Barriers to American Indian, Alaska Native, and Native American Access to HHS Programs

FINAL REPORT

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EXECUTIVE SUMMARY

Purpose and Methods

The purpose of this study was to gather information from both HHS program officials and tribal representatives on their perspectives on various program and regulatory barriers to American Indian, Alaska Native, and other Native American (AI/AN/NA) tribes and communities accessing HHS discretionary grants, identify for HHS the most significant barriers to grants access for American Indians, Alaska Natives and Native Americans (AI/AN/NA), and consider strategies for improving access. Lessons learned about reducing barriers to funding in other recent HHS initiatives targeting special populations were also reviewed to inform the study. The main components of the project included:

- Developing, administering, and analyzing the results of a survey of officials of HHS programs for which AI/AN/NAs and entities that serve them are eligible, to ascertain their perspectives on possible barriers and remedies;
- Conducting focus groups with staff from a subset of these programs to explore relevant issues in more detail;
- Holding discussions with representatives of AI/AN/NA groups to obtain their input on perceived and actual barriers and how they can be lessened; and
- Consulting with a workgroup of HHS and tribal representatives at major junctures in the project.

In addition, a draft of this report was circulated to HHS staff from all of the Operating Divisions that participated in the study and to members of the HHS workgroup. Comments received during this review process clarified and provided additional information that was important to ensure accuracy of information included in the report and, particularly, to identify some of the initiatives that are underway within HHS and/or individual Operating Divisions that are similar to some of the strategies that emerged from this study.

This report summarizes the findings of the study, with emphasis on possible strategies for reducing identified barriers to access HHS grant programs. The report also discusses and categorizes the suggested strategies in terms of those that would require different amounts of resources and time for implementation within HHS, those strategies that could be implemented by AI/AN/NA tribes and organizations, and those that may require congressional action to implement. In addition, issues of feasibility and practicality of specific suggestions are discussed.

Findings

Information on barriers to access to HHS discretionary grant programs and suggestions for strategies to reduce barriers were obtained from HHS staff and AI/AN/NA representatives and focused on several key areas of grant processes: 1) sources of information about grant opportunities; 2) factors affecting decisions to apply for specific grants; 3) preparing grant applications; 4) experiences with grant review processes; and 5) experiences with grants management processes. In addition, participants provided several broad suggestions for changes that would increase access to HHS grant programs.

Limited resources of AI/AN/NA tribes and organizations were identified by both AI/AN/NA representatives and by HHS program staff as a major barrier to access of many tribes and organizations to HHS grants. The limited resources available make it difficult to: 1) learn about grant opportunities; 2) apply for grants that have matching requirements or limits on indirect costs; 3) prepare a successful grant application; and 4) develop and implement the infrastructure necessary to meet all grants management requirements.

Possible strategies to reduce barriers to access were suggested by the study respondents. The feasibility of implementing these strategies is discussed separately in Section IV, Practical Considerations for Implementing Suggested Strategies.

These strategies identified through the study process are organized by topic areas. They include:

<u>Strategies Related to Obtaining Information About Grant Opportunities, Deciding to Apply, and Preparing Grant Applications</u>

- Announce grant opportunities through multiple methods, with targeted outreach and communications with AI/AN/NA organizations.
- Increase time between grant announcements and due dates.
- Increase use of annual or multi-year program announcements, with multiple due dates.
- Increase use of planning grants by HHS agencies that may provide opportunities to build capacity and infrastructure.
- Establish a pre-proposal letter of inquiry process to screen and select a limited number of invited proposals.
- Include explicit statements about eligibility of AI/AN/NA tribes and organizations in all grant announcements.
- Include explicit statements about minimum population base requirements in grant announcements, if applicable.

- Include explicit statements in grant announcement that experience may substitute for academic credentials of key staff
- Increase accessibility of HHS grant program contacts.
- Re-examine type and extent of requirements for data on "need" for grant program services for rural AI/AN/NA applicants and/or work with potential applicants to determine data required to establish need.
- Increase training and technical assistance on grants processes and grants preparation skills, provided by HHS and/or national and regional AI/AN/NA organizations, including possible knowledge transfer between successful AI/AN/NA grantees and less experienced tribes and organizations.
- Provide training and technical assistance in more locations that are more accessible to AI/AN/NA tribes and communities.
- Greater participation by staff of AI/AN/NA tribes and organizations in available training and technical assistance opportunities.
- Consider waiving or modifying indirect cost limits and matching funds requirements, particularly for those tribes and communities that have limited resources.
- Consider waiving or modifying requirements for collaboration or coordination with states or local governments.
- Consider waiving or modifying requirements to demonstrate that the program would be fully sustainable after the end of grant funding.
- Develop a standardized HHS-wide grant application format and requirements.
- Continue acceptance of hard copy grant applications, as an option, rather than moving to required electronic submission.
- Design grant programs to better fit AI/AN/NA needs and make RFAs more culturally appropriate.

Strategies for Grant Review Processes

- Consider reducing reliance on academic reviewers who place disproportionate emphasis on academic credentials of grant applicant staff, where such credentials are not necessary for successful performance and where alternative forms of expertise are demonstrated.
- Increase use of AI/AN/NA grant reviewers and those familiar with AI/AN/NA subjects, when AI/AN/NA grant applications are to be considered.

- Provide orientation for grant reviewers to help them understand unique AI/AN/NA issues and circumstances.
- If agency has not established a minimum population base for the grant program, provide reviewers with clear guidance on this issue.
- Provide clear information on reasons for rejection of application.
- Follow-up contact with HHS program staff by AI/AN/NA organizations to clarify reasons for rejection or to obtain summary statements, if not provided by agency.

Strategies for Grants Management Processes

- Develop standardized HHS-wide grants management requirements.
- Provide training and technical assistance on grants management requirements, particularly for new grantees.

Other Strategies Suggested

- Consider AI/AN/NA "set-asides" or special grant initiatives within grant programs, including ways to address the needs of smaller/poorer tribes and organizations.
- Improve capacity for HHS to track grant submissions and awards by AI/AN/NA tribes and communities.
- Increase the number of grants targeted specifically to AI/AN/NA tribes/organizations.
- Require evidence that states and academic institutions have support and participation of AI/AN/NA tribes and organizations, if they are included in grant application.
- Provide opportunities for HHS program staff to visit AI/AN/NA tribes and communities and become knowledgeable of unique issues and circumstances.
- Increase interagency collaboration to expand grant opportunities and assist AI/AN/NA groups to build capacity.

Discussion

There was considerable agreement among study respondents on barriers and on strategies to reduce those barriers. Within HHS, there are currently initiatives underway at the department level or within specific agencies that are

similar to several of the suggested strategies. These initiatives, some of which were identified by HHS staff reviewing a draft version of this report, are discussed in Section IV.

The feasibility of implementing specific strategies for increasing AI/AN/NA access to HHS grant programs and the time that might be needed to implement changes depends on a number of factors, including:

- The cost in HHS staff time and additional resources required for planning and implementation of new policies and procedures.
- The cost to AI/AN/NA tribes and organizations to implement strategies requiring action on their part.
- Whether congressional action is required. (Such changes are included in this report because they were identified by study respondents; their inclusion is not meant to imply that HHS has made any commitment to pursue such legislative changes.)

This report provides an initial starting point for discussion of ways to potentially increase AI/AN/NA access to and participation in HHS grant programs. A summary of the key findings in this report was presented to the HHS Intradepartmental Council on Native American Affairs, and the Department is considering how best to utilize this information.

I. Overview and Purpose

Increasing AI/AN/NA access to HHS programs is a priority of both the Secretary of the Department of Health and Human Services (HHS) and of the HHS' Intradepartmental Council on Native American Affairs (ICNAA). In order to address this issue, the HHS' Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Native Americans, the ICNAA, and the Assistant Secretary for Budget, Technology and Finance funded a research project to help increase understanding of the programmatic and administrative barriers preventing American Indian, Alaska Native and Native American (AI/AN/NA) communities from more fully participating in those HHS discretionary grants programs for which they are eligible. Past work has shown that, for most of the HHS programs available to AI/AN/NA individuals, tribes, or organizations, very few are funding more than one or two tribes or organizations and many are not reaching such entities at all. The purpose of this study was to gather information from both HHS program officials and tribal representatives on perspectives of various program and regulatory barriers, identify for HHS the most significant barriers to grants access for AI/AN/NAs, and consider strategies for improving access. Lessons learned about reducing barriers to funding in other recent HHS initiatives targeting special populations were also reviewed to inform the study.

The main components of this project included:

- Developing, administering and analyzing the results of a survey of officials of HHS programs for which AI/AN/NA tribes, communities, and organizations are eligible, to ascertain their perspectives on possible barriers and remedies;
- Conducting focus groups with staff from a subset of these programs to explore relevant issues in more detail;
- Holding discussions with representatives of AI/AN/NA groups to obtain their input on perceived and actual barriers and how they can be lessened; and
- Consulting with a workgroup of HHS and tribal representatives at major junctures in the project.

The survey of HHS staff members was sent to 261 individuals from HHS programs that have grant funds for which AI/AN/NA tribes and organizations were eligible to apply. These programs represent all ten operating divisions of HHS. A response rate of 56.7 percent was achieved, with responses received from 148 program and grants management staff representing 93 unique HHS programs. Although at least one response was received from each operating division, this sample should not be considered representative of all HHS program and grants staff with knowledge of grants for which AI/AN communities are eligible. After the survey results were analyzed and key findings had been identified, focus groups were held with HHS staff to obtain additional input and feedback on the survey findings. Separate focus groups were held with

representatives from the National Institutes of Health, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration. A combined focus group was held with representatives from the Indian Health Service, Administration on Aging, and the Administration for Children and Families. A final focus group was held with senior staff from several agencies.

Input from representatives of AI/AN/NA tribes and organizations was obtained through scheduled sessions at five national AI/AN conferences, conference calls with members of the National Institute of Drug Abuse (NIDA) Native American Researchers and Scholars Workgroup, and individual telephone interviews with representatives of Native Hawaiian (NH) and other Pacific Islander organizations. Approximately 150 AI/AN/NA representatives participated in these sessions and interviews. Appendix A to this report contains a detailed description of the methodologies that were used to collect information from HHS program staff and from representatives of AI/AN/NA communities and organizations.

The study, was initiated in September 2004, was conducted by Westat. An interim progress report was prepared and presented at the April 2005 ICNAA meeting. This final report synthesizes the information obtained from the separate data collection activities and examines the differences and areas of agreement between the HHS and the AI/AN/NA perspectives on barriers and their reduction. The report summarizes suggested strategies to increase AI/AN/NA access to discretionary grant programs that HHS could consider for future implementation.

II. Background

The success of this study depended on a strong understanding of the issues and characteristics of AI/AN/NA tribes and communities that affect their ability to apply for HHS discretionary grants. Some of these issues and characteristics are not unique to the AI/AN/NA population and may affect the ability of other groups to obtain HHS grant funding. In this section, we provide an overview of the AI/AN/NA population and a brief summary of findings from other HHS initiatives to increase access to HHS grant programs for other populations. The section also discusses the level of grant awards and funding to AI/AN/NA groups in recent years, and the specific operating divisions that provide grant funding within HHS.

American Indians and Alaska Natives

American Indians (AI) and Alaska Natives (AN) are defined by the U.S. Census Bureau as “people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.”[1] American Indians and Alaska Natives who are

[1] U.S. Census Bureau, “The American Indian and Alaska Native Population: 2000.” Census 2000 Brief, Feb. 2002, p. 2.

members of federally-recognized tribes are a subgroup of all who report AI/AN race on the U.S. Census; they have a unique relationship with the federal government. The federal government may provide health care, housing, and other services to members of federally-recognized tribes, although these services are generally provided to those tribal members who reside on or near reservations; however, other types of tribal members/communities are sometimes eligible for HHS programs. Some grant programs are available to state-recognized tribes and, in addition, other AI/AN/NA groups may apply for HHS grants as eligible nonprofit or community-based organizations. Thus, it is important to distinguish among four groups who report American Indian or Alaska Native race:

- AI/ANs who are members of federally-recognized tribes, regardless of residence.
- AI/ANs who are members of federally-recognized tribes and who reside on or near reservations (also reported on Bureau of Indian Affairs data files).
- AI/ANs who meet the definition of "Indian" in Section 4 of the Indian Health Care Improvement Act, the primary legislative authority of the Indian Health Service. This definition is sometimes used by other HHS programs.
- AI/ANs who self-identify race as AI/AN, either alone or in combination with other races. This definition includes members of federally-recognized tribes, members of non-federally-recognized tribes, and others who report AI/AN race but are not enrolled as members of a tribe.

