

# D TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



SUMMER 2007

IN THIS ISSUE

- 1 Update on the 80<sup>th</sup> Texas Legislature
- 2 Outgoing TDC members acknowledged for 36 years of combined service | National News
- 3 2005 Community Diabetes Survey Results for McLennan and Victoria Counties | US-Mexico Border Diabetes Forum builds diabetes policy consensus
- 4 University of Houston examines insurance coverage for preventive services - results of the 2006 Survey of Texas Insurance Plans
- 5 Improving food choices under the federal Food Stamp Program | Avoiding risk of HBV infection during patient blood glucose monitoring
- 6 Help Your Patients Make the Kidney Connection

## 80<sup>th</sup> Legislature Passes Bills to Create New Diabetes Surveillance System, Enhance Screening and Education for Texans At Risk

*At the end of the 80<sup>th</sup> Legislature, several bills related to diabetes surveillance and prevention in Texas were put into effect for the upcoming biennium:*

- ♦ **SB 415** describes new advisory committee membership and reporting requirements for the existing "Risk Assessment for Type 2 Diabetes" program conducted by the University of Texas – Pan American Border Health Office in schools across the state. School nurses currently conduct risk assessments during vision/hearing and scoliosis screenings for grades 1, 3, 5, and 7 in eleven of the state's twenty Texas Education Agency Education Service Center regions, as mandated by legislation passed during the 77<sup>th</sup> Legislature.
- ♦ **HB 2132** creates a new diabetes registry pilot program through the Department of State Health Services (DSHS) and a local public health district to track the glycosylated hemoglobin levels of persons in the district who have this laboratory test. Data gathered will help determine the level of diabetes control demographic groups within the district have, trends in diagnosis of diabetes, and health care costs associated with the disease.
- ♦ **HB 3618** requires DSHS, in consultation with the commissioner of education, to adopt criteria for the development of a pilot program designed

to prevent and detect obesity and type 2 diabetes for implementation in school districts located near the Texas-Mexico border that meet specific criteria. School districts meeting the criteria prescribed in the bill could choose to participate in this program.

- ♦ **HB 3735** authorizes the creation of a diabetes pilot program at Memorial Health System of East Texas that would provide a comprehensive approach to promoting the prevention and treatment of diabetes.

Other bills going into effect include **HB 1373**, which creates a chronic kidney disease task force comprised of legislators, physicians, renal care providers, the DSHS, and patient advocates, to develop and implement a cost-effective plan for early screening, diagnosis, and treatment of kidney disease in Texas.

Both **SB 530** and **SB 556** address obesity issues, with the former strengthening physical activity requirements in schools and the latter creating an interagency council to monitor efforts to prevent and treat obesity among adults and children. State employee fitness is the goal of **HB 1297** which requires DSHS to designate a wellness coordinator to develop a model wellness program and to assist state agencies with wellness initiatives.

Text of these bills, which go into effect immediately or on September 1, 2007, can be viewed on the Texas Legislature Online (TLO) Web site ([www.capitol.state.tx.us](http://www.capitol.state.tx.us)). ■

*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.

Please send news and information to:  
**Texas Diabetes**  
Texas Diabetes Council/Program  
Texas Department of State Health Services  
1100 West 49th Street  
Austin, TX 78756-3199

Phone: 1-888-963-7111 ext. 7490  
Fax: 512-458-7408  
Email: [richard.kropp@dshs.state.tx.us](mailto:richard.kropp@dshs.state.tx.us)  
Internet: [www.texasdiabetesCouncil.org](http://www.texasdiabetesCouncil.org)

Texas Diabetes Staff:  
Cassandra DeLeon, Director  
Richard Kropp, Editor



TEXAS DIABETES  
COUNCIL

# Governor Recognizes Harkless for Leadership of TDC

AUSTIN — Current and former TDC members, staff, students, family and friends gathered in April to recognize Lawrence Harkless, DPM, for twelve years of public service and leadership as a Texas Diabetes Council (TDC) member since his appointment in 1995.

A certificate presented by State Senator Leticia Van De Putte from the Governor's office noted Harkless' work in advancing health care across the state, and pursuit of the Council's mission through collaborative partnerships and guidance of TDC initiatives as Council chair since 2001.

