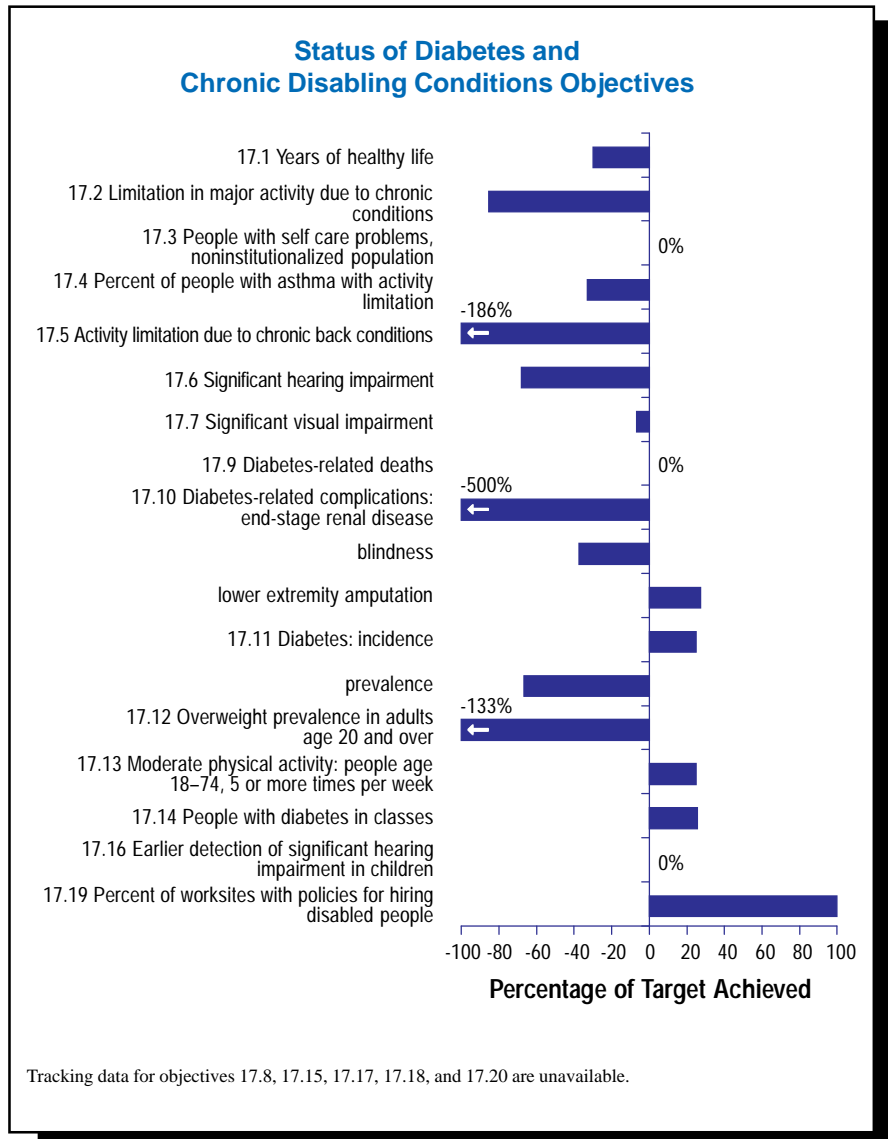


Diabetes and Chronic Disabling Conditions



Lead Agencies: *National Institutes of Health*
Centers for Disease Control and Prevention

DIABETES AND CHRONIC DISABLING CONDITIONS

Diabetes and other chronic disabling conditions lead to physical, emotional, social, and economic costs to individuals, families, and to the Nation. Since 1985, the total days of restricted activity due to disability have increased regardless of gender, race, or age. In 1992, they totaled 4.1 billion days. While life expectancy at birth has climbed steadily from 1988–92, years of healthy life have actually decreased.

Approximately 7 million people have been diagnosed with diabetes, a leading cause of death and disability among Americans; another 7 million may unknowingly have the disease. Diabetes is the seventh leading cause of death in the United States—with over 50,000 deaths attributed to it in 1992—a risk factor for cardiovascular disease, and the leading cause of lower extremity amputation, blindness, and end-stage renal disease. Diabetes contributes to over 100,000 additional deaths each year as well as increases the burden of suffering from acute and chronic complications, hospitalizations, and lost productivity. Blacks, American Indians/Alaska Natives, and Hispanics are disproportionately affected by the disease and its complications.

Chronic disabling conditions caused major activity limitations for 10.6 percent of the U.S. population in 1993—an increase from 9.4 percent in 1988. For some people, these limitations are minimal and confined to a particular dimension of activity. For as many as 9 million people, functional limitations are so severe that individuals are unable to work, attend school, maintain a household, or perform activities of daily living.

This priority area focuses on the need for prevention of disabilities; early diagnosis and treatment of chronic conditions; and provision of information, skills training, and support services to increase the ability of people to manage their conditions, to live independently, and to participate fully in their communities.

Review of Progress

While there has been progress for a few objectives and subobjectives within this priority area, much work remains if targets are to be reached. Data indicate movement away from the target for the years of healthy life objective—a summary objective for this entire priority area. There are similar trends for hearing impairment, overweight, and activity limitation due to asthma and chronic conditions, including back problems.

