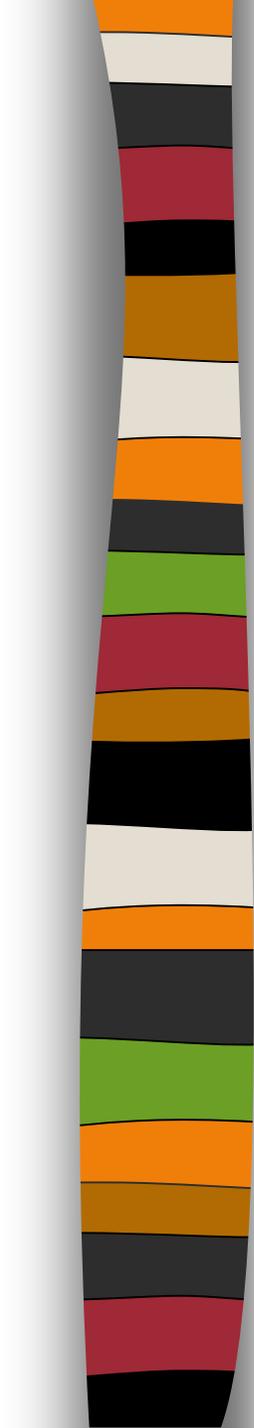


# California Tribal Leaders Report

Rosemary Nelson, TLDC Representative

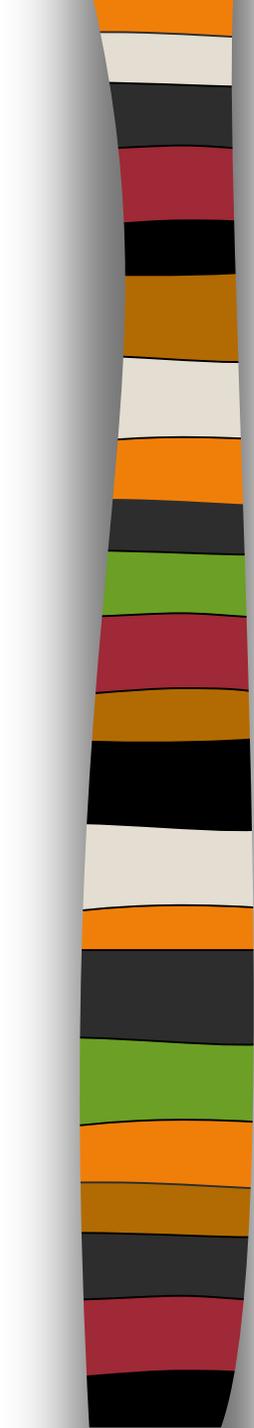
April 3 - 6, 2017

Sparks, NV



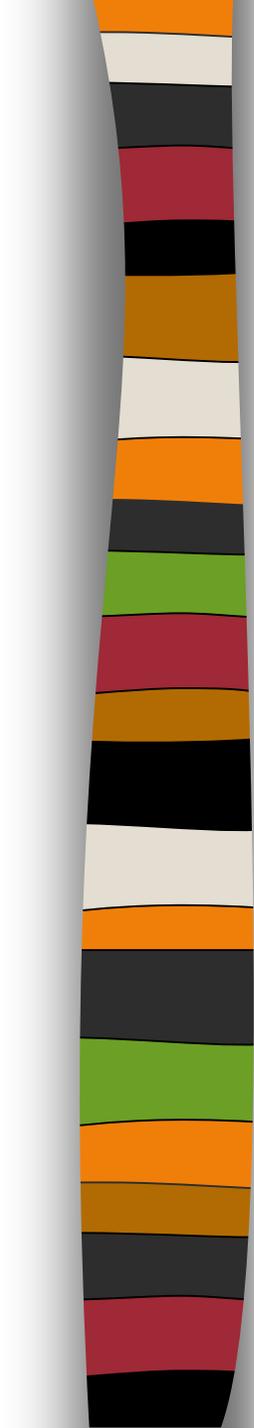
# California Indian Health

- No IHS Service Units
- No IHS Hospitals
- 29 Tribal Health Programs
  - Some with multiple clinic sites
- 8 Urban Indian Health Programs



