

**Tribal Leaders Diabetes Committee
Doubletree Hotel ~ Rockville, MD
January 7-8, 2004**

Present: Aberdeen- Lorelei DeCora, Alaska- H. Sally Smith, Albuquerque- David Garcia, Billings-Alvin Windy Boy, California- Christine Arzate, Nashville-Buford Rolin, Navajo-Jerry Freddie, Oklahoma-Joe Grayson Jr., Tucson-Isidro Lopez

Absent/Excused: Bemidji Area, Phoenix Area, Portland Area

Attendees: Dr. Kelly Acton, Dr. Kelly Moore, Gary Hartz, Dr. Alan Trachtenberg, Dr. Charles Grim, Julia Pierce, Robyn York, Denise Clark, Priya Helweg, Michael Bitrick, Dee Sabattus, Jay Grimm, Theresa Galvan, Dawn LeBlanc, Seh Welch, Lorraine Valdez, Dr. Julien Naylor, Althea Tortalita, C Juliet Pittman, Gale Marshall, Buck Martin, Beverly Russell, Tena Larney, Chris Walker, Laura Shelby, Emily Leveen, Lena Belcourt, Lori Hamilton, Lisa John, Jim Roberts, Crystal Saunders, Lori Hamilton, Douglas Black, Rae Jones Snyder, Mike Lincoln, Vincent Berkley and Lorena Skonsberg-Recorder

<i>Topic</i>	<i>Discussion</i>	<i>Responsibilities</i>
January 7, 2004 Welcoming and Introductions	<p>Chairman Windy Boy called the meeting to order at 9:05 am.</p> <p>IHS HQE- Dr. Acton is at Institutes of Medicine meeting this morning and will be at TLDC this afternoon.</p> <p>Jerry Freddie provided the invocation.</p>	
Agenda	MOTION: Nashville moved to approve the agenda, seconded by Oklahoma. Motion carried.	
Minutes	<p>MOTION: March 10- Albuquerque; Aberdeen moved, seconded by Alaska. Discussion: Page 18- The statement made by California with regards to set asides is correct. Motion carried.</p> <p>MOTION: May 27- Scottsdale; Alaska moved, seconded by Nashville. Discussion: Correction - Lorelei DeCora is the alternate for Aberdeen. Motion carried.</p> <p>The minutes need to be out in a timely manner. Chairman Windy Boy stated the minutes will be provided in a timely manner in the future. November minutes will be available prior to next quarterly meeting.</p>	
Remarks and Discussion: Competitive Grant Funds	<p>Chairman Windy Boy opened by stating he wonders where we are going in the next 4 years with the upcoming elections. The dialogue that is needed has not been there with this President and he feels Indians are not high on the agenda for the President. He is concerned with the lack of increase to the IHS budget, although he appreciates Dr. Grim. The One HHS initiative has not shown money associated with the shortages in health care. He commented on the BIA reorganization and spoke about a diabetes study he recently read about. Tribes have programs and treatment centers for diabetes, but need to do more in the research area itself. We need to make sure we have true consultation. It is important to listen. Everyone is responsible for the \$150 million over the next 5 years. If it wasn't for the TLDC we wouldn't have that money. His area is adamant about consultation.</p> <p>Nethercutt Letter - What does TLDC feel is the meaning of the letter?</p> <p>Buford Rolin stated the NCAI health committee had a discussion and asked if there has been any additional information been received from tribes.</p> <p>Lorraine Valdez stated that she has not seen any additional comments.</p>	

Sally Smith stated the intent of this exercise is unclear to her. It is the intent of Congress to have competitive process. TLDC can use their interpretation as an opinion to Dr. Grim. Lena Belcourt responded that the exercise is to understand the Congressional intent before proceeding with the discussion.

Alvin Windy Boy said his area depends on tradition and his concern is access to areas where traditional medicine is available.

Lorelei DeCora stated that Aberdeen is a direct service area and holds the IHS to provide this service. The Aberdeen area is very concerned with the Nethercutt letter and competitive granting. With regards to prevalence, Aberdeen has the highest level of the 12 areas. At the last meeting, they requested an additional consultation from Dr. Grim so tribes can provide input on the competitive granting. The 18 tribes in her area are traditional tribes and the word competitive is foreign.

