# Tribal Leaders Diabetes Committee

## Meeting Summary

**(Approved August 11, 2005)**

May 12–13, 2005

Northwest Portland Area Indian Health Board
Portland, Oregon

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## TLDC Members Present:

Dr. Kelly Acton (Federal co-chair)

Carlton Albert* (Albuquerque Area; Day One)

Lorelei DeCora (Aberdeen Area)

Robert Nakai* (Navajo Area)

Dr. Judy Goforth Parker (Oklahoma Area; Day Two)

Linda Holt (Portland Area)

Buford Rolin (Tribal co-chair; Nashville Area)

* Mr. Albert and Mr. Nakai were asked to represent their respective Areas by their Area directors; however, they have not been officially appointed as alternate delegates to the TLDC.

## Excused TLDC Members:

H. Sally Smith (Alaska Area)

## Others in Attendance:

| | | | |
|---|---|---|---|
| Dr. Larry Agodoa | Elaine Dado | Dr. LeMyra DeBruyn | Denise Exendine |
| Joe Finkbonner | Dr. Ed Fox | Lisa Griggs | Don Head |
| Barbara Hoffman | Clarice Hudson | Dr. Donnie Lee | Kerri Lopez |
| Gale Marshall | Sam McCracken | Robert Nakai | Anthia Nickerson |
| J.T. Petherick | Rachel Plummer | Madan Poudel | Dianna Richter |
| Jim Roberts | Starla Roels | Althea Tortalita Cajero | Lorraine Valdez |
| Lorrie Vogel | | | |

## Frequently Used Abbreviations:

ADA ........ American Diabetes Association

AI/AN ........ American Indian and Alaska Native

AIHEC ........ American Indian Higher Education Consortium

APHA ........ American Public Health Association

BRFSS ........ Behavioral Risk Factor Surveillance System

CDC ........ Centers for Disease Control and Prevention

CMS TTAG ........ Centers for Medicare and Medicaid Services Tribal Technical Advisory Group

DETS ........ Diabetes-based Science Education in Tribal Schools

DDTP ........ Division of Diabetes Treatment and Prevention

## Frequently Used Abbreviations (continued):

- FACA ........ Federal Advisory Committee Act
- FAS ........ Fetal Alcohol Syndrome
- HPDP ........ Health Promotion and Disease Prevention
- IHCIA ........ Indian Health Care Improvement Act
- IHS ........ Indian Health Service
- IRB ........ Institutional Review Board
- IT ........ information technology
- ITU ........ Indian Health Service, Tribal, and Urban Indian programs
- MOU ........ Memorandum of Understanding
- NARCH ........ Native American Research Centers for Health
- NCAI ........ National Congress of American Indians
- NDWP ........ Native Diabetes Wellness Program
- NIDDK ........ National Institute of Diabetes and Digestive and Kidney Diseases
- NIHB ........ National Indian Health Board
- NPAIHB ........ Northwest Portland Area Indian Health Board
- RFA ........ Request for Application
- RPMS ........ Resource and Patient Management System
- SDPI ........ Special Diabetes Program for Indians
- SIHB ........ Seattle Indian Health Board
- TLDC ........ Tribal Leaders Diabetes Committee
- TSGAC ........ Tribal Self-Governance Advisory Committee

## Summary of TLDC Motions:

- Approval for the TLDC meeting minutes of February 10–11, 2005, was tabled until the next TLDC meeting (page 9).

## Summary of TLDC Meeting Action Items:

- A TLDC member would like the TLDC to make a formal recommendation to the IHCIA Steering Committee to *preserve the Area diabetes consultants*. The TLDC will write a letter to the Senate Indian Affairs Committee, with a copy to the IHCIA Steering Committee, about preserving the Area diabetes consultants in the IHCIA (pages 9 and 26).

- The TLDC will send a letter, with signatures from Buford Rolin and Dr. Kelly Acton, to the *Area directors requesting that they appoint their TLDC representatives and alternates*. A copy of this letter will be sent to Dr. Grim (page 9). Buford Rolin will ask Dr. Grim to instruct Area directors during their conference call on May 19 to make their delegate and alternate appointments to the TLDC (pages 23 and 26).

- During the Area directors' conference call on May 19, Dr. Kelly Acton will ask the *Area directors to provide their reports on the data improvement funds to the IHS IT department*. She will follow-up with the Area diabetes consultants. Dr. Kelly Acton will provide the TLDC with a report on data infrastructure activities from the national IT department as soon as she receives it (pages 9 and 26).

- The NDWP will send copies of the *AI/AN Diabetes Edition of CDCynergy* to TLDC members when it becomes available (page 13).

- The NDWP will notify the TLDC when its *RFA on community indicators* is released (page 13).

- In response to comments by TLDC member Lorelei DeCora, the Federal co-chair asked Tribal leaders to suggest to Congressional staffers that *funding from the CDC go to Tribal EpiCenters*. The rationale for this request is that the EpiCenters have helped correct race misclassification in state databases (page 16).

- The TLDC wills send a thank you letter with Buford Rolin's signature and a plaque to the *people who served on the TLDC technical workgroup* (page 24).

- The TLDC will send a thank you letter with Buford Rolin's signature and a plaque to *Mr. Alvin Windy Boy and Dr. Kermit Smith*. The TLDC will also nominate them for the NIHB national award (page 24).

- The TLDC will write a letter with Buford Rolin and Kelly Acton's signatures to Tribal leaders. This letter will outline *SDPI CGP grantee concerns and challenges* (page 24).

- The *third TLDC meeting* will take place on August 10 and 11, 2005, in Washington, D.C., at the NIHB offices (page 25). The *fourth TLDC meeting* will be November 8 and 9, 2005, in New Orleans (page 25). The IHS DDTP will *invite several of the diabetes programs*, who will be presenters at the APHA meeting, to the fourth TLDC meeting so that they can update the TLDC on their activities (page 26).

## Summary of TLDC Meeting Action Items (continued):

- The NPAIHB will develop information on the packets on the Tribal EpiCenters prior to the next TLDC meeting (page 26).

- The IHS DDTP will ask the IHS Office of Urban Indian Health Programs to provide a report on how the urban funding was distributed (page 26).

- TLDC Charter:
  - Discussion with Dr. Grim:
    - The TLDC will schedule a time to speak with Dr. Grim to discuss their unresolved questions and concerns regarding the charter (page 20).
    - The TLDC will write a letter to Dr. Grim that outlines their unresolved questions and concerns prior to speaking with him. This letter will include the side-by-side table developed by the NIHB (page 20).
    - To provide a recommendation on *membership rotation*, the TLDC would like clarification on *whether the TLDC is a consultative body of elected Tribal leaders or an advisory group made up of representatives from other organizations* (pages 21). The charter should clarify the consultation versus advisory roles of the different members (e.g., Tribal versus organizational members) of the TLDC (page 18). Depending on the scope of the committee, the TLDC may want to consider a name change (page 18).
    - The TLDC would like to discuss *membership terms* with Dr. Grim (page 21).
    - The TLDC wants to discuss the *voting privileges of the Federal co-chair* with Dr. Grim (pages 17 and 22).
    - Jim Roberts from the NPAIHB suggested that the TLDC find out from Dr. Grim *how FACA guidelines may apply* to the TLDC (page 22). The TLDC may want to consider contacting Kitty Marx at the IHS to obtain advice on FACA guidelines (page 22).
    - The TLDC needs to discuss *leadership and voting privileges* with Dr. Grim because he did not address the TLDC's recommendation that only the 12 Area representatives serve in and vote on TLDC co-chair and alternate co-chair positions (pages 22).
  - Delegate and alternate appointment procedures:
    - The charter should outline the delegate and alternate appointment procedure (page 9). Area directors, in consultation with Area Tribes, will notify the IHS DDTP of changes to their TLDC appointments. The IHS DDTP will, in turn, notify Dr. Grim. Details will need to be further clarified (page 21).
    - An IHS DDTP staff member suggested that the TLDC needs to decide if the Areas will need to re-affirm their appointments once the charter is complete and takes effect (page 9).

