

## Regional Update from HHS Regional Director Susan Johnson Region 10 - Alaska, Idaho, Oregon, and Washington



Dear Colleagues,

April/May 2013

Due to a heavy travel schedule we are combining April and May for this Update.

April was National Minority Health Month, a time when we reflected on the incredible opportunity we face as a nation to improve minority health, advance health equity, and eliminate health disparities.

Everyone should have the chance to live a healthy life, regardless of who they are or where they live. We need to work together to fight health disparities and to build healthier communities. Throughout the month of April, we at HHS have been working to raise awareness about health disparities that continue to affect racial and ethnic minorities.

While our nation has made significant progress reducing health disparities over the last 50 years, minorities are still less likely to get preventive care, less likely to have access to quality health coverage, and more likely to suffer from serious illnesses.

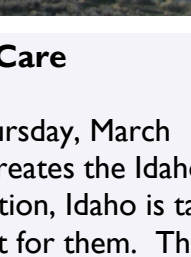
Thanks to the Affordable Care Act, we are making strides advancing quality, affordable health coverage for all Americans regardless of race or ethnicity. The health care law addresses the needs of minority populations and other underserved groups by investing in prevention, supporting improvements in primary care and Medicare, and making health care coverage affordable and accessible for all Americans.

Starting October 1, 2013, millions of uninsured Americans will finally be able to start enrolling in health coverage through the new health insurance Marketplaces that are opening in every state. In these Marketplaces, individuals and small businesses will be able to make side-by-side comparisons of private insurance plans, learn if they are eligible for advanced premium tax credits, and buy coverage that works best for them. In addition, starting January 1, 2014, the law bans discrimination against pre-existing conditions like diabetes or asthma, which means nobody will be turned away because of their health status.

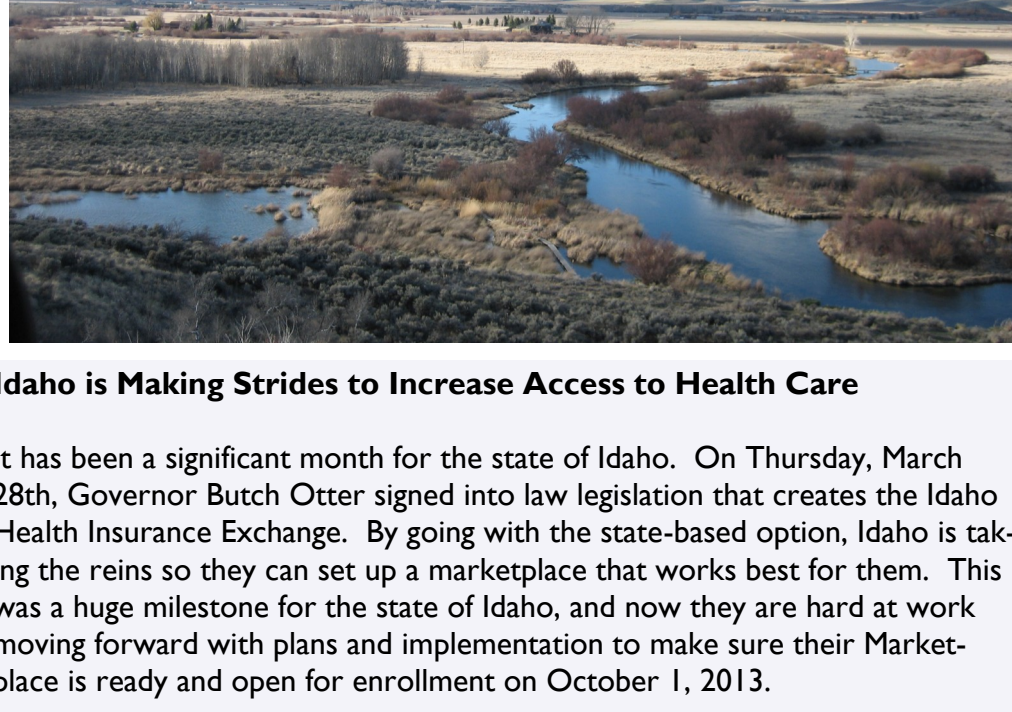
Working to achieve health equity will give all Americans a better opportunity to live healthy lives. Working within our communities we can act now to eliminate health disparities and increase access to quality care. We cannot afford to wait.

To learn more about what the U.S. Department of Health and Human Services is doing to reduce health disparities and achieve health equity, see [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov).

