

## The Special Diabetes Program for Indians (SDPI) Providing a Strong Return on 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.*

### Examples of Clinical and Community Results

#### **Improved blood sugar levels**

The average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.0% in 2011. Scientific research shows that a one unit decrease in the A1c translates into a 40% reduction in diabetes-related complications such as blindness, kidney failure, nerve disease, and amputations.

#### **Reduction in risk of cardiovascular disease**

The mean total cholesterol level has decreased by 16% from 1997–2009, and average LDL (“bad” cholesterol) declined from 118 mg/dL in 1998 to 94 mg/dL in 2011. Research has shown that lowering cholesterol levels may help reduce the chance of developing cardiovascular complications associated with diabetes such as heart attacks, stroke, or heart failure by 20%–50%.

#### **Slowed progression of diabetes-related kidney disease**

The prevalence of protein in the urine (a sign of kidney dysfunction) was reduced by 32% between 1997–2009. Between 1995 and 2006, the incident rate of end-stage renal disease (ESRD) in AI/AN people with diabetes fell by 27.7% – a greater decline than for any other racial or ethnic group. Given that Medicare costs per year for one patient on hemodialysis were \$82,285 in 2009, this reduction in new cases of ESRD means a decrease in the number of patients requiring dialysis – translating into millions of dollars in cost savings for Medicare, the Indian Health Service, and other third party payers.

#### **Increased primary prevention and weight management programs for children and youth**

More than 80% of SDPI grant programs now use recommended public health strategies to provide diabetes prevention activities and services for AIAN children and youth. This represents a 73% increase in primary prevention and a 56% increase in weight management activities targeting children and youth.

#### **Increased emphasis on adopting healthy lifestyle behaviors**

SDPI has resulted in a significant increase in the promotion of healthy lifestyle behaviors. Communities with SDPI-funded programs have seen a 57% increase in nutrition services, a 72% increase in community walking and running programs, and a 65% increase in adult weight management programs.

#### **Enhanced focus on American Indian and Alaska Native traditions**

SDPI has enabled tribal communities to demonstrate the effectiveness of the use of traditional beliefs and practices in the prevention and treatment of diabetes. Greater than 90% of grant programs report implementation of culturally appropriate diabetes education activities.

**A multi-year renewal of the SDPI will provide the resources to American Indian and Alaska Native communities to continue to make clinical improvements and increase access to quality diabetes care.**

National Indian  
Health Board

