



## ***IHS Behavioral Health Conference***

August 4, 2009

“The Future of American Indian and Alaska Native Health Care”

by

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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.

No one is more surprised than I am to see me standing here in this role today. 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, I hope you all will see that the work that you do on behavioral health issues and initiatives has the potential to play a critical role over the next several years as we work to improve the IHS. I have heard from tribes, providers, patients and congressional representatives that behavioral health issues are a top priority and addressing these issues is essential to improving the health of American Indian and Alaska Native people.

My presentation today will cover:

- Current accomplishments/challenges of the IHS
- The call for change
- Priorities for the future
- Your role in improving how we address behavioral health issues in our communities

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. I am grateful that there is a growing appreciation that you must address all types of health to promote wellness in an individual and in our communities.

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 reassured 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 healthcare 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 Indian Health Service has achieved significant accomplishments in improving the health status of the people its services since it was established in 1955. For example, 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.

The IHS has also achieved accomplishments in improving the quality of care over time. For example, the percent of American Indian and Alaska Native women (age 15-44) who have been screened for alcohol use in the past year has increased over the years, exceeding the 2010 target goal.

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 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).

Of relevance to this conference, behavioral health disparities continue to be a concern. Challenges remain in terms of the quality of care. For instance, depression screening of adults has improved markedly over the past couple of years; however, while a target goal is not stated, we could certainly be doing a better job in this area.

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, VA, Medicaid, 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. It is particularly important that we work with our tribes and our communities to address behavioral health issues.

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 you are able to participate actively in these efforts. Behavioral health issues are an area that we need to address in terms of change and improvement. The importance of these issues cannot be understated:

- It's the subject of this conference; for many of you, it's the focus of your work.
- It is a top priority of tribes, patients and Congress.
- These issues can impact the lives of individuals, families and communities in profound and devastating ways.
- The issues are difficult and challenging – mental illness, suicide, alcohol and substance abuse, domestic violence, child abuse, trauma, etc.
- These issues often require solutions and partnership beyond the healthcare system – including schools, police, community organizations and government, to name a few.

These issues require addressing an entire spectrum of socioeconomic, psychological, judicial, and political issues, as well as individual lifestyle changes. We must continue to work to coordinate resources across a broad range of federal, private, and educational agencies and organizations in order to effectively address these complex issues.

The IHS Behavioral Health Program and its initiatives support my priority for improving the quality of and access to care for IHS patients, since they are directed at reducing health disparities among Indian people through a systematic approach to preventive health. Some important objectives and initiatives include:

- The integration of behavioral healthcare services with overall medical services is an important IHS goal. It has been shown that co-locating behavioral health with primary care increases the successful referral rate to 80%, or 4 out of 5 patients.
- It's been shown that untreated mental illness has a powerful negative effect on chronic physical illness. Making mental health services an integral part of our healthcare process will improve the overall health of our patients.
- We have a couple of new initiatives with congressional funding:
  - Meth/Suicide Prevention Initiative – funding now getting out into the programs and communities
  - Domestic Violence Initiative – tribal consultation in progress.

A barrier to our success is a lack of data to help us understand the extent of these problems and whether we are making progress in addressing them. We must continue the development of the IHS health information system in support of programs targeting meth abuse, suicide prevention, and child/family protection.

So, I hope you can see that your role here at the conference is an important one – you can help improve how we address these difficult issues in our communities. Learn as much as you can, take back lessons learned, share information with those you work with, and come up with some ideas to improve the care you provide for these challenging behavioral health issues. And above all, please take care of yourself as you do this difficult work – we need all of you, healthy and well, to do this important work. I know it can be stressful, I know that it can seem hopeless at times. But I am optimistic that in this time of hope and change, we have an extraordinary opportunity to look at what we are doing and come up with some creative solutions to our most difficult challenges.

In summary, it is clear that behavioral health issues are a top priority that we need to continue to address. It is also clear that there is a call for change with this new administration, and we need more resources to meet our mission and 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
- 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.