

Dear Title V Urban Indian Program Director:

Increasing access to quality health care is a critical goal for Urban American Indian and Alaska Native (AI/AN) populations. The Indian Health Service (IHS) and the Health Resources and Services Administration (HRSA) – under the umbrella of the Department of Health and Human Services (HHS) – are working together towards meeting that goal. The purpose of this letter is to provide an update on our collaborative efforts and information on how we plan to confer with and work in partnership with the Urban Indian Health Organizations (UIHO) over the next few years.

We were honored to have had the opportunity to meet with Urban Indian health program leadership at the National Council of Urban Indian Health Programs Conference on April 7, 2010. With the enactment of Public Law 111-148, the Patient Protection and Affordable Care Act, which included reauthorization and extension of the Indian Health Care Improvement Act (IHCA), we look forward to working with each of you, to advance Agency-wide efforts and strengthen our relationships with Urban AI/AN populations.

Several health care priorities common to both the IHS and HRSA were identified at this meeting and during our conversations of February 4 and February 22 with the National Council of Urban Indian Health, including, but not limited to, health care reform; reducing the burden of disease on the AI/AN populations; increasing health information technology investments in health facilities; and improving access to funding and grant opportunities.

The IHS and HRSA are working on several of these priorities. Both agencies have taken steps to implement policy changes that will address workforce issues, increase intra-Agency communication, and improve service delivery to AI/AN populations.

Policy Changes

Quality, affordable health care for Urban American Indians and Alaska Natives begins with collaboration to effect policy changes. Recognizing the need for increased AI/AN representation on HRSA advisory committees, HRSA and the IHS have begun to identify potential candidates and committees where Urban and Tribal leadership is needed. In addition, we will continue to collaborate at the Federal level to ensure that the IHS Resource Patient Management System (RPMS) adequately captures outcome and trends data needed by HRSA's Uniform Data System (UDS) to establish or expand targeted programs and identify effective services and interventions to improve the health of Urban American Indians and Alaska Natives. We are reviewing how we can make data collection more consistent among our programs.

We also recognize that passage of the reauthorization of the IHCA contains several provisions that enhance Urban Indian health program activities and that the law includes a provision to “confer” with Urban Indian health programs on matters that impact them. We look forward to hearing your ideas about how to ensure that we develop a process for meaningful input and collaboration with Urban Indian health programs.

We know that the new health insurance reform law contains many provisions that may benefit Urban Indian health programs and we are currently reviewing the law carefully to determine next steps. We want to make sure that we move forward with the necessary policy and administrative actions to implement the law effectively and also carefully. We will provide more information as the HHS moves forward to implement the new health reform law.

Health Professional Workforce

Strengthened primary care and other workforce improvements are integral components of reducing health disparities in the Urban AI/AN populations. Recognizing that health professional workforce development continues to be a challenge in delivering healthcare services and reducing health disparities, the IHS and HRSA plan to share information about and develop ways to solve common problems around recruitment and retention of health care providers using the National Health Service Corps Loan Repayment Program and other similar scholarship and loan repayment programs managed by both agencies. The IHS and HRSA plan to collaborate on health workforce training programs and health profession pipeline programs that can help improve the recruitment and retention of culturally appropriate providers for our health programs. We are working to make sure Urban Indian health programs benefit from new resources in this area.

Increasing Access to Health Care

Two major areas have been identified to improve access to health care services for Urban AI/AN populations. First, the IHS and HRSA have recently posted HRSA's “Find a Health Center” tool on the IHS Web site, improving access to Federally Qualified Health Centers for AI/AN populations living in urban areas. This allows individuals to easily locate the closest community health center by clicking on the tool, which provides contact information and directions to the nearest center. Both the IHS and HRSA will provide information to urban representatives on HRSA-funded programs that could benefit AI/AN communities living in urban areas. Secondly, training and technical assistance will be conducted for UIHOs on the process of becoming a Section 330 Federally Qualified Community Health Center or a Federally Qualified Community Health Center Look-Alike, as well as how to access information on Health Professional Shortage Area (HPSA) designations, Medically Underserved Population (MUP) designations, and other HRSA designations and applicable programs.

IHS Area Offices and HRSA Regional Offices will begin to develop new roles and relationships with each other and with the UIHOs. We hope these relationships will support region-specific collaborative opportunities to help improve care for American Indians and Alaska Natives in urban settings.

All of these efforts will help us further fulfill our missions to provide access to culturally competent quality care for Urban AI/AN individuals and communities. We will continue to look to each of you for guidance in addressing the challenges and needs faced by your communities, and update you on a regular basis as our collaborative efforts progress. If you have any additional comments or suggestions on how the IHS and HRSA can partner, please do not hesitate to e-mail us at consultation@ihs.gov.

Sincerely,

/S/

Mary Wakefield, Ph.D., R.N.
Administrator, Health Resources and
Services Administration

/S/

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