

D TEXAS ABETES

The Newsletter of the Texas Diabetes Council



FALL 2006

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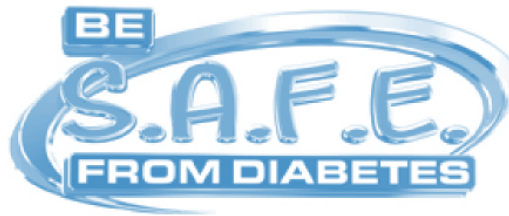
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Council Applauds KIII-TV in South Texas for Efforts to Keep Viewers S.A.F.E. from Diabetes

The “Be S.A.F.E. from Diabetes” community service program started a year ago by ABC Affiliate, KIII-TV, Channel 3, in Corpus Christi continues the station’s commitment to diabetes prevention in South Texas. At its quarterly meeting in October, the Texas Diabetes Council viewed a number of newscasts, talk shows, and PSAs dedicated to diabetes education, recognizing the station’s public service efforts as a model for diabetes communication efforts in the state.

“The station’s attention to diabetes issues is truly remarkable,” said Council member Rick Hayley, who resides in Corpus Christi and has participated in local outreach efforts. “Rudy Treviño and the *Domingo Live* show have done tremendous work in educating viewers about diabetes.”

Domingo Live, the longest running, locally produced music and information show formatted for a Hispanic audience, combines music and entertainment acts with public service messages. Treviño, the popular show’s host, conducts interviews each Sunday with diabetes experts and provides tips for controlling diabetes to an audience at risk for the disease. These messages are echoed in



newscasts throughout the week, and public service announcements encouraging viewers to be S.A.F.E. from diabetes:

- S: Stop High Calorie Drinks
- A: Alter Snack Habits
- F: Forget Fatty Foods
- E: Exercise Daily

“The station is truly honored to be recognized by the Texas Diabetes Council and to play a part in educating our many viewers about this topic,” said Dick Drilling, Vice-President and General Manager for KIII-TV. “Our efforts have only begun — for the coming year we have developed a Be S.A.F.E. from Diabetes Advisory Committee to help us move the campaign to the next level. If we can save one life through our efforts, the time and money spent on this cause will be worth every minute and every dollar.”

The KIII-TV web site prominently displays the campaign logo with a page dedicated to diabetes prevention, <http://www.kiiitv.com/threenewssafe.html>. ■

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TEXAS DIABETES
COUNCIL

Medical Professionals Advisory Subcommittee Bids Farewell to Dr. Jackson, Announces New Members

Full was a period of transition for the Texas Diabetes Council's Medical Professionals Advisory Subcommittee. At its quarterly meeting in July, Subcommittee Chair, Jeffrey Jackson, MD, FACP, CDE, announced his resignation prior to moving out of state. At an awards ceremony before the meeting, the Council honored Jackson for dedicated service and leadership in the development of diabetes treatment algorithms and standards of care from 2000 through 2006.

Formerly Staff Endocrinologist at Scott and White Clinic in Temple and Associate Professor of Medicine at Texas A&M College of Medicine, Jackson is currently a medical advisor and clinical research physician for Eli Lilly and Company in Indianapolis, IN.

Two new Subcommittee members were announced at the October meeting in Houston:

- ◆ **Kathleen Wyne, MD, PhD, FACE**, is an Assistant Professor in the Division of Endocrinology and Metabolism at the University of Texas Southwestern Medical School in Dallas.
- ◆ **Mandeep Bajaj, MD**, is an Associate Professor of medicine in the Endocrinology, Metabolism and Diabetes Division of the Baylor-St. Luke's Episcopal Hospital (SLEH) Diabetes Center of Texas in Houston.

Professional resources developed by the Council's Medical Professionals Advisory Subcommittee, including diabetes treatment algorithms and minimum standards for diabetes care, are approved by the Council and published online at <http://www.dshs.state.tx.us/diabetes/hcstand.shtm>. ■



Council Chair, **Lawrence Harkless DPM** (left), recognizes **Jeffrey Jackson, MD, FACP, CDE** for his leadership of the Medical Professionals Advisory Subcommittee.



