**Special Diabetes Program for Indians**

*Saving lives in Nevada 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 Nevada**
According to the Centers for Disease Control and Prevention (CDC), in 2015, approximately 215,000 adults in Nevada – 9% 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 Nevada, it also places a large financial burden on the state’s healthcare system. According to the American Diabetes Association, in 2017, the staggering estimate of cost of diabetes and prediabetes in Nevada was approximately $2.75 billion.

**FY 2017 SDPI funding in Nevada totaled $5,203,730 to support Community-Directed Grant Programs at 14 Tribal locations in Nevada:**
- Duckwater Shoshone Tribe
- Ely Shoshone Tribe
- Fallon Paiute-Shoshone Tribe
- Las Vegas Paiute Tribe
- Lovelock Paiute Tribe
- Nevada Urban Indians, Inc.
- Pyramid Lake Paiute Tribe
- Reno-Sparks Indian Colony
- Shoshone Paiute Tribes of the Duck Valley Indian Reservation
- Te-Moak Tribe of Western Shoshone
- Walker River Paiute Tribe
- Washoe Tribe of NV and CA
- Yerington Paiute Tribe
- Reno-Sparks Indian Colony
- Yomba Shoshone Tribe

**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 Nevada. 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.nihb.org/SDPI](http://www.nihb.org/SDPI)
Nevada Tribal Case Study

PYRAMID LAKE PAIUTE TRIBE

Background
The goal of the Pyramid Lake Paiute Tribe’s (PLPT) diabetes prevention program is to “provide diabetes/preventive education to the lives of the at-risk youth/adult, pre-diabetics and diabetic patients that reside within PLPT boundaries.” PLPT does this through embracing best practices for diabetes prevention while incorporating the Tribe’s traditions.

Overview of Pyramid Lake Paiute Tribe:
- Enrolled Members: 2,288
- Reservation Population: 1,300
- Distance between Towns: 20 miles
- Economic Activity: Tourism at Pyramid Lake
- Current SDPI Funding Level: $439,579
- Best Practice: Diabetes-Related Education

Programs
Pyramid Lake Paiute’s diabetes prevention program (DPP) engages the community in multiple ways based on gaps in services, needs identified through diabetes audit data and incorporating evidence-based strategies.

- **Patient Advocacy**
  With high healthcare provider turnover, DPP often takes on the role as a patient advocate to insure patient-centered care (PCC), an evidence based approach. Jenell Fellows, the Diabetes Program Director, is an enrolled member of PLPT and values serving her people.

- **Elevating Traditional Food**
  DPP elevates traditional healthy foods through hosting events to harvest pine nuts and incorporating traditional food into modern recipes.

- **Eating Healthy in a Modern Setting**
  DPP takes participants to a chain restaurants to discuss and practice healthy eating in a modern setting.

- **Partnering for Physical Activity**
  DPP provides various classes and community outings focusing on physical and outdoor activities.

Impact
Patients credit the DPP as their chief advocate. One patient shared that she was getting sicker every year before Jenell stepped in. “Jenell has been the biggest advocate… We have no one else doing that.”

Interactive nutrition programs allow diabetes staff to evaluate their patient’s progress and knowledge of nutrition. This data improves targeted education for community members.

Due to increased interest in physical activity and competition for gym space, PLPT is investing in a new 33,000 sq. ft. modular to increase access and opportunities for physical activity.

“We can make the ‘old ways,’ traditional ways, work in the modern world.”

Jenell Fellows, Diabetes Program Director