

LEGISLATIVE SUMMARY SHEET

Tracking No. 0261-19

DATE: August 20, 2019

TITLE OF RESOLUTION: AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI'; ADOPTING POSITION STATEMENTS OF THE NAVAJO NATION DIVISION OF HEALTH FOR PRESENTATION TO THE UNITED STATES DEPARTMENT OF HEALTH

PURPOSE: The purpose of this legislation is to adopt position statements of the Navajo Nation Division of Health for presentation to the United States Department of Health.

This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate to review each proposed resolution in detail.

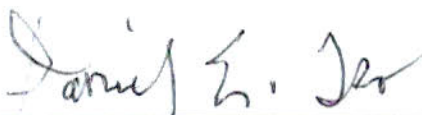
5-DAY BILL HOLD PERIOD: high
Website Posting Time/Date: 4:27 pm 8-29-19
Posting End Date: 9-3-19
Eligible for Action: 9-4-19

Health Education & Human Services Committee
Thence
Naabik'íyáti' Committee

PROPOSED COMMITTEE RESOLUTION OF THE NAVAJO NATION

24th NAVAJO NATION COUNCIL -- First Year, 2019

INTRODUCED BY



(Primary Sponsor)

TRACKING NO. 0261-19

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI'; ADOPTING POSITION STATEMENTS OF THE NAVAJO
NATION DIVISION OF HEALTH FOR PRESENTATION TO THE UNITED STATES
DEPARTMENT OF HEALTH

WHEREAS:

1. The federal government owes a duty of trust towards Native Americans. The obligations under this trust have been defined as "moral obligations of the highest responsibility and trust." *Seminole Nation v. United States*, 316 U.S. 286, 297 (1942). This trust responsibility includes "legally enforceable fiduciary obligation[s] on the part of the United States to protect tribal treaty rights, lands, assets, and resources, as well as ... dut[ies] to carry out the mandates of federal law with respect to American Indian and Alaska Native tribes and villages." See e.g., <https://www.bia.gov>.
2. Under the Treaty of 1868 between the Navajo Nation and the United States government, the federal government, among other responsibilities, must provide adequate health care for all members of the Navajo Nation. Concerning this, the Indian Health Services (IHS) has stated, "[a]n awareness of the legal basis for the federal obligation to provide health care to American Indians and Alaska Natives is important when designing

1 health care programs, developing federal budgets, coordinating with other agencies...."
2 See, <http://www.ihs.gov>. The "federal trust responsibility to uphold the treaty
3 responsibility for health care to Indians is accomplished," according to the IHS, "by
4 consulting with Indian Tribes and then actively advocating for policy, legislative, and
5 budgetary planning for Indian health care." *Id.*

6 4. The Navajo Nation Department of Health has prepared position statements on behalf
7 of the Navajo Nation. The statements therein concern:

8 a). Federal funding for the Navajo Nation Community Health
9 Representative/Outreach program, the Health Education Program, the Navajo Nation
10 HIV Prevention Program, the Navajo Nation Crisis Response Team, and Navajo
11 Nation Health Care Facility Construction.

12 b). Federal funding for adequately addressing colorectal cancer within the Navajo
13 Nation.

14 c). Support for and the reauthorization of the Special Diabetes Program for
15 Indians.

16 d). Lack of Tribal Consultation in the decision to transition the Navajo WIC
17 Nutrition Program from the Western Regional Office to the Southwest Regional
18 Office.

19
20 NOW THEREFORE BE IT RESOLVED:

21 1. The Navajo Nation recommends that the federal government uphold its trust
22 responsibilities for health care for the members of the Navajo Nation by providing
23 sufficient and adequate funding.

24 2. The Navajo Nation adopts position statements prepared by the Navajo Nation
25 Department of Health, attached as Exhibit "A." The department, its agents and designees
26 are authorized to present the statements on behalf of the Navajo Nation.

THE NAVAJO NATION

ISSUE: Requesting funds to continue the Navajo Nation Community Health Representative/Outreach (CHR) Program and proposing to keep funding allocation separate for CHAP if tribes are mandated to implement the CHAP

BACKGROUND:

The Navajo Community Health Representative (CHR)/Outreach program is a primary prevention public health program. The program acts as a liaison between the medical providers and clients to address chronic health issues and other infectious disease that affect the Navajo Nation. The Navajo CHR Outreach Program is administered using as a basis Navajo traditions, value systems, and 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 workers (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 CHWs are Certified Nurse Aide (s) (CNA). More than half of the personnel are CHW certified and in compliance with the New Mexico Department of Health, technicians must comply with New Mexico and Arizona (Department of Health) protocol for the infectious disease management. Moreover, the program is supporting staff by allowing them to attain public health certificates; over 55 staff have now obtained their Public Health certification from Dine College, Tsaile, Arizona.

