Southeast Alaska Regional Health Consortium

Sitka, Alaska

April 2, 2005

"Initiatives in Indian Health"

by

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Good morning. It is an honor and a delight to be here amid some of the world's most sensational scenery, and surrounded by some of the world's most dedicated Indian health leaders and proponents. Walking through the picturesque town of Sitka, while looking up at the majestic Three Sisters Mountains, is truly an enriching experience, as is being here today with all of you, and being able to personally extend my appreciation for all you do and all you have done for healthcare in Southeast Alaska, for Alaska Native health, as well as the positive effect your efforts have on Indian health across the nation. As I have said so many times before, it is all of you in the field who make the real difference in Indian health, and I never forget that.

I want to take a few moments to describe some major Indian Health Service (IHS) health campaigns that I believe will achieve significant improvements in health that are critical to the future of Indian people, families, and communities. As an Agency, we are establishing three major focus areas, or director's initiatives. They are:

1. Health Promotion and Disease Prevention
2. Behavioral Health, and
3. Chronic Disease Management

The text is the basis of Dr. Grim's oral remarks at the SEARHC Tribal Leader's Summit on April 2, 2005, in Sitka, Alaska. It should be used with the understanding that some material may have been added or omitted during presentation.

First of all, we have formally established a Health Promotion and Disease Prevention (HP/DP) Initiative to focus on the need to address chronic diseases through health promotion efforts targeted at healthy lifestyles and disease prevention efforts.

To that end, I have taken a number of actions aimed at health promotion and disease prevention. For example, there is the Healthy Native Communities Fellowship program, which is providing training sessions to community leaders who want to enhance their ability to promote health in Native communities and make a difference in the quality of life for Indian people. The program includes four Alaskan teams, including the Community Fun and Wellness Team, which comes from the Southeast Alaska Regional Health Consortium (SEARHC) region.

I have also asked our IHS Area Directors to recruit a health promotion and disease prevention coordinator in each of our 12 Areas, and I look forward to the great work that they will be doing this year and in the upcoming years. The Alaska Native Health Consortium has already led the way in this endeavor, having hired an HP/DP coordinator about a year ago. And I understand some real progress is being made, including a Health and Wellness Fair being held in May, with a Native Youth Olympics event.

We have also engaged Tribal leadership through our Health Promotion and Disease Prevention Policy Advisory Committee, and now they are taking this initiative out to Tribes and Tribal communities.

We have also partnered with other federal agencies, both within and outside the Department of Health and Human Services (HHS), as well as with various private organizations, to help promote wellness in Indian communities. For example, we have partnered with the National Indian Health Board on the "Just Move It Campaign," which is committed to a goal of having 1 million American Indian and Alaska Native people engaged in an ongoing program of physical activity this year. And the National Congress of American Indians and the National Boys & Girls Clubs of America are working with the IHS to help reach their goal of increasing to 200 the number of Boys and Girls Clubs on Indian reservations by the end of 2005.

Then there is our Memorandum Of Understanding (MOU) with the NIKE Corporation that focuses on the promotion of healthy lifestyles for all American Indians and Alaska Natives. And within the IHS, we are launching an obesity workgroup that will be taking the lead in dealing with this very complex and important work.

I believe that addressing behavioral health issues is paramount to ensuring the success of our health promotion and disease prevention efforts. We need to focus on screening and primary prevention in mental health, especially for depression, which manifests itself in suicide, domestic violence, and addictions. We know that depression also makes chronic disease management more difficult and less effective.

To address behavioral health issues, the IHS is looking at ways to more effectively utilize treatment modalities that are available and to increase and improve documentation of mental health problems, and we must also seek ways to increase available resources for mental health. We now have more effective tools for documentation through an innovative behavioral health software package, and I believe that Tribal communities are focusing more

on these mental health needs. We are also dedicated to working with other organizations on these issues, most notably the Substance Abuse and Mental Health Services Administration, as well as many of the Tribal organizations and foundations that can help bring more resources to bear on these problems.

I would like to commend the innovative work SEARHC is doing in providing behavioral health services over a rapidly expanding network of video-teleconferencing capabilities. This telehealth effort provides health services such as basic patient visits and medication consults, as well as related services such as peer review and educational seminars for local behavioral health counselors and providers. Telehealth has resulted in significant improvements in access to behavioral healthcare services.

As a nation and in Indian country, we are struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma and depression. We must address not only the primary prevention of these chronic diseases if we are to critically influence the future health of our communities, but we must look at better chronic disease management in our clinical care of our patients.

And we are making notable progress. Our 2002 Diabetes Care and Outcomes Audit documented dramatic improvements in the availability of community-based programs to prevent and treat diabetes. The Audit reported a 62% increase in healthy eating programs for children and families, a 42% increase in programs for weight management in children, and a 51% increase in physical activity programs for children and youth.

Our challenge on all these initiatives is to bring together all of the partners that can help - Tribal leaders, Tribal organizations, federal agencies, academic institutions, private foundations, and businesses, in order to improve the health of Indian people.

Within the Department of Health and Human Services, many effective behavioral health promotion and disease prevention partnerships and cooperative efforts have been established in recent years, including partnerships with the Substance Abuse and Mental Health Services Administration, the Administration for Children and Families and their Head Start program, the Administration for Native Americans; and continued partnerships with the Centers for Disease Control and the National Institutes of Health in the areas of diabetes research, treatment, and prevention.

The responsibility for improving the health status of Indian people and for eliminating health disparities has expanded beyond the IHS. There are more than 320 programs within HHS with approximately 125 of them established for or directed toward Tribes and Tribal organizations.

The reestablishment of the Intradepartmental Council for Native American Affairs has also helped to build collaboration between all HHS programs so that American Indian and Alaska Native health issues are addressed by all programs of the Department.

All of these partnerships are helping us further our goal of bringing all relevant resources to bear on issues that affect the health status of American Indians and Alaska Natives.

Like your organization celebrating its 30th anniversary, I would also like to take this opportunity to mention an important milestone in the history of the Indian Health Service.

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In July of 1955, the Indian Health Service was officially transferred from the Bureau of Indian Affairs to the Public Health Service, making FY 2005 the 50th anniversary year for the Indian Health Service. In FY 2005 there will be special acknowledgements of our 50th year in a variety of places.

The demographics of health care delivery have changed dramatically since our organizational infancies. Sovereign Tribes and Tribal organizations, as SEARHC has shown, have been substantial forces in providing health care in their respective locations, and I commend them for that effort. Together we have learned the importance of sound business practices, and the need to provide compassionate and caring services in order to continue as viable health care providers in this competitive industry.

I hope all of you here will join us as we recognize this important date in the history of the Indian Health Service.

It was honor to be able to speak before you here today. I appreciate being invited to share this time with you and the opportunity to view the magnificent scenery of Alaska. I hope to return soon.

Thank you.

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