



## A Message from the Director

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Director, IHS Division of Diabetes Treatment and Prevention

### Welcome to the FIRST issue of the SDPI E-Update!



For nine years — as long as the Special Diabetes Program for Indians (SDPI) has been under way — I have wanted to create a way to communicate more effectively with our grantees and others who work in the Indian health system. I have always wanted to share information about the latest happenings in the SDPI, in the IHS Division of Diabetes, and in the larger diabetes community.

There were many reasons why it wasn't possible before, mainly the fact that early on many of our programs did not have Internet and email access. In the past year, we have learned that most SDPI programs are now connected to the Web. So, we thought now is the time to give email updates a try.

I am thrilled to share this first **SDPI E-Update: Sharing Our Success** with you. We have finally made my dream a reality. This is also the perfect time to kick off our celebration of SDPI's rapidly approaching "*Decade of Success*," which we will mark one year from now in October 2007. In fact, we will use the *SDPI E-Update* and other communications to help you and tribal leaders learn more about SDPI and spread the word about our success. For example, we will be sending you news releases, fact sheets, public service ads, and other tools to help you promote SDPI and your program's role in helping to prevent and treat diabetes.

We have a lot of information to share with you; much more than we can fit into one email. I **want to know if this information is helpful to you!** I also want to hear about other things you think are important or that you want to know more about. If you have a great idea or a program that you think other SDPI grantees would like to hear about, please let us know and we will include your items in future editions of the *SDPI E-Update*. You can give us feedback about this update by contacting [diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov). We look forward to hearing from you.

Thank you,

Kelly Acton

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# Advances in Diabetes Treatment and Prevention

## The Link Between Early Onset of Diabetes and Kidney Failure

A study in the July 26, 2006 issue of the *Journal of the American Medical Association (JAMA)* showed that young people who get obesity-related diabetes face a much higher risk of kidney failure and death by middle age than people who develop diabetes as adults. The research was conducted as part of the ongoing NIH study of type 2 diabetes in the Pima Indians of Arizona.

Onset of type 2 diabetes in participants younger than age 20 years was associated with a nearly five-fold increase in end-stage kidney disease compared with participants who had a later onset of diabetes. Of the 1,865 participants with type 2 diabetes, 96 developed it in childhood. During at least 15

years of follow-up, 15 of these people, or 16 percent, developed end-stage kidney failure or died from diabetic kidney disease by age 55. Among those who developed diabetes after age 20, 133 participants, or 8 percent, had these outcomes. The authors concluded that because youth-onset diabetes leads to substantially increased complication rates

and mortality in middle age, efforts should focus on preventing or delaying the onset of diabetes.

Pavkov et al. Effect of youth-onset type 2 diabetes mellitus on incidence of end-stage renal disease and mortality in young and middle-aged Pima Indians. *JAMA*, Vol. 296, No. 4, July 26, 2006.

**Did you know that 83 percent of SDPI programs report they devote at least some of their SDPI funding to programs for prevention of diabetes in AI/AN youth?**

The new study on the link between early onset of diabetes and kidney failure reported here confirms the belief stated by the Tribal Leaders Diabetes Committee (TLDC) that one of their highest priorities should be the prevention of diabetes in AI/AN children and youth.

## Healthy Lifestyle Changes Can Reduce Genetic Risk of Diabetes

Researchers have confirmed that a certain variation in a gene that puts people at higher risk for type 2 diabetes also was found in participants of the Diabetes Prevention Program (DPP), a large clinical trial of adults at increased risk for type 2 diabetes. They also found that even DPP study participants who had the highest genetic risk benefited from making healthy lifestyle changes designed to prevent the onset of diabetes, as much as, or perhaps even more than, those who did not inherit the variation in the gene.

Published in the July 20, 2006, issue of the *New England Journal of Medicine (NEJM)*, this research provides even more support for the DPP's earlier findings that people at risk for diabetes, whether they are overweight, have elevated blood glucose levels, or have a genetic predisposition, can benefit greatly by implementing a healthy lifestyle.

Launched in 1995, the DPP ended in 2001, a year earlier than planned because the results were so clear. The researchers published their main findings in 2002 (<http://www.nih.gov/news/pr/feb2002/hhs-06.htm>). The 3,234 people who took part in the study were adults with pre-diabetes, meaning they had blood glucose readings that were higher than normal but not yet in the diabetic range. Most were significantly overweight. Nearly half were minorities (171 were American Indian) who are at disproportionately high risk for diabetes.

