

Putting the Brakes on **D**iabetes



A Community Planning
Guide to Improve Health
and Nutrition for Texas
Children and Adolescents
and Reduce the Risk of
Type 2 Diabetes



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Type 2 diabetes is poised to become one of the major public health challenges of the 21st century. Projections indicate the number of people with diabetes will double by 2010 ⁽¹⁾—and a troubling aspect of this disturbing trend is that the disease is increasingly attacking children.

Promoting healthy nutrition habits and lifelong physical activity will be critical in curbing diabetes in children. School and community involvement is essential in the effort to reach and teach Texans that diabetes is controllable.

Why is Type 2 Diabetes in Youth Rising?

Type 2 diabetes usually occurs in overweight adults over the age of 45, but from 1993 to 1998, the number of youth under 18 years of age with type 2 diabetes tripled.⁽²⁾

The recent appearance of type 2 diabetes in young people has been called “alarming.” Medical experts caution that the devastating complications of diabetes—heart attacks, blindness, strokes, kidney failure, and amputations—may occur at earlier ages if children with type 2 diabetes are not properly diagnosed and treated.⁽³⁾

One possible explanation for the rapid rise in type 2 diabetes in children is the documented increase in overweight children and corresponding decrease in physical activity. Recent studies indicate that more than 85 percent of all children and adolescents with type 2 diabetes are seriously overweight at the time of diagnosis.⁽⁴⁾

By 1998, U.S. Surgeon General David Satcher declared the soaring rate of childhood

obesity an epidemic. The prevalence of obesity (defined as being more than 30 percent over ideal body weight) has soared in the last 30 years, according to data collected by the federal Centers for Disease Control and Prevention. Nearly one in five Americans was considered obese in 1998.

The Texas Diabetes Council/Program places a high priority on reversing the trends associated with type 2 diabetes in children. This includes programs targeting high-risk populations, as well as broad-based efforts to reduce obesity and improve the overall nutrition and exercise habits of Texas children and adolescents.

Children who have type 2 diabetes typically:

- ▶ **Are overweight or obese**
- ▶ **Have a family history of Type 2 diabetes**
- ▶ **Are of non-European descent—African, Hispanic, Asian, Native American**
- ▶ **Are more than 10 years of age and in mid to late puberty**
- ▶ **Have low levels of physical activity**

Who is at Risk?

Children who are overweight and have a family history of type 2 diabetes are most at risk. Children of Hispanic, African-American, Native American, and Asian-American backgrounds have a higher risk of diabetes than those of European ancestry.

This disproportionate effect of diabetes on minorities, combined with the rapid growth of minorities as a percentage of the Texas population, means the impact of this disease will be doubly harsh in the years to come. During the decade of the 1990s, the population of Texas reached 20 million, pushing it to second in the nation behind California. Approximately half of that growth was recorded in families of Hispanic origin.⁽⁵⁾

Reducing the Risk of Diabetes in Children

The single-most effective way to avoid diabetes in children is to fight the spreading obesity epidemic.⁽⁶⁾ To do this, Texans must overcome poor dietary habits—especially the greater intake of high-fat, high-calorie foods—and become more physically active.

Community-based programs that promote lifelong physical activity and healthy nutrition, increase public awareness, advocate early diagnosis and treatment, and support effective self-management can help reverse the alarming rise of diabetes and obesity in children.

To be effective, community-based initiatives should involve family members as well as a broad base of local stakeholders including members of the medical profession, media, insurance industry, urban planners, restaurants, schools, and government.

Community Plans for Healthy Living

We hope that this planning guide will be more than merely a reference document—we hope it serves as a challenge to communities to take decisive action to turn back the troubling trends of rising obesity, inactivity, and growing diabetes that are affecting children, adolescents, and adults.

This community planning guide includes three separate sections that provide information

to help communities develop effective local programs to improve health and nutrition for children and adolescents. The three sections are: 1) information resources, 2) community programs, and 3) Internet connections.

By promoting lifelong physical activity and healthy nutrition, increasing public awareness, supporting solutions that target local problems, advocating early diagnosis and treatment, and supporting effective self-management, communities can play a vital role in reversing the alarming rise of diabetes and obesity in children and reap the benefits of healthier, more productive citizens.

