

Tribal Leaders Diabetes Committee (TLDC) Update April 15, 2021



California Representatives

Primary Tribal Representative

Rosemary Nelson

(Astariwi Band of Pit River Tribe)

Alternate Tribal Representative

Dominica Valencia

(Santa Ynez Band of Chumash Mission Indians)

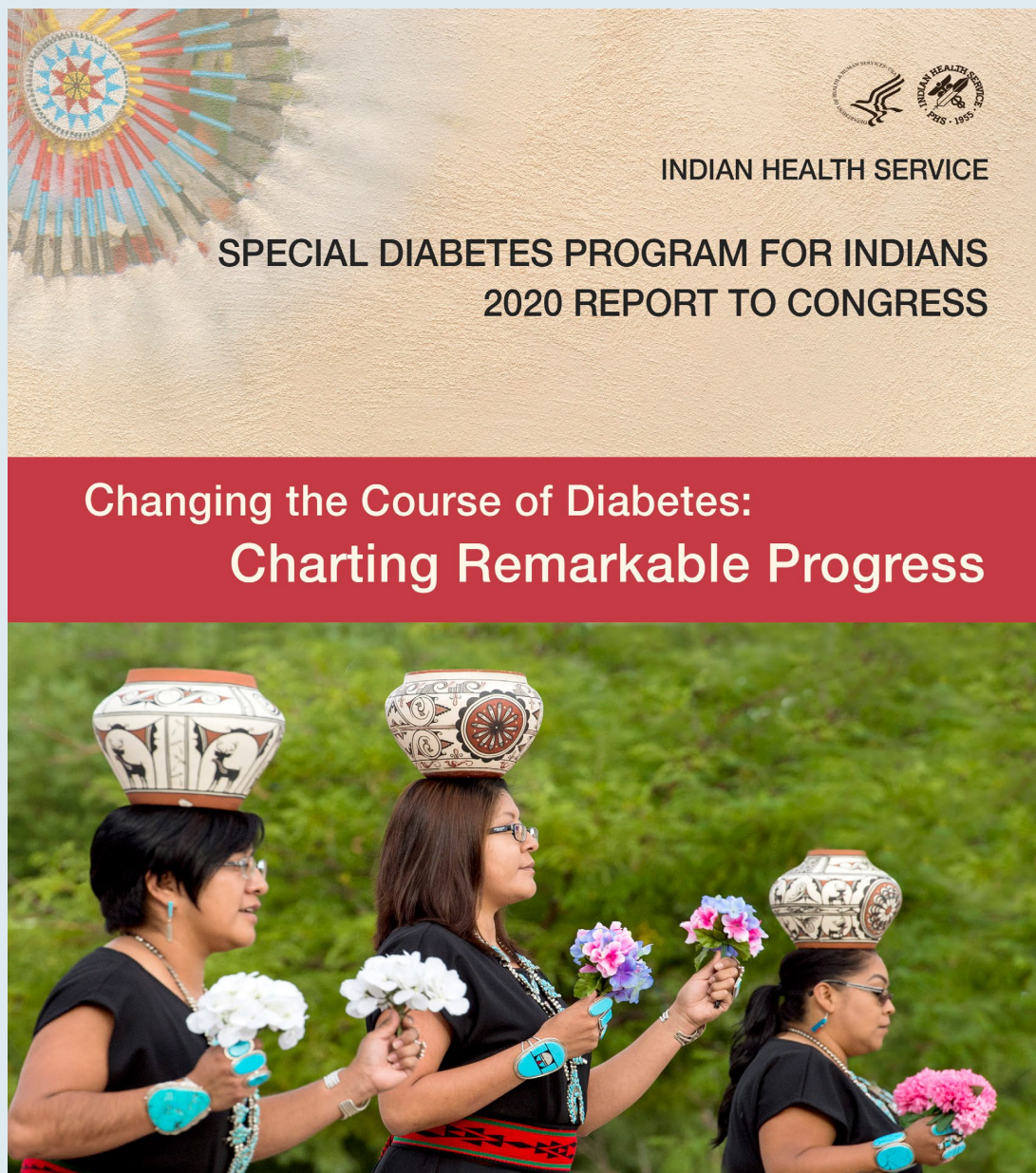
Federal Technical Representative

Glenna Moore, Area Diabetes Consultant

California Area Indian Health Service

