

# **Plan for Diabetes Prevention and Control in Tribal Communities**

**Michigan Diabetes Prevention and Control Program  
2009-2014**

**Michigan Diabetes Prevention and Control Program (MDPCP)  
Plan for Diabetes Prevention and Control in Tribal Communities**

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**Purpose:** To work in collaboration with tribal communities to eliminate health disparities for American Indians with diabetes in Michigan.

**Target Population:** American Indian/Alaska Natives (AI/ANs) in Michigan

**Federally-Recognized Tribes in Michigan**

In Michigan, there are 12 federally-recognized tribes. There are six regional Diabetes Outreach Networks (DONs) in Michigan that provide support for people with diabetes and health care professionals in their region. Relationships with individual tribes will be maintained primarily through these regional DONs. Below is a table listing the Michigan tribes and the regional DON that will be working with these tribes. For contact information, see Attachment A for Michigan tribal health directors and Attachment B for Michigan tribal diabetes coordinators. See Attachment C for contact information for the each of the regional DONs. Also see map on page two of federally-qualified Michigan tribes and Attachment D for a map of Michigan tribes by DON region.

Map	Michigan Tribes	Regional DON
1	Bay Mills Indian Community	UPDON
2	Grand Traverse Band of Ottawa and Chippewa Indians	TIPDON
3	Gun Lake Tribe, Match-e-be-nash-she-wish Band of Potawatomi	TENDON
4	Hannahville Potawatomi Indian Community	UPDON
6	Keweenaw Bay Indian Community	UPDON
7	Lac Vieux Desert Band of Lake Superior Chippewa Indians	UPDON
8	Little River Band of Ottawa and Chippewa Indians	TIPDON
9	Little Traverse Bay Bands of Odawa Indians	TIPDON
5	Nottawaseppi Huron Potawatomi	SODON
10	Pokagon Band of Potawatomi	SODON
11	Saginaw Chippewa Indian Tribe	ECDON
12	Sault Ste. Marie Tribe of Chippewa Indians	UPDON



## Evidence of the Problem

Three major types of diabetes have been identified: type 1 diabetes; type 2 diabetes; and gestational diabetes. Type 2 is the most common form of diabetes, accounting for about 90 - 95 percent of all diagnosed diabetes cases in the United States. Risk factors for type 2 diabetes include: older age; obesity; family history of diabetes; personal history of gestational diabetes; impaired glucose metabolism; physical inactivity; and certain racial or ethnic heritages. African Americans, Hispanic/Latino Americans, American Indians, some Asian Americans and Native Hawaiians or other Pacific Islanders are at particularly high risk for type 2 diabetes. This plan will focus on prevention and control of type 2 diabetes; however, resources and support are available to address other types of diabetes as needed.

American Indians and Alaska Natives (AI/ANs) are particularly vulnerable to developing type 2 diabetes based on a hereditary predisposition, physical inactivity and environmental influences.

Indian Health Services reports that AI/ANs carry the heaviest burden of diabetes in the United States and suffer from some of the highest rates of diabetes in the world. One out of six AI/ANs (16.3%) has diagnosed diabetes in contrast to 8.7% for the overall U.S. population ([CDC 2007 Facts At-A-Glance](#)). American Indians and Alaska Natives are 2.2 times as likely to have diabetes as non-Hispanic whites demonstrating a significant and growing health disparity. From 1994 – 2004, there was a 68% increase in the percentage of AI/AN youth aged 15-19 with Type 2 diabetes. It is also estimated by the CDC, that 30% of AI/AN adults have prediabetes, a condition in which a person's blood glucose levels are higher than normal, but not yet high enough to be diagnosed as diabetes.

Furthermore, among AI/ANs with diabetes, they are 3.5 times more likely to develop diabetes-related kidney disease and are 3-4 times more likely to develop cardiovascular disease than the

general U.S. population. Therefore, there is an opportunity to address secondary prevention efforts by improving diabetes care and diabetes self-management education and support among AI/ANs who already have diabetes.

According to the census estimate, in 2007 there were 72,000 people in Michigan who reported their ethnicity as AI/AN (or 0.7% of the population). Among the 12 tribes in Michigan, an average 8.5% of adults report that they have been diagnosed with diabetes (compared to 7.87% for the overall population). Trends in prevalence vary by tribal community in Michigan, 3.7% in the Grand Traverse Tribe to 16.4% in the Little River Tribe (based on the Bemidji Area Indian Health Service ambulatory patient care data, 2000 – 2003). Diabetes prevalence trends are steadily increasing for Saginaw, Sault Ste. Marie and Pokagon Tribes. Increases in overall diabetes prevalence contribute to an already disproportionate burden of diabetes in this population and will likely grow even larger due to the high number of individuals within this population who are estimated to have prediabetes.

