

HRSA Tribal Advisory Council Meeting

Summer 2024

July 23–24, 2024

Day 1—Tuesday, July 23, 2024

Opening

Chuck Hoskin, Jr., Principal Chief of the Cherokee Nation, Oklahoma City Area Health Resources and Service Administration (HRSA) Tribal Advisory Council (TAC) Delegate, and TAC Chair, called the meeting to order.

Antigone Dempsey, Associate Administrator, HRSA Office of Intergovernmental and External Affairs (IEA) and Dr. Juliana Blome, Director of the HRSA Office of Tribal Affairs, provided welcoming remarks.

HRSA Tribal Advisory Council Business and Housekeeping

Priorities From Tribal Caucus

Principal Chief Hoskin reported that during the Tribal caucus session that preceded the start of the meeting, the following issues arose as top priorities:

- Workforce;
- Tribal Consultation, including Executive Order 14112; and
- Health Professional Shortage Area (HPSA) scoring.

Chair and Co-Chair Election

The HRSA TAC re-elected Oklahoma City Area Delegate Principal Chief Hoskin to serve another term as chair and Alaska Area Delegate Jessica Mata Rukovishnikoff to serve another term as co-chair.

Next HRSA Tribal Advisory Council Meeting

HRSA TAC delegates recommended holding TAC meetings every 6 months, alternating between virtual and in-person meetings, preferably in Indian Country. Associate Administrator Dempsey expressed support for this recommendation.

Updates and Discussion on HRSA Tribal Activities

Associate Administrator Dempsey and Director Blome presented an update on HRSA Tribal activities.

The presenters began by sharing information regarding the Enhancing Maternal Health Initiative. In January 2024, HRSA launched this initiative to bolster the response to the maternal mortality crisis in the United States. The initiative aims to bring together HRSA grantees to maximize existing resources for addressing maternal health disparities. The initiative focuses on HRSA grantees in 12 states; and HRSA worked to partner with Tribes in these states.

Next, the presenters described the role of IEA. Within HRSA, IEA is the principal agency lead on intergovernmental and external affairs, Tribal partnerships, and regional operations. HRSA IEA manages 10 HRSA regional offices, which promote HRSA's priorities at the state and local levels and engage with Tribes, states, territories, and local communities. The regional offices act as the first point of contact for Tribes and states. Additionally, IEA provides technical assistance to Tribes and Tribal serving organizations on various topics.

In May, HRSA held a Tribal Consultation at the National Indian Health Board's National Tribal Health Conference in South Dakota. This Tribal Consultation focused on HPSA scoring and HRSA's Tribal Consultation Policy. HRSA discussed efforts to update its Tribal Consultation Policy to align with the 2023 HHS Tribal Consultation Policy as well as the Executive Order *Uniform Standards for Tribal Consultation*.

The TAC expressed interest in HRSA's efforts to advance maternal health. HRSA reported on the success of the Maternal Mental Health Hotline and reminded everyone that translation services were offered in four Native languages: Yupik, Choctaw, Hopi, and Navajo. Information about obtaining promotional materials was also shared. HRSA committed to including hotline information on the new Tribal Affairs website.

TAC delegates also discussed the revitalization of the TAC's HPSA subcommittee and expressed interest in forming a new subcommittee focused on Executive Order 14112, *Reforming Federal Funding and Support for Tribal Nations to Better Embrace Our Trust Responsibilities and Promote the Next Era of Tribal Self-Determination*.

Several HRSA TAC delegates suggested making HPSA scoring that accounts for Tribes' challenges and unique situations. They encouraged HRSA to consider designating all Tribes as rural and automatically providing them with the maximum HPSA score regardless of location.

A TAC delegate remarked that seeking care from non-Tribal providers in nearby communities results in care that is not culturally competent and reinforces the need for Tribally-operated health care systems.

National Syphilis and Congenital Syphilis Syndemic Federal Task Force

Admiral Rachel L. Levine, U.S. Department of Health and Human Services' Assistant Secretary for Health, joined the meeting to share information about the HHS response to the rise in syphilis cases, including its formation of the National Syphilis and Congenital Syphilis Syndemic Federal Task Force. This task force was established in early 2024 in response to spikes in syphilis cases.

