California Tribal Consultation

SDPI FY 2016 DISTRIBUTION

JULY 13, 2015

Tribal Leaders Diabetes Committee Tribal Representatives

Current Representatives:

Primary: Rosemary Nelson

(Pit River Tribe)

Alternate: Dominica Valencia

(Santa Ynez Band of Chumash Mission Indians)

IHS Director's Decisions

SDPI set-aside funds formerly assigned to the Centers for Disease Control and Prevention's Native Diabetes Wellness Program will now be assigned to the SDPI Community-Directed (C-D) grant program ($1 million)

In FY 2016, the IHS will utilize a new and competing continuation FOA, allowing all federally recognized Tribes to apply for funding

No changes will be made to the national funding formula

More recent data (FY 2012) will be used in the funding formula to address changes in AI/AN user population and diabetes prevalence that have occurred over the past decade

The SDPI Diabetes Prevention and Healthy Heart (DP/HH) Initiative program will be merged into the SDPI C-D grant program

SDPI National Funding Distribution

Total: $150m

Community-Directed Grants (I/T): $108.9m

Diabetes Prevention/Healthy Heart Grants: $27.4m

Set-Asides:

- Urban Indian Health Programs: $7.5m
- Data Infrastructure Improvement: $5.2m
- CDC Native Diabetes Wellness Program: $1.0m

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.

Current SDPI Distribution

Community-directed grant	$ 132.2 million
Set-asides:	
Urban Indian Health	$ 8.5 million
Data Infrastructure Improve	$ 5.2 million
Administrative Costs	$ 4.1 million
	Total $ 150.0 million

POTENTIAL RECALCULATION

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

Area	EXISTING Allocations	RECALCULATED 2012 Data + $27.4 million		
		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%**

California's Allocation

FY 2015 - $ 6,494,378

- Funded 37 T/U programs (including CAO)
- 2 Programs declined

FY 2016 - $ 7,442,812 (estimated)

- Unknown exact amount until the formula is applied to all areas using 2012 data

Healthy Heart Programs

Redding Rancheria Indian Health(Primary) and

Riverside/San Bernardino County IHC

Indian Health Council, Inc.

Toiyabe Indian Health Project

Diabetes Prevention

United Indian Health Services, Inc.

Kima:w (Hoopa Valley Tribe)

Sonoma County Indian Health Project, Inc.

UAII (Los Angeles Urban)

Indian Health Center of Santa Clara Valley

Chapa-De Indian Health Program, Inc.

Lake County Tribal Health Consortium, Inc.

Question #1

Should the SDPI Funds be distributed in California using User Population only?

- This formula used since 1998
- New tribes will be allowed to apply
- Additional funds will be available to allow for all successful applicants same amounts, possibly increased
- CAO will not know the exact amount for each tribe until we know who has been successful applicants

SDPI FY 2014 Distribution CA

TRIBAL GRANTEE	SDPI Funds		URBAN GRANTEE	SDPI Funds
CRIHB, Inc	1,052,633		NAHC - Oakland	230,067
Sonoma	411,313		Fresno	185,303
MACT	154,765		IHC - Santa Clara Vly	233,671
UIHS	454,487		UAII - Los Angeles	195,403
Warner Mt.	32,068		AIHSC - Santa Barbara	224,187
Shingle Springs	48,009			
Chapa-De	274,673			
Consolidated	217,508			
Feather River	383,427			
Indian Health Council	365,302			
Karuk	157,554			
Riverside-San Bernardino	938,351			
Toiyabe	306,742			
BUDGET CYCLE 2			BUDGET CYCLE 2	
Lake County Tribal	209,142		San Diego	229,280
Modoc/Strong Family	25,097			
Redding Rancheria	373,667			
Central Valley	439,199			
BUDGET CYCLE 3			BUDGET CYCLE 3	
Greenville Rancheria	88,036		NONE	
Lassen Indian Health	104,571			
Pit River	103,177			
Round Valley	112,937			
BUDGET CYCLE 4			BUDGET CYCLE 4	
Table Mtn.	12,549		SNAHC - Sacramento	227,519
Colusa Indian Health	18,126		Bakersfield	144,711
Hoopa Valley	235,634			
Northern Valley	174,285			
Santa Ynez	43,223			
Southern Indian Health	216,114			
Tuler River	210,536			
Cabazon - Declined funds	6,000			
Sycuan - Declined funds	27,886			

Question #2

Is it allowable for CAO to continue to utilize $200,000 per year to pay for 2 contractors that provide individual TA to all California programs?

- In the past CAO wrote, managed and reported via the grant process for the same
- TA provided by the 2 consultants is valuable to SDPI staff
- If not available, the ADC could not provide the same

Accomplishments of Consultants

Developed diabetes registries

Provides TA on Web Audit (continuously)

Provides TA on Diabetes Case Management

Provides TA on SDPI Grant Submission, Mid-Year Reports and Annual Reports

Provides TA on Diabetes Self Management Education

Minimum 35 site visits per year

Accomplishments (cont.)

