

Connecticut Department of Public Health

DIABETES FACT SHEET

Diabetes is a common, serious and costly disease in Connecticut that affects approximately 173,000 residents, one-third of whom do not know that they have the disease. The seventh leading cause of death in Connecticut, diabetes is a leading cause of blindness among working adults, is a major cause of kidney failure, and causes 70% of all lower extremity amputations. Diabetes is also a significant risk factor for cardiovascular disease.

How does diabetes affect Connecticut residents?

- In 1997, an estimated 4.7 % or 117,200 Connecticut adults 18 years and older reported having been diagnosed with diabetes. An additional 58,600 adults are estimated to have undiagnosed diabetes.
- Almost 80% of adults diagnosed with diabetes were diagnosed when they were younger than the age of 65; 50% were diagnosed before the age of 50.
- Connecticut adults with diabetes are twice as likely to be overweight and to have hypertension and high cholesterol levels as residents without diabetes.
- Over 1 million Connecticut adults are at increased risk of developing diabetes because they are overweight, have a sedentary lifestyle, or have a history of gestational diabetes— all of which are known risk factors.

Every 2 hours, someone is hospitalized in Connecticut for complications related to diabetes. They remain in the hospital on average for 7 days.

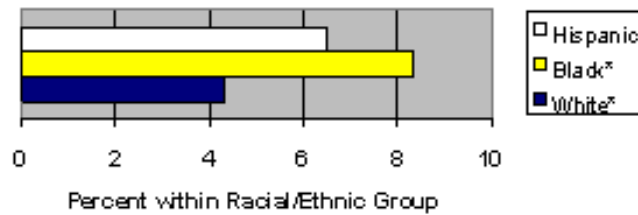
- Connecticut's black population suffers disproportionately the burden of diabetes:

Blacks with diabetes had mortality rates 2 times higher and hospitalization rates 3.5 times higher than Connecticut's population of whites with diabetes.

In addition, diabetes-related hospitalizations for kidney-related complications, lower extremity amputations and ophthalmic conditions were dramatically higher among blacks with diabetes than whites with diabetes.

In Connecticut, Hispanic persons with diabetes also had disproportionately higher hospitalization rates due to diabetes complications than did whites.

Estimated Prevalence of Connecticut Adults Diagnosed with Diabetes (by Racial/Ethnic Group)



What are the costs of diabetes?

- The financial costs of diabetes in Connecticut are staggering. The direct cost (medical care) and indirect costs (lost productivity and premature mortality) of diabetes in Connecticut totaled \$1.2 billion in 1997.
- In 1996, approximately \$57.7 million was billed for hospitalizations in Connecticut due to diabetes. Costs for cardiovascular disease complications for which diabetes was a contributing factor totaled an additional \$258.2 million in 1996.
- On average, a person with diabetes paid \$10,071 in total medical expenditures in 1997, while a person without diabetes paid \$2,699. (national statistics)

Are there laws or mandates to help people with diabetes?

- Connecticut Public Act 97-268 requires health insurers who offer coverage in Connecticut to reimburse for all diabetes-related medically necessary equipment in accordance with a treatment plan, and for drugs and supplies prescribed by a licensed practitioner. Coverage is also required for laboratory and diagnostic tests to treat all types of diabetes.

(Deductibles and copayments still apply.)

- Health insurers in Connecticut are required by Public Act 99-284 to reimburse for diabetes outpatient self-management training that is provided by a certified, registered or licensed health care professional trained in the care and management of diabetes. Coverage is to include a maximum of 10 hours of training after an initial diagnosis of diabetes and a maximum of an additional 4 hours whenever a physician determines specific training is medically necessary.

Medicare Part B and Medicare managed care enrollees with diabetes are reimbursed for supplies such as blood glucose monitors, test strips and lancets as prescribed by a physician. Self-management training is also covered.

Studies have shown that there are ways to make diabetes less costly. Improved control of blood glucose levels for people with diabetes can be cost-effective, even after considering the costs of supplies and oral medications. Blood glucose control can also improve productivity, and reduce absenteeism and restricted activity days among working adults.

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