

HISTORY OF THE SPECIAL DIABETES PROGRAM FOR INDIANS

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 as part of the Balanced Budget Act to address the growing epidemic of diabetes in American Indian and Alaska Native (AI/AN) communities. The Special Diabetes Program for Type 1 Diabetes (SDP) was established at the same time to address the serious limitations in Type 1 diabetes research resources. Together, these programs have become the nation's most strategic and comprehensive effort to combat diabetes. SDPI provides grants for diabetes treatment and prevention services to 301 Indian Health Service (IHS), Tribal, and Urban Indian health programs in 35 states. SDPI is currently reauthorized through fiscal year 2019.

SDPI

SPECIAL DIABETES PROGRAM FOR INDIANS

1963

National Institutes of Health (NIH) Pima Indian Study recognized diabetes epidemic among American Indians

1974

Congress establishes the Diabetes Mellitus Interagency Coordinating Committee (DMICC)

1976

Congress creates the Indian Health Service (IHS) National Diabetes Program

1986

Indian Health Service develops Standards of Care for Diabetes

1997

Congress creates the Special Diabetes Program and the Special Diabetes Program for Indians each funded at \$30 million/year for 5 years (PL 105-33)

2000

IHS establishes Best Practices based upon SDPI data
Tribal Leaders Diabetes Committee (TLDC) created by Congress to guide IHS in development and consultation of SDPI

2001

Congress extends SDPI for an additional 3 years and increases funding to \$100 million per year (PL 106-554)

2002

Congress extends SDPI for an additional 5 years and increases funding to \$150 million per year starting in FY 2004 (PL 107-360)

2003

NIH Diabetes Prevention Program (DPP) Study results provided scientific evidence that type 2 diabetes can be prevented or delayed

2004

Congress directs SDPI to initiate demonstration projects focused on diabetes prevention & cardiovascular disease risk reduction

2007

Congress extends SDPI for an additional year at current funding level of \$150 million per year (PL 110-173)

2008

Congress extends SDPI for an additional 2 years at current funding level of \$150 million per year (PL 110-275)

2010

Congress extends SDPI for an additional 3 years at current funding level of \$150 million per year (PL 111-309)

2012

Congress extends SDPI for an additional year at current funding level of \$150 million per year (PL 112-240)

2014

Congress extends SDPI for an additional year at current funding level of \$150 million per year (PL 113-93)

2015

Congress extends SDPI for an additional 2 years at current funding level of \$150 million per year (PL 114-10)

2018

Congress extends SDPI for an additional 2 years at current funding level of \$150 million per year (PL 115-123)

FUNDING HAS NOT INCREASED SINCE 2002

THE DEATH RATE DUE TO DIABETES FOR AI/ANS IS **1.8x HIGHER** THAN THE GENERAL U.S. POPULATION

SDPI: AN EFFECTIVE PROGRAM THAT IS IMPROVING LIVES AND SAVING FEDERAL DOLLARS¹

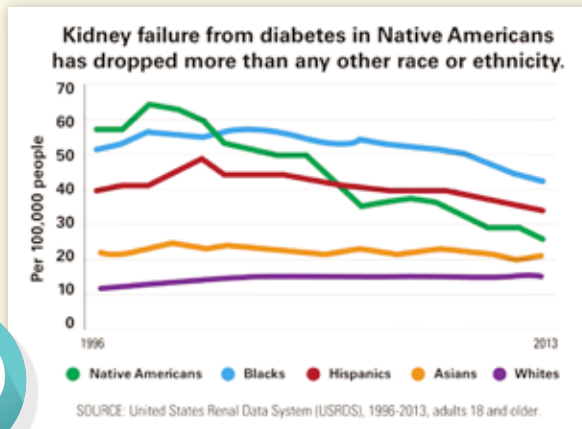
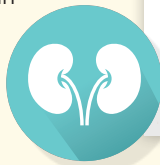
American Indian and Alaska Native (AI/AN) adults are **2 times more likely to have diagnosed diabetes** (compared with non-Hispanic whites). The **death rate due to diabetes for AI/ANS is 1.8 times higher** than the general U.S. population. The **cost of medical expenditures for people with diabetes is 2.3 times higher** than for those without diabetes. But the Special Diabetes Program is improving lives, lowering medical expenditures and demonstrating real returns on the federal investment. SDPI helping to create a brighter future for Americans burdened by diabetes.

THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI): PROVIDING A STRONG RETURN ON THE FEDERAL INVESTMENT

THE GROWING EPIDEMIC OF DIABETES REPRESENTS ONE OF OUR GREATEST PUBLIC HEALTH CHALLENGES. WHAT MAY NOT BE AS WIDELY KNOWN IS THAT AMERICAN INDIANS AND ALASKA NATIVES (AI/AN) HAVE THE HIGHEST PREVALENCE OF DIABETES AMONGST ALL U.S. RACIAL AND ETHNIC GROUPS. IN RESPONSE TO THIS EPIDEMIC, CONGRESS ESTABLISHED THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) IN 1997, AND THE RESULTS OF THIS FOCUSED EFFORT HAVE BEEN REMARKABLE.

DECLINING INCIDENT RATES OF DIABETES-RELATED KIDNEY DISEASE

- **Outcome:** Between 1999 and 2013, the incident rate of end-stage renal disease (ESRD) due to diabetes in AI/AN people **fell by 54%** – a greater decline than for any other racial or ethnic group. ⁱ
- **Impact:** ESRD is the largest driver of Medicare costs. Medicare costs per year for one patient on hemodialysis exceeded \$88,000 in 2015. This reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and other third party payers.



DECREASING AVERAGE BLOOD SUGAR LEVELS

- **Outcome:** The average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2014.
- **Impact:** Scientific studies have shown that every percentage point drop in A1c translates into a 40% reduction in the risk of developing diabetes-related complications such as blindness, kidney failure, nerve disease, and amputations. ⁱⁱ

CLINICAL AND COMMUNITY OUTCOMES ARE IMPACTING FEDERAL COST SAVINGS

DECREASING RISK OF CARDIOVASCULAR DISEASE

- **Outcome:** The average LDL (“bad” cholesterol) declined from 118 mg/dL in 1998 to 92 mg/dL in 2014. ⁱⁱ
- **Impact:** Research has shown that lowering cholesterol levels may help reduce – by 20% - 50% – the chance of developing cardiovascular complications associated with diabetes such as heart attacks, stroke, or heart failure.



CONTROLLING MEAN BLOOD PRESSURE

- **Outcome:** Blood pressure has been well controlled throughout the SDPI era.
- **Impact:** Controlling blood pressure reduces the risk of cardiovascular disease by 33-50% and reduces risk of complications by 33%. Patients with early diabetic kidney disease also suffer from declined kidney function, but lowering blood pressure in these patients can reduce this complication by 30-70%.

DECREASING DIABETIC EYE DISEASE RATES

- **Outcome:** During the SDPI era, diabetic eye disease rates have decreased by 50%. ⁱⁱⁱ
- **Impact:** This has led to a reduction of vision loss and blindness among AI/AN diabetic patients.



INCREASING EMPHASIS ON ADOPTING HEALTHY LIFESTYLE BEHAVIORS

- **Outcome:** Communities with SDPI-funded programs have seen a 54% increase in nutrition services, a 72% increase in community walking and running programs, and a 59% increase in adult weight management programs and a 56% increase in weight management for children and youth.
- **Impact:** SDPI is transforming communities by promoting a culture of health and nutrition in Tribal communities.



ⁱ CDC Vital Signs October 2016

ⁱⁱ IHS SDPI 2014 Report to Congress

ⁱⁱⁱ Source IHS Teleophthalmology Data

