

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



FALL 2007

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Texas Diabetes Fact Sheet Update

Editor's Note: November is American Diabetes Month. Texas Diabetes offers the latest diabetes prevalence and mortality data from the Texas Diabetes Program, Texas Department of State Health Services, for discussing diabetes issues with audiences targeted for diabetes awareness and education activities throughout the month.

Diabetes Prevalence

Prevalence of Diagnosed¹ Diabetes in Persons 18 and Older

An estimated 1.4 million persons aged eighteen years and older in Texas (8.0% of this age group) have been diagnosed with diabetes. Nationwide, 18.3 million persons eighteen years of age and older have been diagnosed with diabetes (8.1% of this age group).

Prevalence of Diagnosed¹ Diabetes by Sex in Persons 18 and Older

Male.....678,409 (8.0%)
Female.....681,144 (7.9%)

Prevalence of Diagnosed¹ Diabetes by Race/Ethnicity in Persons 18 and Older

White, non-Hispanic.....694,397 (7.8%)
Black, non-Hispanic.....193,270 (10.3%)
Hispanic.....449,148 (8.0%)
Other.....37,204 (5.3%)

Prevalence of Diagnosed¹ Diabetes by Age Group in Persons 18 and Older

18-29 Years.....0.9%
30-44 Years.....3.5%
45-64 Years.....12.8%
65+.....19.4%

Prevalence of Diagnosed¹ Diabetes by Race/Ethnicity and Age Group in Persons 18 and Older

Age Group	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other
18 - 44	2.2%	2.8%	2.7%	0.6%
45 - 64	10.6%	16.7%	20.4%	11.2%
65+	16.5%	32.8%	28.4%	**
Overall	7.8%	10.3%	8.0%	5.3%

**Sample size too small to report a reliable estimate (n<20).

Prevalence of Undiagnosed² Diabetes in Persons 18 and Older

Another estimated 409,839 persons aged eighteen years and older in Texas are believed to have undiagnosed diabetes (based on 1999-2000 NHANES age-adjusted prevalence estimate of 2.5% of persons twenty years of age and older). The total for both diagnosed and undiagnosed diabetes is 1.8 million.

Diabetes Mortality³

Deaths Among Persons with Diabetes

Diabetes was the sixth leading cause of death in Texas from 2002 through 2004. In 2004, 5,426 deaths were directly attributed to diabetes. Diabetes was also the sixth leading cause of death nationally from 2002 through 2004. Diabetes is believed to be under-reported on death certificates in Texas and the nation, both as a condition and as a cause of death.

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Texas Diabetes, the newsletter of the Texas Diabetes Council/Program, is published by the Texas Department of State Health Services in Austin. Publication No. 45-11004.

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TEXAS DIABETES COUNCIL

Governor Appoints Gonzalez as TDC Chair

Gov. Rick Perry appointed Victor Hugo Gonzalez, MD, of McAllen as presiding officer of the Texas Diabetes Council



in August. Gonzalez, a Council member since 1996, is an eye surgeon and medical director at Valley Retina Institute. He serves on the national board of the American Diabetes Association and executive board of the Texas Ophthalmology Association. Additionally, Gonzalez is a fellow with the American Academy of Ophthalmology and a member of the Retina Society and the American Medical Association.

