

Withdrawal/Redaction Sheet

Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|--|--------|-------------|
| 001. list | Attendees for Diabetes Event; Social Security Numbers Redacted (8 pages) | 8/6/97 | P6/b(6) |

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Subject File)
OA/Box Number: 16776 Box 7

FOLDER TITLE:

Diabetes [2]

gf14

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

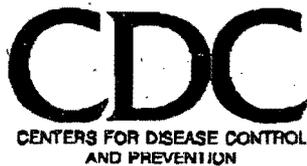
Sara Herwitz
Domestic Policy Council

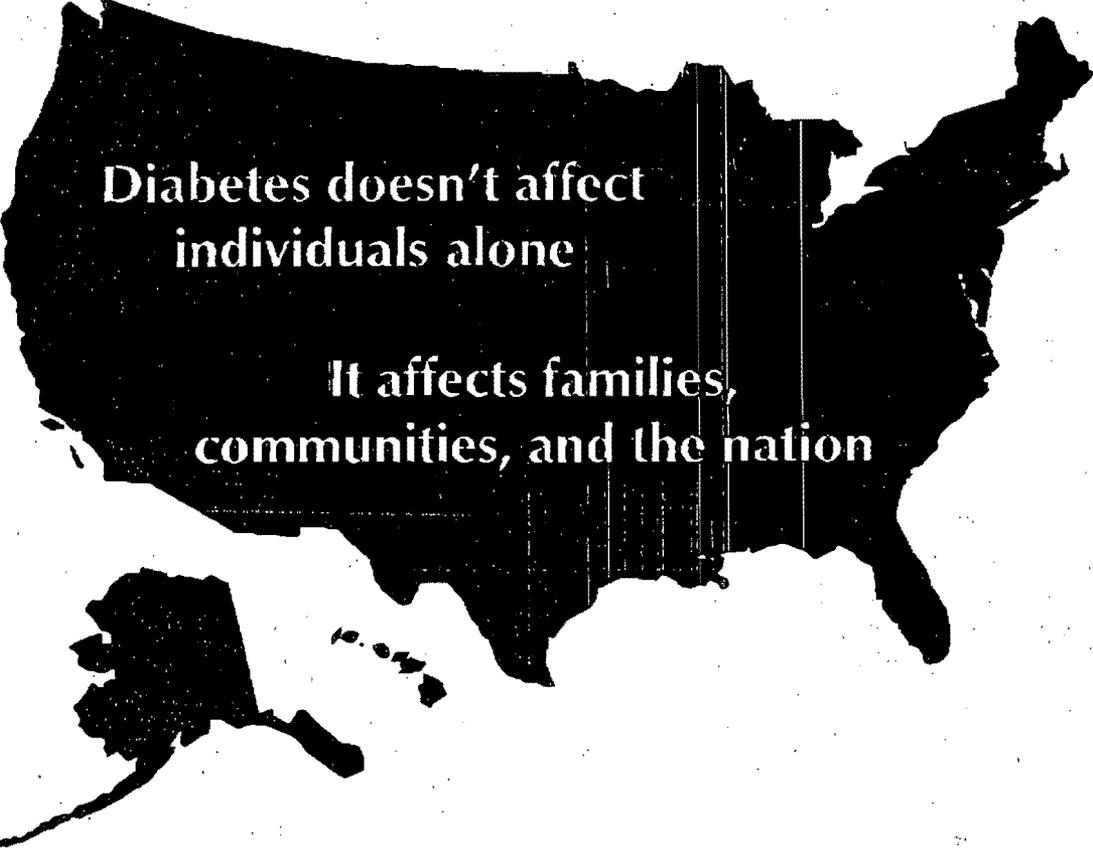
FAX 202-456-5557

Please let me know if I can
provide you with additional
information.

Kathy Rufo

CDC's National Diabetes Control Program





Diabetes doesn't affect
individuals alone

It affects families,
communities, and the nation

It's common

Almost 16 million Americans have diabetes

It's serious

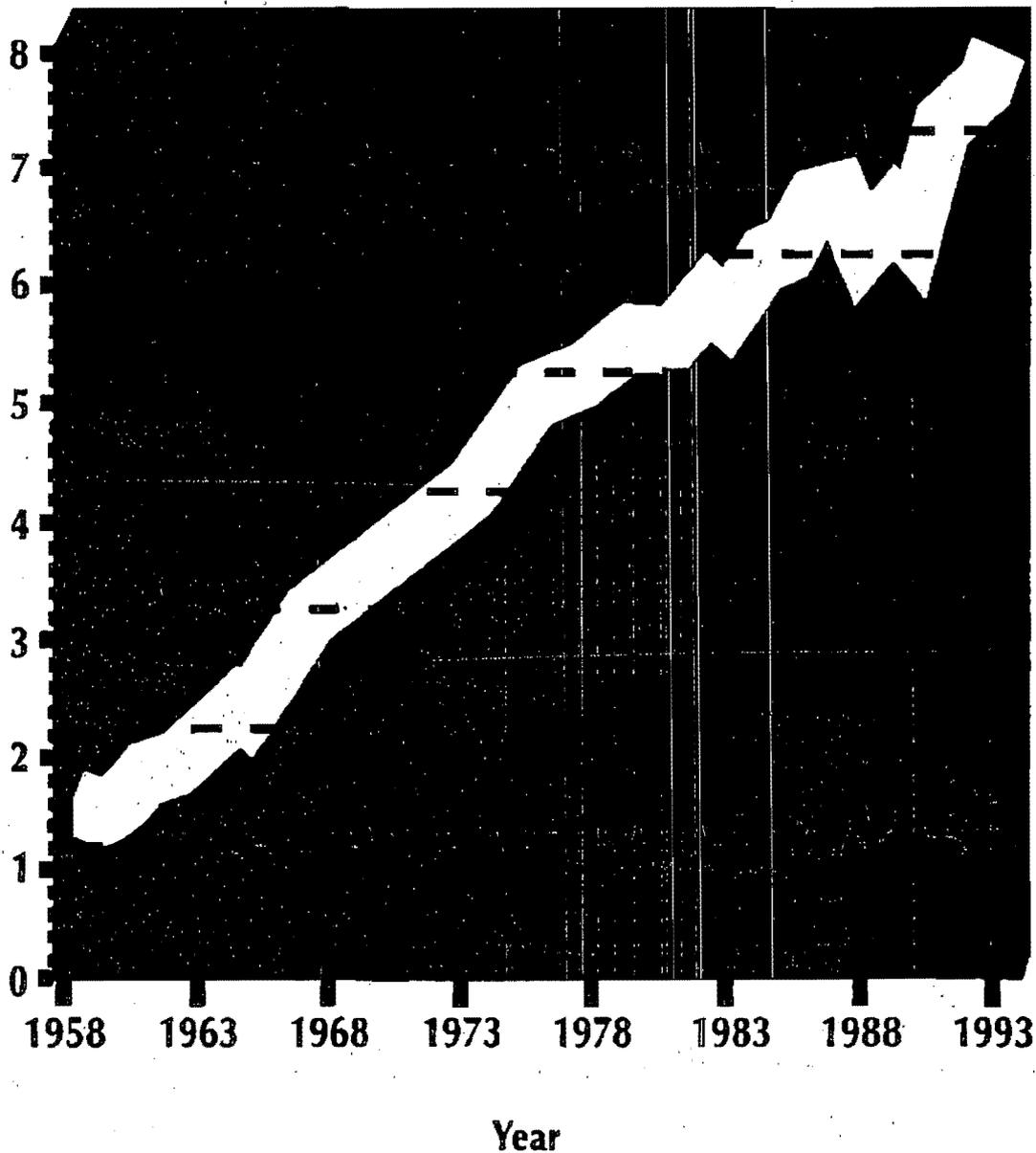
Complications include blindness,
amputations, heart disease, kidney failure,
nerve damage, and premature death

It's costly

The cost is more than \$92 billion annually *

* Source: American Diabetes Association

Number of People with Diabetes (millions)



Every day, a child with Juvenile Diabetes is faced with tasks that can mean the difference between life and death. Children with diabetes must administer insulin injections to themselves six times a day, conduct blood glucose testing 8 times a day, and stick to a stringent diet. The strain of caring for a diabetic infant or toddler can be enormous -- parents often worry that they are hurting their child with the injections and finger pricks and are uneasy about entrusting the child to babysitters. The discomfort of the pricks and injections may cause children to fear their disease and can become the center of constant disputes between children and their parents. Moreover, the normal fussy eating habits and temper tantrums of a very young diabetic child can have serious health consequences.

Once children enter school, they face a new set of obstacles. They may feel uncomfortable eating snacks in front of their peers or refusing the candy bar or pizza that everyone else is enjoying. Older children may even experiment with diabetic rules or simply rebel by skipping insulin shots and not monitoring their blood glucose levels.

Children with diabetes have life expectancies that are 30% lower than those of their peers. Approximately 100,000 individuals under 19 years of age and approximately 800,000 individuals under the age of 30 have diabetes.

Diabetes in the Native American population is growing at alarming rates. Native Americans have an incidence rate of end-stage-renal-disease and kidney failure that is six times higher than that of the general populations. They also have mortality rates higher than the general population. IHS officials claim that the diabetes program was funded at only 75% of need. 12.2% of Indian children (19 and younger) are diabetic compared to 5.2% in the general population. Type 2 diabetic mortality rates in the American Indian and Alaska Native population is 2.7 times the rate of the U.S. general population. The diabetic mortality rate of Native Americans is 4.3 times the rates of whites. 13.2% of Native American women have diabetes, and 11% of Native American men have diabetes.

(These high rates may be related to the genetic code of some Native Americans) A genetic marker linked with insulin resistance has been described in members of the Pima tribe of Arizona, and diabetes is higher in full-blooded Native Americans. In Pimas, Diabetes I is higher in the offspring of parents who developed diabetes at a young age. The Pima tribe has the highest rate of diabetes in the world: approximately 50% of Pimas between the ages of 30-64 have diabetes.

Cataract surgery rates are higher in Pimas than in the general population. Native Americans are 3 to 4 times more likely to have an amputation due to diabetes than the general population. Obesity is a major risk factor for diabetes in Pimas and is widespread in many tribes with increasing rates of obesity measured in several communities in the U.S.

The most common form of diabetes among older people is type II, or non-insulin-dependent diabetes which accounts for 85% of all elderly diabetes cases. More than 40% of individuals 65-74 years old and 50% of individuals 80-89 years old have diabetes. There are 100 amputations per 100,000 diabetics age 65 years and older. Amputations are the fifth leading cause of death in people between the ages of 65-74. Elderly diabetics can expect to need more medications, have side effects due to medications, and experience greater difficulty in following exercise and dietary regimens.

Sarah's List of People to get into the event.

✓ Donald Shriber (CDC)

✓ Frank Vinicor (CDC)

✓ Kathy Rufo (CDC)

✓ Joan Steiber (HCFA)

✓ Whoever is head of NIDDK at NIH: Dr. Phillip Gordon, NIDDK

✓ Vikki Wachino -- ask her who else at OMB -- limit of 4

✓ Peter Bouximne (HCFA)

395-4926 (answering machine message - 9:00 am 8/6)

List from Erskine Bowles office -- I think Beverly Barnes is their contact. Check with Barbara and Christa Robinson to see if they are contacting them to get Erskine's list or if we should. Obviously don't want to duplicate.

Richard Khan's list

Get our interns in since off site

HHS { CJ -- NIH call
Secretary's Grants
Should we extend an invitation to Dr. Satcher/Harold Varmus

Why does this investment just cover type I diabetes

Why only Native Americans

Why not a normal NIH grant? Shouldn't investment be scientifically based?

Will we be able to cure diabetes with this investment

Why is standards of care so important?

Won't NIH just reduce their grant in the approps process?

Why just an investment in Type one diabetes.

Withdrawal/Redaction Marker

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**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

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Domestic Policy Council
Chris Jennings (Subject File)
OA/Box Number: 16776 Box 7

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Diabetes [2]

gfl4

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OMB People
for Event

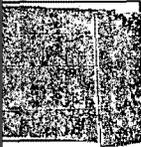
Ann Kendall

08/06/97 11:15:18 AM

Record Type: Record

To: Sarah A. Bianchi/OMB/EOP
cc: Richard J. Turman/OMB/EOP
Subject: Per Richard Turman's Request

Here is the list of people going to the meeting. If possible, he would like all four to go. If someone has to be left off the list, let it be Tim Hill. Thanks. Any questions, please call me on x57833.

| | | |
|---------------------|---------|---|
| Chin Chin Ip | P6/b(6) |  |
| Yvette E. Shenouda | | |
| Victoria A. Wachino | | |
| Timothy B. Hill | | |

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DIABETES EVENT ON FRIDAY: HHS LIST

Here are
my people
from
HHS

Joan Steiber (HCFA)
(202) 690-8169

P6/b(6)

Room 341 H
Hubert Humphrey Building

plus

Peter Bouxine (HCFA)
(410) 786-6841

P6/b(6)

7500 Security Boulevard
S2-11-07
Baltimore, MD 21244

Dr David
Satcher
401-639-7000

Kathy Rufo

P6/b(6)

(770) 488-5000

Chronic Disease Center
4770 Buford Highway, Northeast
MSK-10
Atlanta, GA 30341

Bill Gimson
404-639-7400

Lisa Schwartzbach

P6/b(6)

NIDDK
Building 31, Room 9A04
Bethesda, MD 20814
(301) 496-3583

Donald Shriber

Barbara Flemming, MD, PhD

P6/b(6)

(410) 786-6863
7500 Security Boulevard
S2-11-07
Baltimore, MD 21244

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✓
Frank Vinicor

P6/b(6)
[REDACTED]

(710) 488-5000
4770 Buford Highway
Atlanta, GA

Dr. Phillip Gorden, MD

P6/b(6)
[REDACTED]

✓
(301) 490-5877
Director of NIDDK
Building 31, Room 9A52
Bethesda, MD 20814

David Roos (JDF)
(404) 691-4234
1567 Paran Glen Road
Atlanta, GA 30327

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14916-3583

Lisa Schwartz ~~Boek~~

Donald Shriver

Frank Vinicor

P6/b(6)

P6/b(6)

Dr. Phillip Gordon, MD

P6/b(6)

(301) 496-5877

Director of NIDDK

Building 31, Rm 9A52

Bethesda, MD 20814

David Roos (TDF)

P6/b(6)

HHS List

Name

Phone Number :

Address :

SS.#

DOB

* Joan Steiber (HCFA) (202) 690-~~7063~~⁶⁸⁸⁴ ~~8169~~⁶⁹⁰⁻

DOB

P6/b(6)

SS#

Rm 341 H Hubert Humphrey Bldg.

Peter Buxine (HCFA) (410) 786-6841

353-32-4547

7500 Security Boulevard

52-11-07

Baltimore, MD 21244

P6/b(6)

~~Chronic Disease Gr.~~ Chronic Disease Gr. 404 639-3311

Kathryn Peto: ~~(770) 488-5000~~ (770) 488-5000

4770 Buford Highway, 8-19-50;

K-10 Atlanta, GA 30341 NorthEast MSK10

Rabara Fleming

7500 Security Boulevard

52-11-07

Balt. MD 21244

Suggested Invitation List

American Diabetes Association Representatives (contact R. Kahn for other details)

Stephen J. Satalino

SSN [redacted] P6/b(6)

John H. Graham IV

SSN [redacted], DOB [redacted] P6/b(6)

Christine A. Beebe, MS, RD, CDE

SSN [redacted], DOB [redacted] P6/b(6)

Richard Kahn, PhD 703-299-2065

SSN [redacted] P6/b(6)

Michael Mawby

SSN [redacted] P6/b(6)

National Committee for Quality Assurance

Cary Sennett, MD, PhD 202/955-5170

SSN [redacted], DOB [redacted] P6/b(6)

Foundation for Accountability

David J. Lansky 503/223-2228

SSN [redacted], DOB [redacted] P6/b(6)

Health Care Financing Administration

Barbara Fleming, MD, PhD 410/786-6803

SSN [redacted], DOB [redacted] P6/b(6)

Key Representative from the American Indian Community

Lillian Tom-Orme, PhD, RN (she is member of the Navajo tribe)

301/496-8579

SSN [redacted], DOB [redacted] P6/b(6)

496 → ? Lisa Schwartzbach
3583
Ruthy Ruffo
Sarah

— I've discussed this list with each of the organizations listed.
— I realize that who, amongst the Executive Branch, gets invited is a complicated issue, but I wish to reiterate that of all the people of HHS, Dr. Fleming stands well above the others working to improve diabetes care (via medicine). It would be a real injustice to have others present & not her.