# California Area SDPI

- The California Area Diabetes Consultant and Contractors Provide Technical Support on SDPI data and grants to 37 Urban and Tribal Diabetes Projects in California

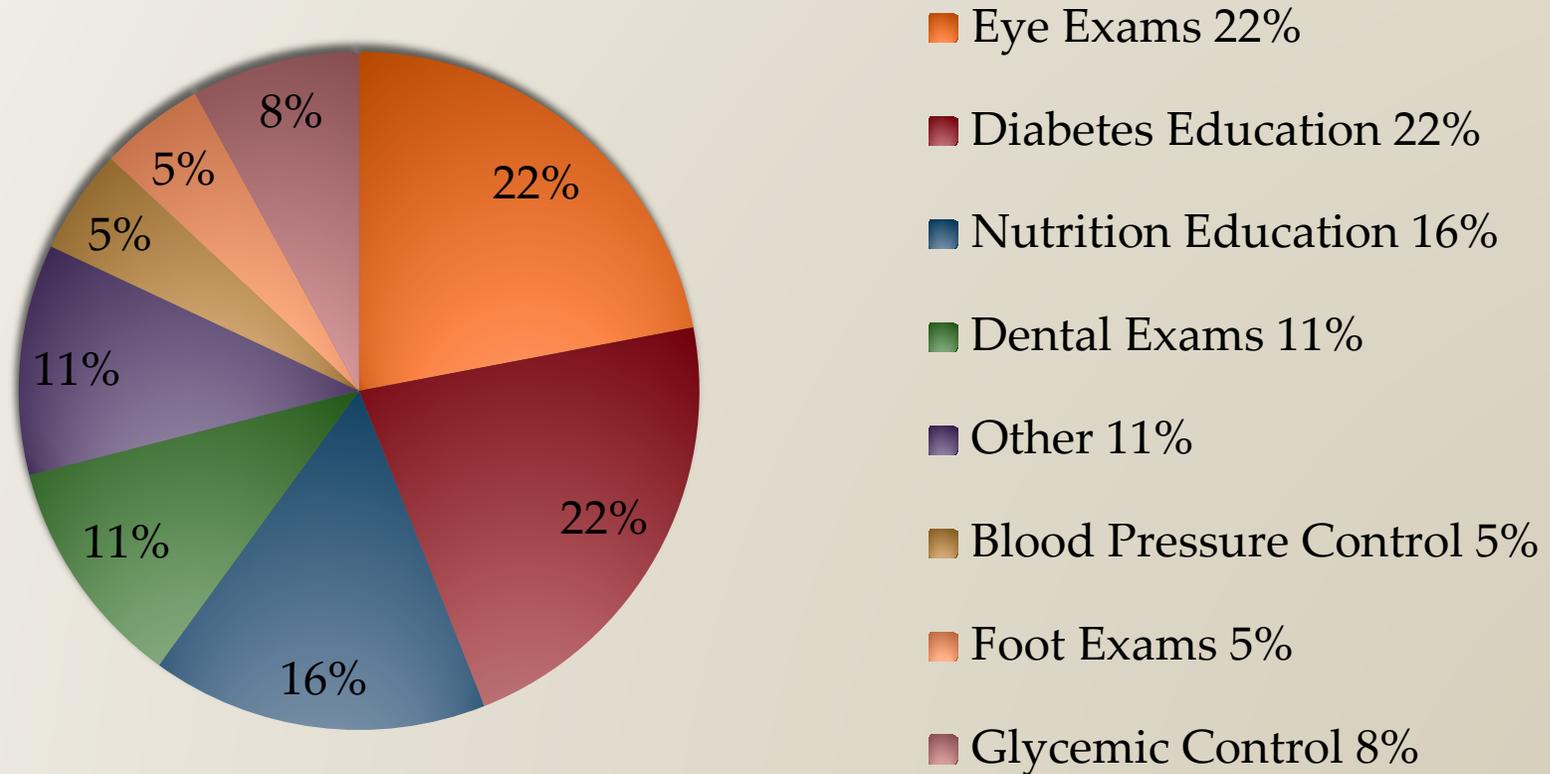


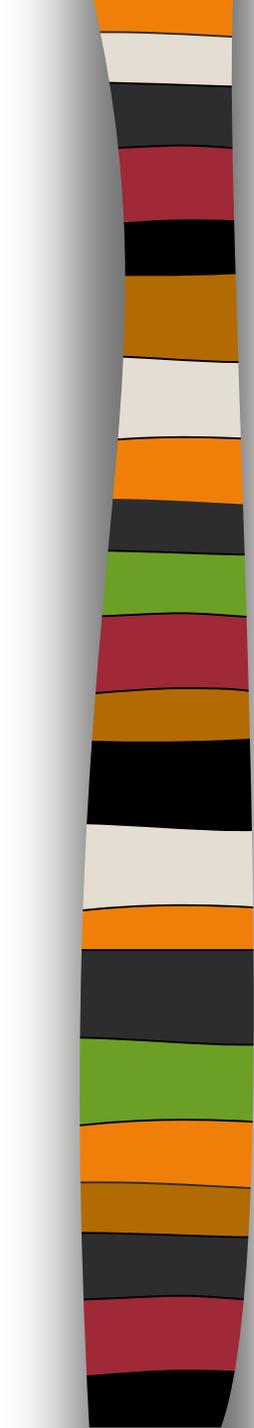
# SDPI Grants

- Without SDPI funds, most programs would not be able to have diabetes programs
- Tribal programs must bill Third Parties (Medicaid, Medicare, Insurances) to stay open
- Constant struggle to keep professional staff
- California strives to improve the quality of care

