

2019 Kentucky Diabetes Fact Sheet

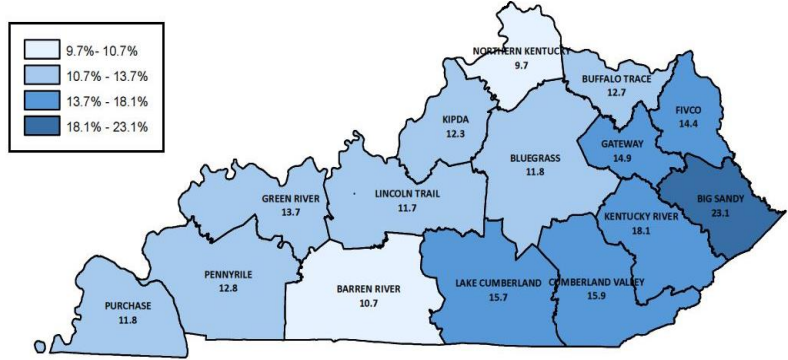
DIABETES: A Public Health Epidemic

Diabetes is COMMON in Kentucky

- From 2000 to 2017, diagnosed diabetes in KY adults has nearly doubled from 6.5% (198,052) to 12.9% (442,500 or 1 in 8)¹. KY ranks 7th highest in the U.S. for diabetes prevalence³. (Nationwide median: 10.5%)
- An estimated 147,500 adults are living with undiagnosed diabetes based on the national rate².
- In Appalachia, the adult rate for diagnosed diabetes is 17% compared to 11.2% in non-Appalachian counties.
- 3,352 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (278) and Medicaid (3,074)³.

Prevalence of Diagnosed Diabetes by Kentucky Regions

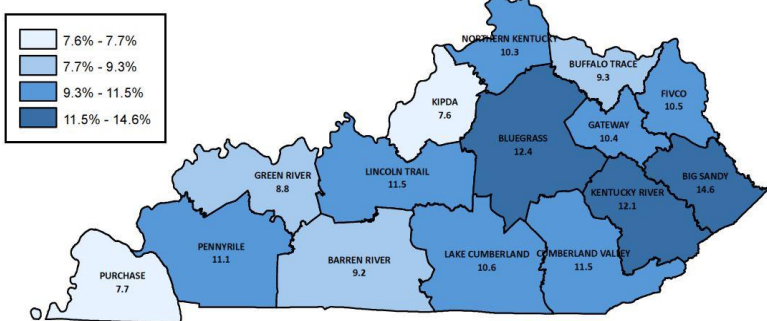
2017 Kentucky Behavioral Risk Factor Survey



Statewide Prevalence: 12.9%

Prevalence of Diagnosed Prediabetes by Kentucky Regions

2017 Kentucky Behavioral Risk Factor Survey



Statewide Prevalence: 10.2%

- Prediabetes occurs when blood sugar levels are higher than normal but not high enough for a diabetes diagnosis. It is a major risk factor for type 2 diabetes.
- As of 2017, 10.2% (288,000) Kentucky adults had diagnosed prediabetes (up from 8.4% in 2015)³.
- 812,000 adults are estimated to have undiagnosed prediabetes².
- An estimated 1 in 3 adults (33.9% or 1.1 million) have diagnosed or undiagnosed prediabetes².
- Gestational diabetes, a risk factor for prediabetes, was present in 5.6% (3,039) of Kentucky live births in 2016, and 10% (2,703) of Medicaid births in 2017³.

Diabetes is SERIOUS in Kentucky

- Diabetes can be associated with complications such as heart disease, stroke, blindness, kidney failure, lower-limb amputation and ketoacidosis. These can reduce length and quality of life.
- In 2016, KY had the 4th highest death rate in the U.S. due to diabetes. This is an increase from 14th in 2014. Diabetes is the 6th leading cause of death by disease in KY and the U.S. It is the 3rd leading cause of death by disease for African Americans in KY (2016).
- KY hospitals had 10,470 inpatient hospital discharges with a primary diagnosis of diabetes (2017).
- 49% (18,359) of hospital visits for cardiovascular disease listed diabetes as a secondary diagnosis (2017).
- KY inpatient hospital discharge data, where diabetes is listed as the primary diagnosis, shows other specified manifestations (includes hypoglycemia) and diabetic ketoacidosis or DKA as the most frequent reasons for hospitalization (2017).
- In 2017, 16,176 Kentuckians had an emergency department visit for diabetes that did not result in full hospitalization. These visits generated billed charges of approximately \$74 million³.
- Kentuckians with diabetes are more likely to have other chronic conditions and risks as shown below.

