16th Annual Alaska Native Law Conference

"Health Solutions and Tools for the Native Community: Programs, Tribes, and Courts"

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"The Indian Health Program"

by

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I appreciate the opportunity to speak to you today. And the opportunity to share with you the message that I will share tomorrow at the Alaska Federation of Natives Convention. It is a message that I have shared since my appointment to serve as the Director of the Indian Health Service in August of 2002 – to eliminate health disparities plaguing our people, we must have a renewed emphasis on health promotion and disease prevention. Lifestyle and behavioral issues contribute to almost 70 percent of the diseases that occur at a higher rate in Indian country.

By increasing the positive factors that influence health status, we can improve the health of our people and eventually eliminate health disparities between Alaska Natives and American Indians and the rest of the nation.

The emphasis of this conference on Alaska Native Healthcare Services and sustaining tribal health programs is very important – because what you achieve in Alaska can serve as a model for the rest of Indian Country. And what is achieved in Alaska can also serve as a model for the rest of the United States, since the Alaska Native health system is an excellent example of how the health needs of people dispersed throughout a large geographic area in remote and isolated communities can effectively be provided health services. However, as I testified to the Commission on Civil Rights last week – health disparities are more than an issue of access to care. As we have known for a long time, making a difference in raising the health status of Indian Country will take business, education, political, and health partnerships.

Our health influences every facet of our lives. Study after study confirms those connections. The higher someone's education level, the higher their health status. The higher someone's health status, the greater their potential for educational achievement and success. Greater education level results in increased earning power. And the higher a persons income, the higher their health status. The higher the level of mental health status, the lower the risk or incidence for domestic violence or abuse. And lower domestic violence and abuse levels result in better mental health. The cycle is pervasive and never-ending. There cannot be an improvement in health status without an equal improvement in other factors that influence health status.

We need to look at what we can do outside of the clinic and hospital doors, throughout Indian Country, to improve health status. Eliminating health disparities means that we must eliminate all disparities.

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Among the factors contributing to poor health and acting as barriers to accessing or receiving health care services throughout the country are racial and lifestyle discrimination, high unemployment rates and few meaningful employment opportunities, educational status, financial status, historical trauma and other mental health issues, lack of a medical infrastructure, and erosion of traditional cultural and family support systems. Many of these factors exist throughout Indian Country, and in many regions of Indian Country all of these factors are present. Other factors affecting health disparities and access particularly relevant to Indian Country include geographic isolation, insufficient transportation infrastructure, cultural and language barriers between Indian communities and surrounding communities, and lack of political influence at the state and national level. And, yes, a significant factor affecting health status is access to health care.

Earlier I mentioned that 70 percent of the diseases that occur at a higher rate in Indian Country – such as: accidents, diabetes, suicide and homicide, for example – are the result of lifestyle and behavioral issues. Some of the consequences are immediate, while others will reveal themselves 10, 20 or 30 years down the road.

The overall health status of Alaska Natives, like all Indian communities, is lower than that of the rest of the nation as well. Cancer, heart disease, accidental death, alcohol related illness, suicide, and cerebrovascular disease, each a leading causes of death among Alaska Natives, also occur at rates greater than the U.S. population. And perhaps the most alarming statistic of all is the suicide rate in Alaska communities; it is the highest of all the Indian Health Service Areas, and almost 4 times that for the general population.

These statistics identify some of the scope of the lifestyle and behavior health challenges facing our communities. Making significant reductions in health disparity rates, and even eliminating them, can be achieved through the implementation of best practices by our health system partners, through partnerships to ensure our programs and practices are using traditional community values, through partnerships to invest in and build the local capacity to address these health issues, and, perhaps most importantly, through partnerships with our people to promote healthy choices.

Because our health challenges today, as a nation as well as in Indian Country, are largely the result of behavioral choices – we need to help people make healthier choices. Ten percent of the nation's health status is because of access to health care factors, 20% are linked to genetic factors, 20% are related to environmental issues, and 50% of the nation's health problems are due to behavioral factors.

Studies have shown that establishing culturally relevant health programs at the community level is more effective than having a generic program imposed on a community. Investing in health promotion and disease prevention activities and programs will also reduce the expenditures on health services and extend the years of healthy life. In some cases we do have limited choices and limited opportunities, but in the end, when it comes to making a healthy choice, it is within the individual's power to refuse to let outside adverse factors influence their decision. We, as communities and as a health system, must try to make effective programs and support systems available – not only health promotion and disease prevention programs but also programs that strengthen economic development, education, employment, business, housing and political opportunities. Improved health will also strengthen our culture and our traditions. With improved health we will no longer lose many of our people too soon to poor physical and mental health. Our history as a people attests to our ability to respond to challenges, overcome the adversities that we sometimes face, and maximize our opportunities.

I was interested to see on the agenda the topic of building sustainable tribal health programs through compliance with policy goals, laws, regulations, and other rules. In the health arena, aligning your health goals with the health goals of the Department of Health and Human Services, or seeking out HHS programs that your communities need, will strengthen your program and improve the chances of being selected to receive an HHS grant or contract. Another aspect to sustaining a health program is to ensure that you are applying for all the federal grants you can. And you are not. Tribes are not applying for 30 percent of HHS grants that they are eligible for.

