



Sharing Our Success

SDPI e-Update

A Message from the Director

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

Welcome to the 7th edition of the SDPI e-Update. We hope you have had a wonderful summer and you're recharged and ready for another successful year with the Special Diabetes Program for Indians.

We have great news. On July 15, Congress voted to extend funding for the Special Diabetes Programs Indians at \$150 million per year for an additional two years through September 2011. Thanks to the good work of the Tribal Leaders Diabetes Committee (TLDC), the National Indian Health Board, the American Diabetes Association, and the Juvenile Diabetes Research Foundation, Congress has continued this critical investment in the fight against diabetes in America. In this edition of SDPI E-Update, we feature **Dr. Judy Goforth Parker**, a long-time member of the TLDC, and one of the TLDC heroes who helped so much with this effort.

The SDPI's mission to help prevent and control diabetes in American Indian and Alaska Native communities is now more important than ever. The latest estimates of the number of people with diabetes and pre-diabetes were released this summer and **the new data show the diabetes epidemic continues to spread**. Plus, several recent studies confirm the increased **risks associated with diabetes during pregnancy both to mothers and their offspring**.

Now that our children are going back to school, this issue of the SDPI e-Update focuses on youth and how we can help ensure that they live a diabetes-free life. To help you plan new programs and activities focused on promoting healthy weight and preventing type 2 diabetes in youth, we have compiled a list of tools in the section on **Empowering Clinicians to Deliver Quality Diabetes Care**. I hope Cecilia Kayano's

SDPI Success Story about the UNITY Conference and American Indian/Alaska Native youths' insights about diabetes prevention and staying healthy will inspire you to continue to reach out to young people in your communities.

The Division of Diabetes Treatment and Prevention staff is working on revamping our website to be more user-friendly and to include many new features. We also have been updating the website's technology so we can offer more online, interactive training for SDPI grantee staff. The new website will be launched this fall. Spearheading this effort, and so many more Division of Diabetes educational activities, is Wendy Sandoval, PhD, Training Officer and Nutrition Consultant. **Learn more about Wendy** and her outstanding work to improve the quality of training we have been able to offer to SDPI grant programs.

Check out the calendar of **Upcoming Events** and be sure to join us in November for the SDPI Demonstration Projects Meeting. Finally, I want to call your attention to several **health program awards competitions** that SDPI grant programs should consider applying for. This is a great way to earn more recognition for your program. And Please feel free to forward this edition of the SDPI e-Update to your colleagues, tribal leaders, and other people in your community.

As we enter the eleventh year of the Special Diabetes Program for Indians, I look forward to continuing to work with all of you and to our continued success.



Kelly Acton, MD, MPH, FACP

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Diabetes Research Round-Up

In addition to new evidence that the diabetes epidemic is continuing to spread, several recent studies confirm the increased risk of diabetes during pregnancy both to mothers and their offspring. Here is a roundup of current research on these topics.

Diabetes Epidemic Continues to Spread

Nearly 24 million Americans – 8 percent of the U.S. population – have diabetes, including about 6 million people who are undiagnosed. At 17 percent, American Indians and Alaska Natives continue to have more than twice the rate of diabetes as the U.S. population and the highest rate among all U.S. racial and ethnic groups. For the latest diabetes data, go to the 2007 National Diabetes Fact Sheet: <http://diabetes.niddk.nih.gov/dm/pubs/statistics/>

Gestational Diabetes Raises Risk of Type 2 Diabetes in Mothers Later On

A new study by researchers at the University of Toronto confirms previous research that gestational diabetes greatly increases a woman's risk of developing type 2 diabetes later on. The researchers followed 633,440 women who gave birth between 1995 and 2002 for a 9-year period.

A total of 21,823 (3.3 percent) women in the study had gestational diabetes. Of these, 19 percent went on to develop type 2 diabetes during the 9-year follow-up period compared to 2 percent of those who did not have gestational diabetes. When the researchers looked at all of the diabetes risk factors the women had, they found that gestational diabetes was the strongest one, increasing the risk for type 2 diabetes more than 37 times.

“Because of the high level of risk for these women, both screening for type 2 diabetes and preventive measures should be taken,” said Dr. Denice Feig of the University of Toronto. “Detecting and treating type 2 diabetes is particularly crucial if a woman plans to become pregnant again,” she added, “because poorly controlled diabetes in pregnancy increases the risk of fetal malformations and stillbirth.”