Community Planning Guide

This Community Planning Guide includes three separate sections that provide information to help communities develop effective local programs to improve health and nutrition for children and adolescents:

1. Information Resources

Recent articles and timely information related to diagnosis and treatment of type 2 diabetes in children

2. School and community programs

Examples of effective community programs that have been implemented in Texas and other states

3. Internet connections

Web sites that provide expanded resource information about agencies, organizations, and individuals involved in fighting type 2 diabetes in children and adolescents

1. Information Resources

Studies highlight ways to stay healthy through active lifestyles and early treatment

The Texas Department of Health convened the Type 2 Diabetes in Youth Workgroup in September 1999 to develop recommendations aimed at prevention and treatment of type 2 diabetes in children and adolescents.

The workgroup studied six specific areas of concern: *diagnosis, treatment, prevention, provider education, collaboration, and statistics.*

As part of their study, the workgroup reviewed current journal articles related to increasing reports of type 2 diabetes in children. A bibliography of key articles is included in this section, along with a summary of information reviewed by the Type 2 Diabetes in Youth Workgroup. This information will be helpful to medical professionals and community members who seek a more in-depth understanding of this emerging condition.

Diagnosis. Until recently, the overwhelming majority of children with diabetes were victims of the type 1 form of this disease. With the recognition of type 2 diabetes in children, and as the number of these children increases, the need to correctly classify their diabetes is of paramount importance. To assure that physicians and healthcare professionals are able to respond to this newly recognized pediatric disease, greater awareness of its growing prevalence in children should be promoted among medical professionals. Children age 10 and up who have identified risk factors of obesity, a positive family history, or signs of insulin resistance, should be screened for diabetes every two years. The Texas Diabetes Council/Program should take a leading role in efforts to implement these changes.

One study being conducted in nine border counties, is investigating the presence of *acanthosis nigricans*, a condition marked by a velvety dark thickening of the skin, which has recently been associated with high insulin levels.

In 1999, the Texas Legislature passed House Bill 1860 by Representative Roberto Gutierrez, which authorized a screening program for *acanthosis nigricans* in border counties deemed at greatest risk for diabetes.

Researchers are studying the presence of this condition in children with diabetes to determine the extent to which this physical marker may serve as an indicator of the presence of diabetes. The University of Texas Health Science Center is coordinating this effort.

- ◆ American Diabetes Association. Type 2 Diabetes in Children and Adolescents, *Pediatrics* Vol 105 No 3, Mar 2000.
- ◆ Treviño RP, Marshall RM, Hale DE, Rodriguez R, Baker G, Gomez J. Diabetes Risk Factors in Low-Income Mexican-American Children, *Diabetes Care* Vol 22 No 2, 1999.
- ◆ H.B. 1860 (Rep. Roberto Gutierrez)—an act relating to establishing an *acanthosis nigricans* screening pilot program in public and private schools in certain counties, 76th Texas Legislature (1999).

Treatment. To improve the health of children and adolescents with type 2 diabetes, development of a standard definition of clinical indicators should be adopted. The recently adopted American Diabetes Association recommendations on type 2 diabetes in children should be incorporated into the existing minimum standards for diabetes care in Texas. These standards of care should be promoted and supported throughout the medical community.

Increased public awareness programs must be launched, including educational activities aimed at providers, parents, children, and adolescents. Best treatment practices and preventive programs promoting healthy lifestyles to reduce risk factors should be emphasized.

