

Tribal Leaders Diabetes Committee
Strategic Plan
Drafted: July 8, 2011
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I. Mission / Vision

The TLDC's mission is to ensure the long-term viability of the Special Diabetes Program for Indians (SDPI) as well as to provide guidance and recommendations to the IHS Director on both the future of SDPI and on issues related to diabetes and other chronic diseases. The Committee will fulfill its mission by facilitating communication and dissemination of information to tribal communities and policymakers through its strategic alliances with other organizations and by mobilizing resources to ultimately eradicate diabetes. The Committee's Vision Statement and Mission Statement established in the Committee Charter were reviewed and affirmed by the TLDC. The language contained in the Charter appears below:

VISION STATEMENT: The TLDC will empower AI/AN people to live free of diabetes and related chronic diseases through promotion of healthy lifestyles while preserving culture, traditions, and values through Tribal leadership.

MISSION STATEMENT: The TLDC will make recommendations to establish broad-based policy and advocacy priorities for diabetes and related chronic disease activities to the Director, IHS.

II. Priorities / Goal Areas

Overall Priorities / Goals:

Assume lead responsibility for:

- 1) Ensuring the long-term viability of SDPI and planning for future growth;
- 2) Educating all stakeholders about diabetes and how it impacts AIANs, and for increasing the visibility of the TLDC and the importance of its work;
- 3) Facilitating effective consultation with IHS Director and tribal communities;
- 4) Ensuring that the TLDC will have the capacity to fulfill its mission

Recommendations to Achieve Goals:

A workgroup will be created around each of the four goal areas and led by a Chairperson. TLDC members must serve on at least one, but no more than two, workgroups. The Strategic Plan incorporates the charge of each workgroup; the specific actions of each workgroup will vary from year to year and will be set by the members of each workgroup at the annual retreat. In addition:

- Every piece of new business that may arise throughout the year must fit within the scope of one of the four workgroups and be delegated to the appropriate workgroup.
- Some issues may fall to the full TLDC, in which case the TLDC Chair would assume lead responsibility.
- The specific actions identified by each workgroup will serve as the job descriptions for each workgroup member for the upcoming year.
- Each workgroup will report on its activities to the full TLDC at each meeting and look to the full Committee for input and guidance, if needed, throughout the year.
- At the annual retreat, workgroup chairs and membership may change.

1) *Special Diabetes Program for Indians (SDPI) Workgroup*

Charge:

- Keep TLDC fully informed regarding the status of SDPI and coordinate with other stakeholder groups on renewal efforts;
- Ensure broad participation and input from Committee regarding allocation decisions in the event of future growth;
- Ensure Congressional support for SDPI remains strong;
- Work toward permanent status within the Federal budget;
- Serve as conduit between SDPI grantees and IHS;
- Create tools for TLDC members, SDPI programs, Members of Congress and IHS;
- Serve as resource to IHS Director.

Priorities:

- **Keep TLDC informed regarding the status of SDPI and coordinate efforts with other stakeholder groups on renewal efforts**
 - Coordinate education and advocacy efforts on behalf of TLDC with other stakeholder groups.
 - Supply stakeholder groups with SDPI-related information to use with policymakers and at their national meetings to educate key individuals about the success of the program as well as the importance of continued long-term funding.
- **Ensure Broad participation and input from Committee regarding allocation decisions**
 - Work directly with IHS Director to develop strategy for distributing additional SDPI dollars in a timely manner if they are made available.
- **Ensure Congressional support for SDPI remains strong**
 - Develop materials connecting SDPI programs to Members of Congress
 - Ensure that TLDC members meet with target members and utilize state-specific materials (focus on new Members, Members on key committees)
 - Create 'war chest' (toolkit) for tribal leaders, SDPI programs, Members of Congress. Would include materials such as:
 - Economic effectiveness piece

