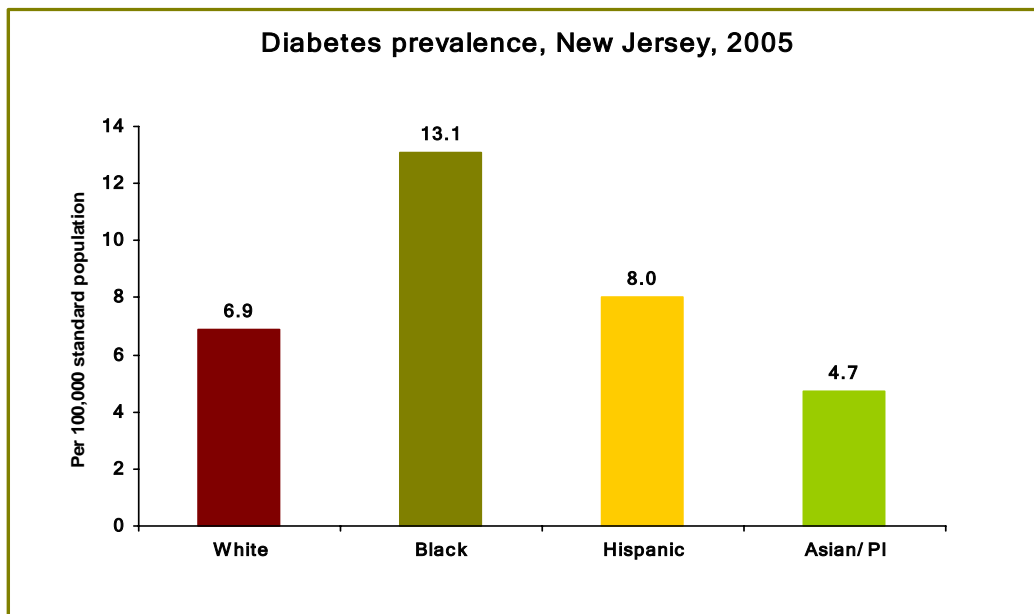


D. Area of Emphasis: Diabetes

Background Data

An estimated 6.5 percent of adult New Jersey residents have been diagnosed with diabetes. The 2005 NJBFRS estimates blacks and Hispanics are significantly more likely than whites to suffer from the disease.

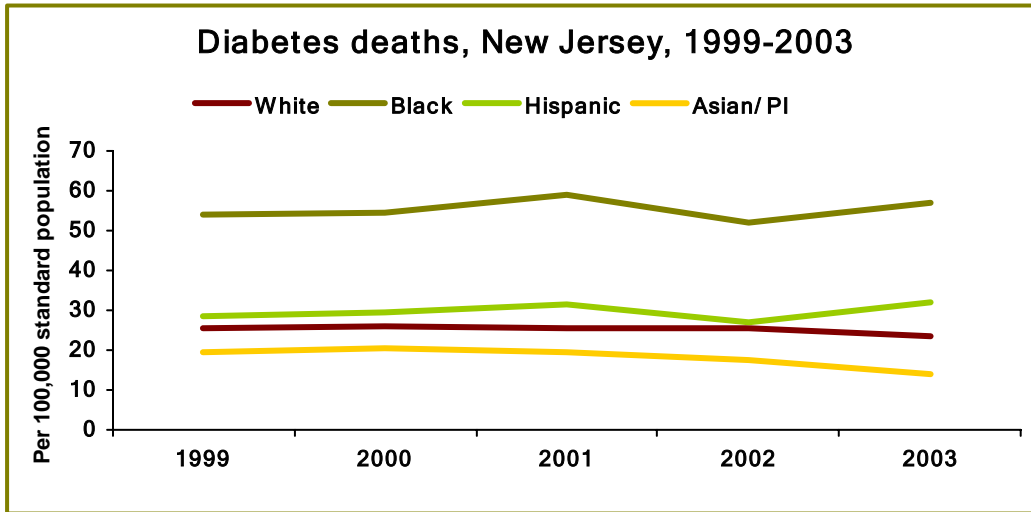


Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

There are also racial/ethnic differences in the complications that result from diabetes. Though the incidence rate of end-stage renal disease (ESRD) due to diabetes per 1,000 persons diagnosed has slowly declined in recent years, blacks are still two times more likely than whites and Hispanics to develop ESRD.

