

# **Tribal Leaders Diabetes Committee**

## **Meeting Summary**

March 27-28, 2007

Washington, DC

(Approved June 21, 2007)

**Tribal Leaders Diabetes Committee  
Meeting Summary  
March 26-27, 2007  
Washington, DC**

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## **TLDC Members Present**

Dr. Kelly Acton (Federal co-chair)  
Carlton Albert Sr. (Albuquerque Area)  
Derek Bailey (Bemidji Area)  
Julia Davis (Portland Area)  
Lincoln Bean, Sr. (Alaska Area)  
Jerry Freddie (Navajo Area)  
Dr. Judy Goforth Parker (Oklahoma City Area)  
Carol Ann Heart (Aberdeen Area)  
Rosemary Nelson (California Area)  
Buford Rolin (Tribal co-chair; Nashville Area)

## **Others in Attendance**

Stacy Bohlen	Matt Johnson	Yvette Roubideaux
AJ Bownas	Julie Jojola	Philip Roulain
Michelle Bulls	Rae Jones	Dee Sabbatus
Lisa Bumpus	Kerri Lopez	Randall Simmons
Philip Casper	Kitty Marx	Ben Smith
Tanya Davis	Angie Montes	Geoff Strommer
Lisa Dolan-Branton	Robert Nakai	Lorraine Valdez
Athena Elliott	Anthia Nickerson	Phyllis Wolfe
Sandy Garfield	Hankie Ortiz	Melva Zerkoune
Rachel Greenberg	Charles Reidhead	
Charles Grim	Dianna Richter	
Lois Hodge	Anslem Roanhorse	

## Abbreviations

AAIP.....	Association of American Indian Physicians
ADA.....	American Diabetes Association
AI/AN.....	American Indian and Alaska Native
ADC.....	Area Diabetes Consultant
CDC.....	Centers for Disease Control and Prevention
CHR.....	community health representative
CMO.....	Chief Medical Officer
CR.....	continuing resolution
DDTP.....	Division of Diabetes Treatment and Prevention
DGO.....	Division of Grants Operations
DHHS.....	Department of Health and Human Services
FACA.....	Federal Advisory Committee Act
FSR.....	financial status report
FY.....	fiscal year
IHCIA.....	Indian Health Care Improvement Act
IHS.....	Indian Health Service
JDRF.....	Juvenile Diabetes Research Foundation
NCAI.....	National Congress of American Indians
NCUIH.....	National Council of Urban Indian Health
NIH.....	National Institutes of Health
NIHB.....	National Indian Health Board
NPAIHB.....	Northwest Portland Area Indian Health Board
OMB.....	Office of Management and Budget
SCHIP.....	State Children’s Health Insurance Program
SDPI.....	Special Diabetes Program for Indians
TLDC.....	Tribal Leaders Diabetes Committee

## Summary of Motions

- Motion carried to approve the TLDC meeting summary from the September 2006 TLDC meeting. (Page 17)

## Summary of Action Items

Action Item	Timeline	Person Responsible	Notes
The IHS DDTP will explore the possibility of highlighting the SDPI reauthorization at an upcoming NCAI meeting. (Page 8)		IHS DDTP	
The NIHB will email the Chronic Care Initiative presentation to the TLDC. (Page 10)		NIHB	
Athena Elliott and Hankie Ortiz will submit a new draft of the charter to the TLDC; the TLDC will discuss the new draft at the June TLDC meeting. (Page 13)	Scheduled	Athena Elliott and Hankie Ortiz	
The IHS DDTP will ask their CDC-assigned epidemiologist to provide projections on diabetes prevalence if no diabetes prevention activities take place in the next five years. (Page 17)		IHS DDTP	
The TLDC suggested including data on the health care costs for a person with diabetes (\$15,000 per year) versus a person without diabetes (\$2,500 per year) in the letter to Congress on the SDPI. (Page 19)		NIHB	
TLDC members will provide copies of resolutions from their Areas supporting the SDPI reauthorization to the NIHB. (Pages 21)		TLDC	
The Albuquerque Area representative recommended that the TLDC send David Garcia a congratulatory letter for an award he received. (Page 21)		TLDC	
The June 2007 TLDC meeting agenda will include time for Area updates. (Page 21)	Scheduled	TLDC	—
The IHS DDTP will provide Dr. Garfield with the TLDC contact information so he can send them information on the Diabetes Mellitus Interagency Coordinating Committee meeting (June 29, 2007). (Page 22)		IHS DDTP	

Tribal Leaders Diabetes Committee Meeting  
Meeting Summary  
Day One: March 26, 2007

