

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



SPRING 2006

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Six Texas HMOs achieve higher than average scores for diabetes performance measures

AUSTIN – Six health maintenance organizations (HMOs) in seven Texas markets were awarded certificates at the January Texas Diabetes Council meeting for exceeding the state average for all HEDIS® performance measures relating to comprehensive diabetes care in 2003:

- ◆ **Great-West Healthcare** (Dallas)
- ◆ **HMO Blue Texas** (Austin and Houston)
- ◆ **Humana Health Plan of San Antonio** (San Antonio)
- ◆ **PacificCare of Texas** (San Antonio)
- ◆ **Scott and White Health Plan** (Central Texas)
- ◆ **Valley Baptist Health Plan** (Harlingen)

These HMOs are the first to be recognized by the Council's new **HMO Recognition Program**. Awards for 2006 are based on averages presented in the *2004 Guide to HMO Quality for 2003*. 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 web site at <http://www.dshs.state.tx.us/thcic/publications/HMOs/HMOReports.shtm>.

The performance measures for comprehensive diabetes care are listed below with corresponding state and national averages for 2003. ■

Percentage of members 18 through 75 years old with type 1 or type 2 diabetes using the HMO who ...	Texas Average 2003	National Average 2003*
had one or more HbA1c tests conducted within the past year.	79.8%	84.6%
had their most recent HbA1c level greater than 9.5 percent during the past year.**	46.2%	32%
had an eye screening for diabetic retinal disease within the past year.	39.4%	48.8%
had their most recent LDL-C level less than 130 mg/dL within the past two years.	52.6%	60.4%
had a LDL-C test done within the last two years.	87.7%	88.4%
had screening for nephropathy or evidence of already having nephropathy within the past year.	44.4%	48.2%

* National averages are presented as goals for the state.

** 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.

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TEXAS DIABETES COUNCIL

TDC patient education materials: old favorites get a new look

If you regularly order patient literature from the Texas Department of State Health Services, you've probably noticed some changes . . .

Diabetes Health Record

DSHS Publication #10-25 and #10-25A

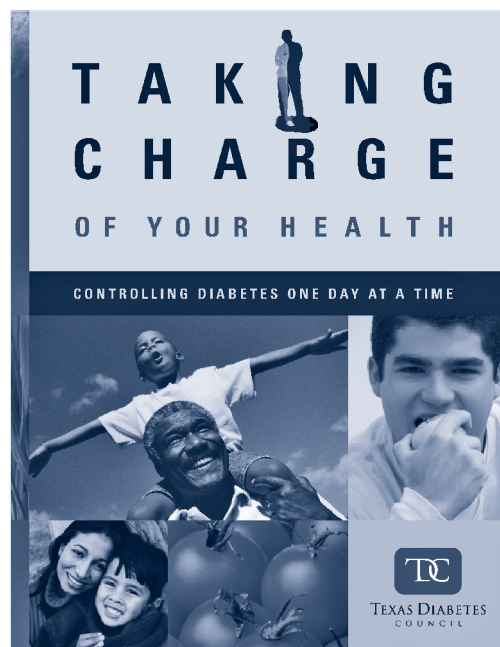
The Texas Diabetes Program/Council's *Diabetes Health Record*, easily carried in a wallet or purse, provides a convenient way for people with diabetes to track results of regular lab tests, exams, and immunizations. Updates to this piece include:

- ◆ A "diabetes alert" message with instructions for emergency treatment
- ◆ Pre-printed targets for lab values based on practice recommendations adopted by the Texas Diabetes Council and the American Diabetes Association's "Standards of Medical Care in Diabetes – 2006"

