



# **Indian Health Service Area Tribal Consultation**

by

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## **New Special Diabetes Programs for Indians (SDPI) H.R. 6331/P.L. 110-275**

**January 28, 2009**



# Indian Health Service



- ***Our Mission...*** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level
- ***Our Goal...***to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people
- ***Our Foundation...*** to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes



# Background

- **July 2008 Congress approved H.R. 6331 – “The Medicare Improvements for Patients and Providers Act of 2008”.**
- **July 15, 2008 H.R. 6331 became P.L. 110-275**
- **Title III of this Act extends the SDPI for two more years – FY 2010 and FY 2011 – at the current funding level of \$150 million per year**
- **October 28, 2008 the Tribal Leaders Diabetes Committee (TLDC) met via telephone conference to discuss the need for a national Tribal Consultation to recommend this to Mr. Robert McSwain, Director, Indian Health Service. The motion was made, seconded and unanimously approved by a vote.**
- **November 13, 2008 the TLDC met in Washington, DC with recommendation to the IHS Director that Tribal Consultation take place and to approve a Tribal Consultation guidance package.**
- **Discussion was made on the consultation timeline, a motion was made and the resultant vote was 9 yes; 1 no; abstention – none.**



# Approved Consultation Timeline

- Nov 2008 –Jan 2009:** Tribal Consultation in each Area
- Feb. 2, 2009:** Deadline for submission of Area Tribal Consultation to TLDC through DDTP or IHS Director's office.
- Feb.17 – 18, 2009:** TLDC meeting and Work Session (Santa Rosa, CA.) to review Area recommendations and develop final recommendations to IHS Director.
- March 1, 2009:** IHS Director announces final decision.
- March-Sept. 2009:** *Training for eligible entities on newly revised IHS Diabetes Best Practices, IHS Standards of Care for Type 2 Diabetes, grants management and elements of the new RFA as developed. (Added by DDTP)*



# Approved Consultation Timeline (cont.)



- **Oct 1, 2009:** Request for Application (RFA) will be available to eligible entities.
- **Jan 1, 2010:** Deadline for submission of new RFA to Grants.gov  
(May be pushed back to March 1, 2010 due to contracting issues)
- **April 1, 2010:** Notice of Grant Awards; New budget period begins  
(May be pushed back to June 1, 2010 due to contracting issues)



# Issues for Tribal Consultation



1. Distribution of Funding
2. Administration support
3. Demonstration Projects
4. Formula-based distribution of SDPI funding to each Area
5. Elements of the Application Process



## Elements of Application (cont.)



- a) eligible entities
- b) competition to meet minimum criteria and score
- c) technical assistance
- d) competition among SDPI grantees
- e) one SDPI grant per community – inclusion of clinical services
- f) selection of application reviewers



# Issues For Tribal Consultation

## 1. Distribution of Funding for FY 2010-2011 Current distribution of \$150 million SDPI:

- a) Community-directed grants \$108.9 million (333 grantees)
  - \$93.9 million = formula-based
  - \$ 6.1 million allocated to prevent funding reductions caused by updated diabetes prevalence data
  - \$ 8.9 million allocated to restore lost buying power (offset inflation)
  
- b) Demonstration Projects \$27.4 million (66 grantees)





## **Issues For Tribal Consultation (cont.)**

- c) Set-aside for National and Area data infrastructure improvement \$5.2 million**
  
- d) Set-aside for Urban Indian Health Programs \$7.5 million (34 grantees)**
  
- e) Set-aside for the CDC Native Diabetes Wellness Program \$1million**



# Questions For Consideration



- Will the annual distribution continue to be the same?
- Will a formula be used to determine distribution of amounts that each Area is eligible for as it was in 1997?
- If no, do you propose a change?
- Describe the change?
- What is your rationale for the change?
- Other comments?



# Issues For Tribal Consultation



## 2. Administration Support

- \$4.1 million from the Community-directed grant program
- \$4.1 million from the Demonstration Project

TLDC requested a breakdown of SDPI administrative support for your review and comment



# Issues For Tribal Consultation



## 3. Demonstration Projects (66 grantees)

- Healthy Heart (30 grantees)

California has 4 programs

- Diabetes Prevention (36 grantees)

California has 4 programs



# Questions For Consideration



- Should the existing 66 demonstration projects continue?
- If they should continue, in what capacity would they continue?



## Questions (cont.)

- If they should not continue, would there be value in attempting to preserve the knowledge, expertise, and experience gained as well as the infrastructure developed in these projects to share with the rest of the SDPI grantees and other Indian health programs?



## Questions (cont.)



- If you agree that there is value in preserving these assets, then what options would you propose to retain these positive assets?



