Tribal Leaders Diabetes Committee
Strategic Planning Session
July 8 – 9, 2010

Hotel de Albuquerque, Albuquerque, New Mexico
Room: Franciscan

Tentative Agenda

July 8, 2010       Day One

8:30 am   Welcome and Blessing
           Buford Rolin, TLDC

8:40 am   Introductions

8:50 am   Review of last meeting minutes

9:00 am   Facilitated Strategic Planning Session: Future of SDPI and Role of TLDC

10:15 am  Break

10:30 am  continue

12:00 pm  LUNCH

1:15 pm   cont Strategic Planning Session

2:30 pm   Break

2:45 pm   continue

5:00 pm   Adjourn
Tribal Leaders Diabetes Committee

Meeting Summary

April 8–9, 2010
Rockville, MD
Tribal Leaders Diabetes Committee
Meeting Summary
April 8–9, 2010
Rockville, MD

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TLDC Meeting Summary—April 8–9, 2010
TLDC Members Present

Kathy Abramson (Bemidji Area)
Dr. Kelly Acton (Federal cochair)
Carlton Albert, Sr. (Albuquerque Area)
Connie Barker (Oklahoma Area)
Julia Davis-Wheeler (Portland Area)
Elwood Emm (Phoenix Area)
Charles Headdress (Billings Area)
Rosemary Nelson (California Area)
Buford Rolin (Tribal cochair; Nashville Area)

(Members not present: Alaska Area, Aberdeen Area, Navajo Nation, Direct Service Tribes Advisory Committee, National Congress of American Indians, Tribal Self-Governance Advisory Committee)

Others in Attendance

Tina Aguilar
Karen Bachman-Carter
Tammy Bagley
Jennie Becenti
Stacy Bohlen
Michelle Bulls
Diana Chihuahua
Elaine Dado
Batti Dalrow

Candice Donald John
Hoffman
Julie Jojola
Dr. Susan Karol
Tina Lamey
Kerrie Lopez
Sylvia Lopez
Helen Maldonado
Arvil McCabe
Juanita Mendoza

Nelson Miguel
Moriada O’Brien
Chuck Rhodes
Diana Richter
Dr. Yvette Roubideaux
Bobby Saunkeah
Randali Simmons
Ronnie Tepp
Lorraine Valdez
Melva Zerkoune

Speakers

Ms. Stacy Bohlen
Executive Director
National Indian Health Board

Ms. Michelle Bulls
Director, Grants Policy
Chief Grants Officer
Indian Health Service

Dr. Sanford Garfield
Senior Advisor for Biometry and Behavioral Research
National Institute of Diabetes and Digestive and Kidney Diseases

Dr. Howard Hays
RPMS Investment Manager
Office of Information Technology
Indian Health Service

Dr. Yvette Roubideaux
Director
Indian Health Service

Ms. Ronnie Tepp
Consultant
National Indian Health Board

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<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ADA</td>
<td>American Diabetes Association</td>
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<td>ADC</td>
<td>Area Diabetes Consultant</td>
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<td>AI/AN</td>
<td>American Indian/Alaska Native</td>
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<td>ARRA</td>
<td>American Recovery and Reinvestment Act</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<td>DDTP</td>
<td>Division of Diabetes Treatment and Prevention</td>
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<td>DETS</td>
<td>Diabetes Education in Tribal Schools</td>
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<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<td>DIPS</td>
<td>Dive into Prevention Strategies</td>
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<td>DGO</td>
<td>Division of Grants Operations and Grants Policy</td>
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<td>DPP</td>
<td>Diabetes Prevention Program</td>
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<td>DPPOS</td>
<td>Diabetes Prevention Program Outcomes Study</td>
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<td>EHR</td>
<td>electronic health record</td>
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<td>FY</td>
<td>fiscal year</td>
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<td>HITECH</td>
<td>Health Information Technology for Economic and Clinical Health</td>
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<td>IHCIA</td>
<td>Indian Health Care Improvement Act</td>
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<td>IHS</td>
<td>Indian Health Service</td>
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<td>IT</td>
<td>information technology</td>
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<td>JDRF</td>
<td>Juvenile Diabetes Research Foundation</td>
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<td>NCAI</td>
<td>National Congress of American Indians</td>
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<td>NCUIH</td>
<td>National Council on Urban Indian Health</td>
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<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
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<td>NIHB</td>
<td>National Indian Health Board</td>
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<td>OIT</td>
<td>Office of Information Technology</td>
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<td>PPACA</td>
<td>Patient Protection and Affordable Care Act</td>
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<td>RPMS</td>
<td>Resource and Patient Management System</td>
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<td>SDPI</td>
<td>Special Diabetes Program for Indians</td>
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<td>TLDC</td>
<td>Tribal Leaders Diabetes Committee</td>
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<td>TTAG</td>
<td>Tribal Technical Advisory Group</td>
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TLDC Meeting Summary—April 8–9, 2010
Summary of Motions

- The motion carried to table review and approval of the minutes of the December 3-4, 2009, TLDC meeting minutes until the following day (p. 9).
- The motion carried to approve the minutes of the December 3-4, 2009, TLDC meeting with the corrections provided to Dr. Acton (p. 41).
- The motion carried to hold the next TLDC meeting on July 8-9, 2010, in Albuquerque, NM (p. 45).
- A motion carried to adjourn the meeting (p. 45).

Summary of Action Items

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Person Responsible</th>
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<tbody>
<tr>
<td>The TLDC will try to present at the upcoming National Congress of American Indians (NCAI) meeting on its activities (p. 16).</td>
<td>TLDC</td>
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<tr>
<td>The Division of Diabetes Treatment and Prevention (DDTP) will send copies of Gen 7 and other DDTP publications to the National Indian Health Board (NIHB) and the NIHB staff will provide these copies to TLDC members who are planning meetings on Capitol Hill (p. 16).</td>
<td>Ms. Valdez</td>
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<tr>
<td>The TLDC will form a Tribal consultation subcommittee to advise the Indian Health Service (IHS) director (p. 16).</td>
<td>TLDC</td>
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<tr>
<td>Dr. Acton will ask Gail Marshall, Chair of the Awakening the Spirit project team, to inform the Assiniboine Sioux Tribe that the Voices for Change Award was renamed in memory of John Pipe (p. 17).</td>
<td>Dr. Acton</td>
</tr>
<tr>
<td>TLDC members will contact Ms. Bohlen with the names and contact information for people from their Areas who could talk to the media about obesity and diabetes in American Indian/Alaska Native (AI/AN) communities (p. 18).</td>
<td>TLDC</td>
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<tr>
<td>Ms. Valdez will share Special Diabetes Program for Indians (SDPI) grantees’ obesity-related stories with the TLDC (p. 18).</td>
<td>Ms. Valdez</td>
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<tr>
<td>TLDC members will ask members of their communities to contact their Senators and Representatives about the SDPI reauthorization (p. 19).</td>
<td>TLDC</td>
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<td>TLDC members will request that their Senators and Representatives cosponsor the SDPI reauthorization bill (p. 19).</td>
<td>TLDC</td>
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<td>NIHB will send copies of its educational brochure to all TLDC members as soon as the final version is available (p. 19).</td>
<td>NIHB</td>
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<tr>
<td>TLDC members will distribute the NIHB educational brochure wherever possible (p. 19).</td>
<td>TLDC</td>
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<td>Ms. Bohlen will review the travel profile that NIHB uses to arrange TLDC member travel and determine whether alternative processes are available (p. 20).</td>
<td>Ms. Bohlen</td>
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<td>Ms. Bohlen will let the TLDC know how much the administrative budget saves because most organizational advisors do not attend TLDC meetings (p. 22).</td>
<td>Ms. Bohlen</td>
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<tr>
<td>The TLDC will send a letter signed by Mr. Rolin to the organizational advisors</td>
<td>TLDC</td>
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<td>Action Item</td>
<td>Person Responsible</td>
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<td>asking about their intentions with respect to future TLDC meetings (p. 22).</td>
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<td>Ms. Bohlen will share the description of the Dive into Prevention Strategies program with the First Lady’s Office (p. 31).</td>
<td>Ms. Bohlen</td>
</tr>
<tr>
<td>The TLDC will provide Dr. Garfield with the names of individuals and Tribes he should contact to disseminate the Diabetes Education in Tribal Schools (DETS) curriculum more broadly (p. 39).</td>
<td>TLDC</td>
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<tr>
<td>NIHB will establish a TLDC resource section on its website (p. 40).</td>
<td>NIHB</td>
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<tr>
<td>• Ms. Tepp will let the TDLC know when the TLDC information is available on the NIHB website (p. 41).</td>
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<tr>
<td>The TLDC will provide DDTP with feedback on the TLDC orientation binder (p. 45).</td>
<td>TLDC</td>
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**Summary of Additional TLDC Recommendations**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Made By</th>
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<tbody>
<tr>
<td>IHS should bring together the attorneys who worked with Tribal leaders to promote the Indian Health Care Improvement Act (IHCIA) (p. 10).</td>
<td>Ms. Davis-Wheeler</td>
</tr>
<tr>
<td>The steering committee that helped craft the IHCIA should oversee the act’s implementation (p. 12).</td>
<td>Mr. Albert</td>
</tr>
<tr>
<td>The TLDC should remain intact, at least until the SDPI is reauthorized (p. 12, 13, 42).</td>
<td>Mr. Albert, Mr. Rolin</td>
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<tr>
<td>The TLDC should consider ways to use its time and money more efficiently, such as by meeting less often (p. 14).</td>
<td>Ms. Nelson</td>
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<tr>
<td>The TLDC needs to include some young members because diabetes affects many young people (p. 14).</td>
<td>Ms. Donald</td>
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<tr>
<td>The TLDC should meet three times a year (p. 14, 23).</td>
<td>Ms. Barker, Dr. Acton</td>
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<tr>
<td>The IHS summit should bring all of the IHS committees together (p. 15).</td>
<td>Mr. Albert</td>
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<tr>
<td>IHS or NIHB should issue a calendar of important meetings to help Tribal leaders avoid having to attend two meetings at the same time (p. 15).</td>
<td>Mr. Emm</td>
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<tr>
<td>TLDC should focus its meetings on the issues that require a committee decision (p. 15).</td>
<td>Ms. Tepp</td>
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<tr>
<td>The TLDC should start a campaign to let Tribal leaders know about its work (p. 15).</td>
<td>Ms. Abramson</td>
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<tr>
<td>The TLDC should consider modeling its technical work group on the Tribal Technical Advisory Group technical work group (p. 20).</td>
<td>Ms. Bohlen</td>
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<tr>
<td>Recommendation</td>
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<tr>
<td>The TLDC should consider holding all of its meetings in the Washington, DC area (p. 21).</td>
<td>Mr. Albert</td>
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<tr>
<td>The TLDC should hold a strategic planning session so that members can have a facilitated, targeted discussion of what the TLDC's role should be and what the technical work group should do (p. 23, 42, 42).</td>
<td>Ms. Bohlen, Ms. Davis-Wheeler, Dr. Roubideaux, Ms. Abramson</td>
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<tr>
<td>- The TLDC's strategic planning process should include a review of SDPI data to identify areas that need improvement (p. 42).</td>
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<td>- The TLDC should consider how the lessons learned from diabetes can inform other issues (p. 43).</td>
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<tr>
<td>- The TLDC's strategic planning should include a standardized communications strategy for talking about diabetes in AI/AN communities (p. 43).</td>
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<tr>
<td>TLDC members should use Dr. Garfield's presentation to help Tribal leaders understand the importance of the DETS program (p. 38).</td>
<td>Mr. Emm</td>
</tr>
<tr>
<td>IHS should write an article for Tribal newspapers and newsletters on the work of the TLDC (p. 40, 43).</td>
<td>Ms. Abramson, Dr. Roubideaux</td>
</tr>
<tr>
<td>- DDTP should compile the TLDC member profiles into a letter to Tribes describing the TLDC, what it does, and why this work is important (p. 43).</td>
<td></td>
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<tr>
<td>The TLDC should start planning for the SDPI reauthorization now and share the committee's proposal with their communities (p. 41).</td>
<td>Mr. Emm</td>
</tr>
<tr>
<td>Although the TLDC focuses on diabetes, it should also consider related diseases and health conditions, such as heart disease (p. 43).</td>
<td>Ms. Abramson</td>
</tr>
<tr>
<td>The TLDC should give presentations at the National Congress of American Indians, NIH, Tribal self-governance, and direct service Tribes meetings (p. 44).</td>
<td>Ms. Davis-Wheeler</td>
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TLDC Meeting Summary—April 8–9, 2010 Page 8
Welcome and Opening Prayer

Mr. Rolin opened the meeting by welcoming participants to the meeting and offering an opening prayer. He asked those present to introduce themselves, starting with members of the Tribal Leaders Diabetes Committee (TLDC).