The Census Bureau reports that 2.5 million people reported AI/AN race only on the 2000 Census, and over 4 million reported AI/AN race only or in combination with another race. Those reporting AI/AN race only or in combination with another race are 1.5 percent of the U.S. population; those reporting AI/AN race only are 0.9 percent of the U.S. population. Forty-three percent of the AI/AN population resides in the Western region of the U.S.; 31 percent in the South; 17 percent in the Midwest; and 9 percent reside in the Northeast.[2]

American Indians and Alaska Natives, on average, are younger, have larger households, and are poorer than other Americans. American Indians who reside on reservations have real per capita income and median household income that is only half the U.S. level. Poverty rates of Indian people are three times the national average and unemployment rates are more than twice the U.S. average.[3]

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[2] *Ibid.*

[3] Taylor, J.B. and Kali, J.P., "American Indians on Reservations: A Databook of Socioeconomic Change Between the 1990 and 2000 Censuses." The Harvard Project on American Indian Economic Development, Harvard University, Cambridge, MA. January 2005.

The American Indian/Alaska Native (AI/AN) population has long experienced a disproportionately high rate of various health problems. Over time, the Indian Health Service (IHS) and the tribal and urban Indian health programs have demonstrated the ability to utilize limited resources to improve AI/AN health status, primarily by focusing on preventive and primary care services. This resulted in significant improvements between 1972-74 and 1997-99 for a number of health problems including large decreases in mortality rates due to tuberculosis, gastrointestinal disease, infant mortality, unintentional injuries, and maternal mortality.[4]

However, a recent IHS report notes that while the IHS public health model has been effective as noted above, the problems facing AI/AN communities today are very different from those that existed historically. Today, the health problems in AI/AN communities tend to mirror the health problems confronting all races in the country, such as obesity, substance abuse, and lack of exercise, tobacco dependence, and violence. The impact of these conditions is reflected in continuing health disparities between AI/ANs and the white non-Hispanic population involving increased disease burden and decreased life expectancy, often leading to the development of chronic diseases such as cardiovascular disease, diabetes, liver disease, cancer, and injuries that require costly long-term treatment. [5] In addition to unemployment and poverty, high population growth, poor living conditions and sanitation, and residence in rural areas with scarce health providers and facilities present continuing challenges for the Indian communities and the Indian health system that serves them.

Native Hawaiians and Other Pacific Islanders

The Native Hawaiian (NH) and other Pacific Islander (PI) population includes those who are members of any of the native peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Those who identified their race, alone or in combination with another race, as Hawaiian/Pacific Islander on the 2000 Census constituted 0.3 percent of the U.S. population.[6] Only one-third of the 874,414 Native Hawaiians/Pacific Islanders identified in the 2000 Census reported that their race was Hawaiian/Pacific Islander alone, while two-thirds reported their race as Hawaiian/Pacific Islander in combination with another race.

Nearly three-fourths of Native Hawaiians and other Pacific Islanders resided in the West in 2000; over half resided in Hawaii and California. Native

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[4] Indian Health Service FY 2005 Performance Plan, FY 2004 Revised Final Performance Plan and FY 2003 Performance Report, January 28, 2004: U.S. HHS/PHS/IHS: Rockville, Maryland. http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp

[5] Promises to Keep: Public Health Policy for American Indians & Alaska Natives in the 21st Century, M. Dixon and Y. Roubideaux (eds.). The American Public Health Association, 2002; T. Kue Young, The Health of Native Americans: Towards a Biocultural Epidemiology, Oxford University Press, 1994; American Indian Health: Innovations in Health Care, Promotion, and Policy, E.R. Rhoades, M.D. (ed.). The Johns Hopkins University Press, 2000.

[6] U.S. Bureau of the Census, "The Native Hawaiian and Other Pacific Islander Population: 2000." Census 2000 Brief, December 2001.

Hawaiians and other Pacific Islanders are nearly 25 percent of the population of Hawaii.

Within the Native Hawaiian/Pacific Islander population, there are several ethnically distinct categories. Polynesians, including Native Hawaiians, Samoans, Tongans, Tahitians, Tuvaluans, and Maoris, are the largest subgroup, accounting for 65 percent of all NH/PIs. Micronesians, including Guamanians, Marshallese, Palauans, residents of the Northern Mariana Islands and of the Federated States of Micronesia, are 13 percent of all NH/PIs. Melanesians, including Fijians, New Caledonians, Solomon Islanders, Vanuatuans, and Papua New Guineans, are two percent of this population.[7]

There is less information available on health and socioeconomic status of Native Hawaiians and other Pacific Islanders than for American Indians and Alaska Natives. Until recently, race identification on the U.S. Census and other national surveys combined Asians and Native Hawaiians/Pacific Islanders into one category. There has been increasing evidence, however, that there is great diversity within this combined racial category. As a result, the Office of Management and Budget established a new racial category, Native Hawaiian and Pacific Islander, and required that federal agencies collect information on this new race category by 2003. The 2000 Census included the NH/PI race category and, as a result, provides an initial baseline for assessing socioeconomic status and some limited health measures.[8]

The limited information available indicates that the NH/PI population is younger, household size is larger, and household income is lower than the U.S. average. Available data also indicate that the NH/PI population experiences poorer health than the U.S. average. Infant mortality rates for Native Hawaiians in 2002 were 37 percent higher than the rate for all races in the U.S.; the tuberculosis rate in the U.S. Pacific Islands was 8.4 times the mainland U.S. average; and Native Hawaiians in Hawaii were more than twice as likely to be diagnosed with diabetes as non-Hispanic white residents of Hawaii.[9]

Level of AI/AN/NA Grant Awards and Funding, 2004

The underlying rationale for this study is based on the perception that AI/AN/NA tribes and organizations receive a disproportionately low number of HHS grant awards. Information from the HHS Tracking Accountability in Government Grants System (TAGGS) database for FY 2004 provides evidence that the AI/AN/NA population is under-represented as a proportion of total grant funding across all HHS agencies. AI/AN/NAs are approximately 1.5 percent of the U.S. population, but AI/AN/NA entities serving them receive only 0.51 percent

[7] Panapassa, S.V. "The Health of U.S. Pacific Islander Populations: Emerging Directions." Presentation, May 2005.
[8] *Ibid.*
[9] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Minority Health, "Highlights in Minority Health, Asian American and Pacific Islander Heritage Month." May 2005. (Accessed 9-16-05 at http://www.cdc.gov/omh/Highlights/2005/HMary05.htm).

of total grant funds awarded by HHS agencies.[10] HHS currently does not have the data capability to determine whether this under-representation in grant awards is due to disproportionately fewer applications from AI/AN/NA groups or to disproportionately low rates of awards to AI/AN/NA groups that submit applications.

The proportion of funds awarded to AI/AN/NA tribes and organizations varies widely across agencies. The Indian Health Service awarded 72 percent of its total grant funding to tribes and tribal organizations in 2004 and the Administration on Aging awarded 2 percent of its total funding to AI/AN groups that year. The National Institutes of Health awarded only 0.01 percent of total available grant funds to AI/AN/NA groups – and made only eight awards to these groups out of a total of 55,822 grants awarded. However, the NIH does fund grants to non-AI/AN/NA groups that support research in AI/AN/NA communities and it also provides some of its extramural research dollars to a small number of academic institutions that are run by tribes. With the exception of the three agencies that manage grant programs that are specific to AI/AN/NAs (IHS, AoA, and ACF/ANA), no HHS agency awarded more than 0.63 percent of total grant funding to AI/AN/NA tribes or organizations.

Agencies vary in the types of grant programs they support and, to some extent, under-representation of AI/AN/NA groups in grant awards and funding may reflect the types of grants available from specific agencies. NIH and the Agency for Health Care Research and Quality (AHRQ) focus heavily on academic research grants, and AI/AN/NA tribes and organizations may have limited experience and lack staff with appropriate technical expertise to conduct research. Other agencies – Health Resources and Services Administration (HRSA), Centers for Disease Control (CDC), and Substance Abuse and Mental Health Services Administration (SAMHSA) – support some research-focused grants and others that fund program development and provision of services. AI/AN/NA groups may be more likely to apply and be funded for non-research-focused grant programs. Despite this, HRSA, CDC, and SAMHSA also fund disproportionately few grants to this population.

Review of Other Initiatives

Through other projects, HHS has examined barriers to access to departmental grant programs by other special population groups, including people experiencing homelessness, rural Americans and those served by faith-based and community organizations. Knowing that these past efforts could provide valuable context for the current study, Westat staff reviewed the earlier studies' methodologies and findings and talked to key federal contacts

[10] U.S. Bureau of the Census, "We the People: American Indians and Alaska Natives in the United States." Census 2000 Special Reports, February 2006. Grant receipt data are based on a search of the TAGGS data specifying that the recipient of the awards be a "Tribal Council." Awards to AI/AN/NA applicants can be to tribes, tribal councils, community organizations, communities, and many other types of applicants. These applicants are not generally identified as AI/AN/NA organizations in the data. Obtaining an exhaustive count of these recipients was beyond the scope of this project.

associated with the projects to better understand the issues they confronted. Information on how these studies solicited information on barriers informed our approach, and not surprisingly, many of the suggestions we heard in this current study parallel those identified in previous studies.

The barriers identified in these earlier reports and the strategies presented to address these barriers are generally related to statutory, regulatory, administrative, or policy issues and to resources of the population groups examined. Statutory barriers are legislative requirements that may define program parameters that direct funding and payment policies (e.g., requirements for matching funds, population-based formulas that determine the level of funding, and eligibility rules). Regulatory barriers include program rules, definitions, and procedures. Administrative barriers may include management requirements and standards for routine program functions. Resource barriers generally are those that involve limited infrastructure or capacity of the population groups studied that affect their ability to learn about, respond to, and manage HHS grants.

Statutory barriers to access to HHS grant funds for these populations included: 1) distribution of HHS funds through state block grants that may not be distributed by recipient states to organizations serving under-represented population groups; 2) requirements for matching funds that may be prohibitive for under-served groups that lack resources for the match; and 3) programs with allocation formulas based on numbers of clients or anticipated costs that may be biased against small or rural communities with small numbers of participants and the inability to spread costs across a larger client base. It should be noted, however, that statutory requirements are often necessary to design programs that meet the need identified by Congress.

Two regulatory barriers identified were: 1) inconsistent definitions of the terms “community” and/or “rural”; and 2) data required to establish eligibility and meet reporting requirements are often not available at the rural and small community level. Several cross-cutting administrative, policy and resource barriers were also identified: 1) lack of resources to track and identify grant opportunities; 2) each HHS program requires unique grant application formats and have different grants management requirements; 3) program funding is inadequate for small community-based organizations to administer and provide services to special populations and to those in remote areas; 4) the inherent advantage previous HHS grantees have in the award process; and 5) lack of explicit statements about eligibility in grant announcements.

A number of barriers related to the limited resources and capacity of these special population groups were also identified, including: 1) potential applicants may not have resources or experience to track and identify grant opportunities, prepare grants, or gain access to experienced grants writers; and 2) many community-based programs for people who are homeless, rural populations, and faith-based organizations do not have administrative or service capacity to meet program requirements or to successfully apply and compete for grants, due to

limited workforce numbers, lack of computer and internet technology and experience, and transportation barriers.

HHS Operating Divisions and Grant Programs Examined

Discretionary grant opportunities that may be of interest and relevant to AI/AN/NA tribes and organizations originate from each of the HHS operating divisions. The survey of HHS staff and program officials and the focus groups conducted to obtain more detailed input on perceived barriers encompassed all ten HHS operating divisions and 129 specific grant programs for which AI/AN/NA organizations were eligible to apply. The majority of the 129 grant programs studied were identified from a study done by HHS using FY 2003 data that examined characteristics of grant programs for which tribes were eligible to apply. Table 1 summarizes the operating divisions and programs surveyed.

Table 1: HHS Operating Divisions and Programs Included in Study

OPDIV	Acronym	Number of Programs Surveyed	Number of Staff Surveyed
Administration for Children and Families	ACF	20	39
Agency for Health Care Research and Quality	AHRQ	1	2
Administration on Aging	AoA	2	3
Centers for Disease Control	CDC	22	37
Centers for Medicare and Medicaid Services	CMS	1	1
Office of the Secretary	HHS/OS	3	6
Health Resources and Services Administration	HRSA	35	44
Indian Health Service	IHS	10	20
National Institutes of Health	NIH	16	57
Substance Abuse and Mental Health Services Administration	SAMHSA	19	52
Total		129	261

Three of the agencies listed above – IHS, AoA, ACF/ANA – award AI/AN/NA-specific grants. In addition to the survey of operating division staff, focus groups were subsequently conducted with staff from ACF, AoA, CDC, HRSA, IHS, NIH, and SAMHSA and with senior staff from ANA, IHS, ASBTF/Division of Grants Oversight and Review and Division of Discretionary Grants, SAMHSA, and AHRQ.