## Summary of TLDC Meeting Action Items (continued):

- Membership:
  - The TLDC recommended that the charter include an explanation of traditional appointment processes and indicate that Area consultation regarding TLDC appointments be conducted in a fair manner (pages 18 and 20).
- Membership rotation:
  - The TLDC needs to clarify no double or proxy voting for delegates and alternates (page 21).
- Voting:
  - The TLDC needs to define appropriate voting circumstances for all members, including Tribal and organizational members, as well as the Tribal and Federal co-chairs (pages 17, 18, and 22).
  - The charter needs to address voting procedures in the event of a tie (page 17).
  - The Federal co-chair suggested that the charter outline caucus procedures (page 17).
- Leadership:
  - The TLDC members were not in agreement on the length of TLDC leadership terms (page 23).
- Meetings:
  - The TLDC members were not in agreement on the number of annual TLDC meetings (page 23).
  - The TLDC will add an attendance clause in the charter. This clause will instruct Area directors to appoint a new delegate if the current delegate misses a certain number of meetings without sending the appointed alternate (page 23).
- Budget:
  - The NIHB needs to submit a budget for TLDC administrative support costs for the MOU (page 23).
  - The NIHB will develop a summary of the travel reimbursement process for the TLDC. This summary should also include a description of what are and are not considered legitimate travel expenses. The IHS DDTP will keep a summary on file (page 23).

# Tribal Leaders Diabetes Committee Meeting

## Day 1: May 12, 2005

| Subject | Discussion | Action |
| --- | --- | --- |
| **Welcome and Introductions**<br><br>Welcome from Buford Rolin, Tribal co-chair | **Day One—Thursday, May 12, 2005**<br><br>**Mr. Buford Rolin, Tribal co-chair, called the meeting to order at 9:05 a.m.** Mr. Rolin:<br>– Welcomed TLDC members and guests to the NPAIHB, thanked the NPAIHB for hosting the meeting, and delivered the opening prayer.<br>– Invited Dr. Ed Fox, executive director of the NPAIHB, to address the TLDC. | |
| Welcome from Ed Fox, executive director of the NPAIHB | Dr. Fox welcomed TLDC members and guests to the NPAIHB and gave a summary of the NPAIHB:<br>– The NPAIHB chair is Pearl Capoeman-Baller, who is the president of the Quinault Nation.<br>– The NPAIHB is a Tribal organization with leadership from each of the 43 Tribes in the Portland Area.<br>– Dr. Fox noted that the NPAIHB appreciates the continuity that Tribal leaders like Lorelei DeCora and Buford Rolin bring to the TLDC.<br><br>Mr. Rolin asked the TLDC members and guests to introduce themselves. | |
| Quorum and Area TLDC appointments | Ms. Lorelei DeCora noted that a quorum for the meeting had not been met:<br>– Mr. Rolin mentioned that the Bemidji, Billings, California, and Tucson Areas have not submitted their official appointments.<br>– Mr. Robert Nakai was sent by the Navajo Area as an alternate, and Mr. Carlton Albert was sent by the Albuquerque Area as an alternate. Mr. Rolin noted that their Areas had not submitted official letters of appointment for them to serve as alternates, but the TLDC did not object to them participating in the meeting discussion.<br>– Dr. Kelly Acton noted that she sent an e-mail to the Area directors reminding them to make their appointments. She reported that she had not received any responses. | |
| Review of meeting agenda | The TLDC reviewed the meeting agenda:<br>– Ms. Linda Holt requested that the agenda include a discussion of the potential role of EpiCenters in addressing the issue of Vietnam veterans, agent orange exposure, and diabetes.<br>– Mr. Nakai requested an update on the activities of the SDPI programs. | |

| Subject | Discussion | Action |
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| **Review of TLDC meeting minutes from February 10–11, 2005**<br><br>Preservation of the Area diabetes consultants in the new version of the IHCIA<br><br>EpiCenter information packets<br><br>Data infrastructure and IT activities<br><br>Area TLDC representative and alternate appointments | Mr. Buford Rolin facilitated a discussion of the TLDC meeting minutes from February 10 and 11, 2005:<br>– The TLDC noted that they liked the format of the minutes, particularly the list of abbreviations, summary of meeting motions, and summary of action items.<br>– Ms. Lorelei DeCora raised concern that the preservation of the Area diabetes consultants in the IHCIA did not receive formal action by the TLDC. She recommended that a formal recommendation be made to the IHCIA Steering Committee.<br>– Ms. DeCora asked about the information packets on EpiCenters that were to be prepared for TLDC members. Dr. Kelly Acton suggested that this question be addressed by Jim Roberts or Joe Finkbonner from the NPAIHB.<br>– Ms. DeCora asked about the report on the IT and data infrastructure funding and activities.<br>▪ Dr. Acton reported that the IT funds were $5.2 million that went to the IHS Areas and the IHS IT department to support the electronic health record.<br>▪ Dr. Acton told the TLDC that she has requested information from the Areas directors on their data improvement funds. The IHS IT department will use the Area information to compile the report.<br>▪ Dr. Acton will again ask the Area directors about the status of the IT funding during their conference call on May 19, 2005. She will also follow-up with the Area diabetes consultants about obtaining the Area IT information.<br>▪ Dr. Acton noted that the IHS DDTP will not release the IT funds for 2005 until it receives the 2004 information.<br>– Mr. Carlton Albert raised concern about encouraging TLDC members to attend meetings and obtaining the Area appointments to the TLDC.<br>▪ Mr. Rolin suggested that the TLDC write a letter to the Area directors with a copy to Dr. Grim, and suggested that the charter outline the TLDC appointment procedure.<br>▪ Ms. Lorraine Valdez suggested that the TLDC will need to decide if the Areas need to re-affirm their appointments once the charter is complete and takes effect.<br>– Mr. Rolin noted that official action on the minutes will be tabled until a quorum is reached. | A TLDC member wants to make a formal recommendation on the preservation of the Area diabetes consultants to the IHCIA Steering Committee at a TLDC meeting with a quorum<br><br>Kelly Acton will ask the Area directors to provide their reports on the data improvement funds to the IHS IT department. She will follow-up with the Area diabetes consultants<br><br>The TLDC will send a letter, with signatures from Buford Rolin and Kelly Acton, to the Area directors requesting that they appoint their TLDC representatives and alternates. A copy will be sent to Dr. Grim.<br><br>TLDC charter should outline the delegate and alternate appointment procedure<br><br>TLDC needs to decide if the Areas need to re-affirm appointments once charter is complete and takes effect<br><br>Approval of the minutes are tabled until quorum |
| **Update on DETS** | Dr. Larry Agodoa from the NIDDK provided the TLDC with an update on the DETS Program. | |

