

Special Diabetes Program for Indians: Montana

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 Montana Diabetes Programs

Program Type	Number of Programs	2006 Funding	Total Funding Through 2006
Community-Directed <i>Special Diabetes Program for Indians</i>	16	\$5,582,611	\$35,981,646
<i>Special Diabetes Program for Indians</i> Demonstration Projects	4	\$1,370,000	\$4,134,000



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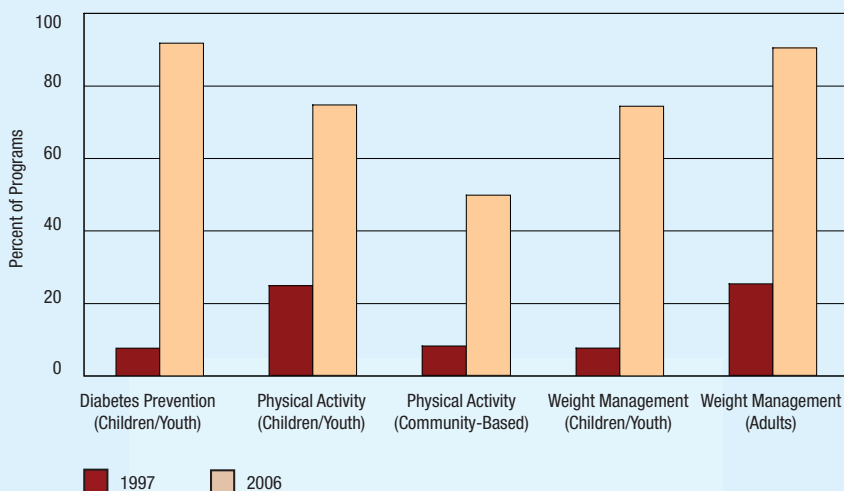


Impact of the *Special Diabetes Program for Indians* in Montana— Outcomes from the Community-Directed Programs

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 Montana have greatly increased, as reported by the Community-Directed Diabetes Programs in Montana (see Figure 1).

Figure 1. Increase in Prevention Activities in Montana



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.

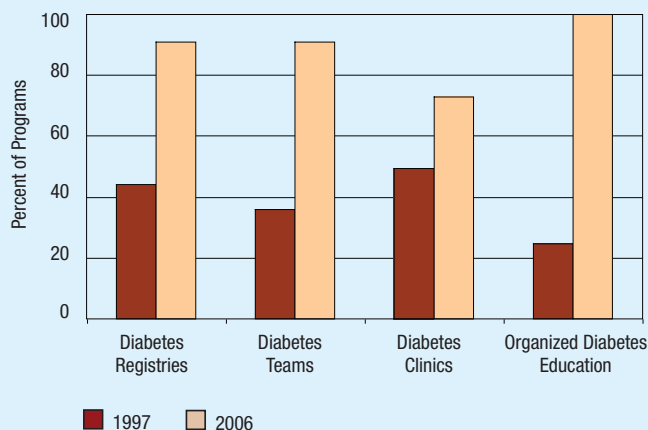
Clinical Diabetes Outcomes

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 Montana. 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 Montana, 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 Montana 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



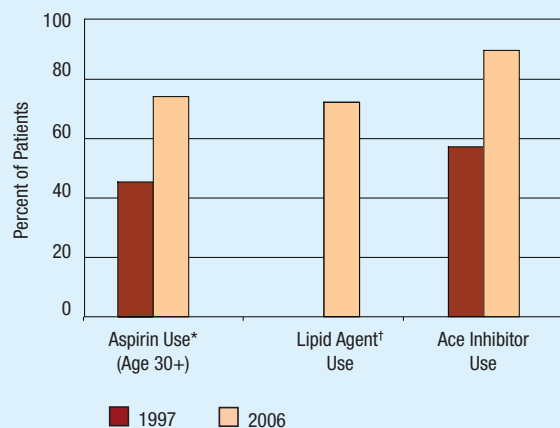
Why is this important?

- ❖ **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 Montana 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 8.5% in 1997 to 7.9% in 2006.
- ❖ **Reduction in proteinuria** – prevalence of protein in the urine of patients – from 21% in 1997 to 20% in 2006.
- ❖ **Reduction in mean LDL cholesterol levels** (i.e., “bad” cholesterol) – from 124 mg/dl in 1998 to 101 mg/dl in 2006.

Special Diabetes Program for Indians Programs in Montana— Highlights

Community-Directed Diabetes Programs

The *Special Diabetes Program for Indians* grant funds have allowed the **Blackfoot Tribal Diabetes Program** to develop a new, innovative diabetes prevention program for youth. This youth program works with the IHS pediatrician to identify youth who are obese and have other factors that place them at high risk for developing the disease. These youth and their families participate in fitness activities and obtain nutrition education twice a week at the Tribe's fitness center. The youth play games and participate in activities that help them improve their cardiovascular health and muscle tone. An IHS nutritionist provides weekly education to the youth and their families on healthy snacks and meals and portion control. Although this youth program is still rather new, it is already in demand: The program currently runs at full capacity, working with up to eight youth and their families at a time. Staff report that the young participants have more energy and want to continue playing well after the official program activities have ended.



Special Diabetes Program for Indians Grant Programs in Montana

Since 2003, the **Northern Cheyenne Tribe** has used *Special Diabetes Program for Indians* grant funds to implement a highly successful podiatry program. This podiatry program focuses on screening people with diabetes for foot problems, providing wound care, providing therapeutic shoes, and closely monitoring and following-up with patients. Screening rates have increased 50% since the podiatry program began, reaching an all-time high of 86% of patients with diabetes screened in 2005. Comprehensive wound care strategies, such as special wound dressings and medication therapy, have helped prevent several wounds from progressing to the point where amputation would have been necessary. In fact, in 2005, no lower limb amputations needed to be performed.

The **Ft. Peck Tribes Diabetes Program** uses *Special Diabetes Program for Indians* grant funds to provide behavioral health services to people with diabetes. Working with IHS behavioral health professionals, this program provides classes on dealing with grief, depression, and other barriers to diabetes management. The program also helps people with diabetes express their feelings about living with diabetes and receive support in a group setting using diabetes talking circles. More than 200 people have participated in the talking circles since they began in 2006. Ft. Peck Tribes Diabetes Program staff say that participants have become more actively involved in managing their diabetes, with improvements in attending medical appointments and taking medications, as well as increased interest in blood sugar and blood pressure control.

Demonstration Projects

In 2004, the IHS awarded *Special Diabetes Program for Indians* Demonstration Project grants to four diabetes programs in Montana. The Rocky Boy diabetes program received a **Diabetes Prevention Demonstration Project** grant to focus on preventing diabetes in American Indians and Alaska Natives at risk for developing the disease. Three other programs—Blackfoot Tribe, Confederated Salish and Kootenai, and Ft. Belknap—received a **Healthy Heart Demonstration Project** grant to focus on reducing the risk of cardiovascular disease in American Indians and Alaska Natives who already have diabetes.