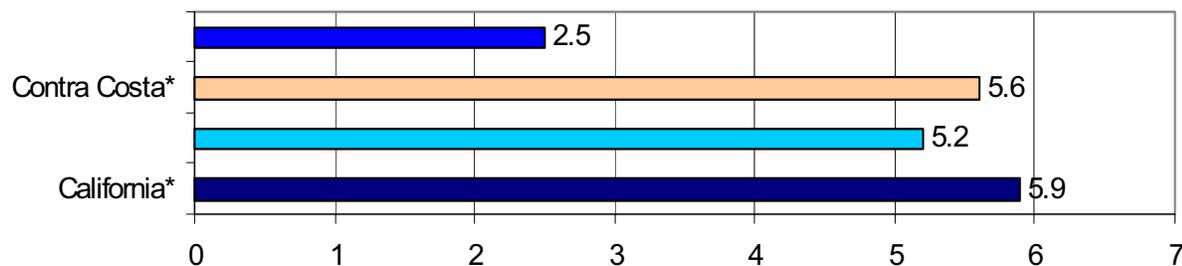


Diabetes – Diagnosed Cases

Contra Costa has not met the Healthy People 2010 objective of reducing the proportion of adults that have been diagnosed with diabetes to 2.5%.



Figure 10. Percent of adults diagnosed with diabetes, 2001



[*] Indicates that the percent of adults that have been diagnosed with diabetes is higher in Contra Costa, the Bay Area and California than the 2010 objective.

Approximately 39,000 Contra Costa adults **have been diagnosed with diabetes**. The proportion of adults that have been diagnosed with diabetes (5-6%) is **virtually the same in Contra Costa, the Bay Area and California**.

The burden of diabetes differs by racial group.

African Americans (11.8%) are more likely to be diagnosed with diabetes compared to the Bay Area (5.2%) as a whole.

Table 45. Adults diagnosed with diabetes by race/ethnicity, San Francisco Bay Area, 2001 ¹

	Percent Diagnosed	Number
African American	*11.8%	39,000
Latino	5.0%	35,000
White	4.9%	139,000
Asian	3.9%	39,000
Bay Area	5.2%	262,000 ²

[*] Indicates that African Americans are significantly more likely to be diagnosed with diabetes compared to the Bay Area overall.

¹ Due to small numbers, the race/ethnic estimates combine data from the nine Bay Area Counties: Alameda, Contra Costa, Marin, Napa, Santa Clara, San Francisco, San Mateo, Solano and Sonoma.

² The Bay Area total also includes the 10,000 Native American/Alaska Native adults and adults from other single/two or more race groups that have been diagnosed with diabetes. Reliable Bay Area estimates were not available for these groups.

More than half of the adults that have been diagnosed with diabetes are White (139,000). Smaller numbers of African Americans (39,000), Asians (39,000) and Latinos (35,000) were diagnosed with diabetes.

The number of diabetes cases will grow

With the aging of the baby boomers and the rise in overweight and obesity, the percentage of people with diabetes will probably continue to increase.

Diabetes is a chronic disease that is heavily influenced by age. This means that people become much more likely to develop and die from diabetes as they get older.

Obesity is also an important contributor to diabetes. A person can reduce their risk for diabetes by adopting a healthy diet and becoming physically active.

Diabetes is a major cause of disability and death. People with diabetes are more likely to have heart disease, stroke and other diabetes-related complications such as blindness, kidney failure and leg and foot amputations. Many of these complications can be managed and even prevented through proper care.

There are three kinds of diabetes

The diabetes statistics include information about adults that have been diagnosed with type I or type II diabetes. They do not include information about pregnancy-related diabetes.

Type II diabetes accounts for 90-95% of people with diabetes and most often

occurs after the age of 40. Though historically viewed as an adult-only disease, type II diabetes is now being found at younger ages and is even being diagnosed among children and teens. **Type II diabetes is linked to obesity and physical inactivity** - both of which can be modified to improve health.

Type I diabetes, also known as insulin dependent diabetes, is an autoimmune disease and most typically occurs in children and young adults.

Pregnancy-related diabetes develops only during pregnancy and usually disappears after delivery. However, a woman who has had pregnancy-related diabetes is at increased risk for developing type II diabetes later in life.

Using this data to improve community health

In order to reduce unfair health disparities, it is important to target interventions to the groups that are most at risk for developing diabetes. In the Bay Area, African Americans, and possibly Latinos and American Indians/Alaska Natives are at greatest risk.

The local data shows that African Americans are more likely to be diagnosed with diabetes. It is also thought that other groups, such as **American Indian/Alaska Natives and Latinos, may also have a higher risk** for developing diabetes. State estimates indicate that 9.3% of Native American/Alaska Native adults have been diagnosed with diabetes and suggest that this group also has a higher risk. For Latinos, the local and state estimates are not adjusted for age and do not account for the fact that the Latino population is so young. The age-adjusted mortality statistics indicate that Latinos, as well as African

Americans, are more likely to die from diabetes compared to the county as a whole. Due to small numbers (<20 deaths), there are no local mortality statistics for American Indian/Alaska Natives.

In order to reduce the Bay Area's overall diabetes rate and meet the Healthy 2010 objective, local efforts must target White residents, which account for the highest number of adults diagnosed with diabetes.

Because a person's risk for developing or dying from a chronic disease like diabetes is cumulative, it is important to target ongoing environmental and behavioral interventions to the young and middle-aged, in addition to older populations. Examples could include strategies to limit youth access to junk food while at school, increase community access to safe and fun places to exercise or educate people about the importance of regular health screenings.

Access to routine medical screenings and care is important to good health. Many Contra Costa residents diagnosed with chronic diseases like diabetes can keep getting sicker when they lack health insurance, transportation, or sufficient English skills to navigate health care systems. Providing culturally competent and accessible health care is key to improving the health of all Contra Costa residents.



Notes on using this data

The race/ethnic differences that have been highlighted above are statistically significant. This means that we are 95% certain that these differences are not due to chance.

It is important to note that these statistics estimate

the proportion of adults that have been diagnosed with diabetes - it is unknown how many adults may have diabetes but remain undiagnosed. Undiagnosed cases of diabetes are not included in these estimates.

In addition, **these statistics are not adjusted for age.** An age-adjusted proportion or rate is the best measure for comparing the impact of chronic diseases that are heavily influenced by age. Because these statistics are estimated from a weighted sample, we were not able to adjust for age. If we had been able to adjust for age, the proportion of adults that have been diagnosed with diabetes would increase slightly for Contra Costa, decrease among Whites, and increase among African Americans, Latinos and Asians.

The **diabetes statistics are generated from a telephone survey** that asks questions to a randomly selected group of adults in Contra Costa and other counties in California.

These statistics are estimates and we expect that these estimates will be slightly different each time the survey is conducted. Currently, **we do not recommend using these estimates for evaluating community health projects.**

Confidence intervals are available

You may download and view all detailed tables with 95% confidence intervals, at http://cchealth.org/health_data/hospital_council/

Data sources

Local data about diabetes from the California Health Interview Survey's AskCHIS data query system, copyright (c) 2003 the Regents of the University of California, all rights reserved, available online at <http://www.chis.ucla.edu/>.

Healthy People 2010 objectives from the US Department of Health and Human Services' Office of Disease Prevention and Health Promotion, available online at <http://www.healthypeople.gov/>.

Information about national trends and diabetes-related complications from the CDC's National Center for Chronic Disease Prevention and Health Promotion, available online at <http://www.cdc.gov/diabetes/>