

# Diabetes & Prediabetes

Diabetes is a chronic condition characterized by high blood glucose (sugar) resulting from the body's inability to use glucose for energy. When too much blood sugar stays in your bloodstream, over time it can cause serious health problems like heart disease, vision loss and kidney disease. Reducing known risk factors, such as tobacco use, dietary patterns that lead to weight gain, physical inactivity, high blood cholesterol, and high blood pressure can prevent type 2 diabetes or delay its onset. Reducing these risk factors in people with diabetes also prevents or lessens the severity of diabetes complications. Diabetes and its complications are leading causes of hospitalization and the seventh leading cause of death.

In 2016, 9% of Washington adults reported they had been told by a health professional they had diabetes. Diabetes among Washington adults increased from 1994 – 2010, but has recently been stable. The prevalence of diabetes among Washington adults is lower than in the U.S.

Males, blacks, Hispanics, American Indian and Alaska Natives (AIAN), adults over 65 years old, and adults with low incomes or less education are more likely to have diabetes than are other Washington adults.

DOH, along with partner agencies, is working to implement the [Diabetes Epidemic and Action Report](#), and the [Washington State Plan for Healthy Communities](#).



**1 in 11**

Washington adults has diabetes



Diabetes is the 7<sup>th</sup> leading cause of death in Washington

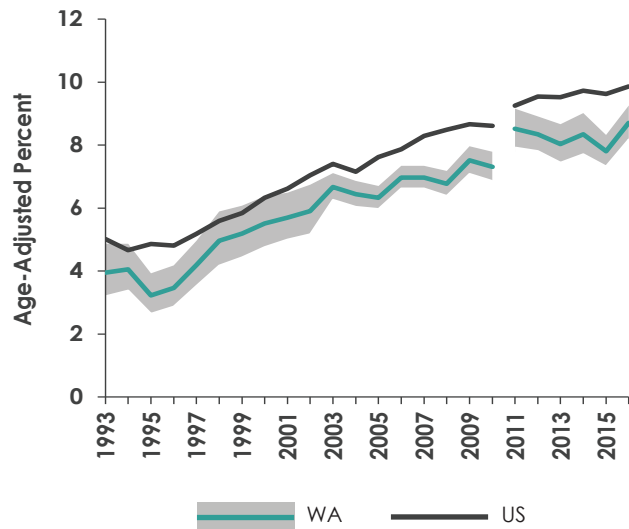


# Diabetes

## Time Trends

- In the 2016 Behavioral Risk Factor Surveillance System (BRFSS), the age-adjusted prevalence of diabetes among Washington adults was 9% ( $\pm 1\%$ ).
- Washington has a lower prevalence of diabetes compared to the U.S.
- Prevalence of diabetes among Washington adults increased from 1995-2010. These data are not directly comparable with more recent data due to a change in survey methods. Data since 2011 show the prevalence to be relatively stable.

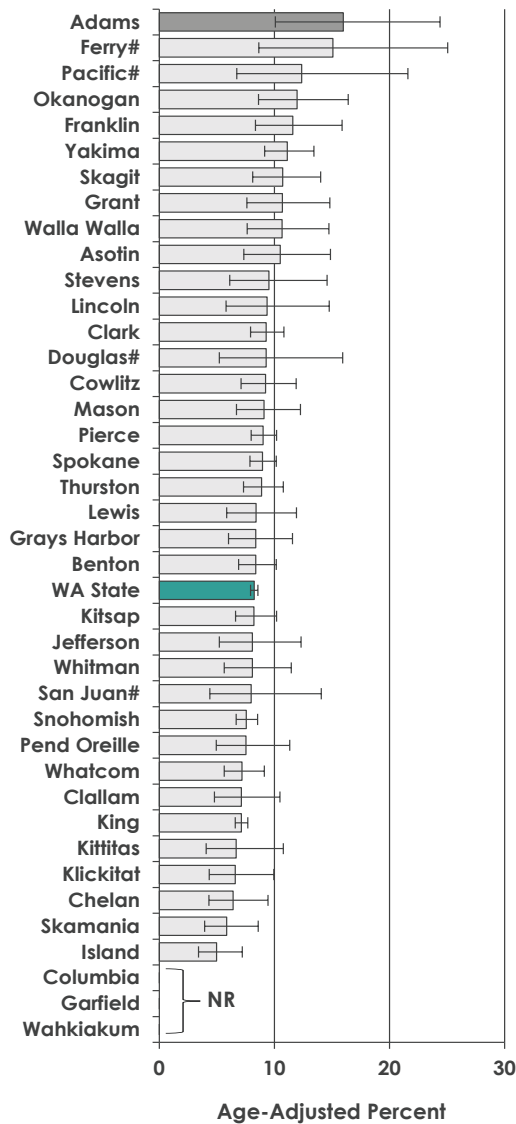
**Self-Reported Diabetes  
Washington State & US  
BRFSS, 1993-2016**