Pacillas Recognized for Council Service

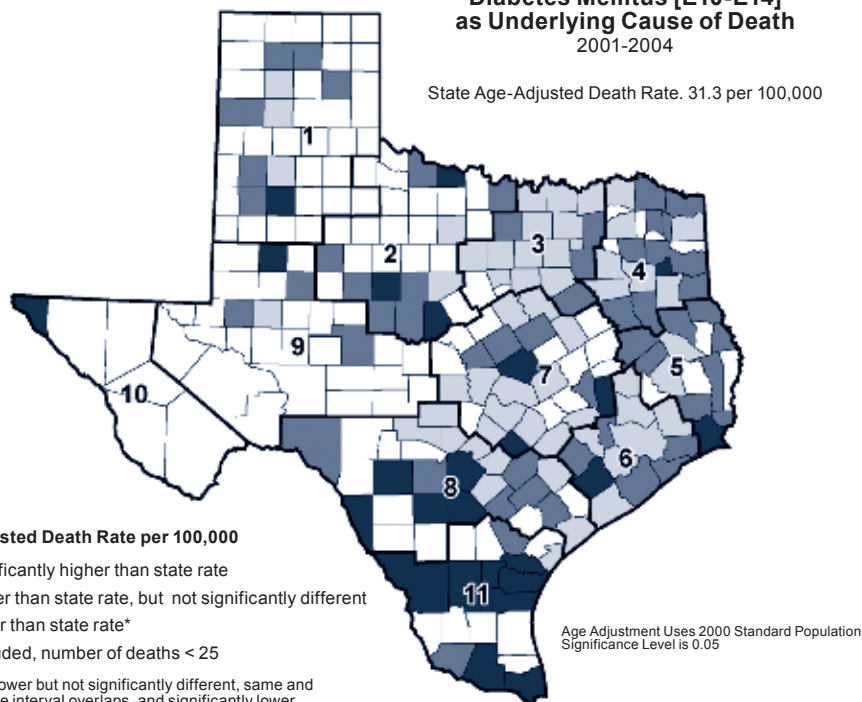
Margaret Pacillas, RN, was recognized at the quarterly TDC meeting in July for six years of Council service



since her appointment as a consumer member in 2001. A registered nurse in ICU at Providence Memorial Hospital in El Paso, Pacillas advocated for school and nutrition-related issues, participating on the TDC's Advocacy and Outreach Committee and Outcomes Subcommittee. In past years, Pacillas was active in fundraising efforts for the El Paso Chapter of the Juvenile Diabetes Research Foundation, pursuing a cure for her son and others with type 1 diabetes. As a certified diabetes educator, she assisted in establishing and acquiring ADA recognition for a diabetes education program in El Paso. Her interest in public schools has included service on El Paso ISD Campus Improvement Teams and assisting with health and exercise issues. ■

Diabetes Mellitus [E10-E14] as Underlying Cause of Death 2001-2004

State Age-Adjusted Death Rate. 31.3 per 100,000



Source: Center for Health Statistics
Texas Department of State Health Services

Mapped by Center for Health Statistics, GIS 06/06

Continued from page 1

The map above shows the age-adjusted mortality rates per 100,000 persons for Texas by county for the years 2001 through 2004, with diabetes as the underlying cause of death. The state rate for the four years is 31.3 per 100,000. More of the counties in Health Service Regions 8 and 11 fall into the “significantly higher than state rate” and “higher than state rate, but not significantly different” categories. Many counties along the eastern part of our state fall into the “higher than state rate, but not significantly different” category.

Diabetes Mortality³ Rate (Per 100,000) by Race/Ethnicity, Texas, 2004

The 2004 diabetes mortality rate for Texas was 30 per 100,000. Mortality rates for each race/ethnicity were applied to the 2004 population by race/ethnicity. Of persons who have diabetes, in 2004:

- ◆ 30 per 100,000 were likely to die from it.
- ◆ 23 per 100,000 whites (non-Hispanic) were likely to die from it.
- ◆ 52 per 100,000 blacks (non-Hispanic) were likely to die from it.

- ◆ 47 per 100,000 Hispanics were likely to die from it.
- ◆ 17 per 100,000 persons who fall in the “Other” category were likely to die from it.

The 2004 mortality rates (per 100,000) for blacks (non-Hispanic) and Hispanics were more than double that of whites (non-Hispanic). ■

¹ Source: 2005 Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons who are eighteen years of age and older. Data include both type 1 and type 2 diabetes. Persons with diabetes include those who report that they have been told by a doctor that they have diabetes. Women who report diabetes only during pregnancy are not included in prevalence. Prevalence data for 2006 will be available in fall of 2007 (Prevalence data are available for the year prior to the current year).

² Persons 20 years of age and older. Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults, United States, 1999-2000. MMWR. September 5, 2003; 52(35):833-837.

³ Texas Department of State Health Services, Texas Vital Statistics. Data include male and female, and all ages. Data are provisional.

Community Diabetes Projects Announced

September marked the beginning of a new program implementation phase for Community Diabetes Projects (CDPs) in Texas. Following a competitive review of project proposals from across the state, the Diabetes Program at the Department of State Health Services announced the selection of ten CDPs to provide community-based diabetes prevention and management interventions as part of a comprehensive approach to diabetes prevention and control. These projects implement evidence-based programs and strategies at the community level, and create or advocate for community policy, and systems and environmental changes conducive to primary and secondary diabetes prevention.

