



# National Indian Health Board Consumer Conference

October 16-19, 2005  
Phoenix, Arizona

“Health and Wellness for All Generations”

by

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

Assistant Surgeon General

Director, Indian Health Service

October 17, 2005  
10 – 10:30 a.m.

Good morning. It is a real pleasure to be here today to participate in this conference, especially since its focus on health promotion and fitness echoes my main initiatives for the Indian Health Service (IHS). I certainly share your dedication to the importance of promoting healthy lifestyles and wellness among all American Indian and Alaska Native people, from our cherished young to our esteemed elders.

This organization and its members are an important part of this goal and a vital partner to the Indian Health Service in improving the health and wellness of American Indian and Alaska Native people. Without your assistance, we would not be as effective in our efforts to bring culturally appropriate, high-quality health services to our people. Your work, and that of your predecessors, has been a vital part of the progress that has been made in Indian health over the last 50 years.

As many of you here know, the IHS is currently celebrating a milestone in its history of providing quality health services to American Indian and Alaska Native people. In July of 1955, the Indian Health Service was officially transferred from the Bureau of Indian Affairs to the Public Health Service, making FY 2005 the 50<sup>th</sup> anniversary year for the IHS. With the help of all our Indian health care partners across the nation, we have seen great progress made in Indian health in the last 50 years.

*The text is the basis of Dr. Grim’s oral remarks at the National Indian Health Board Consumer Conference in Phoenix, Arizona, on Oct 17, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.*

And yet, as we all know, there are still wide gaps in general health status between Indian people and the rest of the U.S. population. Complicating the situation is the type of health problems confronting American Indian and Alaska Native communities today. Mortality rates from diabetes are 3 times as high as in the rest of the U.S. and death rates for unintentional injuries and motor vehicle crashes are 2½ to 3 times higher than the national rates. And perhaps most disturbing, the suicide and homicide rates among Indian people, especially among our youth, are nearly twice as high as in the general population.

These types of health disparities, which are so strongly influenced by lifestyle and behavioral health issues, obviously cannot be addressed solely through the provision of conventional health care services. Changing behaviors and lifestyles and promoting good health and a healthy environment, as this conference emphasizes, are critical steps in improving the health of American Indians and Alaska Natives.

The IHS has established three major focus areas, or Director's initiatives, in order to address these issues, which as I mentioned a moment ago, are also being focused on in this conference: Behavioral Health, Health Promotion and Disease Prevention, and Chronic Disease Management.

**Behavioral Health** may be the underlying thread through all three initiatives. Addressing behavioral health and mental health issues in our communities is crucial, and we need to increase our focus on screening and primary prevention in mental health. We know that mental health issues such as depression can also make chronic disease management more difficult and less effective.

And we are realizing more and more how important it is to begin addressing mental health issues at a young age, before problems becomes entrenched. Researchers supported by the National Institute of Mental Health have found that half of all lifetime cases of mental illness begin by age 14; three quarters have begun by age 24. The study also reveals that an untreated mental disorder can lead to a more severe and difficult to treat illness, and to the development of co-occurring mental illnesses.

I think in the past we as a nation have been reluctant to acknowledge the prevalence of serious mental health issues in our young. But it is an issue we must actively address, and one we are acutely aware of in Indian Country. Not only is suicide the third leading cause of death for Indian youth ages 15-19, but the tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the nation.

We know the teen years especially can be complicated and demanding. Most teenagers struggle with issues of insecurity, peer pressure, and identity confusion. But many American Indian and Alaska Native youth face additional pressures of racism and cultural identity crisis—feeling like they are caught between two cultures, and maybe not being sure where they belong. Many are also faced with challenges such as rural isolation, poverty, lack of equal opportunity, and other issues that in combination can be devastating.

Sometimes these challenges and pressures can threaten to overwhelm them. The shooting at Red Lake, and the high suicide rates among our young people, are tragic examples of what can happen when the load they are carrying just becomes too heavy to bear. And substance abuse, another self-destructive coping attempt, is on the increase in Indian communities. It is progressing from what had previously been primarily alcohol abuse to now

*The text is the basis of Dr. Grim's oral remarks at the National Indian Health Board Consumer Conference in Phoenix, Arizona, on Oct 17, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.*

include polysubstance abuse, including crack and methamphetamines. That's why I think it is important that we listen to our youth and help them in any way we can in dealing with these tough issues.

But there is good news, and it lies in the strength and potential of young people themselves. In my interactions with Indian youth, especially at my meeting with youth from the Red Lake community, I have been impressed with their resilience and their eagerness to make a difference in their lives and communities. It is our job to provide them with the resources and support that they need to reach their goals and develop their potential.

