



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.

Even with these unknowns, we need to proceed with Tribal Consultation to ensure sufficient time for all Tribal Leaders to have the opportunity to provide input. The Tribal Leaders Diabetes Committee (TLDC) met February 4-5 in Rockville, Maryland, and recommended that Tribal Consultation on the distribution of SDPI funding for FY 2016 be conducted in all 12 IHS Areas. Once Consultation is completed, the TLDC will reconvene to review the input and make final national recommendations to me.

You may note that the questions that follow are similar to the ones asked during the FY 2015 Tribal Consultation. Since SDPI funding was authorized for one year, the IHS requested and received a class deviation waiver to allow FY 2015 to be added to the current grant cycle as a sixth year and no changes in the funding distribution were made in accordance with TLDC recommendations. However, due to grants regulations, if the SDPI is authorized for FY 2016 for even one year, a new funding opportunity announcement will have to be issued and a competitive application process followed. As such, Tribal input on these questions is particularly important, as FY 2016 provides an opportunity for changes to the SDPI funding distribution and formula. As it is unlikely there will 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:

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|---|-----------------|
| • 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 |

*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. Tribal Leaders are asked to provide input as to which component these funds should be assigned

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?

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?

I am requesting that each Area Director identify an upcoming Area meeting or schedule a conference call to consult with Tribes on the SDPI FY 2016 funding distribution. Tribal Leaders are welcome to contribute to these Area discussions and/or to submit written comments to consultation@ihs.gov within the Consultation period, which will close 30 days from the date of this letter. The TLDC will review the Consultation input from all 12 IHS Areas as they provide their final national recommendations to me. I will then update you by Tribal Leader letter with the final decisions on the FY 2016 SDPI funding distribution in the context of any updates on its reauthorization.

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, 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 as part of this important Tribal consultation. If you have any questions about the consultation process or the SDPI program in general, please contact the DDTP by e-mail at diabetesprogram@ihs.gov or contact your Area TLDC Representative.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Acting Director