



A Message from the Director

It's Time to Celebrate Our Success

Welcome to the fourth edition of the SDPI E-Update. We have lots of great information to share with you and your colleagues as we approach the 10th anniversary of the SDPI in October.

The third Report to Congress on the accomplishments of the SDPI is in the final stages of DHHS review and we will release it this fall. The report clearly demonstrates our decade of success in diabetes treatment and prevention. Here are just a few highlights of the major achievements we can point to since the inception of SDPI:

- The number of diabetes prevention activities and programs for adults and youth in American Indian and Alaska Native communities has vastly increased. This includes hundreds of new physical activity, nutrition, and weight management programs.
- The key elements needed for quality diabetes care – diabetes registries, multidisciplinary diabetes teams, diabetes clinics, and diabetes education programs – are now in place in many more communities.
- The most important diabetes health outcome, the mean blood sugar level (A1C) decreased 13% – a major achievement over 10 years that translates to a 40% reduction in diabetes-related complications.
- The mean LDL (bad) cholesterol level continues to go down.
- Proteinuria (a sign of kidney dysfunction) has decreased while use of ACE inhibitors has increased.
- Use of aspirin and lipid-lowering drugs to control cardiovascular risk factors has increased.

We have developed two key products based on the Report to Congress that you can use in your community and with policy makers. The first is a series of diabetes fact sheets that provide an overview of various issues related to SDPI, in an easy-to-read and understand-format. You may download these fact sheets at http://www.ihs.gov/MedicalPrograms/Diabetes/FactSheets/fs_index.asp. The second is a comprehensive PowerPoint presentation that provides statistics on diabetes in American Indians and Alaska Natives, the history of the SDPI program legislation, and a summary of the program's accomplishments. The presentation will be at the Division of Diabetes website (<http://www.ihs.gov/MedicalPrograms/Diabetes/index.asp>) soon.

In this edition, we feature a Success Story written by SDPI Healthy Heart grantee, Robin John, Coordinator of the Dance Away Diabetes program in Toppenish, WA. 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.

Finally, I want to call your attention to more great opportunities for you to be recognized and celebrated for your work. In this issue we feature the American Diabetes Association (ADA) 2008 National Achievement Awards. Many community-based SDPI grantees qualify for these awards and I encourage you to GO FOR IT! Check out the Upcoming Events section 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, MD, MPH

Kelly Acton, MD, MPH, FACP
Director, IHS Division of Diabetes Treatment and Prevention

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SDPI Success Stories

Dance Away Diabetes: A Traditional Approach to Diabetes Treatment and Prevention

Robin John, RPh, Dance Away Diabetes Coordinator
Yakama Healthy Heart Program
Yakama Indian Health Service



Rocco Clark, Sr., a champion grass dancer, teaches Dance Away Diabetes.

The Yakama Healthy Heart Program in Toppenish, WA, sponsors Dance Away Diabetes, a unique physical activity program. The program not only promotes healthy lifestyles but also an appreciation and understanding of Native culture.

Rocco Clark, Sr., a champion grass dancer, teaches Dance Away Diabetes. Mr. Clark has

created a cultural dance curriculum that interprets over 16 different Pow-Wow dance moves, broken down into steps and drills. To help students remember the steps, Mr. Clark has given them colorful nicknames such as Criss Cross, Rockin' the Horse, Shakin' the Flies, and The Bell.

Throughout the year, students advance from perfecting a drill to learning how to incorporate several steps into a fluid dance movement. These skills can be used for a lifetime of physical activity and diabetes prevention and control.

The weekly classes are free and open to everyone. Participants range from 2-year-olds to elders, ages 60 plus. For those unable to participate in the dance portion of the class, cultural craft lessons such as moccasin-making and shawl-fringing are offered.

During each two-hour class, Mr. Clark teaches students proper stretching and warm-up techniques before they begin practicing the steps and building endurance. While students warm up, Mr. Clark talks about keeping their bodies strong by staying active and eating healthy foods. To reinforce Mr. Clark's message, the Healthy Heart Program provides diabetes education, handouts,

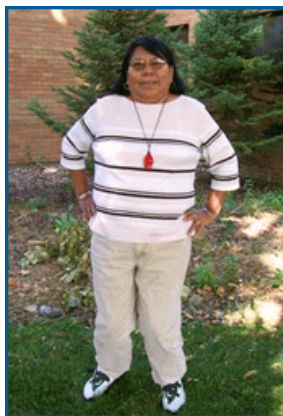
and healthy snacks such as fruits, vegetables, water, and juices. During the last half hour, Mr. Clark talks about the rules of Pow-Wow dancing, the etiquette of special dances, and about respecting family, Elders, tradition, and drummers.