# Geographic Variation

- In the 2014-2016 BRFSS, diabetes among adults was higher in Adams County compared to the state.
- No county had a lower prevalence than the state.

**Self-Reported Diabetes  
Washington Counties  
BRFSS, 2014-2016**



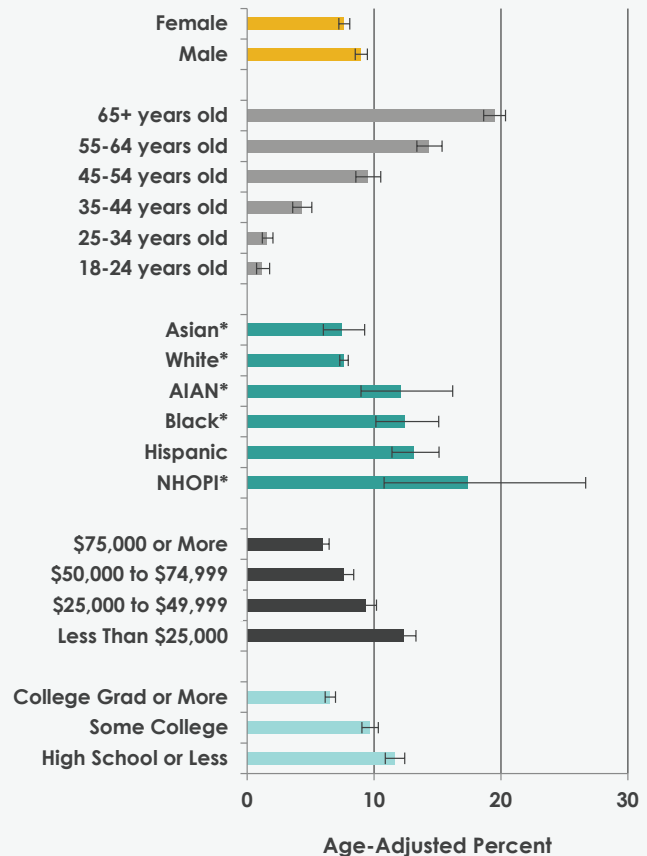
■ WA State       Lower than WA State  
 Same as WA State       Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy  
 #Relative standard error (RSE) is between 25% and 29%

# Disparities

- In the 2014-2016 BRFSS, males had a higher prevalence of diabetes compared to females.
- Prevalence of diabetes increased with age and was highest among adults 65 years and older.
- Blacks, Hispanics and AIAN had higher prevalence of diabetes than whites.
- Prevalence of diabetes increased as levels of education and household income decreased.

**Self-Reported Diabetes  
Washington State  
BRFSS, 2014-2016**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander





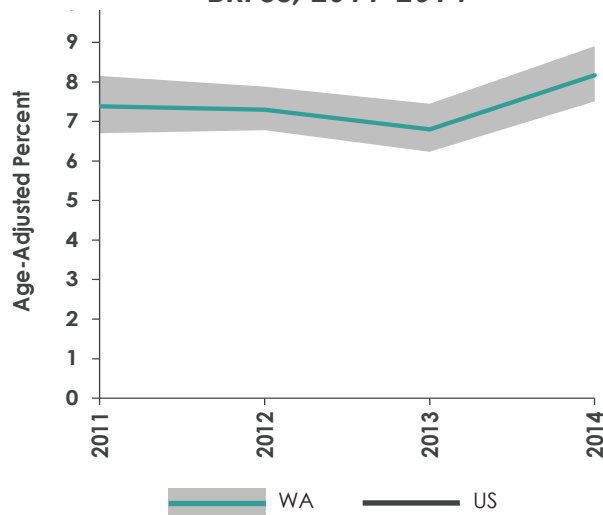
In 2014, 8% ( $\pm 1\%$ ) of Washington adults reported they had been told by a health professional they had prediabetes, which is elevated blood sugar, but not enough for a diagnosis of diabetes. Awareness of prediabetes among Washington adults has been stable since 2011. Awareness of prediabetes is highest among adults over 65 years old and those with low levels of income and education.