Mr. Albert welcomed participants to the city of Albuquerque and introduced several local Tribal leaders.

Review and Approval of Agenda

Motion: The motion carried to approve the agenda for the April 8–9, 2010, TLDC meeting.

Review and Approval of December 3–4, 2009, TLDC Meeting Minutes

Motion: The motion carried to table review and approval of the minutes of the December 3–4, 2009, TLDC meeting minutes until the following day.

Discussion with the Indian Health Service Director

Patient Protection and Affordable Care Act and Indian Health Care Improvement Act

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) and the Indian Health Care Improvement Act (IHCIA) into law.

- By signing the IHCIA into law, President Obama demonstrated his administration’s commitment to modernize and update the Indian Health Service (IHS).

- Following the signing, approximately 600 people attended an event at the Department of the Interior. The Department of Health and Human Services (DHHS) is responsible for implementing the PPACA and IHS is the lead agency for implementing the IHCIA.

- Reports on IHS planning activities related to the act will be available on Dr. Roubideaux’s blog and in IHS press releases and emails.

- IHS plans to consult with Tribes throughout the process of implementing the legislation.

  - This will probably not be a formal, lengthy consultation process because the two acts are ready for implementation within the next few months.
  
  - Tribal consultation has contributed to the bill throughout its development, so Tribes already agree on the act’s provisions.

- Dr. Roubideaux has also asked the National Congress of American Indians (NCAI), National Indian Health Board (NIHB), and National Council on Urban Indian Health (NCUIH) to contribute ideas on the implementation process.

- Some provisions require formal notification through a Dear Tribal Leader letter, a policy update, or a Federal Register notice. Other provisions will require new regulations.
Dr. Roubideaux asked the TLDC, as Tribal leaders, to advise IHS on how it should consult with Tribes about the complex process required to implement PPACA and the IHCIA.

- Some Tribes have recommended that IHS set up regional work groups and task forces, but the agency does not have the time to establish these types of organization.
- Dr. Roubideaux would like to hear from Tribes about which components of the IHCIA to implement first and which components require the most Tribal input.

Dr. Roubideaux planned to communicate with Tribes about what is in the IHCIA and how IHS plans to implement the act’s provisions.

**TLDC Questions about the PPACA and IHCIA**

Ms. Nelson asked whether the IHCIA could be derailed by the lawsuits that some States plan to file against the PPACA.

- Dr. Roubideaux does not believe that these lawsuits will have an impact on the IHCIA.
- Opponents will probably not be able to repeal the entire PPACA but whether States have options about whether to implement certain provisions will become clearer over time.

Ms. Davis-Wheeler expressed concern about the possibility that, as a result of the PPACA, local Medicaid offices in smaller communities might be closed.

- IHS should bring together the attorneys who worked with Tribal leaders to promote the IHCIA.
- Dr. Roubideaux said that the PPACA includes a provision to expand Medicaid to more people. However, many states are cutting their budgets and this is of concern.
- Ms. Davis-Wheeler wondered whether IHS will have the funding needed to fully implement the IHCIA.

Ms. Davis-Wheeler noted that the May self-governance meeting would provide a good opportunity to discuss the IHCIA’s provisions and celebrate the bill’s passage.

- Dr. Roubideaux agreed that the self-governance meeting, or perhaps the upcoming NIHB conference, would provide a good opportunity to celebrate the bill’s passage.
- Now that the bill has passed, the next step is implementing what the agency can implement and obtaining funding for the remaining provisions.
- IHS will not be able to implement all of the act’s provisions without additional funding. Dr. Roubideaux welcomed recommendations from Tribes on the agency’s future budgets.

**Consultation Process**

Dr. Roubideaux shared a letter she had sent in January 2010 to all Tribes on the progress of the Tribal consultation about the consultation process.

- The letter also discussed the activities of the work group of Tribal leaders. This group included Mr. Rollin and Ms. Davis-Wheeler.
- The work group reviewed all of the recommendations from American Indian/Alaska Native (AI/AN) communities on ways to improve the Tribal consultation process. The work group then developed its own recommendations, and Dr. Roubideaux shared these with the TLDC.
  - One of the group’s recommendations was for Dr. Roubideaux to visit the Areas, which she has started to do.

**TLDC Meeting Summary—April 8–9, 2010**
Tribal leaders have informed Dr. Roubideaux that they find it challenging to make it to all of the meetings they need to attend because these meetings are not well coordinated.

- Because of this lack of coordination, Tribal leaders often travel from one end of the country to the other end within a short period of time.
- Dr. Roubideaux wondered how to make the consultation process more efficient.

Another issue that Tribal leaders have raised is the large number of IHS work groups.

- Dr. Roubideaux wondered whether some of these work groups could be consolidated or at least meet less frequently.
- Another option is to schedule several work group meetings during the same week.

Tribal leaders have indicated that when a decision is being made, Tribal elected officials should have an opportunity to meet with Dr. Roubideaux.

- Tribal leaders and Dr. Roubideaux do not need to be part of technical or preparatory meetings.

IHS originally created the TLDC to make decisions about the distribution of Special Diabetes Program for Indians (SDPI) funds. Since then, the TLDC has focused its attention on IHS activities related to diabetes.

- This work is important, but other IHS groups (such as the Health Promotion and Disease Prevention group) do similar work.
- Dr. Roubideaux asked the TLDC to consider, given the recommendations from the Tribal leaders, what IHS should do with its work groups in general and with the TLDC in particular. Issues to consider include the following:
  - Since Dr. Roubideaux can probably not attend every meeting if the TLDC continues to meet quarterly, should the committee not make decisions if Dr. Roubideaux is not present? Should Dr. Roubideaux attend whether the committee is making decisions or not?
  - The TLDC's role has expanded beyond consultation to information sharing and other activities. Are these activities that IHS still needs to do?
  - Could the TLDC meet less frequently?
  - Should IHS consolidate the TLDC with some of its other work groups?
- Dr. Roubideaux emphasized that she is simply gathering input at this stage and has not made any decisions.

SDPI Reauthorization

The TLDC had submitted comments on the Dear Tribal Leader letter that Dr. Roubideaux sent out in September 2010 on the annual distribution of SDPI funding.

- The TLDC had recommending forming a work group to propose changes to the SDPI distribution formula if the SDPI is reauthorized.
- Congress is considering reauthorizing the SDPI for 5 years at $200 million.
  - The Tribes and the proposed work group will need to offer recommendations on how to distribute these funds.

Dr. Roubideaux asked the TLDC to consider the best process for consulting with Tribes on the SDPI funding allocation if Congress reauthorizes the SDPI.

TLDC Meeting Summary—April 8–9, 2010
Technical Work Group

The TLDC had recommended that IHS form a technical work group to support the TLDC.

- Dr. Roubideaux commented that all IHS work groups want technical support from subject matter experts. However, creating a technical work group for each IHS work group would be expensive.

- Dr. Roubideaux asked the TLDC to consider how to provide technical support to all IHS committees without creating a technical work group for each committee.
  - One option to consider is a technical work group that would support the work of several work groups.

TLDC Response to Discussion with the IHS Director

PPACA and IHCIA

Mr. Albert recommended that the steering committee that helped craft the IHCIA oversee the act’s implementation.

- Dr. Roubideaux agreed that the steering committee is very knowledgeable about the act. However, the IHS has an obligation to communicate with Tribes not represented on the steering committee.

- The Tribes need to understand the act so that they can make good recommendations about it.

Ms. Chihuahua said that some Tribal leaders are not knowledgeable about the IHCIA because they are focused on other major issues.

- Ms. Chihuahua encouraged Dr. Roubideaux to send a simple, bulleted summary of the act rather than the text of the entire act to the Tribal leaders.

Options for the TLDC

Mr. Albert asked Dr. Roubideaux to clarify the type of input she needs from the TLDC about the Tribal consultation process.

- Mr. Albert asked whether all IHS work groups will now meet in the Washington, DC, area instead of in the IHS Areas.

- Mr. Albert recommended keeping the TLDC intact, at least until SDPI funding becomes permanent.
  - As long as the SDPI requires reauthorization, the TLDC and Tribal leaders have a critical role to play.

- Mr. Albert expressed concern that the Tribal leaders do not understand the TLDC’s role.

Dr. Roubideaux explained that no one has called for eliminating the TLDC.

- The real question is whether the frequency and content of the TLDC’s meetings are appropriate and whether the committee could make more efficient use of Tribal leaders’ time.

- The TLDC’s charter says that the TLDC’s main purpose is to consult on the SDPI.
  - Over the years, the TLDC’s agendas have addressed many issues that go beyond the SDPI, although they are all related to diabetes.

  - This is important information to disseminate, but perhaps this information could be distributed to the Tribes in a different way.

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The only reason the location for the current meeting changed was because Dr. Roubideaux’s schedule did not permit her to travel to Portland at this time.

- Perhaps the TLDC’s meetings could be consolidated with other meetings so that TLDC members can decrease their travel.

Ms. Abramson asked which work groups or committees could be consolidated with the TLDC.

- Dr. Roubideaux replied that the only other committee that does work related to the tasks of the TLDC is the Health Promotion and Disease Prevention Advisory Committee.
  
- Perhaps the TLDC should hold its meetings in conjunction with the meetings of the Health Promotion and Disease Prevention Advisory Committee, or perhaps the two work groups should be combined.

Mr. Albert said that community members do not always understand the sacrifices that Tribal leaders make to travel to so many meetings or the importance of the issues discussed at these meetings.

- The results of these activities are not always visible to community members.

Ms. Davis-Wheeler recently met with DHHS representatives at a Tribal consultation. She learned that DHHS policy says that the department will provide technical assistance to states to work with Tribes. Tribes should also be eligible for this technical assistance.

- Dr. Roubideaux said that the purpose of the DHHS technical assistance is to help states understand Tribal consultation.

Tribal Consultation

Mr. Rollin asked whether IHS plans to schedule a final meeting to discuss the results of the Area consultations on the Tribal consultation process for the PPACA and IHCIA.

- Dr. Roubideaux has not yet decided whether to schedule a meeting with the Tribes.

TLDC Discussion of Dr. Roubideaux’s requests

Technical Work Group

Mr. Rolin said that the TLDC still needs a technical work group.

- Mr. Albert said that if the SDPI is reauthorized, the TLDC could consider using some of the new funding to support the technical work group.

Future of the TLDC

Mr. Albert argued that the TLDC needs to remain intact. Many TLDC members have a long history with the committee that is important in securing the SDPI’s future.

- Ms. Abramson and Ms. Davis-Wheeler agreed that the TLDC should stay intact, at least until the SDPI is reauthorized.

- Mr. Emm pointed out that if the SDPI is reauthorized and Congress awards the requested increase, the TLDC will need to determine how to distribute these funds to the Areas.

- Mr. Emm said that diabetes still affects many AI/AN communities. People are still receiving dialysis and more children are affected by diabetes.

- Mr. Rolin noted that an important distinguishing feature of the TLDC is that it has always permitted audience members to participate in its discussions.

TLDC Meeting Summary—April 8–9, 2010
Ms. Abramson said that the TLDC has always been a model committee with respect to consultation.

- Mr. Emm commented that, over the years, the TLDC process of sharing information at meetings with committee members and having those members share the information with their communities has had positive outcomes.

- Mr. Albert noted that the TLDC provides an opportunity for an IHS department head, Ms. Bulls, to consult with Tribal leaders at every meeting.

- These meetings provide opportunities for true two-way consultation, with the TLDC and IHS representatives making joint decisions.

Ms. Nelson suggested critically reviewing what the TLDC does at its meetings.

- The TLDC should consider ways to use its time and money more efficiently, such as by meeting less often.

- Mr. Emm agreed with this suggestion, adding that the review should identify the issues on which the TLDC provides consultation, the committee’s recommendations to the director, and the topics of its discussions.

- Dr. Acton noted that Dr. Roubideaux wrote a report on the TLDC 3 years ago, so she is well aware of the TLDC’s accomplishments.

- Dr. Roubideaux was sharing the concerns of Tribal leaders about the amount of time they spend traveling and their desire to use their time more efficiently.

Ms. Donald said that the TLDC needs to include some young members because diabetes affects many young people.

Combining the TLDC with Other Committees

Ms. Davis-Wheeler said that the TLDC could perhaps be combined with the Health Promotion and Disease Prevention Advisory Committee and continue to address diabetes needs.