Indian Health Services (IHS) reports that type 2 diabetes was rare among American Indians until the 1950s. Since that time, diabetes has become one of the most common and serious illnesses among AI/ANs. The CDC recently stated in the *“Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Diabetes Prevention in AI/AN Communities”* funding application that “the explanations for high rates of diabetes among AI/ANs are not limited to recent societal trends and individual lifestyle choices. They are rooted in historical legacies of forced dispossession of lands and water source, cultures, and languages. Understanding and acknowledging the complex array of factors involved in diabetes causation and care are important steps in addressing this phenomenon.” We have an opportunity to work in collaboration with the tribes in Michigan to address the social determinants of health that have contributed to higher rates of diabetes among AI/ANs.

From 2000 to 2003, improvements in the diabetes quality of care measures, like A1c test, lipid profile and monitoring for diabetic nephropathy reported by IHS are encouraging for patients with diabetes in the Bemidji area. However, the dilated eye exam rate, one of the diabetes quality of care measures, is low across the entire IHS Bemidji area. The number of people who reported that they are overweight or obese increased. And, the number of people who reported that they are “not a current tobacco user” increased. Therefore, diabetes care efforts need to focus on involving providers and patients in designing effective interventions to reduce the burden of secondary complications associated with diabetes. Overall, there is great potential and opportunity for all the diabetes intermediary measures to be improved further through adopting quality improvement strategies and effective diabetes care interventions.

The Michigan tribes are located throughout the state in both rural and urban settings. According to American Indian Health and Families services, Southeastern Michigan is home to the 10<sup>th</sup> largest American Indian population in the country and the largest population in the state. National estimates indicate that over 70% of American Indians no longer live on reservations and the majority of American Indians now live in urban settings. Therefore, our efforts to address prevention and control of diabetes in Michigan must occur on a regional level to reflect tribal differences as well as differences in the availability of health care and support resources.

While the number of individuals is not large, the disparate impact on this population makes Michigan's tribal communities a critical target for diabetes prevention and control efforts. Opportunities are many, but the strategies for improvement must help address social determinants of health as well as quality improvement measures and the provision of effective diabetes care interventions.

## **History and Partnerships**

### Inter-Tribal Council of Michigan

The Michigan Diabetes Prevention and Control Program (MDPCP) and the Diabetes Outreach Networks (DONs) have a strong connection, through UPDON, to the Inter-Tribal Council of Michigan (ITC). UPDON continues to provide consultation on grants, special projects, and resources. The ITC Health Services Division is located in the eastern end of Michigan's Upper Peninsula in the city of Sault Ste. Marie. The ITC Health Services Division has undergone the Public Law 93-638 process, with ownership being contracted to nine of the eleven Federally Recognized Indian Tribes in the State during fiscal years 1989-90. The overall management of the Health Services Office is the responsibility of the ITC Health Services Director, who provides guidance and direction to a number of preventive health care personnel in their efforts to deliver effective and efficient programming. Those personnel provide technical assistance, consultation and some direct preventive health care services to all of the Tribal communities including urban communities, in the state of Michigan. The Health Services Division's preventive health care components consist of Environmental Health, Health Education, Mental Health, Behavioral Health, Nursing, Nutrition, and Epidemiology. Attention is paid to providing technical assistance for tribal health and human services systems development, maintenance and expansion. Within the past few years, at the request of the tribes, the Health Services Office has been instrumental in developing quality assurance and health systems evaluation programming at the tribal level. Diabetes is among the areas of emphasis for the Health Services Office.

The Upper Peninsula Diabetes Outreach Network (UPDON) has been working with the tribes in the Upper Peninsula for more than 22 years. UPDON has been the lead agent for MDPCP efforts to address prevention and control in tribal communities. Through its involvement with the ITC, UPDON and the other regional DONs have supported the following initiatives by providing grant writing assistance, information on local and regional resources, and education and training.

- ***Racial and Ethnic Approaches to Community Health (REACH) Grant***

UPDON worked with the Inter-Tribal Council to include Personal Action Toward Health (PATH) programs into the REACH grant's work plan. PATH is an evidence-based program which teaches self-management skills to people with a chronic disease. UPDON conducted a PATH leader training and regularly advises tribal staff on issues related to PATH implementation. TIPDON and TENDON have also provided PATH trainings that included representatives from tribal communities and have provided consultation for the tribes in their regions on marketing and implementing these programs. UPDON meets with the tribal grant representatives once a year in an advisory capacity and/or directs tribes to the regional DON that serves their area.

