

SDPI e-Update

Sharing Our Success

A Message from the Director

Building Our Network of Support



Kelly Acton, MD, MPH, FACP
Director, IHS Division of Diabetes
Treatment and Prevention

"I loved receiving the E-Update. As a diabetes coordinator, I find it extremely interesting and helpful to see what other coordinators and other organizations are doing around the country. Thanks!"

Joseph Frost, Diabetes Coordinator, KIC Tribal Health Clinic

"I received the e-mail that you sent out. I found it very interesting and informative. We have been working to improve diabetes in tribal members. It is always helpful to hear about others' success and things that work for them... Thank you again for sharing your thoughts and resources."

Debbie Adamiak, Colusa Indian Health Clinic

I was very happy to see these and other comments about the first issue of the SDPI E-Update. Thank you for helping to make my dream of sharing the latest happenings in the SDPI, the IHS Division of Diabetes, and the larger diabetes community a reality.

One of the things I love best about our program is the way we rely on and learn from each other. Over the past nine years, the *Special Diabetes Program for Indians* has developed a strong, informal network where information flows in both directions — from the field to headquarters and back. Often, the best ideas come from you.

When a new tool or process is developed, or new materials are created, they often are shared with other programs in the region and with the Area Diabetes Consultant (ADC). If the tools or materials are considered relevant to other regions, the ADC will share them with other ADCs and with the national program.

We also share information and provide networking opportunities at regional and national diabetes meetings where national and local program staff members give presentations on subjects of mutual interest. Further, the IHS consensus-based Standards of Care and Best Practices enable us to share the expertise we have developed in diabetes treatment and prevention.

Maintaining our network assures that effective strategies learned in Alaska are available to programs in Phoenix and Oklahoma, and that tools developed in Nashville are shared with programs in Portland and Albuquerque. Take a look around your workplace and notice the tools and processes you use. Ask yourself where they came from. Chances are they were developed at another service unit, shared through our diabetes network, and then adapted by your local site to make them relevant for you.

Next time *you* have a great idea or develop a new tool, think about whether someone else in our network could benefit from your knowledge and expertise, and then consider passing it on. Your ADC can help you do this, or send it directly to the national program. The ideas we share help us to do our jobs better and improve the quality of what we do, every day.

As many of you know, I'm a firm believer in sharing and celebrating our successes. The SDPI E-Update is the perfect vehicle for this. Help us spread the word about the *Special Diabetes Program for Indians'* success by forwarding the E-Update to your colleagues.

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In addition, celebrate our success by using our new SDPI signature file in your communications. Click on the signature image below, which will open a new link. Right click on the image and save it to your computer. Use the signature at the end of your e-mails; put the graphic on your website; add it to your program's materials. Spreading this message is one more way we all can strengthen and celebrate our diabetes network and all its accomplishments.

Thank you,

Kelly Acton, MD, MPH, FACP



Advances in Diabetes Treatment and Prevention

Dramatic Increase in Diagnosed Diabetes Found in American Indians and Alaska Natives Under Age 35

As we all know, diabetes has reached epidemic proportions in American Indian and Alaska Native communities. A recent analysis of IHS system patient data for American Indians and Alaska Natives (AI/ANs) under age 35 years showed that the prevalence rate of diagnosed diabetes doubled in just 10 years—rising from 8.5 cases per 1,000 people in 1994 to 17.1 cases per 1,000 in 2004. These data are based on the 60% of AI/ANs who used the IHS system for health care services during the 10-year period.

The prevalence of diagnosed diabetes increases dramatically with age. In 2004, the prevalence rate among AI/ANs aged 15 years or less was 2.2 per 1,000 people; for those aged 25 to 34 years, the prevalence rate was 46.8 per 1,000. Females under age 35 were much more likely to have diagnosed diabetes than males in every age group. The highest prevalence rate was found in females aged 25 to 34 years (54.5 per 1,000 people). The prevalence rate in this group increased faster each year during the 10-year period than for any other group, rising at 9.1 percent a year over the 10 years.