- Mr. Albert said that the Health Promotion and Disease Prevention Advisory Committee and the Chronic Illness Program, among other IHS groups, work on issues that overlap with the focus areas of the TLDC. These groups should join the TLDC, instead of the other way around.

- Working with other groups will broaden the TLDC’s perspective on the relationship between diabetes and other chronic illnesses.

- Ms. Nelson wondered about the logistics of merging with other IHS committees, given that the focus of the TLDC and the other committees is different.

- Mr. Emm pointed out that the TLDC meeting agendas area already packed with important information.

Meeting Frequency and Format

Mr. Rolin asked whether the TLDC should continue to meet four times a year.

- The cost of TLDC travel to a quarterly meeting is approximately $38,000, and this figure does not include IHS staff travel costs or work by the Hill Group. The total is probably closer to $50,000.

- Ms. Barker suggested that the committee meet three times a year. Some of the meetings do not accomplish as much as they should.
Mr. Albert said that if Congress reauthorizes the SDPI, the TLDC might need to meet more than three times a year to discuss how to allocate the funding.

- Dr. Acton reported that when this kind of situation occurred in the past, IHS organized more frequent meetings, perhaps every month or every two months, with teleconferences in between.

Ms. Barker commented that Dr. Roubideaux had used the term “streamline” several times in her discussion with the TLDC.

- Dr. Roubideaux wants the TLDC to use its meetings to make decisions on its charge, which is to decide how to spend the SDPI funds and related issues.

Given Tribal leaders’ concerns about the amount of time they spend traveling to meetings, Dr. Acton wondered whether IHS could set aside an established week every few months for Tribal leader meetings in Washington.

- If, for example, a given Tribal leader is a member of three committees, this Tribal leader could attend all three meetings in Washington during the same week.

- Mr. Albert said that this would work.

- Mr. Albert suggested using the IHS summit to bring all of the IHS committees together. The TLDC and other committees could meet during the summit.

  - The audience would be much larger and more aware of the information provided.
  - Committee members could participate in meetings of the committees on which they sit and observe the meetings of other committees.

- Mr. Headress said that the Billings Area’s Tribal leaders have expressed concern about the amount of travel they do and their limited travel budget. For example, he has already depleted his travel budget for the year.

- However, Tribal leaders need to educate their communities to understand that the meetings they attend are critical for addressing important issues, such as diabetes.

- Mr. Emm suggested that IHS or NIHB issue a calendar of important meetings to help Tribal leaders avoid having to attend two meetings at the same time.

Ms. Tepp suggested that the TLDC focus its meetings on the issues that require a committee decision.

- A few weeks before each meeting, IHS could send TLDC members background materials so that they can process the information.

- Many TLDC members have technical experts in their own communities but lack funding to bring these individuals to the TLDC meetings. If TLDC members received background information in advance, they could consult with their council members and technical experts about this material.

- TLDC members could then have richer and more productive meetings that yield recommendations.

Publicizing the Work of the TLDC and SDPI

Ms. Abramson said that the TLDC should start a campaign to let Tribal leaders know about its work. For example, TLDC members should present at NCAI, NIHB, and self-governance conferences.

- Ms. Becenti commented that community members are also not familiar with the TLDC.

- Mr. Rolin said that the TLDC will try to present during the NCAI meeting.
Ms. Bohlen explained that the agenda for the May 18-20, 2010, NIHB national public health summit in Albuquerque includes presentations on the TLDC and SDPI from Dr. Acton and Mr. Rolin.

- NIHB has requested time on the National Annual Consumer Conference agenda in September to give a presentation on the SDPI.

Ms. Abramson commented that DDTP’s Gen 7 magazine and other publications help educate communities about SDPI grantee activities.

- Dr. Acton’s office staff would be happy to provide additional copies to TLDC members who want to use these publications in their meetings on Capitol Hill.

- Ms. Abramson asked DDTP to send these copies to Washington so that TLDC members would not need to carry the copies with them when they travel from their home Areas.

- Dr. Acton said that people on Capitol Hill need to see publications that IHS has developed and printed with SDPI funding and understand that IHS shares these publications throughout AI/AN communities.

**Action:** The TLDC will try to present at the upcoming NCAI meeting on its activities.

**Action:** DDTP will send copies of Gen 7 and other DDTP publications to NIHB and the NIHB staff will provide these copies to TLDC members who are planning meetings on Capitol Hill.

**TLDC Budget**

Ms. Davis-Wheeler wondered about the value of the data-improvement funds from the SDPI budget to help IHS improve its data.

- Ms. Davis-Wheeler asked how IHS uses the data-improvement funds to benefit the diabetes programs.

- The SDPI budget also includes funding to NIHB to help the TLDC attend NCAI or NIHB meetings.

- Dr. Acton explained that NIHB assists IHS with educational and outreach activities. In addition, NIHB pays for TLDC members to testify on behalf of the SDPI.

- Ms. Nelson said that the TLDC needs to see the materials that NIHB has developed with SDPI funding so that members can share these materials at regional meetings.

**Chronic Care Initiative**

Dr. Acton reminded that TLDC that the previous IHS director, Mr. McSwain, had asked the TLDC to serve as the advisory board for the Chronic Care Initiative.

**Tribal Consultation Process**

Dr. Acton reminded the TLDC that the committee had discussed the formation of a subcommittee to recommend a Tribal consultation process to the IHS director.

- TLDC members agreed that this subcommittee should come together and start working now.

**Action:** The TLDC will form a Tribal consultation subcommittee to advise the IHS director.

**John Pipe Awakening the Spirit Award**
Dr. Acton said that the American Diabetes Association (ADA) recently announced plans to name its Voices for Change Award after John Pipe, a long-time Awakening the Spirit diabetes advocate who was an Assiniboine Sioux.

- The association’s Awakening the Spirit subcommittee established this award to celebrate the successes of SDPI grantees.
- Dr. Acton will ask Gail Marshall, Chair of the Awakening the Spirit project team, to inform Mr. Pipe’s Tribe of this honor.
- Ms. Bohlen added that the ADA will give out the first John Pipe Voices for Change Award at the NIHB annual consumer conference in September 2010.

**Action:** Dr. Acton will ask Gail Marshall, Chair of the Awakening the Spirit project team, to inform the Assiniboine Sioux Tribe that the Voices for Change Award was renamed in memory of Mr. Pipe.

### Obesity

Ms. Abramson said that the media are reporting on obesity in African Americans, who also experience many disparities. However, AI/AN communities have a model obesity program that is being overlooked.

### Childhood Obesity

Ms. Bohlen reported that NIHB is undertaking a national childhood obesity campaign.

- After First Lady Michelle Obama announced her initiative to end childhood obesity, President Obama created a national advisory committee on obesity in children.
  - The new committee includes several secretaries of federal departments but not the IHS director.
  - NIHB recently submitted comments on the plans for the new committee, including the recommendation that Dr. Roubideaux join the committee to represent AI/AN concerns.
  - NIHB also suggested reframing the questions that the committee will address. The first question is how to work more effectively with state and local governments to implement childhood obesity programs. NIHB suggested adding “Tribal governments” to the list of governments.
  - NIHB also recommended that funding for the childhood obesity programs go directly to Tribes, which need their own funding so that they are not subject to state determination of what is best for Tribes.

### Obesity and Diabetes

NIHB has joined the Stop Obesity Now Alliance.

- Ms. Bohlen participated in Weighty Matters, a media event that the alliance organized in New York City.
- Ms. Bohlen used this opportunity to talk about obesity in AI/AN populations and the high rates of diabetes type 2 in AI/AN children in association with increased obesity rates.
- Ms. Bohlen asked the media representatives that were present (including representatives of major television networks and magazines) to tell this story. The audience cheered in response to Ms. Bohlen’s comments.
  - Representatives from several major magazines and news organizations were eager to learn more about this story.
Emme, the famous supermodel, told Ms. Bohlen that she has not publicly shared the fact that she is an enrolled member of the Cherokee Nation. Emme wants to work with AI/AN communities to bring obesity and diabetes in AI/AN populations to light.

Ms. Bohlen asked for the TLDC’s assistance in telling the story. She would like to share the names of people that she can put in touch with media representatives to ensure that the stories are told correctly.

**Action:** TLDC members will contact Ms. Bohlen with the names and contact information for people from their Areas who could talk to the media about obesity and diabetes in AI/AN communities.

**Sharing Stories**

Ms. Nelson commented that AI/ANs have become invisible. This makes it difficult to solicit funding or other program support.

- AI/AN communities are not telling their stories effectively.

Ms. Valdez reported that the Division of Diabetes Treatment and Prevention (DDTP) has shared stories on SDPI grantee activities in several Areas to address obesity in children in conjunction with the First Lady’s childhood obesity initiative.

- Ms. Valdez offered to share details on the stories that were given to the TLDC.

**Action:** Ms. Valdez will share SDPI grantees’ obesity-related stories with the TLDC.

**NIHB Report**

**SDPI Reauthorization**

Ms. Tepp reported that the House and Senate versions of the SDPI reauthorization bill would extend the SDPI and the special type 1 diabetes program funding for 5 years. Both versions would increase SDPI funding from $150 to $200 million per year.

- Stakeholder organizations, including NIHB, the ADA, and the Juvenile Diabetes Research Foundation (JDRF), have visited Capitol Hill to advocate for the legislation.

- The bill has 40 cosponsors in the Senate and almost 150 in the House.

- Ms. Tepp encouraged TLDC members to request that their Senators and Representatives cosponsor the bill.

- Although the funding does not expire until 2011, NIHB is actively pursuing reauthorization because:
  - If the effort fails this year, stakeholders have another year to try again.
  - Knowing the program’s future in advance is helpful for planning purposes.
  - NIHB hopes to attach the SDPI reauthorization bill to a bill from the Finance Committee, which will be addressing an issue related to Medicare payments to physicians. This is likely to be debated in the fall, shortly before Congress breaks for the elections.
  - SDPI reauthorization bills have been attached to predecessors of the Medicare bill in the past.
  - Congress might consider the Medicare bill as early as May or June, so NIHB plans to step up its efforts to educate members in the coming months.
Ms. Tepp encouraged TLDC members to explain the stakes to their communities and ask community members to contact their Senators and Representatives about the SDPI reauthorization.

NIHB is leading weekly calls with the ADA and JDRF to ensure that the groups issue a consistent message.

Senators Byron Dorgan (D-ND) and Susan Collins (R-ME), who sponsored the Senate version of the bill, will cohost a congressional briefing with NIHB, ADA, and JDRF.

NIHB hopes that representatives of IHS and the National Institutes of Health (NIH), as well as people who have been helped by the SDPI, will be invited to present.

**Action:** TLDC members will ask members of their communities to contact their Senators and Representatives about the SDPI reauthorization.

**Action:** TLDC members will request that their Senators and Representatives cosponsor the SDPI reauthorization bill.

**Educational Materials**

Ms. Tepp reported that NIHB's educational brochure is almost complete. NIHB has addressed the TLDC's comments in the final version.

- The brochure's purpose is to educate Congress about the SDPI's outcomes.
- TLDC members will receive copies of the brochure as soon as it is available, probably in mid-April.
- Ms. Tepp encouraged TLDC members to distribute these brochures wherever possible. Committee members may request additional copies from NIHB as needed.

NIHB is developing an SDPI and type 1 diabetes research storybook with other stakeholders that should be ready by the end of April.

- This brochure will demonstrate the return on the federal government's investment by showing the programs' community and clinical outcomes.
- The brochure will include one profile from each state. Half of the state profiles will have an SDPI story and half will have a diabetes type 1 story.

NIHB is creating an SDPI resource site within the NIHB website.

- The SDPI site will provide links to IHS materials, congressional materials, testimony, a toolkit with sample letters to the editor and to congressional representatives, the storybook, a printable version of the educational brochure, data on the burden of diabetes and on SDPI funding by state, PowerPoint presentations, and key message points.

Ms. Tepp is considering a one-page, two-sided document for each Area describing that Area's SDPI-funded activities.

- TLDC members would distribute their Area's document to members of their communities.
- Dr. Acton suggested collecting some of the information for these documents from the Area Diabetes Consultants (ADCs).

**Action:** NIHB will send copies of its educational brochure to all TLDC members as soon as the final version is available.

**Action:** TLDC members will distribute the NIHB educational brochure wherever possible.
TLDC Budget
Ms. Bohlen reported that this year's budget for the NIHB's support of the TLDC's travel expenses is $150,866.

- Support for the proposed technical work group would need to come from this budget because no other funding source is available.

Dr. Acton explained that the funds for the TLDC's travel come from the SDPI administrative budget. The cap on this funding has been $150,000 since 2004.