- ◆ Balasubramanyam A, Zern JW, Hyman J, Pavlik V. New Profiles of Diabetic Ketoacidosis. Type 1 vs Type 2 Diabetes and the Effect of Ethnicity. *Archives of Internal Medicine* Vol 159 No 19, Oct 25, 1999.
- ◆ Streja DA, Rabkin SW. Factors Associated with Implementation of Preventive Care Measures in Patients with Diabetes Mellitus. *Archives of Internal Medicine* Vol 159 No 3, Feb 8, 1999.
- ◆ Turner RC, Cull CA, Frighi V, Holman RR. Glycemic Control with Diet, Sulfonylurea, Metformin, or Insulin in Patients with Type 2 Diabetes Mellitus. *Journal of the American Medical Association* Vol 281 No 21, June 2, 1999.
- ◆ Burke JP, Williams K, Gaskill SP, Hazuda HP, Haffner SM, Stern MP. Rapid Rise in the Incidence of Type 2 Diabetes from 1987 to 1996. Results from the San Antonio Heart Study. *Archives of Internal Medicine* Vol 159 No 13, July 12, 1999.
- ◆ Anderson DA, Wadden TA. Treating the Obese Patient. Suggestions for Primary Care Practice. *Archives of Family Medicine* Vol 8 No 2, Mar/Apr 1999.
- ◆ Henney JE. New Type 2 Diabetes Drugs. *Journal of the American Medical Association*. Vol 282 No 10, Sep 8, 1999.
- ◆ Yosipovitch G, Mevorah B, David M, Feinmesser M, Hodak E, Gabay B, Ammash J, Elias PM. Migratory Ichthyosiform Dermatitis with Type 2 Diabetes Mellitus and Insulin Resistance. *Archives of Dermatology* Vol 135 No 10, Oct 1999.
- ◆ Kjos SL, Peters RK, Xiang A, Thomas D, Schaefer U, Buchanan TA. Contraception and the Risk of Type 2 Diabetes Mellitus in Latina women with Prior Gestational Diabetes Mellitus. *Journal of the American Medical Association* Vol 280, pp 533-538, Aug 12, 1998.
- ◆ Boyder E. Screening for Type 2 Diabetes. *Journal of the American Medical Association (Letters)* Vol 281 No 21, June 2, 1999.

- ◆ Fagan TC, Sowers J. Type 2 Diabetes Mellitus. Greater Cardiovascular Risks and Greater Benefits of Therapy. *Archives of Internal Medicine* Vol 159 No 10, May 24, 1999.
- ◆ Pinhas-Hamiel O, Standiford D, Hamiel D, Dolan LM, Cohen R, Zeitler PS. The Type 2 Family. A Setting for Development and Treatment of Adolescent Type 2 Diabetes Mellitus. *Archives of Pediatrics and Adolescent Medicine* Vol 153 No 10, Oct 1999.
- ◆ Winkleby MA, Robinson TN, Sundquist J, Kraemer HC. Ethnic Variation in Cardiovascular Disease Risk Factors Among Children and Young Adults. *Journal of the American Medical Association* Vol 281 No 11, Mar 17, 1999.
- ◆ Davidson MB, Schriger DL, Peters AL, Lorber B. Relationship Between Fasting Plasma Glucose and Glycosylated Hemoglobin. Potential for False-Positive Diagnoses of Type 2 Diabetes Using New Diagnostic Criteria. *Journal of the American Medical Association* Vol 281 No 13, Apr 7, 1999.
- ◆ Berger M, Mühlhauser I. Updates Linking Evidence and Experience. Diabetes Care and Patient-Oriented Outcomes. *Journal of the American Medical Association* Vol 281 No 18, May 12, 1999.

Prevention. Until additional studies identify other means of preventing type 2 diabetes in children, the single-most effective way to avoid diabetes in children is to fight the spreading obesity epidemic.

Weight loss can reduce insulin resistance, which then allows the body to use blood glucose more efficiently. Exercise also can decrease insulin resistance and is an important part of any weight management program.

One highly effective example of a program that promotes healthy nutrition and physical activity for the general population is the Coordinated Approach to Child Health (CATCH). Begun at the National Heart, Lung, and Blood Institute, the CATCH program was approved by the State Board of Education as an optional program for Texas school districts after legislative authorization in 1999.

School health advisory councils, required in all schools, work in tandem with the local community. When effectively implemented, these groups assess health program needs, plan coordinated health and nutrition activities, and develop important community policies. School health advisory councils provide built-in opportunities to develop support for and participation in diabetes prevention efforts.

Provider Education. Most of the information about type 2 diabetes in children is new. The Texas Diabetes Council/Program plays a key role as a clearinghouse for information about type 2 diabetes in children. The council has committed significant effort to disseminate materials and educate health care providers about this issue.

Collaboration. The Texas Department of Health is working with public and private organizations to educate and inform the public about the emergence of type 2 diabetes in children. These individuals and organizations will be included in future mailings, invitations to special conferences, and offers to participate in ongoing data collection and innovative prevention and treatment projects.

Statistics. Although Texas does not have statistical data for a prevalence rate, epidemiological studies and data collection are underway to identify the current impact of diabetes and to project the future effect of type 2 diabetes among children. This effort reflects the high priority the Texas Department of Health places on developing effective ways to reverse the trends associated with type 2 diabetes in children.

