RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE
25th NAVAJO NATION COUNCIL -- First Year, 2023

AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; SUPPORTING UNITED STATES SENATE BILL 1855 AND HOUSE RESOLUTION 3561, REAUTHORIZING THE FEDERAL INDIAN HEALTH SERVICE SPECIAL DIABETES PROGRAM FOR INDIANS

WHEREAS:

A. The Navajo Nation Council, as the governing body of the Navajo Nation, pursuant to 2 N.N.C. § 102(A), is entrusted with the responsibility to safeguard the interests, rights, and traditions of the Navajo People.

B. The Navajo Nation Council established the Naabik'iyati' Committee, pursuant to 2 N.N.C. §§ 700(A), 701(A)(6), and empowered the Naabik'iyati' Committee to coordinate and facilitate communication regarding proposed county, state, and federal legislation impacting the Navajo Nation,

C. The Special Diabetes Program for Indians ("SDPI") serves 780,000 American Indians and Alaska Natives ("AI/AN") across 302 programs in 35 states, focusing on community-directed, culturally informed approaches to treat and prevent Type 2 diabetes, according to the National Indian Health Board report, attached as **Exhibit A.**

D. American Indians and Alaska Natives, including our Navajo people, are disproportionately affected by Type 2 diabetes, with rates approximately two times the national average and, in some communities, over 50% of adults are diagnosed with the disease.

E. The SDPI has been effective in combating diabetes within AI/AN communities, leading to a decrease in diabetes incidence among populations, from 2013 to 2017. Diabetes-related mortality was reduced by 37 percent between 1999 and 2017.

F. An estimated Medicare savings of $502 million between 2006 through 2015 was attributed to the 54 percent reduction in End Stage Renal Disease incidence rates among AI/AN individuals with diabetes. Furthermore, uncontrolled diabetes hospitalizations among AI/AN people have dropped by 84 percent.

G. The Navajo Nation recognizes the success of the SDPI is due to its community-driven approach, allowing Tribal communities to

design and implement diabetes interventions that address locally identified community priorities, leading to substantial growth in diabetes prevention resources.

H. The Navajo Nation supports that the SDPI's unique blend of traditional practices and evidence-based prevention leads to significant community buy-in and has been recognized as one of the most successful public health interventions in our nation's history, second only to childhood vaccination.

I. The Nation is aware that despite its success and bipartisan support, the SDPI faces significant uncertainty due to stagnant funding and short-term reauthorizations. A 2020 NIHB survey, attached as **Exhibit B**, found that 43 percent of SDPI programs faced challenges related to cutbacks in services due to funding uncertainty, and 39 percent of programs faced potential delays in purchasing medical equipment.

J. The SDPI was set to expire on September 30, 2023, and that the reauthorization of the program is currently being considered by Congress as part of a series of appropriations bill.

THEREFORE, BE IT RESOLVED:

A. The Navajo Nation Council supports the reauthorization of the Special Diabetes Program for Indians, recognizing the program's vital role in combating the disproportionately high prevalence of Type 2 diabetes among American Indians and Alaska Natives.

B. The Navajo Nation Council calls upon both the House of Representatives and the Senate to pass H.R. 3561 and S. 1855, respectively, reauthorizing the SDPI program at $170 million in annual funding for two years.

C. The Navajo Nation Council urges Congress to make the reauthorization of the SDPI a top priority, acknowledging that it is the nation's most strategic, comprehensive, and effective effort to combat diabetes and its complications.

D. The Navajo Nation Council hereby authorizes the Speaker of the Navajo Nation Council, the President of the Navajo Nation, and their designees, to advocate for advance appropriations and mandatory funding to the U.S. Congress and appropriate federal agencies.

CERTIFICATION

I, hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 25th Navajo Nation Council at a duly called meeting in Tse Bonito, New Mexico, at which a quorum was present and that the same was passed by a vote of 18 in Favor, and 00 Opposed, on this 28th day of December 2023.

Honorable Crystalyne Curley, Chairwoman
Naabik'íyáti' Committee

1/5/24
Date

Motion: Honorable Vince R. James
Second: Honorable Andy Nez

Chairwoman Crystalyne Curley not voting

EXHIBIT tabbies A

Reauthorization of the Special Diabetes Program for Indian

The Special Diabetes Program for Indians (SDPI) serves 780,000 American Indians and Alaska Natives across 302 programs in 35 states.1 SDPI focuses on community-directed approaches to treat and prevent Type 2 diabetes in Tribal communities that are culturally informed. American Indians and Alaska Natives suffer disproportionately from Type 2 diabetes, but thanks to the success of SDPI, that statistic is improving.

SDPI expires on **September 30, 2023** and Congress is currently considering the reauthorization. The Congressional Diabetes Caucus led the effort in circulating a bipartisan sign-on letter requesting support to reauthorize SDP and SDPI. With the help of NIHB and other partners, the letters received 60 Senate signers and 240 House signers. However, these letters do not reauthorize the program.

