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# Prevention of Cardiovascular Disease and Diabetes Among American Indians and Alaska Natives

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## “Making the Connection: CVD and Diabetes in Indian People”

by

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Good afternoon and welcome to this very important and timely conference on two of the most crucial threats to the health and longevity of American Indian and Alaska Native people: cardiovascular disease and diabetes.

Let me begin by thanking all those who contributed to the planning of this conference; all those who will be sharing their expertise and information at this conference; and all those who are taking care of the numerous details and behind-the-scenes activities that make a conference such as this a success. You have all helped to ensure that this conference will be a productive and meaningful sharing of information that will help us in our efforts to improve the health and welfare of all American Indian and Alaska Native people.

Most of you know that diabetes is a huge problem. In fact, in American Indian and Alaska Native communities, diabetes is unfortunately becoming an epidemic. American Indian and Alaska Native communities suffer from some of the highest rates of diabetes in the world. Most of you also know that cardiovascular disease, or CVD, is the leading cause of death in American Indian and Alaska Native adults. Cardiovascular disease rates are on the rise in Indian people, compared to a decline in the rest of the U.S. population, indicating that CVD is a significantly larger burden for American Indians and Alaska Natives than for the general U.S. population.

*This text is the basis of Dr. Grim’s oral remarks at the CVD/Diabetes Conference in Denver, Colorado, on May 18, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.*

What many people do not know is that these two conditions are closely related. Two-thirds of American Indians and Alaska Natives who have CVD had diabetes first. And these two diseases often occur together in many of our patients.

The point of this conference is to raise awareness about the close link between these two problems in American Indian and Alaska Native communities. Both conditions are tied to behavioral health concerns and chronic disease management, issues which have been identified as primary areas of focus for the Indian Health Service (IHS). If we are to critically influence the future health of our communities, we must not only address the primary prevention of these chronic diseases, but we must look at better chronic disease management approaches for the ongoing clinical care we offer our patients.

Across the nation, Americans are struggling with chronic health conditions and challenges as never before. Diabetes and heart disease are closely related to lifestyle issues such as obesity, smoking, and lack of exercise. They are also linked to mental health issues such as depression, anxiety, and low self-esteem, which are in turn related to socioeconomic issues such as poverty, unemployment, cultural alienation, and rural isolation. If we hope to successfully combat chronic conditions such as diabetes and CVD, we must address a host of inter-related factors and illness contributors – the “causal web” – and we must do so in partnership with many other federal and private organizations that are targeting these issues. With your help, I am convinced that we can do this. To help accomplish this, I have taken a number of actions aimed at health promotion and disease prevention, which include the following:

- The Indian Health Summit held in D.C. last September;
- The establishment of a Health Promotion and Disease Prevention Policy Advisory Committee;
- The appointment of Area HP/DP coordinators;
- The Healthy Native Communities Fellowship;
- Various partnerships to promote healthy lifestyles, such as
  - Participation in the “Just Move It Campaign”;
  - Increasing the number of Boys and Girls Clubs;
  - Establishing Memoranda of Understanding (MOUs) with Canada and NIKE to address these issues;
  - Stop The Pop Campaign - 8 emerging leaders from the Department of Health and Human Services have been assigned to work on this campaign; and
  - An obesity workgroup; Jean Charles-Azure is taking the lead with this very complex and important work.

I am also excited about the National Guidelines that have been developed for diabetes and CVD:

- The *IHS Standards of Care for Diabetes* have been in place since 1985 and are updated every 2 years;
- The *IHS Standards of Care for Pre-diabetes and Metabolic Syndrome* have just been developed and are being distributed now.
- *The IHS Guidelines for the Treatment of Hyperlipidemia among Native Americans*; and
- The development of the *IHS Get with the Guidelines* standards for effective prevention intervention in our hospitals and clinics.

These guidelines are an important part of our ongoing efforts to deliver quality care based on the highest standards. If there is one thing I know we all agree on, it is that our patients deserve the best we have to offer.

In recent years, thanks in part to the efforts of many of you here today, Congress and the Administration have been made aware of and taken action regarding the significant disparities in health status among American Indian and Alaska Native people. There has been increased funding for disease prevention activities, especially in the area of diabetes treatment and prevention, which has benefited CVD prevention and treatment efforts directly and indirectly, due to the close link between diabetes and cardiovascular care.