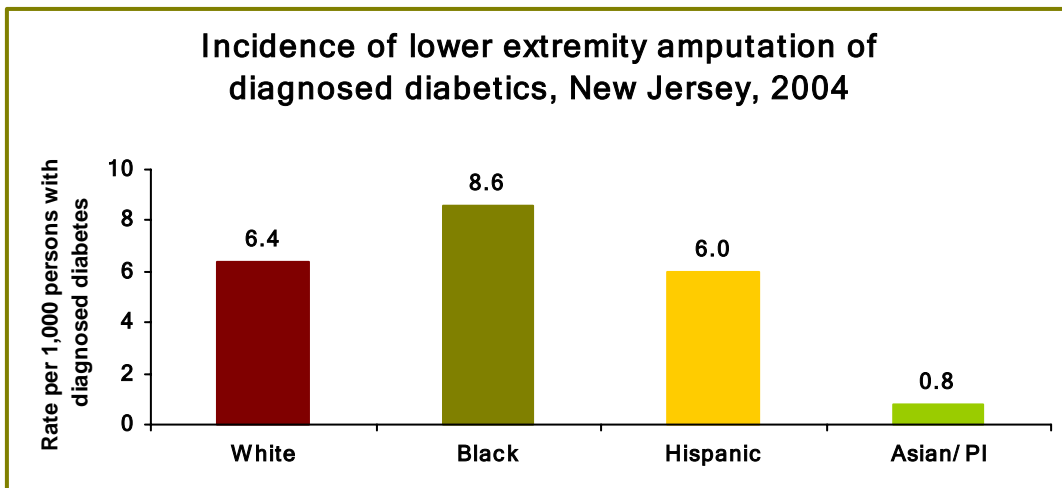
Mortality rates for diabetes have also been decreasing among whites and Asians/Pacific Islanders yet they are increasing among blacks and Hispanics. Still, Asians and Pacific Islanders are two times less likely to die from diabetes than whites.

Blacks (56.9 per 100,000 population) are more than twice as likely as whites (23.6) to die from diabetes. Although the Hispanic death rate (31.9) is lower, this subpopulation is still more likely than whites to die from the disease. Asians/Pacific Islanders (13.8) have the lowest diabetes death rate of all.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Lower extremity amputations may be required when diabetes causes damage to nerve endings or blood circulation to the feet or when foot ulcers occur. Significant differences in amputation rates between racial/ethnic groups have been documented nationwide. These differences also exist in New Jersey. While blacks are most likely to have their lower limbs amputated, Asians/ Pacific Islanders are least likely as compared to all other racial/ethnic groups.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Building on Success

- The NJDHSS is linking community and faith-based organizations with health care providers, mainly Centers for Primary Health Care, to support early diagnosis and better management of diabetes in targeted minority communities. The increase in outreach and clinical encounters through diabetes screenings, education and self-management sessions in the black, Latino and Asian American communities are preventing unnecessary hospitalizations and deaths caused by diabetes. Also, these activities are increasing the number of individuals diagnosed with diabetes for the first time. Community-based organizations are partnering with Centers for Primary Health Care to increase referrals for clients identified as high risk or to link clients with services previously diagnosed with diabetes who are not receiving medical care. There are six NJDHSS diabetes health services grantees involved with aggressive outreach in minority communities, which includes administering the American Diabetes Association risk test at locations frequented by the populations such as churches, ethnic markets, health fairs, barbershops and beauty salons. As a result of this initiative, an increased number of minority individuals are linked to quality diabetes care where patients receive timely hemoglobin measurements, blood pressure measurements, lipid profile determinations, diabetic foot care, dilated eye examinations, immunizations, and lipid profile determinations. Community-based organizations also provide follow up and linkages to nutritional services, physical activity programs, and needed social supports.
- The Multicultural Health Disparities Task Force of the New Jersey Diabetes Council addresses barriers to care based on socioeconomic status and cultural diversity, and develops strategies to remove those barriers and increase the availability and quality of care to underserved segments of the New Jersey population. The Multicultural Health Disparities Task Force of the New Jersey Diabetes Council has created a framework for families to plot their relative risk for diabetes and other related chronic diseases.

- The New Jersey Diabetes Council Summit will be held on March 13, 2007. The conference will provide strategies for improving and achieving quality of diabetes care in a variety of practice settings. It will also demonstrate how electronic medical record systems can be used to enhance the quality of care in a clinical setting and will offer practical guidance on implementing such systems.

Goal: Increase the number of minorities diagnosed with diabetes who receive high quality care and linkages to social supports.

Action Plan

Steps and Timeline:

FY 2007-2010

- NJDHSS diabetes grantees will collect diabetes outcome data.
- Additional Centers for Primary Health Care will participate in the Diabetes Collaboratives.
- Increase the number of minority clients who have access to needed pharmaceuticals through section 340B programs.
- Encourage diabetes grantees to explore funding opportunities from the Centers for Disease Control and Prevention and the American Diabetes Association.
- Encourage minority community-based organizations to participate in American Diabetes Association initiatives.

Outcome Measures

- Reduce the age-adjusted mortality rate from diabetes among blacks to 24.5 per 100,000 population and to 18.4 among Hispanics.
- Increase to 87 percent the proportion of minorities with diagnosed diabetes ages 18 and over who have had a dilated eye exam within the past year.
- Increase to 90 percent the proportion of minorities ages 18 and over with diagnosed diabetes who reported having a glycosylated hemoglobin measurement at least once a year.
- Increase the percentage of minority clients who have access to needed pharmaceuticals to better manage their diabetes through 340 B programs.
- Increase the percentage of Centers for Primary Health Care participating in the model Diabetes Collaboratives.
- Increase percentage of NJDHSS diabetes grantees who obtain funding from the American Diabetes Association, federal grants and foundations to continue programs currently supported by the State.