



# 2018 KENTUCKY DIABETES FACT SHEET

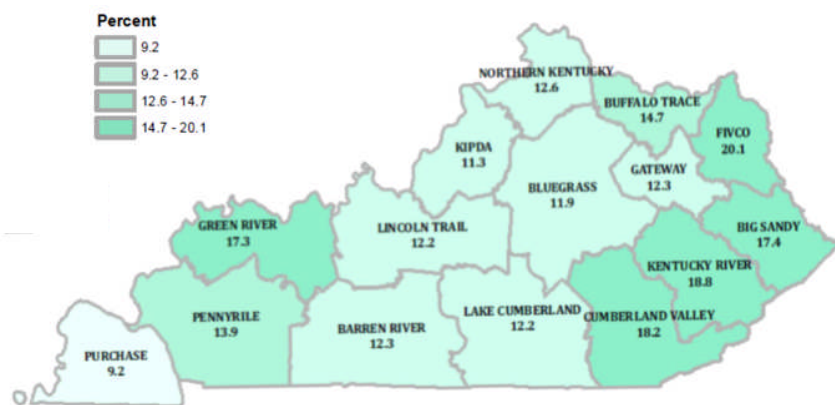
## DIABETES: A Public Health Epidemic

### Diabetes is COMMON in Kentucky

- ◆ From 2000 to 2016, diagnosed diabetes among Kentucky adults has more than doubled from 6.5% (198,052) to the current rate of 13.1% (449,324).<sup>1</sup>
- ◆ Applying the national rate to Kentucky, an additional 141,891 adults are estimated to be living with undiagnosed diabetes.<sup>2</sup>
- ◆ An estimated 26,874 Kentucky adults are diagnosed with diabetes every year.<sup>3</sup>
- ◆ A total of 3,206 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (274) and Medicaid (2,932).<sup>4</sup>
- ◆ As of 2016, 9.6% (275,368) Kentucky adults had diagnosed prediabetes (up from 8.4% in 2015).<sup>1</sup>
- ◆ Applying the national rate to Kentucky, an estimated 1 in 3 adults (33.9% or 1,122,795) have diagnosed or undiagnosed prediabetes.<sup>2</sup>

### Kentucky Diabetes Prevalence

2016 Kentucky Behavioral Risk Factor Surveillance Survey



**Statewide Prevalence: 13.1% or 1 in every 8 adults**

### Diabetes is SERIOUS in Kentucky

- ◆ Diabetes is associated with complications that threaten both length and quality of life such as heart disease, stroke, blindness, kidney failure, lower-limb amputation and ketoacidosis.
- ◆ Kentucky has the 14<sup>th</sup> highest diabetes mortality rate in the nation (2014).<sup>5</sup> Diabetes is the 6<sup>th</sup> leading cause of death by disease overall, and 5<sup>th</sup> leading cause of death by disease for African Americans (2015).<sup>6</sup>
- ◆ Hospitals in Kentucky had 9,192 inpatient hospital discharges with a primary diagnosis of diabetes (2015).<sup>7</sup>
- ◆ In addition, 46% (17,966) of hospital visits for cardiovascular disease listed diabetes as a secondary diagnosis (2015).<sup>7</sup>
- ◆ Kentucky inpatient hospital discharge data with diabetes as the primary diagnosis shows diabetic ketoacidosis or DKA and other specified manifestations (includes hypoglycemia) as the most frequent reasons for hospitalization (2015).<sup>7</sup>
- ◆ People with diabetes are more likely to have other serious chronic conditions and risks as shown in the table below.

Diabetes Status and Co-existing Condition or Risk						
2016 Kentucky Behavioral Risk Factor Surveillance Survey						
Diabetes Diagnosis	Arthritis	Depression	Smoking	Obese	No Leisure Time Activity	Coronary Heart Disease
Yes	60.6%	32.1%	20.5%*	55.2%*	44.5%*	18.9%
No	29.4%	21.9%	25.0%*	30.9%	27.5%*	4.9%