As professor in the Department of Orthopaedics/Podiatry and Louis T. Bogy Professor of Podiatric Medicine and Surgery at the University of Texas Health Science Center at San Antonio, Harkless has trained roughly 1,000 students and 165 residents. In 2001, he received the American Diabetes Association's Outstanding Educator in Diabetes Award. Harkless was recently appointed as the Founding Dean for the College of Podiatric



Service awards presented to TDC members from left: Lenore Katz; Lawrence Harkless, DPM; Judith Haley. Not pictured, Belinda Bazan-Lara

Medicine at Western University of Health Sciences in Pomona, CA, expected to open in 2009.

## TDC Service Awards Presented at April Meeting

Marking the end of their Council terms at the quarterly TDC meeting in April, four TDC members were recognized for 36 years of combined service to Texans with or at-risk for diabetes:

- ♦ **Belinda Bazan-Lara, MA, RD, LD** (San Antonio) – 7 years
- ♦ **Judith L. Haley** (Houston) – 11 years
- ♦ **Lawrence Harkless, DPM** (San Antonio) – 12 years
- ♦ **Lenore Frances Katz** (Plano) – 6 years

As a registered and licensed dietitian, Belinda Bazan-Lara assisted in review of TDC treatment algorithms related to medical nutrition therapy and participated in the TDC Advocacy and Outreach Committee.

In addition to her service as Vice-Chair of the Council, Judith Haley is president and co-founder of Texans for Advancement of Medical Research and has held board and committee positions with the Juvenile Diabetes Research Foundation.

Lenore Katz was presented the Outstanding Community Service in Reaching People Award at the American Diabetes Association's 2004 National Achievement Awards. During her tenure with the TDC, Katz served as chair of the TDC Advocacy and Outreach Committee. ■

## NATIONAL NEWS

### Medicare Launches "A Healthier U.S. Starts Here" Prevention Initiative

Medicare is launching a prevention initiative called "A Healthier U.S. Starts Here" to raise awareness about benefits that help prevent and detect heart disease, cancer, stroke, and diabetes. Campaign materials include a brochure with a checklist of Medicare's preventative benefits and questions that beneficiaries can refer to when speaking with their physicians and pharmacists.

The campaign also includes a prevention tool kit, which can be used as part of outreach and other ongoing preventative activities.

For more information, visit [www.cms.hhs.gov/healthierUS](http://www.cms.hhs.gov/healthierUS).

### NDEP Revises Diabetes Medications Supplement for 2007

The National Diabetes Education Program announces the availability of recently revised publications:

- ♦ **Working Together to Manage Diabetes: Diabetes Medications Supplement**
- ♦ **Working Together to Manage Diabetes: Posters**

Both are components of *Working Together to Manage Diabetes: A Guide for Pharmacy, Podiatry, Optometry, and Dental Professionals* (<http://ndep.nih.gov/diabetes/WTMD/index.htm>), which promotes a team approach to



comprehensive diabetes care and provides simple care recommendations to clinicians about making cross-disciplinary treatment referrals. The revised medications supplement provides a "snapshot" profile of medications for controlling blood glucose, blood pressure, and cholesterol. Available in English and Spanish, the revised patient education posters can be used by

health care professionals in exam or waiting rooms to help educate patients on specific steps they can take in collaboration with their pharmacists, eye, foot, and dental care professionals to control diabetes.

Both the supplement and posters can be viewed and/or ordered online at <http://ndep.nih.gov/resources/health.htm>

# McLennan and Victoria Counties Targeted by 2005 Texas Community Diabetes Survey

## Diabetes Program/ Council Participates in Policy Discussion at US–Mexico Border Diabetes Forum

The 2005 Texas Community Diabetes Survey (CDS) estimates that 22,000 (13%) adults aged 18 years and older in McLennan County and 9,000 (15%) adults in Victoria County are diagnosed with diabetes.

