

TLDC Tribal Consultation Workgroup Charge and Priorities

Tribal Consultation Workgroup

Charge:

- Consult with Area Diabetes Consultants (ADCs) and SDPI grantees;
- Ensure effective communication within the network of Tribal Communities and between tribal communities and IHS;
- Consult with other non-tribal organizations;
- Consult with Congress

Priorities:

- **Consultation with Area Diabetes Consultants (ADCs) and SDPI grantees**
 - Ensure that every TLDC meeting includes Area reports
 - Ensure that TLDC members attend quarterly meetings in their area to both share information and hear from the ADCs and grantees about any outstanding issues/problems.
- **Ensure effective communication within the network of Tribal Communities and between tribal communities and IHS**
 - Coordinate with SDPI and Education and Awareness workgroups to ensure that materials created on lessons learned from SDPI programs and how they can be applied to other chronic diseases is shared with IHS.
- **Consultation with non-tribal organizations**
 - Coordinate with SDPI workgroup to ensure effective working relationship continues with the American Diabetes Association and the Juvenile Diabetes Research Foundation with respect to SDPI renewal efforts.
- **Consultation with Congress**
 - Coordinate with SDPI workgroup to ensure that TLDC members meet with key Congressional leaders to educate them about SDPI and program outcomes

National Indian Health Board



April 16, 2013

Yvette Roubideaux, MD, MPH
Director
Indian Health Service
The Reyes Building
801 Thompson Avenue – Suite 400
Rockville, Maryland 20852

Dear Dr. Roubideaux:

The Tribal Leaders Diabetes Committee (TLDC) convened via conference call on April 12, 2013. The purpose of this meeting was to determine the TLDC's recommendations regarding the Special Diabetes Program for Indians (SDPI) FY 2014 funding, specifically: 1) funding distribution and 2) Tribal consultation at the IHS Area level.

A quorum was present. The TLDC Members attending the conference call included the following:

Lincoln Bean	Alaska Area
Cathy Abramson	Bemidji Area
Joe Durglo	Billings Area
Rosemary Nelson	California Area
Betty Delrow	Navajo Area
Connie Barker	Oklahoma Area
Sylvia Homer	Phoenix Area
Cassandra Sellards Reck	Portland Area
Grace Manuel	Tucson Area

1. Funding Distribution

A formal motion was made by the TLDC Alaska Area representative and seconded by the TLDC Bemidji Area representative to leave the distribution of the FY 2014 SDPI funding the same as the previous two years (FY 2012 - 2013). The motion passed by a vote of 9-0 to keep the FY 2014 SDPI funding distribution the same.

The TLDC recommends to the IHS Director to leave the funding distribution for FY 2014 SDPI funding of \$150 million the same.

2. Tribal consultation at the IHS Area level

A formal motion was made by the TLDC Bemidji Area representative and seconded by the TLDC Portland Area representative to recommend to the IHS Director to engage immediately in Area Tribal consultation on whether the FY 2014 SDPI funding distribution should be changed. The motion passed by a vote of 9-0.

The TLDC recommends to the IHS Director to engage immediately in Area Tribal consultation on whether the FY 2014 SDPI funding distribution should be changed.

The TLDC requests that the IHS Director send a Dear Tribal Leader Letter and allow 30 days for Tribal leaders to provide feedback. It was requested that the current SDPI funding distribution for major grant categories and set-asides be included.

The TLDC looks forward to hearing from you on these recommendations. We welcome the opportunity to work with IHS on the SDPI FY 2014 funding.

Sincerely,



Connie Barker
TLDC Oklahoma Area Representative
Acting TLDC Tribal Chairperson

Attachment: SDPI Funding Distribution for FY 2013

cc. Dr. Ann Bullock
Acting Director, DDTP

Lorraine Valdez
Deputy Director, DDTP



Special Diabetes Program for Indians
\$150 million/year
Funding Distribution for FY 2013

CATEGORY	Percentage of the total	(Dollars in Millions)
Community-directed Diabetes grants (325 Active Tribal and IHS grants and sub-grants)	69.9%	\$104.8
Administrative Support of Community-directed grants	2.7%	4.1
Urban Indian Health Program Community-directed grants (34 grants)	5 %	7.5
Diabetes Prevention (DP) & Healthy Heart (HH) Initiatives grants (68 grants)	15.5%	23.2
Administration of DP & HH Initiative grants	2.8%	4.1
Funds to Strengthen the Data Infrastructure of IHS	3.4%	5.2
Native Diabetes Wellness Center (CDC)	0.7%	1.0
TOTAL:	100%	\$150.0