Living a Balanced Life With Diabetes: An Introductory Webinar

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Michelle Owens-Gary, Ph.D.

On behalf of NDEP’s American Indian/Alaska Native Stakeholder Group
The National Diabetes Education Program

• Today’s Webinar is sponsored by NDEP
• NDEP is:
  – Jointly sponsored by the Centers for Disease Control and Prevention and the National Institutes of Health
    • Purpose:
      – improve diabetes management and outcomes,
      – promote early diagnoses, and
      – prevent or delay the onset of diabetes in the United States and its territories.
Outline

• Describe the burden of diabetes in Indian Country.
• Highlight how depression impacts American Indians/Alaska Natives (AI/AN).
• Describe the association between diabetes and depression.
• Discuss why a toolkit on diabetes and depression is needed for AI/ANs.
• Describe the components of the toolkit.
• Highlight how the toolkit can be used in various settings.
• Discuss promotion and evaluation of the toolkit.
Background

• People with diabetes are twice as likely as people without diabetes to be depressed.

• The co-occurrence of diabetes and depression enhances negative outcomes associated with diabetes.

• AI/ANs with diabetes are at high risk for depression.
Diabetes Prevalence Among AI/ANs

• AI/ANs have the highest age-adjusted rates of diagnosed diabetes, 16.3%, among all U.S. racial and ethnic groups.

• In some communities, the prevalence rate is as high as 60%.

– 2007 Report to Congress, Indian Health Service
# Diabetes in AI/ANs

<table>
<thead>
<tr>
<th>2007</th>
<th>Diabetes in AI/ANs</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.3%</td>
<td>Percentage of AI/ANs with diagnosed diabetes</td>
</tr>
<tr>
<td>1,758</td>
<td>Number of AI/AN youth with diagnosed diabetes (2005)</td>
</tr>
<tr>
<td>68%</td>
<td>Percent increase in diabetes from 1994 to 2004 in AI/AN youth, 15–19 years old</td>
</tr>
<tr>
<td>2.2 times higher</td>
<td>Likelihood of AI/ANs to have diabetes compared with non-Hispanic whites</td>
</tr>
<tr>
<td>3 times higher</td>
<td>Death rate due to diabetes for AI/ANs compared with general U.S. population (2004)</td>
</tr>
</tbody>
</table>
Prevalence of Depression Among Adults With Diabetes 2006

Li et al, Diabetes Care 2007

National Diabetes Education Program
www.YourDiabetesInfo.org • 1-888-693-NDEP (1-888-693-6337)
A joint program of CDC and NIH
Concerns About Depression in Diabetes

• Have difficulty following medical treatment.
• Have poor physical and mental functioning.
• May isolate self from others.
• Adopt unhealthy behaviors:
  – Increased risk of being sedentary, with little physical activity.
  – Poor diet.
Depression in Diabetes

• Untreated depression in diabetes can result in:
  – Hyperglycemia (high blood glucose).
  – Poor metabolic control.
  – Decreased quality of life.
  – Increased health care usage and costs.
  – Increased risk of mortality.
Untreated Depression and Complications

- Untreated depression places people with diabetes at risk for complications that could be avoided. These complications include:
  - Heart disease
  - Blindness
  - Amputations
  - Erectile dysfunction
  - Stroke
  - Kidney disease
Other Concerns

• Denial, anger, and grief are common concerns in dealing with diabetes.

• Yet, psychosocial issues are often overlooked in clinical settings.
A Word About Stigma...

• Realize that it’s often hard for people to talk about being depressed.

• Let your patients know:
  – It’s common for people with diabetes to have persistent feelings of sadness.
  – It’s not a sign of weakness to feel depressed.
  – It’s important that they get help to feel better and to take care of themselves.
  – Treatment is available, and it can help avoid diabetes-related complications.
A Word About Access to Care ...

• Access to care is a challenging issue for many AI/ANs.

• People who are eligible for care at IHS/tribal/urban facilities can contact any clinic nearby.

