

Western Tribal Diabetes Project

The Northwest Portland Area Indian Health Board



Road to Mount Shasta, CA

Mark your Calendars:

Upcoming DMS Trainings

- Diabetes Management System: May 12-14, 2002; NPAIHB... Portland, OR
- Diabetes Management System: July 12-14, 2002; NPAIHB... Portland, OR

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Diabetes Screening Toolkit

As a result of the four year partnership between the Western Tribal Diabetes Project (WTDP) and California and Northwest tribes, many tribes have succeeded in establishing an active diabetes register and an integrated diabetes program. As a result of all these activities, many tribes are now ready to become more proactive in reducing the morbidity and mortality resulting from diabetes. Several California and Northwest tribes have either planned or actually started community-based screening projects to detect diabetes in a pre-symptomatic state, or possibly even detect one of the precursor conditions that are associated with developing diabetes. The recent Diabetes Prevention Program gives us hope that tribal individuals and communities may be able to prevent or delay the onset of diabetes.

There are many considerations to make before conducting community-based diabetes screening. These issues are different for each tribe. Also, there currently is no comprehensive guideline or step-by-step approach to identify and consider these issues, and achieve successful diabetes screening. Therefore, the staff of WTDP and Northwest Tribal Epidemiology Center believe that it is necessary for us to take the lead to develop a screening toolkit that incorporates updated information, guidelines, and tools for successful diabetes screening.

We have partnered with Donnie Lee, MD, Area Diabetes Consultant for Portland Area IHS, and local tribes to develop a toolkit that provides a step-by-step guideline for successful community-based diabetes screening. The toolkit begins by asking both tribes and their respective diabetes program to work together to consider the appropriateness and effectiveness of diabetes screening for their commu-



Screening Toolkit Members, (from left to right) Brian Boltz, Wendy Johnson, Aloe Marrero, Kelly Gonzales, Brenda Bodnar, James Oliver, Kelle Little, Andrew Awoniyi, Sharon Stanphill, and Donnie Lee hold up the labors of their hard work.

**Not Pictured: Rob Collison, Pat Dudas, and Penny Schumacher.*

nity. This is accomplished by considering a range of issues, including (1) the costs and benefits of screening, (2) how will the screening information be used, (3) how such activities will benefit the community, and (4) the availability of resources to perform follow-up of at-risk individuals. Included in the Toolkit are “splash pages” that give summary information regarding the section topics, and include tear-away templates (e.g., “tools”) necessary for successful screening.

We are in the evaluation stages of the Toolkit and intend to have the toolkit in a final draft form later this spring. Once the Toolkit is finalized, we plan to offer you a work-shop to demonstrate how to use the Toolkit to best meet your local community needs.



Diabetes Screening Toolkit: Community Based Diabetes Screening



*Diabetes Screening
Toolkit
Title Page*

The goal of a diabetes screening program is to identify people within the community who are at high-risk for developing type 2 diabetes or who have undiagnosed diabetes. With careful consideration and planning, a diabetes screening program can provide invaluable opportunities to provide patient education, support, and follow-up.

Issues to consider before implementing a screening program include:

- **The Cost of a Diabetes Screening Program** – Does your program have the money, resources, and staff necessary to effectively create and maintain an on-going diabetes screening program? Would your limited health care resources be better spent on existing services or other health promotion programs?
- **Screening Program Support** – Does your community, administration, and tribal council support the development and implementation of an on-going diabetes screening program?
- **Screening Program Resources** – Does your clinic have mental health and health education resources that address issues such as stigma and stress the screening participants may experience?
- **Confidentiality Issues** - Do you have an organized data collection system in place that ensures participant confidentiality?

Potential benefits of implementing a community based diabetes screening program include:

- **Increase Community Awareness** – The screening program can act as an educational intervention.
- **Prevent the Development of Diabetes** – The Diabetes Prevention Project study found that 58% of type 2 diabetes was prevented with a moderate change in diet and exercise. People who are identified as high-risk for diabetes will have the opportunity to receive health education, change lifestyle behavior, and potentially prevent the onset of type 2 diabetes.
- **Prevent the Development of Diabetes Related Complications** – Many people suffer blood vessel damage leading to problems with the eyes, nerves, kidneys, and heart before they are diagnosed with diabetes. Early diagnosis through diabetes screening may provide opportunities to decrease the onset of such complications, although this has not yet been proven.
- **Demonstrate the Need for Additional Health Care Funding** – A community based diabetes screening program can potentially lead to the identification of significant numbers of people who are at-risk of developing type 2 diabetes thereby promoting future resource allocation.

Data Utilization Workshop: Using your Diabetes Data

Diabetes Coordinators and other clinic staff from seven tribal diabetes programs came together with WTDP staff for an afternoon diabetes data workshop on March 20th, 2002 in Ukiah, CA. The workshop, entitled “*Using the Data Gathered About Your Patients with Diabetes*” resulted in an afternoon of sharing ideas about how to use the diabetes registers to improve patient care and program effectiveness.

The group was asked to keep this in mind throughout the day: ***What are the questions you want answered by your diabetes data tracking system?***

Jen Olson and Penny Schumacher, WTDP staff, facilitated a discussion of the current strengths and weaknesses of tracking diabetes information electronically. Strengths included creating a system where PCC staff, providers and community health staff work together for a common goal along with being able to create the Diabetes Audit electroni-

cally. Limitations of the diabetes register included staff turnover, not being able to enter lab data effectively, lack of staff time, lack of training, and ensuring all data is documented by the providers and correctly entered by data entry staff. Given these limitations, the group voiced continued support of the importance of maintaining quality diabetes registers.

