Tool Kit recommends an A1c target of < 6.0% (See Glycemic Control Algorithm For Type 2 Diabetes Mellitus in Children and Adults). However a new target based on the review in progress, and the resulting changes to treatment algorithms, protocols, guidelines and recommendations, will be posted online as they are approved by the TDC. Diabetes Tool Kit users are encouraged to check online for updates published on a quarterly basis. ■

FALL 2009

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TEXAS DIABETES  
COUNCIL

# Diabetes as the Underlying Cause of Death in Texas

## State Age-Adjusted Death Rate, 2003-2006<sup>3</sup>

**D**iabetes was the sixth leading cause of death in Texas in 2002 through 2006. In 2006, **5,180 deaths** were directly attributed to diabetes. Diabetes was also the sixth leading cause of death nationally in 2002 through 2004 and 2006, ranking seventh in 2005. Diabetes is believed to be under-reported on death certificates in Texas and the nation, both as a condition and as a cause of death.

The map below shows the age-adjusted mortality rate per 100,000 persons for Texas by county for the years **2003 through 2006**, with diabetes as the **underlying cause** of death. The state rate for the four years is **27.9 per 100,000 persons**.

More counties in Health Service Regions 8 and 11 (South Texas) fall into the “significantly higher than state rate” and “higher but not significantly”

different” categories, with concentrations of these categories in Central and East Texas. Counties surrounding Lubbock, Amarillo and El Paso also experienced higher diabetes mortality.

### Diabetes Mellitus [E10-E14] as Underlying Cause of Death

2003-2006

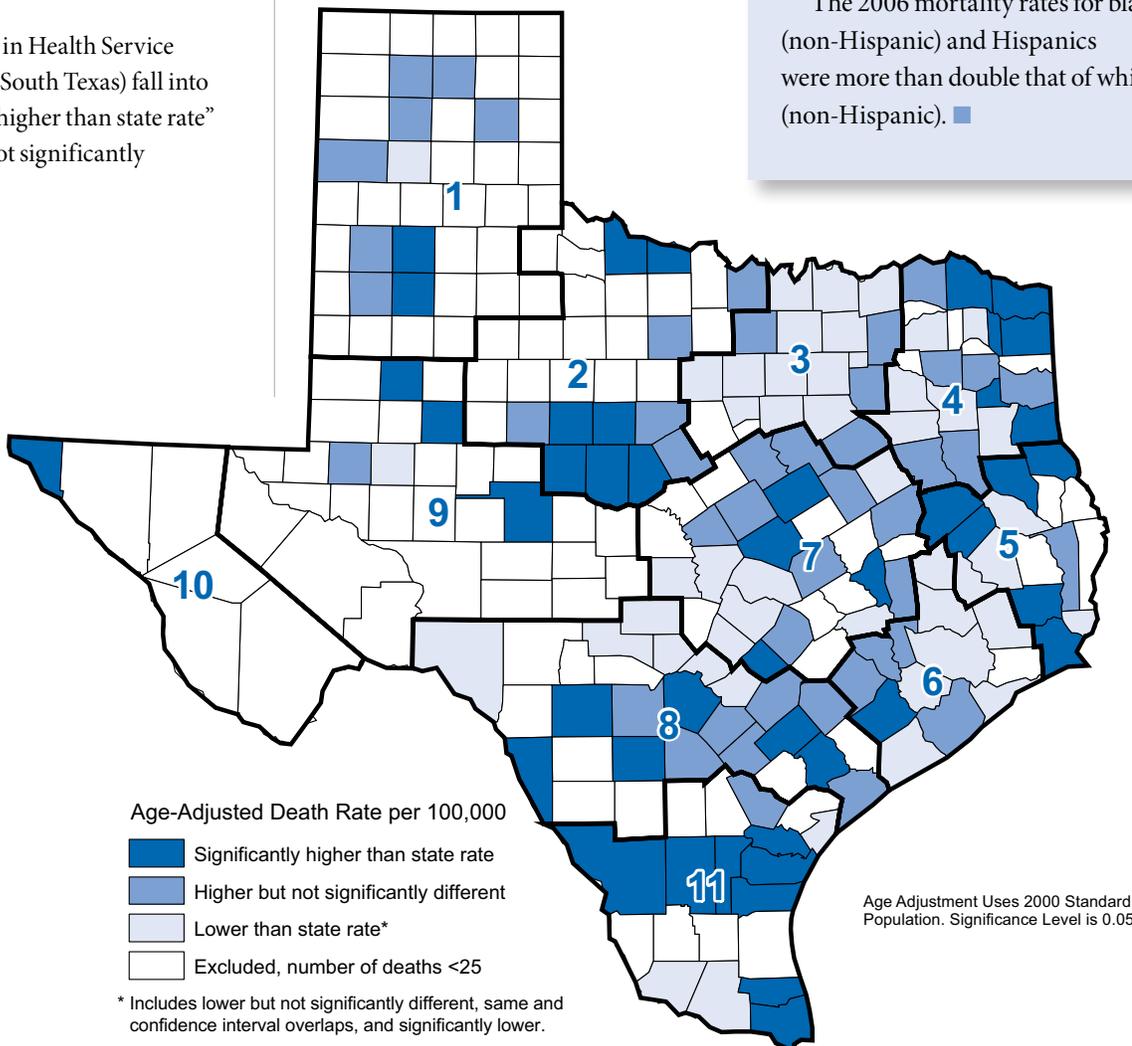
State Age-Adjusted Death Rate:  
27.9 per 100,000

