



October 23, 2009

INDIAN COUNTRY AND HEALTH CARE REFORM

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Indian Health Research Conference



RELATIONS WITH INDIAN TRIBAL NATIONS

- *Recognition*
 - *Sovereignty, Treaty Making (800 treaties – 380 ratified), Containment, Disintegration/Annihilation*
- *Assimilation/Termination/Relocation*
- *Self-Determination*
 - *Johnson 1968, Kennedy 1969, Nixon 1970*
- *Consultation*
 - *Clinton 1998 & 2000, Bush 2004*



BASIS FOR FEDERAL HEALTH BENEFITS TO INDIANS

- *Treaties exchanged aboriginal lands for federal trust responsibilities and benefits.*
- *Snyder Act authorized funds "for the relief of distress and conservation of health ... [and] for the employment of ... physicians ... for Indian tribes throughout the United States." (1921)*
- *Transfer Act placed Indian health programs in the PHS. (1955)*
- *Indian Sanitation Facilities Act (P.L. 86-121) (1959)*
- *Indian Self-Determination and Education Assistance Act (P.L. 93-638) (1975)*
- *Indian Health Care Improvement Act (P.L. 94-437) (1976)*
- *Political relationship...domestic sovereign...not race based*



INDIAN HEALTH SERVICE MISSION, GOAL, & FOUNDATION

The Mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social and spiritual health to the highest level.

The Goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

The Foundation is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

The mission of the DHHS is to enhance the health and well being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

* WWW.HHS.GOV * 2010 Budget in Brief *



DEPARTMENT OF HEALTH AND HUMAN SERVICES 2009

<i>Food and Drug Administration</i>	<i>\$2.1b</i>
<i>Health Resources and Services Administration</i>	<i>\$7.0</i>
<i>Indian Health Service</i>	<i>\$4.0</i>
<i>Centers for Disease Control and Prevention</i>	<i>\$6.3</i>
<i>National Institutes of Health</i>	<i>\$33.0</i>
<i>Substance Abuse and Mental Health Services</i>	<i>\$3.4</i>
<i>Agency for Healthcare Research and Quality</i>	<i>\$.372</i>
<i>Centers for Medicare and Medicaid Services</i>	<i>\$701.0</i>
<i>Administration for Children and Families</i>	<i>\$56.0</i>
<i>Administration on Aging</i>	<i>\$1.5</i>
<i>Office of the Secretary - IGA, OCR, OIG, Assistant Secretaries</i>	<i>\$1.3</i>

\$816 Billion



HHS TRIBAL CONSULTATION

- *Apr 29, 1994* *President Meets with Tribal Leaders
(Executive Memorandum - May 1994)*
- *Aug & Sep 1997* *HHS Consultation Policy (2005)*
- *Jan 1998* *IGA Designated Lead for HHS
Consultation
(Executive Order - Aug 1998)*
- *1999-2008* *HHS Tribal Budget Sessions*
- *FY 2006* *\$394 m. increase*
FY 2007
- *Barriers Study ASPE*
- *Nat. AI/AN Health Research Adv. Council*
- *Intradepartmental Council on Native American Affairs*



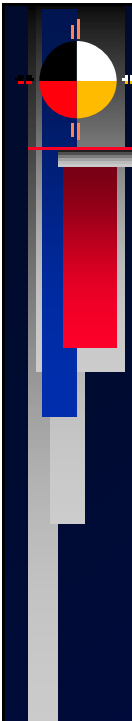
IHS - HHS COMMITTEES AND WORKGROUPS

Indian Health Service

Tribal Leaders Diabetes Advisory Committee
HP/DP Advisory Committee
Direct Service Tribes Advisory Committee
Tribal Self-Governance Advisory Committee
IHS Budget Formulation Workgroup
Contract Support Cost Workgroup
Facilities Appropriations Advisory Board
Behavioral Health Advisory Committee

