Preface

Diabetes in America, 2nd Edition, has been sponsored by the National Diabetes Data Group (NDDG) of the National Institute of Diabetes, Digestive and Kidney Diseases, National Institutes of Health. The NDDG was established in 1977 in response to recommendations of the U.S. National Commission on Diabetes. Its purposes are to define needs for information that can address the important scientific and public health issues in diabetes, facilitate research on the epidemiologic and clinical aspects of diabetes, and to develop reliable and accurate information on the scope and impact of diabetes in the U.S. population.

The authors of Diabetes in America, 2nd Edition, are recognized experts in their fields. Their participation brings to the document not only their specific scientific expertise, but also the spectrum of disciplines that reflect the broad interests and issues in the diabetes community. The book represents, in the judgment of its authors and editors, a compilation and assessment of the most valid, accurate, and useful data on diabetes and its complications in the United States. It complements the first edition of Diabetes in America, published by the NDDG in 1985, which remains a valid reference work for the field of diabetes.

Five general areas are addressed in the 36 chapters. These include the descriptive epidemiology of diabetes in the United States based on national surveys and community-based studies, including prevalence, incidence, sociodemographic and metabolic characteristics, risk factors for developing diabetes, and mortality; the myriad of complications that affect patients with diabetes; characteristics of therapy and medical care for diabetes; economic aspects, including health insurance and health care costs; and diabetes in special populations, including blacks, Hispanics, Asian and Pacific Islanders, Native Americans, and pregnant women.

Diabetes in America, 2nd Edition has been designed to serve as a reliable scientific resource for assessing the scope and impact of diabetes and its complications, determining health policy and priorities in diabetes, and identifying areas of need in research. The intended audience includes health policy makers at the local and federal levels who need a sound quantitative base of knowledge to use in decision making; clinicians who need to know the probability that their patients will develop diabetes and the prognosis of the disease for complications and premature mortality; persons with diabetes and their families who need sound information on which to make decisions about their life with diabetes; and the research community which needs to identify areas where important scientific knowledge is lacking. I hope you will find that these purposes have been fulfilled.

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