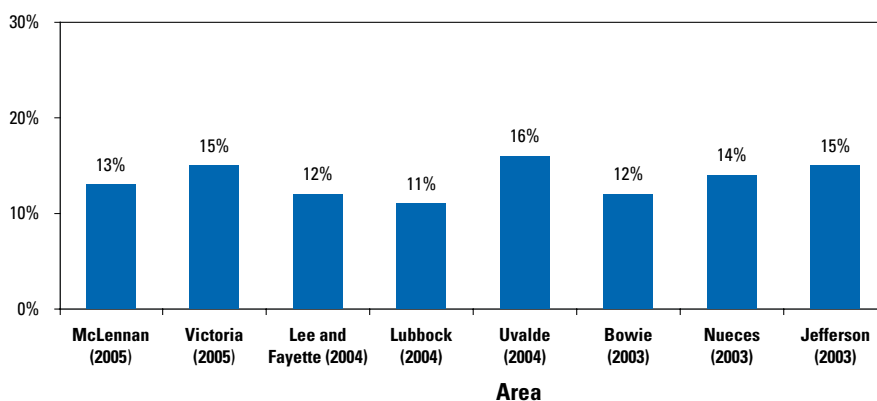
Since 2003, the Texas Department of State Health Services' (DSHS) Diabetes Program and Center for Health Statistics have implemented the CDS to provide county prevalence estimates of diabetes, as well as information on adult resident health status, personal health habits and use of preventive health services. Data is collected through a phone survey of local residents ages 18 years and older.

The CDS is conducted independently of the Behavioral Risk Factor Surveillance System (BRFSS) survey which provides estimated diabetes prevalence for the state as a whole. Because a different survey instrument is used, CDS estimates should not be compared to BRFSS estimates. Rather, the CDS is best used for comparing diabetes prevalence and other detailed health information among the various Texas counties/communities surveyed through the CDS over time.

Costs for implementing the CDS throughout the state prohibit surveying all Texas counties in a given year. Instead, surveys have focused on two or three counties each year. The counties selected have diabetes mortality rates that are higher than the state rate, or higher prevalence rates based on local efforts to establish diabetes prevalence. These counties also have diabetes prevention programs in effect that can readily use collected county-level data for diabetes prevention program planning and evaluation.

Table 1 shows diabetes prevalence for all counties surveyed to-date by year. For more information, visit the "Diabetes Data" section of the Texas Diabetes Council Web site at [www.texasdiabetescouncil.org](http://www.texasdiabetescouncil.org).

**Table 1: Diabetes Prevalence\***



\* Source: Texas CDS. Data are for persons 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.

Public health program experts from US-Mexico border states called for a unified approach to diabetes prevention and control policy at the US-Mexico Border Diabetes Forum held in conjunction with the US-Mexico Border Health Association's 65<sup>th</sup> Annual Meeting on South Padre Island in May.

Over 60 individuals representing local, state and federal organizations from the US and Mexico participated in planning groups for evidence-based, comprehensive activities in the following areas:

- ◆ **Health Policy and Environment**
- ◆ **Surveillance and Research**
- ◆ **Education and Health Promotion**
- ◆ **Community Outreach**
- ◆ **Medical Services**

The Texas Diabetes Council was identified as a key proponent of border health policy. With Texas having the longest border with Mexico of any US state, TDC's legislative efforts have strong implications for reducing the burden of diabetes along the border. An objective of the forum is to establish a common policy package for border states to take to state and national legislators in both countries to complement and strengthen ongoing border initiatives.

The Texas Diabetes Program currently participates in the US-Mexico Border Diabetes Prevention and Control Project administered by the Pan American Health Organization. The project recently completed its initial surveillance phase to identify target populations for diabetes outreach and education efforts along the border. ■

# University of Houston Survey Assesses Texas Health Insurance Coverage for Diabetes Prevention

*Differences in HMO coverage of preventive health and screening services based on product line (commercial, Medicaid and Medicare) are summarized in a University of Houston report entitled “Texas Health Insurance Coverage for Prevention and Screening of Cancer, Cardiovascular Disease, and Diabetes.”*

The university’s Health Network for Evaluation and Training Systems (HNETS) administered the 2006 Survey of Texas Insurance Plans. Eighteen plans participated in the survey out of a sample of 26 eligible HMOs taken from the Texas Department of Insurance’s list of the top 40 HMOs in Texas based on premium sales.

Table 1 describes survey results for methods by which health plans provide counseling and information services. Overall, most plans provided these services for diabetes, while most plans did not provide services for tobacco cessation and stroke. Table 2 describes results for provision of counseling and information services for diabetes by type of insurance/product line.

