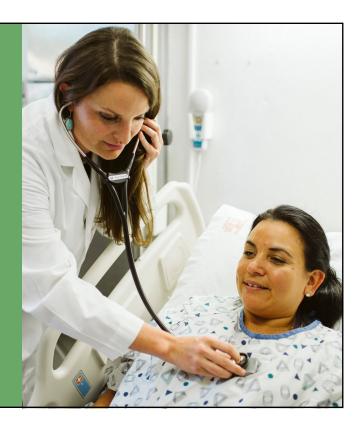
Healthcare Delivery in Tribal Communities

Tasha Peltier MPH, CPH Quality Improvement Specialist Community Engagement Advocate

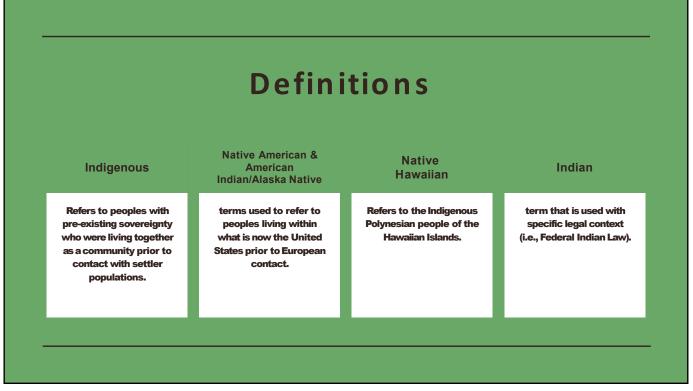
Quality Health Associates of ND GPQIN



Objectives

- Provide a general history and timeline of various stages of health and healthcare in Indigenous communities.
- Investigate the unique funding structure of the Indian Health Service and other healthcare systems delivering services to Indigenous communities.
- , Compare and contrast risk and protective factors among Indigenous populations.





3

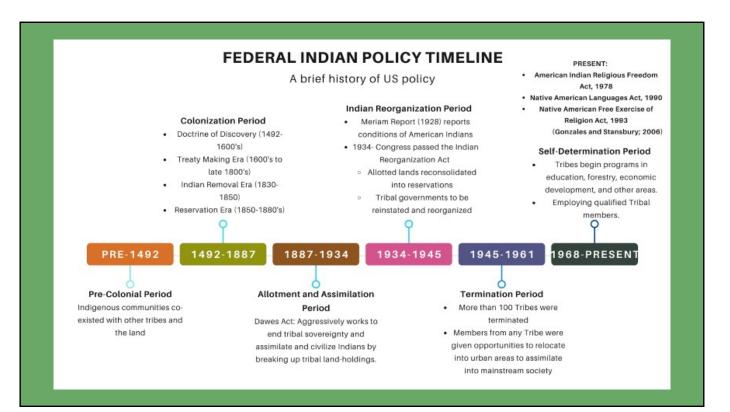
Federal Government and Indian Tribes have a unique legal relationship

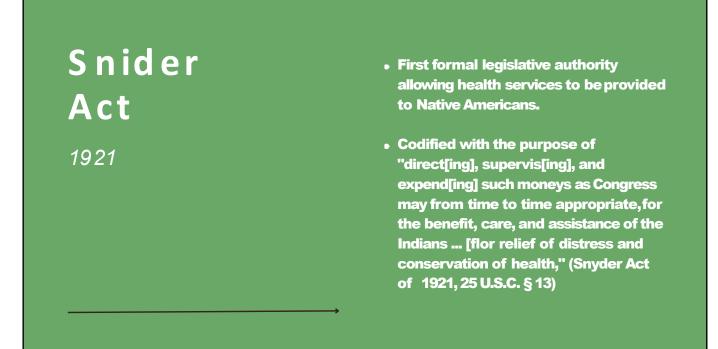
The unique "trust relationship" between the U.S. and federally-recognized Indian Tribes has long been recognized in the Constitution, statutes, regulations, case law, Presidential executive orders and agency policies, and the general course of dealings between Indian Tribes and the Federal government. In its role of "guardian," the United States provides a variety of services, including health care, to Indian people.



Indigenous Civilizations and Tribes in North Americaprior to 1492







Transfer Act

1954

- Responsibility transitioned to the Public
 Health Service
- "all functions, responsibilities, authorities, and duties...relating to the maintenance and operation of hospital and health facilities for Indians, and the conservation of Indian health ... shall be administered by the Surgeon General of the United States Public Health Service."
- This was the beginning of specific directives on how such health care services were to be provided i.e., through the construction of facilities.

Indian Self-Determination & Education Assistance Act (ISDEAA)

1975

• The Indian Self-Determination and Education Assistance Act of 1975, PL 93-638, authorized the Secretary of the Interior, the Secretary of Health, Education, and Welfare, and some other government agencies to enter into contracts with, and make grants directly to, federally recognized Indian tribes.