- Tribes declined to increase this cap during the national consultation.

- Most of these funds cover the costs of travel to meetings, including per diem costs.

- If the TLDC met less frequently, the money saved could be used to pay for the technical work group.
  - For example, if the TLDC could save $75,000 from the administrative budget. This would be enough for 12 technical work group members to meet in person twice a year.

Tribal Technical Advisory Group
NIHB also provides support and meeting coordination for the Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG).

- TTAG has a technical work group. Funding for this technical group's activities come from IHS; CMS provides no money for the group.

- The technical group includes experts in budget analysis, lawyers, and Tribal leaders. Members conduct research and produce recommendations but do not make decisions.

- The technical work group holds most of its meetings by teleconference.
  - Group members meet in person once a year, immediately before the TTAG meeting.
  - The face-to-face meetings help TTAG members prepare for their meetings.

- The TLDC might consider the TTAG technical work group as a model for its own technical work group.

TLDC Response to NIHB Report
Reactions to SDPI Reauthorization in Congress
Mr. Albert asked about Congress's likely response to the SDPI reauthorization, given that Congress recently passed the IHCIA.

- Ms. Tepp replied that some members of Congress have said that the IHCIA should have addressed AI/AN issues. Others have asked why the act did not include SDPI reauthorization.

- Many members of Congress are confused about the SDPI because it is unique. No other federal program provides funding for a single disease, except for one AIDS program.

- NIHB and its partners need to continue to educate Congress and explain the SDPI’s history. Its unique structure and funding stream have allowed the program to do things differently from programs supported by more typical federal funding sources.

- Ms. Bohlen commented that Senator Dorgan, who chairs the Senate Committee on Indian Affairs, wants the bill to pass and he is retiring next year. Senator Max Baucus (D-MT), who chairs the Senate Finance Committee, is another major supporter of the legislation.
Ms. Bohlen believes that its bipartisan support will give the bill a good chance of passage.

Ms. Tepp said that the key to ensuring the bill's passage is to show the return on investment and the opportunities that remain.

- Members of Congress are already asking about the justification for the additional funding request, even though the additional $50 million is a small amount of money.

Educational Materials

Mr. Albert said that the Area-specific materials should be effective.

- These documents could list the amounts spent on different activities, which many Area and Tribal communities want to know.
- Ms. Tepp pointed out that although IHS produces some State-specific fact sheets, NIHB can communicate in ways that IHS cannot.

TLDC Budget

Mr. Albert asked why the TLDC has 17 members and noted that IHS only has 12 Areas.

- Ms. Valdez explained that each advisory group has a representative on the TLDC, as per the TLDC's charter.

Mr. Albert asked if NIHB tracks the amount it actually spends each year on TLDC activities.

- Ms. Bohlen said that, each year, NIHB spends the entire $150,000.

Ms. Davis-Wheeler asked why NIHB now coordinates TLDC member travel.

- Dr. Acton explained that DDTP stopped coordinating member travel when it became too time consuming for division staff.

Ms. Davis-Wheeler asked whether TLDC members have the option of attending a meeting after telling DDTP that they could not make it.

- Members need some flexibility because sometimes, their schedules do not permit them to attend, but at the last minute they find out that they can make it. However, this last-minute travel is expensive.

Ms. Davis-Wheeler asked whether the travel profile, which is time consuming to complete, is necessary.

- Ms. Bohlen said that NIHB can change its procedures if the travel profile is burdensome.

**Action:** Ms. Bohlen will review the travel profile that NIHB uses to arrange TLDC member travel and determine whether alternative processes are available.

Meeting Location

Mr. Albert suggested holding the TLDC meetings in the Washington, DC area.

- Washington, DC, meetings provide an opportunity to meet with the IHS director, Ms. Bulls, and other key IHS staff members.
- This would make the travel costs more predictable.
- Another consideration is the travel expenses associated with holding the TLDC meetings in certain Areas, such as Alaska.
Teleconferences are less effective than face-to-face meetings, especially when the group needs to make decisions.

Dr. Acton pointed out that if some of the technical work group members were located in the Washington, DC, area, they could attend the TLDC meetings without incurring travel costs.

Mr. Rolin pointed out that one reason why the TLDC has held its meetings in different Areas is to have an opportunity to conduct site visits.

**TLDC Advisors**

Mr. Albert asked whether NIHB covers the travel and per diem expenses of the organizational advisors on the TLDC.

- Does the fact that most organizational advisors do not send a representative to the TLDC meetings save money?
  - Ms. Bohlen said that when organizational advisors do not send a representative, this saves some money. However, NIHB does cover the costs of sending an alternate to the meetings.
  - Ms. Bohlen offered to review the amount saved when organizational advisors do not attend the TLDC meetings.
  - Ms. Bohlen pointed out that NIHB covered the costs of travel for TLDC members to the NIHB annual consumer conference. The funds for this might have come from the money saved when organizational advisors did not attend TLDC meetings.

Mr. Albert wondered about the role of organizations that serve as TLDC advisors.

- One important role of these organizational advisors is promoting the TLDC.
- They could assist the TLDC with public relations.

Ms. Lamey explained that the Tribal Self-Governance Advisory Committee representative was unable to attend this TLDC meeting due to a scheduling conflict. The representative plans to attend future meetings.

Ms. Chihuahua asked whether IHS informs the organizational advisors of the TLDC meetings.

- Ms. Jojola explained that IHS sends email notices to the TLDC members and the advisors.
- Ms. Chihuahua suggested asking the organizations whether they are still interested in participating in the TLDC.
- Ms. Abramson suggested asking the organizations to identify their designee. The letter should inform the organizations that if the designee cannot attend the meetings, the organization should identify an alternate who is available.

Ms. Nelson asked why the charter designated these organizations as advisors.

- Mr. Rolin explained that the IHS director asked DDTP to include these organizations in the charter.

**Action:** Ms. Bohlen will let the TLDC know how much the administrative budget saves because most organizational advisors do not attend TLDC meetings.

**Action:** The TLDC will send a letter signed by Mr. Rolin to the organizational advisors asking about their intentions with respect to future TLDC meetings.
Dr. Acton suggested that the TLDC meet three times a year, unless the group needs to make decisions.

- In the past, when the TLDC needed to make a critical decision, DDTP quickly organized a meeting.
- If issues come up in between meetings, the TLDC could have emergency teleconferences.
- This would save some money for technical assistance.

**Technical Work Group Purpose**

Ms. Abramson suggested identifying the technical work group’s purpose. This would help determine how often its members need to meet.

- Ms. Abramson said that one purpose is to help the TLDC better publicize its activities.

**Next Steps**

Ms. Bohlen said that the TLDC needs a strategic planning session so that members can have a facilitated, targeted discussion of what the TLDC’s role should be and what the technical work group should do.

- This session should also address budget issues.
- An important role of the TLDC is to serve as an “indigenous think tank.”
  - The TLDC might consider publishing some of its indigenous knowledge as a product of Tribal leaders who work with IHS.

**SDPI Grant Application Process: Updates**

**Review Process**

Ms. Bulls reported that although the Division of Grants Operations and Grants Policy (DGO) staff worked diligently to issue the SDPI grant announcements in a timely manner, some of the announcements were delayed. Grant announcement delays have led to delays in the start dates of the grants.

- When IHS publishes an announcement, it must give applicants 30 days to respond.
- Once the announcement closes, IHS prescreens the applications. This can be time consuming if IHS receives a large number of applications, although the process is becoming more rapid as staff members gain experience.
  - Prescreening ensures that the application is complete and addresses every criterion in the grant announcement.
  - After the first cycle, Ms. Bulls decided to forward some applications that were missing a few documents to the objective review committee because the lack of certain documents would not affect the applicant’s score. Otherwise, too many grantees would not receive their funding in a timely way and this option was not acceptable.
  - IHS must fund only applications that have merit.
    - Many grantees took the time to read the announcements carefully and respond to the criteria.
    - Others have continued to submit applications with missing or unacceptable components, even after IHS provided a list of weaknesses and technical assistance.
For applicants who must revise their applications, IHS tries to conduct “mini” or “ad hoc” reviews of the revised applications. IHS tries to arrange for the original reviewers to review the revised applications.

A major change in the process is that IHS allowed ADCs to provide technical assistance to all grantees who requested it.

- Several grantees took advantage of this opportunity.

Tribes have done very well with the electronic application process.

**Status of Applications**

Ms. Bulls distributed details on the status of the proposal process in each Area.

- Most grants have an April 30, 2010, deadline, so they have not yet been funded.

- A few grants were disapproved during the March 17 objective review. Applications that were not approved during the March 26 mini-review will be reviewed again on April 26.

- Although IHS says in its announcements that it will only allow grantees to submit one original application and two revisions, IHS has gone above and beyond this requirement in many cases. The goal is to make sure that grantees submit meritorious applications and not to make the process difficult.

**TLDC Response to SDPI Grant Application Process: Updates**

Ms. Abramson thanked Ms. Bulls and her colleagues for going “above and beyond” to help the grantees.

**Timeline**

Mr. Albert asked about the timeline for applications that have not been approved to date.

- Ms. Bulls explained that the Cycle 4 review will probably take place on June 21-24. IHS expects that 155 applications, including several that had previously been disapproved, will undergo review.

- If applications from grantees whose applications have been disapproved three or more times are not approved, these grantees will not be able to receive funding.

- Applications that have been disapproved once or twice before the Cycle 4 review will can undergo mini-reviews before the “drop-dead” date so that they have an opportunity to correct their errors.

- Whenever the objective review committee disapproves an application, IHS shares the summary of the review with the applicant so that they understand why they did not receive a fundable score.

  - DGO also sends the deadline for the revised application.

  - Grantees may submit revised applications directly to DGO.

The reasons why some applications have been disapproved so many times go beyond formatting issues.

- IHS has provided grant writers to some grantees that had difficulty complying with the required format. When these applications continued to be disapproved, the reasons were related to the accomplishments of these grantees over the past 11 years.

**Application Requirements**

Mr. Emm commented that many smaller Tribes have difficulty complying with all of the application requirements in the limited time available.
Mr. Emm hoped that IHS could make the application process simpler for grantees.

Ms. Bulls explained that in the last couple of cycles, she has relaxed the requirement that applications meet every criterion in the funding announcement.

Ms. Nelson asked whether IHS has given some consideration to programs that have operated in a certain way for 11 years and suddenly must comply with a very different set of requirements. Not continuing these grants and not providing diabetes care is unacceptable.

Ms. Bulls explained that most of the applicants that have been struggling with the new requirements have experienced previous challenges with the programmatic requirements.

- The fact that these grantees have not submitted a successful application is therefore not surprising.
- IHS has permitted these grantees to be out of compliance for so long that their performance has become the norm.

IHS will need to identify replacement grantees for these Areas because not providing diabetes care is not an option.

Mr. Albert thanked Ms. Bulls and the DGO staff for their flexibility in applying the requirements.

- The experience with the SDPI application process shows that when AI/AN communities work together, they can accomplish a great deal.
- Complying with the grant application criteria enhances the quality of services that grantees provide to their communities.
- This will be important for the SDPI reauthorization.

Review Process

Ms. Valdez explained that during each cycle, IHS processed 30 to 50 applications.

- DDTP reviews each application to make sure that all of the required components are present.
- A staff member organizes the objective review panels.
  - This staff member must identify reviewers and IHS representatives who are available at the time of the review. The staffer must also ensure that the reviewers have no conflicts of interest with respect to any of the applications assigned to their panel.
- Each panel has three reviewers, and all of the reviewers review 8 to 10 applications. Each panel also has an alternate in case one of the reviewers cannot participate in the review meeting.
- Each panel has a DDTP representative and a DGO representative.
  - In addition, a write takes notes on the comments, and a chair leads the discussions.
  - The writer writes a summary of the reviews of each application and submits their summaries of disapproved applications to DDTP within 1 day.

Ms. Valdez explained that when an application is disapproved, IHS sends a note to the applicant explaining that they have 10 days to revise their application.

- Although IHS tries to assign the same reviewers to the revised applications, this is not always possible.
Technical Assistance

Mr. Emm asked how much information the ADCs can provide to grantees, given that the funding process is competitive.

- Ms. Valdez explained that some ADCs are providing a substantial amount of individual assistance to grantees. Other ADCs do not have the time to provide this level of assistance.

- DGO has made technical assistance available to grantees through WebEx question-and-answer sessions since the first cycle.
  - Most grantees have used this resource, which helped them write objectives, goals, objectives, and key measures.
  - Some grantees have been less successful, as the reviews have shown.
  - These grantees need much more intensive, individual support, which is more challenging for DGO to provide.

