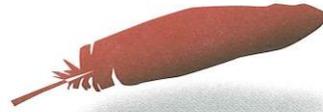


National Indian Health Board



National Indian Health Board Resolution 18-10

Support for the Community Health Representatives and Health Education Programs

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, 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 Community Health Representative 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, providing glucose testing or blood pressure tests to determine if the patient should seek further care, and providing transportation for medical care. They also 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* part of the direct provision of health services, especially for the most vulnerable AI/ANs; and

WHEREAS, On February 12, 2018 the President released his fiscal year (FY) 2019 Budget Request to Congress. The budget would eliminate the Community Health Representatives program (currently funded at \$60 million) and the health education program (currently funded at \$19 million); and

WHEREAS, today, 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, There are more than 1,600 CHRs representing over 250 tribes in all 12 IHS



Areas; and

WHEREAS, loss of this 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, the NIHB requested input from the 573 federally recognized Tribes to develop an unified Tribal message on the importance of the Community Health Representatives program; and

WHEREAS, the FY 2019 President's budget request also eliminated the Health Education program; and

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

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

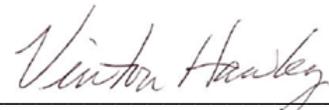
WHEREAS, the Tribes overwhelmingly have responded in support of the CHR and Health Education programs; and

THEREFORE BE IT RESOLVED, that the Board of Directors of the National Indian Health Board officially opposes the attempt to cut the CHR and Health Education programs in the FY 2019 President's Budget Request; and

THEREFORE BE IT FURTHER RESOLVED, requests that Congress continue to provide funding for the Community Health Representatives and Health Education programs through the Indian Health Service; and

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 10th day of April, 2018.



Chairperson, Vinton Hawley

ATTEST:



Recording Secretary, Lisa Elgin