Mental health problems at any age involve multi-layered issues that require new initiatives and innovative approaches. Tools are available and need to be connected with the providers and clients. That is why I established a suicide prevention committee in 2003 to address the tragedy of high rates of suicide in American Indian and Alaska Native communities. The committee is developing a strategic plan for structuring and implementing suicide prevention goals and objectives, based on the Department of Health and Human Services (HHS) *National Strategy for Suicide Prevention*.

As part of this effort, IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA) are collaborating on the development of a National Suicide Prevention Network, which is targeting two areas — the development of a community suicide prevention website or “tool kit,” and training a network of representatives from each IHS Area. An *IHS Community Suicide Prevention Website* is currently being developed, which will include culturally appropriate information that addresses the needs of American Indians and Alaska Natives. And training sessions are being held on topics such as youth suicide prevention, critical incident stress management, and basic skills training.

Through our **Health Promotion and Disease Prevention** initiative, the IHS is preparing for the future of Indian health care. We know we must emphasize the primary prevention of chronic diseases such as diabetes, obesity, cardiovascular disease, cancer, and injuries, if we are to continue to improve and maintain the health and wellness of Indian people and communities through the next generations. And an important part of our prevention efforts deals with combating obesity, which is reaching epidemic proportions among our people, as is it across our nation. Recently, 60% of IHS users had their BMIs calculated, and of those, 70% were overweight or obese. Obesity is impacting our people, families, communities, and futures. I invite each of you to stop by the IHS nutrition booth for a confidential height-weight measurement to calculate your BMI. It's quick and painless, and may help you on your path to personal wellness.

Working in concert, the IHS and Tribes have taken a number of actions aimed at health promotion and disease prevention. This includes numerous programs and partnerships to promote healthy lifestyles and improve community health, such as the “Just Move It Campaign.” This nation-wide campaign has a goal of getting one million Native people *up and moving*. It is the result of a partnership between IHS, NIKE, and the National Indian Health Board, and has grown substantially since it was turned into a national program in January 2005. Over 60 Tribal communities have joined the national movement, from Alaska to Arizona, sponsoring activities such as basketball camps, nutrition classes, health education fairs, and wellness walks. The fitness groups have some very inspirational names — including the *Dream Walkers*, *Rewind and*

The text is the basis of Dr. Grim's oral remarks at the National Indian Health Board Consumer Conference in Phoenix, Arizona, on Oct 17, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.

*Play, Walking Cloud, Walk Yourself Thin, Move It and Lose It, Walking Warriors*, and my personal favorite, ***The Energizer Bunnies***. You will hear more about this campaign during this conference, and even get the opportunity to participate in fitness activities.

The IHS is also focusing a number of its prevention/intervention efforts at the school level through innovative partnerships with other federal agencies, including the Bureau of Indian Affairs and Office of Indian Education Programs. Public health nurses, dedicated school nurses, community health representatives, health educators, environmental health officers, optometrists, and dentists, to name a few, are working with students in the classroom, providing surveys and educating and training school staff as well as the children.

There are many other innovative health and fitness projects and collaborations underway in Indian communities across the nations that are being initiated at the local, regional, and national levels. And we are continuously working with Tribal and Urban Indian programs and organizations to increase our efforts to supply the ways and means to promote healthy lifestyles among our people.

I would like to take this opportunity to welcome the IHS Area Health Promotion and Disease Prevention (HP/DP) coordinators in the audience:

Alberta Becenti, the National HP/DP Coordinator  
Carol E. Smith, Aberdeen Area  
Theresa Clay, Albuquerque Area  
LeAnn Johnson, Billings Area,  
Beverly Calderon, California Area  
Michelle Ruslavage, Nashville Area  
Marie Nelson, Navajo Area  
Freda Carpitcher, Oklahoma City Area  
Joe W. Law, Portland Area , and  
Phyllis Spears, Tucson Area

They are all working diligently in their respective Areas to further this initiative at the local level in order to help reduce chronic disease and associated health disparities. Our goal is to have a coordinator in each IHS Area, and we are well on our way.

As I have mentioned, in Indian country and across the nation, we are struggling with chronic diseases, especially diabetes, heart disease, cancer, and depression. In fact, chronic disease has replaced acute disease as the dominant health problem in America, and is considered to be the principal cause of disability and use of health services.

The IHS **Chronic Disease Initiative** is aimed at using innovative and state-of-the-art approaches to helping individuals manage chronic disease and minimize its impact on their health and function. We know that optimal management of diabetes, high blood pressure, heart disease and other chronic diseases can minimize the effect of chronic disease on health and function.

