National Alaska Native/American Indian Nurses Association Summit

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"Indian Health Priorities"

by

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Good morning. I am honored to be here today to speak before this very important organization and to update you on Indian health priorities and issues. I know all of you here today share my vision of a healthier future for American Indian and Alaska Native people, and are working hard to make that vision a reality. Your efforts, and that of your predecessors, have helped make great progress in elevating the health status of American Indian and Alaska Native people over the years.

Since 1974, Indian life expectancy has increased by more than 9 years, due to the dramatic reduction of mortality rates from a host of diseases and chronic conditions, such as tuberculosis, infant deaths, maternal deaths, and unintentional injuries, to name just a few. This is an achievement we can all be proud of, especially those of you on the "front lines" in the provision of health care to Indian people.

And yet, as we all know, there are still wide gaps in general health status between Indian people and the rest of the U.S. population. Mortality rates from diabetes are 3 times as high as in the rest of the U.S. and death rates for unintentional injuries and motor vehicle crashes are 2½ to 3 times higher than the national rates. And perhaps most disturbing, the suicide and homicide rates among Indian people, especially among our youth, are nearly twice as high as in the general population.

These types of health disparities, which are so strongly influenced by lifestyle and behavioral health issues, cannot be addressed solely through the provision of conventional health care services. Changing behaviors and lifestyles and promoting good health and a healthy environment are critical steps in improving the health of American Indians and Alaska Natives.

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In order to address these issues, the IHS has established three major focus areas, or Director's initiatives, which many of you here today are probably aware of and involved in right now. They are: **Health Promotion and Disease Prevention, Chronic Disease Management, and Behavioral Health.**

Through our **Health Promotion and Disease Prevention** initiative, the IHS is preparing for the future of Indian health care. We know we must emphasize the primary prevention of chronic diseases such as diabetes, obesity, cardiovascular disease, cancer, and injuries, if we are to continue to improve and maintain the health and wellness of Indian people and communities through the next generations.

The Public Health Nursing program continues to be at the forefront of our community-based health promotion and disease prevention efforts. The last two years of public health nursing project awards have focused significantly on health promotion. For example, out of 27 projects, 13 focused on the prevention of obesity, 4 on improving immunization rates, 6 on cardiovascular disease prevention, 1 on fetal alcohol syndrome prevention, and the remainder on a combination of these, including tobacco abuse.

In addition to Public Health Nursing, our Women's Health Program provides grants for improving the health status of American Indian and Alaska Native women. Each of the current five grantees is targeting health promotion and disease prevention. For example, the Ho-Chunk Nation of Wisconsin implemented individualized programs to support lifestyle changes to reduce the risk of cardiovascular disease and stroke. Other grantees have worked diligently to create community-based wellness activities such as walking clubs, historical community gardens, senior health fairs, breast cancer awareness walks, healthy snacks in the workplace projects, and more.

The IHS is also focusing a number of its prevention/intervention efforts at the school level through innovative partnerships with other federal agencies, including the Bureau of Indian Affairs and Office of Indian Education Programs. Public health nurses, dedicated school nurses, community health representatives, health educators, optometrists, and dentists, to name a few, are working with students in the classroom, providing surveys and educating and training school staff as well as the children.

Working in concert, the IHS and Tribes have taken a number of actions aimed at health promotion and disease prevention. This includes numerous programs and partnerships to promote healthy lifestyles and improve community health, such as the "Just Move It Campaign." This nation-wide campaign has a goal of getting one million Native people *up and moving*. Currently 147 Tribal communities are actively participating in this program.

There are many other innovative health and fitness projects and collaborations underway in Indian communities across the nation at the national, regional, and local level. The IHS awarded 20 community-based grants in FY 2005 that focused on risk factors that impact chronic diseases among American Indians and Alaska Natives. The IHS Area Health Promotion and Disease Prevention coordinators are all working diligently in their respective Areas to further this initiative at the local level in order to help reduce chronic disease and associated health disparities. And we are continuously working with Tribal and Urban Indian programs and organizations to increase our efforts to supply the ways and means to promote healthy lifestyles among our people.

For example, the IHS has conducted the first-ever Healthy Native Americans Fellowship training, with over 40 public and community health, law enforcement, social services, Tribal leadership, and community volunteers from across Indian country. A key part of the program is the Healthy Community Action Learning Process. Fellowship teams will put their ideas into action for enhancing community health and well-being, and draw on the experience of Healthy Native Communities faculty and staff to advance their progress.

