# Tribal Leaders Diabetes Committee Quarterly Meeting <br> Fort Lauderdale, Florida January 8, 2001 

ISSUE: What are the consultation questions on which input will be requested for the Diabetes funding increase consultation process?

NOTE: The TLDC feel that questions are appropriate as long as the questions are broad or general enough to allow for input. The questions or positions provided by the TLDC are to be considered as a "jumping off" point for discussion within the consultation forums and not limited to those provided.

## QUESTIONS:

1) What are the set-asides? What is their priority? And how are they to be funded?
a) Urban programs allocation
b) Administrative
i) Areas - grant management specialist
ii) Data Improvement
iii) TLDC support
c) Special Initiatives
i) National Diabetes Prevention Center (Senator Dominici initiative)
ii) National Diabetes Program
iii) Denver Diabetes Center (Senator Nighthorse Campbell initiative)
2) What is the allocation/distribution methodology and process of the diabetes funds? Should it stay the same or change? Part or entirety?
a) Allocation methodology
i) Allocation by area?
ii) Competitive or noncompetitive grants?
iii) Formula
(1) TSA
(2) Disease Burden
(3) User population
3) How are the monies to be used? (focus or purpose of monies)
a) Congressman Nethercutt's proposed suggestions that the increase be directed towards:
i) Successful models and strategies (best practices);
ii) Infrastructure building at HQ in diabetes expertise;
iii) Program management of new grantees;
iv) Evaluation and data collection of new grantees; and
v) Special Diabetes Projects.

## ATTACHMENT C

b) TLDC Draft position paper recommendations
i) Diabetes Treatment
(1) Direct care
(2) Surveillance, technical assistance and diabetes education/training
ii) Diabetes Prevention
(1) CHR diabetes specialists
(2) Best Practices compendium
(3) Partnerships with IHS Nutrition and Nursing Programs with Tribal Colleges and Universities to encourage AI/AN student to enter into these professions
c) 1997 BBA Allocation
i) Prevention/Treatment ratio
ii) Evaluation
d) Model programs