In the DPP, study participants who lost 5 to 7 percent of their weight by cutting the fat content and calories in their diet and by increasing physical activity (e.g., walking 5 days a week 30 minutes a day) reduced the onset of type 2 diabetes by 58 percent. Treatment with the medication metformin lowered the chances of developing diabetes by 31 percent.

The DPP participants randomly assigned to lifestyle changes received guidance from a dietitian and a lifestyle coach during the study. Unfortunately, most adults at risk for diabetes don't have access to such support, however, more and more community-based

programs, recreation centers, and our SDPI grantees are providing the types of lifestyle intervention approaches used in the DPP.

The IHS Special Diabetes Program for Indians' Diabetes Prevention Program is based on the results of the DPP. These 36 competitive diabetes prevention demonstration projects are attempting to show that the results from this study can be used in AI/AN communities to prevent diabetes.

Florez, JC et al. TCF7L2 polymorphisms and progression to diabetes in the Diabetes Prevention Program. *New England Journal of Medicine*, Vol. 355, No. 3, July 20, 2006.

## Q&A: SDPI Grant Policies

### Need help with SDPI Grants Policies?

Do you have questions about your grant? Please send them to us and we will answer them in future editions!

Email your questions to [diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov).

## SDPI Success Stories

### Chickasaw Nation Youth Learn Ways to Prevent Diabetes at “Camp Survivor”



Chickasaw youth play 'Nutrition Tic-Tac-Toe'

This past summer, 106 Chickasaw Nation youths ages 9 to 13 attended a three-day camp, located at a 2,400-acre facility nestled in the hills of southern Oklahoma. Camp Survivor was launched three years ago to provide healthy activities for younger children.

“We had a youth council and summer camps to help older youth become better leaders, but they were for ages 14 and up,” explains Allen Elliott, Chickasaw Tribal Health Program Manager. “We didn’t have anything for younger kids and we wanted to create a unique summer camp experience especially for them,” he says.

Allen and his staff chose a focus on health for the camp because of the prevalence of diabetes and overweight among tribal members. “Obesity is a problem,” says Allen. “And even if young people are not overweight, it’s good

to teach them to eat right and get regular physical activity so they don’t gain weight as they grow older,” he adds.

Camp Survivor was an instant hit in 2003. About 150 children applied and 86 attended. Chickasaw Nation staff planned kid-captivating activities: the formation of “tribes,” a campfire, and a huge, excitement-filled competition on the final evening.

Ever since Camp Survivor started, it has offered almost non-stop physical activity: swimming, stickball, volleyball, wall climbing, canoeing and horseback riding. Over the three years, more nutrition information activities have been added.

This summer, games such as “Nutrition Tic Tac Toe” were set up next to physical activity areas. When children were taking a break from climbing the 50-foot wall, they munched on watermelon and answered questions about the three kinds of fat. By the end of the Tic Tac Toe game, they all knew the difference between good (unsaturated) and bad (saturated and trans) fats.

Much to Allen and his staff’s surprise, morning spiritual devotionals and prayers before meals have become a very popular aspect of Camp Survivor. Allen says the devotional

idea emerged from brainstorming during staff planning meetings. Every morning, children gather at the outdoor chapel located at the joining of two creeks. This summer, Randy Wade, of the Chickasaw Nation, led them in prayer and then talked about issues such as teamwork, overcoming fear and accepting challenges. The popularity of the devotionals is no surprise to Randy. “Kids are hungry for spiritual nourishment,” he says.

Camp Survivor’s blending of physical, spiritual, and nutrition education activities has made it a hit year after year. Allen says the goal of the camp is larger than three days of fun and games. It’s even bigger than learning facts and making friends. “Our goal is to help youth build leadership and team-building skills. It’s to help them prevent obesity and diabetes--to really survive,” he says.

Is the camp reaching its goals? According to 11-year-old Bethany Easley-Wade, the answer is YES! “The camp is awesome. It will help me with exercising, lifting weights, making new friends and being a leader. I think I will go home a changed person.”

**For more information on the Chickasaw Nation diabetes prevention camp for youth, contact Allen Elliott, (580) 310-9661.**

### Have “BUSH PLANE” Will Travel: Adventures in Diabetes Prevention and Care Adventures of a Diabetes Coordinator in New Stuyahok, Alaska!



