

SDPI e-Update

Sharing Our Success

A Message from the Director

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

Welcome to the 9th edition of the SDPI e-Update!

The SDPI is truly in the forefront of reversing current trends in diabetes prevention and treatment, but we have our work cut out for us. The latest news on childhood obesity reported in the Archives of Pediatric & Adolescent Medicine in April showed an alarmingly high rate of obesity in American children, and a huge disparity among American Indians. Whereas 1 in 5 American 4-year-olds are obese, more than 3 out of 10 American Indian children in this age group had a Body Mass Index (BMI) of 18, putting them in the 95th percentile or higher on growth charts.

SDPI grantees have placed a strong emphasis on primary prevention in children and youth, with 83 percent having such programs in place. The vast majority offer nutrition education services to youth (98 percent) and 72 percent offer physical activity services to youth. The latest statistics show the need to continue to prevent the onset of overweight and obesity in AI/AN communities. Let's put to work the IHS Clinical Strategies on "Promoting Healthy Weight in Children and Youth" to ensure the health of future generations.

On the positive side, the Research Roundup and Success Stories in this issue of SDPI e-Update focus on the effectiveness of personal counseling in changing lifestyle behaviors and reducing risk for diabetes and cardiovascular disease.

Our dedicated and hard-working SDPI lifestyle coaches and case managers play a crucial role in helping program participants improve their health.

Where would SDPI be without the people who work so hard to make the program possible? Meet **Cecelia (Sea) J. Shorty** from our staff at the Division of Diabetes Treatment and Prevention and **Carleton Albert**, a member of the Tribal Leaders Diabetes Committee who is truly a role model for diabetes prevention.

Finally, please check out the calendar of **Upcoming Events**, especially the Indian Health Summit in Denver, July 7-9, and the **health program awards competitions** you should consider applying for to earn more recognition for your program.

Wishing you continued success,



Kelly Acton, MD, MPH, FACP

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Diabetes Research Round-Up

Heart-Healthy, Reduced-Calorie Diets Combined with Counseling Promote Long-term Weight Loss



Heart-healthy diets that reduce calorie intake—regardless of differing amounts of fat, protein, or carbohydrate—

can help overweight and obese adults achieve and maintain weight loss, according to a study reported in the February, 26, 2009 issue of the *New England Journal of Medicine*.

Researchers from the “Preventing Overweight Using Novel Dietary Strategies” (POUNDS LOST) study found similar weight loss after 6 months and after 2 years among participants assigned to four diets that differed in their proportions of the three major nutrients. The diets were either low or high in total fat (20 or 40 percent of calories) with average or high protein (15 or 25 percent of

calories). Carbohydrate content ranged from 35 to 65 percent of calories. The diets all used the same calorie reduction goals and were heart-healthy—low in saturated fat and cholesterol while high in dietary fiber.

On average, participants lost 13 pounds at 6 months and maintained a 9-pound loss at 2 years. Participants also reduced their waistlines by 1 to 3 inches by the end of the study.

Participants who attended two-thirds of the twice-monthly group counseling sessions over the course of the 2 years lost 22 pounds compared with the average 9-pound loss.

In addition, all diets improved risk factors for cardiovascular disease and diabetes at both 6 months and 2 years. These include reduced levels of triglycerides, LDL (bad) cholesterol, lowered blood pressure, and increased HDL (good)

cholesterol, and lowered fasting insulin levels. Of the 811 study participants, 38 percent were men and 22 percent represented racial and ethnic minorities. Participants did not have diabetes or severe heart disease but could have had other risk factors, such as high blood pressure or high cholesterol.

“These results show that as long as people follow a heart-healthy, reduced-calorie diet, it does not matter which nutritional approach they take to achieve and maintain a healthy weight,” said Tammy Brown, Nutrition Consultant for the IHS Division of Diabetes Treatment and Prevention. “This study not only gives people who need to lose weight the flexibility to choose an approach that they’re most likely to stick to but it also shows how important group counseling sessions such as those offered by SDPI grantees can be in achieving greater weight loss for a longer period of time.”