Regards,  
Susan



### Spotlight on Idaho



#### Idaho is Making Strides to Increase Access to Health Care

It has been a significant month for the state of Idaho. On Thursday, March 28th, Governor Butch Otter signed into law legislation that creates the Idaho Health Insurance Exchange. By going with the state-based option, Idaho is taking the reins so they can set up a marketplace that works best for them. This was a huge milestone for the state of Idaho, and now they are hard at work moving forward with plans and implementation to make sure their Marketplace is ready and open for enrollment on October 1, 2013.

In early April Governor Otter appointed the 19 members of the Board who will be working hard to get the Marketplace up and running. The Board members met together for the first time on April 22-23rd and made great progress creating committees and establishing timelines to meet their top priorities. I had the privilege of attending this meeting and presenting on the benchmarks that lie ahead and the resources available. It was great to see the enthusiasm in the room from so many dedicated people.

To get more information on the Health Benefits Marketplace in Idaho, including notices of upcoming public meetings, [visit Governor Otter's website](#).

There are also many groups in Idaho who are eager to understand the changes coming under the Affordable Care Act. In April, I presented to the Idaho Academy of Physician Assistants on these changes and the important role they will play as people have increased access to health care.

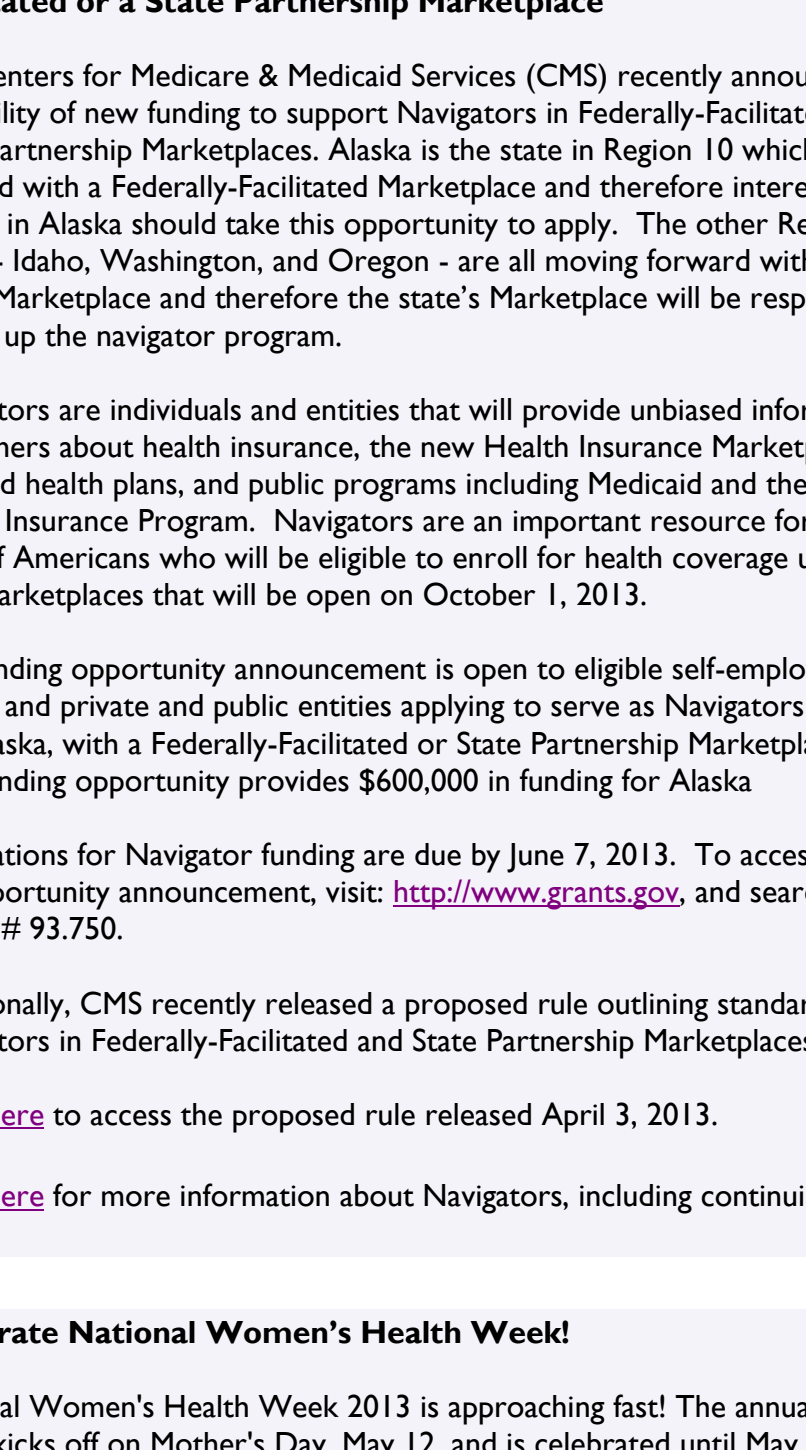
Visit [healthcare.gov](http://healthcare.gov) to learn more about the changes coming under the Affordable Care Act.

