

Site Visit Toolkit

*Help Congress Understand the
Impact SDPI Has In Your Community*

Participate in our campaign to connect members of Congress with grantees, SDPI participants and communities by hosting a site visit

National Indian
Health Board



S.H.O.W. SDPI

SHOW Congress SDPI in action by hosting a site visit TODAY

Schedule a time to reach out to your member of Congress

Host your member at your SDPI site

Organize the community to participate

Witness the change when your member goes back to D.C.

What? The Special Diabetes Program for Indians (SDPI) must be renewed this year to ensure that critical programs around the country can continue. Now is the time to SHOW your member of Congress how your SDPI program is saving lives and transforming communities.

Who? You! NIHB is calling on SDPI Program Directors, Program Participants, Health Directors, Tribal Leaders, and Members of the Native American and Alaska Native Community with an SDPI Program to participate in the SHOW SDPI Campaign. We need you to bring a sense of urgency to this effort. Remember, members of Congress are always looking for new opportunities to meet with their constituents. Most will be eager to meet you and see the great things you are doing in the district or state they represent.

Why? SDPI is saving lives and transforming communities. Help put a face on the amazing outcomes with real-life stories of success and triumph. Personalized site visits help show how important SDPI funding is to preventing diabetes for future generations. Now is the time to share your community's story of success with Congress.

SCHEDULE

Between *July 1 – Nov. 31*, invite your member of Congress to come and visit your SDPI program when they are home on recess. Since members are on recess the entire month of August, it's a great time to schedule! Also, don't be afraid of weekend or holiday visits. Do whatever it takes to get on their schedule!

HOST

You can help showcase your SDPI program. NIHB has created a toolkit with step-by-step guides on how to host a site visit with your member of Congress, so they can experience first-hand the impact SDPI is having in Indian country. If you are interested in showcasing your SDPI program, please contact Jeremy Marshall at NIHB at jmarshall@nihb.org and he will help you SHOW SDPI.

ORGANIZE

We've created a toolkit and templates to help you schedule and host this meeting at <http://nihb.org/sdpi> And we are here to help! Contact Jeremy (202.507.4078/jmarshall@nihb.org) to get all the information you need!

WITNESS

Once you contact Jeremy to get started, you will witness the great effect you have in the renewal of the SDPI.

National Indian
Health Board



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. Currently, SDPI provides grants for diabetes treatment and prevention services to **404 IHS, Tribal, and Urban Indian health programs in 35 states**. SDPI has two major components: the Demonstration Projects (SDPI Diabetes Prevention program and SDPI Healthy Heart Project) and the Community Directed Diabetes Programs. SDPI is currently reauthorized through fiscal year 2014.

SDPI Timeline

2012	Congress extends SDPI for an additional year at current funding level of \$150 million per year
2010	Congress extends SDPI for an additional three years at current funding level of \$150 million per year
2008	Congress extends SDPI for an additional two years at current funding level of \$150 million per year
2007	Congress extends SDPI for an additional year at current funding level of \$150 million per year
2004	Congress directs SDPI to initiate demonstration projects focused on diabetes prevention & cardiovascular disease risk reduction
2003	NIH Diabetes Prevention Program (DPP) Study results provided scientific evidence that type 2 diabetes can be prevented or delayed
2002	Congress extends SDPI for an additional five years and increases funding to \$150 million per year
2000	IHS establishes Best Practices based upon SDPI data
1998	Congress extends SDPI for an additional three years and increases funding to \$100 million per year
	Tribal Leaders Diabetes Committee (TLDC) created by Congress to guide IHS in development and consultation of SDPI
1997	Special Diabetes Program (SDP) consisting of the Special Diabetes Program for Indians and Special Type 1 Diabetes Research Program created by congress - \$30 million provided for each program for five years
1996	American Diabetes Association created Awakening the Spirit (ATS) national advocacy team
1986	Indian Health Service Standards of Care developed
1976	Indian Health Service National Diabetes Program created by Congress
1974	Diabetes Mellitus Interagency Coordinating Committee (DMICC) established by Congress
1963	National Institutes of Health (NIH) Pima Indian Study recognized diabetes epidemic among American Indians

SDPI: An Effective Program that is Improving Lives and Saving Federal Dollarsⁱ

American Indian and Alaska Native (AI/AN) adults are **2.3 times more likely to have diagnosed diabetes** (compared with non-Hispanic whites). The **death rate due to diabetes for AI/ANs is 1.6 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 is helping to create a brighter future for Americans burdened by diabetes.