| Subject | Discussion | Action |
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| Rationale for working with Tribal colleges and universities<br><br>Important features of the DETS Program<br><br>Partnerships in the DETS Program | – Rationale for working with Tribal colleges and universities<br>▪ Tribal colleges and universities conduct high quality programs for educating AI/ANs and promote achievement among these students.<br>▪ Tribal colleges and universities represent a rich source of talent with the appropriate cultural sensitivity and perspectives needed in science education in Tribal communities.<br>▪ Tribal colleges and universities will be instrumental in interacting with Tribal elementary, middle, and high schools, that will pilot and implement this program.<br>– Important features of the DETS Program<br>▪ The TLDC suggested and was the driving force behind the DETS Program.<br>▪ Science and diabetes education is provided within the context of Tribal culture, involvement of the family, and building on the daily experiences of AI/AN children with diabetes in their communities.<br>▪ The role of Tribal elders and leaders is emphasized in program development.<br>▪ The DETS Program will include a teacher training component.<br>▪ The identification and elimination of barriers to the successful marketing of this program, as well as program implementation, are important.<br>▪ During the discussion of the important features of the DETS Program, the TLDC raised concerns about ensuring that the DETS curriculum does not add to the burden on school resources and takes into account the diversity of schools in Tribal communities (e.g., 638 contract schools, private schools on reservations, and public schools on reservations).<br>– Partnerships in the DETS Program<br>▪ Tribal colleges and universities:<br>– Cankdeska Cikana Community College<br>– Fort Peck Community College<br>– Haskell Indian Nations University<br>– Keweenaw Bay Ojibwa Community College<br>– Northwest Indian College<br>– Southwest Indian Polytechnic Institute<br>– Stone Child College<br>– Woodlands Wisdom/Leech Lake | |

| Subject | Discussion | Action |
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| | ▪ Other partners with the NIDDK include the IHS DDTP, NDWP at the CDC, TLDC, and AIHEC. | |
| Phases of the DETS Program | – Three phases of the DETS Program<br>▪ Planning phase: The DETS Program issued grants to Tribal colleges and universities to see if the program was feasible.<br>▪ Pilot phase: This phase includes curriculum development and pilot testing. The DETS Program is currently in this phase.<br>▪ Implementation phase: After the curriculum is developed and piloted, the DETS Program will address marketing issues and launch the program implementation. | |
| Purpose and goals of the DETS Program | – The purpose and goals of the DETS Program<br>▪ The purpose of the DETS Program is to develop and implement a school-based diabetes curriculum that supports the integration of AI/AN cultural and community knowledge with diabetes-related sciences.<br>▪ The DETS Program has three goals. | |
| Goal #1 | – Goal #1: Increase the understanding of health, diabetes, and how to maintain balance in AI/AN children, their families, and their communities. The elements of enduring understanding for this goal are:<br>▪ Health is life in balance.<br>▪ Diabetes is an imbalance of health at many different levels.<br>▪ Certain risk factors and imbalances contribute to the likelihood of diabetes. | |
| Importance of involving the family and community | ▪ Individuals, families, and communities can work together to maintain health and balance.<br>▪ The TLDC discussed their support of emphasizing the role of families and communities. | |
| Goal #2 | – Goal #2: Increase K–12 AI/AN students' understanding and appreciation of the process of developing scientific and community knowledge in relation to health, diabetes, and how to maintain balance in the person, family, and communities. The elements of enduring understanding for this goal are:<br>▪ Health incorporates individual, family, community, and science knowledge that has developed and expanded over time.<br>▪ The understanding about diabetes incorporates individual, family, community, and science knowledge that has developed over time.<br>▪ The understanding about maintaining balance and | |

| Subject | Discussion | Action |
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| Goal #3 | enhancing health incorporates individual, family, community, and science knowledge that has developed over time.<br>– Goal #3: Improve attitudes toward and interest in entering health science professions among AI/AN children through an understanding of how diabetes-related biomedical professionals work with communities and enhance health. The elements of enduring understanding for this goal are:<br>▪ Individuals, families, and communities can use science and medicine to enhance their health.<br>▪ Scientists and health professionals can work with communities to conduct research and create new science and medical knowledge.<br>▪ Scientists and health professionals can apply knowledge to enhance health in communities.<br>▪ All students can create and apply new science, medical, and community knowledge to their health and choose diabetes-related careers.<br>▪ Individuals, families, and communities can benefit from students' learning science, medicine, and health knowledge, and from pursuing careers in diabetes-related fields. | |
| The DETS curriculum | – The DETS curriculum<br>▪ The curriculum is aligned with national and state teaching standards and benchmarks. The education benchmarks are sequentially oriented to build upon grade level science content, be developmentally appropriate, and focus on diabetes prevention concepts and the physiology of diabetes.<br>▪ The program is developing culturally sensitive teaching materials designed to enhance the understanding, attitudes, and knowledge levels of K–12 students. The teaching materials will be hands-on, science-based materials that reflect traditional learning styles, emphasizing visual, spatial, and perceptual modes of learning.<br>▪ The program is developing three parallel grade-specific levels (e.g., K–grade 4, grades 5–8, and grades 9–12) for better coverage of the curriculum development. | |
| Adaptability of the curriculum | ▪ The curriculum components are sensitive to regional and Tribal cultural concerns. When the curricula are complete, they will be easily adaptable to any school district to be culturally appropriate for the area. For example, the storytelling component may be done one way in one Tribe and a different way in another Tribe, but the concepts are the same throughout | |

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| | the curriculum. | |
| Evaluation of the DETS Program | – Evaluation of the DETS Program<br>▪ The program is developing evaluation tools for pre- and post-testing to determine progress, attitude change, and knowledge increase in students in the pilot tests.<br>▪ The program has formed partnerships with local school districts who serve AI/AN students on and off reservations. | |
| **Update on the NDWP** | Dr. LeMyra DeBruyn from the NDWP at the CDC provided an update on their role in the DETS Program:<br>– The NDWP is playing a major role in the evaluation and scientific review of the DETS Program. | |
| Evaluation of the DETS Program | – The evaluation subcommittee of the DETS Program will conduct pre- and post-tests for the curriculum, capture the process of developing and implementing the program, and review the evaluation instruments. | |
| Ethnographic interviews to capture the process | – The NDWP is focusing their evaluation efforts primarily on ethnographic interviews and speaking with people in the communities. The ethnographic interviews will capture the community context of the project, the history of diabetes in the communities, and community readiness for the DETS curriculum.<br>– To conduct the ethnographic interviews, the NDWP will use qualitative methods to interview five groups of people: (1) teachers; (2) parents; (3) elders and natural leaders in the communities; (4) local DETS advisory groups; and (5) DETS subcommittee members who have been developing the curriculum and lesson plans (K–4, 5–8, and 9–12). | |
| Scientific review | – The scientific review subcommittee reviews lesson plans for western and AI/AN scientific accuracy, cultural components, and adaptability of cultural components. Dr. DeBruyn said that the curriculum was a wonderful integration of western science, Native science, math, relationships, history, culture, and art. | |
| AI/AN Diabetes Edition of CDCynergy | Dr. DeBruyn also provided on update on other activities of the NDWP:<br>– The AI/AN Diabetes Edition of CDCynergy will be released in June 2005. The NDWP will send it to TLDC members when it is released. | NDWP will send copies of the AI/AN Diabetes Edition of CDCynergy when it is available (approximately in June) |
| NDWP RFA on community indicators | – The NDWP RFA on community indicators is at the DHHS for final approval. The project will focus on community indicators for change, such as water in vending machines at schools, school lunch menus, and walking trail availability. The NDWP expects to release the RFA in late May or early June with an award date of August 31. The NDWP will notify the TLDC when the RFA is released. | NDWP will notify the TLDC when the RFA on community indicators is released in late May or early June |
| Eagle Books | – The NDWP held an Eagle Books book signing on May 3, 2005, in Miami. | |

