



# SDPI e-Update

*Sharing Our Success*

## A Message from the Director

### More Good Reasons to Celebrate Our Success

Welcome to the third edition of Special Diabetes Program for Indians E-Update. We continue to receive great feedback from you about the Update.

The IHS Division of Diabetes Treatment and Prevention staff is in the final stages of completing the third Report to Congress on SDPI's accomplishments over the past 9 years. We are also in the process of developing SDPI fact sheets that capture SDPI's success in short sound bites. We will share these materials with you as soon as they are ready.

As we were putting the finishing touches on the Report to Congress and writing the fact sheets, we saw the results of a research study on trends in end-stage renal disease (ESRD) reported in the CDC's Morbidity and Mortality Weekly in March. That's when we knew we really have a lot to celebrate.

Diabetes is the leading cause of ESRD. Along with high blood pressure and glomerulonephritis (inflammation of the glomeruli of the kidney), these three conditions accounted for about 80 percent of new cases of ESRD in 2004.

The study of ESRD trends is based on data reported to the Centers for Medicare and Medicaid Services (CMS). During 1994-2004, age-adjusted ESRD incidence, with diabetes listed as the primary diagnosis, was about three times higher among AI/ANs than among whites. Among AI/ANs, ESRD incidence increased from 358.6 per million in 1994 to a peak of 444.4 per million in 1999. But this trend reversed dramatically from 1999-2004,

when ESRD incidence went from 444.4 per million down to 362.4 per million.

Although ESRD rates due to diabetes are still very high among American Indians and Alaska Natives, the downward trend from 1999-2004 is very encouraging and is consistent with SDPI outcome data. The IHS Diabetes Audit shows that AI/AN elders have had the greatest improvements in blood sugar control than any other age group, with the average A1C level going down from 8.5% in 1996 to about 7.3% in 2006. In addition, the prevalence of high protein in the urine in AI/ANs has declined 10% since 1996.

As you'll see throughout this issue of SDPI E-Update, we have a lot to be proud of in diabetes prevention and treatment. The Finnish Diabetes Prevention study shows that lifestyle intervention to prevent diabetes can have a lasting impact. Research conducted by the University of California at Berkley shows that efforts to change school nutrition services not only change behavior but also are cost-effective.

In this edition, we feature a Success Story written by an SDPI community-directed grantee, Dolores Galaz, Clinical Director of the Healthy O'odham Promotion Program. We'd love to hear from you as well. If you have good stories about your program or want to advertise an upcoming event, send a message to [diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov)

Finally, I want to call your attention to a great opportunity for many of you to be recognized and celebrated for your work. The U.S.

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Department of Health and Human Services is accepting nominations for the **2007 Innovation in Prevention Awards** through June 29. Many community-based SDPI grantees qualify for these awards and I encourage you to GO FOR IT! Check out the Upcoming Events section of the E-Update for more information.

I hope you will continue to help spread the word about the SDPI's success by forwarding the E-Update to your colleagues. And, please continue to send us your feedback.



Kelly Acton, M.D., F.A.C.P., M.P.H.  
Director, IHS Division of Diabetes Treatment and Prevention

## Advances in Diabetes Treatment and Prevention

### Finnish Study Shows Long-term Benefits of Lifestyle Intervention

A recent article in the British journal, *The Lancet*, reports good news on the long-term benefits of the lifestyle intervention used in the Finnish Diabetes Prevention Study. The researchers found that the lifestyle intervention continued to reduce the incidence of diabetes 3 years after the intervention ended. The intervention also helped participants continue the lifestyle changes they had made during the intervention period.

The Finnish lifestyle intervention was very similar to the Native Lifestyle Balance Curriculum used by SDPI grantees, with intensive counseling on dietary intake and increasing physical activity designed to achieve a 5% weight loss. At the end of 4 years of intervention, the incidence of type 2 diabetes was 58% lower in participants in the lifestyle intervention group than in the control group. This is the same result that was achieved in the NIH-funded Diabetes Prevention Program (DPP) clinical trial.

