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APPENDIX A: Strategic Plan 2006-11 Update Team

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Director's Health Promotion/Disease Prevention Initiative

Issue/Background

The main health challenges currently faced by American Indian and Alaska Native people are the increasing health conditions and chronic diseases that are related to lifestyles issues such as obesity, physical inactivity, poor diet, substance abuse, and injuries. To help meet these challenges, the Indian Health Service (IHS) has launched a Health Promotion and Disease Prevention (HP/DP) Initiative to develop a coordinated and systematic approach to enhance preventive health approaches at the local, regional, and national levels. This Initiative is aligned with the President's HealthierUS, HHS Steps to a HealthierUS, and Healthy People 2010.

Strategies/Goal

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. To this end, the IHS has:

1. Established a HP/DP Policy Advisory Committee to provide oversight and policy guidance to the agency; and

2. Established a Prevention Task Force to develop a strategic plan to enhance and improve disease prevention and health promotion efforts by identifying diseases with the greatest disparities and developing a framework to address these diseases.

In addition, the IHS is continuing its ongoing efforts to:

1. Establish HP/DP coordinators in the 12 IHS Areas to support IHS, Tribal, and Urban programs in developing, implementing, and evaluating health promotion and chronic disease prevention efforts;

2. Create and expand Federal, corporate, foundation, and academic partners to support healthier behaviors;

3. Promote and expand community and clinical health promotion and chronic disease prevention best practices;

4. Build the capacity for effective health promotion practices at the local level by increasing the knowledge, skills, and capacities of Tribal, IHS, and Urban program health workers and leaders;

5. Promote and adopt environmental, school, and worksite polices that support healthier behaviors;

6. Develop a clearinghouse of best practices, resources, training, and community assessment tools to enhance community access;

7. Develop communication materials to raise awareness to specific health concerns; and

8. Conduct continuous process, impact, and outcome evaluations that are aligned with GPRA and Healthy People 2010 objectives.

Director's Chronic Disease Management Initiative

Issue/Background

Chronic conditions such as diabetes, cardiovascular disease, asthma, renal disease, depression, and cancer have become increasingly prevalent in American Indian and Alaska Native communities and are placing growing demands on health care systems. Given the limited available resources, there is an urgent need for a strategic plan to address the treatment and prevention of chronic conditions in the Indian Health Service (IHS) health care system.

Strategies/Goal

The goal of this initiative is to develop a process for the IHS to effectively and efficiently address chronic conditions. A strategic plan will be developed using a model for chronic illness care created from the experience of the IHS Division of Diabetes Treatment and Prevention, the Chronic Care Model, the WHO Innovative Care for Chronic Conditions Framework, and the Institute of Healthcare Improvement. These models and experience suggest that our approach to chronic conditions can be improved by creating a health care system that is practical, supportive, population-based, and evidence-based. The system should promote an interactive relationship between informed, motivated patients and a health care team that is prepared and proactive. The Chronic Care Model has been successfully applied to a variety of chronic illnesses, health care settings, and target populations.

To accomplish this goal, the agency will focus on these strategic areas:

1. Create a positive policy environment by establishing funding sources, a project management team, and a multi-disciplinary team from within and outside of IHS to develop expertise in specific areas of chronic disease prevention and care.

2. Create an executive committee and designate an executive leader responsible for moving the process forward.

3. Create multi-disciplinary workgroups to focus on aspects of implementing this chronic disease initiative such as communication, information technology, measurement, training, and pilot programs.

4. Describe current activities and enhance future activities around chronic illness care using the six elements from the Chronic Care Model. These elements are:

The community
The health system
Self-management support
Delivery system design
Decision support
Clinical information systems

5. Leverage resources and raise awareness about chronic conditions by establishing community partnerships and working with advocacy groups, non-profit organizations, and other federal agencies.

6. Focus on patient and family by developing and testing culturally appropriate and known effective education materials for people at risk of chronic conditions and those with existing chronic conditions.

