

# DOWNEAST DISTRICT:

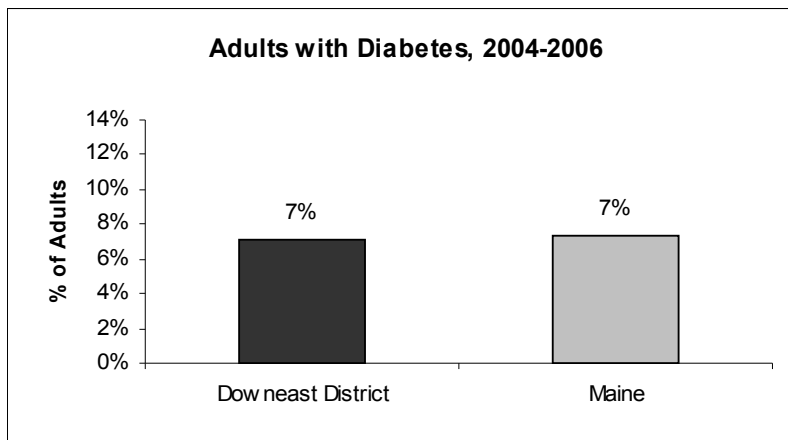
# Chronic Diseases

## Diabetes

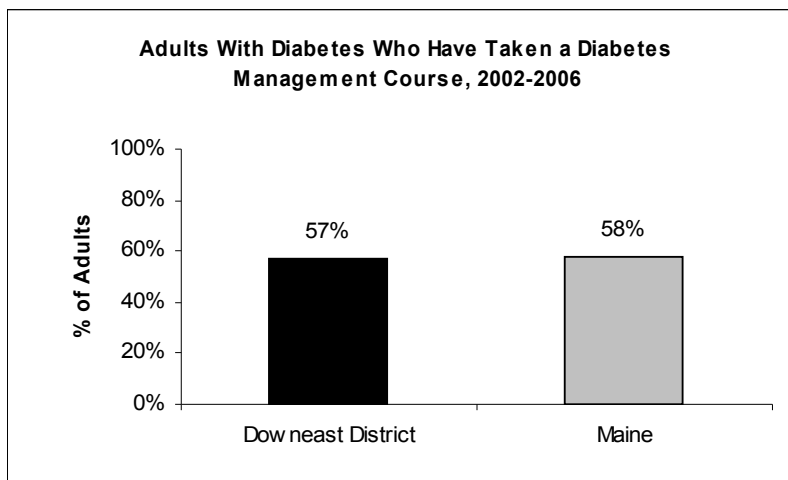
Diabetes mellitus, if left unidentified or managed poorly, can lead to problems that include urgent emergency department visits and hospitalizations, a higher risk of heart attack, blindness, kidney disease, or amputation. Many cases of diabetes are preventable or lead to a chronic condition that can be managed if adequate supports are available and used.

Many Mainers are currently at risk for or have diabetes but are unaware of it. Once diagnosed, diabetes is a challenging disease with which to live, and creates costs for families, employers, communities, and the State’s health care safety net system.

For more information, contact the Maine Diabetes Prevention and Control Program at [www.maine.gov/dhhs/bohdcfh/dcp/](http://www.maine.gov/dhhs/bohdcfh/dcp/).



Source: 2004-2006 BRFSS: Non-Gestational Diabetes Prevalence



Source: 2002-2006 BRFSS; among those with diabetes

	<b>Downeast District Number</b>	<b>Downeast District Rate or Percent</b> (± Margin of Error)	<b>Maine State Rate or Percent</b> (± Margin of Error)
Diabetes Mortality <sup>1</sup>	185	32.4 (±4.7) (per 100,000)	25.8 (±1.1) (per 100,000)
Diabetes Hospitalizations <sup>2</sup>	86	8.5 (±1.8) (per 10,000)	10.5 (±0.5) (per 10,000)
Non-Gestational Diabetes Prevalence (%) Among Adults <sup>3</sup>	N/A	7.1% (±1.6)	7.3% (±0.6)
Adults With Diabetes Who Have Taken a Diabetes Management Course <sup>3</sup>	N/A	57.0% (±11.8)	58.1% (±3.1)
Hemoglobin A1c Test at Least Once a Year <sup>3</sup>	N/A	93.2% (±5.5)	91.9% (±2.0)

1) Source: 2001-2005 Maine Office of Data, Research and Vital Statistics; (ICD)-10 codes E10–E14

2) Source: 2005 Maine Hospital Discharge Datasets, (ICD)-10 codes E10–E14; Age-adjusted to 2000 U.S. Standard Population

3) Source: 2004-2006 BRFSS