



Special Diabetes Program for Indians

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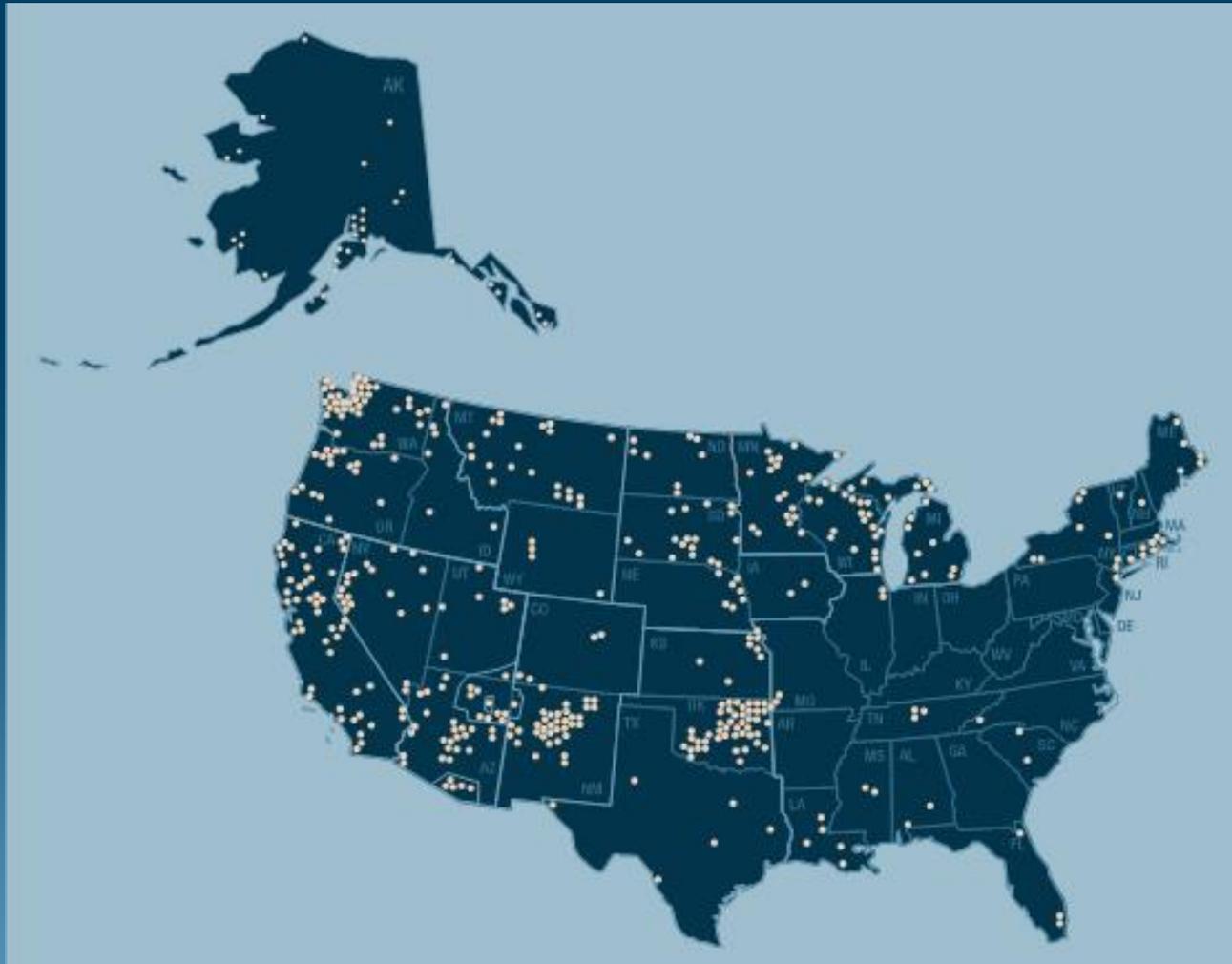
Special Diabetes Program for Indians (SDPI)

- SDPI was established by Congress in 1997
 - Today, provides \$150 million/year for the prevention and treatment of diabetes through FY 2017
- SDPI currently provides grants for 369 programs in 35 states:
 - 301 Community-Directed Programs
 - 68 DP/HH Initiatives (final year)

Special Diabetes Program for Indians 1997 - 2017



Special Diabetes Program for Indians



SDPI Funds: Helping Make Real Success Happen



SDPI: Increased Access to Diabetes Treatment and Prevention Services

	1997 - Before SDPI funding	2010
Diabetes clinics	31%	71%
Diabetes clinical teams	30%	94%
Diabetes patient registries	34%	94%
Nutrition services for adults	39%	89%
Access to registered dietitians	37%	77%
Culturally tailored diabetes education programs	36%	99%
Access to physical activity specialists	8%	74%
Adult weight management programs	19%	76%

Source: Evaluation of the SDPI Community-Directed Diabetes Programs

SDPI Community-Directed (C-D) Programs

Since FY 1998, C-D grant programs:

- Implement diabetes treatment and prevention programs based on scientifically proven Best Practices
- Are designed to address local community priorities
- Have increased access to many types of services
- Large variety of diabetes treatment and prevention programs
 - Makes for challenges in quantifying direct impact of SDPI



SDPI DP/HH

- SDPI Diabetes Prevention/Healthy Heart (DP/HH)
 - Demonstration Projects: FY 2004-2009
 - Initiatives: FY 2010-2015
- DP/HH grantees have accomplished what they were funded to do
 - Translated diabetes science and successfully implemented intensive programs in AI/AN communities
 - Their lessons learned and funds are being merged into the C-D grant program
 - DP/HH grantees funded through September 29, 2016
 - Can request no-cost extension ≤ 12 months, also 3-month grant close-out (up to Dec 2017)
- C-D programs encouraged to implement activities/services similar to those done by the DP/HH programs
- DP/HH Toolkits available soon
 - DP toolkit in final clearance, HH receiving final edits

Tribal Leaders Diabetes Committee (TLDC)

- Tribal Leader advisory group to the IHS Director
 - Makes recommendations on SDPI and chronic disease issues to the IHS Director
 - Next TLDC meeting: this Thursday, April 14
- Membership
 - One Tribal official (and alternate) from each IHS Area
 - One IHS member
 - Non-voting Technical Advisors from NIHB, NCAI, NCUIH, Tribal Self-Governance Advisory Committee, Direct Service Tribes Advisory Committee

IHS Division of Diabetes (DDTP)

- IHS Headquarters Division
 - IHS “National Diabetes Program” started in 1979
- Administers the SDPI program
 - Division of Grants Management (DGM) administers grant aspects
- Follows diabetes science and translates it to clinicians and I/T/U programs nationwide
 - Training and technical assistance to clinicians, educators, and grantees
 - Provides tools: Best Practices, Standards of Care, algorithms
 - Website: www.diabetes.ihs.gov
- Diabetes Data
 - National and Area diabetes prevalence estimates
 - Annual Diabetes Care and Outcomes Audit
 - Data collection and feedback to sites on diabetes care

Division of Diabetes Treatment and Prevention
Leading the effort to treat and prevent diabetes in American Indians and Alaska Natives

Tuesday, September 15, 2015

MOBILE

HOME

- SDPI
 - Community-Directed Grant Resources
 - DP/HH Initiatives Grant Resources
 - Best Practices
 - Fact Sheets
 - Report to Congress
- TRAINING
 - CME/CE Online Education
 - SDPI Grant Training
 - Other Trainings
- AUDIT
- CLINICAL TOOLS
 - Treatment Algorithms
 - Standards of Care
 - Quick Guide Cards
- MATERIALS
 - Printable
 - Online Catalog
 - Videos and Stories
- PEOPLE
- ABOUT US
- SITE MAP

Diabetes Online CME/CE Education Opportunities

Join us for one-hour live and 1-2 hour recorded sessions that provide CME/CE credit. Presented by experts, these seminars discuss what's new, update your knowledge and skills, and describe practical tools to use with your patients with diabetes.