As I have mentioned, in Indian country and across the nation, we are struggling with chronic diseases, especially diabetes, heart disease, cancer, and depression. In fact, chronic disease has replaced acute disease as the dominant health problem in America, and is considered to be the principal cause of disability and use of health services. The IHS **Chronic Disease Initiative** is focusing on using innovative and state-of-the-art approaches to helping individuals manage chronic disease and minimize its impact on their health and function.

Last December a group of clinical leaders, including our Chief Nurse, Sandra Haldane, met under the guidance of Dr. Kelly Acton, Director of Diabetes Treatment and Prevention, and Dr. Craig Vanderwagen, Chief Medical Officer, to identify the best mechanism for managing persons with chronic conditions. The group explored the Chronic Disease Model of the World Health Organization and the Model developed by Ed Wagner and Group Health in Seattle. The Chronic Disease workgroup has since met twice and subsequently submitted a proposal to implement a chronic illness management model in several pilot sites. This model relies heavily on case management and community involvement. This means that community-based personnel such as public health nurses and CHRs will be key players in this initiative.

We know that in order to effectively address chronic disease, we must address a wide spectrum of contributing factors, ranging from the quality of prenatal care to the availability of employment opportunities. That is why it is important to have all federal, Tribal, Urban Indian, and state public health agencies and organizations, as well as other public and private organizations, working together as part of a continuum to improve health and eliminate health disparities. To this end, the IHS has established a variety of partnership efforts to promote health and wellness among Indian people.

For instance, we are working with the *National Boys & Girls Clubs of America* to increase the number of Boys and Girls Clubs on Indian reservations in order to help promote healthy lifestyles and physical activity among our youth. There are now 189 Boys and Girls Clubs on Indian reservations; we have a goal of increasing that number to 200. And a partnership effort between IHS and the *NIKE Corporation* is focusing on the promotion of healthy lifestyles by contributing in various ways to both national and reservation health walks and runs and health promotion/disease prevention conferences.

And the IHS continues to provide support for the *United National Indian Tribal Youth, or UNITY* organization, which focuses on helping to develop leadership qualities in our American Indian and Alaska Native youth and young adults.

The IHS is also supporting the *Native Vision* program operated by the *Johns Hopkins Center for American Indian Health* and the *NFL Players Association* that mobilizes NFL players and other professional athletes to serve as mentors for Native youth. Each program area involves a variety of school, community, and home-based outreach activities, including an annual summer camp held on an American Indian reservation. It was attended last year by 800 Native youth from 25 Tribes from across America and 40 professional athlete-mentors. The

2004 and 2005 camps were held by the United Pueblo Tribes in New Mexico. Plans are to hold the 2006 camp in Oklahoma.

And our partnerships efforts also extend to the international arena, through a *Memorandum of Understanding between HHS and Health Canada***.** As part of the MOU, plans are underway to establish a workforce exchange with the IHS Division of Nursing and the First Nations and Inuit Health Branch of Canada Division of Nursing Services. Early next year, three nurses from First Nations Inuit Health Branch will spend 2 weeks with three of our programs, one in a leadership capacity, one in public health, and one in an expanded role. Subsequent to that, three of our nurses, a nurse leader, public health nurse, and an advanced practice nurse will travel to First Nations/Inuit communities. This exchange will further a dialogue about the issues facing our population and how we deliver care to our peoples. Plans are also underway for other disciplines to be included in this initiative in the near future.

Behavioral Health may be the underlying thread through all of the Director's initiatives. Addressing behavioral health and mental health issues in our communities is crucial, and we need to increase our focus on screening and primary prevention in mental health. We know that mental health issues such as depression can also make chronic disease management more difficult and less effective. And that the high rates of suicide, domestic violence, homicide, and sexual assaults in Indian communities are a reflection of a host of mental health issues.

One of our Women's Health Grantees has been implementing culturally responsive programs for victims of domestic violence and sexual assault. These programs are promoting community awareness and dialogue about domestic violence and sexual assault, mobilizing the community to intervene, and working at increasing access to and acceptance of existing preventative services. Partnerships with the Department of Justice, SAMHSA, and the Administration on Children and Families have also allowed us to provide grants to organizations to identify, intervene, and prevent domestic violence and the associated mental health problems.

