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Report to Congressional Committees

September 2018

INDIAN HEALTH SERVICE

Considerations Related to Providing Advance Appropriation Authority

GAO-18-652

GAO Highlights

Highlights of GAO-18-652, a report to congressional committees

September 2018

INDIAN HEALTH SERVICE

Considerations Related to Providing Advance Appropriation Authority

Why GAO Did This Study

IHS, an agency within the Department of Health and Human Services (HHS), receives an annual appropriation from Congress to provide health care services to over 2 million American Indians and Alaska Natives (AI/AN) who are members of 573 tribes. IHS generally provides services through direct care at facilities such as hospitals and health centers. Some tribes receive IHS funding to operate their own health care facilities. Tribal representatives have sought legislative approval to provide IHS advance appropriation authority stating that it would facilitate planning and more efficient spending. Experts have reported that agencies can use the authority to prevent funding gaps, and avoid uncertainties associated with receiving funds through CRs.

House Report 114-632 included a provision for GAO to review the use of advance appropriations authority and applications to IHS. Among other things, this report (1) describes advance appropriation authority considerations identified by stakeholders for providing IHS-funded health care services, and (2) identifies other considerations for policymakers related to providing the authority to IHS. GAO reviewed its prior reports related to IHS, VA, government shutdowns, and CRs, and interviewed officials from IHS, several tribes and other organizations representing AI/AN interests, the Office of Management and Budget, VA and other experts.

GAO provided a draft of this report to HHS, which had no comments; to VA, which provided general comments; and to tribal representatives, which provided technical comments that were incorporated as appropriate.

View GAO-18-652. For more information, contact Jessica Farb at (202) 512-7114 or farbj@gao.gov.

What GAO Found

The Indian Health Service (IHS), like most federal agencies, must use appropriations in the year for which they are enacted. However, there has been interest in providing IHS with advance appropriation authority, which would give the agency authority to spend a specific amount 1 or more fiscal years after the fiscal year for which the appropriation providing it is enacted. Currently, the Department of Veterans Affairs (VA) is the only federal provider of health care services to have such authority.

Stakeholders interviewed by GAO, including IHS officials and tribal representatives, identified effects of budget uncertainty on the provision of IHS-funded health care as considerations for providing IHS with advance appropriation authority. Budget uncertainty arises during continuing resolutions (CR)—temporary funding periods during which the federal government has not passed a budget—and during government shutdowns. Officials said that advance appropriation authority could mitigate the effects of this uncertainty. IHS officials and tribal representatives specifically described several effects of budget uncertainty on their health care programs and operations, including the following:

- **Provider recruitment and retention.** Existing challenges related to the recruitment and retention of health care providers—such as difficulty recruiting providers in rural locations—are exacerbated by funding uncertainty. For example, CRs and government shutdowns can disrupt recruitment activities like application reviews and interviews.
- **Administrative burden and costs.** Both IHS and tribes incur additional administrative burden and costs as IHS staff calculate proportional allocations for each tribally operated health care program and modify hundreds of tribal contracts each time a new CR is enacted by Congress to conform to limits on available funding.
- **Financial effects on tribes.** Funding uncertainty resulting from recurring CRs and from government shutdowns has led to adverse financial effects on tribes and their health care programs. For instance, one tribe incurred higher interest on loans when the uncertainty of the availability of federal funds led to a downgraded credit rating, as it was financing construction of a health care facility.

GAO identified various considerations for policymakers to take into account for any proposal to change the availability of the appropriations that IHS receives. These considerations include operational considerations, such as what proportion of the agency's budget would be provided in the advance appropriation and under what conditions changes to the funding provided through advance appropriations would be permitted in the following year. Additionally, congressional flexibility considerations arise because advance appropriation authority reduces what is left for the overall budget for the rest of the government. Another consideration is agency capacity and leadership, including whether IHS has the processes in place to develop and manage an advance appropriation. GAO has reported that proposals to change the availability of appropriations deserve careful scrutiny, an issue underscored by concerns raised when GAO added IHS to its High-Risk List in 2017.

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Abbreviations

AI/AN	American Indian and Alaska Native
CR	continuing resolution
HHS	Department of Health and Human Services
IHS	Indian Health Service
OMB	Office of Management and Budget
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE

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September 13, 2018

The Honorable Lisa Murkowski
Chairman
The Honorable Tom Udall
Ranking Member
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
United States Senate

The Honorable Ken Calvert
Chairman
The Honorable Betty McCollum
Ranking Member
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
House of Representatives

The Indian Health Service (IHS), an agency within the Department of Health and Human Services (HHS), receives an annual appropriation from Congress to provide certain health care services to over 2 million American Indians and Alaska Natives (AI/AN) who are members of federally recognized tribes.[1] IHS services are generally provided through direct care at IHS facilities such as hospitals and health centers, and when services are unavailable at these facilities, the facilities may pay for patients to obtain services, including specialty care, from external providers. In addition to federally operated IHS facilities, some federally recognized tribes choose to operate their own health care facilities, for which they receive at least partial support through IHS funding.

IHS, like most federal agencies, receives appropriations through annual appropriations acts and the appropriations become available upon enactment, not at some future date. However, there has been interest in providing IHS with advance appropriation authority—an appropriation of

[1]Federally recognized tribes have a government-to-government relationship with the United States and are eligible to receive certain protections, services, and benefits by virtue of their status as Indian tribes. The Secretary of the Interior publishes annually in the Federal Register a list of all tribal entities that the Secretary recognizes as Indian tribes. See, e.g., 83 Fed. Reg. 4235 (Jan. 30, 2018). There are currently 573 federally recognized tribes.

new budget authority that becomes available one or more fiscal years after the fiscal year for which the appropriation providing it is enacted.[2] Organizations representing AI/AN people have advocated for Congress to provide IHS with advance appropriation authority, stating that advance appropriations would allow for greater planning, more efficient spending, and higher quality of care for AI/AN individuals. Although not commonly provided for federal programs, experts have reported that advance appropriations have implications for agencies' ability to manage during periods of budget uncertainty, in terms of preventing funding gaps, and avoiding issues associated with receiving short-term funds through continuing resolutions (CR).[3] The Department of Veterans Affairs (VA) is the only federal agency that currently receives advance appropriations for its health care program, which is administered by its Veterans Health Administration (VHA).

House Report 114-632 included a provision for us to report on the use of advance appropriation authority for health care programs across the federal government, and applications to IHS.[4] This report

1. describes the advance appropriation authority that VA has for its health care program;
2. describes the advance appropriation authority considerations identified by stakeholders for providing IHS-funded health care services; and
3. identifies other considerations for policymakers related to providing advance appropriation authority to IHS.

To describe the advance appropriation authority that VA has for its health care program, we reviewed statutes related to VA's specific advance appropriation authority and interviewed VHA officials, including headquarters officials from the Office of Finance and the Office of Rural Health. In addition, we interviewed officials from the Office of Management and Budget (OMB) who work with VA in planning for

[2]Legislation has been introduced in the House to provide IHS with such authority. See Indian Health Service Advance Appropriations Act of 2017, H.R. 235, 115th Cong. (2017).

[3]CRs provide temporary funding to allow agencies or programs to continue to obligate funds at a particular rate—such as the rate of operations for the previous fiscal year—for a specific period of time, which may range from a single day to an entire fiscal year.

[4]See Pub. L. No. 115-31, § 4, 131 Stat. 135, 137 (2017); 163 Cong. Rec. H3874 (daily ed. May 3, 2017); H.R. Rep. No. 114-632, at 89 (2016).

advance appropriations. We also reviewed our prior reports examining VHA budget processes and experience with advance appropriations.

To describe the advance appropriation authority considerations identified by stakeholders for providing IHS-funded health care services, we reviewed our prior reports that examined the effects of CRs and government shutdowns on federal agencies, and interviewed IHS officials and tribal representatives. Specifically, we interviewed IHS officials and tribal representatives about their perceptions of the potential advantages or disadvantages of advance appropriations for IHS, including their perceptions of the effects of budget uncertainty on the provision of IHS-funded health care. IHS officials we interviewed included individuals from the Office of the Director, the Office of Finance and Accounting, the Office of Direct Service and Contracting Tribes, the Office of Tribal-Self Governance, and the Division of Acquisition Policy, among others.

Additionally, we interviewed tribal officials, including those who currently serve as co-chairs for IHS's National Tribal Budget Formulation Workgroup (who collectively represent multiple individual tribes and groups of tribes).[5] We selected tribal officials to interview to help ensure a range of experiences and different types of funding agreements with IHS. We also obtained information from representatives of several additional tribes and tribal organizations.[6] Our interviews and other information obtained from representatives of these tribes and tribal organizations are not generalizable to all federally recognized tribes. We also interviewed officials from associations representing tribal and AI/AN interests, including the National Indian Health Board and the National Council of Urban Indian Health.[7] For context, we also spoke with VA officials from two regional networks—Veterans Integrated Service Networks (VISN)—about their experience with advance appropriations; VA officials indicated

[5]The National Tribal Budget Formulation Workgroup, which is a formal participant in IHS's budget formulation process and consists of two tribal representatives selected from each of the 12 IHS areas, meets annually and prepares the final set of tribal budget recommendations and presents these to the IHS Director and HHS senior officials.

[6]We supplemented our interviews with written materials submitted by tribal representatives in response to our request for input.

[7]In this report, we use the term "tribal representatives" to include tribal officials as well as officials from associations representing tribal and AI/AN interests.

that these VISNs have extensive experience in serving rural populations, including AI/AN veterans.[8]

To identify other considerations for Congress and agency officials related to providing advance appropriation authority to IHS, we reviewed materials documenting past efforts to obtain advance appropriation authority for IHS—including proposed legislation and documents from advocacy groups such as the National Indian Health Board, as well as our prior work related to the consideration of advance appropriations for VA. For context, we also reviewed our past reports and those from the Congressional Research Service on various aspects of IHS—including budgeting processes. We interviewed IHS officials regarding their processes for budget planning and VA officials regarding their experiences planning for advance appropriations. In addition, we interviewed officials from OMB, the Congressional Research Service, and the Congressional Budget Office.

We conducted this performance audit from August 2017 to September 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

IHS Health Care System and Tribal Health Care

IHS was established within the Public Health Service in 1955 to provide certain health services to members of federally recognized AI/AN tribes, primarily in rural areas on or near reservations. IHS provides services directly through a network of hospitals, clinics, and health stations

[8]VISN offices provide management and oversight to the medical centers and clinics within their assigned geographic areas. Each VISN office is responsible for allocating funds to facilities, clinics, and programs within its region and coordinating the delivery of health care to veterans.

operated by IHS, and also funds services provided at tribally operated facilities.[9]

As of October 2017, IHS, tribes, and tribal organizations operated 168 service units, 48 hospitals, and 560 ambulatory care centers—including health centers, school health centers, health stations, and Alaska village clinics.[10] See table 1.

Table 1: Numbers of Federally Operated and Tribally Operated Indian Health Service (IHS) Facilities, as of October 2017

Type of facility	Federally operated	Tribally operated	Total
Service units[a]	54	114	**168**
Hospitals	26	22	**48**
Ambulatory care centers	78	482	**560**

Source: IHS | GAO-18-652.

[a]IHS service units are administrative entities within a defined geographical area through which services are directly or indirectly provided to eligible Indians. A service unit may contain one or more health care facilities and may cover a number of small reservations, or, conversely, some large reservations may be covered by several service units.

[9]When services are not available at federally operated or tribally operated facilities, IHS may pay for services provided through external providers through its Purchased/Referred Care program. IHS also provides funding to nonprofit, urban Native American organizations through the Urban Indian Health program to provide health care services to AI/AN people living in urban areas. See 25 U.S.C. § 1653.

Based on the needs of their communities, tribes and tribal organizations can choose to receive health care administered and operated by IHS, or assume responsibility for providing all or some health care services formerly administered and operated by IHS. Under the Indian Self-Determination and Education Assistance Act (ISDEAA), as amended, federally recognized Indian tribes can enter into self-determination contracts or self-governance compacts with the Secretary of HHS to take over administration of IHS programs for Indians previously administered by IHS on their behalf. Specifically, through self-determination contracts, Indian tribes can assume responsibility for administration of programs for the benefit of Indians because of their status as Indians that would otherwise be managed by IHS. Through self-governance compacts, Indian tribes can assume responsibility for administration of IHS programs that are otherwise available for tribes and Indians and also consolidate those programs. Pub. L. No. 93-638, 88 Stat. 2203 (1975) (codified as amended at 25 U.S.C. §§ 5301-5423). The provisions governing self-determination contracts are found in title I (25 U.S.C. §§ 5321-5332). The provisions governing self-governance compacts with IHS are in title V (25 U.S.C. §§ 5381-5399).

