# STATE OF AMERICAN WELL-BEING
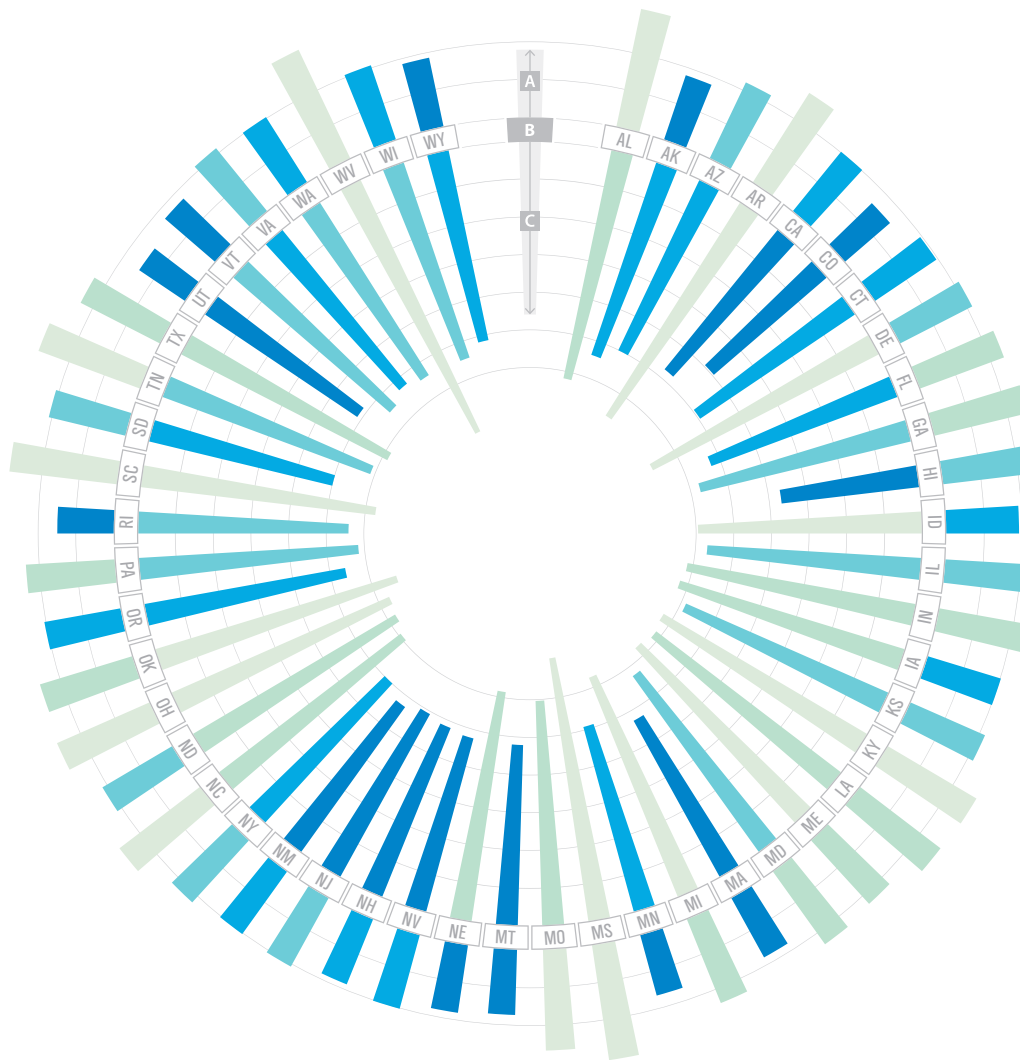
## 2015 State & Community Rankings for Incidence of Diabetes



A Percentage with Diabetes   B State   C Percentage Obese

Top Quintile   Second Quintile   Third Quintile   Fourth Quintile   Fifth Quintile

# Diabetes in Communities and States Across the U.S.

This report, part of the Gallup-Healthways *State of American Well-Being* series, examines the incidence of diabetes in 190 communities nationwide and across all 50 states. The overall incidence of diabetes in the U.S. adult population is growing, up from 10.6% in 2008 to 11.5% in 2016. The rate increase has resulted in about 2.2 million more Americans with diabetes since 2008. Even more alarming is that obesity, a key risk factor in the development of type 2 diabetes, has climbed by almost 3 points since 2008, to reach 28.3% nationally in 2016.

Gallup-Healthways data provides a unique lens through which to view incidence of diabetes in states and communities. Lower rates of diabetes could point to citizens of a particular state or community practicing healthier behaviors which, in turn, could lead to better health outcomes and lower incidence of chronic conditions. But a lower rate could also signal under-diagnoses and/or an incoming tide of new diagnoses as individuals develop diabetes.

The Gallup-Healthways analysis measures prevalence of the disease by asking individuals if they have ever in their lifetime been diagnosed with diabetes. In terms of the state-by-state analysis, Utah, Rhode Island and Colorado have the lowest incidence of diabetes in the nation, with less than 8% of their adult populations having been diagnosed with the disease. Alabama and West Virginia have the highest diabetes prevalence, both with more than 16% of their residents diagnosed with diabetes.

Boulder, Colorado; Bellingham, Washington; Fort Collins, Colorado; and Provo-Orem, Utah are the communities with the lowest prevalence of diabetes. Boulder distinguishes itself as the only community in the Gallup-Healthways rankings with less than five percent of its population reporting having been diagnosed. Residents of Mobile, Alabama and Charleston, West Virginia report the highest rates in the nation, with more than 17% of their respective adult populations having the disease.

