

Summer 2007

Diabetes Partners in Prevention A Publication of the Connecticut Department of Public Health

Connecticut Health Foundation Diabetes Disparities Initiative

Elizabeth Krause, CT Health Foundation



Keeping Connecticut Healthy

www.dph.state.ct.us

J. Robert Galvin, MD, MPH, MBA

In response to state data about increases in pre-diabetes, especially in populations of color, the Connecticut Health Foundation (CHF) launched a new two-year initiative to reduce racial and ethnic diabetes disparities. A total of \$1.3 million was granted to four federally qualified health centers to take systems-change approaches to reduce diabetes disparities.

- Community Health Centers, Inc. (Meriden and New Britain) is using its grant to integrate the latest concepts in telephonic disease management into its program for high risk clients to help them manage their diabetes in "the space between visits."
- Community Health Services (Hartford) is using its grant to engage and retain a medically transient population in diabetes prevention and management by making changes to outreach and navigation systems.
- Fair Haven Community Health Center (New Haven) is using its grant to adapt its existing dataset to proactively identify

Latina clients at risk for developing diabetes to whom they are offering a culturally appropriate prevention program.

- StayWell Community Health Center (Waterbury) is using its grant to improve the quality of diabetes care, especially among African American men, by making systems changes in all six areas of the chronic care model (community, health systems, self-management support, delivery system design, decision support, and clinical information system).
- The Yale-Griffin Prevention Research Center is conducting an independent evaluation of the initiative. The initiative is expected to yield information about implementing and sustaining systems changes in real world clinical settings.

CHF is the state's largest independent, non-profit grant making foundation dedicated to improving the health of the people of Connecticut through systemic change and program innovation. The Website address is: www.cthealth.org.

Diabetes Prevention & Control Program
410 Capitol Ave, MS 11
APV
PO Box 340308
Hartford, CT 06134
860-509-7737



Diabetes State Plan Complete

Cindy Kozak, RD, MPH, CDE, CT Department of Public Health

Thanks to the input of 100 partners from around the state, the Diabetes State Plan is complete. The Department of Public Health plans to conduct a formal program to release the plan at the State Capitol in October. The plan includes a *Burden of Diabetes in Connecticut* chapter, and focuses on five topic areas including diabetes prevention, disease management, surveillance, education and awareness, and access and policy. Priorities identified in the plan include training of non-certified diabetes educators, partnering with grocery stores, librar-

ies, and other public places to make diabetes information available, and engaging HMOs to standardize access to diabetes education programs.

DPH will use the plan as a means of attracting the interest of various funders. Organizations are encouraged to request a copy to use for their own grant writing and other project planning. Please contact Cindy Kozak at (860) 509-7737 or cindy.kozak@ct.gov. The plan will also be available on our Website: www.dph.state.ct.us.

10,000 Step Program to be Launched This Summer

Barbara McCabe, APRN, AmeriCares Free Clinic of Norwalk

The AmeriCares Free Clinics serve uninsured low income residents, often called the “working poor.” Staffed primarily by volunteers, including physicians, nurse practitioners, and nurses, the patients are seen without charge. Laboratory tests, diagnostic tests, specialist visits, medications, and diabetes supplies are provided free or at very low cost.

The AmeriCares Free Clinic of Norwalk had over 600 visits in 2006 for diabetes care. Recognizing the importance of exercise in maintaining and improving the health of people with diabetes, the clinic will be instituting a walking program this summer. This walking program was made possible by a generous gift from the Norwalk Hos-

pital Medical Residents which donated money from their annual 3-on-3 basketball tournament. Their donation allowed the clinic to purchase 50 high quality pedometers. Participants in the walking program will be loaned pedometers and receive a “Getting Started” package. The packet will include walking and safety tips, and a log book to track their progress and journal their experience. Monitoring and encouragement will be provided as they move towards a goal of 10,000 steps per day. Participants will receive maps of local walking routes, and will also be invited to join with others on weekly group walks.



What is the BRFSS?

Margaret Hynes, PhD, MPH and Betty Jung, RN, MPH, CHES, CT Department of Public Health

The Behavioral Risk Factor Surveillance System (BRFSS) survey is a state-based system of health surveys that generate information about American adults’ health risk behaviors, clinical preventive practices, and health care access and use. It is the world’s largest telephone survey, sponsored by the Centers for Disease Control and Prevention, and conducted in all 50 states.

The BRFSS survey sample for Connecticut is constructed to provide state-level estimates for the adult population. Estimates for subpopulations (e.g., county, towns, health districts, and age, income, educational attainment, racial and ethnic subpopulation groups) are not as reliable, and are subject to greater sampling error than the state-level estimates. In order to minimize error in these estimates, the Connecticut Department of Public Health (DPH) routinely reports multiple years of aggregated data when presenting subpopulation estimates.

DPH typically reports BRFSS estimates for the following subpopulations for aggregated years: age groups, income groups, educational attainment groups, and race-ethnicity

groups (White non-Hispanic, Black non-Hispanic, Hispanic). Although Asian Americans are the fastest growing minority subpopulation in Connecticut, the numbers of Asian-American adults sampled in the BRFSS are so small that it is not currently possible to present reliable estimates even for multiple years of aggregated data. Despite these limitations, the BRFSS still provides useful information for identifying which population groups are at higher risk for certain diseases because of behavioral and social risk factors. It is the basis for the DPH Diabetes Prevalence Fact Sheet <http://www.dph.state.ct.us/PB/HISR/CDSS.htm>. Other national and state-specific risk factor data and information regarding BRFSS methodology can be accessed on the CDC’s BRFSS Website at: <http://www.cdc.gov/brfss/>



Optometrists Evaluate 105 Patients at Diabetes Expo

Mark Chasse, O.D.

Eleven optometrists from the Connecticut Association of Optometrists (CAO) and seven assistants conducted 105 eye health evaluations at the fifth Annual Diabetes Expo on April 21, 2007. The Diabetes Expo took place at the Connecticut Expo Center in Hartford and was sponsored by the American Diabetes Association (ADA).

The following tests were performed: visual acuity, computerized visual fields, retinal tomography (OCT) and direct ophthalmoscopy with retinal photography.

The results of our evaluations are as follows: One hundred five patients were evaluated ranging in age from eight to 77

years. The median age was 50. There were 55 patients with diabetes; 35 with type 2 diabetes, and 20 had type 1 diabetes. Clinically, there were 24 referrals for comprehensive evaluations. Of this number, five had diabetic retinopathy, three were glaucoma suspects, and 16 had visual field defects. Volunteer optometrists provided a record number of eye health screenings at this year’s expo. We look forward to next year’s event.