

ACTIVITY/MECHANISM BUDGET SUMMARY
Department of Health and Human Services
Public Health Service - Indian Health Service
Indian Health Services - 75-0390-0-1-551

INDIAN HEALTH PROFESSIONS

Program Authorization:

Program is authorized by Public Law (P.L.) 94-437, the Indian Health Care Improvement Act (IHCIA), as amended, Title I, Indian Health Manpower.

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase OR <u>Decrease</u>
Budget Authority	\$29,623,000	\$30,491,000	\$32,779,000	+\$2,288,000
FTE	16	16	16	-0-

PURPOSE AND METHOD OF OPERATION

The Indian Health Care Improvement Act (IHCIA), Public Law (P.L.) 94-437, as amended, cites as national policy the elevation of the health status of American Indians and Alaska Natives (AI/AN) to the highest possible level. A critical element of this policy is Title I, Indian Health Professions. Title I and Title II provide three interdependent objectives: (1) enable AI/AN to enter the health care professions through a carefully designed system of preparatory, professional, and continuing educational assistance programs; (2) serve as a catalyst to the development of Indian communities by providing educational opportunities and enabling AI/AN health care professionals to further Indian self-determination in the delivery of health care; and (3) develop and maintain American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field. The IHS has implemented sections 102, 103, 104, 105, 108, 110, 112, 114, 120, and 217 of the IHCIA as funding has been appropriated. The Indian Health Professions sections of Title I and Section 217 (Title II) of the IHCIA provide authorizations to support scholarship recipients; loan repayment; temporary employment during nonacademic periods; tribal recruitment and retention and matching scholarship programs; and health professions recruitment programs, including programs that recruit for medicine, nursing, and psychology. The training of AI/AN people serves as a catalyst to the development of Indian communities, with the resultant increase in the general health status of AI/AN people.

The IHS is experiencing critical shortages of physicians, nurses, dentists, pharmacists, and optometrists and a growing concern in other professions essential to staffing the Indian health program, e.g., laboratorians, x-ray personnel, mid-level providers, mental health professionals, etc. The IHS has been able to compete in the open health professions market by using a complex system of special pays, bonuses and allowances. The scholarship and loan repayment programs are critical components of this effort, as well.

The latter offers health professionals a substantial benefit, the repayment of professional loans, in exchange for their professional skills serving in the IHS, with a tribal program funded under P.L. 93-638 (the Indian Self

Determination Act), in an Urban Program funded under Title V of P.L. 94-437, or in a "Buy Indian" Act (25 U.S.C. 47) contracted health program.

The Indian Health Professions recruitment and retention activities continue to be essential to enabling the IHS to effectively staff and manage its comprehensive health care delivery system. Competition for health care professionals will continue to increase in FY 2001, with vacancy rates and turnover rates expected to increase. This will place an ever-increasing burden on the IHS Indian Health Professions recruitment and retention programs.

Section 102 authorizes grants to public or nonprofit private health or educational entities, Indian tribes, or tribal organizations to identify AI/AN and recruit AI/AN into the health professions. The grantees provide nurturing and cultural support for AI/AN students as they move from reservation settings to the world of academia. In FY 1999, awards were made to the Lac Courte Oreilles Tribe; the Chippewa Cree Tribe; and the Northwest Portland Area Indian Health Board. These grants are for a project period ending July 31, 2002.

During FY 1999, the programs funded under the authority of Section 102 provided career information and counseling to more than 1,500 AI/AN students. These programs also provided scholarship and career information to more than 80 percent of their new applicants for other programs in public health as well as expanding their recruitment roles to include all health professions. The students recruited by these consortia and tribes are AI/AN individuals who have expressed interest in returning to their Indian communities to practice their health profession.

Section 103 authorizes two scholarship programs, the Health Professions Preparatory Compensatory Preprofessional Scholarship and the Health Professions Preparatory Pregraduate Scholarship. The Health Professions Preparatory Compensatory Preprofessional Scholarship provides funding to AI/AN students for up to 2 years for preprofessional education leading to enrollment in a health professions curriculum and support for compensatory education required for acceptance into a health professions curriculum.

The Health Professions Preparatory Pregraduate scholarship authorized under Section 103 provides funding for up to 4 years to AI/AN students who are in premedicine or predentistry.

Section 104 authorizes scholarships to AI/AN students who are enrolled or accepted for matriculation in the health professions, leading to graduation and service in the IHS and other Indian Health Programs. Scholarships supported by this program require the recipient to work from the health profession curriculum for which funding was received.

Upon graduation in the health professions curriculum, these students are obligated to serve from two to four years, providing professional services to AI/AN people by working in the IHS, tribal health programs funded under P.L. 93-638 (the Indian Self Determination Act), Urban programs funded under Title V of P.L. 94-437, or in private practice in a health professions shortage area serving a substantial number of Indians as determined by the Secretary, DHHS.

