Special Diabetes Program for Indians (SDPI): Impact for Urban Indian Organizations

American Indian and Alaska Native (AI/AN) people currently have the highest rates of diabetes: they are three times more likely to be diagnosed with diabetes than non-Hispanic white adults. AI/AN people also face a disproportionate burden of related diseases, such as end stage renal disease (OMH, 2021).

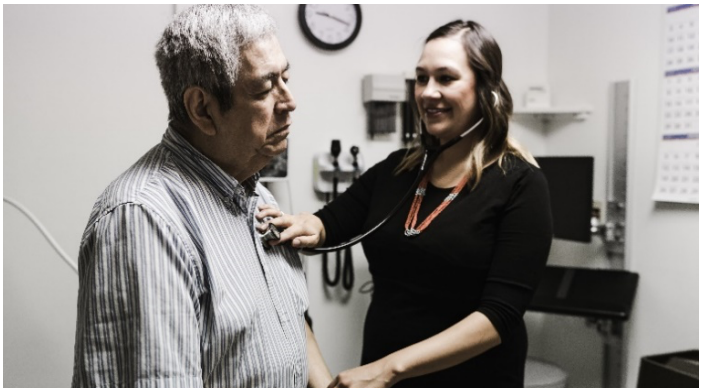
The Special Diabetes Program for Indians (SDPI) is the only national public health intervention shown to improve diabetes-related outcomes, including treatment and prevention for AI/AN communities. This program's success comes from ensuring Tribes, Tribal organizations, and Urban Indian organizations are able to determine their own best approach for healing their communities.

ABOUT SPECIAL DIABETES PROGRAM FOR INDIANS

SDPI was created in 1997 by the U.S. Congress to respond to the growing burden of type 2 diabetes in AI/AN communities (IHS, 2017). SDPI funds and supports culturally adapted and community-directed programs in the development and sustainment of high-quality, effective diabetes treatment and prevention programs (IHS, 2014). It has increased access to treatment and prevention services throughout Indian Country — both on tribal lands and urban areas (IHS, 2014).

ELEVATED RISK OF COMPLICATIONS FROM OTHER HEALTH CONDITIONS

The data shows that SDPI continues to make a significant positive impact in AI/AN communities. A diabetes diagnosis can lead to a variety of health complications, such as heart disease, chronic kidney disease, nerve damage, and issues with feet, oral health, and vision (CDC, 2022). Those with diabetes are also at a higher risk for severe complications and potentially death when infected with COVID-19 (CDC, 2020a; ADA, 2020; Fang et al., 2020; CDC, 2020b). However, if diabetes is well-managed, the risk of severe complications during COVID-19 infection goes back to the baseline risk of the general public (ADA, 2020). Controlling the symptoms of diabetes is essential for the AI/AN community due to the disproportionate burden of this disease.



IMPACT OF SPECIAL DIABETES PROGRAM FOR URBAN NATIVES

Among AI/AN people served by Urban Indian Organizations (UIOs), SDPI has had the following results:

In 2021, 64.3% of patients audited had an eGFR > 60 ml/min/1.7m2—an indicator of good kidney health. In addition, 61.2% patients audited had a systolic and diastolic blood pressure below 140 mmHg and 90 mmHg, both of which can lower the risk for diabetes-related complications in patients (Urban Indian Health Institute [UIHI], Seattle Indian Health Board [SIHB], 2023).

In 2021, 76.2% of audited patients with diabetes and hypertension were prescribed ACE inhibitors or ARBs, helping to decrease the risk of hypertension among these patients (UIHI, SIHB, 2023).

Documentation of electronic nicotine delivery systems (ENDS) use increased significantly over the five-year period of 2017–2021. As we learn more about health ramifications of ENDS use (i.e., e-cigarettes, vape, etc.) among patients with diabetes, it is important to document these findings (UIHI, SIHB, 2023).

SDPI has a key role in making annual eye, foot, and dental examinations accessible for AI/AN patients with diabetes. **Presumably due to the devastating effects of the COVID-19 pandemic, the proportions of those receiving eye, foot, and dental examinations decreased by approximately half from 2020-2021** (UIHI, SIHB, 2023). This points to a continued need for SDPI programming to recover to pre-pandemic figures.

From 2018 to 2021, the proportion of patients without an existing hepatitis C diagnosis who then tested negative for hepatitis C increased significantly from 21.2% to 46.4% (UIHI, SIHB, 2023).

Urban Indian Health Institute
A Division of the Seattle Indian Health Board

Our mission is to decolonize data, for Indigenous people, by Indigenous people.
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IMPACT OF SPECIAL DIABETES PROGRAM FOR INDIANS OVERALL

Among AI/AN people, SDPI has had the following results:

Diabetes prevalence among AI/AN adults did not increase as much as it did for other racial groups from 2006 to 2012, and decreased 5.2% from 2013 to 2017 (IHS, 2014; Bullock et al., 2017; Bullock et al, 2020).

Obesity and diabetes rates among AI/AN youth have remained constant for more than 10 years (IHS, 2014).

Eye diseases resulting in vision loss and blindness due to diabetes saw rates decrease 50% since the inception of SDPI (IHS, 2014).

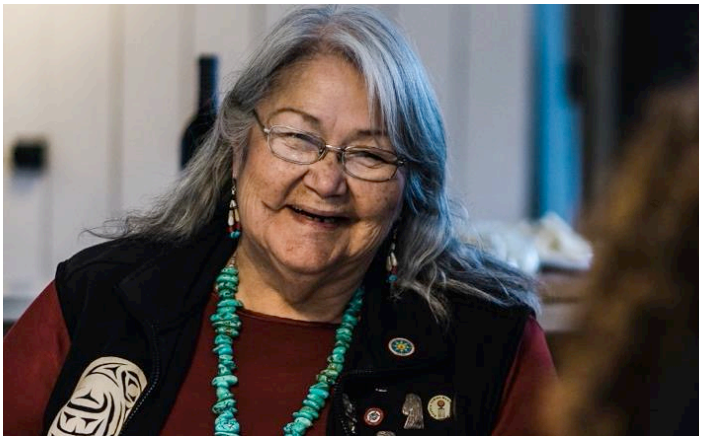
Kidney failure due to diabetes dropped by 54% between 1996 and 2013 in AI/AN adults—the largest decrease of any other racial or ethnic group—and resulted in the same incidence as non-Hispanic white patients with diabetes (Bullock et al., 2017). **The cost saving associated with this decrease is estimated at $174 million to $520 million** (DHHS, 2019).

There has been a decrease in mean A1c levels, mean low-density lipoprotein cholesterol, and well-controlled blood pressure measurements, all of which can reduce the rate of diabetes complications in patients (IHS, 2014).

SDPI Alleviates the Burden of Diabetes for AI/AN Patients

SDPI positively impacts the health of AI/AN people with diabetes, and also mitigates the risk of complications from uncontrolled symptoms and related conditions. While SDPI has achieved major successes, there is still a higher rate of type 2 diabetes in AI/AN people than any other racial or ethnic group, and AI/AN people are still disproportionately affected by diabetes-related complications (OMH, 2021; IHS 2012).

SDPI-funded programs can continue to mitigate this higher risk and reduce diabetes-related cost for AI/AN people over time, as shown by the unparalleled success it has had in addressing diabetes in Indian country thus far.



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