

HOW-TO GUIDE

Requesting Funding in the Annual Federal Appropriations Process

Designed for the University of Hawai'i

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University of Hawai'i System
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Federal Appropriations – Why?

- Long game – thinking ahead to create opportunities for UH and other entities to more successfully receive federal grants.
- Increased investments in our university and community lead to jobs, impactful programs, and opportunities to advance equity.
- Augmenting and/or redirecting federal funding streams to better support your efforts.
- Creating new federal funding streams for types of programs that don't currently exist.
- Brief historical context.



VIEW GRANT OPPORTUNITY



PAR-20-237
Community Interventions to Address the Consequences of the COVID-19 Pandemic among Health Disparity and Vulnerable Populations (R01- Clinical Trial Optional)
 Department of Health and Human Services
 National Institutes of Health

« Back | Link

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SYNOPSIS | VERSION HISTORY | RELATED DOCUMENTS | PACKAGE

Print Synopsis Details 

General Information

Document Type: Grants Notice	Version: Synopsis 1
Funding Opportunity Number: PAR-20-237	Posted Date: Jun 17, 2020
Funding Opportunity Title: Community Interventions to Address the Consequences of the COVID-19 Pandemic among Health Disparity and Vulnerable Populations (R01- Clinical Trial Optional)	Last Updated Date: Jun 17, 2020
Opportunity Category: Discretionary	Original Closing Date for Applications: Dec 01, 2020
Opportunity Category Explanation:	Current Closing Date for Applications: Dec 01, 2020
Funding Instrument Type: Grant	Archive Date: Jan 06, 2021
Category of Funding Activity: Education	Estimated Total Program Funding:
	Award Ceiling: \$500,000

Eligibility

Eligible Applicants: Small businesses
County governments
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Public housing authorities/Indian housing authorities
Public and State controlled institutions of higher education
City or township governments
Native American tribal governments (Federally recognized)
State governments
Independent school districts
Native American tribal organizations (other than Federally recognized tribal governments)
Special district governments
Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses

Additional Information on Eligibility: Other Eligible Applicants include the following: Alaska Native and Native Hawaiian Serving Institutions; Asian American Native American Pacific Islander Serving Institutions (AANAPISIs); Eligible Agencies of the Federal Government; Faith-based or Community-based Organizations; Hispanic-serving Institutions; Historically Black Colleges and Universities (HBCUs); Indian/Native American Tribal Governments (Other than Federally Recognized); Regional Organizations; Tribally Controlled Colleges and Universities (TCCUs) ; U.S. Territory or Possession; Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply. Foreign components, as defined in the NIH Grants Policy Statement, are allowed.

Additional Information

Agency Name: National Institutes of Health

Description: This Funding Opportunity Announcement (FOA) encourages applications to implement and evaluate community interventions testing 1) the impacts of mitigation strategies to prevent COVID-19 transmission in NIH-designated health disparity populations and other vulnerable groups; and 2) already implemented, new, or adapted interventions to address the adverse psychosocial, behavioral, and socioeconomic consequences of the pandemic on the health of these groups.

Link to Additional Information: <http://grants.nih.gov/grants/guide/pa-files/PAR-20-237.html>

Grantor Contact Information: If you have difficulty accessing the full announcement electronically, please contact:

NIH OER Webmaster
FBOWebmaster@OD.NIH.GOV

If you have any problems linking to this funding announcement, please contact the NIH OER Webmaster





GRANTS.GOV > View Opportunity

VIEW GRANT OPPORTUNITY



HRSA-21-030
Telehealth Centers of Excellence
Department of Health and Human Services
Health Resources and Services Administration

- SYNOPSIS
- VERSION HISTORY
- RELATED DOCUMENTS
- PACKAGE

General Information

Document Type: Grants Notice

“The eligible applicants for this funding opportunity are public academic medical centers located in states with high chronic disease prevalence, high poverty rates, and a large percentage of medically underserved areas.”



UNIVERSITY
of HAWAII
SYSTEM

<https://www.grants.gov/web/grants/view-opportunity.html?opId=331643>

FY17 LHHS Bill



Telehealth Center of Excellence.—The Committee recognizes the growing importance of telehealth in delivering high-quality healthcare to medically underserved communities in both rural and urban areas. The Federal Government’s need for telehealth research and cross-agency coordination has grown as more Federal agencies, including HHS, USDA, DOD, VA, and FCC, have developed telehealth programs. Therefore, the Committee directs HRSA to develop a plan to create a telehealth center of excellence [COE] to test the efficacy of telehealth services in both urban and rural geographic locations. The COE would operate varied sites of service, including patients’ homes; examine the benefits to student health of school-based telehealth; establish standards and best practices for various telehealth modes of delivery, including real-time audio-visual, audio-only, store-and-forward, and remote patient monitoring; pilot new health care delivery models as they emerge; test innovative payment models to examine potential cost

other telehealth-related research that is needed. To lead this COE, HHS should consider a public academic medical center with demonstrated success, a high volume of annual telehealth visits, and established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates. The selected site should also have established a reimbursement structure that allows telehealth services to be financially self-sustaining. The Committee requests a written report out-

<https://www.govinfo.gov/content/pkg/CRPT-114srpt274/pdf/CRPT-114srpt274.pdf>



Grants



Loans &
Scholarships



Data Warehouse



Training

[Home](#) > Telehealth Center of Excellence - UMMC

Telehealth Center of Excellence - UMMC

University of Mississippi Medical Center (UMMC)

The Telehealth Centers of Excellence (COEs) focus on the efficacy of telehealth services in rural and urban areas and serve as national clearinghouses for telehealth research and resources, including technical assistance. The COEs are located in public academic medical centers that have successful telehealth programs with high annual volume of telehealth visits and have established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates.

Keywords: telehealth, rural health, remote monitoring, reimbursement, health information technology, workforce, school based, delta region

https://www.ummc.edu/Healthcare/Telehealth/Telehealth_Home.html

Topics: [Health Information Technology](#), [Rural Health](#), [Telehealth](#)

Bureau/Office: [Rural Health Policy \(FORHP\)](#)

<https://www.hrsa.gov/library/telehealth-coe-ummcc>

Outline

- 1. Basics: The Federal Budget & Appropriations Process**
 - Types of federal spending
 - Steps of the annual federal budget process
- 2. Specific How-To Guide: Tips & Strategies for Effective Federal Funding Requests**
- 3. Practical Tips: Finding What You Need**
- 4. Guide to UH System Appropriations Process**



BASICS: FEDERAL BUDGET and APPROPRIATIONS PROCESS

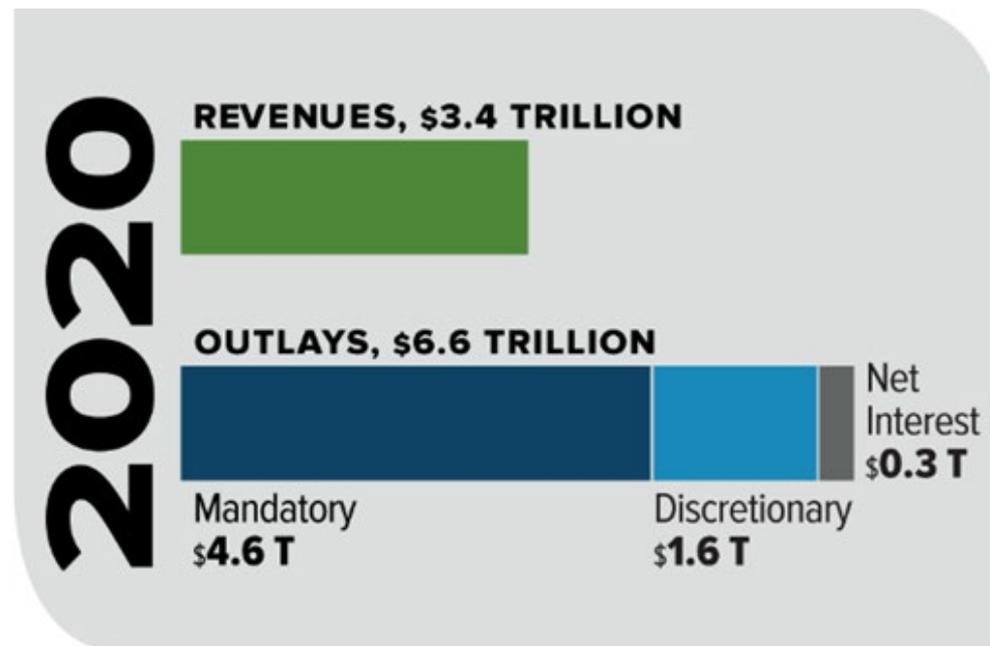
Key references:

