Abstract

OBJECTIVE: To assess the prevalence of, and quality of care for, diabetes mellitus among the understudied, yet growing, population of older, urban American Indians and Alaska Natives (AI/ANs).

DESIGN: Medical record review.

SETTING: Urban Indian primary care clinic in Seattle, Washington

PATIENTS: All (N = 550) AI/AN patients > or = 50 years of age.

MAIN OUTCOMES MEASURES: Provider documented medical diagnoses and indicators of quality of care of diabetes.

RESULTS: Diabetes mellitus was documented in 113 (21%) of the medical records. Persons with diabetes were more likely than those without (P > or = .05) to be obese, and to have hypertension, coronary artery disease, and depression. Most patients with diabetes were treated with either insulin (43%) or oral hypoglycemic medication (39%), but 16% received neither. Screening rates within 12 months were high for glycosylated hemoglobin (72%), lipid profile (84%), and foot examination (72%), but were low for urinalysis (23%), ophthalmology referral (23%), and influenza vaccination (46%). Only 46% of patients had ever received pneumococcal vaccination, and even fewer (26%) had received tuberculin skin testing (24%). Although 65% of patients had ever been referred to a dietitian, only 40% had received exercise counseling. The total number of health problems was the factor most often associated with quality of care indicators.

CONCLUSIONS: The prevalence rate of diabetes among this urban clinic population of older AI/ANs was high. Although performance of quality indicators was suboptimal, it was comparable to, or better than, that found in other older populations for many measures.