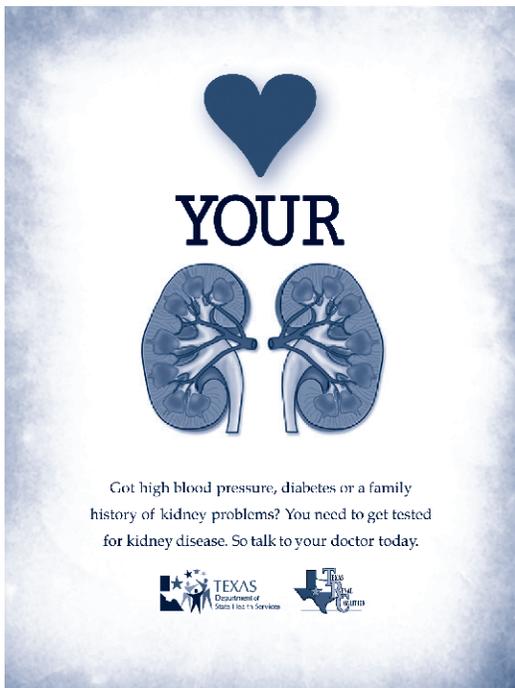


# TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



## “Love Your Kidneys” Campaign Urges Texans at Risk to Get Tested for Kidney Disease



This summer, the Texas Department of State Health Services (DSHS) and the Texas Renal Coalition sent an urgent message to Texans at risk for end-stage renal disease (ESRD): **“If you have high blood pressure, diabetes or a family history of kidney problems, you need to get tested for kidney disease.”**

The **“Love Your Kidneys”** campaign encouraged Texans in Lubbock, Laredo and the Lower Rio Grande Valley to get tested and “show a little love for their kidneys” through a variety of media including television PSAs, radio messages and advertisements in pharmacies, grocery stores and print publications. The campaign will launch in other high-risk areas of the state in 2009.

Diabetes and high blood pressure are the leading causes of kidney failure. Early stages of kidney disease have no symptoms. If left undetected, it can progress to kidney failure with little or no warning, requiring dialysis or a transplant.

“We have to do more to increase awareness, early diagnosis and treatment of kidney disease in order to decrease the alarming numbers of patients progressing to kidney failure,” said Rita Littlefield, President of the Texas Renal Coalition.

Approximately 20 million Americans have kidney disease, with more than 136,000 living with a kidney transplant and more than 335,000 on dialysis. By 2030, it’s estimated that more than 2 million people in

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TEXAS DIABETES  
COUNCIL

# “Love Your Kidneys” continued

Continued from page 1

the United States will be receiving treatment for kidney failure. According to the ESRD Network of Texas, the number of ESRD patients in Texas has grown from 2,398 in 1985 to 30,899 in 2006, with almost 9,000 new cases of ESRD occurring each year.

As more patients become aware of their risk for kidney disease, it's necessary that physicians and other health professionals be armed with the latest kidney disease screening and referral recommendations. As the “*Love Your Kidneys*” campaign launches in each area of the state, local health care professionals will receive an introductory letter from the Texas Renal Coalition and the Texas Chronic Kidney Disease Task Force along with “*Save Their Kidneys*” patient education materials including office posters and brochures. A web site, [savekidneys.com](http://savekidneys.com), summarizes testing and treatment information from trusted sources such as the National Kidney Disease Education Program and the National Kidney Foundation.

The Texas Legislature allocated funding during the 2008-09 biennium for this program to decrease the number of new ESRD cases in Texas. The DSHS Diabetes Program administers the public and professional education components of the campaign and staffs the Chronic Kidney Disease Task Force (see story on page 6).