Within the past few years, a new rapid test for detecting syphilis has been developed. As a result, the task force issued a document describing the pros and cons of using the newly developed test. In the past, there have been shortages of the primary medication for treating syphilis. However, Pfizer recently ramped up production of this medication to address the shortage issue.

Admiral Levine reminded everyone that congenital syphilis is completely preventable. Therefore, the task force works with clinics and emergency departments to increase syphilis

screenings. Since its establishment, the task force has worked with Tribes to ensure they have implemented effective protocols in response to the rise in syphilis cases.

The TAC asked about the task force's partnerships with Tribes and the Indian Health Service (IHS). Several delegates shared examples of how their Tribes are working to address the crisis, including home visiting for screening and treatment, and leveraging Tribal harm reduction programs. They highlighted the Indian Health Services' Resource Patient Management System's outdated taxonomies as a barrier to collecting accurate data on syphilis screening.

IEA Regional Partnerships and Engagement Opportunities

The IEA Regional Tribal Affairs Working Group Co-Chairs, Sharon Turner, Regional Administrator for HRSA Region 10, and Rhonda Jackson, Public Health Analyst for Region 3, led this session.

Regional Administrator Turner noted that Region 10 is working on a response to the Lummi Nation regarding the HPSA scoring data, and they will continue to follow up with the Tribe.

This session began with a brief overview of IEA's core functions, the role of the 10 IEA regional offices, and the partners with whom the regional offices collaborate.

The primary functions of the IEA regional offices are to:

- Participate in regional engagement activities;
- Conduct outreach, including through regional and local events;
- Respond to technical assistance requests and invitations to present information;
- Collaborate with state, Tribal, and local health leaders;
- Monitor and analyze health care trends; and
- Manage HRSA's regional operations.

Following this introductory presentation, each regional administrator (or designee) provided brief updates from their respective regions. They highlighted their regions' efforts to build and maintain partnerships with Tribes. Across the regions, the panelists reported conducting site visits to Tribes, providing technical assistance and grants 101 trainings for Tribes, participating in regional Tribal Consultations, and partnering with Tribes to address substance use disorders.

Panel Discussion: HRSA 2024 Priorities and Looking Forward to 2025

The following HRSA Associate Administrators (or designees) joined the meeting to participate in this panel discussion.

- Justin Bala-Hampton, Senior Advisor, Bureau of Health Workforce
- Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care
- Dr. Andrea Jackson, Senior Advisor, Office of the Associate Administrator, HIV/AIDS Bureau
- Tom Morris, Associate Administrator, Federal Office of Rural Health Policy
- Marco Santos, Deputy Director, Office of Federal Assistance and Acquisition Management

- Dr. Michael Warren, Associate Administrator, Maternal and Child Health Bureau

Each of the above-listed panelists delivered a brief presentation to share updates from their respective offices before engaging in discussion with the TAC.

Maternal and Child Health Bureau (MCHB)

For fiscal year (FY) 2024, two Tribal organizations received more than \$1 million in funding from HRSA via the Healthy Start Program, which aims to promote healthy pregnancies and reduce infant mortality by improving health outcomes before, during, and after pregnancy.

HRSA's Maternal, Infant, and Early Child Visiting Program, which focuses on voluntary, evidence-based home visiting services, was reauthorized in late 2022. This reauthorization provided an additional 5 years of funding and doubled the Tribal set-aside from 3 percent to 6 percent.

Under the State Maternal Health Innovation Program, maternal task forces form at the state level to support maternal health. Several of these task forces engage closely with Tribes. For example, Arizona established a Tribal maternal health task force, which includes participation from all 22 federally recognized Tribes within the state.

The Pediatric Mental Health Care Access Program supports telehealth modalities to ensure providers, including specialty care providers, offer the best possible treatment. Currently, the program funds two Tribal awardees.