| Subject | Discussion | Action |
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| **Update on EpiCenters** | Mr. Joe Finkbonner, director of the Northwest Tribal Epidemiology Center, at the NPAIHB, provided an update on the Portland Area EpiCenter. He started by providing background information: | |
| History of EpiCenters | – In 1997, four Tribal EpiCenters were formed. The EpiCenter at the NPAIHB was one of the original four EpiCenters. Mr. Finkbonner credited the work of Tribal leader Joe DeLaCruz for helping bring an EpiCenter to the Portland Area to help Tribes take ownership of data, measure the quality of their health services, measure their health status, and be able to report the effect of diseases on Tribal populations to Congress. | |
| Mission of the Portland Area EpiCenter | – The mission of the Portland Area EpiCenter is to collaborate with Northwest American Indian Tribes to provide health-related research, surveillance, and training to improve the quality of life of American Indians. This is accomplished by: (1) providing capacity building, which includes training and technical assistance, disease outbreak epidemiology support, technical writing, grant reviews for Tribes, and clinical performance objectives; (2) supporting the Portland Area IHS IRB; (3) providing community surveillance projects; and (4) coordinating research programs.<br>– There are now seven Tribal EpiCenters spread throughout the country, with one more that should receive approval soon. | |
| Demographics of the Portland Area | – The Portland Area EpiCenter serves 43 Federally-recognized Tribes, with 29 Tribes in Washington, 9 Tribes in Oregon, and 5 Tribes in Idaho. They range in size from less than 100 members to greater than 11,000 members. | |
| Five original EpiCenter projects | Mr. Finkbonner described the five original projects of the Portland Area EpiCenter: | |
| Portland Area IHS IRB | – Portland Area IHS IRB<br>The Portland Area IHS IRB is a board that consists of professionals and community members who review research protocols to ensure that confidentiality of individuals involved in studies is maintained and that the research itself is safe for the people participating in it. IHS and Tribal IRBs go beyond the individuals involved in the research, and take into account the community. | |
| Health Status Objectives | – Health Status Objectives<br>Dr. Dee Robertson, who was the original director of the Portland Area EpiCenter, brought the Health Status Objectives with him from the IHS. Practitioners in the Portland Area agreed on the specific health objectives that they would track, try to improve, and use to target their interventions and develop their care plans. | |
| Stop Chlamydia! Project | – Stop Chlamydia! Project<br>The Stop Chlamydia! Project was a surveillance project that worked | |

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| | with Tribes to collect data on the number of people diagnosed with chlamydia and help set up screening systems. In return for their information, the project provided Tribes with free chlamydia treatment. | |
| RPMS training and taking ownership of data | – RPMS Training<br>Mr. Finkbonner noted that if something is important to you, you should take ownership for it; data are important for EpiCenters. This was the basis behind the RPMS training program at the Portland Area EpiCenter, which works with Tribes on entering data into RPMS and generating reports so that Tribes can monitor their clinical services. | |
| Northwest Diabetes Surveillance Project | – Northwest Diabetes Surveillance Project<br>Mr. Finkbonner did not elaborate on this project since the TLDC was familiar with it. | |
| | Mr. Finkbonner described the projects that were added to the Portland Area EpiCenter from 1999 to the present: | |
| California Area Diabetes Surveillance Project | – California Area Diabetes Surveillance Project<br>Mr. Finkbonner did not elaborate on this project since the TLDC was familiar with it. | |
| Northwest Tribal BRFSS Project | – Northwest Tribal BRFSS Project<br>The Portland Area EpiCenter trained Tribal members to conduct the BRFSS by teaching them how to administer the survey, enter data, and conduct simple analyses. The results of the project are posted on the NPAIHB website and continue to be a rich source of information. | |
| Indian Community Health Profile Project | – Indian Community Health Profile Project<br>The Indian Community Health Profile Project worked with Tribes and asked them to define their own health. Many Tribes used the Healthy People 2000 measurements, but some Tribes added their own unique measurements, such as graduation and pregnancy rates. The project worked with them to figure out how to capture these measurements so that they could monitor the health of their community. | |
| Infant Mortality Study | – Infant Mortality Study<br>Dr. Jim Gaudino from the CDC was assigned to the Portland Area EpiCenter to review infant mortality records for Washington, Oregon, and Idaho. The Portland Area had experienced a dramatic decline in infant mortality after 1995. The aim of the study was to understand why infant mortality declined so sharply. | |
| Northwest Tribal Dental Support Center | – Northwest Tribal Dental Support Center<br>The Northwest Tribal Dental Support Center is staffed by a clinical specialist, a public health specialist, and an oral health epidemiologist. They conduct annual site visits with Tribes and dental sites to review scheduling, infection control, and sealant practices. The project gives Tribes updates on new information and feedback on how they can reduce missed appointments to increase access to care. | |

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| FAS Project | – FAS Project<br>The FAS Project works with six Tribal communities to help them develop linkages to services for families affected by FAS. | |
| NARCH | – NARCH<br>NARCH includes four projects: (1) an evidence-based medicine project in partnership with the SIHB that gave providers access to real-time, evidence-based health information; (2) a training project; (3) the TOTS Project, which focuses on toddler obesity and tooth decay; and (4) a child safety seat and injury prevention project. | |
| Emergency preparedness for the Tribes | – Emergency Preparedness for Tribes<br>The Portland Area EpiCenter has conducted a survey with the public health workforces in Washington, Oregon, and Idaho. Using the information from the surveys, the EpiCenter will recommend areas where the public health workforces need training. | |
| Northwest Tribal Registry Project | – Northwest Tribal Registry Project<br>The Northwest Tribal Registry Project uses software that allows the EpiCenter to link the Portland Area user population database with any registry with which the EpiCenter can work out an information sharing agreement. Through the linkages, the project is able to identify people in the user population database who are also in the other registries and have not been identified as AI/AN. The project also works with states to correct racial misclassification information so that the states have accurate information to identify the true disease burden for AI/ANs.<br>▪ The TLDC discussed how the Registry Project could be used in the area of diabetes, how the Registry Project works with the states, multiple race classification and the census, and the challenges associated with AI/ANs who seek their care outside of the Tribal health system.<br>▪ Dr. Kelly Acton asked about the costs associated with the Registry Project. Mr. Finkbonner noted that the project has an annual operating budget of $125,000. He also noted that the linkage possibilities are endless and could include diabetes, tobacco, women's health, STDs, cancer, suicides, and intentional injury.<br>▪ Lorelei DeCora noted that the EpiCenters are doing a lot of work to correct databases for the states and other agencies, and should be able to obtain funding from agencies, such as the CDC, because of their work in correcting data. Dr. Acton, Dr. DeBruyn, and Mr. Rolin voiced their assent. | In response to comments by TLDC member Lorelei DeCora, the Federal co-chair suggested that the Tribal leaders suggest to Congressional staffers that funding from the CDC go to Tribal EpiCenters because of their assistance in correcting race misclassification in state databases |
| EpiCenters and the SDPI CGP | Linda Holt noted that she would like to see the EpiCenters be involved in the evaluation process for the SDPI CGP. | |
| Scope of work for EpiCenters | Dr. Acton noted that the Portland Area EpiCenter has taken the lead in | |