III. Findings

The perspectives of HHS program staff and AI/AN/NA representatives on barriers to access and strategies to increase access to HHS grant programs are summarized in this section. Areas of concurrence, differences in perspectives, and suggestions for changes are highlighted and discussed. In addition, we present a set of strategies for change that are drawn from these sources. The discussion in this section is organized by the broad topic areas that were explored with HHS program staff and AI/AN/NA representatives, including:

- Sources of information on HHS grant opportunities;
- Factors that affect the decision to apply (or not apply) for a specific grant opportunity;
- Experiences with developing grant applications;
- Experiences with the HHS grant review process;
- Experiences with grants management requirements and processes; and
- Other issues that affect access to HHS grant programs.

Some suggested strategies to address barriers are repeated in more than one topic area, as the interviewees indicated that the strategy would be appropriate to accomplish several objectives. Appendix B includes tables organized by each of the above topic areas that list key barriers along with suggestions to address each of the identified barriers. Finally, during the review of this report by staff from HHS Operating Divisions, information was provided that a number of the suggested strategies are currently in place in some Operating Divisions or HHS-wide. These are discussed in Section IV, _ Initiatives Underway.

Sources of Information on HHS Grant Opportunities

Learning about HHS grant opportunities in a timely way that permits preparation and submission of a well-developed grant application is a critical issue for AI/AN/NA access to HHS grant programs. A number of barriers to obtaining information about HHS grant opportunities were identified by both HHS program staff and by AI/AN/NA representatives.

AI/AN/NA representatives focused on limited resources to track and identify HHS grant opportunities as the major barrier to learning about HHS grant opportunities. Smaller AI/AN/NA organizations often do not have staff with experience or available time to devote to tracking opportunities on an ongoing basis. In addition, many of the AI/AN/NA representatives expressed concern about the increasing reliance of HHS and other federal agencies on Internet announcements. Many AI/AN/NA tribes and organizations are located in rural areas and have limited Internet access to track and identify grant opportunities.

In addition, grant announcements may be sent to tribal chairs or other high-level managers who are very busy and do not forward the announcement to the appropriate person in the tribe in a timely way. These factors often result in AI/AN/NA organizations learning about grant opportunities at a point when there is little time left to prepare a grant application. The usual short time period between grant announcements and their due dates was identified as a significant barrier for those who do not have resources to learn about grant opportunities on a timely basis. A short time span does not allow adequate time for coordination with any potential partners including the state, obtaining tribal approvals, and writing the grant proposal.

Some HHS program staff indicated that they perceived that some AI/AN/NA tribes and organizations were unaware of grant opportunities and generally indicated that lack of resources and knowledge about sources where grant announcements were published were the primary causes. Grant opportunities are announced in multiple ways and these were mentioned by most of the HHS program staff and by many of the AI/AN/NA representatives. Both HHS program staff and some AI/AN/NA representatives mentioned that national or regional AI/AN/NA organizations provide information to their members about grant opportunities and suggested that these organizations could take a larger role in dissemination, perhaps in partnership with HHS. HHS staff also suggested that increased coordination among the OPDIVs such as sharing lists of tribal contacts, may increase access. However, HHS program staff also expressed concern that the costs of extensive and targeted outreach to assist AI/AN/NA tribes and organizations to learn about the grant application tracking process and grant opportunities could be high; thus, cost-effective approaches would need to be utilized.

Specific suggestions for increasing awareness of HHS grant opportunities were made by both HHS program staff and by AI/AN/NA representatives. These are presented in Table 2.

Table 2: Respondent Suggestions for Increasing AI/AN/NA Awareness of Grant Opportunities

Suggestions	HHS Respondents	AI/AN/NA Participants
Publish a compilation of potential grant opportunities for the fiscal year at the beginning of the year in hard copy format and distribute widely.	X	X
Increase use of annual or multiple year program announcements with multiple deadlines	X	
Use multiple forms of communication on grant opportunities (e.g., fax, telephone, email).		X
Provide targeted training by HHS on Grants.Gov to AI/AN/NA tribes and organizations.	X	X
Assign responsibility to HHS Regional Offices to notify AI/AN/NA tribes and organizations in their region about grant opportunities.		X
Provide targeted outreach and training/technical assistance in advance of grant announcements.	X	
National and regional AI/AN/NA organizations take a greater role in dissemination of information on grant opportunities, perhaps in partnership with HHS.	X	X
Coordinate among OPDIVs by sharing lists of tribal contacts.	X	
AI/AN/NA tribes/organizations designate a "point of contact" to receive grant announcements from HHS.	X	X

Although AI/AN/NA representatives were more likely to identify specific changes that HHS could make to increase awareness of grant opportunities, HHS program staff were also aware of the need for more targeted outreach and for training and technical assistance that would assist AI/AN/NA tribes and organizations to learn about and prepare for specific grant opportunities. Targeted outreach was discussed in a variety of ways; for example, identification by HHS staff of tribes that have specific needs in a substantive area or that are interested in certain types of grants and then sending electronic and hard copies of the RFA to these tribes; HHS staff attendance at national and other tribal

meetings in order to increase awareness of grant opportunities; and providing specialized assistance to tribes interested in a specific grant opportunity.

Factors that Affect the Decision to Apply for Specific Grant Opportunities

The decision to apply for a specific grant opportunity involves many factors, including the relevance of the grant program to AI/AN/NA needs and priorities. Many of the issues raised by AI/AN/NA representatives and by HHS staff as barriers to a decision to pursue grant opportunities were related to limited resources and capacity in AI/AN/NA communities, including:

- Short time frame between the announcement and the due date for the application; and
- Lack of staff with experience in or the time to prepare technical and financial proposals.

Other issues raised were related to HHS procedures and requirements, including:

- Uncertainty about whether AI/AN/NA tribes and organizations were eligible to apply for the specific opportunity as a result of inexplicit language; for example, the RFA may say that public and private nonprofit agencies are eligible, and although this term may include tribes, tribes are not specifically mentioned in the announcement. Also, it may not be clear if certain tribal organizations such as tribal colleges and universities, non-federally recognized tribes or Urban Indian Health Centers are eligible.
- Difficulty reaching identified HHS contact persons to obtain clarifications and additional information;
- Lack of required data for small areas and groups to establish “need”;
- Requirements for collaboration or coordination with states or other local entities, with which AI/AN/NA groups may have poor or limited relationships;
- Limitations on indirect costs;
- Requirements for matching funds;
- Recommendations or requirements in some grant announcements that the applicant provide a plan to demonstrate that the program will be sustained after the end of grant funding;
- Explicit or implicit requirements that the proposed program director or principal investigator have specific academic degrees or credentials, which are often not available in AI/AN/NA tribes and organizations; and
- Skepticism of AI/AN/NA leaders about the ability of HHS agencies and reviewers to understand and make allowances for the unique issues and circumstances of AI/AN/NA tribes and organizations.

Both AI/AN/NA representatives and HHS program staff suggested that one way to address the lack of resources and experienced staff that are major factors affecting the decision to apply for a grant opportunity was for HHS to provide more training and technical assistance (T/TA) on grant writing to these tribes and organizations. This T/TA could be provided either directly by HHS or through contractors who would have regional responsibilities for providing these services. It was also suggested that more planning grants might be made available to AI/AN/NA organizations to assist them to build capacity and infrastructure. Some strategies suggested by respondents addressed barriers associated with HHS procedures (e.g., identifying multiple HHS contacts for additional information, including specific language about AI/AN/NA tribes and organizations in the eligibility criteria). Other suggestions (e.g., waiving or modifying requirements for matching funds, limits on indirect costs, or requirements for collaboration or coordination with states) are likely to require congressional action to address. However, it should be noted that waiving or modifying any type of requirements is easier to accommodate in programs where these requirements are not specified in statute.

There was considerable discussion by AI/AN/NA representatives of the effect of limitations on indirect costs and requirements for matching funds on decisions to apply for specific grants. AI/AN/NA representatives stated that limits on indirect costs and requirements for matching funds were often reasons for deciding not to apply for a specific grant. Many tribes and organizations have very limited resources and, as a result, are unable to administer a program that is not fully funded by HHS with respect to indirect costs.

HHS staff indicated that indirect rates are negotiated on a case-by-case basis with each organization applying for grant funding so recovery of indirect costs should be handled in those negotiations. They did note that if tribes or other organizations cannot fully recover their indirect costs, the organizations will either not apply for the grant or will have to take those funds away from the program itself. Some HHS staff indicated that waiver of limits on indirect costs could be considered in some situations if a request is made that documents inability to meet these costs. They also commented on the fact that the indirect costs are treated differently in some IHS and non-IHS HHS funding streams. These staff members suggested that this difference may cause confusion in the grant application process. When contracts are issued from IHS for tribes or other organizations to provide health care, the tribe or organization receives funds to operate the program plus additional administrative costs beyond the projected actual cost of the health care, whereas non-IHS HHS grant fund applications must build indirect costs into the proposal budget.

Similarly, few AI/AN/NA tribes and organizations have access to funds that could be used to provide even a relatively low level of matching funds. A related issue was the recommendation or requirement of some grant programs that grant applicants provide a plan to demonstrate the sustainability of the program after grant funding ended, which would be helpful to the AI/AN/NA community that has come to rely on it during the grant period. Sustainability of some components of

the program may be possible, but some grant announcements require a plan for sustainability of the full program. Several AI/AN/NA representatives stated that, if they had the necessary resources to sustain a program, they would already have the program in place. HHS staff suggested that AI/AN/NA-specific grant options within broader grant programs could include flexibility in grant announcements by encouraging creative proposals for achieving a degree of sustainability in grant proposals.

Both HHS staff and AI/AN/NA representatives recognized that the requirements in some grant announcements for specific detailed data on prevalence of disease conditions or "need" for services are a barrier for some tribes/organizations, particularly those in rural areas and in the Pacific Islands. Both baseline data to measure progress as well as data to monitor and report on outcomes are important. Modifying the requirements for rural and other applicants in areas for which data on need are not available could be considered, as well as increased flexibility in the type and level of detailed data that are acceptable.

HHS staff indicated that grant reviewers must follow the requirements set in the RFA in scoring proposals and making award decisions, but recognized that some grant announcements may be written in a way that is culturally insensitive and pose an undue burden. For example, some grant announcements require that only evidence-based practices be used in a grant program; however, traditional tribal practices may not be evidence-based or not yet researched as such. Thus, language in the announcement needs to recognize these traditional practices and/or set up alternative standards of proof for evidence-based practice. Language such as "tribal/ethnic/culturally-specific approaches are acceptable" could be incorporated into the grant announcement to encourage culturally appropriate responses.

Some HHS staff and AI/AN/NA representatives also noted that grant programs may not be designed to "fit" tribal structure and needs. For example, grant programs that indicate that only health provider groups are eligible do not recognize that many tribes receive services through the IHS and IHS cannot apply for grant funding from other federal agencies. A related issue is the requirement, in some grant announcements, that the proposed program director and/or staff have specific academic credentials. In most rural areas and on reservations there may not be a supply of people with these credentials. As a result, many AI/AN/NA staff learn "on the job" and build extensive experience in other ways, but do not meet the specific academic or credential requirements for the grant program.

AI/AN/NA representatives also emphasized the significant barrier posed by the short time frame between grant announcements and due dates and nearly uniformly suggested that HHS increase that time frame in order to encourage more tribes and organizations to pursue grant opportunities. HHS program staff, however, were much less likely to suggest that this time extension was needed. However, a suggestion by HHS staff was offered involving an increased use of program announcements as a solution. This mechanism specifies a program

area and has a shelf-life of three to five years, providing multiple receipt dates spread out over time; for example, there could be six opportunities to submit an application over the three to five years. Although there is no guarantee that the program would be refunded every year, often it is. Suggestions for facilitating the decision to apply for grants are presented in Table 3.

See Page 16 for Table 3.

Table 3: Respondent Suggestions for Increasing AI/AN/NA Decisions to Apply for Grant Opportunities

Suggestions	HHS Respondents	AI/AN/NA Participants
Increase the time between grant announcements and due dates for submission.		X
Increase use of annual or multiple year program announcements with multiple deadlines.	X	
Establish a pre-proposal letter of inquiry (LOI) process with invited proposals based on review of LOI.		X
Include specific language in announcement about AI/AN/NA eligibility.	X	X
Consider specific language in grant announcement that experience can be substituted for academic credentials.	X	
Increase accessibility of HHS grant program contacts.	X	X
Establish multiple HHS contacts to answer questions about the announcement.	X	X
Consider waiving or modifying limits on indirect costs and requirements for matching funds for organizations that can demonstrate that they do not have sufficient resources to conduct the program or match the funding.		X
Re-examine type and extent of requirements for data on "need" for AI/AN/NA applicants in rural areas and/or work with potential applicants to determine data required to establish need.	X	X
AI/AN/NA tribes /organizations contact program office to reach agreement on acceptable data on need.	X	
Consider waiving or modifying requirements for collaboration/coordination with state and local agencies in appropriate circumstances.	X	X
Consider waiving or modifying requirements to demonstrate that grant program can be fully sustained.		X
Provide more training and technical assistance to AI/AN/NA tribes and organizations on grant writing.	X	X
Increase the number and types of planning grants for which AI/AN/NA organizations may apply.	X	
Design programs to better fit AI/AN/NA tribes' and communities' needs.	X	X
Make RFA more culturally adaptive (e.g., accept traditional practices as well as evidence-based practices).	X	X

Preparing Grant Applications

Limited resources and experience in AI/AN/NA tribes and organizations were also the most frequently cited barriers to preparing a grant application, for both HHS program staff and AI/AN/NA representatives. AI/AN/NA respondents expressed concern about limited computer/internet access and experience of some tribes and urged that HHS not move to requiring electronic submission of grants and continue to permit hard copy submission as an option.