The Aberdeen recommendation is to have an equal allocation formula and to use the SDPI formula to the 12 areas. Then each area make the decision within the area for the competitive granting process. Keep the competitive process at the area level rather than have all tribes compete nationally. She feels it is dangerous to put \$27 million in the director's hands. Direct service tribes have different needs from self-governance tribes and direct service tribes need a seat at the table. Dr. Grim has proposed added seats to the TLDC- NCAI, NIHB, and Self-Governance Tribes.

Buford Rolin stated that when they met with the grants people, they were told that there would be only 40-70 grants. USET supports that the funding be allocated to the areas, but this was not accepted. NPAIHB summarized what has been taken place following the meetings. They speak to the consultation process continuing. His concern is with the future, how long are we going to question this.

Sally Smith wanted to clarify her position as part of the national workgroup. With respect to consultation, it is just one element of the greater national. The role of this TLDC is to advise the Director on the competitive proportion of the funding. It is her hope that this group will not go back and discuss the structure of TLDC and advance forward the recommendation that will be the most powerful recommendation from the tribal leaders.

Robin York, IHS, asked with regard to the applicant pool, who is going to be the applicants? The only ones who should be able to compete are those who already have existing grants. She posed to Dr. Kelly Acton the question if they are going to allow other Indian non-profits to apply. The competitive process will be a stepping stone to go from where you are to where you want to be.

Sally Smith asked in the appropriation language, is there the latitude to permit the participation of other organizations. Robin responded that it does not prohibit them.

It is the agency's interpretation that by the absence of the language it is permissible. Robin has received three calls from an Indian non-profit, profit and university asking if they can compete for this funding. She has put them on hold waiting for the competitive granting process to be decided on.

An IHS rep (did not get name) stated there is a research component to this

funding. The bulk of the \$27 million will go for prevention and some portion (less than \$5m) will go for research, primarily evaluation research.

Jerry Freddie referred to a study conducted within the public school system on the Navajo reservation and stated that this is a great opportunity to give recommendations for research. If Indians do not give recommendations for research, then others will make the decision for us.

Lorraine Valdez said there are two (2) areas in the Nethercutt letter, with regards to Type 2 Diabetes. It has been discussed that the research on the National Diabetes Program- a study done in a research setting over 5 years to reduce type 2. How can this be implemented in tribal communities? Specific activities have not been developed.

Christine Arzate is concerned with the language regarding latest scientific findings. How does traditional medicine and healing fit in? Lorraine responded that there has not been any decision made on traditional medicine or activities with regards to diabetes.

Seh Welch stated the issue of evaluation – evaluation on a national level was a concern of California tribes. Regardless of which arm- prevention or cardio vascular prevention, how do we evaluate traditional medicine, as a concept of research. How do we evaluate the outcome of traditional medicine? In the competitive process, like tribes competing with other like tribes, use criteria such as the same infrastructure, this will level the playing field. California already has a definition of “best practices.” They are still concerned with the cost of 6 regional meetings for 6 months, where does the money for the regional meetings come from?

Jerry Freddie stated the National Diabetes Prevention Center was to compile all research information for dissemination to tribes. A recommendation can be to compile all information in one place for “best practices.” If the areas want to provide further research on a certain area, then it is up to that area. TLDC needs to provide guidance to Dr. Grim, cannot just leave open. We need to provide comment on the Nethercutt Letter as to our interpretation.

Buford Rolin asked who will be in the competitive pool?

Seh Welch stated that California made a recommendation for urban programs not to compete with tribes. California has been supportive of urban programs, and feels urban compete against urban.

Robin York has been asked to review those items that are negotiable. The following is what she has heard from the committee:

Grant Announcement/Grant Process

1. Priorities-

- a. Community Based Issues/Solutions
- b. Alternative Medicine – Traditional Medicine and Practices
- c. Information/Results to benefit all tribes
- d. “Latest Scientific Findings”
- e. Cardiovascular

2. Eligibility

- f. 3 Statutorily authorized grantees (current)
- g. Partnership with Universities/Colleges; with Tribe/Urban as grantee
 - i. Tribal grantees responsible for reporting, etc.

In competitive granting process, evaluation is very important. Will work with TLDC to determine who sits on the evaluation committee.