SDPI has not seen a funding increase in 20 years. Legislation was introduced in the House (**H.R. 3561**) and Senate (**S. 1855**) that would reauthorize the SDPI program at $170 million in annual funding for two years. Both of these bills have passed out of their respective committees but are waiting for a floor vote to be scheduled in their respective chambers. SDPI is the most effective effort to combat diabetes and its complication, therefore, reauthorization must be a top priority.

Even though SDPI is widely bipartisan, with federal funding deadlines approaching and a closely divided Congress, SDPI renewal is not guaranteed.

We need your help! Please contact your member of Congress and let them know that SDPI must be renewed by the end of September! You can find SDPI fact sheets and information **here**.

More background on SDPI below:

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 as a mandatory funding program as part of the Balanced Budget Act to address the growing epidemic of diabetes in American Indian and Alaska Native (AI/AN) communities. The Special Diabetes Program for Type 1 Diabetes (SDP) was established at the same time to address the opportunities in type 1 diabetes research. Together, these programs have become the nation's most strategic, comprehensive, and effective efforts to combat diabetes and its complications.

At a rate approximately 2 times the national average, AI/ANs have the highest prevalence of diabetes. In some AI/AN communities, over 50% of adults have been diagnosed with type 2 diabetes and AI/ANs are 1.8 times more likely to die from diabetes.

SDPI has become the nation's most effective federal initiative to combat diabetes. Thanks to SDPI, for the first time, from 2013 to 2017 diabetes incidence in AI/ANs decreased each year. AI/ANs are the only racial/ethnic group that have seen a decrease in prevalence. Fewer cases have coincided with a decrease in diabetes related mortality by 37 percent between 1999 and 2017. SDPI has also resulted in significant savings from Medicare due to reduction in End Stage Renal Disease (ESRD). Between 1996 and 2013, incidence rates of ESRD in AI/AN individuals with diabetes declined by 54 percent. This reduction alone is estimated to have already saved $520 million between 2006-2015.2 Hospitalizations for uncontrolled diabetes among AI/AN people has also dropped by 84 percent, which significantly lowers health care costs.

This success is due to the nature of this grant program which is administered at the federal level but is implemented locally. This design has allowed Tribal communities to design and implement diabetes interventions that address locally identified community priorities. Tribal leaders have identified community adaptability to be a strong element of SDPI's success. They have shared that the ability of the community to make local level decisions, choose best practices, and adapt the program to be culturally appropriate has been vital to its success. Communities with SDPI-funded programs have seen substantial growth in diabetes prevention resources, including more than doubling the number of on-site nutrition services, and physical activity and weight management specialists for adults, and an exponential increase of sites with physical activity services for youth.

Programs are able to address the most urgent needs in their communities, and this has led to incredible results both locally and nationally. Programs have reported improvements in A1Cs, blood pressure, diabetes-related eye disease outcomes, and foot health of their patients. Because programs

are locally led, staff are often able to incorporate both traditional practices and evidence-based prevention. This combined approach has led to significant community buy-in. Kevin Fortuin, the SDPI Program Manager for Tohono O'odham Nation shared "O'odham people have always been traditional runners. The connection between traditional foods, activity, and exercise is tied not only to health, wellness, diabetes prevention, and management, but also in terms of who the O'odham people are. It's part of the O'odham culture."

SDPI has been so successful that it has been recognized as one of the most successful public health interventions in our nation's history, after childhood vaccination. SDPI models have been applied to other populations as well. One state Medicaid agency actually contracts with SDPI programs to treat the non-native population in the state because the methods are so effective.

Unfortunately, SDPI has faced significant uncertainty with stagnant funding and short-term reauthorizations. A 2020 NIHB survey found that 43 percent of SDPI programs faced challenges related to cutbacks in services due to funding uncertainty, and 39 percent of programs faced potential delays in purchasing medical equipment.[3] "The uncertainty of funding has resulted in the need to prioritize personnel expenses over other program-related expenses... As such, the participation of SDPI staff in events such as the annual Village Health Fairs was placed in potential jeopardy," one respondent shared. Another respondent stated their program faced challenges, including, "not being able to hire staff for program activities in a timely manner [and] not being able to maintain staff due to uncertainties."

