

# 6th AHEC Focus on the Indian Health Service, Tribal & Urban Health Care System

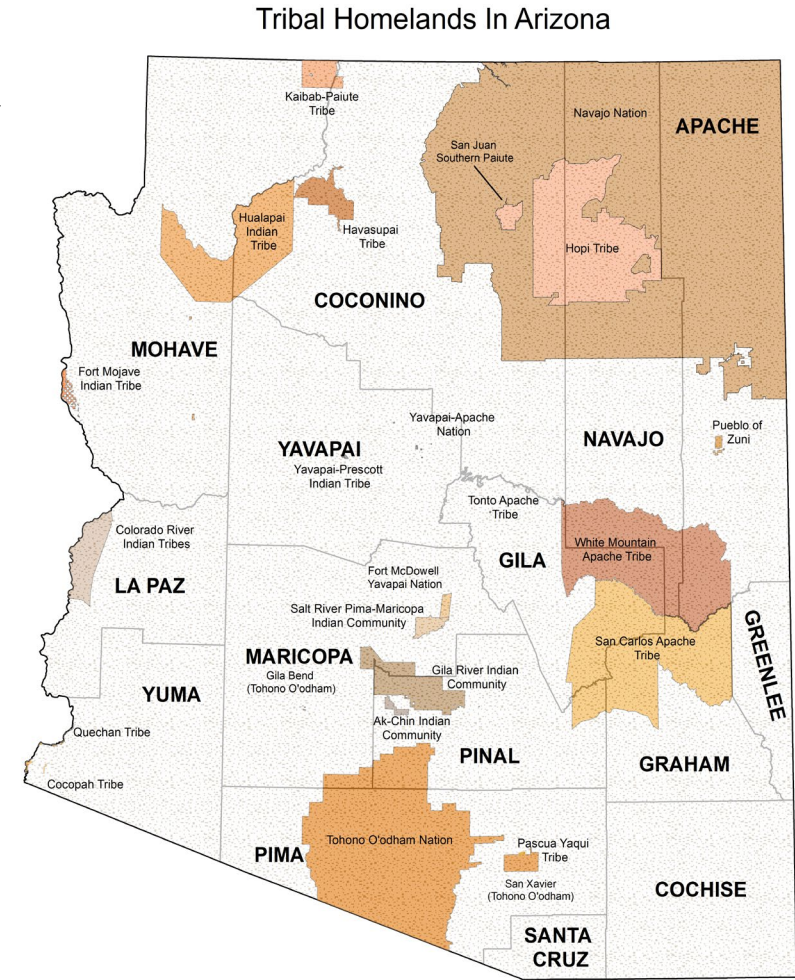
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- IHS/TRIBAL HEALTH PROVIDER RETENTION & RECRUITMENT EFFORTS

# GOAL: "GROWING OUR OWN" HEALTH CARE PROVIDERS...



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# Background of “Indian Health Professions (IHP)” Efforts & Challenges

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- The IHP line Item was added to the budget in 1976, by the Indian Health Care Improvement Act. The first scholarships were awarded in 1978.
- IHP appropriation since 2016: \$48.3 million - \$49.3 million annually.
- IHS Division of Health Professions Support (DHPS)
  - DHPS is responsible for recruiting and retaining health professionals to serve in Indian health care facilities. The office administers scholarships, externships, loan repayment, grants and career support services.
- The IHS Ambassador Program
  - Ambassadors, former and current Indian health program volunteers (primarily working in academia) help to identify and recruit health professionals who are a good match for Indian health programs.