Subject	Discussion	Action
<p><b>Welcome from the NIHB</b></p> <p>NIHB Consumer Conference</p> <p>NIHB–IHS Tribal Summit</p> <p>IHCIA reauthorization</p> <p>SDPI reauthorization</p> <p>President’s budget</p> <p>June 1<sup>st</sup> Fund</p>	<p>Ms. Bohlen welcomed the TLDC to the NIHB and provided an update on NIHB activities:</p> <ul style="list-style-type: none"> <li>– Annual NIHB Consumer Conference: <ul style="list-style-type: none"> <li>• The conference will be held September 24–28, 2007, in Portland, Oregon.</li> <li>• The NIHB will work with the NPAIHB to host the conference.</li> </ul> </li> <li>– NIHB–IHS Tribal Summit: <ul style="list-style-type: none"> <li>• The summit is for AI/AN with disabilities and will be held in Albuquerque, New Mexico, at the end of May 2007.</li> <li>• The NIHB is building new Federal, Tribal, state, and local partnerships to help AI/AN with disabilities live more independently.</li> </ul> </li> <li>– IHCIA reauthorization: <ul style="list-style-type: none"> <li>• The Senate Committee on Indian Affairs recently held a hearing on the IHCIA. Rachel Joseph and Buford Rolin were the NIHB witnesses at the hearing.</li> <li>• Frank Pallone (D-NJ), Nick Rahall (D-WV), and Don Young (R-AK) introduced the legislation in the House.</li> <li>• The Senate is waiting to introduce its version of the bill.</li> </ul> </li> <li>– SDPI reauthorization: <ul style="list-style-type: none"> <li>• The Senate Committee on Indian Affairs held a hearing on February 8.</li> <li>• Buford Rolin was the NIHB witness at the hearing.</li> </ul> </li> <li>– President’s budget: <ul style="list-style-type: none"> <li>• The budget was released in February.</li> <li>• Sally Smith, NIHB Chair, testified before the Senate Committee on Indian Affairs when it held its budget hearing.</li> </ul> </li> <li>– June 1<sup>st</sup> Fund: <ul style="list-style-type: none"> <li>• The June 1<sup>st</sup> Fund is a new 501(c)(3) organization established by the NIHB.</li> <li>• The organization will provide funds for AI/AN who need orthopedic care. The NIHB plans to have the IHS provide medical facilities, and ask orthopedic surgeons to volunteer their services.</li> <li>• 40% of the backlogged care for contract health is for orthopedic patients. The waiting time for orthopedic care in</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>June 1<sup>st</sup> Fund (continued)</p> <p>Advocating for AI/AN health care funding</p>	<p>AI/AN communities is six years, versus two months in the general U.S. population. The longest waiting times are in Montana and Wyoming.</p> <ul style="list-style-type: none"> <li>• The backlog in orthopedic care contributes to higher rates of pain killer addiction.</li> <li>• The IHS and NIHB met with the American Academy of Orthopedic Surgeons to obtain their support. The Tribes in Montana have also expressed their support of the organization.</li> <li>• The NIHB presented before the National Board of the American Academy of Orthopedic Surgeons, which has created an Indian Health Care Subcommittee that the NIHB will fill.</li> </ul> <p>Ms. Bohlen discussed several ways Tribal leaders can help advocate for preserving funds for AI/AN health care:</p> <ul style="list-style-type: none"> <li>– Ask the House and Senate to stop rescinding AI/AN health care funds. The rescissions keep the AI/AN health care budget at 1991 funding levels.</li> <li>– Ask the House and Senate to keep Medicare and Medicaid revenue separate from IHS funding. The IHCIA states that the IHS cannot count Medicare and Medicaid revenue as part of the IHS appropriations or budget.</li> </ul>	
<p>Nike wellness shoe</p>	<p>Ms. Bohlen provided an update on the Nike wellness shoe:</p> <ul style="list-style-type: none"> <li>– The Nike wellness shoe will be launched at the NIHB annual consumer conference in September 2007, and will go on the market October 1, 2007.</li> <li>– The shoe is seamless, so that it will not interfere with people’s feet, and was developed using foot scans from AI/AN volunteers. Nike’s goal is to encourage people with or without diabetes to engage in physical activity.</li> <li>– Dr. Acton noted that Nike does not refer to it as a “diabetes shoe” because it does not have any therapeutic properties. The IHS DDTP has a meeting planned with Nike to discuss how to educate people on the proper use of the shoe.</li> <li>– Nike will donate 50 pairs of shoes to the NIHB. The NIHB will provide each TLDC member with a pair of shoes.</li> </ul>	
<p>TLDC questions and comments</p>	<p>TLDC questions and comments:</p> <ul style="list-style-type: none"> <li>– Ms. Davis asked whether the IHS budget could go through a <b>different appropriations process</b>. She noted that the NCAI passed a resolution in support of changing the IHS appropriations process. Ms. Bohlen noted that the issue had been discussed at the NIHB in the past, but there was concern that a change in process</li> </ul>	

Subject	Discussion	Action
	<p>would result in the IHS needing to compete with powerful lobbies. Ms. Bohlen further noted that entitlements should be investigated.</p>	
<p><b>Update on SDPI testimony before the Senate Committee on Indian Affairs</b></p> <p>TLDC questions and comments</p>	<p>Mr. Rolin updated the TLDC on the Senate Committee on Indian Affairs hearing on the SDPI in February 2007:</p> <ul style="list-style-type: none"> <li>- The Tribes are asking for the SDPI to be reauthorized with \$200 million per year for five years.</li> <li>- Eight Senators attended the hearing.</li> <li>- Dr. Grim and Dr. Kelly Moore testified for the IHS.</li> <li>- Senator Dorgan will conduct field hearings on the SDPI in AI/AN communities.</li> </ul> <p>TLDC questions and comments:</p> <ul style="list-style-type: none"> <li>- Ms. Davis raised concern about the lack of awareness about diabetes in Tribal communities. She suggested that the TLDC <b>educate Tribal leaders, particularly young leaders, about the SDPI</b> at upcoming NCAI and NIHB meetings. Dr. Acton and Mr. Rolin noted that they will explore inviting grant programs to participate in a special presentation before the NCAI on the SDPI reauthorization.</li> <li>- Mr. Freddie requested that TLDC members <b>share resolutions</b> from their respective Areas supporting the SDPI reauthorization with one another.</li> </ul>	<p>The IHS DDTP will explore the possibility of highlighting the SDPI reauthorization at an upcoming NCAI meeting</p>
<p><b>IHS Chronic Care Initiative</b></p> <p>Background</p> <p>Initiative goals</p>	<p>Dr. Reidhead, Director of the IHS Chronic Care Initiative, provided an update on the initiative:</p> <ul style="list-style-type: none"> <li>- The Chronic Care Initiative is adapting the Chronic Care Model to help improve the way the Indian health system cares for chronic conditions, such as obesity, diabetes, asthma, some cancers, depression, and hypertension: <ul style="list-style-type: none"> <li>• Ed Wagner of the Group Health Cooperative developed the model using, in part, information from the IHS DDTP.</li> <li>• The goal of the initiative is to improve the health status of patients and populations affected by chronic conditions, and reduce the prevalence and impact of those conditions by implementing strategies within the Indian health system that support community and individual wellness and strength. This will be achieved, as illustrated by the model, through the interaction between informed, empowered patients and families <i>and</i> prepared, proactive practice teams.</li> <li>• The initiative’s strategic plan aims to: (1) activate administrative, clinical, and Tribal leadership to support a system redesign of chronic care; (2) develop a collaborative to bring organizations together to figure out how to</li> </ul> </li> </ul>	



