



Health and Human Services

Texas Diabetes Council

October 30, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Texas Diabetes Council](#) addresses issues affecting people with diabetes in Texas and advises the Texas Legislature on legislation needed to develop and maintain a statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education.

The Texas Legislature amended the [Health and Safety Code 103](#) to establish the Texas Diabetes Council in 1983. In 1984, Legislature amended [Title 25, Health Services, Part 9, Rule §651.1](#) to establish conduction of meetings. Since then, TDC members have worked with private and public healthcare organizations to promote diabetes prevention and awareness throughout the state. Texas Diabetes Council (TDC) addresses issues affecting people with diabetes in Texas. It advises the Texas Legislature on needed legislation to develop and maintain a statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education.

The TDC is required to conduct an assessment of the state's diabetes prevention and treatment programs. The TDC is required to use the results of the assessment to develop a prevention and treatment plan by November 1 of odd-numbered years.

The current [Texas Diabetes State Plan](#) shows priority areas that build on past accomplishments and use current national, state, and local efforts to improve diabetes education and management in Texas. Work in the state plan's priority areas depends on the Legislature's continued funding and support.

The Texas Diabetes State Plan priority areas are:

- Increasing access to diabetes treatments and education.
- Addressing co-morbidities and reducing complications in diabetes care.

Council Statements

Vision: A Texas free of diabetes and its complications

Mission: To effectively reduce the health and economic burdens of diabetes in Texas

Position: Specific initiatives to improve outcomes and minimize barriers to impact diabetes care in Texas communities for improved delivery of care through system reforms that lead to increased access and high quality, affordable, effective, and efficient care for people with diabetes and coordination of State services.

Texas Council on Diabetes Committee Roster

Name	City	Membership Category	Term Expires*	Public Health Region
Aida "Letty" Moreno-Brown, RD, LD	El Paso	General public member with expertise or demonstrated commitment to diabetes issues	2027	9/10
K. Renee' Yarbrough-Yale, DNP, APRN, ACCNS-AG, CDCES	North Richland Hills	Consumer member	2031	2/3
Dirrell Jones, JD	Farmers Branch	General public member with expertise or demonstrated commitment to diabetes issues	2031	2/3
Jason Ryan, JD	Houston	Consumer member	2031	6/5 South
Maryanne Strobel, RN, MSN, CDCES	Cypress	Registered nurse with a specialization in diabetes education and training	2027	6/5 South
Vice-Chair Ninfa Peña-Purcell, PhD	College Station	General public member with expertise or demonstrated commitment to diabetes issues	2027	7
Michael Kelly, PhD	El Paso	Member with experience and training in public health policy	2031	9/10
Chair Chris Carmona, JD	Houston	General public member with expertise or demonstrated commitment to diabetes issues	2029	6/5 South
Sharon Lemons, MS, RD, CDCES, FAND, LD	Saginaw	Registered and licensed dietitian	2029	2/3
John Trischitti III, MLS	Midland	Consumer Member	2029	9/10

**Term expires February 1 of the year indicated.*



Nonvoting members

Name	Organization
Laura Cervantes, MSN, RN, CTCM	Teacher Retirement System of Texas
Amy Chamberlain, MS	Employees Retirement System of Texas
Lisa Golden, MA, ED, HD, CRC, CDCES	Texas Workforce Commission
Kelly Fegan-Bohm, MD, MPH, MA	Texas Department of State Health Services
Shannon Teer, RN	Texas Health and Human Services Commission

1. Welcome, logistical announcements, and roll call. The meeting was convened by Chris Carmona, Chair. A quorum was established.

2. Consideration of July 17, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Consideration of Officer Election Procedure and election of vice-chair. Using the standard (adopted) election procedure, Ninfa Pena-Purcell, the present vice chair, was re-elected as vice chair.

4. Overview: American Diabetes Association update. [Diabetes Research, Education, Advocacy | ADA](#).



In Summary: Douglas Dunnsavage (American Diabetes Association) presented updates on three main initiatives:

- **Amputation Prevention Study:** Mandated by SB 1677; UT San Antonio and Dr. Larry Lavery are leading the data collection and research efforts. Initial findings are anticipated for the next meeting, with a final report due to the legislature in November 2026.
- **Diabetes Prevention Program for Medicaid:** Rider in Senate Bill 1; focus on cost-effectiveness and feasibility for Medicaid recipients, especially alternative interventions for at-risk individuals. A webinar was held recently with significant participation; more data is expected in three months.
- **Proposed Legislative Interim Charge:** Advocacy for an interim charge on diabetes prevention and obesity care, aiming at comprehensive evaluation of treatment, barriers, cost savings, and outcomes in the Medicaid/state health populations.

Questions addressed about stakeholder involvement and ensuring comprehensive inclusion of experts in ongoing studies.

Presentation.

Amputation Prevention Study (SB1677) [SB01677F.pdf](#)

SB1677 Bill Analysis. According to the American Diabetes Association, diabetes-related amputations are on the rise. In some cases, diabetes may lead to complications, including nerve damage, which if left unaddressed may require amputation of the affected limb. Each year, over 160,000 Americans undergo amputation, with approximately 80 percent of amputations of lower limbs being caused by diabetes complications. While amputations are needed to prevent further complications, an individual who has had an amputation is less likely to survive the five years following the amputation. Furthermore, certain counties in Texas have higher rates of diabetes-related amputations, with Bexar County having higher hospitalization rates for these amputations than any other county.

Given the prevalence of this issue in Texas, more data is needed to understand the state of diabetes-related amputations in Texas. Creating an interdisciplinary panel to study this issue and make recommendations on prevention, increase public awareness, create best practices for reducing amputations, and make policy recommendations for the state will help Texas save lives and limbs.

S.B. 1677 would direct the Department of State Health Services to conduct a study on the prevention and reduction of diabetes-related amputation. This study must be conducted in consultation with an interdisciplinary panel of experts on diabetes and related amputations, including an endocrinologist, podiatrists, vascular surgeon, nurse who specializes in diabetes education, at least three individuals with lived experience, among others. This report must be submitted to the governor and legislature no later than September 1, 2026.

S.B. 1677 amends current law relating to a study on prevention and reduction of diabetes-related amputation.

Cost effectiveness of Diabetes Prevention Program SB1 rider 38, HHSC.

38. Diabetes Prevention Program. (a) Out of amounts appropriated above to the Health and Human Services Commission (HHSC) that are available for that purpose, the commission shall conduct a study, in consultation with the Department of State Health Services, to evaluate the cost-effectiveness and feasibility of implementing and administering a diabetes prevention program for Medicaid recipients, including alternative interventions for Medicaid recipients at risk of developing Type 2 diabetes. (b) Not later than November 1, 2026, HHSC shall submit to the Governor, the Legislative Budget Board, the Senate Finance Committee, the House Appropriations Committee, and each standing committee of the Legislature with jurisdiction over health and human services a written report containing the findings of the study conducted under this rider and any recommendations for legislative or other action based on those findings.

Interim charge development focusing on Comprehensive Obesity Treatment: barriers, cost effectiveness, and return on investment.

5. Presentation: The Status and Impact of Diabetes in San Antonio/Bexar County.

In Summary: Dr. Gulraye Aga (San Antonio Metro Health District) presented extensive data on diabetes in San Antonio/Bexar County:

- **Epidemiology:** Bexar County has consistently higher diabetes mortality, hospitalization, and prevalence than Texas and national averages, with significant disparities by race/ethnicity, income, and education.

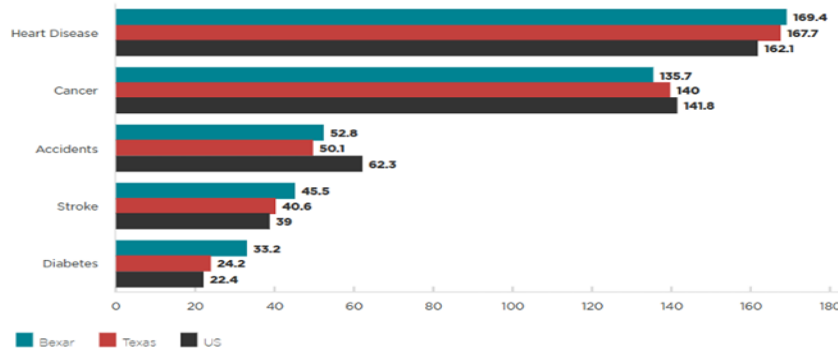


- **Social Determinants:** Clear links between food insecurity, low income/education, and diabetes burden. Central and south Bexar County neighborhoods are particularly affected. Food insecurity, especially post-COVID, remains high.
- **Access to Care:** Barriers such as cost, routine checkup rates, and insurance coverage were discussed. Efforts include setting up an Access to Care office with a trauma-informed approach.
- **Complications and Trends:** Higher rates of amputations (especially among men), and a strong correlation between diabetes and COVID-related hospitalizations were discussed. Rising concern about pediatric type 2 diabetes hospitalization post-COVID was also a focus.
- **Current Programs:** Implementing CDC's diabetes prevention/control programs using innovative initiatives like "Diabetes Garage" (tailored for men), and the Insulin Assistance Program in partnership with HEB. Program coverage, outcomes, and challenges were discussed along with impending funding cuts.
- **Youth Initiatives:** Emphasis on youth-onset diabetes and associated mental health/cardiometabolic risks. Programs include Youth Healthy Living and Project POWER.
- **Collaborations:** Highlighted partnerships with over 100 organizations, collective impact efforts to address food insecurity, and the need for expanded collaborative networks in face of funding/staff reductions.

Discussion: Questions from the council addressed program impact, data limitations, and the complexity of interpreting SNAP data in the context of diabetes prevalence.

Presentation

Leading Causes of Death – Bexar County, Texas, USA



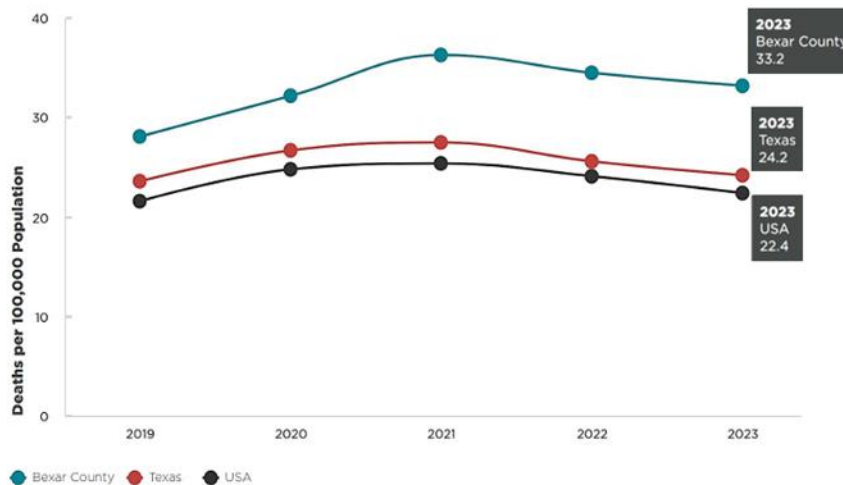
Bexar County's 2023 age-adjusted mortality rate for **heart disease**, **stroke**, and **diabetes** was higher than that of Texas and the US.

Rates are presented as deaths per 100,000 population.

Source: CDC Wonder Cause of Death; US Census Bureau; Manually calculated age-adjusted rate for Bexar County for 2023; adjusted to the 2000 US Standard Population.

