Texas Diabetes Council completes strategic plan

“A Texas Free of Diabetes and its Complications”

The Texas Diabetes Council outlines a strategy for having “A Texas Free of Diabetes and its Complications”…

...be the cold winter weather – Stay indoors and watch the Texas Diabetes Council’s CME videos on your computer…

...Governor’s Advisory Council on Physical Fitness and Texas Diabetes Council join forces to prevent and control diabetes… Epi update…

...Remember these risk factors for gestational diabetes and type 2 diabetes in youth…

...Commission for the Blind helps uninsured Texans who need treatment…

...It’s not too late to take a flu shot… People with diabetes are susceptible to illness caused by influenza…

Earn CME credit in the comfort of your home or office

If, as the song says, “the weather outside is frightful,” it’s a perfect day to attend a continuing medical education program. But you don’t have to leave the cozy comfort of your office or home and face the unpredictable Texas winter weather to hear from leading diabetes experts.

Just point your internet browser to http://www.tdh.state.tx.us/phpep/cme or at the risk for diabetes

Increase the level of diabetes and pre-diabetes content and expand the required diabetes competencies in education programs for health professionals

Develop and update algorithms for targeted types of diabetes for adults and children

Encourage health care practices, hospitals, institutions, and academic centers that serve people with diabetes to help their health care professionals staff pursue Certified Diabetes Educator (CDE) credentials, particularly in underserved geographic locations

Service

• Identify resource programs that could provide dilated eye examinations

Public education

• Educate the general public, including children and adults, about reducing the risk for diabetes and controlling diabetes

• Adopt guidelines for the care of children with diabetes in a school setting

• Support the implementation of legislation that addresses physical activity and nutrition for children, including the Texas Education Agency in implementing Senate Bill 19 (71st Texas Legislature) and the Food of Minimal Nutritional Value (FMNV) Policy

Public health advocacy

• Inform the Legislature of issues affecting people with diabetes

• Analyze proposed legislation related to diabetes

• Improve access to care, education, and supplies for people of all ages who have pre-diabetes and diabetes

• Support diabetes research in the Texas Department of Health

Community health programs

• Work with community programs to improve health promotion activities as part of the effort to achieve Healthy People 2010 objectives

• Ensure access to better patient care and education by identifying best practices in communities throughout Texas

• Promote appropriate use of community health workers and promotion to patients and support diabetes education

The strategic plan and its activities update will be posted on the Texas Diabetes Council’s website in January at www.tdh.state.tx.us/diabetes/tdc.htm. To request a print copy, call the Diabetes Program at (512) 458-7410.

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What do you like about the CornerStone? What don’t you like? What you said…

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CornerStone Staff: Jan Marie Ortiz, PhD, RN, Director, Diabetes Program/Council Donna Jones, Editor
Texas Diabetes Council sets legislative agenda

The Texas Diabetes Council has identified the following issues for review and/or action during the upcoming session of the Texas Legislature, January 14 – June 2.

• Diabetes data on death certificates. It is believed that death due to diabetes are grossly underreported on death certificates in Texas and throughout the United States. To correct this problem, the Council supports funding of the TDH Vital Statistics Enhancement Project. This electronic system for death certificates reporting could include diabetes among the possible designations for both underlying and contributing causes of death.

• Care of children with diabetes in school after school setting. The Council will pursue legislation to require:
  - School personnel be trained on diabetes and its management, including how to manage hyperglycemia and hypoglycemia;
  - Students be allowed to snack according to their health care plans, monitor their blood sugar, and administer medication anywhere on school grounds, including in the classroom and on the school bus; and
  - Students have access to emergency support, including safe glucagon administration, at all times.

• Medicaid coverage of self-management training. Several major research studies show that self-management of diabetes decreases complications and death and savos money. While Medicaid and state-regulated insurance: and managed care plans pay for patient education on techniques to manage their diabetes, Medicaid does not. The Texas Diabetes Council recommends that the 78th Texas Legislature expand Medicaid coverage to include up to 10 hours of self-management training with a goal of reaching an A1c level of 6.5 for all recipients with diabetes.