## Incidence of Diabetes in States & Communities Across the U.S.

| Lowest Incidence | | Highest Incidence | |
|---|---|---|---|
| 1. Utah | 7.4% | 41. North Carolina | 13.5% |
| 2. Rhode Island | 7.6% | 42. Missouri | 13.5% |
| 3. Colorado | 7.9% | 43. Ohio | 13.5% |
| 4. Minnesota | 8.4% | 44. Kentucky | 13.7% |
| 5. Montana | 8.7% | 45. Arkansas | 14.1% |
| 6. Alaska | 8.8% | 46. South Carolina | 14.4% |
| 7. Massachusetts | 8.9% | 47. Tennessee | 14.4% |
| 8. Vermont | 8.9% | 48. Mississippi | 15.6% |
| 9. Nebraska | 9.1% | 49. West Virginia | 16.1% |
| 10. Wyoming | 9.3% | 50. Alabama | 16.1% |

| Lowest Incidence | | Highest Incidence | |
|---|---|---|---|
| 1. Boulder, CO | 4.9% | 181. McAllen-Edinburg-Mission, TX | 15.7% |
| 2. Bellingham, WA | 6.1% | 182. Beaumont-Port Arthur, TX | 15.8% |
| 3. Fort Collins, CO | 6.5% | 183. Rockford, IL | 16.0% |
| 4. Provo-Orem, UT | 6.5% | 184. Flint, MI | 16.3% |
| 5. Cedar Rapids, IA | 7.3% | 185. Columbus, GA-AL | 16.4% |
| 6. Salinas, CA | 7.4% | 186. Little Rock-Conway, AR | 16.5% |
| 7. Ann Arbor, MI | 7.4% | 187. Hickory-Lenoir-Morganton, NC | 16.8% |
| 8. Anchorage, AK | 7.7% | 188. Corpus Christi, TX | 16.9% |
| 9. Amarillo, TX | 7.8% | 189. Charleston, WV | 17.6% |
| 10. Bridgeport-Stamford, CT | 8.0% | 190. Mobile, AL | 17.7% |

Obesity, commonly defined as having a Body Mass Index (BMI) of 30 kg/m$^2$ or greater, is a significant risk factor for the development of type 2 diabetes. Other risk factors include age, physical inactivity, race and ethnicity, and genetic predisposition.

As noted earlier, the obesity rate in the United States reached 28.3% nationally in 2016, an increase of nearly three percentage points since 2008. While not all people with diabetes are obese, and not all who are obese develop diabetes, research shows that about 54% of middle aged Americans who are obese and have not yet developed diabetes will do so in their lifetime[1]. This statistic, coupled with rising obesity rates, sets the stage for rising rates of diabetes across the U.S. Additionally, there is the potential for some communities and regions to have populations that are currently under-diagnosed due to healthcare access issues such as lack of health insurance, lack of having a primary care doctor, and/or inconclusive patient-physician interactions.

The relationship between diabetes and obesity is important for population health stakeholders and healthcare professionals supporting diabetes prevention and management initiatives within their communities. If left unchecked, the current trends of these conditions will have a significant impact on future healthcare costs, health outcomes, and the overall well-being of individuals, communities and organizations.

## Incidence of Diabetes & Obesity in the U.S., 2008 & 2016*



Legend: % with Diabetes, % Obese

2008: 10.6% (% with Diabetes), 25.5% (% Obese)
2016*: 11.5% (% with Diabetes), 28.3% (% Obese)

*2016 includes data from January 1 through November 6, 2016
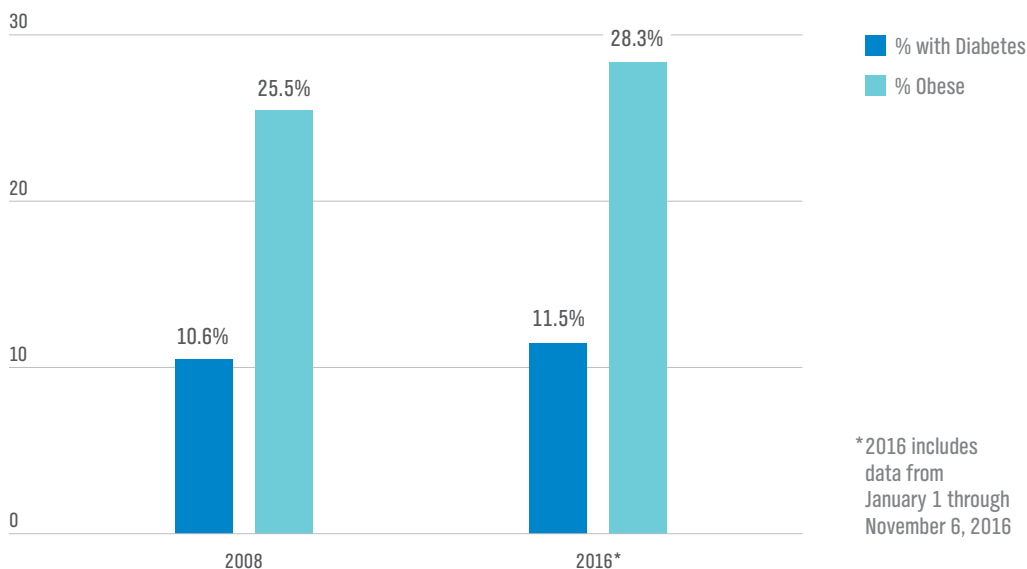
[1]Narayan, et al. Effect of BMI on Lifetime Risk for Diabetes in the U.S. *Diabetes Care* 30:1562–1566, 2007.

Below are best practices for hospitals and health systems as they implement diabetes management programs within their communities and across populations. Best-in-class programs deliver professional education, provide outpatient prevention and self-management education and support, focus on achieving glycemic targets and reducing average length of inpatient stays, and engage multidisciplinary teams to promote coordinated care.

On the following page, we profile several innovative hospitals and health systems that have successfully implemented diabetes management programs for the patients in their communities. Results for patient engagement and clinical outcomes are provided.

Bon Secours Memorial Regional Medical Center's partnership with the Healthways Diabetes Treatment Center is an essential component of the clinical care provided to our patient population with diabetes. The team collaborates with the physicians, nurses, and our patients to develop a treatment plan that supports our mission of 'Good Help to Those in Need.'

– Robin F. Johnson,
MHA, RN, NE-BC,
Vice President, Patient Care
Services/Chief Nurse Executive
Bon Secours Memorial Regional
Medical Center

## Education and Support

Educate and collaborate with physicians, nurses and patients on the importance of glycemic control in the ambulatory, acute and post-acute settings where decision support is integrated with evidence-based, effective care guidelines. Provide diabetes program offerings that support patient needs across the care continuum.

