

CT Diabetes Advisory Council

August 18, 2016
CT DPH Lab, Rocky Hill



Connecticut Department of Public Health
Keeping Connecticut Healthy



Agenda

- Welcome and Introductions
- Opportunity for public comment
- Review of Council responsibilities
- Burden of Diabetes in CT
- Proposed Process for Council work
- Identification of Council chair
- Other business

Council Responsibilities



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Public Act 16-6, section 51 The Diabetes Advisory Council shall:

1. Analyze the current state of diabetes prevention, control and treatment in CT
2. Advise the department on methods to achieve the goal of the CDC in granting funds to the state for diabetes prevention



Public Act 16-6, section 51 What we are charged to do

The advisory council SHALL Review:

- A. Strategies to identify and enroll individuals in diabetes prevention programs
- B. Strategies to identify and refer individuals with diabetes in formal diabetes education
- C. Status of healthcare organizations reporting on clinical quality measures related to diabetes control

continued...

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Public Act 16-6 continued

The advisory council SHALL Review

- D. Existing state programs that address prevention, control and treatment of diabetes
- E. Evidence that supports the need for such programs
- Also: Make recommendations to enhance and financially support such programs

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Public Act 16-6

The advisory council MAY Study:

- A. Effectiveness of the existing state program identified
- B. Financial impact of diabetes on the state, including but not limited to, the prevalence of the disease and the cost to the state for, among other things, administering the programs identified
- C. Coordination of such programs and other efforts among state agencies to prevent, control and treat diabetescontinued

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Public Act 16-6

The advisory council MAY Study:

- Develop an action plan that sets forth steps to reduce the impact of diabetes on the state, including, but not limited to, expected outcomes for each step toward preventing, controlling and treating diabetes

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Voting question

- Propose the Council address the “SHALL” portions of the public act Before the “MAY” section

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Process

- Majority of members=quorum
- Actions require majority vote
- No compensation can be provided
- Agenda for meetings is posted for public review

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Reports

- Progress report on findings and recommendations due Jan 1, 2017 to the General Assembly
- Final report due May 1, 2017

