



Identifying Contributors to Indian Health Center Diabetes Program Success

Indian Health Center of Santa Clara Valley

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Urban Indian Health and the Indian Health Center of Santa Clara Valley

- CA is home to more American Indians/Alaska Natives (AIAN) than any other state, the vast majority of whom live in urban areas.
- Urban Indian Health Programs (UIHP) are independent, nonprofit, Indian-controlled organizations that contract with the Indian Health Service (IHS) to provide health related services to AIANs residing in urban communities.
- The Indian Health Center of Santa Clara Valley (IHC) is a UIHP and FQHC located in San Jose, CA that serves as an integral part of the healthcare safety net for not only AIANs, but all the area's underserved communities.
- In addition to medical, dental, and mental health services, they provide a gathering space for Native community and cultural resources.

Special Diabetes Program for Indians

- The Special Diabetes Program for Indians (SDPI) was established in 1997 in response to extreme disparities in diabetes related health outcomes for AIANs.
- It is an IHS administered grant program to develop and administer programs intended to educate, prevent, and treat diabetes in Indian Country.
- With >300 grantees, SDPI serves ~780K AIANs each year.

Research Questions

- What aspects of IHCs SDPI have the greatest impact on outcomes for AIAN patients who have diabetes?
- How can IHC improve SDPI programming and its administration to better meet the needs of the community and the goals set forth by the IHS?

Interview and Assessment Methods

- Data Collection:**
 - Interviews** – With community members/SDPI participants (4) and SDPI administrative staff/providers (5).
 - Reports** – Project Narrative (grant applications) from 2017-2020 and SDPI Annual Reports from 2016-2020.
- Data Analysis: Mixed Methods**
 - Interviews and Project Narratives** – Transcribed, coded (multi-pass method), and compiled into matrices to extract common themes in program and administrative assets and challenges.
 - Annual Reports** – Quantitative analysis of IHC reported outcomes on high impact measures were tracked year-to-year and compared to CA area and IHS system wide reported outcomes.

Program Population Characteristics

All IHC AIAN patients who have diabetes are considered in the SDPI population.

- 69% Female
- 88% 45 years+ (35% > 65years)
- 100% Type 2 Diabetes
- BMI: 6% < 25 | 72% ≥ 30
- A1C: 49% < 8 | 10% ≥ 11
- 10% are on no medications
- 36% are on insulin
- 83% also have hypertension
- 77% have 2 or more DM related conditions*

IHC SDPI BMI

IHC SDPI A1C%

*BMI≥40, hypertension, Tobacco use, cardiovascular disease, retinopathy, lower extremity amputation, active depression, or chronic kidney disease (stage 3-5).

Programming Assets & Challenges

- Assets of Programming**
- Interviewed clients and staff are satisfied with the SDPI programming overall
 - All express pride and gratitude for the breadth of quality services provided by the health center
 - Several benefits for clients of the SDPI program were highlighted by those interviewed, including:
 - Social & material support
 - Trust
 - Individual case management
 - AIAN staff
 - Community gatherings

