

Presenting

 MISS KALEY BERTUCCI
 OUR PEER TO PEER EDUCATOR

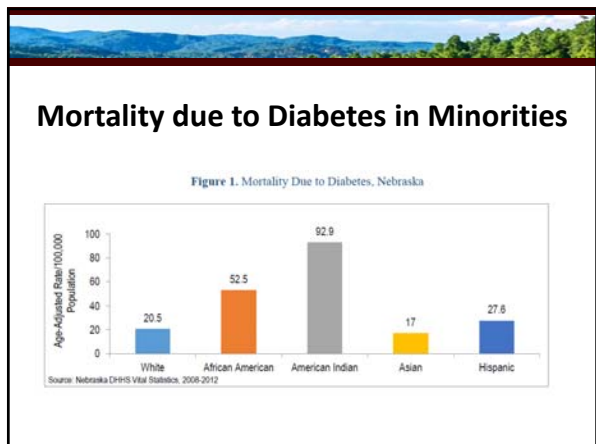


Minority Population of Nebraska

Table 1. Nebraska Population Change, 2000-2010

Race/Ethnicity	Population (April 1, 2000)	% Population (2000)	Population (July 1, 2010)	% Population (2010)	Change (00-10)	% Change (00-10)
Nebraska Total	1,711,263	100.0	1,826,341	100.0	115,078	6.7
White	1,533,261	89.6	1,572,838	86.1	39,577	2.6
African American	68,541	4.0	82,885	4.5	14,344	20.9
American Indian	14,896	0.9	18,427	1.0	3,531	23.7
Asian	21,931	1.3	32,293	1.8	10,362	47.2
NHPI**	836	-	1,279	0.1	443	53.0
Hispanic	94,425	5.5	167,405	9.2	72,980	77.3
White, Non-Hispanic	1,494,494	87.3	1,499,753	82.1	5,259	0.4
Minority Population	216,769	12.7	326,588	17.9	109,819	50.7

Source: U. S. Census Bureau, 2010 population estimates, 2000 census estimates base. 2000 Population Estimates have reflect changes to the Census 2000 population from the Census Question Resolution program and geographic program revisions.
** NHPI: Native Hawaiian and Other Pacific Islander.
Minority Population = Total Population - White, Non-Hispanic Population.



Diabetes Disparities among Minorities in Nebraska

Table 2. Leading Causes of Death, Nebraska

American Indian/Alaska Native		White	
Cause of Death	Percentage	Cause of Death	Percentage
Cancer	15.2%	Heart disease	23.3%
Heart disease	14.1%	Cancer	22.4%
Unintentional injury	8.5%	Chronic lower respiratory	6.4%
Diabetes	8.4%	Stroke	6.0%
Cirrhosis	7.9%	Unintentional injury	4.6%
Chronic lower respiratory	4.9%	Alzheimer's disease	3.6%
Stroke	3.5%	Diabetes	2.8%
Nephritis	2.7%	Pneumonia	2.2%
Suicide	2.7%	Nephritis	1.7%
All others	29.5%	All others	25.8%
Total	100%	Total	100%

Source: National Vital Statistics System, 2003-2012 (Nebraska data)

Diabetes Disparities Specific to Thurston County

Table 3. Nebraska's Top 10 Counties with Highest Prevalence of Diagnosed Diabetes*

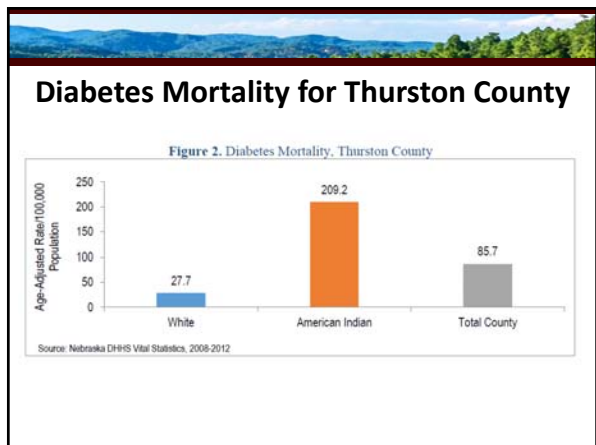
County	Percentage
Thurston	11.2%
Kimball	10.4%
Brown	9.4%
Antelope	9.2%
Greeley	8.8%
Scotts Bluff	8.8%
Franklin	8.7%
Rock	8.7%
Dakota	8.4%
Thayer	8.4%

