National Indian Health Board





Special Diabetes Program for Indians:

Saving lives in Nevada 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

OF DIABETES PROGRAMS IN 35 STATES Between 2013 and 2017 15.4% END STAGE RENAL DISEASE REDUCED BY Between 1999 and 2013- the greatest decline of any racial or ethnic group. 14.6% \$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!

Diabetes in Nevada

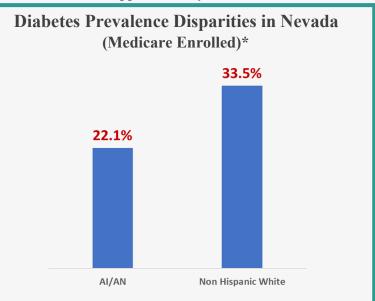
FY 2023 SDPI funding in Nevada totaled \$4,649,823 to support 12 Community **Directed Grant Programs**

According to the American Diabetes Association, in 2017, approximately 251,000 people in Nevada – 11.1% of the population – had diagnosed diabetes, and many suffered 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 Nevada, it also places a large financial burden on the state's healthcare system. According to the American Diabetes Association, in 2017, the staggering estimate of cost of diabetes and prediabetes in Nevada was approximately \$2.8 billion.

SDPI Impact

SDPI provides a strong return on federal investment and is saving lives in Nevada. Since the beginning of SDPI, blood sugar levels have decreased, risk factors of cardiovascular disease have been reduced, diabetesrelated kidney disease has been cut by more than half, and primary prevention and weight management programs for Native youth have increased. Nation-wide 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 https://www.nihb.org/sdpi/



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

Nevada Tribal Case Study PYRAMID LAKE PAIUTE TRIBE

Background

The goal of the Pyramid Lake Paiute Tribe's (PLPT) diabetes prevention program is to "provide diabetes/preventive education to the lives of the at-risk youth/ adult, pre-diabetics and diabetic patients that reside within PLPT boundaries." PLPT does this through embracing best practices for diabetes prevention while incorporating the Tribe's traditions.

Overview of Pyramid Lake Paiute Tribe:

Enrolled Members: 2,288
Reservation Population: 1,300
Distance between Towns: 20 miles
Current SDPI Funding Level: \$439,578
Economic Activity: Tourism at Pyramid Lake
Best Practice: Diabetes-Related Education



Programs

Pyramid Lake Paiute's diabetes prevention program (DPP) engages the community in multiple ways based on gaps in services, needs identified through diabetes audit data and incorporating evidence-based strategies.

Patient Advocacy: With high healthcare provider turnover, DPP often takes on the role as a patient advocate to insure patient-centered care (PCC), an evidence based approach. Jenell Fellows, the Diabetes Program Director, is an enrolled member of PLPT and values serving her people.

Elevating Traditional Food: DPP elevates traditional healthy foods through hosting events to harvest pine nuts and incorporating traditional food into modern recipes.

Eating Healthy in a Modern Setting: DPP takes participants to a chain restaurants to discuss and practice healthy eating in a modern setting.

Partnering for Physical Activity: DPP provides various classes and community outings focusing on physical and outdoor activities.

Impact

Patients credit the DPP as their chief advocate. One patient shared that she was getting sicker every year before Jenell stepped in. "Jenell has been the biggest advocate... We have no one else doing that."

Interactive nutrition programs allow diabetes staff to evaluate their patient's progress and knowledge of nutrition. This data improves targeted education for community members.

Due to increased interest in physical activity and competition for gym space, PLPT is investing in a new 33,000 sq. ft. modular to increase access and opportunities for physical activity.

"We can make the 'old ways,', traditional ways, work in the modern world."

Jenell Fellows, Diabetes Program
Director

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

Contact:

Sarah Price, Public Health Policy and Programs Program Manager sprice@nihb.org. 202-507-4078 www.nihb.org



