

Texas Diabetes Council (TDC)

FINAL Meeting Minutes

Thursday, January 30, 2025

1:00 p.m.

Physical Location: Department of State Health Services (DSHS)

Robert D. Moreton Building

Room M100, First Floor

1100 West 49th Street

Austin, Texas 78756

Teams Virtual Meeting

Agenda Item 1: Welcome, logistical announcements, introduction of new members, and call to order

Mr. Chris Carmona, Chair, called the Texas Diabetes Council (TDC) meeting to order at 1:00 p.m.

Ms. Jessica Arevalo, Advisory Committee Coordination Office, Health and Human Services Commission (HHSC) read the logistical announcements and stated the meeting was being conducted in accordance with the Texas Open Meetings Act. Ms. Arevalo conducted the member roll call and announced the presence or absence of quorum.

Table 1: The Texas Diabetes Council member attendance at the January 30, 2025 meeting.

Member name	Attended	Member name	Attended
Mr. Chris Carmona (Chair)	Y	Ms. Maryanne Strobel	Y
Mr. Dirrell Jones	Y	Mr. John Trischitti, III	Y
Dr. Gary Francis	N	Dr. Michael Kelly	Y
Ms. Sharon Lemons	Y	Dr. Kelly Fegan-Bohm Non-Voting Member	N
Ms. Aida (Letty) Moreno Brown	Y	Dr. Mitchel Abramsky Non-Voting Member	Y
Dr. Ninfa Peña-Purcell (Vice-Chair)	Y	Ms. Lisa Golden Non-Voting Member	Y
Mr. Jason Ryan	Y	Ms. Amy Chamberlain Non-Voting Member	N
Dr. Christine Wicke	Y	Ms. Laura Cervantes Non-Voting Member	Y

Agenda Item 2: Consideration of October 10, 2024, draft meeting minutes

Mr. Carmona, Chair, referred members to the draft minutes emailed by the program liaison and called for any edits. Hearing none, Mr. Carmona called for a motion to approve the minutes of the October 10, 2024, meeting.

Motion: Mr. Trischitti, III moved to approve the minutes as presented from the October 10, 2024, meeting. Dr. Kelly seconded the motion. Following a roll call vote, the motion passed by a majority vote with 8 yeas (Carmona, Jones, Lemons, Peña-Purcell, Ryan, Trischitti, Wicke, Kelly), 0 nays, and 3 absent (Francis, Moreno-Brown, Strobel).

Agenda Item 3: Presentation: Salud y Vida- Dr. Beth Reininger, Regional Dean and Professor of Health Promotion and Behavioral Science for UTHealth Houston, School of Public Health in Brownsville

Highlights from the presentation are below.

- Salud y Vida is an expanded chronic care management program to improve diabetes and blood pressure outcomes in Hispanic adults living in the Rio Grande Valley.
- Program participants have a diagnosis of type 2 diabetes presenting with HbA1c >8% or blood pressure >130/80.
- Program is delivered across 12-24 months providing additional services including home-based support by community health worker (CHW) (quarterly visits), diabetes self-management education (DSME), and social work services.
- Diabetes Self-Management Education
 - Weekly classes lasting 7 weeks.
 - Offered in various settings (clinical, community).
 - Uses curriculum that is tailored for multicultural, bilingual individuals.
 - By using models and hands-on activities, the program can serve individuals with low literacy.
- Average HbA1c at enrollment = 10.2% and improved by 1.27 percentage points within the first 3-months.
- The decrease in mean systolic BP was maintained during the duration of the intervention for up to 24 months.
- Many states (13) have used statutory authority to recognize CHWs as providers in Medicaid.
- In Texas-Prior to HB 1575 (88R), CHWs were not recognized as providers in Medicaid.
 - HB 1575 is focused on Children and Pregnant Women.
 - CHWs reimbursement is focused on providing Case Management services to address social determinants of health.
 - CHWs may be reimbursed for services as an independent contractor or working in a clinic. Reimbursement is only for maternal and child health services addressing social determinants of health.
 - Topic nomination submitted in 2021 for CHWs to provide 98960 – 98962 services and is still under review.
- Transportation, access to medication support, and access to food due to food insecurity are the most common barriers social work services assist patients with.

Agenda Item 4: Presentation: American Diabetes Association Texas Legislative

Priorities-Douglas Dunsavage, Director of State Gov't Affairs, Southeast & South-Central Region, American Diabetes Association

Highlights from the presentation are below.

