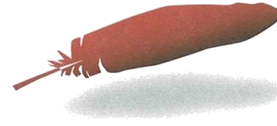


# National Indian Health Board



## TESTIMONY OF THE NATIONAL INDIAN HEALTH BOARD ON BEHALF OF CATHY ABRAMSON, CHAIRPERSON

### THE EXTENDERS POLICIES: WHAT ARE THEY AND HOW SHOULD THEY CONTINUE UNDER A PERMANENT SGR REPEAL LANDSCAPE?

#### HOUSE ENERGY AND COMMERCE COMMITTEE SUBCOMMITTEE ON HEALTH

January 9, 2014

10am

Chairman Pitts, Ranking Member Pallone and Members of the Subcommittee, thank you for the opportunity to offer testimony on the important topic of Medicare Extenders, and specifically, the Special Diabetes Program for Indians (SDPI). On behalf of the National Indian Health Board (NIHB) and the 566 federally recognized Tribes we serve, I submit this testimony for the record.

As part of the Balanced Budget Act of 1997, Congress established the Special Diabetes Program for Indians to address the growing epidemic of Type II diabetes in American Indian and Alaska Native (AI/AN) communities. The Special Diabetes Program for Type 1 Diabetes (SDP) was established at the same time to address the serious limitations in Type 1 diabetes research resources. Together, these programs have become the nation's most strategic, successful and comprehensive effort to combat diabetes. SDPI is transforming lives and changing the diabetes landscape in America.

Today, SDPI is funded at a level of \$150 million per year and supports 404 diabetes treatment and prevention programs in 35 states. With funding for this critical program set to expire on September 30, 2014, *the National Indian Health Board (NIHB) urges multi-year reauthorization of SDPI this year to ensure continued measurable improvements in the prevention and treatment of diabetes and enhancement of the successful economic opportunities created by SDPI in local communities.*

To provide context for this discussion, I would first like to provide you with some health statistics for American Indians and Alaska Natives (AI/ANs). The AI/AN life expectancy is 4.1 years less than the rate for the U.S. all races population. AI/ANs suffer disproportionately from a variety of diseases. According to IHS data from 2005-2007, AI/AN people die at higher rates than other Americans from alcoholism (552% higher), unintentional injuries (138% higher), homicide (83% higher) and suicide (74% higher). Indian Country also suffers disproportionately from diabetes at a rate 182% higher than the general U.S. population. To make matters worse, the Indian Health Service (IHS) which is responsible for providing health care to 2.2 million AI/ANs<sup>1</sup> is only funded at 56 percent of need.

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<sup>1</sup> Based on treaties between Tribes and the United States for the exchange of peace and Tribal lands as well as United States Supreme Court cases and statutory acts, the Federal Trust responsibility is an absolute legal obligation under which the United States has the highest responsibility and trust to Indian Tribes. The Snyder Act of 1921 (25 USC 13) legislatively

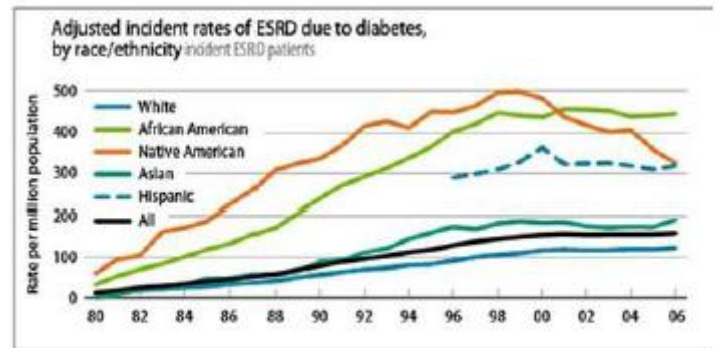
Chronic poverty, historical trauma, remote locations, and a devastatingly under-funded Indian health delivery system all contribute to these statistics. The United States is too great a nation to stand idly by while AI/ANs, the first Americans, live with these realities.

### ***The Special Diabetes Program for Indians – reversing the trend***

According to the Centers for Disease Control and Prevention (CDC), AI/AN adults have the highest age-adjusted prevalence rate of diagnosed diabetes compared to other major racial and ethnic groups at 16.1 percent. By comparison, this is almost twice the rate for the total U.S. adult population. Some regions of Indian Country have diabetes rates as high as 33.5 percent, with specific communities having Type II diabetes reach a level as high as 60 percent. It is also important to note that this disease is increasingly affecting young people, which is posing a significant threat to future generations of AI/ANs. Sadly, many young people in our communities believe that Type II diabetes is inevitably their future.

Fortunately, due to the important work being done as part of the SDPI, this trend is starting to reverse. In communities receiving SDPI funds, the program has increased significantly the availability of diabetes prevention and treatment services. These increased services have translated into remarkable improvements in diabetes care including:

- The average blood sugar level, as measured by the hemoglobin A1C test, decreased from 9.0 percent in 1996 to 8.1 percent in 2010. Every percentage drop in A1C results can reduce risk of eye, kidney, and nerve complications by 40 percent.
- Average low-density lipoprotein (LDL) cholesterol, which is associated with multiple health problems, declined from 118mg/dL in 1998 to 94 mg/dL in 2011. Improved control of LDL cholesterol can reduce cardiovascular complications by 20-50 percent.
- Between 1995 and 2006, the incident rate of End-Stage Renal Disease in AI/AN people with diabetes fell by nearly 28 percent – a greater decline than any other racial or ethnic group. Given that Medicare costs per year for one patient on hemodialysis average almost \$90,000, 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, the Indian Health Service, and other third party payers.



