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Nancy has type 2 diabetes

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New CDC study: Lifetime risk of developing diabetes increases

Research by a team from the Centers for Disease Control and Prevention (CDC) published in *Lancet Diabetes & Endocrinology* examined the trends in the lifetime risk of developing diabetes and years of life lost due to diabetes in the United States from 1985 to 2011. The study utilized diabetes incidence data from the National Health Interview Survey and linked it with mortality data. Using a Markov model, the researchers estimated lifetime risk for diabetes, years spent living with/without diagnosed diabetes, and life-years lost to diabetes.

Based on the modelling study, the authors project that 2 out of every 5 Americans born between 2000 and 2011 will develop diabetes during their lifetime.¹

Other highlights of the research include¹:

- Lifetime risk of developing diagnosed diabetes was 40.2% for men and 39.6% for women from 2000 to 2011, an increase of 20% and 13%, respectively, from 1985-1989
- The lifetime risk exceeds 50% for non-Hispanic black women and Hispanic men and women, and is 45% for non-Hispanic black men
- The number of life-years lost because of diabetes decreased for both men and women over the time period, highlighting successes in diabetes care

- Years spent living with diabetes increased by 156% in men and 70% in women. According to the authors, "The average man diagnosed at age 40 years spends 33.8 years with the disease, whereas the average woman diagnosed at age 40 spends 37.4 years with the disease."

The authors conclude that "these findings predict a continuation of the position of diabetes as one of the central chronic disease threats to the US population and of its contribution to wide-ranging morbidity and high use of health care resources."¹

You can access the abstract for this publication [here](#).

Based on the modelling study, the authors project that 2 out of every 5 Americans born between 2000 and 2011 will develop diabetes during their lifetime.¹

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Results from DAWN2™ study: Differences in psychological outcomes among ethnic groups with diabetes and a global view of psychosocial issues

The first Diabetes Attitudes, Wishes and Needs (DAWN) survey, commissioned by Novo Nordisk in 2001, examined the psychosocial aspects of diabetes and recommended person-centered diabetes care provided by a multidisciplinary team.² A decade later, DAWN2™ provides an update and expands the survey to include participants from 17 countries as well as family members of people with diabetes. An article published in *Current Medical Research and Opinion* (CMRO) examined US results, looking specifically at differences in psychological outcomes (well-being, quality of life, diabetes distress, diabetes impact, and diabetes empowerment) among Non-Hispanic White, African American, Hispanic, and Chinese American populations.

Overall, the study found that minority ethnic groups “had more positive psychological well-being and better quality of life, experienced less negative impact from diabetes, and were more empowered with regard to their diabetes” compared with the Non-Hispanic White group. However, ethnic minority groups reported more diabetes distress (e.g., everyday feelings of anger, fear, frustration, sadness, and guilt) than Non-Hispanic White participants. Previous research has shown that diabetes distress appears to have a significant impact on diabetes outcomes.³

Other findings include:

- Increased health care access and utilization were associated with better psychological outcomes
- African Americans, Hispanic Americans, and Chinese Americans reported higher levels of

diabetes burden (fear of hypoglycemia, concerns about dietary restrictions, and discrimination) than Non-Hispanic Whites

- African Americans and Hispanic Americans had larger diabetes support networks than Non-Hispanic Whites and Chinese Americans

Another study published in *Diabetes Care* examined the psychosocial experiences of people living with diabetes using global DAWN2™ data. Overall, the research found 2 negative psychosocial themes among survey respondents⁴:

- Anxiety and fear about hypoglycemia and the complications of the disease; and
- Discrimination at work and lack of public understanding of the disease

The study also identified 2 coping mechanisms among people with diabetes⁴:

- Maintaining a positive outlook and resilience in managing the disease; and
- Having the support of friends, family, physicians, and other people with diabetes

You can access the *CMRO* article [here](#) and the *Diabetes Care* abstract [here](#). For more information on DAWN2™, click [here](#).

To access a recap of remarks about DAWN2™ by Marti Funnell, MS, RN, CDE, FADE, associate research scientist in the Department of Learning Health Sciences at the University of Michigan Medical School in Ann Arbor at the August 2014 meeting of the American Association of Diabetes Educators (AADE), click [here](#).

