RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE OF THE
23rd NAVAJO NATION COUNCIL -- Fourth Year, 2018

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, AND NAABIK'ÍYÁTI' COMMITTEES; SUPPORTING THE NAVAJO DEPARTMENT OF HEALTH'S ISSUES AND RECOMMENDATIONS TO BE PRESENTED TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES NAVAJO REGIONAL TRIBAL CONSULTATION ON JUNE 25-27, 2018

WHEREAS:

SECTION ONE. AUTHORITY

A. The Health, Education and Human Services Committee of the Navajo Nation Council has legislative authority and oversight over all matters related to health on the Navajo Nation. 2 N.N.C. § 401 (C) (1).

B. The Naabik'íyáti' Committee is a standing committee of the Navajo Nation Council. Among other duties and responsibilities, it "coordinate[s] all federal, county and state programs with other standing committees and branches of the Navajo Nation government to provide the most efficient delivery of services to the Navajo Nation. 2 N.N.C. §701(A)(4).

SECTION TWO: FINDINGS

A. The Health, Education and Human Services Committee of the Navajo Nation Council is in receipt of the Navajo Department of Health's issue papers to be presented to the U.S. Department of Health and Human Services at the Navajo Regional Tribal Consultation on June 25-27, 2018. *See* **Exhibit A.**

B. These presentations include discussion of the background, impact and recommendations by the Navajo Department of Health in the following subject matter areas:

    1. Support for Navajo Health Care Facility Construction on the Navajo Nation;

    2. HIV as a growing public health issue among the Navajo People;

3. Alternative/Optional Indirect Cost rate for federally tribal organizations (Native American/Alaskan Natives, including the Navajo Nation) WIC Program;

4. Change annual development of State Plans for the USDA, Food and Nutrition Services, Special Supplemental Nutrition Program-WIC Program to a multiple year State Plan;

5. Funding for sustaining implementation of the Congressional Mandate for Implementation of Electronic Benefit Transfer (EBT);

6. Funding to support the formation and implementation of Crisis Response Teams (CRTs) throughout the Navajo Nation;

7. Colorectal Cancer Screening Funding;

8. Child nutrition programs are essential to combatting nutrition related illnesses among children;

9. Supporting Reauthorization of Special Diabetes Program for Indians in 2019;

10. Requesting support to expand the tribal public health workforce;

11. Request to improve tribal access to funding opportunities and require states to engage with tribes on funding they receive;

12. Requesting support for health information technology and data system infrastructure;

13. Requesting funds to continue the Navajo Nation Community Health Representative/Outreach (CHR) Program;

14. Funding for warehouse replacements, tractor-trailer combinations and infrastructure construction and renovation;

15. Proposed FY 2019 Department of Health and Human Services Budget Request to Congress.

C. The Health, Education and Human Services and the Naabik'íyáti' Committees of the Navajo Nation Council find it to be in the best interest of the Navajo Nation to approve and endorse the positions, as found at Exhibit A, to be presented by the Navajo Department of Health at the U.S. Department of Health and Human Services Navajo Regional Tribal Consultation on June 25-27, 2018.

NOW, THEREFORE, BE IT RESOLVED:

The Health, Education and Human Services Committee and the Naabik'íyáti' Committee of the Navajo Nation Council hereby approves, endorse and supports the positions to be presented by the Navajo Department of Health at the U.S. Department of Health and Human Services Navajo Regional Tribal Consultation on June 25-27, 2018, as found at **Exhibit A.**

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 12 in Favor, and 00 Opposed, on this 09th day of August 2018.

Seth Damon, Chairman Pro Tem
Naabik'íyáti' Committee

Motioned: Honorable Jonathan Perry
Second : Honorable Leonard Pete

Chairman Pro Tem Seth Damon not voting

EXHIBIT

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Save the Date

2018 U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

NAVAJO REGIONAL TRIBAL CONSULTATION

TUESDAY JUNE 25, 26, & 27, 2018

At the **Twin Arrows Casino Resort**

8:00AM - 5:00PM

- Navajo Nation Leadership will exercise its Government to Government collaboration with Federal Agencies representing the U.S. Department of Health & Human Service to promote the health and social welfare of the Navajo Nation.
- Topics of discussion will be related to the health and social welfare of the Navajo Nation.

Mark your calendars now!

TWIN ARROWS CASINO RESORT

NAVAJO NATION DEPARTMENT OF HEALTH

RSVP and/or contact Health & Human Services Representative.
Julia Lothrop - Julia.Lothrop@hhs.gov or by phone: 214-767-3190.
Navajo Nation Department of Health - Office of Planning, Research and Evaluation.
Sylvia M. Etsitty-Haskie, email: sylvia.etsitty@nndoh.org or by phone: 928-871-7581.
Or register online at: www.nndoh.org.

ISSUE: Support for Navajo Health Care Facility Construction on the Navajo Nation

BACKGROUND:
The FY 2019 IHS Annual Facilities Planning (Five–Year Plan) lists ten national construction projects; four of these are Navajo projects. The final PJDs and Interim PJDs for the four Navajo projects that are approved by the IHS are listed as follows with estimated funding needs:

PROJECT	ESTIMATED COST*	ADDED COST
Dilkon Health Center	$201,300,000	Waterline
Pueblo Pintado Health Center	$ 68,000,000	
Bodaway-Gap Health Center	$ 70,000,000	
Gallup Indian Medical Center	$710,000,000	Site

*These figures could change based on approved final Project Justification Documents and current construction costs.

Below is a brief description of the project status for each of the four health facilities:

1. The Dilkon Health Center project is currently in design development. The design phase is expected to be completed in December 2018. Approximately $50 million is needed to begin first phase construction.
2. The Pueblo Pintado Health Center and staff quarters planning documents are developed and the Site Selection Evaluation Report (SSER) is in development.
3. The Bodaway-Gap Health Center planning documents and the SSER are in progress. Once the Phase II SSER is approved, the official withdrawal of land for the project will begin.
4. The replacement of the Gallup Indian Medical Center now is estimated to cost $710 million. The site selection process is being coordinated with the Navajo Nation and the Indian Health Service.

