

## DIABETES AMONG AMERICAN INDIANS: A CASE STUDY IN MOVING FROM HEALTH DISPARITIES TO HEALTH EQUITY

Ronny A. Bell, PhD, MS

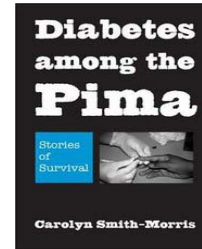
Professor, Department of Epidemiology and Prevention,  
Division of Public Health Sciences

Co-Director, Maya Angelou Center for Health Equity

18<sup>th</sup> National Health Equity Research Webcast  
University of North Carolina Gillings School of Global Public Health  
June 5, 2012

[www.minority.unc.edu/institute/2012/](http://www.minority.unc.edu/institute/2012/)

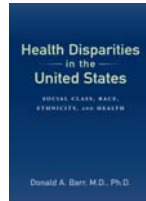
## Diabetes **AMONG** American Indians



**THE PIMA INDIANS**  
*Prey for Health*

## Health Disparities

"Health disparities are **differences** in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."



Source: National Institutes of Health

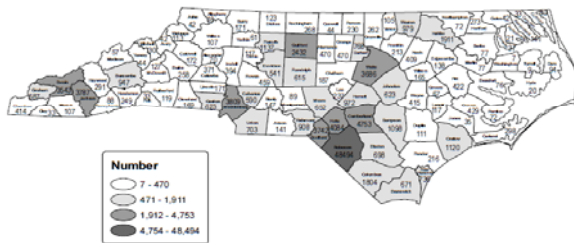
## Diabetes Disparities – American Indians

- American Indians are at least **2.2 times** more likely to develop diabetes in their lifetime compared to non-Hispanic Whites
- The diabetes death rate is **3 times** higher for American Indians compared to the US general population
- American Indians with diabetes are **3.5 times** more likely to develop kidney failure compared to the general population

Source: Indian Health Service



## Estimated American Indian Population North Carolina: Numbers



Source: NCHS, 2008 Bridged Population

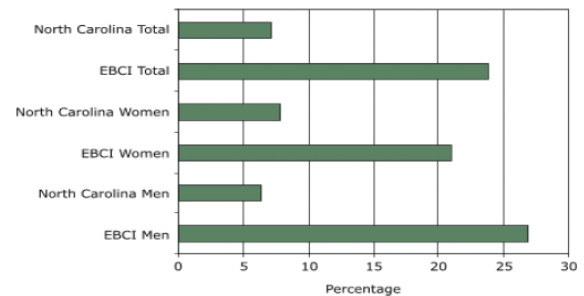
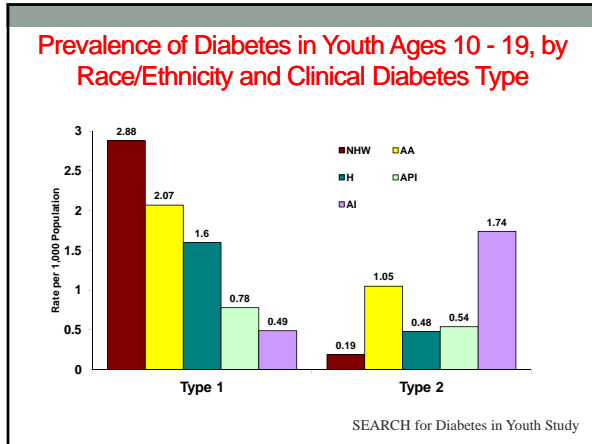


Figure 2. Rates of type 2 diabetes among men and women of the Eastern Band of Cherokee Indians (EBCI) compared with men and women in North Carolina, March through June 2003 (6).

Source: Bachar et al, Preventing Chronic Disease, 2006



### Diabetes Disparities Among American Indians Why?

#### The "Biomedical" Model

- "Poor" Diet
- Physical Inactivity
- "Genes"
- Inadequate access to and utilization of health care resources

### Health Equity

- **"Health equity** is the attainment of the highest level of health for all people.
- Achieving health equity requires **valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.**"

Source: US Department of Health and Human Services, National Partnership for Action to End Health Disparities