The Maternal Mental Health and Substance Use Disorders Program is the maternal equivalent of the Pediatric Mental Health Care Access Program. Thirteen states receive funding under this program, and at least three of these state projects include a focus on Tribal communities.

Another way in which MCHB is working to address behavioral health among mothers is through the National Maternal Mental Health Hotline. This hotline launched in May 2022 and has received approximately 40,000 calls to date.

MCHB has recently written several 'Dear Tribal Leader Letters' to announce various funding opportunities and available resources. They have also encouraged states to review the needs of American Indian/Alaska Native (AI/AN) populations during their needs assessments.

Federal Office of Rural Health Policy

Since 2011, the office has supported more than 750,000 people annually by funding 200 grantees. Among these grantees, 80 percent have continued to provide services after the grant's conclusion.

HRSA's Rural Residency Planning and Development grant supports planning and development costs for creating rural residencies. Since 2019, HRSA has awarded \$66 million under this program to 85 awardees across 38 states and six medical disciplines.

Currently, the Federal Office of Rural Health Policy is drafting notices of funding opportunities for the following grant programs.

- FY 2025 Rural Health Care Services Outreach funding
- FY 2025 Rural Health Network Development Planning funding
- FY 2025 Rural Community Opioids Response Program funding
- FY 2025 Rural Residency Planning and Development funding

These notices will be issued later in 2024. The notice of funding opportunity for the FY 2024 Rural Northern Border Region Outreach Program is currently open for applications.

Bureau of Health Workforce

The Bureau of Health Workforce has been working to incorporate the HRSA TAC's input from the previous council meeting by:

- Holding National Health Service Corps (NHSC) webinars exclusively for Tribes twice per year, with Tribal health organizations serving as co-hosts;
- Participating in Tribally focused conferences; and
- Sharing information at regional Tribal Consultations about HPSAs and the NHSC.

In the fall of 2024, the Bureau of Health Workforce will hold a webinar for Tribes to increase awareness about the bureau's funding opportunities for clinicians serving Tribal communities.

Under the NHSC loan repayment program, there is a \$15.6 million set-aside for clinicians who work at IHS, Tribal, and urban Indian health facilities. In FY 2023, all eligible applicants for this funding received awards.

Bureau of Primary Health Care (BPHC)

Through the Health Center Program, nearly 1,400 health centers and more than 100 look-alike organizations operate more than 15,000 service delivery sites and served more than 30.5 million patients in 2022. Health centers provide patient-centered, comprehensive, integrated care by offering a range of services, including primary, oral, and mental health services, as well as substance use disorder treatment, case management, and health education.

In 2022, health centers served 411,582 AI/AN patients. Many of these patients received services from dually funded health centers, which means that the health center receives funding from both IHS and the HRSA Health Center Program. Currently, there are 35 dually funded health centers in the United States.

During the remainder of FY 2024 and in FY 2025, BPHC plans to fund the following activities:

- Funding Uniform Data System (UDS+) Quality Improvement Awards, which support health centers in preparing and implementing programs and technologies to ensure submission of high-quality patient data as part of the UDS+ modernization;
- Increasing the number of patients who receive services for mental health conditions and substance use disorders;
- Appropriating funds within the Quality Improvement Fund for promoting seamless care transitions for those who will soon be released from incarceration; and

- Supporting health centers to stay open for additional hours, thus creating more opportunities for patients to receive care.

HIV/AIDS Bureau

HRSA's Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, medications, and support services for low-income people who have HIV. Grantees determine service delivery and funding priorities based on their local needs. In 2022, grantees of this program provided services to more than 566,000 people, which equates to more than half of all individuals with diagnosed HIV in the United States. In the same year, 89.6 percent of those served by this program who were receiving HIV medical care were virally suppressed.

Also in 2022, the Ending the HIV Epidemic Initiative—another initiative of the HIV/AIDS Bureau—served about 22,000 new clients and re-engaged approximately 19,200 patients.

