

Tribal Leaders Diabetes Committee (TLDC) Update April 27, 2023



California TLDC Representatives

Primary Tribal Representative

Rosemary Nelson

(Astariwi Band of Pit River
Tribe)

Alternate Tribal Representative

Dominica Valencia

(Santa Ynez Band of Chumash
Mission Indians)

Federal Technical Representative

Glenna Moore, Area Diabetes Consultant

California Area Indian Health Service

California SDPI

Technical Support

- California Area IHS provides technical assistance to 34 California T/U programs
- 26 Tribal & 8 Urban programs
- No new SDPI programs added in 2023

34 California SDPI Grantees



California Area Diabetes Team



Nancy Townzen, RN, CDCES
CAO DM Program
Consultant



Glenna Moore, MS, RDN
CA Area Diabetes Consultant (ADC)



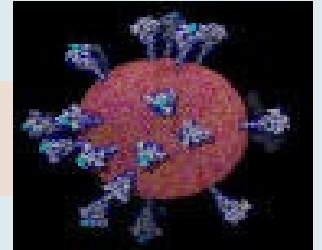
Shannon Beasley, MPH, RDN, CDCES
CAO DM Program Consultant

- Contact via emails, phone conferences, virtual platforms
- DM education/information; clinical DM care guidance
- Training & technical assistance for reporting: DM Web Audit & SOS Reports, Annual Progress Report (APR)
- On-Site & Virtual Site Visits
- Technical Assistance (TA) with SDPI Grant Application process
- TA with DM case management,, QI & other IHS initiatives to improve Diabetes Standards of Care.
- Collaborate with IHS DDTP, DGM & GrantSolutions

Virtual Diabetes Day

Date	Topic	Guest Speaker
05/21/2020	Covid-19 and Diabetes	Ann Bullock, MD; Richard Arikaki, MD
06/17/2020	Continuous Glucose Monitoring (CGM) & Diabetes	Sarah Hormachea, MS, RD, DCCES
07/15/2020	Creative CA Projects in Diabetes Care	Lake Co Indian Health; Sonoma Co. Indian Health; Redding Rancheria
08/05/2020	Charting Progress in Diabetes for AI/AN	Ann Bullock, MD
06/22/2021	Giving Power to Your Patients Using CGM	Terry Raymer, MD, UIHS
07/15/2021	Pandemic Distress & Trauma	Daryl Tonemah, PhD
07/26/2022	Diabetes Outcomes During Covid-19	Lanai Desaulniers, MD; Gemali Austin, PhD, Lake County Indian Health
06/13/2023	Indigenous Food Sovereignty	Cutchá Risling-Baldy, PhD; Jude Marshall, UIHS
06/08/2023	Optimizing Care for Patients with Food Insecurity	Hilary Seligman, MD, UCFS

