



Indian Health Service  
**XIX International AIDS Conference**  
**International Indigenous Working Group on HIV/AIDS**

July 20, 2012

*Indian Health Service Overview*

by

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Good afternoon. It is a pleasure to be here with you today to share information on the Indian Health Service (IHS) and how we are working to improve the health of American Indian and Alaska Native (AI/AN) people. Today I will be giving you a brief overview of the IHS and our priorities for reforming the IHS in order to better address HIV/AIDS and other health disparities among AI/ANs. I would like to begin with some brief background information about the IHS.

The IHS mission, in partnership with AI/AN people, is to raise their physical, mental, social, and spiritual health to the highest level. The Indian health system provides a comprehensive health service delivery system for approximately 2 million American Indians and Alaska Natives. It serves members of 566 federally recognized Tribes. The IHS fiscal year (FY) 2012 appropriation is approximately \$4.3 billion, which is a \$237 million increase over last year's budget. The IHS has a total of about 15,920 employees, which includes approximately 2,590 nurses, 860 physicians, 660 pharmacists, 640 engineers and sanitarians, 340 physician assistants and nurse practitioners, and 310 dentists.

The IHS system consists of 12 Area offices, which are further divided down into 157 Service Units that provide care at the local level in over 600 hospitals, clinics, and health stations. The IHS is predominantly a rural primary care system, although we do have some urban locations.

IHS has helped improve the health of AI/ANs since it was established in 1955, but we still face significant challenges as we work to fulfill our mission. Health disparities continue to persist for AI/ANs compared to other populations. For instance, diabetes mortality rates are still nearly three times higher for AI/ANs than for the general U.S. population, and suicide rates are nearly twice as great.

*The text is the basis of Dr. Roubideaux's oral remarks at the International AIDS Conference on July 20, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.*

Native Americans also face greater health disparities and risk factors for HIV/AIDS. This includes the second-highest rates of gonorrhea, chlamydia, and syphilis combined in the U.S., as well as disproportionate rates of alcohol and substance use, depression, domestic violence, and low socioeconomic status. Other factors include a greater proportion of young adults, social and cultural stigma attached to the disease, and discrimination. Also, AI/AN people living with AIDS are known to have one of the shortest timelines from AIDS diagnosis to death.

When I became Director of the IHS, it was clear that our patients, our Tribes, and our staff wanted to see us change and improve. We initially set four priorities to help improve the IHS and address health disparities among the AI/AN people we serve. The first priority is to renew and strengthen our partnership with Tribes. Our second priority is to bring reform to the IHS. The third priority is to improve the quality of and access to care for patients who are served by IHS, and the fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.

That was over three years ago, and I can say that we have made significant progress on these priorities; however, much of this work involves fundamental changes in how we do business in the organization, so the change will take some time, and there is still more work to do.

Today I would like to show how our activities to prevent and treat HIV/AIDS fit into our agency priorities and our efforts to change and improve the IHS.

Our first priority is to renew and strengthen our partnership with Tribes. I truly believe that the only way we're going to improve the health of our communities is to work in partnership with them. The IHS cannot do its work in isolation – we have evidence throughout our system that we work better in partnership with our communities.

Many of our communities' health problems cannot be solved with efforts that just focus on our clinics or hospitals. Some of the biggest problems we face, such as diabetes, suicide, domestic violence, substance abuse, and HIV/AIDS prevention are influenced by factors in our communities such as education, unemployment, law enforcement, housing, etc. IHS cannot solve these problems alone.

Our Tribes, as sovereign nations, are responsible for the health and wellbeing of their members, and we can accomplish so much more if we work in partnership with them. Tribes also manage about half of our budget as they have increasingly taken over the management of our health programs since enabling legislation in the 1970s. We must partner with the Tribes we serve. So we are grateful that with this current Administration, tribal consultation is a priority.

Tribal consultation is a priority of President Obama, who has expressed a commitment to honor treaty rights and a priority to consult with Tribes. Last December, the President held the 3rd White House Tribal Nations Conference. And many other agencies and departments are implementing tribal consultation policies and activities as a result of the President's Memorandum to all federal agencies concerning tribal consultation.

I spend a lot of time consulting with Tribes to hear their input and priorities. I hold listening sessions with all 12 IHS Areas every year, and I have conducted over 350 tribal delegations. I also meet individually with tribal leaders to hear about their priority issues and recommendations from a local perspective. I have found these visits to be very helpful in understanding broad themes as well as specific Area and tribal needs.