The 2005 budget includes an additional \$2 million to expand my Health Promotion and Disease Prevention Initiative through effective low-cost health interventions designed and implemented by the local community. The budget also includes an additional \$2.5 million to add new epidemiology centers and increase support for the existing seven centers. These centers are critical in helping to identify diseases to target, developing strategies for successful intervention, and testing of effectiveness of implemented health interventions.

The budget also includes \$150 million for diabetes prevention/treatment grants. The IHS awards grants to 318 Tribes and Indian organizations. Over the past 4 years, \$500 million has been provided for the Special Diabetes Program for Indians to support diabetes prevention and disease management activities at the local level. This program has substantially increased the availability of services such as basic clinical exams, newer treatment medications and therapies, laboratory tests to assess diabetes control and complications, screening for diabetes and pre-diabetes, nutrition education, and physical fitness activities. Also included are competitive grant program activities focusing on the related areas of cardiovascular risk reduction and diabetes primary prevention.

Fortunately, we have many partnerships and collaborations with various private and public organizations to help address the many elements contributing to the risk factors for diabetes and CVD. Some of our partners include:

- The multiple collaborators for this conference:
  - Harvard (Joslin Clinic),
  - The Tribal Leaders Diabetes Committee,
  - the American Heart Association,
  - NIH, CDC, OPDHP, & CMS,
  - the American Diabetes Association,
  - the American College of Cardiology, and
  - the Inter-Tribal Council of Arizona.
- The Native American Cardiology Program, which in turn has partnered with the American Heart Association/American Stroke Association. We will be signing an MOU with them later this week;
- The National Heart, Lung, and Blood Institute in the ‘Honoring The Gift of Heart Health’ trainings and community initiatives;
- CDC in the development of “The Atlas of Heart Disease and Stroke among American Indians and Alaska Natives.” This atlas will be released today at this conference;

- The many partners involved in the development of the Public Health Action Plan to reduce Heart Disease and Stroke, which you will hear about later this morning; and
- The American Diabetes Association and the American College of Cardiology in the ‘MAKE THE LINK’ Program – an educational program on the link between heart disease and diabetes.

We also have multiple partnerships related to diabetes treatment and prevention, including

- CDC, NIH, and other federal entities,
- American Diabetes Association,
- American Association of Diabetes Educators,
- National Diabetes Education Program, and the
- MacColl Institute for Improving Chronic Illness Care.

This is an exciting and very promising time in the treatment and prevention of cardiovascular disease and diabetes. Within the IHS, we emphasize more than exceptional health care for those who are already ill. Our model of care also prioritizes preventive health, behavioral health, and chronic disease management. It works to continually include current medical advances that show great promise for a healthier future for all Americans. Never before have we known so much about how to prevent these problems - and how to address the lifestyle changes that help prevent them. There have been more effective developments in the field of CVD in the past 10 years than in the previous 50 years. We work diligently to keep pace with new medications and treatment techniques as they are developed. We also remain committed to innovations in service delivery methods that enhance outreach and access, while maintaining respect for cultural tradition and beliefs.

I am delighted to see that this conference has brought together so many experts from around the country to share their understanding and knowledge on the most effective means and methods of preventing diabetes and CVD and their complications. For those who are already afflicted with one or both of these diseases, never before have we known so much about how to prevent people from going on to develop morbidity and disability.

This conference represents an important opportunity for all of us to improve our approaches to comprehensive prevention and treatment efforts for diabetes and CVD. Our model for care continues to change and to improve. This model is developing based on the “chronic care model” of clinically supported patient self-management and empowerment. This model also includes new tools for prevention and treatment, tools that include improved applications of standards of care, community and organizational partnerships, and newer technologies and approaches to care, such as telehealth and case management. Together, with these new tools and our long-term tradition of commitment to our patients, families, and communities, we can make a difference. I applaud every one of you for your role in this tradition of innovation and commitment.

The most important thing you can all take away from this conference is the awareness that, for many people, the two problems of diabetes and cardiovascular disease are closely linked. In our diagnosis and treatment efforts, we should be sure to investigate the possibility of CVD or its risk factors being present in those diagnosed with diabetes, and the possibility of diabetes or diabetes risk factors being present in those diagnosed with CVD. With such an awareness, we can then take the

appropriate steps to prevent or treat the accompanying conditions. Remember: Making the link between diabetes and cardiovascular disease can save lives!  
Thank you.

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