Subject	Discussion	Action
<p>Initiative goals (continued)</p> <p>Current system of chronic care</p> <p>Elements of a system that provides quality chronic care</p> <p>Improving the health care system</p> <p>Initiative timeline</p>	<p>implement the Chronic Care Model at AI/AN health care facilities; and (3) enhance the clinical information management system to support improvements.</p> <ul style="list-style-type: none"> <li>• The initiative will not focus on a single chronic condition, but aims to address managing multiple chronic conditions.</li> </ul> <p>– The current system of chronic care requires that the patient access the primary care provider, who can then order public health nurse visits, medications, lab work, or nutrition consults.</p> <p>– Both providers and patients are unhappy with the current system. For example:</p> <ul style="list-style-type: none"> <li>• Providers are frustrated with the lack of time to see patients, having to overbook patients, and having to put their patients through many lab tests.</li> <li>• The patients are frustrated with the amount of time required for each visit, number of separate medical visits, number of lab tests, and lack of communication from providers and the clinic about test results and upcoming appointments.</li> </ul> <p>– Dr. Reidhead noted several elements of a system that provides quality chronic care: (1) provides diabetes education; (2) includes CHRs and public health nurses; (3) uses pharmacists to educate and manage patients; (4) reaches out to patients in their homes and communities (where they make decisions about their health); and (5) creates intentional partnerships between the patients and providers by allowing patients to see the same providers at each visit.</p> <p>– How can the system improve?</p> <ul style="list-style-type: none"> <li>• The system must change into something that leads to better chronic care <i>without</i> the need for additional funds.</li> <li>• The system must learn from the successes of the IHS DDTP and others, and apply these lessons to all chronic conditions.</li> <li>• Systems must share with one another.</li> </ul> <p>– Timeline of the initiative:</p> <ul style="list-style-type: none"> <li>• December 2004: The strategic planning workgroup for the initiative convened in Seattle.</li> <li>• August 2005: The IHS DDTP presented the initiative to the TLDC.</li> <li>• September 2005: The strategic plan for the initiative was finalized.</li> <li>• November 2005: TLDC and IHS DDTP discussed methods to disseminate information on chronic care and the initiative.</li> <li>• February 2006: Initiative kickoff at the National Councils Committee.</li> <li>• April 2006: IHS leadership met with the Institute for</li> </ul>	

Subject	Discussion	Action
<p>Pilot sites</p> <p>Communication with the TLDC</p> <p>TLDC questions and comments</p>	<p>Healthcare Improvement, which has become a strategic partner in the initiative.</p> <ul style="list-style-type: none"> <li>• January 2007: Kickoff of the Innovations for Planned Care in the Indian Health System collaborative.</li> </ul> <p>– The collaborative includes 14 pilot sites:</p> <ul style="list-style-type: none"> <li>• Federal sites: Albuquerque, Chinle, Gallup, Rapid City, Sells, Warm Springs, Whiteriver, and Windriver.</li> <li>• Tribal sites: Cherokee Nation, Choctaw, Eastern Aleutian Tribes, Forest County Potawatomi, and the Indian Health Council.</li> <li>• Urban site: Gerald L. Ignace Indian Health Center</li> <li>• Each pilot site has an “innovation team”, which includes at least one patient.</li> </ul> <p>– Communicating with the TLDC about the initiative:</p> <ul style="list-style-type: none"> <li>• Initiative website.</li> <li>• Monthly one-page updates.</li> <li>• Dr. Reidhead noted that he would like TLDC input on how to disseminate updates on the initiative, as well as lessons learned by the pilot sites. Dr. Goforth Parker recommended that the pilot sites present at IHS Area meetings.</li> </ul> <p>– TLDC questions and comments:</p> <ul style="list-style-type: none"> <li>• Ms. Nelson requested a <b>copy of Dr. Reidhead’s presentation</b>. The NIHB will email it to the TLDC.</li> <li>• Dr. Acton noted that once the pilot sites are able to share results, the IHS should <b>request additional funding</b> from Congress to revamp the health care system and to apply lessons learned from the SDPI and the initiative pilot sites to multiple chronic conditions.</li> <li>• Mr. Freddie noted the <b>importance of educating providers</b> about the importance of “patient-centered care” <b>and educating patients</b> on effective self-care management. Ms. Davis agreed, but noted that patients who are educated about self-care are still frustrated about how the system delivers chronic care.</li> </ul>	<p>The NIHB will email the Chronic Care Initiative presentation to the TLDC</p>
<p><b>IHS Division of Grants Operations and Office of Grants Policy</b></p> <p>Definitions of common financial terms</p>	<p>Ms. Bulls and Ms. Hodge met with the TLDC to discuss issues related to the SDPI funds. Ms. Bulls began by providing definitions of commonly used financial terms:</p> <ul style="list-style-type: none"> <li>– Funds authorized: The total amount of funds awarded or available in the current segment.</li> <li>– Unliquidated obligations: A final financial commitment has been made, but not paid out before the FSR is due.</li> <li>– Unobligated balance (i.e., carryover): A portion of funds</li> </ul>	

