



# Prevention of Cardiovascular Disease and Diabetes Among American Indians and Alaska Natives IHS/AHA MOU Signing

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## Closing Statement



by



**Charles W. Grim, D.D.S., M.H.S.A.**



Assistant Surgeon General

CMS

Director, Indian Health Service



Good morning. It's great to see all of you again.



As we conclude this conference, I would like to thank all of you for your participation and input into the important discussions and information sharing that have occurred at this meeting. As I have talked to numerous individuals who attended lectures and participated in workshops, it has become apparent that this has been an important and revealing conference for many of you.



I believe that one of the important concepts that has been shared and discussed over these last few days is that diabetes and cardiovascular disease are closely linked in occurrence and risk factors, and that there is an epidemic of both occurring within our communities and our families. However, we now have a powerful armamentarium for the treatment and control of these diseases, and our knowledge of how to prevent these diseases is growing rapidly.



We do also know that both of these diseases are largely preventable by lifestyle changes, including:

- Keeping active and having regular activity;
- Being careful with our diets and watching our intake of fats, cholesterol, sugar, and salt;
- Maintaining an appropriate weight; and

*This text is the basis of Dr. Grim's oral remarks at the CVD/Diabetes Conference in Denver, Colorado, on May 19, 2005. It should be used with the understanding that some material may have been added or omitted during the presentation.*

- Other than for ceremonial use, avoiding tobacco.

During my time as Director of the Indian Health Service (IHS), I have focused much of my energy on the vital role of Health Promotion and Disease Prevention activities within our communities. I have, in fact, made it one of my top three initiatives, along with two closely related focus areas, Chronic Disease Management and Behavioral Health.

As part of this initiative, I have encouraged systemic changes in our communities and within our facilities, including the very important "Stop the Pop" campaign, which promotes the removal of soda and candy machines from our facilities. We are also promoting increased physical activity in Indian communities with programs like the "Just Move It" program, with a goal of having one million American Indian and Alaska Native people engaged in an ongoing program of physical activity this year. And we are promoting increased physical activity among Indian youth with efforts such as increasing the number of Boys and Girls Clubs in Indian country. We are also planning on hiring a Health Promotion/Disease Prevention Coordinator in each Area to increase support for health promotion activities at the local level. I am working with leaders within the Indian Health Service to assist in the vital implementation of these activities and many others within our agency.

It is important to note that much of the primary prevention activity that is occurring is from our mutual efforts within our communities, Tribes, and Urban Indian centers. The Indian Health Service works within the Indian health system to support these activities, as we work to sharpen our focus on the prevention of the complications of chronic diseases. One of our goals is to develop a model of chronic disease care that will incorporate the best of cardiovascular disease and diabetes prevention and treatment activities, along with the best of mental health, cancer, kidney disease, asthma, and other chronic condition prevention and treatment activities. Using this model, we hope to implement a widely effective, broad-range chronic disease intervention, integrated with the latest in medical knowledge and technology, to reach into the communities and homes of American Indian and Alaska Native people.

We also continue to work with multiple other agencies to bring the best of what they have to offer to our communities and individuals. I would like to focus now on our significant collaborations that have developed over the past several years with the American Heart Association. We have developed excellent relationships with the AHA nationally and in many of our local areas, and this collaboration has significantly strengthened our prevention and treatment effectiveness.

In fact, it was just over a year ago that Dr. Jim Galloway, Dr. Terry Cullen, and Dr. Rick Olson met with Dr. Augustus Grant, the then-president of the American Heart Association, along with Dr. Rose Marie Robertson, the Chief Science Officer, and Mr. Mark Schoeberl, Vice President, and numerous other international experts and leaders from the national AHA office. From that initial meeting, numerous health promotion activities have occurred within Indian health, including the development of an integrated IHS-specific, rural health "Get With The Guidelines" project that is actively supported by the AHA. This model is being mutually developed and will become a pilot program for "Get With The Guidelines" promotion for rural hospitals across America. As you have heard, with the implementation of this program in Indian health facilities, we can save thousands of American Indian and Alaska Native lives.

Besides their generous co-sponsorship of this conference, numerous other activities have been developed or are currently being explored, evaluated, or developed through our partnership with the American Heart Association as well, including:

- Mutually developing the “Go RED for Women” campaign in Indian communities;
- Implementation of the “Search Your Heart” program for the integration of healthy heart messages into churches and religious activities in Indian communities;
- Exploring opportunities for the development of Primary Stroke Centers near Indian communities;
- Sharing Quality Indicators between our organizations;
- Developing linkages between IHS on-line training networks and the AHA Emergency Care Committee “Heart Code” project, as well as web site links between our organizations for sharing of information for patients and providers;
- Exploring IHS-AHA co-developed patient educational materials;
- Exploring IHS-AHA co-developed “Special Reports” for the IHS Provider; and
- Mutual evaluation of an exciting new CPR training module for its optimal use in Indian communities.

In addition, since our first official meeting a year ago, the American Heart Association has joined the “Friends of Indian Health,” along with a number of other national service organizations and others focused on working together to improve the health of American Indians and Alaska Natives.

We in the Indian Health Service are proud and honored to work side-by-side with an organization with the dedication to excellence and quality that we see in the American Heart Association/American Stroke Association. Together, we hope to make significant progress in preventing the marked disparities and heavy burden of heart disease and stroke among American Indians and Alaska Natives. Therefore, we are pleased to sign this Memorandum of Agreement with our partners here today.