EXHIBIT

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B

INDIAN HEALTH SERVICE

SPECIAL DIABETES PROGRAM FOR INDIANS 2020 REPORT TO CONGRESS

Changing the Course of Diabetes: Charting Remarkable Progress

Special Diabetes Program for Indians
2020 Report to Congress

Changing the Course of Diabetes:
Charting Remarkable Progress

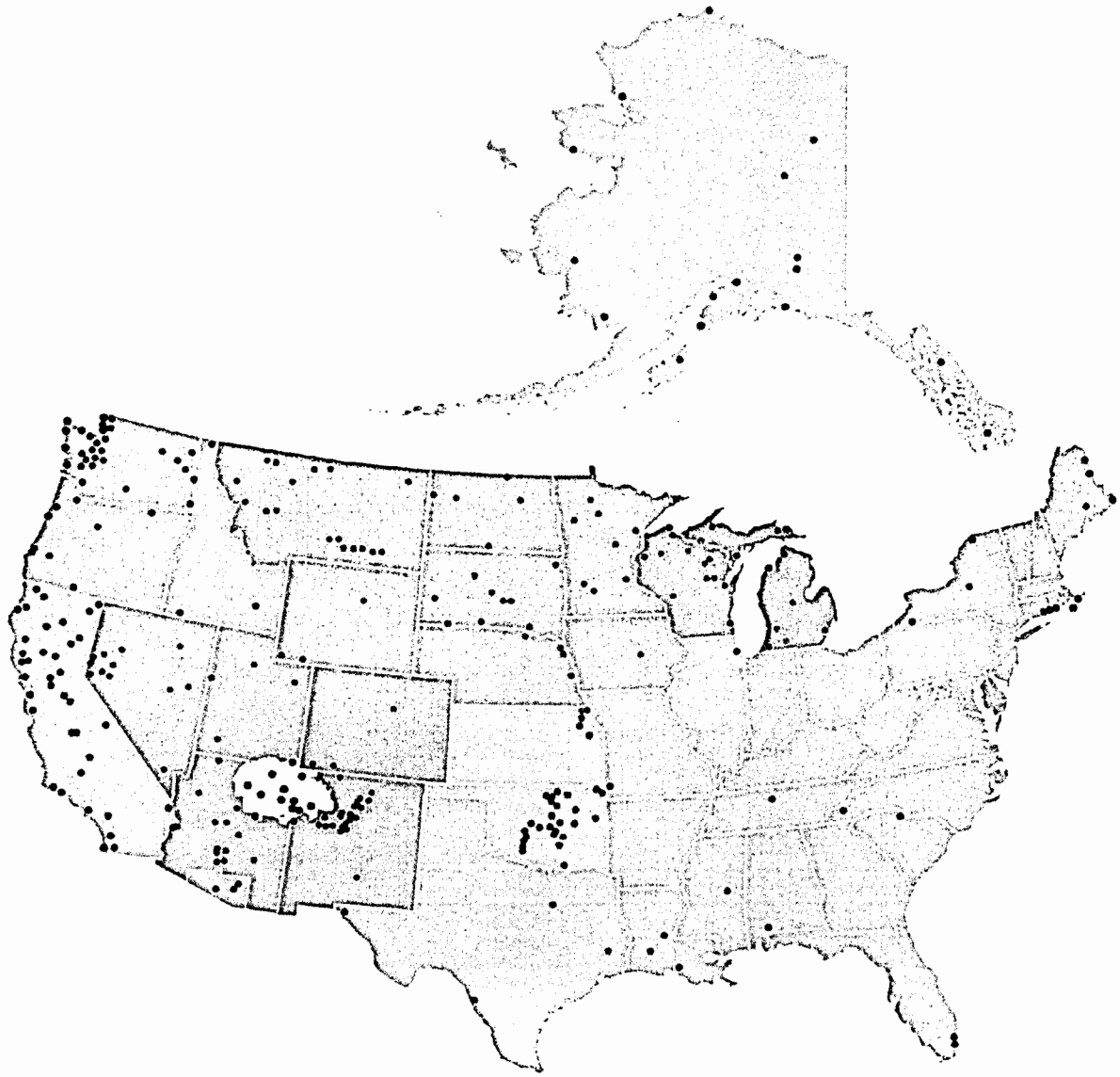


Figure 1. 301 SDPI program sites in 35 states, across all 12 IHS Areas

Diabetes is a nationwide public health problem, and American Indian and Alaska Native (AI/AN) people are disproportionately affected.[1] In 1997, Congress established the Special Diabetes Program for Indians (SDPI) to provide grants for diabetes treatment and prevention services to Indian Health Service (IHS), tribal, and urban Indian (I/T/U) health programs across the United States (Figure 1). Current funding for the SDPI is $150 million per year.

SDPI grant program sites are successfully implementing evidence-based and community-driven strategies to prevent* and treat diabetes.

This sixth interim report to Congress highlights the SDPI's ongoing and outstanding contributions to improvements in diabetes care and health outcomes for AI/AN people.

As Congress envisioned, tremendous improvements are occurring in diabetes outcomes for AI/AN people – and the SDPI plays a key role in making them happen.

