HHS Region VIII Tribal Consultation
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Indian Health Service Update

by

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Good morning, tribal leaders and members, Dr. Manson, Ms. Caliguiri, Mr. Nunez, and fellow federal representatives.

I appreciate the opportunity to be here today to speak and consult with you about Indian Health Service (IHS) initiatives and updates that are important to Indian health and your communities. The IHS, together with other Department of Health and Human Services (HHS) agencies, is working in partnership with Tribal Nations and tribal organizations, as well as with various private organizations, to bring the highest quality heath care services to American Indian and Alaska Native individuals and communities.

The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level possible. I ask the other federal agencies to help the IHS carry out this most important mission.

The three main health initiatives of the IHS are Health Promotion and Disease Prevention, Chronic Care, and Behavioral Health. I plan to place strong continued long-term emphasis on these essential efforts. These initiatives fully support both the HHS vision of a healthier nation and the IHS goal of healthier Indian people. These initiatives are directed at reducing health disparities among Indian people through a coordinated and systematic approach to preventive health. We remain especially concerned about the ongoing episodes of suicide among our Indian youth in an alarmingly high number of tribal communities. In just a few minutes, I want to present an update on HHS-wide efforts to assist in suicide prevention on many fronts. There is no instant answer to this multi-faceted problem with roots in historic trauma and current family distress.

The goal of the Health Promotion and Disease Prevention Initiative is to create healthier American Indian and Alaska Native communities by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs through collaboration with key stakeholders and by building on individual, family, and community strengths and assets.

Prevention is the foundation of any effective health program, and it has always been an important part of our efforts at the IHS in building healthier Indian communities and families. The underlying principle of prevention in the IHS is that the best health promotion programs are those that are developed in consultation with our key stakeholders, the American Indian and Alaska Native people. We know that listening to those who are most affected by the outcomes helps us to best target the specific needs of each community.

Building on the existing strengths and assets of Indian families and communities ensures the most effective use of resources and yields the best possible results, whether we are dealing with ongoing chronic conditions, behavioral health issues, or emerging infectious diseases.

Closely related to the IHS Health Promotion and Disease Prevention Initiative is the IHS Behavioral Health Initiative. The goals of this initiative include:

- The development of a database that will support prevention programs on methamphetamine abuse, suicide prevention, and child/family protection within the IHS Areas. This database will be a resource for program evaluation and modeling examples.

- Another important goal is providing training in behavioral health integration, using tested and effective models and methods.

Prevention is an important part of our Behavioral Health Program. Suicide prevention is an area of great concern to the IHS and Tribes since:

- Suicide rates are from 1.5 to 3 times higher for American Indians and Alaska Natives; and
- Suicide is the second leading cause of death for Indian youth ages 15-24. In fact, Indian youth have the highest rates of suicide of any racial group of the same age range in the United States.

To help address this alarming problem, IHS and tribal programs have been working at the local and national levels to develop effective preventive approaches. For example at the request of Rosebud Sioux Tribal President Rodney Bordeaux, HHS has responded this year with assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention, the Administration for Children and Families, the Health Resources and Services Administration, the HHS Office of Intergovernmental Affairs, and, of course, the IHS. A deployment of Commissioned Corps officers in January resulted in an emergency assessment of the situation and immediate help. With hundreds of suicide attempts and 15 completed suicides from 2006 to 2008, HHS wants to do all we can to stop this epidemic. Just last Friday, there were two suicide completions in the Aberdeen Area − a 22-year-old man and 55-year-old man. Aberdeen Area Director Charlene Red Thunder will coordinate overall Area, Service Unit, and HHS efforts.

Addressing mental health issues in our Native youth is obviously of paramount importance. As in almost all health issues, we cannot overemphasize the importance of prevention in mental health. We must begin to address the contributory factors and issues related to suicide and poor mental health at a young age, before they become entrenched problems. In fact, researchers supported by the National Institute of Mental Health have found that:

- 50% all lifetime cases of mental illness begin by age 14;
- 75% of cases have begun by age 24; and

- Untreated mental disorder can lead to a more severe illness, and to the development of co-occurring mental illnesses.

One other crucial behavioral health issue that we are very concerned about is addressing the alarming increase in the use of methamphetamine in Indian Country. We are working to develop and enhance programs to deal with this issue from all aspects, which includes the coordinating of federal efforts and working with Tribes to collect reliable data to measure the extent and severity of Meth abuse in Indian Country. For instance, the IHS and the Bureau of Indian Affairs have joined forces to address this epidemic from both a public health and a law enforcement prospective. They are also working with the many tribally owned and operated programs that are doing great things to address this heartbreaking issue.

It is also encouraging to note that in 2007 the Department of Justice awarded more than $82 million in grants and other assistance to tribal communities to strengthen their law enforcement and justice systems. And of course the approximately $47 million in grants awarded by SAMHSA in 2007 has been of immense help in addressing meth abuse in Indian Country.