The shortages of health care provider in Navajo and across Indian County, forces the Navajo Nation leadership to be proactive in addressing its health care issues such as training some CHRs to address oral health to reduce dental caries on Navajo. CHR personnel serve as the front line first responders in any public health emergencies. Several areas of responsibilities for CHR's are initiating community assessments, communicate with the health emergency teams, and implement community response. Typically, the high-risk clients are priority along with elders and the disabled.

The services provided by the CHWs and TB/STD Technicians includes home health care, personal care, health screening, and individual/group education, incoming and outgoing referrals, case-find, 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 deal with two-syphilis outbreaks since 2000 wherein it was necessary to request the assistance of the CDC public health advisors. This year, there is an increase in sexual transmitted infections (syphilis, gonorrhea and chlamydia) and so it is important to have STD Prevention Technicians interact with medical providers to minimize impacts. This also holds true for TB Technicians who deal with TB infectious disease in the communities.

IMPACT:

The 2020 President's Proposed Budget recommends significant reduction of funds for the CHR program. The Navajo reduction is estimated at \$4.522 million. This cut will reduce staffing by over seventy-five percent leaving minimal staff to address the chronic health and infectious diseases. The cut will result in a serious public health threat wherein high risk, elderly and disabled 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, the program will not be able to address the increases in STIs. It is critical to address infectious disease outbreak before it poses a major public health threat to the population. Overall, if funding is cut for this program, it will severely affect high-risk clients who receive preventive health

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screening education, and monitoring services. It will also reduce the ability of the program to coordinate health care communications with health providers.

The tribes are also asked to implement the Community Health Aide Program (CHAP), which is an unfunded IHS initiative with minimal transition information from the CHR to CHAP. In addition, there is no established timeline for the CHAP implementation and if and how trainings will be addressed.

RECOMMENDATIONS:

- The Navajo Nation requests the 116th Congress to continue full funding for the CHR/Outreach program in 2020 and beyond to maintain full operation of the program. Full funding will enable the Navajo Nation to continue address health disparities on the Navajo Nation and improve the quality of care for its citizens with a focus on cultural competence.
- The Navajo Nation recommends federal agencies support the Navajo Nation CHR/Outreach program to improve its data collection by allowing CHR program 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 to collect CHR data.
- The Navajo Nation also recommends including funds to initiate discussion and training of CHRs with Community Health Aide Program (CHAP) so the transition is effectively accomplished.

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Issue: Support \$20 Million for the Health Education Program (U.S. Public Law 111-148 Part III Indian Health Care Improvement Act).

Background:

The Health Education Program represents 110 Navajo communities in three states of the Navajo IHS Area and is 100% federally contracted to the Navajo Nation through Public Law 93-638 since July 1988. This program is one of the best examples of the government-to-government relationship between the Navajo Nation and the Federal Government for thirty-one years. Program data from the Calendar Year 2018 show that Health Educators conducted 57,605-community health education outreach; 18,614-school health education; 5,433-employee worksite health education; and 2,464 patient health education service, for a cumulative 84,127 individuals served. There are 36.5 Health Education personnel serving an estimated Navajo population of 369,018. Since 1981, Health Educators have been the front line public health responders to community emergencies and communicable disease outbreaks. They also lessen or delay the onset of disease (s) and are a resource to communities as Health Education professionals. The recommendation for this line item is to increase funding for the sole purpose of service delivery of Health Education program, functions, services, and activities. The Navajo Nation has longstanding health disparities that require the Health Education Program be expanded, not eliminated and discontinued.

Impact:

The proposed elimination of the Health Education Program is outlined in the President's FY 2020 Indian Health Service Budget Request. The proposed elimination of the Health Education Program will drastically affect needed preventive services in substance abuse and injury prevention, immunizations, emergency preparedness, chronic and communicable diseases to children, youth, young adults, elders, and high-risk population groups. Without the services of the Navajo Health Education Program, the Navajo people will continue to be adversely affected by increased hospitalizations, increased patient visits and increased treatment, and will receive less preventive care and be delayed in care resulting in serious illness or other health problems. There will likely be hospitalization with costly treatment and prolonged rehabilitative services.

