

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



WINTER/SPRING 2007

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DIABETES *and* DISPARITY:

A Plan to Prevent and Control Diabetes in Texas, 2008-2009

Diabetes is the sixth leading cause of death in Texas; however, it's the fourth leading cause among African Americans and Hispanics.

If current trends in overweight and type 2 diabetes continue, persons born in the year 2000 will face a one in three chance of developing diabetes at some time in their life. For Hispanic females, the risk is predicted to be even higher — one in two.

Women with a history of gestational diabetes have an increased lifelong risk of developing type 2 diabetes and their children also have an increased risk for obesity and diabetes.

These and other disparities are the theme for *Diabetes and Disparity, A Plan to Prevent and Control Diabetes in Texas, 2008-2009*, focusing on trends in diabetes prevalence and mortality in Texas and the inequities in diabetes education and care that contribute to a growing state burden of diabetes. The plan includes:

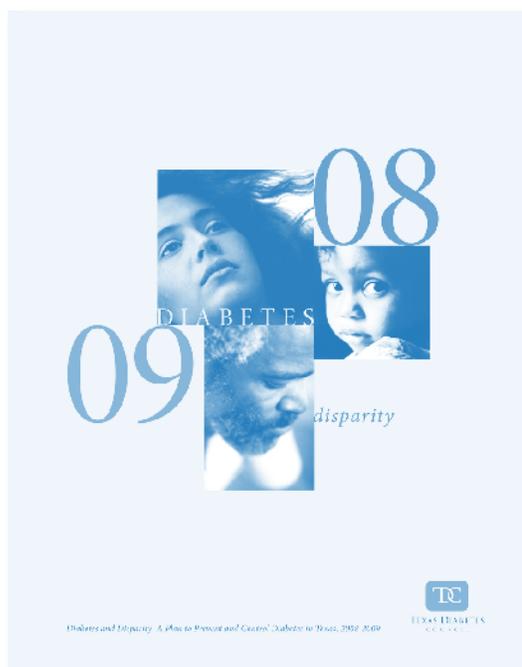
- ♦ *Texas Diabetes Fact Sheet, 2006*
- ♦ *Texas Diabetes Council Strategic Plan, 2008-2009*
- ♦ *Texas Diabetes Program/Council Activities and Services Update*

Priorities for the Council's strategic plan include:

Priority 1	Advancing Public Policy
Priority 2	Improving Routine Diabetes Care and Preventing Complications Associated with the Disease
Priority 3	Promoting Professional Awareness and Education
Priority 4	Increasing Public Awareness and Education
Priority 5	Promoting Community Outreach and Education
Priority 6	Monitoring and Evaluating Data

By statute, the Texas Diabetes Council develops and implements a state plan for diabetes treatment, education, and training. Prior to each Legislative Session the Council publishes an updated plan for the next biennium.

The plan for 2008-2009 is currently available for viewing at www.texasdiabetescouncil.org. ■



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TEXAS DIABETES
COUNCIL

Council Refines Positions on Legislative Issues

The Texas Diabetes Council advises the Legislature on legislation that is needed to develop further and maintain a statewide system of quality education services for all persons with diabetes.

The Council may also develop and submit legislation, or comment on pending legislation that affects people with diabetes.

Council positions on diabetes issues facing the state are reviewed at quarterly Council meetings and approved by vote. The Council's established positions relating to bills introduced during the 80th Regular Session include:

Medicaid and Child Health Plan Program Coverage of Self Management Training:

The TDC recommends self-management training as a covered service for all Medicaid and child health plan recipients with diabetes. Patients should receive 10 hours of initial self-management training with a diabetes educator, and 3 hours of initial nutrition education with a registered dietitian. A minimum of two hours of self-management education with a diabetes educator and two hours of nutrition education with a registered dietitian should be received annually.



Pediatric Diabetes Research/ Diabetes Registry

The TDC seeks legislation to implement and fund recommendations of the Texas Pediatric Diabetes Research Advisory Committee: 1) that diabetes diagnosed before the age of 18 years be a reportable disease to the Texas Department of State Health Services, and 2) that a Texas Childhood Diabetes Research Resource (TCDRR) be established.

