



“Country experiences: Diabetes prevention and control in Mexico”

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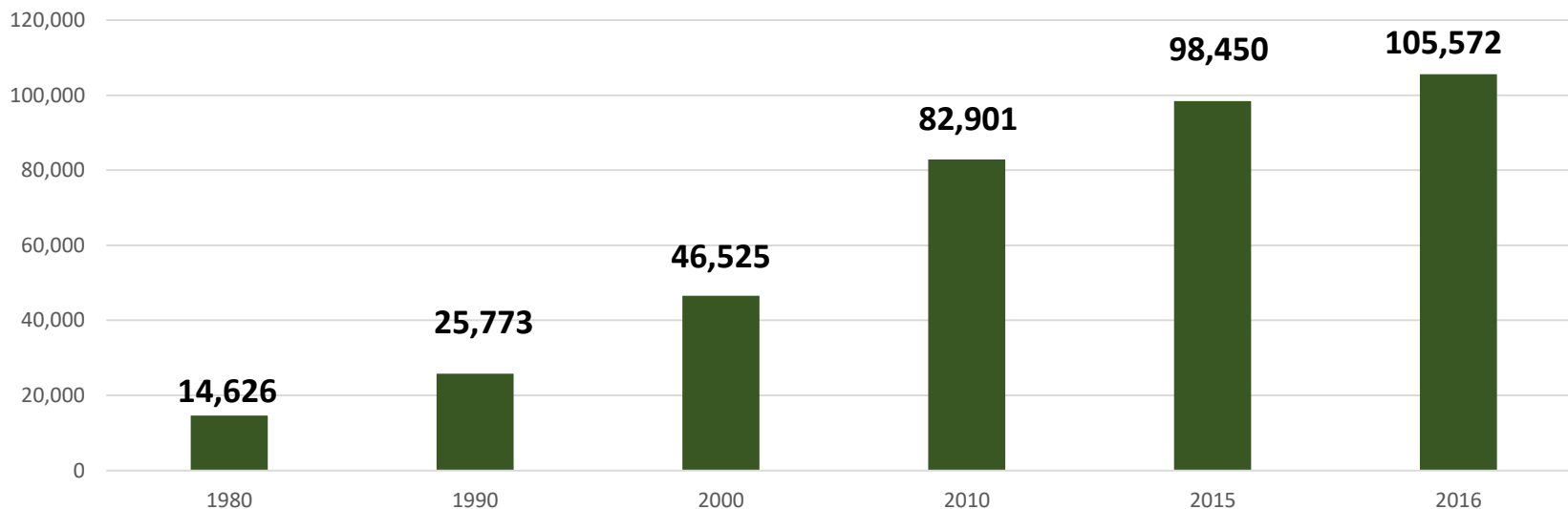
May, 2018

National Trends in Diabetes

ENSANUT 2012 outcomes:

- In México 9.2% (7.1 million) of adults live with diabetes.
- Only 25% show an adequate metabolic control.