## Prediabetes

### Time Trends

- In the 2014 BRFSS, the age-adjusted percent of Washington adults reporting prediabetes was 8% ( $\pm 1\%$ ).
- Across states, self-reported awareness of prediabetes was much lower than the 2011-2012 national prevalence of prediabetes which was 37% based on adult fasting glucose or A1C level.<sup>1</sup>
- Data since 2011 show the percent of adults aware of having prediabetes to be relatively stable.

**Self-Reported Prediabetes  
Washington State  
BRFSS, 2011-2014**

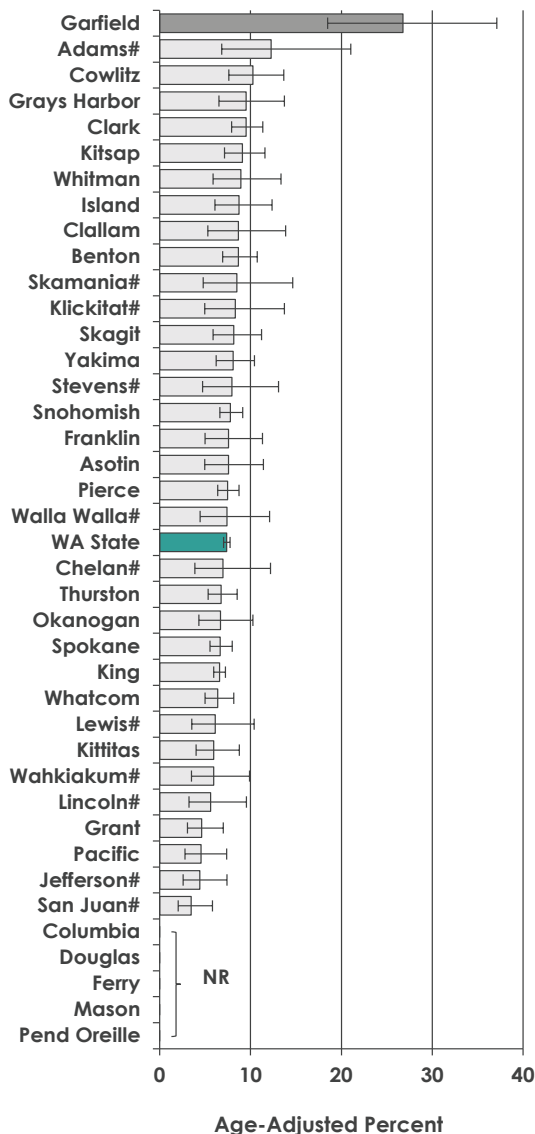




# Geographic Variation

- In the 2012-2014 BRFSS, awareness of prediabetes among adults was higher in Garfield County than the state.
- No county had a lower prevalence than the state.

