

RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23RD Navajo Nation Council - Third Year, 2017

AN ACTION

RELATING TO THE HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI' COMMITTEES; SUPPORTING AND RECOMMENDING THE PASSAGE OF SENATE BILL 747, TO REAUTHORIZE THE SPECIAL DIABETES PROGRAM FOR INDIANS, INTRODUCED TO THE 115TH UNITED STATES CONGRESS - 1ST SESSION

WHEREAS:

- A. The Navajo Nation Council established the Health, Education and Human Services Committee (HEHSC) and as such empowered HEHSC to represent the Navajo Nation at local, state and federal levels, in coordination with the President of the Navajo Nation and Naabik'íyáti' Committee on proposed legislation, funding and other actions affecting health. 2 N.N.C §§700 (A) and 401 (B) (7) (a) (2015).
- B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to assist and coordinate all requests for information, appearances and testimony relating to proposed county, state and federal legislation impacting the Navajo Nation. 2 N.N.C. §§164 (A) (9), 701 (A) (4), 701 (A) (6) (2015); CO-45-12.
- C. Statements of policy are written statements submitted to federal, state or local governments by a Navajo Nation official stating the official position of the Navajo Nation on proposed legislation or other action by that government. 2 N.N.C. §100 (W).
- D. The Navajo Nation has a government-to-government relationship with the United States of America, Treaty of 1868, Aug. 12, 1868, 15 Stat. 667.
- E. On March 28, 2017, the Special Diabetes Program for Indians Reauthorization Act of 2017 (S. 747) - sponsored by Senator Tom Udall- was introduced to the 115th United States Congress - 1st Session to be enacted by the Senate and House of Representatives; S. 747 is attached as **Exhibit A**.

F. S. 747 is a bill to reauthorize the special diabetes programs for Indians. Congress finds that:

1. American Indians and Alaskan Natives are disproportionately affected by diabetes;
2. Approximately 16 percent of American Indian and Alaska Native people have diabetes compared to only 12 percent of the general United States population;
3. The death rate due to diabetes for American Indians and Alaska Natives is 1.6 times higher than for the general population;
4. In response to the growing epidemic of diabetes among Native communities, Congress authorized the Special Diabetes Programs for Indians in 1997;
5. Since the first authorization, the Special Diabetes Programs for Indians have - made it possible for Native communities to develop and sustain quality diabetes treatment and prevention programs; resulted in concrete health outcomes, like a 48-percent decrease in end-stage renal disease among American Indian and Alaska Native populations; and led to millions of dollars in healthcare cost savings by decreasing the prevalence of costly preventable diabetes complications; and
6. Due to the continued positive impact of the Special Diabetes Program for Indians on Native communities and the large return on investment for healthcare funding, Congress has shown its support for the programs by: (a) reauthorizing the Special Diabetes Programs for Indians no less than 8 times; and (b) sending letters of support for the Special Diabetes Program to Congressional leadership signed by more than 350 Representatives and 75 Senators.

G. It is within the best interest of the Navajo Nation to support the passage of S. 747, to reauthorize the special diabetes programs for Indians.

NOW THEREFORE, BE IT RESOLVED:

- A. The Navajo Nation hereby supports and recommends the passage of S. 747, to reauthorize the special diabetes programs for Indians; attached as **Exhibit A**.
- B. The Navajo Nation hereby authorizes the Navajo Nation President, the Navajo Nation Speaker, the Navajo Nation Chief Justice and their designees, to advocate for the passage of S. 747 to reauthorize the special diabetes programs for Indians.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 17 in favor and 0 oppose, this 11th day of May, 2017.



Honorable LoRenzo C. Bates, Chairperson
Naabik'íyáti' Committee

Motion: Honorable Jonathan Perry
Second: Honorable Raymond Smith, Jr.

(19)

**23rd Navajo Nation Council
Naabik'iyati' Committee**

Date: May 11, 2017

Legislation No. 0155-17

Motion: Jonathan Perry

Second: Raymond Smith, Jr.

