**Table of Contents**

<table>
<thead>
<tr>
<th>Diabetes Indicators and Data Source Internet Tool Reference Main Link Page</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c Level</td>
<td>3</td>
</tr>
<tr>
<td>A1c Test</td>
<td>4</td>
</tr>
<tr>
<td>Aspirin Therapy</td>
<td>5</td>
</tr>
<tr>
<td>Blood Pressure Level</td>
<td>6</td>
</tr>
<tr>
<td>Cardiovascular Death in Persons with Diabetes</td>
<td>8</td>
</tr>
<tr>
<td>Cholesterol Tested</td>
<td>9</td>
</tr>
<tr>
<td>Dental Exam</td>
<td>11</td>
</tr>
<tr>
<td>Diabetes Care Related Office Visit to Your Health Professional</td>
<td>12</td>
</tr>
<tr>
<td>Diabetes Education</td>
<td>13</td>
</tr>
<tr>
<td>Diabetes-related Hospitalizations</td>
<td>14</td>
</tr>
<tr>
<td>Diabetes-related Mortality</td>
<td>15</td>
</tr>
<tr>
<td>Dilated Eye Exam</td>
<td>16</td>
</tr>
<tr>
<td>Flu Vaccination</td>
<td>18</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>20</td>
</tr>
<tr>
<td>Hospitalization for Cardiovascular Disease among Persons with Diabetes</td>
<td>22</td>
</tr>
<tr>
<td>Hospitalization for Lower Extremity Amputations</td>
<td>23</td>
</tr>
<tr>
<td>Incidence of End-Stage Renal Disease Attributed to Diabetes</td>
<td>24</td>
</tr>
<tr>
<td>Incidence of Gestational Diabetes</td>
<td>25</td>
</tr>
<tr>
<td>LDL-C Level</td>
<td>26</td>
</tr>
<tr>
<td>Monitoring for Diabetic Nephropathy</td>
<td>27</td>
</tr>
<tr>
<td>Obesity - Primary Prevention in Adults</td>
<td>28</td>
</tr>
<tr>
<td>Obesity - Secondary Prevention in Adults with Diabetes</td>
<td>30</td>
</tr>
<tr>
<td>Overweight or Obese - Secondary Prevention in Adults with Diabetes</td>
<td>32</td>
</tr>
<tr>
<td>Overweight or Obese - Primary Prevention in Adults</td>
<td>33</td>
</tr>
<tr>
<td>Pneumococcal Vaccination</td>
<td>35</td>
</tr>
<tr>
<td>Prevalence of Cardiovascular Complications among Persons with Diabetes</td>
<td>37</td>
</tr>
<tr>
<td>Prevalence of Diabetes in Adults</td>
<td>38</td>
</tr>
<tr>
<td>Prevalence of Diabetes in Children</td>
<td>40</td>
</tr>
<tr>
<td>Prevalence of Diabetic Retinopathy</td>
<td>41</td>
</tr>
<tr>
<td>Prevalence of End-Stage Renal Disease</td>
<td>42</td>
</tr>
<tr>
<td>Prevalence of Foot Ulcers</td>
<td>43</td>
</tr>
<tr>
<td>Regular Physical Activity - Primary Prevention in Adults</td>
<td>44</td>
</tr>
<tr>
<td>Regular Physical Activity - Secondary Prevention in Adults with Diabetes</td>
<td>45</td>
</tr>
<tr>
<td>Self-Blood Glucose Monitoring</td>
<td>46</td>
</tr>
<tr>
<td>Smoking - Primary Prevention</td>
<td>47</td>
</tr>
<tr>
<td>Smoking - Secondary Prevention in Adults with Diabetes</td>
<td>48</td>
</tr>
<tr>
<td>Unhealthy Days among Adults with Diabetes</td>
<td>49</td>
</tr>
<tr>
<td>Visual Foot Exam (self or someone other than health professional)</td>
<td>50</td>
</tr>
</tbody>
</table>
## View All Indicators

Select an Indicator to view by clicking the links below. To sort by the name or type of Indicator please click on the header title.

### View All Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Type of Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A1c Level</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>2</td>
<td>A1c Test</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>3</td>
<td>Aspirin Therapy</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>4</td>
<td>Blood Pressure Level</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>5</td>
<td>Cardiovascular Death in Persons with Diabetes</td>
<td>Diabetes-related Mortality</td>
</tr>
<tr>
<td>6</td>
<td>Cholesterol Tested</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>7</td>
<td>Dental Exam</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Diabetes Care Related Office Visit to Your Health Professional</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes Education</td>
<td>Diabetes Patient Education</td>
</tr>
<tr>
<td>10</td>
<td>Diabetes-related Hospitalizations</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>11</td>
<td>Diabetes-related Mortality</td>
<td>Diabetes-related Mortality</td>
</tr>
<tr>
<td>12</td>
<td>Dilated Eye Exam</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>13</td>
<td>Flu Vaccination</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>14</td>
<td>Foot Exam</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>15</td>
<td>Hospitalization for Cardiovascular Disease among Persons with Diabetes</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>16</td>
<td>Hospitalization for Lower Extremity Amputations</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>17</td>
<td>Incidence of End-Stage Renal Disease Attributed to Diabetes</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>18</td>
<td>Incidence of Gestational Diabetes</td>
<td>Prevalence &amp; Incidence of Diabetes</td>
</tr>
<tr>
<td>19</td>
<td>LDL-C Level</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>20</td>
<td>Monitoring for Diabetic Nephropathy</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>21</td>
<td>Obesity - Primary Prevention in Adults</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>22</td>
<td>Obesity - Secondary Prevention in Adults with Diabetes</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>23</td>
<td>Overweight or Obese - Secondary Prevention in Adults with Diabetes</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>24</td>
<td>Overweight or Obese - Primary Prevention in Adults</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>25</td>
<td>Pneumococcal Vaccination</td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
<tr>
<td>26</td>
<td>Prevalence of Cardiovascular Complications among Persons with Diabetes</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>27</td>
<td>Prevalence of Diabetes in Adults</td>
<td>Prevalence &amp; Incidence of Diabetes</td>
</tr>
<tr>
<td>28</td>
<td>Prevalence of Diabetes in Children</td>
<td>Prevalence &amp; Incidence of Diabetes</td>
</tr>
<tr>
<td>29</td>
<td>Prevalence of Diabetic Retinopathy</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>30</td>
<td>Prevalence of End-Stage Renal Disease</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>31</td>
<td>Prevalence of Foot Ulcers</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>32</td>
<td>Regular Physical Activity - Primary Prevention in Adults</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>33</td>
<td>Regular Physical Activity - Secondary Prevention in Adults with Diabetes</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>34</td>
<td>Self-Blood Glucose Monitoring</td>
<td>Diabetes Self-care</td>
</tr>
<tr>
<td>35</td>
<td>Smoking - Primary Prevention</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>36</td>
<td>Smoking - Secondary Prevention in Adults with Diabetes</td>
<td>Lifestyle</td>
</tr>
<tr>
<td>37</td>
<td>Unhealthy Days among Adults with Diabetes</td>
<td>Diabetes-related Complications</td>
</tr>
<tr>
<td>38</td>
<td>Visual Foot Exam (self or someone other than health professional)</td>
<td>Diabetes Self-care</td>
</tr>
</tbody>
</table>
**INDICATOR**  A1c Level  
**CATEGORY**  Secondary Prevention for Persons with Diabetes

**GENERAL DEFINITION**  The percentage of persons with diabetes who have an HbA1c level that indicates poor glucose control.

**RATIONALE**  Glycemic control is essential for preventing diabetes-related complications. A1c exams provide information on blood sugar levels over the prior 2-3 months. This process indicator provides information about the quality of diabetes care provided and/or diabetes self-management.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
Health Disparities Collaboratives  
Indian Health Service  
National Diabetes Quality Improvement Alliance (formerly DQIP)  
NCQA

**DDT NATIONAL OBJECTIVE**  
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**  
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**  
• American Diabetes Association  

**DATA SUMMARY**  

**RELATED LINKS**  
• Guide to Community Preventive Services (http://www.cdc.gov/diabetes/projects/community.htm)  
• The National Glycohemoglobin Standardization Program (http://www.missouri.edu/~diabetes/ngsp.html)

**LAST UPDATED**  
INDICATOR  A1c Test  
CATEGORY  Secondary Prevention for Persons with Diabetes  

GENERAL DEFINITION  The percentage of persons with diabetes who have had at least two A1c tests during the past year.  