# Background of “Indian Health Professions (IHP)” Efforts & Challenges

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## **Professional training grants:**

- Quentin N. Burdick American Indians into Nursing Program (5 awards approx. \$333,000 each)
- Indians into Medicine Program (5 awards range \$199,000 - \$700,000)
- American Indians into Psychology Program (3 awards approx. \$238,359 each)'

**Extern Program:** In FY 2018, the Extern Program funded a total of 48 student externs. (9 in Southwest region)

**Partnerships:** US Public Health Services (USPHS) through the Commissioned Corps and the National Health Service Corps (NHSC)

**23 FTE:** IHS Recruitment and Retention Activities

# Background of “Indian Health Professions (IHP)” Efforts & Challenges

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FY 2020 IHS Congressional Justification reported activities based on 2018 data:

## **IHS Scholarship Program:\***

- 31 pre-professional
- 32 pre-graduate
- 230 health professional (Note: Funding only available for 155 new awards)

## **Loan Repayment Program:\***

- 1,325 health professionals received a IHS loan repayment (\$40,000 for 2 yr. period). Included 478 new two-year contracts, 413 one-year extension contracts and 434 health professionals starting the second year of their FY 2017 two-year contract.

*\*2-year service commitments*

# Background of “Indian Health Professions (IHP)” Efforts & Challenges

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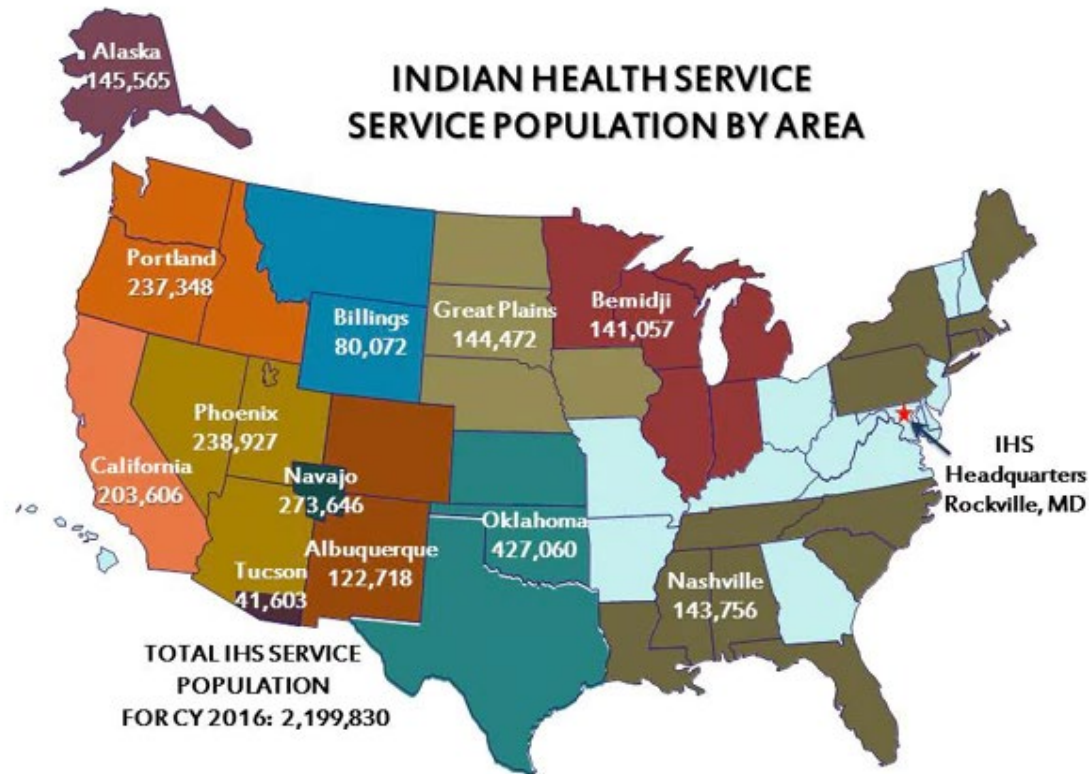
- **U.S. Government Accountability Office (GAO) Report Findings:**

INDIAN HEALTH SERVICE - Agency Faces Ongoing Challenges Filling Provider Vacancies (GAO-18-580) August 2018

- **What GAO Found:**

IHS data show sizeable vacancy rates for clinical care providers in eight IHS Areas where substantial direct care to American Indian/Alaska Native (AI/AN) people must be provided. The overall vacancy rate for providers—physicians, nurses, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, physician assistants, dentists, and pharmacists—was 25 percent.