- Working closely with Partnership for a Healthy Texas in prevention, nutrition, and physical activity including appropriations in both the Senate and the House budget bills.
- Legislative Priorities
 - Focusing on nutrition and access to healthy foods.
 - Looking at obesity legislation that will have three facets funded under Medicaid:
 - Intensive behavioral therapy in coordination with medication coverage
 - 13 states passed this legislation
 - ~13-14 states are working on the legislation. States include those that have and haven't expanded Medicaid.
 - Bariatric surgery
 - General obesity medications
 - Amputation prevention legislation and bringing down the cost of barometric oxygen therapy.
 - There has been a climb in the # of amputations in the RGV, San Antonio area, and generally across the state.
 - If someone receives barometric oxygen encasing therapy weekly, it costs approximately \$1,000/week and requires an entire day.
 - ADA is looking at topical oxygen therapies to be covered.
 - ADA does not favor one manufacturer or drug company over another.
 - Home health staff could train people with diabetes on the different apparatuses.
 - One example is a boot individuals can wear for 60-90 minutes/day and it's just as effective as a full barometric chamber.
 - Looking at it as a budget rider and potentially full legislation.
- Looking at the glucagon bill that allows physicians to prescribe glucagon pens to schools.
 - Schools would be allowed to keep a glucagon pen in their school clinics for acute situations.
 - Concept is similar to having an epi pen for acute situations.
 - Pharmacists would be able to generally fill them out and a prescription wouldn't be required nor prescribed to a specific student.
 - Schools keeping non-prescribed glucagon pens for acute situations is common across the country and it provides a security blanket to people with diabetes.

Agenda Item 5: Presentation: Overview of Diabetes Data Landscape-

Joseph O'Donnell MPH, Epidemiologist II, DSHS

Highlights from the presentation are below.

- Behavioral Risk Factor Surveillance System (BRFSS) is a federally supported landline and telephone survey that collects data among Texas adults regarding their health-related behaviors, chronic health conditions, and use of preventive services.
 - Public and private health officials at the federal, state, and local levels rely on the BRFSS to identify public health problems, set priorities and goals, design policies and interventions, as well as evaluate the long-term impact of these efforts.
- 2022 BRFSS data was highlighted during the presentation.
- In 2022, the annual total cost of diabetes in the US totaled to be about \$413 billion and over \$5 billion in Texas.

- In 2022, the overall prevalence of diabetes in Texas was 13.9%.
- Among health insurance sources, Medicare demonstrated the highest prevalence of diabetes with 27.3%, which was significantly higher compared to those with private insurance.
- Among those living with diabetes, the top 5 comorbid conditions were: obesity (53%), arthritis (42%), low physical activity (39%), cardiovascular disease (CVD, 25%), and depression (24%).
- Among those living with pre-diabetes, the top 5 comorbid conditions were: high cholesterol (57%), obesity (52%), high blood pressure (51%), high sodium intake (41%), and low physical activity (32%).
- The Texas Health Care Information Collection (THCIC) program is part of the Center for Health Statistics in DSHS.
 - THCIC purpose: Provide data that will enable Texas consumers and health plan purchasers to make informed health care decisions.
 - Collects data and report on the quality performance of hospitals and health maintenance organizations
- In 2023, the overall Texas hospital discharge rate of diabetes was 21.1 per 10,000 discharges.
 - In Texas alone, a total of about 6 billion dollars were spent on in-patient hospitalizations.
 - The largest portion was paid through Medicare (a little under 3 billion dollars).
 - Next largest was through private insurance (over one and a half billion dollars)
- CDC WONDER is an online portal that houses various databases utilizing ad-hoc query system for the analysis of public health data including mortality, births, and cancer statistics.
- In 2022, the mortality rate for diabetes was about 25.6 per 100,000.

Agenda Item 6: Guidelines for Training School Employees on Diabetes (UDCA) School Document-Julie Ketelsen, Council Liaison, DSHS

- Mr. Carmona thanked the contributors.
- If council members vote to approve the document, the next steps will be to post the document online, send a copy to Texas Education Agency, and write a blurb for the Friday Beat.
 - The Friday Beat is an e-newsletter that connects people interested in school health to training, funding sources, and resources.

Motion: Dr. Kelly moved to approve the Guidelines for Training School Employees on Diabetes (UDCA) School Document, giving DSHS staff authority to make any necessary non-substantive edits to the report before submission. Ms. Moreno-Brown seconded the motion. Following a roll call vote, the motion passed by a majority vote with 9 yeas (Carmona, Jones, Lemons, Moreno-Brown, Peña-Purcell, Strobel, Trischitti, Wicke, Kelly), 0 nays, and 2 absent (Francis, Ryan).