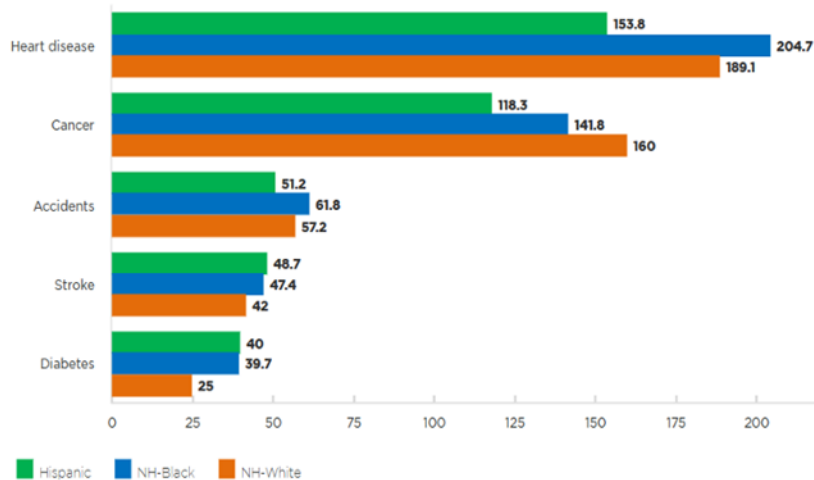
Diabetes Mortality Rates – Bexar County, Texas, USA

Age-adjusted Mortality Rate due to Diabetes



The 2023 diabetes mortality rate in Bexar County is **37% higher** when compared to Texas.

Leading Causes of Death – Bexar County, by Race/Ethnicity



Rates are presented as deaths per 100,000 population.

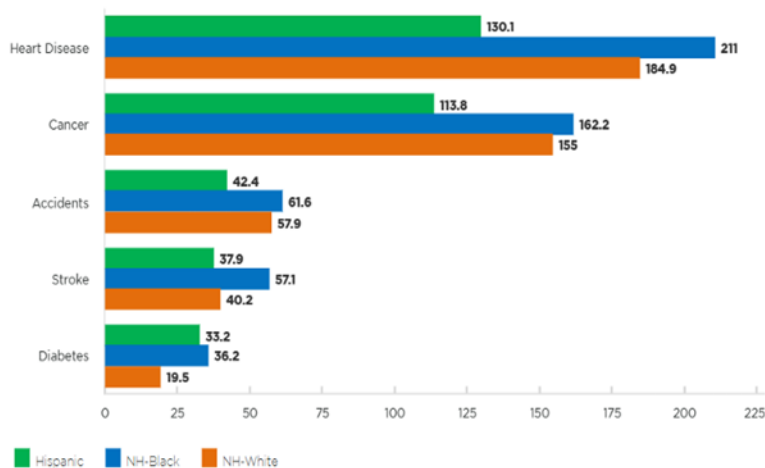
Source: CDC Wonder Cause of Death; US Census Bureau; Manually calculated age-adjusted rate for Bexar County for 2023; adjusted to the 2000 US Standard Population.



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NH-Blacks and Hispanics in Bexar County had notably higher **diabetes** mortality rates in 2023 compared to NH-Whites.

Leading Causes of Death – Texas , by Race/Ethnicity

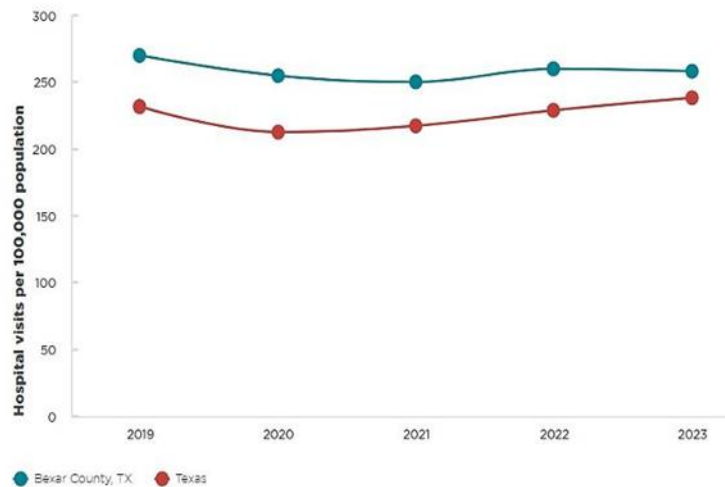


Source: CDC Wonder Cause of Death; US Census Bureau; Manually calculated age-adjusted rate for Bexar County for 2023; adjusted to the 2000 US Standard Population

Similarly, NH-Blacks and Hispanics in Texas also had notably higher **diabetes** mortality rates in 2023 compared to NH-Whites.

Diabetes Hospitalization – Bexar County vs. Texas

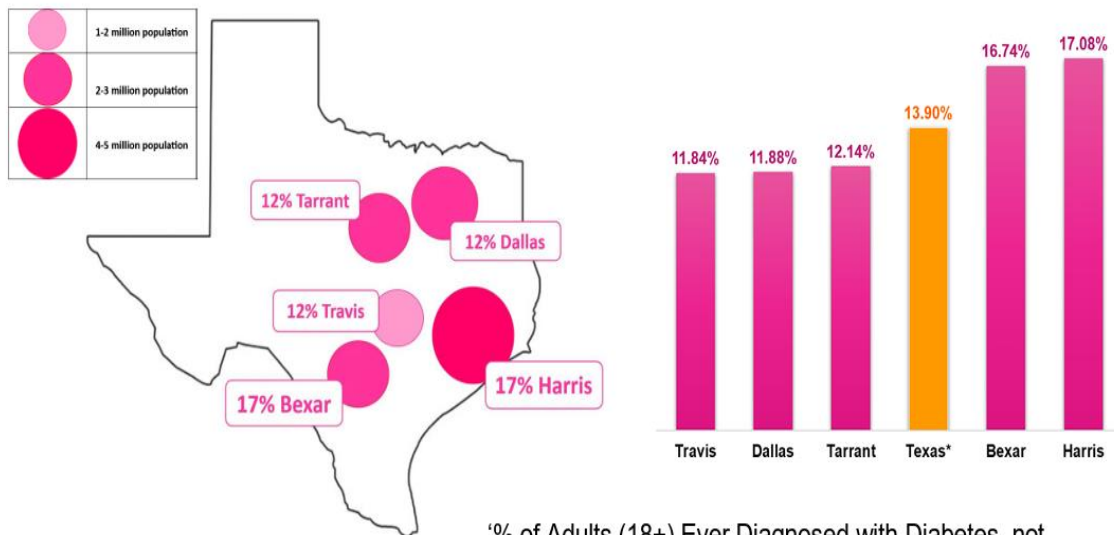
Inpatient Hospitalization Rates for Diabetes (All-Ages) Over Time



Year after year, Bexar County has a higher rate of diabetic hospitalizations compared to Texas.

Source: Texas Department of State Health Services Hospital Discharge Data

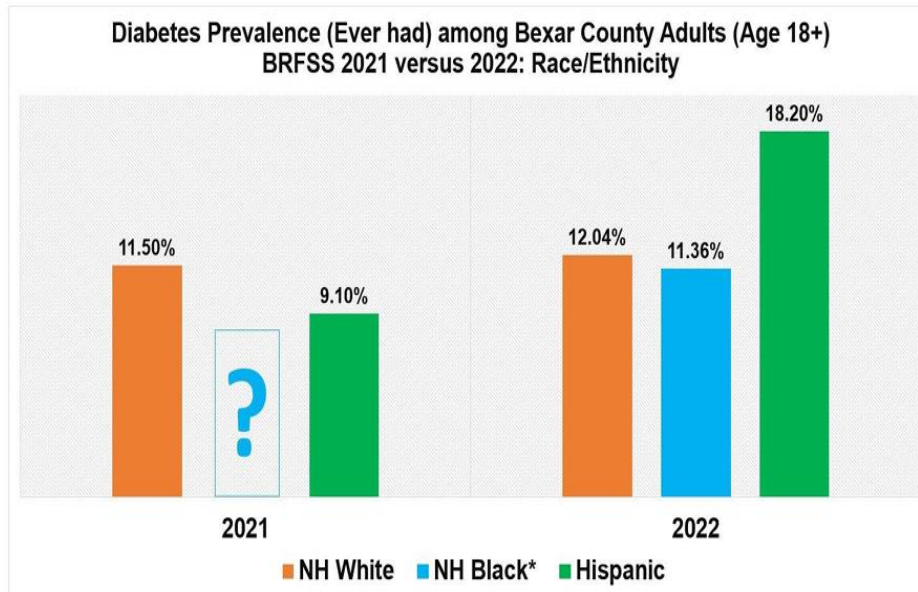
Diabetes Prevalence – Major Texas Counties



BRFSS 2022 Survey data, oversampled counties

'% of Adults (18+) Ever Diagnosed with Diabetes, not including gestational, borderline or pre-diabetes'

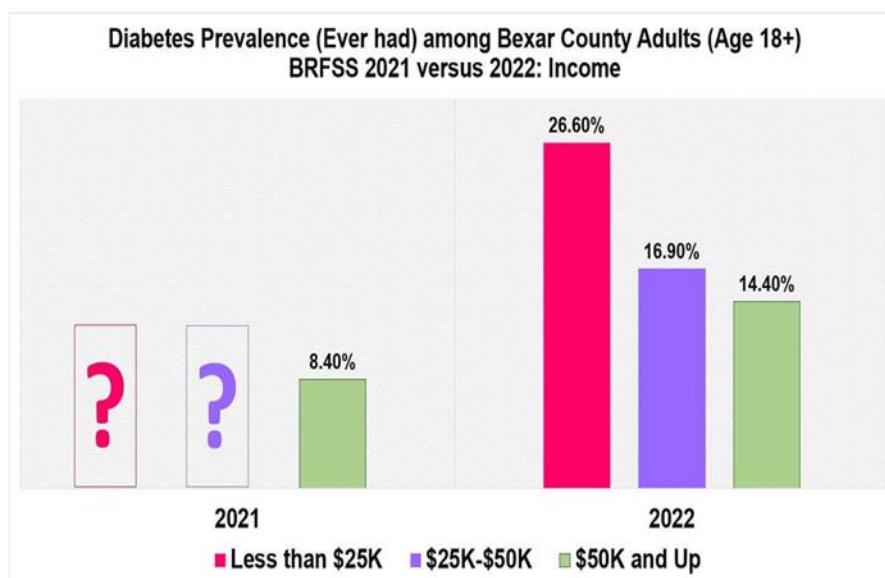
Diabetes Prevalence – By Race/Ethnicity



Note: the importance of oversampling (i.e., increasing sample size of) data to reveal important disparities.

