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**NIHB, Partners Host Tribal Health Reform Training**

Over 175 individuals participated in the National Tribal Health Reform Training hosted by the National Indian Health Outreach and Education (NIHOE) Initiative April 18-19 in Prior Lake, MN. Over the two-day training, participants learned more about the Affordable Care Act (ACA) and its impact on tribal communities. Participants had many opportunities to discuss outreach and education strategies with others from their Area, share resources, and build an education network for future implementation milestones.

NIHOE is a national partnership that includes Area Coordinators, the National Indian Health Board, the National Congress of American Indians, and Indian Health Service. The goal of this project is to develop effective, streamlined, consumer-oriented materials to assist American Indian and Alaska Native people to understand their opportunities under the ACA and Indian Health Care Improvement Act. In the coming months, the Area Coordinators and National

organizations will work to complete and implement several education tools for use in tribal communities. Information about last week's training and educational materials will soon be made available at [www.tribalhealthcare.org](http://www.tribalhealthcare.org). Stay tuned for new activities.

**ADMINISTRATION UPDATES**

**ACF, CMS Announce Tribal Grantee Meeting**

Recently, the Administration on Children and Families (ACF), along with the Centers for Medicare and Medicaid Services (CMS) announced a meeting for Tribal and Native American Grantees June 6-8, 2012 in Alexandria, VA. This is an opportunity to come together with ACF Tribal/Native American grantees to express PRIDE (Professionalism, Respect, Integrity, Dedication, Excellence) in the work that grantees do every day to improve the lives of children, youth, families, and communities. At this conference, the agencies plan to offer cross cutting workshops and sessions that will highlight what's working in Indian Country, promising practices, and results you've achieved in partnering with ACF. Details on registration and the agenda will follow.

Hotel information:

**Hilton Alexandria Mark Center**

5000 Seminary Road  
Alexandria, VA 22311

For Reservations call 877-783-8258

Mention: "ACF Grantee Meeting" and Dates:  
June 3-8, 2012

**Medicare Trustees' Report Released**



The Medicare program's trustees released their 2012 solvency report on April 23<sup>rd</sup>. This year's report, like last year's, projects that Medicare's hospital fund will begin to become insolvent in 2024. As baby boomers continue to age during a weak economy, medical costs continue to rise. However, it is expected that provisions of both the Affordable Care Act and the Budget Control Act will have some positive effect on Medicare funds. For the full text of the report, click [here](#).

### **HHS Releases Funding Opportunities for 97 Head Start Service Areas**

On April 19<sup>th</sup>, Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced the availability of Head Start funding in 97 Head Start service areas across the country. These funding opportunities are consistent with new criteria for quality and accountability in Head Start programs announced by President Barack Obama in November 2011. These criteria were established through new rules that require, for the first time ever, that Head Start grantees that fail to meet rigorous quality benchmarks compete for continued federal funding. The funding opportunities announced recently are open to all eligible organizations, and applicants have 90 days to submit their Head Start grant proposals online through [www.Grants.gov](http://www.Grants.gov).

The funding opportunity announcements will be released in two groups. Grantees were placed into each group based on the month their program year funding begins. This process will allow for planning transitions at natural breaks in services, minimizing disruptions to children, families and staff. Funding opportunity announcements for the first group of service areas are available today and are posted on [www.Grants.gov](http://www.Grants.gov). An additional 100 funding opportunity announcements for the second group will be available in May.

In an effort to provide relevant information and support for all applicants, the Office of Head Start has created an [Applicant Support Website](#). This interactive website offers a robust collection of resources intended to support organizations in gaining a deeper understanding of the Head Start

and Early Head Start programs, the funding opportunity announcement, and the evaluation criteria for health and safety, fiscal integrity, and measures of Head Start classroom quality.

The regulation announced in November 2011 is one more tool that HHS has rolled out to ensure that programs are providing the highest quality services to children and families by mandating that any Head Start grantee will have to compete for funding if they fail to meet conditions required for a quality program. HHS still has statutory authority to suspend or terminate a grantee if it fails to correct problems identified through Head Start monitoring, including areas related to the health and safety of children.

Since 2009, the Office of Head Start has taken historic steps and implemented bold reforms to strengthen accountability, hold programs to high standards, and improve classroom quality for the nearly one million children receiving Head Start services each year. High-quality early childhood education is critical for ensuring that every child enters school ready to succeed.

Head Start provides grants to local organizations to provide comprehensive child development services to low-income children from birth to five years of age, pregnant women, and their families. Today, nearly 1,600 Head Start and Early Head Start grantees across the country provide early learning services to our nation's most vulnerable infants, toddlers and preschoolers.

For more information on the Office of Head Start visit <http://transition.acf.hhs.gov/programs/ohs> or log onto Early Childhood Learning and Knowledge Center at <http://eclkc.ohs.acf.hhs.gov/hslc>.

