

The National Indian Health Board was established in 1972, and serves as an advocate for the improved health of Indians and Alaska Natives from across the United States. NIHB serves as the official consultative body for the U.S. Indian Health Service (IHS). In this capacity, the NIHB has successfully completed a series of cooperative agreements for the IHS, and is jointly planning with IHS for another three year cooperative agreement. New trends have emerged since NIHB first began to develop its strategic plan. In addition to the numerous trends identified by the NIHB during their 1995 Strategic Planning Retreat, new trends have emerged and challenge NIHB today. At the April meeting of NIHB, the following trends were identified, that had not previously been listed by NIHB as trends in the external environment :

New Trends Impacting Indian Health:

- **Welfare Reform**
 - increased poverty
 - increased alcoholism
 - increased socio-economic problems
 - increased migration of Indian families moving home
 - decreased Medicaid applications or coverage among patients

- **Greater antagonism toward tribes by policy-makers**
 - gaming, jurisdiction controversies and reduced resources at federal level
 - alliances of local governments opposing tribes and tribal programs

- **Increased desire by tribes to directly control Indian health issues**
 - increased compacting and contracting reduces funds
 - need for NIHB to promote services directly to tribes

- **Increased fragmentation among Indians nationally**
 - Tribes are divided more than ever based on funding mechanisms
 - Compacting groups, contracting groups, IHS delivering groups, urbans

- **GPRA - Program Performance Based Budgeting**
 - new initiatives by Federal government to force all federal programs to show outcome measures connected with base funding

- **Increase in number of federally recognized tribes nationally**
 - without proportionate increase in dollars for those tribes