

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



SUMMER 2005

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New state laws help children with and at risk for diabetes

The 79th Texas Legislature adjourned with two new laws on the books to help children who have or are at risk for diabetes.

The first law is the culmination of at least six years of effort from the Texas Diabetes Council and other diabetes stakeholders. It assures that public primary and secondary schools provide a medically safe environment for students with diabetes.

The second new law expands the current requirement for physical activity during the school day to include not only elementary school students, but also junior high and middle school students.

House Bill (HB) 984

HB 984 requires that schools have individual health plans for students who have diabetes. It also requires school principals to seek school employees who are not healthcare professionals to serve as diabetes care assistants. The Texas Diabetes Council will develop training for the assistants to ensure that they are familiar with the student's health plan and can:

- ◆ Recognize hypoglycemia and hyperglycemia
- ◆ Perform finger sticks
- ◆ Administer glucagon and insulin

HB 984 also requires that school districts provide written diabetes information to employees who are responsible for providing transportation for or supervising a student with diabetes during off-campus activities. The one-page document will identify the student who has diabetes, as well as potential emergencies and appropriate responses. It also will provide the telephone number of a contact person in case of an emergency.

Finally, the bill requires schools to allow students to have possession of their diabetes supplies and equipment. Students who have diabetes are allowed to

attend to the management and care of their diabetes in the classroom, in any area of the school or school grounds, or at any school-related activity.

Senate Bill (SB) 42

SB 42 authorizes the State Board of Education to expand the requirement that elementary schools provide a coordinated health education program that includes physical activity. The Board implemented the current requirement for elementary school students in 2001 after the 77th Legislature passed SB 19, with input and support from the Texas Diabetes Council.

SB 42 also re-establishes the School Health Advisory Committee, which will assist the State Health Services Council in delivering coordinated school health programs and school health services. The previous School Health Advisory Committee was eliminated during the 2003 legislative session.

Other bills of interest

The 79th Legislature also passed bills that:

- ◆ Establish an interagency work group on border issues to coordinate programs and services and develop regulatory and legislative recommendations
- ◆ Require early screening, diagnosis, and treatment of chronic kidney disease for qualified Medicaid recipients
- ◆ Initiate a pilot program to provide language interpreter services to Medicaid recipients
- ◆ Create a five-year Medicaid demonstration project to provide family planning and preventive services, including screening for diabetes

More information on the results of the 79th Texas Legislature is available at www.capitol.state.tx.us. ■

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TEXAS DIABETES
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Texas Diabetes Council supports 'Remaking American Medicine' series

The Texas Diabetes Council is helping promote "Remaking American Medicine," a Public Broadcast System (PBS) initiative to improve care for patients of all ages.



The four-part series presents stories that aim to empower viewers to become advocates for better care for themselves and their loved ones, and to make decisions about public policy that will improve the quality of healthcare for all Americans.

The programs that comprise "Remaking American Medicine" focus on:

- ◆ **Transforming acute care** – profiles of hospitals that are creating systems of medical care that are safe, coordinated, and centered on the needs of patients
- ◆ **The patient at the center** – descriptions of how the physician-patient relationship is being re-made as healthcare institutions confront an epidemic of chronic diseases
- ◆ **Perfect care for everyone** – an investigation of how daring efforts to create models of excellence in acute care

and chronic disease management are being created throughout the country

- ◆ **Remaking medical education** – examples of how innovative education programs prepare physicians, nurses, and other providers to meet the challenges of today's healthcare system

The Texas Medical Foundation is working with PBS station outreach directors and other key stakeholders to build local events and programming around the series, which will be broadcast in spring 2006.

"Remaking American Medicine" is underwritten by the Robert Wood Johnson Foundation, the Centers for Medicare and Medicaid Services, and others. A network of partners, including national physician and nurse organizations, supports the program. More information on the series and an online preview are available at www.ramcampaign.org. ■

Prevention of the epidemic increase in child risk of overweight in low-income schools: the El Paso coordinated approach to child health

Karen J. Coleman, PhD; Claire Lola Tiller, MA; Jesus Sanchez, BS; Edward M. Heath, PhD; Oumar Sy, MS; George Milliken, PhD; David A. Dziewaltowski, PhD

Objective: To assess the impact on children's health of translating an evidence-based national intervention trial (Child and Adolescent Trial for Cardiovascular Health [CATCH]) to low-income elementary schools with primarily Hispanic students.

Design: An untreated, matched control group design with repeated dependent pretest and post-test samples was used.

Setting: Four El Paso CATCH and four control elementary schools in El Paso, Texas, along the US-Mexico border region. All had Title I status (most were low-income students).

Participants: Participants were 896 third-grade children (473 control schools [224 girls and 249 boys] and 423 CATCH schools [199 girls and 224 boys]); 93 percent were Hispanic.