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2005-2011
*Adults with A1c > 9%

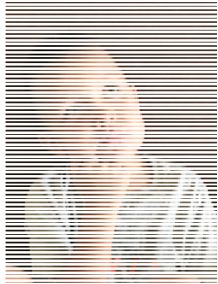
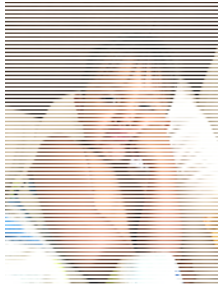
Leading Cause of Death in Thurston County

American Indian/Alaska Native		White	
Cause of Death	Percentage	Cause of Death	Percentage
Diabetes	13.7%	Heart disease	26.7%
Cancer	13.7%	Cancer	24.4%
Heart disease	10.3%	Stroke	8.0%
Stroke	5.5%	Chronic Lung Disease	5.1%
Unintentional injury	5.5%	Alzheimer's disease	4.0%
Chronic Lung Disease	4.1%	Diabetes	4.0%
All others	47.2%	All others	27.8%
Total	100%	Total	100%

Source: Nebraska DHHS Vital Statistics, 2008-2012



What should we do with this information?

HERE COMES NEBRASKA MINORITY HEALTH

- JESSIE PEREZ AMONG OTHERS ARE PRESENT IN OUR LIVES

PEER TO PEER EDUCATORS: AN IDEA FROM CAMBODIA: MOPOTSYO.ORG





WEHNONA STABLER, OMAHA INDIAN

POOR A1C CONTROL IS ASSOCIATED WITH SERIOUS HEALTH COMPLICATIONS

• For every 1% decrease in A1C, there is a significant decrease in the risk of serious complications*1:

- ↓ 37% Microvascular complications (e.g. kidney disease and blindness)
- ↓ 43% Amputation or fatal peripheral vascular disease
- ↓ 21% Death related to diabetes
- ↓ 14% Heart attack
- ↓ 12% Stroke

1% decrease in A1C


*1 Study investigating the relationship between glycemic control and microvascular or macrovascular complications, involving 4,883 T2D patients in the UK.
 A1C (glycated hemoglobin) (5.0 to 9.9) vs. 6.0 to 6.9%
 1. Wirtz LA, et al. N Engl J Med. Association of glycemia with macrovascular and microvascular complications in type 2 diabetes. EMPIC 3.0 prospective observational study. BMJ. 2008;337(7684):e2-12.

Continuous Glucose Monitoring (CGM)

Types of CGM


As defined by the American Association of Clinical Endocrinologists (AACE)*

Professional CGM
For Healthcare Providers




Cambodia (12).JPG

Personal CGM
For Patients



*American Association of Clinical Endocrinologists (AACE) Continuous Glucose Monitoring Task Force. Statement by the AACE Consensus Panel on Continuous Glucose Monitoring. Endocr Pract. 2013; 18(3):3-5.



Continuous Glucose Monitoring Reports

Powerful.
Encouraging.
Proven.



Omaha Tribe: Current Pump Statistics

- 40 insulin pump users on the Omaha Indian Reservation
- 37 participants had baseline HBA1c >9.0%
 - 29 currently have had a significant reduction in A1c
 - 4 pump users are recent pump starts
 - No post data yet, downloads look promising
- 3 participants had baseline HBA1c between 7.0%-8.9%
 - All 3 participants have shown reduction in A1c