Number of deaths attributable to Diabetes in México, 1980-2016

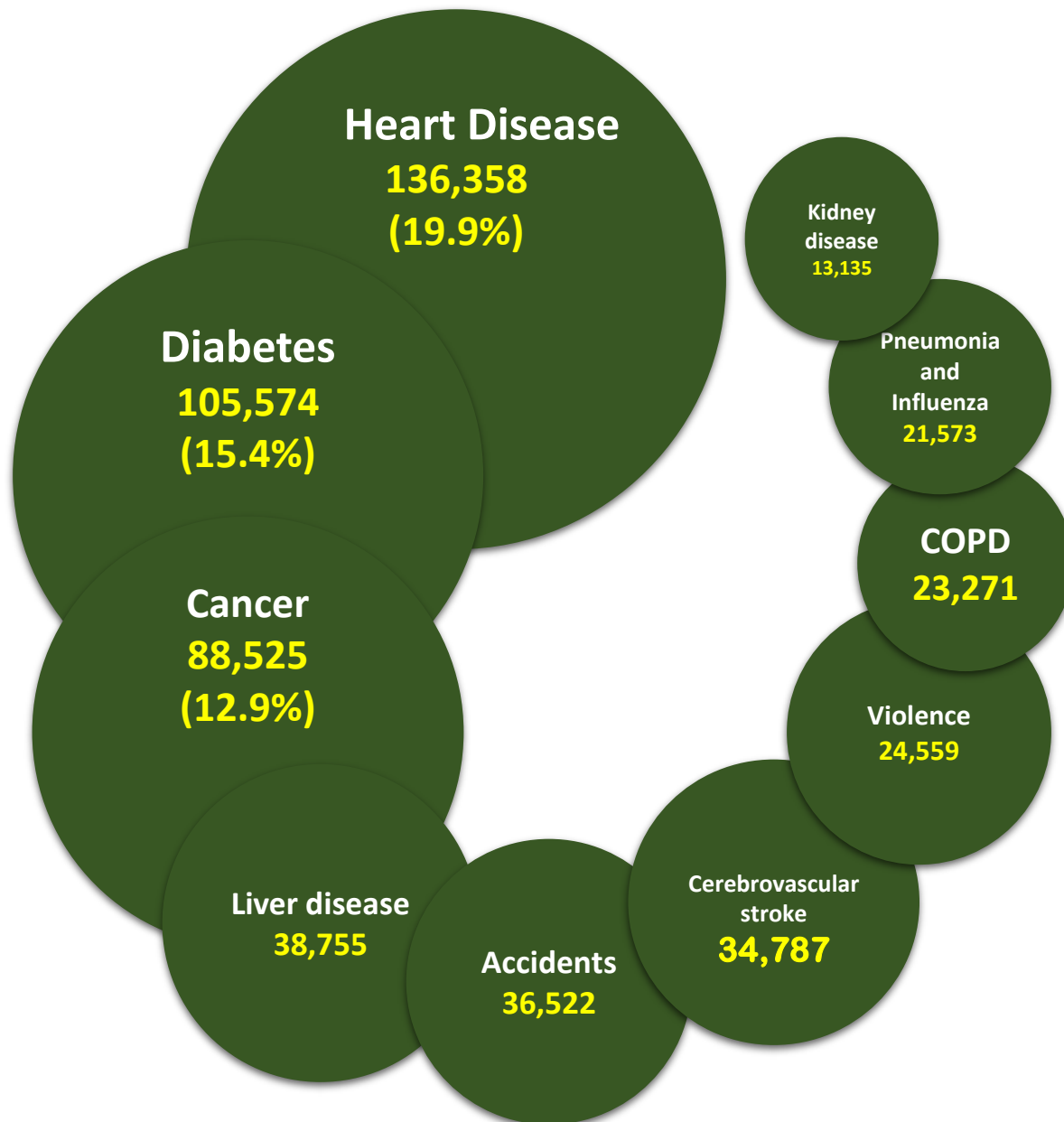


Source: INEGI. *Estadísticas de Mortalidad*

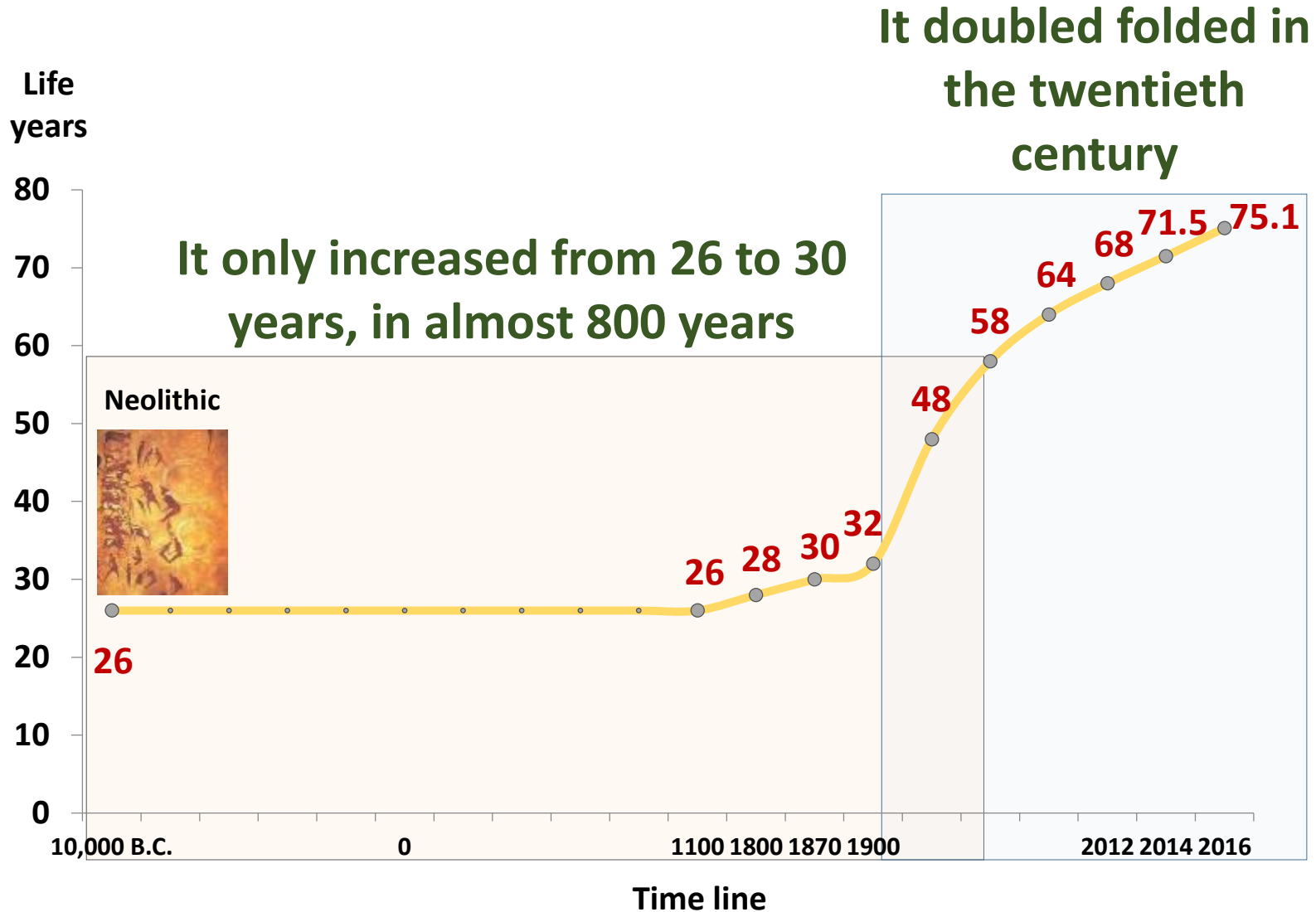
Source: ENSANUT 2012, <http://ensanut.insp.mx>