Positive effect on diabetes care in California

- Promotes cultural sensitivity; trauma informed care; health literacy training
- Patient focused-care
- Multi-Disciplinary Care Team approach
- IHS Standards of Care focus
- Diabetes prevention in high risk populations

Accomplishments (cont.)

Positive effect on clinical data in California

- DM Audit focus as a quality tool to evaluate clinical approach to DM care
- DM teams able to evaluate where they are doing well and where they need to improve using data
- Data over time in side-by-side tables developed by California consultants, used nationally
- Orientation provided to new diabetes coordinators (continuously)

California Area DM Audit Summary DM 2010 – Final DM2015

N**=	5538	5605	6020	6002	6068	6392
Std of Care in %						
A1c<8			62%	61%	58%	56%
A1c<7.0	42%	42%	44	43	39	39
BP <140/<90			68	69	68	66
	DM2010	DM2011	DM2012	DM2013	DM2014	DM2015
LDL<100	46	48	50	50	48	46
HDL>50 (females)				26 new	28	27
HDL>40 (males)				35 new	36	36
Non-HDL <130 mg/dl				46 new	46	43
A1c<8+LDL<100+BP<140/90				25 new	23	21
UACR done	78	81(+1 PC)	80	82	69 New***	69
Both eGFR & UACR done				63 new	65	66
eGFR>=30 & UACR done				77 new	78	80
ACE use in pts w/HTN	74	75	74	72	73	72
ACE use w/+Urine Protein			71	74	73	73
Anti-platelet use in CVD				67 new	64	61
Statin use in dx'd CVD				56 new	53	60
Foot exam	68	74	72	72	69	68
Eye exam	56	59	57	58	54	55
Dental exam	52	54	52	55	52	53
Nutrit education – all prov.	69	74	72	73	73	68
Nutrit education - RD			33	29	25	26
Physical activity education	64	67	65	66	68	67
Any diabetes education	85	89	87	87	88	86
Depression screening	69	74	77	84	84	86
Tobacco use screening						91 New
Flu immun.	57	56	57	58(9)	57(9)	52(9)
PV immun.	82	84	84	86	85	84
Tet/D immun past 10yrs.	83	86	88	90	89	88
Hep B series			21	25	31	34
Diagnosed CVD				28 new	28	29
Diagnosed depression	24	25	26	27	28	28
HTN Diagnosis	78	79	79	80	80	78
Tx: Diet & Exercise alone	19	19	19	19	20	19
>=3 Glucose lowering meds				16 new	14	15
% pts prescribed insulin			28	29	31	32
Ht or Wt missing	2	1	2	2	1	2
BMI>=30	76	77	76	75	74	73
Undoc. A1c	7	6	5	4	5	6
HbA1c>=9					25	26
No date of dm diagnosis	5	5	4	2	2	1
BP undetermined (2 req'd)	6	6	5	6	6	7
Current tobacco user	25	28	28	24	25	27
eGFR 30-59 ('Stage 3' CKD)		12	12	11	11	12
TB test not done	33	33	34	35	35	38

2015 Diabetes Audit Data Measure (data for calendar year 2014)	California Area result	Comments
# of Active Diabetes clients served	9th out of 12 Areas (6392)	Only Area to audit 100% of Active patients
Date of diabetes onset	Highest percentage of Onset Date recorded (99%)	All-IHS 88%
Hemoglobin A1c<8	4th out of 12 Areas	Oklahoma Area 65% Alaska Area 65% Bemidji Area 57% California Area 56%
Foot Exams	California highest at 68%	Next were Oklahoma and Alaska at 63%
Dental Exams	California highest at 53%	Next was Oklahoma at 44%
Eye Exams	7th out of 12 Areas	Albuquerque highest at 71%
Nutrition diabetes education	2nd	Alaska highest at 69%
Physical Activity education	2nd	Oklahoma highest at 68%
Depression screening	4th (tied with Nashville & Phoenix) at 86%	Albuquerque highest at 91%
UACR test (kidney disease screening)	Tied for 2nd with Alaska at 69%	Albuquerque highest at 75%
ABC Bundled Measure (A1c<8+BP<140/<90+LDL<100)	Tied for 3rd with Albuquerque and Alaska at 21%	Oklahoma highest at 28%
Nephropathy Bundle (eGFR+UACR)	Tied for 3nd with Oklahoma at 66%	Albuquerque highest at 73%

Glucose-lowering medication c	California Area percentage for prescribing (N=6392)	All-IHS (12 Areas) % (N=154,949)
Metformin	58	55
Insulin	32	34
Sulfonylurea	25	27
DPP4 Inhibitor (Ex: Januvia, Tra	14	10
Pio/Rosiglitazone	6	7
GLP-1 (Ex: Victoza, Exenatide)	5	2
SGLT-2 Inhibitor (Ex: Invokana, Farxiga)	1	0
Glinide (Ex: Prandin, Starlix)	1	1
Acarbose/Miglitol	1	0
Amylin analog (Symlin)	0	0
Bromocriptine (Cycloset)	0	0
Colesevelam (Welchol)	0	0

Thank You!

Please complete the evaluation:

https://www.surveymonkey.com/r/MP5H6YH

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