7. Conduct continuous evaluation by tracking and reporting agreed upon measures.

Director's Behavioral Health Initiative

Issue/Background

For many American Indian and Alaska Native (AI/AN) communities, there is a lack of understanding of the role of behavioral health in health promotion and disease prevention. Many chronic health conditions are linked to life-long behavior patterns, and therefore can be prevented by a change in lifestyle. By focusing on effective behavioral health techniques and integrating Tribal traditions and customs, we can bring proven behavioral health strategies and specific health promotion and disease prevention programs to AI/AN communities. The Indian Health Service (IHS) Behavioral Health teams, i.e., the national program, Area programs, and Tribal/Urban programs, should provide the leadership in such change for the agency and the Department of Health and Human Services. The IHS Behavioral Health programs include community-oriented clinical and preventive services whose activities are part of a broader, multidisciplinary health team, including IHS and Tribal clinics and hospitals. Over the last 15 years, most of those programs have transitioned from IHS to local community control via Tribal contracting and compacting, so Tribes are managing their own behavioral health programs. Regardless of management, however, substance abuse, trauma, forced cultural change, poverty, lack of economic opportunity, and isolation significantly complicate the health process for American Indians and Alaska Natives, and overall health disparities are significant.

Strategies/Goal

Currently, local behavioral health programs are primarily crisis-oriented treatment centers. Promoting the behavioral health of individuals, families, and communities on an ongoing basis, as opposed to only working from crisis to crisis, will require a system-wide effort to change approaches, seek new and sustainable resources, and maximize current program effectiveness. Use of multiple funding sources, collaborations, technology, data-driven program models, and clinically sound behavioral approaches must be integrated with the traditions and healing practices of the community to maximize health and wellbeing. It is an undertaking that will take years, but one that holds the promise of significant benefits for communities across the country.

To address this situation, the agency will focus on four strategic areas:

1. Mobilize Tribes and Tribal programs to promote behavioral health in systematic, evidence-based approaches that embrace traditions and culture as critical foundations for that health;

2. Support and promote programmatic collaborations within communities, as well as with state and federal programs and agencies;

3. Promote leadership development from the community to national level, with training and mentorship; and

4. Provide advocacy for behavioral health programs in Indian communities among federal, state, Tribal, local, and private organizations.

PERFORMANCE MEASURES MATRIX - IHS and HHS

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	HCFC-1, Annual Outcome: Percent increase in the proportion of diagnosed diabetics demonstrating ideal blood sugar control at each new facility TOHP-3, Long Term, Outcome: Percentage of AI/AN patients with diagnosed diabetes served by tribal health programs that achieve ideal blood sugar control. HCFC-10, Long Term Outcome: Percent increase in the proportion of diagnosed diabetics demonstrating ideal blood sugar control within 7 years of opening new facility. ***PAR:*** *2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]*	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
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Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
6. Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
7. Cancer Screening: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	HCFC-2, Annual, Outcome: Percent increase in Pap screening, facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	HCFC-3, Annual, Outcome: Percent increase in mammography screening; facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
9. Cancer Screening: Colorectal Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
10. YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output effective 05]		Goal 2: Provide Accessible Quality Health Care; Objective 2.5) Improve the safety and quality of health care
11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	HCFC-4, Annual, Outcome: Percent increase in alcohol screening for female patients of childbearing age; facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 5: Improve the quality of health care services Goal 1: Reduce the major threats to the health and well-being of Americans; 1.4 Reduce substance abuse	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes. 19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	Transform the health care system
Goal 1: Reduce the major threats to the health and well-being of Americans Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes. 19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	Transform the health care system

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
12. Topical Fluorides: Proportion of patients receiving one or more fluoride treatments. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
13. Dental Access: Percent of patients who receive dental services. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
15. Diabetes: Dental Access: Proportion of patients diagnosed with diabetes who obtain access to dental services. (No longer a measure in 2006) [outcome]		
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software.		Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.6 - Reduce the incidence and consequences of injuries and violence	9. Protect life, family and human dignity. 19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	Protect life, family and human dignity
Goal 5: Improve the quality of health care services; 5.5-Accelerate the development and use of an electronic health information infrastructure	1. Transform the health care system, b) Accelerate the adoption and use of an electronic health information infrastructure in the U.S.	Transform the health care system