HHS

CMS Tribal Technical Advisory Group
CDC's Tribal Consultation Advisory Committee
**HHS American Indian/Alaska Native Health Research
Advisory Council**
SAMHSA Tribal Technical Advisory Committee



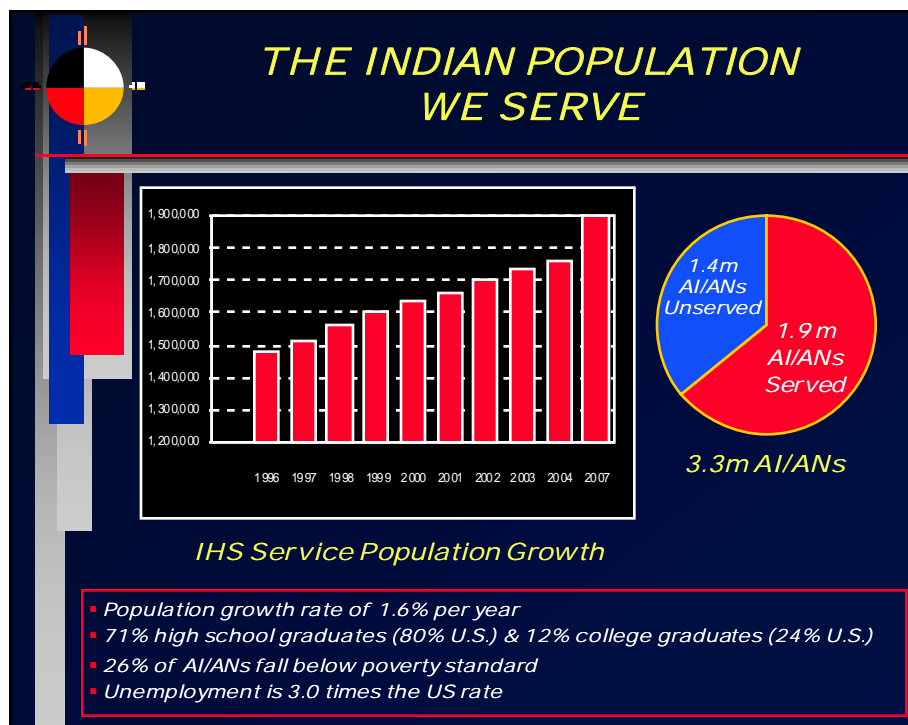
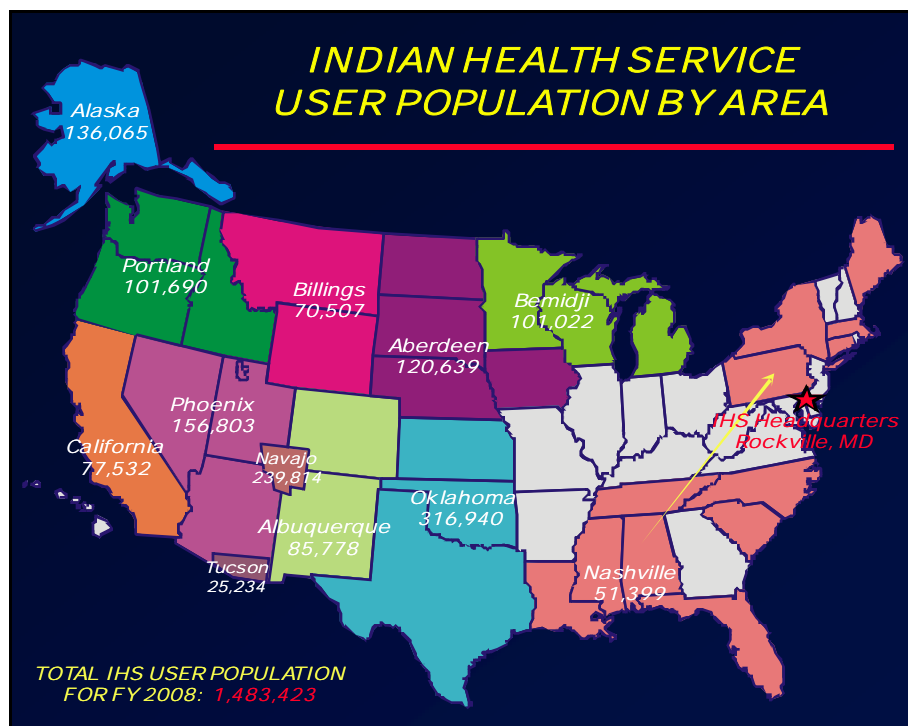
ICNAA