Important Diabetes Outcomes for AI/AN

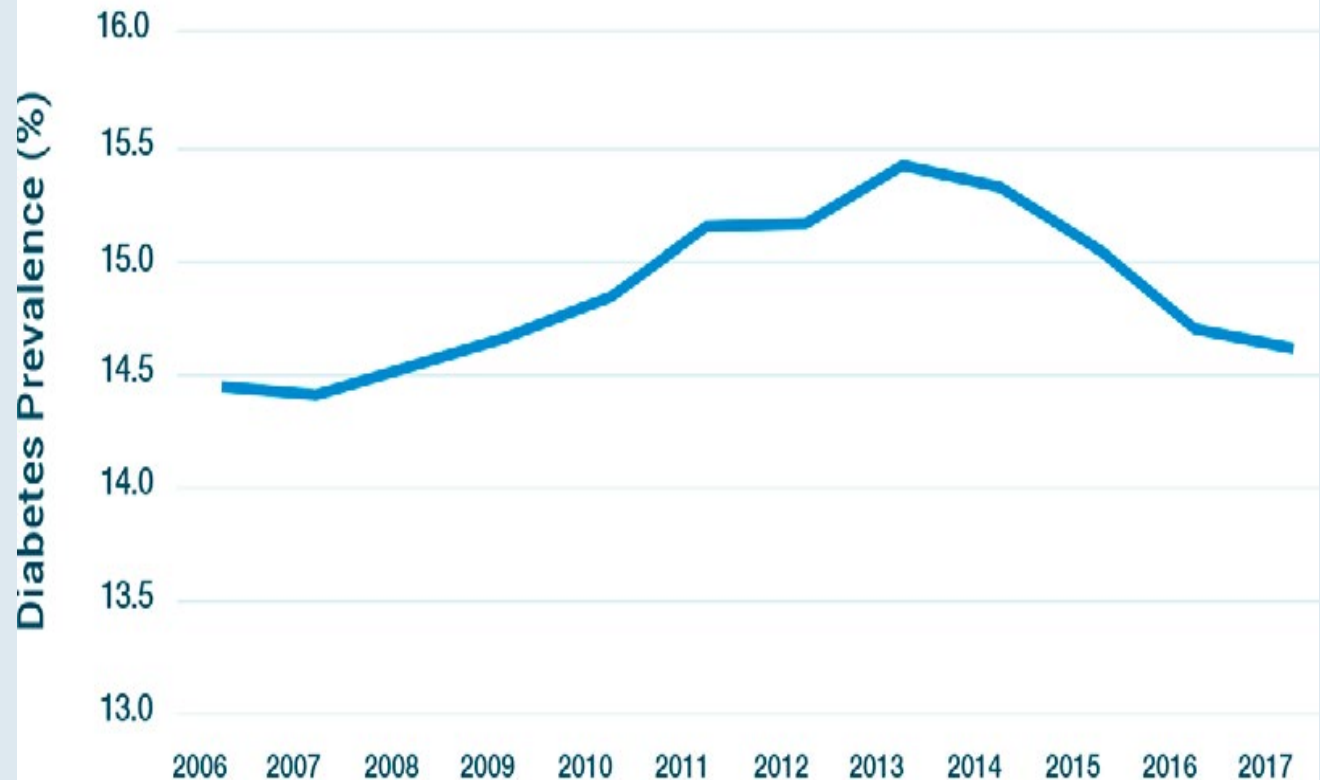
The sixth interim report to Congress highlights the SDPI's ongoing and outstanding contributions to improvements in diabetes care and health outcomes for AI/AN people.



Diabetes Prevalence

For the first time, diabetes prevalence in AI/AN adults **decreased** consistently for 4 years, dropping from 15.4% in 2013 to 14.6% in 2017 (Figure 2).