The estimated cost of the four projects is approximately $1 billion. Additionally, there are other Navajo projects which are not yet on the priority list that require expansion, renovation, replacement, and/or new construction. Also, these projects will likely require prioritization and funding in the future. The Navajo Nation has submitted a priority list which identified the top five specialized health care facilities to the Indian Health Service for consideration for future funding.

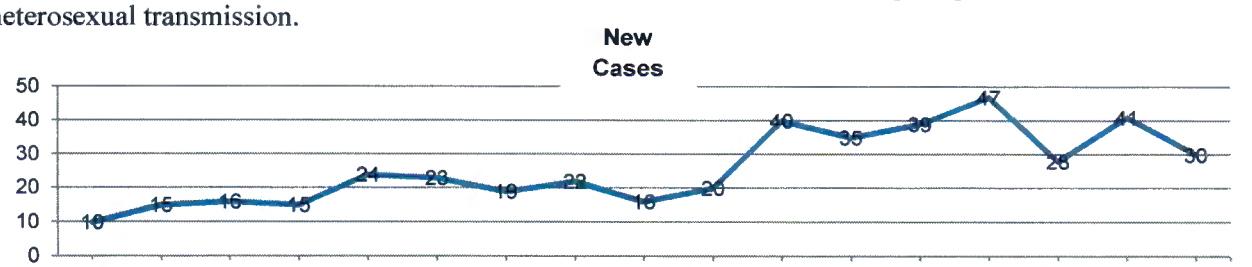
IMPACT:
The inconsistent funding levels for health care facilities hinder the construction of much needed facilities. The delay in implementing projects results in higher construction costs, often doubling the cost of a project over a 10 -15 year period; which is generally the lifespan of a project from the time it gets listed on the Priority List until it is fully constructed. Navajo continues to experience disparities in health care, funding and access to care. Thus, Navajo has not kept pace with advanced health care which includes development of new and emerging technology as well as telemedicine. Several of the Navajo projects are scheduled to serve remote and undeveloped areas. Funding for these healthcare facility projects will provide access to quality health care for people of the Navajo Nation.

RECOMMENDATIONS:

- The Navajo Nation requests the U.S. Congress to continue to support health care facilities construction including infrastructure development to provided improved health care to the Navajo people.
- Request the Congress and the Indian Health Service to provide funding to begin the first phase construction of the Dilkon Health Center.
- Request the Congress to appropriate funding (the estimated $1billion) for the Navajo health facilities that remain on the IHS Construction Priority list to elevate the quality of care and increase access to care.
- The Navajo Nation urges Congress to be cognizant of future Navajo health care facilities and specialty facilities which require expansion, renovation, replacement, and/or new construction.

ISSUE: HIV is a growing public health issue among the Navajo people

BACKGROUND:
The Navajo Nation HIV Prevention Program operates with four HIV health educators charged with providing prevention education, condom distribution, and HIV screening to an estimated population of 300,000 Navajo individuals residing within a land base of nearly 26,649 square miles. Since 1999 the Navajo Nation has seen a steady increase in new cases of HIV infection. (Table 1) In 2014, forty-one (41) new cases were diagnosed, yielding a new case rate of 12.6 per 100,000 per year. According to an October 2017 report by the National Indian Health Service (IHS), HIV/AIDS & Hepatitis C Program, there were 3,700 American Indian and Alaska Native adults and adolescents living with HIV infection at the end of 2013. Forty-five percent of all American Indian/Alaska Native (AI/AN) HIV diagnoses reside in the U.S. Southwest (Navajo, Albuquerque, Phoenix, and Tucson) IHS Areas; the cited leading routes of HIV transmission are men who have sex with men (MSM), injecting drug use, and heterosexual transmission.



Source: Jonathan Iralu, MD, FACP, NAIHS and Dr. Joyanna Wendt, Epidemiologist, NAIHS

The Navajo Nation's Health Education & HIV Prevention Program Rapid HIV Screening results yielded these following risk factors: one in three people had unprotected sex; more than half of Navajo females reported unprotected sex with males; one in six persons had unprotected sex with multiple partners; and one in 12 had intercourse with someone whose HIV status was unknown.

IMPACT:
Clinical services must be coupled with comprehensive sexual health education. The effects of the social determinants of health may be harsher with respect to HIV because of its communicable nature. Social determinants of health weigh more heavily in the cause and course of every leading category of illness than do any attitudinal, behavioral, or genetic determinants, including early sexual initiation. Moreover, high alcohol use is a co-morbidity to HIV. The effects of intergenerational trauma, childhood abuse, suicide and self-harming behaviors, substance abuse, and high-risk sex behaviors are apparent among anyone who cares for or works with youth on the Navajo Nation. Utilizing culturally-appropriate and well-tested curricula serves to mitigate and must be integrated into the school system. Shrinking budgets and health service cutbacks have direct health implications for most people living with HIV. Continued growth in the population living with HIV on Navajo will ultimately lead to more new infections if prevention, care, and treatment efforts are not coordinated and intensified.

RECOMMENDATIONS:
- The Navajo Nation requests CDC to directly fund the Navajo HIV Prevention Program to further the goals of the National HIV/AIDS Strategy by implementing High-Impact Prevention approaches.
- The Navajo Nation requests the Secretary of the DHHS and the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) convene a discussion session annually on issues of HIV prevention in AI/AN communities with concerned and engaged community partners on the Navajo Nation.
- The Navajo Nation requests that OHAIDP work with CDC to fund a HIV capacity building assistance provider to assist tribes and Native community-based organizations with the implementation of public health strategies and evidence-based prevention interventions.

