

**Testimony of the Honorable Dr. Buu V. Nygren, President of the Navajo Nation
Before the Joint Economic Committee Regarding “The Economic Impacts of Diabetes”
July 27, 2023**

Chairman Heinrich, Vice Chairman Schweikert, and Members of the Committee, the Navajo Nation appreciates the opportunity to provide oral and written testimony to the Joint Economic Committee on the Economic Impact of Diabetes. My name is Buu Nygren and I am President of the Navajo Nation. I also serve as the Navajo Area representative to the National Indian Health Board (NIHB). Thank you for the opportunity to highlight the important work of the Special Diabetes Program for Indians which has made measurable impacts in type 2 diabetes treatment and prevention for American Indians and Alaska Natives (AI/ANs) nationally, and on the Navajo Nation.

Background

The Navajo (Diné) people live in the largest American Indian reservation in the US. The reservation covers more than 27,000 square miles, extending into Arizona, Colorado, New Mexico, and Utah. The Navajo Nation consists of 110 small communities (also known as chapters) that have an average population size of approximately 1,700 residents. Chapters function as the smallest level of government, where governance and planning are conducted by local elected officials. By population, Navajo is now estimated to be the largest American Indian tribe in the US with nearly 400,000 enrolled tribal members, of whom nearly half live on the Navajo reservation.¹

Like many American Indian tribes, the Navajo people experience higher rates of preventable nutrition-related diseases such as obesity, diabetes, heart disease, and cancer than the general US population. These disparities stem from the negative impacts of colonization; the Navajo has been forced to endure threats to our existence because of federal policies, forced assimilation, removal from tribal homelands in 1864 and eventual return to our homelands. Altogether, this history has been detrimental to traditional lifeways. Access to nutritious foods that were once produced by subsistence activities of farming, herding, hunting, and gathering have given way to greater reliance on processed foods high in fat, sugar, and salt. Poverty, unemployment, lack of transportation, and remote, rural geography with few grocery stores amplify the challenges to healthy food access.

Established by Congress in 1997, the Indian Health Service’s Special Diabetes Program (SDPI) for Indians has funded community-based interventions to treat and prevent type 2 diabetes on the Navajo Nation. Despite these efforts, type 2 diabetes is a persistent public health problem. In 2011, the Navajo Nation and Navajo Area Indian Health Service (IHS) shifted our approach to engage local community input to develop and implement community-based interventions. There remains a great need to expand and adopt evidence-based practices to prevent and treat diabetes among American Indians and Alaska Natives. The annual discretionary appropriated budget for IHS in FY 2023 is just under \$7 billion, which is far below need. For example, in FY 2021, spending at \$4,140 per patient, when the national average was \$10,680.² In addition, SDPI is funded through

¹ Curley C. The Navajo Nation Healthy Dine Nation Act: Community Support of a 2% Tax on Unhealthy Foods. *Journal of Public Health Management and Practice*; 2023; 1-11.

² “Advancing Health Equity Through the Federal Trust Responsibility: Full Mandatory Funding for the Indian Health Service and Strengthening Nation-to-Nation Relationships The National Budget Formulation Workgroup’s Recommendations on the Indian Health Service Fiscal Year 2024 Budget.” May 2022. P. 17. Accessed on July 25,

mandatory appropriations at \$150 million per year. This funding has remained flat for two decades. SDPI currently supports over 300 diabetes treatment and prevention programs³ intended to implement key elements of quality diabetes care and prevention practices using traditional and culturally relevant approaches, as well as to participate in annual evaluations to monitor the quality-of-service delivery. For example, the SDPI currently funds 38 initiatives to evaluate the feasibility of providing evidence-based diabetes prevention programs modeled after the national Diabetes Prevention Program.

SDPI Works

Despite SDPI's flat funding since FY 2004, it is making measurable impacts nationwide. Communities with SDPI-funded programs have seen substantial growth in diabetes prevention resources, including more than doubling the number of on-site nutrition services, and physical activity and weight management specialists for adults, and an exponential increase of sites with physical activity services for youth. For the first time, from 2013 to 2017 diabetes incidence in AI/ANs decreased each year. Between 1996 and 2013, incidence rates of end-stage renal disease (ESRD) in AI/AN individuals with diabetes declined by 54 percent. This reduction alone is estimated to have already saved \$520 million between 2006-2015. In short, by allowing Tribes to determine their own approach, SDPI has become the nation's most effective federal initiative to combat diabetes and serves as a useful model both for diabetes programs nationwide and public health programs in Indian Country.