- The Aberdeen Area has hired a grant writer, who is now offering assistance to grantees in other Areas.
  - Some Areas do not have access to this level of assistance and are stymied.

- DGO does not have additional grant program officials to provide technical assistance. DGO has tried to hire such individuals but has encountered some barriers to doing this.

Mr. Emm asked whether ADCs can help grantees revise their applications.

- Ms. Valdez replied that this is permissible and some ADCs are helping applicants revise their applications.

Ms. Valdez emphasized that even though the process is characterized as “competitive,” DGO is trying hard to make sure that every grantee is successful.

- If a grantee has revised their application three times without success, perhaps it is time to decide that this grantee should not receive a grant.

Ms. Bulls said that one way for unsuccessful applicants to build capacity is to become involved in SDPI activities on a smaller scale. Perhaps they can then take over the program in the future.

Disapproved Applications

Mr. Albert asked what IHS does with the funding that would otherwise go to grantees whose applications are unsuccessful.

- Ms. Bulls explained that each Area will decide what to do with the remaining funds.

- If IHS identifies a small scope of work that the grantee should do, the agency will issue a grant directly to the Tribe for this work.
  - Asking service units to issue subcontracts to these Tribes would be an “administrative nightmare.”

Mr. Rolin expressed concern about the Tribes whose applications were not approved. Several of these applicants are large Tribes and substantial sums of money are at stake.

- Tribal leaders have worked too hard to obtain these funds, only to lose them because of the new process.
When Congress is considering whether to reauthorize the SDPI, members will ask why the program has not spent all of its money.

Ms. Nelson pointed out that some SDPI programs use their grant money to purchase diabetes medications. If these programs are not funded, people will lose access to medications.

Ms. Abramson wondered whether TLDC members should contact Tribes whose applications have been disapproved.

Dr. Acton suggested that TLDC members begin by contacting their Area's ADC. This individual has been working with the Tribes that need to revise their applications.

- TLDC leaders could ask the ADC what they can do to support the ADC.

Assessment of the Process

Dr. Acton said that when Congress gave IHS the funds to distribute for SDPI grants, IHS did not have a grants system in place. The SDPI grants process has eroded the agency's ability to provide technical assistance because many staff members now spend much of their time on grant-related activities.

- This experience shows that DHHS grant regulations do not meet IHS's needs.

- Grantees are currently struggling because they are not universities and have no training in this kind of process.

- Dr. Acton commended Ms. Bulls and her staff for their flexibility and responsiveness to grantees.

Ms. Bulls said that this will be her last meeting with the TLDC. She has accepted a position as the Director of Grants Policy Oversight and Evaluation at DHHS.

- Ms. Bulls thanked the TLDC for allowing her to work with them and promised not to forget the committee members or their communities.

- Dr. Acton said that DDTP has appreciated all of the work that Ms. Bulls and her staff have done on behalf of the SDPI.

Area Data Improvement Funds

Dr. Hays serves as the program manager for the IHS Resource and Patient Management System (RPMS). RPMS is the IHS health information technology (IT) and electronic medical records system.

Funding

Approximately $2 million to $2.5 million of the SDPI funds have been allocated to the IHS Office of Information Technology (OIT) each year. OIT has used these funds to support:

- Diabetes management system and diabetes management system audit

- Development of the iCare population management tool for case management and performance improvement

- Improvements in clinical reminders and clinical decision support software

- Addition of elements to the electronic health record (EHR)

- EHR deployment and training

- RPMS training

- OIT expects to train 5,000 people on the RPMS in 2010.
OIT funding to the Areas since 2004 has totaled $14.7 million.

- The Area directors determine how to distribute these funds to support technology implementation, especially EHR implementation.
  - Some Areas distribute the funds to specific facilities.
  - Other Areas keep all or some of the funds for Area-level IT infrastructure support.
- In recent years, Areas have spent most of these funds on hardware to support the rollout of the EHR.
- Areas have also used the funds to support Area staff members, such as clinical application coordinators, to support the use of RPMS and the EHR.

American Recovery and Reinvestment Act of 2009

The American Recovery and Reinvestment Act (ARRA) of 2009 provided approximately $500 million to IHS, including $85 million for health IT. OIT is spending these funds to:

- Purchase hardware to improve the network infrastructure and its ability to support telehealth.
- Expand existing service contracts and add new contracts for software development and deployment.
- Deploy a certified EHR that meets the “meaningful use” requirement.
- Implement a personal health record tool.
- Improve the reliability, redundancy, and security of the IHS network to provide an adequate infrastructure for telehealth and telemedicine activities.

The Health Information Technology for Economic and Clinical Health (HITECH) portion of ARRA focuses on the use of health information technology to improve health care.

- HITECH authorizes CMS to provide reimbursement incentives for eligible professionals and hospitals that become meaningful users of certified EHR technology.
- Up to $5 million will be available to hospitals over 4 years and up to $44,000 will be available to non-hospital-based health care providers over 5 years, starting in 2011.
  - These incentives are designed to offset the costs of implementing an EHR.
- Additional incentives will be available for providers serving Medicaid beneficiaries.
- Starting in 2016, CMS will impose disincentives on hospitals and providers that do not use certified EHRs in a meaningful way.

AI/AN communities are ahead of the private sector because they have been using RPMS for 25 years and have been using EHRs for 6 years.

OIT’s role is to ensure that IHS Tribal and urban programs are able to achieve meaningful use of certified EHRs.

- Meaningful use pertains to whether the system is actually implemented and used.
- Certified systems need to have certain functions.

The ARRA funds have allowed OIT to deploy the EHR. However, IHS will need to continue to fund OIT and the deployment and support of RPMS and the EHR because the office must continue to help customers.
Plans for FY 2010/2011

In FY 2010/2011, OIT plans the following activities:

- Enhance the RPMS EHR to meet the certification and meaningful use requirements.
- Ensure modular certification of RPMS for meaningful use in inpatient and outpatient settings.
- Accelerate deployment and optimization efforts using temporary federal and contract staff.
- Add functions to RPMS that users have requested.
  - These functions include documentation support for group encounters, a nursing flowsheet application, a dashboard for emergency departments and other busy settings, and enhancements to the iCare population management application.
  - OIT is adding several enhancements to support medication management for patients taking several medications.
  - OIT is improving support for RPMS in small facilities.
  - A new Web-based interface for the EHR will allow facilities with limited technical ability to use the EHR while another facility hosts and manages the system.

OIT has finished working on the master person index to allow IHS facilities to share information with one another.

- As a participant in the Nationwide Health Information Network, OIT can share information with, for example, private sector providers and the Department of Veterans Affairs. Sharing information can improve patient care and safety.

A new personal health record will serve as an Internet portal that patients can use to view their own health information.

- OIT recognizes that a majority of IHS patients do not have access to the Internet. However, the meaningful use criteria require IHS to develop a portal, so the agency will make it available to patients who have Internet access.

EHR Deployment

OIT has used ARRA funds to hire an additional 17 temporary staff members to help hospitals and outpatient facilities meet the meaningful use criteria for inpatients.

- OIT has also hired three permanent staff members and approximately eight contractors.

RPMS Customer Survey

OIT recently asked Areas to survey their sites and identify the customer base for the EHR. OIT wanted to use this information to better plan its EHR support.

- The survey showed that 117 programs, or service units, currently use the RPMS EHR.
- Another 115 programs plan to implement the EHR.
- 39 programs use RPMS but do not plan to implement the EHR. These programs use other EHR systems or do not have clinical programs that would benefit from an EHR.
- 26 programs do not use RPMS and do not plan to do so in the future.

The 115 programs that plan to implement the EHR are probably motivated by the meaningful use incentives that are currently available.

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These are Tribal programs and most are small, with limited local capacity to fund or support EHR implementation.

**TLDC Response to Area Data Improvement Funds**

**Meaningful Use Incentives and Disincentives**

Ms. Abramson asked Dr. Hays to describe the disincentives for not meaningfully using a certified EHR by 2016.

- Dr. Hays explained that CMS will decrease its reimbursements to programs not using EHR technology.
- IHS has a meaningful use page ([http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use)) on its website. Dr. Hays encouraged those with questions about meaningful use to consult this website.
  - IHS has also established a meaningful use email list.

**Area Data Improvement Funds**

Ms. Davis-Wheeler asked for classification on how Areas use the data improvement funds.

- Dr. Hays explained that OIT sends approximately $2 million in SDPI funds to each Area office.
- The Area directors and their staff members decide how to use these funds to support health IT implementation in the Area.

**Interoperability**

Mr. Emm asked whether existing EHRs would be able to share information with the RPMS EHR.

- Dr. Hays said that a network of health information exchanges will be established. By participating in the nationwide health information network, these health information exchanges will be able to share data anywhere in the country.
  - If, for example, a program has purchased an EHR system from a private vendor and the program participates in a health information exchange, the program will be able share data with another program that uses a different EHR system.
  - The national health information network is a set of standards for information sharing. Programs that participate in the network must share the information only with people who are caring for patients and they must obtain each patient’s permission to share the information.

**Area Reports**

Each TLDC member gave a brief update on recent activities in his or her Area.

**Albuquerque**

Mr. Albert commented that the Albuquerque Area’s SDPI activities are part of many success stories in AI/AN communities in which grassroots programs provide services to combat diabetes.

- The Albuquerque Area provides diabetes prevention and intervention services through 33 community-directed and 6 demonstration projects.
- The Area continues to host quarterly meetings of grant coordinators to provide program updates, including information on DGO training programs. Mr. Albert participates in these meetings.
• Mr. Albert distributes emails and letter templates that grant coordinators can use to communicate with their leaders or congressional representatives.

• Mr. Albert has extended a standing invitation to Tribal leaders to meet with him to discuss SDPI funding or related concerns.

• The main barrier that the Area faces is the change to the grant application process.

• Mr. Albert always shares what happens at the TLDC meetings with his community.

• Mr. Albert encourages Area grantees to assume responsibility for grant compliance and understanding the criteria their programs must meet.

Mr. Albert described the Dive into Prevention Strategies (DIPS) program in the Albuquerque Area.

• This 16-week course provides information on lifestyle changes, such as ways to improve participants’ diets or increase their exercise levels.

- Ms. Bohlen requested permission to share information on DIPS with the First Lady’s office, and Mr. Albert agreed.

**Action:** Ms. Bohlen will share the description of the DIPS program with the First Lady’s Office.

**Bemidji**

Ms. Abramson described several training programs in the Bemidji Area.

• An ADC conference provided information on such topics as SDPI grant applications, IHS diabetes care and outcome audit, and IHS web-based training.

• The conference included workshops and skill-building exercises on grant writing, IHS diabetes best practices, and RPMS software.

• WebEx training sessions have addressed diabetic foot care and SDPI grant applications.

• Monthly WebEx orientation sessions address the burden of diabetes, Area diabetes program services and resources, SDPI grants, and the Chronic Care Initiative.

• Training took place at an all-Tribes meeting on SDPI grant updates and diabetes prevention.

Bemidji Area ADCs serve as program project officers for 37 community-based grants.

• The ADCs provided extensive technical assistance to five Tribal programs for their SDPI grant applications.

• As members of objective review committees, the ADCs reviewed 35 SDPI grant applications.

The Area provided full-time technical assistance for the RPMS diabetes suite through a contract with the Great Lakes Inter-Tribal Council.

• Additional technical support addressed diabetes education.

**Billings**

Mr. Headdress listed upcoming events in the Billings Area:

• Training on the diabetes prevention program’s lifestyle balance curriculum

• Fourth Annual Montana and Wyoming Native Youth Academy for young people aged 11–14 years.

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• This program teaches young people about healthy relationships, self-esteem, Native culture, and leadership skills.
• The program emphasizes physical activity, diabetes and obesity prevention, and healthy lifestyles for a lifetime.
• Parents and guardians are encouraged to attend and become life coaches.

Diabetes education reminder dialogue templates for the Area’s EHR have been created and are being tested for efficiency.

- The goal is to increase the delivery and documentation of diabetes care, education, and prevention in the clinical setting.

**California**

Ms. Chihuahua said that this past quarter, the Area’s program provided technical assistance to more than 11 programs that were applying for a new SDPI grant.

- Other activities were site visits to clinics, distribution of 2010 IHS diabetes audit instructions to all programs, and the use of contractors as grant application reviewers.

