Texas Diabetes Council Meeting Minutes April 14, 2022 1:00 p.m.

Location: Microsoft Teams Meeting Platform

Texas Diabetes Council members who attended the Thursday, April 14, 2022 meeting.

NAME	IN ATTENDANCE
Dr. Mitchel Abramsky (Non-Voting)	Yes
Dr. Kelly Fegan-Bohm (Non-Voting)	Yes
Dr. Gary Francis	Yes
Ms. Felicia Fruia-Edge	Yes
Ms. Lisa Golden (Non-Voting)	Yes
Mr. Dirrell Jones	Yes
Ms. Diane Kongevick (Non-Voting)	Yes
Ms. Aida (Letty) Moreno-Brown	No
Ms. Umme Salama Oan Ali (Non-Voting)	Yes
Dr. Feyi Obamehinti	Yes
Dr. Stephen Ponder	Yes
Dr. Ninfa Pena-Purcell	Yes
Ms. Ardis Reed	Yes
Mr. Jason Ryan	No
Ms. Maryanne Strobel	Yes
Dr. Christine Wicke	Yes

Agenda Item 1: Welcome, logistical announcement, roll call, and excused absences

Dr. Feyi Obamehinti, Chair of the Texas Diabetes Council (TDC), convened the meeting at 1:02 p.m. and welcomed everyone in attendance. She announced there are new program staff and Ms. Rachel Wiseman will introduce them during the DSHS agency update.

Dr. Obamehinti introduced Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office (ACCO), to provide logistical announcements and roll call.

Before conducting the roll call, Ms. Allen introduced Ms. Jacqueline Thompson, a new member to the ACCO team and advised that Ms. Thompson would assume the lead facilitator role for the Council at the next meeting. Ms. Thompson introduced herself and stated she has been with the State of Texas for several years and looks forward to working with the Council.

Ms. Allen stated that Ms. Letty Moreno-Brown and Mr. Jason Ryan provided notice they would not be in attendance for the meeting. She then proceeded with the roll call and requested that the members acknowledge and approve the excused absences for the members recognized. Based on the roll call, Ms. Allen determined a quorum was present and the excused absences recognized were approved.

Agenda Item 2: Consideration of October January 13, 2022, Meeting Minutes

Ms. Allen introduced the January 13, 2022, meeting minutes and asked if there were any edits from the members. Hearing none, she requested a motion to approve the minutes as presented.

MOTION: Dr. Obamehinti motioned to approve the January 13, 2022, meeting minutes. Ms. Maryanne Strobel seconded the motion. Ms. Allen conducted a roll call vote and the motion carried unanimously.

Agenda Item 3: National Center for Farmworker Call to Health Initiative

Dr. Obamehinti introduced Ms. Elvia Anderson, Information & Referral Coordinator, National Center for Farmworker Health (NCFH). She referenced the PowerPoint, *Call for Health (CFH) Program: Increasing Access to Health Care for Farmworkers and Their Families.*

Highlights included:

- Purpose of the program is to increase access to health care services for migrant and seasonal agricultural workers and their families.
- Connects farmworker families to the closest Community/Migrant Health Centers (C/MHC).
- Negotiate with private providers for reduced rates to lessen the financial burden.
- Interpreter services provider when language barriers exist.
- Limited financial assistance is available for an array of medical services if certain requirements are met.
- Patient does not have to be documented to receive financial assistance through CFH.
- CFH is developing an initiative to contact the employers to inform them of services available including COVID vaccination.

Member discussion:

- Addressing the issues of health equity as it relates to families that migrate throughout the country, working across seven agricultural tracks in areas of planting, harvesting, and other agricultural services.
- Texas is one of the top states for farm workers however no data is available to estimate the number of those with diabetes.
- With the migratory life pattern, some employers provide help with health worker access to assist with managing diabetes.
- Dr. Obamehinti stated for clarification and for record purposes as well, the Council does not make endorsement, informational is for educational purposes. The council does advise the legislature on the council's mission, and HealthEquity is a top priority and the CFH program will be a great follow up for the Council to continue with in the work that you are doing.

Dr. Obamehinti thanked Ms. Anderson for her presentation and proceeded to agenda item 4.

