

CORNERSTONE

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

Texas Diabetes Council completes strategic plan

“A Texas Free of Diabetes and its Complications”

That phrase describes the Texas Diabetes Council’s vision of the right future for the people of Texas, as crafted during recent strategic planning sessions in Austin. The strategic planning process also included the development of a mission, or statement of purpose: “To effectively reduce the health and economic burdens of diabetes in Texas.”

Using these statements as a guide, the Council developed its plan for preventing and controlling diabetes in Texas during fiscal years 2004 and 2005 (September 2003 through August 2005). The proposed two-year plan intensifies support for activities designed to delay the onset of diabetes, improve the health of those already affected by the disease, and reduce the economic impact of diabetes on Texans.

The plan sets goals in six priority areas, listed below.

Surveillance

- Improve current diabetes surveillance tools and acquire others that are needed to provide data related to Healthy People 2010 objectives
- Obtain data regarding the specialties of practicing physicians who manage patients who have diabetes
- Use a uniform evaluation format for community programs to document current practices and identify those that have positive impacts on diabetes control and prevention
- Expand data collection to include children under the age of 18 years to facilitate earlier interventions

Quality assurance/professional education

- Adopt, publish, and promote up-to-date minimum standards of care for type 1 and type 2 (for children and adults) and gestational diabetes based on research evidence
- Promote clinical system changes to identify people with pre-diabetes
- Develop, publish, and promote recommended preventive protocols and measures for persons with Impaired Glucose Tolerance (IGT) or at risk for diabetes
- Increase the level of diabetes and pre-diabetes content and expand the required diabetes competencies in education programs for health professionals
- Develop and update algorithms for targeted types of diabetes for adults and children
- Encourage health care practices,

hospitals, institutions, and academic centers that serve people with diabetes to help their health care professional staff pursue Certified Diabetes Educator (CDE) credentials, particularly in underserved geographic locations

Service

- Identify resources/programs that could provide dilated eye examinations

Public education

- Educate the general public, including children and adults, about reducing the risk for diabetes and controlling diabetes
- Adopt guidelines for the care of children with diabetes in a school setting
- Support the implementation of legislation that addresses physical activity and nutrition for children, including the Texas Education Agency in implementing Senate Bill 19 (77th Texas Legislature) and the Food of Minimal Nutritional Value (FMNV) Policy

Public health advocacy

- Inform the Legislature of issues affecting people with diabetes
- Analyze proposed legislation related to diabetes
- Improve access to care, education, and supplies for people of all ages who have pre-diabetes and diabetes
- Support diabetes research in the Texas Department of Health

Community health programs

- Work with community programs to improve health promotion activities as part of the effort to achieve Healthy People 2010 objectives
- Assure access to better patient care and education by identifying best practices in communities throughout Texas
- Promote appropriate use of community health workers and *promotoras* to reinforce and support diabetes education

The strategic plan and an activities update will be posted on the Texas Diabetes Council’s web site in January at: www.tdh.state.tx.us/diabetes/tdc.htm. To request a print copy, call the Diabetes Program at (512) 458-7490.

Earn CME credit in the comfort of your home or office

If, as the song says, “the weather outside is frightful,” it’s a perfect day to attend a continuing medical education program.

But you don’t have to leave the cozy comfort of your office or home and face the unpredictable Texas winter weather to hear from leading diabetes experts.

Just point your internet browser to <http://www.tdh.state.tx.us/phpep/cme/diabetes>, the address for *Texas Diabetes: Making a Difference*, the Texas Diabetes Council’s new educational videotape.

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.

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Phone: (512) 458-7490
Fax: (512) 458-7408
Internet: <http://www.tdh.state.tx.us/diabetes/tdc.htm>
e-mail: donna.jones@tdh.state.tx.us

CornerStone Staff:
Jan Marie Ozias, PhD, RN, Director, Diabetes Program/Council
Donna Jones, Editor

Texas Diabetes Council sets legislative agenda

The Texas Diabetes Council has identified the following issues for review and/or action during the upcoming session of the Texas Legislature, January 14 – June 2.