• Health Resources and Services Administration has information about federally funded health centers that offer care for people without health insurance.
  — Visit http://findahealthcenter.hrsa.gov/search_hcc.aspx
Need for Resources

• Health care providers need resources to address depression.
• Creation of materials that raise awareness of depression may increase the opportunities for early treatment.
NDEP AI/AN Stakeholder Group

- The AI/AN Stakeholder Group
  - Focuses on efforts to increase awareness of diabetes prevention and control for AI/ANs
  - Identified depression and diabetes in Indian Country, in collaboration with the Association of American Indian Physicians,
    - as priority areas to address
Living a Balanced Life With Diabetes: A Toolkit

Purpose:

• Raise awareness about psychosocial issues commonly associated with diabetes.
• Provide culturally appropriate resources.
How to Use the Toolkit

• The toolkit has components that were developed or included to be used directly by health care professionals.

• There are also materials that health care providers can share with patients who have depression.
How to Use the Toolkit

• To use the toolkit, health care professionals must be:
  – Able to recognize depressive symptoms.
  – Familiar with how to use screening tools, such as the Patient Health Questionnaire-9 (PHQ-9), to assess depression.
  – Aware of available community resources to address diabetes and mental health concerns.
Living a Balanced Life With Diabetes: Toolkit Components
Toolkit Components

- Indian Health Diabetes Best Practice: Depression Care
- Depression Screening Tools
- Resource List
- *Using Our Wit and Wisdom* (book and audio CD)
- New tip sheets for AI/ANs
- Suicide Prevention Hotline Magnet
- Indian Health Service *Health for Native Life* Magazine Articles
Toolkit Components

• The toolkit components can be:
  – Copied for use with multiple patients with diabetes.
  – Co-branded with your organization’s logo.
  – Used with other NDEP resources (www.YourDiabetesInfo.org).
  – Tailored to meet the needs of your population:
    • Used individually with patients.
    • Used in a group (e.g., diabetes support group).
Toolkit Components for Health Care Professionals

- Indian Health Diabetes Best Practice: Depression Care
- Depression Screening Tools
- Resource List
INDIAN HEALTH DIABETES
BEST PRACTICE

Depression Care

Revised April 2011
Indian Health Diabetes Best Practice: Depression Care

- Recent version released in April 2011.
- [http://tinyurl.com/DepressionCare](http://tinyurl.com/DepressionCare)
Indian Health Diabetes Best Practice: Depression Care

• Purpose:
  – Provide guidance and evidence-based actions for programs to improve individuals’ diabetes and mental health status.
  – Describe depression screening and treatment options.
Indian Health Diabetes Best Practice: Depression Care

• Provides eight key recommendations for depression screening, treatment, and care.

• Provides suggestions for how to implement the key recommendations.
  
  – e.g., Key Recommendation 2: Screen for depression in all patients with diabetes
  
  – How to implement?
    • Can screen for depression.
    • Use screening tools, such as PHQ-9.
Screening Tools
### Patient Health Questionnaire-9 (PHQ9)

#### Patient Name ___________________________ Date ___________________________

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, or hopeless</td>
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<tr>
<td>Feeling cold, depressed, or hopeless</td>
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<tr>
<td>Feeling sad or depressed</td>
<td></td>
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<tr>
<td>Feeling tired or having little energy</td>
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<tr>
<td>Feeling hopeless for the future</td>
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<td>Feeling bad about yourself, feeling you are a failure, or feeling</td>
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<tr>
<td>feeling you have let yourself or your family down</td>
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<td></td>
<td></td>
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<tr>
<td>Thinking you would be better off dead or that you want to hurt</td>
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<td>yourself in some way</td>
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<td>yourself in some way</td>
<td></td>
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</tbody>
</table>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it hard for you to:

- Work, take care of things at home, or get along with other people?
- Feel like carrying out daily activities?
- Do things that you normally would enjoy doing?