- **Purpose**
 - 1974 Native American Programs Act
 - Coordination and Consultation Trans-HHS
- **Membership**
- **HHS Tribal Liaisons**
- **White House Indian Affairs Executive Work Group**



A QUICK LOOK AT INDIAN HEALTH SERVICE

- 564 federally recognized tribes in 35 states.
- IHS provides a comprehensive health service delivery system for approximately 1.9 million of 3.3 million American Indians and Alaska Natives. FY 2009 appropriation is approximately \$4.0 billion. Inpatient: 59,000; Outpatient: 9.8 million; Dental: 3.2 million
- Federal system - 31 hospitals, 50 health centers, 31 health stations, 34 urban Indian health projects serving 600,000 American Indians (direct, CHS)
- Tribal system - 15 hospitals, 254 health centers, 112 health stations, 166 Alaska village clinics (contract, compact \$1.5 billion).
- IHS staffing - total 15,450 employees, 2,600 nurses, 900 physicians, 400 engineers, 500 pharmacists, 300 dentists, 150 sanitarians, and physician assistants, allied health professionals - nutritionists, health administrators, and medical records administrators.



COMMUNITY ORIENTED PRIMARY CARE

Cultural & Spiritual
 Behavioral & Social
 Medical Care
 Public Health
 Water & Sanitation

The Indian health care system is built on a broad spectrum approach to health. It starts with a base of fundamental public health and sanitation infrastructure. It provides inpatient and ambulatory medical services. It also integrates community-oriented programs including traditional medicine to promote healthy behaviors and lifestyles.

CLINICAL CARE PATTERNS

1°/2° CARE CLINIC

QUALITY ASSURANCE
STAFFING
PHARMACEUTICALS, ETC.

1°/2° Care

➔

IHS HOSPITAL

- Increased Revenue
- Decreased CHS Expenditures

2°/3° CARE

QUALITY ASSURANCE
STAFFING
PHARMACEUTICALS, ETC.

