Special Diabetes Program for Indians

Ann Bullock, MD
Carmen Hardin, MSN, APRN
Division of Diabetes Treatment and Prevention
Office of Clinical and Preventive Services
Indian Health Service
Special Diabetes Program for Indians (SDPI)

- SDPI was established by Congress in 1997
  - Today, provides $150 million/year for the prevention and treatment of diabetes through FY 2017
- SDPI currently provides grants for 369 programs in 35 states:
  - 301 Community-Directed Programs
  - 68 DP/HH Initiatives (final year)
Special Diabetes Program for Indians
1997 - 2017

$30 M  1997-2000
$100 M  2001-2003
$150 M  2004-2017
Special Diabetes Program for Indians
SDPI Funds: Helping Make Real Success Happen

Funds → People & Programs → ↑ Services

Improve Clinical Measures → Reduce Diabetes & Complications
# SDPI: Increased Access to Diabetes Treatment and Prevention Services

<table>
<thead>
<tr>
<th>Service</th>
<th>1997 - Before SDPI funding</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes clinics</td>
<td>31%</td>
<td>71%</td>
</tr>
<tr>
<td>Diabetes clinical teams</td>
<td>30%</td>
<td>94%</td>
</tr>
<tr>
<td>Diabetes patient registries</td>
<td>34%</td>
<td>94%</td>
</tr>
<tr>
<td>Nutrition services for adults</td>
<td>39%</td>
<td>89%</td>
</tr>
<tr>
<td>Access to registered dietitians</td>
<td>37%</td>
<td>77%</td>
</tr>
<tr>
<td>Culturally tailored diabetes education programs</td>
<td>36%</td>
<td>99%</td>
</tr>
<tr>
<td>Access to physical activity specialists</td>
<td>8%</td>
<td>74%</td>
</tr>
<tr>
<td>Adult weight management programs</td>
<td>19%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Source: Evaluation of the SDPI Community-Directed Diabetes Programs
SDPI Community-Directed (C-D) Programs

Since FY 1998, C-D grant programs:
• Implement diabetes treatment and prevention programs based on scientifically proven Best Practices
• Are designed to address local community priorities
• Have increased access to many types of services
• Large variety of diabetes treatment and prevention programs
  - Makes for challenges in quantifying direct impact of SDPI
SDPI DP/HH

- SDPI Diabetes Prevention/Healthy Heart (DP/HH)
  - Demonstration Projects: FY 2004-2009
  - Initiatives: FY 2010-2015
- DP/HH grantees have accomplished what they were funded to do
  - Translated diabetes science and successfully implemented intensive programs in AI/AN communities
  - Their lessons learned and funds are being merged into the C-D grant program
    • DP/HH grantees funded through September 29, 2016
      - Can request no-cost extension ≤12 months, also 3-month grant close-out (up to Dec 2017)
- C-D programs encouraged to implement activities/services similar to those done by the DP/HH programs
- DP/HH Toolkits available soon
  - DP toolkit in final clearance, HH receiving final edits
Tribal Leaders Diabetes Committee (TLDC)

• Tribal Leader advisory group to the IHS Director
  – Makes recommendations on SDPI and chronic disease issues to the IHS Director
  – Next TLDC meeting: this Thursday, April 14

• Membership
  – One Tribal official (and alternate) from each IHS Area
  – One IHS member
  – Non-voting Technical Advisors from NIHB, NCAI, NCUIH, Tribal Self-Governance Advisory Committee, Direct Service Tribes Advisory Committee
IHS Division of Diabetes (DDTP)

• IHS Headquarters Division
  • IHS “National Diabetes Program” started in 1979
• Administers the SDPI program
  • Division of Grants Management (DGM) administers grant aspects
• Follows diabetes science and translates it to clinicians and I/T/U programs nationwide
  • Training and technical assistance to clinicians, educators, and grantees
  • Provides tools: Best Practices, Standards of Care, algorithms
  • Website: www.diabetes.ihs.gov
• Diabetes Data
  • National and Area diabetes prevalence estimates
  • Annual Diabetes Care and Outcomes Audit
    • Data collection and feedback to sites on diabetes care
www.diabetes.ihs.gov – Home Page

Division of Diabetes Treatment and Prevention

Let’s Move in Indian Country – Learn how SDPI Programs are making a difference in their communities!

