

Tribal Leaders Diabetes Committee

Meeting Summary

February 15-16, 2006

Nashville, Tennessee

(Approved April 28, 2006)

**Tribal Leaders Diabetes Committee
Meeting Summary**

February 15-16, 2006
Nashville, Tennessee

Contents

TLDC Members Present	2
Others in Attendance	2
Abbreviations.....	3
Summary of Motions.....	4
Summary of Action Items	4
Summary of Day One Discussion	7
Welcome and Introductions	7
Review and Approval of November 2005 TLDC Meeting Summary.....	7
TLDC Charter Update	7
U.S./Mexico Indigenous Peoples Roundtable.....	7
Update on the SDPI Data Funds	8
CDC NWDP <i>Eagle Books</i>	9
Update on the SDPI Advocacy Packets	10
Welcome from the IHS Nashville Area Director.....	11
Update on the SDPI Non-Competitive Grant Program	11
Update on the SDPI Competitive Grant Program.....	13
SDPI Grant Issues.....	16
Update from Cecilia Kayano, Graphic Designer for the IHS DDTP	17
Summary of Day Two Discussion.....	18
Welcome.....	18
Review and Approval of TLDC Meeting Summary of November 8-9, 2005	18
TLDC Charter Discussion	18
Legislative Update	19
USET Diabetes Program and EpiCenter	20
Eastern Band of Cherokee Diabetes Program.....	21
Closing Comments.....	23

TLDC Members Present

- Derek Bailey (Bemidji Area)
- Dr. Kelly Acton (Federal co-chair)
- Jerry Freddie (Navajo Area)
- David Garcia (Albuquerque Area)
- Joe Grayson Jr. (Oklahoma City Area)
- Carol Anne Heart (Aberdeen Area)
- Linda Holt (Portland Area)
- Jefferson Keel (Oklahoma City Area)
- Rosemary Nelson (California Area)
- Roberta Nutumya (Phoenix Area)
- Sandra Ortega (Tucson Area)
- Buford Rolin (Tribal co-chair; Nashville Area)
- H. Sally Smith (Alaska Area)

Others in Attendance

- | | | |
|-------------------|-------------------|-------------------|
| Marie Allen | Darlene Manuelito | Brenda Shore |
| Anne Bullock | Jim Marshall | P. Benjamin Smith |
| Lisa Bumpus | James T. Martin | Carol Strasheim |
| Althea Cajero | Taylor McKenzie | Tina Tah |
| Joe Finkbonner | John Mosely Hayes | Jennifer Udan |
| Richie Grinnell | Robert Nakai | Lorraine Valdez |
| Don Head | Anthia Nickerson | Quana Winstead |
| Byron Jasper | Dianna Richter | Melva Zerkoune |
| Cecilia Kayano | Dee Sabbatus | |
| Tierney Lancaster | Dawn Satterfield | |

Abbreviations

ADA	American Diabetes Association
AI/AN.....	American Indian and Alaska Native
ADC	Area Diabetes Consultant
CDC.....	Centers for Disease Control and Prevention
CMO	Chief Medical Officer
DDTP	Division of Diabetes Treatment and Prevention
DGO	Division of Grants Operations
DHHS.....	Department of Health and Human Services
DPP.....	Diabetes Prevention Program
DST	Direct Service Tribes
FY	fiscal year
IHCIA.....	Indian Health Care Improvement Act
IHS.....	Indian Health Service
ITU	Indian Health Service, Tribal, and urban Indian programs
NCAI.....	National Congress of American Indians
NDWP	Native Diabetes Wellness Program
NIH.....	National Institutes of Health
NIHB	National Indian Health Board
OIT	Office of Information Technology
PIMC	Phoenix Indian Medical Center
RPMS	Resource and Patient Management System
SCHIP	State Children’s Health Insurance Program
SDPI	Special Diabetes Program for Indians
TLDC	Tribal Leaders Diabetes Committee
USET.....	United South and Eastern Tribes

Summary of Motions

- Motion carried to table the review and approval of the TLDC meeting minutes from November 8–9, 2005 (page 8).
- Motion carried to table the discussion of the TLDC charter (page 8).
- Motion carried to recommend to Dr. Grim that diabetes data and related matters be considered a priority among all levels of the IHS (page 10).
- Motion carried to approve the TLDC meeting summary from November 8–9, 2005 (page 19).
- Motion did not carry to amend Section 5 to add the national organization representatives as voting members to the TLDC was not approved (page 20).
- Motion carried to approve the TLDC charter as amended (page 20).
- Motion carried to request that Dr. Grim instruct the IHS DGO to concentrate on core functions of grant management, administration, and processing and to institute a Peer Technical Assistance Program for SDPI grantees on grant-related issues and budget development, reporting, and evaluation (page 25).

Summary of Action Items

Action Item	Timeline	Person Responsible
Dr. Acton and Mr. Rolin will report on the U.S./Mexico Indigenous Peoples Roundtable on Diabetes at the next TLDC meeting (page 9).	Next TLDC meeting (April 27–28, 2006)	Dr. Acton and Mr. Rolin
The IHS DDTP will provide the TLDC with the FY05 data funds report as soon as it is available from the IHS OIT (page 9).	Ongoing	IHS DDTP
The IHS DDTP will invite Dr. Howard Hayes and Keith Longie from the IHS OIT to discuss the diabetes data funds at the next TLDC meeting (page 9).	Next TLDC meeting (April 27–28, 2006)	IHS DDTP
A TLDC member asked the TLDC to provide input on how the Areas distribute the diabetes data funds (page 10).	Next TLDC meeting (April 27–28, 2006)	IHS DDTP (Howard Hayes)
A TLDC member recommended that the advocacy packets include information on diabetes data and TLDC projects, such as the <i>Eagle Books</i> and Diabetes Education in Tribal Schools Project (page 11).	Ongoing	IHS DDTP
A TLDC member requested information on important people to contact for advocacy efforts and lists of relevant committee members (page 11).	Ongoing	TLDC co-chairs
The IHS DDTP will share the updated Standards of Care for Diabetes as soon as they are complete (page 12).	Ongoing	IHS DDTP

