

SDPI

SPECIAL DIABETES PROGRAM
FOR INDIANS



SDPI currently serves
approximately

780,000

American Indians
and Alaska
Natives each
year!



SDPI expires on September 30, 2023, the time to act is now. Congress should immediately support SDPI reauthorization and the following Tribal priorities:

- Permanently reauthorize SDPI
- Increase SDPI funding to \$250 million annually
- Automatically increase SDPI funding to adjust for medical inflation
- Permit Tribes to receive SDPI funds through self determination and self-governance contracts and compacts under the ISDEAA

Established by Congress in 1997, the results of this program's focused efforts have been *remarkable*. By allowing Tribes to determine their own approach, SDPI 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. Despite challenges due to stagnant funding, the program has been incredibly successful in promoting health, preventing diabetes, and reducing the impact of chronic disease in Indian Country.

Despite the incredible success community-directed programs have achieved through SDPI, the program faces significant challenges. SDPI has been flat funded since 2004 at \$150 million annually and has lost significant buying power to inflation. This funding has been stretched thinner by mandatory sequestration. Ultimately, Tribes have been innovative in stretching funds to keep programs running, but short-term congressional reauthorizations and COVID-19 have added additional strains. Due to the limited funding, current programs have faced challenges in retaining staff and planning long-term programs and services.



Congress should immediately support SDPI reauthorization. The progress made as a result of SDPI is at risk due to short authorization periods, flat funding, and funding cuts due to mandatory sequestration.

For more information on SDPI, visit www.nihb.org/sdpi or see NIHB's **Resolution 21-04**.

NIHB Resolution 21-04: Support for a Permanent Reauthorization of the Special Diabetes Program for Indians to Include Annual Funding Increases tied to Medical Inflation; and, Support for an Amendment to the Public Health Service Act to Permit Tribes and Tribal Organizations to Receive Special Diabetes Program for Indians Funds through Self Determination and Self-Governance Contracts and Compacts

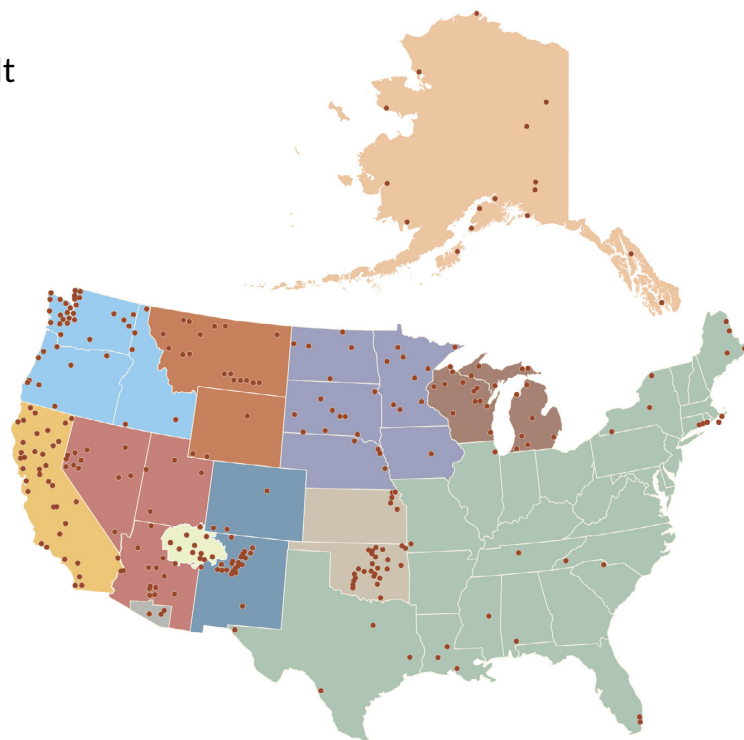



Figure 1. 301 SDPI program sites in 35 states, across all 12 IHS Areas



301

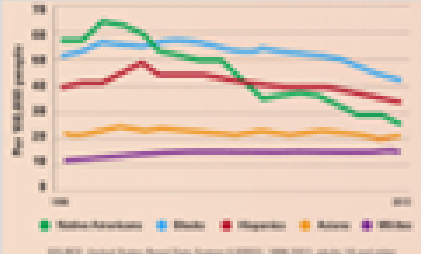
AI/AN DIABETES PROGRAMS IN 35 STATES

END STAGE RENAL DISEASE REDUCED BY

54%

Between 1999 and 2012- the greatest decline of any racial or ethnic group.

\$88,000 IN SAVINGS FOR MEDICARE FOR EACH PATIENT KEPT OFF CHEMODIALYSIS



SOURCE: United States Renal Data System (USRDS), 1999-2012, www.usrds.org

5.5%

DECREASE IN PREVALENCE OF DIABETES

Between 2013 and 2017

15.4%

↓

14.6%

TRIBES COLLECT DATA AND HAVE DOCUMENTED THAT THIS INVESTMENT IS BOTH SAVING LIVES AND THE FEDERAL HEALTHCARE SYSTEM MONEY!