

# Tribal Leaders Diabetes Committee

## Meeting Summary

February 7-8, 2008

San Diego, CA

(Approved May 14, 2008)

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**Contents**

TLDC Members Present .....	3
Others in Attendance.....	3
Abbreviations.....	4
Summary of Motions .....	5
Summary of Action Items .....	5
Summary of Additional TLDC Recommendations.....	6
Summary of Day One Discussion.....	8
Welcome and update from the National Indian Health Board.....	8
Review of TLDC meeting summaries from March and June 2007 .....	9
Update on CMS and ADA activities from Gale Marshall .....	9
CDC Native Diabetes Wellness Center update.....	10
Legislative overview of the <i>Special Diabetes Program for Indians</i> .....	13
Update from the IHS Division of Grants Policy on the <i>Special Diabetes Program for Indians</i> ...	14
TLDC discussion on the FY 2009 <i>Special Diabetes Program for Indians</i> funds.....	17
TLDC discussion on the <i>Special Diabetes Program for Indians</i> set-asides .....	20
Update on the <i>Special Diabetes Program for Indians</i> Demonstration Projects.....	22
Discussion on the TLDC charter.....	22
Summary of Day Two Discussion .....	24
Letter to the Acting IHS Director on the FY 2009 <i>Special Diabetes Program for Indians</i> extension.....	24
Meeting with IHS senior staff on the FY 2009 <i>Special Diabetes Program for Indians</i> extension.....	26
Formation of a TLDC subcommittee on <i>Special Diabetes Program for Indians</i> carryover.....	27
Future TLDC meeting dates and meeting wrap-up.....	28

## TLDC Members Present

Aberdeen: Matthew Pilcher  
Alaska: primary / alternate not present; Wendy Langton in attendance for Lincoln Bean  
Albuq: Carlton Albert Sr. (Albuquerque Area)  
Bemidji: Derek Bailey  
Billings: Darryl Red Eagle  
California: Rosemary Nelson  
Nashville: Buford Rolin, Tribal co-chair  
Navajo: Evelyn Acothley  
Oklahoma: Dr. Judy Goforth Parker (partial attendance by phone) – Represented by: Bobby Saunkeah  
Phoenix: Louise Benson  
Portland: primary / alternate not present; Jim Roberts in attendance for Linda Holt  
Tucson: Grace Manuel  
Federal co-chair: Dr. Kelly Acton, IHS DDTP

### **Technical Advisors:**

National Council of Urban Indian Health: Geoffrey Roth  
Tribal Self-Governance Advisory Committee: Samuel Moore  
Office of Tribal Self-Governance: Matthew Johnson  
National Indian Health Board: Stacy Bohlen  
National Congress of American Indians: primary / alternate not present  
Direct Service Tribes Advisory Committee: primary / alternate not present

## Others in Attendance

Janice Atencio	Elwood Emm	Robert Nakai
Karen Bachman-Carter	Monica Giotta	Madan Poudel
Alice Benally	Karen Higgins	Charles Rhodes
Tammy Brown	Julie Jojola	Renita Selmon
Beverly Calderon	Isidro Lopez	Geoff Strommen
Lillian Celaya	Kerri Lopez	Lorraine Valdez
Elaine Dado	Rebecca Loving	Ellie Zephier
LeMyra DeBruyn	Albert Manuel Jr.	Phyllis Wolfe
Ronald Duncan	Grace Manuel	
Moke Eaglefeathers	Gale Marshall	

## Abbreviations

ADA.....American Diabetes Association  
 AI/AN ..... American Indian and Alaska Native  
 CDC .....Centers for Disease Control and Prevention  
 CMS.....Center for Medicare and Medicaid Services  
 DDTP .....Division of Diabetes Treatment and Prevention  
 DETS .....Diabetes Education in Tribal Schools  
 DHHS..... U.S. Department of Health and Human Services  
 DPP ..... Diabetes Prevention Program  
 FY .....fiscal year  
 GPRA.....Government Performance and Results Act  
 IHCIA .....Indian Health Care Improvement Act  
 IHI.....Institute for Healthcare Improvement  
 IHS ..... Indian Health Service  
 JDRF ..... Juvenile Diabetes Research Foundation  
 NCUIH.....National Council of Urban Indian Health  
 NDWC ..... Native Diabetes Wellness Center  
 NIH .....National Institutes of Health  
 NIHB.....National Indian Health Board  
 NPAIHB.....Northwest Portland Area Indian Health Board  
 RFA.....Request for grant application  
 RPMS.....Resource and Patient Management System  
 SDPI.....Special Diabetes Program for Indians  
 TLDC.....Tribal Leaders Diabetes Committee

## Summary of Motions

- The motion carried to approve the summary from the March 2007 TLDC meeting (Page 9).
- The motion carried to approve the summary from the June 2007 TLDC meeting (Page 9).
- The motion carried to send a letter to the Acting IHS Director regarding the FY 2009 SDPI funds that advises the Director to request a waiver from the DHHS for the competitive process. (Pages 20 and 24)

## Summary of Action Items

Action Item	Timeline	Person Responsible	Notes
The NIHB and IHS DDTP will provide a copy of the CMS DVD to TLDC members. (Page 10)		NIHB and IHS DDTP	
The CDC NDWC will mail a set of the <i>Traditions of Gratitude</i> posters to TLDC members. (Page 11)		CDC NDWC	
The IHS DDTP and the NIHB will develop a document that provides guidance on the central questions and issues to be addressed during the Tribal consultation process on the FY 2009 SDPI funds. (Page 17)	February 2008	IHS DDTP and NIHB	complete
The TLDC members will provide input from their Area Tribal consultations to the IHS DDTP by March 10, 2008. (Page 17)	March 10, 2008	TLDC	complete
The IHS DDTP will compile the feedback from the Tribal consultations and send it to TLDC members by March 20, 2008. (Page 17)	March 20, 2008	IHS DDTP	complete
The TLDC will meet via conference call on March 28, 2008, at 2:00 p.m. EST to discuss the input from the Tribal consultations. (Page 17)	March 28, 2008	TLDC	Rescheduled to Apr 4 due to lack of quorum
The TLDC will invite Dr. Hayes from the IHS Office of Information Technology to its next meeting. (Page 22)		IHS DDTP	
The TLDC will form a subcommittee to develop recommendations on SDPI carryover. (Page 27)	Complete	TLDC	Subcommittee formed
The IHS DDTP will provide the subcommittee with information on allowable expenditures for grant funds, carryover amounts, and possible barriers to spending carryover funds. (Page 27)		IHS DDTP	DGM sent partial info to Stacy Bohan

## Summary of Action Items (continued)

Action Item	Timeline	Person Responsible	Notes
The TLDC subcommittee on SDPI carryover will meet via conference call and meet in person on May 13, 2008, before the next TLDC meeting. The subcommittee will report to the TLDC at the May 14–15, 2008, meeting. (Page 28)		TLDC subcommittee on SDPI carryover	
The next TLDC meetings will be May 14–15, 2008, and November 13–14, 2008, in Washington, DC. (Page 28)	N/A	TLDC	May 14-15 meeting arranged