Next Session: September 17th @ 1pm MDT
Session approved for 1.5 hrs of free CME/CE credit.

Kidney Health Resources – Use these resources to learn how kidney disease can be prevented and treated.

Health Topics at Your Fingertips – Print out easy-to-read handouts on a variety of diabetes-related topics.

Audio Book for Elders – Order this 3 CD set. Elders will enjoy listening to Barbara Mora’s heartfelt journey with diabetes.

Success Stories – Watch short videos with happy endings, and read stories about Native communities taking healthy steps.

SDPI Spotlight

Diabetes Prevention & Healthy Heart Initiatives (DP/HH)

Community-Directed FY 2016

New SDPI Community-Directed Grant Application

Upcoming Webinars for SDPI FY 16
Save the Dates: Focus Area Trainings and General Q&A
- September 15th @ 12pm MDT
- September 16th @ 12pm MDT
- September 23rd @ 11am MDT
- September 26th @ 1pm MDT

Recorded Webinars for SDPI FY 16
- Recordings now available! View the most recent trainings held 09/03/15 and 09/06/15.

Community-Directed Grants

SDPI Community-Directed Grant Program Hub – Information, training requirements, and resources are available here for current grantees.

FY 2015 Mid-Year Progress Report
Due date for Cycle 3 Grantees: September 13, 2015

Clinician Resources

Advancements in Diabetes Seminars
Monthly CME/CE Series
- Upcoming Live CME/CE Education
  September 23rd @ 1pm MDT
  Diabetes Foot Care
  Kendall Shumway, DPM
- Diabetes Online CME/CE Education – Earn free CME/CE credit on a variety of topics. New training added monthly.
- Other CME/CE Training Resources – Earn CME/CE from federal agency partners such as the Veteran’s Health Administration.

Clinical Tools
- Type 2 Diabetes – Lipid & Aspirin Therapy Algorithm
  [PDF - 100KB]

- Diabetes Treatment Algorithms
- Quick Guides “How To” Cards

Clinical Guidelines
- Standards of Care and Clinical Practice Recommendations: Type 2 Diabetes
- Recommendations At a Glance

Indian Health Service
Division of Diabetes Treatment and Prevention
Area Diabetes Consultants (ADCs)

- One ADC in each IHS Area
- Crucial part of the National-Area-Local diabetes network
- Important roles in SDPI
  - Project officer for Area grants
  - Assist grantees with many issues
- Serve as resource for Area I/T/U sites on clinical and programmatic issues related to diabetes, Diabetes Audit, etc.
## SDPI Funding History: 1998-2017

<table>
<thead>
<tr>
<th>FY</th>
<th>Legislation and Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998-2002</td>
<td>Balanced Budget Act (BAA), P.L. 105-33, signed Aug 1997: authorized $30m annually for 5 years; authorized grants for providing services for the prevention and treatment of diabetes in AI/ANs</td>
</tr>
<tr>
<td>2001-2003</td>
<td>Consolidated Appropriations Act (CAA) of 2000, P.L. 106-554, signed Dec 2000: authorized additional $70m for FY 2001; additional $70m for FY 2002, and $100m for FY 2003</td>
</tr>
<tr>
<td>2004-2008</td>
<td>Reauthorization of SDPI, P.L. 107–360, signed Dec 2002: extended SDPI for 5 years (FY 2004 to FY 2008) and authorized $150m per year for each of the 5 years</td>
</tr>
<tr>
<td>2009</td>
<td>S.B. 2499 SCHIP Extension Ac, signed Dec 2007: extended SDPI for one year (FY 2009) and authorized $150m for FY 2009</td>
</tr>
<tr>
<td>2010-2011</td>
<td>Medicare Improvements for Patients &amp; Providers Act of 2008, P.L. 110 – 275, signed July 2008: extended SDPI for two years (FY 2010 and FY 2011) and authorized $150m for each year</td>
</tr>
<tr>
<td>2012-2013</td>
<td>Medicare and Medicaid Extenders Act of 2010, H.R. 4994, signed Dec 2010: extended SDPI for two years (FY 2012 and FY 2013) and authorized $150m for each year</td>
</tr>
<tr>
<td>2014</td>
<td>American Taxpayer Relief Act of 2012, P.L. 112-240, signed Jan 2013: extended SDPI for one year (FY 2014) and authorized $150m</td>
</tr>
<tr>
<td>2015</td>
<td>Protecting Access to Medicare Act of 2014, PL 113-93; H.R. 4302: extended SDPI for one year (FY 2015) and authorized $150m</td>
</tr>
<tr>
<td>2016-2017</td>
<td>Medicare Access and CHIP Reauthorization Act of 2015: extended SDPI for two years (FY 2016 and FY 2017) and authorized $150m for each year</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$2,490,000,000</td>
</tr>
</tbody>
</table>
SDPI “3.0”