Yakama Healthy Heart participant, Matilda, regularly attended the Dance Away Diabetes classes with three of her grandchildren. Although Matilda had problems with her knee this year and was recovering from surgery, she was able to participate in the less intense portion of the class by "dipping" to the beat of the drum while watching her grandchildren learn the Pow-Wow dancing moves.

"I like to go to Dance Away Diabetes class because I can take my grandkids and give them an opportunity that I never had because I lived off the reservation for so long," Matilda says. "I never had the chance to 'catch the beat,' and now I am no longer scared to go on the dance floor." Matilda has lost 8 pounds and her cholesterol profile has improved dramatically. She plans to continue the dance classes this fall.

On May 1, 2007, the Yakama Healthy Heart Program sponsored its first Dance Away Diabetes Pow-Wow to demonstrate the benefits of this alternate, Native form of staying active. The Pow-Wow was the highlight of a full day of diabetes education activities. Young and old came dressed in Native regalia and presented the dances they had learned.

According to Mr. Clark, the parents' participation is a major factor in the success of Dance Away Diabetes. "The family unit excels and works together," says Mr. Clark. "Parents and grandparents focus so much on the kids they don't realize that they are getting into shape. It's great to see the bonds formed and the lifelong lessons learned together."



Matilda, a Yakama Healthy Heart participant, demonstrates "dipping" to the beat of the drum.

Advances in Diabetes Treatment and Prevention

Older Diabetes Drugs Are Safe, Effective, and Less Costly

Older, less expensive oral diabetes drugs are just as effective and safe as newer and more costly drugs, according to a study sponsored by the Agency for Healthcare Research and Quality. The study compared oral diabetes drugs that have been released in the past ten years with older drugs such as sulfonylureas that have been sold for the past 50 years. The comparison was based on a review of 216 published studies.

Metformin, sold under the brand name Glucophage and in generic form for about \$100 per year, worked just as well as the newer diabetes medicines. The researchers found that Metformin did not appear to cause weight gain or hypoglycemia (very low blood sugar levels), and it has the positive effect of lowering LDL, or "bad" cholesterol levels. Most other drugs cause a weight gain of about 2 to 11 pounds and have no effect on LDL cholesterol levels.

The study indicated that most oral diabetes drugs, including metformin and sulfonylureas, reduce A1C levels by about one percentage point. But the researchers did not find any benefit to taking the newer, more expensive drugs unless a patient is not able to tolerate an older drug.

These results confirm an earlier decision of the Indian Health Service National Pharmacy and Therapeutics Committee Core Formulary not to include some of the newer, more expensive drugs since there were no data showing their superiority.

Source: To be published in *Annals of Internal Medicine*, Volume 147, Issue 6, September 18, 2007

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 with your suggestions.

Spotlight on... **Lincoln A. Bean, Sr.**

By Lincoln A. Bean, Sr. (Tlingit)
Alaska Native Tribal Health Consortium Vice Chair,
I.H.S. DDTP Tribal Leaders Diabetes Committee Member



I live in Kake, on an island in Southeast Alaska. It might be the only place in the world where you can stand in one spot and see bears grabbing for salmon in a river, with

eagles flying overhead, then turn to the opposite direction, and see whales breaching in the sea. The skies are clear blue. The air is fresh. The sun looks like it is smiling down upon you.

This is my home, the place where I was born, the place where my sons, Lincoln Junior and Austin, were raised. They are my first loves, the first priorities of my life. My second priority is my people, to help Tlingit people and all Native people achieve better health.

Two years ago I found out I had diabetes. I was cutting wood, and thought I had something in my eye. I went to the clinic, and they put me in intensive care.

Right after that, I was nominated to be on the I.H.S. DDTP Tribal Leaders Diabetes Committee (TLDC). Because I have diabetes, I have a greater understanding of the diabetes epidemic. It knows no boundaries. I thought I was healthy, but I realized I had not been eating right.