Navajo Nation is facing the morbidity and mortality of cancer, heart disease, diabetes, chronic liver disease and cirrhosis, suicide, and both unintentional and intentional injuries resulting in death and/or disability. These health disparities must be reversed if we are to provide primary prevention and care to Navajo people. Preventive services delivered by trained Health Educators to provide communities with education and awareness relating to preventive health, emergency response, and communicable diseases, has shown that health education and prevention does work (i.e. HIV screening). Health Educators are extremely valuable in Native communities by raising awareness of lifestyle choices and decisions, they help prevent countless sick days for workers and students, they also assist individuals to restore or maintain optimal health, and they guide individuals to practice sanitary and hygiene habits that prevent crippling and deadly diseases from spreading.

Further, nearly one-third of the Navajo population understand and speak only the Navajo language and so Health Educators are a vital source to interpret health education messages from English to Navajo. Several areas they communicate in the Navajo language is breaking the chain of infection, prevention measures on new and emerging diseases, detail provider instructions during patient visits and medication tutoring. If the Health Education Program is eliminated, the availability of Navajo speaking staff trained as medical interpreters will be threaten.

Sustained federal support for this initiative is essential to the delivery of a high quality, well coordinated, and cost efficient prevention program to Navajo Nation people whose population is projected to increase. According to the 5-Year American Community Survey, the Navajo population on the Navajo Nation has increased by 3% and the Navajo population throughout the United States has increased by 6.6% between 2010 and 2015.¹ To ensure that the Navajo Nation is prepared to meet the unique cultural preventive healthcare needs of this growing population, we request that

¹ Navajo Nation Epidemiology Center, 2019. Five Year American Community Survey.

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Congress continue the Health Education Program that is an integral component of primary, secondary, and tertiary prevention, as well as, bridging primary care with community health outreach and education.

Continued and increased funding will ensure that prevention services for the Navajo people will assist in collecting, examining, and utilizing data necessary for health education activities. It will allow participation in program planning and training programs. It will also enable the program to serve as a liaison between the community and health programs; promote and coordinate community educational activities; participate in the design and selection of health education materials which best reflect the subject content in a culturally appropriate manner. It will also help provide technical assistance to communities and schools, in-service/workshops to patients, teachers, students, employees, and communities. Finally, it will implement prevention and intervention programs in schools by utilizing evidence-based curricula; disseminate and communicate accurate health information; collaborate and build capacity with external agencies to assist in emergency initiatives and infectious disease outbreaks on the Navajo Nation

Recommendations:

- The Navajo Nation requests the 116th Congress to continue to fund the Health Education Program for prevention and education services in community health education, patient education, school health education and emergency response.
- 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 requests funds to allow for HIV and Hepatitis C outreach, and for high impact prevention tools (testing kits), and for purchasing program supplies, and travel associated with implementing HIV and Hepatitis C campaigns. In addition, funds are needed to conduct staff development/training and to design and deliver appropriate services to circumvent HIV and Hepatitis C transmission resulting from anonymous sexual encounters and intravenous drug use and through online and mobile dating apps.

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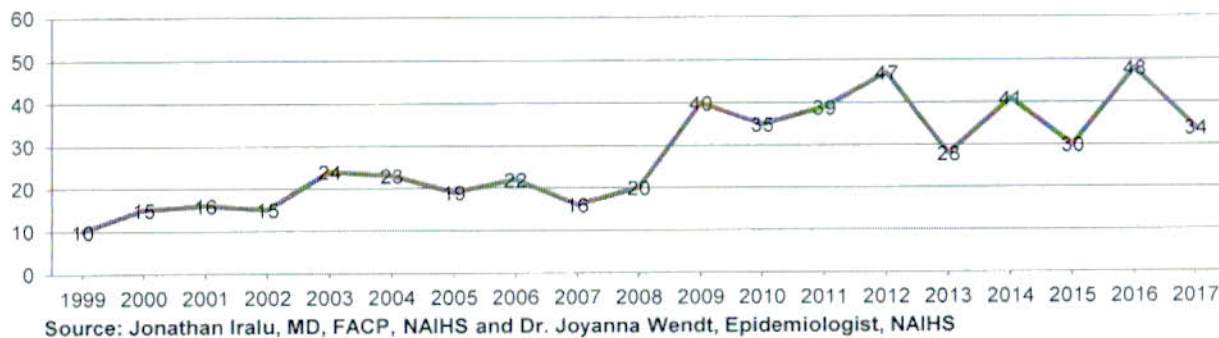
ISSUE: HIV is a rising public health issue among the Navajo people