# Distribution of CA SDPI Best Practices for FY 2016

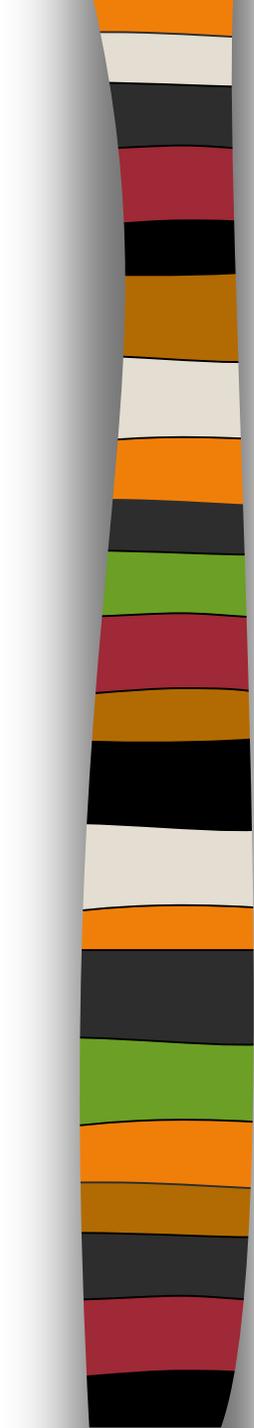
## SDPI Best Practices CA 2016





# SDPI FY 2016

- Contractors conducted 45 site visits, combined
- The goal of site visits-
  - To monitor the progress of SDPI projects
  - Assist with reporting and data submission for SDPI
  - Enhance quality Improvement efforts
  - Provide education on Diabetes Best Practices
  - Provide TA on Diabetes Case Management
  - Provide TA on Diabetes Education
- The results are **Improved** Diabetes Care in Indian Country.