Tribal Leaders Diabetes Committee

Action Item	Timeline	Person Responsible
A TLDC member recommended that the TLDC establish a program to develop a resource library (page 12).	To be determined	To be determined
The IHS DDTP will provide a list of ADCs and their contact information to the TLDC (page 14).	Next TLDC meeting (April 27–28, 2006)	IHS DDTP
The IHS DDTP will share the final DHHS report on their SDPI review with the TLDC when it becomes available (page 14).	Ongoing	IHS DDTP
The IHS DDTP will provide the TLDC with a copy of the Coordinating Center data management agreement (page 16).	Complete (Ms. Valdez provided the agreement to the TLDC on February 16, 2006)	IHS DDTP
The TLDC should provide recommendations to the IHS DDTP on what to do if grantees do not perform (page 16).	Ongoing	TLDC and IHS DDTP
A TLDC member requested that the TLDC receive regular status reports on the grantees and a summary of the progress and financial reports required of the grantees (page 17).	Quarterly at TLDC meetings	IHS DDTP
The TLDC should consider expressing to Dr. Grim that: (1) the IHS DGO should focus on grants processing, not training; and (2) money should be set aside to allow national or regional tribal organizations or tribes to provide training and technical assistance (page 18).	To be determined	TLDC
A TLDC member recommended that the TLDC meeting summary include a table that outlines action items, timeline, and person responsible (page 19).	Ongoing	IHS DDTP
<p>TLDC charter (page 19):</p> <ul style="list-style-type: none"> – Ensure that accommodation be given to TLDC members to join the meeting via conference call; address this in the TLDC by-laws (page 20). – Change Section 10b of the charter to read, “A quorum is established when a simple majority of IHS/Area representatives are present at a meeting, and a quorum must be present for any transaction of official business” (page 20). – In the cover letter to Dr. Grim, note that any reference to the “IHS representative” refers to the federal co-chair (page 20). 	In progress	TLDC

Tribal Leaders Diabetes Committee

Action Item	Timeline	Person Responsible
Dr. Acton will update the TLDC on the IHS meeting with the Institute for Healthcare Improvement on the Chronic Disease Management Initiative (page 24).	Next TLDC meeting (April 27–28, 2006)	Dr. Acton
The USET will provide a copy of their resolution on the President’s FY07 budget to the TLDC (page 25).	To be determined	USET and Mr. Rolin
The TLDC will send a letter to Dr. Grim saying that the TLDC strongly believes that the funding for the urban Indian hospitals and clinics should be restored to the FY06 level (page 25).	To be determined	TLDC
The IHS DDTP will develop a draft TLDC orientation binder (page 25).	Next TLDC meeting (April 27–28, 2006)	IHS DDTP

Tribal Leaders Diabetes Committee Meeting

Meeting Summary

Day 1: February 15, 2006

Subject	Discussion	Action
<p>Welcome and Introductions</p>	<p>Day One—Wednesday, February 15, 2006</p> <p>Mr. Buford Rolin, Tribal co-chair, called the meeting to order at 8:40 a.m. Mr. Rolin:</p> <ul style="list-style-type: none"> – Welcomed TLDC members and guests. – Asked Mr. Freddie to deliver the blessing. – Asked TLDC members and guests to introduce themselves. – Invited Mr. Martin, executive director of the USET, to address the TLDC and provide an overview of the USET. – Reviewed the meeting agenda, which was approved by the TLDC as a working agenda. 	
<p>Review and approval of November 2005 TLDC meeting summary</p>	<p>Ms. Smith moved to table review of the TLDC meeting summary from November 8–9, 2005.</p> <p>Ms. Nelson seconded the motion.</p> <p>The motion carried to table the review of the TLDC meeting summary from November 8–9, 2005, until Day Two of the current meeting.</p>	<p>Motion carried to table the review and approval of the TLDC meeting minutes from November 8–9, 2005.</p>
<p>TLDC charter update</p>	<p>Mr. Rolin provided an update on the progress of the TLDC charter:</p> <ul style="list-style-type: none"> – Mr. Petherick, former executive director of the NIHB, was asked to provide a revised TLDC charter for TLDC review; Mr. Rolin had not received the revised charter from Mr. Petherick. – Mr. Rolin suggested contacting Mr. Petherick and tabling the discussion of the TLDC charter until he could reach Mr. Petherick. <p>Ms. Holt moved to table the discussion of the TLDC charter.</p> <p>Ms. Ortega seconded the motion.</p> <p>The motion carried to table the discussion of the TLDC charter.</p>	<p>Motion carried to table the discussion of the TLDC charter.</p>
<p>U.S./Mexico Indigenous Peoples Roundtable on Diabetes</p>	<p>Dr. Acton provided an update on the U.S./Mexico Indigenous Peoples Roundtable on Diabetes:</p> <ul style="list-style-type: none"> – On March 1, 2006, Dr. Grim, Mr. Rolin, Dr. Goforth Parker, Dr. Acton, and other representatives from the IHS and CDC will travel to Mexico City to meet with Mexican government officials and discuss diabetes among the indigenous peoples of the U.S. and Mexico. 	