- ***The Steps to a Healthier US Cooperative Agreement Program (Steps Program)***

UPDON has met with the tribal grant representatives twice a year for the past three years. Assistance was provided to link participating tribes to community-based programs that could assist with obesity or diabetes prevention (examples – MI Steps UP, Get Moving UP, Let's Get Moving Northern MI). Resources such as the native-specific materials from NDEP were shared with participating tribes.

### Michigan Tribes

In addition to the work that has been going on for many years in the Upper Peninsula, other regional DONs have established relationships with the tribes in their areas and many have engaged in extensive program collaborations with these tribes. TIPDON has a representative from the Little Traverse Bay Bands of Odawa Indians on their regional Advisory Board and UPDON has representatives from the Inter-Tribal Council and the Hannahville Tribal Community on their regional Advisory Board. By including tribal representatives on these regional advisory boards, input can be obtained from the tribes on the development and implementation of MDPCP/DON programs and information provided about community-based activities in the region.

Most of the work that the MDPCP has done with the tribes has been done through its contracts with the DONs that provide local and regional connections. Due to differences among the tribes and the need to work together to address the unique needs for each community, this plan promotes relationships between the regional DONs and individual tribes. The MDPCP plans to support these efforts and to work with the ITC to address initiatives, such as resources, technical assistance and surveillance, that would be of assistance statewide. Assistance will also be provided to integrate diabetes programming with the state chronic disease programs (ex. CVH, Tobacco).

### Bemidji Area Office of the Indian Health Service

Bemidji Area Office (BAO) of the Indian Health Service (IHS) is located in Bemidji, Minnesota. It provides health care and funding to support health services to Indians and Alaska Natives residing in four states, Minnesota, Wisconsin, Michigan and Indiana. Currently, there are 34 federally recognized tribes in the BAO geographical area, with more tribes seeking recognition by the federal government. Local tribal affiliations of BAO/IHS patients include the Chippewa/Ojibwe, Odawa/ Ottawa, Ho Chunk, Sioux, Oneida, Potawatomi, Menominee, and Mohican. AI/AN patients served at urban health centers and at some IHS and tribal facilities may represent tribal affiliations from across the United States. Health services are provided through a variety of means. Many tribes operate their own health services under the authority of the Indian Self-Determination Act of 1976 (PL 93-638). In the Bemidji area, there are 46 health centers including satellite clinic sites operated by the tribes. In addition, there are 5 urban Indian health programs which operate under the authority of Title V of the Indian Health Care Improvement Act. IHS and tribal health providers may also contract with private providers of health services

for inpatient or specialty services not offered in those settings through the Contract Health Services (CHS) program.

### Native Diabetes Wellness Program, Center for Disease Prevention and Control (CDC)

The CDC's Native Diabetes Wellness Program "works with partners to address the health inequities for diabetes in Indian Country and support community efforts to promote health and prevent diabetes."

Their goals are to:

- 1) Share and evaluate Native and Western science-based programs through community outreach, talking circles, community-based interventions, and diabetes education in schools.
- 2) Support sustainable, evaluable ecological approaches to promote the use of traditional foods in AI/AN communities.
- 3) Support meaningful tribal consultation at the state and federal levels.
- 4) Share messages, including stories and art, about traditional ways of health that are remembered, retold, and talked about in homes, schools, and communities.

### **Current DON Projects and Interventions**

Statewide planning with the ITC is included in the CDC competitive grant which funds, in part, the MDPCP and the DONs. The DONs have been working with the ITC of Michigan, local tribes and non-profit organizations that work with AI/ANs for many years. Efforts have focused on relationship-building, public awareness, education and training, and supporting tribal initiatives and distributing resources tailored to meet the needs of AI/ANs. Below is a description of some of the current projects and initiatives underway.

#### Public Awareness

- Participation in a variety of tribal activities/events (health fairs, research projects, grant funded program, curriculum development, etc).
- Distribution of media campaign materials that target AI/ANs; utilization of press releases and National Diabetes Education Program (NDEP) ads/PSAs through their tribal newsletters and other means of dissemination.
- TENDON worked with the Inter-Tribal Council of Michigan, the Gun Lake Tribe and Candy Wesaw, an artist from the Pokagon Potawatomi tribe, to create a storyboard for diabetes awareness. The artist incorporated the medicine wheel and other symbolic artwork with the story, "Through the Eyes of the Eagle" written by Georgia Perez and used in the American Diabetes Association's program, "Awakening the Spirit – Pathways to Diabetes Prevention and Control." The storyboard has been widely displayed throughout Michigan since its completion in June 2000. It has also been a conduit for increased collaboration with local tribes and has increased opportunities to present, display and dialogue about diabetes. The storyboard and the results of this initiative were shared at the CDC/DDT Conference in 2001. These materials continue to be shared through the Gun Lake Tribe and are available for presentations throughout the state.