ALL DELEGATES:

| | Yea | Nay |
|----------------------|-----|-----|
| BATES, LoRenzo | | |
| BEGAY, Kee Allen Jr. | ✓ | |
| BEGAY, Norman M. | | |
| BEGAY, Steven | | |
| BEGAYE, Nelson | ✓ | |
| BENNETT, Benjamin L. | ✓ | |
| BROWN, Nathaniel | ✓ | |
| CHEE, Tom T. | ✓ | |
| CROTTY, Amber K. | | |
| DAMON, Seth | ✓ | |
| DANIELS, Herman | | |
| FILFRED, Davis | ✓ | |
| HALE, Jonathan L. | ✓ | |
| JACK, Lee Sr. | | |
| PERRY, Jonathan | ✓ | |
| PETE, Leonard H. | ✓ | |
| PHELPS, Walter | ✓ | |
| SHEPHERD, Alton Joe | ✓ | |
| SLIM, Tuchoney Jr. | ✓ | |
| SMITH, Raymond Jr. | ✓ | |
| TSO, Otto | | |
| TSOSIE, Leonard | ✓ | |
| WITHERSPOON, Dwight | ✓ | |
| YAZZIE, Edmund | ✓ | |

BY COMMITTEE:

| | Yea | Nay | TOTAL |
|-----------------------|-----|-----|-------|
| BFC: | | | |
| CHEE, Tom T. | | | |
| DAMON, Seth | | | |
| JACK, Lee Sr. | | | |
| SLIM, Tuchoney Jr. | | | |
| WITHERSPOON, Dwight | | | |
| TSOSIE, Leonard | | | |
| HEHSC: | | | |
| BEGAY, Norman M. | | | |
| BEGAY, Steven | | | |
| BEGAYE, Nelson | | | |
| BROWN, Nathaniel | | | |
| CROTTY, Amber K. | | | |
| HALE, Jonathan L. | | | |
| LOC: | | | |
| BEGAY, Kee Allen Jr. | | | |
| DANIELS, Herman | | | |
| SMITH, Raymond Jr. | | | |
| TSO, Otto | | | |
| YAZZIE, Edmund | | | |
| RDC: | | | |
| BENNETT, Benjamin L. | | | |
| FILFRED, Davis | | | |
| PERRY, Jonathan | | | |
| PETE, Leonard H. | | | |
| PHELPS, Walter | | | |
| SHEPHERD, Alton Joe | | | |
| SPEAKER: | | | |
| BATES, LoRenzo | | | |
| (Votes only in a tie) | | | |

GRAND TOTAL

17 0

CERTIFICATION:



Honorable LoRenzo Bates
Speaker



115TH CONGRESS
1ST SESSION

S. 747

To reauthorize the special diabetes programs for Indians.

IN THE SENATE OF THE UNITED STATES

MARCH 28, 2017

Mr. UDALL introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reauthorize the special diabetes programs for Indians.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Special Diabetes Pro-
5 gram for Indians Reauthorization Act of 2017".

6 **SEC. 2. FINDINGS.**

7 Congress finds that:

8 (1) American Indians and Alaska Natives are
9 disproportionately affected by diabetes.

10 (2) Approximately 16 percent of American In-
11 dian and Alaska Native people have diabetes com-

pared to only 12 percent of the general United States population.

(3) The death rate due to diabetes for American Indians and Alaska Natives is 1.6 times higher than for the general population.

(4) In response to the growing epidemic of diabetes among Native communities, Congress authorized the Special Diabetes Programs for Indians in 1997.

(5) Since the first authorization, the Special Diabetes Programs for Indians have—

(A) made it possible for Native communities to develop and sustain quality diabetes treatment and prevention programs, including—

(i) a 40-percent increase in number of diabetes clinics;

(ii) a 42-percent increase in access to registered nutritionists; and

(iii) a 61-percent increase in availability of culturally tailored education programs;

(B) resulted in concrete health outcomes, like a 48-percent decrease in end-stage renal

1 disease among American Indian and Alaska Na-
 2 tive populations; and

3 (C) led to millions of dollars in healthcare
 4 cost savings by decreasing the prevalence of
 5 costly preventable diabetes complications.

6 (6) Due to the continued positive impact of the
 7 Special Diabetes Programs for Indians on Native
 8 communities and the large return on investment for
 9 healthcare funding, Congress has shown its support
 10 for the programs by—

11 (A) reauthorizing the Special Diabetes
 12 Programs for Indians no less than 8 times; and

13 (B) sending letters of support for the Spe-
 14 cial Diabetes Programs to Congressional leader-
 15 ship signed by more than 350 Representatives
 16 and 75 Senators.

