

Phoenix Area Tribal Consultation  
September 5, 2019

2021-2025 SDPI Funding Discussion

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# SDPI Overview

- In response to rising rates of diabetes in AI/AN people, Congress established SDPI in the Balanced Budget Act of 1997 (P.L. 105-33)
  - “The Secretary shall make grants for providing services for the prevention and treatment of diabetes...” (42 USC 254c-3)
- Initially funded at \$30M/year, increased to \$100M/year in FY 2001, and then to the current \$150M/year in FY 2004
- The President’s FY 2020 budget proposes that SDPI be funded at \$150M/year for FYs 2020 and 2021
  - SDPI is funded on the mandatory side of the federal budget, so Congress must specifically authorize funding
    - Since funds are mandatory, they are available, even during government shutdowns
- Today SDPI provides funds to 301 I/T/U grant programs in 35 states for diabetes prevention and treatment
  - Tribal 232 (+20 sub-grantees)
  - Urban 29
  - IHS 15 (+5 sub-grantees)

# SDPI Overview

- SDPI has undergone Tribal Consultation/Urban Confer on multiple occasions since the beginning of SDPI
- Tribal Leaders Diabetes Committee (TLDC) was created in 1998 to advise the IHS Director about SDPI and diabetes.
- While SDPI is a grant program, I/T/U sites do not compete against each other for funding.
  - The competition is to achieve a fundable score (60 out of a possible 100 points) in the objective review process.
    - All eligible applicants who achieve a fundable score receive funding.
  - Grantees have tremendous latitude in the types of projects they can apply to do

# SDPI Overview

- Used to divide grant funds from the national level to each Area
  - Funding formula:
    - Diabetes Burden (diabetes prevalence) 57.5%
    - User Population 30%
    - Tribal Size Adjustment (TSA) 12.5%
- Each Area's Tribal/IHS grantees collectively determine the formula they wish to use to divide the funds from the Area level to the grantees.
- Urban grantees collectively determine the formula to divide funds among the Urban grantees.

# Update: SDPI in the 4<sup>th</sup> year (2019) of 5-year grant cycle

## 2020 Funding (5<sup>th</sup> year)

(Awaiting Congressional authorization: 2018 deja vu)  
[How much and single or multi-year funding?]

|                   |   |
|-------------------|---|
| <b>06/13/2019</b> | <b>SDPI Required Webinar- 2020 continuing application</b> |
| <b>09/02/2019</b> | <b>SDPI C-D FY2020 Continuation Application Due</b>       |
| <b>10/02/2019</b> | <b>Initiate 2020 Review Summary Webinars</b>              |
| <b>10/14/2019</b> | <b>Process 2020 funding award</b>                         |
| <b>12/31/2019</b> | <b>NOA available</b>                                      |

# Update: 2021-2025 SDPI funding cycle

## TIMELINE

|                       |  |
|-----------------------|--|
| <b>04/08/2019</b>     | <b>SDPI Informational Webinar</b>  |
| <b>June 20, 2019</b>  | <b>TLDC recommendation to IHS Director on Tribal Consultation and Urban Confer</b>       |
| <b>Sept-Oct, 2019</b> | <b>Tribal Consultation and Urban Confer Period</b>                                       |
| <b>End Dec, 2019</b>  | <b>TLDC reviews Consultation/Confer input; formulates Recommendation to IHS Director</b> |
| <b>Spring, 2020</b>   | <b>IHS final recommendations for 2021-2025 SDPI</b>                                      |
| <b>May, 2020</b>      | <b>FY 2021 Funding Opportunity Announcement</b>  |
| <b>? Oct, 2020</b>    | <b>Application Deadline</b>  |
| <b>01/01/2021</b>     | <b>SDPI 2021-2025 Funding Cycle starts</b>   |

# SDPI déjà vu: the 2016-2020 Cycle



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAR 19 2015

Indian Health Service  
Rockville MD 20852

Dear Tribal Leader:

I am writing to initiate a Tribal Consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2016. The SDPI has been funding diabetes treatment and prevention activities in Indian Health Service (IHS), Tribal, and Urban Indian health programs since 1998. The current SDPI authorization will expire at the end of FY 2015 (September 30, 2015) and President Obama's FY 2016 budget proposes a 3-year authorization at the current \$150 million per year. We do not yet know if and when Congress might address reauthorization for the SDPI, nor do we know the duration (e.g., for one year, multiple years) or the total funding amount that may be authorized.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain  
Acting Director

# 2015 Tribal Consultation/Urban Confer

## 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

# 2015 Tribal Consultation/Urban Confer

## 2. SDPI Funding Formula and Data

The last change to the SDPI national funding formula was for the FY 2004 funding cycle. Based on recommendations from Tribal Consultation, the following national funding formula has been used to determine allocation to each IHS Area for the SDPI Community-Directed grant program:

- User Population = 30 percent
- Tribal Size Adjustment (TSA) = 12.5 percent (adjustment given for small Tribes)
- Disease Burden = 57.5 percent (diabetes prevalence).