3. Methodology

- h. Providing Technical Assistance prior to granting process – need to be careful since this is a competitive system. *Technical Assistance people cannot be part of the evaluation.

Urban Position- Title V grantees – Urban, are limited geographically. Robin endorses that urban should compete with urban; and have own service delivery area. They agree with California’s position regarding urban, but have not considered California’s recommendation with regards to small tribes.

Grants Being Awarded at Area Level-

The contracting officers at the area level do not have grant authority. That authority lies at HQE level. At this time, it is not wise to delegate that authority.

Lorelei DeCora stated that Aberdeen’s recommendation was not to transfer grant authority to the areas, but be creative to ensure equitability in the competitive process.

Seh Welch offered an option to take the \$27 million, using some formula to put the funding into the Area Office using a separate formula for prevention and cardio vascular needs to be determined.

Robin York stated the impracticality is that they have to have one grant announcement and a grant announcement takes 8 weeks to get through the Office of the Secretary. They can be flexible in the grants announcement. Robin further stated that she would like to hear the tribal thoughts on the evaluation process, especially with the traditional medicine component. Dr. Acton indicated that she had wanted a representative from TLDC on the evaluation committee.

Robin York prefers for TLDC make a recommendation to Dr. Grim with regards to eligibility.

Eligibility: According to the IHS Grants Management Office, only current SDPI grantees or consortia of these grantees are eligible to apply. Other organizations, such as universities and private foundations, are not eligible unless they are working directly with an eligible applicant. New Tribes are not eligible as applicants for this process.

MOTION: Aberdeen moved, seconded by California that the eligibility of this SDPI competitive should be limited to all the current SDPI grantees and SDPI consortia grantees, with the exception of Urban Indian Health Programs.

Discussion: Clarification- New tribes would not be eligible; grantees may sub-contract with other tribes; urban programs are separate.

The eligibility of the SDPI competitive should be limited to only the current SDPI grantees and consortia grantees, with the exception of Urban Indian Health Programs.

MOTION CARRIED.

Note: The justification for the exception is that urban Indian programs

	<p><i>negotiated within the final consultation on the New Diabetes Funding for FY2004-2008 to conduct competitive granting within their negotiated allocation for FY 2004-2008.</i></p> <p>Dr. Acton stated that the motion in the March 10 minutes states that urban programs can do competitive granting. She said TLDC needs to have a recommendation to Dr. Grim regarding if urban programs are required to do competitive granting.</p> <p>Gary Hartz stated Dr. Grim needs to make a decision and he is looking to recommendations.</p> <p>Chairman Windy Boy asked for a status report, have tribes and urbans expended the funds; have there been any carry over of funds. Sophia Ryan stated a status report is kept of expenditures and it is updated. There are some urban grantees that have a large carry forward.</p>	
<p>Selection of Reviewers:</p>	<p>Lorelei DeCora asked why can't experts from the tribal communities be the reviewers. Dr. Acton responded that there are experts at the local level, but she would like to see people on the review panels are exclusive of the tribal community. She would like a mix on the review panels.</p> <p>Equitability- Dr. Acton asked for clarification on what is meant by equitable.</p> <p>Sally Smith stated the IHS will conduct a competitive grant process and in that process, is equitability even a consideration. Her understanding of competitive precludes equitability. Gary Hartz responded that they were given flexibility to consider at least one competitive award in each Area. The best of the best would be funded. Now we need to look at the propriety of the competitive grant process. He does not know that Dr. Grim is ready to do that.</p> <p>Lorelei DeCora stated TLDC needs to make decisions and get things on the table for discussion, so we can recommend how the process can be creatively be crafted.</p> <p>Joe Grayson stated the \$27 million is just a drop in the bucket based on what we need for diabetes. We are all going to benefit from this in the end; all areas will be sharing the information.</p> <p>Sally Smith stated as we talk about equitability, competitive in the other world means something else. The true meaning of equitability does not apply to new tribes. At what point and time do we permit this to happen; we have been one family across the Indian nation. We need a timeline or some way as to include those tribes who are newly recognized. For the record, she wants this item to be discussed at some point in the future.</p> <p>Robin York said for a new tribe, after recognition, it takes 2-3 years to be fully operational and based on that discussion, Kelly Acton was asked to look at this issue with regards to new tribes. It would be difficult for new tribes to adhere to what is mandated in Nethercutt's letter.</p> <p>Sally wanted to clarify that she is looking at the opportunity for new tribes to be eligible for these funds, at some point in the future, once they are fully operational. Christine Arzate agrees with Alaska. California has several tribes who are in the process of being recognized and would like them to be eligible in the future.</p>	

Chairman Windy Boy- each area has tribes who are in the process and a process for them to become eligible; additionally TSA needs to be discussed in the future as well.