The following organizations will implement proposed activities over the next four years:

- ◆ City of Austin Health and Human Services Department

- ◆ Dallas Concilio of Hispanic Service Organizations
- ◆ Project Vida Health Center, El Paso
- ◆ Tarrant County Hospital District
- ◆ University of Texas Medical Branch at Galveston / Proyecto Juan Diego, Brownsville
- ◆ Gateway Community Health Center, Inc., Laredo
- ◆ Community Health Center of Lubbock
- ◆ Migrant Health Promotions, Inc., Progreso
- ◆ Shannon Health System, San Angelo
- ◆ Community Health Development, Inc., Uvalde

For a listing of these and other community-based programs implemented through the Texas Diabetes Program, visit the Web at <http://www.dshs.state.tx.us/diabetes/tcdcaecs.shtm>

Detecting Pre-Diabetes Key to Prevention of Type 2

Dr. David Williamson, Senior Biomedical Research Scientist in the Epidemiology and Statistics Branch of the Centers for Disease Control and Prevention (CDC), presented data on pre-diabetes at a July conference call of the National Association of Chronic Disease Directors (NACDD) Diabetes Council. According to Williamson's presentation, about one in four adults in the U.S. has pre-diabetes with accompanying increases in the 5-year risks of:

- ◆ type 2 diabetes mellitus by 7 to 15-fold
- ◆ dying from any cause by 50%
- ◆ dying from heart disease by 150%

In addition, about one in twelve persons with pre-diabetes already has diabetic eye disease. It is estimated that 54 million adults aged 20 and above, or about one-fourth of the U.S. adult population have one form of pre-diabetes (impaired fasting glucose - IFG). The other form of pre-diabetes (impaired glucose tolerance - IGT) has not been measured in the total adult population, thus the true prevalence of pre-diabetes is even higher.

Williamson also noted that there have now been over a dozen randomized controlled trials around the world that have tested lifestyle intervention or drugs for the prevention of type-2 diabetes. All of these studies were carried out in persons with pre-diabetes. The consensus from this large science base is that lifestyle programs in persons with pre-diabetes that aim for a 7 percent loss of body weight and 150 minutes per week of brisk walking reduce the 3 to 6-year risk of developing type 2 diabetes by about 50 percent, and that lifestyle programs are often superior to drugs.

For more information on the diagnostic criteria for pre-diabetes, see the Diabetes Tool Kit at www.texasdiabetescouncil.org. Handouts and other background information provided by Williamson can be found on the NACDD Web site at <http://www.chronicdisease.org/i4a/pages/Index.cfm?pageID=3419> (See conference call for July 11, 2007). ■

Delivery System Redesign

Collaborative Learning Session offers ways to improve patient access to primary care physicians

The Texas Diabetes Program/Council promotes clinical quality improvement efforts of the national Health Resources and Services Administration's **Health Disparities Collaboratives** (HDC) through its ongoing relationship with the Texas Association of Community Health Centers (TACHC). Learning sessions conducted by the Collaborative provide clinicians in community health centers with tools and resources for high-quality health care, a productive work environment, and strong clinical leadership.

Delivery system redesign, emphasizing regular and follow-up care rather than treatment of acute illness episodes, is an ongoing topic for learning sessions such as the HDC West Central Cluster and TACHC, *Optimizing Clinical Care Collaborative Learning Session* held this September in Houston. Mark Murray and Associates, a health care consulting group based in Sacramento, CA, led participants in discussion of system changes that

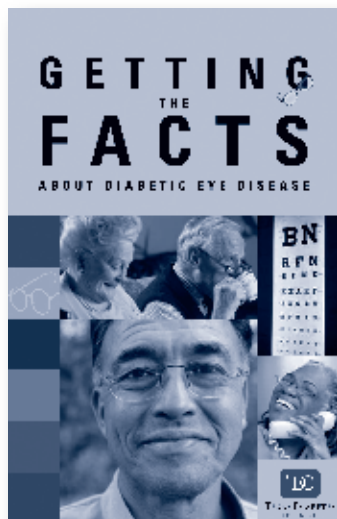
- ◆ decrease patient appointment wait times (frequently down to 3 days or less)
- ◆ decrease patient no-show rates
- ◆ determine patient panels so that physicians know how many diabetes patients they have and can be responsible for their outcomes

