Indian Health Service

Tribal Self-Governance Conference

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Indian Healthcare Initiatives

by

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Good Morning! It's certainly a pleasure to be here today to help celebrate 20 years of self-governance, which is truly a great accomplishment. Self-Governance and self-determination have helped make possible many significant strides in addressing health disparities among American Indian and Alaska Native people.

Why has self-governance been such a success? Because under Self-Governance, program control and accountability are put as close as possible to the point of delivery of the services. Given the opportunity to make decisions regarding funding priorities and the design of program services, tribal governments are in a better position than a national program to do what works best for their members and community.

The focus of this conference is on sharing the success stories of Tribes and demonstrating how exercising Self-Governance improves our ability to respond to the health needs of American Indians and Alaska Natives at the local level. There will also be a great deal of sharing of information on all aspects of Indian health care.

Let me begin by stating the IHS mission, which is really an Indian health system mission. This mission statement sums up what we do and what we hope to achieve. *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.*

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 fulfill this mission. Our goal is to bring the highest quality heath care services to American Indian and Alaska Native individuals and communities.

The concept and practice of self-governance in Indian health plays a vital role in the Indian Health Service (IHS) mission. The United States Constitution recognizes Indian nations as sovereign governments, and hundreds of treaties, federal laws, and court cases have re-affirmed that Indian nations retain the ***inherent powers to govern themselves***.

This conference celebrates the milestone reached in the government-to-government relationship between the U.S. Government and Tribal Governments that started when Self-Governance was authorized in 1988. Self-Governance returns total decision-making authority and management responsibilities to Tribes and their governing bodies. This tribal/federal relationship is unique in the entire world – nowhere else has a government agency turned over its authority to the people it serves.

Since implementation of the first Self-Governance Compact and Funding Agreement on September 30, 1993, the interest and growth in Self-Governance has been astonishing. Currently, there are 73 compacts and 94 funding agreements, representing 323 federally recognized Tribes. Today, approximately one-third of the total IHS budget, or over $1 billion, is transferred to Self-Governance Tribes to carry out programs, services, functions, and activities that were once carried out by the IHS.

To help facilitate the vital partnership between the IHS and Tribes, I have tasked the IHS Office of Tribal Self-Governance (OTSG) to actively participate in and provide funding for several focus areas:

- The first area is exploring **innovative and collaborative approaches** towards developing and implementing standards that are consistent with new technology that affects both the Tribes and the Government. Although totally voluntary, Self-Governance Tribes report on Government Performance and Results Act (GPRA) measures, and OTSG GPRA projects to enhance tribal data reporting have assisted in improving the quality and reliability of health care data reporting.
- The next focus area is on **Continuing Education and Outreach** to educate senior IHS staff on activities relating to the self-governance program at all levels, from Headquarters to Service Units. OTSG will be participating in nationwide conferences, such as this one, to focus on providing information on the Tribal Self-Governance Program.
- The **Implementation of Title V** is another important issue**.** The Agency needs a comprehensive quality control system to ensure the Agency's compliance with P.L. 106-260 is being carried out in a timely manner.
- And we want to emphasize **Promoting Better Business.** This means **c**ontinuing to increase the efficiency of Agency and Department initiatives in implementing best business and

operational practices. The OTSG supports GPRA projects throughout the nation that assist in data collection and exchange between Tribes and the IHS.

- And last, but most importantly, we want to continue promoting and enhancing **Tribal Consultation** throughout HHS and other federal and non-federal agencies and organizations. OTSG is currently assisting other OPDIVS in HHS to establish Tribal Consultation Policies.

I cannot overstate the importance of tribal consultation to carrying out our mission. The IHS remains committed to carrying out tribal consultation, as well as encouraging and facilitating increased tribal participation and collaboration at all levels within the IHS and HHS system. Currently, the IHS has eight advisory groups established to provide input from the tribal leadership and tribal community, and we are working on establishing a ninth. These advisory groups are:

- The Tribal Leaders Diabetes Advisory Committee,
- The HP/DP Advisory Committee,
- The Direct Service Tribes Advisory Committee,
- The Tribal Self Governance Advisory Committee,
- The IHS Budget Formulation Workgroup,
- The Contract Support Cost Workgroup, and
- The Facilities Appropriations Advisory Board.

Additionally, a Behavioral Health Advisory Committee is in the process of being formed.