Pandemic Challenges: 2020-2022

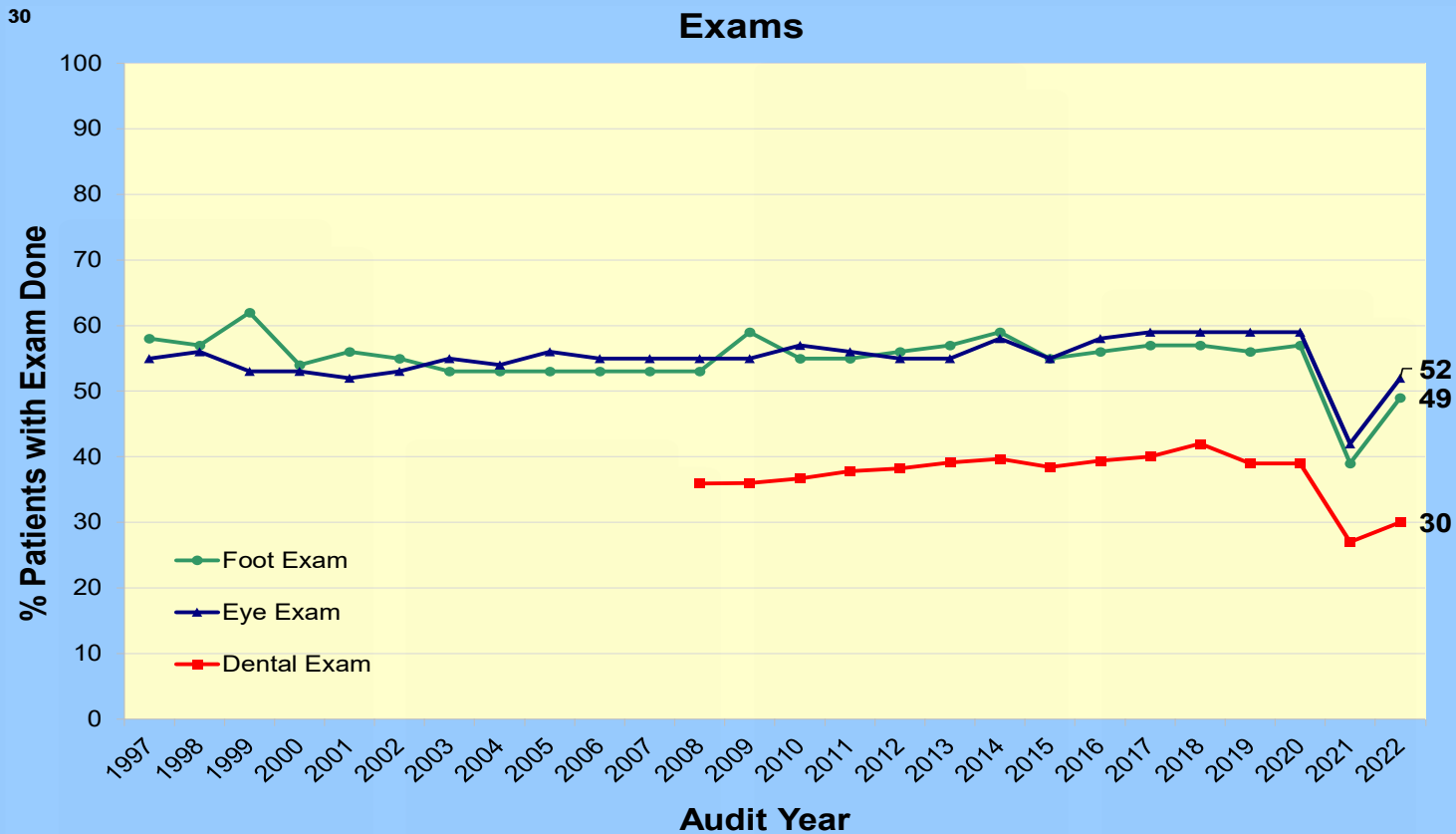


- ☐ We are no longer offering transportation
- ☐ COVID-19 has caused our SDPI program to make many changes
- ☐ To ensure the safety of our staff, we have implemented schedule modifications
- ☐ Due to local ordinances, there have not been any in-person workshops or community events.
- ☐ Patients who stay home are less likely to engage in physical activity (out of fear of exposure) and more likely to rely on food to cope with stress/have irregular eating patterns: both negatively affect blood sugar
- ☐ We have had to furlough some staff
- ☐ COVID -19 has affected our key measures; we were not able to screen anyone for several months

Diabetes Audit Data

- Diabetes Audit data has demonstrated major improvements in diabetes care and outcomes for AI/AN people over time
- Programs can use their Audit Data to help identify opportunities to improve care and monitor progress in achieving goals
- Based on Audit results, it appears that the impact of Covid-19 on diabetes care and outcomes is diminishing

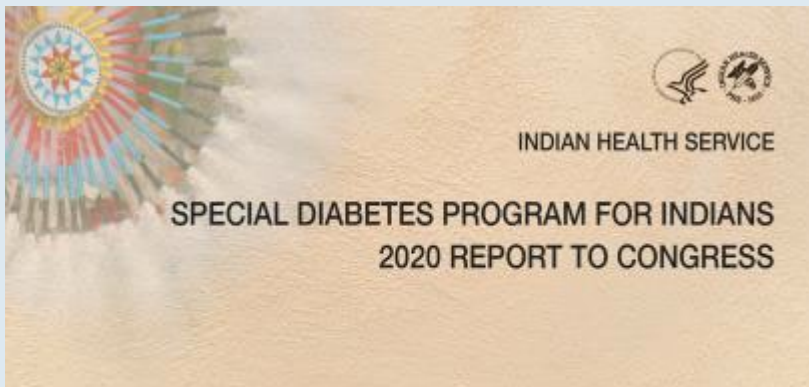
2022 Diabetes Audit Results



Source: IHS Diabetes Care and Outcomes Audit



How are Audit Results Used?



Changing the Course of Diabetes:
Charting Remarkable Progress



Figure 6. Average blood sugar (A1C)

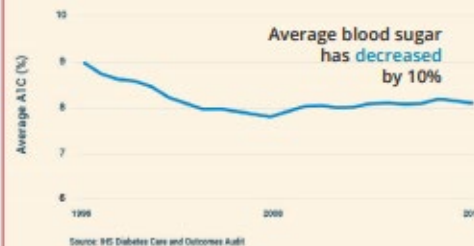


Figure 7. Average LDL ("bad") cholesterol

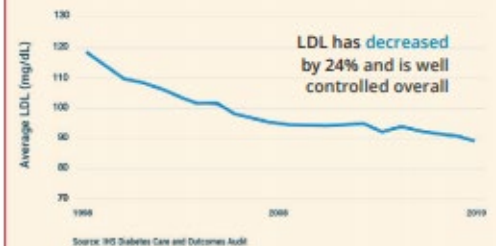
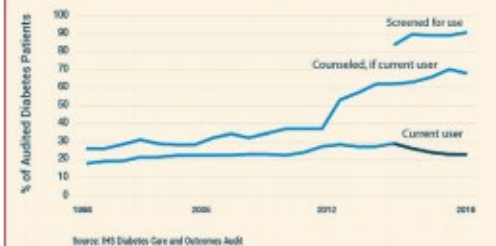


Figure 8. Average blood pressure



Figure 9. Tobacco use, counseling, and screening



Special Diabetes Program for Indians

Changing the Course of Diabetes: Charting Remarkable Progress

Tremendous improvements in diabetes outcomes are happening for American Indian and Alaska Native people.