**Self-Reported Prediabetes  
Washington Counties  
BRFSS, 2012-2014**



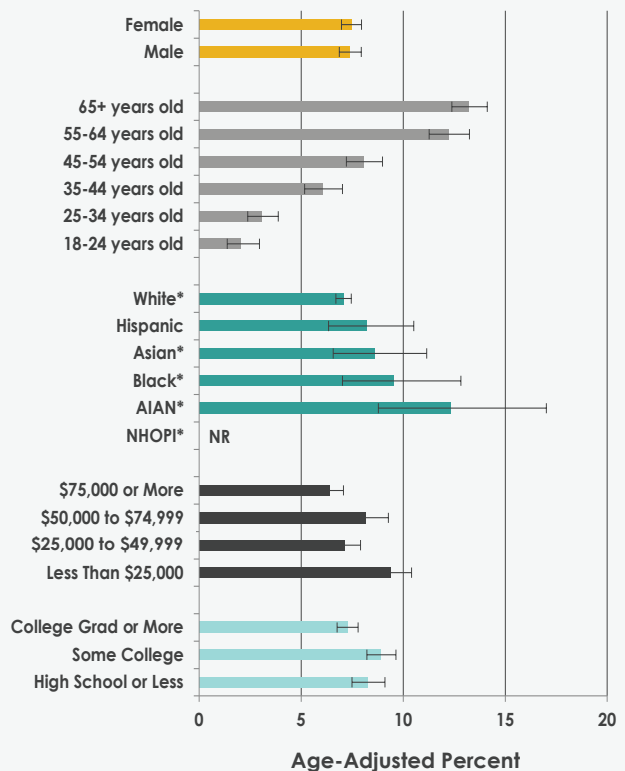
WA State  
 Lower than WA State  
 Same as WA State  
 Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy  
 #Relative standard error (RSE) is between 25% and 29%

# Disparities

- In the 2012-2014 BRFSS, awareness of prediabetes increased with age and was highest among adults 65 years and older.
- Awareness of prediabetes was higher among adults with incomes less than \$25,000 compared to those with incomes of \$75,000 or more. It was also higher among adults with a high school education or less compared to those with a college degree or more.
- No notable differences in prediabetes awareness were seen across genders or race and ethnic groups.

**Self-Reported Prediabetes  
Washington State  
BRFSS, 2012-2014**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

# How is Washington addressing diabetes & prediabetes?

In 2015, the Legislature directed the Department of Health, Department of Social and Health Services, and Health Care Authority to jointly submit a report describing the burden of diabetes in Washington, efforts currently underway to address the burden, and additional resources needed. The [2017 Diabetes Epidemic and Action Report \(DEAR\)](#) is an update to the [first report submitted in 2014](#). It contains agency action plans and considerations for the Legislature. The agency action plans are organized around six strategies that align with the [Healthier Washington Initiative](#) strategies and measures:

- Prevent type 2 diabetes.
- Seek adequate funding for diabetes prevention and care.
- Support optimal self-management of diabetes.
- Include people affected by diabetes in decisions.
- Use diabetes-specific data and information to guide decisions.
- Promote improvements for diabetes prevention and management.

To reduce the incidence of type 2 diabetes and to improve the lives of people with diabetes, the [2017 DEAR](#) strongly encourages the Legislature to consider taking the following actions:

See also [Tobacco & Vapor Product Use](#), [Binge Drinking & Excess Alcohol Use](#), [Physical Activity, Fruit & Vegetable Intake](#), and [Coronary Heart Disease & Hypertension](#)

Evidence-based interventions to address diabetes are available in the [CDC Community Guide](#).

## Technical Notes

*Confidence Intervals:* Definition and examples are described in [Appendix C](#)

*Diabetes Type 1 and 2:* Diabetes is classified into different types. In type 1 diabetes (5–10% of diabetes), the pancreas no longer makes insulin (which allows glucose to enter many cells); therefore, blood glucose cannot enter these cells to be used for energy. In type 2 diabetes (90–95% of diabetes), the pancreas does not make enough insulin or the body is unable to use insulin correctly. Other types of diabetes might account for 1–5% of diabetes. Prediabetes is a condition in which blood glucose levels are higher than normal but not high enough to be classified as diabetes. Gestational diabetes is a form of glucose intolerance diagnosed during pregnancy. [Diagnosis criteria for prediabetes and diabetes](#) from the American Diabetes Association.

*Race and Ethnicity:* Classification described in [Appendix C](#)

*Relative Standard Error:* Definition and how it was used is described in [Appendix C](#)

## Endnotes

<sup>1</sup>Centers for Disease Control and Prevention. Diabetes Report Card 2014. [www.cdc.gov/diabetes/pdfs/library/diabetes-reportcard2014.pdf](http://www.cdc.gov/diabetes/pdfs/library/diabetes-reportcard2014.pdf). Published 2015. Accessed September 11, 2017.