MEMORANDUM

DATE: July 1, 2016

TO: NPAIHB Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, RPh, MHA, Executive Director

RE: **WEEKLY MAILOUT**

- NPAIHB Weekly Funding Opportunities Report

Delegates and Tribal Health Directors:

- Medicare Program: Merit-Based incentive payment system and alternative payment model incentive under the physician fee schedule, and criteria for physician-focused payment models (CMS-5517-P) comment
- Methamphetamine Suicide Prevention Initiative (MSPI) funding opportunity announcement
- Good Health and Wellness in Indian Country Tribal Resource Digest

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

$$$ ~ Weekly Funding Opportunities Report ~$$$

Friday, July 01, 2016

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 that we are made aware of, received and researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. Every Friday, new posts will be available (unless there is nothing "New" **Funding Opportunity Information (is provided in this color code).**

If you have a specific targeted goal, or urgent community needs and find yourself not knowing where to start looking our assistance is available anytime, and we would be very excited to assist you. Also, at the end of this announcement there are several funding organizations that do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

Tara Fox, Grant Specialist
E-mail: tfox@npaihb.org
Office Phone: (503) 416-3274

MSPI Funding Announcement 2016

DEADLINE: August 1, 2016

AMOUNT: $300,000 X 25

DESCRIPTION: The funding opportunity announcement (FOA) for the MSPI Fiscal Year 2016 is now available. This FOA is specific to MSPI Purpose Area #4: Generation Indigenous (GEN-I) Initiative Support, whereby projects would focus work on Native youth and families by focusing on promoting early intervention strategies and implementation of positive youth development programming to reduce risk factors for suicidal behavior and substance abuse. This funding opportunity is open to Tribes, Tribal organizations, urban Indian organizations (UIOs), and IHS Federal facilities.

WEBSITE: https://www.ihs.gov/mspi/index.cfm/fundingannouncement2016/

JULY

Community Health Projects Related to Contamination at Brownfield/Land Reuse Sites - Department of Health and Human Services/Centers for Disease Control - ATSDR

DEADLINE: Jul 05, 2016 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: $150,000

DESCRIPTION: The ATSDR Community Health Projects (CHP) Related to Contamination at Brownfield/Land Reuse Sites purpose is to increase responsive public health actions by promoting healthy and safe environments and preventing harmful exposures related to contamination at Brownfield/Land Reuse Sites. Brownfields are defined by the U.S. Environmental Protection Agency (EPA) as "property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant". Land reuse site is any property that is being redeveloped for a different purpose from their former use. EPA estimates that there are over 450,000 Brownfield sites in the United States. Addressing public health concerns and issues associated with restoration of contaminated properties is essential. ATSDRs mission is to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures. Sites such as Brownfield/Land Reuse sites may have potentially harmful exposures from contamination from previous site uses. Community health projects that address impacts of contamination at Brownfield/Land Reuse sites further ATSDRs public health mission to promote healthy and safe environments and prevent harmful exposures. These projects will have a particular emphasis on identifying health issues prior to redevelopment and/or assessing changes in community health associated with reuse plans and redevelopment.

WEBSITE: http://www.grants.gov/web/grants/view-opportunity.html?oppId=283485

Affordable Care Act Tribal Personal Responsibility Education Program for Teen Pregnancy Prevention- Family and Youth Services Bureau

DEADLINE: 07/08/2016

AMOUNT:

Estimated Total Funding: $3,436,600

Expected Number of Awards: 10

Award Ceiling: $700,000 Per Budget Period

Award Floor: $300,000 Per Budget Period

Average Projected Award Amount: $400,000 Per Budget Period

Anticipated Project Start Date: 09/30/2016

Length of Project Periods:

Length of Project Period: 60-month project with five 12-month budget

DESCRIPTION: The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau (FYSB) announces the availability of funding in the form of discretionary, competitive grants to Indian Tribes and tribal organizations to support the development and implementation of comprehensive, teen pregnancy prevention programs. The Personal Responsibility Education Program (PREP) emphasizes a medically accurate approach, replicating effective programs or elements of programs that have been proven -- on the basis of rigorous, scientific research -- to change behavior. Behavioral changes may include delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy. The inclusion of "adulthood preparation subjects" -- to help youth in their transition to young adulthood -- is also a key element of this program. Consultation with Indian Tribes and Tribal organizations, as required by the authorizing legislation, will inform the development of the Tribal PREP program.

WEBSITE: **http://www.acf.hhs.gov/grants/open/foa/files/HHS-2016-ACF-ACYF-AT-1130_0.htm#c.d.section.III1073**

NIHCM Foundation Grant Program to Support Investigator-Initiated Research

DEADLINE: Interested researchers must submit a brief letter of inquiry (LOI) outlining their study idea by 5:00 PM EDT on July 11, 2016. Full (10-page) proposals will be invited from a small number of applicants in August and will be due in September 2016.

AMOUNT: NIHCM is making available up to $250,000 for this funding cycle and expects to fund four to five studies from this amount. We are seeking high-value projects, and the efficiency of the proposed budget will be assessed relative to expected impact and project scope.

DESCRIPTION: To support innovative research that will advance the existing knowledge base in the areas of health care financing, delivery, management and/or policy. Studies must have strong potential to yield insights that can be used to have a positive impact on the U.S. health care system by reducing spending, improving quality of care, and/or expanding access to insurance coverage and health care services.

WEBSITE: **http://www.nihcm.org/categories/research-grants-application-information**

Capacity Building Grants – National Alliance for Grieving Children

DEADLINE: Proposals will be accepted through July 11th, 2016

AMOUNT: $10,000

DESCRIPTION: New York Life in partnership with NAGC will offer 20 childhood bereavement organizations a one-time, $10,000 capacity-building grant under the Grief Reach program RFP. We are looking for organizations that have identified a need and seek funding to help them operate more effectively at an organizational level by addressing their

organizational strengths and weaknesses and proposing goals that are achievable in a 12-month period with the funds allocated.

Proposals should fit one of the five major categories listed below:

Planning activities: organizational assessments; strategic planning; fund development; communications/marketing; recruiting or maintaining volunteer support; business planning.

Staff/board development: leadership training; defining the role of the board; recruitment of new board members; strengthening governance.

Strategic relationships/collaboration: technical assistance; consultant support; restructuring; mergers; or business planning.

Internal operations: improvements to financial management, human resources, or volunteer management; development of evaluation systems and training; facility planning.

Technology improvements: improving IT capacity through upgrades to hardware and software; networking; updating websites; and staff training to optimize use of technology.

Your capacity building project should have an impact on your organization first, then on the clients your organization serves. In thinking about capacity building needs, an organization may ask:

Does this activity allow my whole organization to operate more effectively, or does it have a limited effect on a program or initiative? For example, improving fundraising skills affects the entire organization over a long period. However, having a fundraising dinner for a program only affects that program for that fiscal year.

Which major operational areas need attention and will help the organization grow and achieve its mission? For example, there may be a need for financial management software, a donor database, and upgraded communications materials. Not being able to do them all, an organization must select one that is going to move them forward strategically.

Is there a bottleneck in the organization that is stalling growth? For example, an organization may need to recruit new volunteers, but not have a way to reach the local community, such as a website.

WEBSITE: **https://childrengrieve.org/index.php?q=capacity-building-grants**

National Institute for Health Care Management Foundation (NIHCM) Foundation Seeks Letters of Inquiry for Healthcare Management Research Projects

DEADLINE: Interested researchers must submit a brief letter of inquiry (LOI) outlining their study idea by 5:00 PM EDT on July 11, 2016. Applications are welcome at any time prior to that deadline. LOIs must conform to the required structure and must be submitted using NIHCM's online entry system (see below). Full (10-page) proposals will be invited from a small number of applicants in August and will be due in September 2016. NIHCM will announce the grant winners in November 2016 for project start dates as early as January 2017.