## Summary of Additional TLDC Recommendations

Recommendation	Made By	Area, Tribe, or Organization
The Portland Area does not support a set-aside for the Demonstration Projects out of the FY 2009 SDPI extension funds. (Page 18) <ul style="list-style-type: none"> <li>– The Alaska Area was in agreement with the Portland Area.</li> <li>– The Aberdeen, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, and Oklahoma Areas were in favor of continuing the current SDPI funds allocation for FY 2009, including the inclusion of the Demonstration Projects.</li> <li>– The TLDC recommended additional Tribal consultation on the FY 2009 funds.</li> </ul>	Mr. Roberts	Portland
The Portland Area is not in favor of the \$1 million per year set-aside of SDPI funds for the CDC NDWC.	Mr. Roberts	Portland
The Portland Area does not support the data improvement set-aside and recommends that it not be included as a set-aside in the FY 2009 SDPI funds.	Mr. Roberts	Portland
The Alaska and Portland Areas do not agree with the interpretation of the charter, saying that an alternate representative who was duly appointed to the TLDC by a Tribal leader had the right to vote. (Page 23)	Ms. Langton and Mr. Roberts	Alaska and Portland
TLDC members should inform their Areas that the alternate representative must be an elected or traditionally appointed Tribal leader. (Page 23)	Mr. Lopez	Tohono O’odham Nation

Summary of Additional TLDC Recommendations (continued)

Recommendation	Made By	Area, Tribe, or Organization
Mr. Roberts recommended that the grant programs' budgets do not experience any offsets under the FY 2009 SDPI extension. (Page 26)	Mr. Roberts	Portland
Mr. Red Eagle recommended that the Federal government needs to visit AI/AN communities to witness the devastating effects of diabetes. (Page 26)	Mr. Red Eagle	Billings
In its reports to the TLDC subcommittee on SDPI carryover, the IHS DDTP should remove the names of grant programs and IHS Areas. (Page 27)	Mr. Roberts	Portland
TLDC members should ask their respective Area's grant programs to submit information on the challenges they have experience with expending grant funds. (Page 27)	Mr. Albert	Albuquerque
Phyllis Wolfe should be invited to serve on the TLDC subcommittee on SDPI carryover. (Page 28)	Mr. Roberts	Portland
Organizations or individuals who have provided technical assistance to Tribes on expending grant funds should be asked to provide input to the TLDC subcommittee on SDPI carryover. (Page 28)	Mr. Albert	Albuquerque

Tribal Leaders Diabetes Committee Meeting

Meeting Summary

Day One: February 7, 2008

Subject	Discussion	Action
<p><b>Welcome and update from the National Indian Health Board</b></p>	<p>Meeting called to order at 9:08 a.m.</p> <p>Mr. Rolin welcomed the TLDC members and audience and asked for introductions. Mr. Eaglefeathers offered the prayer.</p>	
<p>Carole Anne Heart</p>	<p>Ms. Bohlen paid tribute to Carole Anne Heart, who had represented the Aberdeen Area on the TLDC, and passed away in January 2008.</p>	
<p>Update on the IHCIA</p>	<p>Ms. Bohlen provided an update on the Indian Healthcare Improvement Act (IHCIA):</p> <ul style="list-style-type: none"> <li>– The Tribes must unify behind the IHCIA reauthorization efforts. The National Indian Health Board (NIHB) has focused its efforts heavily on ensuring that Congress hears a cohesive, consistent message from the Tribes on the IHCIA.</li> <li>– The IHCIA has been through all of the committees of the Senate and was the first bill to be considered in this session of the Congress.</li> <li>– The White House issued a veto threat against the IHCIA, and the NIHB has been working to address each of the Administration’s issues.</li> <li>– The most recent issue with the IHCIA concerns the use of Tribal documents as proof of citizenship for Medicaid. The NIHB’s position is to allow the use of Tribal documents as proof of citizenship until the Department of Health and Human Services (DHHS) issues its regulations on proof of citizenship; several Senators do not agree with the NIHB’s interim proposal.</li> <li>– Ms. Bohlen advised the TLDC to visit the NIHB website frequently for updates or calls for action on the IHCIA.</li> <li>– Mr. Rolin recognized the work of Rachel Joseph and the support of the California Rural Indian Health Board on the reauthorization efforts.</li> </ul>	
<p>Calendar of events for AI/AN healthcare</p>	<p>Ms. Bohlen reviewed the calendar of events for American Indian and Alaska Native (AI/AN) healthcare:</p> <ul style="list-style-type: none"> <li>– February 7, 2008 (Washington, DC): Senate Committee on Indian Affairs hearing on the appointment of Robert McSwain as the Director of the IHS. The NIHB sent a letter of endorsement for Mr. McSwain to the committee.</li> <li>– February 27–28, 2008 (Atlanta, GA): Centers for Disease Control and Prevention (CDC) budget consultation meeting. This meeting is a good opportunity for Tribal leaders to meet CDC staff and</li> </ul>	

Subject	Discussion	Action
<p>Calendar of events for AI/AN healthcare (continued)</p> <p>President's budget</p>	<p>learn about funding opportunities.</p> <ul style="list-style-type: none"> <li>– March 2–5, 2008 (Washington, DC): National Congress of American Indians (NCAI) mid-year meeting.</li> <li>– March 6, 2008 (Washington, DC): NIHB Appropriations for Indian Healthcare Summit. The purpose of the event is to bring key members of Congress, Congressional staff, and industry and Tribal experts together to discuss a more sophisticated and dedicated approach to the appropriations process.</li> <li>– March 12–13, 2008 (Washington, DC): DHHS Tribal Consultation.</li> <li>– May 21–22, 2008 (Green Bay, WI): National Indian Public Health Summit.</li> </ul> <p>Ms. Bohlen noted that the President's budget was released on January 21, 2008, and distributed the NIHB's analysis of the budget.</p>	
<p><b>Review of the TLDC meeting summaries from March and June 2007</b></p> <p>March 2007 meeting summary</p> <p>Voting privileges</p> <p>June 2007 meeting summary</p>	<p>The TLDC reviewed the summary for the March 27–28, 2008, meeting:</p> <ul style="list-style-type: none"> <li>– Page 13: Mr. Roberts noted the summary stated that designated employees may attend TLDC meetings, but may not vote. This statement is not consistent with the TLDC charter, page 3(6), which states, "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." <ul style="list-style-type: none"> <li>• Mr. Rolin and Dr. Acton noted that only Tribal leaders have voting privileges.</li> <li>• Mr. Roberts noted that FACA guidelines permit employees of a Tribal organization to vote.</li> <li>• Mr. Roberts suggested that the charter may need to be amended to clarify the alternate's voting privileges (see page 22).</li> </ul> </li> <li>– Ms. Nelson moved to approve the meeting summary. Mr. Albert seconded the motion. The motion carried to approve the summary.</li> </ul> <p>The TLDC reviewed the summary for the June 20–21, 2008, meeting:</p> <ul style="list-style-type: none"> <li>– The TLDC members did not have any comments or questions on the meeting summary.</li> <li>– Ms. Acothley moved to approve the meeting summary. Mr. Red Eagle seconded the motion. The motion carried to approve the meeting summary.</li> </ul>	<p>The motion carried to approve the summary from the March 2007 TLDC meeting.</p> <p>The motion carried to approve the summary from the June 2007 TLDC meeting.</p>
<p><b>Update on CMS and ADA activities from Gale Marshall</b></p>	<p>Ms. Marshall presented a DVD on the Center for Medicare and Medicaid Services (CMS):</p> <ul style="list-style-type: none"> <li>– The CMS and NIHB collaborated on the DVD.</li> <li>– The DVD was developed to show in IHS, Tribal, and urban Indian</li> </ul>	