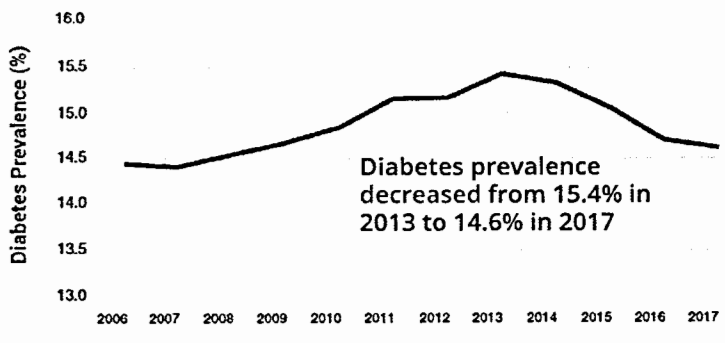
Important Diabetes Outcomes for American Indian and Alaska Native People

SDPI has been essential to achieving the remarkable outcomes described below, which have tremendous implications for health care costs and the quality of life for AI/AN people.

Diabetes Prevalence

For the first time, diabetes prevalence in AI/AN adults has decreased – and has done so consistently for 4 years, dropping from 15.4 percent in 2013 to 14.6 percent in 2017 (Figure 2).[2] Neither the general United States (U.S.) population, nor any other U.S. racial/ethnic group has shown a decrease in prevalence.[3] Given that diabetes-related mortality has also decreased,[4] this improvement in prevalence appears to be driven by a reduction in new cases of diabetes in AI/AN adults.

Figure 2. Diabetes prevalence in AI/AN adults

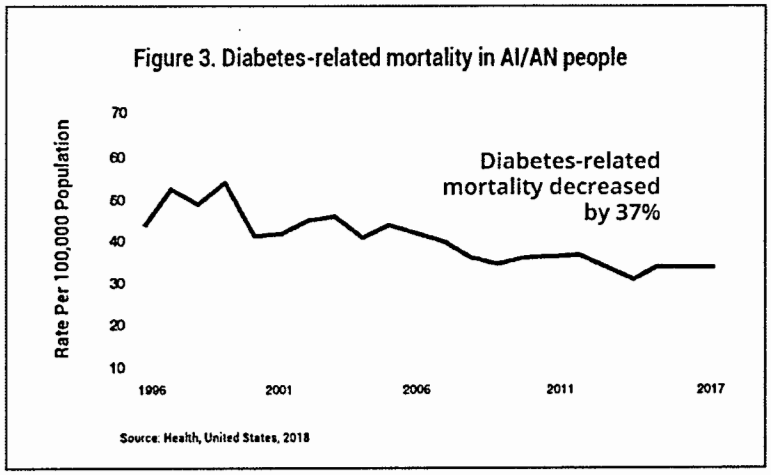


Source: IHS National Data Warehouse
Adapted from: BMJ Open Diabetes Research and Care 2020;8:e001218

*For the purposes of this report, diabetes prevention refers to the prevention of type 2 diabetes.

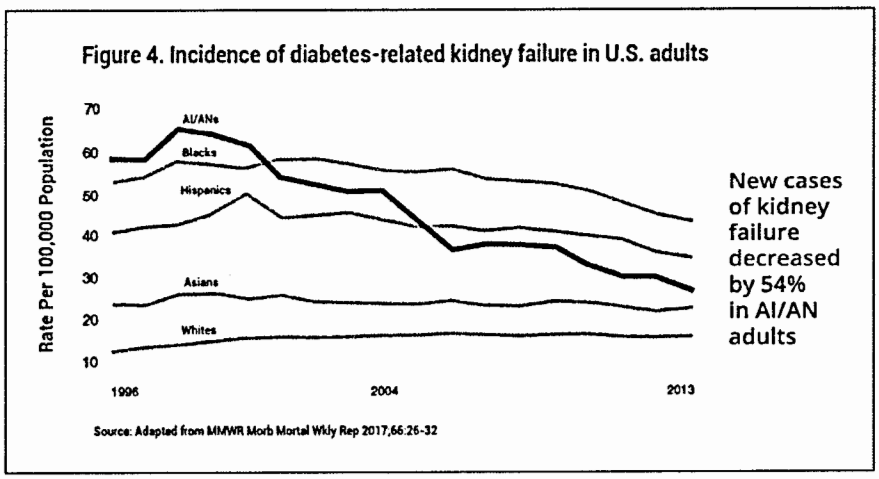
Diabetes-Related Mortality

Diabetes-related mortality for AI/AN people decreased 37 percent from 54.2 per 100,000 in 1999 to 34.4 per 100,000 in 2017 (Figure 3).[4] This decrease is likely due to ongoing improvements in diabetes care and reductions in complications, including kidney failure.