Source: D.S. Feig, B. Zinman, X. Wang, et al. Risk of development of diabetes mellitus after diagnosis of gestational diabetes. *Canadian Medical Association Journal*, July 29, 2008. Volume 179, Issue 3.

Babies of Women with Diabetes More Likely to Have Birth Defects

In the largest study of its kind, researchers from the Centers for Disease Control and Prevention (CDC) found that women who have a diagnosis of diabetes (either type 1 or type) before they become pregnant are 3 to 4 times more likely to have a child with one or even multiple birth defects than a mother with no diabetes or with gestational diabetes.

The National Birth Defects Prevention Study (NBDPS), *Diabetes Mellitus and Birth Defects*, lists nearly 40 types of birth defects, including heart defects, defects of the brain and spine, oral clefts, defects of the kidneys and gastrointestinal tract, and limb deficiencies. This study is the first to show the broad range and severity of birth defects associated with type 1 and type 2 diabetes.

“The continued association of diabetes with a number of birth defects highlights the importance of increasing the number of women who receive the best possible preconception care, especially for those women diagnosed with diabetes,” says Adolfo Correa, M.D., M.P.H., Ph.D., lead author and epidemiologist at CDC's National Center on Birth Defects and Developmental Disabilities. “Early and effective management of diabetes for pregnant women is critical in helping to not only prevent birth defects, but also to reduce the risk for other health complications for them and their children.”

Source: A. Correa, S. Gilboa, et al. Diabetes mellitus and birth defects. *American Journal of Obstetrics and Gynecology*, published online August 1, 2008.

Exposure to Mothers' Diabetes and Obesity Are Linked to Type 2 Diabetes in Youth

Researchers using data from the SEARCH Case-Control Study of diabetes in youth found that babies exposed to their mothers' diabetes and obesity while in the womb are at increased risk of developing type

2 diabetes in adolescence. Dr. Dana Dabelea at the University of Colorado Health Science Center and colleagues studied 79 youths who were diagnosed with type 2 diabetes before their 20th birthday and 190 control youths who did not have diabetes.

The researchers found that 30 percent of youths with type 2 diabetes and 6 percent of those without diabetes were exposed to their mothers' diabetes in utero. Similarly, 57



percent of the youths with type 2 diabetes versus 27 percent of those who did not have diabetes were exposed to maternal overweight or obesity. After adjusting for other risk factors, the researchers found that overall, 47.2% of type 2 diabetes in youth could be attributed to prenatal exposure to maternal diabetes and obesity.

The researchers concluded, “Intrauterine exposure to maternal diabetes and obesity are strongly associated with type 2 diabetes in youth. Prevention efforts may need to target not only childhood obesity but also the increasing number of pregnancies complicated by obesity and diabetes.”

Source: D. Dabelea, Mayer-Davis, E.J., et al. Association of intrauterine exposure to maternal diabetes and obesity with type 2 diabetes in youth: The SEARCH case-control study. *Diabetes Care*, July 2008. Volume 31, Number 7.

Empowering Clinicians to Deliver Quality Diabetes Care

Promoting Healthy Weight and Preventing Type 2 Diabetes in Youth

The growing rates of childhood overweight and obesity – not only in American Indian and Alaska Native (AI/AN) youth but also in the general United States population – point to a serious public health crisis. For an in-depth look at the crisis, which features the Pine Ridge Reservation and other communities who are most severely affected, see this recent issue of *Time magazine*:

<http://www.time.com/time/magazine/article/0,9171,1813984,00.html>

Children who are obese have a very high risk of developing type 2 diabetes and some already show higher levels of blood pressure, cholesterol, triglycerides, and blood glucose. Overweight children also are at risk for emotional problems arising from being obese, including shame, low self-esteem, and self-blame, all of which may affect their quality of life and how they function in school and in social situations.



Since its inception, the Special Diabetes Program for Indians has addressed the threat of childhood obesity and type 2 diabetes, acting on the best available evidence to respond to this public health crisis. Over 80% of

SDPI grant programs use recommended public health strategies to provide diabetes prevention activities and services for AI/AN children and youth.

