

Special Diabetes Program for Indians

Saving lives in Utah 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.



"It's a good feeling to know that by staying on this healthy path, I may soon be able to control my diabetes without medication."

- Reggie Martinez

Uintah & Ouray IHS Clinic Healthy Heart Program

Diabetes in Utah

According to the Centers for Disease Control and Prevention (CDC), in 2014, approximately 226,000 people in Utah – **7.7% 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, 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 Utah was approximately \$1.19 billion.

FY 2016 SDPI funding in Utah totaled \$2,217,286 and supported 5 Community-Directed Grant Programs at:

- Utah Navajo Health System
- Confederated Tribes of the Goshute
- Paiute Indian Tribe
- Urban Indian Center of Salt Lake
- Ute Indian Tribe

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