NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispell Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

2121 S.W. Broadway
Suite 300
Portland, OR 97201
Phone: (503) 228-4185
Fax: (503) 228-8182
www.npaihb.org

SUBMITTED VIA consultation@ihs.gov

November 27, 2019

RADM Michael D. Weahkee
Principal Deputy Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

RE: Distribution of Funding for the Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI) in Fiscal Year (FY) 2021

Dear Principal Deputy Director Weahkee:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), we submit the following comments on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2021, in response to the Indian Health Service (IHS) Dear Tribal Leader Letter (DTLL), dated October 2, 2019 with comment deadline of December 2, 2019. Established in 1972, the NPAIHB is tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, representing the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. NPAIHB works closely with the IHS Portland Area Office, operating a variety of important health programs on behalf of our member tribes, including the Northwest Tribal Epidemiology Center.[1]

NPAIHB appreciates the opportunity for tribal consultation on the SDPI funding distribution for successful diabetes treatment and prevention activities. Additionally, we are grateful that the IHS Portland Area Office hosted two in-person consultation sessions, the first on Wednesday, October 23 and the second on Friday, November 15.[2]

[1] A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."
[2] Portland Area Indian Health Service Dear Tribal Leader Letter Tribal Consultation Initiation. October 16, 2019.

I. GENERAL COMMENTS

Congress established SDPI through the Balanced Budget Act of 1997. Since 2004, the SDPI has been funded at $150 million per year since 2004,[3] and has grown to become the nation's most strategic and effective federal initiative to combat diabetes. SDPI grants support diabetes prevention and treatment programs for 276 grantees, including 232 Tribal, 15 Indian Health Service (IHS), and 29 urban Indian programs. SDPI grantees have successfully implemented evidence-based and community-driven strategies to prevent and treat diabetes. SDPI is changing these disproportionate and devastating statistics with improvements in average blood sugar levels, reductions in the incidence of cardiovascular disease, reductions in the incidence of kidney failure, prevention and weight management programs for our youth, and a significant increase in the promotion of healthy lifestyle behaviors.

In the Portland Area, the 40 SDPI grantees include 38 tribal/IHS and 2 urban Indian programs. SDPI's success in the Northwest is due to the structure of the grant program that allows tribal communities to design and implement their diabetes interventions for at-risk tribal members. Northwest tribal members have described SDPI as a life-saver and life-extender. SDPI program staff in the Portland Area go above and beyond to support and assist tribal members in customizing a plan to suit the patient's needs to become successful in improving their overall health.

Congress has not increased funding for SDPI in 15 years.[4] In fact, stagnant funding for SDPI has resulted in about a third of the program's buying power being lost to medical inflation.[5] To fund new grantees with current funding, IHS would need to redistribute SDPI funds from an IHS-specific funding category such as data infrastructure improvement or program support. With several tribes rejected for SDPI funding due to low scores on their application and newly recognized tribes, NPAIHB and our member tribes are concerned that the current structure is excluding tribes, particularly those with limited capacity to successfully compete for the grant.

II. SDPI CONSULTATION QUESTIONS

IHS is seeking consultation on four questions related to the SDPI funding distribution and national funding formula. However, these questions do not capture all of the questions requested by the IHS Tribal Leader Diabetes Committee (TLDC) that were recommended for tribal consultation. Importantly, Portland Area TLDC representatives requested inclusion of this question, "If Congress only provides $150 million per year for the next five-year grant cycle, do we consider new tribes and grantees into the system?" NPAIHB believes the question was specifically excluded because IHS Division of Diabetes Treatment and Prevention (DDTP) leadership does not want tribes to consider how existing SDPI funds could support new grantees in March 2020. *NPAIHB requests that IHS consult with tribes on this additional question so that tribes can provide feedback and recommendations on how new SDPI grantees could enter the program with no funding increase.*

[3] Indian Health Service Special Diabetes Program for Indians 2014 Report to Congress
[4] History of the Special Diabetes Program for Indians. *National Indian Health Board*.
[5] McSwain, R.G. (2016). Special Diabetes Program for Indians Community Directed Grant Program Announcement Type: New and Competing Continuation. *Indian Health Service; Funding Announcement Number HHS-2016-IHS-SDPI-0001; Pg. 2.*

1. ***Currently, the SDPI funding distribution totaling $150 million annually is as follows:***

Tribal and IHS Grants	*$130.2M*
Urban Grants	*$8.5M*
Data Infrastructure Improvement	*$5.2M*
SDPI Support	*$6.1M*
TOTAL	***$150.0M***

a. ***If SDPI is funded at $150 million, should there be changes in the funding distribution? If so, what changes should be made?***

NPAIHB makes these recommendations to change the SDPI funding distribution should SDPI remain funded at $150 million:

Tribal and IHS Grants ($130.2 million). *NPAIHB recommends that this category of funding be increased through redirection of funds from SDPI Data Infrastructure Improvement and SDPI Program Support categories (recommendations provided below).* Redirecting funds to this category would increase grant funds and include new grantees. IHS has conveyed to the IHS TLDC that there could be between 30 and 40 new SDPI applicants and has estimated that the cost will be between $5 million and $7 million annually. Under no circumstances does NPAIHB or its member tribes support any reduction to funding for Tribal and IHS Grants.