Agenda Item 4: Social Determinants of Health

Dr. Obamehinti restated for the record, the disclaimer as a Council, we do not make any endorsement and all what we have is for educational awareness purposes for all Texans with diabetes. She then introduced **Dr. Kathy Giammona, PharmD** Medical Account Associate Director, Novonordisk, and she referenced the PowerPoint, *Social Determinants of Health, Obesity and COVID-19*.

Highlights included:

- Examples of social determinants of health (SDOH)
- All social determinants of health specifics can impact health outcomes.
- COVID-19 impact on social determinants of health
 - There is a disproportionately higher risk of serious or fatal COVID-19 infections in minorities
 - Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019.
- Goal triple aim of SDOH improvement: healthier people, better care, smarter spending
- Obesity is managed as a chronic disease today, with weight loss as the primary focus of care, and BMI is the main metric. We need to concentrate on treating the comorbidities downstream.
- Obesity prevalence and costs increased by 12% from 2018 to 2000, which in 2018 equated to 42% of US adults had obesity.
- Current approaches to obesity care include physical activity, diet, behavioral therapy, pharmacotherapy, and surgery.
- An integrated care model for obesity management includes clinical systems, individual and family systems, and community systems.
- Case studies from the Obesity Care Model Collaborative (clinical, individual, and family, and community), integrated the three care models in practice and reported significant improvement ranging from 7.9% to 34% in certain categories.

Members discussed:

- The pandemic has widened the gap in care. Obesity training is not part of the medical school curriculum, and obesity medicine is not recognized by the professional organization, thus no incentive to seek additional training and subsequent certification.
- The big critical piece is how we leverage community connections, how do we link all these different community resources to address this issue.
 Communities need to be proactive in a collaborative way to really address these HealthEquity issues.

Dr. Obamehinti thanked Dr. Giammona for her presentation and stated it coincided with the Council's priorities on HealthEquity.

Agenda Item 5: Physician Perspective on the implications and use of telehealth & telemedicine

Dr. Obamehinti introduced **Dr. William Biggs, FACE,** Endocrinology, Diabetes & Metabolism Specialist, Amarillo Medical Specialists, and he referenced the PowerPoint, *Expanding Diabetes Health with Omnichannel Telehealth*.

Highlights included:

- Before COVID, telehealth was expanding rapidly; from 2016 to 2017, there was a 53% growth in telehealth per year and that was persisting into the COVID area.
- Reasons for variation by state are primarily due to state regulations, laws, rules, and insurance coverage parameters by the insurance companies.
- There is a misconception that telehealth is primarily for younger people, although claims data shows there is significant usage by those 65 and older.
- Telehealth is utilized by multiple specialties, not just the primary care or internal medicine group.
- There is some disparity between rural and urban use because of limited access to care.
- Healthcare needs to move to the patient. The consumers need to be served where they want to be served and in the best implementations, telehealth enhances rather than replaces a physician to patient relationship.

Dr. Obamehinti thanked Dr. Biggs for his presentation and proceeded to Agenda Item 6.

Agenda Item 6: Texas House Bill 4: Discussion of Health Services Delivery via Telecommunications or Information Technology

Dr. Obamehinti lead discussion with members.

- HB 4 was a bipartisan bill, passed last June by Texas Legislature and took effect immediately. The bill relates to the provision and delivery of certain healthcare services, including services under Medicaid and other public benefit programs using telecommunications or information technology and reimbursement of some of these services.
- HB 5 addressed the expansion of broadband services to certain areas, especially in rural areas.
- Legislative priorities is part of the council's state plan, thus combining telemedicine with our HealthEquity focus, and other policy considerations, the council expressed consideration for piloting a study in an underserved community with the focus on Texans with diabetes.

MOTION:

Dr. Obamehinti made a recommendation on combining telehealth medicine, with information provided by Doctor Biggs with emphasis on equity, health focus and policy considerations devoted towards a pilot study in an underserved community with the focus on Texans with diabetes. Dr. Ninfa Pena-Purcell seconded the motion. Ms. Allen conducted a roll call vote and the motion carried unanimously.

Agenda Item 7: TDC Social Media Posts

Dr. Obamehinti lead discussion with members and Ms. Priya Patel advise that the social media metrics was not provided in the member meeting packet.

