Indian Health Service

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Keynote Address

Community Health Representatives Role in Indian Health Initiatives

by

Dr. Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Director, Indian Health Service

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Good Morning! On behalf of the Indian Health Service (IHS), I'd like to welcome all of you to the 11th National Community Health Representatives (CHR) Triennial Conference. I appreciate the opportunity to be here today to speak about our Indian health system and the strategies we're implementing to provide access to high-quality medical and preventive services for American Indian and Alaska Native individuals and communities.

Before I proceed, I'd like to acknowledge the National Association of CHRs Board of Directors and the many volunteers who served on the Planning Committee for the outstanding job they've done to organize and implement this conference. I know that much time and effort goes into coordinating a national conference like this, and it's obvious that they've done a great job.

Through the years, we have made some real progress in improving health care for American Indian and Alaska Native people. Perhaps the most dramatic example of the results of our efforts can be seen in the significant reductions in American Indian and Alaska Native mortality rates over the years.

For example, since 1973, deaths due to accidental injuries have declined by about 60%; maternal deaths have declined by 64%; and infant deaths have declined by 66%. Tuberculosis, once the major cause of morbidity and mortality among Indian people, and in some respects the reason the IHS was established in 1955, has declined over 80% since 1973.

And what does this mean in human terms?

It means that, in 1955, an Indian child had over twice the chance of dying in infancy as a non-Indian child in the United States. He was 22 times more likely to die of tuberculosis before age 4 than a non-Indian child; 13 times more likely to die of gastrointestinal disease; and over 7 times more likely to die of influenza or pneumonia. Even if he survived all this, he had a life expectancy of only about 60 years.

But we have come a long way . . . an Indian child born today has a life expectancy of nearly 75 years. This increase in longevity is due mainly to the dramatic reduction in mortality rates from a host of diseases and chronic conditions, such as tuberculosis, infant deaths, maternal deaths, and unintentional injuries, to name just a few.

CHRs were instrumental in reducing infant mortality in the 1970s and '80s. Increased life expectancy is an achievement we can all be proud of, especially those of you on the "front lines" in the provision of health care to Indian people.

I know that for most of you here, and indeed for most IHS employees, achieving these kind of results has been and still is a personal as well as a professional passion. Over 70% of our overall staff are members of American Indian Tribes and Alaska Native communities. It is our own families, friends, and loved ones we are dedicated to serving; as well as setting a foundation for the health of our generations to come.

But there are still wide gaps in general health status between Indian people and the rest of the U.S. population. Although infectious diseases were once the major health problem of Indian people, many of today's health challenges involve chronic conditions that are heavily impacted by lifestyle and behavioral and mental health issues. We have been successful at increasing our longevity, but what about the quality of our lives?

Lifestyle-related issues such as obesity, physical inactivity, poor diet, substance abuse, and injuries are the underlying causes for the increase in chronic diseases and conditions. These kinds of lifestyle issues cannot be addressed solely through the provision of conventional health care services. In other words, we can't look just at improving *treatment* measures – we also need to incorporate a holistic approach into *preventing* those conditions that lead to poor health status. I'd like to describe a few of the steps IHS has taken to improve the health of American Indian and Alaska Native people even while confronted with these complex challenges.

I firmly believe that prevention is the key to confronting these challenges, which is why it's an integral part of the three main health initiatives I have established for the IHS. These initiatives are Health Promotion/Disease Prevention (HP/DP), Chronic Disease Management, and Behavioral Health.

Some of you are already aware of and involved in these initiatives. These initiatives are linked together and have the potential to achieve positive improvements in the health of Indian people. They seek to address the underlying causes of poor physical and mental health, rather than just treating the symptoms. And they stress the empowerment and full engagement of individuals, families, and communities in health care. As we develop a coordinated and systematic approach to enhance preventive health approaches at the local, regional, and national levels, CHRs will be – and are – among our key players and partners in this community-based effort.

CHRs have always known the importance of and advocated for healthy lifestyles in communities and individuals. In fact, it is part of the CHR mission, which is "to provide quality outreach health care services and health promotion/disease prevention services to American Indians and Alaska Natives within their communities through the use of well-trained CHRs."