- <https://www.nationalpriorities.org/budget-basics/federal-budget-101/spending/>
- <https://www.crfb.org/papers/appropriations-101>
- <https://www.cbo.gov/publication/56324>

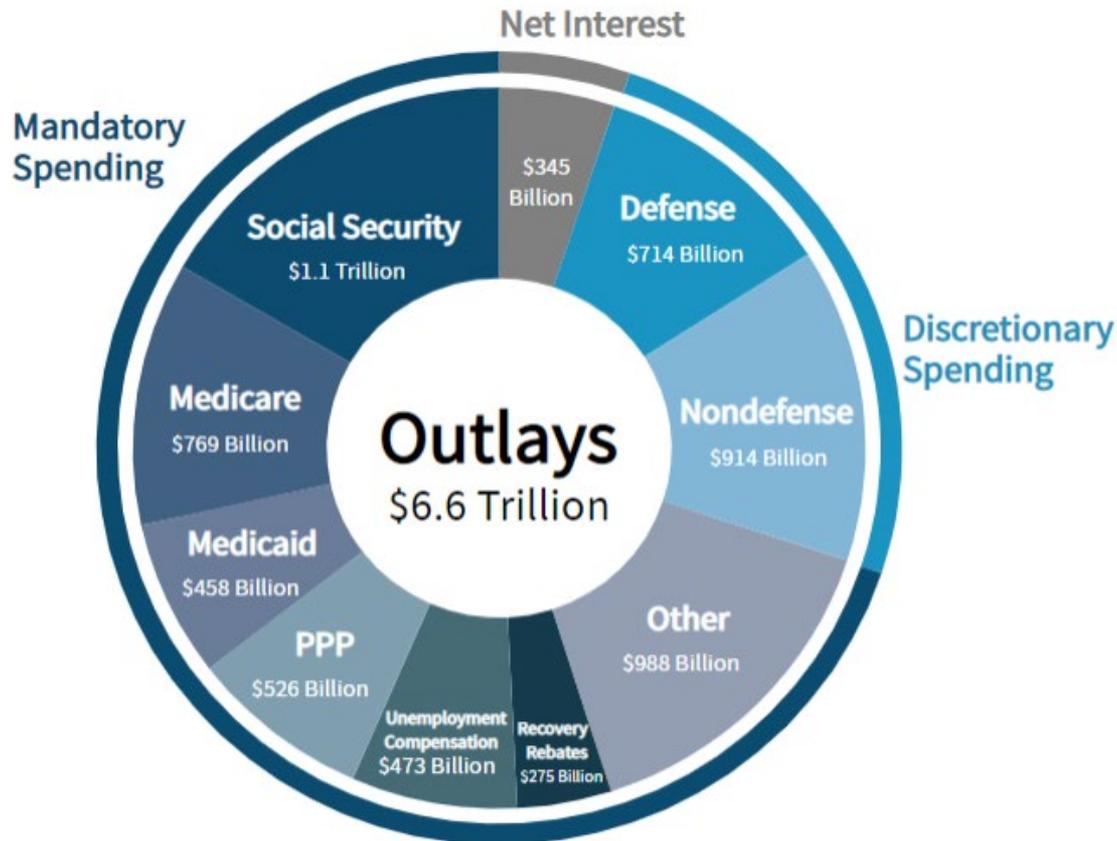


The Federal Budget

- The federal Fiscal Year (FY) runs from October 1 to September 30
 - i.e., FY 2020 = October 1, 2019 to September 30, 2020



Types of Federal Spending



[See More About Mandatory Spending](#)

[See More About Discretionary Spending](#)



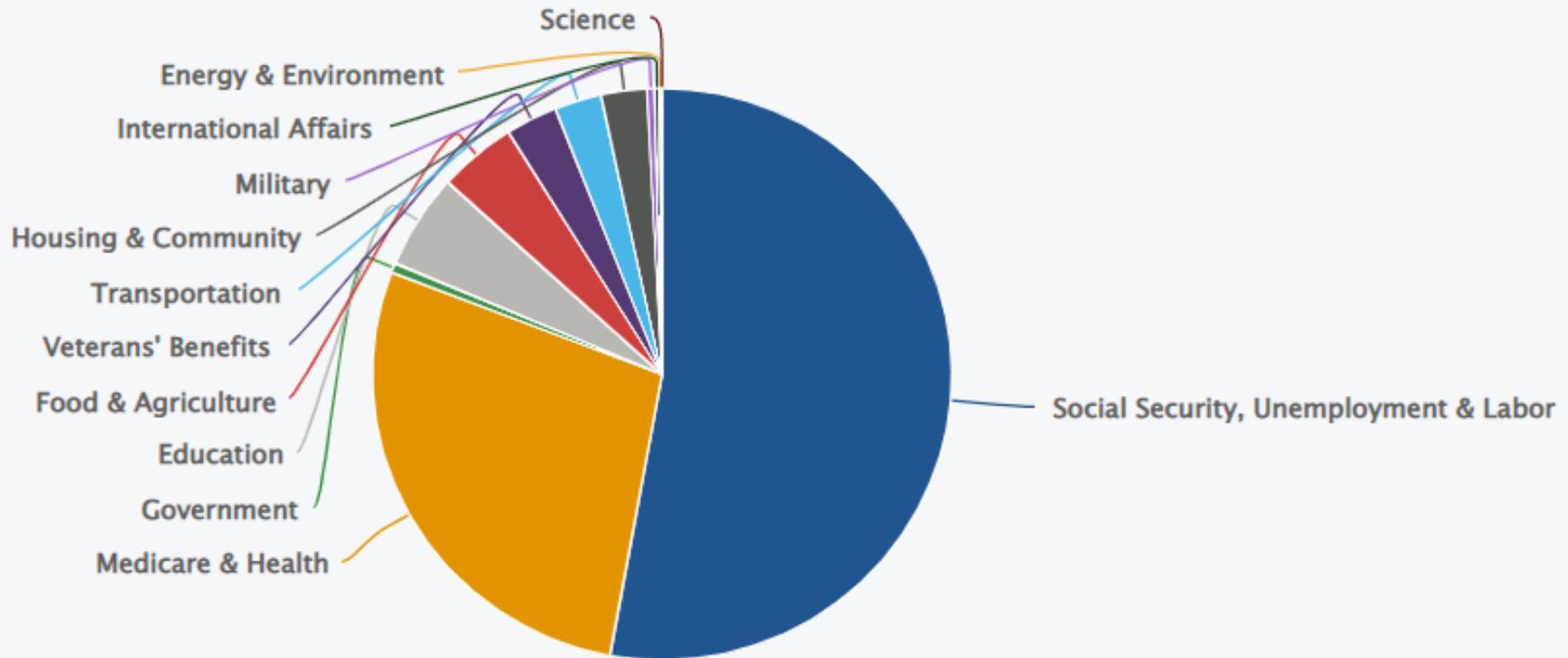
Mandatory Spending

- Two-thirds of the federal budget.
- Spending that Congress legislates outside of the annual appropriations process.
- Primarily earned-benefit programs (i.e., Social Security, Medicare); also includes safety net programs (i.e., SNAP), federal funding on transportation, and more.