Agenda Item 7: In person meeting attendance- Chris Carmona, Attorney, TDC Chair

Highlights from the discussion are below.

- Council members discussed attending meetings in person versus via Teams.
- Benefits of in person meetings:
 - Generate greater rate of participation when discussing matters of public importance.
 - Interactions with other council members and staff.

- Contributions as a council member are more effective.
- Communication is more effective between members.
- More robust conversations among council members.
- Technology is beneficial if council members are unable to attend in person.
- Per the Attorney General, all open meetings are required to be held in a hybrid format.

Agenda Item 8: Current TDC workgroup structure- Chris Carmona, Attorney, TDC Chair and Rachel Wiseman, Chronic Disease Unit Director, DSHS

- The idea of combining the two workgroups, Health Professionals Outcome and Advocacy and Outreach Workgroups, into one was discussed internally amongst DSHS staff, and workgroup members have also voiced this idea/wondered why there are two workgroups.
- The DSHS attorney was consulted and it's up to the Council on the structure of their workgroups; there aren't legal concerns.
- We thought it would be a good idea to try out the combined meeting format today, especially to streamline state plan priority discussions and reduce duplication between workgroups as they choose priorities to work on.
- Changing the meeting format will require a vote from TDC members and will take place during a future TDC meeting if it's determined that having a combined workgroup meeting is effective.
 - The combined workgroup meeting format will happen again April.
- I will note that if two workgroups are maintained, council will need to draft descriptions to differentiate workgroup purposes.
- Per DSHS policy, the TDC chair and DSHS staff should evaluate the need for all existing subcommittees annually. If they no longer have an actionable task, they are disbanded. DSHS must approve the creation of a subcommittee prior to a council making a motion to adopt the creation of a subcommittee. If DSHS legal determines the proposed subcommittee is within the scope of the advisory committee, staff must determine feasibility of supporting a subcommittee within their current staffing structure.

Agenda Item 9: Updates from workgroups- Dr. Christine Wicke, Pharmacist, TDC HPOW Co-Chair

- A combined meeting format worked well, especially for the purposes of writing the 2025 TDC State Plan.
- Bulk of the meeting was spent discussing the 2023 TDC State Plan and prepping for the 2025 TDC State Plan.
- Suggested 2023 priorities to keep: eye health, health disparities, and increasing access and treatment.
- Suggested 2023 priorities to remove: mental health and expanded use of technology.
- There is an initiative in the Senate focusing on chronic disease and a new sub-committee in the House with a purview over chronic diseases in Texas.
 - There was discussion on how to move policy forward during the current legislative session due to the current landscape. The dos and don'ts of advocating were addressed.
 - As a reminder, council members aren't lobbyists but advocates for the recommendations in the state plan.
 - When there is an opportunity to testify in front of the Legislature, council members may do so as an individual and as a Texan, but not in their formal capacity as a TDC member.

- It's important for TDC to rely on their partners for approaching the Legislature.
- The workgroup co-chairs provided their thoughts on the combined workgroup meeting format.
 - Amount of allotted time was sufficient.
 - Some of the best ideation occurs during workgroup meetings.
 - It's a good idea in concept due to some overlap between the two groups.
 - There is potential for collaboration and avoiding duplication.
 - Continuing to have progress is important and more progress should be made on behalf of Texans with diabetes.
 - Forming sub-groups who meet between workgroup and council meetings was one idea floated to make more progress and for workgroup meetings to be more efficient.
 - At some point, there's likely to be different workstreams and members will need to figure out how to work on them due to varying degrees of subject matter expertise.
 - From an HPOW perspective, it was one of the best interactive meetings in a while because the health professionals have slightly struggled with their role and purpose on the workgroup if it isn't advocacy.
 - Historically HPOW attendees developed resources and documents because those resources weren't available from national sources.
 - Now, most HPOW attendees focus on advocacy and outreach.
 - Today's discussion was very robust, meaningful, and purposeful.
- If workgroup attendees wanted to convene and have a more flexible meeting agenda to work on State Plan priorities, an ad hoc subcommittee would need to be formed and would be limited to 5 TDC members to avoid running afoul of the Open Meetings Act.
- The workgroup agenda(s) are posted on the Secretary of State's website in advance and are open to the public.

Agenda Item 10: Preparation for drafting the 2025 State Plan- Chris Carmona, Attorney, TDC Chair and Julie Ketelsen, Council Liaison, DSHS

Highlights from discussion are below.

