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## A NATIONAL TRAINING CONFERENCE

“Strengthening the Heartbeat of  
American Indians and Alaska Natives”

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Welcome Remarks for the Tribal Leaders Meeting  
“Heart Health and Leadership”

by

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It is a pleasure to see all of you here today. Your presence at this conference is an indication of the importance you place on taking positive action to reduce, and in some cases, eliminate one of the leading causes of death for Indian people – and one that is expected to continue to rise unless something is done.

The Indian health system, with the help of Indian leadership, has changed the course of disease and illness on our people before, many times, and we can do it again when it comes to heart disease.

As I stated in my testimony during my confirmation hearing, health promotion and disease prevention is one of my priority initiatives during my tenure as the Director to meet the challenge of eliminating the disparity between the health status of American Indians and Alaska Natives and the rest of the nation. The rates of some health disparities are decreasing, but the rates of most leading causes of death for Indian people remain more than double the rates for the rest of America’s population.

In 1981 heart disease was the number one killer of Americans. The rate for all Americans was 38 percent and for American Indians and Alaska Natives it was 21 percent. In 1991, heart disease remained the number one killer with a rate of 33 percent for all Americans and 23 percent for Indian people. While the 2001 rate for heart disease had fallen to 29 percent for the rest of America, and the rates in Indian Country were relatively flat, there are significant indicators of increasing rates of heart disease within our communities, even at rates surpassing that of the general U.S. population. A recent study by the CDC conducted during 2001 and 2002 found that the prevalence of cardiovascular disease was higher for American Indian communities than in other minority populations.

It is our expectation that because heart disease is a primary health condition for Indian people as well as a secondary condition of many other diseases and conditions affecting Indian country such as diabetes, obesity, inactivity, nutritional deficiency, substance abuse, hypertension, and high cholesterol levels, that the rate of heart disease in Indian Country will rise significantly unless something is done.

And that is why you have chosen to be here today and why the rest of this week will be spent sharing information about effective programs that can be adapted as a part of your tribal and community health efforts to improve the quality of life for your people. Something can be done about heart disease in Indian Country.

*The text is the basis of Dr. Grim’s oral remarks at the Cardiovascular Conference in Phoenix, Arizona, on Monday, December 8, 2003. It should be used with the understanding that some material may have been added or omitted during presentation.*

I have been speaking at a lot of meetings recently, and one item that I find I am including more and more in my remarks is that most of the diseases we currently face can be prevented, delayed, or reduced if we can provide effective programs and support systems to help our people make healthy behavior and lifestyle choices. Of the top 10 leading causes of death, 7 of them can be considered behavior related. That means if behavior is a causative factor of disease, it is also a preventive factor as well.

Like the rest of America, the greatest factor for improving health status in Indian Country is to focus on making health-positive lifestyle and behavioral choices. Behavior choices result in 50% of the disease burden in this country. Genetic factors account for 20%, and environmental conditions account for another 20%. Access to care accounts for only 10% of the country's disease burden.

Many people would like to make a change in their nutrition and fitness activities and need information and alternatives that can give them the motivation they need to begin. In fact, in the CDC study I mentioned earlier, results indicated that the Indian population are more likely to use preventive services and programs than other population groups. Among the population studied, 84% has received at least one preventive service during the time period of the study. To me that says that the desire to improve our health exists in Indian Country – and we need to take advantage of that desire and our resources to provide positive options for our people so they can improve their health and the health of their families and communities.

I want to commend the partnership team of the National Heart, Lung, and Blood Institute and the Indian Health Service for developing a health manual of cardiovascular health information and programs. And we also acknowledge and appreciate the participation of the Tribes of Bristol Bay, Laguna Pueblo, and Ponca, who worked with us to pilot test the manual and programs. This collaborative effort refined the manual and it is now available for tribes across the nation to adopt, adapt, or serve as a resource to develop their own community-based cardiovascular health and prevention programs.

You are the first in the next phase of our shared cardiovascular, healthy heart, initiative. Our goal this week is to share with you information that can be taken back to your communities to help your people. With your assistance and leadership, this initiative and this manual can be carried out to more than 300 tribal locations so that every tribe can benefit from the time and effort you have invested.

The humanitarian benefit of developing treatment and prevention activities to protect or restore the quality of life for our people makes your time here worthwhile.

Again, thank you all for taking time from our work and your families to be here to help us with this important initiative that will have benefits for all Tribes and all people.

Thank you.