



SEP 10 2009

Dear Tribal Leader:

The Special Diabetes Program for Indians (SDPI) was reauthorized by Congress for funding for 2 additional years, fiscal year (FY) 2010 and FY 2011. This program has provided diabetes prevention and treatment programs and services in American Indian and Alaska Native (AI/AN) communities since 1998. A Tribal consultation was held on the reauthorization of this funding and the previous IHS Director sent a Tribal Leader letter on March 30 with his decisions on the distribution and use of SDPI funding through FY 2011. At the most recent Tribal Leaders Diabetes Committee (TLDC) meeting held in Washington, D.C., on July 30 through July 31, I reviewed the Tribal Leader letter from the previous IHS Director with the TLDC. We discussed several concerns and we agreed that we should clarify several of the decisions by issuing a new Tribal Leader letter. This letter reviews all decision points from the March 30 letter and provides additional clarifications below.

1. Annual Distribution of the SDPI Funding

I agree that the annual distribution of the SDPI funding for FYs 2010 and FY 2011 will remain the same.

While some of the Tribes recommended using the most current diabetes prevalence data and Indian Health Service (IHS) user population data to update the national distribution formula, I agree that a change in requirements for use of data in the distribution formula at this time would be potentially harmful to many grantees. While the idea of using current data is good, at this time there are no new funds that could be used to help offset the decreases in grantee allocations that new data would cause.

The TLDC recommended forming a TLDC workgroup to begin to develop formula changes for distribution of possible SDPI funding for FY 2012 and beyond. It was originally proposed and approved that this workgroup would meet no later than September 30. I have asked the TLDC members to consider planning a new meeting date for this workgroup at their next meeting.

2. Funding for Community-directed Grants

I agree that the funding for the SDPI community-directed grants will remain the same for FYs 2010 and 2011.

I do have concerns related to the recommendation to incorporate findings from the Chronic Care Initiative into the SDPI. I believe it is premature to begin this transition. The SDPI grant programs have a long history of addressing diabetes prevention and treatment in AI/AN communities, as well as available outcome measures, while the Chronic Care Initiative, at this

point, is still in development. I have asked the Division of Diabetes Treatment and Prevention (DDTP) not to incorporate Chronic Care Initiative findings into the Request for Application (RFA) for FY 2010 SDPI funding.

3. Funding for the Demonstration Project Grants

I agree that the funding for the SDPI Demonstration Project grants will remain the same for FYs 2010 and 2011.

The original intent of the SDPI Demonstration Projects was to demonstrate and evaluate the translation of research findings on diabetes and cardiovascular disease prevention into real world settings. As you know, 66 programs were funded for 5 years to implement and evaluate their activities. The SDPI Diabetes Prevention Program and the SDPI Healthy Heart Project have been successful and have demonstrated positive health outcomes from their activities. Because of their success, these programs deserve to continue to provide services to their communities. We would like to see the “lessons learned” from these programs disseminated to other communities. If we get additional funding, we could fund more of these programs in other communities.

Therefore, I have decided that the SDPI Diabetes Prevention Program and the SDPI Healthy Heart Project will continue their activities through FY 2011. During this time, the programs will continue to conduct basic program activities and continue evaluation of their activities using a much less intensive set of evaluation measures. They will also help with disseminating the lessons learned from their activities to other communities and will help determine how to continue these programs as a regular part of their local health services. If we receive additional SDPI funding, we could expand these programs into other communities.

The March 30 Tribal Leader letter discussed the formation of a workgroup to decide on the future of these programs. We will postpone scheduling this meeting until we learn more about the future of SDPI funding beyond FY 2011.

4. Funding for Urban Indian Health Programs Set-aside

I agree that the funding for the Urban Indian health programs set-aside will remain the same for FYs 2010 and 2011.

5. Funding for Data Improvement Set-aside

I agree that the funding for the Data Improvement set-aside will remain the same for FYs 2010 and 2011.

