



2020 Response to the Texas Diabetes Council

**As Required by
Texas Health and Safety Code
Section 103.013**



TEXAS
Health and Human
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Executive Summary

As directed by [Texas Health and Safety Code, Section 103.013](#), this report is submitted in response to the Texas Diabetes Council (TDC) [State Plan for Diabetes and Obesity Treatment](#) (Texas Diabetes Action Plan), published November 2019, which can be found in the [DSHS Legislative Reports – 2019 webpage](#). The information in this report is provided by the Department of State Health Services (DSHS), Texas Health and Human Services Commission (HHSC), and Texas Workforce Commission (TWC). This report addresses the six priority areas identified by the TDC.

- Diabetes self-management education and support (DSMES) enrollment
- Evidence-based prevention program engagement
- Gestational diabetes screening and follow-up
- Provider ability to treat people with diabetes and improve outcomes
- Address obesity and prediabetes in school aged children
- Transparency in insulin and drug pricing for diabetes treatments

DSHS engages partners in diabetes prevention activities consistent with the National Diabetes Prevention Program. This includes subcontracting with local business groups on health to engage employers in providing insurance coverage for recognized diabetes prevention programs (DPP). DSHS also collaborates with the Employee Retirement System of Texas, to ensure that diabetes prevention programs are provided to employees covered by HealthSelect, their dependents, and retirees not enrolled in Medicare.

DSHS and HHSC recognize the role of gestational diabetes in poor maternal health and birth outcomes and the challenges associated with screening. Diabetes prevention materials and resources are shared between and with other state agency programs that provide services for pregnant women. HHSC programs offer diabetes screening and treatment services to women who are eligible.

DSHS and HHSC provide public health programs and services, including contracting with community-based and managed care organizations, that provide DSMES or diabetes management services. DSHS and HHSC disseminate resources to patients and providers to improve access to diabetes self-management education.

DSHS works with organizations statewide to support school-aged children and adults with developing healthy lifestyle behaviors. Initiatives include education on obesity prevention and reduction, engaging in physical activity, and providing professionals with resources for implementing evidence-based school health programs. DSHS and HHSC collaborate on strategies that enhance lactation support through education, outreach, training, and technical assistance.

Through multiple strategies, HHSC supports Texas providers enhance their ability to treat those with diabetes through the benefits offered by Texas Medicaid and Children's Health Insurance Program, but also through programs that promote standards of care. Texans dealing with an amputation can obtain services to address the physical and environmental barriers hindering employment through the TWC Vocational Rehabilitation Division.

HHSC, in consultation with DSHS, has implemented the requirements of House Bill (H.B.) 2536, 86th Regular Session (2019). Drug cost data, including data on insulin, is available to the public through the newly created drug cost transparency website www.texasrx.org.

Due to DSHS's and HHSC's crucial response to the ongoing COVID-19 pandemic, the publishing of this report was delayed.

1. Introduction

By November 1 of each even-numbered year, each state agency affected by the [State Plan for Diabetes and Obesity Treatment](#) (Texas Diabetes Action Plan) shall report to the Texas Diabetes Council (TDC), the Legislative Budget Board, and the Governor's Office of Budget and Planning the information determined in the response and each deviation from the TDC's proposed plan, including an explanation for any deviation. [Health and Safety Code, Section 103.013\(e\)](#) requires each state agency affected by the action plan to determine:

- What resources would be required to implement the portions of the action plan affecting that agency, and
- Whether that agency will seek funds to implement that portion of the action plan.

In November 2019, the TDC submitted the Texas Diabetes Action Plan to the Texas Legislature, the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC). The Texas Diabetes Action Plan is based on the TDC's review and discussion of diabetes prevention and control, cost-savings studies, and evidence-based diabetes research. The Texas Diabetes Action Plan identifies six priority areas that build on past accomplishments and use current national, state, and local efforts to improve diabetes education and management in Texas.

- Address the enrollment gap in diabetes self-management education and support (DSMES) with the goal of reducing diabetes-related hospital admissions and readmissions.
- Support evidence- and community-based prevention programs, such as the National Diabetes Prevention Program, that can provide cost-saving potential for employers, insurers, and government agencies.
- Focus on screening and follow-up for gestational diabetes and education as a prevention effort for pregnant women and their newborns.
- Enhance provider ability to treat Texas Medicaid and Children's Health Insurance Program (CHIP) patients with diabetes.
- Addressing obesity and prediabetes in school aged children to help prevent progression to type 2 diabetes.

- Require transparency in the pricing of insulin and other prescription medications for diabetes patients to ensure that insulin and other important medications are available and affordable.

Continued work in the identified priority areas is dependent on the Legislature's continued funding and support of state agency programs. The agencies represented in this report – DSHS, HHSC, and the Texas Workforce Commission - have existing public health and client services programs that focus on diabetes prevention and management. This report highlights the existing programs and services available and how they align with the six priority areas identified by the TDC. Additional resources are not required for these activities and no deviations are expected.

2. Background

The Department of State Health Services (DSHS) Diabetes Prevention and Control Program was established in 1979 and currently oversees programs and services supported by federal and state resources related to public and professional education about type 2 diabetes and its risk factors for the adult population. The overarching goals of the DSHS Diabetes Prevention and Control Program are as follows:

- Prevent type 2 diabetes in persons at high risk for developing the disease;
- Prevent or delay the onset of type 2 diabetes in persons with prediabetes, gestational diabetes, and other risk factors;
- Prevent or delay complications in persons with diabetes; and
- Assist persons with diabetes to manage their disease and its complications.

