

# Special Diabetes Program for Indians: Oregon

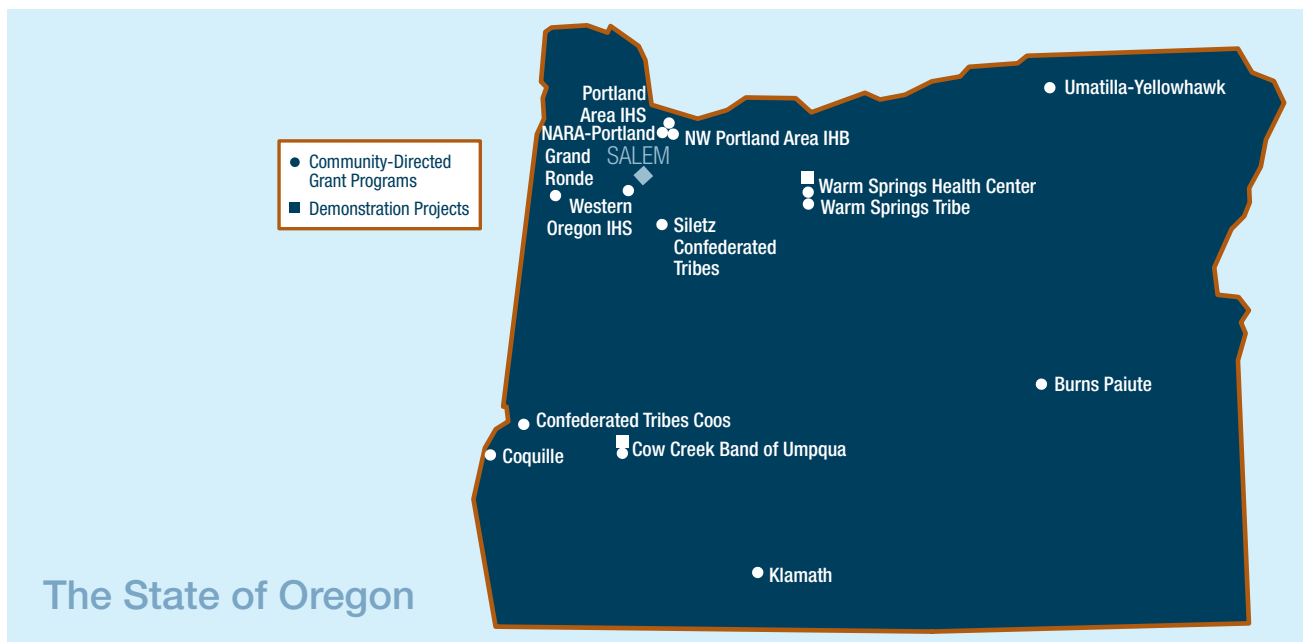
## The Special Diabetes Program for Indians

In response to the diabetes epidemic among American Indians and Alaska Natives, Congress established the *Special Diabetes Program for Indians* in 1997. Administered by the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention, this \$150 million per year grant program provides funding for diabetes treatment and prevention services at 399 IHS, Tribal, and urban Indian health programs in all 12 IHS administrative areas across the United States.

The *Special Diabetes Program for Indians* includes two types of grant programs. Since 1998, the 333 **Community-Directed Diabetes Programs** have implemented diabetes treatment and prevention interventions that address local priorities. The 66 **Demonstration Projects**, mandated by Congress in 2004, translate scientific findings and best practices from the research literature in real world settings by implementing structured interventions designed to prevent diabetes in American Indians and Alaska Natives without the disease or to reduce cardiovascular disease risk in American Indians and Alaska Natives who have diabetes.

## State of Oregon Diabetes Programs

Program Type	Number of Programs	2006 Funding	Total Funding Through 2006
Community-Directed <i>Special Diabetes Program for Indians</i>	15	\$2,134,513	\$12,638,065
<i>Special Diabetes Program for Indians</i> Demonstration Projects	2	\$794,200	\$2,396,400