Omaha Tribe: Current Pump Statistics

BASELINE A1C	A1C	BASELINE A1C	A1C
02/20/16 - 10.8%	06/09/17 - 9.7%	06/10/16 - 8.8%	04/04/17 - 7.9%
04/12/16 - 7.1%	06/29/17 - 6.6%	06/06/16 - 9.7%	06/27/17 - 8.8%
04/07/16 - 11.0%	6/25/17 - 9.0%	01/11/17 - 11.7%	06/23/17 - 12.8%
06/02/16 - 10.2%	07/23/17 - 9.8%	01/03/17 - 9.8%	01/03/17 - 9.8%
03/01/16 - 8.6%	06/21/17 - 8.3%	02/01/17 - 14.0%	07/21/17 - 14.0%
06/12/16 - 12.8%	06/12/17 - 6.5%	01/01/17 - 12.1%	06/21/17 - 10.7%
02/04/16 - 11.5%	06/09/17 - 8.3%	06/30/16 - 14.0%	06/29/17 - 13.6%
11/13/15 - 11.1%	06/14/17 - 7.7%	01/11/17 - 10.8%	02/16/17 - 10.4%
03/28/16 - 9.5%	06/02/17 - 8.2	10/06/15 - 9.1%	01/20/17 - 7.1%
08/15/16 - 11.7%	06/23/17 - 6.9%	12/20/16 - 11.8%	04/13/17 - 10.9%
05/03/16 - 10.2%	06/02/17 - 9.2%	06/10/17 - 8.7%	06/11/17 - 9.6%
04/01/16 - 10.8%	07/18/17 - 8.3%	06/10/17 - 11.3%	05/24/17 - 8.5%
08/12/16 - 13.1%	06/12/17 - 10.8%	06/12/17 - 8.9%	05/24/17 - 7.0%
05/03/16 - 10.2%	05/12/17 - 7.8%	04/28/17 9.8%	06/22/17 - 8.9%
06/21/16 - 9.1%	06/26/17 - 8.0%	04/12/17 - 9.1%	04/25/17 - 8.7%
8/15/2016 - 11.3%	07/18/17 - 7.7%	04/28/17 - 9.4%	05/24/17 - 7.9%
	12/23/16 - 7.0%		NO POST DATA
10/18/16 - 9.1%	06/21/17 - 10.4%	02/18/17 - 11.6%	05/24/17 - 10.5%
07/21/16 - 11.1%	01/24/17 - 10.4%	06/26/17 - 8.9%	06/26/17 - 8.9%
06/02/16 - 8.1%	04/09/17 - 13.4%	06/20/17 - 8.8%	06/26/17 - 7.9%
	04/09/17 - 7.0%	03/17/17 - 7.5%	03/17/17 - 7.5%
		06/10/17 - 11.4%	NO POST DATA
		06/04/17 - 14.0%	NO POST DATA
		06/03/2017 - 14.2%	NO POST DATA

What Have We Learned...

1. Clinical evidence shows that pump therapy is superior to MDI in patients with type 2 diabetes who have intensified MDI treatment^{1, 2}
2. Pump therapy can be simplified for patients with limited technical skills^{1, 2}
3. Pump therapy is safe – can result in lower A1C with reduced insulin doses and no significantly increased risk of hypoglycemia²
4. How to use the wisdom of the Indians to look after the health of the Indians?

Relationships
Gratitude
Humility
Sacrifice

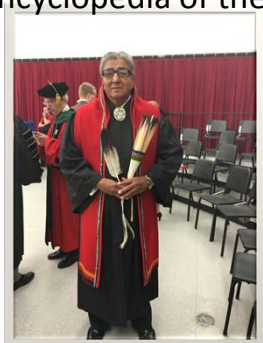
[http://dx.doi.org/10.1016/S0140-6736\(14\)61937-7](http://dx.doi.org/10.1016/S0140-6736(14)61937-7)



OBJECTIVES:

- Integrating Care and Education at Carl T. Curtis Health Education Center
- State of Nebraska Statistics
- Supplementary programming
- Diabetes Self-Management Education program
- Standards of Care
- Diabetes Incentive Program
- New technology for insulin delivery
- Vision and goals

Living Encyclopedia of the Omaha



**BEST OF THE BEST
NURSE EDUCATORS**



ASHLEEN BLACKBIRD & MICHELE SMITH



**EXCELLENT TECHNICAL HELP AND FRIENDSHIP
NURSE EDUCATORS**



CONSENT IS DONE TOGETHER...




**OFTEN THE BETTER
HALF IS PRESENT**



PEOPLE OF THE RED EARTH

IT IS THE FOOD THAT MADE US SICK




“YA - SPIEG - ZA
A MESQUAKE, GIBB”

OMAHA RESERVATION
AHA 25 SEPT 2017 NEAREST SUPERMARKET 30 Miles


- Association Between Living in Food Deserts and Cardiovascular Risk
- Conclusions—Although living in FD is associated with a higher burden of cardiovascular risk factors and preclinical indices of CVD, these associations are mainly driven by area income and individual income rather than access to healthy food.

