

**Indian Health Service**  
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*Leading Indian Health Service Reform*

by

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Good afternoon. I am pleased to speak with you today about the Indian Health Service (IHS) and what we are doing to improve health care services for American Indians and Alaska Natives.

About a year ago, I was honored to be asked to assume a national leadership role as the Director of the IHS in this exciting time of hope and change with the Obama administration. I think we have a great opportunity to make significant strides towards improving the health of American Indian and Alaska Native people over the next few years.

Since this conference is about leadership, I would like to talk about my leadership role in setting priorities for IHS reform over the next few years and my vision of the future of Indian health care.

My presentation today will cover:

- A brief overview of the Indian Health Service.
- Current accomplishments/challenges of the Indian Health Service.
- The call for change
- Leadership priorities for IHS reform

For those of you who are not familiar with the IHS, I will begin with some brief background information. Let me start 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 Indian Health Service provides services for approximately 1.9 million American Indians and Alaska Natives through a comprehensive primary care network of hospitals, clinics, and health stations on or near Indian reservations. We provide a wide range of clinical, public health, and community services. Our facilities are managed by IHS, tribal, and urban Indian health programs. The IHS fiscal year (FY) 2010 appropriation is approximately \$4.05 billion. The IHS has a total of about 15,700 employees.

*The text is the basis of Dr. Roubideaux's oral remarks at the SACNAS Summer Institute on July 20, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.*

The IHS system consists of 12 Area offices, which are further divided down into 161 Service Units that provide care at the local level. Health services are provided directly by the IHS, through tribally contracted and operated health programs, and through services purchased from private providers. There are over 600 facilities in the Indian health system. The federal system consists of 29 hospitals, 59 health centers, and 32 health stations. In addition, 34 urban Indian health projects provide a variety of health and referral services.

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. I cannot overstate the importance of this partnership with Tribes in all of our work. That is why effective tribal consultation is an integral part of the priorities I set for the IHS, which I will talk more about in a moment.

The Indian Health Service has achieved significant accomplishments in improving the health status of the people it serves since it was established in 1955. For example, since 1973, mortality rates have decreased about 89% for tuberculosis, 79% for cervical cancer, 38% for maternal deaths, 56% for accidental deaths, and 66% for infant deaths.

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. 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.

The challenges we face in the Indian health care 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 health care;
- 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 health care sources, such as Medicare, Medicaid, Veterans Affairs, etc.

So how did I end up the Director of the Indian Health Service and in charge of addressing the enormous challenges this Agency faces?

Well, my pathway to this leadership position sort of makes sense now, but wasn't apparent along the way. All of my experiences contribute to how I am approaching reform for the IHS. That's a good lesson – sometimes the pathway isn't so clear, but everything helps shape your career and your perspectives.

My perspective is first influenced by my experience as a patient, and as a caregiver to family members who use the Indian health system for their health care. My perspective is also informed by my experience as a physician in the IHS, at two rural hospitals here in Arizona – San Carlos and Gila River. I paid back my IHS scholarship and received invaluable experience. I saw the challenges and frustrations, as well as the joys of caring for patients in this system. I remember what a privilege it was to be a part of the IHS family.

As a clinical director, I realized that health care isn't just about patient care – its also about the business of running a health care organization, which seemed to be getting more difficult over time. After four years, I was burned out, frustrated, and disillusioned. I realized I wanted to continue my lifetime goal of improving health care for American Indians and Alaska Natives, but I wasn't sure how to do that. Then I discovered public health.

My public health and minority health policy training was a breath of fresh air because it opened my eyes to the bigger picture – and helped me see that the work we do in the clinic is in the context of a community, and how essential the role of the community is in improving health.

My work in academics for the past 10 years focused on research and education about Indian health issues, especially diabetes in American Indians and Alaska Natives. And I began to see how we could improve IHS. I realized that data is so important in informing policy. My research background is actually particularly useful to me now.

All of these experiences inform the perspectives that I bring to this job and the work that we are now beginning to change and improve the IHS.

It is clear that this new administration is about change – and I have heard the call for change from our staff, Tribes, and patients. In listening sessions with Tribes, they have told us of the need for both more funding and improvement of the IHS. At the highest level of leadership, President Obama has responded to this call for change by stating his goal of quality and accessible care for all Americans, including First Americans, and his support for improving the IHS. And I see evidence of change already:

- The President's FY 2010 budget for the IHS includes an almost 13% increase – the largest percent increase 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.
- The Affordable Care Act includes provisions that impact and benefit American Indians and Alaska Natives as well as the reauthorization of the Indian Healthcare Improvement Act (IHCA), which authorizes funding for IHS.

When I was appointed as the new Director of the Indian Health Service, my first step was to set four priorities to guide 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 of and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable, fair, and 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 health care.

Tribes are important partners to IHS; they currently manage over half of the IHS budget. I have consulted with Tribes to see how we can improve the consultation process and make it more meaningful at all levels. I have also consulted with Tribes on a number of other issues and have met extensively with Tribes in various formats.

My second priority is, in the context of national health insurance reform, to bring reform to the IHS. This priority has two parts. The first relates to the health reform law that passed in March – the Affordable Care Act. American Indian and Alaska Native individuals, Tribes, and our facilities stand to benefit greatly from increased access to quality health care and reduced health care costs. As part of my national leadership role, I and my staff are working with the Department of Health and Human Services to help implement this new law.

We are also excited that the reauthorization of the IHCA, which I mentioned earlier, was in this law – it is the main legislation that authorizes IHS services and funding. We are also working on implementing the many provisions in this law that help modernize and update the IHS.

The second part of this priority is to bring reform internally to IHS. This is about how we are working to change and improve the IHS. We gathered input from Tribes and are focusing on two major areas – improving how we do business and how we lead and manage people. We are working on our hiring process, recruitment and retention, our budgets and financial management, how we manage the organization, etc. These improvements will help IHS change and improve over time.

My third priority is to improve the quality of and access to care for the patients we serve. We have begun the work on this priority with an emphasis on customer service. We are also expanding our work to redesign our clinical services to create a “medical home” for patients so they can get better care through better management of how we provide care.

My fourth priority is to make all of our work more transparent, accountable, fair, and inclusive. Transparency and accountability are priorities of the Obama administration. This will involve better communication and information about our activities. For example – my new Director’s blog on [www.ihs.gov](http://www.ihs.gov) is a place where I provide up-to-date information on what we are doing.

We also have to make sure that we evaluate our programs and ensure that any changes or improvements that we make to the Indian health system benefit all of our patients, whether they are served by IHS, tribal, or urban Indian health programs.

To help us be more transparent about all we are doing to change and improve the IHS, I have made some important updates to our IHS website. One addition that I mentioned earlier is my “Director’s Corner,” which is linked to the IHS home page. There anyone can get information on presentations, updates on internal IHS reform, and other messages. And there is also an orange “Director’s Blog” button that you can click on to take you to my blog.

I plan to use the Director’s Blog to post brief updates on IHS reform activities and the latest IHS news at least weekly. This is one of many efforts to be more transparent about what we are doing as an agency. I have posted pictures of many of my consultation and listening sessions, as well as pictures from Tribal Delegation Meetings.

The challenges IHS faces are great. The work ahead is daunting and the challenges are enormous. But we are at a unique point in history, with a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients. This presents an extraordinary opportunity to make significant strides in improving the health of American Indian and Alaska Native people. And that is my ultimate goal as the leader of the Indian Health Service. Focusing work on our priorities will help make progress towards that goal.

Thank you, and I will now answer any questions you may have.