



JAN 04 2017

Dear Tribal Leader:

I am writing to update you on my June 1, 2016, letter which initiated a Tribal Consultation on the Indian Health Service (IHS) draft policy statement on creating a national IHS Community Health Aide Program (CHAP). After careful review of all comments received, I am pleased to announce that the IHS will begin the process of developing a formal policy and implementation plan to create a national CHAP under the provisions outlined in the Indian Health Care Improvement Act (IHCIA) as amended at 25 U.S.C. § 1616(d).

Partnership and collaboration are part of our ongoing work to deliver quality health care to patients. Increased access to care is a top priority, which is why the Agency will begin the process, along with our Tribal partners, of developing a formal policy and implementation plan to increase the utilization of community health aides across the IHS system.

Community health aides are proven partners, and utilizing them to the fullest extent permissible in hospitals and clinics operated by the IHS and Tribes will increase the availability of health workers in American Indian and Alaska Native communities. Community health aides include workers in health education, communicable disease control, maternal and child health, dental health, behavioral health, family planning, environmental health, and other areas.

IHS received comments on the draft policy statement from Tribes and Tribal organizations during the Tribal Consultation sessions conducted in-person in Arizona on September 19, 2016, and October 9, 2016; over the telephone on October 4, 2016; and through written comments during the comment period ending October 27, 2016.

In the enclosed report, you will see that several themes emerged, which will provide the framework for the development of the formal policy and implementation plan. Generally speaking, all comments were in favor of establishing a national CHAP and/or provided guiding principles for IHS to consider as it moves forward.

The following principles will guide the development of the formal policy and implementation plan:

- (1) The CHAP can improve access to quality care for American Indians and Alaska Natives.
- (2) Any program needs to be Community- and Area-based.
- (3) Some baseline standards with sufficient flexibility will be needed to ensure that each Area can establish its own program.
- (4) Each Area would establish its own certification board.
- (5) The policy will not disrupt programs that are currently established, such as those in Alaska.
- (6) Legislative changes will be needed to fully implement the use of DHATs in CHAPs.

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As part of our ongoing work to deliver quality health care to patients, and in consideration of available resources, the IHS will begin to establish a National Workgroup, comprised of Tribal leaders and IHS representatives, to develop a draft CHAP Expansion Policy and implementation Plan, in accordance with section 11 of the IHS Tribal Consultation policy. After the National Workgroup develops a draft, IHS will seek input on the draft CHAP Expansion Policy and Implementation Plan through the Tribal Consultation process.

The IHS, in partnership and collaboration with Tribes, looks forward to the next steps in this process.

Sincerely,

/Mary Smith/

Mary Smith  
Principal Deputy Director

Enclosure: Report on the Tribal Consultation for the Indian Health Service (IHS)  
Policy Statement on Creating a National IHS Community Health Aide Program