1 2 3 4 5



View Now! >>>

Join the **IHS Diabetes LISTSERV** to receive updates on training opportunities, research, and resources related to diabetes prevention and treatment in American Indian/Alaska Native communities.

Community Corner

» [Let's Move! in Indian Country](#) – Learn how SDPI Programs are making a difference in their communities!
Next Session:
September 17th @ 1pm MDT
Session approved for 1.5 hrs of free CME/CE credit.

» [Kidney Health Resources](#) – Use these resources to learn how kidney disease can be prevented and treated.



» [Health Topics at Your Fingertips](#) – Print out easy-to-read handouts on a variety of diabetes-related topics.

» [Audio Book for Elders](#) – Order this 3 CD set. Elders will enjoy listening to Barbara Mora's heartfelt journey with diabetes.

» [Success Stories](#) – Watch short videos with happy endings, and read stories about Native communities taking healthy steps.

SDPI Spotlight

» [Diabetes Prevention & Healthy Heart Initiatives \(DP/HH\)](#)

Community-Directed FY 2016



» [New SDPI Diabetes Best Practices](#)

» [Upcoming Webinars for SDPI FY 16](#)
Save the Dates: Focus Area Trainings and General Q&A

- » September 15th @ 12pm MDT
- » September 18th @ 12pm MDT
- » September 23rd @ 11am MDT
- » September 29th @ 1pm MDT

» [Recorded Webinars for SDPI FY 16](#)
» Recordings now available!
View the most recent trainings held 09/03/15 and 09/09/15.

Community-Directed Grantees

» [SDPI Community-Directed Grant Program Hub](#) – Information, training requirements, and resources are available here for current grantees.

» [FY 2015 Mid-Year Progress Report](#)
Due date for Cycle 3 Grantees
September 15, 2015

Clinician Resources

Advancements in Diabetes Seminars
Monthly CME/CE Series

» [Upcoming Live CME/CE Education](#)
September 23rd @ 1pm MDT
Diabetes Foot Care
Kendall Shumway, DPM

» [Diabetes Online CME/CE Education](#) – Earn free CME/CE credit on a variety of topics. New training added monthly.

» [Other CME/CE Training Resources](#) – Earn CME/CE from federal agency partners such as the Veteran's Health Administration.

Clinical Tools

» [Type 2 Diabetes – Lipid & Aspirin Therapy Algorithm](#)
[PDF - 100KB]



» [Diabetes Treatment Algorithms](#) [A] [T]

» [Quick Guide 'How To' Cards](#) [A] [T]

Clinical Guidelines

» [Standards of Care and Clinical Practice Recommendations: Type 2 Diabetes](#)
» [Recommendations At-a-Glance](#)

Division of Diabetes Treatment and Prevention | Phone: 1-844-IHS-DDTP (1-844-447-3387) | diabetesprogram@ihs.gov

Area Diabetes Consultants (ADCs)

- One ADC in each IHS Area
- Crucial part of the National-Area-Local diabetes network
- Important roles in SDPI
 - Project officer for Area grants
 - Assist grantees with many issues
- Serve as resource for Area I/T/U sites on clinical and programmatic issues related to diabetes, Diabetes Audit, etc.



SDPI FY 2016



SDPI Funding History: 1998-2017

SDPI Funding 1998 - 2017

<u>FY</u>	<u>Legislation and Amount</u>
1998 - 2002	Balanced Budget Act (BAA), P.L. 105-33, signed Aug 1997: authorized \$30m annually for 5 years; authorized grants for providing services for the prevention and treatment of diabetes in AI/ANs
2001 – 2003	Consolidated Appropriations Act (CAA) of 2000, P.L. 106-554, signed Dec 2000: authorized additional \$70 m for FY 2001; additional \$70 m for FY 2002, and \$100 m for FY 2003
2004 – 2008	Reauthorization of SDPI, P.L. 107–360, signed Dec 2002: extended SDPI for 5 years (FY 2004 to FY 2008) and authorized \$150m per year for each of the 5 years
2009	S.B. 2499 SCHIP Extension Ac, signed Dec 2007: extended SDPI for one year (FY 2009) and authorized \$150m for FY 2009
2010 - 2011	Medicare Improvements for Patients & Providers Act of 2008, P.L. 110 – 275, signed July 2008: extended SDPI for two years (FY 2010 and FY 2011) and authorized \$150m for each year
2012 - 2013	Medicare and Medicaid Extenders Act of 2010, H.R. 4994, signed Dec 2010: extended SDPI for two years (FY 2012 and FY 2013) and authorized \$150m for each year
2014	American Taxpayer Relief Act of 2012, P.L. 112-240, signed Jan 2013: extended SDPI for one year (FY 2014) and authorized \$150m
2015	Protecting Access to Medicare Act of 2014, PL 113-93; H.R. 4302: extended SDPI for one year (FY 2015) and authorized \$150m
2016-2017	Medicare Access and CHIP Reauthorization Act of 2015: extended SDPI for two years (FY 2016 and FY 2017) and authorized \$150m for each year
TOTAL	\$2,490,000,000

SDPI “3.0”

- **1.0**: FY 1998
 - First year of SDPI
- **2.0**: FY 2004
 - First competitive grant application process
 - Start of SDPI DP/HH Demonstration Projects
 - Changes to funding distribution and formula
- FY 2010
 - New Funding Opportunity Announcement (FOA), but no changes to SDPI
- **3.0**: FY 2016
 - New FOA, several changes to SDPI

Consultation/Confer on FY 2016

- Dear Tribal Leader and Urban Indian Organization Leader Letters sent by IHS Acting Director on March 19 and May 3, 2015, respectively
 - Opened Tribal Consultation/Urban Confer processes
- Input received from across the country
- TLDC meeting held May 14, 2015
 - Reviewed national input
 - Made recommendations to IHS Acting Director
- Letters to Tribal and Urban Leaders with IHS Acting Director's final decisions: June 29, 2015

SDPI FY 2016

- Five year FOA (pending funds availability)
- Competitive Application Process
- Tribes new to SDPI allowed to apply for 1st time since 1997
- Updated user population and diabetes prevalence data used in funding formula
- Single calendar year budget cycle
- SDPI DP/HH funds merged into Community-Directed (C-D) grants
 - Virtually all C-D grantees received more than they applied for
- Data Collection on C-D grants
 - New set of Best Practices
 - SDPI Outcomes System

SDPI FY 2016 Funding Distribution

• Tribal and IHS Grants	\$130.2m
• Urban Grants	\$8.5m
• SDPI Program Support	\$6.1m
• Data Infrastructure Support	<u>\$5.2m</u>
	\$150.0m

SDPI Appropriation				100%	150,000,000	
Non-Formula SDPI Set-Asides				% of approp.	Amount	
Urban Diabetes Projects				5.67%	8,500,000	
SDPI Support & Admin.				4.07%	6,100,000	
National/Area Data Improvements				3.47%	5,200,000	
NDPC				0.0%	0	
SDPI DP/HH Initiatives				0.0%	0	
Subtotal Non-Formula				13.200%	19,800,000	
SDPI Formula Parts (unchanged)				Weight	% of approp.	Amount
User Population			30.0%	26.04%	39,060,000	
TSA			12.5%	10.85%	16,275,000	
Disease Burden	Prevalence %	100%	57.5%	49.91%	74,865,000	
Protections & Inflation				0.0%	0	
Subtotal SDPI Formula				100.0%	86.8%	130,200,000

