DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service
Services: 75-0390-0-1-551

# SPECIAL DIABETES PROGRAM FOR INDIANS

(Dollars in Thousands)

| | FY 2016 | FY 2017 | FY 2018 | |
|---|---|---|---|---|
| | Final | Annualized CR | President's Budget | FY 2018 +/- FY 2017 |
| BA | $150,000 | $147,000 | $150,000 | +$3,000 |
| FTE* | 32 | 32 | 32 | 0 |

* FTE numbers reflect only Federal staff and do not include increases in Tribal staff.

**Authorizing Legislation** ..... 111 Stat. 574, 1997 Balanced Budget Act (P.L. 105-33), Consolidated Appropriation Act 2001 and amendment to Section 330C (c)(2)(c) Public Health Service Act through Senate Bill 2499 (passed the Senate 12/18/07) to extend funding through FY 2009, the Medicare Improvements for Patients and Providers Act of 2008 (P.L. 110-275) Title III Special Diabetes Program for Indians (SDPI) to extend funding through FY 2011, the H.R. 4994 Medicare and Medicaid Extenders Act of 2010 to extend SDPI funding through FY 2013,the American Taxpayer Relief Act of 2012 (P.L. 112-240) to extend funding through FY 2014, the Protecting Access to Medicare Act of 2014 (P.L. 113-93; H.R. 4302) to extend funding through FY 2015. H.R. 2 – The Medicare Access and CHIP Reauthorization Act of 2015 authorized SDPI for FY 2016 and FY 2017. The program authorization is set to expire after FY 2017.

**FY 2018 Authorization**..... Expires FY 2017

**Allocation Method** ..... Grants and Contracts

## PROGRAM DESCRIPTION

The Special Diabetes Program for Indians (SDPI) grant program provides funding for diabetes treatment and prevention to approximately 301 Indian Health Service (IHS), Tribal, and Urban (I/T/U) Indian health grant programs. Funds for SDPI were first authorized in FY 1998; as such, FY 2017 is the 20th year of the SDPI. SDPI operates with a budget of $150 million per year that is currently authorized through FY 2017. The IHS Office of Clinical and Preventive Services (OCPS) Division of Diabetes Treatment and Prevention (DDTP) provides leadership, programmatic, administrative, and technical oversight to the SDPI grant program.

The mission of the DDTP is to develop, document, and sustain public health efforts to prevent and control diabetes in American Indians and Alaska Natives (AI/ANs) by promoting collaborative strategies through its extensive diabetes network. The diabetes network consists of a national program office, Area Diabetes Consultants in each of the 12 IHS Areas, and approximately 301 SDPI grants and sub-grants at I/T/U sites across the country.

### Target Population: American Indians and Alaska Natives

Diabetes and its complications are major contributors to death and disability in nearly every Tribal community. AI/AN adults have the highest age-adjusted rate of diagnosed diabetes (15.9 percent) among all racial and ethnic groups in the United States, more than twice the rate of

the non-Hispanic white population (7.6 percent).[1] In some AI/AN communities, more than half of adults 45 to 74 years of age have diagnosed diabetes, with prevalence rates reaching as high as 60 percent.[2]

### Allocation Method

In the Balanced Budget Act of 1997, Congress instructed the IHS to use SDPI funds to "establish grants for the prevention and treatment of diabetes" to address the growing problem of diabetes in AI/ANs. The entities eligible to receive these grants were I/T/Us. The IHS distributes this funding to approximately 301 I/T/U sites annually through a process that includes Tribal consultation/Urban confer, development of a formula for distribution of funds, and a formal grant application and administrative process.

### Strategy

The SDPI brings Tribes together to work toward a common purpose and share information and lessons learned. The Tribal Leaders Diabetes Committee established in 1998, reviews information on the SDPI progress and provides recommendations on diabetes-related issues to the IHS Director. Through partnerships with federal agencies, private organizations, and an extensive I/T/U network, DDTP undertook one of the most strategic diabetes treatment and prevention efforts ever attempted in AI/AN communities and demonstrated the ability to design, manage, and measure a complex, long-term project to address this chronic condition. Because of the significant costs associated with treating diabetes, I/T/Us have used best and promising practices for their local SDPI funding to address the primary, secondary, and tertiary prevention of diabetes and its complications.