The short time frame between the announcement and due date for submissions was also mentioned by AI/AN/NA representatives who stressed that tribal council or board approval often required at least a month, leaving grant writers only a short time to actually prepare the grant application. AI/AN/NA representatives also mentioned that, in some cases, they have had trouble reaching the designated agency contact to obtain information and clarifications of requirements.

Both HHS program staff and AI/AN/NA representatives identified inadequate training and technical assistance to assist tribes and other organizations to develop skills and experience in grant writing. Some HHS staff and AI/AN/NA representatives suggested that national and regional AI/AN/NA organizations could take a greater role in providing outreach, training, and technical assistance on grant preparation, perhaps in partnership with HHS. In addition, some HHS staff indicated that perhaps AI/AN/NA tribes and organizations that have experience and success in obtaining HHS grants could serve as “peer” advisors to other tribes and organizations. Native Hawaiian/Pacific Islander representatives stated that “peer” organizations could be most effective in providing this type of knowledge transfer.

While both AI/AN/NA and HHS participants agreed on the need for more technical assistance and training, at the same time HHS officials recognized that resource limitations required this technical assistance to be targeted as discussed in the above section on Sources of Information on HHS Grant Opportunities. One suggestion for those who may not be able to attend off-site training sessions was the use of a compact disc, Webcasting or video-teleconference as basic training tools that could be used to tell potential applicants what reviewers will look for, the importance of completing all sections of the application, and other key tips.

Some HHS program staff also suggested that AI/AN/NA tribes and organizations make greater efforts to send staff to training and technical assistance sessions in order to increase the likelihood that their grant applications would be responsive to requirements and have a greater probability of success. AI/AN/NA representatives indicated that the cost of sending staff to these trainings was often more than they could afford, particularly when they were only held in a few locations. It was suggested that HHS hold more trainings and technical assistance workshops regionally and in locations that were more

accessible to AI/AN/NA groups. In addition, it was suggested that T/TA sessions might be held in locations where national/regional AI/AN/NA conferences are held, during or just before or after the conference. Along these lines, HHS staff suggested that HHS, perhaps through the ICNAA, coordinate training efforts among those OPDIVs attempting to do outreach to AI/AN/NA organizations. As a result, tribes may only have to send their staff members to one training instead of multiple meetings.

A major issue raised by many AI/AN/NA representatives, and some HHS program officials, was that different agencies and specific grant programs appear to use different formats and requirements for grant applications. This was perceived to be a significant issue that made it difficult for AI/AN/NA staff to become proficient at preparing grant applications, since formats and rules differed so much among grant programs. AI/AN/NA representatives emphasized the need for a standardized grant application format to assist them to develop expertise in grant writing that could be used across multiple agencies and programs. Some HHS staff noted that grant application formats are standardized, particularly with respect to budget forms and certifications required. However, AI/AN/NA respondents indicated that unique aspects of the program narrative requirements across agencies and grant programs posed the greatest difficulties for interpretation and response to announcements.

Some AI/AN/NA representatives also expressed concern about the trend toward requiring electronic submission of grant applications, stating that this requirement would make it impossible for organizations in rural areas and with limited computer expertise to prepare and submit grants.

Some HHS program staff also emphasized that one strategy for AI/AN/NA organizations to develop capacity and a foundation for successful grants applications was for these organizations to apply for planning grants that provide funds to develop program capacity that would enable them to apply for larger implementation grants. These program staff suggested that HHS could increase the use of planning grants in order to provide AI/AN/NA organizations with funding that would assist them in preparing successful grant applications. HHS staff also suggested that increased use of program announcements with multiple due dates could be helpful to tribes/organizations.

These and other suggestions for changes that would provide support and assistance to AI/AN/NA tribes and organizations in preparing grant applications are presented in Table 4 on the next page.

Table 4: Respondent Suggestions for Assisting AI/AN/NA Tribes and Organizations to Prepare Grant Applications

Suggestions	HHS Respondents	AI/AN/NA Participants
Standardize grant application format and requirements across all HHS agencies.	X	X
Increase time between announcement and due dates.		X
Increase use of annual or multiple year program announcements with multiple deadlines.	X	
Increase the number and types of planning grants for which AI/AN/NA organizations may apply.	X	
Establish a pre-proposal letter of inquiry (LOI) process with invited proposals based on review of LOI.		X
Increase accessibility of agency contacts for information and clarifications.		X
Establish multiple HHS contacts to answer questions about the announcement.	X	X
National and regional AI/AN/NA organizations take a greater role in providing training and technical assistance, perhaps in partnership with HHS.	X	
Successful AI/AN/NA grantees provide “peer” training to other AI/AN/NA tribes/organizations.	X	X
AI/AN/NA tribes/organizations send staff to HHS and other grant training workshops.	X	
Continue to permit hard copy submission of applications as an option, in addition to use of electronic submissions.	X	X

Grant Review Processes

AI/AN/NA representatives had numerous personal experiences with HHS grant review processes that were shared during the conference sessions and interviews. These experiences strongly suggested to them that some grant reviewers had very limited or no understanding of AI/AN/NA history, culture, geography, and resource limitations. In addition, AI/AN/NA representatives related experiences that suggested that, even when no minimum population base was specified in the eligibility criteria, some reviewers ranked AI/AN/NA applications lower because of the small number of people that would be reached by the grant program. Those AI/AN/NA representatives that had applied for grants that were primarily research-oriented or had a significant evaluation component also stated that HHS agencies relied heavily on academic reviewers who placed disproportionate emphasis on academic credentials and degrees and discounted extensive experience of proposed staff because they did not have academic experience. Finally, some AI/AN/NA representatives stated that HHS agencies sometimes do not provide adequate information on the reasons their application was rejected, and this was seen as a barrier to learning how to improve their future applications.

HHS program staff generally believed that the review processes in place were designed to be fair and informative. Some did note that there might be reviewers who had limited knowledge and understanding of AI/AN/NA issues that could be important to appropriately evaluate grant applications. Most HHS program staff believed that the current process provided feedback to applicants to help them understand the reasons for acceptance or rejection.

Suggestions for changes in the grant review process that would increase AI/AN/NA access to HHS grant programs are provided in Table 5. AI/AN/NA representatives provided most of these suggestions, although some HHS program staff also suggested that it might be helpful to either include AI/AN/NA reviewers on grant panels considering AI/AN/NA applications or to provide some background to the reviewers on unique issues that might be considered in reviewing applications from AI/AN/NA tribes and organizations. HHS staff also noted that program announcements and scoring criteria can make clear that experience can substitute for academic credentials, as appropriate. Finally, some HHS program staff encouraged AI/AN/NA applicants to contact the agency for more information, if summary statements are not provided or if the reasons for rejection were not clear.

Table 5: Respondent Suggestions for Grant Review Process

Suggestions	HHS Respondents	AI/AN/NA Participants
Include AI/AN/NA reviewers on grant review panels when AI/AN/NA applications are being reviewed.	X	X
Provide information to reviewers about unique AI/AN/NA issues prior to review of applications submitted by AI/AN/NA groups.	X	X
Consider reducing reliance on academic reviewers.		X
Provide academic reviewers with information/guidelines to reduce their emphasis on degrees and credentials.		X
If agency has minimum population base requirements, state that in announcement or, if not, provide reviewers with clear guidance.		X
Provide clear information on reasons for rejection of application.		X
AI/AN/NA applicants seek information on reasons for rejection, if agency does not provide summary statements or if reason is unclear.	X	

Grants Management Issues and Processes

Grants management processes and requirements did not stimulate as much discussion in AI/AN/NA sessions and interviews as did other topics, nor did many HHS program staff identify grants management issues as significant barriers to AI/AN/NA access to HHS grants programs. Several AI/AN/NA representatives who had received HHS grants mentioned that grants management was difficult when the organization had multiple grants because each HHS agency appeared to have different reporting and financial documentation requirements. As a result, staff had to learn new procedures with each new grant and this required additional time and resources.

AI/AN/NA representatives suggested that HHS consider standardizing grants management requirements and formats across agencies to reduce burden of grantees. HHS staff indicated that lack of administrative and financial infrastructures to support awards and successfully implement programs were a particular barrier for small tribes and organizations, resulting in an uneven playing field among these groups. Both AI/AN/NA representatives and HHS program staff suggested that additional training and technical assistance to new

grantees on grants management requirements and financial documentation would be beneficial (Table 6).

Table 6: Respondent Suggestions for Grants Management Processes

Suggestions	HHS Respondents	AI/AN/NA Participants
Standardize grants management financial and reporting requirements across HHS agencies.		X
Provide grants management training and technical assistance to new grantees.	X	X

Other Suggestions and Issues

AI/AN/NA representatives had additional suggestions to HHS on strategies for increasing AI/AN/NA access to HHS grant programs (Table 7). Many AI/AN/NA representatives indicated that they believed that, due to limited resources and capacity, their organizations did not have the ability to compete successfully against large urban organizations and universities. Given this disparity in resources, "set-asides" for AI/AN/NA organizations within grant programs were perceived to be a possible strategy for increasing the number of grant awards to this group. A related suggestion was that more grants be offered that are targeted to only AI/AN/NA tribes and organizations. However, representatives of smaller, rural, and poorer tribes and organizations also noted that set-asides and targeted grant programs would likely result in more grants being awarded to larger, more affluent tribes and organizations and would not benefit those that currently are less likely to receive grant funding. These representatives suggested that there be "small, rural, poor set-asides" within any AI/AN/NA set-aside program to ensure that grants were awarded to the diverse range of AI/AN/NA organizations.

AI/AN/NA representatives also suggested that HHS establish a data base that could be used to monitor applications and awards from individual AI/AN/NA tribes and organizations. This monitoring process could identify tribes and organizations that were submitting applications but not being awarded grants. This information could be used to develop and provide targeted training and technical assistance to tribes and organizations that were unsuccessful and needed additional T/TA to be successful on future applications.

Another suggestion by AI/AN/NA representatives was to change HHS grant application procedures to a two-phased process. An initial solicitation would be in the form of short letters of inquiry/proposal abstracts that briefly describe the methodology/approach that would be developed and the applicant's capacity to conduct a particular grant program. Then, HHS could screen those

brief letters/abstracts and select a limited number of potential applicants to submit full grant applications that would have a much higher probability of success. This two-stage approach is used by some foundations and imposes much less burden on limited resources of AI/AN/NA organizations. HHS program staff acknowledged that this change would reduce the burden on grant applicants, but noted that it would increase the burden on HHS staff that would have to conduct two rounds of review.

A number of AI/AN/NA representatives were concerned about and cited examples of states and universities applying for and being awarded grants that focused on AI/AN/NA populations without ever obtaining tribal or other leadership agreement. Subsequently, these grantees might seek to obtain approval and involvement of the AI/AN/NA population or, in some cases, conduct the program with other groups or without approval. The suggestion was made that HHS agencies should be cautious about grant applicants who are non-Native but planning to conduct research or programs with AI/AN/NA populations and should require that the applicant submit letters of support and memoranda of agreement from the tribal population prior to HHS making an award.

Both AI/AN/NA representatives and some HHS program staff indicated that greater communication between HHS staff and AI/AN/NA tribes and organizations would be beneficial and would increase access to HHS grant programs for this population. Training and technical assistance could be provided where AI/AN/NA tribes and organizations are located and would provide HHS T/TA staff with more knowledge and information on AI/AN/NA culture, history, and circumstances. Similarly, HHS program staff could visit AI/AN/NA grantees and observe first-hand the issues that affect tribes and other organizations. This increased knowledge on the part of HHS staff could be helpful at all stages of the grant process, from methods for advertising grant announcements through review processes and to ensuring effective grants management after award.

Collaboration among HHS agencies and organizations involved in grant implementation was also discussed as a possible way to build the infrastructure necessary to successfully administer programs and manage grant funds. For example, the Native American Research Center for Health (NARCH) is a cooperative program using funds from IHS and various research agencies such as NIH and AHRQ to fund research activities and training at tribal organizations. The principal research investigator must be associated with a tribe, but need not be American Indian. The tribe then partners with an academic institution. Also, there can be partnerships between OPDIVs; for example, if a tribe has received a SAMHSA grant, they would then be eligible to apply for an NIH research grant/clinical trial that focused on the purpose of the SAMHSA grant. SAMHSA and NIDA currently have this type of an arrangement.

