



Workshop participants learn how to establish a diabetes retreat for their tribal health care program from Sandra Hahn, RN, at the "Developing a Diabetes Day Camp or Retreat" workshop. Brenda Bohar, RD, and Philomena Nnee were also co-presenters at this workshop.

This Issue's Feature Project

The Northwest Tribal Diabetes Surveillance Project

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Project Director

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Diabetes Regional Meeting & Workshops Are A Success

The Northwest Tribal Diabetes Project, located at the Northwest Portland Area Indian Health Board (NPAIHB), and the Indian Health Service (IHS) Diabetes Program sponsored the Diabetes Regional

Meeting and Workshops for the Billings and Portland Areas. The conference was held May 2-5, 2000, in Spokane, Washington at the Doubletree Spokane Valley Hotel.

According to the participants' feedback and evaluation forms, the entire week was a huge success. Over 120 health care providers, patients, and tribal leaders from Oregon, Idaho, Washington, and Montana participated in the conference. This was the first time that NPAIHB and IHS collaborated for a diabetes conference in the Northwest.

The Diabetes Regional Meeting

The Regional Meeting, which ran from Tuesday, May 2 until noon on May 3, was sponsored by the IHS National Diabetes Program with assistance from Westat. The presentations included an IHS Special Diabetes Grants Program update by Kelly Acton, MD, MPH, Director, IHS National Diabetes Program, and a budget and finance update for the IHS Special Diabetes Grants Program by Phyllis Wolfe, Grants Manager, IHS Headquarters East. Dan Simplicio, from the National Diabetes Prevention Center (NDPC) in Albuquerque, New Mexico, was also present to answer questions about NDPC. In addition to listening to the presentations, the participants split into break-out sessions where they shared the progress that their programs have made be-

cause of the special diabetes grants. They also brainstormed ideas on how to improve their diabetes programs and discussed reasons why Congress should continue the funding to support the diabetes grant programs. NPAIHB is helping IHS compile the results of the break-out sessions into a report. The reports will be available later in the fall of 2000.

The Diabetes Regional Workshops

The Diabetes Workshops were sponsored by NPAIHB, the IHS Billings and Portland Areas Diabetes Programs, and the IHS National Diabetes Program. Twelve workshops and two lunchtime presentations were offered free of charge to Indian health care professionals and patients. Workshop topics included how to develop a diabetes day camp or retreat, how to recognize and prevent the complication of diabetes, and how to establish an exercise program. Workshop presenters gathered in Spokane from all over the country and as far away as Tampa, Florida! (See A

Look Inside the Diabetes Workshops article on page 2.)

The IHS Clinical Support Center offered continuing medical education units for physicians, physician assistants, nurse practitioners, registered nurses, and public health nurses. In addition, many businesses, casinos, and organizations provided generous donations that were used as raffle prizes for the participants at the end of each day.

For more information about the Diabetes Regional Meeting and Workshops, please contact Melissa Bernard, MPH, at the Northwest Portland Area Indian Health Board by calling (503) 228-4185, e-mailing mbernard@paihb.org, or faxing a letter to (503) 228-8182. 

"The information that I received gave me a better and more knowledgeable focus on my illness. Because of this, I hope to work hard towards controlling my diabetes."

—Conference Participant

A Look Inside the Diabetes Workshops

The first regional diabetes workshops took place last month in Spokane, Washington. The workshops were a joint effort among the Northwest Portland Area Indian Health Board (NPAIHB), Indian Health Service (IHS) Billings and Portland Areas Diabetes Programs, and IHS National Diabetes Program. Thanks to all of the eager participants and wonderful presenters, the workshops provided a productive and educational experience for all involved.

