

PROJECT UPDATE FALL 2000



THE NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

California Area Diabetes Surveillance Project

In 1997, Congress allocated an additional appropriation to Indian Health Service (IHS) to help Indian Health care programs address the increasing epidemic of diabetes. Because of concern about the quality of health data, IHS earmarked a portion of the new diabetes funds for data improvement.

In 1998, the Northwest Portland Area Indian Health Board (NPAIHB) was awarded a competitive grant from the California Area Indian Health Service to assist 32 California Area Indian health care sites: (1) improve the accuracy of health data for diabetes and associated complications, and (2) build sustainable infrastructure to monitor and track diabetes and associated complications.

This project, called the California Area Diabetes Surveillance Project (CADSP), began March 1, 1999. Additional funding has been obtained by the California Endowment Foundation and allowed the Project to expand services to an additional 34 sites for a total of 66 sites. These sites are currently working to establish effective diabetes tracking systems for California communities.

Paralleling strategies developed by the Northwest Tribal Diabetes Surveillance Project, CADSP includes four primary objectives:

- 1) To assess program capacity for diagnosing and monitoring diabetes;
- 2) To provide training, assistance, and skill build-

ing opportunities to ensure adequate data collection and diabetes surveillance;

- 3) To analyze incidence and prevalence data to determine rates of diabetes;
- 4) To identify site goals and objectives to ensure sustainability of the tracking system.

The Changing Needs of the Data Improvement Project

Year 1

Data Improvement many Sites began from scratch



Year 2

Clinical Improvement through the local use of the data



Year 3

Shifting the focus to early detection and prevention

Benefit to the Tribes

Through a combination of on-site assessments, intensive technical assistance, computer software training, and interactive workshops, CADSP has produced far more than a "snapshot" of diabetes prevalence. CADSP has begun the process of building a sustainable infrastructure among California Area Indian health care sites to manage, monitor, and track diabetes. Improving this capacity will allow the for California AI/AN tribes to: (1) identify diabetes prevention opportuni-

ties, (2) identify prevention opportunities for the onset of associated complications of diabetes (3) generate information for grants and funding submissions, (4) generate a better idea of the current health status of the particular community 5) estimate the long term health trend of the particular community.

Currently this information is not available and these assessments are not currently possible. However, by collecting information out-

lined by CADSP, this information will soon be available.



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Staff Introductions

Project Director



Kelly Gonzales, MPH
Project Director

As the Project Director, I have had the great pleasure of working with the tribes of California since March 1999. Prior to working on the Project, I was the Principal Investigator for a nationally based project designed to evaluate the accuracy of RPMS and to determine its ability to describe health conditions among AI/AN communities (www.npaihb.org for project results). In 1998 I was one of eight women selected to participate in the Native Women Cancer Research Fellowship Program.

While my office is located in Portland, Oregon at the Northwest Portland Area Indian Health Board, I travel to California almost weekly to work with the California tribes for improved data on diabetes.

I am grateful to have this opportunity, and I look forward to continuing this relationship and discovering new opportunities to optimize the health of AI/AN communities.

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Northern Regional Diabetes Project Specialist



Steve Viramontes
Northern Specialist

My name is Steve Viramontes, and I am the new Northern Regional Project Specialist. I started working for CADSP in April 2000. In this position I am working directly with tribes to establish sustainable diabetes tracking systems. This involves making site visits and traveling.

I have been a Public Health Nurse for over 15 years and have spent 10 of those years working for Indian Health Clinics in Northern California.

I have always had a strong interest in developing health care databases to be used to improve health care delivery systems to Native American People. Working for CADSP gives me the opportunity to expand this interest and to work with tribes in discovering ways to effectively tackle the impact on AI/AN communities caused by the increasing rates of diabetes and associated complications.

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Central Regional Diabetes Project Specialist



Glenna Starritt
Central Specialist

I am the new Central Regional Project Specialist, and I began with the Project in June 2000. I too am working directly with the tribes, setting up systems to track accurate health data.

Since completing my dietetic internship in 1994, I have worked in a variety of Indian health care settings.

Being a member of the Hoopa Valley Tribe in Northern California, and

having worked with several Indian communities, I have first hand knowledge of the burden of diabetes.

Working with CADSP will give me the chance to bring together my knowledge of diabetes care and living and working in Indian communities.

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Why Diabetes Data?

CADSP has chosen to track specific data elements to describe the burden of diabetes in California. The data elements are grouped into three categories and include: (1) diagnosis and onset date, (2) diabetes complications and diagnosis date, and (3) standards of care.