BACKGROUND:

In 2014, the Centers for Disease Control and Prevention (CDC) reported that American Indians and Alaska Natives (AI/AN) ranked third in HIV transmission¹. According to 2013 data from CDC, the majority of HIV transmission is among AI/AN men who have sex with men, who accounted for 78% of all HIV cases among AI/AN. Data from the Navajo Area Indian Health Service (NAIHS) (2019) report identified unsurprisingly, that the mode of exposure to HIV among Navajos was male-to-male contact (50%), and heterosexual contact (34%)². Since 1987, the Navajo Nation has seen a steady increase in new cases of HIV infections with the NAIHS reporting 596 persons living with HIV/AIDS (see Table 1). At the end of 2017, the NAIHS (2019) reported that there were 34 new individuals enrolled in care at NAIHS and 638 facilities for a calculated HIV/AIDS incidence of 14.1 per 100,000. Incidence of HIV/AIDS on NAIHS in recent years were 16.1, 12.2, and 19.7 per 100,000 in 2014, 2015 and 2016, respectively. Evidence suggests that socioeconomic status and health conditions place American Indians at greater risk for contracting HIV. The factors that place American Indians at greatest risk include poverty, high rates of sexually transmitted diseases, substance abuse, violence, stigma, and denial. Such factors among Navajos exacerbate HIV prevention efforts. Table 1, shows new NAIHS HIV cases since 1999.

Table 1

New HIV Cases, NAIHS 1999-2017



IMPACT:

The history of HIV/AIDS among Navajos continues in a silent and steady growth pattern. In the Navajo Nation, HIV cause a growing concern, especially in light of challenges to accessing testing services and care in tribal communities due to stigma and confidentiality. The CDC (2014) reported that the undiagnosed rate for AI/AN living with HIV hovers around 18%, while the national undiagnosed rate is at 13%. These findings suggest that AI/AN are unaware of their HIV status and do not routinely get tested for HIV. Interestingly, the CDC (2014) also reported that AI/AN had the lowest survival rate after an AIDS diagnosis of any race. The NAIHS (2019) found that alcohol use disorder is

¹ Centers for Disease Control and Prevention. (2014). STDs in racial and ethnic minorities. 2013 sexually transmitted disease surveillance. Retrieved from <http://www.cdc.gov/std/stats13/minorities.htm>

² Navajo Area Indian Health Service (2019). Navajo Area Indian Health Service (NAIHS) 2017 Annual HIV/AIDS Report.

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a major barrier to HIV care and survival of Navajo people infected with HIV. Given the number of reported HIV cases (third among all races), the rate of diagnosed HIV infection, and the documented risk factors, it is imperative that Navajos be educated about this issue so that they may be diligent in identifying and utilizing effective intervention/prevention methods in the promotion of HIV testing and early diagnosis.

RECOMMENDATIONS:

- The Navajo Nation requests CDC to directly fund the Navajo Nation HIV Prevention Program to further the goals of the National HIV/AIDS Strategy and the Navajo Nation HIV/AIDS Act by implementing high-impact prevention approaches to service design and implementation.
- The Navajo Nation requests the Secretary of Health and the Office of HIV/AIDS Policy (OHAP) convene a discussion session annually on issues of HIV prevention in tribal communities with concerned and engaged community partners on the Navajo reservation.
- The Navajo Nation requests that OHAP 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.
- Increased funding for youth-based prevention activities with a youth-specific Health Educator is needed to oversee school health programs in the school district(s), including develop needed summer education programs, e.g. Health Basketball Camps, coordinate with school officials to deliver needed health and sex education to young Navajo youth.
- Traditional conventional methods of outreach at youth seemingly became archaic, thus the focus on social media to reach young MSM and young heterosexual youth appropriately reach the Internet Generation.
- Other prevention activities include advertisements on smart phones and dating apps, including social media, i.e. Facebook. Grindr, text messaging culturally appropriate sexual health promotion messages to young Navajo youth to begin as a pilot project to expand to other outreach programs on the Navajo Nation.