Main Causes of Mortality in Mexico

**Number of
diabetes
deaths
685,763**



Life expectancy at birth



Factors that regulate health profiles in the population

Different factors have influenced the health profiles of the Mexican population:

Health determinants

- Demographic transition
- Risks transition
- Technological transition
- Epidemiological transition

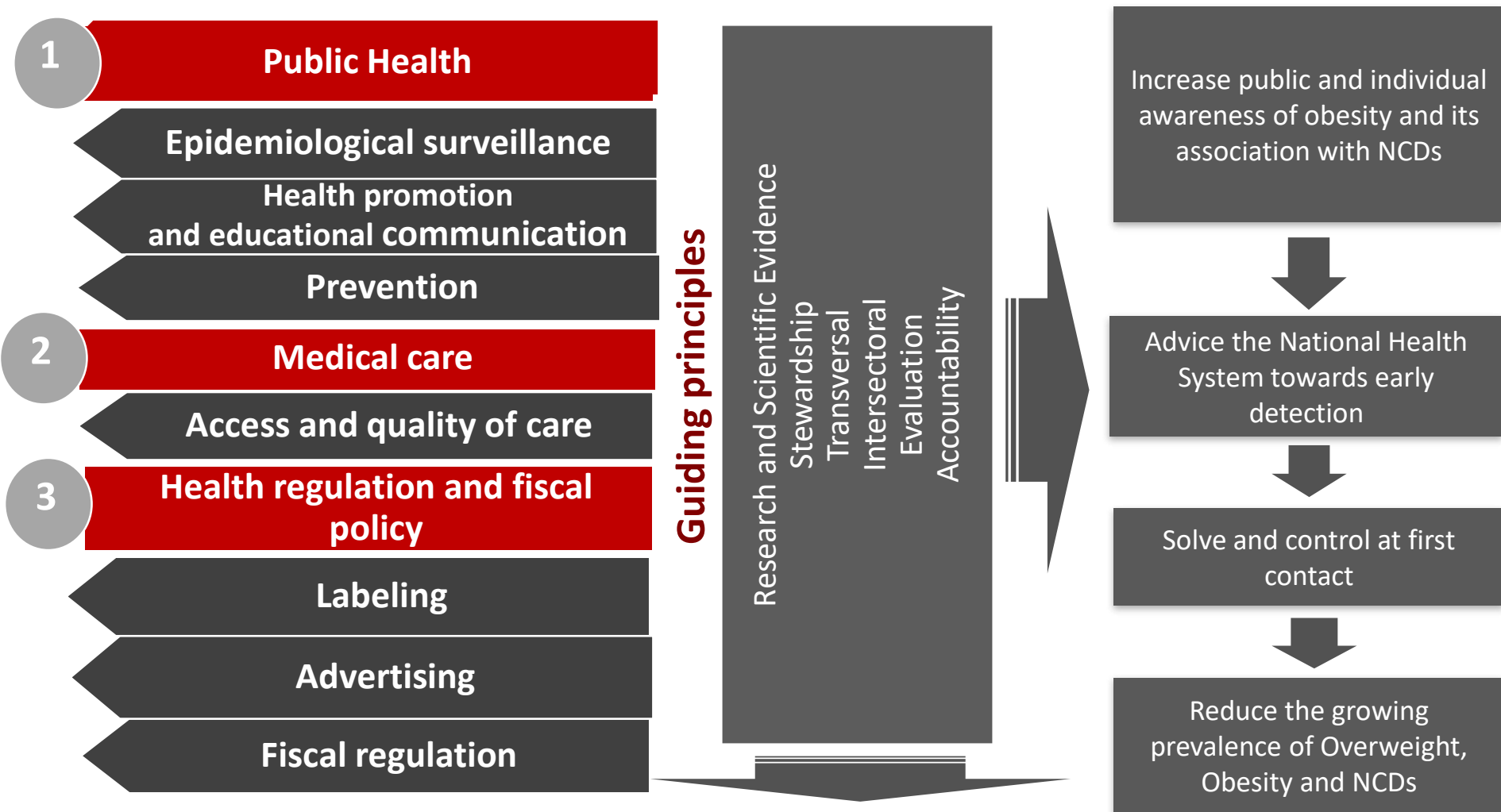
**Infectious
Diseases**



**Chronic Diseases
Non Communicable**



National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes



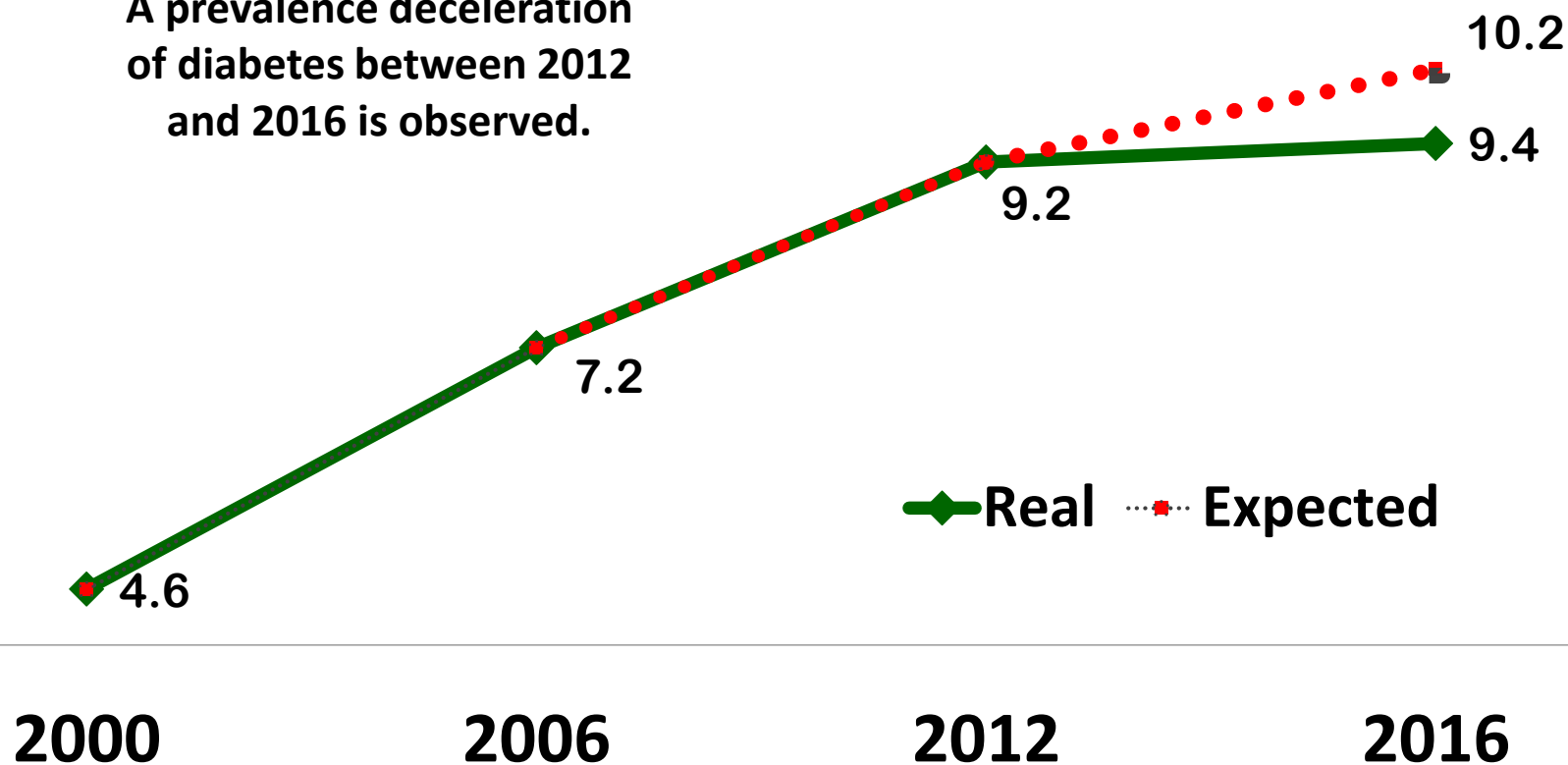
Health in all Policies
Social Determinants of Health

Diabetes Prevalence ENSANUT MC 2016

Main outcomes

A prevalence deceleration of diabetes between 2012 and 2016 is observed.