Mandatory Federal Spending Fiscal Year 2021

\$5.2 Trillion

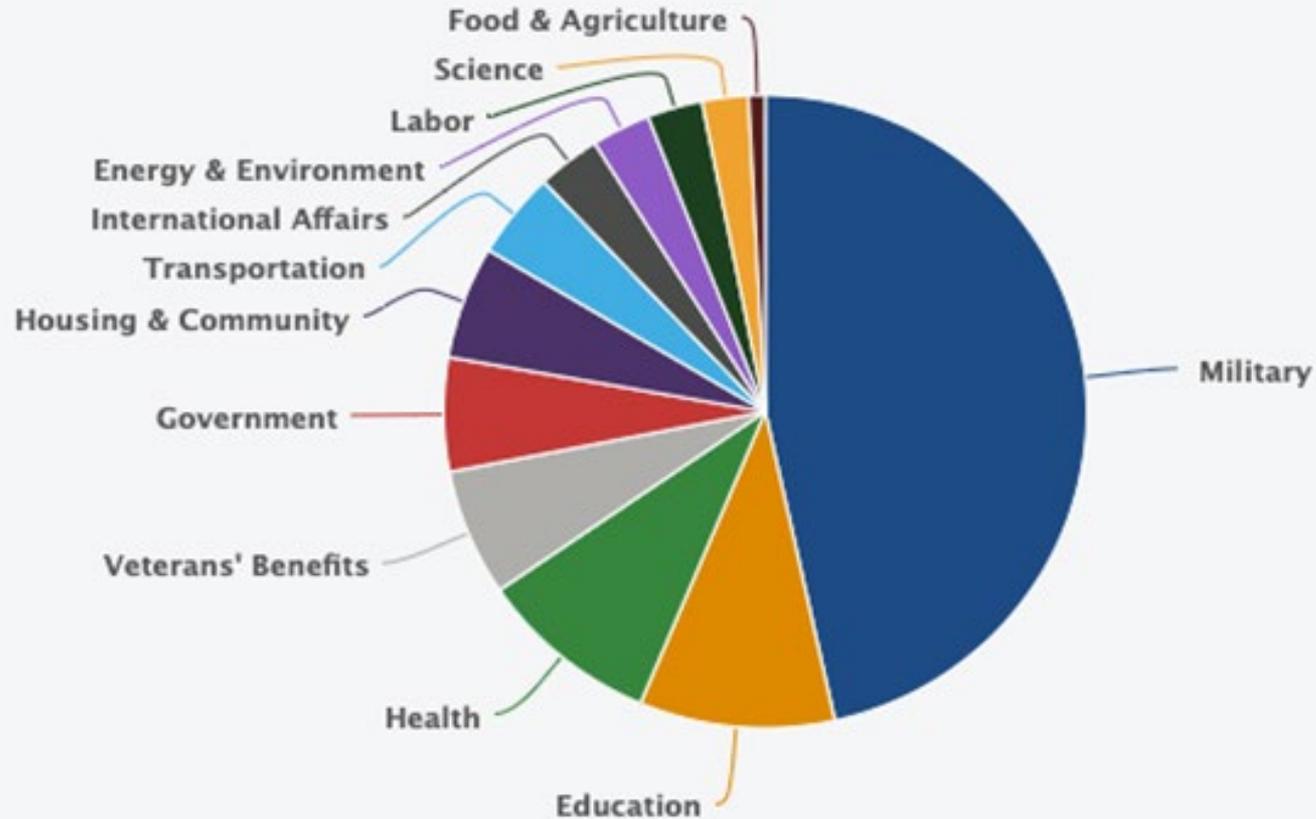


Source: OMB, National Priorities Project



Federal Discretionary Spending Fiscal Year 2021

\$1.6 Trillion



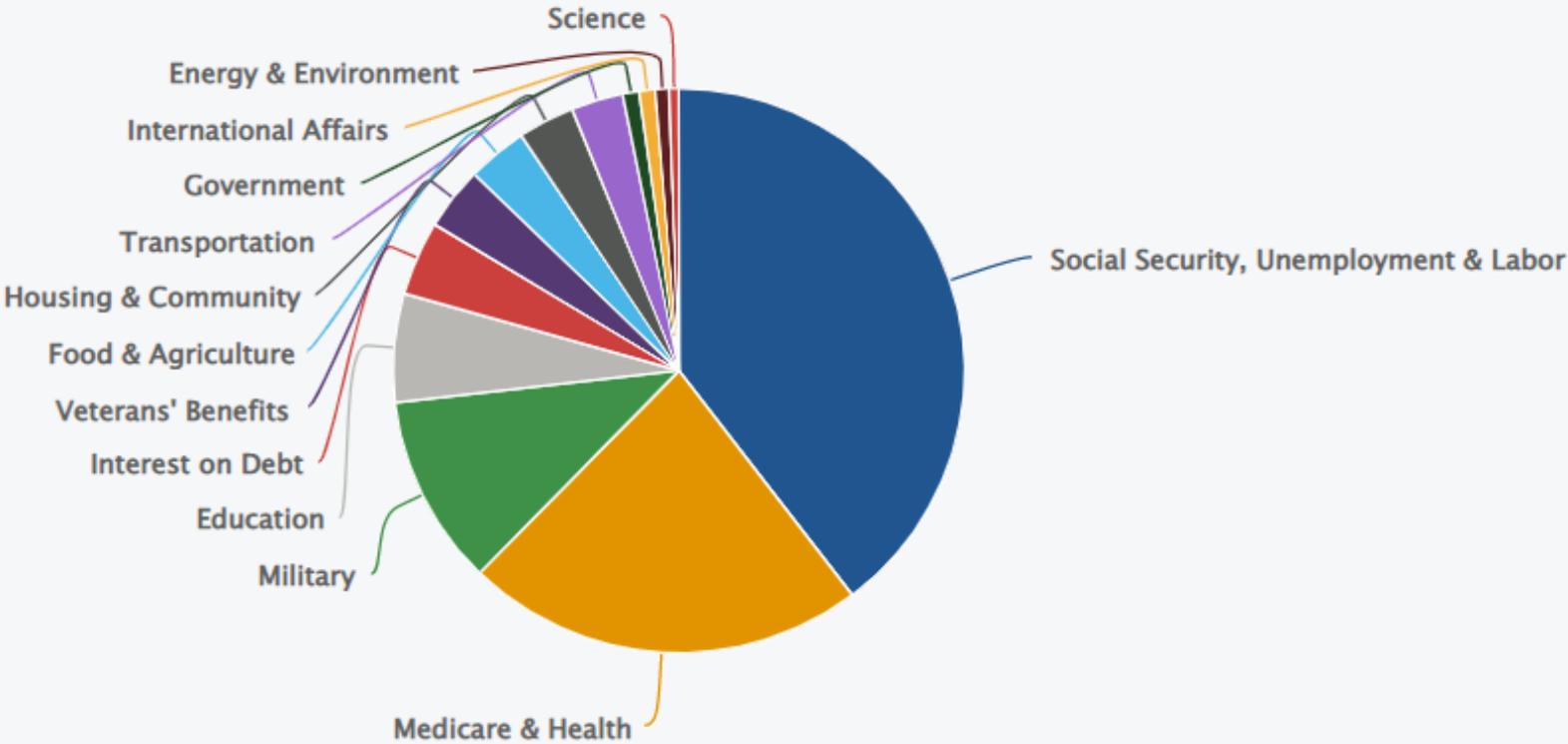
Source: OMB, National Priorities Project



Putting all funding streams together...

