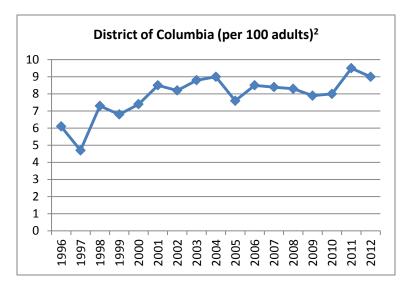
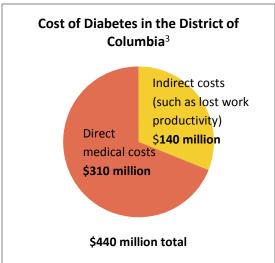


Diabetes by the Numbers: District of Columbia

Diabetes is currently one of the ten leading causes of death in the District of Columbia. In 2012, **31,900** people in the District of Columbia were estimated to have diabetes, and the disease was estimated to affect the health of 5.3 percent of the adult population. Not only does diabetes cause detriment to the well-being of the District of Columbia's citizens, but it also puts a tremendous financial burden on the state.





In 2010, 73,000 non-traumatic lower limb amputations were performed in the US due to diabetes.⁴

The average cost of each amputation is \$70,434.5

Investing in Podiatric Care

- While diabetes is the leading cause of non-traumatic lower limb amputation, these amputations can be prevented.
- Every \$1 invested in care by a podiatrist results in \$27 to \$51 of savings for the health-care system among patients with commercial insurance. For Medicare-eligible patients, every \$1 invested in care by a podiatrist results in \$9 to \$13 of savings.⁶
- The inclusion of care provided by podiatrists for those with diabetes alone will save the health-care system \$3.5 billion per year.⁷

Today's Podiatrist Keeps the District of Columbia Walking

The District of Columbia can benefit economically and medically from encouraging its diabetes patients to visit podiatrists yearly. Research shows yearly visits to a podiatrist by those with diabetes can decrease the risk of lower limb amputation by up to 80 percent. For more information, visit www.apma.org/diabetes.

^{1,3} Economic Costs of Diabetes in the U.S. in 2012. (2013). *Diabetes Care* 36 (2013): 1033-1046.

² National Diabetes Surveillance System, 2014. Centers for Disease Control and Prevention.

⁴ National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. Centers for Disease Control and Prevention.

⁵ Lee C. Rogers et al., "The Right to Bear Legs—An Amendment to Healthcare: How Preventing Amputations Can Save Billions for the US Health-care System," *Journal of the American Podiatric Medical Association* 98 (2008): 166-168.

^{6,7} Ginger Carls et al., "The Economic Value of Specialized Lower-Extremity Medical Care by Podiatric Physicians in the Treatment of Diabetic Foot Ulcers," *Journal of the American Podiatric Medical Association* 101 (2011): 93-115.

⁸ T.B. Gibson et al., "Podiatrist care and outcomes for patients with diabetes and foot ulcer," International Wound Journal 11 (2014): 641–648.