

# Connecticut Department of Public Health

## DIABETES FACT SHEET - 2011

*Diabetes is a common, serious, and costly disease that affects approximately 279,000 Connecticut adults, an estimated one-quarter to one-third of whom do not know they have the disease. The eighth leading cause of death in Connecticut, diabetes is a leading cause of blindness among working adults, is a major cause of kidney failure, and causes more than 60% of non-traumatic lower limb amputations. Diabetes is also a significant risk factor for cardiovascular disease.*

### How does diabetes affect Connecticut residents?

- ◆ Data from 2007 to 2009 indicate that an estimated 6.9% or about 186,000 Connecticut adults, 18 years and older, reported having been diagnosed with diabetes.
- ◆ According to national statistics, one-quarter to one-third of all people with diabetes are undiagnosed. An estimated 60,000 to 93,000 adults in Connecticut have undiagnosed diabetes.
- ◆ Almost 80% of adults diagnosed with diabetes were diagnosed when they were younger than the age of 65; 42% were diagnosed before the age of 50.
- ◆ Connecticut adults with diabetes are 1.4 times as likely to be overweight, 1.8 times as likely to have high cholesterol levels, and 2.7 times as likely to have high blood pressure as residents without diabetes.
- ◆ Almost 1.6 million Connecticut adults are at increased risk of developing diabetes because they are overweight, have a sedentary lifestyle, or have a history of gestational diabetes, all of which are known risk factors.
- ◆ On average, 7 people are hospitalized every hour in Connecticut for diabetes-related conditions. Their average stay in the hospital is 3 days.
- ◆ Connecticut's Black population suffers disproportionately from diabetes. Black Connecticut residents have 2.3 times the risk of death due to diabetes and 1.9 times the risk of death due to diabetes-related causes compared with White Connecticut residents. Black Connecticut residents have 4.3 times the risk of being hospitalized directly due to diabetes, 2.6 times the risk of hospitalization due to diabetes-related causes, and 4.3 times the risk of hospitalization due to lower extremity amputation compared with White Connecticut residents.
- ◆ Connecticut's Hispanic population also disproportionately suffers the burden of diabetes. Compared with White, non-Hispanic residents, Hispanic residents have 51% higher mortality rates due to diabetes and 45% higher mortality rates due to diabetes-related causes. Hispanic residents have 2.9 times the risk of being hospitalized directly due to diabetes, 2.4 times the risk of hospitalization due to diabetes-related causes, and 2.7 times the risk of hospitalization due to lower extremity amputation compared with White, non-Hispanic residents.

## What are the costs of diabetes?

- ◆ The financial costs of diabetes in the United States and Connecticut are staggering. The direct cost (medical care) and indirect costs (lost productivity and premature mortality) of diabetes in the United States totaled \$174 billion in 2007, while Connecticut costs were estimated at \$2.43 billion in 2006.
  - ◆ On average, a person with diabetes paid \$11,744 in total medical expenditures in 2007, while a person without diabetes paid \$5,095 (national statistics).
  - ◆ In 2008, approximately \$128 million was billed for hospitalizations in Connecticut due directly to diabetes (diabetes as principal diagnosis). Costs for hospitalizations due to diabetes-related causes (diabetes as any diagnosis) totaled about \$1.8 billion in 2008.
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## Are there laws or mandates to help people with diabetes?

- ◆ Connecticut General Statute (CGS) 38a-492d requires health insurers who offer coverage in Connecticut to provide medically necessary coverage for the treatment of all types of diabetes and to reimburse for all diabetes-related medically necessary equipment in accordance with a treatment plan, and for drugs and supplies prescribed by a licensed practitioner. Coverage is also required for laboratory and diagnostic tests to treat all types of diabetes. (Deductibles and copayments still apply.)
- ◆ Medicare Part B and Medicare managed care enrollees with diabetes are reimbursed for supplies such as blood glucose monitors, test strips, and lancets as prescribed by a physician. Self-management training is also covered.
- ◆ Health insurers in Connecticut are required by Public Act 99-284 to reimburse for diabetes outpatient self-management training that is provided by a certified, registered, or licensed health care professional trained in the care and management of diabetes. Coverage is to include a maximum of 10 hours of training after an initial diagnosis of diabetes and a maximum of an additional 4 hours whenever a physician determines specific training is medically necessary.

