

Healthy Behaviors among Adults Diagnosed with Diabetes – Data Brief

2015 Vermont Behavioral Risk Factor Surveillance System (BRFSS)

Background

The prevalence of diabetes and prediabetes, the condition typically preceding diabetes, are strongly linked to diet and sedentary behaviors of modern lifestyle.¹ Good nutrition and physical activity are critical parts of a healthy lifestyle when you have diabetes. In addition to the many benefits of a healthy diet and being physically active, these behaviors can also help control blood sugar levels. What you choose to eat, how much you eat, and when you eat are all important in keeping blood sugar levels in a healthy range.² Moderate-intensity aerobic exercise or repeated intervals of leisure time activity (activities of daily living such as walking, cleaning, or gardening) have been shown to substantially improve blood sugar levels.³

Diabetes Self-Management

In 2015, less than half of adults with diabetes had taken a course or class in how to manage their diabetes (46%). Almost seven in ten (69%) checked their blood sugar at least three times per week.

One in six (16%) adults diagnosed with diabetes smoked in 2015 and almost two-thirds (63%) of those Vermonters attempted to quit. Adults with diabetes living at high socioeconomic status (SES) were significantly more likely to attempt to quit smoking (87%) than those living at a low SES (55%).

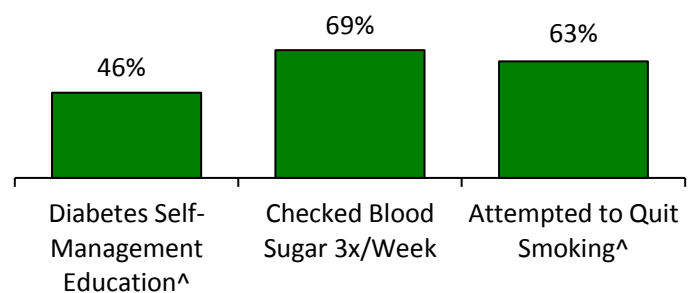
Weight Status

One in nine (11%) adults with diabetes were underweight or a normal weight. A quarter (24%) were overweight and at risk of becoming obese and two-thirds of adults with diabetes were obese (65%). Adults with diabetes were significantly more likely to be obese than a lower weight status. Adults living at a high SES were significantly less likely to be obese (47%) than those living at a middle SES (67%).

Nutrition

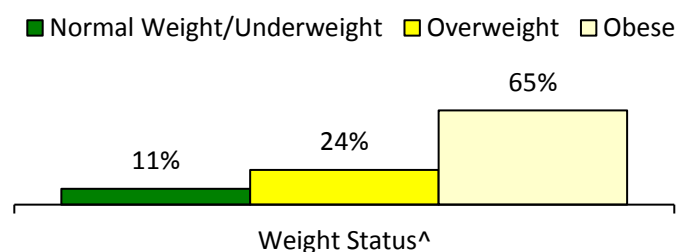
Almost a quarter (23%) of adults with diabetes consumed two or more fruits a day and 13% consumed three or more vegetables a day. Adults diagnosed with diabetes were significantly less likely to consume the recommended amounts of fruits (77%) and vegetables (87%) than to have consumed these recommended

Self-Management Behaviors among Adults with Diabetes, BRFSS 2015



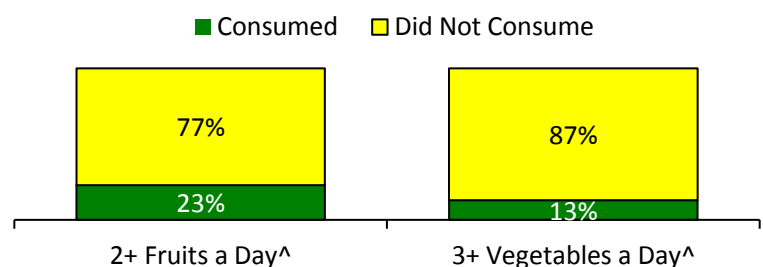
[^]Data are age-adjusted to the U.S. 2000 population.

