



SPECIAL DIABETES PROGRAM

New Mexico

PROGRAM BACKGROUND

The Special Diabetes Program (SDP) consists of two components: *The Special Statutory Funding Program for Type 1 Diabetes Research* that supports research on the prevention and cure of type 1 diabetes (T1D) and its complications, and *The Special Diabetes Program for Indians (SDPI)* that supports type 2 diabetes treatment and prevention strategies for American Indian and Alaska Native (AI/AN) populations. This program has demonstrated tangible results and has become a critical part of our nation’s federal investment in diabetes. Currently, each part of the program is funded annually at \$150 million through September 30, 2023.

NATIONAL BURDEN OF DIABETES

Diabetes affects over 37.3 million adults and children in the U.S., or roughly 11.3 percent of the population, with an estimated 1.4 million new cases among adults each year. Among people 20 years and younger, overall incidence of T1D increased significantly between 2002-2019, across nearly all age, sex, and race/ethnicity groups, with greatest increases seen in Blacks, Hispanics, and Asian/Pacific Islanders.

Diabetes is a major economic burden as well. One in four health care dollars and one in three Medicare dollars are spent on people with diabetes and estimates show that diabetes cost the U.S. economy \$327 billion in 2017, a 26 percent increase from 2012.

BURDEN OF DIABETES IN NEW MEXICO

Diabetes is a common and growing disease in New Mexico. Approximately 200,548 people — or 12.3% of the state’s population — have diabetes, and roughly 14,611 people in New Mexico are newly diagnosed each year. People with diabetes suffer from many related complications such as: heart disease, stroke, amputation, end-stage kidney disease, and blindness. In addition to the human toll, the systemic financial burden of diabetes is staggering. In total, diabetes and prediabetes related medical expenses cost New Mexico approximately \$2 billion each year.

NEW MEXICO RESEARCH INSTITUTIONS HAVE RECEIVED APPROXIMATELY \$3.1 MILLION FROM THE SPECIAL DIABETES PROGRAM

HELPING SMALL BUSINESSES CONTRIBUTE TO A CURE

The SDP has awarded funding for several small businesses to stimulate technological innovation and develop key elements of therapies and technologies for people with diabetes through Small Business Innovation Research grants and Small Business Technology Transfer Research grants. Small businesses have participated in a variety of T1D research areas, including islet cell transplantation, clinical testing of insulin, treatment of complications, and much more. Visionquest Biomedical in Albuquerque is aiming to improve diagnostic tools for diabetic retinopathy and diabetic peripheral neuropathy. Through strengthening the role of small business in meeting research needs, SDP grants have also led to multiple discoveries that are advancing the battle to treat and cure diabetes. NIH estimates that at least 38 patents have been issued due to the SDP.

NEW MEXICO RESEARCH INSTITUTIONS RECEIVING SUPPORT FROM THE SDP

New Mexico State University	Las Cruces
University of New Mexico	Albuquerque
Visionquest Biomedical, LLC	Albuquerque

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THE SPECIAL DIABETES PROGRAM HAS PROVIDED APPROXIMATELY **\$92.26 MILLION** TO TRIBAL COMMUNITIES IN NEW MEXICO

NEW MEXICO TRIBAL COMMUNITIES RECEIVING SUPPORT FROM THE SDPI

- Alamo Navajo School Board
- Albuquerque Service Unit
- Canoncito Band of Navajos Health Center
- Crownpoint Service Unit
- First Nations Community HealthSource
- Jicarilla Apache Nation
- Kayenta Service Unit
- Mescalero Apache Tribe
- Picuris Pueblo
- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Isleta
- Pueblo of Jemez
- Pueblo of Laguna
- Pueblo of Nambe
- Pueblo of Pojoaque
- Pueblo of Sandia
- Pueblo of San Felipe
- Pueblo of San Ildefonso
- Pueblo of Zia
- Pueblo of Zuni
- Ramah Navajo School Board
- Santa Ana Pueblo
- Santa Clara Pueblo
- Santo Domingo Tribe
- Shiprock Service Unit
- Taos Pueblo

Currently, SDPI provides grants for diabetes treatment and prevention services to 301 Indian Health Service (IHS), tribal, and urban Indian health programs in 35 states.

- **Between 1996 and 2013, the incident rates of ESRD in AI/AN people with diabetes decreased 54 percent**—that decrease is more than for any other racial group in the U.S. Given that the Medicare cost per year for one patient on hemodialysis was \$90,000 in 2016, this reduction in new cases of ESRD means a significant decrease in the number of patients requiring dialysis, translating into an estimated savings of up to \$520 million over 10 years for Medicare.
- The average blood sugar level (A1c) from 9 percent in 1996 to 8 percent in 2019. Scientific studies have shown that every percentage point drop in A1c translates into a 40 percent reduction in the risk of developing diabetes-related complications such as blindness, kidney failure, nerve disease, and amputations.
- The average LDL (“bad” cholesterol) declined 24 percent-- from 118 mg/dL in 1998 to 90 mg/dL in 2019. Research has shown that lowering cholesterol levels helps reduce the chance of developing cardiovascular complications associated with diabetes such as heart attack, stroke, or heart failure.
- Hospitalizations for uncontrolled diabetes among AI/AN adults dropped 84 percent between 2000 - 2015 (57.9 to 9.4 per 100,000). Hospitalizations are a major driver of health costs associated with diabetes.