Texas Diabetes Council, Coastal Bend Health Education Center present "Hot Topics in Diabetes Care"

The Solomon P. Ortiz Convention Center, Corpus Christi, is the setting for "Hot Topics in Diabetes Care—2002," a continuing education program to be presented by the Texas Diabetes Council and the Coastal Bend Health Education Center on Saturday, October 12.

The one-day program for physicians and other health care professionals features experts discussing:

- Treatment of dyslipidemia and hypertension,
- Diabetic neuropathy,
- New diabetes medications,
- Medical nutrition therapy, and
- Other diabetes topics.

Texas Commissioner of Health Dr. Eduardo Sanchez will discuss obesity and diabetes during a "Lunch & Learn" session.

The program offers seven hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. Credit approval for the American Academy of Family Physicians and for nurses is pending.

The Omni Bayfront Hotel, 900 N. Shoreline, is the host hotel. To make reservations, call the hotel at (361) 882-1700, and mention that you will be attending "Hot Topics in Diabetes Care – 2002." The nightly rate is $89.

The fee for advance registration is $50, and at the door, $60. For more information, contact Michele Mora-Trevino at (361) 825-2871 (voice) or (361) 825-2809 (fax).

WE WOULD LIKE TO HEAR FROM YOU!

Fill out the enclosed reader survey and mail it today… We want to hear from you!

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

Gene Bell, RN, CFNP, CDE
Lubbock

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

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

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SUMMER 2002

CORNER STONE

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

Rule requiring physical activity takes effect September 1

When Texas elementary school students return to classes this fall, there'll be a whole lotta shakin' goin' on…and walkin' and runnin' and jumpin', too.

That's because this year elementary school students across the state are required to participate in physical activity for a minimum of either 30 minutes daily or 135 minutes weekly.

The State Board of Education (SBOE) adopted the new requirement this spring under the authority of Senate Bill (SB) 19, in which the Texas Legislature authorized, but did not require, the SBOE to adopt such a rule. Eduardo Sanchez, MD, Commissioner of Health, and Lawrence Harkless, DPM, chair of the Texas Diabetes Council, were among physical activity advocates who spoke during the Board's public hearing on the rule. Dr. Harkless noted, "Texans at risk for Type 2 diabetes, including children, can sharply lower their chances of developing the disease with proper diet and exercise to prevent obesity."

SB 19 also requires the Texas Education Agency to make available to each school district a coordinated health program and to notify each district of the availability of the program. Each school district is required to implement a program approved by the agency in each elementary school in the district no later than September 1, 2007.

For more information on the implementation of SB 19, visit the Texas Education Agency's web site at http://www.tea.state.tx.us/curriculum/sb19qa.html or call the Health and Physical Education Unit in the TEA Division of Curriculum & Professional Development at (512) 463-9581.

Relax while you learn and earn: Texas Diabetes Council offers CME video

Learning about diabetes and earning continuing medical education credit just got easier, thanks to a new service from the Texas Diabetes Council. So dress for comfort, choose a convenient time day or night, and point your internet browser to http://www.tdh.state.tx.us/phpep/cme/diabetes. That's the address for *Diabetes in Texas: Making a Difference*, the Council's new educational videotape.

The video features nationally recognized diabetes experts discussing:

- Epidemiological trends related to Type 2 diabetes,
- Pathogenesis of Type 2 diabetes,
- Principal research findings,
- Clinical standards for diagnosing Type 2 diabetes,
- The recommended approach for managing Type 2 diabetes, and
- Guidelines for the use of oral agents and insulin.

Physicians and others who view the tape and successfully complete a 10-question post test can receive 1 hour of continuing medical education credit under category 1 of the Physician's Recognition Award. Viewers can print their own CME certificate, and there is no charge for residents of Texas.

For more information on *Diabetes in Texas: Making a Difference*, call the Diabetes Program, Texas Department of Health, at 512-458-7490.

Complete our reader survey and receive a TDC premium

In developing a plan to make the *CornerStone* more readable and useful, the Texas Diabetes Council is asking for readers' opinions and suggestions. Please take a few minutes to answer the questions on the enclosed survey and return them to the newsletter staff. The first 250 respondents whose replies are postmarked by August 23 will receive a tote bag and a ballpoint pen. If you wish to receive these premiums, don't forget to include your name, address, and phone number. *(Please print legibly or type.)*

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CornerStone, the newsletter of the Texas Diabetes Program/Council, is published by Program staff at the Texas Department of Health in Austin. Please send news and information to ***CornerStone,*** Texas Diabetes Program/Council, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199.
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Texas Diabetes Council and Bristol-Myers Squibb re-cap prevention and control initiative

Opportunistic screening in a clinical setting is preferable to mass public screening, according participants in the Texas Diabetes Prevention and Control Initiative. In their report on the results of a two-year pilot study, Bristol-Myers Squibb Company and the Texas Department of Health agree with the Centers for Disease Control that health care providers should assess risk for diabetes and consider blood testing at every service encounter.