In addition, we have taken steps to assert our tribal sovereignty and self-determination to address health outcomes (i.e., diabetes) and restore *hózhó*, a holistic health and wellness for our people, through our own disease prevention activities, data collection, policy development, and evaluation initiatives. Along with building our tribal data capacity, the Navajo Nation is the only location in the US to use its authority to create a historic tax policy, the Healthy Diné Nation Act (HDNA) of 2014, which introduced a 2% tax on unhealthy foods and waived a 6% sales tax on fruit, vegetables, and water. Unhealthy foods include sweetened beverages and prepackaged snacks that have been stripped of essential nutrients and are high in salt, saturated fat, and sugar. Some examples of tax-eligible items include sugar sweetened beverages, candy, chips, and sweetened baked goods. From 2015 through 2019, total revenue was \$7.58 million. Disbursements occurred each year after collection for a total of \$6,062,335 for local community wellness projects over the 4 years (2015-2019). Our Navajo SDPI program continues to operate the Wellness Centers across the Navajo Nation conducting health and wellness activities including health screenings.

The Navajo Nation appreciates the work you have provided to support SDPI reauthorization over the years. Your leadership in supporting this critical program has been essential in ensuring that we can sustain the major accomplishments of this life-saving program. Thank you again for your strong support of this program, Navajo Nation looks forward to working with you to renew SDPI at a funding level that will enable the program to serve more American Indians and Alaska Natives. SDPI expires on September 30, 2023. We are encouraged by both House (H.R. 3561) and Senate

2023 at:

<https://www.nihb.org/docs/09072022/FY%202024%20Tribal%20Budget%20Formulation%20Workgroup%20Recommendations.pdf>

³ For a full list of SDPI grantees see:

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2023_Letters/Enclosure-DTLL_DUIOLL-012523.pdf

(S. 1855) which would renew SDPI for 2 years at a level of \$170 million per year. While this is less than the \$250 million per year requested by Tribal Nations and in the President's FY 2024 budget request, we appreciate Congress' attention to the need for a funding increase for SDPI. We respectfully ask that the Committee work with leadership in both chambers to pass this legislation by September 30.

Overview

Navajo Special Diabetes Program focuses on community-directed approaches to treat and prevent Type 2 diabetes in Tribal communities that are culturally formed. AI/ANs suffer disproportionately from Type 2 diabetes, but appreciations to the success of Special Diabetes Program for Indians (SDPI) the numbers reflect a positive improvement. AI/AN people have a higher burden of many chronic diseases including Type 2 diabetes, hypertension, cardiovascular diseases, cancers, and mental illnesses.

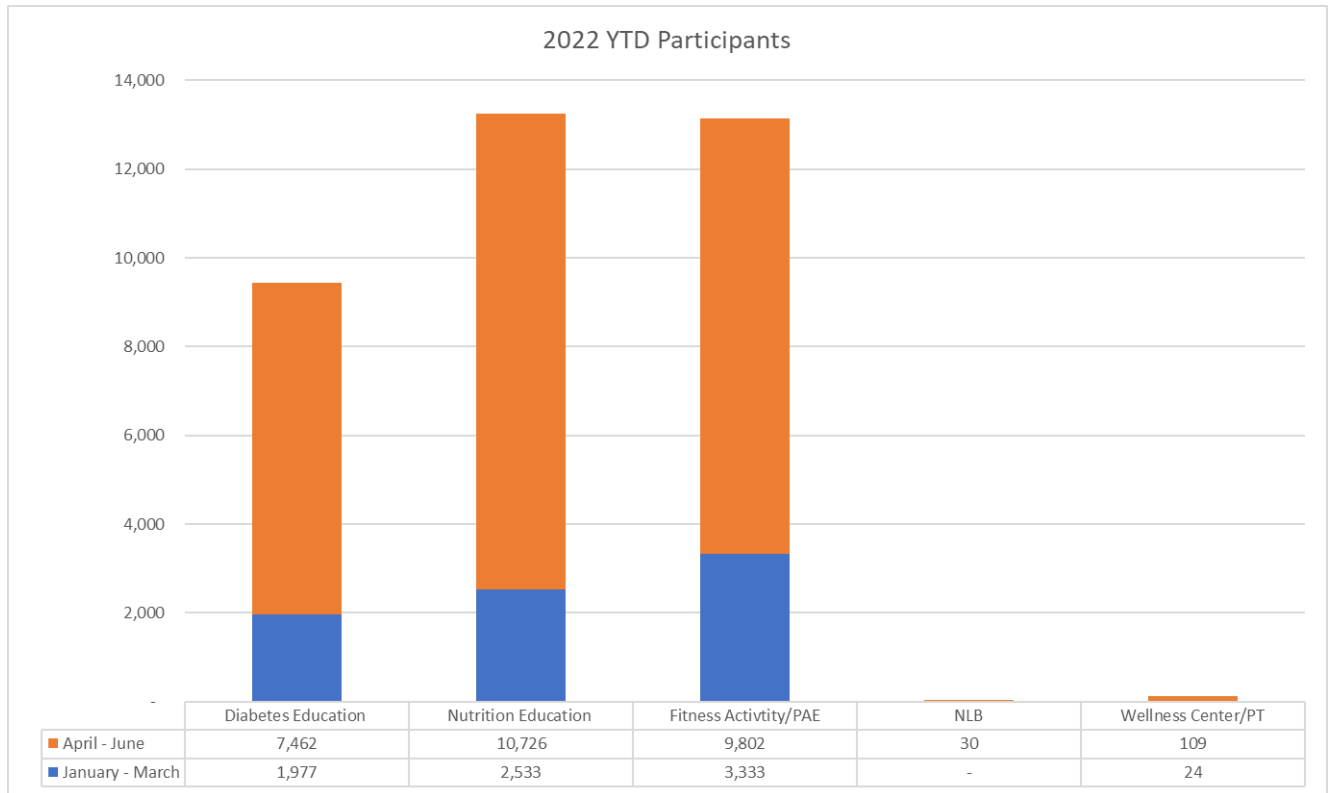
Special Diabetes Prevention Initiative on Navajo Nation