ISSUE: Alternative / Optional Indirect Cost rate for federally tribal organizations (Native American / Alaskan Natives, including Navajo Nation) WIC Programs

BACKGROUND:
The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions, including the Navajo Nation.

As such, the Navajo Nation is a sovereign Nation administering its financial, personnel, legal, and other supportive service systems. It has a three branch governmental system - Executive, Legislative and Judicial Branches. Navajo Department of Health is under the Executive Branch having oversight of the Navajo WIC Nutrition Program. Navajo WIC Nutrition Program and other Native American Indian and Alaskan Native tribes are designated as State Units for WIC Program under Regional offices of the United States Department of Agriculture (USDA), Food and Nutrition Services (FNS).

Navajo Nation has a relationship with the government of the United of America and its federal agencies. The U.S. Department of Interior is the Cognizant agency for negotiating Indirect Cost agreement for the Navajo Nation.

IMPACT:
Negotiations of ICD agreement between the Navajo Nation and the U.S. Department of Interior is a lengthy process. Often, the agreement lapse, expiring leaving the Nation without a binding IDC agreement. Without the agreement, the Navajo Nation cannot collect indirect cost to provide maintenance and operational support for the program.

In the absence of funds from the IDC, Navajo Nation has to fill the gaps for services which under normal circumstance are provided from funds of the Indirect Cost from the funding agencies.

RECOMMENDATIONS:
- The Navajo Nation recommends the U.S. Department of Agriculture to establish administrative rules for tribal organizations for an alternative IDC rates in absence of negotiated IDC rate with the Cognizant agency.
- The Navajo Nation recommends the Senate of the United States Congress amend 7 CFR 247 to establish rules for tribal organizations for an alternative IDC rates in absence of negotiated IDC rate with the Cognizant agency.
- The House of Representatives of the United States Congress amend 7 CFR 247 to establish rules for tribal organizations for an alternative IDC rates in absence of negotiated IDC rate with the Cognizant agency.
- The Navajo Nation recommends the U.S. Department of Agriculture, Food & Nutrition Services at the national office support amendment to 7 CFR 247 to establish rules for tribal organizations for an alternative IDC rates in absence of negotiated IDC rate with the Cognizant agency.
- The Navajo Nation recommends the U.S. Department of Agriculture, Food & Nutrition Services at the Western Regional Office support amendment to 7 CFR 247 to establish rules for tribal organizations for an alternative IDC rates in absence of negotiated IDC rate with the Cognizant agency.

ISSUE: Change annual development of State Plans for the USDA, Food and Nutrition Services, Special Supplemental Nutrition Program – WIC Program to a multiple year State Plans.

BACKGROUND:
The Navajo Women, Infants and Children Nutrition Program (NWIC) is responsible for developing a year to year to State Plan for 11 categories. The planning process begins in the month of June with the process continuing into the latter part of September. The State Plans are effective October 1st to September 30th of the following year. This is also the federal fiscal year in which funds are allotted to the State Agencies across the country.

NWIC is a State Agency serving program participants on the Navajo Nation and selected border towns surrounding the Nation. The eleven components are assigned to staff in their specialized area of function. In addition to developing the State Plans, policies and procedures and accompanying forms are developed or amended to meet the changing needs and environment of the program.

IMPACT:
NWIC does not receive funds from the Navajo Nation; counties located on the Navajo Nation; the States of Arizona, New Mexico and Utah, or non-profits organizations. The annual development of the State Plan is time consuming and involves expenses; mainly staff time and travel support cost. The State Plan development is a year round activity regardless if the development of the State Plan is an annual or multiple year practice. The Navajo Nation is challenged by shortage of personnel to focus on developing the State Plan, so it resorts to utilizing key administration staff for the State Plan development. Often, there are little or no major changes in the plans. Any changes are issued by the funding source, USDA, SSNP – FNS.

The Navajo Nation Leadership will be requested to urge the United States Congress and the President of the United States to amend the 7 CFR 246.4, Subpart B, (a) "By August 15 of each year, each State agency shall submit to FNS for approval a State Plan for the following fiscal year as a prerequisite to receiving funds under this section" to have each State agency submit to FNS for approval a State Plan for the following three consecutive fiscal years as a prerequisite to receiving funds under this section.

RECOMMENDATION(S):
- The Navajo Nation recommends amendment to the language of CFR 246.4 (State Plan) Subpart B – State and Local Agency Eligibility, (a) Requirement. "By August 15 of each year, each State agency shall submit to FNS for approval a State Plan for the following fiscal year as a prerequisite to receiving funds under this section". The amendment should reflect language that would mandate each State agency to submit to FNS for approval a State Plan for the following three consecutive fiscal years as a prerequisite to receiving funds under this section.

ISSUE: Funding for sustaining implementation the Congressional Mandate for Implementation of Electronic Benefit Transfer (EBT)

BACKGROUND:
The Navajo WIC Program became a WIC State Agency in 1978. As a State Agency, Navajo Nation started manually handwriting WIC checks for eligible low income women, infants and children up to five years old. Around 1993, the program started using preprinted WIC checks.

Currently, the majority of WIC participants receive paper food instruments (FIs) containing their food prescription. However, in line with current trends and overall public expectation of doing business and receiving services electronically, the WIC Program has been gradually transitioning the benefit issuance methodology over the past several years from paper FIs to EBT. The use of EBT in the WIC Program allows both the WIC Program and its participants to use advanced technologies in the delivery of benefits and helps support WIC's goal to improve client services.[1]

The State of Arizona, WIC Program is the lead agency of the Healthy and Nutrition Data System (HANDS) partners consisting of American Samoa, Arizona, Commonwealth of Northern Marianna Island, Guam and the Navajo Nation. Arizona, as the lead agency, of the HANDS consortium received funds from USDA for the planning, development and implementation of the EBT (eWIC) system. Navajo Nation did not incur cost in planning, development and implementation other than personnel travel cost for meetings, training and administrative support at the local level. In July 2014, Arizona WIC received a grant from USDA to move the HANDS partners to the EBT system.[2]

Navajo Nation implemented the EBT on February 26, 2018. There is no guarantee of the funds continuity beyond the implementation of the EBT system for the HANDS partners.

