

# Tribal Leaders Diabetes Committee (TLDC)



# California Representatives

## Primary Tribal Representative

**Rosemary Nelson, Tribal Delegate**

Pit River Tribe

## Alternate Tribal Representative

**Dominica Valencia, Tribal Delegate**

Santa Ynez Band of Mission Indians

## Federal Technical Representative

**Helen Maldonado, PA-C, CDE, Area Diabetes Consultant**

California Area Indian Health Service

# Updates from Tribal Reps

- California Area – increase of \$985,979
- Four new tribes are now grantees
  - Wilton Rancheria
  - Hopland Band of Pomo Indians
  - Tuolumne Me-Wuk
  - Quartz Valley
- FY2016 SDPI – California Grantees – 37
  - Tribal – 29      Urban – 8

# Updates from CAIHS

- SDPI FY 2016 Competitive Process
- Very challenging for applicants and IHS
- Transforming a 4- budget cycle to a single budget cycle
- Unheard to receive more money than requested
- SDPI FY 2017 will be from Jan. 1 – Dec. 31, 2017
- No programs will lose funds due to the changing budget cycles

# Diabetes Prevention for Future Generations

- Early Childhood Adverse Events (ACE Study)
  - Adverse events in childhood directly contribute to chronic disease in adulthood; diabetes, heart disease, chronic lung disease, depression, cancer and shortened lifespan
  - **Solutions:**
    - Family Spirit Home Visiting program
    - Nurse Family Partnership Home Visiting program
- Adequate Nutrition
  - Food Insecurity awareness
  - Food resources

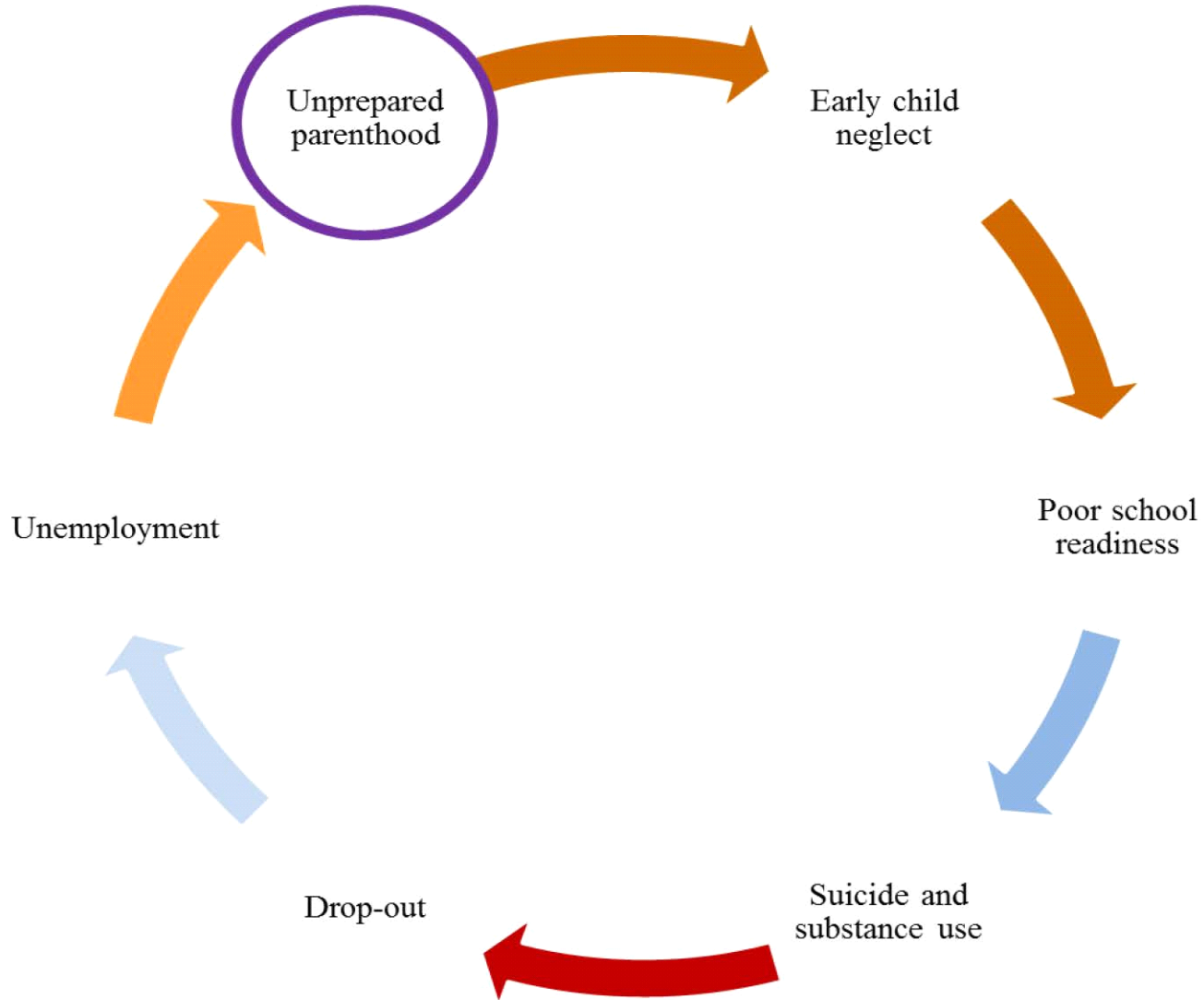
# Family Spirit Program Aims

- Increases parenting knowledge and skills
- Addresses maternal psychosocial risks that could interfere with positive child-rearing (drug and alcohol use, depression, low education and employment, domestic violence problems)
- Promotes optimal physical, cognitive, social/emotional development for children from ages 0 to 3

