

Special Diabetes Program for Indians: New Mexico

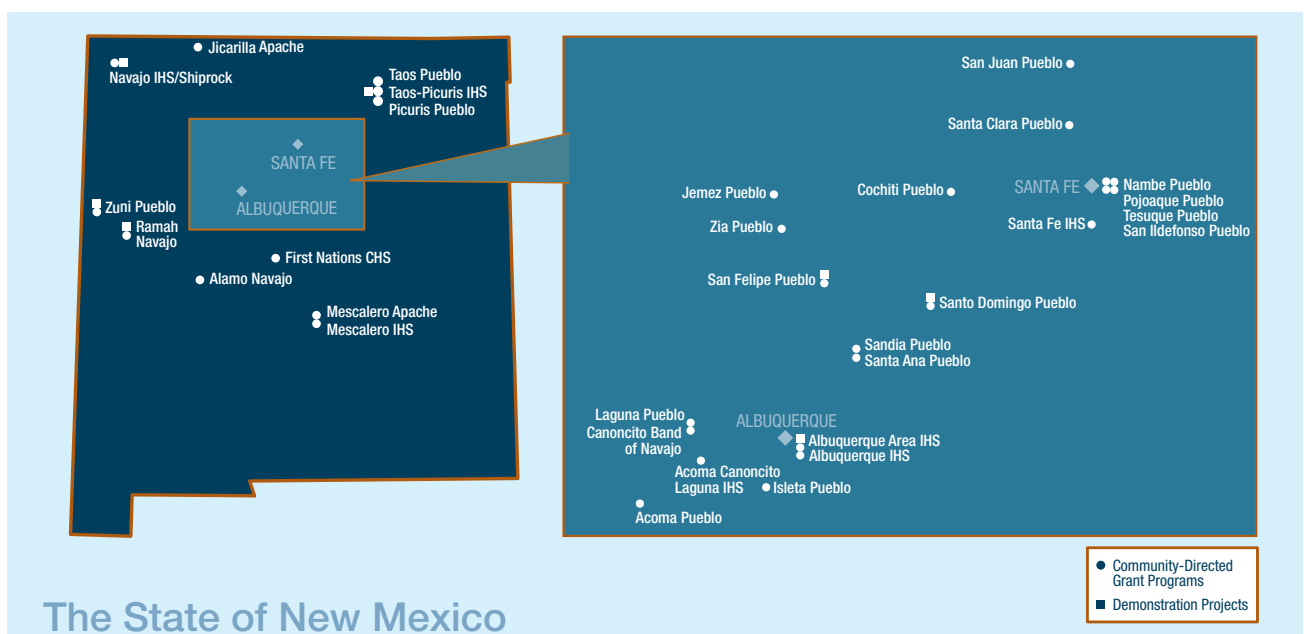
The Special Diabetes Program for Indians

In response to the diabetes epidemic among American Indians and Alaska Natives, Congress established the *Special Diabetes Program for Indians* in 1997. Administered by the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention, this \$150 million per year grant program provides funding for diabetes treatment and prevention services at 399 IHS, Tribal, and urban Indian health programs in all 12 IHS administrative areas across the United States.

The *Special Diabetes Program for Indians* includes two types of grant programs. Since 1998, the 333 **Community-Directed Diabetes Programs** have implemented diabetes treatment and prevention interventions that address local priorities. The 66 **Demonstration Projects**, mandated by Congress in 2004, translate scientific findings and best practices from the research literature in real world settings by implementing structured interventions designed to prevent diabetes in American Indians and Alaska Natives without the disease or to reduce cardiovascular disease risk in American Indians and Alaska Natives who have diabetes.

State of New Mexico Diabetes Programs

Program Type	Number of Programs	2006 Funding	Total Funding Through 2006
Community-Directed <i>Special Diabetes Program for Indians</i>	30	\$6,938,491	\$46,571,064
<i>Special Diabetes Program for Indians</i> Demonstration Projects	7	\$2,488,500	\$7,509,000



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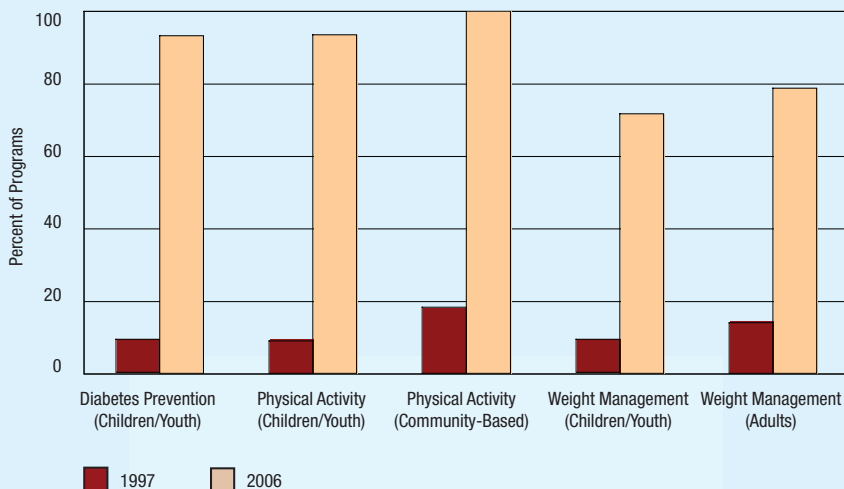