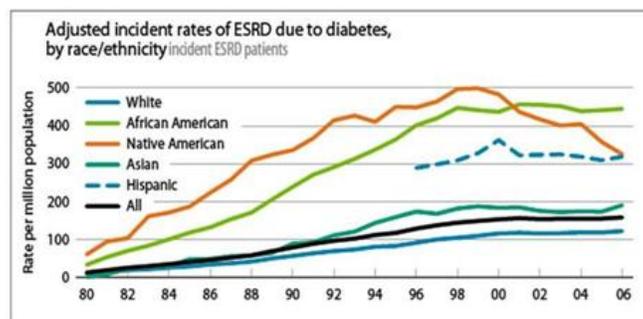
The Special Diabetes Program for Indians (SDPI): Providing a Strong Return on the Federal Investment

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.

Clinical and Community Outcomes are Impacting Federal Cost Savingsⁱⁱ

Declining Incident Rates of Diabetes-Related Kidney Disease

- **Outcome:** Between 1999 and 2006, the incident rate of end-stage renal disease (ESRD) due to diabetes in AI/AN people **fell by 28%** - a greater decline than for any other racial or ethnic group.
- **Impact:** ESRD is the largest driver of Medicare costs. Medicare costs per year for one patient on hemodialysis exceeded \$80,000 in 2009. This reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and other third party payers.



Source: United States Renal Data System, 2008

Decreasing Average Blood Sugar Levels

- **Outcome:** The average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2010.
- **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.

Decreasing Risk of Cardiovascular Disease

- **Outcome:** The average LDL ("bad" cholesterol) declined from 118 mg/dL in 1998 to 95 mg/dL in 2010.
- **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.

Increasing Primary Prevention and Weight Management for Children and Youth

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

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%.

Increasing Emphasis on Adopting Healthy Lifestyle Behaviors

- **Outcome:** SDPI is transforming communities.
- **Impact:** 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.

ⁱ Facts At-a-Glance, IHS (June 2012).

ⁱⁱ IHS SDPI 2011 Report to Congress

Scheduling a Site Visit with your Member of Congress

Ten easy steps

1. **Locate contact information for your members of Congress and identify the person and process**

The first step in scheduling a visit with your member of Congress is to determine who in the office handles the member's schedule and the office's process for requesting a meeting.

- You can access a list of Senators at:
http://www.senate.gov/general/contact_information/senators_cfm.cfm/.
- To find out who your Representative is visit: <http://www.house.gov/representatives/find/> and enter your address.

After you locate the contact information for your members of Congress, call the office and:

- Let them know you want to schedule a time for the Senator/Congressman to visit your Special Diabetes Program for Indians program site while he/she is in the district/state;
- Ask who the contact person in the office is for scheduling such meetings (in some offices the scheduler in Washington, DC handles all requests and in some offices there is a state or district scheduler who handles local meetings);
- Ask what the office process is for requesting a meeting (sometimes you can email the request, sometimes the office prefers it to be faxed).

2. **Format the Request Letter**

Personalize the attached letter to include specifics of your program.

3. **Submit the Letter**

After you have the correct contact and process for requesting a visit, meet with your Health Director and your Tribal Chair/Leadership to discuss who should submit the letter. It will be submitted either by email or fax (based on the office's process).

For email:

- Have the subject line say: Request to visit (ENTER PROGRAM NAME AND LOCATION)
- Paste the Request letter in the body of the email.

For fax:

- On the cover page include the name of the contact, your contact information and the Subject: "Request to visit (ENTER PROGRAM NAME AND LOCATION)"

4. **Follow up on Request**

If in a week you do not hear back regarding your request, call the office and ask to speak with the scheduler. Refer them to the subject and date of your email/fax. Offices receive countless requests per day, so you need to be persistent. If the member is unavailable to tour the site, ask if the District or State Director is available.

