
Statewide Assessment of Existing Programs for the Prevention and Treatment of Diabetes

**As Required By
Section 103.0131
Texas Health and Safety Code**



TEXAS DIABETES
COUNCIL

**Texas Diabetes Council
April 2016**

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Executive Summary

The Epidemic of Diabetes in Texas

The prevalence of diabetes in Texas has increased **57 percent** over the past decade¹ and, without real action, is projected to **quadruple** in the next 25 years.

- Today, more than **2.1 million** (10.6 percent) of adult Texans have been diagnosed with diabetes, and another **1.2 million** (6.2 percent) have prediabetes – a condition that makes them more likely to develop type 2 diabetes within the next 10 years, and more likely to have a heart attack or stroke.²
- That’s just part of the story, because millions more Texans are likely to have prediabetes but aren’t diagnosed.³
- For pregnant women, the prevalence of diabetes is even higher: an estimated **11.5 percent** of pregnant women in Texas develop gestational diabetes, compared to 1.9 percent who had diabetes before pregnancy.⁴
- The State Demographer projects a quadrupling of the number of adult Texans with diabetes to almost **8 million** in the next 25 years.⁵

In 2012, the annual financial toll on Texas as a result of diabetes was staggering: **\$18.5 billion**, including \$12.3 billion in direct medical costs and \$6.2 billion in indirect costs.⁶ Texas was (and remains) among the 10 states collectively responsible for over 60 percent of the national cost of diabetes.⁷ As the number of Texans with diabetes quadruples over the next 25 years, the annual cost to the state can be expected to increase as well.

¹ Texas Department of State Health Services. *The Burden of Diabetes in Texas. A Report Prepared by the Office of Surveillance, Evaluation, and Research; Health Promotion and Chronic Disease Prevention Section.* April 1, 2013. Updated November 6, 2013.

² 2012 Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons 18 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 or other healthcare professional that they have diabetes. Persons with prediabetes include those who have been told by a doctor or other healthcare professional that they have prediabetes or borderline diabetes. Women and girls who report diabetes or prediabetes only during pregnancy are not included in prevalence.

³ Results of national studies indicate that as many as 37 percent of U.S. adults have prediabetes (diagnosed and undiagnosed), a condition that makes them more likely to develop type 2 diabetes within the next 10 years, and more likely to have a heart attack or stroke. Centers for Disease Control and Prevention. *Diabetes Report Card 2014.* Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2015.

⁴ Texas Department of State Health Services Diabetes Prevention and Control Branch. *Texas Pregnancy Risk Assessment Monitoring System (PRAMS) Estimate of Pre-existing and Gestational Diabetes, 2004-2009.* Texas Diabetes, the Newsletter of the Texas Diabetes Council, Spring 2011. Publication No. 45-11004.

<http://www.dshs.state.tx.us/diabetes/PDF/newsletter/spring11.pdf>

⁵ Texas, Office of the State Demographer, Texas State Data Center. *Summary Report on Diabetes Projections in Texas, 2007 to 2040.* http://txsdc.utsa.edu/reports/Summary_Report_Diabetes.pdf.

⁶ Texas Health and Human Services Commission. *Report on Direct and Indirect Costs of Diabetes in Texas As Required By S.B. 796, 82nd Legislature, Regular Session, 2011.* December 2012 <http://www.hhsc.state.tx.us/reports/2012/direct-indirect-costs-diabetes-texas.pdf>.

⁷ American Diabetes Association. *Economic Costs of Diabetes in the U.S. in 2012.* Diabetes Care. 2013 Apr; 36 (4):1033-46. Epub 2013 Mar 6. <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>

- Based on assessments of state agency programs and services in 2014 found in this report, over 400,000 Texans with diabetes received diabetes-related services through state Health and Human Services programs, with identified costs reaching \$364,417,241.
- According to analysis of United Healthcare plan members in 2012, the average total annual cost for an adult plan member with employer coverage and diagnosed diabetes – who interacted with the health care system in 2009 – was approximately \$11,700, compared to \$4,400 for an adult with employer coverage not known to have diabetes. The average yearly total costs for a person with diabetes who developed complications were \$20,700 – almost three times the average cost of \$7,800 for diabetes patients without complications.⁸
- People with diabetes who do not have health insurance have 79 percent fewer physician office visits and are prescribed 68 percent fewer medications than people with insurance coverage. Unsurprisingly, this population has 55 percent more emergency room visits than people who have insurance.⁹
- Total cost of hospitalization for diabetes in pregnancy in the U.S. was \$1.4 billion, or 7.8 percent of all maternal hospitalization costs in 2010.¹⁰

The Texas Diabetes Council is Leading the Fight Against Diabetes

Established to address the growing prevalence of diabetes in Texas and the accompanying cost, the Texas Diabetes Council (TDC) is a governor-appointed group of volunteers consisting of health care provider members and consumer members with expertise in diabetes issues.

In addition to governor-appointed members, the TDC chair may appoint committees and work groups to address specific charges. The TDC Health Care Professionals Advisory Committee was formed to develop and review diabetes minimum practice recommendations that describe the diabetes services that regulated health plans in Texas are required to offer. This committee is divided into two subcommittees: Health Care Professionals Advisory Subcommittee (HCPAS) and the Outcomes Subcommittee (Outcomes). The HCPAS assembles leading Texas endocrinologists, nurses, dietitians, diabetes educators, and other diabetes experts to review the minimum practice recommendations and develop treatment guidelines, algorithms, and continuing medical education offerings that assist health care providers in adhering to standards of care. The Outcomes Subcommittee reviews data from state agency programs, health systems, and special studies that can be used to assess the effectiveness of diabetes management in Texas. A second committee, Advocacy and Outreach, brings together volunteers – representing the American Diabetes Association, American Association of Diabetes Educators, health systems, and other stakeholders – to develop TDC positions related to a variety of issues affecting persons with diabetes.

⁸ Deneen Vojta, Jeanne De Sa, Ted Prospect and Simon Stevens, *Effective Interventions For Stemming The Growing Crisis Of Diabetes And Prediabetes: A National Payer's Perspective*, Health Affairs, 31, no. 1 (2012): 20-26.

⁹ American Diabetes Association, *op. cit.*

¹⁰ Wier, L.M., Witt, E., Burgess, J., and Elixhauser, A. *Hospitalizations Related to Diabetes in Pregnancy, 2008*. HCUP Statistical Brief #102. December 2010. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb102.pdf>

Accomplishments include:

- State law regarding the care of students with diabetes in schools
- Updates to state laws regarding coverage of persons with diabetes under the Americans with Disabilities Act
- Legislation to enhance and coordinate state agency services for persons with diabetes, including Medicaid
- Efforts to expand coverage of the National Diabetes Prevention Program for persons with prediabetes served by Texas Medicaid and state Employee Retirement System (ERS) health benefits

Appendix E includes a list of TDC members and volunteers from across the state who advise and assist appointed TDC members in executing legislatively required duties, developing a state plan for diabetes prevention and control, and supporting TDC initiatives across the state.

More Action is Required: An Action Plan for Texas

The TDC has identified four significant opportunities as a call to action that builds on past accomplishments and takes full advantage of national, state, and local efforts already underway to improve diabetes education, management, and care in Texas. Our work in the priority areas that follow is dependent on the Legislature's continued funding and support of the Diabetes Prevention and Control Program at the Texas Department of State Health Services.

1) Diabetes Self-Management Education (DSME)

DSME is a critical component of good diabetes management. It improves clinical outcome measures related to blood sugar (A1c), blood pressure, cholesterol, and smoking status. Managed care organizations (MCO) currently under contract with Texas Medicaid are required to provide disease management and education services; however, information needed to assess the reach and effectiveness of these services is not currently available. Initial surveys of Medicaid MCOs indicate that fewer than half of the contracted MCOs automatically enroll patients with diabetes in self-management education. There is also a need for more DSME accredited sites recognized by the American Diabetes Association (ADA) or American Association of Diabetes Educators (AADE) to ensure that standards for demonstrating outcomes are met. The same standards, information, and reporting should be required of DSME offered by Medicaid Managed Care contracts.

Among the state programs listed in this report, more than \$364 million is spent treating diabetes and its complications, compared to about \$1.3 million spent on prevention programs (see Table 4, page 32). Increased access to DSME can reduce the cost of treating diabetes and complications, such as kidney disease. In 2014, just over 56,000 Texans received dialysis treatment or renal transplants for end-stage renal disease (ESRD), which is defined as permanent kidney failure in an individual who requires dialysis or kidney transplantation to sustain life. Diabetes was the primary cause for more than half of all new cases of ESRD.¹¹ At the end of 2013, the End Stage Renal Disease Network of Texas had the largest ESRD

¹¹ End Stage Renal Disease Network of Texas. (2014). 2014 annual report of the End Stage Renal Disease Network of Texas. Retrieved from <http://esrdnetwork.org/wp-content/uploads/Network-14-2014-Annual-Report-Final.pdf>

patient population of the 18 ESRD networks in the U.S.¹² The high number of patients in Texas is related to an increase in diabetes, the most common cause of renal failure. Experts predict that, as the prevalence of diabetes increases, so will the demand for dialysis.

- Currently, more than 27 million Americans have some level of chronic kidney disease.¹³
- The average annual cost for a dialysis patient in the U.S., including hospitalization, is between \$70,000 and \$100,000 per patient – higher than in most European countries.¹⁴
- Medicare spent a total of \$10.7 billion for dialysis in 2012, a six percent increase from 2011.¹⁵
- About 63 percent of ESRD patients are under age 65. Hispanics and Asian Americans were the fastest-growing ethnic groups newly diagnosed with ESRD from 2006 to 2011.¹⁶
- About 20 percent of American ESRD patients die annually.¹⁷
- In the U.S., average life expectancy for people on dialysis is about eight years for patients between the ages of 40 to 44 and four-and-a-half years for patients between 60 and 64.¹⁸

DSME has been shown to be cost-effective by reducing hospital admissions and readmissions, as well as estimated lifetime health care costs related to a lower risk for complications. Given that the cost of diabetes in the U.S. in 2012 was reported to be \$245 billion, DSME offers an opportunity to decrease these costs.¹⁹ Much work needs to be done in Texas in order to reach goals set forth in the Healthy People 2020 National Diabetes Objectives and Measures. The number of annual new cases of diabetes in Texas is 9.8 per 1000 (2012-2013), compared to the national rate of 7.0 per 1,000 (2011-2013) and the 2020 target goal of 7.2 per 1000 (2012-2013). The diabetes death rate in Texas is 76.3 deaths per 100,000 population (2013), compared to the national rate of 70.3 deaths per 100,000 population (2011) and the 2020 target goal of 66.6 deaths per 100,000 population. (See Appendix C.)

During the 84th Legislature, DSHS submitted an exceptional item request to increase state funding for community-based diabetes education programs to \$7.6 million during the 2016-17 biennium. The requested funding was not appropriated, and DSHS maintains level funding of \$862,000 for these programs.