Danae and Charles Kvasnikoff

One week of preparation and packing, one bush plane loaded with supplies, an hour long flight, a couple of four wheelers carrying helping hands and smiling faces, an overnight bag with an inflatable mattress, and an interpreter is all Lois Schumacher needs to provide outstanding diabetes education and care for the small Yupik village of New Stuyahok! “New Stu,” as the

locals call it, is one of the 34 villages served by the Bristol Bay Area Health Corporation (BBAHC) and is located 50 miles northeast of Dillingham, Alaska.

Even before Lois has had a chance to unpack, folks begin filling the Village Council Building to get a good seat for the two-day diabetes education clinic. Topics to be

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# SDPI Success Stories

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Anuska Nickolai and daughter Mary Kawaglia (rode skiff up river from Ekwok to attend the class)

covered include what is diabetes, why it is important not to have a high blood sugar level, how to take care of your feet, activities for children, healthy food preparation, and diabetes screening. Although New Stu has only ten people diagnosed with diabetes, more than 30 people, ages 2 to 82 come to see Lois and learn about diabetes control and prevention.

The people greet Lois more like a family member and an old friend than a nurse or a

teacher. Everyone arrives excited and happy to see Lois return for another clinic. Anuska Nickolai and her daughter Mary Kawaglia, traveled up river in a skiff from the village of Ekwok to see Lois, attend her class and follow up on their diabetes management. Mary was recently diagnosed with diabetes and says, "I found out here that diabetes runs in families. I used to think it was only in the elders."

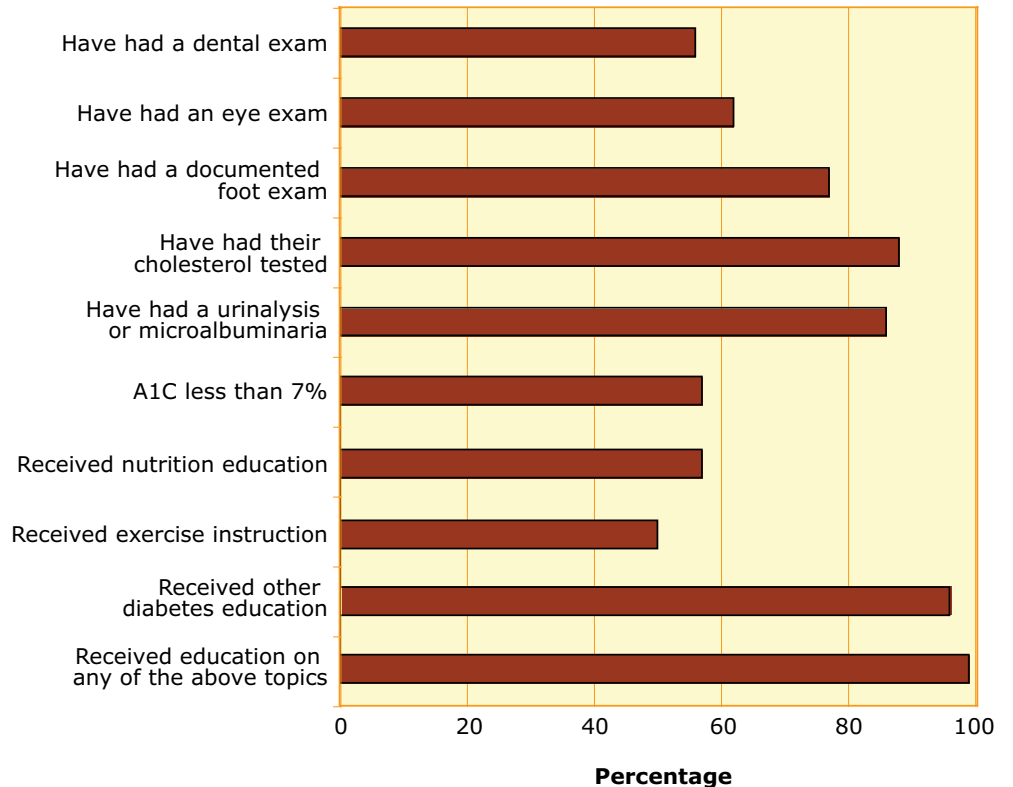
At the start of the first session, Lois is joined by Katherine Chocknok, who lives in New Stu. Well-respected in the community, Katherine volunteers her time to provide Yupik translation and to assist with the teaching. "I'm glad she asks me to help out and translate because it really helps me take better care of my own diabetes," says Katherine. She and Lois work together like a well-practiced team to make sure that the information is clear and easily understood. "Katherine's help is very important to ensure that my message and answers are clearly translated," says Lois.