Christine Arzate asked if those unrecognized tribes can participate through consortia? Julia responded the exclusion is only for the first year, once a tribe becomes a SDPI grantee, they are eligible. Buford Rolin stated a year ago when this issue was brought up, we are not excluding the new tribes, only for this process. They will be considered in the future.

Kelly Acton- Do we want geographic distribution or an equal amount of money to each area? If we do enough TA, we can have a grantee in each area. She is opposed to have equal distribution of funding in each area, this is not true competitiveness.

Gary Hartz stated that the agency will wear the black hat in this decision; IHS just needs a recommendation from TLDC.

Timeline:

Dr. Kelly Acton stated the timeline put forth by TLDC is no longer reasonable. In looking to the responses at this meeting, get RFP out and have the application due in March. The regional meetings will be rescheduled to March through May.

A question was asked if this was annually or for the duration of the 5 year period. Once you are awarded it will be up to a 5 year period, the money will be awarded annually. Loretta Beaumont was happy with the competitive process; she suggested new grantees each year instead of one grantee over 5 years.

Lena Belcourt feels the capacity and what is required of these grantees, individual tribes don't have the capacity and she feels it will be mostly consortia that apply.

David Garcia stated if he has a good grant writer and got funded for five grants, then he eliminates other tribes from his area from applying. This information needs to be relayed to tribes.

Sally Smith stated a recommendation to Dr. Grim for good coordination. Part of the success is to have Dr. Kelly Acton recommend actions. Process issue – Q&A page 4 suggest move the Notice of Grant Awards to September 2004; if a Federal Register announcement is required, add it to the timeline. In 5 year time frame, if a grant is terminated, then the remaining amount of the grant be kept in the same area as it was originally awarded. True consideration be given to the intent of the application and not on the merit of application itself.

California Recommendation:

Group	A	B	C	D
User Population	1-500	501-2000	2001-5000	5001+

Each area up to 4 grants each (12x4=48) equals 48 grants. Leaving 22 “floaters” for other.

1. Alikes compete with alike
2. Up to 4 each area (by population)
3. Technical assistance set aside for each area (out of \$27.4 million),

	<p>including stronger coordination administered through the area.</p>	
<p>Discussion on California Recommendation:</p>	<p>Christine Arzate posed question to Dr. Kelly Acton if this will meet the goal. Dr. Acton is concerned that Group A would not have enough qualified applicants – does not know how many of each group.</p> <p>Gary Hartz stated that over the 6 years, we have received \$50 million more. Diabetes and those out in the field have done a great job. Striving for tribally academic research.</p> <p>Oklahoma has a concern with the numbers in the population numbers in the group.</p> <p>David Garcia thought the intent of the first year was for planning. Consideration to have Year 1 be a planning grant; and then put forth the grants in the next 4 years.</p> <p>Dr. Kelly Acton stated the first planning is not your typical planning grant; it is for planning to get the work done- labs in place, people trained, etc.</p> <p>Chris Walker stated that the Cherokee Nation took \$1million of diabetes funding and funded schools – 33 of 100 schools applied; 17 funded. The first annual report is being compiled for outcome.</p> <p>Lena Belcourt suggested giving a planning grant to everyone for first year planning purposes, maybe this would take care of the equity issue.</p> <p>Dr. Kelly Acton stated technical assistance has to occur at the central area. This does not move us forward toward a common goal. HRSA has used a collaborative model, which has proved successful. She suggests using this model. Each grantee needs to build in travel funds to get to trainings, or video conference equipment.</p> <p>Joe Grayson is in favor of dividing the funding into 12 regions and one grant. Need to settle how to divide the money into each area. This is a lot of money for one grantee, but all of Indian Country will benefit.</p>	
<p>Oklahoma Recommendation :</p>	<p>The funding be divided into twelve (12) areas with two (2) grantees from each area.</p> <p>Discussion on Oklahoma Recommendation: Jerry Freddie said TLDC needs to be concerned with carry over and lapse of funds; the grantees able to carry over funds? Will there be a stipulation to spend the monies in the time allocated?</p> <p>Robin York responded that the grants office issues notification if a tribe has not expended funds. Her recommendation is to include this for purposes of eligibility. If you have unobligated balances, it tells the grants management office that the work is not being done or the financial reports have not been filed.</p> <p>Jerry Freddie suggested for the purpose of the \$27 million, there be a stipulation that there be no carry forward on the funds. What has NDPI done to compile the researched information? Information needs to be shared. TLDC needs to have an agenda. The decision has already been made.</p> <p>Gary Hartz feels Jerry’s idea is excellent. As far as the resources in non-</p>	

