

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



WINTER 2006

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DIABETES MONTH IN TEXAS:

Perspectives from the neighborhood to the globe

THROUGHOUT THE MONTH OF NOVEMBER, THE TEXAS DIABETES COUNCIL joined other state and local officials to recognize increasing numbers of persons with diabetes in Texas and the nation. World Diabetes Day on November 14 brought attention to the fact that, somewhere in the world, a leg is lost to diabetes every 30 seconds. In the midst of these alarming statistics, a small community-based program was recognized for progress in fighting diabetes among families in a West San Antonio neighborhood.

State officials focus on diabetes prevention in November

November 1, 2005

Agriculture Commissioner Susan Combs and Commissioner of Health Eduardo Sanchez, MD, MPH, stressed diabetes prevention as they joined the American Diabetes Association in kicking off Diabetes Month at the Texas Capitol. Remarks emphasized strategies for better nutrition and physical activity as slowing the rise in numbers of cases of diabetes.

In San Antonio, Texas Diabetes Council Chair Lawrence Harkless, DPM, and Texas Railroad Commissioner Victor Carrillo also spoke about lifestyle factors and their impact on increasing prevalence of diabetes among Hispanic and African American populations at a Diabetes Month kickoff held at the Texas Diabetes Institute.



November 12, 2005

Council member Rick Hayley joined Corpus Christi-area health groups meeting with U.S. Senator John Cornyn to discuss federal legislation related to physical education in schools. Changes to the federal food stamp program prohibiting users from buying unhealthy foods that contribute to obesity and diabetes were suggested.

November 14, 2005 – World Diabetes Day

Fernando Guerra, MD, MPH, Director of Health for the City of San Antonio Metropolitan Health District and Sandra Guerra-Cantu, MD, MPH, Regional Director for the Texas Department of State Health Services Region 8, spoke at an open house event at the House of Neighborly Service (HNS) in West San Antonio. The Families Preventing Diabetes Project at HNS celebrated a successful first year with a cooking demonstration for project participants and local media (see Families Preventing Diabetes...page 2).

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TEXAS DIABETES
COUNCIL

Families preventing diabetes project changing lives of West San Antonio residents

On World Diabetes Day, 2005, Elizabeth Rodriguez stood before a row of television cameras outside the House of Neighborly Service in West San Antonio, holding up her “before” picture. When the picture was taken, Rodriguez was overweight and, at 35, facing a new diagnosis of diabetes and dangerously high blood sugar levels.

Today, Rodriguez explained, she is 100 pounds lighter and in better control of her diabetes thanks to a new kind of community diabetes service project started a year ago with a Texas Diabetes Program grant.

The Families Preventing Diabetes Project focuses on families at risk for diabetes through a pre-diabetes health promotion program, self-management classes for those who have diabetes, a walking group, aerobics classes and healthy cooking demonstrations. In its first year, the project targeted fifty families with members who had diabetes or were at risk for developing diabetes. Two promotoras, or outreach workers, were recruited and trained.

“WE STARTED WITH A MEAL,”

*said Reyes Ramos,
Executive Director of the House of Neighborly Service (HNS).*

“IT LENDS ITSELF TO CAMARADERIE
AND TALKING, AND THIS IS WHAT HELPS US
GET OUR POINT ACROSS.”

The House of Neighborly Service, an agency affiliated with the Presbyterian Church, is a neighborhood center for families at risk for diabetes and the site for the project. Cooking demonstrations for the community are held in a small, bright yellow house across the street from the center that doubles as a distribution point for a food bank and gathering spot for youth socials and movie nights. A high neighborhood crime rate necessitated the construction of a fenced track for walking groups.

San Antonio Metropolitan Health District provides a public health nurse and diabetes educator, using a curriculum adapted by the Texas Diabetes Institute/ University Health System. The project is unique in that it partners federal and state resources with those provided by a city, county and faith-based organization.

The accomplishments of Elizabeth Rodriguez and others participating in the project were celebrated on World Diabetes Day at an open house held at the House of Neighborly Service. As television crews and reporters filmed a cooking demonstration, project participants talked about family members with diabetes and how they’re making changes in their lives to avoid complications and prevent diabetes in their children. Rodriguez explained how her 3-year-old daughter’s diet improved after she attended project cooking classes and that her husband had lost 20 pounds as well.

The Texas Diabetes Program currently provides funding and technical assistance to fifteen Community Diabetes Service Projects across the state. Three, including the Families Preventing Diabetes Project in San Antonio, are family focused, supported by federal funds allocated to Texas through a cooperative agreement with the Centers for Disease Control and Prevention. ■

2005 NATIONAL DIABETES FACT SHEET

The Centers for Disease Control and Prevention (CDC) announced the 2005 National Diabetes Fact Sheet at the end of October showing an increasing number of Americans with Diabetes.