The TDC Medical Professionals Advisory Subcommittee also honored **Dr. Jackson** at their July meeting.

From left, **Evangelina T. Villagomez, PhD (c), RN, CDE, CS, CCCRN**; **Lance Sloan, MD, FACE**; **Craig W. Spellman, PhD, DO**; **Jeffrey Jackson, MD, FACP, CDE**; **Mohammed Bakdash, MD, FACE**; **Curtis Triplitt, PharmD, CDE**; **Luby Garza-Abijaoude, MS, RD, LD**; **Barbara K. Walz, RN, BSN, CDE**.

Gateway Community Health Center Holds Grand Opening of New Main Facility

In October, Gateway Community Health Center opened the doors of its new \$11 million, 64,000 sq. ft. facility in Laredo, making it one of the largest community health centers in the country.

"This facility will allow us to expand the provision of primary medical, dental and ancillary services and will also allow us to increase preventive health and chronic disease self-management programs," said Miguel Treviño, Jr., CEO for Gateway Community Health Center.

Gateway is currently home to a Texas Diabetes Program Community Diabetes Service Project, and has implemented community-based diabetes programs through state diabetes program funding for more than a decade. In addition, Gateway was one of six recipients of a Robert Wood Johnson Foundation "Advancing Diabetes Self-Management" grant in 2003, with the goal of developing diabetes self-management protocols that could be replicated in primary care settings. A grant from Pfizer Health Solutions, Inc., helped make possible Gateway's "Amigos en Salud" health education program which reaches out to Hispanics with diabetes and other chronic diseases such as cardiovascular disease and depression.

In continuous operation for 43 years, Gateway started in 1963 as a migrant health clinic administered by the Laredo-Webb County Health Department. In 1989, Gateway became a private, not-for-profit corporation, continuing to provide a wide array of primary health care services to residents of Webb County. ■



Gateway Community Health Center's new facility located at 1515 Pappas Street in Laredo.

Time Analysis of the Average Clinic Visit for Patients with Diabetes

Editor's note: At the July Council meeting, the Medical Professionals Advisory Subcommittee presented the following analysis of the time clinicians adhering to recommended practice guidelines are projected to spend with each patient:

Setting: University-based diabetes center and ADA recognized diabetes self-management program

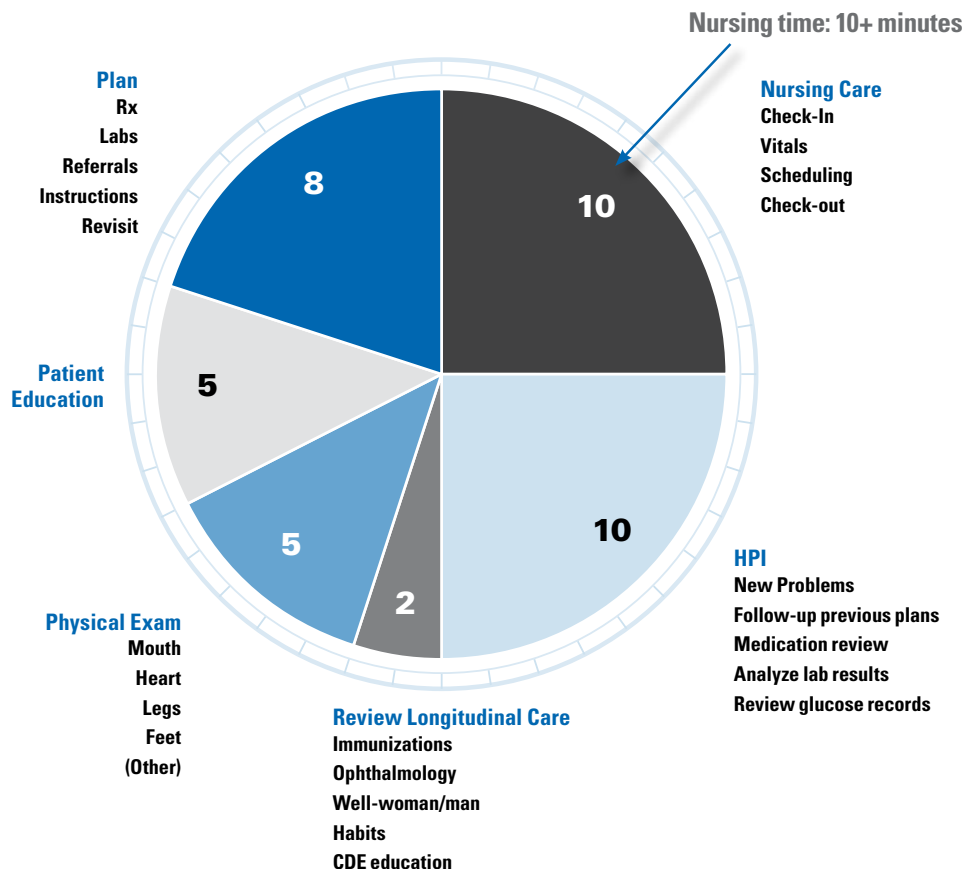
Assumptions:

