# Diabetes Facts: Diabetes in Alaska

Living with poorly managed diabetes dramatically increases the chances of premature death, heart attack, stroke, kidney disease, and blindness.

# What is diabetes costing Alaskans in terms of...Lives?

- In 2003-2005, an annual average of 22,130 Alaskans ≥18 years of age were living with diabetes, up 36% from 1999-2001.<sup>1</sup>
  - The percentage of Alaska Natives with diabetes has more than doubled since 1990.<sup>2</sup>
- Since 1996, diabetes has been the 7<sup>th</sup> leading cause of death in Alaska.<sup>3</sup>

# ...Quality of life?

- More than a third (38%) of Alaskans with diabetes said their health was fair or poor in 2003-2005.<sup>1</sup>
- Among Alaska men ≥ 35 with diabetes, 12% have heart disease and 9% have had a stroke.<sup>1</sup>
- Nearly half of all Alaskans who started dialysis in 2003-2005 had diabetes-related kidney disease.<sup>4</sup>
- About one in five Alaskans with diabetes has vision damage from the disease.<sup>1</sup>

#### ...Economic burden?

- Direct and indirect costs associated with diabetes amounted to more than \$360 million in 2005.<sup>5</sup>
- Health care for Alaska Medicaid recipients with diabetes cost at least twice as much per person as it did for recipients without diabetes each year from 2001 to 2005.6
- In 2002-2004, nearly 12% of all adult hospital discharges in Alaska included a diabetes diagnosis; these hospital stays lasted an average of nearly 5 days and cost more than \$283 million.<sup>7</sup>
  - Nearly 10% of these discharges, with a total cost of about \$35 million, were for hospital stays that could have been avoided with adequate preventive care.<sup>7</sup>



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#### **Alaskans at Risk**

Diabetes is most common among people who are: 45 or older, obese, related to someone with diabetes, or physically inactive.

About one-third of Americans with diabetes do not know they have it. This means that an additional 13,000 Alaskans may be at increased risk of diabetes complications because they are not getting the preventive care they need.

Based on national figures<sup>8</sup>, we estimate that as many as 122,000 Alaskan adults may have pre-diabetes, and could develop diabetes if they do not take action.

## The Power of Prevention

Diabetes and complications of diabetes can be prevented or delayed by keeping blood glucose levels within the normal range. Alaskans can reduce their own diabetes-related risks by:

- Being screened for diabetes and its risk factors
- Maintaining a healthy weight
- Being physically active
- Avoiding tobacco use, and
- Following health care recommendations for exams, tests, and medications.

## Alaskans with diabetes need these resources

- ✓ Access to diabetes education.
- ✓ Low cost diabetes medications, monitoring devices and test strips.
- Access to diabetes preventive care services recommended by the State of Alaska and the American Diabetes Association, including annual dilated eye and dental exams, professional foot exams, kidney function and blood tests, and dietary, exercise and podiatry services as needed.
- Access to all school activities for children with diabetes, which means their schools must have appropriate health emergency plans.

<sup>1</sup>Alaska Behavioral Risk Factor Surveillance System, 1999–2005, unpublished data; <sup>2</sup>http://www.anmc.org/services/diabetes/; <sup>3</sup>Top ten leading causes of death for Alaska. Available at: http://www.hss.state.ak.us/dph/bvs/data/default.htm; <sup>4</sup>Northwest Renal Network annual reports. Available at: http://www.nwrenalnetwork.org/ARS.htm.; <sup>5</sup>ADA (Hogan P, Dall T and Nikolov P) Economic costs of diabetes in the US in 2002. Diabetes Care March 2003;26:917-932 (Modified using the US Cost of Living index.); <sup>6</sup> Alaska Medicaid claims, unpublished data; <sup>7</sup> Alaska Hospital Discharge Dataset, 2002-2004, unpublished data; <sup>8</sup>Cowie CC, Rust KF et al. Prevalence of diabetes and impaired fasting glucose in adults in the U.S. population: National Health and Nutrition Examination Survey 1999–2002. Diabetes Care June 2006;29:1263-1268.