Promising Practices in Nutrition and Diabetes Prevention and Management – Special Diabetes Programs for Indians (SDPI) in Tucson, AZ

Presented by the

Western Region Public Health Training Center & Southwest Telehealth Resource Center
Welcome

WRPHTC region – Arizona, California, Hawai‘i, Nevada, and the US Associated Pacific Island
SWTRC region – Arizona, Colorado, New Mexico, Nevada, and Utah
Fellow HRSA grantees
All other participants from the US & abroad
Approved Continuing Education Credits

• 1.0 CNE contact hours

• 1.0 CECH for CHES

• 1.0 CPEU for RDs
Learning Objectives

Upon completion of this presentation, the participants will be able to:

• Discuss the diabetes program in the Tucson area
• Describe successful nutrition related activities of the programs, specifically those at the Tohono O’odham Nation diabetes program
• Identify resources available to all diabetes programs
• Discuss how to implement these tools in various settings
Disclosures

• The planners and presenters have no relevant financial relationships to disclose.
Continuing Nursing Education Information

Nursing Evaluations

Criteria for successful completion:

• Attendance requirements
  • You must be present for the full duration of the activity
• Complete an online NURSING evaluation
  • Available online at:
    • cne.nursing.arizona.edu
    (go to Quick Links sidebar and click the CNE Evaluation link)
Webinar Tips & Notes

• Mute your phone &/or computer microphone
• Time is reserved at the end for Q&A
• Please fill out the post-webinar survey
• Webinar is being recorded
• Recordings will be posted on the SWTRC website (http://www.southwesttrc.org) and the WRPHTC website (https://www.wrphtc.arizona.edu)
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Promising Practices in Nutrition and Diabetes Prevention and Management – Tucson Area SDPI Programs

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TOHONO O’ODHAM NATION HEALTH CARE
Objectives

1. Discuss the diabetes programs in the Tucson Area
2. Describe successful nutrition related activities of these programs, specifically those at the Tohono O’odham Nation Diabetes Program, HOPP
3. Identify resources available to all diabetes programs
4. Discuss how to implement these tools in various settings
Special Diabetes Program for Indians - SDPI

Established by Congress in 1997 to provide funds for diabetes prevention and management

Grants given to 301 IHS, Tribal, and Urban Indian health programs in 35 states – 3 are in the Tucson Area

Funding has supported quality diabetes treatment and prevention programs, and has resulted in promising outcomes

- Increases in diabetes prevalence are slowing
- Diabetes prevalence in youth is not increasing
- Incidence rate of end-stage renal disease in diabetes is decreasing significantly for American Indian and Alaska natives.

https://www.ihs.gov/sdpi/about/community-directed-programs/
Diabetes in the Area

Diabetes Prevalence in the Tucson Area is significantly high
- 19% for Sells Service unit (2014 GPRA)

Type 2 Diabetes in children is a growing concern

Obesity rates are significantly high as well
- 40% adults with BMI over 30
- 26% children with BMI over 95%ile
Tucson Area SDPI Programs

Tohono O’odham Nation—Healthy O’odham Promotion Program
Pascua Yaqui Tribe—Diabetes Prevention and Treatment Program
Tucson Indian Center—Diabetes Program
Tohono O’odham Nation
Pascua Yaqui Tribe

Consists of one reservation of about 202 acres Southwest of Tucson and 4 communities located in Tucson, Marana, and Guadalupe, a suburb of Phoenix.

Became a federally recognized tribe in 1978

Health Services are provided through contract and on the reservation
Pascua Yaqui Tribe
Tucson Indian Center

Established in 1963 to provide wellness services, cultural activities, youth and elder services, job assistance and emergency assistance to the Urban Indian Community in Tucson.

Located in Downtown Tucson and serves over 900 members of the Tucson Urban American Indian Community
Tucson Indian Center
Successful Nutrition Programs

Tucson Indian Center and Pascua Yaqui Program—University of AZ
Garden Kitchen cooking demonstrations
- Monthly class provided as part of Group Lifestyle Balance Curriculum
- Basic cooking techniques and sampling of nutritious, new foods.
UA Garden Kitchen

- Well attended: 20-30 attendees
- Provide opportunities for participants to learn new skills, taste new foods
Diabetes Education in Tribal Schools (DETS)

DETS K-12 Curriculum – Tohono O’odham Nation

- Lessons provided to school children:
  - Effect of diabetes in Tribal communities
  - Making Healthy Lifestyle Choices, including healthy eating
- Incorporated National Science Education Standards
- Matches up with Common Core Standards
DETS

Seventh Year in BIE Schools on Tohono O'odham Nation

Significant decreases in overweight and obesity rates for children who have participated in DETS over years

Sustained healthier eating habits in the home and outside of the home, such as decreased intake of sweetened beverages, decreased portions.

Strong support from school, community, and children
DETS

Curriculum available for free at IHS website:

https://www.ihs.gov/MedicalPrograms/Diabetes/RESOURCES/Catalog/index.cfm?module=productList
Lifestyle Balance Curricula

Series of curricula offered by different entities but all derived from Diabetes Prevention Program Lifestyle Balance Curriculum.

Group Lifestyle Balance – Implemented in Tucson Area diabetes programs
- Promotes modest weight loss through healthy eating, physical activity and behavioral modifications
- Curriculum includes 12 core and 10 post-core lessons
A Side Note on DPP

Funded by NIH and conducted in 27 centers across the country, including American Indian communities in the southwest.

