The Indian Health Service (IHS) is responsible for providing Federal health services to American Indian and Alaska Native (AI/AN) people. The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between the Federal Government and Indian Tribes. The IHS is the principal Federal health care provider and health advocate for AI/AN people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for AI/AN people.

The IHS Division of Diabetes Treatment and Prevention (DDTP) is responsible for developing, documenting, and sustaining clinical and public health efforts to prevent and treat diabetes in AI/AN people. As part of this mission, DDTP plays a central role in managing and supporting the Special Diabetes Program for Indians (SDPI), a $150 million per year grant program established by Congress in 1997 to fund diabetes prevention and treatment programs. SDPI currently funds 369 IHS, Tribal, and Urban Indian organization (I/T/U) grantees in 35 States across the country. Based on local needs and priorities, SDPI grantees implement proven interventions to address the diabetes epidemic, often where few resources existed before. SDPI funding has enabled staff and programs to dramatically increase access to diabetes treatment and prevention services throughout the Indian health system.

Over the last 5 years, the work of DDTP and SDPI grantees has addressed five of the six National Quality Strategy priorities: Making Care Safer, Patient and Family Centered Care, Communication and Coordination of Care, Prevention and Treatment of Cardiovascular Disease, and Promoting Best Practices to Enable Healthy Living.

Diabetes is a complex and costly chronic disease that requires tremendous long-term efforts to prevent and treat. Although diabetes is a nationwide public health problem, AI/AN people are disproportionately affected. As such, IHS established DDTP in 1979 to address these issues and then Congress authorized SDPI in 1997 to provide grant resources for this important work.

DDTP promotes excellence in diabetes treatment and prevention services by:
- Translating and disseminating the latest science to I/T/U health programs across the country.
- Providing training on diabetes science and program management.
- Facilitating the sharing of information and expertise among health care professionals and Tribal communities.
- Promoting best practices in diabetes treatment and prevention through the IHS Diabetes Standards of Care, clinical tools, and treatment algorithms.
- Providing essential clinical data for program planning and improvement through the

Diabetes Care and Outcomes Audit.

All I/T/U health care facilities are encouraged to participate in the annual Diabetes Care and Outcomes Audit, which collects data on a number of key diabetes-related measures. Audit 2016 involved 332 I/T/U facilities and included data from over 122,000 charts of AI/AN people with diabetes across the country. Audit data is returned to each site and also combined to inform improvement work at the local, regional, and national levels. Additionally, SDPI grantees are required to select from among 18 SDPI Diabetes Best Practices to focus at least part of their work. Each Best Practice has one required key measure for which grantees must report data regarding their progress in their selected target group of patients/participants.

Due to the work of DDTP, SDPI, Tribes, and clinicians across the country, many clinical indicators have shown significant improvement, importantly:
- Slowing of the rise of diabetes prevalence: From 2001–2005, there was a relative increase in age-adjusted diabetes prevalence in AI/AN adults of 2.2% per year on average, while from 2006–2013, diabetes prevalence increased only 0.8% per year on average[1].
- Childhood obesity rates have levelled off: Rates of obesity in AI/AN children and youth aged 2–19 years remained nearly constant from 2006–2015.[1]
- Improved blood sugar control: Average blood sugar (as measured by the A1C test) in AI/AN patients with diabetes decreased from 9.0 percent in 1996 to 8.1 percent in 2016, nearing the A1C goal for most patients of less than 7 percent.[2]
- Improved blood lipid levels: Average LDL cholesterol in AI/AN patients with diabetes decreased 22 percent from 118 mg/dL in 1998 to 92 mg/dL in 2016, well below the target of 100 mg/dL.[3]
- Reduced kidney failure: From 2000 to 2013, the rate of new cases of kidney failure related to diabetes leading to dialysis declined 51 percent in AI/AN people. This is a much larger decline than in any other racial group in the U.S.[4]

Data such as that above show that the efforts to stem the diabetes epidemic in AI/AN people are succeeding. However, there is much work yet to do in order to eliminate the burden that diabetes causes for AI/AN people and communities. SDPI is currently authorized through FY 2017, and DDTP will support this critically important program as long as it is funded.

In the coming years, DDTP will continue to promote evidence-based diabetes prevention and treatment efforts for AI/AN people and communities. DDTP is expanding and enhancing diabetes-related data capacity, increasing its training offerings for clinicians and educators, and producing tools and materials to help I/T/U sites improve their diabetes-related services. In addition, DDTP is involved with IHS' efforts on trauma-informed care and is also informing I/T/U clinicians about the connection between early life adverse experiences and the long-term risk for obesity and diabetes. These new frontiers in diabetes science hold considerable promise for further reducing the impact of diabetes in AI/AN people.

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[1] Indian Health Service National Data Warehouse https://www.ihs.gov/ndw/
[2] Indian Health Service Diabetes Care and Outcomes Audit
https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit
[3] Indian Health Service Diabetes Care and Outcomes Audit
https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit
[4] United States Renal Data System https://www.usrds.org/