To achieve these goals, DSHS implements the following strategies:

- Administer grant-funded initiatives and contracted services;
- Provide technical assistance to community-based diabetes prevention and self-management programs; and
- Disseminate educational materials to the public and health care providers.

Additionally, DSHS supports the Texas Diabetes Council (TDC) in developing a plan for diabetes prevention and control in Texas and provides staff support to the TDC quarterly meetings. DSHS also engages the TDC to promote diabetes screening, education, and treatment affordability. The Health and Human Services Commission (HHSC) and the Texas Workforce Commission (TWC) also appoint representatives of their respective agencies to the TDC.

DSHS receives funding through state general revenue and a cooperative agreement with the United States' Centers for Disease Control and Prevention. The DSHS Diabetes Prevention and Control Program collaborates with other DSHS and HHSC programs to leverage resources and submit proposals for federal funding opportunities.

HHSC administers a variety of client services programs that offer resources, screening, and care for individuals with diabetes. These programs include Texas Medicaid, the Healthy Texas Women Program, Title V Maternal and Child Health Fee-for-Service Program, the Primary Health Care Services Program, and the

Family Planning Program. In fiscal year 2019, there were 208,620 Medicaid clients with a primary diagnosis of diabetes. A total of 8,782 received inpatient services; 82,708 received outpatient services; and 193,551 received professional services¹. These counts are unduplicated within each service category but not across categories.

TWC is the state agency charged with overseeing and providing workforce development services to employers and job seekers of Texas. Their mission is to promote and support a workforce system that creates value and offers employers, individuals, and communities the opportunity to achieve and sustain economic prosperity.

In TDC's *State Plan for Diabetes and Obesity Treatment*, TWC's work to identify solutions to reduce the frequency of amputations, including prevention strategies, quality improvement projects, provision of diabetes self-management education and support, and evidence-based treatment recommendations is mentioned.

Due to DSHS and HHSC's response to the ongoing COVID-19 pandemic, the publishing of this report was delayed.

¹ HHSC Center for Analytics and Decision Support

3. Response to the Texas Diabetes Action Plan

The Texas Diabetes Council (TDC) developed the *State Plan for Diabetes and Obesity Treatment* (Texas Diabetes Action Plan) in 2019. The Texas Diabetes Action Plan consists of six priorities to improve diabetes education and management in Texas.² The state agencies affected by the action plan are the Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC), the Texas Workforce Commission (TWC), and the Texas Education Agency (TEA). DSHS, HHSC, and TWC have contributed to this response to give an overview of existing programs that support TDC's six priority areas.

- Diabetes self-management education and support (DSMES) enrollment
- Evidence-based prevention program engagement
- Gestational diabetes screening and follow-up
- Provider ability to treat people with diabetes and improve outcomes
- Address obesity and prediabetes in school aged children
- Transparency in insulin and drug pricing for diabetes treatments

Diabetes Self-Management Education and Support Enrollment

DSHS and HHSC have existing programs and activities that focus on addressing the enrollment gap in DSMES or diabetes management.³

Likewise, TWC Vocational Rehabilitation Division (VRD) and DSHS have worked together to provide continuing education to diabetes education professionals from across Texas to increase competency when working with this population as well as those who are blind, deafblind, deaf and hard of hearing, have mental illness, or have intellectual or developmental disorders. These trainings focus on ways to manage diabetes while living with disability and include adaptive devices, teaching strategies and health promotion.

² More information on the Texas Diabetes Council can be found at dshs.texas.gov/diabetes/Texas-Diabetes-Council.

³ Diabetes Self-Management Education and Support services help patients develop the knowledge, skills, and abilities needed to manage their diabetes.

Texas Department of State Health Services

DSHS houses a specific Diabetes and Prevention Control Program (DPCP) to oversee activities and services related to public and professional education about type 2 diabetes and its risk factors for the adult population. Through multiple activities, DSHS DPCP supports the enrollment of Texans into DSME.

DSMES Programs

DSHS administers grant-funded initiatives and contracted services to support enrollment in and build capacity for DSMES implementation. Strategies employed to improve DSMES enrollment include development of referral mechanisms with health care systems, providing culturally-tailored programs, and expanding access to telehealth.

DSHS distributes tools to facilitate patient-health care provider conversations about DSMES, educates patients on the benefits of DSMES, and encourages patients to enroll with the goal of reducing diabetes-related hospital admissions and readmissions. For instance, the DPCP website features a link to the database of Association of Diabetes Care and Education Specialists (ADCES)-accredited and American Diabetes Association (ADA)-recognized DSMES programs to which providers can refer and patients may enroll.

Also, DSHS promotes and distributes materials to help healthcare providers empower diabetes patients through DSMES. Materials include a poster for physician offices and patient referral forms to refer patients to a DSMES program. In addition, DSHS distributes patient education materials to reinforce lessons taught in DSMES classes, such as managing diabetes through nutrition and physical activity, engaging social support, and preventing complications. All education materials can be found on the [DPCP website](#).

Diabetes Education Programs

DSHS contracts with local health departments, academic health institutions, universities, and statewide organizations to provide diabetes prevention and self-management activities. These organizations support positive lifestyle changes in individuals and families to help manage diabetes, prevent or delay the onset of complications, and reduce hospital admissions and readmissions.

Services are primarily geared towards Texans who have limited access to health care and are disproportionately affected by diabetes. Implementation includes

interventions designed to increase access to DSMES through telehealth, exploring diabetic retinopathy through telemedicine, and increasing men’s engagement in conversations about health and health behavior change. Partners are establishing bi-directional referral mechanisms with health care providers and systems to increase enrollment in these programs and to create community-clinical linkages for better patient outcomes.