Participants randomly assigned to one of 3 arms of the study:
1. Intensive Lifestyle Intervention
2. Metformin Group
3. Placebo
DPP Intensive Lifestyle Intervention

Reduce fat and calorie intake

Increasing and maintaining physical activity to at least 150 minutes per week

Obtain at least 7% reduction in baseline weight.

58% reduction in risk of diabetes in Lifestyle Intervention group

Slide Presentation, University of Pittsburgh Diabetes Prevention Support Center, 2013
GLB Curriculum

12-week sessions cover basic principles of nutrition, physical activity, and behavioral modification
  ◦ Encourage food and activity tracking throughout curriculum
  ◦ Weight tracked on a weekly basis

Support Sessions expand on what core sessions taught
  ◦ Include topics such as resistance training, stress management, and mindful eating
GLB in Tucson

Conducted GLB core sessions at San Xavier Clinic as a test.

March, 2012: Small group attended training at University of Pittsburgh

Continued Success at SX Clinic

March 2013: U Pitt GLB Instructors came to Tucson
  ◦ 45 trainees from IHS, Tucson and Phoenix area Tribes, Urban Indian Program, and other county partners.
Challenges Implementing Program

Staff Enthusiasm
Administrative and Financial Support
Competing Programs
Successful Outcomes for Participants

60% of 2012 participants have maintained some weight loss, and in 2013 73% have maintained some weight loss.
What Instructors Say about GLB

Most have found GLB to be a helpful tool in helping their participants lose weight and live healthier

“Provides opportunity for clients to interact with and offer support to each other outside of class”

“Participants are excited to learn about nutrition and healthy eating for themselves and family”

“Very exciting to see participants weigh in and lose weight!”

“It’s great to see clients achieve goals, learn to control blood glucose, improve other lab values, and even reduce or completely stop medications because of Weight loss. This encourages me.”
Challenges of GLB
What Instructors Identify

Recruitment and retention of participants is difficult
Having participants use and turn in food tracking logs is very difficult
Some clients lose interest quickly after seeing a week of weight gain
Transportation to weekly classes
Finding a time that works for all clients
Less excitement from the community now that the program has existed for a few years
Keeping people motivated
Some Strategies to Overcome Challenges

- Food Demos and taste testing at weekly classes
- Teach different exercise routines or incorporate physical activity at each class
- Use existing programs like walking clubs to recruit participants
- Partner with community programs like universities to offer additional education at sessions
- Nike Native Fitness Program
Current Lifestyle Balance News...

TON Sells Hospital Diabetes Prevention Program has applied for pending recognition status under the CDC Diabetes Prevention Recognition Program.

Will be using the CDC Lifestyle Balance version of the curriculum: “Prevent T2”

HOPP may also look into this option in the future
Family Spirit Program

Home visiting program created by Johns Hopkins Center for American Indian Health “to promote optimal health and wellbeing for parents and their children”

Uses community-based workers to support young parents from pregnancy to 3 years post-partum

Modules include:
- Prenatal care
- Infant care
- Your Growing Child
- Toddler Care
- My Family and Me
- Healthy Living
Resources: Division of Diabetes Treatment and Prevention (DDTP) Website

Several Curricula and resources available for free
- Downloadable and print options
- My Native Plate, DETS,
Printable Materials

These materials are available now to use during one-on-one or group education classes, to set out for your patients or clients, or to share with your friends and family members. Check back to this page often, as new materials are being added for your convenience.

* Media Tools contains public service announcements (PSAs) and articles for you to forward to your newsletter editor.

Tell us what you think about this page.
If you experience problems downloading the materials, please contact the Division of Diabetes for assistance.

Send an email to diabetesprogram@ihs.gov.

NUTRITION, PORTION CONTROL
My Native Plate
(2-page tool)

Finally... an easy-to-understand way to show balanced meals with reasonable portion sizes! This tool shows three easy steps to knowing what and how much to eat. Front features a dinner plate. Back shows youth, breakfast, lunch and optional dinner plates. Based on the USDA My Plate and designed for Native audiences. Best if printed as full-color 11 X 17.

Download Now! [PDF - 998KB]
Download Now! [PDF - 172MB]
Implementing tools in your setting

Support from partners is key for long-term support

Use material that can be modified to best fit the needs of your community. Enhance any curriculum with additional activities or culturally relevant modifications.

Communicating with partners will be very important for success.

It is very important to find the curriculum that works for your community/organization, so take the time to research
Important to remember....

Communities are resilient
Communities have resources for sustainability
Communities have champions
Family involvement is Key
Children must be involved – the earlier the better!
Communities want positive change
Questions?

Thank You!
Training Series Opportunity: Improving Indigenous Public Health Systems

Location: University of Arizona, Tucson


Description: Learn essential skills for improving indigenous public health systems through 3 in-person workshops on policy development, program planning and evaluation, and budgeting. Sessions will include presentations, case studies, group work, discussions, and applied projects.

Registration is free! Space is limited.

Learn more at: http://wrphtc.arizona.edu/training/improving-indigenous-public-health-systems
In order to earn 1.0 contact hours of Continuing Nursing Education credit for completing this presentation, fill out an evaluation found at:

cne.nursing.arizona.edu
CECH and CPEU Information

In order to receive certificate for CECH or CPEU or completion certificate, fill out form within the next 7 days (12/20):

https://uarizona.co1.qualtrics.com/SE/?SID=S V_8q2iCuUWTp8uzUF
Your opinion is valuable to us. Please participate in this brief survey:

https://www.surveymonkey.com/r/WRPHTCwebinar

This webinar is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth (G22RH24749) and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under UB6HP27880 and Affordable Care Act (ACA) Public Health Training Centers. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.