FY 2016 SDPI FORMULA RESULTS

**\$130.2 m Allocated to Areas by the
SDPI Formula (unchanged but
applied to more recent data) &
\$19.8 m for Set-Asides**

FY 2016 SDPI Funding Allocation Results							
Area	Previous Amount	3 SDPI Formula Parts			Formula Total (sum of 3 parts)	Grand Total Allocation	Change
		1: TSA	2: User Population	3: Disease Burden			
Great Plains (ABR)	9,432,052	235,994	3,114,579	7,576,733	10,927,306	\$ 10,927,306	1,495,254
Alaska	8,963,599	7,074,435	3,582,593	-	10,657,027	\$ 10,657,027	1,693,428
Albuquerque	7,319,223	727,385	2,152,344	5,573,739	8,453,467	\$ 8,453,467	1,134,244
Bemidji	7,777,210	886,637	2,626,015	4,739,647	8,252,299	\$ 8,252,299	475,089
Billings	5,231,685	-	1,816,815	3,778,135	5,594,950	\$ 5,594,950	363,265
California	6,344,378	2,819,123	2,149,616	2,361,619	7,330,357	\$ 7,330,357	985,979
Nashville	5,461,968	868,213	1,338,989	4,308,060	6,515,262	\$ 6,515,262	1,053,294
Navajo	14,056,955	14,350	6,187,532	12,017,487	18,219,369	\$ 18,219,369	4,162,414
Oklahoma City	18,112,325	1,250,770	8,500,670	14,842,401	24,593,841	\$ 24,593,841	6,481,516
Phoenix	13,674,138	1,236,880	4,164,970	14,299,171	19,701,021	\$ 19,701,021	6,026,883
Portland	5,734,543	1,161,214	2,750,064	3,021,286	6,932,564	\$ 6,932,564	1,198,021
Tucson	2,539,246	-	675,814	2,346,723	3,022,537	\$ 3,022,537	483,291
Subtotal Results	104,647,322	16,275,000	39,060,000	74,865,000	130,200,000	\$ 130,200,000	\$ 25,552,678
Urban Projects	7,500,000	-	-	-	8,500,000	\$ 8,500,000	1,000,000
National/Area Data	5,200,000	-	-	-	5,200,000	\$ 5,200,000	-
SDPI Program Support	8,200,000	-	-	-	6,100,000	\$ 6,100,000	(2,100,000)
NDPC	1,000,000	-	-	-	-	\$ -	(1,000,000)
DP/HH Initiatives Grants	23,452,678	-	-	-	-	\$ -	(23,452,678)
Subtotal Results	45,352,678	-	-	-	19,800,000	\$ 19,800,000	\$ (25,552,678)
Grand Total Results	150,000,000	16,275,000	39,060,000	74,865,000	150,000,000	150,000,000	-

SDPI FY 2016 Applications

- Funding Opportunity Announcement (FOA)
 - Posted on Federal Register: August 4, 2015
 - Application deadline into Grants.gov: October 7, 2015
- DDTP provided substantial support to applicants
 - 22 webinars, emails, and extensive website information
- Funds were awarded to all applicants who successfully met application criteria
 - Competition was to achieve a fundable score on the objective application review (*competition was not against each other*)
 - Applications that were of insufficient quality and/or late were not awarded SDPI funds

SDPI FY 2016 Grantees

- Applications that received fundable score and have received Notice of Grant Award (NOA): **276**
 - 232 Tribal, 15 IHS, 29 Urban
 - # of new grantees: **5**
 - 4 in California Area
 - 1 in Nashville Area
 - # of *programs* funded: **301**
 - Primary grantees: 276
 - Sub-grantees: 25

FY 2016 Grantees by Area

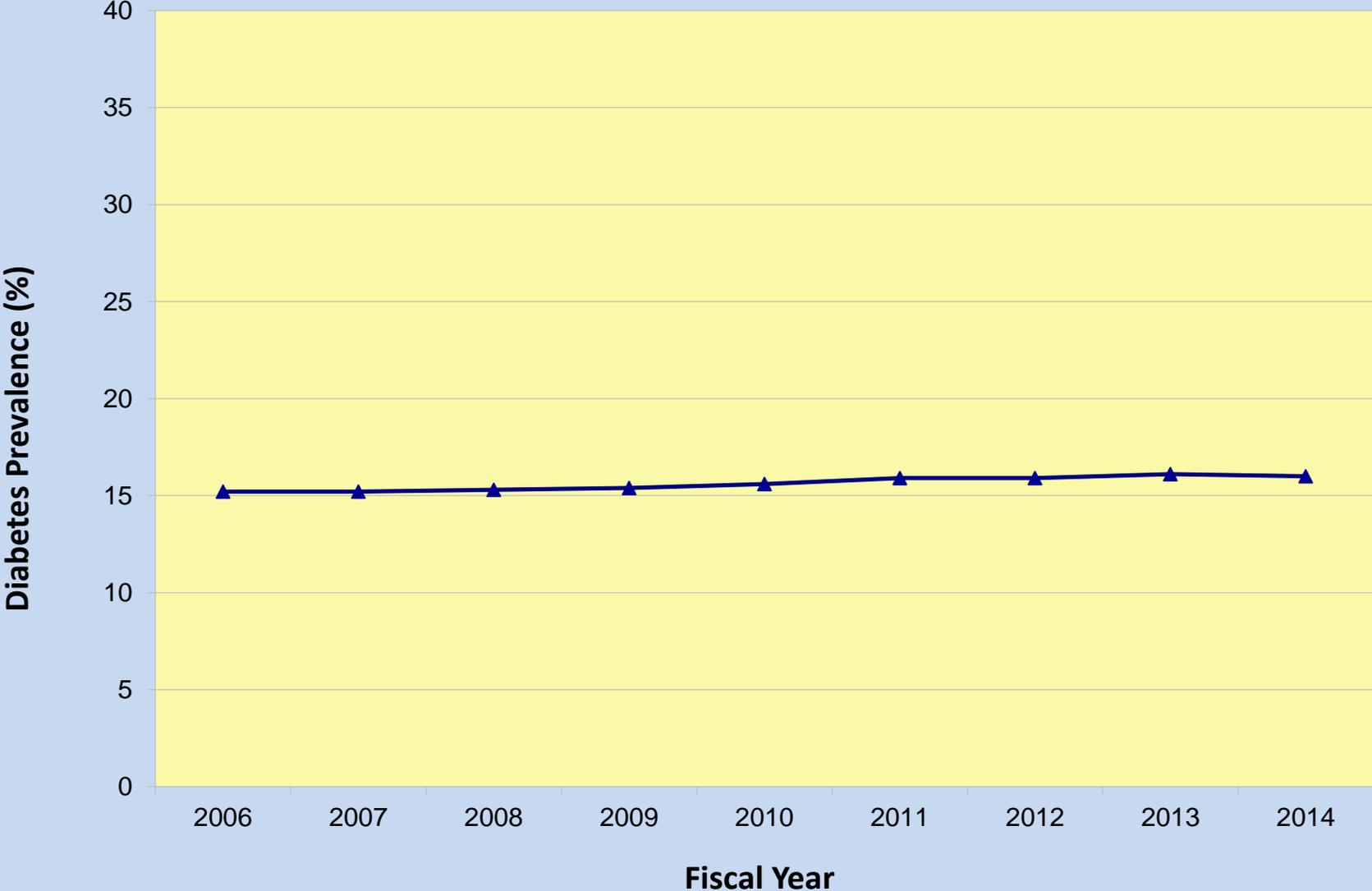
- Alaska: 19
- Albuquerque: 29
- Bemidji: 33
- Billings: 12
- California: 37
- Great Plains: 20
- Nashville: 5 (+ 20 sub-grantees)
- Navajo: 8 (+ 5 sub-grantees)
- Oklahoma City: 34
- Phoenix: 36
- Portland: 40
- Tucson: 3



