



## From Patient to Public Health Leader

Yvette Roubideaux  
is on a quest  
to improve  
American Indian  
health.

**A**s a child in Rapid City, South Dakota, Yvette Roubideaux, MD, MPH'97, used to fill her bag with books whenever she went to the doctor. Visits to the Indian health clinic in her hometown—Roubideaux is a member of the Rosebud Sioux tribe—typically involved a four- to six-hour wait because of staffing shortages. She never knew which physician she would see. Her relatives complained about poor care.

Later, in high school, when Roubideaux began considering career options, “I realized that I had never seen an American Indian physician; I wasn’t even aware there were American Indian physicians,” she recalls. “I started thinking, ‘Maybe one of the solutions to the problems in Indian

Kent Dayton/HSPH

## THIS IS PUBLIC HEALTH.

**Understanding entrenched problems in American Indian health—limited resources, doctor shortages, and deep health disparities—may come more easily to a public health leader who grew up in that culture.**

health is to get more American Indian doctors who understand what needs to change, and who might stay longer because they're from the community.”

### PERSONAL INSIGHT, PRESSING NEEDS

So began Roubideaux's quest to improve health care for American Indian and Alaska Native people—one that took her to Harvard for three degrees and inspired her to become a physician, teacher, researcher, and advocate for culturally sensitive care. Now, as director of the Indian Health Service (IHS), she leads a federal agency that serves nearly two million native people belonging to 564 tribes in 35 states.

Roubideaux, the first American Indian woman to head the IHS (part of the U.S. Department of Health and Human Services), has a daunting task in light of limited resources, clinician shortages, and deep health disparities faced by this population, including higher rates than other

U.S. groups of diabetes, heart disease, stroke, dental disease, AIDS, infant death, and suicide.

Since taking office in May 2009, Roubideaux has drawn on her personal experience and grasp of the political, social, and historical factors affecting American Indian health and vulnerable populations in general, some of it honed while at Harvard.

After graduating from the College in 1985 and HMS in 1989, Roubideaux completed her residency at Brigham and Women's Hospital in Boston. She then joined the Indian Health Service in Arizona as a clinician and administrator, spending three years on the San Carlos

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Apache Indian reservation and one year on the Gila River Indian reservation.

During that time, Roubideaux witnessed the power of culturally appropriate care. At San Carlos, “I wasn't Apache, so there was no guarantee I would be accepted in the community,” she explains. “But I remember many patients saying, ‘I'm so glad you're here. It's good to see an Indian doctor. I feel like I can be honest with you, and I know you know what we're going through.’”

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## Nurturing Public Health Leadership

Many of the health concerns facing American Indians and Alaska Natives are shared by other medically underserved populations in the United States, underscoring the need for common solutions. That big-picture approach resonated with Yvette Roubideaux during the

one-year Commonwealth Fund/Harvard University Fellowship in Minority Health Policy she completed at HSPH in 1997.

Incorporating skills from public health, government, business, and medicine, the fellowship aims to prepare physicians for leadership

roles in public health policy and practice—especially to benefit vulnerable groups. The program also offers a masters in public administration (MPA) through the Harvard Kennedy School.

Now a mentor with the fellowship, Roubideaux says that returning to campus to

speak with students and faculty “reminds me of the obligation for leadership that comes with having such an incredible education. Much is expected if you were selected to be at Harvard, because someone thought you could be a leader in your career.”