Office of Federal Assistance and Acquisition Management

From FY 2022 to FY 2023, HRSA funding awarded to Tribes and Tribal organizations increased by 13.4 percent, rising from \$112 million to 64 Tribal recipients to \$127 million to 71 Tribal recipients. During this timeframe, the number of Tribal recipients increased from 64 to 71. Since FY 2022, notices of funding opportunities available to Tribal applicants have increased by 31 percent. In FY 2022, Tribal applicants were eligible for 44 percent of funding opportunities. Now, Tribes are eligible for 75 percent of funding opportunities.

In addition, review committee membership has diversified, with a 13 percent increase in the representation of special populations, including Tribal communities, from FY 2022 to FY 2024. Currently, the Office of Federal Assistance and Acquisition Management is seeking reviewers with subject matter expertise in behavioral health, health workforce training, HIV/AIDS, maternal and child health, primary care delivery, rural health, or working with underserved communities.

One of the office's ongoing priorities is to promote equity in grants by making notices of funding opportunities easier to read and understand. They are also streamlining the notices by focusing on necessary information and clearly stating eligibility criteria for each funding opportunity.

Discussion

The TAC described challenges with workforce shortages, especially incentivizing providers to work in their communities. Delegates recommended expanding the NHSC to include additional clinical and information technology disciplines, as well as part-time personnel in the NHSC loan repayment program. Regarding BPHC, one delegate commented on the GeoCare Navigator tool and another recommended specialized training about Tribal cultures for those project officers assigned to support Indian Country.

Executive Order 14112

Deputy Director Santos and Director Blome delivered a presentation on Executive Order 14112: *Reforming Federal Funding and Support for Tribal Nations to Better Embrace Our Trust Responsibilities and Promote the Next Era of Tribal Self-Determination*.

Issued on December 6, 2023, this Executive Order sets forth three central directives, as follows:

- Increase the accessibility, equity, flexibility, and utility of federal funding and support programs for Tribal nations.
- Create a one-stop shop for federal funding available to Tribes on the Bureau of Indian Affairs website; and
- Create a process for the federal government to assess unmet federal funding needs consistent with the trust relationship with Tribes.

The Executive Order calls for the establishment of two task forces. The first, chaired by the Office of Management and Budget, will focus on budget. The second will center around federal funding reform and will be chaired by the White House Domestic Policy Council.

Some of HRSA's current activities in support of implementing this Executive Order include the following:

- Simplification of notices of funding opportunities;
- Provision of grants 101 trainings;
- Hosting of annual national Tribal learning sessions;
- Introduction of a Tribal affairs newsletter;
- Launch of a new Tribal affairs website; and
- Provision of listening sessions and webinars specifically for Tribes.

The budget portion of the Executive Order requires an assessment of the budget needs in Indian Country and the development of associated recommendations. HRSA would like input from the delegates on specific priorities and recommended reforms.

The TAC highlighted their priorities as including social determinants of health, movement toward formula-based funding for Tribes, respect for the federal government's nation-to-nation relationship with Tribes, data sovereignty and increased access to data, increased support for treatment of behavioral health and substance use disorders, and documentation of innovative Tribal approaches as best practices.

Day 1 Recess

Principal Chief Hoskin recessed the meeting for the day.

Day 2—Wednesday, July 24, 2024

Opening

Principal Chief Hoskin called the meeting to order.

Engagement With HRSA Leadership

HRSA Deputy Administrator Jordan Grossman provided the following updates.

Data on maternal health shows that much work is still needed in this area. HRSA is exploring how to leverage existing maternal health programs. Several months ago, HRSA awarded more than \$100 million to fund Healthy Start Programs. Funding has also increased for the Maternal, Infant, and Early Child Visiting Program, with the Tribal set-aside for this program doubling and a new matching opportunity for states now in place. HRSA would like feedback from the TAC on how this expansion of Tribal funding is going in their areas. HRSA is also working to promote behavioral health resources that support mothers and babies. The National Maternal Health Hotline is one such resource. HRSA would like the council's assistance in promoting this resource and will share promotional materials with the delegates.

Recently, HRSA issued a funding opportunity for \$240 million that will enable health centers to integrate behavioral health care with primary care.