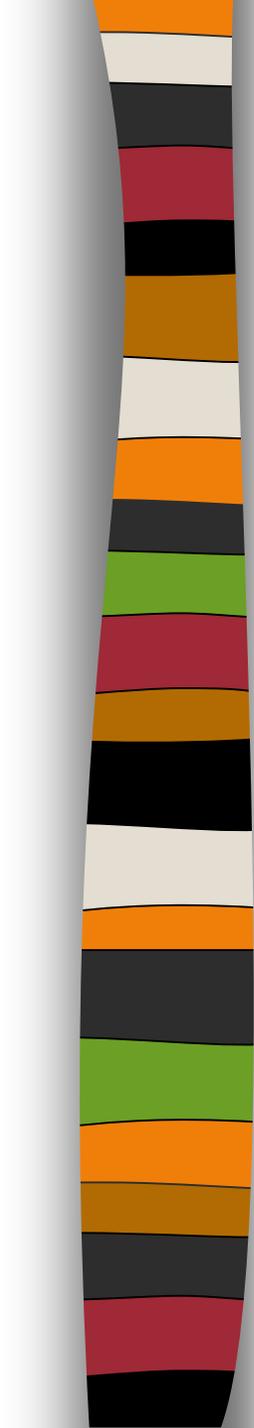


## SDPI Outcomes System (SOS) Preliminary Results for Improvements in California Area (aggregated)

- Diabetes Related Education(7): 41%
- Nutrition Education (6): 26%
- Physical Activity Education(1): 100%
- Glycemic Control(3): 12%
- Eye Exams(7): 13%
- Foot Exams(2): 1%
- Dental Exams(4): 10%
- Blood Pressure Control(2): 6%
- TB Skin Testing (1): 6%
- Screening for Chronic Kidney Disease (1): NI
- Hepatitis B Vaccination(1): 11%

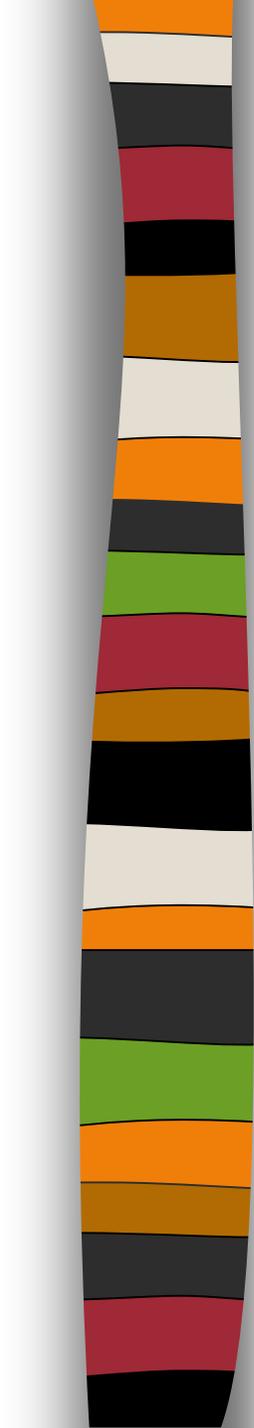
# 2016 Outcomes 37 Programs

Number of Programs Reporting Data (37)	% Improvement of Required Key Measure
17 out of 37	20% or greater
13 out of 37	3% - 19%
5 out of 37	No Improvement or decreased
2 out of 37	No data reported (Extensions granted)