[10]IHS service units are administrative entities within a defined geographical area through which services are directly or indirectly provided to eligible Indians. A service unit may contain one or more health care facilities and may cover a number of small reservations, or, conversely, some large reservations may be covered by several service units.

According to IHS officials, the agency provides services almost exclusively in locations designated as Health Professional Shortage Areas, with most locations identified as extreme shortage areas.[11] In addition, IHS data indicate that about 35 percent of certain IHS facilities, including four hospitals, were identified as isolated hardship posts in 2016.[12]

IHS oversees its health care facilities through a decentralized system of 12 area offices, which are led by area directors; 10 of these 12 IHS areas have federally operated IHS facilities. IHS's headquarters office is responsible for setting health care policy, helping to ensure the delivery of quality comprehensive health services, and advocating for the health needs and concerns of AI/AN people. The IHS area offices are responsible for distributing funds to the facilities in their areas, monitoring their operation, and providing guidance and technical assistance.

IHS's estimated budget authority for fiscal year 2018 is over $5.6 billion, an increase of almost $580 million from its enacted budget authority of just over $5 billion in fiscal year 2017.[13] IHS has agreements with tribes and tribal organizations by which it transfers a substantial portion of its

[11]HHS's Health Resources and Services Administration designates areas identified as having a shortage of primary care physicians as primary care Health Professional Shortage Areas. Primary care is defined as the specialties of family medicine, internal medicine, pediatrics, and obstetrics and gynecology. The agency also designates Health Professional Shortage Areas in dental health and mental health.

[12]Isolated hardship posts are described as ''unusually difficult, which may present moderate to severe physical hardships for individuals assigned to that geographic location.'' According to IHS, physical hardships may include crime or violence, pollution, isolation, a harsh climate, scarcity of goods on the local market, and other problems.

In 2016, we reported that residents of tribal lands often lack basic infrastructure, such as water and sewer systems, and telecommunications services. See GAO, *Telecommunications: Additional Coordination and Performance Measurement Needed for High-Speed Internet Access Programs on Tribal Lands*, GAO-16-222. (Washington, D.C: Jan. 29, 2016.)

[13]The $5.6 billion estimate for fiscal year 2018 includes the amounts enacted for Indian Health Services and Indian Health Facilities by the Consolidated Appropriations Act, 2018, plus an estimate for Contract Support Costs from the President's fiscal year 2019 budget justification, for which IHS receives an annual indefinite appropriation of "such sums as may be necessary." See Pub. L. No. 115-141, div. G, tit. III, 132 Stat. 348, 677-679 (2018). "Budget authority" refers to authority provided by federal law to enter into contracts or other financial obligations that will result in immediate or future expenditures (or outlays) involving federal government funds. Most appropriations are a form of budget authority that also provides the legal authority to make the subsequent payments from the Treasury.

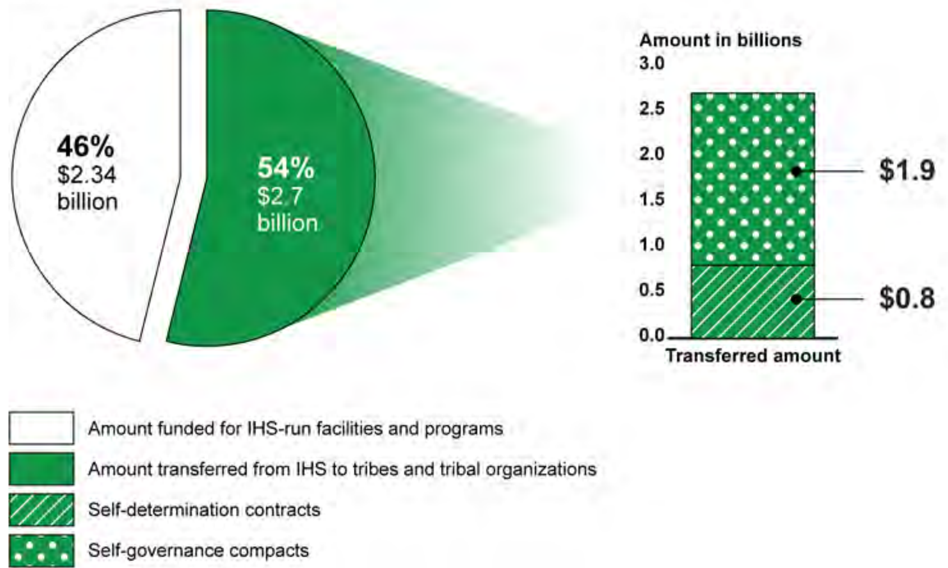
budget authority to tribes and tribal organizations. For example, in 2017, the agency transferred approximately 54 percent of its total budget authority to tribes and tribal organizations to operate part or all of their own health care programs through self-determination contracts and self-governance compacts.

- Self-determination contracts: IHS had 373 self-determination contracts in place with 220 tribes in 2017.
- Self-governance compacts: IHS had 98 self-governance compacts in place—including 124 funding agreements—with 360 tribes in 2017.[14] See figure 1 for the percentage of IHS's total budget authority transferred to tribes in fiscal year 2017.

According to IHS officials, over the last few years an increasing number of tribes have sought to enter into contracts and compacts with IHS to assume responsibility for some or all of their health care programs, and thereby receive funding from IHS.

[14]A funding agreement is an annual or multi-year agreement that generally identifies the programs and services to be assumed by the tribe, describes the financial terms of the agreement, and sets out the responsibilities of the HHS Secretary.

Figure 1: Transfer of Funds from Indian Health Service (IHS) to Tribes and Tribal Organizations, Fiscal Year 2017



Source: GAO analysis of IHS data. | GAO-18-652

Federal Budget Environment

Unless otherwise specified in law, funding included in annual appropriation acts is available for obligation during a single fiscal year, after which it expires. For this reason, the continuation of normal government operations depends upon the enactment each fiscal year of a new appropriations act. Any lapse in appropriations—a funding gap—causes most government functions to shut down.[15] To avert a government shutdown, Congress may enact one or more CRs. CRs are spending bills that provide funds to allow agencies to operate during a specified period of time while Congress works to pass an annual appropriations act. Relevant aspects of the federal budget environment include the following.

[15]There are certain exceptions to this requirement, such as a determination by the head of the agency that continued action is necessary because of an emergency involving the safety of human life or the protection of property.

Frequency of CRs and shutdowns. In all but 4 of the last 40 fiscal years—including fiscal year 2018—Congress has enacted CRs.[16] Since fiscal year 1999, CRs have varied greatly in their number and duration—the number of CRs enacted in each year ranged from 2 to 21, and the duration of CRs has ranged from 1 to 187 days. Regarding lapses in appropriations that resulted in government shutdowns, in January 2018 the government partially shut down for 3 calendar days after the CR in place expired. Other shutdowns have lasted longer—16 calendar days in October 2013 and 21 calendar days in December 1995 through January 1996. We have previously reported on the effects of CRs and shutdowns for federal agencies.[17]

Budget authority during a CR. CRs provide "such amounts as may be necessary" to maintain operations consistent with the prior fiscal year's appropriations and authorities. To control spending in this manner, CRs generally prohibit agencies from initiating new activities and projects for which appropriations, funds, or other authorities were not available in the prior fiscal year. They also require agencies to take the most limited funding actions necessary to maintain operations at the prior fiscal year's level.

Budget authority during a funding gap. Certain federal health care programs have various budget authorities that can allow for continued operations during a funding gap. For example, VA's advance appropriations authority for its health care programs allows operations to continue after one appropriation expires, using the previously enacted budget for the next year. Although IHS does not have this authority, Congress has enacted longer periods of availability for certain IHS appropriations that would allow the activities they support to continue during a funding gap, assuming the appropriation has not run out. For example, IHS's appropriation for Indian health facilities remains available

[16]CRs vary from year to year in their application to federal agencies and activities. We did not determine the number of years in which IHS received funding through CRs during this period.

[17]See, for example, GAO, *Budget Issues: Continuing Resolutions and Other Budget Uncertainties Present Management Challenges,* GAO-18-368T (Washington, D.C.: Feb. 6, 2018); GAO, *2013 Government Shutdown: Three Departments Reported Varying Degrees of Impacts on Operations, Grants, and Contracts,* GAO-15-86 (Washington, D.C.: Oct. 15, 2014); and GAO, *Continuing Resolutions: Uncertainty Limited Management Options and Increased Workload in Selected Agencies,* GAO-09-879 (Washington, D.C.: Sept. 24, 2009).

until expended, in contrast to its appropriation for Indian health services, which is generally available for a single fiscal year.[18]

In this regard, funds for Indian health services that IHS transfers to tribes and tribal organizations during the 1-year period of availability are deemed to be obligated at the time of the award and thereafter remain available to the tribes to operate their own health care programs without fiscal year limitation.[19] Thus, to the extent sufficient funding remained available from federal or other sources during a lapse in appropriations, a tribe could continue to operate its own health care programs during a shutdown. To operate IHS's health care system on an emergency basis during a funding gap, IHS would need to determine what programs and activities qualified for an emergency exception under the law.[20]

Contingency planning for government shutdowns. Federal agencies must determine what activities and programs they are permitted or required to continue prior to a potential shutdown. This includes designating certain employees as "excepted" employees who would be expected to continue to work during the shutdown and who would be paid upon the enactment of an appropriation.[21] Employees who are not "excepted" would be subject to furlough.

Interest in Advance Appropriation Authority for IHS

Citing funding uncertainty associated with continued use of CRs, AI/AN advocacy groups such as the National Indian Health Board have requested that Congress grant IHS advance appropriation authority; legislation to provide IHS this authority has been introduced more than once. The most recent such legislation, H.R. 235, introduced in January 2017 (not enacted), would have provided IHS with 2-year fiscal budget authority for its Indian health services and Indian health facilities accounts, similar to the authority that VA currently has for its health care

[18]See, e.g., Pub. L. No. 115-141, 132 Stat. 679.

[19]See, e.g., Pub. L. No. 115-141, 132 Stat. 677. Because AI/AN tribes and tribal organizations are sovereign entities, they are not subject to government shutdowns, though they could be adversely affected by the resulting funding gaps.

[20]To invoke this exception, the emergency must involve the safety of human life or protection of property. See 31 U.S.C. 1342.

[21]Historically, Congress has also permitted the retroactive payment of employees who did not work during a shutdown. See, e.g., Pub. L. No. 115-120, § 2001, 132 Stat. 28, 29 (2018).

appropriation accounts. HHS, on behalf of IHS, has not requested that IHS be granted advance appropriation authority during its annual budget submissions to Congress.

VA's Advance Appropriation Authority for Health Care

VA, through the VHA, operates one of the nation's largest health care systems, with 171 VA medical centers, more than 1,000 outpatient facilities, and total health care budget authority of about $69 billion in fiscal year 2017. VA provided health care services to about 6.8 million veterans in fiscal year 2017, and the agency forecasts that demand for its services is expected to grow in the coming years.

VA was granted advance appropriation authority for specified medical care accounts in the Veterans Health Administration in 2009.[22] Currently, VA's annual appropriations for health care include advance appropriations that become available in the fiscal year after the fiscal year for which the appropriations act was enacted. Under this authority, VA receives advance appropriations for VHA's Medical Services, Medical Support and Compliance, Medical Facilities, and Medical Community Care appropriations accounts and is required to provide Congress with detailed estimates of funds needed to provide its health care services for the fiscal year for which advance appropriations are to be provided. According to VA officials, veterans service organizations were the primary advocates who sought advance appropriation authority for VA's health care program.

