

Stopping the Diabetes Epidemic: The Special Diabetes Program

Since 1997, a key component of efforts to prevent, treat, and cure diabetes has been the Special Diabetes Program for Indians (SDPI) at the Indian Health Service (IHS) and the Special Statutory Funding Program for Type 1 Diabetes Research (SDP-type1) at the National Institutes of Health (NIH). These two programs represent a significant contribution from the federal government to combat diabetes. Both of these vital programs require periodic Congressional re-authorization.

In 2013, Congress extended the programs for one additional year. Now, if Congress does not act, the funding will expire on September 30, 2014. **To ensure continuity and achieve progress, it is critical that Congress reauthorize SDP-type 1 and SDPI before this Congressional Session ends. We ask every Member of Congress to stand in support of reauthorizing these programs and urge action to ensure a continued federal commitment to these programs.**

The Special Diabetes Program for Indians (SDPI) – Why is it Important?¹

- At 16.1 percent, the American Indian and Alaska Native (AI/AN) population has the highest age-adjusted prevalence of diabetes among all U.S. racial and ethnic groups.²
- The prevalence of diabetes varies among different tribes and regions, but it is growing in all IHS areas.
- AI/AN mortality from diabetes is three times higher than that of the general U.S. population.

With the funding from the SDPI program, IHS issues competitive grants to 404 IHS tribal and urban Indian health programs across the nation. The program has two components: SDPI demonstration projects and community-directed diabetes programs. The following are examples of the important improvements to the health of the AI/AN population as a result of the federal investment in the SDPI:

Improving Blood Glucose Control: Blood glucose control among AI/ANs with diabetes served by IHS has improved over time. The average blood glucose level (as measured by the A1C test) decreased from 9 percent in 1996 to 8.1 percent in 2010, nearing the A1C goal for most patients of less than 7 percent.

Improving Blood Lipid Levels: Average LDL cholesterol (“bad” cholesterol) declined from 118 mg/dL in 1998 to 95 mg/dL in 2010, surpassing the goal of less than 100 mg/dL

Improving Kidney Function: The incidence of End Stage Renal Disease due to diabetes among AI/ANs was reduced by 28 percent between 1999 and 2006.

Find out more about SDPI:

¹ All in this section, unless otherwise noted is from: Indian Health Service: 2011 Report to Congress: Making Progress Toward a Healthier Future. Rockville, Md., U.S. Department of Health and Human Services, Indian Health Service, 2012.

² US Dept. of Health & Human Services, CDC. National Fact Sheet on Diabetes, 2011.

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI>

The Special Diabetes Program for Type 1 Diabetes (SDP-type1): A Unique Scientific Mission

About 5 to 10 percent of the nearly 26 million Americans with diabetes have type 1 diabetes. Although type 1 diabetes can develop at any age, it most commonly appears in children, adolescents and young adults. About one in every 400 children and adolescents in the United States has diabetes, with type 1 diabetes being the most prevalent.

The SDP-Type 1 program has led to advances in many areas of type 1 diabetes research and the program has demonstrated a real return on the federal investment. Examples include:

- Artificial pancreas technologies, which would help people to better manage their blood glucose levels and avoid costly and burdensome complications.
- The discovery of high concentrations of two markers (TNFR1 and TNFR2) in the blood that can accurately predict the risk of kidney function loss in both type 1 and type 2 diabetes patients 10 years in advance. This finding will enable steps to be taken well in advance to avoid this most costly complication to the Medicare program. Diabetes is the leading cause of end-stage renal disease (ESRD), which cost \$39.5 billion in public and private spending in 2008.
- Treatment combining a drug and laser therapy that is almost twice as likely to improve vision in people who have eye disease as a result of diabetes versus laser therapy alone. Improved vision was defined as being able to read two lines further on the eye chart. The difference is life changing for those who suffer from diabetic eye disease, permitting individuals to continue to work or drive, for instance.
- Immune therapy drugs that have been used to halt the progression of type 1 diabetes onset for up to a year in those genetically at risk of developing the disease. When patients then developed full type 1 diabetes, they were often able to take less insulin and have better blood glucose levels than those who did not participate in the trials. Researchers hope to build upon this success to halt the onset of the disease altogether.

Find out more about SDP-type 1:

<http://www2.niddk.nih.gov/AboutNIDDK/ReportsAndStrategicPlanning/>