Three years after the intervention was over, the Finnish researchers followed up with

### Women with Pre-diabetes Have Signs of Cardiovascular Disease Earlier Than Men

Women with pre-diabetes may show signs of heart disease several years before men do. That is the key finding from a recent study reported in the February 2007 issue of *Diabetes Care* by Richard Donohue and his colleagues.

The research was conducted among 1,455 men and women who participated in the Western New York Health Study and who did not have diabetes or cardiovascular disease when they first entered the study. Over the next 6 years, the researchers found 52 women and 39 men went from having normal blood sugar levels to pre-diabetes.

The women with pre-diabetes, but not the men, were more likely to have high blood

pressure and showed certain markers of blood-vessel problems an average of 6 years before they even developed pre-diabetes. The women had higher blood levels of a protein involved in blood clotting and of two proteins that indicate less elastic blood vessels.

These results are good news for SDPI grantees who are applying the Lifestyle Balance program in American Indian and Alaska Native communities. The Finnish research shows that lifestyle change programs have the potential to reduce diabetes incidence well beyond the intervention period. This is truly a message of hope for achieving a diabetes-free future.

Source: *The Lancet* 2006; 368: 1673-79

pressure and showed certain markers of blood-vessel problems an average of 6 years before they even developed pre-diabetes. The women had higher blood levels of a protein involved in blood clotting and of two proteins that indicate less elastic blood vessels.

The researchers concluded that the results of this study are consistent with data that show women with diabetes have an increased risk for cardiovascular disease than men. The findings also raise questions about whether the early blood vessel problems found in women with pre-diabetes may contribute to women's greater risk for heart disease.

Source: *Diabetes Care* 2007; 30: 354-359.

## SDPI Success Stories

### The Native Lifestyle Balance Program Kicks Off in Cherokee



From left to right: Lifestyle Coaches Robin Callahan, Nancy Davis, Carol Shoulders

Since its inception in 1998, the Cherokee Diabetes Program (CDP) in Cherokee, NC, has served as the foundation for a comprehensive and innovative diabetes network that includes the Wound Care Prevention and Treatment Center, Cherokee Choices (REACH 2010-CDC), and the Cherokee Indian Hospital (CIH). "Our collaborative efforts provide a diabetes safety net for our community," says Sally Bradley, Manager of the Cherokee Diabetes Program. "Wherever a person may show up for diabetes treatment or prevention services – at the hospital, schools or clinic -- there's someone who can address their individual needs."

This strong collaborative spirit provided the motivation for Registered Dietitians and Lifestyle Coaches Robin Callahan, Nancy Davis (Cherokee Choices) and Carol Shoulders (CDP) to join forces and offer the Native Lifestyle Balance Curriculum to the general community. The first class of the 16-week program was recently held in March with 25 participants.

"In just 7 weeks, this group has lost a total of 131 pounds, and there's already a waiting list for the next class," boasts Nancy Davis, Lifestyle Coach. "This is not just about weight loss. Our participants are already making lifestyle changes and their main focus is about becoming healthier for themselves and their families."

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## SDPI Success Stories (continued)



Jennifer York, CNA (right) and Jessie Watty, CNA (left)  
Cherokee Diabetes Program Employees

Jennifer York, CNA, and Jessie Watty, CNA, both work at the Cherokee Diabetes Program, and although they joined the Native Lifestyle Program for different reasons, they both are enjoying healthy results. Jennifer was diagnosed with diabetes 5 years ago

and wanted to get better control of her blood sugar. Jessie, with a family history of diabetes, was interested in prevention. The two women attend weekly classes and weigh in every week, and together they have lost almost 20 pounds.

“When I first told my family I had joined the program they told me I was crazy,” says Jessie. “Now they eat what I eat and walk with me. The coaches are great, we learn a lot in the classes, and they make it fun!”

“It’s inspiring to watch the ‘students’ become teachers in the community; not by their words, but by their actions,” says Robin Callahan, Lifestyle Coach. Robin believes that the lifestyle changes she and her colleagues are seeing in their participants

are having a positive impact on community attitudes toward health.