In its health care budget proposal each year, VA submits a request for the upcoming fiscal year, as well as an advance appropriation request for the following year. In early 2018, for example, VA submitted a request for fiscal year 2019, as well as a fiscal year 2020 advance appropriation request. According to VA, more than 90 percent of its budget request is developed using an actuarial model that is based in part on VA's actual health care utilization data from prior years; for example, the 2020

[22]Pub. L. No. 111-81, 123 Stat. 2137 (2009) (codified as amended at 31 U.S.C. § 1105(a)(37) and 38 U.S.C. § 117). This authority took effect with the budget submissions for fiscal year 2011.

advance appropriation request used fiscal year 2016 data.[23] VHA officials said that the agency calculates its advance appropriation request to fund needed care as estimated by its actuarial model, with less funding requested for other expenses (such as non-recurring maintenance) and officials told us this is consistent with direction provided by OMB. OMB officials told us that the amount provided in the advance appropriation is intended to provide VA with some assurances that it will be able to continue health care operations seamlessly across fiscal years.

In the subsequent year (the year during which the advance appropriation can be used), VA may request an adjustment to the amount previously provided through advance appropriations—referred to by agency officials as a "second bite"—an arrangement that is intended by design to help respond to more recent policy changes or significant events. For example, VA requested a "second bite" increase of $2.65 billion for fiscal year 2018, to the $66.4 billion initially provided to its VHA accounts through its advance appropriation. Both OMB and VHA officials said this "second bite" provides an opportunity to make an adjustment to VA's advance appropriation using updated utilization data. VHA officials told us that changes in policy (such as determining which veterans or what health benefits can be covered) sometimes drive changes from the initial budget request. For example, policy changes can include adding an additional presumptive condition—such as health conditions associated with Agent Orange exposure—resulting in a new health benefit, or a costly new drug treatment, as in the case of the addition to the drug formulary of a new Hepatitis C drug treatment.[24]

Despite having advance appropriation authority, VA has faced challenges in budget formulation, in addition to the general management and

[23]We have previously reported on this model—the Enrollee Health Care Projection Model—and other aspects of VA's health care budget estimation process. See, for example, GAO, *Veterans' Health Care: VA Uses a Projection Model to Develop Most of Its Health Care Budget Estimate to Inform the President's Budget Request,* GAO-11-205 (Washington, D.C.: Jan. 31, 2011); GAO, *Veterans' Health Care Budget: Transparency and Reliability of Some Estimates Supporting President's Request Could Be Improved,* GAO-12-689 (Washington, D.C.: June 11, 2012); GAO, *Veterans' Health Care Budget: Improvements Made, but Additional Actions Needed to Address Problems Related to Estimates Supporting President's Request,* GAO-13-715 (Washington, D.C.: Aug. 8, 2013); and GAO, *VA's Health Care Budget: In Response to a Projected Funding Gap in Fiscal Year 2015, VA Has Made Efforts to Better Manage Future Budgets,* GAO-16-584 (Washington, D.C.: June 3, 2016).

[24]See GAO-16-584.

oversight challenges we cited in adding VA to our High-Risk List in 2015.[25] Specifically, we reported in our 2017 update to the High-Risk List that VA faces challenges regarding the reliability, transparency, and consistency of its budget estimates for medical services, as well as weaknesses in tracking obligations for medical services and estimating budgetary needs for future years.[26] These challenges were evident in June 2015, when VA requested authority from Congress to move funds from another appropriation account because agency officials projected a fiscal year 2015 funding gap of about $3 billion in its medical services appropriation account.[27]

Budget Uncertainty Effects on the Provision of IHS-Funded Health Care That Were Cited by Stakeholders

IHS officials, tribal representatives, and other stakeholders we spoke with described how budget uncertainty resulting from CRs and government shutdowns can have a variety of effects on the provision of IHS-funded health care services for AI/ANs.[28] The following summarizes these effects, along with the views of IHS officials, tribal representatives, and other stakeholders on how advance appropriation authority could mitigate them, and VA's related experiences:

Provision of health care services. IHS officials said that, in general, most health care services would be expected to continue at IHS-operated facilities during a shutdown, as health care providers would be deemed "excepted" personnel under the agency's contingency plan.[29] However, officials noted some health care procedures could be delayed, as determined on a case-by-case basis at the local level. IHS officials also acknowledged that tribal health care programs may not have access to

[25]See GAO, *High-Risk Series: An Update,* GAO-15-290 (Washington, D.C.: Feb. 11, 2015).

[26]See GAO, *High-Risk Series: Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others*, GAO-17-317 (Washington, D.C.: Feb. 15, 2017).

[27]In our report examining that instance, we noted that that the majority of the projected funding gap was the result of higher-than-expected obligations for VHA's program providing care in the community through non-VA providers. See GAO-16-584.

[28]For this report, leaders from individual AI/AN tribes as well as officials from advocacy organizations that work on behalf of tribes and AI/AN people are referred to, collectively, as tribal representatives.

[29]According to IHS, staff involved in the safety of human life and protection of property would continue to report for work and provide services under the agency's contingency plan, consistent with actual occurrences in the past.

furloughed IHS staff who do not work during a shutdown, such as support staff at local IHS area offices, who may carry out administrative duties on their behalf. For example, tribal representatives told us that during a previous government shutdown, finance employees from the local IHS area offices were furloughed (and thus not permitted to work), which created challenges for tribal health care operations that depended on these IHS employees to process payments and agreements.

IHS officials stated they believe advance appropriations could help ensure continuity of health care services through certainty of funding. IHS officials also said that while lapses in appropriations do not halt patient care, they do create complications—such as the determination of excepted personnel as described above—that could be eliminated by funding provided through advance appropriations. Tribal representatives said the certainty of funding that would come with IHS having advance appropriations would create a sense of stability in tribal health care programs as well.

VA VISN officials we spoke to said having advance appropriations has improved their ability to manage resources for continuity of services and allowed them to avoid the substantial additional planning that occurs before a potential government shutdown when agencies are determining which providers and staff would be deemed excepted. According to the VISN officials, knowing that funding is coming—as opposed to having less certainty—would allow an agency to plan and prioritize its services more efficiently.

Health care program planning. Tribal representatives said operating health care programs with short-term funding provided through a series of CRs—and facing potential government shutdowns—rather than a full year's apportionment hinders their ability to plan for new programs and for improvements that need to be carried out across budget years or that require large up-front investments, such as an electronic medical records system or other significant information technology purchases. Tribal representatives said there are often plans that they have to set aside because they don't have enough funds to start a project during a CR, and—if there are multiple CRs—there is not enough time left in the budget year to start bigger projects once an annual appropriation is passed. Tribal representatives also told us that they believe that advance appropriations would help tribal health care programs plan for current and future needs. For example, one tribal official told us advance appropriations would allow tribes to plan for long-term health initiatives. The official's specific tribe has a gestational diabetes program in

conjunction with a local university that the tribe could plan to take full responsibility for if they had more funding stability.[30]

VA VISN officials we interviewed provided several examples of how they believe advance appropriations facilitate their planning. For example, VISN officials told us advance appropriations allow them to plan strategically for equipment purchases: if they need to buy a CT scanner, they would plan to do site preparation in one year—for example, reconfiguring the space for the new equipment by moving walls, electrical rewiring, etc.—and buy the scanner in the next year. With advance appropriations, they know they are going to have funds for an expensive equipment purchase available the next year; without an advance appropriation, they would not be sure, and could spend funds on preparation and then ultimately not have the funds to make the equipment purchase. These officials also said having advance appropriations gave them confidence in making current plans to provide the new shingles vaccine for their over-50 population in 2019, including the ability to secure an adequate supply of the vaccine from the manufacturer.

Provider recruitment and retention. IHS officials and tribal representatives said existing challenges related to their recruitment and retention of health care providers—many of which are related to the rural and remote locations of many of IHS's facilities—are exacerbated by funding uncertainty resulting from CRs or potential government shutdowns.[31] IHS officials said CRs and government shutdowns can disrupt recruitment activities such as IHS marketing efforts, job advertisements, application review, interviews, and candidate site visits. Additionally, when recruiting health care providers, IHS officials said CRs and potential government shutdowns create doubt about the stability of employment at IHS amongst potential candidates, which may result in reduced numbers of candidates or withdrawals from candidates during the pre-employment process. IHS officials said that many providers in rural and remote locations are the sole source of income for their families, and the potential for delays in pay resulting from a government shutdown

[30]According to the Centers for Disease Control and Prevention, gestational diabetes is a type of diabetes that is first seen in a pregnant woman who did not have diabetes before she was pregnant.

[31]We have reported on challenges IHS faces in recruiting and retaining clinical staff, including the rural location of many IHS facilities and insufficient housing for providers. See GAO, *Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies,* GAO-18-580 (Washington, D.C.: Aug. 15, 2018).

can serve as a disincentive for employees considering public service in critical shortage areas that do not offer adequate spousal employment opportunities. Tribal representatives said CRs create challenges for tribes in funding planned pay increases—such as cost-of-living adjustments—for health care staff at their facilities, and they may, as a result, defer increases.

IHS officials and tribal representatives stated they believe advance appropriations could mitigate these challenges. For example, IHS officials said that with advance appropriations, recruitment and outreach activities could continue without disruption, and selected candidates could be brought on board as scheduled. One tribal representative stated that advance appropriations could help with recruitment by providing perceived job stability that is similar to VA or the private sector.

According to VA VISN officials, the agency's experience with advance appropriation authority suggests that advance appropriations can facilitate physician recruitment, including hiring. If, for example, they were far along in the hiring process at the end of a fiscal year, but could not finalize the hire before the end of the year, having advance appropriations for the next fiscal year provides the certainty that they will be able to make the hire in the new fiscal year.

Commercial contracts and vendor negotiations. IHS officials and tribal representatives said budget uncertainty can lead to vendor reluctance to provide services to IHS and tribally operated facilities. IHS officials said they have heard from vendors—who are typically Indian- or veteran-owned small businesses in the communities being served by IHS—that they lose trust in IHS and federally-funded tribal health care programs when they are affected by budget uncertainty. One tribal organization told us delays in receiving full funding because of CRs has inhibited its ability to pay invoices for pharmaceuticals in a timely manner, which has harmed its relationship with its vendors.

VISN officials told us that advance appropriations can provide an element of stability to agency funding that may serve to reassure potential vendors.[32] According to VISN officials, vendors can be hard to find in

[32]We previously reported that agencies have delayed executing contracts while under a CR, which could increase costs. See GAO, *Budget Issues: Continuing Resolutions and Other Budget Uncertainties Present Management Challenges,* GAO-18-368T (Washington, D.C.: Feb. 6, 2018).

remote and rural areas, and their perception of funding certainty can play a role in encouraging their participation as government contractors. As contracting with the federal government can be burdensome, particularly for smaller vendors, VISN officials said, any measures—such as advance appropriations—that could enhance the stability of agency contracting could make these vendors more likely to participate in government contracting.

Administrative burden and costs. IHS officials and tribal representatives said the agency and tribes incur additional administrative burden and costs when the government is funded through multiple CRs, due to the high proportion of IHS funding that is transferred to tribes through contracts and compacts.[33] Specifically, IHS officials said there is an additional administrative burden generated by each CR that results in the distribution of funds to tribes.[34] For each CR period, IHS headquarters staff generate proportional funding allotments, which they provide to individual area offices, which then also conduct processing activities to generate payments from these allotments to the tribes in their areas.[35] As part of this process, IHS officials said they modify hundreds of tribal contracts and make amendments to funding agreements associated with tribal compacts, and those efforts represent a significant administrative burden for IHS staff. Tribal representatives also described administrative burden associated with CRs. As one representative of a group representing several tribes told us, each CR requires the same processing and manpower for each partial payment as for a full apportionment, and moreover, CRs require tracking and reconciliation that is not necessary for a single, full apportionment. IHS officials and tribal representatives noted that time and money spent on these

[33]We previously reported that agency officials said that managing within the constraints of a CR had created additional work, which potentially reduced productivity. In particular, shorter and more numerous CRs can lead to more repetitive work, including entering into shorter-term contracts or grants multiple times to reflect the duration of the CR. See GAO-18-386T.

[34]Contracting tribes receive payments from IHS on a mutually-determined schedule that may vary (e.g., lump sum annual payment, quarterly payments, etc.), and compacting tribes generally receive annual lump sum payments. If tribal payments are due during a CR, then IHS makes payments in proportion to the term of the CR.

[35]IHS officials told us that it is not administratively feasible to distribute funds through the same process when Congress passes very short-term CRs (such as those lasting for a period of only 1 to 3 days). In such instances, IHS would generally not distribute the funds for such a brief period, but instead combine them with the next apportionment, assuming the next apportionment is for a longer CR or a full budget.

additional administrative activities detract from other priorities, including patient care.

