



**RESOLUTION # 19-04-12  
NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD**



**RESOLUTION # 344-08-19  
CALIFORNIA RURAL INDIAN  
HEALTH BOARD**

**JOINT RESOLUTION**

**SUPPORT FOR PERMANENT REAUTHORIZATION OF THE  
SPECIAL DIABETES PROGRAM FOR INDIANS AND CHANGE TO  
INDIAN SELF-DETERMINATION EDUCATION ASSISTANCE ACT (ISDEAA)  
TO SUPPORT SDPI FUNDING THROUGH TITLE I AND  
TITLE V FUNDING AGREEMENTS**

- WHEREAS,** the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**
- WHEREAS,** the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**
- WHEREAS,** the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people; **AND**
- WHEREAS,** the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member Tribes; **AND**
- WHEREAS,** the United States (U.S.) has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, treaties, U.S. Supreme Court decisions, and federal legislation; **AND**
- WHEREAS,** 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 1.8 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**
- WHEREAS,** Congress reauthorized SDPI for one to three year periods from 2002 to 2019; **AND**
- WHEREAS,** the current renewal of SDPI expires in September, 2019; **AND**

**WHEREAS,** SDPI provides grants for diabetes treatment and prevention services to 301 IHS, Tribal, and Urban Indian health programs in 35 states and funds Community Directed Grant Programs; **AND**

**WHEREAS,** SDPI has had positive clinical and community outcomes, including the incident rate of end-stage renal disease (ESRD) due to diabetes in AI/AN people fell by 54% between 1999 and 2003 - a greater decline than for any other racial or ethnic group; the average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2014; and the average LDL ("bad" cholesterol) declined from 118 mg/dL in 1998 to 92 mg/dL in 2014; **AND**

**WHEREAS,** California Area Tribes and Portland Area Tribes have successful SDPI programs, 39 in California Area and 40 in the Portland Area, with consistent positive clinical and community outcomes; **AND**

**WHEREAS,** SDPI funding has been at \$150 million since 2004 and does not include medical inflation; **AND**

**WHEREAS,** SDPI grant application and reporting requirements are burdensome and California Area Tribes and Portland Area Tribes have successful ISDEAA Title I or Title V funding agreements and could manage SDPI funds through such funding agreements.

**THEREFORE BE IT RESOLVED** that the NPAIHB and CRIHB support permanent reauthorization of SDPI at \$200 million per year with medical inflation rate increases annually; **AND**

**BE IT FURTHER RESOLVED,** that the NPAIHB and CRIHB request an amendment to Section 505(b) of the ISDEAA (25 U.S.C. 458aaa-4(b)) to add the following new subparagraph (3):

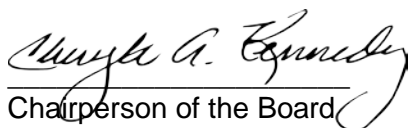
(3) At the option of an Indian Tribe grant for special diabetes programs for Indians awarded to Indian tribes under Section 330C(b)(2) of the Public Health Service Act (42 U.S.C. 254c-3(b)(2)) shall, after award, be added to the Title I or Title V funding agreements of any Indian Tribe under this Act, and shall be administered and implemented in accordance with the provisions of this Act rather than the Secretary's grant regulations (including the regulation).

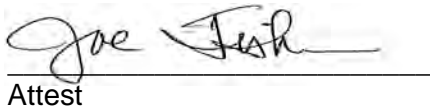
#### **CERTIFICATION**

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (**NPAIHB** vote 26 For and 0 Against and 0 Abstain; **CRIHB** vote --- For and 0 Against and 2 Abstain) held this 18<sup>th</sup> day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

**NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD**

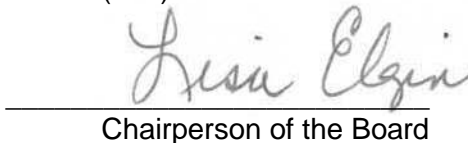
2121 SW Broadway, Suite 300  
Portland, OR 97201  
(503) 228-4185

  
Chairperson of the Board

  
Attest

**CALIFORNIA RURAL  
INDIAN HEALTH BOARD, INC.**

1020 Sundown Way  
Roseville, CA 95661  
(916) 929-9761

  
Chairperson of the Board

  
Attest