• **1.0**: FY 1998
  – First year of SDPI

• **2.0**: FY 2004
  – First competitive grant application process
  – Start of SDPI DP/HH Demonstration Projects
  – Changes to funding distribution and formula

• FY 2010
  – New Funding Opportunity Announcement (FOA), but no changes to SDPI

• **3.0**: FY 2016
  – New FOA, several changes to SDPI
Consultation/Confer on FY 2016

• Dear Tribal Leader and Urban Indian Organization Leader
  Letters sent by IHS Acting Director on March 19 and May 3, 2015, respectively
  – Opened Tribal Consultation/Urban Confer processes
• Input received from across the country
• TLDC meeting held May 14, 2015
  – Reviewed national input
  – Made recommendations to IHS Acting Director
• Letters to Tribal and Urban Leaders with IHS Acting Director’s final decisions: June 29, 2015
SDPI FY 2016

- Five year FOA (pending funds availability)
- Competitive Application Process
- Tribes new to SDPI allowed to apply for 1st time since 1997
- Updated user population and diabetes prevalence data used in funding formula
- Single calendar year budget cycle
- SDPI DP/HH funds merged into Community-Directed (C-D) grants
  - Virtually all C-D grantees received more than they applied for
- Data Collection on C-D grants
  - New set of Best Practices
  - SDPI Outcomes System
SDPI FY 2016 Funding Distribution

- Tribal and IHS Grants $130.2m
- Urban Grants $8.5m
- SDPI Program Support $6.1m
- Data Infrastructure Support $5.2m

Total: $150.0m
## FY 2016 SDPI Appropriation

<table>
<thead>
<tr>
<th>Non-Formula SDPI Set-Asides</th>
<th>% of approp.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Diabetes Projects</td>
<td>5.67%</td>
<td>8,500,000</td>
</tr>
<tr>
<td>SDPI Support &amp; Admin.</td>
<td>4.07%</td>
<td>6,100,000</td>
</tr>
<tr>
<td>National/Area Data Improvements</td>
<td>3.47%</td>
<td>5,200,000</td>
</tr>
<tr>
<td>NDPC</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>SDPI DP/HH Initiatives</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Subtotal Non-Formula**

<table>
<thead>
<tr>
<th>SDPI Formula Parts (unchanged)</th>
<th>Weight</th>
<th>% of approp.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Population</td>
<td>30.0%</td>
<td>26.04%</td>
<td>39,060,000</td>
</tr>
<tr>
<td>TSA</td>
<td>12.5%</td>
<td>10.85%</td>
<td>16,275,000</td>
</tr>
<tr>
<td>Disease Burden</td>
<td>57.5%</td>
<td>57.21%</td>
<td>74,865,000</td>
</tr>
<tr>
<td>Protections &amp; Inflation</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Subtotal SDPI Formula**: 13.200% 19,800,000