2°/3° Care

➔

PRIVATE HOSPITAL

- CHS \$\$
- Insurance Offsets



COMMUNITY HEALTH

OUTREACH/PATIENT EDUCATION



PHN
CHR
MSW
Health Education
Headstart
School Health

ENVIRONMENTAL SURVEILLANCE



Toxic Exposures
Outbreak Assessment
Vector Control



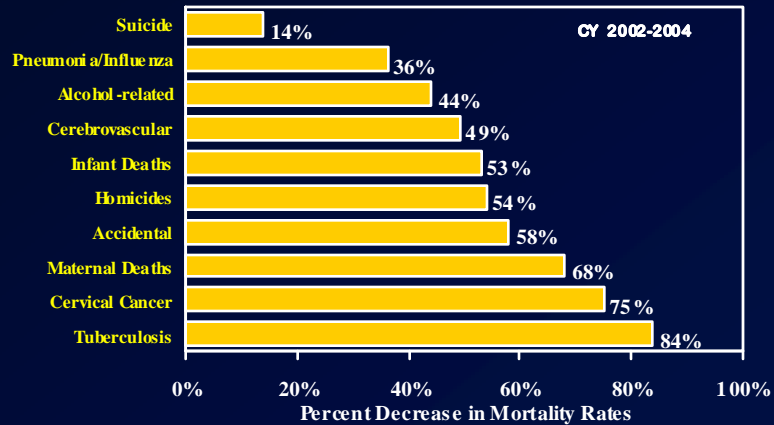
ENVIRONMENTAL PROTECTION



Food Safety
Solid Waste
Water Safety
Sewage

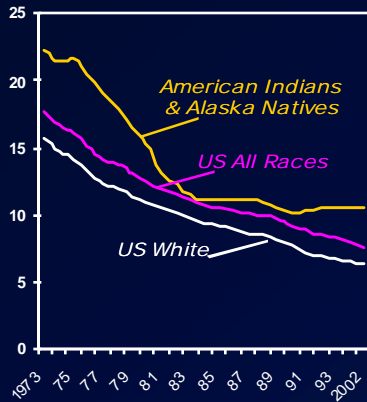


PERCENT OF DECREASE IN MORTALITY RATES FOR INDIAN PEOPLE SINCE 1973





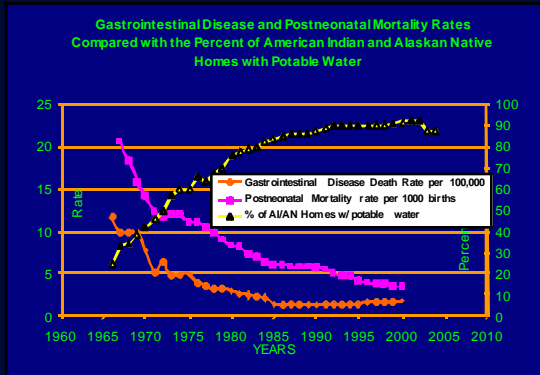
COMMUNITY ORIENTED PRIMARY CARE HAS REDUCED AI/AN MORTALITY



Infant Mortality Rates
1973 - 2002
(25.0 to 8.5/1,000)
66% Reduction



Sanitations Facilities for AI/ANs



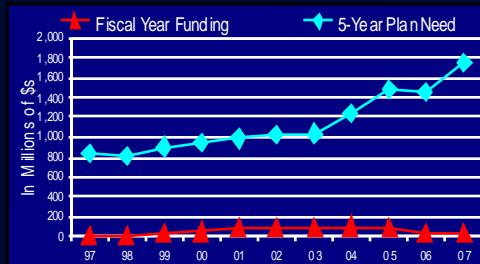
The IHS SFC Program is a preventative health program.

It is a significant factor in the decline in Gastrointestinal Disease Death Rate and Postneonatal Mortality rate

Yields positive benefits (>20 times) in excess of program costs.

- 1959 potable water in 20% of AI/AN Homes
- Currently 89% have potable water
 - compared to 99% of the general US population
 - 36,575 Indian homes without potable water
- Goal: 94% with potable water by 2010
 - OEHE part of IHS Strategic Plan to achieve parity in access
 - An OMB marginal cost analysis recommended additional project and Program (staff) funding to meet this goal
- There is a total need of \$2.4 Billion for Sanitation Facilities

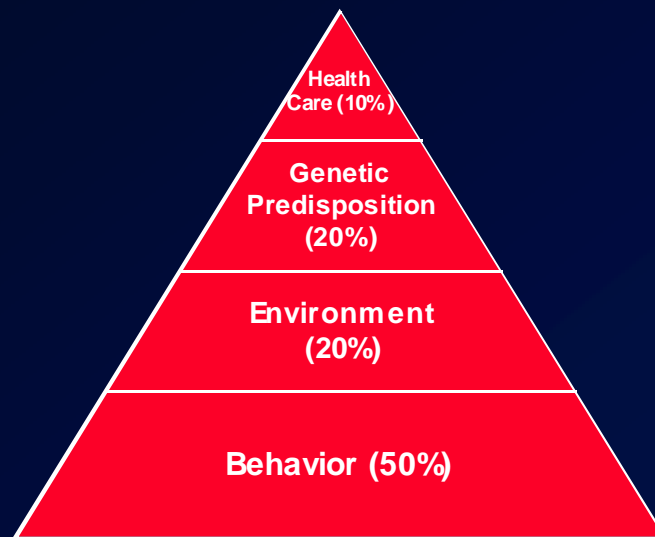
Health Care Facilities Construction



Efficient health care delivery requires modern facilities
 33 years: average age of IHS Health Care Facilities
 9.6 years: the average age of U.S. health care facilities*

