



Indian Health Service Press Release

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FOR IMMEDIATE RELEASE

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IHS Distributes \$23.7 Million to Address Diabetes Prevention and Complications among American Indians and Alaska Natives

The Indian Health Service (IHS), an agency of the Department of Health and Human Services, has awarded 66 competitive Diabetes Program demonstration project grants totaling \$23.7 million. Thirty-six grant awards are for primary prevention and 30 are for cardiovascular disease risk factor reduction. The IHS Director, Dr. Charles W. Grim, began the distribution of these grants by presenting symbolic checks to 23 IHS/Tribal/Urban Indian program grantees at six locations during the week of October 4, 2004.

“These diabetes grants will help to reduce the effects of this devastating disease among American Indian and Alaska Native people and their communities by addressing cardiovascular disease risk factors, one of the most serious complications of diabetes. In addition, these grants will allow Tribes to begin to learn how to prevent this devastating disease before it starts, especially in young people,” stated Dr. Grim. “The prevalence of diabetes among American Indians and Alaska Natives has increased more than 50% in the last decade.”

Diabetes rates are significantly higher among American Indians and Alaska Natives than in the general U.S. population, as is the incidence of diabetes related complications. Although there are still significant challenges in dealing with the epidemic of diabetes, there are many new opportunities and strategies being used in Indian health programs that will strengthen clinical, public health, and community approaches to the problem of diabetes.

Grantees will use these funds to improve their diabetes wellness/physical activity centers, provide diabetes self-management training, and purchase newer medications that are more effective in treating type 2 diabetes and its complications. These demonstration projects will attempt to prevent the onset of diabetes and also prevent cardiovascular disease in people who already have diabetes, using research-proven strategies in the real-world settings of American Indian and Alaska Native communities. Some of these strategies include using lifestyle coaching, case management, nutrition and physical activity approaches, smoking cessation strategies, newer medications, more aggressive treatment strategies, and behavioral strategies.

These newly established competitive grants were offered through the Special Diabetes Program for Indians. This grant program, administered by the IHS, promotes collaborative strategies for the primary prevention of diabetes and the complication of cardiovascular disease in diabetes in American Indians and Alaska Natives. This is being accomplished by the 12 IHS Area offices through coordination of a large diabetes network including 12 regional diabetes consultants and over 300 Tribal, IHS, and Urban Indian diabetes prevention and treatment programs.

The list of grantees is attached. Further information on the IHS National Diabetes Program and related subjects is available at <http://www.ihs.gov/MedicalPrograms/diabetes/index.asp>



NOTICE TO EDITORS: For additional information on this subject, please contact the IHS Public Affairs Office at 301-443-3593. Additional information about the IHS is available on the IHS website <http://www.ihs.gov> and <http://info.ihs.gov>



IHS Special Diabetes Program Competitive Grants Recipients

Primary Prevention:

Southeast Alaska Regional Health Consortium, Alaska \$404,000
United Indian Health Services, Inc., California \$404,000
Lawton Indian Hospital, Oklahoma \$404,000
Cheyenne River Sioux Tribe, South Dakota \$330,000
Ho-Chunk Nation, Wisconsin \$330,000
Kenaitze Indian Tribe I.R.A., Alaska \$330,000
Rocky Boy Health Board, Montana \$330,000
Southcentral Foundation, Alaska \$404,000
Cherokee Nation, Oklahoma \$404,000
Indian Health Board of Minneapolis, Minnesota \$330,000
Rapid City IHS, South Dakota \$330,000
Pueblo of Zuni, New Mexico \$404,000
Pueblo of San Felipe, New Mexico \$330,000
Warm Springs Health and Wellness Center, Oregon \$404,000
Trenton Indian Service Area, North Dakota \$330,000
Red Lake Comprehensive Health Service, Minnesota \$330,000
Winnebago Tribe of Nebraska, Nebraska \$330,000
Norton Sound Health Corporation, Alaska \$330,000
Colville Confederated Tribes, Washington \$330,000
Pine Ridge IHS Hospital, South Dakota \$404,000
Cow Creek Band of Umpqua Tribe, Oregon \$404,000
United American Indian Involvement, California \$330,000
Mississippi Band of Choctaw Indians, Mississippi \$404,000
The Chickasaw Nation, Oklahoma \$404,000
Haskell Health Center, Kansas \$404,000
Fond Du Lac Reservation, Minnesota \$330,000
Colorado River Indian Tribes, Arizona \$404,000
Sonoma County Indian Health Project, California \$330,000
Benewah Medical Center, Idaho \$330,000
Quinault Indian Nation, Washington \$330,000
Gila River Indian Community, Arizona \$404,000
Tuba City Regional Health Care Corp., Arizona \$404,000
Menominee Indian Tribe of Wisconsin, Wisconsin \$330,000
Confederated Tribe of Chehalis Reservation, Washington \$330,000
Indian Health Center of Santa Clara, California \$330,000
Seneca Nation of Indians, New York \$330,000

Cardiovascular Disease:

Muscogee (Creek) Nation, Oklahoma \$404,000
Navajo Area Indian Health Service, Arizona \$404,000
Indian Health Council, Inc., California \$330,000
Seattle Indian Health Board, Washington \$330,000
Sault Ste Marie Tribe of Chippewa, Michigan \$330,000
Choctaw Nation of Oklahoma, Oklahoma \$404,000
Confederated Salish and Kootenai, Montana \$330,000
Leech Lake Band of Ojibwe, Minnesota \$404,000
Absentee Shawnee Tribe of Oklahoma, Oklahoma \$330,000
Yukon Kuskokwim Health Corp., Alaska \$330,000
IHS Whiteriver Service Unit, Arizona \$404,000
Santo Domingo Tribe, New Mexico \$330,000
Wagner Health Care Center, South Dakota \$330,000
Ramah Navajo School Board, Inc., New Mexico \$330,000
Riverside-San Bernardino County, California \$404,000
Yakama Indian Health Center IHS, Washington \$404,000
Tohono O'odham Nation, Arizona \$404,000
Fort Belknap Indian Community, Montana \$330,000
Uintah and Ouray IHS Service Unit, Utah \$404,000
Northwest Washington Indian Health Board, Washington \$330,000
Albuquerque IHS, New Mexico \$404,000
Hualapai Tribe, Arizona \$330,000
Blackfeet Tribe, Montana \$404,000
Redding Rancheria, California \$330,000
Mille Lacs Band of Ojibwe, Minnesota \$330,000
Toiyabe Indian Health Project, Inc., California \$330,000
Bad River Band of Lake Superior, Wisconsin \$330,000
Taos-Picuris Service Unit, New Mexico \$330,000
St. Regis Mohawk Tribe, New York \$330,000
Indian Health Care Resource Center of Tulsa, Oklahoma \$330,000