Impact of the *Special Diabetes Program for Indians* in New Mexico— Outcomes from the Community-Directed Programs

Diabetes Prevention Outcomes

Preventing diabetes in American Indians and Alaska Natives is an important component of the *Special Diabetes Program for Indians*. Activities to prevent diabetes in both adults and children and youth result in improved health and quality of life for individuals and entire communities. Since the inception of the *Special Diabetes Program for Indians* in 1998, diabetes prevention activities in New Mexico have greatly increased, as reported by the Community-Directed Diabetes Programs in New Mexico (see Figure 1).

Figure 1. Increase in Prevention Activities in New Mexico



Why is this important?

- ❖ Diabetes prevention programs promote healthy lifestyles and help people reduce their risk of developing diabetes.
- ❖ The percent of youth with type 2 diabetes is increasing at an alarming rate, making diabetes prevention programs for youth an important public health priority.
- ❖ Youth who develop type 2 diabetes will experience more years of disease burden and are more likely to suffer from serious diabetes-related complications.

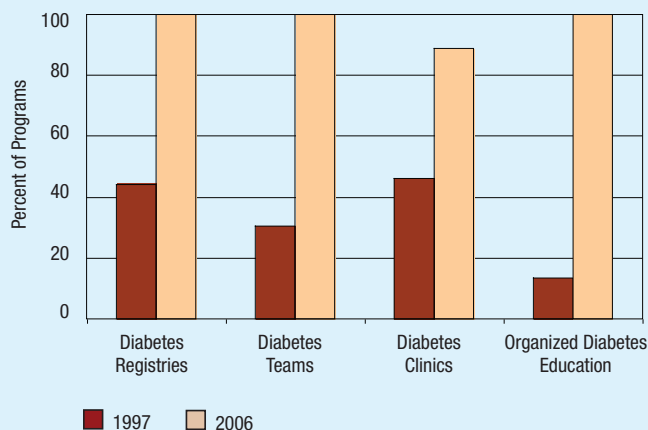
Clinical Diabetes Outcomes

Like diabetes prevention, providing care for and measuring health outcomes of American Indians and Alaska Natives who have diabetes are important components of the *Special Diabetes Program for Indians*. Since the inception of the *Special Diabetes Program for Indians*, diabetes care and health outcomes in American Indians and Alaska Natives have improved both nationwide and in the state of New Mexico. These improvements result in and represent better health and quality of life for people with diabetes and have the potential to reduce future health care costs. To obtain information about diabetes care and health outcomes for American Indians and Alaska Natives in New Mexico, the IHS Division of Diabetes uses data collected from the Community-Directed Diabetes Programs and the annual *IHS Diabetes Care and Outcomes Audit*, which tracks performance on 59 diabetes care measures.

Outcomes for health care facilities

The *Special Diabetes Program for Indians* provides resources and support for grant programs to implement the **key elements of quality diabetes care at health care facilities** that serve American Indians and Alaska Natives. These key diabetes care elements, which include diabetes registries, diabetes teams, diabetes clinics, and diabetes education, have improved in New Mexico since the inception of the *Special Diabetes Program for Indians Community-Directed Diabetes Program*, as shown in Figure 2.

Figure 2. Improvements in Diabetes Care Infrastructure



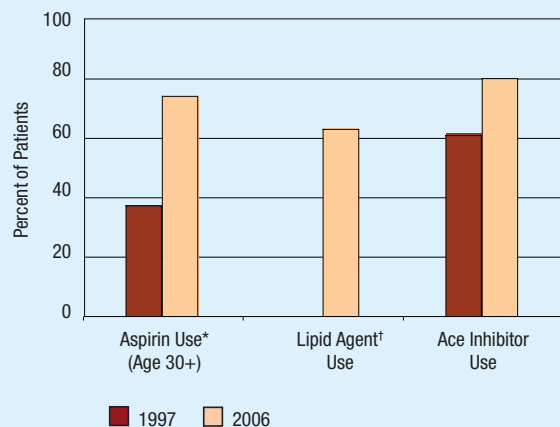
Why is this important?

- ❖ **Diabetes registries** help health care providers track people with diabetes, develop treatment plans, and monitor progress.
- ❖ **Diabetes teams** are groups of health care providers who work together to provide comprehensive diabetes care.
- ❖ **Diabetes clinics** enable people with diabetes to see multiple health care professionals in one visit.
- ❖ **Diabetes education** lowers the risk for diabetes-related complications and improves quality of life by helping people with diabetes obtain skills in diet, exercise, and self-care management.

