

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



WINTER 2005

IN THIS ISSUE

1 Diabetes on the US-Mexico border

2 Diabetes Council prepares for the 79th Legislature

3 Disease management goals for Medicaid patients

Medicare focuses on diabetes

Order your free videos and DVDs

4 HHS takes action on diabetes

Lower extremities disease in US population

5 A closer look at childhood obesity

Diabetes and distress

Help from the CDC

6 Diabetes Council's spring meeting

Meet the Texas Diabetes Council

Diabetes rate on the border is twice the state rate

A new study shows that people living in counties within 60 miles of the US-Mexico border have higher rates of diabetes, almost twice the rate for Texas. The study also shows that a higher percentage of border residents are overweight and obese than national averages in both Mexico and the United States.

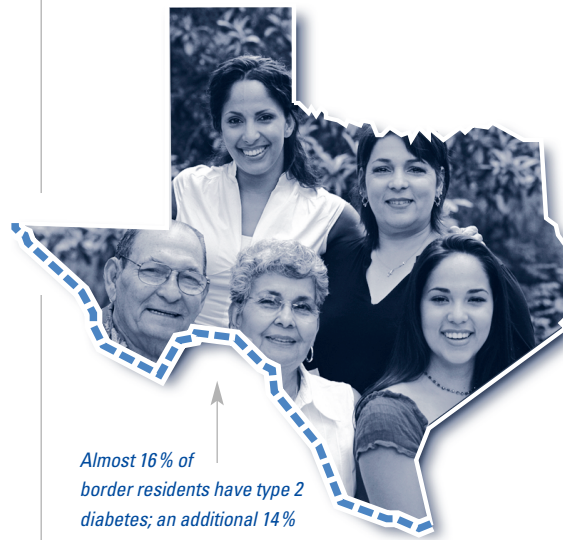
The Collaborative US-Mexico Border Diabetes Prevention and Control Project is the first study to treat the border as a single epidemiological unit and measure diabetes and the prevalence of impaired fasting glucose, or pre-diabetes. It shows that almost 16 percent of border residents have type 2 diabetes, and an additional 14 percent have pre-diabetes (fasting plasma glucose $> 100 < 126$ mg/dL). The border study also shows that almost 75 percent of the border adult population are overweight or obese.

The Texas Diabetes Council/Program estimates that the statewide prevalence rate for Texas is 8.1 percent, and the Department of State Health Services reports that two thirds of Texas adults are overweight or obese.

Almost 75% of the border adult population is overweight or obese

The bi-national study included data from surveys in California, Arizona, New Mexico, Texas, and the six Mexican border states. In addition to interviews, researchers measured body size and blood pressure and took blood tests. Blood test results indicated that 2.6 percent of the people with diabetes on the US side had not been previously diagnosed.

The Collaborative US-Mexico Border Diabetes Prevention and Control Project was launched in 2001. The Texas Diabetes Council/Program and the diabetes control programs of the other border states in Mexico and the United States support the study, which



Almost 16% of border residents have type 2 diabetes; an additional 14% have pre-diabetes

is led by the US Centers for Disease Control and Prevention, the Mexico Secretariat of Health, and the Pan American Health Organization (PAHO). Other partners include the US-Mexico Border Health Association, Paso del Norte Health Foundation, El Paso Diabetes Association, Border Health Foundation, the California Endowment, and Project Concern International. In the next phase of the Project, intervention programs that promote prevention and control will be implemented and evaluated in select border communities through designated health clinics.

