

Alaska Health Status Indicators

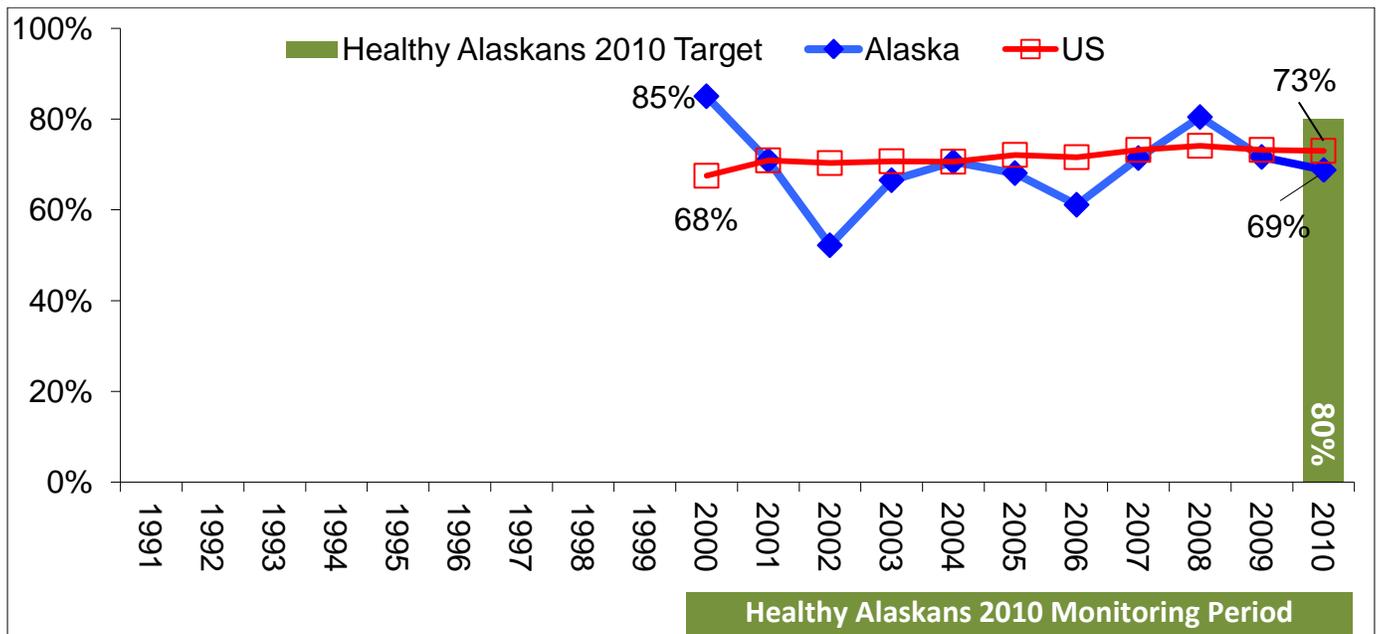
Indicator: *Foot Exams for Adults with Diabetes*

Why is this important?

High blood sugar levels cause neural and microvascular damage, particularly in hands or feet. Consequently, having diabetes increases the likelihood that wounds take more time to heal and that wounds are not noticed promptly. Together, these risks are linked to much higher foot ulcer and amputation rates among people with diabetes than for those without. About one-third of the direct costs associated with diabetes have been linked to foot ulcer treatment, or about \$38 billion annually in the United States. Among people with diabetes, the cost of care for someone with a foot ulcer is more than five times greater than it is for someone who does not have a foot ulcer in the first year; it is nearly three times higher in the second year.¹ The AK Diabetes Prevention and Treatment Program² and the American Diabetes Association³ recommend annual foot exams for people with diabetes to assure that risk factors are identified and managed promptly.

How are we doing?

Percentage of Adults with Diabetes Who Have Annual Foot Exams: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who receive annual foot exams has fluctuated between 85% and 52% in the past decade.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of obtaining annual foot exams (among adults with diabetes) is 80% or higher. The percentage of adult Alaskans with diabetes who receive annual foot exams has decreased slightly during the *Healthy Alaskans 2010* monitoring period, from 85% in 2000 to 69% in 2010. **The *Healthy Alaskans 2010* target of 80% was not met.**

❖ How does AK compare with the US?

The AK rate for annual foot exams is similar to the US rate, albeit with considerably more variability.

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❖ How are different populations affected?

There are no significant differences in prevalence of obtaining foot exams by race, region, education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

(1) The AK Diabetes Program sponsors Living Well Alaska, through which Alaskans with diabetes, their caregivers and family members can participate in Diabetes Self-Management Program (DSMP) workshops. Stanford University developed DSMP, which has an evolving evidence base demonstrating its positive impact in being engaged in their self-management of their disease.⁴ (2) The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving self-management education and decreased diabetes complications. (3) The AK Diabetes Program sponsors foot care workshops for parish nurses, which train participants to provide foot care screening clinics in the community. (4) Biennially, the Diabetes Program publishes *Recommendations for the Management of Diabetes Type 2 in Adults*², and distributes this highly condensed set of information to primary care providers across the state. These recommendations include foot care guidelines for clinicians to prevent diabetic foot complications.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who answer with a frequency greater than 0 to the following question: *About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?* Diabetes status is indicated by a respondent answering “Yes” to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. Driver VR, Fabbri M, Lavery LA and Gibbons G. The costs of diabetic foot: the economic case for the limb salvage team. *J Am Podiatr Med Assoc* Sept-Oct 2010; 100(5); 335-41. Abstract at: <http://www.ncbi.nlm.nih.gov/pubmed/20847346> (printed 5/12/11)
2. State of Alaska: 2010 Recommendations for the Management of Diabetes Type 2 in Adults. Alaska Department of Health and Social Services, Division of Public Health, 2010 http://www.hss.state.ak.us/dph/chronic/diabetes/data/DiabetesRecs_2010.pdf
3. American Diabetes Assoc. Preventive Foot Care in Diabetes. *January 2004*; 27(supp 1); 563-64. http://care.diabetesjournals.org/content/27/suppl_1/s63.long (printed 5/12/11)
4. Unpublished data from the Stanford University Internet Diabetes Self-Management Study. Personal correspondence with Diana Laurent, Stanford University, June 2011.



Available at: <http://www.hss.state.ak.us/dph/chronic/>