So, what keeps a diabetes coordinator who serves 34 villages, many that are only accessible by bush plane, inspired and energized? Lois admits, "The people here in New Stuyahok, like many of the communities we serve at BBAHC, want to know more about diabetes and how it can be prevented or managed. They not only want to know for themselves, but for their children and other family and community members." She goes on to note, "They are actually making healthy lifestyle changes that are making them stronger and will have a powerful impact on the health and well-being of future generations!"

Lois has been a Registered Nurse for 16 years, and has worked for the Bristol Bay Area Health Corporation for the past 7 and a half years. Before coming to Alaska, Lois was a Diabetes Program Coordinator for the King Fahad National Guard Hospital in Riyadh, Saudi Arabia. You can contact Lois at [lschumacher@bbahc.org](mailto:lschumacher@bbahc.org).

## Bristol Bay Area Health Corporation Success Measures: August 2006

(Diabetes Registry: 185 Patients)



## Empowering Clinicians to Deliver Quality Diabetes Care

The mission of the Indian Health Service Division of Diabetes Treatment and Prevention is to develop, document, and sustain a public health effort to prevent and control diabetes in American Indian and Alaska Native peoples. To support our mission, IHS has taken a leading role in developing *Standards of Care and Best Practices* for ensuring that AI/AN with diabetes – and those at risk for the disease – receive the best possible care. In each issue of the *SDPI E-Update*, we will share information and tools to help you deliver quality diabetes care.

### Celebrating the 20th Anniversary of IHS's Standards of Care for Adults with Type 2 Diabetes

In 1986, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP) developed its first IHS Standards of Care for Diabetes. Over the past 20 years, these guidelines have helped health care professionals provide excellence in diabetes care to American Indians and Alaska Natives (AI/AN). This year, we are celebrating the 20th anniversary of the guidelines, marking a major achievement for IHS.

“Developing these standards has been a collaborative and evolving process over the past 20 years,” said Dr. Kelly Acton. “Many people have put hours of hard work into making the standards evidence-based and user-friendly. The trends we have seen in improved A1Cs, lipid levels, and proteinuria most certainly relate to our having these standards in place.”

The updated 2006 Standards of Care (SOC) are specifically focused on ADULTS with type 2 diabetes. A document focusing on Standards of Care for children and adolescents with type 2 diabetes is in the works. Stay tuned to the *SDPI E-Update* for more information!

To keep the guidelines current with the ever-changing field of diabetes care, the IHS DDTP and the Area Diabetes Consultants (ADCs) have developed the 2006 IHS Standards of Care for Adults with Type 2 Diabetes. The guidelines:

- Address the unique aspects of care for AI/AN people.
- Enable health care professionals and other members of a diabetes care team to offer consistent quality diabetes care to AI/AN adults with type 2 diabetes.

- Have been developed using a consensus process backed by literature review, guided by consultation with scientific experts, and refined with input from health professionals from many disciplines.
- Reflect and support the concept of a team approach to diabetes care in Indian Health facilities and the communities that surround them.
- Should be used in the context of the whole patient, not just a single disease entity.
- Should be used in the context of a model of care (such as the Chronic Care Model) that includes elements, which in combination, foster productive interactions between informed patients—who play an active role in their care—and providers with resources and expertise.

The updated 2006 Standards of Care are now posted on the DDTP website, visit <http://www.ihs.gov/MedicalPrograms/diabetes/IHSDiabetesStandardsOfCare2006.pdf>. As soon as you click on them, you will see many changes in both content and format that make this a dynamic and interactive tool for patient care. Several new topics have been added to the document, including brief statements on non-alcoholic fatty liver disease/non-alcoholic steatohepatitis (NAFLD/NASH), peripheral arterial disease (PAD), and anemia. The SOC now is organized in three sections.

**Part 1**, presented in a checklist format, is geared to help identify patient needs at an initial visit and subsequent visits for on-going diabetes care. Guidelines for the initial visit include recommended measurements, es-

sential history and physical exam components, needed referrals, as well as important screenings and assessments that should be conducted on new patients with diabetes being seen for the first time in your facility. The necessary components for each clinic visit for a person with diabetes are included in a second checklist.

**Part 2** offers more detailed information on each SOC topic for providers who wish to understand the rationale behind the SOC recommendations. Throughout Part 2, there are links to the *IHS Best Practices* documents and references.