AMOUNT: $250,000

DESCRIPTION: NIHCM Foundation supports innovative investigator-initiated research with high potential to inform improvements to the U.S. health care system. Projects must advance the existing knowledge base in the areas of health care financing, delivery, management and/or policy. During the first four years of the program, we have awarded over $950,000 to support 16 studies.

WEBSITE: http://www.nihcm.org/grants/research-grants

Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care - Department of Health and Human Services/Health Resources and Services Administration

DEADLINE: Jul 12, 2016

AMOUNT: $2,000,000

DESCRIPTION: This announcement solicits applications for fiscal year (FY) 2016 to support a single organization that will serve as the Technical Assistance and Evaluation Center (TAEC) for a new initiative entitled Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care. The goal of this three year cooperative agreement is to increase the utilization of community health workers (CHW) to improve access to and retention in health care; and to improve health outcomes for people living with HIV (PLWH) by strengthening the health care workforce, building healthier communities, and achieving health equity among racial and ethnic minority populations. The project will focus on assisting HIV medical care provider sites, particularly those funded by the Ryan White HIV/AIDS Program (RWHAP), with the support needed to integrate CHWs into an HIV multidisciplinary team model through training, direct technical assistance, and collaborative learning sessions. The TAEC will provide three levels of training and/or technical assistance (TA) comprising Direct TA, Webinars/Webcasts, and Learning Collaborates. Direct TA will be provided to up to ten (10) RWHAP medical provider sites serving racial/ethnic minority populations in geographic locations with low rates of retention and/or viral suppression as reported in the 2014 Ryan White Services Report (RSR). The selected sites will also receive a sub award to support the development and implementation of their CHW program. The sites will be required to demonstrate need, interest, and capacity to sustain a CHW program during and after the project ends, and to fully cooperate with the TAEC in the multi-site evaluation. In consultation with the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), the TAEC will be responsible for identifying the RWHAP medical provider sites to receive both the direct TA and a sub award, and for administering the sub awards. The RWHAP medical provider sites will be selected by the TAEC, in consultation with HAB, based on a pre-established set of criteria to include: Identified Need - States/Jurisdictions with low retention rates or low viral suppression rates, among racial/ethnic minority populations, based on 2014 RSR data, with attention to African American and Latinos, including subpopulations, such as young MSM, youth, and substance users, as applicable. Geographic Distribution - An attempt will be made to apply equitable geographic distribution across the United States to include both rural and urban settings. Interest and Organizational Commitment/Capacity – Demonstrated interest and capacity to develop and implement a CHW program. Sites will be required to demonstrate their ability and capacity to maintain a sustainable CHW model beyond the project period and the receipt of the initial TA provided

by this cooperative agreement. Selected RWHAP sites may not allocate sub awarded funds from this project to support a personnel salary in its entirety. Focus will be given to the selection of RWHAP medical provider sites that will support the incorporation of CHWs as part of an HIV multidisciplinary team model. Sites must also demonstrate their capacity and willingness to participate fully in the multi-site evaluation required for this project. RWHAP funded recipient or sub recipient organizations meeting these criteria are eligible to be considered for a sub award from the TAEC to implement a CHW program within an HIV medical care model intended to serve the priority populations outlined by the TAEC. The TAEC will be responsible for the development and release of an application and awards to RWHAP recipient or sub recipient medical provider sites. The TAEC will develop and conduct webinars/webcasts for any HIV medical provider interested in gaining knowledge related to the development of a CHW program, with a focus on integrating CHWs into HIV multidisciplinary care and treatment teams. Webinars/webcasts will also be utilized to increase the knowledge of any HIV medical provider with an interest in developing and/or strengthening a CWH component within their model of care The TAEC will also coordinate the formation and implementation of at least one learning collaborative with several learning sessions. Learning collaborates aim to capitalize on participants' knowledge and skills with the principle that knowledge can be created within a group where members actively interact by sharing experiences and evaluating one another's ideas. The goal of the learning collaborative(s) will be the development of recipient/medical provider capacity around the use of CHWs to promote sustainability of CHW models. The collaborative(s) will provide a venue for various stakeholders, medical providers and CHWs, to share and provide information and training on various components in the development and implementation of an effective CHW model, including: the integration of CHWs into HIV multidisciplinary teams; building capacity of medical providers for an integrated CHW component; and discussing challenges and lessons learned from the implementation of CHW models. At the conclusion of each collaborative learning session, participants will be provided action steps to be implemented prior to the next learning session, essentially giving each agency an outline for building capacity. SMAIF funds may be used to pay stipends to organizations with successful CHW programs to lead the collaborative(s). The TAEC will also be responsible for the development and implementation of an evaluation component to assess the effectiveness of project activities and the effectiveness of the CHW programs developed by the sites receiving direct TA. Finally, the TAEC will be responsible for producing A CHW Implementation Guide, which will include: (a) available CHW resources; (b) lessons learned from both learning collaborates and direct TA sessions; (c) information on the various components required for the development and integration of an effective CHW program into an HIV primary care model; and (d) an evaluation tool to assess CHW programs in HIV care and treatment settings.

WEBSITE: **http://www.grants.gov/web/grants/view-opportunity.html?oppId=283484**

Family Travel Forum Teen Travel Writing Scholarship 2016

DEADLINE: All applications must be received no later than 11:59pm ET on July 13, 2016. Late entries will not be considered.

AMOUNT:

First Place: $1,000

Second Place: $500

Third Place: $250

Leading travel insurance provider Allianz Global Assistance USA will also award the top three prize winners a "Go Bag" comprised of a GoPro, portable power pack and a passport holder with RFID protection

20 Honorable Mentions: Travel prizes including a subscription to Lonely Planet magazine which aims to inspire today's traveler through immersive storytelling, rich photography, practical advice and accessible travel ideas.

DESCRIPTION: Applicants must be ages 13-18 and attending grades 8-12.

Applicants must be attending junior high or high school in the United States or Canada, or an American international school abroad, or be enrolled in a U.S. homeschool program. Judging the FTF Teen Travel Writing Scholarship.

Travel blogs will be judged on originality, quality of expression, and a sense of place, as well as in accordance with standard rules of English grammar, mechanics and spelling. A panel of esteemed educators, professional writers and editors will make the final selection of winners.

All applicants will be contacted by email when the Judges have completed selecting the Semi-Final round of essays and posted them online. Please update your online Account Info if your email address changes during the scholarship period.

Only Finalists will be contacted for follow up documents to verify their eligibility.

WEBSITE: http://myfamilytravels.com/teen_travel_writing

The Oregon Community Foundation

DEADLINE: July 15 for a Board decision in early November.

AMOUNT: Average award $20,000 but a typical award range of $5,000 to $50,000.

DESCRIPTION: The Oregon Community Foundation is accepting applications for its Community Grants program, which provides funding for capacity building, capital projects, and/or bridge funding for organizations or programs which support creative and sustainable solutions that address the common needs and aspirations of all Oregonians.

The Community Grants Program is a broadly accessible, responsive statewide grants program. Its long-term goals are to strengthen the social fabric of our communities and improve life in Oregon. More immediate goals are to respond to evolving, community-identified needs and to build civic leadership and engagement.

Guiding Principles

- We believe that creative and sustainable solutions come from people who work in partnership to address common needs and aspirations.
- We give high priority to investments that create positive, substantive change and attempt to resolve problems at their source.
- We recognize and respect Oregon's diverse regions and populations, and we seek to advance equity, diversity and inclusion through our programs.

WEBSITE:
http://www.oregoncf.org/Templates/media/files/grants/community_grants/Community%20Grant%20guidelines.pdf

Jenny Kitsen Patient Safety Award

DEADLINE: AAKP is now accepting applications for the next grant cycle. The deadline for grant applications for the 2017 calendar year is July 31, 2016.

AAKP is pleased to support the Renal Physicians Association and the National Renal Administrators Association; recipients for the 2015/2016 grant cycle.

AMOUNT: $5,000

DESCRIPTION: The Network of New England Board of Director selected AAKP as the recipient of an endowment to establish the Jenny Kitsen Patient Safety Award. The Award funds an annual lecture that advances patient safety by exploring innovation in health systems management.