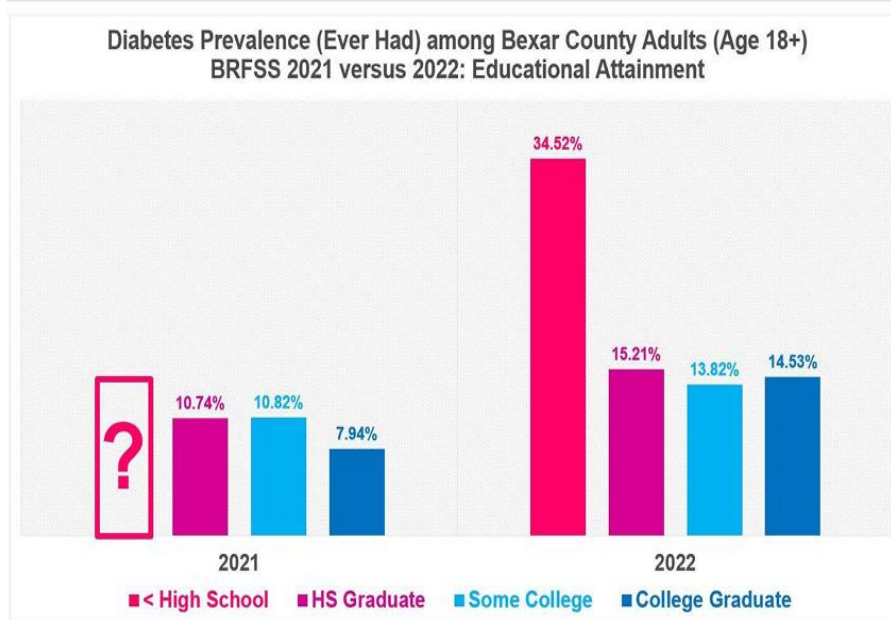
Diabetes Risk Factors: Non-Medical Drivers of Health

Diabetes Prevalence – by Income



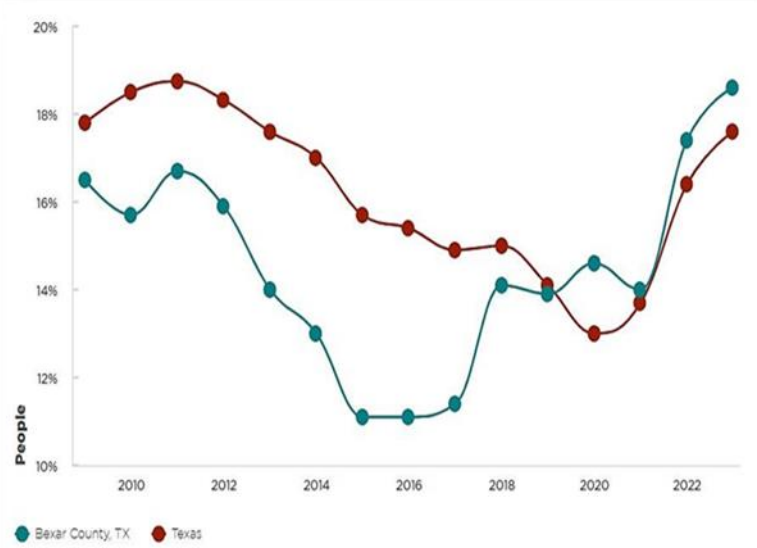
Note: the importance of oversampling (i.e., increasing sample size of) data to reveal important disparities.

Diabetes Prevalence – by Education



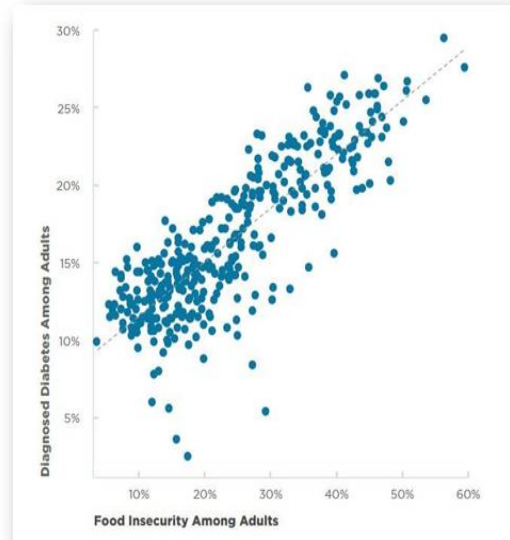
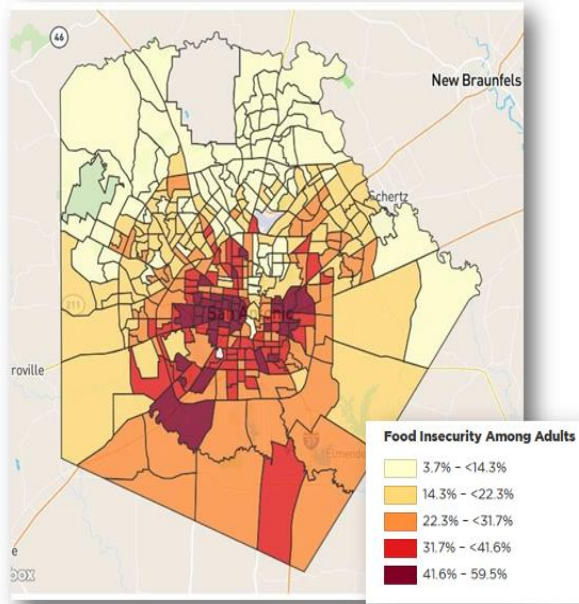
Note: the importance of oversampling (i.e., increasing sample size of) data to reveal important disparities.

Overall Food Insecurity Rate – Trends over Time



Sources Feeding Amer. Map the Meal Gap 2022

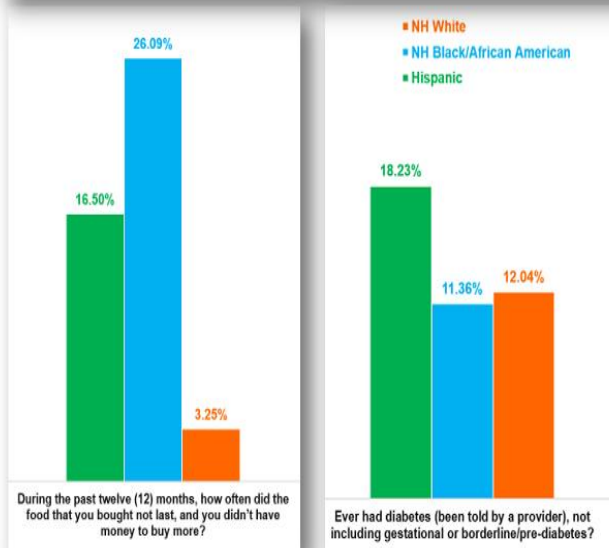
Food Insecurity, Diabetes - by Geography



Source: CDC BRFSS PLACES 2022

Food Insecurity, Diabetes- by Race/Ethnicity

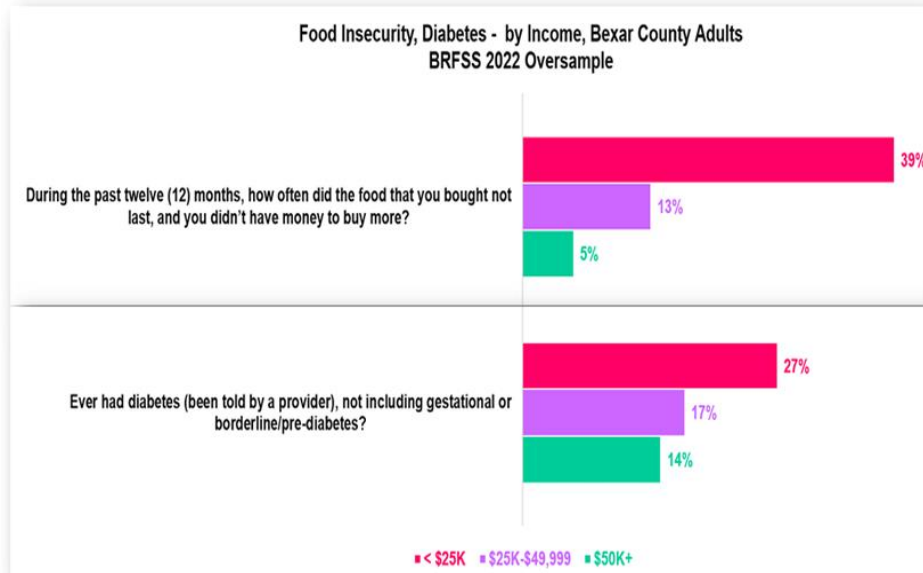
Food Insecurity, Diabetes - by Race/Ethnicity, Among Bexar County Adults (BRFSS 2022 Oversample)



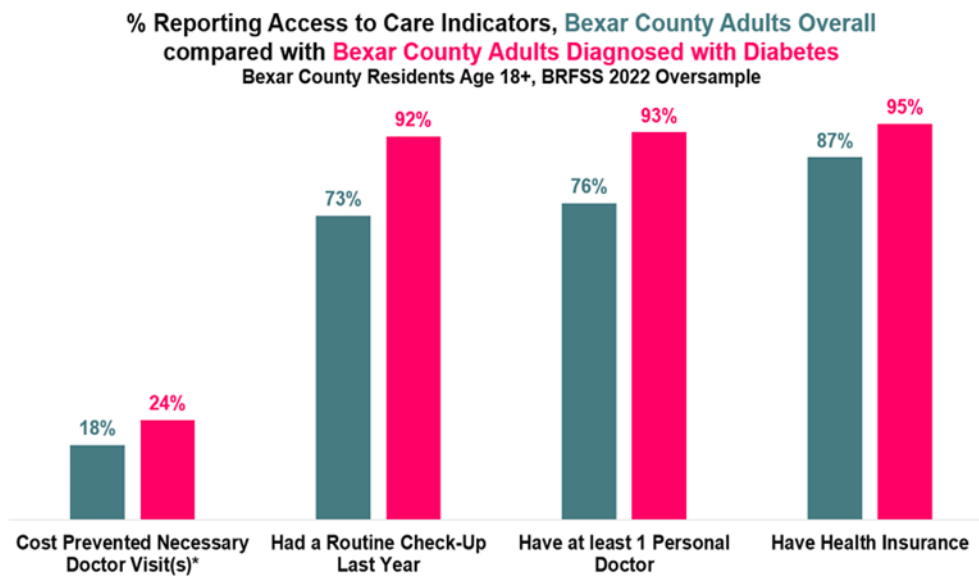
Note on data sources and methods: Compare BRFSS data (far left bar graph) with Feeding America estimates below:



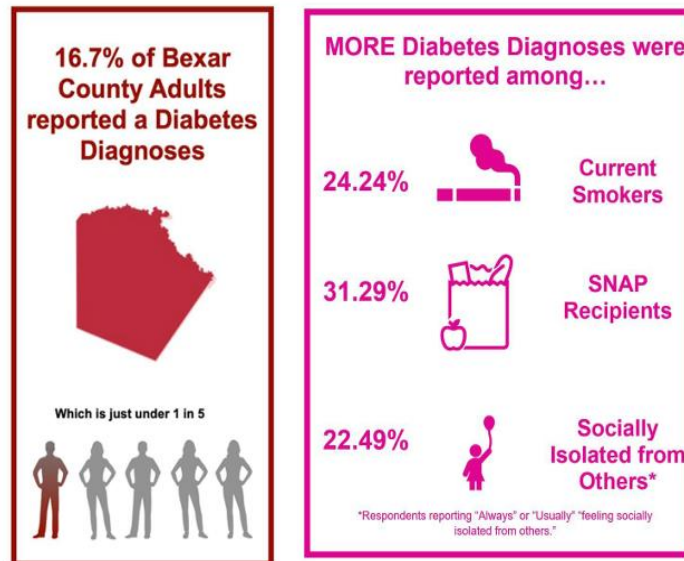
Food Insecurity, Diabetes - by Income



Diabetes and Access to Care



Diabetes among Subgroups

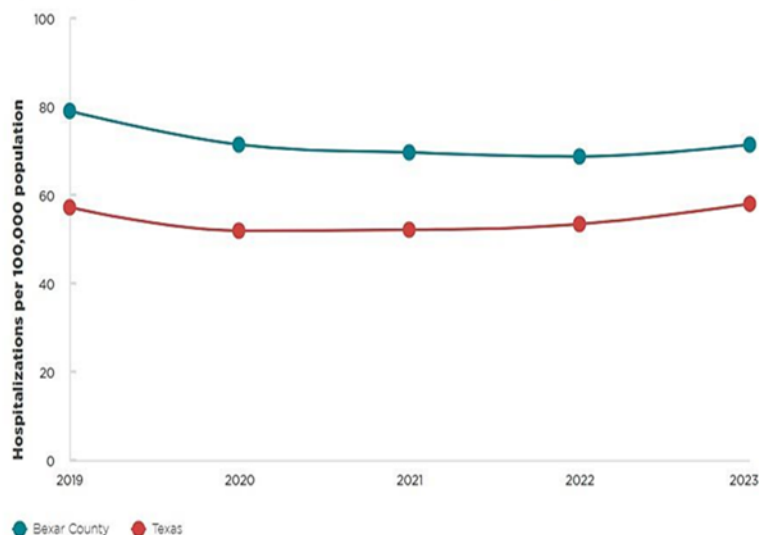


Source: CDC BRFSS PLACES 2022

Diabetes Impact and Complications

Diabetes Impact: Diabetic Amputations

Inpatient Hospitalization Rates for Diabetic Lower Limb Amputations



Source: Texas Department of State Health Services Hospital Discharge Data

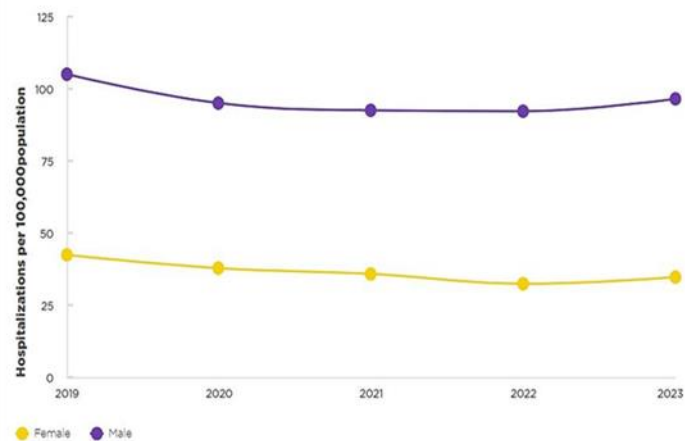


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More on Impact: Diabetic Amputations in Men

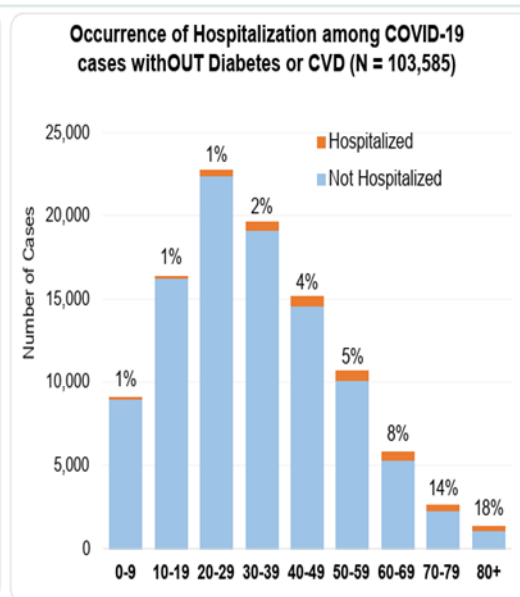
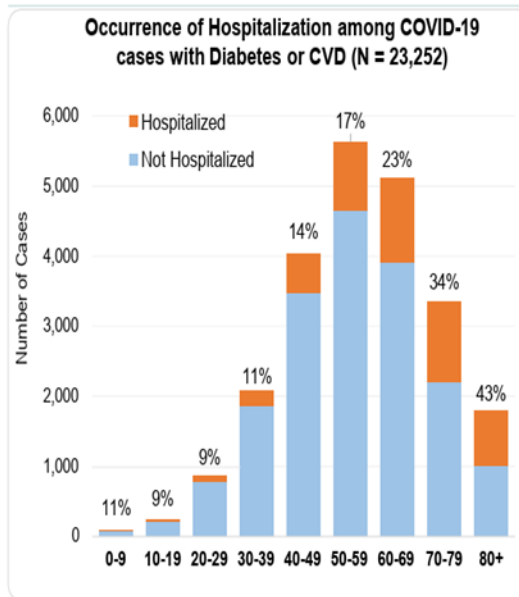


Inpatient Hospitalization Rate for Diabetic Amputations - by Sex, in Bexar County



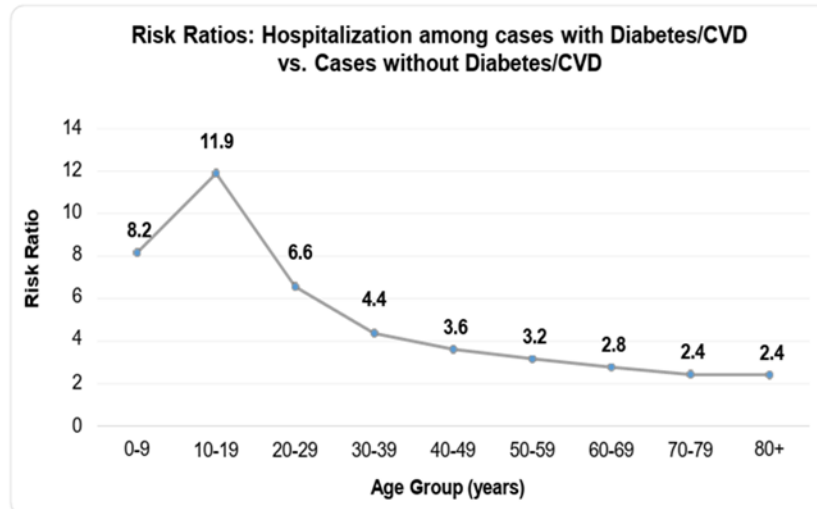
Source: Texas Department of State Health Services Hospital Discharge Data

More on Impact: A Look Back at COVID-19



The City of San Antonio's COVID-19 response team prepared data collected by the State Texas Health Trace (THT) system. The analyses for this section are restricted to data from a 12-month period from June 2020 till the end of May of 2021 and include only cases with medical history available (57.5% of cases).

More on Impact: A Look Back at COVID-19



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San Antonio Metro Health: Data- and Evidence-based Decision-Making to Improve the Status of Diabetes

Our Diabetes Prevention & Control Efforts: An Overview



DIABETES

PREVENTION & CONTROL

The City of San Antonio Metropolitan Health District started the Diabetes Prevention & Control program in 2013. San Antonio has a higher-than-average diabetes prevalence and hospitalization rate compared to other cities in Texas and nationally. We offer **NO COST** health education workshops to the community to help prevent, delay and control diabetes. Our goal is to see San Antonians live a longer, healthier life!

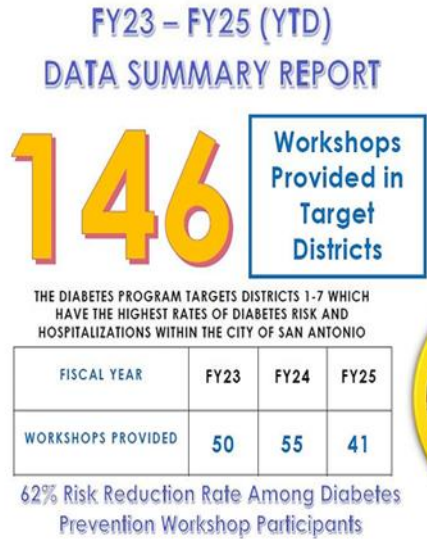
Diabetes & Chronic Disease Prevention

We offer two prevention curricula to the community – The Prevent T2 Diabetes Prevention Program, created by the National Centers for Disease Control (CDC), is for those who have pre-diabetes and want to prevent/delay type 2 diabetes. The Viva Health & Wellness Program, a collaboration with Metro Health's Community Nutrition Program, with a focus on overall health and nutrition is designed for all those who want to prevent chronic disease or manage symptoms.

Diabetes Self-Management & Men's Initiative

We offer two self-management curricula to the community – The Diabetes Empowerment Education Program (DEEP), created by the University of Chicago, was specifically designed for Black and Hispanic populations using culturally relevant examples and language to help individuals manage the symptoms of the disease. The Diabetes Garage, created by Dr. Jeannie Concha & UT El Paso, was created to reach Hispanic men, and uses car maintenance analogies to describe proper self-management. Men statistically experience higher rates of diabetes complications – amputations, kidney failure and death.

Our Diabetes Prevention & Control Efforts: An Overview



CLINICAL REFERRALS

FY23	FY24	FY25
53	142	154

REFERRAL PARTNERS:

UT Health
 University Health
 Methodist Healthcare Ministries
 Community First Health Plans
 SAMHD Diabetes Insulin Assistance Program
 CentroMed
 Kellum Medical Group
 Conviva
 YMCA of Greater San Antonio

Evaluating Our Diabetes Prevention Work

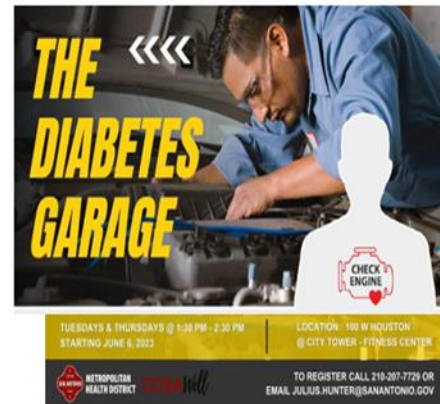
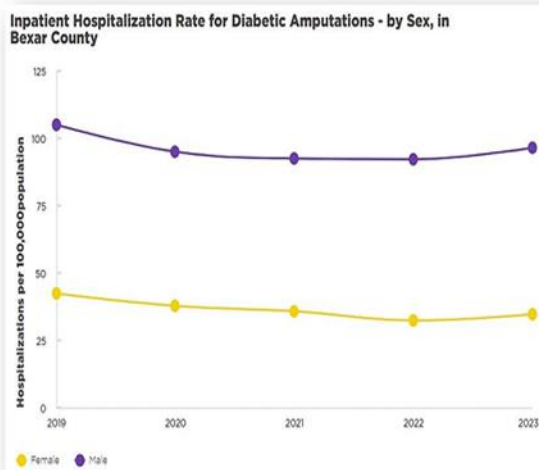
 **Diabetes Prevention Program**

5-year Goal

The peer-led diabetes component of the program will result in a 58% reduction in the development of diabetes among participants completing the program (with prevention consisting of targeted weight loss, increased physical activity, and decreased HbA1C) and additionally, at least 35% of all participants will have had an A1C test in the past year.



Making Decisions with Data: Community-informed Approaches to Diabetes in Men



The Diabetes Garage is a four-week workshop series specifically designed for men who have diabetes. The curriculum uses examples of car maintenance and automotive care to describe how men with diabetes should take care of their bodies. Topics include: healthy eating, taking medications, checking your blood sugars and increasing your physical activity. The goal of the program is to help you better manage your symptoms and to help you live a healthier life. Men who complete the workshop series receive a \$20 HEB Gift Card and a red toolbox full of items to care of both your car and your body. Each session is once a week for two hours. Only men diagnosed with diabetes are eligible to participate.

