

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



FALL 2004

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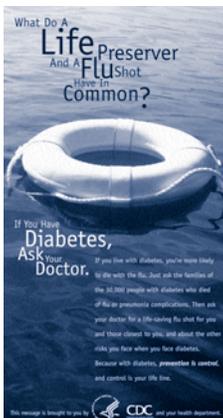
If you have diabetes, a flu shot could save your life

That's the message the Centers for Disease Control and Prevention (CDC) is sending to remind people with diabetes to get flu vaccinations. The CDC notes that during flu epidemics, death rates among people with diabetes increase by 5 percent to 15 percent.

People with diabetes also need at least one pneumonia vaccination and may need a repeat if their first shot was before age 65 or if their doctor determines a need.

The Texas Diabetes Council supports the campaign and encourages local organizations to help spread the word. Free brochures and posters in English and Spanish are available from the Texas Department of State Health Services while supplies last. To order materials, phone 512-458-7490. Brochures, posters, and other materials also are available on the Internet to download and reprint. They are in Portable Document Format (PDF) files at www.cdc.gov/diabetes/projects/consumer.htm.

Editor's note: As this issue of *Texas Diabetes* went to press, the Centers for Disease Control announced that influenza vaccine from Chiron Corporation would not be available for distribution in the United States. Due to the reduced supply, the CDC identified priority groups for influenza vaccination, including adults aged 65 years and older, persons aged 2 through 64 years with underlying chronic medical conditions (diabetes), residents of nursing homes and long-term care facilities, and healthcare workers involved in direct patient care. For more information, visit www.cdc.gov/flu/.



79th Texas Legislature on the horizon



Prefiling of legislation for the 79th Legislature begins Monday, November 8, 2004, and the Legislature convenes at noon on Tuesday, January 11, 2005.

Other dates of interest are:

- Friday, March 11, 2005, the deadline for filing bills and joint resolutions other than local bills, emergency appropriations, and bills that have been declared an emergency by the Governor, and
- Monday, May 30, 2005, the last day of the 79th Regular Session.

For more information on the Texas Legislature, visit www.capitol.state.tx.us.

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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

Antitrust money to support Texas children's health

A recent antitrust financial settlement will provide \$585,000 to a Texas Department of State Health Services health promotion program for children.

The money represents Texas' share of a national settlement and will help fund training and educational materials for schools that have chosen the Coordinated Approach to Child Health program (CATCH). CATCH coordinates health and physical education, school food services, and parental involvement to increase physical activity and improve nutrition. More than 1,000 Texas schools have adopted CATCH, benefiting nearly 450,000 students.

Salton Inc., a Lake Forest, Illinois, distributor of small appliances, including George Foreman Grills, will pay plaintiff states a total of \$8 million. The suit alleged that Salton pressured several chain stores to enter into illegal pricing agreements that violated both state and federal antitrust laws.

Free videos and DVDs help patients understand the basics of diabetes self-management

New, free videotapes and DVDs from the Texas Diabetes Council help patients avoid that overwhelmed feeling that can come with a new diagnosis of type 2 diabetes. A survey done with family doctors indicated they wanted help to extend the limited time they have to answer questions from patients.

The videos and DVDs—available in English, Spanish, Vietnamese, and Mandarin—stress a four-step plan for delaying or avoiding heart disease, amputations, kidney disease, and other complications of diabetes:

- Have regular check-ups,
- Control your sugar,
- Eat healthy foods in healthy portions, and
- Increase your physical activity level.

They also suggest low- or no-cost exercise options and explain what diabetes is in understandable terms.

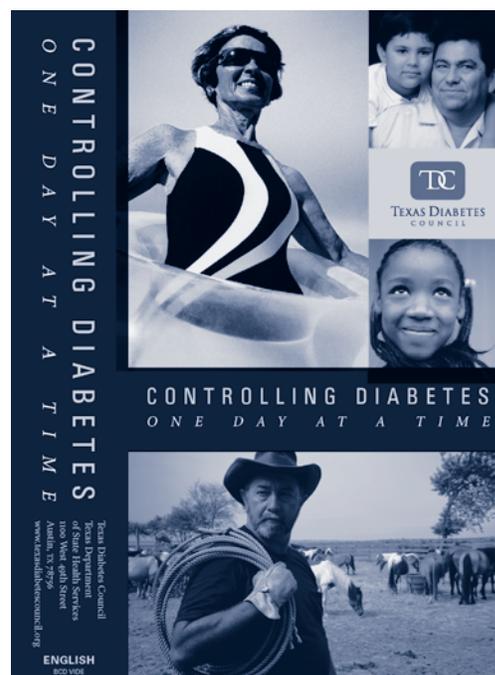
"Controlling Diabetes One Day at a Time" can be ordered online or in writing using DSHS Form No. AG-30. Visit <http://tigerlily.tdh.state.tx.us/mamd/litcat/default.asp> for instructions. Written requests should contain the following information:

- Requestor's name;
- Shipping address;
- Organization, affiliation, or professional status, if applicable;
- Catalog number(s) and title(s) of items requested;
- Quantity (a maximum of 5 videos and/or DVDs per order); and
- Date requested.

