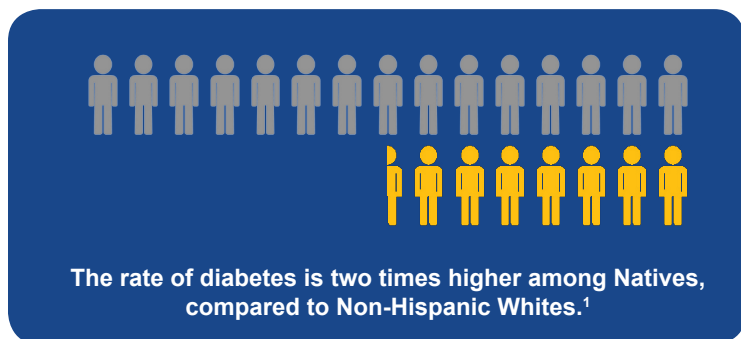


## Diabetes Audit Background

In 1997, the United States Congress responded to the growing burden of type 2 diabetes in the American Indian and Alaska Native population by funding the Special Diabetes Program for Indians.<sup>2</sup> The program offers culturally-adapted and community-directed approaches to diabetes prevention and management.



Since 2009, the Urban Indian Health Institute and the Indian Health Service have documented data from Special Diabetes Program for Indians for 30 Urban Indian Health Programs nationwide. Data from these participating programs are analyzed annually and summarized into a national aggregate report and individual site reports. The 2016 [Aggregate Urban Diabetes Care and Outcomes Summary Report](#) details strengths and disparities in clinical outcomes, identifies gaps in diabetes care models, and contributes to the national understanding of the status of diabetes management among urban Native communities.









## Key Findings

From 2012-2016, participating programs improved or maintained outcomes in eight diabetes clinical care areas (Figure 1). The increase in evidence-based and community-directed initiatives in Indian Country has provided critical resources to improve diabetes prevention, treatment, and education.

Programs saw notable success in areas of **blood pressure control, lifestyle modification therapy, self-management education, and nutrition and physical activity counseling.**

Findings demonstrate that additional progress needs to be made in areas of blood sugar control, depression rate, eye, foot, and dental examinations, and tuberculosis screening.

**Figure 1. Outcomes from Select Diabetes Clinical Care Areas**

	<b>Blood Sugar Control</b>	One third of all patients (31%) maintained a target blood sugar level (defined as A1c < 8.0%).
	<b>Blood Pressure Control</b>	<b>76% of patients achieved blood pressure targets (BP &lt; 140/90 mmHg).</b>
	<b>Lifestyle Modification Therapy</b>	<b>79% of patients prescribed lifestyle modification alone (diet and exercise) achieved a target blood sugar level (A1c &lt; 8.0%).</b>
	<b>Education</b>	Over 80% of patients received diabetes self-management education.
	<b>Nutrition and Physical Activity Education</b>	<b>Nearly 3 out of 4 patients received nutrition counseling and physical education counseling (72% and 74% respectively).</b>
	<b>Depression Rate</b>	1 in 3 patients are dealing with depression (32%).
	<b>Eye, Foot, and Dental Exams</b>	37% of patients received dental screening examinations, 52% received foot exams, and 67% received eye exams.
	<b>Tuberculosis Screening</b>	The majority of patients did not complete tuberculosis screening (72%).

## Recommendations

Among Native adults, **diabetes rates remain at a plateau and end-stage renal failure rates have decreased**, indicating that current programming efforts are improving health outcomes.<sup>3</sup> In addition, the program has contributed to an **overall reduction in federal spending** for patients with diabetes and diabetes-related complications.<sup>4</sup>

Findings reveal the need for continued support of adaptive and responsive diabetes programs in Indian Country. In addition, the Urban Indian Health Institute recommends improvements in the areas of research, prevention funding, and programmatic efforts to ensure continued success in achieving diabetes care outcomes.

### Research

Investigate barriers and support systems to completing tuberculosis skin test.

Conduct research in urban Native programs to understand how social determinants of health impact clinical outcomes.

### Prevention Funding

Invest in pre-diabetes clinical and community programs.

### Programmatic Modifications

Improve quality of life and health for patients living with depression and diabetes by increasing screening and treatment access.

Support lifestyle modification, such as physical activity education, as a first-line therapy.

1. Centers for Disease Control and Prevention (CDC). (2017). Vital Signs. <https://www.cdc.gov/vitalsigns/pdf/2017-01-vitalsigns.pdf>

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3. CDC. (2017). Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives - United States, 1996-2013. <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6601e1.pdf>

4. National Indian Health Board. (2014). History of SDPI and Strong Return on Federal Investment. [https://www.nihb.org/docs/04202012/SDPI\\_return\\_on\\_investment.pdf](https://www.nihb.org/docs/04202012/SDPI_return_on_investment.pdf).



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