

2020 Kentucky Diabetes Fact Sheet

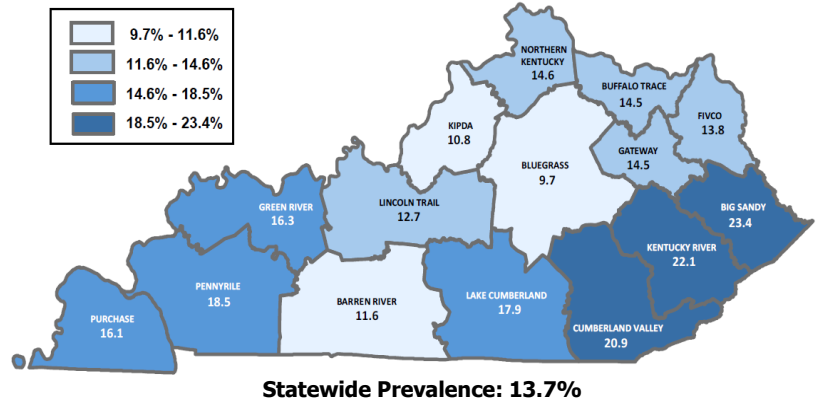
DIABETES: A Public Health Epidemic

Diabetes is COMMON in Kentucky

- ◆ From 2000 to 2018, diagnosed diabetes in Kentucky adults has doubled from 6.5% (198,052) to 13.7% (474,456 or 1 in 7). Kentucky ranks 8th highest in the U.S. for diabetes prevalence¹. (Nationwide median: 10.5%)
- ◆ An estimated 158,200 adult have diabetes but are undiagnosed (based on national rate)².
- ◆ In Appalachia, the adult rate for diagnosed diabetes is 16.8% compared to 12.5% in non-Appalachian counties¹.
- ◆ 3,352 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (278) and Medicaid (3,074)³.

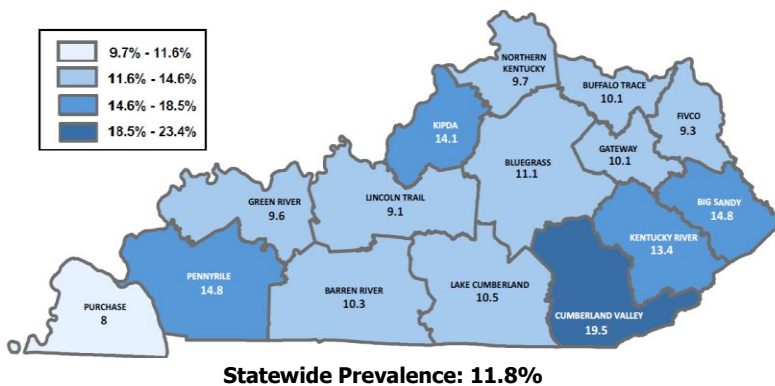
Prevalence of Diagnosed Diabetes by Kentucky Regions

2018 Kentucky Behavioral Risk Factor Survey



Prevalence of Diagnosed Prediabetes by Kentucky Regions

2018 Kentucky Behavioral Risk Factor Survey



- ◆ 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 2018, 11.8% (331,335) Kentucky adults had diagnosed prediabetes (up from 10.2% in 2017)¹.
- ◆ 812,000 adults are estimated to have prediabetes but are undiagnosed (based on national rate)².
- ◆ An estimated 1 in 3 adults (34.5% or 1.1 million) have diagnosed or undiagnosed prediabetes².
- ◆ Gestational diabetes, a risk factor for prediabetes, was present in 6.3% (3,371) of Kentucky live births in 2018, and 10% (2,703) of Medicaid births in 2017¹¹.

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 2017, Kentucky had the 5th highest death rate (27.7) in the nation due to diabetes. This is an increase from 14th in 2014. Diabetes is the 6th leading cause of death by disease in Kentucky and in the United States. It is the 3rd leading cause of death by disease for African Americans in Kentucky (2017)⁴.
- ◆ Kentucky hospitals had 11,078 inpatient hospital discharges with a primary diagnosis of diabetes (2018).
- ◆ 47% (25,239) of hospital visits for cardiovascular disease listed diabetes as a secondary diagnosis (2018).
- ◆ Kentucky inpatient hospital discharge data, where diabetes is listed as the primary diagnosis, shows other specified manifestations (includes hypoglycemia) and diabetic ketoacidosis (DKA) as the most frequent reasons for hospitalization (2018).
- ◆ In 2018, there were 15,902 emergency department encounters with diabetes coded as the primary reason for admission. These cases generated billed charges of more than \$74.6 million⁵.
- ◆ Kentuckians with diabetes are more likely to have other chronic conditions and risks as shown below.