In order to effectively address chronic disease, we must address a wide spectrum of contributing factors, ranging from the quality of prenatal care to the availability of employment opportunities. As I mentioned earlier, Indian youth suffer rates of illness and death in nearly all

*The text is the basis of Dr. Grim's oral remarks at the National Indian Health Board Consumer Conference in Phoenix, Arizona, on Oct 17, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.*

age groups that are significantly higher than the rates for U.S. all-races. We must not only treat illness in our youth, but also explore ways to prevent the onset of illness through the promotion of healthy lifestyles. That is why it is important to have all federal, Tribal, Urban Indian, and state public health agencies and organizations, as well as other public and private organizations, working together as part of a continuum to improve health and eliminate health disparities. To this end, the IHS has established a variety of partnership efforts to promote health and wellness among Indian people.

Within the Department of Health and Human Services, many effective health promotion partnerships and cooperative efforts have been established in recent years, including continued partnerships with the Centers for Disease Control and the National Institutes of Health in the areas of diabetes research, treatment, and prevention, and with the Administration for Native Americans on 21 Tribal and Urban Child and Youth Grant projects. In partnership with *Administration for Children and Families'* national Head Start program, the IHS supports children and families through preventive health services such as family wellness, obesity and diabetes prevention, health and safety, and oral health.

We are also working with *The National Congress of American Indians and the National Boys & Girls Clubs of America* to increase the number of Boys and Girls Clubs on Indian reservations in order to help promote healthy lifestyles and physical activity among our youth. There are now 184 Boys and Girls Clubs on Indian reservations; we have a goal of increasing that number to 200 by 2005.

The IHS also continues to provide support for the *United National Indian Tribal Youth*, or *UNITY* organization, which focuses on helping to develop leadership qualities in our American Indian and Alaska Native youth and young adults.

The *American Academy of Pediatrics* and the *Committee on Native American Child Health* have been our staunch partners in many projects with an emphasis on our Indian children and youth -- including immunizations, infectious disease, medical home, school health, and families with children with special health care needs issues.

The IHS/*NIKE Corporation* partnership focuses on the promotion of healthy lifestyles for all American Indians and Alaska Natives, and contributes in various ways to both national and reservation health walks and runs and health promotion/disease prevention conferences.

The IHS is also supporting the *Native Vision* program operated by the *Johns Hopkins Center for American Indian Health* and the *NFL Players Association* that mobilizes NFL players and other professional athletes to serve as youth mentors for Native youth. Each program area involves a variety of school, community, and home-based outreach activities, including an annual summer camp held on an American Indian reservation. It was attended last year by 800 Native youth from 25 Tribes from across America and 40 professional athlete-mentors. The 2004 and 2005 camps were held by the United Pueblo Tribes in New Mexico. Plans are to hold the 2006 camp in Oklahoma.

The IHS is also partnering with *SAMHSA* to support the *Circles of Care and Systems of Care Program*. The goals of the Program are to support the development of mental health service delivery models that are designed by Indian communities, and to support the development of community capacity to improve systems of care for the overall American Indian and Alaska Native population.

*The text is the basis of Dr. Grim's oral remarks at the National Indian Health Board Consumer Conference in Phoenix, Arizona, on Oct 17, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.*

As many of you here today know, the IHS also has an active partnership with the National Indian Health Board (NIHB) on a collaboration to facilitate a Tribal Roundtable on young indigenous adults with disabilities. This Roundtable will assist Tribal, State, and local leaders in developing a comprehensive system of care for this population, and to address areas such as education, employment, independent living, housing, health, care giving, assistive technology, and other services. The Roundtable meeting will be held in Spring 2006.

And our partnerships efforts also extend to the international arena, through a Memorandum of Understanding between HHS and Health Canada. The IHS and Health Canada have established a Suicide Prevention Working Group that had their third meeting in Ottawa, Canada, in October 2004. The purpose of the meeting was to develop critical long-term goals and objectives, including a comprehensive directory of promising or best practices or programs for suicide prevention among Indigenous peoples; the development of suicide prevention websites; and collaboration on an Indigenous People Suicide Prevention conference to be held in February 2006.

These partnerships, and many more like them, including our ongoing working relationship with the NIHB, help strengthen our efforts to improve the health and wellness of American Indian and Alaska Native youth, adults, elders, and the generations to come. I thank you all for your assistance in furthering this goal, and for inviting me to speak to you here today and participate in this very important conference.

Thank you.