DSMES providers partnering with DSHS to implement DSMES are ADA-recognized or ADCES-accredited and, therefore, adhere to national standards for DSMES. Supporting these organizations helps to increase enrollment into programs working to achieve sustainability through reimbursement from third-party payers and Centers for Medicare and Medicaid Services (CMS).

Working with Community Health Workers

Community Health Workers (CHWs) serve as a resource to health care teams, supporting patients in diabetes self-management through behavior change and care coordination. The use of CHWs increases program participation and improves program outcomes. To support this work, DSHS reviews and certifies training curricula for CHWs.

DSHS works with CHW training organizations to ensure CHWs are educated about diabetes prevention and self-management and can provide population-specific education, outreach, support, and evaluation in communities. DSHS-certified CHW training programs offer training on skills such as communication, service coordination, capacity building, teaching, and knowledge-based competencies. These skills help CHWs to facilitate DSMES and measure participant health outcomes.

Health and Human Services Commission

Disease management programs generally aim to improve quality of life for participating members. A disease management program might have the goal of reducing or mitigating symptoms associated with a chronic disease or preventing complications or accompanying diseases from developing. Disease management programs also focus on improving cooperation between the various specialists and institutions that provide care for members, such as family and specialist doctors, hospitals, and rehabilitation centers.

Managed Care Disease Management

Managed care organizations providing STAR, STAR+PLUS, STAR Kids, and CHIP are contractually required to provide disease management services related to diabetes. Each MCO's program must include the following:

- Methods of assessing a Member's health status upon initial enrollment in the MCO's health plan, and on an ongoing basis.
- A method to identify gaps between recommended prevention and treatment and actual care provided to Members.
- A method to identify and collect information on a new eligible Member's prior disease management services in order to evaluate the need to continue with those services.
- A method to identify and develop a plan of care for eligible Members at high-risk for non-adherence to recommended care.
- A method to link health care providers with allied health and social services agencies to facilitate access to services necessary for the implementation of the Member's plan of care.
- A method to educate eligible Members and/or their caregivers regarding the Members' particular health care needs brought about by their health condition.
- A method to develop and circulate educational materials to communicate to Members about the disease management project and relevant health care information.
- A method to work with the enrolled Member and local hospitals to receive timely notification of hospital admissions of disease management Members.
- A method to provide care coordination support and discharge planning for early discharge and to prevent readmissions, including facilitation of necessary revisions to the Member's plan of care and on-site visits to a Member when indicated.
- A method to provide initial assessment and periodic follow-up of the ongoing health status of the Member.

Comprehensive Care Program (CCP) Services

Medical nutrition counseling services and medical nutrition group therapy are offered to children through CCP. Services must be medically necessary, prescribed by a physician, and performed by a Medicaid-enrolled dietitian. Services may be used to treat diabetes, among other conditions. Medical nutrition counseling is provided to individual clients after an initial assessment. Services may be used to

develop a plan of care and to determine whether modifications are needed. Medical nutrition group therapy may be provided to a group of clients with the same condition. The focus of the group therapy is on nutrition issues related to a chronic condition such as diabetes.

DSME Resources on the HHSC Website

HHSC continues to host the Diabetes Self-Management Education (DSME) resource on its website. The website targets individuals enrolled in Medicaid or CHIP and their providers, allowing them to more easily find local DSME resources. It includes a link to a page on The Association of Diabetes Care and Education Specialists (ADCES) website that gives providers additional information and tools to help them identify when to make a referral to Diabetes Self-Management Education and Support (DSMES) services.

Evidence-Based Prevention Program Engagement

DSHS provides support to organizations implementing strategies identified in the National Diabetes Prevention Program (NDPP).⁴ NDPP is a lifestyle modification intervention designed to assist people at high risk for type 2 diabetes with preventing or delaying the condition by losing 5-7 percent of bodyweight through changes in nutrition and increased physical activity. The Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) recognizes organizations that have demonstrated the ability to effectively deliver an evidence-based type 2 diabetes prevention program. An organization that offers NDPP and has received pending, preliminary, or full recognition from the CDC DPRP is known as a CDC-recognized lifestyle change program.

In 2019, DSHS hosted a workshop to inform Texas employers on the benefits of providing NDPP coverage and continues to support efforts for its implementation. DSHS and its partners are expanding a Houston-based pilot program to increase availability of NDPP as a covered benefit in the Greater Houston, Austin/Travis County, and Dallas-Fort Worth areas. The goal is to increase insurance coverage of NDPP for private and public-sector employees statewide.

⁴ National Diabetes Prevention Program (NDPP) is a framework developed by the Centers for Disease Control and Prevention (CDC) to unite public and private organizations to prevent type 2 diabetes. More information can be found at cdc.gov/diabetes/prevention/index.html.

DSHS supports the continued insurance coverage of diabetes prevention programs (e.g., Real Appeal - realappeal.com and Naturally Slim - naturallyslim.com) for state employees enrolled in HealthSelect, their dependents, and retirees not enrolled in Medicare. Real Appeal and Naturally Slim are online weight loss and lifestyle improvement programs that focus on nutrition and exercise to aid in weight loss and type 2 diabetes prevention. DSHS facilitates the sharing of Employee Retirement System (ERS) data and updates to TDC through quarterly open meetings.