Subject	Discussion	Action
Definitions of common financial terms (continued)	<p>authorized by the Federal agency that has not been obligated by the recipient; the balance that is generally the difference between what is authorized and what is spent minus what is reported as unliquidated (funds authorized, less outlays, and less unliquidated obligations = unobligated balances).</p> <ul style="list-style-type: none"> <li>• Grant programs may automatically carry over unobligated balances that are less than 25% of the current year’s total amount awarded.</li> <li>• If grant programs have an unobligated balance that exceeds 25%, the grant program must demonstrate a bona fide need for the funds.</li> </ul>	
Offsets	<p>Ms. Bulls discussed offsets with the TLDC:</p> <ul style="list-style-type: none"> <li>– Offsets use previously awarded funds to meet a current commitment that does not change the authorized amount.</li> <li>– SDPI funds cannot be restricted because the legislative language specifies that the funds are available until expended. Offsetting the funds allows the IHS DGO to protect the funds so they remain available to grant programs with a bona fide need.</li> <li>– Example: A program has \$100,000 in total authorization for a year. The program has an unobligated balance of \$50,000 that can meet its current need. The IHS DGO authorizes \$50,000 in new funds and uses the unobligated balance of \$50,000 to give the program a total of \$100,000 for the year. The remaining \$50,000 (which was not awarded because of the unobligated balance) goes to the SDPI and may be made available to the program at a later time if it demonstrates a bona fide need and funding is still available (see final bullet of this section).</li> <li>– Offsets reduce audit findings because the excess funds are not accruing interest in grant programs’ bank accounts. Audit findings jeopardize reauthorization efforts.</li> </ul>	
TLDC questions and comments	<p>TLDC questions and comments:</p> <ul style="list-style-type: none"> <li>– The TLDC asked for the <b>number of grantees with large unobligated balances</b>. The IHS DGO estimates that approximately 25% of grant programs have large carryover balances, totaling approximately \$35 million.</li> <li>– Mr. Nakai asked if grant programs could <b>request supplemental funding</b>. Ms. Bulls said that the program could request an administrative supplement if the program was underfunded. Supplemental funds for programmatic expansion, however, require review of the grant program’s goals and objectives.</li> <li>– Ms. Bohlen asked if grant programs receive <b>technical assistance</b> on financial management systems. The IHS DDTP and DGO provide technical assistance through the ADCs (for the</li> </ul>	