These trends underscore the importance of focusing on diabetes prevention in younger people and young AI/AN women of child-bearing age. Early onset of diabetes in young people will mean more years of disease and greater risk for costly and disabling complications early in life. Diabetes is also a major cause of birth defects and perinatal deaths among young women with diabetes. These problems could be avoided by focusing on prevention among our younger age groups.

The good news is that according to the most recent survey of the *Special Diabetes Program for Indians* grant programs, many have activities for youth and target young AI/AN women to reduce their risk for diabetes. Many also offer activities related to healthy pregnancies and gestational diabetes. These programs are essential for helping to reverse the growing trend of diabetes among American Indian and Alaska Native youth.

Acton, KJ, Burrows, NR, Wang, J, and Geiss, LS. Diagnosed Diabetes Among American Indians and Alaska natives Aged <35 Years – United States, 1994-2004. *MMWR*, Vol. 55, No. 44, November 10, 2006, pp.1202–1203.

Coffee Consumption May Reduce Risk for Type 2 Diabetes

Did you know that recent studies have shown that drinking coffee can reduce a person's risk for type 2 diabetes? According to an article in the November issue of *Diabetes Care*, past and current coffee drinkers had a 60% lower risk of getting diabetes than those who never drank coffee.

The authors concluded this study confirms a striking protective effect of caffeinated coffee against developing diabetes. The quantity of coffee consumed daily (cup-years) did not predict diabetes risk in either those with normal or impaired glucose at baseline.

While the study findings are great news for those of us who are coffee drinkers, the study has several limitations. The study population was mainly middle class and white and they self-reported how much coffee they drank, which may not be totally accurate.

Smith, B et al., Does Coffee Consumption Reduce the Risk of Type 2 Diabetes in Individuals With Impaired Glucose? *Diabetes Care*. 2006; 29: 2385-2390.

Successful Interventions to Prevent Weight Gain in Youth Reinforce SDPI Approaches

Two studies presented at the October 2006 annual scientific meeting of NAASO, The Obesity Society, confirmed the potential effectiveness of program strategies already being used by the *Special Diabetes Program for Indians* grant programs. The first, a community-based program that promotes physical activity and healthful eating in the Boston area, resulted in weight loss for children who were at high risk for obesity. The second study, a policy-driven obesity prevention program in Philadelphia elementary schools, also helped children at risk for obesity.

“Shape Up Somerville” Community-based Study

The community-based study near Boston, MA, called “Shape Up Somerville, Eat Smart,

Play Hard,” was conducted by Dr. Christina Economos and her colleagues at Tufts University School of Nutrition Science and Policy. The study involved the whole community of Somerville in designing and implementing the intervention, an approach used widely by SDPI grant programs.

The goal of the intervention was to increase energy expenditures up to 125 kcals per day through physical activity and healthy eating. The intervention included 100 community events, four parent forums, newsletters, before- and after-school programs, and 90 teachers using a special curriculum. Parents, school food service employees, the media, physicians, 21 restaurants, and policymakers all got involved.

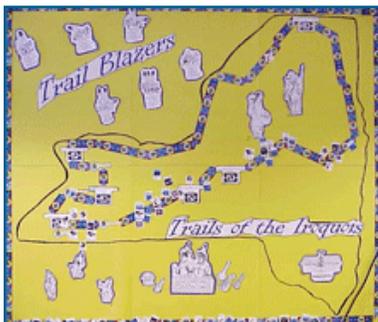
About 1,200 public elementary school children aged 6 to 9 years (grades 1-3) in ten elementary schools were in the intervention community; 15 and 5 schools were in the two control communities. The children's average age was 7.5 years, and almost 50% were white.

