

# National Indian Health Board



NOVEMBER 29, 2011

## THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI)

### BACKGROUND

In 1997, Congress created the Special Diabetes Program for Indians (SDPI) to address the disproportionate burden of type 2 diabetes on American Indian and Alaska Native (AI/AN) populations and today, the program supports over 450 Indian Health Service, Tribal, and urban Indian prevention and mitigation programs in 35 states. SDPI is producing a significant return on the federal investment and has become our nation's most strategic and effective federal initiative to combat diabetes and its complications.

At a rate of 2.8 times the national average, AI/ANs have the highest prevalence of diabetes. In some AI/AN communities, over 50% of adults have been diagnosed with type 2 diabetes and AI/ANs are 177% more likely to die from diabetes. But SDPI is changing these troubling statistics with marked improvements in average blood sugar levels, reductions in the incidence of cardiovascular disease, prevention and weight management programs for our youth, and a significant increase in the promotion of healthy lifestyle behaviors. This success is due to the nature of this grant program to allow communities to design and implement diabetes interventions that address locally identified community priorities.

SDPI is authorized through Fiscal Year (FY) 2013. Under sequestration triggered by the failure of the deficit reduction "Supercommittee" (see additional NIHB fact sheet), the mandatory funding scheduled for SDPI in FY 2013 is not currently protected from across-the-board cuts to federal spending.

### TALKING POINTS

#### Sequestration

The Office of Management and Budget (OMB) must exempt this program from ANY cuts during the sequestration process for FY 2013. The President's budget request for FY 2013 must reflect this Administration's on-going commitment to continue funding for this highly successful program through its reauthorization.

#### Reauthorization

SDPI proves that federal investment in community-driven, culturally-appropriate prevention programs has immensely positive results. This Administration must do everything in its power to urge Congress to reauthorize the program beyond 2013.