Now that children and youth are going back to school and families are resuming their daily routines, this is a good time for SDPI grantees to put into practice several excellent resources on the prevention and treatment of type 2 diabetes in children and youth.

Resources on the IHS Division of Diabetes Treatment and Prevention Website

CLINICAL GUIDELINES

New!!! Promoting a Healthy Weight in Children and Youth: Clinical Strategies, Recommendations and Best Practices:

Although obesity is difficult to treat, and data on effective ways to prevent and treat overweight in AI/AN communities are limited, SDPI grantees and health care providers may still adopt the “best available” evidence. That is why the Division of Diabetes is developing a new clinical guidelines report, *Promoting a Healthy Weight in Children and Youth: Clinical Strategies, Recommendations and Best Practices*. The report provides step-by-step strategies and resources to help programs implement the following five recommendations for promoting a healthy weight in children and youth:

Recommendation 1: Body Mass Index (BMI) Assessment

Provide BMI screening and assessment for all children through age 18.

Recommendation 2: Breastfeeding

Promote exclusive breastfeeding for infants.

Recommendation 3: Patient Health Education

Implement universal patient health education regarding healthy eating behavior and increased physical activity to prevent and treat childhood overweight.

Recommendation 4: Counseling and referrals

For patients who are already overweight or obese, assess for complications and co-morbidities, provide counseling, and identify and refer patients to resources that promote weight-reduction, weight management, nutrition, and physical activity.

Recommendation 5: Community Education

Advocate for and promote healthful eating and

regular physical activity in the larger community. SDPI grantees can find a current draft of the report on the Division of Diabetes website. The final report will be completed in Fall 2008. Download the report here: http://www.ihs.gov/MedicalPrograms/Diabetes/resources/r_index.asp

Prevention and Treatment of Type 2 Diabetes Mellitus in Children, With Special Emphasis on American Indian and Alaska Native Children:

These clinical guidelines, published in the journal *Pediatrics* in 2003 were developed to assist in clinical decision-making by primary health care professionals. You will find the article here: <http://pediatrics.aappublications.org/cgi/reprint/112/4/e328.pdf>

FACT SHEET

Type 2 Diabetes and Youth: Acting Now for Future Generations:

This Division of Diabetes fact sheet summarizes current data about the problem of type 2 diabetes in youth and SDPI grant program activities to address this crisis. Download the fact sheet here: <http://pediatrics.aappublications.org/cgi/reprint/112/4/e328.pdf>

CURRICULUMS

Beautiful Beginnings: Pregnancy and Diabetes 2006:

The Division of Diabetes' Beautiful Beginnings: Pregnancy and Diabetes (BB) Supplemental Teaching Sessions provide information specific to pregnancy and type 2 diabetes, including pre-gestational and gestational diabetes. These Supplemental Teaching Sessions are intended for use in conjunction with the IHS Balancing Your Life and Diabetes (BYLD) curriculum. View the session here: http://www.ihs.gov/MedicalPrograms/Diabetes/resources/peg06_index.asp

Healthy Beverage Community Action Kit 2006:

The goal of the Division of Diabetes' Healthy Beverages Community Action Kit is to assist tribal

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communities to work together to promote healthy beverages, and to decrease intake of sugary beverages and soft drinks to combat health risks for AI/AN community members. View the action kit here: http://www.ihs.gov/MedicalPrograms/Diabetes/resources/healthbev06_index.asp

BEST PRACTICES

School Health and Diabetes: The best practice for school health and diabetes describes the best methods for: offering clinical services, improving dietary behaviors, promoting physical activity, promoting mental health, using a “whole school” approach, and creating a dialogue among local tribal programs, clinics, and schools. Download the PDF here: http://www.ihs.gov/MedicalPrograms/Diabetes/resources/bp06_SchoolHealth.pdf

Youth and Type 2 Diabetes: The best practice for youth and type 2 diabetes describes the best methods for: promoting breastfeeding of infants for at least two months, reducing in utero exposure to elevated blood sugar levels, establishing programs to increase physical activity and improve diet early in life, identifying at risk youth early, establishing a clinical diagnosis of type 2 diabetes with appropriate referrals of at-risk youth and youth with type 2 diabetes and their parents into the healthcare system, and treating youth with type 2 diabetes. Download the PDF here: http://www.ihs.gov/MedicalPrograms/Diabetes/resources/bp06_YouthandDiabetes.pdf