OMB [redacted] P6/b(6)
Vikki Wadkins

4926 — Richard Tomson Barbara Menard

DIABETES EVENT ON FRIDAY: HHS LIST

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(202) 690-8169

P6/b(6)

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Bethesda, MD 20814

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1567 Paran Glen Road
Atlanta, GA 30327

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1ST Draft of
Diab #

Jim has diabetes, but he does not have adequate treatment. Originally he had simply tried to ignore his recent weight loss, constant hunger and thirst and persistent exhaustion. The nearest clinic is hours from his house and he has neither the time nor the resources to reach it on a regular basis. When his vision started to blur and he could hardly stay awake at work, he finally convinced a friend to make the long trip to the clinic. The doctor there diagnosed him with diabetes and gave him complicated instructions for how to monitor his blood sugar and give himself insulin shots. Jim did his best to keep up with the doctor's instructions, but he was often unable to control his blood sugar properly. He soon had many questions about the doctor's instructions and was unclear about what to do when the insulin shots did not work. Even when several of his blood monitoring strips broke, his lack of transportation stopped him from returning to the clinic for weeks. In that short time, a cut on his foot, a cut which he did not notice since his fingertips and feet are often numb, became severely infected. By the time Jim was able to reach the clinic again, he could barely walk. The doctor told him that if he had waited another week, the infection would have grown so severe that Jim would have needed an amputation. If the clinic were adequately funded, it could develop and implement outreach programs for people like Jim. It could provide transportation for those like Jim who lack it. It could provide conveniently located classes on diabetes management where people like Jim could ask questions. It could send a doctor out to a community center near Jim's home to be on call every so often so that Jim could ask questions and receive check-ups when he needs them.

State Fact Sheets on the Burden of Diabetes

Prepared by:

**The Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health
Promotion
Centers for Disease Control and Prevention**

April 1997



U. S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion



Foreword

Diabetes imposes a major burden of preventable illness, premature mortality, excessive financial cost, and diminished quality of life. This affliction is felt not only by persons with the disease—including a disproportionate number among racial and ethnic minorities and among older adults—but also by the nation as a whole. It is now clear that this large burden is unnecessary. Rigorous scientific studies have indicated that some major health consequences of diabetes complications—blindness, amputations, kidney failure, and adverse outcomes of pregnancy—can be substantially reduced by effective and widespread clinical and public health applications of preventive interventions. Furthermore, studies have now established that the onset, development, and progression of diabetes complications can be substantially delayed and reduced through careful control of blood sugar levels.

Since 1977, the Centers for Disease Control and Prevention has supported state-based diabetes control programs to prevent and control the burden of diabetes. In 1988, Congress broadened CDC's mandate by designating it the lead agency in the federal government for ensuring the translation of diabetes research findings into widespread clinical and public health practice. Recently, CDC created a national public health response to reduce the burden of diabetes by expanding its network of diabetes control programs to all states and territories.

Diabetes is a common, serious, and costly health condition that imposes a significant health and economic burden on every state and territory in the nation. This report provides state-specific estimates of this burden.

The Burden of Diabetes in Alabama



Diabetes is a common disease in Alabama.

- ▶ In 1994, 140,476 adults in Alabama, 4.6% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|--------|-----|-------|--------|------|----------------|--------|-----|
| Men | 51,358 | 3.6 | 18-44 | 29,192 | 1.7 | White | 91,283 | 3.9 |
| Women | 89,118 | 5.5 | 45-64 | 55,181 | 6.7 | Black | 47,186 | 6.9 |
| | | | 65-74 | 38,234 | 9.7 | | | |
| | | | ≥75 | 17,868 | 11.9 | | | |

- ▶ An additional 1,325,155 persons in Alabama were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Alabama.

- ▶ People with diabetes in Alabama suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 231 new cases of blindness.
 - 968 lower extremity amputations.
 - 348 new cases of end-stage renal disease.
- ▶ In 1993, 77,753 persons with diabetes suffered from a long-term reduction in activity, and there were 56,352 diabetes-related hospitalizations, 17,943 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,747 residents of Alabama in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,103 | <45 | 89 | White | 1,819 |
| Women | 1,644 | 45-64 | 533 | Black | 924 |
| | | 65-74 | 716 | | |
| | | ≥75 | 1,409 | | |

Diabetes is a costly disease in Alabama.

- ▶ The cost of diabetes in Alabama is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Alabama totaled about \$1.921 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Alabama Department of Public Health
434 Monroe Street
Montgomery, AL 36130-3017
(334) 613-5325 Phone
(334) 288-5201 Fax

The Burden of Diabetes in Alaska



Diabetes is a common disease in Alaska.

- ▶ In 1994, 12,366 adults in Alaska, 3.2% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 5,996 | 2.9 | 18-44 | 3,661 | 1.3 | White | 9,745 | 3.2 |
| Women | 6,370 | 3.5 | 45-64 | 5,293 | 6.0 | | | |
| | | | 65-74 | 2,580 | 14.2 | | | |
| | | | ≥75 | 671 | 13.4 | | | |

- ▶ An additional 103,651 persons in Alaska were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Alaska.

- ▶ People with diabetes in Alaska suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 17 new cases of blindness.
 - 77 lower extremity amputations.
 - 17 new cases of end-stage renal disease.
- ▶ In 1993, 6,123 persons with diabetes suffered from a long-term reduction in activity, and there were 3,043 diabetes-related hospitalizations, 922 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 138 residents of Alaska in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 79 | <45 | <20 | White | 107 |
| Women | 59 | 45-64 | 40 | American Indian/ Alaskan Native | 25 |
| | | 65-74 | 43 | | |
| | | ≥75 | 46 | | |

Diabetes is a costly disease in Alaska.

- ▶ The cost of diabetes in Alaska is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Alaska totaled about \$167 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
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Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:
Alaska Diabetes Control Program
Section of Epidemiology
3601 C Street, Suite 540
P.O. Box 240249
Anchorage, AK 99524-0249
(907) 269-8000 Phone
(907) 562-7802 Fax



The Burden of Diabetes in Arizona

Diabetes is a common disease in Arizona.

- ▶ In 1994, 113,675 adults in Arizona, 3.9% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|--------|-----|-------|--------|-----|----------------|--------|-----|
| Men | 58,116 | 4.1 | 18-44 | 24,169 | 1.5 | White | 99,252 | 3.7 |
| Women | 55,559 | 3.7 | 45-64 | 43,391 | 6.0 | Hispanic | 27,775 | 6.1 |
| | | | 65-74 | 29,070 | 8.7 | | | |
| | | | ≥75 | 14,937 | 7.7 | | | |

- ▶ An additional 1,038,530 persons in Arizona were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Arizona.

- ▶ People with diabetes in Arizona suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 182 new cases of blindness.
 - 802 lower extremity amputations.
 - 394 new cases of end-stage renal disease.
- ▶ In 1993, 59,168 persons with diabetes suffered from a long-term reduction in activity, and there were 32,096 diabetes-related hospitalizations, 10,158 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 1,906 residents of Arizona in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 970 | <45 | 88 | White | 1,692 |
| Women | 936 | 45-64 | 384 | Black | 69 |
| | | 65-74 | 590 | American Indian/ Alaskan Native | 138 |
| | | ≥75 | 843 | Hispanic | 322 |

Diabetes is a costly disease in Arizona.

- ▶ The cost of diabetes in Arizona is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Arizona totaled about \$1.526 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Office of Chronic Disease Prevention
Diabetes Control Program
1400 West Washington Street
Phoenix, AZ 85007
(602) 542-7515 Phone
(602) 542-7516 Fax



The Burden of Diabetes in Arkansas

Diabetes is a common disease in Arkansas.

- ▶ In 1994, 96,940 adults in Arkansas, 5.5% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|--------|-----|-------|--------|------|----------------|--------|-----|
| Men | 37,448 | 4.5 | 18-44 | 14,136 | 1.5 | White | 73,915 | 4.9 |
| Women | 59,492 | 6.4 | 45-64 | 39,192 | 8.2 | Black | 21,985 | 9.1 |
| | | | 65-74 | 28,483 | 12.3 | | | |
| | | | ≥75 | 15,129 | 11.3 | | | |

- ▶ An additional 736,290 persons in Arkansas were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Arkansas.

- ▶ People with diabetes in Arkansas suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 170 new cases of blindness.
 - 712 lower extremity amputations.
 - 167 new cases of end-stage renal disease.
- ▶ In 1993, 55,286 persons with diabetes suffered from a long-term reduction in activity, and there were 40,685 diabetes-related hospitalizations, 13,477 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 1,506 residents of Arkansas in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 700 | <45 | 45 | White | 1,176 |
| Women | 806 | 45-64 | 263 | Black | 325 |
| | | 65-74 | 406 | | |
| | | ≥75 | 792 | | |

Diabetes is a costly disease in Arkansas.

- ▶ The cost of diabetes in Arkansas is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Arkansas totaled about \$1.326 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.



Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

Diabetes Control Program
Arkansas State Department of Health
4815 West Markham St., Mail Slot 3
Little Rock, Arkansas 72205-3867
(501) 661-2168 Phone
(501) 661-2468 Fax

The Burden of Diabetes in California



Diabetes is a common disease in California.

- ▶ In 1994, 1,054,127 adults in California, 4.6% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|---------|-----|-------|---------|------|----------------|---------|------|
| Men | 472,837 | 4.2 | 18-44 | 256,310 | 1.8 | White | 741,482 | 4.0 |
| Women | 581,290 | 5.0 | 45-64 | 396,511 | 7.2 | Black | 106,470 | 10.1 |
| | | | 65-74 | 261,653 | 12.2 | Hispanic | 278,285 | 5.0 |
| | | | ≥75 | 136,501 | 11.4 | | | |

- ▶ An additional 7,530,546 persons in California were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in California.

- ▶ People with diabetes in California suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 1,673 new cases of blindness.
 - 7,362 lower extremity amputations.
 - 2,095 new cases of end-stage renal disease.
- ▶ In 1993, 550,991 persons with diabetes suffered from a long-term reduction in activity, and there were 297,498 diabetes-related hospitalizations, 93,014 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 20,004 residents of California in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 9,678 | <45 | 601 | White | 16,487 |
| Women | 10,326 | 45-64 | 3,810 | Black | 2,135 |
| | | 65-74 | 5,954 | American Indian/ Alaskan Native | 96 |
| | | ≥75 | 9,638 | Asian/Pacific Islander | 1,286 |
| | | | | Hispanic | 3,220 |

Diabetes is a costly disease in California.

- ▶ The cost of diabetes in California is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in California totaled about \$14.375 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.

Methodology:

Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.
With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
California State Department of Health Services
601 North Seventh Street, MS725
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 327-6985 Phone
(916) 324-7764 Fax

The Burden of Diabetes in Colorado

Diabetes is a common disease in Colorado.

- ▶ In 1994, 84,107 adults in Colorado, 3.2% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|--------|-----|-------|--------|------|----------------|--------|-----|
| Men | 46,312 | 3.6 | 18-44 | 22,657 | 1.4 | White | 65,283 | 2.9 |
| Women | 37,795 | 2.8 | 45-64 | 28,153 | 4.3 | Hispanic | 16,054 | 4.9 |
| | | | 65-74 | 24,678 | 10.9 | | | |
| | | | ≥75 | 8,047 | 6.1 | | | |

- ▶ An additional 751,351 persons in Colorado were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Colorado.

- ▶ People with diabetes in Colorado suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 132 new cases of blindness.
 - 564 lower extremity amputations.
 - 195 new cases of end-stage renal disease.

- ▶ In 1993, 43,379 persons with diabetes suffered from a long-term reduction in activity, and there were 22,832 diabetes-related hospitalizations, 7,098 of which were for cardiovascular disease.

- ▶ In addition, diabetes contributed to the death of 1,665 residents of Colorado in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 803 | <45 | 62 | White | 1,566 |
| Women | 862 | 45-64 | 291 | Black | 73 |
| | | 65-74 | 456 | Hispanic | 254 |
| | | ≥75 | 856 | | |

Diabetes is a costly disease in Colorado.

- ▶ The cost of diabetes in Colorado is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Colorado totaled about \$1.143 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Colorado Department of Public Health and Environment
Division of Prevention Programs
PPD-DC-A5
4300 Cherry Creek Drive South
Denver, CO 80222-1530
(303) 692-2505 Phone
(303) 782-0095 Fax

The Burden of Diabetes in Connecticut

Diabetes is a common disease in Connecticut.

- ▶ In 1994, 119,424 adults in Connecticut, 4.7% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|---------|-----|
| Men | 56,573 | 4.7 | 18-44 | 24,199 | 1.7 | White | 107,264 | 4.7 |
| Women | 62,851 | 4.8 | 45-64 | 38,943 | 6.0 | | | |
| | | | 65-74 | 37,890 | 13.0 | | | |
| | | | ≥75 | 17,842 | 11.3 | | | |

- ▶ An additional 856,790 persons in Connecticut were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Connecticut.

- ▶ People with diabetes in Connecticut suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 205 new cases of blindness.
 - 838 lower extremity amputations.
 - 214 new cases of end-stage renal disease.
- ▶ In 1993, 56,721 persons with diabetes suffered from a long-term reduction in activity, and there were 54,871 diabetes-related hospitalizations, 19,283 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,506 residents of Connecticut in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,154 | <45 | 59 | White | 2,290 |
| Women | 1,352 | 45-64 | 356 | Black | 209 |
| | | 65-74 | 735 | Hispanic | 59 |
| | | ≥75 | 1,356 | | |

Diabetes is a costly disease in Connecticut.

- ▶ The cost of diabetes in Connecticut is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Connecticut totaled about \$1.626 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
State of Connecticut Department of Health
Bureau of Community Health
410 Capitol Avenue MS-11 HLS
P. O. Box 340308
Hartford, CT 06134-0308
(860) 509-7802/7803 Phone
(860) 509-7854 Fax

The Burden of Diabetes in Delaware

Diabetes is a common disease in Delaware.

- ▶ In 1994, 26,274 adults in Delaware, 5.0% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 12,469 | 5.0 | 18-44 | 4,553 | 1.5 | White | 20,348 | 4.7 |
| Women | 13,804 | 5.0 | 45-64 | 10,969 | 7.9 | Black | 5,668 | 7.1 |
| | | | 65-74 | 8,405 | 14.4 | | | |
| | | | ≥75 | 2,347 | 8.6 | | | |

- ▶ An additional 199,681 persons in Delaware were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Delaware.

- ▶ People with diabetes in Delaware suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 44 new cases of blindness.
 - 176 lower extremity amputations.
 - 48 new cases of end-stage renal disease.
- ▶ In 1993, 14,645 persons with diabetes suffered from a long-term reduction in activity, and there were 10,146 diabetes-related hospitalizations, 3,303 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 524 residents of Delaware in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 248 | <45 | <20 | White | 419 |
| Women | 276 | 45-64 | 88 | Black | 104 |
| | | 65-74 | 172 | | |
| | | ≥75 | 245 | | |

Diabetes is a costly disease in Delaware.

- ▶ The cost of diabetes in Delaware is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Delaware totaled about \$359 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

The Burden of Diabetes in the District of Columbia

Diabetes is a common disease in the District of Columbia.

- ▶ In 1994, 20,909 adults in the District of Columbia, 4.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 8,215 | 3.7 | 18-44 | 3,589 | 1.2 | Black | 17,393 | 5.8 |
| Women | 12,694 | 4.8 | 45-64 | 8,092 | 7.2 | | | |
| | | | 65-74 | 6,037 | 11.5 | | | |
| | | | ≥75 | 3,051 | 12.5 | | | |

- ▶ An additional 209,235 persons in the District of Columbia were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in the District of Columbia.

- ▶ People with diabetes in the District of Columbia suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 36 new cases of blindness.
 - 149 lower extremity amputations.
 - 98 new cases of end-stage renal disease.
- ▶ In 1993, 11,710 persons with diabetes suffered from a long-term reduction in activity, and there were 8,600 diabetes-related hospitalizations, 2,805 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 591 residents of the District of Columbia in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 269 | <45 | 29 | White | 77 |
| Women | 322 | 45-64 | 133 | Black | 511 |
| | | 65-74 | 165 | | |
| | | ≥75 | 264 | | |

Diabetes is a costly disease in the District of Columbia.

- ▶ The cost of diabetes in the District of Columbia is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in the District of Columbia totaled about \$284 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association, *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The health department of the District of Columbia may have more accurate and/or more recent estimates of the burden of diabetes. Contact them for further information.
Diabetes Control Program
DC Commission of Public Health
Preventive Health Services Administration
800 9th St. SW, 2nd Fl.
Washington, D.C. 20024
(202) 645-5565 Phone
(202) 645-4313 Fax



The Burden of Diabetes in Florida

Diabetes is a common disease in Florida.

- ▶ In 1994, 541,312 adults in Florida, 5.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|---------|-----|-------|---------|------|----------------|---------|-----|
| Men | 254,937 | 5.0 | 18-44 | 77,273 | 1.5 | White | 455,967 | 4.9 |
| Women | 286,375 | 5.1 | 45-64 | 194,575 | 7.0 | Black | 69,539 | 6.8 |
| | | | 65-74 | 167,758 | 10.4 | Hispanic | 63,269 | 4.4 |
| | | | ≥75 | 101,120 | 10.9 | | | |

- ▶ An additional 3,963,799 persons in Florida were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Florida.