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Issue: Navajo HIV Budget Shortfall

Background:

The Navajo Nation HIV Prevention Program (NHPP) has operated 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. Presently, this is the only tribal program on Navajo Nation that conducts HIV screening, education, counseling, and referrals. Between 2014 and 2017, NHPP had surpassed the target benchmarks in HIV screening and education by reaching 17,000 Navajo youth. The mission of the NHPP is to incorporate culturally appropriate HIV/AIDS education, screening, linkage to care, and treatment in accordance to the 2011 Navajo Nation AIDS Act. The Navajo Nation HIV Prevention Program is established under the Navajo Health Education Program and is funded through a Public Law 93-638 contract between Indian Health Service and the Navajo Nation. Over the past years, the NHPP base funding has remained unchanged with no increases. The program has encountered one sequestration and three rescission cuts, totaling \$9,375, to the base amount. This base amount is insufficient as it supports salaries for three HIV health educators for approximately 11 months. The amount does not include operational costs for staff development and trainings, or travel costs. Therefore, to offset the unmet balance for personnel salaries, tribal shares are used. However, there is no guarantee that tribal shares will be available each fiscal year. Accordingly, it is requested to increase base funding to ensure that these services continue.

Impact:

As the population of Navajo Nation increases, community needs change and health issues escalate. Evidence suggests that socioeconomic status and health conditions place American Indians (AI) at greatest risk for contracting HIV. The factors that place AI at risk include poverty, high rates of sexually transmitted diseases, substance abuse, violence, stigma, and denial. Since 1987, the Navajo Nation has seen a steady increase in new cases of HIV infection. The Navajo Area Indian Health Service (NAIHS) reports 596 persons living with HIV/AIDS. According to the NAIHS 2017 Annual HIV/AIDS Report, 34 new individuals enrolled in care at NAIHS and 638 facilities for a calculated HIV/AIDS incidence of 14.1 per 100,000. Additionally, incidence of HIV/AIDS on NAIHS in recent years were 16.1, 12.2, and 19.7 per 100,000 in 2014, 2015, and 2016, respectively. It was reported that the continued growth of people living with HIV on the Navajo Nation would lead to increased HIV infections if prevention, care, and treatment efforts are not coordinated and intensified. These findings suggest elevating prevention education and awareness on safe sex and PrEP. With past funding shortfalls, HIV health educators were limited in the scope of services offered to the Navajo population. In FY2014, the Program provided prevention education to 34,481 individuals and screened 318 individuals. Presently, three service areas on Navajo Nation are receiving limited HIV prevention and screening services: Chinle and Kayenta, Arizona; and Gallup, New Mexico. To address the issue of HIV, adequate funding is needed to support additional HIV Health Educators, personnel training, screening, and outreach activities, HIV surveillance, and HIV testing kits. The funds would also support the need for technical assistance to develop, implement, and monitor social marketing campaigns on web-based and mobile platforms.

Recommendations:

- The NHPP requests an increase in base funding to employ eight full-time HIV health educators over a five-year span to accommodate the rise in HIV cases on Navajo Nation, thereby providing one HIV health educator to each current service area.
- The NHPP requests operational funding to purchase HIV testing kits, program supplies, and for allocation to cover travel associated with program service deliverables and staff development/training.
- The NHPP requests funding to design and implement services to minimize or avoid entirely HIV transmissions resulting from anonymous sexual encounters through online and mobile dating apps.

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Issue: Funding to support the development and implementation of the Navajo Nation Crisis Response Team across the Navajo Nation.

Background:

The Navajo Nation includes 27,425 square miles of land that extends into New Mexico, Arizona, Utah, and borders Colorado, making it the largest American Indian land base in the United States. Approximately 90% of the population is of Navajo descent according to 2010 U.S. Census. There were 332,129 individuals living in the U.S. who claimed to have Navajo ancestry¹. The 2010 U.S. Census counted 173,667 people living on the Navajo Nation. The age distribution of the total Navajo population showed the 10-19 age group at 34,320 individuals with the highest population. Fifty one percent of the total Navajo population is in the 0-29 age group. 46.4% of Navajo high school students reported speaking a language other than English in the home most of the time or all the time indicating a high likelihood that the Navajo language is spoken in the home at least half of the time.²

Impact:

The Navajo Nation experiences high rates of suicide, the 10 Leading Causes of Death in the United States in 2014 for American Indian/Alaskan Natives was Unintentional Injury for the ages 1-44 years, second leading cause was Suicide for the age range of 10-34³. Intentional and Unintentional injuries account for the highest cause of deaths for American Indians; this is also holds true for the Navajo Nation.