- ♦ Patient population consists of established patients returning for routine follow-up care
- ♦ Majority of patients have achieved metabolic control of glucose, lipids and blood pressure
- ♦ The visit begins when the nurse/MA meets the patient and ends when referrals and return visits have been scheduled
- ♦ Physician dictation time to document the visit is not included

Components of a clinic visit:

- ♦ **Check-in requires approximately 5 minutes:**
 - ♦ Obtain vital signs (height, weight, blood pressure, heart rate, respiration, temperature)
 - ♦ Escort patient to exam room
 - ♦ Remove shoes
- ♦ **Physician-patient interaction ranges from 20-30 minutes**
 - ♦ Generate progress note:
 - Address new problems
 - Review previous plan

- Perform formal review of medications
- Analyze patient's self-monitored blood glucose records
- ♦ Review and update longitudinal care as required per ADA or TDC Flow Sheet and enter new data
- ♦ Physical examination: The minimum examination required at each visit includes evaluation of the mouth/dentition, heart, legs and feet. Complete physical examination of all systems is required each year.
- ♦ Patient education is part of every visit and involves at least one topic from the ADA education curriculum.
- ♦ Clinical decision making:
 - Generate new therapeutic plans for metabolic control
 - Provide medical intervention or referral for new problems
 - Write prescriptions
 - Order specific laboratory studies
 - Update longitudinal care:
 - A1c, albumin to creatinine ratio, lipids, comprehensive metabolic panel, hemoglobin/hematocrit, as required
 - Immunizations, ophthalmology, podiatry, etc
 - Give specific written instructions to patient
 - Plan follow-up visit
- ♦ **Check-out time ranges from 5-10 minutes on average but may take much longer if referrals or outside studies need to be set up. ■**



Diabetes Tool Kit Version 3.0

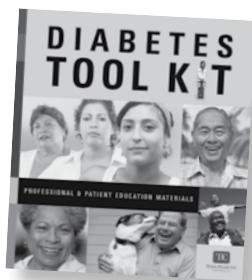
In August, an updated version of the Diabetes Tool Kit became available, including treatment algorithms and guidelines most recently approved by the Council. Practice standards addressed include pregnancy and diabetes, monitoring, nutrition, medications, exercise, acute complications, chronic complications, and psychosocial issues. This third edition of the Tool Kit features new or revised information on insulin pump therapy, gestational diabetes, monitoring, diabetes and disasters, and considerations for the elderly with diabetes.

Because treatment algorithms may be revised between printings of the Tool Kit, be sure to reference the algorithms published on the Texas Diabetes Council web site to obtain the most recent versions.

The Diabetes Tool Kit is available in a three-ring binder or as a compact disk. Visit the Texas Diabetes Council web site at www.texasdiabetescouncil.org for ordering instructions (click on "Educational Materials"). Free copies are shipped by the Texas Department of State Health Services warehouse in maximum order amounts listed below. The Tool Kit is a reference source for physicians and other health professionals. Patient handouts included in the Tool Kit may be copied and distributed as needed.