Since FY 2004, user population and diabetes prevalence data from 2002 have been used in the national funding formula. To keep funding levels stable, no changes have been made in either the funding formula or the data used in the formula since FY 2004.

- a. Should there be changes to the national funding formula?
- b. Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

# 2015 Tribal Consultation/Urban Confer

## **3. 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 do Tribes recommend?
- b. Should there be any changes in the SDPI Diabetes Prevention and Healthy Heart Initiatives grant program? If so, what changes do Tribes recommend?

## **4. Opportunity for Tribes not currently funded by the SDPI**

- a. Should Tribes not currently participating in the SDPI be allowed to apply for FY 2016 funding? If so, from what component of the SDPI funding distribution should these funds be taken?

## **5. One-Year Authorization or Multiple Year Authorization**

- a. Would Tribes make different recommendations on changes to SDPI if 1-year versus multiple year funding is authorized for FY 2016?

# Mr. McSwain's Decisions for the 2016-2020 Cycle (Current 5-year Grant)

1. The FY 2016 New Cycle is a “competing continuation” for all grantees to start on January 1, 2016.
2. “Allow all federally recognized Tribes to apply for funding”. All currently funded Grantees will be held harmless (see below) with no reduction in funding despite the potential for more Grantees.
3. No changes will be made to the national funding formula (30 % User Population; 12.5 % Tribal Size adjustment; 57.5% Disease Burden-Diabetes Prevalence).
4. More recent data (2012 user population and diabetes prevalence) will be used in the funding formula, which will impact many regions due to changes in diabetes prevalence and user populations since 2002. However, there will not be any reduction of funding in any region and any Grantee.
5. The DP/HH Initiative will be merged into the SDPI C-D program. This change will have the most impact for the new 5-year cycle. The \$27.4 million/year that supported this initiative for the past 8 years will be distributed in FY 2016 to support new Tribes, hold harmless Grantees due to the use of 2012 data in the funding formula, increase Urban Indian Grantee support, and provide approximately \$18 million more for C-D programs.

# 2016-2020 Cycle SDPI Funding Distribution:

**\$150 million/year**

- **Community-Directed grant programs** **\$130.2 million**
- **Urban Indian Health Program** **\$ 8.5 million**
- **SDPI Support** **\$ 6.1 million**
- **Data Infrastructure Improvement** **\$ 5.2 million**