- ▶ People with diabetes in Florida suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 976 new cases of blindness.
 - 4,121 lower extremity amputations.
 - 1,022 new cases of end-stage renal disease.
- ▶ In 1993, 311,366 persons with diabetes suffered from a long-term reduction in activity, and there were 236,744 diabetes-related hospitalizations, 78,870 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 9,082 residents of Florida in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 4,613 | <45 | 235 | White | 7,769 |
| Women | 4,469 | 45-64 | 1,493 | Black | 1,278 |
| | | 65-74 | 2,583 | Asian/Pacific | 22 |
| | | ≥75 | 4,771 | Islander | |
| | | | | Hispanic | 749 |

Diabetes is a costly disease in Florida.

- ▶ The cost of diabetes in Florida is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Florida totaled about \$7.396 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

Diabetes Control Program
Florida Department of Health
HRS Grants and Special Projects HSFHG
1317 Winewood Blvd.
Tallahassee, FL 32399-0700
(904) 487-1321 Phone
(904) 922-9321 Fax

The Burden of Diabetes in Georgia

Diabetes is a common disease in Georgia.

- ▶ In 1994, 195,193 adults in Georgia, 3.9% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|--------|------|-------|---------|-----|
| Men | 86,379 | 3.6 | 18-44 | 31,778 | 1.0 | White | 117,172 | 3.2 |
| Women | 108,813 | 4.1 | 45-64 | 85,331 | 6.7 | Black | 77,142 | 6.4 |
| | | | 65-74 | 55,007 | 11.0 | | | |
| | | | ≥75 | 23,077 | 11.6 | | | |

- ▶ An additional 1,726,635 persons in Georgia were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Georgia.

- ▶ People with diabetes in Georgia suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 329 new cases of blindness.
 - 1,358 lower extremity amputations.
 - 578 new cases of end-stage renal disease.
- ▶ In 1993, 109,582 persons with diabetes suffered from a long-term reduction in activity, and there were 77,701 diabetes-related hospitalizations, 25,381 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 3,689 residents of Georgia in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 1,573 | <45 | 138 | White | 2,415 |
| Women | 2,116 | 45-64 | 852 | Black | 1,261 |
| | | 65-74 | 1,047 | | |
| | | ≥75 | 1,652 | | |

Diabetes is a costly disease in Georgia.

- ▶ The cost of diabetes in Georgia is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Georgia totaled about \$2.670 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Community Health Branch, DHR
2 Peachtree Street, Room 6.520
Atlanta, GA 30303
(404) 657-6629 Phone
(404) 657-6631 Fax

The Burden of Diabetes in Hawaii

Diabetes is a common disease in Hawaii.

- ▶ In 1994, 33,652 adults in Hawaii, 4.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|--------|-----|-------|--------|------|----------------|--------|-----|
| Men | 16,700 | 4.1 | 18-44 | 6,173 | 1.3 | White | 6,278 | 2.3 |
| Women | 16,952 | 4.1 | 45-64 | 14,443 | 7.0 | Asian/Pacific | 25,231 | 5.3 |
| | | | 65-74 | 9,833 | 10.4 | Islander | | |
| | | | ≥75 | 3,009 | 8.3 | Hispanic | 5,837 | 5.0 |

- ▶ An additional 225,884 persons in Hawaii were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Hawaii.

- ▶ People with diabetes in Hawaii suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 55 new cases of blindness.
 - 241 lower extremity amputations.
 - 173 new cases of end-stage renal disease.
- ▶ In 1993, 17,823 persons with diabetes suffered from a long-term reduction in activity, and there were 9,302 diabetes-related hospitalizations, 2,995 of which were for cardiovascular disease.

- ▶ In addition, diabetes contributed to the death of 753 residents of Hawaii in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 392 | <45 | 21 | White | 146 |
| Women | 361 | 45-64 | 159 | Asian/Pacific | 600 |
| | | 65-74 | 203 | Islander | |
| | | ≥75 | 369 | Hispanic | 33 |

Diabetes is a costly disease in Hawaii.

- ▶ The cost of diabetes in Hawaii is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Hawaii totaled about \$458 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:
Diabetes Control Program
Department of Health
Health Promotion and Education Br.
1250 Punchbowl St., Rm. 217
Honolulu, HI 96813
(808) 586-4661 Phone
(808) 586-8252 Fax

The Burden of Diabetes in Idaho



Diabetes is a common disease in Idaho.

- ▶ In 1994, 29,894 adults in Idaho, 4.0% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 14,329 | 3.9 | 18-44 | 5,023 | 1.2 | White | 28,769 | 4.0 |
| Women | 15,565 | 4.1 | 45-64 | 11,442 | 5.8 | | | |
| | | | 65-74 | 8,435 | 9.9 | | | |
| | | | ≥75 | 4,994 | 10.2 | | | |

- ▶ An additional 262,563 persons in Idaho were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Idaho.

- ▶ People with diabetes in Idaho suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 52 new cases of blindness.
 - 229 lower extremity amputations.
 - 48 new cases of end-stage renal disease.
- ▶ In 1993, 16,284 persons with diabetes suffered from a long-term reduction in activity, and there were 9,117 diabetes-related hospitalizations, 2,943 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 626 residents of Idaho in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 287 | <45 | <20 | White | 608 |
| Women | 339 | 45-64 | 90 | | |
| | | 65-74 | 168 | | |
| | | ≥75 | 351 | | |

Diabetes is a costly disease in Idaho.

- ▶ The cost of diabetes in Idaho is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Idaho totaled about \$409 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
Division of Health
Department of Health and Welfare
450 West State Street
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5933 Phone
(208) 334-6573 Fax



The Burden of Diabetes in Illinois

Diabetes is a common disease in Illinois.

- ▶ In 1994, 455,623 adults in Illinois, 5.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 223,372 | 5.4 | 18-44 | 99,981 | 2.1 | White | 345,924 | 4.8 |
| Women | 232,251 | 5.1 | 45-64 | 164,390 | 7.3 | Black | 90,725 | 8.5 |
| | | | 65-74 | 124,458 | 13.5 | | | |
| | | | ≥75 | 65,769 | 11.7 | | | |

- ▶ An additional 3,373,062 persons in Illinois were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Illinois.

- ▶ People with diabetes in Illinois suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 752 new cases of blindness.
 - 2,738 lower extremity amputations.
 - 793 new cases of end-stage renal disease.
- ▶ In 1993, 230,302 persons with diabetes suffered from a long-term reduction in activity, and there were 171,738 diabetes-related hospitalizations, 54,962 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 8,745 residents of Illinois in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 4,000 | <45 | 251 | White | 7,291 |
| Women | 4,745 | 45-64 | 1,540 | Black | 1,377 |
| | | 65-74 | 2,454 | Asian/Pacific | 66 |
| | | ≥75 | 4,500 | Islander | |
| | | | | Hispanic | 272 |

Diabetes is a costly disease in Illinois.

- ▶ The cost of diabetes in Illinois is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Illinois totaled about \$6.218 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Division of Health Promotion
Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761
(217) 782-3300 Phone
(217) 782-1235 Fax

The Burden of Diabetes in Indiana

Diabetes is a common disease in Indiana.

- ▶ In 1994, 179,346 adults in Indiana, 4.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|---------|-----|
| Men | 80,977 | 4.1 | 18-44 | 34,268 | 1.5 | White | 160,571 | 4.2 |
| Women | 98,369 | 4.5 | 45-64 | 69,165 | 6.2 | | | |
| | | | 65-74 | 42,919 | 9.6 | | | |
| | | | ≥75 | 32,994 | 11.9 | | | |

- ▶ An additional 1,677,400 persons in Indiana were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Indiana.

- ▶ People with diabetes in Indiana suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 302 new cases of blindness.
 - 1,156 lower extremity amputations.
 - 319 new cases of end-stage renal disease.
- ▶ In 1993, 91,874 persons with diabetes suffered from a long-term reduction in activity, and there were 71,146 diabetes-related hospitalizations, 23,160 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 4,433 residents of Indiana in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,928 | <45 | 101 | White | 3,995 |
| Women | 2,505 | 45-64 | 716 | Black | 430 |
| | | 65-74 | 1,217 | Hispanic | 36 |
| | | ≥75 | 2,399 | | |

Diabetes is a costly disease in Indiana.

- ▶ The cost of diabetes in Indiana is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Indiana totaled about \$2.453 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.

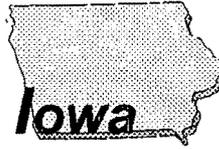
Methodology:

American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.
With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.
For further information, contact:
Diabetes Control Program
2 North Meridian, 6th Fl.
Indianapolis, IN 46204
(317) 233-7793 Phone
(317) 233-7127 Fax

The Burden of Diabetes in Iowa



Diabetes is a common disease in Iowa.

- ▶ In 1994, 88,509 adults in Iowa, 4.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 38,459 | 3.9 | 18-44 | 13,865 | 1.3 | White | 85,507 | 4.2 |
| Women | 50,050 | 4.6 | 45-64 | 25,817 | 4.8 | | | |
| | | | 65-74 | 29,021 | 11.9 | | | |
| | | | ≥75 | 19,684 | 10.2 | | | |

- ▶ An additional 873,235 persons in Iowa were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Iowa.

- ▶ People with diabetes in Iowa suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 163 new cases of blindness.
 - 610 lower extremity amputations.
 - 192 new cases of end-stage renal disease.
- ▶ In 1993, 45,345 persons with diabetes suffered from a long-term reduction in activity, and there were 38,015 diabetes-related hospitalizations, 12,774 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,190 residents of Iowa in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 1,019 | <45 | 47 | White | 2,158 |
| Women | 1,171 | 45-64 | 279 | Black | 27 |
| | | 65-74 | 522 | | |
| | | ≥75 | 1,342 | | |

Diabetes is a costly disease in Iowa.

- ▶ The cost of diabetes in Iowa is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Iowa totaled about \$1.209 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

Diabetes Control Program
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
(515) 281-7739 Phone
(515) 281-4535 Fax

The Burden of Diabetes in Kansas

Diabetes is a common disease in Kansas.

- ▶ In 1994, 81,525 adults in Kansas, 4.4% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 40,911 | 4.6 | 18-44 | 13,997 | 1.4 | White | 75,622 | 4.4 |
| Women | 40,614 | 4.3 | 45-64 | 26,892 | 5.8 | | | |
| | | | 65-74 | 26,305 | 12.8 | | | |
| | | | ≥75 | 14,330 | 9.8 | | | |

- ▶ An additional 697,441 persons in Kansas were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Kansas.

- ▶ People with diabetes in Kansas suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 145 new cases of blindness.
 - 523 lower extremity amputations.
 - 143 new cases of end-stage renal disease.
- ▶ In 1993, 41,756 persons with diabetes suffered from a long-term reduction in activity, and there were 32,863 diabetes-related hospitalizations, 10,883 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 1,646 residents of Kansas in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 784 | <45 | 30 | White | 1,517 |
| Women | 862 | 45-64 | 242 | Black | 108 |
| | | 65-74 | 428 | Hispanic | 36 |
| | | ≥75 | 946 | | |

Diabetes is a costly disease in Kansas.

- ▶ The cost of diabetes in Kansas is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Kansas totaled about \$1.115 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Kansas Diabetes Control Program
Kansas Department of Health and Environment
900 SW Jackson
Room 901 North
Topeka, KS 66612-1290
(913) 296-8126 Phone
(913) 296-8059 Fax

The Burden of Diabetes in Kentucky

Diabetes is a common disease in Kentucky.

- ▶ In 1994, 106,808 adults in Kentucky, 3.8% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 43,430 | 3.3 | 18-44 | 17,614 | 1.1 | White | 97,802 | 3.8 |
| Women | 63,378 | 4.3 | 45-64 | 40,446 | 5.5 | | | |
| | | | 65-74 | 34,861 | 10.9 | | | |
| | | | ≥75 | 13,277 | 8.1 | | | |

- ▶ An additional 1,212,502 persons in Kentucky were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Kentucky.

- ▶ People with diabetes in Kentucky suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 185 new cases of blindness.
 - 746 lower extremity amputations.
 - 219 new cases of end-stage renal disease.
- ▶ In 1993, 59,898 persons with diabetes suffered from a long-term reduction in activity, and there were 43,130 diabetes-related hospitalizations, 14,167 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,654 residents of Kentucky in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 1,101 | <45 | 72 | White | 2,380 |
| Women | 1,553 | 45-64 | 471 | Black | 271 |
| | | 65-74 | 793 | | |
| | | ≥75 | 1,318 | | |

Diabetes is a costly disease in Kentucky.

- ▶ The cost of diabetes in Kentucky is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Kentucky totaled about \$1.453 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Kentucky Department for Health Services
275 East Main Street
Frankfort, KY 40621
(502) 564-7243 Phone
(502) 564-6533 Fax



The Burden of Diabetes in Louisiana

Diabetes is a common disease in Louisiana.

- ▶ In 1994, 165,417 adults in Louisiana, 5.5% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 78,791 | 5.5 | 18-44 | 30,162 | 1.7 | White | 99,282 | 4.7 |
| Women | 86,626 | 5.4 | 45-64 | 67,842 | 8.7 | Black | 61,942 | 7.6 |
| | | | 65-74 | 44,155 | 14.1 | | | |
| | | | ≥75 | 22,591 | 13.6 | | | |

- ▶ An additional 1,220,391 persons in Louisiana were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Louisiana.

- ▶ People with diabetes in Louisiana suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 276 new cases of blindness.
 - 1,162 lower extremity amputations.
 - 417 new cases of end-stage renal disease.
- ▶ In 1993, 92,155 persons with diabetes suffered from a long-term reduction in activity, and there were 66,965 diabetes-related hospitalizations, 21,631 of which were for cardiovascular disease.

- ▶ In addition, diabetes contributed to the death of 2,912 residents of Louisiana in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 1,186 | <45 | 110 | White | 1,770 |
| Women | 1,726 | 45-64 | 615 | Black | 1,128 |
| | | 65-74 | 837 | | |
| | | ≥75 | 1,350 | | |

Diabetes is a costly disease in Louisiana.

- ▶ The cost of diabetes in Louisiana is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Louisiana totaled about \$2.253 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

Diabetes Control Program
Chronic Disease Control
325 Loyola Avenue, Room 414
New Orleans, Louisiana 70112
(504) 568-7210 Phone
(504) 568-7005 Fax

The Burden of Diabetes in Maine



Diabetes is a common disease in Maine.

- ▶ In 1994, 31,961 adults in Maine, 3.4% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 15,376 | 3.5 | 18-44 | 6,170 | 1.2 | White | 30,981 | 3.4 |
| Women | 16,585 | 3.4 | 45-64 | 9,722 | 4.0 | | | |
| | | | 65-74 | 10,887 | 10.4 | | | |
| | | | ≥75 | 5,182 | 8.1 | | | |

- ▶ An additional 430,679 persons in Maine were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Maine.

- ▶ People with diabetes in Maine suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 56 new cases of blindness.
 - 229 lower extremity amputations.
 - 53 new cases of end-stage renal disease.
- ▶ In 1993, 15,369 persons with diabetes suffered from a long-term reduction in activity, and there were 15,013 diabetes-related hospitalizations, 5,341 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 980 residents of Maine in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 442 | <45 | <20 | White | 974 |
| Women | 538 | 45-64 | 158 | | |
| | | 65-74 | 274 | | |
| | | ≥75 | 529 | | |

Diabetes is a costly disease in Maine.

- ▶ The cost of diabetes in Maine is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Maine totaled about \$437 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
151 Capitol Street
Augusta, ME 04333
(207) 287-5180 Phone
(207) 287-4631 Fax

The Burden of Diabetes in Maryland

Diabetes is a common disease in Maryland.

- ▶ In 1994, 172,870 adults in Maryland, 4.6% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|---------|-----|
| Men | 75,741 | 4.2 | 18-44 | 29,994 | 1.4 | White | 108,591 | 4.0 |
| Women | 97,129 | 5.0 | 45-64 | 72,861 | 7.5 | Black | 55,458 | 6.5 |
| | | | 65-74 | 46,521 | 13.2 | | | |
| | | | ≥75 | 22,971 | 12.4 | | | |

- ▶ An additional 1,326,032 persons in Maryland were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Maryland.

- ▶ People with diabetes in Maryland suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 289 new cases of blindness.
 - 1,215 lower extremity amputations.
 - 409 new cases of end-stage renal disease.
- ▶ In 1993, 96,631 persons with diabetes suffered from a long-term reduction in activity, and there were 69,759 diabetes-related hospitalizations, 22,643 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 4,080 residents of Maryland in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,863 | <45 | 132 | White | 2,819 |
| Women | 2,217 | 45-64 | 806 | Black | 1,208 |
| | | 65-74 | 1,166 | Asian/Pacific | 51 |
| | | ≥75 | 1,973 | Islander | |
| | | | | Hispanic | 20 |

Diabetes is a costly disease in Maryland.

- ▶ The cost of diabetes in Maryland is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Maryland totaled about \$2.357 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.