DM prevalence



⊙ **Reduce the growing prevalence of overweight and obesity** in Mexican population, in order to reverse the epidemic of non-communicable diseases, particularly **type 2 diabetes**, through public health interventions, a comprehensive model of medical care and intersectoral public policies

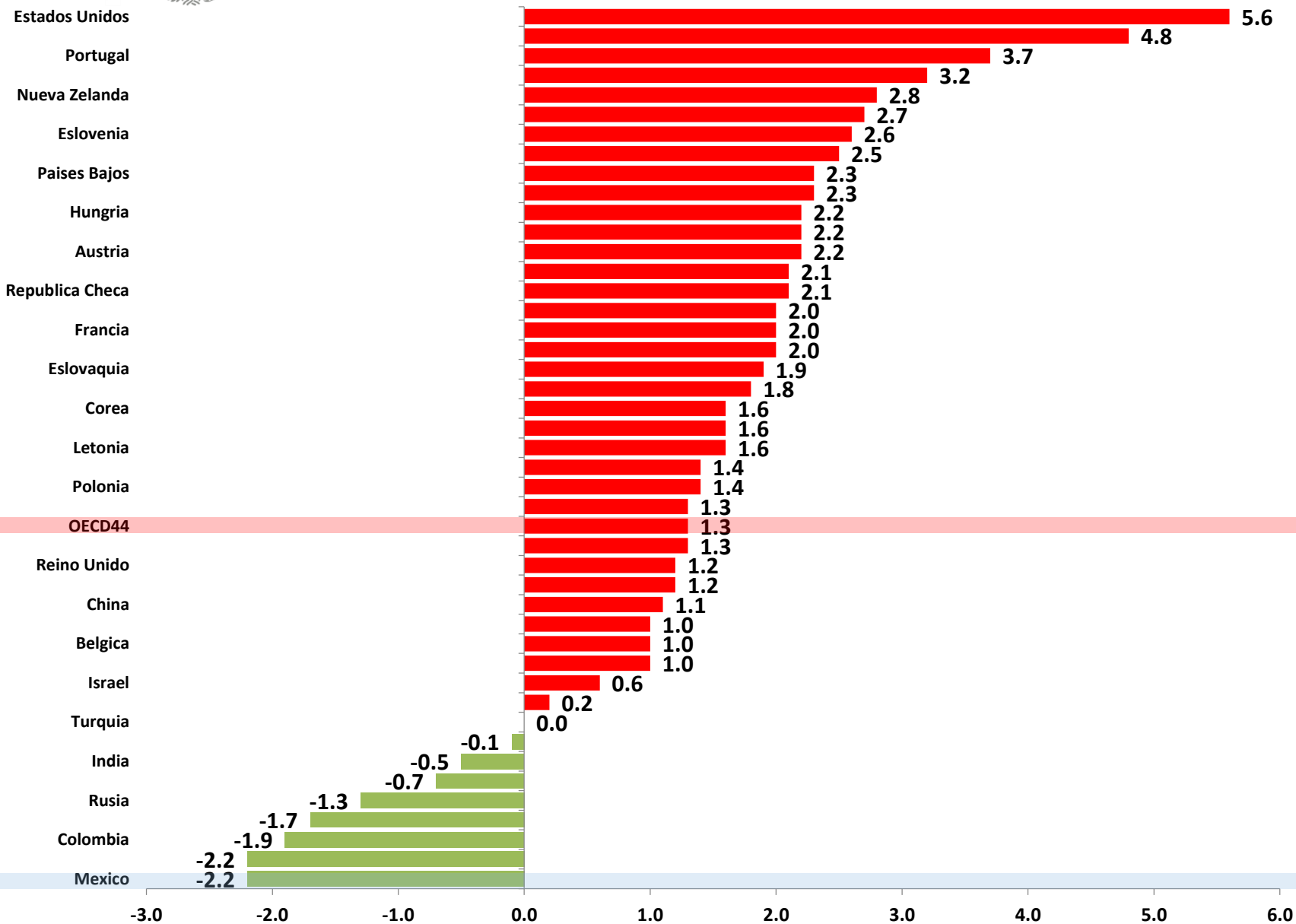


National Committee on Health Security

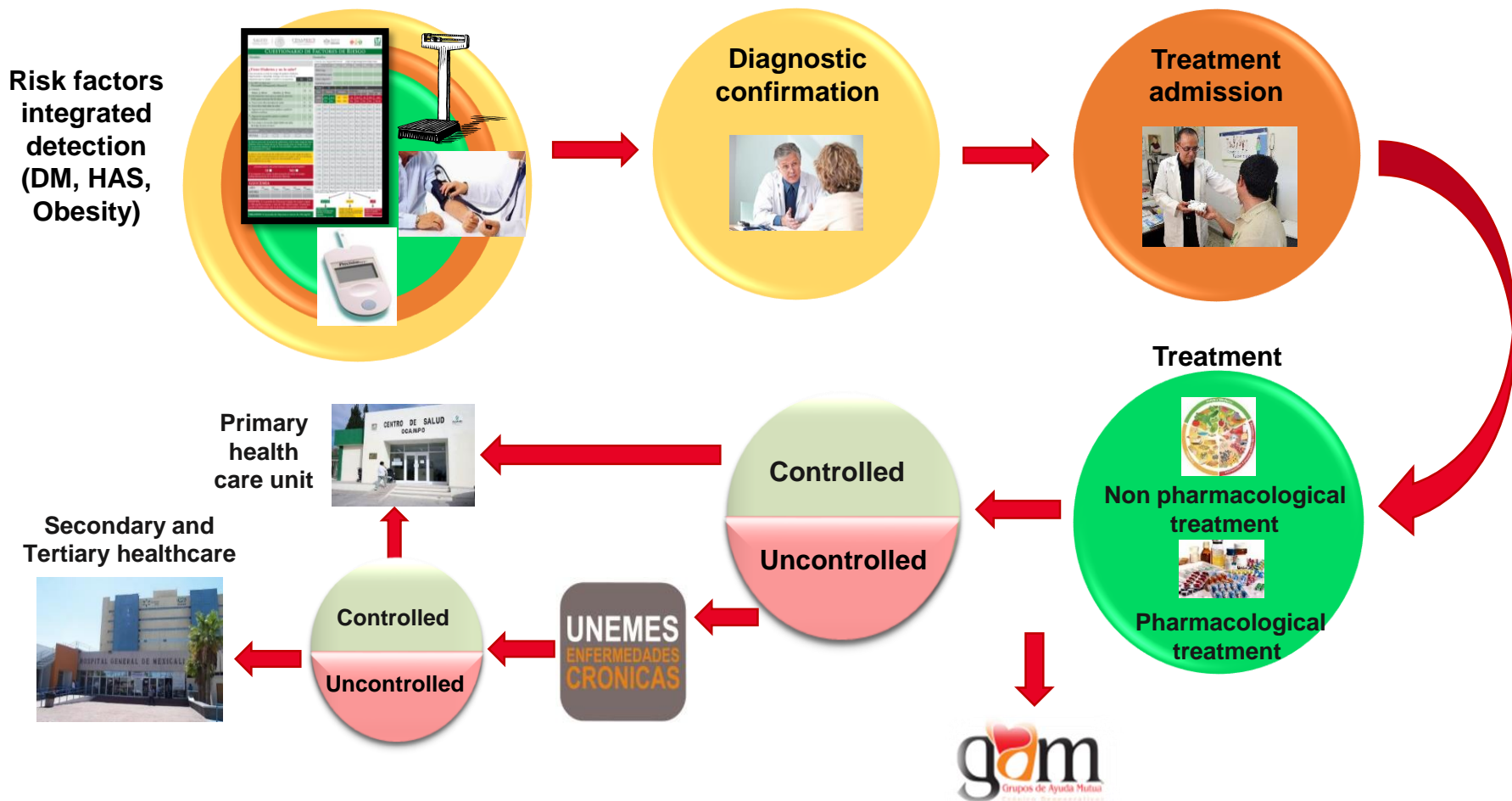
- On Tuesday, November 1, 2016, with representation from 18 public institutions and unanimously, two Epidemiological Emergencies Declarations were declared:
 - **EE-3-2016 for Overweight and Obesity**
 - **EE-4-2016 for Diabetes Mellitus**
- To support the actions of the National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes



Prevalence Changes in Diabetes



Chronic non-communicable diseases at primary care



Chronic Diseases Specialized Medical Units (UNEME-EC)