Intervention: Community-based implementation of the national CATCH program.

Main outcome measures: Risk of overweight or overweight, body mass index, waist-to-hip ratio, yards run in nine minutes, passing rates for Fitnessgram national mile standards, moderate to vigorous physical activity and vigorous physical activity in physical education class, and percentage of fat and sodium in school lunches.

Results: Girls in control schools had significant increases in percentage of risk of

overweight or overweight from third (26 percent) to fifth (39 percent) grades, as did girls in CATCH schools (30 percent to 32 percent); however, the rate of increase for girls in the CATCH schools was significantly lower (2 percent) compared with the rate for control girls (13 percent). A similar pattern was seen for boys, with a rate of increase for boys in CATCH schools of 1 percent (40 percent to 41 percent), which was significantly less than the 9 percent increase (40 percent to 49 percent) for control boys.

Conclusions: The translation of the national CATCH program to low-income schools with Hispanic students successfully slowed the epidemic increase in risk of overweight or overweight seen in control school children.

An emphasis should be placed on community organizing and evaluation feedback when implementing evidence-based school health programs in low-income Hispanic communities.

Arch Pediatr Adolesc Med. 2005;159:217-224. ■

Childhood obesity, part 2 Roland Sturm, PhD

The number of overweight and obese youth has increased in recent decades, yet few data assess how the lives of children have changed during the “obesity epidemic.” Part 1 of this two-part study discussed trends in time use, studying at home, and media use. Part 2 focuses on transportation, physical education, and diet.

Walking or biking for transportation can expend a large amount of energy, but active transportation is not a major source of physical activity for youth, averaging eight minutes a day in 2001, with little change over the past few decades. For adolescents, there was no clear trend in physical education during the past decade, but there are no data for after-school and day-care programs, which have become more important as children spend more time away from home. For younger children, time spent in organized sports and outdoor activities increased by 73 minutes per week between 1981 and 1997.

Eating as a primary activity declined, suggesting a shift toward snacking or eating as a secondary activity. Statistically significant trends exist for carbohydrate intake, especially for chips/crackers/popcorn/pretzels (intake tripled from the mid-1970s to the mid-1990s) and soft drinks (intake doubled during the same period). Price and income data suggest possible economic reasons for these changes. The percentage of disposable income spent on food has declined continuously, and almost all of the decline has been represented by food consumed at home, yet today’s disposable income buys more calories than it has in the past. Relative prices have encouraged shifts across food types. From a baseline of 100 during 1982–1984, the price index for fresh fruit and vegetables increased to 258 by 2002 (far exceeding general inflation), whereas the price index for soft drinks increased only to 126 by 2002 (below general inflation).

Sturm R. Childhood obesity — what we can learn from existing data on societal trends, part 2. *Prev Chronic Dis* [serial online] 2005 Apr. Available from: URL: www.cdc.gov/pcd/issues/2005/apr/04_0039.htm. PEER REVIEWED ■

Initiative will educate state officials about diabetes, other public health issues

The Centers for Disease Control has awarded a \$3.6 million grant to the Council of State Governments (CSG) to educate state officials about diabetes and other priority public health issues.

Under the new initiative, CSG, in cooperation with the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators, will track public health trends and issues, host web conferences and meetings and forums, establish a new public health Web site, and publish newsletters and other publications.

The audience for the initiative includes state officials, legislators, and staff. In addition to diabetes, the priority public health issues that will be addressed under the agreement include cancer, heart disease, immunizations, and school health.

More information is available at www.healthystates.csg.org. ■

Texas Diabetes Council to meet in San Antonio

The Texas Diabetes Council’s next quarterly meeting is Thursday, October 20, 2005, at the Texas Diabetes Institute, 701 S. Zanzamora, San Antonio. The meeting is open to the public, and the agenda has a standing item inviting public comments. Meeting dates, locations, and agendas are published in the Texas Register (www.sos.state.tx.us/texreg/index.shtml) and posted on the Council’s Web site (www.texasdiabetescouncil.org). For more information, call 1-888-963-7111. ■

‘Eat Smart, Be Active’ Web site offers tips for professionals

The Texas Department of State Health Services’ “Eat Smart, Be Active” Web site (www.eatsmartbeactive.org) helps public health professionals, educators, and community leaders and advocates implement evidence-based nutrition and physical activity interventions.



The “Eat Smart, Be Active” Web site includes sections on:

Tools and resources — the nuts and bolts of what you need to implement a successful project, including links to legislation and policies, planning tools, funding opportunities, keystone publications, and the most popular national and state resources for nutrition and physical activity information

Best practices — links to promising and proven local, state, and national initiatives that promote nutrition and physical activity in schools, communities, and work sites

Current activities — overviews of current and upcoming projects around Texas, including information on key partnerships and initiatives

Data — links to the most common sources of nutrition and physical activity data for Texas and the United States and guidance on how to obtain local data, if available

FAQ’s — Frequently Asked Questions ■



NDEP offers new ads

Visit the National Diabetes Education Program's Web site (<http://ndep.nih.gov/campaigns/tools.htm#psaPrintABC>) to download electronic files of new print public service announcements (PSAs) on the ABCs of diabetes – A1c, blood pressure, and cholesterol.

