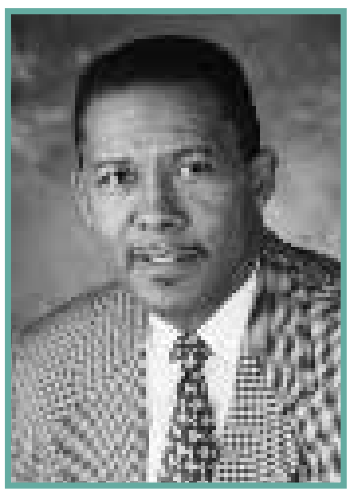
SUMMER 2001

CORNERSTONE

A NEWSLETTER FROM THE TEXAS DIABETES COUNCIL/TEXAS DEPARTMENT OF HEALTH

Governor appoints Dr. Harkless to chair Texas Diabetes Council

Governor Rick Perry has appointed Lawrence B. Harkless, DPM, as chair of the Texas Diabetes Council. Dr. Harkless is a professor in the Department of Orthopaedics and chief of the Podiatry Residency Training program at the University of Texas Health Science Center at San Antonio. He has served on the board of the American Diabetes Association and is a member of the Public Health and Preventative Podiatric Medicine Committee of the American Podiatric Medical Association. He is a graduate of the California College of Podiatric Medicine.



Newly appointed members are Mary-Ann Galley, Pharm.D., retired university professor and professional consultant, Houston; Lenore F. Katz, vice president/administration, American Business Development Corporation, Dallas; Margaret G. Pacillas, registered nurse and certified diabetes educator, El Paso; and Jeffrey Ross, DPM, chief, Diabetic Foot Clinic, Ben Taub Hospital, and assistant clinical professor, Baylor College of Medicine, Houston.

Continuing their terms on the Council are Gene Bell, RN, CFNP, CDE, Lubbock; Victor Hugo Gonzalez, MD, McAllen; Judith L. Haley, Houston; Jan B. Hamilton, PhD, RD/LD, Plainview; Richard (Rick) S. Hayley, Corpus Christi; Belinda Bazan-Lara, MA, RD/LD, San Antonio; and Mike Thompson, Jr., Austin.

Council recognizes Maria C. Alen, MD, and Thomas (Ray) McCann

As they completed their terms, the Texas Diabetes Council recognized Maria C. Alen, MD, McAllen, chair, and Thomas (Ray) McCann, Mount Pleasant, for "tireless and dedicated service to the people of Texas."

With the leadership and participation of Dr. Alen and Mr. McCann, the Texas Diabetes Council supported the establishment of the Texas Diabetes Institute, a center of excellence in San Antonio; developed and published the nationally recognized *Minimum Standards for Diabetes Care in Texas*, as well as pharmacological, medical nutrition, lipids, and exercise algorithms; led the effort to develop and distribute a statewide action plan and community planning guide to address Type 2 diabetes in children and adolescents; and expanded the scope of its continuing medical education program.

Council Member Judith Haley, Houston, presented Dr. Alen and Mr. McCann with commemorative plaques during the Council's quarterly meeting May 31 in Austin.

Council members are appointed by the Governor, with the advice and consent of the Texas Senate.

Legislature produces bills to help people with diabetes

With input from the Texas Diabetes Council and other advocates, the 77th Texas Legislature produced a number of laws that affect people who have or are at risk of developing diabetes. Among these are two bills of special significance in the battle to prevent diabetes in young Texans.

The first creates a pediatric diabetes research advisory committee in the Texas Department of Health, and the second authorizes the State Board of Education to require elementary school students to participate in daily physical activity.

Pediatric Diabetes Research Advisory Committee

HB 3155 requires the Commissioner of Health, in consultation with the Texas Diabetes Council, to establish the Pediatric Diabetes Research Advisory Committee. The committee has four charges:

- Develop a plan to research pediatric diabetes and associated medical conditions,
- Assess the resources and talent of institutions in Texas as possible sites for research opportunities,
- Analyze the impact of diabetes on the economy of Texas and on the health of the residents of the state, and
- Make recommendations to the Legislature and the Governor concerning research programs in pediatric diabetes and funding alternatives for the programs.