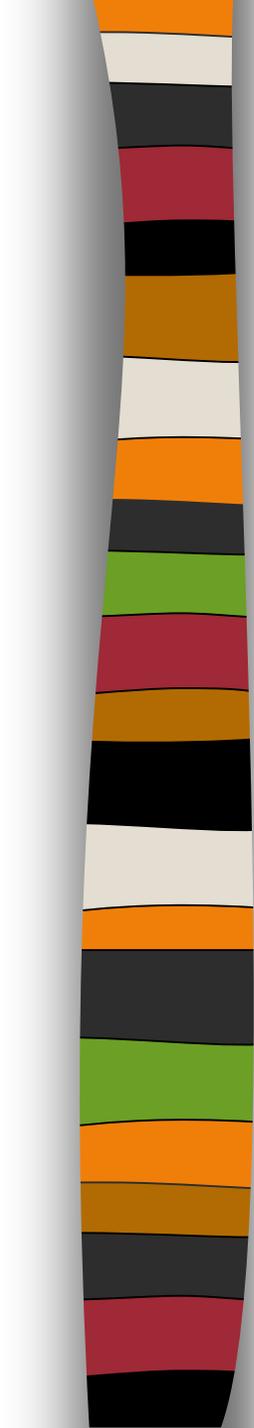
# TLDC Meeting Highlights—Feb 8-9, 2017

- SDPI Discussion with Acting IHS Director RADM Chris Buchanan
  - Increase in funding request - \$200 million
  - Recruitment/retention problems
  - Programs need grant assistance
  - IHS exemption for federal hiring freeze



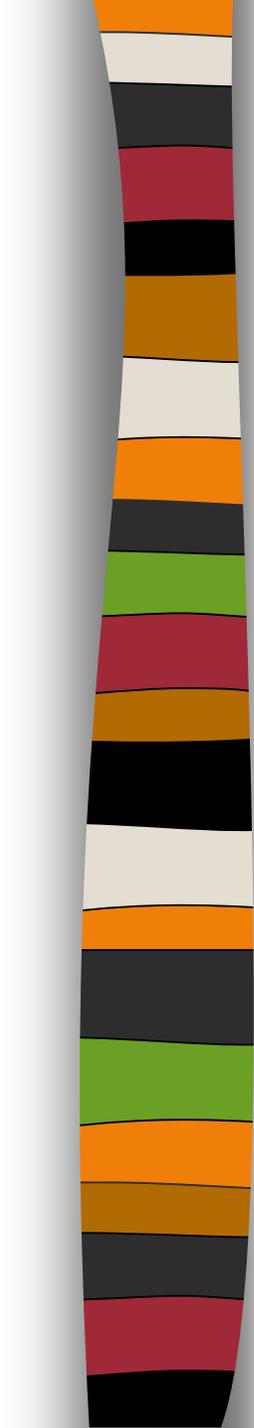
# Highlights – cont.

- Costs for diabetes data systems
- Concern for access to data systems due to turn over in leadership
- Customer service and cultural sensitivity training
- Early life interventions have impact on adult life
- Construction of dialysis facilities needed (CA Area)
- IHS hospital quality reports needed



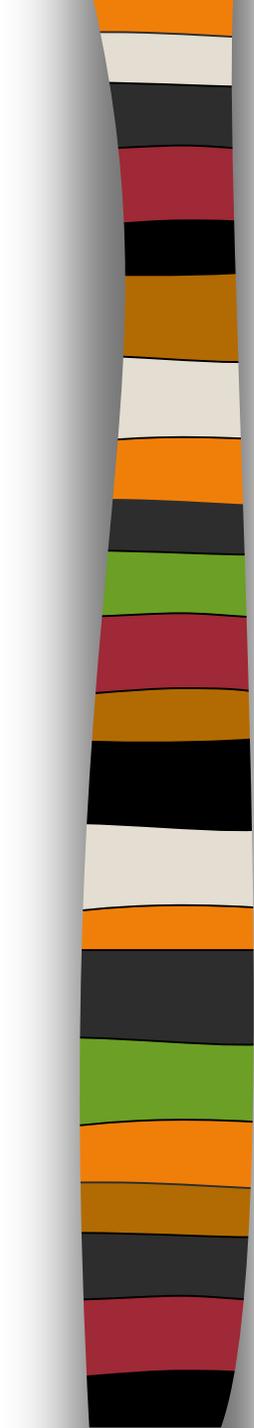
# Meeting Highlights

- SDPI-funded Diabetes Specific Projects
  - One-time enhancement of \$2 million CQM and NDW
  - Data Infrastructure Support - \$5.2 million – iCare, DMS, web-based conferencing, and others
  - TLDC expressed that HIS should absorb cost of RPMS entirely
  - CAPT Rives – IHS FY 2018 budget has IT as own line item