- \$6.5 Billion is total need for new or replacement facilities
- \$1.8 Billion (Chart) are prioritized on current funding plan
 - Inflation (3%) will increase this by \$54 Million this year
 - \$37 Million = FY 2008 Federal funding for construction
 - \$50 Million = average Federal funding since 1995

FACTORS THAT AFFECT HEALTH STATUS





20th CENTURY OF CHANGE

- *Immunizations*
- *Infection control*
- *CVD reduction*
- *Better food*
- *Workplace safety*
- *MV safety*
- *Tobacco control*
- *Child birth safety*
- *Family planning*
- *Fluoridation*



SOCIAL DETERMINANTS OF HEALTH*

- *Social gradient*
- *Stress*
- *Early life*
- *Social exclusion*
- *Work*
- *Unemployment*
- *Social Support*
- *Addiction*
- *Food*
- *Transport*

* *World Health Organization: [Social Determinants of Health The Solid Facts, 2nd Edition](#)*

Mortality Rate Disparities Continue

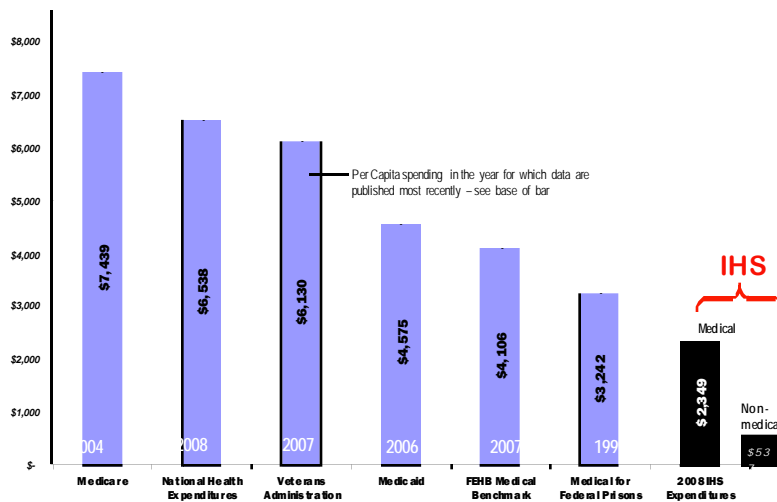
American Indians and Alaska Natives in the IHS Service Area 2002-2004
(Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 2002-2004	U.S. All Races Rate 2003	Ratio: AI/AN to U.S. All Races
ALL CAUSES	1027.2	832.7	1.2
CVD	231.1	232.3	1.0
Malignant Neoplasm	180.7	190.1	1.0
Unintentional Injuries	94.8	37.3	2.5
Diabetes	74.2	25.3	2.9
Motor vehicle crashes	51.2	15.3	3.3
Alcoholism	43.6	6.7	6.5
Pneumonia/Influenza	32.3	22.0	1.5
Suicide	17.9	10.8	1.7
Homicide	12.2	6.0	2.0
Infant deaths*	11.7	6.9	1.7
Cervical cancer	4.7	2.5	1.9
Tuberculosis	1.7	0.2	8.5