IHS officials said that advance appropriations would reduce this administrative burden, and added that having advance appropriations would allow for more efficiency in processing payments to tribes. IHS officials suggested that the agency would have to do less administrative work overall, because currently, under a single year appropriation (with recurrent CRs), they may modify or amend agreements 7 or 8 times within a fiscal year. Although acknowledging that advance appropriation authority would entail the additional burden of preparing budget requests for more than one fiscal year, they expect this administrative burden to be less than those under repeated CRs.

Financial effects on tribes. According to tribal representatives we spoke with, funding uncertainty from recurring CRs and from government shutdowns has led to particular adverse financial effects on tribes that operate their own health care programs with funding from IHS. For example, according to tribal representatives,

- Funding uncertainty surrounding a CR results in more expensive commercial loans (with higher interest rates) to finance construction of new health care facilities. Specifically, a tribal representative said the uncertainty of the availability of funds due to a CR resulted in a downgrading of the tribe's credit rating, and hence higher interest rates, as it was planning a clinic expansion.
- During a government shutdown, some tribes must redistribute funds from other budget categories to replace health care funding from IHS in order to continue providing health care services. Some tribes have economic development activities that provide additional funding and facilitate this redistribution, but others do not. For example, one tribal organization said that during the 2013 government shutdown, it had to take out loans and maintain a line of credit in order to pay for services and make payroll. Subsequently, that tribal organization had to pay interest on those loans, causing greater financial hardship.
- Tribes attempt to mitigate the challenge of not knowing their final annual payment from IHS under recurrent CRs by keeping extra funds in reserve for emergencies, which limits the remaining funds available for providing health care services.
- Short-term funding under CRs or delayed funding after a lapse in appropriations can limit the ability of tribes and tribal organizations to

invest funds from IHS and generate interest that can be reinvested in tribal health care programs.

- CRs have affected the ability of tribes to reduce costs by planning for bulk purchases at favorable rates. For example, some tribes in Alaska prefer to make bulk purchases of heating oil during “barge season”—when waterways are still navigable and not frozen. If they do not have enough money for a bulk purchase because of a CR’s limited funding, they must purchase fuel in smaller quantities, which is ultimately significantly more expensive. Tribal representatives told us one beneficial financial effect of advance appropriations for tribes could be providing opportunities for longer term contracts with vendors, which could result in cost savings that could be used for tribal health care programs.

Considerations for Policymakers Related to Providing Advance Appropriation Authority to IHS

We identified three types of considerations for policymakers related to providing advanced appropriation authority to IHS—operational, congressional flexibility, and agency capacity and leadership considerations. We identified these considerations based on a review of our 2009 testimony that examined considerations for granting VA advance appropriation authority, in which we identified key questions that would be applicable to any agency being granted such authority, and our interviews with VA, IHS, and other officials.[36] In our 2009 testimony, we noted that proposals to change the availability of the appropriations for VA deserved careful scrutiny, given the challenges the agency faces in formulating its health care budget and the changing nature of health care.[37] Similar consideration would apply to IHS.

Operational considerations. If Congress were to grant IHS advance appropriation authority, it would need to make operational decisions regarding what amount of IHS funding would be provided in advance appropriations, with input from OMB and IHS as appropriate. Specifically, Congress could consider the following questions:

(1) What proportion of IHS’s estimated budget would be provided in the advance appropriation—the full amount, or less (as is the case for

[36]See GAO, *VA Health Care: Challenges in Budget Formulation and Issues Surrounding the Proposal for Advance Appropriations,* GAO-09-664T (Washington, D.C.: Apr. 29, 2009).

[37]See GAO-09-664T.

VA)? Which appropriations accounts would be included? Further, would funds intended for transfer to tribes be handled differently?

(2) Under what conditions, if any, would there be changes to funding provided through advance appropriations during the next budget cycle? For example, would Congress expect to adjust the advance appropriation amount through a "second bite," as is the case with VA?

Congressional flexibility considerations. We reported in 2009 that consideration of any proposal to change the availability of the appropriations VA receives for health care should take into account the impact of any change on congressional flexibility and oversight. These same considerations hold merit regarding potential changes to the appropriation status of any federal agency, including IHS. Specifically, advance appropriation authority reduces flexibility for congressional appropriators, because it reduces what is left for the overall budget for the rest of the government—meaning the total available for appropriations for a budget year is reduced by the amount of advance appropriations for that year, when budgets have caps.

Agency capacity and leadership considerations. IHS officials told us they believe the agency's current budget planning processes would be adequate for estimating advance appropriation budget requests, because IHS begins planning for its budget request 3 years in advance. Officials added that IHS plans its budget so far in advance to have sufficient time to work with tribes in formulating recommendations for its budget request. IHS officials said that a downside to planning so far in advance is that they do not necessarily have the most current information while formulating the budget request. In addition, we noted prior to VA receiving advance appropriation authority that advance appropriation authority could potentially exacerbate existing challenges when developing or managing a budget, generally, due in part to the higher risk of uncertainty when developing estimates that are an additional 12 months out from the actual budget year (e.g., 30 months out instead of 18 months).[38]

We raised certain capacity and leadership concerns based on our previous work when we added IHS to our High-Risk List in 2017.[39] Further, in June 2018, we found that while IHS had taken some actions to

[38]See GAO-09-664T.

[39]See GAO-17-317. In addition to IHS, we added other federal programs servicing tribes and their members to our High-Risk List, including education and energy programs run by the Department of the Interior.

partially address these concerns, additional progress was needed to fully address these management weaknesses.[40] For example, IHS still does not have permanent leadership—including a Director of IHS—which is necessary for the agency to demonstrate its commitment to improvement. Additionally, while the agency has made some progress in demonstrating it has the capacity and resources necessary to address the program risks we identified in our reports, there are still vacancies in several key positions, including in the Office of Finance and Accounting. While not directly related to consideration of advance appropriations, IHS's high-risk designation and continuing challenges in mitigating the deficiencies in its program point to questions about the agency's capacity to implement such a change to its budget formulation process.

Agency Comments and Third-Party Views

We provided a draft of this report to HHS and VA for review and comment. HHS did not have any comments. We received general comments from VA that are reprinted in appendix I.

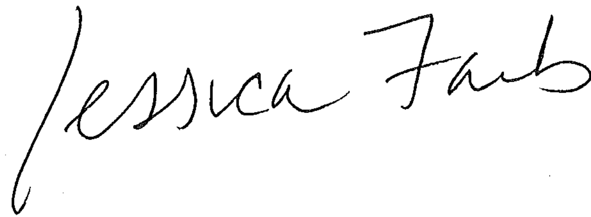
We also provided relevant draft portions of this report to NIHB, which represents tribal and AI/AN interests. NIHB provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the Secretaries of the Department of Health and Human Services and the Department of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or farbj@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page

[40]See GAO, *High Risk: Agencies Need to Continue Efforts to Address Management Weaknesses of Federal Programs Serving Indian Tribes,* GAO-18-616T (Washington, D.C.: June 13, 2018).

of this report. GAO staff who made key contributions to this report are listed in appendix II.



Jessica Farb
Director, Health Care

Appendix I: Comments from the Department of Veterans Affairs

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

August 24, 2018

Ms. Jessica L. Farb
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Farb:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, ***"INDIAN HEALTH SERVICE: Considerations Related to Providing Advance Appropriation Authority"*** (GAO-18-652).

The enclosure provides our general comments. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Robert L. Wilkie

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
"INDIAN HEALTH SERVICE: Considerations Related to Providing Advance Appropriation Authority"
(GAO-18-652)

General Comments:

The Veterans Health Administration (VHA) Office of Rural Health is responsible for administering the Veterans Affairs/Indian Health Service (IHS) Memorandum of Understanding (MOU), December 2010.

Under this MOU:

- VHA has concluded a VHA/IHS reimbursement agreement under which VHA reimburses IHS and tribal organizations for Native American Veteran health care;
- VHA and IHS created another agreement under which IHS and tribal health programs now use VHA mail order pharmacy to order medications for Native American Veterans who receive care in IHS and tribal facilities;
- VHA and IHS have initiated cultural awareness programs, telehealth connections, and educational content for continuing education credit for IHS and VHA providers.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Jessica Farb, (202) 512-7114 or farbj@gao.gov

Staff Acknowledgments

In addition to the contact named above, Kathleen M. King (Director), Karen Doran (Assistant Director), Julie T. Stewart (Analyst-in-Charge), Kristen J. Anderson, and Leonard S. Brown made key contributions to this report. Also contributing were Sam Amrhein, George Bogart, Christine Davis, and Vikki Porter.

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Funding Opportunities
***SEPTEMBER* 2018**

To: Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announces we are made aware of, have received and/or researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. New posts will be available Friday/Monday **(unless there are no "New" grant announcements). Please see the "New" Funding Opportunity Information provided in this "color code".**

If you have a specific targeted goal or urgent community need and find yourself not knowing where to start "looking for a grant", our assistance is available anytime and we would be very excited to assist you. In addition, at the end of this announcement several funding organizations do not have deadlines and do accept proposals all year round.

Association of American Indian Physicians Pre-Admission Workshop

A 2-day workshop for American Indian/Alaska Native undergraduate and graduate students that addresses the skills necessary for successful application and admittance to health professional school.

Geographic coverage: Nationwide

Application Deadline: Sep 28, 2018

Sponsors: Association of American Indian Physicians, Northeast Alliance, SUNY Upstate Medical University

ALKERMES INSPIRATION GRANTS® program

DEADLINE: The submission period will be open from September 5 (7 AM ET) to October 2 (6 PM ET), and grants will be awarded to selected organizations on November 2018.

AMOUNT: Eligible non-profit organizations may apply for varying funding amounts, but amount must not to exceed $1 million. Historically, the funding awarded to individual programs has ranged from $12,000 to $200,000. Multiple submissions are permitted.

DESCRIPTION: The ALKERMES INSPIRATION GRANTS® program is a competitive; request for proposal (RFP) based grants initiative developed to underscore the company's ongoing commitment to support the comprehensive needs of people affected by mental health and substance use disorders. Through this initiative, Alkermes will award up to $1 million in grants for the development or expansion of innovative programs to support the mental health and substance use disorder communities in two key areas:

Improving or enhancing support or resources for people affected by mental illness or substance use disorders

Integrating the perspective of people affected by mental illness or substance use disorders into drug development or care delivery

Eligible non-profit organizations with varying budgets can apply, and multiple submissions are permitted. Proposals will be evaluated based on a standard set of review criteria, which include potential impact, identification of need and creativity of the solution, the organization's ability to execute and the sustainability of the program.

Selected programs will be chosen by Alkermes in partnership with external reviewers who represent the perspectives of the community. External reviewers include patient and healthcare advocates, a person affected by mental illness and a caregiver who lost a loved one to an overdose.

WEBSITE/LINK: http://www.alkermes.com/responsibility/inspiration-grants

Native Agriculture and Food Systems College Scholarship Program

Scholarships to encourage Native American college students to enter careers in agriculture and agriculture-related fields with the ultimate goal of increasing food production, improving health and nutrition, and eliminating food insecurity in rural and reservation-based communities.

Geographic coverage: Nationwide

Application Deadline: Oct 4, 2018

Sponsor: First Nations Development Institute

Dr. Alan J. Allery Health Research Award

Awards for two promising American Indian students, one graduate and one undergraduate, in recognition of research dedicated to improving the health and well-being of Native Americans throughout the country.

Geographic coverage: Nationwide, with a preference for North Dakota.

Application Deadline: Oct 5, 2018

Sponsor: University of North Dakota Center for Rural Health

Echoing Green - Fellowships for Social Entrepreneurs Worldwide

DEADLINE: Applications will be accepted from October 9 to October 30, 2018.

AMOUNT: Fellowships are provided to individuals (at least 18 years of age) or two-person partnerships. Fellows receive stipends of $80,000 ($90,000 for partnerships) over two years, as well as leadership development and technical support.

DESCRIPTION: Echoing Green invests in outstanding emerging social entrepreneurs to help them launch new organizations that deliver bold, high-impact solutions to society's most difficult problems. Echoing Green offers the following three distinct fellowship programs: The Global Fellowship supports young leaders worldwide who are connected to the needs and potential solutions that may work best for their communities. The Climate Fellowship invests in the best next-generation social entrepreneurs committed to working on innovations in mitigation and adaptation to climate change. The Black Male Achievement Fellowship supports emerging leaders dedicated to improving the life outcomes of black men and boys in the United States.