Diabetes now affects nearly 21 million Americans – or 7 percent of the U.S. population – and more than 6 million of those people do not know they have diabetes. This number represents an additional 2.6 million people with diabetes since 2002. Another 41 million people are estimated to have pre-diabetes, a condition that increases the risk of developing type 2 diabetes as well as heart disease and stroke.

Fact sheet highlights:

- ◆ Diabetes continues to be the sixth leading cause of death in the United States.
- ◆ In 2005, an estimated 1.5 million people aged 20 years or older will be newly diagnosed with diabetes.
- ◆ Compared to non-Hispanic whites, diabetes continues to be more common (1.7 to 2.2 times more common) among American Indians and Alaska Natives, non-Hispanic blacks, Hispanic/Latino Americans, and Asian Americans and Pacific Islanders.
- ◆ The risk of diabetes increases with age. About 21 percent of Americans aged 60 years or older have diabetes. This compares to approximately two percent for people 20 to 39 years old and about 10 percent for those aged 40-59 years.

The National Diabetes Fact Sheet can be viewed in its entirety on the CDC website at <http://www.cdc.gov/diabetes/>.

Estimates of diabetes prevalence in Texas are available on the Texas Diabetes Council website: www.texasdiabetescouncil.org.

FOCUS ON QUALITY

Texas Diabetes Council to Recognize HMOs for Comprehensive Diabetes Care

In January 2005, the Council issued a challenge to HMOs in Texas: Improve performance on measures of diabetes care in Texas by ten percent over the next two years.

The 2004 Guide to Texas HMO Quality showed that some HMOs met the challenge by exceeding the state average for all HEDIS® performance measures relating to comprehensive diabetes care in 2003.

Acknowledging the impact these organizations can have on quality of care for Texans with diabetes, the Council's new **HMO Recognition Program** invites organizations who surpass the state rate to be honored at a Council meeting in Austin and appear in listings in *Texas Diabetes* and on the Council website.

An above average ranking on all six performance measures relating to diabetes care suggests adherence to standards of care for both type 1 and type 2 diabetes, a priority area of the Council's Strategic Plan for 2006 and 2007.

The Health Plan Employer Data and Information Set (HEDIS®) consists of standardized performance measures designed for comparing the quality of care of managed care organizations. This tool is used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Basic service HMOs in Texas with 5,000 or more members are required under Texas law to report HEDIS® measures annually to the Center for Health Statistics, Texas Department of State Health Services.

The HEDIS® performance measures for comprehensive diabetes care are based on the percentage of members 18 through 75 years of age using the HMO who...

- ♦ had one or more A1c tests conducted within the past year.
- ♦ had their most recent A1c level greater than 9.5 percent during the past year.*
- ♦ had an eye screening for diabetic retinal disease within the past year.
- ♦ had their most recent LDL-C level less than 130 mg/dL within the past two years.
- ♦ had an LDL-C test within the last two years.
- ♦ had screening for nephropathy (kidney complications) or evidence of already having nephropathy within the past year.

The Guide to Texas HMO Quality is published each year by the Texas Office of Public Insurance Counsel to aid health plan purchasers and consumers choose plans that best meet their needs. Performance measures are grouped in meaningful categories with bar charts depicting individual Texas HMO performance presented in both alphabetical and rank order. The 2004 Guide, along with other HMO reports in the Texas Health Care Information Collection, can be accessed through the Texas Department of State Health Services website at <http://www.dshs.state.tx.us/thcic/publications/HMOs/HMOReports.shtm>. ■

* *The Texas Diabetes Council recommends A1c ≤6.5%. While higher percentages for other diabetes performance measures indicate improved performance, a lower percentage for this measure is favorable.*

Medicaid in step with risk assessment for children

Medicaid instituted policy in October to include risk assessment for type 2 diabetes in medical checkups for children beginning at age 10. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health service for individuals younger than 21 years old. In Texas, EPSDT is known as the Texas Health Steps (THSteps) Program.

The THSteps Medical Checkups Periodicity Schedule indicates screening for risk of type 2 diabetes at age 10, with a fasting plasma glucose lab test authorized for those at risk.

This is consistent with screening guidelines supported by the American Diabetes Association and the Texas Diabetes Council. ■

New partnership with Prairie View A&M University reaches out to minority communities

The Texas Diabetes Program welcomes Project D.E.A.P. (Diabetes Education, Awareness and Prevention) as its newest community outreach partner. A Diabetes Program grant supports the Prairie View A&M Cooperative Extension Program's education activities targeting limited resource minority audiences in ten Texas counties.