Subject	Discussion	Action
<p>U.S./Mexico Indigenous Peoples Roundtable on Diabetes (continued)</p>	<ul style="list-style-type: none"> - Dr. Acton noted that this roundtable discussion will <i>not</i> focus on border issues. The goal of the roundtable discussion is to share information and materials with one another and discuss ideas for a possible joint conference for diabetes programs in both countries. - Dr. Acton and Mr. Rolin will report on the roundtable discussion at the next TLDC meeting. <p>Several TLDC members raised concern about the amount of time, effort, and resources going into the roundtable discussion. Dr. Acton reassured the TLDC that neither the U.S. nor Mexican government is asking the IHS to divert attention and resources from AI/AN.</p> <p>Mr. Rolin noted that the roundtable discussion was an effort to reach out to others and encourage more dialogue and interaction on the growing problem of diabetes. He further noted that by 2025, 58% of people in the U.S. will have prediabetes or diabetes.</p> <p>The TLDC discussed health promotion and disease prevention and the need to:</p> <ul style="list-style-type: none"> - Emphasize integrating physical activity into daily life (e.g., taking stairs instead of escalators). Do not make exercise something separate in people's lives. - Understand the differences in health for people who live in rural versus urban areas. Are there differences in nutrition and physical activity? - Work with traditional healers to promote the use of traditional self-care techniques. - Develop better methods of sharing information. <p>Break at 10:14 a.m.</p>	<p>Dr. Acton and Mr. Rolin will report on the roundtable discussion at the next TLDC meeting.</p>
<p>Update on the SDPI data funds</p>	<p>Meeting called to order at 10:32 a.m.</p> <p>Dr. Acton provided an update on the SDPI data funds:</p> <ul style="list-style-type: none"> - \$5.2 million of the SDPI goes into improving diabetes data systems per Congressional direction. - The FY04 data funds report is available. However, the FY05 report is still unavailable because the Areas have until February 24, 2006, to provide information on their use of funds to the IHS OIT. - The IHS DDTP will provide the TLDC with the FY05 data funds report as soon as it is available from the IHS OIT. - Mr. Garcia recommended that the IHS OIT attend the next TLDC meeting to discuss the data funds, particularly data extraction and infrastructure. The IHS DDTP will invite Dr. Howard Hayes and Keith Longie from the IHS OIT to present at the next meeting. 	<p>The IHS DDTP will provide the TLDC with the FY05 data funds report as soon as it is available from the IHS OIT.</p> <p>The IHS DDTP will invite Dr. Howard Hayes and Keith Longie from the IHS OIT to present at the next TLDC meeting.</p>

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
<p>CDC NDWP <i>Eagle Books</i> (continued)</p>	<ul style="list-style-type: none"> - The <i>Eagle Books</i> started as an idea from the TLDC, which asked the CDC NDWP and IHS to establish a series of books for children to help prevent diabetes. - Dr. Satterfield reviewed the distribution plan for the books: <ul style="list-style-type: none"> • The goal is to get the <i>Eagle Books</i> into the hands of as many AI/AN children as possible. • The CDC NDWP is planning several media and distribution events for the books: <ul style="list-style-type: none"> - February 23, 2006: Pueblo Cultural Center in Albuquerque, New Mexico - March 23, 2006: Seattle, Washington - April 27, 2006: Minneapolis, Minnesota - A non-profit organization called First Book is helping distribute a total of 200,000 books at the media events. • <i>Indian Country Today</i> will publish an article on the books. • The IHS DDTP will distribute 25 copies of each book to the 399 SDPI programs and to the ADCs. • The IHS Head Start Program will distribute 1,200 books to 167 Head Start programs. • Programs and tribes can order free books through First Book (www.firstbook.org). First Book only charges a shipping charge of \$25 per box of 100 books. - The CDC NDWP and IHS are planning a second batch of printing and anticipate working with tribal health boards and AI/AN organizations to distribute books and facilitate additional printings. They also hope to be able to provide books to all schools that have at least 25% AI/AN enrollment. 	
<p>Update on the SDPI advocacy packets</p>	<p>Dr. Acton updated the TLDC on the SDPI advocacy packets:</p> <ul style="list-style-type: none"> - The IHS DDTP is currently revising the 2002 SDPI advocacy packets. - Ms. Holt recommended that the advocacy packets include information on diabetes data and TLDC projects, such as the <i>Eagle Books</i> and the Diabetes Education in Tribal Schools program. - Ms. Holt also requested information on important people to contact for advocacy efforts and lists of relevant committee members. <p>The TLDC discussed the importance of standards of care for diabetes. Dr. Acton noted that the IHS DDTP has developed the IHS Standards of Care for Diabetes, which are updated every two years. The most recent update will</p>	<p>A TLDC member recommended that the advocacy packets include information on diabetes data and TLDC projects.</p> <p>A TLDC member requested information on people to contact for advocacy efforts and lists of relevant committee members.</p>

Subject	Discussion	Action
<p>Update on the SDPI advocacy packets (continued)</p>	<p>soon be available, and the IHS DDTP will share the updated standards at an upcoming TLDC meeting as soon as they are available.</p> <p>Mr. Freddie recommended that the TLDC establish a program to develop a resource library. This resource library would be a home to information and materials that has been adapted for easy comprehension and translation from the IHS, CDC, DHHS, NCAI, NIHB, international initiatives, and other organizations.</p>	<p>The IHS DDTP will share the updated Standards of Care for Diabetes as soon as they are complete.</p> <p>A TLDC member recommended that the TLDC establish a program to develop a resource library.</p>
<p>Welcome from the IHS Nashville Area Director</p>	<p>Mr. Grinnell, director for the Nashville Area, updated the TLDC on new initiatives and activities in the Nashville Area:</p> <ul style="list-style-type: none"> - The Nashville Area recently rolled out their telehealth and telemedicine initiative. Through collaboration with the USET, the IHS Nashville Area hopes to become a center of excellence for telehealth and telemedicine. - Many sites within the Nashville Area have implemented the Chronic Care Model in their care of patients with chronic disease. <p>Break at 12:12 p.m.</p>	
<p>Update on the SDPI non-competitive grant program</p> <p>Background on the SDPI</p> <p>Update on the SDPI non-competitive grant program</p>	<p>Meeting called to order at 1:37 p.m.</p> <p>Dr. Acton provided an update on the SDPI, which included a discussion of the non-competitive grant program, competitive grant program, and other grants issues. Overall, Dr. Acton reported that the SDPI is doing well and is now in its ninth year.</p> <p>Background on the SDPI:</p> <ul style="list-style-type: none"> - For every age group, AI/AN men and women have the highest prevalence of diabetes among adults in the U.S. - The SDPI was established in 1997 by the Balanced Budget Act of 1997. - The SDPI originally received \$30 million per year, which Congress increased to \$100 million in 2000, and to \$150 million in 2004 through 2008. - The program receives close to \$160 million per year when the funds for the Model Diabetes Programs and ADCs are counted. <p>Update on the SDPI non-competitive grant program:</p> <ul style="list-style-type: none"> - The non-competitive grant program is the largest part of the overall SDPI (which also includes the competitive grant program) and focuses on the prevention and treatment of diabetes. 	

