

# A Call to Action: Eliminating Diabetes Disparities in Native Communities

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**M**ore than 5.2 million American Indian and Alaska Native (AI/AN) people live in the United States today (1). Spread mostly throughout the western United States and Alaska, many live mainly on or near reservations and rural communities. The AI/AN population is incredibly diverse, representing 566 federally recognized tribes (2).

AI/AN people are disproportionately affected by diabetes. According to the U.S. Department of Health and Human Services Office of Minority Health, AI/AN adults are more than twice as likely as white adults to be diagnosed with diabetes, and AI/AN women are 2.3 times more likely than non-Hispanic whites to die from diabetes (3). At nearly 16%, the age-adjusted prevalence of diabetes in the AI/AN population is the highest of all U.S. racial and ethnic groups (4). In some communities, >50% of AI/AN adults have type 2 diabetes (5). In addition, this population has long experienced lower health status than other Americans, including a lower life expectancy and disproportionate disease burden, which may be attributed to inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences rooted in economic adversity and poor social conditions (2).

## Advocacy Response

The American Diabetes Association (ADA) actively seeks to address health disparities in diabetes in all of its leg-

islative and regulatory efforts and is committed to eliminating disparities. A high priority is the Special Diabetes Programs (SDP). Established in 1997 and based on the recommendations of the Congressional Diabetes Research Working Group, the SDP is composed of two initiatives: the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians (SDPI).

The SDPI grant program is administered by the Indian Health Service (IHS) and was created to treat and prevent diabetes in AI/AN communities. SDPI provides grants to most IHS, tribal, and urban Indian health programs, serving nearly all federally recognized tribes. Using evidence-based and community-driven strategies, the grant program successfully addresses diabetes treatment and prevention across the lifespan.

Since its inception, SDPI has shown a marked return on the investment of federal dollars. In its SDPI 2011 report to Congress, IHS provided data that demonstrated significant increases in the availability of diabetes prevention and treatment services for AI/ANs. These increased services have translated into improvements in diabetes care, including a 10% reduction in mean A1C levels in AI/ANs with diabetes, which translates into a reduction of ~40% in diabetes-related complications such as lower-extremity amputation, blindness, and end-stage renal failure, as

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well as improvements in blood pressure control (6).

To date, reauthorization of funding for this vital program has been the ADA's central advocacy focus for tribal communities. In April 2015, SDP was reauthorized for 2 years, providing an additional \$300 million for programs in AI/AN communities. More information on SDPI can be found at <http://www.diabetes.org/advocacy/advocacy-priorities/funding/special-diabetes-programs.html>.

SDPI will remain a cornerstone in the ADA's advocacy efforts. However, in response to a growing acknowledgment that many factors drive diabetes disparities for AI/AN communities, the association has broadened its advocacy platform to explore other areas in which it can advocate for public policy changes directed toward AI/AN communities, including how discrimination may raise barriers to the ability to self-manage diabetes in the workplace.

### Call to Action

To stop the growing diabetes epidemic within AI/AN communities, advocates are needed to educate policymakers about the impact of this disease and to help promote policies aimed at improving access to resources needed to address the multifaceted determinants of diabetes. Advocacy successes—such as the recent reauthorization of SDPI—result from cumulative individual and group efforts in which the voices of both health care profes-

sionals and patients are vital. Even with recent successes, federal funding continues to significantly lag behind the diabetes epidemic. This needs to change, but change will not happen if we do not bring the issues affecting tribal communities into the spotlight.

**Your voice is powerful, and it is remembered.** Legislators repeatedly ask to hear from their constituents. Programs such as SDPI came about as a result of Diabetes Advocates, including patients, doctors, nurses, and researchers, stepping forward to share their stories about how diabetes is affecting them and their patients and how increased federal funding is needed to eliminate health disparities and stop the diabetes epidemic. These stories must be shared with elected officials at the local, state, and national levels—those in positions to effect change and those in positions to appropriate more money for research to move prevention and treatment forward and ultimately find a cure. Your voice has the power to make change happen. If you do not provide direct patient care to members of tribal communities, who do you know who does? What professional organizations do you belong to? Who do your colleagues know? Sharing this information and helping to get others involved is another powerful way to advocate.

### Become a Diabetes Advocate

It is easy to become involved, and everyone is needed. Start by signing up

to be a Diabetes Advocate at [www.diabetes.org/takeaction](http://www.diabetes.org/takeaction). You will receive advocacy updates and alerts providing information about pending issues, as well as assistance in creating and delivering timely messages to your elected officials.

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### Duality of Interest

No potential conflicts of interest relevant to this article were reported.

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