

2007 California Area Tribal Leader Conference

**The Special Diabetes
Program
for Indians:**

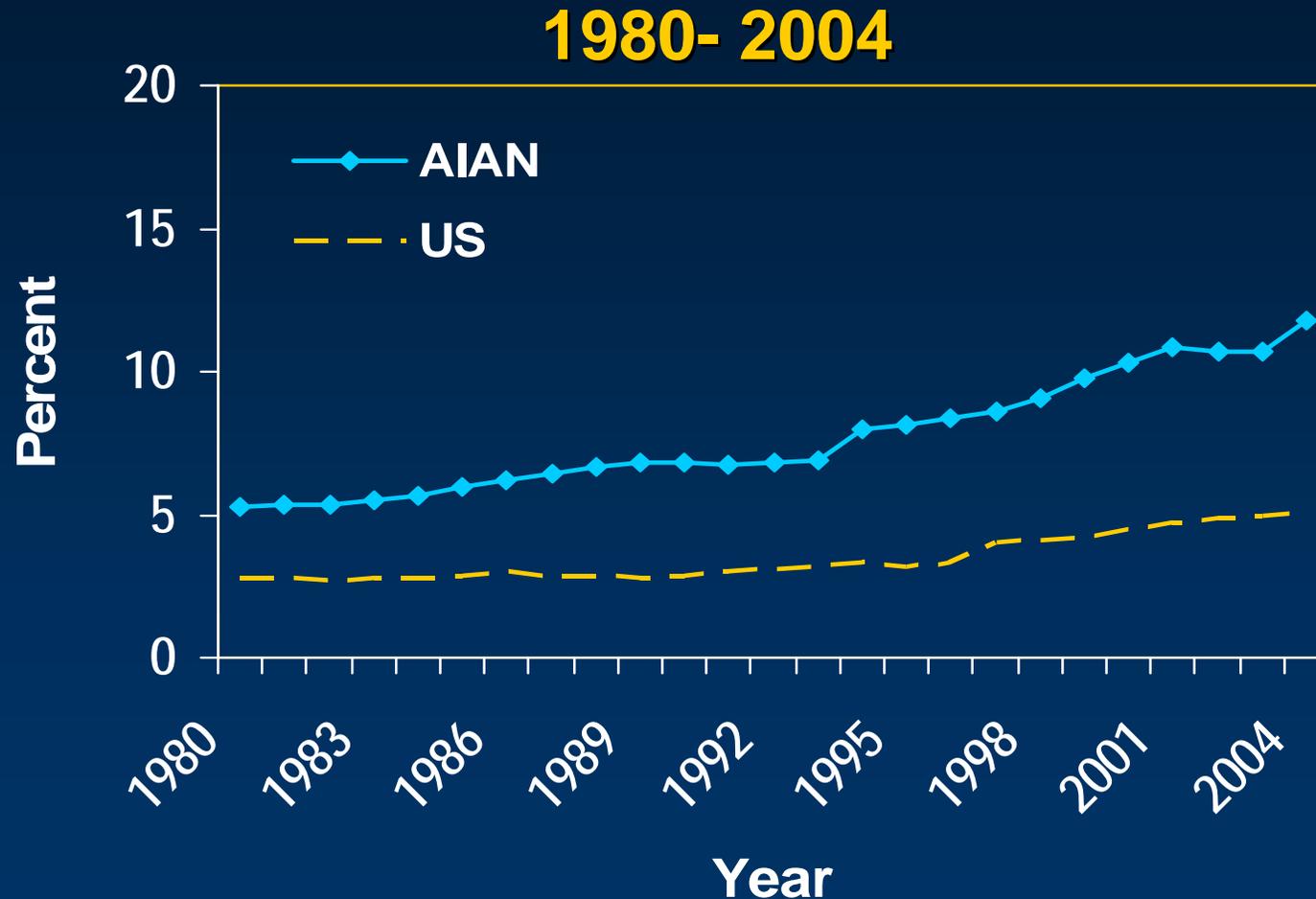
Ten Years of Success
Kelly Acton, MD, MPH, FACP
Director, IHS Division of Diabetes Treatment & Prevention

The Special Diabetes Program for Indians: Ten Years of Success

- Background of the SDPI
- Community-directed Programs
- Competitive Demonstration Projects
- Lessons Learned
- Key Points

Prevalence of Diagnosed Diabetes

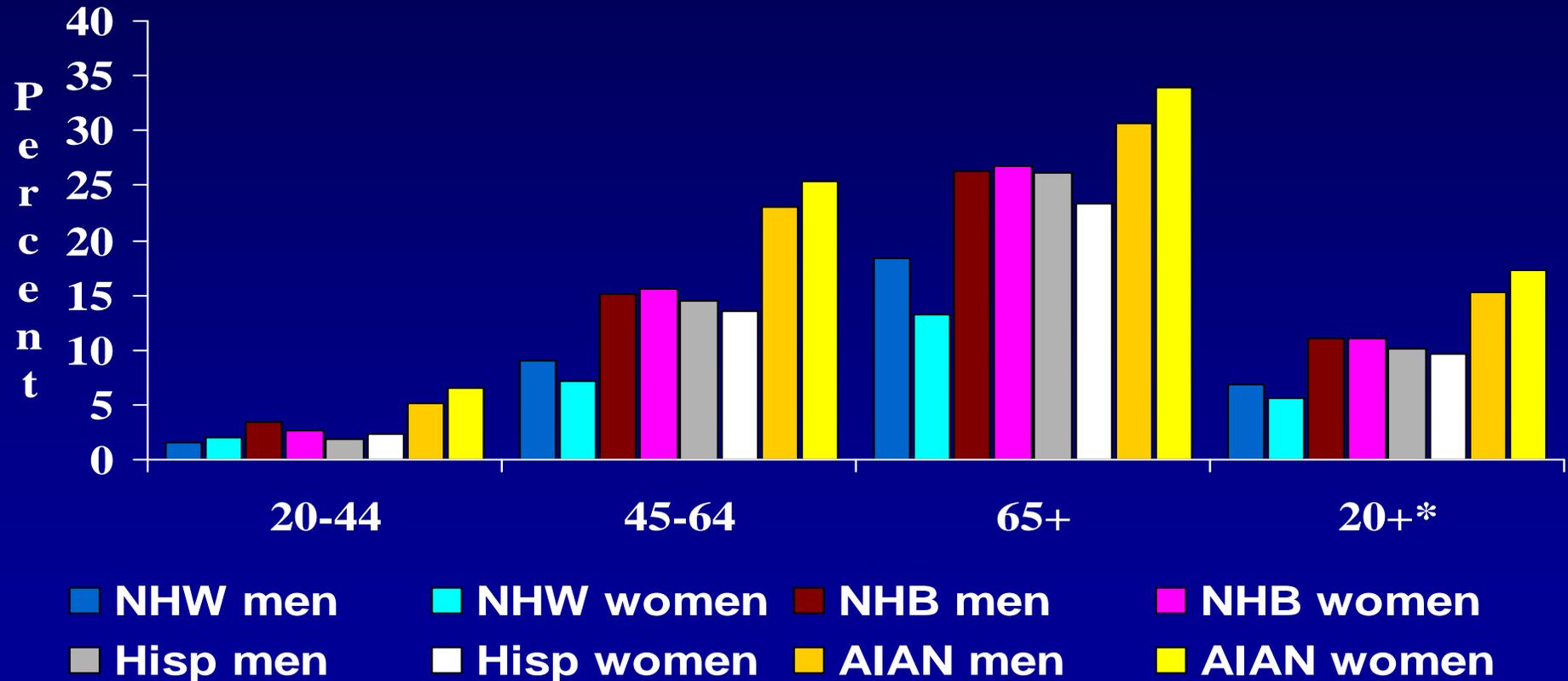
AI/ANs compared to U.S. population



Source: IHS Program Statistics and National Diabetes Surveillance System.

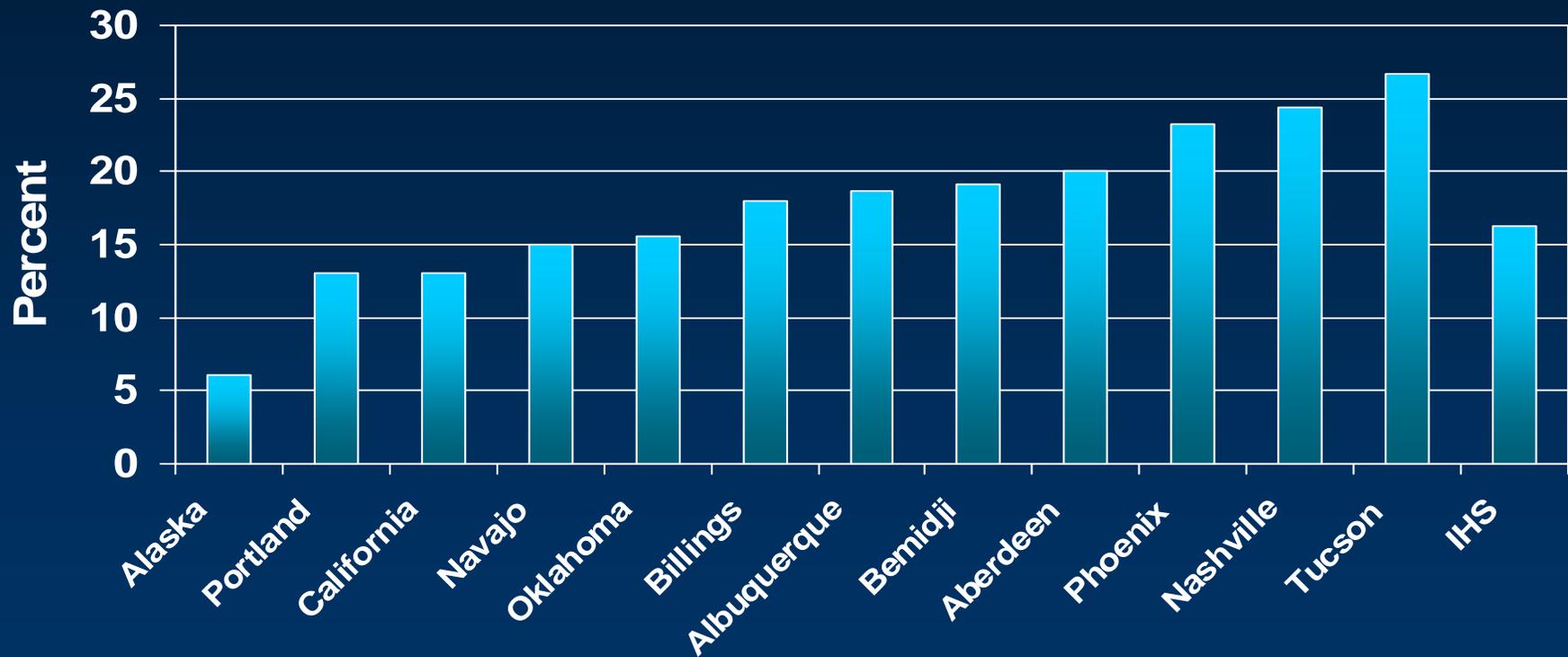
Age-adjusted to the 2000 US standard population with the exception of 1981–1993 data for AI/AN, which was age-adjusted to the 1980 US standard population.

Prevalence of diagnosed diabetes among adults, by age, race/ethnicity, and sex, United States, 2004



*Age-adjusted based on the 2000 U.S. population
 Source: 2003-04 National Health Interview Survey (NHIS) and 2004 Indian Health Service outpatient database.

