**RESOLUTION #17-03-08**

**Support for Reauthorization of the Special Diabetes Program for Indians**

**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; 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**, 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

**WHEREAS**, Congress reauthorized SDPI for one to three year periods from 2002 to 2015; and

**WHEREAS**, the current renewal of SDPI expires in September, 2017; 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**, 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; 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**, Tribes in the Northwest have successful SDPI programs with consistent positive clinical and community outcomes; and

**WHEREAS**, Northwest Tribes’ support permanent reauthorization of SDPI at $200 million per year with medical inflation rate increases annually or, in the alternative, reauthorization of SDPI for 2018 to 2024 at $150 million in 2018 with medical inflation rate increases annually thereafter.

**THEREFORE BE IT RESOLVED**, the Northwest Portland Area Indian Health Board supports permanent reauthorization of SDPI at $200 million per year with medical inflation rate increases annually or, in the alternative, reauthorization of SDPI for 2018 to 2024 at $150 million per year in 2018 with medical inflation rate increases annually thereafter.