Approximately 209 suicide attempt calls are made to the Navajo Nation Department of Public Safety dispatch center on a yearly basis. However, limited data show 0% follow-up and effective continuum of care as conducted by the current Navajo Nation DPS, there were no referrals or interventions documented for suicidal individuals. With the proposed grant, there would be established an effective data management system and response system. In this population of unmet needs over an 8-year period, 94 attempts were documented for the 10-29 age group for male and female. To date, there is no comprehensive program to serve these individuals and to follow-up upon discharge from medical and or 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). Sixty-five% of attempts fall within this age range.⁴

In 2010-2011, Navajo communities experienced a high number of suicides, resulting in one community establishing a Crisis Response Team (CRT). On November 30, 2015 the Navajo Nation Office of President and Vice President (OPVP) established Executive Order 03-2015 to address suicide prevention/postvention for Navajo people, within the Executive Order it states "develop a Postvention strategy". As a result, the Navajo Department of Behavioral Health Services (DBHS) in conjunction with other resources, Department of Justice, Department of Public Safety, Law Enforcement (State, Local and Tribal), Indian Health Services/638 Hospitals and community volunteers are currently establishing crisis response teams in their communities.

Crisis Response Teams not only respond to Suicide calls (ideation, attempts, and death), but also homicide, psychiatric, domestic violence and to provide grief/loss counseling. Most of the victims request Navajo Traditional and Faith-Based services. Our active CRTs include the Eastern Agency (Thoreau/Crownpoint/Gallup); Fort Defiance (Fort Defiance, Newlands, Ganado); Northern Agency (Shiprock, Red Mesa); Southwestern Agency (Dilkon, Leupp) and Central (Chinle). We are in the process of establishing the Western (Tuba City and Kayenta) and Page CRTs. The coverage area is geographically large and our teams often consist of 3-4 volunteers, which often lead to burnout, secondary PTSD, and compassion fatigue.

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Proper training for members is needed, along with dispatchers, law enforcement personnel, hospital personnel and responders require training in Crisis Response, de-escalation techniques, and debriefing. Another important element is self-care for First Responders.

Navajo Nation is considered frontier in nature, for most parts is rural and remote. Cellular phone services on Navajo is spotty and non-existent in certain areas of the reservation. As a result, communication is limited and dispatch cannot always reach team members. When team members respond, in most cases they are not in an area where they can call for assistance or backup.

Recommendation:

Establishment of a Crisis Response Program (CRP) with permanent funding, positions, and proper training would benefit the Navajo Nation.

1. The Navajo Nation recommends that the criteria of funding methodology of the Crisis Response Team be based on set aside block grant to American Indian tribes, i.e., on the user population and suicide prevention problem.
2. Develop a Crisis Response Program, under the umbrella of CRP:
 - a. Crisis Response Teams within the five Navajo Nation agencies (Eastern, Western, Central, Fort Defiance and Northern) 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. Hot Lines for Suicide.
 - d. Amber/Silver Alert
 - e. Develop a Peer Support/Community Support system to assist with aftercare and follow-up care.
3. Training and supervision for all responders in crisis response, grief/loss, trauma-informed care, and self-care.
4. Acquire proper equipment to ensure the safety of responders, such as police radios in addition to cell phones or pagers.
5. Establish an MOA with Law Enforcement to utilize police channels, proper training in crisis response for dispatch and line officers.
6. Many calls came from within the detention facilities for psychiatric care; establish a clinical case manager to assist with detention center calls.
7. Develop coalitions and networks to improve care coordination and establish local health system policies for suicide prevention, intervention, and postvention.

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1. *Navajo Population Profile 2010 U.S. Census*, Navajo Epidemiology Center, Navajo Department of Health, www.nec.navajo-nsn.gov. December 2013
 2. 2011 Navajo Nation Youth Risk Behavior Surveillance Survey, 2011 High School Report, Navajo Health Education, Navajo Epidemiology Center, Navajo Department of Health, www.nec.navajo-nsn.gov.
 3. *10 Leading Causes of Death, United States: 2014 Am Indian/AK Native, Both Sexes*, National Center for Health Statistics (NCHS), National Vital Statistics System, Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
 4. Navajo Nation Division of Public Safety Dispatch Data, 2006-2013, Navajo Epidemiology Center, Navajo Department of Health, unpublished report 2015.