Source: United States Renal Data System, 2008

In addition to this data, SDPI has resulted in many positive, macro-level, changes for Tribal communities receiving SDPI funds. More than 80 percent of SDPI grant programs now use recommended public health strategies to provide diabetes prevention activities for AI/AN children and youth. This represents a 73% increase in primary prevention and a 56% increase in weight management activities targeting children and youth. Additionally, communities with SDPI-funded programs have seen a 57% increase in nutrition

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affirmed this trust responsibility. To facilitate upholding its responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to AI/ANs.

services, a 72% increase in community walking and running programs, and a 65% increase in adult weight management programs.

SDPI works where other programs have failed for several reasons. First, and most importantly, the program is locally managed and focuses on approaches that are culturally relevant to each Tribal community. For example, The Yakama Healthy Heart Program, located in the state of Washington, strives to meet the community needs and the mission to provide prevention services by hosting one to two community events each month to provide participants and the general population with opportunities for physical activity and education. Many events are culturally and traditionally centered with activities such as traditional food gathering (root digging and huckleberry picking), Dance Away Diabetes (a Pow Wow dance style exercise class) and Bison Distribution. These connections to tradition and culture mean that program participants feel better equipped to make real, serious, and lasting lifestyle changes.

Additionally, SDPI programs emphasize a holistic approach. For example, the Alaska Native Health Tribal Consortium's SDPI program focuses on several key areas, which include: providing direct patient care at the Alaska Native Medical Center and in field clinics around the state; maintaining a registry of all Alaska Native people with diabetes and those at high-risk for developing diabetes; and providing diabetes prevention and evidence-based treatment through community outreach events, programs, trainings, writings and continuing education. Further, because the SDPI program is a mandatory spending program, Tribal health administrators also do not have to wonder from year-to-year if they will have funding to continue this work, resulting in community-wide, consistent transformations.

### ***A Strong Return on Federal Investment***

In addition to the remarkable health outcomes of the SDPI program, it is also providing a strong return on federal investment by creating significant savings to the Indian Health Service, Medicare, Medicaid and other third party payers. As noted above, ESRD has decreased significantly in the AI/AN population resulting in additional savings for the treatment of patients through hemodialysis services. This means savings of just under \$90,000 per patient, per year.

Blood pressure has also been well controlled throughout the SDPI era. Controlling blood pressure reduces the risk of cardiovascular disease by 33-50% and reduces risk of complications by 33%. Patients with early diabetic kidney disease also suffer from declined kidney function, but lowering blood pressure in these patients can reduce this complication by 30-70%. All of these reductions translate into significantly less future cost to IHS, Medicare and Medicaid programs.

The SDPI's significant economic impact on Tribal communities throughout Indian Country has resulted in job creation opportunities that has brought skilled diabetes experts into Tribal communities and has helped to improve the economic infrastructure of Indian Country.

- ***The Yakama Healthy Heart Program*** through its SDPI Healthy Heart grant provides employment funding for a clinical coordinator, a pharmacist, and an administrative assistant. This critical federal investment at the Yakama Nation also provides funding that helps the Tribe to host community track meets, administer the "Dance Away Diabetes" program, nutrition/cooking classes, and exercise instructors; all of which expends approximately \$10,000 annually. The Yakama Nation also has a Tribal SDPI program, which effectively utilizes SDPI funding to fund eight employees.

- ***The Toiyabe Indian Health Project***, an SDPI Community-Directed grantee in California, used SDPI funding to hire a program coordinator, a case manager, a part-time dietician, and a part-time data manager, including: funding contracts with physical activity instructors, podiatrists, and retinopathy consultants. Toiyabe’s SDPI program has also partnered with the local community to build an outdoor exercise center so that the entire community, native and non-native, can enjoy fitness equipment.
- ***The Riverside San Bernardino Diabetes Program*** receives both the SDPI Community-Directed and the Healthy Heart grant awards. The SDPI Healthy Heart funding funds a Nurse Practitioner, a Registered Dietician, a Nurse Educator, and a Data Clerk/Program Assistant at Riverside San Bernardino. The Community-Directed SDPI funding provides for a program director, a nurse educator, two medical assistants, two fitness instructors, and a community health educator.

These investments in Tribal communities mean that the health programs will be provided with long-term nutrition care and much needed health investments. In many areas, health jobs are limited, so SDPI is enabling these communities to increase employment and contributes to overall economic growth. SDPI is truly an exemplary public health program, and could serve as a model for other diabetes treatment and prevention programs throughout the country.

***Conclusion – SDPI is transforming Communities and Saving Lives***

Sadly, one of the biggest health epidemics in Indian Country is Type II diabetes – a preventable disease. But with the continued support of SDPI, we can continue to transform native communities throughout the country. SDPI makes remarkable differences for the thousands of individual patients that participate in the program. As one participant from the Pine Ridge IHS Diabetes Prevention Program, located in South Dakota, noted, “My blood sugars are now in normal range, my blood pressure is good and I feel good. It’s been the high point in my life, being diabetes free.”

SDPI is also transforming communities. The program places emphasis on the health of the whole people, not only the individual. This has led to more community gardens, exercise activities and awareness of health issues. Again, I reiterate our support for the renewal multi-year of SDPI. The loss these funds would have devastating impacts for the health of AI/AN people. Further, the loss of this program would also mean increased costs for Medicare, IHS and other government programs that treat individuals with complications due to diabetes.

With continued renewal of SDPI, young people across Indian Country will stop believing Type II diabetes is inevitable and will soon declare, “Diabetes is **not** my future.”

Thank you.