Diabetes Status and Co-existing Condition or Risk

2018 Kentucky Behavioral Risk Factor Survey

Diabetes Diagnosis	No Leisure Time Activity	Obese	Smoking	Hypertension (2017 Data)	High Cholesterol (2017 Data)	Coronary Heart Disease	All Natural Teeth Extracted	Depression	Arthritis	Asthma
Yes	52.0%	58.2%	19.5%*	77.8%	66.5%	18.2%	29.5%	33.2%	58.6%	19.0%
No	29.3%	33.1%	24.0%	33.6%	33.1%	4.4%	22.8%	22.4%	29.3%	10.3%

*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 medical expenditures 2.3 times higher than in its absence⁶.
- ◆ Diabetes has the 3rd highest average charge for individual Kentucky hospitalizations for common chronic diseases at \$35,493 (2017)³.
- ◆ 3rd highest overall cost of several common chronic diseases in the Kentucky 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 Kentucky \$5.16 billion in total medical expenditures, lost work and wages (2017)⁶.

Diabetes is MANAGEABLE and in Many Cases PREVENTABLE

- ◆ Much of diabetes-related sickness and death can be prevented, delayed or reduced.
- ◆ 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 through good nutrition, physical activity and a 5 to 10% weight loss.
- ◆ 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 manage diabetes 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, 2016 and 2018 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. ⁷
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.

2018 and 2019 Laboratory or Clinical Rates for Kentucky Adults with Diabetes				
Statewide Data Not Available but Below Are Various Population Subsets from Listed Available Reports				
Indicator	Consolidated Measurement Report, Kentucky State Aggregate Report ⁸	Federally Qualified Health Center Data Report for Kentucky ⁹	Medicaid External Quality Review Technical Report ¹⁰	2018 HEDIS National Medicaid Benchmark (50 th Percentile)
Within the past year				
A1C test checked \geq 1 time	Not Available	Not Available	86.59%	87.83%
A1C poor control > 9%**	57%	30.63%	45.80%*	38.08%
A1C control < 8%	Not Available	Not Available	43.62%*	51.40%
A1C control < 7%	Not Available	Not Available	32.49%*	35.07%
Medical Attention for Nephropathy	91%	Not Available	91.75%	90.51%
Retinal eye exam performed	56%	Not Available	50.34%	57.89%
Blood pressure control < 140/90 mm/Hg	Not Available	Not Available	60.33%*	63.26%

*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source. **A lower rate reflects better performance.

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/cdpb/Pages/diabetes.aspx>.

Data References

1. Kentucky Department for Public Health and CDC. Kentucky Behavioral Risk Factor Survey Data. 2000, 2011, 2012, 2013, 2015, 2017 and 2018.
2. Centers for Disease Control and Prevention (CDC). *National Diabetes Statistics Report, 2020*.
3. Kentucky Department for Public Health. *2019 Kentucky Diabetes Report*.
4. CDC Wonder, Detailed Mortality, 2017. <https://wonder.cdc.gov/>
5. Kentucky Office of Health Data and Analytics. Kentucky Inpatient Hospital Discharge Claims, 2018.
6. American Diabetes Association. *Economic Costs of Diabetes in the U.S. in 2017*. Diabetes Care 2018; 41: 917-928.
7. CDC, Preventive Care Practices, 2015. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html> (Latest national data accessible at this time.)
8. Kentuckiana Health Collaborative. *Consolidated Measurement Report for Kentucky*. Aggregated 2018 Claims Data for Aetna, Anthem, Humana and WellCare.
9. Human Resources and Services Administration. *2018 Health Center Data*.
10. Kentucky Department for Medicaid Services. *April 2020 External Quality Review Technical Report*. 2019 HEDIS Scores.
11. Kentucky Vital Statistics Files. Live Birth Certificate Files, 2018. Note: 2018 Data is Preliminary and Numbers May Change.