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National Council of Urban Indian Health

*“The Evolution of Urban Indian Health Policy:
Influences, Interpretations, and Implications”*

NCUIH Urban Impact Meeting

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“The IHS and Urban Indian Health”

by

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It is nice to be back with you again. When we met in September, I was only 2 months into my tenure as the Interim Director of the Indian Health Service. I mentioned then that, before my appointment, I had not fully appreciated the many challenges and complexity of the job of being the Director of the entire agency. Without a doubt, I now have gained a greater appreciation of what it takes to run a \$3 billion health corporation. It takes a staff of dedicated, hardworking, and outstanding employees. The Indian Health Service, tribal, and urban Indian health program is an enormous system that moves forward and makes a difference in the lives of American Indians and Alaska Natives wherever they live because we are all focused on the same goal – improving the health of our people.

I have to also say I have gained a greater appreciation for the value of time. Last time we met in New York City, 240 miles away. Today we meet in Arlington, Virginia, 19 miles away. That gives me at least an extra 4 hours that I can now spend attending more meetings.

There are times when meeting after meeting can be considered unproductive. But not in this job. Take this meeting: it gives me the opportunity to learn more about you and your issues. It gives you the opportunity, as your conference theme spells out, to influence health policy. Other meetings give us a chance to advocate for programs that can benefit the health of Indian people, to gather information to make decisions, or to provide an interpretation of what the implications of a decision on Indian Country might be.

When I spoke with you in September I also mentioned, possibly in a less direct way, the importance of attending meetings. It is one of my management priorities – to restructure the agency headquarters so that we have a cadre of agency representatives with the authority and responsibility to make decisions. While I cannot be with you throughout your entire conference – there will be members of my staff who will be here. I consider that talking to anyone in the IHS is the same as talking to me. I expect, and I receive, feedback informally and formally. I hope you do not feel that I have to be in the room for you to be sure I am getting your message, but if you feel that way – my door is open so that we can see what we can do to continue moving this agency forward.

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And look how far we have already come. In 2 years we will mark 50 years of service to American Indian and Alaska Native people as part of the Department of Health and Human Services. But we have a history of greater than 50 years for providing health services to Indian people through programs that ultimately evolved, from the first treaty agreements with the Federal Government in 1784, into the Indian Health Service, an organization that is the primary agency responsible for carrying out the federal government's obligation to provide health services to members of tribal governments.

Your scheduled session the Historical Perspectives on the Indian Health Care Improvement Act: The origin of Title V is important because we all have an obligation to honor our ancestors by ensuring that the agreements for health services continue. I believe our President and his Administration are committed to this goal. Your session will provide you an opportunity to further understand the importance and relevance of the urban Indian health program and the level of services authorized to be rendered and those that you wish to have added.

Just as the programs and activities evolved into the Indian Health Service, I believe you have an opportunity to help expand and create even more programs directed toward the health services available to urban Indians. I am impressed with the focus of your agenda on understanding the workings of Congress, the legislative process, and strategies for communicating with congressional staff. Additional knowledge and understanding is just part of what needs to be done, the other part is applying it. Your session on Grassroots Advocacy should give you some guidance on how to make your collective voice heard. Your focus is exactly where it should be – on the Congress and legislation. That is where you have the greatest opportunity to influence the future of urban Indian health – to get programs authorized and to get programs funded. The Indian Health Service, as great an agency as it is, essentially only implements the decisions passed down to us through the laws and regulations passed by the Congress.

Together we can advocate that American Indian and Alaska Native people must have the same opportunities afforded to all Americans—the opportunity to receive an education, to have meaningful employment, to share in the economic development of a community, to benefit from the advantages of a technological society, and to enjoy a safe community. I am committed to raising the health status of American Indians and Alaska Natives, and it is not just about access to care, or just

about improving the educational opportunities for our people, or establishing a safe community, or building homes. It is about all these things, and many more, that are interdependent and necessary. One aspect of well-being builds on another. Each of these things requires all of these things.

Helping one another, I believe, will be critical in the future. The country faces many challenges causing shifts in priorities, realignment of resources, changes in populations, and restructuring of the economy and the government. These challenges will require sacrifices that will affect the future for our families, cultures, and traditions. Partnerships and alliances must be developed and strengthened – because they produce results.

Last week I testified before the Senate Committee on Indian Affairs regarding the President's fiscal year 2004 budget proposal for the agency. I mentioned some of the highlights of his proposal. I also recognized the Committee for raising the 2003 budget appropriation to 3.3% above the 2002 enacted level. In this era of war and economic challenges, there are austere budgets for many government programs, and any increase is viewed as a success. The performance of the Indian health system of IHS, tribal, and urban Indian health programs is well understood and documented, and increases can be attributed to that factor in the budget decision-making process.

I also mentioned that the Indian Health Service appropriation is part of what it takes to address the health disparities between American Indians and Alaska Natives and the rest of the population. The other part is the importance of our alliances – not just at budget time but throughout the year.