Subject	Discussion	Action
<p>TLDC questions and comments (continued)</p>	<p>Community-Directed Diabetes Programs) and the Coordinating Center (for Demonstration Projects), as well as training on grants.gov. The IHS DGO is exploring the possibility of providing regional trainings and web-based trainings.</p> <ul style="list-style-type: none"> <li>- Ms. Wolfe asked if the IHS has applied for <b>expanded authority</b>, which would allow certain cost-related prior approvals for grant programs to be waived, offering greater flexibility in fund management. Ms. Bulls responded that the IHS has applied and is awaiting approval from the DHHS.</li> <li>- Dr. Acton noted the importance of helping grant programs write <b>broad goals and objectives</b> to ensure as much spending flexibility as possible.</li> <li>- Mr. Bailey asked if Tribes could work together to provide services and activities to help spend carryover funds. Ms. Bulls noted that the primary Tribe would need to <b>subcontract with other Tribes</b> by requesting prior approval from the IHS DGO. This would involve demonstrating that the subcontractor is an eligible entity to receive funds and describing what portion of the scope of work would be performed by the subcontractor.</li> <li>- Ms. Nelson asked about the <b>barriers to spending funds</b>. Dr. Acton and Dr. Roubideaux noted that the most common barriers include hiring difficulties, travel restrictions, and initial problems accessing funds. Dr. Acton suggested that TLDC members need to communicate with other Tribal leaders about these barriers, and the IHS DDTP plans to discuss these issues with the Area Directors.</li> <li>- Several TLDC members raised concerns about <b>whether offset funds would remain available to grant programs</b>. Dr. Acton suggested that the funds be held for individual grant programs until they are able to spend the funds. She further noted that Dr. Grim will need to weigh in on how to handle funds that the grant programs are unable to spend.</li> </ul>	
<p><b>TLDC charter issues</b></p> <p>Role of the national organizations</p>	<p>Ms. Elliott and Ms. Ortiz met with the TLDC to discuss outstanding issues with the charter.</p> <ul style="list-style-type: none"> <li>- Role of the national organizations: <ul style="list-style-type: none"> <li>• The charter needs to clarify the role of the national organizations.</li> <li>• The last draft of the TLDC charter noted the national organizations as advisors to the TLDC, but this was listed under the “Membership” section.</li> <li>• To qualify as a FACA-exempt committee, the TLDC cannot include NCUIH as a voting member because NCUIH is not a Washington-based organization and does not have a requirement that its board members be Tribal leaders.</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>Members and alternates</p> <p>Voting privileges</p> <p>Quorum</p> <p>Next steps</p>	<ul style="list-style-type: none"> <li>• TLDC decision: Representatives from the national organizations will serve as advisors to the TLDC (with no voting privileges).</li> </ul> <p>– Members and alternates:</p> <ul style="list-style-type: none"> <li>• OMB guidelines allow a Tribal leader “or their designated employee” who act on their behalf to serve as representatives to the TLDC.</li> <li>• TLDC decision: The charter needs to clarify that each IHS Area appoints an alternate who must be a Tribal leader to serve in the absence of the primary member. “Designated employees” may attend TLDC meetings, but are not allowed to vote. Only one representative from each Area will be reimbursed for travel expenses. The Area Director must submit a letter with the names of the primary member and the alternate to the IHS DDTP.</li> </ul> <p>– Voting privileges:</p> <ul style="list-style-type: none"> <li>• Mr. Albert expressed concern about the voting privileges of the Federal representative.</li> <li>• TLDC decision: Only Tribal leaders from the IHS Areas and the Federal representative will be allowed to vote. Decisions are made by the majority vote.</li> </ul> <p>– Quorum:</p> <ul style="list-style-type: none"> <li>• TLDC decision: Seven IHS Area representatives are required for a quorum.</li> </ul> <p>Ms. Elliott and Ms. Ortiz will submit a new draft of the charter to the TLDC. The TLDC will discuss the new draft at the June TLDC meeting.</p>	<p>Athena Elliott and Hankie Ortiz will submit a new draft of the charter to the TLDC; the TLDC will discuss the new draft at the June TLDC meeting</p>
<p><b>ADA Awakening the Spirit Campaign</b></p> <p>SDPI advocacy kit</p>	<p>Dr. Roubideaux described the ADA Awakening the Spirit Campaign’s activities for the SDPI reauthorization:</p> <ul style="list-style-type: none"> <li>– The TLDC passed a motion at the December 2006 meeting supporting a partnership between the TLDC and the Awakening the Spirit Campaign for the SDPI reauthorization.</li> <li>– The Campaign is also working with the JDRF and the NIHB on the reauthorization.</li> <li>– The Campaign has developed an SDPI advocacy kit: <ul style="list-style-type: none"> <li>• Purpose: To provide tools to Tribal leaders so they can effectively advocate for the reauthorization of the SDPI.</li> <li>• Contents: An issue brief (which includes the reauthorization request of \$200 million per year for five years); an SDPI fact sheet (which discusses the Program’s accomplishments and why it is important to reauthorize it); a diabetes-by-the-</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>SDPI advocacy kit (continued)</p> <p>Request for TLDC input</p>	<p>numbers fact sheet (which provides statistics on diabetes); a sample advocacy letter; and tips for meeting with Congress.</p> <ul style="list-style-type: none"> <li>• At a later date, the advocacy kit will also include the SDPI DVD produced by Gale Marshall.</li> <li>• Currently, the kit is available in PDF format via email and on the ADA website. The NIHB will add the kit to their website.</li> <li>• The Campaign has applied for funding from pharmaceutical companies to print the advocacy kit, which would allow the Campaign to distribute the kit with the SDPI DVDs produced by Gale Marshall. The DVDs are currently available on the IHS DDTP website.</li> </ul> <p>– Dr. Roubideaux asked the TLDC to provide input and suggestions on the dissemination and use of the advocacy kit to support their efforts to reauthorize the SDPI.</p>	

Tribal Leaders Diabetes Committee Meeting  
Meeting Summary  
Day Two: March 27, 2007

Subject	Discussion	Action
<p><b>IHS DDTP Update</b>  Staffing and contract changes</p> <p>Unified Financial Management System</p>	<p>Ms. Valdez provided an update on the IHS DDTP:</p> <ul style="list-style-type: none"> <li>- Staffing changes: <ul style="list-style-type: none"> <li>• Three members of the support staff (budget analyst, SDPI file coordinator, and contract administrator) retired. These positions will not be refilled.</li> <li>• Dr. Kelly Moore, Clinical Consultant and Pediatrician, will retire July 1.</li> <li>• The IHS DDTP can no longer use sole source contracts, acquisitions, or Buy Indian. All activities and services that were obtained through these contracts must now be competed and advertised to the general public.</li> </ul> </li> <li>- The IHS is switching to a new financial system called the Unified Financial Management System.</li> </ul>	
<p><b>SDPI Update</b>  SDPI Report to Congress</p> <p>SDPI fact sheets</p>	<p>Ms. Valdez provided an update on the SDPI:</p> <ul style="list-style-type: none"> <li>- <i>SDPI Report to Congress</i>: <ul style="list-style-type: none"> <li>• Current status: The IHS DDTP sent the complete content of the report to the IHS Executive Secretariat for approval.</li> <li>• Once the IHS DDTP receives a response from the IHS Executive Secretariat, the report will go to the DHHS for review.</li> <li>• After the IHS DDTP receives approval from the DHHS, the report will go to a graphic designer and be printed for distribution.</li> <li>• Ms. Valdez estimated that the report will be ready for distribution within two months.</li> <li>• The IHS DDTP is also developing a short, easy-to-read executive summary of the report.</li> </ul> </li> <li>- SDPI fact sheets: <ul style="list-style-type: none"> <li>• The IHS DDTP developed a set of fact sheets on the SDPI with help from the Hill Group.</li> <li>• The fact sheets cover the following topics: Background on the SDPI, SPDI legislative history, SDPI clinical outcomes, the Demonstration Projects, an overview of the IHS DDTP, and an overview of the TLDC.</li> <li>• The fact sheets include a listing of the Demonstration Projects by Area, as well as a listing of the Community-</li> </ul> </li> </ul>	