Subject	Discussion	Action
<p>CMS DVD (continued)</p> <p>ADA SDPI reauthorization efforts</p>	<p>health facilities so patients could learn more about Medicare and Medicaid services for which they may be eligible.</p> <ul style="list-style-type: none"> <li>– 5,000 copies of the DVD have been distributed across the U.S.</li> <li>– The NIHB mailed a DVD to every Tribal leader and distributed 1,000 copies at its Annual Consumer Conference.</li> <li>– Ms. Valdez noted that the IHS Division of Diabetes Treatment and Prevention (DDTP) will work with the NIHB to ensure that every member of the TLDC has a copy of the DVD.</li> </ul> <p>Ms. Marshall updated the TLDC on the American Diabetes Association’s (ADA) activities on the <i>Special Diabetes Program for Indians</i> (SDPI) reauthorization efforts:</p> <ul style="list-style-type: none"> <li>– The SDPI was extended for one year at \$150 million through September 2009.</li> <li>– The ADA is currently working on a multi-year SDPI reauthorization package.</li> </ul>	<p>The NIHB and IHS DDTP will provide a copy of the CMS DVD to TLDC members.</p>
<p><b>CDC Native Diabetes Wellness Center update</b></p> <p>Vision and goals</p> <p>Legislative history</p> <p>Funding</p> <p>Tribal consultation</p> <p>Community indicators grant program</p>	<p>Dr. DeBruyn provided an update on the CDC Native Diabetes Wellness Center (NDWC) activities:</p> <p>Background on the CDC NDWC:</p> <ul style="list-style-type: none"> <li>– Vision of the NDWC: Healthy communities, healthy nations—Indian Country free of diabetes.</li> <li>– Goals: Working in partnership with the TLDC and IHS DDTP; addressing social justice and health disparities; respecting Native and western science and art; and finding, designing, adapting, and sharing information.</li> <li>– Legislative history: NDWC was formed as part of the Balanced Budget Act of 1997 to establish traditionally and culturally relevant programs and products.</li> <li>– Funding: The CDC receives \$2 million per year as part of its base budget to support the NDWC. The IHS DDTP funds the NDWC with an additional \$1 million per year through an interagency agreement.</li> <li>– Tribal consultation: The NDWC consults with the TLDC and follows the CDC Tribal consultation policy. The NDWC also works with the CDC Tribal Consultation Advisory Committee, whose members include Sally Smith, Linda Holt, and Jerry Freddie.</li> </ul> <p>Environmental Community Indicators for Diabetes Prevention grant programs:</p> <ul style="list-style-type: none"> <li>– The NDWC funds eight grant programs at \$100,000 per year: Two urban programs, one Tribal college, and five Tribal programs.</li> <li>– The program is currently in its third year.</li> </ul>	

Subject	Discussion	Action
<p>Community indicators grant program (continued)</p> <p><i>Traditions of Gratitude</i> poster series</p>	<ul style="list-style-type: none"> <li>– The grant programs focus on creating an “environment built for change” by changing community indicators in four areas: <ul style="list-style-type: none"> <li>• Nutrition and diet: Revising school, after-school, and restaurant menus; changing vending machine options; and changing program policies.</li> <li>• Lifestyle and exercise: Creating walking paths and holding special events like walks, powwows, and dances.</li> <li>• Both nutrition and lifestyle: Developing community gardens.</li> <li>• Communication and collaboration: Developing educational media messages through newsletters, newspapers, and TV and radio shows.</li> </ul> </li> <li>– The NDWC plans to release a second RFA in 2008 to fund five new grant programs at \$100,000 per year for five years. <ul style="list-style-type: none"> <li>• The RFA is tentatively titled, “Traditional foods and sustainable ecological environments for diabetes prevention”.</li> <li>• All Tribal communities will be eligible to apply.</li> <li>• The goal is to award the grants in September 2008.</li> </ul> </li> </ul> <p><i>Traditions of Gratitude</i> poster series:</p> <ul style="list-style-type: none"> <li>– The <i>Traditions of Gratitude</i> poster series features the artwork of Sam English (Turtle Mountain Ojibwe) to honor the AI/AN participants of the Diabetes Prevention Program (DPP) and other diabetes studies, the work of community health workers and community health representatives (CHRs), and the diabetes talking circles.</li> <li>– The poster titles are: <ul style="list-style-type: none"> <li>• “They Changed the World!: A Tribute to the Participants of the Diabetes Prevention Program and Other Diabetes Studies”</li> <li>• “Standing Tall for 40 Years: Honoring Community Health Representatives, 1968–2008”</li> <li>• “Around the Fire: Talking Circles for Diabetes Care and Prevention”</li> </ul> </li> <li>– The NDWC will mail a set of posters to TLDC members.</li> </ul>	<p>The NDWC will mail a set of the <i>Traditions of Gratitude</i> posters to TLDC members.</p>
<p>DETS Program</p>	<p>Diabetes Education in Tribal Schools (DETS) Program:</p> <ul style="list-style-type: none"> <li>– The DETS Program is a TLDC-initiated program to develop a diabetes-based science curriculum to be used in Tribal elementary, middle, and high schools.</li> <li>– The DETS Program completed data collection from the pilot schools on their implementation of the DETS Curriculum.</li> <li>– The DETS Curriculum will be launched nationwide on November</li> </ul>	

Subject	Discussion	Action
DETS Program (continued)	<p>12, 2008, with a media event at the Smithsonian National Museum of the American Indian as part of the World Diabetes Day weeklong festivities.</p> <ul style="list-style-type: none"> <li>– Dr. Larry Agadoa, who is the director of the Office of Minority Health Research Coordination at the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health (NIH), will attend a future TLDC meeting to provide an update on the DETS Program.</li> </ul>	
<i>Eagle Books</i>		
Use of <i>Eagle Books</i>	<p><i>Eagle Books</i>:</p> <ul style="list-style-type: none"> <li>– The <i>Eagle Books</i> are a TLDC-initiated project to teach children and youth about diabetes prevention.</li> <li>– The <i>Eagle Books</i> are a part of the Kindergarten–grade 4 curriculum for the DETS Project.</li> <li>– The NDWC recently sent 1,800 sets of <i>Eagle Books</i> to Title VII schools.</li> <li>– The Office of Indian Education is using the <i>Eagle Books</i> as part of its online digital teacher-training program.</li> </ul>	
<i>Eagle Books</i> at the Smithsonian	<ul style="list-style-type: none"> <li>– The original <i>Eagle Books</i> artwork will be on display at the Smithsonian National Museum of the American Indian from October through December 2008 as part of the museum’s first health exhibit. The artwork was also on display at the CDC Global Odyssey Museum in 2006.</li> </ul>	
<i>Eagle Books</i> DVDs	<ul style="list-style-type: none"> <li>– The NDWC has produced DVDs with 2D animated films of the <i>Eagle Books</i>. <ul style="list-style-type: none"> <li>• The NDWC will work with Tribes to produce animated films in their traditional languages.</li> <li>• The NDWC is also working on producing animated films in Spanish and with subtitles.</li> </ul> </li> </ul>	
<i>Eagle Books</i> for older children	<ul style="list-style-type: none"> <li>– The NDWC is developing <i>Eagle Books</i> that will target older children: <ul style="list-style-type: none"> <li>• The new books will focus on issues related to diabetes, such as cardiovascular disease, depression, tobacco use, and behavioral health issues. (The first books targeted children aged 4–9.)</li> <li>• A new character will be introduced to help teach the difference between type 1 and type 2 diabetes.</li> </ul> </li> </ul>	
<i>Eagle Books</i> Community Outreach Campaign	<ul style="list-style-type: none"> <li>– The NDWC plans to launch the <i>Eagle Books</i> Community Outreach Campaign: <ul style="list-style-type: none"> <li>• The campaign aims to reach four communities per year, with the goal of reaching communities in each IHS Area over the course of several years.</li> <li>• In each community, the campaign would sponsor weeklong or weekend-long activities that would include school- and community-based talking circles, art</li> </ul> </li> </ul>	