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
18. Behavioral Health: Number of sites using the RPMS Behavioral Health (BH) software application. In 2006 changes to: Proportion of adults ages 18 and over who are screened for depression. [Changes to outcome in FY 2006]		Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible, Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.4) Provide comprehensive and effective primary health care services
19. Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system. In 2006 changes to: Number of urban programs using automated patient record system and data warehouse.		Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).		Goal 2: Provide Accessible Quality Health Care; Objective 2.5) Improve the safety and quality of health care
21. Medication Error Improvement: Number of Areas with a medication error reporting system. [outcome] In 2006, changes to Medical Error Improvement: Number of areas with a medical error reporting system.		Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	
Goal 5: Improve the quality of health care services; 5.5-Accelerate the development and use of an electronic health information infrastructure	1. Transform the health care system, b) Accelerate the adoption and use of an electronic health information infrastructure in the U.S.	Transform the health care system
Goal 5: Improve the quality of health care services	1. Transform the health care system	Transform the health care system
Goal 1: Reduce the major threats to the health and well-being of Americans Goal 5: Improve quality of health care services; 5.3 - Reduce medical errors	1. Transform the Health Care System, a) Increase access to high quality effective health care that is predictably safe.	Transform the health care system

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
23. Public Health Nursing: Number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing.		Goal 2: Provide Accessible Quality Health Care; 2.4) Provide comprehensive and effective primary health care services, Objective 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems
24. Childhood Immunizations: Immunization rates for AI/AN patients aged 19-35 months. [outcome]	HCFC-5, Annual, Outcome: Percent increase in coverage of childhood immunizations; facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	HCFC-6, Annual, Outcome: Percent increase in coverage of flu vaccinations for adults; facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	HCFC-7, Annual, Outcome: Percent increase in coverage of pneumococcal vaccinations for adults; facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
27. Injury Intervention: Number of community-based injury prevention programs (Measure will reflect number of projects per area starting in FY 2007).		Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN people. [outcome]	FAA-3, Annual, Outcome: Unintentional injury mortality rate in AI/AN population; denominator, federally administered sites	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 1: Reduce the major threats to the health and well-being of Americans	1. Transform the Health Care System, a) Increase access to high quality effective health care that is predictably safe.	
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.3 - Increase immunization rates among adults and children	19. Emphasize healthy living and prevention of disease, illness, and disability, b) Increase childhood and adult immunization rates.	
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.3 - Increase immunization rates among adults and children	19. Emphasize healthy living and prevention of disease, illness, and disability, b) Increase childhood and adult immunization rates.	
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.3 - Increase immunization rates among adults and children	19. Emphasize healthy living and prevention of disease, illness, and disability, b) Increase childhood and adult immunization rates.	
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.6 - Reduce the incidence and consequences of injuries and violence	19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.6 - Reduce the incidence and consequences of injuries and violence Goal 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need	19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
29. Suicide Surveillance: Collection of comprehensive data on incidence of suicidal behavior. In 2006 changes to: Incidence of suicidal behavior [Changes to outcome in FY 2006]		Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
30. CVD Prevention: Cholesterol: Proportion of patients ages 23 and older who receive blood cholesterol screening. In FY 2007 changes to CVD Prevention: Comprehensive Assessment: Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
31. Obesity Assessment: Proportion of patients for whom BMI data can be measured. In 2006, changes to Childhood Weight Control: Proportion of children ages 2-5 years with a BMI of 95% or higher. [outcome]	FAA-1, Long Term/Annual: Children ages 2-5 years with a BMI of 95% or higher; denominator, federally administered sites	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
32. Tobacco Use Assessment: Proportion of patients ages 5 and above who are screened for tobacco use. In 2006, changes to Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention. [outcome]	HCFC-8, Annual, Outcome: Percent increase in screening for tobacco usage; facility-level denominator	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome]		Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.6 - Reduce the incidence and consequences of injuries and violence Goal 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need	19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the Health Care System, e) Reduce disparities in ethnic and racial health outcomes. 19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, a) Reduce unhealthy behaviors and other factors that contribute to the development of chronic diseases.	Transform the health care system
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices	19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, a) Reduce unhealthy behaviors and other factors that contribute to the development of chronic diseases.	
Goal 1: Reduce the major threats to the health and well-being of Americans; 1.5 - Reduce tobacco use, especially among youth	19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, a) Reduce unhealthy behaviors and other factors that contribute to the development of chronic diseases.	
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the Health Care System 19. Emphasize healthy Living and Prevention of Disease, Illness, and Disability, c) Reduce the incidence and consequences of injuries, violence, substance abuse, mental health problems, unintended pregnancies and sexually transmitted diseases.	Transform the health care system

