



CARDIOVASCULAR DISEASE PREVENTION AMONG AMERICAN INDIANS AND ALASKA NATIVES

Roundtable Conference
Rockville, Maryland
September 25-26, 2003



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Welcome Remarks

“Preventing CVD by Promoting Health”

by

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It is a pleasure to see all of you here today, ready to help develop a plan to reduce or remove the risk factors associated with Cardiovascular Disease in Indian Country.

Cardiovascular disease among American Indians and Alaska Natives is an increasing problem. It is a disease that is a symptom of a health crisis – an interconnected health crisis of diabetes, obesity, inactivity, nutritional deficiency, substance abuse, poor behavior and health choices, and other health issues.

The cost to our families and to our culture is immense. And cardiovascular disease also is a major source of disability and increased hospital admissions resulting in significant expenditures of already limited Indian Health Service, tribal, and urban Indian health resources. The humanitarian benefits of developing treatment and prevention activities to protect or restore the quality of life for our people makes our efforts here worthwhile. However, the cost benefits for taking these humanitarian steps are also important to Indian people, since those saved resources can be redirected toward other equally devastating health challenges of Indian Country.

Similar to diabetes, CVD used to be relatively uncommon in our communities. Now, CVD is the leading cause of death among American Indians and Alaska Native. And the rate of CVD continues to increase while the rate for the rest of America is showing a decrease. I believe, along with many researchers, that the increase of CVD in our population is also related to the increase of diabetes in Indian Country. If there is a silver lining in this issue – it is that the diabetes prevention and treatment activities also tend to reduce some of the risk factors associated with CVD. Exercise, proper diet, hypertension, weight control, smoking cessation—

all of these lifestyle related factors must be addressed if we are to stem the tide of cardiovascular disease, and indeed of most of the leading killers, of American Indian and Alaska Native people.

And addressing lifestyle changes must be done in the context of recognizing the underlying causes of poor lifestyle choices and inability to make positive lifestyle changes: the sense of hopelessness and despair that result from cultural alienation, low self-esteem, poverty, lack of educational opportunity and resulting low educational levels, discrimination, and disintegrating family and community support structures.

The text is the basis of Dr. Grim's oral remarks at the Roundtable Conference on the Prevention of CVD in American Indian and Alaska Native Communities in Rockville, Maryland, on Thursday, September 25, 2003. It should be used with the understanding that some material may have been added or omitted during presentation.

In order to be effective in helping Indian people make positive changes in their lifestyles and dispel ingrained habits that are impacting negatively on their health, we must look at addressing these underlying issues at the community and individual levels. We must strengthen our mental health services programs, shore up the infrastructure necessary to support culturally sensitive wellness programs, and continue to promote and augment a wide-ranging partnership effort between federal/private organizations. And we must make sure that all our community wellness programs and other health programs effectively address the issue of the importance of strong cultural ties in establishing healthy lifestyles.

This meeting is important because it reflects the understanding that an effective prevention plan, for individuals and for communities, must be culturally relevant. We all know that CVD rates vary between regions of the country and between Tribes of a region. Certainly, cultural and community supports, or lack of them, account for some of these differences. What will work for one community may very well not work for another. A benefit we have to undertaking the goals of this conference – to share our knowledge and understanding of CVD with regard to American Indian and Alaska Native people and communities and to develop a 5-year action plan for the prevention of CVD – is that we have an effective relationship with our partners: the Tribes, the urban Indian community, and academic, government, and private institutions and foundations, in order to address all the issues involved in promoting and maintaining healthy communities and individuals.. And the foundation for what we develop here is our tribal relationship – for to be successful there must be tribal consultation so that an effective community health care approach can be developed.

Again, thank you all for taking time from our work and your families to be here to help us with this important initiative. I believe we all will benefit from the experience and from the programs that will be generated out of your work that begins today.

Thank you.