Subject	Discussion	Action
SDPI fact sheets (continued)	<p>Directed Diabetes Programs by state.</p> <ul style="list-style-type: none"> <li>• The IHS DDTP also developed by-the-numbers fact sheets that provide statistics on the SDPI and on diabetes in AI/AN.</li> <li>• The IHS DDTP is currently developing state-specific fact sheets.</li> <li>• The IHS DDTP has also developed a PowerPoint slide set on the SDPI that includes notes on each slide.</li> <li>• The IHS DDTP will distribute the fact sheet packets to the next TLDC meeting.</li> <li>• The fact sheets will be available on the IHS DDTP website, at conferences and meetings, and through the mail by calling the IHS DDTP office.</li> <li>• Dr. Acton noted that a recent <i>Morbidity and Mortality Weekly Report</i> from the CDC indicated that AI/AN dialysis rates are decreasing—<i>probably due to better management of diabetes</i>. The IHS DDTP will work on developing a slide with the data and a quote from the CDC.</li> <li>• The IHS DDTP asked TLDC members to contact them if they would like specific fact sheets developed.</li> </ul>	
Diabetes data conference	<ul style="list-style-type: none"> <li>– Diabetes data conference: <ul style="list-style-type: none"> <li>• Title: “Making Data Count: Measuring Diabetes and Obesity in AI/AN Communities”</li> <li>• Tucson, Arizona; December 18–20, 2007</li> <li>• The conference will allow IHS, Tribes, and urban SPDI programs to share their expertise and experience on collecting and analyzing data related to obesity and diabetes treatment and prevention.</li> </ul> </li> </ul>	
Demonstration Project grant applications	<ul style="list-style-type: none"> <li>– Demonstration Project grant applications: <ul style="list-style-type: none"> <li>• The annual continuation application deadline is at the end of April 2007. This deadline is earlier than previous years because of the IHS’s transition to the new financial system.</li> <li>• The grant programs received technical assistance on their continuation applications at their meeting in March.</li> <li>• The continuation application is now available on grants.gov.</li> </ul> </li> </ul>	
Community-Directed Diabetes Program grant applications	<ul style="list-style-type: none"> <li>– Community-Directed Diabetes Program grant applications: <ul style="list-style-type: none"> <li>• The annual continuation application deadlines follow their regular cycle; no changes to the deadlines as a result of the new IHS financial system.</li> <li>• The continuation application for FY 08 funds will be available on grants.gov soon.</li> </ul> </li> </ul>	
SDPI e-update	<ul style="list-style-type: none"> <li>– SDPI e-update: <ul style="list-style-type: none"> <li>• The e-update provides information on SDPI activities and successes, for providers, and on IHS DDTP staff, ADCs, and</li> </ul> </li> </ul>	



Subject	Discussion	Action
<p><i>Indian Health Diabetes Best Practices</i></p> <p>TLDC questions and comments</p>	<p>TLDC members.</p> <ul style="list-style-type: none"> <li>• The continuation application for FY 08 funds will be available on grants.gov soon.</li> </ul> <p>– <i>Indian Health Diabetes Best Practices:</i></p> <ul style="list-style-type: none"> <li>• The best practices are available on the IHS DDTP website.</li> <li>• Providers and program staff can use the best practices to obtain information on how to develop, implement, and maintain quality diabetes treatment and prevention programs in specific areas, such as foot care, diabetes and youth, and depression care.</li> </ul> <p>– TLDC questions and comments:</p> <ul style="list-style-type: none"> <li>• The Alaska IHS Area representative asked the IHS DDTP to <b>provide projections on diabetes rates</b> in the next 5–10 years if no diabetes prevention activities took place. The IHS DDTP will ask their CDC-assigned epidemiologist to provide projections.</li> <li>• The Navajo Area IHS representative asked about developing <b>regional resource libraries</b> to house diabetes information from conferences materials, videos, reports, and other audiovisual materials. <ul style="list-style-type: none"> <li>– The IHS DDTP is working on creating a resource library on their website that will include training materials and downloadable videos for the SDPI grant programs.</li> <li>– The IHS telehealth program is working on developing videos for clinic and hospital waiting rooms.</li> </ul> </li> </ul>	<p>The IHS DDTP will ask their CDC-assigned epidemiologist to provide projections on diabetes prevalence if no diabetes prevention activities take place in the next five years</p>
<p><b>Review of the September 2006 TLDC meeting summary</b></p>	<p>The summary for the December 2006 TLDC meeting will be available for review at the June 2007 meeting.</p> <p>Dr. Goforth Parker made a motion to approve the summary from the September 2006 TLDC meeting.</p> <p>Ms. Nelson seconded the motion.</p> <p>The motion carried to approve the summary.</p>	<p>Motion carried to approve the summary from the September 2006 TLDC meeting</p>
<p><b>Discussion and recommendations regarding SDPI reauthorization efforts</b></p> <p>Reauthorization strategy</p>	<p>Ms. Bohlen outlined the SDPI reauthorization strategy:</p> <ul style="list-style-type: none"> <li>– The NIHB is working with the JDRF and ADA.</li> <li>– The goal of the strategy is to keep the reauthorization low-key, quietly educate Congress on the issues surrounding the SDPI, and avoid publicity with the hope that the reauthorization legislation can be attached to another bill, like the SCHIP legislation. The NIHB wants to avoid freestanding legislation for the</li> </ul>	

