

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

## Diabetes Prevention and Control Program Provides Education Programs, Cindy Kozak, RD, MPH, CDE, CT Dept of Public Health

The Connecticut Department of Public Health Diabetes Prevention and Control Program (DPCP) offered two continuing education credit programs in March. On March 25 forty health care providers attended a program on Diabetes Disease Management which featured Dr. Victor Villegra, from Health Technology Vector, Dr. Stephen Zebrowski from Pro Health, Dr. Daren Anderson from Community Health Center Inc. and Michelle Kelvey-Albert from Qualidigm. The program provided an overview of disease management concepts and highlighted examples of successful approaches in both the private physician office as well as in a commu-

nity clinic.

The second program, offered on March 27, provided a diabetes review and update to an audience of 125 nurses, dietitians, social workers and other health professionals. Topics covered included diabetes pathophysiology, medications, nutrition, exercise and psycho-social concerns.

The DPCP plans to repeat this program in the fall to accommodate the waiting list. An upcoming program on “Diabetes and Depression in Women” will be offered on June 2 in the New Haven area and June 3 in Rocky Hill. For more information contact Cindy Kozak at [cindy.kozak@ct.gov](mailto:cindy.kozak@ct.gov) or by calling 860-509-7737.



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J. Robert Galvin, MD, MPH, MBA  
Commissioner

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

## Diabetes and Dental Care, Linda Ferraro, RDH, CT Dept of Public Health

Several recent studies describe a very strong relationship between periodontal disease and diabetes, strengthening the existence of an “oral-systemic link.” People with diabetes are particularly susceptible to periodontal disease due to their inability to fight infections as readily as a person without diabetes. Nationwide surveys have demonstrated that people with diabetes, especially those with poorly controlled blood sugars, have a significantly higher prevalence of severe periodontitis. Periodontal disease has been identified as the sixth major complication of diabetes.

Periodontal disease also disrupts glycemic control in diabetes by causing insulin resistance. Chronic periodontal disease may actually cause diabetes in people with pre-diabetes. Evidence has shown that people with diabetes have an increased risk of dental caries (cavities) compared to their non-diabetic counterparts, most likely due to the xerostomia (dry mouth.)

Periodontal disease is chronic, but preventable in most cases, and treatable if it has not advanced to its most se-

vere form. Daily home care, such as brushing teeth and gums properly at least twice a day with a fluoride toothpaste and flossing between the teeth are the most effective preventive measures an individual can take. Visiting a dentist regularly and having a professional cleaning are also essential. Those who have been recently diagnosed with diabetes should make an appointment to see a dentist to have their oral condition evaluated. If periodontal disease is present, more extensive professional cleanings, such as deep scaling and root planning or periodontal surgery may be necessary to halt the progression of the disease. Without meticulous home care, however, none of these treatment options will be effective in reversing or controlling the disease process. Therefore, education regarding oral health and the role it plays in diabetes management is essential for any intervention program. Promoting oral health behaviors such as regular dental exams, proper oral hygiene and smoking cessation may significantly affect the oral health and overall health of patients with diabetes. For more information contact Linda Ferraro at (860)509-8203 or [linda.ferraro@ct.gov](mailto:linda.ferraro@ct.gov)

## Diabetes and Heart Disease, Betty C. Jung, RN, MPH, CHES, CT Dept of Public Health

The Framingham Heart Study that started in 1948 continues to provide useful information about heart disease. This study identified high blood pressure, high blood cholesterol, smoking, obesity, diabetes and physical inactivity as cardiovascular risk factors.<sup>1</sup> Since 1974, when the Framingham study identified the association between diabetes and the development of cardiovascular disease,<sup>2</sup> research has shown that cardiovascular disease is the leading cause of diabetes-related deaths. Additionally, people with diabetes are two to four times more likely to develop cardiovascular disease as a result of several risk factors, including high blood pressure, lipid disorders (high cholesterol and triglycerides), smoking, obesity and lack of physical activity.<sup>3</sup>

Connecticut Behavioral Risk Factor Surveillance (BRFSS) data (2005-06) support these national trends. All comparisons showed statistically significant differences between those with and without diabetes. Those with diabetes were more likely to report being obese (49%), having coronary heart disease/angina (11%), having had a myocardial infarction (11%), having had a stroke (7%), and having had high blood pressure (42%).<sup>4</sup> In summary, for those with diabetes, control of known risk factors is important in preventing the development of and reducing deaths from cardiovascular disease.

### References:

1. Framingham Heart Study. (Feb 2006). Framingham Heart Study. Retrieved February 6, 2008 from <http://www.framingham.com/heart/profile.htm>

[framingham.com/heart/profile.htm](http://www.framingham.com/heart/profile.htm)

2. Framingham Heart Study. (n.d.). A Timeline of Milestones from the Framingham Heart Study. Retrieved February 6, 2008 from <http://www.framingham.com/heart/timeline.htm>

3. American Heart Association. (n.d.) Diabetes and Cardiovascular Disease. Retrieved February 6, 2008 from <http://www.americanheart.org/presenter.jhtml?identified=3044762>

4. Unpublished BRFSS data



## National Committee for Quality Assurance Diabetes Physician Recognition Program, Lisa Edwards, MBA, CMPE, Yale-New Haven Community Medical Group

The Yale-New Haven Community Medical Group (YNHCMG), a New Haven County-based Independent Physician Association, has initiated a program designed to enable Internal Medicine physicians to apply for recognition by the NCQA Diabetes Physician Recognition Program.

Patients with diabetes are identified by extracting ICD-9 and CPT code data from the billing systems of participating physicians. A randomized sample of patients is identified, medical records are reviewed and quality data is entered into an Access-based abstraction instrument. The instrument captures NCQA Diabetes Care quality measures including the occurrence of A1c and LDL-C tests and their corresponding level (s), the occurrence of microalbumin testing or evidence of medical attention for nephropathy; the occurrence of a dilated retinal examination, foot examination, and the most recent blood pressure reading. In addition, data is captured on the

occurrence of tobacco use as well as tobacco cessation interventions.

Scores on these indicators are analyzed and the physician is notified that they have met performance levels sufficient to become recognized by NCQA. In cases where performance levels are insufficient to meet NCQA requirements, the physician is supplied with interventions/assistance from the YNHCMG that will enable them to improve their performance and ultimately apply for NCQA recognition.

For information, contact Lisa Edwards at (888) 304-1054 x 2 or [ledwards@ynhcmg.org](mailto:ledwards@ynhcmg.org).