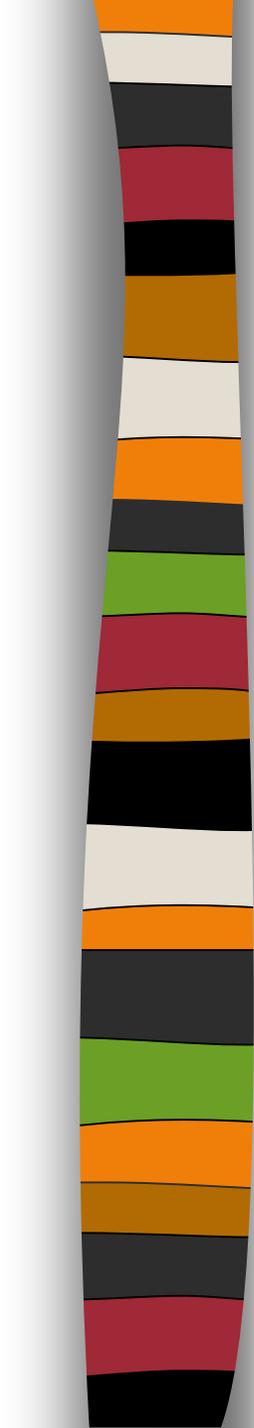
# Meeting Highlights

- Vital Signs CDC Report – Dr. Ann Bullock, DDTP Director
  - Kidney failure from diabetes in AI/ANs has gone from being the highest to the fastest decline in US
  - 54% decrease in rate of new cases 1996-2013
  - Same as whites in 2013
- SDPI not solely responsible but has helped



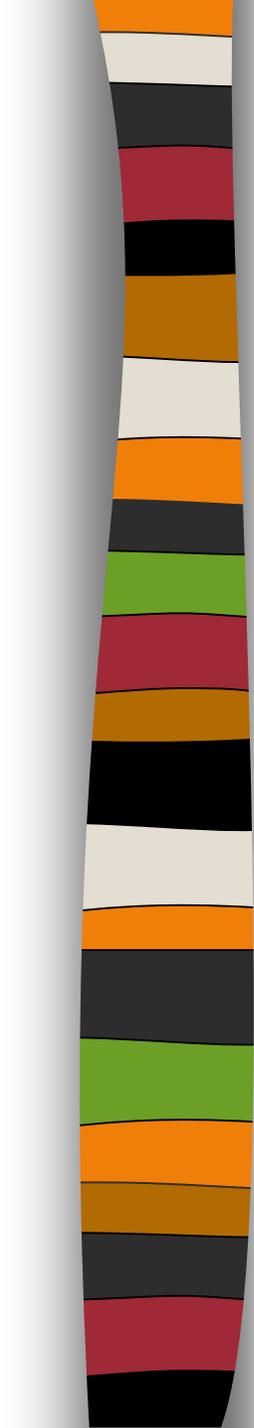
# Meeting Highlights

- Legislative Update (NIHB)
  - No legislative vehicle for SDPI
  - SDPI Support letter is popular 356 House and 75 Senators
  - 20 Tribal Reps for the SDPI Hill Day
- TLDC priorities to the Native Children's Agenda: funding for youth, national level collaborations, basic needs for fresh, health food and water to communities; intergenerational trauma



