Alaska Federation of Natives
38th Annual Convention

"Education and Cultural Self-Determination"
October 23 - 25, 2003
Anchorage, Alaska

"A National Perspective on Health"

by

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October 23, 2003

It is an honor to be invited to speak here today. The health status of Alaska Natives and American Indians throughout the nation is a reflection of the self-determination of the indigenous people of this country and the government-to-government relationship between our Sovereign Nations and the Federal Government. The connection of health to every facet of our lives – for example, education, culture and traditions, family relationships, employment, and individual success and achievement – is undeniable. Study after study confirms those connections. The higher someone's education level, the higher their health status. The higher someone's health status, the greater their potential for educational achievement and success. Higher education level results in increased earning power. Greater income results in higher health status. It is a complicated and never-ending cycle; there cannot be an improvement in health status without an equal improvement in other factors that influence health status.

And this has never more true than now. The Indian Health Service will celebrate its 50th anniversary in 2 years. Over that time span, there have been significant health challenges that have been overcome. Mortality rates have decreased in almost all categories, including maternal deaths, gastrointestinal disease, tuberculosis, infant deaths, unintentional injuries, pneumonia, influenza, homicide, alcoholism, and suicide. And the lifespan of Alaska Natives and American Indians 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 timeframe 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. These lifestyle and behavioral issues contribute to almost 70% of the diseases that occur at a higher rate in Indian country.

Because our health challenges today, as a nation as well as in Indian Country, are largely the result of behavioral choices – we need to help people make healthier choices. Ten percent of the nation's health status is because of access to health care factors, 20% are linked to genetic factors, 20% are related to environmental issues, and 50% of the nation's health problems are due to behavioral factors.

We must increase the positive factors that influence health status and will eventually eliminate health disparities among people of our nation and between Alaska Native and American Indians and the rest of the nation.

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Your efforts in ensuring cultural self-determination and increasing the educational status of our people will reap health benefits that will improve the quality of life for Alaska Natives and American Indians. Studies have shown that establishing culturally relevant health programs at the community level are more effective than having a generic program imposed on a community. Investing in health promotion and disease prevention activities and programs will also reduce the expenditures on health services and extend the years of healthy life.

Even with significant improvements in health status, Indian people continue to experience health disparities and death rates that are higher than the rest of the nation:

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

The health status of Alaska Natives, like all Indian communities, is lower than that of the rest of the nation. Cancer, heart disease, accidental death, alcohol related illness, suicide, and cerebrovascular disease, each a leading cause of death among Alaska Natives, also occur at rates greater than the U.S. population.

And perhaps the most alarming statistic of all is the suicide rate in Alaska communities; it is the highest of all the Indian Health Service Areas, and almost 4 times that for the general population. This indicates a great need for increases in mental health services, as well fortifying the infrastructure of community services, employment opportunities, and cultural supports. In addition, research needs to done on the causes of this high rate, in order to more effectively address a problem that has devastating effects that can reverberate throughout a community.

Another consideration in terms of planning for health services in the Alaska Area is the high birth rate; the second highest in the Indian Health Service and nearly twice that for the U.S. general population. This obviously indicates a significant growth in the service population in the Alaska Area, which must be considered in projecting future needs for services and resources to address the health needs of an increasing population.

These statistics identify some of the scope of the lifestyle and behavioral 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 that 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.

Eliminating health disparities is not the sole responsibility of the IHS, tribal, and urban Indian health programs. The Indian health system is part of a national effort to eliminate health disparities among all Americans.

The Secretary of the Department of Health and Human Services has made clear his expectation that HHS programs expand access to American Indians and Alaska Natives. The Secretary, who has made numerous trips to Alaska and knows first-hand some of the health needs of Alaska Natives and the challenges involved in the delivery of health services, has also emphasized that all HHS programs have a responsibility to address the needs of our people within the scope of their respective missions and in coordination across the Department. The fact that I share time on your agenda today with the Commissioner of the Administration for Native Americans, Quanah Crossland-Stamps, is a demonstration of our collective resolve to work as a team to look for solutions to the issues that confront us. The Commissioner will be sharing with you information about the Secretary's Intradepartmental Council on Native American Affairs, an important advocacy group that I am honored to serve on as the Vice-Chair of the Council.

As we have known for a long time, making a difference in raising the health status of Indian Country will take business, housing, education, political, and health partnerships. We need to look at what we can do outside of the clinic and hospital doors to improve health status. Eliminating health disparities means that we must eliminate all disparities.

I 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.

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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 if you do a simple projection for our service population that comes to $640 million, or 27% of the entire IHS budget for 2000.
- 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, as well as the economic benefits to the Indian health system.

The cost of poor health to our families and to our culture is immense. Each year the cost of medical services continues to escalate – but we could counterbalance the inflationary costs of services with a decrease in demand as a result of improved health status. 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 less demand on the economic resources of local, State, and national programs. 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 IHS per-capita appropriation and collection for IHS expenditures for our population is roughly $1900 per person.
- And you can also see the importance of partnerships 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.

One more quick example of the cost and benefit of prevention programs. 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.

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. We, as communities and health systems, must try to make effective programs and support systems available – not just health promotion and disease prevention programs, but programs that will strengthen the business, housing, education, employment, and political health of the community.

Improved health will also strengthen our culture and our traditions. With improved health, we will no longer lose 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.

The health of Alaska Native and American Indian youth is better today than it was in 1955, and together we can create an even healthier future for our children and our children's children.

Thank you again for inviting me to your conference.

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