

National Indian Health Board



Submitted via email

November 21, 2020

RADM Michael D. Weahkee
Director, Indian Health Service
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: CHAP Expansion

Dear Director Weahkee:

On behalf of the National Indian Health Board (NIHB),¹ I write to comment on the agency's allocation of \$5 million in Fiscal Year 2020 funding to facilitate the expansion of the Community Health Aide Program (CHAP) to the lower 48 states. While we believe that this allocation has the potential to expand access to needed health care resources across Indian Country, we want to provide some recommendations as you proceed in distributing the funding. In sum, we urge the agency to distribute the funding in a manner that respects Tribal sovereignty, respects the differences between the regions, and maximizes local control of resources.

Funding Flexibility through Area Consultations

Indian Health Service (IHS) must allocate this funding in a way that respects the individual needs and characteristics of each Tribe the agency serves. The program succeeded in Alaska because it was driven by Tribal needs and informed by Tribal engagement. IHS must increase Tribal engagement in the lower 48 to gain insight on the needs that exist in the Tribes outside of Alaska and the best ways to tailor the program to serve those diverse needs. For example, some areas are further along in their ability to begin the program immediately while others may need to use the funding to build out their infrastructure to utilize CHAP. Some Tribes may need to use funds to bolster workforce recruitment efforts; others may not. Some Areas may want to establish their own CHAP certification boards while others may want to utilize a preexisting board.

Tribes should have maximum flexibility to use these funds in a manner that best suits their needs. This is especially imperative in the context of CHAP expansion, as Tribes in each Area make decisions on implementation apart from other Areas, and Tribes in different Areas are not all in the same stage of CHAP expansion planning.

¹ Established in 1972, the National Indian Health Board (NIHB) is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

CHAP Priorities

In the September 21, 2020, Dear Tribal Leader Letter initiating this consultation period, IHS requested feedback on four priorities developed during the agency's engagement with Tribes on CHAP expansion. We list each of those priorities below, followed by recommendations.

1. ***Exploring how available funding can be used to support Tribes and Federal facilities positioned to begin operating a CHAP.*** To facilitate this goal, IHS should work with both Self-Governance Tribes and Direct Service Tribes to develop a Tribally-led priority list of CHAP provider needs.
2. ***Supporting the development of National and Area Certification Boards to certify CHAP providers.*** This topic should be explored during Tribal consultations before IHS disburses funding. In the spirit of maximizing flexibility at the Tribal level, IHS should engage in Area consultations to determine Area certification board preferences and the region-specific support needed for implementation.
3. ***Investing in training for CHAP providers.*** We strongly support additional investments in CHAP training and believe that IHS should prioritize Tribal Colleges & Universities (TCUs) to facilitate that goal. Through a partnership with TCUs, we believe that IHS should gauge the feasibility of developing Community Health Aide, Behavioral Health Aide, and Dental Health Aide curricula and, if found feasible and desirable, then support the development of such curricula. TCUs represent an important pipeline of talent and are a great way of ensuring that opportunities are being provided to AI/AN people in their communities. To secure additional resources for this work, IHS should include a request for this in its annual budget justification to Congress.
4. ***Continuing community education on the value and integration of the CHAP into Tribal and Federal programs.*** Community education is critical for ensuring that Tribes can make informed decisions on CHAP expansion. IHS should prioritize education in Areas where the need for additional providers is greatest and where little CHAP expansion activity has taken place to date.

Conclusion

We want to thank the agency for distributing this initial tranche of funding to Tribes to support the expansion of the CHAP program to Tribes outside of Alaska. We believe that it will be valuable to Tribes and will assist them with developing the program. Thank you in advance for your consideration of our comments and recommendations above.

Sincerely,



Stacy A. Bohlen
CEO
National Indian Health Board