Resources for Practitioners

Compendium of Diabetes Best Practices (1999). Published by the Texas Medical Foundation, the *Compendium of Diabetes Best Practices* is a useful aid for clinicians, administrators, quality improvement staff, patient educators, and others involved in providing care to persons with diabetes.

The Texas Medical Foundation, a Medicare peer review organization, produced the *Compendium* under a contract with the Health Care Financing Administration.

The *Compendium* includes abstracts of published clinical effectiveness studies, federally funded diabetes quality improvement projects, and a bibliography containing clinical efficacy studies that form the evidence base for excellent diabetes care.

Additional information may be obtained by contacting:

Texas Medical Foundation
Attn: Health Services Improvement
Barton Oaks Plaza Two, Suite 200
901 Mopac Expressway South
Austin, TX 78746-5799
Toll free: 1-888-691-9167

The Prevention and Treatment of Complications of Diabetes: A Guide for Primary Care Practitioners (1991). This handbook published by the U.S. Centers for Disease Control and Prevention provides clear, practical recommendations to assist practitioners in the day-to-day care and management of their patients with diabetes.

The recommendations relate to the prevention, detection, and treatment of the major complications of diabetes. The emphasis is on early application of currently available measures that, if systematically applied, may reduce the incidence or severity of these complications. A companion publication, entitled *Take Charge of Your Diabetes: A Guide for Patients*, also is available through CDC.

Additional information may be obtained by contacting:

Centers for Disease Control and Prevention
Technical Information Services Branch
Mail stop K-13
4770 Buford Highway, NE
Atlanta, GA 30341-3724
(404) 488-5080

Diabetes Tool Kit. The Texas Diabetes Council and the Texas Diabetes Health Care Professionals group developed this teaching aid for health care professionals who work with people who have diabetes. The *Tool Kit* includes handouts in English and Spanish, which can be copied for patients to take home. The topics include managing sick days, monitoring diabetes in pregnancy, developing an exercise program, and more. The *Tool Kit* is offered free of charge. (See below for ordering information.)

Minimum Standards for Diabetes Care in Texas and Pharmacological, Lipids, and Medical Nutrition Algorithms. These publications from the Texas Diabetes Council and the Texas Diabetes Health Care Professionals group outline the minimum standards of care and education that should be followed when treating patients who have diabetes.

For more information on the Diabetes Tool Kit, Minimum Standards, and algorithms, contact:

Diabetes Program/Texas Department of Health
1100 West 49th Street
Austin, TX 78756
(512) 458-7490

2. School and community programs

Effective partnerships help curb diabetes in children and adults

The Texas Department of Health encourages local partnerships aimed at promoting healthy lifestyles and reducing the risk of diabetes with the community.

As part of its efforts to empower local communities, the Texas Diabetes Council/Program currently contracts with 18 local health departments, community centers and grass-roots organizations to help meet the needs of at-risk populations in urban and rural settings. These programs serve 35 counties throughout the state.

The Texas Diabetes Council community-based programs target areas at high risk for diabetes. The current goals for the programs include:

- ◆ assessing the needs of the community;
- ◆ building community support for diabetes education and treatment;
- ◆ building partnerships between the community and health care providers;
- ◆ recruiting and training community volunteers and leaders;
- ◆ reaching at-risk individuals and families with diabetes education and health promotion programs;
- ◆ supporting behavior changes, such as reducing fat in the diet and increasing physical activity, which will result in improved health; and
- ◆ improving access to health care and health education services for people with diabetes.

Local programs, especially when coupled with school initiatives, can help children develop healthy nutrition habits and involvement in lifelong

physical activity. These healthy lifestyle choices are important factors in helping Texans curb the related trends of increased diabetes and overweight children and adults.

Effective prevention strategies emphasize solutions that meet local needs and involve family members in efforts to make lasting changes in children's living environment.

School health advisory councils are one example of the type of organization that offers built-in opportunities to develop support for and participation in diabetes prevention efforts. These councils—required in all schools, according to Texas Education Code 28.004—work in tandem with the local community.

When effectively implemented, school health advisory councils assess health program needs, plan coordinated health and nutrition activities, and develop important community policies.

Successful community efforts recruit health care providers, community leaders, and other volunteers who work together to improve access to health care and health education services for people with diabetes.

“Diabetes Today”

“Diabetes Today” is a model training tool designed to help community members work together to prevent and control diabetes. The interactive planning curriculum involves health care professionals, health advocates, community leaders, and group members in a process focused on taking charge of diabetes at the community level.