DSHS and its partners are working to increase screening, testing, and referral of patients with prediabetes to and enrollment in CDC-recognized lifestyle change programs that adhere to CDC DPRP Standards and Operating Procedures. Organizations partnering with DSHS to implement diabetes prevention have met CDC's standards to become CDC-recognized lifestyle change programs. The purpose of CDC recognition is to ensure participants receive quality programming and organizations providing services become eligible for insurance reimbursement to increase program sustainability. DSHS provides ongoing support to stakeholders on establishing bi-directional referral mechanisms between health systems and CDC-recognized lifestyle change programs to strengthen community-clinical linkages and improve patient outcomes.

Gestational Diabetes Screening and Follow-up

DSHS and HHSC recognize the role of gestational diabetes in poor maternal health and birth outcomes and the challenges associated with screening for this condition. DSHS and HHSC are committed to providing education and programs to increase screening rates and referral for treatment.

To this end, the DSHS DPCP facilitates a workgroup with representatives from TDC, DSHS Maternal and Child Health (MCH) Unit, and the HHSC Special Supplemental Nutrition Program for Women, Infants and Children (WIC) with the purpose of revising and/or developing resources that may be utilized for gestational diabetes mellitus (GDM) prevention and education. In addition, the DSHS DPCP shares educational information on gestational diabetes through the following channels:

- Diabetes News You Can Use, which can found on the [DPCP website](#), is distributed to stakeholders monthly and highlights educational information and news related to diabetes;
- Educational information about gestational diabetes on the DPCP website; and

- The DSHS DPCP is collaborating with WIC to revise and distribute gestational diabetes materials.

DSHS MCH has partnered with HHSC to develop and provide free continuing education (CE) for health care professionals on maternal health through the Texas Health Steps Online Provider Education. The three maternal health modules include the *Prenatal Health: Screening and Intervention* module, which provides 1.25 hours CE. The module includes information on screening, referral, and anticipatory guidance related to diabetes in pregnancy.

Health and Human Services Commission

A variety of programs overseen by the HHSC offer diabetes screening and treatment specifically for women.

- [The Title V Maternal and Child Health Fee-for-Service Program](#) provides pregnant women with services both during and after their pregnancy. All clients are screened for gestational diabetes, with those who test positive receiving nutrition counseling and referral for treatment.
- The [Healthy Texas Women Program \(HTW\)](#) provides family planning services and other women's health services to improve birth outcomes. This includes screening and treatment for diabetes. If a client needs services that are not provided by HTW, the client must be referred to other resources for care. Healthy Texas Women Plus provides additional services to postpartum women. These services include diabetes testing and additional medications.
- The [Family Planning Program \(FPP\)](#) provides family planning and reproductive healthcare services to those eligible. For clients requiring intensive nutritional guidance, medical nutritional therapy is available. Medical nutritional therapy must be provided by a registered dietician in order to be reimbursed. FPP clients also receive diabetes screening.

Provider Ability to Treat Diabetes Patients

Both HHSC and TWC have programs or conduct activities that seek to enhance providers' ability to treat patients with diabetes. TWC's activities are specifically focused on assisting those who have had a limb amputation, which is a potential consequence of poorly managed diabetes.

Health and Human Services Commission

HHSC supports efforts to improve the ability of providers to treat Texas Medicaid and CHIP patients with diabetes and to promote standards of care. Currently Texas Medicaid provides the following benefits related to diabetes: labs for diagnosis and monitoring of diabetes, diabetes equipment and supplies for monitoring and treatment, comprehensive disease management program, and continuous glucose monitoring. HHSC also offers incentives to providers to improve the quality of care they provide, including diabetes-related care.

Continuous Glucose Monitoring

Continuous glucose monitoring systems (CGMS) are available through Texas Medicaid. CGMS can provide 24-hour glucose readings with fewer finger sticks. This timely feedback assists individuals in making informed treatment decisions that may help in reducing their HbA1C levels. The benefit is available to individuals with type 1 diabetes and individuals with hypoglycemic unawareness to decrease emergency department visits and hospital admissions for hypoglycemia and to improve glycemic control in insulin users.

Delivery System Reform Incentive Payment (DSRIP) Funding

The Delivery System Reform Incentive Payment (DSRIP) program provides incentive payments to participating Medicaid providers, primarily for improving their performance on selected health outcome measures. Approximately 300 providers statewide participate in DSRIP, including: public and private hospitals, physician groups, primarily affiliated with academic health science centers, community mental health centers, and local health departments. Each DSRIP performing provider (the provider individually responsible for completing a DSRIP project) is required to select measure bundles (groupings of health outcome measures organized around a theme) or measures on which they earn incentive payments for demonstrating improvement.

Diabetes outcomes are among the most commonly selected areas of measurement in DSRIP. In the current DSRIP program year, 73 hospitals and physician practices selected the Measure Bundle A1: Improved Chronic Disease Management: Diabetes Care. The Diabetes Care Measure Bundle includes measures of HbA1C control, blood pressure control, eye exam, foot exam, emergency department utilization, and hospital admissions. Additionally, eight rural hospitals, six local health departments, and 13 community mental health centers reported on one or more

adult diabetes outcomes and four children's hospitals reported on pediatric diabetes outcomes.

The population measured by DSRIP performing providers includes people enrolled in Medicaid and people who are low income and/or uninsured. For the most commonly selected adult diabetes outcome (Diabetes Care: A1C Poor Control <9%) DSRIP providers report outcomes for approximately 40,000 adults enrolled in Medicaid, and 100,000 adults who are low income, uninsured, or both. In calendar year 2019, for the most commonly selected pediatric diabetes outcome (Pediatric Diabetes Short Term Complication Rate) DSRIP providers reported outcomes for approximately 2,500 adults enrolled in Medicaid, and 100 children who are low income, uninsured, or both.