### Diabetes Disparities Among American Indians – Why?

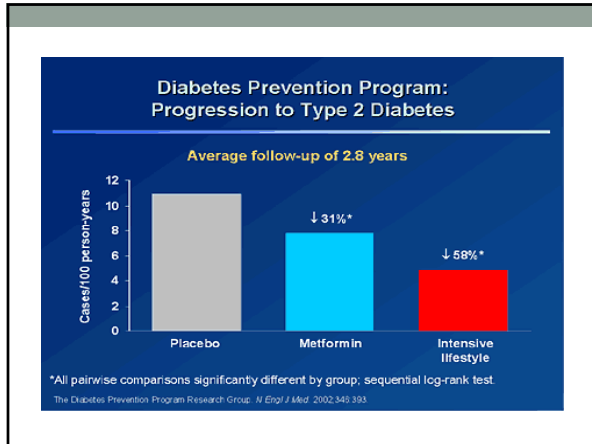
#### The "Health Equity" Model

- Poverty
- Inappropriately applied local, state and federal policies
- Racism
- Hopelessness/Fatalism
- Historical Trauma

### Diabetes Disparities Among American Indians "Bad Sugar"

### Diabetes Prevention and Control In American Indian Communities

- Education
- Cultural Adaptation
- Empowerment
- Allocation of Resources
- Holistic Orientation



**National Diabetes Education Program**

Managing Diabetes  
It's not easy, but it's worth it.

Yo controlo mi diabetes  
...pero que la diabetes no me controle a mí.  
No es fácil, pero controlarla sí puede contribuir.

Managing Diabetes  
It's not easy, but it's worth it.

### Diabetes Prevention in American Indian Communities

**Power to Prevent Campaign**

**Move It! Campaign**

### LIVING A BALANCED LIFE WITH DIABETES

A Toolkit Addressing Psychosocial Issues for American Indian and Alaska Native Peoples

The U.S. Department of Health and Human Services' National Diabetes Education Program is jointly sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention with the support of more than 200 partner organizations.  
www.YourDiabetesInfo.org or 1-888-693-NDEP (6337)  
(T) T: 1-866-509-1162  
September 2011. NDEP-1.2.3

### Cultural Approaches to Diabetes Prevention and Control

**AWAKENING THE SPIRIT**  
PATHWAYS TO DIABETES PREVENTION AND CONTROL  
American Diabetes Association

*Through the Eyes of The Eagle*  
written by Georgia Perez  
illustrated by Patrick Rolo & Lisa A. Field

### Cultural Approaches to Diabetes Prevention and Control

**Diabetes Talking Circles**

*Using Our Wit and Wisdom to Live Well with Diabetes*

Eastern Band of Cherokee Indians • Health and Medical Division

**CHEROKEE CHOICES / REACH**  
Diabetes Prevention Education

CANCY, A.B. PROSSER

**C**herokee men and women are being as ready to face an epidemic of other chronic and preventable diseases as they are to face the epidemic of type 2 diabetes among Cherokee. The rate of type 2 diabetes among Cherokee is 20.5%. The rate is twice that of whites. The combined rate for men and women is 20.5%.

**CHEROKEE CHOICES / REACH** works to address the community's combined environmental and biological factors that put Cherokee people at higher risk for diabetes.

The implementation of this program has resulted in the community and providing other support to increase physical activity and promote weight loss goals for the Cherokee people.

**IN SCHOOLS**

Partnerships with elementary school children and staff to increase physical activity and promote weight loss goals for the Cherokee people.

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**GETTING THE WORD OUT**

**COMMUNITY**

**CHEROKEE CHOICES / REACH**

**CONTACT INFORMATION**

**CHEROKEE CHOICES / REACH**

**CONTACT INFORMATION**

**Changes in Indicators of Diabetes Control As a Result of the Special Diabetes Program for Indians (SDPI) and the Government Performance and Results Act**

Control Indicator	Pre-SDPI (1995)	SDPI Era (2001)
A1c Control	8.9%	7.9%
Diastolic Blood Pressure	79 mm Hg	76 mm Hg
Total Cholesterol	208 mg/dl	193 mg/dl
Triglycerides	257 mg/dl	235 mg/dl

Source: Wilson et al, AJPH 2005

## Summary

- ▶ Diabetes disparities clearly exist for American Indians
- ▶ The causes of these disparities are multi-faceted
- ▶ The solutions to achieving health equity in diabetes for American Indians are also multi-faceted, and require a concerted effort to address this tragedy

## For More Information:

**Ronny A. Bell, PhD, MS**  
[rbell@wakehealth.edu](mailto:rbell@wakehealth.edu)  
**336-716-9736**  
[www.wakehealth.edu/mache](http://www.wakehealth.edu/mache)

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