- Not at all
- Somewhat difficult
- Very difficult
- Extremely difficult

- Feeling down, depressed, or hopeless
- Feeling cold, depressed, or hopeless
- Feeling sad or depressed
- Feeling tired or having little energy
- Feeling bad about yourself, feeling you are a failure, or feeling you have let yourself or your family down
- Thinking you would be better off dead or that you want to hurt yourself in some way

- Not at all
- Somewhat difficult
- Very difficult
- Extremely difficult

**Assesses whether a person is exhibiting depressive symptoms.**

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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 (1-888-693-6337) TTY: 1-866-569-1162

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A joint program of CDC and NIH

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PHQ-9

- Has nine questions about:
  - Losing interest in things.
  - Feeling down, depressed.
  - Having trouble sleeping.
  - Feeling tired, lacking energy.
  - Having a change in appetite.
  - Feeling bad about yourself.
  - Having trouble concentrating.
  - Moving or speaking slowly.
  - Having thoughts of hurting self, death.
PHQ-9

- Items are scored from 0 to 3
- Total scores from:
  - 0–4 = patient may not need depression treatment
  - 5–14 = health care provider should use clinical judgment about treatment
  - >15 = warrants treatment for depression, using antidepressants, psychotherapy, or a combination of treatment
PHQ-9

• Share results with patient.
• Make appropriate referral for treatment, if necessary.
NDEP Depression Checklist

- Reviews major symptoms of depression.
- Determines if depressive symptoms may be present.
- Provides resources for additional information on emotional issues.

DIABETES AND DEPRESSION: IS THERE A CONNECTION?
Many American Indians and Alaska Natives have diabetes. Anyone who has this illness knows that, on some days, managing diabetes can be hard and stressful. Sometimes it can be too much to handle. Feeling sad or depressed may make it harder for you to take care of yourself, and keep your blood sugar levels under control.

Feeling down once in a while is normal. However, if you feel sad, don’t want to do things you once enjoyed, or feel tired on most days, then you may be depressed.

THE GOOD NEWS
If you’re feeling down or depressed, don’t keep it to yourself. Talk to your health care team (your doctor, diabetes educator, nurse, psychologist, or social worker). They can help you get the support you need.

Talking to an elder, a spiritual counselor, or a friend that you trust can help you find new ways to deal with things that may be bothering you.

If you have been thinking about hurting or killing yourself, get help. Tell someone. You can get support from the National Suicide Prevention Hotline at 1-800-273-8255, or visit www.suicidepreventionlifeline.org.

Here is a checklist of symptoms of depression:
- I feel empty or sad for most of the day
- I sleep too much or too little
- I don’t want to do things that I used to enjoy
- I’m losing hope
- I feel slowed down or restless
- I eat more or less than I used to, with weight gain or weight loss
- I feel tired all of the time
- I have trouble thinking or staying focused
- I feel like you never do things right and worry that you are a burden to others
- I think of death or suicide

If you checked five or more of these items and you have had them for longer than two weeks, you could be depressed.

Questions to ask your doctor if you think you may be depressed:
- I’m worried that I may be depressed. What can I do to feel better?
- What can I expect if you send me to talk with a mental health professional?
- What kind of medicine helps with depression?
- If I am given medicine for depression, how long will it take for me to feel better?

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Depression Checklist

• This checklist can be given to the patient who completed the PHQ-9 and exhibits depressive symptomatology.

• This tool provides the patient with additional information about how to get help to cope with his or her feelings.

• It also provides resources for additional information about diabetes and depression.
Resource List

- Information on diabetes control, nutrition, physical activity, substance abuse prevention, and other psychosocial issues.
- Health care providers can use list to find additional information about these topics.
- Provides resources to help patients find health care facilities.
Toolkit Components for AI/AN Patients With Diabetes and Their Loved Ones

- *Using Our Wit and Wisdom* (book and audio CD)
- New tip sheets for AI/ANs
- Suicide Prevention Hotline Magnet
- Indian Health Service *Health for Native Life* Magazine Articles
Using Our Wit and Wisdom to Live Well with Diabetes (book and audio CD)