HRSA acknowledges that health care workforce shortages are a major challenge. They are working on incentivizing providers to join the primary care field. For example, under the NHSC loan repayment program, the maximum loan repayment amount recently increased for primary care providers.

Currently, the Health Center Program, NHSC, and the Teaching Health Center Graduate Medical Education Program are up for renewal, pending Congressional approval.

The TAC delegates reiterated their recommendation for HRSA to use block grants, or other formula-based funding mechanisms, for providing funding to Tribes. They inquired about data collection from the maternal health hotline. In addition, they reiterated concerns about inequity in the HPSA scoring process and emphasized their recommendation for HRSA to designate all Tribes as rural and assign them the maximum HPSA score. A status update letter from HRSA to Tribal leaders regarding HPSA scoring was also requested. One delegate encouraged HRSA not to think about addressing Tribal health in terms of responding to health disparities, but rather in terms of upholding the federal government's trust and treaty obligations. Finally, delegates expressed concern about UDS+ reporting requirements possibly compromising patient privacy and leading to decreased Tribal participation in UDS+.

Deputy Administrator Grossman welcomed feedback on the Maternal, Infant, and Early Child Visiting Program. Overall, HRSA is working to reduce administrative burden, and because this program requires the use of evidence-based models, the administrative burden can be high. The TAC encouraged HRSA to adopt a definition of evidence-based models that includes practice-based and traditionally based knowledge.

Working Session: Collaborating and Strategizing to Address Tribal Priorities

Associate Administrator Dempsey delivered a brief presentation to kick off this working session. She noted the session was intended to understand the TAC's priorities, which would be shared across the agency.

The core functions of the TAC are to:

- Identify evolving issues and barriers to access, coverage, and delivery of services to AI/AN populations as related to HRSA programs;
- Propose clarifications, recommendations, and solutions to address issues raised at the Tribal, regional, and national levels;
- Serve as a forum for Tribes and HRSA to discuss these issues and proposals for changes to HRSA regulations, policies, and procedures;
- Identify priorities and provide advice on appropriate strategies for Tribal Consultation on issues at the Tribal, regional, and/or national levels; and
- Communicate with Tribes in their respective areas and gather feedback on pertinent issues.

Associate Administrator Dempsey asked for any input on the structure and purpose of the TAC. The delegates agreed with an agency suggestion to rank items that arise from council meetings according to the time needed to address each item and the difficulty and impact of doing so.

Associate Administrator Dempsey then asked the delegates to brainstorm health care priorities for Tribes. In response, they raised the following issues:

- Identification of issues and follow-up;
- Ranking of issues according to impact, effort, and strategy;
- HPSA scoring;
- Workforce;
- NHSC loan repayment;
- More preparation for meetings;
- Tribal set-asides for behavioral health;
- Rural designation;
- UDS+ and data confidentiality;
- GeoCare map; and
- Behavioral health.

The TAC also raised concerns about the primary care offices' abilities to understand the nuances of Tribal health care systems. Delegates also asked for guidance on how Tribes spanning multiple states or HRSA regions can ensure effective communication with all involved parties. The Great Plains Delegate invited HRSA leadership to visit the area to connect with Tribal leaders.

This session concluded with staff from HRSA's Office of Tribal Affairs staff providing a demonstration of the revamped HRSA Tribal Affairs website.

Remarks From HHS Office of Regional Health Operations Leadership

David Johnson, Deputy Assistant Secretary for Health-Regional Operations at HHS, joined the meeting to provide brief remarks.

Promoting maternal health and addressing the syphilis outbreak are among the office's top priorities. On August 5–6, 2024, the Office of the Assistant Secretary for Health will hold a Tribal Consultation on addressing the syphilis and congenital syphilis outbreak.

The Office of the Assistant Secretary for Health has been working with the Thriving Communities Network to leverage resources from infrastructure bills.

Closing

Associate Administrator Dempsey and Director Blome provided closing remarks.

Principal Chief Hoskin adjourned the meeting.