Three years ago Admiral Gary Hartz attended this conference, when one of the major issues you spoke out about was the need for a full-time person to represent CHRs at Headquarters, rather than the half-time position that was shared with Tribal EMS programs. You

presented a persuasive case, and Admiral Hartz advocated for the restoration of the Headquarters CHR position to its former full-time status. I am pleased to report to you that as of January this year, your National CHR Director handed over the reins for EMS duties to the newly created EMS Coordinator position at Headquarters. The CHR Program now has a full-time Director, Ms. Cathy Stueckemann.

I know that Ms. Stueckemann and Alberta Becenti, the IHS Headquarters HP/DP Coordinator, are working closely together to achieve our goals for health promotion and disease prevention, as are their IHS colleagues within the Office of Clinical and Preventive Services.

I would like to take a moment to remind you all as fellow health care providers that it is important that we continuously work to expand our knowledge base about health care issues. Let me encourage you to commit yourselves to improving your skills and knowledge. Don't just wait on Basic or Refresher training to update yourselves. Check out authoritative websites on diabetes, kidney disease, heart disease, or HP/DP Best Practices; or enroll in a local community college course; subscribe to health publications; or browse health topics at your library. I know CHRs spend a lot of time and effort educating their patients on health care matters; but it is also important to attend to your own educational needs. The more you know, the more you can help your patients, and the more you can contribute to raising the health status of American Indian and Alaska Native people.

In the time I have remaining, let me address in more detail the three Health Initiatives I referenced earlier.

The purpose of the HP/DP Initiative is to:

- Reduce health disparities among Indian people through a coordinated and systematic approach to enhance preventive health approaches, and
- Create healthier Indian communities by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs.

Through our HP/DP initiative, the IHS is preparing for the future of Indian health care. We know we must emphasize the primary prevention of chronic conditions 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. The HP/DP Initiative is focusing on several areas:

- A Policy Advisory Committee and Prevention Task Force has been established to guide the initiative;
- A Strategic plan is being developed;
- HP/DP coordinators have been placed in each of the 12 IHS Areas;
- Partnership efforts to maximize resources and information sharing are being created and expanded, and
- HP/DP Best Practices are being developed.

I want to emphasize again the importance of the role of CHRs in this initiative. I think anyone who knows anything about Indian Country acknowledges that to make any project successful at the community level, one must involve the CHRs − because they are trusted advocates in the community. I look forward to seeing more incorporation of the various Tribal CHR Programs in all aspects of this initiative and will challenge my staff to make that happen. CHRs are an important and integral part of our overall health care team in any community.

Most of us know that CHRs have always provided many valuable health promotion and disease prevention services to the community. For those of you in the audience who are not CHRs or familiar with CHR functions, here are some of their many duties, which include:

- Making home visits and performing basic home health care services;
- Assisting clients in locating transportation or providing transportation to the doctor or hospital when needed;
- Performing basic home health care services;
- Administering first-aid;
- Assisting in scheduling appointments;
- In some cases, delivering prescribed medication to client's home, and translating label instructions;
- Conducting follow-up visits from referrals sent by the clinics, hospitals, and other resources;
- Preparing narrative reports and client files, and
- Providing individual and community education on health issues.

As I mentioned earlier, and as many of you here today are very aware of from your work in Indian communities, we are currently struggling in Indian Country and across the nation with an epidemic of 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.

That is why the IHS Chronic Disease Initiative is focusing on using innovative and state-of-the-art approaches to helping individuals manage chronic disease and minimize its impact on their health and function.

To meet the changing needs of our population, we are now involved in a major effort to re-engineer our systems for chronic disease care. Our Chronic Care Model seeks to address 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 spiritual needs of the population we serve.

The chronic care model is based on the premise that improved outcomes result from productive interactions between a proactive health care team, including CHRs, and an informed patient.

To have productive interactions, the health system needs to have developed four areas at the level of the practice. These are:

- Self-management support – which refers to how we help patients live with their conditions; this is where CHRs play an especially important role;
- Delivery system design – which encompasses deciding who is on the health care team and the ways we interact with patients;
- Decision support – which means determining what is the best care and how to make it happen every time; and
- Clinical information systems – which involves determining the best ways to capture and use critical information for clinical care.

These four aspects of care reside in a health care system and the health system itself exists within a larger community. Resources and policies in the larger community also influence the kind of care that can be delivered.