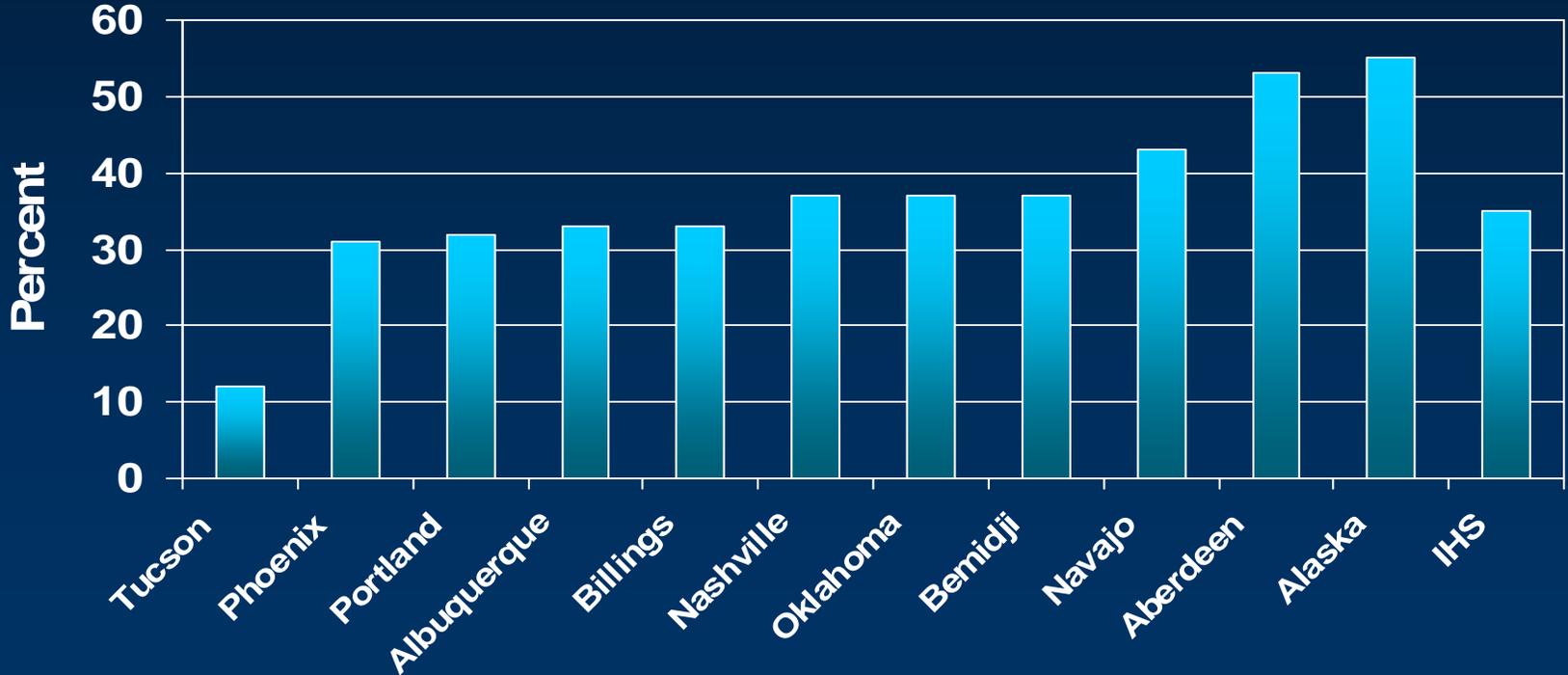
Age-adjusted* prevalence of diagnosed diabetes among American Indians/Alaska Natives, by area, Indian Health Service 2004



*Age-adjusted based on the 2000 U.S. population

Source: FY04 IHS APC files. Excludes data from 30 service units (4% of the IHS user population).

Increase in age-adjusted* prevalence of diagnosed diabetes among American Indians/Alaska Natives aged 20 years or older, by IHS area†, 1997 and 2004

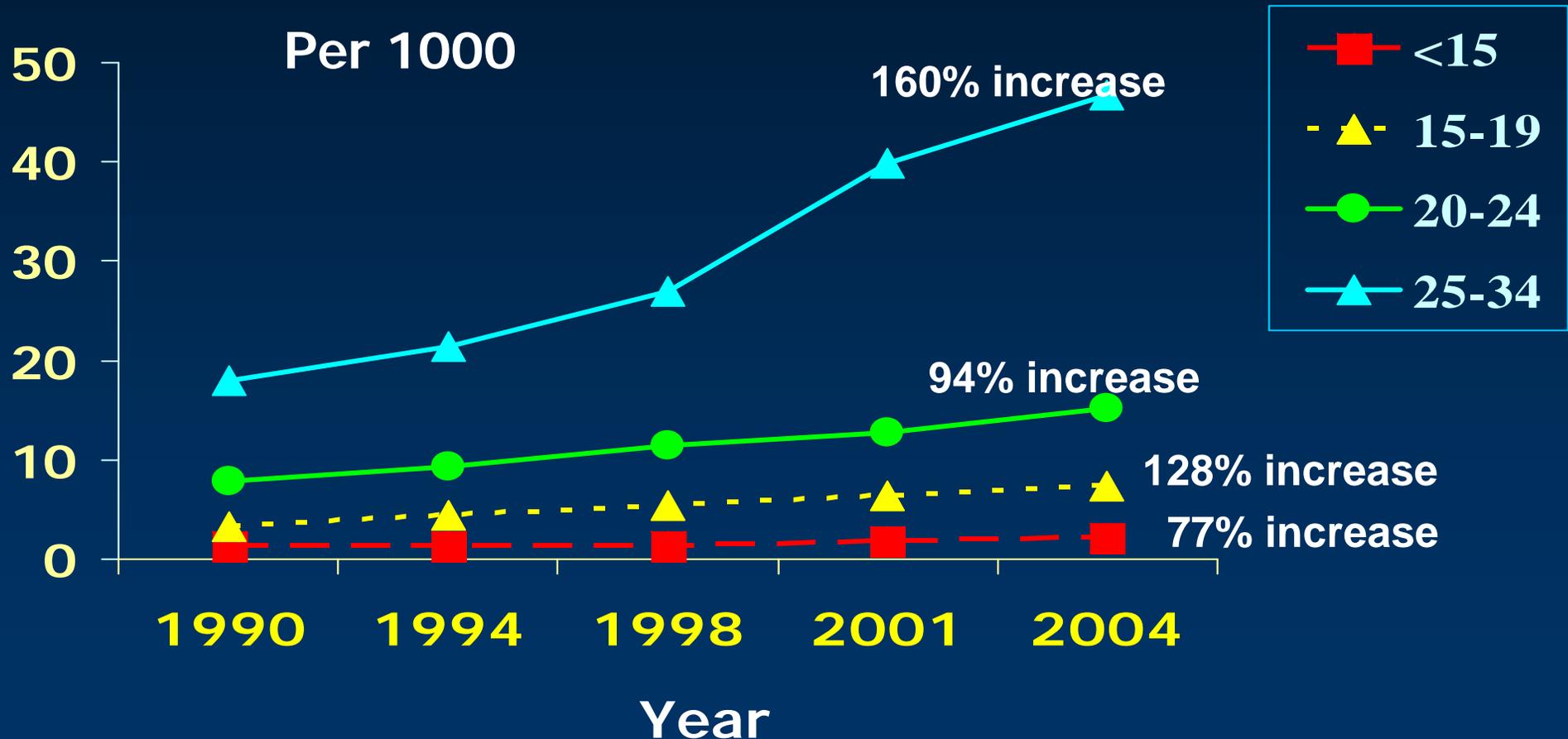


*Age-adjusted based on the 2000 U.S. population

†Age-adjusted diabetes prevalence in California was the same in 1997 and in 2004 (13%).

Source: FY97–04 IHS APC files. Excludes data from 30 service units (4% of the IHS user population).

Prevalence of diagnosed diabetes among children and young people, by age group, 1990-2004



Special Diabetes Program for Indians

1997 - 2008

- **Balanced Budget Act of 1997**
\$30 million/yr for 5 yrs ('98-'02)
- **H.R.4577, the Consolidated Appropriations Act of 2001**
\$100 million/yr for '01-'03
- **H.R. 5738 - 2003**
\$150 million/yr for '04-'08

Special Diabetes Program for Indians

1997 - 2008

➤ Legislative intent

- "...prevention and treatment of diabetes"
- Grants process
- Evaluation required
- "Best practices" approach
- Build upon what we have learned
- Strengthen the data infrastructure of IHS
- Competitive grant mechanism for:
 - ✓ Primary prevention of diabetes
 - ✓ Most compelling complication of diabetes

Special Diabetes Program for Indians

1997 - 2008

- **Extensive tribal consultation**
- **Funding to tribes & tribal consortia**
- **Community-directed approach**
- **Non-competitive (333 grantees) and competitive (66 grantees) programs**
- **Commitment to measure, describe and evaluate our experience**

Special Diabetes Program for Indians

1997 - 2008

- Original 333 community-directed grants **\$108.9 M**
- Diabetes Prevention & Healthy Heart
Demonstration Projects (66) **\$ 27.4 M**
- Urban programs **\$ 7.5 M**
- Building Data Infrastructure **\$ 5.2 M**
- Native Diabetes Wellness Program **\$ 1.0 M**

The Special Diabetes Program for Indians: Ten Years of Success

- Background of the SDPI
- Community-directed Programs
- Competitive Demonstration Projects
- Lessons Learned
- Key Points