Subject	Discussion	Action
	<p>workshops, storytelling, and plays.</p> <ul style="list-style-type: none"> <li>• The NDWC will develop an <i>Eagle Books</i> Kit to help communities develop outreach activities on a smaller scale.</li> </ul>	
<p><b>Legislative overview of the <i>Special Diabetes Program for Indians</i></b></p> <p>Balanced Budget Act of 1997</p> <p>Consolidated Appropriations Act of 2000</p> <p>HR-5738 (2002)</p> <p>Demonstration Projects</p>	<p>Ms. Valdez summarized the SDPI legislative history for the TLDC:</p> <ul style="list-style-type: none"> <li>– August 1997: <ul style="list-style-type: none"> <li>• Congress approved the Balanced Budget Act of 1997, which provided funding for the treatment and prevention of diabetes in AI/AN communities at \$30 million per year from FY 1998 through FY 2002 (\$150 million total over five years).</li> <li>• Interior appropriations provided an additional \$3 million per year from FY 1998 through FY 2002.</li> </ul> </li> <li>– December 1997: <ul style="list-style-type: none"> <li>• After extensive Tribal consultation, a workgroup appointed by Dr. Trujillo, the then-IHS Director, developed a funding allocation methodology based on disease burden, user population, and a Tribal size adjustment.</li> <li>• Dr. Trujillo accepted the workgroup’s recommendations for funding beginning in FY 1998 and added set-asides for the NDWC (\$1 million per year); DDTP, grants management, and TLDC administrative support (\$300,000 per year); data improvement (\$1.65 million per year); and the Urban Indian Health Program (\$1.5 million per year).</li> </ul> </li> <li>– December 2000: <ul style="list-style-type: none"> <li>• Congress approved the Consolidated Appropriations Act of 2000, which increased the SDPI funding by \$70 million per year and extended the program for one year to FY 2003.</li> <li>• The set-asides were increased to \$3.5 million per year for the Urban Indian Health Program and \$3.5 million per year for the NDWC and DDTP, grants management, and TLDC administrative support.</li> </ul> </li> <li>– August 2001: Tribal consultation raised a concern about mortality data. Dr. Trujillo modified the allocation formula to address this concern.</li> <li>– November 2002: Congress passed HR-5738, which reauthorized the SDPI with \$150 million per year from FY 2004 through FY 2008.</li> <li>– 2003: <ul style="list-style-type: none"> <li>• In February 2003, Congressman Nethercutt sent a letter to the IHS directing the agency to use the HR-5738 funds not</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>HR-5738 (continued)</p> <p>Senate Bill 2399— SDPI extension through FY 2009</p>	<p>only to continue the SDPI, but also to establish a competitive grant program (i.e., SDPI Demonstration Projects), strengthen the national data system, and collaborate with the Boys’ and Girls’ Club of America.</p> <ul style="list-style-type: none"> <li>• After Area Tribal consultation, the TLDC submitted recommendations to Dr. Grim, the then-IHS Director, on the funding allocation methodology in May 2003.</li> <li>• In August 2003, Dr. Grim decided the allocation formula through FY 2008. The new formula placed greater weight on diabetes prevalence. Dr. Grim added \$6.1 million to the formula to ensure that no Area experienced a decrease in funding as a result of the formula change, and he added \$8.9 million to account for inflation.</li> <li>• The funding breakdown for the SDPI was: \$108.9 million for the non-competitive program (Community-Directed Diabetes Program), \$7.5 million for the Urban Indian Health Program, \$5.2 million for data improvement, \$1 million for the NDWC, and \$27.4 million for the Demonstration Projects.</li> </ul> <p>– December 2007: Senate Bill 2499 was approved, extending the SDPI through FY 2009 at \$150 million.</p>	
<p><b>Update from the IHS Division of Grants Policy on the <i>Special Diabetes Program for Indians</i></b></p> <p>Competitive process for FY 2009 SDPI funds</p> <p>New grant announcement and eligible applicants</p> <p>Technical assistance</p>	<p>Ms. Bulls joined the meeting by conference call.</p> <p>Ms. Bulls discussed the new competitive grant announcement for the FY 2009 SDPI funds:</p> <ul style="list-style-type: none"> <li>– Ms. Bulls reported that the FY 2009 SDPI funds will be distributed through a competitive process as required by grants regulations. Both the Community-Directed Diabetes Programs and the Demonstration Projects will need to compete for the FY 2009 funds.</li> <li>– The IHS Division of Grants Policy will work with the IHS DDTP and the Division of Grants Operations to develop a grant announcement. <ul style="list-style-type: none"> <li>• The IHS will use previous grant announcements to help develop the objectives of the new grant announcement.</li> <li>• Because the SDPI has been granted a one-year extension, only existing grant programs will be eligible to apply.</li> <li>• Grant programs that have not met audit requirements or have not submitted financial reports may risk losing funding during the competitive process.</li> </ul> </li> <li>– The IHS Division of Grants Policy will provide technical assistance to grant programs to help strengthen their applications and help grant programs submit their required audits and financial reports.</li> </ul>	

Subject	Discussion	Action
<p>TLDC comments</p> <p>The need for Tribal consultation</p> <p>Why a change in funds distribution is necessary</p> <p>Smaller Tribes competing with larger Tribes</p> <p>Complying with a competitive process</p> <p>Programmatic versus legal violation</p> <p>Technical assistance</p> <p>Self-governance Tribes</p>	<p>TLDC comments:</p> <ul style="list-style-type: none"> <li>– Mr. Albert felt that the TLDC should have been consulted before any decisions were made regarding a competitive grant application process. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that the IHS did not make the decision; instead the IHS Division of Grants Policy is following legislative direction from Congress and requirements from the Office of Management and Budget (OMB).</li> </ul> </li> <li>– Mr. Rolin asked why the grants distribution process needed to be changed after 10 years of operation. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that the prior distribution of the SDPI grants had been in violation of grants regulations.</li> </ul> </li> <li>– Mr. Albert raised concern that smaller Tribes would not be able to compete with the larger Tribes. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that she will work closely with the IHS DDTP to develop a system so that: (1) grant programs receive technical assistance on their applications before final funding decisions are made; and (2) the smaller Tribes do not compete with the larger Tribes or Tribal organizations.</li> </ul> </li> <li>– Ms. Bohlen asked about the ramifications of not complying with a competitive grants process. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that the competitive process is mandated by grants regulations; noncompliance would be in violation of the regulations. She stated that she did not know what the implications would be.</li> </ul> </li> <li>– Mr. Roberts asked for clarification on whether the SDPI grants had been issued in violation of a programmatic regulation or in violation of a grants law. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that it was in violation of a programmatic regulation.</li> </ul> </li> <li>– Ms. Nelson voiced concern about the lack of technical assistance provided to grant programs. <ul style="list-style-type: none"> <li>• Dr. Acton responded that the IHS DDTP will advocate for the Area Diabetes Consultants to provide technical assistance, and ask the Area Directors to designate employees who would work with the IHS DDTP to monitor the grants during FY 2009.</li> <li>• Dr. Acton also noted that the IHS may be able to provide technical assistance efficiently through WebX trainings.</li> </ul> </li> <li>– Ms. Langton asked about whether self-governance Tribes can continue to receive their funds through compacts. <ul style="list-style-type: none"> <li>• Ms. Bulls suggested that the TLDC contact Hankie Ortiz in the Tribal Self-Governance office.</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>Request for a waiver</p> <p>Request for a waiver (continued)</p> <p>Gap in funding</p> <p>Moving from four budget cycles to one budget cycle</p> <p>Distribution formulas</p> <p>Carryover balances</p> <p>Importance of Tribal consultation</p>	<ul style="list-style-type: none"> <li>– Mr. Roth asked if the IHS Division of Grants Policy has filed a request for a waiver with the OMB or DHHS on the competitive grant process. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that it had not requested a waiver, but will need to request a deviation from full competition to limit the eligible applicants to current SDPI grantees. This deviation is called a “limited or exceptions to maximum competition”.</li> </ul> </li> <li>– Mr. Roberts asked if any gap in funding for some grant programs would result because of the number of budget cycles involved with the SDPI. <ul style="list-style-type: none"> <li>• Ms. Bulls assured the TLDC that no gaps in funding would occur for grant programs that successfully compete for the FY 2009 funds.</li> <li>• The IHS will provide bridge funding, such as no-cost or low-cost extensions, to sustain grant programs until the FY 2009 funds are awarded.</li> <li>• Some grant programs may have large unobligated balances that they can use to sustain themselves.</li> <li>• The IHS is exploring the possibility of moving to one funding cycle, instead of the four funding cycles currently in use. This will help remove some administrative burden on the IHS Division of Grants Operations so they can provide better technical assistance.</li> </ul> </li> <li>– Ms. Acothley asked if the distribution formula for the FY 2009 funds has been determined. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that the distribution formulas (e.g., formulas to determine overall grant program and set-aside amounts) would be determined through a Tribal consultation process.</li> </ul> </li> <li>– Mr. Roberts asked about how carryover balances might affect the competitive process. <ul style="list-style-type: none"> <li>• Ms. Bulls responded that grant programs are allowed to carry their balances forward to the next competitive funding segment of the program. She will examine the issue with further scrutiny to ensure carrying balances forward will not be a problem.</li> <li>• Dr. Acton noted that the IHS is still trying to determine the carryover amount, and asked the TLDC to wait until further information is available at the next meeting before discussing the topic in-depth.</li> </ul> </li> </ul> <p>Mr. Red Eagle, Mr. Albert, Mr. Pilcher, Mr. Emm, and Ms. Acothley raised concern that the TLDC was informed about the competitive process without Tribal consultation.</p>	

