

INTRODUCTION

- A. Purpose This chapter establishes the goals, objectives, responsibilities, and guidelines for Indian Health Service community and public health education activities in Indian Health, Tribal and Urban communities, schools, clinics, hospitals and work sites.
- B. Policy The Indian Health Service strives to maintain those health education components that address health promotion, disease prevention in American Indian and Alaskan Native communities. Indian Health Service, Tribal and Urban administrators, working with their health education staff in all stages of planning and implementation of Health Promotion/ Disease Prevention activities, will ensure that this policy will apply to all Indian Health Service health education programs, and, as appropriate, to all Tribal and Urban health education programs.
- C. Background Authorization for Health Education.

1921: *The Snyder Act*: The Snyder Act was the first legislation enacted by Congress providing permanent authorization for appropriations in the area of Indian health care. This Act was the primary authorizing statute for Indian health programs until passage of the Indian Health Care Improvement Act in 1976.

1934: The first Supervisor of Health Education appointed. Indian Health Service Health Education Program officially begins.

1954: *The Transfer Act*. Transferred all hospital and health facility maintenance and operation functions from the Department of the Interior to the Department of Health, Education and Welfare (now Health and Human Services). The *Transfer Act* implicitly acknowledged the obligation of the United States to provide health care to Indian people.

Congress mandated line item accountability for all Indian Health Service health education budget appropriations to indicate Congressional commitment to a comprehensive Health Education program.

(3-12.1 Continued)

- D. Program Concept An Indian Health Service, Tribal and Urban health education program will combine needs assessment, sound principles of education, and periodic evaluation of American Indian/Alaska Native populations.
- E. Health Education and the Practitioner Health education programs and staff develop, coordinate, and evaluate Health Education Services in an effort to overcome behavior change obstacles. They also develop and conduct specific evaluations to promote and measure behavior and education outcomes.

A major focus of Indian Health Service, Tribal and Urban Health Education programs is to provide in-service training in educational methods and techniques for other health care providers. Health education programming coordinates and reviews community epidemiology, to include: assessments, program planning, and the development of cohesive, coordinated risk reduction strategies for multi-disciplinary health care teams.

- F. Mission The Indian Health Service, Tribal and Urban Health Education Programs provides assistance to American Indian/Alaska Natives in the determination and improvement of their health status incorporating cultural beliefs, practices and traditions. The program is committed to working in partnership with individuals, groups, and communities in the provision of health services. The program emphasizes wellness; health promotion and disease prevention and related behaviors associated with American Indian/Alaska Natives health problems.
- G. Goals The goal of the Indian Health Service, Tribal and Urban Health Education Program is to assist American
- H. Indians and Alaska Natives to adopt healthy lifestyles; to assist in the selection and use of health care resources, products, and services; to assist Indian leadership in the advocacy of health care; and to influence policy and planning on health education issues.

(3-12.1 Continued)

- I. Standard Goal Settings Health Educators adhere to the following standards:
1. The Society of Public Health Education (SOPHE) Code of Ethics
 2. The Health Education Resource Management System (HERMS)
 3. The Certified Health Education Specialist (CHES) competencies
 4. Compliance with Service Unit Standards of Quality Assessment and Improvement
 5. Development of Health Education policies/plans through the utilization of the ten (10) Core Public Health Functions
 6. Eight components of Comprehensive School Health
 7. Monitor "Healthy People 2010" objectives.
 8. Compliance with the National Health Education Standards, 1995.

Standards for Program Review using the Indian Health Service, Health Education Program Review Guidelines for Indian Health Service, Tribal, and Urban Health Education Programs.