



Indian Health Service

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Indian Health Service Overview

by

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Good afternoon, everyone. I am Dr. Yvette Roubideaux, Acting Director of the Indian Health Service (IHS) and a member of the Rosebud Sioux Tribe in South Dakota. It's a pleasure to be here with you today and to have this opportunity to share some of the ways in which the IHS is working to improve the health of American Indian and Alaska Native people.

We're very grateful to the Johns Hopkins Center for American Indian Health for the work they're doing to help improve the health status and develop the health leadership of American Indians and Alaska Natives. I hope you're enjoying all the speakers. It looks like the Winter Institute is, once again, delivering some very useful and important information that will certainly be of benefit to all of you in your future work.

At our recent IHS Director's Awards ceremony, I was pleased to present Alison Barlow with a Director's Special Recognition Award for her leadership and outstanding work with the Center. I previously awarded Dr. Santoshum a Director's Special Recognition Award. So we very much appreciate our partnership with you.

We certainly are appreciative of the Center's commitment to our common goals. *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.* Today I will be giving you a brief overview of the IHS, which is an agency in the Department of Health and Human Services (HHS). I will then discuss our priorities for reforming the IHS in order to better address health disparities among American Indians and Alaska Natives.

The text is the basis of Dr. Roubideaux's oral remarks at the Johns Hopkins Center for American Indian Health's Winter Institute on January 14, 2015. It should be used with the understanding that some material may have been added or omitted during presentation.

The Indian health care system delivers direct services to approximately 2.2 million American Indians and Alaska Natives. It serves 566 federally recognized Tribes through a network of over 600 hospitals, clinics, and health stations that are managed by the IHS, Tribes, and urban Indian health programs. The IHS fiscal year 2015 appropriation is approximately \$4.6 billion. The IHS has a total of about 15,630 employees, which includes approximately:

- 2,590 nurses;
- 790 physicians;
- 660 pharmacists;
- 670 engineers and sanitarians;
- 330 physician assistants and nurse practitioners; and
- 290 dentists.

The IHS system consists of 12 Area offices, which are further divided down into 168 Service Units that provide care at the local level in over 600 hospitals, clinics, and health stations in 35 states. The IHS is predominantly a rural primary care system, although we do have some urban locations. The IHS helps support 33 urban-centered organizations that provide health care services at 57 sites across the nation. In fact, as you may know, one of them – Native American Lifelines – is right here in Baltimore.

Our 12 Areas overlap with the 10 HHS regions. We've been doing a lot more to work with HHS and its Regional Directors on issues that affect American Indians and Alaska Natives.

IHS has been working since its establishment in 1955 to improve the health of American Indians and Alaska Natives, but we still face significant challenges as we work to fulfill our mission. However, health disparities continue to persist for American Indians and Alaska Natives compared to other populations. For example, diabetes mortality rates are still nearly three times higher for American Indians and Alaska Natives than for the general U.S. population.

Addressing these disparities is complicated. In addition to the challenges of delivering health care in a primarily rural location, the Indian health care system also faces a number of other challenges that are driven by a host of medical, cultural, and socio-economic factors, including:

- Population growth, which results in an increased demand for services;
- Medical Inflation, with the rising costs of delivering services – especially in rural areas;
- Difficulty recruiting and retaining medical providers, especially in our remote sites;
- Increased rates of chronic diseases – such as diabetes and cancer, which are more complicated to address;
- Old facilities and equipment;
- Lack of sufficient resources to meet demand for services;
- And balancing the needs of patients served in our diverse network of IHS, tribal, rural, 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. Per capita expenditures for IHS are much lower than those for other federal healthcare sources, such as Medicare, VA, and Medicaid.

Despite these challenges, we continue to work to change and improve the IHS. Over the past few years, IHS has been guided by our four priorities:

- To renew and strengthen our partnership with Tribes;
- To reform the IHS;
- To improve the quality of and access to care for patients; and
- To have everything we do be as transparent, accountable, fair, and inclusive as possible.

Although there is still much to do, I am pleased to report that we are definitely making progress on these priorities. Our first priority, to renew and strengthen our partnership with Tribes, is founded on our belief that the only way to improve the health of our communities is to work in partnership with them.

We've seen evidence throughout our system that we accomplish more when we work in partnership with our communities, which is consistent with a public health approach. In fact, over half of the IHS budget is administered by Tribes. Under the Indian Self-Determination Act of 1975, Tribes can assume the responsibility of providing health care for their members, without lessening any federal treaty obligations.

President Obama has expressed a commitment to honoring treaty rights and making tribal consultation a priority. He is making sure that tribal/federal partnerships and consultations are happening across the government. He holds an annual White House Tribal Nations Conference. The first conference took place a little over five years ago. It was historically the largest gathering of tribal leaders at the White House, and great work was done, so President Obama has made it an annual gathering.

