



**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

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RESOLUTION # 18-03-08

A CALL TO CONGRESS TO SUPPORT CONTINUED INDIAN HEALTH SERVICE FUNDING FOR COMMUNITY HEALTH REPRESENTATIVES, HEALTH EDUCATION, TRIBAL MANAGEMENT GRANT PROGRAM AND INDIAN HEALTH PROFESSIONS FUNDING

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 its member tribes; and

WHEREAS, the President's FY 2019 Budget Proposal for the Indian Health Service eliminates funding for Community Health Representatives (funded at \$63 million in FY 2018), Health Education (funded at \$19 million in FY 2019), and Tribal Management Grants (funded at \$2 million in FY 2018), and cuts funding to the Indian Health Professions program (funded at \$49 million in FY 2018); and

WHEREAS, the Community Health Representatives (CHR) Program was established in 1968, under the authority of the 1921 Snyder Act (25 U.S.C. 13); and

WHEREAS, the CHR the program is funded through contracts, grants, or cooperative agreements based on the Indian Self-Determination and Education Assistance Act (P.L. 93-638) and program serves as the largest Tribally contracted and compacted program with more than 95% of CHR programs being directly operated by Tribes under P.L. 93-638 of the Indian Self-Determination and Education Assistance Act, as amended; and

WHEREAS, CHRs are frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions; and

WHEREAS, CHRs serve as a link between the clinical setting and the community to facilitate access to services and improve the quality and cultural competence of service delivery; and

WHEREAS, CHRs provide services like in-home patient assessment of medical conditions, providing glucose testing or blood pressure tests to determine if the patient should seek further care, providing transportation for medical care; and interpreting prescriptions which is critical to patient safety; and

WHEREAS, by providing health education and reducing hospital readmissions, CHRs have contributed to lowering mortality rates and are part of the direct provision of health services, especially for the most vulnerable AI/ANs; and

WHEREAS, loss of CHR funding would create permanent loss of capacity and ability to care for the unique set of health needs of tribal members in many tribal communities; and

WHEREAS, the Health Education Program has been in existence since 1955 to educate AI/AN patients, school age children and communities in a manner to empower them to make better choices in their lifestyles and how they utilize health services; and

WHEREAS, the Health Education Program also provides preventive health education, emergency response and public health, chronic and communicable disease education; and

WHEREAS, the Health Education Program serves as liaison between individual, health care providers, and community organizations to coordinate resources and services to promote health education programs; and

WHEREAS, the Tribal Management Grant program was authorized in 1975 under Section 103(b)(2) and 103(e) of Public Law (P.L.) 93-638, the Indian Self-Determination and Education Assistance Act (SDEAA); and

WHEREAS, the Tribal Management Grant program assists tribes and tribal organizations to plan, prepare, and decide all or part of existing IHS programs, functions, services, and activities, and to further develop and enhance health program management capability and capacity; and

WHEREAS, the Indian Health Care Improvement Act (IHCA) P.L. 94-437, as amended, authorizes the Indian Health Service (IHS) Scholarship program, Loan Repayment Program,

health professions training related grants, and recruitment and retention activities (“Indian Health Professions” program) and

WHEREAS, AI/ANs have very limited access to health care services and are disproportionately affected by health disparities and these disparities are directly attributed to the lack of health professionals in Indian communities, which has caused a serious access issue and backlog of many health services for AI/AN people; and

WHEREAS, many of our member tribes have great difficulty and face significant challenges in recruiting health professionals into their communities that results in further challenges in ensuring continuity and comprehensive healthcare for AI/AN people; and

WHEREAS, the current vacancy rates make it nearly impossible to run a quality health care system; and

WHEREAS, the long term solution is to increase the number of AI/AN health professionals serving tribal communities and ensure that funding is available to support their education; and

WHEREAS, NPAIHB and our member tribes oppose elimination of funding for CHRs, Health Education, and Tribal Management Grant Program and cuts to Indian Health Professions; and

WHEREAS, the federal government has a trust responsibility and treaty obligations to ensure that tribes and AI/AN communities are fully funded to meet their health care and service needs.

THEREFORE, BE IT RESOLVED, NPAIHB and our member tribes call on Congress to support continued Indian Health Service funding for Community Health Representatives, Health Education, Tribal Management Grant Program, and Indian Health Professions in FY 2019 to fulfill the federal government’s trust responsibility and treaty obligations to tribes.

CERTIFICATION

NO. 18-03-08

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