## Quality Care

Deliver quality care including obtaining and maintaining national accreditation and recognition for outpatient diabetes prevention and diabetes self-management education, delivering systemic and concurrent interventions for the hospitalized patient with diabetes, and monitoring impact of the interventions.

The Healthways diabetes program provides education and preventive testing in one convenient location, allowing more members to engage in healthy behaviors, effectively manage their diabetes, and lower overall health care costs. We have higher rates of compliance with dilated eye exams, kidney screenings and A1C compliance compared to other Florida Blue Employer Groups.

– Bonnie Winn, RN,
Regional Manager, Better You
Health Promotion Program
Florida Blue, Blue Cross Blue
Shield of Florida

## Monitor and Achieve Outcomes

Have access to technology, tools and resources to develop, implement and integrate a comprehensive diabetes initiative that drives outpatient metrics, achieves glycemic targets, shortens inpatient length of stay, reduces readmission rates, reduces postoperative infection rates and hospital acquired conditions (HAC)—all important to a successful diabetes management program.

## Engagement

Engage multidisciplinary teams to deliver coordinated care in an environment where patient-centered high quality care is a priority. Deploy the diabetes solution in a targeted manner through people, process and technology to drive outcomes that support the sustainability of the program.

**Bon Secours Richmond Health System, Richmond, VA**

Diabetes is the second most important health concern in the Richmond, VA community and represents 27% of all hospital discharges at Bon Secours Richmond Health System. An active approach to diabetes management with its Diabetes Treatment Center has yielded 33,000 patient interventions each year, resulting in a diabetes average length of stay reduction of 1.8 days. Glycemic efforts led to year-over-year reductions and millions in cost savings and improved quality for the inpatient population with diabetes. For more than 18 years, Bon Secours Richmond has partnered with Healthways to deliver evidence-based diabetes and glycemic management services throughout their four acute care hospitals and five outpatient centers.

**BayCare Health System, Tampa, FL**

St. Joseph's Hospital, an acute care hospital in the BayCare Health System, delivers diabetes education and inpatient glycemic management in partnership with Healthways Diabetes Services. The St. Joseph's Diabetes Management Program offers outpatient education which includes a whole mind and body approach to well-being, coupled with systemic diabetes interventions in the inpatient setting to optimize clinical outcomes.

After the clinical and executive leadership team evaluated glycemic outcomes for hospitalized patients receiving intravenous insulin at St. Joseph's Hospital, a decision was made to standardize the intravenous dosing tool used across the system. This tool rapidly and accurately provides insulin rates calculations for hospitalized patients experiencing hyperglycemia. Currently 10 hospitals are using the IV insulin dosing tool. BayCare Health System can expect to achieve similar results seen with others using this tool—such as average time to target (defined as 170 mg/dL) in less than 4 hours and hypoglycemia rate (defined as less than 70 mg/dL) of 0.25%.

**Ascension Columbia St. Mary's Health System, Milwaukee, WI**

Ascension Columbia St. Mary's Health System serves as the leader in diabetes care for Milwaukee and Southeastern Wisconsin. For almost 30 years, Columbia St. Mary's has partnered with Healthways to provide inpatient and outpatient diabetes care in four acute care hospitals and 11 primary care clinics. By tightly integrating within the health system, the Diabetes Treatment Center (DTC) delivers improved clinical results and quality outcomes.

The Wisconsin Collaborative for Health Care Quality (WCHQ), a multi-stakeholder consortium of Wisconsin healthcare organizations, recently ranked Columbia St. Mary's at the top for meeting select evidence-based standards for diabetes-related care. Columbia St. Mary's was number one out of 23 health systems for patients obtaining two A1C values, blood pressure control and one kidney function test during the measurement period and the top performer for A1C levels less than 8.0%. In order to achieve strong outcomes, the DTC leverages protocols and diabetes toolkits based on Healthways recommendations. These processes assist with diabetes management and allow for standardized treatment methods system-wide.

**Hamilton Medical Center, Dalton, GA**

Many companies are struggling to cope with rising healthcare costs. Hamilton Medical Center's Diabetes and Nutrition Center, in partnership with Healthways, is working with a local, self-insured textile company to improve the diabetes health of its employees by providing onsite diabetes and prediabetes education.

Hamilton's Diabetes Center brings educational opportunities to the employee. Diabetes classes at the work site have an 86% attendance rate and participants have shown an 8% improvement in A1C after three months. The onsite education program is a win-win solution for managing diabetes in the workplace. Employees gain valuable knowledge needed to control their diabetes and the employer has lower medical costs and higher productivity for employees. Initiatives are underway to expand this employer-sponsored diabetes education program to other local companies.

Diabetes and prediabetes is a growing epidemic in our community, requiring a comprehensive, coordinated plan across all healthcare agencies if we are to make any impact on this disease. As the expert in diabetes, Healthways has partnered with us to provide tools, resources, education and support for diabetes programs in both the inpatient and outpatient settings. Healthways is a valuable resource to BayCare Health System. Together, we will continue delivering innovative diabetes care services and education to our population.

– Patricia Donnelly, RN, MSN,
Chief Nursing Officer and Vice
President of Patient Services
St. Joseph Hospital at BayCare
Health System

Through a multidisciplinary team, we achieve higher overall health metrics for our patients with diabetes—including better A1C control and ongoing screening for diabetic neuropathy, nephropathy, and retinopathy. Our long-standing partnership with Healthways provides our patients the best possible quality of life.

– Dirk Steinert, MD,
Internal Medicine/Pediatrics
and Medical Director
Population Health
Ascension Columbia
St. Mary's Health System

''The Diabetes and Cardiac Rehab Unit in particular have continued a pattern of care, concern and follow-up that has truly impressed me. An entire institution has embraced an attitude of real caring and is committed to the well-being of its patients. I truly feel that Prince George's Hospital, the Diabetes Center, and I are partners working together.''