Subject	Discussion	Action

Subject	Discussion	Action
<p><b>TLDC discussion on the FY 2009 Special Diabetes Program for Indians funds</b></p> <p>Compliance with grants regulations</p> <p>Distribution formulas</p> <p>Discussion on whether the Demonstration Projects should be included in the FY 2009 funds</p>	<p>Mr. Rolin facilitated a discussion on the extension of the SDPI funds through FY 2009:</p> <p>Compliance with grants regulations since 1998:</p> <ul style="list-style-type: none"> <li>– Mr. Roberts noted that the distribution of SDPI funds had been in compliance with the legislation.</li> <li>– Dr. Acton noted that the distribution of funds may not have been in compliance with DHHS grants regulations.</li> </ul> <p>Distribution formulas for the FY 2009 SDPI continuation funds:</p> <ul style="list-style-type: none"> <li>– Mr. Rolin asked the TLDC to consider allowing the allocation of SDPI funds (i.e., percentage of funds going to the Community-Directed Diabetes Program, Demonstration Projects, and other set-asides) to remain the same for FY 2009.</li> <li>– Mr. Roberts asked if the Demonstration Projects should be included in the FY 2009 funds distribution because the projects began 18 months after the HR-5738 SDPI reauthorization. <ul style="list-style-type: none"> <li>• Dr. Acton noted that the Demonstration Project grant programs would need to compete for the FY 2009 funds if they are included in the distribution formula.</li> <li>• Dr. Acton responded that she felt the Demonstration Projects should be included in the distribution because planning for the projects took longer than anticipated and the projects are starting to obtain promising results.</li> <li>• Dr. Acton and Ms. Manuel expressed concern that the Indian health system may lose a group of employees with a valuable pool of knowledge regarding diabetes prevention and cardiovascular disease risk reduction if the Demonstration Projects are not included in the FY 2009 funds.</li> <li>• Mr. Saunkeah spoke in favor of the Demonstration Projects, saying that they are long-term projects that are just now getting started with helping people change their lifestyle behaviors. <b>He urged the TLDC to recommend continuing these projects through FY 2009.</b></li> <li>• The TLDC discussed how the Demonstration Projects would experience a gap in funding if they are not included in the FY 2009 funds, but do become part of a multi-year reauthorization after FY 2009. <ul style="list-style-type: none"> <li>– Dr. Acton noted that the goal of a multi-year reauthorization for the Demonstration Projects would be to spread the lessons learned to other Tribes and perhaps implement the Demonstration Project activities in other communities.</li> </ul> </li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>Discussion on whether the Demonstration Projects should be included in the FY 2009 funds (continued)</p> <p>Tribal consultation on the FY 2009 SDPI funds</p>	<ul style="list-style-type: none"> <li>– Including the Demonstration Projects in the FY 2009 funds would help bridge any funding gaps so that the TLDC could assess the scope of the Demonstration Projects if a multi-year reauthorization is passed.</li> <li>– Mr. Roberts informed the TLDC that <b>the Portland Area does not support a set-aside for the Demonstration Projects out of the FY 2009 funds.</b> <ul style="list-style-type: none"> <li>• Ms. Langton said that the Alaska Area agrees with the Portland Area (i.e., no set-aside for the Demonstration Projects out of the FY 2009 funds).</li> <li>• Mr. Pilcher (Aberdeen Area), Mr. Albert (Albuquerque Area), Mr. Bailey (Bemidji Area), Mr. Red Eagle (Billings Area), Ms. Nelson (California Area), Mr. Rolin (Nashville Area), Ms. Acothley (Navajo Area), and Dr. Goforth Parker (Oklahoma Area) were in favor of continuing the current SDPI funds allocation for FY 2009, including the inclusion of the Demonstration Projects.</li> </ul> </li> </ul> <p>Mr. Roberts recommended <b>national Tribal consultation on the FY 2009 funds.</b></p> <ul style="list-style-type: none"> <li>– Mr. Albert, Ms. Benson, Mr. Bailey, and Mr. Pilcher agreed with the need for additional Tribal consultation on the competitive application process and Demonstration Project set-aside.</li> <li>– Mr. Albert and Mr. Bailey requested that the TLDC receive information on issues regarding SDPI funds distribution before TLDC meetings so they are prepared to share their Area’s concerns with the TLDC.</li> <li>– Mr. Bailey recommended that a uniform approach be used among the Areas to collect input. The IHS DDTP and the NIHB will develop a document that uniformly describes the issues to be put before the Tribes during the consultation process.</li> <li>– The TLDC members will provide input from their Area Tribal consultations to the IHS DDTP by March 10, 2008.</li> <li>– The IHS DDTP will compile the feedback from the Tribal consultations and send it to TLDC members by March 20, 2008.</li> <li>– The TLDC will meet via conference call on March 28, 2008, at 2:00 p.m. EST to discuss the input from the Tribal consultations.</li> </ul>	<p>The IHS DDTP and the NIHB will develop a document that provides guidance on the central questions and issues to be addressed during the Tribal consultation process on the FY 2009 SDPI funds.</p> <p>The TLDC members will provide input from their Area Tribal consultations to the IHS DDTP by March 10, 2008.</p> <p>The IHS DDTP will compile the feedback from the Tribal consultations and send it to TLDC members by March 20, 2008.</p>
<p>Timeline for the FY 2009 SDPI grant announcement</p>	<p>Timeline for the FY 2009 SDPI grant announcement:</p> <ul style="list-style-type: none"> <li>– Dr. Acton noted that if October 1 is the start date for the FY 2009 continuation grants, the timeline for consultation will be tight; a January 1 start date would allow for more time.</li> <li>– Ms. Wolfe noted that an October 1 start date is a cause for concern. She and Dr. Acton summarized the key steps involved:</li> </ul>	<p>The TLDC will meet via conference call on March 28, 2008, at 2:00 p.m. EST to discuss the input from the Tribal consultations.</p>

