

STATEMENT OF THE

FRIENDS OF INDIAN HEALTH

TO THE

SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED
AGENCIES

COMMITTEE ON APPROPRIATIONS

U.S. HOUSE OF REPRESENTATIVES

ON

INDIAN HEALTH SERVICE APPROPRIATIONS

SUBMITTED BY

DR. JACQUELINE S. GRAY

April 8, 2014

Good afternoon Chairman Calvert, Ranking Member Moran and Committee members. I am Dr. Jacque Gray, a counseling psychologist and a Choctaw and Cherokee descendant from Oklahoma. For over 30 years I have worked to address the mental health needs of American Indians.

I am currently the director of the Seven Generations Center of Excellence in Native Behavioral Health and the National Indigenous Elder Justice Initiative in North Dakota. - As a member of the American Psychological Association, I am testifying today for the Friends of Indian Health, a Coalition of over 50 health organizations and individuals dedicated to improving the health care of American Indian/Alaska Natives (AI/ANs) to the highest levels.

The Coalition appreciates the opportunity to comment on the FY 2015 funding level for the Indian Health Service (IHS). The decisions you make in this Committee have a profound effect on the lives of Native people.

From my experience having sufficient funding for preventing health problems but also addressing the social issues that affect disease is vital. As part of my job, I lead a team focused on elder abuse. Recently an elder from one of the tribes noticed that a woman who attends regular events had not been seen for several days. The elder brought his concern to the elder protection team and someone was dispatched to her home where they discovered she had fallen days before and couldn't get up. Because she was incapacitated she couldn't tend her fire to heat her home and consequently she had frozen to the floor. Because the team found her in time and was able to get her to the hospital, she survived. A few hours later and she would not have survived. Now they face the difficult task of finding appropriate living accommodations for her.

As the Committee knows, the sequester last year decreased funding in Indian Country by \$220 million. As a result I have seen a dramatic impact on mental health services. For example, mental health providers are no longer available to provide on-call service or respond to after-hours appeals. Additionally, regular appointments for people who have attempted suicide have been cancelled so that mental health providers can meet with patients who have been referred as possibly "suicidal." In 2009, suicide was the second leading cause of death for Native people between the ages of 10 and 34.

AI/AN teenagers are especially vulnerable and their suicide rate has reached epidemic levels. An important deterrent to suicide is maintaining strong cultural roots for them, but resources to accomplish that are almost non-existent. In many areas of Indian country the annual household income is less than \$8,000 a year. Poverty, loss of Native culture and language take a toll and erode identity creating a sense of hopelessness. Additional stressors such as the breakup of a relationship can be the last straw that leads a young person to take his or her life.

Additional funding to improve the health and well-being of American Indians and Alaska Natives can make a difference. The Friends thanks the Committee, for the additional IHS funding in the FY 2014 appropriations bill which will help provide needed services without interruption.

The Friends supports the Administration's proposed FY 2015 funding level of \$4,634,177,000, an increase of \$199,662,000 over FY 2014. However, the request leaves no room for realistically addressing health disparities and treatment needed in Indian country. Over \$154 million of the request goes for medical inflation, pay costs, additional staffing for new facilities and needs of new tribes, which just maintains "status quo." Additional funding goes to purchased and referred care and contract support costs – both of which are "must meet" costs but even those increases fall woefully short. When everything is taken into account, the request is only 1 percent.

The most outstanding need of AI/ANs is purchased/referred care (PRC) for cardiac care, chemotherapy, surgeries, injuries and additional mental health services that cannot be provided in IHS or Tribal facilities. Last year the PRC program "denied an estimated 146,928 services that would have cost \$760,855,000

The increased high demand for services is due to an aging AI/AN population, a rise in the cost of health care and transportation services and an inherent problem in the IHS health care delivery system.

The IHS and Tribes operate over 600 facilities including 45 hospitals, only 19 of which have operating rooms. The majority of facilities provides primary medical care and must depend on the private sector for secondary and tertiary care. The need to rely on private care is not going to change. Therefore, the request for contract health services funds needs to be realistic.

The Administration's FY 2015 budget would increase the PRC account by \$50 million to over \$929 million. However, that amount doesn't fill the huge gap for necessary care. Factoring in the unmet costs of over \$760 million the total estimated need for this account is over \$1.6 billion. The Friends recognizes that the Committee cannot increase this account in one fiscal year by such a large amount so we strongly urge that a plan be developed to sufficiently fund the PRC program within five years. Everyone utilizing IHS services knows if you need PRC the money runs out early in the year and you are less likely to receive a referral.

