



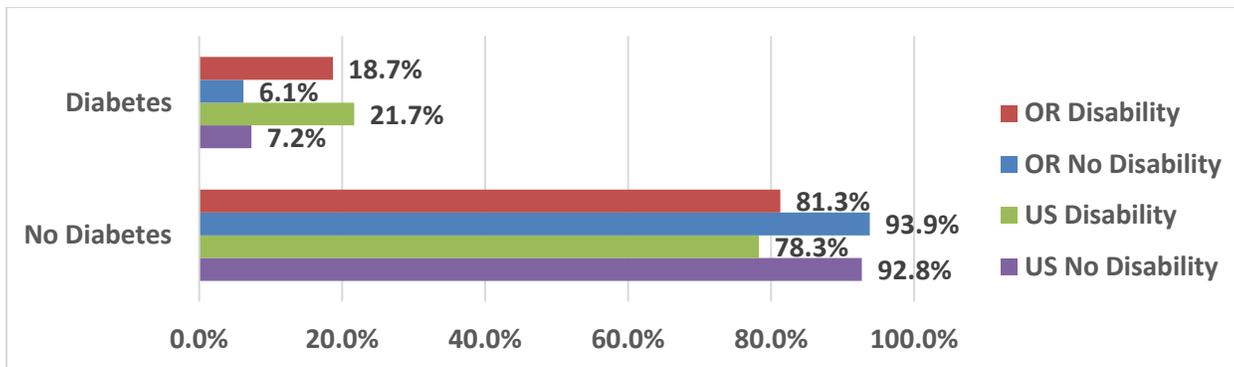
Diabetes among Oregonians with Disabilities

Oregon Office on Disability and Health

Diabetes is a disease in which blood glucose levels are above normal.¹ There are two forms of Diabetes: Type 1 and Type 2. In Type 1 diabetes, the body is unable to produce insulin. Type 1 diabetes is treated through insulin injections and diet control. This form of diabetes usually appears in early life.² In Type 2 diabetes, the body develops insulin resistance and insulin deficiency, which leads to high glucose levels in the blood. Type 2 diabetes is highly prevalent among people living with disabilities compared to the general population.^{2,3}

The following data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS) show the prevalence of diabetes (either type) among Oregon adults with and without disabilities. The BRFSS is a state based telephone survey that is conducted annually among adults in the US.⁴ This survey collects information on health risk behaviors and conditions among respondents.

Figure 1. Diabetes among People with and Without Disabilities in Oregon and the United States, BRFSS 2014



When we compare Oregon adults with disabilities to Oregon adults without disabilities we find:

- 18.7% of adults with disabilities have diabetes compared to 6.1% of adults without disabilities
- The difference between people with and without disabilities in Oregon is very similar to the difference between people with and without disabilities in the U.S. as a whole.

Risk factors for diabetes:

- Type 1:
 - Autoimmune, genetic, and environmental factors¹
- Type 2:
 - Older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity¹
 - African Americans, Hispanic/Latino Americans, American Indians and some Asian Americans and Pacific Islanders are at higher risk for Type 2 diabetes¹

Health complications related to diabetes:⁵

- Cardiovascular disease
- Nerve damage
- Kidney damage

- Eye damage
- Foot damage (can lead to amputation)
- Skin conditions
- Hearing impairment
- Type 2 diabetes may increase the risk of Alzheimer's disease

Steps to reduce diabetes among people with disabilities:

- Increase diabetes screenings programs that target people with disabilities³
- Research how people with disabilities manage their blood sugar levels³
- Increase knowledge of healthy living (e.g. diet exercise, risk factors) among people with disabilities
- Increase education on diabetes using targeted programs
- Increase research on diabetes prevalence and incidence among people with disabilities⁴
- Increase primary care visits for early detection and to slow or prevent disease process⁴

Resources

- [National Diabetes Education Program](#)
- [CDC Managing Diabetes](#)
- [National Diabetes Prevention Program](#)
- [American Diabetes Association](#)

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¹Centers for Disease Control and Prevention. (2015). Basics about diabetes. <http://www.cdc.gov/diabetes/basics/diabetes.html>

² Cardol M., Rijken M., Schroyen Lantman-de Valk. (2012). People with mild to moderate intellectual disability talking about their diabetes and how they manage. *Journal of Intellectual Disability Research*. 56(4). 351-360. doi: 10.1111/j.1365-2788.2011.01472

³ Reichard A., Stolzle H., Sella A.C., Shireman T. I. (2012). Quality of diabetes care for adults with physical disabilities in Kansas. *Disability and Health Journal*. 5. 34-40. doi:10.1016/j.dhjo.2011.09.003

⁴Prevalence Data & Data Analysis Tools. *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 14 Dec. 2016. Web. 10 Mar. 2017. https://www.cdc.gov/brfss/data_tools.htm

⁵ Mayo Clinic Staff. (2014). Diabetes Complications. <http://www.mayoclinic.org/diseases-conditions/diabetes/basics/complications/con-20033091>

⁶ Balogh R.S., Lake J.K., Lin E., Wilton A., Lunskey Y. (2015) Disparities in diabetes prevalence and preventable hospitalizations in people with intellectual and developmental disability: a population-based study. *Diabetic Medicine*. 32. 235-242. DOI: 10.1111/dme.12573