¹² End Stage Renal Disease Network of Texas. (2013). 2013 Annual report of the End Stage Renal Disease Network of Texas. Retrieved from <http://esrdnetwork.org/wp-content/uploads/2013-Annual-Report-FINAL-CORRECTED-06172014.pdf>

¹³ Ibid

¹⁴ Johnson, S. (2014, October 11). Dialysis demand strong as kidney disease grows. Retrieved from <http://www.modernhealthcare.com/article/20141011/NEWS/141019999>

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Powers, M., Bardsley, J., Cypress, M., Duker, P., Funnell, M., Fischl, A., Maryniuk, M., Siminerio, L., and Eva Vivian, E. (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. *Diabetes Care*, 38, 1-11. doi:10.2337/dc15-0730

Priorities for the Texas Diabetes Council

- Work with the Health and Human Services Commission (HHSC) to ensure that Medicaid patients with diabetes are automatically enrolled in a DSME program and that HHSC is analyzing outcomes data demonstrating health and economic impacts. Per HHSC Rider 84, 84th Legislature, HHSC should identify efficiencies across agencies to integrate systems of care and work jointly with the TDC to: 1) improve screening rates for Medicaid patients at risk for diabetes, and 2) increase enrollment in DSME programs for Medicaid patients diagnosed with diabetes.
 - Work with state agencies to ensure that state reporting systems beyond Medicaid are evaluating DSME outcomes to demonstrate effectiveness in improving health.
 - Increase access, referral, and reimbursement for AADE-accredited or ADA-recognized DSME programs that help prevent diabetes complications.
 - Increase engagement of community health workers to promote linkages between health systems and community resources for adults with type 2 diabetes.
- 2) The **Texas Medicaid Transformation Waiver** (1115 waiver) has resulted in 111 projects across the state focusing on diabetes-related outcomes. This unprecedented opportunity to evaluate our approaches to diabetes prevention and control in Texas should lead to identification and dissemination of lessons learned and best practices.

Priorities for the Texas Diabetes Council

- Advocate for a comprehensive evaluation of whether the waiver projects show quantifiable improvements relating to quality of care, population health, and cost of care for patients with diabetes.
 - Advocate for 1115 waiver Performance Bonus Pool and any statewide incentive funding to include diabetes as a priority.
- 3) The **National Diabetes Prevention Program** (NDPP) is a public-private partnership of community organizations (such as the YMCA), private insurers, health care organizations, employers, and government agencies brought together to establish local evidence-based lifestyle change programs for people at high risk for type 2 diabetes. The community program costs less than \$325 per participant²⁰, as compared to an average of \$7,900 per year for the treatment of diabetes for one individual.²¹ The Texas State Healthcare Innovation Plan recommends reimbursement for this one-year lifestyle change program by Medicaid and state employee health plans, in order to achieve a projected reduction in risk for type 2 diabetes of 58 percent among individuals with prediabetes served by these health plans.

ERS reports that more than 60,000 current and retired state employees are affected by diabetes, with an incidence of 12.3 percent. Treatment of diabetes accounts for 26.6 percent of total annual plan costs.

²⁰ Ackerman, R.T., Marrero, D.G., Adapting the Diabetes Prevention Program Lifestyle Intervention for Delivery in the Community: The YMCA Model, *The Diabetes Educator* 2007; 33:69.

²¹ American Diabetes Association. *op. cit.* p. 1033

Table 1: Annual costs for diabetic and non-diabetic Texas state employees

	Non-Diabetic	Diabetic	Total population	Added costs for diabetic members
Annual spend per participant	\$3,654	\$9,520	\$4,377	\$5,867
Annual drug spend per participant	\$1,030	\$2,509	\$1,213	\$1,479
Total spend per participant	\$4,684	\$12,030	\$5,590	\$7,346
Total plan costs	\$1,687,894,668	\$610,189,277	\$2,298,083,945	N/A

Data Notes:

- Reporting period of July 1, 2014 through June 30, 2015 (with three month runout of claims paid through September 30, 2015)
- Adult non-Medicare population enrolled in the HealthSelect self-funded plan. This data includes some retirees, but only those who are younger than 65.
- Diabetic is defined as any enrolled participant with a diagnosis of diabetes or a prescription fill for an antidiabetic drug since September 1, 2012.
- Plan spending only, does not include member cost share

Priorities for the Texas Diabetes Council

- Per ERS Rider 14 (84th Legislature), TDC will collaborate with the ERS to assess the prevalence of prediabetes among the state employee population; develop an economic analysis related to providing an evidence-based prevention program; develop and implement a cost-effective diabetes Type 2 prevention program for state employees; and report to the Legislature and governor by August 31, 2016.
- Work with the Texas Medical Association, and others, to promote health care provider referral to the NDPP in Texas and educate providers about the need to screen and diagnose patients with prediabetes.

4) Gestational Diabetes

Gestational diabetes is a key challenge for Texas women. Women with gestational diabetes are at high risk for developing type 2 diabetes later in life, and the infant is at risk of becoming obese during childhood and developing type 2 diabetes as an adult. Women with gestational diabetes have a 35-60 percent chance of developing diabetes in the next 10-20

years.²² In Texas, Medicaid pays for over 50 percent of all births statewide.²³ A recent study by HHSC and the TDC concludes that nine percent of pregnant women participating in any Texas Medicaid program developed Gestational Diabetes Mellitus (GDM) prior to delivery in 2012.²⁴ The study also concludes that birth certificate and hospital discharge data available prior to the study may have underestimated the prevalence of gestational diabetes by as much as 50 percent.

Currently, only between 40 to 50 percent of Texas women participating in the Medicaid or CHIP Perinatal program are screened for gestational diabetes.²⁵ Some screening may occur before these women participate in state programs; however, this percentage indicates that improvement can be made in screening rates. All women should be screened for gestational diabetes at 24 weeks of pregnancy, even if they have no symptoms, according to the latest national guidelines set by the American Association of Clinical Endocrinologists, the American Diabetes Association (ADA), the American College of Obstetricians and Gynecologists (ACOG), and the United States Preventive Services Task Force.

Furthermore, women who were diagnosed with gestational diabetes should – upon delivery of their baby – be referred to lifestyle change programs following the guidelines developed by the NDPP.²⁶ These programs focus on weight loss that can reduce risk for developing type 2 diabetes and future high-risk pregnancies. As a woman’s pre-pregnancy weight increases, Medicaid expenditures also increase. This trend is more pronounced among women entering into a pregnancy with diabetes and is exacerbated among overweight and obese women. Obese women, regardless of diabetes status, tend to have the costliest maternal care and post-natal expenses (five to 10 percent higher among non-diabetic obese mothers than among normal weight, non-diabetic mothers).

Priorities for Texas Diabetes Council

- In collaboration with HHSC, work to ensure that Medicaid managed care plans screen all pregnant women they serve for gestational diabetes and, if diagnosed, receive appropriate management (medical nutrition therapy, self-management education, and supplies) and care to prevent complications, hospitalizations and potential neonatal intensive care unit costs for the newborn.
- Work with HHSC to identify solutions to decrease poor birth outcomes experienced by infants born to mothers with gestational diabetes due to lack of adequate diabetes management.
- Work with HHSC to ensure that – when they deliver the baby – women in Medicaid and CHIP Perinatal Program who were diagnosed with gestational diabetes are referred to a

²² Centers for Disease Control and Prevention: National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

²³ Texas Health and Human Services Commission. Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs. As Required By Rider 75, Senate Bill 1 83rd Legislature Regular Session, 2013. <http://www.hhsc.state.tx.us/reports/2014/SB1-Gestational-Diabetes.pdf>

²⁴ Ibid

²⁵ Ibid.

²⁶ <http://www.cdc.gov/diabetes/prevention/resources.htm>

local evidence-based lifestyle change program, such as the NDPP, to help prevent or delay the onset of type 2 diabetes.

Introduction

The Texas Legislature established the TDC in 1983. Since its inception, the TDC has worked with private and public health care organizations to promote diabetes prevention and awareness throughout the state. Activities mandated by state legislation include:

- Public and professional education about all types of diabetes, its complications, and quality self-care management techniques
- Development of programs for the prevention of non-insulin dependent diabetes mellitus (type 2 diabetes) and its complications
- Development of programs for the early detection and diagnosis of diabetes
- The development of accessible, high-quality diabetes treatment services and programs for patients with diabetes to improve glucose control and work toward normalizing blood glucose

Section 103.0131 of the Health and Safety Code states that – in conjunction with developing each state plan to prevent and control diabetes – the TDC shall conduct a statewide assessment of existing programs for the prevention of diabetes and treatment of individuals with diabetes that are administered by HHSC or a health and human services agency, as defined by Section 531.001, Government Code. As part of the assessment, the TDC shall collect data regarding:

- (1) The number of individuals served by the programs;
- (2) The areas where services to prevent diabetes and treat individuals with diabetes are unavailable; and
- (3) The number of health care providers treating individuals with diabetes under the programs.

Not later than November 1 of each odd-numbered year, the TDC shall submit to the governor, the lieutenant governor, and the legislature a written report containing the findings of the assessment.

This report is prepared in accordance with [Section 103.0131 of the Health and Safety Code](#), which charges the TDC with conducting a statewide assessment of diabetes prevention and treatment programs that are administered by the HHSC or a health and human services agency.

Background

Method

Beginning in March 2015, the Diabetes Prevention and Control Program at DSHS initiated routine collection of data from state agencies regarding numbers of Texans identified as having diabetes who were served in 2014 by each agency, and the cost associated with providing those services. In addition to this ongoing, biennial assessment of state diabetes services, S.B. 796, 82nd Legislature, Regular Session established additional requirements for data collection, including information related to areas of the state where diabetes services are not available, and the number of providers involved in the delivery of services.

To facilitate data collection required by S.B. 796, a template was developed that allowed program administrators and data analysts of HHSC agencies to define “health care provider” in a manner that applies to the services they offer, as well as describe the geographic location of service providers. This template was sent in March 2015 to the following HHSC agency programs identified as providing services for persons with diabetes:

Texas Department of Aging and Disability Services (DADS)

- Area Agency on Aging Evidence-Based Programs for Diabetes

Texas Department of Assistive and Rehabilitative Services (DARS)

- Independent Living Services to Texans with Disabilities Impacted by Diabetes
- Vocational Rehabilitation Services to Texans with Disabilities Impacted by Diabetes

Texas Department of State Health Services (DSHS)

- Children with Special Health Care Needs (CSHCN) Services Program
- Kidney Health Care Program (KHC)
- Diabetes Prevention and Control Program (DPCP)
 - Community Diabetes Projects
 - Prevent Type 2 Diabetes Campaign
- Primary Health Care/Expanded Primary Health Care Programs

Texas Health and Human Services Commission (HHSC)

- Texas Medicaid
- Children’s Health Insurance Program (CHIP)

Among the agency programs listed above, only the Area Agency on Aging Evidence-Based Programs for Diabetes, DPCP’s Community Diabetes Projects, and Prevent Type 2 Diabetes Campaign included activities for the prevention of diabetes. Access to diabetes education remains a barrier to prevention and management of type 2 diabetes in the state. Based on the experience of existing state initiatives to reach high risk Hispanic and African-American audiences in Texas, a gap of seven to 13 years exists between the diagnosis of diabetes in these audiences and the provision of DSME to address prevention of complications such as eye disease, nerve damage/amputations, kidney disease, and heart disease.²⁷

Individual program descriptions that follow show the number of individuals served and related expenditures. Table 4, which follows the program descriptions, contains a summary of the data.

²⁷ Markley, J. (2014). Quality Improvement Organizations: Goals for the Future 2014-2019. PowerPoint presentation at the meeting of the Texas Chapter of the American Association of Clinical Endocrinologists, Houston, Texas.