The Advisory Committee membership will include the chair of the Texas Diabetes Council or his designee and up to 14 others representing the Texas Department of Health, Juvenile Diabetes

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Research Foundation, American Diabetes Association, academic or biomedical research professionals, and the health care industry. Members must have experience, expertise, or special interest in diabetes and ophthalmology, pediatric endocrinology, child health and development, neuropathy, genetics, cardiology, or immunology.

The bill requires the Advisory Committee to submit a report to the Governor, Lieutenant Governor, and Speaker of the House of Representatives not later than December 1, 2002. It provides for the termination of the group on January 1, 2003.

Physical Activity in Schools

Senate Bill 19 amends the Education Code to authorize the State Board of Education to require elementary school students to participate in daily physical activity as part of a school district's physical education curriculum. The bill also requires the Texas Education Agency (TEA) to make available to each school district a coordinated health program designed to prevent obesity, cardiovascular disease, and Type 2 diabetes in elementary school students. The program must provide for coordinating health education, physical education and physical activity, nutrition services, and parental involvement. TEA is required to notify each district of the availability of the program. The act applies beginning with the 2001-2002 school year.

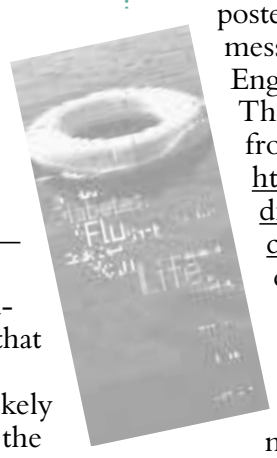
Senate Bill 19 also requires school district boards of trustees to establish a local school health education advisory council to assist the district in ensuring that health education instruction reflects local community values.

Other bills of interest

- *Senate Bill 12* prevents employers, licensing authorities, and insurance companies from discriminating on the basis of certain genetic information or genetic tests. It also prevents employers from discriminating on the basis of family health information that may contain details that could be used to determine an individual's genetic predisposition to certain diseases.
- *Senate Bill 52* requires childcare facilities to post descriptions of sudden infant death syndrome, shaken-baby syndrome, and childhood diabetes and methods for preventing those phenomena.
- *Senate Bill 283* requires the Health and Human Services Commission to study the benefits, costs, and effectiveness of applying disease management principles in the delivery of Medicaid managed care services. The bill also requires that managed care organizations under contract with the Commission to provide health care services to recipients develop and implement special disease management programs that address chronic health conditions, including asthma and diabetes, and use outcome measures to assess the programs.
- *Senate Bill 751* requires the Health and Human Services Commission agencies to use certified promotoras "to the extent possible" in health outreach and education programs for recipients of Medicaid. A promotora is a person who, with or without compensation, provides a bilingual liaison between health care providers and patients.
- *Senate Bill 789* requires the Health and Human Services Commission to establish a pilot program under which certain recipients of medical assistance receive home health care services through telemonitoring systems located in the recipients' homes. Program participants must have been diagnosed with a chronic illness such as diabetes.
- *Senate Bill 837* requires the governing board of the Border Health Institute to develop a 10-year strategic plan and update the plan biennially.
- *Senate Bill 1051* requires promotoras and community health workers who receive compensation for their services to undergo training and certification by TDH.
- *Senate Bill 1536* authorizes the Health and Human Services Commission to develop pilot projects that demonstrate applications of technology in providing rehabilitation services, services for the aging or disabled, or long-term care services, including community care services and support. If these projects are undertaken, the Commission is directed to consider condition-specific applications of telemedicine, including applications for diabetes.
- *House Bill 757* establishes a task force to eliminate health and health access disparities in Texas.
- *House Bill 1094* establishes a state pharmaceutical assistance program similar to the Medicaid vendor drug program to provide prescription drug benefits to certain low-income Medicare recipients.
- *House Bill 2510* requires the board of regents of the Texas Tech University System to establish the Texas Tech Diabetes Research Center in El Paso for the purposes of researching diabetes and other related factors associated with the disease.
- *House Bill 2700* requires the Health and Human Services Commission to establish telemedicine pilot programs in rural border areas to enhance health care services and provides for reimbursement and regulation of telemedicine services. The legislation instructs the Commission to consider condition-specific applications of telemedicine medical services or telehealth services, including applications for diabetes.
- *House Bill 2989* requires the University of Texas-Pan American to coordinate an acanthosis nigricans screening program in public and private schools in regional education service centers 1, 2, 3, 13, 15, 18, 19, and 20.