- **Diabetes data on death certificates.** It is believed that deaths due to diabetes are grossly underreported on death certificates in Texas and throughout the United States. To correct this problem, the Council supports funding of the TDH Vital Statistics Enhancement Project. This electronic system for death certificate reporting could include diabetes among the possible designations for both underlying and contributing causes of death.
- **Care of children with diabetes in school and after-school settings.** The Council will pursue legislation to require that:
 - School personnel be trained on diabetes and its management, including how to manage hyperglycemia and hypoglycemia;
 - Students be allowed to snack according to their health care plan, monitor their blood sugar, and administer medication anywhere on school grounds, including in the classroom and on the school bus; and
 - Students have access to emergency support, including safe glucagon administration, at all times.
- **Medicaid coverage of self-management training.** Several major research studies show that self management of diabetes decreases complications and deaths and saves money. While Medicare and state-regulated insurance and managed care plans pay for patient education on techniques to manage their diabetes, Medicaid does not. The Texas Diabetes Council recommends that the 78th Texas Legislature expand Medicaid coverage to include up to 10 hours of self-management training with a goal of reaching an A1c level of 6.5 for all recipients with diabetes.
- **Health insurance coverage of diabetes.** Private group health insurance companies are required to cover medications, equipment, supplies, and self-management training associated with the treatment of diabetes. However, some states allow insurance carriers to sell policies that are exempt from these mandated benefits. In order to protect people from being underinsured, the Texas Diabetes Council recommends that the 78th Texas Legislature reject any legislation that would allow the sale of “bare bones” policies that eliminate or reduce coverage for diabetes treatment.
- **Screening youth for diabetes risk.** Both the 76th and the 77th Texas Legislatures adopted legislation that requires screening some school children for *acanthosis nigricans* (AN) to identify those at risk for diabetes. As an alternative to AN screening, the Centers for Disease Control and Prevention recommends that state diabetes control programs apply their resources toward primary prevention approaches that stress nutrition and physical activity in schools and communities. The CDC also supports opportunistic screening – screening at every health care visit – or risk factors for diabetes. The Council will support legislation that:
 - Integrates recognition of *acanthosis nigricans* into the context of risk assessment, opportunistic screening, and followup;
 - Educates school nurses, primary care providers, parents, and immediate family members in appropriate and coordinated diabetes risk assessment, including recognition of the significance of *acanthosis nigricans*, sleep apnea, and menstrual irregularities in overweight and calculation and interpretation of age-specific body mass index for children of all ages;
 - Promotes coordinated diet and activity interventions for children who are at risk of overweight or are overweight, particularly if they have signs of insulin resistance, such as high blood pressure and/or dyslipidemia;
 - Promotes the American Diabetes Association (2002) guidelines for assessing children and youth for the risk of type 2 diabetes; and/or
 - Develops a referral system for medical intervention.
- **Funding to promote physical activity, good nutrition, and healthy body weight in children.** The increasing rate of overweight children is related to increasing rates of not only type 2 diabetes, but also heart disease and hypertension. Individual behavior change is at the core of all strategies to reduce overweight and obesity. However, such change can occur and be sustained only in an environment that offers healthy food choices, regular physical activity, and community and family involvement. Therefore, the Texas Diabetes Council supports TDH’s request for \$5 million in the 2004-2005 biennium to support coordinated, school-based interventions that include classroom instruction, increased physical activity, improved school nutrition programs, parental involvement, and supportive school policies.
- **Funding for kidney health care.** Diabetes is the leading cause of end-stage renal disease (chronic kidney failure) in the United States and Texas. Approximately 24,000 clients are eligible for Kidney Health Care (KHC) services, and 45 percent of these patients have a primary diagnosis of diabetes. To address this need for

KHC services, the Texas Diabetes Council supports TDH in its request for \$10 million in the 2004-2005 biennium to maintain the services for an anticipated increase in the number of KHC clients.

- **Texas Pediatric Diabetes Research Advisory Committee.** The 77th Texas Legislature authorized the establishment of a pediatric diabetes research advisory committee to review the status and infrastructure of pediatric diabetes research in Texas and to make recommendations to the Legislature and the Governor concerning research programs in pediatric diabetes and funding alternatives for the programs. After a year’s study, the Texas Pediatric Diabetes Research Advisory Committee found that while Texas has a wealth of talented investigators and clinicians, it does not receive a commensurate share of national research resources. The Texas Diabetes Council commends the Advisory Committee’s work and recommends that the 78th Texas Legislature adopt legislation to implement their recommendations that:
 - Diabetes diagnosed before the age of 21 years be a reportable disease to the Texas Department of Health and
 - A Texas Pediatric Diabetes Research Resource be established.
- **Reducing obesity.** The Texas Diabetes Council will support appropriate recommendations to help control the rise in the incidence of type 2 diabetes by reducing the incidence and prevalence of obesity in Texas.