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
Update on the SDPI non-competitive grant program (continued)	<ul style="list-style-type: none"> - The original SDPI legislation directed the IHS to use a grants process to distribute the funds. In 2001, Congress further directed the IHS to use a best practices approach and to work with partners like the NIH, CDC, and ADA. - The SDPI currently has 333 non-competitive grantees. The number of grantees changes each year. 81% of the grantees are tribally run, 9% are urban, and 10% are IHS programs. - The 2004 <i>Report to Congress</i> summarized the non-competitive grant program. The IHS DDTP is collecting information from the grantees this year, which will be used in the next report. 	
Allocation of funds	<p>Allocation of funds (per year):</p> <ul style="list-style-type: none"> - Non-competitive grant program receives \$108.9 million. - Competitive grant program receives \$27.4 million (see below). - Urban programs receive \$7.5 million. - \$5.2 million goes to data improvement. - The CDC NDWP receives \$1 million. 	
Successes of the SDPI	<p>Successes of the SDPI:</p> <ul style="list-style-type: none"> - The IHS allowed tribes to set their own local priorities and objectives for the funding. - Many grantees allocated funds toward building infrastructure for diabetes treatment and prevention (e.g., data collection, clinics, lab equipment, etc.). - More AI/AN are aware of diabetes care, prevention, and management. 	
Training and technical assistance	<p>Training and technical assistance:</p> <ul style="list-style-type: none"> - The IHS DDTP and IHS Nutrition and Dietetics Training Center are using grantee feedback from the 2005 summer institutes to develop the 2006 regional meetings and summer institutes, which will offer meaningful, hands-on training and technical assistance opportunities for grantees. - The regional meetings and summer institutes will be held in Atlanta and San Francisco. A third summer institute will be held in Albuquerque and will focus on RPMS and other data issues. 	
Budgets and carryover	<p>Budgets and carryover:</p> <ul style="list-style-type: none"> - The grantees have legislative authority to carry over funds until expended. - The IHS DGO has tightened up its budget justification requirements; grantees must provide tight budget justifications that justify how their expenses relate to diabetes treatment and prevention. 	

Subject	Discussion	Action
<p>Update on the SDPI non-competitive grant program (continued)</p> <p>Communication with grantees</p> <p>Electronic applications</p> <p>DHHS review of the SDPI</p> <p>Discussion with the TLDC</p>	<p>Communication with grantees:</p> <ul style="list-style-type: none"> - The IHS DDTP is developing a listserv of grantees to communicate via e-mail, as well as through an electronic newsletter. They are also updating their website and plan to add new tools, such as streaming videos, photos, and training materials. - The IHS DDTP is working with a communications consultant to develop simple and better ways to communicate with grantees that do not require technology. <p>Electronic applications:</p> <ul style="list-style-type: none"> - The DHHS requires that all SDPI grantees submit their applications electronically. - The IHS DDTP and the IHS DGO are holding trainings across the country to help grantees with the electronic submission process. Grantees can also obtain help through the grants.gov website, by calling grants.gov customer support, by calling Michelle Bulls in IHS Grants Policy, or by calling their ADC. The IHS DDTP will provide a list of ADCs and their contact information to the TLDC. <p>DHHS review of the SDPI:</p> <ul style="list-style-type: none"> - The DHHS grants office conducted their review of the SDPI in July 2005 and visited SDPI sites in the fall of 2005. - The IHS DDTP will share the final DHHS report with the TLDC as soon as it is available. <p>Discussion with the TLDC:</p> <ul style="list-style-type: none"> - Mr. Garcia asked about how changes in consortia affect the division of funding within an Area. Dr. Acton noted that the funding amount that goes to each Area is determined by formula; each Area is responsible for consulting with the tribes to divide the funds. - Mr. Nakai raised concern about security issues that prevent the Navajo SDPI from extracting data. Dr. Acton suggested that the TLDC ask Keith Longie to discuss this problem when he meets with the TLDC. 	<p>The IHS DDTP will provide a list of ADCs and their contact information to the TLDC.</p> <p>The IHS DDTP will share the final DHHS report on their SDPI review with the TLDC when it becomes available.</p>
<p>Update on the SDPI competitive grant program</p>	<p>Dr. Acton provided an update on the SDPI competitive grant program:</p> <ul style="list-style-type: none"> - In 2004, Congress directed the IHS to use some of the new funds (see above) to establish a competitive grant program to focus on two problems: (1) primary prevention of diabetes (i.e., preventing diabetes in people who do not have it, but are at risk); and (2) the most compelling complication of diabetes, which is cardiovascular disease. Congress also instructed the IHS DDTP to evaluate the program. 	