Taking Charge of Your Health, Controlling Diabetes One Day at a Time

DSHS Publication #10-21 and #10-21A

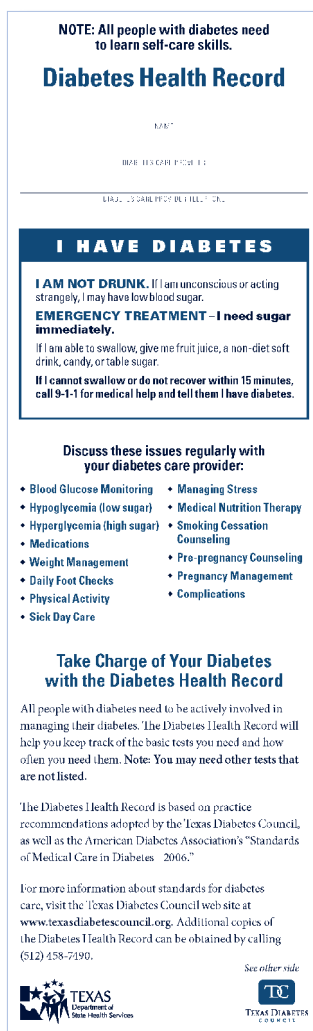
Also known simply as *Controlling Diabetes One Day at a Time* or *You Have the Power*, this easy-to-read introduction to diabetes management has been used by diabetes



educators across the state to initiate discussion about diabetes topics in classes and one-on-one patient education. No longer the blue and white folder with handouts, *Taking Charge of Your Health* includes the same information in a more colorful, 8.5" X 11" booklet.

Visit the Texas Diabetes Council website for ordering instructions. Click on *Educational Materials*. ■

Editor's Note: New supplies of these publications are on their way! If your request for copies is backordered, your patience is appreciated. Your order will be filled as soon as possible.



State Representative McReynolds hosts Lufkin Diabetes Summit

State Representative Jim McReynolds welcomed attendees to the *State of Diabetes in Texas: "Striving for Better Control" Summit* held at Angelina College in Lufkin on January 17, 2006.

Local health professionals and community leaders were invited to discuss the impact of diabetes in Texas, advances in diabetes management, disparities in diabetes care, and legislative initiatives to improve diabetes care in Texas. Speakers included:

- ◆ **Bettye Davis-Lewis, EdD, RN, FAAN,** President, National Black Nurses Association
- ◆ **Paul K. McGaha, DO, MPH,** Regional Director, Texas Department of State Health Services, Health Service Region 4/5 North
- ◆ **Dr. Larry Phillips,** President, Angelina College
- ◆ **Lance A. Sloan, MD, FACE,** Medical Director, H.C. Polk Jr. Regional Diabetes Center, Lufkin and President, Texas Chapter of the American Association of Clinical Endocrinologists

Council Chair, **Lawrence Harkless, DPM** and **Representative McReynolds**, senior member of the Public Health Committee in the Texas House, concluded the Summit with a review and discussion of legislation affecting persons with diabetes from the 79th Texas Legislature.

Special thanks were given to Erica Brumleve with GlaxoSmithKline for her role in organizing the Summit. GlaxoSmithKline provided an unrestricted education grant to support the event. ■

TEXAS DIABETES FACTS

Last November, the Centers for Disease Control and Prevention released the 2005 National Diabetes Fact Sheet, announcing that 7.2 percent of the U.S. population is now affected by diabetes. In January, the Diabetes Program at the Texas Department of State Health Services published a revised *Texas Diabetes Fact Sheet* estimating the prevalence of diabetes in Texas to be 1.2 million persons aged eighteen years of age and older, or 7.7 percent of this age group.¹

Another estimated 401,975 persons aged eighteen years and older in Texas are believed to have undiagnosed diabetes (based on 1999-2000 NHANES age-adjusted prevalence estimate of 2.5% of the 2004 adult population).²

Prevalence of Diagnosed Diabetes by Gender in Persons 18 and Older (Texas, 2004)¹

Male 610,699 (7.7%)
 Female 619,236 (7.6%)

Prevalence of Diagnosed Diabetes by Race/Ethnicity in Persons 18 Years and Older (Texas, 2004)¹

White, non-Hispanic 622,474 (7.1%)
 Black, non-Hispanic 202,944 (11.4%)
 Hispanic 390,337 (7.9%)
 Other 34,845 (5.9%)

