

The Special Diabetes Program for Indians

Capitol Hill Briefing

*House Energy & Commerce Hearing Room
Room 2218, Rayburn House Office Building*

10:00 – 11:15 AM

Thursday, December 5, 2013

(Light refreshments will be provided)

Please join Congressional Members and staff, NIHB Board Members, Tribal leaders SDPI program directors and other stakeholders for a Special Diabetes Program for Indians (SDPI) Capitol Hill Briefing in Washington, D.C. on **Thursday, December 5, 2013**.

As SDPI is set to expire in September 2014, the program must be renewed this year to ensure that critical programs around the country can continue. This is your opportunity to hear directly from SDPI grant program directors and other SDPI stakeholders on specifically how SDPI funding is changing the diabetes landscape for American Indians/Alaska Natives (AI/ANs) and ***how SDPI is saving lives, lowering medical expenditures and demonstrating a real return on the federal investment***. SDPI is transforming communities, producing remarkable health outcomes and preventing diabetes for future generations by:



Decreased Blood Sugar Levels – The Average Blood Sugar Level (measured by the hemoglobin A1C test) decreased from 9.0 to 8.1 percent between 1996 - 2010, which reduces eye, kidney, and nerve complications.

Decreased LDL Cholesterol Levels – Average low-density lipoprotein (LDL) cholesterol declined by 20.5 percent from 1998 – 2011, reducing cardiovascular complications by 40 percent.

Decreased Incident Rate of End-Stage Renal Disease (ESRD) – The ESRD rate in AI/AN people with diabetes fell by nearly 28 percent between 1995 – 2006. Given that Medicare costs per year for one patient on hemodialysis were approximately \$82,000, this reduction in new cases of ESRD means a decrease translates into millions of dollars in cost savings for Medicare, the Indian Health Service, and other third party payers.

WHAT IS THE SDPI?

Established by Congress in 1997, the SDPI was a response to the diabetes epidemic among AI/ANs. Today, SDPI is funded at a level of \$150 million per year and supports 404 diabetes treatment and prevention programs in 35 states. Community-driven, culturally appropriate programs have led to significant advances in diabetes education, prevention, and treatment.

TO RSVP

To RSVP for the SDPI Briefing, please contact Jeremy Marshall, NIHB Senior Legislative Associate, at jmarshall@nihb.org or at (202) 507-4078.

National Indian
Health Board

