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SPECIAL DIABETES PROGRAM FOR INDIANS RECOMMENDATIONS

Background: The Special Diabetes Program for Indians (SDPI) has been funding diabetes programs for Indian Country since its inception in 1998. Over the years, these funds have made a great impact on Tribal communities; and we were excited to hear that congress passed and the President signed H.R. 2 which authorized the program for an additional two years at current funding levels.

On March 19, 2015, Mr. Robert McSwain, Acting Indian Health Service (IHS) Director, released a Dear Tribal Leader Letter initiating tribal consultation on the distribution of future SDPI funds (to include distribution formulas, program design, etc.) to be conducted in all of the 12 IHS Areas by April 20, 2015. United South and Eastern Tribes, Inc. (USET) offers the following summary and recommendations in response to the aforementioned letter and the questions it poses.

Summary: 8 of the 26 USET member Tribes were on the teleconference call Monday, April 20, 2015, for the Nashville Area tribal consultation session regarding the SDPI program. Additionally, 18 of the 26 USET member Tribes participated on a teleconference to further discuss the SDPI program back in February 2014, where many of the same positions are reiterated below. This Recommendations Document was developed from discussions and documentation examination that occurred during the various tribal consultation sessions over the last year.

1. **Changes to the SDPI National Funding Distribution:** Should there be any changes in the national SDPI funding distribution and, if so, in what way?
 - USET's Recommendation: USET believes that in order to afford the Tribes that do not currently have the opportunity to participate in the SDPI program, **and** hold existing grantees harmless (at FY2015 levels), changes must be made. Below are options that may provide the opportunity to the additional Tribes while at the same time holding harmless current grantees:
 - Reduce the amount of funding that the IHS takes from the grant funding for Administration. Currently, IHS sets aside \$4.1M from the Community Directed Grants and \$4.1M from the Diabetes Prevention/Health Heart Initiative for a total of \$8.2M to cover administration costs. USET believes that with the scaled back Division of Diabetes, Treatment and Prevention (DDTP) program, \$8.2M is more than is needed for administrative costs.

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- USET recommends taking \$4.2M of the Administration funding and adding this to a pool for the additional Tribes wanting to participate.
- USET recommends that IHS roll the CDC Native Diabetes Wellness program funds from FY 2014, 2015 and future years funding into the Community Directed grant program. (A potential \$4 million dollar increase to the program over FY 16 & 17 years).
- USET recommends IHS conduct an efficacy evaluation of the Data Infrastructure Improvement funds to determine the true need of a set-a-side of this magnitude. Should the evaluation result in a need less than the \$5.2 million dollars, roll the excess funding into the Community Directed Grant Program for those additional Tribes that wish to apply in the new funding cycle.

2. **Use of more recent User Population and Diabetes Prevalence Data:** The last time the SDPI national funding formula was changed was in 2002. Based on recommendations from tribal consultation, the following national funding formula was used to determine allocation to each IHS Area for the Community Directed grants:

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

Since then, the user population and prevalence data have not changed. Should more recent data be used?

- USET's Recommendation: USET believes that the most current Data should be used each year. In formulating our Area distribution, USET utilizes the most current user population and prevalence data for our SDPI sub grantees each year. We further recommend retaining the existing formula to include user population at 30%, Tribal Size Adjustment (TSA) at 12.5%, and Disease Burden at 57.5%. However, it is understood that there may be opposition to the TSA from other IHS Areas with larger Tribes. Therefore, the USET member Tribes recommend that if this component is eliminated, then the percentage be added to the Disease Burden component raising it to a level of 70%. The grant funds were authorized to combat the diabetes epidemic within Indian Country; therefore Tribes with the highest disease burden should receive proportionate shares of the funding. The USET member Tribes further recommend that the user population figure for the Nashville Area be adjusted to include figures for the Cayuga, Mashpee Wampanoag Tribe, Onondaga, Shinnecock, Tuscarora and the Tonawanda Nations.
- Based on preliminary recalculations, using new data, USET's recommendation to utilize the most current data will directly contradict the hold harmless position in question 1, therefore it is imperative for IHS to find additional savings by reducing administrative set-a-sides to fully protect current SDPI programs.

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3. **Structure and Activities of the SDPI Grant Programs:** Should there be any changes in the SDPI Community Directed grant program? If so, what changes do Tribes Recommend? What do Tribes recommend for the Diabetes Prevention and Healthy Heart grants?
- Community Directed program structure: USET is satisfied with the current flexibility to modify programs to Tribal needs. However, Tribes would like additional certification training opportunities for Diabetes educators. Having identified staff at the Division of Diabetes Treatment and Prevention to assist Tribes in getting their staff certified as diabetes educators would be beneficial to the SDPI programs.
 - Diabetes Prevention and Health Heart Initiatives (DP/HH): USET would like the option to open compete this funding to additional Tribes. Tribes could utilize the results from the Tool Kits that University of Colorado is finalizing regarding the Diabetes Prevention and Health Heart Initiative.
 - To allow more Tribes to participate in this initiative, IHS could slightly reduce the amount of funding the current DP/HH grantees get by 10% per grantee. This minimal decrease could create approximately \$2.6 million dollars in savings that could be utilized for additional Tribes that wish to compete in the new funding cycle for the DP/HH initiative, while still maintaining a majority of the existing DP/HH grantees.
 - USET doesn't believe that the contract with the University of Colorado will be needed once the tool kits are finalized. The DP/HH projects have demonstrated that they work within Indian Country. The amount of Administrative funding set aside for the University of Colorado contract should be rolled into the DP/HH initiative to afford additional Tribes the opportunity to apply.
4. **Opportunity for Tribes not currently funded by SDPI:** Should Tribes not currently funded by SDPI be allowed to apply with the next competitive application? This includes Tribes who have received federal recognition since 1998.
- USET's Recommendation: USET supports the inclusion of additional Tribes that haven't been provided the opportunity to participate in the SDPI in previous years. However, USET further recommends that a hold harmless component be included for existing grantees. See recommendations in questions 1 and 3 on options to hold harmless existing grantees.

Conclusion: USET member Tribes appreciate the IHS's efforts to include Tribal Governments in the discussion regarding the SDPI funding for FY 2016 and 2017 and we look forward to a report on the results of the Area Tribal Consultations, as well as any decisions regarding the final recommendations.

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