California Rural Indian Health Board, Inc.
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Indian Health Priorities

by

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Greetings to all of you here today, and to all the tribal leaders and elders in the audience. Thank you for inviting me to this meeting and giving me the opportunity to tell you about some significant health priorities of the Indian Health Service (IHS) that the California Area is helping to implement.

Let me start by refreshing your memories on the mission, goal, and foundation of the Indian Health Service:

- The Mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social and spiritual health to the highest level.
- The Goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.
- The Foundation is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes.

The three main health initiatives of the IHS, initially established by Dr. Grim, are: Health Promotion and Disease Prevention (HP/DP), Chronic Care, and Behavioral Health. These initiatives fully support both the Department of Health and Human Services (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.

The goal of the HP/DP 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.

The IHS has increased emphasis on both clinical and community-based HP/DP efforts and has focused on collective ability to develop and implement HD/DP programs. The IHS established a Prevention Task Force that includes representation from IHS and tribal programs to identify key components for a systematic approach to preventive health activities. The IHS also has a HP/DP Prevention Policy Advisory Committee to provide oversight and policy guidance to the Agency. The IHS invested $2 million in 2007 to support:

- A Healthy Native Communities Fellowship that trains Indian community leaders to be catalysts for positive change and to work with tribal communities to advance a new vision of population health;
- Community grants to provide community programs that support healthy lifestyle choices; and
- Training and regional conferences to engage youth to take active roles in addressing health and social issues that impact their communities and schools.

It is encouraging to see how well the California Area HP/DP objectives support those of the national IHS initiative. These objectives include:

- Building capacity for effective health promotion practices at the local level;
- Promoting the adoption and use of environmental, school, and worksite policies;
- Creating a website clearinghouse of best practices, resources, training, and community assessment tools; and
- Empowering local efforts through the Healthy Natives Community Fellowship and the *Just Move It* Campaign.

I think we are all aware by now that addressing chronic illness must begin by addressing the lifestyle patterns that contribute to poor health, at the individual and community level. That is why we are seeing more and more IHS, tribal, and urban wellness programs throughout the California Area, as well as throughout Indian Country, that are focusing on increasing physical activity to improve health. For instance, more than 300 *Just Move It* exercise programs have been established nationally on reservations and at other sites.

We know that regular exercise and physical fitness promote weight loss, improve insulin sensitivity, increase muscle strength, reduce stress, enhance self-esteem, and improve the overall quality of life. That is why the efforts of the California Area to promote exercise and fitness initiatives are so important.

For instance, I understand that the California Area IHS and the California Rural Indian Health Board (CRIHB) have joined forces to promote joint participation in the *Just Move It* campaign, and also to hold Wellness Forums in support of the HP/DP initiative. In fact, last year, California had 21 tribal and urban Indian programs participate in the *Just Move It* program, with a

collective total of 4,581 miles logged in. This is quite impressive, and I am pleased to note that California will continue to actively promote the *Just Move It* program this upcoming year, in partnership with CRIHB.

Another California effort that supports the HP/DP initiative is the First California Native Youth Diabetes Conference, which will be conducted in partnership with the University of California Davis School of Medicine.

Closely related to the IHS HP/DP Initiative is the IHS Behavioral Health Initiative. The goals of this initiative include:

- Development of a database that will support prevention programs on methamphetamine (meth) abuse, suicide prevention, and child/family protection within the IHS Areas. This database will be a resource for program evaluation and modeling examples.
- Proposed training starting in FY 2008 in behavioral health integration, using tested and effective models and methods.

Integration of behavioral health care services with overall medical services is an important goal. Only one out of five patients referred from primary care to behavioral health actually makes an appointment in the traditionally structured and separated health delivery system. It has been shown that co-locating behavioral health with primary care increases the successful referral rate to 80%, or 4 out of 5 patients. It's also shown that untreated mental illness has a powerful negative affect on chronic physical illness.

I know that the California Area fully supports the goal of the IHS Behavioral Health Initiative to integrate behavioral health services into Primary Care. For example, in spring 2007, Feather River Tribal Health Center hired a medical social worker to work in the medical clinic, performing assessments and providing brief therapy.

Prevention is also a key issue in the behavioral health field. Suicide prevention in particular 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. One example is the Native H.O.P.E. (Helping Our People Endure) program. This is a proactive prevention program that has shown to be effective in addressing suicide and its contributing factors, such as depression, substance abuse, violence, and exposure to violence. The program focuses on building upon the strengths in Native youth, boosting coping skills, and breaking the "code of silence." The effectiveness of the program is due to its collaboration between the IHS, the Bureau of Indian Affairs (BIA), Area schools, tribal programs, and the community.

Alcohol and other Substance Abuse problems also continue to be severe behavioral health problems in Indian Country. A recent study by the Substance Abuse and Mental Health Service Administration (SAMHSA) indicated that American Indians and Alaska Natives were about 1.5 times more likely than other ethnic groups to have a past year alcohol use disorder and to use illicit drugs. They also have the highest rate of tobacco abuse of any group in the U.S.

There are many IHS, tribal, and urban programs underway at the national and local levels to address substance abuse. The IHS is also involved in various collaborations with other federal, public, and private foundations to address these issues, such as our collaboration with Mothers Against Drunk Driving to adapt the *Youth in Action* program for American Indian and

Alaska Native teens. This program engages teenage youth in taking an active role in addressing underage drinking.

One California Area activity closely related to these efforts is the Protecting *You/Protecting Me* Training Workshop to be held in the Spring of 2008. This workshop was also developed by Mothers against Drunk Driving and considered a Model Program by SAMHSA. It is a "train the trainer" workshop that will enable substance abuse counselors to educate school age children about the dangers of alcohol, especially those associated with riding with an alcohol-impaired driver.

