



MAY 3 2015

Dear Urban Indian Organization Leader:

I am writing to confer with you and request your input on the fiscal year (FY) 2016 Special Diabetes Program for Indians (SDPI) funding distribution.

The SDPI has been funding diabetes treatment and prevention activities in Indian Health Service (IHS), Tribal, and Urban Indian health programs since 1998. With the current authorization of SDPI funding scheduled to expire at the end of FY 2015 (September 30, 2015), Congress has just passed legislation that includes a 2-year authorization of SDPI at the current funding level of \$150 million for FYs 2016 and 2017.

During the February 4-5, 2015, meeting of the Tribal Leaders Diabetes Committee (TLDC) and its Technical Advisors, they recommended that national input be requested on the distribution of SDPI funding for FY 2016.

You may note that the questions that follow are similar to the ones asked as part of the discussion for FY 2015. Since SDPI funding was authorized for one year, the IHS requested and received a class deviation waiver that allows FY 2015 to be added to the current grant cycle as a sixth year. No changes in the funding distribution were made in accordance with TLDC recommendations.

Grants regulations do specify, however, that a new funding opportunity announcement will have to be issued and a competitive application process followed in FY 2016. As such, input on these questions is particularly important, as FY 2016 provides an opportunity for changes to the SDPI funding distribution. As there will not be an increase in overall SDPI funding, please take into consideration that a recommended increase in one component of the funding distribution would have to be offset by a decrease in another component.

1. Changes to the SDPI national funding distribution

Should there be any changes in the national funding distribution and, if so, in what way?

Currently, the funding distribution is as follows:

- Community-Directed grant program \$108.9 million
- Diabetes Prevention/Healthy Heart Initiatives \$ 27.4 million
- Set-asides:
 - Urban Indian Health Programs \$ 7.5 million
 - Data Infrastructure Improvement \$ 5.2 million
 - CDC Native Diabetes Wellness Program* \$ 1.0 million

*NOTE: The TLDC has already recommended that SDPI funds formerly assigned to the CDC Native Diabetes Wellness Program be reassigned to another component of the SDPI funding distribution. Urban Indian Organization Leaders are asked to provide input as to which component these funds should be assigned.

2. Structure and activities of the SDPI Grant Programs

- a. Should there be any changes in the SDPI Community-Directed grant program? If so, what changes are recommended?
- b. Should there be any changes in the SDPI Diabetes Prevention and Healthy Heart Initiatives grant program? If so, what changes are recommended?

Please forward your comments/and or recommendations by e-mail by no later than ***Monday, May 11, 2015***. The e-mail address is **urbanconfer@ihs.gov**.

The TLDC will review the national input during their May 14, 2015, virtual meeting. Once I receive their final national recommendations, I will update you by letter with the final decisions on the FY 2016 SDPI funding distribution.

Thank you for your partnership on the SDPI over the past 17 years. IHS, Tribal and Urban Indian health program grantees have made SDPI's remarkable success possible. Together, we have improved diabetes prevention and treatment services in our communities.

To learn more about these efforts and activities across the country, or if you have any questions regarding the SDPI program, I encourage you to visit the IHS Division of Diabetes Treatment and Prevention (DDTP) Web site at www.diabetes.ihs.gov.

Thank you in advance for your input on these important issues for SDPI.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Acting Director