Making Decisions with Data: Targeted Approach to Service Delivery

Diabetes Insulin Assistance (DIA) Program

- In 2024, San Antonio City Council allocated \$200,000 to the San Antonio Metropolitan Health District (Metro Health) to pilot a Diabetes Insulin Assistance program.
- Metro Health established a contract with H-E-B Pharmacy to administer the program in 19 select H-E-B Pharmacy locations within areas of San Antonio and Bexar County where health disparities in diabetes are greatest.
- The program utilized the funding to cover the co-pay or out-of-pocket costs for insulin prescriptions and refills up to \$100 per prescription.
- The program was intended to serve approximately 500 individuals annually, or until the funds ran out.

Selection of Target Area

- Metro Health's Informatics team conducted an analysis of local health data to determine the target area for the Insulin Assistance Program based on geographic disparities in Diabetes.
- Disparities in diabetes were determined based on three indicators by zip code: Diabetes-related hospitalization rates, diabetes-related emergency room visits, and prevalence of adult diabetes diagnoses.
- These indicators were aligned to H-E-B Pharmacy locations to determine which pharmacies will administer the program.



Monitoring Trends, Tracking Evidence, & Aligning Our Work



Publications

REVIEW | FEBRUARY 22 2023

Youth-Onset Type 2 Diabetes: The Epidemiology of an Awakening Epidemic **FREE**

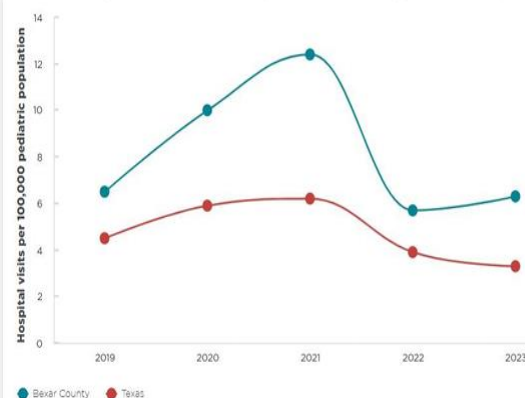
CDC Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives. Protecting People™

CDC Newsroom

New Research Uncovers Concerning Increases in Youth Living with Diabetes in the U.S.



Trends in Hospitalization Rates for Inpatient Pediatric Type 2 Diabetes



Source: Texas Department of State Health Services Hospital Discharge Data

San Antonio Regional Differences in the Incidence of Type 1 vs. Type 2 Pediatric Diabetes

M. Khan, DO¹; A. Vosberg¹; J. Guerra, MPH²; M. Zozus, Ph.D³; M. Rayas, MD¹; J. Lynch, MD¹; G. Agha, Ph.D²

¹Pediatric Endocrinology, University of Texas Health San Antonio (UTHSA)

²San Antonio Metropolitan Health District, San Antonio, TX

³UT Health Department of Population Health Sciences, Division of Clinical Research Informatics



Introduction

Previous studies have shown an increase in the national rates of both pediatric Type 1 (T1D) and Type 2 (T2D) diabetes. However, obtaining accurate regional and national data on pediatric trends has been challenging. Early onset T2D is associated with a high risk of comorbidities, and the projections for diabetes in San Antonio continue to rise^{1,2}. There is an urgent need for evidence based pediatric diabetes incidence trends to inform outreach, intervention, and research efforts. In this study, in collaboration with San Antonio Metropolitan Health (Metro Health), we aimed to both characterize and geographically evaluate new onset T1D and T2D in San Antonio.

Materials and Methods

Pediatric patients with new onset diabetes from 2019 to 2021 were manually tracked and characterized. This data was compiled into a HIPAA compliant internal database. De-identified patient data was shared with Metro Health epidemiologists to enable geo-mapping of trends in Bexar County San Antonio using patients' home zip codes. Statistical analyses included unpaired t-testing and Spearman's correlation calculations.

Results

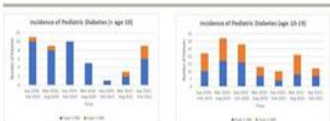


Figure 1: Incidence of Pediatric Diabetes Divided by Age and 6-month intervals. In patients age > 10, exactly 50% had T1D vs T2D

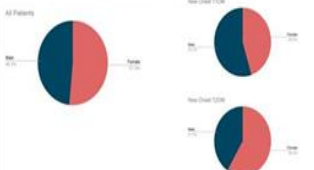


Figure 2: New onset diabetes divided by sex and diabetes type.

Results

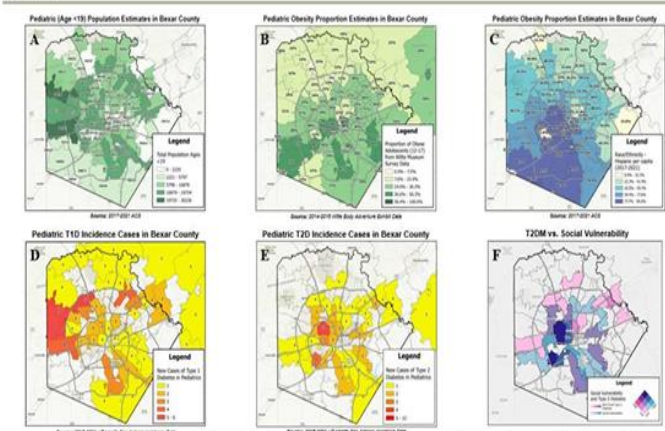


Figure 3: Geo-mapped Trends of Pediatric Diabetes in Bexar County, San Antonio. Graphs A-C represent pediatric population (age < 19) estimates, pediatric obesity estimates, and proportion Hispanic population in San Antonio respectively. Graph D is a representation of the distribution of T1D in Bexar County. Graph E is a representation of T2D in Bexar County. Graph F demonstrates the social vulnerability score, which is comprised of the percent of the population that is non-white and median household income. There was a moderate direct relationship (Spearman's correlation 0.444) between T2D and social vulnerability.

Discussion

Important statistical data on local T1D and T2D pediatric trends was obtained via this research effort. Despite challenges and limited resources to support manual data collection during a pandemic, these collaborative efforts have enabled mapping of diabetes incidence with detailed results by zip code and social determinants of health. Our pilot project highlights both the value and need for an accurate and comprehensive pediatric diabetes database.

Conclusion

The creation of this preliminary database and continued collaboration with Metro Health and UT biostatisticians provides the foundation for more sophisticated investigations regarding characterization of pediatric diabetes patients in our region.

References

1. Diabetes. Davis et al. "Twenty years of pediatric diabetes surveillance: what do we know and why it matters." *Annals of the New York Academy of Sciences* vol. 1465 1 (2021)
2. Cornier G, Fournier AB, Gao B, Murray CJ, Ezzati M. Diabetes prevalence and diagnosis in US states: analysis of health surveys. *Public Health* Mar 2003 Sep 25
3. SEARCH for Diabetes in Youth Study Group. "The burden of diabetes mellitus among US youth: prevalence estimates from the SEARCH for Diabetes in Youth Study." *Pediatrics* 118.4 (2006): 1510-1518.

**Discussion.**

The assumption of the graphs. Is it type two diabetes? The speaker stated it was type one and two. T1 and T2 needs to be broken out; especially the mortality data.

Food insecurity impacts type two more than type one.

When we think about SNAP participants we need a longitudinal study. This study points out that the population with a disease burden, relies more on SNAP.

Aren't high sugar foods and drinks being removed from SNAP benefits. The speaker answered in the affirmative.

How long do you follow recipients? We are following the CDC guidance.

San Antonio prevalence, there are some areas in San Antonio that have prevalence rates of 30%. There are isolated areas that really need attention.

San Antonio Diabetes control partners with more than 100 organizations because we are facing a reduction in funding.

How will the data on amputations be used? The speaker stated they are collecting qualitative and quantitative data to see how to reduce the risk and intervene timely. We are learning a lot about language barriers.

6. Presentation: The Case for Autoantibody (AAb) Screening in Type 1 Diabetes (T1D).

In Summary. The Sanofi team (Frank McCutchen, Joe Grabowski, Maribel Bwarcuk) presented on the importance and current status of type 1 diabetes autoantibody screening:

- Texas has higher rates of diabetic ketoacidosis (DKA) at diagnosis than national averages, and low but above-average Medicaid autoantibody testing rates.
- Explained the stages of type 1 diabetes, the criticality of autoantibody detection, and the high risk of progression once two or more autoantibodies are present.
- Early screening was stressed and can significantly reduce acute events (like DKA), misdiagnosis, and improve long-term outcomes.

- National and state legislative activity on screening is growing; highlighted American Diabetes Association and Florida's efforts as models.
- Recommended council designate a stakeholder to help draft an auto-antibody screening protocol for Texas Medicaid, to be considered in future meetings.
- Discussion addressed challenges in education, outreach, cascade screening, and leveraging EHRs for identification.

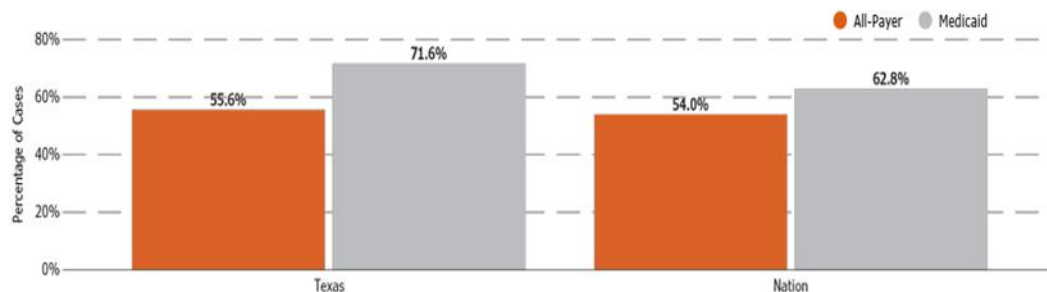
The Q and A portion of this portion of the meeting was not available due to broadcasting difficulties

Presentation

Take Action: Summary of Findings

- Compared with corresponding national averages, Texas Type 1 diabetes patients were more apt to have diabetic ketoacidosis (DKA): 8.7% vs. 7.2%. In Dallas, the DKA percentage was even higher (9.7%).
- In Texas, more than half of cases in the emergency department that treated Type 1 diabetes also had DKA.
- In 2024, annual emergency department provider charges for Texas Type 1 diabetes patients with DKA were 57% higher than the overall Type 1 diabetes average.

Percentage of Primary Type 1 Diabetes Cases in the Emergency Department With a Complication of Diabetic Ketoacidosis, 2024¹



Reference: 1. Definitive Healthcare © 2025

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This presentation is intended for use with payers, formulary committees, or other similar entities for the purposes of population-based drug selection, coverage and/or reimbursement decision making.

