



Diabetes Fact Sheet for Rhode Island, 2013

Diabetes is a group of diseases marked by high levels of blood sugar resulting from defects in insulin production, insulin action, or both. Serious complications and even premature death can result from diabetes, but people with diabetes can take steps to control the disease and lower the risk of complications.

Diabetes is common, serious, costly, controllable, and preventable.

Common

- The prevalence of diabetes among Rhode Island adults increased by 75% from 1996 to 2006.
- In 2010, an estimated 7.8% (64,200) of Rhode Island adults have diagnosed diabetes. This is consistent with an estimated prevalence of 8.4% self-reported diagnosed diabetes among adults in the US.
- The approximately 23,800 adults who have diabetes, but remain undiagnosed, increase the proportion of adults with diabetes to 10.6%, resulting in an estimated 88,000 Rhode Island adults with diabetes.
- An estimated 680 Rhode Islanders under the age of 20 have diabetes, yet there is evidence that rates of both type 1 and type 2 diabetes are on the rise among children.
- The prevalence of diagnosed diabetes is highest among Black/African American adults (12.3%), followed by Hispanic adults (12.0%), white adults (7.0%), and multiracial or adults of other race(s) (7.6%).
- The prevalence of diabetes is highest among people who are over 65 years old (18.5%), followed by those 45-64 years old (10.4%), and lowest among those 18-44 years old (2.7%). Forty-three percent of adults with diabetes are 65 years or older.

Serious

- People with diabetes may develop many diabetes-related complications or conditions including blindness, lower extremity amputations, end-stage renal disease, and cardiovascular disease.
- In 2010 there were 303 lower extremity amputations among people with diabetes in Rhode Island.
- In 2010 there were 26,208 diabetes-related hospitalizations in Rhode Island.
- Diabetes contributed to the deaths of 842 Rhode Island residents in 2010.

Costly

- Medical expenses for people with diabetes are more than two times higher than for people without diabetes.
- The total estimated healthcare expenditure in Rhode Island for adults with diabetes in 2007 was \$722 million.

Controllable

- Education and self-management skills can help people with diabetes to control the disease and minimize the risks of these health complications.
- Screening is a crucial first step in controlling diabetes. Approximately 27% of people who have diabetes are not aware they have it.
- There are clinical preventive services that help people with diabetes live a healthier and longer life. Rhode Island has met or exceeded the Healthy People 2020 goals for annual dilated eye exams, at least two Hemoglobin A1c tests in the past year, and annual foot exams.

Preventable (Type 2)

- About 23,800 adults in our state have diagnosed pre-diabetes, a condition that denotes having blood glucose levels higher than normal but not high enough to be classified as diabetes. People with pre-diabetes have an increased risk of type 2 diabetes, heart disease, and stroke.

- Nationally, approximately 35% of adults 20 years and older have pre-diabetes. Applying the national estimate of pre-diabetes to our population, we project that 277,000 Rhode Island adults age 20 years and older have pre-diabetes; yet using local data we estimate that only 51,600 *know* they have pre-diabetes.
- The Diabetes Prevention Project demonstrated that physical activity and diet modification can prevent or delay diabetes among people with pre-diabetes.
- Gestational diabetes (GDM) usually resolves itself following pregnancy; however 5% - 10% of women who acquire GDM during pregnancy have been found to have type 2 diabetes after delivery. Women who have had GDM bear a 20 – 50% chance of developing diabetes in the 5 to 10 years following pregnancy.

The Rhode Island Diabetes Prevention and Control Program works to improve the healthcare delivery system and to develop the clinical-community linkages to increase access to diabetes prevention and control programs.

Intervention	Target Audience	Purpose
Rhode Island Chronic Care Collaborative (RICCC)	Physician practices	<ul style="list-style-type: none"> • Improve the quality of care provided to patients with chronic illness in order to improve health outcomes. • Decrease the health expenditure required to provide quality care to patients with chronic illness. • Strengthen the provider-patient partnership in managing health. • Promote American Diabetes Association standards of care.
Living Well Rhode Island (LWRI)	Adults diagnosed with diabetes	<ul style="list-style-type: none"> • Provide evidence-based chronic disease self-management education statewide. • Develop a chronic disease self-management workforce for English and Spanish education.
TEAMWorks	Physician practices	<ul style="list-style-type: none"> • Promote American Diabetes Association standards of care • Proven to help patients lower HbA1c, lower blood pressure, lower LDL, increase insulin compliance • Teach patients how to manage their diabetes in order to delay or prevent complications and improve their quality of life. • Use multidisciplinary approach by “teaming up” with the provider, patients, and a team of Certified Diabetes Outpatient Educators consisting of a registered nurse, dietician, and pharmacist in a group visit. • Introduce adults with diabetes to formal diabetes education.
Diabetes Multicultural Coalition	<ul style="list-style-type: none"> ▪ Adults diagnosed with diabetes or pre-diabetes ▪ Community agencies ▪ People with interest in diabetes 	<ul style="list-style-type: none"> • Promote multi-lingual and multi-cultural diabetes education and support. • Introduce basic diabetes education into communities that have low access to formal diabetes education.
Certified Diabetes Outpatient Educators (CDOE)	Nurses, dieticians, and pharmacists who provide education to people diagnosed with diabetes or pre-diabetes	<ul style="list-style-type: none"> • Support and certify a workforce of nurses, dieticians, and pharmacists who provide diabetes education so that patients can better manage their diabetes.
Diabetes Prevention Program (DPP)	Rhode Island Chronic Care Collaborative Health Centers	<ul style="list-style-type: none"> • Improve screening and quality of care provided for patients at risk for diabetes. • Provide physician practices with tools and information needed to connect patients at risk for diabetes with community resources.
Diabetes Support Groups	<ul style="list-style-type: none"> ▪ Adults diagnosed with diabetes ▪ Caregivers 	<ul style="list-style-type: none"> ▪ Provide a support network and education about diabetes that will motivate people with diabetes to improve self-management and preventive behavior.
Surveillance	<ul style="list-style-type: none"> ▪ Stakeholders and policy makers 	<ul style="list-style-type: none"> • Support evidence-based diabetes programs.