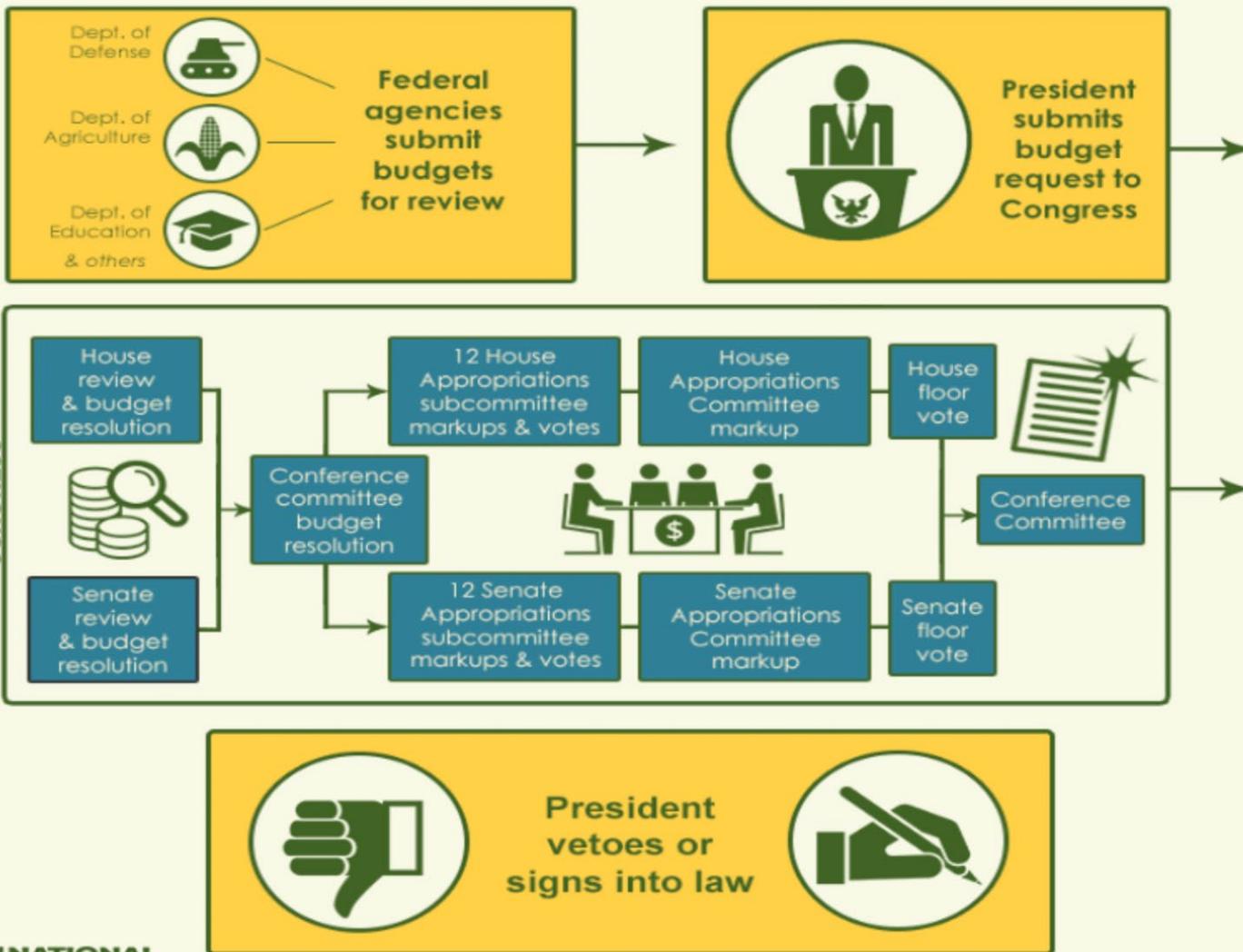
Total Federal Spending Fiscal Year 2021

\$7 Trillion



Source: OMB, National Priorities Project

THE ANNUAL FEDERAL BUDGET PROCESS



12 Appropriations Subcommittees

1. Agriculture (Ag)
2. Commerce, Justice, Science (CJS)
3. Defense (DoD)
4. Energy and Water
5. Financial Services and General Government (FSGG)
6. Homeland Security
7. Interior and Environment
8. Labor, Health & Human Services, Education (LHHS)
9. Legislative Branch
10. Military Construction and VA (MilCon/VA)
11. State, Foreign Operations (SFOPs)
12. Transportation, Housing & Urban Development (THUD)



Content of Appropriations Bills

- Appropriations bills have specific program funding levels (i.e., \$46 billion for NIH), but they also come with subcommittee reports that direct how the funds should be used (“report language”).
 - Report language directs a federal agency to do something, without necessarily allocating funds for that activity. Example:
 - *“The Committee is concerned that the Centers for Disease Control and Prevention (CDC) has not been adequately prioritizing Hepatitis B virus [HBV], so the Committee encourages the CDC to focus on strategies to eliminate HBV for all populations.”*
- Both funding levels and report language are very important in directing federal funding!



How Content of Appropriations Bills is Determined

- Many programs stay at the general levels they have been at in the past, with some increases.
- Members of Congress submit letters to each appropriations subcommittee with specific requests for funding and report language.



Continuing Resolutions

- If the budget process is not completed by October 1, Congress may pass a “continuing resolution” (CR).
- A CR extends funding for federal agencies, typically at the same rate that they had been previously funded, into a new fiscal year until new appropriations bills become law.
- If there is no CR, a federal government shutdown may occur.



Omnibus Bills

- If Congress can't agree on 12 separate appropriations bills, it may pursue an “omnibus” or “minibus” bill.
 - Omnibus bill: one funding bill that includes all 12 subcommittee bills.
 - Minibus bill: one funding bill that includes two or more subcommittee bills.
- For example, the FY19 Labor-HHS-Ed and Defense appropriations bills were combined into a minibus bill.



End Result?

- Hopefully, the federal government is funded every year in a timely fashion!
- Ideally, the new funding levels and plans would reflect the input of the American people's priorities year to year.



SPECIFIC HOW-TO GUIDE:

Tips and Strategies for Effective Federal Funding Requests



Recall: How Content in Appropriations Bills is Determined

- Senators and Representatives send letters to each of the 12 Appropriations Subcommittees with their requests for what should be included in each bill and/or report.
 - Letters usually sent by spring of each year.
 - Requests from Members of Congress on the Appropriations Committee or subcommittee of interest generally carry the most weight.



What should Members of Congress prioritize in their request letters?

- It depends what they hear from you!
- Your Members of Congress are there to represent you.
 - They want to know what you're working on, how you're leading the way, what federal programs would be helpful to Hawai'i, and how they can help to bring federal \$\$ home.
 - However, some important details to consider...



Things to Consider When Submitting Federal \$ Requests

- Earmarks
- Appropriateness of federal agency request choice
- Reasonableness of request
- Strategy



Earmarks



Earmarks

- “Earmarks” are specific funding allocations added to moving legislation for special projects in a certain lawmaker’s district – usually included in exchange for a vote on that piece of legislation.
- 2011-March 2021: Earmarks banned, so Members of Congress cannot legally request specific earmarks for their home districts.
 - However...



Earmarks, cont.

- March 2021-present: Earmarks permitted again!
 - House and Senate differences by subcommittee
 - Increased transparency
 - Financial disclosures required by Members
 - Not provided to for-profit organizations
 - **Limited accounts**
 - Limited amounts (1 percent of discretionary spending)
 - One-year spending
 - Support from community, legislators, media
 - Special application process



Navigating a New Earmark Era

- Most of appropriations = regular process
 - No earmarks
- Specific projects = earmark process



Earmarks Quiz #1: QUESTION

- *Report language: Which is an earmark?*
 - a) The Committee directs that \$10 million be used for the establishment of a new Opioid Center of Excellence. This center should be located in a state that has a high prevalence of opioid use disorder and that is largely rural.
 - b) The Committee directs \$10 million to the establishment of a new Opioid Center of Excellence, to be housed at the **University of New Hampshire**. The center should focus on finding solutions to the opioid crisis in rural areas.



Earmarks Quiz #1: ANSWER

- (b) is an earmark (\$10M for the University of New Hampshire).
 - It specifies that a certain amount of funding should go to a specific entity in a Member's district.
- (a) has similar goals (\$10M for an Opioid Center of Excellence to address rural opioid use), but the eligibility criteria are more broad (state with high prevalence of opioid use disorder and rural).
 - This still limits eligibility (to what Congress thinks is a priority), but is not specific to one Member's district.



Earmarks Quiz #2: QUESTION

- *Which funding request is an earmark?*
 - a) Of the amount provided for the NIH, the Committee provides \$6.5 million for research conducted at the **University of Hawai'i at Mānoa** on the impact of stomach cancer on multi-ethnic populations.
 - b) Of the amount provided for the NIH, the Committee directs the NIH Director to prioritize \$6.5 million for research on stomach cancer that addresses the disproportionate burden borne by Japanese-Americans.



Earmarks Quiz #2: ANSWER

- (a) is an earmark (\$6.5M for UH Mānoa research on stomach cancer in multi-ethnic populations).
- (b) has similar goals (\$6.5M for stomach cancer research in Japanese-Americans), but it is more broad.
 - It would be great if this language were included in the bill, because UH Mānoa—with its expertise—would be a great contender for funding when the notice comes out.
 - However, UH Mānoa would not be the only eligible entity for funding when framed this way.
 - Competition/fairness key!



