

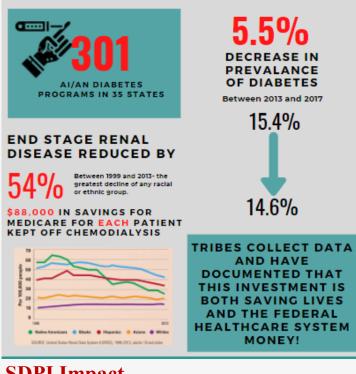
Special Diabetes Program for Indians:

Saving lives in New York 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



SDPI Impact

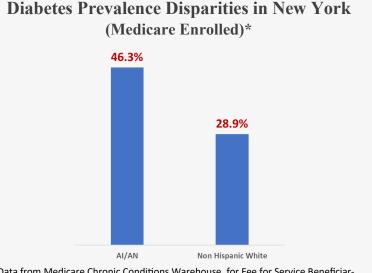
SDPI provides a strong return on federal investment and is saving lives in New York. Since the beginning of SDPI, blood sugar levels have decreased, risk factors of cardiovascular disease have been reduced, diabetes-related kidney disease has been cut by more than half, and primary prevention and weight 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 <u>https://www.nihb.org/sdpi/</u>

Diabetes in New York

- FY 2023 SDPI funding in New York totaled \$1,481,491 for 6 Community Directed Grant Programs:
- Oneida Indian Nation
- Saint Regis Mohawk Tribe
- Seneca Nation of Indians

According to the American Diabetes Association, in 2017, approximately 1,634,000 people in New York – 10.5 % 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 New York, 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 diagnosed diabetes in New York was approximately \$21 billion.



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

New York Tribal Case Study Saint Regis Mohawk Tribe

Background

Tsitewatakari:tat – The Let's Get Healthy Program (LGHP) pursues the goal of providing diabetes care, offering case management, and preventing diabetes and diabetes and related complications in the community.

> Overview of the Saint Regis Mohawk Tribe: Enrolled Members: 15,949 Health Services User Population: 5,345 Current SDPI Funding Level: \$432,432 Best Practice: Diabetes-Related Education



Programs

Case Management: The Registered Nurse (RN) delivers clinical case management care, and provides diabetes prevention and self-management education.

Nutrition: The Registered Dietitian (RD) provides medical nutrition therapy, community-based initiatives, nutrition education for weight management/ reduction, supermarket tours, and healthy cooking demonstrations.

Fitness Programs:

- Move for Health: Participants can witness the effect physical activity has on clinical measurements by recording blood pressure, heart rate, and blood glucose before and after exercise.
- Youth Fitness: The goal is to prevent diabetes, while encouraging physical activity, and making exercise fun for the students so they learn to love and implement activity into their daily life. The program also provides nutrition education and healthy snacks.
- Community fitness classes and pool fitness.

Mind/Body Wellness: LGHP hosts a meditation lounge with 1 on 1 or group appointments, and a weekly guided meditation class. Yoga classes are offered twice weekly.

Outreach and Education: LGHP hosts various events, and provides educational activities at local schools, the Boys and Girls club, and the Akwesasne Coalition for Community Empowerment.

Impact



The Diabetes Center for Excellence, established in 2013 includes a classroom, a treatment room, a teaching kitchen, a relaxation/meditation lounge, a 2,500 square foot fitness room, locker rooms, an exercise pool, offices, and a conference room. This 15,000 square foot state of the art building allows our program to offer comprehensive diabetes treatment and care

Since 2013, according to the IHS Diabetes Care and Outcomes Audit, exercise instruction increased from 36% to 80%. The number of patients with an A1C less than 8 increased from 43% to 58%. The number of foot and eye exams have increased significantly, from 20% to 38% and 30% to 51%, respectively. Nutrition education by any provider has also improved from 38% to 81%.

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.

National Indian Health Board

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