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
<p>Update on the SDPI competitive grant program (continued)</p> <p>Tribal consultation on the SDPI competitive grant program</p> <p>Demonstration projects</p> <p>Evaluation</p>	<ul style="list-style-type: none"> - SDPI programs had to compete for funding. The IHS received 128 applications; 66 of these applicants received funding. One group of 36 grantees is working on primary prevention of diabetes, and the other group of 30 grantees is working on cardiovascular disease. <p>Tribal consultation on the SDPI competitive grant program:</p> <ul style="list-style-type: none"> - The IHS held extensive tribal consultation on the program. - Each Area submitted recommendations on the program, which the TLDC reviewed. The TLDC forwarded their own set of recommendations to Dr. Grim. - The TLDC recommended that: (1) eligible programs be previous or current SDPI grantees; (2) the IHS should consider diversity in Area, region, program size, and type of program when selecting grantees; and (3) the IHS needed to implement a strong coordination and evaluation effort. - Dr. Grim made the final decision on the program: \$23.3 million went to the grantees, and \$4.1 million went toward administration of the program, including the program’s Coordinating Center at the University of Colorado Health Sciences Center. <p>SDPI competitive grant program demonstration projects:</p> <ul style="list-style-type: none"> - The SDPI competitive grant program is not conducting any new research. Instead, the program will determine if findings from scientific studies on diabetes prevention and cardiovascular disease risk reduction can work in AI/AN communities. - The diabetes prevention grantees are implementing two components for the program: (1) an intensive component that will use the DPP curriculum to work with people at risk for developing diabetes (i.e., people who have prediabetes); and (2) community diabetes prevention activities that each grantee can design to meet local needs. - The cardiovascular disease risk reduction grantees are implementing two components for the program: (1) an intensive component that will use a clinical case management approach to treat risk factors for cardiovascular disease to specific target levels in people with diabetes; and (2) community cardiovascular disease risk reduction activities that each grantee can design to meet local needs. - The program just completed its first year (of five years), which was a planning year. Grantees are now getting started with the year two of the program, which is the first implementation year. <p>Evaluation of the SDPI competitive grant program:</p> <ul style="list-style-type: none"> - The IHS is conducting a comprehensive, multi-component evaluation of the program. 	

Subject	Discussion	Action
Update on the SDPI competitive grant program (continued)	<ul style="list-style-type: none"> - The IHS currently has only process evaluation information. They do not yet have intervention evaluation information because the projects are just now getting underway. - The IHS and the Coordinating Center will not publish or present any data from the program without grantee (e.g., tribal) and TLDC approval. - The IHS DDTP will share with the TLDC a copy of the data management agreement from the Coordinating Center’s contract. 	
Organization of the SDPI competitive grant program	<p>Organization of the SDPI competitive grant program:</p> <ul style="list-style-type: none"> - The IHS DDTP provides oversight, coordination, and leadership. - The IHS DGO administers the grants, reviews financial audits, and monitors the grantees. - The Coordinating Center provides day-to-day coordination and evaluation support. - The Resource Core provides technical assistance to the grantees. 	The IHS DDTP will provide the TLDC with a copy of the Coordinating Center data management agreements.
Issues with non-performing grantees	<p>Issues with non-performing grantees:</p> <ul style="list-style-type: none"> - Future funding will depend on how well the competitive grant program grantees perform and how well the IHS DDTP evaluates the program. - Dr. Acton asked the TLDC to consider what the IHS DDTP should do if grantees do not perform and fail despite best efforts to provide the grantees with training, technical assistance, and support. 	
Discussion with the TLDC	<p>Discussion with the TLDC:</p> <ul style="list-style-type: none"> - Lt. Governor Keel voiced his concern about the importance of evaluating whether the Indian health system is successful at preventing diabetes. - Ms. Nutumya noted the importance of sharing information on what the grantees are doing with other programs. Dr. Acton responded that year five will be a dissemination and training year to share all of the information from the program with the Indian health system. The IHS DDTP will also share information as it becomes available. For example, the summer institutes will provide all SDPI grantees with information on some of the competitive grant program training activities. - Ms. Nelson noted that important measures to consider for evaluation include: cardiovascular disease death rates, blindness rates, blood sugar levels, and amputation rates. - Ms. Nutumya raised concern about all grantees having to do the same activities in the intensive component because each grantee is different with different needs and problems. Dr. Acton explained that all grantees need to get people to lose weight, exercise, and eat healthy. However, the grantees have flexibility in <i>how</i> they encourage people to lose weight, exercise, and eat healthy. 	The TLDC should provide recommendations to the IHS DDTP on what to do if grantees do not perform.

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
<p>Update on the SDPI competitive grant program (continued)</p>	<ul style="list-style-type: none"> - Ms. Heart said that she would like the evaluation to include a comparison between reservation grantees and urban grantees. Dr. Acton explained that the IHS is collecting this kind of information. However, whether the IHS can draw any conclusions from the data will depend on whether there are enough participants in urban and reservation areas. - Ms. Heart asked whether the EpiCenters will have a role in evaluating and analyzing program data. Dr. Acton noted that the Coordinating Center will fulfill that role. However, the EpiCenters will have a role in training, dissemination, and evaluation when the program's activities become more widespread. - Mr. Freddie suggested that the TLDC play a role in how health care facilities are planned and constructed throughout Indian Country. <p>Break at 3:25 p.m.</p>	
<p>SDPI grant issues</p>	<p>Meeting called to order at 3:39 p.m.</p> <p>Ms. Hodge and Ms. Bulls updated the TLDC on several grantee issues:</p> <ul style="list-style-type: none"> - A number of continuation applications have not been awarded because these applications were submitted after the deadline. The IHS DGO is awaiting CMO approval on those applications. - Ms. Hodge recommended that the TLDC stress the importance of performance to the grantees because future funding will depend on it. - Ms. Bulls recommended that grantees that are experiencing difficulty should submit financial and progress reports on a quarterly basis to ensure better monitoring. She also recommended that program officer should consider performing proactive site visits and develop early corrective action plans among the IHS DDTP, IHS DGO, ADCs, and grantees to prevent later trouble. - Ms. Hodge and Ms. Bulls noted that several grantees are having trouble with accurate financial reporting (e.g., poor financial spreadsheets and poor record keeping). They also noted that several grantees have not submitted their financial reports to the right place; <i>financial reports must be sent to the IHS DGO</i>. 45 CFR Part 74.14 outlines the financial information that grantees need to track and report. Ms. Bulls suggested providing technical assistance to help grantees develop and manage proper financial systems. - Mr. Freddie requested that the TLDC receive regular status reports on the grantees. He would also like a summary of the progress and financial reports required of the grantees. 	<p>A TLDC member requested that the TLDC receive regular status reports on the grantees and a summary of the progress and financial reports required of the grantees.</p>