Building the team for diabetes care

Lawrence Harkless, DPM, Chair
Texas Diabetes Council

The Texas Diabetes Council traditionally has supported continuing education for primary care providers. Now a new project is taking our interest “upstream” to explore pre-professional training for all members of the diabetes care team: primary care physicians, ophthalmologists, geriatrics specialists, podiatrists, nurses, dentists, dietitians, pharmacists, laboratory professionals, and paraprofessionals.

This project furthers the Council’s goal of assuring a skilled workforce to deliver effective preventive and coordinated chronic care services and education, and it supports the recommendations of the National Diabetes Education Program’s “Team Care” report.*

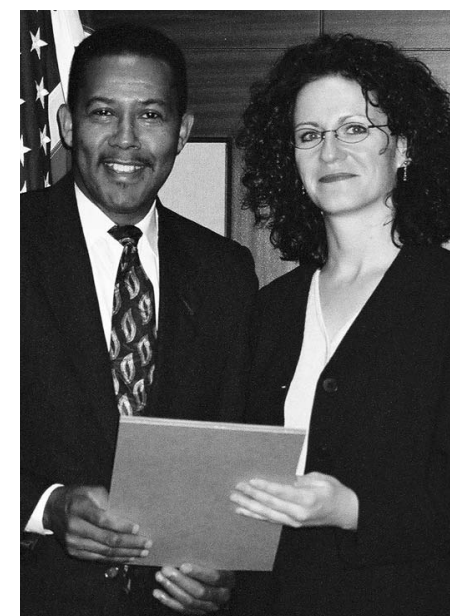
In the fact-finding phase of this project, I plan to visit each of the state’s health science centers to gather information on diabetes-related curricula, continuing education, research, and services. The inquiry embraces the wide range of disciplines that work (or should be working) in systems and facilities that serve people at risk for or living with diabetes.

At press time, visits to The University of Texas Medical Branch, Galveston; Texas Tech University Health Science Center, Lubbock and Amarillo; and Texas A&M University Health Science Center, Bryan, had been completed. In the course of talking with academic presidents, deans, and lead faculty at these institutions, I learned about models of quality outpatient care, use of distance learning, programming for rural public health, and the roles of area health education centers.

These visits have offered great opportunities to raise awareness of the

Texas Diabetes Council’s activities and stress the importance of teaching future and practicing health care providers how to effectively prevent and control diabetes. I look forward to representing the Council as we continue to pursue this important initiative.

**The NDEP “Team Care” report was created to help organizational leaders in health care systems and purchasers of health care implement multidisciplinary team care for people with diabetes in all clinical settings. It describes how to reduce the human and economic toll of diabetes through a continuous, proactive, planned, patient-centered, and population-based approach to care. The report is available on the web at <http://ndep.nih.gov/materials/pubs/team-care/team-care.htm>.*



Victoria Ford of Governor Rick Perry’s office, right, presents Lawrence Harkless, DPM, the Governor’s proclamation designating November as Diabetes Month in Texas and recognizing the work of the Texas Diabetes Council.

Flu shots: It's not too late!

The Centers for Disease Control and Prevention notes that a flu shot in December or later still protects against the flu. The influenza vaccination especially is recommended for people who have diabetes, who are at increased risk for hospitalization and death from influenza.

Nationwide flu vaccine shortages and delays occurred the last two years, but health officials say the vaccine is readily available this year. Texas doctors, companies, health care facilities, and other organizations have ordered an estimated 8 million to 10 million doses. The Texas Department of Health has received all of its 370,000-dose order, most of it for use by local public health departments. This year's vaccine protects against the A/Moscow, A/New Caledonia, and B/Hong Kong strains of the influenza virus.

Flu season officially begins in October and runs through May, usually reaching its peak in Texas in January and February.

People who want a flu shot should contact their doctors, employers, or local public health departments or watch for announcements from supermarkets and other businesses offering the shot to the public. Many city and county public health departments provide the shot on a low- or no-cost basis. For enrollees in Medicare Part B whose physicians accept assignment, flu shots are free.

For more information on how influenza affects people who have diabetes, visit <http://www.cdc.gov/diabetes/projects/cdc-flu.htm>. Free brochures on flu and pneumococcal vaccinations are available from the Diabetes Program, Texas Department of Health, while supplies last. To order, call the Program at (512) 458-7490.