Assessment and Follow-up of Youth for Risks for Type 2 Diabetes

Children of Texas at risk of type 2 diabetes would be most effectively served by:

- ♦ Promoting American Diabetes Association guidelines for assessing youth for risk
- ♦ Educating school nurses, primary care providers, and family members in appropriate diabetes risk assessment for opportunistic screening and follow-up of overweight youth (high Body Mass Index [BMI]), family history of type 2 diabetes, presence of acanthosis nigricans, high blood pressure, history

of sleep apnea, and/or menstrual irregularities or other signs of insulin resistance

- ♦ Promoting appropriate medical evaluation and intervention in addition to lifestyle (eating and activity) interventions for children who are overweight or at risk

Stem Cell Research

Recognizing the burden diabetes places upon the people and economy of Texas, the Council supports promising efforts to prevent and cure diabetes. Stem cell research has great potential for curing diabetes through replacement of destroyed or sluggish islet cells. Stem cell therapy also has the potential to replace cells, such as kidney or heart cells, damaged as a complication of diabetes.

The TDC supports Texans for Advancement of Medical Research (TAMR) in its efforts to protect and promote research with both adult and embryonic stem cells, within a strong ethical framework. ■

Diabetes on the Agenda for Texas Legislature

As the bill filing deadline arrived for the 80th Texas Legislature on March 9, a number of bills relating to diabetes surveillance, screening and education had been prepared by Texas legislators.

Companion bills listed below are indicated as HB/SB:

- ♦ Self management training under Medicaid and the child health plan program: **SB 1226/HB 3917**
- ♦ Youth diabetes registry: **SB 1090/HB 3697**
- ♦ Diabetes registry pilot program: **HB 2132**
- ♦ Risk assessment for type 2 diabetes: **HB 1363/ SB 415, HB 276**
- ♦ Adult diabetes education programs in county hospital systems and hospital districts: **HB 2614, HB 2615**
- ♦ Diabetes demonstration pilot program: **HB 3735**

Text and progress of introduced bills can be viewed on the Texas Legislature Online (TLO) Web site (www.capitol.state.tx.us). The My TLO section of the site provides tools for keeping up with bill progress, such as organizing bill lists and receiving alerts about bill and committee action. ■

Partnership for a Healthy Texas

At its January quarterly meeting, the TDC voted to support the legislative priorities of the Partnership for a Healthy Texas concerning obesity prevention and control:

1. **Codify the Texas School Nutrition Policy into Texas law**
2. **Require physical education for every grade, K-12**
3. **Fund coordinated school health programs as mandated in legislation along with a comprehensive obesity prevention and control program statewide**
4. **Strengthen the implementation of and improve accountability for current legislation**
 - ♦ **SB 19 77th Regular Session**
 - ♦ **SB 1357 78th Regular Session**
 - ♦ **SB 42 79th Regular Session**
5. **Implement a comprehensive nutrition and physical activity public awareness campaign, including the Texas Fruit and Vegetable Month Proclamation**
6. **Promote worksite wellness programs**

The Partnership consists of twenty-one leading health care organizations and associations in Texas, including the American Diabetes Association, American Heart Association, and American Cancer Society. Background information for priorities can be found on the Texas Health Institute Web site at www.healthpolicyinstitute.org (see the Health Policy Update for December 12, 2006: *The State of Obesity in Texas Briefing*).

Influenza Vaccination Rates Low Among Persons with Diabetes

The National Foundation for Infectious Diseases (NFID) has issued a call to action to increase influenza vaccination rates in persons with diabetes. Despite recommendations from the Centers for Disease Control and Prevention (CDC), the American Diabetes Association (ADA) and others to administer influenza vaccine annually to all persons with diabetes six months of age and older, influenza vaccination rates in this population remain low. According to NFID, more than ten million Americans with diabetes lack the protection afforded by an annual influenza vaccination.

