

Prepared Statement of

National Indian Health Board

Regarding Tribal Considerations for
Health Resources and Services Administration (HRSA) for FY 2012

12th Annual National HHS Tribal Budget and Policy Consultation
Washington, DC
March 4, 2010

INTRODUCTION

Good afternoon Honorable Tribal Leaders, Dr. Mary Wakefield, and other esteemed Health Resources and Services Administration (HRSA) representatives. I am Cathy Abramson, Tribal Councilor for the Sault Ste. Marie Band of Chippewa Indians. It is in this role, and on whose behalf I present this testimony to you today. I am pleased to see each of you here today and I appreciate the HRSA's support, leadership and willingness to listen, work, and improve the delivery of health care in Indian Country.

We, the Tribes, are here today to strengthen our partnership with HRSA and to request direct support in building a more equitable health care infrastructure throughout Indian Country by addressing the public health issues and concerns consistently identified by the Tribes as vital issues that when addressed, will reduce health disparities and improve the health status of American Indian & Alaska Native (AI/AN) people.

Currently there are 565 federally recognized Tribes throughout the United States. Through treaty rights, statutes Executive Orders, Presidential Memoranda, court decisions and the Constitution of the United States, the federal government recognizes Tribes as sovereign nations. This unique **government-to-government relationship** affords the Tribes the ability to deal directly with the federal government, that is, the Tribes can deal with federal agencies directly regarding funding opportunities rather than go through the states. With respect to protecting and improving the public's health, we recognize tribal sovereignty can pose unique challenges for HRSA and for other federal agencies. But these challenges can be readily addressed through direct consultation with the Tribes.

The National Indian Health Board (NIHB) has served as a centralized coordination point and important resource for Tribes and federal partners to increase collaboration on communication activities, model practices, technical assistance, and advocacy to address and increase the awareness of health care delivery issues in Indian Country. Through the Tribal Consultation today, we hope to further develop the relationship between NIHB and HRSA so that we may best serve the Tribes and improve the health care delivery system for the American Indian/Alaska Native population.

Top Budget Issues for the Health Resources and Services Administration

- **National Health Service Corps (NHSC) Recruitment and Retainment:** With 1,068 health care vacancies in the health care delivery system for AI/ANs, it is imperative that HRSA focus on recruitment and retainment of this population in the NHSC (IHS, 2010). [*Vacancy Chart- APPENDIX A*] NIHB recommends a portion of the Recruitment Line increase be allocated to outreach to, technical assistance for, and recruitment of AI/ANs.
- **Health Centers:** NIHB recommends allocating specific funds of the Health Center increase to developing and sustaining quality health centers in Indian Country. NIHB recommends allocating specific funds to provide technical assistance to Tribes applying for grant funding under the Health Center Program.

National Health Service Corps (NHSC) Recruitment and Retainment

On January 13, 2010, Dr. Mary Wakefield, Administrator of HRSA, met with Yvette Roubideaux, Director of IHS, and NIHB personnel including: Stacy Bohlen, Executive Director, Jessica Burger, Deputy Director, Jennifer Cooper, Legislative Director, and Audrey Solimon, Senior Advisor of Public Health Programs, to discuss issues common to AI/ANs regarding health care quality and access. NIHB is pleased the HRSA has begun addressing these issues but recommends additional dialogue and a specific focus on the National Health Service Corps as a means to address the disparity of health care professionals in Indian Country. [*Tribal Leader Letter- APPENDIX B*]

Recruiting and retaining quality health care providers in Indian Country is difficult due to the remote geographic location of native rural communities among other challenges. Encouraging native youth to enter the medical or dental fields and providing them with the opportunity to return home is an ideal solution. The HRSA Budget Justification for FY2011 sites a Recruitment Line increase of \$21,791,000, to fund 49 new scholars and 1,460 new loan repayers in FY2011. For FY2012, NIHB recommends funds from this line increase are allocated to targeted outreach to AI/AN youth. In addition, NIHB recommends funds from this line increase are allocated to assist in providing technical assistance to the Tribes in submitting applications for scholarships and loan repayments.

