



UNITED STATES OF AMERICA

The strength of the United States lies in the area of engagement and rights. At national level few plans and policies have been implemented, though individual States may have additional policies. The health system provides services, though not universally, and cost is covered primarily through private health insurance. To respond to the diabetes challenge a formal monitoring framework needs to be established.

A large proportion (60.3%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national diabetes plan has been partially implemented but there is no national NCD plan. Policies to regulate marketing to children are partially enforced and others supporting the production of and access to healthy food are in development. Individual states and communities have some initiatives beyond that of the Federal Government.



The health system provides the full range of diabetes services but not universally. A Government programme provides health care and specialised services for some of America's population living below an established poverty line. Availability of self-management education is limited.



The US Government collects data on diabetes incidence and obesity prevalence but it does not have a system for specifically monitoring indicators.



The Government allocates funding for diabetes through its general funding for NCDs, covering funding for prevention.



The Member Associations contributes to policy-making. Laws and regulations are in place to protect people with diabetes.



Global Monitoring Framework:
Not adopted.

UNITED STATES OF AMERICA at a glance (IDF Diabetes Atlas, 2013)

Adult population (20-79) in 1000s	223,937.51	Diabetes expenditure / person with diabetes (USD)	9,800
Diabetes cases (20-79) in 1000s	24,401.77	Diabetes related deaths (20-79)	192,725
Diabetes raw national prevalence (%)	10.90	Number of people with undiagnosed diabetes (20-79) in 1000s	6,761.73

THE GLOBAL DIABETES SCORECARD TRACKING PROGRESS FOR ACTION

- 🎯 IDF's Global Diabetes Scorecard is designed as a powerful tool for advocacy on behalf of people with diabetes – to highlight areas of good practice and identify areas for more effective action.
- 🎯 It measures governments' response to diabetes in key areas: national plans and policies, health systems, monitoring and funding for diabetes as well as rights and engagement.
- 🎯 It tracks government progress on international commitments to reduce premature deaths from diabetes and other NCDs.
- 🎯 IDF Member Associations have used their knowledge and views to provide the data to score countries from red, through amber and yellow, to green.
- 🎯 It identifies that internationally more efforts must be put into preventive policies, financing for diabetes and rights for people with diabetes.



NORTH AMERICA AND CARIBBEAN REGION

Diabetes is a huge burden on healthcare budgets in the North America and Caribbean Region (NAC) where approximately 37 million people have diabetes – a prevalence of 9.6%. Over the next 20 years the number of people with diabetes is expected to increase by close to 40%.

Governments face a dual challenge: to find the funding to provide the level of services required and introduce a range of preventive policies to halt the predicted rise.

According to the data from IDF Member Associations in the Region, the majority of countries in NAC are making some progress in responding to the challenge of diabetes and score in the middle of the colour spectrum. This means that some policies and plans for diabetes are largely in place but they require strengthening and expansion. Half of the countries have national plans and policies which are either partially implemented or in development.

The status of prevention policies is mixed, with countries having nutrition policies at every stage of development and implementation. Over half either have no policy on marketing to children or it is only partially enforced, and the same is true for policies to promote physical activity. Diabetes self-management education is limited in nearly two-thirds of the countries in the Region and

integrated into diabetes care in only three countries.

The NAC countries collectively are performing well in their policies on health systems and access, with the majority of countries achieving moderate to high scores. Similarly, more than half of the countries in the Region are reporting budgeting and financing for diabetes achieving a yellow or green score. This is reflective of findings presented in the sixth edition of the *IDF Diabetes Atlas*. The Atlas estimates that health expenditure in North America and the Caribbean accounts for almost half of the world's diabetes related-healthcare spending, the majority of which is spent by the USA.

Rights and empowerment policies is the area where the Region has the most improvement to make. In addition, monitoring and surveillance could be strengthened as only half of the countries have monitoring and surveillance frameworks; the remaining half either have no framework or it is not implemented. However, two countries in the Region have implemented the WHO STEPwise approach to chronic disease risk factor surveillance (<http://www.who.int/chp/steps/manual/en/>).

The majority of countries in the Region have not yet adopted the Global Monitoring Framework for NCDs.

16

países de la región han participado en la encuesta

50%

indica tener un plan nacional de diabetes (total o parcialmente implementado)

2

han adoptado el Marco mundial de vigilancia integral

38%

no tiene políticas de actividad física