County Extension staff are recruiting youth and adults for educational programs, utilizing the Families First-Nutrition, Education & Wellness System, a culturally sensitive curriculum developed by four historically black colleges and universities including Prairie View A&M.

The service area for Project D.E.A.P. includes Bell, Bexar, Cass, Falls, Fort Bend, Harris, Travis, Washington, Webb, and Wharton counties. ■

Novo Nordisk and Texas health care leaders issue call-to-action for improved diabetes care

Diabetes thought leaders gathered in Irving last July for the *Diabetes Challenge for Texas: An Executive Colloquium*. The event was supported by Novo Nordisk and moderated by Camille Miller, President/CEO of the Texas Institute for Health Policy Research.

A multidisciplinary group of health professionals volunteered for an action committee dedicated to refining preventive and treatment practices for diabetes in Texas.

“The formation of this group is an important first step in ensuring the state’s diabetes community is working together to provide the best possible care for those affected by diabetes,” said Pablo Mora, MD, of the University of Texas Southwestern Medical Center’s Division of Diabetes, Endocrinology and Metabolism, and chair of the action committee.

Supported by an initial grant from Novo Nordisk, specific calls-to-action for the committee include:

- ♦ Providing a forum to prioritize and address key issues for all parties affected by diabetes
- ♦ Enhancing current successful efforts by establishing communication links between existing programs
- ♦ Developing an environment where innovative local initiatives can be applied statewide
- ♦ Facilitating the opportunity for a collaborative policy agenda
- ♦ Demonstrating the financial benefits associated with providing Texans with the best diabetes care possible. ■



From left, Craig Spellman, DO, PhD; Martin Soeters, Novo Nordisk; Jan Marie Ozias, PhD, RN, (Director, Texas Diabetes Program/Council); Lawrence Harkless, DPM; Newt Gingrich; Camille Miller; Lenore Katz (Texas Diabetes Council); Jeffrey Jackson, MD, CDE.

Council activities related to best practices and overall contributions to diabetes care were recognized at the *Diabetes Challenge for Texas: An Executive Colloquium*. Former House Speaker and Founder of the Center for Health Transformation Newt Gingrich presented Council Chair, Lawrence Harkless, DPM, with a recognition award. Craig Spellman, DO, PhD, and Jeffrey Jackson, MD, CDE, were recognized for their leadership of the Council’s Healthcare Professionals Advisory Committee, which develops treatment algorithms.

AACE study indicates need to hit blood sugar targets

The American Association of Clinical Endocrinologists (AACE) issued a “State of Diabetes in America” report in October with the warning that two out of three persons with diabetes do not meet the A1c goal of 6.5% or less recommended by the Association and the Texas Diabetes Council.

AACE responded to these findings with the Striving for Better Control campaign. Americans with type 2 diabetes are urged to talk to their doctors about getting an A1c check and commit to better control of blood sugar levels via the campaign website, www.stateofdiabetes.com. The site includes helpful information about controlling blood sugar and visitors can register to receive a free diabetes-friendly cookbook. ■

Texas represented at the CDC’s first national Hispanic/Latino diabetes forum

Former Council Chairs, Maria Alen, MD, and Jaime Davidson, MD, FACP, FACE, joined more than 100 representatives from throughout the U.S and U.S. territories for the First National Hispanic/Latino Diabetes Forum, held September 20-23 in Atlanta, GA. A first of its kind, the forum convened leading diabetes experts to discuss the magnitude of the problem among Hispanics in general and Hispanic subgroups (e.g., Mexicans/Mexican Americans).

A National Hispanic/Latino Diabetes Network was formed to facilitate communication, training, research and policy work in a nationally coordinated effort to address Hispanic/Latino diabetes disparities. Activities will be consistent with the goals of the Centers for Disease Control and Prevention’s REACH 2010 objectives (<http://www.cdc.gov/reach2010>) and the American Diabetes Association’s Latino Action Council.

Also represented at the forum were the Harris County Hospital District and the Migrant Clinicians Network, Inc. Both organizations receive Texas Diabetes Program Community Diabetes Service Project grants for programs targeting Hispanics with diabetes. Texas Diabetes Program/Council Director, Jan Marie Ozias, PhD, RN, was invited to present promising practices in Texas for outreach to Hispanic/Latino populations. ■

Frequently asked questions relating to HB 984 – care of students with diabetes

House Bill 984 went into effect on May 26, 2005, requiring that Texas schools have individual health plans for students who have diabetes. It also requires school principals to seek school employees who are not healthcare professionals to serve as diabetes care assistants. The Texas Diabetes Council, with the assistance of key organizations, was responsible for developing guidelines for training unlicensed school employees to serve as diabetes care assistants.

