

SDPI e-Update

Sharing Our Success

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A Message from the Director

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

Welcome to the 8th edition of the SDPI e-Update! Happy 2009! May this year bring you good health, happiness, and harmony.

We have begun the tribal consultations for the new SDPI application process and activities, starting in 2010. Please give your tribal leaders input for their reports before the end of February. I want to assure you again that the new grant application and award process will be similar to the one we have used in the past. To help you through the new process, DDTP will offer training sessions and have staff available to answer your questions.

This issue of the SDPI e-Update features highlights from our historical conference in Washington, D.C. on November 13-14, 2008. Over 300 SDPI grantees met to network and share their accomplishments. IHS Director Robert McSwain was truly impressed with the "history, harmony, and hope" that permeated the meeting. Thank you to everyone who organized, attended, presented, and participated in this outstanding meeting.

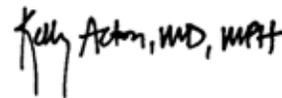
Please visit the **meeting photo gallery** and read the articles on several key presentations in the **Diabetes Research Roundup** and **SDPI Success Stories** sections. Be sure to learn about Marge Koepping's new drug, Preventital (pronounced Prevent-It-All), and spread the word about it to your colleagues and program participants.

The IHS Division of Diabetes Treatment and Prevention (DDTP) has a newly redesigned website. In addition to a new look, you will find a wealth of new resources and materials. Please visit the site, <http://www.diabetes.ihs.gov>, send us your feedback, create a link from your website to the DDTP website, and promote it to your colleagues and communities.

Where would SDPI be without the people who work so hard to make the program possible? Meet **Bonnie Bowekaty** from the Division of Diabetes Treatment and Prevention and **Rosemary Nelson**, a member of the Tribal Leaders Diabetes Committee and a champion for the SDPI.

Finally, please check the calendar of **Upcoming Events**, especially the IHS Health Summit in Denver on July 7-9, 2009, and the **health program awards and competitions** for earning more recognition for your program.

Wishing you continued success in the coming year,



Kelly Acton, MD, MPH, FACP

Diabetes Research Round-Up



Dr. Sanford Garfield, National Institutes of Health, and Dr. Stephen Rith-Najarian, Bemidji Area Office, summarized the findings of several major studies at the SDPI Grantee Conference on

November 14, 2008. Their message: **Diabetes prevention and control interventions can make a difference.**

According to Dr. Garfield, the **Diabetes Prevention Program Outcomes Study (DPPOS)**, the continuation of the Diabetes Prevention Program (DPP), found that 11 years after the beginning of the study, participants in the lifestyle intervention group are still at lower risk for developing diabetes than those in the group that received Metformin or the control group.

The Diabetes Control and Complications Trial (DCCT) and its follow-up study, **Epidemiology of Diabetes Interventions and Complications (EDIC)**, have found that early intervention with intensive treatment, even for a limited number of years, produced a long-term reduction in microvascular (retinopathy, nephropathy, and neuropathy) and macrovascular (cardiovascular disease) complications of diabetes. **The United Kingdom Prospective Data Study (UKPDS)** found that lowering A1C levels by 1 percent in people with type 2 diabetes resulted in significant reductions in microvascular complications, but there were no significant reductions in cardiovascular events.

Can you reduce the risk of macrovascular complications in people with type 2 diabetes with intensive glucose control? According to Dr. Rith-Najarian, that was the objective of three major studies: Action to Control Cardiovascular Risk in Diabetes (ACCORD), Action in Diabetes

to Prevent Vascular Disease (ADVANCE), and Veterans Administration Diabetes Trial (VADT). While ACCORD found that intensive glucose control reduced the risk of nonfatal heart attacks in people with diabetes, it also increased the risk of deaths due to cardiovascular disease. ADVANCE and VADT showed no impact on reducing cardiovascular events in people with diabetes.

Dr. Rith-Najarian's conclusions: Intensive glucose control does not reduce the risk of deaths from cardiovascular disease in people with type 2 diabetes, and in fact, it may increase that risk, especially in patients with pre-existing coronary heart disease. Aggressive treatment targets such as an A1C of less than 6.5%, however, are probably reasonable to reduce the risk of microvascular complications in healthy patients.