Influenza vaccination is safe and effective in persons with diabetes. Studies have found more than 70 percent reduction in hospitalizations and death among adults with diabetes receiving an influenza vaccination. In addition, research has shown influenza vaccination associated with a nearly 80 percent decrease in hospital admissions among children and adults with diabetes.

An initiative of the NFID, *Improving Influenza Vaccination Rates in Adults and Children with Diabetes*, highlights several approaches for practices and institutions that provide influenza vaccine. The report also provides information for those that do not provide vaccine services in an effort to refer patients to be immunized elsewhere.

The NFID's Call to Action can be accessed online at www.nfid.org. ■

¹ Centers for Disease Control and Prevention. *Influenza and pneumococcal vaccination coverage among persons aged ≥65 years and persons aged 18-64 years with diabetes or asthma—United States, 2003*. *MMWR* 2004;53(43):1007-1015.

² Department of Health and Human Services. *Healthy People*. Available at <http://www.healthypeople.gov>. Accessed January 29, 2007.

WHAT'S NEW ONLINE?

Latest additions to the TDC Web site

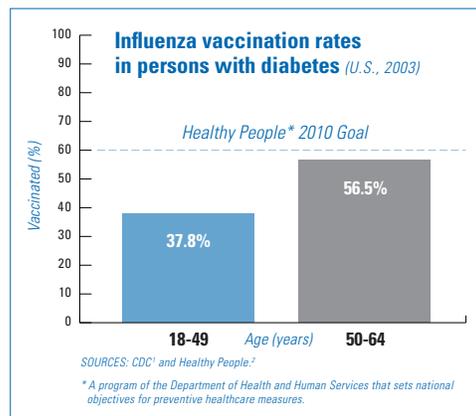
Assessing Physical Activity and Adiposity in Children

The University of Texas at Austin Department of Kinesiology and Health Education has developed a *Resource Guide for Predictive Factors and Methods of Assessing Physical Activity and Adiposity in Children*.

The purpose of this report is three-fold:

- 1 provide a detailed review of literature regarding the predictive factors for overweight/adiposity and physical activity in children.
- 2 serve as a resource guide in determining what methods are available to measure both adiposity and physical activity in children, identifying which methods are most suitable for use in communities and which are more useful in research settings, and providing a discussion of the values and limitations of each of the methods identified.
- 3 provide quick reference resource charts for health professionals/health educators to use in making evidence-based decisions when either developing or reviewing any proposed projects.

Guide authors provide the Texas Diabetes Program technical assistance on physical activity interventions for populations at high risk for diabetes, particularly those with barriers to participating in physical activity. The guide is currently available online at <http://www.dshs.state.tx.us/diabetes/dcyouth.shtm>.



TEXAS DIABETES FACT SHEET

Each year, the Texas Diabetes Program summarizes responses to Texas Behavioral Risk Factor Surveillance System (BRFSS) questions related to diabetes prevalence. Based on the Texas BRFSS conducted in 2005, the current estimate for the number of Texas adults aged 18 years and older with diagnosed diabetes is **1.3 million**, or 7.9 percent of this age group.¹

Another estimated **418,134** Texas adults aged 18 years and older are believed to have undiagnosed diabetes (based on 1999-2000 NHANES age-adjusted prevalence estimates of 2.5 percent of the 2004 adults population).² The estimated total for both diagnosed and undiagnosed diabetes is **1,739,437**.

Prevalence of Diagnosed¹ Diabetes by Sex in Persons 18 and Older

Male.....612,716 (7.4%)
 Female.....709,414 (8.4%)

Prevalence of Diagnosed¹ Diabetes by Race/Ethnicity in Persons 18 and Older

White, non-Hispanic..... 663,603 (7.5%)
 Black, non-Hispanic.....240,674 (13.1%)
 Hispanic..... 435,328 (8.1%)

Prevalence of Diagnosed¹ Diabetes by Race/Ethnicity and Age Group in Persons 18 and Older

Age Group	White non-Hispanic	Black non-Hispanic	Hispanic
18 - 44	2.2%	4.5%	1.6%
45 - 64	10.1%	21.2%	24.8%
65+	14.8%	32.5%	27.3%
Overall	7.5%	13.1%	8.1%

