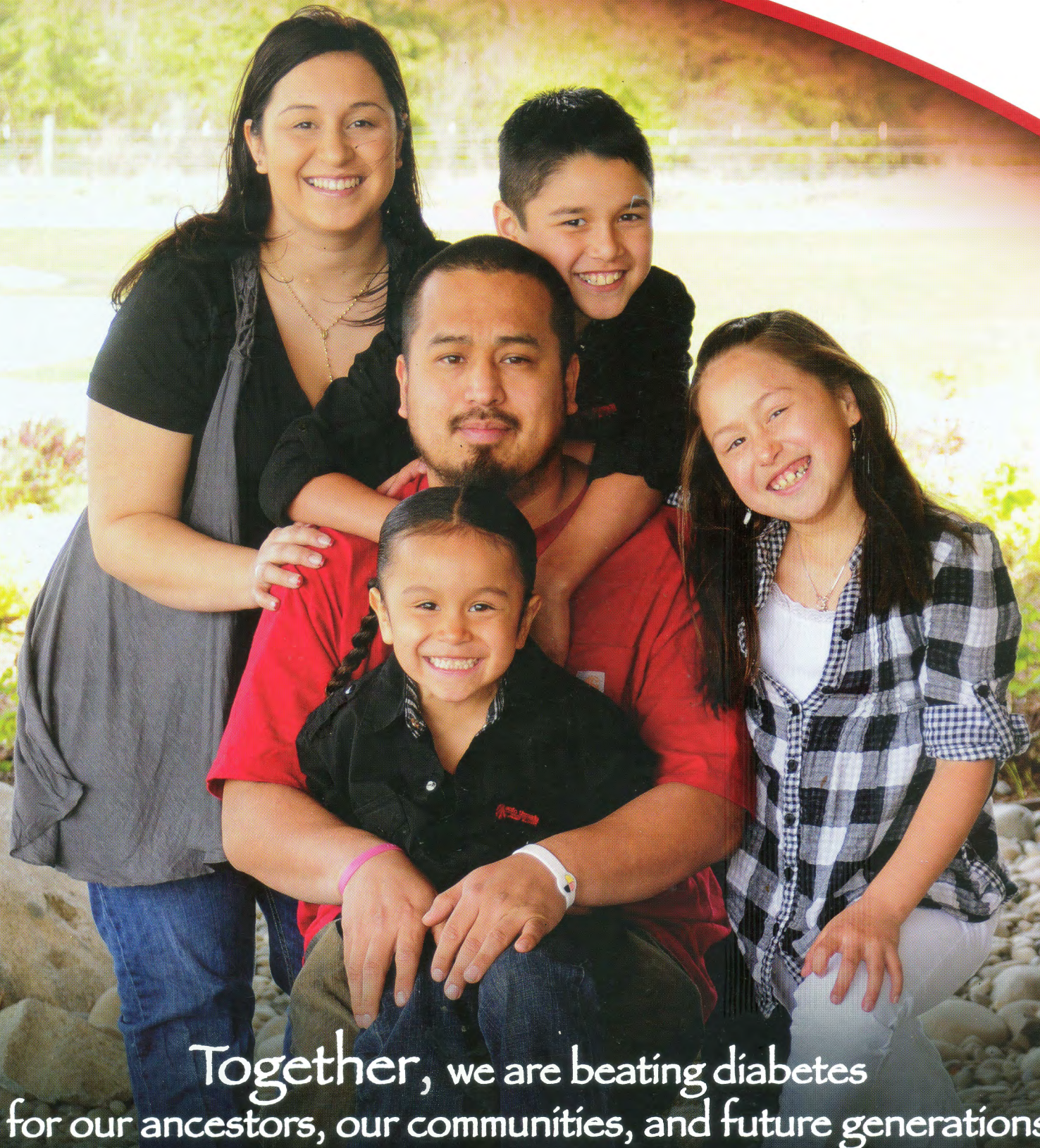


SDPI

Special Diabetes Program for Indians



Together, we are beating diabetes
for our ancestors, our communities, and future generations