Indian Self-Determination & Education Assistance Act (ISDEAA)

1975

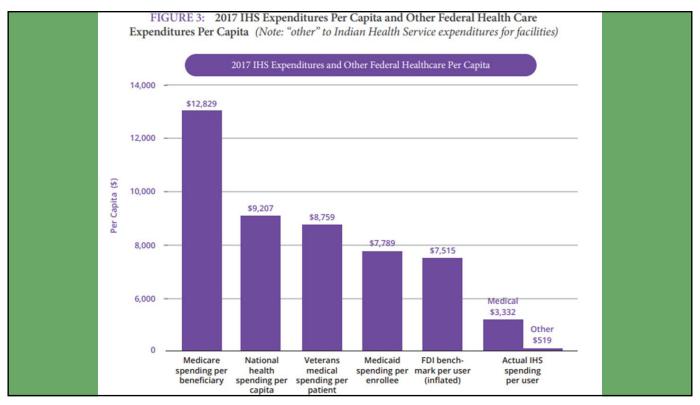
• "The Congress declares its commitment to the maintenance of the Federal Government's unique and continuing relationship with and responsibility to the Indian people through the establishment of a meaningful Indian self-determination policy which will permit an orderly transition from Federal domination of programs for and services to Indians to effective and meaningful participation by the Indian people in the planning, conduct and administration of these programs and services..."

Indian Healthcare Improvement Act

- Has provided the programmatic and legal framework for carrying out the Federal Government's trust responsibility for Indian health
- "the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."
- Established Urban Indian Health
 Programs
- Authorizes I/T/U programs to bill Medicaid and Medicare
- Permanent reauthorization with the Affordable Care Act of 2010

Current Day Problems

- IHS is the only federal program that is not funded as a mandatory, nondiscretionary program (VA, Medicaid/Medicare)
- large system serving communities with unique needs
- Workforce shortages
- Inadequate facilities and services
- Tribal Enrollment



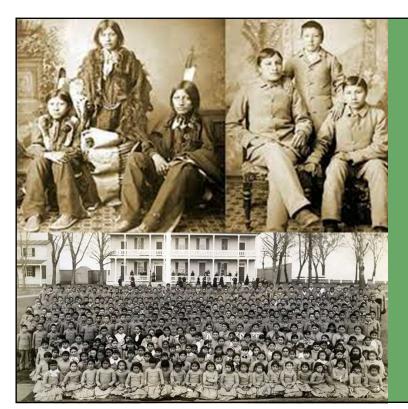


Data relevant to Tribal and IHS healthcare facilities include:

- IHS Service-Population is ~2.6 million Al/ANs.
- The User-Population is ~1.6 million (active users).1
- The Service-Population increases ~1.8% per year.²
- There are ~70,000 hospital admissions annually.
- There are ~14 million outpatient visits annually.
- Tribes operate 151 of the 203 Service Units (SU).
- The average age IHS healthcare facility is ~40 years.
- The average age US healthcare facilities is ~10-years.³



Additional Impacts of Federal Indian Policy



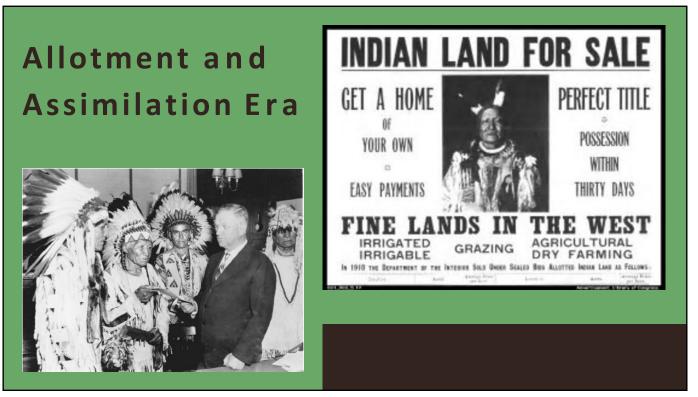
Boarding School Era

- Ethnocide and cultural genocide
- Trauma and abuse
- Disruption of family
- systems
 - A US Policy that lasted over 100 years

Reservation Era

- Removal from homelands
- large reduction in occupied territory
- Change of lifestyle
- Commodity Food
 Programs





Disparities

- American Indians and Alaska Natives (AI/AN)born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively)
- Life expectancy reduced to 65 due to COVID!
- COVID is now the leading cause of death followed by
- Heart disease, cancers, diabetes, and unintentional injuries
- Al/ANs are twice as likely to be diagnosed with diabetes, have a greater prevalence of obesity, and are more likely to be smokers
- Influenced by historical trauma, loss of language, culture, community



Protective Factors



- Language and Culture
- Spirituality
- Connection to the land andall
 things



Collective successes
Kinship and
Family/community structures



HumorSelf-Identity

Cultural Sensitivity is the awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own, accompanied by a willingness to adapt one's behavior accordingly.

Cultural Competence is the ability to effectively interact with people from cultures different from one's own, especially through a knowledge and appreciation of cultural differences.

Cultural Humility is a practice of selfreflection on how one's own background and the background of others, impact teaching, learning, research, creative activity, engagement, leadership, etc.



Cultural Humility

- Lifelong Learner
- Building relationships
- Self reflection and critique
- Respecting other belief systems, attitudes, skills and knowledge