The Texas Diabetes Prevention and Control Initiative, which concluded August 31, 2001, was a pioneering public-private partnership to facilitate public awareness, screening and diagnosis, and professional education.

These activities were carried out at three locations that were selected through a competitive grant process: Baylor College of Medicine, Houston; El Paso Diabetes Association; and TDH Public Health Region 11, Harlingen.

The recommendation for opportunistic screening is one of 14 that BMS and TDH offer as a guide to other entities that want to reach people who may have undiagnosed diabetes.

Among the other recommendations in the report are:

- Develop best practices models based on successes in achieving patient and provider participation and patient follow-up.
- Increase the participation of local physicians by securing support from their local and state leaders, who exercise more influence than do lay persons or paraprofessionals.
- Commit funds and personnel to reinforce the public health messages developed by the National Diabetes Education Program.
- Develop and support a system that tracks patients on a long-term basis (beyond two years). This approach will allow programs to (1) determine whether their interventions have a significant effect on patients' health status and (2) identify trends.
- Collaborate with *promotores(as)** to deliver culturally appropriate health messages to multi-ethnic communities.
- Address access to follow-up care (diagnosis and treatment) as an ethical and practical requirement for any program interested in blood screening for diabetes.
- Design and implement a process for following up with physicians who attend continuing medical education programs on diabetes to learn whether and how CME has an impact on their practice.
- Seek appropriate opportunities to work with medical industry representatives to deliver information to physicians. Pharmaceutical companies and other healthcare-related industries can provide valuable support to governmental organizations' health promotion messages.

For more information on the Initiative or the report, call the Texas Diabetes Program at (512) 458-7490.

* *Chapter 46 of the Health and Safety Code defines a* promotora *as a person who, with or without compensation, provides a bilingual liaison between health care providers and patients through activities that include assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to health care delivery, making home visits, and providing language services.*

Women are at increased risk for diabetes

The Centers for Disease Control and Prevention reports that diagnosed diabetes (including gestational diabetes) among women has increased almost 50% over the past decade. The prevalence of Type 2 diabetes is at least two to four times higher among African American, Hispanic, American Indian, Asian, and Pacific Island women.

In response to this trend, the Food and Drug Administration, the American Diabetes Association, and the National Association of Chain Drug Stores launched a nationwide awareness effort to emphasize that women—the family's primary caregivers—can make a positive difference in the whole family's health, including their own. Campaign materials follow the theme "Take Time to Care…About Diabetes" and include brochures, wallet-sized calendars, and cards with recipes for nutritious meals. The materials are available on the internet at http://www.fda.gov/womens/taketimetocare/diabetes/TTTCaboutdiabetes.html or they can be ordered by phoning 1-888-878-3256.

New and revised diabetes algorithms… Order yours today!

The Texas Diabetes Council has expanded and revised its collection of diabetes treatment and prevention algorithms. They focus on:

- **Exercise,**
- **Hypertension,**
- **Lipids,**
- **Medical nutrition (Type 2 prevention and therapy/Type 1 therapy), and**
- **Pharmacology.**

There is no charge for the publications. To order a set, call the Diabetes Program at (512) 458-7490.

Study examines cost-effectiveness of treatment interventions for Type 2 diabetes

Aggressive treatment of high blood pressure can improve health outcomes while reducing a diabetes patient's lifetime health care costs by about $1,000, according to a recent study by the Centers for Disease Control and Prevention (CDC). Aggressive treatment involves the use of anti-hypertensive medications, in addition to conventional treatment of diet and diabetes drugs, to achieve recommended levels of blood pressure control.

Researchers also found that aggressive blood pressure treatment would reduce stroke by 4% and directly reduce cumulative incidence of nephropathy and retinopathy among people with diabetes.

The study, "Cost-effectiveness of Intensive Glycemic Control, Intensified Hypertension Control, and Serum Cholesterol Level Reduction for Type 2 Diabetes," which appeared in the *Journal of the American Medical Association.* It also examined the cost effectiveness and health outcomes of intensive glycemic (blood sugar) control and reduction of serum cholesterol. Aggressive treatment versus conventional treatment in both cases significantly improved health outcomes, although costs increased.