JANUARY 2004
Report to Congress

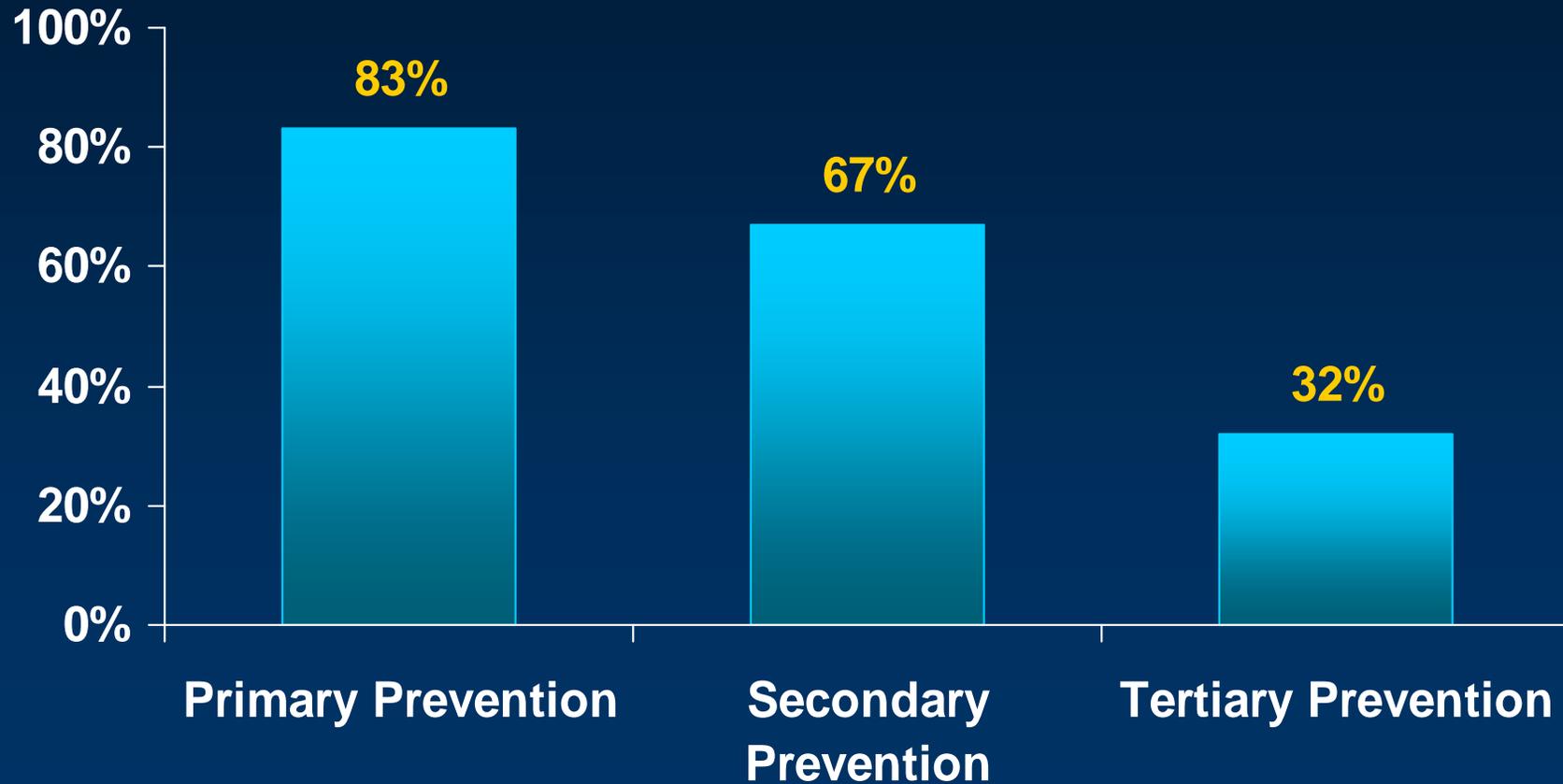
SPECIAL
DIABETES
PROGRAM
FOR INDIANS

IHS National
Diabetes Program

Comprehensive
summary of
Community-
directed (non-
competitive)
Programs

Special Diabetes Program for Indians

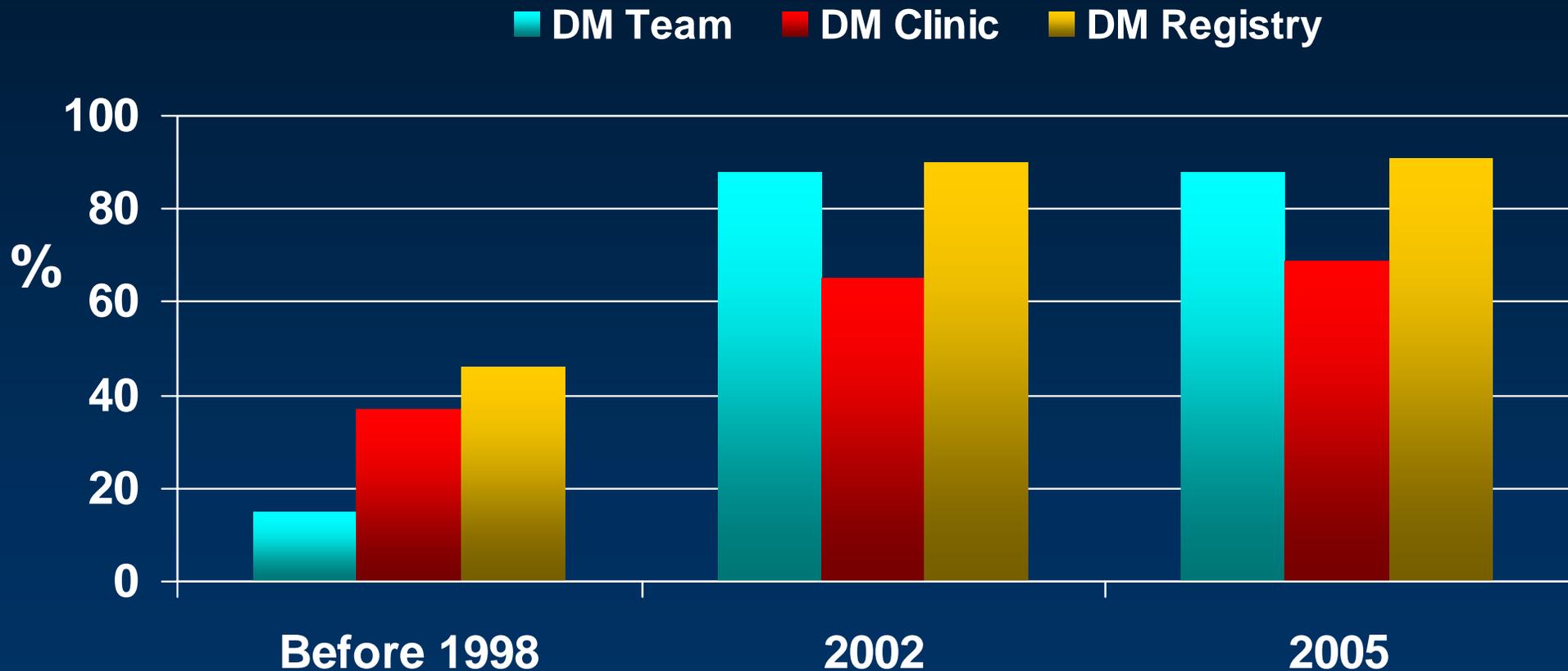
Program Prevention Emphasis



Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2006

Special Diabetes Program for Indians

Diabetes Clinical Infrastructure



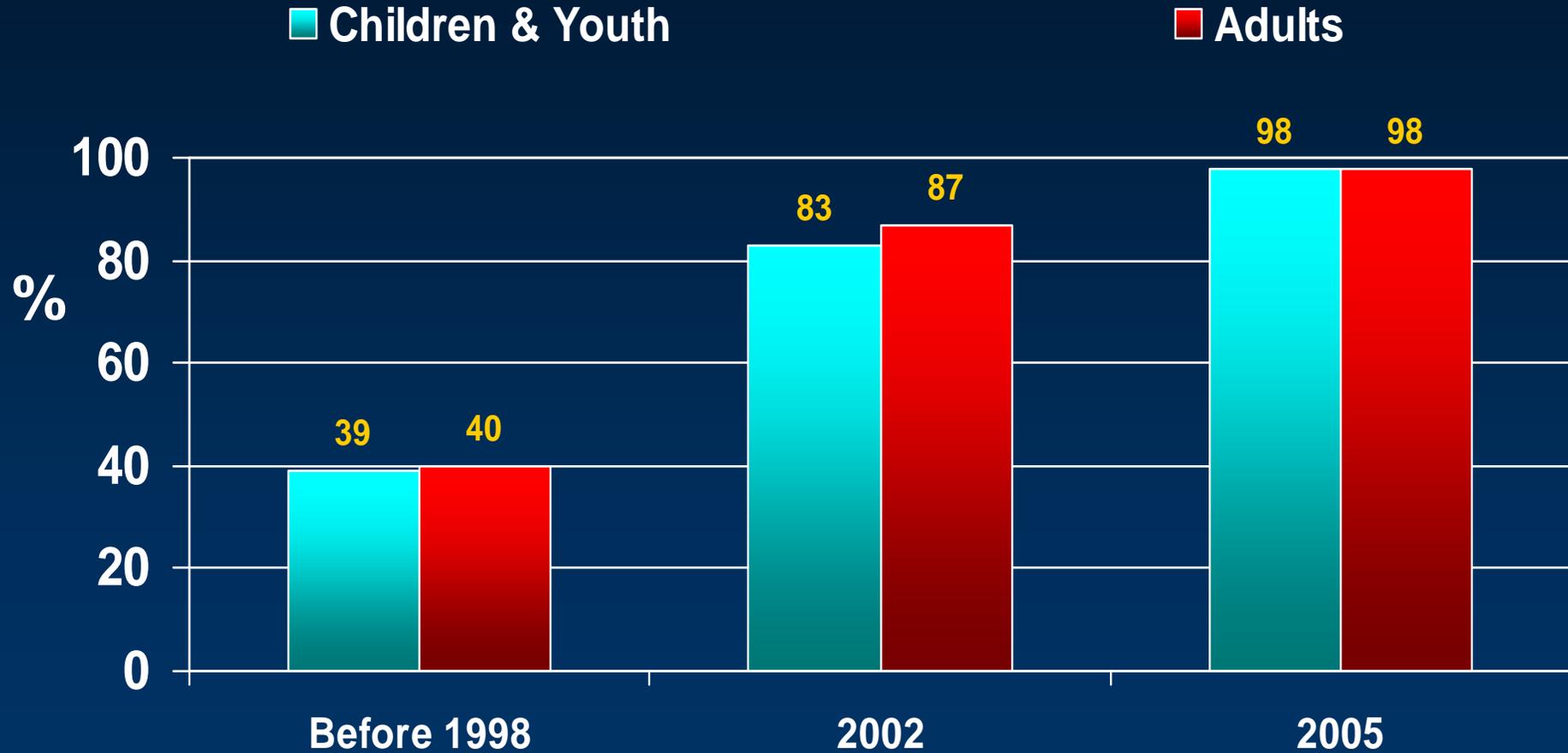
Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2005



Clinical and Community Nutrition Services

Special Diabetes Program for Indians

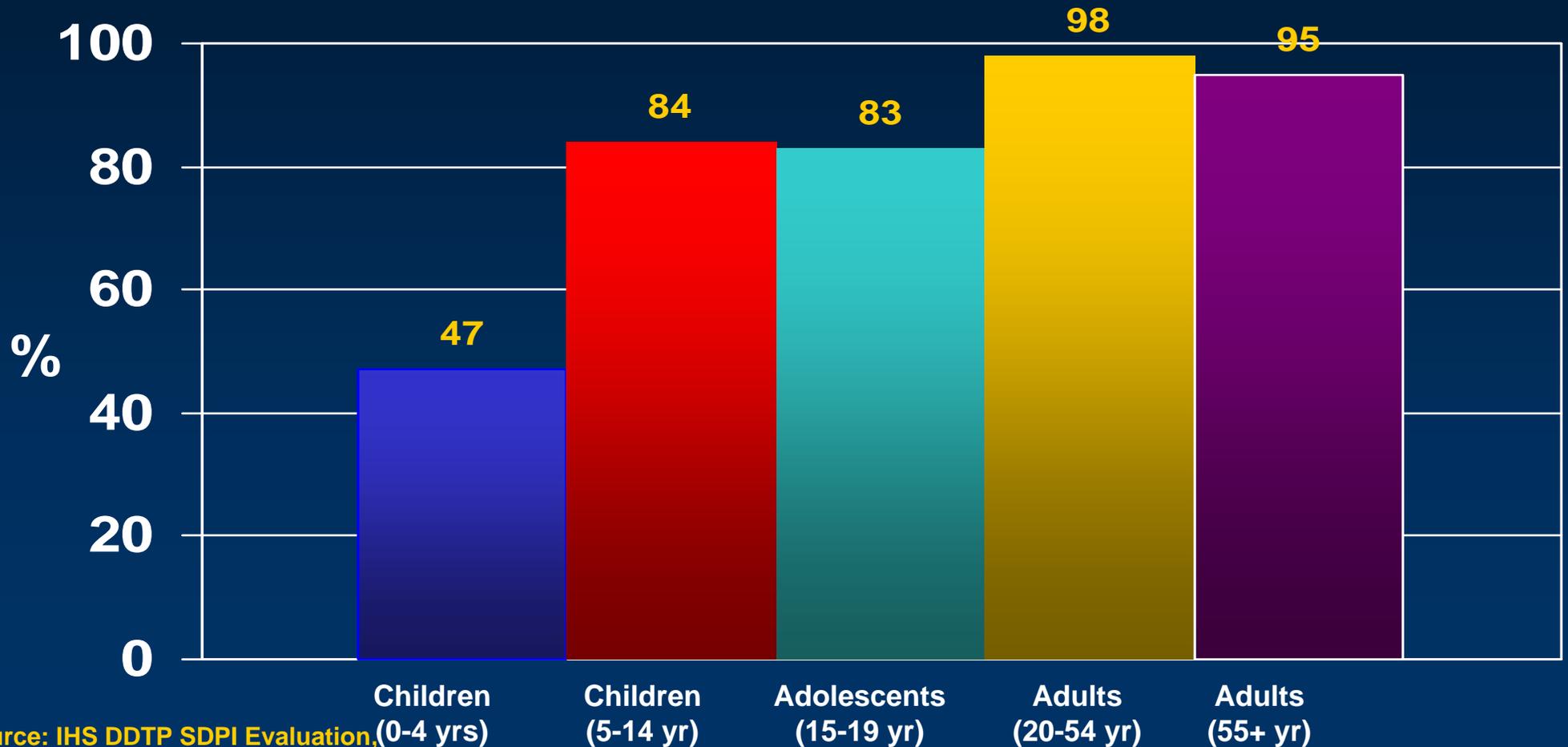
Nutrition Education Services Available



Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2005

Special Diabetes Program for Indians

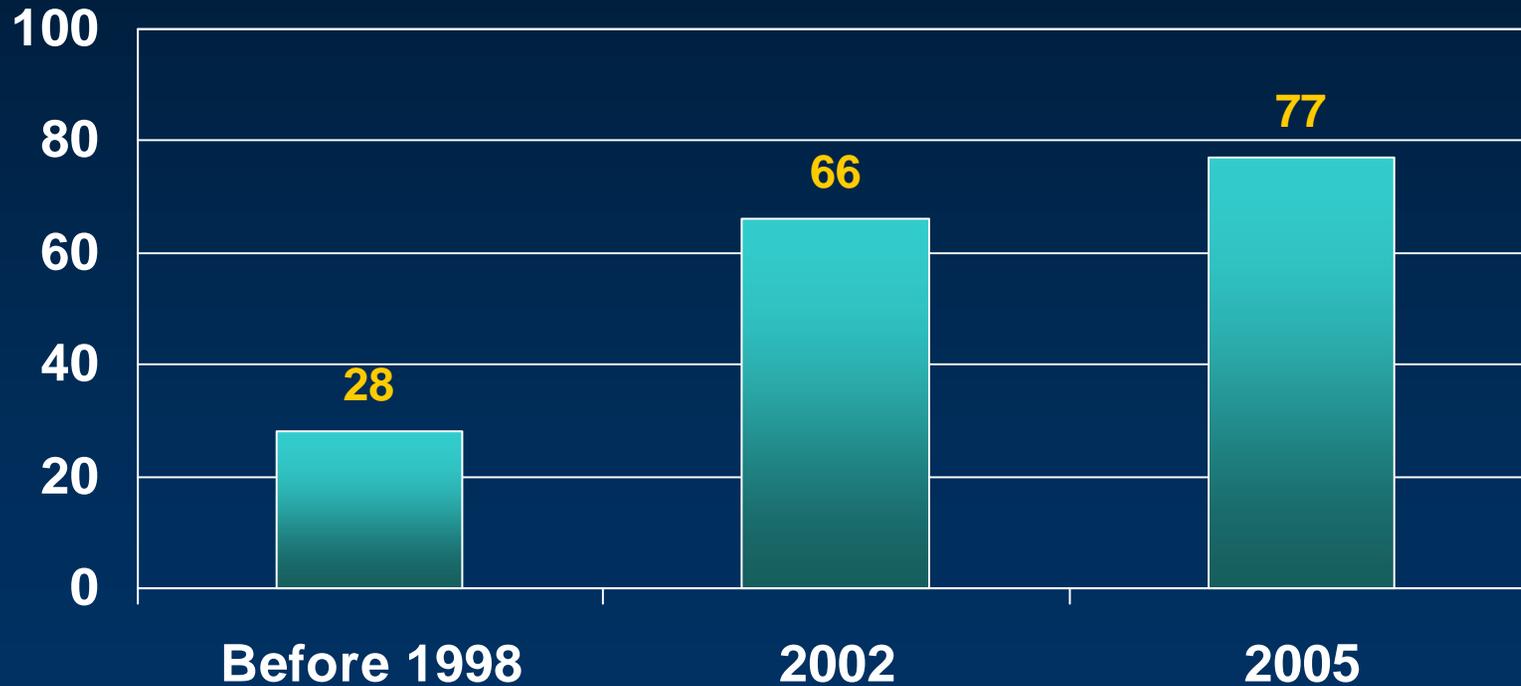
Target Age Groups for Nutrition-related Activities to Prevent Diabetes, 2005