Methodology:

American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.
With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Division of Diabetes Control
Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, MD 21203
(410) 225-6774 Phone
(410) 333-7279 Fax



The Burden of Diabetes in Massachusetts

Diabetes is a common disease in Massachusetts.

- ▶ In 1994, 186,381 adults in Massachusetts, 4.0% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|---------|-----|
| Men | 93,287 | 4.3 | 18-44 | 26,902 | 1.0 | White | 158,777 | 3.8 |
| Women | 93,094 | 3.8 | 45-64 | 61,663 | 5.3 | | | |
| | | | 65-74 | 61,626 | 11.7 | | | |
| | | | ≥75 | 35,718 | 12.4 | | | |

- ▶ An additional 1,518,462 persons in Massachusetts were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Massachusetts.

- ▶ People with diabetes in Massachusetts suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 340 new cases of blindness.
 - 1,400 lower extremity amputations.
 - 369 new cases of end-stage renal disease.
- ▶ In 1993, 92,397 persons with diabetes suffered from a long-term reduction in activity, and there were 89,641 diabetes-related hospitalizations, 32,830 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 4,472 residents of Massachusetts in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 2,101 | <45 | 98 | White | 4,244 |
| Women | 2,371 | 45-64 | 627 | Black | 202 |
| | | 65-74 | 1,199 | Asian/Pacific | 22 |
| | | ≥75 | 2,548 | Islander | |
| | | | | Hispanic | 67 |

Diabetes is a costly disease in Massachusetts.

- ▶ The cost of diabetes in Massachusetts is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Massachusetts totaled about \$2.543 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
Massachusetts Department of Public Health
Bureau of Family & Community Health
250 Washington Street, 4th Floor
Boston, MA 02108
(617) 624-5403 Phone
(617) 624-5075 Fax



The Burden of Diabetes in Michigan

Diabetes is a common disease in Michigan.

- ▶ In 1994, 357,095 adults in Michigan, 5.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 170,892 | 5.2 | 18-44 | 63,221 | 1.6 | White | 286,841 | 4.9 |
| Women | 186,204 | 5.1 | 45-64 | 155,341 | 8.5 | Black | 53,025 | 7.5 |
| | | | 65-74 | 95,359 | 12.5 | | | |
| | | | ≥75 | 42,696 | 11.2 | | | |

- ▶ An additional 2,619,985 persons in Michigan were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Michigan.

- ▶ People with diabetes in Michigan suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 592 new cases of blindness.
 - 2,089 lower extremity amputations.
 - 736 new cases of end-stage renal disease.
- ▶ In 1993, 183,940 persons with diabetes suffered from a long-term reduction in activity, and there were 130,472 diabetes-related hospitalizations, 42,255 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 7,192 residents of Michigan in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 3,278 | <45 | 222 | White | 6,083 |
| Women | 3,941 | 45-64 | 1,226 | Black | 1,044 |
| | | 65-74 | 2,040 | American Indian/ Alaskan Native | 47 |
| | | ≥75 | 3,704 | Hispanic | 103 |

Diabetes is a costly disease in Michigan.

- ▶ The cost of diabetes in Michigan is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Michigan totaled about \$4.878 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes and Other Chronic Disabling Conditions Section
P.O. Box 30195
3423 N. Martin Luther King, Jr. Blvd.
Lansing, MI 48906
(517) 335-8392 Phone
(517) 335-9461 Fax



The Burden of Diabetes in Minnesota

Diabetes is a common disease in Minnesota.

- ▶ In 1994, 122,248 adults in Minnesota, 3.7% of the adult population, had diagnosed diabetes:

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|---------|-----|
| Men | 55,847 | 3.5 | 18-44 | 29,642 | 1.6 | White | 114,843 | 3.7 |
| Women | 66,401 | 3.9 | 45-64 | 33,920 | 4.1 | | | |
| | | | 65-74 | 33,648 | 9.9 | | | |
| | | | ≥75 | 25,038 | 11.0 | | | |

- ▶ An additional 1,198,413 persons in Minnesota were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Minnesota.

- ▶ People with diabetes in Minnesota suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 208 new cases of blindness.
 - 802 lower extremity amputations.
 - 248 new cases of end-stage renal disease.
- ▶ In 1993, 61,145 persons with diabetes suffered from a long-term reduction in activity, and there were 50,044 diabetes-related hospitalizations, 16,103 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,944 residents of Minnesota in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 1,447 | <45 | 77 | White | 2,829 |
| Women | 1,497 | 45-64 | 402 | Black | 61 |
| | | 65-74 | 735 | American Indian/ Alaskan Native | 39 |
| | | ≥75 | 1,730 | Hispanic | 21 |

Diabetes is a costly disease in Minnesota.

- ▶ The cost of diabetes in Minnesota is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Minnesota totaled about \$1.672 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Health Behavior Development and Education Section
Division of Family Health
717 Delaware Street, SE
Minneapolis, MN 55440
(612) 623-5613 Phone
(612) 623-5775 Fax

The Burden of Diabetes in Mississippi



Diabetes is a common disease in Mississippi.

- ▶ In 1994, 114,168 adults in Mississippi, 6.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 42,936 | 5.0 | 18-44 | 19,536 | 1.9 | White | 59,868 | 4.8 |
| Women | 71,231 | 7.2 | 45-64 | 41,533 | 8.5 | Black | 52,306 | 8.9 |
| | | | 65-74 | 33,491 | 17.0 | | | |
| | | | ≥75 | 19,250 | 14.4 | | | |

- ▶ An additional 799,369 persons in Mississippi were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Mississippi.

- ▶ People with diabetes in Mississippi suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 199 new cases of blindness.
 - 839 lower extremity amputations.
 - 237 new cases of end-stage renal disease.
- ▶ In 1993, 64,546 persons with diabetes suffered from a long-term reduction in activity, and there were 48,514 diabetes-related hospitalizations, 15,875 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 1,939 residents of Mississippi in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 799 | <45 | 56 | White | 1,121 |
| Women | 1,140 | 45-64 | 402 | Black | 803 |
| | | 65-74 | 554 | | |
| | | ≥75 | 926 | | |

Diabetes is a costly disease in Mississippi.

- ▶ The cost of diabetes in Mississippi is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Mississippi totaled about \$1.557 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
2423 North State Street
P.O. Box 1700
Jackson, MS 39215-1700
(601) 960-7725 Phone
(601) 354-6061 Fax



The Burden of Diabetes in Missouri

Diabetes is a common disease in Missouri.

- ▶ In 1994, 196,904 adults in Missouri, 5.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|--------|------|-------|---------|-----|
| Men | 92,458 | 5.1 | 18-44 | 38,390 | 1.8 | White | 162,881 | 4.7 |
| Women | 104,446 | 5.1 | 45-64 | 72,889 | 7.1 | | | |
| | | | 65-74 | 64,067 | 13.3 | | | |
| | | | ≥75 | 20,946 | 8.1 | | | |

- ▶ An additional 1,606,976 persons in Missouri were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Missouri.

- ▶ People with diabetes in Missouri suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 332 new cases of blindness.
 - 1,122 lower extremity amputations.
 - 428 new cases of end-stage renal disease.
- ▶ In 1993, 100,108 persons with diabetes suffered from a long-term reduction in activity, and there were 71,584 diabetes-related hospitalizations, 23,120 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 4,142 residents of Missouri in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,838 | <45 | 96 | White | 3,593 |
| Women | 2,304 | 45-64 | 689 | Black | 540 |
| | | 65-74 | 1,114 | Hispanic | 27 |
| | | ≥75 | 2,243 | | |

Diabetes is a costly disease in Missouri.

- ▶ The cost of diabetes in Missouri is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Missouri totaled about \$2.685 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
The Bureau of High Risk Intervention
101 Park DeVillie Drive
Columbia, MO 65203
(573) 876-3207 Phone
(573) 446-8777 Fax



The Burden of Diabetes in Montana

Diabetes is a common disease in Montana.

- ▶ In 1994, 19,333 adults in Montana, 3.2% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|-----|-------|--------|-----|
| Men | 9,501 | 3.3 | 18-44 | 3,998 | 1.2 | White | 16,820 | 3.0 |
| Women | 9,832 | 3.2 | 45-64 | 7,094 | 4.4 | | | |
| | | | 65-74 | 4,682 | 6.8 | | | |
| | | | ≥75 | 3,560 | 8.3 | | | |

- ▶ An additional 220,750 persons in Montana were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Montana.

- ▶ People with diabetes in Montana suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 32 new cases of blindness.
 - 144 lower extremity amputations.
 - 48 new cases of end-stage renal disease.
- ▶ In 1993, 10,384 persons with diabetes suffered from a long-term reduction in activity, and there were 5,882 diabetes-related hospitalizations, 1,864 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 556 residents of Montana in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 281 | <45 | <20 | White | 517 |
| Women | 275 | 45-64 | 75 | American Indian/ Alaskan Native | 35 |
| | | 65-74 | 169 | | |
| | | ≥75 | 299 | | |

Diabetes is a costly disease in Montana.

- ▶ The cost of diabetes in Montana is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Montana totaled about \$264 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
Chronic Disease and Health Promotion
Cogswell Building
Helena, MT 59620
(406) 444-9020 Phone
(406) 444-1861 Fax

The Burden of Diabetes in Nebraska

Diabetes is a common disease in Nebraska.

- ▶ In 1994, 57,454 adults in Nebraska, 4.9% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 24,428 | 4.4 | 18-44 | 10,361 | 1.6 | White | 52,626 | 4.8 |
| Women | 33,026 | 5.4 | 45-64 | 21,953 | 7.4 | | | |
| | | | 65-74 | 15,151 | 11.2 | | | |
| | | | ≥75 | 9,801 | 10.3 | | | |

- ▶ An additional 456,943 persons in Nebraska were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Nebraska.

- ▶ People with diabetes in Nebraska suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 98 new cases of blindness.
 - 363 lower extremity amputations.
 - 100 new cases of end-stage renal disease.
- ▶ In 1993, 29,402 persons with diabetes suffered from a long-term reduction in activity, and there were 22,521 diabetes-related hospitalizations, 7,367 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 1,135 residents of Nebraska in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 547 | <45 | <20 | White | 1,079 |
| Women | 588 | 45-64 | 148 | Black | 41 |
| | | 65-74 | 288 | | |
| | | ≥75 | 681 | | |

Diabetes is a costly disease in Nebraska.

- ▶ The cost of diabetes in Nebraska is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Nebraska totaled about \$783 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:
Diabetes Control Program
Nebraska Department of Health
301 Centennial Mall, South
P.O. Box 95004
Lincoln, NE 68509-5004
(402) 471-3914 Phone
(402) 471-6446 Fax



The Burden of Diabetes in Nevada

Diabetes is a common disease in Nevada.

- ▶ In 1994, 41,655 adults in Nevada, 4.2% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 21,777 | 4.4 | 18-44 | 10,459 | 1.8 | White | 36,604 | 4.3 |
| Women | 19,878 | 4.1 | 45-64 | 17,270 | 6.4 | | | |
| | | | 65-74 | 10,223 | 10.3 | | | |
| | | | ≥75 | 3,492 | 8.7 | | | |

- ▶ An additional 315,275 persons in Nevada were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Nevada.

- ▶ People with diabetes in Nevada suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 64 new cases of blindness.
 - 279 lower extremity amputations.
 - 69 new cases of end-stage renal disease.
- ▶ In 1993, 21,407 persons with diabetes suffered from a long-term reduction in activity, and there were 11,041 diabetes-related hospitalizations, 3,437 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 622 residents of Nevada in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 351 | <45 | 20 | White | 561 |
| Women | 271 | 45-64 | 153 | Black | 41 |
| | | 65-74 | 187 | Hispanic | 28 |
| | | ≥75 | 262 | | |

Diabetes is a costly disease in Nevada.

- ▶ The cost of diabetes in Nevada is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Nevada totaled about \$567 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

Diabetes Control Program
Bureau of Disease Control and Intervention Services
Nevada State Health Division
505 East King Street, Room 304
Carson City, Nevada 89710
(702) 687-4800 Phone
(702) 687-4988 Fax

The Burden of Diabetes in New Hampshire



Diabetes is a common disease in New Hampshire.

- ▶ In 1994, 37,665 adults in New Hampshire, 4.5% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 18,674 | 4.6 | 18-44 | 8,844 | 1.8 | White | 36,262 | 4.4 |
| Women | 18,991 | 4.4 | 45-64 | 11,951 | 5.7 | | | |
| | | | 65-74 | 10,207 | 11.8 | | | |
| | | | ≥75 | 6,663 | 15.4 | | | |

- ▶ An additional 268,139 persons in New Hampshire were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in New Hampshire.

- ▶ People with diabetes in New Hampshire suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 63 new cases of blindness.
 - 255 lower extremity amputations.
 - 42 new cases of end-stage renal disease.
- ▶ In 1993, 17,674 persons with diabetes suffered from a long-term reduction in activity, and there were 17,596 diabetes-related hospitalizations, 6,054 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 828 residents of New Hampshire in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 392 | <45 | <20 | White | 823 |
| Women | 436 | 45-64 | 126 | | |
| | | 65-74 | 210 | | |
| | | ≥75 | 474 | | |

Diabetes is a costly disease in New Hampshire.

- ▶ The cost of diabetes in New Hampshire is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in New Hampshire totaled about \$515 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
New Hampshire Division of Public Health Services
6 Hazen Drive
Concord, NH 03301-6527
(603) 271-4551 Phone
(603) 271-3745 Fax

The Burden of Diabetes in New Jersey



Diabetes is a common disease in New Jersey.

- ▶ In 1994, 258,182 adults in New Jersey, 4.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 133,331 | 4.7 | 18-44 | 42,678 | 1.3 | White | 207,818 | 4.2 |
| Women | 124,851 | 4.0 | 45-64 | 123,457 | 7.7 | | | |
| | | | 65-74 | 53,020 | 7.4 | | | |
| | | | ≥75 | 39,027 | 11.7 | | | |

- ▶ An additional 2,161,821 persons in New Jersey were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in New Jersey.

- ▶ People with diabetes in New Jersey suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 423 new cases of blindness.
 - 1,827 lower extremity amputations.
 - 686 new cases of end-stage renal disease.
- ▶ In 1993, 126,269 persons with diabetes suffered from a long-term reduction in activity, and there were 115,690 diabetes-related hospitalizations, 40,636 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 5,889 residents of New Jersey in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 2,702 | <45 | 155 | White | 4,910 |
| Women | 3,187 | 45-64 | 1,001 | Black | 917 |
| | | 65-74 | 1,742 | Asian/Pacific | 57 |
| | | ≥75 | 2,991 | Islander | |
| | | | | Hispanic | 211 |

Diabetes is a costly disease in New Jersey.

- ▶ The cost of diabetes in New Jersey is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in New Jersey totaled about \$3.531 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
New Jersey Department of Health
Division of Family Health Services
Health Promotion Program CN 364
Trenton, NJ 08625-0364
(609) 292-5037 Phone
(609) 292-3580 Fax

The Burden of Diabetes in New Mexico



Diabetes is a common disease in New Mexico.

- ▶ In 1994, 53,122 adults in New Mexico, 4.7% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|--------|-----|-------|--------|------|----------------|--------|-----|
| Men | 25,029 | 4.6 | 18-44 | 12,156 | 1.8 | White | 46,438 | 4.6 |
| Women | 28,093 | 4.8 | 45-64 | 18,438 | 6.4 | Hispanic | 21,641 | 5.7 |
| | | | 65-74 | 14,804 | 13.1 | | | |
| | | | ≥75 | 7,517 | 12.1 | | | |

- ▶ An additional 335,696 persons in New Mexico were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in New Mexico.

- ▶ People with diabetes in New Mexico suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 87 new cases of blindness.
 - 380 lower extremity amputations.
 - 160 new cases of end-stage renal disease.
- ▶ In 1993, 28,095 persons with diabetes suffered from a long-term reduction in activity, and there were 15,405 diabetes-related hospitalizations, 4,862 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 821 residents of New Mexico in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 369 | <45 | 33 | White | 704 |
| Women | 452 | 45-64 | 177 | American Indian/ Alaskan Native | 99 |
| | | 65-74 | 237 | Hispanic | 328 |
| | | ≥75 | 374 | | |

Diabetes is a costly disease in New Mexico.

- ▶ The cost of diabetes in New Mexico is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in New Mexico totaled about \$724 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engalgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:

Diabetes Control Program
New Mexico Department of Health
Harold Runnels Building
1190 St. Francis Dr.
P.O. Box 26110
Santa Fe, NM 87502-6110
(505) 827-2502 Phone
(505) 827-0021 Fax

The Burden of Diabetes in New York



Diabetes is a common disease in New York.

- ▶ In 1994, 568,791 adults in New York, 4.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 243,880 | 3.8 | 18-44 | 69,624 | 0.9 | White | 440,501 | 4.1 |
| Women | 324,910 | 4.5 | 45-64 | 236,709 | 6.5 | Black | 102,805 | 5.6 |
| | | | 65-74 | 160,754 | 11.0 | | | |
| | | | ≥75 | 101,704 | 11.1 | | | |

- ▶ An additional 5,714,593 persons in New York were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in New York.