Of the three interventions, intensive hypertension control was the most cost-effective, followed by intensive glycemic control and a reduction in serum cholesterol level. Intensive glycemic control involved obtaining the best possible control of blood sugar through diet and the use of insulin, chlorpropamide, and glipizide. Costs included drug therapy, outpatient visits, self-testing, and case management. Intensive glycemic control reduced the cumulative incidence of nephropathy, neuropathy, (nerve damage), and retinopathy complications by 11% to 27%. Intensive glycemic control appeared to be more cost-effective for younger diabetes patients than for older patients.

Reducing serum cholesterol levels using the cholesterol-lowering drug pravastatin increased life expectancy in the model and reduced coronary heart disease by 25%. As a result, health costs increased over time. Assuming that patients would receive pravastatin for their remaining lifetime, the cost-effectiveness of this intervention improved as the patient aged and their risk of heart disease increased.

"The key findings of the cost-effectiveness study group provide valuable information to policy makers who decide which interventions to adopt," said Frank Vinicor, MD, director of CDC's diabetes division. "This model offers a way to evaluate the cost-effectiveness of interventions for Type 2 diabetes that produce benefits for years, or even decades, after the interventions begin."

To obtain a copy of "Cost-effectiveness of Intensive Glycemic Control, Intensified Hypertension Control, and Serum Cholesterol Level Reduction for Type 2 Diabetes," call (770) 488-5131. For more information on diabetes, visit the CDC's Web site at http://www.cdc.gov/diabetes or call toll free: 1-877-CDC-DIAB.

Please take a minute to fill out the enclosed reader survey… Your opinion counts!

2001 annual report TDH Bureau of Kidney Health Care

- According to the Bureau of Kidney Health Care (KHC), the primary diagnosis of diabetic nephropathy accounted for 2,601 (52.6%) of new applicants with End Stage Renal Disease (ESRD) in fiscal year 2001. This is up from 1,313 (45.7%) in fiscal year 1991.

- In fiscal year 2001, KHC reported $7,840,538 in client services expenditures for people with diabetes, which accounted for 41.1% of the bureau's total xpenditures. This amount was far greater than that of any other disease.

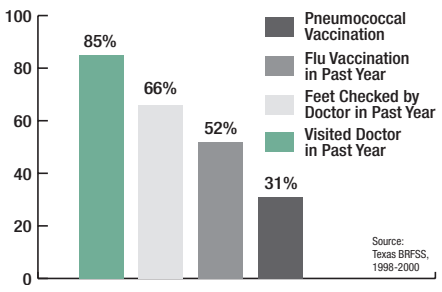
Among those with diabetes:

- The majority of patients were between the ages of 45 and 64. Hispanics represented the largest%age of applicants (67.7%), followed by African-Americans (42.0%) and Whites (41.6%). The number of men and women was similar.

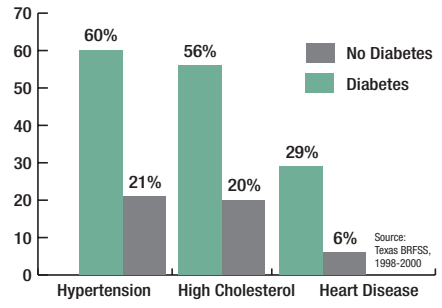
- When mortality rates by primary diagnosis were compared at the end of the third year of treatment, people with diabetes had the highest mortality rate (34.0%), followed by hypertension (29.9%), and glomerulonephritis (18.4%).

For more information on Texas Department of Health/Bureau of Kidney Health Care, please call: (512) 834-4551 (in Austin) or 1-800-222-3986 (outside Austin).

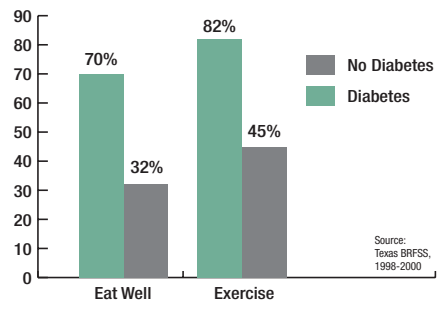
Preventive Care Practices Among Adults with Diabetes in Texas



Comparison of Self-Reported Conditions in Adults With Diabetes and Without Diabetes in Texas



Comparison of Self-Reported Diet and Exercise Habits in Adults With Diabetes and Without Diabetes in Texas



Pre-diabetes: A growing concern

The US Department of Health and Human Services and the American Diabetes Association are using the new term "pre-diabetes" to describe an increasingly common condition in which blood glucose levels are higher than normal, but not yet diabetic—known in medicine as impaired glucose tolerance or impaired fasting glucose.