• Health insurance coverage of diabetes. Private group health insurance companies are required to cover medications, equipment, supplies, and self-management training associated with the treatment of diabetes. However, some states allow insurance carriers to self-policies that are exempt from these mandated benefits. In order to protect people from being undermined, the Texas Diabetes Council recommends that the 78th Texas Legislature reject any legislation that would allow the sale of “free boxes” policies that eliminate or reduce coverage for diabetes treatment.

• Screening youth for diabetes risk. Both the 76th and the 77th Texas Legislatures adopted legislation that requires screening some school children for acanthosis nigricans (AN) to identify those at risk for diabetes. As an alternative to AN screening, the Centers for Disease Control and Prevention recommends that state diabetes control programs apply their resources toward primary prevention approaches that stress nutrition and physical activity in schools and communities. The CDC also supports opportunistic screening — screening at every health care visit — or risk factors for diabetes. The Council will support legislation that:
  - Integrates recognition of acanthosis nigricans into the context of risk assessment, opportunistic screening, and follow-up;
  - Provides school nurses, primary care providers, parents, and immediate family members in appropriate and coordinated diabetes risk assessment, including recognition of the significance of acanthosis nigricans; sleep apnea, and monumental irregularities in overweight and calculation and interpretation of age-specific body mass index for children of all ages;
  - Promotes coordinated diet and activity interventions for children who are at risk of overweight or are overweight, particularly if they have signs of insulin resistance, such as high blood pressure and/or dyslipidemia;
  - Promotes the American Diabetes Association (ADA) guidelines for assessing children and youth for the risk of type 2 diabetes and/or
  - Develops a referral system for medical intervention.

• Funding to promote physical activity, good nutrition, and healthy body weight in children. The increasing rate of overweight children is related to increasing rates of not only type 2 diabetes, but also heart disease and hypertension. Individual behavior change is at the core of all strategies to reduce overweight and obesity. However, such change can occur and be sustained only in an environment that offers healthy food choices, regular physical activity, and community and family involvement. Therefore, the Texas Diabetes Council supports TDH’s request for $5 million in the 2004-2005 biennium to support coordinated, school-based interventions that include: classroom instruction, increased physical activity, improved school nutrition programs, parental involvement, and supportive school policies.

• Funding for kidney health care. Diabetes is the leading cause of end-stage renal disease (chronic kidney failure) in the United States and Texas. Approximately 24,000 clients are eligible for Kidney Health Care (KHC) services, and 45 percent of these patients have a primary diagnosis of diabetes. To address this need for KHC services, the Texas Diabetes Council supports TDH in its request for $80 million in the 2004-2005 biennium to maintain the services for an anticipated increase in the number of KHC clients.

• Pediatric Diabetes Research Advisory Committee. The 76th Texas Legislature authorized the establishment of a pediatric diabetes research advisory committee to review the status and infrastructure of pediatric diabetes research in Texas and to make recommendations to the Legislature and the Governor concerning research programs in pediatric diabetes and funding alternatives for the programs. After a year’s study, the Pediatric Diabetes Research Advisory Committee found that while Texas has a wealth of talented investigators and clinicians, it does not receive a commensurate share of national research resources. The Texas Diabetes Council recommends the Advisory Committee’s work and recommends that the 78th Texas Legislature adopt legislation to implement their recommendations that:
  - Diabetes diagnosed before the age of 21 years be a reportable disease to the Texas Department of Health and Human Services.
  - A separate Pediatric Diabetes Research Resource be established.
  - Refocusing efforts. The Texas Diabetes Council will support appropriate recommendations to help control the rise in the incidence of type 2 diabetes by reducing the incidence and prevalence of obesity in Texas.

Building the team for diabetes care

Lawrence Harkless, DPM, Chair
Texas Diabetes Council

The Texas Diabetes Council (TDC) has supported continued education for primary care providers.
Now a new project is taking our interest “upstream” to explore pre-professional training for all members of the diabetes care team: primary care physicians, ophthalmologists, geriatricians, specialists, podiatrists, nurses, dentists, dietitians, pharmacists, laboratory professionals, and pharmacy professionals.
This project furthers the Council’s goal of assuring a skilled workforce to deliver effective preventive and coordinated chronic care services and education, and it supports the recommendations of the National Diabetes Education Program’s “Team Care” report.*