Spotlight on... Carleton Albert, Sr.

Albuquerque Area Representative: Tribal Leaders Diabetes Committee *By Cecilia Kayano*

Recently a young woman came up to Carleton Albert, Sr., shook his hand and said, “I will always remember you, and what you did for me.”

Carleton knew who she was but had forgotten one incident: He had met her when she was 10 years old. Carleton was a coach and was taking a group of youth to a track meet in Albuquerque. The girl thought she couldn’t go because she didn’t have a sleeping bag. Carleton didn’t hesitate and said, “We’ll find you a sleeping bag.”

The girl went to the track meet and participated. Now the young woman has children. “Because of what you did, I tell them nothing is impossible,” she says.



“I never realized the impact of my statement,” reflects Carleton. “I never thought something as small as a sleeping bag could be a barrier.”

Removing Barriers

Carleton has faced barriers much greater than a sleeping bag. Carleton has always loved running. He was a long distance runner in high school and college. A few years ago, he was literally stopped in his tracks by walking pneumonia. “I was afraid to even ride a bike,” he says. “It broke me down.”

Carleton eventually overcame pneumonia, but it left him with asthma, which affects how much he can exercise. These conditions have given him empathy for people struggling with health issues such as diabetes.

“To fight diabetes, a person needs an understanding of self,” says Carleton. “We need to find the time to take care of ourselves in healthy ways. Everything goes back to the self, to owning up to who you are, taking care of yourself, and moving forward.”

Being Responsible

Carleton believes one of his responsibilities is to role model a healthy lifestyle with behaviors that

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Empowering Clinicians to Deliver Quality Diabetes Care

Are you looking for ways to improve the delivery of diabetes treatment and prevention in your program? The [SDPI website](#) is the place to go to find clinical guidelines, best practices, and other tools to help improve program outcomes.

The [IHS Clinical Guidelines](#) address the unique aspects of care for American Indians and Alaska Natives. They enable health care professionals and other members of diabetes care teams to offer consistent, quality care to American Indians and Alaska Natives with diabetes and those at risk for developing diabetes. The guidelines were developed using a consensus process that involved health care professionals and scientific experts within and outside the IHS. The IHS Division of Diabetes updates the clinical guidelines every few

years to keep them current with the ever-changing field of diabetes care.

The [Indian Health Diabetes Best Practices](#) are consensus-based approaches, developed by Indian

health system professionals, that anyone in clinical and community settings can use to implement or improve diabetes treatment and prevention. These Indian Health Diabetes Best Practices cover **18 topics in diabetes treatment and prevention**, including: adult weight management, breastfeeding, cardiovascular disease, chronic kidney disease, nutrition and physical activity, diabetes in youth, and many more.



Based on findings from the latest scientific research, outcomes studies, and successful experiences of diabetes programs, these Best Practices provide IHS, Tribal, and Urban Indian health care programs with relevant, evidence-based information that can help diabetes care teams assess what works and what does not work, as well as eliminate duplicating effort and resources.

In addition, if you are interested in learning more about the curriculum used in the SDPI Diabetes Prevention Demonstration Projects, the Diabetes Prevention Program clinical trial's Lifestyle Balance Manual materials are available at <http://www.bsc.gwu.edu/dpp/manuals.html#doc>.

Meet the Staff...Cecelia (Sea) J. Shorty



Cecelia (known as Sea) Shorty started her Indian Health Service career as a clerk typist in Employee Relations with the Phoenix Area Indian Health Service in 1985. Since then, she

has held various positions, evolving to her current job as a Program Specialist with the Division of Diabetes Treatment and Prevention (DDTP).

At DDTP, Sea works with the Integrated Diabetes Education Recognition Program (IDERP), a vital program that was created in 2000 at the same time she joined the Division. "The IDERP digs deeply into Native American communities, showcasing the tireless efforts of those dedicated to helping people make changes to manage their diabetes," says Sea.