Subject	Discussion	Action
<p>Timeline for the FY 2009 SDPI grant announcement (continued)</p>	<ul style="list-style-type: none"> <li>• The grant announcement (RFA) needs to be developed and published in the <i>Federal Register</i> before it can be distributed to the Tribes. The <i>Federal Register</i> usually takes at least 90 days to publish an RFA.</li> <li>• The timeline must allow the Tribes enough time to respond to the RFA. Ms. Wolfe indicated that 60 days is preferable.</li> <li>• The IHS DDTP needs to convene an external review board.</li> <li>• An initial review must take place to ensure all applicants meet the application criteria. The timeline needs to ensure applicants can obtain technical assistance and revise their applications as necessary. Ms. Wolfe indicated that the IHS Division of Grants Policy would like to allow two to three rounds of revision.</li> <li>• The external review board needs to review the applications and make a decision on fundable applications 30 days before the start date so that the IHS Division of Grants Operations has time to issue the grant awards.</li> </ul> <p>– Ms. Wolfe and Mr. Roth raised concern that the timeline and number of expected grant applications is an enormous challenge.</p> <ul style="list-style-type: none"> <li>• Mr. Roth underscored his suggestion that the IHS request a waiver for the competitive process.</li> <li>• Mr. Roberts suggested that the request for the waiver come from the IHS Director.</li> <li>• Mr. Albert said that the Federal government’s timelines should not trump Tribal consultation.</li> </ul> <p>– Ms. Marshall informed the TLDC that the ADA (which lobbied for the SDPI reauthorization) raised concern that major changes to the SDPI during FY 2009 could affect the multi-year authorization.</p> <p>Concerns about grant programs that have not met audit or financial reporting requirements:</p> <p>– Ms. Bulls reported that the number of grant programs that are not in compliance with audit and financial reporting requirements is approximately 25–50 grant programs.</p> <p>– Mr. Roth asked if these grant programs would be ineligible to apply.</p> <ul style="list-style-type: none"> <li>• Ms. Bulls responded that she would have to investigate if they would be eligible.</li> <li>• She further noted that there may be ways of allowing these grant programs to continue diabetes treatment and prevention activities by having them become a part of a consortium with another grant program that is named as the fiscally responsible entity.</li> </ul>	

Subject	Discussion	Action
<p>Letter to the IHS Director on the FY 2009 SDPI funds</p>	<p>Letter to the IHS Director:</p> <ul style="list-style-type: none"> <li>– Mr. Roberts proposed a motion that the TLDC send a letter to the Acting IHS Director, Mr. McSwain, regarding the FY 2009 SDPI funds that: <ul style="list-style-type: none"> <li>• Indicates that the TLDC discussed the distribution of the FY 2009 funds and has concerns about whether the IHS can implement a competitive process given the timelines involved.</li> <li>• Advises Mr. McSwain to request a waiver from the DHHS for the competitive process for the FY 2009 funds.</li> <li>• Mr. Red Eagle made the motion. Ms. Nelson seconded the motion. The motion carried.</li> </ul> </li> </ul>	<p>The motion carried to send a letter to the Acting IHS Director regarding the FY 2009 SDPI funds that advises the Director to request a waiver from the DHHS for the competitive process.</p>
<p><b>TLDC discussion on the <i>Special Diabetes Program for Indians set-asides</i></b></p> <p>Urban Indian Health Program</p> <p>CDC Native</p>	<p>Ms. Valdez and Ms. Wolfe summarized the SDPI set-aside for the Urban Indian Health Program:</p> <ul style="list-style-type: none"> <li>– Amount of funding for the Urban Indian Health Program: <ul style="list-style-type: none"> <li>• FY 1998–FY 2000: \$1.5 million per year</li> <li>• FY 2001–FY 2003: \$3.5 million per year</li> </ul> </li> <li>– 34 Urban Indian health programs receive SDPI grant funds. <ul style="list-style-type: none"> <li>• All urban grant programs meet the audit and financial reporting requirements.</li> <li>• Several urban grant programs have unobligated balances, but Ms. Wolfe reported that the size of the balances is low.</li> <li>• All urban grant programs report on 17 of the 34 IHS Government Performance and Results Act (GPRA) measures.</li> <li>• Several urban grant programs are implementing RPMS.</li> </ul> </li> <li>– Mr. Pilcher raised concern about the Smith-Cantwell Amendment to the IHCA: <ul style="list-style-type: none"> <li>• Mr. Pilcher said that the amendment proposed to split healthcare funds 50/50 between urban Indian health programs and the Tribes.</li> <li>• Mr. Roberts responded that the amendment did not propose to split healthcare funds as Mr. Pilcher reported. Instead, he explained that the amendment proposed to create an Area distribution fund for facilities construction for Tribal use only.</li> <li>• Mr. Pilcher and Mr. Red Eagle voiced concern for the need to educate the Congress on AI/AN health and enrollment issues.</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>Diabetes Wellness Center</p> <p>CDC Native Diabetes Wellness Center (continued)</p> <p>Indian health system data infrastructure</p>	<p>Mr. Roberts informed the TLDC <b>that the Portland Area is not in favor of the \$1 million per year set-aside of SDPI funds for the NDWC:</b></p> <ul style="list-style-type: none"> <li>– The Portland Area feels that the funds would be more effective if spent at the local level.</li> <li>– By eliminating the set-aside, each grant program would see an increase of approximately \$3,000 per year. For the Portland Area, the grant programs would collectively receive \$133,000 in additional funding per year.</li> <li>– Mr. Rolin noted that the NDWC has implemented several TLDC-initiated projects, such as the <i>Eagle Books</i> and the DETS Program.</li> </ul> <p>\$5.2 million per year is set aside to strengthen the Indian health system data infrastructure:</p> <ul style="list-style-type: none"> <li>– The funds are used to improve diabetes surveillance and evaluation capabilities and to develop and implement the electronic health record.</li> <li>– Ms. Valdez noted that improvements in the data infrastructure have allowed the IHS and grant programs to expand beyond diabetes surveillance to include data collection and analysis on obesity and other chronic conditions related to diabetes.</li> <li>– Each year, the IHS DDTP transfers the funds to the IHS Office of Information Technology, which uses half of the funds to improve RPMS and the electronic health record and transfers the remaining funds to the Areas for local data improvement.</li> <li>– Mr. Albert asked how the data funds are being spent at the Area level. Dr. Acton responded that the funds are used, in part, to purchase hardware and software and to implement the electronic health record.</li> <li>– Ms. Acothley and Mr. Nakai raised concerns about data sharing between Tribes and the IHS. <ul style="list-style-type: none"> <li>• The Navajo Nation has been unable to develop a diabetes data registry because it cannot pull data from RPMS.</li> <li>• Ms. Manuel noted that the Tucson Area has similar data sharing problems.</li> <li>• Dr. Acton responded that the IHS is planning a meeting to be held in the Portland Area to develop solutions to data sharing problems between the IHS and Tribes.</li> </ul> </li> <li>– Mr. Roberts informed the TLDC <b>that the Portland Area does not support the data improvement set-aside and recommends that it not be included as a set-aside in FY 2009:</b> <ul style="list-style-type: none"> <li>• There are Tribes that do not use RPMS, and a majority of the data improvement funds have been spent on RPMS and the electronic health record.</li> <li>• Portland Area Tribes that do not use RPMS and would like to develop their own electronic health records feel that the</li> </ul> </li> </ul>	