## Test for Chronic Kidney Disease

The two key markers for kidney disease are urine albumin and estimated glomerular filtration rate (eGFR). Do these three simple tests:

- ◆ “Spot” urine albumin-to-creatinine ratio to detect albuminuria
- ◆ Serum creatinine applied to a prediction equation to estimate GFR
- ◆ Blood pressure measurement

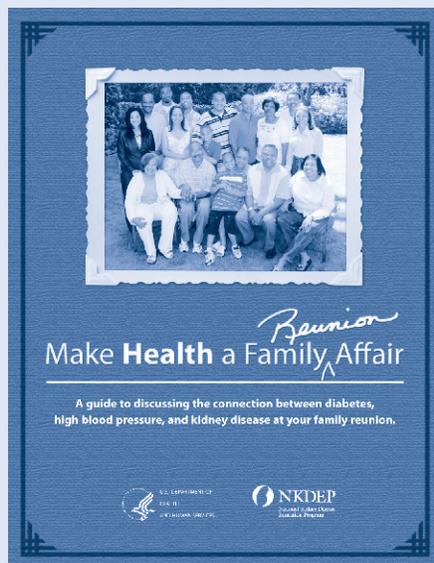
## Treatment for Chronic Kidney Disease

- ◆ Maintain blood pressure less than 130/80 mmHg.

- ◆ Use an ACE inhibitor or angiotensin receptor blocker (ARB).
- ◆ More than one drug is usually required and a diuretic should be part of the regimen.
- ◆ Refer patient to a dietitian.
- ◆ Continue best possible glycemic control in individuals with diabetes.
- ◆ Consult a nephrologist early.
- ◆ Team with them for care if GFR is less than 30 mL/min/1.73 m<sup>2</sup>.
- ◆ Monitor hemoglobin and phosphorous with treatment as needed.
- ◆ Treat cardiovascular risk, especially smoking and hypercholesterolemia.

## Help Your Patients Make the Kidney Connection.

Kidney disease is a growing epidemic. Diabetes and high blood pressure are the two leading causes, but many people with these conditions don't know they are at risk for kidney disease. The Family Reunion Health Guide, developed by the National Kidney Disease Education Program, helps families discuss the connection between diabetes, hypertension and kidney disease at family reunions and other family gatherings. Visit [www.nkdep.nih.gov/familyreunion](http://www.nkdep.nih.gov/familyreunion) or call 1-866-4 KIDNEY to get free copies of the Family Reunion Health Guide for your office or waiting room. ■



## State and City Officials Join San Antonio Metropolitan Health District to Highlight Nation's Second Public Health Diabetes Registry

City and state officials joined Metro Health leaders in June to highlight the Hemoglobin A1c (Diabetes) Registry, an initiative that could be a model for Texas to assess risk for diabetes complications in a population and effectiveness of local diabetes management efforts. The registry will allow Metro Health to gather thousands of hemoglobin A1c test results from local laboratories to conduct the population surveillance. Registry data will then be assessed to help determine the extent of the impact of diabetes, levels of A1c control and possible target areas for future diabetes research and education.

The registry is an 18-month, state-authorized pilot project (HB 2132, 80R) that will effectively make diabetes a reportable disease for the first time ever in any area of Texas. At the pilot's conclusion, a summary report will be given to the governor and legislature.

“San Antonio is the perfect testing ground for the Diabetes Registry not only due to the prevalence of disease in Bexar County but also because of the dedication of this city's public health department,” said Rep. Joe Straus, District 121. “I am proud to have authored HB 2132 to make this pilot possible and look forward to its results.”

As Metro Health moves forward with the pilot, the health department is supporting a public service announcement campaign of the National Ad Council and the American Diabetes Association that aims to create awareness of the A1c test and encourage persons with diabetes to visit their doctors for regular tests. Local radio and TV stations are being asked to air the PSAs.

The registry will be only the second such public health registry in the country. The New York City Department of Health and Mental Hygiene initiated the first registry last year. The company which provided assistance to NYC, Vermont Clinical Decision Support, LLC, also will collaborate with Metro Health to network local laboratories for the collection, storage and maintenance of registry data. ■

# Diabetes & CVD: Clinical Practice Implications of ADVANCE, ACCORD & VA Trials

(Reprinted from NDEP News & Notes, <http://ndep.nih.gov/>)

The topic of diabetes and cardiovascular disease (CVD) and whether or not an A1c goal of less than 7 is still appropriate for people with diabetes has recently been in the news, and even more so after the American Diabetes Association's (ADA) 68th Annual Scientific Sessions in June. During the ADA meeting, the findings of Action in Diabetes and Vascular Disease (ADVANCE), Action to Control Cardiovascular Disease Risk in Diabetes (ACCORD) and the Veteran Affairs Diabetes Trial (VADT) were reported and a panel of diabetes experts discussed the implications of each study.

