



NCAI 62nd Annual Convention

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“Promoting Youth Wellness in Indian Country”

by

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Good morning. I'd like to commend and congratulate NCAI for its 62 years of advocacy on behalf of Tribal America. Much progress has been achieved over these decades and many challenges remain. We at the Indian Health Service have enjoyed a close partnership with NCAI in the critically important area of youth wellness

We are proud of our collaboration with the Boys and Girls Clubs of America and their strong commitment to create 200 clubs on Indian reservations by the end of 2005. There are now 189 clubs in Indian Country and we appreciate this amazing effort that already is making a positive difference in the lives of our young people. Next year will be the 100th anniversary of the Boys and Girls Clubs and it's clear that Indian Country is benefiting from this experience of a century of caring dedication to youth. Club programs and services promote and enhance the development of boys and girls by instilling a sense of competence, usefulness, belonging, and influence. As the father of a newborn boy and three other sons and a daughter, I am reminded daily of the major responsibilities we parents have to guide our child well.

With NCAI, the IHS is striving to influence the habits of Indian youth by demonstrating the value of healthy diets and regular vigorous exercise. If our youth adopt these good habits for a lifetime, they stand a far better chance of avoiding obesity and other conditions that can lead to diabetes and other diseases to which Native peoples are susceptible.

Changing behaviors and lifestyles and promoting good health and a healthy environment are critical steps in improving the health of American Indians and Alaska Natives.

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The IHS has established three major focus areas, or Director's initiatives, in order to address critical health threats such as diabetes: 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 become 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. This burden can be increased when teenagers believe they have no trusted person or program to turn to in crisis. And substance abuse, another self-destructive coping attempt, is on the increase in Indian communities, progressing from what had previously been primarily alcohol abuse to now 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. I am continually impressed with the resilience of Indian youth, 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.

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 HHS *National Strategy for Suicide Prevention*. As part of this effort, IHS and the SAMHSA are collaborating on the development of a National Suicide Prevention Network, which is

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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. We are sharing this expertise with the Aboriginal population in Canada via the First Nations and Inuit Health Branch of Health Canada.

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 BMI's calculated, and of those, 70% were overweight or obese. Obesity is impacting our people, families, communities, and futures.

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. 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 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

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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.

For instance, the IHS 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. And our ongoing partnership with the *NIKE Corporation* 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 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 underway for the 2006 camp, which will be held right here in Oklahoma.

The IHS also has an active partnership with the National Indian Health Board 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.

I am sure that First Lady Laura Bush would like to be here and appreciates the NCAI's invitation to address the topic of assisting our Tribal youth. Last Thursday Mrs. Bush hosted the White House Conference on Helping America's Youth at Howard University in Washington, D.C. The conference brought together educators, faith-based and community leaders, researchers, students, and parents who shared stories of programs and methods that are working to make a positive difference in the lives of children.

These partnerships 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 interest in placing our youth on the path to wellness at the earliest possible stage of their lives. Thank you for your kind attention.

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