#### Idaho and Nez Perce Tribe Sign Memorandum of Understanding

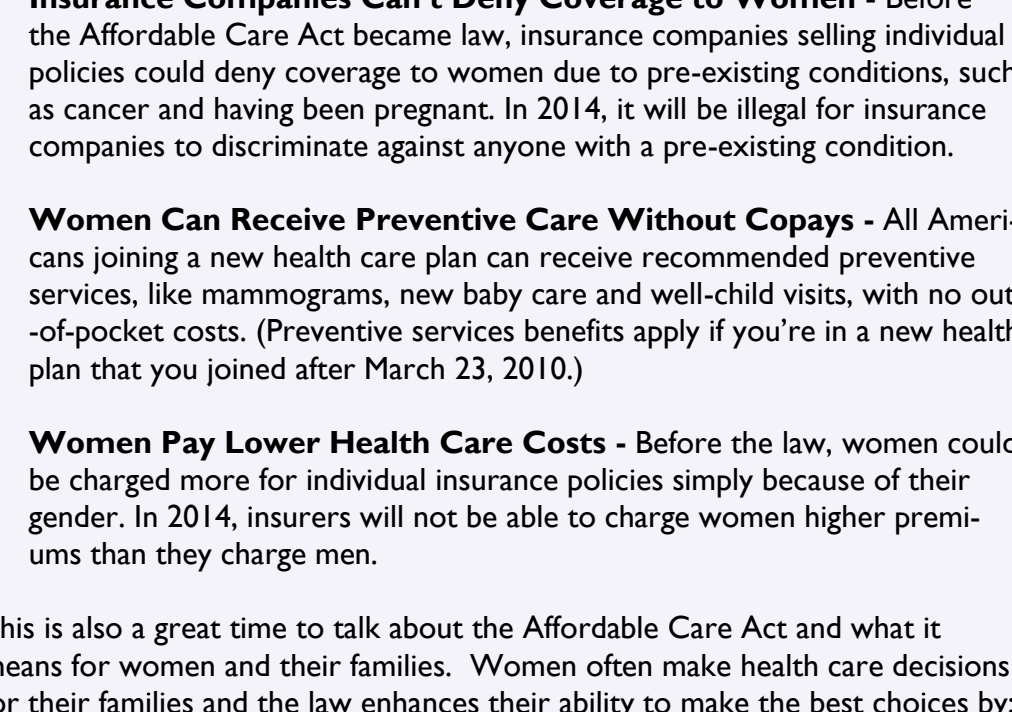
Improving Tribal relations is a key commitment of this administration and Secretary Sebelius, and working with tribes throughout the region is one of the most rewarding things I get to do as a Regional Director. On April 29th, Idaho took another significant step when the Idaho Department of Health and Welfare and the Nez Perce Tribe signed a Memorandum of Understanding (MOU), which establishes a new framework for how the state will consult with the tribe. Though this is the first Consultation agreement between the State of Idaho and a Tribe, we hope it will be followed by establishment of similar agreements with tribes throughout the state.

This MOU shows a commitment from both parties to develop a relationship of mutual respect for their sovereign interests. The focus of this MOU is for the Nez Perce Tribe and the Department of Health and Welfare to consult on a regular, on-going basis about programs and services they offer that are likely to have a direct effect on the Tribe and their social service and health programs.

I was honored to be invited to attend the MOU signing in Idaho and am eager to see the progress achieved moving forward with this new mutual commitment. Recognition for this achievement is also extended to former State Senator Joyce Broadsword, now with Idaho's Department of Health and Welfare, and Roberta Bisbee with the HHS Secretary's Tribal Advisory Committee.



