



**Indian Health Service
Association of American Indian Physicians
Annual Meeting and National Health Conference**

July 23, 2009

The Future of American Indian and Alaska Native Health Care

by

Yvette Roubideaux, M.D., M.P.H.
Director, Indian Health Service

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.

I am proud to be a member of the Association of American Indian Physicians (AAIP) and also a past president. I am grateful for all the work this organization does for its members, students, and American Indian and Alaska Native communities.

No one is more surprised to see me standing here in this role today than me. 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 AAIP, along with other tribal and Indian health organizations, has the potential to play a critical role over the next several years as we work to improve the IHS.

The text is the basis of Dr. Roubideaux's oral remarks at AAIP Conference on July 23, 2009. It should be used with the understanding that some material may have been added or omitted during presentation.

My presentation today will cover current accomplishments/challenges of the Indian Health Service; the call for change; priorities for the future; and the role of the AAIP.

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.

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. I also want you to know that I believe that our healthcare providers and staff are critical to our mission as they continue to provide quality care under difficult and challenging circumstances. I value the role that you play in our healthcare system, especially because I remember what it was like to work under difficult circumstances.

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.

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 six 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. 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.

In terms of health reform, we need to consider two areas – the national health reform debate and how that may impact Indian country, and the need for internal IHS reform.

As you know, legislation is being introduced and debated in Congress about how to reform our national healthcare system. It is clear that these changes could have a significant impact on American Indian and Alaska Native people, tribes, and the Indian health system. There are complex issues to consider – new insurance options, how any changes impact the ability of our facilities to be reimbursed, etc.

Tribes have been working on their own efforts to be a part of the conversation and debate by holding meetings, developing position papers, and visiting Congress. HHS, in partnership with the IHS, the Office of Intergovernmental Affairs, and the Office of Health Reform, held a tribal consultation session on July 7, 2009, in Denver, Colorado. We created an email address for input: healthreform@ihs.gov.

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 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 AAIP play a role in the work we are preparing to do to change and improve IHS? I hope to see AAIP members and the organization play an important role, as I also hope to gather a wide range of input from other organizations, tribes and IHS staff.

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? In which areas does AAIP have special expertise to help with the conversation – culturally appropriate care, physician recruitment and retention, quality of care issues? I look forward to hearing your ideas.

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.