



JAN 25 2011

Dear Tribal Leader:

I am writing to initiate a consultation on the recent extension of the Special Diabetes Program for Indians (SDPI) as passed in H.R. 4994, the Medicare and Medicaid Extenders Act of 2010. As you may know, the SDPI has funded diabetes prevention and treatment services in over 400 Indian Health Service (IHS), Tribal and urban Indian health programs since 1998. In December 2010, Congress extended the SDPI for two additional years, fiscal year (FY) 2012 and FY 2013, at the current funding level of \$150 million a year.

I recently met with the Tribal Leaders Diabetes Committee (TLDC) and requested their advice on how to conduct a Tribal consultation on the funding distribution for the SDPI in FY 2012 and FY 2013. The current distribution of the SDPI funding through FY 2011 is included as an enclosure to this letter, and it funds the Community-directed Programs, the Diabetes and Healthy Heart Prevention Initiatives, and a small portion goes towards various administrative costs, including data and infrastructure. The evaluation of the SDPI over the past 13 years has shown improvements in diabetes care, access to clinical, education and prevention services, and outcomes.

The TLDC discussed the success of the current programs and recommended that, given the short duration of the extension, the distribution of the SDPI funding remain the same for FY 2012 and FY 2013. They also recommended that IHS not use a competitive process for renewals of grant funding since SDPI programs just completed a competitive process in FY 2010. They recommended instead that IHS use a continuation process, which would be more administratively efficient because, while programs would still need to submit applications, a formal review process of the applications would not be required. A continuation process makes sense especially if the funding and programs are not substantially changed upon renewal.

In order to ensure that the SDPI grants are continued in an administratively efficient and effective manner, a decision about the distribution of funding for FY 2012-2013 is needed by the end of February. Therefore, I am requesting your input on the following recommendations of the TLDC: 1) that the funding distribution for the SDPI remain the same for the additional two years (FY 2012-FY 2013), and 2) a continuation process, and not a competitive process, be used to transition programs from current funding to the new funding available through the recent 2-year extension of the SDPI.

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Please send your comments to consultation@ihs.gov or the address below by February 28, 2011. I will review the results of your input with the TLDC and make a final decision in early March. Thank you for your input and advice as we celebrate the recent extension of the SDPI and work to ensure that the funding continues in an efficient and effective manner.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director

Enclosures

Send comments to:

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IHS Special Diabetes Program for Indians

Current Distribution of Funds – FY 2011

Category	Percentage of the total	Dollars in Millions
<p>Original Diabetes Grants – now called Community-Directed Diabetes Programs. These grants have designed and carried out diabetes prevention and treatment interventions tailored to the unique problems and challenges of diabetes in individual American Indian and Alaska Native (AI/AN) communities. (302 Tribal and IHS grants and sub-grants in FY 2010)</p>	69.6%	\$104.4
<p>Administration of Community-Directed Grants. These funds were used to support 1) administrative activities within the Division of Diabetes Treatment and Prevention (DDTP), Division of Grants Management (DGM) and the IHS Areas, 2) the Tribal Leaders Diabetes Committee (TLDC), and 3) grant evaluation contracts.</p>	2.7%	4.1
<p>Urban Indian Health Program Community-Directed Diabetes Programs. These funds are set-aside for use by the Urban Indian Programs. (34 Grants)</p>	5.0%	7.5
<p>Diabetes Prevention and Healthy Heart Initiatives. 66 grants were awarded to IHS, Tribes, and Urban Indian Health Programs for 6 years to translate findings from scientific studies on diabetes and cardiovascular disease prevention into the “real world settings” of AI/AN communities and their health care systems. In FY2010, 68 grants were awarded to continue these activities and help disseminate lessons learned to other programs.</p>	15.5%	23.2
<p>Administration of Demonstration Project Diabetes Grants. These funds were used to support 1) the coordinating center for the DP and HH initiatives, 2) limited dissemination activities, 3) administrative activities within the DDTP and DGM, and 4) related contracts.</p>	3.1%	4.6
<p>Funds to Strengthen the Data Infrastructure of IHS. These funds were used to support national and IHS Area data infrastructure improvement activities per recommendation of the TLDC and direction of the IHS Director.</p>	3.5%	5.2
<p>Native Diabetes Wellness Center (CDC)</p>	0.6%	1.0
Total	100%	\$150.0



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Updated: January 20, 2011

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Updated: Oct 2010