- Written by Barbara Mora, Paiute/Diné.
- Documents public health effort to prevent and control diabetes in AI/AN Peoples.
- Highlights successes and challenges of a person with diabetes.
Using Our Wit and Wisdom to Live Well with Diabetes (book and audio CD)

• The book chapters can also be used in a group setting to address issues related to:
  – Myths about diabetes
  – Acceptance of the diagnosis
  – Daily self-management needs
  – Social support
Using Our Wit and Wisdom to Live Well with Diabetes (book and audio CD)

• The book chapters can be used in a group setting with other toolkit materials, such as:
  – Tip sheets:
    • Resources to Help a Loved One Deal with Diabetes
    • Tips for Taking Care of Yourself
    • Tips for American Indian/Alaska Native Teens
    • Diabetes, Stress, and Healthy Food Choices
  – Other NDEP resources, such as the 4 Steps, and AI/AN materials; visit [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org)
New Tip Sheets for AI/ANs

• Five tip sheets tailored to AI/AN peoples:
  – Youth and depression
  – Diabetes and self-esteem
  – Depression and eating behaviors
  – Tobacco and alcohol use
  – Resources for families caring for a loved one with diabetes

• These tip sheets can be used in a group or with individuals.
Tips for AI/AN Teens

• Encourages teens to talk with others about the stress and struggles of diabetes.

• Helps teens realize that they are not alone in dealing with diabetes.

DIABETES AND YOU
Diabetes is very common among American Indians and Alaska Natives. Sometimes it may seem like you are the only person with diabetes, but there are other teens like you who also have diabetes.

Most of the time, living with diabetes is not a problem, you just deal with it. But, sometimes having diabetes can be tough! You may just want it to go away. Maybe diabetes isn’t even the biggest issue you’re dealing with, but it can make everything seem harder sometimes.

Diabetes can be hard to deal with every day. Sometimes, you may feel sad, angry, alone, or different.

Do you ever...
• Think you’re the only one who feels down about having diabetes?
• Wonder why you got diabetes?
• Blame yourself or your family for your diabetes?

All of these feelings are normal. Everyone feels down sometimes, especially when they have a lot of stresses and challenges. But, if you notice that you’re feeling down most of the time, then it’s important to reach out to others to get help.

CHECK THIS OUT
Have you noticed any of the following changes in yourself?

- Getting poor grades in school
- Feeling tired most of the time
- Feeling angry more often
- Having low self-esteem or guilt
- Finding it hard to concentrate
- Eating too much or too little
- Sleeping too much or too little
- Using drugs or alcohol
- Having thoughts about suicide

If you checked any of these items, talk to your health care team (diabetes educator, dietitian, doctor, nurse, psychologist, or social worker), your spiritual counselor, or some other adult you trust about how you’ve been feeling. They can help you to get the support you need.

If you have been thinking about hurting or killing yourself, get help. Tell someone. You can get support from the Native Youth Crisis Hotline at 1-877-309-1266, the National Suicide Prevention Hotline at 1-800-273-8255, or visit www.suicidepreventionlifeline.org.
Tips for Taking Care of Yourself

• Gives suggestions on self-esteem.

• Encourages getting support.

• Suggests ways to manage daily life with diabetes.
Dealing with Stress and Making Healthy Food Choices

• How to make healthy food choices even while stressed
• The importance of healthy food choices in diabetes management

DIABETES, STRESS, AND HEALTHY FOOD CHOICES

Diabetes is very common among American Indians and Alaska Natives. Yet, for most people, diabetes is only one of the many things in their lives that they have to worry about. At times, work, school, family issues, or other things in life can also be hard to manage.

Different people handle stress in different ways. Some people turn to food as a way to deal with their feelings. Some people may eat too much when they feel down or stressed. They may turn to high-calorie foods like fast food, ice cream, cake, or other snack foods to feel better. Other people who are stressed may not have a good appetite. They may avoid food or not eat a lot.

