

DIABETES



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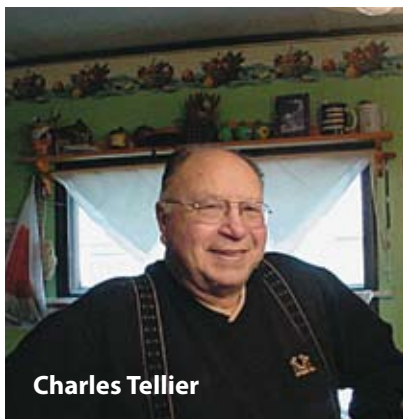
A Worthy Investment

A Federal program promotes diabetes treatment and prevention in Native American communities.

Charles Tellier had been having trouble keeping his blood pressure down. A member of the Flathead Reservation in northwest Montana, Tellier liked to salt his foods. He also occasionally ate foods high in sodium, such as dried, salted salmon.

That all changed when Tellier joined the Flathead Native Heart Beat Program, which has enrolled close to 50 people with diabetes in a cardiovascular disease risk reduction program since early 2006.

Program staff hold monthly one-on-one visits with participants to discuss diabetes health and management. These visits are complemented by an educational program and a number of community-wide activities—including culturally relevant healthy cooking classes—to help people like Tellier control their diabetes and prevent its complications.



Charles Tellier

Tellier stopped adding salt to his meals after attending a cooking class. He also learned how to use healthier spice mixes created and provided by the program.

“This is one of the premier programs I have ever been enrolled in with regard to heart and diabetes,” said Tellier, who was able to get his blood pressure down to within normal ranges within a month of joining the program.

Flathead Native Heart Beat is

one of almost 400 health programs designed for tribal and urban American Indian and Alaska Native communities to address the growing diabetes epidemic.

The programs are federally funded through the Special Diabetes Program for Indians (SDPI), which, since 1998, has provided grant funding to the Indian Health Service for diabetes prevention and treatment activities in American Indian and Alaska Native communities such as the Confederated Salish and Kootenai Tribes of the Flathead Reservation. Theirs was one of 30 SDPI programs to receive special “Healthy Heart Project” funding to implement an intensive cardiovascular disease risk reduction program for people with diabetes.

Congress created the program in 1997 in response to the serious problem of diabetes—particularly type 2 diabetes—among

American Indians and Alaska Natives. Overall, American Indians and Alaska Natives have the highest age-adjusted prevalence of diabetes among all U.S. racial and ethnic groups. Further:

- 15.1 percent of adult American Indians and Alaska Natives have diabetes.
- The percentage of American Indians and Alaska Natives under age 35 with diabetes increased by 133 percent between 1990 and 2001.
- The mortality rate for American Indians and Alaska Natives is 4.3 times higher than that of the American population in general.

The task of reversing these trends is imposing, but the treatment and prevention programs funded through the SDPI are already making a difference, according to community leaders.

“The impact has been incredible. These programs have implemented services based on the local needs,” said Yvette Roubideaux, MD, co-director of the Coordinating Center for the Special Diabetes Program for Indians Competitive Grant Program and chair of ADA’s Awakening the Spirit Native American Team. “If there is high prevalence in a community, the focus is on bringing in new services and education to help prevent complications.”

Roubideaux and other leaders note that these programs place an emphasis on culture, tradition, and language.

For instance, one program

helps community members develop traditional tribal gardens, so that members can eat healthier, more natural foods. Another teaches individuals how to cook traditional Indian foods, but in a healthier way. Many use traditional games and activities to put physical activity back into schools.

SPDI funding initially was directed for 333 grant programs to create or enhance diabetes prevention and treatment programs in Indian communities, including the building of infrastructure. Today, there are nearly 400 grant programs in 35 states, each with a unique strategy to meet local needs and customs.

The funding has enabled communities to increase levels of physical activities in schools and develop awareness and prevention programs. It has also bolstered nutrition education, promoted health fairs and other traditional activities to encourage healthy behaviors and lifestyle changes. Funding has also led to the introduction of medications and therapies, basic clinical exams, and new or expanded screening.

“The program is truly making a difference in the short term. Blood pressure levels are going down. A1C levels are going down. Rates of complications are going down,” Roubideaux said. “In terms of reducing the actual prevalence, it’s going to take a while to see improvements in those numbers. But we’ve set a very good foundation, especially with a focus on prevention in youth. All those efforts are going to pay off.”

In order to encourage these positive trends to continue, ADA has made SDPI reauthorization a priority. The most recent Congressional authorization of the program and its funding is set to expire next year. ADA and others want Congress to realize the importance of the program and the need to expand its investment in community efforts to fight diabetes.

“The last thing Congress should do is turn its back on this program at a time when evidence shows the program is making real progress in communities across the country,” said L. Hunter Limbaugh, chair of ADA’s National Advocacy Committee.

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Get involved in the American Diabetes Association’s efforts to:

- Increase funding for diabetes research and prevention programs
- Improve health care and insurance coverage
- End discrimination based on a person’s diabetes

Go to <http://advocacy.diabetes.org>. To receive updates from the Association about important public policy issues, be sure to click on the “Become a Diabetes Advocate” link.