



2008 Healthy Native Communities Fellowship Graduation

Washington, D.C.

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“Creating a Bright Future for Your Communities”

by

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Thank you for the very warm welcome. As always, it’s very meaningful to me to personally acknowledge and celebrate the tremendous work that you carry out each day in your communities. Your graduation from the 2008 Healthy Native Communities Fellowship is an accomplishment that I am sure will benefit your individual communities for many years and in many ways. I am especially pleased to know that your graduating class represents the entire spectrum of the Indian health care system with participation from Indian Health Service (IHS), tribal, and urban programs.

I am really honored to be able to participate in this very special graduation ceremony. We are here today to recognize you for the extraordinary work you have done and will continue to do towards raising the health status of American Indian and Alaska Native people to the highest possible level.

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I must tell you that I admire the determination you have shown in completing this comprehensive training. Each of you brings a special cultural, social, spiritual, and intellectual perspective to this program. I truly hope that you have enjoyed the retreats and teamwork involved in your training.

All of you who are graduating today serve as role models not only for others in your communities, but also for the next generation of health care leaders who have the potential of filling your shoes. You have created a clear path for them to follow and set high standards to which they can aspire, and in doing so have helped ensure a healthier, brighter future for all Indian people.

As the IHS Director, and with many years of varied IHS experience under my belt, I am especially excited by the possibilities for health care improvement offered by the three main health initiatives of the IHS that were established to support the vision of a healthier nation and healthier Indian people.

The goal of these initiatives is to continue creating healthier Indian communities by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs. It is my hope that these initiatives will continue to be directed at reducing health disparities among Indian people through a coordinated and systematic approach to preventive health. One important part of achieving this goal is making maximum use of all available resources.

For instance, addressing the devastating impact of methamphetamine (meth) abuse in Indian communities and ensuring healthy Indian families requires bringing all available resources to bear on this problem. To this end, the IHS is working to expand access to health care for American Indian and Alaska Native

people through strengthening our collaborations with programs such as Medicare and Medicaid, as well as state programs.

Prevention is the foundation of any effective substance abuse program, and it is and has always been an important part of our efforts at 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. Your work in the Healthy Native Communities Fellowship is a prime example of this approach.

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 behavioral health issues such as meth abuse, ongoing chronic conditions, or emerging infectious diseases.

Prevention is also a key issue in the behavioral health field. As you well know, suicide prevention is an area of great concern to the IHS and Tribes:

- Suicide rates are from 1.5 to 3 times higher for American Indians and Alaska Natives.
- Suicide is the second leading cause of death for Indian youth ages 15-24.

To help address this alarming problem, IHS and tribal programs have been working at the national and local levels to develop effective preventive approaches.

At the national level, IHS is supporting the HHS National Strategy for Suicide Prevention to:

- Promote awareness that suicide is a public health problem that is preventable;
- Implement training to aid in recognizing at-risk behavior;
- Develop and implement community-based suicide prevention programs, and
- Improve and expand suicide surveillance systems (data collection).

At the local and Area level, many innovative programs are being instituted throughout the Indian health care system to address this devastating problem. For instance, the Native H.O.P.E or Helping Our People Endure program, a proactive suicide prevention program, 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 our Native youth, boosting coping skills, and breaking the “code of silence.” The effectiveness of the program is due to its collaboration with the IHS and the Bureau of Indian Affairs, schools, tribal programs, and the community. The program is flexible and has been adapted for different groups and situations, from primary prevention to suicide clusters.

Alcohol and substance abuse also continue to be severe behavioral health problems in Indian Country. A recent study by the Substance Abuse and Mental Health Services Administration 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 United States.

One important program I would like to highlight is our collaboration with Mothers Against Drunken Driving, or MADD, to adapt the *Youth in Action* program for American Indian and Alaska Native youth. This program engages youth in taking an active role in addressing underage drinking.

The IHS also works to ensure Indian people receive the maximum benefits they are entitled to from state health resources and programs. The IHS reviews state health reform initiatives for any legal or policy implications they might have on the IHS, tribal, and urban Indian health care system, and to determine the impact on access to health care for the Indian population of the state. In 2006 we began another half century of making a positive difference through the Indian Health Service. While we face the challenge of stretching limited resources while trying to meet expanding demands for health care, we must also follow a new vision for the future work of the IHS.

Today I want to share this new vision for the IHS and how we consider and relate to our patients, their families, and their communities. We are developing an IHS-wide system of holistic care for each and every patient. By this I mean that we must look carefully at each of our patients and how we can best improve their mental, physical, social, and spiritual health throughout our hospitals, clinics, and centers. We must take that extra moment to connect our patients and their needs to our full range of existing services and evaluations. We must help each patient in the fullest way and not treat them in individual “silos” of care. As a patient leaves the examining room, we must ensure that they are connected to related and logical services within your facility or their community. Does the patient have family

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members being treated for similar health issues such as obesity or diabetes? Treating the whole patient and his or her family in the context of their Native community is far and away the most effective, efficient, and long-lasting prescription for treating chronic illness.

Essentially, we want to systemize this holistic view throughout the IHS and, of course, evaluate its effectiveness at each step along the way. In this era of declining federal resources and staggering rates of chronic disease, we have no option except to take action to achieve future wellness. Our Chronic Care Workgroup has identified five related key tasks to care for chronic diseases that I believe are the basis of holistic patient care. They are:

- New ways of working, new ways of thinking, and new designs for the delivery of care,
- Optimal use of technology,
- The empowerment and full engagement of individuals, families, and communities in health care,
- Utilization of all of our professional and lay health personnel resources in the most creative and effective ways, and
- A focus on the risk factors and underlying causes of chronic illness.

I know that you, as Healthy Native Communities Fellowship graduates, do your best each day for the ultimate good of community members and their health.

Congratulations on completing your training. I wish you great success in taking these new skills, tools, and knowledge back home to help your

communities. Please accept my sincere and deep thanks for all that you do for the good health of Native communities.

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