The endowment supports an annual lecture or presentation that advances patient safety. Patients who undergo dialysis treatment have an increased risk for getting a health care-associated infection (HAI). Hemodialysis patients have weakened immune systems, which increase their risk for infection, and they sometimes require frequent hospitalizations and surgery where they might acquire an infection.

Among the organizations eligible to apply for the Award are 501(c)(3) and 501(c)(6) organizations , public and government agencies, and many other organizations and institutions.

WEBSITE: https://www.aakp.org/community/programs-events/jenny-kitsen-patient-safety-awar

2016 - AUGUST

Health Services Research on Minority Health and Health Disparities (R01) - Department of Health and Human Services/National Institutes of Health

DEADLINE: August 9, 2016 by 5:00 PM local time of applicant organization. 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: (See Announcement)

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to encourage innovative health services research that can directly and demonstrably contribute to the improvement of minority health and/or the reduction of health disparities at the health care system-level as well as within clinical settings.

WEBSITE: http://www.grants.gov/web/grants/view-opportunity.html?oppId=283498

Aging Research to Address Health Disparities (Admin Supplement) - Department of Health and Human Services/National Institutes of Health

DEADLINE: Aug 10, 2016

AMOUNT: $250,000 (4 awards)

DESCRIPTION: This Funding Opportunity Announcement (FOA) announces the availability of administrative supplements to support aging research that addresses disparities in health, including preclinical, clinical, social and behavioral studies.

WEBSITE: http://grants.nih.gov/grants/guide/pa-files/PA-16-225.html

2016 -SEPTEMBER

Health Promotion Among Racial and Ethnic Minority Males (R01)

DEADLINE: Sep 7, 2016

AMOUNT: SEE AMOUNT

DESCRIPTION: This initiative seeks applications from applicants that propose to stimulate and expand research in the health of minority men. Specifically, this initiative is intended to: 1) enhance our understanding of the numerous factors (e.g., sociodemographic, community, societal, personal) influencing the health promoting behaviors of racial and ethnic minority males and their subpopulations across the life cycle, and 2) encourage applications focusing on the development and testing of culturally and linguistically appropriate health-promoting interventions designed to reduce health disparities among racially and ethnically diverse males and their subpopulations age 21 and older.

WEBSITE: http://www.grants.gov/web/grants/view-opportunity.html?oppId=239793

2016-OCTOBER

Detecting and Preventing Suicide Behavior, Ideation and Self-Harm in Youth in Contact with the Juvenile Justice System (R01) –DHHS/NIH

DEADLINE: October 5, 2016

AMOUNT: $500,000

DESCRIPTION: This initiative supports research to test the effectiveness of combined

strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm (NSSI) by youth in contact with the juvenile justice system. Opportunities for detection and prevention start at early points of contact (e.g., police interaction, the intake interview) and continue through many juvenile justice settings (e.g., pre-trial detention, juvenile or family court activities, court disposition, placement and on-going care in either residential or multiple community settings.) This FOA invites intervention strategies that are designed to be delivered in typical service settings using typically available personnel and resources, to enhance the implementation of interventions that prove effective, enhance their future uptake in diverse settings, and thereby reduce risk of suicide and self-harm in this population.
WEBSITE: http://www.grants.gov/web/grants/view-opportunity.html?oppId=284224

Factors Underlying Differences in Female and Male Presentation for Dental, Oral, and Craniofacial Diseases and Conditions (R01) – DHHS/NIH

DEADLINE: October 5, 2016
AMOUNT: See instructions
DESCRIPTION: The purpose of this funding opportunity announcement (FOA) is to encourage research on mechanisms underlying the manifestations of sex-based differences in Dental, Oral, and Craniofacial (DOC)-related diseases and conditions. Specifically, this initiative encourages studies aimed at understanding immune reactivity, genetic variation, environmental triggers, aging, and hormonal changes as they affect sex-based differences in DOC-related diseases and conditions including, but not limited to, Sjgrens Syndrome (SS), orofacial pain, temporomandibular joint (TMJ) disorder (TMD), salivary gland tumors, and human papillomavirus (HPV)-associated oropharyngeal cancers.

WEBSITE: http://www.grants.gov/web/grants/view-opportunity.html?oppId=284201

WILD ONE LORRIE OTTO SEEDS FOR EDUCATION GRANT PROGRAM

DEADLINE: Grant applications due October 15th.

AMOUNT: Cash grants under $500 are available for plants and seeds, and in-kind donations from Nursery Partners can help stretch these dollars.

DESCRIPTION: Would you like to Attract songbirds and butterflies to your schoolyard with wildflowers and native grasses. Add opportunities for hands-on science in biology, ecology and earth science. Reduce energy consumption and improve storm water management; enhance sustainability and green-school certification. Teachers and students across the US are expanding learning opportunities by enhancing their schoolyards with butterfly gardens, nature trails, prairies, woodland wildflower preserves, and similar projects. These projects enrich the learning environment and provide aesthetic and environmental benefits.

By planning, establishing and maintaining such projects, students learn valuable life skills – including patience and teamwork. They can engage parents and the wider community in a project they can point to with pride for years to come.

WEBSITE: http://www.wildones.org/seeds-for-education/sfe/

The Role of Health Policy and Health Insurance in Improving Access to and Performance of Cancer Prevention, Early Detection, and Treatment Services

DEADLINE: Application Deadline: April 1 and October 15

AMOUNT: This RFA will use the Research Scholar Grant mechanism budget instructions.*

*See the Research Scholar Grants Policies and Instructions for a detailed description of the Society's priority focus on health equity research in the Cancer Control and Prevention Research Grants Program and budget instructions.

Award Period	Direct Cost Cap Per Year	Indirect Cost Cap Per Year
Less than 4 years	$200,000	20%
4 years	$165,000	20%
5 years	$200,000	20%

DESCRIPTION: A call for research that evaluates the impact of the many changes now occurring in the healthcare system with a particular focus on cancer prevention, control, and treatment. Efforts focusing on improving access to care may also impact inequities that contribute to health disparities. New health public policy initiatives such as the new federal and state marketplaces that have expanded insurance coverage, as well as Medicaid expansion in some states, create natural experiments ripe for evaluation. Research to be funded by this RFA should focus on the changes in national, state, and/or local policy and the response to these changes by healthcare systems, insurers, payers, communities, practices, and patients.

A clear understanding of these changes can help clinicians, health systems, public health and public policy professionals, patient and consumer advocates and providers to identify and guide needed improvements in cancer prevention and control and health care and health more broadly. Findings from this research may also inform advocacy and policy development by the American Cancer Society Cancer Action Network (ASC CAN) in the context of meaningful health care reform by assessing outcomes related to the structure of the health system on availability, administrative simplicity, adequacy, and affordability of coverage, referred to as the 4 A's, which make up the Society and ACS CAN's framework for reform.

We are keenly interested in supporting rapid learning research to study the effects of health policy changes on patients, providers, and health systems. This includes but is not limited to:

- Facilitators and barriers to care;
- Unintended consequences;
- Differential experiences and outcomes of patients seeking or receiving care;

• Best practice models for quality care; and,

• Economic Impact

Specific examples of potential research areas that may be applicable include the following, organized by the 4 A's of meaningful healthcare reform:

1. Availability

• Investigate factors impacting equity in cancer prevention, diagnostic, treatment, and survivorship services across populations based on availability of health insurance coverage, type of coverage, affordability, and health care setting.

• Compare and contrast access and outcomes by state to provide new knowledge pertaining to how insurance coverage or lack of coverage (including lack of expanded Medicaid coverage) impacts cancer screening, diagnostic, treatment, or palliative care services.

• Evaluate the impact of expanding health insurance coverage for previously uninsured or underinsured persons.

2. Affordability

• Compare and contrast variations in health insurance benefit packages (including services, Rx formularies, and cost-sharing) on health care costs and the resulting impact on cancer prevention, diagnosis, treatment, and palliative and support care services.

