



Toiyabe Indian Health Project, Inc.

Healthy Heart Program

California Area
IHS Medical Conference
Sacramento, CA
2010

A stylized silhouette of a mountain range in shades of teal, located at the bottom right of the slide.

The Toiyabe Service Area

Inyo County



Mono County



9 Tribes
Paiute, Shoshone, & Washoe
User Population: 2,841

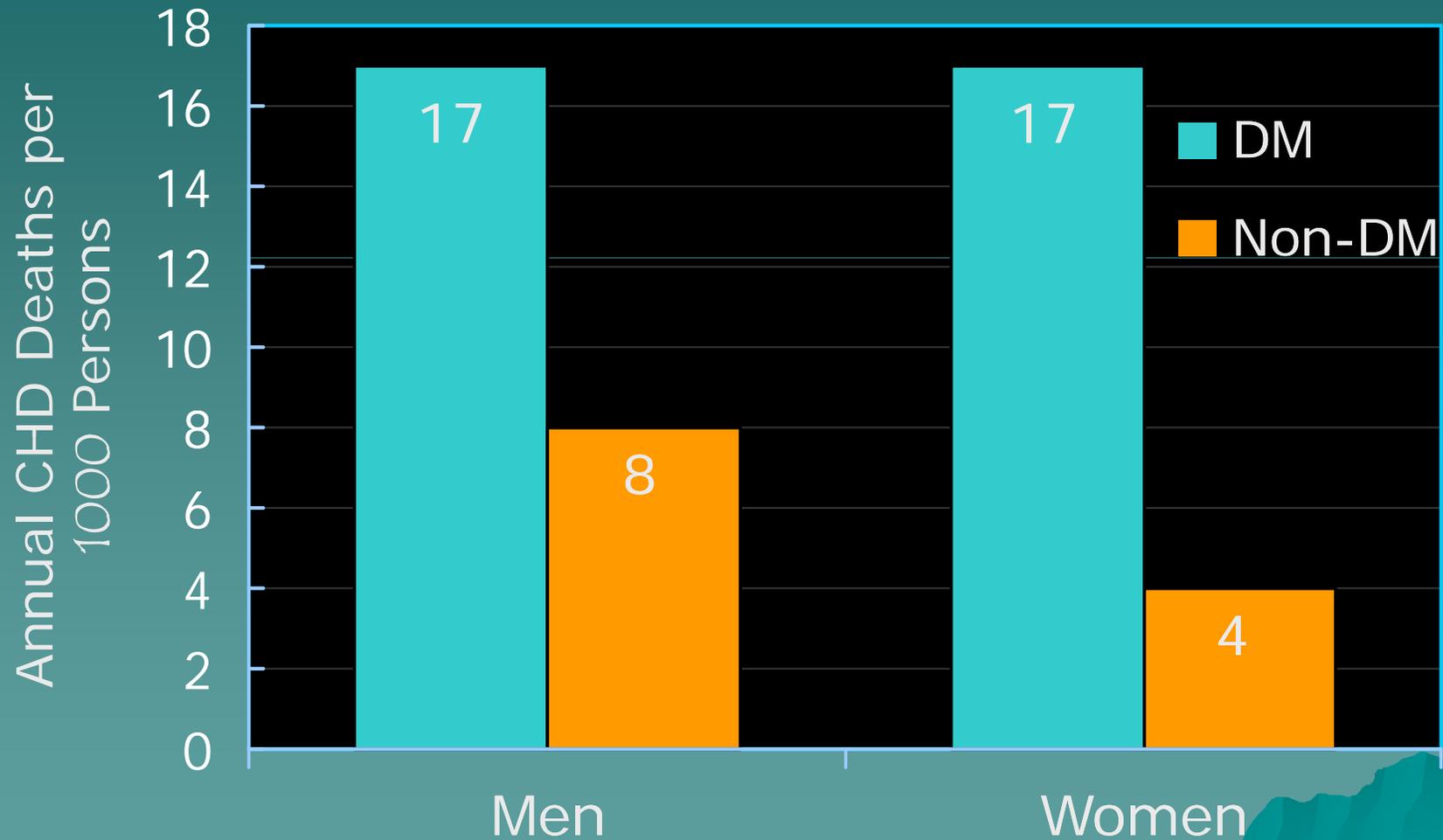


Why Healthy Heart?

- ◆ CVD rates in American Indians are now higher than in the general U.S. population
- ◆ The rates are increasing
- ◆ The majority of CVD occurs in people with diabetes



Framingham Study: DM and CHD Mortality 20-Year Follow-up



Kannel WB, McGee DL. *JAMA* 1979;241:2035-2038.