| Subject | Discussion | Action |
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| <br><br><br>Vietnam veterans and agent orange exposure | providing training on data systems and RPMS, in particular. The IHS DDTP has funding available for the EpiCenters, and the division is writing a scope of work for them.<br><br>Ms. Holt raised concerns about Vietnam veterans who were exposed to agent orange. She reported that her brother is a Vietnam veteran who was diagnosed with diabetes and was exposed to agent orange. She asked if a project to examine the long-term effects of agent orange exposure on AI/ANs was within the scope of the Portland Area EpiCenter. Mr. Finkbonner said it was within the scope, but depended on their ability to obtain funding.<br><br>**Break** | |
| **TLDC Charter and Dr. Grim's Response to TLDC Letter**<br><br>Traditionally appointed Tribal leaders<br><br>Voting privileges for co-chairs<br><br><br>TLDC objectives | Mr. Buford Rolin facilitated the discussion of the TLDC charter and Dr. Grim's response to the TLDC recommendation letter sent to Dr. Grim in April 2005:<br>– The TLDC discussed the definition of a "Tribally appointed" delegate or alternate. Dr. Kelly Acton explained that the TLDC would like to ensure that Tribal leaders who are traditionally appointed (as opposed to an elected leader) are also eligible to serve on the TLDC.<br>– Voting privileges for the Tribal and Federal co-chairs:<br>▪ Ms. Lorelei DeCora noted that the charter needs to address how voting ties will be handled.<br>▪ Mr. Carlton Albert and Ms. DeCora noted that they felt that true government-to-government consultation would be compromised if the Federal co-chair was allowed to vote. Ms. DeCora also felt that there might be a conflict of interest if the Federal co-chair could vote on matters that would affect his or her program.<br>▪ Dr. Acton noted that the previous Federal co-chair, Dr. Kermit Smith, voted on the TLDC. Mr. J.T. Petherick from the NIHB explained that, from his experience in working with different committees and workgroups, Federal participation and buy-in on committees is important.<br>▪ Dr. Acton suggested that the TLDC charter address how caucus issues will be addressed (e.g., will members from the AI/AN national organizations be allowed to participate in a caucus?).<br>– TLDC objectives<br>▪ Mr. Rolin noted that Dr. Grim wants the TLDC to "Make recommendations and provide advice on policy and advocacy issues for diabetes and related chronic diseases."<br>▪ Ms. DeCora asked what Dr. Grim defines as a chronic disease, and Dr. Acton explained that they are diseases that occur in a | The charter needs to address voting privileges for the Tribal and Federal co-chairs. It also needs to address voting procedures in the event of a tie<br><br>The Federal co-chair suggested that the charter outline caucus procedures |

| Subject | Discussion | Action |
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| TLDC objectives (continued) | population that are not necessarily treatable by short-term courses of therapy (e.g., HIV, asthma, depression, cancer, diabetes, cardiovascular disease, and arthritis).<br>▪ Dr. Acton noted that the scope of the TLDC will include chronic diseases because Dr. Grim has reduced the IHS health objectives from eleven to three: (1) HPDP; (2) behavioral health; and (3) chronic disease. | |
| New membership from AI/AN organizations | – Mr. Albert raised concern about adding additional members to the TLDC (i.e., members from national AI/AN organizations) when getting Area Tribal leaders to attend meetings can be challenging.<br>▪ Mr. Rolin noted that Dr. Grim feels that the TLDC, as an advisory organization, needs to include national AI/AN organizations. | |
| Concerns about duplication of effort | ▪ The TLDC discussed concerns about duplication of effort among the TLDC and national AI/AN organizations. Mr. Petherick noted that the role of the TLDC role is limited in scope because it is a committee of the IHS. He also noted that the IHS consultation policy wants all the organizations at the table. Dr. Acton noted that the NIHB, for example, deals with policy issues, whereas the TLDC focuses on funding from Congress for diabetes.<br>▪ Mr. Rolin suggested that the TLDC consider changing its name because of the addition of members from national AI/AN organizations.<br>▪ Dr. Acton suggested that the charter might spell out that the advice will come from the elected Tribal officials on the committee *for consultation issues*. For *other advisory issues*, the entire committee (including members from the national AI/AN organization) would provide advice to Dr. Grim. Mr. Petherick agreed that the issue of when members are allowed to vote and when members should abstain needs to be clarified in the charter. | The TLDC may want to consider a name change<br><br>The charter should clarify the consultation versus advisory roles of the different members (i.e., Tribal versus organizational members) of the TLDC |
| Member appointments | – Member appointments<br>▪ Mr. Albert noted that the charter needs to address traditional Tribal leader appointments (versus elections).<br>▪ Mr. Petherick suggested that the charter include language that directs the Area directors to consider Tribal leadership for the committee from all sources.<br>▪ The TLDC discussed concerns regarding whether representatives from the national AI/AN organizations needed to be Tribally elected or appointed leaders. | The charter should describe when members should abstain from voting<br><br>TLDC recommended that the charter include an explanation of traditional appointment processes |
| Next steps | – Next steps<br>▪ Ms. Lorraine Valdez suggested that the NIHB develop a side- | |

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<tr><th>Subject</th><th>Discussion</th><th>Action</th></tr>
<tr><td>Next steps (continued)</td><td>by-side chart that includes Dr. Grim's original recommendations for the TLDC, the TLDC's response to his proposal, and Dr. Grim's latest response to the TLDC.<br>▪ The TLDC decided to continue discussion on the charter during Day Two of the meeting.<br><br>Break</td><td></td></tr>
<tr><td>Reception at Nike Campus in Beaverton, Oregon</td><td>Sam McCracken, manager of Native American business at Nike, and Lorrie Vogel, innovation director of Nike's women's division, hosted a tour and reception for the TLDC. Mr. McCracken provided an overview of the MOU between the IHS and Nike:<br>– In early 2003, Leo Nolan from the IHS contacted Mr. McCracken to develop an MOU between the IHS and Nike. The purpose of the MOU is to create healthier lives for AI/ANs and tie it into the work that Mr. McCracken does at Nike with his AI/AN incentive program.<br>– On November 14, 2003, the president of Nike signed the MOU with Candace Jones and Leo Nolan from the IHS as witnesses. Dr. Grim signed the MOU on November 18, 2003, at the NCAI Annual Conference in Albuquerque, New Mexico.<br>– Nike and the IHS developed the National Native American Health and Fitness Day, which ties into the NIHB Just Move It! Campaign.<br><br>Ms. Vogel provided an overview of the Nike and IHS project to develop footwear for AI/ANs with diabetes:<br>– Nike and the IHS have been working on the project for ten months.<br>– The Nike team includes footwear designers, researchers, and testing analysts. The team has visited the Albuquerque Area, where they toured health clinics and visited the Pueblo of San Felipe to get a better sense of the community that they are serving and to better understand the needs of the community. Notah Begay, the professional golfer, provided the tour of his Pueblo and introduced the team to his family.<br>– Ms. Vogel reported that the Nike team is really excited and inspired about this project.<br>– The next steps for Nike include developing a better understanding of the foot morphology AI/ANs . They will work with the IHS to visit AI/AN communities to scan feet and determine the appropriate fit for the shoes.<br><br>Meeting recessed at 5:00 p.m. until 8:30 a.m. on May 13, 2005</td><td></td></tr>
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# Tribal Leaders Diabetes Committee Meeting