Subject	Discussion	Action
<p>SDPI grant issues (continued)</p>	<p>Training and technical assistance:</p> <ul style="list-style-type: none"> – Several TLDC members and guests noted the need for training and technical assistance for the grantees, particularly for grants.gov and financial reporting. – Ms. Hodge and Ms. Bulls noted that they are trying to schedule additional trainings and finalize their training materials. – Grantees can contact Ms. Hodge (301.443.5204) or Ms. Bulls for assistance. – Mr. Martin noted that the USET would prefer that the IHS DGO to focus on grants processing rather than technical assistance. Other tribal organizations and grantees that could provide technical assistance. He further recommended that the TLDC consider expressing to Dr. Grim that: (1) the IHS DGO should focus on grants processing, not training; and (2) money should be set aside to allow national or regional tribal organizations or tribes to provide training and technical assistance. 	<p>The TLDC should consider expressing to Dr. Grim that: (1) the IHS DGO should focus on grants processing, not training; and (2) money should be set aside to allow national or regional tribal organizations or tribes to provide training and technical assistance.</p>
<p>Update from Cecilia Kayano, graphic designer for the IHS DDTP</p>	<p>Ms. Valdez and Ms. Kayano presented several projects (available through the IHS DDTP clearinghouse) that Ms. Kayano has developed and works on:</p> <ul style="list-style-type: none"> – <i>Health for Native Life Magazine.</i> Every issue of the magazine features two TLDC members. The eighth issue was just published. – Youth diabetes prevention posters for the Committee on Native American Child Health. Ms. Kayano developed a series of posters. The posters focus on the idea that being healthy and happy is traditional. Each poster features a photograph of an AI/AN youth, their name and tribe, a slogan from the youth (e.g., “Being active is traditional”), their signature, and information on their favorite activities and goals. – <i>Using Our Wit and Wisdom.</i> The book is a diabetes self-care book that presents the story of Barbara Mora, a woman with type 2 diabetes, and how she cares for her diabetes and her feelings about having diabetes. – <i>Happy and Healthy ABCs.</i> This project includes a book and teacher’s packet that is for AI/AN children, parents, teachers, and caregivers. Each page of the book features a letter of the alphabet (e.g., “B”), a tip (e.g., “Brush every tooth”), and a photograph of a child (e.g., child brushing his teeth). <p>Mr. Martin suggested that advocacy work for SDPI reauthorization highlight these materials. He also suggested that a series of articles be published in <i>Indian Country Today</i> that highlights success stories or activities, such as the “Just Move It” campaign.</p> <p>Meeting recessed at 5:03 p.m. until February 16, 2006, at 8:30 a.m.</p>	

TLDC Meeting Summary
Day 2: February 16, 2006

Subject	Discussion	Action
<p>Welcome</p>	<p>Day Two—Thursday, February 16, 2006</p> <p>Meeting called to order at 8:45 a.m.</p> <p>Mr. Rolin offered the blessing and reviewed the meeting agenda.</p>	
<p>Review and approval of TLDC meeting summary of November 8–9, 2005</p>	<p>Ms. Smith moved to adopt the TLDC meeting summary from November 8–9, 2005.</p> <p>Ms. Ortega seconded the motion.</p> <p>Ms. Holt recommended that the meeting summary include a table that outlines the action items, due dates or timeline, and person responsible.</p> <p>Motion carried to approve the TLDC meeting summary from November 8–9, 2005, with one abstention from the Bemidji Area.</p>	<p>A TLDC member recommended that the TLDC meeting summary include a table that outlines action items, timeline, and person responsible.</p> <p>Motion carried to approve the TLDC meeting summary from November 8–9, 2005.</p>
<p>TLDC charter discussion</p> <p>Voting rights of the national organizations</p>	<p>Mr. Rolin led the TLDC in a review and discussion of the TLDC charter.</p> <p>Voting rights of the national organizations (Section 5b–e):</p> <ul style="list-style-type: none"> – Several TLDC members raised concern about the voting rights of the representatives from the national organizations. – Some members felt that these representatives should be full members of the TLDC with voting rights, and other members felt that they should be representatives that serve in an advisory capacity to the TLDC. – Ms. Smith noted that the TLDC may want to consider changing its name to Tribal Diabetes Committee because of the addition of the national organizations. – Ms. Heart called for a roll call vote to decide whether the representatives from the national organizations should be afforded voting rights on the TLDC. – Ms. Holt made a motion to amend Section 5 to add the national organization representatives as voting members of the TLDC. Ms. Smith seconded the motion. – Ms. Cajero called the roll. Nine members voted ‘no’ (Aberdeen, Albuquerque, Bemidji, California, Nashville, Navajo, Oklahoma, Phoenix, and Tucson). Three members voted ‘yes’ (IHS, Alaska, and Portland). One Area (Billings) was absent. 	

Subject	Discussion	Action
<p>TLDC charter discussion (continued)</p> <p>Quorum</p>	<ul style="list-style-type: none"> - The motion to amend Section 5 to add the national organization representatives as voting members to the TLDC was not approved. <p>Quorum:</p> <p>The TLDC discussed how a quorum is established. They decided that a quorum is established when seven TLDC members from the IHS Areas and the IHS federal representative (i.e., Dr. Acton) are present for the duration of the meeting.</p> <ul style="list-style-type: none"> - Ms. Smith asked that accommodation be given to TLDC members to join the meeting via conference call. Mr. Rolin noted that this suggestion could be addressed in the TLDC by-laws. - The TLDC decided to change Section 10b to read, “A quorum is established when a simple majority of IHS/Area representatives are present at a meeting, and a quorum must be present for any transaction of official business.” - Mr. Bailey suggested that the TLDC clarify that any reference to the “IHS representative” refers to the federal co-chair. Mr. Rolin noted that this could be addressed in the cover letter to Dr. Grim. <p>Ms. Holt made a motion to approve the charter as amended.</p> <p>Ms. Smith seconded the motion.</p> <p>The motion carried to approve the TLDC charter as amended.</p>	<p>Motion to amend Section 5 to add the national organization representatives as voting members to the TLDC <u>was not</u> approved.</p> <p>Ensure that accommodation be given to TLDC members to join the meeting via conference call; address this in the TLDC by-laws.</p> <p>Change Section 10b of the charter to read, “A quorum is established when a simple majority of IHS/Area representatives are present at a meeting, and a quorum must be present for any transaction of official business.”</p> <p>In the cover letter to Dr. Grim, note that any reference to the “IHS representative” refers to the federal co-chair.</p> <p>Motion carried to approve the TLDC charter as amended.</p>
<p>Legislative update</p>	<p>Mr. Rolin updated the TLDC on the IHCA:</p> <ul style="list-style-type: none"> - The National Steering Committee is working to address questions from the Senate Indian Affairs Committee staff. - The Department of Justice has raised concern regarding the Social Security Act and with SCHIP. 	