Figure 2. Diabetes prevalence in AI/AN adults



Source: IHS National Data Warehouse

Adapted from: BMJ Open Diabetes Research and Care 2020;8:e001218

Diabetes-Related Mortality

Diabetes-related mortality for AI/AN people **decreased 37%** from 54.2 per 100,000 in 1999 to 34.4 per 100,000 in 2017 (Figure 3)

This decrease is likely due to ongoing improvements in diabetes care and reductions in complications, including kidney failure

Figure 3. Diabetes-related mortality in AI/AN people



Source: Health, United States, 2018

Hospitalizations for Uncontrolled Diabetes

Hospitalizations for uncontrolled diabetes among AI/AN adults **dropped 84%** from 57.9 per 100,000 in 2000 to 9.4 per 100,000 in 2015

Preventing hospitalizations can help lower health care costs.

Figure 5. Hospitalizations for uncontrolled diabetes in AI/AN adults



Source: Adapted from AHRQ Publication No. 18(19)-0033-7-EF, December 2018

California Programs are Committed

- Would the pandemic cause a huge decline in people receiving diabetes care in 2020, since CA programs had to rapidly change care delivery?
- Early data analysis of the recent 2020 Annual DM Audit data for CA show that over 95% of our diabetes clients had either an in-person or virtual medical visit
- Our CA programs made extra effort to stay in contact with patients

Technical Support

- California Area IHS provides technical assistance to 36 California T/U programs through onsite visits and remote telecommunication to improve outcomes
- With the pandemic, on-site visits are on hold. Through virtual visits, technical support continues as usual



Data Supports Funding

- California Area IHS collects, assesses and reports Diabetes Audit Data to assess care and improve health outcomes
- Data supports the stories from our communities—not only the successes, but the disparities, reinforcing the need for increased funding

American Indian/Alaska Native adults are twice as likely than non-Hispanic white adults to be diagnosed with diabetes.

Age-adjusted percentage of persons 18 years of age and over with diabetes, 2018

**American Indian/Native
American**

14.7

Non-Hispanic White

7.5

Data sources: 2017–2018 National Health Interview Survey, except American Indian/Alaska Native data, which were from the Indian Health Service National Data Warehouse (2017 data only).

Current SDPI Funding Supports

- **301 SDPI Programs in 35 States (IHS/T/U)**
- **780,000 AI/AN served each year**
- **36 SDPI grantees in California**



SDPI Funding

- Currently funded at \$150M- **no increase since 2004**
- SDPI received 2 partial payments for FY 2021
- The Consolidate Appropriations Act, 2021 fully funded SDPI for 2021 and also funded SDPI at \$150M through 2023

Off-Sets: 2020-2021

- Programs with excessive carry-over received off-sets in 2020 & 2021
- Eight SDPI grantees in CA were “off-set” in 2021
- \$52M from off-sets from 2020 (\$30M) and 2021 (\$22M) will be available as Supplemental funds (**One-Time Only Funds**)

Supplemental Funds 2021

- \$52M of off-sets will be available as Supplemental Funds in 2021
- Current SDPI grantees may request up to 25% of their annual grant amounts (maximum of \$250,000)
- These “One-Time Only” funds may be used for existing or new activities in the SDPI 2021 budget period, so long as grantees follow their grant’s approved scope of work.
- Supplement requests can be submitted between April 15, 2021 and June 15, 2021
- For questions please contact your GMS.
(for CA Area, contact is: Pallop – Pallop.Chareonvootitam@ihs.gov)

Current SDPI Grant Cycle

- SDPI, normally a 5 yr cycle, was extended to 6 yrs
- (FY 2016-2021)
 - FY 2016
 - FY 2017
 - FY 2018
 - FY 2019
 - FY 2020
 - **FY 2021**

2022 Competitive Continuation SDPI Grant Application

- 2022 will be a Continuation Competitive Application, and subject to an objective review process
- Programs do not compete against one another, rather to achieve a fundable score of 60 out of a possible 100 points
- Only current SDPI grantees are eligible to apply. NOFO most likely released in May 2021

For more information about SDPI

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❑ Division of Diabetes Treatment & Prevention, IHS
<https://www.ihs.gov/diabetes/about-us/ihs-division-of-diabetes-treatment-and-prevention/>

Thank You