• Examine how tobacco rating is impacting the affordability of and access to insurance coverage.

• Compare and contrast changes in health risk pool distribution and their impact on health care costs, health insurance enrollment and access pre- and post-implementation of the Affordable Care Act of 2010.

• Test methods to improve the efficiency of health insurance coverage and utilization.

• Compare and contrast models for improving high quality patient-centered care such as Patient Centered Medical Homes, Accountable Care Organizations, and patient and provider incentives to encourage guideline-concordant care.

3. Adequacy

• Compare and contrast the implementation of health insurance marketplaces to assess their impact to access to needed services and choice of providers, and on the adoption and completion of cancer screening, diagnostic, treatment, and palliative and supportive care services.

• Compare and contrast the transparency of key information (e.g., network providers, formularies, etc.) and the extent to which this information is provided in a consumer-friendly manner.

4. Administrative simplicity

• Assess the effectiveness of strategies to educate consumers about healthcare benefits and their impact on the adoption and completion of cancer screening, diagnostics and treatment services.

• Conduct dissemination and implementation research of evidence-based strategies supporting patients in overcoming administrative barriers related to health insurance to facilitate the adoption and completion of cancer screening, diagnostic, treatment or palliative and supportive care services.

Acceptable study designs: We encourage investigators to submit innovative proposals using an array of study designs which may include interventional or non-interventional research such as case control studies, cohort studies, clinical trials, comparative effectiveness research, dissemination and implementation research, cross-sectional studies, ecological, or mixed methods research. For example:

- Mixed-method studies utilizing secondary analysis and original data collection.
- Conduct primary data collection in the form of surveys, key informant interviews, focus groups or other methods to capture patient level experiences and their perceived solutions.
- Make creative use of primary and secondary data sources (such as CMS data) 9 to capture both demographic and outcome data, establish robust data bases, and create registries or methods for data standardization across large data sources

WEBSITE:
http://www.cancer.org/research/applyforaresearchgrant/granttypes/rfa-role-healthcare-insurance-cancer

~ COMMUNITY ~

The Donald Samull Classroom Herb Garden Grant

DEADLINE: Application deadline for 2016-17 academic year: October 1, 2016 with awards announced December 1, 2016.
AMOUNT: The Herb Society of America will select ten (10) schools/classrooms to receive $200 "Seed Money" to establish an herb garden (indoor or outdoor). The funds may be used for supplies such as soil, plant trays, containers, child or youth sized tools, etc. The school may need to seek additional funding and support from other sources. The Herb Society of America will provide the educational materials and herb seeds.
DESCRIPTION: The Herb Society of America, as a recipient of a bequest from the estate of Donald Samull, has established herb garden grants for teachers in grades 3 through 6. Mr. Samull was an elementary school teacher who used his love of herbs in the classroom with his 3rd-6th grade students. These grants will ensure that his tradition of using herbs with students will continue for years to come.

Public and/or private 3rd through 6th grade teachers, with classes of a minimum of 15 students may apply for an herb garden grant.

The Herb Society of America will select ten (10) schools/classrooms to receive $200 "Seed Money" to establish an herb garden (indoor or outdoor). The funds may be used for supplies such as soil, plant trays, containers, child or youth sized tools, etc. The school may need to seek additional funding and support from other sources. The Herb Society of America will provide the educational materials and herb seeds.
WEBSITE: http://herbsociety.org/resources/samull-grant.html

2016 -NOVEMBER

FAHS-BECK FUND FOR RESEARCH AND EXPERIMENTATION -A Fund Established with The New York Community Trust: FACULTY/POST-DOCTORAL RESEARCH GRANT PROGRAM

DEADLINE: The Fund observes two funding cycles annually. The deadlines are 5 p.m. Eastern Time April 1 and November 1, unless the deadline falls on a weekend, in which case the deadline will be the following Monday at 5 p.m. Applications must be received (not postmarked) by the deadline.

AMOUNT & DESCRIPTION: Grants of up to $20,000 are available to help support the research of faculty members or post-doctoral researchers affiliated with non-profit human service organizations in the United States and Canada. Areas of interest to the Fund are: studies to develop, refine, evaluate, or disseminate innovative interventions designed to prevent or ameliorate major social, psychological, behavioral or public health problems affecting children, adults, couples, families, or communities, or studies that have the potential for adding significantly to knowledge about such problems. The research for which funding is requested must focus on the United States and/or Canada or on a comparison between the United States and/or Canada and one or more other countries.

WEBSITE:
http://www.fahsbeckfund.org/pdf_files/CURRENT_Post_Doctoral_Guidelines_01.12.15.pdf

NIOSH Centers of Excellence for Total Worker Health® (U19)

DEADLINE: November 30, 2016

AMOUNT: The maximum amount (total cost) for each application is $1.3 million for the first 12-month project period. For 5 years.

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to provide funding for Centers of Excellence for Total Worker Health®. Support of this program will further advance an emerging field of science and practice and address the

needs of the 21st century workforce by means of research, intervention, and outreach activities.

WEBSITE: http://grants.nih.gov/grants/guide/pa-files/PAR-15-361.html

NO DEADLINE – GRANT RESOURCE INFORMATION:

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

DEADLINE:

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015 Recordings for both events are now available.

June 3, 2015 web conference recording available here.

July 22, 2015 web conference recording available here.

Timing: Since applications are accepted on a rolling basis, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

AMOUNT: Approximately $2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

DESCRIPTION: Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

WEBSITE: **http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3uOaFeLLcJROtLce2ecBeg&et_cid=469879**

Changes in Health Care Financing and Organization: Small Grants

DEADLINE: Grants are awarded on a rolling basis; proposals may be submitted at any time.

AMOUNT: This solicitation is for small grants of $100,000 or less.

DESCRIPTION: Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

WEBSITE: **http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html**

The National Children's Alliance

Deadline: **http://www.nationalchildrensalliance.org/**

Amount: See website

Description: The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.

- **Common Wealth Fund**

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- **Delivery System Innovation and Improvement**
- **Health Reform Policy**

- **Health System Performance Assessment and Tracking**

http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx

- **Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds**

Deadline: KaBOOM! is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

Amount: Let's Play Land Use grants of $15,000 and $30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously unavailable playgrounds and recreational facilities.

The $15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The $30,000 grants will support the opening of at least eight playgrounds in larger communities.

Description: Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl

- **Meyer Memorial Trust**

Deadline: Monthly (Except January, April and August)

Amount: Range generally from $40,001 to $300,000 with grant periods from one to two (and occasionally three) years.

Description: Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. **http://www.mmt.org/program/responsive-grants**

- **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

Deadline: No Deadline

Amount: No Amount Specified

Description: The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

Educated Kids: To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.

Healthy Kids: The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

Secure Families: The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

Civic Engagement: The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines. **http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfJRk.dpuf**

• W.K. Kellogg Foundation

Deadline: The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

Amount: NO LIMIT (Please read restrictions/What they won't fund.)

Description: What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. http://www.wkkf.org/

- **AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives**

http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html

Community Grant Program- WALMART

DEADLINE: The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**

AMOUNT: Awarded grants range from $250 to $2,500.

DESCRIPTION: Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

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

SCHOLARSHIP:

The Meyerhoff Adaptation Project -

The Meyerhoff Scholars Program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from $5,000 – $22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.

Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics*: three years

Science: three years

Language other than English: two years

*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

Eligibility Criteria

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a "B" average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:

Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service

Must be a citizen or permanent resident of the United States

WEBSITE:
http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/

~ONLY FOR WASHINGTON STATE UNIVERSITY~

First Scholars – The Suder Foundation

DEADLINE:

AMOUNT: The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of $5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.

DESCRIPTION: The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.

First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

WEBSITE: http://firstscholars.wsu.edu/

Education Award Applications –The American College of Psychiatrists

DEADLINE: June 30

AMOUNT: (SEE WEBSITE)

DESCRIPTION: The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects

an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

WEBSITE: http://www.acpsych.org/awards/education-award-applications-deadline-december-1

VETERANS

- **VFW Accepting Applications From Veterans for Emergency Financial Assistance**

DEADLINE: Open

AMOUNT: Grants of up to $5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....