To view or download Dr. Rith-Najarian's presentation, go to <http://conferences.thehillgroup.com/SDPIGranteeConference/presentations.html>.

Spotlight on... Rosemary Nelson

Rosemary Nelson: Bringing Attention to Intergenerational Grief and Trauma By Cecilia Kayano

Rosemary Nelson is a member of the Astariwi Band of Pit River Indians. She has served on the Tribal Leaders Diabetes Committee (TLDC) for four and a half years representing the California Area.

At a November 2008 TLDC meeting, Rosemary spoke passionately about intergenerational grief and trauma. She has seen her family and community members struggle to overcome the injustice and sadness that have been passed on through generations.

Rosemary says that what happened to Native people, from 300 years ago up to the present, has had a tremendous effect on individuals, families,

and communities. When a Native person is having a "difficult life," they might not even realize that their difficulties may have originated long ago.

"The loss of language, traditions, and family was and is so huge! How can we even begin to understand that?" asks Rosemary.



To help non-Native and Native people understand the horrific effect of these losses, Rosemary asks them, "Imagine that

someone takes away your holidays and traditions. You can no longer celebrate Christmas, Easter, or Thanksgiving. Imagine someone telling you, if you speak your own language, you will be punished. Further, imagine someone taking your home away and moving your family to a barren piece of land." She asks people to imagine what kinds of mothers, fathers, or children they would be if these things happened to them.

Rosemary believes there is a strong connection between intergenerational trauma and grief, and diabetes. At the TLDC meeting, Dr. Ann Bullock (Chippewa), who has researched the topic

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Spotlight on... Rosemary Nelson (continued)

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extensively, explained that grief and trauma do lead to a susceptibility to diabetes and other diseases. "If stress and trauma, both past and present, lead to diabetes, there is little wonder there is a diabetes epidemic surging through Indian country," she says.

While this may seem like an insurmountable challenge, it also can be viewed in a positive way. Dr. Bullock's findings show that a person's spiritual and emotional wellness is the starting point to avoid and manage diseases. In other words, putting effort into being happy and peaceful is just as important as working out on a treadmill. Rosemary believes this. She has battled

pancreatic cancer and has diabetes. To keep the cancer in remission and to better manage her diabetes, Rosemary works on having a positive attitude. She says, "I am happy with my life."

She shares her ways to become happy. "First, you need to get out of denial. And to do that, you need support from family, friends, and community. You need spirituality. You need to listen to the wind blowing through the trees. When I do this, my spirit is filled, and that is peace and wellness."

Even with this positive attitude, there are times Rosemary struggles. When this happens, she thinks of her father, Erin Forrest. "He suffered

from grief and trauma at Fort Bidwell Boarding School, but he turned his hurt and anger into something positive," she explains. Her father worked tirelessly for social reform for Indian people both at the local and national levels.

Rosemary is carrying on her father's legacy, in part, by serving as a member of the TLDC. "Certainly, I represent my area on the TLDC. But I'm one of many people across the U.S. working to heal Native people from intergenerational grief and trauma and prevent diseases like diabetes. I want to help not only my tribal people and my area, but all Native people across the U.S. To raise the spirit of our Native people is a privilege," she says.

Meet the Staff... Bonnie Bowekaty



Bonnie Bowekaty has been with IHS for over 15 years. As a Program Assistant for DDTP, Bonnie is known for her accountability and follow-through. It is hard to miss her warm personality and

cheerful attitude while she is working with the SDPI Demonstration Project grantees—on everything from the grant application process to submitting final progress reports.

In her many years of hospital administration duties, Bonnie has held various secretarial appointments and has gained considerable experience and knowledge. Her first work experience, in the Governor's office in Zuni, New Mexico, involved daily communications with dignitaries and members of Congress. She then worked in Ruidoso, New Mexico, with

the Mescalero Tribe as the Secretary for the Superintendent of Schools. From there, she joined the Indian Health Service's Mescalero Service Unit, working as a Patient Admissions Clerk/Patient Registration.