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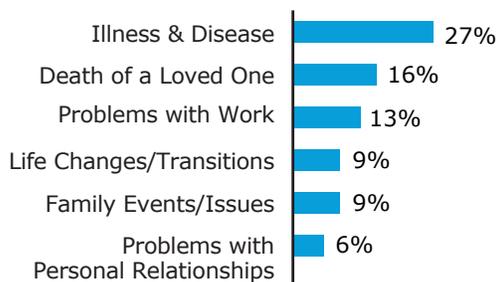
Poll: The burden of stress in Americans' lives

A survey jointly conducted by National Public Radio (NPR), the Robert Wood Johnson Foundation, and Harvard School of Public Health examined the role of stress in Americans' lives and found that nearly half of those polled (49%) had experienced a major stressful event in the past year.⁵ The survey, conducted during March and April 2014, included more than 2,500 respondents.

Nearly 30% of those who had experienced a stressful event reported that this event was related to an illness or disease.⁵ Individuals in poor health were more than twice as likely to

Public's report about most stressful event/ experience in the past year

Percent saying, they had a major stressful event in the past year and it was related to...



say that they had experienced high levels of stress in the last month.⁵ Specifically, 60% of those in poor health and 36% of those with a chronic illness reported high levels of stress in the last month.⁵ More than half of those who had experienced a great deal of stress and had a chronic illness or disability said stress made the symptoms worse (53%) or made it harder for them to manage their chronic illness or disability (52%).⁵

You can access the study [here](#).

Groups experiencing high stress levels in the past month

Percent with health-related issues saying they experienced 'a great deal of stress' in the past month...



NPR/Robert Wood Johnson Foundation/Harvard School of Public Health: The Burden of Stress in America, March 5 - April 8, 2014

Increase in physician office visits among people with diabetes

According to a recent brief from the CDC's National Center for Health Statistics, by 2010, more than 1 in every 10 visits Americans made to physician offices involved diabetes.⁶ From 2005 to 2010, office-based visits for people with diabetes rose by 20%—from 94.4 million in 2005 to 113.3 million in 2010.⁶ The greatest increase was seen among adults aged 25 to 44, where the number of office visits involving diabetes rose by 34% over the 5-year period.⁶

Nearly 90% of the office visits made by people with diabetes were made by people with

multiple chronic conditions.⁶ What's more, 18% of the visits made by patients aged 25 to 44 with diabetes were by those with 4 or more chronic conditions.⁶

More than half of office visits by people with diabetes (55%) were made by those who saw their health care provider 4 or more times in the previous 12 months.⁶

You can access the brief [here](#).

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Prevalence of gestational diabetes in US women

A study published in *Preventing Chronic Disease* looked at the prevalence of gestational diabetes mellitus (GDM) among women who gave birth in 2010. Women with gestational diabetes have a risk of developing type 2 diabetes within 5 to 10 years after giving birth that is more than 7 times higher than women without gestational diabetes.⁷

The authors examined both reports of gestational diabetes on birth certificates from 16 states and the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire in 21 states—

noting that birth certificates may underestimate GDM, while PRAMS may overestimate it.⁸ They defined GDM as being present if it was reported on either the birth certificate or the PRAMS questionnaire and the women did not report having diabetes prior to pregnancy. The research showed that the average prevalence of GDM was 9.2% in 2010 among 15 states and New York City.⁸ Prevalence was lowest in Wyoming and highest in New York City.⁸

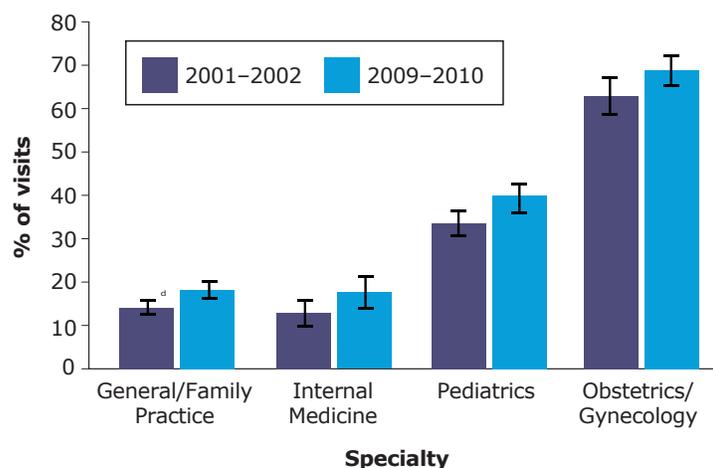
You can access the full study [here](#).