Table 7: Other Overarching Suggestions from Respondents to Increase AI/AN/NA Access to HHS Grant Programs

Suggestions	HHS Respondents	AI/AN/NA Participants
Consider AI/AN/NA "set-asides" within grant programs.	X	X
Consider targeting "set-asides" to smaller/poorer AI/AN/NA tribes and organizations.		X
Increase number of grants targeted specifically to AI/AN/NA organizations.	X	
Monitor AI/AN/NA grant applications and awards within HHS to track award trends and to target technical assistance, including to unsuccessful applicants.		X
Require states and academic institutions that submit applications involving AI/AN/NA tribes and organizations to provide evidence of AI/AN/NA support and participation prior to award.		X
HHS staff within each agency should visit AI/AN/NA tribes and communities to become knowledgeable about unique issues and circumstances.		X
Increase interagency collaboration to expand grant opportunities and assist AI/AN/NA groups to build capacity.	X	

As noted, HHS Operating Division staff identified a number of strategies currently in place in some Operating Divisions or HHS-wide that address some of the identified barriers. These are discussed below in Section IV, Initiatives Underway.

IV. Discussion

Similarities and Differences in Perspectives of HHS Program Staff and AI/AN/NA Representatives

HHS program staff and AI/AN/NA representatives who participated in this study were generally in agreement that the major barrier to AI/AN/NA access to HHS grants is the limited resources, capacity, and experience of these groups to engage successfully in the grant process. Both groups also identified and recognized that the lack of resources and capacity for electronic communication,

combined with the increasing emphasis on use of the internet by HHS grant programs, had the potential to further disadvantage those organizations that had limited access to the internet. AI/AN/NA representatives were particularly cognizant of the diversity of AI/AN/NA tribes and communities with respect to resources and capacity and emphasized that tribes and communities that were rural, geographically isolated, and poor faced more barriers and needed more assistance than others.

AI/AN/NA representatives also were more likely to identify specific regulatory and procedural issues within HHS than did HHS program staff. Many of the discussions of these specific issues were illustrated by AI/AN/NA representatives by their own experiences, e.g., difficulties in contacting HHS grant program staff to obtain clarifications about grant requirements, and difficulties in obtaining cooperation from state and local agencies that some grants require. AI/AN/NA representatives also cited a wide range of examples of grant reviewers' comments that they felt documented the lack of knowledge and understanding of Native culture and circumstances (e.g., one individual said that a grant reviewer commented that the proposed inclusion of traditional medicine men in the project was the equivalent of the grant supporting "witch doctors"; another individual volunteered that grant reviewers criticized the proposed high costs of travel, not recognizing that travel between islands in the Pacific is very expensive).

Many HHS program staff, however, did recognize that their own and grant reviewers' lack of knowledge of and experience with AI/AN/NA culture and circumstances could disadvantage tribes and organizations that apply for grant funds. Program staff from agencies that work extensively with AI/AN/NA groups (i.e., IHS, ANA, AoA) were likely to be more knowledgeable and to have developed program procedures that were designed to address some of the issues identified. For example, the ANA grant review process begins with orientation for grant reviewers on AI/AN/NA culture and circumstances that may be important to understanding grant applications. Other HHS program staff, from agencies that fund very few AI/AN/NA organizations, may have little exposure to or knowledge of history, culture, geographic and other issues that affect their AI/AN/NA grantees. Most AI/AN/NA representatives at conference sessions and in interviews suggested that it would be beneficial to them and to HHS to have program staff visit and learn about AI/AN/NA communities. Some HHS program staff also suggested this would be helpful.

A major theme that emerged throughout the discussions with both HHS program staff and AI/AN/NA representatives was the need for additional targeted technical assistance and training to assist tribes and organizations to better understand the grants process, increase skills in grant writing and budget preparation, and strengthen grants management capacity. Training and technical assistance needs were raised in every session with AI/AN/NA representatives and by HHS program staff that participated in the survey and in focus groups. While other specific strategies were identified by study participants to address specific barriers to AI/AN/NA access to HHS grant programs, training

and technical assistance were identified across nearly all areas of the study, and by the majority of study participants, as an important strategy to improve access for this population.

Initiatives Underway Within HHS to Reduce Barriers and Increase AI/AN/NA Access to HHS Grant Programs

This report was circulated, in draft form, to the staff of HHS Operating and Staff Divisions (OPDIVs/STAFFDIVs) who were asked to provide information on current procedures and initiatives to reduce barriers to access for AI/AN/NA groups. While not all Divisions responded, those that did indicated that a number of policies, procedures and initiatives are underway across HHS that are intended to reduce some of the identified barriers to AI/AN/NA access to grant programs. Some of these initiatives are similar to the strategies that have been identified in this study. Some are limited to specific Operating Divisions and not implemented HHS-wide; other HHS-wide initiatives under development would address some of the issues raised by respondents to this study. The list below is not comprehensive, since there was not a systematic effort to review every OPDIV's policies and procedures, but it presents examples of those initiatives, policies and procedures that were identified by HHS staff:

- An initiative is underway to standardize the grant application format HHS-wide.
- A government-wide template is used by the Office of Management and Budget to standardize the format for grant announcements.
- HHS and government-wide initiatives are currently in process to develop standardized grants management requirements.
- A HHS-wide policy is in place to explicitly state in grant announcements that AI/AN/NA tribes, organizations, communities, tribal colleges, etc. are eligible to apply, when this is the case.
- Waivers pertaining to matching requirements and limits on indirect cost rates are available by request, in some circumstances unless prohibited by the authorizing legislation.
- Some OPDIVs have put in place policies that ensure that tribes have the opportunity to compete for all grants that are open to state and/or local governments, unless there is a clear statutory or regulatory restriction from doing so.
- Some OPDIVs publish hard copy compilations of anticipated grant opportunities for the coming fiscal year.
- One OPDIV reported that a new timeline for the grants announcement process is in place that increases the amount of time between the announcement and due dates.
- One OPDIV reported providing orientation for reviewers about unique

issues of AI/AN/NA tribes and communities prior to the grant review process.

- Several OPDIVs offer tribal-specific grant programs.
- One OPDIV reported that it is pilot-testing a Letter of Intent (LOI) process requiring applicants to provide sufficient but streamlined information about their proposed program prior to the grant application submission and that OPDIV staff respond to every LOI regarding the appropriateness of the proposed program or better matches with alternative funding.
- Some OPDIVs provide pre-application technical assistance by videotaping training sessions and making them available as webcasts or recording pre-application conference calls and making them available to potential applicants.
- Several OPDIVs reported that while the electronic application is the preferred method for accepting applications, grants policy staff have provided exceptions, as needed.

In addition to these specific initiatives, ongoing activities undertaken by the HHS also may provide a mechanism for identifying and addressing barriers to AI/AN/NA access to grant programs. These include annual budget consultations with federally-recognized AI/AN tribes and communities, regional consultations with tribes, Office of Intergovernmental Affairs (IGA) meetings with AI/AN/NA groups with an interest in departmental grant programs, other communication efforts and notifications to tribal and other Native American groups to provide information and education about Department programs and initiatives (e.g., daily/weekly meetings held during the Department's response to Hurricane Katrina which included dissemination of information about government-wide resources available to address emergency and other needs). Finally, HHS policy requires that federally recognized tribes and HHS engage in consultation that ensures meaningful and timely input by tribal officials in the development of policies that have tribal implications; each HHS Operating and Staff Division has an accountability process to ensure such consultation.

Practical Considerations for Implementing Suggested Strategies

The feasibility of implementing specific strategies for increasing AI/AN/NA access to HHS grant programs and the time that might be needed to implement changes depends on a number of factors, including:

- The cost in HHS staff time and additional resources required for planning and implementation of new policies and procedures.
- The costs to AI/AN/NA tribes and organizations to implement strategies requiring action on their part.

- The extent to which strategies are specific to AI/AN/NA tribes and communities or would affect and be applicable to all potential grantees.
- Whether congressional action is required.

Each of these factors and their implications for the feasibility of specific strategies is discussed in this section.

Strategies Requiring HHS Action

HHS agencies may be able to directly address a number of the suggestions for changes that have emerged from this study through regulatory or policy changes. The feasibility of the strategies that would require HHS actions, however, may vary depending on the potential staff time required to make the change and the additional costs that implementation of the change might impose on HHS and/or on the individual agency. Some suggested strategies might require little staff time and minimal additional costs for implementation, while others might involve extensive staff time and implementation costs.

It is also important to recognize that there are substantial differences among HHS agencies that administer grant programs in their current procedures and approaches to grant programs. Some agencies' procedures may already incorporate some of the suggested strategies; other agencies may require extensive changes in order to implement some of them. Therefore, it is not possible to draw conclusions, across all HHS agencies, about the feasibility of many of the suggested changes based on a uniform estimate of the staff time and implementation costs that might be involved. Below, the suggested strategies that are likely to involve less staff time and lower implementation costs for most HHS programs are listed and then those that would likely require greater effort and costs are presented.

Strategies Requiring Lower Costs for Most HHS Agencies

- Include explicit language about eligibility of AI/AN/NA tribes and tribal organizations (e.g., tribal colleges and universities, Urban Indian Health Centers) in all grant announcements for which they are eligible.
- Include explicit statements about minimum population base required in grant announcements, if award is dependent on the size of population that would be served under the grant.
- Ensure that the language in future grant announcements is written in a culturally sensitive manner.
- Increase time between grant announcements and the due date for applications.

- Adopt the use of annual or multi-year program announcements, with multiple due dates for applications.
- Consider waiving or modifying requirements to demonstrate sustainability of program for AI/AN/NA applicants in more flexible ways.
- Increase accessibility and/or the number of HHS grant program contacts to answer questions about the grant announcement.
- Consider waiving or modifying requirements for collaboration or coordination with states or local government agencies for AI/AN/NA applicants.
- Consider waiving or modifying the requirement for data on "need" for grant program services for AI/AN/NA applicants in rural areas.
- Continue to permit hard copy submission of applications rather than moving to required electronic submission.
- Prior to receiving applications, provide targeted outreach to tribes that have specific needs addressed by particular grants or are interested in the area that is the grant focus.
- Recruit and include AI/AN/NA grant reviewers and individuals familiar with AI/AN/NA circumstances on panels when AI/AN/NA grant applications are to be reviewed.
- Provide orientation for grant reviewers that would assist them to understand unique AI/AN/NA issues and circumstances and take them into consideration in the grant review process.
- Provide clear and detailed information to applicants on the reasons for rejection of applications.

<u>Strategies Involving More Significant Costs/Efforts for Most HHS Agencies</u>

- Announce grant opportunities through multiple methods, both Internet and hard copies, including targeted outreach and communications with AI/AN/NA tribes and organizations.
- Consider waiving or modifying nonstatutory matching fund requirements for AI/AN/NA tribes and organizations.
- Consider waiving or modifying nonstatutory indirect cost limits for AI/AN/NA tribes and organizations.
- Provide more training and technical assistance on identifying grant opportunities, preparing grant applications, and grants management requirements to AI/AN/NA tribes and organizations; provide this training and technical assistance regionally and in geographic locations that are easily accessible to AI/AN/NA organizations (e.g., at national

and regional conferences attended by AI/AN/NA representatives).

- Provide targeted training and technical assistance to AI/AN/NA organizations that have submitted unsuccessful applications.
- Develop a single HHS-wide standardized grant application format and requirements.
- Develop standardized HHS-wide grants management requirements and reporting formats.
- Establish a pre-proposal letter of inquiry process to screen and select a limited number of invited proposals.
- Consider AI/AN/NA "set-asides" within grant programs, including specific "set-asides" for small/poorer tribes and organizations, or design AI/AN/NA-specific grant initiatives and/or capacity-building initiatives for smaller/poorer tribes and organizations within broader grant authorities**.**
- Increase the use of planning grants for capacity and infrastructure building to assist AI/AN/NA groups to develop capacity and infrastructure.
- Provide HHS program staff with opportunities to visit AI/AN/NA tribes and communities in order to become knowledgeable about unique issues and circumstances.

The time required to develop and implement new procedures within HHS and within specific agencies may be lengthy, even when the specific strategy may involve minimal costs and staff effort for most agencies. In addition, an overall approach to reducing barriers to AI/AN/NA access to HHS grant programs may necessarily involve formal tribal consultation with federally recognized tribes and/or involvement of AI/AN/NA representatives in the process. If such consultation is necessary, the timeframe for development and implementation of specific strategies and/or an overall approach may increase.