For more information, contact PAHO, 5400 Suncrest Drive, Suite C-4, El Paso, TX 79912, phone 915-845-5950, fax 915-845-4361. ■

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: 512-458-7490

Fax: 512-458-7408

E-mail: donna.jones@dshs.state.tx.us

Internet: www.texasdiabetescouncil.org

Texas Diabetes Staff:

Jan Marie Ozias, PhD, RN, Director,
Texas Diabetes Council/Program

Donna Jones, MA, Editor



TEXAS DIABETES
COUNCIL

Diabetes Council adopts legislative agenda

Editor's Note: *The Texas Health and Safety Code requires the Texas Diabetes Council to advise the Legislature on laws that are needed to develop and maintain a statewide system of quality education services for all people with diabetes. The Code also allows the Council to develop and submit legislation to the Legislature or comment on pending legislation that affects people with diabetes.*

The 79th Texas Legislature convened January 11 and remains in regular session through May 30. During that time, the Texas Diabetes Council will work with lawmakers to advocate for the following priorities, which were adopted during its quarterly meeting last Fall:

- ◆ **Safety of children with diabetes in school and after-school care settings**

The Council supports legislation to amend the Health and Safety Code to assure that school personnel are trained on basics of diabetes and its management, including hyperglycemia/hypoglycemia; children are allowed to eat/snack according to their healthcare plan and to monitor their blood sugar and administer medications anywhere on school grounds, including in the classroom and on the school bus; students have access to emergency support including safe glucagon administration at all times by adequately trained staff; parents work with schools to develop individualized medical management plans; school personnel complying with the student's medical management plan have liability protections; and that a school nurse be present on every campus during school hours.

- ◆ **Pediatric diabetes research**

The Council supports implementation of the Texas Pediatric Diabetes Research Advisory Committee's recommendations that diabetes diagnosed before the age of 21 years be reported to the Texas

Department of State Health Services and that a Texas Childhood Diabetes Research Resource be established.

- ◆ **Assessment and follow-up of youth for risk for type 2 diabetes**

The Council recommends legislation that recognizes that children at risk for type 2 diabetes are most effectively served by promoting the American Diabetes Association guidelines for assessing youth for risk; supports the education of school nurses, primary care providers, and families in appropriate diabetes risk assessment, opportunistic screening, and followup; and promotes appropriate medical evaluation and intervention in addition to lifestyle (eating and activity) interventions for children who are overweight or at risk.

- ◆ **Stem cell research**

Recognizing the burden diabetes places on the people and the economy of Texas, the Council supports promising efforts to

prevent and cure diabetes, including research with both adult and embryonic stem cells, within a strong ethical framework.

- ◆ **Medicaid and CHIP coverage of self-management training**

The Council recommends that the Texas Legislature include self-management training for all types of diabetes as a covered service for Texas Medicaid and Children's Health Insurance Program (CHIP) recipients with diabetes. Patients should receive up to 10 hours of self-management training upon diagnosis and ongoing training afterwards, with the goal of sustaining A1c levels recommended by the Texas Diabetes Council.

- ◆ **Other Medicaid issues**

The Council supports education for female beneficiaries who experience gestational diabetes to prevent and delay type 2 diabetes in subsequent years, a study of the impact of the Medicaid Preferred Drug List and related administrative procedures on the quality of care provided to enrollees with diabetes, and reinstatement of coverage for podiatry services and eye glasses for adults with diabetes.

- ◆ **Private insurance coverage**

Given the economic and human benefits of proper diabetes care and treatment, the Texas Diabetes Council recommends that the Texas Legislature maintain current requirements for coverage for diabetes medication, equipment, supplies, and self-management training and reject any proposal to allow the sale of "bare bones" policies that eliminate or reduce diabetes coverage.

In addition to these priorities, the Council supports the Governor's initiatives and legislation that promote physical activity, good nutrition, and healthy body weight. The Council also is in favor of legislation to support nutrition education for recipients of the Lone Star Card, and to maintain funding for the Kidney Health Care Program. ■



Council meets with Medicaid disease management administrator

McKesson Health Solutions, the administrator of the disease management program for Medicaid fee-for-services beneficiaries with diabetes and other chronic diseases, aims to improve health status and quality of life by providing health resources and education that enable clients to better self-manage their condition.

Mckesson's Program Manager Barbara Ramsey explained the disease management program's philosophy and other details during the Fall meeting of the Texas Diabetes Council.

