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"Maximizing Resources through Partnerships:
The Future of American Indian and Alaska Native Health Care"
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"Partnering to Promote Health"

by

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I appreciate the honor of being invited to speak here today before a large group of tribal leaders and those of you who are involved with health programs back in your communities. Because we share a commitment to raising the health status of American Indian and Alaska Native people, I feel a sense of family and comfort being here with you today and sharing this meal.

Like everyone else in this room, I share a commitment to improve the health of our people. My commitment started at a very young age when I decided to become a dentist and serve Indian people. For the past 21 years, I have done just that during my career with the Indian Health Service. It is a privilege to now serve the Indian people of this nation as the seventh director of the Indian Health Service. As I said during my confirmation hearing June 11th, and when I was sworn in by the Secretary of Health and Human Services during our visit to Alaska tribes August 6th; my acceptance of the President's nomination had a lot to do with the professionalism, support, and passion of each of you and the employees of the IHS, tribal health programs, and urban Indian health programs. You demonstrate every day your commitment to meet our goal of raising the health status of American Indian and Alaska Natives to the highest possible level.

In 2005, the Indian Health Service will reach its 50th anniversary as an organization. Over that time span there has been significant improvements in the health status of Indian people. Mortality rates have decreased in almost all categories, including maternal deaths, gastrointestinal disease, tuberculosis, infant deaths, unintentional injuries, pneumonia, influenza, homicide, alcoholism, and suicide. The mortality rate from gastrointestinal disease alone has decreased by more than 91% since 1955, the year the IHS was established. This is due in large part to the fact that approximately 93% of American Indian and Alaska Native homes have been provided sanitation facilities since the inception of the IHS sanitation construction program—that's more than 230,000 Indian homes that have benefited from IHS funding of water and sewerage facilities, solid waste disposal systems, and technical assistance for operation and maintenance organizations.

And the lifespan of Indian people has increased from 51 years in 1940 to 71 years today, but that is still 6 years below the average life span of other Americans. And over this time frame our illness and disease challenges have transitioned away from infectious disease control to challenges of chronic disease and the consequences of behavioral and lifestyle choices.

The text is the basis of Dr. Grim's oral remarks at the 2003 National Indian Health Board Annual Conference in St. Paul, Minnesota, on Wednesday, October 1, 2003. It should be used with the understanding that some material may have been added or omitted during presentation.

That is why I believe that our most significant partners in helping us refocus our health efforts are our patients. They help us build the health service capacity of our Indian health system, and maximize the resources available for providing health and community services.

And by "our patients" I mean those who are currently patients and those who have the potential to become our patients. We need their help at the community and individual level in promoting and practicing the positive lifestyle changes necessary to prevent and lessen the chronic diseases that are reaching epidemic proportion in our people.

Indian people continue to experience health disparities and death rates that are significantly higher than the rest of the nation:

- Alcoholism - 770% higher
- Diabetes - 420% higher
- Accidents - 280% higher
- Suicide - 190% higher
- Homicide - 210% higher

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.

No one will argue with the fact that healthy people require fewer medical resources. And good health translates into greater satisfaction with life, increased productivity, and lower health insurance costs and less demand on our economic resources. As individuals we must do more, and encourage others by setting the example, to live healthy lifestyles and make fitness a way of life. One person can make a difference by changing families, and families change communities.

We must partner with our patients, of all ages, to reinforce healthy choices and behaviors. Some of them have already begun advocating for change and just need our assistance to help them get their message further. For example, the IHS conducted a diabetes screening of students attending Poplar Public School in Fort Peck, Montana. The findings of the study indicated that approximately 50 percent of the student body was in the at-risk category of developing diabetes. They were given health education on ways to prevent diabetes and steps to take if they had already been diagnosed with diabetes. One of the key factors was to change their eating habits. And the student body took it upon themselves and made a healthy decision and took a behavioral action – all 981 students of the three Poplar schools boycotted the school lunch program. The students expressed their concerns on the nutritional content of the food being served by the school's food service program. The middle school students were also concerned that for many of the students the school lunch was the only meal available to them and, with the reservation being a poverty stricken community, the middle school student body council purchased sack lunches for students who were unable to bring a lunch from home during the boycott. The boycott ended with:

- the Director of Food Services adding a salad bar with fresh fruits and vegetables,
- the students learning about food service guidelines that must be followed,
- and agreeing to work together to provide additional improvements and healthy choices for the school lunch program.

Four of the students later went to Washington, D.C., along with some IHS staff, to meet with the USDA Deputy Administrator of Special Nutrition Programs, and senior members of his staff – who have responsibility for the commodities foods program and also the school lunch programs in Indian Country. They shared with the Deputy Administrator their nutritional concerns and solicited their help for improving the school lunch programs. It also opened the door for further USDA and IHS collaboration.

Two of the students also made a presentation at the Diabetes Conference in Denver last December. And the students have had numerous requests from Tribal programs across the nation to give presentations to schools and at Tribal health meetings.

These students are making a difference – but they need partners to bring their message to others and to demonstrate what can be done. Because they do not have the resources to travel and, therefore, they cannot accept the invitations to share their story and serve as role models.

And other students at other schools are making a difference. Some have asked that soda and candy machines have their contents replaced with items that are more healthful. And there are tribal programs where they have community gardens so that there is an increase in vegetables in the diets of their community members.

These kinds of activities and partnerships are just as critical to maximizing our resources and meeting the health needs of our people as our partnerships with other federal and state agencies, academic and research institutions, and foundations and organizations.

