The National Congress of American Indians
Resolution #MSP-15-043

TITLE: Recommendations for Addressing Public Health and Research Funding

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the NCAI Resolution #ATL-14-084 in 2014 outlines the Recommendations for Addressing the State of Emergency in Federal Underfunding of the Trust Responsibility, and highlights the increasingly underfunded essential government services to Indians, which includes public health; and

WHEREAS, Tribal Epidemiology Centers (TECs) are a Public Health Authority established by Congress under the 2010 Affordable Care Act to work directly with American Indian Tribes to collect data, evaluate delivery systems, data systems and programs, identify the highest health priorities based on data, make recommendations for health service needs and improving health care delivery systems, provide epidemiologic technical assistance and disease surveillance to promote public health with Tribal health departments; and

WHEREAS, the 2010 Affordable Care Act permanently reauthorized the Indian Health Care Improvement Act which state that the Centers for Disease Control and Prevention (CDC) will provide technical assistance and grants for Indian tribes, tribal organizations, Indian organizations and eligible intertribal consortia to conduct epidemiological studies of Indian communities; and
WHEREAS, federal agencies such as Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) requests for proposals (RFPs) open to Tribes often request data to describe public health crises (like suicide, substance abuse, domestic violence), which does not take into consideration the following: Tribal Health Departments may lack data due to underfunding to conduct community level surveillance, when data is available small population sizes often result in unstable rates, and requesting sensitive data from small communities with a shared experience of historic trauma where data has been misused may be culturally inappropriate; and

WHEREAS, the current federal funding structure for Tribes and Tribal organizations places TECs in direct competition with Tribal communities for funding rather than in a supporting role. An exception is the CDC “Good Health and Wellness in Indian Country” projects. The CDC and the Indian Health Service (IHS) responded to this concern raised by TECs and Tribal communities by coordinating and providing two separate funding mechanisms for TECs and Tribal communities to work cooperatively to maximize benefits to Tribes to prevent chronic diseases.

NOW THEREFORE BE IT RESOLVED, NCAI urges that the following actions are taken:

• The Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), Administration for Children and Families (ACF) and Office of Minority Health (OMH), Indian Health Service (IHS), and the Centers for Disease Control and Prevention (CDC), and National Institutes of Health (NIH) should coordinate to ensure that funding announcements are requesting accurately representative data and information from Tribal communities and Tribal organizations in order for applications to be competitive.

• National working groups and committees of SAMHSA, ACF, OMH, IHS, CDC and NIH should include the appropriate American Indian expertise in the areas of Tribal public health, and epidemiology, TECs, Tribes, or community experts recognized by the tribe should review funding announcements and invited as reviewers for Tribal public health and epidemiology grant applications.

• Data access and data quality should be included as an integral part of HHS SAMHSA’s Tribal Behavioral Health Agenda; and

BE IT FURTHER RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.
CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2015 Midyear Session of the National Congress of American Indians, held at the St. Paul River Centre, St. Paul, MN, June 28 to July 1, 2015, with a quorum present.

Brian Cladoosby, President

ATTEST:

Aaron Payment, Recording Secretary