competitive funds, contract and grants have provided what is available, but that does not mean it is current. Just under \$100 million unobligated funds, across the country, according to IHS records today. This does not take into account the \$150 million for this year.

Christine Arzate asked Oklahoma to put a dollar amount to each area allocation.

The technical assistance for the 6 regional meetings and national evaluation will come out of the \$27.4; what is the bottom line for the competitive grants? Dr. Kelly Acton responded that she was told that it could not be done for under 25%; she presented to Dr. Grim and he said no. They came up with a best guesstimate of 18%- this was not acceptable to Dr. Grim. They worked it to 10% or \$2.7 million and has not received a response from Dr. Grim.

Robin York stated a template can be developed to accommodate each area but may not look like the “aggressive, accountable” competition referenced by Dr. Grim.

Lorelei DeCora said this speaks to a combination of the proposals set forth by California and Oklahoma. She can go back to the SDPI grant beginning and 60%+ were asking for technical assistance. The Nethercutt letter states that IHS needs to assist the tribes in technical assistance. How do we know technical assistance is not the problem for those tribes who have a large carryover? When is assisting tribes going to be recognized?

Dr Julien Naylor said carryover is assumed that the grantee is not being managed correctly. At times, the funding is not released until close to the end of the fiscal year. It may mean that the program has spent responsibly. Unobligated funds does not mean poor program planning. In the grant application, in the last 2 years, they are asked why they have unobligated funds and how they plan on spending the money.

Robin York crafted the section on explaining unobligated funds. She will go through extreme measures before a diabetes grantee is withdrawn.

Sally Smith stated that at the end of 5 years, someone needs to disseminate the successes of the programs. Will IHS do this and if so, will the cost be detracted from Year 5 funds? Dr. Kelly Acton responded that this has not been fully addressed yet. In Years 4 &5, there are plans to include a provision to disseminate the results, but it has not been fully thought out. We all need to work together to figure out the best way.

Discussion Meeting with Dr. Grim-

Chairman Windy Boy stated that part of Dr. Grim’s presentation is a response to the feedback from the individual area consultations.

Gary Hartz and Dr. Kelly Acton will be briefing Dr. Grim on the meeting today.

David Garcia stated the need to draft a document to present to Dr. Grim, with recommendations.

Lena Belcourt stated that in the past each area provided an area report to Dr. Grim.

Seh Welch suggested a few individuals take up a particular section and come up with a recommendation to present to the full group in the morning.

<p>Meeting adjourns for the day</p>	<p>TLDC will meet January 8 at 8:00 to review the document for discussion with Dr. Grim. Dr. Grim will meet with TLDC at 9:30 a.m.</p> <p>MOTION: Oklahoma moved, seconded by Billings to recess at 5:10 p.m.</p>	