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
34. Environmental Surveillance: Number of tribal programs with automated web-based environmental health surveillance data collection system (WebEHRS).		Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilitie	SFC-1, Annual, Outcome: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities.	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities
35A. Sanitation Improvement A. Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632.	SFC-2, Annual, Outcome: Percentage of existing homes served by SFC Program at deficiency level 4 or above as defined by 25 USC 1632	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed.		Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities
39. Public Health Infrastructure: Assure appropriate administrative and public health infrastructure is in place. (No longer a measure in 2006)		
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation.		Goal 2: Provide Accessible Quality Health Care; Objective 2.3) Expand and maintain an adequate workforc

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
	TOHP-E, Annual, Efficiency: Hospital admissions per 100,000 diabetics per year for long-term complications of diabetes; denominator TOHP facilities FAA-E, Annual, Efficiency: Hospital admissions per 100,000 diabetics per year for long-term complications of diabetes: denominator Federally Administered Facilities	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
	TOHP-2, Annual, Outcome: Number of designated annual clinical performance goals met	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services
	TOHP-1, Annual, Output: Percentage of TOHPs' clinical user population included in GPRA data	
	UIHP, Annual, Efficiency: Cost per service user in dollars per year	Goal 2: Provide Accessible Quality Health Care; Objective 2.5) Improve the safety and quality of health care
	HCFC-E, Annual, Efficiency: Percent of scheduled construction projects completed on time	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities
	HCFC-9, Long Term, Outcome: Percent reduction of YPLL rate within 7 years of opening a new facility; denominator facility specific FAA-2, Long Term, Outcome: YPLL in AI/AN population; denominator federally administered sites TOHP-4, Long Term, Outcome: YPLL in the AI/AN population served by tribal health programs; denominator tribal sites	Goal 2: Provide Accessible, Quality Health Care; Objective 2.4) Provide comprehensive and effective primary health care services

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices Goal 5: Improve the quality of health care services	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system
Goal 1: Reduce the major threats to the health and well-being of Americans		
Goal 1: Reduce the major threats to the health and well-being of Americans		
Goal 5: Improve the quality of health care services		
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices; 3.6 - Increase access to health services for AI/ANs	1. Transform the Health Care System, a) Increase access to high quality effective health care that is predictably safe.	
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices; 3.6 - Increase access to health services for AI/AN	1. Transform the health care system, e) Reduce disparities in ethnic and racial health outcomes.	Transform the health care system

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
	SFC-E, Annual, Efficiency: Average project duration from the execution of MOA to construction completion shall be at 4 years or less.	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities
	SFC-3, Long Term, Outcome: Percentage of AI/AN homes with sanitation facilities	Goal 1: Build and Sustain Healthy Communities; Objective 1.2) Develop public health infrastructure with Tribes to sustain and support AI/AN communities
	RPMS-E, Annual, Efficiency: Development and Deployment of patient safety measurement system	Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems
	RPMS-1, Long Term, Outcome: Develop comprehensive EHR with clinical guidelines for select chronic diseases	Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices; 3.6 - Increase access to health services for AI/ANs		
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices; 3.6 - Increase access to health services for AI/ANs		
Goal 5: Improve the quality of health care services	1. Transform the Health Care System, a) Increase access to high quality effective health care that is predictably safe.	
Goal 5: Improve the quality of health care services	1. Transform the Health Care System, b) Accelerate the adoption and use of an electronic health information infrastructure in the U.S.	