Prevalence of Diagnosed Diabetes by Age in Persons 18 and Older (Texas, 2004)¹

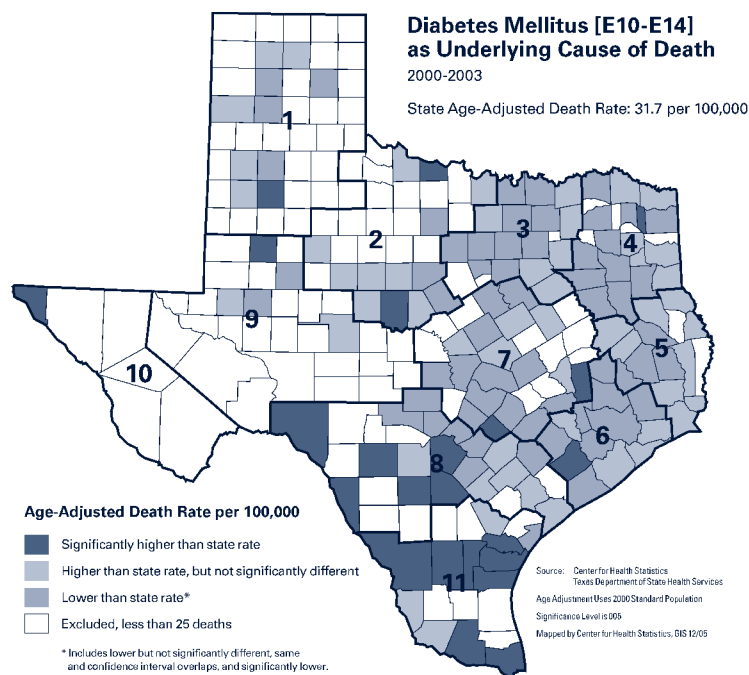
Age 18-29 0.8%
 Age 30-44 4.1%
 Age 45-64 11.9%
 Age 65+ 17.6%

Prevalence of Diagnosed Diabetes by Race/Ethnicity and Age in Persons 18 and Older (Texas, 2004)¹

The table below shows diabetes prevalence rates for Texas for 2004 by race/ethnicity and age. Diabetes prevalence rates for blacks (non-Hispanic) and Hispanics are higher than the state rate. Though there is not much variation between overall prevalence rates for whites (non-Hispanic) and Hispanics, it is important to look at prevalence by age group.

Age Group	White non-Hispanic	Black non-Hispanic	Hispanic	Other
18 - 44	1.8%	3.7%	3.3%	1.8%
45 - 64	9.4%	19.0%	17.2%	10.7%
65+	15.9%	31.1%	29.2%	15.7%
Overall	7.1%	11.4%	7.9%	5.4%

Among forty-five to sixty-four year-olds, the diabetes prevalence rate is much higher for Hispanics and blacks (non-Hispanic) than for whites (non-Hispanic). The same holds true for persons sixty-five years old and older.



Deaths Among Persons with Diabetes

Diabetes was the sixth leading cause of death in Texas in 2002 and 2003. In 2003, 5,663 deaths were directly attributed to diabetes.³ Of persons who have diabetes, Texas diabetes mortality rates for 2003 indicate that...

- ◆ 31 per 100,000 were likely to die from it.
- ◆ 24 per 100,000 whites (non-Hispanic) were likely to die from it.
- ◆ 55 per 100,000 blacks (non-Hispanic) were likely to die from it.
- ◆ 52 per 100,000 Hispanics were likely to die from it.³

The Texas Diabetes Fact Sheet can be found on the web at <http://www.dshs.state.tx.us/diabetes/tcdcdata.shtml>

¹ Source: 2004 Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons who are eighteen years of age and older. Data include both type 1 and type 2 diabetes. People with diabetes include those who report that they have been told by a doctor that they have diabetes. Women who report diabetes only during pregnancy are not included in prevalence. Prevalence data for 2005 will be available in fall of 2006 (prevalence data are available for the year prior to the current year).