Subject	Discussion	Action
Indian health system data infrastructure (continued)	<p>funds are not fairly distributed to them to improve data infrastructure at the local level.</p> <ul style="list-style-type: none"> <li>• The Portland Area may support the set-aside if an allocation methodology was developed to ensure that Tribes not using RPMS could receive funds for their own systems improvements.</li> </ul> <p>– Mr. Rolin recommended that Dr. Hayes from the IHS Office of Information Technology be invited to update the TLDC at its next meeting.</p>	The TLDC will invite Dr. Hayes from the IHS Office of Information Technology to its next meeting.
<p><b>Update on the Special Diabetes Program for Indians Demonstration Projects</b></p>	<p>Dr. Acton summarized preliminary data from the SDPI Demonstration Projects with the TLDC:</p> <ul style="list-style-type: none"> <li>– Percent of participants engaging in at least 150 minutes of physical activity per week: <ul style="list-style-type: none"> <li>• 23% of participants at baseline (i.e., beginning of program)</li> <li>• 57% of participants in 2008</li> </ul> </li> <li>– Percent of participants who felt ready for physical activity: <ul style="list-style-type: none"> <li>• 22% of participants at baseline</li> <li>• 43% of participants in 2008</li> </ul> </li> <li>– Percent of participants who engage in sedentary activities less than 2 hours per day: <ul style="list-style-type: none"> <li>• 18% at baseline</li> <li>• 36% in 2008</li> </ul> </li> <li>– Participants have lost an average of 2.4% of their body weight, and their body mass index (BMI; a measure of obesity) has decreased an average of 9.1%.</li> <li>– Dr. Acton also noted improvements in decreased alcohol consumption and smoking, blood pressure, high- and low-density lipoprotein, triglycerides, cholesterol, fasting blood glucose, and waist circumference.</li> <li>– Dr. Acton reported that these results are similar to what the NIH observed with the DPP, which was the landmark clinical trial that showed that diabetes can be prevented through lifestyle changes.</li> </ul>	
<p><b>Discussion on the TLDC charter</b></p> <p>Voting privileges of the alternate representatives</p>	<p>Mr. Rolin facilitated a discussion on voting rights of the alternate representatives:</p> <ul style="list-style-type: none"> <li>– The TLDC charter states, “The acting member must be an appointed or elected Tribal leader representative to vote.” (Page 3.E)</li> <li>– Ms. Langton asked if “appointed” meant that a Tribal leader had given the alternate the authority to vote. <ul style="list-style-type: none"> <li>• Mr. Rolin and Mr. Albert stated that “appointed” meant</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>Voting privileges of the alternate representatives (continued)</p>	<p>that the alternate was a Tribal leader who was selected by the Tribe through an election or other traditional appointment procedure.</p> <ul style="list-style-type: none"> <li>• The TLDC charter states, “A Tribal representative is defined as an elected or appointed official of a Federally-recognized Tribe.” (Page 2.A)</li> <li>• <b>Ms. Langton disagreed with the interpretation of the charter, saying that an alternate who was duly appointed to the TLDC by a Tribal leader had the right to vote. Mr. Roberts agreed.</b></li> <li>• Mr. Lopez recommended that the <b>TLDC members inform their Areas that the alternate must be an elected or traditionally appointed Tribal leader.</b></li> </ul> <p>The meeting recessed at 6:12 p.m. to reconvene on February 8, 2008, at 8:30 a.m.</p>	

Tribal Leaders Diabetes Committee Meeting

Meeting Summary

Day Two: February 8, 2008

Subject	Discussion	Action
<p><b>Letter to the Acting IHS Director on the FY 2009 Special Diabetes Program for Indians extension</b></p>	<p>Meeting called to order at 8:30 a.m.</p> <p>The TLDC discussed a draft letter to Mr. McSwain:</p> <ul style="list-style-type: none"> <li>– The letter recommended that Mr. McSwain request a waiver from the Secretary of the DHHS on the competitive application process for the FY 2009 SDPI funds.</li> <li>– The motion carried to approve the letter and send it to Mr. McSwain under Mr. Rolin’s signature.</li> </ul>	<p>The motion carried to approve the letter to Mr. McSwain recommending that he request a waiver from the DHHS on the competitive application process for the FY 2009 SDPI funds.</p>
<p><b>Meeting with IHS senior staff on the FY 2009 Special Diabetes Program for Indians extension</b></p> <p>Comments from Mr. Mandregan and Mr. Grinnell</p>	<p>Mr. Mandregan, Acting IHS Deputy Director, addressed the TLDC:</p> <ul style="list-style-type: none"> <li>– Mr. Mandregan extended greetings on behalf of Mr. McSwain, who was unable to attend the meeting because of his Senate confirmation hearing.</li> <li>– Four of the five IHS senior staff positions are experiencing turnover due to retirement and Dr. Grimm’s departure.</li> </ul> <p>Mr. Grinnell, IHS Deputy Director of Management Operations, addressed the TLDC:</p> <ul style="list-style-type: none"> <li>– The TLDC has been instrumental in providing leadership and guidance on the SDPI.</li> <li>– Mr. Grinnell highlighted the need for continued SDPI funding and discussed the measurable and positive results AI/AN communities have experienced in diabetes treatment and prevention as a result of the SDPI.</li> <li>– Ms. Bulls will attend the next TLDC meeting to discuss questions and concerns about the grants process.</li> <li>– The IHS FY 2009 budget is the first decreased budget in 25 years. The budget for diabetes remained unchanged.</li> <li>– Mr. Grinnell underscored the need for the TLDC and IHS to proactively address the carryover issue to ensure that the SDPI funds are efficiently used for diabetes services.</li> <li>– Mr. Grinnell reported that Mr. McSwain is confident that the IHS can implement an application process for the FY 2009 funds that will satisfy the grants regulations, but still allow the SDPI grant programs to continue moving forward.</li> </ul>	

Subject	Discussion	Action
Update on the Chronic Care Initiative from Dr. North	<p>Dr. North, IHS Acting Chief Medical Officer, provided an update on the Chronic Care Initiative:</p> <ul style="list-style-type: none"> <li>– The TLDC provides guidance and advice to the IHS on the Chronic Care Initiative.</li> <li>– The initiative has made significant progress over the past year.</li> <li>– More than 300 Tribal leaders, Area directors, chief medical officers, and Indian health care staff attended the Institute for Healthcare Improvement’s (IHI) annual meeting. (The IHI is a partner in the initiative.)</li> <li>– The pilot sites have participated in several in-person and WebX learning sessions.</li> <li>– The IHS is adding 25 new pilot sites to the original 14 pilot sites, for a total of 39 pilot sites that will be participating in the initiative. Dr. North pointed to this progress as evidence of how the initiative’s improvements in the care of people with chronic conditions are spreading throughout the Indian health system.</li> </ul>	
Dr. North’s comments on the SDPI	<p>Dr. North also commented on the SDPI:</p> <ul style="list-style-type: none"> <li>– A focus on preventing diabetes in youth, young adults, and women of childbearing age (gestational diabetes) has become increasingly important. Preventing diabetes also prevents people from developing the complications of diabetes, including heart disease, dialysis, blindness, amputations, and early death.</li> <li>– The IHS has an obligation to ensure that the SDPI carryover funds are expended so that the funds reach the people who need them.</li> </ul>	
SDPI carryover	<p>Discussion on SDPI carryover:</p> <ul style="list-style-type: none"> <li>– Mr. Grinnell informed the TLDC that the IHS is currently working on determining the amount of carryover and the number of grant programs with carryover balances.</li> <li>– Mr. Bailey asked if grant programs with carryover will have access to technical assistance. <ul style="list-style-type: none"> <li>• Mr. Grinnell responded that the Area offices and IHS DDTP have the capacity to provide some technical assistance.</li> <li>• Administrative and support infrastructure at the national and local levels needs to be expanded to properly address the grant programs’ technical assistance needs.</li> </ul> </li> <li>– Mr. Roberts asked if the competitive application process for the FY 2009 SDPI funds will be used to weed out grant programs with large carryover balances. <ul style="list-style-type: none"> <li>• Mr. Mandregan responded that the competitive process will not be used as a way to address carryover.</li> </ul> </li> <li>– Mr. Roberts asked if carryover would be used to offset grant awards for FY 2009.</li> </ul>	