Health Centers

The geographical isolation of many American Indians and Alaska Natives Reservation communities is a significant factor in accessing health care services. Direct, personal communication is important as an outreach and assistance strategy for many American Indians and Alaska Natives but is much more difficult and costly in rural areas where travel distances between households, communities, and facilities are substantial. NIHB recommends this critical issue of access be addressed by allocating a set aside of funds from the Health Center Line to the Tribes to ensure they can develop and sustain quality health centers. Traditionally funding is

provided to the states and then to the Tribes at the state's discretion. NIHB recommends a specific set aside for direct funding to the Tribes to ensure the funding is properly received.

Due to the geographic location and isolation of Tribes, AI/ANs are not made aware of grant opportunities and/or do not have the technical assistance on hand to apply for a grant essential to the services of their health care system. NIHB recommends HRSA allocate funding from the Health Center Line to provide targeted outreach to AI/ANs on Health Center Program grant opportunities. In addition, NIHB recommends HRSA allocate funding for the Health Center Line to provide technical assistance for Tribes to complete the funding applications appropriately and be capable of competing for the funds.

Top Policy and Legislative Specific Issues

- **HRSA Tribal Advisory Committee:** In order to best serve the Tribes' needs appropriately, the NIHB recommends the development of a HRSA Tribal Advisory Committee. This committee will provide insight into AI/AN needs and feedback on the current health care delivery system in Indian Country.
- **National Health Service Corps Recruitment and Retainment:** NIHB recommends policy is set to ensure HRSA provides outreach and recruitment to AI/ANs.

HRSA Tribal Advisory Committee

In response to the Department of Health and Human Services (DHHS) Department Tribal Consultation Policy, set in 2005, the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, and Substance Abuse and Mental Health Administration have since created Tribal Advisory Committees. The Tribal Advisory Committees were created to provide a means for the federal agencies, Tribes, and Tribal Organizations to work effectively together to ensure increased Tribal access to federal programs.

NIHB recommends HRSA develops a Tribal Advisory Committee to provide a means for HRSA Administration to clearly understand the needs and recommendations of the Tribes regarding their health care delivery system.

National Health Service Corps

In addition to allocating funding to ensure AI/ANs are represented in the NHSC and are capable to improve their health care delivery in their communities, the NIHB recommends policy is set to guarantee this allocation of funding is sustained and secured for Indian Country in the future. NIHB recommends that the policy address targeted outreach to AI/AN, technical assistance in joining the corps, and improved retainment of AI/AN NCHS.

Summary

With the mission for improving access to health care services for people who are uninsured, isolate or medically vulnerable, HRSA needs to increase its outreach to Tribes and target more discretionary funds for activities aimed at American Indians and Alaska Natives communities, especially for programs to recruit and retain health professionals. In addition to an increased budgetary and policy focus on improving NHSC recruitment and retainment amongst AI/ANs, HRSA needs to create a Tribal Advisory Committee to improve dialogue between HRSA and the Tribes. With increase collaborations between HRSA and Tribes, more programs may be implemented to address the health care needs and eliminate health disparities of American Indians and Alaska Natives. We look forward to working with HRSA on this goal.

Vacancy Statistics (Active Jobs) by Indian Health Services

As posted on www.ihs.gov and downloaded on February 22, 2010

Vacancies

Federal:	850
Tribal:	209
Urban:	9
Total:	1068

Vacancies By Area

Aberdeen:	88
Alaska:	306
Albuquerque:	52
Bemidji:	37
Billings:	60
California:	50
Headquarter:	29
Nashville:	15
Navajo:	243
Oklahoma:	76
Phoenix:	81
Portland:	24
Tucson:	7

Jobs By Profession

Dentistry	66
Dental Officer:	49
Dental Hygienist:	1
Dental Assistant:	16

Pharmacy	43
Pharmacist:	39
Pharmacy Tech:	4

Nursing	239
Clinical Nurse:	52
Nurse Specialist:	12
Nurse Practitioner:	39
Practical Nurse:	10
Midwife:	8
Other:	118