## Day 2: May 13, 2005

| Subject | Discussion | Action |
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| **Welcome** | **Day Two—Friday, May 13, 2005**<br><br>**Mr. Buford Rolin, Tribal co-chair, called the meeting to order at 8:50 a.m.**<br>– Mr. Rolin noted that the Areas *without* representation for Day Two of the TLDC meeting include: Alaska, Albuquerque, Bemidji, Billings, California, Phoenix, and Tucson<br>– Ms. Lorelei DeCora, delegate from the Aberdeen Area, delivered the prayer. | |
| **TLDC Charter and Dr. Grim's response to TLDC letter** | The NIHB provided a table for the TLDC that presented information from:<br>– Dr. Grim's letter to the TLDC dated December 3, 2004.<br>– The TLDC's response letter to Dr. Grim dated April 4, 2005.<br>– Dr. Grim's response letter dated May 11, 2005.<br>– Notes from the TLDC discussion during Day One of the TLDC Meeting (May 12, 2005). | TLDC will schedule a time to speak with Dr. Grim to discuss TLDC's unresolved questions and concerns regarding the charter |
| Scheduling a meeting to discuss unresolved issues with Dr. Grim | The TLDC discussed setting up a time to speak with Dr. Grim to discuss their unresolved questions and concerns regarding the charter. Prior to speaking with Dr. Grim, the TLDC will send him a letter that outlines their unresolved questions and concerns. The TLDC will include the table that was developed by the NIHB as an attachment.<br><br>Mr. Buford Rolin facilitated discussion of the TLDC charter and Dr. Grim's response to the TLDC recommendations for its charter.<br>– Mr. Rolin noted that issues on the *Vision Statement*, *Mission Statement*, and *Objectives* for the TLDC charter have been resolved. | TLDC will write a letter to Dr. Grim that outlines the TLDC's unresolved questions and concerns prior to speaking with him, and include the side-by-side table as an attachment to the letter |
| Membership | – For the issue of *Membership*, during Day One of the meeting, the TLDC had recommended changing the charter to say, "One Tribal elected or appointed—in circumstances where Tribal leadership is determined through a traditional appointment rather than election—representative and one alternate from each IHS Area will be selected by the respective IHS Area director in consultation with Area Tribes. Such consultation should be conducted in a manner that provides fair and equal consideration of all potential candidates." The TLDC agreed on this recommendation.<br>– Mr. Rolin noted that all other issues under *Membership* have been resolved. | TLDC members agreed with the recommendation regarding membership outlined in the side-by-side table, which also included an explanation of traditional appointment processes and indicated that consultation be conducted in a fair manner |
| Membership rotation | – For the issue of *Membership Rotation*, Mr. Rolin noted that in its April | |

| Subject | Discussion | Action |
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| Membership rotation (continued) | 4, 2005, letter, the TLDC had strongly recommended that all TLDC membership restrictions be removed and that the Area directors and Area Tribes should be able to determine who they recommend to this committee.<br>▪ Dr. Grim responded on May 12, 2005, saying, "I am willing to consider the TLDC recommendation to remove some membership restrictions, including how long membership terms will last. The TLDC is required to develop a draft charter. Membership rotation must be addressed for inclusion in the TLDC charter. The TLDC should develop guidelines for a defined method of membership rotation that will be in effect when the charter is approved by the IHS." | The TLDC would like to discuss *membership terms* with Dr. Grim |
| | ▪ During Day One of the meeting, the TLDC proposed, "TLDC membership is not subject to term limits. Changes in TLDC membership are to be submitted in writing by the appropriate member entity to the TLDC." | The TLDC will need to clarify details on the appointment procedure for the charter |
| Dr. Grim's vision for the TLDC: consultative body of elected Tribal leaders or advisory group? | ▪ The TLDC discussed the need to clarify the appointment procedure.<br>▪ Ms. Lorelei DeCora raised concern about whether Dr. Grim intended for the TLDC to be a body of elected Tribal leaders or if he intended for the TLDC to become an advisory body made up of Tribal leaders and representatives from AI/AN organizations. Some of these organizations have members who are not elected or appointed Tribal leaders. Ms. DeCora felt that the TLDC needs clarification on this issue before they can make a recommendation on membership rotation. | To provide a recommendation on *membership rotation*, the TLDC would like clarification on whether the TLDC is a consultative body of elected Tribal leaders or an advisory group |
| Voting | – For the issue of *Voting*, Mr. Rolin noted that Dr. Grim concurred with the TLDC's recommendations on voting. | |
| | ▪ During Day One of the meeting, the TLDC decided that it needs "to clarify in the charter that each member gets to cast only one vote, regardless if they are eligible to be a committee member through multiple entities (e.g., Area and organization). In other words, no double voting or proxy votes."<br>▪ Dr. Judy Goforth Parker asked if the TSGAC representative is from the Oklahoma Area, and if Dr. Goforth Parker is the TLDC member from the Oklahoma Area, would they both get to vote?<br>– Mr. Rolin replied that the TLDC had recommended, "If the alternate represents an IHS Area or organization at the table, he or she will vote on behalf of the respective IHS Area or organization."<br>– Mr. Rolin noted that Dr. Grim had concurred, but the TLDC decided that it needed "to clarify in the charter that each member gets to cast one vote, regardless if | The TLDC needs to clarify no double or proxy voting for delegates or alternates |