*Infant deaths per 1,000 live births



2008 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



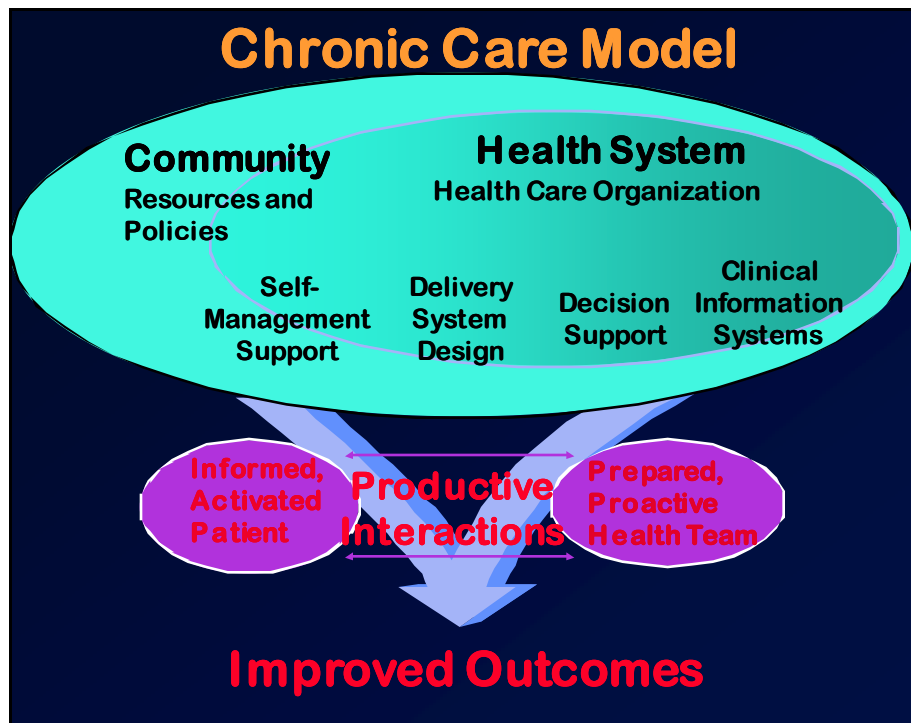
See page 2 notes on reverse for data sources and extrapolation assumptions.

10/22/2009



IHS Health Initiatives

- *HPDP*
 - *Focus on best practices and promote standardization of interventions*
- *Behavioral Health*
 - *reduce uncontrolled depression/sequelae*
- *Improved Patient Care*
 - *use best practices in medical and social management of disease*





IHS Director's Priority Areas

- Renew/Strengthen partnership with Tribes
- Reform of IHS system in context of national health reform
- Improve quality and access to care
- Ensure our work is transparent, accountable, fair and inclusive



Call for Change

- Obama-Biden Transition Team
- President Obama
- Congress
- Hopeful signs so far
 - President's 2010 budget
 - Almost 13% increase – largest in 20 years
 - ARRA funding - \$590 million to IHS
 - Facilities & sanitation projects, maintenance & improvement, medical equipment, health IT



National Health Insurance Reform

- **Priority of President Obama**
 - Increased access to quality and affordable healthcare
 - Security and stability for those that have insurance
 - Reduce healthcare costs
- **Current debate in Congress**
 - 3 House, 2 Senate bills
 - Various provisions
- **Historic Perspective**
- **Current Situation**
 - 47 Million+- Uninsured & Underinsured
 - Moving Target
 - Health Literacy
 - Public Option (Mandatory)
 - Age + Gender, Past Claims
 - Cost



Health Insurance Reform

- **Tribal consultation activities**
- **Tribal recommendations**
- **Administration role**
- **IHS**
 - Personal Medical Care + Public Health
 - Uniquely Defined Population
 - Public Option



Challenges

- Population Growth
- Rising costs/ medical inflation
- Increased rates of chronic diseases
- Recruiting and Retaining Medical Providers
- Rural Healthcare
- Lack of Sufficient Resources
- Balancing the needs of patients
- Social Determinants



FYI

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