We cannot overemphasize the importance of community input, ownership, and control of health promotion programs - not just because it is the right

thing to do, but because scientifically the programs work better. Study after study of primary prevention shows that the most important predictor of effectiveness of a prevention intervention is the degree of community ownership and control. This is true for studies on a wide variety of conditions and issues - from tobacco, to fitness, to nutrition, to school health. To this end, we have to develop more partnership programs for training community leaders and community members in wellness planning and motivation skills - so they can develop their own plans based on local priorities, needs, and resources. We can then involve more of our partners in the medical, academic, government, and philanthropic communities to help find the additional resources they might need to implement their plans

Without partnerships to promote health our health system, and the health system of the nation, will go bankrupt. For example:

- obesity-related health problems cost United States businesses an estimated $13 billion annually. And of the $13 billion, $8 billion, or 60 percent, was for health insurance costs.
- The total direct and indirect costs attributed to overweight and obesity amounted to $117 billion in the year 2000—that's $400 per person in America.
- And since obesity is a symptom or risk factor associated with so many diseases and health issues affecting our people – like diabetes, cardiovascular disease, arthritis high blood pressure, stroke, lipid disorders, and certain cancers – then it is easy to see the benefits to Indian people to remain healthy and the economic benefits to the Indian health system.

The cost of poor health to our families, our communities, and to our culture is immense. It is costing significant expenditures of already limited Indian Health Service, tribal, and urban Indian health resources, and the health trends indicate that unless change is made, the demand for costly services will continue to escalate. And most importantly, is the human cost; the humanitarian benefits of developing treatment and prevention activities to protect or restore the quality of life for our people makes our efforts worthwhile. However, the cost benefits for taking these humanitarian steps are also important to Indian people, since those saved resources can be reinvested in meeting the health challenges of Indian Country.

Another example is diabetes. The health care expenditures for people with diabetes are approximately $13,243 per person, compared with $2,650 per person for people without diabetes. Again, you can see the impact diabetes has on Indian Country when the per capita appropriation for Indian Health Service expenditures for our population is roughly $1900 per person. And you can also see the importance that partnerships play with foundations, academic medical centers, and other state and federal health programs as we try to meet the health needs of our families and communities.

Smoking is another example – the HHS report, "Prevention Makes Common Cents," determined that the annual cost for covering smoking cessation treatment and programs annually costs from 89 cents to $4.92 per smoker. Whereas the annual costs to treat smoking related illness ranged from $6 to $33 per smoker.

To successfully reduce the impact of these chronic illnesses and risk factors, and to build a health legacy for our children, means our partnerships must include members of our community to promote and engage in activities that improve our health. In addition to the Fort Peck example, another example of partnerships to promote health is the Indian Country Fitness Challenge program, which is to be launched at the National Congress of American Indians meeting on November 19th in Albuquerque. The Fitness Challenge has been initiated to bring a focus in Indian Country on the adverse impact of obesity. The Fitness Challenge provides the opportunity for each and every Indian community to begin to enhance community efforts to encourage and support programs that will increase physical activity and thereby reduce the adverse effects of obesity, such as diabetes and heart disease.

Another example is the NCAI Boys/Girls Club Initiative for Youth, which promotes better physical fitness and nutrition for youth . The NCAI, along with the Boys and Girls Clubs of America, are implementing six pilot programs in existing Boys and Girls Clubs in Indian Country to focus on physical activity among youth through a unique curriculum of health and wellness. The Boys and Girls Clubs have a long history of successful programs that have aided children in developing positive lives, and we expect no less in Indian Country.

We are in an era where our health status is dependent on the behavior choices we make. There are many factors that influence our health – factors such as the level of education we attain, our opportunity for meaningful employment, living in communities that are safe and have the necessary infrastructure to provide services and support, and our access to health care as well as our access to culturally sensitive health care.

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 – their decision to exercise, their decision to walk instead of ride, their decision to not smoke that

first cigarette or stop smoking, their decision not to abuse drugs and alcohol.

I said earlier that the cost of our health status is also a significant cost to our culture. We lose too 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. We have also led by example – and in this era of behavioral health challenges, we all need to set an example of health for those who look to us for our help and wisdom. At these meetings we often hear the phrase, "walk the talk." That is the solution and the foundation for facing today's health challenges. We must all "walk the talk" so that others will continue to have the health and stamina to follow us – as the Indian Health Service and its partners have strived to do for the past 48 years.

I began these remarks mentioning that our 50th anniversary is just two years away. In 1955, the Indian Health Service was transferred from the Department of the Interior. One person who championed the transfer and who strongly advocated for a public health model for raising the health status of American Indians and Alaska Natives was the first Director of the Indian Health Service, Dr. James Ray Shaw. One of the things that motivated him, he explained, was the fact that he found it unacceptable that the health of Indian people was so much below that of the rest of the nation that many young Indian men who wanted to join the military could not meet the minimum health requirements! In 1955, the Indian population was decimated with a number of communicable diseases, an extremely high rate of infectious diseases, poor housing, inadequate sanitation facilities, and lack of safe water and waste facilities. Dr. Shaw succeeded, with the help of IHS employees, in changing the health status of the American Indian and Alaska Native population, and that progress is being continued by you today.

The health of American Indian and Alaska Native youth is better today than it was in 1955 and the efforts of the Indian Health Service has made it possible for those who choose to serve in our nation's military to meet the health standards required. Our nation's military history has been enriched because of the service of American Indians and Alaska Native people. Like Lori Piestewa, there are many American Indians and Alaska Natives who have served in uniform and honored our nation and their Tribes through their performance and sacrifice. And there are many others today who are in harms way on behalf of their country. The work of the Indian Health Service and its partners has contributed to that distinguished history.

Thank you again for inviting me to this conference. When I am back in Washington, D.C., and dealing with the issues that we face, I draw strength from knowing that all of you out there are working on a daily basis toward a goal that we share, which is to protect and improve the health of ourselves, our families, and our communities because these are the people we serve.

Thank you.

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