WEBSITE/LINK: https://www.echoinggreen.org/about-echoing-green

Keepseagle Fast-Track Grants to Support Native Farmers and Ranchers

Grants to grow or expand programs and services to organizations in Native communities that serve Native farmers and ranchers, with an emphasis on building food systems, food sovereignty, and economic development.

Geographic coverage: Nationwide

Letter of Intent (Required): Oct 5, 2018

Application Deadline: Dec 14, 2018

Sponsor: First Nations Development Institute

Planning Grants for Pragmatic Research in Healthcare Settings to Improve Diabetes and Obesity Prevention and Care (R34 Clinical Trial Required) - Department of Health and Human Services, National Institutes of Health

DEADLINE: November 1, 2018, February 14, 2019, May 14, 2019, November 1, 2019, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: $150,000

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to seek research applications that pilot test approaches to improve diabetes and obesity prevention and/or treatment in healthcare settings where individuals receive their medical care. Research applications should be developed to pilot test practical and sustainable strategies to improve processes of care and health outcomes for individuals with or at risk of diabetes and/or obesity. The research should also focus on approaches with the potential to be broadly disseminated outside the specific setting where it is being tested. The goal is that, if the pilot study shows promising results, the data from the R34 will be used to support a full-scale trial focused on improving routine healthcare practice and informing healthcare policy for the prevention or management of diabetes and obesity. Therefore, interventions must be integrated into the existing healthcare structure and/or processes. The healthcare setting may not be used solely as a venue for recruitment.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PAR-18-924.html**

CDC E-Learning Collaborative for Sexual Violence and Intimate Partner Violence Prevention - Department of Health and Human Services/Centers for Disease Control - NCIPC

DEADLINE: Nov 15, 2018 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: $500,000

DESCRIPTION: Violence is a serious, yet preventable, public health problem. Sexual violence (SV) and Intimate partner violence (IPV) affects millions of women, men, and children. In the United States, 1 in 4 women and 1 in 9 men experience contact sexual violence, physical violence, and/or stalking by an intimate partner with a negative impact from this or other forms of violence in the relationship such as injury, fear, concern for safety, or needing services (Smith et al, 2017). Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) data show many

victims of IPV began experiencing these forms of violence prior to adulthood (Smith, et al, 2017).In 2013, Congress reauthorized the Violence Against Women Act (VAWA), originally passed in 1994 to address sexual violence (SV). This legislation established CDC's Rape Prevention and Education (RPE) program, which funds state health departments to work on SV prevention activities. CDC has funded the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program since 2002, authorized by the Family Violence and Prevention Services Act (FVPSA). The DELTA program funds State Domestic Violence Coalitions (SDVCs) to work on IPV prevention activities. Different iterations of DELTA have focused funding on increasing organizational capacity, implementation and evaluation of IPV primary prevention activities. The new iteration of RPE, Rape Prevention and Education: A Public Health Approach to Sexual Violence Prevention (beginning 2/2019), and the new iteration of DELTA, DELTA Impact (started 3/2018), are both focusing on decreasing SV/IPV risk factors and increasing SV/IPV protective factors through the implementation and evaluation of prevention strategies based on the best available evidence. Also focusing on SV/IPV prevention is a collaboration between Division of Violence Prevention (DVP) and the Department of Defense (DoD). In 2015, the Secretary of the Air Force authorized the hiring of Violence Prevention Integrators (VPIs) across Active Duty and Reserve installations in the U.S. and overseas. The VPIs are responsible for integrating and coordinating all violence prevention activities on an installation. An expansion of this concept is expected to be implemented across the DoD. The purpose of this funding announcement is to support a cross-cutting (SV, IPV) peer learning violence prevention platform that uses multiple communication channels, including interactive web conferences, podcasts, interactive listserv, and social media to build and strengthen violence prevention systems and collaborative efforts at the national, state and local levels. The E-Learning Collaborative will facilitate opportunities for dissemination and sharing of guidance and information to help both CDC recipients and national prevention practitioners share, connect, and enhance their skills and capacity to prevent sexual violence and intimate partner violence.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=305733**

Responding to Opioid Use Disorders (OUD) in Tribal Communities in the Context of SAMHSA and CDC Funding (R61/R33 - Clinical Trials Optional) - Department of Health and Human Services/National Institutes of Health

DEADLINE: Nov 29, 2018

AMOUNT: $500,000

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to leverage SAMHSA funding (including TI-18-016, TI-18-015, and TI 17-014) for tribal responses to the opioid crisis by supporting culturally relevant research built upon projects supported by SAMHSA. The topic of the research project will vary depending on how funding is used in tribal communities. Potential topics include, for example, studies of evidence-based interventions adapted to enhance their feasibility, acceptability, availability and/or effectiveness in tribal communities; assessing the effectiveness of interventions with an evidence base from another population when implemented to address the opioid crisis in tribal communities; augmenting hypothesis-based data collection to inform intervention adaptation and implementation; or epidemiologic studies that assess the reach or implementation of interventions. Research supported through this FOA will be performed in two phases. The first phase (R61) will provide support for up to two years and allow for development and startup of the project including, where relevant, development and pilot testing of study elements including measurements, the study design,

and/or adaption of intervention. This phase will identify and meet pre-specified milestones ensuring that the results of this phase inform and provide a foundation for the second phase of the research. Phase two (R33) is dependent upon successful completion of the R61 phase and an approved plan for the R33 phase. Phase two will provide possible funding for three years to expand to a full test of the research aims.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-013.html**

HEALing Communities Study: Developing and Testing an Integrated Approach to Address the Opioid Crisis (Data Coordinating Center) (UM1 - Clinical Trials Not Allowed) - Department of Health and Human Services/National Institutes of Health

DEADLINE: Dec 11, 2018

AMOUNT: $6,500,000

DESCRIPTION: The National Institute on Drug Abuse(NIDA), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting cooperative agreement applications with the intention of ultimately funding up to three research sites and one data coordinating center (DCC) to participate in the 'HEALing Communities Study': Developing and Testing an Integrated Approach to Address the Opioid Crisis The HEALing Communities Study will test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and Opioid Use Disorders (OUD) within highly affected communities. Highly affected communities of interest could include counties or cities within states that are burdened with higher than average rates of overdose mortality and opioid-related morbidity, and other complications. Combined, all the communities participating in a single research site application must demonstrate having experienced at least 150 opioid related overdose fatalities in the past year, based on the most recent complete year of data available (15% of these must be from rural communities). States within the top third for age-adjusted drug overdose death rates in 2016, (per the Centers for Disease Control) are of special interest. The integrated set of evidence-based prevention and treatment interventions should be designed to achieve the following goals: reduce overdose fatalities, and events; decrease the incidence of OUD; and increase the number of individuals receiving medication-assisted treatment, retained in treatment beyond 6 months, and receiving recovery support services compared to baseline.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-017.html**

HEALing Communities Study: Developing and Testing an Integrated Approach to Address the Opioid Crisis (Research Sites) (UM1 - Clinical Trial Required) - Department of Health and Human Services/National Institutes of Health

DEADLINE: Dec 11, 2018

AMOUNT: NIDA intends to commit up to $89.5M in FY 2019, $96.5M in FY 2020 and 2021, and $48.5M in FY 2022 to fund up to 3 Research Sites, subject to availability of funds. Award Budget - Application budgets need to reflect the actual needs of the proposed project. Award Project Period - The maximum project period is 4 years.

DESCRIPTION: The National Institute on Drug Abuse (NIDA), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting cooperative agreement applications with the intention of ultimately funding up to three research sites and one data-coordinating center (DCC) to participate in the 'HEALing Communities Study': Developing and Testing an Integrated Approach to Address the Opioid

Crisis. The HEALing Communities Study will test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and Opioid Use Disorders (OUD) within highly affected communities. Highly affected communities of interest could include counties or cities within states that are burdened with higher than average rates of overdose mortality and opioid-related morbidity, and other complications. Combined, all the communities participating in a single research site application must demonstrate having experienced at least 150 opioid related overdose fatalities in the past year, based on the most recent complete year of data available (15% of these deaths must be in rural communities). States within the top third for age-adjusted drug overdose death rates in 2016, (per the Centers for Disease Control) are of special interest. The integrated set of evidence-based prevention and treatment interventions should be designed to achieve the following goals: reduce overdose fatalities, and events; decrease the incidence of OUD; and increase the number of individuals receiving medication-assisted treatment, retained in treatment beyond 6 months, and receiving recovery support services compared to baseline.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-016.html**

(IDAHO & OREGON ONLY) - The PacificSource Foundation for Health Improvement – Serving the Needs of Our Communities

DEADLINE: SEE WEBSITE

AMOUNT: SEE WEBSITE

DESCRIPTION: The PacificSource Foundation for Health Improvement provides resources and funds for the health and welfare of underserved and vulnerable populations, with an emphasis on children and youth. We assist non-profit organizations working to improve health status and meet the healthcare needs in the communities PacificSource Health Plans serves. We support organizations and initiatives aligned with providing access to high quality healthcare, improving community health and lowering costs across the system.

WEBSITE/LINK: **https://www.pacificsource.com/grant-application-steps.aspx**

Annie's Grants for Gardens

DEADLINE: Online applications must be submitted by November 1, 2018.

AMOUNT: SEE WEBSITE FOR ELIGIBILITY

DESCRIPTION: Annie's Grants for Gardens are provided to K-12 school gardens nationwide to help children start thinking more holistically about their food, their communities, and the planet. Grants may be used to purchase any supplies for an edible garden, such as plants, seeds, raised beds, fencing, wheelbarrows, greenhouses, and drip irrigation systems. Public, charter, and private schools, as well as school districts and nonprofit organizations supporting a school garden, are eligible to apply.

WEBSITE/LINK: **https://www.annies.com/giving-back/grants-for-gardens**

Johns Hopkins Center for American Indian Health Scholarship

Financial support for American Indian and Alaska Native scholars, health leaders, health professionals, and paraprofessionals serving tribal communities who are interested in attending the Johns Hopkins Center for American Indian Health Summer and Winter

Institute courses at the Johns Hopkins School of Public Health.
Geographic coverage: Nationwide
Application Deadline: Nov 1, 2018
Sponsor: Center for American Indian Health

Rudy Bruner Award for Urban Excellence

DEADLINE: The application deadline is December 12, 2018.

AMOUNT: The Gold Medal winner will receive a $50,000 award, and four Silver Medal winners will receive $10,000 each.

DESCRIPTION: The Rudy Bruner Award for Urban Excellence, an initiative of the Bruner Foundation, is a national design award that seeks to promote innovative thinking about the built environment and advance conversation about making cities better. The Award discovers and celebrates urban places that are distinguished by quality design along with their social and economic contributions to our nation's cities. To be eligible, projects must be urban, built (not just a plan or a program), and in operation long enough to demonstrate impact. Eligible projects must be located in the contiguous United States, which excludes Alaska and Hawaii.

WEBSITE/LINK: **http://www.rudybruneraward.org/**

Collaborative Minority Health and Health Disparities Research with Tribal Epidemiology Centers (R01)
Funding to support collaborative research between Tribal Epidemiology Centers and extramural investigators on topics related to minority health and health disparities in American Indian/Alaska Native populations.
Geographic coverage: Nationwide
Application Deadline: Dec 4, 2018
Sponsors: National Cancer Institute, National Institute of Environmental Health Sciences, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities, National Institutes of Health, Tribal Health Research Office, U.S. Department of Health and Human Services

First Nations Accepting Applications for Native Agriculture Scholarships

DEADLINE: October 4, 2018

AMOUNT: Award five $1,000 scholarships for the 2018-19 academic school year

DESCRIPTION: The First Nations Development Institute believes that reclaiming control over local food systems is an important step toward ensuring the long-lasting health and economic well-being of Native people and communities. Native food-system control has the potential to increase food production, improve health and nutrition, and eliminate food insecurity in rural and reservation-based communities while also promoting entrepreneurship and economic development. The purpose of the Native Agriculture and Food Systems Scholarship Program is to encourage more Native American college students to enter these fields so that they can better assist Native communities with their efforts.

Native American college students majoring in agriculture and agriculture-related fields, including but not limited to agribusiness management, agriscience technologies, agronomy, animal husbandry, aquaponics, environmental studies, fisheries and wildlife, food production and safety, food-related policy and legislation, food science and technology, horticulture, irrigation science, nutrition education, and sustainable agriculture or food systems.