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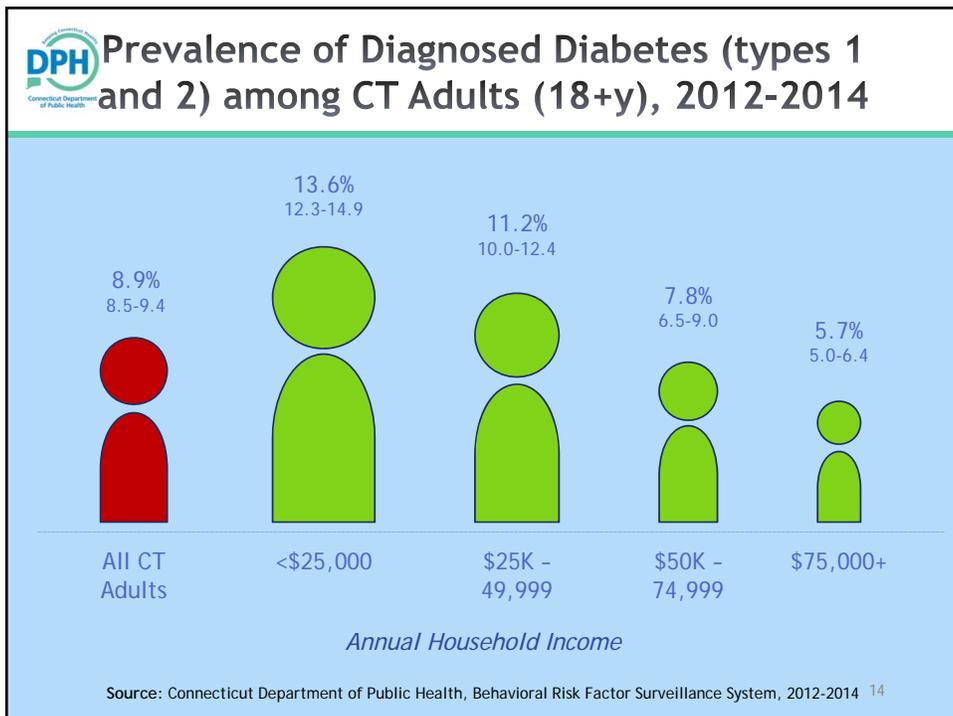
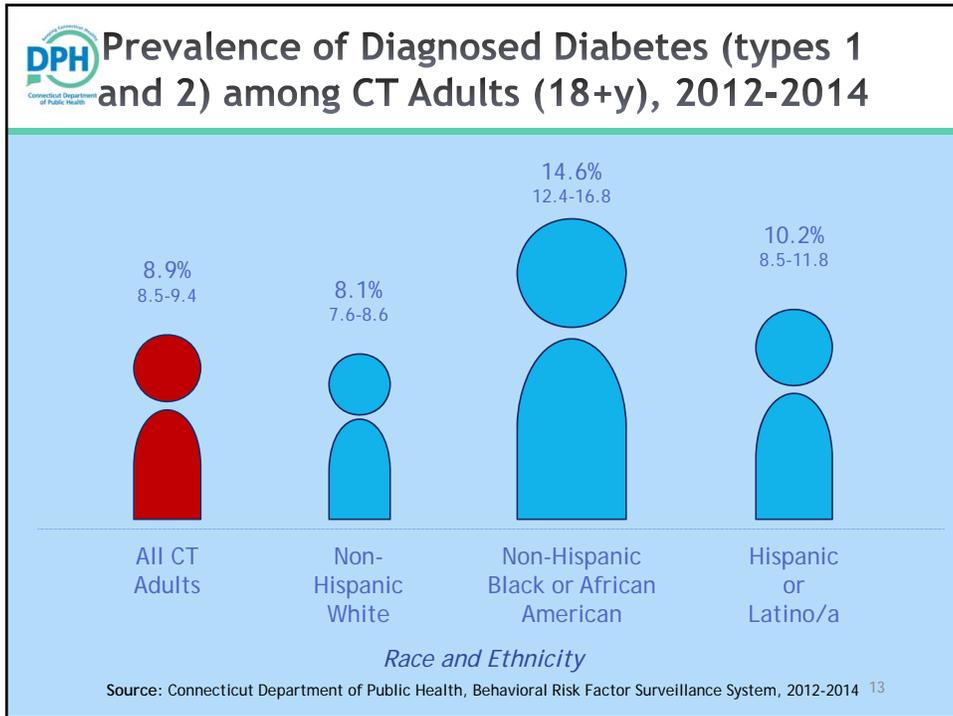
Estimates of Diabetes and its Burden, Connecticut, 2016