After 3 years, children in the intervention community gained an average of 4.26 pounds compared with 5.21 pounds in the control communities. The researchers found that the community-based intervention achieved significant results in overcoming the many environmental factors that promote obesity in Somerville. Dr. Economos and her colleagues concluded, “This model demonstrates promise for communities throughout the country as we are confronted with escalating childhood obesity rates.”

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SDPI Success Stories

Iroquois Trail Blazers: Leading the Way in Weight Loss Programs



"Trail Blazers" map depicting participants progress, both in weight loss and in understanding Iroquois culture.

A new trend has been spotted at the Seneca Nation in upstate New York. A family is out walking, with mom in the lead. Mom is sharing some of the facts she has learned at a tribal weight loss class: why whole grain cereal is better than ham and eggs for breakfast and how walking will continue to burn calories even after you stop. Mom also looks different from the way she did several months ago: she is wearing a strand of 15 beads around her neck and she is 15 pounds lighter.

This mom and about 20 other members of the Seneca Nation are part of a weight loss program, called "Trail Blazers: Trails of the Iroquois." It might not sound like a weight loss program, but the numbers prove otherwise: In just over a year, the trail blazers have lost a total of 300 pounds, averaging 10 to 15 pounds per person.

The program's key to success involves more than helping people switch from fried eggs to a bowl of cereal. Weekly classes cater to the needs and interests of American Indians by providing 15 minutes dedicated to emotional sharing. For every pound they lose, the women add a "pony" bead, an Iroquois symbol of something valuable or a memorable occasion, to a leather necklace.

As participants lose weight, they advance on a game board that shows the trails of the Iroquois nation, stopping at four tribal sites and learning about each site along the way. "You wouldn't think that learning about neighboring tribes would be a key to weight loss, but it is," says Robin Crouse, Health Educator. "People wanted to learn about other tribes in our area. This map shows their progress, both in weight loss and in understanding Iroquois culture."

Robin and other staff believe that the cultural components of the class – emotional sharing, receiving a meaningful gift, and learning about other Iroquois people -- will help participants continue losing weight and keeping it off. "More cultural knowledge and connection means more self-esteem," says Robin. "And that's the key to positive, ongoing change."

Advances in Diabetes Treatment and Prevention

(continued)

School-based Policy Intervention Study

The second study, led by Dr. Gary Foster of Temple University, evaluated a 2-year obesity prevention program that targeted foods and drinks offered in 5 elementary schools serving children in lower socioeconomic areas in Philadelphia; 5 other schools served as controls. In all study schools, at least 50% of children were eligible for free or reduced-fee lunch.

After 1 year, 7.1% of children were at risk for overweight in the intervention schools compared with 11.7% in control schools ($P = .50$). After 2 years, the difference between the intervention and control schools was even larger: 7.5% of the children in intervention schools were at risk compared with 14.4% in the control schools ($P = .03$).

According to Dr. Foster, the intervention had no effect on the rate of obesity, but it had a powerful effect on preventing overweight. "These results suggest that school-based policy interventions can play a role in the prevention of at risk for overweight among children in a low [socioeconomic status] environment."

NAASO: The Obesity Society Annual Scientific Meeting; Abstract 58-OR, presented October 22, 2006; abstract 157-OR, presented October 24, 2006.

Summercise: Teaching Kids Healthy Behaviors Year Round in Nome, Alaska A "Real World" Best Practice on Diabetes Prevention for Youth



Children of Nome, Alaska participate in the Summercise Program to learn about leading healthier lives through physical activity and eating healthful foods.

Nome is a community of 3,500 people along the Bering Sea in Northwest Alaska. A remote town that can be reached only by boat, plane, or dog sled, more than half of Nome's population is Alaska Native, predominantly members of one of several Eskimo groups living in the region.

Angie Gorn, a registered dietitian with Nome's Norton Sound Health Corporation, was inspired to develop a physical activity and nutrition program for youth. She had been working with a seven-year-old boy who weighed 140 pounds. Angie noticed that this little boy's situation was not

unusual, and decided it was time to take action to improve the health of Nome's children.

