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Indian Health Initiatives

by

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Good Morning!

I appreciate the opportunity to be here today to speak with you about some Indian Health Service (IHS) initiatives and updates that are important to Indian health. 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.

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 HHS vision of a healthier nation and the IHS goal of healthier

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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.

Closely related to the IHS HP/DP 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 (meth) 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. The integration of behavioral health care services with overall medical services is an important goal, since we know that 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 has also been shown that untreated mental illness has a powerful negative effect on chronic physical illness.

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. 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.

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.

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 Services 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.

Another important initiative underway to address alcohol and substance abuse is the Alcohol Screening and Brief Intervention (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.

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. Last summer we held six ASBI *Train-the-Trainer* conferences and trained over 250 physicians, nurses, and behavioral and allied health professionals in this intervention methodology. These 250 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.

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.

- 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.

For instance, 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 this heartbreaking issue.

The rapid and alarming increase in meth abuse has not just struck Indian Country, it is a trend and tragedy across America. As the nation recognizes and seeks to deal with this problem, the number of federal grant programs for meth abuse are increasing. Even if they are not targeted at Indian Country, federally recognized Tribes or tribal organizations are eligible to apply for many of them. I certainly encourage Tribes to research and apply for such grants.

Some recent successful applications resulted in a SAMHSA grant awards totaling approximately $47 million to the Alaska Southcentral Foundation ($5M), California Rural Indian Health Board ($14.5M), Cherokee Nation of Oklahoma ($10.2 M), Inter-Tribal Council of Michigan ($11.7M), and the Montana-Wyoming Tribal Leaders Council ($5.7M). The money, to be dispensed over 3 years, will fund tribal Access to Recovery programs, which are designed to broaden substance abuse treatment and support systems available to tribal members with addictions.

Congress is certainly aware of our concerns about meth abuse in Indian Country. The President's FY 08 IHS budget included $173 million to specifically address substance abuse, including meth and alcohol abuse, in Indian Country.

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.

The IHS Behavioral Health Initiative is working in collaboration with the 14 Chronic Care Pilot Sites – which I will talk more about in a minute – 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.

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:

- 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.
- That we must ensure that the IHS reflects a culture of excellence, innovation, and improvement; and
- That 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 we deliver 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: 8 federal, five tribal, and one urban (including one in the Nashville Area - the Choctaw Health Center.)

Improving care for all chronic conditions is a huge challenge, especially when we are working to improve the overall health of an entire population. To improve the care for all conditions, we have to find the common denominator. This intersection point of all that we do is the relationship between the patient and the health care team . . . the relationship with the provider, the nurse, the nurse's aid, the community health representative, the business office clerk, the lab tech, the radiologist, etc. We are all part of the "care team." Relationships between these teams and patients are essential and must be fostered and encouraged. The Care Model illustrates this concept, and provides a framework that we can use to coordinate our approach to making effective changes in the health care delivery system.

As I mentioned, the IHS has also recently begun an important chronic care collaboration with the prestigious Institute for Healthcare Improvement, a not-for-profit health care organization that provides a source of expertise and knowledge to improve health care worldwide. The Institute 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.

In order to effectively address all the diverse factors contributing to chronic conditions and 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. We are continually looking for new and productive partnerships and are open to any and all suggestions for such collaborations from academic and other institutions.

One of the collaborations I would like to highlight is between IHS and Harvard, based on an MOU signed in 2006. This MOU provides an opportunity to identify areas of collaboration to improve the health and wellness of American Indian and Alaska Native people and communities. For example, as part of this collaboration, a business plan is being jointly developed by the IHS and Harvard for the IHS HP/DP initiative.

Also, MOUs between HHS and Health Canada were signed in 2002 and recently in 2007 to improve the health of indigenous communities though enhanced international collaborations. Activities under the MOU have resulted in positive and concrete initiatives between the two countries, including:

- Working groups on fetal alcohol spectrum disorder, suicide prevention, and research;
- A nursing exchange in May 2006; and
- The first Joint Summer Institute on Indigenous Health Research.

This first Joint Summer Institute on Indigenous Health Research was held from July 23 – 27 in 2007 at the Johns Hopkins Bloomberg School of Public Health. Indigenous health workers from around the world attended this first-of-its-kind public health institute to explore common means to overcome major health challenges that threaten their cultures and communities. Participants included indigenous peoples from New Zealand, Australia, Canada and the United States, representing 23 indigenous groups. The focus was on the social determinants of health for indigenous populations. The organizers plan to hold annual institutes to advance indigenous health that will alternate between the United States and Canada.

Another collaboration I would like to highlight is the IHS/Department of Veterans Affairs (VA) efforts to ensure that American Indian and Alaska Native veterans receive all the VA

services they deserve. An MOU signed in 2003 established joint goals and objectives to accomplish this goal, including:

- Improving communication among the VA, Indian veterans, and tribal governments;
- Encouraging partnerships among the VA headquarters and facilities, IHS headquarters and facilities, and tribal governments in support of Indian veterans;
- Improving beneficiaries' access to quality healthcare and services;
- Improving health promotion and disease prevention services to Indian veterans; and
- Ensuring that appropriate resources are available to support programs for Indian veterans.

Another collaboration between the two agencies in support of Indian veterans is the "Welcome Home: Veteran Tribal Outreach Program," which focuses on veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The goal of this collaboration is to provide VA staff with guidance and materials that will help them inform Indians veterans of the availability of VA, IHS, and tribal health care services in an effort to prevent the isolation, substance abuse, depression, and other PTSD-related problems that occurred with Indian veterans of Viet Nam.

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 fiscal year (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)

Another item I would like to give you an update on is the implementation of the Unified Financial Management System (UFMS) in the IHS.

On October 18, 2007, the IHS completed its part of the Unified Financial Management System implementation and deployment by HHS. UFMS was implemented on schedule and within the budget. The new system supports over 15,000 IHS employees and is part of one of the largest federal financial management system implementations of its kind in the world. It will provide sound financial controls, standardize processes, and consolidate financial operations on a single technical platform.

Through streamlined financial and procurement processes that enable detailed financial analysis across healthcare operations, UFMS will allow the IHS to make improvements in the provision of quality health services to American Indians and Alaska Natives. It will help to produce consistently reliable and timely financial information to support decision-making, maintain compliance with legislative mandates and regulatory requirements, and improve internal controls.

I thank each of you for your support of the IHS over the years as together we overcame many health challenges, and 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.