Subject	Discussion	Action
Reauthorization strategy (continued)	<p>reauthorization.</p> <ul style="list-style-type: none"> <li>- The NIHB has developed a letter on the SPDI that they will send to Congress. The goal is to include all Tribes on the letter. <ul style="list-style-type: none"> <li>• If Tribes do not want to be included in the letter, they can opt out by May 1, 2007.</li> <li>• Feedback on the content of the letter is due to the NIHB by April 14, 2007.</li> </ul> </li> </ul>	
Meeting with Kim Teehee of the Congressional Native American Caucus	<p>Dr. Roubideaux reported on her meeting with Kim Teehee of the Congressional Native American Caucus:</p> <ul style="list-style-type: none"> <li>- Kitty Marx from the NIHB and representatives from the JDRF also attended the meeting.</li> <li>- The JDRF informed Ms. Teehee that they are circulating a Congressional letter of support for type 1 research and type 2 AI/AN diabetes funding. <ul style="list-style-type: none"> <li>• The JDRF is not using the term “special” in their materials.</li> <li>• Dr. Roubideaux informed Tribal leaders that when advocating for the reauthorization, it is important to say that they support the SDPI and the type 1 research funds getting reauthorized <i>together</i>.</li> </ul> </li> <li>- Ms. Teehee noted that the key to the reauthorization is to make the SDPI as non-controversial as possible. She raised concerns about carryover and non-performing Tribes. Dr. Roubideaux noted that it would be helpful to have talking points on these issues.</li> <li>- Ms. Teehee noted that it would be helpful for Congress understand the positive outcomes of the SDPI. She suggested a brief, easy-to-read summary of the outcomes.</li> <li>- Ms. Teehee agreed to help promote the letter to Congress on the SDPI among members of the Native American Caucus. She thought it would be helpful to hold a briefing on the SDPI when the TLDC meets in June.</li> </ul>	
Tips for communicating with Congress	<p>Ms. Bohlen, Dr. Roubideaux, and Ms. Montes provided tips on educating Congress on the successes of the SDPI:</p> <ul style="list-style-type: none"> <li>- Use plain English when describing the Program’s successful clinical outcomes. The ADA Awakening the Spirit Campaign advocacy kit (see page 13–14) provides a one-page fact sheet on the problem of diabetes and how to discuss it with Congress.</li> <li>- Avoid using the term “special”.</li> <li>- Express support for the SDPI and the type 1 research funds getting reauthorized <i>together</i>.</li> <li>- Communicate to Congress via fax, email, or in person. The best option is to hand deliver short, easy-to-read materials. Mailed</li> </ul>	

Subject	Discussion	Action
<p>NIHB Tribal leaders toolkit</p> <p>TLDC questions and comments</p>	<p>materials are irradiated and usually thrown out.</p> <p>Ms. Bohlen discussed developing a Tribal leaders toolkit:</p> <ul style="list-style-type: none"> <li>- The toolkit could include an SDPI fact sheet, sample letter to Congress, talking points, frequently asked questions on topics such as carryover and why more funding is necessary, and copies of resolutions from all IHS Areas and national organizations.</li> <li>- The NIHB could use their website and grassroots email network (currently includes 250 members) to distribute the toolkit.</li> </ul> <p>TLDC and audience questions and comments:</p> <ul style="list-style-type: none"> <li>- Mr. Roanhorse noted that Senator Domenici's office indicated that <b>Senator Domenici is supportive of the SDPI</b> and ready to help with the reauthorization.</li> <li>- Ms. Heart suggested including <b>data on the health care costs</b> for a person with diabetes (\$15,000 per year) versus a person without diabetes (\$2,500 per year) in the letter to Congress.</li> <li>- Dr. Roubideaux asked if another <b>Tribal consultation</b> on funds distribution would take place if the SDPI reauthorized for an additional \$50 million per year. <ul style="list-style-type: none"> <li>• Ms. Bohlen recommended that any Tribal consultation on additional funding take place before the reauthorization.</li> <li>• Dr. Acton suggested that broad categories can be used to discuss how additional funds will be used. Extensive Tribal consultation over the past 10 years indicates that Tribal leaders support using funds for diabetes prevention, including diabetes prevention in youth.</li> </ul> </li> </ul>	<p>The TLDC suggested including data on the health care costs for a person with diabetes (\$15,000 per year) versus a person without diabetes (\$2,500 per year) in the letter to Congress on the SDPI</p>
<p><b>Meeting with the IHS Director</b></p> <p>SDPI reauthorization</p> <p>IHCIA reauthorization</p>	<p>Dr. Grim addressed the TLDC on the following issues:</p> <ul style="list-style-type: none"> <li>- SDPI reauthorization: <ul style="list-style-type: none"> <li>• The IHS, the NIH, several Tribal leaders, and SDPI grant programs testified before the Senate Committee on Indian Affairs on the SDPI.</li> <li>• The SDPI funds end in FY 08, and Dr. Grim would like to see the funds reauthorized in FY 08 rather than FY 09 to avoid the program going into CR status.</li> <li>• Dr. Grim requested that the Tribal leaders discuss the need to reauthorize the SDPI in FY 08 with all of the committees of jurisdiction.</li> </ul> </li> <li>- IHCIA reauthorization: <ul style="list-style-type: none"> <li>• The IHS and several Tribal leaders testified at a hearing on the IHCIA.</li> <li>• Dr. Grim reported that the hearing was positive and that</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>IHS staffing issues</p> <p>TLDC questions and comments:</p> <p>SDPI reauthorization</p> <p>Key messages to include in letters to Congress</p> <p>TLDC charter</p>	<p>concern regarding diabetes was raised.</p> <ul style="list-style-type: none"> <li>- IHS staffing issues: <ul style="list-style-type: none"> <li>• Rick Olsen is the Acting CMO. Chuck North will serve as the Acting CMO from April through August. The IHS is currently advertising for applicants for the position of CMO.</li> <li>• The IHS recently lost 135 staff members who took an offer of an early retirement.</li> <li>• Dr. Grim noted that the IHS will have an Acting Director of the IHS DGO when Lois Hodge retires.</li> </ul> </li> </ul> <p>TLDC questions and comments:</p> <ul style="list-style-type: none"> <li>- SDPI reauthorization: <ul style="list-style-type: none"> <li>• Ms. Heart asked about <b>support for the SDPI reauthorization from the CDC and NIH</b>. Dr. Grim and Dr. Acton expect strong support from the NIH. Dr. Acton noted that the CDC will likely be supportive, but they will meet soon to discuss the issue. Dr. Grim suggested asking the CDC to write a letter in support of the reauthorization.</li> <li>• Ms. Heart asked Dr. Grim how he answers questions about <b>unspent SDPI funds</b>. Dr. Grim responded by describing how it took awhile for the programs to get up and running. In addition, some programs had difficulty hiring staff.</li> <li>• Dr. Grim noted that <b>OMB looks very closely at unspent funds</b> and will review carryover amounts on a grant program-to-grant program basis. Dr. Grim said that the IHS expects to receive very detailed questions from OMB about unspent funds.</li> <li>• Dr. Acton noted that the grant application and budget process contributes to <b>grant programs' difficulty in spending funds</b>. Dr. Grim noted that Congress can authorize flexibility in the granting process, but he cautioned against making the legislative language controversial.</li> <li>• Ms. Davis asked Dr. Grim to instruct the <b>Area Directors to work closely with the Tribal leaders on the SDPI</b> and to remind the national organizations and other Tribal leaders about the importance of health care and diabetes treatment and prevention.</li> <li>• Mr. Bailey asked Dr. Grim for his <b>recommendations on how Tribes can support the reauthorization effort</b>. Dr. Grim suggested passing resolutions and sending letters to all committees of jurisdiction that specifically describe how the SDPI has benefited their communities and ask for \$200 million per year for five years.</li> </ul> </li> <li>- TLDC charter: <ul style="list-style-type: none"> <li>• Dr. Goforth Parker asked Dr. Grim if he wanted the</li> </ul> </li> </ul>	