² Persons 20 years old and older. Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults, United States, 1999-2000. MMWR. September 5, 2003; 52(35); 833-837.

³ Texas Department of State Health Services, Center for Health Statistics. Data include male and female, and all ages. Mortality data for 2004 will be available in summer of 2006.

Quick thinking and a plan save student's life on the way to school

At the beginning of the 2006 school semester, Brandy Rose, a nurse at Howe ISD in North Texas, reviewed new diabetes treatment and management plans for students in her district. Like other school nurses across the state, Rose had spent some time acquainting herself with HB 984.

Passed the previous spring by the Texas Legislature, the bill requires individualized health plans for students with diabetes and training of unlicensed diabetes care assistants in public schools in Texas.

Rose worked with teachers of students with diabetes and other staff to make sure they were aware of each student's health plan and their role in helping the student manage the disease or responding to an emergency. Folders with instructions for students who ride buses were provided to bus drivers on each bus carrying a student with diabetes.

"HB 984 gave me more guidance about what needed to be considered for students with diabetes, including a few things I might not have thought of had I not read the bill," said Rose. "With the folders, I want people to be prepared. I want parents to feel like their children are in good hands."

Rose's preparation was soon put to the test last fall when a school bus driver looked back during his morning bus route to find that an eleven-year-old student with diabetes had slipped under her seat while having a seizure.

The driver had been informed that the student's diabetes was difficult to control. Knowing the situation, he immediately called 9-1-1 and consulted the folder he carried on his bus for further instructions. An emergency medical technician arrived on the scene within two minutes and the student was rushed to the hospital for treatment. The driver's fast action was credited with saving her life.

"The incident woke a lot of people up to the need to be knowledgeable of students with diabetes and other conditions," said Rose. "I urge all schools to not wait until there is an emergency to be prepared."

The Texas School Nurses Organization (TSNO) provides specific recommendations for nursing practice and campus implementation of HB 984, including sample protocols, fact sheets, and training agendas. These resources can be accessed through the TSNO web site: www.texaschoolnurses.org/newsHB984.htm.

Guidelines for training school employees who are not licensed healthcare professionals can be found on the Texas Diabetes Council website: www.texasdiabetescouncil.org.



Get email updates from the Texas Diabetes Program/Council with GovDelivery

GovDelivery, the leading email subscription management system designed specifically for the public sector, is now available to keep you informed of updates and additions to the Texas Diabetes Program/Council website. Simply go to the Texas Diabetes Program/Council home page (www.texasdiabetescouncil.org) and click on the graphic in the upper right-hand corner stating "Sign up for e-mail updates."

GovDelivery®

After creating your user profile and subscribing to "Diabetes," you're set to receive emails alerting you to new web content like:

- ♦ **New issues of *Texas Diabetes***
- ♦ **Revisions to Texas Diabetes Council diabetes treatment algorithms**
- ♦ **Information about upcoming Texas Diabetes Council meetings**
- ♦ **New and updated patient literature and publications produced by the Texas Diabetes Program/Council**
- ♦ **Diabetes Program funding opportunities**
- ♦ **...and more!**

Subscription is free and you can unsubscribe at any time.

GovDelivery service is made available through the Texas Health and Human Services System and contains links to the Texas Health and Human Services Commission website. By clicking "Sign up for e-mail updates" from pages other than the Texas Diabetes Program/Council home page, you'll be presented with options for subscribing to content supplied by other program areas within the Texas Health and Human Services System.

Users already subscribing to *GovDelivery* for Texas Department of State Health Services content can add "Diabetes" to their content list by checking "Diabetes" under the "Prevention and Preparedness" content category. ■

TREATING DIABETES EMERGENCIES:

What police officers need to know

A 2003 settlement agreement between the City of Philadelphia and the American Diabetes Association has provided new resources for educating law enforcement about diabetes and the life-threatening situations detainees with diabetes can face.