– Steven C., Healthways Diabetes Education Program Graduate
Dimensions Health System at Prince George Hospital Center, Cheverly, MD

''What I learned really changed my life. I feel so much better now, and I have good control. The diabetes center is my resource, and I know I can call them anytime with questions or concerns.''

– Sarah M., Healthways Diabetes Education Program Graduate
Wayne UNC Health Care at Wayne Memorial Hospital, Goldsboro, NC

''My wife and I have learned a lot in the [Diabetes Center's] class. I have been diligent concerning diet and monitoring glucose, and I'm happy to report that my glucose has been steadily 120mg/dL or lower the past two weeks. I owe it all to you and the class. Thank you, you've made diabetes not so scary to live with!''

– Ernie S., Healthways Diabetes Education Program Graduate
Parkview Health at Parkview Regional Medical Center, Fort Wayne, IN

''I didn't get much education when I was first diagnosed with Type 1 diabetes. When I became pregnant, I was scared. I knew I needed help, so I came to the diabetes center. The program taught me about eating healthy and diabetes in general. The nutritionist even showed me how to do carb counting—and even explained why carbohydrates were important to watch. I know that I don't have to be scared anymore. The diabetes center will always be there for me, just as they were throughout my pregnancy.''

– Bertha R., Healthways Diabetes Education Program Graduate
IASIS Healthcare at Southwest General Hospital, San Antonio, TX

''This diabetes center has been supporting my educational needs for 3-4 years, and I have learned quite a lot. When I joined, we were taught how to read [nutrition] labels and how to exercise. By doing all of that, I started losing weight. This class has really made some good changes in my life. My A1C has come down from 8.3% to 6.7%. I really feel that all people with uncontrolled blood sugars should take these [diabetes education] classes.''

– Luther H., Healthways Diabetes Education Program Graduate
Ascension Health at Ascension Columbia St. Mary's Health System, Milwaukee, WI

''By taking your classes, I learn how important it is to check my blood sugar and eat the right foods. I make it a priority to walk and just move. Your guide [Healthways Education Manual for People with Diabetes] makes it so much easier for me to understand. I learned how to use my meter the right way. Now, I can take better care of myself and enjoy life. The staff were very friendly and helpful. Thank you for all your help and support.''

– Bonnie E., Healthways Diabetes Education Program Graduate
BayCare Health System at St. Joseph's Hospital, Tampa, FL