Kidney Failure

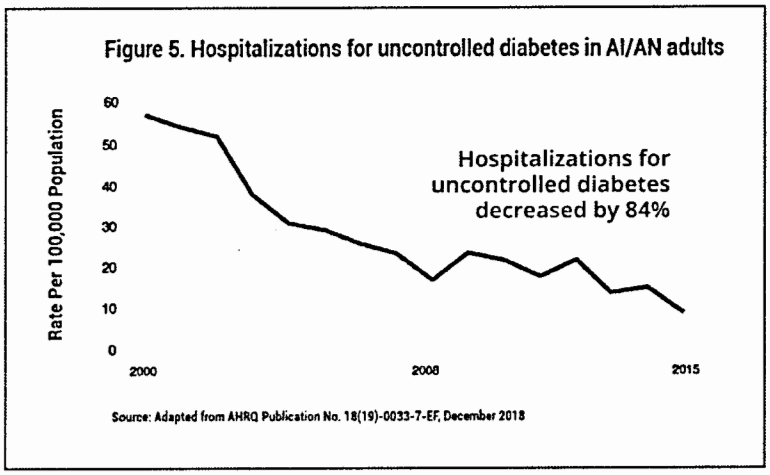
Diabetes-related kidney failure dropped by 54 percent in AI/AN adults between 1996 (57.3 per 100,000) and 2013 (26.5 per 100,000), a greater decrease than for any other U.S. racial/ethnic group (Figure 4).[5] Recent research shows that these improvements have been sustained.[6] This represents a substantial reduction in the number of AI/AN people who have to go on dialysis or receive a kidney transplant —



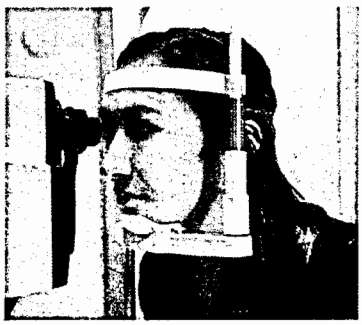
resulting in an estimated savings to Medicare of up to $520 million over 10 years.[7]

Hospitalizations for Uncontrolled Diabetes

Hospitalizations for uncontrolled diabetes among AI/AN adults dropped 84 percent from 57.9 per 100,000 in 2000 to 9.4 per 100,000 in 2015 (Figure 5).[8] Preventing hospitalizations can help lower health care costs.



Diabetic Eye Disease



The prevalence of diabetic eye disease (retinopathy) has decreased in AI/AN adults by more than 50 percent compared to reports from the 1980s and 1990s.[9] This represents a substantial reduction in the risk of vision problems and blindness in AI/AN adults with diabetes.

These outcomes show remarkable progress in the treatment and prevention of diabetes in AI/AN people since the inception of the SDPI.

SDPI: 23 Years of Successful Interventions

SDPI has been essential in helping to make the important outcomes described above happen in AI/AN communities. Utilizing guidance from tribal leaders, the SDPI has engendered a national diabetes network, which includes the program sites, as well as support at the IHS Area and national levels. Each of the following components plays a key role in the important treatment and prevention work that is changing the course of diabetes.

Tribal Leaders Diabetes Committee

Tribal and IHS Collaboration on SDPI

Collaboration between the IHS, tribes, and urban Indian organizations is essential to the success of the SDPI, as is communication about SDPI-related issues.

The Tribal Leaders Diabetes Committee (TLDC) was established in 1998 to provide ongoing input to the IHS Director on the SDPI. The TLDC includes one elected or duly-appointed tribal leader representative from each of the 12 IHS Areas. The committee meets quarterly to discuss current SDPI issues and provide recommendations.

In addition, when major decisions need to be made about the SDPI, the IHS Director requests input through national tribal consultation and urban confer. Tribal and urban Indian organization leaders from across the country provide input via Area consultation/confer meetings, and also by submitting written comments directly to the IHS.

When decisions are made or key issues arise regarding the SDPI, the IHS Director sends out official letters to tribal and urban Indian organization leaders to keep them informed.

SDPI Grant Programs

In fiscal year (FY) 2020, there are 301 SDPI program sites, of which, 254 are operated by tribes, 29 by urban Indian organizations, and 18 by the IHS. These sites are located in 35 states and collectively serve more than 780,000 AI/AN people. The sites vary considerably in organization size and geographic location, as well as in the amount of SDPI funds they receive.

301 SDPI program sites in 35 States serving >780,000 AI/AN people

Each SDPI site selects one IHS Diabetes Best Practice to focus on each year. The 19 Best Practices provide evidence-based approaches to diabetes education and clinical care and are designed to help sites achieve and measure improvement. Within this framework, each site has tremendous latitude to determine the types of diabetes treatment and/or prevention services they will provide, guided by community priorities and cultural values. Sites also choose what groups they focus on within their communities, such as elementary school children, clinic patients, or elders.

Since its inception in 1997, the SDPI has helped to dramatically increase access to important diabetes treatment and prevention services in AI/AN communities throughout the country (Table 1).