For the convenience of the participants, the workshops immediately followed the IHS Diabetes Regional Meeting (See Cover Story). The workshops were designed to give

participants the chance to receive hands-on technical assistance about diabetes issues that were important to health care providers, patients, and tribal leaders. The entire week provided participants with the opportunity to network with and learn from one another. The following is a day-by-day account of what happened during the workshops:

Day 1

A lunchtime workshop presented by Robert Nelson, MD, PhD, from the National Institutes of Health kicked off the workshops. Dr. Nelson presented on the early detection and prevention of diabetes complications. The workshops that followed covered case management systems, diabetes medications, and childhood obesity prevention programs. The organizers were fortunate enough to have presenters from the California Rural Indian Health Board, Yakama Indian Health Center, IHS Billings Area Diabetes Program, Crow Public Health Service Hospital, and Pathways Project. By the end of the day, participants were excited about what they had learned and were ready for Day 2 to begin! To add a little bit of fun to the day, the Coeur d'Alene Casino provided a shuttle service to their casino for interested participants.

Day 2

The second day began with a series of morning workshops. These workshops covered dementia and diabetes and foot and dental standards of care. On a lighter note, the conference organizers also included a workshop on how to develop a diabetes day camp or retreat.

Participants were able to sit back and enjoy lunch during Linda Carson's workshop on the cultural beliefs on the cause of diabetes. After the lunchtime workshop, the afternoon workshops covered diabetes registers, RIMS improvements, and primary and optometry standards of care. The development of an exercise program workshop was a popular choice for those interested in learning about designing fitness programs for diabetics. The presenters were from the University of South Florida, Benawah Wellness Center, IHS Portland Area Diabetes Program, NPAIHB, Washington State Diabetes Program, Siletz Tribal Health, and Western Oregon Service Unit. After the workshops wrapped up for the day, several participants went on the Wellness Walk. The walkers hiked along the beautiful Centennial Trail, which follows the

Spokane River. Other participants enjoyed their evening at the Two Rivers Casino.

"This was the first diabetes workshop for me, and I am a diabetic. I will share this information with my family and friends."

—Conference Participant

Day 3

The final day wrapped up with workshops that covered community health training, community health representatives in diabetes, and tobacco and diabetes. The presenters for these workshops were all from NPAIHB. Upon conclusion of these workshops, new and old friends alike said their good-byes, hoping to see each other again at a future diabetes workshop.

Melissa Bernard, Project Director for the Northwest Tribal Diabetes Surveillance Project, is in the process of conducting her telephone evaluations with the conference participants. She hopes to learn how the participants have been able to use the information that they gathered at the workshops and what can be learned to help improve future workshops.

If you would like further information about the workshops, please feel free to contact Melissa Bernard at (503) 228-4185. You can also e-mail Melissa at mbernard@paihb.org or fax her at (503) 228-8182. Workshop handouts and handbooks are available upon request.



Robert Nelson, MD, PhD, from the National Institutes of Health looks on while Dusty Knobel, MA, demonstrates the Diabetes Electronic Monitoring System (DEMS).

Northwest Tribal Epidemiology Center Hopes to Bring Dental Support Center to the Northwest

Dental disease is the most common health condition among American Indians and Alaskan Natives (AI/ANs). Indian Health Service (IHS) is making additional funds available to improve dental care in AI/AN communities. The Northwest Portland Area Indian Health Board (NPAIHB) recently submitted to IHS their proposal to establish the Northwest Tribal Dental Support Center. The proposed Center would serve the AI/AN communities of the Pacific Northwest and be located at the Northwest Tribal Epidemiology Center, a tribally operated epidemiology program located at NPAIHB. If NPAIHB receives the award, the Center would be funded for up to five years.

The Need for the Center

Profound health disparities exist between the oral health status of AI/ANs in the Pacific Northwest compared to non-AI/ANs in the same area. These differences result from multiple etiologies, but one clearly identifiable factor is the loss of dental public health infrastructure by Indian Health Service over the last decade. The proposed Center will directly serve the 24 Indian health dental clinics located in Idaho, Oregon, and Washington; these clinics serve a total population of approximately 85,000. Unlike other parts of Indian Country, most of these dental clinics are small, several with only a single dentist and one or two dental assistants. These small programs are especially reliant on support from a central source, such as the proposed Center.