To be eligible, applicants must be a full-time undergraduate or graduate student majoring in an agricultural-related field, or be able to demonstrate how their degree program relates to Native food systems and be tribally-affiliated and able to provide documentation. In addition, applicants must have a grade point average (GPA) of at least 2.75.

For complete program guidelines and application instructions, see the First Nations website.

WEBSITE/LINK: **https://firstnations.org/grantmaking/scholarship**

Notice of Intent to Publish: Tobacco Cessation Interventions Among People Living with HIV/AIDS (R01 Clinical Trial Optional) - Department of Health and Human Services/National Institutes of Health

DEADLINE: Oct 05, 2018

AMOUNT: $500,000

DESCRIPTION: The purpose of this Notice is to announce the NCI's intention to issue a Request for Applications (RFA) for research designed to optimize smoking cessation treatment among people living with HIV (PLWH) in the United States (U.S.). The goal of this RFA is to provide support for studies that employ rigorous designs that seek to systematically test existing evidence-based tobacco cessation interventions (e.g., combination of behavioral and pharmacological) and/or to develop and test adaptations of evidence-based tobacco cessation interventions for this population. The long-term goal is to reduce cigarette smoking rates among PLWH, and thus tobacco-related health disparities in this population. This Notice is being provided to allow potential applicants sufficient time to develop meaningful collaborations and responsive projects. The funding opportunity is expected to be published in the Summer of 2018 with expected application receipt date in Winter of 2018. This funding opportunity will utilize the R01 Research Project Grant mechanism, and is suitable for projects where proof-of-principle of the

proposed methodology has already been established and supportive preliminary data are available. This Notice runs in parallel with a Notice of identical scientific scope, NOT - [KA([1] - CA-18-079, which uses the Exploratory/Developmental Grant (R21) mechanism.

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=306808

RWJF, GRI Launch Culture of Health for Business Initiative (CONSULTATION ONLY)

DEADLINE: The consultation is open until 12 October 2018.

AMOUNT: (See website link.)

DESCRIPTION: The Robert Wood Johnson Foundation (RWJF) has committed itself to a vision of working alongside others to build a Culture of Health where everyone has the opportunity to live a healthier life. The private sector, particularly large corporations, has a tremendous influence on culture and is integral to achieving high social and health standards for all stakeholders, including employees. Increasingly, shareholders, investors, boards and executives are prioritizing business values and citizenship, as well as financial measures, knowing that these affect public perception, brand and long-term sustainability. And, in order to build a Culture of Health, the private sector and its stakeholders must be engaged.

A growing number of companies recognize their ability to contribute to a Culture of Health and have used their reach and influence to improve the health and well-being of employees, families, and the communities within which they operate. By recognizing the importance of health and well-being across the value chain, businesses reap the rewards of healthier and happier employees, families, and communities with greater productivity and higher retention, for example. Measures, metrics and indicators play a key role in supporting corporate efforts. They promote an understanding of the concept, inform strategic thinking and planning and provide a basis for assessing progress, gaps, and opportunities.

The GRI Global Sustainability Standards (GRI Standards) are a powerful tool for the private sector to accrue, track and report environmental, social and governance (ESG) issues including health-related topics. The GRI Standards include specific health-related disclosures that may fall within the RWJF's defined areas of "health", namely GRI 401: Employment 2016, GRI 403: Occupational Health and Safety 2018, and GRI 416: Customer Health and Safety 2016. Other GRI Standards contain disclosures which are relevant for understanding an organization's impact on health through, for example, its air emissions, waste generation and disposal, or marketing and labeling practices.

RWJF recognizes that the GRI Standards and its global uptake provide a good starting point to build a Culture of Health in which companies play an integral part.

The Culture of Health for Business project is a partnership between the Robert Wood Johnson Foundation (RWJF) and the Global Reporting Initiative (GRI). The project was initiated by the Global Initiative for Sustainability Ratings, since dissolved, in 2017. The three organizations agreed to continue the project under the leadership of GRI.

This project sets out to understand the scientific and technical basis for attributing positive health and business outcomes to an array of business practices – internal programs, policies, benefits, community partnerships and the like – that may or may not be primarily directed toward improvements in population health (i.e., Culture of Health Business Practices, or COHBPs). The project identifies suitable health measures for businesses and investors to use within those COHBPs and contextualizes these measures to promote

understanding and use (i.e., the Culture of Health for Business Guiding Principles). Surveys of corporate health disclosures and of health measures in existing ESG reporting frameworks and research methodologies provide reference points for this work.

RWJF seeks to disseminate these health metrics to inform decision-making and enable the private sector to create shared value. RWJF and GRI are collaborating on this project because of their shared interest in the private sector contribution to health through sustainability reporting.

WEBSITE/LINK:
https://www.globalreporting.org/cultureofhealthforbusiness/Pages/default.aspx

NOVEMBER 2018

Fahs-Beck Fund for Research and Experimentation Seeks Applications for Mental Health Research

DEADLINE: November 1, 2018

AMOUNT: Up to $20,000

DESCRIPTION: The Fahs-Beck Fund for Research and Experimentation is accepting applications in support of behavioral or psychological research studies based in the United States or Canada. Through its Faculty/Post-Doctoral Fellows program, the fund will award grants of up to $20,000 in support of studies designed to develop, refine, evaluate, or disseminate innovative interventions aimed at preventing or ameliorating major social, psychological, behavioral, or public health problems affecting children, adults, couples, families, or communities. (The fund also will consider studies that have the potential for adding significantly to the knowledge base about such problems.) Projects must focus on the United States or Canada or on a comparison between the U.S. or Canada and one or more other country.

To be eligible, applicants must be a faculty member at an accredited college or university or an individual affiliated with an accredited human service organization that is considered tax exempt under Section 501(c)(3) of the Internal Revenue Code. In addition, the principal investigator must have an earned doctorate in a relevant discipline and relevant experience.

For eligibility criteria and application guidelines, see the Fahs-Beck Fund website.

WEBSITE/LINK: **http://philanthropynewsdigest.org/rfps/rfp9107-fahs-beck-fund-for-research-and-experimentation-seeks-applications-for-mental-health-research?utm_medium=email&utm_source=PND%20RFP%20Subscribers&utm_campaign=rfp20180824**

Alcohol and Other Drug Interactions: Unintentional Injuries and Overdoses: Epidemiology and Prevention (R01 - Clinical Trial Optional) Synopsis 1 - HHS – NIH

DEADLINE: November 05, 2018

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. Award Project Period - The scope of the proposed project should determine the project period. The maximum project period is 5 years.

DESCRIPTION: The purpose of this funding announcement (FOA) issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health (NIH) is to encourage research grant applications that explore whether and how alcohol and other illicit drugs or illicitly used prescription drugs interact to contribute to unintentional injuries and poisonings and how to prevent and/or reduce simultaneous use of alcohol or drugs singly or in combination.

WEBSITE/LINK **https://grants.nih.gov/grants/guide/pa-files/PA-18-863.html#toc-5**

Diet and Physical Activity Assessment Methodology (R01 Clinical Trial Not Allowed) - Department of Health and Human Services/National Institutes of Health

DEADLINE: November 05, 2018

AMOUNT: The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but need to reflect the actual needs of the proposed project. The total project period may not exceed five years.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages innovative research to enhance the quality of measurements of dietary intake and physical activity. Applications submitted to this FOA may include development of: novel assessment approaches; better methods to evaluate instruments; assessment tools for culturally diverse populations or various age groups, including children and older adults; improved technology or applications of existing technology; statistical methods/modeling to improve assessment and/or to correct for measurement errors or biases; methods to investigate the multidimensionality of diet and physical activity behavior through pattern analysis; or integrated measurement of diet and physical activity along with the environmental context of such behaviors.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PA-18-856.html**

Time-Sensitive Obesity Policy and Program Evaluation (R01 Clinical Trial Not Allowed) - Department of Health and Human Services/National Institutes of Health

DEADLINE: November 5, 2018

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

DESCRIPTION: This Funding Opportunity Announcement (FOA) establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program that is likely to influence obesity related behaviors (e.g., dietary intake, physical activity, or sedentary behavior) and/or weight outcomes in an effort to prevent or reduce obesity. This FOA is intended to support research where opportunities for empirical study are, by their very nature, only available through expedited review and funding. All applications to this FOA must demonstrate that the evaluation of an obesity related policy and /or program offers an uncommon and scientifically compelling research opportunity that will only be available if the research is initiated with minimum delay. For these reasons, applications in response to this time-sensitive FOA are not eligible for re-submission. It is intended that eligible applications selected for funding will be awarded within 4 months of the application due date. However, administrative requirements and other unforeseen circumstances may delay issuance dates beyond that timeline.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PAR-18-854.html#toc-5**

DECEMBER 2018

Project Athena Foundation Accepting Applications for Adventures for Women Survivors of Trauma

DEADLINE: Applications are reviewed on a quarterly basis in March, June, September, and December.

AMOUNT: (See the Project Athena Foundation website for complete program guidelines and application instructions.)

DESCRIPTION: The Project Athena Foundation is dedicated to helping women survivors of medical or other traumatic setbacks achieve their adventurous dreams. The foundation provides travel expenses, coaching, equipment, and the encouragement and inspiration needed to help these women make the life-affirming transition from survivor to athlete.

The foundation offers several yearly adventures that provide mental and physical challenges in a non-competitive environment. The goal is for the participant to have something to look forward to, a goal set to accomplish, and to be surrounded by like-minded people. In 2018-19, the foundation is offering the following adventures: San Diego Cove to Harbor Marathon Trek 2018, Florida Keys to Recovery 2018 (waitlist pending), San Diego Harbor to Harbor Trek April 2019, Grand Canyon Rim-2-Rim-2-Rim Trek August 2019, Grand Canyon Rim-2-Rim Trek August 2019, San Diego Cove to Harbor Marathon Trek 2019, and Florida Keys to Recovery 2019.

A medical or traumatic setback can be defined as, but is not limited to, cancer, congenital defects, neurological disorders, autoimmune disorders, amputations, and posttraumatic stress disorder.

WEBSITE/LINK: **http://projectathena.org/apply-for-a-grant/**

American Academy of Dermatology Accepting Applications for Shade Structure Program

DEADLINE: December 31, 2018

AMOUNT: up to $8,000

DESCRIPTION: The American Academy of Dermatology is accepting applications for its AAD Shade Structure Grant Program. Through the program grants will be awarded to public schools and nonprofit organizations for the installation of permanent shade structures in outdoor locations that are not protected from the sun, including playgrounds, pools, and recreation spaces. In addition to the grant, AAD also provides a permanent sign for display near the shade structure.

The program is open to nonprofit organizations that provide services, programs, and curricula to children and teenagers age 18 and younger.

To be considered, applicants must be recommended by an AAD member dermatologist, demonstrate a commitment to sun safety within their organizations; and consider a shade structure that meets the stringent requirements of AAD.

Visit the American Academy of Dermatology website for complete program guidelines and application procedures.

WEBSITE/LINK: **https://www.aad.org/members/volunteer/shade-structure-program**

Home Depot Foundation Invites Applications for Community Impact Program

DATE: December 31, 2018

AMOUNT: up to $5,000

DESCRIPTION: The Home Depot Foundation is accepting applications from nonprofit organizations that use volunteers to address the physical needs of their community.

Through its Community Impact Grants program projects that repair, modify, weatherize, or otherwise improve low-income and/or transitional housing or community facilities. In addition, programs that use volunteers to serve veterans with home improvement projects will be considered. Grants are awarded in the form of Home Depot gift cards that can be used to purchase tools, materials, and services.

Only IRS-registered 501(c)(3)-designated nonprofit organizations and tax-exempt public service agencies (e.g., police/fire departments) in the United States are eligible to apply. In addition, grants must support work completed by community volunteers in the U.S., and projects must be completed within six months following notification that the grant has been awarded.

For complete program guidelines and application instructions, see the Home Depot Foundation website.

WEBSITE/LINK: **https://corporate.homedepot.com/grants/community-impact-grants**

Walmart Foundation Accepting Applications for Community Grant Program

DEADLINE: December 31, 2018. Applications will be accepted on a rolling basis until December 31.