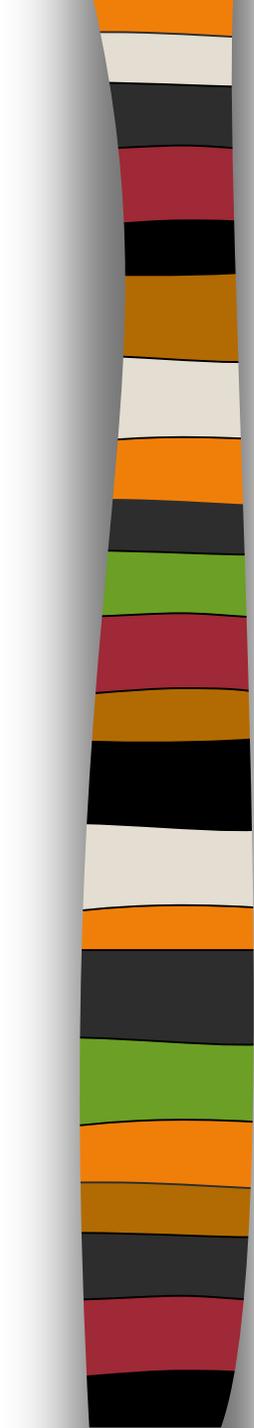
# Legislative Priorities

- Affordable Care Act Repeal and Replace
- Special Diabetes Program for Indians Reauthorization
- FY 2017/2018 Appropriations
- IHS Reform/Quality of Care issues
- Native Youth Policy Priorities



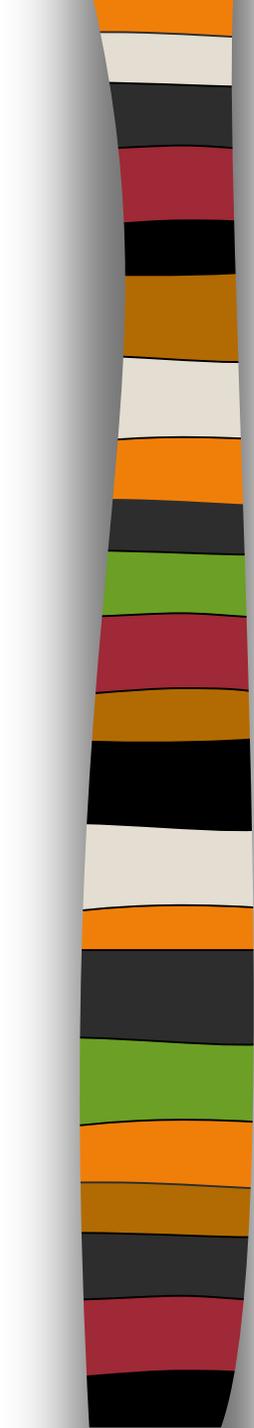
# Federal Trust Responsibilities

- The federal trust responsibility for health is a sacred promise, grounded in law and honor, which our ancestors made with the United States
- In exchange for land and peaceful co-existence, American Indians and Alaska Natives were promised access to certain remunerations, including health care



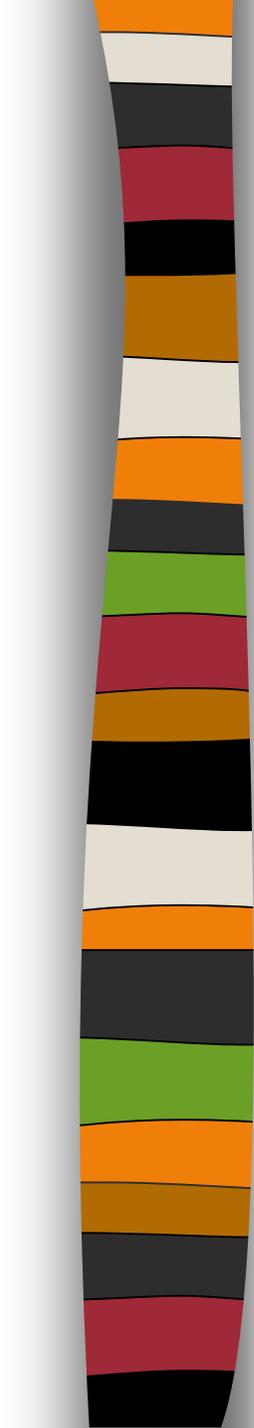
# Federal Trust Responsibilities

- Since the earliest days of the Republic, all branches of the federal government have acknowledged the nation's obligations to the Tribes and the special trust relationship between the United States and American Indians and Alaska Natives.
- The Snyder Act of 1921 (25 USC § 13) further affirmed this trust responsibility, as numerous other documents, pieces of legislation, and court cases have.