Subject	Discussion	Action
<p>SDPI carryover (continued)</p> <p>Competitive application process for the FY 2009 SDPI funds</p>	<ul style="list-style-type: none"> <li>• Mr. Grinnell responded that offsets have not been mentioned in any discussions on the TLDC to date.</li> <li>• <b>Mr. Roberts recommended that the grant programs' budgets do not experience any offsets under the FY 2009 extension.</b></li> </ul> <p>– Mr. Albert informed the IHS senior staff that many grant programs and Tribal leaders have been proactive in attempting to spend carryover, but have run into barriers to spending the funds with the IHS Division of Grants Operations.</p> <p>Discussion on the competitive application process for the FY 2009 SDPI funds:</p> <ul style="list-style-type: none"> <li>– Reasons for the competitive application process: <ul style="list-style-type: none"> <li>• Mr. Mandregan informed the TLDC that the competitive application process addresses the President's Management Agenda for budget and performance to reward financially the best-functioning, best-performing programs.</li> <li>• Mr. Mandregan reiterated Mr. Grinnell's point that Mr. McSwain seeks to incorporate competition into the SDPI, but does not want a wholesale revision of the program.</li> <li>• Mr. Grinnell noted that the Transparency Act of 2008 requires reporting of all grant funding, which makes it critically important to have good accounting of the SDPI.</li> </ul> </li> <li>– Mr. Roberts asked the IHS senior staff to clarify that whether the competitive application process originated from the President's Management Agenda or irregularities with complying with DHHS grants regulations. <ul style="list-style-type: none"> <li>• Mr. Mandregan responded that guidance from the DHHS is the source of direction for the competitive process. The IHS is seeking to find a balance that addresses both competition and Tribal leaders' concerns.</li> </ul> </li> <li>– Referencing the Snyder Act, Mr. Albert felt that the Tribes should not need to compete for proceeds of the IHS's trust responsibility.</li> <li>– Mr. Red Eagle raised concern that the DHHS did not alert the Tribes earlier that it would implement a competitive application process for the FY 2009 funds. <ul style="list-style-type: none"> <li>• Mr. Red Eagle felt that the Federal government needs to visit AI/AN communities to witness the devastating effects of diabetes.</li> <li>• Mr. Red Eagle voiced frustration with the IHS referral policies and priority rating systems, saying that they create a barrier to providing "life and limb" healthcare.</li> </ul> </li> <li>– Mr. Roth asked the IHS senior staff to relay to Mr. McSwain the TLDC's recommendation that he request a waiver to the competitive process from the Secretary of the DHHS.</li> </ul>	

Subject	Discussion	Action
Competitive application process for the FY 2009 SDPI funds (continued)	<ul style="list-style-type: none"> <li>- <b>Ms. Acothley noted that the TLDC wants to be consulted before a competitive application process is implemented. Mr. Emm agreed, saying the consultation and direct communication are very important to the Tribes.</b></li> <li>- Mr. Rolin asked if Mr. McSwain would have the Area Directors conduct Area Tribal consultations on the FY 2009 extension for the SDPI. <ul style="list-style-type: none"> <li>• Mr. Grinnell responded that they would discuss the question with Mr. McSwain.</li> <li>• Mr. Mandregan said it would be helpful if the TLDC developed a list of central questions or issues that need to be addressed during Tribal consultation.</li> <li>• Ms. Valdez informed Mr. Mandregan that the IHS DDTP and NIHB will develop a list of issues and has set a deadline of March 10 for the submission of input from the Area Tribal consultations.</li> </ul> </li> </ul>	
<b>Formation of a TLDC subcommittee on <i>Special Diabetes Program for Indians</i> carryover</b>	<p>Ms. Bohlen recommended the formation of a subcommittee for the SDPI carryover issue to:</p> <ul style="list-style-type: none"> <li>- Identify the scope of the carryover problem.</li> <li>- Identify barriers to spending grant funds.</li> <li>- Develop a plan with proactive recommendations to help grant programs access and spend grant funds.</li> </ul> <p>Dr. Acton informed the TLDC that the IHS DDTP will continue working with the IHS Division of Grants Policy to obtain information on allowable expenditures for grant funds, as well as information on carryover amounts.</p> <ul style="list-style-type: none"> <li>- The subcommittee will need this information to develop recommendations on how to spend carryover funds.</li> <li>- <b>Mr. Roberts recommended that the grant programs and Areas with large carryover balances remain anonymous.</b></li> <li>- <b>Mr. Roberts further recommended that the IHS DDTP obtain information on grant programs' reports to the IHS Division of Grants Operations on barriers to spending carryover funds.</b></li> <li>- <b>Mr. Albert recommended that the Tribal leaders ask their respective Area's grant programs to submit information on the challenges they have experience with expending grant funds.</b></li> </ul> <p>The following individuals volunteered to serve on the subcommittee:</p> <ul style="list-style-type: none"> <li>- Carleton Albert (Albuquerque Area)</li> <li>- Brenda Shore (Nashville Area)</li> <li>- Evelyn Acothley (Navajo Area)</li> <li>- Geoff Roth (NCUIH)</li> </ul>	<p>The TLDC will form a subcommittee to develop recommendations on SDPI carryover.</p> <p>The IHS DDTP will provide the subcommittee with information on allowable expenditures for grant funds, carryover amounts, and possible barriers to spending carryover funds.</p>

Subject	Discussion	Action
<p><b>Formation of a TLDC subcommittee on <i>Special Diabetes Program for Indians</i> carryover</b> (continued)</p>	<ul style="list-style-type: none"> <li>– Stacy Bohlen (NIHB)</li> <li>– Jim Roberts (Portland Area)</li> <li>– Sam Moore (TSGAC)</li> <li>– <b>Mr. Roberts recommended that Phyllis Wolfe be invited to serve on the subcommittee.</b></li> <li>– <b>Mr. Albert recommended that organizations or individuals who have provided technical assistance to Tribes on expending grant funds should be asked to provide input to the subcommittee.</b></li> </ul> <p><b>Ms. Bohlen suggested that the subcommittee meet via conference call and meet in person before the next TLDC meeting, during which they will report to the TLDC (see below).</b></p>	<p>The subcommittee will meet via conference call and meet in person before the next TLDC meeting, during which they will report to the TLDC.</p>
<p><b>Future TLDC meeting dates and meeting wrap-up</b></p>	<p>The TLDC set the dates and locations for future TLDC meetings:</p> <ul style="list-style-type: none"> <li>– March 28, 2008: Conference call at 2:00 p.m. EST (see page 18)</li> <li>– May 14–15, 2008, in Washington, DC: <ul style="list-style-type: none"> <li>• The TLDC will coordinate SDPI reauthorization activities with the Juvenile Diabetes Research Foundation (JDRF) and ADA.</li> <li>• The subcommittee on SDPI carryover will meet May 13, 2008, at the NIHB offices.</li> </ul> </li> <li>– November 13–14, 2008, in Washington, DC: <ul style="list-style-type: none"> <li>• November 12, 2008, is the press event at the Smithsonian National Museum of the American Indian for the <i>Eagle Books</i>.</li> <li>• November 14, 2008, is World Diabetes Day.</li> </ul> </li> </ul> <p>Ms. Benson moved to adjourn the meeting, and Ms. Nelson seconded the motion. The motion carried to adjourn the meeting at 11:00 a.m.</p>	