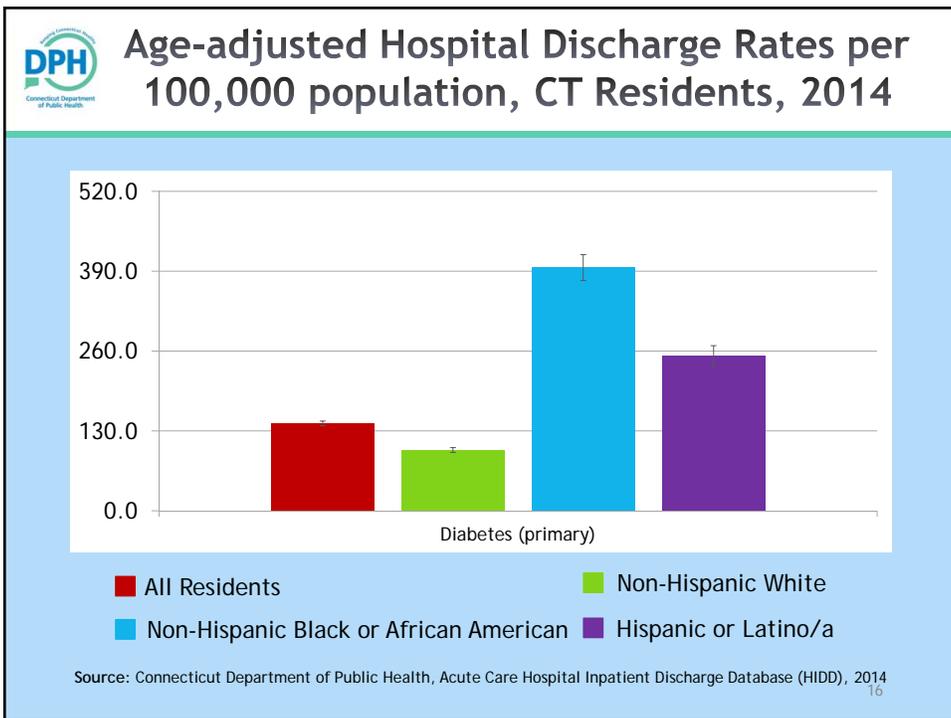
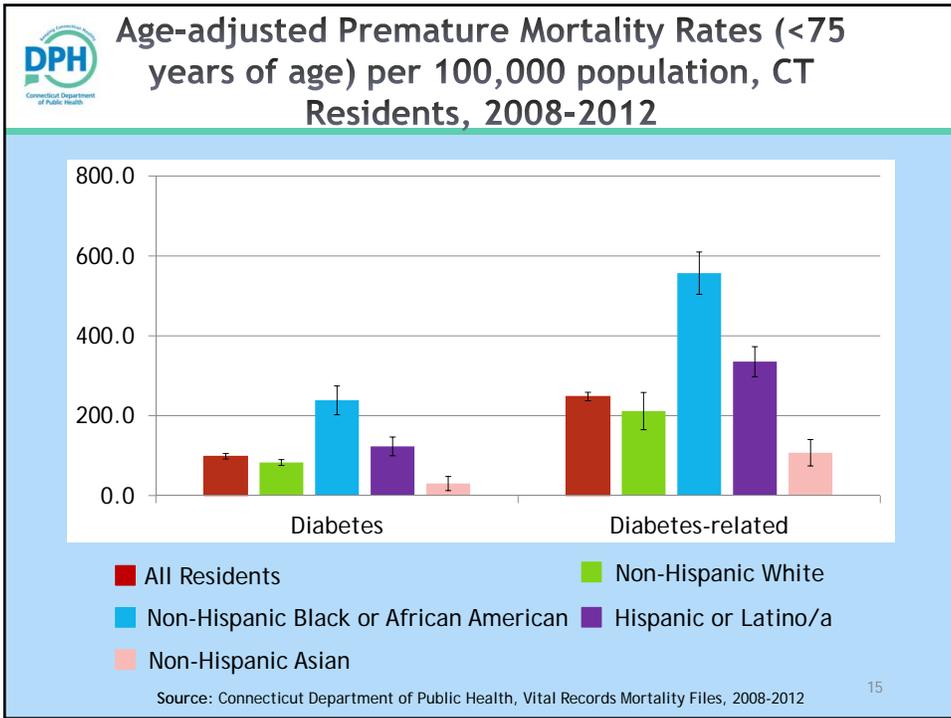
Stephanie M. Poulin
Epidemiologist