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
<p>Legislative update (continued)</p> <p>Discussion with the TLDC</p>	<ul style="list-style-type: none"> - The American Dental Association has filed a suit against the Alaska dental aide therapy program. - Senator Grassley has placed a hold on the McCain Bill, saying that he is opposed to recognizing a single minority and giving them special privileges over other people in the U.S. - Congressman Young’s office is developing a companion bill to support the McCain Bill, but the National Steering Committee has not seen a copy yet. - The Administration continues to remove items from the bill, such as scholarships. - The National Steering Committee’s goal is not to regress in any way. - Mr. Rolin called upon the TLDC members to help move the IHCA reauthorization forward. The NIHB is currently working on a national grass roots campaign, and will probably need to raise money for those efforts. <p>Discussion with the TLDC:</p> <ul style="list-style-type: none"> - Ms. Heart noted the importance of educating politicians and other decision makers about AI/AN, the government-to-government relationship, and the U.S. government’s treaty responsibilities to AI/AN. She noted that the U.S. government has not honored their contracts with AI/AN through the IHCA, and tribes should consider taking their land back. - Mr. Rolin informed the TLDC that the NIHB and the National Steering Committee have started a program called “Indian 101” to educate people on AI/AN issues. <p>Break at 10:15 a.m.</p>	
<p>USET Diabetes Program and EpiCenter</p>	<p>Meeting called to order at 10:29 a.m.</p> <p>Mr. Rolin introduced several staff from the USET—Brenda Shore, Byron Jasper, John Mosley Hayes, Jim Marshall, and Dianna Richter—who presented the USET Diabetes Program and EpiCenter to the TLDC.</p> <p>USET staff described a diabetes report that the USET has developed for its tribes:</p> <ul style="list-style-type: none"> - The report will be available to the tribes by mid-summer. - The purpose of the report is to provide diabetes information to USET’s tribal leaders, health directors, and clinic staff. - The report will include trending data and comparison data at both the aggregate Area level and the tribal level. 	

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
<p>USET Diabetes Program and EpiCenter (continued)</p>	<ul style="list-style-type: none"> - The report is divided into several sections: <ul style="list-style-type: none"> • Introduction that includes an overview of the diabetes problem, summary of Area health facilities (with information on name, location, type of facility, land area, user population, number of enrolled members, number of diabetes patients, and available services). • Aggregate Area data on clinical and demographic measures. This section will compare the Nashville Area with all ITUs. • Tribal data that will be made available <i>only</i> to the respective tribe. • Summary with conclusions and recommendations. • Appendix with raw data. - The sources of data for the report include the diabetes audit, USET Diabetes Surveillance Project, and site visit reports. - Contact Ms. Richter with questions or comments at drichter@usetinc.org or 615.872.7900. <p>Dr. Acton commended the USET for this project, saying that it is a necessary quality improvement activity by setting the bar and encouraging sites to meet or exceed it.</p> <p>Mr. Martin noted that the USET will host a national EpiCenter conference August 28–31, 2006, in Nashville.</p>	
<p>Eastern Band of Cherokee Diabetes Program</p> <p>Origins of chronic disease</p>	<p>Dr. Bullock and Ms. Winstead from the Eastern Band of Cherokee Indians Diabetes Program presented to the TLDC:</p> <ul style="list-style-type: none"> - The Eastern Band of Cherokee Indians has approximately 13,500 enrolled members. - The tribe has a 17.8% diabetes prevalence rate, and the rates have increased in every age group from 2002 to 2005. - The diabetes program decided to use their SDPI funding to focus on expanding treatment in the early stages of diabetes. <p>Dr. Bullock discussed the origins of chronic diseases:</p> <ul style="list-style-type: none"> - The diabetes program has started to look at where chronic diseases, such as diabetes, begin. - Chronic disease is the product of multiple stressors and risk factors, which accumulate over a lifetime. These stressors and risk factors include genes, current and early life environment (which determines which genes are used and why), behavior, social experience, and economic environment (e.g., absolute and relative poverty). The body embodies all of these risk factors to produce ill health. 	