- Review of the engagement rate to date and the only current media platform that reported data is from Facebook.
- Reviewed monthly calendar for social media posts. Several topics were presented and suggested they be associated with the national health months.
- Members suggested developing a theme and look at elements for prevention and complications with diabetes, frame it around disease management.
- Agency staff requested that TDC provide a topic, a concept of a message they want for each specific month, preferably for the next 12 months.
- Council will provide suggestions in terms of themes, phrases, or slogan to the agency staff, and they will interface with the Communications department to create graphics based on whatever we've suggested and move it forward through the proper channels for review and posting. This process will help eliminate the extra work by the subcommittee.
- With regards to the "hits' to the social media site, agency staff with contact
 the communications teams and find out if they can provide information on
 the type of hits, i.e., BOTS vs. individuals.

Agenda Item 8: Updates from State Agency Representatives

Dr. Obamehinti introduced Dr. Kelly Fegan-Bohm, Community Health Improvement Medical Director, Department of State Health Services.

a. Department of State Health Services

Dr. Kelly Fagan-Bohm did not have any agency level updates to share with the council. She introduced and turned the floor over to Ms. Rachel Wiseman, Tobacco, Diabetes, and School Health Unit Director, DSHS, and she provided the program updates.

Highlights included:

- Ms. Nallely Trejo is the new Diabetes and School Health branch manager, and she will provide the program updates going forward.
- Ms. Priya Patel has been promoted to the team lead position, formerly held by Ms. Doyle, and her old program specialist IV position has been posted.
- Ms. Julia Robinson was been hired as a program specialist III and fills the position formerly held by Natalie Gonsalves. Julia will be providing support to the diabetes program and will be the point person for the Diabetes Council moving forward.
- The Special Projects Coordinator for the diabetes program position has been accepted and we expect that person to be onboard starting in May.
- DSHS highlight Diabetes Alert Day, which was March 22nd and promoted it through multiple mediums, including an article on the HHSC Employee newsletter. The TDC message about symptoms, awareness of diabetes symptoms was sent on Twitter, Facebook, and Instagram. Additional diabetes information was shared on the DSHS

- main website and a Gov.delivery message was sent out to the diabetes program list serve.
- Information regarding the PS-IV position will be shared with the members.

b. Employees Retirement System of Texas (ERS)

Dr. Obamehinti introduced Ms. Diane Kongevick, Director of Group Benefits, Employees Retirement System of Texas, to provide update.

Highlights included:

- ERS has a wide range of wellness services available to state and higher education employees and their families enrolled in the HealthSelect of Texas plans. Various services for multiple weight management, physical activity and healthy lifestyle solutions are available, including online solutions, coaching, podcasts, webinars and more.
- The AMP wellness campaign, which was launched in FY18 to decrease the prevalence of major chronic conditions, improve participants' general quality of life, and reduce long-term health costs for the plan and state.
- ERS engages state employers both leadership and wellness coordinators – to share insights on the unique health challenges and engagement levels of their workforce and wellness resources of the GBP health plans.
- Two leadership engagements resulted in positive gains in FY21.
 - Texas Tech University and Texas Tech University Health Sciences Center launched an internal campaign to engage employees with HealthSelect weight management programs and enrollment increased 43% from 2020-2021.
 - Texas Department of Criminal Justice launched an agency-wide campaign titled "Peak Performance" to improve employee health and morale, boosting TDCJ employee enrollment in a HealthSelect weight management program by 226% in the first five months of FY21.
- ERS is exploring with our participating agencies and employees, how
 we can reach as many people as possible and let them know these
 resources are there for them.

c. Health and Human Services Commission

Dr. Obamehinti introduced Dr. Abramsky, HHSC Medicaid and CHIP Services, to provide update.

Highlights included:

Dr. Abramsky advised there was nothing new to report to the Council.

Members discussed:

• With the public health emergency ending later this year, there is going be an impact on those beneficiaries with diabetes.

• It will be extremely important to promote public awareness to that population that they will need to reapply to continue their benefits, so they do not fall off the enrollment.

d. Teacher Retirement Systems of Texas

Dr. Obamehinti introduced Ms. Umme Salama Oan Ali, Senior Health Engagement Specialist, TRS, to provide update.