Programs for the Prevention and Treatment of Diabetes

Texas Department of Aging and Disability Services (DADS)

Program Name: Area Agency on Aging Section/Access & Intake Division

Total Program Expenditures in FY 2014: \$8,992,053

Individuals Served in FY 2014:	Total	With Diabetes
	35,006	3,030

Diabetes-Related Expenditures in FY 2014: \$356,497

Source of Funds:	Federal	State	Other
	80 percent	6 percent	14 percent

Eligibility/Population Served:

- 60 years of age but can serve younger ages depending on the diagnosis
- Dependent of a participant age 60 or older
- Caregivers of persons age 60 or older
- Referred by a physician or verbal confirmation of the diagnosis of diabetes
- Participant of the chronic disease self-management program who wants to complete the diabetes self-management program
- Gender: Female: 70 percent, Male: 30 percent
- Age: 18-59: nine percent, 60 and older: 91percent
- Race/Ethnicity: White: 28 percent, Hispanic: 38 percent, African-American: 33 percent

Services/Activities:

- Diabetes supplies
- Education sessions with registered/licensed dietitians to assess clients and provide counseling and an individualized nutrition/diabetes education plan; follow-up with nutrition students
- Educational tools including books, CDs, handouts and demonstrations; Care Transitions and Project Red are used to provide educational assistance
- Referrals to dietitians, primary care physicians, and other knowledgeable individuals and organizations

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available:

Available in these counties: Angelina, Atascosa, Bandera, Bell, Bexar, Brazoria, Comal, Dallas, Dimmit, Edwards, Fort Bend, Galveston, Gillespie, Gregg, Guadalupe, Harrison, Houston, Jasper, Jim Hogg, Kendall, Kerr, Kinney, La Salle, McLennan, Maverick, Medina, Nacogdoches, Newton, Polk, Real, Sabine, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Trinity, Tyler, Val Verde, Webb, Wilson, Uvalde, Zapata, Zavala

Not available in these counties: Anderson, Andrews, Aransas, Archer, Austin, Baylor, Bee, Borden, Bosque, Bowie, Brooks, Calhoun, Cameron, Camp, Cass, Chambers, Cherokee, Clay, Collin, Colorado, Cottle, Crane, Dawson, Delta, Denton, DeWitt, Duval, Ector, Ellis, Erath, Falls, Foard, Franklin, Freestone, Frio, Gaines, Glasscock, Goliad, Gonzales, Hardeman, Henderson, Hidalgo, Hill, Hopkins, Hood, Howard, Jack, Jackson, Jim Wells, Johnson, Karnes, Kaufman, Kenedy, Kleberg, Lamar, Lavaca, Liberty, Limestone, Live Oak, Loving, McMullen, Marion, Martin, Matagorda, Midland, Montague, Montgomery, Morris, Navarro, Nueces, Palo Pinto, Parker, Panola, Pecos, Rains, Red River, Refugio, Reeves, Rockwall, Rusk, San Patricio, Somervell, Terrell, Titus, Upshur, Upton, Van Zandt, Victoria, Walker, Waller, Ward, Wharton, Wichita, Wilbarger, Willacy, Winkler, Wise, Wood, Young.

Counties with Largest Number of Clients with Diabetes: Bell, Bexar, Fort Bend, McLennan, Maverick, Polk – Alabama Coushatta Tribe, Medina, Tarrant, Val Verde, Webb

Number of health care providers treating individuals with diabetes under the program:

AAA of the Alamo Area (for counties: Atascosa, Gillespie, Kendall, Kerr, Bandera, Wilson, Guadalupe, Comal, Wilson, Medina) – The area has four certified diabetes educators located at Well Med, Guadalupe Regional Medical Center, Peterson Regional Health Center, and Medina Regional Health Center and Allied Medical Institute. Each location has one or more educators.

AAA of Central Texas (for counties: Bell) – Baylor Scott & White Hospital has a diabetes program and uses its Epic electronic medical record to reach individuals with diabetes. Also, Hamilton General Hospital uses Project Red and care transitions to reach diabetic patients.

AAA of Deep East Texas (for counties: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler) – There is a provider for each county. The AAA has one T-Trainer (certified to conduct Master Training), four Master Trainers, and nine Lay Leaders.

AAA of Houston-Galveston (for counties: Brazoria, Fort Bend, and Galveston) – There are no providers available to treat individuals with diabetes.

AAA of the Middle Rio Grande Area (for counties: Dimmit, Edwards, Kinney, La Salle, Maverick, Real, Val Verde, Uvalde, Zavala) – There are 26 providers available.

Texas Department of Assistive and Rehabilitative Services (DARS)

Program Name: Independent Living Services to Texans with Disabilities Impacted by Diabetes

Total Program Expenditures in FY 2014: \$11,672,250*

Individuals Served in FY 2014:	Total*	With Diabetes**
	5,019	1,145

Diabetes-Related Expenditures in FY 2014: \$1,055,895**

**Total individuals served and payments from each fiscal year's funds for Independent Living Services*

- Division for Rehabilitation Services cases in phase codes 10,14,22,26,28,30,32,34 in the state fiscal year*
- Division for Blind Services cases in phase codes 06,10,12,14,22,26,28,30,32,34 in the state fiscal year*

***Individuals served and payment from that fiscal year's funds for Independent Living Services for consumers with a cause code of Diabetes:*

- Division for Rehabilitation Services cases with primary or secondary disability cause code 16*
- Division for Blind Services cases with primary disability cause code 48 or secondary/tertiary cause code 16*

Source of Funds:	Federal	State
	90 percent	10 percent

Federal and state portions apply to the entire body of program expenditures over a year in roughly these ratios.

Eligibility/Population Served:

DARS Independent Living (IL) Services are geared toward adults with significant disabilities with the goal of improving independence at home and in the community rather than at a nursing care facility. The consumer must have a significant disability that results in a substantial impediment to his or her ability to function independently in the family and/or in the community, and there must be a reasonable expectation that IL Services assistance will result in the ability to function more independently.

Services/Activities:

DARS provides services for Texans impacted by the complications of diabetes. These complications include heart disease, stroke, amputations, blindness, and kidney disease. DARS IL services help people with significant disabilities achieve greater self-sufficiency by assisting them to improve mobility, communication, personal adjustment, and self-direction. Services include counseling and guidance, home modification, assistive devices and equipment, communication technology, mobility training, and other services. DARS counselors refer to community resources to promote consumers' diabetes self-management, which is necessary to slow the progression of the disability and help reduce the quantity and/or severity of complications.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:

DARS has 124 offices across the state where it administers services to Texans with diabetic eye disease, heart disease, stroke, amputations, and kidney disease, as well as other disabilities. Texans with disabilities can contact their local DARS office to initiate services. Experienced diabetes educators and programs are difficult to find in the rural areas of the state, including: Abilene, Odessa, Waco, Harlingen, Victoria, Corpus Christi, Del Rio, and San Angelo.

Number of health care providers treating individuals with diabetes under the program:

DARS does not have health care providers or diabetes educators on staff, but it contracts for medical services as needed from providers in the community. DARS also contracts with registered nurses, registered dieticians, and certified diabetes educators who specialize in diabetes education and have knowledge of the unique challenges consumers with disabilities – especially blindness – face when self-managing their diabetes. These diabetes educators participate in training on strategies when working with people with disabilities. They provide assessment, self-management education, and follow-up services to DARS consumers. DARS employs a Diabetes Program Specialist who is responsible for recruiting and training diabetes educators in blind services and for addressing the concerns identified by DARS caseworkers for adaptive equipment and accommodations that may be needed by the consumer.

Texas Department of Assistive and Rehabilitative Services (DARS)

Program Name: Vocational Rehabilitation Services to Texans with Disabilities Impacted by Diabetes

Total Program Expenditures in FY 2014: \$277,846,096*

Individuals Served in FY 2014:	Total*	With Diabetes**
	78,746	5,021

Diabetes-Related Expenditures in FY 2014: \$10,769,365**

**Total individuals served and payments from each fiscal year's funds for Vocational Rehabilitation Services*

- *Division for Rehabilitation Services cases in phase codes 10,14,22,26,28,30,32,34 in the state fiscal year*
- *Division for Blind Services cases in phase codes 06,10,12,14,22,26,28,30,32,34 in the state fiscal year*
- *FY 2014 are estimated expenses from LAR*

***Individuals served and payment from that fiscal year's funds for Vocational Rehabilitation Services for consumers with a cause code of Diabetes:*

- *Division for Rehabilitation Services cases with primary or secondary disability cause code 16*
- *Division for Blind Services cases with primary disability cause code 48 or secondary/tertiary cause code 16.*

Source of Funds:	Federal	State
	80 percent	20 percent

Notes: Federal and state portions apply to the entire body of program expenditures over a year in roughly these ratios.

Eligibility/Population Served:

The Vocational Rehabilitation (VR) program at DARS helps Texans with disabilities prepare for, find, and keep employment. The eligibility criteria for this program is: 1) the presence of a physical, mental, or cognitive impairment; 2) the impairment results in a substantial impediment to employment; 3) the individual (consumer) requires vocational rehabilitation services to be employable; and 4) the individual (consumer) is presumed to be capable of employment.

Services/Activities:

DARS provides vocational rehabilitation (VR) services to Texans impacted by the complications of diabetes. Complications include heart disease, stroke, amputations, blindness, and kidney disease. Through the VR program, DARS provides consumers with individualized, work related services, which may include counseling and guidance, training, physical restoration, prostheses and orthoses, assistive devices and equipment, job placement assistance, and other services. DARS VR program services help consumers enhance their sense of well-being, achieve economic self-sufficiency, and contribute to the growth and development of their community. Unemployment results in a lower standard of living, lack of financial control, and limited access to comprehensive quality health care and healthy living resources.

This report identifies DARS consumers with a documented disability of diabetes mellitus. DARS VR services help to remove the person's impediment to employment. DARS also promotes responsible diabetes self-management to slow the progression of the condition and reduce and/or prevent complications through referral to community resources. In addition, DARS works closely with employers who hire DARS consumers to address any questions they may have about the consumer's work productivity.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:

DARS has 124 offices across the state that administer vocational rehabilitation (VR) services to Texans with diabetic eye disease, heart disease, stroke, amputations, and kidney disease, as well as other disabilities. As such, they do not specifically address Texans with heart disease, stroke, amputations, kidney disease, or other disabilities unless the disability presents an impediment to employment as determined by a qualified Vocational Rehabilitation Counselor. Texans with disabilities can contact their local DARS office to initiate services. Experienced diabetes educators and programs are difficult to find in the rural areas of the state including Abilene, Odessa, Waco, Harlingen, Victoria, Corpus Christi, Del Rio, and San Angelo.

Number of health care providers treating individuals with diabetes under the program:

DARS does not have healthcare providers or diabetes educators on staff, but it contracts for medical services as needed from providers in the community. DARS also contracts with registered nurses, registered dietitians, and certified diabetes educators who specialize in diabetes education and have knowledge of the unique challenges consumers with disabilities – especially blindness – face when trying to self-manage diabetes. These diabetes educators participate in training on strategies when working with people with disabilities. They provide assessment, self-management education, and follow-up services to DARS consumers. DARS employs a Diabetes Program Specialist who is responsible for recruiting and training diabetes educators in blind services and for addressing the concerns identified by DARS counselors for adaptive equipment and accommodations that may be needed by the consumer.