Resources on the National Diabetes Education Program Website

TOOLKITS FOR SCHOOLS

National Diabetes Education Program:

The following items can be found on the NDEP website: <http://www.ndep.nih.gov/>

Get Your Students to Move It: Schools Can Help Lower the Risk for Type 2 Diabetes in Youth: NDEP developed the Move It! And Reduce Your Risk for Diabetes School Kit to assist schools in developing programs to help students lower their risk for the disease. This free resource was originally developed for AI/AN students, but can be adapted for students of all races and ethnicities. The kit includes customizable posters of youth engaging in fun physical activities, a fact sheet that can be used as a teaching aid, and sample newsletter text for school and community publications. Download the Move It Kit here: <http://www.ndep.nih.gov/diabetes/pubs/get-your-students-to-move-it.pdf>

Helping the Student with Diabetes Succeed: A Guide for School Personnel: School personnel can play a key role in making the school experience safe for students with diabetes and NDEP developed Helping the Student with Diabetes Succeed: A Guide for School Personnel to help. The guide reflects a consensus from a broad spectrum of federal agencies and leading organizations in the diabetes and education communities on how to better meet the medical needs of students with diabetes and provides a framework for managing diabetes effectively in the school setting. Download the guide here: <http://www.ndep.nih.gov/resources/school.htm>

TIP SHEETS

New! Tip Sheets for Teens with Diabetes:

This engaging series of tip sheets provides useful information about diabetes and encourages teens to take action to manage their disease for a long and healthy life. Written in clear and simple language, the tip sheets are helpful for anyone who has diabetes and his or her loved ones. Get the Tip Sheets here: <http://www.ndep.nih.gov/diabetes/youth/youth.htm#TSKidsType2>

Tips for Teens: Lower Your Risk for Type 2 Diabetes: This bright, easy-to-read tip sheet encourages teens to take steps to lower their risk for type 2 diabetes. It provides advice about how to reach a healthy weight and lead an active lifestyle. Healthy food and activity guides are included. Get the Tip Sheet here: http://www.ndep.nih.gov/diabetes/youth/youthtips/youthtips_lowerrisk.htm

It's Never Too Early to Prevent Diabetes: A Lifetime of Small Steps for a Healthy Family:

Women with a history of gestational diabetes mellitus (GDM) are at increased risk for diabetes. Their children are at increased risk for obesity and diabetes in childhood and adolescence, compared to other children. The good news is that it's never too early to prevent diabetes. Use these materials designed specifically to help women with a history of GDM to prevent or delay type 2 diabetes, and to help their children lower their risk for the disease. Get the Tip Sheet here: http://www.ndep.nih.gov/diabetes/pubs/NeverTooEarly_Tipsheet.pdf



SPDI Success Stories

Huge Youth Conference Gives Us a Hint: Our Youth are the Jackpot **By Cecilia Kayano**

One thousand Native youth gathered in Reno, Nevada, on July 11-15 for the UNITY Conference (United National Indian Tribal Youth). Writers and photographers from the Division of Diabetes' new *Gen 7* magazine were there to interview youth about physical, mental, emotional, and spiritual wellness. What we found there, at the very least, fulfilled our need for teen-captivating stories, and at its best, moved us to tears.

When we saw the huge number of teens, we rejoiced—we had hit the jackpot, found the cornucopia, grasped the runneth-over cup of teen health stories! These stories would be just right for *Gen 7*'s audience: Native youth, ages 13-18. The magazine's goal, like that of Health for Native Life, is to inspire, motivate, and educate readers to take the next step in taking care of their health through real-life role modeling stories.



Victoria Capitan, Shelei After Buffalo, and Elsie Feland

There were two teams of *Gen 7* writers/photographers at the conference. We were using our “guerilla interviewing” method, which means we just stop someone, introduce ourselves and the magazine, then start firing questions. No one is pre-selected. No story lines are mapped out carefully. As we talk to the person, the story emerges, or so we hoped.

