# HISTORY OF THE SPECIAL DIABETES PROGRAM FOR INDIANS

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 as part of the Balanced Budget Act to address the growing epidemic of diabetes in American Indian and Alaska Native (AI/AN) communities. The Special Diabetes Program for Type 1 Diabetes (SDP) was established at the same time to address the serious limitations in Type 1 diabetes research resources. Together, these programs have become the nation's most strategic and comprehensive effort to combat diabetes. SDPI provides grants for diabetes treatment and prevention services to 310 Indian Health Service (IHS), Tribal, and Urban Indian health programs in 35 states. SDPI is currently reauthorized through December 31, 2024. SDPI needs your help for reauthorization beyond the end of 2024.

**1963**
National Institutes of Health (NIH) Pima Indian Study recognized diabetes epidemic among American Indians

**1974**
Congress establishes the Diabetes Mellitus Interagency Coordinating Committee (DMICC)

**1976**
Congress creates the Indian Health Service (IHS) National Diabetes Program

**1986**
Indian Health Service develops Standards of Care for Diabetes

**1997**
Congress creates the Special Diabetes Program and the Special Diabetes Program for Indians each funded at $30 million/year for 5 years (PL 105-33)

**2000**
IHS establishes Best Practices based upon SDPI data

Tribal Leaders Diabetes Committee (TLDC) created by Congress to guide IHS in development and consultation of SDPI

**2001**
Congress extends SDPI for an additional 3 years and increases funding to $100 million per year (PL 106-554)

**2002**
Congress extends SDPI for an additional 5 years and increases funding to $150 million per year starting in FY 2004 (PL 107-360)

**2003**
NIH Diabetes Prevention Program (DPP) Study results provided scientific evidence that type 2 diabetes can be prevented or delayed

**2004**
Congress directs SDPI to initiate demonstration projects focused on diabetes prevention & cardiovascular disease risk reduction

**2007**
Congress extends SDPI for an additional year at current funding level of $150 million per year (PL 110-173)

**2008**
Congress extends SDPI for an additional 2 years at current funding level of $150 million per year (PL 110-275)

**2010**
Congress extends SDPI for an additional 3 years at current funding level of $150 million per year (PL 111-309)

**2012**
Congress extends SDPI for an additional year at current funding level of $150 million per year (PL 112-240)

**2014**
Congress extends SDPI for an additional year at current funding level of $150 million per year (PL 113-93)

**2015 - 23**
Congress extends SDPI on a short terms basis at the current funding level of $150 million per year

**2024**
Congress extends SDPI through the end of 2024 and increases funding to $160 million annualized

**SDPI**
**SPECIAL DIABETES PROGRAM FOR INDIANS**

**THE DEATH RATE DUE TO DIABETES FOR AI/ANS IS 1.8X HIGHER THAN THE GENERAL U.S. POPULATION**

## SDPI: AN EFFECTIVE PROGRAM THAT IS IMPROVING LIVES AND SAVING FEDERAL DOLLARS[i]

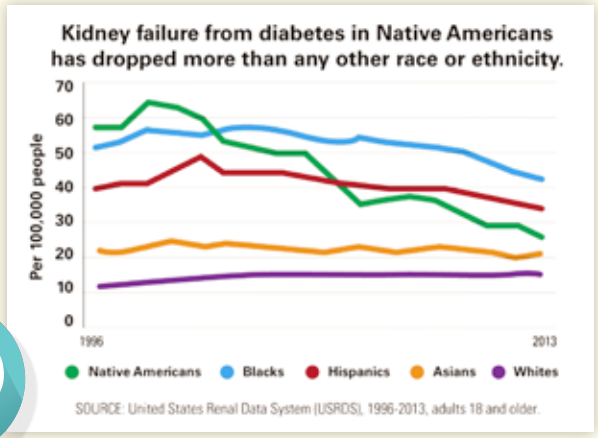
American Indian and Alaska Native (AI/AN) adults are **2 times more likely to have diagnosed diabetes** (compared with non-Hispanic whites). The **death rate due to diabetes for AI/ANs is 1.8 times higher** than the general U.S. population. The **cost of medical expenditures for people with diabetes is 2.3 times higher** than for those without diabetes. But the Special Diabetes Program is improving lives, lowering medical expenditures and demonstrating real returns on the federal investment. SDPI helping to create a brighter future for Americans burdened by diabetes.

# THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI): PROVIDING A STRONG RETURN ON THE FEDERAL INVESTMENT

**THE GROWING EPIDEMIC OF DIABETES REPRESENTS ONE OF OUR GREATEST PUBLIC HEALTH CHALLENGES. WHAT MAY NOT BE AS WIDELY KNOWN IS THAT AMERICAN INDIANS AND ALASKA NATIVES (AI/AN) HAVE THE HIGHEST PREVALENCE OF DIABETES AMONGST ALL U.S. RACIAL AND ETHNIC GROUPS. IN RESPONSE TO THIS EPIDEMIC, CONGRESS ESTABLISHED THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) IN 1997, AND THE RESULTS OF THIS FOCUSED EFFORT HAVE BEEN REMARKABLE.**

## DECLINING INCIDENT RATES OF DIABETES-RELATED KIDNEY DISEASE

- **Outcome:** Between 1999 and 2013, the incident rate of end-stage renal disease (ESRD) due to diabetes in AI/AN people **fell by 54%** — a greater decline than for any other racial or ethnic group. [i]
- **Impact:** ESRD is the largest driver of Medicare costs. Medicare costs per year for one patient on hemodialysis exceeded $88,000 in 2015. This reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and other third party payers.




## CLINICAL AND COMMUNITY OUTCOMES ARE IMPACTING FEDERAL COST SAVINGS

## DECREASING AVERAGE BLOOD SUGAR LEVELS

- **Outcome:** The average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2014.
- **Impact:** Scientific studies have shown that every percentage point drop in A1c translates into a 40% reduction in the risk of developing diabetes-related complications such as blindness, kidney failure, nerve disease, and amputations. [ii]

## DECREASING RISK OF CARDIOVASCULAR DISEASE

- **Outcome:** The average LDL ("bad" cholesterol) declined from 118 mg/dL in 1998 to 92 mg/dL in 2014. [ii]
- **Impact:** Research has shown that lowering cholesterol levels may help reduce — by 20% - 50% — the chance of developing cardiovascular complications associated with diabetes such as heart attacks, stroke, or heart failure.

## CONTROLLING MEAN BLOOD PRESSURE

- **Outcome:** Blood pressure has been well controlled throughout the SDPI era.
- **Impact:** Controlling blood pressure reduces the risk of cardiovascular disease by 33-50% and reduces risk of complications by 33%. Patients with early diabetic kidney disease also suffer from declined kidney function, but lowering blood pressure in these patients can reduce this complication by 30-70%.

## DECREASING DIABETIC EYE DISEASE RATES

- **Outcome:** During the SDPI era, diabetic eye disease rates have decreased by 50%. [iii]
- **Impact:** This has led to a reduction of vision loss and blindness among AI/AN diabetic patients.

## INCREASING EMPHASIS ON ADOPTING HEALTHY LIFESTYLE BEHAVIORS

- **Outcome:** Communities with SDPI-funded programs have seen a 54% increase in nutrition services, a 72% increase in community walking and running programs, and a 59% increase in adult weight management programs and a 56% increase in weight management for children and youth.
- **Impact:** SDPI is transforming communities by promoting a culture of health and nutrition in Tribal communities.

i CDC Vital Signs October 2016 ii IHS SDPI 2014 Report to Congress iii Source IHS Teleophthalmology Data

National Indian Health Board

**FOR ADDITIONAL INFORMATION PLEASE VISIT THE SDPI RESOURCE CENTER AT NIHB.ORG/SDPI**

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