- ▶ People with diabetes in New York suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 1,016 new cases of blindness.
 - 4,302 lower extremity amputations.
 - 1,314 new cases of end-stage renal disease.
- ▶ In 1993, 286,209 persons with diabetes suffered from a long-term reduction in activity, and there were 267,520 diabetes-related hospitalizations, 98,093 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 12,263 residents of New York in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 5,606 | <45 | 341 | White | 10,023 |
| Women | 6,657 | 45-64 | 2,333 | Black | 2,046 |
| | | 65-74 | 3,407 | American Indian/ Alaskan Native | 38 |
| | | ≥75 | 6,181 | Asian/Pacific Islander | 156 |
| | | | | Hispanic | 835 |

Diabetes is a costly disease in New York.

- ▶ The cost of diabetes in New York is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in New York totaled about \$7.780 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993–1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992–1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992–1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382–387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
New York State Department of Health
Empire State Plaza Tower, Room 557
Albany, NY 12237-0620
(518) 474-0512 Phone
(518) 473-2853 Fax



The Burden of Diabetes in North Carolina

Diabetes is a common disease in North Carolina.

- ▶ In 1994, 237,708 adults in North Carolina, 4.5% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 108,412 | 4.4 | 18-44 | 35,168 | 1.2 | White | 163,669 | 4.0 |
| Women | 129,296 | 4.7 | 45-64 | 100,410 | 7.4 | Black | 66,067 | 6.6 |
| | | | 65-74 | 64,567 | 12.2 | | | |
| | | | ≥75 | 37,316 | 11.6 | | | |

- ▶ An additional 2,241,261 persons in North Carolina were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in North Carolina.

- ▶ People with diabetes in North Carolina suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 411 new cases of blindness.
 - 1,742 lower extremity amputations.
 - 648 new cases of end-stage renal disease.
- ▶ In 1993, 135,101 persons with diabetes suffered from a long-term reduction in activity, and there were 99,285 diabetes-related hospitalizations, 32,757 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 5,530 residents of North Carolina in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 2,528 | <45 | 150 | White | 3,779 |
| Women | 3,002 | 45-64 | 1,157 | Black | 1,681 |
| | | 65-74 | 1,652 | American Indian/ Alaskan Native | 59 |
| | | ≥75 | 2,571 | | |

Diabetes is a costly disease in North Carolina.

- ▶ The cost of diabetes in North Carolina is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in North Carolina totaled about \$3.248 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Department of Environment, Health, and Natural Resources
Division of Adult health Promotion
P.O. Box 29605
Raleigh, NC 27626-0605
(919) 733-7081 Phone
(919) 715-3144 Fax

The Burden of Diabetes in North Dakota

Diabetes is a common disease in North Dakota.

- ▶ In 1994, 17,997 adults in North Dakota, 3.9% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 9,800 | 4.3 | 18-44 | 2,794 | 1.1 | White | 16,547 | 3.7 |
| Women | 8,197 | 3.5 | 45-64 | 6,404 | 5.7 | | | |
| | | | 65-74 | 4,914 | 9.1 | | | |
| | | | ≥75 | 3,841 | 10.2 | | | |

- ▶ An additional 184,008 persons in North Dakota were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in North Dakota.

- ▶ People with diabetes in North Dakota suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 32 new cases of blindness.
 - 122 lower extremity amputations.
 - 44 new cases of end-stage renal disease.
- ▶ In 1993, 9,267 persons with diabetes suffered from a long-term reduction in activity, and there were 7,522 diabetes-related hospitalizations, 2,509 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 448 residents of North Dakota in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 200 | <45 | <20 | White | 425 |
| Women | 248 | 45-64 | 46 | American Indian/ Alaskan Native | 23 |
| | | 65-74 | 102 | | |
| | | ≥75 | 289 | | |

Diabetes is a costly disease in North Dakota.

- ▶ The cost of diabetes in North Dakota is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in North Dakota totaled about \$246 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.
Diabetes Control Program
North Dakota Department of Health
Division of Disease Control
600 East Boulevard
Bismark, North Dakota 58505-0200
(701) 328-2698 Phone
(701) 328-1412 Fax

The Burden of Diabetes in Ohio



Diabetes is a common disease in Ohio.

- ▶ In 1994, 384,538 adults in Ohio, 4.7% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 171,653 | 4.5 | 18-44 | 73,174 | 1.6 | White | 338,429 | 4.7 |
| Women | 212,885 | 4.9 | 45-64 | 151,479 | 7.0 | | | |
| | | | 65-74 | 110,816 | 12.0 | | | |
| | | | ≥75 | 42,589 | 8.1 | | | |

- ▶ An additional 3,333,571 persons in Ohio were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Ohio.

- ▶ People with diabetes in Ohio suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 629 new cases of blindness.
 - 2,181 lower extremity amputations.
 - 694 new cases of end-stage renal disease.
- ▶ In 1993, 193,475 persons with diabetes suffered from a long-term reduction in activity, and there were 137,660 diabetes-related hospitalizations, 44,345 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 10,623 residents of Ohio in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 4,736 | <45 | 214 | White | 9,276 |
| Women | 5,887 | 45-64 | 1,800 | Black | 1,333 |
| | | 65-74 | 3,099 | Hispanic | 52 |
| | | ≥75 | 5,510 | | |

Diabetes is a costly disease in Ohio.

- ▶ The cost of diabetes in Ohio is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Ohio totaled about \$5.171 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
Ohio Department of Health
246 North High Street
Columbus, OH 43266-0588
(614) 466-2144 Phone
(614) 644-7740 Fax

The Burden of Diabetes in Oklahoma

Diabetes is a common disease in Oklahoma.

- ▶ In 1994, 79,080 adults in Oklahoma, 3.4% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|-----|-------|--------|-----|
| Men | 28,875 | 2.6 | 18-44 | 17,040 | 1.3 | White | 55,812 | 2.8 |
| Women | 50,205 | 4.1 | 45-64 | 32,451 | 5.2 | | | |
| | | | 65-74 | 21,702 | 7.7 | | | |
| | | | ≥75 | 7,886 | 5.0 | | | |

- ▶ An additional 907,755 persons in Oklahoma were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Oklahoma.

- ▶ People with diabetes in Oklahoma suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 128 new cases of blindness.
 - 524 lower extremity amputations.
 - 270 new cases of end-stage renal disease.
- ▶ In 1993, 43,372 persons with diabetes suffered from a long-term reduction in activity, and there were 30,572 diabetes-related hospitalizations, 9,657 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,261 residents of Oklahoma in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 1,000 | <45 | 55 | White | 1,890 |
| Women | 1,261 | 45-64 | 410 | Black | 177 |
| | | 65-74 | 662 | American Indian/ Alaskan Native | 185 |
| | | ≥75 | 1,134 | | |

Diabetes is a costly disease in Oklahoma.

- ▶ The cost of diabetes in Oklahoma is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Oklahoma totaled about \$1.082 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Oklahoma State Department of Health
Chronic Disease Service
1000 Northeast 10th Street
Oklahoma City, OK 73117-1299
(405) 271-4072 Phone
(405) 271-5149 Fax



The Burden of Diabetes in Oregon

Diabetes is a common disease in Oregon.

- ▶ In 1994, 90,323 adults in Oregon, 4.0% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 42,958 | 3.9 | 18-44 | 16,091 | 1.3 | White | 85,709 | 4.1 |
| Women | 47,365 | 4.1 | 45-64 | 35,870 | 6.2 | | | |
| | | | 65-74 | 22,637 | 8.4 | | | |
| | | | ≥75 | 15,629 | 10.2 | | | |

- ▶ An additional 771,982 persons in Oregon were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Oregon.

- ▶ People with diabetes in Oregon suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 153 new cases of blindness.
 - 684 lower extremity amputations.
 - 176 new cases of end-stage renal disease.
- ▶ In 1993, 48,823 persons with diabetes suffered from a long-term reduction in activity, and there were 27,388 diabetes-related hospitalizations, 8,778 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,204 residents of Oregon in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,053 | <45 | 56 | White | 2,116 |
| Women | 1,151 | 45-64 | 346 | Black | 45 |
| | | 65-74 | 616 | Asian/Pacific | 26 |
| | | ≥75 | 1,186 | Islander | |
| | | | | Hispanic | 28 |

Diabetes is a costly disease in Oregon.

- ▶ The cost of diabetes in Oregon is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Oregon totaled about \$1.234 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
800 NE Oregon Street, Suite 730
Portland, OR 97232
(503) 731-4273 Phone
(503) 731-4082 Fax



The Burden of Diabetes in Pennsylvania

Diabetes is a common disease in Pennsylvania.

- ▶ In 1994, 494,856 adults in Pennsylvania, 5.4% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|---------|------|-------|---------|-----|
| Men | 221,148 | 5.1 | 18-44 | 60,821 | 1.3 | White | 419,412 | 5.1 |
| Women | 273,708 | 5.6 | 45-64 | 177,923 | 7.3 | Black | 56,645 | 8.8 |
| | | | 65-74 | 173,278 | 14.3 | | | |
| | | | ≥75 | 82,210 | 12.6 | | | |

- ▶ An additional 3,524,307 persons in Pennsylvania were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Pennsylvania.

- ▶ People with diabetes in Pennsylvania suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 911 new cases of blindness.
 - 3,796 lower extremity amputations.
 - 906 new cases of end-stage renal disease.
- ▶ In 1993, 248,187 persons with diabetes suffered from a long-term reduction in activity, and there were 233,956 diabetes-related hospitalizations, 86,591 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 12,377 residents of Pennsylvania in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 5,577 | <45 | 207 | White | 11,258 |
| Women | 6,800 | 45-64 | 1,878 | Black | 1,090 |
| | | 65-74 | 3,553 | Asian/Pacific | 20 |
| | | ≥75 | 6,739 | Islander | |
| | | | | Hispanic | 96 |

Diabetes is a costly disease in Pennsylvania.

- ▶ The cost of diabetes in Pennsylvania is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Pennsylvania totaled about \$6.760 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Pennsylvania Department of Health
Division of Adult Health
P.O. Box 90
Harrisburg, PA 17108
(717) 787-5876 Phone
(717) 772-0608 Fax



The Burden of Diabetes in Rhode Island

Diabetes is a common disease in Rhode Island.

- ▶ In 1994, 38,533 adults in Rhode Island, 5.0% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 20,052 | 5.5 | 18-44 | 5,553 | 1.3 | White | 35,547 | 5.0 |
| Women | 18,480 | 4.5 | 45-64 | 13,740 | 7.2 | | | |
| | | | 65-74 | 9,881 | 11.0 | | | |
| | | | ≥75 | 9,271 | 14.9 | | | |

- ▶ An additional 264,868 persons in Rhode Island were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Rhode Island.

- ▶ People with diabetes in Rhode Island suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 69 new cases of blindness.
 - 286 lower extremity amputations.
 - 63 new cases of end-stage renal disease.
- ▶ In 1993, 19,215 persons with diabetes suffered from a long-term reduction in activity, and there were 19,009 diabetes-related hospitalizations, 6,928 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 856 residents of Rhode Island in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 406 | <45 | <20 | White | 817 |
| Women | 450 | 45-64 | 117 | Black | 34 |
| | | 65-74 | 218 | | |
| | | ≥75 | 504 | | |

Diabetes is a costly disease in Rhode Island.

- ▶ The cost of diabetes in Rhode Island is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Rhode Island totaled about \$526 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

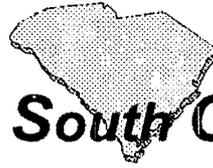
1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Rhode Island Department of Health
3 Capitol Hill Drive
Providence, RI 02908
(401) 277-1394 Phone
(401) 277-4415 Fax



The Burden of Diabetes in South Carolina

Diabetes is a common disease in South Carolina.

- ▶ In 1994, 145,093 adults in South Carolina, 5.5% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 69,137 | 5.5 | 18-44 | 30,157 | 2.0 | White | 85,099 | 4.5 |
| Women | 75,956 | 5.5 | 45-64 | 55,671 | 8.2 | Black | 59,411 | 8.4 |
| | | | 65-74 | 42,502 | 14.0 | | | |
| | | | ≥75 | 14,129 | 12.4 | | | |

- ▶ An additional 1,010,378 persons in South Carolina were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in South Carolina.

- ▶ People with diabetes in South Carolina suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 234 new cases of blindness.
 - 947 lower extremity amputations.
 - 329 new cases of end-stage renal disease.
- ▶ In 1993, 78,395 persons with diabetes suffered from a long-term reduction in activity, and there were 55,371 diabetes-related hospitalizations, 17,595 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,847 residents of South Carolina in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 1,159 | <45 | 95 | White | 1,779 |
| Women | 1,688 | 45-64 | 618 | Black | 1,061 |
| | | 65-74 | 855 | | |
| | | ≥75 | 1,279 | | |

Diabetes is a costly disease in South Carolina.

- ▶ The cost of diabetes in South Carolina is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in South Carolina totaled about \$1.949 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
South Carolina Diabetes Control Program
Center for Health Promotion
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
(803) 737-4125 Phone
(803) 253-4001 Fax

The Burden of Diabetes in South Dakota

Diabetes is a common disease in South Dakota.

- ▶ In 1994, 18,412 adults in South Dakota, 3.6% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|-----|-------|--------|-----|
| Men | 9,174 | 3.7 | 18-44 | 2,066 | 0.8 | White | 16,788 | 3.5 |
| Women | 9,238 | 3.5 | 45-64 | 6,210 | 4.9 | | | |
| | | | 65-74 | 5,899 | 9.7 | | | |
| | | | ≥75 | 4,238 | 9.4 | | | |

- ▶ An additional 205,626 persons in South Dakota were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in South Dakota.

- ▶ People with diabetes in South Dakota suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 35 new cases of blindness.
 - 130 lower extremity amputations.
 - 56 new cases of end-stage renal disease.
- ▶ In 1993, 9,602 persons with diabetes suffered from a long-term reduction in activity, and there were 8,022 diabetes-related hospitalizations, 2,740 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 550 residents of South Dakota in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 271 | <45 | <20 | White | 494 |
| Women | 279 | 45-64 | 69 | American Indian/ Alaskan Native | 54 |
| | | 65-74 | 127 | | |
| | | ≥75 | 336 | | |

Diabetes is a costly disease in South Dakota.

- ▶ The cost of diabetes in South Dakota is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in South Dakota totaled about \$252 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
South Dakota Department of Health
615 East 4th Street
c/o 500 East Capitol Avenue
Pierre, SD 57501-3185
(605) 773-6189 Phone
(605) 773-5509 Fax

The Burden of Diabetes in Tennessee

Diabetes is a common disease in Tennessee.

- ▶ In 1994, 213,314 adults in Tennessee, 5.6% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|--------|------|-------|---------|-----|
| Men | 95,149 | 5.3 | 18-44 | 41,034 | 1.9 | White | 159,520 | 5.0 |
| Women | 118,166 | 5.9 | 45-64 | 93,321 | 9.1 | Black | 52,043 | 9.6 |
| | | | 65-74 | 49,760 | 12.3 | | | |
| | | | ≥75 | 28,404 | 11.4 | | | |

- ▶ An additional 1,491,877 persons in Tennessee were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Tennessee.

- ▶ People with diabetes in Tennessee suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 345 new cases of blindness.
 - 1,484 lower extremity amputations.
 - 379 new cases of end-stage renal disease.
- ▶ In 1993, 118,014 persons with diabetes suffered from a long-term reduction in activity, and there were 85,257 diabetes-related hospitalizations, 27,239 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 3,574 residents of Tennessee in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 1,555 | <45 | 96 | White | 2,836 |
| Women | 2,019 | 45-64 | 701 | Black | 733 |
| | | 65-74 | 1,009 | | |
| | | ≥75 | 1,768 | | |

Diabetes is a costly disease in Tennessee.

- ▶ The cost of diabetes in Tennessee is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Tennessee totaled about \$2.907 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Tennessee Department of Health
426 5th Avenue North
6th Floor Cordell Hull Building
Nashville, TN 37247-5210
(615) 741-7366 Phone
(615) 532-8478 Fax



The Burden of Diabetes in Texas

Diabetes is a common disease in Texas.

- ▶ In 1994, 665,953 adults in Texas, 5.2% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race/Ethnicity | Number | % |
|-------|---------|-----|-------|---------|------|----------------|---------|-----|
| Men | 320,640 | 5.2 | 18-44 | 125,511 | 1.6 | White | 544,908 | 5.0 |
| Women | 345,312 | 5.2 | 45-64 | 284,293 | 9.0 | Black | 36,494 | 7.2 |
| | | | 65-74 | 178,240 | 15.2 | Hispanic | 181,417 | 8.1 |
| | | | ≥75 | 72,750 | 11.0 | | | |

- ▶ An additional 4,272,885 persons in Texas were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Texas.