JUNE 2008

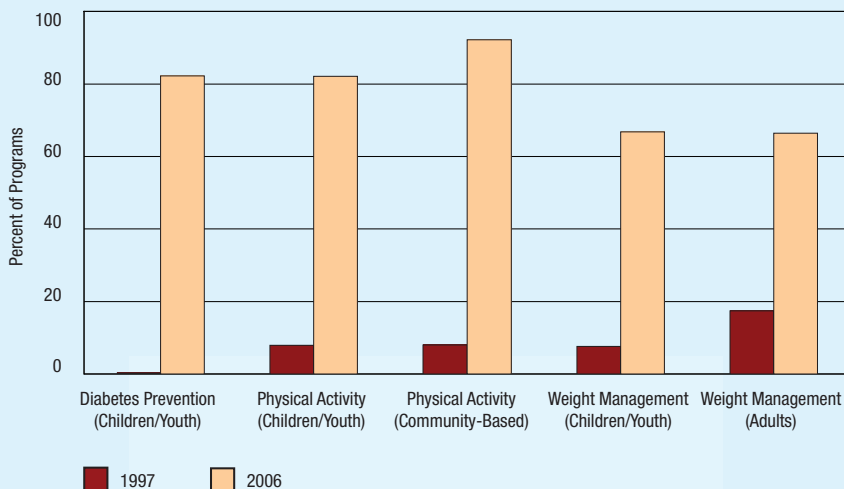


## Impact of the *Special Diabetes Program for Indians* in Oregon— Outcomes from the Community-Directed Programs

### Diabetes Prevention Outcomes

Preventing diabetes in American Indians and Alaska Natives is an important component of the *Special Diabetes Program for Indians*. Activities to prevent diabetes in both adults and children and youth result in improved health and quality of life for individuals and entire communities. Since the inception of the *Special Diabetes Program for Indians* in 1998, diabetes prevention activities in Oregon have greatly increased, as reported by the Community-Directed Diabetes Programs in Oregon (see Figure 1).

Figure 1. Increase in Prevention Activities in Oregon



### Why is this important?

- ❖ Diabetes prevention programs promote healthy lifestyles and help people reduce their risk of developing diabetes.
- ❖ The percent of youth with type 2 diabetes is increasing at an alarming rate, making diabetes prevention programs for youth an important public health priority.
- ❖ Youth who develop type 2 diabetes will experience more years of disease burden and are more likely to suffer from serious diabetes-related complications.

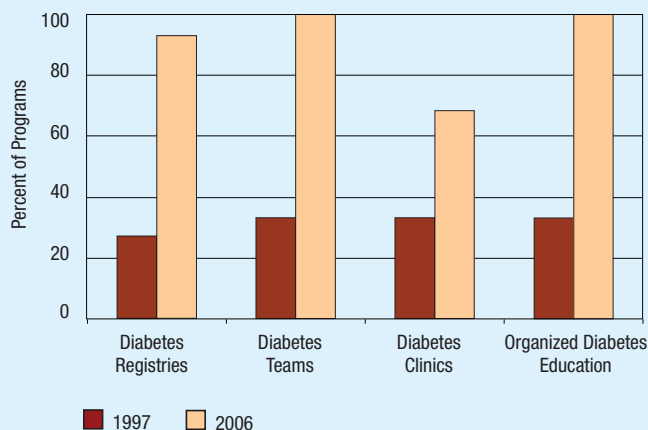
### Clinical Diabetes Outcomes

Like diabetes prevention, providing care for and measuring health outcomes of American Indians and Alaska Natives who have diabetes are important components of the *Special Diabetes Program for Indians*. Since the inception of the *Special Diabetes Program for Indians*, diabetes care and health outcomes in American Indians and Alaska Natives have improved both nationwide and in the state of Oregon. These improvements result in and represent better health and quality of life for people with diabetes and have the potential to reduce future health care costs. To obtain information about diabetes care and health outcomes for American Indians and Alaska Natives in Oregon, the IHS Division of Diabetes uses data collected from the Community-Directed Diabetes Programs and the annual *IHS Diabetes Care and Outcomes Audit*, which tracks performance on 59 diabetes care measures.

## Outcomes for health care facilities

The *Special Diabetes Program for Indians* provides resources and support for grant programs to implement the **key elements of quality diabetes care at health care facilities** that serve American Indians and Alaska Natives. These key diabetes care elements, which include diabetes registries, diabetes teams, diabetes clinics, and diabetes education, have improved in Oregon since the inception of the *Special Diabetes Program for Indians Community-Directed Diabetes Program*, as shown in Figure 2.

Figure 2. Improvements in Diabetes Care Infrastructure



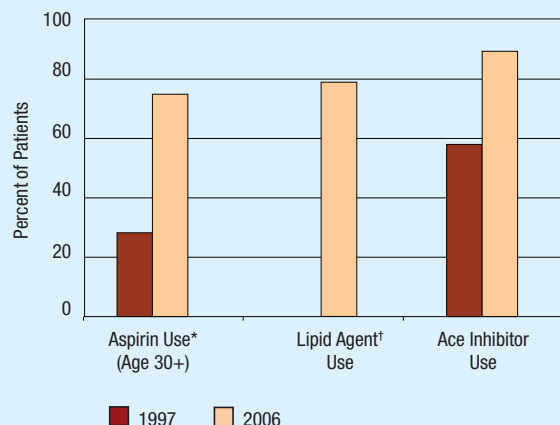
### Why is this important?

- ❖ **Diabetes registries** help health care providers track people with diabetes, develop treatment plans, and monitor progress.
- ❖ **Diabetes teams** are groups of health care providers who work together to provide comprehensive diabetes care.
- ❖ **Diabetes clinics** enable people with diabetes to see multiple health care professionals in one visit.
- ❖ **Diabetes education** lowers the risk for diabetes-related complications and improves quality of life by helping people with diabetes obtain skills in diet, exercise, and self-care management.