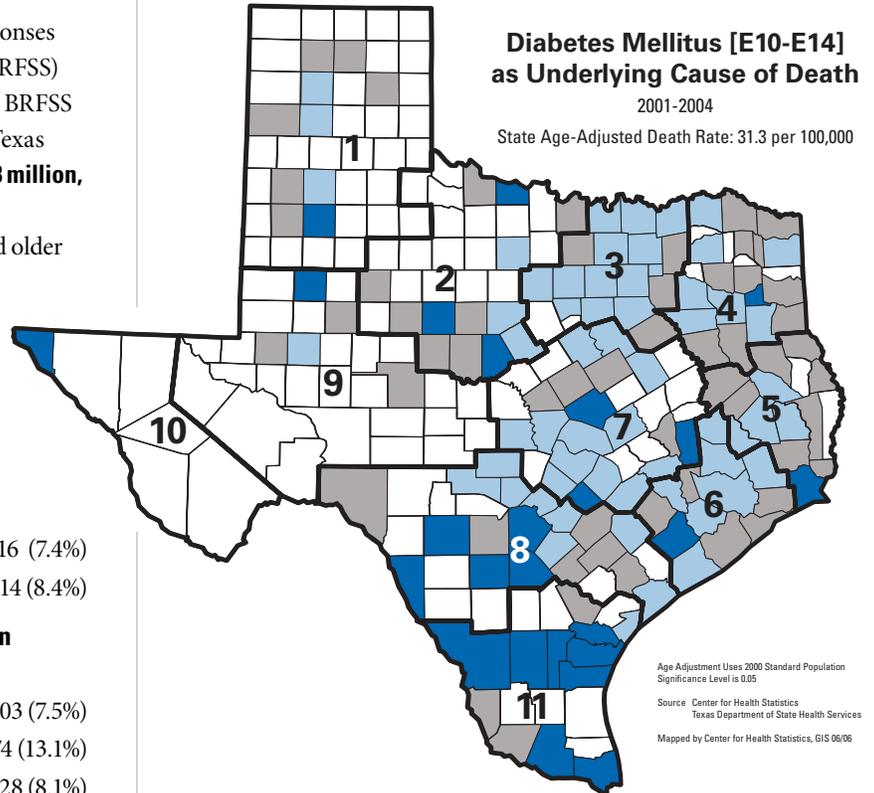
Prevalence of Diagnosed¹ Diabetes by Age Group in Persons 18 and Older

18-29 Years0.6%
 30-44 Years.....3.3%
 45-64 Years.....14.1%
 65.....17.6%

Deaths Among Persons with Diabetes³

Diabetes was the sixth leading cause of death in Texas in 2002 through 2004. In 2004, **5,426** deaths were directly attributed to diabetes. Mortality rates were applied to the 2004 population by race/ethnicity. **Of persons who have diabetes, in 2004:**

- ◆ 30 per 100,000 were likely to die from it.
- ◆ 23 per 100,000 whites (non-Hispanic) were likely to die from it.
- ◆ 52 per 100,000 blacks (non-Hispanic) were likely to die from it.
- ◆ 47 per 100,000 Hispanics were likely to die from it.



Age-Adjusted Death Rate per 100,000

- Significantly higher than state rate
- Higher than state rate, but not significantly different
- Lower than state rate*
- Excluded, number of deaths < 25

* Includes lower but not significantly different, same and confidence interval overlaps, and significantly lower.

¹ Source: 2005 Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons who are eighteen years of age and older. Data include both type 1 and type 2 diabetes. Persons with diabetes include those who report that they have been told by a doctor that they have diabetes. Women who report diabetes only during pregnancy are not included in prevalence. Prevalence data for 2006 will be available in fall of 2007 (Prevalence data are available for the year prior to the current year).

² Persons 20 years of age and older. Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults, United States, 1999-2000. MMWR. September 5, 2003; 52(35):833-837.