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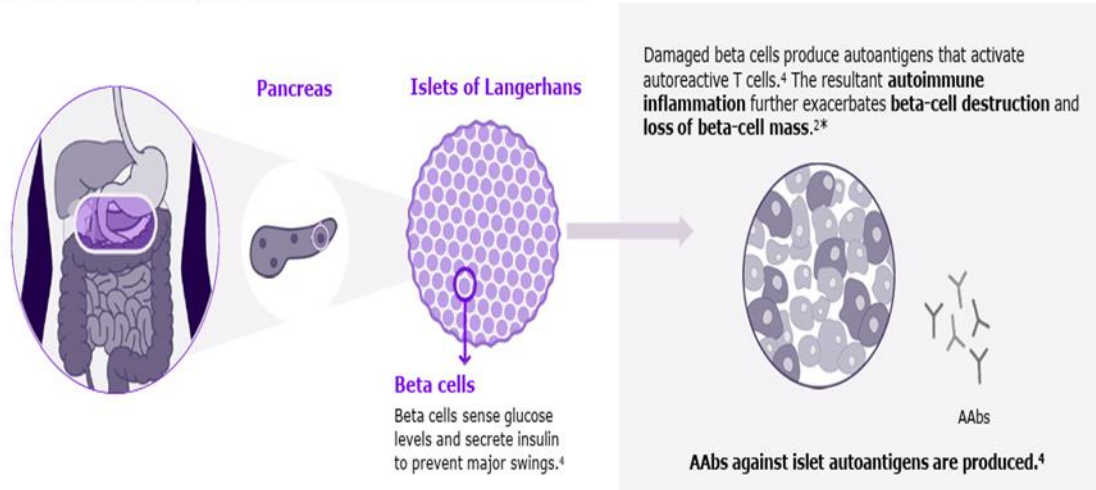
- During each of the last five years of available data, the prevalence of diabetes has been higher in Texas than nationally. As of 2023, around one in every eight Texans had been told by a doctor they had diabetes.
- Just 2.5% of Texas Medicaid patients with Type 1 diabetes received autoantibody testing in 2024, still a higher percentage than the national Medicaid or all-payer comparators.
- Elevated A1c levels were associated with higher rates of DKA: Texas Type 1 diabetes patients with an A1c >11% were nearly 3x more apt to have DKA in 2024 vs. the overall average (25.5% vs. 8.7%).
- In San Antonio, fewer than 80% of Type 1 diabetes patients received an A1c test, which was below the Texas and national benchmarks.
- Nearly a third of Texas Medicaid patients with Type 1 diabetes had an A1c >9.0% on their last exam, a percentage that exceeded both the national norm and the corresponding percentage among Texas Type 2 diabetes patients (16.2%).

The science behind early identification in T1D

T1D is an autoimmune disease characterized by the destruction of insulin-producing pancreatic beta cells

Beta cells are the only cells that produce insulin in the body⁴

The body's regulation of blood glucose depends in part on islet beta cells in the pancreas.⁴



Tight glycemic regulation requires endogenous insulin production by pancreatic beta cells⁴

*Cellular depiction is conceptual and not intended to reflect actual biopsy results.

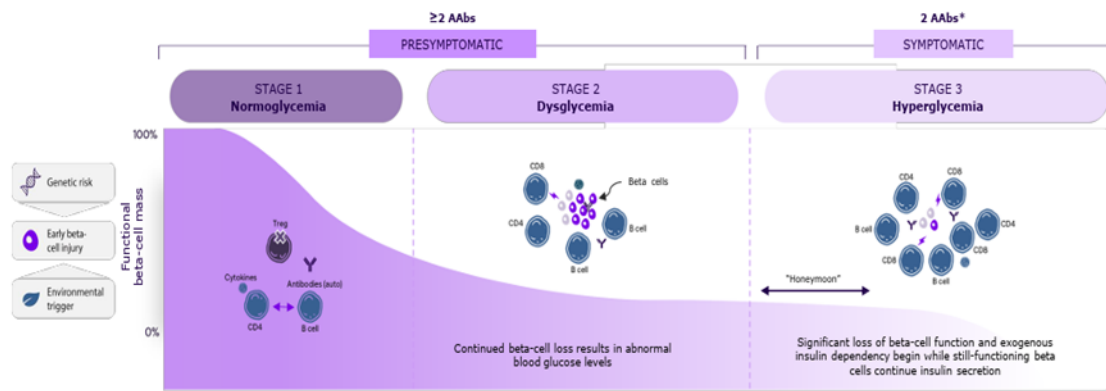
References: 1. Insel RA, et al. Diabetes Care. 2015;38(10):1964-1974. 2. Skyler JS, et al. Diabetes. 2017;66(2):241-255. 3. Toren E, et al. Front Immunol. 2021;12:756548. 4. Bluestone JA, et al. Nature. 2010;464(7293):1293-1300.

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Intended for use with payers, formulary committees, or other similar entities for purposes of population-based drug selection, coverage, and/or reimbursement decision making, pursuant to FD&C Act Section 502(a).

6

T1D progresses in 3 stages based on AAb status and glycemic status

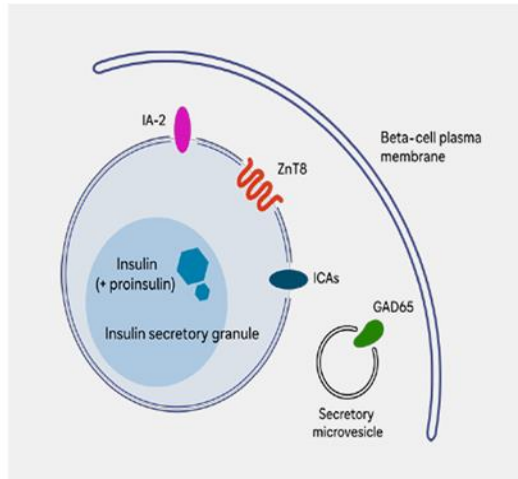


Once ≥2 AAbs are present, the lifetime risk of progressing to Stage 3 T1D is nearly 100%, with a 44% risk of progression within 5 years and 70% within 10 years^{1,2}

*AAbs may become absent.

References: 1. Insel RA, et al. Diabetes Care. 2015;38(10):1964-1974. 2. DiMeglio LA, et al. Lancet. 2018;391:2449-2462. 3. Skyler JS, et al. Diabetes. 2017;66(2):241-255.

Early stage T1D can be detected by the presence of diabetes-specific AABs



AABs against the following beta-cell antigens predict the development of T1D^{1,3}:

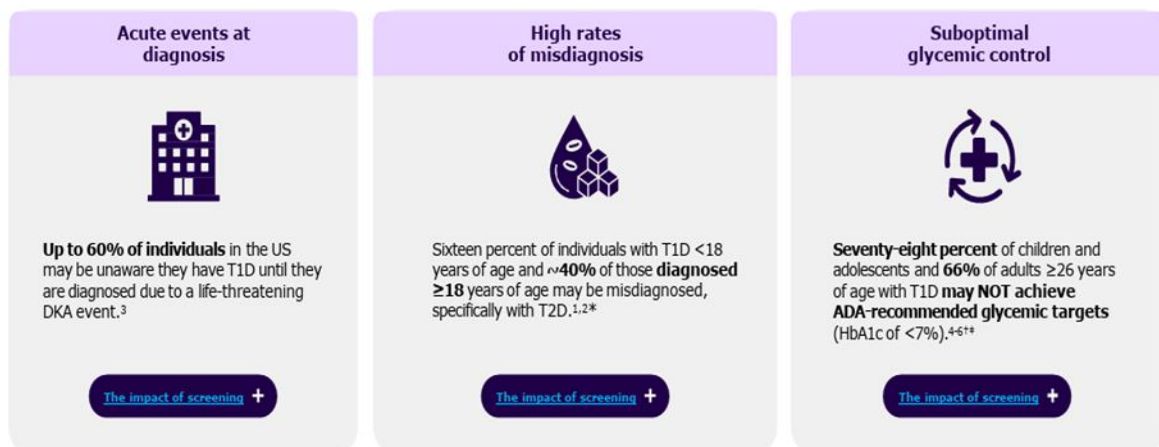
-  Glutamic acid decarboxylase (GAD65)
-  Insulinoma-associated antigen 2 (IA-2)
-  Zinc transporter 8 (ZnT8)
-  Insulin
-  Islet cell autoantigens (ICAs)

No clear order of appearance has been conclusively predictive of disease, but rather the number of AABs has been shown to be predictive of disease.^{3,4}

AAB testing can facilitate accurate diagnosis in T1D and inform appropriate management options⁵

Gaps in T1D management & the impact of early identification on outcomes

Many individuals with T1D experience delayed care, leading to inadequate treatment, worse clinical outcomes, and higher HCRU



ADA=American Diabetes Association; DKA=diabetic ketoacidosis; EMR=electronic medical record; HbA1c=hemoglobin A1c; HCRU=healthcare resource utilization; T2D=type 2 diabetes.

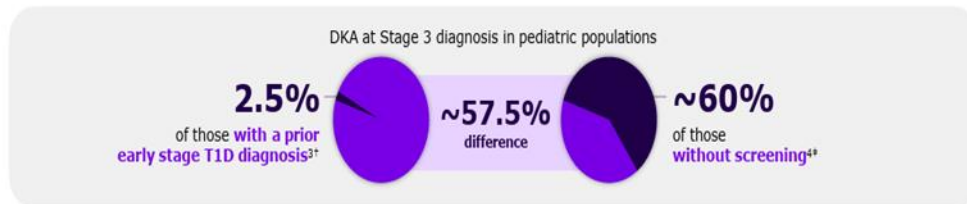
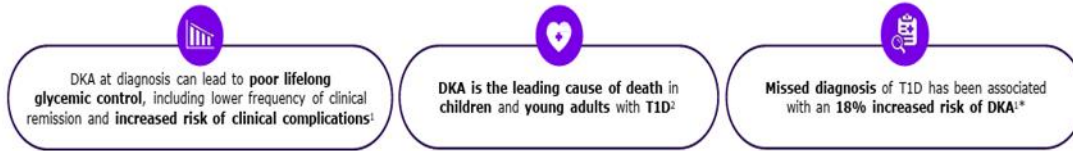
*Based on a retrospective online survey analyzing responses from US adults with T1D and parents of children with T1D regarding their diagnostic experiences (2515). The retrospective nature of the study introduced the possibilities of ascertainment and recall biases, as well as self-selecting limits on the respondent limitation.¹

†Based on a cross-sectional analysis of 2022 EMR data of 60,915 individuals with T1D from 26 diabetes centers in the United States.⁴

‡Per the ADA, HbA1c <7.5% may be appropriate for certain pediatric patients.⁵

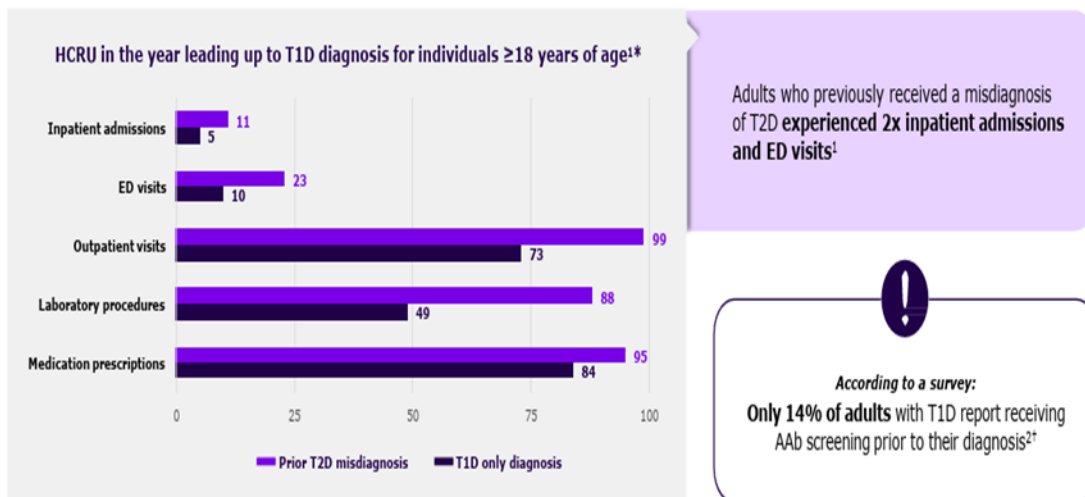
References: 1. Muñoz C, et al. Clin Diabetes. 2019;37(3):276-281. 2. American Diabetes Association Professional Practice Committee. Diabetes Care. 2025;48(suppl 1):S27-S49. 3. Scheiner G, et al. ADONIS in Practice. 2022;10(5):20-25. 4. American Diabetes Association Professional Practice Committee. Diabetes Care. 2024;47(suppl 1):S111-S125. 5. American Diabetes Association Professional Practice Committee. Diabetes Care. 2024;47(suppl 1):S258-S281. 6. Ebekozien O, et al. Diabetes. 2023;72(suppl 1):1456-P.

