



## RESOLUTION # 18-03-06

### NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

### A CALL TO CONGRESS FOR CONTINUED SUPPORT OF MANDATORY FUNDING FOR SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) AND PERMANENT AUTHORIZATION OF SDPI

**WHEREAS**, the Northwest Portland Area Indian Health Board {hereinafter "NPAIHB" or "Board" was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

**WHEREAS**, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act {P.L. 93-638 seq. et al) that represents forty- three federally recognized tribes in the states of Idaho, Oregon, and Washington ("member tribes"); and

**WHEREAS**, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USC §450b, a tribal organization is recognized as a governing body of any Indian tribe and includes 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; and

**WHEREAS**, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of our member tribes; and

**WHEREAS**, American Indian/Alaska Native (AI/AN) adults are 2.3 times more likely to have diagnosed diabetes compared with non-Hispanic whites; and

**WHEREAS**, the death rate due to diabetes for AI/ANs is 1.6 times higher than the general U.S. population; and

**WHEREAS**, the Balanced Budget Act of 1997 established the Special Diabetes Program for Indians (SDPI) for "the prevention and treatment of diabetes in American Indians and Alaska Natives (AI/AN) for five years; and

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**WHEREAS**, SDPI has been authorized as mandatory appropriations, creating program stability and insulated it from funding cuts, sequestration or reallocations by the Indian Health Service (IHS); and

**WHEREAS**, SDPI provides grants for diabetes treatment and prevention services to over 330 IHS, Tribal, and Urban Indian health programs in 35 states and funds Community Directed Grant Programs; and

**WHEREAS**, the SDPI has been incredibly successful in reducing the rates of diabetes in Northwest tribal communities and reducing health complications with End Stage Renal Disease associated with diabetes by 54%; and

**WHEREAS**, SDPI has had positive clinical and community outcomes, including: the average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2010 and has held steady at this improved average for 7 years; the average LDL (“bad” cholesterol) declined from 118 mg/dL in 1998 to 95 mg/dL in 2010; and more than 80% of SDPI grant programs now use recommended public health strategies to provide diabetes prevention activities and serves for AI/AN children and youth; and

**WHEREAS**, there are 40 successful SDPI programs in the Northwest serving AI/ANs in the Portland Area with consistent positive clinical and community outcomes; and

**WHEREAS**, the President’s FY 2019 Budget Proposal for the Indian Health Service proposes to move SDPI and other health programs out of mandatory funding and into discretionary funding without giving rationale or a path toward sustainable funding; and

**WHEREAS**, the impact could lessen SDPI as a priority compared to other IHS programs leading to decreased funding and program instability; and

**WHEREAS**, the NPAIHB and our member tribes support continued mandatory funding for SDPI to uphold the trust responsibility and treaty obligations between the United States and tribes; and

**WHEREAS**, SDPI was authorized for FY 2018 and FY 2019 under the Bipartisan Budget Act of 2018 (P.L. No. 115-123) at \$150 million and has not received an increase; and

**WHEREAS**, NPAIHB and our member tribes support permanent authorization of SDPI and an increase from \$150 million to \$250 million annually with medical inflation rates thereafter.

**THEREFORE, BE IT RESOLVED**, NPAIHB and our member tribes call on Congress to continue to support mandatory funding for the Special Diabetes Program for Indians; and

**BE IT FURTHER RESOLVED**, that the NPAIHB and our member tribes call on Congress to support permanent authorization of SDPI with an increase from \$150 million to \$250 million per year with medical inflation rate increases thereafter.

**CERTIFICATION**

NO. 18-03-06

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 23 for, 0 against, 0 abstain on April 19, 2018.

Andrew C. Joseph Jr.  
Chairman

April 19, 2018  
Date

Gregory J. Abraham  
Secretary