At the MOU signing between the Idaho Department of Health and Welfare and the Nez Perce Tribe. Pictured: Ron Beecher, ID Dept. of Health & Welfare; Rep. Thyra Stevenson; ID Dept of Health & Welfare Director Richard Armstrong; Susan Johnson; Nez Perce Chairman Silas Whitman; Rep. John Rusche



In a meeting on April 30 with leaders in Moscow, Idaho, hosted by Mayor Nancy Chaney, we discussed a wide range of health and human services issues including community wellness programs that are underway. Left to right: Susan Johnson; Mayor Nancy Chaney; Pat Clelland, GM Sodexo, UI and small-scale farmer; Sen. Dan Schmidt; Rep. Cindy Agidius; Julie Newell, Recreation Supervisor, Moscow Parks and Recreation Dept.; Justin Minden, Director of Therapy and Community Wellness Committee, Gritman Medical Center; Helen Brown, Clinical Instructor, UI Dept of Movement Science & Public Health Nutritionist; Cinda Williams Extension Educator, Small Farms, UI & Latah County Extension; Kyle Merslich, UI grad student & food systems planning intern. Hidden from view: Carol Spurling, Board Member Backyard Harvest & Co-Owner BookPeople; Rep. Shirley Ringo.

### Recent HHS Events & Announcements

#### Opportunity to Apply for Navigator Grants in States with a Federally Facilitated or a State Partnership Marketplace

The Centers for Medicare & Medicaid Services (CMS) recently announced the availability of new funding to support Navigators in Federally-Facilitated and State Partnership Marketplaces. Alaska is the state in Region 10 which is moving forward with a Federally-Facilitated Marketplace and therefore interested groups in Alaska should take this opportunity to apply. The other Region 10 states - Idaho, Washington, and Oregon - are all moving forward with a state-based Marketplace and therefore the state's marketplace will be responsible for setting up the navigator program.

Navigators are individuals and entities that will provide unbiased information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans, and public programs including Medicaid and the Children's Health Insurance Program. Navigators are an important resource for the millions of Americans who will be eligible to enroll for health coverage under the new Marketplaces that will be open on October 1, 2013.

The funding opportunity announcement is open to eligible self-employed individuals and private and public entities applying to serve as Navigators in states, like Alaska, with a Federally-Facilitated or State Partnership Marketplace. The new funding opportunity provides \$600,000 in funding for Alaska

Applications for Navigator funding are due by June 7, 2013. To access the funding opportunity announcement, visit: <http://www.grants.gov>, and search for CFDA # 93.750.

Additionally, CMS recently released a proposed rule outlining standards for Navigators in Federally-Facilitated and State Partnership Marketplaces.

[Click here](#) to access the proposed rule released April 3, 2013.

[Click here](#) for more information about Navigators, including continuing updates.

#### Celebrate National Women's Health Week!

National Women's Health Week 2013 is approaching fast! The annual observance kicks off on Mother's Day, May 12, and is celebrated until May 18, 2013. With the theme "It's Your Time," National Women's Health Week encourages women to make their health a top priority and take simple steps for a longer, healthier, and happier life.

This is a great time to talk about the Affordable Care Act and what it means for women's health! Women have unique health care needs, and often make health care decisions for their families. The health care law protects women by providing insurance options, covering preventive services, and lowering costs:

- **Insurance Companies Can't Deny Coverage to Women** - Before the Affordable Care Act became law, insurance companies selling individual policies could deny coverage to women due to pre-existing conditions, such as cancer and having been pregnant. In 2014, it will be illegal for insurance companies to discriminate against anyone with a pre-existing condition.
- **Women Can Receive Preventive Care Without Copays** - All Americans joining a new health care plan can receive recommended preventive services, like mammograms, new baby care and well-child visits, with no out-of-pocket costs. (Preventive services benefits apply if you're in a new health plan that you joined after March 23, 2010.)
- **Women Pay Lower Health Care Costs** - Before the law, women could be charged more for individual insurance policies simply because of their gender. In 2014, insurers will not be able to charge women higher premiums than they charge men.

This is also a great time to talk about the Affordable Care Act and what it means for women and their families. Women often make health care decisions for their families and the law enhances their ability to make the best choices by:

- **Delivering New Coverage Options for Americans with Pre-existing Conditions** - Health plans that cover children can no longer exclude, limit or deny coverage to your child (under age 19) based on a pre-existing condition. In addition, the law created a new program called the Pre-Existing Condition Insurance Plan (PCIP) to help provide coverage for uninsured people with pre-existing conditions until new insurance market rules that prohibit discriminating against anyone with a pre-existing condition go into effect in 2014.
- **Providing Consumers with New Rights and Protections** - The Affordable Care Act frees Americans from worrying about losing their insurance, or having it capped unexpectedly if someone is in an accident or becomes sick, giving you greater control over your health insurance and care. It also places tough restrictions on health insurance companies to make them more accountable to you.
- **Requiring Plans to Cover Preventive Services Without Out-of-Pocket Costs** - The law requires new health plans to cover recommended preventive services, including vaccinations, cost-free. Regular well-baby and well-child visits are also covered from birth through age 21. These services do not require a copay or co-insurance when offered by providers in your insurer's network. (Preventive services benefits apply if you're in a new health plan that was created after March 23, 2010.)
- **Allowing Kids Under 26 to Stay on Their Parents' Plan** - If your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 (except, in some cases, when your child's employer offers health coverage). It doesn't matter whether your child is married, living with you, in school, or financially dependent on you.

