

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service
Rockville, Maryland 20852

Refer to: OCPS

INDIAN HEALTH SERVICE CIRCULAR NO. 2007-03

TRIBAL LEADERS DIABETES COMMITTEE - CHARTER

Sec.

1. Background
2. Vision Statement
3. Mission Statement
4. Objectives
5. Membership
6. Voting
7. Leadership
8. Technical Advisors
9. Meetings
10. Supersedure
11. Effective Date

1. BACKGROUND. The Special Diabetes Programs for Indians (SDPI), was created by Congress, as part of the Balanced Budget Act of 1997, Public Law 105-33, in recognition of the disproportionate impact of diabetes in American Indian and Alaska Native (AI/AN) communities. The Tribal Leaders Diabetes Committee (TLDC) was created by the Director, Indian Health Service (IHS), in 1998. The TLDC recommends to the Director, IHS, a process for distributing SDPI funds. The TLDC also provides the IHS and Tribal leadership with an ongoing forum to discuss all matters related to diabetes and the impact of other chronic diseases on AI/AN communities.
2. VISION STATEMENT. The TLDC will empower AI/AN people to live free of diabetes and related chronic diseases through promotion of healthy lifestyles while preserving culture, traditions, and values through Tribal leadership.
3. MISSION STATEMENT. The TLDC will make recommendations to establish broad-based policy and advocacy priorities for diabetes and related chronic disease activities to the Director, IHS.

Distribution: IHS-wide

Date: June 20, 2007

Rand JUN 26 2007 / jyj

4. OBJECTIVES. The TLDC will:
- A. make recommendations and provide advice on policy and advocacy issues concerning diabetes and related chronic diseases;
 - B. provide advice and guidance to ensure the incorporation of appropriate culture, traditions, and values in program development, research, and community-based activities;
 - C. provide broad-based guidance and assistance in defining how other Federal agencies and organizations, States, Tribal epidemiology centers, institutions of higher learning, and private health organizations can play a role in addressing diabetes and related chronic diseases; and
 - D. serve as a Tribal advisory committee to the Centers for Disease Control and Prevention's Native Diabetes Wellness Program.
5. MEMBERSHIP. The TLDC membership is composed of individuals selected from the following groups:
- A. Tribal Representatives. One Tribal leader member and one Tribal leader alternate from each IHS Area shall be selected by the respective IHS Area Director in consultation with Area Tribes.
 - (1) Such consultation should be conducted in a manner that provides impartial consideration of all potential candidates.
 - (2) A Tribal representative is defined as an elected or duly-appointed official of a Federally Recognized Tribe.
 - B. Director, IHS, Appointees. One IHS Federal member and one IHS Federal alternate shall be appointed by the Director, IHS. The IHS Federal member or alternate shall keep the Director apprised of TLDC issues, decisions, recommendations, and concerns.
 - C. Membership Requirements. The names of each TLDC member and alternate shall be submitted to the Director, IHS and the TLDC Co-chairs in an official letter from the respective Area Director.
 - (1) The TLDC members representing each IHS Area shall be named by an official letter from the respective Area Director.

- (2) Tribal organizations shall provide the name of the member and alternate by official correspondence on official letterhead signed by the chairperson of the organization.

D. Vacancy. When a vacancy occurs:

- (1) The Area Director or Tribal organization shall notify the TLDC of the vacancy within 30 days and initiate the appropriate process to name a new representative.
- (2) The alternate shall attend meetings until the vacancy is filled.

E. Missed Meetings. If a member is unable to attend a scheduled TLDC meeting, the member shall notify the alternate. Should the alternate be unable to attend, the member shall identify an acting member to attend on behalf of the IHS Area. The acting member must be an appointed or elected Tribal Leader representative to vote.

F. Replacement Request. If a member does not participate in a scheduled meeting on two successive occasions, the Area Director and Tribal organization shall be notified by the TLDC with a request to replace the representative(s) with individuals who are able to participate regularly.

G. Term Limits. In recognition of the variety of procedures used to determine committee representation within each IHS Area and Tribal organization, TLDC membership is not subject to term limits. Changes in TLDC membership are to be submitted to the TLDC in writing by the appropriate Area Director or Tribal Chairperson.

6. VOTING.

- A. One Member - One Vote. Each Tribal Leader or Tribal Leader alternate member seated at the table and the IHS Federal member or IHS Federal alternate shall be allowed one vote. If an IHS Area is represented by an alternate or an acting member, he or she shall be afforded the same rights and privileges as the primary member including voting.
- B. Non-Voting Privileges. Any TLDC Technical Advisor shall provide advice and input in an advisory capacity at the request of the co-chairs.
- C. Majority Rules. All votes will be counted, and each decision will follow the vote of the majority.

7. LEADERSHIP. The TLDC will be led by two Co-chairs:
- A. Tribal Co-chairperson. The TLDC members representing the 12 IHS Areas shall elect from among themselves one Tribal representative to serve as co-chairperson and one alternate. The term of the Tribal Co-chairperson and alternate shall be determined by the TLDC members representing the 12 IHS Areas.
 - B. Indian Health Service Co-chairperson. The IHS Federal member or designated alternate shall serve as co-chairperson.
8. TECHNICAL ADVISORS.
- A. National Congress of American Indians. One member and one alternate shall be selected by the National Congress of American Indians and shall serve in an advisory (non-voting) capacity only.
 - B. National Indian Health Board. One member and one alternate shall be selected by the National Indian Health Board and shall serve in an advisory (non-voting) capacity only.
 - C. Tribal Self-Governance Advisory Committee. One member and one alternate shall be selected by the Tribal Self-Governance Advisory Committee and shall serve in an advisory (non-voting) capacity only.
 - D. Direct Service Tribes Advisory Committee. One member and one alternate shall be selected by the Direct Service Tribes Advisory Committee and shall serve in an advisory (non-voting) capacity only.
 - E. National Council of Urban Indian Health. One member and one alternate shall be selected by the National Council of Urban Indian Health and shall serve in an advisory (non-voting) capacity only.
9. MEETINGS.
- A. Quarterly Meetings. The TLDC shall meet no less than four times annually on dates and locations as determined by the TLDC.
 - B. Quorum. A quorum is established when at least seven IHS Area Tribal representatives and the IHS Federal representative or respective alternates are present for the entire duration of a meeting for the transaction of any official TLDC business.

- C. Meeting Materials. All TLDC meeting materials, including meeting notices, correspondence, etc., shall be provided to both primary members, alternates, technical advisors, and key advisors.
- D. Travel Expense Reimbursement. Reimbursement for travel expenses shall be provided by the Division of Diabetes Treatment and Prevention, IHS, either directly or through IHS's designated agent.
10. SUPERSEDURE. None
11. EFFECTIVE DATE. This circular becomes effective on the date of signature.

Charles W. Grim, DDS

Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Director, Indian Health Service