What are those changes? "They include the

seemingly small steps of children who choose a piece of fruit over a bag of chips," explains Sea. "Or the parent who comes home after a long day at work and chooses to take a walk with the family. They are the steps being taken by people who carve out time to listen and to act because they care."

Sea is very proud to be a part of the DDTP's IDERP. "Each day we strive to be a beacon of light, doing our part to help our people become more aware of diabetes and what it means to them," says Sea. As DDTP's mission grows and changes, Sea hopes to continue evolving and to become more involved in other parts of the DDTP.

Looking back on her career, Sea notes that she has had many mentors along the way—many women who willingly shared their knowledge and skills with her. Each mentor had a different lesson and unique ways to approach life's roles, as a Native, as an American, as a woman, as a mother, as a

professional, and as a friend. "I thank each and every one of them," says Sea.

"My career with the Indian Health Service has been a journey of discovery, one that I have enjoyed immensely and one that I hope to continue for a few more years," says Sea. "The most important lesson I have learned is that we are all on the same path of hope, hope for the future of improved health care for our families, our elders, our children, and our communities."

As for her personal life, Sea feels blessed to have both her parents. "When I travel home to visit them, they make me feel like a rock star," she says. "My 23-year-old son and 19-year-old daughter are the sunshine and the magic in my world," she adds. "We live in a lively house, with musicians, movies, four cats and one dog, constantly on stage, LIVE and full blast! I would not change it for the world."

SDPI Success Stories

In this issue of the SDPI e-Update, we feature lessons learned from lifestyle coaching and case management at two SDPI Demonstration Projects. These two stories share the same theme: Success is all about building relationships and trust, focusing on participants' needs, and providing support. We hope you can apply these lessons learned in your program.

Healthy Ham Helps Prevent Diabetes

*An Interview with Bob Dunas
Lifestyle Coach/Health Educator
Cow Creek Band of Umpqua Tribe of Indians*



'Robert the Samurai' with Loretta Corbett, Cow Creek Tribal member and participant (the class was eat like a samurai, not like a sumo wrestler)

How long have you been a lifestyle coach?

It's going on four years at this location.

What did you do before becoming a lifestyle coach?

I've always been involved in helping people with behavior change and communication

in one way or another. I was a behavior management consultant working with group homes, special ed schools, and parents who had children with "issues."

I also did a 15-year stint as a general contractor in which, again, my strength was communicating clearly with homeowners and subcontractors so that everyone knew what to expect, who was responsible for what, and when it would get done. Just as with lifestyle coaching, the key is being a good listener. You need to focus on where the client is coming from and educating them so they

have a good understanding of their options and the paths for reaching their goals.

How many people have participated in your lifestyle coaching classes?

I have about 25 participants—and very few have dropped out. It's probably 4 to 1 women to men, and the average age is about 50-years-old. They are mostly Cow Creek, but also Siletz, Coquille, Pima, and Cherokee.

What are the most difficult barriers that participants have overcome with lifestyle coaching?

Getting started is the hardest part, and some of that is a trust issue. I tell people that if they will dedicate 1% of their day, for example, to exercise (that's 15 minutes), I can guarantee them more energy, better sleep, less depression, even better sex, in two weeks!

What strategies have you found to be most effective in working with participants?

I try to make my classes interesting, pertinent, and fun for people so they really look forward to coming. Otherwise, they'll find something better to do with their time. I think it's a real testimony that people who have been in my classes for three years still walk out on a regular basis saying, "That was really good information, great class. I'm going to put that stuff up on my refrigerator and look at it all the time!"

The way I see it, for so many people, life is tough in terms of not getting a lot of pats on the back. I want to know what they are struggling with and what they are doing great at. I want them to leave feeling uplifted, encouraged, and ready to go out and face the world knowing they are better equipped, empowered, and that someone sincerely feels interested in them and how they are doing. It's all about relationships.