IMPACT:
There is potential for increased cost to sustain the Navajo Nation WIC eWIC system after full implementation. Since the EBT is new, the WIC programs across the country do not know what other costs will be included to maintain the system. It likely will include cost for operation and maintenance, MIS cost specific to EBT, computer and printers for field clinics, administrative cost for sustaining the EBT system, training of staff, equipment and supplies for new vendors, security enhancement, and fiscal support for the Navajo Nation Financial Services, and other unforeseen cost.

RECOMMENDATION(S):
- The Navajo Nation recommends the USDA to provide additional funds to operate and maintain the implemented Congressional Mandate of the EBT system for WIC Programs, including the Navajo Women, Infants and Children Nutrition Program
- USDA, FNS to provide additional funds and technical assistance to evaluate the cost of sustaining the eWIC system on the Navajo Nation

[1] Federal Register. (March 1, 2016). Department of Agriculture, FNS, SSNP – WIC: Implementation of EBT – Related Provisions, Final Rule. Vol. 81, No. 40, 10433.
[2] Retrieved from http://directorsblog.health.azdhs.gov/wic-going-more-electronic

ISSUE: Funding to support the formation and implementation of Crisis Response Teams (CRTs) throughout the Navajo Nation.

BACKGROUND:
On an annual basis, approximately, 209 suicide attempt calls are made to the Navajo Nation Department of Public Safety (NNDPS) dispatch center. However, studies indicate that 0% follow-up and effective continuum of care are conducted by the current NNDPS, meaning there were no referrals or interventions documented for suicidal individuals. In this population of unmet needs over an 8-year period, 94 suicide attempts were documented for the 10-29 age groups for male and female. Again, to date there has not been a comprehensive program service to reach these individuals and no follow-up upon discharge from medical facilities and/or any form of police interventions. A reasonable estimate would be youth between 10-24 years of age represent 80 youth attempts have occurred in this 8 year span of time (2006-2013); 65% of attempts fall within this age range.[1]

IMPACT:
In 2010-2011, Navajo communities experienced a high number of suicides, which resulted in having to establish a CRT in one community. In November 2015, the Navajo Nation Office of President and Vice President (OPVP) created Executive Order #03-2015 to address suicide prevention/postvention for the Navajo people; the Executive Order stipulates "develop a Postvention strategy." As a result, the Navajo Department of Behavioral Health Services (DBHS) partnered with other resources, Department of Justice, NNDPS, Law Enforcement (State, Local and Tribal), Indian Health Services/638 Hospitals and community volunteers to establish CRTs within communities.

CRTs are designed not only to respond to Suicide calls (ideation, attempts, and/or death), but also homicide, psychiatric, domestic violence and to provide grief/loss counseling. Most victims request Navajo Traditional and Faith-Based services. The active CRTs include the Eastern Agency (Thoreau/Crownpoint/Gallup); Fort Defiance (Fort Defiance, Newlands, Ganado); Northern Agency (Shiprock, Red Mesa); and Southwestern Agency (Dilkon, Leupp). The CRTs are in the process of being established are in the Western (Tuba City and Kayenta) and Central (Chinle) CRTs. The coverage area is geographically substantial and the CRT often consist of 3-4 volunteers, which often leads to physical and mental burnout, secondary PTSD, and compassion fatigue. Proper Crisis Response, De-escalation techniques, and Debriefing along with self-care training for members are to be accessible. Due to the vastness of the NN and its rural geographic areas, cellular phone service/reception on Navajo is erratic and in some areas service is non-existent. Therefore, communication is limited and dispatch is not always able to reach CRT members. Occasionally, CRT members respond in an area where members cannot call out for assistance.

RECOMMENDATIONS:
- Provide Funding to support the creation of a Navajo Nation Crisis Response Program (CRP), to access necessary trainings, and for personnel positions to provide the CRT services to the NN.
- The NN recommends that the funding criteria methodology for the CRT be based on set aside block grants to American Indian tribes, i.e., on the user population and suicide prevention problem.
- Develop a Crisis Response Program, housed under the CRP:
    a. CRTs within the five NN agencies and work with the team to develop a Community Response Plan. Included on this team are a Director (clinical, with experience in crisis response), Team Leads, Responders, Traditional Healers and Faith-Based counselors.
    b. Warm Lines; call in lines for Veterans and Teens.
    c. Suicide Hot Line.
    d. Amber/Silver Alert

    e. Develop a Peer Support/Community Support system to assist with aftercare and follow-up care.
- Resources for training and supervision for all responders in crisis response, grief/loss, trauma-informed care, and self-care.
- Acquire appropriate equipment to ensure the safety of responders, such as police radios, mobile phones, and/or pagers.
- Establish Memorandum of Agreements (MOA) with Law Enforcement to utilize police channels, proper training for dispatchers and line officers.
- Establish a clinical case manager position to assist with requests and calls from detention facilities for psychiatric care. Develop coalitions and networks to improve care coordination and establish local health system policies for suicide prevention, intervention, and postvention.

