



MAY 20 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to provide several updates about the Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI) since my March 4 letter to you.

The Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), Public Law (P.L.) 116-36, provides the SDPI with the remainder of the usual \$150 million for fiscal year (FY) 2020, as well as approximately \$25 million for FY 2021. The current authorization expires on November 30, 2020. With the additional FY 2020 funds, all current SDPI grants have now been authorized up to their full annual grant amounts.

As you may recall, the current SDPI 5-year grant cycle (FY 2016 - FY 2020) was scheduled to conclude at the end of this year. With the high volume of demands related to the COVID-19 pandemic, both in the short-term, and throughout the coming months, however, we anticipated this would be a difficult time to have to prepare a competitive application. Accordingly, the IHS requested and the Department of Health and Human Services granted us an exception to allow FY 2021 to be added as a sixth year to the current SDPI grant cycle (now FY 2016 - FY 2021). This means that we are able to switch to a continuation application process for FY 2021, which will be much less demanding for grantees to complete. While the SDPI has so far received \$25 million of the usual \$150 million for FY 2021, we will proceed with the continuation application process with the hope that Congress will authorize additional SDPI funds.

Even with the many challenges brought about by the COVID-19 pandemic, there is still some good news. The IHS recently announced the publication of a study showing a decrease in diabetes prevalence for American Indian and Alaska Native (AI/AN) adults (<https://drc.bmj.com/content/bmjdr/8/1/e001218.full.pdf>). After years of increases, the percentage of AI/AN adults with diabetes decreased significantly from 15.4 percent in 2013, to 14.6 percent in 2017. This study documents the first known decrease in diabetes prevalence for AI/AN people. Although it is not possible to determine specific reasons for this decrease, there are many potential contributors, including improvements in type 2 diabetes prevention services by Tribes, Tribal Organizations, IHS, and Urban Indian health facilities, such as those made possible by the SDPI. While we are encouraged by these positive outcomes, we know that there is still work to be done. The IHS will continue to include type 2 diabetes prevention and diabetes treatment among our highest priorities.

If you have any SDPI-related questions, please contact Ann Bullock, M.D., Director, Division of Diabetes Treatment and Prevention, IHS, by telephone at (844) 447-3387 or by e-mail at [ann.bullock@ihs.gov](mailto:ann.bullock@ihs.gov). For questions pertaining to SDPI grant issues, please contact Mr. Paul Gettys, Acting Director, Division of Grants Management, IHS, by telephone at (301) 443-2114, or by e-mail at [paul.gettys@ihs.gov](mailto:paul.gettys@ihs.gov).

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Thank you for your support of the SDPI and your partnership with the IHS in the important work of diabetes treatment and prevention in the AI/AN communities that we serve.

Sincerely,

*/Michael D. Weahkee/*

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