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

BACKGROUND:

The FY 2019 IHS Annual Facilities Planning (Five-Year Plan) lists the national construction projects; four of these are Navajo projects. However, two of the projects have received funds and are either in the preliminary stages of development and/or on their way to construction (Dilkon and Pueblo Pintado projects). The Program Justification Documents (PJD) for these projects are approved by the IHS and are listed as follows with estimated funding needs:

PROJECT	ESTIMATED COST*	ADDED COST
Bodaway-Gap Health Center	\$124,600,000	
Gallup Indian Medical Center	\$552,000,000	Site

*These figures could change based on approved final Project Justification Documents and current construction costs.
Reference: FY2020 Annual Facilities Planning (Five Year Plan) dated: March 14, 2019

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

1. The Bodaway-Gap Health Center planning documents and the SSER are in progress. In FY2018, this project received \$10.2 million to complete the planning documents and the design development. Once the Phase II SSER is approved, the work to withdraw land for the project will begin. Also in FY2019, this project received \$28.180 million for first phase construction.
2. The replacement of the Gallup Indian Medical Center now is estimated to cost \$552 million. This project has received \$2 million in FY2019 for pre-planning as well. The site selection process is being coordinated with the Navajo Nation and the Indian Health Service.

The estimated cost of the two projects is approximately \$677 million. In addition, other projects may require expansion, renovation, replacement, and/or new construction. 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 that 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 provide improved health care to the Navajo people.
- Request the Congress to appropriate funding (the estimated \$677 million) for the Navajo health facilities that remain on the IHS Construction Priority list to elevate the quality of care and increase access to care.

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- The Navajo Nation urges Congress to be cognizant of future Navajo health care facilities and specialty facilities that require expansion, renovation, replacement, and/or new construction.

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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 Prevention has a National Colorectal Cancer Control Program that currently funds only one 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.

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

BACKGROUND:

The United States 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 (SDP) for Type 1 Diabetes was established at the same time to address Type I diabetes research. Together, these programs have become the nation's most strategic, comprehensive, and effective effort to battle diabetes and its complications. SDPI currently provides grants for 404 programs in 35 states across America. As a grant recipient, the Navajo Nation serves 3,621 individuals within seven service areas located across the Navajo Nation.

Diabetes affects (AI/ANs) disproportionately compared with other racial/ethnic populations and is increasing. The CDC estimates that prevalence of diabetes for AI/AN adults is more than twice that of U.S. adults overall. A 2003 CDC study showed about 16.5% of AI/AN aged 20 years or older who received care at Indian Health Service (IHS) health facilities 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. The newly passed legislation provides funds for SDPI at \$150 million per year is subjected to expire on September 30, 2019.

IMPACT:

It is imperative that the Congress continue to support the SDPI as a prevention program over the long term. SDPI provides critical programs that help tribal communities address diabetes complications and the burdens of Type 2 diabetes. 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 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/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 attributed to the grant funds made available to allow Native tribes 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 to ensure federal support continues 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/communities.
- 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, prevention, and diabetes management/education necessary for 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.

THE NAVAJO NATION

- The Navajo Nation recommends support and increased funding for recreational buildings such as swimming pools, sports fields, indoor running tracks, and basketball courts.

THE NAVAJO NATION

ISSUE:

Lack of Tribal Consultation in the Decision to Transition Navajo WIC Nutrition Program from the Western Regional Office to the Southwest Regional Office.

BACKGROUND:

President Clinton signed Executive Order 13175 of November 6, 2000 entitled Consultation and Coordination With Indian Tribal Governments “to establish regular and meaningful consultation and collaboration with tribal officials in the development of Federal policies that have tribal implications, to strengthen the U.S. government to government relationship with Indian Tribes, and to reduce the imposition of unfunded mandates upon Indian tribes.”

U.S. Department of Agriculture issued Departmental Regulation number 1350-002 on January 18, 2013 entitled Tribal Consultation, Coordination and Collaboration. Under Background and Policy, Section 5 it states “Each USDA agency shall provide an opportunity for Tribes to participate in policy development to the greatest extent practicable and permitted by law. Each Tribe will be provided the opportunity for timely and meaningful government-to-government consultation regarding policy actions which may have tribal implications...” Section 5.a., Sovereignty states “All USDA agencies and personnel shall respect and uphold the sovereignty of all Federally-recognized Tribal government...” Section 5.b., Accountability states “Each USDA office and agency shall maintain an accountable process to ensure regular and meaningful consultation with Tribal officials in the development of policies that may have Tribal implications...”

