



California Diabetes Program

California Department of Public Health
2009 Fact Sheet

The mission of the California Diabetes Program is to prevent diabetes and its complications in California's diverse communities.

California's most vulnerable populations need a centralized voice to identify and promote best practices, influence and focus research efforts, mobilize diabetes advocates, and establish urgency about the diabetes epidemic. To address these needs, California Diabetes Program activities fall into five categories: Surveillance, Communications, Policy/Advocacy, Engaging with Community and Health Care Systems, and a special English-as-a-second-language diabetes prevention project.

The California Diabetes Program was established in 1981 as 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).

Types of 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)

- **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, losing 5-7 percent of body weight if overweight, 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 who have gestational diabetes have a 40-60 percent chance of developing type 2 diabetes within 5-10 years after giving birth. (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)

KNOW THE RISK FACTORS FOR TYPE 2 DIABETES: both genetic and environmental

- Having prediabetes
- Increasing age
- Obesity
- Sedentary lifestyle
- Drinking sugar-sweetened beverages
- History of gestational diabetes or having had a baby weighing more than nine pounds at birth
- Family history of diabetes
- Having high blood pressure or high cholesterol
- From minority ethnic groups
- Low educational attainment
- Low income
- Living in neighborhoods with low socioeconomic status

USE STRATEGIES PROVEN TO HELP PREVENT TYPE 2 DIABETES

- Be physically active at least 30 minutes 5 times per week
- Make healthy food choices including more fruits and vegetables, more whole grain foods, and less saturated fat
- Drink fewer sugar-sweetened beverages
- Maintain a healthy weight and, for those who are overweight, lose 5-7% of body weight
- See a health care provider on a regular basis
- Have regular glucose screenings

LEARN THE WARNING SIGNS TO HELP DETECT DIABETES

- Excess thirst
- Excess urination
- Rapid unexplained weight loss
- Fatigue
- Blurry vision
- **Note:** type 2 diabetes often has no warning signs.



One out of seven Californians has diabetes and the numbers are rising rapidly.

- There were 3.7 million Californians with diabetes in 2008, meaning that 1 out of 7 adult Californians (13.5 percent) has diabetes. Of these, 2.3 million (8.5 percent) are aware that they have diabetes, and about 1.4 million (5 percent) adults have undiagnosed diabetes, meaning that they are not yet aware. (4)
- Diabetes diagnoses are rapidly growing. From 1999 to 2008, the prevalence of diagnosed diabetes rose from 6.1 to 8.5 percent of California adults, representing a 40 percent increase in one decade. (4)
- New cases of diabetes in California increased 36 percent, from 6.6 per 1,000 (1995-1997) to 9.0 (2005-2007). California had the greatest number of annual new cases (approximated 208,000) among all the states and territories in the U.S. (5)
- In 2007, about 7.9 million (29 percent) adults in California had prediabetes. (6)
- Prevalence of gestational diabetes in California has increased 60 percent in just seven years, from 3.3 percent of hospital deliveries in 1998 to 5.3 percent in 2005. (7)
- In 2008, about 18,000 (2.3 per 1,000) children between ages 5-19 in California had diagnosed diabetes, 15,000 had type 1 diabetes and 3,000 had type 2 diabetes. (8) Small studies suggest a consistent rise in diabetes among children and youth. (9)

People from minority ethnic groups, who smoke, are poor, or are disadvantaged have especially high rates of diabetes.

- In 2008, 8.8 percent of all men and 8.2 percent of all women in California had diagnosed diabetes. (4)
- In 2008, 1 in 6 adult African Americans (15.7 percent) had diagnosed diabetes, as did 1 in 8 American Indian/Alaskan Natives/Pacific Islanders (11.7 percent), 1 in 10 Latinos (9.7 percent), and 1 in 14 Asians and Whites (7.4 and 6.9 percent, respectively). (4)
- In 2008, among Californians between ages 50-64, 24.2 percent of Latinos, 24.1 percent of American Indian/Alaskan Natives, and 20.1 percent of African Americans had diagnosed diabetes, compared to 9.9 percent of Whites and 7.2 percent of Asians. (4)
- Of those in California who smoked in 2008, 9.2 percent also reported having diabetes. (4)
- In 2007, over 454,000 adults with diagnosed diabetes had Medi-Cal insurance coverage; over 246,000 were uninsured. (10)
- In 2008, diagnosed diabetes prevalence was much higher among those with a family income below 100 percent of the federal poverty level (FPL) (13 percent) compared to those whose income is above 300 percent of the FPL (5.5 percent). (4)
- In 2008, diagnosed diabetes prevalence was much higher among those with less than a ninth-grade education (11.4 percent) compared to those with a college degree or higher (6.3 percent). (4)
- In 2001, diabetes prevalence along the US-Mexico border, including the California-Mexico border area, (15.1 percent) was much higher compared to the rest of the state. (11)
- In 2008, one in 6 (16.1 percent) adolescents ages 12-19 had prediabetes. (12)

Diabetes costs in California exceed \$24 billion each year.

- Total health care and related costs for the treatment of diabetes are about \$24.5 billion. (13)
- 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. (13)
- The average annual treatment cost per case for diagnosed diabetes was nearly \$10,000 in 2007. The burden of diabetes and prediabetes is \$700 for every man, woman, and child in the US – representing a hidden 'tax' paid by all through higher insurance premiums. (14)

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