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. Currently, SDPI provides grants for diabetes treatment and prevention services to **404 IHS, Tribal, and Urban Indian health programs in 35 states**. SDPI has two major components: the Demonstration Projects (SDPI Diabetes Prevention program and SDPI Healthy Heart Project) and the Community Directed Diabetes Programs. SDPI is currently reauthorized through fiscal year 2014.

SDPI Timeline

2012	Congress extends SDPI for an additional year at current funding level of $150 million per year
2010	Congress extends SDPI for an additional three years at current funding level of $150 million per year
2008	Congress extends SDPI for an additional two years at current funding level of $150 million per year
2007	Congress extends SDPI for an additional year at current funding level of $150 million per year
2004	Congress directs SDPI to initiate demonstration projects focused on diabetes prevention & cardiovascular disease risk reduction
2003	NIH Diabetes Prevention Program (DPP) Study results provided scientific evidence that type 2 diabetes can be prevented or delayed
2002	Congress extends SDPI for an additional five years and increases funding to $150 million per year
2000	IHS establishes Best Practices based upon SDPI data
1998	Congress extends SDPI for an additional three years and increases funding to $100 million per year
	Tribal Leaders Diabetes Committee (TLDC) created by Congress to guide IHS in development and consultation of SDPI
1997	Special Diabetes Program (SDP) consisting of the Special Diabetes Program for Indians and Special Type 1 Diabetes Research Program created by congress - $30 million provided for each program for five years
1996	American Diabetes Association created Awakening the Spirit (ATS) national advocacy team
1986	Indian Health Service Standards of Care developed
1976	Indian Health Service National Diabetes Program created by Congress
1974	Diabetes Mellitus Interagency Coordinating Committee (DMICC) established by Congress
1963	National Institutes of Health (NIH) Pima Indian Study recognized diabetes epidemic among American Indians

SDPI: An Effective Program that is Improving Lives and Saving Federal Dollars[i]

American Indian and Alaska Native (AI/AN) adults are **2.3 times more likely to have diagnosed diabetes** (compared with non-Hispanic whites). The **death rate due to diabetes for AI/ANs is 1.6 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 is helping to create a brighter future for Americans burdened by diabetes.

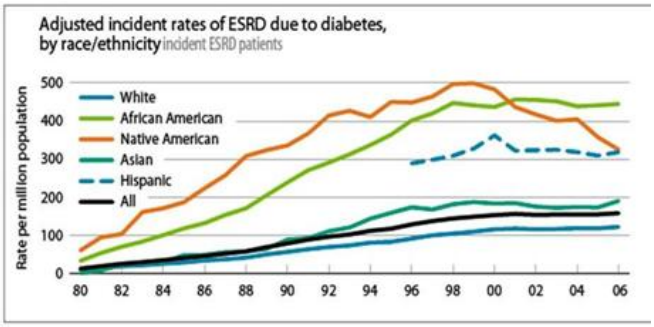
The Special Diabetes Program for Indians (SDPI): Providing a Strong Return on the Federal Investment

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.

Clinical and Community Outcomes are Impacting Federal Cost Savings[ii]

Declining Incident Rates of Diabetes-Related Kidney Disease

- **Outcome:** Between 1999 and 2006, the incident rate of end-stage renal disease (ESRD) due to diabetes in AI/AN people **fell by 28%** - a greater decline than for any other racial or ethnic group.
- **Impact:** ESRD is the largest driver of Medicare costs. Medicare costs per year for one patient on hemodialysis exceeded $80,000 in 2009. This reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and other third party payers.



Source: United States Renal Data System, 2008

Decreasing Average Blood Sugar Levels

- **Outcome:** The average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2010.
- **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.

Decreasing Risk of Cardiovascular Disease

- **Outcome:** The average LDL ("bad" cholesterol) declined from 118 mg/dL in 1998 to 95 mg/dL in 2010.
- **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.

Increasing Primary Prevention and Weight Management for Children and Youth

- **Outcome:** More than 80% of SDPI grant programs now use recommended public health strategies to provide diabetes prevention activities and services for AI/AN children and youth.
- **Impact**: This represents a 73% increase in primary prevention and a 56% increase in weight management activities targeting children and youth.

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%.

Increasing Emphasis on Adopting Healthy Lifestyle Behaviors

- **Outcome:** SDPI is transforming communities.
- **Impact:** Communities with SDPI-funded programs have seen a 57% increase in nutrition services, a 72% increase in community walking and running programs, and a 65% increase in adult weight management programs.

[i] Facts At-a-Glance, IHS (June 2012).
[ii] IHS SDPI 2011 Report to Congress

National Indian Health Board

For additional information please visit the SDPI Resource Center at nihb.org/SDPI