Screening for T1D is associated with a reduced risk of DKA events at diagnosis



Screening for T1D enables earlier diagnosis and monitoring¹

Thirty-one percent of individuals with T1D were previously misdiagnosed with T2D, leading to increased HCRU



Adults with prior T2D misdiagnosis who underwent AAb testing experienced correct T1D diagnosis ~2 years sooner than those without testing^{3*}

AAb screening allows for timely diagnosis and monitoring of T1D, which has been associated with improved outcomes at Stage 3 diagnosis

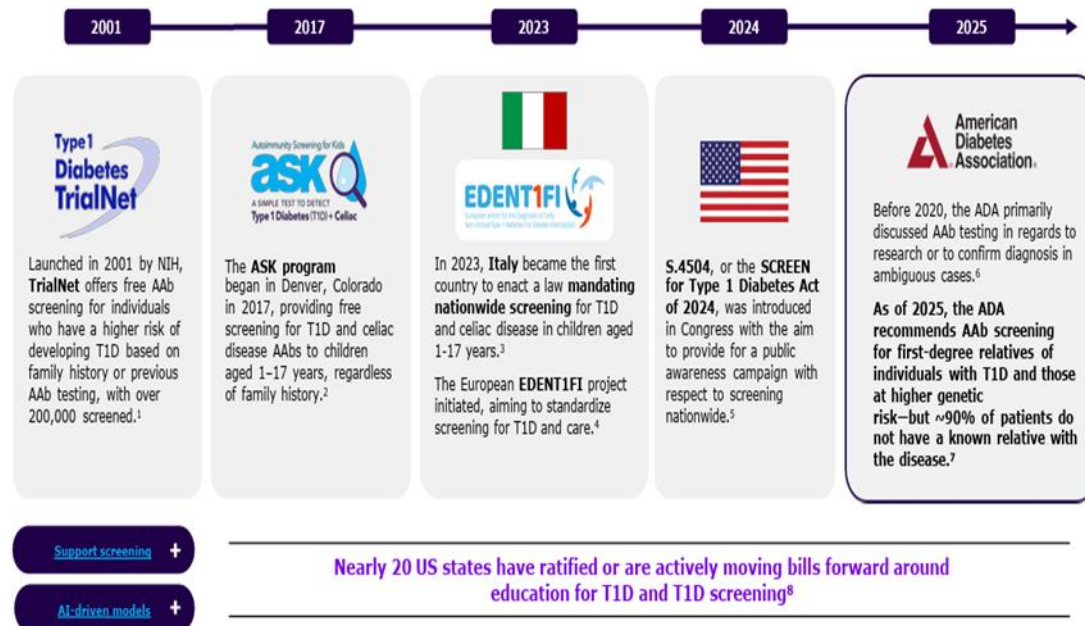
CLINICAL PRESENTATION AT DIAGNOSIS OF STAGE 3 T1D IN CHILDREN^{1*}

	Median HbA1c	Median fasting glucose	Median fasting C-peptide [†]	Proportion of patients requiring of exogenous insulin	Proportion of patients with ketonuria
Screened	6.8%	5.3 mmol/L	0.21 pmol/mL	72.3%	22%
Not screened	10.5%	7.2 mmol/L	0.10 pmol/mL	98.1%	78%
Difference in outcomes	3.7%	1.9 mmol/L	0.11 pmol/mL	25.8%	56%

Early T1D identification allows time for patient education and proactive disease management¹

Existing efforts & advancements in patient identification

T1D screening is gaining global and domestic momentum, from research-based initiatives to real-world implementation



Growing research and best practices support screening in the following populations for T1D

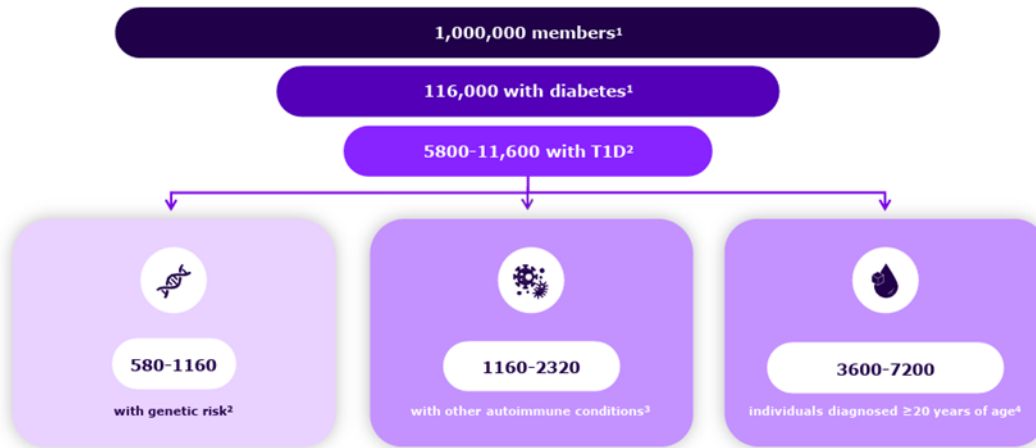


AI-driven models may potentially reduce the number of individuals needed to screen (NNS) to identify a single positive result from 300 to 10

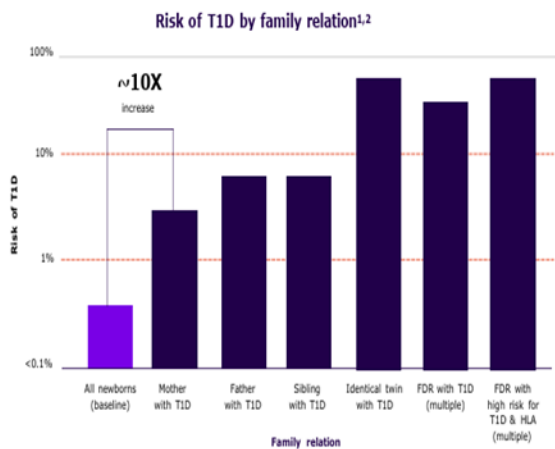
	Model A ^{2*}		Model B ^{3†}
	High-risk population <25	High-risk population >25	General
Model type	Predictive		Machine learning (data agnostic)
Description	Uses predetermined set of variables to identify individuals at highest risk for future development of T1D ≥1 year prior to diagnosis		Uses deep-learning machine-learning models that leverage known and hidden variables or connections for identifying individuals at risk of developing T1D ≥1 year prior to diagnosis
Precision	8%	10%	9%
Recall	80%	92%	80%
F1 score	15%	17%	16%
NNS	12	10	11

Compared to the NNS for the general population (1 in 300) or for first-degree relatives (1 in 20), AI-driven models allow for a more targeted approach to screening for asymptomatic T1D individuals^{1,2}

A closer look at T1D prevalence in a hypothetical 1-million-member health plan



Individuals with a first-degree relative who have T1D are 15x more likely to develop T1D



Relevant ICD-10 codes³

Z13.1	Encounter for screening for diabetes mellitus
Z13.220	Encounter for screening for genetic disease carrier status
Z83.3	Family history of diabetes mellitus
Z84.1	Family history of carrier of genetic disease
Z84.89	Family history of other specified conditions

The ADA recommends AAb-based screening for presymptomatic T1D should be offered to those with a family history of T1D or otherwise known elevated genetic risk⁴

Depending on the condition, the relative risk of developing T1D can range from 5 to over 100 times that of the general population

Vitiligo and Systemic Lupus Erythematosus (SLE) may significantly increase the likelihood of developing T1D^{1,2}

T1D is also linked to¹⁻⁴:

- Thyroid disorders (affecting more than 90% of individuals with T1D and autoimmune disorders)
- Celiac disease
- Multiple sclerosis (MS)
- Gastritis
- Skin diseases
- Rheumatic diseases

Antithyroid Abs are present in around 20% of children with T1D at the start of the illness²

Relevant ICD-10 codes⁵

E06.3	Autoimmune thyroiditis
E27.1	Primary adrenocortical insufficiency
E31.0	Autoimmune polyglandular failure
G35	Multiple sclerosis
K90.0	Celiac disease
L40.0	Psoriasis vulgaris
L80	Vitiligo
M05.79	Rheumatoid arthritis with rheumatoid factor, multiple sites
M32.9	Systemic lupus erythematosus, unspecified

The ADA acknowledges that people with other autoimmune conditions (eg, Hashimoto's thyroiditis, Graves' disease, and celiac disease) are at increased risk of developing T1D⁶

Up to 62% of T1D cases develop in individuals aged ≥20 years

Relevant ICD-10 codes²

E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.9	Other specified diabetes mellitus without complications

Relevant ICD-10 codes²

R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral glucose tolerance test)
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
Z13.1	Encounter for screening for diabetes mellitus

Research supports that members diagnosed with dysglycemia should be evaluated for T1D³

ADA recommendations for screening and monitoring

Who should be monitored?

- Any child, adolescent, or adult who has tested positive for AAbs in early stage T1D
- Nearly 100% of individuals in early stage T1D with 2 or more persistent AAbs will progress to a Stage 3 (clinical) diagnosis

Who is involved in monitoring in early stage T1D?

- Primary care healthcare professionals
- Pediatric and adult endocrinologists
- Diabetologists
- Diabetes behavioral health professionals
- General pediatricians
- Diabetes education specialists
- Allied healthcare professionals
- Individuals with early stage T1D families

What is the purpose of monitoring in early stage T1D?

- The primary purpose is to prevent DKA and minimize the risk of emergency care or hospital admission

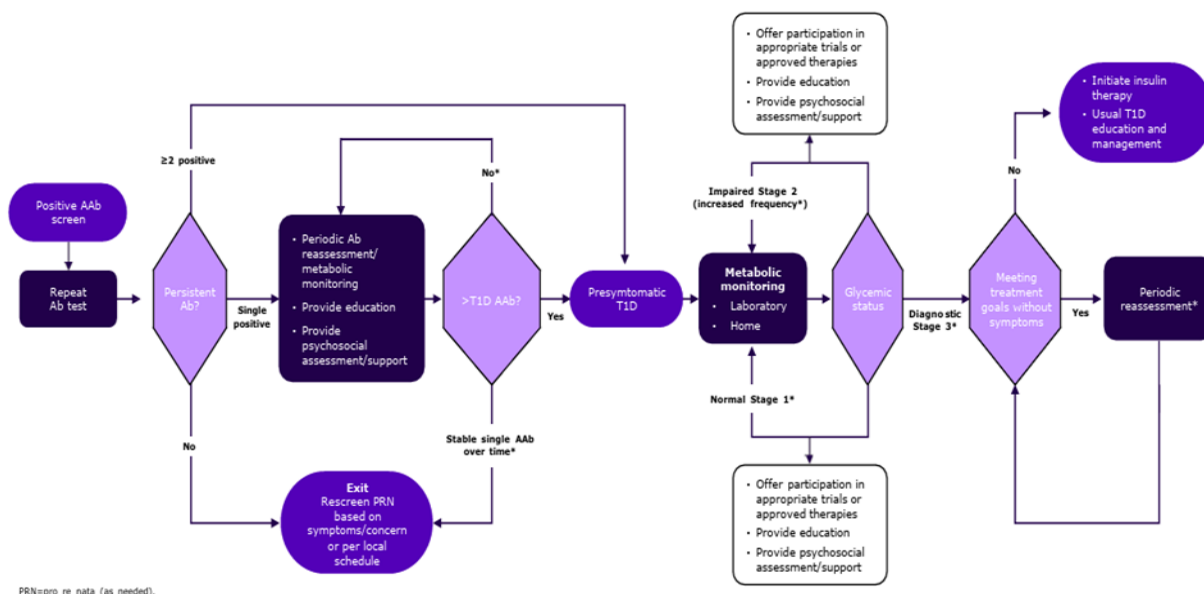
Other purposes include:

To identify individuals eligible to receive therapeutic intervention(s) to delay onset of Stage 3 T1D and prolong beta-cell function

To provide advice for the start of insulin in Stage 3 T1D, when glucose is elevated and before symptoms develop, to mitigate the consequences of long-term hyperglycemia

To avoid misdiagnosis of T2D and delayed start of insulin therapy

To refer for participation in research studies





Discussion. The entire discussion session was inaudible due to broadcasting problems.