One other crucial behavioral health issue that we are very concerned about is addressing the alarming increase in the use of meth in Indian Country.

- Beginning in 2000, marked increases have been noted in patients presenting at IHS and tribal clinical sites for amphetamine related problems;
- The number of patient services related to amphetamine abuse almost tripled in the 5-year period from 2001 to 2006, increasing from about 3,000 contacts in 2001 to over 8,800 contacts in 2006;
- And a recent study by the National Institute of Drug Abuse found that "Native Americans were 4.2 times as likely as Whites to use crystal methamphetamine."

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.

And the IHS and the BIA 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 the devastating impact this problem is having on Indian communities and families.

I know the California Area is also concerned about the effects of meth abuse on tribal communities, and is actively supporting the campaign against meth abuse. In fact, the California Area is partnering with urban Indian and tribal health programs through CRIHB to develop and host the second California meth abuse prevention and treatment conference, which will be held in spring 2008. This year's conference will build on last year's efforts to promote collaborations in tribal communities between health care, law enforcement, educational programs.

Support for substance abuse issues in Indian Country is an important issue at the Department level as well. Support from HHS includes the SAMHSA *Access to Recovery* grant to the CRIHB for $14.5 million over 3 years. This grant will enable the CRIHB to expand a voucher system that helps provide culturally appropriate clinical treatment and recovery support services to American Indians. The vouchers give them a greater range of choice in selecting the services most appropriate for their needs.

The grant will also allow the CRIHB and its *California American Indian Recovery,* or CAIR, program to strengthen and build its support system and improve efficiency and service quality. I understand CRIHB plans to collaborate with the Northwest Portland Area Indian Health Board to extend access to 43 additional Tribes across California, Oregon, Washington, and Idaho.

This is actually just one example of many such HHS and federal grants and programs that are reaching out to Indian Country to help address meth and other behavioral health and substance abuse issues.

The Chronic Care Management Initiative completes the trio of interrelated IHS health initiatives and fully supports the IHS mission to improve the overall health of Indian people. Two of the areas that the initiative is focusing on are:

- Adapting and implementing the chronic care model across the Indian health system; and
- Developing an infrastructure that will support health care system improvement.

Addressing all the diverse elements that contribute to overall good health demands, among many other things, adopting a strong Chronic Care Model to help guide our health care efforts. Chronic care issues are currently the focus of many health care efforts, both in Indian Country and across the nation.

The IHS Chronic Care Model addresses the underlying causes of poor physical and mental health, rather than just treating the symptoms. This means addressing all the elements that contribute to good health, including the cultural, medical, behavioral, social, and sanitation needs of the population we serve.

This model highlights the importance of an informed, interactive patient in the health care process. The model is based on the premise that improved outcomes result from productive interactions between a proactive health care team and an informed patient.

In order to better institutionalize preventive health care techniques in the Indian health care system, the IHS has developed an innovative program using the Chronic Care Model at pilot sites across Indian Country. The purpose of these pilot sites is to demonstrate that changing the way we deliver care can improve patient outcomes for a variety of chronic illnesses in a cost-effective manner. The pilot program will also support other innovative efforts within the Indian health system to address chronic conditions, especially those that integrate behavioral health and health promotion principles.

Each IHS Area has at least one pilot site. Eight federal pilot sites, five tribal sites (including the Indian Health Council, Inc., in California), and one urban site have been selected so far.

This program is part of our efforts to accelerate the use of effective practices throughout our Indian health system. For example, we are also aligning our $150 million annual funding for the *Special Diabetes Program for Indians* to focus on a common infrastructure for spreading the Chronic Care Model to our approximately 467 diabetes program grantees.

The Behavioral Health Initiative is working in collaboration with the 14 Chronic Care Pilot Sites to identify, support, and apply behavioral change methods. The goal is to integrate behavioral health with the treatment of chronic illness and health promotion and disease prevention. In July 2007, a Behavioral Health Taskforce composed of behavioral health professionals from the IHS, tribal organizations, and others who specialize in behavioral health was convened to support this effort.

There is an urgent need for a system-wide model to address chronic conditions. Diabetes and other chronic conditions and illnesses related to lifestyle choices are on the rise in Indian Country, even more so than the rest of the nation. In spite of our best efforts and successes so far in treating diabetes, it has become epidemic among American Indian and Alaska Native people, and the rates continue to increase. Although diabetes is also increasing in the U.S. population as a whole, the increase in the Indian population is even more dramatic.

One California Area activity that supports IHS efforts to address the epidemic of diabetes, as well all three of the IHS health Initiatives, is the sixth annual *Taking Control of Your Diabetes* conference that is scheduled for April 5, 2008, in Santa Ynez, California. This conference will focus on addressing the risk factors of diabetes in order to delay or, better yet,

prevent the development of diabetes. It will also focus on patient and community empowered management of the illness, and on taking care of the mind and spirit as a means of dealing with the illness in a proactive manner.

I know that the California Area has also been working to integrate the IHS Initiatives in a number of other ways, including hosting the 4th Annual *Community Wellness Forum* on May 30 – June 1, 2007. The Forum was used to implement a survey tool to gather information on integrating the IHS health initiatives into a California Area Strategic Health Plan, with a focus on community based efforts. Topics included meth abuse, HIV/AIDS, suicide prevention, depression, traditional practices, historical trauma, domestic violence, physical activity, pediatric obesity, and other preventive health related topics.

By participating in national Director's Initiative programs, as well as developing and implementing their own activities that support the Initiatives, the California Area IHS, tribal, and urban Indian health programs are working to place themselves at the forefront of innovations in health service delivery. This serves to help the Indian health system deliver high quality, cost effective health care to Indian people in California.