RATIONALE  Glycemic control is essential for preventing diabetes-related complications. A1c exams provide information on blood sugar levels over the prior 2-3 months. This process indicator provides information about the quality of diabetes care provided.  

ORGANIZATION(S) RECOMMENDING THE INDICATOR  
CDC  
Health Disparities Collaboratives  
Indian Health Service  
National Diabetes Quality Improvement Alliance (formerly DQIP)  
NCQA  

DDT NATIONAL OBJECTIVE  This indicator links to the Division of Diabetes Translation (DDT) National Objective to increase the percentage of persons with diagnosed diabetes who receive A1c tests.  

HP 2010 OBJECTIVE  Objective 5-12: To increase the proportion of adults with diabetes who have at least two glycosylated hemoglobin measurements during the year.  

BASELINE  Fifty-nine percent of adults aged 18 years and older with diabetes had at least two glycosylated hemoglobin measurements during the year, (BRFSS, age-adjusted, 2000).  

TARGET  Fifty percent of adults aged 18 years and older with diabetes having at least two glycosylated hemoglobin measurements during the year.  

STANDARDS OF CARE  
• American Diabetes Association  

DATA SUMMARY  
• Diabetes Surveillance System  
• Medicare Health Plan Compare  

RELATED LINKS  
• Guide to Community Preventive Services (http://www.cdc.gov/diabetes/projects/community.htm)  
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)  
• National Diabetes Education Program - Check Your Hemoglobin A1c I.Q. (http://ndep.nih.gov/materials/pubs/HbA1c/HbA1c-checkIq.htm)  
• The National Glycohemoglobin Standardization Program (http://www.missouri.edu/~diabetes/ngsp.html)  


INDICATOR Aspirin Therapy
CATEGORY Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who take aspirin at a specified frequency.

RATIONALE
Cardiovascular disease is the leading cause of diabetes-related deaths. People with diabetes have a two- to fourfold increase in the risk of dying from the complications of cardiovascular disease. Aspirin has been found to block the mechanisms which increase risk for cardiovascular events. Aspirin is recommended as a primary and secondary strategy to prevent cardiovascular events in individuals with and without diabetes, if no contraindications exist. This process measure reflects the quality of diabetes care and/or diabetes self-management.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
Health Disparities Collaboratives
Indian Health Service
National Diabetes Quality Improvement Alliance

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE
Objective 5-16: To increase the proportion of adults with diabetes who take aspirin at least 15 times per month.

BASELINE
Twenty percent of adults aged 40 years and older with diabetes took aspirin at least 15 times per month (NHANES, age-adjusted, 1988-1994).

TARGET
Thirty percent of adults aged 40 years and older with diabetes take aspirin at least 15 times per month.

STANDARDS OF CARE
• American Diabetes Association

DATA SUMMARY
• Prevalence of Aspirin Use to Prevent Heart Disease -- Wisconsin, 1991, and Michigan, 1994
• Strategies for Reducing Morbidity and Mortality from Diabetes Through Health-Care System Interventions and Diabetes Self-Management Education in Community Settings

RELATED LINKS
• American College of Cardiology (http://www.acc.org/)
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• National Heart, Lung, and Blood Institute (http://www.nhlbi.nih.gov/index.htm)

LAST UPDATED
INDICATOR  Blood Pressure Level
CATEGORY  Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who have systolic and diastolic blood pressure values indicating a certain level of control as defined by the user.

RATIONALE
Persons with diabetes are at increased risk of complications from cardiovascular disease (CVD), such as hypertension. CVD is the leading cause of death for people with diabetes. Early detection of elevated blood pressure levels and appropriate treatment can decrease risk for both macrovascular and microvascular complications. This process measure provides information about the quality of diabetes care and/or diabetes self-management.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
Health Disparities Collaboratives
Indian Health Service
National Diabetes Quality Improvement Alliance (formerly DQIP)

DDT NATIONAL OBJECTIVE
This indicator links to the Division of Diabetes Translation (DDT) National Objective to succeed in establishing linkages for promotion of wellness, physical activity, weight and blood pressure control and smoking cessation for persons with diabetes.

HP 2010 OBJECTIVE
Objective 12-9: Reduce the proportion of adults with high blood pressure.

| BASELINE | Sixty percent of persons 20 years or older with diabetes had high blood pressure (NHANES, age-adjusted, 1998-94). |
| TARGET | Sixteen percent of persons 20 years or older with diabetes have high blood pressure. |

Objective 12-10: Increase the proportion of adults with high blood pressure whose blood pressure is under control.

| BASELINE | Fifty-one percent of persons age 18 or older with diabetes and high blood pressure had blood pressure under control (NHANES, age-adjusted, 1998-94). |
| TARGET | Fifty percent of persons 18 or older with diabetes and high blood pressure who have blood pressure under control. |

STANDARDS OF CARE
• American Diabetes Association
• American Heart Association
• The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)

DATA SUMMARY

RELATED LINKS

• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• Hypertension Online (Baylor College of Medicine) (http://www.hypertensiononline.org/)
• National High Blood Pressure Education Program (NHBPEP) of the National Heart, Lung, and Blood Institute (NHLBI) of NIH (www.nhlbi.nih.gov/about/nhbpep/index.htm)

INDICATOR  Cardiovascular Death in Persons with Diabetes
CATEGORY  Diabetes-related Mortality

GENERAL DEFINITION  The number of persons with diabetes who die from cardiovascular causes during a specified time period.

RATIONALE  Cardiovascular disease is the leading cause of diabetes-related deaths. This outcome measure is valuable to track the burden of heart disease upon the population of persons with diabetes.

ORGANIZATION(S) RECOMMENDING THE INDICATOR  CDC

DDT NATIONAL OBJECTIVE  This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE  Objective 5-7: To reduce deaths from cardiovascular disease in persons with diabetes.

BASELINE  332 deaths from cardiovascular disease per 100,000 persons with diabetes (NVSS, age-adjusted, 1999)

TARGET  309 deaths from cardiovascular per 100,000 persons with diabetes.

STANDARDS OF CARE  • N/A

DATA SUMMARY  • Diabetes Surveillance Report, 1999

RELATED LINKS  • American Heart Association (http://www.americanheart.org)
                • Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
                • National Vital Statistics System (http://www.cdc.gov/nchs/nvss.htm)

INDICATOR: Cholesterol Tested
CATEGORY: Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of adults with diabetes who have had a lipid profile completed or report having their cholesterol measured during a specified time period. A lipid profile measures LDL, HDL, and triglycerides.

RATIONALE
Persons with diabetes are at increased risk of complications from cardiovascular disease, such as stroke, angina, and congestive heart failure. Early detection of elevated lipid levels and appropriate treatment can decrease risk for cardiovascular complications. This process measure may provide information about the quality of diabetes care provided and/or diabetes self-management behavior.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
• CDC
• Indian Health Service
• National Diabetes Quality Improvement Alliance (formerly DQIP)
• NCQA

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE
Objective 12-15: To increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

BASELINE
Sixty-seven percent of adults aged 18 years and older who report that they had their blood cholesterol tested within the preceding 5 years (NHIS, age-adjusted, 1998).

TARGET
Eighty percent of adults aged 18 years and older having their blood cholesterol tested within the preceding 5 years.

STANDARDS OF CARE
• Agency for Healthcare Research and Quality
• American Diabetes Association
• American Heart Association
• Guide to Community Preventive Services
• Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Executive Summary

DATA SUMMARY
• State-Specific Cholesterol Screening Trends --- United States, 1991--1999

http://apps.nccd.cdc.gov/dmis/Indicator/PrintFriendlyV.asp?ViewType=1&ID=19

8/31/2004
RELATED LINKS

- Guide to Community Preventive Services (http://www.cdc.gov/diabetes/projects/community.htm)
- Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
- Lipids Online (Baylor College of Medicine) (http://www.lipidsonline.org/)

LAST UPDATED

INDICATOR Dental Exam
CATEGORY Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who have had a dental exam during a specified time period.