Governor launches diabetes education initiative

Gov. Rick Perry recently launched a new education initiative aimed at providing healthy eating and physical fitness guidelines to prevent and control diabetes. "It is time Texas stepped up the fight against this debilitating disease through educational efforts aimed at promoting better fitness and better dietary practices among our state's citizens," Perry said during a visit to

Memorial Hermann Children's Hospital in Houston. "Armed with facts and motivated to live healthier lives, Texans can reverse the chronic diabetes trend."

As part of the new undertaking, the Governor's Advisory Council on Physical Fitness and the Texas Diabetes Council will review the latest research to develop healthy eating and physical fitness guidelines for adults and children. The guidelines will be posted on the governor's Internet site at <http://www.governor.state.tx.us/fitness> to provide Texans with simple and easy-to-understand information to help prevent diabetes. The Internet site also will include facts about diabetes in Texas and links to other resources.

Commission for the Blind offers treatment program for the eyes of Texas

The Blindness Education, Screening, and Treatment (BEST) Program, a project of the Texas Commission for the Blind (TCB), assists uninsured adult Texas residents with the payment for urgently needed eye-medical treatment. The intent of the BEST Program is to prevent blindness by serving qualified individuals with diabetic retinopathy, glaucoma, detached retina, or any other eye disease determined to be an urgent medical necessity.

The Commission encourages Texas drivers to support the BEST Program through donations of a dollar or more, which can be made when renewing their licenses at the Texas Department of Public Safety. TCB expects the demand for this program to exceed available resources. During periods when the program is without resources, TCB will maintain a waiting list of people who will be served in order by the earliest referral date.

More information on the BEST Program is available by telephone toll free at (877) 667-7273.

People with diabetes are susceptible to illness caused by *vibrio vulnificus*

Vibrio vulnificus can cause deadly food poisoning and poses a particular threat to people who have diabetes. As readers may know, *vibrio vulnificus* is a bacterium found in raw or undercooked oysters, clams, or mussels.

Symptoms usually occur within 24 to 48 hours after eating and may include:

- Stomach pain
- Nausea and vomiting
- Diarrhea
- Fever and chills
- Skin lesions
- Shock

Early aggressive antibiotic treatment is the most effective therapy.

The Texas Department of Health advises people at risk to eat only oysters and clams that have been thoroughly cooked, and to never swim or wade in seawater when they have sores or open wounds. In addition to people who have diabetes, those at risk of serious illness caused by *vibrio vulnificus* include people who have liver disease, iron overload disease, cancer, stomach disorders, or any illness or medical treatment that weakens the body's immune system.

More information is available from the Texas Department of Health Seafood Safety Division, phone (512) 719-0215. A fact sheet is available online at www.tdh.state.tx.us/hivstd/educate/facts/oysters.pdf.

Reminders about testing for gestational diabetes and diabetes in youth

Kathleen King-Tryce, RN,
Nurse Consultant
Diabetes Program,
Texas Department of Health

Women with gestational diabetes mellitus (GDM) have a future risk of non-gestational diabetes (primarily type 2) ranging from 17 to 63 percent during the 5 to 16 years following pregnancy. Newborns weighing more than nine pounds at birth also are at high risk for type 2 diabetes. The current high prevalence of pre-diabetes, makes it imperative to consider screening for diabetes at a younger age and more frequently than every three years, when one or more of the following risk factors are present:*

- Family history of diabetes, ie, parents or siblings
- Overweight (body mass index equal to or more than 25kg/m squared)
- Habitual physical inactivity
- Race/ethnicity (African American, Hispanic American, Native American, Asian American, and Pacific Islander)
- Previously identified impaired fasting glucose or impaired glucose tolerance
- Hypertension (at or above 140/90 mmHg in adults)
- HDL at or below 35mg/dl and Triglycerides at or above 250mg/dl
- History of GDM or delivery of a baby weighing more than nine pounds
- Polycystic ovary syndrome