It's clear that this Administration strongly supports Native American issues and we're grateful for that. This was reflected in the President's visit to the Standing Rock Indian Reservation in June of last year. The President and First Lady attended the annual Flag Day Celebration in Cannon Ball, North Dakota. The President actually focused his visit on youth – he met with a group of youth to talk about their struggles and how they are determined to overcome them. That visit and the very real conversations he had with the young people there obviously had a profound impact on the President. He has since placed special attention on Native American youth. He's called upon federal agencies to work more collaboratively in the next few years on Native youth initiatives.

Tribal consultation is an important part of our mission at the IHS. We've done a lot to improve consultation at the national level. We've held Area listening sessions with all 12 Areas each year since I became Director, and have also held many tribal delegations and targeted tribal consultation meetings. I also meet regularly with tribal workgroups and advisory groups, and attend tribal meetings and conferences. I spent a lot of time consulting and meeting with Tribes because it's important to hear their perspectives and learn about the issues they feel are most important.

Area listening sessions are an important venue for me to hear about Area and local issues. We use these opportunities to travel out to the field to hear from tribal leaders about what particular challenges they are facing in their communities, and to provide updates on IHS policy and

programs. It also gives us a chance to perform site visits and have conversations with Tribes who might not have the means to travel to D.C. to meet at Headquarters. We want even the smallest, most rural Tribes to know that their voices are heard and their input is valuable to us. And individual Tribal Delegation Meetings, usually held at IHS headquarters, are also a vital part of our efforts to partner with Tribes in addressing health issues in Indian Country.

These meetings help us hear about local concerns so we can develop action steps together to resolve them. Our meetings with Tribes and tribal representatives help us to better understand their priority issues and to hear their recommendations for moving forward with improvements.

Our second IHS priority is to “reform to the IHS.” This priority has two parts – the first part includes passage of the health reform law, the Affordable Care Act (ACA), and the Indian Health Care Improvement Act. The second part is about internal IHS reform – how we are changing and improving the organization.

We're so grateful for the ACA, which helps make quality and affordable healthcare accessible to all Americans, including those in Indian Country. It is designed to increase access to health insurance, help those who have insurance, and reduce healthcare costs. The benefits of the ACA are significant. American Indians and Alaska Natives can benefit from all the reforms, whether they have insurance now, want to purchase affordable insurance through the Exchanges, or benefit from the Medicaid expansion. Our elders will benefit because Medicare has been strengthened with more affordable prescriptions and free preventive services. And of course, we are thrilled that the Indian Healthcare Improvement Act, our authorizing legislation, was made permanent by the ACA.

The ACA provides options for health coverage in addition to access to the IHS health care system. Right now, approximately 30% of our patients have no coverage at all and no access to services other than IHS. This is the group that may benefit the most from the ACA. The potential for the ACA to improve options and coverage for our patients is great, and even greater is the possibility of IHS receiving more revenues from third-party reimbursements, which means we can provide more care for everyone. Last year we saw an increase of \$49 million in third-party collections as a result of the ACA, especially from the Medicaid expansion.

We're working alongside our tribal and urban partners for outreach in Native communities through the National Indian Health Outreach and Education initiative. One of the organizations we partner with for ACA outreach and education is the National Council on Urban Indian Health (NCUIH). Over the years, NCUIH has helped us improve and advance our health care services for those who reside in urban areas. It's always great to be able to sit down and talk with other leaders of organizations working towards the same goal.

We hope to inform as many American Indians and Alaska Natives as possible of the benefits available to them through the ACA. So we're grateful for all those who are helping us reach out to Indian Country, whether that's in the predominately rural areas we serve or in the more urban areas. I'm happy to report that we've made progress. More American Indians and Alaska Natives than ever have enrolled in some type of health coverage, but we still have a long way to go. We need to keep people enrolled, and we have to think of new ways to reach those who are still uninsured.

We're also continuing our work on internal reform efforts to change and improve the IHS, based on the input we received from Tribes and staff. Our internal reform efforts are focused on improving the way we do business and how we lead and manage our staff. To improve the way we do business, we're working with HHS and our Area Directors to improve how we manage our budgets and to improve our financial management. We're also working to make our business practices more consistent and effective throughout the system.

Agency leadership is made up of senior staff and our Area Directors. The Area Directors are responsible for overseeing the facilities in their Areas. This is the team that is helping us change and improve the IHS. We meet regularly to implement internal reforms.

Our third priority is to improve the quality of and access to care. We're working on a number of initiatives to help improve the quality of care. One of the most important of these is our Improving Patient Care (IPC) program, which is our patient-centered medical home initiative that is designed to improve the coordination of care for patients.

Currently, we have 172 sites that are working on improving quality of care through this initiative. Many of these sites are doing really outstanding work, including reducing waiting times, reducing no-show rates, and arranging the system so that patients can see the same providers each time they come to the clinic, which results in better coordination of care.