To improve these measures, providers had the flexibility to design and implement a variety of interventions. The most common activities implemented by DSRIP performing providers to improve diabetes care include management of targeted populations at risk for developing complications, utilization of care management services including disease self-management, provision of services to address social determinants of health, utilization of an enhanced patient portal that allows bidirectional communication, and provision of screening and follow-up services.

The DSRIP funding pool under the Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver (the waiver) ends on October 1, 2021. HHSC must plan for and update CMS on how delivery system reform will continue once the funds are no longer available. HHSC is currently evaluating options for further integrating best practices, including chronic care management services, into the Medicaid program. This aligns with a recent TDC request to expand diabetes-related benefits, which is described in a later section of this report.

Medicaid and CHIP Managed Care Quality

The expansion of the Texas Medicaid managed care delivery model has coincided with the adoption and advancement of Medicaid performance and quality measures tracked by HHSC for each managed care organization (MCO) by both program and service area. These measures include Agency for Healthcare Research and Quality (AHRQ) pediatric quality indicators (PDIs) and prevention quality indicators (PQIs), 3M Potentially Preventable Events, and Healthcare Effectiveness Data and Information Set (HEDIS®) measures. A number of the measures are either directly or indirectly related to diabetes care. Through contract, MCOs are held accountable for these measures through the Pay-for-Quality program and other quality

initiatives. Data for these measures is available on the Texas Healthcare Learning Collaborative Portal at thlcportal.com.

Texas Workforce Commission

The Healthy People initiative is part of the U.S. Department of Health and Human Services Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. One objective of the Healthy People initiative is to reduce the rate of lower extremity amputations in adults with diagnosed diabetes, along with other objectives related to diabetes.⁵ Vascular disease, including diabetes, accounts for 54 percent of limb loss. The post amputation statistics are grave, with 50 percent of those individuals with diabetes and lower limb amputation dying in the 5 years following the loss of the first limb and 55 percent requiring the amputation of the other limb.⁶ Individuals of low socioeconomic status, of certain races, and Medicare/Medicaid beneficiaries are at higher risk.⁷

Analysis of the data suggests local interventions may be needed.

"Prevention efforts directed at specific geographic areas may be more likely to reach at-risk people with PAD [peripheral artery disease] and thereby reduce leg amputations disparities in Texas. Such efforts might also find strategies to direct patients toward higher volume centers with higher revascularization rates."⁸

Disability imposes physical and financial challenges to the individual, the healthcare system, and businesses. Texans dealing with an amputation can obtain services to

⁵ Secretary's Advisory Committee for Healthy People 2030, Report #7: Assessment and Recommendations for Proposed Objectives for Healthy People 2030. Submitted to the Secretary of the U.S. Department of Health and Human Services in April 2019. Online at: healthypeople.gov/sites/default/files/Report%207_Reviewing%20Assessing%20Set%20of%20HP2030%20Objectives_Formatted%20EO_508_05.21.pdf

⁶ Amputee Coalition. (2016). Limb loss statistics. Retrieved from amputee-coalition.org/resources/limb-loss-statistics/

⁷ Garcia, Marlene, et al. "A lack of decline in major nontraumatic amputations in Texas: contemporary trends, risk factor associations, and impact of revascularization." *Diabetes care* 42.6 (2019): 1061-1066.

⁸ Barshes NR, Sharath S, Zamani N, Smith K, Serag H, Rogers SO. Racial and Geographic Variation In Leg Amputations Among Texans. *Tex Public Health J.* 2018;70(3):22-27.

address the physical and environmental barriers hindering employment through the TWC VRD. In fiscal year 2019, 1,318 Texans sought vocational rehabilitation services for amputations as their primary disability.

The initiatives of the Texas Diabetes Council to increase access to diabetes self-management education, devices such as continuous glucose monitoring, and insulin and other lifesaving medications, and the focus on populations such as those with pre-diabetes, gestational diabetes, people living with obesity, and Medicare/Medicaid participants are the efforts needed to avert devastating and costly consequences of diabetes such as lower limb amputation.

Address Obesity and Prediabetes in School Aged Children

Both DSHS and HHSC have programs or activities that seek to prevent or address obesity and prediabetes in school aged children.

One strategy on which DSHS and HHSC programs work collaboratively is to enhance lactation support through education, outreach, training, and technical assistance. Breastfeeding is consistently associated with reducing the risk of child obesity and is, therefore, a significant protector against child obesity.

In collaboration through the DSHS Infant Feeding Workgroup with HHSC Texas Ten Step Program, DSHS MCH and HHSC support implementation of a continuum of initiatives to support hospitals and health professionals apply recommended practices supportive of breastfeeding, including the Ten Steps to Successful Breastfeeding (Ten Steps). Examples of DSHS MCH Ten Steps programming include:

The Right from the Start Campaign - a data-driven information campaign to increase awareness within hospitals about the impact of maternity care practices on infant feeding practices, which includes actionable strategies to encourage improvement.

The Texas Ten Step Star Achiever Initiative - a quality improvement initiative to support hospitals to increase their uptake of recommended maternity care practices for lactating mothers and their babies.