# Indian Health System Serves 573 Tribes & ~100,000 Urban AI/AN



## UIOs in Arizona:

Native Americans for Community Action, Inc.  
2717 North Steves Blvd., Suite 11  
Flagstaff, AZ 86004

Native Health  
41 North Central Ave., Bldg. C  
Phoenix, AZ 85012

Native American Connections  
4520 North Central Avenue, Suite 600  
Phoenix, AZ 85012

Tucson Indian Center  
160 North Stone Ave.  
Tucson, Arizona 85701

# Background of “Indian Health Professions (IHP)” Efforts & Challenges

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- IHS officials informed GAO that challenges to filling these vacancies include the rural location of many IHS facilities and insufficient housing for providers.
- Housing for providers requires federal appropriations. A request is a separate than the medical facility’s construction request in the IHS budget.
- IHS officials said long-standing vacancies have a negative effect on patient access, quality of care, and employee morale.

GAO Report: IHS Areas with highest vacancies:

- Bemidji Area (31%)
- Navajo Area (30%)
- Albuquerque Area (30%)
- Billings Area (30%)
- Great Plains (26%)
- Phoenix Area (21%)



# “Growing Our Own” Mid-Level Members of the Health Care Team - CHRs

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- Community Health Representatives (CHR) Program was established in 1968. *“CHRs are frontline medically guided public health workers who are trusted members of the community with a close understanding of the community, language, and traditions.”*
- IHS contracts with Tribes/UIOs regarding scope of work, standards of practice, appropriate use of CHR funds and training. Details about the CHR Program are in the Indian Health Manual Part 3, Chapter 16: Community Health Representatives. <https://www.ihs.gov/ihtm/pc/part-3/p3c16/>
- There are about 1,600 CHRs representing over 250 tribes in all 12 IHS Areas.

# “Growing Our Own” Mid-Level Members of the Health Care Team - CHAP

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**1968** - Community Health Aide Program (CHAP) began in the Alaska IHS Area. It grew and became more formalized over time.

**1998** - The national Community Health Aide Program Certification Board (CHAPCB) was established to primarily serve the Alaska Area. CHAPCB formalized the certification process and maintained training, practice standards, and policies.

**2010** - IHClA is amended to authorize IHS to create a national CHAP in the continental 48 states. CHAP includes medically trained Community Health Aides, Behavioral Health Aides and Dental Health Aides, but excludes Dental Health Aide Therapists, unless in a state that authorizes its use.

**2016** – IHS initiates consultation on a draft policy to expand CHAP nationwide.

**2017** - IHS issues the CHAP Tribal Advisory Group (TAG) Charter for review and comment.

**2018** – CHAP TAG established and holds first meetings.

# “Growing Our Own” Mid-Level Members of the Health Care Team - CHAP

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**2018** - Arizona dental therapy law signed by Governor Ducey. Practice sites include community clinics and providers that serve the underserved. Dental therapists exempted from state licensure if working at IHS, Tribal or UIO.

**2019** – IHS Tribal consultation on the draft Community Health Aide Program (CHAP) Policy commences. CHAP TAG reviews consultation comments and makes recommendations to IHS.

**February 2020** - CHAP TAG convened to discuss IHS response to the policy and identified policy recommendations not adopted.

**September 2020** – IHS commences Tribal consultation on \$5 million from the Fiscal Year (FY) 2020 appropriations that IHS allotted for Community Health Aide Program (CHAP) expansion. Comments due November 23, 2020. Tribes apprised of IHS policy. See:

<https://www.ihs.gov/ihtm/circulars/2020/community-health-aide-program/>

**October 2020** – IHS conducts 4 virtual deep dive sessions on CHAP: Community Health Aides (4), Behavioral Health Aides (5), Dental Health Aides (4), Expanded Function Dental Health Aides (2), Dental Health Aide Hygienists (2), Dental Health Aide Therapist (1) and role of CHRs.

# Growing Our Own through Arizona Area Health Education Center (AzHEC) Resources...

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- Possibilities and opportunities abound to overcome challenges...DIG IN!

Thank you,

Alida Quiroz-Montiel, Director (Member, Pascua Yaqui Tribe)  
Health & Human Services  
Inter Tribal Council of Arizona, Inc.