



Communicating with Policymakers

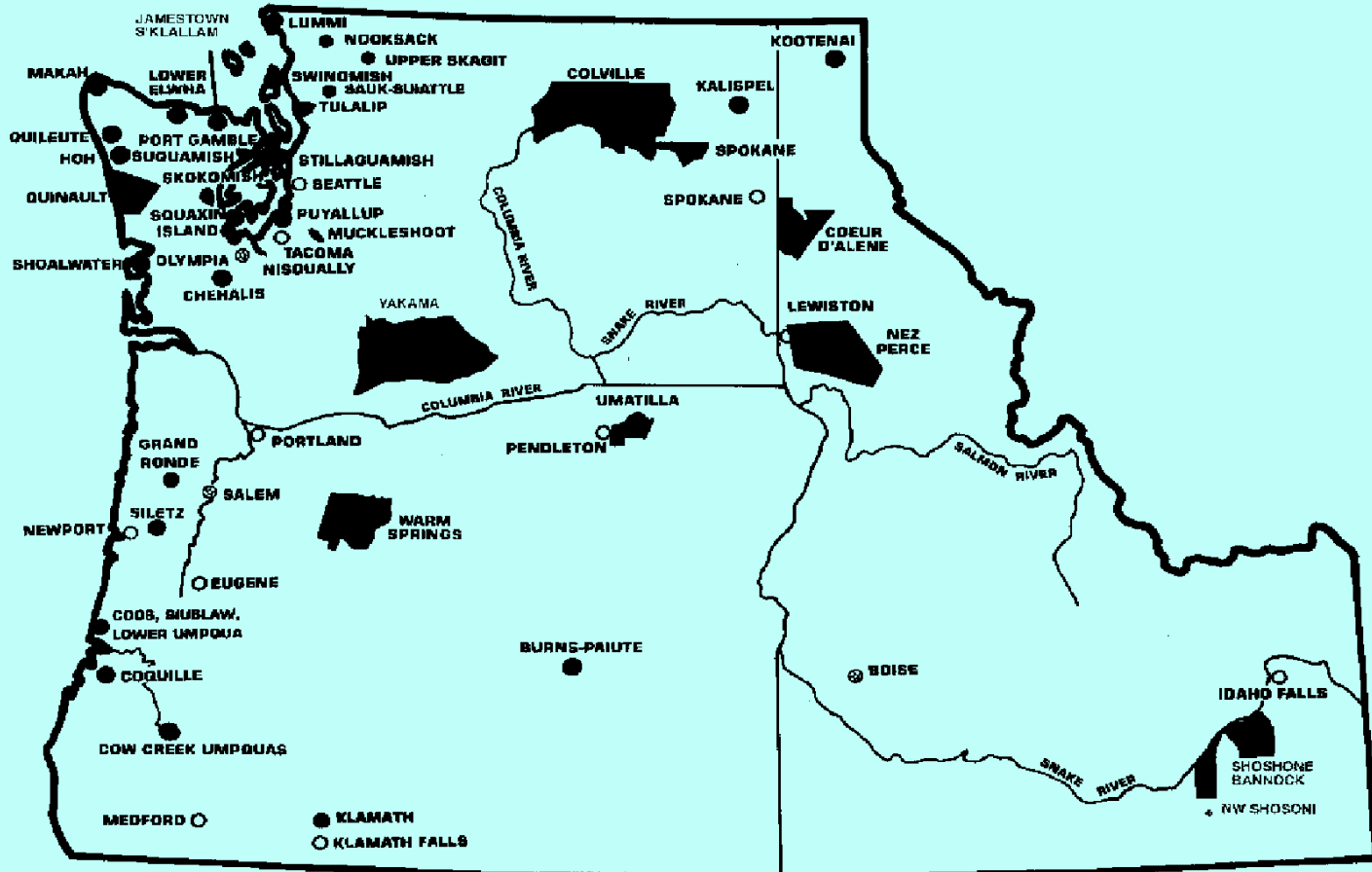
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NPIHB Mission

To assist Northwest Tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care





Who am I?

- Citizen of the Lummi Nation
- Education University of Washington
 - Pharmacy Degree
 - Masters in Health Administration
- Hospital Pharmacist
- Worked for Health Information System
- Health Director/General Manager (Lummi)
- EpiCenter Dir./ Executive Dir. (NPAIHB)



Who is NPAIH?

- Est. 1972
- Reps from SUDs, eventually one tribe, one vote (43 delegates)
- HP/DP programs
- Tribal EpiCenter
- Training/Technical Assistance
- Advocacy



The basics of talking with Council

- Suggest something useful/important
- Know what you are asking/suggesting
- Brevity
- Ask the right person
- Thank you!
- Give them a handout/information
- If email – short, short, short



Something useful

- Make it natural, don't force a compliment.
- Council members want to know they are making a difference.
- Shows you are interested



Know what you are asking

- Be prepared
- Be clear
- Upfront
- Polite
- State the importance of the decision



Brevity

- Avoid jargon
- Elevator principle
- Email – limit it to 2-4 paragraphs. They may receive hundreds of emails per day.



Ask the right person

- Make sure this is an area of interest for the council member and within their assigned areas
- Council members are assigned to different committees such as health, education, culture, etc.



Thank you!

- Most council members receive quite a bit of negative feedback from constituents.
- If you want to work with them...always respect their time and conversation, even if they don't agree with you on this issue



Leave a handout

- This should have a bit more information, can be a single page.
- Include your contact information...don't assume they know how to reach you.



What is the scope of decision?

- Is this a policy just for your tribe or could it have regional or national implications?



