

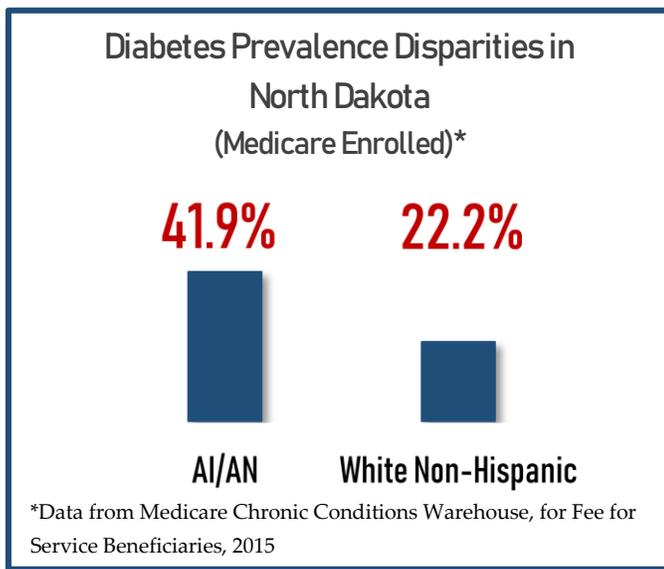
Special Diabetes Program for Indians

Saving lives in North Dakota and providing a strong return on federal

NORTH DAKOTA

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 2019.



SDPI Outcomes

SDPI funding supports over 300 Tribal diabetes treatment and prevention programs in 35 states, and the results have been extraordinary. Diabetes incidence rates in AI/ANs are no longer increasing, resulting in **a 54% decline in end-stage-renal-disease (ESRD) since 1998, more than any other race**, according to the United States Renal Data System. ESRD requires expensive treatments and is the single largest driver of Medicare costs. In fact, for every patient SDPI kept off of hemodialysis in 2014, Medicare saved \$88,000! The structure of the grant program has allowed Tribes to collect data and document that this investment is both saving lives and saving the federal healthcare system money.

Diabetes in North Dakota

According to the Centers for Disease Control and Prevention (CDC), in 2017, approximately 51,000 people in North Dakota – **8.7% 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 North Dakota, 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 North Dakota was approximately \$660 million.

FY 2017 SDPI funding in North Dakota totaled \$3,168,173 to support 5 Community-Directed Grant Programs at:

- Fort Yates
- Spirit Lake Tribe
- Three Affiliated Tribes
- Trenton Indian Service Area
- Turtle Mountain Band of Chippewa

SDPI Impact

SDPI provides a strong return on federal investment and is saving lives in North Dakota. 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. National data reflect the excellent outcomes in Native Nations resulting from innovative local level programs.

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

National Indian Health Board



North Dakota Tribal Case Study

Mandan, Hidatsa, & Arikara Nation

Background

The Mandan, Hidatsa, and Arikara Nation uses a combination of school screenings, youth-oriented education, and lifestyle training to support Tribal members with diabetes and their families, as well as those at risk for Type-2 diabetes.

Overview of Mandan, Hidatsa, & Arikara Nation:
Enrolled Members: 16,100
Reservation Population: 5,200
Current SDPI Funding Level: 620,774
Best Practice: Diabetes Education

Programs

The MHA Diabetes program uses SDPI funds to screen students so that the signs of diabetes are caught early. Funds also support lifestyle and community engagement activities to reinforce education in the reservation schools.

- **Head Start Education**

Program staff provide diabetes-related education to students in Head Start through 11th grade in every school on Fort Berthold, and with the Boys & Girls Club after school and summer programming.

- **School Screenings**

The program screens students in all schools annually for height, weight, and Body Mass Index (BMI). A1c screening on those over the 85th percentile for BMI in all of the schools identify pre-diabetes and diabetes patients.

- **Lifestyle Training**

A five day lifestyle training for students with BMI values greater than 98% consists of a nutrition, physical activity, and behavioral health based agenda to educate and introduce the students to healthier lifestyle options. Activities will include meal planning, cooking demonstrations, label reading, group fitness, talking



circles, cultural education, and a parent guardian day to educate the entire family.

The program offers after-school and summer programs to provide diabetes-related education through both teaching sessions and active play monthly. Every summer a youth conference provides diabetes-related education in fitness and exercise. Every November the program leverages the National Week of Native Youth Health and Fitness to engage Native youth and families in physical activity, nutrition and healthy-life ways.

Impact

The program screened 1,457 students and 596 community members in the past year. Of these 883 participants were above the 85% threshold and were offered clinical referral.

The educational health curriculum reached 1,540 students, of whom 740 were screened for A1C. 32 students participated in the annual summer camp.