There also may be concerns that some of the suggested changes would potentially benefit AI/AN/NA tribes and organizations by giving them an advantage over other racial/ethnic groups that are similarly under-represented in receiving HHS grants. Attention would need to be given to the implications of these types of changes. In addition, some strategies that have been suggested may be more or less feasible depending on the nature of the specific grant program. For example, in some programs, some strategies (e.g. waiving/modifying requirements to coordinate with local or state governments or for sustainability) may be inconsistent with program intent or objectives. Furthermore, research-focused grants, for instance, may require more academic and technical expertise to conduct than grants that are intended to provide services or to develop and implement new programs. Consequently,

implementation of specific strategies and their practicality may vary by the objectives of individual agencies and grant programs.

Strategies Requiring Action by AI/AN/NA Tribes/Organizations

A number of suggested strategies would require AI/AN/NA tribes and organizations to implement changes. These strategies include:

- National and regional AI/AN/NA organizations, alone or in collaboration with HHS, could take a stronger role in disseminating information about grant opportunities and in providing outreach, training, and technical assistance on grant preparation and grants management.
- AI/AN/NA tribes and organizations that have experience and success in obtaining HHS grants could serve as "peer" advisors to assist other tribes and organizations to develop the skills and knowledge necessary to obtain grants.
- AI/AN/NA tribes and organizations could designate a specific "point of contact" to receive grant announcements to avoid delays in learning about opportunities and inform HHS agencies to send the announcement to this individual.
- AI/AN/NA tribes and organizations that are interested in applying for grants could send program staff to grant training workshops and technical assistance meetings regularly to increase the likelihood that grant applications would be responsive to requirements.
- AI/AN/NA tribes and organizations that submit grant applications could initiate requests for information and explanation of reasons that applications were unsuccessful, if the grant program does not send out summary statements or if the reasons for rejection are unclear.

National and regional AI/AN/NA organizations could feasibly take a greater role in assisting AI/AN/NA tribes and organizations to learn about grant opportunities and to develop skills in "grantsmanship." However, these organizations have limited funding for such outreach, training, and technical assistance to their members and might not be able to undertake a significant additional effort. In addition, some AI/AN/NA tribes and organizations that are poorer and located in remote areas with limited internet access might not be able to take advantage of the increased services that could be made available by national and regional organizations.

Knowledge transfer from AI/AN/NA tribes/organizations that are experienced and successful in obtaining HHS grants to organizations that have been less successful or have less experience could be feasible, and was strongly advocated by some Native representatives as well as by some HHS staff interviewed in this study. However, AI/AN/NA tribes and organizations that are

successful in obtaining grants are also aware that there is a limited amount of grant funding available. They may be reluctant to provide training and technical assistance to other AI/AN/NA groups that will then be competing for the same grant awards that they are seeking. Additionally, because the costs of knowledge transfer between tribes/organizations could be significant, these types of efforts would likely need to be subsidized by national or regional AI/AN/NA organizations, HHS, or some other federal or private agency. One strategy that could be utilized would be to design organized federal efforts for the purpose of facilitating knowledge and skills transfer between AI/AN/NA tribes/organizations.

The extent to which these suggested strategies are feasible also varies with the characteristics of the AI/AN/NA tribe or organization. Poorer, geographically remote tribes often have few staff and limited resources to commit a staff person to be the "point of contact" for grant announcements, to send staff to grant workshops and technical assistance meetings, or to conduct follow-up with HHS agencies on the reasons that their grant applications are unsuccessful. However, these strategies may be workable for some tribes/organizations that have an interest in pursuing grant opportunities and some resources that could be committed to developing capacity.

Suggested Strategies Requiring Congressional Action

Some HHS grant programs are established by Congress through legislation that specifies many aspects of the grant process. Changes in these programs would necessitate congressional action to modify the authorizing language for the program to eliminate or change the program elements identified as barriers to AI/AN/NA access to HHS grant programs. Such changes are included in this report because study respondents identified them as possible ways to improve access to HHS grants programs; their inclusion is not meant to imply that HHS has made any commitment to pursue such legislative changes.

Examples of changes suggested by respondents that would require congressional action include:

- State explicitly that AI/AN/NA tribes and organizations are eligible for the grant program.
- Consider waiving or providing Secretarial authority to waive or modify requirements for matching funds for AI/AN/NA applicants in appropriate circumstances;
- Consider waiving or providing Secretarial authority to waive or modify limits on indirect costs that may be recovered for AI/AN/NA applicants in appropriate circumstances;
- Consider waiving or providing Secretarial authority to waive or modify requirements for sustainability of programs after the end of the grant period.

- Consider waiving or providing Secretarial authority to waive or modify requirements for collaboration or coordination with states or local government agencies for AI/AN/NA applicants in appropriate circumstances; and
- Consider AI/AN/NA "set-asides" and/or targeted grants within congressionally mandated grant programs, including ways to address the needs of small/poorer tribes and organizations.

Discussion

While the AI/AN/NA population was the focus of this study, previous HHS initiatives have examined strategies for increasing access to HHS grant programs for other subpopulatons. Many of the barriers identified in this study were also identified as barriers to access to HHS grant programs by organizations serving people who are experiencing homelessness, rural communities and organizations, and faith-based organizations. These common barriers include:

- Inadequate infrastructure, resources, and capacity to identify grant opportunities, prepare grant applications, and meet grants management requirements;
- Uncertainty about eligibility for individual grant programs because the announcement does not contain explicit definitions of eligible entities;
- Requirements for matching funds;
- Preference for larger population base for grant funding;
- Unavailability of data required to establish "need" or eligibility for the grant program;
- Complexity of grant application requirements and unique requirements and formats for each agency or grant program;
- Lack of understanding by grant reviewers of unique issues that may impact the target population or require higher costs to meet the grant objectives.

Because of these commonalities, the suggested strategies to reduce barriers that affect AI/AN/NA access to HHS grant programs, if implemented, could produce benefits for other groups as well as to the AI/AN/NA tribes and organizations that are the focus of this study.

This report on barriers to AI/AN/NA access to HHS grant programs and suggested strategies for reducing those barriers provides an initial starting point for discussion of ways to potentially increase AI/AN/NA access to and participation in HHS grant programs. A summary of the key findings in this report was presented to the HHS Intradepartmental Council on Native American Affairs, and the Department is considering how best to utilize this information. Possible

future research could focus on the process for determining AI/AN/NA eligibility for new and/or ongoing grants programs, and documenting existing outreach and technical assistance efforts to Native groups that could serve as models for other programs within the Department.

APPENDIX A: METHODS

Survey of HHS Staff

The Barriers survey instruments were developed collaboratively by Westat, the HHS Co-Task Order Officers (Co-TOOs) for this project, and HHS Workgroup members. There were three separate survey instruments: the base survey instrument for all OPDIVs with the exception of the Health Resources and Services Administration (HRSA), a HRSA base survey for technical program staff, and a HRSA grants management survey for a representative of the grants management office.

Each of the Barriers survey instruments contained questions covering the following topics: respondent and program characteristics, the degree to which the programs received applications from and awarded grant funds to AI/AN/NA communities and organizations, the mechanisms used to publicize grant announcements and provide technical assistance to applicants, the grant review process, respondent perceptions of barriers that limited AI/AN/NA communities from applying for and receiving grant funds, and suggestions for increasing AI/AN/NA communities/organizations' access to funding. Copies of the survey instruments are available from the Office of the Assistant Secretary for Planning and Evaluation.

Westat, with guidance from the Co-TOOs and Workgroup members, identified a total of 129 unique programs (that tribes are eligible to receive awards from) to be surveyed from among the ten OPDIVs. The primary basis for the selection of these 129 programs was an internal HHS report developed in 2004 by Master Key that identified the total and AI/AN/NA community-specific numbers of grants and award amounts during FY 2002. For each program, the study team also identified the most appropriate person(s) in each specific OPDIV to be contacted for the Barriers survey. Usually two or more staff members were identified, all of whom were employed in either the technical program or grants management office. Because this survey involved federal employees, Office of Management and Budget approval was not required to conduct the survey. A total of 261 individuals were contacted for the survey. At the end of data collection, a total of 148 responses from 93 unique programs were received for an overall survey response rate of 56.7 percent. At least one response was received from each OPDIV.

Data collection for this component of the Barriers study started on March 18, 2005 and ended on June 7, 2005. Respondents were first sent an email about the Barriers study that contained background information about the study, a letter from a senior official at HHS explaining the purpose and importance of the study, and one or more survey instrument attachments. Two weeks after the initial email, a followup email was sent to survey non-responders to remind them

about the survey and emphasize the due date. One week after the reminder email, a follow-up telephone call was made to each nonrespondent to remind him or her about the survey and/or assist with survey completion.

There were a number of survey methodology issues that guided the development of the approach adopted to analyze these survey data. These issues included the following: the design of the survey instrument included some questions that were directed to technical program officers and some questions that were directed to grants management staff; there was wide variation across OPDIVs in the number of people surveyed and considerable variation in response rates across OPDIVs; and there were differences among respondents in their background and experience with grants and, as a result, some OPDIVs had more respondents who reported that they did not know the answer to specific questions than did other OPDIVs.

These issues meant that review of overall frequencies had to be undertaken with great care. A single OPDIV with a large number of respondents could unduly influence the results. Moreover, results could not be cross-tabulated and compared by OPDIV. For these and other reasons, analysis of the survey data required a more qualitative analytical approach that involved comparison across grant types and categories of staff responsibility to better understand the survey responses. The analyses of these data consisted of four primary steps: (1) initial review of overall frequencies; (2) review of survey data cross-tabulated by grant type; (3) review of survey data cross-tabulated by number and funding amount of awards made to AI/AN/NA communities and organizations by the OPDIV; and (4) review of survey data by primary responsibility of respondent.

Analyses were used to prepare an interim report on the findings from the survey component of the project.

AI/AN/NA Perspectives and Input

The project team used two approaches to gather AI/AN/NA perspectives and input: holding informal discussions at national AI/AN/NA conferences and conducting informal telephone discussions with additional representatives of AI/AN/NA communities. The project team, with the assistance of the HHS Working Group and the project consultants, was successful in arranging sessions at five national conferences:

- National Conference of American Indians (NCAI), February 28, 2005 (2 sessions);
- National Council on Urban Indian Health (NCUIH), March 14, 2005;
- American Indian Higher Education Consortium (AIHEC), March 31, 2005;
- Annual Meeting of the Direct Service Tribes (DST), April 26, 2005; and

- Annual Meeting of the Self-Governance Tribes (SGT), May 4, 2005 (2 sessions).

In addition, at the suggestion of the IHS representative to the HHS Working Group, two telephone conference calls were scheduled with members of the NIDA Native American Researchers and Scholars Workgroup.

The process through which sessions at national conferences were scheduled, advertised, and conducted was similar for each conference. Arrangements were made with sufficient lead time to permit the sessions to be included in the conference agenda. In addition, project consultants and members of the HHS Working Group made efforts to mention the sessions to individuals who planned to attend the conferences and to encourage their participation. The sessions at each conference were facilitated by a Westat staff person. Carole Anne Heart, Executive Director of the Aberdeen Area Tribal Chairmen's Health Board and a project consultant, co-facilitated the sessions at the NCAI, DST, and SGT annual meetings. The topic areas that were discussed at each conference session included: identification of grant opportunities; factors that affect decisions to submit applications; experiences in preparing grant applications; experiences with grant review processes; and experiences with grants management processes. A separate presentation was prepared for each session and handouts of the presentations were distributed to all attendees.

In order to obtain information on the representativeness of attendees at these sessions, a sign-in sheet was circulated that requested the attendee's name, tribe or tribal organization, and state of residence. These attendee lists were used to determine whether the input received, across all the sessions, was from a geographically varied sample of AI/AN/NA tribes and organizations. Detailed notes were taken of comments and discussion that occurred at each session. These notes were then used to prepare a summary for each of the sessions held.

Westat then developed a participation matrix, based on the conference sessions attendance lists, which included information on attendees' tribal affiliation or organization represented and geographic location. This participation matrix was reviewed, relative to geographic distribution of the AI/AN/NA population and population size of tribe, to identify potential under-represented groups. This review identified several under-represented groups: Native Hawaiians, Other Pacific Islanders, and tribes from the southern and eastern region of the U.S. In addition, there was concern that tribes that are less likely to apply for HHS grants or be funded were under-represented.

Individual telephone interviews were then conducted with six representatives of Native Hawaiian (NH) and Pacific Islander (PI) groups. These interviewees provided information on experiences of these groups on the five topics that were explored in the conference sessions. Despite extensive efforts to contact and arrange interviews with representatives from southern and eastern tribes and with tribes with few HHS grant awards, over a two-month period, the project team was unable to interview representatives of these tribes.

The session summaries and interview notes were used to prepare an interim report concerning AI/AN/NA perspectives and input on barriers to access to HHS grant funds.