Advancement of policy

- Tribal policy
- NPAIHB
- ATNI
- NCAI/NIHB
- Forward to Departments of jurisdiction as well as congressional representatives.

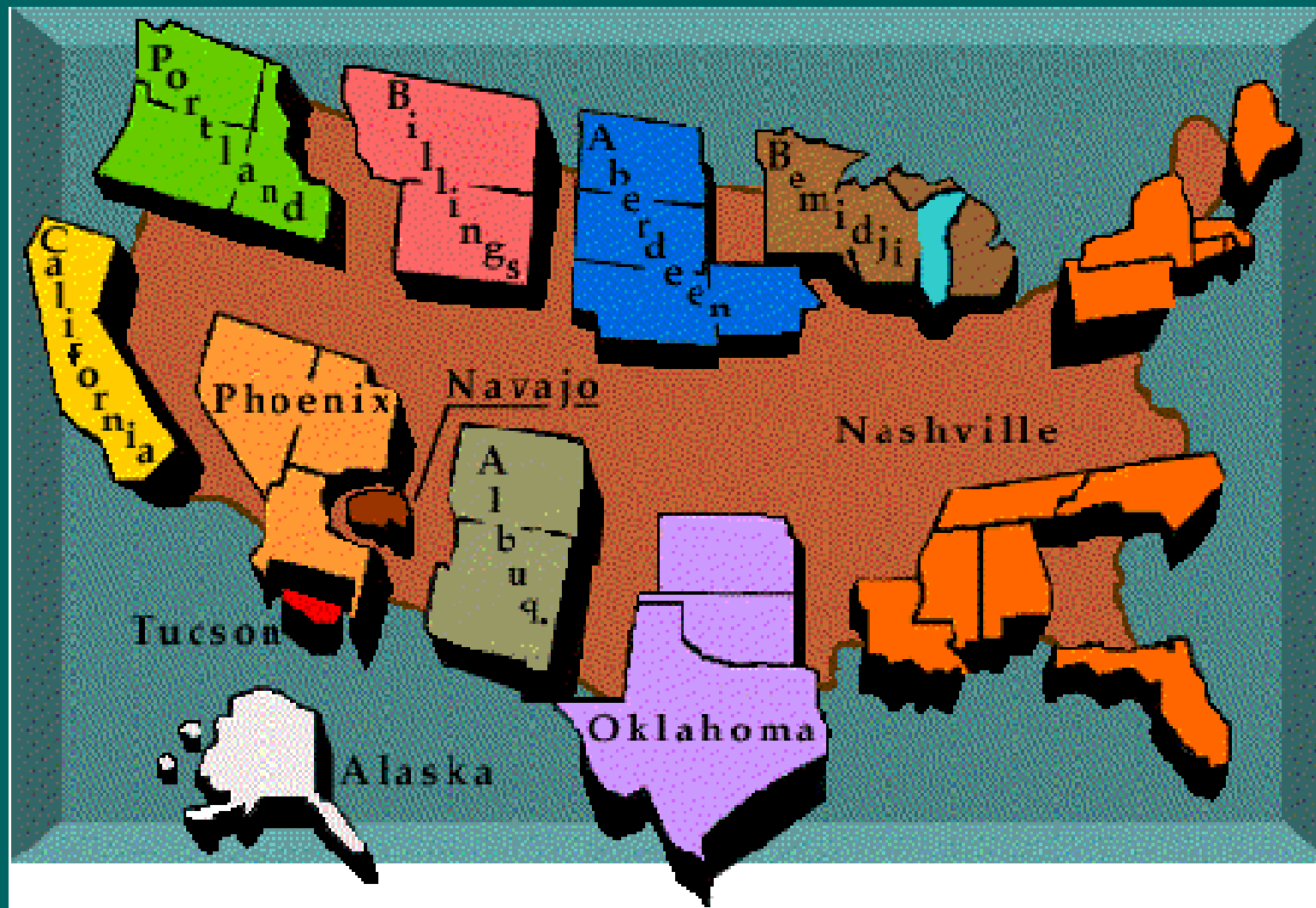


The Indian Health Delivery System

- IHS established in 1955
- Divided into 12 administrative “Areas”
 - Portland Area Office (ID, OR, WA)
 - Portland Area has 43 tribes
- IHS is responsible for overseeing health care for 573 federally recognized tribes
- 1,139 health facilities located in 34 states
 - 49 hospitals, 545 health clinics, 231 ambulatory facilities, 133 health stations, 176 Alaska Native village clinics
 - 34 Urban Indian Health programs



Indian Health Service Administrative Areas





Indian Health Delivery System

- Health Facilities can be grouped into 3 categories:
 1. IHS Directly Operated
 2. Tribally Operated
 3. Urban Programs (34)
- Types of Health Services
 - Ambulatory Primary Care (outpatient care)
 - Inpatient care
 - Medical specialties
 - Traditional healing practices
 - Dental and Vision Care
 - Behavioral health services
 - Specialty Care Services (CHS)



Challenges

- Chronic Under-funding of the Indian Health Service Budget
- Growing population – “Eligibility Issues”
- Significant health disparities
- Increased importance of State Health Policy Decisions (Health Exchanges)



Challenges

- Policy shift by Congress and Administration not to provide health funding
 - Abrogation of federal trust relationship
 - Subjecting Tribes to grants vs. appropriations
 - Discretionary vs. entitlement funding issues
- Civil Rights issues associated with federal trust relationship
- Misconception of gaming & Tribes getting “rich”
- Misconception that health and dental are “free”



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