What have been the results of your lifestyle coaching in terms of weight loss and healthy lifestyle choices?

We have seen some amazing weight loss in individuals (85 pounds is our biggest loser!). Most of the weight loss has been in the 15- to 20-pound range, but with vastly improved health due to changes in eating habits and regular exercise.

Even for people who have not lost one pound, there is change and movement going on internally. It may be more abstract and harder to measure, but it's there nonetheless and needs to be recognized and appreciated for what it is—overcoming a lifetime habit, baggage, negative thinking, abuse, etc.

Based on your experience, what would you tell others to do?

We all have good information to share with participants (e.g., the Diabetes Prevention Lifestyle Balance Curriculum), but I always think about it from the point of view of my participants. If I were sitting in the class, what would I think the coach could do that would:

- be fun, memorable, and make me laugh till it hurts,
- make me want to tell my friends (and bring them to the next class to see this nut because you won't believe it unless you see it!),
- would be helpful in my daily struggles, and
- would allow me to walk out knowing exactly where I'm falling short without making me feel like a loser and knowing exactly what I can work on to make progress and be better tomorrow than I am today.

Was there a particular participant who has a really interesting success story?

We often think of "success" as the person who lost the most weight and who looks the most different. At the same time, we can easily overlook the success of the person who has made changes that are not as spectacular to us, but are nonetheless, a significant event in that person's life.

I recently received the e-mail below from a person in one of my classes. She has been attending my class for about two years, has been a regular

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SDPI Success Stories (cont.)

walker all that time, and her weight has stayed about the same. About a month or so ago, however, all that changed. For some reason, the “switch,” as I like to call it, was flipped. You never know when this will happen. This is a great example of the quote, “When the student is ready, the teacher will appear.”

Hi Bob,

I just wanted to say **thank you** for that portion plate. Setting some goals and using that little plate has helped me lose weight. I use it for my meals at home and keep the colorful placemat at work to remind me of proportions.

I haven't been counting calories. For some reason that seems like a lot of work to me right now. I am just cutting back on my food consumption and remembering that half the food I consume in a day should be veggies, with some fruit. I eat a lot of homemade vegetable soup. There is something about that hot, “home cooked meal” that is very tasty and satisfying.

I am trying to stick to natural foods and limit those with lots of preservatives, like diet drinks and processed foods. I eat lean beef, chicken, or fish and started eating brown rice instead of white, and oatmeal for breakfast. I even eat baked potatoes with butter (no sour cream).

I lost another pound when I weighed myself this morning. That is a total of 18 pounds, and 2 inches off my mid-section, in one month. I am walking at least 5 days a week. I feel good, both mentally and physically.

I appreciate your help and support, not just for me, but for all of us in the DPP class in Eugene.

Adrienne Crookes
Community Health Advocate
Confederated Tribes of Siletz Indians
Eugene, Oregon

Making Happy Hearts Healthy

By Leslie Stepp, RN, CDE

Project Coordinator

Choctaw Nation Diabetes Wellness Center

Talihina, OK

Passionate case managers are critical to the success of the Happy Heart Project at Choctaw Nation. We have two nurses who are very passionate about educating people with diabetes and CVD risks.

Suzy Howard, RN, and Jo Ann Rutherford, LPN, have been case managers with the project for two years. Suzy has experience in medical/surgical nursing and public relations. Jo Ann has experience as a clinic nurse in Family Practice and with the Diabetes Wellness Center.

The participants, 83% females in one group and 68% males in the other group, are an average age of 50 plus. They are predominantly Choctaw with several other tribes in the minority.

Our greatest assets are forming close, trusting relationships with our participants and flexibility in scheduling visits. With two case managers, participants usually are able to feel a close connection with at least one of them. Even on their days off, Suzy and JoAnn often check messages and follow up with participants and providers because they are sincerely concerned about participants. Since participants are spread out in rural, isolated southeastern Oklahoma, case managers travel to outlying clinics. Eliminating major barriers of travel costs and time helps to ensure that participants can make it to their monthly visits.