- ▶ People with diabetes in Texas suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 1,084 new cases of blindness.
 - 4,493 lower extremity amputations.
 - 1,691 new cases of end-stage renal disease.
- ▶ In 1993, 366,421 persons with diabetes suffered from a long-term reduction in activity, and there were 259,101 diabetes-related hospitalizations, 83,128 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 10,719 residents of Texas in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 4,935 | <45 | 359 | White | 9,063 |
| Women | 5,784 | 45-64 | 2,223 | Black | 1,587 |
| | | 65-74 | 3,114 | American Indian/ Alaskan Native | 14 |
| | | ≥75 | 5,023 | Asian/Pacific Islander | 55 |
| | | | | Hispanic | 2,530 |

Diabetes is a costly disease in Texas.

- ▶ The cost of diabetes in Texas is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Texas totaled about \$9.038 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Texas Department of Health
1100 West 49th Street
Austin, TX 78756
(512) 458-7490 Phone
(512) 458-7618 Fax

The Burden of Diabetes in Utah



Diabetes is a common disease in Utah.

- ▶ In 1994, 43,086 adults in Utah, 3.7% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 21,389 | 3.7 | 18-44 | 9,216 | 1.3 | White | 40,532 | 3.6 |
| Women | 21,696 | 3.6 | 45-64 | 16,934 | 6.1 | | | |
| | | | 65-74 | 10,907 | 11.0 | | | |
| | | | ≥75 | 5,761 | 8.7 | | | |

- ▶ An additional 365,925 persons in Utah were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Utah.

- ▶ People with diabetes in Utah suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 70 new cases of blindness.
 - 308 lower extremity amputations.
 - 98 new cases of end-stage renal disease.
- ▶ In 1993, 22,700 persons with diabetes suffered from a long-term reduction in activity, and there were 12,311 diabetes-related hospitalizations, 3,896 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 872 residents of Utah in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 439 | <45 | 38 | White | 836 |
| Women | 433 | 45-64 | 117 | Hispanic | 24 |
| | | 65-74 | 232 | | |
| | | ≥75 | 485 | | |

Diabetes is a costly disease in Utah.

- ▶ The cost of diabetes in Utah is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Utah totaled about \$586 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herrman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:
Diabetes Control Program
Utah Department of Health
Division of Community and Family Health Services
288 North 1460 West
P.O. Box 142868
Salt Lake City, UT 84114-2868
(801) 538-6141 Phone
(801) 538-9495 Fax

The Burden of Diabetes in Vermont



Diabetes is a common disease in Vermont.

- ▶ In 1994, 18,162 adults in Vermont, 4.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 8,293 | 4.0 | 18-44 | 3,376 | 1.4 | White | 17,516 | 4.2 |
| Women | 9,870 | 4.5 | 45-64 | 6,390 | 6.0 | | | |
| | | | 65-74 | 5,256 | 12.6 | | | |
| | | | ≥75 | 3,140 | 11.6 | | | |

- ▶ An additional 133,352 persons in Vermont were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Vermont.

- ▶ People with diabetes in Vermont suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 31 new cases of blindness.
 - 130 lower extremity amputations.
 - 27 new cases of end-stage renal disease.
- ▶ In 1993, 8,786 persons with diabetes suffered from a long-term reduction in activity, and there were 8,502 diabetes-related hospitalizations, 3,014 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 488 residents of Vermont in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 242 | <45 | <20 | White | 487 |
| Women | 246 | 45-64 | 73 | | |
| | | 65-74 | 130 | | |
| | | ≥75 | 277 | | |

Diabetes is a costly disease in Vermont.

- ▶ The cost of diabetes in Vermont is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Vermont totaled about \$248 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

Your state health department may have more accurate and/or more recent state estimates of the burden of diabetes. Contact your state health department for further information.

Diabetes Control Program
Vermont Department of Health
P. O. Box 70
Burlington, Vermont 05402
(802) 863-7330 Phone
(802) 863-7425 Fax

The Burden of Diabetes in Virginia



Diabetes is a common disease in Virginia.

- ▶ In 1994, 207,422 adults in Virginia, 4.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|---------|-----|-------|--------|------|-------|---------|-----|
| Men | 84,565 | 3.6 | 18-44 | 44,612 | 1.5 | White | 146,038 | 3.8 |
| Women | 122,857 | 4.9 | 45-64 | 78,048 | 6.3 | Black | 54,412 | 6.9 |
| | | | 65-74 | 54,014 | 11.4 | | | |
| | | | ≥75 | 30,748 | 13.8 | | | |

- ▶ An additional 1,617,158 persons in Virginia were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Virginia.

- ▶ People with diabetes in Virginia suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 342 new cases of blindness.
 - 1,462 lower extremity amputations.
 - 486 new cases of end-stage renal disease.
- ▶ In 1993, 114,983 persons with diabetes suffered from a long-term reduction in activity, and there were 85,274 diabetes-related hospitalizations, 27,071 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 3,828 residents of Virginia in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|----------------|--------|
| Men | 1,663 | <45 | 109 | White | 2,733 |
| Women | 2,165 | 45-64 | 741 | Black | 1,065 |
| | | 65-74 | 1,164 | Asian/Pacific | 30 |
| | | ≥75 | 1,814 | Islander | |
| | | | | Hispanic | 23 |

Diabetes is a costly disease in Virginia.

- ▶ The cost of diabetes in Virginia is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Virginia totaled about \$2.837 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
Virginia Department of Health
P.O. Box 2448, Room 132
Richmond, VA 23218-2448
(804) 786-5420 Phone
(804) 371-6162 Fax



The Burden of Diabetes in Washington

Diabetes is a common disease in Washington.

- ▶ In 1994, 133,787 adults in Washington, 3.5% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|-----|-------|---------|-----|
| Men | 63,459 | 3.4 | 18-44 | 27,601 | 1.2 | White | 123,925 | 3.5 |
| Women | 70,328 | 3.6 | 45-64 | 52,835 | 5.4 | | | |
| | | | 65-74 | 37,907 | 9.4 | | | |
| | | | ≥75 | 15,444 | 6.9 | | | |

- ▶ An additional 1,206,665 persons in Washington were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Washington.

- ▶ People with diabetes in Washington suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 220 new cases of blindness.
 - 962 lower extremity amputations.
 - 285 new cases of end-stage renal disease.
- ▶ In 1993, 71,117 persons with diabetes suffered from a long-term reduction in activity, and there were 38,015 diabetes-related hospitalizations, 12,115 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 2,974 residents of Washington in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 1,456 | <45 | 82 | White | 2,768 |
| Women | 1,518 | 45-64 | 464 | Black | 107 |
| | | 65-74 | 854 | American Indian/ Alaskan Native | 30 |
| | | ≥75 | 1,574 | Asian/Pacific Islander | 69 |
| | | | | Hispanic | 49 |

Diabetes is a costly disease in Washington.

- ▶ The cost of diabetes in Washington is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Washington totaled about \$1.830 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes.

For further information, contact:

Diabetes Control Program
Office of Non-Infectious Disease and Injury
Washington Department of Health
P. O. Box 47836, Building 11
Olympia, WA 98504-7836
(360) 586-6091 Phone
(360) 753-9100 Fax



The Burden of Diabetes in West Virginia

Diabetes is a common disease in West Virginia.

- ▶ In 1994, 72,533 adults in West Virginia, 5.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 28,294 | 4.4 | 18-44 | 8,857 | 1.3 | White | 69,761 | 5.3 |
| Women | 44,239 | 6.1 | 45-64 | 30,389 | 8.0 | | | |
| | | | 65-74 | 21,127 | 12.2 | | | |
| | | | ≥75 | 11,817 | 11.6 | | | |

- ▶ An additional 638,183 persons in West Virginia were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in West Virginia.

- ▶ People with diabetes in West Virginia suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 129 new cases of blindness.
 - 540 lower extremity amputations.
 - 130 new cases of end-stage renal disease.
- ▶ In 1993, 41,561 persons with diabetes suffered from a long-term reduction in activity, and there were 30,611 diabetes-related hospitalizations, 10,264 of which were for cardiovascular disease.
- ▶ In addition, diabetes contributed to the death of 1,998 residents of West Virginia in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 813 | <45 | 44 | White | 1,883 |
| Women | 1,185 | 45-64 | 369 | Black | 115 |
| | | 65-74 | 577 | | |
| | | ≥75 | 1,008 | | |

Diabetes is a costly disease in West Virginia.

- ▶ The cost of diabetes in West Virginia is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in West Virginia totaled about \$987 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993–1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992–1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992–1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382–387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
West Virginia Bureau of Public Health
1411 Virginia Street, East
Charleston, WV 25301
(304) 558-0644 Phone
(304) 558-1553 Fax



The Burden of Diabetes in Wisconsin

Diabetes is a common disease in Wisconsin.

- ▶ In 1994, 152,288 adults in Wisconsin, 4.1% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|---------|-----|
| Men | 66,571 | 3.7 | 18-44 | 22,753 | 1.1 | White | 138,105 | 4.0 |
| Women | 85,718 | 4.5 | 45-64 | 56,093 | 5.9 | | | |
| | | | 65-74 | 50,485 | 11.6 | | | |
| | | | ≥75 | 22,615 | 9.1 | | | |

- ▶ An additional 1,446,395 persons in Wisconsin were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Wisconsin.

- ▶ People with diabetes in Wisconsin suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 271 new cases of blindness.
 - 942 lower extremity amputations.
 - 332 new cases of end-stage renal disease.

- ▶ In 1993, 78,526 persons with diabetes suffered from a long-term reduction in activity, and there were 59,384 diabetes-related hospitalizations, 19,764 of which were for cardiovascular disease.

- ▶ In addition, diabetes contributed to the death of 3,719 residents of Wisconsin in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race/Ethnicity | Number |
|-------|--------|-------|--------|------------------------------------|--------|
| Men | 1,708 | <45 | 62 | White | 3,525 |
| Women | 2,011 | 45-64 | 510 | Black | 150 |
| | | 65-74 | 980 | American Indian/ Alaskan Native | 35 |
| | | ≥75 | 2,167 | Hispanic | 32 |

Diabetes is a costly disease in Wisconsin.

- ▶ The cost of diabetes in Wisconsin is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Wisconsin totaled about \$2.078 billion in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources:

1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, *1993 Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology:

With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note:

The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Wisconsin Diabetes Control Program
1414 East Washington Avenue
Room 251
Madison, WI 53703-3044
(608) 267-3835 Phone
(608) 266-8925 Fax

The Burden of Diabetes in Wyoming

Diabetes is a common disease in Wyoming.

- ▶ In 1994, 10,862 adults in Wyoming, 3.3% of the adult population, had diagnosed diabetes.

Adults with Diagnosed Diabetes

| Sex | Number | % | Age | Number | % | Race | Number | % |
|-------|--------|-----|-------|--------|------|-------|--------|-----|
| Men | 5,506 | 3.4 | 18-44 | 2,279 | 1.2 | White | 9,204 | 3.0 |
| Women | 5,356 | 3.2 | 45-64 | 4,062 | 4.7 | | | |
| | | | 65-74 | 3,395 | 10.4 | | | |
| | | | ≥75 | 1,126 | 6.5 | | | |

- ▶ An additional 108,925 persons in Wyoming were at increased risk of undiagnosed diabetes because of the risk factors of age, obesity, and sedentary lifestyle. About 10% of these persons already had undiagnosed diabetes in 1994, and many more may develop diabetes in the future.

Diabetes is a serious disease in Wyoming.

- ▶ People with diabetes in Wyoming suffer from many diabetes-related complications or conditions. In 1993, these included:
 - 18 new cases of blindness.
 - 78 lower extremity amputations.
 - 20 new cases of end-stage renal disease.
- ▶ In 1993, 5,778 persons with diabetes suffered from a long-term reduction in activity, and there were 3,067 diabetes-related hospitalizations, 980 of which were for cardiovascular disease.

- ▶ In addition, diabetes contributed to the death of 213 residents of Wyoming in 1994.

Deaths Due to Diabetes as Underlying or Contributory Cause

| Sex | Number | Age | Number | Race | Number |
|-------|--------|-------|--------|-------|--------|
| Men | 97 | <45 | <20 | White | 209 |
| Women | 116 | 45-64 | 25 | | |
| | | 65-74 | 54 | | |
| | | ≥75 | 132 | | |

Diabetes is a costly disease in Wyoming.

- ▶ The cost of diabetes in Wyoming is staggering. The direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Wyoming totaled about \$149 million in 1994.

Diabetes is a common, serious, and costly disease that poses a major public health problem. Much of the health and economic burden of diabetes can be averted through known prevention measures.

Data sources: 1993-1995 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.
1994 multiple cause-of-death data tape, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Hospital Discharge Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
1992-1994 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.
Massachusetts Commission for the Blind, 1993 *Report of the Register*.
1993 data from United States Renal Data System, National Institutes of Health.
American Diabetes Association. *Direct and Indirect Costs of Diabetes in the United States in 1992*. Alexandria, VA, 1993.
Herman WH, Smith PJ, Thompson TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at increased risk for undiagnosed diabetes. *Diabetes Care* 18:382-387, 1995.

Methodology: With the exception of end-stage renal disease, mortality, and prevalence data, these data are synthetic estimates. Regional rates or numbers from national surveys were used in conjunction with state-specific estimates of the number of persons with diabetes to create these estimates. Persons of Hispanic origin may be of any race. The race groups include persons of both Hispanic and non-Hispanic origin.

Important note: The Diabetes Control Program in your state may have more accurate and/or more recent state estimates of the burden of diabetes. For further information, contact:
Diabetes Control Program
Division of Preventive Medicine
Hathaway Building, 4th Floor
Cheyenne, Wyoming 82002
(307) 777-6004 Phone
(307) 777-5402 Fax

TESTIMONY

Frank Vinicor, MD, MPH

Director, Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

GOOD MORNING. MY NAME IS DR. FRANK VINICOR. I AM DIRECTOR OF THE DIVISION OF DIABETES TRANSLATION AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN ATLANTA, GA. THE WORD, "TRANSLATION," IN THE NAME OF THIS DIVISION, REFERS TO RESPONSIBILITIES TO TRANSFER IMPORTANT SCIENCE RAPIDLY AND BROADLY INTO DAILY CLINICAL AND PUBLIC HEALTH PRACTICE.

DURING THE NEXT FEW MINUTES, I WOULD LIKE TO SUMMARIZE THE SCIENTIFIC AND PUBLIC HEALTH FOUNDATION OF THE DIABETES PROGRAM AT CDC; AND THEN BRIEFLY DESCRIBE THESE PROGRAMS, AS WELL AS FUTURE ACTIVITIES, IN OUR EFFORTS TO REDUCE THE BURDEN OF DIABETES IN THE UNITED STATES UTILIZING PUBLIC HEALTH APPROACHES.

YOU HAVE HEARD FROM THE PREVIOUS SPEAKERS REGARDING THE DIMENSIONS AND MAGNITUDE OF THE BURDEN OF DIABETES AND ASSOCIATED COMPLICATIONS. FURTHER, AS YOU HAVE HEARD, BECAUSE OF IMPORTANT AND EXCITING RESEARCH OVER THE LAST 2 DECADES, A NUMBER OF PREVENTIVE PROGRAMS WHICH CAN REDUCE THE DEVASTATING COMPLICATIONS OF DIABETES THRU GLUCOSE CONTROL AND EARLY DETECTION AND TREATMENT OF THESE COMPLICATIONS, NOW EXIST. THESE IMPORTANT INTERVENTIONS HAVE BEEN STUDIED AND VALIDATED WITH CONVINCING SCIENTIFIC RIGOR.

4 "REALITIES" UNDERLIE THE PROGRAMS AT CDC:

#1 - THE BURDEN, OR HUMAN SUFFERING DUE TO DIABETES - IN TERMS OF COMMONNESS, SERIOUSNESS AND COST - IS LARGE, AND IS LIKELY TO INCREASE IN THE NEAR FUTURE BEFORE BEING BROUGHT UNDER CONTROL.

#2 - THE PROBLEMS ASSOCIATED WITH DIABETES NEED NOT BE SO DEVASTATING WITH WHAT WE CURRENTLY KNOW ABOUT GLUCOSE CONTROL AND COMPLICATION DETECTION AND TREATMENT.

#3 - TODAY, A LARGE GAP EXISTS BETWEEN WHAT COULD AND SHOULD BE HAPPENING TO LESSEN HUMAN SUFFERING FOR PERSONS WITH DIABETES; AND WHAT IS ACTUALLY OCCURRING IN PRACTICE.

AND #4 - THIS GAP IS NOT INEVITABLE, AND COULD BE SUBSTANTIALLY NARROWED IF CLINICAL AND PUBLIC HEALTH PROGRAMS ARE INTEGRATED AND BROADLY IMPLEMENTED IN THE UNITED STATES, ESP. IN COMMUNITIES AT GREATER RISK FOR DIABETES AND ASSOCIATED COMPLICATIONS.

THESE 4 TENETS DESCRIBE THE FOUNDATION OF CDC'S DIABETES ACTIVITIES.

