



PROGRESS REVIEW

Diabetes and Chronic Disabling Conditions

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ December 10, 1996

In a review of progress on selected HEALTHY PEOPLE 2000 objectives for Diabetes and Chronic Disabling Conditions, the Centers for Disease Control and Prevention and the National Institutes of Health, as co-leads for this priority area, led a discussion of objectives related to diabetes, asthma and peptic ulcer:

17.9 Diabetes-related age-adjusted mortality is increasing for the total population and each of the Healthy People 2000 special population groups. From the 1986 baseline of 38 per 100,000 people, diabetes-related deaths in the total population increased to 40 per 100,000 in 1994. The target is 34. For Blacks, the 1986 baseline was 67 and the number of deaths per 100,000 in 1994 was 73, more than 80 percent higher than for the total population. The target is 58. For American Indians/Alaska Natives, the comparable figures are—1986 baseline, 46; 58 deaths per 100,000 in 1994; and target, 41. For Mexican Americans and Puerto Ricans, the 1990 baselines were 55.7 and 40.7, respectively, and the targets are 50 and 42, respectively. In 1994, 55.6 Mexican Americans and 57.8 Puerto Ricans per 100,000 died of diabetes-related causes. The increased rate of mortality for Puerto Ricans is in part a reflection of better reporting of Hispanic origin on death certificates in New York City.

17.10 For the total population with diabetes, the rate of lower extremity amputations increased from the baseline of 8.2 per 1000 people in 1987 to 8.6 per 1000 in 1994. The year 2000 target is 4.9. For Blacks with diabetes, the 1987 baseline was 9, the rate in 1994 was 9.1, and the target is 6.1. For the total population, end-stage renal disease (ESRD) as a complication of diabetes increased to a rate of 2.4 per 1000 people with diabetes in 1993 from the baseline of 1.5 in 1987. The target is 1.4. For Blacks, the rate increased from 2.2 per 1000 people with diabetes (1983-86 data) to 5.7 for the period 1990-93; the target is 2. ESRD as a complication of diabetes among American Indians/Alaska Natives increased from a rate of 2.1 per 1000 (1983-86 data) to 5.4 in 1992; the target is 1.9.

17.11 The incidence of diabetes in the total population increased from the 1986-88 baseline of 2.9 per 1000 people to 3.1 in 1992-94. The year 2000 target is 2.5. The prevalence for the total population increased from the 1986-88 baseline of 28 per 1000 people to 30 in 1992-94. For American Indians/Alaska Natives 15 years of age and

older served by the Indian Health Service, the prevalence was 69 in the baseline year 1987 and increased to 73 in 1994; the target is 62. For Blacks, the prevalence increased from the 1986-88 baseline of 36 to 40 in 1992-94. The target is 32.

17.14 The total population of people with diabetes who attend classes in management of their condition increased from the 1983-84 baseline of 32 percent to 43 percent in 1993. Progress was even greater for the black population, which showed an increase from 34 percent in 1991 to 50 percent in 1993. The proportion of Hispanics receiving such education decreased from 27 percent in 1991 to 26 percent in 1994. The year 2000 target is 75 percent for all people. The proportion of people with asthma who receive formal patient education in management of their condition increased from 9 percent in the baseline year 1991 to 10 percent in 1993. The target is 50 percent.

17.23 From a baseline of 49 percent in 1989, the proportion of people with diabetes aged 18 and older who received a dilated eye examination in the past year increased to 52 percent in 1992 (1988-91 data.) The year 2000 target is 70 percent. This objective was added as a part of the 1995 Healthy People 2000 Midcourse Review.

17.4 The proportion of people with asthma who experienced activity limitation increased from the 1986-88 baseline of 19.4 percent to 22 percent in 1992-94. The year 2000 target is 10 percent. The increase for Blacks was from 30.5 percent in 1989-91 to 31.5 percent in 1992-94

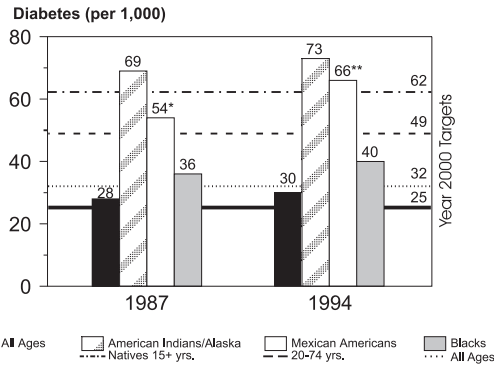
(target = 19 percent.) The proportion of Puerto Ricans with asthma who experienced activity limitation during this time period cannot be reliably reported.

17.21 The prevalence of peptic ulcer disease increased from a rate of 19.9 per 1000 people aged 18 and older in the baseline year 1991 to 23 in 1994. The year 2000 target is 18. This objective is a 1995 addition.