Outcomes for American Indians and Alaska Natives with diabetes

The *Special Diabetes Program for Indians* also supports **quality clinical care to American Indians and Alaska Natives with diabetes**. This care includes the use of aspirin, lipid-lowering medications, and ACE inhibitors (a type of blood pressure medication that reduces protein in the urine). These practices—considered the gold standard in diabetes care—are now increasingly common in New Mexico health care facilities that serve American Indians and Alaska Natives (see Figure 3). In addition, this care has contributed greatly to the improved health of American Indians and Alaska Natives with diabetes, as demonstrated by improvements in blood sugar control, kidney function, and cholesterol levels.

Figure 3. Improvements in Diabetes Clinical Care



*Aspirin use data from 1997 not available; graph reflects data from 1999.
 †Lipid agent use data from 1997 not available.

Why is this important?

- ❖ **Aspirin use** improves the cardiovascular health of people with diabetes.
- ❖ **Lipid-lowering medications** significantly reduce the chance of heart attacks and other cardiovascular complications associated with diabetes, such as stroke and heart failure.
- ❖ **ACE inhibitors** prevent or slow the progression from diabetes-related kidney disease to kidney failure.

Improvements in other clinical outcomes

- ❖ **Reduction in A1C levels** – the best measure of long-term blood sugar control – from 8.8% in 1997 to 8.3% in 2006.
- ❖ **Reduction in proteinuria** – prevalence of protein in the urine of patients – from 20% in 1997 to 15% in 2006.
- ❖ **Reduction in mean LDL cholesterol levels** (i.e., “bad” cholesterol) – from 120 mg/dl in 1998 to 97 mg/dl in 2006.

Special Diabetes Program for Indians Programs in New Mexico—Highlights

Community-Directed Diabetes Programs

The **Pueblo of Acoma** uses *Special Diabetes Program for Indians* grant funds to bring physical fitness activities to the community through its “Just Move It!” program. Each month, this program holds running and walking events at various sites within the community. During these monthly events, 20–30 participants gather to run or walk, supporting one another in their efforts to prevent diabetes and its complications. Building on the success of these events, the Pueblo of Acoma recently held its first annual “Just Move It!” Walk, which attracted over 450 children, adults, and seniors.

Since 2004, the **Pueblo of Pojoaque** has used *Special Diabetes Program for Indians* grant funds to bring a year-round diabetes prevention program to youth aged 6–16. Working in partnership with the local Boys and Girls Club, the Pueblo of Pojoaque offers after-school physical and nutrition education activities and a summer youth sports camp. Students participate in running games, soccer, basketball, and even golf lessons with PGA player Notah Begay. This diabetes prevention program uses culturally appropriate teaching techniques, such as talking circles and story telling, to help students learn to read food labels, prevent emotional eating, and prepare healthy snacks. Pueblo youth have enthusiastically embraced the program and its activities; the number of participants has nearly doubled since the program began—from 75 participants in 2004 to over 140 participants in 2007.

In late 2006, the **Pueblo of Zuni** began using *Special Diabetes Program for Indians* grant funds to implement a diabetes prevention strategy that could leverage the Pueblo’s community swimming pool. The Zuni Healthy Lifestyles Program and the DIPS (Dive Into Prevention Strategies) Program work together to offer aquatic exercise activities and swimming sessions for children, adults, and seniors. The programs also use swimming activities to enhance physical education classes in the Zuni public schools. Each month, these swimming activities reach between 1,100 and 1,800 community members.

The **Taos Pueblo** Diabetes Program has used *Special Diabetes Program for Indians* grant funds over the past 10 years to encourage Pueblo youth to become more physically active and choose healthy lifestyles. The Taos Pueblo Diabetes Program serves between 140 and 170 children each year, reaching them during toddlerhood by working in close partnership with the local Head Start Program, and following the children through the eighth grade. The children participate in a variety of diabetes prevention activities, such as community outreach, youth sports, and cooking and gardening classes. The Taos Pueblo credits this youth program with the substantial decrease in body mass index (BMI) among its youth: BMI of youth aged 2–15 has decreased every year since 2003.

Demonstration Projects

In 2004, the IHS awarded *Special Diabetes Program for Indians* Demonstration Project grants to seven diabetes programs in New Mexico. Two of these programs received a **Diabetes Prevention Demonstration Project** grant to focus on preventing diabetes in American Indians and Alaska Natives at risk for developing the disease. The other five programs received a **Healthy Heart Demonstration Project** grant to focus on reducing the risk of cardiovascular disease in American Indians and Alaska Natives who already have diabetes.



Special Diabetes Program for Indians Grant Programs in New Mexico

