



Indian Health Service
Direct Service Tribes
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The Future of American Indian and Alaska Native Health Care

by

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Good morning. It is an honor and a privilege to speak with you today as the Director of the Indian Health Service (IHS). Thank you for the invitation to speak today at the sixth annual meeting of the Direct Service Tribes.

No one is more surprised than I am to see me standing here in this role today. I was surprised to receive a call last November to join the Obama-Biden Presidential Transition Team to help review the Department of Health and Human Services (HHS). But my experience on the Transition Team helped me see the support of the new Administration for Indian health. As a result, I was honored to be asked to serve as the Director of the Indian Health Service in this time of hope and change.

I do think we have a great opportunity to make significant strides towards improving the health of our people during this Administration, with this President. Today, as I discuss my vision of the future and my priorities over the next few years, I hope you all will see that the Direct Service Tribes have the potential to play a critical role over the next several years as we work to improve the IHS.

My presentation today will cover current accomplishments and challenges of the IHS; the call for change; priorities for the future; and partnering with Direct Service Tribes.

The text is the basis of Dr. Roubideaux's oral remarks at the Direct Service Tribes' Sixth Annual National Meeting on August 18, 2009. It should be used with the understanding that some material may have been added or omitted during presentation.

Let me begin by stating the IHS mission: *The IHS Mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.*

The IHS, together with other HHS agencies, is working in partnership with Tribal Nations and tribal organizations, as well as with various other organizations, to fulfill this mission. I am grateful that there is a growing appreciation that you must address all types of health to promote wellness in individuals and in our communities.

The Indian Health Service is different from other agencies in HHS because it is a healthcare system, and our business is healthcare. We provide services through a comprehensive primary care network of hospitals, clinics and health stations on or near Indian reservations, and we provide a range of clinical, public health and community services. As you know, our facilities are managed by IHS, tribes, and urban Indian health programs.

Our focus is on our patients; the American Indian and Alaska Native people that we serve. You can be assured that as a physician in the position of IHS Director, I will always make sure we remember that our focus is on the patient. Our health care staff daily provide quality healthcare under very challenging and difficult conditions – I know this from experience. I am grateful for their efforts.

The IHS conducts its business in partnership with tribes. This partnership is based on the government-to-government relationship and the federal trust responsibility we have to provide health care services. We honor tribes as sovereign nations that have the right to self-determination and self-governance, which includes the right to choose the option of direct services from the IHS.

I cannot overstate the importance of this partnership with tribes, both direct service and self-governance, in all of our work. The words that accompany the Direct Service Tribes' logo, "As long as the grass grows and the rivers flow," are ones that I believe reflect the Indian Health Service's commitment to serving the healthcare needs of Indian people to the fullest intent of the treaties and federal laws that established the basis for Indian healthcare. It is a commitment that I take very seriously as we work together to fulfill our mission.

The IHS has achieved significant accomplishments in improving the health status of the people its services since it was established in 1955. For example, since 1973, mortality rates have decreased about 84% for tuberculosis; 75% for cervical cancer; 68% for maternal deaths; 58% for accidental deaths; and 53% for infant deaths.

IHS has also achieved accomplishments in improving the quality of care over time. For example, the proportion of patients with diabetes with ideal A1C (or glycemic) control has increased from 25% in fiscal year(FY) 2002 to 32% in FY

2008. These types of improvements have been shown to result in reduced complications of diabetes.

However, the IHS continues to experience challenges as it works to achieve its mission. Health disparities continue to persist for American Indians and Alaska Natives compared to other populations. Alcohol related deaths are over 6 times more frequent among American Indian and Alaska Native people than in the general population; mortality from diabetes and injuries for American Indian and Alaska Native people are nearly three times the U.S. All Races rates; and suicide rates are nearly twice the general population rate. Also, the average life expectancy for American Indians and Alaska Natives is still nearly 5 years less than that for the U.S. general population (72.3 vs. 76.9).

Challenges also remain in terms of the quality of care. Mammography screening rates have improved, but are still far below target levels. The 2008 rate of 46% still falls well short of the Healthy People 2010 goal that “at least 70% of women aged 40 years or older will have had a mammogram in the past two years.”

The challenges we face in the Indian healthcare system are driven by a host of medical, cultural, geographic, and socio-economic factors, including:

- Population growth – that results in an increased demand for services
- Rising costs/medical inflation – especially in rural areas
- Increased rates of chronic diseases – such as diabetes, cancer
- Difficulty recruiting and retaining medical providers in our remote sites
- Challenges of providing rural healthcare
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- And in the face of all these challenges, trying to balance the needs of patients served in IHS, tribal and urban Indian health programs.

It is clear that a lack of adequate resources is a huge barrier to fully meeting the mission of the IHS. For example, per capita expenditures for IHS are much lower than those for other federal healthcare sources, such as Medicare, Medicaid, Veterans Affairs, etc. And even though the IHS budget has shown some small increases over the years, its buying power has actually decreased, due to inflation and escalating medical costs.