To find out more about National Women's Health Week events by state, please go here: <http://womenshealth.gov/nwhw/events/>

Additional Information in Region 10 - Should you have any questions about National Women's Health Week and how to participate, please feel free to contact HHS Regional Women's Health Coordinator for Region 10, Renée Bouvion, at 206-615-3667 or [renee.bouvion@hhs.gov](mailto:renee.bouvion@hhs.gov).

Thank you for actively promoting the health of women in our region. Your commitment to improving the health of all women contributes to our success each year.

#### Alaska Ranks First in Nation for Neonatal and Infant Survival Rates

The American Academy of Pediatrics recently released their annual summary of vital statistics and it was great to see Alaska ranked first in the nation for neonatal and infant survival rates. The neonatal (0 to 28 days old) mortality rate has reached an all-time low of 1.92 deaths per 1,000 live births. This is the second year that Alaska has ranked number one.

Alaska also has the lowest mortality rate in the country for infants (less than one year old). The rate in Alaska is 3.75 deaths per 1,000 live births.

This top ranking is especially notable given the logistical challenges of accessing health care in Alaska. Medical facilities are long drives, plane rides, or boat rides away for rural Alaskan communities. Alaskans know these challenges and have made a concerted effort to overcome them. Hospitals, doctors, nurses, tribal communities, and many other groups have come together to provide the best care possible and their hard work is reflected in this top ranking.

[Click here](#) to read the full report by the American Academy of Pediatrics.

### Grant Opportunities and Available Resources

For HHS funding resources, please visit the [HHS Grants/Funding site](#) or [FYI: Minority Resources...Money & More](#), a newsletter published by the Office of Minority Health Resource Center.

**Improving Health and Reducing Premature Mortality in People with Severe Mental Illness (R01) (Tribal Eligible)**—This FOA will support R01 grants of up to five years for rigorous effectiveness testing of innovative services interventions designed to reduce the prevalence and magnitude of common modifiable health risk factors related to shortened lifespan in adults with severe mental illness (SMI), as well as in children and youth with serious emotional disturbances (SED). The deadline for submission is November 7, 2013. [View Full Announcement](#)

**Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (Tribal Eligible)**—The purpose of this program is to expand substance abuse treatment and HIV services for African American, Hispanic/Latina and other racial/ethnic minority women (ages 18 years and older), including heterosexual, lesbian, bisexual, previously incarcerated women, and their significant others, who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS. The deadline for submission is May 14, 2013. [View Full Announcement](#)

**CHOICES in American Indian and Alaska Native Populations through Training and Technical Assistance (Tribal Eligible)**—The need for training on how to conduct aSBI and CHOICES and provide technical assistance on implementing the interventions into clinic settings have been identified as barriers for promoting successful adoption and integration into primary care clinics as a standard of care. This program announcement addresses these barriers by focusing on building capacity with the awarding organization(s) to provide training and technical assistance to clinics serving AI/AN populations. The deadline for submission is May 24, 2013. [View Full Announcement](#)

**Refugee Home-Based Childcare Microenterprise Development Project (Tribal Eligible)**—These projects are aimed at assisting primarily refugee women in becoming economically self sufficient by providing home-based child care services. Thus, recipients of grant awards through this announcement will teach refugee women about local, state, and federal child care laws, regulations and licensing requirements and about cultural norms concerning child care and child care development. Also, they will assist refugee women in English language acquisition, advance educational attainment (GED) and improve economic opportunities through application of acquired job skills in a market where there is a shortage of childcare providers. Through this grant, mentors will help primarily refugee women establish agreements or contracts with State or county child care offices so they may qualify for State/county childcare reimbursement as childcare service providers. The deadline for submission is May 21, 2013. [View Full Announcement](#)

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Questions or comments? Please contact me at [susan.johnson@hhs.gov](mailto:susan.johnson@hhs.gov) or 206-615-2012.