In-Depth Study of Programs

The focal point for the in-depth study of programs was Operating Divisions (OPDIVs) rather than programs as originally planned because of the limited number of staff assigned to each program. Five focus groups were held with program and grants management staff. One focus group was held with senior level staff from a mix of the OPDIVs and StaffDivs.

The OPDIVs were identified using the Master Key report (described in the Survey of HHS section of Appendix A) and up-to-date information from the Tracking Accountability in Government Grants System (TAGGS) data files. Ultimately, OPDIVs were selected that represented those OPDIVs that make many awards to AI/AN/NA tribes and communities (ACF, AoA, IHS), those OPDIVs that make a moderate number of awards to AI/AN/NA tribes and communities (HRSA, SAMHSA, and CDC), and OPDIVs that make few awards (NIH). The decision was made to group ACF, AoA, and IHS into a single focus group because each of these OPDIVs makes a significant number of awards to tribes and other AI/AN/NA organizations. We expected that their experiences would be very similar. All or nearly all awards made by IHS and ANA (Administration for Native Americans) within ACF go to tribes or other AI/AN/NA organizations. AoA also makes a significant number of awards to tribes and organizations each year. According to the Master Key report, in 2004, AoA made more than 50% of their awards (representing about 9% of their funds) to tribal groups.

Representatives from all OPDIVs and Staff Divisions (Barriers Work Group members or other designated contacts) were asked to make suggestions for participants in the senior-level focus group. Ultimately, this group consisted of representatives from the following OPDIVs: ACF/ANA, IHS, ASBTF, SAMHSA, CDC, and AHRQ.

There were a total of 57 participants across the 6 focus group sessions. Each focus group, including the senior staff focus group, was composed of a mix of program administration and grants management staff. In the program-level focus groups, the majority of staff was involved in program administration. There was a nearly even mix for the senior staff focus group.

Focus groups were moderated by a Westat senior staff member. There were at least two note takers (Westat staff and/or HHS staff) at each session. At the focus group sessions, the moderators provided an overview of the project and its objectives. Each participant was given an opportunity to introduce him/herself, describe his/her role in terms of program or grant responsibilities, describe the programs that he/she currently and/or previously worked with, and discuss their experiences, both positive and negative, with AI/AN/NA

communities and organizations that applied for those programs. After brief introductions, participants were then asked to identify the following:

- Barriers that affect AI/AN/NA communities and organizations when applying for grant funds;
- Barriers that affect AI/AN/NA communities and organizations during the pre-award phase of the grant process; and
- Strategies to increase AI/AN/NA applications and grant funding awards.

Detailed notes were prepared for each focus group. These notes then were used to prepare a memorandum summarizing findings from this component of the project.

APPENDIX B: LIST OF IDENTIFIED BARRIERS AND ASSOCIATED SUGGESTIONS FROM HHS PROGRAM STAFF AND AI/AN/NA REPRESENTATIVES

Table B.1: Barriers to Obtaining Information About HHS Grant Opportunities Identified by Respondents and Respondents' Suggestions to Address Identified Barriers

Barriers Identified by Respondents: Learning about HHS Grant Opportunities	Respondents' Suggestions to Address Identified Barrier
Lack of knowledgeable staff who can track or search for grant opportunities on a regular basis.	1. Provide training and technical assistance on grants.gov to AI/AN/NA tribes and organizations.
Limited computer availability and internet access, particularity for rural and small AI/AN/NA organizations.	1. Publish compilation of potential grant opportunities for the fiscal year at the beginning of the year in hard copy and distribute widely. 2. Use multiple forms of communication about grant opportunities (e.g. fax, telephone, mail, email). 3. Assign responsibility to HHS Regional Offices to notify AI/AN/NA organization in their region about grant opportunities. 4. National and regional AI/AN/NA organizations take a greater role in dissemination of information on grant opportunities, perhaps in partnership with HHS. 5. Coordinate among the OPDIVs by sharing lists of tribal contacts.
Reliance on "word of mouth" results in learning too late to submit.	1. Publish compilation of potential grant opportunities for the fiscal year at the beginning of the year in hard copy and distribute widely. 2. Make greater use of annual or multiple year program announcements. 3. AI/AN/NA tribes/organizations designate a "point of contact" to receive grant announcements from HHS.
Lack of targeted outreach and training on accessing grant announcements.	1. Provide targeted outreach and training/technical assistance in advance of grant announcements.

Table B.2: Barriers to the Decision to Apply for Specific Grant Opportunities Identified by Respondents and Respondents' Suggestions to Address Identified Barriers

Barriers Identified by Respondents: Decision to Apply for Grant Opportunities	Respondents' Suggestions to Address Identified Barrier
Short timeframe between announcement and due date of application.	1. Increase the timeframe between grant announcements and due dates for submission. 2. Increase the use of annual or multiple-year program announcements with multiple deadlines.
Uncertainty about AI/AN/NA eligibility.	1. Include specific language in announcement about AI/AN/NA tribes' and organizations' eligibility.
Inadequate resources and experienced staff to prepare application.	1. Provide more training and technical assistance to AI/AN/NA tribes and organizations on grant writing process and elements. 2. Increase the number and types of planning grants for which AI/AN/NA organizations may apply.
Lack of data to establish "need".	1. Re-examine type and extent of requirements for data on "need" for AI/AN/NA applicants in rural areas and/or work with potential applicants to determine data required to establish need. 2. AI/AN/NA tribe/organization contact program office to agree on acceptable data on "need".
Requirements for collaboration or coordination with States an/or other entities.	1. Consider waiving or modifying nonstatutory requirements for collaboration/coordination with state and local agencies for AI/AN/NA applicants in appropriate circumstances.
Limitations on indirect costs or matching funds requirements.	1. Consider waiving or modifying nonstatutory limits on indirect costs and requirements for matching funds for organizations that can demonstrate that they do not have sufficient resources to conduct the program or match the funding.
Requirements that grant application must indicate that the program is sustainable after end of grant period.	1. Consider waiving or modifying nonstatutory requirements for sustainability.
Difficulty reaching HHS contact person for grant program to obtain additional information.	1. Increase accessibility of agency contacts for information and clarification. 2. Establish multiple HHS contacts to answer questions about the announcement.
Requirements that principal investigator or program director have specific academic or other credentials.	1. Consider specific language in grant announcement that experience can be substituted for academic credentials.

Table B.2 (Continued)

Barriers Identified by Respondents: Decision to Apply for Grant Opportunities	Respondents' Suggestions to Address Identified Barrier
RFP does not reflect unique aspects of Indian Country resulting in skepticism about HHS agencies' and reviewers knowledge of unique AI/AN/NA issues	1. Design programs to better fit needs of AI/AN/NA tribes and organizations. 2. Include language in grant announcements to make it clear that the program is culturally adaptive (e.g., accept traditional practices as well as evidence-based practices).

Table B.3: Barriers to Preparing Grant Applications Identified by Respondents and Respondents' Suggestions to Address Identified Barriers

Barriers Identified by Respondents: Preparing Grant Applications	Respondents' Suggestions to Address Identified Barriers
Lack of staff with experience/expertise in grant writing and grant application preparation and/or capacity.	1. Coordinate training and technical assistance on grant writing and preparation to AI/AN/NA tribes/organizations and provide it in more locations that are accessible to AI/AN/NA groups (e.g. during national conferences, regionally). 2. National and regional AI/AN/NA organizations take a greater role in providing. training and technical assistance, perhaps in partnership with HHS. 3. Successful AI/AN/NA grants provide "peer" training to other AI/AN/NA tribes/organizations. 4. AI/AN/NA tribes/organizations send staff to HHS and other grant training workshops. 5. Increase number and types of planning grants available to AI/AN/NA tribes/organizations. 6. Increase use of pre-proposal letter of inquiry (LOI) with limited number of invited proposals based on review of LOIs.
Short timeframe between announcement and due date to obtain Tribal Council approval and letters of commitment.	1. Increase time between grant announcement and due date for submission. 2. Increase use of annual or multiple year program announcements with multiple due dates.
Inability to reach HHS contact(s) and obtain needed information and clarifications.	1. Increase accessibility of agency contacts for information and clarification. 2. Establish multiple HHS contacts to answer questions about the announcement.
Need to meet different application requirements for each agency/application	1. Standardize grant application format and requirements across all HHS agencies.
Limited computer/internet access	1. Continue to permit hard copy submission of applications as an option, in addition to use of electronic submissions.

Table B.4: Barriers Related to HHS Grant Review Processes Identified by Respondents and Respondents' Suggestions to Address Identified Barriers

Barriers Identified by Respondents: Grant Review Processes	Respondents' Suggestions to Address Identified Barriers
Reviewers have limited knowledge and understanding of AI/AN/NA unique issues and governmental structure.	1. Include AI/AN/NA reviewers on grant review panels when AI/AN/NA applications are being reviewed. 2. Provide information to reviewers about unique AI/AN/NA issues prior to review of applications submitted by AI/AN/NA groups.
Some agencies rely too heavily on academic reviewers who put disproportionate emphasis on academic degrees and credentials.	1. Consider reducing reliance on academic reviewers. 2. Provide academic reviewers with information/guidelines to reduce their emphasis on degrees and academic credentials.
Small population base of many AI/AN/NA tribes and communities is viewed as too limited for grant objectives.	1. If agency has minimum population base requirements, state that in announcement or, if not, provide reviewers with clear guidance.
Some HHS agencies do not explain adequately the reasons for rejection; thus AI/AN/NA applicants can't learn from process.	1. Provide applicant with clear information on reasons for rejection of application. 2. AI/AN/NA applicants contact agency for information on reasons for rejection, if agency does not provide summary statements or if reason is unclear.

Table B.5: Barriers Related to Grants Management Issues and Processes Identified by Respondents and Respondents' Suggestions for Addressing Identified Barriers

Barriers Identified by Respondents: Grants Management Issues and Processes	Respondents' Suggestions to Address Identified Barriers
Every HHS agency has different grants management and reporting requirements.	1. Standardize grants management financial and reporting requirements across HHS agencies. 2. Provide grants management training and technical assistance to new grantees.

Table B.6: Other Respondent Overarching Suggestions for Increasing AI/AN/NA Access to HHS Grant Programs

Respondent Suggestions
Consider AI/AN/NA "set-asides" within grant programs.
Consider targeting "set-asides" to smaller/poorer AI/AN/NA tribes and organizations.
Increase number of grants targeted specifically to AI/AN/NA organizations.
Monitor grant applications and awards within HHS to track award trends and to target technical assistance, including to unsuccessful applicants.
Require states and academic institutions that submit applications involving AI/AN/NA tribes and organizations to provide evidence of AI/AN/NA support and participation prior to award.
HHS staff within each agency should visit AI/AN/NA tribes and communities to become knowledgeable about unique issues and circumstances.
Increase interagency collaboration to expand grant opportunities and assist AI/AN/NA groups to build capacity.

APPENDIX C: HHS STAFF SURVEY ON BARRIERS TO AMERICAN INDIAN, ALASKA NATIVE AND NATIVE AMERICAN COMMUNITIES' ACCESS TO HHS PROGRAMS

THANK YOU FOR PARTICIPATING IN THIS STUDY. PLEASE ANSWER ALL QUESTIONS BASED ON FY 2004 INFORMATION ABOUT THE GRANT PROGRAM ENTITLED **{PROGRAM TITLE}**. PLEASE FEEL FREE TO USE ANY INFORMATION SOURCE YOU DEEM APPROPRIATE IN ORDER TO COMPLETE THESE QUESTIONS AS ACCURATELY AS POSSIBLE.

IN THIS SURVEY, THE TERM "AMERICAN INDIAN, ALASKA NATIVE, AND NATIVE AMERICAN COMMUNITIES" IS USED TO REFER TO BOTH FEDERALLY RECOGNIZED AND NON-FEDERALLY RECOGNIZED AMERICAN INDIAN TRIBES AND ANY TYPE OF NON-PROFIT ORGANIZATIONS FORMED BY AMERICAN INDIAN TRIBES, ALASKA NATIVE COMMUNITIES, OR OTHER NATIVE AMERICAN COMMUNITIES (INCLUDING PACIFIC ISLANDERS AND NATIVE HAWAIIANS). SOME EXAMPLES OF TRIBAL ORGANIZATIONS INCLUDE TRIBAL EPIDEMIOLOGY CENTERS, REGIONAL INDIAN HEALTH BOARDS, URBAN INDIAN CENTERS, AND TRIBAL HEAD START PROGRAMS. TRIBAL COLLEGES ARE ALSO INCLUDED IN THE BROAD CATEGORY OF AI/AN/NA COMMUNITIES/ ORGANIZATIONS.

