A greater risk of remaining undiagnosed. These findings suggest that an important impact on diabetes diagnosis. Individuals who do not cant health-care costs. These results indicate that access to care, the United States that leads to poorer patient outcomes and signifi-

2.6, p = 0.001). Finally, English-speaking participants with a documented family history of diabetes were more likely to be increased the likelihood a participant was diagnosed. Participants who had 5 or fewer visits. Participants with a history of high mg/dL or HbA1c ≥ 6.5%. Risk factors were organized into four logi-

tors they vary more by race/ethnicity, rather than by SES. This finding is independently corroborated by National Health and Nutrition Examination Survey (NHANES) data for diagnosed T2DM. Complementary data from the clinical decision making experiment show the diagnosis of T2DM varies significantly by a patients’ race/ethnicity, controlling for SES, age and gender in the design. While undiagnosed signs and symptoms of T2DM in the community vary significantly by SES, rather than race/ethnicity, following diagnosis by primary care doc-

Background Research suggests almost 30% of the United States population has undiagnosed diabetes and that diabetics typically have the disease for 4 to 7 years before eventual diagnosis. Delay in initial diagnosis results in greater diabetes-related complications, poorer patient outcomes, and reduced quality of life. Most diabetes research is necessarily confined to diagnosed diabetes. Our objective was to identify risk factors for remaining undiagnosed.

Methods The Boston Area Community Health (BACH) Pre-Diabetes study is an ongoing community-based random-sample cohort study that has enrolled 2,974 participants to date. Participants were asked to fast for 8 hours prior to their interview. Fasting glucose (FG) and glycated hemoglobin (HbA1c) were collected during in-home interviews. Undiagnosed diabetes was defined as FG >125 mg/dL or HbA1c ≥ 6.5%. Risk factors were organized into four logi-

Results The prevalence of diabetes in the BACH study was 27.8% (n=827). 21.2% of diabetes cases were undiagnosed. The data indi-
cate that healthcare utilization and the presence of co-morbid con-
ditions had a large impact on diabetes diagnosis. Participants who visited a health care provider 5 or more times in the past year were 90% more likely to be diagnosed (OR=1.9, p<0.001) than partici-
pants who had 5 or fewer visits. Participants with a history of high cholesterol were more than twice as likely to be diagnosed (OR=2.7, p<0.001). High blood pressure or a history of heart disease also increased the likelihood a participant was diagnosed. Participants with a documented family history of diabetes were more likely to be diagnosed (OR=2.9, p<0.001). Finally, English-speaking participants were more than twice as likely to be diagnosed (OR=2.6, p=0.01) than their Spanish-speaking counterparts.

Conclusion Undiagnosed diabetes is a prevalent problem in the United States that leads to poorer patient outcomes and signifi-
cant health-care costs. These results indicate that access to care, health care utilization and the presence of co-morbid conditions have an important impact on diabetes diagnosis. Individuals who do not have the traditional risk factors for diabetes (i.e. family history) have a greater risk of remaining undiagnosed. These findings suggest that improving access to care in the United States may greatly increase the likelihood of diagnosing previously undiagnosed diabetes.