Subject	Discussion	Action
<p>Eastern Band of Cherokee Diabetes Program (continued)</p>	<ul style="list-style-type: none"> - Stressors affect both physiologic regulatory systems, as well as health behaviors. Early life events set up how the body will respond to events and experiences later in life. If you have a lot of stress and trauma in your life, especially early in life, it affects your endocrine system and how much cortisol your body produces. Cortisol levels affect blood sugar levels. - Although stressors have effects throughout life, the body is especially vulnerable to them during critical developmental periods. Recent research is clear that what happens in the prenatal environment affects health later in life. For example, stress during pregnancy increases cortisol sensitivity and low birth weight, which are risk factors for diabetes and cardiovascular disease. - How can we make a difference? Look at the roots of poor health: poverty, prenatal and early life nutrition, prenatal substance use and abuse, child abuse and neglect, quality of early life relationships, and genetics. - These roots combine to produce the physiologic and behavioral ability to respond to later life stressors. If you feel like you need to do something to cope, you might overeat, abuse substances, and have emotional responses. - The end results are addiction, heart disease, diabetes, depression, alcoholism, liver disease, HIV, and traumatized parenting; these are the endpoints of something that started very young and have very common roots. However, the end results are inevitable. If we deal only with the end results, we are not going to prevent much. We need to start earlier by addressing the roots of poor health and the ability to cope. 	
<p>Life course approach to chronic disease</p>	<p>Dr. Bullock described the “life course approach” to chronic disease:</p> <ul style="list-style-type: none"> - Health influences extend far beyond the traditional risk factors of genetics and lifestyle choices. - We need to extend beyond disease silos (e.g., separate diabetes and cardiovascular disease programs). All disease-specific programs are addressing the same endpoints and need to work on the roots of poor health. - We need to implement interventions that start prenatally, extend throughout the life span, and focus on key developmental phases. - We need to go beyond just providing good medical care. How can we build bridges with health programs and other programs (e.g., social programs and job programs) to reduce risk factors? 	
<p>Summary of the Cherokee Diabetes Program</p>	<p>Ms. Winstead provided a summary of the Cherokee Diabetes Program:</p> <ul style="list-style-type: none"> - The Cherokee Diabetes Program provides medical care to two-thirds of Cherokee’s active patients with diabetes, as well as care to people with prediabetes and pregnant patients with diabetes. 	

Tribal Leaders Diabetes Committee

Subject	Discussion	Action
<p>Eastern Band of Cherokee Diabetes Program (continued)</p>	<ul style="list-style-type: none"> - The program’s services include comprehensive diabetes care, point of care lab testing, group medical visits, in-school group visits, a retinal camera telemedicine project, half-day orthopedic clinic, and education and outreach activities. - Other programs include elementary school mentoring programs, work-site and church-based programs, a Cherokee language immersion day care, wellness courts for drug use crimes, parenting classes, batterers groups, a community coalition, and a complementary health program. The complementary health program includes acupuncture, yoga, massage, a meditation garden, drumming activities, a traditional healer, and the White Bison Wellbriety Program. - Studies have shown that decreasing hurt and pain can result in better diabetes outcomes, and having a connection with a power greater than oneself is associated with better health outcomes. Emotional coping skills and meditative techniques reduce blood pressure, lipids, and other health parameters. 	
<p>Closing comments Chronic Disease Management Initiative DST annual meeting IHS DGO</p>	<p>Dr. Acton updated the TLDC on the Chronic Disease Management Initiative:</p> <ul style="list-style-type: none"> - The Chronic Disease Workgroup submitted its strategic plan to Dr. Grim, Area Directors, TLDC, and CMOs. The plan received widespread acceptance. - The next step is for the IHS to meet with the Institute for Healthcare Improvement. Dr. Acton will update the TLDC on this meeting. <p>Ms. Heart informed the TLDC that the DST third annual meeting will be July 10–12, 2006, at the Mystic Lake Casino in Minnesota.</p> <p>Mr. Rolin led the discussion on a motion to ask the IHS DGO to concentrate on grants management and administration and to request that Dr. Grim establish a technical assistance program:</p> <ul style="list-style-type: none"> - Mr. Martin suggested the following text for the motion: “Motion to respectfully request Dr. Charles Grim to instruct the IHS DGO to concentrate on core functions of grant management, administration, and processing. Further, the TLDC requests that Dr. Grim institute a Peer Technical Assistance Program for and by tribal grantees and organizations to address budget development, reporting, and evaluation.” - Dr. Acton suggested the following change: “...Peer Technical Assistance Program for SDPI grantees on grant-related issues.” - Mr. Freddie recommended keeping budget development, reporting, and evaluation. - Lt. Governor Keel made a motion to send the recommendation to Dr. Grim as outlined above. - Ms. Nelson seconded the motion. 	<p>Dr. Acton will update the TLDC on the IHS’s meeting with the Institute for Healthcare Improvement on the Chronic Disease Management Initiative.</p>

Subject	Discussion	Action
<p>Closing comments (continued)</p> <p>President's FY07 budget</p> <p>TLDC orientation binder</p> <p>SDPI Data management agreement</p> <p>Next TLDC meeting</p>	<ul style="list-style-type: none"> - The motion was approved to request that Dr. Grim instruct the IHS DGO to concentrate on core functions of grant management, administration, and processing and to institute a Peer Technical Assistance Program for SDPI grantees on grant-related issues and budget development, reporting, and evaluation. <p>The TLDC discussed the redlining of the urban Indian health hospitals and clinics in the President's FY07 budget:</p> <ul style="list-style-type: none"> - The USET noted that they acted on a resolution that supported increases in line items, but did not support the redlining of the urban health programs. The USET will provide to the IHS DDTP for distribution to the TLDC. - Lt. Governor Keel suggested that the TLDC send a letter to Dr. Grim saying that the TLDC strongly believes that the funding for the urban Indian hospitals and clinics be restored to the FY06 level. <p>Dr. Acton informed the TLDC that Ms. Nickerson will develop a draft TLDC orientation binder to share at the next TLDC meeting for comment.</p> <p>Ms. Valdez provided the data management agreement with the SDPI competitive grant program Coordinating Center, as well as the exact legislative language for the SPDI.</p> <p>The next TLDC meeting will take place April 27–28, 2006, in Reno, Nevada.</p> <p>Lt. Governor Keel made a motion to adjourn the meeting. Ms. Smith seconded the motion.</p> <p>Meeting adjourned at 12:12 p.m.</p>	<p>The motion was approved to request that Dr. Grim instruct the IHS DGO to concentrate on core functions of grant management, administration, and processing and to institute a Peer Technical Assistance Program for SDPI grantees on grant-related issues and budget development, reporting, and evaluation.</p> <p>The USET will provide a copy of their resolution on the President's FY07 budget to the TLDC.</p> <p>The TLDC will send a letter to Dr. Grim saying that the TLDC strongly believes that the funding for the urban Indian hospitals and clinics should be restored to the FY06 level.</p> <p>The IHS DDTP will develop a draft TLDC orientation binder.</p>