Section 105 authorizes the IHS Extern Program. This program provides Health Professions Scholarship recipients and other health and allied

health profession students the opportunity to gain practical experience during non-academic periods of the school year by working in the IHS. The Extern Program provides for one round trip to the work site from school and provides the funding for the individual's salary while they are in the externship. All Section 104 scholarship recipients are entitled to an externship during any non-academic period of the year. Other students are eligible to participate in the Extern program during any non-academic period provided funds are available after the Health Professions students are funded. As many as 240 externs have participated in the program in any given fiscal year.

Section 108 authorizes the repayment of loans incurred by health professionals during their education in exchange for a minimum service obligation of 2 years in the IHS, tribal programs funded under P.L. 93-638 or Buy Indian contractors funded pursuant to 25 U.S.C. 47, or Title V (P.L. 94-437) urban Indian programs. In FY 1999, 226 contracts were awarded to participants in the IHS Loan Repayment Program.

Section 110 authorizes the IHS to fund on a competitive basis Indian tribes and tribal and Indian organizations to recruit, place, and retain health professionals to meet the staffing needs of Indian health programs: IHS, tribal programs funded under P.L. 93-638 or Buy Indian contractors funded pursuant to 25 U.S.C. 47, or Title V (P.L. 94-437) urban Indian programs. In FY 1999, Section 110 grants were made to the Northwest Portland Area Indian Health Board; the Dallas Inter-Tribal Center; the Fallon Paiute-Shoshone Tribe; the Greenville Rancheria Tribal Health Program; the Houlton Band of Maliseet Indians; the Nisqually Indian Tribe; and the Tanana Chiefs Conference, Inc. The project period for these grants ends July 31, 2002.

Section 112 authorizes the IHS to provide competitive grants to public or private schools of nursing, tribally controlled community colleges and tribally controlled post secondary vocational institutions (as defined in Section 390(2) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397(h)(2)), and nurse midwife programs, and nurse practitioner programs that are provided by any public or private institutions. In FY 1999, awards were made to the Arizona State University; the Salish Kootenai College; the University of North Dakota at Grand Forks; the University of Wisconsin at Eau Claire; the University of Oklahoma; the Sisseton-Wahpeton College, and the University of South Florida.

Section 114 authorizes IHS to provide competitive grants to colleges and universities for the purpose of maintaining and expanding Native American health careers programs known as the Indians into Medicine Program (INMED). The IHS in FY 1998 funded INMED programs at the University of North Dakota at Grand Forks and the University of Minnesota at Duluth. The University of Minnesota grant will expire in FY 2001 and be re-competed.

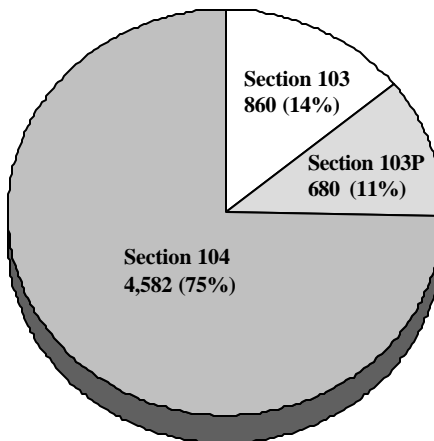
Section 120 authorizes up to 5 percent of funds from Section 104 to be used for competitive grants to tribes and tribal organizations to assist them in educating Indians to serve as health professionals in Indian communities. In FY 1999, Section 120 grants were made to the Chippewa Cree Tribe; the Ketchikan Indian Corporation; the Shingle Springs Rancheria; and the Southcentral Foundation. The Eastern Band of Cherokee is currently under review. These grants will be re-competed in 1999.

Section 217 authorizes the IHS to provide competitive grants to colleges and universities for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging AI/AN to enter the mental health field. In FY 1996, the University of North Dakota American Indians into Psychology Program was named in the authority and awarded a grant. Additional funds have been appropriated in the amount of \$600,000 for FY 1999. Of this amount, the Congress earmarked \$200,000 for the University of Montana and through the competitive grant process Oklahoma State University was awarded a grant. The project period for these grants ends July 31, 2000.

