Diabetes in the State of Florida

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The Scope of Diabetes in Florida

- 2.4 million people have diabetes
- 5.8 million have prediabetes
- Prevalence doubled over past 20 years
  - From 5.2 in 1995 to 11.2 in 2014
- In 2050 CDC expects 1 out of every 3 adults will have diabetes
  - Aging population
  - Increase minorities
  - People living longer

The Scope of Diabetes in Florida (cont.)

- One out of ten mothers giving birth experienced gestational diabetes
- Increased risk of developing type 2 diabetes later in life
- Increases the risk of birth complications
- Increases the risk of the infant being obese and developing type 2 diabetes in the future
- Increasing number of youth being diagnosed with type 2 diabetes

The Public Health Consequences of Diabetes in Florida

- Increased burden in communities
  - Individually, Societally, Financially
- People with diabetes are twice as likely to have heart disease or a stroke at an earlier age
- Diabetes is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness
- People with diabetes report lower health status, poorer physical health, and poorer mental health

The Financial Impact of Diabetes in Florida

- More than 20 percent of national health care spending is for people with diagnosed diabetes
- In 2012 the total cost of diabetes in Florida was $24.3 billion
  - $19.3 billion attributed to direct medical expenses of diabetes, prediabetes, and gestational diabetes
  - $4.53 billion attributed to indirect costs
- People with diabetes have medical expenditures approximately 2.3 times higher than those who do not have diabetes.
Good News about Diabetes in Florida

- Diabetes is manageable
- Type 2 diabetes is preventable
- Much work to be done
  - Begin by understanding the stats
  - Look at Health Equity Issues
  - Work on recommendation provided by Florida Diabetes Advisory Council’s report of 2017

Rates of Diagnosed Diabetes per 100 Civilian, Non-Institutionalized Population, by Age, United States, 1980–2014

Florida Prevalence of Prediabetes by Gender by Race/Ethnicity, BRFSS 2014

Florida Prevalence of Diabetes by Gender by Race/Ethnicity, BRFSS 2014

Florida Prevalence of Prediabetes by Age Group, BRFSS 2014

Florida Prevalence of Diabetes by Age Group, BRFSS 2014

Data Source: www.cdc.gov/diabetes

Data Source: FDAC Florida Diabetes Report 2017
Florida Prevalence of Diabetes by Education Level, BRFSS 2014

Data Source: FDAC Florida Diabetes Report 2017

Florida Prevalence of Diabetes by Household Income Level, BRFSS 2014

Data Source: FDAC Florida Diabetes Report 2017

Florida Prevalence of Diabetes by County, BRFSS 2013

Data Source: http://www.flhealthcharts.com

Number of Florida Adult Medicaid Members (Ages 18 and Older) with Diabetes Claims, SFY 2009-10 to SFY 2014-15

Data Source: FDAC Florida Diabetes Report 2017

Number of Florida Medicaid Child Members (Ages 0 to 17) with Diabetes Claims, SFY 2009-10 to SFY 2014-15

Data Source: FDAC Florida Diabetes Report 2017

Diabetes and Pregnancy Among Florida Medicaid Women Members, All Ages, SFY 2009-10 to SFY 2014-15

Data Source: FDAC Florida Diabetes Report 2017
Total Number of Hospitalizations with Diabetes as First-Listed Diagnosis by Age Group, AHCA 2009-2014

Age-adjusted Hospitalization Rate per 10,000 Population with Diabetes as First-Listed Diagnosis by Race/Ethnicity, AHCA 2014

Hospitalizations with Diabetes as First-Listed Diagnosis by Payer Type, AHCA 2014

Length of Stay for Hospitalizations with Diabetes as First-Listed Diagnosis, AHCA 2014

Racial Disparity Diabetes Hospitalizations

Ethnic Disparity Diabetes Hospitalizations

Data Source: FDAC Florida Diabetes Report 2017

Data Source: FDAC Florida Diabetes Report 2017

Data Source: FDAC Florida Diabetes Report 2017

Data Source: FDAC Florida Diabetes Report 2017

Data Source: Florida Agency for Health Care Administration (AHCA)

Data Source: Florida Agency for Health Care Administration (AHCA)
Number of Lower Limb Amputation Hospitalizations with Diabetes as Any-Listed Diagnosis, AHCA 2009-2014

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Data Source: FDAC Florida Diabetes Report 2017

Racial Disparity Among Diabetic Amputations

Data Source: Florida Agency for Health Care Administration (AHCA)