### Diabetes Mortality<sup>3</sup> Rate (Per 100,000) by Race/Ethnicity, Texas, 2006

The 2006 diabetes mortality rate (diabetes as the underlying cause) for Texas was 27 deaths per 100,000 persons. Mortality rates by race/ethnicity below are applicable to the 2006 population:

- 20 per 100,000 whites (non-Hispanic)
- 42 per 100,000 Hispanics
- 49 per 100,000 blacks (non-Hispanic)
- 21 per 100,000 persons who fall in the “Other” category

The 2006 mortality rates for blacks (non-Hispanic) and Hispanics were more than double that of whites (non-Hispanic). ■



Source: Center for Health Statistics, Texas Department of State Health Services

<sup>3</sup>Texas Department of State Health Services, Texas Vital Statistics. Data include male and female, and all ages. Data are provisional.



# TDC Launches Enhanced Web Site for Health Professionals at [tdctoolkit.org](http://tdctoolkit.org)

Most commonly visited for the purpose of ordering Diabetes Tool Kits, the TDC's micro-site, [tdctoolkit.org](http://tdctoolkit.org), has been re-purposed and expanded to offer one-stop shopping for TDC resources for health professionals.

While the site has a new look, it should still be bookmarked for ordering (while supplies last) and downloading the latest edition of the Diabetes Tool Kit. In addition, the site now includes easier navigation of content for health professionals formerly accessed at [texasdiabetescouncil.org](http://texasdiabetescouncil.org):

- PDF versions of the Diabetes Tool Kit to download and print as the TDC offers new or revised content
- Minimum Standards for Diabetes Care in Texas and TDC diabetes treatment algorithms and guidelines
- Other articles and publications related to TDC treatment algorithms
- Downloadable copies of TDC patient education materials and ordering instructions



- A Tool Kit Survey to provide feedback and comments regarding professional resources

Those accustomed to accessing [texasdiabetescouncil.org](http://texasdiabetescouncil.org) can continue to do so. A link to the new site on the TDC home page keeps you one click away from the latest updates on diabetes care in Texas. ■

## Web Videos Aim to Foster Productive Patient-Provider Interactions on CKD

To support and encourage conversations between health professionals and patients, the National Kidney Disease Education Program (NKDEP) recently developed a series of short web videos which may assist health professionals in answering common questions about Chronic Kidney Disease (CKD). These videos expand NKDEP's patient education tools for health professionals, and are intended to help providers feel more prepared to initiate the "productive interactions" with patients about CKD outlined in the Chronic Care Model - [improvingchroniccare.org](http://improvingchroniccare.org). Topics include:

- CKD and risk
- treatment
- testing and diagnosis, and
- dialysis and transplantation.