- Congressional testimony
- State-by-state information
- **Work toward permanent status within federal budget**
 - Develop Congressional and Administration strategy for making the SDPI permanent in the Federal budget.
 - Create materials outlining argument for making SDPI permanent
 - Coordinate efforts on behalf of TLDC with other stakeholder groups
- **Serve as conduit between SDPI grantees and IHS**
 - Develop mechanism to more closely connect SDPI programs to TLDC (Workgroup shall consider mechanisms such as bringing grantees together annually, ensuring that TLDC members visit SDPI programs in their area, etc.)
 - Examine Best Practice approach – balance between Congressional accountability and intent and meeting the needs of diverse tribal communities
- **Create tools for TLDC members, SDPI programs, Members of Congress and IHS**
 - Develop recommendations as to how IHS can transition/transform grants into programs;
 - Work with Education and Awareness Workgroup on the content for the Diabetes Resource Center
- **Serve as resource to IHS Director**
 - Create White Paper outlining how the Best Practices that have been established for diabetes could serve as a model for how IHS approaches other chronic diseases (how what we have learned about the science of diabetes care and prevention through SDPI programs, can be applied to other chronic diseases).

2) *Education/Awareness Workgroup*

Charge:

- Maximize national commitment to SDPI and to addressing the burden of diabetes in AI/AN communities;
- Ensure tribal communities have access to comprehensive information regarding diabetes;
- Inform IHS work on other chronic diseases
- Elevate profile of TLDC and its work

Priorities:

- **Maximize national commitment to SDPI**
 - Bring successes and outcomes to policymakers through compelling messaging, synthesis of data, state-specific information, etc., to develop additional champions of this program in Congress.

- Develop a media strategy for telling the story of the burden of diabetes in AIAN communities as well as the success of SDPI in non-tribal media outlets. Could be done through op-eds, Letters to the Editor, radio or television interviews, etc.
- **Broadly disseminate comprehensive information regarding diabetes**
 - Following each TLDC meeting, staff will assist TLDC members in preparing a summary of the issues discussed and actions taken to distribute to tribes in their area
 - Oversee creation of an SDPI resource center to be housed on the NIHB website (would include all of the information contained in the war chest, along with Congressional testimony delivered, letters to Members, etc.)
 - Partner with DDTP to create and disseminate a quarterly newsletter.
- **Inform IHS work on other chronic diseases.**
 - Develop mechanism, such as White Papers and Fact Sheets, to share lessons learned from SDPI and diabetes activities in tribal communities to inform IHS work on other chronic diseases.
- **Elevate profile of TLDC and its work**
 - Ensure TLDC representation and participation at national tribal meetings and conferences. On behalf of TLDC, this workgroup would draft letters to all of the major organizations at the beginning of the year requesting time on the agenda at their national meeting. As participation at various meetings is confirmed, this workgroup would assign a TLDC member to participate in this meeting and would ensure they have the relevant materials and support to effectively participate.

3) *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

4) *Organizational Capacity Workgroup*

Charge:

- Ensure that the TLDC functions as an effective and efficient team;
- Work with IHS and NIHB to develop annual Committee budget to ensure that the TLDC has the resources required to advance its mission

Priorities:

- **Ensure that TLDC functions efficiently and effectively**
 - Develop and maintain a manual for orientating new members as well as a repository for important committee documents.
 - Develop a formal orientation process for new TLDC members
 - Assess TLDC performance on a regular basis.
 - Ensure that TLDC members who are leaving the committee are recognized for their contributions.
 - Plan an annual retreat to focus on the continued growth and development of the TLDC and to identify strategic priorities for the upcoming year.
- **Ensure that the TLDC has the resources to advance its mission**
 - Review staffing and travel needs of each Committee Workgroup and develop TLDC annual budget in consultation with IHS and NIHB.

III. **Workings of the Committee**

Overall Goals:

- Increase efficiencies in the workings of the Committee to minimize TLDC member's time commitment while maximizing output and value to the IHS Director;

- Develop and solidify relationships with other key stakeholders active in the area of diabetes;
- Ensure that TLDC members have the staff support and technical expertise to attain the goals established through implementation of the specific priorities identified.