Requesting an Earmark

- New/evolving process
- If you are interested in submitting an earmark request, please talk to your campus leadership.
- Examples:
 - <https://www.schatz.senate.gov/congressionally-directed-spending-fy22>
 - <https://www.hirono.senate.gov/congressionally-directed-spending>
 - <https://case.house.gov/media/funding-disclosures.htm>
 - <https://kahele.house.gov/community-project-funding-requests>



Appropriateness of Federal Agency Request Choice



Recall:

12 Appropriations Subcommittees

1. Agriculture (Ag)
2. Commerce, Justice, Science (CJS)
3. Defense (DoD)
4. Energy and Water
5. Financial Services and General Government (FSGG)
6. Homeland Security
7. Interior and Environment
8. Labor, Health & Human Services, Education (LHHS)
9. Legislative Branch
10. Military Construction and VA (MilCon/VA)
11. State, Foreign Operations (SFOPs)
12. Transportation, Housing & Urban Development (THUD)



Tips to Consider

- Not every appropriations subcommittee bill is made equal. In general terms:
 - Some bills tend to be more bipartisan, less controversial, and have more money to work with (i.e., MilCon/VA, DoD).
 - Some bills are more contentious and may have tighter budgets (i.e., LHHS-Ed).
- Some bills have specific accounts that may fit your request best. For example:
 - A program about childhood nutrition generally fits in the Agriculture or LHHS-Ed bill.



Tips to Consider, cont.

- What subcommittee does your senator or representative sit on (increased influence)?



Brian Schatz is Hawai'i's senior United States Senator.

Since joining the Senate, he has focused his work on helping workers, veterans, and families and has led key legislation on health care, climate change, and technology.

Senator Schatz chairs the Indian Affairs Committee, and serves on the Appropriations Committee; the Commerce, Science, and Transportation Committee; the Foreign Relations Committee; and the Select Committee on Ethics. He also serves on the Senate Democratic Caucus's leadership team as Chief Deputy Whip.

Prior to his service in Congress, Senator Schatz was Hawai'i's Lieutenant Governor and served for eight years in the Hawai'i State House of Representatives.

Senator Schatz grew up in Honolulu, and received his bachelor's degree from Pomona College. He is married to Linda Schatz, an architect. They have a son and a daughter.



COMMITTEES AND CAUCUSES

About

Committees and Caucuses

With 535 voting Members of Congress, Representatives and Senators generally act together through various committees and caucuses to advance mutual goals and review proposed legislation and broader issues. Most Representatives serve on one to three committees and multiple caucuses.

Committees

Committees are smaller groups of Members and staff who specialize in the various subjects that come before Congress. Most committees further break out into subcommittees of fewer Members for further specialization. In the House there are twenty-one regular committees, five of which are referred

<https://case.house.gov/about/committees-and-caucuses.htm>



APPROPRIATIONS

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Committee Members



Chairman

Chairman Patrick Leahy
(Democrat - Vermont)
[Official Website »](#)



Vice Chairman

Vice Chairman Richard Shelby
(Republican - Alabama)
[Official Website »](#)

Majority



Senator Patty Murray
(Democrat - Washington)
[Official Website »](#)

Minority



Senator Mitch McConnell
(Republican - Kentucky)
[Official Website »](#)



Transportation, Housing and Urban Development, and Related Agencies

	<p>CHAIR</p> <p>Brian Schatz</p> <p>f Twitter YouTube Instagram</p>		<p>RANKING MEMBER</p> <p>Susan Collins</p> <p>f Twitter YouTube Instagram</p>
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- MEMBERS
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MAJORITY MEMBERS



Jack Reed
(Rhode Island)



Patty Murray
(Washington)



Richard Durbin
(Illinois)



Dianne Feinstein
(California)





Membership

Chair



Rosa L. DeLauro
Connecticut ~ 03

Ranking Member



Kay Granger
Texas ~ 12

Democratic Members



Marcy Kaptur
Ohio ~ 09

Republican Members



Harold Rogers
Kentucky ~ 05



Hawai'i's Appropriators

- **U.S. Senator Brian Schatz**
 - Transportation, Housing and Urban Development, and Related Agencies (THUD) - *Chairman*
 - Agriculture, Rural Development, Food and Drug Administration, and Related Agencies
 - **Commerce, Justice, Science, and Related Agencies (CJS)**
 - Defense (DoD)
 - Labor, Health and Human Services, Education, and Related Agencies (LHHS)
 - **Military Construction, Veterans Affairs, and Related Agencies (MilCon/VA)**
- **U.S. Representative Ed Case**
 - **Commerce, Justice, Science, and Related Agencies (CJS)**
 - Legislative Branch (Leg Branch)
 - **Military Construction, Veterans Affairs, and Related Agencies (MilCon/VA)**



Tips to Consider, cont.

- From which agency/agencies have you/your Department received funding from previously?
- What's going on in the news?
 - Caring for Afghan refugees
 - Childhood cancer
 - Supporting veterans
 - Sustainability



Reasonableness of Request



Tips to Consider

- In today's funding environment, getting new dollars for a program is tough.
 - Not always impossible, but not the easiest.
 - Be cautious about how much you request...often easier if \$0-5 million (versus tens or hundreds of millions).
- Often easiest to request a “plus-up” (increase) of an existing program or account, versus creating a new program.
 - i.e., “\$2M more for HRSA's Native Hawaiian health program” better than “\$2M for a new program on X.”
- Partnering with national groups (i.e., the American Academy for the Advancement of Science [AAAS] or Friends of HRSA) can help you align your requests with those of others and make sure you're not off-base.



Tips to Consider, cont.

- Report language often helps to direct federal funding without putting new dollars in the bill.
 - Powerful mechanism, and often easier to get included in final bills.
- Being specific can be helpful.
 - i.e., *“The Committee directs that \$2 million of the funding provided to the Administration for Community Living be dedicated to aging-in-place programs.”*



Reasonableness Quiz: QUESTION

- *Please rank these requests in order of reasonableness.*
 - a) \$300 million for a new program in the U.S. Department of Health and Human Services to address health inequalities among Pacific Islanders.
 - b) \$3 million for a novel account at the CDC.
 - c) Report language to request that of funds provided to the CDC for viral hepatitis coordinators, special priority be given to entities committed to addressing disparities among Pacific Islanders.



Reasonableness Quiz: ANSWER

- Most reasonable: *(c) Report language to request that of funds provided to the CDC for viral hepatitis coordinators, special priority be given to entities committed to addressing disparities among Pacific Islanders.*
 - Doesn't request specific funding level; specific.
- Less reasonable: *(b) \$3 million for a novel account at the CDC.*
 - Vague; new program; may be hard to get \$3 million.
- Least reasonable: *(a) \$300 million for a new program in the U.S. Department of Health and Human Services to address health inequalities among Pacific Islanders.*
 - Very high funding level; at level of HHS instead of smaller agency (i.e., CDC).



Strategy



Focus on Member & Staffers

- Be creative and entrepreneurial!
- Think about your Member of Congress:
 - What committees is he/she on?
 - What issues does she care most about?
 - What area will she get excited to champion for you?
- Get to know key staffers (i.e., health, environment, etc.)
 - Provide them with background information, invite them for site visits
 - Build and maintain these relationships



Hawai'i's Appropriators

- **U.S. Senator Brian Schatz**
 - Transportation, Housing and Urban Development, and Related Agencies (THUD) - *Chairman*
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 - Defense (DoD)
 - Labor, Health and Human Services, Education, and Related Agencies (LHHS)
 - Military Construction, Veterans Affairs, and Related Agencies (MilCon/VA)
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 - Legislative Branch (Leg Branch)
 - Military Construction, Veterans Affairs, and Related Agencies (MilCon/VA)



Focus on Uniqueness of Hawaii

- What sets UH/Hawai'i apart?
 - Island state
 - Diverse, multi-ethnic population
 - World-class research
 - Integral part of Asia-Pacific Rim



Example Strategic Report Language

- **Report Language:** *Centers for Emerging Infectious Diseases.*— The Committee recognizes the significant threat that emerging infectious diseases pose for both military and civilian populations and operations. The Committee provides \$5,000,000 within the increase provided to vector-borne diseases to **sustain and optimize infrastructure at existing academic centers for emerging infectious diseases in states with high tourism and vital military assets** to ensure preparedness and response measures for the diagnosis, treatment and prevention of epidemic infectious diseases.



