Dear TLDC Members and Advisors

The purpose of this TLDC Conference Call on April 12, 2013 is to:

a. **Determine Tribal Consultation issue(s) on the distribution of FY 2014 SDPI funding**
b. **Provide recommendation(s) to IHS Director on these issues**

At the December 2012 TLDC Meeting, Dr. Roubideaux stated "there is still a need to gather input from Areas on how they (Tribal Leaders) want SDPI distribution moving forward (if it is authorized). TLDC needs to come up with a plan for how to gather input through the Tribal Consultation process."

Agenda

1. **Legislation: H.R. 8** – American taxpayer Relief Act of 2012 extends SDPI at $150 million per year for one more year (FY 2014) - **NIHB**

2. **Current distribution of SDPI Funding** as stated in Dear Tribal Leader Letter dated May 2, 2011 - **DDTP**

SDPI Total Funding	$150 m
Community-directed Grants	$104.8 m
DP/HH Initiative Grants	$23.3 m
Urban Program set-aside (for grants)	$7.5 m
Administrative Support for C-D & DPHH set-aside	$8.2 m
Data Infrastructure Support set aside	$5.2 m
CDC Native Diabetes Wellness Program	$1.0 m

3. **SDPI Grant Application Process - DDTP**
   - Since this is only one year of funding, the process will be a continuation application.

4. **Determine Tribal Consultation Process for FY 2014 funding (one year) - TLDC, NIHB, DDTP**
   a. TLDC determines consultation issue and makes recommendation to the IHS Director.
   b. What are the Tribal Consultation issues?
      i. SDPI funding distribution for FY 2014 –
         - Should the funding distribution for FY 2014 be kept the same? Yes/No
         - If No, what changes are recommended?
         - Encourage all comments
      ii. T.R.A.I.L. Program with Boys and Girls Clubs: *On the TRAIL (Together Raising Awareness for Indian Life) to Diabetes Prevention*
         - The IHS Director specifically mentioned the TRAIL Program at TLDC Meeting in Dec 2012 – "it is a valuable program; get nervous each year about continuation of funding. Is there any place for the TRAIL Program as part of the SDPI funding distribution – possibly expanding or helping with it because it is a valuable program since it is all about youth and diabetes prevention. Funded at $1 m/year with IHS discretionary funding.
         - Suggest that TLDC will have expanded discussion on this topic at next TLDC face-to-face meeting
      iii. Other Consultation Issues
         - Suggested changes to the distribution formula and related issues to be discussed at next TLDC meeting

5. **Possible Proposed Timeline - DDTP**

PROPOSED TRIBAL CONSULTATION PROCESS		
TLDC Conf Call Meeting – April 12	TLDC determines issues(s) related to distribution of SDPI FY 2014 funding and makes recommendation(s) to the IHS Director	Send letter no later than 4/15/13
date	IHS Director issues Dear Tribal Leader Letter requesting input from Tribal Leaders on the TLDC recommendation(s); 30 days to respond;	Consider IHS Dir sends out letter no later than 4/22/13
date	Deadline for feedback from Tribal Leaders	Consider 5/22/13
date	IHS Director conference call with TLDC to review results and discuss her decision(s)	Consider 5/24/13
date	IHS Director issues Dear Tribal Leader Letter with decision on distribution of FY 2014 funding	Consider 5/27/13
CONTINUATION APPLICATION For FY 2014 FUNDS		
Currently Planned for - May 1, 2013	Continuation Application for FY 2014 funding for Community-directed budget cycle 1 is available to grantees	Consider 5/27/13
Currently Planned for - June 1, 2013	Deadline to submit applications to Division of Grants Management through GrantSolutions	Consider 6/27/13
July	Review of Application by Area Diabetes Consultants	July
August /Sept 2013	Notice of Awards to Cycle 1 grantees	same

6. Sequestration and SDPI FY 2013 Funding - **DDTP**
7. New DDTP Leadership - **DDTP**
    a. Director
    b. Deputy Director
    c. DDTP Move to Rockville, MD
8. Confirm next TLDC face-to-face meeting - **NIHB**
    a. June 19 – 20, 2013 in Hollywood, FL at end of NIHB Public Health Summit
9. Plan TLDC participation at NIHB Public Health Summit - **NIHB**
    iv. SDPI Grantee Poster Session –
        - Travel Issues
    v. Presentation(s) on SDPI and/or Diabetes Update
        - Will there be a panel and/or plenary session on diabetes topic?

