

Special Diabetes Program for Indians: Oklahoma

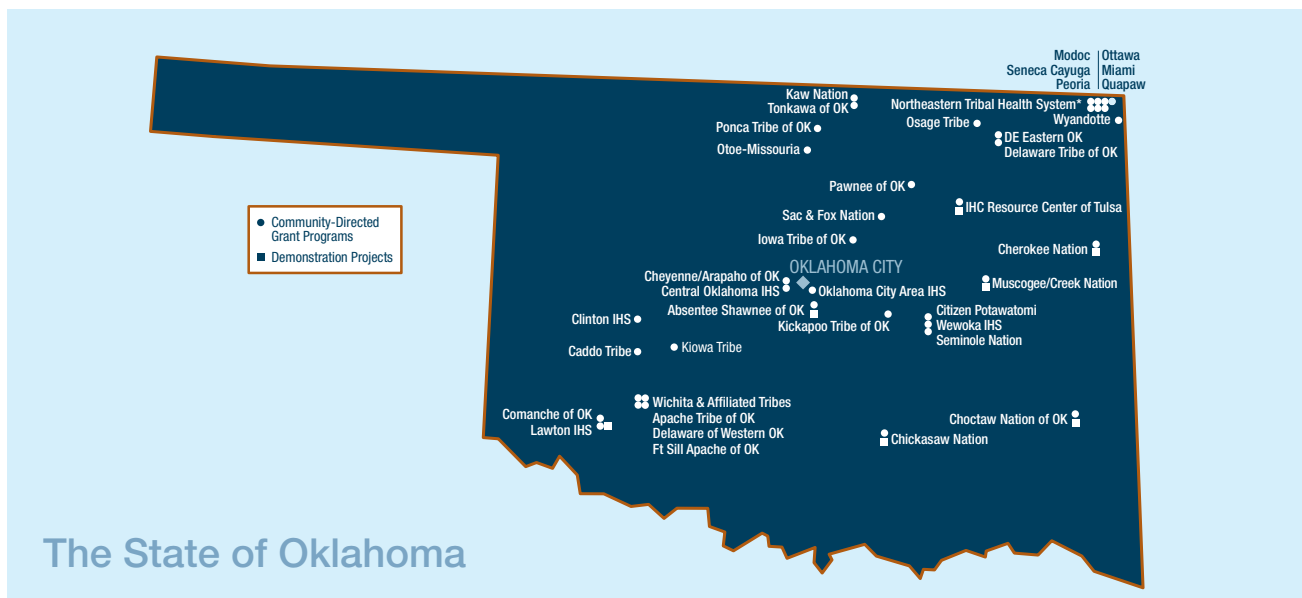
The Special Diabetes Program for Indians

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 Oklahoma Diabetes Programs

Program Type	Number of Programs	2006 Funding	Total Funding Through 2006
Community-Directed <i>Special Diabetes Program for Indians</i>	40	\$18,387,863	\$114,916,472
<i>Special Diabetes Program for Indians</i> Demonstration Projects	7	\$2,634,100	\$7,948,200



The State of Oklahoma

JUNE 2008

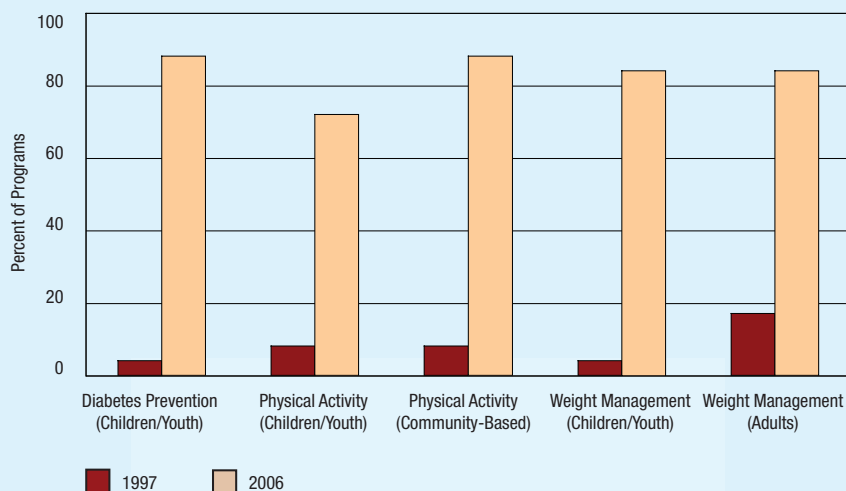


Impact of the *Special Diabetes Program for Indians* in Oklahoma— Outcomes from the Community-Directed Programs

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

Figure 1. Increase in Prevention Activities in Oklahoma



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.

