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 310 Indian Health Service (IHS), Tribal, and Urban Indian health programs in 35 states. SDPI is currently reauthorized through December 31, 2024. SDPI needs your help for reauthorization beyond the end of 2024.

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

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.
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.  
- **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.

**DeCreeasing risk of cardiovascuLar disease**
- **Outcome:** The average LDL (“bad” cholesterol) declined from 118 mg/dL in 1998 to 92 mg/dL in 2014.  
- **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%.

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

**iCreeasing 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