DESCRIPTION: As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to $5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over $5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

WEBSITE:
http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRCtwMDS5tzT03gSJADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK_PRoCB4Hw_wcB

IDAHO & WASHINGTON - ONLY

ASPCA Northern Tier Shelter Initiative Coalition Grants

DEADLINE: No Deadline

AMOUNT: Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

DESCRIPTION:

Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:

Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

WEBSITE: **http://aspcapro.org/grant/2016/05/06/aspca-northern-tier-shelter-initiative-coalition-grants**

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Confederated Tribes of Colville
Confederated Tribes of Tribes of Coos, Lower Umpqua, and Siuslaw
Confederated Tribes of Grand Ronde
Confederated Tribes of Siletz
Confederated Tribes of Umatilla
Confederated Tribes of Warm Springs
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Upper Skagit Tribe
Yakama Nation

2121 SW Broadway
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.npaihb.org

Submitted via: http://www.regulations.gov

June 24, 2016

The Honorable Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Medicare Program: Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models (CMS-5517-P) Comment

Dear Acting Administrator Slavitt:

The Northwest Portland Area Indian Health Board is a P.L. 93-638 tribal organization that represents forty-three federally recognized Tribes in Idaho, Oregon and Washington. On behalf of our member Tribes of the Northwest Portland Area Indian Health Board, I write to submit comments on the proposed rule, published in the Federal Register on May 9, 2016, entitled "Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models."

We appreciate the opportunity to submit these comments. We note, however, that the public notice and comment period is not a substitute for Tribal consultation pursuant to the Centers for Medicare and Medicaid Services (CMS) Tribal Consultation Policy and Executive Order 13175. The Federal government's trust responsibility provides the legal justification and moral foundation for Indian specific health policymaking—with the objectives of enhancing their access to health care and overcoming the chronic health status disparities of this segment of the American population. It's important to underscore that when Congress passed the Patient Protection and Affordable Care Act (ACA), Indian specific provisions were included to honor the federal trust responsibility to provide health care to American Indians and Alaska Natives.

The Northwest Portland Area Indian Health Board requests that CMS extend the deadline for Tribal comments on the proposed rule until meaningful Tribal consultation can take place. We also request that the CMS Tribal Technical Advisory Group (TTAG) counsel CMS by providing review of the final rule before it is issued. On November 17, 2015, prior to publication of the proposed rule, TTAG requested Tribal consultation on the development of MIPS policies and coordination with the IHS in its response to a CMS request for information (CMS 3321-NC). Under the CMS Tribal Consultation Policy,

CMS is to consult with Tribes throughout all stages of the process when developing a proposed regulation that would impose substantial compliance costs on Indian Tribes.[1] Moreover, CMS shall:

- Encourage Indian Tribes to develop their own policies to achieve program objectives;
- Where possible, defer to Indian Tribes to establish standards; and,
- In determining whether to establish federal standards, consult with Tribal officials as to the need for federal standards and any alternatives that would limit the scope of federal standards or otherwise preserve the prerogatives and authority of Indian Tribes.[2]

The proposed rule, which would implement the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), would impose federal standards intended to increase coordination of care and efficiencies in health care. Tribal and Urban Indian health providers appreciate and share these goals, but the structure of the proposed rule is problematic with respect to IHS, Tribal, and Urban Indian health programs, for several reasons. The proposed rule, which will have significant compliance costs, is designed to incentivize compliance by penalizing providers that do not meet certain benchmarks through a reduction in reimbursements; however, the Indian health care system as a whole is chronically underfunded, at about 59% of need[3], and overburdened and, as a result, often unable to meet those benchmarks. Our programs often lack the resources or manpower to make needed reforms and upgrades, or to meet reporting and technology requirements. Further, our health programs are frequently forced to prioritize limited funding, resulting in a lack of resources for preventive care and other measures that would be expected to improve outcomes and maximize efficiency, but that require an up-front investment. An incentive system that *reduces* funding to Tribal and Urban Indian health programs that cannot meet benchmarks due to their lack of resources in the first place makes little sense and will have a negative long-term impact.

Indian health care programs are unique. Unlike other health care providers, Tribal health programs cannot pass increased compliance costs on to their customers. Further, Tribal health programs implement the United States' trust responsibility to provide health care services to AI/ANs.[4] The IHS is the primary federal agency tasked with carrying out this responsibility; however, the federal trust responsibility extends to every branch of the federal government and to every Executive Department and agency, including CMS. While the Northwest Portland Area Indian Health Board does not question the need for CMS to set global quality of care

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[1] Centers for Medicare & Medicaid Services, Tribal Consultation Policy § 5.7 (Dec. 10, 2015).

[2] *Id.* at § 5.6.

[3] NATIONAL TRIBAL BUDGET FORMULATION WORKGROUP'S RECOMMENDATION ON THE INDIAN HEALTH SERVICE FISCAL YEAR 2017 BUDGET, 8 (2015).

[4] *See, e.g.*, 25 U.S.C. § 1601 ("Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people."); The White House, *Memorandum for Heads of Executive Departments and Agencies re: Tribal Consultation* (Nov. 5, 2009), https://www.whitehouse.gov/the-press-office/memorandum-Tribal-consultation-signed-president.

benchmarks in implementing the MIPS and APM, CMS must not abdicate its trust responsibility by failing to account for the unique needs of the Indian Health system as it finalizes this rule. Unless the rule is modified, the Indian Health System will be unable to meet the benchmarks proposed in the rule and will be penalized for it. The trust responsibility requires more than this. It is inappropriate for an agency of the federal government to penalize an IHS, Tribal, or Urban health program for its inability to meet efficiency and quality of care benchmarks by withholding resources that could be used to help reach those benchmarks. Rather, the trust responsibility requires that the federal government assist IHS, Tribal, and Urban Indian health programs in meeting the highest standards for efficiency and quality of patient care.

IHS, Tribal, and Urban Indian facilities generally bill at an encounter rate negotiated annually between CMS and the IHS (often referred to as the "OMB rate"), which we understand is not impacted by the changes to the physician fee schedule (PFS) proposed in this proposed rule. However, IHS, Tribal, and Urban providers bill under the Medicare inpatient prospective payment system (IPPS) and will be impacted. More broadly, Medicare and IHS are both important components of our national health care system and the national conversation on health care reform must consider the impact Medicare reform will have on the IHS. As a result, Tribal and Urban Indian involvement in the development of the federal policies underlying this proposed rule is critical.

the Northwest Portland Area Indian Health Board has a number of outstanding questions about the proposed rule and how it will impact IHS, Tribal, and Urban health programs, and have made several requests for in-person consultations with CMS prior to publication of the final rule. We reiterate that request once again, and urge CMS to engage in in-person Tribal consultation prior to publication of a final rule in addition to its consideration of these comments. This consultation process should be initiated as soon as possible, given the short time frame to implement the MIPS as proposed in the rule.

Cost of Compliance and Need for Federal Support

While we recognize the potential value in the proposed rule's reporting, technology, and care coordination requirements, we are concerned that the cost of compliance may be prohibitive for many Tribal and Urban Indian health programs and providers. For example, in its regulatory impact analysis, CMS acknowledges that the cost for implementation and compliance with the Advancing Care Information and Clinical Practice Improvement Activities performance categories could lead to higher operational expenses for MIPS eligible clinicians. The Indian health care system already faces a critical resource gap and many of its facilities have longstanding provider vacancies. Recruiting and retention has always been a challenge for the Indian health care system, and has reached such a crisis in certain areas like the Great Plains that legislation has been proposed in both the Senate and the House that would give the IHS additional authorities to increase provider payments for recruitment and retention purposes.