RATIONALE
Persons with poorly controlled diabetes are at an increased risk of periodontal disease. Annual dental exams help to ensure that periodontal disease is prevented, or at least identified early and treated before permanent damage, such as tooth loss, occurs. Periodontal disease is associated with heart disease and stroke.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
Health Disparities Collaboratives
Indian Health Service

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE
Objective 5-15: To increase the proportion of persons with diabetes who have at least an annual dental exam.

BASELINE
Fifty-six percent of persons age 2 years and older with diabetes saw a dentist at least once within the past year (NHIS, age-adjusted, 1997).

TARGET
Seventy-five percent of persons age 2 years and older with diabetes see a dentist at least once within the past year.

STANDARDS OF CARE
• American Dental Association
• American Diabetes Association

DATA SUMMARY

RELATED LINKS
• Healthy People 2010
(http://wonder.cdc.gov/data2010/focus.htm)

LAST UPDATED
**INDICATOR**  Diabetes Care Related Office Visit to Your Health Professional  
**CATEGORY** Secondary Prevention for Persons with Diabetes  

**GENERAL DEFINITION**  
The percentage of persons with diabetes who have had a diabetes-related visit to a health care professional during a specified time period.

**RATIONALE**  
Persons with diabetes are at increased risk for a large number of health problems. Routine visits to a health professional provide an opportunity to evaluate the need for medications, medical procedures, and alterations in patient behavior necessary to maintain the health of diabetic persons. These visits are important so that complications of diabetes can be detected and treated before they become serious and possibly irreversible. This process measure provides information about the quality of diabetes care.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
CDC

**DDT NATIONAL OBJECTIVE**  
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**  
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**  
• American Diabetes Association  

**DATA SUMMARY**  
• Diabetes Surveillance System

**RELATED LINKS**

**LAST UPDATED**  
<table>
<thead>
<tr>
<th>INDICATOR CATEGORY</th>
<th>Diabetes Education</th>
<th>Diabetes Patient Education</th>
</tr>
</thead>
</table>

**GENERAL DEFINITION**
The percentage of persons with diabetes who have ever taken a course or class in how to manage their diabetes.

**RATIONALE**
Self-management is critical to the effective management of diabetes and prevention of complications. This process measure provides information about the number of persons with diabetes who have taken a course in diabetes self-management in a jurisdiction.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**
- CDC
- Indian Health Service

**DDT NATIONAL OBJECTIVE**
This indicator is indirectly related to the Division of Diabetes Translation (DDT) National Objectives to increase the percentage of persons with diabetes who receive recommended foot exams, eye exams, influenza and pneumococcal vaccines, A1c tests, and promotion of wellness, physical activity, weight and blood pressure control, and smoking cessation.

**HP 2010 OBJECTIVE**
Objective 5-1: To increase the proportion of people with diabetes who receive formal diabetes education.

**BASELINE**
Forty-five percent of persons with diabetes received formal diabetes education (NHIS, age-adjusted, 1998).

**TARGET**
Sixty percent of persons with diabetes receiving formal diabetes education.

**STANDARDS OF CARE**
- American Diabetes Association

**DATA SUMMARY**

**RELATED LINKS**
- American Association of Diabetes Educators (http://www.aadenet.org)
- Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)

**LAST UPDATED**
INDICATOR Diabetes-related Hospitalizations
CATEGORY Diabetes-related Complications

GENERAL DEFINITION
The number and rate of hospitalizations for diabetes and diabetes-related causes.

RATIONALE
People with diabetes are at greater risk of hospitalization due to complications such as diabetic ketoacidosis, lower extremity amputation, end-stage renal disease, and cardiovascular disease. This outcome measure assesses the incidence and/or prevalence of diabetes related hospitalizations.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC
CSTE Chronic Disease Indicators

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives

HP 2010 OBJECTIVE
This indicator is not directly linked with an HP 2010 objective.

STANDARDS OF CARE
• American Diabetes Association

DATA SUMMARY
• 2000 National Hospital Discharge Survey
• Diabetes Surveillance System

RELATED LINKS
• Council of State and Territorial Epidemiologists - Chronic Disease Indicators (CDI) (http://www.cste.org/position%20statements/02-CD.MCH.OH-02.pdf)
• Diabetes Surveillance System (http://www.cdc.gov/diabetes/statistics/index.htm)

LAST UPDATED
INDICATOR

Diabetes-related Mortality

CATEGORY

Diabetes-related Mortality

GENERAL DEFINITION

Number of deaths during a specified time period with diabetes as an underlying or contributing cause of death.

RATIONALE

In 1999, diabetes was listed as the underlying or contributory cause of death for almost 210,000 deaths. Diabetes may be under-reported on as many as 40 percent of all death certificates. Therefore, it is important to consider all listed causes when studying diabetes deaths. This outcome measure is valuable to track the burden of diabetes upon the population.

ORGANIZATION(S)

RECOMMENDING THE INDICATOR

CDC
CSTE Chronic Disease Indicators

DDT NATIONAL OBJECTIVE

This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE

Objective 5-5: To reduce the diabetes death rate.

BASELINE
Objective 5-5: 77 deaths per 100,000 population (NVSS, age-adjusted, 1999)

TARGET
Objective 5-5: 45 deaths per 100,000 population

Objective 5-6: To reduce diabetes-related deaths among persons with diabetes.

BASELINE
Objective 5-6: 8.8 deaths per 1,000 persons with diabetes listed anywhere on the death certificate (NVSS, age-adjusted, 1999).

TARGET
Objective 5-6: 7.8 deaths per 1,000 persons with diabetes listed anywhere on the death certificate.

STANDARDS OF CARE

• N/A

DATA SUMMARY

• Diabetes Surveillance System
• Mortality Data from the National Vital Statistics System
• Progress in Chronic Disease Prevention Chronic Disease Reports: Deaths from Diabetes -- United States, 1986

RELATED LINKS

• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• National Vital Statistics System (http://www.cdc.gov/nchs/nvss.htm)

LAST UPDATED

**INDICATOR** Dilated Eye Exam  
**CATEGORY** Secondary Prevention for Persons with Diabetes

**GENERAL DEFINITION**  
The percentage of persons with diabetes who have had a dilated eye exam during a specified time period.

**RATIONALE**  
Diabetes is the leading cause of blindness among working age adults. Early detection through eye exams and appropriate treatment can substantially reduce blindness among people with diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
CDC  
CSTE Chronic Disease Indicators  
Health Disparities Collaboratives  
Indian Health Service  
National Diabetes Quality Improvement Alliance (formerly DQIP)  
NCQA

**DDT NATIONAL OBJECTIVE**  
This indicator links to the Division of Diabetes Translation (DDT) National Objective to increase the percentage of persons with diagnosed diabetes who receive the recommended eye exams.

**HP 2010 OBJECTIVE**  
Objective 5-13: To increase the proportion of adults with diabetes who have at least an annual dilated eye examination.

**BASELINE**  
Forty-nine percent of adults with diabetes who had at least an annual dilated eye exam (NHIS, age-adjusted, 1998).

**TARGET**  
Seventy-five percent of adults aged 18 years and older with diabetes having a dilated eye exam at least once a year.

**STANDARDS OF CARE**  
- American Diabetes Association  
- Perspectives in Disease Prevention and Health Promotion Guidelines for Diabetic Eye Disease Control -- Kentucky

**DATA SUMMARY**  
- Diabetes Surveillance System  
- Levels of Diabetes-Related Preventive-Care Practices --- United States, 1997--1999  
- Medicare Health Plan Compare  
- Quality of Medical Care Delivered to Medicare Beneficiaries

**RELATED LINKS**  
- American Academy of Ophthalmology (http://www.aao.org)  
- American Optometric Association
INDICATOR Flu Vaccination
CATEGORY Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who have had an influenza vaccination during a specified time period.