The goal of these initiatives is to support hospitals to achieve 'Baby-Friendly' recognition, a designation given to hospitals that offer recommended care for

lactating mothers and their infants to support both breastfeeding and mother-baby bonding. Additionally, DSHS and HHSC work together to offer modules for professionals on recommended practices in infant nutrition and care. In fiscal year 2019, over 3,400 professionals viewed modules on breastfeeding and the Ten Steps to Successful Breastfeeding.

Texas Mother-Friendly Worksite Program – DSHS MCH leads and administers this program to provide support, resources, and recognition to encourage employers to establish and maintain comprehensive, high-quality lactation support programs for employees who are separated from their infants during the workday. The program recognizes employers who develop and maintain policies to proactively support employees in combining working and breastfeeding. DSHS MCH continues to conduct outreach, education, and technical assistance with employers to increase the number of Mother-Friendly Worksites. In these efforts, DSHS MCH collaborates with HHSC subject-matter experts and HHSC’s WIC program. For more information about this program, please see texasmotherfriendly.org.

BreastMilkCounts.com – DSHS MCH continues to contribute maternal and infant health subject-matter expertise in development of this website by the HHSC WIC program. Over 400,000 individuals annually visit the website, which is designed for new mothers seeking information and resources on breastfeeding, preparing for return to work, and self-care.

Other lactation support services provided jointly by DSHS MCH and the HHSC WIC program include the following.

Texas Lactation Support Centers (LSCs) – LSCs operate in five locations across the state and serve as hubs of breastfeeding support for their communities by providing

- Breastfeeding counseling, support, and resources to Texas families through access to International Board-Certified Lactation Consultant and Breastfeeding Peer Counselor services;
- Education and training services for health professionals; and
- Programming to support care coordination and development of breastfeeding support referral systems among community health care settings.

LSCs are jointly funded by the HHSC WIC program and MCH, with WIC funding supporting lactation support services for WIC participants and training.

Part of this collaboration is the statewide 24-hour *Texas Lactation Support Hot Line*, which offers clinical lactation management resources to both mothers and health-

care providers. Registered Nurses and International Board-Certified Lactation Consultants are on-call to assist providers who are helping moms manage breastfeeding issues and ensure breastfeeding success.

Texas Department of State Health Services

Outside of their collaboration with HHSC, DSHS operates multiple programs and activities to promote healthy eating and physical activity among school aged children. Activities are housed with DSHS's Obesity Prevention Program (OPP), School Health Program, MCH Unit, and Office of Border Public Health (OBPH).

Obesity Prevention Program and Texas Physical Activity and Nutrition programming

With funding from a CDC grant (State Physical Activity and Nutrition Program [CDC-RFA-DP18-1807]) DSHS OPP works on multiple initiatives, collectively known as Texas Physical Activity and Nutrition (TXPAN) programs, to support communities in improving nutrition and safe, accessible physical activity opportunities. Though school-aged children are not the only population of interest for TXPAN programming, certain programs do focus on school aged children.

Foods to Encourage Initiative – Through TXPAN, DSHS OPP works with Feeding Texas and foodbanks across Texas to improve healthy food procurement policies and implement the Foods to Encourage Initiative. The Foods to Encourage Initiative provides education and technical assistance to encourage food pantries to order healthy packaged food options for their clients through the food bank online ordering system.

Implementing food service guidelines in worksites and community food venues - DSHS OPP works with hospital systems, worksites, and community food venues to increase healthy vending and healthy cafeteria policies. This work encourages hospitals, worksites, and community venues to make healthy options available by strategically placing healthy options to increase selection and conducting education and promotion activities to encourage healthy purchases among vending and cafeteria customers.

Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) – Through TXPAN, DSHS OPP engages in activities to assist child care centers improve their policies and environmental supports for physical activity through completion of Go NAPSACC. Go NAPSACC is a suite of online tools that help child care providers improve the health of young children through practices, policies, and environments

that instill habits supporting life-long health and well-being. DSHS OPP offers technical assistance to child care providers on how to make improvements to support these best practices.

Outdoor Learning Environments (OLE!) Texas initiative – DSHS OPP implements the OLE! Texas initiative statewide to promote healthful, nature-based outdoor spaces at early child care and education programs. Through this initiative, DSHS OPP promotes the addition of key design elements - such as looping pathways, sloped hill space, and natural elements (e.g., vegetable gardens) - to the child care center's outdoor environments to enable lessons to be conducted outside. This supports child development, food awareness, and nature play to reduce overweight and obesity.

Early Care Obesity Prevention Committee (ECOPC) – Consists of 15 organizations representing various stakeholders with interest in nutrition and physical activity in early care. ECOPC's objective is to facilitate improvement and implementation of nutrition and physical activity standards and practices in early care settings. Through TXPAN, DSHS OPP facilitates the committee using a collective impact model. This model tracks independent and collaborative activities of each participating organization and the impact those activities have on improved nutrition and physical activity standards.

Texas Planners4Health Collaboration – DSHS OPP partners with the American Planning Association, Texas Chapter, and the Texas Public Health Association to convene planning and public health professionals at the local level for the purpose of identifying opportunities and developing implementable plans to improve community land use policies and transportation infrastructure and better support active transportation (walking and biking) and physical activity.

What Makes Texas Move? – DSHS OPP works with communities that have previously created physical activity plans to assess their quality and help them move the plans into implementation. Through the *What Makes Texas Move?* initiative, DSHS OPP and the American Planning Association, Texas Chapter, help communities incorporate their planned physical activity improvements into established and implementable land use and transportation plans.