All of these challenges impact programs funded by the IHS, including tribally-managed programs, IHS Direct Service programs, and urban Indian health programs. Tribes often have to use their own resources to make up for the shortfalls in funding. IHS Direct Service programs are concerned about whether the IHS will continue to be able to meet their needs as more tribes apply to contract

or compact their health programs. And urban Indian health programs face numerous challenges trying to serve the growing urban Indian population.

Because of these challenges, it wasn't a surprise to hear a great call for change as I did in my work on the Transition Team. In listening sessions with tribes, they indicated the need for both new funding and change and improvement of the IHS. President Obama has stated his goal of quality and accessible care for First Americans. He voted for increased funding and co-sponsored the Indian Healthcare Improvement Act reauthorization while he was a Senator. His administration is all about change.

During my congressional visits for my confirmation hearing, I found great support for increased funding and improvements for the IHS. And I see evidence of hope and change already:

- The President's proposed 2010 budget for the IHS calls for an almost 13% increase – the largest in 20 years.
- The American Recovery and Reinvestment Act funding provided \$590 million to the IHS for facilities and sanitation projects, maintenance and improvement, medical equipment, and health information technology.

Therefore, as the new Director of the Indian Health Service, I plan to focus on four priorities for our work over the next few years:

- To renew and strengthen our partnership with tribes
- In the context of national health reform, to bring reform to IHS
- To improve the quality and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable fair, and as inclusive as possible.

One of my top priorities as IHS Director is to renew and strengthen our partnership with tribes. I believe that the only way that we can improve the health of our communities is to work in partnership with them. This partnership is based on the government-to-government relationship between the federal government and the tribes. It is also based on the federal trust responsibility to provide healthcare.

Tribes are important partners to IHS; they currently manage over half of the IHS budget. And Direct Service Tribes are also a part of the 54% of the agency funds that are controlled by tribes. Direct Service Tribes have chosen to have IHS

continue to manage all or part of their health programs, so they continue to be important partners.

I plan to consult with tribes on our tribal consultation process to see how we can improve the process of how we work in partnership and make consultation more meaningful at all levels. A letter requesting this consultation is on the way to tribal leaders.

I want to distinguish between the internal reform we need to bring to IHS over the coming months and years and the broader system reform currently under consideration in Congress. It is clear that in order to get the support we so dearly need, we have to demonstrate that we can change and improve. My priority to bring internal reform to IHS means taking a look at what we are doing, in partnership with tribes, and with all of our staff, and identify what we are doing well, and where we need to improve.

I plan to start by gathering a wide range of input, including through tribal consultation, input from health providers and staff, and input from our patients/consumers. Once we identify our priorities for change, we can begin the process. I hope to hear ideas and get input from all those involved in Indian health care.

So how can members of Direct Service Tribes play a role in the work we are preparing to do to change and improve IHS?

I hope to see Direct Service Tribes members play an important role, as I also hope to gather a wide range of input from other organizations, tribes, and IHS staff. I think it is fair to say that internal IHS reform will have the greatest impact on Direct Service Tribes, since they are the ones who are served directly by the IHS system. So it is very important that we get your input on how "your" healthcare system should be reformed.

I am interested in hearing your ideas for reform and improvement of the IHS. I hope we can come up with some new and creative ideas, based on lessons learned from what we are doing well and not doing well. What are the big systems changes we need to make, and what are some smaller, easier changes we can make? I look forward to hearing your ideas.

I would like to address some specific items of concern that I know are of importance to Direct Service Tribes and which I plan to address in the coming months to renew and strengthen our partnership:

- Establishment of an Office of Direct Service Tribes – we have completed paperwork to rename the Office of Tribal Programs as the Office of Direct Service Tribes – now all of the IHS, tribal, and urban Indian health programs will be represented at the level of the Director in IHS.

- Hiring a Director for the new Office of Direct Service Tribes – this will be our next step – it is a position that has direct access to the IHS Director, and we will advertise widely and consult tribes on the selection.
- Maintaining Direct Service Tribes representation on all IHS and HHS advisory committees and workgroups so Direct Service Tribes have a seat at the table when policies and initiatives are discussed that will have a direct impact on them, and to ensure that Direct Service Tribes are able to develop a better understanding of the Agency and systems that serve them.

In summary, it is clear that we need more resources to meet our mission, and that we must demonstrate willingness to change and improve. I know we all agree on the outcomes of these efforts: we need to improve the quality of and access to care for our patients, and we need to improve the health status of our people and eliminate health disparities in our communities

The work ahead is daunting and the challenges are enormous. But when in our history have we had this opportunity – a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients.

I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people. I hope you all can join us in this critical work over the next few years. Thank you.