**Special Diabetes Program for Indians**

*Saving lives in Alabama and providing a strong return on federal investment*

**History**

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the growing epidemic of diabetes in American Indian and Alaska Native (AI/AN) Nations. By allowing Tribes to determine their own approach, the program has become the nation’s most effective federal initiative to combat diabetes and serves as a useful model both for diabetes programs nationwide and public health programs in Indian Country. SDPI is currently authorized through Fiscal Year 2019.

**Diabetes in Alabama**

According to the Centers for Disease Control and Prevention (CDC), in 2017, approximately 483,000 people in Alabama — **10% of the population** — had diagnosed diabetes, and many suffered from serious diabetes-related conditions such as heart disease, neuropathy, and eye, foot and skin complications. In addition to the human toll diabetes places on the people of Alabama, it also places a large financial burden on the state’s healthcare system. According to the American Diabetes Association, in 2013, the staggering estimate of cost of diabetes and prediabetes in Alabama was approximately $5.9 billion.

**FY 2017 SDPI funding in Alabama totaled $276,249. This funded a Community Directed Grant program for the Poarch Band of Creek Indians.**

**SDPI Outcomes**

SDPI funding supports over 300 Tribal diabetes treatment and prevention programs in 35 states, and the results have been extraordinary. Diabetes incidence rates in AI/ANs are no longer increasing, resulting in a **54% decline in end-stage-renal-disease (ESRD) since 1998, more than any other race**, according to the United States Renal Data System. ESRD requires expensive treatments and is the single largest driver of Medicare costs. In fact, for every patient SDPI kept off of hemodialysis in 2014, Medicare saved $88,000! The structure of the grant program has allowed Tribes to collect data and document that this investment is both saving lives and saving the federal healthcare system money.

**SDPI Impact**

SDPI provides a strong return on federal investment and is saving lives in Alabama. Since the beginning of SDPI, blood sugar levels have decreased, risk factors of cardiovascular disease have been reduced, diabetes-related kidney disease has been cut by more than half, and primary prevention and weight management programs for Native youth have increased. National data reflect the excellent outcomes in Native Nations resulting from innovative local level programs.

*For more information, visit [www.nihib.org/SDPI](http://www.nihib.org/SDPI)*

---

**Diabetes Prevalence Disparities in Alabama (Medicare Enrolled)**

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>34.8%</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

*Data from Medicare Chronic Conditions Warehouse, for Fee for Service Beneficiaries, 2015*
Alabama Tribal Case Study
Poarch Band of Creek Indians

Background
The Poarch Creek Indian Community Diabetes Support Group (CDSG) has touched the lives of many Tribal members with diabetes and their families. CDSG members share experiences and support each other in their efforts to make life changes due to the diagnosis of diabetes.

Programs
The Poarch Creek Indian Community Diabetes Support Group engages program participants as a community to ensure that no one confronts diabetes alone. The program uses print media, education, and healthful recipe sharing to generate interest in living a healthy lifestyle.

- **Community Meetings**
  CDSG often employs skits, visuals, and “hands-on” learning. This includes medical nutrition therapy, medication review, and self-glucose monitoring, and how they all relate to the participant’s individual disease process.

- **Sharing Healthy Recipes**
  CDSG offers shared recipes to show how a healthy diet can also be flavorful and tasty.

- **Diabetes Education**
  Group and individual classes are held at many locations. Guest speakers share information about living with cancer as a diabetic, reading food labels, the dangers of choosing sugar-free foods without reading nutritional labels. Motivational interviewing is often used.

- **Diabetes Clinic**
  One stop shop for lab work, diabetes case management, pharmacy, referrals, etc.

Impact
Today, the Tribe employs two Certified Diabetes Educators: one a Registered Nurse and a Registered Dietitian. The ultimate goal of education at Poarch Indian Diabetes Program is to shift the negative domino effects of diabetes to positive ones.

Due to SDPI funding, average attendance at CDSG meetings grew from 4 people to an average of 35.

The CDSG uses team teaching, so with each visit, the participants receive a cohesive educational component that focuses on all aspects of diabetes education.

> “The diabetes program/team at PBCI has helped me see the importance of a serious diabetes self-management plan. The PBCI team is always, ready, willing, and very capable of explaining any question that I have in reaching my goals as I attempt to manage my diabetes.”

Angela Devilbiss,
Poarch Creek Indian Diabetes Program