Our member tribes support continued funding of the NPAIHB contract ($346,628), also known as the Western Tribal Diabetes Project (WTDP) at current or increased funding levels under SDPI Data Technical Assistance Services. The WTDP assists tribal programs in tracking and reporting accurate health data. This information is used to improve the quality of patient care, to gain additional resources, and to plan effective intervention programs. A focal component of this contract is assisting with the annual audit preparation and submission. In addition, NPAIHB Tribal Epidemiology Center (TEC) staff provide tribal site visits, technical assistance, training, and coordinate the Northwest SDPI gathering annually.

SDPI Data Infrastructure Improvement ($5.2 million). High quality data collection, analysis and dissemination is vital to illustrating the success of SDPI. Currently, SDPI data is limited and IHS owns the data and reports, not the SDPI grantees. Portland Area Tribes believe that Tribal Epidemiology Centers have the capacity to take over data collection, analysis and dissemination activities for the SDPI program from IHS. *NPAIHB proposes that a portion of the Data Infrastructure Improvement funding be provided through a competitive contract for one or two Tribal Epidemiology Centers (TECs) to collect, analyze and provide data reports for all SDPI grantees across the country.*

Should IHS continue with data collection, analysis and dissemination activities, then there must be more accountability on how these funds are spent and the deliverables. SDPI grantees have only received one Congressional report and one renal failure risk reduction data report for the current SDPI funding cycle (FY 2016-2020) at a categorical cost of over $25 million. *In the next funding cycle, we recommend that IHS provide Congressional reports, at a minimum, every three years with more detailed annual audit reports. We also request that a more detailed audit report for the current cycle be provided to grantees (FY 2016-2020).*

NPAIHB continues to be concerned that SDPI funds are providing support to the National Office of Information Technology (OIT) in the amount of $2.6 million annually. This means that SDPI has been a core programmatic source of National OIT funding for 20 years. This is in addition to negotiation of Tribal Shares through Annual Funding Agreements (AFAs) that include National OIT funding. Moreover, many tribes are not using the IHS Resource Patient Management System (RPMS) electronic health record (EHR) system and have switched to commercial off the shelf systems (COTS). This means that IHS is using Data Infrastructure funding that does not directly assist with some tribes' collection of diabetes-related measures and systems. IHS is aware of this and yet continues to allocate SDPI funding to support RPMS. We do not want to de-stabilize the IHS IT system and National Data Warehouse (NDW) utilization, but IHS should not use SDPI funds for general support of RPMS and related software. *Therefore, we request that IHS re-evaluate the disbursement of IT funds to ensure that all SDPI grantees and AI/ANs are directly benefiting from this limited funding. Specifically, NPAIHB requests a budget breakdown for all IT-related funding, especially for IHS staff, programs and contracts that financially support the IT functions and analysis of how some of these funds can be redirected to Tribal and IHS Grants, including new grantees.*

As to the DDTP National DMS Training category, our member tribes support the continuation or increase of the National Diabetes Management System (DMS) Training contract with NPAIHB ($35,000), also known as the WTDP. These services provide needed technical assistance to SDPI grantees and ease the burden of reporting. WTDP provides technical assistance to tribes across the country for the IHS web audit, diabetes registry clean up and audit submission via adobe, individual, and classroom training. This is a key component for diabetes management technical assistance for the audit across the country.

<u>SDPI Program Support ($6.1 million).</u> Within the $6.1 million for SDPI Program Support there are fixed, predictable expenses as well as variable, expected expenses. *We request that IHS evaluate SDPI Support funding to IHS headquarters that could be re-distributed to Tribal and IHS Grants, including new grantees.* In addition, NPAIHB believes that two other Program Support categories of funding can be reduced – Multiple Services Contracts and expenses related to biennial Diabetes in Indian Country Conferences. DDTP hires multiple contractors to carry out work under this funding category and tribes have not been given the opportunity to determine how the contracts or contractors can be cut back to free up funding for Tribal and IHS Grants, including new grantees. *We request a breakdown with detailed scope of work of all contractors supported under Multiple Services Contracts ($2,593,724). As to the Diabetes in Indian Country Conferences, we propose that the Diabetes in Indian Country Conference be held every third year, instead of two years, to save already limited funding and to free up funds for Tribal and IHS Grants, including new grantees. We further request that IHS provide tribes and the TLDC with the detailed cost of the Diabetes in Indian Country Conferences during the current SDPI grant cycle (FY 2016-2020) and an estimate of the upcoming conference.*

b. <u>If the SDPI receives an increase in funding above the current $150 million, how should those funds be utilized? (Possible considerations could include funding Tribes and UIOs not currently funded, providing an increase for existing programs, etc.)</u>

NPAIHB recommends that any increase in funding above $150 million should be directed to Tribal and IHS Grants. We also recommend that additional funds for Tribal and IHS Grants be identified pursuant to our response to 1a.