The first morning, writer Barbara Mora (Paiute/Dine) and I decided to hang out in front of the hotel, looking for teens returning from the “Just Move It” run/walk. In came a group of three runners. After the first girl answered a few questions, I started to get a glimpse of the magnitude of this jackpot. Here is some of what Victoria Capitan (Eastern Shosone/Navajo/Ogalala Sioux) said: “My grandmothers have diabetes. I know the risk of diabetes is passed on through the genes, so I am at risk. If I stay fit and healthy, eat right, run and be active, I can prevent it. I run, play basketball, and work out.”

Here is a little of what Shelei After Buffalo (Eastern Shosone/Blackfeet) said: “When I run, I put my heart and mind into it. I pay attention to the beautiful day. I become aware of my athletic ability. My mind becomes clear.”

And here is what Elsie Feland (Northern Arapaho) said: “Being fit helps me avoid drugs and alcohol. They are toxins and have a negative effect on your body. I don't want anything negative in my body. So, when I run, play basketball, lift weights, and rock climb, I am doing these things with only positive things in my body.”

These girls were 16 and 17. Their faces glowed with health.

Around the corner, at the Reno Sparks Colony, writer/photographer Bob Mora (Tarahumara/Mexican) and Paula Barr were scoping out a story on the benefits of playing basketball. What they got was more than calorie burn.

Tiffany Smalley, age 19 (Aquinnah Wampanoag) said: “Basketball keeps me fit to dance Eastern Blanket. It helps me avoid diabetes. It is a stress-reliever

when school work piles up. I'm less anxious in other areas of my life when I play basketball.” Tiffany is a freshman at Harvard University.

Jamal Sanchez, age 17 (White Mountain Apache) said: “Basketball teaches me discipline, purpose, focus, and dedication. It teaches me that there's always a way around an obstacle. If you can focus on basketball, you can focus on what you want in life. Basketball taught me that I can achieve my goals, I can be somebody.” Jamal plans to attend the University of Arizona.



Jamal Sanchez

Outside the hotel was a sacred fire, tended by three young men. Joseph Lynch (Haliwa-Saponi) explained: “Tending the fire is an honor. The fire heats me up, not just on the outside, but on the inside. Sitting next to it, taking care of it, I feel a connection to my grandfather and my Creator Grandfather. I pray for my family and Native people. In the past, we never got respect when all the treaties were broken. Tending the fire and praying helps me have self-respect.” Joseph is 16.

After listening to keynote speaker Albert Pooley (Navajo/Hopi), Lane Notah (Navajo) had this to say about how he envisions his future: “I want to be a dedicated, trustworthy, honorable husband. I will treat my future wife with love and care. I will treat my wife and children with respect. I plan to take care of my future family by going to college now. I've been accepted by the University of New Mexico, where I'm

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going to study engineering. I want to be a contractor, so I can give back to the community by helping make the reservation a better place." Lane is 17.



Joseph Lynch

The fitness, basketball, sacred fire and fatherhood stories were four of 15 that we came away with from the UNITY Conference. Other stories included ones about what to eat for breakfast, how to choose friends, and envisioning communities without meth.

Time after time, we were humbled and awed by the depth of the youths' insights. In between interviews, we met and talked about what we were experiencing. We wondered, how do these young people know so much about diabetes prevention and how to be well? We went on to consider whether this group of

youth was truly a jackpot or if all Native youth, given the chance, would be just as knowledgeable, just as sophisticated, just as desirous and capable of having a healthy, balanced, happy life.

Our conclusion was that it takes a community to reap a jackpot.

To all people who are working in SDPI, tribal and urban diabetes prevention programs, to UNITY staff and presenters, to those who are working to help youth, adults and families be physically, mentally, emotionally, and spiritually well, and to parents who drop everything, and spend time showing youth how to be well, I applaud you. You are making a tremendous difference.

After spending five days with one thousand Native youth, I came away changed. I had been wrong. This conference, this group of teens, was not the jackpot. These were just your average Native youth with hours and hours of parental, extended family, program and community dedication provided to them. The UNITY Conference proved to me that all Native youth are the jackpot, the cornucopia, the runneth-over cup.