Of course, the new Native Lifestyle Balance Program is the just latest addition to Cherokee’s arsenal of services addressing diabetes prevention and care: worksite wellness, acupuncture, massage, yoga, recreational drumming, stress relief and tai chi classes. Dr. Ann Bullock, Medical Director of the Cherokee Tribal Health and Medical Division, sums up the many successes of their diabetes network: “We are extremely fortunate to have the commitment of our tribal leadership, our passionate and talented program staff and the resources of the Special Diabetes Program for Indians to make our vision of a healthy community a reality.”

## Tohono O’odham Nation’s Half Marathon: Reviving Tradition and Promoting Healthy Lifestyles



Jesus Jimenez (front) and Anthony Francisco, Jr. (back)  
run the Half Marathon

On January 28, 2007, the Healthy O’odham Promotion Program sponsored the third annual Tohono O’odham Nation Half Marathon, with the backdrop of the beautiful Cababi and Comobabi mountains on the Tohono O’odham Nation in southwestern Arizona. Tohono O’odham (*Desert People*) are traditionally known as distance runners, and the half marathon has given many O’odham the opportunity to participate in this great tradition in their own land.

The race was a great success, with 60 individual runners and 21 relay teams completing the 13.1 mile course. Runners came from within the Nation and all over the state,

including some out-of-state participants. The half marathon course is considered fairly difficult, even for experienced runners, with its winding roads and increasing elevation. The course began in Nolic Village at 2,420 feet, crossed Rincon and Cababi villages, and ended at Comobabi Village at 3,185 feet. That’s an elevation increase of 765 feet!

Ken Josemaria, a member of the Nation, and an avid runner, shared his experience running this year’s marathon.

“The 2007 Tohono O’odham Half Marathon was well worth the cold 30-degree temperature at the start. Nolic village, an area noted as the starting point of the “salt trail” to the Gulf of California, was dark and cold. It seemed as though I left the warmth of the fire and ran straight through the start for another 13.1 miles. The course was challenging, mostly flat paved road leading to hills at the 6th mile, then sandy dirt road to hills that seemed like they wouldn’t stop rising.

The local radio station KOHN was at the finish line announcing the finishers as they came in, but I was more concerned about

my time compared to last year. Awards were given to the first, second, and third place runners, and we were ALL treated to a traditional O’odham meal--a reward I’ll be coming back for next year!”

Healthy O’odham Promotion Program (HOPP), Tohono O’odham Nation’s SDPI community-directed grant program, sponsors several events throughout its communities. In addition to the annual half marathon, HOPP sponsors monthly fun runs and other physical activity events, and houses several wellness centers in various locations on the Tohono O’odham Nation. HOPP also provides several nutrition and diabetes-related services such as community classes, individualized counseling, a mobile eye clinic, department and program classes, feast projects, and food demonstrations.



## Diabetes News Alert

As many of you may have heard, a recent article in the *New England Journal of Medicine (NEJM)* based on a meta-analysis of data from 42 clinical trials, suggested that rosiglitazone (Avandia) may increase cardiovascular risks, including heart attacks. Several points are worth considering.

- The findings were of borderline statistical significance, and the authors acknowledge they were working with an incomplete data set.
- The risk, if any, appears to be small. Patients should not stop rosiglitazone therapy without guidance from their health care providers.
- Whether similar results will be found for pioglitazone (Actos) is unclear; this may or may not be a “class effect.” For example:
  - Pioglitazone affects lipids differently from rosiglitazone.
  - Pioglitazone may cause less fluid retention than rosiglitazone.

The Indian Health Service National Pharmacy and Therapeutics Committee Core Formulary has designated thiazolidinediones (glitazones, TZDs) as a **closed class**. This decision was based on favorable pricing and the absence of data showing superiority of the more expensive drug.

All IHS (federal) facilities **must** carry pioglitazone (Actos), and **may not** have rosiglitazone as a formulary item. Rosiglitazone may be prescribed and dispensed off formulary when requested. The same policy is recommended, but voluntary, for tribal and urban programs.