### **HHS Seeks Comment on National Action Plan to Eliminate Healthcare-Associated Infections**

The Department of Health and Human Services (HHS) posted online an updated National Action Plan to eliminate healthcare-associated infections for public comment. The update confirms progress in the effort to make healthcare safer and less costly by reducing preventable complications



of care, including healthcare-associated infections (HAIs).

An announcement of the request for public comments on the National Action Plan will be published in the Federal Register the week of April 23.

Every day, approximately 1 in every 20 patients has an infection related to the patient's hospital care. These infections cost the U.S. healthcare system billions of dollars each year and lead to the loss of tens of thousands of lives. In addition, HAIs can have devastating emotional, financial and medical consequences.

A new state-by-state breakdown by the Centers for Disease Control and Prevention (CDC) demonstrates that HAIs in hospitals have been declining since HHS first introduced its [National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination](#) in 2009. The CDC [report](#) also pinpoints specific medical procedures that require stronger infection prevention efforts to maximize patient safety.

According to data submitted to CDC's [National Healthcare Safety Network](#) and reported in the HAI Action Plan, central line-associated bloodstream infections have declined by 33 percent, surgical site infections (SSIs) have declined by 10 percent, and catheter-associated urinary tract infections have declined by 7 percent [since the baselines were set](#).

In addition, invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) infections have declined by 18 percent, and the use of measures known to prevent SSIs, as reported by the Centers for Medicare and Medicaid Services' Surgical Care Improvement Project, have steadily increased since the baseline was established. These reductions are in line with the prevention targets detailed in the HAI Action Plan and the HHS Partnership for Patients initiative.

The HAI Action Plan has nine goals:

- 50 percent reduction in bloodstream infections
- 100 percent adherence to central line insertion practices

- 30 percent reduction in *Clostridium difficile* infections
- 30 percent reduction in *Clostridium difficile* hospitalizations
- 25 percent reduction in urinary tract infections
- 50 percent reduction in MRSA invasive infections (in the general population)
- 25 percent reduction in MRSA bacteremia
- 25 percent reduction in surgical site infections
- 95 percent adherence to surgical SCIP measures.

The rates of one type of infection remain at historic highs. *Clostridium difficile* (*C. difficile*) is a germ that causes serious diarrhea, kills 14,000 Americans each year and adds an estimated \$1 billion in extra costs to the healthcare system. While many HAIs declined in the 2000s, data from the Agency for Healthcare Research and Quality show that the number of hospital stays associated with *C. difficile* tripled before leveling off at historic high rates. In addition, a recent [CDC report](#) showed that *C. difficile* infections have moved beyond hospitals and that 75 percent of these infections now begin in medical settings outside hospitals, such as nursing homes and outpatient clinics.

The HHS [Partnership for Patients](#) works to accelerate progress against HAIs through highly structured learning collaboratives to support hospitals nationwide in adopting and helping to spread proven interventions so that they become the standard of care. The Partnership for Patients is a nationwide public-private collaboration focused on keeping patients from getting injured or sicker in the hospital, and helping patients heal without complication once they are discharged. Other Partnerships for Patients partners, including state and national associations, consumer groups, unions, employers, researchers, community-based organizations, patients and others also are collaborating to help to accelerate progress against HAIs and other preventable conditions. HHS welcomes additional partners in these efforts to build the healthcare system that Americans need, desire and deserve.



## Job Opportunities at NIHB!

The NIHB is currently seeking qualified applicants for the following positions:

- **Regional Extension Center Coordinator**
- **Health Policy Coordinator**


For more information, including a job application, click [here](#).

*You are cordially invited to attend*  
**National Indian Health Board's**  
**29<sup>th</sup> ANNUAL CONSUMER**  
**CONFERENCE**

*Celebrating*  
**NIHB'S 40<sup>th</sup> Anniversary**

**September 24- 28, 2012**  
**DENVER, COLORADO**

**Save the Date**  
 May 30, 31 & June 1, 2012  
**National Tribal Public Health Summit**  
 Hard Rock Cafe & Casino  
 TULSA, OKLAHOMA



**Our Health, Our Way**  
 Achieving Healthy Native Communities  
 Register Today!

## UPCOMING EVENTS

**HOUSE COMMITTEE ON EDUCATION AND THE WORKFORCE HEARING ON, "REVIEWING THE PRESIDENT'S FISCAL YEAR 2013 BUDGET PROPOSAL FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES"**

DATE: APRIL 26<sup>TH</sup>

TIME: 10:00 AM

LOCATION: 2175 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

**HOUSE COMMITTEE ON WAYS AND MEANS HEARING ON, "MEDICARE PREMIUM SUPPORT PROPOSALS"**

DATE: APRIL 27<sup>TH</sup>

TIME: 9:00 AM

LOCATION: 1100 LONGWORTH HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

**Sign Up for Washington Report, at:**

[http://www.nihb.org/legislative/washington\\_report.php](http://www.nihb.org/legislative/washington_report.php)

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