- TRS did a pilot program for under 65 retiree population to help manage diabetes and we saw very significant results in lowering blood sugar levels for this population.
- TRS is also expanding the workshop program for our active employees and their dependents that are diabetic, and the program is going to be made available to this entire group starting in September of 2022.

e. Texas Workforce Commission (TWC)

Dr. Obamehinti introduced Ms. Lisa Golden, MA, Vocational Rehabilitation (VR) Services Diabetes Specialist provided an update.

Highlights included:

- TWC just implemented AIRA which is a visual interpreting service with live, on-demand access to visual information. It's an accommodation or productivity tool that connects you to actual humans to simplify your daily life.
- People who need visual information use Aira for everyday tasks like reading mail, digital tasks like shopping online, and to navigate their surroundings, all independently and with confidence. They call Aira users Explorers!
- For those with diabetes it is an excellent resource to get medication information- how much insulin is in the bottle, insulin pumps or CGMs, recognize proper insulin pen, read food labels, prescriptions or handouts from diabetes educator, check expiration dates, etc.
- People can pay for a monthly subscription however they can use the app for 5 minutes every 24 hours for free and most tasks just take a minute.
- There are several companies/agencies, like TWC, that pay for the service so that it is free to those customers who use their services.
- TWC Vocational Rehabilitation offices are starting to train people who are blind to use the application and plan to promote it out in the community.
- TWC has started a Wellness Watchers Diabetes Support group that is disability friendly and meets on the third Wednesday of the month at 6:00 PM CST.
- The next Texas Confidence builder training which is designed to train diabetes educators on how to work with people with disabilities is scheduled for May 23-25 in Austin.

 Lastly, the 2022 Beep Baseball World Series will be held in Beaumont, TX from July 24-July 31st. Numerous teams from the state of Texas and from other parts of the world will come to participate in this event and it will be an exciting time for an adaptive sport for people with vision loss. The National Beep Baseball Association is looking for volunteers. If interested visit https://www.signupgenius.com/go/10C0F49ADAE28A4FEC43-national.

Members discussed:

- Entertained the idea to possibly fuse the AIRA program with eye health and promote the program through the TDC social media site.
- Another opportunity for the Council could be to promote information to healthcare practitioners about vocational rehabilitation services for people with disability, and address diabetes as possibly being an underlying cause. Social media posts could focus on awareness of symptoms and complications.
- Interagency collaboration with regards to echoing social media posts is a conversation worth exploring with other agency Commissioners to determine a general agreement amongst the groups.

Agenda Item 9: Announcements

Dr. Obamehinti announced that the council workgroups are back and will begin meeting in July. She also researched and found out that the Council has a lot of peered, reviewed journals dating back to 2003 that are housed on an online platform called WorldCat. Some of the archived publications relate to current priorities of the Council's states plan and she encourages the member to access the webpage and review the articles.

Ms. Reed advised that HRSA has a huge, national public health scholarship program. The scholarship is for training entities, so colleges, universities, community colleges, anywhere where they're training health professionals, it could be technical, or a CHW program. The money will go to these groups to offer scholarships to increase the number of public health clinicians and paraprofessionals that we have it.

Ms. Golden announced, the CDC, division for diabetes translation, has put together an excellent advancing HealthEquity website with several resources, with a lot of data and information that may be beneficial to the Council's current state plan.

Agenda Item 10: Public Comment

Public comment was not received for the meeting.

Agenda Item 11: Next Meeting

Dr. Obamehinti stated the next meeting is scheduled for Thursday, July 14, 2022, at 1:00 p.m. and will be conducted as a hybrid meeting.

Topics presented for the next meeting are:

- Type one diabetes and mental health
- Diabetes Screening and staging
- HB3459—preauthorization exemption (Therapeutic Interference)

Agenda Item 11: Adjournment

Dr. Obamehinti thanked the Council for their participation and valuable input, the speakers for their passionate presentation, the DSHS and HHSC agency staff and ACCO facilitation team for their support and administration, and the public for the participation. She adjourned the meeting at 4:31pm.

To access the archived webcast recording of the April 14, 2022 meeting go to:

https://texashhsc.new.swagit.com/videos/167449