RATIONALE
Persons with diabetes are at increased risk of hospitalization, morbidity, and mortality associated with influenza. Influenza vaccination has the potential to improve morbidity and mortality outcomes among persons with diabetes. This process indicator provides information about the quality of diabetes care provided.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC
CSTE Chronic Disease Indicators
Health Disparities Collaboratives
Indian Health Service

DDT NATIONAL OBJECTIVE
This indicator links to the Division of Diabetes Translation (DDT) National Objective to increase the percentage of persons with diagnosed diabetes who receive the recommended influenza vaccine.

HP 2010 OBJECTIVE
Objective 14-29: To increase the proportion of non-institutionalized adults who are vaccinated annually against influenza.

BASELINE
Sixty-six percent of non-institutionalized adults aged 65 years and older with diabetes. Thirty-six percent of non-institutionalized adults aged 18-64 years with diabetes, (NHIS, 1998)

TARGET
Ninety percent of non-institutionalized adults aged 65 years and older. Sixty-percent of non-institutionalized high-risk adults aged 18-64 years old.

STANDARDS OF CARE
• American College of Physicians
• American Diabetes Association
• National Coalition for Adult Immunization
• National Network for Immunization Information (NNII)

DATA SUMMARY
• Diabetes Surveillance System - Chapter 10

RELATED LINKS
• CDC Diabetes and Flu/Pneumococcal Campaign (http://www.cdc.gov/diabetes/projects/cdc-flu.htm)
• CDC National Center for Chronic Disease Prevention and Health Promotion - Links related to influenza and pneumococcal vaccines (http://www.cdc.gov/diabetes/projects/links.htm)
• Healthy People 2010
  (http://wonder.cdc.gov/data2010/focus.htm)

INDICATOR Foot Exam
CATEGORY Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who have had a foot exam performed by a health care professional during a specified time period.

RATIONALE
Persons with diabetes are at increased risk of hospitalization, morbidity, disability, and mortality associated with lower extremity amputations. Early detection and treatment of foot ulcers can reduce the risk of lower extremity amputation. This process indicator provides information about the quality of diabetes care provided.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC
CSTE Chronic Disease Indicators
Health Disparities Collaboratives
Indian Health Service
National Diabetes Quality Improvement Alliance (formerly DQIP)

DDT NATIONAL OBJECTIVE
This indicator links to the Division of Diabetes Translation (DDT) National Objective to increase the percentage of persons with diagnosed diabetes who receive the recommended foot exam.

HP 2010 OBJECTIVE
Objective 5-14: To increase the proportion of adults with diabetes who have at least an annual foot exam.

BASELINE
Sixty-eight percent of adults with diabetes who had at least an annual foot exam (BRFSS, age-adjusted, 1998).

TARGET
Seventy-five percent of adults aged 18 years and older with diabetes having a foot exam at least once a year.

STANDARDS OF CARE
• American Diabetes Association

DATA SUMMARY
• Diabetes Surveillance System
• Levels of Diabetes-Related Preventive-Care Practices --- United States, 1997--1999

RELATED LINKS
• Guide to Community Preventive Services (http://www.cdc.gov/diabetes/projects/community.htm)
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• Lower Extremity Amputation Prevention Program, Bureau of
**INDICATOR**
Hospitalization for Cardiovascular Disease among Persons with Diabetes

**CATEGORY**
Diabetes-related Complications

**GENERAL DEFINITION**
The number of hospital discharges associated with cardiovascular disease among persons with diabetes.

**RATIONALE**
Cardiovascular disease is the leading cause of diabetes-related deaths. This outcome measure is valuable to track the burden of heart disease upon the population of persons with diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**
CDC

**DDT NATIONAL OBJECTIVE**
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**
• American Diabetes Association
• American Heart Association

**DATA SUMMARY**
• Diabetes Surveillance System
• Major Cardiovascular Disease (CVD) During 1997--1999 and Major CVD Hospital Discharge Rates in 1997 Among Women with Diabetes --- United States

**RELATED LINKS**
• American College of Cardiology (http://www.acc.org/)
• National Heart, Lung, and Blood Institute (http://www.nhlbi.nih.gov/index.htm)
• The Link between Cardiovascular Disease and Diabetes (http://ndep.nih.gov/control/CVD.htm)

**LAST UPDATED**
**INDICATOR** Hospitalization for Lower Extremity Amputations  
**CATEGORY** Diabetes-related Complications

**GENERAL DEFINITION**  
The number of non-traumatic lower extremity amputation (LEA) hospital discharges among persons with diabetes.

**RATIONALE**  
Diabetes is the leading cause of non-traumatic lower extremity amputations. This outcome measure provides information about one consequence of long-term uncontrolled diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
AHRQ  
CDC  
CSTE Chronic Disease Indicators

**DDT NATIONAL OBJECTIVE**  
This indicator is indirectly related to the Division of Diabetes Translation (DDT) National Objective to increase the percentage of persons who receive recommended foot exams.

**HP 2010 OBJECTIVE**  
Objective 5-10: To reduce the rate of lower extremity amputations in persons with diabetes.

- **BASELINE**  
  6.6 lower extremity amputations per 1,000 persons with diabetes per year (NHDS, NHIS, age-adjusted, 1997-1999).

- **TARGET**  
  1.8 lower extremity amputations per 1,000 persons with diabetes per year (age-adjusted).

**STANDARDS OF CARE**  
• American Diabetes Association  
• American Podiatric Medical Association

**DATA SUMMARY**  
• Diabetes Surveillance System  

**RELATED LINKS**  
• Global Lower Extremity Amputation Study (http://www.ncl.ac.uk/hopit/hopit_gleas.htm)  
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)  
• MMWR Article "Hospital Discharge Rates for Non-traumatic Lower Extremity Amputation by Diabetes Status -- United States, 1997" (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5043a3.htm)  
• MMWR Article "Lower Extremity Amputations Among Persons with Diabetes Mellitus -- Washington, 1988" (http://www.cdc.gov/mmwr/preview/mmwrhtml/00015500.htm)  
• The Lower Extremity Amputation Prevention (LEAP) Program (http://bphc.hrsa.gov/programs/LEAPprograminfo.htm#HISTORY)

**LAST UPDATED**  
INDICATOR Incidence of End-Stage Renal Disease Attributed to Diabetes

CATEGORY Diabetes-related Complications

GENERAL DEFINITION
The annual rate of new end-stage renal disease cases attributable to diabetes during the year.

RATIONALE
Diabetes is the leading cause of new end state renal disease (ESRD) cases in the U.S. ESRD results in increased hospitalizations, disability, and morbidity for people with diabetes. Financial costs of ESRD are also high. This outcome measure provides information about one consequence of long-term uncontrolled diabetes.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC
CSTE Chronic Disease Indicators

DDT NATIONAL OBJECTIVE
Disparities in ESRD incidence are great. As a result, this indicator relates to the DDT National objective of reducing health disparities in high-risk populations.

HP 2010 OBJECTIVE
Objective 4-7: Reduce kidney failure due to diabetes

BASELINE
129 reported persons with ESRD attributable to diabetes per million population (USRDS, age-adjusted, 1997).

TARGET
78 reported persons with ESRD attributable to diabetes per million population.