This Chronic Care model illustrates the diverse components of health care provision that contribute to producing favorable outcomes in addressing chronic disease management in Indian communities. This year, the Chronic Care Management Workgroup developed an innovative program using the Chronic Care Model at pilot sites to test foundational changes in the delivery of care for chronic disease. 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 illness, especially those that integrate behavioral health and health promotion and disease prevention principles. As of June 16, five federal pilot sites have been selected:

- Gallup Indian Medical Center
- Albuquerque Indian Medical Center
- Warm Springs Indian Medical Center
- Chinle Comprehensive Health Care Center
- Sells Service Unit

A call for pilot sites for Tribal and Urban programs will go out in FY 2007. These pilot sites will help us understand what system changes need to be made to address chronic diseases, in order to improve care throughout the Indian health system.

As I mentioned before, in order to effectively combat chronic conditions, we must address a host of contributing factors, ranging from the quality of prenatal care to the availability of long-term care for our elders. That is why it is important to have all federal, Tribal (including of course CHRs), Urban Indian, and state health agencies and organizations, as well as other relevant public and private entities, working together as part of a continuum of care to improve health and eliminate health disparities.

To this end, the IHS has established many partnerships with private and public entities. One important collaboration I would like to mention is a recent signing of an MOU between the IHS and the Mayo Clinic to establish a formal collaborative relationship to support efforts to reduce health burdens in American Indian and Alaska Native communities. The details are still being worked out, but the IHS and Mayo will be focusing on five general areas, and those are:

- Promoting training and education opportunities for Indian students seeking health care careers;
- Promoting career and service opportunities for Indian researchers, clinicians, and allied health care workers;
- In consultation with Tribes, identifying and promoting research on Indian health issues;
- Developing sources of federal and foundation grant contract and funding; and
- Developing greater access to reliable, high-quality health care and preventive services that respond to the identified health needs of the communities.

The last one especially relates to CHRs and the work you do in Indian communities.

Another very recent partnership that I would like to mention is between the Centers for Disease Control and the IHS to establish the "Be Smart" campaign, which is aimed at promoting the appropriate use of antibiotics. Often the message about the importance of the appropriate use of antibiotics is missed because of the vast numbers of chronic illnesses competing for our time and attention. In 2005 this joint venture brought much needed awareness of antibiotic resistance. Some CHRs received training and were encouraged to develop community-based workshops on this issue.

In looking over your conference agenda, I noticed they are a lot of great workshop topics, including one about appropriate antibiotic use. That workshop should provide CHRs with valuable information to carry back to your Tribes.

As you have probably noticed by now, all three of the IHS initiatives focus on a central theme — the impact of lifestyle and behavioral issues on the health and wellness of American Indian and Alaska Native people. That is why the IHS behavioral health initiative is a vital component of all our health care efforts.

Behavioral health is considered to be the largest component of today's health problems. In many ways, it's one of the hardest and most complex issues to address, and it may just be the underlying thread through all of the health initiatives. Problems such as alcoholism, diabetes, injuries, cardiovascular disease, and especially homicide and suicide, are significant health issues in Indian Country. These are issues that require a holistic, multi-disciplinary approach to health care provision that addresses all the contributing factors to health and wellness.

The IHS Behavioral Health Program is currently focusing on 4 main areas:

- Methamphetamine Reduction,
- Suicide Prevention,
- Child Protection, and
- Behavioral Health Management Information System Enhancement.

One issue I find particularly alarming is the increased use of a very dangerous substance, methamphetamine, in Indian Country:

- Beginning in 2000, we started noticing marked increases in patients presenting at IHS and Tribal clinical sites for amphetamine related problems, and that trend continues through today.
- The number of patient services related to amphetamine abuse went from about 3,000 contacts in 2000 to over 7,000 contacts in 2005, an increase of almost 250% over 5 years.

I have heard firsthand from Indian people about the deadly impact of this drug, and the devastating effects on our young people and their families. I know this is not news to many of you CHRs, who have to deal with it on nearly a daily basis as you make home visits and are out in the community. This drug is insidious in its power and effects on the body, and as many of you have seen firsthand, the results can be disastrous to individuals, families, and entire communities.

The IHS and Tribal communities across the country have established partnerships with SAMHSA and other federal, state, public, and private entities to address the Meth crisis in Indian

Country. Together, we have formulated long-term strategic approaches to intervene in the Meth crisis. These strategies include:

- Providing ongoing clinical services within the IHS system and supporting Tribal communities in providing these services;
- Establishing collaborative programming with other governmental organizations and agencies, including Tribes;
- Coordinating medical, social, educational, and legal efforts; and
- Supporting communities to mobilize against the threat by providing them program models, training, tools, networks, and ongoing consultation so they can formulate and deliver their own programs.