Table 1. Increases in Diabetes Services Reported by SDPI Sites

	Percent of Sites	
Intervention	**1997[a]**	**2019**
Diabetes clinical teams	**30%**	**95%**
Diabetes patient registries	**34%**	**96%**
Nutrition services for adults	**39%**	**94%**
Access to registered dietitians	**37%**	**85%**
Access to physical activity specialists	**8%**	**84%**
Access to culturally tailored diabetes education materials	**36%**	**96%**
Adult weight management services	**19%**	**76%**
Nutrition services for children and youth	**65%**	**90%**
Community-based physical activity services for children and youth	**13%**	**85%**
Physical activity for school-age youth	**9%**	**83%**

[a]Baseline = before SDPI funding was available
Source: Evaluation of the SDPI, 2019

Support for SDPI Programs

Area

Each IHS Area has an Area Diabetes Consultant (ADC) who provides support to SDPI sites in that Area. The ADCs are health care professionals with expertise in diabetes who assist sites both individually and collectively in many ways, including through training, Area meetings, and site visits. As such, they play a critical role in diabetes program improvement, as well as SDPI grant oversight and accountability.

National

At the national level, the IHS Division of Diabetes works with other IHS programs to provide the supportive framework necessary for the SDPI to be successful. The IHS Division of Grants Management administers the grant process and ensures that federal grant requirements are met. The IHS Office of Information Technology (IT) provides support for national databases and electronic health record systems, and Area IT programs address local technical needs.

The IHS Division of Diabetes provides programmatic leadership for the SDPI overall, as well as extensive training and resources, which are widely used by SDPI sites and clinicians across the country (Table 2).

Table 2. Utilization of IHS Division of Diabetes Training and Resources[a] - FY 2019

Resource	Usage	Description
SDPI and IHS Division of Diabetes Websites	**782,697** pageviews	Central sources for SDPI and clinical tools, training, and resources
IHS Diabetes in Indian Country Conference	**1,228** attendees from 33 states **12,783** CME/CE[b] credits awarded	132 sessions on diabetes care and SDPI grant management August 2019, Oklahoma City, OK
Diabetes Clinical Training	**5,622** CME/CE[b] credits awarded	Webinars and online courses
Diabetes Clinical Tools	**17,402** Standards of Care pageviews **10,718** algorithm downloads	Guidance for providing quality diabetes clinical care and education
Diabetes Education Materials	**9,215** catalog items ordered **9,205** downloads	AI/AN-specific materials for patients and diabetes educators
SDPI Grant Training	**6,935** pageviews	Webinars and online courses

[a] All provided at no cost to users
[b] CME/CE = Continuing Medical Education/Continuing Education

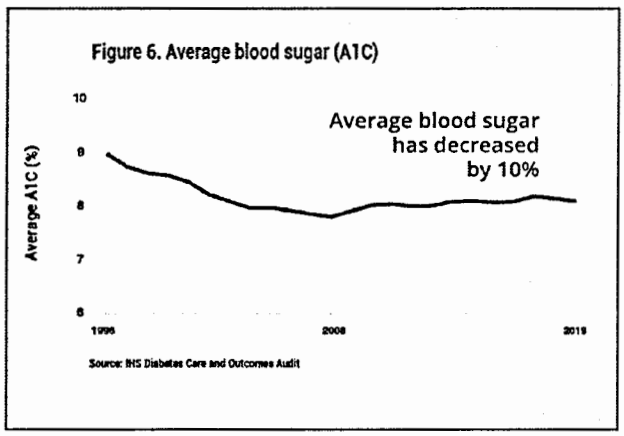
The resources above facilitate the provision of high quality diabetes care and improvement in SDPI program activities. These outcomes are then assessed via an evaluation plan designed and implemented by the IHS Division of Diabetes. Central to this plan are the Diabetes Care and Outcomes Audit and SDPI Outcomes System.