\*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source

### Diabetes is COSTLY in Kentucky

- ◆ National data shows people with diabetes have costs 2.3 times higher than would be expected in its absence (2012).<sup>4</sup>
- ◆ Diabetes has the 4<sup>th</sup> highest average cost for individual Kentucky hospitalizations at \$29,281 (2015).<sup>4</sup>
- ◆ It is the third highest overall cost of several common chronic diseases in the Kentucky Medicaid population (2015).<sup>4</sup>
- ◆ It is one of the most costly chronic conditions for both active employees and early retirees in the Kentucky Employees' Health Plan (KEHP) population at almost \$70 million in combined medical and prescription drug costs (2015).<sup>4</sup>
- ◆ The American Diabetes Association (ADA) estimates that diabetes cost Kentucky \$3.85 billion in total medical costs, lost work and wages (2012).<sup>4</sup> The projected economic impact for diabetes in Kentucky in 2020 is \$6.5 billion.<sup>8</sup>

## Diabetes is CONTROLLABLE and in Many Cases PREVENTABLE (Type 2)

- Structured lifestyle change programs such as the National Diabetes Prevention Program have been proven to prevent or delay type 2 diabetes in persons with prediabetes or risk factors for the disease.
- Evidence also shows that much of the sickness and death from diabetes can be prevented, delayed or significantly reduced.
- Aggressive treatment to manage A1C, blood pressure and cholesterol and promote smoking cessation is critical to reduce risks for diabetes-related complications.
- Quality care from health care teams, diabetes self-management education and support, and appropriate self-care are all vital to help people with diabetes stay healthy.
- See the tables below for gaps that exist between current and desired clinical and self-care practices.

Reported Diabetes Care Practice Rates Among Adults with Diabetes					
Kentucky Behavioral Risk Factor Surveillance Survey – 2014 and 2016 Data Not Collected for These Indicators					
Indicator Within past year unless otherwise noted	2011 Kentucky <sup>1</sup>	2012 Kentucky <sup>1</sup>	2013 Kentucky <sup>1</sup>	2015 Kentucky <sup>1</sup>	2015 U.S. <sup>9</sup>
Taken a diabetes self-management course	47.3%	49.0%	49.6%	48.0%	54.8%*
A1C test checked $\geq$ 1 time	84.0%	80.8%	89.2%	90.4%*	NA
A1C test checked $\geq$ 2 times	74.4%	73.4%	74.5%	74.1%	74.9%
Retinal or dilated eye exam	65.7%	61.0%	65.2%	67.3%*	70.1%*
Professional foot exam	64.7%	67.2%	72.1%	72.4%*	75.7%*
Flu shot	61.2%	56.3%	58.3%	59.8%*	57.1%*
Pneumonia shot ever	61.4%	57.4%	62.1%	61.4%*	64.7%*
Self-foot exam daily	68.3%	63.6%	67.9%	63.5%	60.4%
Self-blood glucose monitoring daily	68.9%	63.3%	69.7%	62.8%	62.1%
Seeing a health professional for diabetes $\geq$ 1 time	87.6%	84.7%	88.8%	88.4%	89.3%

\*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.

2015 and 2016 Laboratory or Clinical Rates for Kentucky Adults with Diabetes				
Statewide Data Not Available but Below Are Various Population Subsets from Listed Available Reports				
Indicator Within the past year	2016 Consolidated Measurement Report, Kentucky State Aggregate Report <sup>10</sup>	Federally Qualified Health Center Data Report for Kentucky <sup>11</sup>	2017 External Quality Review Technical Report <sup>12</sup>	Type 2 Diabetes Data Brief-2017, Kentucky <sup>13</sup>
A1C test checked $\geq$ 1 time	92%*	NA	86.23%	NA
A1C poor control > 9%	14%*+	29.9%*	44.51%	16.8%+
A1C control < 8%	73%*+	NA	46.30%	69.0%+
A1C control < 7%	NA	NA	33.92%	47.6%+
Blood pressure control < 140/90 mm/Hg	NA	NA	59.12%	NA

\*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.  
+These measures only include patients who received the listed test and whose most recent lab values are present in health plan data. This differs from HEDIS specifications.

For more statistics and information, see the latest **Kentucky Diabetes Report and the Diabetes Education Services Scorecard for Kentucky** at <http://chfs.kv.gov/dph/info/dpqi/cd/diabetesfactsheets.htm>.

### Data References

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