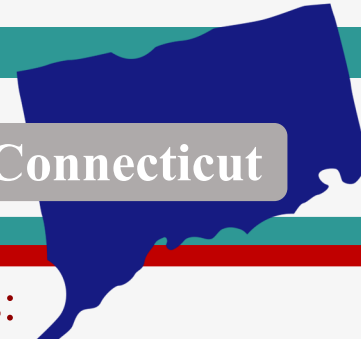


National Indian Health Board



Connecticut



Special Diabetes Program for Indians:

Saving lives in Connecticut and providing a strong return on federal investment

History

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the growing epidemic of diabetes in American Indian and Alaska Native (AI/AN) Nations. By allowing Tribes to determine their own approach, the program 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. SDPI is currently authorized through Fiscal Year 2023.

SDPI Outcomes

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AI/AN DIABETES PROGRAMS IN 35 STATES

5.5%
DECREASE IN PREVALENCE OF DIABETES
Between 2013 and 2017

15.4%
↓
14.6%

END STAGE RENAL DISEASE REDUCED BY 54%
Between 1999 and 2013- the greatest decline of any racial or ethnic group.

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

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

Per 100,000 people

Native American, Black, Hispanic, Asian, White

Diabetes in Connecticut

FY 2023 SDPI funding in Connecticut totaled \$232,777 for 2 Community Directed Grant Programs:

**Mashantucket Pequot
Mohegan Tribe of Connecticut**

According to the American Diabetes Association, approximately 275,491 people in Connecticut – 9.6% of the population – have diagnosed diabetes, and many suffer from serious diabetes-related conditions such as heart disease, neuropathy, and eye, foot and skin complications. In addition to the human toll diabetes places on the people of Connecticut, it also places a large financial burden on the state’s healthcare system. The staggering estimate of cost of diabetes in Connecticut is approximately \$3.7 billion per year.

SDPI Impact

SDPI provides a strong return on federal investment and is saving lives in Connecticut. Since the beginning of SDPI, blood sugar levels have decreased, risk factors of cardiovascular disease have been reduced, diabetes-related kidney disease has been cut by more than half, and primary prevention and weight management programs for Native youth have increased. Nationwide AI/AN diabetes prevalence decreased from **15.4%** to **14.6%** between 2013 and 2017. National data reflect the excellent outcomes in Native Nations resulting from innovative local level programs.

For more information, visit www.nihb.org/SDPI

Diabetes Prevalence Disparities in Connecticut (Medicare Enrolled)*

Group	Prevalence
AI/AN	43.1%
Non Hispanic White	23.0%

*Data from Medicare Chronic Conditions Warehouse, for Fee for Service Beneficiaries, 2018