AMOUNT: Through the annual program, grants of up to $5,000 will be awarded to support local nonprofit organizations within the service area of individual Walmart stores in the areas of hunger relief and healthy eating, sustainability, women's economic empowerment, and/or career opportunities.

DESCRIPTION: To be eligible, an organization must be tax-exempt status under Section 501(c)(3), (4), (6) or (19) of the Internal Revenue Code; be a recognized government entity (i.e., state, county, or city agency, including law enforcement or fire departments) that is requesting funds exclusively for public purposes; be a K-12 public or private school, charter school, community/junior college, state/private college or university; or be a church or other faith-based organization with a proposed project that benefits the community at large.

WEBSITE/LINK: **http://giving.walmart.com/apply-for-grants/local-giving**

JANUARY 2019

Improving Smoking Cessation Interventions among People Living with HIV (R01 Clinical Trial Optional)

DEADLINE: January 8, 2019, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this date. Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to $500,000 in direct costs in any one year.

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to provide support for research designed to optimize smoking cessation treatment among people living with HIV (PLWH) in the United States (U.S.). Responsive applications must propose research that will be conducted with PLWH and will inform efforts to reduce the incidence of tobacco-related disease and death among PLWH. Research may address the behavioral and sociocultural factors and conditions that are associated with cigarette smoking among PLWH and may also address smoking-related health disparities among PLWH, considering the heterogeneity across the various subgroups of PLWH. This FOA aims to support research to systematically test existing evidence-based smoking cessation interventions (e.g., combination of behavioral and pharmacological) and/or to develop and test adaptations of evidence-based smoking cessation interventions among PLWH. The principal focus of this initiative is on cigarette smoking cessation; however, studies that address dual/poly tobacco product use as part of a cigarette smoking cessation intervention are acceptable. Proposed projects must include prospective, comparative evaluation(s) of the intervention(s) in terms of the rates of cigarette smoking cessation, including sustained abstinence, among current cigarette smokers.

WEBSITE/LINK: https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-18-027.html

Native American Congressional Internship

A summer internship for Native American and Alaska Native students who wish to learn more about the federal government and issues affecting Indian country.

Geographic coverage: Nationwide

Application Deadline: Jan 31, 2019

Sponsor: Morris K Udall and Stewart L Udall Foundation

Udall Scholarship

Scholarships for Native Americans and Alaska Native students pursuing careers related to tribal public policy, self-governance, native health, or the environment.

Geographic coverage: Nationwide

Application Deadline: Mar 7, 2019

Sponsor: Morris K Udall and Stewart L Udall Foundation

Research to Improve Native American Health (R01 and R21)

Grants for exploratory developmental research to improve Native American health, including conducting secondary analysis of existing data, merging various sources of data to answer critical research questions, conducting pilot and feasibility studies, and/or assessing and validating measures that are being developed and/or adapted for use in Native American communities.

Geographic coverage: Nationwide

Letter of Intent (Optional): Apr 14, 2019
Application Deadline: May 14, 2019
Sponsors: National Cancer Institute, National Institute of Dental and Craniofacial Research, National Institute of Environmental Health Sciences, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities, National Institutes of Health, Office of Behavioral and Social Sciences Research, U.S. Department of Health and Human Services

Elder Maltreatment Survey: Data Collection Assistance
Technical assistance for American Indian tribes, Alaskan villages, and Hawaiian homesteads in the collection of local data on elder abuse.
Geographic coverage: Nationwide
Applications accepted on an ongoing basis
Sponsor: National Indigenous Elder Justice Initiative

Honor the Earth Native Food Security Grants
Grants to Native organizations working to create food security utilizing traditional seeds, foods, and growing methods.
Geographic coverage: Nationwide
Applications accepted on an ongoing basis
Sponsor: Honor the Earth

Tribal Forensic Healthcare Training Opportunities
Live, online, and clinical training courses related to the identification, collection, and preservation of medical forensic evidence obtained during the treatment of victims of sexual and domestic violence.
Geographic coverage: Nationwide
Applications accepted on an ongoing basis
Sponsors: Indian Health Service, Indian Health Service Division of Behavioral Health, International Association of Forensic Nurses

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date: 10/5/18

Job Title:	Project Support Specialist	**Status:**	Fulltime with benefits
Reports To:	Project Directors, NDI Linkage/ Pathways into Health Projects	**Classification:**	Non-exempt employee
		Funding duration:	8/31/2018-8/30/2019
Department:	Tribal EpiCenter	**Location:**	Portland, Oregon
Salary Range:	$45,000 – $48,000 (1.0 FTE)		

Job Summary:

The project support specialist's primary responsibilities are to provide coordination and support for two NPAIHB projects. The National Death Index Linkage project is a one-year project that includes coordinating with federal agencies to conduct and provide training on data linkages with the National Death Index. The Pathways into Health Project is a collaborative project with Oregon Sciences and Health University (OHSU) and Portland State University (PSU) that seeks to increase representation of American Indians and Alaska Natives in the health professions.

This position reports directly to the project directors of the NDI Linkage and Pathways into Health projects. Both projects are housed within the Northwest Tribal EpiCenter located at the Northwest Portland Area Indian Health Board (NPAIHB). Duties include, but are not limited to:

NDI Data Linkage Project: organizing conference calls and in-person meetings, assisting with communication and development of data sharing agreements and contracts, working with the project director and project biostatistician with data review, assisting with planning and curriculum development for a 5-day training course to be held in June 2019, assisting training participants and instructors with travel planning and authorization, organizing instructor and participant logistics for the training course.

Pathways into Health Project: Participate in planning activities for the Northwest Native American Center of Excellence (NNACE): NWNativeHealth.org, provide support and guidance to NNACE Interns housed at the NPAIHB and with our NW Tribes, contribute to We Are Healer's health careers text-mentoring service (text HEALER to 97779)

Activities must be accomplished with minimal day-to-day supervision.

Essential Functions

1. Project Support Functions

- Assist with organizing conference calls and in-person meetings with project staff and federal grant agency project officers
- Assist with development of data sharing agreements and contracts
- Assist with the planning and curriculum development for a 5-day training course
- Organize and assist with training logistics, travel planning, authorization, and budgeting for training course
- Assist with tracking and reporting on project workplan
- Assist with some data review activities related to the NDI Linkage

- Participate in planning activities for the Northwest Native American Center of Excellence (NNACE): NWNativeHealth.org
- Provide support and guidance to NNACE Interns housed at the NPAIHB and with our NW Tribes
- Contribute to We Are Healer's health careers text-mentoring service (text HEALER to 97779)
- Provide administrative assistance as required for completion of project activities

2. <u>Administrative Support Functions</u>

- Assist Project Directors with the coordination and preparation of all required project reports
- Serves as contact for all day-to-day communication between project and federal, university, and tribal partners
- Participate in meetings, workgroups, site visits, and conferences as required to achieve project objectives.
- Make travel arrangements for project-related travel as requested.
- Submit a Monthly Activity Report (MAR) to the Project Directors at the end of each month.

3. <u>Other Duties</u>

- Maintain well-organized filing system for documents and computer files.
- Maintain a clean, well-organized office environment.
- Research, and with the approval of supervisor, attend trainings as needed to improve skills that enhance overall capabilities related to job performance.
- Participate willingly in NPAIHB activities.
- Abide by NPAIHB policies, procedures, and structure.
- Perform other duties as assigned.

<u>Standards of Conduct:</u>

- Consistently exhibit professional behavior and the high degree of integrity and impartiality appropriate to the responsible and confidential nature of the position.
- Consistently display professional work attire during normal business hours.
- Effectively plan, organize workload, and schedule time to meet workload demands.
- Exercise good judgment and initiative in performance of duties and responsibilities.
- Work in a cooperative manner with all levels of management and with all NPAIHB staff.
- Treat NPAIHB delegates/alternates and Tribal people with dignity and respect and show consideration by communicating effectively.

<u>Qualifications:</u>

- Associate's or Bachelor's level degree preferred, preferably in a health-related field.
- 1 year of relevant work experience in a project coordination/planning role.
- Two to four years of experience working with tribal communities or tribal organizations.
- Experience in project coordination and project planning.
- Experience in coordinating meetings or events

- Advanced user in Microsoft Office package. (Access, Excel, Word, Publisher, PowerPoint)
- Excellent writing skills
- Exhibit excellent communication skills
- Must be highly organized and motivated, and be able manage complex projects and carry out all responsibilities of the job requirements with minimal day-to-day supervision
- Must demonstrate discretion, tact, knowledge, judgment, and overall ability in working effectively with federal, tribal, and other professionals and facilitating participation and partnership in the activities of the program
- Must be sensitive to cross-cultural differences, and able to work effectively within their context
- Able to operate a motor vehicle and have a valid State driver's license.
- Must be able to travel, as requested

External applicants must agree to serve a minimum six-month probationary period during which time their employment can be terminated at will. For the purpose of evaluating job performance, internal applicants must agree to serve a minimum six-month probationary period when job duties change significantly.

Typical Physical Activity:

Physical Demands:
Frequently involves sedentary work: exerting up to 10 pounds of force and/or a negligible amount of force to lift, carry, push, pull or otherwise move objects, including the human body.

Physical Requirements: Constantly requires the ability to receive detailed information through oral communications, and to make fine discrimination in sound. Constantly requires verbally expressing or exchanging ideas or important instructions accurately, loudly, or quickly. Constantly requires working with fingers rather than the whole hand or arm. Constantly requires repetitive movement of the wrists, hands and/or fingers. Often requires walking or moving about to accomplish tasks. Occasionally requires standing and/or sitting for sustained periods of time. Occasionally requires ascending or descending stairs or ramps using feet and legs and/or hand and arms. Occasionally requires stooping which entails the use of the lower extremities and back muscles. Infrequently requires crouching.

Typical Environmental Conditions: The worker is frequently subject to inside environmental conditions which provide protection from weather conditions, but not necessarily from temperature changes, and is occasionally subject to outside environmental conditions.

Travel Requirements: Travel outside of Portland is occasionally required. Overnight travel outside of the area is infrequently required.

Disclaimer: The individual must perform the essential duties and responsibilities with or without reasonable accommodation efficiently and accurately without causing a significant safety threat to self or others. The above statements are intended to describe the general nature and level of work being performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all

responsibilities, duties and or skills required of all personnel so classified.

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, creed, age, sex, national origin, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

Applications can be found online at www.npaihb.org

SEND RESUME AND APPLICATION TO:

Human Resources Coordinator
2121 SW Broadway, Suite 300
Portland, Oregon 97201
FAX: (503) 228-8182
Email: HR@npaihb.org

STANDARD APPLICATION

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

Please note: You are welcome to submit a resume/CV in addition to, but not in place of, this signed form.

1. Name: ____
   FIRST MIDDLE LAST

   Address: ____

   ____
   CITY STATE ZIP

   Primary Phone:______________________Alternate Phone: ______________________

   Email Address: ____

2. Position for which you are applying: ______________________________

3. When will you be available for work? ______________________________

4. If the position requires travel, are you willing to travel (Check One) ☐ NO ☐ SOME ☐ OFTEN

5. Are you at least 18 years of age? ☐ NO ☐ YES

   If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ NO ☐ YES

6. Are you eligible for employment in the United States? (Proof of identity and eligibility is required for employment)

   ☐ NO ☐ YES

7. How did you hear of this job? __referral, __ad Referred by: ____________________

8. Do you have any relatives who work at NPAIHB? ☐ NO ☐ YES

---

9. **Indian Heritage:** This information is essential if you wish consideration under the Indian Preference Act. **Verification of blood quantum, enrollment number, tribe, and reservation should accompany this application.**

   ____
   TRIBE RESERVATION

   ____
   Enrollment Number/Blood Quantum

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10. Are you able to perform the essential functions listed in the job announcement you are applying for, either with or without reasonable accommodations? ☐ NO ☐ YES
If not, please describe what functions you cannot perform.

11. EDUCATION, beginning with most recent. A**n attached copy of degree or certificates earned is required.**

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended :					Graduated? Yes/No	Year
GED completion through:					Yes/No	

Other schools or training: vocational, armed forces, trade, etc. For each give the name, location, dates attended, subjects studied, number of classroom hours, certificates or credits earned. If needed, continue on last page of application.						
Name and Location	From	To	Area of study	Credits earned	Certificate earned	Year

12. COMPUTER and other office machine experience, training. Please name the software with which you have experience in the following areas:

TASK	**Name of software**	**Level of expertise 0-5, (5 being master/high)**
Word processing		
Spreadsheet set-up and usage		
Office E-mail system experience		
Data Management		
High-level data analysis		
Photo-text slide presentations		
Preparation of brochures, flyers		
Other (fax, copier, scanner, etc.)		