On the departmental level, HHS holds regional and national consultation sessions to provide opportunities for Indian Tribes and HHS officials to discuss various budget and policy issues. There are a number of HHS advisory committees, including the CMS Tribal Technical Advisory Group, the CDC's Tribal Consultation Advisory Committee, and the HHS American Indian/Alaska Native Health Research Advisory Council.

The IHS and HHS have put considerable effort and resources into ensuring effective consultation and other communication with Tribes, because we believe the tribal consultation process is a vital part of our ongoing efforts to provide the highest quality health services to American Indian and Alaska Native people.

As I mentioned a moment ago, this conference is dedicated to sharing information on the progress we have made, and continue to make, in improving the health and welfare of American Indian and Alaska Native people. I would like to start this information sharing by updating you on some IHS initiatives and programs that are important to continuing our progress in improving Indian health.

The three main health initiatives of the IHS, which Dr. Grim established in 2005 to help achieve our mission, are Health Promotion and Disease Prevention, Chronic Care, and Behavioral Health. 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. They are making our mission "come alive" with purpose and direction.

Tribal Self-Governance Tribes play an important role in helping to support and implement these initiatives for the benefit of American Indian and Alaska Native people across the nation. The success of tribal self-governance in bringing innovative ideas and unique approaches to rural health care delivery could serve as a model for improved health care and prevention in the 21st century.

Tribes are helping to reduce health disparities that exist throughout Indian country by offering recommendations of best practices that have proved effective in their Areas, as well as participating in nationwide studies and data collection efforts that will heighten awareness of such disparities on a nationwide level.

In partnership with Tribes, the IHS has established the three health initiatives to guide these and other efforts to reduce health disparities across Indian Country. The goal of the Health Promotion and Disease Prevention (HP/DP) Initiative, put simply, is to create healthier American Indian and Alaska Native communities. This is accomplished by implementing effective health promotion and chronic disease prevention programs in collaboration with our key stakeholders, the American Indian and Alaska Native people, and by building on individual, family, and community strengths and assets.

Our HP/DP people have also been working on developing various prevention materials for dissemination in Indian County. These include:

- A *Restoring Balance – Community Owned Wellness* guidebook. This manual was updated from its previous 1992 edition. It provides a process for use by communities to address wellness and identify local resources to promote positive changes.
- A physical activity kit that incorporates Indian games and dances into a culturally appropriate physical activity plan. The IHS partnered with the University of New Mexico to develop this resource, entitled the *Physical Activity Kit: Lifespan Approaches*. It is scheduled for dissemination in July 2008.

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 the American Indian and Alaska Native people.

The successes of our Self-Governance and tribal consultation programs have taught us that listening to those who are most affected by the outcomes helps us to best target the specific needs of each community. We have learned that 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 methamphetamine abuse prevention and intervention, suicide prevention, child and family protection programs, and information management improvements.

We are currently developing a strategic plan to address meth abuse reduction and suicide prevention concerns, in addition to other efforts underway in Indian Country. This plan will include recommendations from tribal leadership, tribal behavioral health clinicians, and of course IHS behavioral health staff. I will say more about these efforts in a moment.

As we all know, suicide clusters are occurring all too frequently in our tribal communities, with devastating effects. These tragic events require an immediate response, yet often the time-intensive process to obtain federal resources creates a mismatch of need and resources. That is why we are working to develop an emergency suicide fund that will allow tribal communities to receive assistance much sooner when suicide clusters occur.

We are also continuing our development of the IHS Resource and Patient Management System (RPMS) database in support of prevention programs on meth abuse, suicide prevention, and child/family protection. One example of this is the "V" Measurement Workgroup, a collaborative effort targeted at adding the ability to the RPMS to record the results of four standardized, widely deployed brief screening and assessment tools. This effort will allow primary care doctors to access screening results and treatment outcomes for behavioral health disorders that might be associated with a chronic illness. Naturally this will improve services and increase the integration of primary care and behavioral health care for patients.

The integration of behavioral health care services with overall medical services is an important IHS goal. Let me share with you these compelling reasons why it is important to integrate these services:

- Only one out of five patients referred from primary care to behavioral health actually make 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. I saw this illustrated dramatically when I visited the Sonoma County Indian Health Center in Santa Rosa, California. They had a mental health worker's office right in the primary clinic, so patients needing mental health services didn't even have to leave the building. I understand that offering this immediate access and referral service has resulted in their compliance rate going way up.
- It's also been shown that untreated mental illness has a powerful negative effect on chronic physical illness.

The bottom line is that making mental health services an integral part of our healthcare process will improve the overall health of our patients.

