

Diabetes In Indian Country

Tribal Leaders Diabetes Committee



Connie Barker, TLDC Co-Chair

Diabetes in Indian Country



- AI/ANs are **182%** more likely to have a diagnosis of Type II Diabetes
- The death rate is **1.6x** higher than the general U.S. population
- Medical expenditures are **2.3x** higher

Special Diabetes Program for Indians [SDPI]



1963: NIH recognizes diabetes epidemic in Native Americans.

1997: SDPI created & funded at \$30million per year for 5 years. TLDC is formed to guide IHS.

2002: SDPI Extended for 5 years at \$150million per year.

1998: SDPI Extended for 3 years for \$100million per year.

Present: Tribes are asking for an extension of 5 years funded at \$200million per year in FY2016.

1974-1996: Diabetes prevention and advocacy programs developed by Congress, IHS & American Diabetes Association.

TLDC



Mission

The TLDC will make recommendations to establish broad-based policy and advocacy priorities for diabetes and related chronic disease activities to the Director of IHS.

Vision

The TLDC will empower AI/AN people to live free of diabetes and related chronic diseases through promotion of healthy lifestyles while preserving culture, traditions, and values through Traditional Leadership.

Special Diabetes Program for Indians [SDPI]



28% Decrease in ESRD

- End-stage renal disease declined more than any other racial groups between 1999-2006.
- Reduction of up to \$80,000/patient



Youth Weight Loss

- 73% increase in primary prevention activities
- 56% increase in weight management activities



Healthier Lifestyles

- 72% increase in community walking & running programs

TLDC

