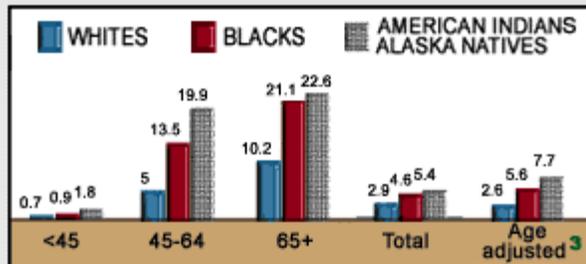


PERCENTAGE OF PERSONS WITH DIAGNOSED DIABETES By Age Group and Race, United States 1996¹ and 1997²



- 1 Prevalence among whites and blacks from 1999 CDC Diabetes Surveillance Report.
- 2 Prevalence among American Indians / Alaska Natives from 1997 IHS outpatient database.
- 3 Based on the 1980 US population.

ISSUE

American Indians and Alaska Natives have the highest prevalence of type 2 diabetes in the world. Diabetes is traditionally a disease of older people but, alarmingly, diabetes is being diagnosed at young ages in Indian communities. Prevention of diabetes has become an urgent priority.

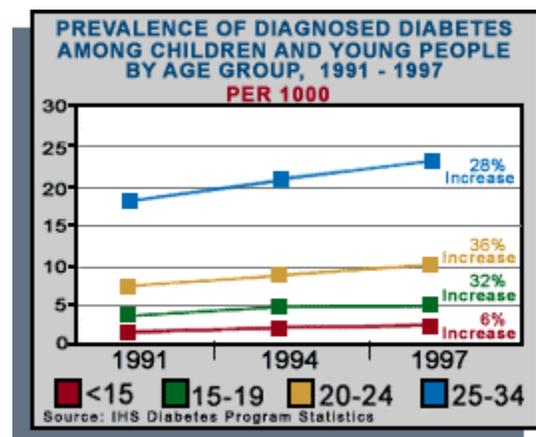
BACKGROUND

The IHS National Diabetes Program has received national and international recognition as a leader in the area of diabetes quality improvement, including developing and monitoring systems of diabetes clinical care through our *Annual IHS Diabetes Care and Outcomes Audit*, and creating diabetes

surveillance systems for tracking diabetes prevalence and complications. Publications documenting our ability to improve care with low tech, low cost approaches have been numerous. Unfortunately, the costs of providing diabetes care are prohibitive. Estimates from managed care organizations suggest that the average cost of diabetes care is \$5,000-9,000 per patient per year, much of this a result of the costs of pharmaceuticals. Yet the IHS per capita expenditure for those individuals with a diagnosis of diabetes is \$1578. Thus, the limited resources for diabetes care in the Indian health system have mostly been devoted to the clinical care of diabetes and prevention of its complications, rather than to less well scientifically proven methods for primary prevention of diabetes in those without the disease.

SITUATION

The Balanced Budget Act of 1997 provided \$150 million over 5 years for “the prevention and treatment of diabetes in American Indians.” With those funds, many tribes implemented prevention programs. Two thirds of these grant programs focus at least part of their efforts on primary prevention of diabetes. As part of this effort the IHS established a quantitative and qualitative tracking system to monitor these efforts, as described in its Year 2000 Interim Report to Congress. The implementation of these grants programs and complicated monitoring and evaluative activities of diabetes prevention and treatment efforts will necessitate the investment in increased levels of program infrastructure.



OPTIONS/PLANS

Whenever possible, the IHS Diabetes Program will strengthen the IHS diabetes infrastructure at the Headquarters and Area office levels to maintain and improve diabetes surveillance, technical assistance, provider networks and clinical monitoring. In addition, the role of the Community Diabetes Advocates will be expanded to coordinate community-based activities to obtain qualitative data and support prevention and treatment programs that are culturally sensitive and focused.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.