Next TLDC Conference Call:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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SENT BY TELEFAX: (301) 443-4794 – Hardcopy via Federal Express

February 21, 2011

Yvette Roubideaux, M.D., M.P.H
Director
Indian Health Service
801 Thompson Avenue, Suite 440
Rockville, MD 20852

Dear Dr. Roubideaux:

The Northwest Portland Area Indian Health Board is a P.L. 93-638 Tribal organization that represents health care issues of the forty-three federally recognized Tribes in Idaho, Oregon, and Washington. We are responding to your January 25, 2011 letter, in which you have initiated Tribal Consultation in response the recent extension of the Special Diabetes Program for Indians (SDPI).

First, we want to emphasize that the following comments and recommendations represent the position of the forty-three tribal governments in Idaho, Oregon, and Washington – the Portland Area – and not the position of only one tribal entity. We are aware that federal agencies often have interpreted the comments from Tribal organizations as representing the position of only one tribe. The Northwest Portland Area Indian Health Board (NPAIHB) is one of few tribal organizations nationally that represent all federally recognized tribes in their IHS Area. As such, we ask that you recognize that our comments represent the position of all forty-three Tribes in the Portland Area.

The NPAIHB member Tribes discussed the details of your January 25, 2011 letter during our Quarterly Board Meeting held in Lincoln City, Oregon, on January 25-27, 2011. A significant portion of our consultation focused on our response to the issues of your letter. Our representatives also discussed the details of your letter at the conference of the Affiliated Tribes of Northwest Indians (ATNI) held in North Bend, Oregon on January 31 – February 1, 2011. Thus, our Quarterly Board Meeting and ATNI conference have provided appropriate venues for consultation resulting in the following recommendations.

1. **Maintain Current Distribution & Tribal Consultation**

   While the NPAIHB understands and appreciates the initial position put forward by the Tribal Leaders Diabetes Committee (TLDC), we do not agree with its preliminary recommendation to maintain the current funding distribution of the program, nor do we concur with their decision to not conduct Tribal consultation.

Portland Tribes understand completely that the evaluation of the SDPI over the past thirteen years has proven very effective with positive outcomes. However, a number of Tribes in the Portland Area as well as across the country, do not agree with the current distribution methodology and would like an opportunity to address those issues through Tribal consultation. During the TLDC teleconference the rationale for maintaining the current program and not conducting Tribal consultation was due to the urgency needed to make a decision for FY 2012 and FY 2013.

During FY 2009 (H.R. 2499, Medicare, Medicaid and SCHIP Extension Act of 2007) and the FY 2010 and FY 2011 (H.R. 6331, Medicare Improvements for Patients & Providers Act of 2008) we also faced similar timing and urgency issues and for each of these SDPI extensions and there was Tribal consultation on the SDPI funding distribution. To not conduct Tribal consultation on this SDPI reauthorization is inconsistent with past policy practice of the Indian Health Service (IHS). We were under very similar time constraints during the reauthorizations approved under H.R. 2499 and H.R. 6331, and this should not be a barrier to conducting Tribal consultation on this reauthorization of the program.

Tribal consultation has been instrumental in the success of the SDPI and should always be conducted whenever possible. We hope that you will always seek tribal leader input into programs affecting Indian people no matter what the circumstance or timing. Tribal consultation is one of your top priorities in renewing and strengthening IHS' relationship with Tribes and **we urge you to conduct a full Tribal consultation on the distribution of the FY 2012 and FY 2013 SDPI funds.**

If it is absolutely essential that a decision be made soon, than at a minimum an extension of the current program requirements could be made for FY 2012; and Tribal consultation would be utilized for FY 2013.

2. FY 2012 & FY 2013 SDPI Funding Distribution

You requested our input to maintain the current funding distribution for the additional two years that H.R. 4994, the Medicare and Medicaid Extenders Act of 2010, has reauthorized the SDPI program. Due to the reasons explained above, Portland Area Tribes do not support maintaining the current distribution of SDPI funding in FY 2012 and FY 2013. Portland Area Tribes continue to support our position on the SDPI distribution communicated to Robert McSwain, former IHS Director, outlined in our January 31, 2009 letter (see attached). We summarize those issues below and have included our 2009 letter for a detailed explanation and the Portland Area Tribes' continued position on these issues.

