

# Special Diabetes Program for Indians

*Saving lives in Montana and providing a strong return on federal investment.*



## History

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the growing epidemic of diabetes in American Indian and Alaska Native (AI/AN) communities. This program has grown and become the nation's most strategic and effective federal initiative to combat diabetes. SDPI is currently authorized through fiscal year 2017.

## SDPI Outcomes

SDPI funding supports over 300 diabetes treatment and prevention programs in 35 states, and the results have been extraordinary. The structure of the grant program has allowed Tribes to collect data and document that this investment is both saving lives and saving the federal healthcare system money. For example, according to the United States Renal Data System, there has been a remarkable decline in diabetes incidence rates among AI/ANs since 1998 that has resulted in **a 29% decline, more than any other race**, in prevalence rates of end-stage renal disease (ESRD) – a costly complication often linked with diabetes. ESRD requires expensive treatments and is the single largest driver of Medicare costs. The Medicare cost per year for hemodialysis (a common ESRD treatment) exceeded \$84,000 per patient in 2013.



*"We need the Diabetes Center here so hopefully one day we can prevent people from ever getting diabetes in the first place."*

-Faye Filesteel,  
Fort Belknap Healthy Heart Project

## Diabetes in Montana

According to the Centers for Disease Control and Prevention (CDC), in 2014, approximately 98,000 people in Montana – **7.6% of the population** – had diagnosed diabetes, and many suffered from serious diabetes related conditions. In addition to the human toll diabetes places on the people of Montana, it also places a large financial burden on the state's healthcare system. In 2013, the staggering estimate of direct and indirect cost of diabetes in Montana was approximately \$56 million.

**FY 2016 SDPI funding in Montana totaled \$5,564,865. This funded 10 Community**

### Directed Grant programs in:

- Fort Peck Reservation
- Crow Tribe of Indians
- Helena Indian Alliance
- Missoula Urban Indian Health Center
- Northern Cheyenne Tribe
- Confederated Salish & Kootenai Tribes
- Fort Belknap Indian Reservation
- Indian Family Health Clinic
- North American Indian Alliance
- Rocky Boy Health Board

## Renewal is Vital

SDPI provides a strong return on federal investment and is saving lives in Montana. **Congress must renew this critical program** to ensure that the SDPI funded programs can continue their important work and that lessons learned from these programs can be shared and replicated to keep Indian Country on the path to a diabetes-free future.

National Indian  
Health Board



For more information, visit [www.nihb.org/SDPI](http://www.nihb.org/SDPI)