Healthy Heart Program

- ◆ 4.5 years
- ◆ One of 30 SDPI grants nationwide
- ◆ Objective: Reduce the risk of cardiovascular disease in Native Americans with diabetes.
- ◆ In addition to medical management and self management: case management.

Program Staff

- ◆ Marilyn Nicholson, RN, Healthy Heart Case Manager
- ◆ Katrina Otten, RD, Nutrition Services
- ◆ Pamela White, AA, Data Manager
- ◆ Debora Blue, Receptionist/Program Assistant
- ◆ Rick Frey, PhD, Program Director & Physical Activity Specialist

Goals of HHP

- ◆ Control heart disease risk factors.
- ◆ Increase physical activity to 150 minutes per week or 10,000 steps per day
- ◆ 7% weight reduction
- ◆ Monitor medications
- ◆ Facilitate positive behaviors
- ◆ Increase knowledge of nutrition, diabetes, cardiac disease, and overall health.

What Exactly Do We Do?

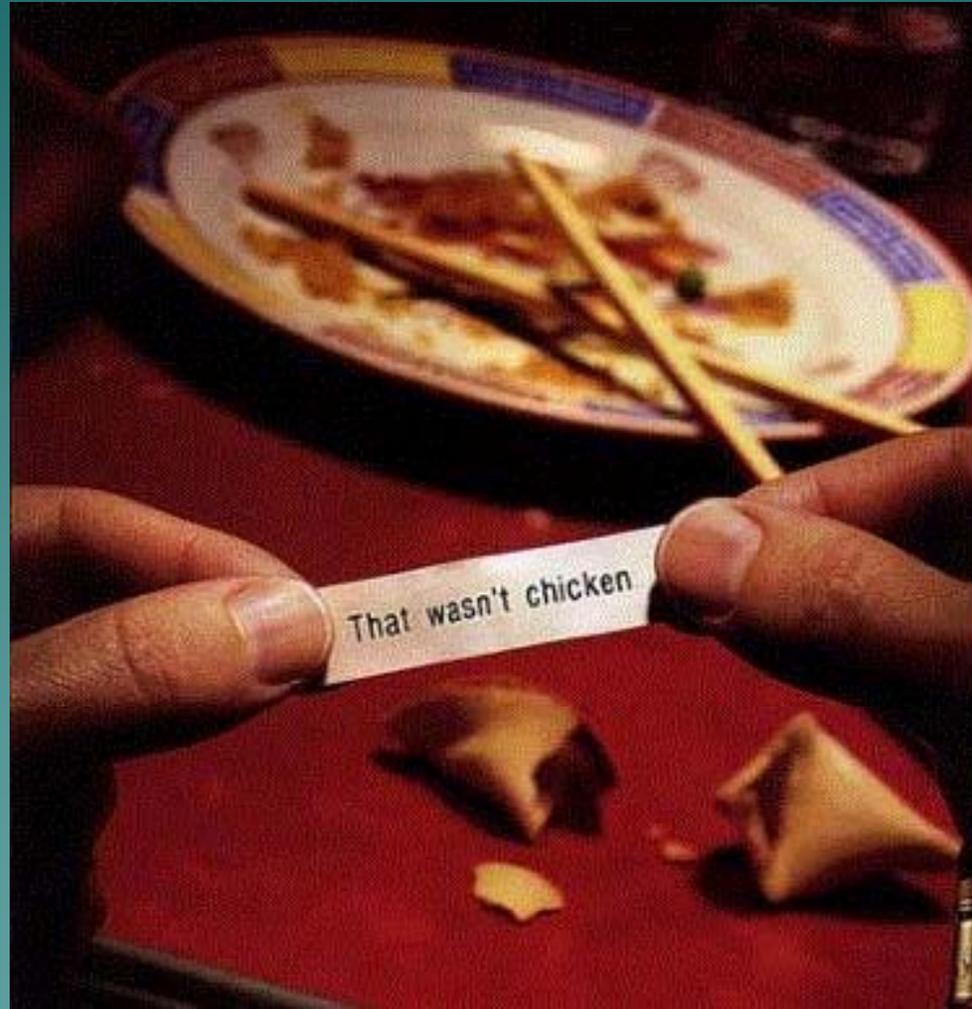
We provide:

- ◆ “Monitored” care through monthly case management meetings
- ◆ Nutrition counseling
- ◆ Exercise options
- ◆ Weight management support
- ◆ Incentives
- ◆ Community activities