The Administration should not implement this rule in a manner that exacerbates this problem. In cases where Tribal and Urban Indian health programs lack the resources to implement and comply with the proposed rule, they would be forced to divert funding that would otherwise go toward health care programs and services or the recruitment of additional providers

to address existing vacancies. The result could be a decline in access to and quality of patient care unless the programs or providers receive additional support from CMS or other federal sources. Ironically, of course, under the MIPS a decline in quality of care would lead to a reduction in reimbursement rates, leaving impacted Tribal and Urban Indian health programs in an even worse position to address patient needs and improve quality of care.

The federal government's trust responsibility requires it to take affirmative steps to improve the health status of American Indians and Alaska Natives, and not to issue unfunded mandates that have the opposite effect. the Northwest Portland Area Indian Health Board therefore poses the following questions: Will there be funding to assist clinicians in IHS, Tribal, Urban Indian facilities, and other health professionals serving AI/AN populations to meet the requirements successfully, particularly in the first year? If not, will the Indian health care system be exempted from these requirements until they receive such funding? How will HHS support IHS, Tribal, and Urban Indian health programs through technical assistance, funding, and other means to eliminate any negative impacts of the rule on an already overburdened health care system?

Low-Volume Threshold Exclusion

There are many clinicians in the Indian Health System practicing in Tribal and Urban Indian facilities that bill as a Federally Qualified Health Center (FQHC) or a FQHC "look-alike" to Medicare. the Northwest Portland Area Indian Health Board support the proposal that these alternate payment methodologies are not subject to MIPS adjustments, however, We have difficulty reconciling this idea with the low volume threshold exclusion that is proposed. We believe that many Eligible Clinicians may bill less than $10,000 in Medicare allowable charges, if the allowable charges are specific to the Part B Physician Fee Schedule.

First, for those not participating in an ACO, we request clarification on the $10,000 threshold – does this include the Rural Health Clinic (RHC) All Inclusive Rates (AIR) or FQHC Prospective Payment System (PPS)? We believe the $10,000 should only be on Part B PFS allowable charges because these other payment methodologies already are alternatives to fee schedules, which is one of the purposes of the MACRA as we understand it.

If the $10,000 threshold does not include these other payment methodologies, then we believe we have an unintended situation where Eligible Clinicians (EC) at FQHCs, RHCs, and Tribal clinics may easily meet the $10,000 threshold part of the exclusion, but still are providing care to more than 100 Part B enrolled Medicare beneficiaries. However, these ECs are likely not in the groups of providers that the exclusion strategy is explained to include. They are not typically MIPS eligible clinicians who are treating relatively few beneficiaries, but engaging in resource intensive specialties, nor are they those ECs treating many beneficiaries with relatively low-priced services. Providers in Tribal clinics are potentially already participating in a form of alternate payment methodology with their Medicare patients when billing like a FQHC and we believe they should be excluded from MIPS for this reason.

the Northwest Portland Area Indian Health Board also request clarification on the low volume threshold for providers that change positions frequently or work as locums tenans. Will

the volume threshold be cumulative for these providers throughout the year as they bill under different TINs, or will the threshold be specific to an NPI/TIN combination? We propose that the low volume threshold be for a specific TIN in which a provider may work. Locums tenans would potentially have a very difficult time avoiding downward payment adjustments through MIPS unless they are at a practice location for a significant amount of time within the reporting period. We do not want Tribal clinics that historically have difficulty retaining staff due to remote geographic location to be consistently penalized by lower reimbursements because they often use short term providers (who are potentially more likely to be receiving downward payment adjustments) to cover their staffing needs.

Need for IHS/Tribal-specific Data

The Northwest Portland Area Indian Health Board also notes that there may be a need for an evaluation period to assess the impact of these reforms on quality of care for AI/AN Medicare beneficiaries. For example, we note that the regulatory impact analysis of the proposed rule states that CMS has estimated the number of physicians and other professionals that will be assigned a CPS score in MIPS Year 1, and the number that will be excluded as QPs. Within this estimate, is there a category for clinicians who serve AI/AN Medicare beneficiaries? If so, we request that CMS share that information with the TTAG, IHS, Tribes, and Urban Indian program; if not, we request that this be a sub-category in future studies and estimates so that we can evaluate the number of clinicians serving our beneficiaries that are subject to MIPS and the number that qualify as QPs. Likewise, we suggest that CMS provide a category or function for comparing IHS, Tribal, and Urban Indian providers only on the Physician Compare website. In general, we request that CMS remain cognizant of IHS, Tribal, and Urban Indian providers as a distinct category when collecting and reporting data so that data can be utilized most effectively to advance our shared goals of efficiency and quality improvement.

Scoring and Payment Adjustments

The scoring formula and payment adjustment process must account for the unique position of Tribal and Urban Indian health care programs in the national health care system. To that end, it is critical that CMS engage in face-to-face consultation with Indian Tribes and Urban Indian health organizations, so that we can determine how the proposed scoring and payment adjustment system will function with respect to IHS, Tribal, and Urban Indian health programs.

First, CMS must ensure that the scoring system and weighting of performance categories is fair, particularly in the absence of available data for one or more category. For example, some Tribes have been penalized under the Hospital-Acquired Condition (HAC) Reduction Program due to a faulty formula that involved scores in two weighted domains. That formula calculated the Domain 2 score based on a Standardized Infection Ratio ("SIR") and required that, in the absence of threshold data for the SIR, only the hospital's Domain 1 score could be used to calculate the total score. In one instance, this scoring methodology resulted in a Tribal hospital being subject to a payment reduction because that hospital had a number of predicted infections below the formula threshold and *zero* instances of actual infection, requiring CMS to base 100% of the Tribal hospital's score on Domain 1. This faulty formula effectively punished the Tribal hospital for reaching its goal of zero infection events during the reporting period—an illogical

and unfair result. CMS must ensure that the proposed MIPS scoring system will not have similar flaws, especially if there is to be no administrative or judicial review of this methodology or the determination of the MIPS adjustment factor as stated on page 28,279 of the Federal Register publication.[5]

Second, the scoring system may need special rules for IHS, Tribal, and Urban Indian health programs in order to avoid adverse results. For example, IHS, Tribal, and Urban Indian health programs should have their own performance threshold that accounts for the government's responsibility to provide quality health care to AI/ANs and the chronic underfunding of our health care systems, and they should be permitted to utilize existing reporting measures (as discussed below). We believe that Tribal consultation on the scoring methodology with respect to IHS, Tribal, and Urban Indian providers specifically is necessary prior to adoption of a final rule.

The Northwest Portland Area Indian Health Board seeks clarification and consideration on the proposed sub category of Emergency Preparedness and Response. The proposed rule states that it may measure "...relevant reserve and active duty military MIPS eligible clinician or group activities..." The Indian Health Service Tribal, Urban, and Federal programs often employ officers in the Commissioned Corps of the United States Public Health Service (USPHS). If this sub category moves forward, we request specified language including the USPHS officers in the definition of active duty military MIPS eligible clinicians.

The Northwest Portland Area Indian Health Board support the Advancing Care Information category regarding the meaningful electronic health record (EHR) proposals regarding requirements for the use of certified EHR technology in relation to the selection of objectives and measures under the MIPS advancing care information performance category. This will allow flexibility for providers that had been planning to move towards obtaining 2015 CEHRT as outlined in the 2015 EHR Incentive Programs final rule. We support the concept of group reporting and agree that it will reduce reporting burden. However, we have concerns about the high level of staff turnover experienced in Indian Country and how this may impact the ability to report as a group as well as how to accommodate frequent changes in the group of MIPS Eligible Clinicians.

The Northwest Portland Area Indian Health Board support the Advancing Care Information category reporting requirements method to estimate the proportion of physicians as defined in section 1861(r) who are meaningful EHR users as those physician MIPS eligible clinicians who earn an advancing care information performance category score of at least 75 percent under our proposed scoring methodology for the advancing care information performance category for a performance period. We believe that using the other proposed method of defining a meaningful users as those physician MIPS eligible clinicians who earn an advancing care information performance category score of 50 percent (which would only require the MIPS eligible clinician to earn the advancing care information base score) would result in a much larger number of clinicians meeting this definition and therefore result in the potential

[5] We also agree with other commenters that MIPS eligible clinicians should not be penalized due to data errors outside of their control (see page 28281 of the Federal Register publication).

reduction of the applicable percentage weight of the advancing care information performance category in the MIPS CPS. We believe this would be detrimental to the goals of increasing patient engagement with health IT and HIE. We believe to drive this adoption forward, the relative importance of increasing performance above the base ACI score is needed.

