

16th DHHS Consultation

Washington, DC

March 6-7, 2018

Chickaloon Native Village

Issue: Funding for small tribes that enhance programs that work with the Indian Child Welfare Act.

Issue: Title IV-E funding is too hard to administer for small tribes as it requires additional or matching funds and not all tribes are able to compact with their regional non-profits.

Issue: Title IV-E funding requires signing an agreement with the State and the State of Alaska has a clause in all their agreement that waives tribal sovereignty, most of our tribes are unwilling to sign away their inherent sovereign rights.

Issue: There should be “family strengthening” funding for start up and continuing programs to assist those families that experience trauma.

Issue: AoA funding is allocated too close to grant implementation.

Issue: Need to focus on funding studies related to environmentally introduced diseases in relation to transient workforces; especially related to natural resource extraction in Alaska and other places like North Dakota.

Issue: Need tribal specific training funds allocated for enrollment purposes.

Issue: There is inadequate funding for elders in need of specialized care services recuperating from medical challenges.

Issue: Tribal specific trainings should be held regionally to access these funds.

Issue: Additional funding needed from IHS.

Issue: Allocations based on census are not adequate representations of areas served.

Issue: No unauthorized experimentation on indigenous peoples of any kind should take place including specimen banking.

Issue: There are not enough culturally relevant substance abuse and treatment facilities in Alaska. The wait lists can be 3-6 months long.

Issue: In Alaska there are not enough detox beds available for substance abuse.

Issue: Residential treatment for men that allow children is very limited.

Issue: Family shelters are limited to women with children and leave men with children no place to go.

Issue: Individuals with criminal records have even more of a difficult time seeking treatment and rehabilitation services.

Issue: Alaska has limited funding available for treatment.

National Congress of American Indians, Brian Cladoosby

Issue: There is a need to honor the trust and treaties between tribal nations and the United States.

Issue: IHS need the funding necessary to operate facilities and fund community-based programs.

Issue: HHS must ensure that AI/ANs reap the full benefits and protections under the Affordable Care Act by promptly resolving barriers to enrollment and by fulfilling funding the work that still needs to be done.

Issue: American Indians and Alaska Native elders are at a growing risk of financial exploitation and neglect.

Issue: Funding must provide flexible opportunities that allow tribes to design their child welfare services to meet the needs of American Indian and Alaska Native children and families.

Issue: Funds for grants to Indian tribes have a history of being both well managed and woefully inadequate to meet existing needs.

Issue: NCAI recommends that HHS provide \$30 million for Parts A and B of the Older Americans Act.

Issue: Native language grant programs are essential to revitalizing Native languages and cultures, many of which are at risk of disappearing in the next decades.

Tohono O'Odham, Chester Antone

Issue: Tribal Epidemiology Centers are having difficulty gaining access to data sets held by state governments even though the Affordable Care Act established TECs as "public health authorities" as that term is defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Issue: The National Children's Study could have meaningfully included the participation of Tribal Nations and the AI/AN community.

Issue: De-identification of data must be reviewed with Tribes

Issue: A data sharing agreement with Tribes must be established in partnership with the Tribe before the local study commences.

Issue: Sampling protocols promised including preservation of DNA and tissue samples must be followed and Tribes consulted before, during and after as an on-going partner.

Issue: Oversampling of AI/AN population should be done through the inclusion of AI/AN majority hospitals and clinics in any data set to improve understanding of disparate Infant Mortality Rates and childhood death and disability.

Issue: Health research participants defined as AI/AN must present proof of enrollment from a Federally-recognized Tribe.

Issue: Health research priorities to include chronic disease prevalence, chronic disease risk factor reduction, intentional and unintentional injuries, hypertension, stroke, methamphetamine, evaluation of the use of emerging technology, health service research, auto immune disorders, suicide prevention, the readiness of tribal governments for public health accreditation and health care reform impact and effectiveness.

Issue: NIH should put more focus on AI/AN leadership to provide advice on issues of importance to Native communities.

Yellowhawk Tribal Health Center

Issue: Requesting technical assistance for acquiring funding for pilot projects related to prevention programs aimed at youth in our region.

Issue: Technical assistance in determining the feasibility of developing a multi-generational facility for the specific purposes of passing culture (including language) from Elders to Youth

Issue: A site visit from ACF leadership – we'd welcome the opportunity to host a site visit to share more.

Issue: Need funding for enhancing or adding services is a current challenge. Planning for long-term care (LTC) is also critical for meeting future needs of our aging population.

Issue: Consideration for Tribal Health Organizations to access HRSA 330 clinic funding without expanding services to their current, eligible service population during an initial implementation phase.

Issue: Would like to request more site visits.

Issue: Target funding sources that allow for promising practices if not evidence-based interventions.

Issue: Technical assistance from professionals with experience working in Indian Country, preferably AI/AN public health professionals.

Issue: Symposiums or funding to sponsors symposiums for tribes in the Pacific Northwest to come together to share their interventions and programs aimed at chronic disease management and prevention.

Issue: Would like CMS to continue to play an exemplary role in Tribal consultation and involvement and would like a site visit from CMS leadership.

Colville Indian Reservation

Issue: There is a need for staffing resources to tribes that used tribal resources to construct health facilities. Would also like a study about staffing levels at HIS Direct Care Facilities nationwide.

Issue: The tribe needs a permanent clinic in Omak.

Issue: The Head Star program is only funded for 115 spots and there are 221 children living on or near the reservation.

Issue: Drug and alcohol abuse on the reservation is very high.

Issue: Suicide rates on the reservation are very high.

Issue: The tribe is the only one in the northwest that operated a long-term facility. Need additional funding.