### FY 2016 SDPI Funding Allocation Results

<table>
<thead>
<tr>
<th>Area</th>
<th>Previous Amount</th>
<th>1: TSA</th>
<th>2: User Population</th>
<th>3: Disease Burden</th>
<th>Formula Total (sum of 3 parts)</th>
<th>Grand Total Allocation</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Plains (ABR)</td>
<td>9,432,052</td>
<td>2,355,894</td>
<td>3,114,579</td>
<td>7,576,733</td>
<td>10,927,306</td>
<td>$10,927,306</td>
<td>1,495,254</td>
</tr>
<tr>
<td>Alaska</td>
<td>8,963,599</td>
<td>7,074,435</td>
<td>3,582,593</td>
<td>-</td>
<td>10,657,027</td>
<td>$10,657,027</td>
<td>1,693,428</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>7,319,223</td>
<td>727,385</td>
<td>2,152,344</td>
<td>5,573,739</td>
<td>8,453,467</td>
<td>$8,453,467</td>
<td>1,134,244</td>
</tr>
<tr>
<td>Bemidji</td>
<td>7,777,210</td>
<td>886,637</td>
<td>2,626,015</td>
<td>4,739,647</td>
<td>8,252,299</td>
<td>$8,252,299</td>
<td>475,089</td>
</tr>
<tr>
<td>Billings</td>
<td>5,231,685</td>
<td>-</td>
<td>1,816,815</td>
<td>3,778,135</td>
<td>5,594,950</td>
<td>$5,594,950</td>
<td>363,265</td>
</tr>
<tr>
<td>California</td>
<td>6,344,378</td>
<td>2,819,123</td>
<td>2,149,616</td>
<td>3,261,619</td>
<td>7,330,357</td>
<td>$7,330,357</td>
<td>985,979</td>
</tr>
<tr>
<td>Nashville</td>
<td>5,461,968</td>
<td>868,213</td>
<td>1,338,989</td>
<td>4,308,060</td>
<td>6,515,262</td>
<td>$6,515,262</td>
<td>1,053,294</td>
</tr>
<tr>
<td>Navajo</td>
<td>14,068,966</td>
<td>14,350</td>
<td>6,187,532</td>
<td>12,017,487</td>
<td>18,219,369</td>
<td>$18,219,369</td>
<td>4,162,414</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>18,112,325</td>
<td>1,250,770</td>
<td>8,500,670</td>
<td>14,842,401</td>
<td>24,593,841</td>
<td>$24,593,841</td>
<td>6,481,516</td>
</tr>
<tr>
<td>Phoenix</td>
<td>13,674,138</td>
<td>1,236,880</td>
<td>4,164,970</td>
<td>14,299,171</td>
<td>19,701,021</td>
<td>$19,701,021</td>
<td>6,026,883</td>
</tr>
<tr>
<td>Portland</td>
<td>5,734,543</td>
<td>1,161,214</td>
<td>2,750,064</td>
<td>3,021,286</td>
<td>6,932,564</td>
<td>$6,932,564</td>
<td>1,198,021</td>
</tr>
<tr>
<td>Tucson</td>
<td>2,539,246</td>
<td>-</td>
<td>675,814</td>
<td>2,346,723</td>
<td>3,022,537</td>
<td>$3,022,537</td>
<td>483,291</td>
</tr>
</tbody>
</table>

**Subtotal Results**: 104,647,322 16,275,000 39,060,000 74,865,000 130,200,000 $ $25,552,678

| Urban Projects | 7,500,000 | - | - | - | 8,500,000 | $8,500,000 | 1,000,000 |
| National/Area Data | 5,200,000 | - | - | - | 5,200,000 | $5,200,000 | - |
| SDPI Program Support | 8,200,000 | - | - | - | 6,100,000 | $6,100,000 | (2,100,000) |
| NDPC | 1,000,000 | - | - | - | - | $ - | (1,000,000) |
| DP/HH Initiatives Grants | 23,452,678 | - | - | - | - | $ - | (23,452,678) |

**Subtotal Results**: 45,352,678 - - - 19,800,000 $ $ (25,552,678)

**Grand Total Results**: 150,000,000 16,275,000 39,060,000 74,865,000 150,000,000 150,000,000 -

*FY 2016 SDPI FORMULA RESULTS*

$130.2 m Allocated to Areas by the SDPI Formula (unchanged but applied to more recent data) & $19.8 m for Set-Asides
SDPI FY 2016 Applications

• Funding Opportunity Announcement (FOA)
  – Posted on Federal Register: August 4, 2015
  – Application deadline into Grants.gov: October 7, 2015

• DDTP provided substantial support to applicants
  – 22 webinars, emails, and extensive website information

• Funds were awarded to all applicants who successfully met application criteria
  – Competition was to achieve a fundable score on the objective application review (competition was not against each other)
  – Applications that were of insufficient quality and/or late were not awarded SDPI funds
Applications that received fundable score and have received Notice of Grant Award (NOA): 276
- 232 Tribal, 15 IHS, 29 Urban
- # of new grantees: 5
  - 4 in California Area
  - 1 in Nashville Area
- # of programs funded: 301
  - Primary grantees: 276
  - Sub-grantees: 25
# FY 2016 Grantees by Area