We're encouraging all our sites to become accredited as Patient-Centered Medical Homes to improve their access to care, continuity of care, coordination of complex and referred care, and health outcomes for chronic diseases like diabetes and cardiovascular disease. And our IPC Quality and Innovation Learning Network is the ongoing collaborative that connects IPC programs so they can share best practices. This initiative is making the improvements that our patients have requested.

We're also focusing on behavioral health issues, which Tribes have identified and continue to highlight as a top priority. IHS is making progress on its National Behavioral Health Strategic Plan and its National Suicide Prevention Plan. And the evaluation data from our Methamphetamine and Suicide Prevention and Domestic Violence Prevention initiatives are very promising as the programs are implementing evidence-based strategies.

At IHS, we are also focusing on public health efforts directed at preventing health problems by promoting healthy lifestyles, starting with our youth, to help instill healthy habits that last a lifetime. Obesity prevention and healthy weight promotion are top priorities for the IHS, since obesity is a major cause of chronic disease and mortality in our patient population. We have our Healthy Weight for Life initiative to unify all our efforts to promote a healthy weight among American Indians and Alaska Natives. This includes a website with information on evidence-based, proven approaches to fighting the obesity epidemic that is threatening the health and well-being of Indian people. And we've joined the First Lady's *Let's Move! in Indian Country* initiative, which includes our IHS Baby-Friendly Hospital initiative and collaborations with the Notah Begay III Foundation and NIKE USA.

We've made great progress on our IHS Baby-Friendly Hospital initiative. This initiative is a global program started by the World Health Organization to decrease childhood obesity by promoting breastfeeding from the very first prenatal appointment, through birth, and into the

early infancy stages. I'm very happy to be able to report that 100% of our hospitals with obstetric services are now designated as Baby-Friendly Hospitals! This makes the IHS a national leader of the Initiative, and we're also working to encourage all tribally-managed hospitals to join us in this effort.

It's our goal to promote healthy lifestyles for our American Indian and Alaska Native youth, as well as all members of the communities we serve. Last year I visited the Zuni Pueblo for the *Let's Move! in Indian Country* third anniversary celebration. While there, I visited the Zuni Comprehensive Health Center and saw firsthand how they are actively promoting breastfeeding. I helped celebrate their national designation as a Baby-Friendly Hospital, and we were joined by several families with infants who have participated in the program.

Our fourth priority is to make all our work is transparent, accountable, fair, and inclusive. We've worked hard to improve transparency and communication throughout the agency, and we're also emphasizing accountability and fairness, and inclusiveness in the way we do business and in our decision-making.

This priority is particularly important as the ACA is implemented. Our ability to show that we're improving and providing quality care will help encourage our patients to continue using our facilities, even if they take advantage of the health coverage options offered by the ACA. This could mean more third-party resources that will help improve access to services for everyone we serve.

In support of better communication, I hope you visit my Director's Blog on the IHS website on a regular basis for the latest information on Indian health care issues. I posted pictures from the President's visit to the Standing Rock Indian Reservation in North Dakota that I mentioned earlier. He met with a number of youth and they shared the struggles they faced on a daily basis. As a result of that visit, the President recently invited 18 young people from the Standing Rock Indian Reservation, including the youth that met with him in June, to visit him at the White House in D.C.

IHS was honored to have been a part of planning for and participating in their trip. These young people were able to meet many leaders of the Administration, and even went out for pizza with the President and the First Lady! I'm sure they will carry these memories with them for a lifetime.

The trip was a reflection of the President's gratitude to the Standing Rock Sioux youth for the open and honest conversations they shared during his visit to North Dakota. They were able to give him valuable insight to some of the difficulties American Indians and Alaska Natives experience in the rural communities we serve. As a direct result of his encounter with these wonderful young people, the President has released a report on American Indian Youth and has announced several new initiatives to support jobs, education, and self-determination in Indian Country.

This is such a great story and example of how our President took the time to listen to Native youth, they were honest with him, and their voices have had an impact on the federal government.

So in summary, we're working hard, in partnership with Tribes, to change and improve the IHS through our reform efforts. And those changes are based on input we receive from the Tribes and communities we serve. These efforts should help us do better at the business of healthcare, to provide higher quality services, and to address the health disparities in Indian Country. The Affordable Care Act, and the reauthorization of the Indian Health Care Improvement Act, will also help Tribes and the IHS provide better care to American Indian and Alaska Native people.

I hope some of you here today might consider joining us one day as we move forward with the exciting and challenging work of improving the IHS. If anyone is interested, you can get more information about our scholarship and loan repayment programs on our website.

I will close now by just saying how much we appreciate the valuable efforts of the Johns Hopkins Center for American Indian Health, and everyone here today, as we all work to ensure that American Indian and Alaska Native people get the health care they need and deserve. Together, we work to improve the health and wellness of Indian communities.

Thank you for allowing me this time to share information about the Indian Health Service. It was a pleasure to be here with you today. I hope you enjoy the rest of the Winter Institute!