## Outcomes for American Indians and Alaska Natives with diabetes

The *Special Diabetes Program for Indians* also supports **quality clinical care to American Indians and Alaska Natives with diabetes**. This care includes the use of aspirin, lipid-lowering medications, and ACE inhibitors (a type of blood pressure medication that reduces protein in the urine). These practices—considered the gold standard in diabetes care—are now increasingly common in Oregon health care facilities that serve American Indians and Alaska Natives (see Figure 3). In addition, this care has contributed greatly to the improved health of American Indians and Alaska Natives with diabetes, as demonstrated by improvements in blood sugar control, kidney function, and cholesterol levels.

Figure 3. Improvements in Diabetes Clinical Care



\*Aspirin use data from 1997 not available; graph reflects data from 1999.

†Lipid agent use data from 1997 not available.

### Why is this important?

- ❖ **Aspirin use** improves the cardiovascular health of people with diabetes.
- ❖ **Lipid-lowering medications** significantly reduce the chance of heart attacks and other cardiovascular complications associated with diabetes, such as stroke and heart failure.
- ❖ **ACE inhibitors** prevent or slow the progression from diabetes-related kidney disease to kidney failure.

## Improvements in other clinical outcomes

- ❖ **Reduction in A1C levels** – the best measure of long-term blood sugar control – from 8.51% in 1997 to 7.36% in 2006.
- ❖ **Reduction in proteinuria** – prevalence of protein in the urine of patients – from 29% in 1997 to 12% in 2006.
- ❖ **Reduction in mean LDL cholesterol levels** (i.e., “bad” cholesterol) – from 112 mg/dl in 1997 to 100 mg/dl in 2006.

JUNE 2008



## Special Diabetes Program for Indians Programs in Oregon— Highlights

### Community-Directed Diabetes Programs

Since 2005, the **Confederated Tribes of Warm Springs** has used *Special Diabetes Program for Indians* grant funds to implement a wellness challenge called, “The Biggest Loser in Warm Springs”. During the 12-week challenge, the diabetes program works with the participants to increase their physical activity and improve their eating habits. Over the past 3 years, 313 people have completed the challenge. Collectively, these participants lost over 1,200 pounds!

In collaboration with Nike, Inc., the **Northwest Portland Indian Health Board's Western Tribal Diabetes Project** uses *Special Diabetes Program for Indians* grant funds to hold the annual “Native Fitness Training” event. Each year since 2004, the Western Tribal Diabetes Project invites *Special Diabetes Program for Indians* grant programs from across the country to the Nike World Headquarters in Beaverton, Oregon, to participate in interactive workshops on the latest fitness techniques, holistic approaches to health and wellness, and methods to promote fitness in American Indian and Alaska Native communities. At the last training in 2006, 175 people participated from 65 Tribes nationwide. Over 90% of these participants rated the training as “very useful”, with the majority of participants requesting more trainings in the future.



*Special Diabetes Program for Indians Grant Programs in Oregon*

The **Native American Rehabilitation Association** in Portland, Oregon, uses *Special Diabetes Program for Indians* grant funds to hold a special diabetes clinic twice a month to provide comprehensive care for people with diabetes. Held on Saturdays to make it easier for patients to come into the clinic, services include complete foot exams by a podiatrist, dilated eye exams by an optometrist, appointments with a certified diabetes educator and family nurse practitioner, nutrition evaluations with a registered dietitian, and foot care trainings with a registered nurse. Of the 360 patients with diabetes served by the Native American Rehabilitation Association, 200 take advantage of the convenient weekend diabetes clinics.

The **Western Oregon Service Unit** uses *Special Diabetes Program for Indians* grant funds to provide preventive and healthy lifestyle services and activities to nearly 400 students at the Chemawa Indian Boarding School. The Service Unit's grant funds help pay the salary for a registered dietitian and a health educator. These health professionals provide important medical services, such as health screenings, nutrition counseling, and tracking students with diabetes to ensure they receive proper medical care. They also work closely with the students outside of the clinic by coordinating a walking club and teaching lessons on diabetes in health classes. In addition, the Service Unit uses grant funds to implement annual school-wide events, such as the Wellness Walk, Safety Fair (which provides information on safe lifestyle behaviors), Health and Education Fair, and goal-setting trainings.

### Demonstration Projects

In 2004, the IHS awarded *Special Diabetes Program for Indians* **Diabetes Prevention Demonstration Project** grants to two diabetes programs in Oregon: the Confederated Tribes of Warm Springs Health Center and a consortium of Tribes that includes the Coquille Indian Tribe, the Cow Creek Band of Umpqua Tribe of Indians, and the Klamath Tribes. These programs use grant funds to focus on preventing diabetes in American Indians and Alaska Natives at risk for developing the disease. Each program has recruited people with pre-diabetes who are currently participating in an intensive lifestyle change curriculum that includes weight loss, improved nutrition, and increased physical activity.