Successes include the following:

- The number of outreach activities has increased.
- Programs have hired more staff.
- Weekly case management meetings are taking place.
- Communications and problem solving have improved.
- Area diabetes prevention programs have received awards from the ADA, NIHB, and Centers for Disease Control and Prevention (CDC).
- A collaborative health education program is providing education on diabetes-related topics, opportunities for open discussion, and private meetings with medical care providers.
- The program has created rapport, friendships, and community partners.

Ms. Chihuahua listed some challenges that the California Area faces:

- California’s Medicaid program budget has been cut drastically.
- The Area has a large geographic area with little transportation and an exponential increase in Diabetes Prevention Program participants needing follow up.
- Funding delays make meeting all objectives difficult.
- Remote areas often have poor telephone reception or no reception.

The SDPI programs in the California Area have had positive outcomes but the changes in the grant process have required the Area to change these programs.

- For example, the programs must now address areas of chronic weakness, provide equal funding for two best practices, and train staff to expand the number of people who receive case management services.
Portland

Ms. Davis-Wheeler reported that the Tribes in the Portland Area continue to actively prepare for the IHS audit.

- The Northwest Portland Area Indian Health Board meets quarterly, and Ms. Davis-Wheeler gives regular reports during these meetings.
- The Portland Area's SDPI programs have emphasized traditional foods.
- Programs have also emphasized exercise.
  - Participants receive a pedometer and those who walk for a certain amount of time receive a pair of Nike N7 shoes as an incentive.
  - Nike's Tribal liaison provides incentives for the Area's exercise programs.
  - Many young people are participating in traditional dancing, which is good exercise.
- The Affiliated Tribes of Northwest Indians is comprised primarily of Tribal leaders.
  - This would be a good audience for a report on the TLDC.

Phoenix

Mr. Emm reported that the Phoenix Area has 40 Tribes.

- The Area has 46 SDPI grants; of these, 41 are community-directed programs and 5 are demonstration projects.
- When the SDPI program began in 1998, most grantees spent a majority of their resources on primary prevention, nutrition, and physical activity, with a focus on children.
  - Some Tribes that had their own clinics invested most of the grant funds in their clinic operations, with a focus on secondary prevention.
- Challenges include insufficient staffing, recruitment difficulties, and inadequate facilities.
- The Inter Tribal Council of Arizona, Inc., diabetes nutrition coordinator has provided technical assistance and training to Tribes.
- SDPI activities in the Phoenix Area include a community garden, an elementary school walking/running club, elder Olympics, and a breastfeeding promotion program.

Ms. Nelson asked whether the Phoenix Area programs are collaborating with non-AI/AN groups.

- Mr. Emm replied that most of the Area's collaborations are with non-AI/AN organizations, such as the Boys and Girls Clubs.

Oklahoma City

Ms. Barker said that the Oklahoma City Area has 42 community-directed SDPI grants and 8 demonstration projects (4 for diabetes prevention and 4 Healthy Heart grants).

- Area programs are promoting physical education in schools and encouraging local schools to establish policies that could help sustain their physical education programs.
  - Some Tribes have diabetes prevention programs in boarding schools.
- Diabetes prevention programs in elementary schools encourage increased activity and better nutrition. These programs also teach students about tobacco.
Six summer camps promote health and wellness for children starting at age 7.

Programs encourage increased mobility among those aged 55 and older.

- Programs for this population include vaccination campaigns and fitness classes.
- Upcoming events include a presentation on gestational diabetes at the CDC Diabetes Translation Conference in Kansas City and a presentation at the American Association of Diabetes Educators meeting in San Antonio.
- The Oklahoma City Area has formed a coalition of inter-Tribal diabetes groups to mentor interested groups that do not have a demonstration grant.
- Barriers include difficulties with the Web audit.
- The Oklahoma State Department of Health recognized one of the Area’s Tribes as a certified healthy business for providing health and wellness opportunities to employees.

**Nashville**

Mr. Rolin reported that the Nashville Area health summit will include breakout sessions, information on Government Performance Results Act and diabetes audit indicators, the inclusion of physical fitness in medical charts, and establishment of improvement goals.

- The annual diabetes coordinator update was scheduled for May 11.
- The United South & Eastern Tribes, Inc., tribal epidemiology center worked with the diabetes program to provided prevalence and diabetes care and outcome reports.
- Many sites found the 2010 SDPI applications to be challenging.
- The Nashville Area holds three annual meetings, including one in Washington, DC. During the Washington meeting, Area representatives visit Capitol Hill to discuss local and national issues.

**Tucson**

Ms. Becenti described the activities of the Tohono O’odham Nation.

- Up to 75 percent of the Tribe’s adults are diagnosed or treated for diabetes, and large numbers of the Tribe’s children and youth have type 2 diabetes.
- The Tohono O’odham Nation collaborates with the Tucson Indian Center, Tohono O’odham education and fire departments, Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children.
- Physical education programs for adults include exercise programs for elders (including tai chi and chair aerobics), a walking club, a half marathon, jail aerobics, community aerobics classes, step classes, aqua aerobics, belly dancing, line dancing, and yoga.
- The Tohono O’odham Nation diabetes talking circle is helpful for people who have recently received a diabetes diagnosis.
- The Tohono O’odham Nation plans to implement the Diabetes Education in Tribal Schools (DETS) curriculum in all schools in its reservations.
- Traditional feasts offer an opportunity to teach community members about healthy cooking.
- Community outreach and services include an annual diabetes fair, summer camps, family district nights, a mobile eye clinic, and bicycle clinics.
Ms. Davis-Wheeler asked how the Tohono O'odham Nation addresses its transportation needs, given that the nation is so spread out.

- Ms. Becenti explained that the Tohono O'odham Nation has its own transportation program.
Welcome and Blessing
Mr. Rolin opened the second day of the meeting with an invocation.

DETS and Diabetes Prevention Program Outcomes Study

Diabetes Prevention Program (DPP)
Dr. Garfield reported that the DPP began in 1996 and is funded through 2014.
- This program evaluates interventions to prevent or delay the development of type 2 diabetes in people with a high risk of the disease.
- Participants are divided into three groups:
  • 16-week lifestyle modification course focused on reducing calories and fat in the diet and exercising 150 minutes a week
  • Drug treatment (with metformin)
  • Placebo
- The study is conducted at 27 sites in the United States, including four Tribal communities.
- The study’s funders include National Institute of Diabetes and Digestive and Kidney Diseases, IHS, and the CDC.

The study’s outcomes included the following.
- Between 9 and 11 percent of participants in the placebo group developed diabetes each year, for a total of 30 percent over the study’s 3 years.
- In the metformin group, 7.8 percent of participants developed diabetes.
- Only 4.8 percent of participants in the lifestyle group developed diabetes.
  • In people aged 60 years or older, the diabetes risk dropped by 71 percent.
  • The lifestyle intervention worked because it helped participants lose weight.
  • People in the lifestyle group reduced their diabetes risk by 58%, compared to 31% in the metformin group.
- The effectiveness of the lifestyle intervention and metformin groups did not depend on racial or ethnic characteristics or participants’ initial weight.

Although some participants did develop diabetes, they benefited from the study by having their diabetes identified within weeks.
- In contrast, most cases of diabetes in the general population are not identified until 7–12 years after the person develops the disease.
**DPP Outcomes Study (DPPOS)**

The researchers are continuing to follow the original participants for another 6 years to see whether the lifestyle program and metformin work over the long term.

- The DPPOS, which is the follow-up study for the DPP, will determine whether the approach used can continue to prevent diabetes onset, as well as diabetes complications.
- Participants stayed in the same groups as in the original study.
  - Those in the lifestyle intervention group participated in groups, instead of individually.
  - The metformin group continued to take metformin, along with participating in a modified lifestyle intervention.
  - The placebo group members received a modified lifestyle intervention.
- The study recruited 88 percent of the original DPP participants.
  - A higher proportion of AI/AN study participants signed up for DPPOS than any other group.

The results of this 10-year followup study are now available.

- The lifestyle group participants lost 7 percent of their body weight. Some lost even more and gradually regained some of this weight, but they did not return to their original weight.
  - At the end of 10 years, members of this group had a 34 percent lower risk of diabetes.
  - Lifestyle participants older than 60 reduced their diabetes risk by 50%.
  - Lifestyle participants reduced their blood pressure and lipid levels.
- Within months, people who took metformin lost 3 percent of their starting body weight and they maintained this weight loss over the next 10 years.
  - This group reduced its risk of diabetes by 18 percent.
- The placebo group did not gain much weight.
  - People who choose to participate in a study like this one are probably different from the general population, which almost certainly would have gained weight during this period.
- Results were the same in all racial and ethnic groups.
- People over age 60 lost more weight than any other group.

Now that the 10-year followup period has ended, the researchers plan to continue to study these participants.

- The study will add measures of cognitive and physical functioning.

Francis Collins, Director of NIH, referred to the DPP at the start of a *Washington Post* interview, describing it as a perfect comparative effectiveness study.

**DETS**

Dr. Garfield explained that the goal of DETS is to increase understanding of health, diabetes, and maintaining life in balance in AI/AN communities.

- The science-based curriculum incorporates traditional cultural knowledge and teacher input.
- The curriculum is designed to span kindergarten through high school, with common themes.
Reports from students and teachers found that the students learned the material successfully and both students and teachers felt engaged in the curriculum.

- The curriculum launch took place on November 12, 2008, and many TLDC members attended the event.

The project’s current focus is on dissemination.

- IHS and Tribal colleges and universities have distributed the curricula.
- An evaluator continues to assess the program’s outcomes.
- Several Areas have now implemented the DETS curriculum, and the project’s leaders are trying to bring it to every school that teaches AI/AN children in the United States.

**TLDC Response to DETS and Diabetes Prevention Program Outcomes Study**

**DPPOS**

Ms. Nelson asked about DPP participants who have died.

- Dr. Garfield said that remarkably few have died. Currently, about 98 percent of participants who joined the DPPOS 10 years ago are still in the study.

**DETS**

Ms. Nelson asked whether public schools are implementing the DETS curriculum and barriers to implementation in these schools.

- Dr. Garfield said that public schools with AI/AN students are implementing the curriculum.
- One challenge has been making the case that a program focused on AI/ANs should be incorporated into the curriculum of a school in which not all students are AI/AN.
  - Schools that have accepted the curriculum acknowledge that it benefits all students.

Ms. Davis-Wheeler asked how the TLDC could promote the DETS curriculum in schools.

- Dr. Garfield said that efforts to promote the curriculum’s use through government agencies, such as the Department of Education, have not been very successful.
- Dr. Garfield has asked Ms. Bohlen to promote the program through NIHB.
- Tribal leader involvement is necessary to spread the use of the curriculum to more schools.
  - Mr. Emm suggested that TLDC members use Dr. Garfield’s presentation to help Tribal leaders understand the importance of the DETS program.
- Dr. Acton asked the TLDC whether a presentation at the NCAI or NIHB conferences might help spread the word to Tribal leaders.
  - Dr. Garfield reported that he had tried to give a presentation at one of these meetings but was not successful.
  - Mr. Rolin said that this can be addressed.
- Mr. Albert said that some AI/AN education programs and organizations can help distribute the curriculum in certain school districts.
- Dr. Garfield asked the TLDC for the names of individuals and Tribes he should contact.
Ms. Valdez reported that IHS has distributed more than 700 copies of the DETS curriculum.

- Anyone can order a set of CDs with the curriculum through DDTP’s website.
- The hard-copy version is lengthy, so it is only available to teachers.

**Action:** The TLDC will provide Dr. Garfield with the names of individuals and Tribes he should contact to disseminate the DETS curriculum more broadly.

### Preparation for Discussion with the IHS Director

#### Review of Dr. Roubideaux’s Request

Ms. Valdez reminded the TLDC that Dr. Roubideaux had requested feedback from the TLDC on four issues:

- **PPACA and IHCIA**
- Dear Tribal leader letter requesting feedback on making the Tribal consultation process more effective and efficient
- **SDPI reauthorization and the formation of a TLDC work group to plan Tribal consultation about future funding**
- Technical support to the TLDC and other IHS work groups.

Ms. Valdez shared her notes on the TLDC’s discussions the previous day. Dr. Roubideaux had wanted informal comments from the TLDC and the bulleted list of comments that Ms. Valdez provided met her needs.

- Ms. Valdez said that the Navajo Area’s ADC, Ms. Bachman-Carter, and another representative from the Navajo Area took notes on the TLDC’s earlier discussion.
  - They produced a one-page summary of the comments and this summary was given to Dr. Roubideaux. The summary also comes from the Navajo Area’s representative, Ms. Benally.

#### Federal Policy Language

Ms. Nelson commented that the language in the federal policies concerning AI/AN health care is vague.

- These policies should specify, for example, that AI/ANs will have parity with, for example, members of the general population.