In 2000, Angie used funds from the Norton Sound Health Corporation's *Special Diabetes Program for Indians* grant to start the *Summercise Program*. "I wanted to develop a program to teach kids healthy behaviors that would become a part of their lives, not just something they did during the summer," Angie recalls.

Summercise's goals are to increase children's physical activity, help them lose weight, and en-

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SDPI News

Dr. Kelly Acton Receives NIHB Impact Award



Dr. Kelly Acton (right) poses with H. Sally Smith (Chairperson of the NIHB) after receiving the NIHB's National Impact Award

On October 12, 2006, Dr. Kelly Acton received the National Indian Health Board's (NIHB) **National Impact Award** at the organization's 23rd Annual Consumer Conference in Denver. The award honors an individual or organization that has impacted American Indian and Alaska Native health care at a national level.

In accepting the NIHB award, Dr. Acton acknowledged her colleagues at IHS, the Area Diabetes Consultants, the Tribal Leaders Diabetes Committee, and most importantly, the

399 grantees of the *Special Diabetes Program for Indians*.

"I am thrilled to receive this award," said Dr. Acton. "But I share the credit for this honor with all of the people in the Indian Health community who have truly made our diabetes activities so successful."

"Dr. Acton has worked tirelessly to promote diabetes prevention and better diabetes care in Indian Country," said Stacy Bohlen, Executive Director of NIHB. "She truly deserves this honor and recognition for her dedication and leadership."

"I've known Dr. Acton for several years now from my work on the Tribal Leaders Diabetes Committee," said Linda Holt, a member of the NIHB board. "Dr. Acton is always going above and beyond what is expected to help tribes succeed at diabetes treatment and prevention."

Congratulations to Dr. Acton and ALL the grantees of the Special Diabetes Programs for Indians!

SDPI Success Stories
(continued)

courage them to eat healthful foods. The program uses activities such as kayaking, hiking, berry picking, and sports to teach kids about physical activity and nutrition. Even during the winter, *Summercise* continues to reach and empower youth through health fairs, school presentations, community events, and winter sports.

More than 400 Nome kids over the age of 5 have participated in *Summercise*. Program results speak for themselves. Parents report that their kids are more active, are excited about physical activity, are eating more healthful foods, and are losing weight.

Word has spread quickly about the success of *Summercise*. The Institute of Medicine featured the program in its report, titled *Progress in Preventing Childhood Obesity: How Do We Measure Up?* *Summercise* received the 2002 Alaska Community Award of Excellence and the 2001 Award for Excellence in Community Nutrition from the Dannon Institute. In addition, more and more *Special Diabetes Program for Indians* grant programs are building on Angie's model to improve the health of American Indian and Alaska Native youth.

Empowering Clinicians to Deliver Quality Diabetes Care

Two New Supplements Now Available for
Balancing Your Life with Diabetes Curriculum

Exciting news! Two new supplemental Teaching Sessions are now ready for the IHS Division of Diabetes Treatment and Prevention *Balancing Your Life with Diabetes* (BYLD) curriculum. These supplements, part of the Teaching Sessions for use in conjunction with the BYLD curriculum, provide health professionals working in American Indian and Alaska Native communities with a framework for diabetes education on nutrition and pregnancy in one-on-one or group settings. Users need to be familiar with BYLD to use them most effectively.

Balancing Your Food Choices: Nutrition and Diabetes contains information specific to nutrition and type 2 diabetes. The teaching sessions include lessons on food labels, carbohydrate counting, introduction of Exchange Lists, food shopping, healthy cooking, and guidelines for eating away from home.

Beautiful Beginnings: Pregnancy and Diabetes covers the topic of pregnancy and type 2 diabetes, including pre-gestational and gestational diabetes. The teaching sessions

include lessons on steps to a healthy pregnancy and diabetes, healthy eating during pregnancy, common concerns about eating during pregnancy, physical activity during pregnancy, diabetes medications, blood sugar monitoring, and staying healthy during pregnancy and after delivery.

