

National Indian Health Board



National Indian Health Board Resolution 19-05

Community Health Aide Program (CHAP) Expansion Must not affect Support for the Community Health Representatives (CHR) Program

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, there is much concern and confusion about SEPARATE but RELATED Policy Actions by IHS on the Community Health Representative (CHR) Program and Community Health Aide Program (CHAP); and

WHEREAS, the administration indicated its intent to transition CHRs into the CHAP; and

WHEREAS, Tribes have not had the opportunity to consult on any decisions that could potentially fund the CHAP expansion; and

WHEREAS, Tribes have made clear their opposition to reducing any CHR Program funding; and

WHEREAS, the CHR Program was established in 1968, under the authority of the 1921 Snyder Act (25 U.S.C. 13), and is a program of the Indian Health Service (IHS); and

WHEREAS, a CHR is a trusted member of the community who is well aware of cultural sensitivities and traditions and provides health care, health promotion, and disease prevention services; and

WHEREAS, CHRs provide services like in-home patient assessment of medical conditions, provide glucose testing or blood pressure tests to determine if the patient should seek further care, provide transportation for medical care; and help interpret 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 in short, CHRs *are* a part of the direct provision of health services, especially for the most vulnerable AI/ANs; and

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

WHEREAS, there are more than 1,600 CHRs representing over 250 tribes in all 12 IHS Areas; and

WHEREAS, the Alaska CHAP has been in existence since 1964 as a program of IHS; and

WHEREAS, CHAP has been an effective method for diminishing the health disparities of Alaska Natives by providing frontline access to health services for Alaska Natives residing in rural and remote communities; and

WHEREAS, CHAP grows providers from within Tribal communities who provide patient-centered quality care that comes from providers that understand the history, culture, and language of their patients; and

WHEREAS, CHAP provides routine, preventative, and emergent health care through Community Health Aides (CHA/Ps), Behavioral Health Aides (BHA/Ps), and Dental Health Aide Providers (DHA/Ts); and

WHEREAS, CHAP providers provide continuity of care in communities that face chronic recruitment and retention challenges; and

WHEREAS, the FY 2019 President's budget proposed elimination of the CHR program, which Congress rejected after vocal and unified pushback from the Tribes; and

WHEREAS, the FY 2020 President's budget request proposed reducing the CHR Budget appropriation by \$39 million and creating a new appropriation for CHAP expansion of \$20 million; and

WHEREAS, CHRs and CHAP providers are different and serve separate and distinct purposes, they have different roles, scopes, and responsibilities; and

WHEREAS, CHRs and CHAP providers are complementary but not duplicative programs that together support the health of our communities; and

WHEREAS, the IHS issued a Dear Tribal Leader Letter on May 8, 2019 to initiate Tribal Consultation on the draft IHS Policy to implement, outline, and define a National CHAP; and

WHEREAS, the purpose of the draft IHS policy to implement, outline, and define a National CHAP does not and should not affect the CHR program; and

WHEREAS, Tribal Nations overwhelmingly support the CHR program; and

WHEREAS, loss of the CHR program would create permanent loss of capacity and ability to care for the unique set of health needs of Tribal members in their community; and

WHEREAS, Tribal Nations would benefit from expansion of the CHAP outside of Alaska at their sovereign choice and discretion; and

WHEREAS, NIHB and Tribes support the expansion of the CHAP outside of Alaska; and

THEREFORE BE IT RESOLVED, that efforts to expand and nationalize CHAP must hold harmless the support and continuation of the CHR program; and

THEREFORE BE IT FURTHER RESOLVED, that any appropriation given to nationalize the CHAP should come as a supplement and not supplant the CHR or any related program; and

THEREFORE BE IT FURTHER RESOLVED, that the IHS continue to fully support the CHR program and expand the CHAP outside of Alaska.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 15th day of September, 2019.

Victoria Kitcheyan

Chairperson, Victoria Kitcheyan

ATTEST:

Lisa Elgin

Recording Secretary, Lisa Elgin