At those sites in full compliance with this policy (not prescribing or dispensing rosiglitazone), there will be little, if any, fallout from this week’s reports. For those providers still prescribing rosiglitazone, now is a good time to reconsider the advisability of using this non-formulary drug.

The FDA has issued a safety alerts that can be found at:

### Consumer update on Avandia:

<http://www.fda.gov/consumer/updates/avandia052507.html>

### General FDA site:

<http://www.fda.gov>

### FDA news link:

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01636.html>.

If you would like to read more about this research, here are the URLs for the *NEJM* article and accompanying editorial:

### Original article:

<http://content.nejm.org/cgi/content/full/NEJMoa072761>

### Editorial:

<http://content.nejm.org/cgi/content/full/NEJMe078099>

### To reach both of the above:

<http://content.nejm.org/>

## Empowering Clinicians to Deliver Quality Diabetes Care

### Resources for Empowering Grantees: Tools You Can Use

#### Medicare Coverage of Diabetes Supplies & Services

Do you and your patients need more information about Medicare’s coverage of diabetes supplies and services? The Centers for Medicare and Medicaid Services (CMS) has a booklet, “Medicare Coverage of Diabetes Supplies & Services,” that explains Medicare’s diabetes benefits for patients enrolled in the original fee-for-service Medicare Plan.

The booklet provides detailed information on **covered supplies** (blood sugar self-testing equipment, test strips, lancets, therapeutic shoes, and insulin pumps and related sup-

plies), covered services (diabetes self-management training, medical nutrition therapy services, foot care, A1C tests, and special eye exams), and **preventive services** (glaucoma screening, flu and pneumococcal shots, and diabetes screening).

To preview or download a copy of this booklet, go to [www.medicare.gov](http://www.medicare.gov) and type in “Medicare Coverage of Diabetes Supplies and Services” in the Search box. To order a copy of the booklet, call 1-800-MEDICARE (1-800-633-4227).

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## Send Us Your Feedback

The SDPI E-Update is designed to help you succeed in your work in diabetes treatment and prevention. We want to hear from you. Please let us know what you like – or don’t like – about the E-Update and what information you want us to include. Also, please share your ideas and success stories with us and we will share them with our readers.

Email [diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov) with your suggestions.

## Meet the Staff

### A Fond Farewell to Dr. Kelly Moore



Kelly Moore receives the award for Indian Physician of the Year in 2006 from the Association of American Indian Physicians

Kelly Moore, M.D., has announced her retirement from the Indian Health Service as of July 2007. A Clinical Consultant with the IHS Division of Diabetes Treatment and Prevention (DDTP) since July 2002, Dr. Moore is a nationally recognized expert on type 2 diabetes and childhood obesity and has made numerous outstanding contributions to improving diabetes care for American Indians and Alaska Natives of all ages over the past 20 years.

“Kelly not only has a long list of accomplishments and honors that she has earned throughout her career with IHS, but she also has a heart and soul that makes working with her a very special experience,” said Dr. Kelly Acton, Director of the IHS Division of Diabetes Treatment and Prevention. “Kelly has been the point person for so many successful projects and activities in our office, we will sorely miss her energy, enthusiasm, and steadfast approach.”

An enrolled member of the Muscogee Creek Nation of Oklahoma, Dr. Moore was selected for the prestigious “Indian Physician of the Year” award by the Association of American Indian Physicians (AAIP) in 2006. Among her many leadership roles in the national and international diabetes arenas, Dr. Moore holds the following positions:

- Liaison member for AAIP, Committee on Native American Child Health of the American Academy of Pediatrics
- Chair, Indigenous Peoples Task Force of the International Diabetes Federation
- Chair, National Diabetes Education Program’s American Indian and Alaska Native Work Group
- Member, National Institutes of Health Diabetes Education in Tribal Schools Steering Committee
- Member, American Diabetes Association’s Youth Project Design and Awakening the Spirit Teams

In 1987, Dr. Moore began her career with the IHS on the Navajo Reservation in Arizona. During the mid-1990s, she served as the Clinical Director and sole pediatrician for the Pima Indians of the Gila River Indian Community of southern Arizona. While serving the Pima Indians, she became interested in the growing public health concern of type 2 diabetes in American Indian youth and began her clinical research. Since then, Dr. Moore has served

the IHS as a medical administrator, diabetes consultant, and IHS Chief Clinical Consultant for Pediatrics from 2002 to 2004.