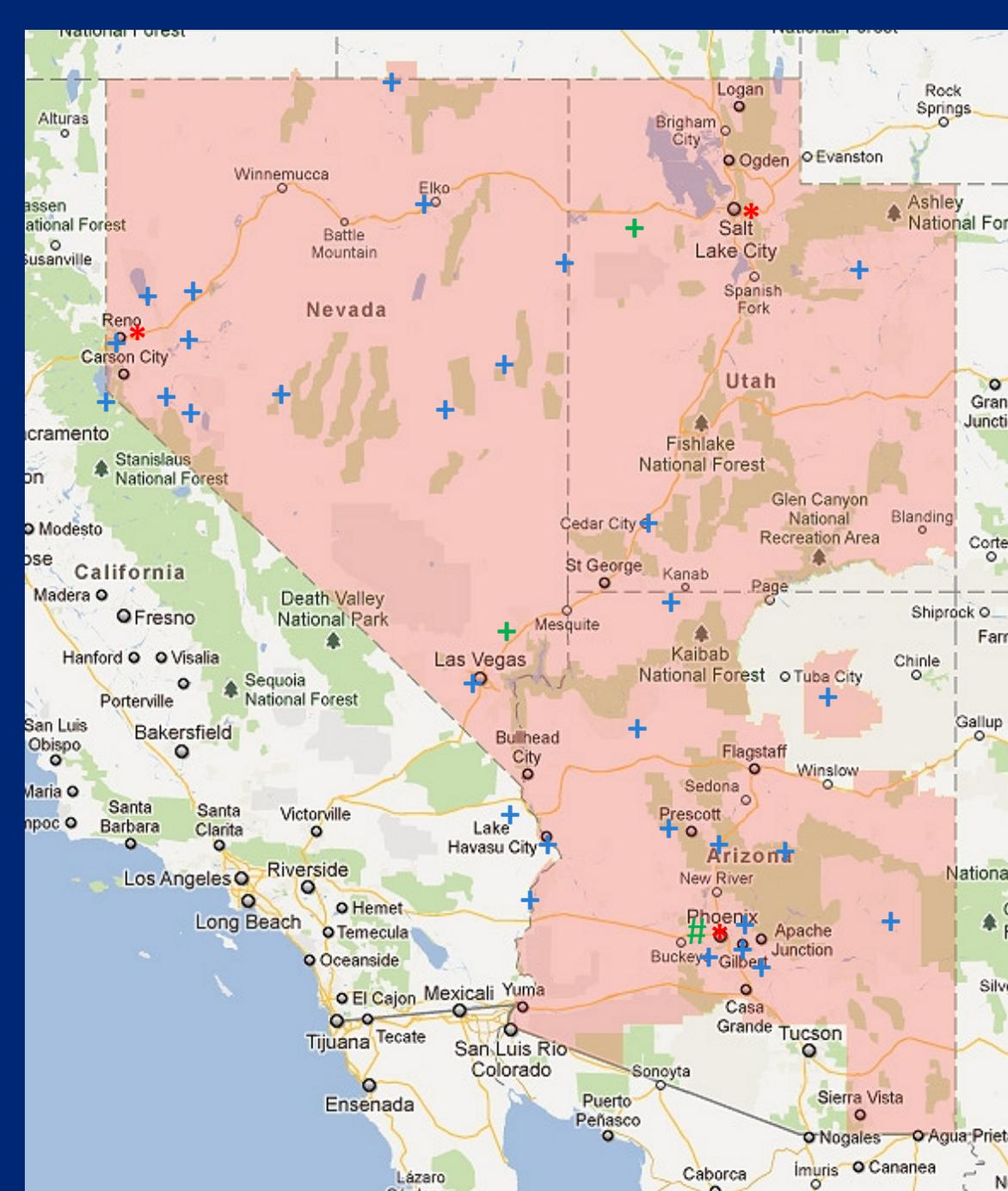
# Phoenix Area Grantees

## Community-Directed Grantees (36)

- 32 Tribal + (2 IHS on behalf of Tribes+)
- 3 Urban sites \*
- Phoenix Indian Medical Center #

## Grantee location by States

- Arizona – 14
- Nevada – 15
- Utah – 5
- California – 2



# 36 Phoenix Area Grantees

## Selected Best Practice: 2016-2019

| <b>BEST PRACTICE</b>                  | <b>2016</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> |
|---------------------------------------|-------------|-------------|-------------|-------------|
| <b>Diabetes-related education</b>     | 18          | 21          | 24          | 22          |
| <b>Physical Activity Education</b>    | 8           | 7           | 5           | 6           |
| <b>Nutrition Education</b>            | 3           | 1           | 0           | 1           |
| <b>Good Glycemic Control</b>          | 2           | 3           | 4           | 5           |
| <b>Hepatitis B Immunization</b>       | 1           | 1           | 0           | 0           |
| <b>Depression Screening</b>           | 1           | 0           | 0           | 0           |
| <b>CKD Screening &amp; Monitoring</b> | 1           | 0           | 0           | 0           |
| <b>Foot Examination</b>               | 1           | 1           | 1           | 1           |
| <b>Eye Examination</b>                | 1           | 0           | 0           | 0           |
| <b>Dental Examination</b>             | 0           | 2           | 2           | 1           |
| <b>Annual Change in Best Practice</b> | -           | 7           | 5           | 4           |

# **SDPI Grant: A Cooperative Agreement**

## **What may be expected from the applicant**

- Collaboration with DDTP, DGM and ADC; respond to request for information, attend required meetings & trainings**
- Organizational Chart of Tribal or UIO Administration, and who and how is the SDPI Grant administered.**
- Tribal leadership and key personnel; Tribal resolution in support of the application.**
- What is the user population (number of members served) and the number of members with diabetes (disease burden).**
- Program Coordinator: relevant health or wellness education; experience with grant management, skill in program coordination, and working knowledge of diabetes.**

# **SDPI Grant: A Cooperative Agreement**

## **What may be expected from the applicant**

- **Select a “Best Practice” (Scope of Work), and provide a narrative of activities for attaining Required Key Measures for the target population. Identify “other activities and target population” that is served with SDPI funds.**
- **Submit Federal Financial Report (SF-425); Audit Report - Tribal and Non-Profit Organization Financial Audit**
- **List staff members and their roles; provide resumes for all individuals supported by SDPI funds**
- **Line item budget and budget narrative**
- **Indirect Cost Rate Agreement; Lobbying certification; Performance site designation**
- **Establish SAM.gov account (need DUNS #); and Grants.gov account**
- **MOST IMPORTANTLY: submit your application on time**

# Phoenix Area Tribal Consultation

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