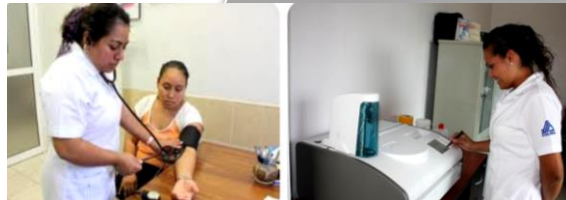


Social work



Specialized physician

Psychology



Nursing



Admissions



Nutrition

Administrative support



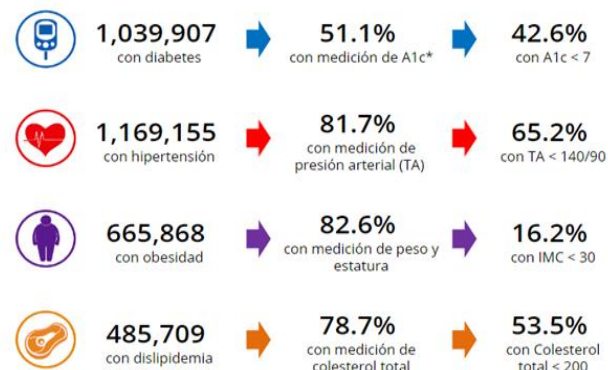


Non-Communicable Diseases Mexican Observatory (OMENT)

◉ Citizen observatory responsible for the technical management and the dissemination of information obtained from the Evaluation Indicators System of the National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes

◉ Allows timely and public monitoring

SIC SISTEMA DE INFORMACIÓN EN ENFERMEDADES CRÓNICAS



ICAD ÍNDICE DE CALIDAD DE LA ATENCIÓN DE LA DIABETES EN MÉXICO

10 mejores unidades de salud rurales

Metodología actual (sin glucosa capilar)

Calificación Nacional

63.09



Unidad de salud rural	Ranking	ICAD
1. CS TIERRA ADENTRO 1A. TAB	★★★★★	98.8
2. CS SANTUARIO 1ASEC. TAB	★★★★★	98.3
3. CS GALEANA 2A. TAB	★★★★★	97.0
4. CRV CAOBANAL 1A SEC. TAB	★★★★★	96.5
5. CS S BARTOLOME. PUE	★★★★★	96.4
6. CS FCO VILLA. PUE	★★★★★	96.4
7. CS STA CATARINA. BCS	★★★★★	96.4
8. CHAPOPOTE NUÑEZ. VER	★★★★★	95.9
9. CS S NICOLÁS. TAB	★★★★★	95.7
10. CS NICOLÁS BRAVO. TAB	★★★★★	95.7

Level of disaggregation: State, jurisdictional, health unit



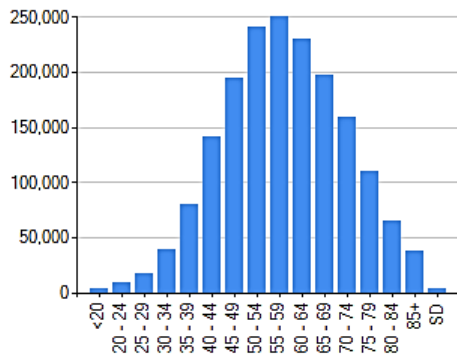
NATIONAL Patient status "All"

1,779,214 in **12,435**
patients seen with at least 1 medical visit
healthcare centers

Distribution by gender:



Distribution by age:



1,042,394
with diabetes



51.7%
with A1c*
measurement



42.6%
with A1c<7



1,172,165
with hypertension



82.1%
with BP measurement



65.4%
with BP <140/90



668,016
with obesity



83.0%
with weight
measurement



16.2%
with BMI <30



487,534
with dyslipidemia



79.1%
with measurement of
LDL cholesterol



53.5%
with LDL <100

**PUBLIC HEALTH VIEW:
STRONG SUPPORT
CARLOS SLIM FOUNDATION**



NATIONAL Patient status “Active”

964,978 in **11,256**
patients seen with at least 1 medical visit healthcare centers



578,166
with diabetes



69.8%
with A1c*
measurement



43.5%
with A1c<7

Distribution by gender:



73.6%



26.4%



651,434
with hypertension



99.8%
with BP measurement



66.6%
with BP <140/90



379,956
with obesity



99.9%
with weight
measurement



16.3%
with BMI <30



293,462
with dyslipidemia

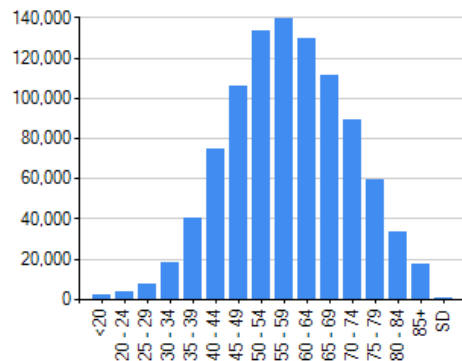


94.1%
with measurement of
LDL cholesterol



54.6%
with LDL <100

Distribution by age:



Quality Index of Diabetes Care in Mexico

Main Goals



Quality of care measured at health units in order to move towards an effective coverage.