Having a sufficient health care workforce would also help to reduce the pressure on the PRC account. The Loan Repayment Program (LRP) is an invaluable tool for recruiting and retaining health professionals. The IHS estimates that it has 1,550 healthcare professional vacancies. Yet, last year because of insufficient funds, the IHS denied 577 applicants' requests for loan repayment and they did not take a position with the IHS. The Service estimates that an additional \$29,658,000 is necessary to fund the outstanding requests – yet the budget request is only for an additional \$5,000,000 allowing the Service to extend just 10 current LRP contracts and hire 245 new providers. The Friends strongly urges the Committee to increase the LRP by \$30 million to fund all applicants' requests.

The Friends continues its advocacy for additional funding for prevention and early treatment programs to reduce the need for PRC costs. AI/ANs generally have lower reported rates of cancer than other racial groups. However, they have the poorest survival rates for all types of cancer combined. Early detection for colon, breast and prostate cancers have been beneficial to increasing survival rates in America, yet the President's budget provides no additional funding to

expand current diagnostic tests or for a sufficient health care workforce to administer such tests. Nor does the budget request allow for sufficiently increasing treatments like chemotherapy and radiation or providing needed transportation to get patients to treatment centers.

As health care organizations we know that additional funding can result in positive health outcomes. A common saying is “Americans enjoy the best health care in the world.” However, we do not believe that the President’s budget request for FY 15 will allow AI/ANs to make that same statement. We strongly urge the Committee to move beyond the Administration’s proposal and provide the needed increases as we have outlined.

In conclusion, the Friends thanks the Committee for its continued strong support of the IHS during difficult financial times. We look forward to working with you to strengthen the IHS health infrastructure and decrease mortality and morbidity rates of American Indians and Alaska Natives.

Health Statistics for American Indians and Alaska Natives

Cardiovascular Disease (CVD)

- While the general U.S. population has seen a 50% decline in cardiovascular mortality, mortality rates among the AI/AN population are rapidly and dramatically increasing.
- CVD is the leading cause of death among AI/ANs and is double the rate of the general U.S. population.

Children’s Health

- More than one-third of the nation’s AI/AN population is under the age of 15, and the health of these children consistently lags behind other populations. For example, the Sudden Infant Death Syndrome (SIDS) rates among AI/AN infants are nearly twice that of the general population.
- AI/AN children are more than twice as likely to die in the first four years of life than the general population, and remain twice as likely to die through age 24.

Diabetes

- Today diabetes has reached epidemic proportions among AI/ANs. According to 2009 data, 14.2% of the AI/ANs aged 20 years or older who received care from the IHS had diagnosed diabetes. After adjusting for population age differences, 16.1% of the total adult population served by IHS had diagnosed diabetes, with rates varying by region from 5.5% among Alaska Native adults to 3.5% among American Indian adults in southern Arizona.
- AI/ANs carry the heaviest burden of diabetes in the United States, suffering from among the highest rates of diabetes in the world. In some American Indian and Alaska Native communities, diabetes prevalence among adults is as high as 60%.

Kidney Disease

- Native American prevalence of End Stage Renal Disease (ESRD) is twice that of Whites (almost 2600 per million vs. 1300 for whites)

Men's Health

- AI/AN males experience death rates two to five times greater than AI/AN females for suicide, HIV/AIDS, homicide, unintentional injuries, diabetes, firearm injury and alcohol-related deaths. AI/AN males experience death rates 10-50% higher than AI/AN females for cancer, heart disease and liver disease.
- AI/ANs are the only ethnic group where males experience higher psychological distress than females particularly relative to feelings of being “hopeless” and “worthless” which are risk factors for suicide.

Mental Health

- Inadequate mental health and substance abuse services contribute to a suicide rate for AI/AN males, 15-34 years of age, that is more than two times the national rate.
- Studies have shown that 69.9% of all suicidal acts (completions and attempts) in AI/AN country involved alcohol use.

Pharmacy

- Native Americans benefit from the role of the IHS pharmacist which emphasizes proper medication management and improving patient adherence.
- Through the pharmacy residency training program, now in 17 sites, the IHS plays a significant role in the education of pharmacists interested in pursuing careers in the IHS.

Podiatric Medicine

- Each year 71,000 people lose their feet or legs to diabetes. Amputation rates among Native Americans are 3-4 times higher than the general populations.
- Comprehensive foot care programs can reduce amputation rates by 45% to 85%. (Source: CDC).

Vision and Eye Health

- A recent three year study of Navajo people (the largest Native population) revealed that within the prior two years only about 33% had an eye exam and that only 20% had visual acuity good enough to qualify for a driver's license, even with their present eyeglasses.
- With the high rate of diabetes, it is imperative that timely detection and treatment be available in Indian country. Diabetic retinopathy occurs in 24.4% of Oklahoma Indians

Women's Health

- Although AI/AN women across Indian country have lower cancer death rates than U.S. citizens of all races, in Alaska and the Northern Plains, the cancer death rates for AI/AN women are 22% and 42% higher, respectively, than for U.S. citizens of all races.
- AI/AN women have a 1.7 times higher rate of severe maternal morbidity than white women.