| Subject | Discussion | Action |
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| | they are eligible to be a committee member through multiple entities (e.g., Area and organization). In other words, no double voting or proxy votes.” | |
| Leadership and the voting privileges of the Federal co-chair | – For the issue of *Leadership*, Mr. Rolin noted that Dr. Grim did not concur that the Federal co-chair be a non-voting position.<br>▪ Dr. Goforth Parker noted that the Federal co-chair has always been a voting position.<br>▪ Ms. DeCora would like Dr. Grim to explain why he wants his Federal representative to vote on a body of Tribal leaders—if that is what he intends the body to be. | The TLDC wants to discuss the voting privileges of the Federal co-chair with Dr. Grim |
| IHS consultation policy and FACA requirements | ▪ Mr. J.T. Petherick noted that Dr. Grim’s recommendations may have come from the new IHS consultation policy. Mr. Petherick noted that he believes that Dr. Grim still considers the TLDC to be a consultative committee but with new membership.<br>▪ Mr. Jim Roberts noted that the latest draft of the IHS consultation policy states that when the IHS uses workgroups to assist in the consultation process, FACA requirements will apply. Mr. Roberts recommended that the TLDC find out from Dr. Grim how the FACA requirements will apply to the TLDC.<br>▪ Mr. Petherick suggested that the TLDC contact Kitty Marx at the IHS to provide guidance on the FACA requirements. | Jim Roberts from the NPAIHB suggested that the TLDC find out from Dr. Grim how FACA requirements will apply to the TLDC<br><br>The TLDC may want to consider contacting Kitty Marx at the IHS for guidance on FACA |
| Leadership | – Also for the issue of *Leadership*, Mr. Rolin noted that Dr. Grim did not address the TLDC’s recommendation that only the 12 elected or traditionally appointed Tribal representatives be allowed to serve in the Tribal co-chair and alternate Tribal co-chair positions.<br>▪ Mr. Rolin also noted that the TLDC will need to “clarify and define appropriate voting circumstances for the organizational members and the IHS member under the voting section.” | Dr. Grim did not address the TLDC’s recommendation that only the 12 Area representatives serve in and vote on TLDC leadership and alternate leadership positions<br><br>The TLDC needs to define appropriate voting circumstances for the organizational members, as well as the Federal co-chair |
| Leadership terms | ▪ Mr. Rolin noted that the TLDC had recommended that it re-evaluate its leadership every four years or as necessary. Dr. Grim did not concur and said that the TLDC will need to define leadership rotation in the charter for his consideration.<br>– Ms. DeCora voiced her disagreement with four-year terms of leadership. She felt that it is important to encourage more rotation and representation in the leadership positions and to develop the next generation of leaders.<br>– Ms. Linda Holt and Dr. Goforth Parker felt that four-year leadership terms were necessary because the TLDC meets only several times per year and to keep continuity and expertise on the committee. Dr. Goforth Parker noted that the decision for four-year leadership | |

| Subject | Discussion | Action |
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| | terms was decided at a meeting with a quorum, but indicated that Ms. DeCora could bring up the issue for consideration again. | TLDC members were not in agreement on the length of TLDC leadership terms |
| Technical services and support | – For the issue of *Technical Support*, Mr. Rolin noted that Dr. Grim concurred with the recommendation that technical services to the TLDC be provided by the NIHB through an MOU. | |
| Administrative support costs | ▪ Mr. Petherick reported that the MOU has been finalized and submitted to the IHS Office of Tribal Programs for processing.<br>▪ At the request of Dr. Kelly Acton, the NIHB will develop and submit a budget for administrative support costs. | The NIHB will submit a budget for TLDC administrative support costs for the MOU |
| TLDC meetings | – For the issue of *Meetings*, Mr. Rolin noted that Dr. Grim's most recent recommendation is for three TLDC meetings per year.<br>▪ Mr. Rolin, Ms. Holt, Dr. Goforth Parker, and Mr. Robert Nakai voiced their support for four meetings per year. Ms. Holt supported four meetings per year because Dr. Grim has directed the TLDC to expand into chronic disease.<br>▪ Ms. DeCora agreed with Dr. Grim's recommendation for three meetings per year. She also expressed concern that a quorum was not reached for the meeting and that several Areas needed to submit their appointments.<br>▪ Dr. Goforth Parker noted that the lack of a quorum is rare for TLDC meetings. | TLDC members were not in agreement on the number of annual TLDC meetings |
| The need to obtain representative and alternate appointments from each Area | ▪ Ms. Holt suggested that the charter include an attendance clause that instructs Area directors to appoint a new delegate if the current delegate misses a certain number of meetings without sending the appointed alternate.<br>▪ The TLDC recommended that Mr. Rolin contact Dr. Grim and ask him to instruct the Area directors during their conference call on May 19, 2005, to make their delegate and alternate appointments to the TLDC. | TLDC will add an attendance clause in the charter that instructs Area directors to appoint a new delegate if the current delegate misses a certain number of meetings without sending the appointed alternate<br><br>Buford Rolin will ask Dr. Grim to instruct Area directors during their conference call to make their delegate and alternate appointments to the TLDC |
| Travel process | – For the issue of *Meetings*, Mr. Rolin noted that Dr. Grim agreed that the NIHB could manage the travel and per diem funds for TLDC members.<br>▪ The NIHB will develop a summary of the travel reimbursement process for the TLDC. The summary will include a description of what are and are not considered legitimate travel expenses.<br>▪ The IHS DDTP will keep the summary on file. | The NIHB will develop a summary of the travel reimbursement process for the TLDC |
| Praise for the technical workgroup | Dr. Goforth Parker brought up concerns raised by the Oklahoma Area regarding the technical workgroup.<br>– She reported that the Oklahoma Area wants the technical workgroup activities to stay with the Tribes.<br>– She noted that the people who have served on the technical workgroup | |

| Subject | Discussion | Action |
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| Praise for the technical workgroup (continued) | worked very hard and she would like the TLDC to acknowledge their work.<br>– Dr. Acton suggested that the TLDC send a letter with Buford Rolin's signature to people who served on the workgroup to thank them for their service. Mr. Rolin suggested that the TLDC also send them a plaque.<br>– Mr. Petherick noted that the NIHB's role is not to provide technical expertise, but to provide support to the TLDC. | TLDC will send a thank you letter with Buford Rolin's signature and a plaque to people who served on the TLDC technical workgroup |
| Praise for Mr. Alvin Windy Boy and Dr. Kermit Smith, former TLDC co-chairs | Ms. DeCora suggested that the TLDC formally thank and recognize the efforts of Mr. Alvin Windy Boy, former Tribal co-chair, and Dr. Kermit Smith, former Federal co-chair.<br>– Mr. Rolin suggested sending them a thank you letter and a plaque.<br>– Mr. Roberts suggested nominating them for the NIHB national award. | TLDC will send a thank you letter with Buford Rolin's signature and a plaque to Mr. Alvin Windy Boy and Dr. Kermit Smith. The TLDC will also nominate them for the NIHB national award |
| **Update on the SDPI Competitive Grant Program**<br><br>Grantee concerns and challenges | Dr. Kelly Acton reviewed several of the challenges of the SDPI CGP grantees:<br>– The CGP grantees are expected to begin the project interventions on October 1, 2005, but they are running into major roadblocks.<br>– Grantees are having trouble hiring employees:<br>▪ Some Tribal personnel offices are enforcing rigid pay rates and not letting grantees pay staff necessary or prevailing wages.<br>▪ The IHS DDTP provided grantees with sample position descriptions, but many Tribes are being inflexible and see the sample employee qualifications as set in stone.<br>– Tribes have asked grantees to spend grant funds on projects and activities that are not within the scope of the CGP.<br>– Tribes are not giving grantees flexibility to adapt their staffing structures to better fit what they need as the program evolves.<br>– Grantees are being affected by local travel and hiring freezes. These types of freezes do not apply to grant activities.<br>– Tribes are not letting grantees spend grant funds to obtain high speed internet access.<br><br>The TLDC expressed its support of the CGP grantees and decided to write a letter to Tribal leaders that outlines the CGP grantee concerns and challenges. The letter will be sent from Mr. Buford Rolin and Dr. Acton. | TLDC will write a letter, with the signatures of Buford Rolin and Kelly Acton, to Tribal leaders that outlines CGP grantee concerns and challenges |
| **Plan for the release of the SDPI Report to Congress** | Ms. Lorelei DeCora asked about the plan to release the SDPI Report to Congress. | |