Co-presenters, Mark Murray, MD, MPA and Mike Davies, MD, are co-authors of the article "Panel Size: How Many Patients Can One Doctor Manage?" in the April 2007 issue of *Family Practice Management*. The article can be viewed in its entirety on the American Academy of Family Physician's Web site at <http://www.aafp.org/fpm/20070400/44pane.html>. Reference: *Fam Pract Manag.* 2007 Apr;14(4):44-51

To learn more about the Health Disparities Collaborative, visit the TACHC Web site at www.tachc.org. ■

Getting the Facts About Diabetic Eye Disease

Diabetic retinopathy is the leading cause of blindness in adults. Finding and treating diseases such as retinopathy, cataracts, and glaucoma early is the best way to protect your patients' sight. To help educate patients about the importance of regular eye exams, the Texas Diabetes Program/Council offers two new brochures for order through the Department of State Health Services literature catalog:



- ♦ Getting the Facts About Diabetic Eye Disease, Pub. No. 10-41
- ♦ Conozca La Enfermedad Ocular Diabética, Pub. No. 10-41A

These brochures are free of charge with an order limit of 50 of each title per order. Allow 4 to 6 weeks for delivery. For ordering instructions and previews of these and other titles offered by the Texas Diabetes Program/Council, visit the Web at <http://www.dshs.state.tx.us/diabetes/patient.shtm>.

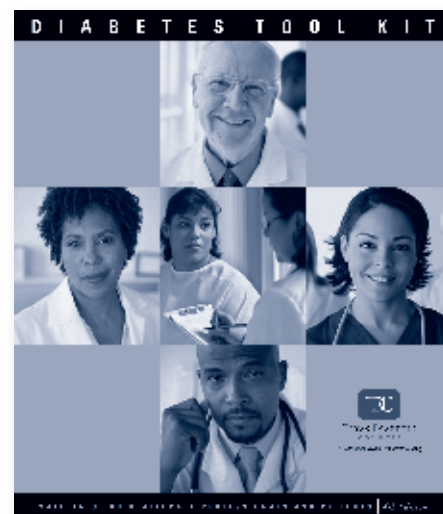
Fourth Edition of the Diabetes Tool Kit Available for Health Care Professionals

On backorder over the summer, the revised Fourth Edition of the Diabetes Tool Kit is now ready to ship! This latest edition is

organized in three sections including:

- ♦ Health care professional education based on the National Standards for Diabetes Self-Management Education, including a revised Diabetes Medication Supplement produced by the National Diabetes Education Program;
- ♦ Minimum standards of care and evidence-based treatment algorithms prepared by the Medical Professionals Advisory Subcommittee of the Texas Diabetes Council.
- ♦ Copy masters of patient handouts in English and Spanish to help primary care providers and educators address basic self-management education with their patients who have diabetes.

The Tool Kit can be previewed on the Texas Diabetes Program/Council Web site at <http://www.dshs.state.tx.us/diabetes/hctoolkt.shtm>. The Tool Kit is no longer available through the Department of State Health Services warehouse; however, instructions are provided on the Web site for ordering your own copy through a new supplier. New users can order a copy with a 3-ring binder while those who have older editions may order a replacement copy and cover for use in your existing binder. A new CD version is also available with bookmarked PDF files for easy access and storage of content. ■



NOTE: The Diabetes Tool Kit is a professional resource and not intended for distribution to patients in its entirety. Patient handouts and other materials considered useful for patient education should be copied, using the Tool Kit as a master, and distributed during education sessions with patients.

Educate your patients about the risks for kidney disease

African Americans are disproportionately affected by kidney failure. This is due in part to higher rates of diabetes and high blood pressure—the two leading causes of kidney failure—among African Americans. Yet many people with these conditions do not know they are at risk. A new brochure for African Americans from the National Kidney Disease Education Program—Kidney Disease: What African Americans Need to Know—explains the connection between diabetes, high blood pressure, and kidney disease, and encourages those at risk to talk to their health care providers about getting tested. The free, easy-to-read brochure also outlines steps people can take to keep their kidneys healthier longer. View or order the brochure from NKDEP's website at www.nkdep.nih.gov, or call 1-866-4 KIDNEY (1-866-454-3639). ■



Campaign for World Diabetes Day 2007 and 2008: “Diabetes in Children and Adolescents”

World Diabetes Day, November 14, marks the birthday of Frederick Banting, who, along with Charles Best, is credited with the discovery of insulin in 1922. While many events take place on or around the day itself, there is a specific campaign that occurs throughout the year.