"The program uses nationally recognized clinical guidelines and emphasizes lifestyle behaviors, adherence to providers' treatment plans and prescribed medications, medical case collaboration, and on-demand education and support," Ms. Ramsey said. "It combines call-center nursing services with community-based registered nurses and community providers and clinics," she added.

McKesson uses physician-approved algorithms and a technically advanced software system to ensure consistent and clinically sound client assessment and care planning. A press release from the company notes that it plans to employ four community-based promotoras and eight community-based registered nurses to reach underserved areas throughout Texas. In addition, a call center near Dallas will be home to ten registered nurses providing disease management and nurse triage

services to Medicaid clients. As described in the news release, McKesson's registered nurses receive incoming telephone calls from Medicaid clients and provide recommendations — ranging from at-home self-care to visiting the emergency department—for acute conditions based on symptoms described by the caller. The triage service is available 24 hours a day, seven days a week.

McKesson Health Solutions has its corporate headquarters in San Francisco and provides disease management services to state Medicaid programs in Colorado, Florida, Mississippi, Montana, Oregon, and Washington.

The 78th Texas Legislature (2003) authorized the Texas Medicaid Disease Management Program, also known as the Texas Medicaid Enhanced Care Program, in House Bill 727. The Health and Human Services Commission's Request for Proposals from prospective contractors for the Program required the selected vendor to guarantee at least 5 percent savings in the total medical costs of the eligible population. ■

Medicare covers diabetes screening, initiates program to reduce health risks

Among the activities authorized by the Medicare Modernization Act of 2003 are two related to diabetes care.

First, the Centers for Medicare and Medicaid Services (CMS) reports that Medicare now covers fasting plasma glucose tests to check for diabetes. The benefit became available January 1, 2005. Eligible beneficiaries may qualify for up to two screenings, at no cost, each year. The screenings are available to individuals at increased risk for diabetes who have any of the following: high blood pressure, dyslipidemia, obesity, or a history of high blood sugar.

In a second, related development, a new Medicare initiative that is expected to be operational in the Spring of 2005 aims to improve the quality of care and quality of life for people living with multiple chronic illnesses. The Voluntary Chronic Care Improvement Program will offer self-care guidance and support to chronically ill Medicare beneficiaries to help them manage their health, adhere to their physicians' plans of care, and obtain the medical care and Medicare-covered benefits that they need. The program has two phases. The first phase will operate for three years with pilot programs in Chicago, the District of Columbia, Maryland, Georgia, Pennsylvania, central Florida, Oklahoma, Mississippi, Queens and Brooklyn in New York City, and Tennessee. The second phase—expansion—will begin within two to three and a half years after Phase I if conditions for expansion have been met.

More information on Medicare is available at www.cms.gov. ■

Free patient education videos and DVDs target multiple audiences

The Texas Diabetes Council/Program has produced a patient education tool on video and DVD in four languages—English, Spanish, Vietnamese, and Mandarin Chinese. The new products describe a four-step plan for delaying or avoiding the complications of diabetes, including heart disease, amputations, and kidney disease:

- ◆ **Have regular check-ups**
- ◆ **Control your sugar**
- ◆ **Eat healthy foods in healthy portions**
- ◆ **Increase your physical activity**

The information is designed for patients with newly diagnosed type 2 diabetes. Contact the Texas Diabetes Program at 512-458-7490 or visit www.tdh.state.tx.us/diabetes/publications/patient.htm for ordering instructions.

HHS announces diabetes action plan

The US Department of Health and Human Services has announced the publication of Diabetes: A National Plan for Action, a step-by-step guide to activities and resources.

“This action plan provides specific steps that everyone can take to fight diabetes,” said Victor Gonzalez, MD, McAllen, a member of the Texas Diabetes Council who helped develop the plan. “The most effective way to bring this problem under control is for government, business, healthcare providers, schools, communities, and the media, as well as people with diabetes and their families, to work together.”