Source: Navajo Nation Division of Public Safety Dispatch Data, 2006-2013, Navajo Epidemiology Center, Navajo Department of Health

ISSUE: Colorectal Cancer Screening Funding

BACKGROUND:
Currently, the Navajo Department of Health is primarily funded to provide breast and cervical cancer screening services. Cancer is a public health burden on the Navajo Nation. It is the second leading cause of death for both Navajo genders age-adjusted (103.45/100,000) according to the Navajo Nation Mortality Report, 2006-2009. The Cancer Among the Navajo 2005-2013 Report indicates that colorectal cancer is the second most commonly diagnosed cancer (by count) among the Navajos (245 per 100,000). The diagnosed cancer is mostly in the regional stage (33.2 vs. 31.3) as compared to most non-Hispanic whites who are localized stage diagnosis (39.2 vs. 31.3).

In 2015, available data show that colorectal screening percentages range between 35.7% and 44.1% for Navajo are below the Healthy People target of 70.5 or the 80% by 18 goal of the National Colorectal Cancer Roundtable. The Centers for Disease Control and Preventions has a National Colorectal Cancer Control Program that currently funds only 1 American Indian tribe out of 30 available grantees. This component of cancer control is severely underfunded on a national scale but most particularly for Indian Country.

IMPACT:
With no funding to address colorectal cancer, there can be no infrastructure of education, patient navigation, or screening. In addition, there is a lack of culturally appropriate education materials or translations to be disseminated to the communities in rural areas where the Navajo language is predominately spoken. With a lack of dedicated health office and adequate resources to improve access and implement evidence based interventions, screening rates for colorectal cancer remain low by all measures in comparison to non-Natives and national screening rate targets.

RECOMMENDATIONS:
- The Navajo Nation recommends the Centers for Disease Control and Prevention (CDC) make funding available for colorectal cancer screening to tribal programs to increase awareness and screening rates.
- The Navajo Nation recommends the CDC to provide technical support to programs to implement evidence based interventions at the Provider level.

ISSUE: Child nutrition programs are essential to combat nutrition-related illnesses among children

BACKGROUND:

The Navajo Nation (NN) faces significant health problems due to extremely high rates of nutrition-related illnesses, including obesity, diabetes, heart disease, hypertension, and cancer. These problems are increased in some cases due to lack of access to healthy foods. Food insecurity is associated not only with hunger and the NN has some of the highest rates of food insecurity in the United States (US). The US Department of Agriculture (USDA) has identified that nearly all of the NN's 27,000 square miles as a "food desert," with few grocery stores and transportation barriers that limit access to reliable food sources. *(Dine Policy Institute, Dine Food Sovereignty: A report on the Navajo Nation Food System and Case to Rebuild at Self-Sufficient Food System for the Dine People, 2014*). This study shows that food insecurity is a serious public health concern affecting over 20% of the Navajo population. While a number of initiatives to address health-related challenges have been initiated, the USDA meal programs serve to alleviate child hunger.

The "Healthy Hunger Free Kids Act of 2010" led to the creation of the Navajo Healthy Hunger Free Kids Act (HHFKA) Demonstration and Food Access Navigation (FAN) Project Study on the NN. In February 2015, the USDA awarded the Navajo Nation a $2.4 million grant to conduct this study under the leadership of the Navajo Department of Health.

The project allows for the utilization of USDA food programs i.e. School Breakfast Program (SBP), National School Lunch Program (NSLP), the At-Risk Afterschool Meal Program component of the Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), and Breakfast after the Bell (BAB) at feeding sites. These programs are designed to increase participation rates in schools, increase access to healthy nutritious meals, support local agricultural production, and maintain sustainable food practices while offering reimbursements to eligible feeding sites. With the help of agencies and communities on the NN, the high rates of nutrition related illnesses can be reduced. In promoting healthier feeding practices, Navajo cultural values and traditional teachings are emphasized.

IMPACT:

The mission of the HHFKA/FAN Project's is accessing healthy nutritious food for all children by promoting, preserving, and empowering Navajo cultural values and traditional teachings through partnerships and collaboration with local, state, and government entities. Research assistants engage in fieldwork to collect and analyze food security data to measure the project's impact on how to more effectively provide nutritious feeding for children ages birth to 18, the major focus and challenge being to decrease childhood hunger. To address the disconnect between the Navajo Nation and USDA nutrition programs, increased access to USDA programs should lead to reductions in childhood food insecurity and improved health outcomes on the Navajo Nation.

RECOMMENDATIONS:

- Request the United States Department of Agriculture to support the growing evidence that since the demonstration project was implemented a greater number of children are benefitting from the FAN Project's focus on healthier food access.
- Continue to advance the goals by identifying food access needs in rural communities and assist in initiating food access sponsors during the summer months in addition to academic school years.
- Request approval of the No-Cost Extension to continue the HHFKA/FAN Project's intent after June 30, 2018 due to unexpected delays in implementing the program and the need to address outstanding food insecurity issues.
- Identify and allocate funds to provide bonus pay to each temporarily employed staff member as an incentive.

ISSUE: Supporting Reauthorization of Special Diabetes Program for Indians in 2019

BACKGROUND:
U.S. Congress established the Special Diabetes Program for Indians (SDPI) in 1997 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 I diabetes research. Together, these programs have become the nation's most strategic, comprehensive and effective effort to combat diabetes and its complications. SDPI currently provides grants for 404 programs in 35 states across America. The Navajo Nation is one of the recipients and serves 3,621 individuals and provides services to seven service areas located on the Navajo Nation.

Diabetes affects American Indians/Alaskan Natives (AI/ANs) disproportionately compared with other racial/ethnic populations and has been increasing in prevalence. The CDC estimates that prevalence of diabetes for AI/AN adults is more than twice that of U.S. adults overall. A CDC study in 2003 showed about 16.5% of American Indians and Alaska Natives aged 20 years or older who received care from the Indian Health Service (IHS) in 2003 had diabetes. The rates of diabetes vary within this population with diabetes being diagnosed at 6% among Alaska Native adults and 29.3% among Native American adults in Southern Arizona. SDPI provides critical programs that are helping Tribal communities address diabetes complications and the burden of Type 2 diabetes. The newly-passed legislation funds SDPI at $150 million per year, which is the same as the current level. This current program is now subjected to expiration expire on September 30, 2019.