# Family Spirit Program Aims cont'd.

- Prepares children for early school success
- Ensures children get recommended well-child visits and health care
- Links families to community services to address specific needs
- Promotes parent's and children's life skills and behavioral outcomes across the life span

# How do we break this cycle?





# Benefits of Family Spirit Programs

- Parental Factors/Stressors
  - Reduced substance use
  - Reduced depression
  - Reduced externalizing problems
  - Reduced total behavior problems
- Parenting
  - Knowledge
  - Self-efficacy
  - Maternal role attainment
  - Maternal involvement
  - Reduced parenting stress
- Child Outcomes
  - Reduced externalizing
  - Reduced internalizing
  - Reduced dysregulation
  - Fewer in “at risk” range

# Food Insecurity

- Prevalence of food insecurity in US in 2011 was about 23 percent for total US children
- Latino and Black households was over 25 percent
- Native American children have about 2x this level of food insecurity, obesity and type 2 diabetes relative to the averages of all U.S. children in similar ages \*\*

\*\*2012 Report to Congress “Addressing Child Hunger and Obesity in Indian Country – prepared by Mathematica Policy Research for USDA

# Food Insecurity and Type 2 Diabetes

- NHANES (1999-2004 waves)
- Risk of clinical diabetes was  $\approx$  **50% higher** among adults living in food insecure households
- For low-income adults with diabetes unable to achieve  $A1C \leq 7.0\%$ 
  - 69% of food insecure
  - 49% of food secure adults

# Food Insecurity Assessment/Resources

## **To help your patients/clients lessen food insecurity, take these steps:**

- Read each statement and ask your client if the statement is often true, sometimes true, rarely true, or never true.
  - Within the past 12 months, we worried whether our food would run out before we got money to buy more.
    - o Often True      o Sometimes True      o Rarely True      o Never True
  - Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.
    - o Often True      o Sometimes True      o Rarely True      o Never True

## Food Insecurity Assessment/Resources cont'd.

- If your client responds “often true” or “sometimes true” to either statement, they likely have food insecurity. Help them get more food by filling out the list of resources (see next page) and giving it to them.
- You can also fill out the list, make copies, and leave them in waiting rooms and other areas for community members to pick up.
- Advocate for nourishing foods in your community. Take steps to increase the availability of nutritious, affordable food.

\* Hager ER, Quigg AM, Black MM, Coleman SM, Heeren T, Rose-Jacobs R, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010 Jul 1; 126(1):26-32.

# Voting Item 1

- Should the TLDC representative for California advocate for increased focus on early childhood home visiting programs to address diabetes and obesity prevention?

PROS	CONS
<ul style="list-style-type: none"><li>• The support provided by trained paraprofessional staff to young mothers has been proven to increase positive outcomes for parent sand young children 0 to 3 years old</li><li>• Increases parenting knowledge and skills</li><li>• Addresses maternal psychosocial risks that could interfere with positive child-rearing</li><li>• Promotes optimal physical, cognitive, social/emotional development for children ages 0 to 3</li><li>• Prepares children for early school success</li><li>• Ensures children get recommended well-child visits and health care</li><li>• Links families to community services to address specific needs</li><li>• Promotes parents' and children's life skills and behavioral outcomes across the life span</li></ul>	<ul style="list-style-type: none"><li>• Congress has not increased the amount of SDPI funds since FY 2004</li><li>• There is a cost for training of staff</li></ul>

# Voting Item 2

- Should the TLDC representatives for California advocate for increased focus on Food Insecurity Issues that contribute to the prevalence of diabetes at the National TLDC meeting as well as at the California level?

PROS	CONS
<ul style="list-style-type: none"><li>• Provides resources to patients/families with food insecurity</li><li>• Increases nutrition to families without enough food</li><li>• Research shows that food insecurity contributes to diabetes and obesity</li><li>• Helps to increase nutritional value of food, not just calories</li><li>• Food security means access by all people at all times, to enough food for an active health life</li><li>• The price of fresh vegetables and fruits has gone up by 40% since 1980, when the obesity epidemic began</li><li>• In contrast, the relative price of processed food has gone down by 40%</li></ul>	<ul style="list-style-type: none"><li>• Some families rely on USDA “commodities” for their food</li><li>• Some families are embarrassed by their problem of not having enough food</li><li>• Many low income families are accustomed to the processed foods vs. fresh foods due to cost and availability</li></ul>