Another issue of paramount importance in Indian Country is the heartbreakingly high rates of suicide, particularly among our youth. Suicide rates for American Indians and Alaska Natives are about twice the national average for other groups, and suicide is the third leading cause of death for Indian youth aged 15-19. These are statistics that hit at the heart of the tragic effects of mental illness on Indian communities.

The same factors that contribute to drug abuse also impact on suicide rates: cultural alienation, poverty, lack of educational opportunities, social isolation, and perhaps most devastating of all, the low expectations and hopelessness of many of our youth. To address these issues, the IHS and Tribes are working in concert with the Substance Abuse and Mental Health Services Administration (SAMHSA) and other federal, public, and private entities to address all the contributing factors to mental illness and suicide among American Indian and Alaska Native people.

To address the high rates of suicide in Indian communities, I have established a suicide prevention committee. As part of this effort, we are collaborating with SAMHSA on the development of a National Suicide Prevention Network that is targeting two areas — the development of a community suicide prevention website that will include culturally appropriate information, and training sessions for a network of representatives from each IHS Area that will focus on topics such as youth suicide prevention, critical incident stress management, and basic skills training.

The IHS National Suicide Prevention Network will provide American Indian and Alaska Native communities with emergency response personnel, culturally appropriate information about best and promising practices, and training for suicide prevention and intervention throughout Indian Country. The Network supports the development of the communities' ability to respond immediately to a suicide crisis or potential crisis as well as supporting long-term program development and implementation that the communities define and develop themselves.

The goal of the IHS Child Protection initiative is to help IHS, Tribal, and Urban Indian health care workers focus on issues of child protection. These issues are usually related to neglect, and often exacerbated by the drug and alcohol abuse of parents. Some of the strategies to address child protection issues include:

- Providing training and technical assistance to child care providers to improve their knowledge and skills. The goal is to improve health care providers' ability to provide early identification and culturally appropriate responses to victims of family violence.
- Assisting Tribes in their advocacy efforts with other federal agencies.

- Fostering collaborations among other federal agencies to maximize resources.

The purpose of the behavioral health management system initiative is to continue the development and support of a comprehensive system of data gathering and dissemination to better inform policy makers of important behavioral health issues in Indian Country and to evaluate interventions. The goal is to increase data accuracy in order to enhance the joint efforts of the three IHS health initiatives.

Reliable data collection is also a part of your job as CHRs. An important part of providing services to patients is documenting those services. You've all heard it said many times in health care that "if it didn't get written, it didn't get done." I am sure you are all familiar with the Government Performance Results Act and Performance Assessment Ratings Tool, which are used to measure federal governmental programs' effectiveness. Providing accurate patient services data is crucial to producing accurate results on these measures, which can be key factors in congressional funding decisions.

At this conference, you're going to hear a lot about improvements in the way CHRs document patient services and encounters. These improvements on forms and data software will provide more specificity for the patients' charts, improve administrative workload reporting, and allow CHR program supervisors to use the data you generate to track health care trends in your Tribes. This data can also be used to provide key decision-making information to Tribal leaders and health directors, and to provide foundational statistics to establish health care needs for potential grant proposals. These improvements in data gathering are the result of the intensive efforts of Tribal and IHS CHR representatives on the CHR Data Committee, and I'd like to commend them for their dedication and hard work.

CHRs play a major role in effectively implementing these three health initiatives, because your varied and vital roles cut across the spectrum of HP/DP, Chronic Disease Management, and Behavioral Health. Changing behaviors and promoting good health and a healthy environment are critical steps in improving the health of American Indians and Alaska Natives.

CHRs are on the forefront of our endeavors because you understand that health status is not determined just by the availability of health services, but is the result of an interwoven tapestry of factors such as socioeconomic status, educational status, community and spiritual wellness, cultural and family support systems, and employment opportunities.

Before I close, let me thank and congratulate those of you who are receiving service awards at this conference. You, and all CHRs across the nation, are a vital part of our IHS team. Your efforts directly contribute to meeting our goal of improving the health and wellness of American Indian and Alaska Native youth, adults, elders, and the generations to come. Thank you.