# Incidence of Diabetes by State, 2015
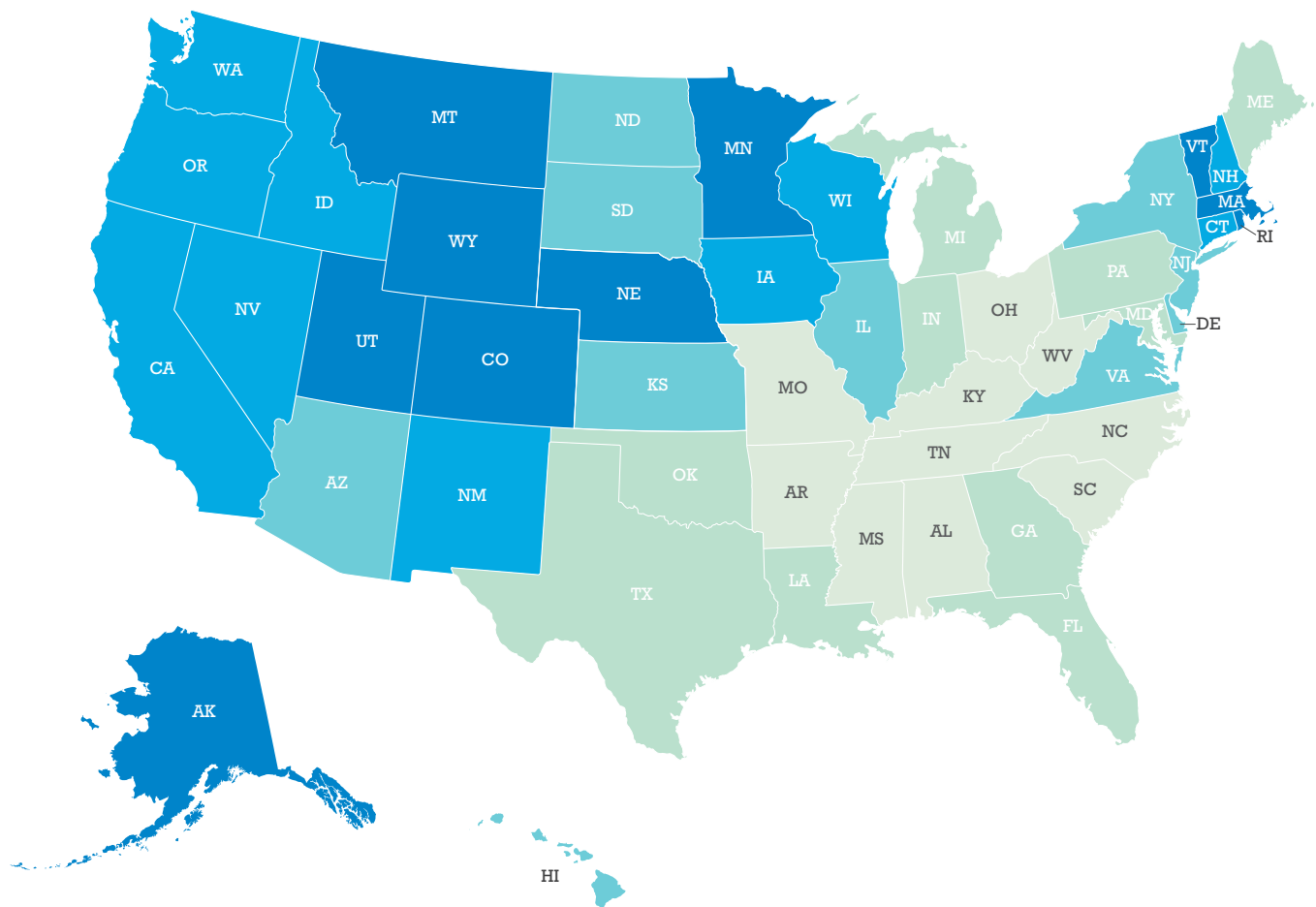


| Top Quintile | 2nd Quintile | 3rd Quintile | 4th Quintile | 5th Quintile |
|---|---|---|---|---|
| **(Lowest Incidence)** | | | | **(Highest Incidence)** |
| 1 Utah | 11 New Hampshire | 21 New Jersey | 31 Maine | 41 North Carolina |
| 2 Rhode Island | 12 Idaho | 22 Illinois | 32 Pennsylvania | 42 Missouri |
| 3 Colorado | 13 Connecticut | 23 South Dakota | 33 Texas | 43 Ohio |
| 4 Minnesota | 14 Washington | 24 North Dakota | 34 Florida | 44 Kentucky |
| 5 Montana | 15 New Mexico | 25 Virginia | 35 Maryland | 45 Arkansas |
| 6 Alaska | 16 California | 26 Delaware | 36 Michigan | 46 South Carolina |
| 7 Massachusetts | 17 Iowa | 27 Kansas | 37 Indiana | 47 Tennessee |
| 8 Vermont | 18 Nevada | 28 Hawaii | 38 Georgia | 48 Mississippi |
| 9 Nebraska | 19 Oregon | 29 New York | 39 Oklahoma | 49 West Virginia |
| 10 Wyoming | 20 Wisconsin | 30 Arizona | 40 Louisiana | 50 Alabama |

# State Rankings for Incidence of Diabetes, 2015

| Rank | | Diabetes | Obesity | | Rank | | Diabetes | Obesity |
|------|--|----------|---------|--|------|--|----------|---------|
| 1. | Utah | 7.4 | 24.5 | | 31. | Maine | 11.5 | 31.5 |
| 2. | Rhode Island | 7.6 | 27.9 | | 32. | Pennsylvania | 11.8 | 29.2 |
| 3. | Colorado | 7.9 | 19.8 | | 33. | Texas | 11.8 | 30.7 |
| 4. | Minnesota | 8.4 | 25.5 | | 34. | Florida | 11.9 | 26.5 |
| 5. | Montana | 8.7 | 24.1 | | 35. | Maryland | 11.9 | 28.8 |
| 6. | Alaska | 8.8 | 26.9 | | 36. | Michigan | 12.0 | 31.5 |
| 7. | Massachusetts | 8.9 | 23.6 | | 37. | Indiana | 12.2 | 30.8 |
| 8. | Vermont | 8.9 | 27.5 | | 38. | Georgia | 12.7 | 28.8 |
| 9. | Nebraska | 9.1 | 30.8 | | 39. | Oklahoma | 12.9 | 33.5 |
| 10. | Wyoming | 9.3 | 25.8 | | 40. | Louisiana | 13.5 | 30.9 |
| 11. | New Hampshire | 9.4 | 24.3 | | 41. | North Carolina | 13.5 | 30.4 |
| 12. | Idaho | 9.7 | 29.7 | | 42. | Missouri | 13.5 | 29.9 |
| 13. | Connecticut | 9.8 | 24.9 | | 43. | Ohio | 13.5 | 31.6 |
| 14. | Washington | 10.1 | 27.1 | | 44. | Kentucky | 13.7 | 31.4 |
| 15. | New Mexico | 10.1 | 23.7 | | 45. | Arkansas | 14.1 | 33.5 |
| 16. | California | 10.2 | 23.9 | | 46. | South Carolina | 14.4 | 31.4 |
| 17. | Iowa | 10.2 | 31.3 | | 47. | Tennessee | 14.4 | 29.5 |
| 18. | Nevada | 10.2 | 23.9 | | 48. | Mississippi | 15.6 | 35.5 |
| 19. | Oregon | 10.3 | 27.1 | | 49. | West Virginia | 16.1 | 37.0 |
| 20. | Wisconsin | 10.4 | 27.4 | | 50. | Alabama | 16.1 | 31.3 |
| 21. | New Jersey | 10.4 | 24.7 | | | | | |
| 22. | Illinois | 10.5 | 28.5 | | | | | |
| 23. | South Dakota | 10.5 | 25.1 | | | | | |
| 24. | North Dakota | 10.8 | 31.3 | | | | | |
| 25. | Virginia | 10.8 | 26.3 | | | | | |
| 26. | Delaware | 10.8 | 33.8 | | | | | |
| 27. | Kansas | 10.9 | 29.4 | | | | | |
| 28. | Hawaii | 11.1 | 18.5 | | | | | |
| 29. | New York | 11.1 | 25.2 | | | | | |
| 30. | Arizona | 11.3 | 25.2 | | | | | |

■ Top Quintile/Lowest Incidence (1 – 10)　■ 2nd Quintile (11 – 20)　■ 3rd Quintile (21 – 30)　■ 4th Quintile (31 – 40)　■ 5th Quintile/Highest Incidence (41 – 50)

