

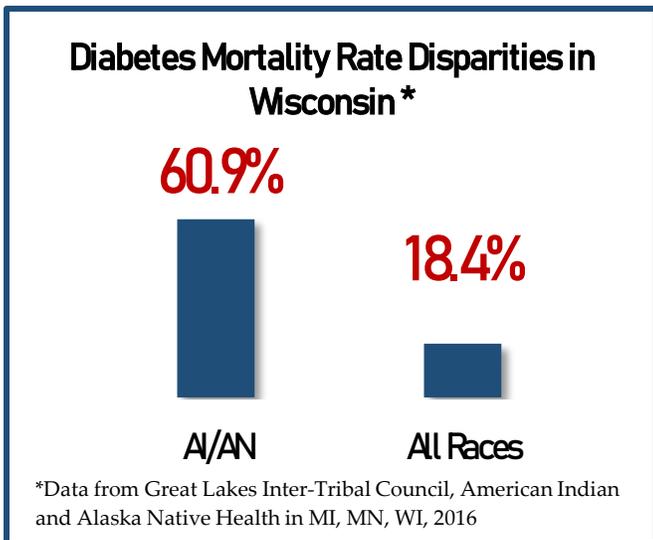
Special Diabetes Program for Indians

Saving lives in Wisconsin 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 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 Wisconsin

According to the Centers for Disease Control and Prevention (CDC), in 2015, approximately 226,000 adults in Wisconsin – **7.4 % 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 Wisconsin, 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 Wisconsin was approximately \$5.46 billion.

FY 2017 SDPI funding in Wisconsin totaled \$3,421,213 to support Community-Directed Grant Programs at 12 Tribal locations in:

- Bad River Band
- Menominee Indian Tribe
- Red Cliff Band of Lake Superior
- Lac Courte Oreilles
- Ho-Chunk Nation
- St. Croix Chippewa
- Forest County
- Gerald L. Ignace Health Center
- Lac Du Flambeau Band of Lake Superior
- Oneida Tribe
- Sokaogon Chippewa
- Stockbridge-Munsee

SDPI Impact

SDPI provides a strong return on federal investment and is saving lives in Wisconsin. 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



Wisconsin Tribal Case Study

Forest County Potawatomi

Background

The goal of the Forest County Potawatomi (FCP) diabetes prevention program is to prevent diabetes and other comorbidities through education, programming, and case management. PLPT embraces best practices for diabetes prevention, focusing on promoting foot care for patients with diabetes.

Overview of Forest County Potawatomi:

Enrolled Members: 1,400

Reservation Population: 531

Size of Reservation: 12,000 acres

Economic Activity: Gaming

Current SDPI Funding Level: \$132,418

Best Practice: Foot Exam

Programs

FCP'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.

• Foot Care and Foot Exams

Diabetes audit data identified foot care as a major need. DPP provides patients with fitted shoes, trained all medical staff to perform foot exams during checkups, and conduct regular programs and outreach to encourage foot exams, including spa-themed events.

• Diabetes Education and Self-Management

DPP teaches patients to manage their own care in between checkups. Regular lunch and learns and home visits allow DPP to teach patients how to manage their blood sugar and maintain healthy feet.

• Case Management

DPP staff visit patients and provide case management to help them engage in healthy behavior.

• Nutrition

Nutrition staff teach classes on healthy eating for all ages, and share recipes, encouraging community members to try new foods while incorporating traditional and healthy foods into their diet.



Impact

The program has made some major changes in the FCP community. Using SDPI best practices, the DPP increased the percent of current tobacco users counseled from 70% to 94% from 2016 to 2018. The percent of patients with blood pressure less than 140/90 increased from 82% to 92%. The percentage of patients meeting multiple diabetes health criteria, including an A1C level below 8, statin prescription, and a mean blood pressure less than 140/90, increased from 28% to 50%.

Attendance at educational events has increased too. The number of patients attending diabetes education luncheons increased from 86 in 2016 to 105 in 2018.

"SDPI has been wonderful to learn from ... it was integral to our programs and departments."

Anne Chrisman, Diabetes Coordinator
National Indian Health Board