This collaborative approach supports the strategic planning process necessary to identify the goals and objectives needed to achieve the intended SDPI outcomes. This process aligns with the IHS priorities to renew and strengthen partnerships with Tribes and also to improve access to quality health care.

## PROGRAM ACCOMPLISHMENTS

### SDPI: Two Major Components

As directed by Congress and Tribal consultation, the SDPI consists of two major components: (1) SDPI Grant Program; and (2) Diabetes data and program delivery infrastructure.

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[1] Centers for Disease Control and Prevention (CDC). *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014.* Atlanta, GA: U.S. Department of Health and Human Services; 2014. *Available at*:http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html

[2] Lee ET, Howard BV, Savage PJ, et al. Diabetes and impaired glucose tolerance in three American Indian populations aged 45-74 years: the Strong Heart Study. *Diabetes Care*. 1995;18:599-610.

1. SDPI Grant Program

The SDPI grant program (formerly called the SDPI Community-Directed grant program) provides $138.7 million per year in grants and technical assistance for local diabetes treatment and prevention services at I/T/U health programs in 35 states. Each of the communities served by the SDPI grant program is unique in that its diabetes treatment and prevention needs and priorities are defined locally. Based on these local needs and priorities, the SDPI grant programs implement proven interventions to address the diabetes epidemic.

The Consolidated Appropriations Act of 2001 established statutory authority for SDPI to implement a best practices approach to diabetes treatment and prevention. The SDPI has incorporated these Indian Health Diabetes Best Practices into the SDPI grant application process used throughout AI/AN communities. Grant programs are required to document the use of one SDPI Diabetes Best Practice,[3] corresponding evaluation measures, and progress in achieving program objectives in order to enhance accountability. Grantees receive training on how to collect, evaluate, and improve their data collection and use it to improve their outcome results.

***Impact of the SDPI Grant Programs***

SDPI funding has enabled staff and programs at the local and national levels to increase access to diabetes treatment and prevention services throughout the Indian health system. The following table demonstrates substantial increases in access to many activities and services:

| Diabetes treatment and prevention services available to AI/AN individuals | Access in 1997 | Access in 2015 | Absolute Percentage increase |
|---|---|---|---|
| Diabetes clinics | 31% | 64% | +33% |
| Diabetes clinical teams | 30% | 97% | +67% |
| Diabetes patient registries | 34% | 89% | +55% |
| Nutrition services for adults | 39% | 83% | +44% |
| Access to registered dieticians | 37% | 68% | +31% |
| Culturally tailored diabetes education programs | 36% | 95% | +59% |
| Access to physical activity specialists | 8% | 73% | +65% |
| Adult weight management programs | 19% | 73% | +54% |

*Clinical Diabetes Outcomes During SDPI*
At the same time that access to these diabetes services increased, key outcome measures for AI/ANs with diabetes showed improvement or maintenance at or near national targets. These results have been sustained throughout the inception of SDPI. Examples include:

- *Improving Blood Sugar Control*
  Blood sugar control among AI/ANs with diabetes served by the IHS has improved over time. The average blood sugar level (as measured by the A1C test) decreased from 9.0 percent in 1996 to 8.1 percent in 2016, nearing the A1C goal for most patients of less than 8 percent.
- *Improving Blood Lipid Levels*

[3] *Available at* https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBP_New

Average LDL cholesterol (i.e., "bad" cholesterol) declined from 118 mg/dL in 1998 to 92 mg/dL in 2016, surpassing the goal of less than 100 mg/dL.

- *Reducing Kidney Failure*
  The rate of new cases of kidney failure due to diabetes leading to dialysis declined by more than half (54 percent) in AI/AN people from 1996 to 2013. This is a much larger decline than in any other racial group in the US.[4]

2. Diabetes Data and Program Delivery Infrastructure

The IHS has used funding from the SDPI to strengthen the diabetes data infrastructure of the Indian health system by improving diabetes surveillance and evaluation capabilities. SDPI supports the development and implementation of the IHS Electronic Health Record, and the IHS Diabetes Management System in all 12 IHS Areas.