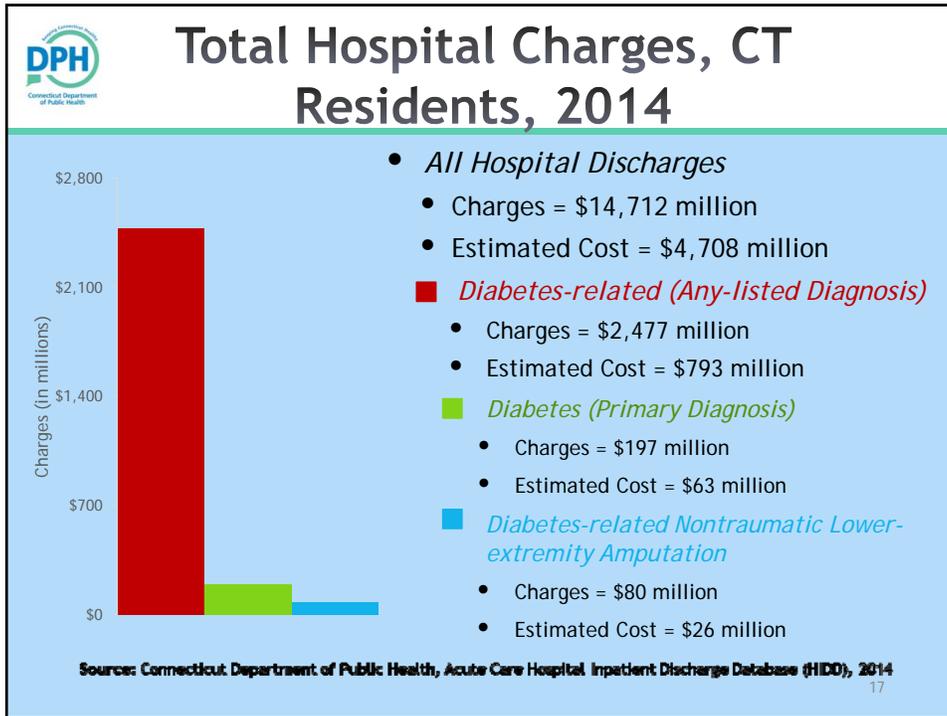


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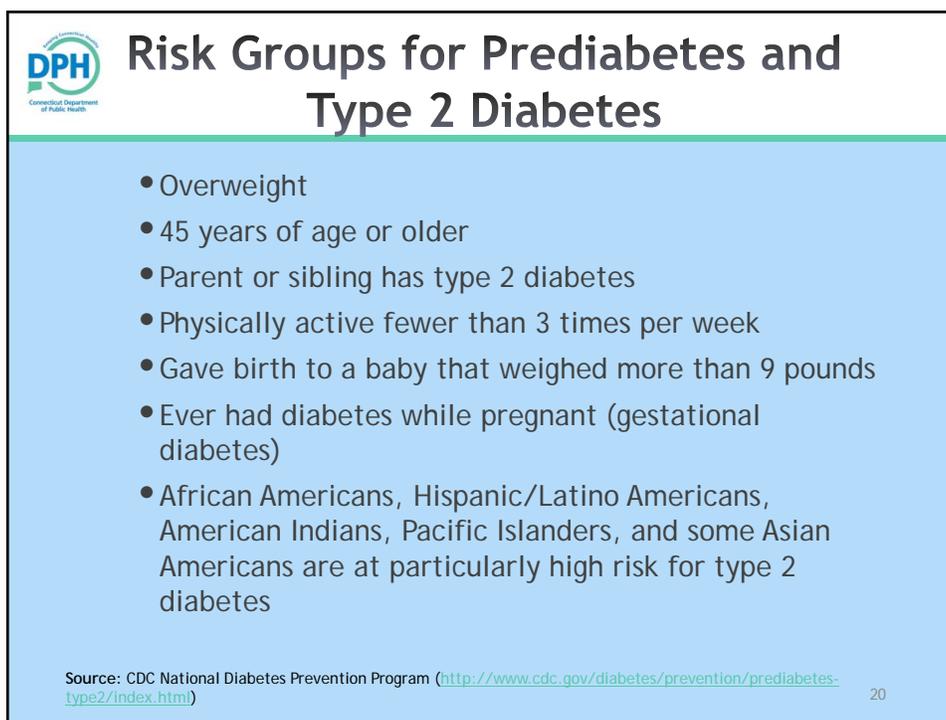
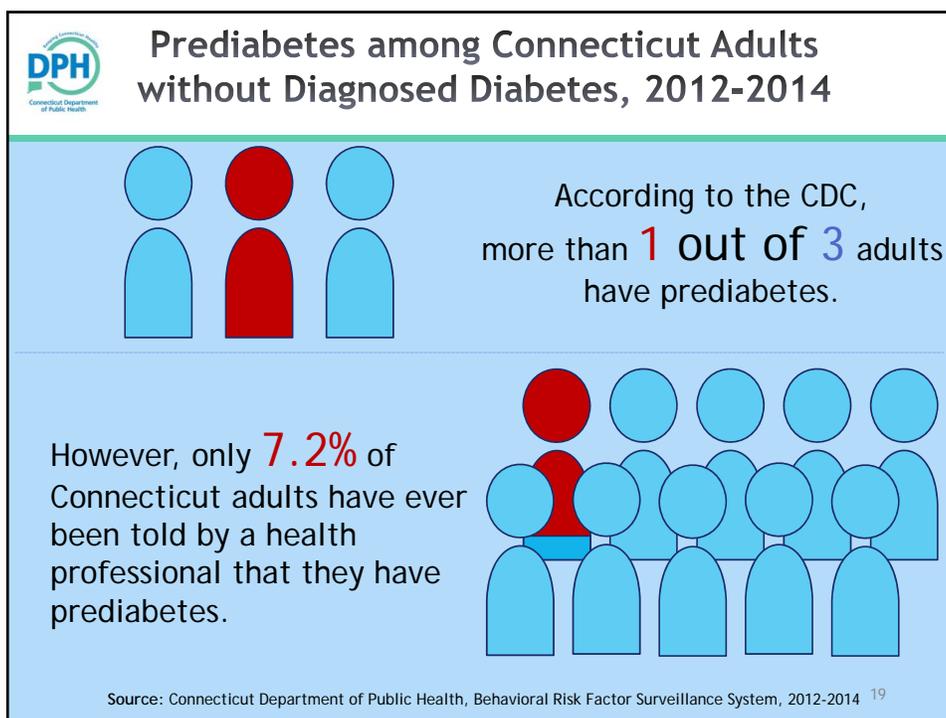