The plan focuses on specific, attainable action steps. Goals for individuals include reducing fat consumption, taking the stairs instead of the elevator, and getting screened for diabetes. Businesses can provide healthy food in vending machines and cafeterias and turn some conference space into exercise rooms. Civic groups can create community gardens and install distance markers on sidewalks to encourage walking for health. Government agencies can develop evidence-based strategies to prevent, detect, and treat diabetes as well as programs to implement them.

Editor’s Note: Diabetes: A National Plan for Action is available on the Web at: <http://aspe.hhs.gov/health/NDAP/NDAP04.pdf>



Prevalence of lower-extremity disease in the US adult population ≥ 40 years of age with and without diabetes

1999–2000 National Health and Nutrition Examination Survey

Edward W. Gregg, PhD; Paul Sorlie, PhD; Ryne Paulose-Ram, PhD; Qiuping Gu, MD; Mark S. Eberhardt, PhD; Michael Wolz, MA; Vicki Burt, ScM; Lester Curtin, PhD; Michael Engelgau, MD; Linda Geiss, MA
Diabetes Care 27:1591–1597, 2004

Objective

Although lower-extremity disease (LED), which includes lower-extremity peripheral arterial disease (PAD) and peripheral neuropathy (PN), is disabling and costly, no nationally representative estimates of its prevalence exist. The aim of this study was to examine the prevalence of lower-extremity PAD, PN, and overall LED in the overall US population and among those with and without diagnosed diabetes.

Research design and methods

The analysis consisted of data for 2,873 men and women aged ≥ 40 years, including 419 with diagnosed diabetes, from the 1999–2000 National Health and Nutrition Examination Survey. The main outcome measures consisted of the prevalence of lower-extremity PAD (defined as ankle-brachial index < 0.9), PN (defined as ≥ 1 insensate area based on monofilament testing), and of any LED (defined as either PAD, PN, or history of foot ulcer or lower-extremity amputations).

Results

Of the US population aged ≥ 40 years, 4.5 percent (95 percent CI 3.4–5.6) have lower extremity PAD, 14.8 percent (12.8–16.8) have PN, and 18.7 percent (15.9–21.4) have any LED. Prevalence of PAD, PN, and overall LED increases steeply with age and is higher ($P < 0.05$) in non-Hispanic blacks

and Mexican Americans than non-Hispanic whites. The prevalence of LEDs is approximately twice as high for individuals with diagnosed diabetes (PAD 9.5 percent [5.5–13.4]; PN 28.5 percent [22.0–35.1]; any LED 30.2 percent [22.1–38.3]) as the overall population.

Conclusions

LED is common in the US and twice as high among individuals with diagnosed diabetes. These conditions disproportionately affect the elderly, non-Hispanic blacks, and Mexican Americans. ■



DSHS awards grants to local health departments to look at childhood obesity data

The Texas Department of State Health Services (DSHS) has awarded grants totaling \$205,319 to eight local health departments to collect county-level data on the prevalence of obesity in children under the School Physical Activity and Nutrition project, known as SPAN.

Local health departments receiving funding are:

**City of Amarillo
Department of Public Health**, \$54,268

Bell County Public Health District, \$26,963

**El Paso City-County Health and
Environmental Services**, \$12,342

**Harris County Public Health and
Environmental Services**, \$24,612

City of Laredo Health Department, \$24,301

Victoria City-County Health Department, \$27,350

**Waco-McLennan County Public Health
District**, \$8,824

**Wichita Falls/Wichita County Public
Health District**, \$26,659

Children in fourth, eighth, and eleventh grades will be weighed and measured and will complete a survey about eating habits, physical activity, and nutrition knowledge and beliefs.

“In addition to prevalence data, the SPAN project will help us look at some of the ‘whys’ of overweight in children and allows us to focus on developing more effective interventions,” said Kim Sasser of the DSHS Obesity Prevention and Public Health Nutrition and Physical Activity program. “We are looking at information about overweight across the state, not at individual children or schools.” ■

From the *Morbidity and Mortality Weekly Report*: People with diabetes prone to psychological distress

“Depression, anxiety, and other disorders causing serious psychological distress (SPD) frequently complicate the health care of persons with diabetes.”¹⁻³



To assess the prevalence and effects of SPD among adults with diabetes, the New York City Department of Health and Mental Hygiene analyzed data from approximately 10,000 adults who participated in the 2003 New York City Community Health Survey.