Survey results indicate that most plans used clinical guidelines for treatment of type 1 and type 2 diabetes (83% and 89% respectively), including the Texas Diabetes Council’s Minimum Standards for Diabetes Care in Texas. Other analyzed data collected includes comparison of product lines by full or partial coverage and counseling and information services provided consumers. Investigators at the University of Houston reported difficulty in finding consumer information on services offered, especially for Medicaid (including CHIP and STAR). Recommendations included initiatives to adequately notify Texans of available services.

A full copy of the report can be found on the TDC Web site at <http://www.dshs.state.tx.us/diabetes/preports.shtm>. ■

**Table 1: Counseling and Information Services – Overall (n = 18)**

Services	Tobacco Cessation		Diabetes		Cancer		Heart Disease		Stroke	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Case Management	—	—	17	94%	14	78%	15	83%	13	72%
Written information and self-help materials in provider offices	9	50%	14	78%	7	39%	10	56%	6	33%
Information via health plan Web site	6	33%	11	61%	6	33%	8	44%	6	33%
Individual education and/or counseling	4	22%	14	78%	6	33%	9	50%	5	28%
Group counseling or classes	3	17%	13	50%	2	11%	2	11%	2	11%
Telephone Counseling	4	22%	11	61%	3	17%	6	33%	3	17%

**Table 2: Counseling and Information Services – Diabetes**

Services	Total (n = 18)		Commercial (n = 7)		Medicaid		Medicare	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Case Management	17	94%	6	86%	9	100%	2	100%
Written information and self-help materials in provider offices	14	78%	6	86%	6	67%	2	100%
Information via health plan Web site	11	61%	6	86%	4	44%	1	50%
Individual education and/or counseling	14	78%	5	71%	7	78%	2	100%
Group counseling or classes	9	50%	4	57%	4	44%	1	50%
Telephone Counseling	11	61%	5	71%	5	56%	1	50%

## Pain Management Recommendations Approved, Diabetes Tool Kit Revision in Progress

*The TDC approved Recommendations for Treatment of Painful Peripheral Neuropathy in April, the latest product of the TDC Medical Professionals Advisory Subcommittee.*

The pain management recommendations, along with thirteen other diabetes treatment recommendations and algorithms, can be found on the TDC Web site at [www.dshs.state.tx.us/diabetes/hcstand.shtm](http://www.dshs.state.tx.us/diabetes/hcstand.shtm), and will be included in the 4<sup>th</sup> edition of the Diabetes Tool Kit to be released in September. Free copies of the 3<sup>rd</sup> edition can still be ordered from the Department of State Health Services warehouse on compact disc (publication #BCD CD01). Printed versions of the Tool Kit (publication #10-114) are currently on back order until the 4<sup>th</sup> edition hits shelves in September. Ordering instructions for the Tool Kit are found online at <http://www.dshs.state.tx.us/diabetes/hctoolkt.shtm>. ■

# 2007 Farm Bill Offers Opportunity to Reduce Diabetes Risk for Low-Income Americans

*From 1985 to 2000, the real consumer cost of fresh fruits and vegetables rose nearly 40 percent while that of sugars and fats actually dropped 7-14 percent, according to the Institute for Agriculture and Trade Policy.*

The economic reality that foods high in fat and sugar and low in nutritional value are cheaper and easier to obtain than healthier foods is often cited as a leading contributor to the nation's obesity epidemic and increasing prevalence of diabetes and other chronic diseases.

For those relying on assistance programs such as the federal Food Stamp Program to make ends meet, sacrificing quality for quantity at the grocery store can be creating yet another population at higher risk for diabetes and its complications.

Proposals for nutrition programs under the 2007 Farm Bill directly impact the Food Stamp Program, including changes to eligibility requirements, increased resources for nutrition education for food stamp recipients, and a name change to the Food and Nutrition Program.

In May, the TDC sent specific recommendations to Congress for a more healthful approach to the Food Stamp Program as proposals for the Farm Bill came up for discussion. In a letter to chairs and Texas members of the House and Senate Agriculture Committees, the Council encouraged incentives for buying healthy foods through the Food Stamp Program. Combining incentives with stronger nutrition education programs for food stamp recipients would have the dual effect of creating a preference for healthier eating while increasing access to nutritious foods for those who cannot otherwise afford them.