Texas Department of State Health Services (DSHS)

Program Name: Children with Special Health Care Needs (CSHCN) Services Program

Total Program Expenditures in FY 2014: \$22,619,861*

Individuals Served in FY 2014:	Total	With Diabetes
	1,665	103

Diabetes-Related Expenditures in FY 2014: \$1,538,418**

**Program expenditures reported are the total expenditures for client services*

***The CSHCN Services Program provided clients with comprehensive medical coverage, and does not have the ability to determine if expenditures are specific to diabetes-only treatment.*

Source of Funds:	Federal	State
	41 percent	59 percent

Eligibility/Population Served:

The program is available to anyone who:

1. Has a medical problem that is expected to last at least 12 months, will limit one or more major life activities, and needs more health care than what children usually need
2. Has physical symptoms. (This means that the Program does not cover clients with only a mental, behavioral or emotional condition, or a delay in development.)
3. Lives in Texas
4. Is 20 years old and under (or any age with cystic fibrosis)
5. Has a certain level of family income

Services/Activities:

The CSHCN Services Program helps children with special health care needs and people of any age with cystic fibrosis. The program covers health care benefits for children with extraordinary medical needs, disabilities, and chronic health conditions. Health care benefits include a broad array of medical care and related services. The program helps clients with their medical, dental and mental health care, drugs, special therapies, case management, Family Support Services (e.g., home modifications, van lifts), travel to health care visits, insurance premiums, and transportation of deceased clients.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are unavailable:

CSHCN Program services are available statewide.

Number of health care providers treating individuals with diabetes under the program:

As of August 31, 2014, there were 29,078 providers that could potentially treat CSHCN clients with diabetes.

Texas Department of State Health Services (DSHS)

Program Name: Kidney Health Care Program (KHC)

Total Program Expenditures in FY 2014: \$18,268,839

Individuals Served in FY 2014:	Total	With Diabetes
	20,005	9,991

Diabetes-Related Expenditures in FY 2014: \$7,546,919

Source of Funds:	Federal	State
	100 percent	

Eligibility/Population Served:

The program is available to anyone who:

1. Has a diagnosis of end-stage renal disease (ESRD) from a licensed physician
2. Gets regular dialysis treatments OR has received a kidney transplant
3. Lives in Texas
4. Has an income of less than \$60,000 per year
5. Does not receive medical or drug Medicaid benefits

Services/Activities:

The Program helps people with ESRD get some of their health care services. It helps clients with their dialysis treatments, access surgery, drugs, travel to health care visits, and Medicare premiums. ESRD is usually the result of years of chronic kidney disease caused by inherited conditions, medical conditions such as diabetes and/or hypertension, or an injury to the kidneys.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are unavailable:

Services are available statewide.

Number of health care providers treating individuals with diabetes under the program:

There are approximately 113 physician providers serving KHC clients in Texas.

Texas Department of State Health Services (DSHS)

Program Name: Diabetes Prevention and Control Program (DPCP) Community Diabetes Projects (CDPs)

Total Program Expenditures in FY 2014: \$751,487

Individuals Served in FY 2014:	Intervention Type	With Diabetes or Prediabetes*
	Nutrition Education Classes	436
	Physical Activity Classes	1343
	Self-Management Classes	350

**The number of persons with diabetes or prediabetes represents unique/unduplicated individuals served by each intervention type. A total is not presented for all intervention types because individuals can participate in one or more of the interventions. For example, an individual can be enrolled in a cooking class, an exercise class, and a self-management class, and will be represented in each category/intervention type.*

Diabetes-Related Expenditures: \$751,487

Source of Funds:	Federal	State
		100 percent

Eligibility/Population Served:

The DPCP contracts with local health departments, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes. CDPs target Texans who are disproportionately affected by diabetes, and have limited access to health services.

The goals of CDPs are to:

- Increase opportunities for implementing positive behavior and lifestyle changes in people with diabetes and those at risk of developing diabetes
- Encourage community, environmental, and systems changes in community sectors that will increase physical activity and healthy eating among the general population, especially those with diabetes and prediabetes
- Institute project strategies or community policy and environmental changes conducive to risk reduction
- Increase public and provider knowledge of the symptoms, risk factors, and target goals for diabetes, prediabetes, and gestational diabetes, and the importance of physical activity and healthy eating in preventing, delaying, or managing diabetes and its complications
- Increase health care providers', payers', and patients' knowledge and use of the TDC's *Minimum Standards for Diabetes Care in Texas* and treatment algorithms.

Services/Activities:

In 2014, 12 CDPs in Texas collected data related to the outcome indicators below, from participants attending the following interventions:

- DSME classes are conducted for persons with diabetes and their families. A minimum of two series of DSME classes are conducted annually and held at least once a week for four weeks.
- Nutrition series are conducted separately and include a minimum of three classes that meet for at least 30 minutes, once per week.
- Physical activity interventions are ongoing and no less than 30 minutes, once per week, for a minimum of eight weeks.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:

During 2014, DSHS contracted with the following organizations to offer CDP interventions:

- City of Austin Health and Human Services Department
- El Paso Diabetes Association
- Tarrant County Hospital District
- IBN Sina Foundation – Houston
- Gateway Community Health Center, Inc. – Laredo
- City of Laredo Health Department
- Texarkana-Bowie County Family Health Center
- East Texas Health Access Network – Jasper
- Community Health Center of Lubbock
- Migrant Health Promotions, Inc. – Weslaco
- Waco-McLennan County Public Health District
- Texas AgriLife Extension Service*

**Serving other Texas counties through the Do Well, Be Well with Diabetes education program: http://fcs.tamu.edu/health/type_2_diabetes/diabetes_classes.php.*

Number of health care providers treating individuals with diabetes under the program:

CDPs are educational programs and do not provide direct medical services. However, participants are referred to health care providers and connected with resources in their respective communities.

Texas Department of State Health Services (DSHS)

Program Name: Prevent Type 2 Diabetes Campaign/Marketing support of the TDC’s Diabetes Tool Kit

Total Program Expenditures in FY 2014: \$172,490 (FY 2014/15 purchase order for social marketing/advertising services)

Individuals Served in FY 2014:

Campaign	Website visits
Prevent Type 2 Campaign for March 2013	77,318 preventtype2.org prevenirtipo2.org
Health Care Professional Education (tdctoolkit.org)	12,663 tdctoolkit.org

Diabetes-Related Expenditures in FY 2014: \$172,490

Source of Funds:	Federal	State
	\$78,745	\$93,745

Population Served: The 2014 campaign focused on Spanish-language and related media targeting Hispanics at risk for type 2 diabetes. Messages for health care professionals are targeted at general and family practice physicians who treat patients with type 2 diabetes.

Services/Activities:

Goals of the 2014 “Prevent Type 2 Diabetes” consumer campaign were to:

- Target Hispanics as a high-risk audience
- Raise awareness about diabetes risk factors
- Increase awareness of prediabetes as a serious condition
- Motivate persons at risk to get tested
- Motivate persons with prediabetes to find and join a Diabetes Prevention Program
- Promote PreventType2.org or PrevenirTipo2.org as a resource for more information about prediabetes and diabetes prevention

The campaign was implemented over four weeks in winter (November 25-December 27, 2013) and 16 weeks in spring/summer (May 7-August 31, 2014). The winter campaign consisted of radio traffic sponsorships in Corpus Christi, El Paso, Laredo, Rio Grande Valley and San Antonio. Online advertising was statewide with emphasis on Hispanic-dominant areas of the state. Online advertising included ads on Facebook, Google Paid Search, Millennial Mobile, Batanga (a leading content provider for Hispanic audiences), and the Videology video advertising platform. The spring/summer campaign also consisted of online advertising.

Goals of the 2014 campaign to reach health care professionals were to:

- Inform Texas physicians and other health care providers that the TDC Took Kit is now available for viewing on iPads
- Encourage physicians and other health care providers to visit TDCtoolkit.org to utilize professional educational tools
- Raise physician awareness about the importance of screening patients for diabetes
- Encourage physicians to direct patients to PreventType2.org and PrevenirTipo2.org for patient care information and resources

Advertisements were placed in summer issues of *Texas Medicine* and *Texas Family Physician*. Facebook advertising targeting physicians ran from August 4-31, 2014.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available:

Radio traffic sponsorships were purchased in Corpus Christi, El Paso, Laredo, Rio Grande Valley and San Antonio. Online advertising had a statewide reach with emphasis on Hispanic-dominant areas of the state.

Number of health care providers treating individuals with diabetes under the program:

Approximately 12,663 health care professionals visited TDCToolkit.org to review or download treatment guidelines and algorithms developed by the TDC.

Texas Department of State Health Services (DSHS)

Program Name: Primary Health Care (PHC)/Expanded Primary Health Care (EPHC) Programs

Total Program Expenditures in FY 2014: \$50,934,967

Individuals Served in FY 2014:	Total	With Diabetes*
	221,470	EPHC females 18 and older: 9,241
Unduplicated clients		PHC females 18 and older: 7,442
		PHC males 18 and older: 5,388
		PHC younger than 18: 30

**All data refer to clients being treated or managed for diabetes*

Diabetes-Related Expenditures in FY 2014: Not available

Source of Funds:	Federal	State
		100 percent

Population Served:

The Primary Health Care (PHC) and the Expanded Primary Health Care (EPHC) Programs are intended to ensure that needy Texas residents have access to primary health care services. Both programs serve all eligible Texas residents whose gross income is at or below 200 percent of the federal poverty level (FPL) and who are not a beneficiary of other state or federal health care assistance programs. The majority of PHC patients are women, but men and children are also served. The EPHC program was created in 2014 and it allows DSHS to increase primary and preventive services for women 18 years of age and above who would be contraceptive clients. The majority of the clients served are Hispanic at 69 percent, followed by Anglo 16 percent, Black 9 percent and Other/Unknown 6 percent, reported by the contractors.

Services/Activities:

The PHC and the EPHC Programs provide primary health care, including preventive health services and education, to Texas residents who could not otherwise receive such care. Both programs provide services through contracts with local health departments, universities, hospitals, hospital districts, federally qualified health centers (FQHCs), and private non-profit organizations.

Under Title 25 Texas Administrative Code, Chapter 39.3, contractors must provide six priority primary care services: diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, X-rays, nuclear medicine, or other appropriate diagnostic services. Nine additional services may also be provided: nutrition services; health screening; home health care; transportation; environmental health; dental care; prescription drugs, devices, and durable supplies; podiatry services; and social services. The EPHC Program was created to integrate family planning services with comprehensive primary care. The overall expanded outreach and direct health care services are expected to increase the number of women receiving primary and preventive care services; avert unintended Medicaid

births; increase early detection of breast and cervical cancers; reduce the number of preterm births; and reduce the number of cases of potentially preventable hospitalizations related to hypertension and diabetes.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available and the number of health care providers treating individuals with diabetes under the program:

The PHC and EPHC Programs awarded funds to 80 distinct contractors in approximately 304 clinic sites in 112 counties. PHC and EPHC services are shown by DSHS Health Service Regions (HSR), below.