Before joining the DDTP in 2006, Bonnie worked in the Santa Fe Service Unit as the Executive Secretary for the Director of Nursing. Her work and the nursing staff at the Santa Fe Service Unit opened her eyes to the various chronic illnesses among Native people. She saw that an active and healthy lifestyle could help control these illnesses. Because of this experience, Bonnie is constantly reminding and encouraging others to exercise and make simple lifestyle changes.

In March of 2008, Bonnie was awarded the IHS Headquarters Employee of the Month Award. Bonnie was selected to receive the award because of her demonstrated capabilities and

commitment to the values, goals, and missions of the IHS. Her willingness to assist and be a team player is evident during the SDPI Demonstration Project review cycles. She puts forth outstanding efforts to ensure that the necessary application database files are created, organized, and completed efficiently. To achieve grant review program goals under tight deadlines, Bonnie shows exemplary professionalism and attention to detail in helping coordinate and prepare materials. Bonnie has a strong work ethic, willingness to assist where most needed, and exceptional initiative in doing what works best for the programs.

Always looking for new challenges, Bonnie hopes to move eventually into Grants Management to broaden her experience base. She truly enjoys working with the DDTP staff and believes that when it comes to program operations,

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SDPI Success Stories



Over 300 SDPI grantees showcased their programs through poster presentations at the SDPI Community-Directed and Demonstration Projects Grantee Conference on November 13-14, 2008 in Washington, DC. And what a showcase of the conference theme, "History, Harmony, and Hope!" The poster presentations were chock full of baseline and follow-up data (history), profiles of effective program activities (harmony), and photos of smiling staff members and participants (hope). Visit the meeting photo gallery for some highlights.

Working in Harmony: How SDPI Grantees Can Partner with IHS Chronic Care Initiative's Innovations in Planned Care-2 (IPC-2)

A major focus of the presentations on November 14 was collaboration between the IHS Chronic Care Initiative and SDPI. Marge Koepping, Warm Springs, Oregon, and Bruce Finke, IHS Nashville Area, shared their perspectives and experiences on this topic.

Lessons Learned from the Warm Springs, Oregon: Model Diabetes Program and SDPI Diabetes Prevention Program

"What the SDPI programs have to offer most is our passion and commitment--our fire!" Marge Koepping, Family Nurse Practitioner with the IHS Warm Springs Model Diabetes Program, shared her wisdom and passion regarding SDPI-IPC collaboration with attendees of the SDPI Grantee Conference on November 14, 2008.

Ms. Koepping pointed out that the SDPI and IPC both aim to achieve the same goals:

- to support community and individual wellness and strength and
- to reduce the prevalence and impact of chronic conditions

According to Ms. Koepping, "We've learned powerful lessons from the SDPI about what works and what doesn't. We have expertise in both building community and individual wellness and strength and in reducing the prevalence and impact of chronic disease. What's more, the SDPI grantee sites have learned how to do this within the cultures of the specific communities they work in."

The IHS Chronic Care Initiative's IPC-2 is just getting under way and 39 sites have been recruited. How can you get involved with IPC-2? Ms. Koepping offered these suggestions for SDPI grantees:

- Ask to be on your clinic's IPC-2 team.
- Share your experience on how to empower patients to take charge of their health.
- Share interventions and outcomes of the Diabetes Prevention Program with primary care teams.
- Share contacts, resources, and what works in your specific community and what doesn't.
- Share what you know about how to create relationships with the community.

Ms. Koepping's final words of wisdom: "Call up the fire one more time. Go back to your clinics and ask to be part of IPC-2."



To screen or download Marge Koepping's full presentation from the SDPI Grantee Conference, go to <http://conferences.thehillgroup.com/SDPIGranteeConference/presentations.html>

IHS Chronic Care Initiative and How It Relates to SDPI

"About 20 years ago, a patient of mine, John, was diagnosed with diabetes," said Dr. Bruce Finke, Area Elder Care Consultant from the IHS Nashville Area. "John felt shame and horror at the news he had diabetes. Things have really changed since then. John's diabetes is a lot better, but management of his other problems is not so good."

How can we take SDPI's successes in diabetes care and apply them to other chronic diseases? According to Dr. Finke, that question helped shape the Innovations in Planned Care (IPC) program, the learning and innovation arm of the IHS Director's Chronic Care Initiative. Dr. Finke provided an update on the Chronic Care Initiative's IPC and how it relates to SDPI at the SDPI Grantees Conference on November 14, 2008.