IMPACT:
It is crucial that Congress continue to support the SDPI as a prevention program over the long term. SDPI provides critical programs that help Tribal communities address complications and burdens of Type 2 diabetes for all of their members in all

Support for the SDPI Reauthorization Act of 2019 is necessary to allow Tribes to access financial and technical resources which play an important role in helping at-risk individuals; and those who are diagnosed with diabetes to better manage, prevent and ultimately cure diabetes.

At a rate of 2.8 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 177% more likely to die from diabetes. However, SDPI is changing these dreadful statistics with marked improvements in average blood sugar levels, reductions in the incidence of cardiovascular disease, prevention and weight management programs for youth, and a significant increase in the promotion of healthy lifestyle behaviors. This success is due to the grant allowing communities to design and implement diabetes intervention strategies that include community priorities. The program has worked to improve the lives of individuals living with diabetes and families that are impacted by this disease.

RECOMMENDATIONS:
- The Navajo Nation recommends the U.S. Congress to support the 2019 Reauthorization of the Special Diabetes Program for Indians and ensure that federal support continue for this vital program.
- The Navajo Nation recommends that the funding level of $150 million per year be increased to $200 million for another five years for prevention education to reduce obesity and to improve nutrition and physical activities among AI/AN communities; prevention education for persons with prediabetes and other efforts to reduce the diabetes mortality rate of 47.77 persons per 100,000 on the Navajo Nation.
- The Navajo Nation recommends support and increased funding for diabetes research programs.
- The Navajo Nation recommends support to ensure public and private health insurance options, including those under the Affordable Care Act, Medicare, Children's Health Insurance Program, and

Medicaid, provide affordable access to the services, medications, technology, and education necessary to meet the needs of people with diabetes and prediabetes.

- The Navajo Nation recommends support to coordinate quality diabetes care across all federal agencies engaged in the care and management of diabetes.

ISSUE: Requesting support to expand the tribal public health workforce

BACKGROUND:
American Indian and Alaska Native (Tribes) including the Navajo Nation have not been able to access the same level of workforce capacity building, despite the greater health disparities and public health needs. For example, the Centers for Disease Control and Prevention (CDC) supports the workforce capacity of states by allowing states to request a staff detail from the CDC in lieu of funding that would be provided for project grants for preventive health services. States opting for a staff detail have been able to host Career Epidemiology Field Officers (CEFOs) and Epidemic Intelligence Service (EIS) officers, and these officers have proven to be a valuable asset to their hosting governments.

IMPACT:
The Navajo Nation is a large tribe both geographically and by population, located in three states (Arizona, New Mexico and Utah). Therefore, a skilled workforce is critical to delivering quality public health services on the Navajo Nation. Concurrently, the Navajo Epidemiology Center is a host site for the CDC Public Health Associate Program (PHAP) at the present time. The assigned PHAP Associate is currently assisting with infectious disease epidemiology and surveillance activities.

The Navajo Epidemiology Center, as a Public Health Authority, is tasked to conduct the following activities for the Navajo Nation:

- Monitor health status
- Maintain disease surveillance
- Conduct disease outbreak investigation
- Conduct health research
- Report on health data
- Identify priority health concerns
- Provide technical assistance

RECOMMENDATIONS:

- The Navajo Nation recommends the Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), and the Substance Abuse Mental Health Service Administration (SAMHSA) to recognize the Navajo Epidemiology Center has the capacity to host a CEFO and EIS Officer(s) to assist with disease surveillance and outbreak activities on the Navajo Nation.
- The Navajo Nation recommends along with including Tribes (Navajo Nation) in every Funding Opportunity Announcement (FOA) where they are not specifically excluded by law, the opportunity for a workforce detail – such as a CEFO and EIS Officer – should be extended to Tribes (including the Navajo Nation) in all cases where Tribes (Navajo Nation) are not specifically excluded.
- Further, the Navajo Nation recommends that in cases where a specific exclusion (s) exists, CDC provide information regarding the legal or regulatory language detailing such exclusion (s).

ISSUE: Request to improve tribal access to funding opportunities and require states to engage with tribes on funding they receive.

BACKGROUND:
American Indians and Alaska Natives (Tribes) including the Navajo Nation often have difficulty accessing funds from federal agencies (i.e., CDC) for a variety of reasons – Tribes may not be directly eligible due to legislative or administrative restrictions, Funding Opportunity Announcements (FOA) may not be inclusive of culturally or linguistically based programs, or Tribes may not have the internal capacity to write competitive package when competing with other highly resourced entities like state and local health departments. For example, funds that were granted out in FY 2016 by CDC, approximately 52% (or ~$3.4 billion) were granted out to governmental entities. Ninety-one percent of that funding was granted to state governments specifically, while far less was granted out to Tribal governments (~35 million). Tribes are often at a disadvantage when competing against states or local governments that may have a greater degree of resources available to dedicate to grant writing.

IMPACT:
The Navajo Nation is a large tribe both geographically and by population, located in three states (Arizona, New Mexico and Utah). Therefore, additional resources are critical to the delivery of public health services on the Navajo Nation. For example, CDC provides significant funding to state and local health departments, for HIV, hepatitis C, diabetes, cancer and sexually transmitted diseases but benefits rarely flow in an equitable manner to Tribes within those states or localities.