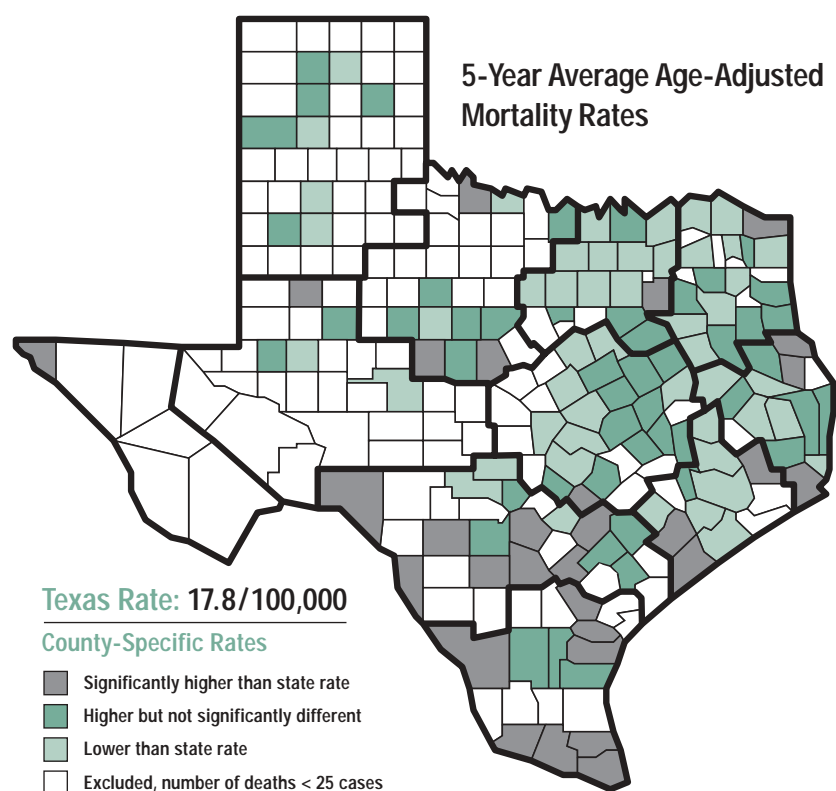
The American Diabetes Association consensus statement titled "Type 2 Diabetes in Children and Adolescents" recommends that overweight youths with any two of the risk factors listed below be screened. Overweight is defined as BMI greater than 85th percentile for age and sex, weight for height greater than 85th percentile, or weight greater than 120 percent of ideal (50th percentile) for height. Testing should be done every two years starting at the age of ten or at the onset of puberty if it occurs at a younger age. Testing may be considered in other high-risk patients who display any of the following characteristics:

- Family history of type 2
- Race/ethnicity (African American, Hispanic American, Native American, Asian American, and Pacific Islander)
- Signs of insulin resistance or conditions associated with insulin resistance (*acanthosis nigricans*, hypertension, dyslipidemia, polycystic ovary syndrome)

*Source: Diabetes Care 2002 25:21S-24S

EPI UPDATE

Diabetes Mellitus



Readership survey results offer guidance for *CornerStone*

The Diabetes Program staff thanks *CornerStone* readers who responded to the newsletter's readership survey. Following is a summary of the findings:

- *CornerStone* has a wide variety of readers, including medical professionals as well as people who are diagnosed with diabetes and their family members. More than 90 percent of the respondents indicated that they are a nurse, dietitian, and/or physician.
- A majority of survey respondents read all topics covered in *CornerStone* (clinical information, diabetes education, diabetes research, legislative information, Medicare/Medicaid coverage, private insurance coverage, and council member activities).
- More than 80 percent say that the newsletter keeps them "very well" or "well" informed on the latest developments related to diabetes.
- The topics most frequently mentioned when asked which other topics related to diabetes they would like to read about in *CornerStone* were nutrition, diabetes research and product research, fitness, and children's issues.
- Based on survey responses, *CornerStone* should continue to be distributed in print format four to six times a year. A majority (78.7 percent) of respondents prefer to receive *CornerStone* in print format only.
- Almost half of all respondents share the publication with two to four other people in their offices.
- An overwhelming majority (82 percent) would not mind seeing paid advertising in *CornerStone*.



Texas Diabetes Council Members

TEXAS DIABETES COUNCIL

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 representatives who are non-voting members.

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

Jan Marie Ozias, PhD, RN, Director, Diabetes Program/Council
 Texas Department of Health
 1100 West 49th Street, Austin, Texas 78756-3199
 Phone (512) 458-7490 · Fax (512) 458-7408

Lawrence B. Harkless, DPM, Chair <i>San Antonio</i>	Belinda Bazan-Lara, MA, RD/LD <i>San Antonio</i>
Gene Bell, RN, CFNP, CDE <i>Lubbock</i>	Margaret G. Pacillas, RN, CDE <i>El Paso</i>
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Jan B. Hamilton, PhD, RD/LD <i>Plainview</i>	Texas Education Agency
Richard (Rick) S. Hayley <i>Corpus Christi</i>	Texas Department of Health
Lenore F. Katz <i>Dallas</i>	Texas Department of Human Services
	Texas Commission for the Blind

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Texas Diabetes Council
 Texas Department of Health
 1100 West 49th Street
 Austin, Texas 78756-3199

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