17 **SEC. 3. REAUTHORIZATION OF THE SPECIAL DIABETES**
 18 **PROGRAMS FOR INDIANS.**

19 Section 330C(e) of the Public Health Service Act (42
 20 U.S.C. 254c-3(e)) is amended by striking paragraph (2)
 21 and inserting the following:

22 “(2) APPROPRIATIONS.—

23 “(A) IN GENERAL.—For the purpose of
 24 making grants under this section, there is ap-

1 appropriated, out of any money in the Treasury
2 not otherwise appropriated—

3 “(i) \$150,000,000 for fiscal year
4 2018; and

5 “(ii) the amount specified in subpara-
6 graph (B) for each of fiscal years 2019
7 through 2024.

8 “(B) INFLATION ADJUSTMENT.—

9 “(i) IN GENERAL.—In the case of any
10 of fiscal years 2019 through 2024, the dol-
11 lar amount in subparagraph (A)(i) shall be
12 increased by an amount equal to the prod-
13 uct of—

14 “(I) such dollar amount; and

15 “(II) the percentage increase in
16 the medical care component of the
17 consumer price index for the previous
18 fiscal year as calculated by United
19 States Bureau of Labor Statistics.

20 “(ii) ROUNDING.—If the amount of
21 any increase under clause (i) is not a mul-
22 tiple of \$10, such increase shall be rounded
23 to the next lowest multiple of \$10.”.

○

RESOLUTION OF THE
WINSLOW INDIAN HEALTH CARE CENTER, INC BOARD OF
DIRECTORS

**SUPPORTING THE REAUTHORIZATION OF THE SPECIAL DIABETES
PROGRAM FOR INDIANS (SDPI) ACT FOR 2017 TO CONTINUE
PROGRESS TO IMPROVE QUALITY OF LIFE AND HEALTHY
LIFESTYLES FOR AMERICAN INDIAN/ALASKAN NATIVE (AI/AN)
COMMUNITIES**

WHEREAS:

1. The Winslow Indian Health Care Center ("WIHCC") is a non-profit corporation chartered under Navajo Nation law and sanctioned and authorized by the Navajo Nation Council as a "Tribal Organization" in Resolution No. CJY-33-10 to operate the federally funded health care programs, services, functions and activities in and near the eight chapters of Leupp, Bird Springs, Teesto, White Cone, Dilkon, Tolani Lake, Jeddito and Indian Wells; and
2. The WIHCC has successfully provided health care programs, services, functions and activities for the people of the southwest region of the Navajo Nation since September 1, 2002; and
3. The WIHCC service area includes eight Navajo Nation Chapters Dilkon, Teesto, Indian Wells, White Cone, Jeddito, Tolani Lake, Leupp, and Birdsprings, as well as beneficiaries living in the border towns of Flagstaff, Winslow, Joseph City, and Holbrook; *and*
4. The WIHCC services an area of 214.7 square miles with a user population of 16,700; WIHCC is one of eight primary Indian health care providers of the Navajo Area Indian Health Service; and
5. WIHCC provides four types of medical services (urgent care, walk-in clinic, primary care provider clinic with patient centered medical home model, and specialty clinics, direct and contracted), supportive services, and community outreach services; *and*
6. The WIHCC serves approximately 2,200 patients with a diabetes diagnosis and a population which is at particular risk for diabetes-related health issues; *and*
7. The WIHCC receives grant funding for community-directed (CD) activities to reduce the impact of diabetes within its population; *and*
8. The Special Diabetes Program for Indians (SDPI) serves as a source of funding to address diabetes issues in tribal communities by providing grants for diabetes

prevention and treatment services to the Indian Health Service, and Tribes and Tribal Organizations throughout the United States; *and*

9. SDPI grants are crucial to improving overall health of American Indians/Alaskan Natives as this enhances effective preventative health programs focused at preventing diabetic conditions of children and young adults; *and*
10. Acting now to approve the SDPI Act of 2017 allows Tribal programs to plan activities and retain staff and expand services; *and*
11. With the use of SDPI grants WIHCC has increased the number of patients seen since 1998, allowing patients to have increased oversight for better management and living a longer, healthier lifespan; *and*
12. WIHCC SDPI grant activity accomplishments include: increased access to lifestyle modification, diabetes prevention and diabetes self-management education activities to improve health status of individuals and families living with diabetes.

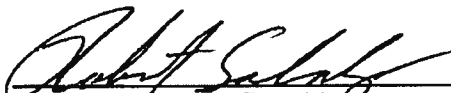
THEREFORE, BE IT RESOLVED, THAT:

1. The WIHCC Board of Directors supports the reauthorization of the Special Diabetes Program for Indians Act of 2017 to continue providing services, education and resources to improve healthy lifestyles for Native communities affected by diabetes.