#### Role of the TLDC

Mr. Albert commented that the reason why the TLDC’s consultation is so effective for the IHS director is the committee’s disease-specific focus.

- Mr. Albert asked whether Dr. Roubideaux wants the TLDC to focus only on the SDPI or to address health issues affecting AI/AN communities in general.

Ms. Davis-Wheeler reminded the TLDC that, during an earlier meeting, Dr. Roubideaux had asked the TLDC to form a work group to consider the future of the SDPI demonstration projects.

- Ms. Davis-Wheeler wondered whether this work group is necessary, given that the TLDC has discussed this issue at length.
Dr. Acton suggested that the TLDC ask Dr. Roubideaux whether the TLDC should form this work group.

**Educating Tribal Leaders about the TLDC**

Ms. Abramson suggested that IHS write an article for Tribal newspapers and newsletters on the work of the TLDC.

- Dr. Acton asked whether Dr. Roubideaux should discuss the TLDC’s work on her blog.
  
  • Newspapers could use the text of the blog in their stories.

Ms. Davis-Wheeler asked whether Mr. Rolin sent thank-you letters on behalf of the TLDC to everyone who presented at the last meeting. The presenters included some Tribal leaders.

  • Ms. Chihuahua said that Tribal leaders who take the time to come to meetings and give presentations would appreciate a thank-you letter from the TLDC chair.

Mr. Albert commented that TLDC members need to promote the TLDC in their Areas.

**Communications with Tribes**

Ms. Chihuahua asked about communicating with Tribes that do not use AI/AN health care facilities.

- Mr. Rolin replied that NIHB distributes information to all 568 Tribes.

- Ms. Chihuahua plans to share information from this meeting with three Tribes in the California Area that do not participate in the Area’s health care consortium.

- Ms. Lamey reported that the Office of Direct Service and Contracting Tribes maintains a database of all federally recognized Tribes.
  
  • Whenever a Tribe has elections, it should provide updated information on elected officials to the office.
  
  • Mr. Rolin reported that NIHB uses this database.

- Ms. Valdez said that DDTP would be happy to work closely with the California Area’s ADC, Ms. Maldonado, to communicate any specific information to the Tribes that Ms. Chihuahua mentioned.

**TLDC Meetings**

Ms. Nelson suggested sharing copies of the PowerPoint presentations from TLDC meetings with all TLDC members, so that they can share this information with their communities.

- Ms. Valdez reported that the Hill Group now sets up a web page for each TLDC meeting and DDTP sends this URL to all TLDC members. This web page has all of the PowerPoint files, if the presenters give permission to share them.

- Ms. Nelson said that hard copies of the presentations would be helpful.

- Dr. Acton said that NIHB could post the materials on its website so that TLDC members do not have to find the link in an email.

  • Ms. Tepp said that NIHB would establish a TLDC resource section on its website.

  • Ms. Tepp will let the TDLC know when this information is available on the NIHB website.

Ms. Chihuahua emphasized the importance of following up on all of the action items from each TLDC meeting.

**Action:** NIHB will establish a TLDC resource section on its website.

**Action:** Ms. Tepp will let the TDLC know when this information is available on the NIHB website.
Improving Patient Care

Dr. Acton said that the previous IHS director had asked the TLDC to consider whether it should serve as the advisory group for the Improving Patient Care program (formerly known as the Chronic Care program).

- The Improving Patient Care program has no Tribal advisory group.
- The TLDC might want to ask Dr. Roubideaux whether the TLDC should consider this issue.

SDPI Reauthorization

Mr. Emm recommended that the TLDC assume that the SDPI will be reauthorized and plan for reauthorization instead of waiting for notification of the reauthorization.

- The TLDC should start planning for the SDPI reauthorization now and share the committee’s proposal with their communities.

Mr. Rolin said that whenever he has visited Capitol Hill lately, members of congress and staff members have continued to affirm plans to continue the SDPI.

- When Tribal leaders approach Congress to request reauthorization, the representatives and senator will want to hear from Tribes in their Areas.

Review and Approval of December 3–4, 2009, TLDC Meeting Minutes

Motion: The motion carried to approve the minutes of the December 3–4, 2009, TLDC meeting with the corrections provided to Dr. Acton.

Discussion with the IHS Director

Dr. Roubideaux reminded the TLDC that she had requested the group’s feedback on the following issues:
- Tribal consultation on the PPACA and IHCIA
- How to determine the best way to distribute the SDPI funds if the program is reauthorized
- The TLDC and the proposed technical work group

Mr. Rolin reported that the TLDC had discussed these issues and shared a copy of the group’s suggestions with Dr. Roubideaux.

Future of the SDPI Program

Ms. Davis-Wheeler asked whether Dr. Roubideaux would still like the TLDC to form a work group to consider the future of the demonstration projects.

- Dr. Roubideaux said that she does not plan to eliminate the demonstration projects.
- Other programs should be able to benefit from the lessons learned from the demonstration projects. If SDPI receives additional funding, other sites should receive funding to implement these lessons learned.
- This issue is part of the overall discussion of what to do if SDPI is reauthorized and receives additional funding.

Dr. Roubideaux would like to form a work group to determine how to distribute the SDPI funding if Congress reauthorizes the program.

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Some of the questions the group needs to address include whether to change the formula, what to do about programs that are not performing well, how to evaluate the SDPI, how to publicize it, and how to share results among programs.

- Although AI/AN communities are familiar with the SDPI, few people outside IHS know about it.
- The SDPI programs have been going on in communities for 12 years and have made progress. Community members are losing weight and their blood pressure levels are dropping.
- Twelve years after the SDPI began, it is time to reassess the current status and future directions. This is a “kind of strategic planning process.”

Other important issues to consider are what Congress is currently thinking about the SDPI and what strategic approaches the TLDC should use to ensure that Congress provides permanent funding for the program.

Dr. Roubideaux asked whether the audit reports are showing progress in the communities that SDPI programs serve.

- Dr. Acton explained that rates are flattening out. However, the audits measure diabetes care and some programs focus on prevention.
  - The audits show consistent improvements every year, although these improvements are not dramatic.
  - Blood pressure levels appear to be increasing.
- Dr. Roubideaux said that the strategic planning process should include a review of SDPI data to identify areas that need improvement.

Dr. Roubideaux suggested a major event around the release of results of the demonstration projects.

- Dr. Acton explained that IHS must submit a report to Congress in January 2011.
  - DDTP plans to highlight the demonstration project findings in a report that staff members are starting to prepare.
- The event would highlight the projects’ accomplishments.
  - Dr. Roubideaux asked what kind of event would be appropriate and how to plan the event.
- Dr. Roubideaux commented that many of the prevention programs address obesity, and First Lady Michelle Obama is interested in obesity. Secretary of Health and Human Services Kathleen Sibelius is also interested in obesity.

Future of the TLDC

Mr. Rolin explained that the TLDC had reached consensus on recommending that IHS maintain the TLDC because of the continued prevalence of diabetes in AI/AN communities.

- The TLDC had considered the possibility of setting aside certain weeks for several IHS meetings in Washington, DC, to reduce Tribal leaders’ travel.
  - Mr. Rolin said that Tribal leaders would not be able to set aside an entire week at a time for meetings.

Ms. Davis-Wheeler said that the TLDC needs to hold a strategic planning session on the future of the TLDC.

- Dr. Roubideaux encouraged the TLDC to engage in strategic planning.
In its planning to promote the TLDC, the group should consider how to ensure that the TLDC is contributing to national diabetes activities, such as CDC diabetes committees and diabetes activities in the Health Resources and Services Administration community centers.

The TLDC needs to elevate its role and the IHS diabetes strategy in AI/AN communities.

Ms. Abramson commented that although the TLDC focuses on diabetes, it should also consider related diseases and health conditions, such as heart disease.

- Dr. Roubideaux said that the lessons learned from diabetes care can benefit programs for other conditions.

- In its strategic thinking, the TLDC should consider how the lessons learned from diabetes can inform other issues. For example, the lessons from diabetes prevention might be relevant to obesity prevention, and the diabetes case management experience could inform the cancer case management process.

- Dr. Acton pointed out that the Strong Heart study shows that preventing or treating diabetes in AI/ANs can prevent heart disease.

- Mr. Albert commented that one reason why the TLDC has been so successful is its focus on a single disease. This has allowed the committee to focus its decisions on one issue and engage in direct dialog with IHS leaders and program staff members.

- Mr. Albert asked whether Dr. Roubideaux would like the TLDC to provide consultation on diabetes-specific issues or broader health issues.

- Mr. Albert asked whether the TLDC should focus more of its attention on younger generations. Currently, most of its discussions focus on adults who have been diagnosed with diabetes.

Communications

Ms. Davis-Wheeler commented on the TLDC's agreement that the group needs to promote itself more.

- Committee members plan to present at upcoming meetings, such as those of the NIHB and NCAI.

Ms. Abramson said that the TLDC's strategic planning should include a standardized communications strategy for talking about diabetes in AI/AN communities.

- Dr. Roubideaux agreed that Tribal leaders need to learn how to promote diabetes prevention and treatment in their communities, including policy making and being champions for SDPI activities.

- Tribal leaders should regard the TLDC members as leaders who give all the other Tribal leaders information that helps them talk about diabetes in a knowledgeable way during Tribal consultations, discussions with federal agencies, and conversations with their communities.

Ms. Abramson suggested that Dr. Roubideaux's office produce an article, perhaps in Dr. Roubideaux's blog, that Tribes could publish in their newspapers and newsletters on the importance of the TLDC's work.

- Dr. Roubideaux suggested compiling the TLDC member profiles into a letter to Tribes describing the TLDC, what it does, and why this work is important.

- Dr. Roubideaux invited TLDC members to post information on her blog, which is intended to provide useful information to AI/AN communities. Many people read this blog.
Closing Remarks

Dr. Roubideaux said that the TLDC’s work is clearly important. The committee’s members are committed to addressing diabetes and helping IHS prevent and treat diabetes in AI/AN communities.

- She appreciates the TLDC’s willingness to consider the committee’s role and do strategic planning for the committee’s future.
- Dr. Roubideaux planned to review the TLDC’s recommendations.
- The next steps for the TLDC are to consider the committee’s role and the future of the SDPI. This will probably require some significant strategizing.
  ● Because these two issues are closely related, the TLDC should consider both its future and that of the SDPI in a single conversation.

Dr. Roubideaux wants AI/AN communities to be in a better place when her term ends in 3 or 7 years.
- She is therefore asking many groups to consider the best ways to make progress.

TLDC Response to Discussion with the IHS Director

Younger Generation

Dr. Acton commented on the importance of addressing the needs of multiple generations.
- Ms. Donald will be working with DDTP to determine how to educate and reach younger people.
- Ms. Abramson commented that many Areas have Tribal youth councils, which often address health promotion.

Meetings

Ms. Davis-Wheeler suggested that the TLDC present at the direct service Tribes meeting, in addition to the NCAI and NIHB meetings.
- If Mr. Rolin is not available for the upcoming meetings, he should appoint another TLDC member to present in his place.
- Another upcoming meeting at which the TLDC should present is the Tribal self-governance meeting on May 1–3.
  ● DDTP staff should inform the conference leaders that the TLDC would like time on the general assembly agenda.

Dr. Acton offered DDTP’s assistance in preparing slides for these presentations.

Ms. Valdez announced that the ADA plans to award its C. Everett Koop Medal for Health Promotion and Awareness to Dr. Acton at its annual meeting this summer.
- Mr. Rolin congratulated Dr. Acton for this honor.

Ms. Davis-Wheeler announced that the Healing Our Spirits Worldwide meeting will take place in Honolulu on September 3–10, 2010.
- The meeting’s organizers have invited Ms. Davis-Wheeler and Mr. Rolin to be guest speakers.
  ● Ms. Davis-Wheeler suggested that she and Mr. Rolin use this opportunity to discuss Tribal diabetes programs.
**Gen 7 Magazine**

Ms. Valdez commented that a recent issue of *Gen 7* magazine has a story describing Ms. Davis-Wheeler's work on the TLDC.

- The magazine has profiled other TLDC members in the past.
- This publication is another way for TLDC members to publicize their work.

**Orientation Binder**

Ms. Valdez explained that a few years ago, DDTP, with support from the Hill Group, created an orientation binder of background information for new TLDC members.

- The information in the binder is also available on the DDTP website.
- Ms. Valdez asked the TLDC for feedback on the binder.

**Action:** The TLDC will provide DDTP with feedback on the TLDC orientation binder.

**Closing**

Dr. Acton suggested that the next TLDC meeting focus on strategic planning and be led by a hired facilitator.