IHS Performance Measure 2006	IHS Program Performance Measure, 2006	IHS Strategic Plan 2006-2011
	RPMS-2, Long Term Outcome: Derive all clinical indicators from RPMS and integrate with EHR	Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems
	RPMS-4, Long Term Outcome: Develop and deploy automated behavioral health system	Goal 1: Build and Sustain Healthy Communities; Objective 1.3) Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems
	RPMS-3, Long Term Outcome: Number of sites to which electronic health record is deployed	Goal 2: Provide Accessible Quality Health Care; Objective 2.1) Provide accurate and timely clinical data on the health of AI/ANs, 2.5) Improve the safety and quality of health care, 2.6) Provide quality health information for decision making to patients, providers, and communities through improved information systems

HHS Strategic Plan 2004-2009	HHS 20 Department-Wide Objectives, 2006	HHS Secretary's 500 Day Plan 2005
Goal 5: Improve the quality of health care services	1. Transform the Health Care System, b) Accelerate the adoption and use of an electronic health information infrastructure in the U.S.	
Goal 5: Improve the quality of health care services	1. Transform the Health Care System, b) Accelerate the adoption and use of an electronic health information infrastructure in the U.S.	
Goal 5: Improve the quality of health care services	1. Transform the Health Care System, b) Accelerate the adoption and use of an electronic health information infrastructure in the U.S.	

IHS Strategic Plan Notes:

Focus is broad-based public health approaches
Organizational management perspective

The above measures are not designed to measure the community-based primary prevention public health largely described in Strategic Goal 1 with the exception of Objective 1.3: Assist AI/AN communities in identifying and resolving community problems by improving access to appropriate information. The following performance measures have been discontinued from 2006 on: 22, 37, 38, 40 and 41.

2006 National Dashboard (IHS-Tribal) FINAL

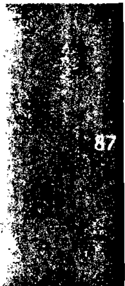
Diabetes	**2006**	**2005**	**2004**	**2006 Target**	**Results**
Diabetes Dx Ever[a]	11%	11%	10%	N/A[a]	N/A
Documented HbA1c[a]	79%	78%	77%	N/A[a]	N/A
Poor Glycemic Control	16%	15%	17%	15%	Not Met
Good Glycemic Control	31%	30%	27%	32%	Not Met
Controlled BP <130/80	37%	37%	35%	37%	Met
LDL Assessed	60%	53%	53%	56%	Met
Nephropathy Assessed	55%	47%	42%	50%	Met
Retinopathy Exam (All sites/pilots[b])	49%/52%[b]	50%[b]	55%[b]	baseline/50%[b]	Met
Dental	**2006**	**2005**	**2004**	**2006 Target**	
Access to Services	23%	24%	24%	24%	Not Met
Topical Fluoride-patients	95,439	85,318	N/A	85,318	Met
Sealants	246,645	249,882	230,295	249,882	Not Met
Immunizations	**2006**	**2005**	**2004**	**2006 Target**	
Influenza 65+	58%	59% (on hold)	54%	59%	Not Met
Pneumovax 65+	74%	69%	69%	72%	Met
Childhood Izs[c,d]	80%[c]/78%[d]	75%[c]	72%[c]	75%	Met
Prevention	**2006**	**2005**	**2004**	**2006 Target**	
Pap Smear Rates	59%	60%	58%	60%	Not Met
Mammogram Rates	41%	41%	40%	41%	Met
FAS Prevention	28%	11%	7%	12%	Met
DV/IPV Screen	28%	13%	4%	14%	Met
Childhood Weight Control (CWC)[e]	24%	64%	60%[e]	baseline	Met
Tobacco Cessation[f]	12%	34%	27%[f]	baseline	Met
Depression Screening	15%	N/A	N/A	baseline	Met
Prenatal HIV Screening	65%	54%	N/A	55%	Met
Colorectal Cancer Screening	22%	N/A	N/A	baseline	Met
Cholesterol Screening	48%	43%	N/A	44%	Met