CERTIFICATION

I hereby certify that the foregoing resolution of the WIHCC BOD was duly considered at a duly called meeting of the Board of Directors at the Winslow Indian Health Care Center where a quorum was present and the same was passed with a vote of 7 in favor, 0 opposed, and 1 abstained on this 1st day of May 2017.

WINSLOW INDIAN HEALTH CARE CENTER, INC.


Robert Salabye, President

Motioned by: Mary Ann Bagay
Seconded by: John Nells

NAVAJO HEALTH FOUNDATION



SAGE MEMORIAL HOSPITAL

POST OFFICE BOX 457 | CANADO, ARIZONA 86505 | PH (928) 755-4559 | FAX (928) 755-4659 | WWW.SAGEMEMORIAL.COM

April 20, 2017

To Whom It May Concern:

The Board of Directors of the Navajo Health Foundation – Sage Memorial Hospital, Inc., respectfully requests your support to continue funding for the Special Diabetes Project for Indians (SDPI) program. The Special Diabetes Program for Indians Reauthorization Act of 2017 (S.747 introduced by Senator Udall of New Mexico) would continue to authorize funding for the program through 2024.

The money made available for this program pays for essential wellness and prevention services targeted to the rural Navajo communities in our area. The residents of these communities face higher rates of poverty, unemployment, geographic isolation and other factors that create barriers to a healthy diet, exercise and other options that are known to prevent diabetes. The services we provide through this program try to address those problems through public education, community events, referral services and other activities to make community members aware of choices that increase the risk of diabetes, encourage choices to reduce the risk, and inform people managing diabetes about the options they have available.

The SDPI program is also a key part of our effort to comply with the Centers for Medicare/Medicaid Services to focus on activities that reduce the occurrence of diabetes to attempt to lower the eventual costs of treatment. Diabetes is most prevalent in our local area among adults above the age of 20, although it still occurs among individuals 15-20 years of age at rates higher than other populations. Management and reversal of this disease is a continuous struggle against social, economic and other barriers.

The focus on preventative care and maintenance also supports one of important overall goals of the SDPI – reducing future rates of diabetes among Native American youth. The SDPI program offers preventative programs and services to both educate the community and provide support to communities and families that are searching for the best way to achieve health and wellness within limited resourced communities. Initiatives like community gardens, wellness centers and programs, community education courses, and home follow up services are made possible by funding the SDPI program. Without continued funding for the SDPI program, underserved Native American communities like the communities we serve will find it increasingly difficult to identify, manage and reverse

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*Navajo Health Foundation – Sage Memorial Hospital, Inc.
provides quality healthcare services in a fiscally responsible manner, focusing on the patient's physical, social, and spiritual well-being.*

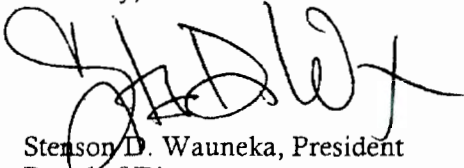
NAVAJO HEALTH FOUNDATION | SAGE MEMORIAL HOSPITAL

POST OFFICE BOX 457 CANADO, ARIZONA 86505 / PH (928) 755-4602 / FX (928) 755-4659

behaviors that are known to increase the risk of diabetes, placing an increased strain on our system. The SDPI program is key in our efforts to improve the health and well-being of members of our community.

Thank you for your consideration of our request. We hope that you will support the Special Diabetes Program for Indians Reauthorization Act of 2017 (S.747).

Sincerely,

A handwritten signature in black ink, appearing to read 'Stenson D. Wauneka', written over a horizontal line.

Stenson D. Wauneka, President
Board of Directors

Navajo Health Foundation - Sage Memorial Hospital, Inc.

NAVAJO HEALTH FOUNDATION



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**RESOLUTION OF THE BOARD OF DIRECTORS OF
NAVAJO HEALTH FOUNDATION – SAGE MEMORIAL HOSPITAL, INC.**

NHF-SMH-04202017-02 THE BOARD OF DIRECTORS OF NAVAJO HEALTH FOUNDATION – SAGE MEMORIAL HOSPITAL REQUESTS SUPPORT FOR THE SPECIAL DIABETES PROGRAM FOR INDIANS REAUTHORIZATION ACT OF 2017

WHEREAS, The Navajo Health Foundation –Sage Memorial Hospital, Inc. ("NHF-SMH"), is a tribal organization authorized by the Navajo Nation to contract with the Indian Health Services pursuant Public Law 93-638 to receive funding for the operation and management of Sage Memorial Hospital in Ganado, Navajo Nation (Arizona), and related health care facilities and programs; and

