



JUN 29 2015

Dear Tribal Leader:

I am writing to provide you with my decisions on the fiscal year (FY) 2016 funding distribution and formula for the Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI). The IHS is delighted that the SDPI has been authorized for an additional two years through FY 2017 at the current funding level of \$150 million per year. With your partnership and support, SDPI programs will be able to continue to provide important diabetes treatment and prevention services in our communities.

On March 19, 2015, I sent a letter to Tribal Leaders to initiate a consultation on the SDPI funding distribution and formula as the IHS must issue a new SDPI funding opportunity announcement (FOA) for FY 2016. I want to thank all of the Tribal leaders who submitted input through IHS Area consultation sessions, letters, and e-mails to [consultation@ihs.gov](mailto:consultation@ihs.gov). In addition, I met with the Tribal Leaders Diabetes Committee (TLDC) on May 14, where we reviewed the consultation input received from Tribes in all IHS Areas. During this meeting, the TLDC members provided final recommendations for each of the consultation questions.

In FY 2016, the SDPI will enter its nineteenth year. Many things have changed over the years that affect how SDPI grantees provide services, including rising inflationary medical and staff costs, as well as shifts in American Indian and Alaska Native (AI/AN) user population data. However, the last time the SDPI itself was changed was in FY 2004. It is time for the SDPI to evolve to address these changes and be reinvigorated for the work ahead. As such, I have made the following decisions for the SDPI FY 2016 funding distribution and formula:

1. SDPI set-aside funds formerly assigned to the Centers for Disease Control and Prevention's Native Diabetes Wellness Program will now be assigned to the SDPI Community-Directed (C-D) grant program.
2. In FY 2016, the IHS will utilize a new and competing continuation FOA, allowing all federally recognized Tribes to apply for funding.
3. No changes will be made to the national funding formula.
4. More recent data (FY 2012) will be used in the funding formula to address changes in AI/AN user population and diabetes prevalence that have occurred over the past decade.
5. The SDPI Diabetes Prevention and Healthy Heart (DP/HH) Initiative program will be merged into the SDPI C-D grant program.

The SDPI DP/HH grantees have done a remarkable job in accomplishing what they were funded to do: demonstrate that intensive programs focusing on diabetes prevention and cardiovascular disease (CVD) risk reduction in patients with diabetes can be implemented successfully in AI/AN communities. The SDPI DP/HH grantees deserve our gratitude and respect for all they have accomplished since FY 2004. It is now time to use those funds to allow other communities to incorporate what they have taught us. SDPI C-D grantees will continue to have the option to provide diabetes prevention and CVD risk reduction programs and will soon have the SDPI DP/HH toolkits available online to help them do so.

By merging the SDPI DP/HH funds into the SDPI C-D grant program, not only will no Area lose funds from any of the decisions above, but all Areas and Urban SDPI C-D programs will have an increase in funds. I know these additional funds are needed to offset inflation and other costs that have accumulated for SDPI C-D grantees since the last funding increase in FY 2004. In addition, I hope that SDPI C-D grantees will take this opportunity to examine their program for changes that can be made to improve existing services, as well as consider providing some new ones.

Please note that, as the SDPI FY 2016 application process will be competitive, it is essential that complete, quality applications be submitted by the due date, which will be announced soon. Grant regulations do not allow for any revisions once the due date has passed. SDPI C-D funds will be awarded to all applicants who successfully meet the application criteria, however, applications which are incomplete, of insufficient quality, and/or late will not be awarded SDPI funds.

If you have any questions relating to the SDPI, please contact Dr. Ann Bullock, Acting Director, Division of Diabetes Treatment and Prevention, IHS, by telephone at (844) 447-3387. For questions relating to SDPI grant application procedures or related concerns, please contact Ms. Tammy Bagley, Acting Director, Division of Grants Management, IHS, by telephone at (301) 433-5204.

Thank you for your partnership with the IHS in the important work of diabetes treatment and prevention in the AI/AN communities that we serve.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain  
Acting Director