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

An Update in Managing Diabetes in Texas

May 5, 2007 – Amarillo, TX

The Texas Diabetes Council and the Texas Chapter of the American Association of Clinical Endocrinologists (AACE) present: An Update in Managing Diabetes in Texas

Saturday, May 5, 2007

7:00 a.m. to 1:00 p.m.

Texas Tech University
Health Sciences Center
Women's Health Research
Institute Auditorium
Amarillo, Texas

Cost: Free

For program and registration information, please contact Melinda Burdette at 904-353-7878 ext. 151 or mburdette@aace.com. A registration form can also be downloaded from the TDC Web site at www.texasdiabetescouncil.org.

Spend a morning learning more about the latest guidelines and recommendations for diabetes care from members of the Texas Diabetes Council's Medical Professionals Advisory Subcommittee and the Texas Chapter of AACE:

- ♦ Introduction to Diabetes and Management with Oral Drugs
Audrey B. Miklius, MD, FACE
- ♦ Initiation and Use of Insulin in the Management of Diabetes
Priscilla Hollander, MD, PhD
- ♦ Use of Non-Insulin Injectables and DPP4 Inhibitors in the Management of Diabetes
Stephen L. Aronoff, MD, FACE
- ♦ Management of Non-Glycemic Risk Factors for Cardiovascular Disease in the Diabetic
Kathleen L. Wyne, MD, PhD, FACE
- ♦ Diagnosis and Treatment of Diabetic Nephropathy and CKD
Lance Sloan, MD, FACE

- ♦ Putting it into Practice
Craig Spellman, PhD, DO

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the American Association of Clinical Endocrinologists (AACE) and the Texas Chapter of AACE. AACE is accredited by the ACCME to provide continuing medical education for physicians.

The American Association of Clinical Endocrinologists (AACE) designates this educational activity for a maximum of 4.5 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CDC Releases New Estimates of CKD in the US

The Centers for Disease Control and Prevention's (CDC) March 2 Morbidity and Mortality Weekly Report (Vol. 56, No. 8) details the prevalence of chronic kidney disease (CKD) and associated risk factors in the United States from 1999-2004. Using data from the National Health and Nutrition Examination Survey (NHANES), the report estimates that 16.8% of the U.S. population over the age of 20 had CKD, compared with 14.5% from 1988-1994. People with diabetes, high blood pressure, or cardiovascular disease had a greater prevalence of CKD compared to people without those conditions. CKD prevalence was also greater in non-Hispanic blacks and Mexican Americans compared to non-Hispanic whites. Read the full report on the CDC Web site (www.cdc.gov/mmwr/preview/mmwrhtml/mm5608a2.htm?s_cid=mm5608a2_e).

New Movimiento Exercise CD tops list of NDEP Updates

The National Diabetes Education Program updates its diabetes education publications list quarterly. New additions for the past quarter include:

- ♦ Revised Movimiento music CD (now with a music video DVD on the flip side)
- ♦ Step by Step dual disc: CD with 6 songs on one side, music DVD on the other
- ♦ Revised 4 Steps to Control Your Diabetes For Life
- ♦ Revised GAMEPLAN health care provider toolkit
- ♦ Move It! and Reduce the Risk of Diabetes school kit
- ♦ Updated Numbers At A Glance card
- ♦ Controlaré mi diabetes ¡Trabajando en equipo con mis profesionales de la salud! (Spanish version of Working Together to Manage Diabetes Poster for waiting rooms and offices)

Tracks from the new music CDs can be downloaded from <http://www.ndep.nih.gov/diabetes/control/control.htm#ndep62cd> and duplicated. NDEP materials can be ordered online at <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm>, or toll-free at 1-800-438-5383.



ICU Insulin Orders Added to TDC Algorithms

The TDC's Medical Professionals Advisory Subcommittee recently revised the IV Insulin Infusion Protocol for Critically Ill Adult Patients in the ICU Setting, intended for use in hyperglycemic critically-ill adult patients.

The revised algorithm and new ICU insulin orders are now available on the TDC Minimum Standards for Diabetes Care in Texas Web page:

<http://www.dshs.state.tx.us/diabetes/hcstand.shtm>.



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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