

EDITORIAL

HRSA's Long Range Plan for Meeting the Health Care Needs of the Underserved

A Public Health Service action plan to implement the Institute of Medicine's "Future of Public Health" report is being developed, the Healthy People Year 2000 Objectives for the Nation have just been released, and the Department of Health and Human Services (HHS) study on health care for the uninsured is nearing completion.

These collective actions will have major implications not only for the U.S. health care system itself but also for the Health Resources and Services Administration (HRSA). HRSA's role is to assure that preventive and primary care services are available especially, though not exclusively, to vulnerable populations in underserved areas. Our ability to act on these widespread changes will require close collaboration with State and local health departments, community-based organizations, academic institutions, and the private sector.

HRSA's long-range plan to improve access to primary health care for underserved populations seeks to expand primary care capacity by

- developing more coordinated, community-based systems of primary care,
- providing grants for the delivery of health services that are not being financed through other means, and
- supporting professional education in primary care and placement of more primary care personnel in underserved areas.

These objectives are designed to complement any expanded insurance coverage or financing that may be enacted by the Congress or achieved by the private sector.

A critical HRSA responsibility is to respond to gaps and unmet needs in health care by assessing major weaknesses and participating in corrective measures.

Underserved populations are the targets of such HRSA programs as Community and Migrant Health Centers, Rural Health, the National Health Service Corps, Maternal and Child Health, Health Professions Training, and HIV-AIDS care.

This issue of *Public Health Reports* contains a special section on HRSA's "New Strategies for Assuring Care to Medically Indigent and Underserved Populations." Five papers address the theme from a number of perspectives.

The first, "The Role of Public Health in Providing Primary Care for the Medically Underserved," provides information on the nature of the problem and discusses alternative solutions to medical indigency.

The second, "HRSA's Role in Primary Care and Public Health in the 1990s," is a definitive look at the agency's mission.

"HRSA's Collaborative Efforts with National Organizations to Expand Primary Care for the Medically Underserved" focuses on the HRSA strategy of expanding partnerships with States, State-related organizations, and private entities that share a concern with care for the underserved.

"The Diversity of Case Management Needs for the Care of Homeless Persons" provides a review of the literature and suggests that health care providers focus more on case management activities, which may include activities not necessarily associated with health care services, such as finding and providing food, clothing, and shelter, and accessing entitlement eligibility, to achieve reintegration of the homeless into society.

"Report on a Seminar on Financing and Service Delivery Issues in Caring for the Medically Underserved" describes the opinions of 30 health policy experts about which approaches would be most effective, and the respective roles of the public and private sectors.

Hopefully, these selected papers by HRSA authors and those outside the Agency in this special section of *Public Health Reports* will lead to increased dialogue on the important issue of meeting the needs of underserved Americans.

Robert G. Harmon, MD, MPH
Administrator of HRSA
Assistant Surgeon General