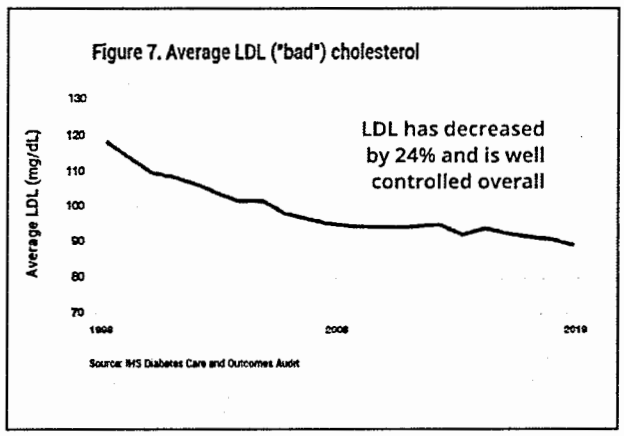
Data-Driven Evaluation and Feedback

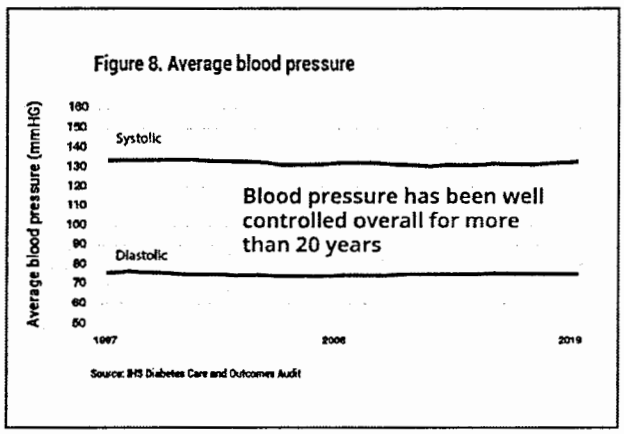
Diabetes Care and Outcomes Audit

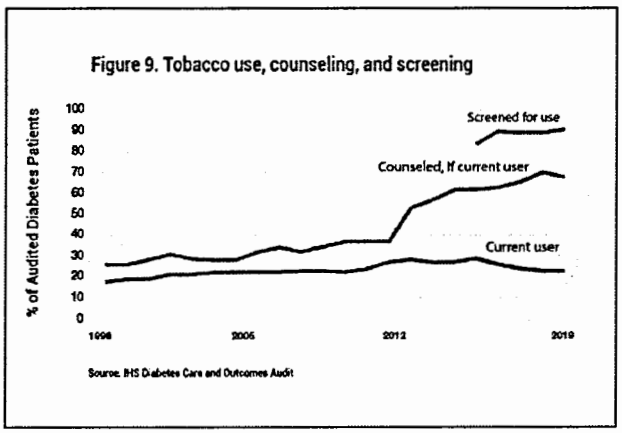
The IHS Diabetes Care and Outcomes Audit ("Audit") is a process for assessing care and health outcomes for AI/AN people with diagnosed diabetes. I/T/U health care facilities nationwide participate in this process, submitting data on more than 40 outcome measures each year. The IHS Division of Diabetes analyzes the data and prepares reports at the facility, Area, and IHS national levels. Each participating facility receives reports and graphs summarizing their site-specific data, which they can use to improve diabetes care. In calendar year 2019, 329 I/T/U facilities submitted data on more than 127,000 AI/AN patients with diabetes.

Audit statistics show that while access to diabetes services was increasing markedly (Table 1), key outcome measures for AI/AN people with diabetes showed achievement or maintenance at or near national targets. These results have been sustained throughout the SDPI era (Figures 6-9).









Blood pressure control and improvements in blood sugar, low-density lipoprotein (LDL) cholesterol, and tobacco use are associated with important impacts on reducing risk for diabetes complications, such as heart disease and kidney failure.[10]

These measures document improvements in diabetes care for AI/AN people dating back to the beginning of the SDPI – improvements that have been essential to making the remarkable outcomes described in this report possible.

SDPI Outcomes System

As noted above, each SDPI site selects and implements one Diabetes Best Practice. The Diabetes Best Practices focus on improving various aspects of diabetes treatment and prevention – for example, nutrition education or blood sugar control. To assess improvement, each Best Practice includes one Required Key Measure that sites track and report on annually via the SDPI Outcomes System.

SDPI: Charting Remarkable Progress

As this report illustrates, there have been **tremendous improvements** in diabetes outcomes for AI/AN people, including:

- ↓ **Diabetes prevalence**
- ↓ **Mortality**
- ↓ **Kidney failure**
- ↓ **Hospitalizations for uncontrolled diabetes**
- ↓ **Diabetic eye disease**

"These improvements have huge implications for quality of life and health care costs. Sustained efforts in diabetes prevention and treatment are critical to ensuring continued advances in the health of AI/AN people. The SDPI has been, and continues to be, key to this remarkable progress."

— **Ann Bullock, MD**
Ojibwe

Director
IHS Division of Diabetes

References

[1]Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020. https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

[2]Benoit SR, Hora I, Albright AL, et al. New directions in incidence and prevalence of diagnosed diabetes in the USA. BMJ Open Diab Res Care 2019;7:e000657. doi: http://dx.doi.org/10.1136/bmjdrc-2019-000657

[3]Bullock A, Sheff K, Hora I, et al. Prevalence of diagnosed diabetes in American Indian and Alaska Native adults, 2006–2017. BMJ Open Diab Res Care 2020;8:e001218. doi: http://dx.doi.org/10.1136/bmjdrc-2020-001218

[4]National Center for Health Statistics. Health, United States, 2018. Hyattsville, MD. 2019. https://www.cdc.gov/nchs/hus/contents2018.htm#Table_005