Eating too much or not eating enough as a way of dealing with stress can make it hard for you to take care of yourself and your diabetes. Stress and some foods, like white rice, white bread, cookies, pies, or cake, can all raise your blood sugar level. Not eating enough food can cause low blood sugar. If you have diabetes, it is important that you make healthy food choices to keep your blood sugar levels under control.

Be aware of the times when you feel down and the kinds of foods you eat when you are stressed. If you find that you eat high-calorie foods when you are feeling down, try having healthy foods around the house to snack on. Healthy snacks include non-fat/no sugar ice cream, whole wheat bread or crackers, low-fat cheese, or half a banana.

Tips to Handle Stress

When you feel stressed:
• Talk with an elder about your concerns.
• Be with others that you have fun with.
• Do something nice for someone else.
• Take a nature walk.
• Learn a new activity, like fishing, horseback riding, or some other things that you might enjoy doing with others.

Be sure to also talk to your health care team (diabetes educator, dietitian, doctor, nurse, psychologist, or social worker), your spiritual counselor, or some other person that you trust. They can help you get the support you need.
Help for Tobacco and Alcohol Users

• Understand how to handle stress without tobacco and alcohol.
• Find help and support.
• Learn steps to quit.
Resources to Help a Loved One Deal with Diabetes

• How to encourage and support a loved one who has diabetes.
• Steps to help them stay on track with their diabetes management and care.

Diabetes is very common in American Indians and Alaska Natives. If someone you care about has diabetes, there are many things you can do to help them take care of themselves and their diabetes.

LEARN ABOUT DIABETES
• Read about diabetes online or borrow books from a library. Learn about how American Indians and Alaska Natives are affected by diabetes.
• Go to doctors’ visits with your loved one.
• Join a diabetes support group. Ask your loved one’s health care team about support groups in your area.

TALK ABOUT DIABETES
• Let your loved one know that you want to help them manage their diabetes.
• Ask them about any goals they have to take care of themselves and their diabetes. Ask if there are any goals that you can help with.
• Ask them about their plans to become more physically active and to eat healthy foods. Ask if they want your help with these plans.
• Check in with your loved one if you feel that they are having a tough time dealing with their diabetes.
• If your loved one is feeling down or sad, let them know this is normal. Ask your loved one if they know how to get help at the clinic or hospital, or by speaking with a spiritual counselor.

BE ACTIVE TOGETHER
• Find things that you can do together, like walking, running, or riding bikes.
• Try a new activity that you both might enjoy.

Dealing with diabetes can be hard. You may notice that your loved one feels down sometimes. Ask what you can do to help them feel better. Encourage your loved one to talk to their health care team or spiritual counselor when they feel down.
Living a Balanced Life with Diabetes—Suicide Prevention Hotline Magnet

- Phone numbers of suicide prevention hotlines.
- One toll-free number specifically for Native youth.
Depression and Suicidal Ideation

• If you are with a patient who expresses suicidal thoughts:
  – The patient should go to the nearest emergency room.
  – He or she can call the National Suicide Hotline number provided on the magnet for help.
Indian Health Service *Health for Native Life* Magazine: Four Articles

- What Does Anger Have to Do with Weight Loss?
- Denial and Being Well with Diabetes
- Grief and Getting Fit
- A Positive Spin
IHS Health for Native Life Magazine

• Promotes wellness and prevention of diabetes in AI/AN peoples.
• Developed by IHS’ Division of Diabetes Treatment and Prevention:
  – In partnership with the Tribal Leaders Diabetes Committee.
  – These magazine articles can be provided to patients with diabetes as additional resource information.
  – They can also be used as part of a discussion in a support group.
What Does ANGER Have to Do with Weight Loss?

by Kenneth Yazzie, Navajo

At 20 years old, I weighed 160 pounds. I could bench press over 350 pounds. At age 23, my life started falling apart, and I started getting heavier, no, fatter—let me say it right! I had gotten a divorce, and I went over the edge. I was drinking and doing a lot of drugs.

I wasn’t watching myself. I skipped breakfast and lunch, and would have a huge dinner: steak, lobster, baked potato, smoked oysters.