The “Diabetes Today” course provides health professionals and volunteers with the skills and information needed to plan, implement, and evaluate successful community-based diabetes control programs. The forum encourages participants to discuss ideas for solving the challenges they face combating diabetes in their communities.

Leaders learn not only a process, but also the facts and skills required to focus their plan on areas of greatest local need.

The course can be offered as a single two-day course, or broken into four half-day modules. Working together, community members apply the *Diabetes Today* planning process to develop and implement interventions to reduce the burden of diabetes in their cities and towns.

For additional information about the “Diabetes Today” program, contact:

Texas Diabetes Program/Council
1100 West 49th Street
Austin, Texas 78756
(512) 458-7490

Coordinated Approach To Child Health

One highly effective program that promotes healthy nutrition and physical activity for the general population is the Coordinated Approach to Child Health, or CATCH, program.

The CATCH program already has trained hundreds of Texas teachers and food service staff, many of whom have implemented CATCH on a voluntary basis.

Begun at the National Heart, Lung, and Blood Institute, the CATCH program was approved by the State Board of Education as an optional program for Texas school districts after legislative authorization in 1999.

The program’s success prompted the Texas Department of Health to recommend to the Texas Legislature that the CATCH program be expanded to serve all Texas schools. It is hoped that one full-time CATCH coordinator will be funded at the Texas Education Agency and within each regional Education Service Center.

CATCH teaches elementary school students the elements of a healthy diet and a physically active lifestyle—the program promotes eating lower fat and sodium foods, exercising regularly, and avoiding tobacco products.

Designed to benefit the student population as a whole, CATCH also works to reduce the risk factors associated with diabetes and cardiovascular disease.

CATCH students eat school lunches that average no more than 30 percent of calories from fat and spend 50 percent of their time in moderate to vigorous physical activity during physical education classes. As a result of their training, students also eat healthier foods and are more physically active away from school.

CATCH training is available in planning, preparation, presentation, and promotion of school meals. Hundreds of teachers and food service staff in Texas schools have received CATCH training.

For additional information about the CATCH Program, contact:

Peter Cribb, Project Director
Center for Health Promotion, Research and Development
7320 North MoPac, Suite 204
Austin, TX 78731
(512) 346-6163
E-mail: cribb@uts.cc.utexas.edu
Website: <http://www.sph.uth.tmc.edu/chppr/catch/>

School Health Index

The School Health Index is a self-assessment and planning tool that enables schools to:

- ◆ identify the strengths and weaknesses of their health promotion policies and programs;
- ◆ develop an action plan for improving student health; and
- ◆ involve teachers, parents, students, and the community in improving school services.

Students' physical activity and eating habits are influenced by the entire school environment, not just the cafeteria and gymnasium. Therefore, the Index has eight different modules, each corresponding to a component of a coordinated school health program:

- ◆ health education,
- ◆ physical education,
- ◆ health services,
- ◆ nutrition services,
- ◆ counseling/psychological/social services,
- ◆ healthy school environment,
- ◆ health promotion for staff, and
- ◆ family/community involvement.

Teams within the school and community members complete a questionnaire for each module. Responses to each questionnaire are scored to help identify the school's strengths and weaknesses. The School Health Index also includes a Planning for Improvement section.

The School Health Index is available at no cost and can be completed in as little as five hours.

To obtain a copy of the School Health Index:

Download from the Centers for Disease Prevention and Control websites:

<http://www.cdc.gov/nccdphp/dash>

Or

<http://www.cdc.gov/nccdphp/dnpa>

(School Health Index, continued)

Request by e-mail: ccdinfo@cdc.gov

Call the CDC Division of Adolescent and School

Health Resource Room: (770) 488-3168

Request by toll-free fax: 1-888-282-7681

When ordering, please specify either the elementary school or the middle school/high school version.

Walk Texas!

Walk Texas! was initiated in 1996 to address the problem of physical inactivity among adult populations. During the first two years the project specifically focused on individuals with type 2 diabetes or those at risk for diabetes.

Walk Texas! represents an attempt to implement many of the recommendations of the 1996 *Surgeon General's Report: Physical Activity and Health* to postpone or eliminate the disabling effects of chronic disease.

The project includes components for community organizations and healthcare providers interested in promoting active lifestyles.