The Center's Services and Organization

The proposed Center would have three focus areas: (1) clinical program support, (2) preventive program support, and (3) a strong epidemiologic surveillance component to ascertain the level of success of the clinical and preventive components and to measure progress toward achieving the Oral Health Objectives of Healthy People 2010. The clinical program would provide in-depth on-site program reviews to ascertain where there can be improvements in efficiency and effectiveness; the preventive program would focus on evaluating the extent of utilization of core public health activities such as community water fluoridation, fluoride applications, and dental sealants. The epidemiologic program would focus on the design and implementation of an area-wide surveillance system that allows both user and population based calculations on oral health status.

Further Information

The Northwest Tribal Epidemiology Center is hopeful that the proposed Center will provide the dental public health support that is badly needed at this time for Northwest AI/AN communities. If you would like further information on the Center, please feel free to contact Dee Robertson, MD, MPH, at (503) 228-4185 or by e-mail at drrobertson@paihb.org. 



Northwest Tribal Diabetes Surveillance Project Calendar of Events

June 9-13, 2000

60th Scientific Sessions of the American Diabetes Association
San Antonio, Texas
(888) DIABETES
For an abstract book, call (703) 549-1500, extension 2274,
beginning September 2000

June 21-23, 2000

August 15-18, 2000

October 2000 (Exact Dates To Be Announced)

RPMS Training: Intro to Q-man and the Diabetes Management System
Sacramento, California
Contact Mary Brickell at (503) 228-4185

July 18-20, 2000

Northwest Portland Area Indian Health Board Quarterly
Board Meeting with a presentation by Ray Shields, MD,
Indian Health Service Portland Area Diabetes Program
Klamath Falls, Oregon
Contact Elaine Dado at (503) 228-4185

October 31-November 3, 2000

26th Annual Meeting of the International Society for
Pediatric and Adolescent Diabetes
Universal City, California
(770) 751-7332

**Northwest Tribal
Epidemiology
Center Projects
and Activities**

Community Health
Training

Health Status Objectives

Indian Community
Health Profile Project

Northwest RPMS
Cancer Assessment
Project

Northwest Tribal
Diabetes Surveillance
Project

Northwest Tribal
Registry Project

RPMS Support and
Training

RPMS Surveillance
Capacity Project

Stop Chlamydia! Project

California Area Diabetes
Surveillance Project

Northwest Tribal Diabetes Surveillance Project Introduction and Update

In 1996 the reported rate of type II diabetes among American Indians and Alaskan Natives in the Portland Area (Idaho, Oregon, and Washington) was 4.2%. In 1997, however, the rate was reported at 6.8%. This rate increase is believed to be due largely to a data improvement project designed and implemented by the Northwest Tribal Epidemiology Center located at the Northwest Portland Area Indian Health Board. This project, the Northwest Tribal Diabetes Surveillance Project, was established in 1997 to assist tribal diabetes programs with building sustainable infrastructure for diabetes data collection, case management, and surveillance. The Project includes three primary steps: (1) assessing program capacity for diagnosing and monitoring diabetes, (2) providing training and assistance, and (3) analyzing the incidence and prevalence data to determine more accurate rates.

In the past two years, Melissa Bernard, MPH, Project Director, has made yearly visits to all 44 Indian health programs in the Portland Area. She reviewed the diabetes grants to identify needs and establish a work plan. She also provided training on the Resource and Patient Management System (RPMS) computerized health in-

formation system. A diabetes register, screening policy, and tracking system were also developed.

In the first ten months of the Project, the number of tribes using the RPMS diabetes register increased by 29%, the number of programs using a case management system for diabetic patients increased by 37%, and the number of programs documenting diabetes patient education in medical charts increased by 44%. For the 1999 Indian Health Service Diabetes Audit, 32 (74%) of the programs plan to participate, compared to 1998, when only 12 (26%) programs participated. Even more improvements have been noted in the second year, though the final data have not been analyzed. The year-end reports for the second year will be mailed to the diabetes coordinators and tribal health directors later this summer.

For more information on the Project, please contact Chandra Wilson, Northwest Tribal Epidemiology Center Project Assistant, or Melissa at (503) 228-4185. Melissa will be on maternity leave for the latter half of June and all of July. She expects to be back in the office by August. 

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