# Community Rankings for Incidence of Diabetes, 2014–2015

| Rank | | Diabetes | Obesity |
|---|---|---|---|
| 1. | Boulder, CO | 4.9 | 16.4 |
| 2. | Bellingham, WA | 6.1 | 24.5 |
| 3. | Fort Collins, CO | 6.5 | 18.0 |
| 4. | Provo–Orem, UT | 6.5 | 22.5 |
| 5. | Cedar Rapids, IA | 7.3 | 33.7 |
| 6. | Salinas, CA | 7.4 | 27.6 |
| 7. | Ann Arbor, MI | 7.4 | 28.9 |
| 8. | Anchorage, AK | 7.7 | 26.7 |
| 9. | Amarillo, TX | 7.8 | 21.5 |
| 10. | Bridgeport–Stamford–Norwalk, CT | 8.0 | 20.1 |
| 11. | Green Bay, WI | 8.0 | 31.0 |
| 12. | Santa Rosa, CA | 8.0 | 21.6 |
| 13. | Minneapolis–St. Paul–Bloomington, MN–WI | 8.2 | 23.6 |
| 14. | Salt Lake City, UT | 8.3 | 24.9 |
| 15. | Norwich–New London, CT | 8.3 | 30.0 |
| 16. | Manchester–Nashua, NH | 8.3 | 28.0 |
| 17. | San Francisco–Oakland–Hayward, CA | 8.4 | 21.4 |
| 18. | Lincoln, NE | 8.5 | 26.6 |
| 19. | Raleigh, NC | 8.5 | 28.7 |
| 20. | Spokane–Spokane Valley, WA | 8.6 | 27.8 |
| 21. | Ogden–Clearfield, UT | 8.6 | 28.1 |
| 22. | Barnstable Town, MA | 8.7 | 23.6 |
| 23. | Colorado Springs, CO | 8.7 | 18.1 |
| 24. | Seattle–Tacoma–Bellevue, WA | 8.7 | 22.9 |
| 25. | Denver–Aurora–Lakewood, CO | 8.9 | 20.0 |
| 26. | San Jose–Sunnyvale–Santa Clara, CA | 9.0 | 19.9 |
| 27. | Madison, WI | 9.0 | 28.1 |
| 28. | Burlington–South Burlington, VT | 9.1 | 25.5 |
| 29. | Boston–Cambridge–Newton, MA–NH | 9.2 | 22.2 |
| 30. | Gainesville, FL | 9.2 | 25.2 |
| 31. | Santa Maria–Santa Barbara, CA | 9.2 | 22.9 |
| 32. | Washington–Arlington–Alexandria, DC–VA–MD–WV | 9.3 | 23.6 |
| 33. | Austin–Round Rock, TX | 9.3 | 24.6 |
| 34. | Oxnard–Thousand Oaks–Ventura, CA | 9.3 | 23.9 |
| 35. | Portland–Vancouver–Hillsboro, OR–WA | 9.4 | 24.9 |
| 36. | Santa Cruz–Watsonville, CA | 9.4 | 19.8 |
| 37. | Omaha–Council Bluffs, NE–IA | 9.4 | 31.4 |
| 38. | Reno, NV | 9.5 | 23.6 |
| 39. | Prescott, AZ | 9.5 | 25.6 |
| 40. | Providence–Warwick, RI–MA | 9.6 | 30.5 |
| 41. | Duluth, MN–WI | 9.6 | 29.2 |
| 42. | Salem, OR | 9.7 | 29.3 |
| 43. | Portland–South Portland, ME | 9.7 | 25.8 |
| 44. | San Diego–Carlsbad, CA | 9.8 | 22.3 |
| 45. | Worcester, MA–CT | 9.8 | 31.0 |
| 46. | Trenton, NJ | 9.9 | 24.6 |
| 47. | Chico, CA | 9.9 | 36.7 |
| 48. | Boise City–Nampa, ID | 10.0 | 25.8 |
| 49. | Chicago–Naperville–Elgin, IL–IN–WI | 10.0 | 27.8 |
| 50. | Grand Rapids–Wyoming, MI | 10.0 | 30.5 |
| 51. | Cape Coral–Fort Myers, FL | 10.1 | 26.5 |
| 52. | Milwaukee–Waukesha–West Allis, WI | 10.1 | 27.3 |
| 53. | New Haven–Milford, CT | 10.1 | 28.0 |
| 54. | Greeley, CO | 10.2 | 29.5 |
| 55. | Springfield, MA | 10.2 | 28.9 |
| 56. | Binghamton, NY | 10.3 | 25.8 |
| 57. | Kennewick–Richland, WA | 10.3 | 33.5 |
| 58. | Lansing–East Lansing, MI | 10.4 | 26.8 |
| 59. | Akron, OH | 10.6 | 28.4 |
| 60. | Asheville, NC | 10.6 | 24.1 |
| 61. | San Luis Obispo–Paso Robles–Arroyo Grande, CA | 10.7 | 23.9 |
| 62. | Los Angeles–Long Beach–Anaheim, CA | 10.7 | 22.7 |
| 63. | Des Moines–West Des Moines, IA | 10.7 | 30.1 |
| 64. | Stockton–Lodi, CA | 10.8 | 30.7 |
| 65. | Killeen–Temple, TX | 10.8 | 33.9 |
| 66. | New York–Newark–Jersey City, NY–NJ–PA | 10.8 | 24.4 |
| 67. | Eugene, OR | 10.8 | 28.8 |
| 68. | Augusta–Richmond County, GA–SC | 10.9 | 35.2 |
| 69. | Charlottesville, VA | 10.9 | 24.3 |
| 70. | Las Vegas–Henderson–Paradise, NV | 11.0 | 26.0 |
| 71. | Miami–Fort Lauderdale–West Palm Beach, FL | 11.0 | 23.6 |
| 72. | Syracuse, NY | 11.0 | 29.1 |
| 73. | Medford, OR | 11.1 | 23.3 |
| 74. | Kansas City, MO–KS | 11.1 | 29.0 |
| 75. | Tucson, AZ | 11.1 | 25.6 |
| 76. | Fayetteville–Springdale–Rogers, AR–MO | 11.2 | 28.5 |

■ Top Quintile/Lowest Incidence (1 – 38)　■ 2nd Quintile (39 – 76)　■ 3rd Quintile (77 – 114)　■ 4th Quintile (115 – 152)　■ 5th Quintile/Highest Incidence (153 – 190)