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<tr><td>Plan for the release of the SDPI Report to Congress (continued)</td><td>Dr. Kelly Acton informed the TLDC about the ADA luncheon:<br>– The ADA has offered to invite members of the Congressional diabetes caucus to a luncheon, invite Mr. Buford Rolin and Dr. Acton to speak at the luncheon, and distribute copies of the report.<br>– Dr. Acton sent the request to IHS Headquarters; the request is being reviewed by the Program of Ethics.<br>– The ADA will plan their Congressional luncheon even if Dr. Acton is not allowed to attend; Mr. Rolin could still attend and distribute the report.<br><br>Ms. Lorraine Valdez noted that the report will be released on the IHS DDTP website in its entirety:<br>– The report can be accessed at: www.ihs.gov/medicalprograms/diabetes. The website will also include specific instructions on printing the report.<br>– People can download individual chapters from the website.</td><td></td></tr>
<tr><td>Changes to IHS DDTP staffing</td><td>Ms. Lorelei DeCora asked the IHS DDTP to update the TLDC on its current staffing situation. Dr. Kelly Acton gave the following staffing update:<br>– The agency approved the DDTP's request for three new positions to serve as project officers for the SDPI CGP. Dr. Acton noted that the DDTP will probably hire only two project officers because the CGP Coordinating Center is doing an excellent job.<br>– The agency instructed the DDTP to hire a deputy at IHS Headquarters in Rockville. The DDTP had proposed that this person go back and forth between Headquarters in Rockville and the division office in Albuquerque, but Headquarters denied the request. The DDTP received approval to hire a senior consultant who will be at Headquarters, but will be able to work in Albuquerque as well.<br><br>Dr. Acton noted that the current total number of SDPI grantees is 399 grantees.<br>– Sixty-six of these grantees are in the CGP.<br>– The Report to Congress provides maps that illustrate where grantees are located by Area.</td><td></td></tr>
<tr><td>Finalize TLDC calendar for 2005</td><td>The TLDC decided to set two more meetings for 2005:<br>– The third TLDC meeting of 2005 will be August 10 and 11, 2005, in Washington, D.C., at the NIHB offices.<br>– The fourth TLDC meeting of 2005 will be November 8 and 9, 2005, in New Orleans.<br>    ▪ This meeting will coincide with the APHA meeting.</td><td>The third TLDC will be August 10 and 11 in Washington, D.C., at the NIHB offices. The fourth TLDC meeting will be November 8 and 9 in New Orleans</td></tr>
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| Subject | Discussion | Action |
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| Finalize TLDC calendar for 2005 (continued) | ▪ The IHS DDTP will invite several of the diabetes programs who will be presenting at the APHA meeting to do brief presentations at this meeting.<br><br>**Break** | IHS DDTP will invite diabetes programs who will be presenting at the APHA meeting to do brief presentations at the fourth meeting |
| **Follow-up to charter discussion and response to Dr. Grim**<br><br>TLDC appointments<br><br>Preserving the Area diabetes consultants in the IHCIA<br><br>EpiCenter information packets<br><br>IT reports<br><br>Urban funding | **Meeting called to order at 11:11 a.m.**<br><br>Mr. Buford Rolin noted that the Bemidji, Billings, California, and Tucson Areas need to make their delegate and alternate appointments so that they can be included in future charter discussions. Mr. Rolin will contact Dr. Grim and ask him to remind the Area directors to work in consultation with the Tribes to appoint their delegates and alternates to the TLDC.<br><br>Mr. Rolin also noted that Ms. Lorelei DeCora recommended that the TLDC make a formal recommendation to preserve the Area diabetes consultants in the IHCIA. The TLDC will send a letter to the Senate Indian Affairs Committee, with a copy to the IHCIA Steering Committee.<br><br>Dr. Kelly Acton brought up the issue of EpiCenters, and Mr. Jim Roberts at the NPAIHB agreed to develop information packets on the EpiCenters before the next TLDC meeting.<br><br>Ms. DeCora asked the Federal co-chair when the report on IT funding would be ready. Dr. Acton reported that the IHS IT department is still waiting on information from the Areas; this information is necessary to complete the IT funding report. Once the report is developed, Dr. Acton will provide it to the TLDC.<br><br>Mr. Rolin facilitated a follow-up discussion on the TLDC charter.<br>– The TLDC agreed to try to meet with Dr. Grim at the diabetes meeting in Denver to discuss their unresolved questions and concerns with him.<br>– The NIHB will outline the TLDC's unresolved questions and concerns in a letter to Dr. Grim, which the TLDC will present to him at the diabetes meeting.<br>– The TLDC decided to set up conference calls after they meet with Dr. Grim to work on completing the charter.<br><br>Dr. Acton asked if the TLDC would like a report about how the urban funding was distributed. The TLDC indicated that they would like a report. The IHS DDTP will ask the IHS Office of Urban Indian Health Programs to provide the report. | Bemidji, Billings, California, and Tucson Areas need to make their appointments to the TLDC<br><br>Buford Rolin will contact Dr. Grim to ask him to remind the Area directors to appoint their TLDC delegates and alternates<br><br>TLDC will write a letter to the Senate Indian Affairs Committee, with copy to IHCIA Steering Committee, about preserving the Area diabetes consultants in the IHCIA<br><br>The NPAIHB will develop information on the packets on the Tribal EpiCenters prior to the next meeting<br><br>Dr. Kelly Acton will provide a report on data infrastructure activities from the national IT department as soon as she receives it<br><br>The IHS DDTP will ask the IHS Office of Urban Indian Health Programs to provide a report on how the urban funding was distributed |

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<tr><td>Introduction to Gale Marshall and Discussion about Nike MOU</td><td>Dr. Acton introduced Ms. Gale Marshall to the TLDC:<br>– Ms. Marshall has been working with the IHS DDTP for eight years to facilitate meetings throughout Indian country and works extensively with the SDPI grantees.<br>– Ms. Marshall will begin working with Nike to conduct focus groups in AI/AN communities.<br><br>Dr. Acton described the Nike MOU:<br>– Rodney Staff, an Indian podiatrist in Texas, identified that one of Nike’s shoes meets many of the needs of people with diabetes who want to exercise and be active.<br>– Leo Nolan from the IHS worked with Sam McCracken, who is the manager of Native American business at Nike, to develop an MOU between the IHS and Nike to develop a shoe that is specific to the diabetic foot in AI/ANs, safe, and comfortable, and will encourage people to exercise.<br>– The IHS and Nike have met several times to discuss shoe cost and design; the IHS wants Nike to develop a shoe that people can keep for several years.<br>– Ms. Marshall will work with the IHS and Nike to conduct focus groups in Indian Country.  Nike would also like to develop a composite of the AI/AN foot to help in the design of the shoe.<br><br>The TLDC recommended that the IHS work with Nike to develop a shoe for youth, as well as adults.<br><br>Meeting adjourned at 11:43 a.m.</td><td></td></tr>
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