The panel agreed that the studies found no benefit to heart disease risk from intensively lowering blood glucose levels below currently recommended guidelines in people with advanced type 2 diabetes. Keeping blood glucose levels at or near the recommended ADA target has other benefits – particularly on reducing damage to the small vessels that cause kidney disease and eye damage.

“One of our messages needs to be that treating diabetes is a comprehensive treatment strategy that involves blood

pressure, lipid control, and aspirin therapy,” said M. Sue Kirkman, MD, ADA's vice president for clinical affairs. “The ABCs of diabetes care – management of A1c, blood pressure, and cholesterol – still apply. We have always talked about the individuality of glucose goals. Some may be candidates for lower goals, and some are candidates for higher [goals],” she said.

Strong clinical trial evidence exists, especially for treatment of hypertension and high cholesterol, that good control of known CVD risk factors reduces CVD events in people with diabetes. In addition, the ACCORD trial is still investigating the benefits of further lowering blood pressure and treating other lipid abnormalities common in people with diabetes. These results should be available in late 2009.

Rury Holman, MD, of Oxford University and a member of ADA's panel of diabetes experts noted that these and other studies suggest that treating diabetes early is more effective and safer than starting treatment after the disease has progressed. “The message the community needs to receive is that the guideline goals are still the same, but might be flexible in people with advanced disease,” he said. ■

## Dallas Community Diabetes Project Leader Honored by *Selecciones* magazine, American Heart Association and Macy's for Heart Health Advocacy

*Selecciones*, the world's best-selling Spanish-language magazine, joined the American Heart Association's (AHA) *Go Red For Women/Go Red de Corazón* campaign and Macy's to honor Silvia Gallegos, Community Health Manager for Dallas Concilio of Hispanic Service Organizations. Gallegos was recognized on June 19 in Miami by Lili Estefan, host of Univision's popular show, “El Gordo y la Flaca,” as a heart-health advocate who is making a difference in her community.

Research shows that only 29 percent of Hispanic women know that heart disease is their number one killer. The *Go Red de Corazón* program works to educate Hispanic women about heart disease and empower them to take action to reduce their personal risk. *Selecciones* and Macy's retail stores are national program partners.

Gallegos has worked tirelessly in the Hispanic community in Dallas for more than 25 years on health issues and now focuses on educating parents about heart health, the correlation between childhood obesity and the development of type 2 diabetes in children, and how to prevent and control both. Her grassroots health program includes exercise groups; screenings for glucose, cholesterol, blood pressure, waist circumference and Body Mass Index (BMI); and classes on healthy living. Thanks to her dedicated efforts to promote the benefits of regular activity, a key component of heart health, more than 500 participants walk together each week in more than 25 groups in the Dallas area.

Gallegos currently administers a Community Diabetes Project grant from the Texas Diabetes Program. On behalf of her partners in diabetes prevention and control across the state, the Diabetes Program wishes her continued success. ■

## TDC Glycemic Control Algorithm for Type 2 Diabetes in Children and Adults published in *Osteopathic Journal*

Craig W. Spellman, DO, PhD, Chair of the TDC Medical Professionals Advisory Committee, authored “Aggressively Managing Type 2 Diabetes Mellitus, Hyperlipidemia and Bone Loss” in the May 2008 supplement to the *Journal of the American Osteopathic Association*. Spellman describes the case of an African-American woman with uncontrolled type 2 diabetes, obesity, hyperlipidemia, low bone mass, menopausal symptoms, stage 3 chronic kidney disease, distal sensory neuropathy and background retinopathy. The TDC glycemic control algorithm is referenced in developing an aggressive, comprehensive treatment plan and reprinted as an appendix.

