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"Strategic Plans and Health Initiatives"

by

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Good morning. It is truly an honor to be asked to speak here today before this impressive group of academia. I would first of all like to commend the Native American Center of Excellence for the very important work they are doing to recruit and further the education of American Indian and Alaska Native students. As Director of the federal agency charged with the responsibility of providing culturally appropriate health care services to approximately 1.8 million American Indian people, I am eager to see more American Indian physicians brought into the Indian health system. I believe that they provide an important perspective and a special understanding of the people they serve, and that their unique contributions are invaluable to our efforts to provide the highest quality health services to American Indian and Alaska Native people. I commend the work you are doing to further this goal, and extend my gratitude on behalf of the Indian Health Service (IHS) for the success you have had so far in recruiting and educating Indian physicians.

I want to describe some major IHS health campaigns that I believe will achieve significant improvements in health that are critical to the future of Indian people, families, and communities. These initiatives will be targeted at health outcomes that will have a beneficial impact, demonstrate measurable achievements, and attempt to change basic practices and procedures as well as unhealthy behaviors.

As a Nation we are now struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma, and depression. It has been apparent that we must address the primary prevention of these chronic diseases if we are to critically influence the future health of our

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communities. In fact, we are currently witnessing a shift in the nation's healthcare focus from treatment of disease to prevention of disease.

Historically, the IHS has been successful in improving the health status of the American Indian and Alaska Native population by focusing on preventive and primary care services and developing a community-based public health system. Examples can be seen in the dramatic decreases in mortality rates for certain health problems between 1972-1974 and 1997-1999; including a 79% reduction in maternal mortality, an 80% reduction in tuberculosis mortality, a 72% reduction in mortalities from gastrointestinal disease, a 65% reduction in infant mortality, and a 54% reduction in mortalities from unintentional injuries. In addition, the average death rate from all causes for the Indian population dropped a significant 21% between 1972-1974 and 1996-1998.

However, we are currently witnessing a growth in the Indian population and an increase in chronic disease rates that, along with socioeconomic constraints, are increasing the challenge of effectively improving the health status of this population. We are working with a population with a number of significant socioeconomic barriers that we know impact health. It is therefore no surprise to any of us that the Indian population suffers disproportionately from a number of chronic health problems; for example, rates of alcohol abuse that are more than 6 times higher than the rate for U.S. All Races; diabetes rates that are 2.6 times higher than for non-Hispanic whites; and mortality rates from diabetes that are 2.9 times more than for non-Hispanic whites. In fact, the death rate from diabetes in the Indian community increased by 79.9% between 1972 and 2001.

To help address these disparities and other chronic diseases, the Indian Health Service has established three major focus areas: Health Promotion and Disease Prevention, Behavioral Health, and Chronic Disease Management.

We know the future of Indian healthcare relies on our addressing the unhealthy behaviors that are linked to most of the leading causes of chronic illness and death among our people. It is vital that we have programs in place to assist our people in making and sustaining healthy lifestyle choices.

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

To help highlight the need for health promotion efforts in our communities, we held the first-ever Indian Health Summit last September. The Summit raised the awareness of health disparities and focused on many best and promising practices and also provided a forum to share these ideas. A special session on community planning was held so we can continue building healthy Indian communities.

Then 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 Fellowship will help prepare these leaders to work toward community change and wellness.

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.

Together with our Tribal partners and other Indian health partners and organizations, such as the Native American Center of Excellence, we have accomplished much through our health promotion and disease prevention efforts across Indian Country, with its focus on our Indian patients and communities. We have 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. There are now approximately 185 Boys and Girls Clubs on Indian reservations, and they play an important role in our efforts to encourage increased physical activity and foster healthy youth.

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. I met with NIKE officials on February 23 to further explore the development of a NIKE diabetic shoe that will make it more comfortable for people with diabetes to exercise and be fit.

And within the Department, we are encouraged by the promotion of such programs as the STOP THE POP campaign, which is dedicated to reducing the consumption of sugar-laden sodas in order to help address the alarming trend of increasing obesity, as well as addressing oral health issues that contribute to overall wellness. 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. These unhealthy behaviors are killing Indian people, and we can do something to help. 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.

