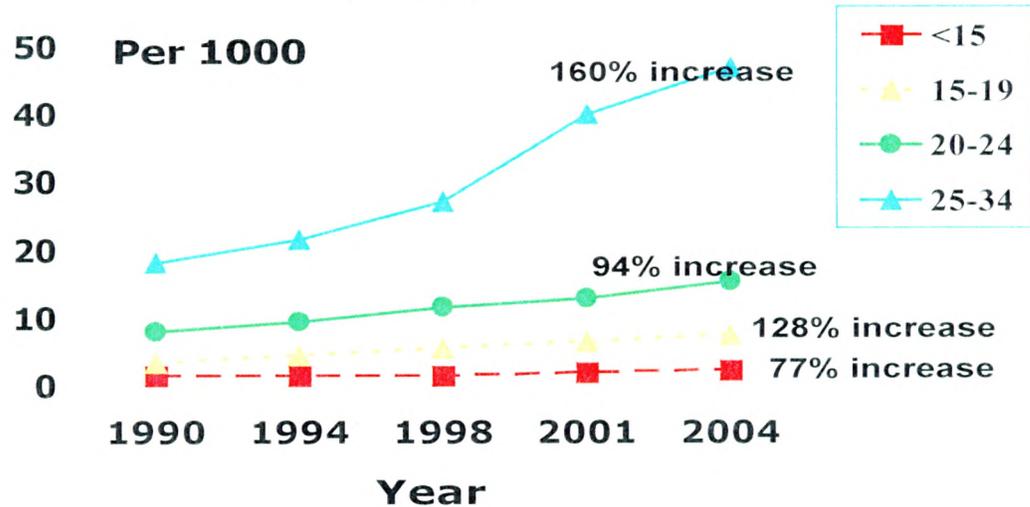


Prevalence of diagnosed diabetes among children and young people, by age group, 1990-2004



Even though type 2 diabetes used to be rare in individuals under the age of 40, the prevalence of diabetes in AI/ANs under the age of 35 increased by 133% between 1990 and 2004. In 2003, of AI/ANs aged 35 years or older, nearly 70 percent had both diabetes and hypertension. Diabetes mortality is more than 3 times higher in the AI/AN population than in the general U.S. population (1999-2001). Complications of diabetes lead to much higher incidence rates of blindness, vascular insufficiency leading to amputation, and End Stage Renal Disease (ESRD) than in the general U.S. population. For instance, in 2000 in New Mexico, the age-adjusted lower-extremity amputation rate was 3.5 times higher for AI/ANs with diabetes than for non-Hispanic whites. In 2001, the age-adjusted ESRD incidence among American Indians in the Southwest was 2.4 times that of persons with diabetes in the U.S. In 2002, one in every four (24.8 percent) AI/AN elders over age 65 years had coronary heart disease.

The prevalence of diabetes varies among different tribes, but is increasing in all IHS Areas. A recent analysis of IHS system patient data for AI/ANs under age 35 years showed that the prevalence rate of diagnosed diabetes *doubled* in just 10 years—rising from 8.5 cases per 1,000 people in 1994 to 17.1 cases per 1,000 in 2004. These data are based on the 60% of AI/ANs who used the IHS system for health care services during the 10-year period. Therefore, the effective rate of the remaining 40% could show even higher rates.

In 1997, Congress authorized the initial the SDPI in response to these alarming trends of disproportionately high rates of type 2 diabetes in AI/AN communities. The SDPI program emerged in the wake of increasing public concern about the human and economic costs of diabetes in the U.S. and its growing prevalence among the AI/AN