

Barriers to American Indian, Alaska Native, and Native American Access to HHS Programs

EXECUTIVE SUMMARY

Purpose and Methods

The purpose of this study was to gather information from both HHS program officials and tribal representatives on their perspectives on various program and regulatory barriers to American Indian, Alaska Native, and other Native American (AI/AN/NA) tribes and communities accessing HHS discretionary grants, identify for HHS the most significant barriers to grants access for American Indians, Alaska Natives and Native Americans (AI/AN/NA), and consider strategies for improving access. Lessons learned about reducing barriers to funding in other recent HHS initiatives targeting special populations were also reviewed to inform the study. The main components of the project included:

- Developing, administering, and analyzing the results of a survey of officials of HHS programs for which AI/AN/NAs and entities that serve them are eligible, to ascertain their perspectives on possible barriers and remedies;
- Conducting focus groups with staff from a subset of these programs to explore relevant issues in more detail;
- Holding discussions with representatives of AI/AN/NA groups to obtain their input on perceived and actual barriers and how they can be lessened; and
- Consulting with a workgroup of HHS and tribal representatives at major junctures in the project.

In addition, a draft of this report was circulated to HHS staff from all of the Operating Divisions that participated in the study and to members of the HHS workgroup. Comments received during this review process clarified and provided additional information that was important to ensure accuracy of information included in the report and, particularly, to identify some of the initiatives that are underway within HHS and/or individual Operating Divisions that are similar to some of the strategies that emerged from this study.

This report summarizes the findings of the study, with emphasis on possible strategies for reducing identified barriers to access HHS grant programs. The report also discusses and categorizes the suggested strategies in terms of those that would require different amounts of resources and time for

implementation within HHS, those strategies that could be implemented by AI/AN/NA tribes and organizations, and those that may require congressional action to implement. In addition, issues of feasibility and practicality of specific suggestions are discussed.

Findings

Information on barriers to access to HHS discretionary grant programs and suggestions for strategies to reduce barriers were obtained from HHS staff and AI/AN/NA representatives and focused on several key areas of grant processes: 1) sources of information about grant opportunities; 2) factors affecting decisions to apply for specific grants; 3) preparing grant applications; 4) experiences with grant review processes; and 5) experiences with grants management processes. In addition, participants provided several broad suggestions for changes that would increase access to HHS grant programs.

Limited resources of AI/AN/NA tribes and organizations were identified by both AI/AN/NA representatives and by HHS program staff as a major barrier to access of many tribes and organizations to HHS grants. The limited resources available make it difficult to: 1) learn about grant opportunities; 2) apply for grants that have matching requirements or limits on indirect costs; 3) prepare a successful grant application; and 4) develop and implement the infrastructure necessary to meet all grants management requirements.

Possible strategies to reduce barriers to access were suggested by the study respondents. The feasibility of implementing these strategies is discussed separately in Section IV, Practical Considerations for Implementing Suggested Strategies.

These strategies identified through the study process are organized by topic areas. They include:

Strategies Related to Obtaining Information About Grant Opportunities, Deciding to Apply, and Preparing Grant Applications

- Announce grant opportunities through multiple methods, with targeted outreach and communications with AI/AN/NA organizations.
- Increase time between grant announcements and due dates.
- Increase use of annual or multi-year program announcements, with multiple due dates.
- Increase use of planning grants by HHS agencies that may provide opportunities to build capacity and infrastructure.
- Establish a pre-proposal letter of inquiry process to screen and select a limited number of invited proposals.

- Include explicit statements about eligibility of AI/AN/NA tribes and organizations in all grant announcements.
- Include explicit statements about minimum population base requirements in grant announcements, if applicable.
- Include explicit statements in grant announcement that experience may substitute for academic credentials of key staff
- Increase accessibility of HHS grant program contacts.
- Re-examine type and extent of requirements for data on “need” for grant program services for rural AI/AN/NA applicants and/or work with potential applicants to determine data required to establish need.
- Increase training and technical assistance on grants processes and grants preparation skills, provided by HHS and/or national and regional AI/AN/NA organizations, including possible knowledge transfer between successful AI/AN/NA grantees and less experienced tribes and organizations.
- Provide training and technical assistance in more locations that are more accessible to AI/AN/NA tribes and communities.
- Greater participation by staff of AI/AN/NA tribes and organizations in available training and technical assistance opportunities.
- Consider waiving or modifying indirect cost limits and matching funds requirements, particularly for those tribes and communities that have limited resources.
- Consider waiving or modifying requirements for collaboration or coordination with states or local governments.
- Consider waiving or modifying requirements to demonstrate that the program would be fully sustainable after the end of grant funding.
- Develop a standardized HHS-wide grant application format and requirements.
- Continue acceptance of hard copy grant applications, as an option, rather than moving to required electronic submission.
- Design grant programs to better fit AI/AN/NA needs and make RFAs more culturally appropriate.

Strategies for Grant Review Processes

- Consider reducing reliance on academic reviewers who place disproportionate emphasis on academic credentials of grant applicant staff, where such credentials are not necessary for successful

performance and where alternative forms of expertise are demonstrated.

- Increase use of AI/AN/NA grant reviewers and those familiar with AI/AN/NA subjects, when AI/AN/NA grant applications are to be considered.
- Provide orientation for grant reviewers to help them understand unique AI/AN/NA issues and circumstances.
- If agency has not established a minimum population base for the grant program, provide reviewers with clear guidance on this issue.
- Provide clear information on reasons for rejection of application.
- Follow-up contact with HHS program staff by AI/AN/NA organizations to clarify reasons for rejection or to obtain summary statements, if not provided by agency.

Strategies for Grants Management Processes

- Develop standardized HHS-wide grants management requirements.
- Provide training and technical assistance on grants management requirements, particularly for new grantees.

Other Strategies Suggested

- Consider AI/AN/NA “set-asides” or special grant initiatives within grant programs, including ways to address the needs of smaller/poorer tribes and organizations.
- Improve capacity for HHS to track grant submissions and awards by AI/AN/NA tribes and communities.
- Increase the number of grants targeted specifically to AI/AN/NA tribes/organizations.
- Require evidence that states and academic institutions have support and participation of AI/AN/NA tribes and organizations, if they are included in grant application.
- Provide opportunities for HHS program staff to visit AI/AN/NA tribes and communities and become knowledgeable of unique issues and circumstances.
- Increase interagency collaboration to expand grant opportunities and assist AI/AN/NA groups to build capacity.

Discussion

There was considerable agreement among study respondents on barriers and on strategies to reduce those barriers. Within HHS, there are currently initiatives underway at the department level or within specific agencies that are similar to several of the suggested strategies. These initiatives, some of which were identified by HHS staff reviewing a draft version of this report, are discussed in Section IV.

The feasibility of implementing specific strategies for increasing AI/AN/NA access to HHS grant programs and the time that might be needed to implement changes depends on a number of factors, including:

- The cost in HHS staff time and additional resources required for planning and implementation of new policies and procedures.
- The cost to AI/AN/NA tribes and organizations to implement strategies requiring action on their part.
- Whether congressional action is required. (Such changes are included in this report because they were identified by study respondents; their inclusion is not meant to imply that HHS has made any commitment to pursue such legislative changes.)

This report provides an initial starting point for discussion of ways to potentially increase AI/AN/NA access to and participation in HHS grant programs. A summary of the key findings in this report was presented to the HHS Intradepartmental Council on Native American Affairs, and the Department is considering how best to utilize this information.