I understand the concerns of the Tribes and the TLDC members related to how these funds are being utilized. I agree that more detailed information is needed on how these funds are

improving access to data and improving the IHS/Tribal/Urban data infrastructure. I am directing the DDTP and Office of Information Technology to provide information on how these funds are being used for discussion at the September TLDC meeting.

6. Funding for Administrative Support Set-aside

I agree that the funding for the Administrative Support set-aside will remain the same for FYs 2010 and 2011.

Tribes and the TLDC members have also expressed concerns on the utilization of these funds. I am directing the DDTP and the Division of Grants Operations (DGO) to provide information on how these funds are being used for discussion at the September TLDC meeting.

7. Funding for Centers for Disease Control and Prevention Native Diabetes Wellness Program Set-aside

I agree that the funding for the Native Diabetes Wellness Program (NDWP) will remain the same for FYs 2010 and 2011.

I am directing the NDWP to provide regular updates on activities and plans to the TLDC.

New SDPI Funding Application Process (Recommendations 8 – 13)

The following recommendations are related to the “new” SDPI funding available in FYs 2010 and 2011. The IHS has been directed to develop an RFA that requires grant programs to describe their proposed activities and their evaluation in a “competitive” process that includes an objective review of all applications for a basic level of quality and accountability. If grant programs demonstrate that they meet a minimum score for their applications, they will receive their funding. The intent of this process is not to have grant programs “compete” against each other; rather, it represents a process that will help demonstrate to Congress that these funds are being used appropriately and are being evaluated. The IHS intends to provide technical assistance for grant programs as they develop their applications and to help grant programs have a successful outcome during this process. This application process applies to the “new” SDPI funding that is available with the SDPI reauthorization for FYs 2010 and 2011. I have clarified below the recommendations on this topic from the March 30 Tribal Leader letter.

8. SDPI Grant Eligibility

I agree that the eligible entities will remain the same for FY 2010 and FY 2011; these being Tribes, Tribal organizations, the IHS, and Urban health programs.

9. Opportunity to Revise Applications

I agree that applications that fail to meet minimum scores upon initial review of their applications will be provided an opportunity to revise their submission based on reviewer feedback. The DDTP and the DGO will describe this process in the new RFA.

10. Technical Assistance for Grantee Development of Applications for New SDPI Funding

I agree that technical assistance to the SDPI grant programs is very important. I agree that it is critical that we provide a variety of methods to provide information and guidance for all Tribes, especially developing their applications in response to the new RFA.

11. Different Levels of Competition for New SDPI Funding Applications

Tribes have raised concerns about a new requirement that we distribute the SDPI funding by using a “competitive” application process. Allow me to clarify. This does not mean that Tribes will compete against each other for funding. Rather, the change is actually more about how grant programs will have to apply for the funding; they must demonstrate in a more intensive manner their plans for their grant program activities and demonstrate a basic level of accountability for this funding. Applications will be reviewed by a set of criteria that will be announced in an RFA and will be required to meet a minimum review score to receive funding. This new application process will be used for funding in FYs 2010 and 2011, and all subsequent funding.

12. Collaborative Partnerships to Support Clinical Services

I agree that collaborative partnerships are important to assuring AI/AN patients get the quality diabetes care that they need and deserve. Grant programs are encouraged to form partnerships that will help them implement successful activities, including collaborations with other diabetes-related programs in their communities.

13. Selection Criteria for RFA Reviewers

I agree that the IHS will consider Tribal views on appropriate considerations and qualifications for use as selection criteria for members of the review committee who will review the applications for the “new” SDPI funding applications.

Summary

This Tribal Leader letter reviews and clarifies decisions from the letter dated March 30 and helps make these recommendations consistent with my new priorities for our work. Overall, the funding distribution will remain the same through FY 2011. The new application process is

described above. Thank you for your support of the SDPI as we work together to expand care options and prevent diabetes in the communities we serve.

If you have additional questions or comments, please contact Kelly Acton, M.D., M.P.H., Director, DDTP, at (505) 248-4182, or Ms. Michelle Bulls, Chief Grants Management Officer, DGO, at (301) 443-6290.

Sincerely yours,

/Yvette Roubideaux/

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Director