IHS Bemidji Area
All IHS/Tribal/Urban Meeting

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"Partnerships and Progress"
by

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Good afternoon. It is always a pleasure to visit the Bemidji Area because I get the chance to enjoy your weather, scenery, and hospitality. I also get the chance to learn more about the people who are accomplishing great things each and every day to improve the health of American Indians and Alaska Natives in this region of the country and contributing to improving the health programs serving Indian people throughout the nation.

Thank you for inviting me to your meeting and giving me this opportunity to thank you and offer my sincere appreciation for all that you do for the individuals and communities we serve. Each of you plays an important role in meeting the challenges we face to provide care and access to health programs. We are in health care because we want to touch the lives of people every day and we want to make a difference. I believe that we are.

To do our work requires resources. The President's budget request for the Indian Health Service for the next fiscal year, 2005, reflects his commitment and the commitment of the Secretary of Health and Human Services, Tommy G. Thompson, to meeting the health needs of Indian people within the scope of national priorities.

The budget request contains an $82 million increase for health services programs:

- to add up to 4 new epidemiology centers and increase support for the existing seven centers;
- to add 30 new community health aides/practitioners to provide service in Alaska Native communities, raising the number of aides and practitioners to 516;
- and funds to cover some of the mandatory federal pay costs and provide tribally run health programs funds for comparable pay raises for their staffs.
- An additional $18 million was proposed for contract health services;
- and $2 million was requested to expand our Health Promotion and Disease Prevention Initiatives at the local community level.
- Across the board there were no reductions in health service programs.

The budget request for our facilities programs includes:

- an additional $23 million to add staffing for five outpatient facilities scheduled to open during FY 2005; the Pinon and Westside health centers in Arizona, the Dulce health center in New Mexico, the Idabel facility in Oklahoma, and the Annette Island health center in Alaska.
- A request of $103 million for sanitation construction – an increase of $10 million, or 11%, over FY 2004, to provide safe water and waste disposal systems to Indian communities. Specifically, the President's budget request supports provision of safe water and waste disposal to an estimated 22,000 additional homes.

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- A $42 million request for the completion of construction of two outpatient facilities—at Red Mesa, AZ, and Sisseton, SD—and to provide necessary staff housing for the health facilities at Zuni, NM, and Wagner, SD. Having decent local housing will make it easier to recruit and retain health care professionals at these sites.

In addition to providing funds for the provision of health care services to Indian people on or near reservations, the IHS 2005 budget request also provides $32 million to help support 34 urban Indian health organizations that provide service in urban areas with large numbers of Indian people.

The President's budget request for the Federal Government provides substantial increases to improve our Nation's security and win the War on Terror. It also increases funding for key priorities such as economic growth and job creation, education, and affordable health care – ***which are key factors that influence the health status of our people.*** At the same time the national budget request restrains overall increases in spending in other areas of government, and in discretionary programs, to less than 1%.

The President requested an increase in HHS discretionary budget authority of 1.2% increase over fiscal year 2004. The Indian Health Service overall budget request increase of 1.6% exceeded the national and the HHS discretionary program averages. The total proposed budget authority for the IHS for FY 2005 is $3.7 billion in program level spending.

The President's budget request for the Indian Health Service must also be considered in the context of the national budget request and the proposed increases for the Department. Fortunately, we no longer exist in an era where the Indian Health Service is viewed by the Department as the sole source and agent for improving the health of Indian people – that responsibility has expanded to include all programs of the Department. Many of the increases in the budgets proposed for HHS programs also benefit Indian people – and I believe there is greater support and opportunity for Tribes to partner with other programs of the Department to meet the health needs of their people. There are more than 320 programs within HHS, with approximately 125 of them established for or directed toward Tribes and Tribal organizations. And the Secretary's Intradepartmental Council for Native American Affairs is very active in looking at ways to build collaboration between all HHS programs so that American Indian, Alaska Native, and Native American health issues are addressed by the programs of the Department.

As you can see, meeting the health needs of our people goes beyond the IHS budget. There are opportunities for obtaining additional resources and maximizing the effectiveness of our present resources through partnerships. Within the HHS, examples of effective partnerships include the Administration for Children and Families and their Head Start program, a partnership with the Administration for Native Americans so that the IHS could issue 20 grants for developing long-term care services for the elderly, and emergency preparedness training programs for Community Health Representatives. We also have ongoing partnerships with the Centers for Disease Control and Prevention and the National Institutes of Health on diabetes research, treatment, and prevention; and partnerships with the Substance Abuse and Mental Health Administration in the area of alcohol and substance abuse prevention. And the Department, along with Tribal and Urban Indian representatives, helped ensure that the Medicare Modernization Act provisions clearly reflected that inclusion and participation in the benefits of this new legislation.

The Bemidji Area Tribes know the benefits of partnership. Since 1998 the Sault Ste. Marie Tribe of Michigan has received a grant from the Substance Abuse and Mental Health Administration to provide a system of care for their children with serious emotional difficulties. And the InterTribal Council of Michigan receives grants for their substance abuse prevention and treatment programs.