Physicians	175
Family:	37
Internal Medicine:	11
Radiologist:	5
Psychiatrist:	14
Other:	108

Physical Therapist	18
Physical Therapist:	18

Engineering	18
Civil Engineer:	1
Electrical Engineer:	2
Biomedical Engineer:	0
Construction Inspector:	0
Environmental Engineer:	5
Mechanical Engineer:	1
Other:	9

Information Technology	16
IT Specialist:	16

(IHS, 2010)



DEC 16 2009

Washington, D.C. 20201

Dear Tribal Leader:

Increasing access to quality healthcare is a critical goal for American Indians and Alaska Natives (AI/AN). The Indian Health Service (IHS) and the Health Resources and Services Administration (HRSA) – under the umbrella of the Department of Health and Human Services (HHS) – are working together toward meeting that goal. The purpose of this letter is to provide an update on our collaborative efforts and to provide information on how we plan to work in partnership with Tribes over the next few years.

We were honored to have had the opportunity to meet with Tribes at the HHS Secretary's Tribal Leaders Roundtable Discussion on November 3, 2009 and at the White House Tribal Nations Conference on November 5, 2009. As the national insurance reform debate continues, we look forward to working with each of you during this time to advance agency-wide efforts to strengthen our nation-to-nation relationships.

Several healthcare priorities common to both IHS and HRSA were identified at these meetings and at the April 2009 Tribal Budget Consultation including, but not limited to, reducing the burden of disease on the AI/AN population; increasing health professional workforce development; conducting more health systems research; increasing health information technology investments in Tribal health facilities; and, increasing access to oral healthcare.

The IHS and HRSA have begun to work on some of these priorities. Both agencies have taken steps to implement policy changes that will address workforce issues, increase communication between our agencies and improve delivery of services to AI/AN populations.

Policy Changes

Recognizing the need for increased AI/AN representation on HRSA advisory committees, HRSA has recently recommended AI/AN representatives and will work with IHS to identify potential candidates in the future. In addition, we will continue to collaborate at the Federal level to ensure that the IHS Resource Patient Management System (RPMS) adequately captures outcome and trends data needed by HRSA's Uniform Data System (UDS) in order to establish or expand targeted programs and identify effective services and interventions to improve the health of AI/ANs.

Health Professional Workforce

Recognizing that health professional workforce development continues to be a challenge in delivering healthcare services and reducing health disparities, IHS and HRSA plan to share information about and develop ways to solve common problems around recruitment and

retention of healthcare providers using the National Health Service Corps Loan Repayment Program and other similar scholarship and loan repayment programs managed by both agencies. The IHS and HRSA plan to collaborate on health workforce training programs and health profession pipeline programs that can help improve the recruitment and retention of culturally appropriate providers for our health programs and communities.

Increasing Access to Health Care

The IHS and HRSA are currently working to improve AI/AN access to Federally Qualified Health Centers through HRSA's "Find a Health Center" tool. This will allow individuals to easily locate the closest community health center by clicking on the tool on the IHS website. Both IHS and HRSA will provide information to tribal representatives on HRSA funded programs that could benefit Tribal communities including the process of becoming a Sec. 330 Federally Qualified Community Health Center or a Federally Qualified Community Health Center Look-alike.

IHS Area Offices and HRSA Regional Offices will begin to develop new roles and relationships with each other and with Tribes. We hope the development of these relationships will support region-specific collaborative opportunities to help improve care for AI/ANs.

All of these efforts will help us further fulfill our missions in providing access to culturally competent quality care to the AI/AN individuals and Tribal communities. We will continue to look to each of you for guidance in addressing the challenges and needs faced by your communities. We will update you on our collaborative efforts on a regular basis. If you have any additional comments or suggestions for collaborative efforts between IHS and HRSA, please don't hesitate to email us at consultation@ihs.gov.

Sincerely yours,



Mary Wakefield, Ph.D., R.N.
Administrator, Health Resources and
Services Administration



Yvette Roubideaux, M.D., M.P.H.
Director, Indian Health Service