Table 2: PHC and EPHC Services by HSR

Health Service Region	Number of PHC & EPHC Contractors	Number of Counties Served
HSR1	8	18
HSR 2/3	11	15
HSR 4/5N	10	15
HSR 6/5S	19	12
HSR 7	6	10
HSR 8	7	16
HSR 9/10	9	11
HSR 11	10	15
Total	80	112

Texas Department of State Health Services (DSHS)

Program Name: DSHS Family Planning Program

Total Program Expenditures in FY 2014: \$20,086,642

Individuals Served in FY 2014:	Total	With Diabetes*
	55,869	99**

** Diabetes-related expenditures include two procedure codes: 82947 (Glucose, blood, except reagent strip) and 82948 (Glucose, blood, reagent strip). The codes are reimbursed using a fee-for-service model and the data was collected and reported in a utilization review for the FY14 dates of service.*

*** Clients with paid claims with any ICD9 diagnosis code in range 24900-25093 in FY14*

Diabetes-Related Expenditures in FY 2014: \$26,080

Source of Funds:	Federal	State
	5 percent	95 percent

Population Served:

Both males and females may qualify for free or low-cost family planning services if they meet all of the following criteria:

1. Live in Texas
2. Are not sterilized or pregnant
3. Have income up to 250 percent of the Federal Poverty Level

Services/Activities:

DSHS provides comprehensive medical assessments for clients including diabetes screening (blood glucose testing). Contractors should assist patients to meet all identified health care needs either directly or by referral. Contractors must have written policies and procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings.

For services determined to be necessary – but that are not provided by the contractor – patients must be referred to other resources for care. Contractors are expected to have established communications with federally qualified health centers (FQHCs) or DSHS-funded organizations that provide primary care or breast cancer and cervical cancer services for referral purposes, if there are any such providers within their service area. Whenever possible, patients should be given a choice of referral resources from which to select. When a patient is referred to another resource because of an abnormal finding or for emergency clinical care, the contractor must:

- Make arrangements for the provision of pertinent patient information to the referral resource (obtaining required patient consent with appropriate safeguards to ensure confidentiality, i.e., adhering to HIPAA regulations)
- Advise patient about his/her responsibility in complying with the referral
- Follow up to determine if the referral was completed
- Document the outcome of the referral

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available and number health care providers treating individuals with diabetes under the program:

DSHS Family Planning contracts with 18 contractors that include non-profits, local health/hospital districts, and FQHCs. In FY14, there were 89 clinic sites serving 124 counties.

Table 3: DSHS Family Planning Contractors by Health Service Region

Contractor Name	Health Service Region
South Plains Rural Health Services	Region 1
North Texas Area Community Health Centers, Inc.	Region 2/3
Community Health Service Agency, Inc	Region 2/3
Baylor College of Medicine - Teen Health Clinic	Region 6/5S
Harris County Public Health & Environmental Services	Region 6/5S
University of Texas Medical Branch at Galveston	Region 6/5S
Brazos Valley Community Action Agency, Inc.	Region 7
Central Texas Community Health Centers dba CommUnityCare	Region 7
Lone Star Circle of Care	Region 7
Bexar County Hospital District dba University Health System	Region 8
Community Health Centers of South Central Texas, Inc.	Region 8
Community Health Development, Inc.	Region 8
El Centro del Barrio, Inc. dba CentroMed	Region 8
South Texas Rural Health Services, Inc.	Region 8
United Medical Centers	Region 8
Brownsville Community Health Center	Region 11
Su Clinica Familiar	Region 11
Women's & Men's Health Services of the Coastal Bend	Region 11

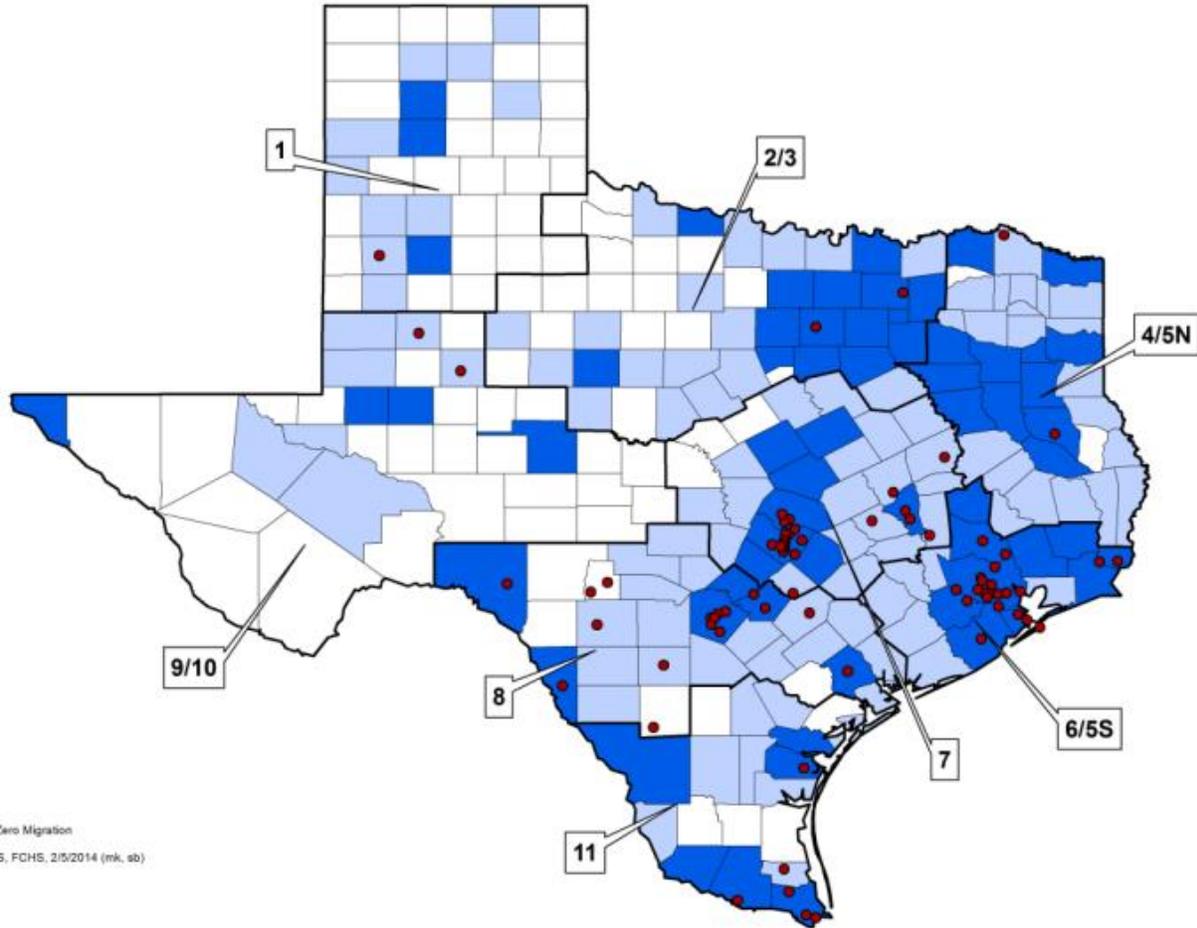
Number of health care providers treating individuals with diabetes under the program:

DSHS Family Planning provided funding to 18 contractors at 89 clinic sites in FY14.

SFY 2014 Family Planning Services Clinic Sites

Legend

- DSHS Family Planning (89)
- Health Service Region Boundary
- Population**
- 10,000 or less
- 10,001 - 50,000
- More than 50,000



Notes:
 Data Sources:
 - CHSS Contract Database, SFY 2014, Provisional
 - Texas State Data Center, 2014 Population Projection Zero Migration
 Prepared by: Office of Program Decision Support, CHSS, FCHS, 2/5/2014 (mk, sb)

Texas Health and Human Services Commission (HHSC)

Program Name: Medicaid

Total Program Expenditures in FY 2014: Approximately \$25.7 billion*

Individuals Served in FY 2014:	Total	With Diabetes***
	4.9 million**	341,690

* Does not include expenditures for administration, Uncompensated Care (UC), or Delivery System Reform Incentive Payment (DSRIP)

** Unduplicated full benefit clients enrolled yearly

***Designation of an individual with type 1, type 2, or gestational diabetes based on any primary diagnoses

Diabetes-Related Expenditures in FY 2014: \$334 million****

****Designation of an individual with type 1, type 2, or gestational diabetes based on primary diagnoses. An additional \$489 million was paid for services to individuals with diabetes listed as a non-primary diagnosis. These services are not necessarily directly related to diabetes.

Source of Funds:	Federal	State
	59.53 percent	40.47 percent

Population Served:

- Low-income families, children, related caretakers of dependent children, pregnant women, people age 65 and older, and adults and children with disabilities
- 4.2 million enrolled acute care clients served yearly
- Approximately 86 percent of all enrolled clients received Medicaid services

Individuals with incomes or resources above predefined limits are ineligible for Medicaid. The Texas Medicaid program covers a limited number of optional groups, which are eligibility categories that states are allowed, but not required, to cover under their Medicaid programs. For example, Texas chooses to extend Medicaid eligibility to pregnant women and infants up to 198 percent of the federal poverty level (FPL). The federal requirement for pregnant women and infants is 133 percent of the FPL. Another optional group Texas covers is known as the “medically needy” group. This group consists of children and pregnant women whose income exceeds Medicaid eligibility limits but who do not have the resources required to meet their medical expenses.

A “spend down” amount is calculated for these individuals by subtracting their incomes from the medically needy income limit for their household sizes. If their medical expenses exceed the “spend down” amount, they become Medicaid eligible. Medicaid then pays for those unpaid medical expenses and any Medicaid services provided after they are determined to be medically needy. Children with family incomes or resources above Medicaid thresholds may be eligible for the Texas CHIP program.

Services/Activities:

Medicaid is a jointly funded state-federal health care program administered by HHSC. Texas

covers certain population groups (mandatory eligibility groups) and has the flexibility to cover other population groups (optional eligibility groups). Medicaid is an entitlement program, which cannot limit the number of eligible people who can enroll, and Medicaid must pay for any services covered under the program. About one in seven Texans relies on Medicaid for health insurance or long-term services and supports.

Medicaid pays for acute health care (physician, inpatient, outpatient, pharmacy, lab, and x-ray services), and long-term services and supports (home- and community-based services, nursing facility services, and services provided in Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICFs/IID)) for people age 65 and older and those with disabilities.

Guidance regarding coverage of equipment and supplies (insulin pumps, syringes, testing strips, etc.) for persons with diabetes is found in the Texas Medicaid Provider Procedures Manual at http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx.

On March 1, 2012, most Medicaid clients and all Children's Health Insurance Program (CHIP) clients began obtaining their prescription drug benefits through a managed care plan. Outpatient prescription drugs will be a benefit of each Medicaid managed care program. CHIP is also a managed care program for which outpatient drugs are a benefit. Across the state, 19 MCOs have contracted with a total of seven different pharmacy benefits managers (PBM) – some PBMs are contracted with multiple MCOs. The Texas Medicaid/CHIP Vendor Drug Program website includes information on diabetes medications covered by Medicaid and PBMs serving Medicaid MCOs: <http://www.txvendordrug.com/managed-care/index.shtml>.