## Education

- Provide presentations on diabetes programs and resources at ITC meetings as well as local and regional health conferences (e.g. “Clinicians and Cuisine” programs).
- Provide Leader Training for tribes interested in implementing the PATH program.

## Supporting Tribal Initiatives

- UP Healthy Michigan Kids Coalition is organized by a tribal member and UPDON also participates on the coalition. An important part of their work involves working with schools by helping to form wellness teams, completing the Michigan Healthy School Action Tool (HSAT), forming and working on action plans.
- Keweenaw Bay Ojibwa Community College, with its Diabetes Education in Tribal Schools Coalition, launched the “Health is Life in Balance” K-12 health sciences curriculum in November 2008.
- SEMDON has partnered with the American Indian Health and Family Services in Detroit. They are working on the Advancing System Improvements Support Targets for Healthy People 2010 (ASIST 2010) project and discussing the possibility of providing PATH workshops to the AI/AN community. And, SEMDON has been asked to participate on the Diabetes Wellness Program Advisory Board and Steering Committee.
- The Sault Ste. Marie Tribe of Chippewa Indians received one of 11 “Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Diabetes Prevention in AI/AN Communities” grants awarded by the CDC in September 2008. This project involves a five-year plan to carry out a community-based intervention using traditional foods and sustainable ecological, culture-specific approaches that promote healthy lifestyles and prevent type 2 diabetes in AI/AN communities. This project provides an opportunity to engage community partners in developing and measuring success related to type 2 diabetes prevention efforts. Linkages with state diabetes programs are encouraged through this grant; UPDON and the MDPCP are available to support this project as it is developed and implemented for this tribe. The tribe has expressed interest in support with surveillance and learning about resources to address traditional foods or storytelling about healthy lifestyle behaviors.

## Distribution of Resources

- Samples of the NDEP materials have been provided to the ITC and to some of the tribes.
- Samples of the Eagle Books and information on the animated version on DVD have been provided to the ITC and to some of the tribes. UPDON and the ITC have worked with the Native Diabetes Wellness program to distribute Eagle book bags to all of the pre-school, elementary, and after school programs that have a large Native American population. These organizations are now working with Ojibwa Community College to get Eagle books for all of the Michigan tribal children who are in grades K through 5 as part of the Eagle book traveling exhibit. UPDON also participated in the Native Diabetes Wellness Program’s Eagle Books Community Outreach Campaign with Art, Stories and Activities. For this event, an Eagle Books replica art exhibit and

- related community activities such as story telling, art workshops, traditional food demonstrations and talking circles were featured in the UP in October 2008.
- The Taking on Diabetes in Michigan (TODIM) materials, produced by the Michigan Association of Health Plans and the MDPCP have been available to the tribes in Michigan.

### **Objectives for Prevention and Control in Tribal Communities for 2009 - 2014**

Due to the high prevalence of diabetes among AI/ANs, the MDPCP and the DONs have developed objectives to specifically target interventions to address prevention and control of diabetes in tribal communities. In this document, many partnerships and current initiatives to work with tribal communities have been discussed. However, not all regional DONs have been able to maintain relationships with the tribal communities in their area due to staff turnover and competing priorities. This plan establishes statewide objectives and formalizes our commitment to lead and support initiatives that target American Indians and Alaska Natives with diabetes and prediabetes in Michigan. All efforts to develop and implement initiatives within the tribal communities will be done in coordination with the Michigan Inter-Tribal Council and local tribes.

Michigan's Diabetes Prevention and Control Program efforts focus on developing and sustaining alliances with local, regional, and national AI/AN organizations and nonprofit institutions to build strong links and increase the capacity for diabetes care and prevention within AI/AN communities. The combined efforts of the state program and the regional DONs will secure a foundation for working together with the local, regional and statewide AI/AN organizations to address the needs of people with diabetes and prediabetes in tribal communities.

