

Health Policy Research in Tribal Communities: Type 2 Diabetes in the White Mountain Apache Tribe

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Introduction

Diabetes is a significant issue across Indian Country. American Indians and Alaska Natives (AI/ANs) are two times more likely to be diagnosed with type 2 diabetes. Sixteen percent of AI/ANs have the highest age adjusted prevalence of diabetes among all U.S. racial and ethnic groups.¹

Those who have diabetes are more likely to have kidney failure, require kidney transplant or dialysis, or have heart disease. They are also more likely to have problems with high blood sugar, high blood pressure, and significant barriers to health care.²

The White Mountain Apache Tribe (WMAT) also has a high burden of type 2 diabetes.³ WMAT is a sovereign tribal nation located in Whiteriver, Arizona, with a population of 12,429. As the statistics suggest, our people also experience kidney failure at a much higher rate. Diabetes is the leading cause of kidney failure within our reservation, it is a condition that requires dialysis or kidney transplant.

The White Mountain Apache Tribe has high rates of type 2 diabetes on the reservation. To address diabetes, WMAT has hosted multiple education programs to help the community. The WMAT health clinic does monthly screening, regular kidney testing, and has a program that educates patients and community about diabetes and treatment plans.

Although White Mountain Apache Tribal Division of Health has done great work to prevent type 2 diabetes, the disease continues to have a tremendously negative impact on the WMAT community and Indian Country generally. The current policies and programs are simply not enough.

Methods

The information in this paper was sourced from reputable websites including: the Indian Health Service, the National Indian Health Board's Special Diabetes Program for Indians (SDPI), Arizona State Legislature. Information is also included from in-person interviews with the WMAT Health Clinic Director, local public health nurses, and the Deputy Director of Public Health at the National Indian Health Board who has worked with SDPI grantees across Indian Country for a number of years.

¹ <https://www.ihs.gov/sdpi/>

² *Id.*

³ From a personal interview with the White Mountain Apache Health Clinic Director.

Policy Findings

This research highlighted several existing policies and programs that address diabetes in Indian Country.

National Policies and Programs:

- [*Special Diabetes Program for Indians*](#) - SDPI is a national program addressing diabetes in Indian Country. SDPI provides grants for diabetes treatment and prevention services to 301 Indian Health Services (IHS), Tribal and Urban Indian Health Programs in 35 states. Congress established SDPI in the Balanced Budget Act of 1997. The program provides approximately \$150 million every year for prevention and treatment for diabetes in AI/AN communities. There are currently 35 states and 301 community-directed grants funded that are implementing treatment and prevention programs. Over the years, AI/ANs with a diabetes diagnosis have seen significant health benefits from participating in SDPI programs. Policy Recommendation: Support [H.R. 2680](#), introduced by Rep. Tom O'Halleran (D-AZ-1), which would reauthorize SDPI at \$200 million for five years.
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State Policies and Programs:

- [*Arizona Diabetes Coalition*](#) - The Arizona Diabetes Coalition reduces the impact of diabetes on individuals, families, communities, health care systems and Arizona. The coalition has five standing work groups including a tribal work group. The tribal work group identifies innovative strategies that are culturally and linguistically appropriate for AI/AN communities of Arizona for prevention and control of diabetes.⁴
 - **Policy Recommendation:** Continue support of the Arizona Diabetes Coalition and ensure tribal voices remain centered through the work of the tribal work group.

Tribal Policies and Programs:

- [*White Mountain Apache Tribe Community Health Representative \(CHR\) program*](#) - The CHR program addresses health care needs through the provision of community-oriented primary care, including traditional and culturally concepts in multiple settings of Native American people by promoting, supporting, and assisting IHS.⁵
 - **Policy Recommendation:** Provide the resources and authority for better coordination of the work of CHRs with tribal physicians, public health nurses, and others that work to combat type 2 diabetes.

Policy and Program Recommendations

- **Implement [House Bill 2258: Diabetes Action Plan and Report Policy](#)** - Passing [House Bill 2258: Diabetes Action and Report Policy](#) is a good idea for the White Mountain Apache Tribe because in our community we have a disproportionate amount of type 2 diabetes and the action plan could be used to educate our community about diabetes treatment plans and prevention to future health and wellness of our people.
- **Implement [Let's Get Healthy Programs](#)** - The St. Regis Mohawk Tribe implemented a Let's

⁴ <https://www.azdhs.gov/prevention/tobacco-chronic-disease/diabetes/index.php#az-diabetes-coalition>

⁵ <https://acoihc.az.gov/sites/default/files/White%20Mountain%20Apache%20Tribe%20CHR%20Program.pdf>

Get Healthy program. They offered a family-based education program in fitness, diabetes health, nutrition, and prevention. In addition, the program hosted a healthy physical fitness opportunity for community members called the Twilight Fun Run/Walk Series. Many people participated in the activity and brought the community as a whole together for diabetes prevention.⁶ The White Mountain Apache Tribe would benefit from a physical fitness program such as the Let's Get Healthy program. Similarly, the Poarch Creek Indians host small support groups for patients with type 2 diabetes. WMAT would benefit from hosting small support groups because patients can share personal experiences and support each other. At Poarch Creek, this program decreased obesity rates by 10%. Obesity is prevalent in the WMAT community and it is a known contributing factor to developing type 2 diabetes.⁷ The main grant funding of Let's Get Healthy program and the support groups came from SDPI. To bring this program to WMAT, the tribal council would need to pass a resolution to make this program reality for our Apache people.

Conclusion

Poor health outcomes from high rates of type 2 diabetes is not a future we should be facing for our Indigenous people. The White Mountain Apache Tribe should implement diabetes prevention and treatment programs more often in the community. We need to educate AI/AN communities about strengthening resilience by addressing these issues and promoting culturally sensitive programs for true community change to occur. The policy and program recommendations contained in this paper provide concrete next steps in combating this largely preventable disease.

⁶ https://www.nihb.org/sdpi/local_impact_st_regis_mohawk.php

⁷ <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.303904?journalCode=ajph>