

be seen as more than a simple reduction in visual loss risk ratios. Over a ten year period, using a simple screening and treatment program for young (<30 years) insulin dependent diabetics, a net savings of over \$1.1 million per thousand patients was predicted using a simulation that estimated the annual indirect costs for blindness at \$5,100 and prevailing fees for ophthalmic services. For older insulin dependent diabetics and those not requiring insulin the program was expected to lose \$2,984 and \$97,347 respectively but with a savings of 56.5 and 18.4 sight years respectively¹¹. Despite providing statistical data, these projections are incapable of conveying the human suffering associated with blindness and the improved quality of life associated with treatment. Diabetic retinopathy remains a major cause of blindness. With proven treatment methods, the ID2000 project can decrease the amount of suffering from this disease.

The success of a community based screening and treatment project resides in its' ability to inform patients of the availability of services and encourage them to participate. This project is a collaborative effort on the part of the Department of Ophthalmology, University of Oklahoma, officers of the Oklahoma Indian Health Service and local Community Health Workers. Informational presentations will be held in the local community before clinics are initiated. Inservices will be conducted for community health workers, involving the local health infrastructure in supporting the project at each step.

Currently, 8150 Indian persons are served by Clinton-area facilities. In 1987 390 patients were diagnosed with diabetes mellitus. With an overall prevalence of diabetic retinopathy of 49.3%, 192 patients would be expected to have retinopathy⁷.