

HRSA and American Indians and Alaska Natives

Community Health Centers:

The Affordable Care Act (ACA) provides \$11 billion in funding for the operation, expansion, and construction of health centers throughout the nation. HRSA awarded approximately \$48 million to 25 dually-funded health centers in FY 2011 including:

- \$13 million in capital development funding to two Tribal health centers;
- \$100,000 to one tribal health center to improve quality of care and electronic reporting capabilities in Beacon Communities;
- \$560,000 to seven Tribal organizations, with each organization receiving \$80,000 in planning grant funding to assist in the development of future health centers; and
- \$500,000 was awarded to the Native American Community Academy to support their school-based health center program.
- Eligibility for Medicaid Meaningful Use incentives has been modified to allow all Tribal clinics to be treated as Federally Qualified Health Centers with respect to Medicaid Electronic Health Record Incentives. This allows Tribal clinics to meet the needy individual patient volume threshold, rather than the Medicaid patient volume threshold, making it easier for Tribal clinics to qualify for these incentives.

National Health Service Corps:

The Indian Health Service (IHS) and HRSA continue to work together to increase utilization and availability of the National Health Service Corps (NHSC) Program as a recruitment tool to fill health professional vacancies at IHS sites.

- Since the beginning of FY 2012, 91 new IHS, Tribal Clinic, and Urban Indian Health Clinic sites have been automatically approved as a result of the May 2011 policy clarification allowing for the auto-approval process for IHS sites to become NHSC eligible sites. Compared to the 60 sites approved in 2010 and as of August 31, 2012, there are now a total of 583 Tribal clinical sites, devoted to providing health care to American Indians/Alaska Natives and offering loan repayment to eligible clinicians practicing at these sites.
- The ACA also allows Indian Health Facilities that serve only Tribal members to qualify as NHSC sites, which differs from previous policy which required that sites see all patients regardless of their ability to pay.

Analysis of diversity among Scholarship and Loan Repayment Program (LRP) participants showed:

- Within the NHSC and Nursing Scholarship Programs, AI/ANs exceed national student enrollment averages in dentistry, medicine, physician assistant professions, and nursing.
- Within the NHSC LRP, AI/ANs surpass national healthcare workforce averages in dentistry and medicine.

Healthy Weight Collaborative:

In July 2012, HRSA, in partnership with the National Initiative for Children's Healthcare Quality, marked the culmination of the first phase of the Healthy Weight Collaborative. The second component of the Healthy Weight Learning Collaborative is a virtual learning community, where up to 40 teams will apply the lessons learned from the first teams and test new interventions in their own communities. The teams were announced on March 1, 2012, and this phase will run through February 2013. In phase two, four teams self-declared Tribal as their focus area and of these entities, three are Tribal entities. The following Tribal teams are participating:

- Ho-Chunk National Health Department, Ho-Chunk Nation; Wisconsin
- Helen Devos Children's Hospital; Michigan
- TCCY-Taos Clinic for Children and Youth; New Mexico
- Indian Health Service, Turtle Mountain Band of Chippewa Indians; North Dakota

Vouchers for Health IT Competency Exam:

HHS is offering free vouchers for graduates of community colleges and safety net providers to take advantage of the ONC created health IT competency exams. Vouchers are available for first time test takers. In order to request the voucher, simply send an email to healthit@hrsa.gov and include the name of your community college or clinic and HRSA will provide the access code by email. The test taker then goes to <http://www.hitproexams.org> and enters his or her information and the access code.

Maternal, Infant, and Early Childhood Home Visiting Programs:

The Administration for Children and Families (ACF), Office of Child Care (OCC), in partnership with the Health Resources and Services Administration (HRSA), provided new Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding in FY12 for six grants to tribal communities, with Year 1 awards ranging from \$200,000 to \$375,000 each. An additional \$9 million in FY 2012 funds were awarded as non-competing continuations to 19 existing Tribal MIECHV grantees, for total FY 2012 Tribal MIECHV awards of approximately \$10.5 million. These funds support grants (cooperative agreements) to Tribes (or consortia of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct needs and readiness assessments; develop infrastructure needed for the widespread planning, adopting, implementing, and sustaining of evidence-based maternal, infant, and early childhood home visiting programs; implement, with fidelity to evidence-based models, high-quality home visiting programs for pregnant women and families with young children aged birth to kindergarten entry; measure program participants' progress toward meeting legislatively mandated benchmarks; and conduct a rigorous evaluation of the implemented home visiting program. The project period for these grants is 5 years, subject to the availability of funds. HHS's Administration for Children and Families collaborates with HRSA to implement the MIECHV program and leads the administration of the Tribal Home Visiting Program.

Technical Assistance Outreach Initiative:

HRSA continues to provide technical assistance outreach to all potential HRSA applicants with a focus on first-time or previously unsuccessful applicants, and disadvantaged, vulnerable, and underserved communities to enable them to compete more effectively for HRSA funds.

- In FY 2012, the HRSA Technical Assistance (TA) Workgroup delivered a total of 18 virtual media products, one TA outreach visit to a Tribal entity, and sponsored the development and roll-out of the newly released HRSA grants technical assistance website.
- The HRSA Dallas Regional Office conducted a technical assistance outreach visit to the Alabama-Coushatta Tribe in Livingston, Texas, as part of its effort to help Tribal entities better understand the HRSA grant application process.

Facilitating Communication:

We are committed to improving communication with IHS and other AI/AN stakeholders.

- Dear Tribal Leader Letters to provide Tribal leaders updates on HRSA activities.
- Periodic meetings held with IHS, the National Indian Health Board (NIHB), and National Congress of American Indians (NCAI) and the National Council of Urban Indian Health (NCUIH).
- HRSA created a Tribal and urban specific email box, aianhealth@hrsa.gov to provide a dedicated venue for Tribal correspondence.

Key Resources:

- HRSA, www.hrsa.gov and <http://www.hrsa.gov/publichealth/community/indianhealth/> (HRSA's website dedicated to American Indian/Alaska Native Health)
- Find a Health Center, www.findahealthcenter.hrsa.gov (HRSA has worked with IHS to post the "Find a Health Center" widget on the IHS website to make it easier to find IHS clinics in your community)
- Health Information Workforce Center, www.healthworkforceinfo.org (The Health Workforce Information Center (HWIC) provides free access to the most recent resources on the nation's health workforce in one easy-to-use online location)
- Rural Assistance Center(RAC), www.raconline.org (RAC helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents)
- Grants, www.grants.gov and www.hrsa.gov/grants (Grants.gov is your source to FIND and APPLY for federal grants)
- For more information on the Affordable Care Act and its support for Indian Country, visit <http://www.healthcare.gov/> (Materials related to the implementation of the Affordable Care Act, including regulations, grants, authorities, and requests for public comment)