Because not all Tribes can afford to travel to Washington, D.C., these Area visits are critical to ensuring that all voices are heard. It's important that we strengthen our partnership and that Tribes help create the vision for IHS reform. For every decision I make, I always consider the input I have received from Tribes.

The IHS HIV/AIDS Program held a consultation with tribal leaders in February 2012, in partnership with the Centers for Disease Control and Prevention, the National Indian Health Board, and the National Native American AIDS Prevention Center. Our national HIV/AIDS Program incorporated some feedback from that consultation immediately, and other elements will shape our fiscal year 2013 plans. For instance, the fiscal year 2012 Cooperative Agreement Funding Announcement for Tribes and tribal organizations was expanded to provide services for HIV/AIDS treatment along with testing.

And the FY 2012 administrative awards to the Native American Research Centers for Health (NARCH) programs were altered to focus on expanding tribal capacity to plan and implement HIV/AIDS prevention programs. Also, the Project Red Talon partnership with the Northwest Portland Area Indian Health Board was extended another year.

Our second priority is "to bring reform to the IHS." This priority has two parts – the first part includes passage of the health reform law, the Affordable Care Act, and the Indian Health Care Improvement Act (IHCIA). The second part is about internal IHS reform – how we are changing and improving the organization.

We are grateful for passage of the Affordable Care Act – and for the recent upholding of the Act by the Supreme Court – because it will make quality and affordable healthcare accessible to all Americans, including our First Americans. It is designed to increase access to health insurance, help those who have insurance, and reduce healthcare costs. The new benefits of the law will certainly help patients with HIV and AIDS in numerous ways.

It also contains the permanent reauthorization of the IHCIA, which provides new and expanded authorities for a variety of healthcare services in the IHS. Both laws have the potential to positively impact AI/AN individuals; Tribes; and IHS, tribal, and urban Indian health programs.

We are consulting with Tribes on an ongoing basis on the implementation of these new laws. And we are working quickly to implement tribal priorities among the many provisions in these laws.

The IHCIA also includes a requirement to establish the position of Director of HIV/AIDS Prevention and Treatment in IHS. At this time, the position description is in development. It also requires a report to Congress every 2 years regarding the activities and findings of program

activities specific to Indians. The first version of this report is currently under final clearance and we hope to release it to Congress soon.

The second part of this priority is about bringing reform to the IHS as an organization. Everyone wants IHS to change and improve. Tribal priorities focused on topics related to more funding for IHS. Overall, staff emphasized improving the way we do business and how we lead and manage our staff. I have set a strong tone at the top for how we will conduct business, with an emphasis on customer service, ethics, professionalism, and performance management.

To improve the way we do business, we're working with the Department of Health and Human Services (HHS) and our Area Directors to improve how we manage and plan our budgets and improve our financial management.

We're working to make our business practices more consistent and effective throughout the system. To improve how we lead and manage staff, we're working on specific activities to improve and streamline the hiring process by making it more efficient and proactive, and less time-consuming. We are using the new HHS supervisory training for our managers, and we are improving our performance management process.

We're also working on improvements in pay systems and strategies to improve recruitment and retention. It has been historically difficult for the IHS to recruit and retain healthcare providers, due to remote locations and noncompetitive salaries. We need to make sure the way we do business is not causing us to lose the opportunity to hire and keep good staff.

I am working to promote better teamwork throughout the senior leadership of the agency and promote more consistent business and clinical practices, which should help all of our patients, including those with HIV and AIDS.

In relation to our third priority, to improve the quality of and access to care, I started by identifying the importance of customer service – how we treat our patients and how we treat each other. I am now starting to see activities to improve customer service throughout the system and am starting to hear stories about some improvements. However, we still have a lot of work to do to improve our customer service.

We have many other initiatives to improve the quality of healthcare for the patients we serve. We have expanded our Improving Patient Care (IPC) initiative to 90 sites – this is our patient centered medical home initiative that is designed to improve the coordination of care for patients with chronic diseases, which certainly will help improve care coordination for patients with HIV and AIDS. We are starting a new cohort of programs – IPC4 - and plan to expand this initiative throughout the entire IHS system.

And the new Partnership for Patients that was recently launched will help improve the quality of care by focusing on reducing harm and improving patient safety in our hospitals.

