



Dear Tribal Leader:

Increasing access to quality healthcare is a critical goal for American Indians and Alaska Natives (AI/AN). 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 toward meeting that goal. The purpose of this letter is to provide an update on our collaborative efforts and to provide information on how we plan to work in partnership with Tribes over the next few years.

We were honored to have had the opportunity to meet with Tribes at the HHS Secretary's Tribal Leaders Roundtable Discussion on November 3, 2009 and at the White House Tribal Nations Conference on November 5, 2009. As the national insurance reform debate continues, we look forward to working with each of you during this time to advance agency-wide efforts to strengthen our nation-to-nation relationships.

Several healthcare priorities common to both IHS and HRSA were identified at these meetings and at the April 2009 Tribal Budget Consultation including, but not limited to, reducing the burden of disease on the AI/AN population; increasing health professional workforce development; conducting more health systems research; increasing health information technology investments in Tribal health facilities; and, increasing access to oral healthcare.

The IHS and HRSA have begun to work on some of these priorities. Both agencies have taken steps to implement policy changes that will address workforce issues, increase communication between our agencies and improve delivery of services to AI/AN populations.

### **Policy Changes**

Recognizing the need for increased AI/AN representation on HRSA advisory committees, HRSA has recently recommended AI/AN representatives and will work with IHS to identify potential candidates in the future. 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) in order to establish or expand targeted programs and identify effective services and interventions to improve the health of AI/ANs.

### **Health Professional Workforce**

Recognizing that health professional workforce development continues to be a challenge in delivering healthcare services and reducing health disparities, IHS and HRSA plan to share information about and develop ways to solve common problems around recruitment and

retention of healthcare 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 and communities.

### **Increasing Access to Health Care**

The IHS and HRSA are currently working to improve AI/AN access to Federally Qualified Health Centers through HRSA's "Find a Health Center" tool. This will allow individuals to easily locate the closest community health center by clicking on the tool on the IHS website. Both IHS and HRSA will provide information to tribal representatives on HRSA funded programs that could benefit Tribal communities including the process of becoming a Sec. 330 Federally Qualified Community Health Center or a Federally Qualified Community Health Center Look-alike.

IHS Area Offices and HRSA Regional Offices will begin to develop new roles and relationships with each other and with Tribes. We hope the development of these relationships will support region-specific collaborative opportunities to help improve care for AI/ANs.

All of these efforts will help us further fulfill our missions in providing access to culturally competent quality care to the AI/AN individuals and Tribal communities. We will continue to look to each of you for guidance in addressing the challenges and needs faced by your communities. We will update you on our collaborative efforts on a regular basis. If you have any additional comments or suggestions for collaborative efforts between IHS and HRSA, please don't hesitate to email us at [consultation@ihs.gov](mailto:consultation@ihs.gov).

Sincerely yours,

/S/

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

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Yvette Roubideaux, M.D., M.P.H.  
Director, Indian Health Service