In July, these guidelines were published on the Council website at www.texasdiabetescouncil.org. To further assist school nurses and administrators with bill implementation, a collection of frequently asked questions has been added to the site. Aspects of the



From left: State Senator Robert Duncan, Lenore Katz (Texas Diabetes Council), and State Representative Elvira Reyna attended the signing of HB 984. The legislation was sponsored by Representative Reyna in the Texas House and Senator Duncan in the Texas Senate.

legislation addressed include definition of key terms, training requirements,

supervision of diabetes care assistants, the role of school nurses, the Medical Management and Treatment Plan (MMTP), after school care, and legal issues.

School staff affected by the legislation are encouraged to review responses to these questions. Additional questions can be addressed by Texas Diabetes Program/Council staff at 1-888-963-7111, ext. 7490, or by email: tdc.web@dshs.state.tx.us.

The Board of Nurse Examiners (BNE) will address issues related to nursing functions, licensure, educational preparation, and delegation of responsibility for care. Responses to questions related to these issues will be posted on the BNE website (www.bne.state.tx.us) in early 2006. ■

Editor's Note: Erin Prather looks at the the issues surrounding the Diabetes School Care Act in her article "Dealing with Diabetes – Physicians must communicate more with schools" in the October 2005 issue of Texas Medicine.

Guidance for identifying overweight children

The U.S. Preventive Services Task Force urges pediatricians not to focus only on height and weight in determining whether a child is overweight. In its recommendation, the Task Force found insufficient evidence that screening children for overweight provides any benefit. Leading groups of family doctors and pediatricians endorse routine screening using the height-weight ratio of the Body Mass Index. However, no evidence was found that all children with high BMIs need to lose weight to be healthy. Nor was there evidence that pediatricians' weight counseling results in weight loss and better health.

BMI can be fairly effective at identifying children who have weight problems, said Task Force member Virginia Moyer, MD. But it can't determine if body mass is mostly fat or lean tissue, and not all children with high BMIs need to lose weight, said Moyer, a pediatrics professor at the University of Texas Health Science

Center in Houston. Dr. Moyer recommends that doctors investigate rapid increases in weight that are not accompanied by increases in height.

Recommendations of other groups

The American Academy of Pediatrics and the Expert Committee from the Maternal and Child Health Bureau, Health Resources and Services Administration recommend using BMI to follow the weight status of children and adolescents. Both groups recommend

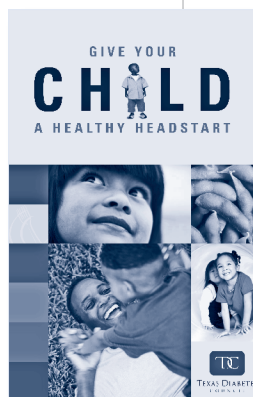
identifying familial risk factors and possible health complications associated with childhood overweight (e.g., hypertension, dyslipidemias, and insulin resistance). The Institute of Medicine's 2004 action plan, Preventing Childhood Obesity: Health in the Balance also recommends

that health professionals routinely track BMI in children and adolescents, in addition to other community-based recommendations.

The recommendation was published in the July issue of Pediatrics or can be accessed from the AHRQ website at www.ahrq.gov/clinic/uspstf/uspsoch.htm.

The Texas Diabetes Council approved a Weight Management Algorithm for Overweight Children and Adolescents in April. It will be included in the Texas Pediatric Society's upcoming tool kit for childhood obesity and is currently available on the Council website.

A new brochure from the Texas Diabetes Council gives parents tips on how to recognize behaviors that may lead to overweight kids and take action to help them stay fit. Ordering information is available on the Council website, www.texasdiabetescouncil.org ■



NDEP campaign empowers older adults to manage diabetes

Keeping up with news on Medicare benefits and other issues affecting diabetes management can be an overwhelming experience for older adults. That's why the National Diabetes Education Program (NDEP) updated its campaign for those age 60 and older – “*The Power to Control Diabetes Is in Your Hands.*”

Highlights include a community action kit for community organizations and a brochure for older adults with diabetes and their loved ones. A Medicare newsletter article for consumers discusses Medicare benefits for persons with diabetes and the new Medicare prescription drug plan.

For more information, visit the NDEP at www.ndep.nih.gov or call 1-800-438-5383. ■



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.

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