Requests should be mailed to Texas Department of State Health Services Warehouse, Attention: Warehouse Manager, 1100 West 49th Street, Austin, TX 78756-3199, or faxed to 512-458-7413. To complete the form or order online, refer to "Controlling Diabetes One Day at a Time" and the following catalog numbers

English Video	BCD VIDE
Spanish Video	BCD VIDS
Vietnamese Video	BCD VIDV
Vietnamese DVD	10-21DVDV
Mandarin Video	BCD VIDM
Mandarin DVD	10-21DVDM

For more information, phone 512-458-7490.



Relationship of physical activity vs body mass index with type 2 diabetes in women

Amy R. Weinstein, MD, MPH; Howard D. Sesso, ScD, MPH; I. Min Lee, MBBS, ScD; Nancy R. Cook, ScD; JoAnn E. Manson, MD, DrPH; Julie E. Buring, ScD; J. Michael Gaziano, MD, MPH. JAMA 2004; 292:1188-1194.

Context: Physical inactivity and body mass index (BMI) are established independent risk factors in the development of type 2 diabetes. However, their comparative importance and joint relationship with diabetes are unclear.

Objective: To examine the relative contributions and joint association of physical activity and BMI with diabetes.

Design, setting, and participants: Prospective cohort study of 37,878 women free of cardiovascular disease, cancer, and diabetes with 6.9 years of mean follow-up. Weight, height, and recreational activities were reported at study entry. Normal weight was defined as a BMI of less than 25; overweight, 25 to less than 30; and obese, 30 or higher. Active was defined as expending more than 1,000 kcal on recreational activities per week.

Main outcome measure: Incident type 2 diabetes, defined as a new self-reported diagnosis of diabetes.

Results: During the follow-up, 1,361 cases of incident diabetes occurred. Individually, BMI and physical activity were significant predictors of incident diabetes. Compared with normal-weight individuals, the multivariate-adjusted hazard ratio (HR) was 3.22 (95 percent confidence interval [CI], 2.69-3.87) for overweight individuals and 9.09 (95 percent CI, 7.62-10.8) for obese individuals. For overall activity (kilocalories expended per week), compared with the least active first quartile, the multivariate-adjusted HRs

were 0.91 (95 percent CI, 0.79-1.06) for the second quartile, 0.86 (95 percent CI, 0.74-1.01) for the third, and 0.82 (95 percent CI, 0.70-0.97) for the fourth (P for trend = .01). In the combined analyses, overweight and obese participants, whether active or inactive, had significantly elevated risks, compared with normal-weight active individuals. The multivariate-adjusted HRs were 1.15 (95 percent CI, 0.83-1.59) for normal-weight inactive, 3.68 (95 percent CI, 2.63-5.15) for overweight active, 4.16 (95 percent CI, 3.05-5.66) for overweight inactive, 11.5 (95 percent CI, 8.34-15.9) for obese active, and 11.8 (95 percent CI, 8.75-16.0) for obese inactive participants.

Conclusions: Although BMI and physical inactivity are independent predictors of incident diabetes, the magnitude of the association with BMI was greater than with physical activity in combined analyses. These findings underscore the critical importance of adiposity as a determinant of diabetes.

Author Affiliations: Boston VA Healthcare System (Drs. Weinstein, Sesso, and Gaziano); Division of Preventive Medicine, Department of Medicine, Brigham and Women's Hospital (Drs. Sesso, Lee, Cook, Manson, Buring, and Gaziano), Boston, MA. Dr. Weinstein is now at the Division of General Medicine in the Department of Medicine at Beth Israel Deaconess Medical Center, Boston, MA. ■

Mark your calendar for the Diabetic Foot Update Conference

The annual Diabetic Foot Update takes place Thursday through Sunday, December 2 through 5, at the Marriott Rivercenter Hotel in San Antonio.

The conference features a distinguished faculty from Texas and throughout the United States discussing prevention of macrovascular and microvascular complications, new drugs for treating diabetes, diabetic foot infection and inflammation, deep plantar space infection, surgical management of the infected foot, and more.

Texas Diabetes Council Chair Lawrence B. Harkless, DPM, a course director and faculty member for the conference, says the meeting offers topics of interest to a variety of healthcare professionals. "We look forward to welcoming all disciplines on the diabetes team to share this educational opportunity," he said.

The conference has a national reputation for excellence, he added. Dr. Harkless is a professor of orthopaedics at the University of Texas Health Science Center at San Antonio. He also is the Louis T. Bogy Professor of Podiatric Medicine and Surgery.

