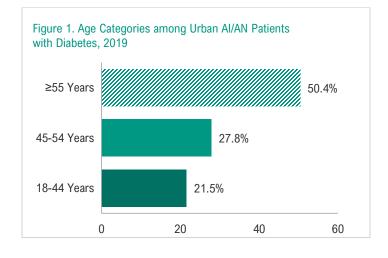


Background

The Special Diabetes Program for Indians (SDPI) was created in 1997 by the U.S. Congress to respond to the growing burden of type 2 diabetes in American Indians and Alaska Natives (AI/ANs).¹ SDPI supports culturally adapted and community-directed approaches to diabetes prevention, including funding the Urban Diabetes Care & Outcomes Summary Report, Audit Years 2015–2019 (2019 Urban Diabetes Audit).²

Since 2009, Urban Indian Health Institute has analyzed diabetes data from 30 Urban Indian Health Programs (UIHPs) that the Indian Health Service collects annually to share a comprehensive picture of diabetes healthcare in urban Al/AN communities.



Key findings

In 2019, 2,211 urban AI/AN patients with diabetes were audited across 26 UIHPs (Map 1). Figure 1 shows that half (50.4%) of the patients in 2019 were 55 years or older. Furthermore, more than half (58.7%) of the patients were female and almost all (98.6%) the patients in the 2019 audit had type 2 diabetes.

The key findings and significant trends* in **bold** represent strengths identified among urban Al/AN patients with diabetes in 2019 and across the 2015–2019 period:



23.3% of patients were screened for hepatitis C



36.8% of patients received an eye exam



70.6% of patients had good blood pressure control (below 140 systolic and 90 diastolic blood pressures)



72.7% of current commercial tobacco users were referred to or received cessation counseling



73.5% of patients had unknown tuberculosis status



88.9% of patients were screened for commercial tobaccourse

Key trends



Patients 55 years and older



Patients with healthy LDL levels below 100 mg/dL



Statin use among patients with cardiovascular disease or who are 40–75 years of age



Patients who received all doses of hepatitis B vaccine



Patients with A1c levels of 8.0% or higher



Current tobacco use among patients



Patients who received exercise education



Patients receiving both eGFR and UACR assessments

^{*}The trends in proportion of patients were analyzed using Joinpoint Regression Program version 4.6.0.0. Results were considered statistically significant for p-values less than 0.05.

Key recommendations

This report aims to motivate collaboration and communication in the field of diabetes care for urban AI/AN patients. Recommendations based on these key findings help programs achieve success in diabetes care and prevention and ultimately improve health outcomes for urban AI/AN patients.

1. PROGRAMMATIC EFFORT RECOMMENDATION

Programs may need to prepare to serve an aging diabetes patient population.

2. PROGRAMMATIC EFFORT RECOMMENDATION

Continue successful program efforts in maintaining healthy eGFR levels, maintaining good blood pressure control, maintaining healthy LDL levels, prescribing statins, decreasing tobacco use, and referring tobacco users to cessation counseling.

3. PROGRAMMATIC EFFORT RECOMMENDATION

Expand program efforts to ensure patients receive exercise instruction and are receiving important diabetes management practices.

4. PROGRAMMATIC EFFORT RECOMMENDATION

Expand program efforts to ensure patients receive their annual eye exam so that the risk for diabetic retinopathy is decreased.

5. PROGRAMMATIC EFFORT RECOMMENDATION

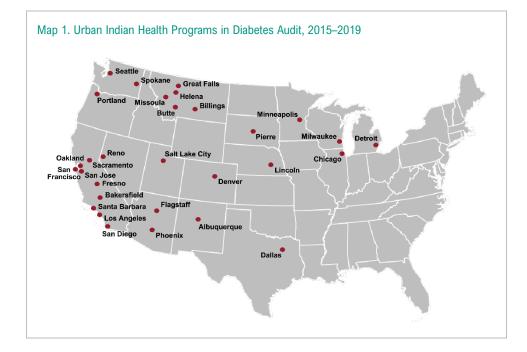
Continue to expand on the successful work of current programmatic efforts to help encourage patients to receive the hepatitis B vaccine series.

6. RESEARCH RECOMMENDATION

Further research to address the increasing A1c levels among patients may be warranted.

7. DATA COLLECTION RECOMMENDATION

Continue to gather health information to ensure patients with diabetes are regularly screened for chronic kidney disease, tuberculosis, and hepatitis C.



Full brief and more resources

We offer many resources to other urban Indian-serving organizations, decisionmakers, legislative partners, the community, and more.

www.uihi.org/resources

References

- Indian Health Service. Special Diabetes Program for Indians. Available at: https://www.ihs.gov/sdpi/. Accessed November 10, 2020.
- 2. Indian Health Service, Diabetes Care and Outcomes Audit, 2015–2019