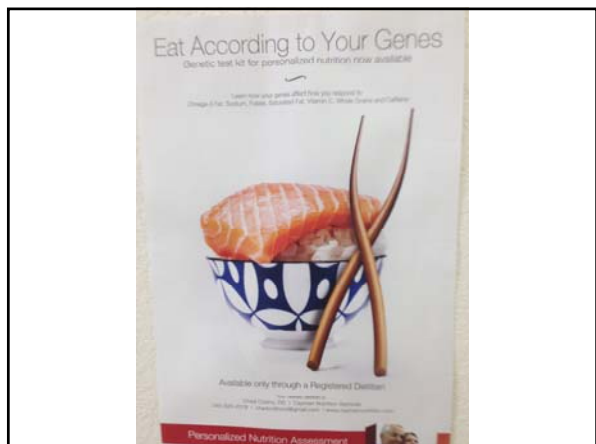


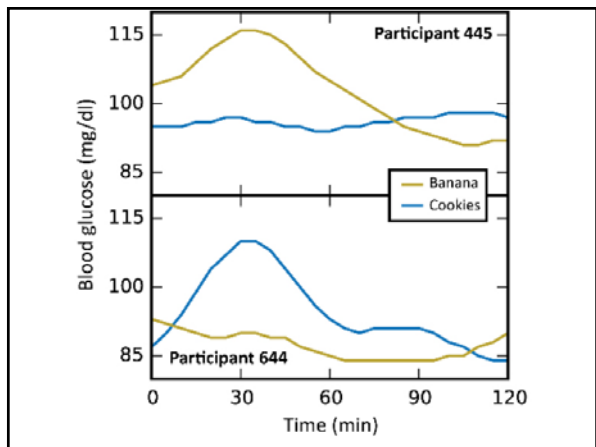
**“HEALTH DISPARITY FOR US IS NOT ACCESS TO HEALTH CARE. IT IS THE LACK OF ACCESS TO FOOD”
...SAID AN INDIAN IN NORTH EAST NEBRASKA, USA**

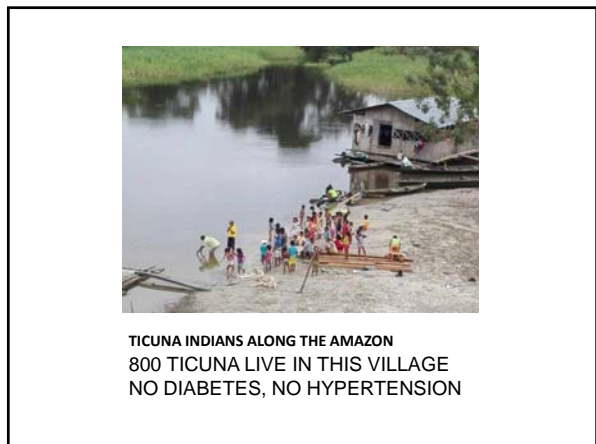


• 1 liter Water=\$3.19
• 1 liter Coke=\$1







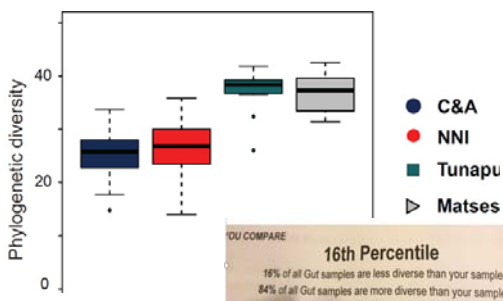


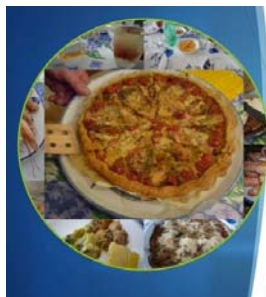
BRAZIL REVOKES DECREE OPENING AMAZON RESERVE MONDAY SEPT 25, 2017



• Significantly higher and diverse levels of microbiome than anyone else in the world.

HOW DOES AMERICAN INDIAN MICROBIOME COMPARE TO THEIR RELATIVES IN SOUTH AMERICA?





Quality of Food

EAT FOOD AND NOT CHEMICALS
EAT WITH FRIENDS
FOOD DOES NOT COME THROUGH YOUR CAR WINDOW
ENJOY EATING/SLOWLY/ SAVOUR IT
MAKE THE FOOD YOUR OWN

Merci Beaucoup Pour Votre Attention