It's Working! Data

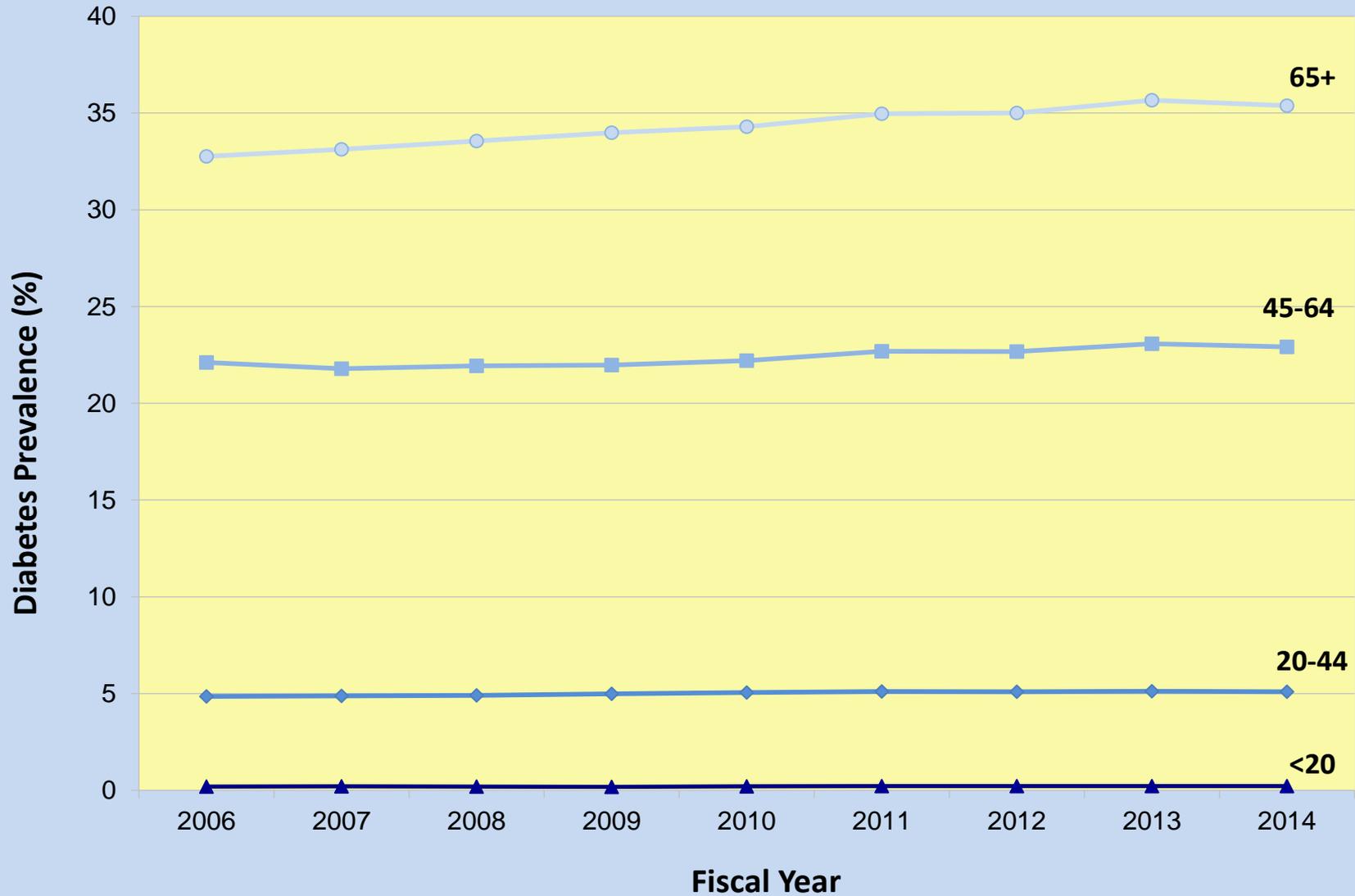
Diabetes Prevalence in American Indians and Alaska Natives: 2006-2014

Adults (20+) - Age Adjusted to the US Population

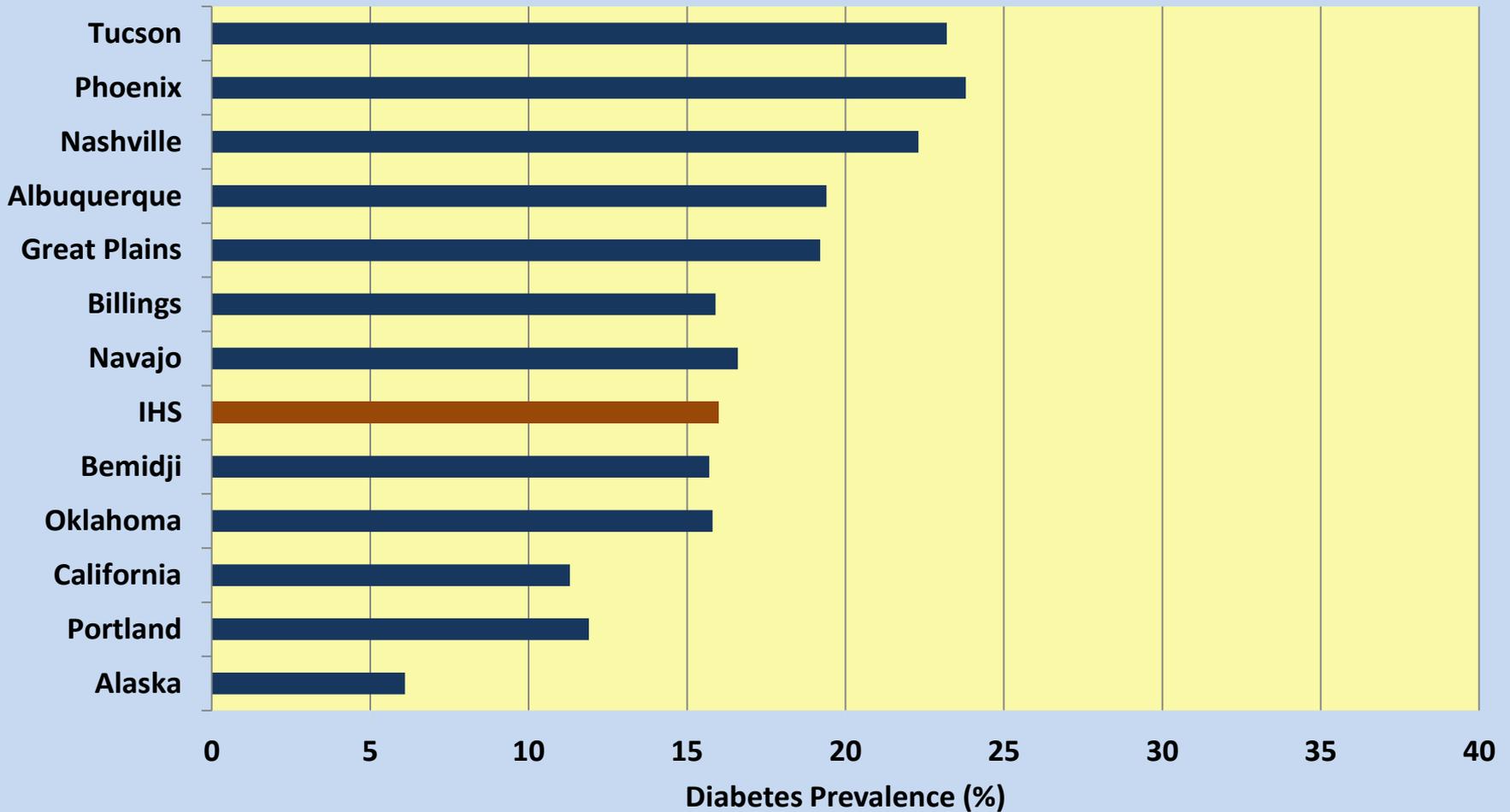


Prepared By: IHS Division of Diabetes Treatment and Prevention, August 2015
Data Source: IHS National Data Warehouse General Data Mart

