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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
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Kalispel Tribe
Klamath Tribe
Kootenai Tribe
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NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
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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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December 9, 2013

Yvette Roubideaux, M.D., M.P.H
Acting 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 forty-three federally recognized Tribes in Idaho, Oregon, and Washington. We are writing to you about the Special Diabetes Program for Indians (SDPI). At our recent Quarterly Board Meeting held on October 22-24, 2013, our member Tribes discussed their concerns about the consultative process related to past year's extensions of the SDPI. We are providing you with a summary of our concerns in preparation for the upcoming Tribal Leader's Diabetes Committee (TLDC) meeting. We are hopeful that IHS and the TLDC can address these issues during the meeting.

Of particular concern to Portland Area Tribes is the manner in which Congress has extended the SDPI in recent years and the approach that the Indian Health Service (IHS) has taken to consult with Tribes over the distribution of the SDPI funds. While we recognize that IHS cannot control how Congress extends or reauthorizes the SDPI, we do believe the Agency can be more proactive to consult with Tribes over the distribution of future year's SDPI funds.

Congress has not reauthorized the SDPI over an extended period like it did in H.R. 5738, when it provided $150 million over a five year period (FY 2003 – FY 2008). Since FY 2008, Congress has extended the SDPI in one to two year increments (H.R. 2499, H.R. 6331, and H.R. 4994) and usually right before the current authorization is due to sunset. The challenge is that this has not allowed IHS an adequate opportunity to consult with Tribes. As a consequence, IHS has had to hurriedly solicit recommendations from Tribes about how to allocate the new SDPI funds and also advised the TLDC that if the allocation of funding or program structure is changed, it may adversely impact the ability of the IHS to allocate SDPI funds in an effective and timely manner. As consequence the Agency and Tribes have agreed to continue the current funding allocation and programmatic structure of the SDPI. It is not fair to Tribes to consult in an expeditious manner and this has been the practice since FY 2009.

We request that the TLDC address this issue at their upcoming meeting. Perhaps there is an approach that could be developed now, prior to Congress reauthorizing the program. It is highly likely that this will happen again in FY 2014, and now is the time to begin the consultative process. We believe by having discussion now about this issue will allow for meaningful dialogue within a time frame that is respectful to the Tribal consultation process.

During our meeting, we also discussed the SDPI Diabetes Prevention Demonstration Project. Portland Tribes support the SDPI Diabetes Prevention Demonstration Project in which a select number of Tribal grantees have been funded to adapt the NIH Diabetes Prevention Program and the Healthy Heart into their diabetes education and prevention

programs. Northwest Tribes commend the outcomes of this special demonstration and recommend that this program be opened to all Tribes to participate. As we discussed previously, due to the timing of Congress extending the SDPI funds, there has not always been an adequate amount of time to plan or prepare for a new funding solicitation for this program. As a consequence, the same grantees have continually been refunded with a limited opportunity to bring new Tribes into the program. Many Tribes feel that the funding related to this program has been a "windfall" to the current grantees since other Tribes have not had a fair opportunity to compete for the special demonstration grants. We respectfully request that the TLDC address this issue and provide recommendations on how this program can be expanded to other Tribes.

If the special demonstration program cannot be expanded to new Tribes, than we recommend returning 90 percent of the funds from the special demonstration set-aside ($27.4 million) to the Community Directed Grant Program; and that the remaining 10 percent be made available to all twelve of the IHS Areas to translate the findings and best practices of the special demonstration program into the community directed programs. It is the position of the Portland Area Tribes that all Tribes should be able to benefit from the same opportunity that the special demonstration program has provided to a few select tribal communities. It is our understanding the current special demonstration grantees, along with the Grants Coordinating Center, have developed a Diabetes Prevention Program Toolkit which could be used to conduct trainings for new tribes interested in joining this aspect of the SDPI program. We ask that this toolkit be made available to all grantees who wish to implement the Diabetes Prevention as soon as possible.

We are hopeful that you can discuss our recommendations at the upcoming TLDC meeting. Our TLDC representative Sharon Stanphill, Cow Creek Band of Umpqua Tribe, will be in attendance and can answer any questions related to our recommendations.

We thank you in advance for your attention to these issues!

Sincerely,

Andrew C. Joseph Jr.

Andrew C. Joseph, Jr., NPAIHB Chairperson
Confederated Tribes of Colville Tribal Council Member

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

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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
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