

Summer 2001

Volume 1, Issue 3

New Diabetes Stamp



Inside this issue:

Conference Highlights: 2  
*California Regional  
Diabetes Conference*

New Staff 2

"The Wellness Game"- 2  
*A Summer Youth  
Project*

Food and Beverages 3  
*with 15Grams of  
Carbohydrates*

Compendium Reports 4  
*to Congress*



Scenic View  
near Lower Elwha

# Western Tribal Diabetes Project

## *Northwest and California Projects Merge*

The Northwest Tribal Diabetes Surveillance Project (NTDSP) and the California Area Diabetes Surveillance Project (CADSP) merged this Spring. The newly formed project will be called the Western Tribal Diabetes Project (WTDP).

### *Previous Activities:*

The Northwest Tribal Epidemiology Center (*The EpiCenter*) at the Northwest Portland Indian Health Board (NPAIHB) has administered the two diabetes projects since Congress appropriated additional funds for the treatment and prevention of diabetes through the Balanced Budget Act of 1997. The NTSDP was established in 1998. The establishment of the CADSP followed in 1999. The goal of both projects was to assist Northwest and California tribes and tribal diabetes programs in establishing a sustainable infrastructure for diabetes data collection and case management systems.

### *Why Merge the Two Projects?*

The merger of the two diabetes projects comes in the wake of increasing public concern about the human and economic costs of diabetes in the United States and the growing prevalence of diabetes in vulnerable populations, particularly among American Indians and Alaska Natives (AI/AN). Because diabetes has come to the forefront as an area of health concern, members of Congress have committed substantial funds to help support the diabetes prevention and treatment activities of

AI/AN communities over the next several years. As described above, *The EpiCenter* has taken a substantial leadership role in help

ing tribes obtain accurate diabetes data to assist in targeting diabetes treatment and prevention activities. With the continued diabetes funds from Congress, the tribes in California and the Northwest strongly supported an increased leadership role for *The EpiCenter*, which would enable *The EpiCenter* to expand diabetes activities.

The new project will provide several advantages. First, WTDP will enable *The EpiCenter* to implement an expanded scope of services, such as providing tribes with assistance in early screening and prevention activities. Second, the new project will allow project staff to provide a higher level of service.

### *Objectives of the Western Tribal Diabetes Project*

WTDP will continue to pursue the goal of its predecessors with the following objectives for the Northwest and California diabetes programs:

1. Continue to support programs with their existing special diabetes grants.
2. Assist tribal programs in developing applications for the expanded Special Diabetes Funds projects.
3. Continue to work with tribal programs to improve the accuracy of data on the morbidity and mortality from diabetes.



**Dr. Kelly Acton, Indian Health Service Director, National IHS Diabetes Project**



**Monica McKorkle ( Indian Health Council, Inc.), and friends**



**Dawn LaBlanc (California Indian Health Service) and walkmates**

## Conference Highlights- California Area Regional Diabetes Conference

In early June, the second annual California Area Regional Diabetes Conference took place in San Diego, California. The three-day event (June 5-7) was held at the US Grant Hotel. This year's conference theme "Creating a Path for Future Generations" overwhelmingly met its goals and objectives as expressed through the comments and generous appreciation of the 200 plus people attending the conference.

The participants included tribal leaders, clinic staff and providers, diabetes team members, health educators, diabetes grant writers, community members and social and mental health staff. The majority of the participants traveled from within California, however, many other locations were represented such as Idaho (Nez Perce Tribe), Montana (Crow Tribe, Kalispel Tribe), Nevada (Washoe Tribe), New Mexico (Navajo Tribe), Oklahoma (Choctaw Nation), Oregon (Burns-Paiute Tribe), Washington (Puyallup Tribe, Samish Indian Nation, Yakama Nation), and Alberta, Canada (First Nations).

The conference was sponsored by the: California Area Indian Health Service (IHS), California Rural Indian Health Board, Indian Health Council, Inc., and the North-

west Portland Area Indian Health Board. The accredited sponsor included the IHS Clinical Support Center.

Experts from agencies, tribal communities and universities throughout the nation gave presentations in diabetes care, case management, health education and behavioral interventions. Together, these experts offered three days of presentations filled with new ideas, updates, and innovative approaches to diabetes prevention and clinical care. Plenary



sessions included topics such as "Special Diabetes Grant Programs", "Taking Control of Your Diabetes", "Type 2 Diabetes in Youth: An Emerging Epidemic" and "Creating Terrific Teaching Tools". People were also provided an opportunity to participate and experience hands on sessions such as "The Benefits of a Traditional Native Diet", in which the participants tasted traditional Native foods. The sessions

provided participants the opportunity to network, build and support partnerships between American Indian and Alaskan Native tribes, organizations and academic institutions.

