Disparities in Diabetes in Rhode Island

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November 2008
Measurement

- Prevalence of diagnosed diabetes and pre-diabetes among adults
- Rate of serious outcomes
- Prevalence of receipt of clinical preventive services among adults with diabetes
Estimated # of RI Adults With Diabetes or At Risk for Diabetes, 2008

- Total: 800,000 18+ adults in RI
- Diagnosed Db: 62,000 (7.4%) *
- Un-diagnosed Db: 31,000 (3.6%) **
- Diagnosed pre-Db: 36,000 (4.7%)*
- High Db Risk: 188,000 (23.5% of 30-60 y.o)***
- Not at high risk: 483,000 (60.7%)

*2008 RI-BRFSS
** Estimated from NHANES III data
*** 2003 RI-BRFSS

Total: 800,000 18+ adults in RI
Prevalence of Diabetes among RI Adults 1995-2007

Data Source: RI BRFSS
Trend of Diabetes among RI Adults by Race – 3 year moving averages

~2,000 adult Black/African American RI’s have diagnosed diabetes.

Data Source: RI BRFSS
Trend of Diabetes among RI Adults by Ethnicity

~4,500 adult Hispanic RI’s have diagnosed diabetes.

Data Source: RI BRFSS
Trend of Diabetes among RI Adults by language

Data Source: RI BRFSS

~2500 adult RI’s who primarily speak Spanish have diagnosed diabetes.
Prevalence of Diagnosed Diabetes by Income

Figure 4: Prevalence of Diagnosed Diabetes Among Rhode Island* Adults by Income, 2004-2006

Data Source: RI BRFSS

~12,000 adult RI’s with an income < 25k have diagnosed diabetes.
Age-adjusted Hospital Discharge Rates for NTLEA as First-Listed Diagnosis and Diabetes as any other Diagnosis

Data Sources: RI Hospital Discharge data and RI BRFSS
Age-adjusted Discharge Rate for Db as Any Discharge

Data Sources: RI Hospital Discharge data and RI BRFSS
Three Year Moving Average

- White
- Black
- Other

National HP2010 Goal: 60%
At least one Hemoglobin A1c

Three year moving average

Percent

National HP2010 Goal: 50%

White
Black
Other
Annual Foot Exam

Three Year Moving Average

Percent

National HP2010 Goal: 75%

White
Black
Other
Annual Foot Exam by Ethnicity

Three Year Moving Average

Percent

Hispanic

not Hispanic

National HP2010 Goal: 75%
Summary

• Diabetes is increasing in RI
• Higher prevalence of diabetes
  – Racial and Ethnic minorities
  – Spanish as primary language
  – Lower income
• Racial and Ethnic minorities have greater rate of serious outcomes due to diabetes
• Racial and Ethnic minorities receive fewer clinical preventive services, but improving
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