Example Strategic Report

Language

- *Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health.*—The Committee recognizes the significant contributions of Native Hawaiian (NH), Pacific Islander (PI), and U.S.-Affiliated Pacific Islander (USAPI) servicemembers in the U.S. military and the high number of Native Hawaiian/Pacific Islander/U.S.-Affiliated Pacific Islander veterans. Native Hawaiian/Pacific Islander/U.S.-Affiliated Pacific Islander veterans have challenges accessing care due to island geography and travel time, in addition to issues with health disparities and high rates of poverty. The Committee provides \$13,000,000 for the establishment of a VA Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health to focus on research, service, and education to improve the lives of Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans. **The Center should be a partnership between the VA and two academic institutions, one in a region with proportionately high numbers of Native Hawaiians and one in a region with proportionately high numbers of Pacific Islanders and/or U.S.-Affiliated Pacific Islanders.** Areas of focus for the Center may include telehealth and telepharmacy; models of interprofessional primary care, including the integration of pharmacists and behavioral health; electronic health records and data analytics; health workforce; and indigenous innovation to improve veterans' lives.



Find Partners in Other (Red) States

- Which states are the Senate Republicans on the Appropriations Committees (particularly the subcommittees you're interested in) from?
 - Do you have any contacts in those states that could ask their legislators to support this request?
 - Doing so greatly increases the chances of the request being accepted.



Find Partners in Agencies

- Appropriations subcommittee staff will often reach out to agencies to see if they're interested in a certain program or request.
 - If you have a contact at the agency (at which you're requesting funds), you may want to reach out and discuss the request to try to get him/her to support it...and then relay that support to the Appropriations Committee staff.



Beef Up Your Proposal

- Consider writing a **one- to two-pager**.
- Keep brief/layman's terms! Staffers have very limited time and bandwidth. Help them out as much as possible.
- **BOTTOM LINE UP FRONT.**



Proposed Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health

Summary: This proposal would establish a Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health in the VA's Office of Rural Health to address the health needs of the many Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans.

Background: Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islanders disproportionately serve in the U.S. military^{1,2} and therefore represent significant numbers of veterans across the United States and Pacific, particularly in rural and remote locations. This population, many of whom face challenges in access to care due to geography and distance, in addition to high rates of health disparities,³ needs specialized attention for optimal health and health care.

Opportunities to address disparities: While the VA has a variety of centers dedicated to health policy, innovation, health economics, and more, as well as programs that provide special attention to rural populations and American Indian and Alaska Natives,⁴ there are no centers specifically dedicated to the population of Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islanders that disproportionately serve in the U.S. military. In its December 2019 report to Congressional Committees, the U.S. Government Accountability Office (GAO) found significant gaps in data regarding Native Hawaiian and Pacific Islander veterans and their health, and determined that Native Hawaiian and Pacific Islanders were among minority populations that had higher rates of negative experiences at VA medical centers and lower rates of control of hypertension and diabetes.⁵

Proposed Center: The proposed Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health would address the health needs of Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans, including through research, service, and education. Areas of focus would likely include:

- Increasing access and training for the use of telehealth and telepharmacy in the VA medical system for veterans living in rural or isolated areas;
- Advancing innovative models of interprofessional primary care to support and complement the VA's existing patient-centered, team-based care delivery model, including the integration of clinical pharmacists and behavioral health providers;
- Expanding health information technology in rural and isolated areas with high numbers of Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans, including through increased infrastructure and resources to improve broadband connectivity, health information exchange, and data analytics;
- Advancing health workforce development opportunities for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans, youth, and early-career professionals

for a robust and representative health workforce in the VA medical system to provide culturally-competent health care and services; and

- Utilizing Indigenous innovation, which is the application of traditional Indigenous knowledge, practices, and methodologies to contemporary problems,⁶ to support data-driven and community-based participatory research to improve health outcomes through sustainable, culturally-engaged solutions for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans and their communities.

Expected results: Expected results of the Center's activities include improvement in the health of Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans, including increased access to health care services via telehealth; improved primary care experiences with robust interprofessional care; expansion of health information technology; a more representative health workforce; and improved health outcomes (such as for diabetes and high blood pressure).

Funding Request: For FY21, \$13,000,00 is requested to establish the Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health in the Veterans Health Administration's Office of Rural Health. Operationally, the Office of Rural Health would ideally partner with two universities in close proximity to areas with high numbers of Native Hawaiians and Pacific Islanders, with pre-existing relationships with the community. Within the approximate \$6,500,000 provided for each university, the VA would provide over an estimated \$1,000,000 for the expansion of telehealth; \$2,000,000 to advance interprofessional models of primary care; \$2,000,000 in health information technology and infrastructure development; \$800,000 in health workforce development efforts; \$1,000,000 for community participatory research with a focus on Indigenous innovation; and \$500,000 for faculty and staff support.

Repeal Language Request: *Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health.*—The Committee recognizes the significant contributions of Native Hawaiian (NH), Pacific Islander (PI), and U.S.-Affiliated Pacific Islander (USAPI) servicemembers in the U.S. military and the high number of Native Hawaiian/Pacific Islander/U.S.-Affiliated Pacific Islander veterans. Native Hawaiian/Pacific Islander/U.S.-Affiliated Pacific Islander veterans have challenges accessing care due to island geography and travel time, in addition to issues with health disparities and high rates of poverty. The Committee provides \$13,000,000 for the establishment of a VA Center for Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander Health to focus on research, service, and education to improve the lives of Native Hawaiian, Pacific Islander, and U.S.-Affiliated Pacific Islander veterans. The Center should be a partnership between the VA and two academic institutions, one in a region with proportionately high numbers of Native Hawaiians and one in a region with proportionately high numbers of Pacific Islanders and/or U.S.-Affiliated Pacific Islanders. Areas of focus for the Center may include telehealth and telepharmacy; models of interprofessional primary care, including the integration of pharmacists and behavioral health; electronic health records and data analytics; health workforce; and indigenous innovation to improve veterans' lives.

Supporters: This request is supported by the University of Hawai'i and University of Arkansas for Medical Sciences (UAMS), both of whom have strong partnerships with their local VA organizations.

¹ <https://www2.ed.gov/about/initiatives/asian-americans-initiative/what-you-should-know.pdf>

² <https://www.heritage.org/defense/report/who-bears-the-burden-demographic-characteristics-us-military-recruits-and-after-911>

³ Julia M. Whelan et al., "Factors Impacting Rural Pacific Island Veterans' Access to Care: A Qualitative Examination," *Psychological Services* 14, no. 3 (2017): 279, <https://doi.org/10.1037/ser0000161>.

⁴ <https://www.ruralhealth.va.gov/aboutus/programs.asp>

⁵ <https://www.gao.gov/assets/710/703145.pdf>

⁶ Danielle M. Conway, "Promoting Indigenous Innovation, Enterprise, and Entrepreneurship Through the Licensing of Article 31 Indigenous Assets and Resources," SSRN Scholarly Paper (Rochester, NY: Social Science Research Network, March 29, 2011), https://papers.ssrn.com/sol3/lintract.cfm?abstract_id=2046627.

A (Timely!) Successful Example...



Center for Indigenous Innovation & Health Equity



Kamuela Enos, MA
Director, UH System Office of
Indigenous Innovation



Valarie Blue Bird Jernigan, DrPH, MPH
Executive Director, OSU Center for Indigenous
Health Research and Policy

DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES
APPROPRIATIONS ACT, 2021

Office of Minority Health (OMH)

Center for Indigenous Innovation and Health Equity.—The agreement includes \$2,000,000 for the Office of Minority Health to create a Center for Indigenous Innovation and Health Equity to support efforts including research, education, service, and policy development related to advancing Indigenous solutions. The agreement urges HHS to consider partnering with universities with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders. Potential partnerships should include Indigenous leaders and engage Indigenous community partners in both innovation and health disparities focus areas, as well as aligned goals and priorities. The Center should disseminate best practices and lessons learned to other Indigenous communities, including through Indigenous digital storytelling. The agreement requests a report within 120 days of enactment of this Act outlining the Department's plans for a Center for Indigenous Innovation and Health Equity.