Dr. Moore is a 1983 graduate of the University of Oklahoma College of Medicine and completed a residency in pediatrics at the University of Oklahoma Tulsa Medical College. She is a Captain in the U.S. Public Health Service Commissioned Corps and a Fellow of the American Academy of Pediatrics. Dr. Moore is married to Jon Wilson and they have two children, Matthew, age 25, and Tava, age 18.

“We wish Kelly continued success and fulfillment as she moves into the next phase of her career,” said Dr. Acton. No doubt, these sentiments are echoed by all who know Dr. Moore.

## Empowering Clinicians to Deliver Quality Diabetes Care (continued)

### Dollars and Sense: The Financial Impact of Selling Healthier School Foods

Are you working with schools and school districts on setting healthy nutrition standards for school foods and beverages? The Center for Weight and Health at the University of California, Berkeley, has released a brief report that provides solid financial evidence to help make your case.

This brief report, *Dollars and Sense: The Financial Impact of Selling Healthier School Foods* (see link below), examines the financial impact of implementing nutrition standards for foods and beverages sold on school campuses outside of the school meal program. The researchers found that the

nutrition standards improved the quality of the individual foods and beverages sold to students and resulted in a shift in student purchases away from snack foods toward complete meals. The nutrition standards have a double benefit: not only do students eat healthier foods but the school food service can actually increase its revenue. To download a copy of the report, go to: [http://www.cnr.berkeley.edu/cwh/PDFs/Dollars\\_and\\_Sense\\_FINAL\\_3.07.pdf](http://www.cnr.berkeley.edu/cwh/PDFs/Dollars_and_Sense_FINAL_3.07.pdf)

While you’re at it, check out all the resources available on the UC Berkeley’s Center for Weight and Health Web site. You’ll find links to dozens of programs, materials, bibliographies, and funding sources related to preventing overweight and obesity in children at <http://www.cnr.berkeley.edu/cwh/index.html>

## Upcoming Events

### June 29, 2007

Deadline for the U.S. Department of Health and Human Services **2007 Innovation in Prevention Awards**. The awards “seek to identify and celebrate organizations that have implemented innovative and creative chronic disease prevention and health promotion programs.”

More information can be found at:

<http://www.prevent.org/content/view/57/8/>

### July 31, 2007

Deadline for **Society for Public Health Education Awards**. The ‘**Open Society Award**’ recognizes “an individual or group who embodies and promotes an Open Society, through research, practice, and/or teaching.” The ‘**Program Excellence Award**’ recognizes “outstanding health education programs (not agencies) in existence for at least three years.”

More information can be found at:

<http://www.sophe.org/content/awards.asp>

### December 18-20, 2007

**Making Data Count: Measuring Diabetes and Obesity in Indian Health Systems**

Westin La Paloma Resort, Tucson, AZ.

**SAVE THE DATE!** An innovative conference that will provide opportunities for individuals and programs working in Indian health care systems to review current and advanced data systems and analysis tools relevant to diabetes and obesity data; learn the impact of cost and quality issues; network and share common issues and best practices for capturing, reporting, using and improving data to help improve the lives of American Indian and Alaska Native people.

Registration coming soon.

Do you have program events that you would like to promote to other SDPI grantee programs? Send them to us and we'll post them here! Email them to:

[diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov)

## Diabetes Resources

### Looking for Diabetes Resources?

If you are looking for more diabetes resources for your program, be sure to check the Indian Health Service DDTP web site. You will find links to the leading Web pages for patient and health care provider education materials and the latest information on key diabetes treatment and prevention topics. Here is the url to add to your bookmarks.

[http://www.ihs.gov/MedicalPrograms/diabetes/links/l\\_index.asp](http://www.ihs.gov/MedicalPrograms/diabetes/links/l_index.asp)