More information on the conference is available at www.diabeticfoot.org. ■

Diabetes Tool Kit is available in print, on line, and now... on CD-ROM

The Diabetes Tool Kit, a teaching aid for healthcare professionals, is now available on compact disk (CD-ROM).

The tool kit includes information for healthcare professionals and educational handouts for patients. Topics include types of diabetes, criteria for diagnosing diabetes, guidelines for glucose monitoring during pregnancy, nutritional guidelines for people with diabetes, food labels, treatment algorithms, physical activity, and more.

The tool kit has been available in print and on the web for some time, but the new format offers several unique features. Using the CD, an educator can select patient handouts in Spanish and/or English, customize them to include a healthcare provider's name, and print them from their desktop. Links to different sections of the tool kit make navigation fast and simple.

To order your free tool kit on CD, visit <http://tigerlily.tdh.state.tx.us/mamd/litcat/default.asp> and request catalog number BCD CD01. The print version can be ordered at the same site, catalog number 10-114. The online version is available at www.tdh.state.tx.us/diabetes/healthcare/toolkit.htm.

NDEP reaches out to pharmacists, podiatrists, optometrists, and dentists

Three new publications from the National Diabetes Education Program target pharmacists, podiatrists, optometrists, and dentists to help promote a team approach to comprehensive diabetes care.

“Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals” (NDEP-54) is an interdisciplinary primer that focuses on diabetes-related conditions affecting the foot, eye, and mouth, as well as the issues related to drug therapy management. The primer provides simple care recommendations to providers in making cross-disciplinary treatment referrals.

“Working Together to Manage Diabetes: Diabetes Medications Supplement, 2004” (NDEP-54-S) provides a snapshot profile of diabetes medications, insulin medications, and medications for controlling glycemia, cholesterol, and blood pressure.

“Working Together to Manage Diabetes: Poster, 2004” (NDEP-55) can be used by health professionals in exam or waiting rooms to help educate patients on controlling blood sugar, blood pressure, and cholesterol and specific actions they can take in collaboration with their eye, foot, and dental professionals and pharmacists to control diabetes.

Single copies of the “Working Together” guide, supplement, and poster are free of charge. Up to six additional copies of the guide and supplement can be purchased for \$1 each. To order the materials visit <http://ndep.nih.gov/diabetes/pubs/order.htm> or call the National Diabetes Information.

Clearing House at 1-800-860-8747. The materials also can be downloaded from the Internet at www.ndep.nih.gov/diabetes/pubs/catalog.htm.

Texas Diabetes Council Chair Lawrence B. Harkless, DPM, San Antonio, was a member of the work group that helped develop the new publications. ■

Need help to get those tweens moving?

The newest products from the VERB campaign to increase physical activity among young people ages 9 through 13 (tweens) can be ordered or downloaded from the Internet. While you're there, check out the latest update to the VERB website for tweens.

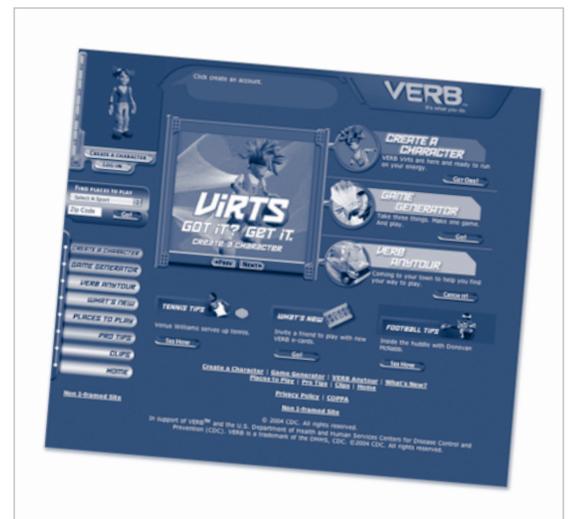
Anytime Doubletime Kit for Community-Based Organizations (CBOs): Get your after-school program, youth club, or other community-based organization involved in VERB Anytime Doubletime for a fall and winter filled with new physical activities. Use the Anytime Doubletime kit of materials and games as a two-week program to increase the number of hours that tweens are physically active. Participating organizations may also enter for a chance to win one of 25 \$500 physical activity grants awarded by Kaleidoscope Education Support Group. Go to www.cdc.gov/VERB and click on “Materials” to obtain your free kit.

VERB Action Rewards Kit for CBOs and Schools: Need some new ideas for making physical activity fun for kids? The VERB Action Rewards kit includes VERB collectable pins and stickers to help motivate and inspire tweens to participate in the physical activity programs or classes offered by your organization. The kit serves 100 tweens and includes signage, pins, and guidelines for use. Free kits are available while supplies last. Go to www.cdc.gov/VERB and click on “Materials.”