Measure Met	16
Measures Not Met	6
Total Measures	22

[a] Not GPRA measures, used for context only
[b] Collected for pilot sites only
[c] Data collected through Immunization Report (National Immunization Program)
[d] BMI Assessed Measure (Changed to CWC - 2006)
[f] Tobacco Assessment Measure (Changed to Tobacco Cessation - 2006)

APPENDIX D: Crosswalk of IHS/HHS Strategic Goals

HHS Strategic Goals		IHS Strategic Goals: Build and sustain healthy communities	IHS Strategic Goals: Provide accessible, quality health care	IHS Strategic Goals: Foster Collaboration and Innovation
1	Reduce the major threats to the health and well-being of Americans	X	X	X
2	Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges	X		X
3	Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices	X	X	X
4	Enhance the capacity and productivity of the Nation's health science research enterprises			X
5	Improve the quality of health care services	X	X	X
6	Improve the economic and social well-being of individuals, families, and communities, especially those most in need	X	X	X
7	Improve the stability and healthy development of our Nation's children and youth	X	X	
8	Achieve excellence in management practices			X



APPENDIX E: TECHNICAL NOTES

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Data sources for graphs

AMERICAN INDIAN AND ALASKA NATIVE YPLL

YEAR	POPLT 65	YPLL	YPLL RATE
2000-2002	4730536	333021	70.4
1997-1999	4423015	313711	70.9
1994-1996	4058227	307731	75.8
1992-1994	3786490	301014	79.5

NOTE: YPLL for Total Indian Health Service. Based on Populations Projections Developed December 2005.

MORTALITY DISPARITIES RATES

	RATE AI/AN 2000-2002	RATE U.S. All Races 2001	RATIO AI/AN (00-02) U.S. All Races 2001	RATE AI/AN 1996-1998	RATE U.S. All Races 1997	RATIO AI/AN (96-98) U.S. All Races 1997	% CHANGE AI/AN 2000-2002	RATE AI/AN 1972-1974	RATE U.S. All Races 1973	RATIO AI/AN (72-74) U.S. All Races 1973
All Causes	1039.9	854.5	1.2	1070.8	888.5	1.2	-2.9	1433.7	1209.9	1.2
Alcohol-Induced[1]	42.1	6.9	6.1	45.0	7.3	6.2	-6.4	77.5	8.4	9.2
Breast Cancer	16.5	26.0	0.6	19.8	28.9	0.7	-16.7	16.9	35.0	0.5
Cerebrovascular Disease	59.9	57.9	1.0	62.8	65.6	1.0	-4.6	99.4	136.2	0.7
Cervical Cancer	4.5	1.4	3.2	5.2	3.2	1.6	-13.5	19.0	8.6	2.2
Diabetes	73.2	25.3	2.9	77.8	24.2	3.2	-5.9	47.3	23.2	2.0
Diseases of the Heart	236.2	247.8	1.0	272.4	278.1	1.0	-13.3	336.5	491.5	0.7
HIV Infection[2]	2.9	5.0	0.6	3.3	6.5	0.5	-12.1	1.4	7.2	0.2
Homicide (Assault)	11.4	7.1	1.6	12.9	7.3	1.8	-11.6	26.6	10.3	2.6
Infant Deaths[3]	8.5	6.8	1.3	8.9	7.2	1.2	-4.5	25.0	17.7	1.4
Malignant Neoplasms (All)	183.5	196.0	0.9	187.5	207.9	0.9	-2.1	150.0	202.2	0.7
Maternal Deaths[4]	12.5	9.9	1.3	7.8	8.4	0.9	60.3	34.8	16.4	2.1
Motor Vehicle Crashes	50.4	15.3	3.3	43.1	13.9	3.1	16.9	117.5	26.7	4.4
Pneumonia & Influenza	31.1	22.0	1.4	31.3	23.5	1.3	-0.6	50.7	38.4	1.3
Suicide (Intentional Self-harm)	17.3	10.7	1.6	18.0	11.4	1.6	-3.9	20.8	13.2	1.6
Tuberculosis	2.1	0.3	7.0	2.0	0.4	5.0	5.0	10.7	1.7	6.3
Unintentional Injuries	90.1	35.7	2.5	98.7	37.3	2.6	-8.7	223.1	59.5	3.7

American Indian and Alaska Native (AI/AN) age-adjusted rate.

