

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

## Understanding Connecticut Diabetes Mortality Data

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The Connecticut Department of Public Health recently posted new mortality tables and maps on its web site at <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=397432> that include diabetes and diabetes-related deaths. Also new and useful are two diabetes deaths map of CT towns available at: [http://www.ct.gov/dph/lib/dph/hisr/hcqsar/mortality/pdf/lcod\\_2002-2006\\_aamr.pdf](http://www.ct.gov/dph/lib/dph/hisr/hcqsar/mortality/pdf/lcod_2002-2006_aamr.pdf)

To make the most of these new data sources, here are some basic concepts to keep in mind. Mortality data provide useful information about the health of communities. They offer a picture of current health problems, suggest patterns of risk within population subgroups, and show trends in specific causes of death over time. Typically, mortality rates are “age-adjusted” in order to compare relative mortality risk across subgroups and over time. For example, the effect of age differences

within two population groups, such as Hispanics and Whites, are removed when age-adjusted rather than crude diabetes mortality rates are presented.

Years of potential life lost (YPLL) is a measure of premature mortality (before a predetermined age like 65 or 75 years) that can be used to gauge the cost of diseases that cause death at an earlier age, thus reducing the length and productivity of a person’s life. Comparisons of age-adjusted YPLL rates between groups or over time help to identify health disparities that can be addressed through public health interventions. Sometimes comparisons can’t be made over longer periods of time because disease classifications have changed. The switch over to ICD-10 in 1999 will prevent direct comparisons to data coded with ICD-9 prior to 1999.

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## Diabetes CDC Grant Includes Collaboration, Cindy Kozak, RD, MPH, CDE, CT DPCP

A joint application with Diabetes, Tobacco Control, Behavioral Risk Factor Surveillance and Healthy Communities has been submitted to the CDC. The application requirements also included collaboration with the DPH Heart Disease and Stroke Prevention Unit. The CDC is looking for projects that emphasize partnerships so the DPCP will be reaching out to a variety of organizations including the Khmer Health Advocates,

the Mohegan Tribe, Diabetes Self Management Education Centers, Community Health Centers and others.

The DPCP will use the Diabetes State Plan to prioritize projects during the five years of the grant’s duration.

For more information on the grant contact Cindy Kozak at [cindy.kozak@ct.gov](mailto:cindy.kozak@ct.gov) or (860) 509-7737.

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## Primary Stroke Center Designation Program,

Valerie Fisher, RN, MS, Nurse Consultant, DPH

Multiple studies have shown people with diabetes are at greater risk for stroke compared to people without diabetes regardless of the number of other health risk factors they have. Overall, the health risk of cardiovascular disease (including stroke) is two-and-a-half times higher in people with diabetes compared to people without diabetes.

Time is critical in stroke care. The most effective treatments must be given within the first few hours following the onset of stroke symptoms.

The Connecticut Department of Public Health has implemented a Primary Stroke Center (PSC) Designation Program. This is a quality initiative that addresses the public health need for acute care hospitals to ensure rapid diagnostic evaluation and treatment of stroke patients. The goal of the PSC Designation Program is to decrease premature deaths and disabilities associated with stroke through early diagnosis and treatment. It also serves as a mechanism to monitor and ensure that consistent quality care is being provided among Connecticut's hospitals.

To be designated a Primary Stroke Center a hospital must demonstrate the capacity to meet criteria adapted from the American Stroke Association practice standards and recommendations from the Brain Attack Coalition. The eleven criteria are:

1. An established acute stroke care team (for example a neurologist, emergency department physician, nurse, respiratory therapist)
2. Written stroke treatment protocols
3. Commitment and support of the hospital
4. Availability of neurosurgical services 24/7
5. Community education programs that address stroke prevention, signs and symptoms and treatment options
6. Availability of neuroimaging services 24/7
7. Availability of laboratory services 24/7
8. Established outcome & quality improvement programs
9. Emergency medical service (EMS) protocol that focuses on rapid evaluation and transport of stroke patients to the nearest hospital
10. Emergency department staff specially trained in the diagnosis and treatment of stroke patients
11. Established stroke units within the hospital that specialize in treating stroke patients beyond the acute phase

To date 13 hospitals in Connecticut have received Primary Stroke Center designation with several more application under review. For more information go to: <http://ct.gov/dph/cwp/view.asp?a=3135&q=387022>

## Southern Connecticut State University Diabetes Grant Projects,

Peggy Gallup, RN, PhD, SCSU

The Diabetes Prevention and Control Program Grant with Southern Connecticut State University (SCSU) is entering its final phase. The grant consists of three projects. The first was completed in March, 2008 when SCSU conducted the Diabetes Update conference that was attended by over 75 health care professionals. The second project is a four hour continuing education program entitled "Lifetime Management of Diabetes." This program for para-professionals has been offered in seven locations throughout the state, with two more scheduled for 2009. To date there have been over 70 participants including medical assistants, nurses aides, community health workers and outreach workers. The program addresses the basics of diabetes (etiology, symptoms, complications and treatment), with a strong focus on supporting self-management for people with the disease. Certified Diabetes Educators, Kit McKinnon and Linda

Ferro are the program instructors.

The final part of the grant is to develop unique teaching modules designed for Community Health Center staff to use with their diabetes patients. Clinicians from the Hill Health Center in New Haven and Community Health Services, Inc, in Hartford met with professors William Stohler, Peggy Gallup and Kim Lacey from SCSU to discuss the type of information that would be most useful for educating Community Health Center clients. The concept for the teaching materials that emerged from these meetings is a series of pamphlets, each addressing a single concept (such as diet, exercise and medication), in English and Spanish. The proto-type for the pamphlets will be completed and reviewed by the CHC staff in January, with the final versions available in late February.