STANDARDS OF CARE
• American Diabetes Association

DATA SUMMARY
• "Forecast of the Number of Patients with End-Stage Renal Disease in the United States to the Year 2010"
• Data summaries available from USRDS
• Diabetes Surveillance System
• Forum of End Stage Renal Disease Networks
• National Kidney Foundation
• USRDS Renal Data Extraction and Reference (RenDER)

RELATED LINKS
• CDC National Center for Chronic Disease Prevention and Health Promotion (http://www.cdc.gov/diabetes/)
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (http://www.niddk.nih.gov)
• National Kidney Foundation (http://www.kidney.org)
• National Renal Administrators Association (http://www.nraa.org)
• University of Michigan Kidney and Epidemiology Cost Center (http://www.med.umich.edu/kidney/)
• USRDS Coordinating Center Contacts (http://www.usrds.org/contacts.htm)

LAST UPDATED
**INDICATOR** Incidence of Gestational Diabetes  
**CATEGORY** Prevalence & Incidence of Diabetes  

**GENERAL DEFINITION**  
The percentage of women diagnosed with diabetes during pregnancy.

**RATIONALE**  
Approximately 7% of all pregnancies are complicated by GDM, resulting in more than 200,000 cases annually. Gestational diabetes may be associated with intrauterine fetal death, increased frequency of maternal hypertensive disorders and the need for cesarean delivery. Women with GDM are at increased risk for the development of type 2 diabetes following pregnancy. Their offspring are at an increased risk for obesity as well as impaired glucose tolerance and type 2 diabetes. This surveillance indicator is used for program planning, policy development, and provides the denominator for other diabetes indicators.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
American College of Obstetricians and Gynecologists  
CDC

**DDT NATIONAL OBJECTIVE**  
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**  
Objective 5-8: To decrease the proportion of pregnant women with gestational diabetes. (Developmental)

  **BASELINE**  
  To be determined

  **TARGET**  
  To be determined

**STANDARDS OF CARE**  
• American Diabetes Association

**DATA SUMMARY**  
• Births: Final data for 2000  
• Prenatal Care and Pregnancies Complicated by Diabetes -- U.S. Reporting Areas, 1989

**RELATED LINKS**  
• American College of Obstetricians and Gynecologists (http://www.acog.org/)  
• CDC's Initiative on Diabetes and Women's Health (http://www.cdc.gov/diabetes/projects/women.htm)  
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)

**LAST UPDATED**  
<table>
<thead>
<tr>
<th><strong>INDICATOR</strong></th>
<th>LDL-C Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CATEGORY</strong></td>
<td>Secondary Prevention for Persons with Diabetes</td>
</tr>
</tbody>
</table>

**GENERAL DEFINITION**
The percentage of persons with diabetes who have an LDL-C level indicating a certain level of control as defined by user.

**RATIONALE**
Persons with diabetes are at increased risk of complications from cardiovascular disease, such as stroke, angina, and congestive heart failure. Early detection of elevated lipid levels and appropriate treatment can decrease risk for cardiovascular complications. This process measure may provide information about the quality of diabetes care provided and/or diabetes self-management behavior.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**
- Health Disparities Collaboratives
- Indian Health Service
- National Diabetes Quality Improvement Alliance (formerly DQIP)
- NCQA

**DDT NATIONAL OBJECTIVE**
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**
Objective 12-16: To increase the proportion of persons with coronary heart disease who have their LDL-cholesterol level treated to a goal of less than or equal to 100mg/dL.

(Developmental)

**BASELINE**
To be determined

**TARGET**
To be determined

**STANDARDS OF CARE**
- American Diabetes Association
- American Heart Association
- Guide to Community Preventive Services

**DATA SUMMARY**
- Progress in Chronic Disease Prevention Factors Related to Cholesterol Screening and Cholesterol Level Awareness -- United States, 1989

**RELATED LINKS**
- American Heart Association (http://www.s2mw.com/heartofdiabetes/diabetes.html)
- Guide to Community Preventive Services (http://www.cdc.gov/diabetes/projects/community.htm)
- Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
- Lipids Online (Baylor College of Medicine) (http://www.lipidsonline.org/)

**LAST UPDATED**
INDICATOR Monitoring for Diabetic Nephropathy
CATEGORY Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who are monitored appropriately for nephropathy (a type of kidney disease).

RATIONALE
Diabetic nephropathy occurs in 20-40% of patients with diabetes and is the single leading cause of End-Stage Renal Disease (ESRD). Early detection of diabetic nephropathy may delay or prevent onset of ESRD. This process measure may provide information about the quality of diabetes care provided and/or diabetes self-management.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
National Diabetes Quality Improvement Alliance (formerly DQIP)
NCQA

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE
This indicator is not directly linked with an HP 2010 objective.

STANDARDS OF CARE
• American Diabetes Association
• National Kidney Foundation

DATA SUMMARY
• National Kidney Foundation

RELATED LINKS
• National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (http://www.niddk.nih.gov)
• National Kidney Foundation (http://www.kidney.org)

LAST UPDATED
**GENERAL DEFINITION**

The percentage of adults who do not have diabetes who have a body mass index (BMI) equal to or greater than 30.0 kg/m².

**RATIONALE**

Adults who are obese are at higher risk for acquiring diabetes. This lifestyle indicator provides information about the need for programs to promote reaching and maintaining a healthy weight among persons without diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**

CDC

**DDT NATIONAL OBJECTIVE**

This indicator does not directly link to any of the current 7 national objectives. Future objectives may include recommendations for the promotion of wellness, including weight control, among persons at-risk for diabetes (primary prevention).

**HP 2010 OBJECTIVE**

Objective 19-1: To increase the proportion of adults who are at a healthy weight.

**BASELINE**

Objective 19-1: Forty-two percent of adults aged 20 years and older were at a healthy weight defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25.0 kg/m² (NHANES, age-adjusted, 1988-94).

**TARGET**

Objective 19-1: Sixty percent of adults aged 20 years and older at a healthy weight.

Objective 19-2: To reduce the proportion of adults who are obese.

**BASELINE**

Objective 19-2: Twenty-three percent of adults aged 20 years and older were identified as obese defined as a BMI of 30.0 kg/m² or more (NHANES, age-adjusted, 1988-94).

**TARGET**

Objective 19-2: Fifteen percent of adults aged 20 years or older who are obese.

**STANDARDS OF CARE**

- American Diabetes Association

**DATA SUMMARY**

- Body Weight Status of Adults: United States, 1997-98

**RELATED LINKS**

- American Diabetes Association (http://www.diabetes.org)
- American Dietetic Association (http://www.eatright.org)
- American Heart Association (http://www.americanheart.org)
- Healthy People 2010
**INDICATOR**
Obesity - Secondary Prevention in Adults with Diabetes

**CATEGORY**
Lifestyle

**GENERAL DEFINITION**
The percentage of adults with diabetes who are obese based upon having a body mass index (BMI) equal or greater than 30.0 kg/m².

**RATIONALE**
Adults who are obese are at higher risk acquiring complications from diabetes. Excess body weight is linked to insulin resistance. Weight control can increase the efficiency of the insulin receptors in the cells. This lifestyle indicator provides information about the need for programs to promote reaching and maintaining a healthy weight among persons with diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**
CDC
Indian Health Service

**DDT NATIONAL OBJECTIVE**
This indicator links to the Division of Diabetes Translation (DDT) National Objective to succeed in establishing linkages for promotion of wellness, physical activity, weight and blood pressure control and smoking cessation for persons with diabetes.

**HP 2010 OBJECTIVE**
Objective 19-1: To increase the proportion of adults with diabetes who are at a healthy weight.

**BASELINE**
Objective 19-1: Twenty-six percent of adults aged 20 years and older with diabetes were at a healthy weight defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25.0 kg/m² (NHANES, age-adjusted, 1988-94).

**TARGET**
Objective 19-1: Sixty percent of adults aged 20 years and older with diabetes at a healthy weight.

Objective 19-2: To reduce the proportion of adults with diabetes who are obese.

**BASELINE**
Objective 19-2: Forty-one percent of adults aged 20 years and older with diabetes were identified as obese defined as a BMI of 30.0 kg/m² or more (NHANES, age-adjusted, 1988-94).

**TARGET**
Objective 19-2: Fifteen percent of adults aged 20 years or older who are obese.

**STANDARDS OF CARE**
• American Diabetes Association
• American Heart Association

**DATA SUMMARY**
• Body Weight Status of Adults: United States, 1997-98
• BRFSS Trends Data
• Prevalence of Overweight and Obesity Among Adults: United States, 1999-2000
RELATED LINKS

- American Dietetic Association (http://www.eatright.org)
- CDC Nutrition and Physical Activity Program (http://www.cdc.gov/nccdphp/dnpa/)
- Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
- NHLBI Obesity Education Initiative (http://nhlbi.nih.gov/about/oei/index.htm)
- Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity (http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm)
- The Association for the Study of Obesity (http://aso.org.uk/)

INDICATOR: Overweight or Obese - Secondary Prevention in Adults with Diabetes

CATEGORY: Lifestyle

GENERAL DEFINITION: The percentage of persons with diabetes who are overweight based upon having a body mass index (BMI) equal to or greater than 25.0 kg/m².

