Special Diabetes Program for Indians:

Improving Diabetes Health Outcomes for American Indians and Alaska Natives

Over the past 10 years, American Indian and Alaska Native communities have used *Special Diabetes Program for Indians* funding to make quality diabetes care practices commonplace in their health care facilities, resulting in better health outcomes for people with diabetes.

The *Special Diabetes Program for Indians* has supported the implementation of proven and successful strategies to address the diabetes epidemic, resulting in important improvements in the health of American Indians and Alaska Natives with diabetes.

Improved health indicators

Key health indicators—including blood sugar control, cholesterol levels, and kidney function—have improved among American Indians and Alaska Natives with diabetes each year since the *Special Diabetes Program for Indians* was created. These improvements not only help people with diabetes achieve better health, but also help the Indian health system reach cost-effectiveness, realize cost savings, and reduce the cost burden of diabetes for all of society.

Improved blood sugar control

- The mean **blood sugar level (A1C) decreased 13%** in American Indians and Alaska Natives with diabetes from 1996 to 2006—a major achievement over 10 years.
- **Why is this important?** Research indicates that the decrease in mean blood sugar described above translates to a 40% reduction in diabetes-related complications, such as blindness, kidney failure, and amputations.

Improved cholesterol levels

- The mean **total cholesterol level decreased 14%** in American Indians and Alaska Natives with diabetes from 1996 to 2006.
- **Mean LDL ("bad") cholesterol level decreased 17%** in American Indians and Alaska Natives with diabetes from 1998 to 2006.
- **Why is this important?** Research has shown that lowering cholesterol levels may help reduce the chance of developing cardiovascular complications associated with diabetes, such as heart attacks, stroke, or heart failure.

Improved kidney function

- The percent of American Indians and Alaska Natives with diabetes who have **protein in the urine (a sign that the kidneys are not working properly) decreased 10%** from 1996 to 2006.
- **ACE inhibitor use in American Indians and Alaska Natives with diabetes increased 35%** from 42% in 1996 to 77% in 2006. ACE inhibitors are a type of medication that reduces protein in the urine and prevents or delays kidney failure.
- **Why is this important?** This outcome reflects the Indian health system's success in protecting kidney function and preventing or delaying kidney failure in American Indians and Alaska Natives with diabetes.

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Improved diabetes treatment and prevention

The *Special Diabetes Program for Indians* grant programs use funding to integrate **elements of quality diabetes care**—including diabetes teams, clinics, and registries—into their health care facilities. These elements help provide continuous, proactive, and planned care to American Indians and Alaska Natives with diabetes.

- **98%** of grant programs reported having **diabetes teams** in 2006 with health professionals who work together to provide diabetes care (68% increase since 1997).
- **67%** of grant programs reported having **diabetes clinics** in 2006 that offer special medical appointments for people with diabetes (36% increase since 1997).
- **99%** of grant programs reported using **diabetes registries** in 2006 to keep track of people with diabetes (65% increase since 1997).

In addition, the *Special Diabetes Program for Indians* helped create diabetes treatment and prevention programs where none existed before, as well as enhanced programs that were already in place. These programs employ **successful, proven strategies to address key areas of diabetes treatment and prevention**—including type 2 diabetes and youth, nutrition, physical activity, weight management, and diabetes education—across the entire life span.

Promoting healthy behaviors in youth

- **82%** of grant programs reported having **type 2 diabetes prevention programs for youth** in 2006 (76% increase since 1997).
- **72%** of grant programs reported offering **weight management programs for youth** in 2006 (64% increase since 1997).

Promoting healthy lifestyles

- **96%** of grant programs reported offering **nutrition services for adults** in 2006 (57% increase since 1997).
- **92%** of grant programs reported offering **community walking and running programs** in 2006 (72% increase since 1997).
- **84%** of grant programs reported offering **weight management programs for adults** in 2006 (65% increase since 1997).

Increasing access to diabetes education

- **96%** of grant programs reported offering **organized diabetes education activities** in 2006 (71% increase since 1997).
- **92%** of grant programs reported offering **culturally-appropriate diabetes education programs** in 2006 (56% increase since 1997).