



JUN 29 2015

Dear Urban Indian Organization Leader:

I am writing to provide you with my decisions on the fiscal year (FY) 2016 funding distribution and formula for the Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI). The IHS is delighted that the SDPI has been authorized for an additional two years through FY 2017 at the current funding level of \$150 million per year. With your partnership and support, SDPI programs will be able to continue to provide important diabetes treatment and prevention services in urban communities.

On May 3, 2015, I sent a letter to Urban Indian Organization Leaders to confer with you on the SDPI funding distribution as the IHS must issue a new funding opportunity announcement for FY 2016. I want to thank the Urban Indian Organization Leaders who submitted input on these important issues. In addition, I met with the Tribal Leaders Diabetes Committee (TLDC) on May 14 where we reviewed the input from Tribes and Urban Indian Organizations from across the country. During this meeting, the TLDC members provided their final recommendations.

In FY 2016, the SDPI will enter its nineteenth year. Many things have changed over the years that affect how SDPI grantees provide services, including rising inflationary medical and staff costs. However, the last time SDPI itself was changed was in FY 2004. It is time for the SDPI to evolve to address these changes and be reinvigorated for the work ahead. As such, I would like to inform you of the following decisions for the SDPI FY 2016 funding distribution:

1. The SDPI Diabetes Prevention and Healthy Heart (DP/HH) Initiative program will be merged into the SDPI Community-Directed (C-D) grant program.
2. The SDPI set-aside for the Urban Indian Health Programs will increase from \$7.5 million per year to \$8.5 million per year.

The SDPI DP/HH grantees have done a remarkable job in accomplishing what they were funded to do: demonstrate that intensive programs focused on diabetes prevention and cardiovascular disease (CVD) risk reduction in patients with diabetes can be implemented successfully in American Indian and Alaska Native (AI/AN) communities. The SDPI DP/HH grantees deserve our gratitude and respect for all they have accomplished since FY 2004. It is now time for other communities to incorporate what they have taught us. Urban SDPI C-D grantees will continue to have the option to provide diabetes prevention and CVD risk reduction programs and will soon have the SDPI DP/HH toolkits available online to help them do so.

I am pleased that additional funds will be provided to Urban SDPI C-D programs. These funds will help offset inflationary costs, which have accumulated for Urban SDPI C-D programs. In addition, I hope that Urban SDPI C-D grantees will take this opportunity to examine their programs for changes that can be made to improve existing services, as well as consider providing some new ones.

Please note that, as the SDPI FY 2016 application process will be competitive, it is essential that complete, quality applications be submitted by the due date, which will be announced soon. Grant regulations do not allow for any revisions once the due date has passed. Urban SDPI C-D funds will be awarded to all applicants who successfully meet the application criteria, however, applications which are incomplete, of insufficient quality, and/or late will not be awarded SDPI funds.

If you have any questions relating to the SDPI please contact Dr. Ann Bullock, Acting Director, Division of Diabetes Treatment and Prevention, IHS, by telephone at (844) 447-3387. For questions related to SDPI grant application procedures or related concerns, please contact Ms. Tammy Bagley, Acting Director, Division of Grants Management, IHS, by telephone at (301) 433-5204.

Thank you for your partnership with the IHS in the important work of diabetes treatment and prevention in the Urban Indian communities that we serve.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain  
Acting Director