1997 REPRESENTS THE 20TH. YEAR OF DIABETES PROGRAMS AT CDC. THE NATURE OF THESE PROGRAMS HAVE CHANGED OVER THE 2 DECADES, DEPENDING ON THE STRENGTH OF PUBLIC HEALTH SCIENCE, AND LEVEL OF SUPPORT. OUR INITIAL EFFORTS WERE FOCUSED ON DIABETES PATIENT EDUCATION. IN THE MID TO LATE 80'S, CLINICAL SERVICE TO DISADVANTAGED INDIVIDUALS WERE IMPLEMENTED IN AN EFFORT TO REDUCE THE BURDEN OF DIABETES ASSOCIATED WITH COMPLICATIONS, E.G. PREVENTING BLINDNESS FROM DIABETIC EYE DISEASE. A LIMITED NUMBER OF PEOPLE DEFINITELY BENEFITED FROM THIS PROGRAMS, BUT MOST PEOPLE WITH DIABETES WERE NOT IMPACTED.

TO PROVIDE FA RATIONALE FOR THE CHANGE IN PROGRAM DIRECTION IN CDC'S DIABETES ACTIVITIES RECENTLY, DURING THE SAME YEAR THAT THE DIABETES PROGRAM WAS INITIATED AT CDC - 1977 - A MAJOR STUDY BY THE NATIONAL EYE INSTITUTE AT NIH CONVINCINGLY DEMONSTRATED THAT SCREENING OF PEOPLE WITH EARLY DIABETIC EYE DISEASE, FOLLOWED BY APPROPRIATE TREATMENT WITH LASER PHOTOCOAGULATION, WOULD SUBSTANTIALLY REDUCE BLINDNESS ASSOCIATED WITH DIABETES.

YET, IN 1997, DIABETES REMAINS THE GREATEST CAUSE OF BLINDNESS AMONG WORKING AGED AMERICANS; AND ON AVERAGE, ONLY ABOUT 50% OF PEOPLE WITH DIABETES HAVE THEIR EYES PROPERLY EXAMINED.

IN ESSENCE, SCIENCE NOT PUT INTO DAILY PATIENT CARE IS SCIENCE WASTED. THUS, SINCE 1994, THE CDC CHANGED ITS DIRECTIONS IN DIABETES TO IMPROVE THE TRANSLATION OF IMPORTANT SCIENTIFIC RESEARCH INTO THE PRACTICE OF DAILY CARE, SO THAT THIS "GAP" IN PRACTICE WOULD BE NARROWED, AND THE BURDEN OF DIABETES CONTROLLED AND REDUCED.

3 ACTIVITIES PRESENTLY CHARACTERIZE THE DIABETES PROGRAMS AT CDC:

TO "KNOW" THE SCOPE AND MAGNITUDE OF DIABETES AND ITS IMPACT IN THE UNITED STATES THRU PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGY;

TO "UNDERSTAND" WHY THIS BURDEN EXISTS, ESP. AMONG AT-RISK GROUPS SUCH AS HISPANICS, AFRICAN-AMERICANS AND THE ELDERLY, SO THAT PROGRAMS COULD BE SYSTEMATICALLY TARGETED TO THOSE IN GREATEST NEED;

AND TO "DO SOMETHING" - TO "DEVELOP, IMPLEMENT AND MONITOR" PUBLIC HEALTH APPROACHES THRU OUR STATE DIABETES CONTROL PROGRAMS, AND OTHER PARTNERS, IN ORDER TO CREATE BETTER OPPORTUNITIES FOR ACCESS TO QUALITY PREVENTIVE DIABETES CARE.

I WOULD LIKE TO BRIEFLY DESCRIBE EACH OF THESE ACTIVITIES - KNOWING, UNDERSTANDING, AND DOING - USING SOME EXAMPLES TO ILLUSTRATE FUTURE NEEDS AND OPPORTUNITIES FOR PUBLIC HEALTH APPROACHES IN DIABETES.

EPIDEMIOLOGY AND SURVEILLANCE ACTIVITIES ALLOW US TO KNOW AND UNDERSTAND THE DIMENSIONS OF THE DIABETES PROBLEMS IN THE UNITED STATES AS A WHOLE, AND NOW, WITHIN EACH STATE. USING DATA COLLECTED BY CDC, WE ARE ABLE TO DESCRIBE THIS "CHRONIC DISEASE EPIDEMIC" CALLED DIABETES IN REAL TERMS. FOR EXAMPLE, BETWEEN THE TIME YOU WOKE UP THIS MORNING, AND THE TIME YOU AWAKE TOMORROW, APPROXIMATELY 1700 PEOPLE WILL HAVE BEEN DIAGNOSED WITH DIABETES; 150 AMPUTATIONS DUE TO DIABETES WILL HAVE OCCURRED; AND 60 AND 70 PERSONS WITH DIABETES WILL HAVE GONE BLIND OR ENTERED END-STAGE KIDNEY DISEASE PROGRAMS, RESPECTIVELY.

THIS WILL HAPPEN EVERY DAY OF THE YEAR, AND NOT STOP IN THE WEEKENDS!

OTHER EPIDEMIOLOGIC INVESTIGATIONS IN DIABETES AT CDC ARE BEING DIRECTED TO MANAGED CARE ORGANIZATIONS; MEDICARE POPULATIONS; AND TO IMPROVED UNDERSTANDING OF THE ECONOMIC CONSEQUENCES OF DIABETES AND ITS TREATMENT IN THE UNITED STATES.

PARTICULARLY THRU THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, OR BRFS - THE LARGEST SCIENTIFIC PHONE SURVEY IN THE UNITED STATES - EACH STATE IS NOW ABLE TO COLLECT INFORMATION ABOUT THE PREVALENCE OF DIABETES; BEHAVIORS OF PHYSICIANS AND PATIENTS REGARDING DIABETES MANAGEMENT; AND THE TYPE OF ADVERSE IMPACT DIABETES POSES ON THE QUALITY OF LIFE OF INDIVIDUALS STRUGGLING WITH THIS CONDITION.

THESE EFFORTS HAVE ALLOWED US TO FACTUALLY TO STATE THAT DIABETES IS COMMON, SERIOUS AND COSTLY - A REAL PUBLIC HEALTH PROBLEM IN THE UNITED STATES. AND THAT INTERVENTIONS BASED ON IMPORTANT SCIENCE ARE NOT MAKING IT INTO DAILY PRACTICE.

THE NEED TO UNDERSTAND WHY THESE PROBLEMS EXIST, AND WHY THEY SEEM TO BE MORE DEVASTATING IN CERTAIN POPULATIONS, IS ALSO A PART OF OUR PUBLIC HEALTH APPROACH TO DIABETES. THIS TYPE OF INVESTIGATION CAN BE CALLED "HEALTH SERVICES RESEARCH" AND HAS ALLOWED CDC TO IDENTIFY, FOR EXAMPLE, SEVERAL POSSIBLE REASONS WHY PERSONS WITH DIABETES DO NOT HAVE THEIR EYES EXAMINED ANNUALLY - THESE REASONS VARYING FROM THE LACK OF SKILL BY HEALTH CARE PROFESSIONALS ABOUT HOW TO EXAMINE PATIENT EYES, OR KNOWLEDGE CONCERNING WHERE AND WHEN TO REFER FOR THIS PREVENTATIVE INTERVENTION; TO PATIENTS NOT BEING "EMPOWERED" TO ASK PHYSICIANS ABOUT DIABETIC EYE CARE, AND "WHY MY EYES HAVE NOT BEEN EXAMINED."

SIMILARLY, KNOWING THAT CO-EXISTING HYPERTENSION ALONG WITH DIABETES IN AFRICAN AMERICAN OR HISPANIC INDIVIDUALS WOULD SIGNIFICANTLY INCREASE THE LIKELIHOOD OF KIDNEY DAMAGE; OR THAT DETECTION OF EARLY KIDNEY FAILURE THRU SIMPLE URINE TESTS, WAS NOT OCCURRING, CAN PROVIDE BETTER TARGETING OF PROGRAM INTERVENTIONS.

AGAIN, THIS TYPE OF DATA UNDERSCORES THE NEED NOT TO WASTE VALUABLE SCIENCE BY IMPROVING EFFORTS TO GET THIS SCIENCE INTO WHAT HEALTH CARE PROFESSIONALS, PATIENTS, AND PAYERS DO EACH DAY!

CDC, ITSELF, DOES NOT PROVIDE DIRECT SERVICE FOR PEOPLE WITH DIABETES. LIKEWISE, THRU ITS PROGRAM SUPPORT TO STATE AGENCIES AND OTHER ORGANIZATIONS, CDC RESOURCES ARE NOT USED TO PROVIDE CARE FOR THESE INDIVIDUALS. RATHER, THE PROGRAMMATIC ACTIVITIES OF CDC IN DIABETES, WHICH REPRESENTS APPROXIMATELY 80% OF OUR EFFORTS, ARE DIRECTED TO LEADERSHIP IN ESTABLISHING A GENERAL FRAMEWORK WITHIN WHICH STATES AND LOCAL AGENCIES CAN DEVELOP INDIVIDUAL PROGRAM ACTIVITIES. WHILE THE GENERAL NATURE OF CDC'S FRAMEWORK IN DIABETES IS TO INFLUENCE AND IMPROVE THE HEALTH CARE SYSTEM UTILIZED BY PERSONS WITH DIABETES IN ORDER TO INSURE GREATER AVAILABILITY OF AND ACCESS TO AFFORDABLE AND QUALITY PREVENTATIVE HEALTH CARE, HOW THIS GETS DONE IS A DECISION MADE AT THE MORE LOCAL LEVEL.

IT IS OUR JUDGEMENT THAT BY PROVIDING CDC LEADERSHIP, COORDINATION AND TECHNICAL ASSISTANCE TO IMPROVE ACCESS TO APPROPRIATE AND EVIDENCE-BASED QUALITY CARE FOR ALL PERSONS WITH DIABETES THROUGH "INFLUENCING" THE HEALTH CARE SYSTEM, WE WILL CONTRIBUTE TO CONTROLLING THE BURDEN OF DIABETES IN THIS NATION.

PROGRAM ACTIVITIES INCLUDE COOPERATIVE AGREEMENTS WITH STATE AND TERRITORIAL HEALTH DEPARTMENTS, AS WELL AS OTHER NON-GOVERNMENTAL ORGANIZATIONS. BY THE END OF THIS FISCAL YEAR, CDC WILL HAVE SOME LEVEL OF DIABETES PROGRAM ACTIVITIES IN ALL STATES AND TERRITORIES. AS INDICATED ON THE CHART AND IN YOUR PACKET, THE MAJORITY OF THESE PROGRAMS ARE "CORE PLANNING PROGRAM." THESE CORE PLANNING ACTIVITIES, AVERAGING ABOUT \$230,000, ARE MEANT TO ESTABLISH THE INITIAL DIABETES EFFORTS IN STATE HEALTH DEPARTMENTS; A REPRESENTATIVE STATE DIABETES ADVISORY BOARD; A STATE BASED "DIABETES PLAN," AND SOME INITIAL SURVEILLANCE ACTIVITIES, E.G. "KNOWING" BY REVIEWING HOSPITAL DISCHARGE RECORDS, OR PROVIDER BEHAVIORS IN DELIVERING DIABETES CARE.

RECOGNIZING THAT STATE AND/OR LOCAL DECISIONS AND CHANGES MUST BE MADE TO IMPACT ON PREVENTIVE DIABETES SERVICES, A FEW EXAMPLES OF ACCOMPLISHMENTS ARE INSTRUCTIVE:

* MAINE - THRU PROFESSIONAL EDUCATION ACTIVITIES, THE STATE CORE DIABETES CONTROL PROGRAM REDUCED THE NUMBER OF HOSPITALIZATIONS FOR DIABETIC ACIDOSIS, THE MOST SEVERE ACUTE COMPLICATION OF DIABETES; THEY ALSO IMPROVED PREPREGNANCY CARE IN PERSONS WITH DIABETES WITH RESULTING FEWER NEONATAL MALFORMATIONS.

* MARYLAND - THRU CREATIVE COLLABORATION WITH THE STATE MEDICAID PROGRAM, THE MARYLAND CORE DIABETES CONTROL PROGRAM ESTABLISHED REIMBURSEMENT SYSTEMS FOR APPROPRIATE PREVENTATIVE DIABETES CARE, WITH A RESULTANT DECREASE IN DIABETES COMPLICATIONS AND A COST REDUCTION TO MEDICAID.

* TEXAS - AS YOU HAVE HEARD, THRU INITIAL FEDERAL SUPPORT, THE TEXAS DCP HAS ESTABLISHED AN IMPRESSIVE STATE COMMITMENT TO DIABETES CONTROL, AND EXCITING COOPERATION AMONG VOLUNTARY HEALTH AGENCIES, COMMUNITY GROUPS, AND ACADEMIC CENTERS TO PROVIDE PREVENTATIVE PROGRAMS TO HISPANIC POPULATIONS IN THIS STATE.

* SOUTH CAROLINA - BASED IN PART ON INITIAL CORE PLANNING FUNCTION FROM CDC, THE STATE DCP HAS PARTICIPATED WITH COMMUNITY GROUPS, ACADEMIC CENTERS, AND THE STATE LEGISLATURE TO BEGIN A "DIABETES INITIATIVE."

* PENNSYLVANIA - AND THE PENN. CORE PLANNING STATE PROGRAM HAS WORKED WITH THE PENN. AFFILIATE OF THE ADA, AND OTHER PRIVATE AGENCIES TO DEVELOP POWERFUL PUBLIC EDUCATION PROGRAMS, ONE CALLED "DON'T BE BLIND TO DIABETES," WHICH IS NOW PART OF A NATIONAL ADA PUBLIC AWARENESS CAMPAIGN.

SO DESPITE LIMITED FUNDING, SOME ACCOMPLISHMENTS ARE POSSIBLE. HOWEVER, THE PROGRAMMATIC EFFORTS GENERALLY ARE LOCALIZED, NOT STATE-WIDE, AND LIMITED IN BREADTH AND DEPTH.

BEGINNING IN 1994, 3 "COMPREHENSIVE" PROGRAMS WERE ESTABLISHED BY CDC, AND BY SEPT. 1997, AT LEAST 2 ADDITIONAL STATES WILL RECEIVE "COMPREHENSIVE" SUPPORT AT AN AVERAGE FUNDING LEVEL OF \$800,000. THESE PROGRAMS ARE STATE WIDE; INCLUDE CONSIDERABLY MORE STATE-BASED SURVEILLANCE; AND INCLUDE ACTIVE COOPERATIVE PROGRAMS AMONG PUBLIC, PRIVATE, COMMERCIAL, COMMUNITY AND ACADEMIC INSTITUTIONS.

EXPERIENCE WITH THE ORIGINAL 3 COMPREHENSIVE PROGRAMS IN MICHIGAN, MINN. AND N. CAROLINA DEMONSTRATES THE NEED TO THIS TYPE OF PROGRAM AND RESULTED IN OUR GOAL TO ESTABLISH SIMILAR BROAD-BASED DIABETES PREVENTATIVE PROGRAMS IN ALL STATES.

* IN MICHIGAN, INITIAL STATE DCP EFFORTS IN THE UPPER PENINSULA RESULTED IN REDUCTION IN DIABETIC HOSPITALIZATIONS AND DIABETES COMPLICATIONS. THIS SUCCESSFUL DEMONSTRATION EFFORT NOW THRU THE "COMPREHENSIVE LEVEL OF SUPPORT," HAS BEEN DISTRIBUTED IN DISTRICTS STATEWIDE, WITH PROGRAM COSTS NOW BEING SUPPORTED BY PARTNER ORGANIZATIONS FROM THE PUBLIC AND PRIVATE SECTOR..

* BECAUSE OF THE STRONG PRESENCE OF MANAGED CARE IN MN., THIS STATE HAS SUCCESSFULLY ESTABLISHED FORMAL RELATIONSHIPS WITH THESE HEALTH CARE SYSTEMS, IN THE AREAS OF DATA USE; AND THE DEVELOPMENT OF STANDARDS OF CARE AND OUTCOME INDICATORS FOR DIABETES. FURTHER, WITH THE MANAGED CARE COMMUNITY, MINN. HAS DEVELOPED INITIAL PLANS TO EXAMINE THE APPROPRIATENESS OF EARLY DETECTION OF TYPE II DM, AS WELL AS PRIMARY PREVENTION ACTIVITIES IN COLLABORATION WITH AMERICAN INDIAN TRIBES.

* AND FINALLY, IN NORTH CAROLINA, THE STATE HEALTH DEPARTMENT, IN COLLABORATION WITH THE LOCAL HEALTH DEPARTMENT; THE RALEIGH AFRICAN AMERICAN COMMUNITY; AND BOWMAN-GRAY, UNC, AND NORTH CAROLINA CENTRAL UNIVERSITY, HAS ESTABLISHED PROJECT DIRECT, A MULTI-LEVEL ASSESSMENT AND INTERVENTION PROGRAM FOR PERSONS WITH DIABETES IN THIS URBAN COMMUNITY.