The Navajo Epidemiology Center, as a Public Health Authority conducts the following activities for the Navajo Nation and additional resources are needed for staffing and operational costs:

- Infectious disease epidemiology
- Chronic disease epidemiology
- Maternal and child health epidemiology
- Behavioral health epidemiology
- Injury prevention
- Vital statistics
- Navajo Nation health survey
- Suicide prevention
- Health research

RECOMMENDATIONS:

- The Navajo Nation recommends that the federal agencies (Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Substance Abuse Mental Health Service Administration (SAMHSA), and the National Institutes of Health (NIH) work with Tribes to write a policy that creates a process for proactive review of FOAs to ensure Tribal inclusion and relevance.
- The Navajo Nation recommends these same Federal agencies work to bring Tribal public health funding in parity with state and local governments by requiring states to include Tribes in their use and distribution of grant funding.
- The Navajo Nation recommends that Tribal governments should be permitted the same opportunities as state governments and federal agencies play an active role in encouraging more meaningful state and Tribal engagement.

ISSUE: Requesting support for health information technology and data system infrastructure

BACKGROUND:
The Navajo Department of Health's Navajo Epidemiology Center plans to develop a health information technology and data system infrastructure in order to congregate data from multiple sources into a single database (data warehouse) so a single query engine can be used for data analysis and reporting.

IMPACT:
The infrastructure will benefit the people of the Navajo Nation with improved access to public health information. Thereby addressing health care disparities and to improve quality of health care and services for the Navajo people.

The infrastructure will regularly examine outcome measures to:

- Track and evaluate progress toward goals
- Guide policy decisions, priorities and long-range strategic plans
- Develop, focus and streamline data collection and reporting capacity
- Provide comprehensive information of Navajo Nation's health and health care system

Long term goals include:

- Develop an indicator based information system with interface programming to allow for customized querying of health information
- Build disease surveillance and reporting systems
- Develop electronic vital statistics registry
- Develop methods to analyze data, including development of innovative information systems
- Substantially improve the use of health information to guide health policy decisions and evaluate efforts to assure the health of the Navajo people

RECOMMENDATIONS:

- The Navajo Nation recommends the Centers of Disease Control and Prevention (CDC), Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and other concerned federal agencies to identify and secure federal and state funding to support the proposed health information technology and data system infrastructure as a method of improving health care on the Navajo Nation
- The Navajo Nation recommends that the IHS and the Department of Health and Human Services provide technical assistance and guidance to the Navajo Nation as it strives to develop the proposed health information technology and data system infrastructure.

ISSUE: Requesting funds to continue the Navajo Nation Community Health Representative/Outreach (CHR) Program

BACKGROUND:
The Navajo CHR/Outreach program is a primary prevention public health program. The program acts as a Liaison/advocate for Navajo clients in upholding Navajo traditions, value systems, cultural beliefs to meet the health care need of the communities. The Navajo CHR program is the largest CHR program in Indian Country with a staff of 145 comprising of community health representatives (CHW), Tuberculous Control (TB) and Sexually Transmitted Disease Prevention Program (STD) technicians. The Navajo CHR program is unique in that it is the only CHR program inclusive of the TB and STD programs. All the staff except for field supervisors and management staff are paraprofessionals and all of the community heath representatives are Certified Nurse Aide (s) (CNA), all the technicians are certified in compliance with the states (New Mexico and Arizona) health department protocol for the infectious disease.

CHR personnel serve as the front line first responders in any public heath emergencies, with self-initiation of community assessment, communicate degree of impact with the health emergencies staff, and implement community response in accordance with the incident. The high risk clients are priority.

The services provided by the CHR includes home health care, personal care, health screen and individual/group education, incoming and outgoing referrals, case-find, emergency transport, cluster interview, surveillance, direct observed therapy and monitor drug regime for TB patients, emergency response, medication delivery and compliance, and case management.

The CHR program has had to contend with Syphilis outbreak twice since 2000 and CDC public health advisors were requested to provide epidemiological aide.

The CHR program has had a clean audit in 2015 and 2016. The Navajo Nation Single Audit is currently in progress.

IMPACT:
The 2019 President's Proposed Budget recommends defunding the CHR program. If the program is cut, it will pose a great threat to the Navajo Nation. Without the community health workers, elderly clients, high risk clients and clients with chronic diseases will be left without home health care services such as bathing, personal care, feeding and assuring medications are available. In addition, there will be problems with keeping the infectious diseases (TB and STD) to a minimum and preventing outbreaks. In 2010, there were significant increase with TB and the CDC was requested to assign epidemiological personnel to contain the increases. Infectious outbreak is probable without technicians responding and addressing TB and STD treatments and case management. It is critical to address infectious disease outbreak before it can pose a major public health threat to the population. If funding for this program is cut, it will severely affect high risk clients who receive preventive health screening education, and monitoring serves.

RECOMMENDATIONS:
- The Navajo Nation requests the 115th Congress to continue to fully fund the CHR/Outreach program in 2019 and beyond to maintain operation of the program. The furtherance of the CHR/Outreach program will enable the Navajo Nation to continue address its health disparities on Navajo Nation and improve the quality and cultural competence of service delivery.
- The Navajo Nation recommends federal agencies support the Navajo Nation CHR/Outreach program to improve its data collection by allowing CHR staff to access and utilize the client data entry systems that are available at clinical facilities and/or to provide the resources necessary to support a data base infrastructure that would be used to collect CHR data.

ISSUE: Funding for warehouse replacements, tractor-trailer combinations, and infrastructure construction and renovation

BACKGROUND:
In 1970, the Navajo Nation Food Distribution Program (FDP) was established as a State Agency of the Food Distribution Program on Indian Reservations (FDPIR) providing nutritious foods and nutrition education on the Navajo Nation. The Navajo Nation provided four warehouses as a donation to the FDP in Tees Nos Pos, AZ., Fort Defiance, AZ., Tuba City, AZ., and Crownpoint, NM. The warehouses served the Navajo Nation population well for 48 years. Programs within the Navajo Nation have provided equipment and other support through donations of resources. Tractor-trailers are used to transport food from the warehouses to the local communities (known as Chapters) for "tailgating" services, thus allowing program participants to access Food Distribution Program services close to home. The 12 trucks accumulate high mileage requiring more frequent maintenance. Chain linked fences are used to provide security at the local warehouses. Navajo FDP does not receive sufficient funds to purchase new warehouse, tractor trailer rigs and security fences.