January 8, 2003	Chairman Windy Boy called the meeting back to order.	
Oklahoma Recommendation –	<p>MOTION: Oklahoma moved, seconded by Alaska that all proposals will be considered together (in order to abide by the IHS criteria for 1 grants announcement) but each are to receive at least 1 grant per year (or funding cycle) in diabetes prevention and cardiovascular disease.</p> <p>Discussion: This proposal would give opportunity for 2 grants (1 in each topic focus). Applicants (tribes and tribal organizations) would be rated together nationally and that the areas would get at least 1 grant.</p> <p>MOTION CARRIED.</p>	
Administrative Cost-	<p>Lorelei DeCora stated next would be a provision for technical assistance. She does not know that 10% is enough. We need to recommend a provision to staff, to be adequate before the proposal goes in.</p> <p>Christine Arzate would like to see criteria that does not eliminate small tribes.</p> <p>Sally Smith said the tribes need to ask for the technical assistance; it should be offered but the applicant has the opportunity and if they don't measure up, it is on the tribe not the agency. Provide an opportunity for technical assistance for the applicant.</p> <p>Robin York stated if you put it into process, the government is not obligated to provide technical assistance. We are required to provide clarity in the process. They choose to provide TA to due statutes such as 638.</p> <p>Christine Arzate stated she needs clarification on what is a small tribe. Dr. Acton said they encourage consortia in area with small tribes, due to numbers of people. We need to screen enough people to prove to Congress and make a significant impact.</p> <p>Lorelei DeCora would like to get to make a recommendation that everyone can live it. She recommends that American Indian/Alaska Native experts be included in the pool of reviewers. Sally Smith stated it is her understanding from Dr. Acton that we have her assurance that Tribal people will be included in the review team.</p> <p>Lorelei DeCora asked what is the percentage for HQE to adequately provide what is requested, is 10% enough. Robin York stated they are still within the 10%.</p> <p>Sally Smith said it seems Dr. Grim is set on 10%, but that does not preclude tribes from providing in-kind. Dr. Acton said to her knowledge, Dr. Grim has not settled on the percentage.</p> <p>Recommendation: The funding of a Coordination Center and other partnerships be at 15% of the \$27.4 million.</p>	
Meet with Dr. Grim	<p>Chairman Windy Boy provided Dr. Grim with the recommendations that TLDC has put forth.</p> <p>Dr. Grim thanked everyone for taking time to be here and wished everyone a happy new year. He is excited to head into the new year at IHS. He will not be</p>	

able to give an answer on all of the recommendations today. Dr. Grim responded favorably to the administrative cost (issue 3). Congress is serious that we evaluate this set of grants more vigorously.

Issue 1:

The eligibility for competitive grants in the “set aside” for competitive granting in New Diabetes Funding for FY 2004-2008.

TLDC Recommendation:

The eligibility of this SDPI should be limited to all current SDPI grantees or consortia of SDPI grantees with the exception of the urban Indian health programs.

Dr. Grim Reponse:

He understands the rationale and justification. Early on, talking with grants team, he was concerned with when they took the \$23 million and did the set asides, and took \$27 million and did set asides. He was concerned with the language in eligibility of who can apply for the grants. He was concerned about cutting out a potential group of grantees from this program. A second issue is Congress has asked for more scientific data in evaluating. To cut out a whole sector, the urban population, corrupts the data that will be shown back to Congress. A programmatic and grants issue, is it feasible and can we meet the competitiveness and grants standards and manage essentially 2 programs, outside of the set aside. Guidance he has received has said it will be very difficult to manage these 2 sets of programs. He would like to approach the urban programs and see if they can put back part of their set aside and be part of the overall competitive process.

Discussion: Lorelei DeCora stated at the last two tribal consultations in the Aberdeen area, they discussed the urban Indian programs enrollment – for utilization of Indian clinics, urban clinics do not have the criteria of user population. For SDPI funding, we are held to a different set of standards. Aberdeen is concerned that the urbans may be serving individuals that are determined to be eligible.

Dr. Grim: The eligibility is set by the tribe, not the IHS. Urban clinics can serve outside the Tribal members.

Anthony stated the definition for eligibility is set within IHCI. Only Indian people and those eligible under the law are being served with the SDPI dollars.

Dr. Grim: To not include a whole set of users (urban Indians) corrupts the data. IHS has been trying to get the programs cleaned up so CIB’s are in the records. In the urban programs, it is a different mix – state recognized, federally recognized.

Lorelei stated in the urban Indian clinics in Aberdeen, users can be “self declared” and no documentation is needed. Lena Belcourt stated that Billings supports the Aberdeen opinion. Congress has this perception that the majority of Indian people live in the urban areas.

Dr. Grim- He clarified that he did not say Congress believes the majority of Indians in urban areas. This is census data.

Lena- Congress has indicated this to the Billings area.