MORE INFORMATION:

- ◆ UNITY is a non-profit organization for Native teens that puts on a conference once a year. Its mission is "to foster the spiritual, mental, physical, and social development of American Indian and Alaska Native youth and to help build a strong, unified, and self-reliant Native America through greater youth involvement." To find out more, go to www.unityinc.org.
- ◆ The first edition of Gen 7 will be available in late August. The stories mentioned in this article will be in the second edition, available later this year or in early 2009. To order copies, go to http://www.ihs.gov/MedicalPrograms/Diabetes/resources/r_index.asp.
- ◆ Albert Pooley is the founder and president of The Native American Fatherhood & Families Association. Its mission is "to strengthen families by responsibly involving fathers in the lives of their children, families and communities and partnering with mothers to provide happy and safe families." To find out more, go to www.nativeamericanfathers.org.

Meet the Staff...Wendy Sandoval



Have you ever wondered how the IHS Division of Diabetes Treatment and Prevention successfully coordinates a variety of training activities where you've learned so many new things

about diabetes to improve patient care? Then, meet Wendy Sandoval, PhD, RD, CDE, Training Officer, who joined the Division of Diabetes in 2004 to spearhead training and conferences for SDPI grantee staff. Winner of an IHS Superior Service Award in 2007, Wendy brings over 35 years of experience

in nutrition and education to her role at the Division of Diabetes. Her career includes teaching positions at several universities and as Program Director for the nutrition/dietetics program at the University of New Mexico. She has published widely in research journals on topics, including the benefits of medical nutrition therapy, applying stages of change in nutrition counseling, and how to educate and prepare dietitians.

What does Wendy consider to be the keys to developing and putting on successful conferences and training? Two words say it all: collaboration and feedback. "We work as a team," says Wendy. "A core group works together

to identify topics that meet participants' needs and then we find the right people to deliver the information using real world examples that participants can use in their own programs."

Feedback from conference attendees and SDPI program staff helps the Division of Diabetes figure out how best to meet training needs and to identify topics for future training. "For example, we learned that grantees wanted training on Program Planning and Evaluation to document their success," says Wendy. "At the Data Conference in 2007, the sessions on these topics were overflowing and received rave reviews."

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With the costs of national and regional conferences skyrocketing due to increases in fuel and lodging, the Division of Diabetes is exploring ways to meet grantees' educational needs using web-based training. As Wendy puts it, "Web-based training can help us reduce costs while at the same time meeting people's training needs with a new model that can serve many more people." The Division of Diabetes has completed three web-based training modules for "Enhancing Communications Skills." More training modules are in the developmental stage.

Wendy is also the project manager on the redesign of the Division of Diabetes website. The site is being updated and revamped to be more user-

friendly. When it is completed, it also will have the capability to provide web-based training.

What does Wendy like most about working at the Division of Diabetes? "The people in our office and in the field have a high level of commitment to their jobs and to what they're doing. They're optimistic, supportive, and empowering. There are great opportunities, such as web-based training projects, for me to use my skills in a new and innovative environment. It is also exciting to see the Division of Diabetes as the forerunner in developing innovative web-based training for IHS."

Beyond her duties as a Training Officer, Wendy has been using her nutrition and academic expertise to publish articles on other Division of Diabetes activities such as the IHS Medical Nutrition Therapy Collaborative Work Group (IHS MNT). The Collaborative involves a multidisciplinary group of professionals looking at ways to fill the gap in access to nutrition services and MNT in AI/AN communities. Wendy is helping to get the word out about the Collaborative's work by writing articles such as how "MNT Works, Saves Money, and Makes Money" for the IHS Provider.

A native of New Mexico, Wendy has been married to Stann Sandoval for 31 years. They enjoy traveling and taking long walks.

Spotlight on... Judy Goforth Parker



Dr. Judy Goforth Parker truly lives up to the name Goforth. For over 30 years, she has been on the move, working to advance the health and well-being of American Indians and Alaska Natives.

An elected legislator of the Chickasaw Nation of Oklahoma, Dr. Parker has been a member of the IHS Tribal Leaders Diabetes Committee since 1999.

Dr. Parker lives in Ada, Oklahoma where she has been a Professor of Nursing at East Central University since 1985. She earned her PhD in Nursing in 1992 from Texas Women's University, writing her dissertation on "The Lived Experience of Native Americans with Diabetes." She researched and wrote this in-depth study at a time when there were no social and psychological tools to measure how AI/ANs with diabetes were living with the disease.