Rosen, et al. v. City of Philadelphia, sought changes in the Philadelphia Police Department's policies and procedures to ensure that people with diabetes in police custody receive the food and medication they need, and that those who become ill receive proper medical care. The lawsuit came about after numerous reports of persons with diabetes being detained for extended periods without access to insulin, medications, or food.

As a result of the settlement, Philadelphia was required to establish special procedures for processing detainees with diabetes, including assessment for needed medical care and making a source of sugar available. The City of Philadelphia and the American Diabetes Association co-produced a training video on the needs of people with diabetes in custody entitled *Treating Diabetes Emergencies: What Police Officers Need to Know* and a poster describing diabetes and its treatment to be placed in areas where prisoners are detained.

Following review by its Advocacy and Outreach Committee, the Texas Diabetes Council endorsed the training video and poster for use in Texas law enforcement training. A recommendation was also made to encourage law enforcement to have a fast-acting sugar source available in the event

of a diabetes emergency, and to make available a "quick-reference" to help police officers recognize an emergency and take appropriate action.

When possible, the Council will recommend appropriate changes or additions to diabetes curricula used by organizations that offer law enforcement training in emergency medical assistance.

A copy of the training video, *Treating Diabetes Emergencies: What Police Officers Need to Know*, can be obtained from the American Diabetes Association by calling 1-800-232-6733. ■

New Beginnings
A Discussion Guide for Living Well with Diabetes

**Employers, C.D.E.s, Health Care Providers—
A New Tool for You!**

New Beginnings
A Discussion Guide for Living Well with Diabetes

Living with diabetes can be a challenge. *The Debilitator* film follows Calvin Dixon through his emotional experiences as he is diagnosed with diabetes. To help you lead a group in discussing the film, the National Diabetes Education Program is offering a free resource *New Beginnings: A Discussion Guide for Living Well with Diabetes*.

Ordering information:
Discussion guide—www.ndep.nih.gov or 1-800-438-5383
Film—www.millenniumfilmworksinc.com

Photographs in this discussion guide that are related to the film *The Debilitator* were provided by Millennium Filmworks, Inc.

When good insulin goes bad . . .

Insulin that is kept for too long or is improperly stored will not work as well as it should, resulting in poor diabetes management. The following tips are offered to assist in determining when insulin is no longer effective and should be thrown out.

Insulin storage tips:

- ◆ **Insulin can be stored in a refrigerator or at room temperature.**
- ◆ **Insulin that is unopened* and stored in a refrigerator (approx. 36° to 46°F) is potent until the expiration date on the package.**
- ◆ **Insulin that is opened and stored in a refrigerator is potent for up to 28 days.**
- ◆ **Insulin stored at room temperature (between 59° and 86°F) is considered potent for up to 28 days (opened or unopened).**
- ◆ **Temperature extremes (below 36°F and above 86°F) can limit effectiveness of insulin. Avoid leaving insulin where it might freeze or be exposed to direct sunlight or other heat sources.**

* A bottle is considered **open** if its seal has been punctured, i.e., a needle has been used to draw up insulin for administration. If the cap is removed but the bottle is not punctured, the bottle is still considered **unopened**.

The American Diabetes Association (www.diabetes.org) and insulin manufacturers offer additional advice to help determine if insulin is past its prime. Search for "insulin storage."

The shelf lives of insulin pens and cartridges vary, so be sure to check with the manufacturer. A chart with shelf life information for popular brands as well as more advice for storing and handling insulin can be found on the BD web site: http://www.bddiabetes.com/us/yourinsulin/intro_storing.asp

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. The ***Kidney Connection Guide***, developed by the National Kidney Disease Education Program, helps families discuss the connection between diabetes, hypertension, and kidney disease at family reunions or other family gatherings.

Visit www.nkdep.nih.gov/familyreunion or call **1-866-4 KIDNEY** to get free copies of the ***Kidney Connection Guide*** for your office or waiting room. ■



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:

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