CDC IS ESTABLISHING PARTNERSHIPS WITH OTHER ORGANIZATIONS IN EFFORTS TO BOTH SUPPLEMENT OUR STATE-BASED DIABETES CONTROL PROGRAMS, AS WELL AS ENGAGE NON-GOVERNMENTAL ORGANIZATIONS IN THE EFFORT TO RAISE AWARENESS THAT DIABETES IS A SERIOUS, COSTLY AND COMMON; AND TO INCREASE THE AVAILABILITY OF AND ACCESS TO HIGH QUALITY DIABETES CARE.

* THRU THE HMO GROUP, AND THE AMERICAN ASSOCIATION OF HEALTH PLANS, CDC HAS CONVENED 2 MAJOR CONFERENCES ON PUBLIC HEALTH, DIABETES AND MANAGED CARE, WITH RESULTANT DISCREET PROJECTS IN 14 STATES.

* WITH A LATINO EXPERT GROUP, AND THRU THE EXPERTISE OF LA RAZA, CDC HAS DEVELOPED A MAJOR "LATINO INITIATIVE" FOR THE FUTURE, WITH ONE EXAMPLE BEING THIS BOOK ON SUCCESSFUL DIABETES INTERVENTIONS IN HISPANIC COMMUNITIES.

* AND OUR NATIONAL AND STATE PROGRAMS ARE WORKING WITH BOTH AMERICAN INDIAN TRIBES, AND THE INDIAN HEALTH SERVICE, IN THE LATTER CASE THRU TECHNICAL AND FISCAL SUPPORT OF AN EPIDEMIOLOGIST WHO WILL FOCUS ON SURVEILLANCE OF DIABETES AND COMPLICATIONS IN THE AMERICAN INDIAN COMMUNITIES IN THE SOUTH WEST.

FUTURE OPPORTUNITIES TO REDUCE THE BURDEN OF DIABETES UNDER CDC LEADERSHIP CAN BE DESCRIBED IN 4 CATEGORIES:

#1 - EXPANSION OF STATE-BASED COMPREHENSIVE PROGRAMS, ULTIMATELY WITH SUCH A PROGRAM IN EACH STATE, THE DISTRICT OF COLUMBIA, AND THE TERRITORIES.

#2 - IN COOPERATION WITH OUR PARTNERS AT NIH, THE EXPANSION OF A NATIONAL DIABETES EDUCATION PROGRAM, MODELED AFTER THE HIGHLY SUCCESSFUL NATIONAL HIGH BLOOD PRESSURE AND CHOLESTEROL PROGRAMS, AND DIRECTED NATIONWIDE TO THE PUBLIC, PATIENTS, PROVIDERS, POLICY MAKERS, AND PAYERS. THE ENTIRE DIABETES COMMUNITY IS INVOLVED IN THIS NATIONAL DIABETES EDUCATION PROGRAM, AND LOOKING FOR NATIONAL LEADERSHIP AND DIRECTION FROM BOTH THE CDC AND NIH. CDC HAS PRIMARY RESPONSIBILITY FOR THE PUBLIC HEALTH COMPONENTS OF THIS NATIONAL PROGRAM, ESP. COMMUNITY APPROACHES, MOBILIZING THE BUSINESS COMMUNITY, AND TARGETING INTERVENTIONS AT MINORITY AND ELDERLY POPULATIONS.

#3 - EXPANDED SURVEILLANCE EFFORTS, ESP. AT THE STATE LEVEL IN ORDER TO BETTER IDENTIFY THE IMPACT OF DIABETES, AND PROGRAMMATIC INTERVENTIONS, ON SUCH ISSUES AS QUALITY OF CARE, QUALITY OF LIFE, ECONOMIC IMPACT, AND THE DEVELOPMENT OF PREVENTABLE COMPLICATIONS.

AND #4 - IMPORTANT HEALTH SERVICES RESEARCH, INCLUDING STUDYING THE VALUE OF PRIMARY PREVENTION AND EARLY DETECTION OF TYPE II DIABETES; OPPORTUNITIES TO ESTABLISH PREVENTATIVE DIABETES PROGRAMS WITHIN A MANAGED CARE SETTING; AND COOPERATION TO BETTER DEFINE THE ECONOMIC BURDEN OF DIABETES, ESP. IN OUR ELDERLY POPULATION, SO THAT PROGRAMS COULD BE EFFECTIVE AND EFFICIENT.

DURING THE PAST 2 DECADES, OUR COUNTRY HAS INVESTED WISELY IN DIABETES RESEARCH, AND WE HAVE LEARNED MUCH FROM THAT RESEARCH. WE NEED TO LEARN MORE, AND BECOME SMARTER WITH NEW KNOWLEDGE AND UNDERSTANDING THE IMPLICATIONS FOR IMPROVING DIABETES CARE.

AT THE SAME TIME, THE TRANSLATION OF THIS SCIENCE - THE APPLICATION OF THE FINDINGS FROM RESEARCH - MUST OCCUR IF THIS UNDERSTANDING IS TO RESULT IN IMPROVEMENTS IN THE LIVES OF INDIVIDUALS CHALLENGED BY DIABETES; AS WELL AS IN THE PRODUCTIVITY AND ECONOMIC WELL-BEING OF OUR COUNTRY. THIS RESEARCH MUST NOT BE WASTED!

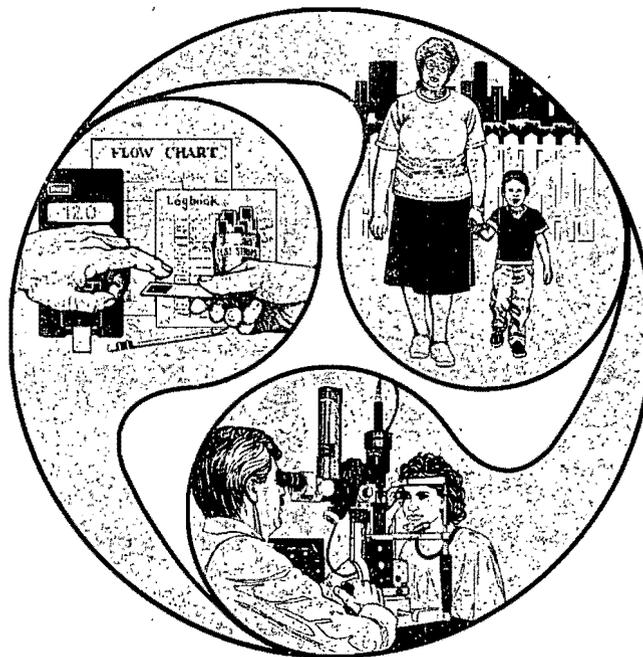
THIS IS A COMPLICATED, BUT EXTREMELY IMPORTANT CHALLENGE; BUT ALSO AN OPPORTUNITY TO MAKE A DIFFERENCE IN THE LIVES OF INDIVIDUALS AND COMMUNITIES THROUGHOUT THE UNITED STATES.

Diabetes

A Serious Public Health Problem

AT-A-GLANCE

1996



Translating Science Into Care

*Those who suffer losses due to diabetes are not just statistics on a chart.
They are people whose talents and wisdom are needed and whose problems deserve our unified efforts.
Together we can join to make life more just and more joyful for generations to come.*

David Satcher, MD, PhD, Director, Centers for Disease Control and Prevention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention



Is Diabetes a Serious Public Health Problem?

In 1995, about 16 million people in the United States had diabetes, but only 8 million had been diagnosed with the condition. The number of persons with diagnosed diabetes has increased from 1.6 million in 1958 to 8 million in 1995—a fivefold increase. Diabetes is the seventh leading cause of death in the United States, and it contributes to thousands of deaths each year. Individuals with diabetes are at increased risk for

- ◆ heart disease
- ◆ blindness
- ◆ kidney failure
- ◆ lower extremity amputations not related to injury

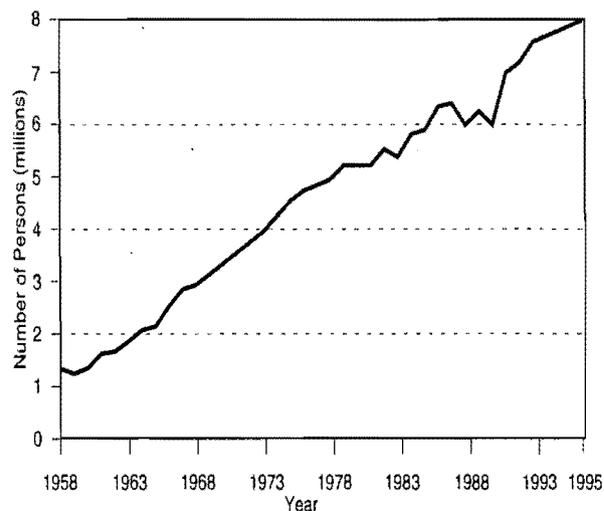
Diabetes and its complications occur among Americans of all ages and racial and ethnic groups. The burden of this disease is heavier among elderly Americans and certain racial and ethnic populations, including African Americans, Hispanics/Latinos, and American Indians. For example, more than 10% of elderly adults have been diagnosed with diabetes, and the prevalence of diabetes among various American Indian tribes ranges from 5% to 50%. A number of studies have also shown increased rates of the disease among certain Asian and Pacific Islander populations.

What Is Diabetes?

The term *diabetes* describes either a deficiency of insulin or a decreased ability of the body to use insulin, which is a hormone secreted by the pancreas. Insulin allows glucose (sugar) to enter body cells and be converted to energy. Insulin is also needed to synthesize protein and store fats. In uncontrolled diabetes, glucose and lipids (fats) remain in the bloodstream and, with time, damage the body's vital organs and contribute to heart disease.

Diabetes is classified into two main types: non-insulin-dependent diabetes mellitus (NIDDM) and insulin-dependent diabetes mellitus (IDDM). The most common type is NIDDM. It affects 90% of those with diabetes and usually appears after the age

Number of Persons With Diagnosed Diabetes

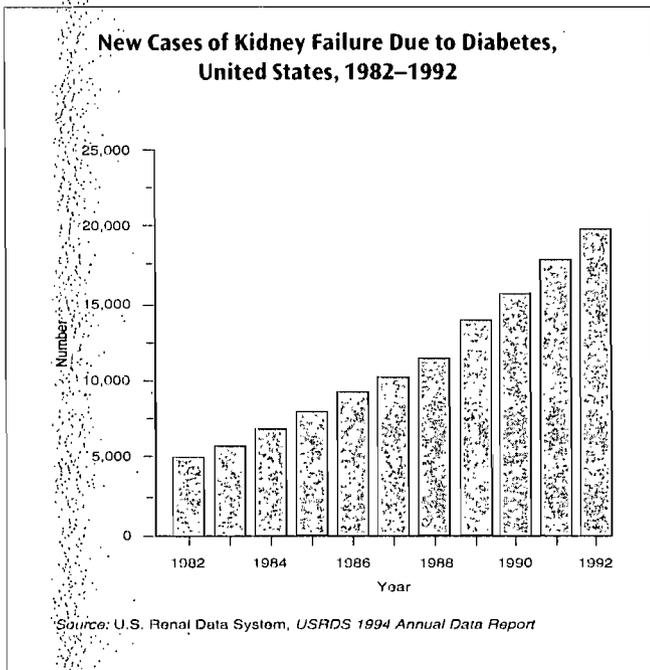


Source: National Institutes of Health, 1995

of 40. The other type—IDDM—affects less than 10% of those with diabetes. Although this type of diabetes can occur at any age, it most often appears in childhood or the teen years. The primary focus of the Centers for Disease Control and Prevention (CDC) is to translate scientific information about diabetes into strategic plans that help people prevent the complications of diabetes.

What Are the Economic Costs of Diabetes?

Diabetes imposes a heavy economic burden upon the nation each year. In 1992, an estimated \$92 billion in direct and indirect costs were spent on diabetes. Contributing substantially to these costs are the complications of diabetes. For example, in 1992, the cost of treating kidney failure for 56,000 Americans with diabetes exceeded \$2.1 billion. This figure did not include the costs associated with disabilities and premature death. In this same year, Medicare expenditures per person with diabetes on kidney dialysis averaged \$38,700. Because kidney failure is increasing at an alarming rate, these costs are expected to rise.



More than 60% of lower extremity amputations that are not related to injury occur among persons with diabetes. Approximately 57,000 diabetes-related amputations were performed in 1993. The direct costs of diabetes-related amputations are about \$600 million annually.

The full burden of diabetes in terms of death, complications, and costs is not easy to measure. In fact, many hidden costs are associated with diabetes. These costs include a failure to recognize the role of diabetes in premature deaths and the unknown costs related to undiagnosed diabetes. Furthermore, for families and communities, the loss of human lives and abilities transcends numerical measures.

What Are the Benefits of Prevention?

The increasing burden of diabetes is alarming, but the good news is that much of the burden of this major public health problem can be prevented with early detection, improved delivery of care, and diabetes self-management education. For example,

- ◆ Currently, screening and treatment for eye disease among persons with diabetes is saving

the federal government about \$248 million annually. If *all* persons with diabetes received recommended screening and treatment, the annual savings to the federal budget could exceed \$470 million.

- ◆ Women with preexisting diabetes deliver more than 18,000 babies each year. For every \$1.00 invested in preconception care for these mothers, \$1.86 can be saved by preventing birth defects.
- ◆ The Diabetes Control and Complications Trial, a national 10-year study that involved 1,441 volunteers with insulin-dependent diabetes, confirmed that good control of blood sugar prevented the onset or delayed the progression of eye, kidney, and nerve damage by at least 50%.

What Does CDC Do To Reduce the Burden?

CDC strives to increase awareness and education about diabetes, support early detection and treatment of complications, improve the quality of diabetes care, and enhance access to diabetes care by improving and expanding services.

To advance a common mission to reduce the burden of diabetes, CDC joins with state and territorial health departments in establishing partnerships for populations at increased risk for diabetes and its complications. CDC and its partners use the following approaches:

They define the burden and develop surveillance systems to—

- ◆ identify high-risk groups
- ◆ monitor health outcomes and indicators of the quality of health care recommended for persons with diabetes
- ◆ provide data that can be used to formulate health care policy
- ◆ evaluate progress in disease prevention and control

They develop new approaches such as innovative community-based programs—

Project DIRECT—CDC is collaborating with the state of North Carolina to evaluate the effectiveness of community-based public health approaches in reducing the burden of diabetes.

Diabetes Today—This program provides health professionals and community leaders with the skills to mobilize communities and to develop appropriate interventions. One of the outcomes of this course is a strategic plan that is community owned and culturally relevant to the local population.

Latino Diabetes Initiative for Action (Latino DIA)— In 1995, CDC launched this initiative to develop culturally relevant diabetes prevention strategies for Latino communities. CDC enlisted the National Latino Expert Workgroup to collaborate in planning, prioritizing, implementing, promoting, and evaluating strategic Latino DIA activities to narrow the disparity of diabetes in the Latino community.

They implement effective programs—

CDC works with state- and territorial-based diabetes control programs to reduce the complications associated with diabetes. The following are just a few examples of such activities:

The Maine Diabetes Control Program implemented a diabetes outpatient education program in more than 30 hospitals and health centers throughout the state. In a 3-year period, this state education program resulted in a 32% reduction in hospital admissions—a savings of \$293 per participant.

The Michigan Diabetes Control Program's Upper Peninsula Diabetes Outreach Network (UPDON) established a program with hospitals, health departments, and home care agencies that improved the quality of diabetes care and education. The participants in the program experienced a 45%

lower rate of hospitalizations, a 31% drop in lower extremity amputations, and a 27% lower death rate than did nonparticipants. This program has been replicated in five new outreach networks throughout the state.

The Texas Diabetes Control Program recently formed the Managed Care Work Group to establish minimum standards of care and outcome measures for Texans with diabetes. A cost-benefit analysis by one of the collaborating partners determined a break-even point in 2 years with savings to result thereafter. Other partners are joining as they consider the quality of care issues and realize the cost benefit.

National Partnerships

CDC joins with government agencies, voluntary and professional organizations, academic institutions, and community groups to

- ◆ provide data for sound public health decisions
- ◆ inform the public about the burden of diabetes
- ◆ ensure that current research findings are translated into effective clinical and public health strategies to reduce the burden of diabetes
- ◆ promote assurance of optimal diabetes care and education for all persons living with diabetes in the United States

Diabetes presents both a challenge to and an opportunity for public policymakers, health care providers, community leaders, and individuals with diabetes to apply prevention strategies known to make a significant impact. Recent studies in diabetes have confirmed that prevention of complications of diabetes is a strategy that works. Such strategies benefit individuals, families, communities, health organizations, and all those who are financially and economically concerned about the impact of diabetes and its complications.

**For more information, please contact the Centers for Disease Control and Prevention,
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World Wide Web at <http://www.cdc.gov/nccdphp/ddt/ddthome.htm>