# Community Rankings for Incidence of Diabetes, 2014–2015

| Rank | | Diabetes | Obesity |
|------|------|:---:|:---:|
| 77. | Philadelphia-Camden-Wilmington, PA-NJ-DE-MD | 11.2 | 27.3 |
| 78. | Sacramento–Roseville–Arden-Arcade, CA | 11.2 | 25.6 |
| 79. | Dallas-Fort Worth-Arlington, TX | 11.2 | 28.9 |
| 80. | Houston–The Woodlands–Sugar Land, TX | 11.2 | 28.6 |
| 81. | Phoenix-Mesa-Scottsdale, AZ | 11.3 | 25.7 |
| 82. | Cleveland-Elyria, OH | 11.3 | 28.1 |
| 83. | Kalamazoo-Portage, MI | 11.4 | 28.9 |
| 84. | Pittsburgh, PA | 11.4 | 28.1 |
| 85. | Jackson, MS | 11.5 | 30.4 |
| 86. | Allentown-Bethlehem-Easton, PA-NJ | 11.5 | 26.2 |
| 87. | Charlotte-Concord-Gastonia, NC-SC | 11.5 | 28.7 |
| 88. | Fort Wayne, IN | 11.5 | 32.1 |
| 89. | Charleston-North Charleston, SC | 11.5 | 26.0 |
| 90. | Atlanta-Sandy Springs-Roswell, GA | 11.6 | 26.6 |
| 91. | Nashville-Davidson-Murfreesboro-Franklin, TN | 11.7 | 26.2 |
| 92. | Albuquerque, NM | 11.7 | 23.6 |
| 93. | Richmond, VA | 11.8 | 27.8 |
| 94. | Naples-Immokalee-Marco Island, FL | 11.8 | 22.1 |
| 95. | Hartford-West Hartford-East Hartford, CT | 11.8 | 26.8 |
| 96. | Wilmington, NC | 11.9 | 25.4 |
| 97. | Fresno, CA | 11.9 | 29.6 |
| 98. | Oklahoma City, OK | 12.0 | 32.3 |
| 99. | Scranton–Wilkes-Barre–Hazleton, PA | 12.0 | 29.1 |
| 100. | Peoria, IL | 12.0 | 28.8 |
| 101. | Olympia, WA | 12.0 | 26.4 |
| 102. | Canton-Massillon, OH | 12.0 | 32.5 |
| 103. | Reading, PA | 12.0 | 28.2 |
| 104. | Greensboro–High Point, NC | 12.1 | 26.9 |
| 105. | Visalia-Porterville, CA | 12.1 | 33.2 |
| 106. | Albany-Schenectady-Troy, NY | 12.1 | 26.7 |
| 107. | Roanoke, VA | 12.1 | 33.6 |
| 108. | Harrisburg-Carlisle, PA | 12.1 | 33.6 |
| 109. | Detroit-Warren-Dearborn, MI | 12.1 | 30.8 |
| 110. | Greenville-Anderson-Mauldin, SC | 12.1 | 28.3 |
| 111. | Topeka, KS | 12.2 | 33.5 |
| 112. | Cincinnati, OH-KY-IN | 12.3 | 29.7 |
| 113. | Wichita, KS | 12.3 | 29.5 |
| 114. | Fayetteville, NC | 12.3 | 27.4 |

| Rank | | Diabetes | Obesity |
|------|------|:---:|:---:|
| 115. | St. Louis, MO-IL | 12.3 | 28.9 |
| 116. | Louisville-Jefferson County, KY-IN | 12.4 | 30.2 |
| 117. | Lynchburg, VA | 12.4 | 28.3 |
| 118. | Springfield, MO | 12.4 | 33.6 |
| 119. | Baltimore-Columbia-Towson, MD | 12.5 | 29.2 |
| 120. | Tampa-St. Petersburg-Clearwater, FL | 12.5 | 28.3 |
| 121. | Montgomery, AL | 12.6 | 31.1 |
| 122. | Virginia Beach–Norfolk–Newport News, VA–NC | 12.6 | 32.0 |
| 123. | Urban Honolulu, HI | 12.6 | 19.9 |
| 124. | Orlando-Kissimmee-Sanford, FL | 12.7 | 28.4 |
| 125. | Bremerton-Silverdale, WA | 12.7 | 31.0 |
| 126. | Riverside-San Bernardino-Ontario, CA | 12.7 | 28.8 |
| 127. | York-Hanover, PA | 12.8 | 32.7 |
| 128. | Evansville, IN-KY | 12.9 | 29.9 |
| 129. | Durham-Chapel Hill, NC | 12.9 | 22.1 |
| 130. | Shreveport-Bossier City, LA | 13.0 | 37.4 |
| 131. | Bakersfield, CA | 13.0 | 33.6 |
| 132. | San Antonio-New Braunfels, TX | 13.0 | 32.2 |
| 133. | Palm Bay-Melbourne-Titusville, FL | 13.0 | 24.5 |
| 134. | Dayton, OH | 13.1 | 32.7 |
| 135. | Utica-Rome, NY | 13.1 | 26.8 |
| 136. | Jacksonville, FL | 13.1 | 24.6 |
| 137. | Baton Rouge, LA | 13.1 | 32.8 |
| 138. | Rochester, NY | 13.1 | 29.1 |
| 139. | El Paso, TX | 13.2 | 26.6 |
| 140. | Indianapolis-Carmel-Anderson, IN | 13.2 | 31.0 |
| 141. | Gulfport-Biloxi-Pascagoula, MS | 13.3 | 34.6 |
| 142. | Columbia, SC | 13.3 | 30.9 |
| 143. | Vallejo-Fairfield, CA | 13.3 | 31.0 |
| 144. | Buffalo-Cheektowaga-Niagara Falls, NY | 13.3 | 28.0 |
| 145. | Lancaster, PA | 13.3 | 30.0 |
| 146. | Winston-Salem, NC | 13.4 | 28.0 |
| 147. | Myrtle Beach-Conway-North Myrtle Beach, SC–NC | 13.4 | 28.5 |
| 148. | Salisbury, MD-DE | 13.5 | 29.4 |
| 149. | Daphne-Fairhope-Foley, AL | 13.5 | 26.5 |
| 150. | Huntsville, AL | 13.5 | 28.2 |
| 151. | Huntington-Ashland, WV-KY-OH | 13.6 | 31.8 |
| 152. | Lexington-Fayette, KY | 13.6 | 31.2 |

■ Top Quintile/Lowest Incidence (1 – 38)　　■ 2nd Quintile (39 – 76)　　■ 3rd Quintile (77 – 114)　　■ 4th Quintile (115 – 152)　　■ 5th Quintile/Highest Incidence (153 – 190)