A "Quick Start Guide" is available to communities interested in starting local walking programs. These kits describe the basic steps involved in starting a Walk Texas! group.

Health Provider Guides include a prescription form to guide patients' physical activity as well as patient education information

For additional information about Walk Texas!, contact:

Robin Dochen Atwood, EdD

Walk Texas! Coordinator

1401 Foxwood Cove

Austin, TX 78704

(412) 443-0858

E-mail: ratwood@mail.utexas.edu

Website: <http://www.tdh.state.tx.us/diabetes/walktx/index.html>

Diabetes Community Partnership Guide

The National Diabetes Education Program has published *A Diabetes Community Partnership Guide*. This 150-page how-to kit is chock-full of ideas, tools, and guidelines for community partnerships and diabetes activities. The guide includes examples of letters inviting community participation, media activities, and camera-ready artwork for ads. (Order no. NDEP-21). A single copy is free. Each additional copy costs \$3. Available on-line at <http://ndep.nih.gov> (see section on publications and order form).

The National Diabetes Education Program is a federally sponsored initiative, involving public and private partners, to improve treatment and outcomes for people with diabetes, to promote early diagnosis, and ultimately, to prevent the onset of diabetes.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) are jointly sponsoring the development of the program.

2. Community-Based Diabetes Education and Awareness

Texas Diabetes Council Community-Based Program Sites and Coordinators

Austin/Travis County Health & Human Services
Project Coordinator: Rick Schwertfeger
rick.schwertfeger@ci.austin.tx.us
55 North I.H. 35, Suite 235
Austin, TX 78702
Phone: (512) 391-8106
Fax: (512) 391-8113

Baylor College of Medicine
Project Coordinator: Susan B. Baker, PhD
Sbaker@bcm.tmc.edu
One Baylor Plaza
Houston, TX 77030
Phone: (713) 798-3606
Fax: (713) 798-3644

Bexar County Hospital District
Project Coordinator: Marivel De La Cruz
maridlc@hotmail.com
702 South Zarzamora
San Antonio, TX 78207-5209
Phone: (210) 358-7282
Fax: (210) 358-7272

Bilingual Diabetes Awareness Program
Project Coordinator: Michelle Alvarado
m.alvarado7@verizons.net
Texas A&M Center for Housing and Urban
Development
3516 East Expressway 83, Suite 107
Weslaco, TX 78596
Phone: (956) 498-7051
Fax: (956) 447-9716

Coalition of Health Services, Inc.
Project Coordinator: Sandra Curphey
scurphey@cohs.net
731 North Taylor, Suite 401
Amarillo, TX 79107
Phone: (806) 212-6521
Fax: (806) 212-6579

Dallas Concilio of Hispanic Service
Organizations
Project Coordinator: Linda Coria
lcoria@swbell.net
2914 Swiss Avenue
Dallas, TX 75204
Phone: (214) 818-0481
Fax: (214) 818-0485

City of Dallas Environmental & Health Services
Project Coordinator: Pam Carter
PCDAPP@DHC.net
(South) 3200 South Lancaster, Suite 230A
Dallas, TX 75216
(North) 2922 MLK Boulevard, Room 132A
Dallas, TX 75215
Phone: (S) (214) 670-0556, (N) (214) 670-8275
Fax: (214) 670-8276

El Paso Diabetes Association
Project Coordinator: Cheryl Ramirez
callgood@flash.net
1921 East Yandell
El Paso, TX 79903-3416
Phone: (915) 532-6280
Fax: (915) 532-8271

City of Fort Worth Public Health Department
Project Coordinator: Sherwin Daryani
daryans@ci.fort-worth.tx.us
1800 University Drive, Room 230
Fort Worth, TX 76107
Phone: (817) 871-6211 or 871-8568
Fax: (817) 871-6257

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Gateway Community Health Center, Inc.
(Lado A Lado)
Project Coordinator: Marta Stineff
Martas.gateway@tachc.org
2309 East Saunders
Laredo, TX 78044-3397
PO Box 3397
Laredo, TX 78044
Phone: (956) 795-8130
Fax: (956) 795-8137

Harris County Hospital District
(Houston Asian-American DAEC)
Project Coordinator: Lynne Nguyen
Nguyen1995@hotmail.com
2525 Holly Hall Education Center
Houston, TX 77054
Phone (281) 546-4570
Fax: (713) 664-6099