## Michigan Diabetes Outreach Network Objectives:

- By March 2010, form and/or maintain relationships with leaders and/or Diabetes Coordinators of the tribal communities in each DON region.
  - If needed, contact the tribal leaders to learn about their current activities and their needs.
    - Measure: % of tribal communities with which contact has been established.
  - Communicate with the tribal communities on an ongoing basis.
    - Measure: # of contacts with tribal communities
  - Share information on programs available to support all people with diabetes in tribal communities.
    - Measure: Was information on programs shared with the tribal communities? Yes/No (provide documentation, ex. minutes or email messages)
- By March 2010, increase availability of culturally-appropriate diabetes education materials or materials specifically developed for the AI/AN population (ex. fact sheets, press releases, posters, booklets, etc.).
  - Share availability of Eagle Books with tribal communities in each region.
    - Measure: # of tribes provided with Eagle Books information
    - Measure: % of tribal communities that have received the Eagle books
  - Distribute NDEP materials targeted to the AI/AN community to the tribal communities in each region
    - Measure: # of NDEP resources distributed (provide detail on which materials and how they were distributed)
    - Measure: % of tribal communities that have received the NDEP resources that target the AI/AN community
  - Share information on Diabetes Education in Tribal Schools (DETS) - a program to educate Indian youth about diabetes prevention with the tribal communities.
    - Measure: % of tribes receiving information on the DETS curriculum
- By 2011, learn of any specific training needs for health care professionals who work with the AI/AN population and promote the appropriate MDPCP-sponsored learning modules.
  - Measure: # of modules completed by health care professionals who work with the AI/AN population
- By 2014, establish one targeted intervention, working with a tribal community in each region, to help prevent or control diabetes in their community.
  - Measure: Were members of the tribal community included in the development and implementation of the program? Yes/No (provide documentation)
  - Measure: Individually determined by/for each separate intervention
  - Examples:
    - Provide PATH leader training for representatives from the tribal communities.
    - Provide training for health care providers at a regional conference or “Clinicians and Cuisine” meetings.
    - Replicate the evidence-based DPP project curriculum that was tailored for American Indians by the Indian Health Services clinic in Northern California.
    - Promote use of the HSAT in the schools.
    - Provide worksite wellness programs in tribal communities.

- UPDON will continue to maintain a relationship with Inter-Tribal Council and serve as a diabetes expert and key resource for addressing diabetes among all tribes in Michigan.
  - Serve as a link between the Diabetes Outreach Networks and the Inter-Tribal Council.
  - Provide expertise on diabetes for grant-writing efforts.
  - Share information on tribal community efforts to address diabetes with the other DONs.
    - Send overview of ITC grantee meetings to DON Directors so that they can stay informed of their efforts.
    - Provide an update on work with ITC at each DON Program Directors meeting.
    - Connect tribes from the Lower Peninsula with the appropriate DON so that they can form relationships, provide community resources, and respond to their local needs.
  - Share resources with the ITC, submit articles on statewide programs for their newsletters, and provide information on local DON activities.
    - Provide an opportunity for each DON Director to send updates prior to each ITC meeting.

### Michigan Diabetes Prevention and Control Program Objectives:

- By March 2009, establish a direct relationship with the ITC Health Services Office.
- By April 2009, adopt the CDC Tribal Consultation Policy which addresses involvement of tribal leaders and outlines specific responsibilities regarding program activities, including mutual participation in setting program and budget priorities.
- By April 2009, provide a presentation to the Diabetes Partners in Action Coalition to address diabetes prevention and control efforts for AI/AN in Michigan and to educate the statewide coalition members on working with this population.
- By September 2009, provide training for MDPCP and DON staff on working with AI/AN population including history of our relationships in Michigan.
- By March 2010, collaborate with the MDCH Tobacco Section to address smoking treatment among AI/ANs who have diabetes as a means to reduce complications of diabetes.
- By March 2010, find opportunities to purchase large quantities of NDEP materials and Eagle Books (there is an effort underway to give Eagle books to tribal families who have young children) to facilitate the distribution of materials tailored for AI/AN populations by the DONs to tribes in their area.
- By March 2010, share results of Diabetes Prevention Program (DPP) trial on healthy eating, physical activity and medications, directly to tribal leaders to address the science of diabetes prevention.
- By March 2011, provide surveillance assistance for diabetes grant programs.
  - Determine if clinics working in tribal communities need assistance with their diabetes registries and provide technical assistance as needed (e.g. review software options to make data collection easier, review which data are being collected and reported and develop formal processes to use and maintain a registry).
  - Request data gathered by the tribes to increase state data analysis on AI/ANs with diabetes or prediabetes in Michigan.
  - Work with Bemidji Area Office of the IHS to determine what data is available on tribes in Michigan and to identify opportunities for care improvement.
- By March 2011, conduct a needs assessment to address and identify needs for diabetes prevention, care, and education of the American Indian tribes in Michigan.
- By 2011, collaborate with Special Diabetes Programs for Indians in Michigan and provide a connection to professional organizations through regional DON advisory councils and the statewide coalition, Diabetes Partners in Action Coalition.
- By 2014, collaborate with CVD section to promote healthy eating and physical activity among AI/AN populations as a means to prevent diabetes and cardiovascular disease.
- Advocate for access to diabetes care, support, and diabetes self-management training for all people with diabetes and ensure that these programs are available for AI/AN population, specifically in remote rural areas, on an ongoing basis.
- Provide technical assistance to tribes developing educational materials and education programs for their local communities and tribes performing evaluations of their programs as needed.