Plan ahead for flu season

"If you have diabetes, a flu shot could save your life."



That's the message delivered by brochures developed by the Centers for Disease Control and Prevention to encourage people who have diabetes—and their families—to get their annual flu immunization. The brochures note that people with diabetes are almost three times more likely to die with influenza than the general population.

The brochures—as well as posters with the same message—are available in English and Spanish. They can be downloaded from the internet at http://www.cdc.gov/diabetes/projects/consumer.htm. Or they can be ordered from the Texas Diabetes Program free of charge while supplies last. To order your materials, call the Program at 512-458-7490.

CDC, PAHO Create Cross-Border Initiative

In response to the growing numbers of people on both sides of the U.S. and Mexico border who have diabetes, the Texas Diabetes Program, the Centers for Disease Control and Prevention (CDC), the Pan-American Health Organization (PAHO), and other U.S. and Mexican health agencies have created the Collaborative U.S.-Mexico Border Diabetes Prevention and Control Project.

"We are pleased to collaborate in this important effort to identify and control diabetes along the U.S. and Mexico border, " said CDC Director Dr. Jeffrey P. Koplan. "Knowing the prevalence of diabetes and its risk factors along the border will help us develop appropriate prevention and control programs to reduce this debilitating disease and its related costs."

The 5-year collaborative project will determine the prevalence of diabetes among the U.S.-Mexico border population and develop binational diabetes prevention and control programs.

Current data suggest that diabetes is the seventh leading cause of death for Americans living along the border and the third leading cause of death for Mexicans living on the other side of the border. It is estimated that nearly 30 percent of residents along the U.S.-Mexico border have diabetes and that one third don't know they have the disease.

"Much of the human suffering that accompanies this disease can be alleviated by sound prevention and control measures adopted by people and governments," Dr. George A.O. Alleyne, PAHO director, said. "Once symptoms are recognized, early diagnosis and appropriate treatment are key."

Agencies involved in the new cross-country initiative include PAHO's El Paso Field Office, the U.S.-Mexico Border Health Association, the Secretariat of Health of Mexico, CDC's diabetes control programs in the four U.S. border states (Arizona, California, New Mexico, and Texas), the diabetes programs in the six Mexican states (Baja California, Chihuahua, Coahuila, Nuevo Leon, Sonora, and Tamaulipas), the Paso del Norte Health Foundation, and the El Paso Diabetes Association.

A recent study conducted for the Paso del Norte Health Foundation by the El Paso Diabetes Association found that more than 50 percent of the local population in El Paso cannot name a single symptom of diabetes. Failure to recognize and properly treat the disease can lead to heart disease, hypertension, and cerebrovascular disease, as well as to serious problems treating infectious diseases such as tuberculosis.

For more information about diabetes, call toll-free 1-877-CDC-DIAB, or visit CDC's Diabetes Public Health Resource at http://www.cdc.gov/diabetes or in Spanish http://www.cdc.gov/spanish/enfermedades/diabetes.htm.

NCEP Issues new Cholesterol Guidelines

The National Cholesterol Education Program (NCEP) has issued new clinical practice guidelines on the prevention and management of high cholesterol in adults. The guidelines are the first major update from NCEP since 1993.

Key changes in the new guidelines are: more aggressive cholesterol-lowering treatment and better identification of those at high risk for a heart attack; use of a lipoprotein profile as the first test for high cholesterol; a new level at which low HDL (high-density lipoprotein) becomes a major heart disease risk factor; a new set of "Therapeutic Lifestyle Changes," with more power to improve cholesterol levels; a sharper focus on a cluster of heart disease risk factors known as "the metabolic syndrome"; and increased attention to the treatment of high triglycerides.

