



California Diabetes Program

California Department of Public Health
2008 Fact Sheet

Established in 1981, the California Diabetes Program is a partnership between the California Department of Public Health and the University of California, San Francisco and is funded primarily by the Centers for Disease Control and Prevention (CDC). Guided by national and state goals as well as community input, the program is a coordinating leader for hundreds of multi-sector partners at the individual, community, health care, policy, and environmental levels.

The mission of the California Diabetes Program is to prevent diabetes and its complications in California's diverse communities. The program is a national model and is grounded in the translation of scientific evidence into practice.

Key Objectives of the California Diabetes Program are to:

- Conduct **Surveillance** to monitor statewide diabetes health status and risk factors.
- Provide **Communications** to increase awareness about diabetes.
- Guide **Public Policy** to support people with and at risk for diabetes.
- Offer leadership, guidance, and resources for **Community Health Interventions**.
- Improve the quality of care in **Health Care Delivery Systems**.
- Reduce diabetes-related **Health Disparities**.

Diabetes and its complications can be prevented.

In 2002, a national clinical trial demonstrated that type 2 diabetes can be delayed or prevented by healthy lifestyle changes, including moderate weight loss and engagement in regular moderate-intensity physical activity. The California Diabetes Program works with many partner organizations to promote awareness of diabetes risk factors, increase pre-diabetes screening, and support healthy communities that encourage healthy lifestyles.

Application of comprehensive, evidence-based diabetes detection, care, and management strategies can also reduce the impact of diabetes and prevent or delay serious complications. Access to health care is critical for people with diabetes. Management of blood sugar levels, blood pressure, and blood lipids/cholesterol are particularly important. Regular services should also include eye, foot, kidney, and dental exams, as well as flu and pneumococcal vaccinations. Since diabetes must be managed on a daily basis by the person with the disease, self-management education is required and includes blood sugar monitoring, healthy diet, physical activity, weight management, and medication adherence, including aspirin therapy. Since tobacco use increases the risk of complications for people with diabetes, smoking cessation is strongly encouraged. Because the list of essential disease management recommendations is long and ever-changing, the California Diabetes Program promotes user-friendly clinical guidelines, multilingual tools, and educational programs to assist the clinician, the patient, and their family to succeed in managing the disease.

What is diabetes?

Diabetes is a chronic medical condition marked by high levels of blood glucose (a form of sugar) resulting from defects in insulin production, insulin action, or both (1). There are several types of diabetes.

- **Type 1 diabetes**, previously known as juvenile diabetes, is an autoimmune disease in which the body does not produce the hormone insulin. There is no known way to prevent type 1 diabetes.
- **Type 2 diabetes**, previously known as adult-onset diabetes, is a metabolic disease in which the body does not make enough insulin or use it effectively. Type 2 diabetes can be prevented or delayed by maintaining a healthy weight and exercising regularly.
- **Gestational diabetes** occurs in pregnant women who have never had diabetes before but have higher than normal blood glucose levels during pregnancy. Without intervention, women with gestational diabetes have a 40-60 percent chance of developing type 2 diabetes within 5-10 years. (1)
- **Prediabetes** is a condition that raises the risk of developing type 2 diabetes, heart disease, and stroke. People with prediabetes have blood glucose levels higher than normal but not high enough to be classified as diabetes. Without intervention, about 25 percent of people with pre-diabetes will develop diabetes within 3-5 years. (2)
- **Diabetes is the leading cause of blindness, amputations, and kidney failure**, and is a **major contributor to heart attacks and strokes**. (1) Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes. (1)
- **Diabetes reduces life expectancy** by eighteen years if diagnosed at age 20, fourteen years if diagnosed at age 40, and ten years if diagnosed at age 60. (3)



What are the risk factors for type 2 diabetes?

There are both genetic and environmental factors that contribute to the development of type 2 diabetes. These include:

- Being overweight or obese
- Being physically inactive
- Having a family history of diabetes
- Coming from a minority ethnic group
- Having lower educational attainment
- Having a lower income
- Being over 45 years old
- Having high blood pressure
- Having had a baby over 9 pounds
- Having a history of gestational diabetes
- Having prediabetes

How many California adults have diabetes?

- There were 2.7 million Californians with diabetes in 2007 (4), meaning that **1 out of 10 adult Californians has diabetes**. Of these, about 660,000 adults have undiagnosed diabetes. (1)
- Diabetes diagnoses are rapidly growing. From 1998 to 2007, the prevalence of diagnosed diabetes rose from 5.5 to 7.6 percent, representing a 28 percent increase in one decade. (4)
- In 2007, about 7.9 million (29 percent) adults in California had prediabetes. (5)
- Prevalence of gestational diabetes has increased 60 percent in California in just seven years, from 3.3 percent of hospital deliveries in 1998 to 5.3 percent in 2005. (6)
- Small studies suggest a consistent increase in diabetes among children and youth. (7)

What is the prevalence of diabetes in California among different populations?

There are striking interactions in diabetes prevalence between ethnicity, age, and education.

- In 2007, 7.6 percent of all men and women in California had diagnosed diabetes, compared with 13.4 percent of African-American women and 9.2 percent of African-American men. (4)
- In California, 1 in 9 (11.2 percent) adult African Americans has diagnosed diabetes, as does 1 in 10 (10 percent) American Indian/Alaskan Natives/Pacific Islanders, 1 in 13 (7.7 percent) Latinos, and 1 in 14 (7.1 percent) Whites and Asians. (4)
- Among Californians between ages 50-64, 8.1 percent of non-Latino Whites have diagnosed diabetes, compared to 22.2 percent of Latinos, 18 percent of African Americans, 14 percent of American Indian/Alaskan Natives, and 13 percent of Asians. (8)
- Of those in California who smoke, 12.9 percent also report having diabetes. (9)
- Over 245,000 adults with diagnosed diabetes have Medi-Cal insurance coverage; over 205,000 are uninsured. (4)
- Diabetes prevalence is higher among those with a family income below 100 percent of the federal poverty level (FPL) (9.6 percent) compared with those whose income is above 300 percent of the FPL (5.1 percent). (8)
- Diabetes prevalence is much higher among those with less than a ninth-grade education (13.7 percent) compared with those with a college degree or higher (4.7 percent). (8)
- Diabetes prevalence along the U.S./Mexico border (15.1 percent) is about twice as high as the rest of the state. (10)
- During 1999-2000, 7 percent of those aged 12-20 had impaired fasting glucose, indicating that at least 1 in 14 in this age group has prediabetes. (1)

How much does diabetes cost the state of California annually?

- Total health care and related costs for the treatment of diabetes is about \$24.5 billion. (11)
- Direct medical costs (e.g., hospitalizations, medical care, and treatment supplies) account for about \$18.7 billion, with the other \$5.8 billion including indirect costs such as disability payments, time lost from work, and premature death. (11)

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