



MAR 24 2022

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to announce the Indian Health Service (IHS) decisions on the distribution of funds for two initiatives: (1) \$5 million from the Fiscal Year (FY) 2021 appropriations to address Alzheimer's disease; and (2) \$5 million in funding for "*Ending the HIV Epidemic in the U.S.*" (EHE), to support work toward the elimination of Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV) in Indian Country.

On March 31, 2021, the IHS initiated Tribal Consultation and Urban Confer on the FY 2021 appropriations seeking specific feedback on priorities necessary to implement and build the Alzheimer's Grant Program and the EHE initiative for maximum success in Federal, Tribal, and Urban Indian Organization facilities. The IHS hosted several Tribal Consultation and Urban Confer conference calls with Tribal Leaders and Urban Indian Organization Leaders in March, April, and May 2021. The IHS also received written comments through the Tribal Consultation and Urban Confer e-mail boxes.

In general, commenters noted the following:

Alzheimer's Disease Initiative:

- Support efforts directed through four priority areas: (1) funding Tribal development of models of comprehensive care for persons living with dementia; (2) outreach to Tribal and Urban Indian communities to increase recognition of dementia in the community; (3) training and technical assistance to improve diagnosis, assessment, and management of dementia; and (4) gathering data to understand the impact of dementia and the effectiveness of strategies to address dementia;
- Support engagement of young persons who may be caregivers or in families caring for persons with dementia, through outreach to the Alzheimer's Association, non-profit organizations, Tribal programs, Tribal Epidemiology Centers, Tribal Colleges, and alignment with the Centers for Disease Control and Prevention (CDC) Healthy Brain's Initiative Road Map for Indian Country;
- Support prevention of dementia through risk factor reduction;
- Support increasing capability and capacity in diagnosis and management in primary care through competency-based training;
- Support distribution of funds to Tribal health programs through Indian Self-Determination and Education Assistance Act agreements, rather than through grant mechanisms; and
- Support efforts to streamline administrative burden, promote flexibility in meeting local needs, expand the use of the Extension for Community Healthcare Outcomes (ECHO) model in education and training, and engage Tribal Leaders and Urban Indian Organization Leaders in the development of culturally appropriate training.

Ending the HIV Epidemic Initiative:

- Support efforts directed at the four priority areas: (1) diagnosing all people with HIV and HCV as early as possible; (2) treating people with HIV and HCV rapidly and effectively to reach sustained viral suppression; (3) preventing new HIV and HCV transmissions by using proven interventions, including pre-exposure prophylaxis and syringe service programs; and (4) responding quickly to HIV and HCV outbreaks to get prevention and treatment services to people who need them; and
- Commenters indicated a preference for not issuing the funds through a grant program, and, instead, requested that the IHS should distribute the funds to those areas through a different mechanism to organizations with demonstrated experience in addressing HIV and HCV disparities.

The allocation decisions for the two initiatives and distribution of the FY 2021 funding of \$5 million per initiative are described below.

Alzheimer's Disease Initiative:

Pursuant to the FY 2021 Consolidated Appropriation Act, which authorizes funding for “Alzheimer’s grants,” the IHS will establish an Alzheimer’s Grant Program to target the resources directly to Tribes, Tribal Organizations, Urban Indian Organizations, and IHS Direct Service hospitals and clinics working directly with Tribes to address Alzheimer’s disease within Tribal communities. The IHS will allocate \$2.6 million to award through cooperative agreements (the award mechanism used when the awarding agency is substantially involved in the recipient’s program) for Tribal health programs, Urban Indian Organizations, and program awards for IHS Direct Service programs working in close collaboration with the Tribes they serve. These cooperative agreements and program awards will support awardees in developing comprehensive and sustainable approaches to addressing Alzheimer’s disease and other causes of dementia, focusing on awareness, recognition, diagnosis, assessment, management, and support for caregivers. In addition, these cooperative agreements and program awards will provide greater flexibility for awardees to meet the unique needs within their communities, while also providing models and promising practices for others.

The grant program allocation includes the following:

- Approximately \$2 million in cooperative agreements for Tribes, Tribal Organizations, and Urban Indian Organizations positioned to address Alzheimer’s disease and related dementia;
- Approximately \$600,000 in program awards to IHS Direct Service programs working directly with Tribes to address Alzheimer’s disease and other causes of dementia; and
- Approximately \$20,000 to be used for publication of a Notice of Funding Opportunity (NOFO) in the *Federal Register* and expenses associated with the Objective Review Committee.

Approximately \$1.33 million will support clinical training and caregiver coach training and support, including funding of an ECHO model for ongoing case-based training and technical assistance. In addition, approximately \$450,000 will support national infrastructure at the IHS Headquarters level, and approximately \$600,000 will support efforts to increase awareness, recognition, and detection of Alzheimer’s disease and other causes of dementia through a national media campaign, so that those individuals and their families can receive needed services and support.

Ending the HIV Epidemic Initiative:

The IHS will establish an EHE cooperative agreement to target resources directly to Tribes, Tribal Organizations, and Urban Indian Organizations to address *diagnosis and prevention activities or treatment activities* associated with HIV/HCV and sexually transmitted infections. The IHS will allocate approximately \$2.48 million for approximately 14 cooperative agreements, which will provide Tribes, Tribal Organizations, and Urban Indian Organizations greater flexibility to address appropriate activities within their communities. Creating the funding opportunity targets resources to communities working to address HIV/HCV and sexually transmitted infections.

The cooperative agreement allocation includes the following:

- Approximately \$1.28 million for Tribes, Tribal Organizations, and Urban Indian Organizations positioned to address HIV/HCV/sexually transmitted infections *diagnosis and prevention activities* (together with pre-exposure prophylaxis), including clinical training, public health professions training, and community education; and
- Approximately \$1.2 million for Tribes, Tribal Organizations, and Urban Indian Organizations for HIV/HCV/sexually transmitted infections *treatment* (including medications) via local Tribal and/or Urban Indian health systems, or through Purchased/Referred Care.

Approximately \$1.5 million will support clinical training, including funding for an ECHO model for ongoing case-based training and technical assistance. In addition, approximately \$620,000 will support national infrastructure at the IHS Headquarters level, and approximately \$400,000 will support a national media campaign.

As a next step, the IHS Office of Clinical and Preventive Services (OCPS) will publish NOFOs in the *Federal Register*. Thank you for your valuable input and continued partnership as we work to maximize our collective resources to support American Indian and Alaska Native communities by implementing two new initiatives.

I am grateful to the Tribal Leaders and Urban Indian Organization Leaders who shared essential feedback and recommendations on these funding decisions. We will begin the distribution of these funds as soon as possible.

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For updates on the Alzheimer's Disease initiative and the EHE initiative, please visit the IHS OCPS Division of Clinical and Community Services (DCCS) Web site at <https://www.ihs.gov/dccs/>. If you need additional information, please contact Marcella Ronyak, Ph.D., Director, DCCS, IHS, by e-mail, at marcella.ronyak@ihs.gov.

Sincerely,

/Elizabeth A. Fowler/
Acting Director