The new guidelines will substantially expand the number of Americans being treated for high cholesterol, including raising the number on dietary treatment from about 52 million to about 65 million and increasing the number prescribed a cholesterol-lowering drug from about 13 million to about 36 million.

The new guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults," also known as Adult Treatment Panel (ATP) III, was published in the *Journal of the American Medical Association*.

According to ATP III, Americans at high risk for a heart attack include those with heart disease or diabetes, and many of those with multiple heart disease risk factors. The guidelines state that diabetes poses as great a risk for having a heart attack in 10 years as heart disease itself-and the threat from multiple risk factors can be equally great. These persons need to be treated as intensively as heart disease patients with lifestyle changes and medication. To better identify risk, the guidelines include a tool that predicts a person's chance of having a heart attack within 10 years. The "risk assessment tool" translates clinical conditions and lifestyle factors into a single, easy-to-understand category of risk. The tool calculates risk separately for men and women based on age, total cholesterol, HDL (the "good" cholesterol), systolic blood pressure, treatment for high blood pressure, and cigarette smoking. ATP III recommends use of the tool for persons with two or more heart disease risk factors.

> *"Diabetes poses as great a risk for having a heart attack in 10 years as heart disease itself…."*

"The new guidelines will help doctors determine heart attack risk more precisely than was possible before," said Dr. Scott Grundy, ATP III chairperson and director of the Center for Human Nutrition at the University of Texas Southwestern Medical Center. "That allows treatment to be more individualized. We now know that cholesterol-lowering treatment is more effective when its intensity closely matches the level of risk."

"The ATP III approach looks at 'overall' risk for a heart attack," said NCEP Coordinator Dr. James Cleeman, "which means in the short- and long-term. That's important because, although risk typically increases with age, the foundation for heart disease is often laid in adolescence and early adulthood."

Other changes in the new guidelines include:

Treating high cholesterol more aggressively for those with diabetes. Besides their very high short-term risk for having a coronary event, persons with Type 2 diabetes also have a particularly high risk of dying from a heart attack.

A lipoprotein profile as the first test for high cholesterol. A lipoprotein profile measures levels of LDL, total cholesterol, HDL, and triglycerides, another fatty substance in the blood. The prior recommendation called for initial screening with a test for only total cholesterol and HDL. The guidelines advise healthy adults to have a lipoprotein analysis once every 5 years.

> *"The new TLC diet allows up to 35 percent of daily calories from total fat…."*

A new level at which low HDL becomes a major risk factor for heart disease. ATP III defines a low HDL as being less than 40 mg/dL. Previously, a low HDL was less than 35 mg/dL. The change reflects new findings about the significance of a low HDL, and the strong link between a low HDL and an increased risk of heart disease. An HDL level of 60 mg/dL or more is considered protective against heart disease.

Intensified use of nutrition, physical activity, and weight control in the treatment of elevated blood cholesterol. ATP III combines these steps into a new "Therapeutic Lifestyle Changes" (TLC) treatment plan. ATP III recommends a more intense and effective eating plan than that previously used. The new diet reflects changes in Americans' eating habits, including a drop in saturated fat and cholesterol consumption. The new TLC diet includes daily intakes of less than 7 percent of calories from saturated fat and less than 200 mg of dietary cholesterol. It also allows up to 35 percent of daily calories from total fat, provided most is from unsaturated fat, which doesn't raise cholesterol levels. (A higher fat intake may be needed by some patients with high triglycerides and/or a low HDL to keep their triglycerides or HDL from worsening.)

ATP III also encourages use of certain foods that contain plant stanols and sterols, or are rich in soluble fiber, to boost the diet's LDL-lowering power. Plant stanols and sterols are included in certain margarines and salad dressings; foods high in soluble fiber include cereal grains, beans, peas, legumes, and many fruits and vegetables.

> *"The metabolic syndrome has emerged as being as strong a contributor to early heart disease as cigarette smoking."*

Additionally, the guidelines stress the need for weight control and physical activity, both of which improve various heart disease risk factors. For instance, weight control enhances LDL lowering and raises HDL, while physical activity improves HDL and, for some, LDL.