As a diabetes prevention program, services are directed toward the communities on the Navajo Reservation through community diabetes education, nutrition education, and physical activity and education. The service areas for the Navajo Special Diabetes Program are Chinle, AZ, Dilkon, AZ, Window Rock, AZ, Tuba City, AZ, Kayenta, AZ, and Crownpoint, NM. In June 2023, all Wellness Centers were reopened and reestablished group fitness classes and one-on-one personal training with participants at risk for Type 2 diabetes.

In 2023, NSDP would like to highlight the following numbers reflected in our year-to-date data collection with reflection of reestablishing the Wellness Centers in June 2023.

2023 Year-to-date

- Diabetes Education – 9,439 people reached.
- Nutrition Education – 13,259 people reached.
- Fitness Activity with Education – 13,135 people reached.
- Group Fitness Classes and Personal Training – 139 people reached.
- Total of 35,996 participants utilizing NSDP services



NSDP partners with Indian Health Services (IHS), Tribes, Tribal organizations, Urban Indian health organizations (I/T/Us), local governing committees, and educational institutions to implement evidence-based, practice-based, and culturally based activities, to share knowledge and build capacity in Indian Country.

Upstream Causes of Diabetes

According to the 2021 Annual Summary issued by IHS, there were more women (59%) than men (41%) diagnosed with Type 2 diabetes with a prevalent age range of 45-64 years. Participants with a Body Mass Index (BMI) of Obese: 30+% was calculated at 50%, Overweight: 25-29.9 % at 29%, and Severely Obese: 40+% at 10%. As obesity is a known risk factor for many leading causes of death in AI/ANs, including cardiovascular disease, cancer, type 2 diabetes, stroke, and kidney disease, the population burden of obesity may contribute to the observed disparities in mortality⁴. Improving lifestyle behaviors plays an important role in the prevention and control of these diseases⁵.

The mission of the Navajo Special Diabetes program is to “Illustrate lifestyle changes to prevent or delay the onset of diabetes.” It is our duty to provide community-based education to prevent the upstream causes of diabetes and most importantly prevent the onset of Type 2 diabetes.

Nutrition Programs

AI/ANs have traditional food and nutrition practices that support holistic health. However, these traditional practices have been interrupted by Western food systems, which has led to

disproportionate rates of type 2 diabetes (T2D) among AI/AN communities. Nutrition education interventions are particularly effective when developed to meet the needs of specific communities and when they emphasize strengths-based, culturally relevant healthy dietary practices³.

NSDP has hosted virtual and in-person grocery tours, food demonstrations, hands-on guidance, and gardening to educate the community about the impact of nutrition on diabetes.

Pharmaceutical Interventions

According to the 2021 Annual Summary issued by IHS, Diabetes Management Therapy provides pharmaceutical interventions. Of the Type 2 diagnosed patients, 34% are taking one (1) medication and 20% not taking any medication. 65% of the diagnosed Type 2 patients were prescribed Metformin. Pharmaceutical intervention is in collaboration with IHS due to their clinical approach.

Conclusion

Thank you again for the opportunity to share about the impact of diabetes and the SDPI program on the Navajo Nation. While type 2 diabetes continues to impact our people at alarming rates, there is hope. Thanks to the impact of SDPI, we have increased nutrition counseling and patient interventions to help them treat or even reverse type 2 diabetes. We urge Congress to renew this critical program by September 30, 2023. Ahéhee' (Thank you)

³A culturally adapted online experience improves type 2 diabetes nutrition education for American Indians and Alaska Natives. (2023, February 26). NewsRx Health, 36.

<https://link.gale.com/apps/doc/A737805739/CSIC?u=uphoenix&sid=ebsco&xid=36674c68>

⁴Zamora-Kapoor, A., Sinclair, K., Nelson, L., Lee, H., & Buchwald, D. (2019). Obesity risk factors in American Indians and Alaska Natives: a systematic review. *Public Health*, 174, 85–96.

<https://doi.org/10.1016/j.puhe.2019.05.021>

⁵Zhao, G., Hsia, J., Vigo-Valentín, A., Garvin, W. S., & Town, M. (2022). Health-Related Behavioral Risk Factors and Obesity Among American Indians and Alaska Natives of the United States: Assessing Variations by Indian Health Service Region. *Preventing Chronic Disease*, 19, E05. <https://doi.org/10.5888/pcd19.210298>