IMPACT:
Today, the warehouses are deteriorating and pose an imminent danger for a safe and healthy environment for clients, staff and the general public. Increasingly, the tractor-trailer rigs require more frequent maintenance, thereby incurring costs. Fences around the existing warehouse do not provide sufficient security providing opportunities for the break-ins, vandalism, and other losses.

New warehouses will provide a safe and healthy environment and promote a safe, clean and more sanitized storage of foods, equipment and supplies. Innovative ways to use new facilities could be to design areas where clients can receive nutrition education and food demonstration classes. Enhanced aesthetic warehouses would increase participation due to a clean and safe atmosphere.

RECOMMENDATIONS:
- The Navajo Nation recommends the USDA, FNS, Food Distribution Program on Indian Reservations (FDPIR) to provide funds to the Navajo Department of Health, Navajo Food Distribution Program to purchase eight new warehouses to replace the aging warehouses.
- USDA, FNS, Food Distribution Program on Indian Reservations (FDPIR) to provide funds to the Navajo Department of Health, Navajo Food Distribution Program to purchase 12 tractor-trailer rigs replacing the aging fleet of trucks.
- USDA, FNS, Food Distribution Program on Indian Reservations (FDPIR) to provide funds to the Navajo Department of Health, Navajo Food Distribution Program to purchase fences and other security equipment to provide a secure environment for the warehouses.

Issue: Proposed FY 2019 Department of Health & Human Services Budget Request to Congress.

Background:
The Health Education Program is funded through P.L. 93-638 Master Contract between the Navajo Area Indian Health Services and Navajo Nation Department of Health and the annual 2018 base budget is $2,448,430, for 39 staff delivering services to an estimated population of 300,000 Navajo individuals residing within a 26,649 square mile land base. The purpose of the Health Education Program is to encourage the active participation of our population in health education and health promotion, health maintenance, disease prevention and prevent disability; services and outreach are held in these four settings: community, school, patient and worksite health education where these subject areas are taught: Substance Abuse and Injury Prevention, Maternal Child Health, Physical Activity, Chronic Disease, Public Health & Emergency Preparedness, and Infectious Diseases. A fundamental premise is that a knowledge and informed individual is in a better position to make voluntary individual, family and community decisions regarding the well-being of himself and the community.

Impact:
President Trump's proposed FY 2019 Budget Request to Congress recommends cutting funds for the Health Education Program in the amount of $90 Million; the program is proposed for complete budget elimination. The elimination will drastically affect and impact services provided by the Health Education Program, namely Public Health Emergency Preparedness with natural and man-made situations, including the Opioid Epidemic. Elimination will impact needed prevention services in Substance Abuse & Injury Prevention in educating high risk groups on awareness and preventing injuries to children, youth, young adults, general population and elders of prevalent injuries affecting our population. Maternal Child Health education in unison with Public Health Nurses to promote immunizations among high risk populations and prevent season endemics will be non-existent. Without funding, the Program cannot address chronic & infectious diseases for the general population on awareness, prevention, or intervention among high risk groups through hosting group sessions to delay the onset of co-morbidities and mortality, including preventing and/or delaying the onset HIV and Syphilis. Nearly one-third of the Navajo population speak entirely in the Navajo language, Health Educators are a vital source to interpret health education messages from English to Navajo, i.e. breaking the chain of infection, prevention measures on new and emerging diseases, detail provider instructions during patient visits and medication tutoring; the availability of Navajo speaking staff trained in Medical Interpretation will become compromised, including bridging the generation gap between elders and youth.

The Navajo Nation Health Education Program and CHR are key when responding to natural disasters, outbreaks, and other emergency response initiatives. Many elders on the reservation live in remote locations, isolated from neighbors by miles. Utilizing kinship and traditional Navajo language, Health Educators are able to deliver important public health messages to these individuals who live in remote areas; most communities have very limited law enforcement, fire personnel and medical professionals. Since 1993, the Health Education Program had collected the Youth Behavioral Surveillance Survey Data to the present, this critical collection of surveillance data contributed to school policies improvements, increased grants, supported college student papers, and issue papers for the Navajo Nation division offices, and aided in planning programs and services.

Recommendations:
- The Navajo Nation requests the 115th Congress to continue to fund the Health Education Program for prevention services, community health education, patient education, school health education, and emergency response will not be hindered for the Navajo population.
- The Navajo Nation recommends all Navajo I.H.S. and '638 facilities to document on the RPMS and/or the electronic health system by Navajo health education staff to report performance analysis and impact.

- The Navajo Nation request funding to allow for purchasing HIV outreach & high impact prevention tools (testing kits), program supplies, and travel associated with HIV campaigns and staff development/training opportunities; and to design and implement appropriate services to circumvent potential HIV transmissions resulting from anonymous sexual encounters through online and mobile dating apps.

NAVAJO NATION

RCS# 1213 | 8/9/2018

2018 Summer Session | 03:13:41 PM

Amd# to Amd# | Legislation 0164-18: Supporting the Navajo Department of Health Issues and Recommendations to the President of the U.S. Dept.. | PASSED

MOT Perry

SEC Pete

Yea : 12 **Nay : 0** **Excused : 4** **Not Voting : 8**

Yea : 12

Begay, K	BeGaye, N	Jack	Phelps
Begay, NM	Bennett	Perry	Tso
Begay, S	Brown	Pete	Witherspoon

Nay : 0

Excused : 4

Daniels	Filfred	Smith	Yazzie

Not Voting : 8

Bates	Crotty	Hale	Slim
Chee	Damon	Shepherd	Tsosie