Special Diabetes Program for Indians

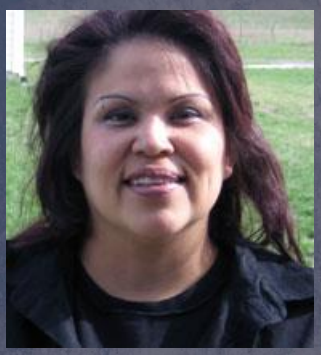
Saving lives in Nebraska and providing a strong return on federal investment.

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.



"I've had 3 relatives lose limbs to diabetes. Diabetes needs to be taken seriously and wiped out – as we now know it can be."

- Clarissa Hoffman, Ho-Chunk Hope Diabetes Program

Diabetes in Nebraska

According to the Centers for Disease Control and Prevention (CDC), in 2014, approximately 158,000 people in Nebraska – **8.4% of the population** – had diagnosed diabetes, and many suffered from serious diabetes related conditions such as heart disease, neuropathy, and eye, foot and skin complications. In addition to the human toll diabetes places on the people of Nebraska, 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 Nebraska was approximately $1.11 billion.

FY 2016 SDPI funding in Nebraska totaled $1,931,172 million for 5 Community-Directed Grant Programs at:

- Nebraska Urban Indian Health
- Omaha Tribe of Nebraska
- Ponca Tribe of Nebraska
- Santee Sioux Nation
- Winnebago Tribe of Nebraska

Renewal is Vital

Since the beginning of SDPI, blood sugar levels in AI/ANs have decreased, the risk of cardiovascular disease has been reduced, and diabetes-related kidney disease progression has slowed. **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

To find out more about SDPI, visit www.nihb.org/SDPI