USET Resolution No. 2002:060

ADDITION OF NAHASDA STOCK TO FORMULA FUNDING

WHEREAS, United South and Eastern Tribes Incorporated (USET) is an intertribal organization comprised of twenty-four (24) federally recognized tribes; and

WHEREAS, the actions taken by the USET Board of Directors officially represent the intentions of each member tribe, as the Board of Directors comprises delegates from the member tribes' leadership; and

WHEREAS, the Native American Housing and Self Determination Act (NAHASDA) provides funding for the original construction and acquisition of housing units to meet the needs of Indian people; and

WHEREAS, NAHASDA does not provide continued funding for maintenance and infrastructure of these units constructed or acquired with NAHASDA funds; and

WHEREAS, many housing entities do not have access to additional funds to provide for the maintenance and infrastructure needs of these units; therefore, be it

RESOLVED that the USET Board requests that Congress amend NAHASDA to provide continuing support for units constructed and acquired with NAHASDA funds.

CERTIFICATION

This resolution was duly passed at the USET Impact Week Meeting, at which a quorum was presented in Washington, D.C., Thursday, January 31, 2002.

Keller George, President
United South and Eastern Tribes, Inc.

Beverly M. Wright, Secretary
United South and Eastern Tribes, Inc.

"Because there is strength in Unity"
UNITED SOUTH AND EASTERN TRIBES, INC.

STATEMENT OF TRIBAL COMMENTS

for

Federal Register Announcement of December 31, 2001
Department of Health and Human Services
Indian Health Service

Action: Information collection for public comment: 30 day notice proposed collection: Stakeholder satisfaction with tribal consultation.

General Comments:

The member tribes of United South and Eastern Tribes, Incorporated (USET) support the intent of the Indian Health Service to conduct an assessment and evaluation of its tribal consultation efforts through a Stakeholder survey. Based upon our review the materials provided, USET believes the proposed survey effort could be expanded with even greater interaction of the tribes, tribal organizations and urban programs involved. This would create a sense of ownership for the effort and add to its chances of meaningful and substantive input. Additionally, specific recommendations and comments are provided below.

Specific Comments:

1. According to the information provided by the Indian Health Service (IHS) in conjunction with the announcement, a “contractor” will perform certain functions related to the survey task. Specifically, the contractor will mail the survey and provide implementation services relative to “ensuring the best response rates” and “providing the respondents with assurances of confidentiality.”

2. USET strongly recommends that IHS contract with a tribal organization for these tasks. If such a contract might inhibit the survey since these organizations are the Stakeholders in this effort, then all efforts should be made to retain an American Indian / Alaskan Native owned and operated firm that specializes in organizational assessment, survey development and reporting.

3. The accompanying materials indicate that a response rate of at least 50 percent is expected. The member Tribes suggest that such a response rate, even at a minimum, is set too low. Tribal Consultation is an essential element in the agency Performance Plan and the anticipated response rate should reflect its priority.

4. In the survey implementation area, USET questions if IHS has considered the use of various national and regional forums to enhance the opportunity for successful completion and return of the instrument. These forums might include the National Indian Health Board’s Annual Consumer Conference, meetings of the National Congress of American Indians (NCAI), as well as regional meetings of tribal organizations (annual and semi-annual meetings of USET, Inc., etc.).

5. The survey instrument itself needs to be re-evaluated prior to implementation. The proposed instrument offers a 4-point scale. Many studies in survey research design suggest that an odd number scale, such as 1 to 5 or 1 to 7, or a larger scale such as 1 to 10, is preferable for analysis. The proposed scale offers the respondent choices of “Very Good, Good, Fair, or Poor.” Clearly, three of the four choices provide the agency with a satisfactory response. The instrument should be neutral in its presentation of choices to the respondent, with sections available for written comments.
6. Instrument instructions are incomplete and perhaps vague in the form presented for review. The instructions call for "any elected leader representing a federally recognized tribe" to complete and return the survey form. IHS is well aware that tribal governments are comprised of many elected leaders (councilpersons, etc.). It might not be unexpected that several councilpersons from the same tribe may receive a copy of the survey and complete and return it to the contractor. If IHS is expecting only one response per tribe, the instructions need to reflect this intent. The same issue goes to the responses from tribal organizations and urban programs.

7. The instrument itself appears brief and generalized. Perhaps too general, as many of the tribal leaders expected to complete the survey have years experience with the tribal consultation process. Additionally, many tribal leaders have specific experience with the details of the consultation process and other agency elements being assessed in the instrument. The need to keep the survey instrument brief is recognized, however, it may be too brief and too general to be of any significant or substantial value. Finally, the wording of the survey questions needs to be reviewed for clarity and intent. Many appear to be ambiguous. An experienced contractor should be of assistance in this respect. The involvement of tribes, tribal organizations and urban programs in developing the instrument might also be helpful in eliciting input from these same "Stakeholder" subjects.

8. It is recommended that IHS advise tribes and the respondents as to when and how the results of the survey will be disseminated. Again, the tribal organization vehicle is recommended, i.e., NNHBB and regional groups such as USEF, Inc.

Requested Comment Areas:

1. Necessity of activity to agency function: USEF agrees that this tribal consultation satisfaction assessment is an essential element of the Indian Health Service functions, although it in itself is not an agency function.

2. IHS processing of information in a timely and useful manner: As the survey only involves a limited number of respondents, the agency should be able to process the data in a timely and useful manner. If a contractor is used for this purpose, the contract should include time frame/performance requirements for data collection, processing and reporting.

3. Accuracy of public burden estimate: The provided estimates of cost and time for this project appear quite reasonable.

4. Methodology and assumptions used to determine estimates: Reasonable.

5. Ways to enhance quality, utility and clarity of information being collected: Please refer to above Specific Comments.

6. Ways to minimize public burden through technology: USEF recommends (and assumes) that IHS and the contractor will use electronic collection and processing techniques whenever possible and practicable. Such techniques should involve systems (computer programs, software, languages) which are widely utilized and flexible enough to accommodate changes in technology so that the annual time frame for this effort will not be hindered by incompatible data or systems in future years.

Concluding Comments:
USEF re-emphasizes its support for this effort as well as its strong recommendation that tribes, tribal organizations and urban programs be more involved in the design, implementation and analysis of the data.