HEALTH EDUCATION

Indian Health Service Preventive Health Health Education:	FY 1999 Enacted	FY 2000 Final Appropriation	FY 2001 Estimate	Increase or Decrease
A. Budget Authority	$9,430,000	$9,625,000	$11,030,000	+$1,405,000
B. HIV/AIDS	($535)	($535)	($535)	($0)
C. FTE	37	37	38	+1
(HIV/AIDS FTE)	(1)	(1)	(1)	(0)
F. Total Hlth. Educ. Services Provided	600,000	610,000	614,000	+4,000

PURPOSE AND METHOD OF OPERATION

Program Mission and Responsibilities

The IHS Health Education Program is committed to raising the health status of American Indians and Alaska Native (AI/AN) to the highest possible level. This is accomplished through advocacy leadership and promoting community capacity building that nurtures healthy lifestyles and appropriate use of health services. In addition, the Health Education Program fosters participation of AI/AN communities in developing and managing programs to meet their health needs. The Health Education Program envisions strong, highly functional families that support raising healthy Indian children. The Health Education Program has identified these priorities that encompass the core practices of public health education - community health, school health, employee health promotion, and patient education:

To provide leadership in advocating and developing safe and healthy Indian communities;

To develop and strengthen a standardized, nationwide patient education program;

To enhance capacity of Indian schools (Bureau of Indian Affairs) to respond to threats to health;

To support the IHS Director’s Youth Initiative; and
to promote adolescent health and wellness.

To accomplish these goals, partnerships and networking with tribes, schools, communities, educational institutions, public and private foundations, health and education agencies will continue and be enhanced. The IHS will assist our partners to engage in community-based prevention initiatives, such as HIV/AIDS risk behavior, violence prevention, child abuse, physical inactivity, alcohol and substance abuse.

The emphasis of the IHS Health Education strategic plan is to improve and strengthen the practice of public health education, and to take an active role in community health planning, as determined by sound epidemiological data and the availability of proven intervention strategies which are driven by community-based needs identified by local communities. The Health Education Program has been active in putting the plan into practice with efforts such as developing a Web site that includes Health Education recruitment information, the IHS Patient Education Protocols/Codes, the "Circle of Life" which is a newly developed Native American HIV/AIDS curriculum for K-6, and a directory of all I/T/U health education programs. In addition, the Program has designed and implemented a new aspect to the Health Education Resource Management System (HERMS) that automatically translates raw monthly HERMS data into more user friendly forms, such as charts, graphs, etc.

Best Practices/Industry Benchmarks

The IHS Health Education Program has a long history of serving as a benchmark and Federal model of health education services. It is one of the few health education programs nationally that serves such diverse health education needs working with over 550 tribal entities. Most recently, the program has embarked on a model “Patient Education Project” that allows outcome measurements to be obtained for health education services to meet the new JCAHO standards for health/patient education.

Findings Influencing the FY 2001 Request

Based on preliminary analyses of FY 1998, health education workload data, approximately, 40 percent of the eligible AI/AN population had access to health education services. Thus, this request is directed at restoring lost capacity to provide health education services whether it is direct or tribal health education services.

ACCOMPLISHMENTS

- The National Patient Education Project has been successfully implemented in all 12 IHS Areas. The objective of this project is to standardize patient education for I/T/Us. The ultimate goal is to institutionalize this in all areas over the next two years. Eventually ORYX indicators will be used to evaluate health education and patient education efforts.

- The Health Education Resource Data Management System (HERMS) has been updated and is being implemented nation-wide. Complete implementation is slated for FY 2000.

- The Health Education Chapter 12 Update has been completed and awaits approval for inclusion in the Indian Health Manual. The chapter has been revised to reflect the Tribal compacting and contracting activities.

- Health Education program is in the final stages of completing an IHS Health Education web site.

PERFORMANCE PLAN

The following performance indicators are included in the IHS FY 2001 Annual Performance Plan and are primarily dependent upon the activities funded within this budget line item for achievement. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN.

Indicator 2: Reduce diabetic complications by demonstrating a continued trend in improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes in FY 2001.

Indicator 3: Reduce diabetic complications by demonstrating a continued trend in improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes and hypertension who have achieved blood pressure control standards in FY 2001.

Indicator 6: Reduce cervical cancer mortality and morbidity by increasing the proportion of women in FY 2001 who have had a Pap screen in the previous year by 3 percent over the FY 2000 level.

Indicator 7: Reduce breast cancer mortality and morbidity by increasing the number of the AI/AN female population 40-69 years of age during FY 2001 who have had screening mammography in the previous two years by 3 percent over the FY 2000 levels.

Following are the funding levels for the last 5 fiscal years:

Year	Funding	FTE
1996	$8,313,000	49
1997	$8,632,000	45
1998	$8,932,000	43
1999	$9,430,000	37
2000	$9,625,000	37

RATIONALE FOR BUDGET REQUEST

Total Request -- The request of $11,030,000 and 38 FTE is an increase $1,405,000 and 1 FTE over the FY 2000 Appropriation of $9,625,000 and 37 FTE. The increase includes the following:

Current Services – Built-in Increases: +$262,000

The request of $262,000 for personnel related costs would partially fund the built-in increases associated with on-going operations. Included is the FY 2001 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

The IHS patient population continues to receive less access to health care than the general U.S. population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities: +$136,000 and 1 FTE

The request of $136,000 and 1 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities.

The following table displays the requested increase.

Facilities:	**Dollars**	FTE
Talihina, OK Hospital	$66,000	1 1/
Hopi,AZ Health Center	70,000	1
Total	$136,000	1

1/ Non-add – Tribally operated program

Health Disparities - +$1,007,000

The additional funding will support health promotion and disease prevention (HP/DP) community-based activities focused on the priority health problems identified by the I/T/Us for FY 2001. The health education departments' capacity to provide culturally appropriated education and prevention programs will be enhanced with these funds. Education activities targeting the youngest members of AI/AN population through school based and community based, culturally sensitive programs designed to promote healthy behaviors at an early age will be a high priority. Ultimate use of the funds will be determined by local priorities, consistent with the needs identified during the budget formulation process.