Read the [Special Diabetes Program for Indians 2020 Report to Congress](#) to learn more.

Diabetes Prevalence



Diabetes **decreased**
from 15.4% in 2013
to 14.6% in 2017
in adults

14.6%

Diabetes Related Deaths

↓37%

Decreased 37%
from 1999 to 2017



Diabetes Related Kidney Failure



New cases **decreased**
by 54% from 1996 to
2013 in adults

↓54%

Diabetic Eye Disease

↓50%

Decreased by
>50% since 1990s
in adults

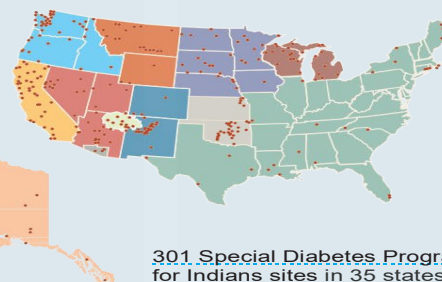


Hospitalizations for Uncontrolled Diabetes



Decreased 84%
between 2000 and 2015
in adults

↓84%



301 Special Diabetes Program
for Indians sites in 35 states



“These improvements have huge implications for quality of life and health care costs. The Special Diabetes Program for Indians has been, and continues to be, key to this remarkable progress.”

Ann Bullock, MD (Ojibwe)



Indian Health Service
Division of Diabetes Treatment and Prevention

SDPI Grant Closeout

- Closeout refers to the end of the grant's life cycle or period of performance
- Closeout letter went out to all 2022 SDPI grantees from IHS GrantSolutions- April 13, 2023
- Final Progress Report Due Date:
 - April 30, 2023 (period of performance ending:12/31/22)
 - July 31, 2023 (period of performance ending: 3/31/23)

SDPI Funding Update

- January 1, 2023 was the start of a new 5-year grant cycle: (2023-2027)
- 302 primary grantees awarded SDPI funding
 - 256 Tribal, 31 Urban, and 15 IHS
 - 11 grantees new to SDPI
- SDPI is funded at \$147M for 2023 (2% reduction for sequestration)
- Funding for SDPI will expire on September 30, 2023

TLDC Meeting March 2023



SDPI Funding

- Flat Funding-no increase in SDPI funding since 2004
- **Increase Funding to \$250 Million Annually**
- Permanent reauthorization would bring stability to programs and allow for long term planning and staff retention

Tribal Diabetes Experts Capitol Hill Speakers

Meeting with:

- Staff of Senator Mike Rounds(R-SD)
- House Natural Resource Committee Republicans
- Staff of Rep. Harriet Hageman (R-WY)
- Senate Committee on Indian Affairs Republican Staff
- Senator Schatz (D-HI)
- Staff of Senator John Thune (R-SD)
- Staff of Rep. Dusty Johnson (R-SD)
- Staff of Rep. Val Hoyle (D-OR)
- Staff of Rep. Sharice Davids (D-KS)
- Member of Congress Doug LaMalfa

The Nutrition Security in Native Communities

- Native American families are 400% to report food insecurities.
- IHS established a Nutrition Security Workgroup to develop interventions at the national, local and community level to improve security in Native communities.
- The IHS Nutrition website is being revamped and will have updated information to provide information and resources on food security.

Nutrition Challenges and Barriers:

- Food access in rural AI/AN communities
- Limited full-service food markets
- Food deserts, with long distances to get to grocery stores
- Family members with chronic health conditions and quarantine
- High cost of fresh food in rural markets
- Disruption of traditional food systems, even more significant in rural areas
- Higher rates of chronic disease and diet-impacted conditions like diabetes, chronic kidney disease, heart disease and obesity

Foundation:

The United States has a unique legal and political relationship with American Indian and Alaska Native Tribes as set forth in the U.S. Constitution, treaties, statutes, Presidential Directive and Executive orders and court decisions

Federal Mission Statement of Indian Health Service:

The overall mission of the Indian Health Service (IHS) is to raise the physical, mental, social and spiritual health of American Indians and Alaska natives (AI/AN) to the highest level.

Goals:

1. The Indian Health Service shall provide high-quality, comprehensive, culturally appropriate personal and public health services to all American Indians and Alaska Natives
2. The Indian Health Service shall eliminate all health disparities that exist between American Indians and Alaska Natives and the general population.

For more information about SDPI:

❑ California Area Diabetes Program, IHS
Glenna Moore, MS, RD
California Area Diabetes Consultant (ADC)
Glenna.moore@ihs.gov

❑ Division of Diabetes Treatment & Prevention, IHS
<https://www.ihs.gov/diabetes/about-us/ihs-division-of-diabetes-treatment-and-prevention/>

Thank You!