CDs of these new sessions may be ordered through the IHS DDTP web site: www.ihs.gov/MedicalPrograms/diabetes/. Printed copies will be available soon.

Spotlight on... **Bernadine Tolbert**

Soon, the Indian Health system will be wishing a fond farewell to one of our greatest leaders in delivering quality diabetes care to American Indians and Alaska Natives. Dr. Bernadine Tolbert, Oklahoma Area Diabetes Consultant since 1992, will be retiring on March 3, 2007. We will miss her spirit, her fierce determination, and her creativity very much.

Bernadine, we thank you for all you have done and all you have taught us. We wish you the best of luck in your retirement and in the many years to come!

Dr. Bernadine Tolbert is proud to have been known to agitate, aggravate and instigate for the continuous improvement of diabetes care. "When we talk about demonstrating success, we MUST have data! That's why I have been so serious about quantifying activities," says Dr. Tolbert.

Dr. Tolbert's persistence about using data to deliver quality diabetes care has paid off. In 1995, only 21 I/T/U facilities in the Oklahoma City Area (OCA) were participating in the Annual IHS Diabetes Audit. By 2001, that number grew to 44; by 2005, all 47 I/T/U facilities were audit participants.

Dr. Tolbert has used the audit data to motivate and challenge I/T/U facilities to meet or exceed benchmarks. She hired an epidemiologist to create reports from the audit data for each of the I/T/U facilities. She compared how facilities in the Oklahoma City Area (as a group) compared with the national average on each of the audit criteria. Upon request, she would travel to the facilities and discuss their site's audit results. These reports have been key motivators for I/T/U staff to make improvements in their delivery of diabetes care.

"Process measures can only take you so far," Dr. Tolbert states. "You've got to have outcomes and that's how you assess impact." Ultimately, she challenges healthcare professionals to demonstrate outcomes that show the care they are providing is making a difference with the person living with diabetes.

Dr. Tolbert also has been a strong advocate for diabetes educators, recognizing their critical role in teaching patients self-management skills. She has challenged many nurses and dietitians to become certified diabetes educators (CDEs). Again, the proof of her commitment can be found in the numbers: in 1998, there were 12 CDEs in the OCA; by August 2006, there were over 50 CDEs.

Dr. Tolbert's ultimate goal has been to see a population of patients that receives better health care and who are equipped with the necessary tools and skills to feel confident about managing their own diabetes. She declares, "I want to see patients begin to offer their own solutions to the challenges of self-management!"

Meet the **Staff****Lorraine Valdez, IHS Division of Diabetes Treatment and Prevention Nurse Consultant, Selected as Division Deputy Director**

Please join the IHS Division of Diabetes Treatment and Prevention (DDTP) in congratulating Lorraine Valdez, MPA, BSN, CDE, on her recent selection as Deputy Director of the Division.

Lorraine is a Certified Diabetes Educator and has been the Nurse Consultant with the Division of Diabetes since 1995.

"DDTP is honored to announce Lorraine's selection as the Deputy Director," said Dr. Kelly Acton, Division Director. "At every turn in her career, Lorraine has dedicated herself to meeting the needs of American Indians and Alaska Natives (AI/ANS) with diabetes. She has been at the forefront of our efforts to provide the very

best patient care and education and has played a major role in ensuring the success of the *Special Diabetes Program for Indians.*"

An enrolled member of Isleta Pueblo, and of Laguna and Isleta descent, Lorraine is a nationally recognized expert on patient care education for American Indians and Alaska Natives with diabetes. Her 21 years of experience include positions as a diabetes screening nurse, as a certified diabetes educator at the IHS Albuquerque Service Unit Diabetes Center of Excellence, and as the IHS Albuquerque Area Diabetes Control Officer. Lorraine participated in the development of the IHS Annual Diabetes

Meet the **Staff** *(continued)*

Care and Outcomes Audit and the Integrated Diabetes Education Recognition Program and in the development of numerous diabetes patient and provider education resources.

