

Diabetes, 2012

Diabetes mellitus is a complex public health problem. Diabetes lowers life expectancy, increases the risk of heart disease and is the leading cause of adult-onset blindness, lower limb amputations, and kidney failure. Effective treatment can delay or prevent complications of diabetes; however, about 1 in 4 Americans with diabetes are undiagnosed. Many other Americans have blood glucose levels that put them at greatly increased risk of developing diabetes during the next few years.¹

A 2010 survey estimated that nearly 90,500 Maine adults ages 18 and over had ever been told by a doctor that they had diabetes (excluding pregnancy-related diabetes). The prevalence of self-reported doctor-diagnosed diabetes among Maine adults increased by 45% between 2000 and 2010 from 6.0% to 8.7% of Maine adults; the 2010 prevalence is the same as that reported for the United States.² Diabetes mellitus is the seventh leading cause of death among Maine residents.³

Diabetes-related measures chosen for the State Health Assessment include:²

- Adults with diabetes
- Diabetes emergency department visits
- Diabetes hospital discharges
- Diabetes deaths
- Adults with diabetes whose hemoglobin A1C was checked
- Adults with diabetes who have had an eye exam
- Adults with diabetes whose feet were checked



Measures related to risk factors for diabetes can be found in several sections of the State Health Assessment, including Tobacco Use, Substance Abuse and Physical Activity, Nutrition and Weight.

The prevalence of diabetes, rates of diabetes-related hospital encounters, and other diabetes-related measures included in the State Health Assessment vary across population groups in Maine. For example, males are at higher risk than females of dying from diabetes or having hospital encounters with a diabetes principal diagnosis. Adults in lower income groups or with less education are more likely to report ever having been told by a doctor that they have diabetes. Non-Hispanic American Indian or Alaska Native adults are more likely than adults of other race/ethnicity groups (except non-Hispanic multiracial) to report ever having been told by a doctor they have diabetes. American Indian or Alaska Native Mainers are more likely than White Mainers to die from diabetes. Androscoggin, Penobscot, Piscataquis, and Washington counties have higher rates than the state as a whole of both emergency department visits and hospital discharges with a diabetes principal diagnosis.²

Healthy Maine 2020 also has objectives related to diabetes, including:⁴

- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
- Reduce co-morbidity for persons with mental illness (diabetes, asthma, and hypertension among people with diagnosed depression or anxiety)
- Increase the proportion of adults diagnosed with prediabetes who report engaging in the recommended amount of physical activity
- Increase the proportion of adults diagnosed with prediabetes who are at a healthy weight

Additional objectives related to risk factors for diabetes can be found in other sections of Healthy Maine 2020, including Substance Abuse and Physical Activity and Nutrition.

¹ U.S. Department of Health and Human Services. Healthy People 2020. Diabetes: overview. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=8> (accessed 5/8/2013).

² Maine Center for Disease Control and Prevention. State health assessment – 2012. Available from: <http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml> (accessed 5/3/2013).

³ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS): leading causes of death. Available from: http://www.cdc.gov/injury/wisqars/leading_causes_death.html (accessed 3/19/2013).

⁴ Maine Center for Disease Control and Prevention. Healthy Maine 2020. Available from: <http://www.maine.gov/dhhs/mecdc/healthy-maine/index.shtml>.