IPC aims to improve health and promote wellness in Tribal communities across several conditions and age groups. IPC uses the model established by the SDPI to fundamentally change the system of care for chronic conditions in a way that is grounded in the values and cultures of the communities served. Strengthening positive relationships between the health care system, care team, community, family, and individual is at the program's core. The Care Model used by IPC serves as a framework to guide the creation of an efficient and accessible system of care that provides safe, timely, effective, equitable, and patient-centered care.

The program's second phase, IPC-2, is just beginning and 39 sites, all SDPI grantees, will be participating. IHS hopes that it will learn enough from IPC-2 at the end of 18 months to offer a package of changes that can be used throughout the entire Indian health system.

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SDPI Success Stories (continued)



“During IPC-1, the sites that experienced a dramatic improvement in diabetes care and other changes targeted by the

Chronic Care Initiative, were ones where SDPI and Chronic Care Improvement teams worked closely and shared expertise and ideas,” said Dr. Finke. As a result, Dr. Finke envisions SDPI and IPC teams continuing to work together in IPC-2.

To learn more about IPC, view or download Dr. Finke’s presentation at <http://conferences.thehillgroup.com/SDPIGranteeConference/presentations.html> or visit the IHS Director’s Initiatives website at <http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/>

Preventital®: Marge Koeppling’s Prescription for a Powerful New Medicine

What if lifestyle modification, community engagement, and motivational techniques were packaged as a powerful new type of medicine? Would you ask your pharmacy to carry it so that practitioners could order it? Would you convince your patients that they (and you!) should take this

new drug? If you answered “yes,” then maybe now is the time to for you and your patients to try Preventital® [pronounced Prevent-It-All].

Preventital®

- **Indication:** Preventital® has been shown in clinical trials to be highly effective in the first line prevention or delay of onset of type 2 diabetes in patients exhibiting impaired glucose metabolism. Although the primary indication is for prevention or delay of onset, Preventital® was also found effective in preventing the onset of complications in those already diagnosed with type 2 diabetes.

Note: Currently seeking approval for the treatment and/or prevention of other chronic disease states such as complications of type 2 diabetes, cardiovascular disease, depression, exercise intolerance related to CHF, and asthma.

- **Dosing and Administration:** Apply moderate physical activity for 30 minutes daily for a total minimum dose of 150 minutes per week. Maximum dose has not been determined. Apply customized fat gram reduction based on patient’s current weight TID with meals. Close contact with lifestyle coach should be continued at periodic intervals to ensure continued response to this agent.

- **Side Effects:** Regular use of this medicine may result in weight loss, reduction in LDL cholesterol and triglycerides. May raise HDL. May also cause lowering of BP necessitating a decrease in dosing of antihypertensive agents. May cause increased self-esteem, necessitating a decrease or discontinuation of antidepressant medication. Patients using this medication have been known to decrease use of primary care clinics, emergency rooms, and hospitals.

WARNING: Patients taking this medicine may experience euphoria, increased self-esteem, and self-efficacy. If such a reaction occurs, please screen other members of the patient’s family as effects may rapidly spread to others. Infections of whole communities have been known to occur. Should this occur in your community, it may cause patients to decrease their use of primary care clinics, emergency rooms, hospitals, and pharmacies and may even lead to widespread well-being. Use caution if administered by personnel with passion and commitment.

Empowering Clinicians to Deliver Quality Diabetes Care



The American Diabetes Association has published its 2009 Clinical Practice

Recommendations in Supplement 1 of the January 2009 issue of *Diabetes Care*. In addition

to the complete set of recommendations, you will find a Summary of Revisions and an Executive Summary for quick reference use. You do not need a subscription to *Diabetes Care* to access the supplement and download the recommendations at the following URL: http://care.diabetesjournals.org/content/vol32/Supplement_1/index.shtml

DDTP is in the process of revising the IHS Standards of Care for Diabetes. We will keep you updated about our progress in the SDPI e-Update.

