



DEC 20 2013

Dear Tribal Leader:

I am writing to initiate consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2015. The SDPI has been funding diabetes treatment and prevention activities in Indian Health Service (IHS), Tribal, and urban Indian health programs since 1998. As you may know, the authorization for SDPI will expire at the end of FY 2014. While we are encouraged by recent positive developments in Congress, we do not yet know if SDPI will be authorized beyond the current fiscal year and, if so, for how many years (one year vs. multiple years) and for what amount (current \$150 million per year or another amount). The Senate Finance Committee recently proposed reauthorization of the current SDPI funding level for 5 years, but Congress still needs to consider this proposal. However, since it is not known when Congress will address the reauthorization and IHS needs to be prepared to award the FY 2015 funding if reauthorized, the Tribal consultation process need to be initiated now to allow sufficient time to obtain the input of Tribal Leaders from all 12 IHS Areas.

To begin this process, I recently met with the Tribal Leaders Diabetes Committee (TLDC) on December 12-13, in Rockville, Maryland. The TLDC recommended that Tribal consultation on the distribution of SDPI funding for FY 2015, if reauthorized, be conducted in all 12 IHS Areas and concluded by February 15, 2014 to allow time for the TLDC to reconvene to make final national recommendations to me by the end of February, 2014.

The TLDC recommended that each IHS Area consult with Tribes and consider the following issues/questions:

**1. SDPI Grant Application process**

If 1 year of funding is authorized, would Tribes prefer that a continuation (not a competitive) application process be used if possible?

NOTE: If funding is authorized for more than 1 year, a competitive application process **must** be used per administrative requirements.

**2. Changes to the SDPI national funding distribution**

Should there be any changes in the national SDPI funding distribution and, if so, in what way? Currently, the funding distribution is as follows:

- Community-directed grant program \$108.9 million
- Diabetes Prevention/Healthy Heart Initiatives \$ 27.4 million
- Set-asides:
  - Urban Indian Health Programs \$ 7.5 million
  - Data Infrastructure Improvement \$ 5.2 million
  - CDC Native Diabetes Wellness Program \$ 1.0 million

**3. Use of more recent user population and diabetes prevalence data**

The last time the SDPI national funding formula was changed was in 2003. Based on

recommendations from Tribal consultation, the following national funding formula was used to determine allocation to each IHS Area for the Community-directed grant program:

- User Population = 30%
- Tribal Size Adjustment (TSA) = 12.5% (adjustment given for small tribes)
- Disease Burden = 57.5% (diabetes prevalence)

Since that time, user population and diabetes prevalence data from 2003 have been used in the national funding formula. Should more recent user population and diabetes prevalence data be used in the national funding formula?

**4. Structure and activities of the SDPI Grant Programs**

Should there be any changes in the SDPI Community-Directed grant program? If so, what changes do Tribes recommend?

What do Tribes recommend for the Diabetes Prevention and Healthy Heart Initiatives?

**5. Opportunity for Tribes not currently funded by SDPI**

Should Tribes not currently funded by SDPI be allowed to apply with the next competitive application? This includes Tribes who have received federal recognition since 1998.

I am requesting that each Area Director identify an upcoming Area meeting or schedule a conference call to consult with Tribes on the SDPI FY 2015 funding and to develop their recommendations. Tribal Leaders are welcome to contribute to these Area discussions and/or to submit written comments to [consultation@ihs.gov](mailto:consultation@ihs.gov) by February 15, 2014. The TLDC will convene in late February to review input and recommendations from all 12 IHS Areas, and will make final national recommendations. I will then send a letter to you with the final decision on the FY 2015 distribution in the context of any updates on its reauthorization.

Thank you for your partnership on the SDPI over the past 16 years. IHS, Tribal and urban Indian health program SDPI grantees have demonstrated that it is possible to increase access to quality diabetes treatment and prevention services in the communities we serve. If you are interested in learning more about the accomplishments of the SDPI, please review the most recent Report to Congress on the IHS Division of Diabetes Treatment and Prevention website at: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIRTC>.

I look forward to reviewing your recommendations and comments. Thank you for your input on this important national consultation. If you have any questions about the consultation process or

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the SDPI program in general, please contact the IHS Division of Diabetes Treatment and Prevention at [diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov).

Sincerely,

/Yvette Roubideaux/

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