Diabetes Prevalence in American Indians and Alaska Natives by Age Group: 2006-2014



Diabetes Prevalence in American Indians and Alaska Natives By Area for FY 2014 Adults (20+) - Age Adjusted to the US Population

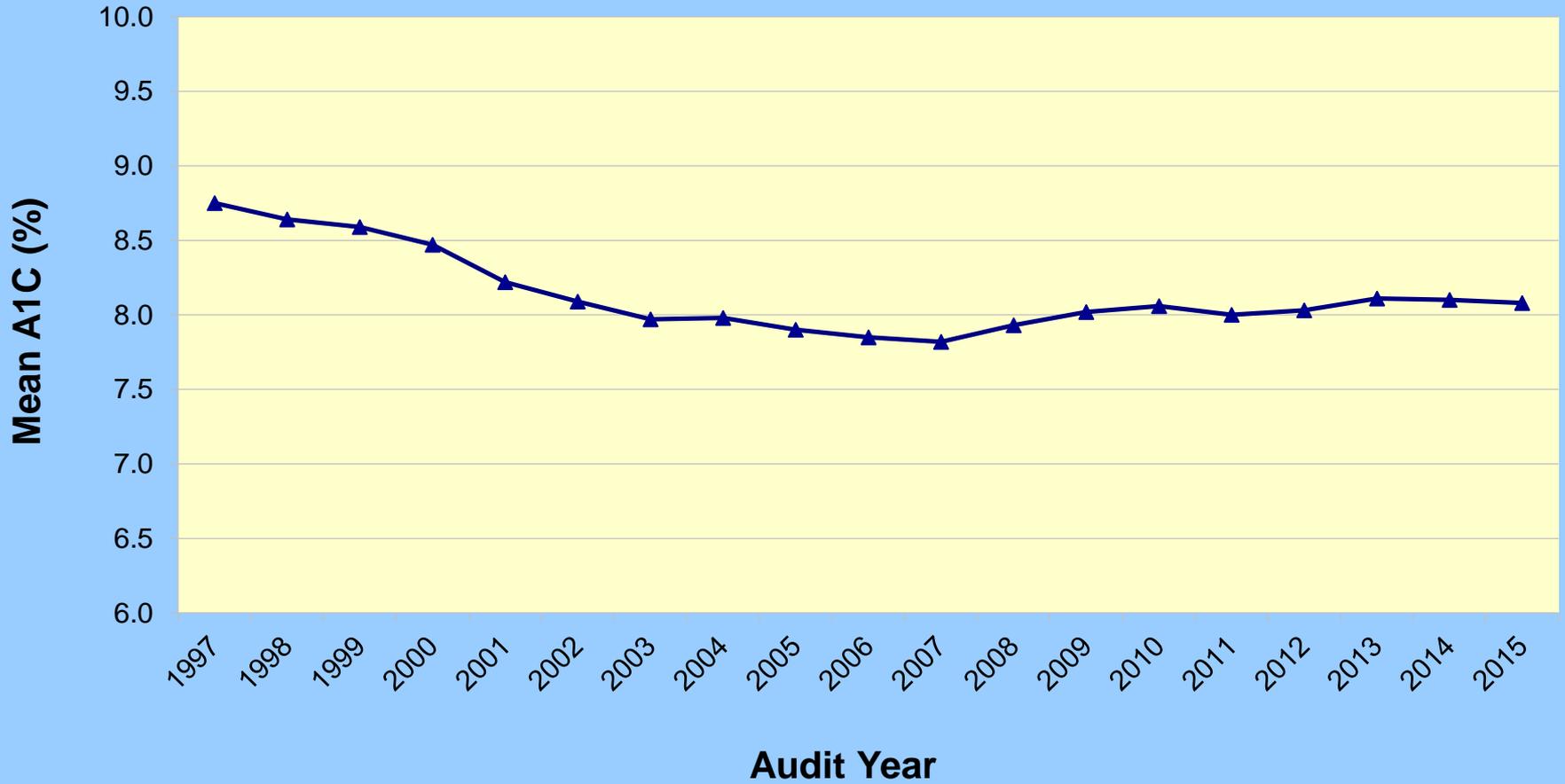




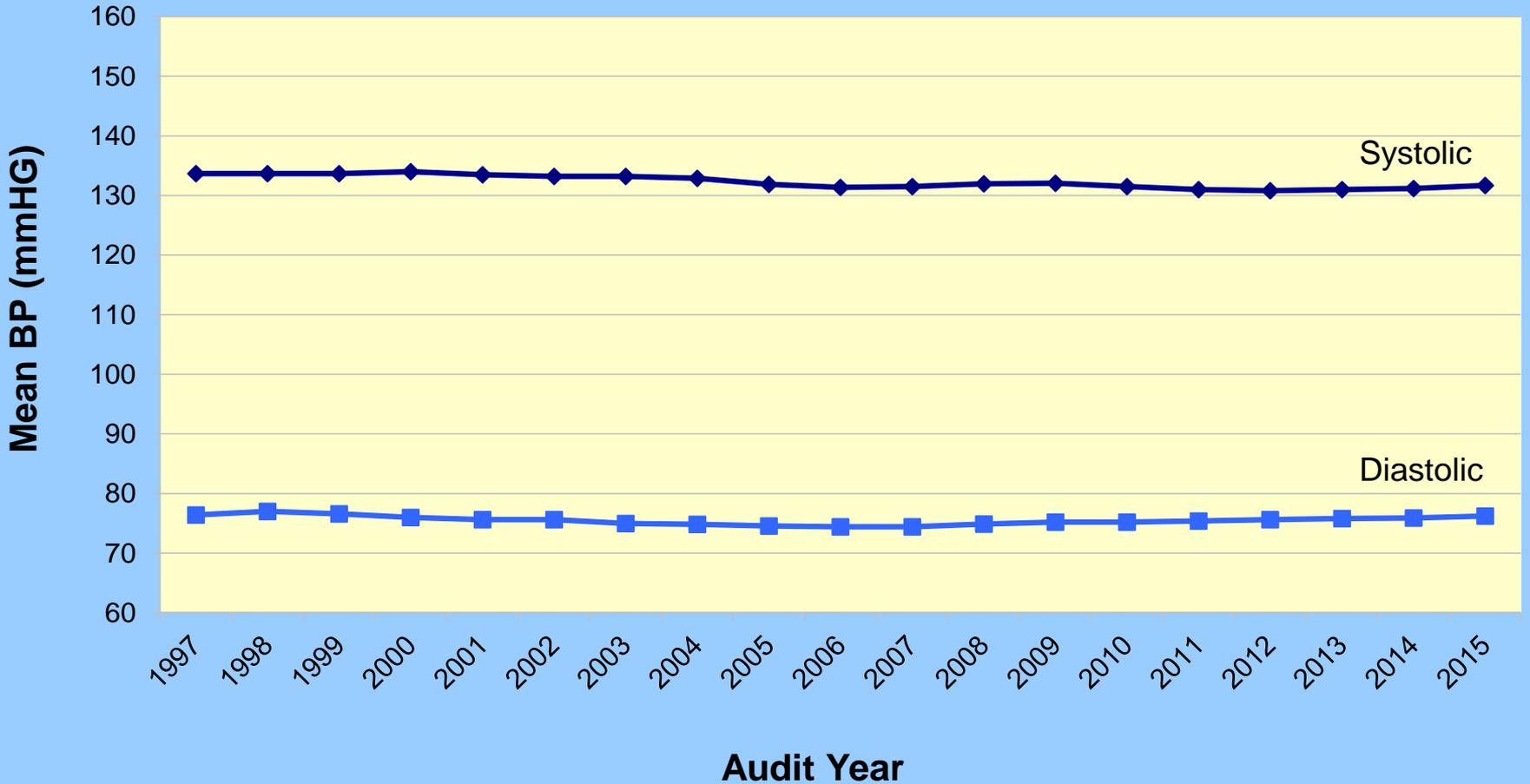
Diabetes Care and Outcomes Audit 2015

333 I/T/U Facilities
116,743 Charts

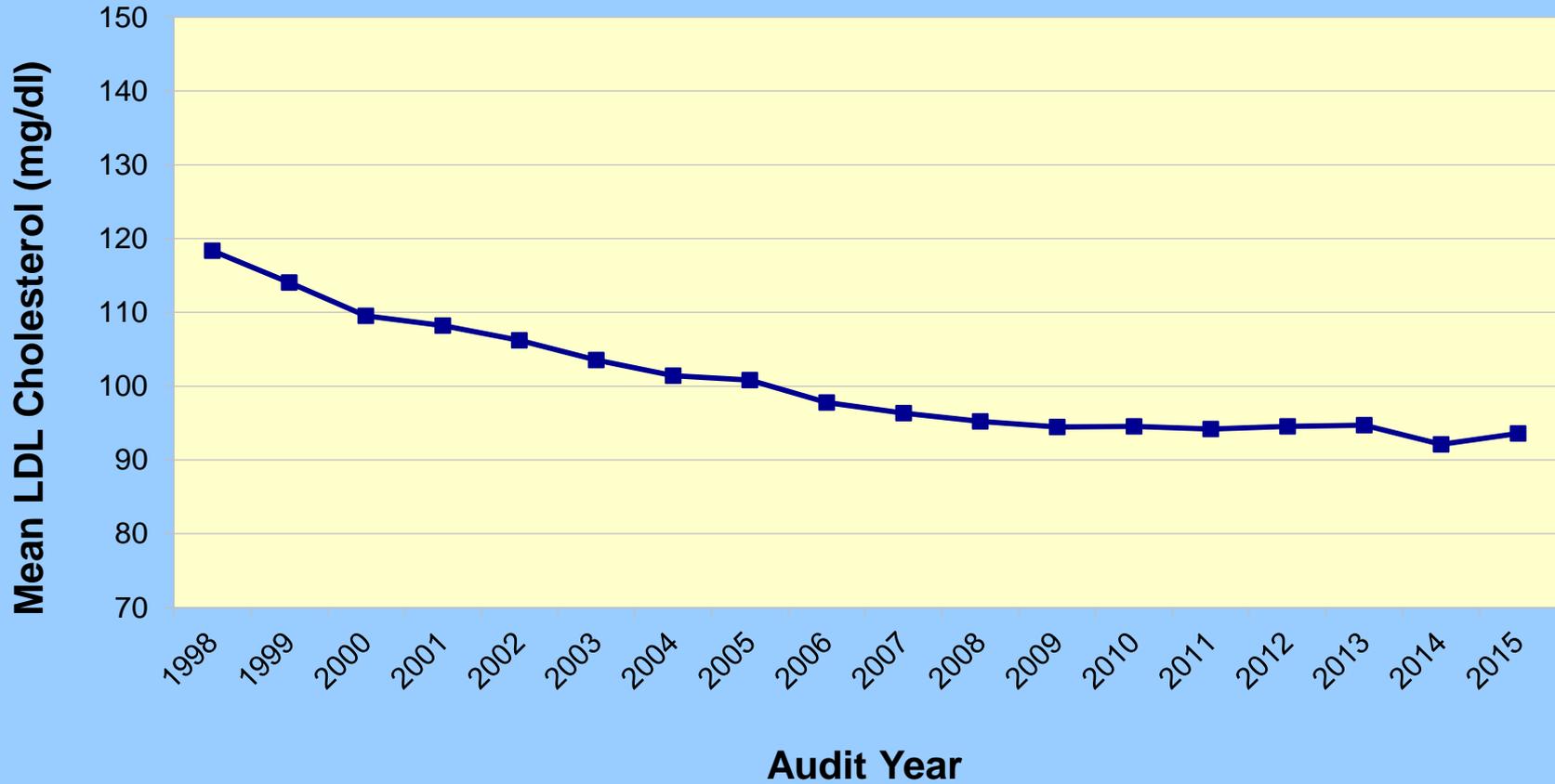
Mean A1C 1997-2015



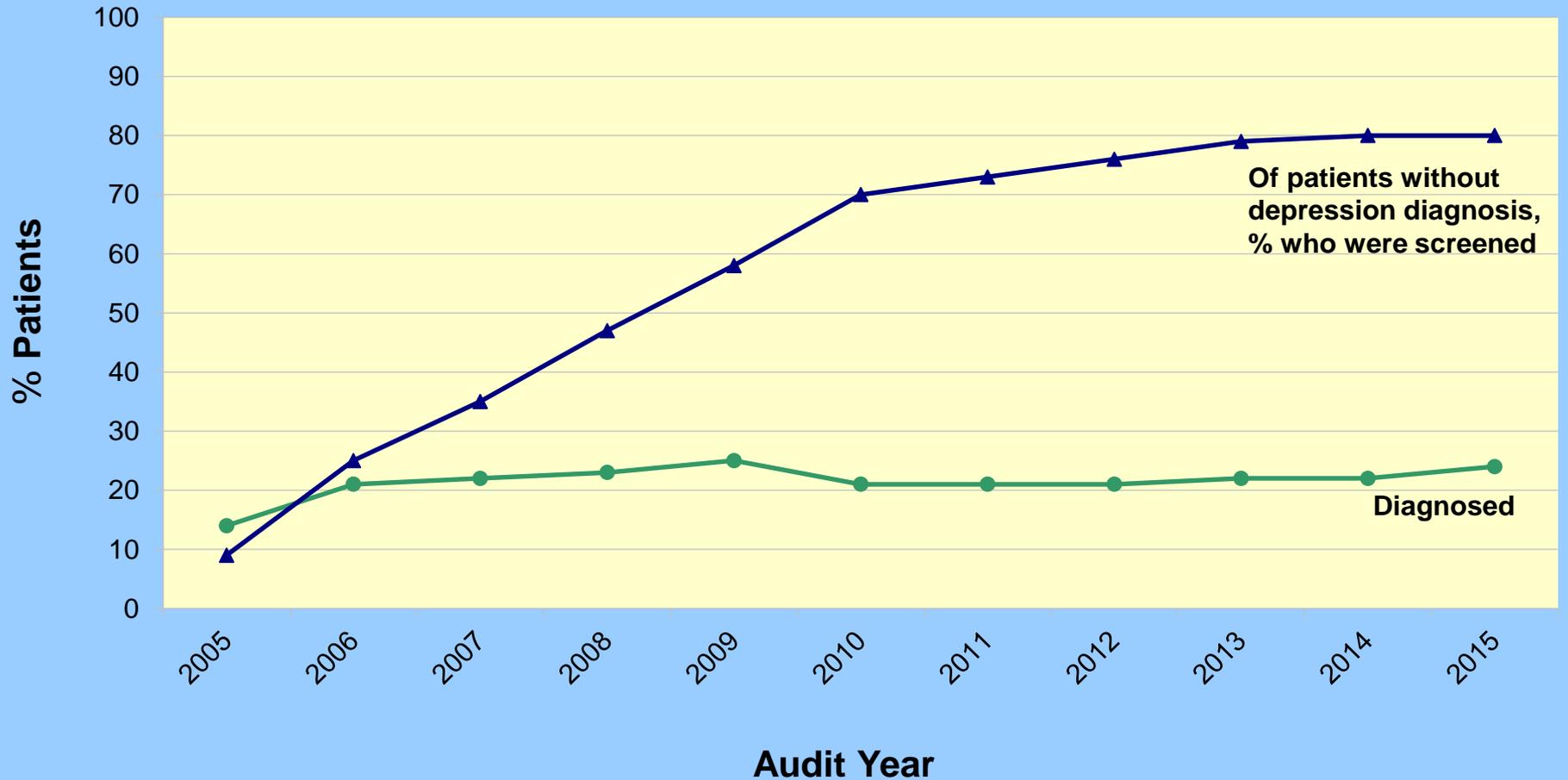
Mean Blood Pressure 1997-2015



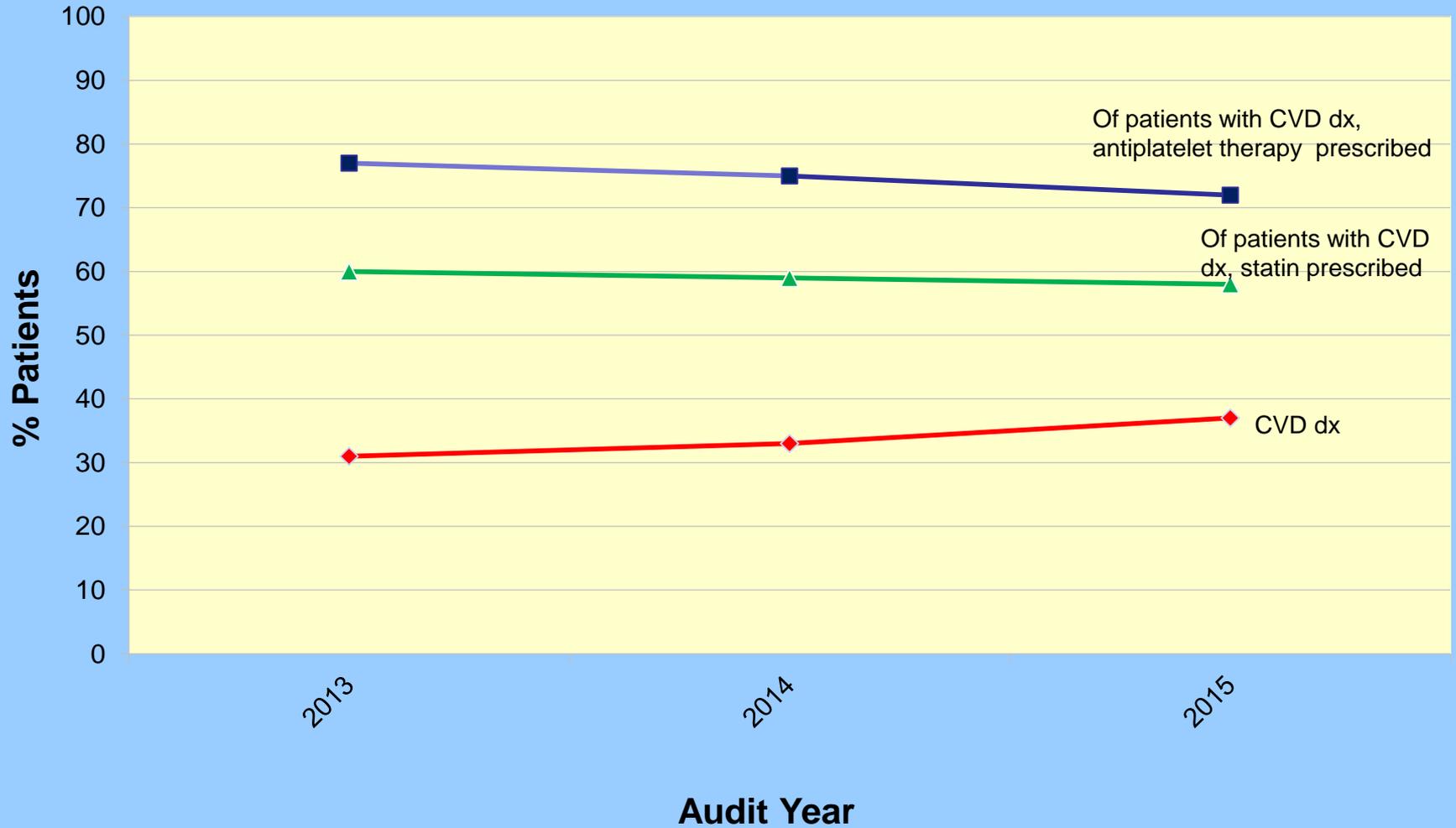
Mean LDL Cholesterol 1998-2015



Depression Diagnosis and Screening 2005-2015



Diagnosed CVD 2013-2015

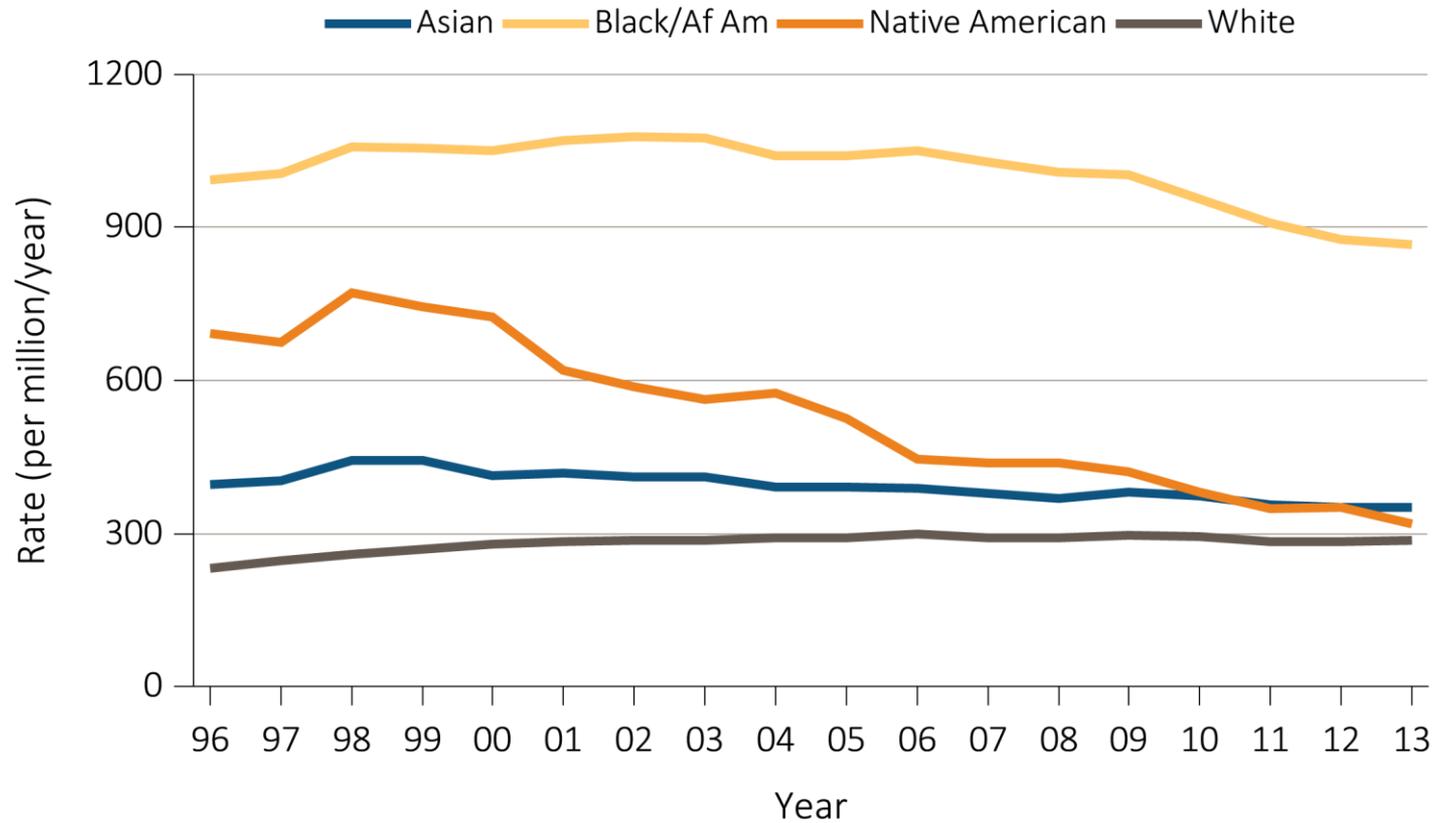




2015 ANNUAL DATA REPORT
VOLUME 2: END-STAGE RENAL DISEASE

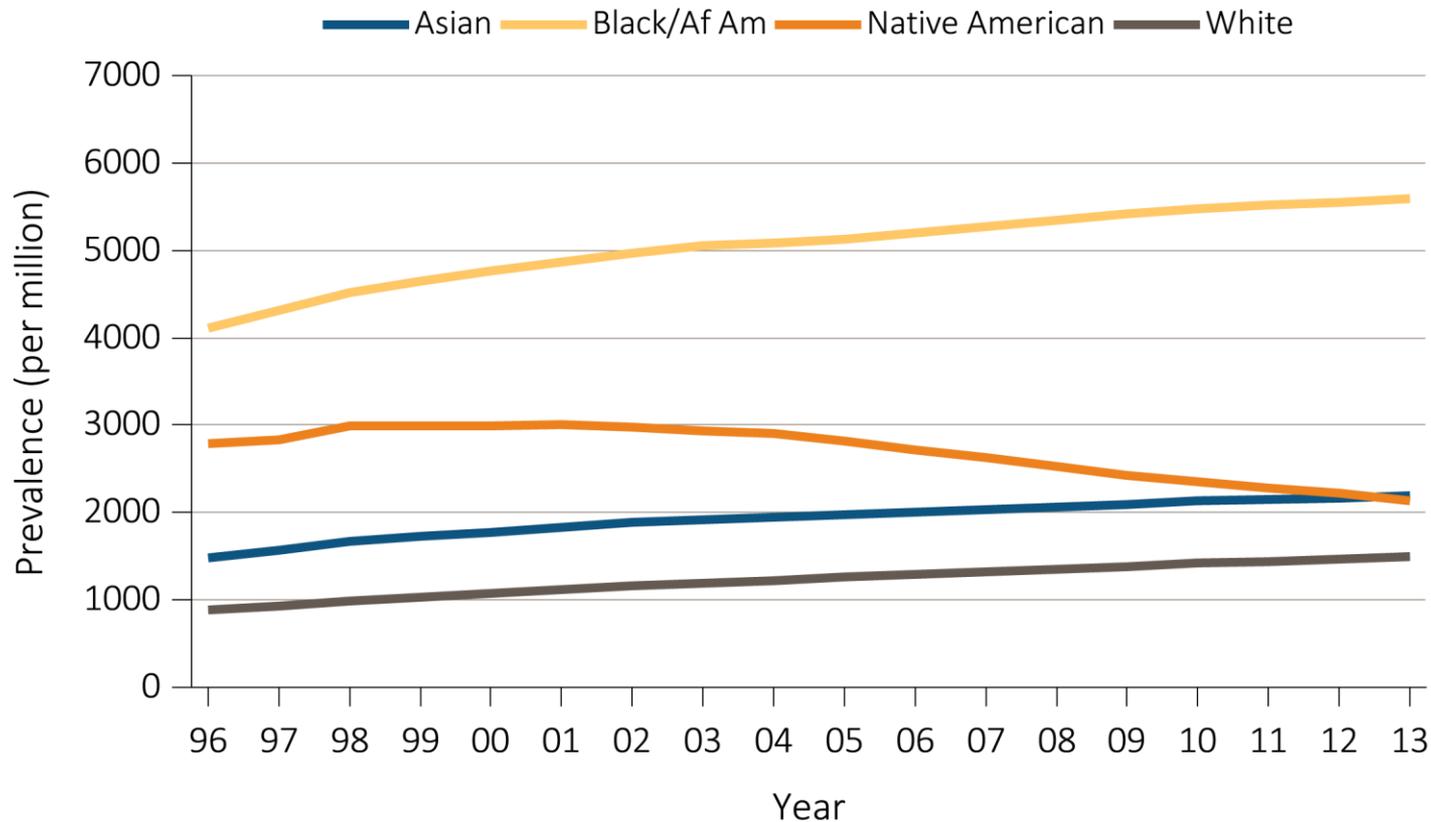
**Chapter 1: Incidence, Prevalence,
Patient Characteristics, and
