

C3c: Tribal Epidemiology Centers Enhance Diabetes Data Quality- Diabetes Report and Instruction Guide: An Overview

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In 2004 among the 12 IHS Areas, the IHS Nashville Area was identified as having the second highest age adjusted prevalence of diabetes among AI/AN adults.¹ An analysis of 2005 data revealed that the Nashville Area AI/AN age-adjusted diabetes prevalence rate (20.7%) was approximately two times greater than the IHS wide rate (12.1%) and four times greater than the US All Races rate (5.3%). The 2007 IHS Nashville Area Diabetes Report presents an analysis of 2003-2006 data concerning AI/AN people with diabetes who receive care through IHS Nashville Area Indian health care delivery system. The Diabetes Report, which consists of an aggregate IHS Nashville Area report with accompanying Indian Health Service/Tribal/Urban health facility (I/T/U) specific sister reports, provides trends and comparisons that help describe the health status of IHS Nashville Area AI/ANs with diabetes. This information can assist Tribal leaders, health administrators and clinicians improve their diabetes programs, support those in the community with diabetes, and target the use of health care dollars to combat the diabetes epidemic.

The Nashville Area Aggregate Diabetes Report uses two primary data sources—a 2003-2006 Nashville Area Diabetes Audit² dataset provided by the IHS Division of Diabetes Treatment and Prevention (DDTP), and I/T/U health facility electronic patient management systems³ data. General comparison statistics available through the CDC Division of Diabetes Translation^{4,5} and DDTP are also used.

A primary part of fulfilling the USET Scope of Work under the IHS DDTP award titled, “Diabetes Data Quality and Utility Enhancement Tool”, is to produce an instruction guide on how to make a similar report. The instruction guide will include—SAS Programming, Excel chart templates, and RPMS Q-MAN Queries. The guide will incorporate knowledge gained while producing the next version of the report, incorporation of IHS wide comparisons, cost-analyses and co-morbidity analyses.

1. Burros RN. (2006). Prevalence of diagnosed diabetes among American Indians and Alaska Natives, 2004. Presentation given to Division of Diabetes Translation, Centers for Disease Control and Prevention, Albuquerque, NM.
2. The Unofficial IHS Diabetes Care & Outcomes Audit Support Site. (2007). AUDIT07 Diabetes Care and Outcomes Chart Audit for Quality Assurance and Quality Improvement Retrieved. 5-21-07 from <http://www.dmaudit.com/Aud07Instr/aud07instructions.htm>
3. Indian Health Service (US). (2007). Resource and Patient Management System. Retrieved 5-21-07 from <http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=index>
4. Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (US). (2007). Prevalence of Diagnosed Diabetes per 100 Population, by Age, United States, 1980–2005. Retrieved 5-24-07 from <http://www.cdc.gov/diabetes/statistics/prev/national/tprevage.htm>
5. Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (US). (2007). National Diabetes Surveillance System. State specific estimates of diagnosed diabetes among adults. Retrieved 5-24-07 from <http://www.cdc.gov/diabetes/statistics/prev/state/tPrevalenceTotal.htm>