

Patty Iron Cloud
National Native American Youth Initiative

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Overview of the Indian Health Service

by

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Good afternoon. I am pleased to speak with you today about the Indian Health Service (IHS) and what we are doing to improve healthcare services for American Indians and Alaska Natives.

About a year ago, I was honored to be asked to serve as the Director of the Indian Health Service in this exciting time of hope and change with the Obama administration. I think we have a great opportunity to make significant strides towards improving the health of American Indian and Alaska Native people over the next few years.

Today, as I discuss my vision of the future and my priorities for IHS reform over the next few years, I hope some of you will see yourself as being a future part of the IHS team as we work to improve healthcare in Indian Country.

My presentation today will cover:

- Current accomplishments/challenges of the Indian Health Service
- The call for change
- Priorities for the future
- Opportunities for you to join our efforts to reform Indian healthcare

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 Indian Health Service is different from other agencies in the Department of Health and Human Service 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, tribal, and urban Indian health programs.

Our focus is on our patients; the American Indian and Alaska Native people that we serve. As a physician in the position of IHS Director, I will always make sure we remember that our focus is on the patient.

Our healthcare providers and staff provide quality healthcare under very challenging and difficult circumstances – I know this from experience.

The Indian health system provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives. It serves members of 564 federally recognized Tribes. The Indian Health Service fiscal year (FY) 2010 appropriation is approximately \$4.05 billion. The IHS has a total of about 15,700 employees, which includes approximately 2,400 nurses, 800 physicians, 700 engineers and sanitarians, 500 pharmacists, and 300 dentists.

The IHS system consists of 12 Area offices, which are further divided down into 161 Service Units that provide care at the local level. Health services are provided directly by the IHS, through tribally contracted health programs, and through services purchased from private providers. There are over 600 facilities in the Indian health.

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. Effective tribal consultation must be an integral part of this effort.

The Indian Health Service has achieved significant accomplishments in improving the health status of the people it serves since it was established in 1955. For example, mortality rates have decreased about 89 percent for tuberculosis, 79 percent for cervical cancer, 38 percent for maternal deaths, 56 percent for accidental deaths, and 66 percent for infant deaths.

However, the IHS continues to experience challenges as it works to achieve its mission. Significant health disparities continue to persist for American Indians and Alaska Natives compared to other populations. For example, American Indian and Alaska Native mortality rates for diabetes and injuries are nearly three times the rates for the general U.S. population.

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, which 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. The per capita expenditures for IHS are much lower than those for other federal healthcare sources, such as Medicare, Veterans Affairs, Medicaid, etc.

Because of these challenges, it wasn't a surprise to hear that there is a great call for change. In listening sessions with Tribes, they tell us the need for both new funding and change and improvement of the IHS.

This new administration represents a new opportunity for 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. He recently held the White House Tribal Nations Conference and told tribal leaders, "You will not be forgotten as long as I'm in this White House" – which reaffirms his commitment to American Indians and Alaska Natives.

During my congressional visits, I find great support for increased funding and improvements for the IHS. And I see evidence of hope and change already: The President's 2010 budget for the IHS has an almost 13 percent increase – the largest in 20 years, and the President's proposed budget for the IHS for FY 2011 has an almost 9 percent increase. Also, 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 (IT).

And one of the most hopeful signs I see that I hope will impact policy formulation and execution is the appointment of several Native people to critical positions in the new administration.

With so many Native people in the new administration, we can work together in new and innovative ways on a variety of issues of importance to our communities. I hope some of you here today will join our team of Native healthcare professionals and administrators as we work to make real and lasting improvements in Indian healthcare.

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 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 am now consulting 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.

My second priority is, in the context of national health insurance reform, to bring reform to the IHS. This priority has two parts. The first relates to the health reform law that passed in March – the Affordable Care Act. American Indian and Alaska Native individuals, Tribes, and our facilities stand to benefit greatly from increased access to quality healthcare and reduced healthcare costs. We are working with the Department of Health and Human Services to help implement this new law. We are also excited that the reauthorization of the Indian Health Care Improvement Act was in this law – it is the main legislation that authorizes IHS services and funding. We are working on implementing the many provisions in this law that help modernize and update the IHS.

The second part of this priority is to bring reform internally to IHS. This is about how we are working to change and improve the IHS. We gathered input and are focusing on two major areas – improving how we do business and how we lead and manage people. We are working on our hiring process, recruitment and retention, our budgets and financial management, how we manage the organization, etc. These improvements will help IHS change and improve over time. We need to do this important work – in order to get the support we need, we must demonstrate that we can change and improve.

My third priority is to improve the quality of and access to care for the patients we serve. This priority is of most importance to our patients. We have begun the work on this priority with an emphasis on customer service. We are also expanding our work to redesign our clinical services to create a “medical home” for patients so they can get better care through better management of how we provide care.

My fourth priority is to make all of our work more transparent, accountable, fair, and inclusive. Transparency and accountability are priorities of the Obama administration. This will involve better communication and information about our activities. For example – my new Director’s blog on www.ihs.gov is a place where I provide up-to-date information on what we are doing. We also have to make sure that we evaluate our programs and ensure any changes or improvements that we make to the Indian health system benefit all of our patients, whether they are served by IHS, tribal, or urban Indian health programs.

One of the things I am trying to do is to meet more with other agencies and departments to find more ways to improve healthcare for American Indians and Alaska Natives. For example, I recently met with the Department of Veteran’s Affairs Secretary Shinseki – we met to talk about how to better coordinate care for our Native veterans.

To help us be more transparent about all we are doing to change and improve the IHS, I have made, with the help of our IT staff, some important updates to our IHS website. One addition is my “Director’s Corner,” which is linked to the IHS home page. There you can get information on presentations, Dear Tribal Leader letters, updates on internal IHS reform, and other messages. And you will also see an orange “Director’s Blog” button that you can click on that will take you to my blog.

I plan to use the Director's Blog to post brief updates on our activities and the latest IHS news at least weekly. This is one of many ongoing efforts to be more transparent about what we are doing as an agency. I encourage you to visit this blog at least once a week for updates. I have posted pictures there of many of my consultation and listening sessions, as well as pictures from Tribal Delegation Meetings. I think it is important to let the public know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps.

In summary, it is clear that:

- The Indian health system needs more resources to meet our mission.
- 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. And I hope many of you here today will become a part of this exciting future as you complete your education. We need bright, well-trained individuals to help us during the next several years as we change and improve.

I would like to take a moment to encourage all of you here today to consider being a part of these historical efforts with a career in Indian healthcare. The Indian Health Service needs healthcare professionals who envision themselves as leaders who want to help us deliver quality healthcare services. We have many exciting health profession job opportunities in over 600 facilities located in 35 states from Florida to Alaska.

Make sure you learn about all the opportunities we have for your future, and resources to help you, such as the IHS Scholarship Program. I know the benefit of this program – I am the first IHS Director to have been an IHS Scholarship recipient. Without this program, I would not be standing here.

I hope that those of you who are still deciding on a final career choice will seriously consider the IHS. I encourage you to look at the IHS recruitment website for information on scholarship and school loan repayment.

As I look around this room, I see the future of Indian people. And I hope that among you, I also see the future of Indian healthcare. This is our opportunity for change. I hope you can join us in this critical work over the next few years.

Thank you.