



DEC 03 2004

Dear Tribal Leaders Diabetes Committee Members:

In October 2002, I instructed all Indian Health Service (IHS) standing advisory committees to conduct a self-evaluation of their current activities and to generate recommendations for future activities. The Tribal Leaders Diabetes Committee (TLDC), established in 1998, conducted this evaluation in January 2003 and submitted its report. In May 2003, TLDC members raised the issue of the committee's charge and composition. I have reviewed the TLDC's report and its roles and responsibilities as outlined in the October 1998 memorandum from the IHS Director.

A major role of the TLDC has been to review annually Area Tribal consultation recommendations on the distribution of the Special Diabetes Program for Indians (SDPI) funds and to make national recommendations to the IHS Director. In light of the fact that the SDPI formula and funding distribution will be held constant through fiscal year 2008, it is necessary to plan for the future purpose and function of the TLDC. With this in mind, I am presenting a new framework for the TLDC's roles and responsibilities.

ROLES AND RESPONSIBILITIES

It is evident that the TLDC has been very productive, and its impact has been significant, as noted in the TLDC self-evaluation report. I believe the TLDC is a model for other groups of Tribal Leaders that wish to make an impact in addressing a common health concern. The TLDC has served as an effective link among Tribes, the IHS, other Federal agencies, and private organizations on diabetes-related Tribal issues. I am now asking the TLDC to focus on broad-based issues regarding diabetes and related chronic diseases and to provide guidance to the IHS that will ensure the continued funding of the SDPI.

NEW FRAMEWORK FOR TLDC ROLES AND RESPONSIBILITIES

1. Vision Statement. The vision statement is consistent with the IHS policy and will remain the same.

Empowering American Indian and Alaska Native (AI/AN) people to live free of diabetes and related chronic disease through healthy lifestyles while preserving cultural traditions and values through Tribal leadership, direction, communication, and education.

2. Mission Statement. The mission statement has been changed in order to broaden its scope:

Make recommendations to the Director for the establishment of broad-based policy and advocacy priorities for diabetes and related chronic disease activities.

3. Objectives. The objectives have been shortened to broaden the scope and reduce redundancy.
 - Make recommendations and provide advice on policy and advocacy issues concerning diabetes and related chronic diseases.
 - Provide advice and guidance to ensure the incorporation of appropriate traditional cultural values in program development, research, and community-based activities.
 - Provide broad-based guidance and assistance in defining how other Federal agencies and organizations, States, and private health organizations can play a role in addressing diabetes and related chronic disease issues.
 - Serve as a Tribal advisory committee for the Centers for Disease Control and Prevention National Diabetes Prevention Center.
4. Membership. The membership has been broadened to include representation from the major Tribal organizations as well as the Urban Indian health programs. The position of member-at-large has been deleted. Membership rotation has also been defined.
 - a. Membership Composition
 - One Tribal elected representative from each IHS Area will be selected by the respective IHS Area Director in consultation with Area Tribes.
 - One representative will be selected by each of the following Tribal organizations: National Congress of American Indians, National Indian Health Board, and Tribal Self-Governance Advisory Committee.
 - One representative will be selected by the National Council of Urban Indian Health.
 - One representative will be selected by the Direct Service Tribes.
 - One IHS representative will be appointed by the IHS Director. The role of the IHS representative will be to keep the Director apprised of TLDC issues, decisions, recommendations, and concerns.
 - b. Membership Rotation: In order to provide for continuity of membership and allow opportunity for new membership:
 - One-third of the committee membership will be replaced every 3 years.

- Members will serve a maximum of a continuous 3-year term.
- Members may serve 2 or more terms after a 3-year rotation off the committee.

The TLDC members can recommend how the rotation will be set up, i.e., random drawing or voluntary determination.

5. Leadership. The leadership role has been delineated to be consistent with the IHS Tribal Consultation and Participation Policy:

- One TLDC elected Tribal representative will be voted co-chairperson, and one elected Tribal representative will be voted as this person's alternate.
- The IHS representative shall serve as co-chairperson.

While the IHS Consultation and Participation Policy does not address the terms of leadership, the TLDC co-chairperson will serve a term of 2 years, and the alternate will serve a term of 2 years. The term in each position shall not exceed the individual's term of membership.

6. Meetings. The TLDC will meet up to twice annually. Additional meetings may be necessary for subgroups working on specific assignments.
7. Support of TLDC Activities. It is recognized that the current technical workgroup has, up to now, provided administrative support to the TLDC. The TLDC will review the need for ongoing administrative support of committee activities and provide recommendations to the IHS Director. The need for a technical workgroup will be evaluated.
8. Budget. Support for the TLDC activities will be provided up to \$150,000 annually. Support will cover travel and per diem for TLDC members to attend officially sanctioned TLDC or related meetings. Travel and per diem will be paid only for one representative from each entity. The TLDC will make recommendations to the IHS Director on the most efficient and effective administration of the TLDC budget. A yearly expenditure report will be required.

The IHS Headquarters Management Policy staff has recommended that all advisory groups to the IHS have a charter in place. I recommend that the TLDC address the development of a charter at the next scheduled meeting.

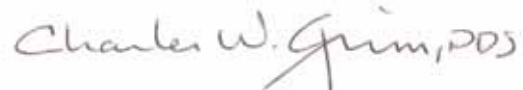
Thank you and your alternates for the substantial time and effort you have provided in advocating for the health care needs of all AI/ANs. Your advocacy has resulted in the expansion of the SDPI. The TLDC represents the first example of a group of tribally elected officials to meet on a regular basis to discuss a chronic health condition affecting their communities and make recommendations to address the condition. I am confident that

Page 4 – Tribal Leaders Diabetes Committee Members

through your commitment and hard work, the TLDC will continue to enhance Tribal and Federal Government-to-Government relationships.

I look forward to continuing our collaboration on diabetes activities.

Sincerely yours,

A handwritten signature in cursive script that reads "Charles W. Grim, DDS". The signature is written in dark ink and is positioned above the printed name.

Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Director