Facilities associated with SDPI programs participate in the annual IHS Diabetes Care and Outcomes Audit. The Diabetes Audit is the cornerstone of the IHS DDTP diabetes care surveillance system, tracking annual performance on diabetes care and health outcome measures. Data collection for the Diabetes Audit follows a standardized protocol to ensure statistical integrity and comparability of measures over time. The 2016 Diabetes Audit included a review of 122,051 patient charts at 332 I/T/U health facilities. The Diabetes Audit enables IHS and the SDPI programs to monitor and evaluate yearly performance at the local, regional, and national levels. DDTP provides Diabetes Audit training through online and webinar formats. DDTP receives evaluations on all trainings provided to guide improvements for future sessions.

**Key Performance/Accomplishments**

Annual SDPI assessments have shown significant improvements in diabetes clinical care and community services provided over time when compared to the baseline SDPI assessment in 1997 (see table above titled "Diabetes treatment and prevention services available to AI/AN individuals").

Ongoing efforts to improve blood glucose, blood pressure, and cholesterol values will continue to reduce the risk for microvascular, as well as macrovascular complications (see "Outputs/Outcomes" table below).

**Reporting**

In addition to internal monitoring of the SDPI Grant Program, the DDTP has completed five SDPI Reports to Congress to document the progress made since 1997. The SDPI Reports to Congress are as follows:

- January 2000 Interim Report to Congress on SDPI;
- December 2004 Interim Report to Congress on SDPI;
- 2007 SDPI Report to Congress: On the Path To A Healthier Future;
- 2011 SDPI Report to Congress: Making Progress Toward A Healthier Future; and
- 2014 SDPI Report to Congress: Changing the Course of Diabetes: Turning Hope into Reality.

[4] Bullock A, Burrows NR, Narva AS, et al. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives — United States, 1996–2013. MMWR Morb Mortal Wkly Rep 2017;66:26-32. DOI: http://dx.doi.org/10.15585/mmwr.mm6601e1.

Following Tribal consultation, beginning in FY 2016, SDPI funding has been distributed as follows:

## Special Diabetes Program for Indians – Total Yearly Costs

| CATEGORY | Percentage of the total | (Dollars in Millions) |
|---|---|---|
| Original Community-Directed Grants – now called SDPI Grant Programs (272 Tribal and IHS grants, sub-grants, and technical assistance in FY 2017).<br>• Number and amounts of grants awarded increased in FY 2016 due to the competitive application process and the merger of the SDPI Diabetes Prevention and Healthy Heart (DP/HH) Initiative program into the SDPI C-D grant program. | **86.8%** | **$130.2** |
| Administration of SDPI grants (includes program support funds to IHS Areas, Tribal Leaders Diabetes Committee, DDTP, Grants Management, evaluation support contracts, etc.) | **4%** | **6.1** |
| Urban Indian Health Program SDPI Grant Programs ($8.5M allocated to 29 grants and technical assistance in FY 2017)<br>• Increase of $1 million compared to FY 2015 | **5.7%** | **8.5** |
| Funds to strengthen the Data Infrastructure of IHS | **3.5%** | **5.2** |
| **TOTAL:** | **100%** | **$150.0** |

### BUDGET REQUEST

The SDPI is currently authorized through September 30, 2017, under P.L. 114-10, the Medicare Access and Children's Health Insurance Program Reauthorization Act (MACRA) of 2015. The FY 2018 request for the SDPI is $150 million. The distribution of funding is shown in the grant tables that follow.

### OUTPUTS / OUTCOMES

| Measure | Year and Most Recent Result / Target for Recent Result / (Summary of Result) | FY 2017 Target | FY 2018 Target | FY 2018 Target +/-FY 2017 Target |
|---|---|---|---|---|
| 2 American Indian and Alaska Native patients with diagnosed diabetes achieve Good Glycemic Control (A1c Less than 8.0%). (Outcome) | FY 2016: 46.9 %<br>Target:<br>49.5 %<br>(Target Not Met) | 48.4 % | Retire after 2017 | N/A |
| 2 Tribally Operated Health Programs (Outcome) | FY 2016: 49.2 %<br>Target:<br>52.5 %<br>(Target Not Met) | 51.4 % | Retire after 2017 | N/A |
| 3 Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved | FY 2016: 68.3 %<br>Target:<br>65 %<br>(Target Exceeded) | 63.8 % | Retire after 2017 | N/A |