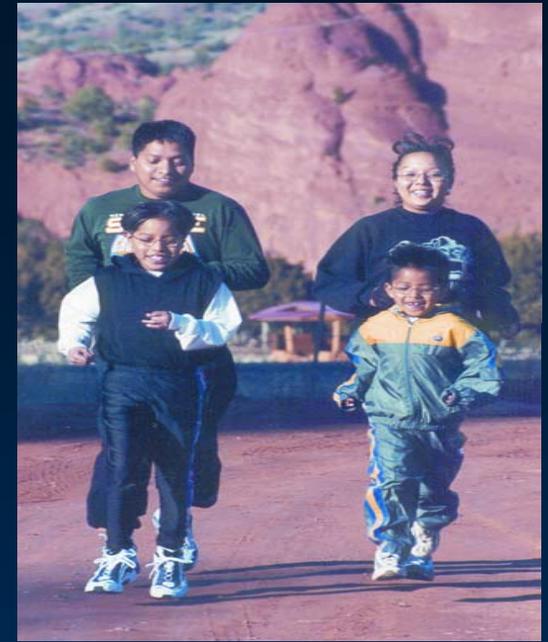
Source: IHS DDTP SDPI Evaluation, 2005

Special Diabetes Program for Indians

Weight Management Programs for Adults



Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2005



Physical Activity Programs



Rez-Robics

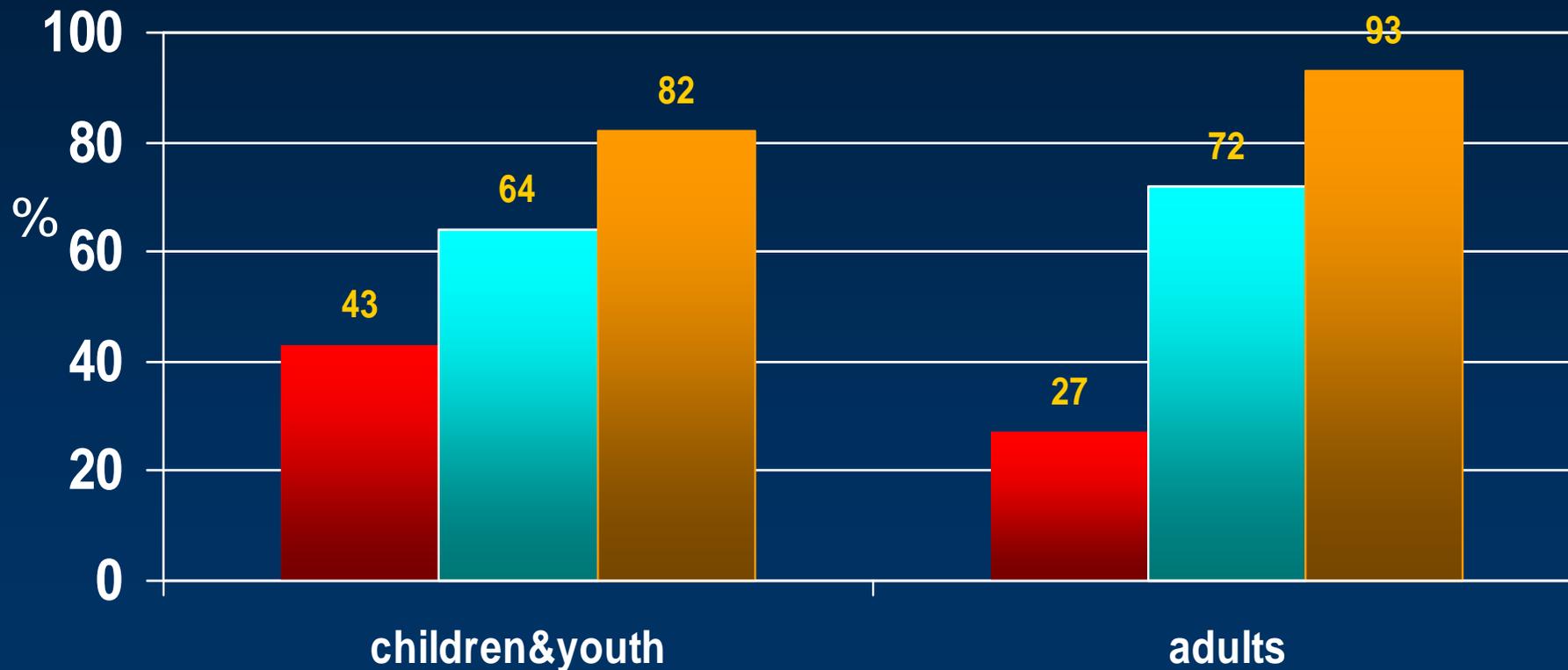
Special Diabetes Program for Indians

Physical Activity Services Available

■ Before 1998

■ 2002

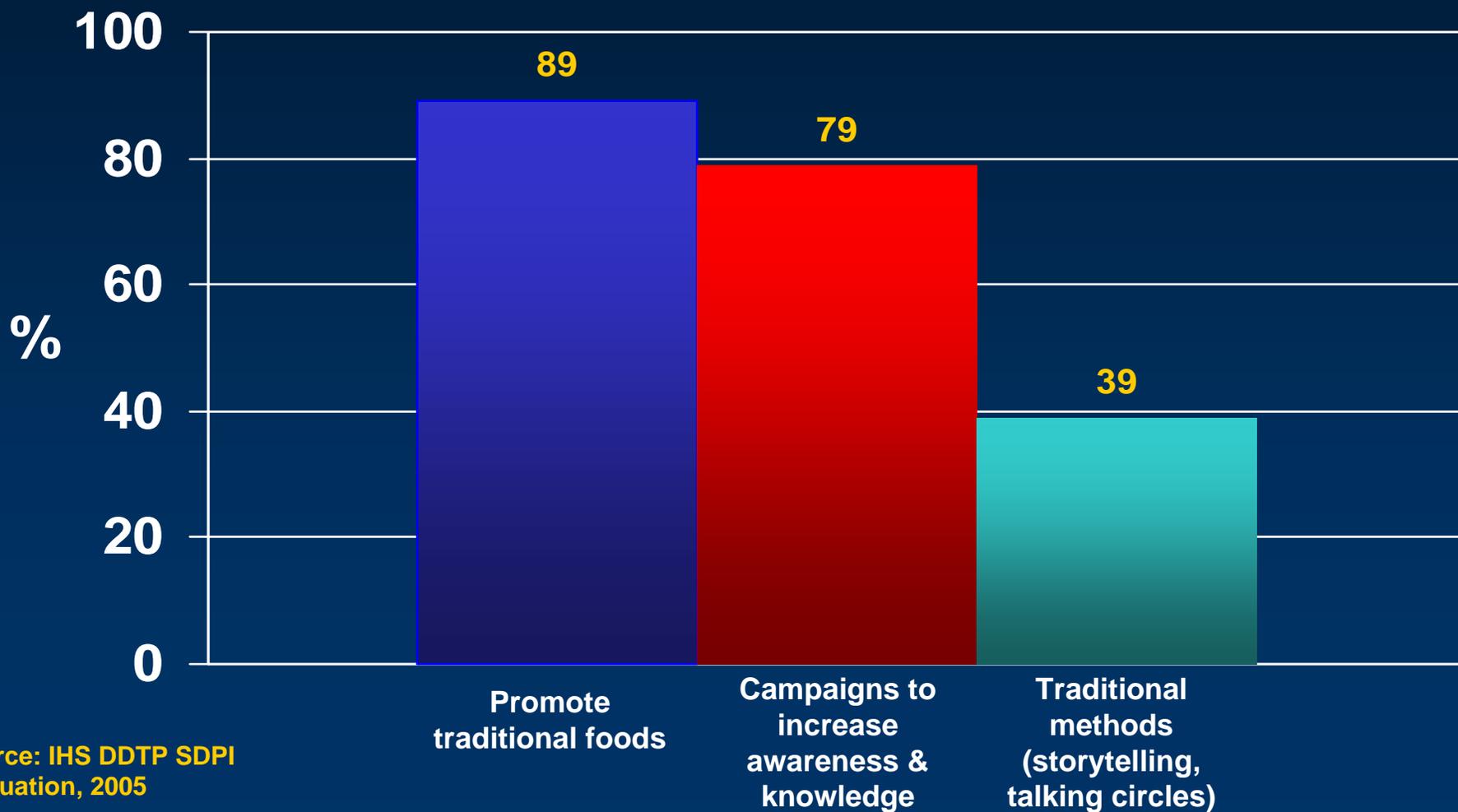
■ 2005



Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2005

Special Diabetes Program for Indians

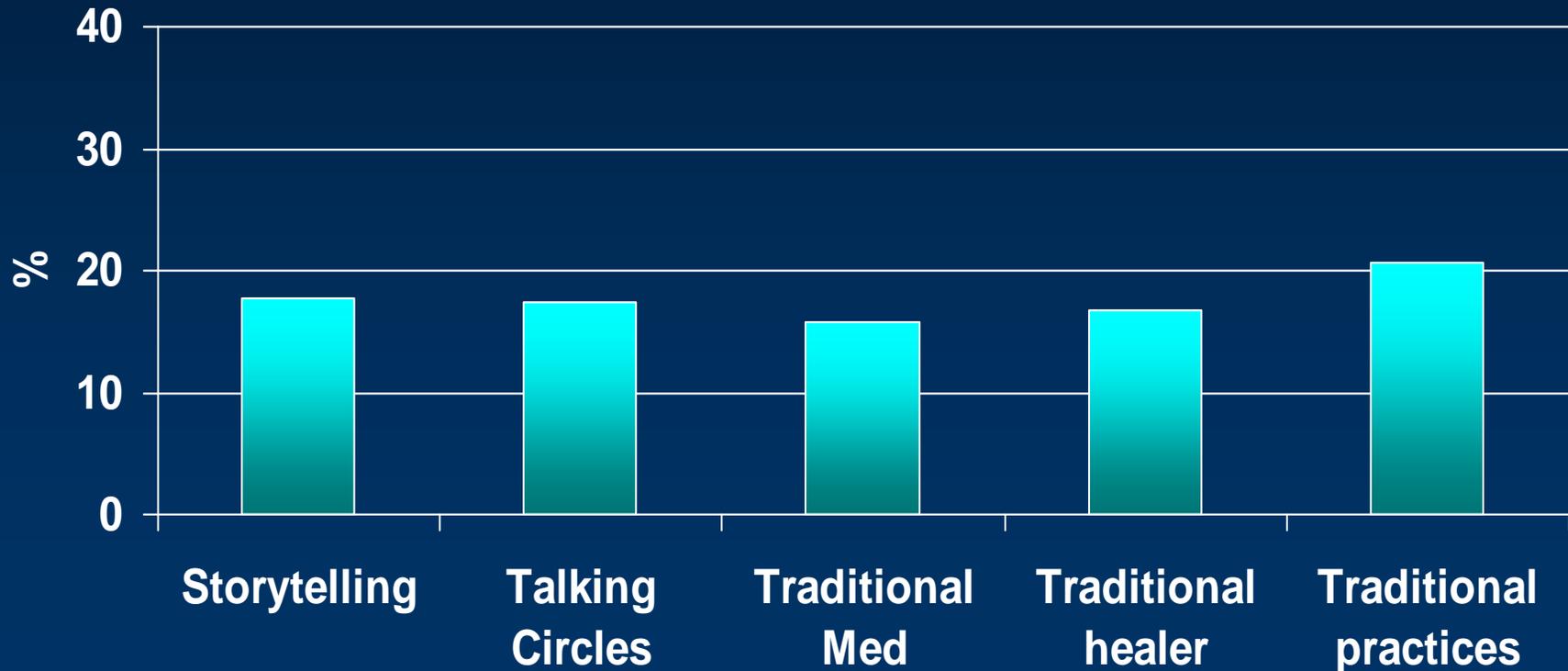
Community Advocacy Activities to Prevent Diabetes, 2005