RATIONALE: Adults who are overweight are at higher risk for acquiring complications from diabetes. Excess body weight is linked to insulin resistance. Weight control can increase the efficiency of the insulin receptors in the cells. This lifestyle indicator provides information about the need for programs to promote reaching and maintaining a healthy weight among persons with diabetes.

ORGANIZATION(S) RECOMMENDING THE INDICATOR:
- CDC
- Indian Health Service

DDT NATIONAL OBJECTIVE: This indicator links to the Division of Diabetes Translation (DDT) National Objective to succeed in establishing linkages for promotion of wellness, physical activity, weight and blood pressure control and smoking cessation for persons with diabetes.

HP 2010 OBJECTIVE: This indicator is not directly linked with an HP 2010 objective specific to persons with diabetes.

STANDARDS OF CARE:
- American Diabetes Association
- American Heart Association

DATA SUMMARY:
- Body Weight Status of Adults: United States, 1997-98
- BRFSS Trends Data

RELATED LINKS:
- American Dietetic Association (http://www.eatright.org)
- CDC Nutrition and Physical Activity Program (http://www.cdc.gov/nccdphp/dnpa/)
- Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity (http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm)
- Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity (http://www.surgeongeneral.gov/topics/obesity)

**INDICATOR**  Overweight or Obese- Primary Prevention in Adults  
**CATEGORY**  Lifestyle  

**GENERAL DEFINITION**  The percentage of adults without diabetes who are overweight based upon having a body mass index (BMI) equal to or greater than 25.0 kg/m².

**RATIONALE**  Adults who are overweight are at higher risk for acquiring diabetes. This lifestyle indicator provides information about the need for programs to promote reaching and maintaining a healthy weight among persons without diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  CDC  

**DDT NATIONAL OBJECTIVE**  This indicator does not directly link to any of the current 7 national objectives. Future objectives may include recommendations for the promotion of wellness, including weight control, among persons at risk for diabetes (primary prevention).

**HP 2010 OBJECTIVE**  Objective 19-1: To increase the proportion of adults who are at a healthy weight.

**BASELINE**  Objective 19-1: Forty-two percent of adults aged 20 years and older were at a healthy weight defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25.0 kg/m² (NHANES, age-adjusted, 1988-94).

**TARGET**  Objective 19-1: Sixty percent of adults aged 20 years and older at a healthy weight.

Objective 19-2: To reduce the proportion of adults who are obese.

**BASELINE**  Objective 19-2: Twenty-three percent of adults aged 20 years and older were identified as obese defined as a BMI of 30.0 kg/m² or more (NHANES, age-adjusted, 1988-94).

**TARGET**  Objective 19-2: Fifteen percent of adults aged 20 years or older who are obese.

**STANDARDS OF CARE**  
- American Diabetes Association

**DATA SUMMARY**  
- Body Weight Status of Adults: United States, 1997-98
- BRFSS Trends Data

**RELATED LINKS**  
- American Dietetic Association (http://www.eatright.org)
- American Heart Association (http://www.americanheart.org/)
- Healthy People 2010
INDICATOR  Pneumococcal Vaccination
CATEGORY  Secondary Prevention for Persons with Diabetes

GENERAL DEFINITION
The percentage of persons with diabetes who have ever had a pneumococcal vaccination.

RATIONALE
Persons with diabetes are at increased risk of hospitalization, morbidity, and mortality associated with pneumonia. Pneumococcal vaccination has the potential to improve morbidity and mortality outcomes among persons with diabetes. This process indicator provides information about the quality of diabetes care provided.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC
CSTE Chronic Disease Indicators
Health Disparities Collaboratives
Indian Health Service

DDT NATIONAL OBJECTIVE
This indicator links to the Division of Diabetes Translation (DDT) National Objective to increase the percentage of persons with diagnosed diabetes who received the recommended pneumococcal vaccine.

HP 2010 OBJECTIVE
Objective 14-29: To increase the proportion of non-institutionalized adults who are (vaccinated annually against influenza) and ever vaccinated against pneumococcal disease.

BASELINE
Sixty-six percent of non-institutionalized adults aged 65 years and older with diabetes ever vaccinated against pneumococcal disease. Thirty-six percent of non-institutionalized high-risk adults aged 18-64 years with diabetes ever vaccinated against pneumococcal disease, (NHIS, 1998)

TARGET
Ninety percent of non-institutionalized adults aged 65 years and older vaccinated against pneumococcal disease. Sixty percent of non-institutionalized high-risk adults aged 18-64 vaccinated annually against pneumococcal disease.

STANDARDS OF CARE
• American College of Physicians
• American Diabetes Association
• National Network for Immunization Information (NNII)

DATA SUMMARY
• Diabetes Surveillance System

RELATED LINKS
• American Lung Association (http://www.lungusa.org/diseases/pneumonia_factsheet.html)
• CDC Diabetes and Flu/Pneumococcal Campaign (http://www.cdc.gov/diabetes/projects/cdc-flu.htm)
• CDC National Center for Chronic Disease Prevention and Health Promotion - Links related to influenza and pneumococcal

vaccines
(http://www.cdc.gov/diabetes/projects/links.htm)
• Healthy People 2010
(http://wonder.cdc.gov/data2010/focus.htm)
• National Foundation for Infectious Diseases
(http://www.nfid.org/factsheets/pneumofacts.html)

**INDICATOR** | Prevalence of Cardiovascular Complications among Persons with Diabetes  
**CATEGORY** | Diabetes-related Complications

**GENERAL DEFINITION**  
The prevalence of cardiovascular complications among persons with diabetes during a specified time period.

**RATIONALE**  
Cardiovascular disease (CVD) is the leading cause of diabetes-related deaths. This outcome measure is valuable to track the burden of CVD upon the population of persons with diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
CDC

**DDT NATIONAL OBJECTIVE**  
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**  
This indicator is not directly linked with an HP 2010 objective specifically for persons with diabetes.

**STANDARDS OF CARE**  
- American Diabetes Association  
- American Heart Association

**DATA SUMMARY**  
- Diabetes Surveillance System  
- Major Cardiovascular Disease (CVD) During 1997--1999 and Major CVD Hospital Discharge Rates in 1997 Among Women with Diabetes --- United States

**RELATED LINKS**  
- American College of Cardiology (http://www.acc.org/)  
- The Link between Cardiovascular Disease and Diabetes (http://ndep.nih.gov/control/CVD.htm)

**INDICATOR** Prevalence of Diabetes in Adults  
**CATEGORY** Prevalence & Incidence of Diabetes

**GENERAL DEFINITION**  
The percentage or number of adults who have been diagnosed with diabetes.

**RATIONALE**  
Prevalence of diagnosed diabetes is a key measure for assessing the current and changing burden of diabetes in a population. This surveillance indicator is used for program planning, policy development, and provides the denominator for other diabetes indicators.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
CDC  
CSTE Chronic Disease Indicators  
Indian Health Service

**DDT NATIONAL OBJECTIVE**  
This indicator is the denominator for the following Division of Diabetes Translation (DDT) National Objectives: recommended eye exams, foot exams, A1c tests, and influenza and pneumococcal vaccines.