Proposed Center for Indigenous Innovation and Health Equity



Summary: This proposal would establish a **Center for Indigenous Innovation and Health Equity** in the HHS Office of Minority Health to leverage Indigenous communities' knowledge, practices, and innovation to develop sustainable, culturally-engaged solutions to address health disparities in Indigenous communities. As patients with serious underlying medical conditions are at higher risk for COVID-19, our indigenous communities—which face health disparities and higher rates of chronic diseases—are particularly at risk. A Center for Indigenous Innovation and Health Equity could help to decrease indigenous communities' vulnerability to COVID-19.

Background: Indigenous populations of Native Americans, Alaska Natives, Native Hawaiians, and Pacific Islanders in the United States face pervasive health and socioeconomic disparities, including chronic disease burden, poverty, and other life stressors.^{1,2} American Indians and Alaska Natives have higher death rates than the overall U.S. population for certain conditions, including chronic liver disease, diabetes, unintentional injuries, assault and homicide, suicide, and chronic lower respiratory diseases.³ Native Hawaiians and Pacific Islanders have a higher prevalence of chronic conditions such as obesity, diabetes, and cardiovascular disease, as well as a high death rate for cancer.⁴

Opportunities for Indigenous Innovation to Address Health Disparities: Many health disparities faced by Indigenous communities can be attributed to cultural loss of traditional practices.^{5,6} There is increasing interest in supporting **Indigenous innovation**, which is the application of traditional Indigenous knowledge, practices, and methodologies to contemporary problems, which has shown promising results in improving health. Examples include:

- Engaging at-risk youth in sustainable Indigenous farming and educational opportunities in Wai'anae, Hawai'i, was shown to decrease risk of type 2 diabetes by 60 percent.⁷
- A culturally-centered online diabetes self-management program for Native Americans and Alaska Natives led to significant reductions in hemoglobin A1c levels and improved self-efficacy and patient activation.⁸

Proposed Center: The proposed **Center for Indigenous Innovation and Health Equity** in the HHS Office of Minority Health would foster the discovery and application of Indigenous innovation to address health disparities in Indigenous communities, including through research, education, service, and policy development. Areas of focus would likely include:

- Supporting data-driven and community-based participatory research to improve health outcomes in Indigenous communities, such as through the advancement of healthy retail interventions, cultural dance interventions as exercise and health-promoting behaviors, and students' engagement with sustainable food systems;



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An appropriations request turned into law, which turned into a grant opportunity, for which we applied...thankfully successfully!



GRANTS.GOV > View Opportunity

VIEW GRANT OPPORTUNITY



MP-CPI-21-007
Center for Indigenous Innovation and Health Equity
Department of Health and Human Services
Office of the Assistant Secretary for Health



September 23, 2021 [UH News](#)



Universities

- > UH Mānoa
- > UH Hilo
- > UH West O'ahu

Community Colleges

- > Hawai'i CC
- > Honolulu CC
- > Kap'i'olani CC
- > Kauai' CC



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Practical Tips: Finding What You Need

*Prepare for appropriations
“scavenger hunt”!*



Finding Appropriations Bills/Reports

The screenshot shows the congress.gov website. A red circle highlights the URL 'congress.gov' in the browser address bar. A large red arrow points from the address bar towards the center of the page. A red-bordered box in the center contains the text: 'Go to congress.gov on your internet'. The website header includes 'CONGRESS.GOV', 'Advanced Searches', and 'Browse'. The navigation menu includes 'Legislation', 'Congressional Record', 'Committees', and 'Members'. A search bar contains the text 'Current Legislation: s: hr5, sres9, "health care"'. Below the search bar, there are sections for 'Most-Viewed Bills | Top 10', 'Current Legislative Activities' (116th Congress, 2019-2020), 'House of Representatives' (Not in Session Video Archive), 'Senate Links', and 'The Congressional Record'. A 'Contact Your Member' section is also visible on the right side.



Finding Appropriations Bills/Reports

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- [H.R.1044](#) [116th] Fairness for High-Skilled Immigrants Act of 2019
- [H.R.3289](#) [116th] Hong Kong Human Rights and Democracy Act of 2019
- [S.386](#) [116th] Fairness for High-Skilled Immigrants Act of 2019

Bill Searches and Lists

By Sponsor: [House](#) | [Senate](#)

[Introduced](#) | [Active Legislation](#) (Senate.gov)

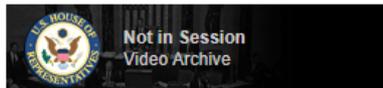
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[Appropriations](#)

Current Legislative Activities

116th Congress (2019-2020)

House of Representatives



Next Meeting: Sep. 16, 2019 at 1:00 PM EDT

Previous Meeting: [Sep. 13, 2019](#)

House Links

- [House Floor Activities](#)
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- [Communications to the House](#)
- [Bills to be Considered](#)

Senate

Click on the
“Appropriations”
link, under Bill
Search and List



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Finding Appropriations Bills/Reports

crsreports.congress.gov/AppropriationsStatusTable



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APPROPRIATIONS STATUS TABLE

Appropriations Status Table: FY2020

Select Year: 2020

Last updated and other notes: [...read more](#)

BILLS PASSED

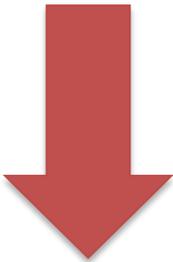
- + HOUSE (10 OF 12)
- + SENATE (0 OF 12)
- + BOTH CHAMBERS (0 OF 12)
- + VETOED (0 OF 12)
- + SIGNED BY PRESIDENT (0 OF 12)

APPROPRIATIONS STATUS TABLE

REGULAR APPROPRIATIONS CONTINUING RESOLUTIONS

Appropriation Bills	Subcommittee Approval		Committee Approval		Initial Passage		Resolution of House-Senate Differences			Approval
	House	Senate	House	Senate	House	Senate	Conference Report	House	Senate	
FY2020					226-203					

Scroll down for the list of Appropriation Bills and their status



Finding Appropriations Bills/Reports

REGULAR APPROPRIATIONS	CONTINUING RESOLUTIONS	SUPPLEMENTALS	BUDGET RESOLUTIONS	
------------------------	------------------------	---------------	--------------------	--

Appropriation Bills	Subcommittee Approval		Committee Approval		Initial Passage		Resolution of House-Senate Differences			Presidential Approval	
	House	Senate	House	Senate	House	Senate	Conference Report	House	Senate		
Labor-HHS-Education H.R. 2740	(voice vote) 04/30/2019		30-23 05/08/2019 H. Rept. 116-62		See FY2020 Consolidated entry above			See (+) note			See H.R. 1865 (Div. A) above 12/20/2019
+ Notes											
Legislative Branch H.R. 2779 S. 2581	(voice vote) 05/01/2019		28-22 05/09/2019 H. Rept. 116-64	09/26/2019 S. Rept. 116-124				See (+) note			See H.R. 1865 (Div. E) above
+ Notes											
Military Construction-Veterans Affairs H.R. 2745	(voice vote) 05/01/2019		31-21 05/09/2019 H. Rept. 116-63								
+ Notes											
State-Foreign Operations H.R. 2839 S. 2583	(voice vote) 05/10/2019		29-23 05/16/2019 H. Rept. 116-78	31-0 09/26/2019 S. Rept. 116-126	entry above						above 12/20/2019



Click here (on the status table) for the House Labor-HHS-Education Committee Report



Reading a Committee Report

116TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } 116-62

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2020

MAY 15, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Ms. DeLAURO, from the Committee on Appropriations, submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 2740]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, and the Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2020, and for other purposes.