And we are realizing more and more how important it is to begin addressing mental health issues at a young age, before problems becomes entrenched. Researchers supported by the National Institute of Mental Health have found that half of all lifetime cases of mental illness begin by age 14; three quarters have begun by age 24. The study also reveals that an untreated mental disorder can lead to a more severe and difficult to treat illness, and to the development of co-occurring mental illnesses.

I think in the past we as a nation have been reluctant to acknowledge the prevalence of serious mental health issues in our young. But it is an issue we must actively address, and one we are acutely aware of in Indian Country. The tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the nation. And substance abuse, another self-destructive coping attempt, is on the increase in Indian communities, progressing from what had previously been primarily alcohol abuse to now include polysubstance abuse, including crack and methamphetamines. I think that it is crucial that we listen to our youth, and find ways to help them, as well as helping all those in Indian Country who suffer from the tragic effects of mental illness.

To address the high rates of suicide in American Indian and Alaska Native communities, I have established a suicide prevention committee. As part of this effort, IHS and the SAMHSA are collaborating on the development of a National Suicide Prevention Network, which is targeting two areas — the development of a community suicide prevention website that will include culturally appropriate information, and training sessions for a network of representatives from each IHS Area that will focus on topics such as youth suicide prevention, critical incident stress management, and basic skills training.

Also, as part of the *HHS and Health Canada MOU,* the IHS and Health Canada have established a Suicide Prevention Working Group to develop critical long-term goals. These goals include the compiling of a directory of suicide prevention programs for Indigenous peoples; development of suicide prevention websites; and collaboration on an Indigenous Peoples Suicide Prevention conference to be held in February 2006.

These partnerships, and many more like them, help strengthen our efforts to improve the health and wellness of American Indian and Alaska Native youth, adults, elders, and the generations to come.

One issue of special concern to all of us in Indian health care is the **reauthorization of the Indian Health Care Improvement Act**, the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives. This important piece of legislation was first enacted in 1976 to recognize and address the health disparities between Indian people and the rest of the U.S. population.

On October 27 the Senate Indian Affairs Committee approved changes to the bill as introduced before reporting it out. This committee action moves this important bill forward in the legislative process. Chairman McCain amended the bill to address some of the significant concerns raised by the IHS and the Administration. These changes included restoring the current law for the Section 104 Scholarship program funding distribution. This keeps the program as a national program instead of splitting the scholarship funds up by Area and Tribe, which helps to maximize the benefits of the IHS scholarships funding. Other changes included restoring specific authority for the IHS to maintain diabetes coordinator positions at the Area level to provide critical program support to the Tribal diabetes prevention and treatment activities.

The bill was also amended to add new demonstration authority in the Behavioral Health title for an Indian Youth Telemental Health grant program. Senator Dorgan proposed this change to place a high priority focus on the continuing need to address the Indian youth suicide problems.

Another significant activity of the Agency has been the implementation of a **Strategic Management of Human Capital** initiative to help develop and enhance our most valuable resource, our employees. Key positions within the Agency were identified, and nursing certainly was one of them. My Executive Council has been tasked with strategizing on the managing and planning for our current and future workforce, ensuring they have the skills to meet the demands of our current needs as well as providing for the future leadership of our Agency. Core competencies were developed for key positions, such as clinical nursing, nurse executives, and nurse leaders. We are now in the process of identifying ways to close the gaps on identified competencies. In addition, we have established a mentoring program to help

develop our future leaders and ensure that we are able to place the right people in the right positions to lead the Agency.

Once again, nursing was on the forefront. Recognizing mentorship as key to the success of up and coming leaders, the National Alaska Native and American Indians Nurses Association, in partnership with the New Mexico Indian Nurses Association, the Native American Nurses Association, and the nursing leadership groups of IHS, have developed a mentorship program for our scholarship students, and it is being rolled out at this summit.

Thank you for inviting me to speak at this conference and for the opportunity to meet with all of you here today. This organization and its members are vital partners to the Indian Health Service in elevating the health status and promoting the wellness of American Indian and Alaska Native people and communities. And I want to assure you that I will continue to support this National Association and will do what I can within the appropriate roles and regulations the IHS must follow.

I appreciate your assistance in reaching this goal, and look forward to continuing our work together for the benefit of Indian people.

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