[5]Bullock A, Burrows NR, Narva AS, et al. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives — United States, 1996–2013. MMWR Morb Mortal Wkly Rep 2017;66:26-32. doi: http://dx.doi.org/10.15585/mmwr.mm6601e1

[6]Burrows NR, Zhang Y, Hora I, et al. Sustained lower incidence of diabetes-related end-stage kidney disease among American Indians and Alaska Natives, Blacks, and Hispanics in the United States, 2000-2016. Diabetes Care 2020; 43(9):2090-2097. doi: https://doi.org/10.2337/dc20-0495

[7]Office of the Assistant Secretary for Planning and Evaluation (ASPE). The Special Diabetes Program for Indians: estimates of Medicare savings. ASPE Issue Brief. Department of Health and Human Services, May 10, 2019. https://aspe.hhs.gov/pdf-report/special-diabetes-program-indians-estimates-medicare-savings

[8]Agency for Healthcare Research and Quality (AHRQ). Data Spotlight: Hospital admissions for uncontrolled diabetes improving among American Indians and Alaska Natives. AHRQ Publication No. 18(19)-0033-7-EF. December 2018. https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/dataspotlight-aian-diabetes.pdf

[9]Bursell SE, Fonda SJ, Lewis DG, Horton MB. Prevalence of diabetic retinopathy and diabetic macular edema in a primary care-based teleophthalmology program for American Indians and Alaskan Natives. PLoS One 2018;13(6):e0198551. doi: https://doi.org/10.1371/journal.pone.0198551

[10]American Diabetes Association. Standards of Medical Care in Diabetes, 2020. Diabetes Care 2020;43(Suppl. 1). doi: https://doi.org/10.2337/dc20-SPPC

Hyperlink URLs

- **Special Diabetes Program for Indians (SDPI) Program Sites:** https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/factsheets/FactSheet_SDPI2020byState_508c.pdf
- **SDPI:** https://www.ihs.gov/sdpi/
- **Indian Health Service (IHS) Areas:** https://www.ihs.gov/locations/
- **SDPI Reports to Congress:** https://www.ihs.gov/sdpi/report-to-congress/
- **Tribal Leaders Diabetes Committee:** https://www.ihs.gov/sdpi/tldc/
- **IHS Tribal Consultation:** https://www.ihs.gov/tribalconsultation/
- **IHS Urban Confer:** https://www.ihs.gov/ihm/pc/part-5/p5c26/
- **IHS Tribal Leader Letters:** https://www.ihs.gov/newsroom/triballeaderletters/
- **IHS Urban Leader Letters:** https://www.ihs.gov/newsroom/urbanleaderletters/
- **SDPI Diabetes Best Practices:** https://www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/
- **Area Diabetes Consultants:** https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/
- **IHS Division of Grants Management:** https://www.ihs.gov/dgm/
- **IHS Office of Information Technology:** https://www.ihs.gov/oit/
- **IHS Division of Diabetes:** https://www.ihs.gov/diabetes/
- **IHS Diabetes in Indian Country Conference:** https://www.ihs.gov/diabetes/training/conferences-and-workshops/
- **IHS Diabetes Clinical Training:** https://www.ihs.gov/diabetes/training/cmece-online-edu/
- **IHS Diabetes Clinical Tools:** https://www.ihs.gov/diabetes/clinician-resources/
- **IHS Diabetes Education Materials:** https://www.ihs.gov/diabetes/education-materials-and-resources/
- **SDPI Grant Training:** https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-grant-training/
- **IHS Diabetes Care and Outcomes Audit:** https://www.ihs.gov/diabetes/audit/
- **SDPI Outcomes System:** https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/

INDIAN HEALTH SERVICE
SPECIAL DIABETES PROGRAM FOR INDIANS
2020 REPORT TO CONGRESS

is a publication of the

Indian Health Service
Division of Diabetes Treatment and Prevention

For more information, visit
www.ihs.gov/sdpi

NAVAJO NATION

273

12/28/2023

Naa'bik'iyati' Committee Regular Meeting

10:23:49 AM

Amd# to Amd#	New Business: Item A. (MOTION)	PASSED
MOT James, V	CONSENT AGENDA - (7) #'s:	
SEC Nez, A	0256-23,0261-23,0263-23,0270-23	
	0271-23,0266-23,0252-23	

Yeas : 18 **Nays : 0** **Excused : 3** **Not Voting : 2**

Yea : 18

Aseret, L	Crotty, A	Nez, R	Slater, C
Begay, H	Damon, S	Notah, N	Tolth, G
Begay, N	James, V	Simonson, G	Yanito, C
Charles-Newton, E	Johnson, C	Simpson, D	Yazzie, C
Claw, S	Nez, A		

Nay : 0

Excused : 3

Tso, O	Daniels, H	Jesus, B

Not Voting : 2

Arviso, S	Parrish, S

Presiding Speaker: Curley, C