## Resources

### 1. Eagle Books and Animated DVD

The Eagle Books are a series of four books for Native American children and those interested in healthy living. The books promote diabetes prevention and encourage a return to traditional ways, including physical activity and healthy eating. The series was developed by the Centers for Disease Control and Prevention's Division of Diabetes Translation in collaboration with the Tribal Leaders Diabetes Committee and the Indian Health Service in response to the disproportionate burden of diabetes among Native Americans and the lack of diabetes education materials for children. Over 2 million books have been distributed throughout Indian Country, the rest of the United States, and internationally. For more information about the books and ordering information, visit <http://www.cdc.gov/diabetes/pubs/eagle.htm>.

Newly-released animated versions of the Eagle Books bring the characters to life. The full-feature DVD includes English, Chickasaw, Paiute, Shoshone, and Spanish languages, as well as closed captioning (English language only). Narration is provided by author Georgia Perez, while children and adults from the Standing Rock Sioux Tribe voice the characters featured in the series. The animated versions provide an interactive tool for engaging children in activities and discussions about healthy eating and the joy of being active. Visit <http://www.cdc.gov/cdctv> to view the animation online.

Below is a picture from one of the Eagle Books:



### 2. National Diabetes Education Program Materials

The National Diabetes Education Program, which is co-sponsored by the CDC and National Institutes of Health, has developed products and resources specifically for Native communities, including campaigns that encourage weight loss, physical activity, and calorie cutting to help prevent or delay type 2 diabetes. NDEP's American Indian/Alaska Native Work Group develops and promotes culturally-appropriate diabetes education materials and messages for AI/AN communities. The work group includes representatives from leading

American Indian and Alaska Native medical, government, educational, health care, and health professional organizations.

Campaigns and materials tailored for AI/AN populations include:

- “Small Steps. Big Rewards.” campaign—encourages AI/ANs to take steps to prevent type 2 diabetes by losing weight, being more active, and cutting calories. Materials available include tip sheets, fact sheets, sample articles, and public service announcements.
- Move It! campaign—promotes more physical activity among youth. Campaign packets include posters, diabetes fact sheets, tips, and ideas for youth to increase regular physical activity.
- Take Care of Your Heart: Manage Your Diabetes for Future Generations (campaign includes tip sheet, print PSA, and colorful poster)

### 3. Diabetes Education in Tribal Schools (DETS) “Health is Life in Balance” Curriculum

The CDC Native Diabetes Wellness Program worked with the National Institutes of Health, the Indian Health Service Division of Diabetes Treatment and Prevention and eight tribal colleges and universities to develop a diabetes-based science curriculum for tribal schools, pre-K-12, to promote awareness of diabetes and stimulate interest in public health careers. The curriculum will debut in November 2008. To learn more, visit <http://www3.niddk.nih.gov/fund/other/dets/>.

Keweenaw Bay Ojibwa Community College served on the Diabetes Education in Tribal Schools Coalition that developed the “Health is Life in Balance K-12 health sciences Curriculum.

# **Attachments**

## Attachment A: Federally-Qualified Tribes in Michigan, Health Directors Contact Information

### **Jerilyn Church: Health Director**

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### **Ruth Bussey: Health Director**

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### **Carole LaPointe: Health Director**

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### **Terry Fox, Health Director**

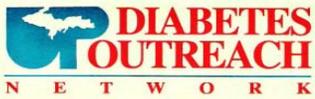
Lac Vieux Desert Band  
PO Box 249 (E-23560 Choate Road)  
Watersmeet, MI 49969-0249  
Phone: (906) 358-4588 FAX: 906/358-4118  
[Terry.fox@lvdtribal.com](mailto:Terry.fox@lvdtribal.com)