The videos are based on NKDEP's four patient education concepts for providing diabetes self-management education (found at [www.nkdep.nih.gov/professionals/patienteducation/keyconcepts.htm](http://www.nkdep.nih.gov/professionals/patienteducation/keyconcepts.htm)).

To learn more or watch now, visit [www.nkdep.nih.gov/professionals/providereducation/index.htm](http://www.nkdep.nih.gov/professionals/providereducation/index.htm). ■

## Five Communities Reach Out DVD and Discussion Guide Inspire Partnerships in Diabetes Control

The National Diabetes Education Program (NDEP) has released a DVD format of the video *Five Communities Reach Out*, and an updated version of its accompanying discussion guide. The 22-minute video shows how five ethnically diverse communities, including a family, a senior center, a workplace, a health center, and an American Indian reservation, are dealing with diabetes.

Through examples of how these communities address diabetes control issues, the video can be used to inspire and influence local partnerships in diabetes control. The accompanying Diabetes

Community Partnership Guide (NDEP – 21) provides insight into how community organizations interested in diabetes issues can

- Identify community partners
- Develop a diabetes partnership network
- Plan a diabetes awareness and/or intervention activity
- Evaluate and report success

Visit [www.ndep.nih.gov](http://www.ndep.nih.gov) or call 1-888-693-NDEP (6337) to order the free DVD and discussion guide. ■

# Diabetes Surveillance Report: Results of the 2008 Texas BRFSS Survey

According to the 2008 Texas Behavioral Risk Factor Surveillance System (BRFSS) survey, an estimated 1.7 million Texans aged eighteen and older, or 9.7% of this age group, are diagnosed with diabetes. Another estimated 425,157 adult Texans are believed to have undiagnosed diabetes based on the 2003-2006 NHANES age-adjusted prevalence estimate of 2.5% of persons twenty years of age and older.<sup>2</sup>

Nationwide, 19.8 million persons eighteen years of age and older have been diagnosed with diabetes (8.3% of this age group).

Persons with diagnosed diabetes include those who report that they have been told by a doctor they have diabetes. Women who report diabetes only in pregnancy are not included in prevalence estimates.

It is possible that efforts to increase diabetes screening and awareness have led to more people knowing they have diabetes and, consequently, being able to report that

## Prevalence of Diagnosed<sup>1</sup> Diabetes by Race/Ethnicity and Age Group in Persons 18 and Older, Texas

Age Group	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other
18-44	2.9	3.0	4.3	1.4
45-64	10.4	23.8	20.9	13.9
65+	17.0	33.5	34.8	28.7
<b>Overall</b>	<b>8.3</b>	<b>13.0</b>	<b>11.1</b>	<b>8.1</b>

they have been diagnosed. As a result, an increasing diabetes prevalence estimate may be a reflection of actual new cases as well as increasing diagnosis and greater awareness of the disease.

For more information about the Texas BRFSS and other data available online, visit [www.dshs.state.tx.us/chs/brfss/](http://www.dshs.state.tx.us/chs/brfss/).