Local organizations can tag these print PSAs with their own logos and contact information. The two new announcements feature:

“Diabetes Superhero,” a cartoon character who catches the reader's eye and promotes controlling the ABCs of diabetes. The ad explains, “You don't need to be a superhero to manage your diabetes. You need to control your ABCs.”

“Important Numbers” compares the ABCs of diabetes with social security numbers and personal identification number (PIN) codes. The ad encourages people with diabetes to “Know your diabetes ABCs just like you know your other important numbers.”

Each ad is available in full-page color, full-page black and white, and four smaller sizes in black and white to fit any publication. To obtain a CD-ROM with the printer-ready Quark files of the ads that you can tag and distribute to the media, or if you have any questions, contact Adam Stellato at astellato@hagersharp.com or 202-842-3600, ext. 230. ■



New campaign reminds older adults, ‘You Can!’

The National Diabetes Education Program and the US Administration on Aging invite community organizations to become “You Can!” partners and join in celebrating ways for older adults to be active and healthy this September.

During any seven-day period of September, create “You Can!” celebration activities where participants can make a pledge to engage in healthier lifestyle activities involving physical activity and nutrition education that will help enhance their health and well-being. If older adults see how easy and enjoyable it can be, hopefully they will continue these behaviors and help others to improve their health, too.

For more information about the “You Can!” campaign and how to become a “You Can!” partner, visit www.aoa.gov/youcan. ■

Fit4Life site helps kids get fit

Encourage kids to create a personalized activity calendar in the Fit4Life site of the Centers for Disease Control and Prevention's Body and Mind Web site. This colorful and engaging site for kids also features suggested activities and practical tips from real



tweens (ages 9 through 13) on many different activities, including canoeing, tennis, volleyball, and more. Kids can get involved by visiting www.bam.gov/fit4life/get.htm. ■

The Medicare Modernization Act and diabetes

The National Diabetes Education Program's Web site (www.ndep.nih.gov) includes links to information about the diabetes benefits available under the Medicare Modernization Act. Information for consumers is available at www.medicare.gov/Health/Diabetes.asp. Healthcare providers can visit www.cms.hhs.gov/medlearn/.

Free materials from texasdiabetescouncil.org

The Texas Diabetes Council's Web site offers access to free educational resources for healthcare providers and people who have or are at risk for diabetes.

For providers:

- ◆ *Diabetes Tool Kit*, a teaching aid featuring reproducible patient information sheets
- ◆ Foot poster for exam rooms, in English and Spanish
- ◆ Minimum standards for diabetes care and treatment and prevention algorithms developed by the state's leading diabetes experts

For patients (in English and Spanish)

- ◆ *You Have the Power: Controlling Diabetes One Day at a Time*, a kit designed to support educational classes or groups
- ◆ *You Have the Power: Controlling Diabetes One Day at a Time* (video and DVD), a brief overview of self-management guidelines for people who are newly diagnosed with type 2 diabetes (also available in Vietnamese and Mandarin Chinese)
- ◆ *Food for Life: Living Well with Diabetes*, a booklet describing healthy eating habits and dietary choices
- ◆ *Diabetes Card*, a wallet-size card for recording results of medical examinations
- ◆ *Could You Have Diabetes?*, a quiz that encourages patients to share information about their risk factors and symptoms with the physician
- ◆ *Living with Diabetes*, a brochure that includes tips for managing diabetes and to-do lists for before, during, and after a doctor visit ■

Simple precautions can prevent diabetic complications from heat-related injury and illness this summer

Editor's Note: Susan Young, RN, nurse consultant to the Texas Department of State Health Services Diabetes Program prepared these tips for people who have diabetes.

Usually the elderly, the very young, people with chronic diseases, and those without access to air conditioning are most severely affected by heat. People with diabetes should be mindful of heat-related complications that could result from excessive temperatures.

Here are some seasonal alerts for people with diabetes:

Protect your skin. A sunburn can be serious for a person with diabetes. They should wear sunscreen with a sun protection factor (SPF) of 15—higher if they have fair skin.

Don't walk barefoot. People with diabetes are at risk for foot complications and injuries. A person who has limited sensation in the feet may not feel the heat of the pavement. Good-fitting shoes should be worn at all times. Shoes should cover the entire foot and have a closed toe. While sandals or flip-flops are acceptable for the beach or pool, they should not be considered routine footwear during the summer months.