This is the
**Labor, Health
and Human
Services,
Education, &
Related
Agencies
(LHHS-Ed)
House report**



Reading a Committee Report

116TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } { 116-62

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2020

MAY 15, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Read through for
***Funding Levels
& Report
Language!***

-Use CTRL+F
(cmd⌘+F on
Mac) to search
for key terms



Reading a Committee Report

Summary
pg.3

2020 LABOR, HHS, EDUCATION BILL
[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2020 Committee compared to—	
	2019 Enacted	2020 Budget	2020 Committee	2019 Enacted	2020 Budget
Department of Labor	\$12,123,251	\$10,905,405	\$13,321,641	+1,198,390	+2,416,236
Department of Health and Human Services	90,490,781	78,085,971	99,375,512	+8,884,731	+21,289,541
Department of Education	71,448,416	64,005,915	75,923,812	+4,475,396	+11,917,897
Related Agencies	15,316,511	13,543,842	15,678,035	+361,524	+2,134,193



Scroll

Pg. 36

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2019	\$6,843,503,000
Budget request, fiscal year 2020	5,841,352,000
Committee Recommendation	7,326,109,000
Change from enacted level	+482,606,000
Change from budget request.	+1,484,757,000

Can also scroll to tables throughout and at end for funding levels

- Use CTRL+F to search for key terms (may not work for tables)



Reading a Committee Report

Funding level pg. 38

HEALTH WORKFORCE

Appropriation, fiscal year 2019	\$1,096,695,000
Budget request, fiscal year 2020	304,714,000
Committee Recommendation	1,244,942,000
Change from enacted level	+148,247,000
Change from budget request	+940,228,000

Read through
for **Report
Language!**

Report Language pg. 39

National Health Service Corps

The Committee includes \$120,000,000 for the National Health Service Corps (NHSC), \$15,000,000 above the fiscal year 2019 enacted level and the fiscal year 2020 budget request. NHSC supports qualified health care providers dedicated to working in underserved communities in urban, rural, and tribal areas through scholarships and loan repayment assistance.

The Committee directs HRSA to examine the application processes and eligibility requirements for both NHSC recruits and provider locations, including the HPSA qualification and scoring. The Committee requests a report within 120 days of enactment of this Act with recommendations on how the NHSC program, including the HPSA application and scoring process, may be modified to increase recruitment and field strength as well as diversify provider sites.

- Use CTRL+F
to search for
key terms



Reading a Committee Report

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2019 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2020
(Amounts in Thousands)

Pg. 323

	FY 2019 Enacted	FY 2020 Request	Bill	Bill vs. Enacted	Bill vs. Request

TITLE II --DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers..... D	1,505,522	1,505,522	1,555,522	+50,000	+50,000
Mandatory budget authority (Public Law 115-123)(NA). M	(4,000,000)	(4,000,000)	(4,000,000)	---	---
Health Center Tort Claims..... D	120,000	120,000	120,000	---	---

Total, Community Health Centers.....	(5,625,522)	(5,625,522)	(5,675,522)	(+50,000)	(+50,000)
Free Clinics Medical Malpractice..... D	1,000	1,000	1,000	---	---

Total, Primary Health Care (excluding mandatory funds).....	1,626,522	1,626,522	1,676,522	+50,000	+50,000
Health Workforce					
National Health Service Corps..... D	105,000	105,000	120,000	+15,000	+15,000
Training for Diversity:					
Centers of Excellence..... D	23,711	---	25,000	+1,289	+25,000
Health Careers Opportunity Program..... D	14,189	---	20,000	+5,811	+20,000
Faculty Loan Repayment..... D	1,190	---	1,190	---	+1,190
Scholarships for Disadvantaged Students..... D	48,970	---	53,470	+4,500	+53,470

Total, Training for Diversity.....	88,060	---	99,660	+11,600	+99,660

Can also **scroll to tables** throughout and at **end** for funding levels
- Use CTRL+F to search for key terms (may not work for tables)

Guide to UH System Appropriations Request Process



Call for Federal Priorities and Initiatives

- Sent out by VP Syrmos ~October of each year
- Invites recommendations from UH campuses for priority federal appropriations requests
 - Four-year campuses may submit up to three (3) proposed priorities or initiatives from each of their colleges/schools with a ranking for each
 - UH Community Colleges may submit up to three (3) collectively



Submission of priorities and initiatives

- Use the form-fillable MS Word template for non-defense and defense requests

FEDERAL PRIORITIES AND INITIATIVES
DEFENSE REQUEST
 * = REQUIRED FIELD



Principal Investigator

First Name * Last Name *

Address * Phone *

City * Email *

State * Zip code *

Campus * - Select one - College * Department *

Program Request

- Name of military service (ex: defense-wide, Army, etc.; limit 100 characters) *
- Project/Application Name *
- Name of office or agency (ex: Office of Naval Research; limit 100 characters) *
- Program or Project Name (limit 100 characters) *
- Line Item or Program Element Title (limit 100 characters)
- Account (limit 100 characters)
- Line Number (limit 100 characters)
- Program Element Number (limit 100 characters)

FEDERAL PRIORITIES AND INITIATIVES
NON-DEFENSE REQUEST
 * = REQUIRED FIELD



Principal Investigator

First Name * Last Name *

Address * Phone *

City * Email *

State * Zip code *

Campus * - Select one - College * Department *

Program Request

- Select the corresponding appropriations subcommittee * - Select One -
- Project/Application Name (limit 100 characters) *
- Name of specific federal department (e.g. US Dept. of Transportation) *
- Name of specific federal agency (e.g. Federal Aviation Administration; limit 100 characters) *
- Program or Activity requested (e.g. Essential Air Service - payments to carriers; limit 100 characters) *
- Requested Amount (limit 100 characters) *
- Amount included in the president's FY 2020 budget request (limit 100 characters)
- FY 2019 enacted funding level nationwide (limit 100 characters)



Key Details

- Program
- Funding level requested
- Department
- Agency/Account
- Description
- Report language



Example Final Summary Request

- **Program:** Pacific Islands Health Information Technology and Data Center of Excellence
- **Funding Level Requested:** \$2,000,000
- **Department:** Department of the Interior
- **Agency/Account:** Insular Affairs/Technical Assistance
- **Description:** As noted by President Trump’s White House Initiative on Asian Americans and Pacific Islanders, the Asian American and Pacific Islander (AAPI) population is growing rapidly, and it is becoming of critical importance to increase access to disaggregated AAPI data to help promote the analysis and understanding of this population. Numerous states have increasing numbers of Pacific Islanders, but understanding of this population is limited. For example, in the Freely Associated States (including the Republic of the Marshall Islands, Palau, and the Federated States of Micronesia), electronic health record systems are severely lacking due to resource constraints. Across the insular areas, there are many siloed health data systems. Access to and support for health information technology and electronic health data in the U.S. insular areas is limited, which impacts quality of care and care coordination, thus impacting the health condition of these residents and straining the state’s health systems to which they move. A Pacific Islands Health Information Technology and Data Center is needed to assist these regions to improve health systems and care through the use of health information technology and health data analytics. The proposed center provides an opportunity to collect and analyze health data in the insular areas to better understand health care costs, conditions and disparities. Improvements will directly benefit and Department of Defense (DoD) and Department of Veterans Affairs (VA) beneficiaries in this region that are poorly served and provide data on this minority health population for all federal agencies.
- **Bill Language:** None
- **Report Language:** *Pacific Islands Health Information Technology and Data Center of Excellence.*—The Committee recognizes that poor infrastructure, limited resources, and insufficient technical assistance have limited the ability of the insular areas to have a robust health data collection system. The Committee provides \$2,000,000 for the establishment of a Pacific Islands Health Information Technology and Data Center of Excellence to assist insular areas with planning and implementing health information technology, including electronic health records, health information exchange, and telehealth, as well as establishing a health data analytics warehouse and program to improve clinical care, population health, care coordination, and improve management of health care costs. The center should be located in an academic center or non-profit and in a state that has a high prevalence of Pacific islanders.



Timeline

- Deadline for campuses to submit requests to OVPRI is usually mid-November each year (stay tuned)
- OVPRI team vets requests, follows up with legislators' offices regarding feasibility, and refines requests
- ~February-March of each year: OVPRI team submits requests to federal offices



Further Questions?

- **Dr. Aimee M. Grace**, Director of Strategic Health Initiatives (Lead, UH System Federal Affairs), UH System (amgrace@hawaii.edu)
- **Dr. Vassilis L. Syrmos**, UH System Vice President for Research and Innovation (syrmos@hawaii.edu)