In all areas of my life, I had lost it. I had lost my marriage, I had lost my children. I had lost my job. I was hanging out with the wrong crowd. I was angry.

I was court ordered to go to anger management. I was angry at first, but after two months, I realized I really was doing everything they told me I was doing. I started to come out of denial. That’s when things started to get better.

Kenneth Yazzie’s New Way of Eating

<table>
<thead>
<tr>
<th></th>
<th>Then</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>270</td>
<td>241</td>
</tr>
<tr>
<td>Breakfast:</td>
<td>steak, eggs, tortillas, hash browns</td>
<td>oatmeal</td>
</tr>
<tr>
<td>Lunch:</td>
<td>half pound burger and French fries</td>
<td>salad with lite dressing</td>
</tr>
</tbody>
</table>

Staying healthy is one way that I can correct my past mistakes. It’s one way I can stay around...
Denial and Being Well with Diabetes

By Ronnie Dixon, Te-Moak Tribe of Western Shoshone
Grief and Getting Fit: Dealing with One Comes Before Doing the Other

By Barbara Mora (Paiute/Diné)

GETTING FIT doesn’t just happen. There are steps to take. I have found the first step is not going to the gym. It is not eating a spinach salad. It is...
Teresa Choyguha (Tohono O’odham) asked herself “What do I have going for me?” One of the answers was the love of her son, Roberto Narcha.

How to Take the Doom and Gloom Out of Diabetes

by Teresa M. Choyguha (Tohono O’odham), Wellness Presenter

Finding out you have diabetes can be a shock. At first, you may see only the bad things. You may think about your parents or grandparents having diabetes. The images can be gloomy -- blindness, amputations and dialysis. But as you learn more, you realize that life can go on. But you need to take action.

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Help Us Promote the Toolkit

• NDEP has flyers and language for newsletter articles that you can use to help us promote the toolkit.

• You can share the news about availability of this toolkit through:
  – Conference presentations
  – Partner meetings
  – Newsletters
  – Listservs
  – Websites
AI/AN Stakeholder Group Members

- Charlene Avery  
  - Navajo
- Ronny Bell  
  - Lumbee
- Kansas DuBray  
  - Cheyenne River Sioux
- Gary Ferguson  
  - Aleut
- Margaret Knight  
  - Laguna Pueblo
- JoAnn N. Lehner  
  - Oglala Lakota Sioux

- Heather Levi  
  - Southern Cheyenne and Kiowa
- Shondra McCage  
  - Chickasaw
- Randi Rourke Barreiro  
  - Mohawk
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- Kaisha Paul
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- Elizabeth TopSky
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AI/AN Stakeholder Group Members

Ad hoc/AAIP Members

• Gary Lankford – Cherokee
• Sam McCracken – Assiniboine and Sioux
• Lorelei DeCora – Winnebago Tribe of Nebraska - Thunderbird Clan
• Ralph Forquera – Juaneño Band of Mission Indians - Acjachemen Nation
• Kelly Moore – Creek Nation of Oklahoma
• Carolee Dodge Francis – Oneida
• Gale Marshall – Choctaw
• Ann Bullock – Minnesota Chippewa
Federal Agency Representatives

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  - NIH
- Jude McDivitt
  - NDEP (CDC)
- Joanne Gallivan
  - NDEP (NIH)
- Diane Tuncer
  - NDEP (NIH)
- Lemyra DeBruyn
  - CDC
- Selena Ramkeesoon
  - ICF International
- Michelle Owens-Gary
  - NDEP (CDC)
For More Information

To request a toolkit for use with AI/AN communities that you serve:

Email: AIANpt@cdc.gov
Call: 1-888-693-NDEP (6337)

For additional information on diabetes, also visit www.YourDiabetesInfo.org
For More Information

To help a patient make and sustain behavior change, visit NDEP’s Diabetes HealthSense page:


To help NDEP promote and/or evaluate the toolkit, please e-mail AIANpt@cdc.gov
Questions?
Thank You!