"When I started working in diabetes 20 years ago, everywhere I went I heard native people say, 'We're

a diabetic people,'" says Dr. Parker. "Today, SDPI is changing that and now there is hope that we can do something about diabetes."

A long-time member of the TLDC, Dr. Parker points to several accomplishments that stand out most in her mind. "I liked the work we did on self-evaluation of the TLDC," says Dr. Parker. "We took time out to conduct a thorough evaluation of what we had accomplished and what we needed to do in the future." Dr. Parker also feels that the "TLDC is one of the finest models of tribal consultation, putting the concept of tribal sovereignty into practice as we strengthen our government-to-government relationships."

Dr. Parker marvels at SDPI's success in terms of programs dealing with AI/AN youth. "Each year there are more and more programs focused on youth," she says. "It's phenomenal! The key to success in preventing diabetes in future generations," notes Dr. Parker, "is to get families involved. Get parents involved with kids and kids with parents—for support and for making lifestyle changes together."

What does Dr. Parker consider the most memorable experience of her service on the TLDC? "I'll never

forget the times we walked our feet off on Capitol Hill lobbying our Congressmen and their staffs to fund, or renew funding for, the SDPI," says Dr. Parker. "There we were with all the other lobbyists who walk the halls of Congress, talking to them about the diabetes epidemic in AI/AN communities and how we must stop it through SDPI. All that hard work has paid off and we have the results to show for our efforts!"

Dr. Parker spreads the word about diabetes prevention and treatment through the blog she created in 2007 (<http://www.goforthparker.com>). "I've been writing about diabetes for the Chickasaw tribal newspaper for years," she said, "but young people are not newspaper-bound. I created my blog to let them know what is going on in AI/AN communities to fight diabetes and what they can do." Here's just one example of how Dr. Parker recently used her blog to promote diabetes treatment and prevention as part of an article she wrote about the May 2008 TLDC meeting in Washington:

"If I could give you an assignment, it would be to spread awareness of diabetes and its

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Spotlight on...Judy Goforth Parker (continued)

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complications to your family members so that we can help in halting this disease. Information is liberating. Action is imperative. Losing 10 pounds, staying active, and eating healthy food choices are three powerful steps that you can take toward preventing diabetes. For those diagnosed with diabetes, these three simple steps can also help in preventing complications. Join the team. Fight diabetes.”

In addition to her leadership role on the TLDC, Dr.

Parker has been president of the board of directors of the East Central Oklahoma Blood Institute since 2001 and a member of the board of the Oklahoma Blood Institute since 2005. On the national front, Dr. Parker has served on the Health Resources and Services Administration's Advisory Committees on AIDS and on the National Advisory Committee for Nursing Education and Practice.

Where is Dr. Parker going next in her life journey? “I always intended to do something more,” she said.

So, after 24 years of teaching nursing in a university setting, Dr. Parker is studying for a second Masters degree to become a family nurse practitioner.

“As a nurse practitioner, I'll be on the front lines again and will be able to help patients treat and prevent diabetes,” says Dr. Parker. If all goes as planned, she and her two children -- Mahate, age 25, and a junior at the University of North Dakota Medical School and Wyas, age 21 and a junior at East Central University -- all will graduate from their respective university programs in 2010.

Awards Information

American Hospital Association (AHA) NOVA Awards®

AHA NOVA Awards® honor effective, collaborative programs focused on improving community health status.

Applications are due: December 5, 2008.

<http://development.thehillgroup.com/emails/eupdate/downloads/09novaapplication.doc>

American Hospital Association (AHA) Shirley Ann Munroe Leadership Award

This award is designed to provide professional development and educational opportunities to outstanding small or rural hospital chief executives.

<http://development.thehillgroup.com/emails/eupdate/awardsv2i3.html>

Goal

The award recognizes the accomplishments of small or rural hospital chief executives and administrators who — coupled with a profound appreciation of the challenges confronting rural communities and understanding of AHA's vision of a healthier America — have achieved improvements in local health delivery and health status through their leadership and direction. The award emphasizes innovation in the following:

- ◆ Building community-wide collaborative relationships
- ◆ Improving and expanding coverage and access to essential services
- ◆ Implementing patient safety and quality initiatives
- ◆ Identifying and utilizing new technologies and information systems to improve health outcomes

Sponsors

The award is funded through contributions of individuals and organizations who recognize the need to honor the accomplishments of dedicated rural hospital chief executives and support their continued professional growth. AHA's Section for Small or Rural Hospitals and the Health Research and Educational Trust of the AHA administer and support the award and the spirit and promise of America's small or rural hospitals. In 2008 the stipend of \$1,200 will be given to help defray the cost of attending an AHA Executive Leadership Program.