In addition, we believe that additional funds for Tribal and IHS Grants may be available through undisbursed (referred to by IHS as undispersed) SDPI funds. During the most recent face-to-face TLDC meeting in Buellton, California, IHS officials shared a balance sheet outlining current and prior year undisbursed SDPI funds. This is the first time that this information has been made available to tribal leaders. According to the balance sheet, over the 22 years of the program, the total amount of prior year undisbursed funds is equal to roughly $116 million. The undisbursed balances are held at multiple levels, including:

- $13.82 million at IHS headquarters to support health information technology (IT), administrative support for SDPI within the IHS Division of Diabetes Treatment and Prevention;
- $21.6 million at the IHS Area level (including unspent grants at federally-operated IHS facilities, and unspent dollars related to data technical assistance and infrastructure, and support for Area Diabetes Consultants); and
- $91 million in unspent Tribal and urban Indian grantee dollars.

NPAIHB proposes that IHS utilize the headquarters undisbursed funds along with the SDPI Data Infrastructure Improvement and SDPI Support appropriations to provide funding to new and current SDPI grantees. There is $6.64 million in undisbursed SDPI Administrative funds and $4.25 million in undisbursed OIT funds. We would like to see at least 50% of this funding allocated for new tribal grantees.

2. The last change to the SDPI national funding formula was for the FY 2004 funding cycle. Based on recommendations from Tribal Consultation, the following national funding formula has been used to determine allocation to each IHS Area for the SDPI Tribal and IHS Community-Directed grant program:

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

  User population and diabetes prevalence data from 2012 have been used in the national funding formula.

a. Should there be changes to the national funding formula?

IHS must ensure that any changes recommended by tribes to the national funding formula, do not harm any SDPI grantees in the Portland Area. *We generally do not recommend any changes to the national funding formula; however, we request an analysis of the inclusion of a provider vacancy factor.* Tribes in the Portland Area have a high number of provider vacancy rates and more providers are needed to deliver prevention and treatment to patients. Again, before any change is made to the national funding formula, further tribal consultation should be conducted on such proposal.

b. Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

NPAIHB would like to continue to use the 2012 user population and diabetes prevalence data for the national funding formula. We are unsure of how the 2017 user population and diabetes prevalence data would impact the formula for Portland Area grantees. *NPAIHB requests to see the influence of using the most recent user population and diabetes prevalence data on current grantees.*

III. Request for Tribal Consultations

Undisbursed SDPI Funds. NPAIHB recommends that IHS immediately initiate tribal consultation on the use of undisbursed SDPI funds so that tribes across the country can weigh in on how these funds should be used. NPAIHB is concerned with how the undisbursed funds may impact tribal advocacy efforts towards securing additional appropriations from Congress for SDPI. As our trustee, IHS must not set us up for failure due to a lack of transparency. The undisbursed funding must not become a contributing factor for Congress not to increase SDPI funding to more than $150 million annually. Portland Area Tribes have been requesting permanent authorization of SDPI at $200 million with annual medical inflation increases thereafter. While we appreciate the fact that IHS has shared this information with TLDC, this does not supplant the need for full tribal consultation. *We request that tribes be given the opportunity consult and provide recommendations to IHS on how these undisbursed funds should be utilized.*

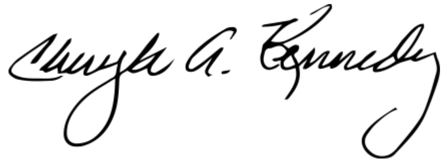
Tribal Shares Option. NPAIHB recommends that tribes have the option to include SDPI in Indian Self Determination and Education Assistance Act (ISDEAA) Title I Compacts and Title V Contracts. Portland Area Tribes have successful ISDEAA Title I or Title V funding agreements and could manage SDPI funds through such funding agreements. Tribes have had successful SDPI programs for 20 years and should have the flexibility to receive funds through compacts and contracts. Allowing an option for tribes to receive funds through compacts and contracts would only require a change to Section 505(b) of ISDEAA. *Therefore, we request tribal consultation on the future of SDPI and the option for tribes to receive funds through compacts and contracts*.

IV. Conclusion

We thank you for this opportunity to provide comments and recommendations on the FY 2021 SDPI funding distribution and look forward to further engagement with IHS to strengthen the SDPI program to combat the disproportionate diabetes epidemic in Northwest tribal communities. *Finally, we request that IHS and DDTP provide all of the information requested above, to share with TLDC at the December 3-4, 2019 meeting, so the TLDC can include this in their recommendations.*

If you have questions or would like more information about our SDPI funding recommendations, please contact Laura Platero, Government Affairs/Policy Director at (503) 407-4082 or by email to lplatero@npaihb.org or Sarah Sullivan, Health Policy Analyst at (703) 203-6460 or by email to ssullivan@npaihb.org.

Sincerely,



Cheryle A Kennedy
Vice Chair, Northwest Portland Area Indian Health Board
Chair, Confederated Tribes of Grande Ronde