For example, the Secretary has revitalized the Intradepartmental Council on Native American Affairs, composed of the senior leadership in the agency from each Operating Division and each program office within the Office of the Secretary. I serve as co-chair for this important Council. We are determining which of many programs within the Department could be made available to benefit Indian people. For example, we are working closely with the Health Resources and Services Administration to identify opportunities for tribal and urban programs to benefit from the Community Health Centers program – and what changes to the criteria, within the Department's authority to change, could be considered to make the opportunity for urban Indian programs to participate even broader. Another example is the Substance Abuse and Mental Health Services Agency and their Alcohol and Substance Abuse funding. Over the next 3 years, SAMHSA will receive \$600

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million to help addicted Americans find treatment. There may be opportunities within that program to possibly fund some of the IHS, tribal, and urban Indian alcohol and substance abuse programs, as well as for faith-based and traditional health programs in Indian country and urban areas.

There are also large increases proposed in the President's budget for bioterrorism and homeland security response readiness, and we should all search for ways to participate in those activities, both on reservations and in urban areas, to protect our people from any hazards that may be a threat along the borders of our country, within the vast tracts of land that comprise the reservations of Indian Country, and in the cities and towns where we live.

Collaborations between the Indian Health Service and tribal and urban Indian health programs should also not be overlooked as an avenue for conserving funds and maximizing business practices. For example, to continue to be eligible to collect third-party payments from Federal programs such as Medicare and Medicaid, covered health care providers must comply with the Transaction Rule of the Health Insurance Portability and Accountability Act. The Indian Health Service has expended significant workforce time and effort to meet compliance implementation dates. These compliant items are available from the IHS website for tribal and urban Indian health programs to use and modify, if needed. Not only does this sort of collaboration conserve the funds and workforce efforts of Tribes and urban Indian health program staff – it also ensures that we all can continue to bill and collect from Medicare and Medicaid, which, for the IHS, accounts for nearly half-a-billion-dollars a year in additional resources and for the urban program accounts for nearly \$10 million.

Throughout the year, what we do not receive via the IHS appropriation must be supported by other means – either through establishing collaborations where non-IHS programs undertake and fund an activity that will benefit tribal and urban Indians, or by obtaining waivers or exemptions from assessments or expenditures that would have to be covered from our program budgets. As the urban Indian health programs well know, no one has the luxury of having one source of income meet the health needs of a community. While the urban programs receive 49% of their funding from Title V, with successful leveraging of those funds, the remaining 51% comes from Federal, state, county, city and other sources.

I believe there are many organizations and individuals who want to become actively involved, or expand their involvement, in helping meet the health needs of American Indians and Alaska Natives. To that

end I am initiating the process to have legislation introduced in the Congress that will establish an Indian Health Service Foundation. The Foundation would connect ideas with individual, philanthropic, and corporate donors to significantly promote Indian health, expand health services, and develop new initiatives to encourage solutions for conditions affecting American Indian and Alaska Native people and communities – wherever they may live.

Now that the 2003 budget appropriation has been passed, I will shortly be announcing my decision regarding the distribution of the Alcohol and Substance Abuse funding. What I will announce now is that each of the distribution methodologies submitted for my consideration contained a 5% set-aside for urban Indian health programs of the funds available for distribution

Lastly and most importantly, let me speak about the status of health of our people. It is totally unacceptable to me, both as an American Indian and the Interim Director of the Indian Health Service, that in our prosperous nation, Indian people continue to experience health disparities and death rates that are significantly higher than the rest of the U.S. general population:

- Alcoholism - 770% higher
- Diabetes - 420% higher
- Accidents - 280% higher
- Suicide - 190% higher
- Homicide - 210% higher

Those statistics are startling, yet they are so often repeated that some view them as insurmountable facts. But every one of them is influenced by behavior choices and lifestyle. Making significant reductions in health disparity rates, and even eliminating them, can be achieved by implementing best practices, using traditional community values, and building the local capacity to address these health issues and promote healthy choices.

To help us focus our efforts and achieve our goals for health promotion and the elimination of health disparities, the IHS now has a strategic plan. It has been developed over the last 18 months by a diverse group of clinical and business stakeholders from the IHS, Tribes, and urban Indian health programs. There are four primary goals – build healthy communities, achieve parity in access by 2010, provide compassionate quality health care, and embrace innovation. Some of the outcomes are to decrease obesity rates for children, decrease the years of potential life lost, increase the number of homes in Indian country with a safe and adequate drinking water supply, increase the number of Indian children who receive dental sealants, and ensure that we do everything we can so that those receiving health care from IHS facilities respond on patient

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satisfaction survey that they perceive it to be good, very good, or excellent.

These goals are ambitious. I believe these goals can be achieved – but not alone. Not without helping one another. There are significant leadership challenges confronting each of us in our various roles. We are operating within a dynamic and ever-changing set of factors that will influence decisions affecting Indian health programs now and for years to come. We must act to ensure that we maintain the valuable and necessary infrastructure that we now have and at the same time look for future opportunities to strengthen our programs and partnerships. Our people are counting on us.

Thank you, once again, for inviting me to join you here today. I am looking forward to working with your new President, Anthony Hunter and the new NCUIH Board members on future challenges as together we continue our journey of health leadership. Before I leave the podium I would like to publicly acknowledge the assistance that your outgoing President, Kay Culbertson, has provided to the agency. Your national organization has benefited from her leadership as President not once, but twice. And your organization is the stronger for it. She has also benefited the agency through her work with the Business Plan Workgroup, the Information Systems Advisory Committee, and on the Steering Committee for the reauthorization of the Indian Health Care Improvement Act. Oh behalf of the agency, it is a pleasure to present to President Culbertson an IHS Director's Medallion for the work she has done for the agency in helping American Indians and Alaska Natives.

Thank you.

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