



## Appendix F

“Invest in Nutrition Services to  
Reduce Health Disparities in  
American Indians and Alaska Natives”

Handout from the  
IHS Nutrition and Dietetics Training Program



## Appendix F: Invest in Nutrition Services to Reduce Health Disparities in AI/AN

(Contact the IHS Division of Diabetes Treatment and Prevention or IHS Nutrition and Dietetics Training Program for a copy of this handout.)

### Invest in Nutrition Services to Reduce Health Disparities in American Indians and Alaska Natives

*Improper diet, tobacco abuse, and alcohol abuse are the three greatest preventable contributors to premature mortality among American Indians and Alaska Natives (AI/AN).*

#### Medical Nutrition Therapy Works, Saves Money, and Makes Money

##### MNT Works:

- IHS studies have shown that patients receiving Medical Nutrition Therapy (MNT) from a registered dietitian (RD) have better diabetes and lipid control.
  - Significantly better A1C from RD versus non-RD education.
  - 20% reduction in LDL and 4.6% increase in HDL.
  - 18% reduction in cholesterol/HDL ratio.
- National research on MNT has found:
  - One to two-unit improvement in A1C (diabetes control).
  - LDL decrease of 12–16 %.
  - Blood pressure decrease of 6/2 mmHg.
- Improved patient satisfaction in health programs providing MNT. (HEDIS)

##### MNT Saves Money:

- MNT reduces physician visits and hospital admissions for diabetes and cardiovascular disease.
- MNT reduces drug costs for treating cholesterol and diabetes.

##### MNT Makes Money:

- Third party payers will reimburse for MNT.

#### Access to Care

Although MNT works, saves money, and makes money, most AI/AN do not have access to nutrition services. In fact, only 15% of AI/AN have access to an RD, and only one out of three people with diabetes receive nutrition education from an RD.

The total Indian health system RD:patient ratio is **1 RD:6,666 patients**. This is **more than twice the number of patients per RD** as recommended by the IHS Resources, Requirements, and Methodology (RRM) for Public Health Nutritionists (0.3 FTE per 1,000 service population) and does not even include the RDs recommended for clinical positions (minimum 1 per hospital).

**Whichever way you cut it, it is still an abysmal ratio, putting access to nutrition services below 50% of the minimal staffing level.**



(Appendix F: Invest in Nutrition Services to Reduce Health Disparities in AI/AN – continued)

### MNT Collaborative Workgroup Responds to Access Challenges

Vision: Healthier AI/AN population through improved nutrition and lifestyle

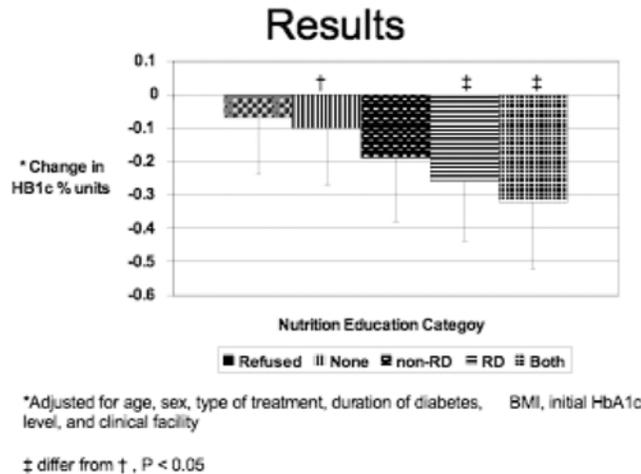
- Goals:
1. To create adequate and coordinated **access to competent nutrition care** to prevent and manage disease in AI/AN:
    - MNT by RDs
    - Basic nutrition services by all health staff
  2. To optimize MNT reimbursement.

Our Challenge: To impact prevention, treatment, and rehabilitation, LOCAL and Area Indian health system managers will need to increase access to MNT services by investing to increase RD ratio to 1:3,333 patients (instead of 1: 6,666 patients). Simply stated, a two-fold increase in RDs is needed.

### Summary of IHS MNT Outcomes Research

#### IHS Diabetes Care & Outcomes Audit (*Diabetes Care*. 2003;26:2500 04 )

- Patients who receive education by an RD have greater improvements in A1C (diabetes control) than others (see results below).



#### Native American CVD Risk Reduction Program, Santa Fe Service Unit, NM

- CVD Risk Reduction Program included inter-disciplinary team of RD and pharmacy clinician. Achieved 20% decrease in LDL-C and 4.6% increase in HDL-C, which potentially leads to 29% to 49% reduction in risk for CVD event. (*J Am Pharmaceutical A.* July/Aug 2002)

#### Warm Springs MNT Lipid Outcomes Study (IHS Research Conference, 1999)

- Three out of four patients improved their cholesterol after seeing a dietitian and on average decreased their cholesterol risk ratio by 28%. Fifty-eight percent (58%) achieved this outcome with three or fewer dietitian visits.

### MNT Works, Saves Money, and Makes Money