"In our office, we call Lorraine the 'Wise Woman' for her level head and ability to stay cool under incredible stress," said Dr. Kelly Moore, Clinical Consultant in the DDTP. "Lorraine's insight and facilitation skills have been invaluable in running a program as large and complex as the *Special Diabetes Program for Indians*."

Lorraine has received many awards for her outstanding service to AI/ANs with diabetes, including the 2006 IHS National Nurse Leadership Council "Nurse Administrator of the Year." Her professional affiliations include the AI/AN Nurses Association, the American Diabetes Association, and the American Association of Diabetes Educators, where she was the original chair of the Native American Specialty Practice Group. She was also a member of the National

Board of Directors for the American Diabetes Association, a member of the Executive Council of the New Mexico American Diabetes Affiliate, past co-chair of the American Diabetes Association's Native American Outreach Program Awakening the Spirit, and a member of the AI/AN Work Group of the National Diabetes Education Program.

Lorraine received a Bachelor of Science in Nursing and a Masters of Arts in Public Administration from the University of New Mexico.

Lorraine and her husband, Joe Valdez, also of Isleta Pueblo, are the proud parents of Dora (28), twin daughters Jeanine (26) and Marie (26). Jeanine received her Medical Degree from the University of New Mexico in May 2006 and Marie received double Master's degrees in Physical Therapy and Athletic Training from Texas Tech University. Lorraine also has two grandchildren, Evette (8) and Audrey (3).

Upcoming **Events**

February 27, 2007

Working Together: NDEP Celebrates a Decade of Partnership

National Diabetes Education Program Partnership Network Meeting
Holiday Inn Conference Center, Decatur, GA
To register online, visit
www.team-psa.com/ndep-pnmeeting

March 6-9, 2007

Competitive Grant Program: Year 3, Meeting 1

Doubletree Hotel Denver, Aurora, CO
Logistical information sent to appropriate grantees.

May 30-June 1, 2007

Community Wellness Forum: Tribal/Urban Indian Health Care Conference

San Diego, CA
You are invited to submit a proposal to present on Promising Practices in health promotion, disease prevention and community focused initiatives. [Click here](#) to download the Call-for-Presenters Flyer. Please e-mail Beverly Calderon, Health Promotion/Disease Prevention Coordinator, California Area Indian Health Service (beverly.calderon@ihs.gov) for more information. Deadline is April 1, 2007.

December 18-20, 2007

Making Data Count: Measuring Diabetes and Obesity in Indian Health Systems

Westin La Paloma Resort, Tucson, AZ
SAVE THE DATE!
An innovative conference that will provide opportunities for individuals and programs working in Indian health care systems to review current and advanced data systems and analysis tools relevant to diabetes and obesity data; learn the impact of cost and quality issues; network and share common issues and best practices for capturing, reporting, using and improving data to help improve the lives of American Indian and Alaska Native people. Registration coming soon.

Do you have program events that you would like to promote to other SDPI grantee programs? Send them to us and we'll post them here! Email them to: diabetesprogram@ihs.gov

Diabetes **Resources**

Looking for Diabetes Resources?

If you are looking for more diabetes resources for your program, be sure to check the Indian Health Service DDTP web site. You will find links to the leading Web pages for patient and health care provider education materials and the latest information on key diabetes treatment and prevention topics. Here is the url to add to your bookmarks.

http://www.ihs.gov/MedicalPrograms/diabetes/links/l_index.asp

Send Us Your **Feedback**

Send Us Your Feedback and Your Success Stories.

The SDPI E-Update is designed to help you succeed in your work in diabetes treatment and prevention. We want to hear from you. Please let us know what you like – or don't like – about the E-Update and what information you want us to include. Also, please share your ideas and success stories with us and we will share them with our readers.

Email diabetesprogram@ihs.gov with your suggestions.