- ♦ **Diabetes Tool Kit** (Three-ring binder): Publication #10-114
Maximum Order Quantity: 5 copies
- ♦ **Diabetes Tool Kit** (Compact Disk): Publication #BCD CD01
Maximum Order Quantity: 5 copies

Contact the Texas Diabetes Program/Council for approval of larger orders at 888-963-7111, ext. 7490. ■



Editor's note: Errors identified in the printing of the third edition of the Diabetes Tool Kit are as follows:

Medications Page 7.10: In the chart at the bottom of the page, the generic drug, Rosiglitazone, should read "Nateglinide" (brand name Starlix).

Medications Page 7.15: Under "Targets," "A1c<6.5%" should read "A1c≤6.5%."



Council Chair, **Lawrence Harkless, DPM**, (second from left), recognized the Materials Dissemination Subcommittee at the Medical Professionals Advisory Subcommittee meeting held October 26th in Houston. The following members were honored for their work in writing, editing and recommending content for materials developed by the subcommittee, including the Diabetes Tool Kit.

From left: **Curtis Triplitt**, PharmD, CDE, Clinical Assistant Professor of Medicine, Department of Medicine/Division of Diabetes, Texas Diabetes Institute, San Antonio; **Evangelina T. Villagomez**, PhD (c), RN, CDE, CS, CCCRN, Assistant Professor, School of Nursing, Acute & Continuing Care Department, The University of Texas Health Science Center at Houston; **Barbara K. Walz**, RN, BSN, CDE, South Texas Veterans Health Care System in San Antonio.

SEARCHing for Diabetes Among Youth

The October 2006 issue of *Pediatrics* includes an article on the **SEARCH for Diabetes in Youth Study** and progress made in overcoming some of the obstacles encountered in presenting a comprehensive picture of diabetes among youth in the United States. The article provides initial estimates of diabetes prevalence among youth for 2001 according to age, gender, race/ethnicity, and type of diabetes.

The Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) are currently funding the SEARCH study to examine the status of diabetes among children and adolescents in the United States. SEARCH uses data collected from 6 centers, located in California, Colorado, Hawaii, Ohio, South Carolina, and Washington, through active surveillance systems based on networks of endocrinologists, existing pediatric diabetes databases, hospitals, health plan databases, and other health care providers.

In the *Pediatrics* article, the SEARCH study group presents estimates of prevalence of diabetes in youth for the year 2001, the only year for which prevalence has been assessed by SEARCH. The study identified 6,379 children or adolescents with diabetes in a population of about 3.5 million. The crude prevalence of total diabetes was estimated at 1.82 cases per 1,000 youth (95% CI: 1.78-1.87 cases per 1,000 youth). Using this data, it's estimated that about 154,000 out of 80.7 million children and adolescents throughout the nation had physician diagnosed diabetes in 2001 (1 of every 523 youth).

SEARCH observed a lower prevalence of diabetes among youth less than ten years of age than among those 10 to 19 years of age. The vast majority of younger children had type 1 diabetes, and type 2 diabetes was extremely rare. Among older youth, the proportion of diabetes accounted for by type 2 varied dramatically across racial/ethnic groups, from just 6 percent for non-Hispanic white youth to 76 percent for American Indian youth. ■

*Editors Note: Information presented in this article is summarized from **The Burden of Diabetes Mellitus Among US Youth: Prevalence Estimates From the SEARCH for Diabetes in Youth Study**, SEARCH for Diabetes in Youth Study Group, *Pediatrics* 2006; 118: 1510-1518, DOI: 10.1542/peds.2006-0690*

A copy of the full article can be found online at: <http://pediatrics.aapublications.org/cgi/content/full/118/4/1510>

When Disaster Strikes...

The experiences of those affected by hurricanes Katrina and Rita made disaster preparedness a concern for many Texans with diabetes. For Debra Williams, MD, and Sandra Henson, MEd, facilitators for the Jefferson County Family Focused Diabetes Project, these concerns hit close to home.

At the Council's quarterly meeting in October, Williams and Henson shared lessons learned from working with evacuees streaming into Jefferson County following Katrina and local evacuation efforts prior to Rita. Advice on disaster preparedness is now part of what's included in their "Do Well, Be Well" diabetes education classes.



Sandra Henson, MEd, County Extension Agent, displays recommended emergency supply kits for persons with diabetes.