TXPAN Breastfeeding and Lactation Support Projects – DSHS OPP partners with DSHS MCH to expand existing DSHS MCH programs that support breastfeeding and lactation support for new mothers. This partnership uses lessons learned from previous breastfeeding and lactation support projects to educate hospitals,

community organizations, and worksites on how to better support breastfeeding mothers. Through a train-the-trainer model and education of hospital staff, DSHS OPP assists hospitals and health systems attain Baby-Friendly Hospital certification and support community initiatives that assist new moms in continuing to breastfeed. Additionally, DSHS OPP provides education and technical assistance to worksites to help them meet the Mother-Friendly Worksite Program standards.

School Health Program

The DSHS School Health Program develops and distributes the *Friday Beat* - a weekly e-newsletter that supports schools by providing information on programs, grants, webinars and resources to support the CDC's Whole School, Whole Community, Whole Child Model. This publication includes information about the latest research and resources for implementing evidence-based school health programs. Included in this publication each week is information on nutrition and physical activity, as well as resources to use with families. In addition, the *Friday Beat* provides information on webinars, conferences, and professional development opportunities on school health programs and services. Currently there are 8,137 subscribers to the *Friday Beat*.

Maternal and Child Health programming

DSHS MCH conducts statewide activities and initiatives in specific Public Health Regions (PHR) to reduce the prevalence of childhood obesity.

Texas Peer Dad Program – Supports the fathers of breastfed infants by providing coaching, information, education, and referrals for father-to-father and father-to-mother support in two Texas communities.

School Physical Activity and Nutrition (SPAN) Project – Supports a statewide surveillance system that monitors trends in body mass index (BMI) of school-aged children. This surveillance system allows researchers to identify and track trends in childhood obesity and identify factors in Texas students that may underlie obesity. SPAN is funded by DSHS and implemented by the Michael & Susan Dell Center for Healthy Living at the University of Texas Health Science Center at Houston (UTHealth) School of Public Health in Austin.

Texas Youth Action Network (TYAN) – DSHS MCH contracts with Texas A&M Public Policy and Research Institute to implement TYAN. TYAN promotes youth engagement and youth-adult partnerships as an effective strategy to improve

youth-serving systems. Communities focused on obesity and nutrition can obtain technical assistance from TYAN on how to better engage youth in program design and modifications and, therefore, meet the need of young people served.

5-2-1-0 Program – DSHS MCH provides support to independent school districts (ISD) in implementing the 5-2-1-0 program for elementary school-aged children. The purpose of the 5-2-1-0 program is to improve the health of children and their families using a social marketing message that encourages children to eat fruits and vegetables, participate in active play, reduce screen time, and eliminate consumption of sugary beverages. DSHS staff conduct 5-2-1-0 training among students, ISD administration, and school staff. PHR 2/3 (North Texas) partners with obesity prevention-related coalitions and organizations in Parker, Johnson, Kaufman, Erath, and Young counties to implement 5-2-1-0.

Coordinated Approach to Child Health (CATCH) – a designed and proven program to coordinate healthy messages throughout the community by utilizing the CDC's *Whole School, Whole Community, Whole Child* model. PHR 6/5S (Gulf Coast) partnered with Hempstead Independent School District (ISD) to train teachers on the CATCH curriculum and continue to offer technical assistance regarding implementation and sustainability.

Learn, Eat and Grow – PHR 4/5N (East Texas) partners with Texas A&M AgriLife Extension Service to implement a 10-week program called Learn, Eat and Grow. This program is implemented in conjunction with area schools to teach students how to grow healthy foods and about the importance of good nutrition and its benefits.

Better Living for Texans – PHR 6/5S partners with Texas A&M AgriLife Extension Service's Better Living for Texans program each year to bring awareness to how nutrition and physical activity help to combat obesity.

Partnering with the East Texas Minority Health and Wellness Coalition – PHR 4/5N partners with the East Texas Minority Health & Wellness Coalition to engage faith-based communities among minority individuals and families in addressing obesity.

Bike Rodeo and Helmet Safety – PHRs 2/3, 8, and 11 (South Texas) provide training for community-based and non-profits organizations, schools, and police and fire departments regarding Bike Rodeo and Helmet Safety. Training is conducted to promote safety and increase physical activity through bicycle riding for ages 5-12 years old.

DSHS Office of Border Public Health

DSHS OBPH works with organizations along the Texas-Mexico border to develop and implement chronic disease prevention initiatives. These public health prevention efforts aim to change lifestyle risk factors around eating, physical activity, and weight among school-aged children.

Rural School Obesity Prevention Health Projects – In 2019, DSHS OBPH partnered with one independent school district (ISD) to develop policies that promote increased physical activity for elementary students, including a shared-use agreement between the school district and county to allow public use of the school walking trail during non-school hours.

Chronic Disease Prevention Efforts at the Kickapoo Traditional Tribe of Texas (KTTT) – In October 2019, DSHS OBPH partnered with the KTTT to host a fun run open to all tribal residents and the Maverick County community in an effort to increase physical activity. Though the fun runs are open to everyone, the wellness program at the KTTT has the children actively participate.

Coordinated Approach to Child Health Training – DSHS regional staff will be partnering with six border school districts to train and integrate the Coordinated Approach to Child Health (CATCH) in the school setting. Trainings were scheduled to take place in the summer of 2020; however, due to COVID-19, trainings and the integration of CATCH have been postponed until school districts resume regular school programs.

SNAP-Ed Grant – DSHS OBPH staff has partnered with Maverick County to develop an initiative to improve eating habits and increase physical activity. During the first phase of the project, DSHS OBPH and Maverick County will develop a steering committee and conduct a community needs assessment to identify assets and barriers in the community that enable or limit access to healthy foods and spaces to engage in physical activity. A component of SNAP-Ed will focus on school-aged children.

