

Diabetes Briefing Document
Presented to the Governor's Interagency Council on Health Disparities
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Diabetes is a disease in which glucose builds up in the blood and the body has trouble turning food into energy. Normally, our bodies break down food into glucose, and the hormone insulin helps glucose enter cells so our body can use it for energy. Diabetes prevents the body from making enough insulin or from using it properly. In Type 1 diabetes, the immune system destroys the cells in the pancreas that make insulin. In Type 2, the body's cells are not receptive enough to insulin or the pancreas doesn't make enough insulin, or both. Type 2 diabetes accounts for 90-95% of all cases and is caused, in part, by obesity and lack of physical activity.

CRITERION #1: PREVALENCE / INCIDENCE

- Diabetes prevalence has increased from 4.1% in 1994 to 6.3% in 2005, an increase of 54%.
- In 2005, over 300,000 Washington residents had diabetes.

CRITERION #2: SEVERITY

- Diabetes is the seventh leading cause of death in Washington. In 2005, 1,549 Washington residents died from diabetes and 3,317 more deaths listed diabetes as contributory.
- Washington adults with diabetes are 3.2 times more likely to have high blood pressure and 3.7 times more likely to have heart disease than adults without diabetes.
- One in five adults with diabetes has poor vision; some eventually go blind.
- Diabetes is the leading cause of end-stage kidney disease.
- In 2003, almost 1,000 Washington residents had a lower extremity amputation as a result of poor circulation and nervous-system damage caused by their diabetes.
- In 2004, there were 76,732 hospitalizations resulting from diabetes-related complications, totaling more than \$1.5 billion.

CRITERION #3: DISPARITY

- From 2003-2005, diabetes prevalence was significantly higher for non-Hispanic blacks (13.7%), non-Hispanic American Indians and Alaska Natives (12.0%), Hispanics (8.8%), and Asian/Pacific Islanders (8.7%) than for non-Hispanic whites (6.1%).
- The Index of Disparity for diabetes prevalence was 77%.
- Diabetes mortality rates (per 100,000) for 2003-2005 combined were significantly higher for non-Hispanic blacks (176), non-Hispanic American Indians and Alaska Natives (142), Hispanics (118), and Asians and Pacific Islanders (85) than for non-Hispanic whites (75).
- The Index of Disparity for diabetes mortality was 74%.
- Diabetes mortality rates for non-Hispanic Asians and Pacific Islanders increased by about 10% per year between 1994 and 2002, higher than for any other group.
- Data from King County showed that the prevalence of diabetes among Pacific Islanders was 13.3%, higher than any other racial or ethnic group.
- For 2003-2005, diabetes prevalence was higher among men (6.9%) than women (6.1%).
- From 2002-2004, women were more likely to be hospitalized for diabetes than males at younger ages (5-44), while at ages 45 and older, hospitalization rates were higher for men.

The Index of Disparity is the average of the difference in rates between the racial/ethnic group with the "best" rate and all other racial/ethnic groups.

Keppel KG et al., Measuring progress in healthy people 2010. Statistical Notes, no 25. NCHS, 2004