HIGHLIGHTS

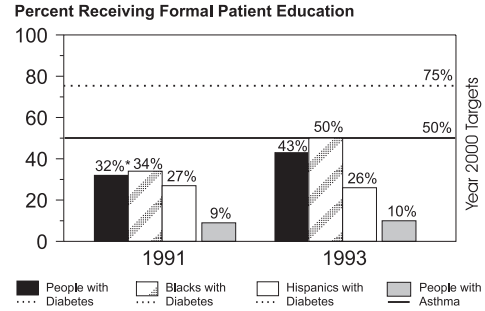
- Every day, an average of 1,700 people are diagnosed with diabetes; 1,000 die from its complications; 150 undergo amputations; 80 enter end-stage renal disease treatment; and 70 become blind.
- There are several factors associated with the increase in the diabetes burden: more accurate and complete ascertainment; an aging population; less physical activity and more obesity; fewer deaths from acute complications and a correspondingly greater susceptibility to chronic complications; and growth in minority communities at high risk for diabetes and associated problems.
- The National Diabetes Education Program is a broad-based effort directed toward the general public, patients, health care providers, and policy-makers. This initiative is modelled on the experience of the successful effort to heighten public awareness about the dangers of high blood pressure and cholesterol.
- Glycemia control has been proven to be highly effective in controlling both Type I and Type II diabetes, but the deleterious effects of overweight and lack of exercise can undo the benefits of proper management and tend to hasten the emergence of the disease in as yet asymptomatic, susceptible individuals.
- Health care costs are 2-3 times greater for people with diabetes than the average for the total population. The American Diabetes Association estimates the total cost of diabetes in the U.S. to be \$92 billion.
- Through the Life Steps program, the General Motors Corporation in cooperation with the United Auto Workers is undertaking comprehensive health promotion activities for its 1.8 million employees. An "800" number provides up-to-date information about preventive measures against the debilitating effects of diabetes, asthma and other chronic conditions. (Continued)

17.11 Reducing the Prevalence of Diabetes



*Multi-year data 1982-84 **Multi-year data 1988-94
Source: National Health Interview Survey, CDC, NCHS, National Hispanic Health and Nutrition Examination Survey III, CDC, NCHS

17.14 Increase Formal Patient Education for People with Diabetes and Asthma



*Multi-year data 1983-84
Source: Halpern, M. The impact of diabetes education in Michigan. Diabetes 38(2). National Health Interview Survey, CDC, NCHS.

FOLLOW-UP

- Seek to accelerate the transfer of scientific advances in prevention and control of chronic disabling conditions by developing and using clinical guidelines and then evaluating their use and effect in clinical and public health practice.
- Influence health care providers to become promoters of prevention in their approach to chronic conditions.
- Expand programs to educate the public, policy-makers, insurers, and employers in the value of preventive efforts to forestall the onset of chronic conditions and to lessen their debilitating effects.
- Develop prevention education campaigns that target Native Americans, Hispanics, Blacks, and overweight, physically inactive people.
- Explore and document the connection between individual life-style choices, e.g., physical inactivity and obesity, and variances in the incidence and severity of chronic conditions.
- Promote the adoption and dissemination of guidelines for diagnosing and managing asthma in community and medical practice settings.
- To fill the knowledge gap, apply additional resources to the study and elucidation of the greater prevalence and morbidity of diabetes and asthma in high-risk population groups.
- Link efforts to eliminate environmental pollution with public health programs to prevent or mitigate asthma.
- Among HHS agencies, establish an evaluation methodology to study over time the health status of people with diabetes and other chronic disabling conditions who are enrolled in State Medicaid 1115 waiver programs.
- Develop health promotion and disease prevention objectives for 2010 that are relevant to a broad audience, with particular attention given to worksite health promotion objectives.
- In seeking to compile a sufficiently robust set of health indicators, consider incorporating Health Plan Employer Data and Information Set (HEDIS) measures and the indicator set being pilot tested by The Foundation for Accountability (FACCT) in 10 States.
- Explore the feasibility of improving the reporting of the prevalence of asthma and diabetes.

HIGHLIGHTS (Cont'd)

- The prevalence of asthma has increased in the past 15 years for reasons that are complex and not entirely clear. Over 13 million Americans have asthma and 22 percent of them experience limitations to their usual activities. It is a leading cause of absence from school and work. Because State epidemiologists do not have reporting systems for asthma, its prevalence and morbidity may be under-reported.
- There are 450,000 new cases of peptic ulcer each year. It is estimated that 4 million people are under a physician's care and 2.3 million are without such treatment.
- New therapeutic regimens using a combination of drugs will now eradicate the bacterium *Helicobacter pylori*, which is associated with peptic ulcer, and prevent ulcer recurrence and lifelong chronicity in the great majority of patients. Potential cost savings in care for symptomatic patients are conservatively estimated at \$760 million per year. Extension of the regimen to non-symptomatic individuals can increase such savings four- or five-fold.

PARTICIPANTS

Administration on Aging
American Association of Diabetes Educators
American Diabetes Association
American Public Health Association
Asthma and Allergy Foundation of America
Centers for Disease Control and Prevention
Department of Veterans Affairs
General Motors Corporation
Healthwatch
Indian Health Service
Juvenile Diabetes Foundation
Maryland Department of Health and Mental Hygiene
National Council of La Raza
National Institutes of Health
Office of Disease Prevention and Health Promotion
Office of Minority Health
Office of the Surgeon General
Office on Women's Health



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