The President of the Navajo Nation was notified that USDA and Acting Deputy Under Secretary of Food, Nutrition and Consumer Services are realigning the responsibilities of FNS Regional Offices and the States served. This action will result in the Navajo Nation being transitioned from the USDA, FNS – Western Regional Office to the Southwest Regional Office to be effective on October 1, 2019. The Navajo Nation sponsors the Navajo WIC Nutrition Program, Navajo Food Distribution Program, and the Navajo Healthy and Hunger Free Kids Program.

IMPACT:

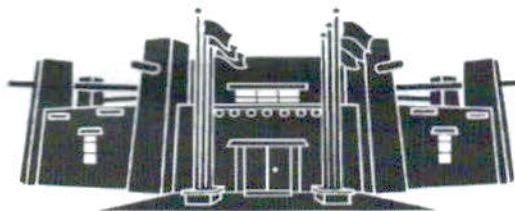
The Navajo Nation was not provided the opportunity to participate in a timely and meaningful government-to-government consultation regarding the USDA action to transition the Navajo Nation sponsored USDA FNS services. The USDA action has a specific tribal implication in the transition from one USDA Regional to another. The lack of tribal consultation between Navajo Nation, a federally recognized Tribe and USDA does not meet the Executive Order 13175 and USDA Departmental Regulation # 1350-002.

RECOMMENDATIONS:

- The President of the United States of America direct the Secretary of the U.S. Department of Agriculture to comply with:
 - a. U.S. Department of Agriculture fully complies with Executive Order 13175.
 - b. U.S. Department of Agriculture fully complies with USDA Departmental Regulation #1350-002.
- The Secretary of the U.S. Department of Agriculture direct the Under Secretary of USDA to comply as follows:
 - a. U.S. Department of Agriculture fully complies with Executive Order 13175.
 - b. U.S. Department of Agriculture fully complies with USDA Departmental Regulation #1350-002.

THE NAVAJO NATION

- The U.S. Department of Agriculture recognize the sovereignty of the Navajo Nation; therefore uphold the trust responsibilities and relationship the Navajo Nation on behalf of the United States (U.S.) government through the Treaty of 1868.
- The U.S. Department of Agriculture continues to recognize the sovereignty of the Navajo Nation and the trust responsibilities and relationship with the Navajo Nation on behalf of the U.S. government.



MEMORANDUM

To : Hon. Daniel Tso, Council Delegate
Navajo Nation Council

From : 
Ron Haven, Attorney
Office of Legislative Counsel

Date : August 20, 2019

Re : AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN
SERVICES AND NAABIK'ÍYÁTI'; ADOPTING POSITION
STATEMENTS OF THE NAVAJO NATION DIVISION OF HEALTH FOR
PRESENTATION TO THE UNITED STATES DEPARTMENT OF
HEALTH

As requested, I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. The resolution drafted is legally sufficient, although, as with all legislation, challenges are possible in the courts. You are advised and encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction. If you are satisfied with the proposed resolution, please sign it as "sponsor" and submit it to the Office of Legislative Services where it will be given a tracking number and sent to the Office of the Speaker for assignment. As you may be aware, the Speaker is authorized to refer this proposed resolution to other committees than those stated in the title.

If the proposed resolution is unacceptable to you, please contact me at the Office of Legislative Counsel and advise me of the changes you would like made to the proposed resolution. Ahéhee'.

OLC # 19-450-1

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: 0261-19

SPONSOR: Daniel Tso

TITLE: An Action Relating To Health, Education And Human Services And NAABIK'IYATI'; Adopting Position Statement Of The Navajo Nation Division Of Health For Presentation To The United States Department Of Health

Date posted: August 29, 2019 at 4:27 PM

Digital comments may be e-mailed to comments@navajo-nsn.gov

Written comments may be mailed to:

Executive Director
Office of Legislative Services
P.O. Box 3390
Window Rock, AZ 86515
(928) 871-7586

Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.

Please note: This digital copy is being provided for the benefit of the Navajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 *et. seq.*