We live in a time when soda pop is cheaper than bottled water. In Alaska, milk can cost eight dollars a gallon. It's cheaper to drink Tang or Kool Aid. Poverty plays an integral part in the diabetes epidemic.

We must change the tide of diabetes. We cannot continue on this course, or we will be the only generation to be burying our children and grandchildren. The issue is huge. Poverty, toxic food, fast foods, school vending machines, youth obesity. The people controlling the funding for diabetes programs need to know that diabetes will not be resolved overnight. First and foremost, we need to continue funding diabetes prevention education. Then we need to prevent diabetes complications.

When I am talking to Congress about diabetes funding, I think of Native people who have spoken to me about diabetes. I think of my uncle, one of the happiest, healthiest persons I have known. He got diabetes, became angry and frustrated, lost a leg, and then died. Then, I think of my grandfather, wearing traditional regalia, 160 pounds of all lean. He ate no toxic food. He did not have diabetes.

When I go before Congress, I think of our healthy ancestors. I think of my uncle and myself. We thought we were healthy, but modern-day foods and lifestyle took their toll. But most of all, I think of our children and grandchildren. I see too much inactivity, too much obesity. This is my biggest fear, and my biggest motivator. At the same time, I look around my community, and I see people walking "the loop." I see more traditional foods at gatherings. I see families walking on beaches, digging clams.

Alaska Natives and all Native people have a unified voice. We stand united, focused on diabetes prevention and wellness for our children and grandchildren. All of us have important roles to play to stop the diabetes epidemic. We can spread the message: **have a healthy lifestyle, and above all, have a love of life.**

Upcoming Events

Making Data Count: Measuring Diabetes and Obesity in the Indian Health System

December 18-20, 2007

Westin La Paloma Resort, Tucson, AZ.

REGISTER NOW! 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. Visit the conference website (<http://conferences.thehillgroup.com/conferences/makingdatacount/index.html>) and register for the conference online. To download the conference brochure, click following link http://conferences.thehillgroup.com/conferences/makingdatacount/images/making_data_count.pdf.

American Diabetes Association Awards Competition

The nomination information for the 2008 National Achievement Awards, presented each year by the American Diabetes Association (ADA), will soon be posted on the ADA website. Nominations will be accepted from approximately late October to early December.

The awards will be presented during ADA's 68th Scientific Sessions conference, June 6-10, 2008, in San Francisco, CA. Each year, ADA recognizes individuals who have made a significant contribution to diabetes research, health care, and education. SDPI grantees should be interested in applying for these awards:

- **The Outstanding Educator in Diabetes Award** is given to stimulate, acknowledge, and reward outstanding educational efforts by health professionals in the field of diabetes.

- **The Outstanding Physician Clinician in Diabetes Award** is given to stimulate, acknowledge and reward clinicians for outstanding effort in diabetes care.

More detailed nomination information will soon be posted at the American Diabetes Association website (<http://www.diabetes.org>). You may also contact the American Diabetes Association directly at 703-549-1500 if you have any questions.

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.

Empowering Clinicians to Deliver Quality Diabetes Care

New National Standards Issued for Diabetes Self-Management Education

Diabetes self-management education (DSME) is a critical element of care for all people with diabetes and is necessary in order to improve patient outcomes. The National Standards for DSME define quality diabetes self-management education and assist diabetes educators in a variety of settings to provide evidence-based education. Because of the rapid changes in health care and diabetes research, these Standards are reviewed and revised about every 5 years by key organizations and federal agencies within the diabetes education community.

A Task Force was jointly convened by the American Association of Diabetes Educators and the American Diabetes Association in the summer of 2006. The Task Force was charged with reviewing the current DSME standards for their appropriateness, relevance, and scientific basis. The Indian Health Service was represented on the task force. The new standards were published in the June 2007 issue of *Diabetes Care*. You may access the new standards online or in print in *Diabetes Care*, Volume 30, pp.1630-1637, June 2007 or in *The Diabetes Educator*, Volume 33, No. 4, July/August 2007, pp. 599-612,

New Resources Available for Applying for IHS Diabetes Education Program Recognition (IDERP)

Please visit the IHS Division of Diabetes Recognition Program website for new and enhanced information on how to apply for the IHS Diabetes Education Recognition Program (IDERP) by visiting:

http://www.ihs.gov/MedicalPrograms/Diabetes/recognition/recog_index.asp

You will be able to review and download:

- **Application Requirements** - letter of intent template, application requirements and application format tabs
- **Standards and Review Criteria and Application Manual**
- **IDERP Application form** - you will now be able to fill out this PDF application form electronically using the *NEW INSTRUCTIONS* on how to complete the application.
- **Application Form Instructions** - for electronic completion of the application

We applaud your commitment to promoting quality diabetes education in your communities. Please do not hesitate to contact us for questions or concerns regarding the IDERP application process. **Sea Shorty**, IHS IDERP Program Specialist, and **Tammy Brown**, IHS IDERP Director at the IHS Division of Diabetes, are available to offer you assistance. Please contact them at 505-248-4182 if you have any questions.

Diabetes Materials Online Ordering

Did you know that the IHS Division of Diabetes Treatment and Prevention has a warehouse of diabetes materials available for you, free of charge? The warehouse is located in Rio Rancho, NM, and houses a variety of materials. The inventory of materials includes Publications, Postures, Health Fair Promotion handouts, Community Education Curricula and Training Programs.

We also have copies of the well-known diabetes "Basic Booklets." This set of colorful, easy-to-read booklets answers the basic questions people have about diabetes in a culturally appropriate manner. The booklets contain pictures of real people and their personal messages on how they manage diabetes. The messages inform the reader of the benefits of learning about blood glucose meters, medications, food, exercise, and how to deal with the emotions that accompany diabetes. The "Basic Booklets" are the building blocks to help your patients take care of their bodies and provide guidance on how to apply skills to make healthier lifestyle changes.

You can order the diabetes materials, including the "Basic Booklets," on line - **free of charge**.

To order, visit our website:
<http://www.ihs.gov/medicalprograms/diabetes>.

Look at the left menu bar, find "Resources," and then click. Now, look for the shopping basket icon that reads "online ordering" and click to start your order by following a few simple instructions. If you do not have access to a computer and cannot order online, please call us at 505-248-4182.

Meet the Staff ... Gordon Quam, B.S.N.



Gordon Quam, B.S.N.
Grants Project Officer

Gordon Quam joined the IHS Division of Diabetes staff as an IHS Competitive Grant Program Manager in 2006. From the minute he started working with the SDPI program, he has been persistent in the fight against type 2 diabetes and kidney disease.

"We need to get the word out that we need to take responsibility for our own health and not just wait until something is wrong to get help."

A marathon runner now in his 50s, Gordon has overcome several major obstacles to pursue a career in nursing and to make a major contribution to the health of Native people. Abandoned by his parents at age 7, adopted by his grandparents, but then taken away and sent to Indian boarding school, Gordon was already addicted to alcohol in high school. He

made three attempts at recovery and finally achieved sobriety in the mid-1980s.

Gordon's persistence paid off again when in 1991 he received a B.A. in community health and an A.A. in nursing from New Mexico State University in Los Cruces. Six years later, he received his B.S.N. from the same school.

Gordon launched his nursing career at the Zuni pueblo, a community of about 10,000 people located 40 miles south of Gallup, New Mexico. "During that time, I was trying to be a traditional public health nurse doing prenatal and postpartum care, well child exams and vaccinations," said Gordon. "It was challenging, but I was working with healthy individuals while I knew there was a big problem with kidney disease within the Native population that needed to be addressed."

Acting on his beliefs, Gordon told his supervisor he wanted to work with patients fighting kidney disease. His supervisor allowed him to implement a renal case management program at the Zuni pueblo, the first IHS program of its kind in the nation.

"I would go to conferences and talk about kidney disease and I would get comments that I was going against what public health nursing was all about," he said. "But I kept saying that diabetes affects every native community." Now, ten years later, renal case management is an increasingly common service in IHS clinics.

Other stops along Quam's career path included managing an alcoholism treatment center and working as an EMT before he became a nurse. As an R.N., he also worked in ER nursing and was part of the Southwest Air Ambulance Service team based in Los Cruces, which he ranks as his favorite nursing experience. It was during this stint that Quam organized the A...shiwi (the Zuni People) running club, a group that propelled him on to complete 25 marathons since 1994, including five world famous Boston marathons.

Quam continues to fight against type 2 diabetes and kidney disease as the Grants Project Officer at IHS Division of Diabetes, but he misses patient care. He plans to begin courses this fall to become a clinical nurse specialist.

