



Princeton Health Department

One Monument Drive
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Princeton Community Health Data Profile – Diabetes

Princeton, NJ located in Mercer County has a population of 30,168 residents with a median age of 32.8 (Data USA 2016). There was roughly a 4% increase in the population between the years of 2015 and 2016. The breakdown of the population of Princeton, NJ is 6.1% African American, 67.6% White, 15.4% Asian, and 8.4% Hispanic with 32.3% of the total residents speaking a non-English language (Data USA 2017). In terms of poverty, Princeton's largest age and gender demographic of residents living in poverty is female 25-34, followed by female and males 18-24 (Data USA 2017). The largest racial and ethnic population in Princeton living in poverty is White followed by Asian and Hispanic/Latino (Data USA 2017). The median household income of Princeton, NJ has a value of about \$118.5K based on the 2016 census tract and the homeownership rate is 57.8% (Data USA 2017). According to the 2016 ALICE report on financial hardship, Mercer county has experienced a 9% increase from 2007 to 2014 in households with income below the ALICE threshold, which are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the state of New Jersey (ALICE 2016).

Most households in Princeton own an average of two cars with driving alone being the most common method of travel for workers followed by walking, those who work from home, and public transit (Data USA). Public transportation includes the Amtrak service at Princeton Junction, NJ Transit train, NJ TRANSIT buses, and county and community bus services. Employees in Princeton have a shorter commute time of 23.1 minutes compared to the national average of 25 minutes (Data USA).

Princeton, NJ has the following characteristics and population features relevant to healthcare:

- Large proportion of youth ages 5-24, suggesting the need to address the health needs and preventative health of young children and young adults.
- High ranking of heart disease and kidney disease related illnesses, which aligns with the national trend of an increase in diabetes rates in 2017 (CDC 2017).
- Increasing percentage of households with income below the ALICE threshold, calling for a focus on households struggling with affordability.

HOSPITALIZATIONS

In 2016, hospital discharges for Princeton residents were reported as either a primary diagnosis or secondary diagnosis from New Jersey Hospitals. These discharges included the following:

- 968 for cardiovascular disease
- 563 for fluid, electrolyte and acid-based
- 491 for kidney disease
- 433 for diabetes

The most common reason for hospitalization in Princeton in 2016 was primary diagnoses for cardiovascular disease, with 284 total visits. Stroke and Heart Attacks were the next common with 80 and 51 visits respectively. Diseases and conditions that co-exist at the time of a patient's hospital admission are reported as "secondary diagnosis" are also listed in the table below. Cardiovascular



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disease was the most common co-existing condition of all hospitalizations in Princeton in 2016 with a total 684 visits. Fluid electrolyte, and acid-based, and kidney disease were the next common co-existing conditions at the time of patient’s hospital admission with 541 and 448 visits respectively.

Table 1 Primary and Secondary Diagnoses Rankings for Hospitalizations in Princeton in 2016.

Primary Diagnoses Rankings	Diagnosis	Count	Secondary Diagnoses Rankings	As a Secondary Diagnosis	Count
1	Cardiovascular Disease	284	1	Cardiovascular Disease	684
2	Stroke	80	2	Fluid electrolyte and acid- based	541
3	Heart Attack	51	3	Kidney Disease	448
4	Kidney Disease	43	4	Diabetes	398
5	Acute Renal Failure	42	5	Acute Renal Failure	292
6	Diabetes	35	6	COPD	182
7	COPD	31	7	Asthma	150
8	Lung Diseases - External Agents	30	8	Stroke	68
9	Asthma	22	9	Congestive Heart Failure	52
9	Fluid electrolyte, and acid- based	22	10	Lung Diseases - External Agents	51
10	Congestive Heart Failure	**	11	Heart Attack	**

Diabetes Fast Facts:

- **Total:** 30.3 million people have diabetes (9.4% of the US population)
- **Diagnosed:** 23.2 million people
- **Undiagnosed:** 7.2 million people (23.8% of people with diabetes are undiagnosed)

Mercer County

Based on focus group results from the 2018 Community Health Assessment, childhood obesity, diabetes and cardiovascular disease were among the most commonly reported medical conditions of concern in the Mercer County.



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Centers for Disease Control and Prevention National Diabetes Statistics Report, 2017:

Kidney Disease

- Among U.S. adults aged 20 years or older with diagnosed diabetes, the estimated crude prevalence of chronic kidney disease (stages 1-4) was 36.5% during 2011 – 2012.
- Among those with diabetes and moderate to severe kidney disease (stage 3 or 4), 19.4% were aware of their kidney disease during 1999-2012.
- In 2014, a total of 52,159 people developed end-stage renal disease with diabetes as the primary cause.

Deaths

- Diabetes was the seventh leading cause of death in the United States in 2015. This finding is based on 79,535 death certificates in which diabetes was listed as the underlying cause of death.
- Diabetes was listed as any cause of death on 252,806 death certificates in 2015.

Cost

- The total direct and indirect estimated cost of diagnosed diabetes in the United States in 2012 was \$245 billion.
- Average medical expenditures for people with diagnosed diabetes were about \$13,700 per year. About \$7,900 of this amount was attributed to diabetes.
- After adjusting for age group and sex, average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes.

Benefits of Diabetes Education

According to Centers for Disease Control and Prevention and the American Association of Diabetes Educators, Diabetes education pays off. But fewer than 60 percent of people with diabetes have had any formal diabetes education. Healthy People 2020 has made increasing that number a priority. That's because research shows people who have received diabetes education are more likely to:

- Use primary care and preventive services
- Take medications as prescribed
- Control their blood glucose, blood pressure and cholesterol levels
- Have lower health costs

The Mercer County Community Health Assessment found that diabetes is one of the highest underlying causes of mortality in Mercer County.

Additional Important Information:

Consideration should be given to the national data on health disparities that indicate higher levels of diabetes in minority populations, recalling that Princeton's African American, Hispanic



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and Asian population accounts for 29.9% of residents. Any effective interventions should take into account these considerations and include effective communication methods.

Diabetes is a disease in which blood sugar levels are above normal. Serious complications can result from diabetes, including heart disease, kidney failure, blindness and amputations of the legs, feet, and/or toes.

You must visit a physician for diagnosis, but some of the symptoms may be: frequent urination, excessive thirst, unexplained weight loss, extreme hunger, sudden vision changes, tingling or numbness in hands/feet, very dry skin, being very tired often, sores that are slow to heal, and more infections than usual.

For people at high risk of developing diabetes, they can delay or possibly prevent the onset of the disease by losing a small amount of weight (5 to 7 percent of total body weight), through 30 minutes of physical activity 5 days a week, and healthier eating.

Blood Sugar Levels		
Too High	Above 180 mg/dl	
Acceptable	80 – 130 mg/dl	<u>before meals</u>
	Below 180 mg/dl	<u>2 hours after meals</u>
Too Low	Below 70 mg/dl	

Diabetes self-management training is a benefit covered by Medicare and most health plans when provided by a diabetes educator within an accredited/recognized program. The Princeton Health Department hosts evidence-based Diabetes Self-Management Program and partners with the Henry J. Austin Community Health Center, Greater Mercer Public Health Partnership, Penn Medicine Princeton Health, NJCEED and Capital Health Systems to provide education to the community about diabetes and prevention. Workshops are conducted at low income senior housing complexes, senior citizen centers, and faith-based organizations and at agencies based on request for programming.

For more detailed information on diabetes risk factors, symptoms, and dangers please see: www.cdc.gov/diabetes or call the Princeton Health Department at (609) 497-7608.