**Summary of Portland Area Recommendations**

**NPAIHB Quarterly Board Meeting**

**Portland, Oregon**

January 22, 2014

The Northwest Portland Area Indian Health Board is a P.L. 93-638 Tribal organization that represents health care issues of forty-three federally recognized Tribes in Idaho, Oregon, and Washington. At our recent Quarterly Board Meeting held on January 21-23, 2013, our Tribes discussed the IHS Dear Tribal Leader Letter (DTLL) dated December 20, 2014 regarding consultation recommendations on the distribution of the SDPI funds for FY 2015.

The following is a summary of the recommendations discussed by our Tribal leaders, Board Delegates and Tribal Health Directors. The TLDC recommended that each IHS Area consult with Tribes and consider the following issues/questions:

1. **SDPI Grant Application process**: If 1 year of funding is authorized, would Tribes prefer that a continuation (not a competitive) application process be used if possible? NOTE: If funding is authorized for more than 1 year, a competitive application process must be used per administrative requirements.

NPAIHB Recommendation:

* Whether one year, or multiple years, Portland Area Tribes recommend that the current structure of the SDPI needs to change. Portland Tribes recommend that the Community Directed and Diabetes Prevention/Healthy Heart Initiatives be combined into one program. We recommend that the TLDC and IHS form a technical workgroup of diabetes subject matter experts and Tribal leaders to work out the programmatic structure for how this should be done.

1. **Changes to the SDPI national funding distribution**: Should there be any changes in the national SDPI funding distribution and, if so, in what way? Currently, the funding distribution is as follows:

* Community-directed grant program $108.9 million
* Diabetes Prevention/Healthy Heart Initiatives $ 27.4 million
* Set-asides:
* Urban Indian Health Programs $ 7.5 million
* Data Infrastructure Improvement $ 5.2 million
* CDC Native Diabetes Wellness Program $ 1.0 million

NPAIHB Recommendation:

Portland Area Tribes do not support maintaining the current distribution of SDPI funding in FY 2015 and beyond. As discussed above in Item #1, Portland Tribes recommend that the Community Directed and Special Demonstration Programs and funding be combined into one program. Portland Area Tribes continue to support their position on the SDPI distribution communicated in their February 21, 2011 letter to the IHS Director summarized as follows:

*Competitive Set-aside*:

Portland Tribes are not fully supportive of a competitive grant set-aside (what has become known as the “special demonstration”) in the SDPI program. Portland Tribes agree that there have been benefits to this program and that future efforts should be directed to translate the findings of this program into the community directed programs. Thus Portland Tribes recommend combining the Community Directed and Special Demonstration programs into one program. The funding set-asides should also be combined.

* Recommendation to phase in existing staff of Special Demonstration Grantees into Community Directed Programs and not cut them off immediately. Provide transition funding for a period of one year.
* Recommendation to return 90 percent of the set-aside amount to the Community Directed pool. The remaining 10 percent should be made available to the IHS Areas to translate the findings and best practices of the special demonstration program into the community program.
* If this is not done, then Portland Tribes recommend a new competition for in the special demonstration program. Other Tribes want to be able to benefit from the same opportunity that the special demonstration has provided a few select tribal communities.

*Administrative Set-aside*:

Portland Tribes support funding an appropriate level for the administrative requirements of carrying out the SDPI, however we do not support funding the current set-aside amount. Our justification is that if the special demonstration is reduced per our recommendation, than the level of workload and administrative oversight will be greatly reduced. This cost savings should be returned to the community directed programs. We recommend decreasing the administrative set-aside from $4.1 million to $3 million due to a reduction in the administrative costs.

*Data Set-aside*:

Portland Tribes recommend that the data set-aside be discontinued and the $5.2 million be provided to the community directed program. During the past four Tribal consultations, Indian Country has been divided on recommendations to continue support for this set-aside. The Portland Area’s position on this issue is that costs associated with information technology are a residual function and the responsibility of the IHS or Tribes if they take their shares. Portland Tribes are concerned that a preponderance of SDPI data funds has enhanced information technology at direct federal sites with little funding provided to Title I contracting or Title V compacting Tribes.

*Urban Set-aside*:

Portland Tribes support and recommend the continuance of a 5 percent set-aside (currently $7.5 million) to fund diabetes grants for the 34 Urban Indian Health Programs.

*Native Diabetes Wellness Program*:

Portland Tribes do not support the $1 million set-aide for the CDC Native Diabetes Wellness Program and recommend that the funding be provided back to the community directed program. If this funding is continued, than a process should be put in place that ensures the services provided benefit the priorities of each IHS Area.

1. **Use of more recent user population and diabetes prevalence data:** The last time the SDPI national funding formula was changed was in 2003. Based on recommendations from Tribal consultation, the following national funding formula was used to determine allocation to each IHS Area for the Community-directed grant program:

* User Population = 30%
* Tribal Size Adjustment (TSA) = 12.5% (adjustment given for small tribes)
* Disease Burden = 57.5% (diabetes prevalence)

Since that time, user population and diabetes prevalence data from 2003 have been used in the national funding formula. Should more recent user population and diabetes prevalence data be used in the national funding formula?

NPAIHB Recommendations:

Portland Tribes recommendations are intended to provide guidance to improve this very important program. Our recommendations are based on the principle that the SDPI funds should provide the greatest opportunity to reduce the burden of diabetes for AI/AN people. It is likely that our recommendations would result in less overall funding to the Portland Area. Our recommendations would enhance the ability of small and disadvantaged Tribes with additional funds to address diabetes issues in their communities. During the discussion on our initial recommendations we balanced these unique circumstances with what was in the best interest of Indian Country.

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| **Formula Component** | **Current**  **Weight** | **New**  **Recommended Weight** |
| User Population | 30.0% | 37.5% |
| Tribal Size Adjustment | 12.5% | 12.5% |
| Disease Burden | 57.5% | 50.0% |
|  | 100% | 100% |

1. Increase the weighting on the user population criteria from 30 percent to 37.5 percent;
2. Decreasing the disease burden criteria from 57.5 percent down to 50 percent;
3. Increase the Tribal size adjustment factor from 300 to 1,200 users;
4. Use only current Active User Population for calculating diabetes prevalence; we do not support using Service Population in the prevalence calculation.
5. **Structure and activities of the SDPI Grant Programs**: Should there be any changes in the SDPI Community-Directed grant program? If so, what changes do Tribes recommend? What do Tribes recommend for the Diabetes Prevention and Healthy Heart Initiatives?

(See recommendation under Items #1 and #2)

1. **Opportunity for Tribes not currently funded by SDPI:**  Should Tribes not currently funded by SDPI be allowed to apply with the next competitive application? This includes Tribes who have received federal recognition since 1998.

NPAIHB Recommendations:

* Portland Tribes support allowing tribes not currently funded by the SDPI to be eligible and compete for diabetes funding.
* The funding amount should be determined out of the national pool and not at the Area level. In FY 2003, the Portland Area had a new Tribe come into the SDPI program and the funding provided for the new Tribes was taken out the Portland Area distribution. Consistent with the IHS policy for new Tribes funding, any new tribes coming online for the SDPI should be taken out of the national pool.