The program uses checklists developed by Texas Cooperative Extension, Texas A&M University. In addition to lists of medications, supplies, food and other emergency items persons with diabetes should keep on hand, the following advice is offered:

- ◆ Keep all medicines and supplies together and close to you so you can collect and take them with you on short notice. Have a waterproof container nearby to easily transport these items.
- ◆ Try to follow your usual schedule for eating, taking medicine, and physical activity.
- ◆ Check your blood sugar more often if your schedule, physical activity, or foods change.
- ◆ Keep insulin at less than 86 degrees Fahrenheit. Insulin can be stored at room temperature for up to 28 days.
- ◆ Do not freeze insulin. Do not keep insulin cool with dry ice.
- ◆ Use a cooler or Frio Cool Pack to keep insulin cool if refrigeration is not an option. It can be used and reactivated hundreds of times by soaking it in tap water. It will stay cool up to 45 hours each time it is reactivated. http://medicool.com/diabetes/diabetes_travel_frio.php
- ◆ Unopened Lantus should be stored in the refrigerator. If there is no refrigeration, avoid direct light and heat – can be stored in Frio Cool Pack.
- ◆ Syringes may be re-used on yourself. While lancets should not be re-used, you may reuse them for yourself, if necessary.
- ◆ Stress and sickness may raise your blood sugar.
- ◆ Let people around you know you have diabetes and what they can do to help.
- ◆ Wear a diabetes identification bracelet or necklace.

The Texas Extension Disaster Education Network (EDEN) provides online resources and materials related to disaster education, including emergency supply kits and lists for persons with diabetes at <http://texashelp.tamu.edu/index.php>. ■

Senator Van de Putte Leads Diabetes Summit in San Antonio

State Senator Leticia Van de Putte and the Texas Diabetes Council hosted the **Texas Diabetes Summit: Striving for Better Control** on November 6 at the Texas Diabetes Institute in San Antonio. Local community leaders, health educators and medical professionals gathered for a morning of educational sessions focusing on current diabetes prevention and treatment issues. Behavioral Risk Factor Surveillance System data for 2005 estimate that more than 100,000 adults, or about 10 percent of adults in Bexar County, are affected by diabetes, compared to prevalence of almost 8 percent for the Texas population.

Van de Putte was joined by State Representative Ruth Jones McClendon, San Antonio City Councilwoman Patti Radle, and Bexar County Commissioner Tommy Adkisson in recognizing the impact of diabetes at their respective levels of government, kicking off a morning of presentations designed to provide insight into the disease and recommendations for specific action to prevent or control it.

Presentations focused on diabetes and public health, medical treatment of diabetes, disparities in diabetes care, diabetes and youth, the role of the Texas Diabetes Council, and local initiatives addressing diabetes in San Antonio.

Speakers included:

- ◆ Sandra Guerra-Cantu, MD, MPH, Regional Director, Texas Department of State Health Services – Health Service Region 8
- ◆ Janet L. Blodgett, MD, Director of Diabetes Clinic, South Texas Veterans Healthcare Systems, San Antonio, Texas
- ◆ Martha Medrano, MD, MPH, Director of the Medical Hispanic Center of Excellence, UTHSC-SA
- ◆ Dan E. Hale, MD, Director, Children's Center, Texas Diabetes Institute, San Antonio, Texas
- ◆ Lawrence B. Harkless, DPM, Professor, Department of Orthopaedics and Louis T. Bogy Professor of Podiatric Medicine and Surgery, UTHSC-SA, Chair, Texas Diabetes Council
- ◆ Laura Cabanilla-Cruz, GoGirlGo! San Antonio Project Leader
- ◆ Mary Ullmann Japhet, San Antonio Sports Foundation
- ◆ Erica Rougeau, Associate Director, American Diabetes Association San Antonio Area

The Summit was supported by an education grant from GlaxoSmithKline. ■

Governor Appoints New Council Members

The Governor's Office recently announced the appointment of the following three Council positions:

- **Terrence E. "Woody" Fluharty**
Austin – General Public
- **Maria Duarte-Gardea, PhD, RD, LD**
El Paso – Registered and Licensed Dietitian
- **Dora Rivas, MS, RD, SFNS**
Dallas – General Public



TEXAS DIABETES
COUNCIL

Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

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Avery Rhodes
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