Texas Medicaid Managed Care Quality Strategy: 2012-16

The Texas Legislature, through the 2012-13 General Appropriations Act and Senate Bill 7, instructed HHSC to expand its use of risk-based Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals. Under the Special Terms and Conditions of the Medicaid Transformation and Quality Improvement (1115) waiver, HHSC is required to develop a comprehensive quality strategy that reflects all managed care plans operating under the programs proposed through the waiver and submit to the Centers for Medicare & Medicaid Services (CMS) for approval. The Texas Healthcare Transformation and Quality Improvement Strategy can be viewed at <http://www.hhsc.state.tx.us/medicaid/about/QIS-1115.pdf>.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:

Services are available statewide.

Number of health care providers treating individuals with diabetes under the program:

Providers from a variety of health-service and allied health fields offer services to the Medicaid eligible population. In fiscal year 2014, approximately 21,500 providers served clients with any diabetes diagnosis for some sort of medical condition.

Texas Health and Human Services Commission (HHSC)

Program Name: Children’s Health Insurance Program (CHIP)

Total Program Expenditures in FY 2014: \$1.1 billion*

Individuals Served in FY 2014:

Total Enrolled**	Total Served***	With Diabetes****
940,439	660,696	14,708

* Total CHIP expenditures, including traditional, perinate, and vendor drug

** Unduplicated CHIP clients enrolled yearly

*** Unduplicated CHIP clients served yearly

**** Designation of an individual with type 1, type 2, or gestational diabetes based on any primary or non-primary diagnosis

Diabetes-Related Expenditures in FY 2014***:** \$8.2 million

*****Designation of an individual with type 1, type 2, or gestational diabetes based on primary diagnosis. An additional \$7.2 million was paid for services to individuals with diabetes listed as a non-primary diagnosis. These services are not necessarily directly related to diabetes.

Source of Funds:	Federal	State
	71.12 percent	28.88 percent

Population Served:

660,696 individuals out of 940,439 CHIP-enrolled received acute-care services.

To qualify for CHIP, a child must be:

- A U.S. citizen or legal permanent resident
- A Texas resident
- Under age 19
- Uninsured for at least 90 days
- Living in a family whose income is at or below 200 percent of federal poverty level
- Living in a family that passes an asset test if family income is above 150 percent of the federal poverty level

CHIP covers children in families who have too much income or too many assets to qualify for Medicaid but who cannot afford to buy private insurance. Most families in CHIP pay an annual enrollment fee to cover all children in the family. CHIP families also pay co-payments for doctor visits, prescription drugs, inpatient hospital care, and non-emergent care provided in an emergency room setting. CHIP annual enrollment fee amounts and co-payments vary based on family income. In addition, the total amount that a family is required to contribute out-of-pocket toward the cost of health care services is capped based on family income.

Services/Activities:

The following services are covered under CHIP in Texas:

- Inpatient general acute and inpatient rehabilitation hospital services
- Surgical services
- Transplants
- Skilled nursing facilities (including rehabilitation hospitals)
- Outpatient hospital, comprehensive outpatient rehabilitation hospital, clinic (including health center), and ambulatory health care center services
- Physician and physician extender professional services (including well-child exams and preventive health services such as immunizations)
- Laboratory and radiological services
- Durable medical equipment, prosthetic devices, and disposable medical supplies
- Home and community-based health services
- Nursing care services
- Inpatient mental health services
- Outpatient mental health services
- Inpatient and residential substance abuse treatment services
- Outpatient substance abuse treatment services
- Rehabilitation and habilitation services (including physical, occupational, and speech therapy, and developmental assessments)
- Hospice care services
- Emergency services (including emergency hospitals, physicians, and ambulance services)
- Emergency medical transportation (ground, air, or water)
- Care coordination
- Case management
- Prescription drugs
- Dental services
- Vision
- Chiropractic services
- Tobacco cessation

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:

Services are available statewide.

Number of health care providers treating individuals with diabetes under the program:

Providers from a variety of health service and allied health fields provide services to the CHIP eligible population. In fiscal year 2014, approximately 1,849 providers served clients with any diabetes diagnosis for some sort of medical condition.

Table 4. Texas State Agency Diabetes Programs Offering Diabetes-Related Services

Agency and Program Name	Number of Individuals with Diabetes Served	Diabetes-Related Expenditures	Number of Health care Providers Treating Individuals with Diabetes	Areas Where Diabetes Services are Available
DADS Area Agency on Aging Evidence-based Programs for Diabetes	3,030	\$356,497 for education to prevent diabetes complications	Varies by AAA Region	Angelina, Atascosa, Bandera, Bell, Bexar, Brazoria, Comal, Dallas, Dimmit, Edwards, Fort Bend, Galveston, Gillespie, Gregg, Guadalupe, Harrison, Houston, Jasper, Jim Hogg, Kendall, Kerr, Kinney, La Salle, McLennan, Maverick, Medina, Nacogdoches, Newton, Polk, Real, Sabine, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Trinity, Tyler, Val Verde, Webb, Wilson, Uvalde, Zapata, Zavala
DARS Independent Living Services to Texans with Disabilities Impacted by Diabetes	1,145	\$1,055,985 for services related to complications of diabetes	DARS does not have health care providers or diabetes educators on staff, but contracts for medical services as needed from providers in the community.	124 offices throughout the state
DARS Vocational Rehabilitation Services	5,021	\$10,769,365 for services related to complications of diabetes	DARS does not have health care providers or diabetes educators on staff, but contracts for medical services as needed from providers in the community.	124 offices throughout the state

DSHS Children with Special Health Care Needs Services	103	\$1,538,418 for treatment of diabetes	29,078	Available statewide
DSHS Kidney Health Care Program	9,991	\$7,546,919 for treatment of diabetes complications	113	Available statewide
DSHS Community Diabetes Projects	* Nutrition Education Classes: 436 Physical Activity Classes: 1343 Self-Management Classes: 350	\$751,487 for education to prevent complications of diabetes	CDPs are educational programs and do not provide direct medical services. However, participants are referred to health care providers and connected with resources in their respective communities.	<ul style="list-style-type: none"> •City of Austin Health and Human Services Department •El Paso Diabetes Association •Tarrant County Hospital District •IBN Sina Foundation – Houston •Gateway Community Health Center, Inc. – Laredo •City of Laredo Health Department •Texarkana-Bowie County Family Health Center •East Texas Health Access Network – Jasper <ul style="list-style-type: none"> •Community Health Center of Lubbock •Migrant Health Promotions, Inc. – Weslaco •Waco-McLennan County Public Health District •Texas AgriLife Extension Service

DSHS Prevent Type 2 Diabetes Campaign / Diabetes Tool Kit for Health Care Professionals	Not applicable	\$172,490 for Diabetes Prevention	Not applicable	Implemented in the following markets: Corpus Christi, El Paso, Laredo, Rio Grande Valley and San Antonio
DSHS Primary Health Care/Expanded Primary Health Care Programs	22,101	Not available	80 contractors in approximately 304 clinic sites	Clinic sites in 112 Counties
DSHS Family Planning Program	Unknown	\$26,080 for treatment of diabetes	Funding provided to 18 contractors at 89 clinic sites	Clinic sites in regions 1, 2/3, 6/5S, 7, 8, 11
HHSC Medicaid	341,690	\$334 million for treatment of diabetes	21,500 providers served clients with any diabetes diagnosis for some sort of medical condition.	Available statewide
HHSC Children's Health Insurance Program	14,708	\$8.2 million** for treatment of diabetes	1,849 providers served clients with any diabetes diagnosis for some sort of medical condition.	Available statewide

* A total is not presented for all intervention types because individuals can participate in one or more of the interventions

** total CHIP expenditures, including traditional, perinate, and vendor drug

Appendix A - Diabetes Fact Sheet

2013 Diabetes Fact Sheet—Texas Texas Department of State Health Services

Updated December 2015

Burden of Disease

Unadjusted Prevalence with 95% Confidence Interval Percentage of Adults

	Prediabetes	Diabetes
Total	8.1 (7.0-9.3)	11.0 (10.3-11.8)
White	8.5 (7.0-10.4)	9.9 (9.0-10.9)
Black	9.6 (6.2-14.6)	12.9 (10.3-16.1)
Hispanic	6.2 (4.6-8.2)	12.7 (11.4-14.2)
Other	12.0 (7.0-19.9)	6.0 (3.7-9.6)
Men	8.1 (6.6-9.9)	11.5 (10.4-12.8)
Women	8.0 (6.6-9.8)	10.5 (9.5-11.5)

An estimated 11.0% of adults in Texas had diabetes and 8.1% had prediabetes.

Prevalence of prediabetes was not different by race/ethnicity or sex in the state.

Diabetes was more common among Hispanics than whites.

Age-Adjusted Death Rates, All Ages

	Number of Deaths	Annual Deaths per 100,000 Persons (95% confidence interval)
Total	5,262	21.7 (21.1-22.3)
White	2,477	16.6 (15.9-17.2)
Black	820	36.1 (33.6-38.6)
Hispanic	1,832	32.6 (31.1-34.1)
Other	133	14.2 (11.8-16.6)
Men	2,725	24.5 (23.6-25.4)
Women	2,537	19.2 (18.5-19.9)

There were 5,262 deaths caused by diabetes.

Blacks were more than twice as likely to die from diabetes as whites.

Hispanics were nearly twice as likely to die from diabetes as whites.

Men were more likely to die from diabetes than women.

Age-Adjusted Hospitalization Rates, Adults, 18 years and older Annual Hospitalizations per 10,000 Adults (95% confidence interval)

Type 1 Diabetes	Type 2 Diabetes	All Diabetes
4.5 (4.5-4.6)	12.1 (12.0-12.2)	16.6 (16.5-16.8)

For every 10,000 persons, about 4.5 hospitalizations occurred annually for type 1 diabetes, 12 for type 2 diabetes and nearly 17 for all diabetes.

Burden of Disease Risk Factors

Unadjusted Prevalence, Adults, 18 years and older Percentage of Adults (95% confidence interval)

	Overweight and Obesity	No Leisure Time Physical Activity
Total	67.8 (66.5-69.2)	27.6 (26.4-28.8)
White	63.9 (62.2-65.7)	21.9 (20.5-23.4)
Black	79.1 (74.8-82.9)	30.6 (26.2-35.4)

Being overweight or obese was more common among blacks and Hispanics than whites, as was no leisure time physical activity.

2013 Diabetes Fact Sheet—Texas

Texas Department of State Health Services

Updated December 2015

Hispanic	73.8 (71.5-76.0)	34.8 (32.6-37.1)
Other	40.4 (34.1-46.9)	23.9 (18.8-29.9)
Men	74.3 (72.4-76.0)	25.0 (23.3-26.8)
Women	61.0 (59.1-62.9)	30.0 (28.4-31.7)

Men were more likely than women to be overweight or obese.

Women were more likely than men to not participate in leisure time physical activity.