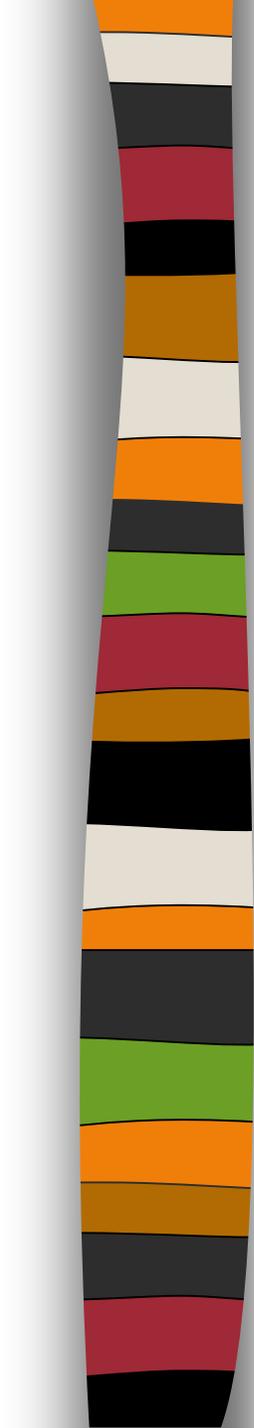
# Federal Trust Responsibilities

- As part of upholding its responsibility, the federal government created the Indian Health Service and tasked the agency with providing health services to AI/ANs.
- Since its creation in 1955, IHS has worked to provide health care to Native people. As recently as 2010, when Congress renewed the Indian Health Care Improvement Act, it was legislatively affirmed that, “it is the policy of the Nation, to ensure the highest possible health status for Indians...and to provide all resources necessary to effect that policy.”



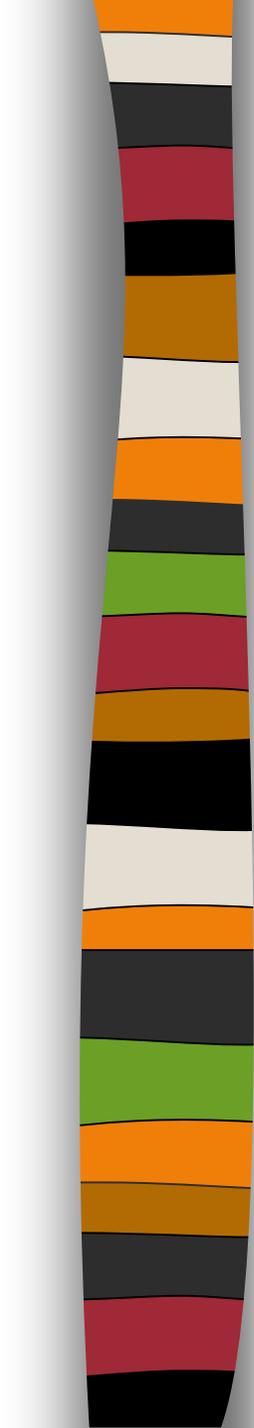
# Find Your Representative

- [www.house.gov/representatives/find](http://www.house.gov/representatives/find)



# California US Senators

- Diane Feinstein, (D-CA)                      Class 1
  - 331 Hart Senate Office Building Washington, DC 20510
  - (202) 224-3841
  - [www.feinstein.senate.gov/public/index.cfm/e-mail-me](http://www.feinstein.senate.gov/public/index.cfm/e-mail-me)
- Kamala Harris, (D-CA)                      Class 3
  - 112 Hart Senate Office Building Washington, DC 20510
  - (202) 224-3553
  - [www.harris.senate.gov/content/contact-senator](http://www.harris.senate.gov/content/contact-senator)



# Thank You

- Rosemary Nelson, TLDC Primary
- Dominica Valencia, TLDC Alternate
- Helen Maldonado, PA-C, CDE - ADC