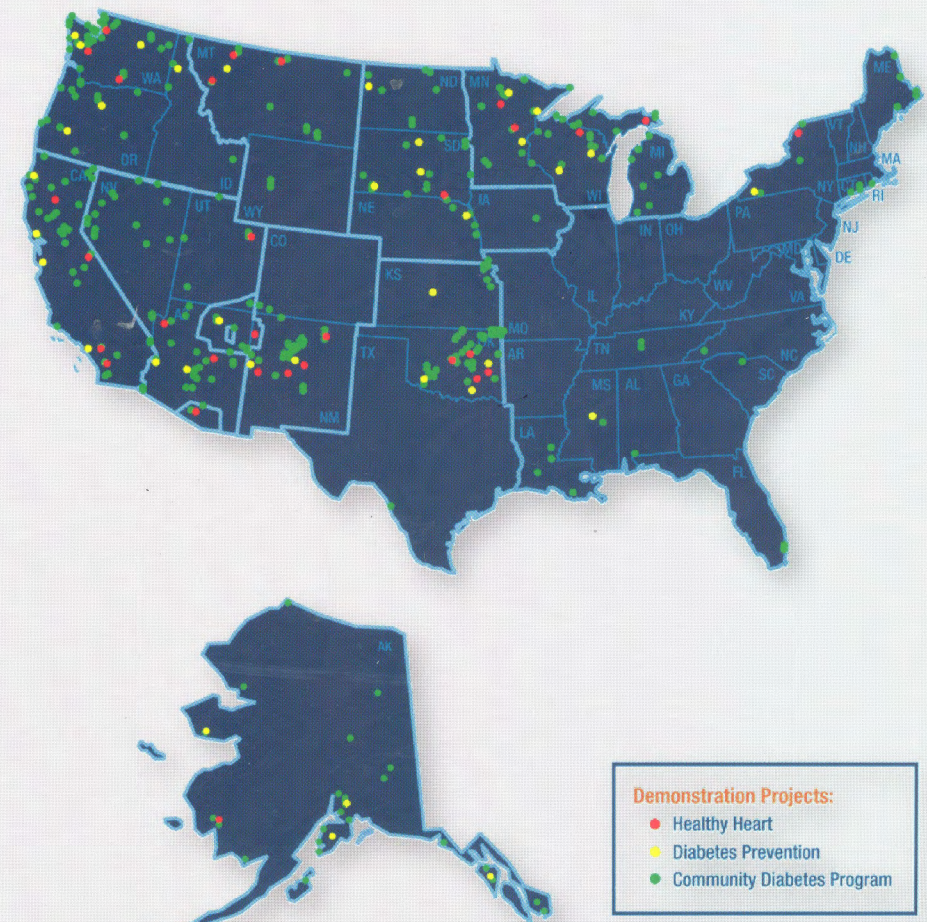
Esther Filipe (Acoma) started running at 57, and is now running half marathons at 77. The Acoma Pueblo's SDPI Community-Directed Diabetes Program in New Mexico helps elders like Esther learn how to prevent and manage diabetes through physical activity and weight management. Esther has become a true role model and offers encouragement to all members of her community. Her motto is "Get active. Stay active."

COVER: *Chris and Pam Klatush, members of the Confederated Tribes of the Chehalis Reservation in Washington, made it their goal to be healthy role models for their children. Together, the Klatush family has taken the necessary steps to prevent obesity and diabetes by receiving regular blood sugar screenings through the SDPI Diabetes Prevention Initiative on the reservation, maintaining a healthy diet, and exercising regularly.*

Special Diabetes Program for Indians

Established by Congress in 1997, the Special Diabetes Program for Indians (SDPI) was a response to the diabetes epidemic among American Indians and Alaska Natives (AI/AN). The program has become our nation's most strategic and effective federal effort in combatting diabetes in Tribal communities. Today, SDPI is funded at a level of \$150 million per year and supports 404 diabetes treatment and prevention programs in 35 states. This federal investment in community-driven, culturally appropriate programs led to significant advances in diabetes education, prevention, and treatment, and it is making a real difference in the lives of people who must manage diabetes on a daily basis.

