

NCUIH Submits Comments to IHS on the Special Diabetes Program for Indians for Fiscal Year 2023

Category: Policy Blog

written by Anna Schwartz | June 10, 2022

On May 16, 2022, the National Council of Urban Indian Health (NCUIH) [submitted comments](#) and recommendations to the Indian Health Service (IHS) about [the Special Diabetes Program for Indians \(SDPI\)](#). These comments responded to the Dear Urban Indian Organization Leader [correspondence](#) initiating Area Urban Confers on the SDPI, dated April 15, 2022. In the comments, NCUIH emphasized the importance of SDPI and its impact in reducing health disparities related to diabetes for AI/AN populations. NCUIH also proposed recommendations for fiscal year (FY) 2023 including an increase in funding to at least \$250 million with built-in automatic annual medical inflationary increases and additional support for UIOs seeking supplemental funding sources for diabetes-related care.

SDPI and Its Importance to Indian Country

As a grant program inclusive of all three components of the IHS/Tribal Health Program/Urban Indian Organization (I/T/U) system, SDPI has been a resounding and demonstrable success in reducing diabetes and diabetes-related illnesses in Indian Country. The [National Indian Health Board](#) has called SDPI “the nation’s most strategic, comprehensive and effective effort to combat diabetes and its complications.” SDPI remains a critical program to continue to address [disparately high rates of diabetes](#) among AI/ANs.

SDPI has directly enabled UIOs to provide critical services to their AI/AN patients, in turn significantly reducing the incidence of diabetes and diabetes-related illnesses among urban Indian communities. As of 2022, 30 out of the 41 UIOs received SDPI funding. Facilities use these funds to offer a wide range of diabetes treatment and prevention services, including but not limited to exercise programs and physical activity, nutrition services, community gardens, culinary education, physical education, health and wellness fairs, culturally-relevant nutrition assistance, food sovereignty education, group exercise activities, green spaces, and youth and elder-focused activities.

NCUIH’s Requests to IHS

NCUIH made the following comments and recommendations about the SDPI:

- SDPI should be permanently reauthorized and funding increasing to \$250 million, with built-in automatic annual medical inflationary increases
 - SDPI funding has been stagnant at \$150 million since 2004. Due to inflation and [increases in health care costs](#), the level of funding has effectively reduced over the past nearly twenty years. This places the onus on Indian Health Care Providers to make up the funding difference to ensure the continued success of SDPI.
 - The [federal government’s trust responsibility](#) to AI/ANs requires that the government provide services and resources to improve the health of AI/AN citizens and the United States has pledged to provide all resources necessary to eradicate the health disparities

between AI/ANs and the general population of the United States. Because AI/ANs have the highest diabetes prevalence rates of all racial and ethnic groups in the United States, SDPI falls well within the federal government's trust responsibility to AI/ANs, and it is the duty of the United States, not Tribes and UIOs, to reconcile funding concerns with programmatic need.

- In addition, NCUIH urges the federal government to collaborate with other federal agencies to create or identify supplemental funding sources and communicate the availability of these funds to UIOs.
- NCUIH requests that IHS ensure that SDPI remains inclusive of UIOs, especially if IHS is considering structural changes to SDPI.
 - NCUIH asks that IHS communicate any potential recommendations to UIOs as soon as possible and hold proper and timely Urban Confer sessions, as is required by the federal trust responsibility and the Indian Healthcare Improvement Act, prior to making any formal recommendations to Congress.

NCUIH will continue to closely follow IHS's progress and policies with SDPI and advocate for future of this vital program.