



**SPECIAL DIABETES PROGRAM  
FOR INDIANS**

# National Indian Health Board



SDPI currently  
serves more than

# 780,000

**American Indians  
and Alaska  
Natives each  
year!**



**SDPI expires on December 31, 2024. The time to act is now. Congress should immediately support SDPI reauthorization and the following Tribal priorities:**

- Permanently reauthorize SDPI
- Increase SDPI funding to \$250 million annually
- Automatically increase SDPI funding to adjust for medical inflation
- Permit Tribes to receive SDPI funds through self determination and self-governance contracts and compacts under the ISDEAA
- Exempt SDPI from sequestration

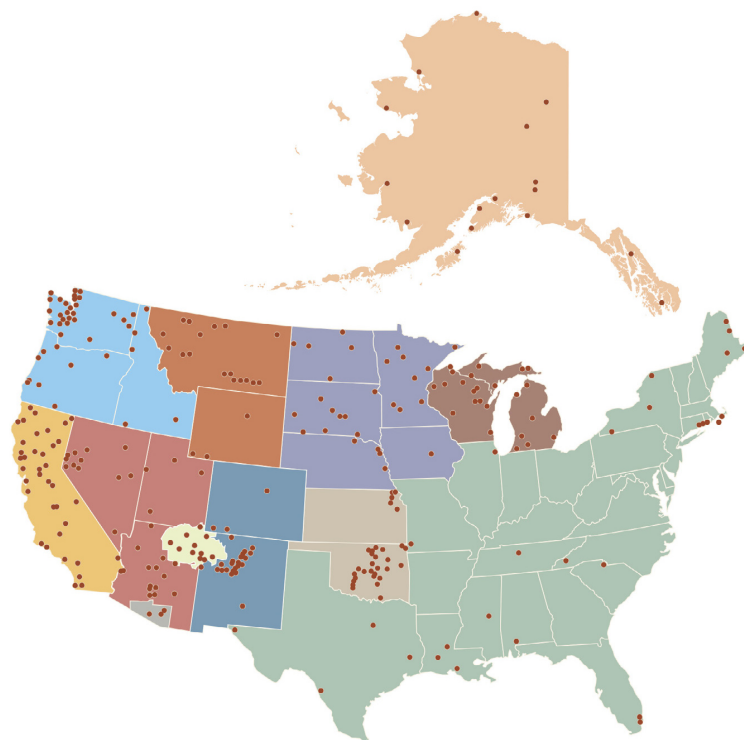
Established by Congress in 1997, the results of this program's focused efforts have been *remarkable*. By allowing Tribes to determine their own approach, SDPI has become the nation's most effective federal initiative to combat diabetes and serves as a useful model both for diabetes programs nationwide and public health programs in Indian Country. Despite challenges due to stagnant funding, the program has been incredibly successful in promoting health, preventing diabetes, and reducing the impact of chronic disease in Indian Country.

Despite the incredible success community-directed programs have achieved through SDPI, the program faces significant challenges. SDPI was flat funded from 2004 to 2024 at \$150 million annually and has lost significant buying power to inflation. This funding has been stretched thinner by mandatory sequestration. Ultimately, Tribes have been innovative in stretching funds to keep programs running, but short-term congressional reauthorizations and COVID-19 added additional strains. Due to the limited funding, current programs have faced challenges in retaining staff and planning long-term programs and services.



**Congress should immediately support SDPI reauthorization.** The progress made as a result of SDPI is at risk due to short reauthorization periods, inflation, and funding cuts due to mandatory sequestration. For more information on SDPI, visit [www.nihb.org/sdpi](http://www.nihb.org/sdpi) or see NIHB's Resolution 21-04.

**NIHB Resolution 21-04:** Support for a Permanent Reauthorization of the Special Diabetes Program for Indians to Include Annual Funding Increases tied to Medical Inflation; and, Support for an Amendment to the Public Health Service Act to Permit Tribes and Tribal Organizations to Receive Special Diabetes Program for Indians Funds through Self Determination and Self-Governance Contracts and Compacts



### Diabetes Prevalence



Diabetes **decreased** from 15.4% in 2013 to 14.6% in 2017 in adults **↓ 14.6%**

### Diabetes-Related Deaths

**↓ 37%**

**Decreased 37%** from 1999 to 2017



### Diabetes-Related Kidney Failure



New cases **decreased** by 54% from 1996 to 2013 in adults **↓ 54%**

### Diabetic Eye Disease

**↓ 50%**

**Decreased by >50%** since 1990s in adults



### Hospitalizations for Uncontrolled Diabetes



**Decreased 84%** between 2000 and 2015 in adults **↓ 84%**

Data provided by the Indian Health Service Division of Diabetes Treatment and Prevention