Special Diabetes Program for Indians Indian Health Service, Tribal, and Urban Program Map



Implementing Proven Interventions to Address Tribal Needs

SDPI programs include the Community-Directed Programs that implement proven interventions to address local needs, as well as the SDPI Demonstration Projects (now called Initiatives) that focus on prevention of diabetes in AI/ANs with prediabetes and reduce the risk of cardiovascular disease in AI/ANs with diabetes. The results and outcomes from both programs demonstrate that SDPI is saving lives, saving federal healthcare dollars, and is transforming communities.

Increased Access to Diabetes Treatment and Prevention Services

	1997*	2010
Diabetes clinics	31%	71%
Diabetes clinical teams	30%	94%
Diabetes patient registries	34%	94%
Nutrition services for adults	39%	89%
Access to registered dietitians	37%	77%
Culturally-tailored diabetes education programs	36%	99%
Access to physical activity specialists	8%	74%
Adult weight management programs	19%	76%

*Before SDPI funding was available
Source: Evaluation of the SDPI Community-Directed Diabetes Programs

The Community-Directed Diabetes Programs have more than a decade of experience and data demonstrating that increased access to diabetes services and sustained interventions have resulted in significant clinical outcomes.

Mean Blood Sugar Levels Have Decreased

Source: IHS Diabetes Care and Outcomes Audit

Mean blood sugar levels have decreased by 13.7% since 1996 in AI/ANs with diagnosed diabetes. **Every percentage point drop in blood sugar can reduce risk of amputations, eye, kidney, and nerve complications by 40%.**

Mean LDL Cholesterol Levels Have Decreased

Average LDL (bad) cholesterol declined 20.5% from 1998 to 2011. **Improved control of LDL cholesterol can reduce heart disease and stroke by 20-50%.**

Mean Blood Pressure Has Been Well-Controlled

Blood pressure has been well-controlled throughout the SDPI era. The average blood pressure in 2011 was 131/75 mmHg. **Blood pressure control reduces the risk of cardiovascular disease among people with diabetes by 33-50% and reduces the risk of eye, kidney, and nerve complications by about 33%. Lowering blood pressure in patients with early diabetic kidney disease can reduce the decline in their kidney function by 30-70%.**

"SDPI funding has allowed us to improve care for individuals with diabetes and for those at risk of developing diabetes. We are implementing proven interventions aimed at slowing the rate at which people develop diabetes, as well as systems of care which are reducing the progression of complications, such as end-stage kidney disease. Turning the tide of diabetes requires a sustained and focused effort, and we are making tangible progress. SDPI gives us the ability to keep pushing this river – and the resources to improve the health and save the lives of many people."

Ann Bullock, MD
Fond du Lac Band of Ojibwe
IHS Chief Clinical Consultant



Gerald Gould has become an inspiration for his community since he joined the Sault Ste. Marie Tribe's Health Healthy Project in June 2011. With support from the diabetes and nutrition program team at the Manistique Tribal Health Center, Gerald has lost over 100 lbs while drastically reducing his cholesterol and blood sugar through daily exercise and an improved diet.



When the communities of Grindstone Indian Rancheria and Mechoopda Indian Tribe in California partnered with the SDPI-funded Northern Valley Indian Health to develop a two-year Community Diabetes Action Plan in November 2011, diabetes screening rates increased from 10% to 75% and Diabetes Standards of Care completion rates increased from 3% to 54% in less than a year.

Reducing the Risk of Developing Diabetes and Cardiovascular Disease

In 2004, Congress directed IHS and Tribal communities to translate the science of diabetes prevention to diverse Tribal communities to prevent diabetes in those at risk and to address the most compelling complication of diabetes, cardiovascular disease. Two demonstration projects (now called SDPI Initiatives) were created – the Diabetes Prevention and Healthy Heart Programs. Both of these programs included intensive data collection and rigorous evaluation. They continue to save lives and transform the way the diabetes care is provided in diverse communities.