Diabetes Preventive-care Practices among Adults with Diagnosed Diabetes, 2012-2014

Preventive-care Practice	Percent
2+ A1C tests in past year	75.4
Annual dilated eye exam	72.2
Annual foot exam	76.3
Attended diabetes self-management class	48.9
Annual influenza immunization	57.9
Ever had pneumococcal immunization (18-64 years of age)	46.6
Ever had pneumococcal immunization (65+ years of age)	73.3

Source: Connecticut Department of Public Health, Behavioral Risk Factor Surveillance System, 2012-2014





CT Adults (18+y) in Risk Groups Who Have Been Tested for Diabetes in the Last 3 Years, 2012-2014

- All CT Adults: 55.6%
- Overweight or obese: 61.6%
- 45 years of age or older: 65.5%
- Physically inactive: 57.2%
- Non-Hispanic Black or African American: 56.6%
- Hispanic or Latino/a = 54.6%
- Non-Hispanic Other = 42.9%

Source: Connecticut Department of Public Health, Behavioral Risk Factor Surveillance System, 2012-2014

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Websites with More Information on Diabetes Burden in Connecticut

- www.ct.gov/dph/diabetesdata
- www.ct.gov/dph/chronicdisease

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Proposed Process for Council work



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Proposed Process Part 1

Section	Proposed Process
A. Strategies to identify and enroll individuals in diabetes prevention programs	Workgroup
B. Strategies to identify and enroll individuals with diabetes in formal diabetes education	Workgroup
C. Status of healthcare organizations reporting on clinical quality measures related to diabetes control	Workgroup
D. Existing state programs that address prevention, control and treatment of diabetes	DPH to prepare materials for full Council to review
E. Evidence that supports the need for such programs	DPH data

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Proposed process Part 2

OPTIONS:

1. Await workgroup report then separate committee to make recommendations to enhance and financially support such programs.

OR

2. Each workgroup comes up with their own recommendations to enhance and financially support such programs.

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Identification of Chair Person



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Next steps



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*Thank you!

Next meeting: Wed, Sept 21, 2-3:30

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