7. Update on Association of Diabetes Care & Education Specialists

(ADCES) Conferences. Consider attending our conferences on diabetes care, education and technology that can elevate your support to people with – or at risk for – diabetes. The recent conference focused on co-morbidities, eating disorders and care support.

8. Updates from workgroup. (Texas Diabetes Council Work Group). The Department of State Health Services (DSHS) was thanked for a detailed presentation on diabetes trends in Texas, covering eye disease, mental health, and regional data. The importance of data for decision-making was highlighted, with a suggestion to review the presentation including figures on prevalence (almost 13% statewide, over 21% in some regions), costs, and diabetes-related mortality. ***The presentation was not made available to the public.*** .

It was acknowledged that while the council has made progress, challenges remain, and the council's work is more relevant than ever. Significant discussion focused on developing a mission statement for the work group, aimed at advising the council by synthesizing clinical expertise, data, and community insights, with three objectives: support the state plan, understand CDC grantee strategies, and make recommendations to the TDC. A vote on the new mission statement will be pursued at the next meeting. The need to focus the work group on early detection and testing, especially for type 1 diabetes, was discussed, seeking involvement of pediatric specialists.

9. Updates from state agency representatives

Department of State Health Services--shared recent achievements of the Diabetes Prevention and Control Program, including publication of an article on geographic and racial disparities in youth diabetes hospitalizations and the release of the "Assessment of State Agency Programs for the Prevention and Treatment of Diabetes 2025". The 2025 state plan to prevent and treat diabetes and obesity is available online. [tdc-2025-state-plan.pdf](#).



The next issue of the "Diabetes News You Can Use" newsletter and the November Grand Rounds presentation on diabetes and mental health were announced. The most current "News You Can Use" is below.

Diabetes News You Can Use. August 2025

Diabetes News You Can Use is a free news bulletin from the Texas Department of State Health Services (DSHS). It is compiled by the [Diabetes Prevention and Control Program](#) and highlights information and news related to diabetes.

In This Issue

- [Spotlight](#)
- [Programs in Texas](#)
- [Diabetes News & Resources](#)
- [Journal Articles](#)
- [Diabetes Education Opportunities & Events](#)
- [FAQ](#)
- [Feedback](#)

Spotlight

Hadley: Managing Diabetes with Vision Loss

Managing diabetes when you've lost some vision can be tricky. But Hadley can help! Hadley, a nonprofit, has tips and techniques for living with low vision and using personalized social/emotional support to make adjusting to changes in vision a little easier. Hadley offers free online workshops, audio podcasts, and virtual discussion groups. For more information, visit the [Managing Diabetes series](#), [Living with Diabetic Retinopathy](#), or [Hadley's](#) main website.

Programs in Texas

Texas Children's Community Diabetes Care Center

The Community Diabetes Care Center provides support and empowerment for individuals and families living with diabetes. The Care Center hosts social group meetings held virtually for parents and youth with diabetes to discuss counting carbs, exercise management, diabetes burnout, insulin pumps, and living a resilient life with diabetes. The Care Center also provides diabetes education for school nurses with their annual conference on diabetes management. For more information, visit [Texas Children's Community Diabetes Care Center](#).

South Texas Juvenile Diabetes Association - (STJDA)

STJDA is a non-profit organization that serves the Rio Grande Valley and provides programming to enhance the lives of children living with diabetes through personal empowerment, family support, community awareness and public advocacy. These programs include Camp Freedom summer camp, the school-based Stomp Out Diabetes education and prevention campaign, signature Shots Spots Bears distributed at all Valley hospitals, Family Food pantry in McAllen and Weslaco, and more! Visit [STJDA](#) for more information.

Diabetes News & Resources**Malnutrition-Related Diabetes Officially Named 'Type 5'**

Malnutrition-related diabetes often seen in undernourished young men from low- and middle-income countries has now been formally recognized by the International Diabetes Federation as "type 5 diabetes", distinct from types 1 and 2. New research shows that patients with type 5 diabetes have particularly low insulin production and altered glucose metabolism compared to those with type 2. Visit [Medscape](#) for the full article.

The Diabetes Link: College Diabetes Network

Taking charge of your health while balancing life as a young adult can be challenging. Finding and learning from others who are in the same boat can help make this next life adventure smooth sailing. The Diabetes Link Network has chapters in colleges across the country. Find your school's chapter to meet new friends who are also living with diabetes. If you don't see a chapter at your school, you can be the first to start one! Visit [The Diabetes Link](#) to get connected.

Limbs for Life Foundation

The Limbs for Life Foundation provides funding for lower limb prosthetics of amputees in need who are U.S. citizens or legal residents. The Limbs for Life Foundation provides fully functional prosthetic care for individuals and raises awareness of the challenges amputees face. Learn more about receiving assistance at [Limbs for Life Foundation](#).

Diabetes Support Resources – American Diabetes Association (ADA)

The ADA provides ongoing support to people with diabetes by connecting patients to resources in their community. Diabetes support includes locating education recognition programs near you, a diabetes support toolkit, access to a diabetes food hub with diabetes-friendly recipes, a free Q&A series to help tackle issues faced by those living with diabetes, and so much more! To learn more, visit the [ADA Diabetes Support Resource](#) page.

Journal Articles**Cost-Effectiveness of the National Diabetes Prevention Program: A Real-World, 2-Year Prospective Study****November 2024 – American Diabetes Association**

A study by the ADA assessed the real-world cost-effectiveness of the National Diabetes Prevention Program (NDPP) for people with prediabetes in a large workforce with employer-sponsored health insurance. The ADA performed an analysis using individual-level health insurance claims and survey data of about 6,000 adults with prediabetes who enrolled or did not enroll in the NDPP. The study concluded that enrollment in the NDPP was likely to provide cost savings. To learn more about the study and their findings, read the complete [ADA article](#).

Persistent Performance Improvement Using Team Resources and Continuous Glucose Monitoring in Patients with Poorly Controlled Type 2 Diabetes**June 2025 – American Diabetes Association**

A recent 6-month study assessed the impact of an interdisciplinary diabetes care team approach using continuous glucose monitoring (CGM) on glycemic outcomes in adults with type 2 diabetes. The results of the study suggest that an interdisciplinary team approach in combination with CGM is effective in improving glycemic outcomes in a high-risk population. To learn more about this study, read the complete [ADA article](#).

Stem Cell-Derived, Fully Differentiated Islets for Type 1 Diabetes**June 2025 – The New England Journal of Medicine**

A recent study of zimislecel was conducted in persons with type 1 diabetes to address the gap in data on the safety and efficacy of zimislecel. A total of 14 participants were assessed in the 12-month study. The results concluded that 83 percent of participants had insulin independence and were not using insulin products at day 365. Further investigation is warranted following the results of this short-term study. Read the complete [New England Journal of Medicine article](#).

Diabetes Education Opportunities & Events**Texas Diabetes Council**

The mission of the Texas Diabetes Council (TDC) is to effectively reduce the health and economic burdens of diabetes in Texas. The TDC meets four times a year in public council meetings. The council last met on July 17, 2025. Visit the [Archive](#) webpage to watch the previous recording. For more information, visit the [TDC](#) webpage.

Association of Diabetes Care & Education Specialists (ADCES) 2025 Annual Conference

The ADCES will host its [annual conference](#) in-person on August 8-11, 2025, in Phoenix, Arizona. There will be multiple sessions led by speakers representing the reach and impact of diabetes care teams.

Tour de Cure Texas 2025

The ADA is hosting the Tour de Cure fundraising event to bike ride in support of people living with diabetes. The event will be held on October 25, 2025, in Dallas, TX. The event aims to increase awareness for diabetes, fund vital programs and lifesaving research, and work towards a cure for those living with diabetes. To register or donate to this event, visit [Tour de Cure 2025](#).

4th Annual Keeping Diabetes at Bay 5K Walk/Run

The Coastal Bend Health Education Center (CBHEC) will host the 4th Annual family friendly run/walk dedicated to promoting healthy living and supporting those impacted by diabetes. The race will be held on Saturday, November 8, 2025, beginning at 7:30 a.m. at Water's Edge Park (602 S Shoreline Blvd, Corpus Christi, TX).

To register or become a sponsor, contact Gigi Glogovac at Gigiglogovac@TAMU.edu, or call 360-694-5677.

FAQ

Q: How can I find reliable online and local support resources to help with diabetes self-management?

A: You can use the “[My Support Plan](#)” page from the ADA’s Diabetes Self-management Support guide, which includes hand checklists of resources such as online communities like Beyond Type 1, mental health, smoking cessation programs, and local in-person support including professional referrals, nutrition, and physical activity tools. Check the boxes for the types of support you’re interested in and fill in the local options section to build your personal plan.

Q: What are the ADCES7 Self-Care Behaviors and why do they matter for diabetes management?

A: The ADCES 7 Self-Care Behaviors outlines seven essential, evidence-based strategies that help people effectively manage diabetes. You can use the 7 Self-Care Behaviors to incorporate self-care into your everyday life across various areas such as healthy coping, being active, and monitoring. By downloading the one-page tip sheet from the ADCES7 resource, you will have access to a personalized worksheet and planning tools for each behavior. To access this resource, visit [ADCES 7 Self-Care Behaviors](#).

Feedback

For any questions or feedback regarding our newsletter, or ideas for future newsletter topics, please email the Diabetes Prevention and Control Program at diabetes@dshs.texas.gov.

The articles and hyperlinks to external websites appearing in this newsletter are intended to be informational and do not represent an endorsement by the Texas Department of State Health Services (DSHS). Other websites may not be accessible to people with disabilities. External email addresses may also be provided as a courtesy. If you choose to correspond, please be advised that DSHS policies may not apply. For information about any of the programs listed, contact the sponsoring organization directly.

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Health and Human Services Commission-- reported an update to the Medicaid continuous glucose monitor policy: as of November 1, no prior glucose log documentation will be required for authorization.

Teacher Retirement System of Texas—No update



Employees Retirement System of Texas-- launched a diabetes self-management program for state employees; informative webinars are available on their website.

Texas Workforce Commission-- highlighted employment awareness activities and accessibility efforts for people with disabilities and diabetes, including training and resources for accessible devices and medication.

10. General announcements No announcements

11. Review of action items and agenda items for next meeting.

Vote on Workgroup Mission Statement

12. Upcoming meeting dates. TDC meetings will be held on Thursday at 1:00pm. January 29, 2026; April 23, 2026; July 23, 2026; October 22, 2026;

13. Public comment. No public comment was offered

14. Adjourn. There being no further business, the meeting was adjourned.

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