- Los Poblanos in Albuquerque is a good location for strategic planning.

**Motion:** The motion carried to hold the next TLDC meeting on July 8–9, 2010, in Albuquerque, NM.

**Motion:** A motion carried to adjourn the meeting.

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TLDC Meeting Summary—April 8–9, 2010

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Tony Scucci, LMSW
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Tony Scucci is an organizational and clinical consultant in a private practice, based in Portland, Maine. He has resided in Maine since 1974.

In addition to more than 35 years of experience in the nonprofit sector in general, Tony served as the executive director of a nonprofit organization committed to strengthening families and preventing problems like child abuse and neglect. He has also served on many nonprofit boards of directors, and on various advisory panels and task forces.

Tony’s clients include individuals and organizations in the fields of nonprofit governance and management, mental health, child abuse and neglect, domestic violence, HIV/AIDS, parent education and support, Head Start and other pre-school programs, public & private schools, foundations, health care services, the arts, & social justice. These organizations range from relatively small operations to those that are national in scope and with multi-million dollar budgets.

Tony is a senior governance consultant with BoardSource (formerly the National Center for Nonprofit Boards), and has served in a coaching capacity with Prevent Child Abuse America’s Leadership Initiative in conjunction with Leader To Leader (formerly The Drucker Institute). He has also conducted workshops for the Maine Association of Nonprofits and the Institute for Civic Leadership. Tony was one of a small team of consultants working the Corporation for Public Broadcasting on an initiative to improve governance effectiveness with public broadcasting stations across the country. He recently completed working on a governance effectiveness project with the North Carolina Partnership for Children. Tony is currently providing a series of board development trainings across the country for the National Council for Urban Indian Health. Tony has also worked with various Somali Bantu Organizations.

Tony graduated with a BA in Sociology from the University of Massachusetts, Amherst, and with a Masters in Social Work from Boston College. He is a Licensed Master Social Worker in the state of Maine.
Present:
Buford Rolin, Carlton Albert, Kelly Acton, Lincoln Bean, Cathy Abramson, Rosemary Nelson, Connie Barker, Elwood Emm, Isidro Lopez, ????????????

Background:
At the April TLDC meeting, IHS Director Roubideaux began a discussion with Committee members about the role of the TLDC and its future. The Committee began to think about its roles and responsibilities as well as efficiencies that could be brought to the Committee’s work.

As a follow up to this preliminary discussion, the TLDC conducted a strategic review and planning meeting in July guided by an outside facilitator. Much progress was made, as you will note from the summary below, and the Committee intends to finish this work at its October meeting. The result of this process will be the creation of a Strategic Plan for the TLDC that includes ideas for the future direction of the Committee as well as specific recommendations for the IHS Director to consider.

The comments below are being shared with all TLDC members and Alternates so that those members not in attendance can review the topics covered as well as the specific comments made during the meeting. These notes are meant for internal purposes; and have not been edited – hopefully it will give you a real sense of the feelings conveyed. A formal letter to Dr. Roubideaux updating her on the progress made during the meeting is being prepared and will be shared with all TLDC members when it is sent.

Goal:
To clarify roles and responsibilities of the TLDC and its members, and to examine ways to better serve the IHS Director.

Conclusions:
The TLDC acknowledged that despite the progress that has been made in its treatment and prevention, diabetes continues to place a disproportionate burden on AI/AN people, requiring the TLDC to remained vigilant and focused on this issue over the long term.

The work of this session clarified the various ways the TLDC brings value to the IHS Director and to AI/AN people. It also clarified what TLDC members expect of each other with respect to service on the TLDC, and how it looks to the technical advisory organizations like NIHB for critical support.

TLDC is committed to strengthening its position as the caretaker of SDPI (and all diabetes treatment and prevention efforts) by provided guidance and recommendations to the IHS Director, by serving as an effective connector between tribes and tribal leaders, through its strategic alliances with other organizations within and outside of Indian
Country, and by mobilizing whatever forces are necessary to ultimately eradicate diabetes.

The next steps will be for the TLDC to develop greater efficiencies in how it does its work, and to orient its focus to the future by creating a strategic plan that establishes program and organizational priorities.

The TLDC has a great track record; it has made significant impacts in the field. But there is much yet to be done.

Next Steps:
The TLDC meeting on October 28-29th in Washington, DC will focus on creating a Strategic Plan for the Committee, and all Committee members are encouraged to attend.

Topics Covered During the Meeting

How The TLDC Sees Its Relationship With The IHS Director:

- Interdependent - The success of one depends on success of the other
- A partnership
- Complementary (to make whole)
- Differential regarding capacity, authority, and power - One has greater voice - TLDC has great power; IHS Director has authority
- Mutuality - Each is responsible for educating and informing the other
- Shared purpose

Roles and Responsibilities of TLDC:

- Representation - Promote work of TLDC, provide direction and/or recommendations, represent all people and communities
- SDPI caretaker - Work to secure and affect distribution of SDPI funding
- Educate - Share information about successes, community stories, what tribes are doing
- Maximize national commitment - Bring issues and outcomes to the attention of those with authority - Influence those who make decisions
- Communication - Share information with communities, areas
- Policy - Provide input into policy decisions
- Consultation
- Provide tribal leaders with SDPI funding responsibilities and the IHS Director with the collaborative decision from the area tribal leaders
- Generate new ideas about prevention
- Assure that culture and tradition incorporated into diabetes activities
- Demonstrate leadership
- Motivate - Create sense of urgency around diabetes
- Recognize the need for TLDC to assess its performance on a regular basis
• Empower local providers to access funding - provide technical assistance

**Role of the TLDC in the Distribution of SDPI Funding:**
• Identify and support best practices
• Funding levels are insufficient - Not enough money to go around, takes a lot to get educated about what change in funding formula will require
• Long term goal - Make SDPI funding permanent (vs. need to be reauthorized)
• Consultation - Influence how consultation happens within each area - If we get an increase in funding, how will consultation work - How can TLDC influence process?
• Core values - There is significant variances in tribal resources and capacity - Work to ensure that core values such as equity and fairness inform the formula/distribution process

**Relationships with Other Agencies/Groups:**
• Over the years, TLDC has grown in prominence in its relationships with other agencies and/or groups that focus on diabetes (e.g., DETS)
• TLDC can maximize diabetes treatment and prevention dollars by tapping into other agencies
• TLDC needs have greater representation at meetings of other groups

**Roles/Responsibilities of TLDC Members:**
• Familiarize yourself with the TLDC charter
• Stay informed
• Educate others
• Serve as a conduit of information to communities and to national decision-makers
• Gather data to justify work
• Advocate – on behalf of TLDC
• Summarize meetings and share this with tribal leaders in your area
• Keep your alternate informed and up-to-date on key issues
• Relationship building - establishing access to decision-makers
• Represent your respective communities balanced with interests of diabetes in general
• Share information gained as TLDC member with tribes in areas they represent
• Participate in developing recommendations to IHS Director, guidance to programs, and direction on future prevention efforts
• Be an active participant in the work of the TLDC
• Make and honor a commitment to attend meetings, be on time, and do what you say you will do
• Send your alternate to meetings you cannot attend
• Practice common courtesies - Notify someone if you cannot attend or will be late
• If you cannot attend in person, DDTP can arrange call-in capability
• Assist in planning various TLDC events
• Promote TLDC - its work and why it’s important - At conferences and other relevant venues
• Be a presence in representing the TLDC at various gatherings w/in and external to Indian Country
• Be a good ambassador

**Staffing Support Needs:**
• Develop talking points
• Newsletter (brief)
• Provide easy access to key information
• Update and maintain orientation binder/manual
• Create links to important documents on the TLDC section of NIHB website
• Monthly update w/TLDC logo for members to forward on
• Meeting minutes - Bullet main issues covered
• Cover costs associated with TLDC members bringing there respective alternates to one meeting per year
• Check-in calls to TLDC members between meetings as another way to share information
• Convene teleconference meetings on specific topics related to diabetes education and prevention from time to time
• Request input on TLDC agenda from TLDC members
• Support on developing position papers, white papers on issues/topics
• Create mechanisms for areas share successful programs with Committee
• Provide individual members with supporting documents/background/talking points at meetings
• Provide coordination for individual members re: public appearances

**Technical Advisory Groups:**
• Historically, these groups do not attend meetings regularly - They have a different status than the regular TLDC members (non-voting)
• The TLDC’s relationships with these groups are important – They have political value
• The NIHB is the only group providing TLDC support – The TLDC acknowledged NIHB as a solid and vital partner
• The TLDC sees these groups not as advisors but as advocates (e.g., urban set-aside in SDPI formula)

**TLDC Charter Review:**
• The charter was thoroughly reviewed. Because of the way the charter was written, it has provided the TLDC with guidance and also allowed a great deal of latitude in how it does its work.
• Although the TLDC’s most recent decision to establish a vice-chair position can be interpreted as being in compliance with the charter, an addendum will be added to the charter noting this action.
• Resolution: Make no substantive changes to the charter.
Examples of TLDC Service That Have Made Members Feel Most Useful and Energized:

• Going to the Hill - meeting with legislators and educating them about diabetes - sharing our personal stories
• Help communities navigate grants management – remove barriers to providing services to people in communities
• Ability to work with grants management and get them to work with tribes to be most responsive
• Work of TLDC has made progress in diabetes – knowing and being a part of that
• Seeing the level of commitment of TLDC members - to do the work they do as part of the committee
• Knowing the sacrifices TLDC members make – demonstrating the way they care about the people they serve
• Seeing SDPI brochure and reading about the clinical outcomes that are improving people’s lives
• Evolution of TLDC – it was contentious between tribes and IHS at beginning, now greater level of trust has developed
• Started SDPI program in community – this has been part of its evolution
• TLDC’s role as the caretaker of SDPI
• Taking on new challenges
• Listening to others’ stories
• Being part of a renewed group

Action Items:

• Letter from the TLDC Chairperson to Area Directors to brief them on today’s work and to encourage greater attendance and engagement of every TLDC primary and alternate member
• Letter from the TLDC Chairperson to Dr Roubideaux briefing her on TLDC’s response to her requests
• Summary of meeting notes will be distributed to TLDC members with an invite to respond w/comments/questions/concerns
• Letter from the TLDC Chairperson to the technical advisory groups reminding them they are members of the committee and inviting them to attend meetings
• Engage more directly with CDC Native Diabetes Wellness Program
• Next TLDC Meeting - October 28th and 29th in Washington, DC
• October Meeting Content - Allocate a significant amount of time to completing this strategic planning process - Explore ways to bring greater efficiencies to the way the TLDC does it work, shift to a more future oriented planning process, and finalize a plan that establishes goals and priorities for the TLDC
• Between now and the October meeting, a draft plan will be distributed, inviting input from all TLDC members

Evaluation Comments:

• “Nice to have a voice”
• “It was helpful to hear others’ thoughts and expectations”
"I have high expectations of this committee"
"This process has been good"
"This was a good review and a look at where we're heading"
“Our roles are important”
“This gave me a sense of direction”
“Lots of work was accomplished”
“The quotes were a good way to introduce ourselves”
“Good to make explicit the assumptions we operate on”
“I appreciated the candor”
“We set the bar high for ourselves”
“The discussions were honest”
“There is still more work to be done”
“The meeting was really productive”
“The TLDC has gone through many changes”
“I appreciated the openness of everyone”
“We needed this session”
“This group continues to be vital”
“We are family”

Future Considerations/Parking Lot Issues:
- It may be time to bring all SDPI grantees together again in a large meeting?
- Clarify roles/expectations re: the technical advisory groups - How they bring value
- Ensure the TLDC addresses all of Dr. Roubideaux’s questions from April meeting
- Lessons learned that might have relevance for other groups – white papers
- TLDC can serve as a model for others
- Need to develop long and short term goals
- Lessons learned from SDPI and how that can inform IHS work on other chronic diseases
- White paper - TLDC’s focus on diabetes and outcomes can inform work on other chronic diseases – note that diseases like cancer are on rise in Indian Country
- Explore ways to take successful demonstration projects to scale – how to transform grants into programs
- TLDC could provide oversight on connection between research projects, programs, and grants.
- Consider the idea of creating a SDPI workgroup
July 9, 2010  Day Two

8:30 am  Welcome and Blessing  Buford Rolin, TLDC Tribal Chairman

8:40 am  Review of yesterday’s work
          Review and plan today’s agenda

9:00 am  continue Strategic Planning Session

10:15 am  Break

10:30 am  continue

11:00 am  DDTP Program Update
          IDERP
          Grant Applications

12:00 pm  Adjourn