Identifying a "metabolic syndrome" of risk factors linked to insulin resistance, which often occur together and dramatically increase the risk for coronary events. The syndrome includes factors such as too much abdominal fat (indicated by too large a waist measurement), elevated blood pressure, elevated triglycerides, and low HDL. Therapy for the syndrome emphasizes TLC, especially weight control and physical activity. Insulin controls the body's metabolism of carbohydrates, fats, and protein. In insulin resistance, its normal actions are impaired. "The metabolic syndrome has emerged as being as strong a contributor to early heart disease as cigarette smoking," said Grundy. "In addition, the insulin resistance that goes along with the syndrome is one of the underlying causes of Type 2 diabetes."

More aggressive treatment for elevated triglycerides. Recent studies indicate that an elevated triglyceride level is significantly linked to the degree of heart disease risk. The new guidelines recommend treating even borderline-high triglyceride levels. Therapy includes weight control and physical activity and sometimes, for higher triglyceride levels, medication.

Advising against the use of hormone replacement therapy (HRT) as an alternative to cholesterol-lowering drugs. According to ATP III, studies have not shown that HRT reduces the risk for major coronary events or deaths among postmenopausal women who have heart disease. HRT also increases the risk for thromboembolism and gallbladder disease. In contrast, cholesterol-lowering drugs have been found to reduce coronary events in women with or without heart disease.

It's back, it's free—

Call today!

The *Diabetes Tool Kit* is back in stock, so place your order today for this comprehensive teaching aid for diabetes health care professionals. The booklet includes reproducible patient handouts on a variety of topics, including:

- Glucose Monitoring,
- New Food Labels,
- How Sweetners Compare,
- Basic Nutritional Guidelines,
- Meal Planning,
- How to Take Your Pulse,
- Leg Exercises,
- Oral Medications,
- Insulin,
- ….and more.

Order your free copy today by calling the Diabetes Program at 512-458-7490.

Symposium focuses on diabetes in youth

The Texas Diabetes Program/ Council will cosponsor Driscoll Children's Hospital's Pediatric Diabetes Symposium, October 20, at the Marriott River Center in San Antonio.

The symposium will address Type 2 diabetes in youth, treatment of children with Type 1 diabetes, and the status of the search for a cure.

For more information, contact Stephen Ponder, MD, CDE, Driscoll Children's Hospital, 3533 S. Alameda, Corpus Christi, Texas 78411, Phone 361-694-4864.

Coming soon to your VCR: Diabetes experts

Diabetes in Texas: Making a Difference, a new continuing education videotape, will be available beginning Fall 2001.

The tape offers a convenient way for primary care physicians and other health care professionals to learn about medical management of patients with Type 2 diabetes and standards of care. It features well know diabetes experts and is offered free of charge.

For more information on the tape, or to reserve your copy, call the Texas Diabetes Program at 512-458-7490.

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, four consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency members.

Lawrence B. Harkless, DPM, Chair
San Antonio

Mary-Ann Galley, PharmD
Houston

Victor Hugo Gonzalez, MD
McAllen

Judith L. Haley
Houston

Jan B. Hamilton, PhD, RD/LD
Plainview

Richard (Rick) S. Hayley
Corpus Christi

Lenore F. Katz
Dallas

Belinda Bazan-Lara, MA, RD/LD
San Antonio

Gene Bell, RN, CFNP, CDE
Lubbock

Margaret G. Pacillas, RN, CDE
El Paso

Jeffrey Ross, DPM
Houston

Mike Thompson, Jr.
Austin

Jeri Badgett
Texas Rehabilitation Commission

Tommy Fleming
Texas Education Agency

Philip Huang, MD, MPH
Texas Department of Health

Joanne Molina
Texas Department of Human Services

Linda G. Robinson
Texas Commission for the Blind

For more information about the Texas Diabetes Program/Council, contact the Texas Department of Health, 1100 West 49th Street, Austin, Texas, 78756-3199, phone 512-458-7490, FAX 512-458-7408.

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