In my position as the Director of the Indian Health Service, I also serve as the Vice-Chair for the HHS Intradepartmental Council on Native American Affairs. This Council is comprised of all of the Directors of the various Operating Divisions and special Administrations and Commissions of the Department. Our goal is to apply the resources of the Department in a coordinated manner toward various Indian health issues and challenges. The Secretary also directed the Council to identify and eliminate barriers that prevent Alaska Native and American Indian governments, organizations, and programs from accessing HHS programs and funding. And so, the Council undertook a Grants Access Study to inventory HHS programs and determine how many of those programs were being accessed by Tribes. The study indicated that HHS has 315 programs that offer grant funding. Of the 315 programs, Tribes are eligible for 125, or about 40 percent, of the grants offered by the Department. Of the 125 programs, Tribes are only accessing 85 of them. In 2004, the Council will begin to look at why Tribes are

not accessing the other 40 grant programs. If the challenges to accessing these grant programs are internal to HHS, we are going to eliminate that barrier. As you continue to build sustainable tribal health programs – if you identify barriers, both I and the Intradepartmental Council would be interested in knowing of them.

The revitalization by the Secretary of the HHS Intradepartmental Council on Native American Affairs is another demonstration of our collective resolve to work as a team to look for solutions to the issues that confront us and also reconfirms that all resources of the Department, and not just those of the IHS, can be part of the solutions.

There are other factors that affect the delivery of health services to our communities in rural areas, such as the poverty level in most rural communities and the lack of a significant population base to influence decisions at the state and national level. Approximately 43 percent of all Indian people live in non-metropolitan areas, making the Indian population the most rural population in the U.S. And often, unless statutory language specifically identifies rural or tribal communities for service, cost factors and lack of awareness sometimes lead States to direct funds to the areas where there is greater perceived benefit for the expenditure.

Another factor is allocation formulas based on numbers of clients or anticipated costs. Often rural communities with small numbers of participants and the inability to spread costs across a larger client base are not as competitive. And many federal programs require matching funds from the community being served; unfortunately, many rural communities often have fewer public and non-profit entities from which to build the coalitions that can generate the needed match funding for initiation and maintenance of programs that benefit rural communities. Further, with a small number of community-based organizations in rural areas, including faith-based organizations, the community is less likely to be eligible to apply for and receive federal or other Health And Human Services grants.

Another aspect to accessing care is knowing what services are available, and without outreach language in authorizing statutes, States may not be encouraged to serve rural communities and these communities frequently never learn of opportunities. Another barrier for developing programs or services is a lack of data to justify establishing those programs. For example, confidentiality protections limit data analysis for smaller geographic areas for the Center's for Disease Control and Prevention's National Center for Health Statistics – while providing important protections for citizens, this hinders some in-depth rural analysis of national survey data that might result in better informed policy making.

The costs of providing care to rural communities are higher, and as a result of poverty, the individual usually requires greater resources – thus raising the per client costs. The higher per client costs sometimes exceed the statutory payment caps and, as a result, further discourages providers from having a larger low-income client base. Providing care in rural areas also entails greater transportation costs because of the need to transfer the client over great distances to a facility that can provide the necessary services. Most IHS and tribal facilities are located in rural or isolated areas, and because of the low population densities, the medical infrastructure to respond to the health needs of individuals and communities is not as comprehensive as it is in urban areas.

The technological infrastructure of some of our rural locations also presents a barrier for accessing or receiving care because it cannot support some of the options of telemedicine and technology. In addition, the funds to build a telemedicine capacity largely go to academic medical centers, which, for the most part, are in urban areas. Also, little over half of the local health departments in rural areas have high speed internet access, broadcast communications capacity, and facilities and equipment for distance-based training.

What is being done to address some of the challenges for providing care in rural settings? In addition to the efforts of the Intradepartmental Council on Native American Affairs, the Department undertook a study on providing health services to rural and tribal communities. As a result, HHS is exploring how even greater coordination of health care and social services can benefit rural communities, where resources and providers are limited. One effort is removing duplicative research and policy-making efforts by identifying when program categorical funding could result in making rural providers specialize in providing one service when they could be providing the same clients multiple services. The Department also considers that policy-making can better serve rural programs by distinguishing data as rural or urban and by requiring data that describes rural programs and outcomes. Highlights of other recommendations include developing a rural impact analysis statement to be included in all proposed regulations or regulatory changes that would affect rural and tribal programs; expanding on the efforts of the IHS, Centers for Medicare & Medicaid Services, and the Office of Rural Health Policy to improve collaboration between local health providers and the local tribal health systems; and sponsoring regional HHS-wide conferences to meet with Tribal, State, and local rural leaders to share information and to listen to their concerns with the goal of making changes.

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The ultimate goal of the Department and the Indian Health Service is the elimination of health disparities between all Americans. With the help and commitment of Alaska Native tribes and corporations, and each of us in this room today, I know we can achieve that goal.

Thank you again for inviting me to this conference, and thank you for your work on behalf of Alaska Natives and American Indians, which will ultimately create a healthier future for our children and our grandchildren.

Thank you.

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