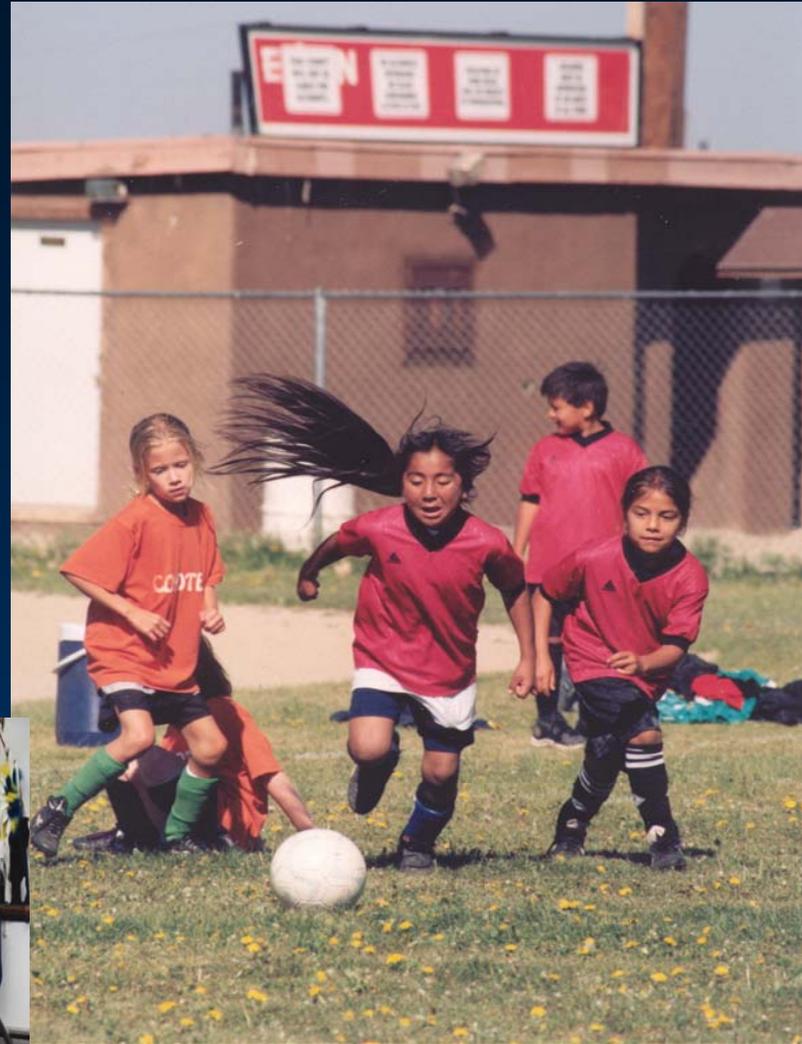
Source: IHS DDTP SDPI Evaluation, 2005

Special Diabetes Program for Indians

Traditional and Cultural Approaches Targeted at the Whole Community



Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2002

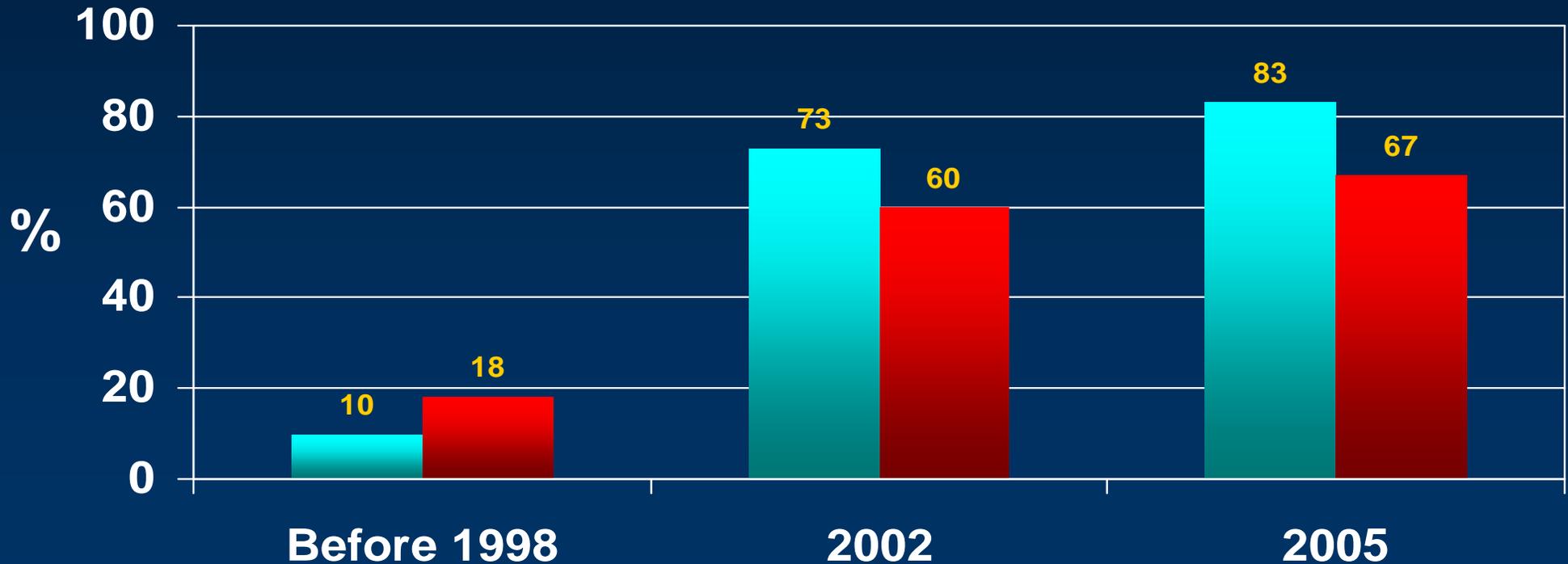


**Programs Focused on
Children & Youth**

Special Diabetes Program for Indians

Primary Prevention & Weight Management Programs for Children & Youth

■ Primary Prevention for Children & Youth ■ Weight Mgmt Programs for Youth



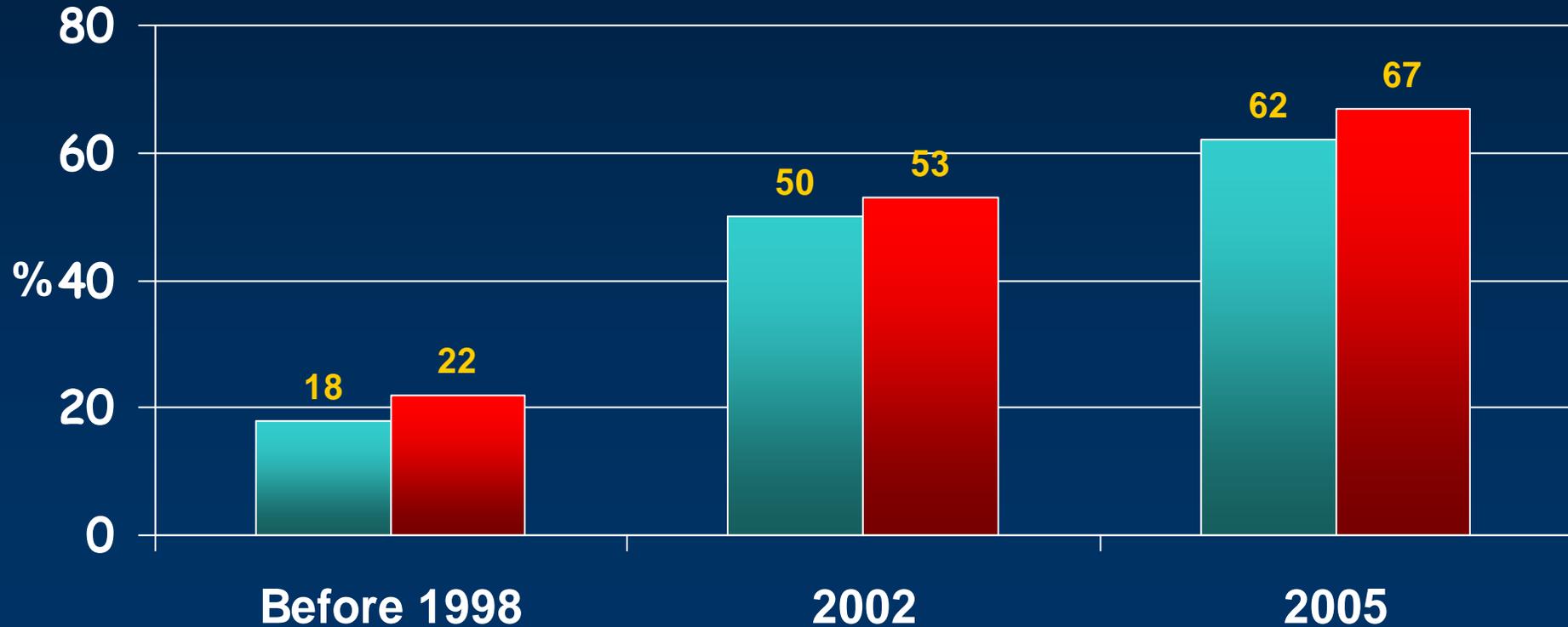
Source: IHS National Diabetes Program
SDPI Evaluation, 1997-2005

Special Diabetes Program for Indians

School-based Health Programs Focus on Healthy Eating & Physical Activity

Healthy Eating

Phys Activity



Jumping
"It's a Native Thing!"

Against Diabetes



TO
AND VIOLENCE

ON THE COURT BE A SPORT

West

OUR SCHOOL WALKS
THE SACRED PATH.