Health and Human Services Commission

In the External Quality Review Organization (EQRO) Summary of Activities Report for State Fiscal Year 2018, the Texas EQRO identified that participation in MCO disease management programs targeting childhood obesity had decreased by 40

percent.⁹ To increase and maintain participation in disease management programs in the future, HHSC will work with the MCOs to:

- Review current disease management programs and determine best practices,
- Identify new ways to enroll and maintain enrollment of children in disease management programs related to obesity in children, and
- Monitor participation in disease management programs.

Transparency in Insulin and Drug Pricing for Diabetes Treatments

[House Bill \(H.B.\) 2536, 86th Regular Session \(2019\)](#), Drug Cost Transparency, amends Chapter 441 of the Health and Safety Code. It requires drug manufacturers to report the wholesale acquisition cost (WAC) of all United States Food and Drug Administration (FDA) approved drugs sold in or into Texas. Manufacturers are also required to report on price increases exceeding a certain threshold compared to prices at certain time frames, and manufacturers are required to provide reasons for the price increase.

HHSC, in consultation with DSHS, has implemented the requirements of Health and Safety Code, Chapter 441, Subchapter A (per H.B. 2536 86th Legislature, Regular Session, 2019). Drug cost data, including data on insulin, is available to the public through the newly created drug cost transparency website www.texasrx.org.

A representative from the Medicaid Vendor Drug Program provided information on the 340b program, rebates, formulary, and prior authorization processes for Texas Medicaid at the January 2021 TDC meeting.

⁹ <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reportspresentations/2019/eqro-summary-of-activities-report-contract-yr-2018.pdf>

4. Conclusion

State agencies implement many key programs and services that address the six priorities identified by the Texas Diabetes Council (TDC) in its [State Plan for Diabetes and Obesity Treatment](#) (Texas Diabetes Action Plan). The Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC), and the Texas Workforce Commission (TWC) work independently and collaboratively on efforts to provide and improve education and services for Texans living with diabetes and risk factors for type 2 diabetes.

DSHS houses a specific Diabetes and Prevention Control Program (DPCP) to oversee activities and services related to public and professional education about type 2 diabetes and its risk factors for the adult population. Through multiple activities, DSHS DPCP supports the enrollment of Texans into Diabetes Self-Management and Education Support and National Diabetes Prevention Programs. DSHS DPCP also facilitates work across the Health and Human Services system to revise, develop, and share resources for gestational diabetes mellitus (GDM) prevention and education.

DSHS also has multiple programs that seek to lower rates of obesity and prediabetes in Texas school aged children. These programs include the Maternal Child Health Unit, the School Health Program, the Obesity Prevention Program, and the Office of Border Public Health.

TWC offers programs and resources to reduce health complications of diabetes among persons with disabilities. The agency also works to lessen barriers to employment for persons with physical and environmental limitations.

HHSC supports services and distribution of resources to facilitate diabetes management and improve maternal health and gestational outcomes. In collaboration with DSHS, HHSC supports lactation education and training to reduce risk factors for childhood obesity and chronic disease.

HHSC affords providers the ability to modify patients' treatment and monitor health outcomes through continuing glucose monitoring. This complements HHSC's support for healthcare improvement through DSRIP, the Pay-for-Quality program, and other quality initiatives. There is improved transparency in drug pricing through a database populated by manufacturers and maintained by HHSC. Access to this

data may help inform providers' treatment decisions and ensure protocols are affordable for consumers.

DSHS, HHSC, and TWC are committed to implementing programs and services that aim to prevent, treat, and assist individuals living with diabetes in Texas. Activities are aligned with the TDC Texas Diabetes Action Plan priorities when feasible.

List of Acronyms

Acronym	Full Name
ADA	American Diabetes Association
ADCES	Association of Diabetes Education and Care Specialists
CATCH	Coordinated Approach to Child Health
CCP	Comprehensive Care Program
CDC	United States Centers for Disease Control and Prevention
CE	Continuing Education
CGMS	Continuing Glucose Monitoring Systems
CHIP	Children’s Health Insurance Program
CHW	Community Health Worker
CMS	Centers for Medicare and Medicaid Services
DPCP	Diabetes Prevention and Control Program
DPRP	Diabetes Prevention Recognition Program
DSHS	Department of State Health Services
DSMES	Diabetes Self-Management Education and Support
DSRIP	Delivery System Reform Incentive Payment

Acronym	Full Name
ECOPC	Early Care Obesity Prevention Committee
EQRO	External Quality Review Organization
ERS	Employee Retirement System of Texas
FPP	Family Planning Program
GDM	Gestational Diabetes Mellitus
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women
ISD	Independent School District
KTTT	Kickapoo Traditional Tribe of Texas
LSC	Texas Lactation Support Center
MCH	Maternal and Child Health
NDPP	National Diabetes Prevention Program
OBPH	Office of Border Public Health
OLE	Outdoor Learning Environments
OPP	Obesity Prevention Program
SPAN	School Physical Activity and Nutrition
TAHP	Texas Physical Activity and Nutrition
TDC	Texas Diabetes Council

Acronym	Full Name
TEA	Texas Education Agency
TMA	Texas Medical Association
TWC	Texas Workforce Commission
TXPAN	Texas Physical Activity and Nutrition Program
TYAN	Texas Youth Action Network
VRD	Vocational Rehabilitation Division
WIC	Women, Infants, and Children