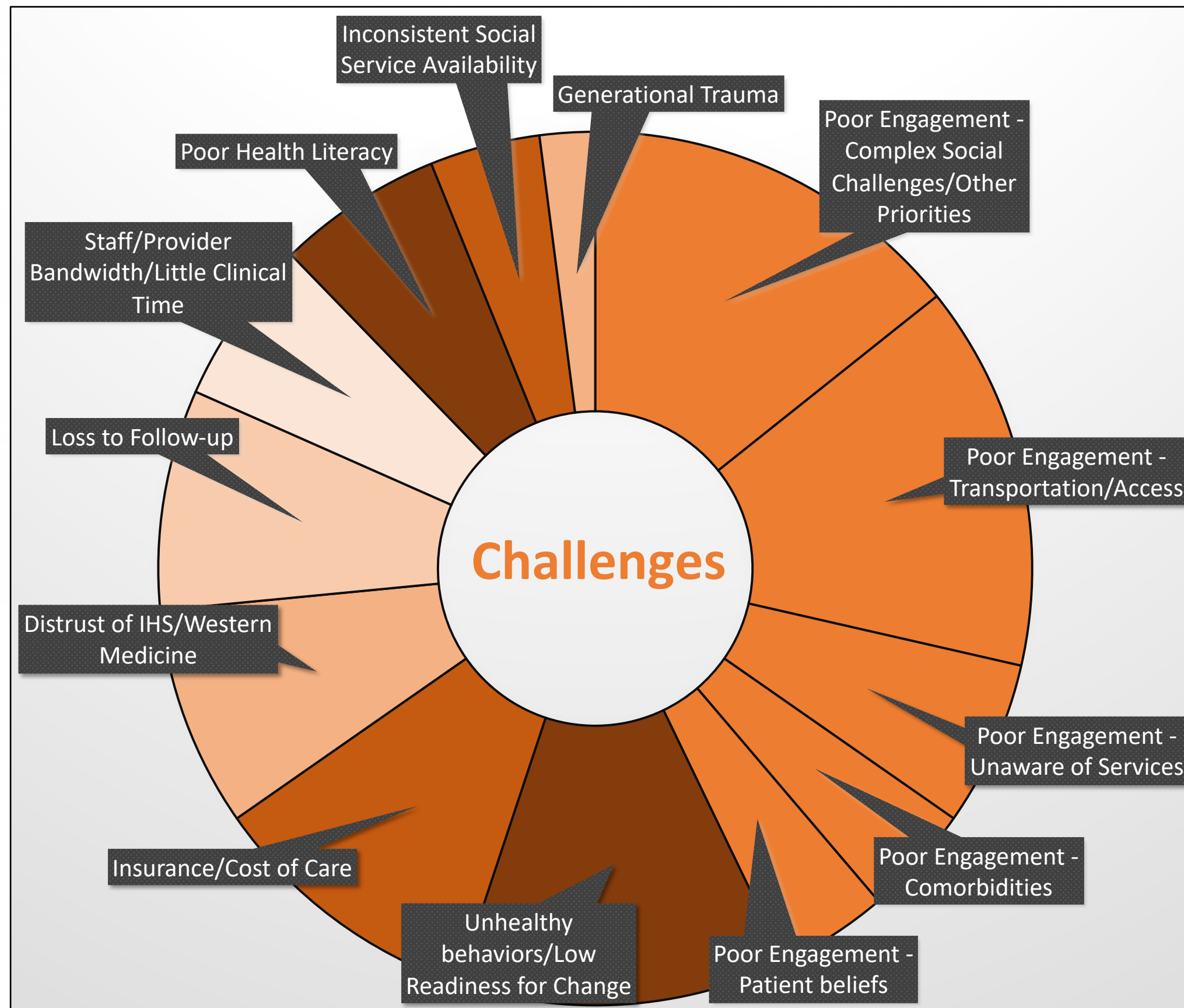


"They really go out of their way to help us: not just their job, but they really care, you know?"

"When we speak with our patients, it's like we are talking to our aunt or our cousin."