Diabetes Prevention Program

This program has funded 38 programs serving 80 Tribes in 18 states. More than 5,000 AI/ANs with a diagnosis of pre-diabetes have participated, and the results have been astounding. **The incidence of diabetes has been reduced by 57%, equal to the original National Institutes of Health Diabetes Prevention Program (DPP) study, the gold standard in diabetes prevention.**

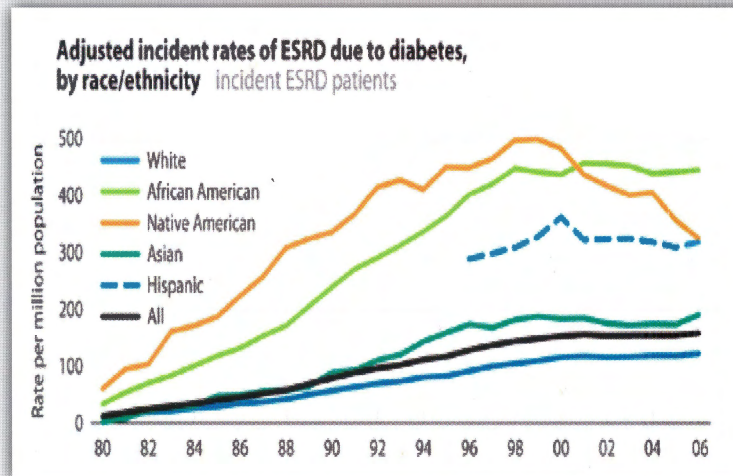
Healthy Heart Program

This project has funded 30 programs serving 138 Tribes in 13 states. The programs employ intensive clinic and multidisciplinary team-based case management and have served approximately 5,000 AI/ANs with diabetes, resulting in substantial reductions in their risk of heart attacks and strokes. **Risk factors such as blood pressure, weight, cholesterol, and blood sugar levels have all been reduced.**

Clinical Improvements Result in Federal Cost Savings

Between 1995 and 2006, the incident rate of End Stage Renal Disease (ESRD) in American Indian and Alaska Native people with diabetes fell by 27.7% – a greater decline than for any other racial or ethnic group. Given that Medicare

costs per year for one patient on hemodialysis were \$82,285 in 2009, this reduction in new cases of ESRD means a decrease in the number of patients requiring dialysis – **translating into millions of dollars in cost savings for Medicare, IHS, and other third party payers.**



Source: U.S. Renal Data System, 2011

Future Directions

We can now show – through data – that SDPI programs are working and have delivered a strong return on the federal investment. SDPI programs have demonstrated that the risk of developing diabetes and the risk of developing complications for those with diabetes can be significantly reduced. SDPI has put us on a path to a diabetes-free future. We must maintain the focus and commitment that has led to these successes. A multi-year renewal of SDPI will ensure that Tribal communities, IHS, and Congress can keep working to finish the job and get to our shared goal of eliminating diabetes.

Special Diabetes Program for Type I Diabetes (SDP)

SDP is a sister program of the SDPI dedicated to better understanding, preventing, and curing type 1 diabetes (T1D). Type 1 diabetes is a devastating disease for which there is no cure, at least not yet. T1D occurs when the body's immune system attacks and destroys insulin producing cells in the pancreas. Multiple times each day, people with T1D must test their blood glucose levels and then endure insulin injections or infusions via an insulin pump in order to live.

The SDP accounts for 35% of total federal support for T1D research and has become an indispensable part of the T1D research landscape.

The SDP has demonstrated a strong return on investment including:

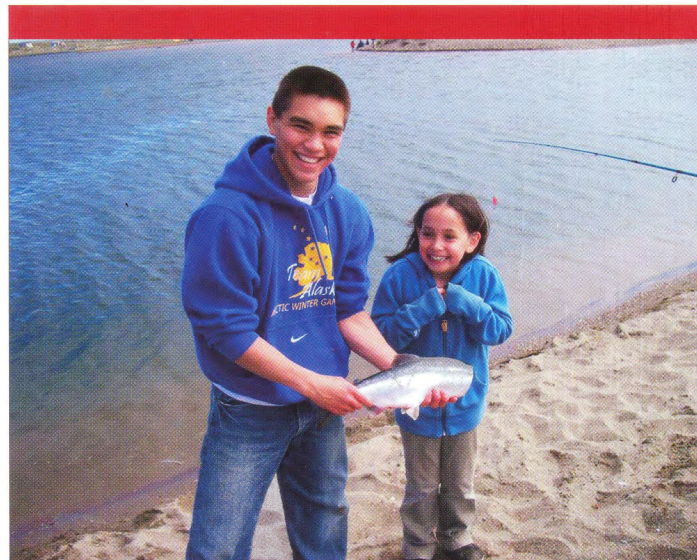
- Permanently changing the way T1D is treated, including tighter glucose control, leading to a reduction in complications from T1D;
- Accelerating the development of artificial pancreas systems, which will reduce costly and burdensome T1D complications;
- Discovering that combining a drug and laser therapy can reverse vision loss in people with type 1 and type 2 diabetes; and
- Advancing understanding about the causes of the disease, including advances in transplanting and regenerating insulin-producing cells, opening up new pathways to curing it.



