

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

## Partners Convene to Write a State Plan for Diabetes, Cindy Kozak, R.D., M.P.H., C.D.E., Connecticut Department of Public Health

The Department of Public Health has assembled partners from around the state to begin the process of writing a State Plan for Diabetes. The first meeting was held December 7, 2005, with members of the Commissioner -appointed Diabetes Advisory Council. Since then, an executive committee and four work groups have been formed. The workgroups consist of diabetes educators, school nurses, physicians, professional/patient organizations, legislators, community health center staff, insurance company representation, and others. The work groups include: disease management, sur-

veillance, education/awareness, and access/policy. The groups have started developing goals, objectives, and priorities for inclusion in the plan.

Participants in the planning process were asked why they wanted to be involved. Responses included, "Diabetes is a growing epidemic, therefore, we as health care stakeholders must take an active role in developing and implementing solutions." Another response was, "There will be a much greater impact through collaboration and working together." The overall goal of the process results in one unified document to pre-

sent to the legislature and to use when organizations are pursuing grant funding. Commitment from partners from around the state is essential both in the writing phase of the state plan development, as well as



The goal is to complete the diabetes state plan by October, 2006

in the implementation phase. For more information or to get involved contact Cindy Kozak at 860-509-7737 or via e-mail [cindy.kozak@po.state.ct.us](mailto:cindy.kozak@po.state.ct.us).

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M. Jodi Rell, Governor

J. Robert Galvin, M. D., M. P. H.,  
Commissioner

## Diabetes Prevalence by Household Income, Margaret Hynes, Ph.D., M.P.H. and Betty Jung, R.N., M.P.H., C.H.E.S., CT DPH

Almost 17,000 Connecticut adults responded to the 2002 to 2004 Behavioral Risk Factor Surveillance System (BRFSS) telephone surveys. For this three-year period, an estimated 5.9% of adults reported being told by a doctor that they had dia-

betes. Diabetes prevalence rates tend to be higher among lower-income persons in Connecticut. While 13.3% of adults with household incomes of less than \$15,000 reported being told they had diabetes, only 3.5% of adults with

household incomes of over \$50,000 were told they had diabetes. This difference is statistically significant at the 95% confidence level. These findings are consistent with national data, which show that low socioeconomic status is linked

to higher rates of type 2 diabetes. Low income persons are less likely than higher income persons to have an adequate diet, sufficient physical activity, and access to medical care, factors which are known to affect progression of disease.

## The Connecticut Center of Excellence for Eliminating Health Disparities among Latinos, Rafael Pérez-Escamilla, Ph.D., UConn

The NIH Center on Minority Health and Health Disparities recently awarded Dr. Rafael Pérez-Escamilla, from the University of Connecticut Department of Nutritional Sciences, an \$8.2 million five-year grant to establish and direct The Connecticut Center of Excellence for Eliminating Health Disparities among Latinos (CEHDL). The center is structured as a consortium led by The University of Connecticut in close partnership with The Hispanic Health Council (HHC) (Co-PI: Grace Damio), and Hartford Hospital (Co-PI: Laurine Bow). CEHDL has four cores and will oversee a type

2 diabetes peer counseling randomized community trial. The *Administrative Core* is based at UConn's Department of Nutritional Sciences with the goal of providing overall coordination and direction to CEHDL. The *Research Core* is responsible for promoting scientific exchanges in the area of health disparities through a seminar series, an annual conference, interactive workshops, and an annual mini-grant competition. The *Education & Training Core* concentrates on the recruitment, retention, and formation of underrepresented minorities in the area of health disparities. The *Community Connec-*

*tions Core* is based at The HHC and is responsible for developing and testing innovative training, applied research, and outreach partnerships with minority communities. CEHDL is also preparing to implement a randomized community longitudinal trial at Hartford Hospital examining the impact of home based peer counseling on disease management and health outcomes among inner-city Latinas with type 2 diabetes. In addition to its scientific contribution, this study will serve as a prime mechanism for our training and outreach. Contact information: rafael.perez-escamilla@uconn.edu or 860-486-5073.

## Racial and Ethnic Disparities in Treatment for Depression in Diabetes, Julie Wagner, Ph.D., UConn Health Center

Major depression is twice as common in persons with diabetes as in nondiabetic controls. When present, depression is associated with worsening glycemic control, more diabetes complications, greater mortality, and higher health care costs. We recently documented that minorities report different depression care than their White counterparts. Results from our study of 740 community persons with diabetes showed rates of depressive symptoms were similar among Whites, African-Americans, and Latinos with diabetes.

However, African Americans reported lower rates of physician-diagnosed depression than Whites. And those African Americans who did report physician-diagnosed depression went on to report lower rates of pharmacotherapy for depression than Whites. These differences held even after taking into account differences in factors such as health insurance, education, and income. Findings suggest depression in diabetic minorities may not be detected by healthcare providers, and when it is detected, depression may not be

effectively treated. Reasons for this could include African American patient refusal of depression medication, use of alternative therapies, such as herbal remedies or faith healers, lesser prescription benefits, or physician uncertainty or bias in prescribing. There are safe and effective pharmacological and behavioral treatments for depression in persons with diabetes. Therefore, healthcare providers are encouraged to screen, identify, and use effective treatments for depression in their diabetic patients, paying particular attention to minorities.

## City of Bridgeport Mayor's Diabetes Initiative Valerie Sorrentino and Marian Evans, M.D., Bridgeport Health Department

The City of Bridgeport Mayor's Diabetes Initiative is offering a unique yearlong program that strives to improve the lives of Bridgeport residents, City of Bridgeport employees, and its retirees living with diabetes. The initiative is chaired by Dr. Joseph Rosa, chief of endocrinology at St Vincent's Medical Center, and Dr. Marian Evans, Director of the Bridgeport Health and Social Services Department. The program kicked off in January 2006, after Bridgeport's Mayor John Fabrizi was diagnosed with type 2 dia-

betes. The initiative's goals include heightening diabetes awareness through education, reducing medical costs associated with diabetes, and improving the quality of life for people with diabetes. Once enrolled, participants attend four quarterly education sessions on nutrition, exercise, and monitoring diabetes. "Coaching sessions" will be offered at neighborhood sites such as community centers and libraries. Participants also receive monthly newslet-

ters, and they have access to certified diabetes educators. Partners include City of Bridgeport Health Department, Quest Laboratories, HealthNet, Pfizer, Bayer Diagnostics, St. Vincent's Medical Center, Southwest Community Health Center, Bridgeport Community Health Center, Hall Neighborhood House, and the State of Connecticut Department of Public Health. For more information contact St. Vincent's at 877-255-7847 or visit the website: <http://ci.bridgeport.ct.us/departments/healy.aspx>