The Bemidji Area has directly benefited from one of our partnerships with the National Institutes for Health – to establish Native American Research Centers for Health. The Great Lakes InterTribal Council has participated in the NARCH grants for the past 2 years, receiving $600,000 each year -- and continuing for the next 2 years. The total of $2.4 million they will receive will go toward completing 6 tribally developed and directed research projects into the health issues of diabetes, cancer, and nutrition. The projects also included provisions to increase the number of American Indian and Alaska Native researchers.

Another example of efforts to expand access to HHS programs and access to additional funds for Indian health programs is the aggressive and active regional consultation meetings held throughout the year. These meetings create opportunities for Tribal and Urban Indian representatives to speak directly with Department representatives and share their perspectives on how HHS programs can more effectively help eliminate health disparities in Indian Country. Expanding access was also the intent of the Secretary's action last March in sending to the Congress the HHS Title VI Self-Governance feasibility study. In that report, the Secretary recommended that Self-Governance be expanded within HHS beyond the IHS to 11 other HHS programs within three other Agencies: the Substance Abuse and Mental Health Services Administration, the Administration on Aging, and the Administration for Children and Families. The report also recommended that the Secretary retain the discretion to expand the Demonstration project to six other programs. On October 1st, Senators Campbell and Inouye introduced a bill based on the HHS feasibility study, to amend the Indian Self-Determination and Education Assistance Act to provide for a

demonstration program – not to exceed 5 years to allow further self-governance by Indian Tribes. The Senate Committee on Indian Affairs intends to schedule a hearing on this bill; however, the congressional priorities for this election year are focused on developing and passing the spending bills for fiscal year 2005 and to adjourn to participate in campaign activities. Many other legislative efforts may be postponed until the next session of congress begins.

There are additional examples – but they all serve to underscore one theme; the Department wants to partner with Tribes and urban Indian health programs to eliminate health disparities among all Americans. I consider their commitment to meeting the health needs of Indian people to be unprecedented. And I consider their leadership responsible for helping others in the Department, from senior officials to support staff, to also embrace that vision.

Partnerships between government and private industry are another way to meet the health needs of our people. For example, Indian youth suffer rates of illness and death in nearly all age groups that are significantly higher than the rates for U.S. all races. We can treat the illness, and we can explore ways to prevent the onset of illness. The IHS is partnering with the National Boys & Girls Clubs of America to help them reach their goal of increasing the number of Boys and Girls Clubs on Indian reservations to 200 by 2005. There are now approximately 170 Boys and Girls Clubs on Indian reservations. This partnership focuses on healthy lifestyles and helping keep youth in school. In the Bemidji Area, the benefits of the Boys & Girls Clubs partnership were received by the Head Start grantees of the Leech Lake just this month – with the donation of clothing to the Head Start program.

We also continue to support the United National Indian Tribal Youth (UNITY) organization that focuses on helping to develop leaderhp qualities in our American Indian and Alaska Native youth and young adults. And we support the American Indian section of the Society for the Advancement of Chicanos and Native Americans into Science (SACNAS) program. The SACNAS program provides more opportunities for our youth to enter college and postgraduate science-related vocations.

Another beneficial partnership is one that focuses on the health needs of American Indian and Alaska Native veterans. The Department of Veterans Affairs and the Department of Health and Human Services established a Memorandum of Understanding to improve the access and quality of health care for our nation's American Indian and Alaska Native veterans. There are many opportunities for expanding the services we can provide to our Veterans. We have long-standing partnerships with the VA in the regions where we operate together, but this MOU is to take a more national approach to helping both the veteran community and the Indian community.

Another of our external partnerships is with the CJ Foundation, a national SIDS prevention organization, which resulted in $200,000 in grants going to two Tribes in the Aberdeen Area for SIDS prevention activities. The result was two tribally produced information videos and various information handouts. The CJ Foundation and the IHS are collaborating now on making these training and information materials available throughout Indian Country. Because of the serious problem of SIDS in Indian Country, the HHS agencies of the Centers of Disease Control and Prevention, the Office of Minority Health, and the IHS are working together to advocate for an additional $2 million toward SIDS prevention efforts.

Another partnership we have recently entered into is with the NIKE corporation. We are collaborating on the promotion of healthy lifestyles and healthy choices for all American Indians and Alaska Natives. The MOU is a voluntary collaboration between business and government that aims to dramatically increase the amount of health information available in American Indian and Alaska Native communities. The goal of the MOU is to help those communities gain a better understanding of the importance of exercise at any age, particularly for those individuals with diabetes. One of the outcomes is that NIKE is conducted a 3-day training course for Tribal members to certify them as physical fitness coordinators. The trainers are then expected to return to their communities and implement fitness and exercise programs for their communities. NIKE and the IHS hope to conduct similar training programs for additional regions of the country.