Announcements

IHS DDTP Website Launch



The IHS Division of Diabetes Treatment and Prevention has launched our newly redesigned website at <http://www.diabetes.ihs.gov>. In addition to a fresh, new look, you will find updated materials, and a new training section that we are very excited to introduce: Web-based training for Communication Skills. Physicians, nurses, nurse practitioners, and dietitians can take advantage of our web-based training sessions to earn continuing professional education credits (CEs). We encourage you to visit our website, take some time to browse and check out our new features and materials, and send us your comments at diabetesprogram@ihs.gov.

To access the site, click on the link below or cut and paste the link into your browser.

<http://www.diabetes.ihs.gov>

DETS Curriculum Now Viewable & Downloadable Online

The curriculum integrates science and Native America traditions to educate students about diabetes and its risk factors, science, and the importance of nutrition and physical activity in maintaining health and balance in life.



A product of the Diabetes-based Science Education in Tribal Schools (DETS) program, this curriculum was developed in collaboration with eight tribal colleges and universities and several Native America organizations, with funding from the National Institutes of Health, the Indian Health Services, and the Centers for Disease Control and Prevention. To view or download the curriculum online, please visit www.kbocc.org/dets.htm.

Upcoming Events...

SDPI Demonstration Projects, Year 5, Meeting 1

Denver, CO

Postponed until further notice.



Indian Health Summit

Denver, CO

July 7-9, 2009

<http://www.ihs.gov/publicinfo/healthsummit/>

Meet the Staff... Bonnie Bowekaty (continued)

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"We are a unique team with varying degrees of backgrounds and experience, but we all are committed to making a difference in people's lives."

Bonnie is a member of the Zuni Pueblo Tribe of Zuni, New Mexico. She currently resides in Rio

Rancho, New Mexico, with her husband. Bonnie is the mother of two beautiful girls and the grandmother of two boys. When she is away from IHS, Bonnie enjoys devoting time to her family. She also enjoys reading, taking walks, and exercising. Whenever there is a feast at the Pueblo, Bonnie is always welcomed for her love

of both traditional and social dancing. She makes sure to teach and speak her Native language and to share her culture and heritage. And, she always touches people with her friendly smile.

Awards Information

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

AWARDS COMPETITIONS

The American Public Health Association (APHA) Awards is now accepting nominations for its 2009 awards. These awards recognize individuals for their achievements in, support for, and contributions to public health. These awards will be presented at the 137th APHA Annual Meeting and Exposition, November 7-11, 2009 in Philadelphia, Pennsylvania. For an in-depth description of the awards and information on additional awards please visit the website below. Nominations must be received by April 17, 2009.

Please contact Deborah Dillard, Award Staff Liaison at (202) 777-2442 or Deborah.dillard@apha.org for more information.

The following awards will be presented by APHA in 2009:

The David P. Rall Award for Advocacy is awarded to an individual who has made an outstanding contribution to public health through science-based advocacy. Priority shall be given to recognize individuals at mid-career whose

accomplishments have advanced prevention through policy change.

The Jay S. Drotman Memorial Award was established to recognize the career of a promising young public health professional or student.

The Martha May Eliot Award honors extraordinary health service to mothers and children; to bring such achievement to the eyes of related professional people and the public; to stimulate young people in the field to emulate efforts resulting in such recognition; and to add within the profession and in the eyes of the public to the stature of professional workers in the field of maternal and child health.

The Milton and Ruth Roemer Prize for Creative Public Health Work is awarded to a local health officer of a county, city or other unit of local government, in recognition for outstanding creative and innovative public health work. For the purpose of this prize, public health work refers to organized public efforts, intended to protect, advance, or recover the health of the general population or special populations.

The Sedgwick Memorial Medal is awarded for distinguished service and advancement of public

health knowledge and practice. The Sedgwick award, one of the highest honors bestowed by APHA, is a true accolade of the profession—the recognition of an individual's colleagues of outstanding accomplishments in the field of public health.

The APHA Award for Excellence is given each year to a living individual in recognition of his/her exceptionally meritorious contribution to the improvement of health of the people. It honors creative work of particular effectiveness in applying scientific knowledge or innovative organization work to the betterment of community health.

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

Meeting Gallery

Photos courtesy of Gale Marshall