**Attachment B: Michigan Tribal Diabetes Coordinators Contact Information**

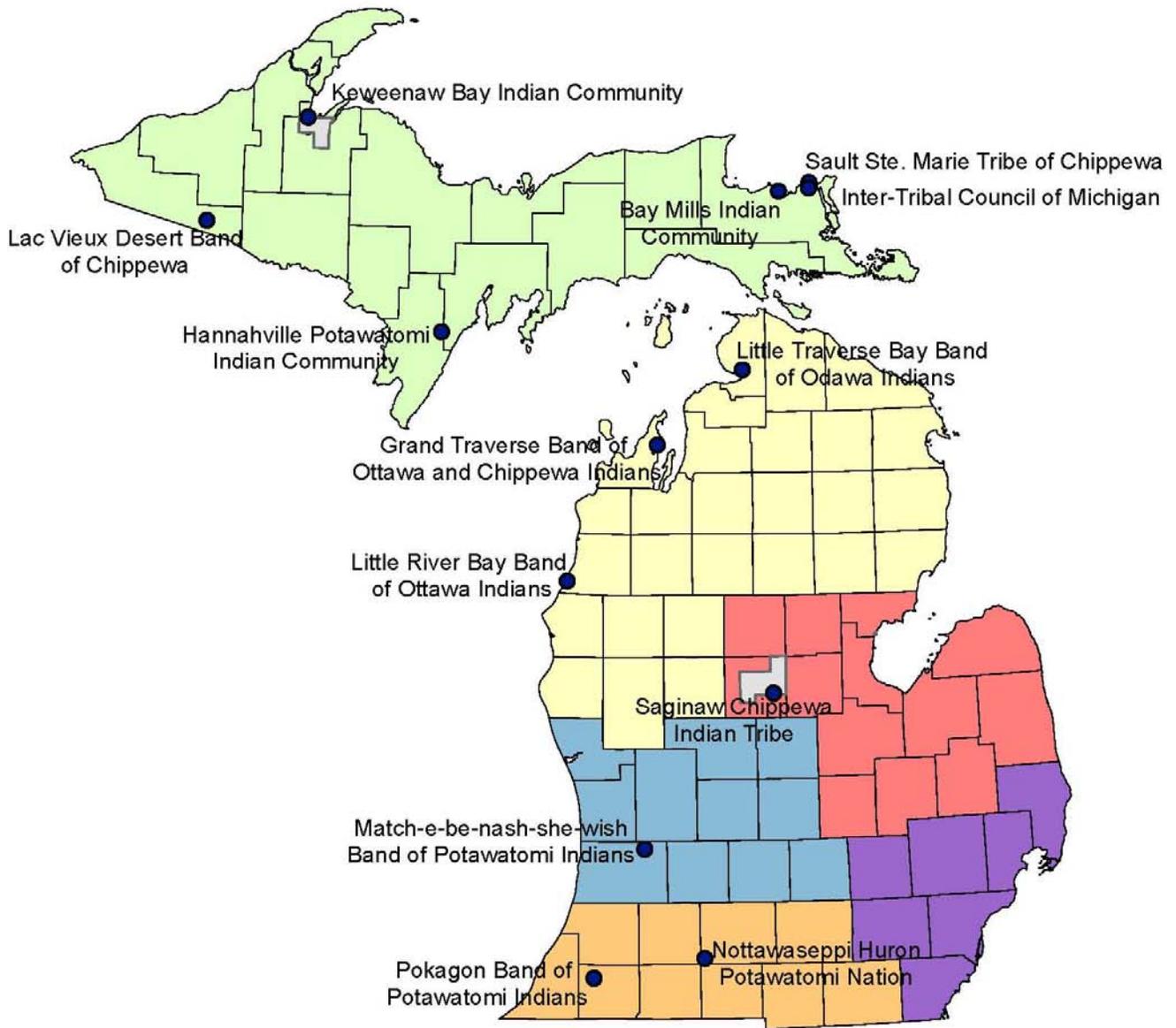
**MICHIGAN TRIBAL DIABETES COORDINATORS**