Spellman is associate dean for research and professor of medicine in the Department of Internal Medicine at Texas Tech University Health Sciences Center at Odessa.

The article can be viewed at [http://www.jaoa.org/cgi/reprint/108/5\\_suppl\\_3/S20](http://www.jaoa.org/cgi/reprint/108/5_suppl_3/S20)

Citation: *J Am Osteopath Assoc*. 2008 May; 108(5 Suppl 3): S20-7

TDC Diabetes Treatment Algorithms online: <http://www.dshs.state.tx.us/diabetes/hcstand.shtm>

# The Diabetes Systems Dynamics Model: Highlights from the CDC Diabetes Translation Conference

Health planners at the CDC Division of Diabetes Translation and the National Center for Chronic Disease Prevention use system dynamics simulation modeling to better understand the complex combinations of population characteristics, behaviors and health care policy that affect the prevalence and burden of diabetes in the United States. Modeling begins with a basic diagram of the diabetes population flow from persons with normal blood sugars, through pre-diabetes and eventual diagnosis of diabetes.

**Step 5:** Steps 1-4 PLUS increase *insured* fraction from 2006 value to 95% by 2015

**Step 6:** Steps 1-5 PLUS reduce *obese* fraction to 1991 value by 2025

In Figure 1, projected increases in diabetes prevalence in Texas through 2050 are slowed by the first five interventions applied cumulatively. However, adding reduced obesity to the mix demonstrates the potential of obesity prevention to decrease the current prevalence of diabetes by 2050.

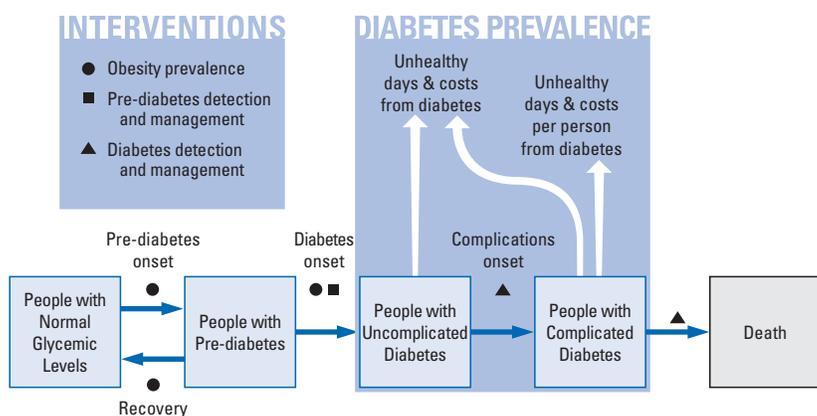
Simulations created through systems dynamics modeling have been used in California, Minnesota, Vermont, Washington and Florida to illustrate best-case scenarios for diabetes prevention and control efforts, pinpointing interventions at all stages of the diabetes population flow—upstream (prior to diagnosis), downstream (diabetes management) and comprehensive approaches (cumulative interventions). In Orlando, these state diabetes programs presented their experiences with systems dynamics modeling and how the process impacted program decision making:

- ◆ “The model helped break down silos between programs that focus upstream on risk factors and those that focus downstream on chronic diseases.”
- ◆ “Models helped make informed choices about how to place resources across the spectrum of prevention.”
- ◆ “Modeling can increase partner participation in comprehensive diabetes prevention and control programs by offering scientific evidence of future impact.”

Systems dynamics modeling was reviewed by the Texas Diabetes Council at its May strategic planning session for the 2010-11 biennium. ■

**Additional reading:** “Understanding Diabetes Population Dynamics Through Simulation Modeling and Experimentation” *American Journal of Public Health, March 2006, Vol. 96, No. 3.*

## MODEL OVERVIEW



Using national data sources, planners have created simulations of how different combinations of interventions (i.e., obesity prevention, pre-diabetes management and diabetes management) are likely to produce specific outcomes in terms of diabetes prevalence and burden (unhealthy days).