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 have so many of our youth – so much of our future – lost to suicide is a great tragedy. To help address this alarming problem, IHS and tribal programs have been working at the local and national levels to develop effective preventive approaches. The bottom line is, we must address the factors that are causing such despair among Indian people that they take their own lives.

One example of our current prevention efforts is the strategic planning by the IHS National Suicide Prevention Network. This workgroup is focusing on supporting the creation of a comprehensive network of care. The initial focus will be on three areas:

- Creating IHS national, Area, and community-wide suicide prevention strategies;
- Providing training on evidence-based and promising practices, as well as sharing information on prevention and intervention programs that are aimed at increasing protective factors and decreasing risk factors for suicide; and
- Creating and enhancing IHS national, Area, and community emergency response teams.

It is important to begin to address the contributory factors and issues related to suicide and poor mental health at a young age, before they become entrenched problems. 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 disorders can lead to more severe illnesses, and to the development of co-occurring mental illnesses.

This is why Child and Family Protection is another important focus area for the IHS as we look for ways to increase and improve services. The IHS Behavioral Health Program is continually seeking new resources and increasing advocacy for these programs among federal, state, tribal, local, and private organizations. For instance, at this year's National Behavioral Health Conference, the conference planning committee is sponsoring a child and family protection track to increase awareness among other federal agencies of the scope of Native child and family protection issues. The Department of Justice, Bureau of Indian Affairs, and Department of

Housing and Urban Development are co-sponsors for this conference, which is planned to be held in Billings, Montana, in August.

Another example is the Circles of Care grant program started in 1998 in a collaborative effort between the IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA). We are renewing that inter-agency agreement and working with SAMHSA on the Request for Announcement for the 4th prospective cohort of Circles of Care grantees for FY 09. Through this program, SAMHSA provides 3 years of grant funding to Tribes and tribal organizations to build infrastructure and capacity for children's mental health programs.

Alcohol and other substance abuse problems also continue to be severe behavioral health problems in Indian Country. A recent study by SAMHSA indicated that American Indians and Alaska Natives are 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.

To better address this health concern, the Behavioral Health Workgroup, composed of tribal behavioral health clinicians, was formed in 2007 by former IHSDirector Dr. Grim. There are 15 representatives: one from each IHS Area, one from the National Indian Health Board, one representing Youth Regional Treatment Centers, and one representing urban programs. This Workgroup has completed a draft document of new alcohol, substance abuse, and mental health recommendations for my review and consideration. They are set to deliver a final document for my review later this month, and the workgroup recommendations will also supplement the newly forming Behavioral Health Advisory Committee.

These combined efforts will bring tribal community perspectives and priorities into annual review to assist the IHS is improving behavioral health services and programs. I continue to support their important work.

Another important initiative underway to address alcohol and substance abuse from an emergency services standpoint is the Alcohol Screening and Brief Intervention, or ASBI, program. This program also addresses injury prevention, a major related issue in Indian Country. This intervention program is aimed at taking advantage of the "teachable moment" when an injury patient presents at a facility as a result of possible intoxication or drug abuse. This has been shown to decrease repeat injuries by 50%.

The ASBI program is now considered the largest "rural targeted injury-alcohol intervention" to date. This innovative program, which includes collaboration with SAMHSA, is currently being implemented system-wide in all IHS and tribal hospitals.

So far we have held 17 ASBI Train-The-Trainer conferences and trained over 400 physicians, nurses, and behavioral and allied health professionals in this intervention methodology. These providers will be going back to set up ASBI programs in their respective clinics and hospitals.

This year we will begin introducing the ASBI program in IHS, tribal, and urban primary care and behavioral health clinics.

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 2008 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. I mentioned a moment ago the Behavioral Health Work Group, which is made up of tribal health professionals. 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 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 nominations for the Behavioral Health Advisory Committee are due from the Area Directors on April 30, and a formal introduction of the members will be made at the National Behavioral Health Conference in August 2008. Once this new Committee is formed, its first task will be to make recommendations regarding the use of that $14 million. We want to be sure to target the money where it is most needed.

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 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 in collaboration with our partner, the Institute for Healthcare

Improvement, to bring about foundational changes in how they deliver care. These sites are adapting a Care Model and using a rapid cycle improvement methodology to chart a new course in health care.