The participants shared ideas on success in their diabetes programs and ideas on how they are using the data registries including:

- Using the appointment schedule to determine who is coming in for diabetes exams
- Using the individual audit as a diabetes flow sheet
- Tracking Hemoglobin A1c results to determine effectiveness of interventions
- Generating lists of patients in need of follow-up for various procedures

“You could just see the lights go on from those who were not actively using the Diabetes Management System...”

*-- Joann Sims
Workshop Participant*

Continued on Page 3...

Data Utilization Workshop: Continued from Page 2...

The group discussed short and long-term goals of the uses of their diabetes registers. Short term goals included:

- Generate the diabetes audit electronically
- Ability to send automatic follow-up letters
- Tracking group education (and get credit on the audit)
- Tracking screening efforts

Long term goals included:

- Showing trends or impact of interventions
- Clinic management of patient care (ensuring standards of care are met)
- Use the data to support additional grant proposals
- Assess the health of the community, and compare communities
- Track referrals

The group walked through various scenarios on how they would use the diabetes data to track effectiveness of interventions, GPRA indicators or other clinic-defined needs.

The workshop was a positive step toward defining the needs of the tribal diabetes programs and building their skills on how to fully utilize the information in the diabetes registers to best meet the needs of each tribal diabetes program. Ideas and activities from the workshop will be incorporated into site visits by WTDP staff as well as future trainings.

"When can you come back?"
— Workshop Participant



National Tribal Leaders Diabetes Committee Meets in Beaverton

On February 14 and 15, 2002, the Tribal Leaders Diabetes Committee (TLDC) came to the Portland Area for their quarterly meeting. Invited by Sam McCracken, the Native American Business Opportunities Liaison for Nike, part of their meeting was held in the Nike Campus Tiger Woods Conference Building, in Beaverton, Oregon.

A major agenda item for this meeting was presentations by the 12 Indian Health Service Areas, on the results of their local consultations regarding the FY 2003 Diabetes Funds. FY 2003 will be the last year of funds from the Consolidated Appropriations Act of 2001, and funding for years beyond this will need to be appropriated by Congress. For the Northwest, the Portland Area Office hosted their consultation on February 1, 2002.

NPAIHB Chair Julia Davis-Wheeler delivered a presentation that outlined the Portland Area's position on the FY 2003 funds presentation to the TLDC. That position includes a new factor

for fund distribution based on the change in the rate of prevalence of diabetes. If adopted, the new factor will provide a more balanced view of the burden of disease of diabetes that Areas are experiencing.

The afternoon of the 15th was set aside to discuss the strategic planning for the TLDC and the lobbying for continued funding by Congress. Mike Mahsetky, the Director of Legislative Affairs for IHS, and Geoff Strommer, of the law firm Hobbes, Strauss, Dean, and Walker, discussed the history of the diabetes funds and possible lobbying strategies for continued funding.

Sam McCracken, of Nike, also delivered a presentation to the TLDC on the activities and partnerships between Nike and the tribal clinics. Nike has partnered with approximately 60 American Indian/Alaska Native tribes, several of which are Northwest Tribes, such as Yakama Nation and Warm Springs.



Tribal Leaders Diabetes Committee



Members of the Strategic Workgroup for the TLDC

*TLDC Photographs courtesy of: Don Head

Mark Your Calendars: Future Gatherings

Diabetes Prevention in American Indian Communities; Turning Hope Into Reality. National Institutes of Health
Hosted by: Tribal Leaders Diabetes Committee; December 10-13, 2002 — Adams Mark Hotel, Denver, CO

Measuring Diabetes Care: Improving Data Quality and Data Use in American Indian Communities.
Sponsored by: National Diabetes Program; August 20-22, 2002 — Westin Hotel, Seattle, WA

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Health Board*

Western Tribal Diabetes Project

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WE'RE ON THE WEB!
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The National Arm Takes Off!... Western Tribal Diabetes Project Welcomes New Staff

My name is Crystal Hall-Denney, and I have recently been hired on as the Project Assistant for the National arm of the Western Tribal Diabetes Project. I am an enrolled Makah, where I have spent the previous 16 months working in the Tribal Diabetes Program as the Data Clerk. I originally was interested in diabetes because my Grandfather has been a diabetic for as long as I can remember. My interest was furthered as I learned more, and I am honored to be now working with the new National Project, NPAIHB, and the Northwest tribes. I have attended Northwest Indian College, and plan to transfer to Portland State University in the fall, where I intend to complete my Bachelors degree in Public Health and Administration. My husband and I are thrilled to be living in the beautiful city of Portland, where we plan to raise our family.



Crystal Hall-Denny
*National Diabetes Project
Assistant*



Wendy Johnson
*National Diabetes Project
Specialist*

Hello, my name is Wendi Johnson and I am the new Project Specialist of the National arm of the Western Tribal Diabetes Project. After graduating from Lewis and Clark College, I worked as a social worker with youth in the juvenile system. I then transitioned into the health field where I worked as a patient advocate, case manager, and researcher. I am now in the process of completing my thesis for the Master of Public Health program in the Social and Behavior Sciences Track at the University of Washington. While at the University of Washington, I concentrated on health education program development and evaluation. I am very excited to work for the Northwest tribes and the Northwest Portland Area Indian Health Board.

***Good Luck Crystal and Wendy...
Welcome to the team!***