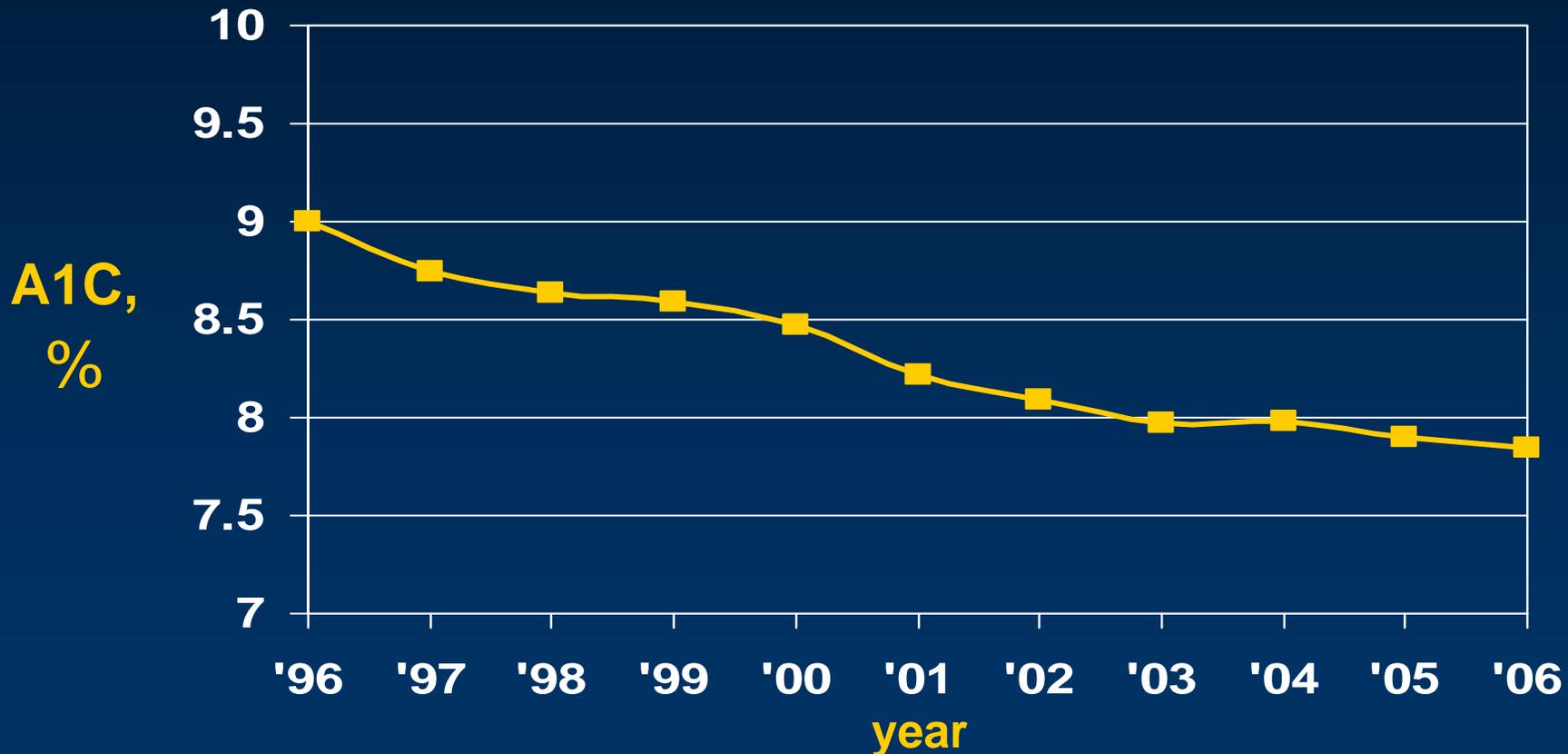


Special Diabetes Program for Indians grant programs & community members



IHS Diabetes Care & Outcomes Audit

Mean A1C,
1996-2005

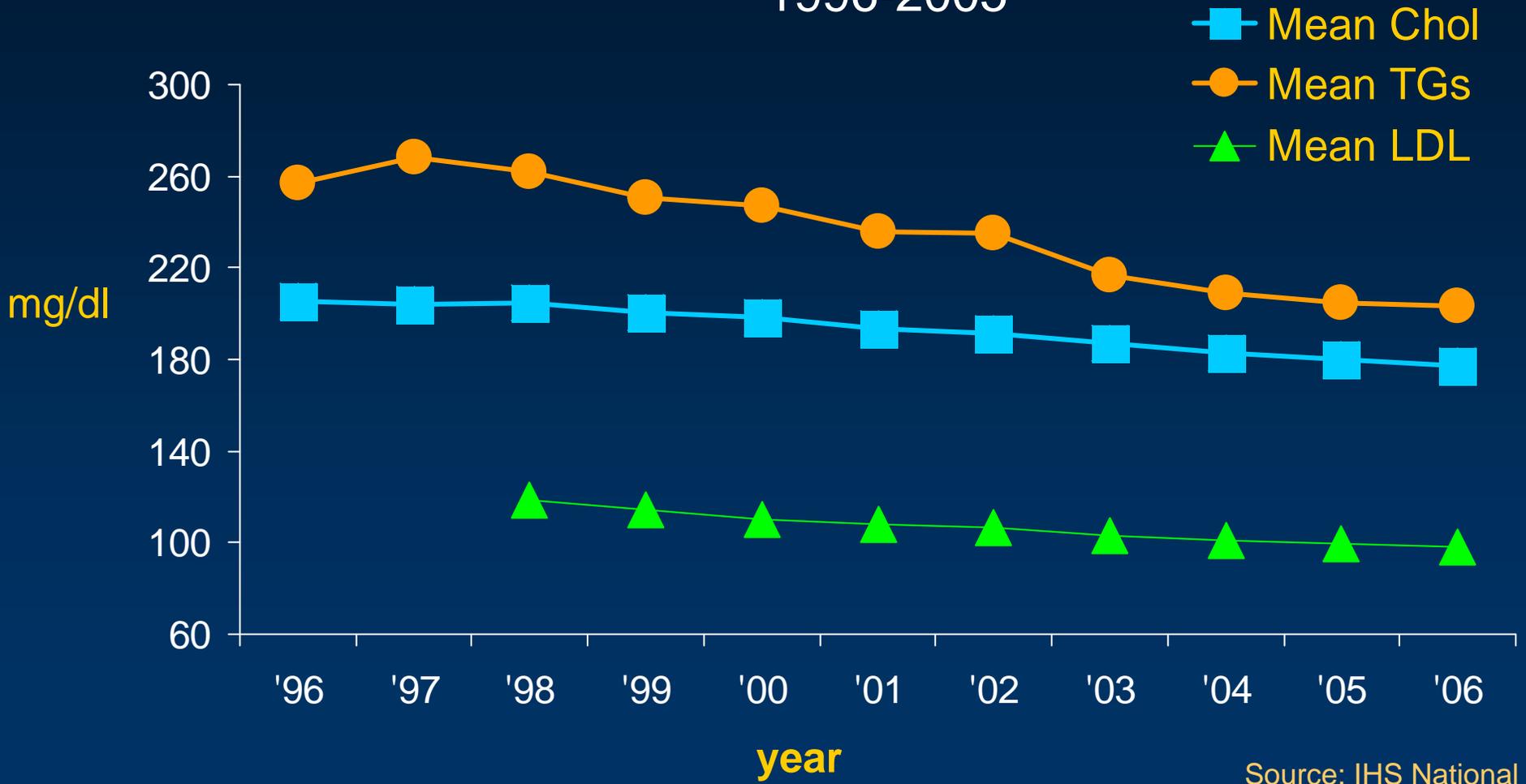


*p<0.0001 comparing mean HbA1 levels in FY96 and FY05

Source: IHS National Diabetes
Program Statistics 1996-2005

IHS Diabetes Care & Outcomes Audit

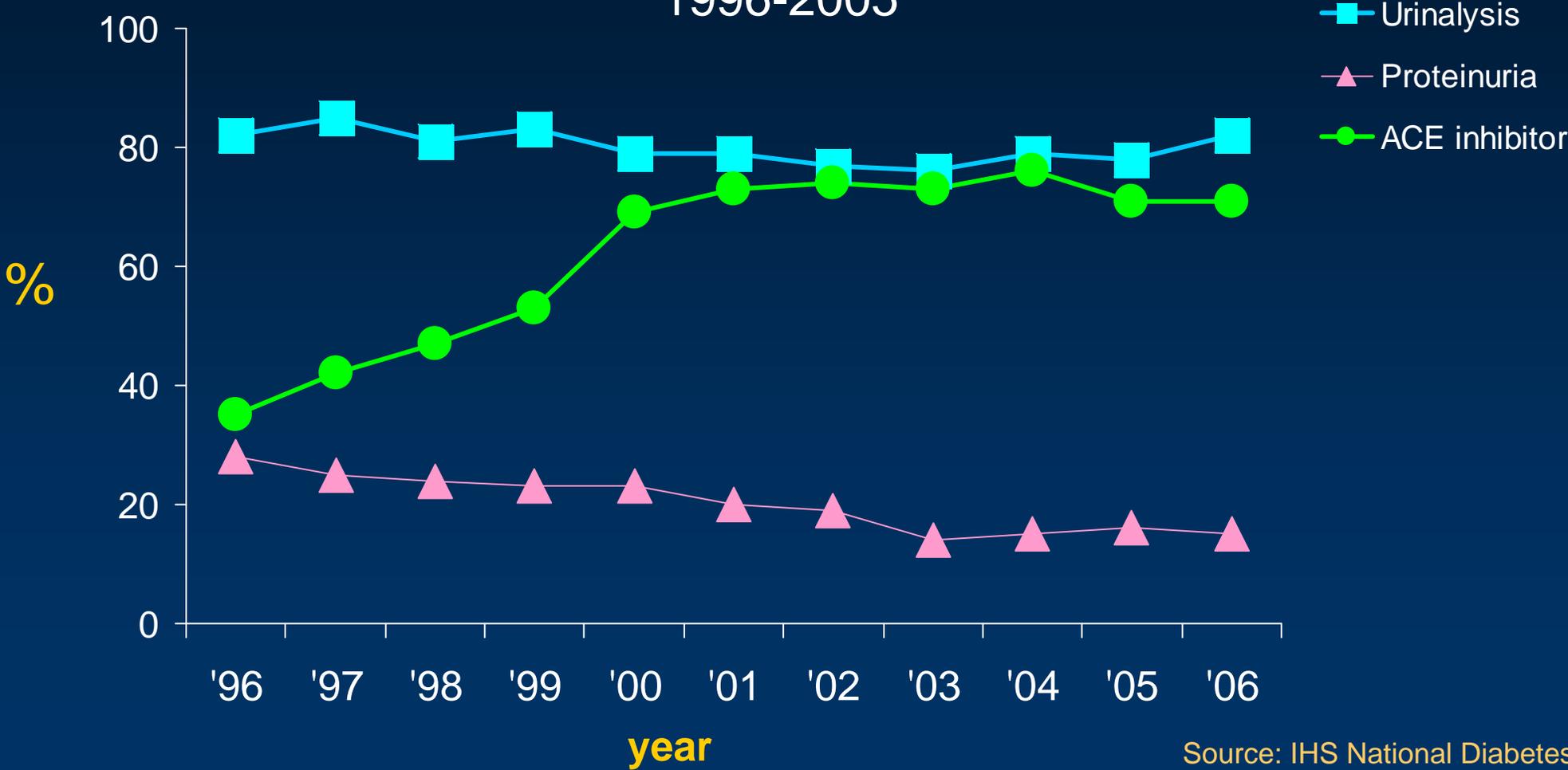
Mean Lipid Values – All IHS 1996-2005



Source: IHS National Diabetes Program Statistics 1996-2005

IHS Diabetes Care & Outcomes Audit

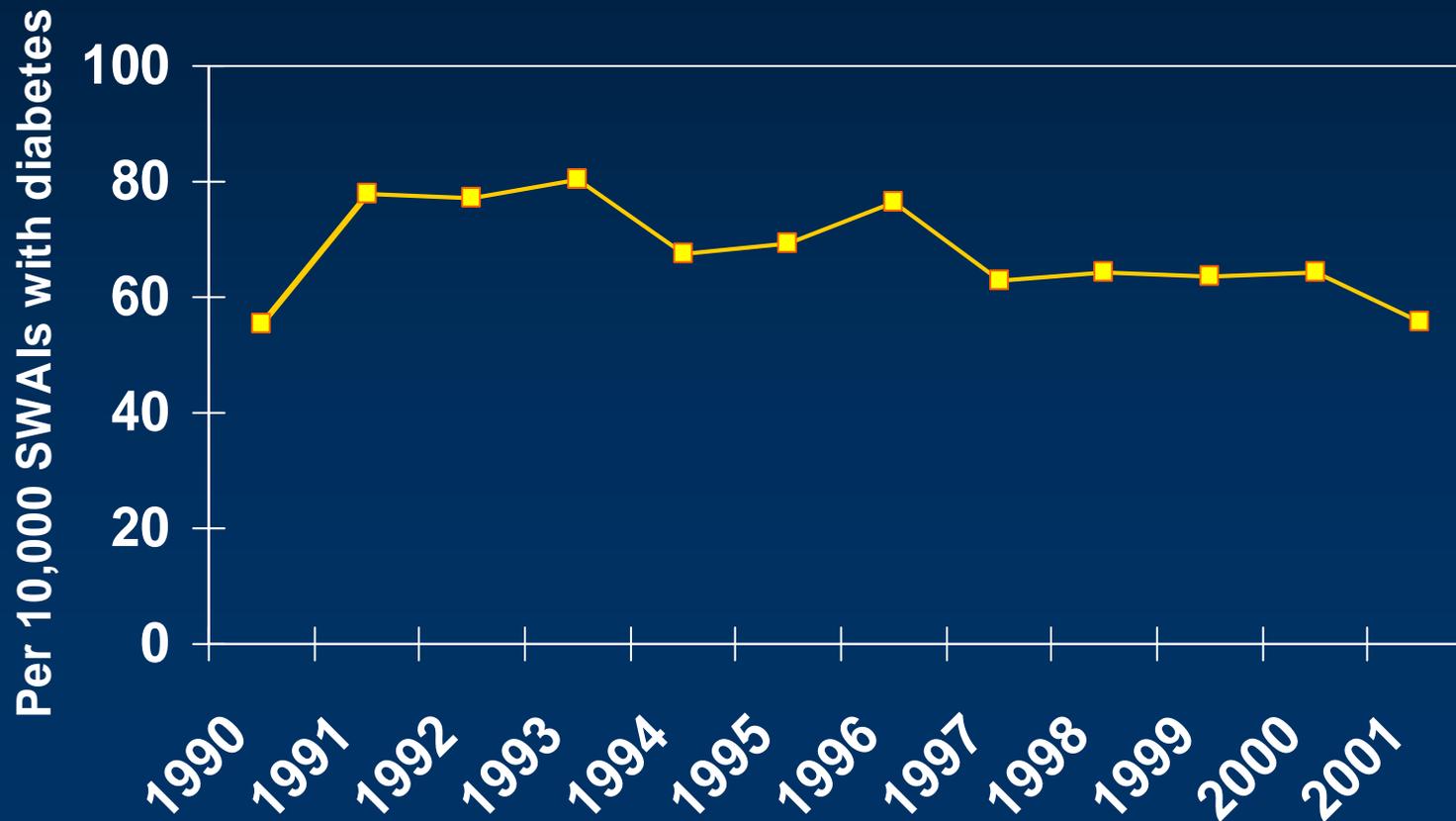
Testing for Kidney Disease 1996-2005



Source: IHS National Diabetes Program Statistics 1996-2005

Incidence of End-Stage Renal Disease Among Southwestern American Indians with diabetes

