



Indian Health Service

**34th Annual Meeting of the
Association of American Indian Physicians**

August 1-6, 2005

“Current Issues in Indian Health”

by

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August 5, 2005



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Good morning. Thank you all for coming out so early to hear me speak. This organization and its members are very important to the Indian Health Service and to the health and wellness of American Indian and Alaska Native people. Without your dedication, professional expertise, and unique knowledge and perspective as Indian physicians and health care professionals, we would not be able to bring culturally appropriate, high-quality medical services to our people. Your work, and that of your predecessors, has been a vital part of the progress that has been made in Indian health over the last 50 years.

The theme of this meeting, “50 Years of Disease Management in Indian Health,” highlights an important milestone in the history of Indian health.

In July of 1955, the Indian Health Service was officially transferred from the Bureau of Indian Affairs to the Public Health Service, making FY 2005 the 50th anniversary year for the IHS. In FY 2005 we have embarked on a special year of celebrations and special events. On July 26th, we held a 50th anniversary celebration at the National Museum for the American Indian. We were privileged to have Secretary Leavitt and former IHS Director Dr. Everett Rhoades speaking at that event.

The text is the basis of Dr. Grim’s oral remarks at the meeting of the AAIP on August 5, 2005. It should be used with the understanding that some material may have been added or omitted during the presentation.

Also, a 50th anniversary reference library of historical documents and photographs is being compiled that will be available on the IHS website. And we have here today copies of a special edition of the “Gold Book,” which was first published in 1957 as a comprehensive report to Congress on the status of the health of American Indians and Alaska Natives around the time of the transfer. The new version shows the progress made in the last 50 years, and our plans for facing the challenges of the next 50 years.

Great progress has been made in Indian health in the last 50 years. We have traveled a long and difficult path to get where we are today; sometimes in small steps and sometimes in great strides. Significant improvements in the health and wellness of American Indian and Alaska Native people have been made; thanks to the dedication, vision, and hard work of many IHS, Tribal, and Urban Indian health program staff, and the support and advocacy provided by Tribal leaders across the nation. And the next 50 years holds the promise of many more advances in Indian health.

The Indian health care system has been recognized around the world as a successful model for rural and urban health programs for indigenous people because of its respect for cultural beliefs, its blending of traditional practices with the modern medical model, and its emphasis on public health and community outreach activities. Indian physicians and health professionals are at the heart of this effort, as every day you contribute both your medical expertise and your understanding of the culture and perspectives of our people to making this Indian health system a unique health care model.

Through the application of the concepts of self-determination and self-governance, this Indian health model has been shaped and strengthened by the participation of Indian people in decisions affecting their health, resulting in significant health improvements for Indian people: Indian life expectancy has increased by more than 9 years since about 1973, and mortality rates have decreased by approximately:

- 82% for tuberculosis,
- 80% for cervical cancer,
- 65% for infant deaths,
- 60% for accidental injuries, and
- 53% for maternal deaths,
- to name just a few.

Although we are very pleased with the advancements that have been made in the health status of Indian people thus far, we recognize there is still progress to be made.

The current Indian life expectancy of 72.9 years, while much improved from 50 years ago when the IHS was officially established, is still about 4 years less than that for the U.S. general population

Despite impressive advances in sanitation construction, almost 12% of Indian homes still lack a safe indoor water supply, compared to 1% of all U.S. homes. In some areas, such as Alaska, up to 35% of homes lack safe indoor water supplies.

Modern, well-equipped health facilities are essential to the provision of quality health care services. However, the average age of IHS hospitals and clinics is 33 years; compared to the average age of U.S. hospitals and clinics at 9.4 years. The oldest facility is 73 years old, and the newest facility was completed 1 year ago.

And there are still wide gaps in general health status between Indian people and the rest of the U.S. population. Complicating the situation is the type of health problems confronting American Indian and Alaska Native communities today:

- The mortality rates from tuberculosis and alcoholism are more than 6 times the all U.S. All-Races rate;
- Mortality rates from diabetes are 3 times as high as in the rest of the U.S.;
- Death rates for unintentional injuries and motor vehicle crashes are 2½ to 3 times higher than the national rates; and
- Suicide and homicide rates are nearly twice as high in the Indian population; homicide rates in some tribal communities have risen by 80% since 1992, while the national homicide rate has declined by 22%.

It has become obvious to all of us in Indian health care that the health disparities among American Indians and Alaska Natives cannot be addressed solely through the provision of health care services. The IHS public health functions that were effective in eliminating certain infectious diseases, improving maternal and child health, and increasing access to clean water and sanitation, are not as effective in addressing health problems that are behavioral in nature, which are the primary factors in the current mortality rates. The prevalence of diabetes, in particular, has reached epidemic proportions in Indian communities. Changing behaviors and lifestyles and promoting good health and a healthy environment are critical in improving the health of American Indians and Alaska Natives.

Through Tribal consultation, self-governance, and self-determination processes, the IHS and Tribes have worked together to identify focus areas for Indian health that address these issues and make the most of limited resources. I have established three main focus areas, or Director's initiatives, to address these issues:

**Behavioral Health
Health Promotion and Disease Prevention, and
Chronic Disease Management**

The IHS and Tribes are working closely together on these focus areas to help achieve significant improvements in health that are critical to the future of Indian communities. These focus areas are being targeted at health outcomes that will have a beneficial impact, demonstrate measurable achievements, and attempt to change basic practices and procedures as well as unhealthy behaviors.