Successful strategies include setting monthly goals, ongoing education about diabetes and cardiovascular disease, and individualized rewards for positive outcomes. We have seen many positive outcomes, including healthy lifestyle changes such as increased physical activity, healthier food choices, smoking cessation, and closer blood glucose monitoring.

Spotlight on... Carleton Albert, Sr. (cont.)

prevent diabetes. “Every day, I ask myself: Am I role-modeling what I say? Am I walking the talk?” he says.

Carleton acts on his words daily. At the Pueblo of Zuni, he rides his bike and works out at the local fitness center. He says, “I hope youth and adults see a person who is trying to portray self-discipline and acts in moderation.” He also hopes they overlook it when he has an occasional soda pop, and admits, “I still have my faults, and am trying to cut out the soda.”

Listening, Then Acting to Help

Carleton says he is grateful for the opportunity to serve on the TLDC. He hopes he is making a strong, positive impact as a tribal leader, by doing what he says, by listening to the needs of the people, and by removing barriers to healthy lifestyles—no matter how small.

Upcoming Events...

2008 Indian Health Service National Director's Awards Ceremony

Washington, DC | May 7, 2009

[http://www.ihs.gov/AdminMngrResources/
NationalDirectorsAwards/](http://www.ihs.gov/AdminMngrResources/NationalDirectorsAwards/)

Indian Health Summit

Denver, CO | July 7-9, 2009

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

SDPI Demonstration Projects, Year 5, Meeting 1

Denver, CO | July 27-29, 2009

Awards Information

SDPI “Voices for Change” AWARDS PROGRAM RECOGNITION AWARDS

All award applications must be submitted by May 1, 2009

The Awakening the Spirit Team of the American Diabetes Association is celebrating the successes of the Special Diabetes Program for Indians (SDPI) grantees, who have provided diabetes prevention and treatment services in American Indian and Alaskan Native communities.

You are cordially invited to submit nominations for the first annual “Voices for Change” award. We encourage you to nominate your own program or other programs that have achieved excellence in the following categories:

Advocacy – excellence in activities to advocate for SDPI reauthorization

Outcomes – excellence in activities that have resulted in measurable outcomes

Innovation – excellence activities that have involved the development of innovative prevention and treatment activities

The Awakening the Spirit Team will accept nominations for awards in these categories until May 1, 2009. The nominations will be reviewed by the Awakening the Spirit Team and they will select one award winner in each of the three categories.

Programs selected for an award will receive:

- An American Diabetes Association press release, an article in the Association’s consumer newsletter Diabetes World featuring the program, and an acknowledgement in a future issue of Diabetes Forecast
- Receive a commemorative plaque
- An invitation to an Indian health conference in 2009 to receive their award in person

Please help us celebrate and honor the successes of the Special Diabetes Program for Indians grantees by submitting a nomination for these awards.

Nomination packets should include the following information:

- Cover letter with contact information for the individual making the nomination and contact information for the SDPI Program
- One page summary of why the SDPI Program has achieved excellence in one of the three award categories
- Two to three supporting materials of grantee activities that illustrate achievements (these could include photos, documents such as newsletters, flyers, educational materials, letters of support, data, etc)

Please send completed nomination packet (mail or email) by **May 1, 2009** to:

Denise Price-Brown
Manager, Native American Initiatives
American Diabetes Association
1701 North Beauregard Street
Alexandria, VA 22311
dcbrown@diabetes.org

If you have questions, contact Denise Price-Brown at 703-549-1500 ext 2122 or Gale Marshall, Chair at galemarshall@mac.com

2009 HEALTH SUMMIT AWARDS

Call for nominations for the 2009 Health Summit Awards, to be presented during the 2009 Health Summit, July 7-9, 2009, in Denver Colorado.