The Northwest Portland Area Indian Health Board disagree with the Advancing Care Information category removal of the Broadband Access Exclusion as written in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017 Final Rule for the 2 measures that require providers to have broadband access. There are many IHS and Tribal clinics in extremely remote locations that do not have access to broadband and they should not penalized for it.

Utilize Existing Reporting Measures/Systems

As part of the Government Performance and Results Act (GPRA) and the GPRA Modernization Act, the Indian Health Service Office of Planning and Evaluation collects and reports clinical performance results annually to HHS and to Congress. The proposed rule provides that quality measures would be selected annually through a call for quality measures process, and that the selection of measures would be based on certain criteria that align with CMS priorities. In selecting those criteria and measures, we ask that you accept the Government Performance Results Act (GPRA) measures that Tribes and Urban Indian health organizations are already required to report, in order to avoid duplication of effort and to lessen the burden on IHS, Tribal, and Urban Indian providers. We also ask that when CMS compiles the list of entities qualified to submit data as a QCDR, that CMS accept the IHS RPMS as a qualified entity and that you work with IHS to ensure that the RPMS is capable of meeting MIPS reporting requirements.

IHS/Tribal Health Programs as Alternative Payment Models

The MACRA and the proposed rule reward participation in APMs. We would like for CMS to explore APMs that are population/provider based, or consider other options for categorizing IHS, Tribal, and Urban Indian health programs as APMs. As noted below, we have a number of questions about the eligibility of IHS, Tribal, and Urban Indian health programs for consideration as APMs and believe this topic should be a subject of Tribal consultation prior to adoption of a final rule. We also believe that thresholds should be lowered for APMs targeting eligible clinician populations.

Requests for Clarification

In addition to the general comments outlined above, the Northwest Portland Area Indian Health Board requests clarification on the following:

- It appears there may be an error on page 28,204 of the Federal Register publication. In Clinical Topic no. 20, the words Acute Heart Failure are out of place in the UTI episode entry.

- It also appears that the radius reference point for the North Dakota reference on page 28,212 of the Federal Register publication is in error. The radius reference point is listed as 25,000 miles.
- We request further clarification on scoring for eligible clinicians participating in MIPS APMs (discussed at page 28,234 of the Federal Register publication).
- On page 28,228 of the Federal Register publication, under the heading "Request/Accept Patient Care Record Measure," please define what "incorporated" means "where an electronic summary of care record received is incorporated by the clinician into the certified EHR technology."
- What are the decision-making process and criteria when CMS is considering an application for reweighting the Advancing Care Information performance category to zero (as discussed on pages 28,232-28,233 of the Federal Register publication)?
- On page 28,296 of the Federal Register publication, certain specialty codes are listed for reference in determining whether an APM has a primary care focus in order to qualify as a Medical Home Model. Only one specialty code is listed for Nurse Practitioners, however, there are different certifications for Nurse Practitioners. Does this code include all Nurse Practitioners or does this list need to be edited to include codes for Family Nurse Practitioners, Geriatric Nurse Practitioners, Adult Nurse Practitioners, and others?

Miscellaneous Comments

We offer the following additional comments on miscellaneous provisions of the proposed rule:

- On page 28,277 of the Federal Register publication, CMS seeks comments on means to be used to notify or contact MIPS eligible clinicians and groups when their performance feedback is available. We propose utilizing an IHS/Tribal/Urban Indian list serve.
- CMS proposes that an entity must retain all data submitted to CMS for MIPS for a minimum of 10 years. In our view, this amount of time is excessive. We recommend using a lesser time period similar to other health record requirements.

Need for Tribal Consultation

Finally, we have a number of outstanding questions about how the proposed rule will impact IHS, Tribal, and Urban Indian providers and uphold the federal government's trust responsibility to provide healthcare to AI/AN people. We request meaningful face-to-face consultation in order to gain a better understanding of the proposed rule and provide meaningful feedback before CMS adopts a final rule. While we have many questions and believe a two-way dialogue is necessary, some of our questions include the following:

- How will the proposed rule uniquely impact IHS, Tribal, and Urban Indian providers and are there any differences in how the rule would be applied to those providers or in how payments will be determined?
- What if an IHS/Tribal/Urban Indian facility is lacking in their EHR capability to report and produce according to the policy?

- What impacts to the current way IHS/Tribal/Urban Indian facilities are paid by Medicare, whether for inpatient or outpatient services, could we expect with the revisions to the Medicare IPPS structure currently?
- How can IHS/Tribal/Urban Indian programs qualify for payment adjustments under the highest MIPS performance measure?
- How do individual IHS/Tribal/Urban Indian providers qualify as QPs?
- How would IHS/Tribal/Urban Indian facilities be considered with respect to eligibility as an alternative payment entity? What are IHS/Tribal/Urban Indian health programs already doing that could help them to qualify as an APM?
- How would the financial risk requirement for APMs impact IHS/Tribal/Urban Indian programs and how could IHS/Tribal/Urban Indian programs meet this requirement? What would those financial risks be for an IHS/Tribal/Urban Indian health program? Were the unique relationship of the federal government and Tribes and the federal trust responsibility considered with respect to this requirement?
- What would the benefits be to IHS/Tribal/Urban Indian health programs in being considered an APM?
- Can Tribal and Urban Indian providers participate in Medical Home Models as expanded under section 1115A(c) of the Social Security Act?
- How are Medicare providers in IHS, Tribal, and Urban hospitals impacted by this proposed rule?

The Northwest Portland Area Indian Health Board hopes that CMS, in the spirit of its partnership and shared interest in improving American Indian and Alaska Native (AI/AN) access to its resources and services, will work with the Indian Health Service, Tribes, and Urban Indian health care providers to prevent harm to the Indian health care delivery system. Until further Tribal consultation can be conducted and all of our concerns/questions addressed, we respectfully request CMS to delay the finalization of this rule and continue to leave the proposed rulemaking process open. We thank you for this opportunity to provide our comments and recommendations and look forward to further engagement with CMS on this important proposed rule. Please contact the Northwest Portland Area Indian Health Board if there are any additional questions or comments on the issues addressed in these comments.

Sincerely,

Andrew C. Joseph Jr.

Andy Joseph, Jr., NPAIHB Chairman
Colville Tribal Council Member

Cc: Kitty Marx, Director, CMS Division of Tribal Affairs
Mary Smith, Principal Deputy Direct, Indian Health Service

From: Methamphetamine Suicide Prevention Initiative (MSPI) [mailto:MSPI@LISTSERV.IHS.GOV] **On**
Sent: Monday, June 27, 2016 2:20 PM
Subject: NOW OPEN: FY 2016 MSPI New Funding Announcements for Tribes, Tribal orgs, UIOs, and IHS Federal Facilities

Today, the **new** Fiscal Year 2016 MSPI funding opportunity announcements (FOAs) for Tribes, Tribal organizations, and urban Indian organizations were posted to the Federal Register. Additionally, the MSPI federal program award opportunities were also posted to the MSPI webpage for IHS Federal Facilities. You can find all the information on the MSPI Funding Announcement 2016 webpage at www.ihs.gov/mspi/fundingannouncement2016.

Below, you will find the information on the funding opportunities that is specific to "Tribes, Tribal organizations, and urban Indian organizations" and "IHS Federal Facilities" – please read through the information carefully, as there are different avenues for applying for funds.

The information below is also available on the MSPI webpage (www.ihs.gov/mspi/fundingannouncement2016).