An updated Texas Diabetes Fact Sheet is available at [www.dshs.state.tx.us/diabetes/tdcdata.shtm](http://www.dshs.state.tx.us/diabetes/tdcdata.shtm). ■

## Prevalence of Diagnosed<sup>1</sup> Diabetes by Race/Ethnicity in Persons 18 and Older, Texas

White, non-Hispanic.....736,987 ( 8.3%)  
 Black, non-Hispanic .....251,543 (13.0%)  
 Hispanic.....680,351 (11.1%)  
 Other.....59,389 ( 7.5%)

## Prevalence of Diagnosed<sup>1</sup> Diabetes by Sex in Persons 18 and Older, Texas

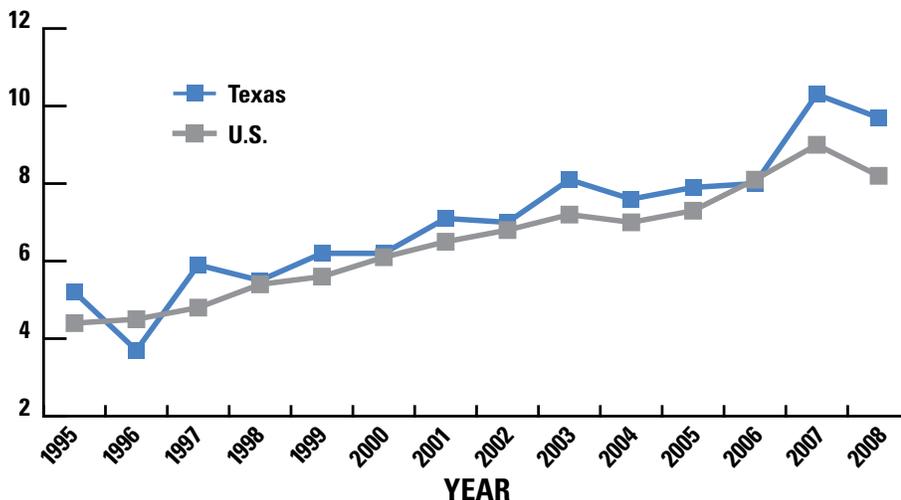
Male.....865,221 (9.8%)  
 Female.....863,946 (9.7%)

## Prevalence of Diagnosed<sup>1</sup> Diabetes by Age Group in Persons 18 and Older, Texas

18-29 Years .....1.8%  
 30-44 Years .....4.6%  
 45-64 Years .....14.6%  
 65+ .....22.7%

## Prevalence of Diagnosed<sup>1</sup> Diabetes by Educational Level in Persons 18 and Older

No High School Diploma .....14.2%  
 High School Graduate.....9.7%  
 Some College.....9.8%  
 College +.....6.9%



<sup>1</sup> Source: 2008 Texas Behavioral Risk Factor Surveillance System statewide survey of persons who are eighteen years of age and older. Data include both type 1 and type 2 diabetes. Persons with diabetes include those who report that they have been told by a doctor that they have diabetes. Women who report diabetes only during pregnancy are not included in prevalence. Prevalence data for 2009 will be available in fall of 2010.

<sup>2</sup> Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults, United States, 1999-2000. MMWR. September 5, 2003; 52(35): 833-837.

## UKPDS/UKPDS Follow-Up Study

The United Kingdom Prospective Diabetes Study (UKPDS) was a groundbreaking study in people with newly diagnosed type 2 diabetes that ended in 1997. This study established that blood glucose control could reduce the risk of microvascular complications in type 2 diabetes.

Ten years later, the UKPDS Follow-Up Study found participants in the intervention group who achieved blood glucose control as close to normal as possible during the original UKPDS had a lower risk of heart attack than those in the control group who had less well-controlled blood glucose. The intervention group also showed continued risk reduction in microvascular disease.

This "legacy effect" indicates that the benefits of blood glucose control that is as close to normal as possible in the early years after diagnosis can lead to a lasting impact on health risks over a long period of time.

Furthermore, a 27% reduction in the risk of heart attacks was seen in those who were overweight and managed their diabetes with blood glucose goals as close to normal as possible when using the common drug, metformin.



TEXAS DIABETES  
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www.texasdiabetesCouncil.org

### Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

For information on the Texas Diabetes Council/Program, contact:

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