# Issues for Tribal Consultation

- **4. Formula-based distribution of SDPI funding to each Area**
- a) Since FY 2004, a distribution formula, which is based on Tribal consultation and TLDC input, has been used to determine the amount of funding **each Area** is eligible to receive through the SDPI grant program.
- Through Area-level tribal consultation:
- Each Area determines the amount of SDPI funding to each eligible grantee using the same national distribution formula.
- The urban Indian health programs receive their funding from a separate set-aside.
- Each Area is asked, annually, to verify grantee funding amounts and report this information to the Division of Grants Opportunity Policy (DGOP).





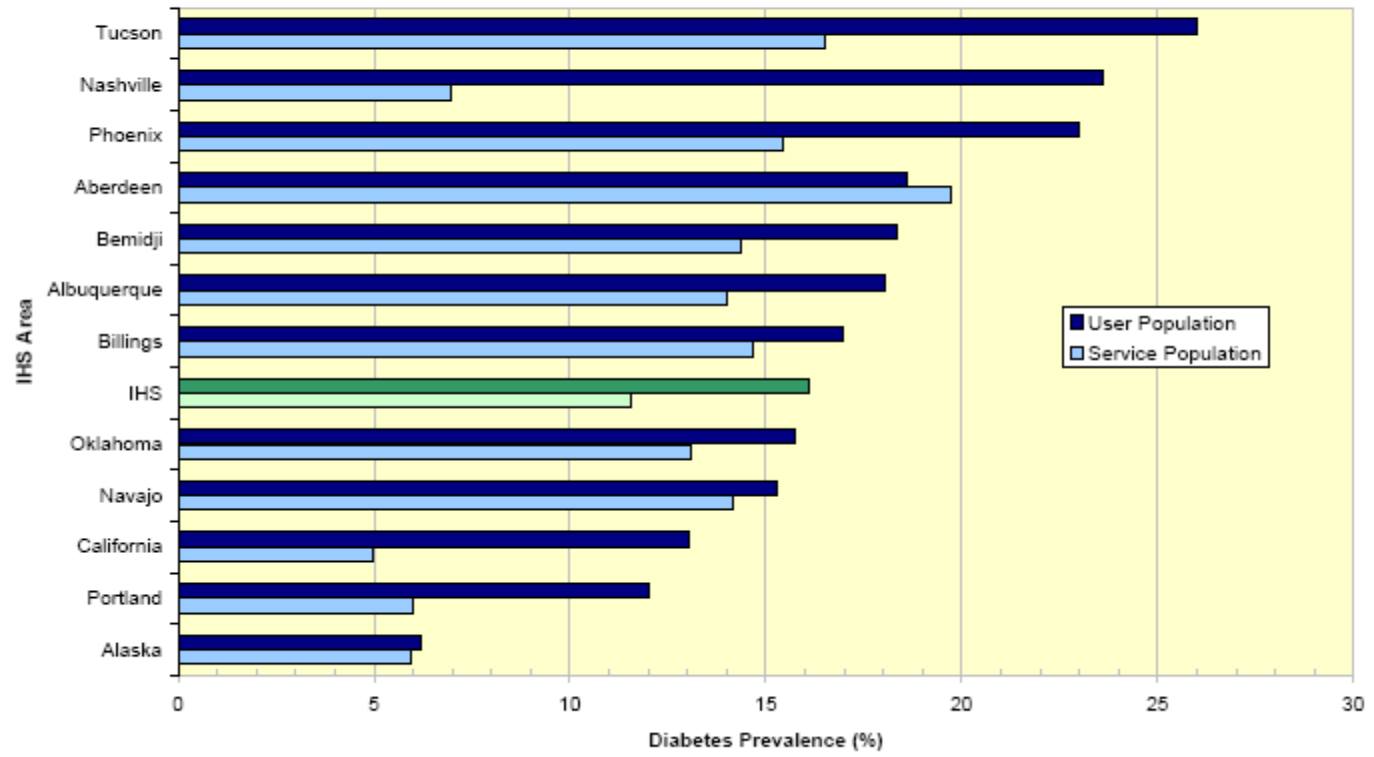
# Issues For Tribal Consultation



- b) In past years, diabetes prevalence estimates have been generated using both *user* population (IHS data) and *service* population (US census data) as denominators (see attached graphs) for making decisions about funding.
- Over the 11 years in the SDPI program have improved diabetes prevalence data.