**HP 2010 OBJECTIVE**  
Objective 5-3: To reduce the overall rate of diabetes that is clinically diagnosed.

**BASELINE**  
Forty per 1,000 persons (4.0%) who report ever being diagnosed with diabetes (NHIS, age-adjusted, 1997).

**TARGET**  
Twenty-five per 1,000 persons (2.5%) who report ever being diagnosed with diabetes.

**STANDARDS OF CARE**  
- American Diabetes Association

**DATA SUMMARY**  
- Diabetes Surveillance System

**RELATED LINKS**  
- Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
- WHO International: Estimated Prevalence Among Adults, 1997

WHO International: Estimated Prevalence Among Adults, 2025

**GENERAL DEFINITION**
The percentage or number of children who have been diagnosed with diabetes.

**RATIONALE**
Approximately 1 out of every 400-500 children and adolescents have Type 1. Clinic-based reports and regional studies indicate that Type 2 diabetes is becoming more common among American Indian, African American, and Hispanic/Latino children and adolescents. Prevalence of diagnosed diabetes is a key measure for assessing the current and changing burden of diabetes in a population. This surveillance indicator is used for program planning and policy development aimed at easing the burden of diabetes among children.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**
CDC
Indian Health Service

**DDT NATIONAL OBJECTIVE**
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**
- American Diabetes Association - Care of Children With Diabetes in the School and Day Care Setting
- American Diabetes Association - Management of Diabetes at Diabetes Camps

**DATA SUMMARY**
- National Diabetes Fact Sheet
- Reference Documents on Type 2 Diabetes in Children

**RELATED LINKS**
- CDC: Diabetes and Children (http://www.cdc.gov/diabetes/projects/cda2.htm)
- Children with Diabetes Foundation (http://www.cwdfoundation.org/)
- International Society for Pediatric and Adolescent Diabetes (http://www.ispad.org/)
- Juvenile Diabetes Research Foundation International (http://www.jdrf.org/)

**LAST UPDATED**
**INDICATOR** 
Prevalence of Diabetic Retinopathy

**CATEGORY** 
Diabetes-related Complications

**GENERAL DEFINITION**
The percentage of persons with diabetes who have been diagnosed with diabetic retinopathy.

**RATIONALE**
Diabetes is the leading cause of blindness among working age adults. This measure provides information about the prevalence of an intermediate outcome of uncontrolled diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**

**DDT NATIONAL OBJECTIVE**
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**
- American Diabetes Association
- Perspectives in Disease Prevention and Health Promotion Guidelines for Diabetic Eye Disease Control -- Kentucky

**DATA SUMMARY**
- Blindness Caused by Diabetes -- Massachusetts, 1987-1994
- Undiagnosed Diabetes and Related Eye Disease in Mexican-Americans -- A Call for Increased Detection
- Vision Problems in the U.S. Vision Problems State by State Prevalence of Adult Vision Impairment and Age-Related Eye Disease in America

**RELATED LINKS**
- American Academy of Ophthalmology (http://www.aao.org)
- American Optometric Association (http://www.aoanet.org)
- Diabetic Retinopathy Foundation (http://www.retinopathy.org/)
- National Eye Institute (http://www.nei.nih.gov/)
- Prevent Blindness America (http://www.preventblindness.org)

**LAST UPDATED**
INDICATOR Prevalence of End-Stage Renal Disease
CATEGORY Diabetes-related Complications

GENERAL DEFINITION
The percentage of the general population reporting that they have kidney failure requiring renal dialysis or renal transplantation, with diabetes as the primary cause of the disease.

RATIONALE
End-stage renal disease is a major cause of hospitalization, disability, morbidity, and mortality for people with diabetes. This outcome measure provides information about one consequence of long-term uncontrolled diabetes.

ORGANIZATION(S)
RECOMMENDING THE INDICATOR
CDC
CSTE
Indian Health Service

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE
Objective 4.7: To reduce kidney failure due to diabetes.

BASELINE
129 reported persons with ESRD attributable to diabetes per million population (USRDS, age-adjusted, 1997).

TARGET
78 reported persons with ESRD attributable to diabetes per million population.

STANDARDS OF CARE
• American Diabetes Association

DATA SUMMARY
• "Forecast of the Number of Patients with End-Stage Renal Disease in the United States to the Year 2010"
• Data summaries available from USRDS
• Diabetes Surveillance System
• End-Stage Renal Disease Attributed to Diabetes Among American Indians/Alaska Natives With Diabetes --- United States, 1990--1996
• Forum of End Stage Renal Disease Networks
• USRDS Renal Data Extraction and Reference (RenDER)

RELATED LINKS
• CDC National Center for Chronic Disease Prevention and Health Promotion (http://www.cdc.gov/diabetes/)
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (http://www.niddk.nih.gov)
• National Kidney Foundation (http://www.kidney.org)
• University of Michigan Kidney and Epidemiology Cost Center (http://www.med.umich.edu/kidney/)
• USRDS Coordinating Center Contacts (http://www.usrds.org/contacts.htm)

LAST UPDATED
INDICATOR Prevalence of Foot Ulcers
CATEGORY Diabetes-related Complications

GENERAL DEFINITION
The percentage of persons with diabetes who report ever having a foot ulcer.

RATIONALE
Diabetes is the leading cause of non-traumatic lower extremity amputations. The presence of foot ulcers increases is linked to an increased risk for lower extremity amputation. This measure provides information about the prevalence of an intermediate outcome of poorly controlled diabetes.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC

DDT NATIONAL OBJECTIVE
This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE
Objective 5-9: To reduce the frequency of foot ulcers in persons with diabetes. (Developmental)

BASELINE To be determined
TARGET To be determined

STANDARDS OF CARE
• American Diabetes Association

DATA SUMMARY

RELATED LINKS
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• Lower Extremity Amputation Prevention Program, Bureau of Primary Health Care, Division of Programs for Special Populations (http://bphc.hrsa.gov/leap/)
• The American Podiatric Medical Association (http://www.apma.org/diabetes01pub.htm)

INDICATOR  Regular Physical Activity - Primary Prevention in Adults
CATEGORY  Lifestyle

GENERAL DEFINITION  The percentage of the adult population without diabetes who report engaging in a regular physical activity regimen.

RATIONALE  Regular physical activity is associated with improved carbohydrate metabolism and insulin sensitivity, and therefore can contribute to the prevention of Type 2 diabetes. This lifestyle indicator provides information about the need for programs to promote physical activity its role in diabetes prevention.

ORGANIZATION(S) RECOMMENDING THE INDICATOR  CDC

DDT NATIONAL OBJECTIVE  This indicator does not directly link to any of the current 7 national objectives. Future objectives may include recommendations for the promotion of wellness, including physical activity, among persons at-risk for diabetes (primary prevention).

HP 2010 OBJECTIVE  Objective 22-2: To increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

BASELINE  Thirty-two percent of adults aged 18 years and older engaged in moderate physical activity for at least 30 minutes 5 or more days per week in 1997 (NHIS, age-adjusted, 1997).

TARGET  Fifty percent of adults engaging in moderate physical activity for at least 30 minutes 5 or more days per week.

STANDARDS OF CARE  • American Diabetes Association

DATA SUMMARY

RELATED LINKS  • American Heart Association (http://www.americanheart.org/presenter.jhtml?identifier=2155)
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)
• Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity (http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm)
• President's Council on Physical Fitness and Sports (http://www.fitness.gov/)
• WHO International (http://www.who.int/hpr/physactiv/)

INDICATOR  Regular Physical Activity - Secondary Prevention in Adults with Diabetes
CATEGORY  Lifestyle

GENERAL DEFINITION  The percentage of adults with diabetes who report engaging in a regular physical activity regimen.

RATIONALE  Regular physical activity is associated with improved carbohydrate metabolism and insulin sensitivity, and therefore can contribute to the prevention of complications of diabetes. This lifestyle indicator provides information about the need for programs to promote physical activity among persons with diabetes.

ORGANIZATION(S) RECOMMENDING THE INDICATOR
CDC
CSTE
Indian Health Service

DDT NATIONAL OBJECTIVE  This indicator links to the Division of Diabetes Translation (DDT) National Objective to succeed in establishing linkages for promotion of wellness, physical activity, weight and blood pressure control and smoking cessation for persons with diabetes.

HP 2010 OBJECTIVE  This indicator is not directly linked with an HP 2010 objective specific to persons with diabetes.

STANDARDS OF CARE
• American Diabetes Association
• American Heart Association

DATA SUMMARY

RELATED LINKS
• American Heart Association (http://www.s2mw.com/heartofdiabetes/diabetes.html)
• Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity (http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm)
• President’s Council on Physical Fitness and Sports (http://www.fitness.gov/)
• Surgeon General’s Report on Physical Activity and Health (http://www.cdc.gov/nccdphp/sgr/sgr.htm)

INDICATOR | Self-Blood Glucose Monitoring  
CATEGORY | Diabetes Self-care  

**GENERAL DEFINITION**  
The percentage of people with diabetes who self-monitor their blood glucose levels to facilitate reaching glucose goals.

**RATIONALE**  
Self-monitoring of blood glucose is important for assessing the efficacy of treatment and to guide changes in medical nutrition therapy, exercise, and medications to achieve the best possible glucose control. This is important to prevent acute glycemic reactions and long-term diabetes complications. This process measure provides information about diabetes self-management.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
CDC  
Indian Health Service

**DDT NATIONAL OBJECTIVE**  
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**  
Objective 5-17: To increase the proportion of adults with diabetes who perform self-blood-glucose-monitoring at least once daily.