U.S. all races age-adjusted rate.

Ratio between American Indian and Alaska Native (AI/AN) and U.S. all races.

Percent (%) Change for American Indian and Alaska Native (AI/AN).

NOTE: ICD-10 codes were introduced in 1999. Comparability ratios have been applied to the 1996-1998 age-adjusted data. ICD-9 codes were introduced in 1979. Comparability ratios have been applied to the 1972-1974 age-adjusted rate. The 1997 U.S. all races rates have been age-adjusted to the 2000 standard population. Comparability ratios have been applied. The 1973 U.S. all races rates have been age-adjusted to the 2000 standard population. Comparability ratios have been applied. American Indian and Alaska Native (AI/AN) rates are adjusted to compensate for misreporting of (AI/AN) race on state death certificates.

[1] Rate of alcohol-induced deaths is for the 1979-1981 three year period. The U.S. all races rate is for 1980. The % change represents change from 1979-1981 to 2000-2002.

[2] HIV was first classified in 1987. Rate of HIV is for the 1987-1989 three year period. The U.S. all races rate is for 1988. The % change represents change from 1987-1989 to 2000-2002.

[3] Per 1,000 live births.

[4] Rate per 100,000 live births. Rate does not meet the standards of reliability due to small numbers. The break in comparability for maternal mortality has not been quantified by NCHS.

Source: Unpublished data: OPHS/Division of Program Statistics (1996-1998 and 2000-2002 AI/AN rates are based on 2000 census with bridged-race categories).

p.18 CPOC:Community Oriented Primary Care Website at:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1240 2800&dopt=Citation

p.21 Core Public Health Functions Website at:
http://www.apha.org/ppp/science/10ES.htm

p.28 Homeland Security Presidential Directive (HSPD) -5 Website at:
http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html

p.36
2005 IHS Expenditures Per Capita Compared to Other Federal Health Expenditure Benchmarks; Data Sources for Health Care Expenditures Per Capita Chart

1. Medicare Expenditures Per Enrollee:

Source - Centers for Medicare and Medicaid Services website, 2/6/2006 [http://www.cms.hhs.gov/MedicareMedicaidStatSupp/05_2004%20Edition.asp#TopOfPage]. Table 16 reports $6,784 as the average Medicare payment per beneficiary in 2002 (the last year of published data). The historical average growth rate has varied. The 2002 per beneficiary payment is extrapolated to $7,631 in 2005 assuming payments grew at an annual rate of 4%.

2. Medical Care for Veterans and Administration Users:

Source - Veteran's Administration website, 2/6/2006 [http://www.va.gov/vetdata/Program-Statics/stat_app02/Table%201%20(02).xls]. Table 1 reports $4,653 as the national average health cost per user in 2002 (the last year of published data). The historical average growth rate has varied. The 2002 per beneficiary payment is extrapolated to $5,234 in 2005 assuming costs grew at an annual rate of 4%.

3. National Health Care Expenditures Per Capita:

Source - Centers for Medicare and Medicaid Services website, 2/6/2006 [http://www.cms.hhs.gov/NationalHealthExpendData/downloads/nheprojections2004-2014.pdf]. Table 1 reports $5,670 as the national average health care expenditure per person in 2003 (the last year of published data). CMS also projects future expenditures considering various economic factors. CMS projects $6,423 in 2005.