In the fact-finding phase of this project, I plan to visit each of the state’s health science centers to gather information on diabetes-related curricula, continuing education, research, and services. The inquiry embraces the wide range of disciplines that work (or should be working) in systems and facilities that serve people at risk for or living with diabetes.
In true time, visits to The University of Texas Medical Branch, Galveston; Texas Tech University Health Science Center, Lubbock and Amarillo; and Texas A&M University Health Science Center, Bryan, have been completed. In the course of talking with academic presidents, deans, and lead faculty at those institutions, I learned about models of quality-outcome care, use of distance learning, programming for rural public health, and the role of area health education centers.
These visits have afforded great opportunities to raise awareness of the Texas Diabetes Council’s activities and stress the importance of teaching, future and practicing health care providers how to effectively prevent and control diabetes. I look forward to representing the Council as we continue to pursue this important initiative.

* The NDEP’s “Team Care” report was created to help organizational leaders in health care settings and public health agencies implement multidisciplinary team care for people with diabetes in all clinical settings. It describes how to reduce the human and economic toll of diabetes through a continuum care program: preventive, patient-centered, and population-based approach to care. The report is available on the web at http://ndep.nih.gov/ndep/publications/ntc_report.cfm.
**Flu shots: It’s not too late!**

The Centers for Disease Control and Prevention notes that a flu shot in December or later still protects against the flu. The influenza vaccination especially is recommended for people who have diabetes, who are at increased risk for hospitalization and death from influenza. Nationwide flu vaccine shortages and delays occurred the last two years, but health officials say the vaccine is readily available this year. Texas doctors, pharmacists, health care facilities, and other organizations have ordered an estimated 9 million to 10 million doses. The Texas Department of Health has received all of its 370,000 does, most of it for use by local public health departments. This year’s vaccines protect against the Alimosov, A/New California, and B/Flu Hong strains of the influenza virus.

Flu season officially begins in October and runs through May, usually reaching its peak in Texas in January and February.

People who want a flu shot should contact their doctors, employees, or local public health departments or watch for announcements from supermarkets and other businesses offering the shot to the public. Many city and county public health departments provide the shot on a free or low-cost basis. For release in Medicare Part B whose physicians accept assignment, flu shots are free.

For more information on how influenza affects people who have diabetes, visit [http://www.cdc.gov/diabetes/projects/cdc-flu.htm](http://www.cdc.gov/diabetes/projects/cdc-flu.htm). Free brochures on flu and pneumococcal vaccinations are available from the Diabetes Program, Texas Department of Health, while supplies last. To order, call the Program at (512) 458-7490.

**EPI UPDATE**

**Diabetes Mellitus**

5-Year Average Age-Adjusted Mortality Rates

| Texas Rate | 17.8/100,000 |
| County Specific Rates | Higher than state rate*** |
| **S**ignificantly higher than state rate*** |
| **C**oarse than state rate*** |
| **o**verlaid, number of deaths < 20 cases |

**Reminders about testing for gestational diabetes and diabetes in youth**


Women with gestational diabetes mellitus (GDM) have a future risk of non-gestational diabetes (primarily type 2) ranging from 17 to 63 percent during the 5 to 16 years following pregnancy. Newborns weighing more than nine pounds at birth also are at high risk for type 2 diabetes. The current high prevalence of pre-diabetes, makes it imperative to consider screening for diabetes at a younger age and more frequently than every three years, when one or more of the following risk factors are present:

- Family history of diabetes, ancestry, or siblings
- Overweight (body mass index equal to or more than 25 kg/m²)
- Hypertension (systolic pressure ≥140 mmHg or diastolic pressure ≥90 mmHg)
- HDL cholesterol less than 35 mg/dl and/or triglycerides ≥250 mg/dl
- History of GDM or delivery of a baby weighing more than nine pounds
- Polycystic ovary syndrome

The American Diabetes Association consensus statement titled “Type 2 Diabetes in Children and Adolescents—recommends that overweight youth with any two of the risk factors listed below be screened. Overweight is defined as BMI greater than 85th percentile for age and sex, weight for height greater than 95th percentile, or weight greater than 25 kg/m² for height. Testing should be done every two years starting at the age of ten or at the onset of puberty if it occurs at a younger age. Testing may be considered in other high-risk patients who display any of the following characteristics:

- Family history of type 2 diabetes
- Race/ethnicity (African American, Hispanic American, Native American, Asian American, and Pacific Islander)
- Previously identified impaired fasting glucose or impaired glucose tolerance
- Hypertension (systolic pressure ≥140 mmHg or diastolic pressure ≥90 mmHg)
- HDL cholesterol less than 35 mg/dl and/or triglycerides ≥250 mg/dl
- History of GDM or delivery of a baby weighing more than nine pounds
- Polycystic ovary syndrome

**People with diabetes are susceptible to illness caused by vibrio vulnificus**

Vibrio vulnificus can cause deadly food poisoning and poses a particular threat to people who have diabetes. As readers may know, vibrio vulnificus is a bacterium found in raw or undercooked oysters, clams, or mussels.

Symptoms usually occur within 24 to 48 hours after eating and may include:

- Stomach pain
- Vomiting
- Fever and chills
- Skin lesions
- Shock

Early aggressive antibiotic treatment is the most effective therapy. The Texas Department of Health advises people at risk to eat only oysters that have been thoroughly cooked, and to never swim or wade in water where they may be present.

More information is available from the Texas Department of Health, while supplies last. To order, call the Program at (512) 458-7490.

**Governor launches diabetes education initiative**

Governor Rick Perry recently launched a new education initiative aimed at providing healthy eating and physical fitness guidelines to prevent and control diabetes. “It is time Texas stepped up the fight against this debilitating disease through educational efforts aimed at promoting better fitness and better dietary practices among our state’s citizens,” Perry said during a visit to Memorial Hermann Children’s Hospital in Houston. “Armed with facts and motivated to live healthier lives, Texans can reverse the chronic diabetes trend.”

As part of the new undertaking, the Governor’s Advisory Council on Physical Fitness and the Texas Diabetes Council will review the latest research to develop healthy eating and physical fitness guidelines for adults and children. The guidelines will be posted on the governor’s Internet site at [http://www.governor.state.tx.us/fitness](http://www.governor.state.tx.us/fitness) and made available to provide Texans with simple and easy-to-understand information to help prevent diabetes. The Internet site also will include facts about diabetes in Texas and links to other resources.

**Commission for the Blind offers treatment program for the eyes of Texas**

The Blindness Education, Screening, and Treatment (BEST) Program, a project of the Texas Commission for the Blind (TCB), assists uninsured adult Texas residents with the payment for urgently needed eye-matched treatment. The intent of the BEST Program is to prevent blindness by serving qualified individuals with diabetic retinopathy, glaucoma, detached retina, or any other eye disease determined to be an urgent medical necessity.

The Commission encourages Texas doctors to submit referral forms to the BEST Program through donations of a dollar or more, which can be made when renewing their licenses at the Texas Department of Public Safety. TCB expects the demand for this program to exceed available resources. During periods when the program is without resources, TCB will maintain a waiting list of people who will be served in order by the earliest referral date.

More information on the BEST Program is available by telephone toll free at (877) 667-7273.
Readership survey results offer guidance for CornerStone

The Diabetes Program staff thanks CornerStone readers who responded to the newsletter's readership survey. Following is a summary of the findings:

- CornerStone has a wide variety of readers, including medical professionals as well as people who are diagnosed with diabetes and their family members. More than 90 percent of the respondents indicated that they are a nurse, dietitian, and/or physician.
- A majority of survey respondents read all topics covered in CornerStone (clinical information, diabetes education, diabetes research, legislative information, Medicare/Medicaid coverage, private insurance coverage, and council member activities).
- More than 80 percent say that the newsletter keeps them “very well” or “well” informed on the latest developments related to diabetes.
- The top topics most frequently mentioned when asked which other topics related to diabetes they would like to read about in CornerStone were nutrition, diabetes research and product research, fitness, and children’s issues.
- Based on survey responses, CornerStone should continue to be distributed in print format four to six times a year. A majority (78.7 percent) of respondents prefer to receive CornerStone in print format only.
- Almost half of all respondents share the publication with two to four other people in their offices.
- An overwhelming majority (82 percent) would not mind seeing paid advertising in CornerStone.

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