I am pleased to report to you that my focus on recommitting the talent and energy of the Indian Health Service to Health Promotion and Disease Prevention is having results. Health promotion and disease prevention is another pathway toward eliminating the health disparities experienced by our people compared to the rest of America. In most cases, being healthy is a choice. Healthy behaviors can reduce the occurrence of serious illness or injury, and the need for health services. And, we need to have programs in place to help people who want to make healthy choices make them and stick with them.

Promoting health and preventing disease is the humanitarian thing to do. From a more pragmatic standpoint; healthier people require fewer medical resources. For example, 75 % of our nation's healthcare budget is spent on treating chronic disease and only 5 % of the budget is spent preventing it.

Access to health services is not the greatest barrier to being healthy. That is only 10% of the problem. The greatest barrier, more than 50%, is a person's behavior. The IHS Office of Public Health will establish a number of initiatives to address this ever-increasing area of need, particularly in the areas of suicide prevention, SIDS, chronic depression, alcohol and substance abuse, cardiovascular and cerebrovascular

disease, and nutrition. This initiative has already established three goals for 2004:

- The IHS will host a national Indian Wellness Summit this September to coincide with the grand opening of the Smithsonian's Museum of the American Indian on the mall in Washington, D.C. The focus of the conference, uniting our efforts with those of our public and private partners, is to bring together information regarding successful prevention activities at the local, Area, regional, and national levels.
- The IHS will implement a Healthy Native Communities Fellowship Program in fiscal year 2005. This will be a 4-week training program for approximately 50-75 people. The goal is to develop the capacity to provide consultation and partnership with local Tribal communities to develop health promotion programs.
- This year we want to provide the resources and encouragement for a *Just Move It* national campaign. This campaign is to support visible local physical activity events, programs, and activities.
- The HP/DP Prevention Task Force has completed three Community Wellness Champion Forums (Navajo, Phoenix/Tucson, and Alaska) and by the end of FY 2005 will have held at least one in each IHS Area. These forums bring together locally-identified community wellness champions who have overcome the barriers blocking healthy changes in our communities and neighborhoods. Their knowledge, skills, and experience with what is already working in Tribal communities today are invaluable in helping communities move towards a healthier future.

Another area of concern relates to the serious problem of obesity in Indian country. The IHS and Tribal professionals are exploring options for beginning to address nutritional issues in our patients. Only 15 % of our patients have access to professional nutrition care, and only one in three Indian patients with diabetes sees a registered dietician. As a result of these discussions, I will be creating an I/T/U Obesity Coordinating Committee that will report to the HP/DP Health Policy Advisory Committee. I am also considering an IHS-wide "Stop the Pop" campaign, similar to our prior successful initiative that removed cigarette vending machines from our facilities. Obesity and overweight Americans costs our nation $117 billion each year in direct and indirect costs.

Our HP/DP efforts also enhance the efforts of the HP/DP efforts of the Department and of the Administration.

- The President's "Healthier U.S." Initiative is supported by the Department's "Steps to a Healthier U.S." national campaign. In the President's FY 2005 budget proposal, he is tripling the Steps program budget to help increase the number of partnerships with communities to promote healthy lifestyles. I am pleased to see that the Great Lakes Inter-Tribal Council received one of these grants, the only one that I am aware of that went to Indian Country.
- To increase the awareness of the devastating effect of heart disease on women, the Department has also launched "The Heart Truth" nationwide campaign.
- Heart disease is the number one killer of both men and women and costs $214 billion in direct and indirect medical costs.
- The nation spends $132 billion a year on the sixth leading cause of death for all Americans – diabetes.
- Tobacco use, the leading preventable cause of death, causes more than 400,000 deaths each year and requires $75 billion in direct medical costs every year.

One of the greatest things we can do to maximize our resources, in addition to appropriations, collections, and partnerships, is to promote healthy choices and lifestyles.

This year there will be changes that will begin at Headquarters. These changes are intended to improve our support of those in the field, enhance our responsiveness to the Department and Congress, and achieve the management and performance goals of the President and the Secretary. The changes are ambitious; however, the changes should not disrupt our support of the field or introduce any new reporting or operational procedures – except possibly a change in title or organizational responsibility for the same services and assistance Headquarters has provided in the past. A new management team and structure will be established in the Office of the Director, and the functions of the Office of Public Health and the Office of Management Support will be restructured into seven major offices. There will be a few senior level positions added to manage this broader organization. The new structure will reflect current and emerging priorities of the Agency, but will not have any more organizational components than currently exist. All employees will be retained, and there will be some slight growth in staff in support of agency priorities and renewed emphasis.

There are so many opportunities for making a difference and creating additional opportunities. We must never be satisfied with past successes but build upon them. That, to me, is why it is so exciting working for Indian health – working with Tribal and urban programs to maximize our resources, working with great leaders, and working with the committed and resourceful employees of the Indian Health Service and our Tribal and urban Indian partners as we do our very best to help our people.

As we face the challenges and opportunities ahead, I am confident that we can forge a better, brighter, and healthier future for American Indian and Alaska Native people.

Thank you.

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