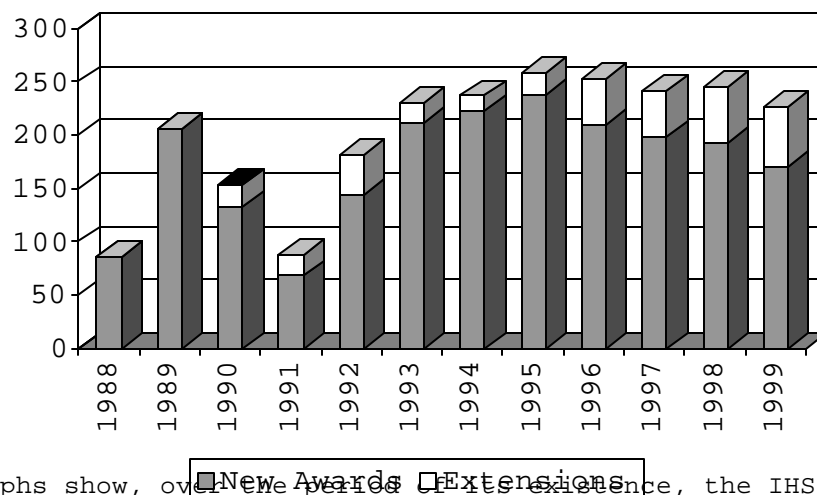
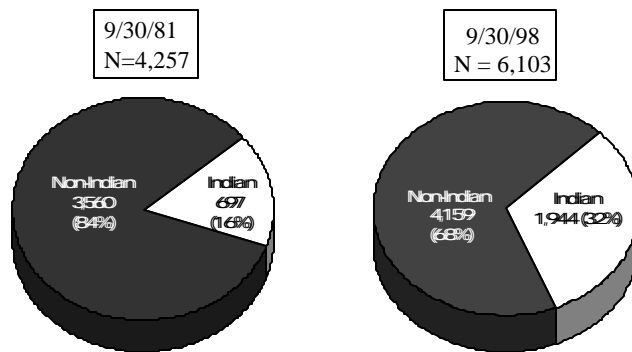
ACCOMPLISHMENTS

The following graphs illustrate the extent of the scholarship and loan repayment programs over their years of existence.

**Indian Health Service Scholarship Awards
FY 1975 - FY 1999
BY P.L. 94-437 Section
Total Number = 6,122**



Indian Health Service
Health Professional Staff
9/30/91 vs 9/30/98



As the graphs show, over the period of its existence, the IHS Scholarship Program has made more than 6,000 awards, 75 percent of which were to students in their professional studies (Section 104). From 9/30/81 to 9/30/98, total professional staff has grown by 43 percent while Indian professional staff has grown by 179 percent. The proportion of professional

staff that is Indian has increased by 100 percent over that same period. It is certain that the vast majority of these Indian professionals were scholarship recipients.

The Loan Repayment Program's (LRP) contribution to IHS staffing has been as both a recruitment and a retention tool. Professionals are attracted to the IHS because of the LRP, stay beyond the required two-year period, as evidenced by the increasing number of extensions over the years, and remain in Indian health programs after their obligations are completed.

It is important to note that the data presented above do not include scholarship recipients who are employed outside the IHS. This information is not available to us at this time. If this information were available, the numbers of Indian professionals working in Indian health programs would surely be much larger.

Following are the funding levels for the last 5 fiscal years:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$23,768,000	33
1997	\$28,270,000	50
1998	\$28,720,000	16
1999	\$29,623,000	16
2000	\$30,491,000	16

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of \$32,779,000 and 16 FTE is an increase of \$2,288,000,000 over the FY 2000 Appropriation of \$30,491,000 and 16 FTE.

Current Services - Built-in Increases - +\$120,000

The request of \$120,000 for personnel related costs will fund the increased cost of providing health services to IHS beneficiaries and other built-in increases associated with on-going operations. Included are increases such as the FY 2001 pay raise and within grade increases.

The IHS patient population continues to receive less access to health care than the general U.S. population.

Health Disparities - +\$2,168,000

Increased funding in this area will support an additional Indians into Psychology Program, an increased number of health professions scholarships, and an increased number of loan repayment awards. These increases will help the IHS to address the disparities between the health of AI/AN people and the general population by helping to increase both the number of AI/AN professionals who provide services to the AI/AN population and the total numbers of health care providers who are working to meet the needs of the population.

Although AI/AN comprise just over one percent of the American population, they represent only a fraction of one percent (.0023 percent) of doctorates awarded in clinical psychology in the past decade. A study conducted by the University of North Dakota Indians Into Psychology Program (McDonald,

1996) showed that only 0.5 percent of all students enrolled in American Psychological Association accredited doctoral clinical psychology programs in 1995 were of AI/AN descent.

During the consultation process that resulted in the recently introduced bill to reauthorize the Indian Health Care Improvement Act (H.R. 3397), the tribes, urban Indian health organizations, and IHS identified increased mental health services as a priority for the coming years. The Health Professions Scholarships and Health Professions Preparatory Scholarships Programs will fund additional awards for pre-social work, medical and clinical social work, chemical dependency counseling, and clinical psychology to enable more AI/ANs to be recruited into these health professions as a means of addressing these needs.

A substantial portion of the funds requested will be used to support additional loan repayment for dentists. Coupled with the implementation of new pay options, this should help to reduce the dental officer vacancy rate considerably from the current 23 percent. The improved level of staffing that would result from this reduction in vacancies would increase access to dental services to an estimated 15,000 additional people.