Recommendations to achieve goals:

Internal structure

- Engagement of Alternates. Encourage each Alternate to attend one TLDC meeting each year with their Primary Representative and ensure that when the Primary cannot attend the Alternate attends the meeting. Committee should also consider allowing Alternates to call into parts of meetings.
- Accountability of TLDC members. Primary Representatives are required to attend at least 75% of all TLDC meetings each year.
- Create workgroups around specific issues/goal areas (SDPI, Education and Awareness, consultation, TLDC Committee Operations). Each workgroup will develop an individual plan, on annual basis, for how they will conduct their work to achieve the goals of the TLDC for their issue. In addition, each workgroup will develop a plan for how it will conduct its business (conference calls, in person meetings before or after in person TLDC meetings, etc.)
- Effectively mentor new TLDC members. Update and maintain orientation binder, assign each new TLDC member a current Committee member as a partner, resource guide.

Meetings

- Distribute materials in advance of meeting. Materials shall be distributed to TLDC members at least 10 days before meeting.
- Develop focused and future oriented agenda for each meeting. Agendas will be planned and executed with input from all TLDC Work group leaders and individual TLDC members when appropriate.
- Frame meetings around action items and/or Committee recommendations/decisions. Meetings shall focus on recommendations and/or decisions to transmit to IHS Director.

Partnerships

- Ensure presence at key national diabetes meetings. TLDC should be represented at key national meetings and should work to obtain time on the meeting agendas to both discuss the work of the TLDC as well as to disseminate to the various communities information relevant to the specific goal areas.
- Develop solid working relationship with key Federal Departments and Agencies (i.e., NIH, CDC Native Diabetes Wellness Program, HHS). TLDC members should have a presence at these meetings to both share information about what is happening in tribal communities around the country related to diabetes, as well as to potentially leverage diabetes prevention and treatment resources.

Staff and technical support

- Engage technical advisory groups represented on Committee. The TLDC should reach out to the groups identified as technical advisors and invite them to be active participants and to share their expertise in the area of diabetes policy.
- Access to technical staff. This could be achieved either through a technical workgroup created for the TLDC by IHS or through access to an IHS technical workgroup that serves the TLDC as well as other IHS advisory committees. Access to such a group would enable the TLDC to execute many of the recommendations contained in the various Goal Areas outlined below. Specific activities could include: analyzing effects of changes to SDPI distribution formula if additional funding is secured, synthesizing outcomes data from SDPI programs and analysis of how this knowledge can be applied to other chronic diseases, etc.
- Engage Area Diabetes Consultants (ADCs). ADCs are encouraged to serve on one Workgroup and participate in conference calls and Workgroup activities between TLDC meetings. Attendance at TLDC meetings is encouraged.
- Dedicated part-time staff person. This person would staff the four workgroups and handle logistical issues such as: coordinating and scheduling conference calls; taking minutes of meetings/calls and disseminating summaries and action items; assisting workgroup members in preparing presentations/remarks for participation at national meetings; assisting TLDC members in developing materials for the ‘warchest’ and in developing the online Diabetes Resource Center; serving as liaison with stakeholder groups and Members of Congress to schedule meetings and coordinate efforts on behalf of the TLDC.

Procedural Matters

TLDC meetings will be structured around the four goal areas identified in the Strategic Plan – it will serve as a standing agenda. Work group leaders will bring issues to the TLDC and look to the TLDC for guidance and support in carrying out their respective work group’s charges.

TLDC work groups will assume lead responsibility for their respective goal area. Work groups will meet by teleconference between TLDC meetings, and as part of the time when the full TLDC meets in person. A written record of all work group meetings will be distributed to the full TLDC in a timely manner.

Role of TLDC Co-Chairs:

- Plan and facilitate TLDC meetings
- Meet with IHS Director annually
- Provide IHS Director with meeting minutes and specific committee recommendations
- Serve as official spokesperson for TLDC