Age Adjusted, USRDS – 1990-2001





Tribal Leaders Diabetes Committee

Diabetes Best Practices



- Foot care
- Eye care
- CVD risk reduction
- Kidney preservation
- Improving A1c
- Dental care
- DM in Youth
- * Depression & DM
- * Adult weight mgmt
- Systems of care
- DM screening
- DM in pregnancy
- Self care mgmt
- Nutrition / physical activity education
- School health
- Community advocacy
- * Breastfeeding
- * Communication

*indicates new Best Practice

The Special Diabetes Program for Indians: Ten Years of Success

- Background of the SDPI
- Community-directed Programs
- Competitive Demonstration Projects
- Lessons Learned
- Key Points

IHS DIVISION OF DIABETES TREATMENT AND PREVENTION
2007 REPORT TO CONGRESS

SPECIAL DIABETES PROGRAM FOR INDIANS
ON THE PATH TO A
HEALTHIER FUTURE



Comprehensive
summary of
Community-
directed (non-
competitive)
Programs

AND

an Introduction to
the competitive
Demonstration
Projects

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Indian Health Service

➤ Tribal Consultation

- Area recommendations by tribes
- National - Tribal Leaders Diabetes Committee
 - Competitive Grant Program recommendations
 - SDPI grantees eligible
 - Selection should consider diversity of Area, region, program size, type of program (IHS, tribal)
 - Strong coordination, evaluation

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ IHS Director Decision

■ SDPI Competitive Grant Program

- \$27.4 million/year x 5 years
 - Grants to 60-70 programs (\$23.3 million)
 - Administration, Coordination, Evaluation (\$4.1 million)
- “Competitive”
 - programs compete for funding
- Demonstration Projects
 - Programs implement activities in 1 of 2 areas
 - Collaborative development of activities
 - Comprehensive Evaluation
 - Coordinating Center

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Overall Structure of Program

- IHS Division of Diabetes Treatment & Prevention
 - General oversight, program coordination, leadership
- IHS Grants Management
 - General oversight of grant administration, financial audits, monitoring and report
- Coordinating Center – UCHSC
 - Day to day coordination of overall program
 - Facilitation of collaborative process, communication
 - Technical assistance to grant programs
 - Development and implementation of comprehensive, multi-component evaluation

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Application, Review, Selection**

- RFA – Request for Applications May 2004
- Application due July 1, 2004
- Selection – Review groups August 2004
 - 128 Applications
 - 66 Programs selected
 - 36 in Diabetes Prevention
 - 30 in Cardiovascular Disease Risk Reduction
- Notice of Grant Award September 2004

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Demonstration Projects

- Translation of research findings into real world settings
- Primary Prevention of Diabetes
 - Implement Diabetes Prevention Program curriculum in individuals *at risk for* diabetes
 - Community prevention activities
- Cardiovascular Disease Risk Reduction
 - Implement a clinical, case management, team approach to treating risk factors for CVD to specific target levels in people *with* diabetes
 - Community prevention activities

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Why have a planning year?**

- We knew the “what”
 - Congress, Science
- We didn't know the “how”
 - Diverse group of programs, experience, expertise
 - Importance of developing common activities for all programs despite diversity
 - Translation into different communities, cultures
 - Need for technical assistance – complex activities

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Why use a collaborative process?**

- Need to develop a set of common activities
- Implement successfully in diverse communities
- Collaborative process – grant programs work together to develop common activities
- Diversity of programs represented in process

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Planning Year - FY 2005**

- 6 meetings
 - Attendance was required
 - Specific staff invited to each meeting
- Activities
 - Reviewed background of program
 - Technical assistance/training on research, basic activities
 - Collaborative process – input from grant programs
 - Development of the Core Elements – required activities
 - Development and training on evaluation, data collection
 - Group activities – networking, problem-solving



CGP Planning Meetings



Collaborative Process



- Reduction in CVD incidence
- Percent achieving target levels of BP, lipids, etc
- We probably all agree on these anyway

Collaborative Process

Lessons learned

r/t Diabetes Prevention

- ① Policy direction from Tribal leaders from the beginning incl. technical group
- ② Integrating NP/PP into DM prevention efforts
- ③ Persistence - WOLF dm prevention curriculum into schools grades 1-4
- ④ System of communication between all relevant parties i.e. monthly meeting updating progress
- ⑤ assign roles to members of the DM team to be responsible for certain duties - sub committees meet separately
- ⑥ try different types of communications - conference calls, video conference, e-mail

Hard

- Hiring right job for the
- Trying to value efforts
- Distinct strategies for prevention



Networking among Grantees



DPP Team Technical Assistance



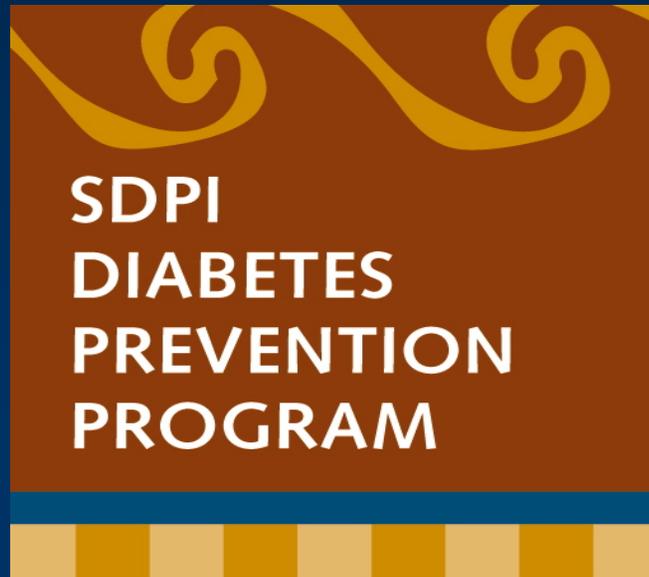
Stress Relief

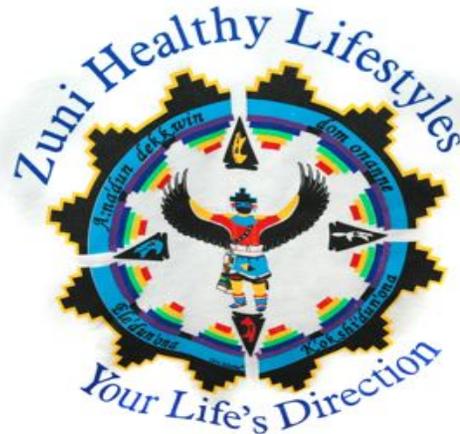
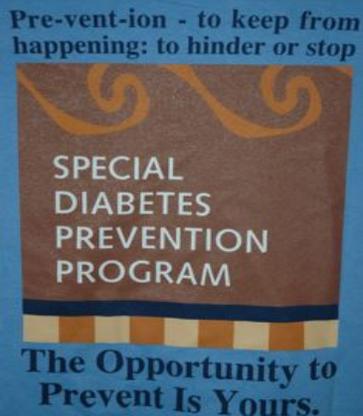
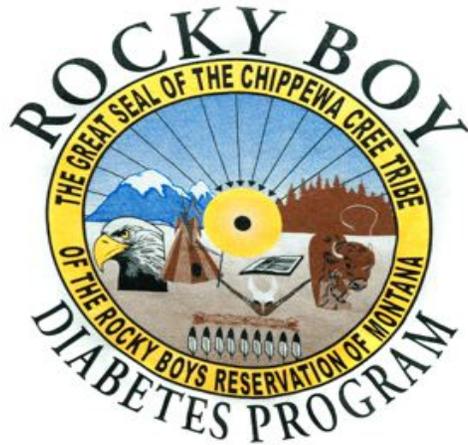
SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Names of Demonstration Projects

- National name/logo
- Local name/logo





SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Evaluation Design

- Congress required evaluation of CGP
- Designed as public health program evaluation
 - Process – did programs successfully implement the activities, lessons learned?
 - Outcomes – did participants improve on short-term, intermediate and long-term outcomes, what factors were associated with successful participants and programs?
- Importance of evaluation – 2007 Report to Congress, advocacy efforts to reauthorize SDPI

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Current Status**

- **SDPI Diabetes Prevention Program**
 - Programs teaching curriculum, reporting weight loss and excitement of participants
- **SDPI Healthy Heart Project**
 - Programs starting case management, teaching curriculum, reporting enthusiastic participants, reporting improvements in risk factors
- **Evaluation – data submission process**
- **Year 3, Meeting I – March 2007**
 - Progress, challenges, solutions
 - Newsletter – grant programs sharing successes

The Special Diabetes Program for Indians: Ten Years of Success

- Background of the SDPI
- Community-directed Programs
- Competitive Demonstration Projects
- Lessons Learned
- Key Points

A photograph of a sunset over a landscape. The sky is filled with warm, golden and orange hues. In the foreground on the left, a large, dark silhouette of a tree with many thin, spiky branches reaches towards the top of the frame. The text "Lessons Learned" is centered in the right half of the image in a bold, black, sans-serif font.

Lessons Learned

Translating Research into Practice: Lessons Learned so far



- **Best Practices, Standards of Care, Guidelines, “What” vs “How”**
- **Local priorities = local ownership**
- **Constant evaluation of lessons learned**
- **Network and peer support**
- **Educate funders & policymakers**

Translating Research into Practice: Lessons Learned so far



- **Patience**
- **Begin where you are; build expertise**
- **Provide principles, content**
- **Don't re-invent the wheel**
- **Champions**



Don't reinvent the wheel. Learn from each other!



Foster
creativity
and
reward
innovatio
n





**Remember family
and community**

Don't forget the basics



Health For Native Life

Diabetes Prevention Program Special Edition



They Made the Switch!

**Eating Habits
Change for Good**



Say Good-bye to the Sofa!

**They're Up
and Running
(Walking,
Too!)**

Southwest Celebrities

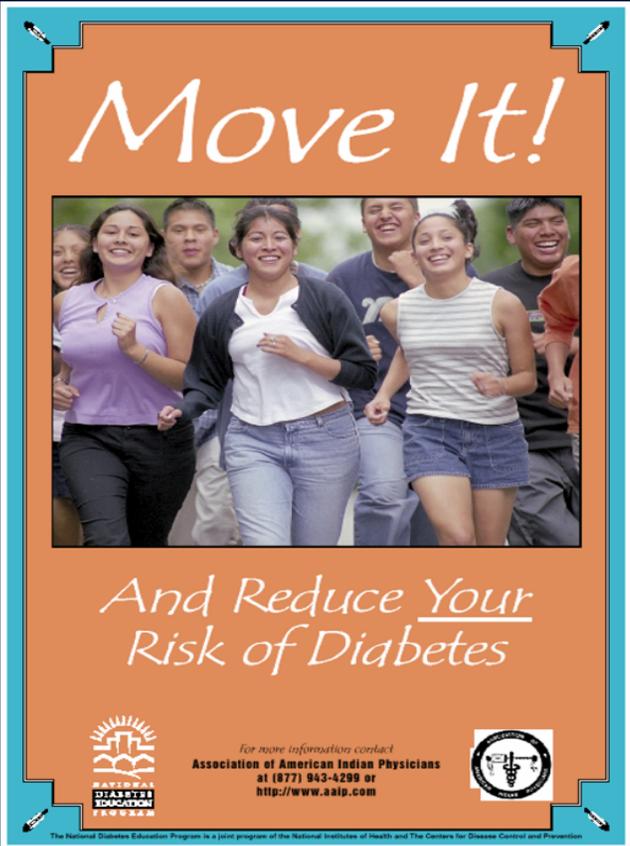
**People from Southwest Tribal
Communities Show Us How
to Prevent or Delay Diabetes**

**Celebrate
success!**



Partner with many and don't focus on who gets the credit

NDEP American Indian/Alaska Native Diabetes Prevention Campaign Materials



Move It!