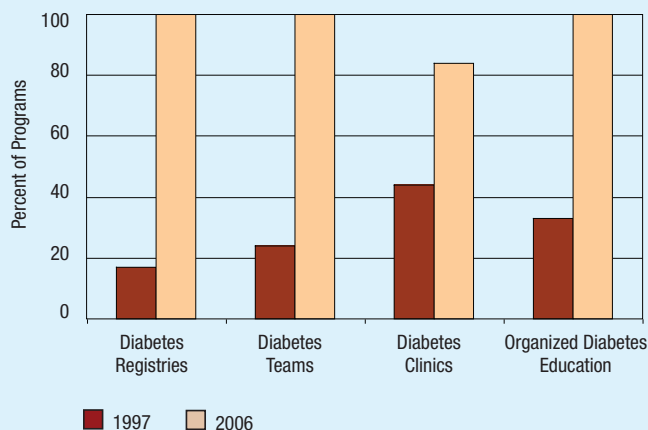
Clinical Diabetes Outcomes

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 Oklahoma. 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 Oklahoma, 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 Oklahoma 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



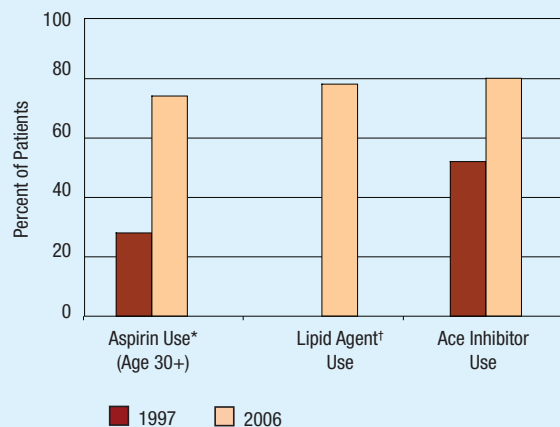
Why is this important?

- ❖ **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 Oklahoma 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 8.4% in 1997 to 7.4% in 2006.
- ❖ **Reduction in proteinuria** – prevalence of protein in the urine of patients – from 26% in 1997 to 12% in 2006.
- ❖ **Reduction in mean LDL cholesterol levels** (i.e., “bad” cholesterol) – from 114 mg/dl in 1998 to 96 mg/dl in 2006.

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Special Diabetes Program for Indians Programs in Oklahoma— Highlights

Community-Directed Diabetes Programs

The **Oklahoma City Indian Clinic** has used *Special Diabetes Program for Indians* grant funds to implement an innovative diabetes education program called Being Responsible American Indian Diabetics (BRAID). BRAID helps people with diabetes learn more about their disease and develop skills to control their blood sugar. This successful program has achieved accreditation through the IHS Integrated Diabetes Education Recognition Program as a quality diabetes education program.

The **Citizen Potawatami Nation** has used *Special Diabetes Program for Indians* grant funds to implement an effective and efficient diabetes program housed in the Tribe's state-of-the-art Fire Lake Wellness Center. The Tribe also leverages their grant funds by participating in a consortium with seven other Tribes to implement Native Youth Prevent Diabetes (NYPD). NYPD is an innovative, annual residential youth camp that focuses on preventing diabetes in American Indian and Alaska Native youth.

The **Chickasaw Nation Diabetes Program** offers comprehensive breastfeeding support services in partnership with a network of health programs, including the Chickasaw Nation WIC (Women, Infants, and Children) Program, Chickasaw Nation Hospital, and satellite health clinics. In addition to providing intensive breastfeeding support from certified experts via phone consultation and home visits, the Chickasaw Nation Diabetes Program screens for gestational diabetes and type 2 diabetes. Program staff estimate that more than 60% of women initiate breastfeeding in the Chickasaw Nation, which benefits these women, their children, and their whole community since breastfeeding can reduce the risk for developing diabetes by 50%.



Special Diabetes Program for Indians Grant Programs in Oklahoma

Demonstration Projects

In 2004, the IHS awarded *Special Diabetes Program for Indians* Demonstration Project grants to seven diabetes programs in Oklahoma. Three of these programs received a **Diabetes Prevention Demonstration Project** grant to focus on preventing diabetes in American Indians and Alaska Natives at risk for developing the disease. The other four programs 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.

Diabetes Education

The *Special Diabetes Program for Indians* grant programs in Oklahoma have developed unique and creative **diabetes education programs** and increased access to certified diabetes educators within American Indian and Alaska Native communities (51 certified diabetes educators in 2006 versus 12 in 1998). In addition, 12 diabetes programs applied for and received diabetes education program accreditation through the IHS Integrated Diabetes Education Recognition Program. Four of these diabetes programs attained the highest level of IHS accreditation, demonstrating that they offer the best in quality diabetes care and education.