At the May CDC Diabetes Translation Conference in Orlando, simulations were presented for selected states, including Texas. The scenario below illustrates how Texas-specific data were used to develop projections of diabetes prevalence up to 2050 based on the following combination of interventions:

### Applying Policy/Intervention Options – A Cumulative Approach:

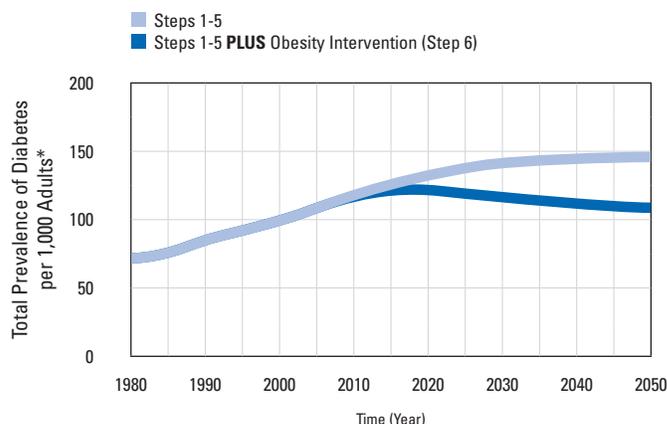
**Step 1:** Increase *basic diabetes management* from 2006 value to 75% by 2015

**Step 2:** Step 1 PLUS increase *intensive* fraction of *diabetes management* from 2006 value to 75% by 2015

**Step 3:** Steps 1 and 2 PLUS increase *basic pre-diabetes management* from an estimated 10% to 50%, 2006 – 2015

**Step 4:** Steps 1-3 PLUS increase *intensive* fraction of *pre-diabetes management* from an estimated 0% to 50%, 2006 – 2015

**Figure 1: Diabetes Prevalence, Texas**



\*Includes both diagnosed and undiagnosed

# CDC Announces Release of 2007 National Diabetes Fact Sheet and County Level Estimates of Diagnosed Diabetes

## 2007 National Diabetes Fact Sheet

Nearly 24 million Americans – almost 8 percent of the population – are now living with diabetes, according to the 2007 National Diabetes Fact Sheet, which was released in late June. This number includes nearly 6 million people who are undiagnosed. An additional 57 million Americans aged 20 and older have pre-diabetes, a condition that increases a person's risk of developing type 2 diabetes, heart disease and stroke. The fact sheet also indicates that the prevalence of diabetes in ethnic minority populations continues to rise. Compared to non-Hispanic whites, diabetes continues to be more prevalent among African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans and Pacific Islanders.

The new fact sheet includes an updated section on treating diabetes for health care professionals and diabetes educators, which emphasizes that people with diabetes can lower their risk for developing serious complications by controlling blood glucose, blood pressure and blood lipids. Self-management education or training is highlighted as a key step in improving health outcomes and quality of life for people with diabetes.

Another addition to the new fact sheet includes prevalence rates for pre-diabetes by race. For example, among adults aged 20

and older, more than 21 percent of African Americans, more than 25 percent of non-Hispanic whites and more than 26 percent of Mexican Americans had pre-diabetes in 2003-06. Regarding diagnosed diabetes, the fact sheet also includes a new number for the prevalence of diabetes among Asian Americans aged 20 or older – nearly 8 percent for 2004-06. Additionally, among adults, diabetes increased in both men and women and in all age groups. However, diabetes still disproportionately affects the elderly. In 2007, almost 25 percent of the population aged 60 years and older had diabetes.

View the 2007 National Diabetes Fact Sheet online at <http://www.cdc.gov/diabetes/pubs/factsheet07.htm>

## County Level Estimates of Diagnosed Diabetes

In June, the CDC released county level estimates of diagnosed diabetes for all 3,141 counties and county equivalents in the 50 states and the District of Columbia. Maps for the U.S. and states can be found on the CDC Diabetes Data and Trends web page: <http://apps.nccd.cdc.gov/ddtstrs/default.aspx>.