Behavioral Health may be the underlying thread through all three initiatives. It has become obvious to all of us in the Indian health system that addressing behavioral health and mental health issues in our communities is crucial, and that we need to increase our focus on screening and primary prevention in mental health. Often in our programs in the field there is a separation between our behavioral health programs and the hospital and clinic staff, and we are looking at ways to meld the two. If this initiative is to be successful, we need to make sure that our physicians on the front lines of patient care have the tools and training they need to effectively identify the need and procedures for mental health care, and are working as a collaborative team with both IHS and Tribal behavioral health personnel.

The recent shooting incident at Red Lake Reservation has been a tragic reminder to all of us in Indian Country, as well as to the Nation as a whole, of the importance of increasing our efforts to effectively address mental health issues in our youth.

In particular, the high rates of mental illness and suicide among American Indian and Alaska Native youth are of paramount concern to the Indian health system and Indian communities. Not only is suicide the third leading cause of death for Indian youth ages 15-19, but the tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the nation.

These are statistics that hit at the heart of the tragic effects of mental illness on the rates of disease and mortality in Indian communities. We know that mental health issues such as depression can make chronic disease management more difficult and less effective. In order to adequately address mental health issues, Tribes and the IHS are working in concert with federal, public, and private organizations to address all the contributing factors to mental illness, such as poverty, lack of educational opportunities, domestic violence, social isolation, and perhaps most devastating of all, low expectations and the hopelessness of our youth.

As a Nation we are struggling with chronic diseases such as diabetes, obesity, cardiovascular disease, cancer, and injuries. This is a problem that we have long been aware of in Indian Country. We know that we must address the primary prevention of these chronic diseases if we are to critically influence the future health of our patients and our communities.

To that end, the IHS and Tribes have taken a number of actions aimed at health promotion and disease prevention. This includes numerous programs and partnerships to promote healthy lifestyles, such as the establishment of the Healthy Native Communities Fellowship to mobilize local groups to improve community health, and participation in the “Just Move It Campaign” with a goal of getting one million Native people *up and moving*.

There are many, many other innovative health and fitness projects and collaborations underway in Indian communities across the nations that are being initiated at the local, regional, and national levels. And we are continuously working with Tribal and Urban Indian programs and organizations to increase our efforts to supply the ways and means to promote healthy lifestyles among our people.

As I just mentioned, in Indian country, we are struggling with chronic diseases, especially diabetes, heart disease, cancer, and depression. In fact, chronic disease has replaced acute disease as the dominant health problem in America. We must address not only the primary prevention of these chronic diseases if we are to critically influence the future health of our communities, but we must look at better chronic disease management in our clinical care of our patients.

An important aspect of these initiatives is having a health care model to guide and support health promotion activities and goals, one that incorporates the unique culture and mission of the Indian health system.

A multidisciplinary IHS team has been tasked with looking at the chronic disease models that would best meet our needs and that could be adapted to our programs. Within the IHS, our model of care for chronic disease will prioritize preventive health, behavioral health, and chronic disease management. This model is being developed based on the “chronic care model” of clinically supported patient self-management and empowerment. The Indian health system model will include new tools for prevention and treatment, tools that include improved applications of standards of care, community and organizational partnerships, and newer technologies and approaches to care.

Working together with Tribes and in concert with the principles of Self-Determination and Self-Governance, we can use these new tools to make a real difference in the health and well-being of our patients, families, and communities.

The IHS also works to continually include current medical advances that show great promise for a healthier future for all Americans. Never before have we known so much about how to prevent chronic disease problems — and how to address the lifestyle changes that help prevent them. For instance, there have been more effective developments in the field of cardiovascular disease in the past 10 years than in the previous 50 years. We work diligently to keep pace with new medications and treatment techniques as they are developed. And we also

remain committed to innovations in service delivery methods that enhance outreach and access, while maintaining respect for cultural tradition and beliefs.

Health status depends on a wide spectrum of contributing factors, ranging from the quality of prenatal care to the availability of employment opportunities. And it takes a wide spectrum of resources and approaches to address all these myriad factors. That is why it is important to have all federal and state public health agencies, as well as other public and private organizations, working together as part of a continuum to improve health and eliminate health disparities.

If we hope to successfully combat chronic conditions such as diabetes and cardiovascular disease, we must address a host of inter-related factors and illness contributors – the “causal web” – and we must do so in partnership with many other tribal, federal, state, and private organizations that are targeting these issues. Health status is not just a health care issue. It is about ensuring that there are educational opportunities; it is about ensuring that we have safe communities; it is about ensuring that adequate housing is available; and it is about ensuring adequate economic and employment opportunities. These factors, and more, all work in concert to affect health status. It is therefore vital that all available federal, state, and private sector resources be brought to bear on Indian health issues.

Good leadership at every level is important not only to our current efforts to ensure quality health care delivery, but also to the future effectiveness of the Indian health system. This is why we are implementing the *strategic management of human capital*, another IHS initiative that will help prepare us for whatever challenges the future of Indian health may bring.

Through the implementation of a human resource succession planning strategy, the IHS hopes to protect its future by ensuring that capable, competent leaders are ready for all leadership positions that become available.

The IHS has identified steps to define the skills and competencies needed for efficient, effective leadership, and will take further steps to address these needs, including more developmental opportunities for staff, as well as for outside candidates, to ensure core competencies are met.

Much has been accomplished in Indian health in the last 50 years; and I am confident that 50 years from now, a future IHS Director will be able to stand before the AAIP and announce that the last 100 years of progress in Indian health care has resulted in the elimination of all health disparities between Indian people and the rest of the nation; that their life expectancy equals or surpasses the rest of the nation’s; and that the Indian population as a whole has thrived and grown.

All of you here today have a vital role in creating that future. We have many challenges, but we also have many highly dedicated, capable leaders, such as yourselves, to help guide us to a brighter future for our people.

I look forward to continuing our work together for the next 50 years.
Thank you.