Case Management – Marilyn Nicholson, RN

Quality Nutrition



Portion Control



At least 150 minutes
of exercise per week





Nutrition Counseling – Katrina Otten, RD



Pedometer
stride-length
measurement



Food Tasting - Bishop



Wellness Walking Classes



The Toiyabe Road Run – November 2009



Holiday Meals for Healthy Hearts

Community Outreach: Classes, conferences, health fairs, tribal collaboration, inter-agency cooperation



Hunting & Gathering

- ◆ The goal is to “convince” our bodies that we’re still hunting and gathering.
- ◆ Our message has been to eat less, mostly plants...and
- ◆ Exercise more, mostly walk.
- ◆ The emphasis has been on exercise.

**SUMMER FITNESS
CLASSES
AT THE BARLOW LANE GYM
MAY 2009**

Cardio n' Core

Kendra Arellano
5:30—6:30pm
Every Tuesday
(no class on: 5/19 & 26/09)

OVERALL CONDITIONING

Ann Harrison
5:15—6:15pm
Every Wednesday

Kickboxing

Raquel Summers
5:15—6:16pm
Every Thursday

Toiyabe Indian Health Project



Preventive Medicine 873-8851

Bishop

Activity Center

2490 Diaz Lane
(old Elder's building)

2 New Fitness Classes

Instructor: Jessi DeLong



Pilates

mat class

Tuesdays
6:00pm-7:00pm

Posture
Flexibility
Strength
Balance
Breathing
Coordination
Injury Prevention and Healing



Zumba

Latin-infused cardio dance

Join the party, forget the workout!

Thursdays
6:00pm-7:00pm

For Information Contact Toiyabe Preventive Medicine 760-873-8851

Wellness Centers

- ◆ Addresses the need for a local, culturally-sensitive place to exercise.
- ◆ Toiyabe provides the equipment and instructor training.
- ◆ Tribes provide the space and maintain it.
- ◆ Goal: Each tribe develops a sustainable wellness center or fitness station.



Big Pine Wellness Center Open House





Toiyabe Participant Data

	<u>Last year</u>	<u>Today</u>
Individuals in the HHP registry	149	175
Consented participants	103	114
Number who have completed:		
baseline assessment	90	105
annual assessment	50	60
2-year assessment	31	40
3-year assessment	14	22
4-year assessment	0	9

How Are We Doing?

The image features a solid teal background with a subtle gradient. At the bottom right corner, there is a dark teal silhouette of a mountain range. The text "How Are We Doing?" is centered in the upper half of the image in a bright yellow, sans-serif font.