SECTION A: WHO YOU ARE

1. How long have you worked with HHS grant programs?

   ☐ LESS THAN 1 YEAR
   ☐ 1 TO 5 YEARS
   ☐ 6 TO 10 YEARS
   ☐ 11 TO 15 YEARS
   ☐ 16 YEARS OR MORE

2. What are your current responsibilities in the grants process? (Please select all that apply)

   ☐ PREPARE PROGRAM ANNOUNCEMENTS
   ☐ PUBLICIZE GRANT OPPORTUNITIES
   ☐ PROVIDE TECHNICAL ASSISTANCE
   ☐ CONDUCT TECHNICAL REVIEW OF APPLICATIONS
   ☐ CONDUCT BUDGET REVIEW OF APPLICATIONS
   ☐ ADMINISTER PROGRAM COMPONENT—PROVIDE TECHNICAL OVERSIGHT
   ☐ ADMINISTER FINANCIAL COMPONENT—PROVIDE FINANCIAL/ADMINISTRATIVE OVERSIGHT
   ☐ OTHER, SPECIFY _____

3. Are American Indian Tribes or organizations (including Tribal colleges), Alaska Native villages or corporations, or other Native American communities/organizations

(e.g., Native Hawaiians, Pacific Islanders) **specifically listed** as eligible to apply for your grant program?

☐ YES
☐ NO

4. For your grant program, have you received grant applications from and/or awarded grants to American Indian, Alaska Native or other Native American (AI/AN/NA) communities/organizations?

☐ YES
☐ NO (PLEASE GO TO QUESTION 12)
☐ DON'T KNOW (GO TO QUESTION 12)

SECTION B: AI/AN/NA APPLICATIONS AND AWARDS IN YOUR PROGRAM

In this section, we are interested in finding out about applications submitted by and awards made to AI/AN/NA communities and organizations. Please do not include applications and awards in which AI/AN/NA communities or organizations receive services or research benefits from non-AI/AN/NA grantees BUT DO NOT RECEIVE ANY DIRECT FUNDING EITHER AS THE GRANTEE OR AS A SUBCONTRACTOR TO THE GRANTEE.

5. Do you have data available to report on the number of applications your grant program receives from AI/AN/NA communities/organizations and awards made to AI/AN/NA communities/organizations? (Please check all that apply.)

☐ DATA ARE AVAILABLE ON THE NUMBER OF APPLICATIONS RECEIVED
☐ DATA ARE AVAILABLE ON THE NUMBER OF AWARDS MADE
☐ NO (GO TO QUESTION 8)
☐ DON'T KNOW (GO TO QUESTION 8)

6. In FY 2004, about how many applications did your grant program receive from AI/AN/NA communities/organizations? _____

7. In FY 2004, how many grant applications from AI/AN/NA communities/organizations were funded?

_____

8. Do you have data available to report on the number of applications your grant program received that included AI/AN/NA communities/organizations as subcontractors as well as the number of grant awards made that included AI/AN/NA subcontractors? (Please check all that apply.)

☐ DATA ARE AVAILABLE ON THE NUMBER OF APPLICATIONS RECEIVED
☐ DATA ARE AVAILABLE ON THE NUMBER OF AWARDS MADE
☐ NO DATA ARE AVAILABLE (GO TO QUESTION 12)
☐ DON'T KNOW (GO TO QUESTION 12)

9. Was an AI/AN/NA community/organization a subcontractor on any applications within your program in the past year?

- ☐ YES
- ☐ NO (GO TO QUESTION 12)
- ☐ DON'T KNOW (GO TO QUESTION 12)

10. How many applications did you receive in which an AI/AN/NA community/organization was a subcontractor? _____

11. How many of the applications in which an AI/AN/NA community/organization was a subcontractor were funded? _____

SECTION C: PROGRAM ANNOUNCEMENTS AND TECHNICAL ASSISTANCE

Please describe activities that have occurred in the last year. You are free to use any information source you deem appropriate in order to complete these questions as accurately as possible.

12. How were grant opportunities made public in your program? (Please select all that apply)

- ☐ WEBSITE, PLEASE SPECIFY _____
- ☐ FEDERAL REGISTER NOTICE
- ☐ REGIONAL OFFICE OUTREACH
- ☐ FEDERAL PUBLICATIONS SUCH AS THE NIH GUIDE OR HRSA PREVIEW
- ☐ NEWSLETTERS OR OTHER PUBLICATIONS FROM NON-FEDERAL ORGANIZATIONS
- ☐ DIRECT MAILINGS FROM HHS
- ☐ CONFERENCE PRESENTATIONS
- ☐ OTHER, SPECIFY _____

13. Did your program provide pre-application technical assistance to grant applicants?

- ☐ YES
- ☐ NO (GO TO QUESTION 22)

14. What topics for pre-application technical assistance have been most frequently requested by potential AI/AN/NA applicants? (Please select all that apply)

- ☐ NONE REQUESTED
- ☐ ELIGIBILITY DETERMINATION
- ☐ BUDGET PREPARATION
- ☐ CLARIFICATION OF STATEMENT OF WORK
- ☐ CLARIFICATION OF APPLICATION FORMAT REQUIREMENTS
- ☐ PARTNERING OPPORTUNITIES
- ☐ OTHER, SPECIFY _____

15. What types of pre-application technical assistance did you provide to potential applicants?
(Please select all that apply)

☐ PHONE ASSISTANCE
☐ WORKSHOPS
☐ WEB-BASED MATERIALS
☐ EMAIL/FAX OF INFORMATION
☐ COPIES OF PREVIOUS SUCCESSFUL APPLICATIONS
☐ OTHER, SPECIFY _____

16. In FY 2004, have you conducted any pre-application technical assistance (TA) activities directed specifically at AI/AN/NA communities/organizations?

☐ YES, PLEASE SPECIFY _____
☐ NO (GO TO QUESTION 22)

17. In FY 2004, how many different AI/AN/NA organizations/communities received this TA? _____

18. Who provided the technical assistance directed at AI/AN/NA communities/organizations?

19. Please estimate the following about AI/AN/NA communities/organizations who received pre-application TA from your program:

Number of completed applications _____
Number approved for funding _____
Number funded _____

20. How helpful do you believe these technical assistance activities were to potential AI/AN/NA applicants?

☐ VERY HELPFUL
☐ SOMEWHAT HELPFUL
☐ NOT AT ALL HELPFUL

21. Please tell us more about your answer to question 20. We would like to know how pre-application TA activities were helpful or why you think they were not helpful.

22. How do you think TA efforts could be more effective in obtaining applications from AI/AN/NA communities, making applications more competitive, and/or assisting these communities to implement a grant that has been awarded?

SECTION D: THE REVIEW PROCESS

Please describe activities that have occurred in the last year in your program.

23. Please describe the type of grant review process your program used. Please include information about the degree to which your program uses internal (i.e., Federal employees) and/or external reviewers.

24. If applicable, how were your internal technical grant reviewers selected?

25. If applicable, how were your external technical grant reviewers selected?

26. Do regulations require AI/AN/NA reviewers for grant applications to your program?

☐ YES (GO TO QUESTION 28)
☐ NO

27. If not required by regulations, when you received applications from AI/AN/NA communities/organizations, did you attempt to include AI/AN/NA reviewers in your internal and/or external review process?

☐ YES
☐ NO

28. Did AI/AN/NA reviewers participate in the internal and/or external review process for your program?

☐ YES
☐ NO (GO TO QUESTION 32)

29. How did your program select or identify AI/AN/NA reviewers?

30. If applicable, how often did you have AI/AN/NA reviewers as part of your internal review committees?

- ☐ ALWAYS
- ☐ OFTEN
- ☐ OCCASIONALLY
- ☐ NEVER
- ☐ DON'T HAVE AN INTERNAL REVIEW COMMITTEE
- ☐ DON'T KNOW

31. If applicable, how often did you have AI/AN/NA reviewers as part of your external review committees?

- ☐ ALWAYS
- ☐ OFTEN
- ☐ OCCASIONALLY
- ☐ NEVER
- ☐ DON'T HAVE AN EXTERNAL REVIEW COMMITTEE
- ☐ DON'T KNOW

32. How were funding decisions made after the review process?

- ☐ BY REVIEW PANEL SCORING ONLY
- ☐ A COMBINATION OF SCORING AND SET-ASIDES AND OTHER FACTORS, PLEASE SPECIFY _____
- ☐ OTHER, SPECIFY _____

SECTION E: FACTORS INFLUENCING AI/AN/NA APPLICATIONS AND AWARDS

33. Please select any of the following factors that you believe may decrease the likelihood that AI/AN/NA communities/organizations will apply for grant funding through your program. (Please select all that apply)

- ☐ AI/AN/NA COMMUNITIES/ORGANIZATIONS ARE UNAWARE OF FUNDING OPPORTUNITIES
- ☐ PERCEPTION THAT THEY ARE INELIGIBLE
- ☐ AI/AN/NA COMMUNITIES/ORGANIZATIONS LACK INFORMATION ON HOW TO ACCESS FUNDING OPPORTUNITIES
- ☐ CATEGORICAL FUNDING DOES NOT MATCH TRIBAL NEEDS
- ☐ LACK OF AI/AN/NA COMMUNITY/ORGANIZATION STAFF TRAINED IN GRANTSMANSHIP (e.g., GRANT APPLICATION WRITING, GRANT ADMINISTRATION)
- ☐ FEDERAL REGULATIONS PERTAINING TO TRIBES RESTRICT PARTICIPATION
- ☐ PROGRAM FINANCIAL MANAGEMENT/ADMINISTRATIVE REPORTING REQUIREMENTS
- ☐ REQUIREMENTS FOR MATCHING FUNDS
- ☐ REQUIREMENT THAT APPLICANT HAVE AN APPROVED HHS INDIRECT COST RATE TO RECEIVE ADMINISTRATIVE/OVERHEAD COSTS
- ☐ COSTS AND REPORTING REQUIREMENTS TO OBTAIN/MAINTAIN APPROVED INDIRECT COST RATE
- ☐ LIMITATION OF ALLOWED INDIRECT COSTS
- ☐ OTHER, SPECIFY _____
- ☐ DON'T KNOW

34. In your program, what factors distinguish a funded AI/AN/NA proposal from all unfunded proposals (from any source)? (Please select all that apply)

- ☐ TECHNICAL/SCIENTIFIC MERIT OF PROPOSAL
- ☐ RESPONSIVENESS TO ALL APPLICATION REQUIREMENTS
- ☐ SIZE OF BUDGET OVERALL AND RELATIVE TO POPULATION
- ☐ PRIOR EXPERIENCE OF APPLICANT
- ☐ QUALIFICATIONS OF PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR PROPOSED
- ☐ ADHERENCE TO GRANT APPLICATION FORMATS AND REQUIREMENTS
- ☐ EVIDENCE THAT PROGRAM CAN BE EFFECTIVELY IMPLEMENTED
- ☐ FINANCIAL ACCOUNTABILITY/BUDGET PREPARATION
- ☐ OTHER, SPECIFY _____
- ☐ DON'T KNOW

35. In your program, do you think that the small population base of most AI/AN/NA communities/organizations is a negative factor in program funding decisions?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

36. Do you think that any of the following factors related to implementing a grant affect the likelihood that AI/AN/NA communities/organizations will receive grant funding from your program? (Please select all that apply)

- ☐ LACK OF RESEARCH INFRASTRUCTURE
- ☐ LACK OF ADMINISTRATIVE/FINANCIAL MANAGEMENT INFRASTRUCTURE
- ☐ DIFFICULTIES IMPLEMENTING GRANT ACTIVITIES OR MANAGING GRANT FUNDING
- ☐ LIMITED TECHNOLOGICAL CAPABILITIES (e.g., INTERNET ACCESS, ELECTRONIC DATA COLLECTION AND MANAGEMENT)
- ☐ REMOTENESS OF POPULATIONS CREATE BARRIERS FOR HHS MONITORING
- ☐ LIMITED STAFF
- ☐ OTHER, SPECIFY _____
- ☐ DON'T KNOW

SECTION F: SUGGESTIONS FOR INCREASING AI/AN/NA COMMUNITIES/ORGANIZATIONS' ACCESS TO HHS FUNDING

37. What steps could your program, or higher level organization(s) of which the program is a part, take to increase the number of applications received from AI/AN/NA communities/organizations?

38. What steps could your program take to increase the likelihood that AI/AN/NA applications will be funded?

39. Do you think that HHS departmental grant policies could be changed in ways that would reduce the grants access barriers faced by AI/AN/NA communities/organizations? If yes, please tell us how.

40. What steps could your program take to facilitate successful implementation of grants by AI/AN/NA awardees?

41. What other factors do you believe affect AI/AN/NA communities/organizations' access to HHS funding?

SECTION G: ADDITIONAL INFORMATION

42. We appreciate any other observations you may have about your experiences with working with ANY grant opportunities. Do you have any experiences that you would like to share concerning barriers to AI/AN/NA access to funding and/or changes that may be made to increase access?

Thank you for completing this questionnaire.
Please submit the completed questionnaire using any of the following methods:

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