When viewing these county level data, it is important to remember they are synthetic estimates and are meant to be an indication of the diabetes burden in each county but not an exact measurement. Confidence intervals,

which reflect the variability of the estimate, are provided for each estimate and should be used when examining the data.

The estimates are meant to provide a clearer picture of the geographical differences within each state but are not able to account for a viable ranking or direct comparison of counties. **These data were developed to provide county level estimates across the country using a standardized methodology, and they are not meant to override or supersede other rigorous data sets, but instead to provide a picture of how diagnosed diabetes is geographically dispersed throughout all states.**

County estimates produced by the CDC should not be compared to estimates developed by the Texas Department of State Health Services. The Diabetes Program at DSHS accesses Texas Behavioral Risk Factor Surveillance System data specific to counties where it is collected and uses a different methodology than that employed by the CDC to produce county estimates. Depending on survey response, the strength of these estimates may vary for different areas of the state. Local data sources may also provide estimates of diabetes prevalence that are more representative of the county or other geographic area than state or national estimates. ■

## Texas Diabetes Council Best Practices Award: Honoring Innovations in Diabetes Care

The TDC is seeking applicants—individual providers, collaboratives & coalitions, clinic systems or health benefit plans—that have demonstrated improvements in clinical outcomes. Specifically, the TDC wishes to know about creative and innovative interventions and/or programs that enhance diabetes care in a clinic setting or in a health care delivery system. We encourage you to apply regardless of the size of your practice/operation.

If accepted, your intervention will be profiled in *Texas Diabetes*. You may also be invited to share information and present your program successes at a quarterly Council meeting.

To be considered, please complete the application on the TDC web site at <http://www.dshs.state.tx.us/diabetes/bestpractices.shtm>.

## Gov. Perry Appoints Presiding Officer and Members of the Chronic Kidney Disease Task Force

In April, Gov. Rick Perry named Ahmed Osama Gaber of Houston as presiding officer of the Chronic Kidney Disease Task Force. Gaber, director of transplantation for the Methodist Hospital Physician Organization, will lead the task force in developing recommendations for Texas health care professionals regarding more aggressive treatments for chronic kidney disease.

The task force held its first meeting in May and established work groups for developing specific recommendations in the areas of insurance relations, health management guidelines, professional education and public education. Eleven members were appointed to the Task Force:

- ◆ Carolyn R. Atkins, Dallas, is a registered nurse and the renal transplant coordinator for Children's Medical Center of Dallas.
  - ◆ Louise Clement, Lubbock, is a renal dietician with the South Plains Kidney Disease Center.
  - ◆ Roberto L. Collazo-Maldonado, Irving, is a nephrologist with Dallas Nephrology Associates.
  - ◆ Lisa Genna, Austin, is the operations branch manager for the Purchased Health Services Unit of the Texas Department of State Health Services.
  - ◆ Rita L. Littlefield, Austin, is a founding member and current president of the Texas Renal Coalition.
  - ◆ Elena Longoria Marin, Brownsville, is a practicing physician and executive director of Su Clinica Familiar in Harlingen.
  - ◆ Jayaram B. Naidu, Odessa, is a physician in private practice.
  - ◆ Marolyn W. Stubblefield, San Antonio, is regional vice president of the National Kidney Foundation.
  - ◆ Smita Vaidya, Houston, is a professor at the University of Texas Medical Branch in Galveston.
  - ◆ Susan S. Wiggans, Bellaire, is a genomic/esoteric test specialist for Quest Diagnostics.
  - ◆ Marinar R. Williams, Belton, is the chief operating officer for Scott and White Health Plan.
- The task force was created by the 80th Legislature (HB 1373) and includes two representatives appointed by the speaker of the house and two senators appointed by the lieutenant governor. Appointed legislators include:
- ◆ Senator Robert Deuell
  - ◆ Senator Chris Harris
  - ◆ Representative Ryan Guillen
  - ◆ Representative Susan King