These awards offer the opportunity to recognize those in the Indian Health System who are making a difference to American Indians/Alaska Natives in promoting health, and preventing or minimizing the effects of disease. All awards are open to employees of the Indian Health Service, Tribal Health Programs, Urban Health Programs, and our community partners.

Review the award categories and criteria below, and take the time to complete a nomination to acknowledge a deserving co-worker or team that is impacting health in a positive way. Nominations will close on May 8, 2009. For additional information please visit the Indian Health Summit Website: <http://conferences.thehillgroup.com/healthsummit/awards.html>

1. PREVENTION

Description: This award reflects sustained accomplishments for individuals, facilities, programs or communities in health promotion/disease prevention as a result of partnering with other entities.
Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Demonstrates the establishment of effective health services, or innovative approaches and collaborations that reflect community based health promotion and disease prevention efforts that shows measureable results.

2. PHYSICAL ACTIVITY

Description: This award reflects sustained accomplishments for individuals, facilities, programs or communities in designing, developing, implementing, and evaluating ongoing physical activities in support of health promotion and disease prevention.
Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Demonstrates the establishment of a fitness program/intervention to improve physical activities that shows measurable results maintained over time.

3. INNOVATIONS IN HEALTH CARE

Description: This award reflects sustained accomplishment for individuals, facilities, programs or communities in improving access to or redesigning health care delivery that have resulted in improved patient outcomes.
Criteria: Open to individuals, facilities, health programs or communities in the Indian Health

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Awards Information (cont.)

System (I/T/U). Describes sustainable health care delivery changes that have improved access to services, improved health care systems or reduced patient waiting time resulting in measureable improved patient outcomes. Examples could be increased numbers of patient visits/services, reduced time for patient visits, improved tracking/referral for screening and follow up, increases in patient satisfaction survey results, or progress in addressing National Patient Safety Goals.

4. QUALITY OF CARE

Description: This award will be presented to an individual(s) or service delivery unit that has implemented new programs, systems or approaches in health promotion/disease prevention resulting in measureable improvements in patient outcome indicators.

Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Demonstrates achievements in patient outcome indicators that show positive gains in reducing health disparities. Examples could be quantifiable progress toward meeting GPRA goals, Healthy People 2010 goals, improvements in BMI or other health care measures, or Joint Commission Accreditation Standards, such as improvements in meeting National Patient Safety Goals.

5. INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

Description: This award will be presented to an individual(s), service delivery unit or community that demonstrates the integration of behavioral health into the primary health care system resulting in improved patient care.

Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Demonstrates successful, sustained integration of behavioral health services into the primary health care system. Examples could be reflected as progress in meeting the GPRA indicator for depression screening, or partnering with other programs to incorporate screening for depression, Intimate Partner Violence or other psychosocial disorders into their services.

6. SUBSTANCE ABUSE PREVENTION

Description: This award will be presented to an individual(s), service delivery unit or community that demonstrates the development, implementation and continuation of activities and services directed at the prevention of substance abuse (SA).

Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Demonstrates successful, sustained implementation of activities directed at the prevention of substance abuse. Examples could be classroom activities in schools, afterschool or

evening programs that incorporate SA education into other events such as dances, or aftercare relapse prevention initiatives.

7. INNOVATIONS IN PATIENT SELF MANAGEMENT

Description: This award will be presented to an individual(s), service delivery unit or community that demonstrates empowerment of patients in self management of health.

Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Demonstrates the development, implementation and continuation of activities that promote increased involvement of patients in self-management of their health such as sick day management of medications, foot care, etc.

8. SURVEILLANCE AND EVALUATION

Description: This award will be presented to an individual(s), service delivery unit or community that demonstrates the value of collecting and using data to support decisions for health care systems.

Criteria: Open to individuals, facilities, health programs or communities in the Indian Health System (I/T/U). Describes how collected data has been used as a basis for successfully designing or changing prevention activities, or to improve care and /or support changes in health care delivery systems.

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