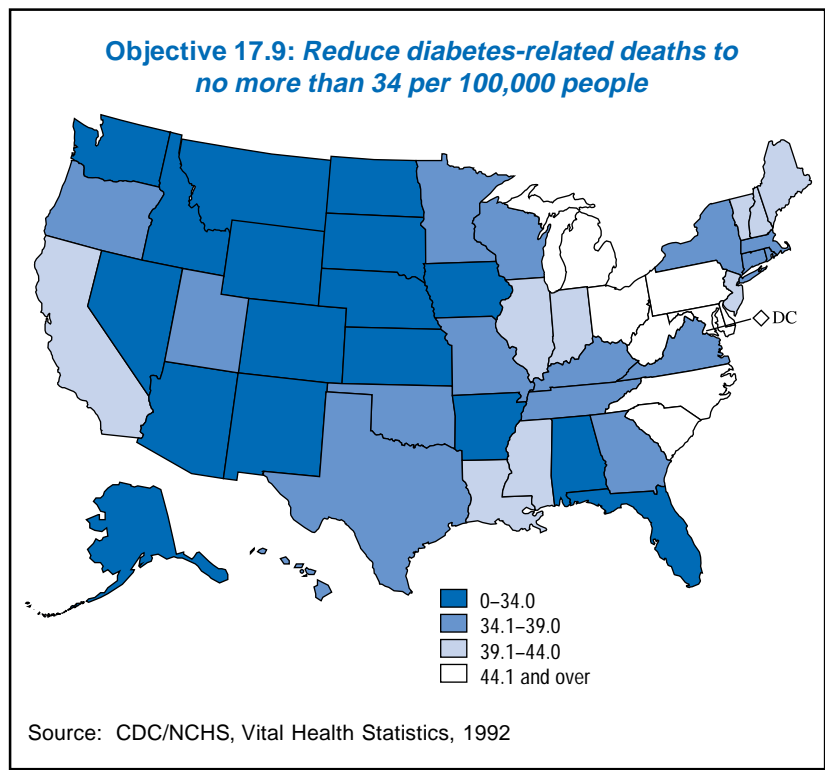
Little change from baseline has occurred for objectives addressing the ability of elderly people to perform self-care activities and diabetes-related deaths for the total population. The diabetes-related death rates appear to be rising for blacks and American Indians/Alaska Natives, although these increases may be a reflection of improved documentation of diabetes on death certificates. Except for a reduction in lower extremity amputations among people with diabetes, diabetes-related complications have not been reduced. End-stage renal disease has increased and is moving away

from the targets. The total prevalence of diabetes rose 7 percent, with increases in prevalence also for American Indians/Alaska Natives, and blacks.

Results for a number of other objectives are mixed. Although the rate of visual impairment in the total population rose slightly between 1986–88 and 1991–93, the rate decreased for people aged 65 and older. The risk reduction objectives show an increase in self-reported overweight and little change in the prevalence of moderate physical activity among people aged 18 and older. Some progress is evident in patient education for chronic and disabling conditions, with about 43 percent of people with diabetes and 10 percent of people with asthma receiving formal education classes in 1993. The target for programs and policies supporting employment of people with disabilities has been supported by passage of the Americans with Disabilities Act of 1990 prohibiting all employers from discriminating against qualified individuals because of disability.

Research in the area of diabetes and other chronic and disabling conditions, coupled with large-scale public and professional information campaigns and education efforts, may lead to greater inroads by the end of the decade. In a recent breakthrough in Type I diabetes, improved glucose control can delay substantially the onset and slow the progression of disease-related complications. Research scientists are engaged in clinical trials to explore prevention of both Type I and Type II diabetes.

Progress also occurs from work with communities to translate research findings into widespread practice and from major information and education initiatives related to diabetes and chronic disabling conditions. Such efforts include teaching patients with diabetes about glucose self-monitoring, educating primary care physicians and other practitioners about the importance of early detection and timely treatment of diabetic eye disease, stressing the importance of annual eye examinations and good vision care through the National Eye Health Education Program, establishing a National Obesity Information Resource Center, providing information and activities aimed at reducing the limitations and disabilities caused by asthma in school age children through the



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National Asthma Education Program, and sponsoring the Centers for Disease Control and Prevention (CDC) State-based Diabetes Control Programs that provide leadership and coordination for public health approaches to reduce the burden of diabetes.

To improve data in this priority area, the CDC's National Center for Health Statistics is conducting the 1994–95 National Health Interview Survey on Disability. Data are needed to track progress for objectives on mental retardation and perinatal mortality and congenital malformations related to complications of diabetes. Baseline data recently have been established for clinical assessments of childhood development and for functioning among older adults. Data still are needed for estrogen replacement therapy as well as service systems for children with chronic, disabling conditions.

1995 Revisions

Two new objectives have been added, reflecting scientific developments and newly available data. As a result of a recently available new therapy for preventing the usual recurrence of peptic ulcer disease, most of the direct and indirect economic costs as well as the impact on human suffering and disability associated with this disease now are avoidable. Consequently a new objective aimed at preventing recurrence of peptic ulcer disease and reducing its prevalence has been added. The second new objective seeks to increase the number of people with diabetes who receive annual dilated eye exams to detect treatable retinopathy. Recent studies have indicated that approximately 90 percent of blindness due to diabetes could have been avoided through secondary and tertiary prevention efforts. In addition, objective 22.4, regarding surveillance for special populations, has been added as a shared objective in priority area 17 to highlight the need for systematic national surveillance for people with disabilities. Objective 17.19 has been revised to be consistent with the Americans with Disabilities Act passed by Congress in 1992. Other changes focus on additional special population objectives, primarily for blacks and Hispanics.