The IHS HIV/AIDS Program is also an important part of our efforts to improve the quality of and access to care for AI/AN people, as HIV and sexually transmitted diseases continue to threaten the health and well-being of our Native communities. This program is a culturally fluent

effort based upon a comprehensive public health approach to reducing the impact of HIV/AIDS in AI/AN communities. The IHS HIV/AIDS Program goals include:

- Ensuring access to quality health care services for those at risk and those living with HIV,
- Increasing individual awareness of personal HIV serostatus,
- Increasing HIV testing,
- Addressing social stigma and discrimination,
- Implementing best practices, and
- Continuing to provide and expand quality care.

To combat this preventable disease, our national IHS HIV/AIDS Program, in collaboration with tribal communities and IHS, tribal, and urban Indian health providers, has increased screening in IHS facilities. For instance, over the last 5 years, the prenatal HIV screening rate has risen from 65 percent to 80 percent IHS-wide. And over the last 8 years, HIV screening rates have more than tripled.

Education and outreach have also increased, including the provision of free online training on a wide range of HIV/AIDS related topics. These activities seek to reduce the proportion of AI/AN people living with HIV who do not know their status. In 2009, this was estimated to be 26%, compared to the 21% rate for the general United States population living with HIV.

The HIV Program continues to grow and implement new initiatives each year, including national screening initiatives, behavioral interventions, data collection improvement, site-specific pilot projects related to treatment and prevention, telehealth projects, and HIV clinical training. This national program has more than 100 ongoing projects, programs, and activities. It's a modestly-sized program that is highly leveraged across the IHS system.

Given that we have limited resources in Indian health, we have to leverage all resources to improve care for our patients. Our collaborations with various federal and private organizations are helping us improve quality of care. About 20% of the IHS HIV/AIDS Program's work involves collaboration with partners to increase the range of available resources and approaches.

The President's National HIV/AIDS Strategy, released in June of 2010, calls for unprecedented levels of coordination among federal, state, and local government and community groups to better address HIV/AIDS. It is hoped that the strategy will serve as a catalyst for all levels of government and other stakeholders to develop their own HIV/AIDS implementation plans for achieving the goals of the strategic plan.

The IHS HIV/AIDS Program addresses all of the National HIV/AIDS Strategy goals in several ways through our behavioral interventions, national screening, training and outreach, primary care practice, and continuity of care.

Last year, IHS released funding for a cooperative agreement increasing tribal innovation and engagement in HIV prevention. This was awarded to the National Indian Health Board, who then partnered with the National Native American AIDS Prevention Center. Activities to date have included development of new HIV/AIDS messages for Tribes, technical assistance to Tribes on

sustainable HIV prevention activities, and an increase in formal conversations with tribal leaders and public health specialists.

In the past two years, IHS has increased the participation of young people in HIV work on the local level. For instance, the young Native members of the Northern Dine Youth Committee recently developed HIV-prevention and education activities with the support of the IHS and the Northwest Portland Area Indian Health Board.

IHS also recently released a new community-based resource, the Tribal HIV/STD Kit and Policy Guide. This kit is for use by AI/AN tribal leaders, health advocates, and decision-makers as they work to address HIV and STD in their communities.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began as the IHS Director, I have worked hard to improve transparency and communication about the work of the agency. This includes working with the media, sending more email messages and letters to tribal leaders, and holding regular internal meetings.

We have also enhanced our website with the IHS Reform page, Director's Corner, and Director's Blog, which contain important updates and information about reform activities. We're also emphasizing accountability and fairness in the way we do business – by evaluating our programs and focusing on areas of greatest benefit, and by always considering fairness when dealing with staff and making programmatic decisions.

Inclusiveness is a part of these priorities because as the IHS Director, I have to ensure that all my decisions consider the impact on all our patients, whether they are served in an IHS, tribal, or urban Indian health facility. Balancing the needs of the various parts of our healthcare system is a challenge, but inclusiveness is very important as we work to improve the IHS.

And I use the Director's Blog on the IHS website to post brief updates on our activities and the latest IHS news at least weekly. This is one of many efforts to be more transparent about what we're doing as an agency. I think it's important for the public to know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps. I was pleased to hear that we had approximately 32,000 visits to my Director's blog in 2011, far more than I expected!

For more information about IHS, our website is [www.ihs.gov](http://www.ihs.gov). For information on our HIV/AIDS Program, you can go to [www.ihs.gov/hiv aids](http://www.ihs.gov/hiv aids).

In summary – the IHS provides healthcare to AI/ANs under challenging circumstances. However, we are working to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of healthcare and provide better quality services, including improving our HIV/AIDS program. The activities of this program are helping us improve the prevention and treatment of HIV/AIDS in the Indian health system.

Thank you for your partnership and input as we change and improve the IHS.