

EDITOR'S CHOICE



Perspectives on Mortality Data From the Indian Health Service

This supplement issue of the *American Journal of Public Health* reviews current data on American Indian and Alaska Native mortality. As American Indian physicians, these data are of particular interest to us in our leadership positions in the Indian Health Service (IHS), which is the federal agency charged with providing health care to American Indians and Alaska Natives. Our staff works every day to provide access to quality health care and to address health disparities under challenging conditions. Mortality rates are of particular interest because we are all working to prevent morbidity and premature mortality. We are grateful for the interest in American Indian and Alaska Native mortality to further understand and improve the health status American Indians and Alaska Natives.

We are not newcomers to this fight against mortality in the IHS. We are the first IHS Director and Chief Medical Officer to have received IHS scholarships during medical school. We both worked in the IHS as young physicians and saw firsthand the challenges of providing health care in rural facilities with provider shortages and limited budgets. We experienced mortality every day and its impact on the communities in which we served and lived. We experienced how complicated life and health can be in communities with high unemployment rates, poor housing, and lack of educational opportunities. However, we also practiced in the IHS during a time when the burden of disease was changing, and diabetes, heart disease, stroke, cancer, and other chronic diseases were already increasing. We also saw the first efforts by Tribes to assume management of the health facilities in their communities and hoped that more involvement of the community would help address some of these challenges.

About 20 years later, we returned to help lead the agency in which we began our medical careers. The view from IHS headquarters is quite different, but the health disparities are still here. The population has grown, but mortality rates continue to be higher than the rest of the population for many conditions. While the budget has grown, the IHS must continue to carefully manage its limited resources to meet the

health needs of the population it serves. More than half of the IHS budget is now managed by Tribes, but the same socioeconomic determinants of health continue to create challenges in many communities.

We have been working over the past few years to change and improve the IHS to better meet the needs of the patients and communities we serve. Strengthening our partnership with Tribes is helping us focus on the priorities of these communities. Reforming the IHS and improving the way we do business as a health care system helps to ensure that we use our limited resources more efficiently and effectively. Helping our patients understand and take advantage of new coverage under the Affordable Care Act will help increase access to quality health care. And our focus on improving the quality of and access to care through implementation of a patient-centered medical home model in our facilities will help provide a framework for continuous improvement. More accurate mortality data and trends help us better target our treatment and prevention strategies.

The challenges of providing health care to American Indian and Alaska Natives in the communities we serve are complex, and many factors contribute to these trends. The data in this supplement help further define the challenges we face as a health care system and further encourage us to work together with the communities we serve to find new solutions. We are grateful for the dedicated work of our staff, and are grateful for the opportunity to provide information and highlight the persistent disparities we are all working to eliminate. ■

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