The deadline for all applications to be submitted: August 1, 2016

For Tribes, Tribal organizations, and UIOs:

The MSPI Purpose Area #4 FOAs for Tribes, Tribal organizations, and UIOs was announced via the Federal Register on June 27, 2016. Tribes, Tribal organizations, and UIOs, will apply for the new MSPI Purpose Area #4 funding via the grant application process on Grants.gov. If you are a Tribe, Tribal organization, or UIO, you must apply through this funding announcement via Grants.gov.

There are two (2) separate FOAs available on the Federal Register for the Fiscal Year 2016 MSPI Purpose Area #4 funding. **Please confirm your eligibility category below to ensure that you are applying for MSPI funding using the correct FOA**:

- **New Applicants:**
  (Funding Announcement Number: **HHS-2016-IHS-MSPI-0001**): This funding opportunity announcement is available specifically for NEW APPLICANTS – those Tribes, Tribal organizations, or UIOs that DO NOT currently receive MSPI Purpose Area #4 grant funds.
- **Current MSPI Purpose Area #4 Grantees:**
  (Funding Announcement Number: **HHS-2016-IHS-MSPI-0002**) : This funding opportunity announcement is available specifically for CURRENT GRANTEES – those Tribes, Tribal organizations, or UIOs that currently receive MSPI Purpose Area #4 funding (i.e., those project who were funded for Purpose Area #4 in Fiscal Year 2015).

If you are unsure whether you are a new applicant or current MSPI Purpose Area #4 grantee, please visit the MSPI Projects by IHS Area table. NOTE: If you are current MSPI grantee in Purpose Areas #1, #2, or #3, you are considered a NEW APPLICANT.

For IHS Federal Facilities:

The MSPI federal program award opportunity was announced via IHS on June 27, 2016. If you are an IHS facility (IHS Service Unit, IHS clinic or hospital, IHS Area Office), you must apply through one of the federal program funding opportunities listed below.

There are two (2) separate federal program award opportunities available for IHS Federal facilities for the Fiscal Year 2016 MSPI Purpose Area #4 funding. **Please confirm your eligibility category below to ensure that you are applying for MSPI funding using the correct FOA**:

- **New Federal Facility Applicants**:
  This federal program award opportunity is available specifically for NEW APPLICANTS – IHS Federal Facilities that DO NOT currently receive MSPI Purpose Area #4 program award funds. Download the **program award opportunity for NEW Federal Facility Applicants**. [PDF - 109 KB]
- **Current MSPI Purpose Area #4 Federal Facility Awardees**:
  This federal program award opportunity is available specifically for CURRENT AWARDEES – those IHS Federal Facilities that currently receive MSPI Purpose Area #4 funding (i.e., those projects who received a program award and were funded for Purpose Area #4 in Fiscal Year 2015). Download the **program award opportunity for CURRENT MSPI Purpose Area #4 Federal Awardees** [PDF - 116 KB]

The first **Technical Assistance Webinar** will be scheduled soon by the IHS Division of Behavioral Health. That information will be disseminated to you all directly and you should all plan on attending the webinar.

If you have any questions please feel free to contact me.

Thank you and have a good day,

Audrey

Audrey Solimon, MPH

Public Health Analyst

National MSPI/DVPI Program Coordinator

Division of Behavioral Health

Office of Clinical and Preventive Services

Indian Health Service

Email: Audrey.Solimon@ihs.gov

N C C D P H P
GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY

TRIBAL RESOURCE DIGEST

2016 - Issue 75

Photo of the Sault St. Marie GHWIC Team from CDC's site visit in June!

Welcome to the Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of June 27, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website.

Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Hannah Cain at kzq3@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

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GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY

TRIBAL RESOURCE DIGEST

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I. SPECIAL REQUEST FOR TRIBAL REVIEWERS

Angela Houde, a Review Administrator for the Substance Abuse and Mental Health Services Administration is looking to recruit American Indian reviewers in the substance use and mental health field. She is particularly looking for individuals with at least 10 years' experience in substance abuse treatment, substance abuse prevention, or mental health. Individuals must also have some experience in roles such as Program Manager or Project Coordinator, Evaluator, or a Supervisor of a project. Finally, individuals must minimally have a Bachelor's degree. If anyone is interested please submit a resume to Angela at angela.houde@samhsa.hhs.gov and she will forward along more information about the SAMHSA review process and reviewer application materials.

II. RESOURCES

2015 National, State, and Local Youth Risk Behavior Survey (YRBS) Results Released

Youth Online —a web-based data system that allows users to view and analyze national, state, and local YRBS data—has been updated. Youth Online provides quick access to comprehensive results on youth health risk behaviors from 1991 through 2015.

National Academy of Medicine Releases Case Report on Referral System Collaboration between Public Health and Medical Systems

The National Academy of Medicine has released a population health case report discussing the collaboration between Boston Children's Hospital and the Boston Public Health Commission to develop a web-based screening and referral system for social problems and services. This case report is one within a series of case reports discussing collaboration between public health and healthcare systems.

10 Things you didn't know about School Food

Representatives from the Cornell Center for Behavioral Economics explored 10 common misconceptions about school lunch from topics on nutrition to where the money comes from. The webinar recognized what a school meal consists of – the components and requirements of the Healthy, Hunger Free Kids Act; identified health benefits of a school lunch; identified ways that school meals are funded; and explained why school meals are cost effective.

A recording of the webinar can be found here: [10 Things You Don't Know About School Food - Jun 13, 2016 - eXtension Learn]

III. WEBINARS, TRAININGS, AND CONFERENCES

National Tribal Forum for Excellence in Community Health Practice

A gathering that celebrates tribal achievements and innovations in creating healthier communities. The flyer is attached in the Tribal Digest e-mail.

This Tribal Forum supports excellence in community health practice by:

- Building a national community of practice in Tribal public health.
- Reaffirming the value of indigenous approaches to improving health.
- Honoring the diversity of Tribes and pathways to community wellness.
- Sharing stories about successes and challenges in community health practice.
- Exploring the benefits of Tribal public health accreditation and quality improvement.

When: August 30-31, 2016

Where: Spokane, Washington

REGISTER ONLINE TODAY: http://tinyurl.com/natltribalforum

IV. FUNDING OPPORTUNITIES

Grant Opportunity for Smoke-Free Community Colleges

The Truth Initiative is accepting grant applications ($7,500) from community colleges to help work towards comprehensive smoke-free policies. Community colleges that do not have a 100% smoke-free policy are eligible for a grant and technical assistance. Funding is available **only** to public community colleges defined as institutions that primarily grant two-year, associate degrees and that are accredited by one of the six regional accrediting agencies. This includes tribal community colleges.

Deadline is July 15.

Click here to learn more: Helping community colleges kick their tobacco-free campus efforts into gear | Truth Initiative

Rural Initiative Program

THE LAURA JANE MUSSER FUND wants to encourage collaborative and participatory efforts among citizens in rural communities that will help to strengthen their towns and regions in a number of civic areas including, but not limited to, economic development, business preservation, arts and humanities, public space improvements, and education.

PRIORITY IS PLACED ON PROJECTS THAT:

- Bring together a broad range of community members and institutions
- Provide the opportunity for diverse community members to work together
- Contain measurable short term outcomes within the first 12 to 18 months
- Include community members actively in all phases of the process
- Work toward an outcome of positive change within their community

LIMITS OF GEOGRAPHY:

- **Programs in Colorado, Hawaii, Michigan, Minnesota, and Wyoming may apply**
- The applicant community must have a population of 10,000 or fewer and must be able to demonstrate the rural characteristics of their location

Read more about the Rural Initiative Program here: Rural Initiative Program || Laura Jane Musser Fund

V. CONTACT INFORMATION

National Center for Chronic Disease Prevention and Health Promotion
Office of the Medical Director
4770 Buford Highway, MS F80
Atlanta, GA 30341
(770) 488-5131
http://www.cdc.gov/chronicdisease/index.htm

For Tribal Digest related questions, comments, or concerns please contact:
Hannah Cain, Public Health Associate

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KZQ3@cdc.gov
505-232-9908