Weight Status among Adults (Ages 20+) with Diabetes, BRFSS 2015



[^]Data are age-adjusted to the U.S. 2000 population.

Fruit & Vegetable Consumption among Adults with Diabetes, BRFSS 2015

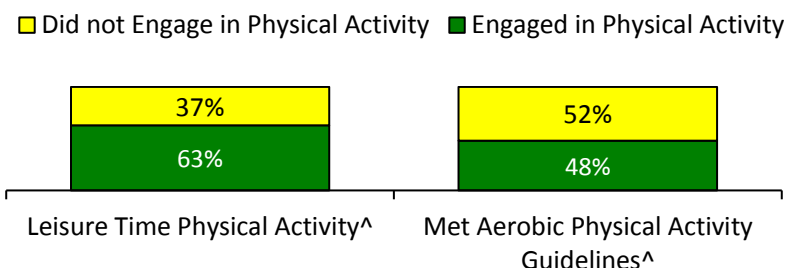


amounts. Notably, Vermonters of a racial/ethnic minority with diabetes were significantly more likely to consume two or more fruits a day (50%) when compared to those who were white, non-Hispanic (21%). Adults with diabetes living at a high SES were significantly more likely to consume 3 or more vegetables a day (27%) than those living at a low SES (6%).

Physical Activity

Almost two-thirds of adults with diabetes (63%) engaged in leisure time physical activity in the last 30 days. Even fewer (48%) adults diagnosed with diabetes met CDC’s weekly aerobic physical activity guidelines.

Physical Activity among Adults Diagnosed with Diabetes, BRFSS 2015

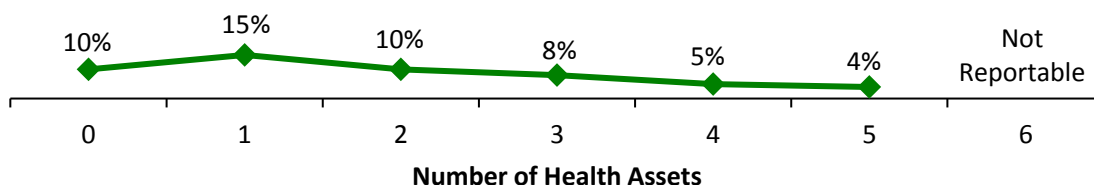


[^]Data are age-adjusted to the U.S. 2000 population.

Health Assets and Diabetes Prevalence

Positive health assets include consumption of two or more fruits a day, three or more vegetables a day, meeting CDC’s aerobic physical activity guidelines, engaging in leisure time physical activity in the last 30 days, not smoking (or attempting to quit if they were a smoker), and not being overweight or obese. In general, the prevalence of diagnosed diabetes decreases as the number of health assets increases. Diabetes prevalence was highest among those with just one health asset and significantly lower among those who had four or five assets. The prevalence of diabetes among the number of Vermont adults diagnosed with diabetes who had six health assets was too small to report.

Prevalence of Diagnosed Diabetes by Number of Health Assets, BRFSS 2015



Please contact Paul Meddaugh, MS, Vermont Department of Health (paul.meddaugh@vermont.gov; 802-951-0133) for more information on this brief.

Resources for Diabetes in Vermont

- ① Diabetes Surveillance: <http://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/diabetes>
- ② Diabetes Prevention: <http://www.healthvermont.gov/wellness/diabetes>
- ③ Helping Yourself to Health: <http://myhealthyVT.org>

¹ Benjamin SM et al. Estimated Number of Adults with Prediabetes in the U.S. in 2000. *Diabetes Care*. 2003;26(3):645-649.

² Diabetes Diet, Eating, & Physical Activity. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDKD) website.

<https://www.niddk.nih.gov/health-information/diabetes/overview/diet-eating-physical-activity>. Nov 2016. Accessed March 21, 2017

³ Van Dijk JW et al. Effect of Moderate-Intensity Exercise Versus Activities of Daily Living on 24-hour Blood Glucose Homeostasis in Male Patients with Type 2 Diabetes. *Diabetes Care*. 2013;36:3448-3453.