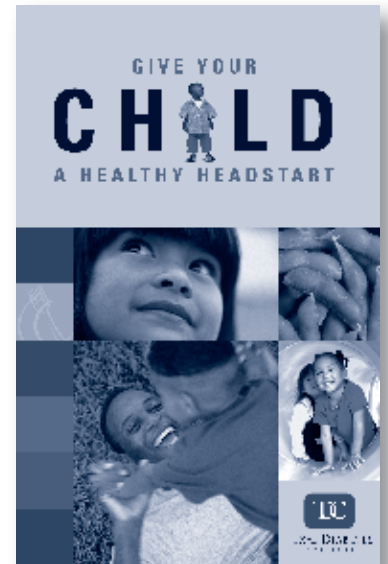
The International Diabetes Federation (IDF) and the World Health Organization (WHO) introduced World Diabetes Day in 1991 in response to concern over the escalating incidence of diabetes around the world.

The campaign in 2007 and 2008 aims to:

- ◆ Increase the number of children supported by the IDF Life for a Child Program (www.lifeforachild.org), which currently supports the care of 700 children with diabetes in developing countries
- ◆ Raise awareness of the warning signs of diabetes
- ◆ Encourage initiatives to reduce diabetic ketoacidosis and distribute materials to support these initiatives
- ◆ Promote healthy lifestyles to help prevent type 2 diabetes in children

To learn more about World Diabetes Day and related events, visit www.worlddiabetesday.org.

The Texas Diabetes Program/Council offers the brochure “Give Your Child A Health Headstart” in English and Spanish to help parents and their children develop healthy habits that prevent diabetes. See the “Educational Materials” section of the TDC Web site at www.texasdiabetescouncil.org. ■



National Diabetes Education Program (NDEP) News

DiabetesAtWork

NDEP announces the availability of a new product for employers—the DiabetesAtWork Workshop Toolkit. This publication was created as a result of nationwide workshops that focused on the key role employers can play in diabetes prevention and control through workplace interventions. The free workshop kit includes:

- ◆ A step-by-step plan for coordinating and executing a DiabetesAtWork workshop;
- ◆ Sample checklists, letters, agendas, presentation and media material, and other resources to get started; and
- ◆ Articles on worksite productivity, diabetes prevention and management at the worksite, and the return on investment that can be realized by providing worksite diabetes programs.

Texas employers and community organizations interested in implementing DiabetesAtWork can visit www.diabetesatwork.org for pilot tested, evidence-based, and copyright-free tools and materials to assist in developing worksite diabetes programs. Susan Young, MSN, RN, Nurse Consultant for the Texas Diabetes Program, is available to answer questions and provide on-site presentations/technical assistance related to DiabetesAtWork. Contact Susan at (512) 458-7490 or susan.young@dshs.state.tx.us.



Free Diabetes Clinical Practice Tools and Patient Education Materials

The National Diabetes Education Program’s (NDEP) clinical practice tools and patient education materials for health care professionals are distilled from evidence-based research, available to order or download for free, and from a source you can trust. Just one call or one click provides access to free resources for you and your patients, whether they are at risk for

type 2 diabetes or managing the disease. For more information, call 1-888-693-NDEP or click www.YourDiabetesInfo.org. NDEP is a partnership of the National Institutes of Health, the Centers for Disease Control and Prevention, and more than 200 public and private partners. ■

Flu Reminder

Recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) continue to indicate that annual vaccination for influenza is recommended for adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes).

October or November is the best time to receive a vaccination, but it can still be given in December and later. Flu season can begin as early as October and last as late as May.

For more information, visit the CDC's Web page on seasonal flu at <http://www.cdc.gov/flu/>.



TEXAS DIABETES
COUNCIL
www.texasdiabetescouncil.org

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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