Treatment Modalities**

Figure 1.5(b) Trends in adjusted* ESRD incidence rate (per million/year), by race, in the U.S. population, 1996-2013



*Data Source: Special analyses, USRDS ESRD Database. *Adjusted for age and sex. The standard population was the U.S. population in 2011. Abbreviations: Af Am, African American; ESRD, end-stage renal disease.*

Figure 1.14(b) Trends in the adjusted* prevalence (per million) of ESRD, by race, in the U.S. population, 1996-2013



*Data Source: Special analyses, USRDS ESRD Database. *Point prevalence on December 31 of each year. Adjusted for age and sex. The standard population was the U.S. population in 2011. Abbreviations: Af Am, African American; ESRD, end-stage renal disease.*

USRDS

- “The ESRD incidence rates for Blacks, Native Americans, and Asians have declined over the nearly 20-year period shown in Figure 1.5.b. **The decline has been greatest (over 2-fold) among Native Americans.** ...the ratio of incidence rates for Native Americans versus Whites decreased from 2.6 to 1.1.”

(USRDS 2015 ADR, ESRD, ch. 1, Highlights, emphasis added)

- “...the remarkable decline in incidence rates among Native Americans has resulted in a 29% decline in the prevalence of ESRD in this population since 2000. **This represents the only instance, since the beginning of ESRD care in 1973, of a decline in adjusted prevalence for a major racial group.**“

(USRDS 2015 ADR, ESRD, ch.1 Highlights, emphasis added)

SDPI: 18+ Years of Successful Interventions

Why does SDPI work? Some thoughts...

- Shines a sustained spotlight on diabetes
- Federal-Tribal-Urban partnership
 - Tribal Consultation/Urban Confer
 - Local priorities take the lead
- Diffusion
- Accountability
- Best Practices, Data
- National infrastructure (DDTP, ADCs, DGM)
 - Feedback loop
- Taps into the tremendous spirit of creativity and passion for the wellbeing of people in our communities



SDPI Looking Ahead: The job is far from done

- We've come a long way since 1997!
- But it will take *decades* of intense interventions to address diabetes
- Scientific understanding of risk factors expanding well beyond genes and lifestyle choices
 - Many are related to the deepest issues in our communities
 - Poverty, food insecurity, trauma, depression, toxic exposures, etc.
 - Diabetes is intricately connected to the healing of our communities
 - We must have an infrastructure in place which can adapt
- **SDPI continues to evolve and to be part of the healing**



Thank you for your support of SDPI

Questions?