These items were selected because they overlap with either the data elements collected for the GPRA health indicators, the Annual IHS Diabetes Audit, or the requirements for reporting on the Special Diabetes Grants that were allocated by IHS.

Before CADSP, this information was not available.

The importance of the Onset and Diagnosis Date

This information is important to establish baseline data in order to determine future rates for diabetes and associated complications. This information helps identify both the current health status and the future trend in diabetes of the communities. In a sense, this information helps us to understand better the need for resources, funding, and diabetes prevention projects for California AI/AN communities.

Limitations in AI/AN Health Data

- 1) **Misclassification**
- 2) **Unrepresentative Sample**
- 3) **No Central Location of Data**
- 4) **Documentation Errors**

Why Diabetes Data?

There are four questions you could ask yourself about the information currently available to describe diabetes within your community and throughout other California AI/AN communities.

- 1.) **Do you know the current rate of diabetes within your community or is this information available?**
- 2.) **If yes, does this rate describe the true picture of diabetes within your community?**
- 3.) **If no, why do you not know the true rate of diabetes within your community?**
- 4.) **If no, is this acceptable and what impact does this have on your community?**

Data Tracking Elements

Diagnoses (and onset date)

- Type 1 diabetes
- Type 2 diabetes
- Impaired Glucose (IGT)
- Gestational Diabetes



Hoopa Valley Tribe
Northern California
2000

Complications (and date of diagnosis)

- End Stage Renal Disease
- Minor and Major Amputations
- Retinopathy
- Neuropathy
- Hypertension

Health Factors And Procedures

- Comprehensive foot exam
- Comprehensive dental exam
- Comprehensive eye exam
- Smoking status
- Obesity
- Body Mass Index for Youth
- Laser Treatment for Retinopathy

CADSP offers technical assistance and skill building to achieve sustainable data tracking systems that are flexible and realistic.

Trainings

CADSP will conduct on site trainings at your request for your convenience.

Trainings are always FREE OF CHARGE.

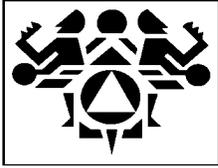
Upcoming Off-Site Trainings: October 10-12, RPMS Case Management System, Diabetes Register, at Sacramento, CA, IHS. Call CADSP for details.

SUMMARIZED GOALS

- To improve the *Quality of data*
- To achieve *Sustainability*
- To *Optimize* community health

Community Group
Redding
Indian Health
Site





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We're on the Web!
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Year 1 Data from CADSP

The primary goal is to assist California Indian health programs improve the collection and analysis of diabetes specific information for their service populations. CADSP will assist with determining the prevalence and incidence rates of diabetes and specific complications for Indian health programs in California. CADSP utilizes strategies developed by the Northwest Diabetes Data Project to provide a framework to achieve these goals. More specifically, CADSP provides training and technical assistance on the use of the Resource Patient Management System (RPMS) 2.0 Diabetes Case Management System. This includes use of a Diabetes Register that allows for proper identification and consistent documentation of diabetes and related complications. CADSP also assists with establishing a case management system for maintenance of the register. A

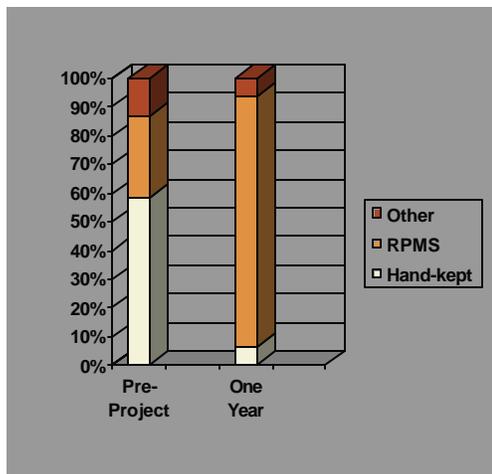
case management system is important to initial clean up and periodic update of the register and crucial to long-term sustainability of the diabetes surveillance system.

Off-site as well as on-site training is

offered to provide better access to the CADSP program and to accommodate the needs of the California Indian health programs. For those programs needing assistance, CADSP also offers technical assistance with development of a diabetes team for comprehensive diabetes care. During the first year of CADSP, there were improvements in many areas including:

- 1) 84% of the sites are beginning to actively use an electronic diabetes register
- 2) 41% of the sites have an active diabetes team
- 3) 18% are beginning to electronically track complications
- 4) 86% are beginning to electronically track diabetes and onset date

CADSP is looking forward to working with the tribes for the Year 2000-2001.



The number of sites using an electronic (RPMS) diabetes register increased after one year.