13. EMPLOYMENT HISTORY, beginning with most recent

May inquiry be made of your current employer regarding your character, qualifications, and record of employment? ☐ NO ☐ YES ☐ With advance notice to applicant

(A "no" will not affect your consideration for employment opportunities)

A.

From: ______________ To: ______________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

B.

From: ______________ To: ______________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

C.			
From: ______________________ (Date) To: _____________________ (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

D.			
From: ______________________ (Date) To: _____________________ (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

E.			
From: ______________________ To: ____________________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

14. **Special qualifications and skills** (relevant publications; public speaking experience; membership in a professional or scientific society, etc.) Use additional pages if needed.

15. **HONORS, AWARDS, AND FELLOWSHIPS RECEIVED:**

16. **REFERENCES:** List 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Please ensure that telephone numbers are current.

Name	Phone Number	Occupation
1.		
2.		
3.		

YOU MUST SIGN THIS APPLICATION. Read the following three parts carefully before you sign:

- A false statement on any part of this application may be grounds for not hiring me, or firing me after I begin work. I understand that any information I give may be investigated as allowed by law or Presidential order.

- In consideration of NPAIHB's review of my application for employment, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to employment considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB, by all persons and sources of information and their agents, relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
- I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application and any attached documentation are true, correct, complete and made in good faith.

____ ____________________

SIGNATURE DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

12. (a) (for continuation of description of duties, responsibilities, etc., as needed)

Please submit your completed form to: **Human Resources Coordinator**
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Or FAX to: 503-228-8182
Or e-mail to: HR@npaihb.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

POSITION POSTING – CLOSES OCTOBER 5, 2018

Job Title: NDI Linkage Biostatistician
Project: Improving Data & Enhancing Access (IDEA-NW)
Reports To: IDEA-NW Project Director
Department: NW Tribal EpiCenter (NWTEC)
Salary Range: $55,000 - $60,000

Status: Hourly, Non-exempt
Classification: 1.0 FTE, w/benefits
Funding duration: Through August 2019, with possibility of extension
Location: Portland, Oregon
Closes: 10/5/18

<u>Job Summary:</u>

The NDI Linkage Biostatistician will coordinate and lead data linkage, analysis, and reporting activities for a linkage between Indian Health Service (IHS) patient registration records and the National Death Index (NDI). The goal of this linkage is to correct misclassified race information for American Indian/Alaska Native decedents at the national level. The resultant corrected dataset will be utilized for analyses to describe AI/AN mortality and disparities at the local, regional, and national levels.

The NDI Linkage Biostatistician will be responsible for the following activities:

1. Assist with negotiating the technical and logistical details of the data linkage through data sharing agreements and contracts with the CDC, NDI, IHS, and other partners

2. Prepare and submit IHS/tribal patient registration records to the National Center for Health Statistics for linkage with the NDI

3. Conduct post-linkage clerical review of matched pairs to identify true matches between the IHS and NDI files

4. Merge linkage match results into de-identified analytic file and prepare NDI dataset for analysis

5. Analyze and report process (e.g., time required to obtain approvals, time required to complete linkage/clerical review, cost of linkage per data year) and outcome (e.g., number of misclassified record identified per year, effect of misclassification on mortality estimates) to CDC and other partner

6. Compare process and outcome measures for NDI and state-level linkages, and report evaluation findings and recommendations for improving AI/AN mortality estimates at the local, regional, and national level

7. Assist with providing training to Tribal Epidemiology Center staff on conducting probabilistic linkages and analyzing and reporting AI/AN mortality statistics

This position reports directly to the IDEA-NW Project Director, with additional oversight and guidance provided by the Project P.I. and project officers from the Centers for Disease Control and Prevention. **Activities must be accomplished with minimal day-to-day supervision.**

Essential Functions

1. Data and Statistical Support Functions
   - Responsible for understanding and negotiating the technical aspects of the linkage between the National Death Index and Indian Health Service patient registration data
   - Responsible for managing project datasets and databases, including assuring data quality and security, and preparing datasets for record linkages and statistical analysis.
   - Responsible for clerical review of a large number of matched pairs resulting from the NDI/IHS linkage
   - Design and conduct statistical analysis of death certificate data
   - Prepare and maintain technical documentation, including linkage methods, data quality reports and data dictionaries.
   - Ensure that all project data are maintained with complete confidentiality in accordance with the Federal Privacy Act and any IRB specifications.
   - Assist in the interpretation of statistical findings and translation of results for tribal health status reports and other publications.
   - Assist in the preparation of reports, manuscripts, and presentations to disseminate project activities and results.
   - Respond to data requests and provide technical assistance to Tribes and partners upon request.
   - Assist in collecting and analyzing evaluation data to measure progress towards goals.
   - Assist with assessing tribal data and training needs, and lead the development of trainings, tools and products to respond to tribal needs

2. Administrative Support Functions
   - Ensure compliance with all human subjects requirements for confidential and/or limited data access.
   - Assist in preparing and submitting IRB protocols, data sharing and confidentiality agreements, and ensuring compliance with all human subjects requirements.
   - Assist the Project Director with outreach, planning, and implementation of project activities.
   - Participate in and lead workgroups, meetings, site visits, and conferences as required to achieve project objectives
   - Make travel arrangements for project-related travel as requested.
   - Submit a Monthly Activity Report (MAR) to the Project Director at the end of each month.

3. Other Duties
   - Maintain well-organized filing system for documents and computer files.
   - Research, and with the approval of supervisor, attend trainings as needed to improve skills that enhance overall capabilities related to job performance.
   - Participate willingly in NPAIHB activities.
   - Perform other duties as assigned.
   - Work in a cooperative, professional manner with all NPAIHB employees.
   - Maintain a clean, well-organized office environment.

Standards of Conduct:

- Consistently exhibit professional behavior and the high degree of integrity and impartiality appropriate to the responsible and confidential nature of the position.
- Consistently display professional work attire during normal business hours.

- Effectively plan, organize workload, and schedule time to meet workload demands.
- Maintain a clean and well-organized office environment.
- Exercise judgment and initiative in performance of duties and responsibilities.
- Work in a cooperative manner with all levels of management and with all NPAIHB staff.
- Treat NPAIHB delegates/alternates and Tribal people with dignity and respect and show consideration by communicating effectively.

Qualifications:

- Education: Master of Public Health (MPH) Degree, with focus in epidemiology and/or biostatistics highly preferred.
- At least two years' work experience in a health or public health field, preferably as an epidemiologist or biostatistician
- Experience working with tribal communities or a tribal organization.
- Minimum 2 years work experience managing, analyzing, and/or interpreting public health data
- Must have experience in management and analysis of large and/or complex databases.
- Must have intermediate to advanced skills in statistical software such as SAS, SPSS or Stata. SAS experience strongly preferred.
- Must have intermediate to advanced skills in office automation software including word processing, spreadsheet, database, and publication design (MS Office preferred; experience with Adobe InDesign a plus).
- Must demonstrate a willingness and capability to learn new software applications, including probabilistic linkage/deduplication and data visualization software.
- Experience preparing written reports and documents for public dissemination preferred.
- Strong oral and written communication skills.
- Excellent organizational skills and demonstrated ability to carry out responsibilities with minimal day-to-day supervision.
- Ability to communicate in a friendly, courteous and professional manner.
- Strong and demonstrated record for good attendance.
- Demonstrated discretion, tact, knowledge, judgment, and overall ability to work effectively with federal, tribal, and other professionals and facilitate participation and partnerships in program activities.
- Sensitivity to cross-cultural differences, and ability to work effectively within their context.

Applicants must agree to serve a minimum six-month probationary period during which time their employment can be terminated at will.

Typical Physical Activity:

Physical Demands:
Frequently involves sedentary work: exerting up to 10 pounds of force and/or a negligible amount of force to lift, carry, push, pull or otherwise move objects, including the human body.

Physical Requirements: Constantly requires the ability to receive detailed information through oral communications, and to make fine discrimination in sound. Constantly requires verbally expressing or exchanging ideas or important instructions accurately, loudly, or quickly. Constantly requires working with fingers rather than the whole hand or arm. Constantly requires repetitive movement of the wrists, hands and/or fingers. Often requires walking or moving about to accomplish tasks. Occasionally requires standing and/or sitting for sustained periods of time. Occasionally requires ascending or descending stairs or ramps using feet and legs and/or hand

and arms. Occasionally requires stooping which entails the use of the lower extremities and back muscles. Infrequently requires crouching.

Typical Environmental Conditions: The worker is frequently subject to inside environmental conditions which provide protection from weather conditions, but not necessarily from temperature changes, and is occasionally subject to outside environmental conditions.

Travel Requirements: Travel outside of Portland occasionally required. Overnight travel outside of the area is infrequently required.

Disclaimer: The individual must perform the essential duties and responsibilities with or without reasonable accommodation efficiently and accurately without causing a significant safety threat to self or others. The above statements are intended to describe the general nature and level of work being performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and or skills required of all personnel so classified.

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Please note: You are welcome to submit a resume/CV in addition to, but not in place of, this signed form.

1. Name: ____
   FIRST MIDDLE LAST

   Address: ____

   ____
   CITY STATE ZIP

   Primary Phone:______________________Alternate Phone: ______________________

   Email Address: ____

2. Position for which you are applying: ______________________________

3. When will you be available for work? ______________________________

4. If the position requires travel, are you willing to travel (Check One) ☐ NO ☐ SOME ☐ OFTEN

5. Are you at least 18 years of age? ☐ NO ☐ YES

   If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ NO ☐ YES

6. Are you eligible for employment in the United States? (Proof of identity and eligibility is required for employment)

   ☐ NO ☐ YES

7. How did you hear of this job? __referral, __ad Referred by: ______________________

8. Do you have any relatives who work at NPAIHB? ☐ NO ☐ YES

---

9. **Indian Heritage:** This information is essential if you wish consideration under the Indian Preference Act. **Verification of blood quantum, enrollment number, tribe, and reservation should accompany this application.**

   ____
   TRIBE RESERVATION

   ____
   Enrollment Number/Blood Quantum

---

10. Are you able to perform the essential functions listed in the job announcement you are applying for, either with or without reasonable accommodations? ☐ NO ☐ YES
If not, please describe what functions you cannot perform.

11. EDUCATION, beginning with most recent. A**n attached copy of degree or certificates earned is required.**

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended :					Graduated? Yes/No	Year
GED completion through:					Yes/No	

Other schools or training: vocational, armed forces, trade, etc. For each give the name, location, dates attended, subjects studied, number of classroom hours, certificates or credits earned. If needed, continue on last page of application.						
Name and Location	From	To	Area of study	Credits earned	Certificate earned	Year

12. COMPUTER and other office machine experience, training. Please name the software with which you have experience in the following areas:

TASK	**Name of software**	**Level of expertise 0-5, (5 being master/high)**
Word processing		
Spreadsheet set-up and usage		
Office E-mail system experience		
Data Management		
High-level data analysis		
Photo-text slide presentations		
Preparation of brochures, flyers		
Other (fax, copier, scanner, etc.)		

13. EMPLOYMENT HISTORY, beginning with most recent

May inquiry be made of your current employer regarding your character, qualifications, and record of employment? ☐ NO ☐ YES ☐ With advance notice to applicant

(A "no" will not affect your consideration for employment opportunities)

A.			
From: ______________ To: ______________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

B.			
From: ______________ To: ______________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

C.			
From: ______________________ To: ______________________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

D.			
From: ______________________ To: ______________________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

E.			
From: ____________________ To: ____________________ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

14. **Special qualifications and skills** (relevant publications; public speaking experience; membership in a professional or scientific society, etc.) Use additional pages if needed.

15. **HONORS, AWARDS, AND FELLOWSHIPS RECEIVED:**

16. **REFERENCES:** List 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Please ensure that telephone numbers are current.

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1.		
2.		
3.		

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- I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application and any attached documentation are true, correct, complete and made in good faith.

______________________________ ______________

SIGNATURE DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

12. (a) (for continuation of description of duties, responsibilities, etc., as needed)

Please submit your completed form to: **Human Resources Coordinator**
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