- Alaska: 19
- Albuquerque: 29
- Bemidji: 33
- Billings: 12
- California: 37
- Great Plains: 20
- Nashville: 5 (+ 20 sub-grantees)
- Navajo: 8 (+ 5 sub-grantees)
- Oklahoma City: 34
- Phoenix: 36
- Portland: 40
- Tucson: 3
It’s Working!
Data
Adults (20+) - Age Adjusted to the US Population

Fiscal Year

Diabetes Prevalence (%)

Prepared By: IHS Division of Diabetes Treatment and Prevention, August 2015
Data Source: IHS National Data Warehouse General Data Mart

Fiscal Year

Diabetes Prevalence (%)

2006 2007 2008 2009 2010 2011 2012 2013 2014

<20

20-44

45-64

65+

Prepared By: IHS Division of Diabetes Treatment and Prevention, August 2015
Data Source: IHS National Data Warehouse General Data Mart
Diabetes Prevalence in American Indians and Alaska Natives
By Area for FY 2014
Adults (20+) - Age Adjusted to the US Population

Prepared By: IHS Division of Diabetes Treatment and Prevention, August 2015
Data Source: IHS National Data Warehouse General Data Mart
Diabetes Care and Outcomes Audit 2015

333 I/T/U Facilities
116,743 Charts
Mean A1C
1997-2015

Source: IHS Diabetes Care and Outcomes Audit
Mean Blood Pressure
1997-2015

Mean BP (mmHg)

Systolic

Diastolic

Audit Year

Source: IHS Diabetes Care and Outcomes Audit
Mean LDL Cholesterol
1998-2015

Source: IHS Diabetes Care and Outcomes Audit
Depression Diagnosis and Screening
2005-2015

Of patients without depression diagnosis, % who were screened

Diagnosed

Source: IHS Diabetes Care and Outcomes Audit
Of patients with CVD dx, antiplatelet therapy prescribed

Of patients with CVD dx, statin prescribed

CVD dx

Source: IHS Diabetes Care and Outcomes Audit
Chapter 1: Incidence, Prevalence, Patient Characteristics, and Treatment Modalities
Figure 1.5(b) Trends in adjusted* ESRD incidence rate (per million/year), by race, in the U.S. population, 1996-2013

Data Source: Special analyses, USRDS ESRD Database. *Adjusted for age and sex. The standard population was the U.S. population in 2011. Abbreviations: Af Am, African American; ESRD, end-stage renal disease.
Figure 1.14(b) Trends in the adjusted* prevalence (per million) of ESRD, by race, in the U.S. population, 1996-2013

Data Source: Special analyses, USRDS ESRD Database. *Point prevalence on December 31 of each year. Adjusted for age and sex. The standard population was the U.S. population in 2011. Abbreviations: Af Am, African American; ESRD, end-stage renal disease.
• “The ESRD incidence rates for Blacks, Native Americans, and Asians have declined over the nearly 20-year period shown in Figure 1.5.b. The decline has been greatest (over 2-fold) among Native Americans. …the ratio of incidence rates for Native Americans versus Whites decreased from 2.6 to 1.1.”

(USRDS 2015 ADR, ESRD, ch. 1, Highlights, emphasis added)

• “…the remarkable decline in incidence rates among Native Americans has resulted in a 29% decline in the prevalence of ESRD in this population since 2000. This represents the only instance, since the beginning of ESRD care in 1973, of a decline in adjusted prevalence for a major racial group.”

(USRDS 2015 ADR, ESRD, ch.1 Highlights, emphasis added)
SDPI: 18+ Years of Successful Interventions

Why does SDPI work? Some thoughts...

- Shines a sustained spotlight on diabetes
- Federal-Tribal-Urban partnership
  - Tribal Consultation/Urban Confer
  - Local priorities take the lead
- Diffusion
- Accountability
- Best Practices, Data
- National infrastructure (DDTP, ADCs, DGM)
  - Feedback loop
- Taps into the tremendous spirit of creativity and passion for the wellbeing of people in our communities
SDPI Looking Ahead: The job is far from done

- We’ve come a long way since 1997!
- But it will take *decades* of intense interventions to address diabetes
- Scientific understanding of risk factors expanding well beyond genes and lifestyle choices
  - Many are related to the deepest issues in our communities
    - Poverty, food insecurity, trauma, depression, toxic exposures, etc.
    - Diabetes is intricately connected to the healing of our communities
    - We must have an infrastructure in place which can adapt
- **SDPI continues to evolve and to be part of the healing**
Thank you for your support of SDPI

Questions?