**What Can We Do About Diabetes in the Pacific?**

***Facts***

* Diabetes is a major health problem in the US. It is one of the leading causes of death there. The illness is becoming more common, with nearly 7% of Americans suffering from diabetes.
* Diabetes in the US is the leading cause of blindness, end-stage kidney disease, and leg amputations.
* The prevalence rate of diabetes in the Pacific is far higher than in the US. About 20% of Micronesians (FSM citizens) between the ages of 45 and 55 suffer from diabetes. This is triple the rate in the US.
* Some islands show even higher rates than this. In Kosrae, one-third of all those between 45 and 55 have diabetes. In American Samoa, 40% of those over the age of 50 suffer from diabetes. In the Marshalls, one half of the population over the age of 50 is said to be suffering from the disease.
* The diabetes “epidemic” today seems to stem from the changes in lifestyle that have been brought by modernization. The same can be said of heart disease and stroke, other health problems that have become very common today,
* Change in diet and lack of physical exercise contribute greatly to the problem. They have helped create an overweight population that is susceptible to diabetes and heart disease.
* Over 80% of all those between the ages of 35 and 55 in FSM are overweight. This compares with about 40% of the same age group in the US.

***Interpretation***

* If the US thinks *it* has a problem, it should take a closer look at the Pacific.
* Diabetes does not seem to have been a problem in the Pacific forty or fifty years ago. Life was physically more demanding and food was simpler then.
* With the change in lifestyle, we in the Pacific may be eating and sleeping ourselves to death.
* Diabetes is not mainly a youth problem. The target for diabetes prevention should be young adults, who can easily settle into a sedentary lifestyle and develop unhealthy habits.
* Older adults, especially those who are at risk or are suffering from the disease, should also be targeted.

***What Can We Do?***

* ***Carry on with what we’re doing now.*** Continue to run the Pacific Diabetes Today workshops for small groups, using the materials developed

*Advantages:*

* they are intensive experiences, good for those with a strong interest in diabetes
* they could be used to recruit future “proselytizers” or champions
* funding might be found for them from CDC

*Problems:*

* the number of participants is small (20-40 per workshop)
* they are costly in terms of time investment
* they may be “saving the saved”–ie, engaging those already committed to prevention
* they must be “owned” by a group and “housed” in a stable organization (Public Health, NGO, government department).

 · ***Do public education.*** Join efforts with other organizations to get to the general public a basic message stressing the dangers of an unhealthy lifestyle and the importance of good eating and enough physical exercise.

 · “Other organizations” might include offices and programs funded to prevent heart disease and stroke, as well as other public health efforts.

* Funding for this could come from multiple sources.

 · The message should be kept simple and uncluttered. The public needs to know what the effects of diabetes (and perhaps hypertension) are, and what must be done to avoid the problem.

 · The various ways in which this message could be communicated is discussed in another part of this presentation.

 · ***Promote programs for good health.*** Support activities and programs that might reduce the burden of diabetes in our place, even if this means de-emphasizing our PDT workshops.

* In this approach, less importance is given to informing people about diabetes than to changing their habits so that they become healthier. (Who cares whether people know anything about diabetes, as long as they’re careful in what they eat!)
* Potential activities or programs are numerous. Volleyball in Kosrae is one famous example. Others are: nutrition or cooking classes using local foods; staging local food fairs to encourage the production of local foods; setting up a healthy store program (as in RMI) to recognize stores that sell good food; having weekly weigh-ins at the dispensary or hospital to encourage overweight persons to lose weight by diet and exercise; promote the use of the track and athletic facilities for the general public (rather than simply youth leagues or, worse, monopolization by the state teams training for next year’s olympics).
* This approach means a willingness to team up with, and perhaps help fund, other organizations–government, church and civic.
* At bottom, this approach seeks not only to promote healthy activities, but to send out a message that is more attitudinal than informational: “Good eating and physical exercise is COOL!”
* ***Build up the Public Health Services.*** Do all possible to expand the array of programs that Public Health Services is offering in the hope that PHS will provide a home for future programs and services aimed at diabetes control.
* This approach would be working to develop the capacity of PHS to provide the outreach it needs to educate the public on diabetes and to treat those suffering from the disease.
* The PHS programs could include such varied features as clinics on diabetes, educational material on nutrition an diet, training on foot care, and other activities.
* The advantage of this approach is that it keeps the whole diabetes effort under one roof. Its disadvantage is that it does not make use of the resources that other organizations might bring to diabetes prevention.

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