Health units performance comparison to detect windows of opportunity and improvement.



Design improving actions and integrated work plans at all levels: health unit, jurisdiction and state.

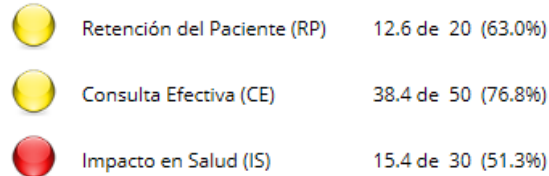


Measure the impact of improvement actions on health over time of and thus know the evolution of healthcare quality.

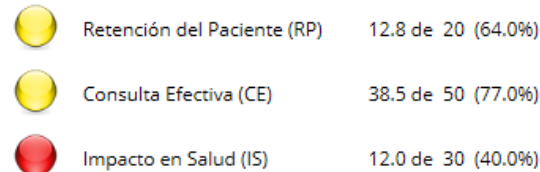
Quality Index of Diabetes Care in Mexico (ICAD)

National performance April 2017*

66.45



63.36



Previous methodology

Recent methodology

- Since its publication in September 2016, ICAD has increased 12%.
- On March 2018 changed its methodology, only taking into account the A1c

April 2018

Entidad	Ranking	ICAD Metodología actual	ICAD Metodología previa
1. Puebla	★ ★ ★ ★ ☆	77.3	78.1
2. Nuevo León	★ ★ ★ ★ ☆	77.3	80.2
3. Guanajuato	★ ★ ★ ★ ☆	76.6	77.5
4. Baja California Sur	★ ★ ★ ★ ☆	73.8	75.4
5. Coahuila	★ ★ ★ ★ ☆	72.5	73.7
6. Nayarit	★ ★ ★ ★ ☆	71.1	71.0
7. Veracruz	★ ★ ★ ★ ☆	70.3	71.1
8. Ciudad de México	★ ★ ★ ★ ☆	70.0	71.4
9. Tabasco	★ ★ ★ ★ ☆	67.5	70.8
10. Jalisco	★ ★ ★ ★ ☆	67.5	70.1
11. San Luis Potosí	★ ★ ★ ★ ☆	66.1	68.0
12. Chihuahua	★ ★ ★ ★ ☆	65.5	67.3
13. Hidalgo	★ ★ ★ ★ ☆	64.8	67.7
14. Querétaro	★ ★ ★ ★ ☆	64.2	68.6
15. Tlaxcala	★ ★ ★ ★ ☆	63.6	66.2
16. Quintana Roo	★ ★ ★ ★ ☆	63.4	68.4
17. Sinaloa	★ ★ ★ ★ ☆	62.3	66.3
18. Yucatán	★ ★ ★ ★ ☆	62.0	62.7
19. Campeche	★ ★ ★ ★ ☆	60.4	65.8
20. Colima	★ ★ ★ ★ ☆	60.3	63.4
21. Chiapas	★ ★ ★ ★ ☆	60.2	64.0
22. Baja California	★ ★ ★ ★ ☆	59.2	63.3
23. Aguascalientes	★ ★ ★ ★ ☆	58.9	62.9
24. Tamaulipas	★ ★ ★ ★ ☆	58.8	63.8
25. Sonora	★ ★ ★ ★ ☆	58.4	62.4
26. Estado de México	★ ★ ★ ★ ☆	57.3	61.2
27. Morelos	★ ★ ★ ★ ☆	57.0	60.5
28. Zacatecas	★ ★ ★ ★ ☆	56.4	60.9
29. Guerrero	★ ★ ★ ★ ☆	55.6	59.4
30. Durango	★ ★ ★ ★ ☆	51.5	57.0
31. Michoacán	★ ★ ★ ★ ☆	50.4	54.7
32. Oaxaca	★ ★ ★ ★ ☆	47.6	52.4



- ⦿ The National Strategy has a comprehensive approach that combines interventions that include prevention and control, in order to reduce the burden of NCDs
- ⦿ It settles the importance of adopting healthy habits as an integral part of the treatment of NCDs (not only pharmacological treatment)
- ⦿ Information registered at primary care level on SIC, allows monitoring and evaluation of NCDs care process, and can be used as a decision-making guideline
- ⦿ It is necessary to manage, through the Interinstitutional Group, the homologation of care criteria, in accordance with current regulations



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