To top off the conference a morning "fun run and walk" was organized by Monica McCorkle, MS, RD, and the Wellness Warriors from the Indian Health Council, Inc. Approximately 100 people participated in the event, which provided people

## New Staff



**James Oliver, R.D.  
Northwest Project Specialist**



**Tim O'Hearn, M.P.H.  
Western Project Coordinator**



**Jen Olson, M.A., M.S.  
Californian Project Specialist**

## *“The Wellness Game”—A Summer Youth Project*

Chris Hansom, CDE of Lake County Tribal Health Consortium has developed a diabetes education tool for young adults and children. To make her lectures more interesting, she made up a game called The Wellness Game. To begin, she draws a large circle on a poster board and divides it into four categories. With a pinned spinner arrow in the center of the wheel each contestants takes turns spinning the arrow to select a category. The categories are as follows:

- X Diabetes: Questions about basic diabetes information that is taught in the lecture. For example, “Where does insulin come from in your body?” “Is glucose a form of sugar?”
- X Dental: Questions are suggested by our dentist (who has a great sense of humor). “What is a hairy tongue?” We had four choices for answers.
- X First Aid: A flip chart on standard first aid chart is used for to educate on basic first aid. Game questions on first aid include: “What do the letters CPR stand for?”
- X You be the doctor: This is one of the favorites. A set of symptoms is presented and the audience guesses what the problem is. For example “Doctor, Doctor, my child came home from school today with a fever and red blisters popping out all over his chest”. The audience should guess chicken pox, but if they don’t, more and more symptoms are presented until they either guess

right or give up.

“I usually divided the kids up into groups of four or five” says Chris. “They are more likely to guess and be involved in the game if they are in a group. They also develop camaraderie as well as learning some important health facts.”

The questions are graded for difficulty with the more difficult earning 2 points and the less difficult earning 1 point. The team that gets 10 points first is the winner. The payoff for being the winning team is the first choice of prizes.

*“At one Rancheria, the kids enjoyed the game so much that they kept playing even though there were no prizes left.”*

“I purchased prizes from our local \$1 store. I had some insulated lunch bags, hair-brushes, toothbrushes, shower gel, flashlights (with batteries) and in seasonal times, some Halloween decorations, Thanksgiving decorations, etc. The rest of the participants also get prizes, so everyone left with something” says Chris.

“At one Rancheria, the kids enjoyed the game so much that they kept playing even though there were no prizes left. I also have had some adults sit in and be the group leader to help the kids when they needed answers and to keep order.”

*Chris Hansom, CDE, is the Diabetes Coordinator at Lake County Tribal Health in Northern California. Chris recently received her Certified Diabetes Educa-*

## *Foods and Beverages with 15 Grams of Carbohydrates*

1/4 cup sherbet  
1/4 cup applesauce  
1/4 cup canned fruit  
1 fruit juice bar  
1/3 can regular soft drink  
1/2 cup fruit juice  
1 cup sports drink  
ca 1/3 cup fruit-flavored or frozen yo-

6 saltine crackers  
3 graham crackers  
1 slice toast or bread  
1/2 cup regular gelatin  
1/2 cup cooked cereal  
1/2 cup mashed potatoes  
1/3 cup cooked rice  
(Diabetes Forecast, August 2001)



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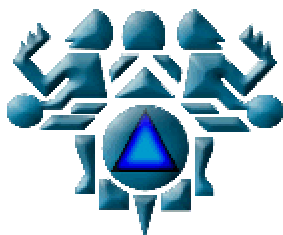
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**WE'RE ON THE WEB!**

**WWW.NPAIHB.ORG**

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***The EpiCenter***



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***Compendium project***

Western Tribal Diabetes Project at 1-800-862-5497 or e-mail:

Jen Olson at [jolson@npaihb.org](mailto:jolson@npaihb.org)

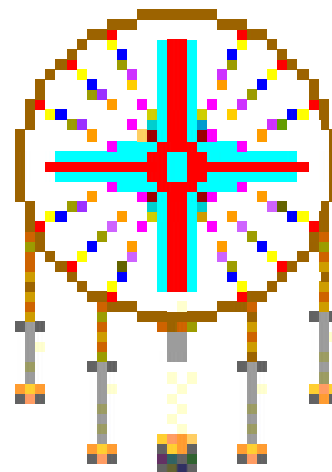
These reports will be compiled by the WTDP and sent to the Indian Health

***Let Congress hear your success stories!***

***Inform Congress of the need for continued and increased funding to address diabetes in Indian Country!***

Each tribal diabetes program has received information on the compendium project. The packet of information includes a template and sample completed two-page compendium. The deadline for the Compendium reports has been extended to July 31st.

If you need the compendium packet or have questions contact the



Service to report to Congress. In addi-