HHS-supported research shows that most people with pre-diabetes likely will develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid diabetes.

An expert panel convened by HHS and the American Diabetes Association calls for physicians to begin screening overweight people age 45 and older for pre-diabetes during regular office visits using one of the standards tests that detect diabetes: the fasting blood glucose test or the oral glucose tolerance test. The panel also recommends that physicians consider screening adults younger than age 45 if they are significantly overweight and have one or more of the following risk factors:

- Family history of diabetes
- Low HDL cholesterol and high triglycerides
- High blood pressure
- History of gestational diabetes or gave birth to a baby weighing more than 9 pounds
- Belong to a minority group (African Americans, American Indians, Hispanic Americans/ Latinos, and Asian American/ Pacific Islanders are at increased risk for Type 2 diabetes.)

HHS Secretary Tommy G. Thompson has warned Americans of the risks of pre-diabetes, which affects nearly 16 million Americans and sharply raises the risk for developing Type 2 diabetes and increases the risk of heart disease by 50%.

Give the *CornerStone* editors a piece of your mind… Use the enclosed form to participate in our reader survey!

ACOG recommends diabetes screen for all pregnant women

The American College of Obstetricians and Gynecologists (ACOG) advises that it is appropriate to screen all pregnant women for gestational diabetes mellitus (GDM), whether by patient history, clinical risk factors for GDM, or a laboratory test to determine blood glucose levels. However, ACOG acknowledges that more research is needed before it can be determined what screening method is best and when it should occur.

GDM, which affects approximately 100,000 American women each year, is carbohydrate intolerance first recognized during pregnancy. GDM can occur when the hormones produced by the placenta affect the way insulin works. In some cases, diabetes that existed before pregnancy may be harder to control. Risks to the woman and fetus that can result from GDM include preeclampsia or high blood pressure; urinary tract infections; and macrosomia, or a very large baby, which can make delivery difficult and may lead to cesarean birth. Risks to the newborn include birth defects affecting the heart, kidneys, and spine, as well as respiratory distress syndrome.

Clinical risk factors associated with GDM include age, ethnicity, obesity, family history of diabetes, and past obstetric history. According to ACOG, a woman is considered low risk for developing GDM – and thus may not need lab screening methods – if she meets all of the following criteria:

- Less than 25 years old
- Not a member of a racial or ethnic group with a high prevalence of diabetes (e.g., Hispanic, African, Native American, South or East Asian, or Pacific Islands ancestry)
- Body mass index ≤ 25
- No history of abnormal glucose tolerance
- No previous history of adverse pregnancy outcomes usually associated with GDM
- No known diabetes in first-degree relative

Texas Diabetes Council member co-chairs Governor's advisory council on physical fitness

Governor Rick Perry has appointed 11 individuals to the new Governor's Advisory Council on Physical Fitness, including Texas Diabetes Council member Jeffrey Ross, DO, Bellaire, who serves as the Advisory Council's co-chair.

When he announced the establishment of the Advisory Council, Governor Perry observed, **"It's discouraging to know that 79% of adult Texans say they don't participate in any regular exercise. With direction and assistance from this newly created Council on Physical Fitness, we can work together toward a shared goal of a healthier Texas."**

The Council will advise the Governor on matters relating to physical fitness, sports, health and nutrition education, and exercise. Council members will help identify and review activities of the various state agencies related to physical fitness. In addition, the Council will publish an annual report of its findings, along with recommendations to the Governor.

Expanded Medicare coverage includes foot care and glaucoma exams

Recent expansions of Medicare coverage address complications related to diabetes, providing payment for regular foot care and glaucoma-screening exams.

The Centers for Medicare & Medicaid Services say that Medicare now covers regular foot care for beneficiaries suffering from diabetic peripheral neuropathy with loss of protective sensation (LOPS). Beneficiaries may receive two foot exams per year, specifically for diabetic peripheral neuropathy with LOPS, provided they have not seen a foot care professional for some other reason.

In another expansion of coverage, Medicare now pays most of the cost for an annual dilated eye examination for all beneficiaries who are at high risk for glaucoma. This group includes people with diabetes, a family history of glaucoma, and African Americans age 50 and older. The screening must be done or supervised by an eye doctor who is legally allowed to provide this service.

Medicare covers 80% of the Medicare-approved amount for glaucoma screening after the individual has paid the $100 deductible for Part B services.

For more information on Medicare coverage, beneficiaries can visit http://www.medicare.gov, and health care providers can visit http://www.cms.hhs.gov/professionals/.