

DIABETES FACT SHEET

HEALTHY DELAWAREANS
WITH DISABILITIES

RESEARCH

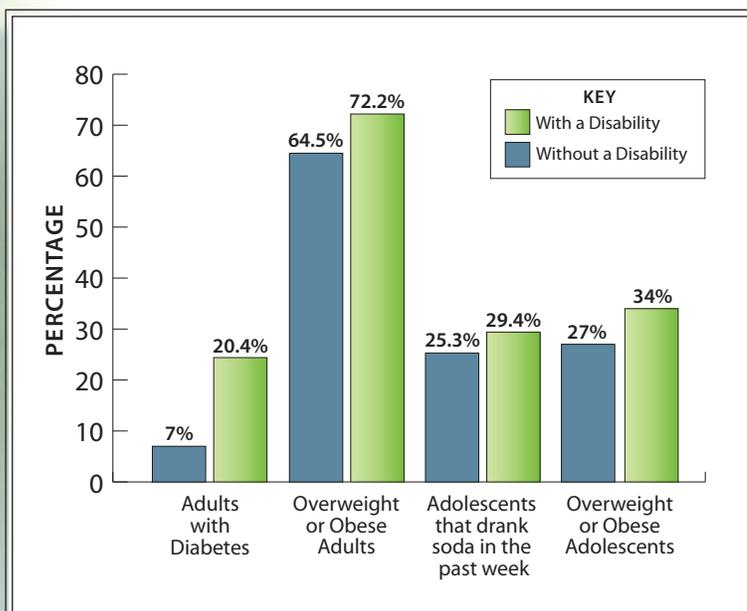
Individuals with disabilities are more likely to experience risk factors and be diagnosed with diabetes. Increased obesity, lack of physical activity, and lack of screening put individuals with disabilities at a higher risk for diabetes.

- Individuals with cognitive limitations have a significantly higher prevalence of diabetes than individuals with no disabilities.^{1,2}
- Individuals with intellectual disabilities and diabetes are screened less often for diabetes-related conditions, such as blood glucose, cholesterol levels, and diabetic retinopathy, than the published national clinical guidelines recommend.⁴
- Individuals with intellectual disabilities have more risk factors for, and have a higher prevalence of Type 2 Diabetes compared with individuals without intellectual disabilities.^{3,4}
- The level of physical activity for individuals with intellectual disabilities is lower than the recommended physical activity level for the general population. Individuals with severe/profound intellectual disabilities who are 50 years of age are more likely to be inactive.²
- The prevalence of morbid obesity is 4 times higher among adults with disabilities than among adults without disabilities.⁵

IN DELAWARE

20.4% of adults with a disability reported having diabetes, compared to **7%** of adults without a disability.⁶

72.2% of adults with a disability reported being overweight or obese, compared to **64.5%** of adults without a disability.⁶



29.4% of adolescents with a disability report consuming a can, bottle, or glass of soda in the past week, compared to **25.3%** of adolescents without a disability.⁶

34% of adolescents with a disability reported being overweight or obese, compared to **27%** of adolescents without a disability.⁶

COMMUNITY VOICE

The Healthy Delawareans with Disabilities Needs Assessment asked individuals with disabilities and their caregivers to speak out about barriers they face and improvements they would like to see in accessing diabetes prevention and treatment.

“Newer drugs are usually not covered by Medicare or Medicaid, but when I contact the manufacturers, they specifically say that their discounts are not available for Medicare recipients. So I cannot take the medications that actually treat my conditions, I have to settle for minimal symptom management...”

“My husband is diabetic and tube fed. I have been given the go-ahead to add pleasure feedings but don’t know how to go about it. I would like to know who to talk to about adjusting his tube feeding.”

“Refocus the entire system on wellness and healthy lifestyle rather than treating a chronic condition as if it was acute. Services, such as therapies, PT, OT, speech need to be available for a lifetime, not limited to number of visits, time or cost.”

“There needs to be a centralized place where you can go to get the services that are needed. It should also contain information on what is covered and what is not a benefit.”

COMMUNITY ASSETS

Many community and state-based programs exist targeting prevention of diabetes as well as some of the risk factors associated with diabetes. These programs represent available assets within Delaware. These agencies responded to a recent survey about public health resources in Delaware. This is not intended to be a complete listing.

Diabetes Prevention and Control Program

Senior Centers (Diabetes Screenings)

Delaware Medicaid

Title III Prevention Program

University of Delaware Nurse Managed Health Center

Delaware YMCA Diabetes Prevention Program

Diabetes and Chronic Disease Management & Nutrition Services (Christiana Care)

Beebe Medical Center Population Health Outreach

Health Education and Disease Prevention Program

University of Delaware Cooperative Extension

REFERENCES

1. Reichard, A., & Stolze, H. (2011). Diabetes among adults with cognitive limitations compared to individuals with no cognitive disabilities. *Intellectual and Developmental Disabilities, 49*(3), 141-154.
2. Taggart, L., Coates, V., & Truesdale-Kennedy, M. (2013). Management and quality indicators of diabetes mellitus in people with intellectual disabilities. *Journal of Intellectual Disability Research, 57*(12), 1152-1163.
3. Merrick, J., & Morad, M. (2010). Cardiovascular disease. In J. O’Hara, J. McCarthy, & N. Bouras (Eds.), *Intellectual disability and ill health: A review of evidence* (pp. 73–78). New York, NY: Cambridge University Press.
4. Shireman, T.I., Reichard, A., Nazir, N., Backes, J.M., & Greiner, K.A. (2010). Quality of diabetes care for adults with developmental disabilities. *Disability and Health Journal, 3*(3), 179-185.
5. Rimmer, J.H., Yamaki, K., Davis, B.M., Wang, E., & Vogel, L.C. (2011). Obesity and overweight prevalence among adolescents with disabilities. *Preventing Chronic Disease, 8*(2). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3073434/pdf/PCD82A41.pdf>
6. Sparling, E., Borrás, K., Guinivan, P., Lee, J.C., Magane, K., McDuffie, M.J.,... Rhonton, L. (2014). *The current landscape for disability and health in Delaware: Public health assessment report summary*. Newark, DE: University of Delaware, Center for Disabilities Studies.