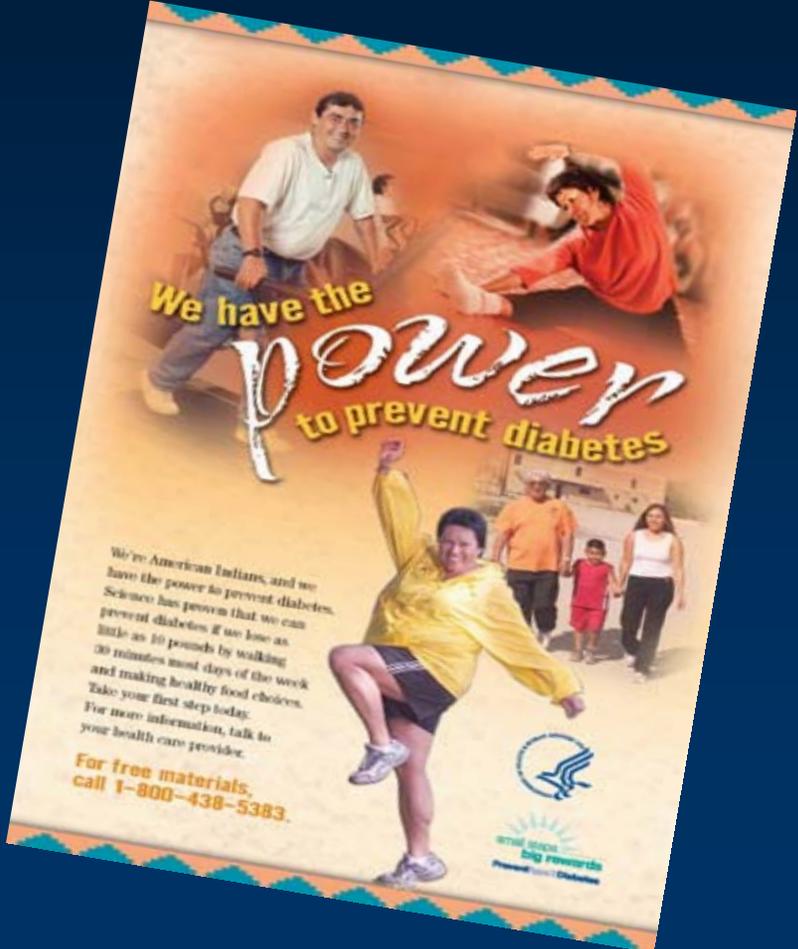


And Reduce Your Risk of Diabetes

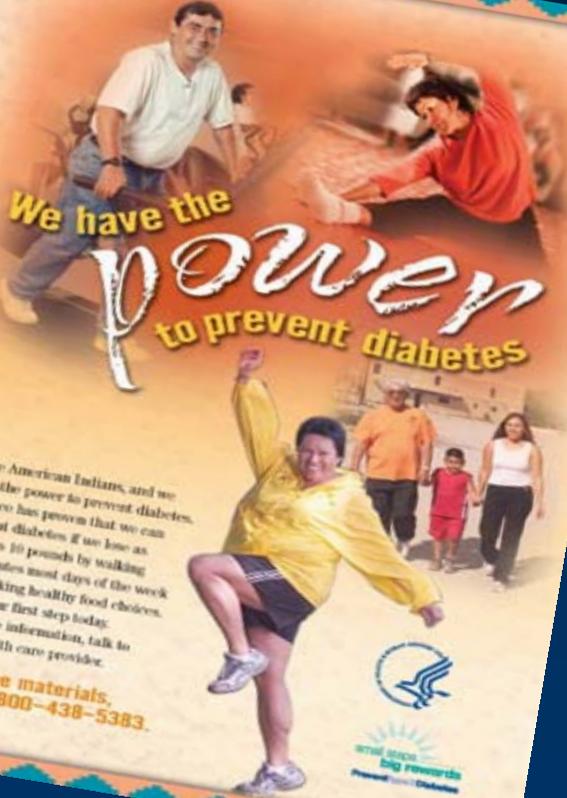
 

For more information contact
Association of American Indian Physicians
at (877) 943-4299 or
<http://www.aaip.com>

The National Diabetes Education Program is a joint program of the National Institutes of Health and The Centers for Disease Control and Prevention.



We have the power to prevent diabetes



We're American Indians, and we have the power to prevent diabetes. Science has proven that we can prevent diabetes if we lose as little as 10 pounds by walking 30 minutes most days of the week and making healthy food choices. Take your first step today. For more information, talk to your health care provider.

For free materials, call 1-800-438-5383.


Small Steps. Big Rewards.
Prevent Type 2 Diabetes.

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Lessons Learned**

- **Getting Started**
 - Access to funding in PMS
 - Hiring qualified staff
 - Communication with 66 programs
 - Computers, email, internet
 - Coordination

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Lessons Learned

- Planning Year
 - Collaborative Process
 - Challenge – diversity in wanting to start vs. plan
 - Wide range experience/expertise
 - Diverse programs, settings
 - Technical Assistance needs significant
 - Turnover of staff – constant orientation
 - Consortia issues
 - Local leadership support, community understanding and buy-in

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ **Lessons Learned**

- **Grants Management issues**
 - Grant paperwork, requirements
 - Not a part of the regular IHS budget
 - Tracking budgets
 - Allowable items – incentives, justifications
 - Billing issues
 - Understanding carry over process

SPECIAL DIABETES PROGRAM FOR INDIANS

Competitive Demonstration Projects

➤ Lessons Learned

■ Evaluation

- More extensive than previous SDPI grants
- Common activities vs. local variation
- Scope of the evaluation
- Public health program evaluation vs. research
- IRB, HIPAA issues
- Time for Local, Tribal approvals
- RPMS access/use
- Evaluation training, data quality

The Special Diabetes Program for Indians: Ten Years of Success

- Background of the SDPI
- Community-directed Programs
- Competitive Demonstration Projects
- Lessons Learned
- Key Points

SPECIAL DIABETES PROGRAM FOR INDIANS

➤ Advocacy

- SDPI funded through 2008
 - Reauthorization needed
 - NIHB, TLDC planning strategy

- ADA and JDRF
 - Advocacy for SDPI since the beginning
 - Advocacy Kit – available soon from ADA
 - Fact sheets, information on SDPI
 - Need for reauthorization
 - Sample letters to Congress

Costs of Diabetes

- **Diabetes cost U.S. \$132 billion (direct & indirect) in 2002**
- **Poorly controlled diabetes is more expensive**

Costs of Diabetes

- It is cost-effective to delay or prevent diabetes
- It is also cost-effective to prevent the complications of diabetes

Costs of Diabetes: prevention

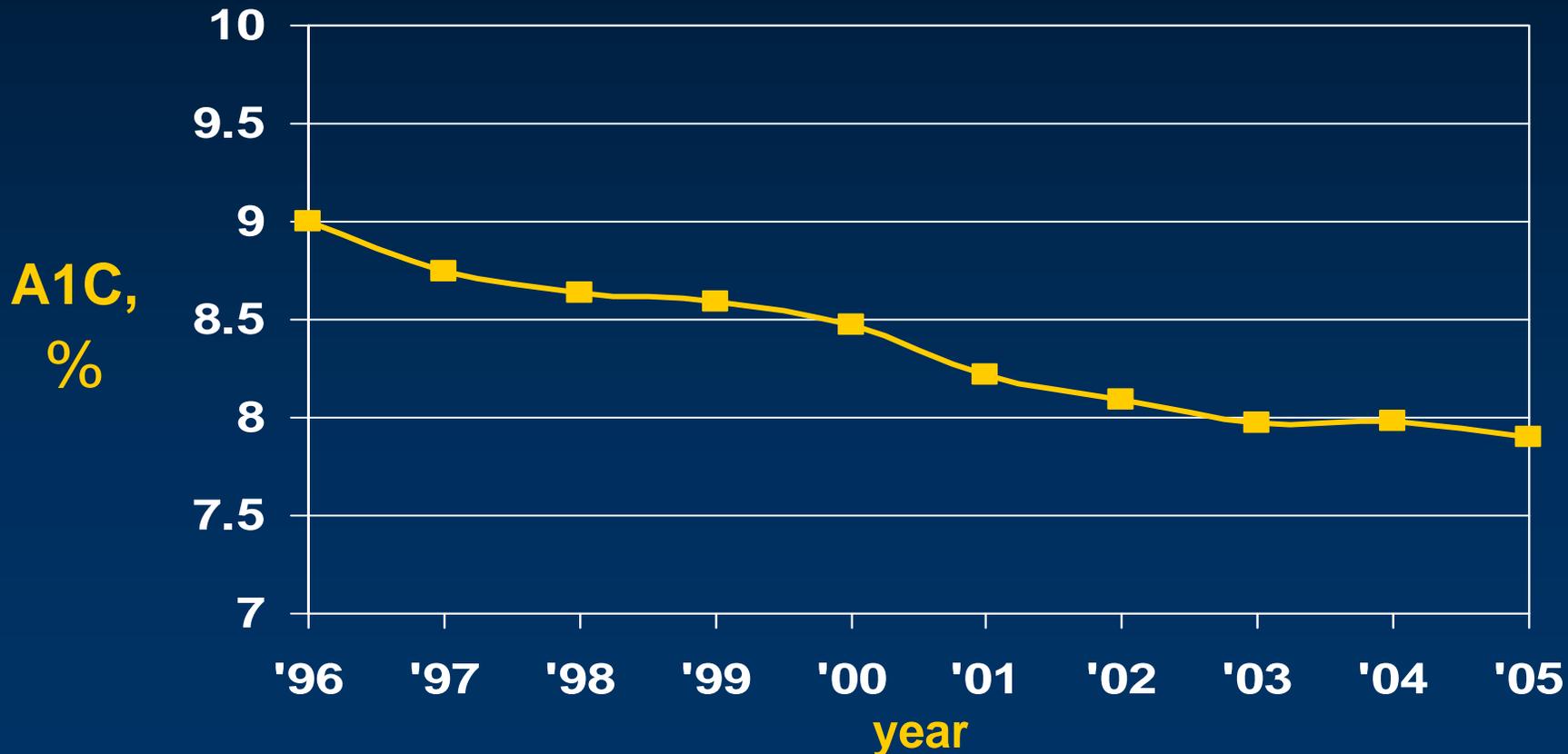
- It is cost-effective to delay or prevent diabetes
- In the Diabetes Prevention Program, both the lifestyle intervention and medication intervention which resulted in preventing or delaying diabetes for at least three years were cost effective
- Improving delivery through a group setting at similar levels of effectiveness would further improve cost effectiveness
- When applied to young people at risk (ages 25 to 45 years), the intervention is *cost saving*.

Costs of Diabetes: screening

- Screening and early treatment reduces the lifetime occurrence of
 - kidney failure by 26%,
 - blindness by 35%, and
 - lower-extremity amputation by 22%
- On average, diabetes is diagnosed 5.5 years earlier with screening programs.
- Greater benefit and more favorable cost-effectiveness ratio for *younger* persons and *minority populations* than for the general population.

IHS Diabetes Care & Outcomes Audit

Mean A1C,
1996-2005



* $p < 0.0001$ comparing mean HbA1 levels in FY96 and FY05

Source: IHS National Diabetes
Program Statistics 1996-2005

Costs of Diabetes

- *Special Diabetes Program for Indians* community-directed programs have targeted funding at the correct interventions and the right targets from an economic perspective
- *Diabetes Prevention Program and Healthy Heart Project* Demonstration Projects are set up to evaluate costs in detail

Costs of Diabetes

“... there is sound basis for optimism for reducing this cost burden by increasing the effectiveness of surveillance and treatment for those who already have diabetes, by implementing primary prevention measures for those who are at high risk of developing type 2 diabetes, and reducing the risk profile for type 2 diabetes in the population as a whole.”

International Diabetes Federation
Costs of Diabetes, IDF e-Atlas 2005

“Not everything that
can be counted counts,
and not everything
that counts can be
counted.”



Albert Einstein

The Special Diabetes Program for Indians

IHS Division of Diabetes Treatment & Prevention

5300 Homestead Rd NE

Albuquerque, NM 87110

505-248-4182

diabetes@mail.ihs.gov

www.ihs.gov/medicalprograms/diabetes