5. **Scheduling the Meeting**

After the members' office confirms a meeting date and time, send them an email that includes all necessary logistics. The email should provide:

- Date/Time/Address/Directions
- Person to contact at the Site along with a contact phone number

6. **Working with Member's Office to Ensure a Productive Visit**

A few weeks before the visit, call the Washington, DC office and ask to speak with the staff person who handles AI/AN issues. Discuss the upcoming visit with them and ask if there are specific issues the member is interested in or specific things he/she wants to see. Discuss the draft agenda and ask how long the member would like to speak. Ask the staff if the member will be doing any press around the visit.

During the visit make sure to not only emphasize the positive outcomes you are seeing as a result of the program, but also reinforce the necessity of renewal of this program this year. Try to paint a picture of what would happen in your community if funding for this program was no longer available. If possible, get a program participant to be involved in the visit to show the positive outcomes of the program.

7. Create a Packet For Your Member

Create a packet of information about your program and SDPI. You can use the fact sheet included in this toolkit.

8. Send a Thank You Note

Following the visit, send a thank you note to the member and forward a copy to the member's staff person that you worked with on setting up the visit. This follow up is where lots of people fall short, but it is a critical step in developing and strengthening relationships with the member and his/her office.

9. Thank Your Member in the Local Paper. You can write a letter to the editor to thank your member of Congress in your local paper. Most papers accept letters to the editor and will provide instructions on how to submit one on their website under "contact" or "submit a letter to the editor."

10. Send NIHB Photos of Your Event

After the visit, send Jeremy photos so NIHB can post them on the SDPI Resource Center, along with a summary of the visit. This is a great way to show the broader community how you are contributing to this campaign and to SDPI renewal, and it provides ideas for others who are thinking about hosting a member at an SDPI site.

Once the meeting has been scheduled, contact Jeremy Marshall at NIHB at jmarshall@nihb.org and he will work with you, your health Director and Tribal Leadership to develop an agenda and effective messaging for the meeting.

Template Letter

The Honorable _____

Office building address

Washington, DC 205__

Dear (Scheduler) _____,

On behalf of the (enter site/tribe name) I am writing to invite (Senator/Representative) to visit (ENTER NAME OF PROGRAM), located in (ENTER CITY). We would be honored to show (Senator/Rep. Name) the difference our program is making for the tribal communities in (ENTER CITY, STATE) who are dealing with the burdens of diabetes.

Add a sentence or two here about the focus of your program, how many people served, etc.

As you know, diabetes is a rapidly growing epidemic that affects American Indian and Alaska Native populations in greater numbers than the general population. In some AIAN communities, nearly 60% of the population is diagnosed with the disease.

In 1997, Congress created the Special Diabetes Program for Indians (SDPI) to address this disproportionate burden, and the program has grown to become our nation's most strategic and effective federal effort in addressing diabetes in tribal communities. Today, SDPI supports over 404 Indian Health Service, Tribal, and Urban programs in 35 states, and the results to date have been extraordinary. Blood sugar levels have decreased, the risk cardiovascular disease has been reduced, diabetes-related kidney disease progression has slowed, and primary prevention and weight management programs for adults and youth have increased. The program has also encouraged adoption of health lifestyle behaviors and an enhanced focus on AIAN traditions. Yet, despite its great accomplishments, the SDPI is set to expire next year, unless Congress acts to renew it.

We know how important these issues are to you, and what a strong supporter you have been for this program over the years. We want to show you first hand what we are accomplishing with SDPI dollars in our community. Our program is making a tangible difference in the lives of our people, and we would be honored to share our accomplishments with you.

Thank you for all that you do for to support American Indian and Alaska Native communities fight against diabetes. Please contact (ENTER NAME OF GRANTEE) at (ENTER PHONE NUMBER) or (ENTER EMAIL) to arrange a visit to our program.

We look forward to hearing from you soon.

Sincerely,