Age-Adjusted Diabetes Mortality Rate per 100,000 by Gender by Race/Ethnicity, AHCA 2014

Disparity Diabetes Death Rates

Data Source: Florida Agency for Health Care Administration (AHCA)

Total Charges for Hospitalizations with Diabetes as First-Listed Diagnosis, AHCA 2009-2014

Data Source: FDAC Florida Diabetes Report 2017

State Agency Programs and Activities

- Diabetes Advisory Council (DAC)
  - Administrative functions
- Florida Department of Health (FDOH)
  - Domain 1: Epidemiology
  - Domain 2: Environmental
  - Domain 3: Clinical-Community Linkages
  - Domain 4: Health Systems
- Department of Management Services (DMS)
  - Insurance benefits for members in the State Group Insurance Program
- Agency for Health Care Administration (ACHA)
  - Administers the Medicaid Program
Recommendations and Action Items to Address Diabetes

- **Recommendation #1:**
  - Require health plans for state employees to cover CDC-recognized/pending recognition diabetes prevention programs as a health benefit.
  - **Rationale:** The CDC estimates that one in three people have prediabetes. Out of Florida’s state workforce of over 98,000 employees, over 32,000 are believed to have prediabetes. Every year, 10 percent of people with prediabetes progress to type 2 diabetes.

- **Recommendation #2:**
  - Increase awareness about the signs and symptoms of prediabetes and type 1 and type 2 diabetes for the purpose of reducing and controlling the number of new cases of type 2 diabetes and to promote early diagnosis of type 1 and type 2 diabetes.
  - **Rationale:** There is a need for more emphasis on Floridians’ understanding of the signs and symptoms of diabetes. Having a better understanding of the signs and symptoms will allow earlier diagnosis and lessen development of comorbidities.

- **Recommendation #3:**
  - Facilitate compliance with federal and state policies that prohibit discrimination in school or day care settings by allocating funding for registered nurses to coordinate diabetes care in all school districts in Florida.
  - **Rationale:** Individuals who attend school or day care can face discrimination based on their disability in decisions about where they may go to school, conditions of employment, or admission or access to the goods, programs, or benefits of state or local government or businesses offering public accommodations.

- **Recommendation #4:**
  - Fund a direct appropriation to the Diabetes Advisory Council (DAC) to perform the functions mandated by statute.
  - **Rationale:** Meeting face-to-face facilitates the DAC’s ability to complete the following activities required by statute:
    - Biennial legislative report
    - Annual recommendations to the State Surgeon General
    - Conduct the business of the council, including strategic planning and collaboration with state and national partners in diabetes prevention and control.

- **Recommendation #5:**
  - Support policy changes to reduce the impact of all types of diabetes.
  - **Primary focus:**
    - A. Reimburse Certified Diabetes Educators (CDEs) and Board Certified-Advanced Diabetes Management (BC-ADM) educators
    - B. Require that all health plans offered to state employees cover CDC-recognized diabetes prevention programs (DPP) for employees who are eligible.

- **Recommendation #6:**
  - Increase access to metabolic bariatric surgery for extremely obese patients with type 2 diabetes.
  - **Rationale:** There have been 11 randomized controlled trials (RCTs) demonstrating that bariatric/metabolic surgery achieves superior glycemic control and reduction of cardiovascular disease risk factors compared with medical/lifestyle interventions.
Recommendation #7

- Require health care professionals to take continuing education units/continuing medical education that focuses on all types of diabetes.
- **Rationale:** Certification renewal demonstrates that professionals previously certified have maintained a level of contemporary knowledge in diabetes education. It is the responsibility of each health care professional to stay abreast of changes in certification and/or renewal requirements and to recertify in a timely manner.

Conclusion of the DAC 2017 Report

“It is imperative that Florida prepares for an increasing burden of diabetes. The recommendations in this report address ways to prevent diabetes and its complications. If implemented, these actions will result in significant health care savings and improvement in quality of life. To stave off the looming diabetes health care crisis, changes must occur throughout state, local, and national health care systems. Partnerships and collaborations are occurring in Florida that, if these recommendations are implemented, will improve outcomes for people with or at risk for diabetes and will strengthen the state’s economic outlook and its population’s wellness.”

Prevention is the KEY

- Utilize equity strategies to reduce disparities
- Innovative local initiatives
- Community engagement

References

- Florida Diabetes Advisory Council 2017 Legislative Report
- http://www.fhealthcharts.com
- http://ahca.myflorida.com
- https://www.cdc.gov/diabetes