Eligibility

To be eligible, applicants must have played a pivotal role throughout the year in resolving problems or overcoming challenges faced in the small or rural hospital arena, such as preparing

the hospital to adapt to local, market-driven health care reform initiatives. Examples of activities or programs that meet these criteria include:

- ◆ Community-focused activities that are developed cooperatively with community leaders or physicians maximizing scarce resources to encourage provision of communitywide health services for patients and families
- ◆ Patient-centered delivery of improved health services through appropriate acquisition of new technologies or information systems, or through enhanced management of costs or quality
- ◆ The organization of new types of interprofessional relationships to provide care, education, and training, as well as programs linking various levels of care or new structures integrating nurses, physicians, and department managers

For more information:

Questions about how to apply for the award and how to support the continued advancement of accomplished rural hospital administrators and chief executives should be directed to:

Hilda Fisher, Section for Small or Rural Hospitals
Phone: 312.422-3334 or email: hfisher@aha.org

Announcements

Reviewers Needed for Integrated Diabetes Education Recognition Program (IDERP)

The IHS Integrated Diabetes Education Recognition (IDERP) is accepting applications for reviewers. Registered nurses and pharmacists are particularly needed for the IHS IDERP active list of reviewers.

IDERP applications are reviewed by a committee of two (2) reviewers from different disciplines and a review coordinator. The role of an IDERP reviewer is to complete an IDERP application review, apply the review criteria equitably to each applicant and provide documentation as the foundation for accreditation decisions. An IDERP reviewer may also be assigned to participate in a Site Audit to monitor a recognized program's compliance with IDERP Standards and review criteria. An additional role of the IDERP reviewer is to provide technical assistance and consultation to programs as needed and to provide ongoing critique of the IDERP review process, tools and resources.

Being an IDERP reviewer creates an opportunity for learning about the IHS IDERP accreditation process. A benefit of being an IDERP reviewer allows you to network with other diabetes educators throughout I/T/U communities across the country. There is also the potential to travel to other I/T/U communities to become acquainted with diabetes education programs in their unique settings.

IDERP reviewers are selected based on the following criteria:

- ◆ Be a licensed health care professional.
- ◆ Have a minimum of five (5) years experience in diabetes care and education in I/T/U health settings (experience must have occurred within the past ten (10) years).
- ◆ Have knowledge and expertise in diabetes education, quality improvement and program evaluation demonstrated by documented work duties in CV or resume and/or letters of support.
- ◆ Have documentation of fifteen (15) hours of CEU activity in chronic disease care, diabetes management, program management and education in the previous two (2) years. Some of the CEU activity should be relevant to diabetes in AI/AN population. Proof of documented CEU activity can be met with a current CDE or BC-ADM credential or currently be an instructor of an IDERP accredited program.

To request an IDERP Reviewer Application please contact:

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IDERP Program Specialist
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Upcoming Events

TLDC Meeting

Washington, DC
November 13-14, 2008
<http://conferences.thehillgroup.com/SDPIGranteeConference/index.html>

SDPI Community-Directed and Demonstration Projects Grantee Conference

November 13-14, 2008
Washington, DC
<http://conferences.thehillgroup.com/SDPIGranteeConference/index.html>

World Diabetes Day

November 14, 2008
Washington, DC
<http://www.worlddiabetesday.org/>

2nd International Diabetes in Indigenous Peoples Forum: International Best Practices

November 17th-19th, 2008
Vancouver, BC, Canada
http://www.interprofessional.ubc.ca/Brochures/Brochure_IDIPF.pdf

Childhood Obesity/Diabetes Prevention in Indian Country: Making Physical Activity Count!

December 2-4, 2008
San Diego, CA
<http://www.nartc.fcm.arizona.edu/conference/>

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