The results indicated that 1) adults with diabetes were twice as likely to have SPD as those without diabetes, and 2) adults with both SPD and diabetes were more likely than those with only diabetes to live in poverty, report poor health, lack access to health care, and to have lost a spouse or partner to separation, divorce, or death. An integrated program of physical and mental health care that addresses socioeconomic barriers and improves access to treatment might improve the overall health of persons with diabetes and SPD.

Centers for Disease Control and Prevention. Serious Psychological Distress Among Persons with Diabetes—New York City, 2003. *MMWR* 2004;53:1089-1091.

Editor’s Note: The complete report is available on the Web at www.cdc.gov/mmwr/PDF/wk/mm5346.pdf.

¹ Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. The prevalence of comorbid depression in adults with diabetes: a meta-analysis. *Diabetes Care* 2001;24:1069–78.

² Grigsby AB, Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. Prevalence of anxiety in adults with diabetes: a systematic review. *J Psychosom Res* 2002;53:1053–60.

³ Dinan T, Peveler R, Holt R. Understanding schizophrenia and diabetes. *Hosp Med* 2004;65:485–8.

CDC offers new resources

5 al día: The Centers for Disease Control and Prevention has launched a 5 A Day Web site in Spanish. The site offers healthy recipes, nutrition information, links to sites that provide information on diabetes in Spanish, and other advice. Visit at www.cdc.gov/nccdphp/dnpa/5AIDia/index.htm. The CDC’s main Spanish Web site is at www.cdc.gov/spanish/default.htm.

Help for adolescents and young adults: *Improving the Health of Adolescents and Young Adults: A Guide for States and Communities* is a companion to Healthy People 2010, the comprehensive national health promotion and disease prevention agenda of the US Department of Health and Human Services. The guide provides direction on creating successful programs for adolescents and young adults ages 10 through 24. It covers topics such as coalition building, needs-and-assets assessment, priority setting, and program planning, implementation, and evaluation. It also presents guiding principles, effective strategies, case studies, practical tools, and links to resources for comprehensive adolescent health programs. Access the guide at www.cdc.gov/HealthyYouth/NationalInitiative.

Diabetes Council meets April 28, 2005

The Texas Diabetes Council's next quarterly meeting is April 28, 2005, at the Texas Department of State Health Services, 1100 West 49th Street, in Austin. The meeting is open to the public, and the agenda has a standing item inviting public comments.

Meeting dates, locations, and agendas are published in the Texas Register

(www.sos.state.tx.us/texreg/index.shtml)

and posted on the Council's Web site

(www.texasdiabetescouncil.org). For

more information, call 512-458-7490.



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.

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

Jan Marie Ozias, PhD, RN, Director
Texas Diabetes Council/Program
Texas Department of State Health Services

1100 West 49th Street
Austin, TX 78756-3199
Phone: 512-458-7490
Fax: 512-458-7408

Lawrence B. Harkless, DPM, Chair

San Antonio

Randy Bryon Baker

Mesquite

Gene Bell, RN, CFNP, CDE, Secretary

Lubbock

Victor Hugo Gonzalez, MD

McAllen

Judith L. Haley, Vice-Chair

Houston

Richard (Rick) S. Hayley

Corpus Christi

Lenore F. Katz

Dallas

Belinda Bazan-Lara, MA, RD/LD

San Antonio

Margaret G. Pacillas, RN

El Paso

Avery Rhodes

Diboll

Jeffrey Ross, DPM, MD, FACFS

Houston

**Texas Department of Assistive and
Rehabilitative Services**

Texas Department of State Health Services

**Texas Department of Aging and Disability
Services**

Texas Education Agency

6

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
T E X A S

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