

Healthy People 2010 Operational Definition

4-7. Reduce kidney failure due to diabetes.

National Data Source	U.S. Renal Data System (USRDS), NIH, NIDDK.
State Data Source	U.S. Renal Data System (USRDS), NIH, NIDDK.
Healthy People 2000 Objective	Adapted from 17.10 (Diabetes and Chronic Disabling Conditions).
Changes since the 2000 Publication	Revised baseline (see Comments). Revised target (see Comments).
Measure	Rate per million (adjusted for age, gender, and race where applicable—see Comments).
Baseline (Year)	138 (1997)
Target	100
Target-Setting Method	Better than the best racial/ethnic subgroup. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of ESRD Medical Evidence Report Medicare Entitlement forms (HCFA Medical Evidence Form 2728) submitted to Medicare for renal replacement therapy in calendar year with diabetes as the reported cause of ESRD.
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Baseline Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>The USRDS data, data collection procedures, calculation methods, and other technical information are included in its Annual Data Report.¹</p> <p>USRDS uses data collected by the Centers for Medicare and Medicaid Services. Since 1996, health care providers are required to provide patient information on all persons with ESRD, regardless of health insurance. Therefore, incident rates reflect</p>

the universe of ESRD cases in the United States.

The original baseline was revised from 113 per million to 138 per million. The target was proportionally adjusted from 78 to 100 per million to reflect the revised baseline using the original target-setting method.

Rates are adjusted for age, race, and gender. Age-, race-, and gender-specific rates are weighted sums of age-, race, and gender-specific rates. Because cumulative percentages are used for these objectives, the data is updated each year. Each year the data is adjusted to the standard population one year before the year of the most recent data point. Thus the standard population used to adjust the 1997 baseline was 1996 and the standard population used to adjust the 1998 baseline was 1997. Five year age groups are used for age adjustment (i.e., 0-4, 5-9, 10-14, etc.). More information on the analytic methods used to calculate these rates can be found in Appendix A of the 2005 ADR.¹

This objective is a modification of Healthy People 2000 objective 17.10, which used incident count data on ESRD patients with diabetes published in the Annual Data Report (ADR) for the numerator. The number of persons who report ever being diagnosed with diabetes from the National Health Interview Survey (NHIS), CDC, NCHS, was used as the Healthy People 2000 denominator. The Healthy People 2010 measures are adjusted for age, gender, and race where applicable, as described above.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note*.²

See Part C for a description of USRDS and Appendix A for focus area contact information.

References

1. United States Renal Data System, *USRDS. 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United State*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010.
2. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.