| Measure | Year and Most Recent Result / Target for Recent Result / (Summary of Result) | FY 2017 Target | FY 2018 Target | FY 2018 Target +/-FY 2017 Target |
|---|---|---|---|---|
| blood pressure control (<140/90). (Outcome) | | | | |
| 3 Tribally Operated Health Programs (Outcome) | FY 2016: 67 %<br>Target:<br>64.3 %<br>(Target Exceeded) | 62.5 % | Retire after 2017 | N/A |
| 50 DM Statin Therapy (Intermediate Outcome) | FY 2016: 61.9 %<br>Target:<br>61.9 %<br>(Baseline) | 61.9 % | Retire after 2017 | N/A |
| 50 TOHP DM Statin Therapy (Intermediate Outcome) | FY 2016: 61.7 %<br>Target:<br>61.7 %<br>(Baseline) | 61.7 % | Retire after 2017 | N/A |
| 52 Good Glycemic Control (Outcome) | FY 2018: Result Expected Jan 31, 2019<br>Target:<br>36.2 %(Pending) | N/A | 36.2 % | N/A |
| 53 Controlled BP <140/90 (Outcome) | FY 2018: Result Expected Jan 31, 2019<br>Target:<br>52.3 %<br>(Pending) | N/A | 52.3 % | N/A |
| 54 Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes (Intermediate Outcome) | FY 2018: Result Expected Jan 31, 2019<br>Target:<br>37.5 %<br>(Pending) | N/A | 37.5 % | N/A |

**GRANTS AWARDS**

The SDPI provides grants for diabetes treatment and prevention services to IHS, Tribal and Urban Indian health programs in 35 states. The SDPI grant programs provide local diabetes treatment and prevention services based on community needs.

| (whole dollars) | FY 2016 Final | FY 2017 Annualized CR | FY 2018 President's Budget |
|---|---|---|---|
| Number of Awards | 301 (includes sub-grants) | 301 (includes sub-grants) | 301 (includes sub-grants) |
| Average Award | $452,076 | $452,076 | $452,076 |
| Range of Awards | $19,394 - $7,553,570 | $19,394 - $7,553,570 | $19,394 - $7,553,570 |

*Number and amounts of grants awarded in FY 2016 and FY 2017 will be different from FY 2015 due to the FY 2016 competitive application process and the conclusion of the SDPI DP/HH grant programs at the end of FY 2015.

