ACTIVITY/MECHANISM BUDGET SUMMARY
Department of Health and Human Services
Indian Health Services - 75-0390-0-1-551
INDIAN HEALTH PROFESSIONS

Program Authorization:

Public Law (P.L.) 94-437, the Indian Health Care Improvement Act (IHCIA), as amended, authorizes program, Title I, Indian Health Manpower.

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2000 Actual	2002 Est. +/- 2001 Approp.
Budget Authority	$30,491,000	$30,486,000	$30,565,000	+$74,000	+$79,000
FTE	20	20	20	0	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. Critical elements of this policy are Title I, Indian Health Professions, and Title II, Health Services. These titles support 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) help to ensure the continued staffing of Indian health programs with well qualified health care providers.

The IHS has implemented sections 102, 103, 104, 105, 108, 110, 112, 114, 120, and 217 of the IHCIA as funds have been appropriated. These sections of Title I, coupled with Section 217 (Title II), of the IHCIA provide authorizations to support a scholarship program, a loan repayment program, temporary employment of students during nonacademic periods, tribal recruitment and retention and matching scholarship programs, health professions recruitment programs, and programs to develop and maintain American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field.

Scholarships help to create health professionals

The scholarship and loan repayment programs each play a role in the recruitment and retention of health professionals but from different perspectives. Scholarships are recruitment tools in three ways:

1. They affect the "creation" of a health professional by

   a. Supporting recipients as they prepare for entry into a health professional school, through section 103; and

b. While they are actually pursuing a health professional education (section 104).

2. They enable students who could never have afforded to finance an advanced education on their own to become health professionals; and

3. They require section 104 recipients to incur a service obligation. This obligation must be satisfied by providing services in an Indian health program in the profession for which the person was trained.

Scholarships become retention tools after the recipient has served their obligation because the person has been exposed to life in Indian health and is likely to decide to remain. In many instances, scholarship recipients serve their obligations in facilities on or near their home reservations and are inclined to remain there.

Loan Repayment attracts already-trained professionals.

The loan repayment program works from the other end of the educational continuum. When a person applies for loan repayment, they have completed, or nearly completed, their training and are ready to begin working in their chosen profession. Most health professionals have incurred substantial debt loads over the time of their education (The average debt load of the 272 people entering the loan repayment program in FY 2000 was $64,000.), so the opportunity to pay them off while working in their chosen profession is very attractive. Because it is possible to renew their contracts until their loans are paid off, the program is also an excellent retention tool.

These programs, as well as other recruitment and retention incentives, are necessary because Indian health programs are experiencing critical shortages of physicians, nurses, dentists, pharmacists, and optometrists and a growing concern in other professions essential to staffing Indian health programs, e.g., laboratorians, medical imaging personnel, mid-level providers, mental health professionals, etc. The Indian Health Professions recruitment and retention activities authorized in sections 102 and 110 are essential to enabling Indian health programs to effectively staff and manage their comprehensive health care delivery system. Competition for health care professionals will continue to increase in FY 2002, with vacancy rates and turnover rates also expected to increase. This will place an ever-greater burden on the IHS Indian Health Professions recruitment and retention programs.

In FY 2000, the IHS made 26 grants to tribes, Indian organizations, and academic institutions to assist in the recruitment, retention, and education of health professionals

Section 102 authorizes grants to public or nonprofit private health or educational entities, Indian tribes, or tribal organizations to identify AI/AN interested in the health professions and recruit them 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 2000, 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. In FY 2000, 37 new scholarships were awarded in this section, with 46 extensions.

The Health Professions Preparatory Pregraduate scholarship program authorized under Section 103 provides funding for up to 4 years to AI/AN students who are in premedicine or predentistry. For FY 2000, there were 45 new awards in this section and 61 extensions.

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. Upon graduation in the health professions curriculum, these students are obligated to serve for 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. FY 2000 saw 60 new awards and 287 extensions in this section.

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. In a fiscal year, approximately 240 externs have participated in the program.

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 2000, 334 contracts were awarded to participants in the IHS Loan Repayment Program. Of those, 62 were renewals.

Section 110 authorizes the IHS to fund competitively 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:

1. 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

2. Nurse midwife and nurse practitioner programs 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, and the University of Wisconsin at Eau Claire, the University of Oklahoma, the Sisseton-Wahpeton College, and the University of South Florida. These grants will be recompeted in 2003.

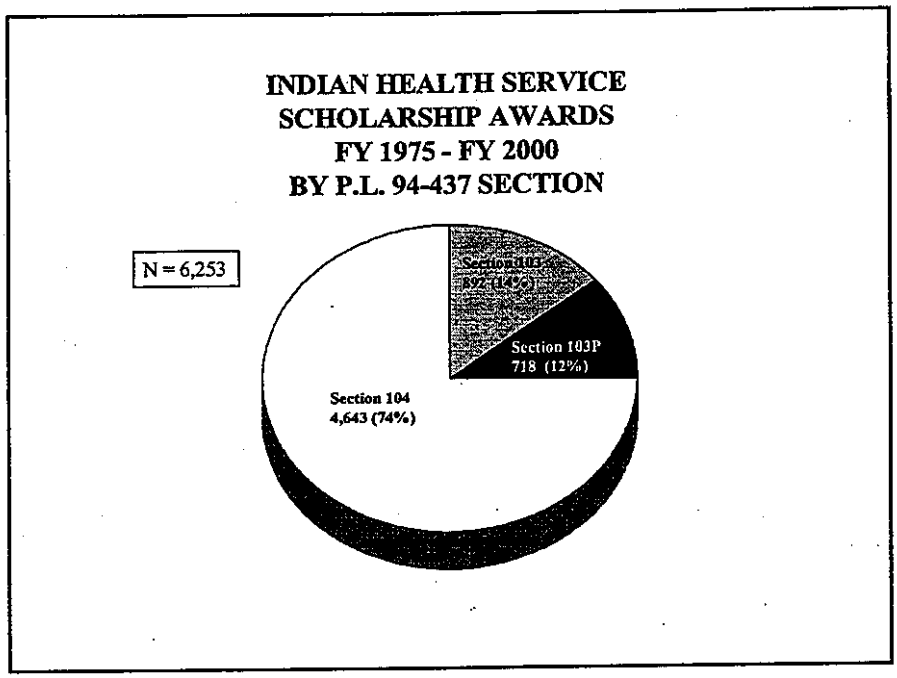
Section 114 authorizes the IHS to provide competitive grants to colleges and universities for the purpose of maintaining and expanding Native American health careers programs known as the Indians into Medicine Program (INMED). In FY 1998 the funded INMED programs at the University of North Dakota at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