4. Medicaid Payments Per Beneficiary:

Source - Centers for Medicare and Medicaid Services website, 2/6/2006 [http://www.cms.hhs.gov/MedicareMedicaidStatSupp/05_2004%20Edition.asp#TopOfPage]. Table 111 reports $4,328 as the average Medicaid payment per person in 2002 (the last year of published data). The historical average growth rate has varied. The 2002 per beneficiary payment is extrapolated to $5,010 in 2005 assuming payments grew at an annual rate of 5%.

5. Medical Care for Federal Prison Inmates:

Source - General Accounting Office, Report and Testimony GAO/T-GGD-00-112, Federal Prisons-Containing Health Care Costs for an Increasing Inmate Population, April 2000. According to GAO, the medical care expenditures for federal prison inmates was $3,242 per capita in 1999. Data for subsequent years is unavailable. Assuming a conservative growth of 3.5% annually (< ½ the medical inflation average), the amount is extrapolated to $3,986 in 2005.

6. FEHB Medical Care Benchmark per IHS User:

Source - Indian Health Service, Level of Need Funded Report (later renamed the Federal Disparity Index Report) by the LNF Workgroup, 1999 - IHS website. The LNF study used insurance premiums for the Federal Employee Health Benefits program as a benchmark for actuarial projections for costs of equivalent benefits to IHS users. The study found an initial benchmark cost of $2,980 for equivalent FEHB benefits when characteristics and cost risks of Indian people were considered. The annual rate of increase the BLS medical CPI was applied to the 1999 benchmark to forecast $3,903 for 2005.

6. IHS Expenditures per User:

Source - The Indian Health Service budget and appropriations tables for 2005. Expenditures from appropriations plus collections are divided by the 2005 IHS user population to compute actual expenditures per user. The breakout for "medical care" and "non-medical" IHS programs is based on a detailed line-item analysis in 2001. These data are current and no forecast to 2005 are necessary.

p.43 Joslin Vision Network Website at:
http://www.joslin.org/joslin_vision_network.asp

p.43 Aberdeen Mobile Digital Mammography Unit report at:
http://64.233.161.104/search?q=cache:0dm4ZRP2mMUJ:www.mtwytlc.com/BCCBest%2520Practices%2520Paper.doc+Aberdeen+Mobile+Mammography&hl=en&gl=us&ct=clnk&cd=8&lr=lang_en

[illegible], M.D.

Carruth J. Wagner, M.D.
(1916-2002)

Erwin S. Rabeau, M.D.
(1920-1984)

Emery A. Johnson, M.D.

1955 | 1960 | 1965 | 1970 | 1975

[illegible] Act [illegible] transfers responsibility for Indian health services from the Department of the Interior to the Department of Health, Education and Welfare.

[illegible]

1965
Funds from the Office of Economic Opportunity (OEO) lead to the initiation of the Community Health Representative Program at Pine Ridge, the first step toward tribal control of health affairs.

1970
President Richard Nixon's White Paper on Indian Policy, proclaims an end to the policy of termination and the beginning of the policy of Indian self-determination.

1972
OEO provides funds for urban Indian clinics in Minneapolis, Rapid City and Seattle.

1975
Passage of the Indian Self-Determination and Educational Assistance Act (PL 93-638), changes an executive proclamation into the law of the land.

1976
Passage of the Indian Health Care Improvement Act (PL 94-437), spells out the federal government's responsibilities for Indian health

Everett R. Rhoades, M.D.

Michael H. Trujillo, M.D., M.P.H., M.S.

Charles W. Grim, D.D.S., M.H.S.A.

2005

In the first 25 years of the Indian Health Service program, infant mortality dropped by 82 percent, the maternal death rate decreased by 89 percent, the mortality rate from tuberculosis diminished by 96 percent, and deaths from diarrhea and dehydration fell by 93 percent.

1988
Encouraged by the passage of the Indian Health Care Amendments (PL 100-713), tribal and urban organizations increasingly administer their own programs and the role of the IHS in providing direct health services diminishes.

1994
Congress passes legislation to extend Tribal self-governance on a demonstration basis to allow Tribes to contract for the programs, services, functions and activities.

HISTORY OF THE INDIAN HEALTH SERVICE