Cost Burden

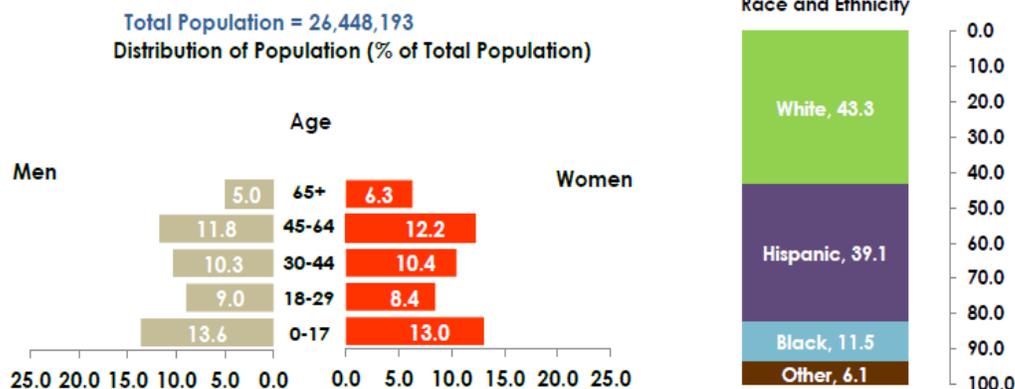
Medicaid Spending among Beneficiaries with Diabetes For Fee-for-Service & Primary Care Case Management Services

Type of Care	Reimbursement Amount	Number of Beneficiaries	Average Reimbursement per Beneficiary
Total	\$280,931,035.72	252,269	\$1,113.62
Inpatient	\$41,880,288.06	8,175	\$5,122.97
Outpatient	\$16,554,927.70	86,716	\$188.73
Professional	\$222,495,819.96	239,790	\$927.88

Medicaid spent more than \$280 million on beneficiaries with diabetes.

On average, Medicaid spent over \$1,000 per beneficiary with diabetes.

Demography



Data Sources: 2013 Texas Vital Statistics, Population Data, Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2014, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. 2013 Texas Vital Statistics, Mortality Data, 2013 Texas Hospital Inpatient Discharge Public Use Data File, 2013 Texas Medicaid Reimbursement Data as prepared by Research Team, Strategic Decision Support, Texas Health and Human Services Commission, October 2015.

Case Definitions: Prevalence based on respondents 18 years and older who self-report (1) diagnosis of prediabetes, not during pregnancy; (2) diabetes; not during pregnancy (3) body mass index of 25 or greater calculated from height and weight; (4) not participating in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Mortality based on ICD-10 E Codes for diabetes (E10-E14). Hospitalizations based on ICD-9 codes for type 1 diabetes (250.01, 250.03, 250.11, 250.13, 250.21, 250.23, 250.31, 250.33, 250.41, 250.43, 250.51, 250.53, 250.61, 250.63, 250.71, 250.73, 250.81, 250.83, 250.91, 250.93), for type 2 diabetes (250.00, 250.02, 250.10, 250.12, 250.20, 250.22, 250.30, 250.32, 250.40, 250.42, 250.50, 250.52, 250.60, 250.62, 250.70, 250.72, 250.80, 250.82, 250.90, 250.92) and diabetes (250.00-250.93). Medicaid reimbursement based on paid and partially paid claims for fee-for-service and primary care case management services selected from the Texas Medicaid and Health Partnership (TMHP) Ad Hoc Query Platform (AHQP) Claims Universe of persons with a primary diagnosis of diabetes (250.00-250.93).

A beneficiary may receive more than one type of care; therefore, the sum of beneficiaries receiving each type of care does not equal the total number of beneficiaries.

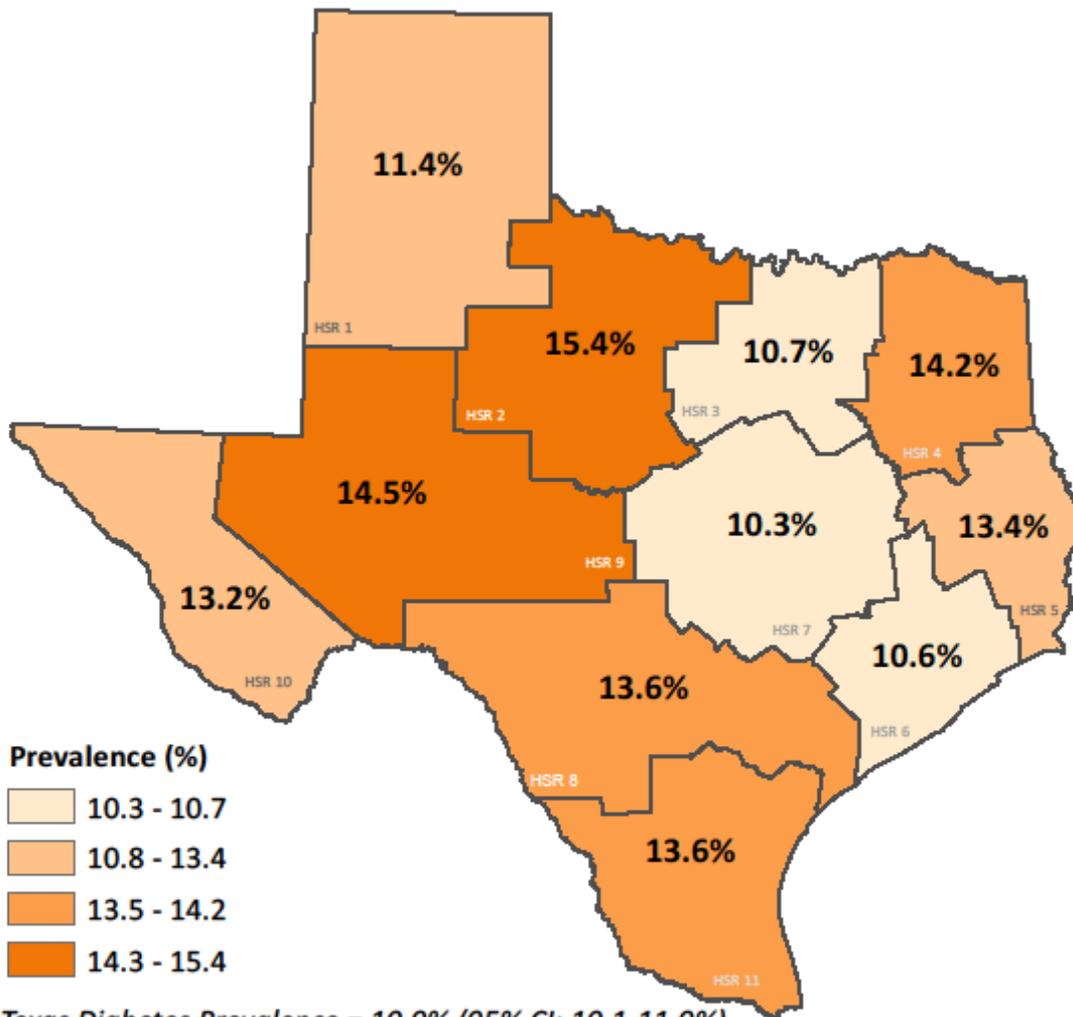
Note: "-" indicates too few cases occurred, the sample size was too small, or the relative standard error was >30.0% to provide a reliable estimate.

Statistical significance based upon evaluation of overlap among confidence intervals.

OSER
Office of Surveillance, Evaluation, and Research

Appendix B - Diabetes Prevalence Map

Diabetes Prevalence Among Adults by Health Service Region (HSR), Texas, 2013



Prevalence (%)

- 10.3 - 10.7
- 10.8 - 13.4
- 13.5 - 14.2
- 14.3 - 15.4

Texas Diabetes Prevalence = 10.9% (95% CI: 10.1-11.9%)
 Data Classification: Quantiles.
 Data Source: 2013 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services.
 Diabetes prevalence is defined as "yes" responses to the survey question, "Have you ever been told by a doctor or health professional that you have diabetes?"
 This does not include diabetes only during pregnancy or pre- or borderline diabetes.



Created by Blaise Mathabela, 2/20/2015

Appendix C - Healthy People 2020 National Diabetes Objectives

Healthy People 2020 National Diabetes Objectives: 2020 National Targets and Most Recent National and Texas Data

Prepared for
Diabetes Prevention and Control Branch
Health Promotion and Chronic Disease Prevention Section
Texas Department of State Health Services

Prepared by Blaise Mathabela, MS
Epidemiologist I
Office of Surveillance, Evaluation, and Research (OSER)
Health Promotion and Chronic Disease Prevention Section
Texas Department of State Health Services

Reviewed by Erin Wu, MPH, Epidemiologist III/Team Lead
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Office of Surveillance, Evaluation, and Research (OSER)
Health Promotion and Chronic Disease Prevention Section
Texas Department of State Health Services

July 23, 2015

Table 1. Healthy People 2020 National Diabetes Objectives and Measures, 2020 National Targets and Current Data, and Comparable Texas Data For Most Recent Available Year

Objectives and Measures*	National		Texas
	2020 Target Percent or Rate	Percent or Rate (Year)	Percent or Rate (Year)
D-1. Reduce the annual number of new cases of diagnosed diabetes in the population	7.2 per 1,000	7.0 per 1,000 (2011-2013)	9.8 per 1,000 (2012-2013)
D-2. (Developmental) Reduce the death rate among persons with diabetes			
D-2.1 Reduce the rate of all-cause mortality among persons with diabetes	N/A	N/A	N/A
D-2.2 Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes	16.0	15.7 (2013)	N/A
D-3. Reduce the diabetes death rate	66.6 deaths per 100,000 population	70.3 deaths per 100,000 population (2011)	76.3 deaths per 100,000 population (2013)
D-4. Reduce the rate of lower extremity amputations in persons with diagnosed diabetes	N/A	3.4 per 1,000 (2008-2010)	4.7 per 1,000 (2011-2013)
D-5. Improve glycemic control among persons with diabetes			
D-5.1 Reduce the proportion of persons with diabetes with an A1c value greater than 9 percent	16.1	21.0 (2009-2012)	49.2 (2014)
D-5.2 Increase the proportion of the diabetic population with an A1c value less than 7 percent	58.9	48.2 (2009-2012)	29.7 (2014)
D-6. Improve lipid control among persons with diagnosed diabetes	58.3	49.9 (2009-2012)	33.6 (2014)
D-7. Increase the proportion of persons with diagnosed diabetes whose blood pressure is under control	57.0	55.4 (2009-2012)	21.9 (2014)
D-8. Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination	61.2	54.5 (2013)	N/A
D-9. Increase the proportion of adults with diabetes who have at least an annual foot examination	74.8	68.4 (2010)	65.7 (2013)
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination	58.7	53.4 (2008)	69.4 (2013)

Table 1 (continued). Healthy People 2020 National Diabetes Objectives and Measures, 2020 National Targets and Current Data, and Comparable Texas Data For Most Recent Available Year

Objectives and Measures*	National		Texas
	2020 Target Percent or Rate	Percent or Rate (Year)	Percent or Rate (Year)
D-11. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year	71.1	66.5 (2010)	73.8 (2013)
D-12. Increase the proportion of persons with diagnosed diabetes who obtain an annual urinary microalbumin measurement	37.0	40.8 (2011)	N/A
D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily	70.4	65.0 (2010)	60.9 (2013)
D-14. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education	62.5	58.0 (2010)	47.7 (2013)
D-15. Increase the proportion of persons with diabetes whose condition has been diagnosed	80.1	67.7 (2009-2012)	N/A
D-16. Increase prevention behaviors in persons at high risk for diabetes with prediabetes			
D-16.1 Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity	49.1	54.7 (2011-2012)	N/A
D-16.2 Increase the proportion of persons at high risk for diabetes with prediabetes who report trying to lose weight	55.0	56.5 (2011-2012)	N/A
D-16.3 Increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet	53.4	49.1 (2011-2012)	N/A

*2020 Healthy People Diabetes Objectives and Measures descriptions can be found at: <http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives>
 "N/A" = Data were not available.

