

Senate Committee on Indian Affairs

Diabetes in Indian Country

Russell Senate Office Building, Room 485

February 8, 2008

Good Morning Honorable Senators of the Senate Committee of Indian Affairs, staff members and others present here today. I am Donna Vandall; I am the Interim Coordinator for the Winnebago Tribal Whirling Thunder Wellness Programs, in Winnebago, Nebraska.

Our reservation is located 20 miles south of Sioux City, Iowa on the West side of the Missouri River it is approximately 120,000 acres on the Nebraska side with 1,800 acres of land on the Iowa side of the river. The tribal population on the reservation is 2,600 people with the same amount of tribal members living off the reservation. A study conducted by our Tribal government after the 1990 census shows that our population was projected to increase from its 1990 level of 2,377 to 5,050 in 2040 due in large part to the high birth rate and population pyramid. With this continuing growth in our community, comes the need for expanded health services, economic development, education and employment. It is for health and diabetes in particular that we have been invited to participate in today's hearing.

Indian Health Service originated the Diabetes Program in 1979. The Winnebago Tribe of Nebraska has contracted the Diabetes Program in 1995. The program was named for Whirling Thunder, a "Head Man" of the tribe who led his own band throughout the treaty time. His signature is on the 1832 Treaty between the Winnebago and the United States. It is this man who expressed his concern for the health of his people. His descendents still reside within our community. He and other leaders after him dreamed a mighty dream of health and wellness for the children.

The Whirling Thunder Wellness Program has received numerous awards and recognitions over the years, for which we are appreciative. There have been many exceptional staff people who carried in the past and who now carry the dream of prevention and wellness for tribal people. We knew that Indian Health Service was involved with the treatment and care of diabetic clients and was not directed nor funded to perform prevention activities.

The Program began screening the youth and adults in our community in 1995. Referrals were made to Indian Health Service for treatment and care. Over the years, we saw a reduction in amputations and loss of sight and other debilitating conditions of diabetes in our patients. Our screening produced results that alarmed us. Early in our program development we saw that the incidence of Acanthosis Nigricans acceleration in school age children showed that in ten years we would have twice the number of diabetics if conditions did not change. This information was frightening and overwhelming.

It is at that time that the Special Diabetes Program for Indians was funded and made available to tribes. We applied, were funded and began a phase of intense community education, with tracking and follow-up of diabetics. We expanded opportunities for physical exercise for all age groups from Head Start children to Senior Citizens. We added weightlifting, circuit training, walking and established personal training programs for individuals.

The collaboration and partnership agreements between tribal programs, the Indian Health Service, Colleges and Universities, the State of Nebraska and - private foundations ensure continuity and mutual support for addressing the needs of diabetics on the reservation and within the Winnebago IHS service area.

The vision of diabetic care was to provide empowerment tools, wellness activities and health education to the tribal community, and to develop a community diabetes prevention team through networking all service areas and service providers of every community discipline with tribally appropriate relationships. This relationship has maximized service and contract resources to improving lifestyle and health status.

The collaboration and cooperative effort between all health care providers has proven to be the most effective way to address diabetes in our community. Surveys, continual screenings and presence at all community events, keep the program in touch with the needs and wishes of the community residence.

The clinical services and records are an integral part of the data follow-up for Indian Health Service and the Whirling Thunder Wellness Program. Our program contributes to the data base of the Winnebago Indian Health Service Hospital through referrals given to our Nurses, Counselor, Wellness Center, and Nutrition Specialist. The medical staff welcomes the tribal diabetes coordinators and staff in their established meetings and work to provide alternatives to care and service when an improvement is identified.

The Whirling Thunder Wellness Program maintains their own data with the services of a contractor from the University of Nebraska. The data collected is Blood Pressure, Blood Sugar levels of the diagnosed diabetics, Hemoglobin A (1)c's and Body Mass index are maintained as an indicator of the potential development of diabetes due to overweight inactivity and other lifestyle contributors. The cooperative partnerships are invaluable for tribes to develop and maintain for the betterment of their citizens and to address the potential devastation of life quality for the total community. Whirling Thunder is a boost to Indian Health Service clinics and services when patients feel welcome return to receive services and become a partner in their own care

The Presidents fitness program goals are a part of our Wellness Center plan as well as the Diabetes Management Standards of the Indian Health Service. Our tribal government is intimately involved with our programs both from a programmatic and administrative stand. Communication is vital and the management of personnel, budgets, supervision of diverse staff and marketing the program locally. Resource management is a must for successful program outcome. Medical personnel are service providers and a support to achieving the program goals. Support staff is the life line we rely on for day-to-day program delivery.

Our services and programs produce a volume of data which is tracked by providers to expedite identity of newly diagnosed and border line individuals and provide immediate tribally appropriate services. The greater vision of the program is to ultimately prevent conversion of all border line individuals to full diabetes by early identification and prevention services.. Family involvement is encouraged and supported to assist the individual in prevention activities.

With the addition of Ho Chunk Hope, a competitive SDPI grant program, in 2005 we began work with the pre-diabetic tribal members. The current results of these activities show exciting preliminary results. Awareness of health, weight and nutrition are proving that people with a strong family history of diabetes can prevent themselves from moving into diabetes. These pre-diabetics are changing their lifestyles and showing their families and relatives that we can live free of diabetes.

At the same time our data from Indian Health Service shows that the prevalence of diabetes in our community has increased form 10.8% in 2000 to 17% in 2006. This factor is determined by the number of new cases of diabetes in one year divided by the number of diabetics in our registry. It tells us the number of new diabetics we are getting per year. More screenings will increase the number as well as other factors. With the identification of the problems and programs of

effective prevention practices, we need continued support to stop the epidemic spread of diabetes for tribes.

Indian Country is very aware of this Committee. We know your burdens and we appreciate your work. A short time ago I attended a celebration in the Northern Plains, and a veteran was asked to pray for the evening meal. We prayed for the People and for the young men and women who were far from home fighting in a war. We prayed for tribal leaders, our elected leaders of the country and for Senator Tim Johnson and his family. In these gatherings and in our ceremonials the smoke carries our prayers and you are there, we hold you close.

We thank the members of this committee for listening to our testimony. We ask for your continued support and funding of these initiatives for the Winnebago tribe, all the tribes within the Aberdeen Area, and all the tribes in the Nation.

I would be happy to answer any questions.

Attachments/ Data from Aberdeen Area Diabetes Audit