**FY 2016 Mandatory State/Formula Grants**

| CFDA No. 92.237 / Special Diabetes Program for Indians Grant Programs by State and FY 2017 Annual Financial Assistance Awards | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | State Name | FY 98 – FY 15 Total # Grant Programs | FY 16 Total # Grant Programs | FY 2015 Final | FY 2016 Enacted | FY 2017 President's Budget* | Difference # +/- FY 2016 – FY 2015 | Difference $ +/- FY 2016 – FY 2015 |
| AK | Alaska | 25 | 19 | $8,927,252 | $10,191,326 | $10,191,326 | -6 | +$1,264,074 |
| AL | Alabama | 1 | 1 | 207,422 | 276,249 | 276,249 | 0 | +68,827 |
| AZ | Arizona | 33 | 27 | 26,284,093 | 28,338,793 | 28,338,793 | -6 | +2,054,700 |
| CA | California | 42 | 39 | 8,714,164 | 9,740,219 | 9,740,219 | -3 | +1,026,055 |
| CO | Colorado | 3 | 3 | 728,212 | 903,625 | 903,625 | 0 | +175,413 |
| CT | Connecticut | 2 | 2 | 195,466 | 232,550 | 232,550 | 0 | +37,084 |
| FL | Florida | 2 | 2 | 526,853 | 479,662 | 479,662 | 0 | -47,191 |
| IA | Iowa | 1 | 1 | 254,197 | 304,592 | 304,592 | 0 | +50,395 |
| ID | Idaho | 4 | 4 | 760,150 | 935,841 | 935,841 | 0 | +175,691 |
| IL | Illinois | 1 | 1 | 226,282 | 281,832 | 281,832 | 0 | +55,550 |
| KS | Kansas | 6 | 5 | 366,961 | 937,919 | 937,919 | -1 | +570,958 |
| LA | Louisiana | 4 | 4 | 307,833 | 367,019 | 367,019 | 0 | +59,186 |
| MA | Massachusetts | 2 | 2 | 67,506 | 168,477 | 168,477 | 0 | +100,971 |
| ME | Maine | 5 | 5 | 460,160 | 543,068 | 543,068 | 0 | +82,908 |
| MI | Michigan | 13 | 12 | 2,128,707 | 2,363,824 | 2,363,824 | -1 | +235,117 |
| MN | Minnesota | 13 | 8 | 3,287,642 | 3,274,552 | 3,274,552 | -5 | -13,090 |
| MS | Mississippi | 1 | 1 | 1,029,119 | 1,227,316 | 1,227,316 | 0 | +198,197 |
| MT | Montana | 17 | 10 | 5,512,348 | 5,564,865 | 5,564,865 | -7 | +52,517 |
| NE | Nebraska | 5 | 5 | 1,590,573 | 1,931,172 | 1,931,172 | 0 | +340,599 |
| NV | Nevada | 14 | 14 | 2,941,217 | 5,203,730 | 5,203,730 | 0 | +2,262,513 |
| NM | New Mexico | 31 | 29 | 6,938,491 | 13,190,620 | 13,190,620 | -2 | +6,252,129 |
| NY | New York | 4 | 3 | 1,176,338 | 1,310,560 | 1,310,560 | -1 | +134,222 |
| NC | North Carolina | 1 | 1 | 1,184,081 | 1,340,392 | 1,340,392 | 0 | +156,311 |
| ND | North Dakota | 8 | 5 | 2,643,997 | 3,168,173 | 3,168,173 | -3 | +524,176 |
| OK | Oklahoma | 34 | 27 | 17,649,873 | 23,460,585 | 23,460,585 | -7 | +5,810,712 |
| OR | Oregon | 14 | 9 | 1,799,861 | 1,832,727 | 1,832,727 | -5 | +32,866 |
| RI | Rhode Island | 1 | 1 | 94,684 | 112,563 | 112,563 | 0 | +17,879 |
| SC | South Carolina | 1 | 1 | 136,424 | 161,201 | 161,201 | 0 | +24,777 |
| SD | South Dakota | 14 | 9 | 5,399,117 | 6,014,473 | 6,014,473 | -5 | +615,626 |
| TN | Tennessee | 2 | 1 | 79,915 | 130,002 | 130,002 | -1 | +50,087 |
| TX | Texas | 4 | 4 | 575,946 | 789,528 | 789,528 | 0 | +213,582 |
| UT | Utah | 7 | 5 | 1,449,293 | 2,051,292 | 2,051,292 | -2 | +601,999 |
| WA | Washington | 34 | 27 | 3,892,836 | 4,792,337 | 4,792,337 | -7 | +899,501 |
| WI | Wisconsin | 13 | 12 | 3,062,885 | 3,421,213 | 3,421,213 | -1 | +358,328 |

| CFDA No. 92.237 / Special Diabetes Program for Indians Grant Programs by State and FY 2017 Annual Financial Assistance Awards | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | State Name | FY 98 – FY 15 Total # Grant Programs | FY 16 Total # Grant Programs | FY 2015 Final | FY 2016 Enacted | FY 2017 President's Budget* | Difference # +/- FY 2016 – FY 2015 | Difference $ +/- FY 2016 – FY 2015 |
| WY | Wyoming | 3 | 2 | 747,878 | 1,032,196 | 1,032,196 | -1 | +284,318 |
| | **Total States** | **365** | **301** | **$111,347,776** | **$136,074,763** | **$136,074,763** | **-64** | **+$24,726,987** |
| | **Indian Tribes**** | **286** | **252** | **$92,603,859** | **$111,111,398** | **$111,111,398** | **-** | **-** |

* Number and amounts of grants awarded in FY 2016 and FY 2017 will be different from FY 2015 due to the FY 2016 competitive application process and the conclusion of the SDPI DP/HH grant programs at the end of FY 2015.

**This is the number tribes that are primary grantees or sub-grantees.