
THE BURDEN OF DIABETES IN COLORADO

EXECUTIVE SUMMARY

This summary provides data extracted from the *Burden of Diabetes in Colorado* report to inform public health practices and to highlight areas for emphasis in diabetes prevention and control throughout the state.

Diabetes affected about one in 19 Colorado adults (or 5.3% of the adult population) in 2007, impacting their quality of life and ability to work. The statewide prevalence of the disease, which has increased slightly in recent years, remains lower than the national rate, which the Centers for Disease Control and Prevention reported as nearly 8% in 2007.¹ Coloradans ages 65 and over had the highest prevalence of diabetes (15.3% of the population). The percentage of women who developed diabetes during pregnancy fluctuated between 5% and 10% during 2000-2006. More than half of these women will develop diabetes within five to 10 years after their pregnancies.

Obesity contributes greatly to the onset of diabetes in children, adolescents and adults.² In 2007, about four out of 10 Hispanic children ages 2-14 were either overweight or obese. In Colorado, Hispanic children had the highest percentage of obesity and overweight (38.3%) compared to White/Non-Hispanic (21.3%) and Black children (27.5) in 2007. Nearly half of Colorado adults (42.2%) diagnosed with diabetes were obese as well.

Today, there is no cure for diabetes, and its prevalence is increasing both in Colorado and across the nation. If not adequately treated, diabetes can affect the quality of an individual's life and result in a shorter life span. Serious complications caused or associated with diabetes are heart attacks, stroke, high blood pressure, blindness, kidney failure, tooth loss and amputations.

While Colorado death rates for diabetes consistently have been lower than those nationally since 1994, it remains one of the top 10 leading causes of death in the state. For 700 people, diabetes caused premature death, and diabetes contributed to another 2,457 deaths in 2007. The age-adjusted mortality rate for diabetes as the underlying cause of death was 17.2 deaths per 100,000 people in Colorado.

In addition to diminishing quality and length of life, diabetes generates significant economic costs. The American Diabetes Association estimated the total cost of diabetes for people in Colorado in 2006 was more than \$2.5 billion.³ This amount included excess medical costs of \$1.6 billion attributed to diabetes and lost productivity valued at more than \$900 million.

Fortunately, however, there are health practices that Coloradans of all ages can employ to prevent the disease or manage it more effectively. It is possible to prevent diabetes from occurring, and early identification of pre-diabetes can identify individuals more likely to develop diabetes. The focus of diabetes prevention is on modifying risk factors, such as obesity, poor nutrition and lack of exercise. Reducing these risks prevents not only the onset of diabetes and associated complications, but also risks associated with other chronic diseases that share the same risk factors as diabetes, such as cancer and cardiovascular diseases.

Educating people with diabetes about preventive care practices and self-management has proven to be effective in helping them manage the disease and reduce the risks of developing complications. Techniques such as regularly monitoring blood glucose levels, blood pressure and cholesterol levels are learned through diabetes self-management education, an integral part of a treatment plan. While progress is being made in many areas of diabetes self-management

education, only 60.7% of Colorado adults with diabetes reported taking a class to manage their diabetes in 2007.

As mentioned, a critical component of diabetes self-management education is to learn how to monitor blood glucose levels, which helps people with diabetes and their health care providers assess the efficacy of treatment. With this information, changes can be made to medical nutrition therapy, exercise and medications to prevent acute glycemic reactions and long-term diabetes complications. In 2007, 59.3% of people with diabetes checked their blood glucose levels at least once a day.

In addition, people with diabetes who also have high blood pressure are at greater risk of developing eye disease, kidney disease, heart attacks and strokes. In fact, cardiovascular disease is the leading cause of death for people with diabetes. Early detection of elevated blood pressure levels and appropriate treatment can significantly decrease risk of complications. As of 2007, 60.2% of adults with diabetes reported also having high blood pressure, compared to 18.5% of adults without diabetes.

Increasing opportunities for diabetes self-management education throughout Colorado are a priority of the Colorado Diabetes Prevention and Control Program, whose mission is to support and promote a comprehensive system of evidence-based community and health care services to reduce or delay the onset of diabetes and its complications, and to enhance the quality of life of people affected by diabetes. Data from the *Burden of Diabetes in Colorado* report directs the efforts of the Colorado Department of Public Health and Environment. Using this information, practitioners and community leaders throughout the state can promote targeted evidence-based practices to assist more Coloradans with diabetes to effectively manage their disease.

¹ Centers for Disease Control and Prevention. (2008). *National diabetes fact sheet 2007*. Retrieved September 11, 2008, from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf

² American Diabetes Association. (n.d.). *Diabetes statistics*. Retrieved September 11, 2008, from <http://www.diabetes.org/diabetes-statistics.jsp>

³ American Diabetes Association. (n.d.). Direct and indirect costs of diabetes Colorado. Retrieved December 15, 2008, from <http://www.diabetes.org/advocacy-and-legalresources/cost-of-diabetes-results.jsp?state=Colorado&district=0&DistName=Colorado+%28Entire+State%29>