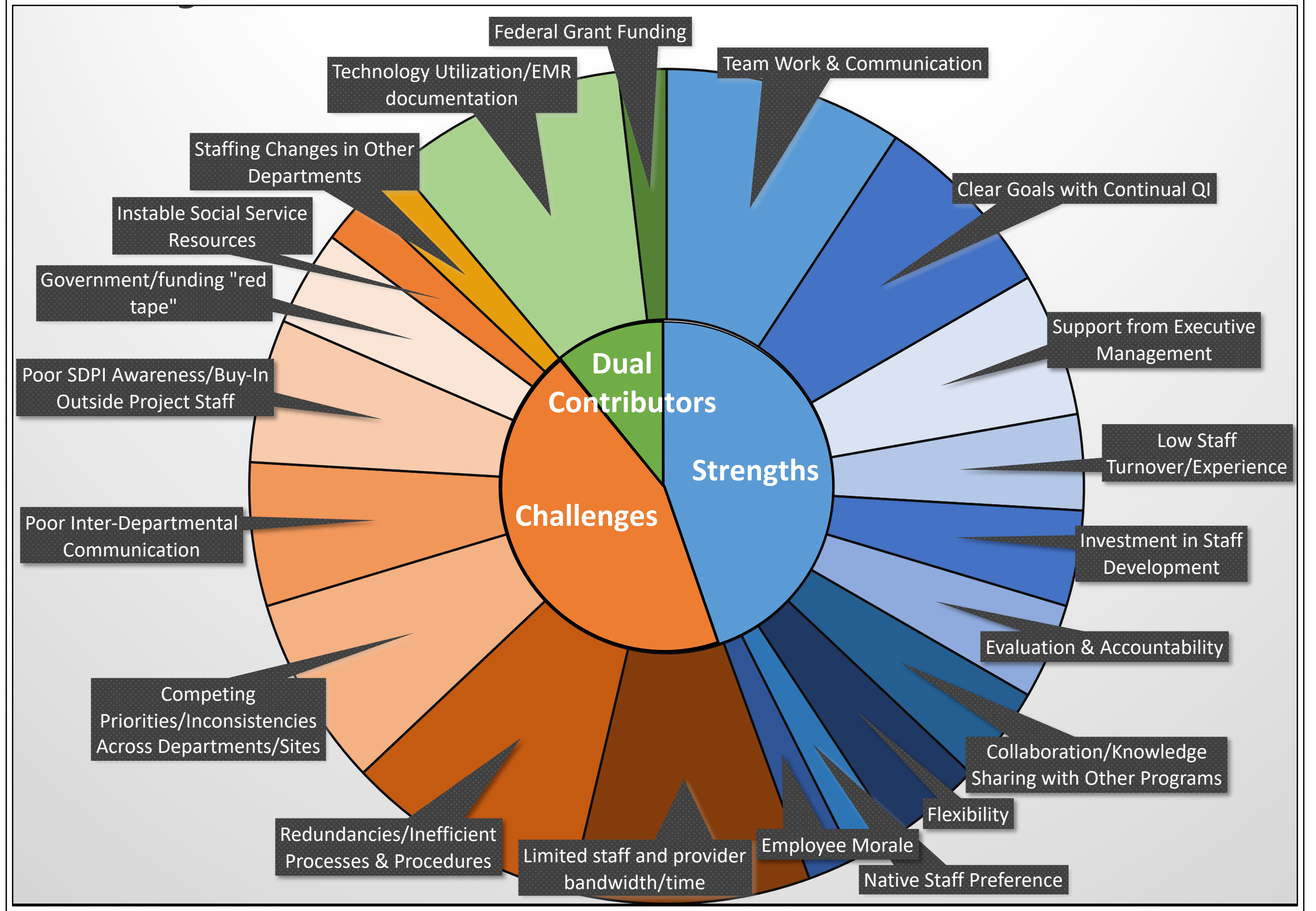
"I'm still on a reservation is what it feels like... our Natives are still struggling out here."

- Challenges to Programming**
- All interviewees were asked directly and indirectly about ideas they had to improve the SDPI at IHC.
 - Neither staff nor clients were able to identify any part of the program they thought was expendable.
 - Challenges to SDPI program success include:
 - Loss to follow up
 - Barriers to client engagement
 - Social determinants
 - Client beliefs
 - Client priorities
 - Accessibility



Administration Assets & Challenges

Administrative efforts are key to SDPI success. Interviewed staff shared many strengths and challenges of the SDPI program administration.



- Administrative Strengths**
- Most comments around administration were resoundingly positive. Key strengths include:
- Clear, flexible goals
 - Continuous evaluation
 - Teamwork, support & empowerment
- Administrative Challenges**
- Competing priorities
 - EMR documentation challenges
 - Lack of standardized procedures

Improving Urban Indian Health

- This work highlights the incredible work IHC is doing for Urban AIAN patients in Santa Clara Valley. Through this process ideas for improvements were explicitly and implicitly elucidated.
- Meeting with board of directors to decide which strategies the community wants to invest in on March 23, 2022.
 - Potential strategies to improve programming:
 - Build from client's social/cultural goals
 - Expand multi-generational cultural events
 - Expand nutrition/traditional foods programming
 - Create an organizational standard of accessibility
 - Create a year-long SDPI measure incentive program
 - Potential strategies to improve administration:
 - Align priorities through org-wide SDPI awareness
 - EMR training
 - Update & train staff on diabetes policies/procedures
 - Implement SDPI champions at each clinic site