Subject	Discussion	Action
<p>TLDC charter (continued)</p> <p>International travel</p>	<p>representatives from the <b>national organizations to serve as voting members</b>. He responded that he would defer to the TLDC's preference.</p> <ul style="list-style-type: none"> <li>• Dr. Grim noted that concerns have been raised about the <b>Area appointment procedures to the TLDC</b>. Dr. Grim said that he is not prepared to tell Areas whether they should send a representative from a direct service Tribe or a self-governance Tribe.</li> </ul> <p>– Dr. Grim's international travel:</p> <ul style="list-style-type: none"> <li>• Ms. Davis expressed concern for Dr. Grim's international travel schedule and noted that she would like his attention focused on issues in the U.S.</li> <li>• Dr. Grim noted that he has reduced his international travel, and will share the TLDC's concerns with the President and Secretary Thompson.</li> </ul>	
<p><b>Meeting wrap-up</b></p> <p>Upcoming TLDC meetings</p>	<p>Mr. Rolin instructed TLDC members to provide copies of resolutions from their Areas supporting the SDPI reauthorization to the NIHB.</p> <p>Mr. Albert informed the TLDC that David Garcia will be honored with an award and suggested that the TLDC send him a letter of congratulation.</p> <p>Dr. Acton suggested that a future TLDC meeting take place in Denver during a Demonstration Project meeting. This will allow TLDC members to meet with the Demonstration Project grant programs and attend a poster session to learn more about the contributions the grant programs are making in their communities.</p> <p>June 2007 TLDC meeting:</p> <ul style="list-style-type: none"> <li>– The next TLDC meeting will take place June 20–21, 2007, in Washington DC.</li> <li>– A Hill briefing will take place on June 19, 2007.</li> <li>– June 18 will be a travel day.</li> <li>– Each TLDC members will provide an update on SDPI activities in their respective Area.</li> <li>– Dr. Goforth Parker encouraged other TLDC members to bring young people from their Tribes to the June TLDC meeting to encourage youth involvement in diabetes and health issues.</li> <li>– Several events will take place in Washington DC in June: <ul style="list-style-type: none"> <li>• The ADA Awakening the Spirit Campaign will meet at the end of June.</li> <li>• The Diabetes Mellitus Interagency Coordinating Committee will meet on June 29, 2007. Dr. Acton will provide Dr.</li> </ul> </li> </ul>	<p>TLDC members will provide copies of resolutions from their Areas supporting the SDPI reauthorization to the NIHB</p> <p>The Albuquerque Area representative recommended that the TLDC send David Garcia a congratulatory letter for an award he received</p> <p>The June 2007 TLDC meeting agenda will include time for Area updates</p>

Subject	Discussion	Action
	<p>Garfield with an email list for the TLDC with the meeting information.</p> <ul style="list-style-type: none"> <li>• The JDRF will hold its Children’s Congress June 17–20, 2007; two AI/AN youth (Desiree Cameron and Erica Rodebush) were selected as the delegates for the Children’s Congress.</li> <li>• The Office of Minority Health will hold its summer initiative for AI/AN students June 28–29, 2007.</li> </ul>	<p>The IHS DDTP will provide Dr. Garfield with the TLDC contact information so he can send them information on the Diabetes Mellitus Interagency Coordinating Committee meeting</p>