The Tribes have made it clear that addressing substance abuse in Indian Country is a top priority, and also that suicide prevention is a major concern. And it's clear that your voices are being heard. Congress has appropriated $14 million for fiscal year (FY) 20008 to specifically address these issues, in the following language: *$14,000,000 is provided for a methamphetamine and suicide prevention and treatment initiative, of which up to $5,000,000 may be used for mental health, suicide prevention, and behavioral issues associated with methamphetamine use.*

We are eager to get your input into addressing these initiatives. This is why in June 2006, Dr. Grim created the Behavioral Health Work Group, made up of tribal health professionals. There are 14 representatives; one from each IHS Area, plus one from the National Indian Health Board and one representing urban programs. In addition to their advice and guidance, I believe we need to create a group that represents the larger interest and leadership of the Tribes. Therefore, I am in the process of creating a new "Behavioral Health Tribal Advisory Committee." It will be made up of tribal leaders, with each Area represented. I want to hear suggestions on community-driven solutions, and this new group will provide that. The Behavioral Health Work Group will support this new Committee. Once this new Committee is formed, its first task will be to make recommendations regarding the use of that $14 million.

To effectively address the multi-variable issues that contribute to substance abuse and other behavioral health problems, we are working in the IHS to:

- Change our behavioral health approach from crisis orientation to ongoing behavioral health promotion;
- Seek new and sustainable resources through multiple funding sources;
- Maximize current program effectiveness through collaborations and data-driven models; and
- Integrate technology and clinically sound behavioral approaches with traditions and healing practices of the community. We are currently exploring ways to incorporate traditional and healing practices into all three initiatives.

This brings us to the Chronic Care Initiative, which completes the trio of interrelated IHS health initiatives and fully supports the IHS mission to improve the overall health of Indian people. This initiative is focused on several concepts:

- The first concept is that the future of the Indian health system will be shaped by our ability to:
    - Address the challenge of chronic conditions;
    - Improve care in a patient-centered focus so that improvements apply across conditions and settings; and
    - Coordinate care across all members of the care team.
- The next important concepts are that:
    - We must ensure that the IHS reflects a culture of excellence, innovation, and continuous improvement; and
    - We must make sure that our leaders are knowledgeable, supportive, and are working to clear away obstacles to improvements.

As part of this initiative, the Innovations in Planned Care Collaborative has brought together 14 IHS, tribal, and urban sites to work together with our partner, the Institute for Healthcare Improvement, to bring about foundational changes in how they deliver care. So far, a total of 14 sites have been selected: 8 federal sites, five tribal, and one urban. It is our plan to add 26 new sites, to bring the total to 40. I am truly excited with the progress to date and look forward to the next wave of improvements. This is not an "experiment." Improvements and lessons learned will be shared across the Indian health system for others to use. I have been privileged to sit in on the WebEx learning sessions where all 14 sites have shared their challenges and successes.

And now for a topic that is always on our minds as we strive to find the resources we need to address health disparities: the IHS appropriated budget:

- The President's enacted budget authority for the IHS for FY 2008 was $3.35 billion.
- This represented a $166 million, or approximately 5.2%, increase over the FY 2007 enacted budget.
- Adding in health insurance collections estimated at $780 million, diabetes appropriations of $150 million, and staff quarters rental collections of $6 million, increases the budget to $4.3 billion in program level spending.
- Funds will go primarily ($2.4 billion) to Clinical Services, but the FY 2008 budget request also addresses the funding of pay raises, inflation, population growth, and staffing for new facilities. These are health care needs that tribal testimony identified as critical during the budget consultation process.
- The budget also includes $237 million to help address behavioral health issues in Indian communities, including substance abuse and suicide prevention.
- The enacted budget included $34.5 million in funding for the Urban Indian Health Program.

And now a word about the proposed IHS FY 09 budget, which was just rolled out on February 4th. Please keep in mind that the President has a goal of balancing the budget by 2012. You will see that reflected in his budget request for IHS. However, it is also important to note that this is a *proposed* budget – changes will be made as the budget proceeds through the review process in Congress. The President's proposed budget for the IHS for FY 2009 is $3.325 billion. This includes:

- $25 million for additional staff for new health facilities
- $10 million for Indian Health Care Improvement Funds

- An increase of $11 million for Clinical Services
- An increase of $8.8 million for Contract Health Services
- An increase of $2 million for Preventive Health Services

Decreases include:

- Urban Indian Health Program (-$35 million)
- Health care facility construction (-$21 million)
- Health professions (-$14 million)
- Alcohol & substance abuse (- $11 million)

There is a glimmer of hope on the horizon – the recent Dorgan amendment proposed an additional $1 billion for Indian health.

While we are on legislative matters, the next issue I would like to address is the current status of the reauthorization of the Indian Health Care Improvement Act. To summarize:

- On April 24, 2007, the Senate Committee on Indian Affairs introduced S. 1200, a bill to reauthorize the Act, and reported the bill on May 10.
- On February 26, 2008, the Senate passed S. 1200 by a vote of 83 to 10. The bill will now be considered by the House.

Key Issues include:

- Extension of the Federal Torts Claims Act to non-eligibles and certain provisions related to its extension to home/community based health care.
- Requirements for use of negotiated rule-making and for consultation in parts of the bill.
- Need for flexibility so that Secretary has discretion to fund and implement programs authorized in the bills (Medicaid/SCHIP co-pay exemptions).

I thank each of you for your support over the years as we jointly overcame many health challenges. I ask for your continued support as we address future challenges on behalf of the health and welfare of Indian people.

Together in collaboration our tribal, urban, federal, state, and private organization partners, the IHS is working to **eliminate** health disparities among American Indian and Alaska Native people.