Diabetes Status and Co-existing Condition or Risk

2017 Kentucky Behavioral Risk Factor Survey

Diabetes Diagnosis	No Leisure Time Activity	Obese	Smoking	Hypertension	High Cholesterol	Coronary Heart Disease	All Natural Teeth Extracted	Depression	Arthritis	Asthma
Yes	49.2%	56.1%	22.8%	77.8%	66.5%	17.9%*	30.7%	34.8%	58.9%	18.5%
No	32.3%	30.9%	24.0%*	33.6%	33.1%	4.5%*	19.0%	22.7%	28.4%	9.6%

*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

- ◆ Nationally, people with diabetes have costs 2.3 times higher than in its absence⁴.
- ◆ Diabetes has the 3rd highest average cost for individual KY hospitalizations for common chronic diseases at \$35,493 (2017)³.
- ◆ 3rd highest overall cost of several common chronic diseases in the KY Medicaid population (2017).
- ◆ Diabetes 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 \$174 million in combined medical and prescription drug costs in 2017³.
- ◆ Diabetes costs KY \$5.16 billion in total medical costs, lost work and wages (2017)⁴.

Diabetes is MANAGEABLE and in Many Cases PREVENTABLE

- ◆ Structured lifestyle change programs such as the National Diabetes Prevention Program have been proven to prevent or delay type 2 diabetes in adults with prediabetes or at high risk for the disease.
- ◆ Much of diabetes-related sickness and death can be prevented, delayed or reduced.
- ◆ Quality care from health care teams including aggressive treatment to manage A1C, blood pressure and cholesterol and promote smoking cessation is critical to reduce risks for diabetes-related complications.
- ◆ Diabetes self-management education and support, appropriate self-care and other risk reduction and behavior change strategies are also critical to achieve diabetes control and avoid complications.

The tables below show 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 Survey – 2014 and 2016 Data Not Collected for These Indicators						
Indicator	2011	2012	2013	2015	2017	2015
Within past year unless otherwise noted	Kentucky ¹	Kentucky ¹	Kentucky ¹	Kentucky ¹	Kentucky ¹	U.S. ⁵
Taken a diabetes self-management course	47.3%	49.0%	49.6%	48.0%	46.0%	54.8%*
A1C test checked \geq 1 time	84.0%	80.8%	89.2%	90.4%	94.5%*	NA
A1C test checked \geq 2 times	74.4%	73.4%	74.5%	74.1%	80.2%*	74.9%
Retinal or dilated eye exam	65.7%	61.0%	65.2%	67.3%	66.5%	70.1%*
Professional foot exam	64.7%	67.2%	72.1%	72.4%	75.9%*	75.7%*
Flu shot	61.2%	56.3%	58.3%	59.8%	56.4%	57.1%*
Pneumonia shot ever	61.4%	57.4%	62.1%	61.4%	67.4%*	64.7%*
Self-foot exam daily	68.3%	63.6%	67.9%	63.5%	64.0%*	60.4%
Self-blood glucose monitoring daily	68.9%	63.3%	69.7%	62.8%	62.0%	62.1%
Seeing a health professional for diabetes \geq 1 time	87.6%	84.7%	88.8%	88.4%	92.0%	89.3%

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

2016, 2017 and 2018 Laboratory or Clinical Rates for Kentucky Adults with Diabetes				
Statewide Data Not Available but Below Are Various Population Subsets from Listed Available Reports				
Indicator	2017 Consolidated Measurement Report, Kentucky State Aggregate Report ⁶	Federally Qualified Health Center Data Report for Kentucky ⁷	2019 Kentucky Diabetes Report ³ Kentucky Medicaid Managed Care HEDIS Scores 2018	2018 HEDIS National Medicaid Benchmark (50 th Percentile) ³
Within the past year				
A1C test checked \geq 1 time	85%	Not Available	86.93%*	87.83%
A1C poor control > 9%	55%	27.74%*	47.18%	38.08%
A1C control < 8%	Not Available	59.17	43.22%	51.40%
A1C control < 7%	12%	Not Available	31.75%	35.07%
Blood pressure control < 140/90 mm/Hg	Not Available	Not Available	57.34%	63.26%

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For more statistics and information, see the latest *Kentucky Diabetes Report* and the *Diabetes Education Services Scorecard for Kentucky* at <https://chfs.ky.gov/agencies/dph/dpqi/cdpp/Pages/diabetes.aspx>.

Data References

1. Kentucky Department for Public Health and CDC. Kentucky Behavioral Risk Factor Survey Data. 2000, 2011, 2012, 2013, 2015 and 2017.
2. Centers for Disease Control and Prevention (CDC). National Diabetes Statistics Report, 2017. <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>
3. Kentucky Department for Public Health. 2019 Kentucky Diabetes Report.
4. American Diabetes Association. *Economic Costs of Diabetes in the U.S. in 2017*. Diabetes Care 2018; 41: 917-928.
5. CDC, Preventive Care Practices, 2015. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html> (Latest national data accessible at this time.)
6. Kentuckiana Health Collaborative. *2017 Consolidated Measurement Report for Kentucky*. Aggregated 2016 claims data for Aetna, Anthem, Humana, WellCare and Passport
7. Human Resources and Services Administration. 2017 Health Center Data. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2017&state=KY#plist>