Basic Distribution Formula: Our January 31, 2009 letter described weaknesses in the Basic Distribution Formula (BDF) that should be addressed. Portland Area Tribes recommended the following changes to the BDF:

a. Decrease the weight of the tribal size adjustment from 12.5 percent to 8 percent;
b. Increase the weighting on the user population criteria from 30 percent to 42 percent;
c. Decrease the disease burden criteria from 57.5 percent down to 50 percent;
d. Delete the hold harmless and inflation amounts as these elements were intended to be funded once rather than becoming recurring funds as has happened from FY 2004 - FY 2009;
e. Increase the Tribal size adjustment factor from 300 to 1,200 users;
f. Use only Active User Population for calculating diabetes prevalence; we do not support using Service Population in the prevalence calculation.

Competitive Set-Aside: Portland Area Tribes are not fully supportive of a competitive grant set-aside (what has become known as the "special demonstration") in the SDPI program. Portland Area Tribes agree that there have been benefits to this program and that future efforts should be directed to translate the findings into community directed programs. Thus, Portland Area Tribes recommend returning 90 percent of the set-aside amount to the Community Directed Grant Program. The remaining 10 percent should be made available to the IHS Areas to translate the findings and best practices of the special demonstration program (competitive grant program) into the community directed grants. If this is not done, then Portland Area Tribes recommend a new competition for the special demonstration program. Other Tribes want to be able to benefit from the same opportunity that the special demonstration has provided a few select tribal communities.

Administrative Set-Aside: Portland Area Tribes support an appropriate level of funding for the administrative requirements of carrying out the SDPI, however we do not support such funding at the previous level. Our justification is that if the special demonstration funding is reduced per our recommendation, then the level of workload and administrative oversight will be greatly reduced. This cost savings should be returned to the community directed programs. We recommend decreasing the administrative set-aside from $4.1 million to $3 million due to a reduction in the administrative costs.

Data Set-Aside: Portland Area Tribes recommend that the data set-aside be discontinued and the $5.2 million be provided to the community directed program. During the past four Tribal consultations, Indian Country has been divided on recommendations to continue support for this set-aside. The Portland Area's position on this issue is that costs associated with information technology are a residual function and the responsibility of the IHS or Tribes if they take their shares. Portland Tribes are concerned that a preponderance of SDPI data funds has enhanced information technology at direct federal sites with little funding provided to Title I contracting or Title V compacting Tribes.

Urban Set-Aside: Portland Area Tribes support and recommend the continuance of a five percent set-aside (currently $7.5 million) to fund diabetes grants for the 34 Urban Indian Health Programs.

Native Diabetes Wellness Program: Portland Area Tribes do not support the $1 million set-aide for the CDC Native Diabetes Wellness Program and recommend that the funding be provided back to the community directed program. If this funding is continued, then a process should be put in place that ensures the services provided benefit the priorities of each IHS Area.

It is the position of Portland Area Tribes that our recommendations provide sound guidance to improve this very important program. Our recommendations are based on the principle that the SDPI funds should provide the greatest opportunity to reduce the burden of diabetes for Indian people. In fact, some of our recommendations would result in less overall funding to the Portland Area. On this same note, some of our recommendations would enhance the ability of small and disadvantaged Tribes to access additional funding to address diabetes issues in their communities. During the discussion on our initial recommendations we balanced these unique circumstances with what was in the best interest of Indian Country. To this end, we support building on the strength of the Community Directed grant programs with lessons learned from the special demonstration grantees.

I want to personally thank you for the opportunity to provide our comments on the SDPI and look forward to the continued success of this program. If you should have any questions concerning our recommendations, please contact Jim Roberts, Policy Analyst, at (503) 228-4185 or email at jroberts@npaihb.org.

Sincerely,

Andrew Joseph, Jr., Chairperson
Northwest Portland Area Indian Health Board and
Colville Tribal Council Member

cc: Dean Seyler, Acting Area Director, IHS-PAO
Kelly Action, IHS-NDP Director
Lorraine Valdez, IHS-NDP
Buford Rolin, TLDC Chairperson
43 PAO Tribal Leaders and Tribal Health Directors
PAO SDPI Grantees