**BASELINE**  
Forty-three percent of adults aged 18 years and older with diabetes who reported that they checked their blood for glucose or sugar by themselves or by a family member or friend at least once per day (BRFSS, age-adjusted, 1998).

**TARGET**  
Sixty percent of adults aged 18 years and older with diabetes performing self-blood-glucose-monitoring at least once daily.

**STANDARDS OF CARE**  
• American Association of Clinical Endocrinologists  
• American Diabetes Association

**DATA SUMMARY**  
• Diabetes Surveillance System  
• Levels of Diabetes-Related Preventive-Care Practices --- United States, 1997--1999  
• Preventive-Care Practices Among Persons with Diabetes -- United States, 1995 and 2001

**RELATED LINKS**  
• Healthy People 2010 (http://wonder.cdc.gov/data2010/focus.htm)  
• Take Charge of Your Diabetes (Patient education material) (http://www.cdc.gov/diabetes/pubs/TCyD/ktrack.htm)

**LAST UPDATED**  
<table>
<thead>
<tr>
<th>INDICATOR CATEGORY</th>
<th>Smoking - Primary Prevention</th>
<th>Lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL DEFINITION</td>
<td>The percentage of people without diabetes who currently smoke cigarettes.</td>
<td></td>
</tr>
<tr>
<td>RATIONALE</td>
<td>Smoking may have a role in the development of Type 2 diabetes. This lifestyle indicator provides information about the need for programs to promote smoking cessation among persons who have not been diagnosed with diabetes.</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION(S) RECOMMENDING THE INDICATOR</td>
<td>CDC</td>
<td></td>
</tr>
<tr>
<td>DDT NATIONAL OBJECTIVE</td>
<td>This indicator does not directly link to any of the current 7 national objectives. Future objectives may include recommendations for the promotion of wellness, including smoking cessation, among persons at-risk for diabetes.</td>
<td></td>
</tr>
<tr>
<td>HP 2010 OBJECTIVE</td>
<td>Objective 27-1: To reduce tobacco use by adults.</td>
<td></td>
</tr>
<tr>
<td>BASELINE</td>
<td>Objective 27-1a: Twenty-four percent of adults age 18 years and older smoke cigarettes (NHIS, age-adjusted, 1998).</td>
<td></td>
</tr>
<tr>
<td>TARGET</td>
<td>Objective 27-1a: Twelve percent of adults age 18 years and older smoke cigarettes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Objective 27-2: To reduce tobacco use by adolescents.</td>
<td></td>
</tr>
<tr>
<td>BASELINE</td>
<td>Objective 27-2b: Thirty-five-percent of students in grades 9-12 smoked cigarettes in the past month (YRBSS, 1999).</td>
<td></td>
</tr>
<tr>
<td>TARGET</td>
<td>Objective 27-2b: Sixteen percent of students in grades 9-12 smoking cigarettes in the past month.</td>
<td></td>
</tr>
<tr>
<td>STANDARDS OF CARE</td>
<td>• American Diabetes Association</td>
<td></td>
</tr>
<tr>
<td>DATA SUMMARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELATED LINKS</td>
<td>• American Lung Association (<a href="http://www.lungusa.org/">http://www.lungusa.org/</a>)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CDC Tobacco Information and Prevention Source (<a href="http://www.cdc.gov/tobacco">http://www.cdc.gov/tobacco</a>)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Healthy People 2010 (<a href="http://wonder.cdc.gov/data2010/focus.htm">http://wonder.cdc.gov/data2010/focus.htm</a>)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Surgeon General Reports on Smoking (<a href="http://www.cdc.gov/tobacco/sgr/">http://www.cdc.gov/tobacco/sgr/</a>)</td>
<td></td>
</tr>
</tbody>
</table>
**INDICATOR** Smoking - Secondary Prevention in Adults with Diabetes  
**CATEGORY** Lifestyle

**GENERAL DEFINITION**  
The percentage of persons with diabetes who currently smoke cigarettes.

**RATIONALE**  
Persons with diabetes are at increased risk of complications from cardiovascular disease, such as stroke, angina, and congestive heart failure. Smoking tobacco further increases this risk. Smoking increases the risk of renal damage and is associated with worsening retinal disease, especially in young smokers. This lifestyle indicator provides information about the need for programs to promote smoking cessation among persons with diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**  
CDC  
Indian Health Service  
National Diabetes Quality Improvement Alliance

**DDT NATIONAL OBJECTIVE**  
This indicator links to the Division of Diabetes Translation (DDT) National Objective to succeed in establishing linkages for promotion of wellness, physical activity, weight and blood pressure control and smoking cessation for persons with diabetes.

**HP 2010 OBJECTIVE**  
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**  
• American Diabetes Association  
• American Heart Association

**DATA SUMMARY**

**RELATED LINKS**  
• American Association of Diabetes Educators  
  (http://www.aadenet.org/)  
• American Lung Association  
  (http://www.lungusa.org/)  
• CDC Tobacco Information and Prevention Source  
  (http://www.cdc.gov/tobacco)  
• Surgeon General Reports on Smoking  
  (http://www.cdc.gov/tobacco/sgr/)

**LAST UPDATED**  
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Unhealthy Days among Adults with Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY</td>
<td>Diabetes-related Complications</td>
</tr>
</tbody>
</table>

**GENERAL DEFINITION**
The percentage of persons with diabetes who report that they have at least 15 unhealthy days in the past 30 days.

**RATIONALE**
Persons with diabetes are at increased risk for complications that result in lower extremity amputations, blindness, and other types of physical disability in addition to increased stress, depression, and emotional problems that may be associated with unhealthy days. This measure provides information about the prevalence of one potential intermediate outcome of uncontrolled diabetes.

**ORGANIZATION(S) RECOMMENDING THE INDICATOR**
CDC

**DDT NATIONAL OBJECTIVE**
This indicator does not directly link to any of the 7 national objectives.

**HP 2010 OBJECTIVE**
This indicator is not directly linked with an HP 2010 objective.

**STANDARDS OF CARE**

**DATA SUMMARY**
- Health-Related Quality of Life --- Los Angeles County, California, 1999
- Health-Related Quality of Life --- Puerto Rico, 1996--2000
- Health-related quality of life data
- Prevalence data

**RELATED LINKS**
- CDC Disability and Health (http://www.cdc.gov/ncbddd/dh/)
- Measuring Healthy Days - Population Assessment of Health-Related Quality of Life (http://www.cdc.gov/nccdphp/hrqol/pdfs/mhd.pdf)
- Notice to Readers: Publication of Report on Validation and Use of Measures of Health-Related Quality of Life (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5004a4.htm)

**LAST UPDATED**
INDICATOR Visual Foot Exam (self or someone other than health professional)

CATEGORY Diabetes Self-care

GENERAL DEFINITION The percentage of persons with diabetes who have checked their feet for sores or had someone other than a health professional check their feet for irritations.

RATIONALE Persons with diabetes are at increased risk of hospitalization, morbidity, and mortality associated with lower extremity disease. Routine foot examination among persons with diabetes increases the likelihood of early identification of foot ulcers and, ultimately, decreases the risk of lower extremity amputation. This process measure provides information about diabetes self-management.

ORGANIZATION(S) RECOMMENDING THE INDICATOR CDC

DDT NATIONAL OBJECTIVE This indicator does not directly link to any of the 7 national objectives.

HP 2010 OBJECTIVE This indicator is not directly linked with an HP 2010 objective.

STANDARDS OF CARE •American Diabetes Association
•American Podiatric Medical Association

DATA SUMMARY •Diabetes Surveillance System

RELATED LINKS •Guide to Community Preventive Services (http://www.cdc.gov/diabetes/projects/community.htm)
•Lower Extremity Amputation Prevention Program, Bureau of Primary Health Care, Division of Programs for Special Populations (http://bphc.hrsa.gov/leap/)
•The American Podiatric Medical Association (http://www.apma.org/diabetes01pub.htm)