Tweens Use Real-Life Physical Activity to Energize Online Characters: Using a new feature on the VERB Web site for tweens, kids create characters called Virts. Tweens power up their Virts by recording all the active games and sports they play. So the more kids move, the more their Virts move. Encourage tweens to log on to www.VERBnow.com to create a Virt and keep it energized by being active.

VERB™ It's what you do. is a national, multicultural, social marketing campaign coordinated by the US Department of Health and Human Services' Centers for Disease Control and Prevention (CDC).

The VERB campaign encourages young people to be physically active every day. The campaign combines paid advertising, marketing strategies, and partnership efforts to reach the distinct audiences of tweens and adults/influencers. ■



www.VERBnow.com

REACH 2010 surveillance for health status in minority communities – United States, 2001–2002

Youlian Liao, MD; Pattie Tucker, DrPH; Catherine A. Okoro, MS; Wayne H. Giles, MD; Ali H. Mokdad, PhD; Virginia Bales Harris, MPH, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Surveillance Summaries, August 27, 2004. MMWR 2004;53(No. SS-6).

Problem/condition: The US population continues to diversify, and certain racial/ethnic minorities are growing at a substantially more rapid pace than the majority population. Limited large-scale population-based surveys and surveillance systems are designed to monitor the health status of minority populations. The Racial and Ethnic Approaches to Community Health (REACH) 2010 Risk Factor Survey is conducted annually in minority communities in the United States. The survey focuses on four minority populations (blacks, Hispanics, Asians/Pacific Islanders [A/PIs], and American Indians).

Reporting period covered: 2001–2002

Description of system: Telephone (n = 18 communities) and face-to-face (n = 3 communities) interviews were conducted in 21 communities located in 14 states (Alabama, California, Georgia, Illinois, Louisiana, Massachusetts, Michigan, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Washington). An average of 1,000 minority residents aged >18

years in each community was sampled. Interviews were administered in English, Spanish, Vietnamese, Khmer, or Mandarin Chinese. The median response rate for household screenings was 74.0 percent for households that were reached and 72.0 percent for family members interviewed. The self-reported data from the community were compared with data derived from the Behavioral Risk Factor Surveillance System (BRFSS) for the metropolitan/micropolitan statistical area (MMSA) or the state where the community was located and compared with national estimates from BRFSS.

Results: Reported education level and household income were markedly lower in minority communities than the general population living in the comparison MMSA or state. More minorities reported being in fair or poor health, but they did not see a doctor because of the cost. Substantial variations were observed in the prevalence of health-risk factors and selected chronic conditions among minority populations and in communities

within the same racial/ethnic minority. The median prevalence of obesity among A/PI men and women was 2.9 percent and 3.6 percent, respectively, whereas 39.2 percent and 37.5 percent of American Indian men and women were obese, respectively. Cigarette smoking was common in American Indian communities, with a median of 42.2 percent for men and 36.7 percent for women. Compared with the national level, fewer minority adults reported eating ≥ 5 fruits and vegetables daily and met recommendations for moderate or vigorous leisure-time physical activity. American Indian communities had a high prevalence of self-reported cardiovascular disease, hypertension, high blood cholesterol, and diabetes. A high prevalence of hypertension and diabetes was also observed in black communities (32.0 percent and 10.9 percent, respectively, for men and 40.4 percent and 14.3 percent, respectively, for women). Compared with the general US population, a substantially lower percentage of Hispanics and A/PIs had reported receiving preventive services (e.g., cholesterol screenings; glycosylated hemoglobin tests and foot examinations for patients with diabetes; mammograms and Papanicolaou smear tests; and vaccination for influenza and pneumonia among adults aged ≥ 65 years).

Interpretation: Data from the REACH 2010 Risk Factor Survey demonstrate that residents in the minority communities bear greater risks for disease compared with the general population living in the same MMSA or state. Substantial variations in the prevalence of risk factors, chronic conditions, and use of preventive services among different minority populations and in communities within the same racial/ethnic population provide opportunities for public health interventions. These variations also indicate that different racial/ethnic populations and different communities should have different priorities in eliminating health disparities.

Public health actions: The continuous surveillance of health status in minority communities is necessary so that culturally sensitive prevention strategies can be tailored to these communities and program interventions evaluated. ■



Tool Kit correction

Page 2.2 of the Diabetes Tool Kit, "Diabetes Management Goals of Therapy," incorrectly lists the blood pressure goal for non-pregnant patients with diabetes. The goal should be $\leq 130/80$ mmHg; if ≥ 1 g proteinuria, $\leq 125/75$ mmHg. We regret the error.

Diabetes Council meets January 27, 2005

The Texas Diabetes Council's next quarterly meeting is January 27, 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

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

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