# Community Rankings for Incidence of Diabetes, 2014–2015

| Rank | | Diabetes | Obesity |
|---|---|---|---|
| 153. | North Port–Sarasota–Bradenton, FL | 13.6 | 22.3 |
| 154. | Davenport–Moline–Rock Island, IA–IL | 13.6 | 28.3 |
| 155. | Savannah, GA | 13.6 | 29.0 |
| 156. | New Orleans–Metairie, LA | 13.7 | 29.4 |
| 157. | Columbus, OH | 13.7 | 30.6 |
| 158. | Memphis, TN–MS–AR | 13.7 | 34.3 |
| 159. | Tulsa, OK | 13.7 | 32.8 |
| 160. | Modesto, CA | 13.7 | 31.9 |
| 161. | Birmingham–Hoover, AL | 13.8 | 30.3 |
| 162. | Spartanburg, SC | 14.1 | 32.7 |
| 163. | Erie, PA | 14.2 | 31.2 |
| 164. | Knoxville, TN | 14.2 | 29.7 |
| 165. | Crestview–Fort Walton Beach–Destin, FL | 14.2 | 30.2 |
| 166. | Pensacola–Ferry Pass–Brent, FL | 14.3 | 28.4 |
| 167. | Tallahassee, FL | 14.3 | 31.2 |
| 168. | Clarksville, TN–KY | 14.4 | 29.8 |
| 169. | Deltona–Daytona Beach–Ormond Beach, FL | 14.4 | 29.3 |
| 170. | Chattanooga, TN–GA | 14.4 | 24.6 |
| 171. | Fort Smith, AR–OK | 14.5 | 38.1 |
| 172. | Lafayette, LA | 14.6 | 31.5 |
| 173. | Toledo, OH | 14.9 | 30.2 |
| 174. | Lake Havasu City–Kingman, AZ | 14.9 | 25.6 |
| 175. | Ocala, FL | 15.0 | 24.6 |
| 176. | Youngstown–Warren–Boardman, OH–PA | 15.1 | 35.1 |
| 177. | Port St. Lucie, FL | 15.1 | 30.6 |
| 178. | Kingsport–Bristol–Bristol, TN–VA | 15.1 | 31.9 |
| 179. | Lakeland–Winter Haven, FL | 15.3 | 33.6 |
| 180. | South Bend–Mishawaka, IN–MI | 15.3 | 26.2 |
| 181. | McAllen–Edinburg–Mission, TX | 15.7 | 40.2 |
| 182. | Beaumont–Port Arthur, TX | 15.8 | 38.2 |
| 183. | Rockford, IL | 16.0 | 33.1 |
| 184. | Flint, MI | 16.3 | 35.2 |
| 185. | Columbus, GA–AL | 16.4 | 32.1 |
| 186. | Little Rock–N Little Rock–Conway, AR | 16.5 | 35.7 |
| 187. | Hickory–Lenoir–Morganton, NC | 16.8 | 34.9 |
| 188. | Corpus Christi, TX | 16.9 | 39.7 |
| 189. | Charleston, WV | 17.6 | 40.6 |
| 190. | Mobile, AL | 17.7 | 35.7 |

■ Top Quintile/Lowest Incidence (1 – 38)　　■ 2nd Quintile (39 – 76)　　■ 3rd Quintile (77 – 114)　　■ 4th Quintile (115 – 152)　　■ 5th Quintile/Highest Incidence (153 – 190)

# STATE OF AMERICAN WELL-BEING

## 2015 State & Community Rankings for Incidence of Diabetes

### Methodology

The state ranking data for incidence of diabetes is based on a subset of 176,885 telephone interviews with U.S. adults across all 50 states, conducted from January 2, 2015 to December 30, 2015. The community ranking data for incidence of diabetes is based on a subset of 246,620 interviews with U.S. adults across all 50 states and the District of Columbia, conducted from January 2, 2014 to December 30, 2015.

Gallup conducts 500 telephone interviews daily, resulting in a sample that projects to an estimated 95 percent of all U.S. adults. We use the term 'communities' to represent Metropolitan Statistical Areas (MSAs), based on the U.S. Office of Management and Budget definitions. Only MSAs with at least 300 completed interviews are reported. Gallup conducts interviews in both English and Spanish and to both cellphone and landlines. Visit www.well-beingindex.com/about to learn more.

### About Gallup

Gallup delivers forward-thinking research, analytics, and advice to help leaders solve their most pressing problems. Combining more than 75 years of experience with its global reach, Gallup knows more about the attitudes and behaviors of the world's constituents, employees, and customers than any other organization. Gallup consultants help private and public sector organizations boost organic growth through measurement tools, strategic advice, and education.

### About Healthways Diabetes Services

Healthways Diabetes Services supports glycemic management and diabetes care to produce proven, cost-effective outcomes for our partners through the combination of evidence-based medicine with best practice interventions. For over 30 years, Healthways Diabetes Services has delivered fully integrated inpatient and outpatient diabetes care for patients and has been a leading provider of diabetes care and education for health systems, physicians and their patients. Leveraging our knowledge and experience, partners are able to manage inpatient costs, mitigate risk, and expand outpatient services—while significantly improving the health and quality of life for their patients. For more information, go to www.healthways.com/dss.

### About Healthways

Healthways is the largest independent global provider of well-being improvement solutions. Dedicated to creating a healthier world one person at a time, the company uses the science of behavior change to produce and measure positive change in well-being for our customers, which include employers, integrated health systems, hospitals, physicians, health plans, communities and government entities. The company serves approximately 68 million people on four continents. Learn more at www.healthways.com.

### About Sharecare

Sharecare is a health and wellness engagement solution providing people with personalized resources to help them live their healthiest lives. Nearly 41 million people have shared more than 6 billion data points about their health status and habits with Sharecare, which uses that information to create a comprehensive health profile allowing users to access all of their health resources in one place, and dynamically connect to the knowledge, evidence-based programs and health professionals they need. Learn more at www.sharecare.com.