The potential for the Food Stamp Program to impact diabetes prevalence is a regular discussion topic for the TDC Advocacy and Outreach Committee. In weighing the pros and cons of various approaches to influencing food choices of food stamp recipients, the committee

reviewed the article *Improving Food Choices – Can Food Stamps Do More?* published by the USDA Economic Research Service in the April 2007 issue of its newsletter, *Amber Waves*:  
<http://www.ers.usda.gov/AmberWaves/April07/Features/Improving.htm> ■

## Shared Glucose Meters Raise Concerns Over HBV Infection

*Editor's Note: The Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR) for March 11, 2005, described three outbreaks of hepatitis B virus (HBV) infections among residents in long-term care facilities attributed to shared devices and other breaks in infection-control practices related to blood glucose monitoring. Findings from these investigations suggest that recommendations concerning standard infection-control precautions may not be followed in all health care settings.*

CDC. Transmission of Hepatitis B Virus Among Persons Undergoing Blood Glucose Monitoring in Long-Term Care Facilities – Mississippi, North Carolina, and Los Angeles County, California, 2003-2004. *MMWR* 2005; 54(09):220-223.  
Web link: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5409a2.htm>

The CDC recommends the following infection-control practices related to diabetes care in long-term care and other applicable settings:

- ◆ Prepare medications such as insulin in a centralized medication area; multiple dose insulin vials should be assigned to individual patients and labeled appropriately.
- ◆ Never reuse needles, syringes or lancets.
- ◆ Restrict use of fingerstick capillary blood sampling devices to individual patients. Consider selecting single-use lancets that permanently retract upon puncture.
- ◆ Dispose of used fingerstick devices and lancets at the point of use in an approved sharps container.
- ◆ Environmental surfaces such as glucose meters should be decontaminated regularly and anytime contamination with blood or body fluids occurs or is suspected.
- ◆ Glucose meters should be assigned to individual patients. If a glucose meter that has been used for one patient must be reused for another patient, the device must be cleaned and disinfected.
- ◆ Maintain supplies and equipment such as fingerstick devices and glucose meters within individual patient rooms if possible.
- ◆ Any trays or carts used to deliver medications or supplies to individual patients should remain outside patient rooms. Do not carry supplies and medications in pockets.
- ◆ Because of possible inadvertent contamination, unused supplies and medications taken to a patient's bedside during fingerstick monitoring or insulin administration should not be used for another patient. ■



## Help Your Patients Make the Kidney Connection

Kidney disease is a growing epidemic. Diabetes and high blood pressure are the two leading causes, but many people with these conditions don't know they are at risk for kidney disease.

**The Family Reunion Health Guide**, developed by the National Kidney Disease Education Program, helps families discuss the connection between diabetes, hypertension, and kidney disease at family reunions and other family gatherings. Visit [www.nkdep.nih.gov/familyreunion](http://www.nkdep.nih.gov/familyreunion) or call **1-866-4 KIDNEY** to get free copies of the Family Reunion Health Guide for your office or waiting room.



TEXAS DIABETES  
COUNCIL  
[www.texasdiabetescouncil.org](http://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.

For information on the Texas Diabetes Council/Program, contact:

**Texas Diabetes Council/Program**  
**Texas Department of State Health Services**  
1100 West 49th Street  
Austin, TX 78756-3199  
Phone: 1-888-963-7111, ext. 7490  
Fax: 512-458-7408

**Lawrence B. Harkless, DPM, Chair**  
*San Antonio*

**Gene Bell, RN, CFNP, CDE, Secretary**  
*Lubbock*

**Maria Duarte-Gardea, PhD, RD, LD**  
*El Paso*

**Victor Hugo Gonzalez, MD**  
*McAllen*

**Judith L. Haley, Vice-Chair**  
*Houston*

**Richard (Rick) S. Hayley**  
*Corpus Christi*

**Lenore F. Katz**  
*Plano*

**Margaret G. Pacillas, RN**  
*El Paso*

**Avery Rhodes**  
*Diboll*

**Dora Rivas**  
*Dallas*

**Texas Department of Assistive and  
Rehabilitative Services**

**Texas Department of State Health Services**

**Texas Department of Aging and  
Disability Services**

**Texas Education Agency**

TEXAS DIABETES COUNCIL  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
1100 WEST 49TH STREET  
AUSTIN, TX 78756-3199

The Newsletter of the Texas Diabetes Council  
**D I A B E T E S**  
S A X E T

PRSR STD  
U.S. Postage  
PAID  
Austin, Texas  
Permit No. 28