



## **2018 Mid-Year Convention Toppenish, Washington**

### **RESOLUTION #18 - 27**

#### **“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”**

#### **PREAMBLE**

We, the members of the Affiliated Tribes of Northwest Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants rights secured under Indian Treaties, Executive Orders, and benefits to which we are entitled under the laws and constitution of the United States and several states, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise to promote the welfare of the Indian people, do hereby establish and submit the following resolution:

**WHEREAS**, the Affiliated Tribes of Northwest Indians (ATNI) are representatives of and advocates for national, regional, and specific tribal concerns; and

**WHEREAS**, ATNI is a regional organization comprised of American Indians/Alaska Natives (AI/AN) and tribes in the states of Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska; and

**WHEREAS**, the health, safety, welfare, education, economic and employment opportunity, and preservation of cultural and natural resources are primary goals and objectives of the ATNI; now

**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 Program is funded through contracts, grants, or cooperative agreements based on the Indian Self-Determination and Education Assistance Act (P.L. 93-638) and the 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**, CHRs, by providing health education and reducing hospital readmissions, 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 (IHCIA) 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**, ATNI opposes elimination of funding for CHRs, Health Education, and Tribal Management Grant Program and cuts to Indian Health Professions and supports continued full funding for these programs; 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; now

**THEREFORE BE IT RESOLVED**, that ATNI calls 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**

The foregoing resolution was adopted at the 2018 Mid-Year Convention of the Affiliated Tribes of Northwest Indians, held at the Legends Casino Hotel - Toppenish, Washington, on May 21-24, 2018, with a quorum present.



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Leonard Forsman, President



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Norma Jean Louie, Secretary