Lastly, **Part 3** provides references and web-based links to support SOC recommendations, allowing further opportunity for health care providers to review supporting documentation and other resources.

The IHS DDTP and ADCs endorse and support the current American Diabetes Association (ADA) Clinical Practice Recommendations as the foundation of excellence in diabetes. The 2006 IHS Standards of Care for Adults With Type 2 Diabetes differ from the ADA clinical practice recommendations by bringing focus to the specific care issues of AI/AN people with diabetes and placing greater emphasis on the prevention of complications that are most notable in the AI/AN population.

“I hope all SDPI grant programs will make sure they are familiar with these standards, use them in their everyday practice to provide excellence in diabetes care, and share them with their colleagues,” said Dr. Acton.

## Empowering Clinicians to Deliver Quality Diabetes Care

### IHS Diabetes Best Practices: Making Strides in Diabetes Care and Prevention

The Indian Health Service *Diabetes Best Practices* are consensus-based approaches that everyone in clinical and community settings can use to improve diabetes care and implement successful diabetes prevention, treatment, and education practices in American Indian and Alaska Native communities. They were developed by Indian health experts who know and understand AI/AN diabetes care.

"The *Diabetes Best Practices* are based on findings from the latest scientific data, evidence, research, outcomes studies, and successful experiences of diabetes programs," said Dr. Kelly Moore, Clinical Consultant, IHS Division of Diabetes Treatment and Prevention. "Recognized by a group of experts as standards of excellence, they have led to improvements in diabetes clinical care as measured by the diabetes audit and can potentially help reduce diabetes health care disparities in American Indian and Alaska Native communities," according to Dr. Moore.

The *Diabetes Best Practices* provide IHS, Tribal, or Urban (I/T/U) diabetes programs with relevant, evidence-based information on caring for AI/AN with diabetes or at risk of developing diabetes. They can be locally adapted and used by people and programs at all levels of a diverse organization. In addition, they can help diabetes care teams assess what works and what doesn't work, as well as reduce duplication of effort and resources.

#### Development of the Indian Health Diabetes Best Practices

To develop the first set of Indian Health *Diabetes Best Practices*, the IHS Division of Diabetes Treatment and Prevention convened a *Best Practices Workgroup* in February 2001. The Workgroup included experts from the IHS, Tribes and Tribal organizations, urban Indian organizations, the IHS Model Diabetes Programs, and project coordinators from Special Diabetes Program for Indians grant sites.

The 2001 Workgroup developed 14 for successful diabetes prevention, treatment, and education practices in American Indian and Alaska Native communities. A second *Best Practices Workgroup* was formed in August 2005 to update the original 14 *Best Practices* and to develop four new *Best Practices*. This group improved and standardized the format of the *Best Practices* and determined how chronic care could be applied to applicable best practice models.

#### The 18 Indian Health Diabetes Best Practices

Adult weight management\*  
 Depression care\*  
 Kidney care  
 Breastfeeding\*  
 Diabetes and pregnancy  
 Nutrition and physical activity  
 Cardiovascular disease  
 Diabetes self-care education  
 Oral health  
 Case management\*  
 Diabetes systems of care  
 Pharmaceutical care  
 Community advocacy  
 Eye care  
 School health  
 Community screening  
 Foot care  
 Youth and type 2 diabetes

\* indicates new in 2006.

#### How You Can Use the Diabetes Best Practices

Your diabetes program can use the *Best Practices* to help:

- Understand which diabetes prevention, treatment, and education activities have been shown to be effective.
- Learn from the experiences of others.
- Identify strengths and gaps in your local diabetes services and resources and determine the best practice models

which can be practically implemented in your community.

- Establish your program's priorities.
- Get an effective program up and running.
- Begin a work plan to develop your own local best practice models.
- Implement *Best Practices* that have been shown to result in measurable improvement.

There is a short and long version of each of the 18 *Best Practices*. The short (two-page) version enables you to see if your program is ready to consider adopting the best practice. The long version provides detailed information, including references and potential contacts that your program will need when ready to implement the best practice. Most of the long versions contain descriptions of real world examples, including contact information for programs that have implemented the recommended best practice.

"We are using the *Best Practices* for treating appropriately for stroke and cardiac issues, monitoring A1c and microalbumin, and providing educational classes," said Virginia Hernandez, Program Director of the Journey of the Heart Healthy Heart Project in San Diego. "Our patients would not get this kind of care anywhere else!"

