



DEPARTMENT OF HEALTH & HUMAN SERVICES

Dear Tribal Leader:

On October 16, 2014, the Health Resources and Services Administration (HRSA) and Indian Health Service (IHS) held a joint meeting to discuss recent program activities and collaborations. We are writing to update you on the progress of our collaborative efforts in three areas: communication and outreach; improving access to health care; and Tribal Consultations.

This summary, which is part of a series of regular updates between our agencies, is part of our assurance to serve American Indian/Alaska Native (AI/AN) communities effectively, and to address the most pressing concerns that impact Tribal Nations.

Communication and Outreach

In October 2014, HRSA Administrator, Dr. Mary Wakefield, sent a letter to HRSA grantees to reinforce our commitment to AI/AN communities. Specifically, HRSA grantees were asked to consider additional ways to engage the AI/AN community, and were encouraged to ensure that their programs are forging the necessary relationships to address their most pressing needs. In addition, Dr. Wakefield asked HRSA's regional office staff to serve as points of engagement for AI/AN populations, and requested that they facilitate communication and serve as conveners, as appropriate, among HRSA grantees, Tribes, and others who might have a role to play in addressing health challenges in Indian Country.

As part of an effort to improve understanding and management of dually-funded health centers, HRSA's Bureau of Primary Health Care (BPHC) and the IHS have been engaged in collaborative training for federal staff. The purpose is to help federal staff understand IHS requirements that impact the dually-funded Tribal and Urban Indian grantees for which they are responsible for monitoring; the training also instructs staff on how to provide technical assistance to Tribes. In June 2014, a webinar was conducted for federal staff in which they shared information about IHS regulations and program requirements with BPHC staff. In August 2014, as a follow-up to this webinar, BPHC hosted a webinar for Tribes titled "Navigating the Health Center Program: An Introduction for American Indian/Alaska Native Communities." Approximately 140 attendees joined the event. The webinar is archived on BPHC's website: <http://bphc.hrsa.gov/technicalassistance/Trainings/index.html>.

Accessibility of grant announcements to our Tribal partners continues to be a priority, and HRSA's grants team has been working internally, as well as with counterparts in the Department of Health and Human Services (HHS), to improve communication and outreach. HRSA's Office of Federal Assistance Management (OFAM) continues to send email blasts on HRSA funding opportunity announcements (FOA) to more than 200 Tribal communities. In addition, these FOA announcements appear in the National Indian Health Board's newsletter.

On November 5, 2014, HRSA's Office of Regional Operations, in collaboration with the Office of Health Equity and OFAM, hosted a "Tribal Power Hour" for HRSA staff to discuss the Agency's role in serving the needs of the AI/AN community.

Improving Access to Health Care

Workforce Development

The Bureau of Health Workforce administers HRSA's National Health Service Corps (NHSC) Program, and is committed to supporting the education and training of culturally competent primary care providers, and to increase access to quality health care, especially for rural and underserved populations. Collectively, the IHS and HRSA have worked together to make the NHSC more accessible to fill health professional vacancies. Starting in 2010, the IHS and HRSA collaborated to expand the number of IHS and Tribal facilities designated as NHSC-approved sites. This allows these facilities to recruit and retain primary care providers by utilizing NHSC scholarship and loan repayment incentives.

This effort is reflected through the 391 NHSC-supported clinicians serving at IHS, Tribal Clinic, or Urban Health (ITU) clinic sites across the country, as well as the 643 ITU clinics approved as NHSC sites. In addition, NHSC provides a free online recruitment resource where all NHSC-approved sites can post job positions connecting Tribal sites to primary care professionals seeking employment throughout the U.S. Thousands of primary care professionals access the site each month. As of September, 30, 2014, 166 open positions were listed in the NHSC Jobs Center. The NHSC Jobs Center website link is as follows:

<http://nhscjobs.hrsa.gov/external/search/index.seam>.

We encourage you to ensure that NHSC Program representatives have updated information on your health professional vacancies so that providers participating in the NHSC loan repayment or scholarship programs can consider working in your community. Similarly, the IHS reported they are working to complete 393 site profiles among ITU clinics. Through the collaborative efforts of the IHS and HRSA we can address the ongoing challenges faced by facilities located in Health Professional Shortage Areas, as well as medically underserved areas and populations.

Prescription Drug Abuse (PDA)

Recently, HRSA contributed to a joint effort led by the IHS to combat prescription drug abuse among Indian Tribes. HRSA provided resource tools available to the AI/AN community that are similar to the recent suicide prevention resource tool that was shared with Tribes. The PDA tool is a collection of Agency resources and programs to help with this growing epidemic. The document is currently under development.

Behavioral and Mental Health

In direct support of the Patient Protection and Affordable Care Act (ACA), HRSA is working to assist more Tribal entities in successfully applying to federal funding opportunities through our programs. Recently, BPHC announced grant awards addressing behavioral and mental health. A total of more than \$7 million was awarded to Tribal organizations for Behavioral Health Integration, Health Center Expansion, and New Access Points.

In July 2014, more than \$54 million in grants was awarded to expand or establish behavioral health services, including efforts such as hiring new mental health professionals, adding mental health and substance use disorder health services, and employing integrated models of primary care. In FY 2014, about \$1 million went to four Tribal organizations. Health Centers that received these awards project to serve more than 6,800 new patients and add 29 full-time equivalents (FTE).

Also, in July 2014, HRSA announced the availability of \$100 million in ACA funding to expand access to primary care through new Community Health Center sites across the country in 2015. This opportunity not only increases access to health care services, it also continues to broaden the outreach and enrollment efforts already being utilized by Community Health Centers

to link individuals to affordable coverage options. Approximately 150 new health center sites are anticipated to be established. This funding opportunity closed October 7, 2014, and HRSA anticipates making awards in May 2015. Tribal organizations were eligible to apply.

Finally, in September 2014, \$295 million in ACA funds were awarded to hire new providers, extend hours of operation, and expand oral, behavioral health, and primary care services. Twenty-four Tribal health centers and seven Urban Indian health centers received more than \$6.3 million in funding. These health centers project to serve more than 15,000 new patients and add 54 FTEs.

Tribal Consultations

On various occasions throughout the year, HRSA staff members across its regional offices represented and/or participated in seven regional Tribal Consultations:

- Regions 1, 2 & 4, and 6: February 5, 2014 (Arlington, Virginia).
- Region 5: February 26-27, 2014 (Green Bay, Wisconsin).
- Region 6 & 7: April 23-24, 2014 (Albuquerque, New Mexico)
- Region 7 & 8: April 7-8, 2014 (Denver, Colorado)
- Region 9: April 9-10, 2014 (Las Vegas, Nevada)
- Region 9: April 22, 2014 (Window Rock, Arizona (Navajo))
- Region 10: February 24-25, 2014 (Tulalip, Washington)

In closing, each of these efforts will help us fulfill our mission of providing AI/AN and Urban Indian communities access to culturally competent, quality-focused care.

We will continue to look to each of you for guidance in addressing the challenges and needs faced by your communities. For additional questions, comments, or concerns, please do not hesitate to e-mail us at: aianhealth@hrsa.gov.

Sincerely,

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Services Administration

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