Dr. Grim- He does not see how we can cut out the urban programs. If we can host 2 programs, and if it is feasible and manageable, he will consider it, as recommended by TLDC. If this is not feasible, then he is inclined to have urban

programs inclusive in the competitive process. He will do everything he can to determine the feasibility of this. Congress will ask a lot of questions if this set of users is left out.

Gary Hartz: It is bad for the agency to not include everyone. He believes the urban people need to be included as well.

Dr. Grim: The urban programs have at least 3 tiers of programs. He cannot see one grant effectively evaluating the urban sector. There are 2 divisions within the program.

Chairman Windy Boy- He understands the population in the urban centers. There has to be some median as to work out user counts, urbans come to the reservation to use services but the tribe cannot count them.

Dr. Grim: The intent of Congress in eligibility criteria, to not include the urbans, would not be successful.

She Welsh- Tribes are not saying that the urbans are not important and should not be included. It is the differences between the two groups- they did not want small tribes to have to compete with large urban centers. The issue at this point is that they have a set aside to do their own competitive process. We need to allow for flexibility on both the tribal level and urban level.

Dr. Grim- TLDC recommend that \$2.5 million set aside for urban programs and the urbans would determine the distribution method themselves. He needs to get advise from his legal counsel, grants, and diabetes to see if they can have a separate set aside.

Joe Grayson- In many urban areas, you do not have to prove tribal membership for eligibility. He supports the urban programs.

Dr. Grim: IHCIA allows for state recognized tribes. They operate by legislative intent. He does not disagree with the underlying point, but to live by the law, he does not know if legally, they can only include federally recognized.

Rae Snyder: The eligibility was raised internally. The eligibility for diabetes program is no different than any other grant program. To address the issue, who receives services, their office has been working on the issue of who is being served with respect to certain program funds. There is not a blood quantum requirement for services at the federal level. Decendancy is not defined within the agency.

Buford Rolin: Is there a legal opinion that says state recognized are eligible for services in urban Indian programs with SDPI funds.

Dr. Grim: Funds can be expended on state recognized Indian patients.

Buford Rolin: This is a concern to tribes, we don't have the resources to serve our own members and now we are obligated to serve state recognized tribes. Congress is not going to increase the funding. Documentation has been requested of the urban centers to show their user population and this information has not been provided.

Anthony: The legislative intent of Congress when they authorized to serve state recognized tribes needs to be further researched. There is going to be a difference in the data between urban centers and reservations. Through the implementation of RPMS, we can determine more accurately who is being

serviced and where they are receiving that service from.

Mike Lincoln: IHCIA allows urban Indian health programs – Title V to see state recognized tribes.

Jerry Freddy: It is not a question of if the urban Indian population needs to be served. Many of the problems come from assimilation – the breakdown of culture of AI/AN. Problems associated with diabetes stem from urban areas.

Alvin Windy Boy: Tribes will be determined by the Alaska Senator who is on his way to defining a tribe and representative in the Office of the Trustee.

Issue 2:

The assured access for every IHS area to receive a competitive grant.

TLDC Recommendation:

All proposals will be considered together (in order to abide by the IHS criteria for 1 grants announcement) but each are to receive at least 1 grant per year (or funding cycle) in diabetes prevention and cardiovascular disease.

Dr. Grim Response:

To the extent that they can do this, he does not have a problem. He looks at this in the same way he views the urban discussion. He does not want to leave out any group, and again, feels Congress will not be favorable. In drafting RFP, he will work with the grants and legal people. Look at the applicants nationally, in a competitiveness process and if there is an area that is not included, maybe they can consider the highest rated applicant from that area.

Discussion: Chairman Windy Boy pointed out that competitiveness is foreign to the Indian people.

Gary Hartz: We don't compromise to the intent of law of the competitiveness. Need to address this with the perception of what Congress.

Oklahoma clarified that there will be competition within the area, but each area will be funded.

Dr. Grim: What he sees with TLDC recommendation- how ever many are chosen off the top, the bottom of those grantees, may be cut from the program to ensure every area is covered.

Lorelei DeCora suggested to craft in such a way, that we don't want a reservation to be competing against an urban center.

Robin York: They support "like with like" and have been working with Dr. Acton as to how to craft the RFP. If it needs to be crafted in such a way that it is one grant announcement (tribes & urban) that can be done. She chooses to use the same grant announcement for both programs, it takes time to go through the Office of the Secretary.

