Self-Governance Communication & Education Tribal Consortium

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Written Testimony of W. Ron Allen, Tribal Chairman Jamestown S'Klallam Tribe and Board Chairman, Self-Governance Communication & Education Tribal Consortium

Submitted to the Senate Committee on Indian Affairs
For the Record of the March 29, 2017 Oversight Hearing on "Native Youth: Promoting Diabetes Prevention Through Healthy Living"

April 13, 2017

The Self-Governance Communication & Education Tribal Consortium[1] (SGCETC), representing more than 360 Self-Governance Tribes, writes to enthusiastically endorse the success of the Special Diabetes Program for Indians (SDPI) and to support the National Indian Health Board's (NIHB) written testimony. SGCETC appreciates that the Senate Committee on Indian Affairs (SCIA) convened a hearing to highlight the success and challenges of SDPI and we submit this testimony to be included in the hearing record.

Though many issues were discussed during the hearing, SGCETC would like to provide comments and recommendations based on the proposals and priorities Self-Governance Tribes outline in the 2017-2019 Self-Governance Strategic Plan. In particular, Self-Governance Tribes would like to highlight the SDPI Diabetes Prevention Initiative's (SDPI DPI) success record and the flexibility SDPI allows for community driven solutions. We have also provided a few recommendations about how to improve the program in anticipated legislative reauthorization efforts.

Recent data illustrates SDPI is curbing the rate of Type 2 diabetes and related diseases through a lifestyle intervention program adapted from the National Institutes of Health Diabetes Prevention Program and implemented in many Tribal communities. By 2014 the structured lifestyle program showed significant improvements among participants in key behaviors and diabetes risk factors, including weight loss, BMI, healthy eating, and regular physical activity. See Table 1 below.

Overall, SDPI is producing a significant return on the federal investment and has become an effective federal initiative to combat diabetes and its complications. In Fiscal Year (FY) 2016, more than one-third of the SDPI grants and nearly forty-five percent of

[1] The SGCETC consists of Tribal Leadership whose mission is to ensure that implementation of Tribal Self-Governance legislation and authorities in the Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) are in compliance with the Tribal Self-Governance Program policies, regulations, and guidelines.

the total grant funds were administered by Self-Governance Tribes. SDPI has become a crucial preventative and clinical program Self-Governance Tribes use to prevent long-term illness. In fact, many Self-Governance Tribes have integrated SDPI so fully into their clinical day-to-day responsibilities it is hard to determine where one begins and the other ends. It is precisely this flexibility that has made SDPI a successful program across more than 300 unique Tribal communities.

Table 1. SDPI DPI Changes in Diabetes Risk Factors

MEASURE	RESULTS	
	Baseline1 (n=7,097)	Follow-up2 (n=4,549)
Weight Loss		
Mean Weight (lbs)	218	208
Mean BMI (kg/m2)	35.9	34.4
Lifestyle Behaviors		
Ate healthy foods once or more per week	77%	87%
Ate unhealthy foods less than once per week	53%	81%
Regular physical activity	30%	53%

SPDI allows Tribes to implement diabetes related programs within their clinic or as part of other health outreach programs that are separate from the physical facilities – providing access to the services no matter where the patient is located. While programs vary in their operation, each Tribe is required to identify at least one of eighteen best practices and report on the key measurements of that best practice semi-annually and annually. Additionally, SDPI grantees are required to submit to an annual Diabetes Care and Outcome audit, review the results, and adjust programs as necessary. Grantees are also required to participate in training and IHS offers free Continuing Medical Education opportunities virtually and in-person as a resource to meet that requirement. The IHS Division of Diabetes Treatment and Prevention also provides Standards of Care and Clinical Practice recommendations for clinicians to use in the treatment of patients with or at risk of developing Type 2 Diabetes – all of which are available, for anyone to access, on their website.

Self-Governance Tribes assert that the difference between maintaining the current status and decreasing rates of Type 2 Diabetes in Tribal communities largely depends on implementation of the program in the future. As such, we have a number of recommendations for Congress to consider as they plan to reauthorize the legislation prior to its expiration in September of 2017.

Permanently reauthorize SDPI. Congress established the SDPI in 1997 as part of the Balanced Budget Act to address the growing epidemic of diabetes in American Indian and Alaska Native communities. SDPI programs have become the nation's most

strategic and comprehensive effort to combat diabetes. Self-Governance Tribes believe the success of these programs requires the permanent reauthorization of SDPI. We also assert that a permanent reauthorization would decrease burdensome administrative constraints SDPI grantees currently experience, such as the ability to recruit highly qualified staff on a permanent basis.

Provide a $50 million increase for SDPI. Funding for SDPI has not increased since 2001, when Congress increased support from $100 million to $150 million. An increase in funding is necessary to maintain SDPI and make a difference in the rates of Type 2 Diabetes among American Indian and Alaska Native Youth. As such, Self-Governance Tribes request that the Committee consider increasing the authorization for SDPI to $200 million. A $50 million increase will essentially level the field for SDPI grantees, as that increase only reflects inflation to 2017. As a few panelists stated, Tribes are used to doing more with less, but the time has come to provide a substantive increase that would give Tribes the room to sufficiently administer the program.

Limit oversight and administrative burden. Although improved delivery of care and increased primary prevention of Type 2 Diabetes over the past 20 years is readily documented, the annual grant application process remains cumbersome and time consuming. Tribes and Tribal Organizations are required to submit lengthy applications describing the activities and best practices on which they will report, even when the activities and funding do not significantly change. The short-term authorizations for SDPI detracts IHS and grantees from creating a long-term strategy. Self-Governance Tribes assert that, in combination with a longer or permanent authorization, longer grant periods would create more substantive change in Tribal communities, because it would encourage Tribes to track their performance over a longer period of time and set attainable goals that are based on health-related outcomes. Self-Governance Tribes also ask that a limited amount of reporting be required. Though currently data is only collected a few times a year, data collection and entry are burdensome and time consuming. The grant application process and required reporting merely result in a diversion of federal funds from their intended purpose – serving patients who have or at risk of developing Type 2 Diabetes.

Allow grantees to collect contract support costs. IHS has maintained that Tribes can only collect indirect costs related to the performance and delivery of services from within the grant award. This ultimately results in fewer services being delivered in Tribal communities. As we described above, the administrative requirements to properly implement a SDPI grant is quite burdensome. Allowing Tribes to properly account for indirect and direct costs related to the program would effectively provide grantees with an increase in funding.

SDPI continues to illustrate that healthier and stronger Tribal communities are possible with community driven, culturally applicable action plans and national best practices. As the Committee looks forward to reauthorization, we hope that you account for the flexibility needed to properly implement a prevention and treatment program in Tribal communities across the country and consider the positive effects a long-term

reauthorization, funding increase, and simplification of oversight could have in the success of SDPI.

In closing, SGCETC would like to thank the Committee for the opportunity to submit testimony. We look forward to working with you on the successful SDPI reauthorization. If you have any questions or wish to discuss these recommendations in greater detail, please contact Terra Branson, Self-Governance Communication & Education (SGCE) Director, at terrab@tribalselfgov.org.