Houston Community-Based Diabetes Education
and Awareness Program
Project Coordinators:
Kecia Lind Enaohwo and Rosie Pine
Administrative Assistant: Pat Gazolli
Department of Family and Community Medicine
One Baylor Plaza, 650 E
Houston, TX 77030
Phone: (713) 798-3606
Fax: (713) 798-3644

Migrant Clinicians Network, Inc.
Project Coordinator: Carmel Drewes
carmel@migrantclinician.org
1001 Land Creek Cove
Austin, TX 78746
PO Box 164285
Austin, TX 78716
Phone: (512) 327-2017
Fax: (512) 327-0719

Smith County Public Health District
Project Coordinator: Shirley Witherspoon, RN
Switherspoon.scphd@mail.netnet.org
315 North Broadway, Suite 404
Tyler, TX 75702
PO Box 2039
Tyler, TX 75710
Phone: (903) 535-0036
Fax: (903) 535-0029

Texas Department of Health
Public Health Region 4/5
Project Coordinator: Deborah Robertson
Deborah.Robertson@tdh.state.tx.us
1517 West Front Street
Tyler, TX 75702
Phone: (903) 533-5349
Fax: (903) 533-5367

Texas Department of Health Public Health
Region 11
Project Coordinator: Herb Tolentino
Herb.Tolentino@tdh.state.tx.us
601 West Sesame Drive
Harlingen, TX 78550
Phone: (956) 423-0130, extension 664
Fax: (956) 444-3299

Tri-County Diabetes Awareness and Education
(Presidio, Brewster, and Jeff Davis Counties)
Project Coordinator: Salley Perales
diabetes@iglobal.net
300 North Highland
Marfa, TX 79843
Phone: (915) 837-9557
Fax: (915) 837-1204

Uvalde County Clinic, Inc.
Project Coordinator: Terrie Dube
terriedube@yahoo.com
201 South Evans
Uvalde, TX 78801
Phone: (830) 278-5604, extension 228
Fax: (830) 278-1941

3. Internet connections

Across the nation, many organizations can provide helpful information about diabetes care and management and collaborate with communities in the fight against diabetes. They also provide links to additional related sites on the internet. This list includes some of these organizations.

American Association of Diabetes Educators

<http://www.aadenet.org>

Juvenile Diabetes Research Foundation International

<http://www.jdrf.org>

American Diabetes Association

<http://www.diabetes.org>

Lions Clubs

<http://www.lionsclubs.org/>

American Dietetic Association

<http://www.eatright.org>

National Diabetes Education Program

Nationwide initiative of the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH)

<http://www.cdc.gov/diabetes/projects/ndeps.htm>

American Heart Association National Center

<http://www.americanheart.org>

National Diabetes Information Clearinghouse

<http://www.niddk.nih.gov/health/diabetes/ndic.htm>

American Optometric Association

<http://www.aoanet.org>

National Eye Institute

<http://www.nei.nih.gov>

Children with Diabetes

<http://www.childrenwithdiabetes.com>

National Institute of Diabetes and Digestive and Kidney Diseases

<http://www.niddk.nih.gov>

Department of Veterans Affairs

<http://www.va.gov/health/diabetes/>

Diabetes Program, Texas Department of Health

<http://www.tdh.state.tx.us/diabetes/tdc.htm>

International Diabetic Athletes Association

<http://www.diabetesnet.com/idaa.html>

Endnotes

- (1) Zimmet P. Diabetes and obesity worldwide—epidemics in full flight. Presented at the 60th Scientific Sessions of the American Diabetes Association; June 10, 2000; San Antonio, Texas.
- (2) The New York Times. Childhood Obesity Produces “Adult” Diabetes in Kids. Dec 29, 1998.
- (3) Goland RS, as quoted in, “Adult Type of Diabetes Rising Dramatically in Kids and Teens.” American Diabetes Association press release, June 19, 1999.
- (4) American Diabetes Association. Type 2 Diabetes in Children and Adults. *Pediatrics*, Vol 105 No 3, March 2000.
- (5) U.S. Census Bureau, State Population Estimates, 1990-1999.
- (6) American Medical Association. Diabetes Type 2: Reducing your risk, 1998, as adapted from Type II Diabetes: Reducing Your Risk, 1996.



Texas Diabetes Council
Bureau of Disease, Injury and Tobacco Prevention
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7490

January 2001

Publication # 45-10961