WHEREAS, The communities served by NHF-SMH are rural communities within the Navajo Nation that experience significantly higher rates of diabetes than non-Native American communities; and

WHEREAS, since 2007 NHF-SMF has operated a Diabetes Prevention Program with grant funding provided by the Indian Health Service through a Special Diabetes Program for Indians ("SDPI") authorized by Section 330C(e) of the Public Health Service Act (42 U.S.C. §254c-3(e); and

WHEREAS, the funding provided through the SDPI has allowed NHF-SMH to provide community education programs, wellness programs, home follow-up services, community garden programs, and other services aimed to inform people about healthy choices that reduce the risk of diabetes, encourage diet changes, exercise and other activities that prevent and help manage diabetes, and assist patients managing diabetes in identifying and obtaining services; and

WHEREAS, the authorization for funding for the program expired in 2015, but has continued since its expiration under continuing resolutions enacted by Congress; and

WHEREAS, the Special Diabetes Program for Indians Reauthorization Act of 2017 (S.747 introduced by Senator Udall of New Mexico) would authorize funding for the SDPI through fiscal year 2024, allowing NHF-SMH and similar organizations to continue offering programs and services that have been shown to be effective in fighting diabetes in Native American communities.

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*Navajo Health Foundation – Sage Memorial Hospital, Inc.
provides quality healthcare services in a fiscally responsible manner, focusing on the patient's physical, social, and spiritual well-being.*

NAVAJO HEALTH FOUNDATION | SAGE MEMORIAL HOSPITAL

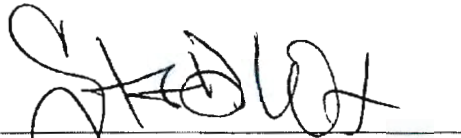
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NOW THEREFORE BE IT RESOLVED, that the Board of Directors of the Navajo Health Foundation – Sage Memorial Hospital, Inc., supports the Special Diabetes Program for Indians Reauthorization Act of 2017 and urges that it be enacted into law to continue to provide special services and programs to help manage and prevent diabetes in Native American communities.

CERTIFICATION

I certify that the foregoing Resolution was duly considered by the Board of Directors of Navajo Health Foundation – Sage Memorial Hospital, Inc., during a meeting convened on April 20, 2017, in Ganado, Arizona at which a quorum was present and that the same was duly adopted by a vote of 6 in favor, 0 opposed and 0 abstaining, and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my signature as the Chairperson of the Navajo Health Foundation – Sage Memorial Hospital, Inc. Board of Directors.



Stenson D. Wauneka
Chairperson

Navajo Health Foundation – Sage Memorial Hospital, Inc.

Dated: April 20, 2017

Motioned by: Linda Yazzie

Seconded by: Joyce Moore



TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street, PO Box 600

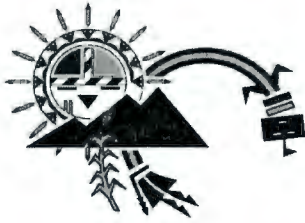
Tuba City, AZ 86045-0600

RESOLUTION OF THE TUBA CITY REGIONAL HEALTH CARE CORPORATION BOARD OF DIRECTORS

SUPPORTS THE REAUTHORIZATION OF THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) ACT FOR 2017 TO CONTINUE PROGRESS TO IMPROVE QUALITY OF LIFE AND HEALTHY LIFESTYLES FOR AMERICAN INDIAN/ALASKAN NATIVE (AI/AN) COMMUNITIES

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution, CJN-35-05; the Tuba City Regional Health Care Corporation is authorized as a tribal organization for the purpose of managing and operating contracts with the Indian Health Service Under Public Law 93-638; *and*
2. Tuba City Regional Health Care Corporation (TCRHCC), a non-profit tribal organization as defined in the Indian Self-Determination Act, Public Law 93-638, maintains operation of the former Navajo Area Indian Health Service (NAIHS) Tuba City Indian Medical Center; *and*
3. The TCRHCC service area within the Western Navajo Agency and Coconino County communities including: Cameron, Bodaway/Gap, Coalmine Canyon, Kaibeto, LeChee, Coppermine, Tonalea, and To'Naneez'Dizi Chapters, and including the Hopi Village of Moenkopi and the San Juan Southern Paiutes of Tuba City, *and*
4. The TCRHCC Regional Health System with a primary patient service population of nearly 32,000 also serves as a Medical Referral Center for over 100,000 patients across the Navajo Nation, including Hopi and San Juan Southern Paiutes. TCRHCC is also the largest referral center serving the Navajo Nation; *and*
5. The TCRHCC serves approximately 4,200 patients with a diabetes diagnosis and a population which is at particular risk for diabetes-related health issues; *and*
6. The TCRHCC receives grant funding for both community-directed (CD) and Diabetes Prevention Program (DPP) activities to reduce the impact of diabetes within its population; *and*
7. SDPI serves as a source of funding to address diabetes issues in tribal communities by providing grants for diabetes prevention and treatment services to Indian Health Services, Tribal Organizations throughout the United States; *and*



TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street, PO Box 600
Tuba City, AZ 86045-0600

**RESOLUTION OF THE
TUBA CITY REGIONAL HEALTH CARE CORPORATION
BOARD OF DIRECTORS**

**SUPPORTS THE REAUTHORIZATION OF THE SPECIAL DIABETES
PROGRAM FOR INDIANS (SDPI) ACT FOR 2017 TO CONTINUE PROGRESS
TO IMPROVE QUALITY OF LIFE AND HEALTHY LIFESTYLES FOR
AMERICAN INDIAN/ALASKAN NATIVE (AI/AN) COMMUNITIES**

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution, CJN-35-05; the Tuba City Regional Health Care Corporation is authorized as a tribal organization for the purpose of managing and operating contracts with the Indian Health Service Under Public Law 93-638; *and*
2. Tuba City Regional Health Care Corporation (TCRHCC), a non-profit tribal organization as defined in the Indian Self-Determination Act, Public Law 93-638, maintains operation of the former Navajo Area Indian Health Service (NAIHS) Tuba City Indian Medical Center; *and*
3. The TCRHCC service area within the Western Navajo Agency and Coconino County communities including: Cameron, Bodaway/Gap, Coalmine Canyon, Kaibeto, LeChee, Coppermine, Tonalea, and To'Naneez'Dizi Chapters, and including the Hopi Village of Moenkopi and the San Juan Southern Paiutes of Tuba City, *and*
4. The TCRHCC Regional Health System with a primary patient service population of nearly 32,000 also serves as a Medical Referral Center for over 100,000 patients across the Navajo Nation, including Hopi and San Juan Southern Paiutes. TCRHCC is also the largest referral center serving the Navajo Nation; *and*
5. The TCRHCC serves approximately 4,200 patients with a diabetes diagnosis and a population which is at particular risk for diabetes-related health issues; *and*
6. The TCRHCC receives grant funding for both community-directed (CD) and Diabetes Prevention Program (DPP) activities to reduce the impact of diabetes within its population; *and*
7. SDPI serves as a source of funding to address diabetes issues in tribal communities by providing grants for diabetes prevention and treatment services to Indian Health Services, Tribal Organizations throughout the United States; *and*

8. SDPI grants are crucial to improving overall health of American Indians/Alaskan Natives as this enhances effective preventative health programs focused at preventing diabetic conditions of children and young adults; *and*
9. Acting now to approve the SDPI Act of 2017 allows Tribal programs to plan activities and retain staff and expand services; *and*
10. With the use of SDPI grants TCRHCC has increased the amount of patients seen by 25% since 2015, allowing patients to have increased oversight for better management and living a longer, healthier lifespan.

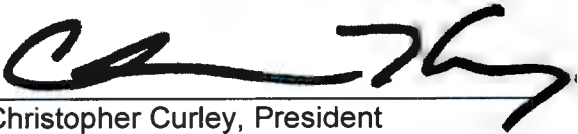
THEREFORE, BE IT RESOLVED, THAT:

Tuba City Health Care Corporation Board of Directors supports the reauthorization of The Special Diabetes Program for Indians Act of 2017 to provide services, education and resources to improve healthy lifestyles for Native communities.

CERTIFICATION

We, hereby, verify that the foregoing resolution was duly considered at a duly called meeting of the Tuba City Regional Health Care Corporation's Board of Director's meeting at Tuba City, Arizona at which a quorum was present and that the same was passed by a vote of 9 in favor, 0 opposed, 0 abstained, this 10th day of April 2017.

Motion by: Dr. Alan Numkena
Second by: Tincer Nez, Sr.



Christopher Curley, President
Tuba City Regional Health Care Corporation Board of Directors