As I mentioned earlier, 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. That is why we are bringing together a team to develop a strategic plan to address chronic disease. They had their first meeting in December and I look forward to hearing about their recommendations for our health systems.

I have highlighted a few of the actions that the IHS has taken to jump start a change in the culture of our organization to one that not only continues to provide exceptional health care, but also one that really does make preventive health, behavioral health, and chronic disease management a priority. And we are making notable progress. Our 2002 Diabetes Care and Outcomes Audit, which included participation from over 239 programs and represents care to over 100,000 patients with diabetes, documented dramatic improvements in the availability of community-based programs to prevent and treat diabetes, one of the main chronic diseases that disproportionately affects American Indians and Alaska Natives. 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 such as this one, 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. To this end, Health Resources and Services Administration (HRSA) Administrator Dr. Betty Duke and I have established a work plan to ensure that our communities have greater access to HRSA resources by promoting more Community Health Center grants to Indian communities and increasing access to more of the health professions resources within HRSA.

The reestablishment of the Intradepartmental Council for Native American Affairs (ICNAA) 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. The ICNAA has charged the Assistant Secretary for Planning and Evaluation to conduct a study to determine the barriers that our communities face when applying for HHS grants. Key HHS staff within each of the 125 programs will be surveyed as well as key contacts in the Indian community. The survey of HHS staff will be conducted within the next month and the outside focus group effort of the Tribes is to occur in late spring or early summer of this year. We know this to be the first, but critical step in developing the appropriate changes within HHS to ensure better access by our communities.

We have also established an international collaboration in support of Indian health issues. A Memorandum of Understanding between the HHS and Health Canada was signed in May

2002, to further collaborative efforts between our two countries specifically centered on Native health. Within IHS, three working groups have been established to further the activities of the MOU; the Suicide Prevention Working Group; the Ad Hoc Working Group on Fetal Alcohol Spectrum Disorder, and the Research Working Group. Through these workgroups, this collaboration has already provided a rich exchange of ideas and information.

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.

Another of our prime IHS initiatives is one that relates directly to what you are trying to accomplish here at the Native American Centers for Excellence – addressing the human resource needs of the present and future Indian health system.

For the past few years, human resource issues have been at the forefront of our concerns …and this is reflected in the President's Management Agenda and the Secretary's Management goals, which have made Strategic Human Capital Management a focus area for all federal agencies. We have begun to put together a strategy for addressing what policies needed to be adopted to support leadership development, and what can be done to revamp and strengthen our human resource program so that we can be effective in recruiting and retaining good staff.

Also, an important aspect of managing our human resources is succession planning. We are seeing our colleagues retiring or planning to retire in unprecedented numbers. Almost 30% of our staff is retirement eligible in the next 4 years -- and that is not just an IHS phenomenon -- this is occurring government-wide.

So this year, we are going to develop a succession plan where we assess competencies of our management team at the Headquarters, Area office, and service unit levels to identify a pipeline to be created for targeted management positions. We will each identity one or two people who could replace us, and begin mentoring and training them. We are going to need to give them an opportunity to be in exchange programs and to participate in formal training programs.

The implementation of the succession plan and implementation of the competency study will enable the IHS to be prepared and successful in meeting future challenges and changes.

I would also like to take this opportunity to mention an important milestone in the history of the Indian Health Service. 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 we are embarking on a special year of celebrations, and there will be special acknowledgements of our 50th year in a variety of places and special events. The specially designed 50th Anniversary logo is appearing on IHS official documents now, and a 50th Anniversary reference library of historical documents and photographs is being compiled, which will be available on the IHS website and on a special 50th Anniversary CD. A visual picture of our history will also be made available in the form of specially designed posters that depict the history and major accomplishments of the IHS.

We are also publishing a new edition of the "Gold Book," which was first published in 1957 as a comprehensive report to Congress on the status of the health of American Indians and Alaska Natives around the time of the transfer. The new version will show the progress made in the last 50 years, and our plans for facing the challenges of the next 50 years.

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

In closing, I would like to thank you for inviting me to speak here today, and for your interest in the health and wellness of American Indian and Alaska Native people. I am pleased to have this institution as a partner in our efforts to ensure there will be a brighter future for Indian health care, and that a cadre of Indian health care professionals will be available to help lead us into that future.

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