<p><i>(No one at present time)</i>                  Bay Mills Indian Community                  Bay Mills Wellness Center                  12099 W. Lakeshore Drive                  Brimley, Michigan 49715                  Phone: 906/248-3204                  FAX: 906/248-3508</p>	<p><b>Mary Johnson</b>                  Grand Traverse Band of Ottawa/Chippewa                  Indians Medicine Lodge                  2605 N.W. Bayshore Drive                  Peshawbestown, MI 49682                  Phone: 231/534-7212                  FAX: 231/271-5929</p>
<p><b>Erin Davis</b>                  Hannahville Indian Community                  Dept. of Health &amp; Human Services                  N15019 Hannahville B-1 Road                  Wilson, Michigan 49896                  Phone: 906/466-2782                  FAX: 906/466-7454</p>	<p><b>Kathy Mayo, RN, BSN</b>                  Keweenaw Bay Indian Community                  Dept. of Health &amp; Human Services                  102 Superior Avenue                  Baraga, Michigan 49908                  Phone: 906/353-4519                  FAX: 906/353-8799</p>
<p><b>Shelly Schintgen</b>                  Lac Vieux Desert Band Health Center                  P.O. Box 249                  E-23560 Choate Road                  Watersmeet, Michigan 49969                  Phone: 906/358-4588                  FAX: 906/358-4118</p>	<p><b>Tammy House</b>                  Saginaw Chippewa Indian Tribe                  Nimkee Memorial Wellness Center                  2591 S. Leaton Road                  Mt. Pleasant, Michigan 48858                  Phone: 989/775-4612                  FAX: 989/775-4659</p>
<p><b>Sara Willey</b>                  Sault Ste. Marie Tribe of Chippewa Indians                  Tribal Health &amp; Human Services Center                  2864 Ashmun Street                  Sault Ste. Marie, Michigan 49783                  Phone: 906/632-5200                  FAX: 906/632-5202</p>	<p><b>Holly Davis</b>                  Little River Band of Ottawa Indians                  310 9<sup>th</sup> Street                  Manistee, Michigan 49660-0314                  Phone: 231/723-8299                  FAX: 231/398-2968</p>
<p><b>Melissa Keshick</b>                  Little Traverse Bay Band of Odawa Indians                  7500 Odawa Circle                  Harbor Springs, Michigan 49740                  Phone: 231/242-1606 (Direct)                  Phone: 231/242-1400 ext. 1606                  FAX: 231/242-1619</p>	<p><b>Becky Price</b>                  Pokagon Band of Potawatomi                  Health Services                  210 South Front Street                  Dowagiac, Michigan 49047                  Phone: 269/782-4141                  FAX: 269/782-8797</p>
<p><i>(No one at this time)</i>                  Huron Potawatomi, Inc.                  2221 1 ½ Mile Road                  Fulton, Michigan 49052                  Phone: 269/729-4422                  FAX: 269/729-5920</p>	<p><b>Michelle Yopez</b>                  American Indian Health and Family                  Services of Southeastern Michigan                  P.O. Box 810                  Dearborn, Michigan 48121-0810                  Phone: 313/846-3718                  FAX: 313/846-2751</p>

**Attachment C: Diabetes Outreach Network Contact Information**

DON	Address	Counties Served
 <p>Upper Peninsula Diabetes Outreach Network</p>	<p>220 West Washington St. - Suite 420 Marquette, MI 49855 Phone: (906) 228-9203 (800) 369-9522 from the U.P. Fax: (906) 228-4421 <a href="mailto:updon@diabetesinmichigan.org">updon@diabetesinmichigan.org</a></p>	<p>Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft</p>
 <p>Northern Michigan's Diabetes Outreach Network</p>	<p>103 W. Hurlbut Street Charlevoix, MI 49720 Phone: (231) 237-9681 Fax: (231) 237-9684 (800) 847-3665 <a href="mailto:tipdon@diabetesinmichigan.org">tipdon@diabetesinmichigan.org</a></p>	<p>Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmett, Grand Traverse, Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Montmorency, Missaukee, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Wexford</p>
 <p>East Central Diabetes Outreach Network</p>	<p>YMCA 411 E. Third Street, Suite 2 Flint, MI 48503-2006 Phone: (810) 232-0522 Fax: (810) 232-0533 <a href="mailto:ecdon@nkfm.org">ecdon@nkfm.org</a></p>	<p>Arenac, Bay, Clare, Genesee, Gladwin, Huron, Isabella, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, Tuscola</p>
 <p>Ten Counties in Central and Western Michigan</p>	<p>260 Leonard St. NW, Ste. 2 Grand Rapids, MI 49504 Phone: (616) 458-9520 Fax: (616) 458-9532 <a href="mailto:tendon@trinity-health.org">tendon@trinity-health.org</a></p>	<p>Allegan, Barry, Clinton, Eaton, Gratiot, Ingham, Ionia, Kent, Montcalm, Muskegon, Ottawa</p>
 <p>Southern Michigan Diabetes Outreach Network</p>	<p>1110 Hill St. Three Rivers, MI 49093 Phone: (517) 269-4309 <a href="mailto:brittont@bhsj.org">brittont@bhsj.org</a></p>	<p>Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, St. Joseph, Van Buren</p>
 <p>Southeast Michigan Diabetes Outreach Network</p>	<p>1900 E. Jefferson Ave Suite 222 Detroit, MI 48207 Phone: (313) 259-1574 Fax: (313) 259-1855 <a href="mailto:semdon@nkfm.org">semdon@nkfm.org</a></p>	<p>Livingston, Macomb, Monroe, Oakland, Saint Clair, Washtenaw, Wayne</p>

## Federally Recognized Tribes in Michigan



### Michigan Diabetes Outreach Network