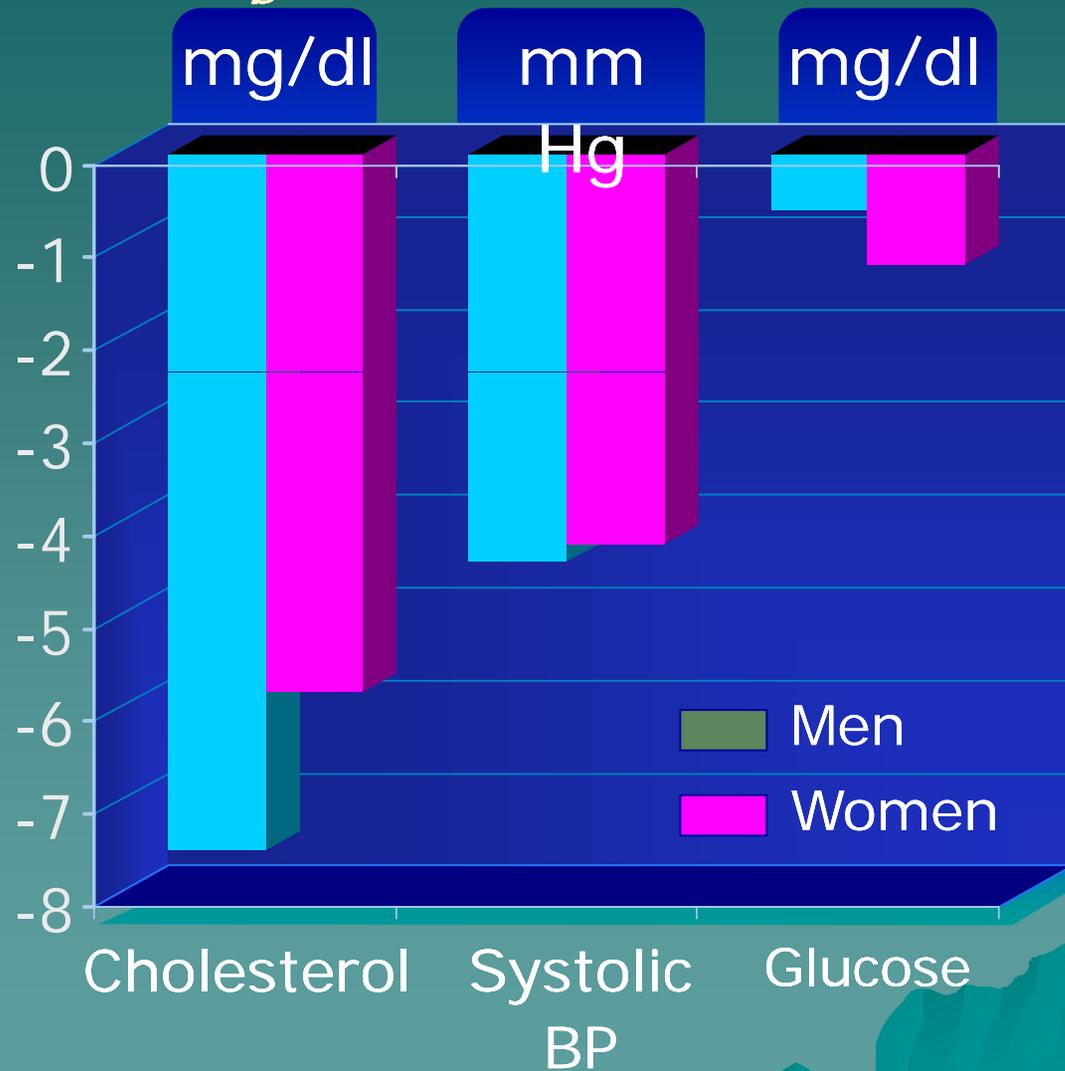
Clinical Characteristics Comparison National and Toiyabe Healthy Heart Participants through Second Year

	<u>National</u>		<u>Toiyabe</u>		<u>(%) Improvement</u>	
	<u>Base</u> (3331)	<u>2nd</u> (1107)	<u>Base</u> (91)	<u>2nd</u> (36)	<u>National</u>	<u>Toiyabe</u>
Weight	222.2	218.8	222.2	210.2	1.5	5.4
BMI	36.5	36.2	36.6	35.5	.8	3.0
Waist	45.6	44.9	44.6	43.7	1.5	2.0
Systolic	128.7	126.8	122.5	118.6	1.5	3.2
Diastolic	76.2	74.3	76.6	73.8	2.5	3.7
Cholesterol	176.5	167.4	170.3	165.2	5.2	3.0
LDL	98.4	90.2	89.6	88.2	8.3	1.6
HDL ↑	43.6	44.7	44.0	46.6	2.5	5.9
Triglycerides	196.9	177.0	228.8	207.4	10.1	9.4
HbA1C	7.8	7.5	7.9	7.7	3.8	2.5

Data from SDPI HH Progress Report – 12/31/09

Metabolic Response to 10-lb Weight Loss: *Framingham Data*

Small changes can add up to significant changes in long-term risk



How are we doing
within our service area?

Toiyabe Indian Health Project, Inc.

Comparison of Healthy Heart Participants and DM patients (not in HH Program)

September 2009

	<u>DM Group (%)</u> n=188	<u>HH Group (%)</u> n=66
A1C < 8.0	33	50
BP < 130/80	26	58
Cholesterol <200 mg/dl	33	70
LDL < 100 mg/dl	17	47
HDL > 55 mg/dl	5	15
Triglycerides < 150 mg/dl	19	48
Foot Exam	43	92
Eye Exam	25	50
Dental Exam	40	64
Diet Education	36	91
Exercise Education	32	80
Depression Screening	36	74

Perspective

The case management approach not only improves health indicators specific to a reduction in cardiovascular disease risk, but it also improves the likelihood of DM patients receiving other health benefits (e.g. annual exams, dietary counseling, exercise education, and depression screening).

Healthy Heart

- ◆ Demonstration grants will change their names (e.g. Implementation grants, cooperative grants, etc.)
- ◆ Will shift to a “dissemination” mode by 2011

In the meantime, we'll continue to:

- ◆ Recruit DM patients
- ◆ Improve the health of program participants and community members regardless of name change or focus



Thank you!