- For the state plan priorities, it's best to be realistic and identify some things that can be accomplished instead of identifying too many and nothing gets accomplished.
- Look at general topics and see if there are action items that accomplish change.
- For a community's work, it's helpful to point to a state plan that has been endorsed by an organization like the Texas Diabetes Council.
 - A community organization's recommendation can benefit a local community/county.
 - TDC doesn't have a budget or lobby.
- The priorities can be looked at two ways- 1. Something TDC could work towards accomplishing. 2. TDC recommends it as a standard of practice that could be considered a call to action for others to take.
- Maybe craft this year's iteration of the state plan as a position statement.
- TDC can make suggestions to policy changes through the state plan but can't lobby for them.
- The TDC should be the place for resource information.
- There was resounding support for the inclusion of DSMES.
- There should be clear, actionable items for each priority.
- 2025 State Plan Priorities
 - Increasing access to diabetes treatment and education.
 - Addressing co-morbidities and reducing complications in diabetes care.

- Next steps
 - State plan workgroup meetings will be virtual, and a meeting availability poll will be sent to workgroup members.
 - The 2025 TDC State Plan is due to the legislature by November 1, so the timeline for writing the document is relatively tight.

Agenda Item 11: Updates from State Agency Representatives

a. Department of State Health Services- Ms. Rachel Wiseman, Chronic Disease Unit Director

DPCP Staffing Updates:

- We welcome two new members to the Diabetes Prevention and Control Program. Sanobar Ismail started on December 2 and will focus on our federal grant. Arianna Loera started January 14 as our new team lead. We're very happy to have them both on board!
- At this time, the Diabetes Prevention and Control Program is fully staffed except for the Diabetes and CVD Branch Manager position which remains to be filled.

DPCP Program Updates:

- The Spanish translations for diabetes educational brochures, "Could You Have Diabetes?" and "Could You Have Prediabetes?" as well as two booklets "Taking Charge of Your Health: Managing Diabetes One Day at a Time" and "Food for Life: Living Well with Prediabetes or Diabetes" are complete and electronic versions are available on the DSHS DPCP website, <https://www.dshs.texas.gov/diabetes/diabetes-educational-materials>. Print copies of the Spanish-language materials are being created and will be available for order this Spring.

CDC-RFA-DP-23-0020 Grant:

- The Diabetes Prevention and Control Program is in the process of completing their continuation application for Year 3 of the CDC diabetes cooperative agreement.

Diabetes News You Can Use

- The latest issue of Diabetes News You Can Use is going out February 1. Email diabetes@dshs.texas.gov to get on the distribution list.

b. Health and Human Services- Dr. Mitchell Abramsky, Associate Medical Director

- Still working on the project to increase continuous glucose monitoring (CGM) use among disproportionate populations.
- Developed a provider survey and will be distributed to MCOs.
 - Purpose is to show who qualifies for the CGMs.
- Working with DSHS on putting together provider education resources for CGMs.

c. Teacher Retirement System of Texas- Ms. Laura Cervantes, Sr. Clinical Consultant

- Dental and vision program registration was a success and exceeded expectations.
 - Over 100,000 participants registered and signed up.
 - 40,000 people were expected to sign up.

d. Employees Retirement System of Texas- Tabled

e. Texas Workforce Commission- Ms. Lisa Golden, Diabetes Program Specialist

- No updates due to technical issues.

Agenda Item 12: Announcements

- Mr. Carmona thanked council members for their energy, time, and effort they put into discussing the 2025 TDC State Plan.

Agenda Item 13: Review of action items and agenda items for next meeting

- Dr. Javier La Fontaine will present on limb preservation during the April TDC meeting. Prior to his current role as the dean and professor of podiatric medicine at UTRGV, Dr. La Fontaine worked at the University of Texas Southwestern Medical Center in Dallas, where he served as a professor in the Department of Plastic Surgery and as Fellowship Director of Limb Preservation at Parkland Hospital.
- The 2025 TDC State Plan will be on the agenda.

Agenda Item 14: Upcoming meeting dates

- April 24, 2025
- July 17, 2025
- October 30, 2025

Agenda Item 15: Public comment

- There was no public comment.

Agenda Item 15: Adjourn

Mr. Carmona, Chair, thanked council members for attending, and adjourned the meeting 4:38 p.m.

Below is the link to the archived video recording of the Texas Diabetes Council meeting to view and listen for approximately, two years from date meeting is posted in accordance with the HHSC records retention schedule.

<https://texashhsc.v3.swagit.com/videos/327285>