

# Diabetes Fact Sheet

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Diabetes is a chronic disease that occurs when the body does not produce insulin or use it effectively. While the cause of type 1 diabetes is still under speculation, many studies have shown that type 2 diabetes is often a result of lifestyle and genetics.

## Magnitude of the problem

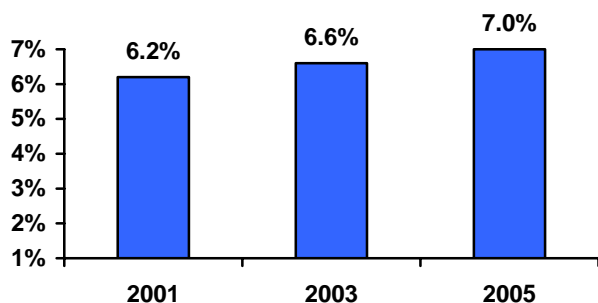
According to the Center for Disease Control and Prevention's 2004 National Vital Statistics Report (Miniño et al., 2004), diabetes was the sixth leading cause of death in the United States and the seventh leading cause of death in California.

The American Diabetes Association (ADA) estimates that a total of 20.8 million children and adults, (7% of the population), have diabetes. Of this total, only 14.6 million have been diagnosed, leaving 6.2 million undiagnosed. An additional 54 million people are living with pre-diabetes, according to ADA estimates. The diabetes trends of this nation parallel the obesity epidemic that faces this nation.

Figure 1 uses data from the California Health Interview Survey (CHIS) to illustrate the steady rise of diabetes prevalence in California from 2001 to 2005. (Data has not yet been published for 2007). In 2001, the prevalence of diabetes among adults over 18 years old was 1.5 million or 6.2%. In 2005, over 1.8 million (7.0%) have been diagnosed with diabetes.

Figure 1

Diabetes Prevalence by Year, Adults Age 18 and Over, California 2001-2005



Source: 2001, 2003, 2005 California Health Interview Surveys

In San Francisco County, 6.2% of adults age 18 or older had been diagnosed with diabetes (CHIS, 2005).

## The Economic Impact of Diabetes

One out of every ten health care dollars spent in the U.S. is spent on diabetes and its complications. The total annual economic cost of diabetes in 2002 was estimated to be \$132 billion (American Diabetes Association, 2003).

The Juvenile Diabetes Research Foundation International estimated that diabetes cost California alone about \$20.4 billion in 2004 in direct and indirect costs. In 2005, San Francisco General Hospital spent approximately \$25 million treating patients who presented with diabetes as their primary condition (SFDPH, 2006).

## Disparities in Diabetes

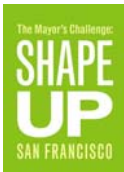
In spite of medical advances in diabetic treatment and prevention efforts, disparities do exist. According to the ADA estimates, 3.2 million, or 13.3% of all non-Hispanic blacks aged 20 years or older are living with diabetes and are 1.8 times as likely to have diabetes as non-Hispanic whites. Mexican Americans, the largest subgroup of the Latino/Hispanic population, are 1.7 times more likely to have diabetes than non-Hispanic whites.

According to the National Center for Chronic Disease Prevention and Health Promotion, African Americans in California are more likely to report a diagnosis of diabetes than whites (15.3% versus 6.0%) and are twice as likely to die from diabetes than whites (42.3 per 100,000 versus 20.6 per 100,000).

In San Francisco, 12.4% of African Americans participating in the 2001 CHIS reported that they had been diagnosed with diabetes, compared to 3.0% of Whites and 3.0% of Asians. Data pooled from the 2003 and 2005 CHIS indicate that 16.0% of African Americans have been diagnosed with diabetes compared to 3.3% of Whites.

## Factors that Affect Diabetes

- *Obesity* – Numerous studies have shown that losing weight and being more physically active can help control blood glucose levels.



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- **Nutrition** –Eating well-balanced and nutritious meals will help reduce the risk of developing type 2 diabetes or furthering complications due to diabetes.
- **Physical activity** –A study by the Diabetes Prevention Program found that an increase of 30 minutes of physical activity a day for five days a week, coupled with a 5-7% reduction in body weight can reduce the onset of diabetes by 58% (National Diabetes Information Clearinghouse, 2006).
- **Genetics** – People with family members already living with type 2 diabetes are at greater risk. Some ethnic groups are also more affected by diabetes than others. African Americans, Latino Americans, and American Indians are at greater risk for type 2 diabetes (CDC, n.d.).
- **Age** – As people age, their pancreases may not pump insulin as effectively as it should, increasing one's risk for type 2 diabetes.
- **History of gestational diabetes** – Once a woman has had gestational diabetes, her chances of developing type 2 diabetes increases, but lifestyle changes such as losing weight, eating healthy foods, and exercising help to reduce that risk (ADA, n.d.).

## Recommended Strategies for Reducing the Risk of Diabetes

- Promote environments that support *healthy eating* such as school lunch programs, increasing fresh fruits and vegetables in supermarkets in inner-city areas, and improved food and menu labeling for nutritious content so that consumers can make informed decisions.
- Promote environments that support *increased physical activity* such as physical education classes for youth, safe parks and recreation areas, and worksite health and fitness programs.
- **Access to healthcare** is critical for people living with diabetes. Diabetes care is heavily focused on prevention efforts and requires many screenings and medication.

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The Shape Up SF Coalition is a driving force creating and promoting safe, healthy eating and active living environments in the City of San Francisco; it is a national model for results-focused community health promotion and improvement.

Visit us at: [www.shapeupsf.org](http://www.shapeupsf.org)

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This fact sheet may be downloaded from [www.shapeupsf.org](http://www.shapeupsf.org).

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