*Studies have shown that there are ways to make diabetes less costly. Improved control of blood glucose levels for people with diabetes can be cost-effective, even after considering the costs of supplies and medications. Blood glucose control can also improve productivity, and reduce absenteeism and restricted activity days among working adults.*

## What should be done to reduce the burden of diabetes in Connecticut?

- ◆ **Providers of Care to People with Diabetes:** People with diabetes need ongoing access to high quality diabetes care. The “Clinical Practice Recommendations” published annually by the American Diabetes Association (ADA) detail the standards of care for all patients with diabetes. All health care providers who treat diabetes patients, from family practice physicians to dietitians to pharmacists, should help ensure that their patients receive all recommended services.
- ◆ **Connecticut Residents Diagnosed with Diabetes:** Research has shown that diabetes can be controlled, and the best way to reduce the complications of diabetes is for those diagnosed to maintain their blood glucose at recommended levels. Also, testing A1c levels at least twice a year, having blood pressure checked at each medical visit, and having a cholesterol test done annually are important. Furthermore, studies have shown that education and training in diabetes self-management skills and practices reduce A1c, blood pressure, and cholesterol levels leading to a decreased risk of developing complications from diabetes. Outpatient training is offered through diabetes education centers located throughout Connecticut. People with diabetes should treat their diabetes seriously, should be aware of the resources available to help them, and should be encouraged and supported by their healthcare providers, their employers, their health insurers, and their communities.
- ◆ **Connecticut Residents at High-Risk for Developing Diabetes:** Almost 1.6 million Connecticut adults are at increased risk for developing diabetes because they are overweight, have a sedentary lifestyle, or have a history of gestational diabetes. Individuals having blood glucose levels that are elevated but below levels that are diagnostic of diabetes are also at risk for developing diabetes. Health care providers and their patients should work together to determine who is at risk and conduct appropriate screening, if necessary. In addition, residents who are considered overweight or who have a sedentary lifestyle should be encouraged to take action to reduce their risk of developing diabetes. The most effective way for a person having any of these risk factors to prevent or delay the onset of diabetes is through lifestyle changes such as increased physical exercise and weight loss.
- ◆ **Connecticut Residents Who Suffer Disproportionately the Burden of Diabetes:** Connecticut’s Black and Hispanic populations suffer disproportionately the burden of diabetes, especially those with low-income levels. Community-based efforts that work to raise awareness of diabetes, that improve the culturally-appropriate health care offered in the community, and that support diabetes self-management practices should be promoted in affected communities.

## What is the Connecticut Diabetes Prevention and Control Program doing to reduce the burden of diabetes in the state?

The goals of the Connecticut Diabetes Prevention and Control Program (CTDPCP) are to improve care for people diagnosed with diabetes, initiate health promotion efforts in collaboration with other chronic disease programs, and reduce the burden of diabetes for people in high-risk racial and ethnic populations in Connecticut. To achieve these goals, the CTDPCP:

1. **Maintains a diabetes surveillance system** to continuously assess the burden of diabetes in the state, monitor the availability and use of preventive health services by people with diabetes, and evaluate the effectiveness of program interventions.
2. **Reaches out** to providers of care for people diagnosed with diabetes, people diagnosed with diabetes who have health coverage with managed care organizations or who receive care at community health centers, and people at high risk for developing diabetes.
3. **Works with partners** in managed care, health service delivery, media, and several other areas to influence health systems, increase health communications, and develop community-based interventions. Activities include promoting guidelines for standards of care for people with diabetes, determining the level of preventive services that is offered by healthcare providers, and ensuring placement of diabetes-related health promotion messages.
4. **Collaborates on** special projects and quality improvement initiatives at community health centers, promotes influenza and pneumococcal vaccinations, eye and foot examinations, and A1c testing among people with diabetes, and provides professional education for health care providers.

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**References:**

American Diabetes Association. 2008. Economic costs of diabetes in the US in 2007. *Diabetes Care* 31(3):596-615.

Centers for Disease Control and Prevention (CDC). 2011. *National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011*. Atlanta, GA: CDC. Available at [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf).

Connecticut Department of Public Health (CT DPH), Planning Branch. 2011. *Unpublished tables: 2006-2008 Connecticut resident mortality summary tables by gender, race, and Hispanic ethnicity; 2008 Connecticut resident hospitalizations summary tables by gender, race, and Hispanic ethnicity; and 2007-2009 Connecticut Behavioral Risk Factor Surveillance System Survey data*. Hartford, CT: CT DPH.

Gray A, Raikou M, McGuire A, et al. 2000. Cost effectiveness of an intensive blood glucose control policy in patients with type 2 diabetes: economic analysis alongside randomized controlled trial (UKPDS 41). *BMJ* 320(7246):1373-8.

Knowler WC, Barrett-Connor E, Fowler SE, et al. 2002. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 346(6): 393-403.

Li, R., P. Zhang, L.E. Barker, et al. 2010. Cost-effectiveness of Interventions to Prevent and Control Diabetes Mellitus: A Systematic Review. *Diabetes Care* 33 (8):1872-1894. Available at <http://care.diabetesjournals.org/content/33/8/1872.long>.

Poulin, S.M., and M.M. Hynes. 2011. *The Burden of Diabetes in Connecticut – 2010 Surveillance Report*. Hartford, CT: Connecticut Department of Public Health. Available at <http://www.ct.gov/dph/diabetesdata>.



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