Data sources for National Data:

D-1 National Health Interview Survey (NHIS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS), 2011-2013.

D-2 National Death Index (NDI), Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS); National Health Interview Survey (NHIS), CDC/NCHS, 2013.

D-3 National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS); Population Estimates, Census, 2011.

D-4 National Hospital Discharge Survey (NHDS), Centers for Disease Control (CDC), National Center for Health Statistics (NCHS); National Health Interview Survey (NHIS), CDC/NCHS, 2008-2010.

D-5 National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2009-2012.

D-6 National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2009-2012.

D-7 National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2009-2012.

D-8 National Health Interview Survey (NHIS); Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2013.

D-9 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), Public Health Surveillance & Informatics Program Office (PHSIPO), 2010.

D-10 National Health Interview Survey (NHIS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS), 2008.

D-11 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), Public Health Surveillance & Informatics Program Office (PHSIPO), 2010.

D-12 United States Renal Data System (USRDS), National Institute of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), 2011.

D-13 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), Public Health Surveillance & Informatics Program Office (PHSIPO), 2010.

D-14 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), Public Health Surveillance & Informatics Program Office (PHSIPO), 2010.

D-15 National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2009-2012.

D-16 National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2011-2012.

Data Sources for Texas Data:

D-1 Behavioral Risk Factor Surveillance System, 2012-2013. Trends in Diabetes and Risk Factors.

<http://www.cdc.gov/diabetes/atlas/obesityrisk/atlas.html>. Accessed June 2015.

D-2 Not available.

D-3 Vital Statistics Unit (VSU), Center for Health Statistics (CHS), Texas Department of State Health Services (DSHS), 2013.

D-4a Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2011-2013. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

D-4b Hospital Inpatient Public Use Data File, 2012, Texas Health Care Information Collection, Center for Health Statistics, Texas Department of State Health Services, Austin, Texas.

D-5 Guide to Texas HMO Quality: 2014. State of Texas, Office of Public Insurance Counsel; Department of State Health Services, Center for Health Statistics. November 2014. November 2014

D-6 Guide to Texas HMO Quality: 2014. State of Texas, Office of Public Insurance Counsel; Department of State Health Services, Center for Health Statistics. November 2014. November 2014

D-7 Guide to Texas HMO Quality: 2014. State of Texas, Office of Public Insurance Counsel; Department of State Health Services, Center for Health Statistics. November 2014. November 2014

D-8 Not available.

D-9 Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2013. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

D-10 Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2013. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

D-11 Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2013. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

D-12 Not available.

D-13 Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2013. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

D-14 Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2013. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

D-15 Not available.

D-16 Not available.

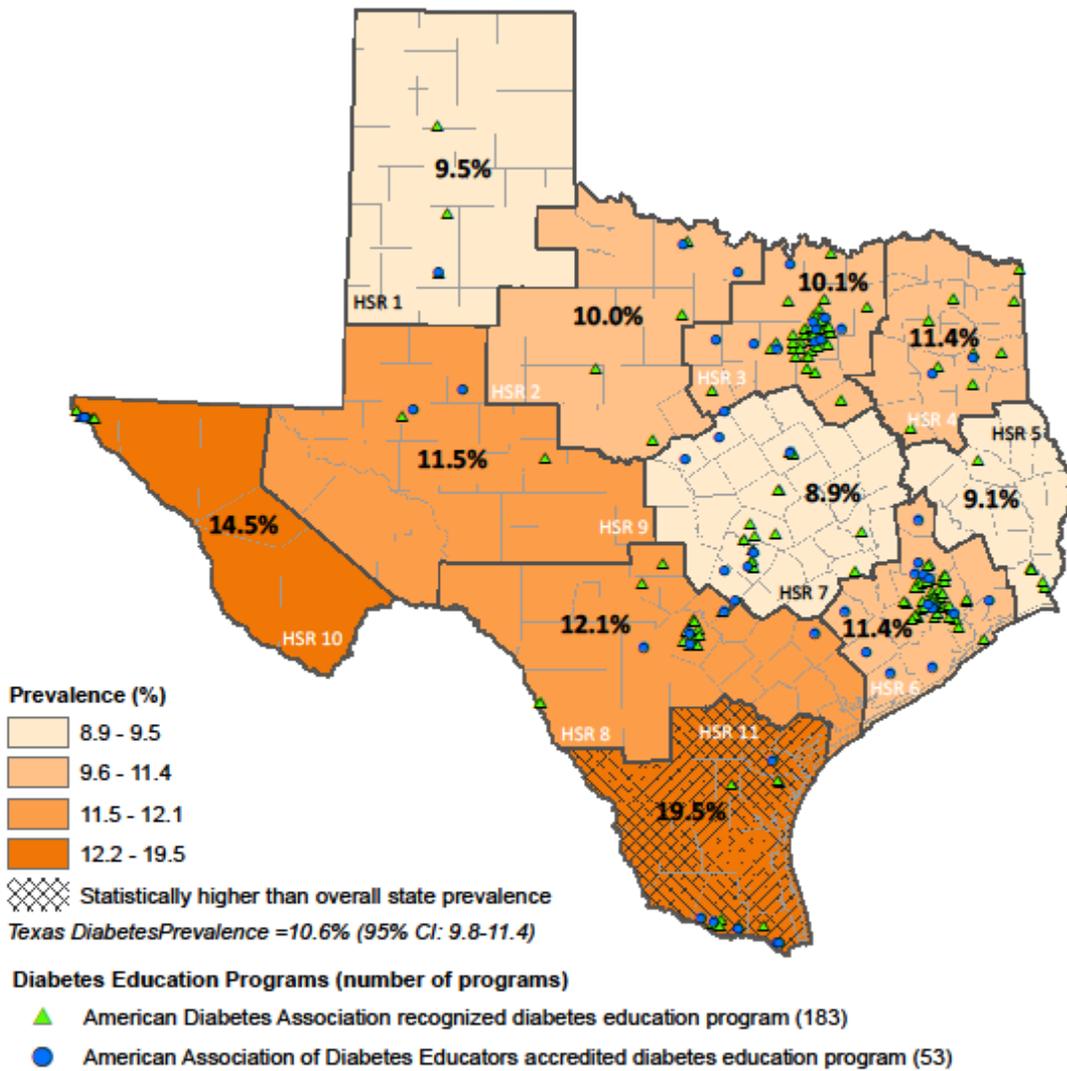
Data Limitations

The data used to create this report have several limitations which should be considered especially when comparing national data to Texas state data.

- National 2020 targets were based on the same data source as for the national measures. However, the data sources for Texas data are not necessarily the same as the national data sources. When the same data source was available for Texas data as was used for the national measure, it was used, for example Vital Statistics or Behavioral Risk Factor Surveillance System. When the same data source was not available, the closest comparable state-level data source was used.
- National 2020 targets and national measures were each reported as age-adjusted measures, except for objective D-12. With the exception of the measure reported for objective D-1, the data reported for Texas was not age-adjusted.
- For certain measures where data that were representative of the Texas population were not available, data were reported for a specific population, for example for objectives D-5, D-6, and D-7. However, be aware that the comparable national 2020 targets and objectives were based on population-level data which was representative of the US population, for example from the National Health and Nutrition Examination Survey. In these cases, direct comparison between national and state measures should be done with caution.
- Texas data were not available for the following Healthy People 2020 Diabetes Objectives: D-8, D-12, D-15, D-16.1, D-16.2, and D-16.3.

Appendix D-Map of 2014 ADA-recognized and 2014 AADE-accredited sites and 2012 Adult Diabetes Prevalence by Health Service Region in Texas

**2014 American Diabetes Association Recognized Programs,
2014 American Association of Diabetes Educators Accredited Programs,
and 2012 Adult Diabetes Prevalence by Health Service Region (HSR), Texas**



Data Classification: Quantiles.
Data Source: 2012 Texas Behavioral Risk Factor Surveillance System (BRFSS),
Center for Health Statistics, Texas Department of State Health Services.
American Diabetes Association, recognized diabetes education programs
http://professional.diabetes.org/ERP_List.aspx [accessed March 2014]
American Association of Diabetes Educators, accredited diabetes education programs,
<http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html#Texas>
[accessed March 2014]

Create by Erin Wickerham, 4/14/14



Appendix E - Texas Diabetes Council Volunteers

Texas Diabetes Council Membership Roster with Position Held

Texas Diabetes Council

Victor Hugo Gonzalez, MD (Chair) – Licensed physician with a specialization in treating diabetes

Gene Bell, RN, CFNP, CDE (Vice Chair) – Registered nurse with a specialization in diabetes education and training

Curtis Triplitt, PharmD, CDE – Experience and training in public health policy

John Griffin, Jr., JD – Consumer member

Carley Gomez-Meade – Consumer member

Don E. Yarborough – General public member

Jason Michael Ryan – Consumer member

Maria Duarte-Gardea, PhD, RD, LD – Registered and licensed dietitian with a specialization in the diabetes education field

Alicia Gracia – General public member

Arthur E. Hernandez, PhD, NCSP, NCC – General public member

Dora Rivas, MS, RD, SNS – General public member

State Agency Representatives (Non-Voting Members)

Lisa Glenn, MD, Texas Department of Aging and Disability Services

Lisa Golden, Texas Department of Assistive & Rehabilitative Services Division for Blind Services

Rajendra C. Parikh, M.D., M.B.A.CPE, Health and Human Services Commission

Roberto Rodriguez, MD, Texas Department of State Health Services

Advocacy and Outreach Committee

John Griffin, Jr., JD, (Chair)

Jason Michael Ryan

Don E. Yarborough

Joan Colgin, RN, CDE, American Association of Diabetes Educators

Veronica De La Garza, Advocacy Director, South Central Region, American Diabetes Association

Rick Hayley, Governor's Advisory Council on Physical Fitness, Coastal Bend Diabetes Initiative

Klaus Kroyer Madsen, Klaus Madsen Health Solutions

Health Care Professionals Advisory Committee

Outcomes Subcommittee

Maria Duarte-Gardea, PhD, RD, LD (Co-Chair)
Arthur Hernandez, PhD, NCSP, NCC (Co-Chair)
Ninfa Peña-Purcell, PhD, Texas AgriLife Extension Service
Lisa Golden, Division for Blind Services, DARS
Ardis Reed, MPH, RD, LD, CDE, TMF Health Quality Institute
Shay L. Reichert, PharmD, BCPS, CDE

Medical Professionals Advisory Subcommittee

Priscilla A. Hollander, PhD, MD, Baylor University Medical Center (Chair)
William Biggs, MD, Amarillo Medical Specialists, LLP
Luby Garza-Abijaoude, MS, RD, LD, Department of State Health Services
Shane Greene, Pharm D, BCPS, CDE, Texas Tech University Health Sciences Center
Lance Sloan, MD, FACE, Texas Institute for Kidney and Endocrine Disorders
Craig W. Spellman, PhD, DO, Texas Tech University
Curtis Triplitt, PharmD, CDE, UTHSC-SA, Texas Diabetes Institute
Evangalina T. Villagomez, PhD, RN, CCRN, CDE, CS, The University of Texas Health Science Center at Houston
Barbara Walz, RN, BSN, CDE, Veterans Affairs
Kathleen (Kittie) Wyne, MD, PhD, The Methodist Hospital Research Institute
Surendra K. Varma, MD, Texas Tech University Health Sciences Center (Pediatric Consultant)