Stay hydrated. Outdoor heat and elevated blood glucose levels can increase the risk of dehydration. Patients should carry water or another suitable decaffeinated drink with them at all times.

Keep insulin and supplies cool. Insulin that is not kept at recommended temperatures can lose potency. Glucose meters and test strips that are exposed to high temperatures may result in inaccurate readings. Patients should follow manufacturers' instructions regarding temperature regulation of these items. ■

And for summertime travelers with diabetes....

Here are some diabetes travel tips from the National Diabetes Education Program.

Plan ahead. Make sure you:

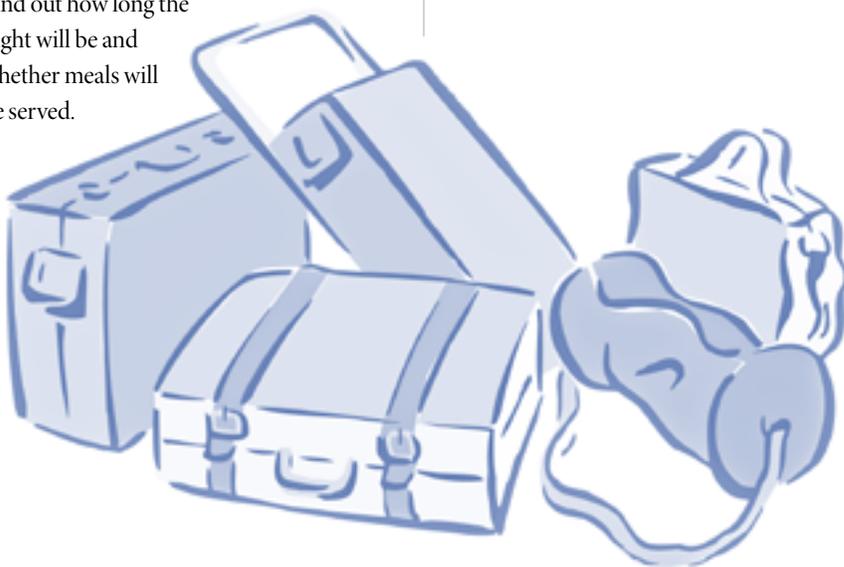
- ◆ Get all your immunizations. Find out what's required for where you're going, and make sure you get the right shots, on time.
- ◆ Control your ABCs: A1C, blood pressure, and cholesterol. See your healthcare provider for a check-up four to six weeks before your trip to make sure your ABCs are under control and in a healthy range before you leave.
- ◆ Ask your healthcare provider for a prescription and a letter explaining your diabetes medications and supplies and any allergies. Carry these with you at all times on your trip. The prescription should be for insulin or diabetes medications and could help in case of emergency.
- ◆ Have wearable diabetes identification in the languages of the places you are going to visit.
- ◆ Plan for time zone changes. Make sure you'll always know when to take your diabetes medicine, no matter where you are. Remember: Eastward travel means a shorter day. If you inject insulin, less may be needed. Westward travel means a longer day, so more insulin may be needed.
- ◆ Find out how long the flight will be and whether meals will be served.

Pack properly.

- ◆ Take double the amount of diabetes medication and supplies that you'd normally need. Better safe than sorry.
- ◆ Keep your insulin cool by packing it in an insulated bag with blue ice.
- ◆ Keep snacks and glucose gel or tablets with you in case your blood glucose drops.
- ◆ If you use insulin, make sure you also pack a glucagon kit.
- ◆ Make sure you keep your medical insurance card and medical insurance emergency number handy.
- ◆ Don't forget to pack a first-aid kit with all the essentials.

Some things to keep in mind if you are flying.

- ◆ Plan to carry all your diabetes supplies in your carry-on luggage. Don't risk a lost suitcase.
- ◆ Keep your diabetes medications and emergency snacks with you at your seat—don't store them in an overhead bin.
- ◆ If the airline offers a meal for your flight, call ahead for a diabetic, low fat, or low cholesterol meal. ■



Diabetes Council members in the news

Texas Diabetes Council Vice-Chair Judith L. Haley, Houston, is the new president of Texans



for Advancement of Medical Research (TAMR). TAMR is an organization of scientists, physicians, ethicists, leading health groups, and individuals who support biomedical research in regenerative medicine for the express purpose of curing diseases and alleviating suffering. The Texas Diabetes Council has gone on record in support of TAMR. More information is available at www.txamr.org.

Council member Victor Hugo Gonzalez, MD, is the recipient of the American Diabetes Association's Addison B. Scoville Award for Outstanding Volunteer Service. An ADA volunteer for more than 11 years, Dr. Gonzalez serves on the American Diabetes Association Research Foundation Board and National Board of Directors and works to secure their financial backing and advocate for new legislation.



TEXAS DIABETES
COUNCIL

Texas Diabetes Council Members

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

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