#### To Find Out More About the Diabetes Best Practices

Visit the IHS Division of Diabetes Treatment and Prevention website to review and download the *Diabetes Best Practices*. The website offers information and tips on:

- Real world examples to help you apply the *Best Practices*,
- Approaches to monitoring and evaluating your program, and
- Strategies for conducting community needs assessments.

## Spotlight on... **Buford L. Rolin**

### A Dedicated Advocate for the SDPI



Buford Rolin is no stranger to the Special Diabetes Program for Indians. Chairman of the Poarch Band of Creek Indians in Atmore, Alabama, Buford is Co-chair of the Indian Health Service Tribal Leaders Diabetes Committee (TLDC). In addition, he is Vice Chair of the Board of Directors of the National Indian Health Board.

Buford Rolin also is no stranger to diabetes. "My mother had diabetes," said Buford. "I remember being 12 years old and watching her give herself insulin injections. We thought she was giving herself an immunization! Sometimes, I helped give her injections. She was in and out of the hospital. She lost her toes. Later, she lost her right foot, then her right leg."

In 1997, Buford was one of a handful of tribal leaders asked to make recommendations to the IHS director on how to distribute the new SDPI grant funds. These tribal leaders recognized the importance of including tribal input in addressing the diabetes epidemic in AI/AN communities.

The group requested — and the IHS Director approved — formation of the Tribal Leaders Diabetes Committee "to be in place for the duration of the SDPI diabetes initiative." Buford was named to represent

the IHS Nashville Area on the TLDC and has been a member ever since. He is currently the tribal co-chair of the TLDC along with the IHS co-chair, Dr. Kelly Acton.

The TLDC provides a forum for guidance, input, and leadership on diabetes-related AI/AN concerns, issues, and services. In addition to one IHS representative, the TLDC is currently made up of 12 elected tribal officials (one from each IHS Area), advocating for diabetes prevention and management throughout AI/AN communities.

According to Buford, diabetes is not just an issue of the TLDC. "Other tribal leaders have to step forward now and take the initiative to advocate for extended funding of the SDPI to continue the progress that has been made in diabetes treatment and prevention," he said. "The spirit of the TLDC has been embraced by many tribal leaders and there is overwhelming support for addressing the health and well-being of all native communities through SDPI."

Buford played a key role in developing a strategy for tribal communities to advocate for continued funding for the SDPI grant program when it was due to end in 2004. He worked closely with the Juvenile Diabetes Research Foundation and the American Diabetes Association to advocate for the extension of the SDPI. This collaboration paid off. The SDPI was extended for another 5 years and funding was increased to an annual budget of \$150 million.

There are many diabetes-related initiatives in place because of Buford's efforts on the TLDC, including the "Diabetes Education in Tribal Schools." Co-sponsored with the National Institutes of Health, this initiative is designed to increase diabetes awareness, promote diabetes prevention, and encourage more native youth to enter science-related careers.

When asked if the fight against diabetes can be won, he answers: "Diabetes prevention begins at home. If each one of us, in our homes, does not take steps to prevent diabetes, no one will! That's the only way we will survive. Our families need to start sitting down together at home and having meals. We need to eat healthy foods. We need to take the time to be together and practice healthy life-styles."

#### Current TLDC Members:

|                  |                     |
|------------------|---------------------|
| Aberdeen Area    | Roger Trudell       |
| Alaska Area      | Lincoln Bean        |
| Albuquerque Area | David Garcia        |
| Bemidji Area     | Derek Bailey        |
| Billings Area    | Anthony Addison     |
| California Area  | Rosemary Nelson     |
| Nashville Area   | Buford Rolin        |
| Navajo Area      | Jerry Freddie       |
| Oklahoma Area    | Judy Goforth Parker |
| Phoenix Area     | Mike Jackson        |
| Portland Area    | Linda Holt          |
| Tucson Area      | Sandra Ortega       |

To learn more about the TLDC, go to their Web site at [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes) and click on sidebar menu, "Tribal Leaders Diabetes Committee."

Or contact TLDC at:

TLDC, c/o DDTP  
5300 Homestead Road NE  
Albuquerque, NM 87110.

## Upcoming Events

If you have an upcoming event other SDPI grantees should know about, please send us a message to:

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

### November 2006

National Diabetes Month and American Indian Heritage Month

Later this month, SDPI will send you media tools to promote your program in November.

## 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's 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)

## Send Us Your Feedback

### Send Us Your Feedback and Your Success Stories

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.