This is not an "experiment." Improvements and lessons learned will be shared across the Indian health system for others to use. So far, a total of 14 sites have been selected: Eight federal sites, five tribal, and one urban. I have been privileged to sit in on the WebEx learning sessions where all 14 sites have shared their challenges and successes. It was exhilarating to hear about the innovations in progress. It is our plan to add 26 new sites to bring the total to 40. We are currently actively seeing new participants. I am truly excited with the progress to date and look forward to the next wave of improvements.

Improving care for all chronic conditions is a huge challenge, especially when we are working to improve the overall health of an entire population. The way we do this is to put a renewed focus on a partnership effort between patients, families, doctors, and the entire health care team . . . with the patient at the center of our efforts.

The community is also an important asset in our health care system. The line between the health care system and the community should be a faint one. We have important community assets that are not always coordinated. The Chronic Care Teams have begun to address this through the collaborative, and we need to better recognize the value in the creativity, resiliency, and resources of our local communities. These are essential to building long-term good health and quality of life. I look forward to seeing the great improvements that we can accomplish by working together.

As I mentioned, the IHS has recently begun an important chronic care collaboration with the prestigious Institute for Healthcare Improvement, or IHI. The IHI is a not-for-profit health care organization that provides a source of expertise and knowledge to improve health care worldwide. The IHI has a strategic partnership network that includes other organizations such as large hospitals and HMOs. Their mission is to improve healthcare by working with different hospital and health-based groups using evidence-based care. They are specifically working with us on all the elements of implementing and evaluating the Chronic Care Initiative, which will help address some of the most pressing health care needs in Indian Country.

Now I would like to highlight a couple of focus areas that are related to all three of the Director's Initiatives. The first one involves a continuing major problem in Indian Country – traumatic injuries. Indian mortality rates for unintentional injuries and motor vehicle crashes are up to three times greater than for the general population. Trauma care and costs strain our resources and impact other essential services.

We do have some good basic trauma care systems in place. We have made substantive progress in Trauma and Emergency Medical Services (EMS) over the years, with professional training, acquisition of EMS equipment, and integration of the hospitals into regional trauma and EMS

systems; as well as the previously mentioned IHS-tribal ASBI Program. There has been wide acceptance and enhancement of these concepts.

However, I would like to do even more to address our efforts in dealing with this issue. We are now actively working towards improving our trauma care capabilities and injury prevention programs and resources throughout Indian Country. We need to meet and even exceed national standards and community expectations. We also need to work to further combine our good injury prevention efforts at the tribal, urban, and national level. I have asked Dr. David Boyd, our Trauma Surgeon at Headquarters, to take the agency lead in this effort. He will be working with IHS Area Offices and IHS, tribal, and urban facilities to develop sound programs to improve trauma care and injury prevention throughout Indian Country. And I am pleased to see there are two workshops being held on injury prevention at this conference. That is certainly a good start to our efforts.

The next focus area is traditional healing, as we continue to encourage and explore ways to incorporate traditional healing practices into the Director's Initiatives. We've held nine HIV Regional Behavioral Health Training Sessions in the past 3 years that included a Traditionalist as part of the faculty. We have also developed a small task force of Traditionalists who have given us insight and feedback on the culture and traditions of their people in relation to dealing with HIV/AIDS.

And I am excited about a Traditionalist Summit that is being held this summer. Its purpose is to further increase our knowledge of the critical role that culture and traditional healing play in preventing the spread of HIV and in the healing of our people across the many facets of HIV and AIDS. It will be the first Summit of its kind, and it is a privilege for us to have the opportunity to work with and learn from these traditional practitioners. I strongly feel that they provide a unique and important perspective in our efforts to create a more holistic and culturally appropriate approach to health care, especially when dealing with mental health and lifestyle change issues. So we want to find an appropriate and respectful manner of including them in our health care process, and to validate cultural healing practices as a component of our three main health initiatives. Since the number of traditional healers has dwindled over the years, it is also important to start considering some sort of succession plan for traditional healers in our tribal communities.

The last focus area I would like to mention also ties into all three of the Director's Initiatives, and that is our ongoing partnership efforts. Partnerships with entities such as the IHI, which I mentioned a moment ago, are a very important part of our efforts to effectively address all the diverse factors contributing to health disparities in Indian Country. We need to continue developing new and strengthening old partnerships with tribal, urban, federal, state, and private organizations.

Which we certainly **are** doing throughout Indian Country. The IHS and Tribes have worked hard over the years to establish partnerships with a cadre of private and public entities, including

the ones you see here. We are continually looking for new and productive partnerships and are open to any and all suggestions for such collaborations.

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.