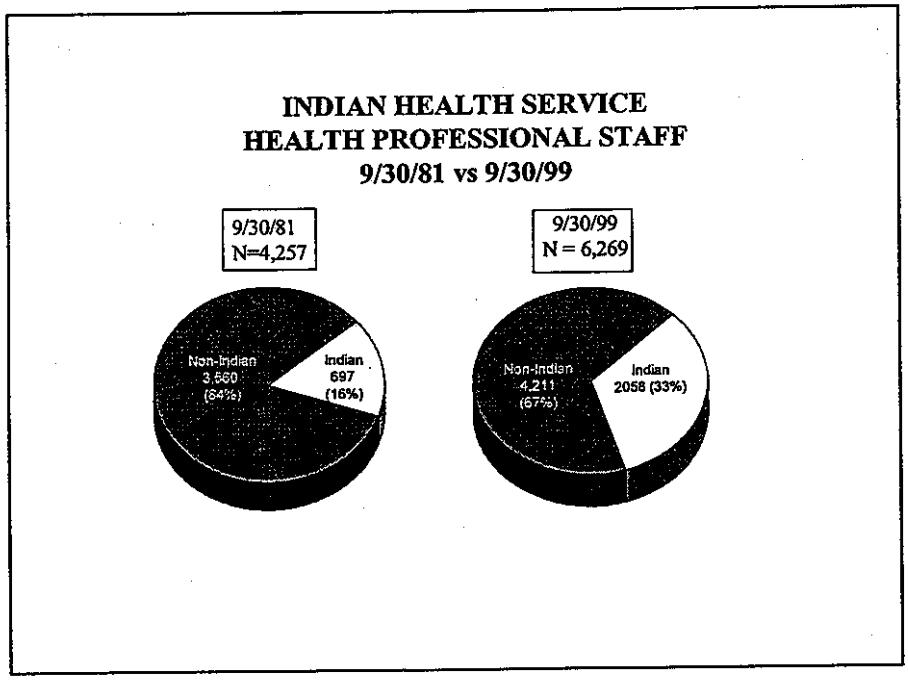
Section 120 authorizes the use of up to 5 percent of funds from Section 104 for competitive grants to tribes and tribal organizations to assist them in educating Indians to serve as health professionals in Indian communities. In FY 1999, Section 120 grants were made to the Chippewa Cree Tribe, the Ketchikan Indian Corporation, the Shingle Springs Rancheria, the Southcentral Foundation, and the Eastern Band of Cherokee. These grants will be re-competed in 2002.

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 were 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 also awarded a grant. The project period for these grants ends July 31, 2001.

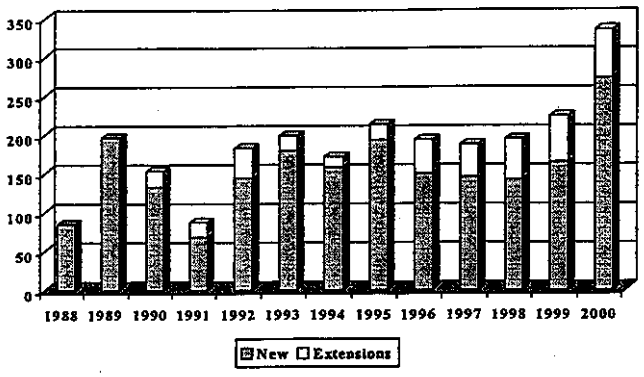
ACCOMPLISHMENTS

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





Indian Health Service Loan Repayment Program
Awards by Fiscal Year
Fiscal Years 1988-2000



As the graphs show, over the period of its existence, the IHS Scholarship Program has made more than 6,000 awards, 74 percent of which were to students in their professional studies (Section 104). From 9/30/81 to 9/30/1999, total IHS professional staff grew by 47 percent while Indian professional staff grew by 195 percent. The proportion of professional staff that is Indian increased by 106 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 recruitment and a retention tool. Professionals are attracted to the IHS because of the LRP, stay beyond the required two-year period in order to have a larger proportion of their loans repaid, 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:

Year	Funding	FTE	
1997	$28,270,000	50	
1998	$28,720,000	16	
1999	$29,623,000	16	
2000	$30,491,000	20	
2001	$30,486,000	20	Enacted

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of $30,565,000 and 20 FTE is an increase of $79,000 over the FY 2001 enacted level of $30,486,000 and 20 FTE. The increases are as follows:

Built-in Increases - +$79,000

The request of $79,000 for Federal personnel-related cost would fund the built-in increases associated with on-going operations. Included are the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

It is extremely critical that the IHS maintains the FY 2001 level of service for American Indians and Alaska Natives. The IHS patient population is affected disproportionately by chronic diseases such as diabetes access to health care than the general U.S. population. A continued support for current services is essential to ensure continuity in care the basic health care that is provided.

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