

Special Diabetes Program for Indians

EXECUTIVE SUMMARY

In the Balanced Budget Act of 1997, Congress established the Special Diabetes Program for Indians to provide prevention and treatment services to address the growing problem of diabetes in American Indians and Alaska Natives (AI/ANs). Since the Special Diabetes Program for Indians funding was extended to FY 2008, the Indian Health Service (IHS) National Diabetes Program conducted an interim evaluation and at the request of Congress created this progress report to describe how the Indian health system is meeting the original legislative intent.

The IHS National Diabetes Program assembled the information in this report to meet the original objectives of this evaluation:

- 1) To determine whether the Special Diabetes Program for Indians did implement prevention and treatment services to address the growing problem of diabetes in AI/ANs.
- 2) To measure whether the prevention and treatment services implemented through the Special Diabetes Program for Indians resulted in short-term, intermediate, or long-term positive outcomes.

This evaluation is the most comprehensive evaluation of the initiative to date. Using a variety of data sources, the IHS National Diabetes Program demonstrated significant accomplishments in implementing prevention and treatment services, and in documenting short-term, intermediate, and long-term positive outcomes. The following is a brief summary of the results of this evaluation.

Objective 1: To determine whether the Special Diabetes Program for Indians did implement prevention and treatment services to address the growing problem of diabetes in AI/ANs.

RESULTS: The Special Diabetes Program for Indians funding increased levels of services for the prevention and treatment of diabetes.

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Services Implemented:

The IHS awarded Special Diabetes Program for Indians grants to 318 programs under 286 administrative organizations within the 12 IHS Areas in 35 states. The IHS distributed 27 (9%) grants to IHS programs, 33 (10%) grants to urban Indian health programs, and 258 (81%) grants to tribal programs. Increases in specific services are noted below under short-term outcomes.

Objective 2: To measure whether the prevention and treatment services implemented through the Special Diabetes Program for Indians resulted in short-term, intermediate, or long-term positive outcomes.

RESULTS: The Special Diabetes Program for Indians funding resulted in the achievement of numerous short-term, intermediate, and long-term positive outcomes.

Short-term Outcomes:

Compared to their level of services prior to the funding (before 1998), the programs funded under the Special Diabetes Program for Indians achieved numerous improvements (**short-term outcomes**) in diabetes prevention and

treatment services as of FY 2002 through increases in the following services:

- Availability of **basic clinical exams, newer medications and therapies** for diabetes treatment, **laboratory tests** to assess diabetes control and complications, **screening** for diabetes and pre-diabetes in a **variety of locations**, including screening for **adults and elders and children and youth**
- Use of **key elements of quality diabetes care**, multidisciplinary diabetes **team staffing**, availability of **nutrition education services** by Registered Dietitians and Public Health Nutritionists, conduct of **community diabetes needs assessments**
- Partnerships between **tribal leaders and tribal members** on diabetes-related issues, local **community partnerships**, partnerships with **outside organizations**, policies addressing diabetes prevention and care
- Availability of **organized diabetes education programs** and support services, availability of **culturally appropriate diabetes education materials** and education approaches, a variety of **diabetes education methods**, availability of continuing education opportunities for health care providers
- Applying a variety of **traditional approaches**



- Funding of **primary prevention** activities, **diabetes awareness** activities, availability of **physical fitness activities**, availability of **community nutrition services**, **collaborations with the U.S. Department of Agriculture** to improve nutrition in communities, **diabetes primary prevention programs** for children and youth, **screening and management of overweight and obesity** among children and youth, **nutrition education programs** for children and youth, **community-based healthy eating programs** for children, youth, and families, **physical activity programs** for children and youth, availability of **breastfeeding promotion programs**

Intermediate and Long-term Outcomes:

The IHS National Diabetes Program also demonstrated significant accomplishments by demonstrating a variety of intermediate positive outcomes that have been achieved and long-term outcome baselines that have been established since implementation of the Special Diabetes Program for Indians. This includes improvements in the following:

- Control of **blood glucose**, **blood pressure**, **total cholesterol**, **LDL cholesterol**, and **triglycerides**
- Treatment of risk factors to prevent **cardiovascular disease**, to prevent and delay the progression of diabetic **kidney disease**, and to detect and treat diabetic **eye disease**
- **Baseline Measures** - The IHS National Diabetes Program improved the accuracy of baseline long-term outcomes measures (**prevalence and mortality**) so that the ultimate successes and outcomes of the Special Diabetes Program for Indians can be measured accurately when they improve in the future. The IHS established a Diabetes Data Warehouse using RPMS (Resource and Patient Management) data to measure accurately the long-term **complications** of diabetes.

Other Outcomes:

The Special Diabetes Program for Indians funding and implementation resulted in a number of additional outcomes:

- **Indian Health Best Practice Models** - In response to Congressional direction, the IHS National Diabetes Program used the supplemental funding from the Consolidated Appropriations Act to build upon the successes of the diabetes grant programs through a consensus-based Indian health “best practices” approach. Fourteen Best Practice Models were developed to assist the diabetes grant programs.
- **Collaborations and Partnerships** - The IHS National Diabetes Program developed and built upon collaborations and partnerships with federal

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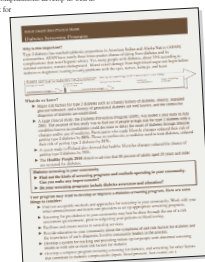
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Best Practice Model for American Indian/Alaska Native Communities Diabetes Screening Programs

Screening activities are important to identify individuals with diabetes before complications develop as well as people who are at risk for developing diabetes.

Screening programs also serve to link at risk individuals with promising interventions programs within their communities.

A review of Special Diabetes Program for Indians grant applications indicated that sixty four percent (64%) of grant programs used some or all of the best practice guidance for Diabetes Screening Programs to design and implement diabetes screening activities in their communities.



Stages Important to screening for diabetes. Early screening and treatment can help reduce the risk of diabetes complications



and private organizations as a result of the Special Diabetes Program for Indians, including Department of Health and Human Services agencies, AI/AN organizations, diabetes expert organizations, and academic institutions.

- **Challenges** - In addition to their accomplishments, the diabetes grant programs also provided the IHS National Diabetes Program with information on their challenges after administering diabetes prevention and treatment services in AI/AN communities for over five years. Their challenges occurred in the following areas:
 - Administrative
 - Staffing
 - Space
 - Access
 - Clinical
 - Education
 - Behavioral
 - Evaluation
 - Training
 - Technical Assistance
- **Five Years Later: Lessons Learned** - As a result of this interim report, the IHS National Diabetes Program staff reviewed the lessons that were learned from this initiative:
 - Important role of tribal consultation and tribal leadership
 - Collaboration between tribes and federal programs and agencies and communities in the fight against diabetes
 - Training and building community capacity
 - Program evaluation
 - Sharing information
 - Building programs based on best practices
 - Building on the existing diabetes network
 - Data collection and surveillance
 - Challenge of staffing programs in rural areas
 - Developing a grant process for this complex initiative
 - Developing partnerships and utilizing other resources

Summary

In summary, the Special Diabetes Program for Indians funding resulted in over 300 new diabetes treatment and prevention services in AI/AN communities, consistent with its original legislative intent, and resulted in numerous accomplishments so far. With five more years of funding, these programs will be able to continue to fight the epidemic of diabetes in AI/AN communities. While the ultimate outcomes of reducing the morbidity and mortality from diabetes may take several more years of effort, the programs and activities implemented under the Special Diabetes Program for Indians provide a strong foundation and a new beginning towards a diabetes-free future.