Sally Smith stated this item has been difficult, started using the word equitable, and in the end used the word assured. She thanked Robin York and others. The staff responded when asked directly, whether it was the answer TLDC wanted to hear. Robin was pushing the perimeters of grants law to work with Dr. Acton. Sally will support the decision by Dr. Grim no matter how difficult. She wants to recognize the care to the needs of the Indian people by the IHS staff.

Dr. Grim: the general preference was not to have competition, but they were instructed to do so. They will do everything they can to meet the intent of the recommendations by TLDC.

Buford Rolin asked if the \$23.3 million is that for both tribes and urban?

Dr. Grim: He has been talking to Dr. Acton about this issue, he needs to look legally and speak with grants as to the best way to do this.

She Welch: There were specific recommendations at the area consultations – Page 18 March 10 TLDC minutes and Page 52 of Scottsdale consultation.

Issue 3:

Adequate level of administrative costs so we meet project outcomes.

TLDC Recommendation:

The funding of a Coordination Center and other partnerships be at 15% of the \$27.4 million.

Dr. Grim Response: He addressed this in the very beginning. He appreciates that TLDC realizes that to administer the program costs money. They will be accountable to Indian Country as to how the 15% is expended and will use them wisely. He asked that Dr. Acton in her presentations around the country, insert how the funds are being utilized.

Discussion:

David Garcia: Financial accountability of 15% be reported back to TLDC. He is concerned that the funding keeps being cut, and he has the responsibility to report this back to his tribes. TLDC needs justification of expenditures.

Jerry Freddy: The administration of dollars – focus on policy, regulation and rules. In the Navajo area, there are a lot of dollars going into research. Feels strongly that some money look into what has the formal education system done for diabetes.

Dr. Grim: Research findings end up on university shelves and translation takes upwards of 15 years. Internally, He is debating to how evaluate the programs- looking at translation and spreading of findings throughout Indian Country. All information will be shared as rapidly as results are found.

Oklahoma: Chair of Health Board- much discussion in OK has been around set asides.

Lorelei DeCora thanked the staff in Albuquerque- 5 people working with 400 grantees and at same time putting out report of first 6 years to Congress; attending national meetings. These 5 individuals are superwomen. On top of all they do, we are putting another multi-million dollar initiative on them. The 15% is an investment. Another issue, the tribes in consultation have not wanted another dollar to go into the National Diabetes Center. This is now \$7 million and this body has never had an accounting of those dollars.

Dr. Kelly Acton stated she is not prepared now to give a full accounting but has seen benefits – including \$600,000 annually in a joint pool for information dissemination; fund publication of the quarterly magazine Health for Native

	<p>Life; Compendium of CD Rom.</p> <p>Dr. Berkeley: the benefits of observational research, one of the tangible benefits is the increase in the amount of funding that has been received. The integrity of data, look at how we examine and treatment options- benefits are not realized right away. What happens at NIH takes so long to see results. Secretary Thompson comments on obesity across America. Long term, Indians will benefit from diabetes.</p>	
Discussion for Next Meeting	Sally Smith recommended having review of NDPC in the next meeting. There are new members and seasoned can stand a refresher.	IHS NDP and NDPC
2005 TLDC DM Conference	<p>Chairman Windy Boy stated that with the unobligated amounts to look to other areas where there are short falls. He asked Dr. Grim to address the issues brought forth from the area consultations. The last conference was 1-2 years ago with 1200 diabetic individual in attendance. He recommends having a Tribal Leaders Diabetes Conference. He also thanked Dr. Acton and her staff.</p> <p>Dr. Kelly Acton proposed to have a conference in 2005. Gale Marshall can find champions in the field to hold break-out sessions. Sally Smith endorses and supports Dr. Acton's comments and knows Ms. Marshall will put together a wonderful program.</p> <p>Oklahoma thinks it is critical that we showcase what is in Indian Country with regards to Diabetes. Oklahoma will host NIHB Annual Consumer Conference and maybe can collaborate.</p>	IHS NDP Staff, Gale Marshall
Final Remarks and Adjourn	<p>Chairman Windy Boy thanked Dr. Grim and hopes we can tread better ground with regards to diabetes.</p> <p>The meeting adjourned at 12:20 p.m.</p>	