After Perry Dyea, 71, had a heart attack and bypass surgery, he sought the help of the Laguna Pueblo SDPI Community-Directed Diabetes Program staff to begin a new path to wellness. He has since lost 55 pounds and attributes his success to regular exercise and by eating more fruits, vegetables, less meat, and cutting restaurant servings in half. Perry can be seen walking a four-mile loop every day on the road near his home in Laguna Pueblo, New Mexico.

"In 1997, we had one physician, dietician, public health nurse, and licensed practicing nurse serving 250 patients with diabetes. Since SDPI funding began, we have given patients a medical home, and all medical providers give comprehensive diabetes care and consult our Diabetes Treatment and Prevention programs for the 2,024 patients with diabetes and the growing populations of newly diagnosed diabetics."

Robyn Sunday-Allen
Director, Oklahoma City
Indian Clinic



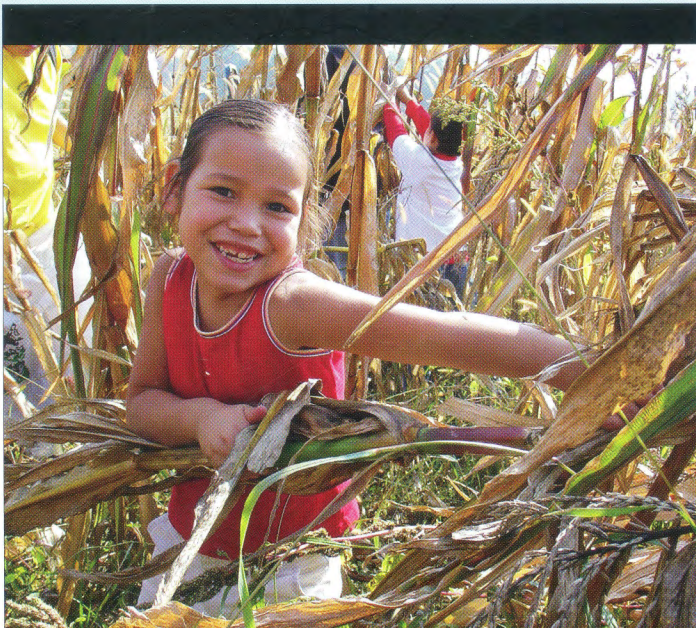
Youth in Nome participate in Summercise, a SDPI-funded culturally-based nutrition, education, and physical fitness program designed to prevent diabetes among Alaska Native youth in the Norton Sound Region of Alaska.

National Indian Health Board
Advocating on Behalf of all Tribal Governments,
American Indians, and Alaska Natives in Their
Efforts to Provide Quality Health Care

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For more information on SDPI and to share your success stories, visit the SDPI Resource Center at www.nihb.org/sdpi



Oneida youth take part in the annual corn harvest, supported by, Tsyunhekw^, an SDPI-funded agricultural community and culturally based wellness program on the Oneida Reservation in Wisconsin.

AI/ANs with diabetes are at lifelong risks for eye and vision problems, largely due to lack of annual diabetic eye exams. An SDPI Community-Directed grant has allowed the Lake County Tribal Health Consortium in California to establish an eye care referral program using retinal cameras and telemedicine technology to provide annual eye exams and evaluations by an eye care professional for their patients. Since its inception, eye exams have increased by 10% for all diabetes patients receiving primary care services.



National Indian
Health Board

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