### Diabetes Prevalence in American Indians and Alaska Natives By Area for 2006 Adults (20+) - Age Adjusted to the US Population





**Diabetes Prevalence in American Indians and Alaska Natives**  
**By Area for 2006**  
**Adults (20+) - Age Adjusted to the US Population**

Area	Diabetes Prevalence (%)		
	Denominator = User Population	Denominator = Service Population	Difference (User-Service)
Aberdeen	18.62	19.71	-1.09
Alaska	6.18	5.92	0.26
Albuquerque	18.03	14.03	4.00
Bemidji	18.37	14.38	4.00
Billings	16.95	14.68	2.27
California	13.05	4.96	8.09
Nashville	23.61	6.98	16.63
Navajo	15.28	14.15	1.12
Oklahoma	15.74	13.09	2.65
Phoenix	22.99	15.43	7.56
Portland	12.03	6.01	6.02
Tucson	26.03	16.53	9.50
<b>IHS</b>	<b>16.08</b>	<b>11.58</b>	<b>4.51</b>

Source: IHS Division of Diabetes Treatment and Prevention – IHS Program Statistics



# Questions for Consideration



- a) Should the formula that determines the distribution of SDPI grant funds to each Area be changed?



# Questions for Consideration



- If a formula were to be used for making decisions on the amount of SDPI funds distribution to each Area, what elements of a formula should be used? The following are some possible elements:
  - Prevalence of diabetes/numbers of people with diabetes in your communities
  - Population / tribal size
  - Geographic isolation
  - Tribal size adjustment
  - Other
- What is the rationale?



# Questions for Consideration



- b) If a formula is to be used, should the ***user population*** (IHS data) or the ***service population*** (US census) be used to generate prevalence estimates?



# Issues For Tribal Consultation



- **5. Elements of the Application Process**
- Limited competition is the grant application process for all eligible entities for the SDPI funding for FY 2010 and FY 2011.
- The following issues were brought forth at the TLDC meeting for tribal consultation feedback:



## Issues (cont.)

- a) According to the SDPI legislation as stated in the 1997 Balanced Budget Act, current eligible entities to apply for SDPI funding are: Tribes, Tribal organizations, IHS, and urban Indian health programs





# Information

- a) The process of “limited competition” could limit the competition, for example, to one type of organization, to a special programmatic priority, or to a geographic location or to those entities that are deemed eligible to receive grant funding. This could be all the existing grantees.
- If the competition is limited to the same eligible entities, this could then provide all current grantees with the same opportunity that they’ve had in the past.



# Questions For Consideration



- a) Should the eligible entities to apply for SDPI grants remain the same?



# Issues For Tribal Consultation (cont.)



- b) Competition to meet minimum criteria and score



# Information

- b) Applications that do not meet the minimum criteria and therefore do not score well will be given the opportunity to revise their application based on feedback from the reviewers.



# Questions for Consideration



- b) Do you feel this is fair and adequate assistance? What other considerations would you propose?



# Issues for Tribal Consultation (cont.)



- c) Technical assistance will be provided to applicants who require and request help in revising applications



# Information

- c) During past tribal consultation activities, IHS has received feedback on barriers, obstacles, challenges as well as successes that the grantees have experienced in obtaining technical assistance. The Division of Diabetes and the Division of Grants Operations and Policy will be providing information on the new grant process as well as technical assistance on the new RFA. The “web-ex” technology seemed to work well, recently, in sharing grant management information with the grantees.



# Questions for Consideration



- c) What other considerations do you suggest regarding providing technical assistance? Did using web-ex technology work well in your Area? What topics do you think the grantees **MUST** receive information on?





# Issues for Tribal Consultation (cont.)



- d) Competition among SDPI grantees



# Information

- d) According to IHS DGOP, there will be different levels of criteria developed so that large tribes/organizations are not “competing” with smaller tribes/organizations in the application process.



# Questions for Consideration



- d) What are your concerns and/or considerations regarding this approach?



# Issues for Tribal Consultation (cont.)



- e) Currently, there is a limit of one diabetes grant awarded per IHS entity or community.
- There are some Tribal communities that would like to support clinical services through their SDPI grant funds.



# Information

- e) IHS Division of Grants has suggested that if a SDPI tribal grant program is not able to provide clinical services but wishes to do so; the tribe could consider forming a partnership with the federal service unit in their community as part of the application planning process.



## Information (cont.)

- The tribe as the primary grantee would be able to engage in a sub-contractual agreement with the federal service unit to support clinical services for the community. This partnership and collaboration should be planned from the very beginning so that the transfer of funds (from tribal grantee to SU) is not as difficult as it is when the tribal grantee decides to pursue this type of support after the award has already been made.



# Questions for Consideration



- e) Do you agree with allowing this type of collaborative partnership opportunity for those tribal communities who wish to pursue inclusion of clinical services?



# Issues for Tribal Consultation (cont.)



- f) A panel of reviewers will be selected to review the applications using an objective review process.





## Information

- f) The panel will be a mix of federal and non-federal individuals. It is the responsibility of the Division of Diabetes to select the reviewers who will conduct the objective review process according to DHHS grant regulations. The Division of Grants Operations and Policy will approve the selection of reviewers. Reviewers cannot review the applications from their own respective Area.



# Questions



- f) What considerations and/or qualifications should the selection of the application reviewers include?



# Contact Information

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