

Director's Workgroup on Tribal Leaders Diabetes Committee (TLDC)

*Special Diabetes Program for Indians (SDPI)
Grants Program – Community Directed and
Diabetes Prevention/Healthy Heart*



California Representatives

Primary Tribal Representative

Rosemary Nelson, Tribal Representative, Pit River Tribe

Alternate Tribal Representative

Dominica Valencia, Tribal Representative, Santa Ynez

IHS Consultant

Helen Maldonado, PA-C, CDE, CA Area Diabetes Consultant

Updates from Tribal Reps

- Charge of the Workgroup
- Rockville Meeting – February 4-5, 2015
 - Congressional representatives visits-Capitol Hill
 - SDPI Funding Distribution FY 16
 - Competitive Process
- Workgroup Recommendations to Challenge You

Voting Item 1

- Should “new” tribes or sites be allowed to apply for SDPI funding in FY16?

PROS	CONS
<ul style="list-style-type: none">• There are Native people currently not served by Diabetes Education programs in California due to ineligibility for SDPI grant programs• SDPI budget line items may be moved around to accommodate new tribes	<ul style="list-style-type: none">• Congress has not appropriated bill and most likely if approved, will not be increased in amount• Funding will have to come from another line item in the current budget• Funding maybe only be approved for less than a year or a full year, unknown

Voting Item 2

- If you vote yes that “new” tribes/sites be allowed to apply for SDPI funding in FY16, where would the money come from? Should the Diabetes Prevention and Healthy Heart initiatives be modified?

PROS	CONS
<ul style="list-style-type: none">• SDPI budget line items may be realigned to accommodate new tribes• AI/AN people not being served by SDPI programs will receive diabetes support• Modifying the current SDPI budget will open up new opportunities	<ul style="list-style-type: none">• Modification of the current SDPI budget will affect some programs (DP & HH)• We don't want to send a message to Congress that the DP & HH are not useful programs

Current National Distribution \$150m

- **Grant Programs**

- **Community Directed Grants** **\$108.9m**
 - Best Practices
 - Includes 4.1 m for administrative support
- **DP/HH Grants** **\$ 27.4m**
 - From 2004-2009 Demonstration Projects
 - From 2010-2014 Initiative Grants
 - Includes 4.1 m for administrative support

Current National Distribution \$150m (cont.)

- **Set-Asides**

- Urban Indian health programs \$7.5m
- Data Infrastructure Imprvmnt \$5.2m
- CDC Native Diabetes Wellness \$1.0m

Voting Item 3

- Should the Diabetes Prevention and Healthy Heart Program be modified to accommodate more programs?

PROS	CONS
<ul style="list-style-type: none">• Currently only 66 sites across the US have funding for these programs for the past 10 years• SDPI budget line items may be moved around to accommodate more programs• Modify the DP/HH initiative to make it a successful Best Practice for more programs, but with less restrictions	<ul style="list-style-type: none">• Current DP/HH Programs may have reduced funding amounts

Estimate SDPI funds to Areas if C-D and DP/HH funds are combined

Assume:

- Add \$27.4m to the current Community-directed (C-D) funds:
 - Existing \$104.8m + additional \$27.4m = \$132.2m total for C-D funds.
- Update formula data to
 - FY 2012 user pop
 - FY 2012 diabetes prevalence statistics
- If recalculation with FY 2012 data results in decreased funding for any Area:
 - hold harmless the existing amount, then recalculate with the balance (\$132.2m less the hold harmless amount)
 - otherwise, recalculate allocations with the full amount of funds (\$132.2m)

Note: When the numbers were run, it showed that the \$27.4m increase to C-D funds would be sufficient to avoid reductions to any existing allocation of C-D funds. The hold-harmless provision is not triggered. Therefore, the full amount of C-D funds (\$132.2m) is allocated among the Area using 2012 data.

Voting Item 4

- Should IHS use the same distribution formula as before?
User pop = 30%; Tribal Size Adjustment (TSA) = 12.5%;
Disease Burden = 57.5% (DM prevalence)

PROS	CONS
<ul style="list-style-type: none">• TSA given for small tribes• Same formula as before• No delays in calculations from IHS to Areas	<ul style="list-style-type: none">• TSA should be increased• Current data may change the outcome for each area• No change since in the funding formula since 2003



































Voting Item 5

- Should IHS use 2012 data for User Pop and Diabetes Prevalence Rates?

PROS	CONS
<ul style="list-style-type: none">• Currently 2002 data is used and updated data from 2012 is more accurate• If SDPI Budget line items are moved, there would be enough money to keep the funding at the current level	<ul style="list-style-type: none">• If the newer data is used, 9 out of 12 IHS Areas would lose funding, California would be decreased by 8% across the board

POTENTIAL RECALCULATION

Formula updated with 2012 DATA and +27.2m for community-directed funds

				RECALCULATED 2012 Data + \$27.4 million		
Area	EXISTING Allocations			RECALCULATED Allocations	% of Total	% Change from Existing
Tucson	\$ 2,539,246			\$ 3,068,906	 1.7%	 20.9%
Billings	\$ 5,231,685			\$ 5,680,781	 3.2%	 8.6%
Nashville	\$ 5,462,038			\$ 6,615,212	 3.7%	 21.1%
Portland	\$ 5,734,543			\$ 7,038,916	 4.0%	 22.7%
California	\$ 6,494,378			\$ 7,442,812	 4.2%	 14.6%
Bemidji	\$ 7,777,210			\$ 8,378,897	 4.7%	 7.7%
Albuquerque	\$ 7,319,223			\$ 8,583,151	 4.8%	 17.3%
Alaska	\$ 8,963,599			\$ 10,820,516	 6.1%	 20.7%
GreatPlains (ABR)	\$ 9,432,052			\$ 11,094,941	 6.3%	 17.6%
Navajo	\$ 14,056,955			\$ 18,498,871	 10.4%	 31.6%
Phoenix	\$ 13,674,138			\$ 20,003,253	 11.3%	 46.3%
Oklahoma	\$ 18,112,325			\$ 24,971,134	 14.1%	 37.9%
SDPI - Areas subtotal	\$ 104,797,391			\$ 132,197,391	74.5%	26.1%
SDPI Support & Admin.	\$ 4,136,235			\$ 4,136,235	 2.3%	 0.0%
SDPI - Areas + Admin	\$ 108,933,626			\$ 136,333,626	76.9%	25.2%
Urban Projects	\$ 7,500,000			\$ 7,500,000	 4.2%	 0.0%
National/Area Data	\$ 5,200,000			\$ 5,200,000	 2.9%	 0.0%
NDPC	\$ 1,000,000			\$ 1,000,000	 0.6%	 0.0%
Competitive Grant Program	\$ 27,366,374			\$ 27,366,374	 15.4%	 0.0%
Other	\$ 41,066,374			\$ 41,066,374	23.1%	0.0%
Grand Total	150,000,000			177,400,000	100.0%	0.0%