Increase in physician office visits for preventive care

A recent statistical brief from the CDC examined the percentage of visits patients made to physicians' offices primarily to receive preventive care, using data from the National Ambulatory Medical Care Survey (NAMCS). NAMCS defines physician office visits for which preventive care was the major reason for the visit as "General medical examinations and routine periodic examinations. Includes prenatal and postnatal care, annual physicals, well-child examinations, screening, and insurance examinations."⁹ Using NAMCS data from 2001 to 2002 and 2009 to 2010, the authors found that over the 9-year period, the percentage of physician office visits for which preventive care was the major reason for the visit increased for the specialties examined.⁹

You can access the brief [here](#).

Percentage of physician office visits^a for which preventive care^b was the major reason for visit, by selected specialties^c — national ambulatory medical care survey, United States, 2001–2002 and 2009–2010⁹



^a Percentages are 2-year annual averages. Visits to community health centers were excluded from this analysis

^b The National Ambulatory Medical Care Survey defines physician office visits for which preventive care was the major reason for visit as "General medical examinations and routine periodic examinations. Includes prenatal and postnatal care, annual physicals, well-child examinations, screening, and insurance examinations." Immunizations might or might not be administered during the visit

^c Subspecialties of physician specialty categories listed were excluded.

^d 95% confidence interval

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Amputations due to diabetes: Higher rates in poor communities

To gain a better understanding of the association between poverty and health outcomes among people living with diabetes and its complications, a research team from the University of California at Los Angeles and University of Southern California examined discharge data for inpatient stays at California hospitals in 2009 for lower-limb amputations and mapped those stays to Census Bureau data on poverty rates. They identified 7,793 lower extremity amputations in 6,828 adults over the age of 45, and subsequently mapped the amputations by zip code and then to income levels.

Their analysis, which was published in the August issue of *Health Affairs*, showed that people with diabetes who live in the lowest income neighborhoods are about 10 times more likely to have an amputation as those who live in the highest income communities.¹⁰

The authors conclude: "A complex web of patient, provider, social, and delivery system factors underlies higher amputation rates in poor communities. As a result, a successful policy response will likely need to employ multiple strategies, including addressing social determinants of health, engaging patients, and deploying multidisciplinary primary care facilities to improve access in underserved urban and rural communities."¹⁰

Access the study abstract [here](#).



JESSE CRUMPLER
Jesse has type 2 diabetes

Progress report on multiple chronic conditions

Policymakers from the US Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services jointly authored an op-ed in the *Journal of the American Medical Association*, providing a progress report on the HHS Strategic Framework on Multiple Chronic Conditions (MCC). Overall they conclude that: "Although HHS and its partners have made incremental progress in addressing chronic conditions

through use of a multiple chronic conditions lens, there is an imperative to accelerate efforts across all goals."¹¹

As a critical next step on the prevention front, they recommend scaling up evidence-based community prevention programs "currently reaching hundreds of thousands of individuals... to reach tens of millions."¹¹

To access the MCC goals and read the op-ed, click [here](#).

"...evidence-based community prevention and wellness programs currently reaching hundreds of thousands of individuals should be expanded further through partnerships with health care entities to reach tens of millions of individuals with multiple chronic conditions."¹¹

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Community Preventive Services Task Force recommends diabetes prevention programs

The US Community Preventive Services Task Force has reviewed the evidence for community-based diabetes prevention programs and [has issued a recommendation in favor of these programs](#).¹² A recommendation from this [group](#) could enhance efforts to develop diabetes prevention programs in communities across the United States to help as many of the 86 million adults with prediabetes as possible.¹³

According to the group's website, a [recommendation](#) means the following:

- "The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects."¹²

"The Community Preventive Services Task Force recommends combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes based on strong evidence of effectiveness in reducing new-onset diabetes."¹²

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