American Indian Healthcare in North Dakota

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OBJECTIVES
Overview of:
- History of the Indian Health Service
- Issues in Health Law & Policy
- AI Health & Resource Disparities
- Social Justice and Indian Health
- Role of PPACA on Indian Health
- Policy Coordination Strategies

AMERICAN INDIAN HEALTH POLICY
Health Policy Defined:
- Do people have a legal right to healthcare in the US?
- Over $2.5 trillion spent annually on healthcare in the US
- Over 45 million uninsured people in the US

INDIAN HEALTH SERVICE
- The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people
- Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people

IHS Areas
AI HEALTH POLICY ISSUES

- Complexity of Health Policy in US
- Political Relationships with Federal & State Governments
- Trust Responsibility & Entitlement
- IHS-Medicaid and Medicare Interaction
- Sovereignty & Self-Determination (PL 93-638)

AI HEALTH POLICY ISSUES (continued)

- Unique Nature of Indian Health Service (DHHS)
- Health Disparities & Resource Disparities
- Issues in Urban Indian Health
- Indian Health Care Improvement Act (PL 94-437)
- Integrating Traditional AI Medicine
- Lack of Accurate Data & Research Issues

Indian Health System 1955-1975

Indian Health System 1975-1985

Indian Health System

AI Health Disparities

**Life Expectancy in Years:**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>74.1</td>
<td>79.5</td>
<td>76.9</td>
</tr>
<tr>
<td>AAIHS</td>
<td>63.5</td>
<td>71.0</td>
<td>67.3</td>
</tr>
<tr>
<td>Disparity:</td>
<td>10.6</td>
<td>8.5</td>
<td>9.6</td>
</tr>
</tbody>
</table>

Average age at death in ND (2005 – 2010):

75.7 White Population

54.7 AI Population
### State Mortality (All COD) rates by Race, 1990-2002

<table>
<thead>
<tr>
<th>State</th>
<th>Race</th>
<th>Population</th>
<th>Count</th>
<th>Rate</th>
<th>Rate Ratio</th>
<th>P value (95% CI)</th>
<th>Rate Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>American Indian</td>
<td>381,129</td>
<td>2,470</td>
<td>6.45</td>
<td>2.0</td>
<td>&lt;0.0005</td>
<td>(1.9, 2.1)</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>7,866,024</td>
<td>73,738</td>
<td>9.37</td>
<td>2.1</td>
<td>&lt;0.0005</td>
<td>(2.0, 2.2)</td>
</tr>
</tbody>
</table>

**South Dakota**

<table>
<thead>
<tr>
<th>State</th>
<th>Race</th>
<th>Population</th>
<th>Count</th>
<th>Rate</th>
<th>Rate Ratio</th>
<th>P value (95% CI)</th>
<th>Rate Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian</td>
<td>760,486</td>
<td>5,937</td>
<td>7.84</td>
<td>2.1</td>
<td>&lt;0.0005</td>
<td>(2.0, 2.2)</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>8,690,598</td>
<td>82,261</td>
<td>9.44</td>
<td>2.2</td>
<td>&lt;0.0005</td>
<td>(2.1, 2.3)</td>
</tr>
</tbody>
</table>

Underlying mortality data provided by NCHS (www.cdc.gov/nchs). Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups, Census P25-1130) standard; Confidence intervals (Tiwari mod) and 95% for rates. Population estimates represent a total over the 12 years from 1990-2002.

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### State Suicide Mortality rates by Race, 1990-2002

<table>
<thead>
<tr>
<th>State</th>
<th>Race</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>White</td>
<td>11.3</td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td>26.0</td>
</tr>
<tr>
<td>South Dakota</td>
<td>White</td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td>27.0</td>
</tr>
</tbody>
</table>

Underlying mortality data provided by NCHS (www.cdc.gov/nchs). Rates per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups, Census P25-1130) standard.

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### Diabetes Death Rates

<table>
<thead>
<tr>
<th>Race/Region</th>
<th>Rate/100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>US All Races</td>
<td>25.3</td>
</tr>
<tr>
<td>HIS Total</td>
<td>77.7</td>
</tr>
<tr>
<td>Aberdeen Area</td>
<td>119.9</td>
</tr>
</tbody>
</table>

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### AI Health Disparities

Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater

Indian Health Service. Regional Differences in Indian Health 2002-2003

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### Figure 43. Diabetes Prevalence by Race

North Dakota Adults 2005-2008

- White: 6.5%
- American Indian: 12.6%

Source: Behavioral Risk Factor Surveillance System

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### Figure 44. Diabetes Mortality Rate by Race

North Dakota 2000-2007

- White: 25.4
- American Indian: 144.2

Source: North Dakota Vital Records
Alcohol Related Death Rates (Rate/Per 100,000 Population)

Diabetes-Depression-Alcoholism Triad

Leading Causes of Death Ages 1-4

Leading Causes of Death Ages 5-14

Infant Deaths in North Dakota: Rate per 1,000 Live Births by Medicaid Status, 2000 to 2008

Source: North Dakota Department of Health, Division of Vital Records; Federal Outcome Measures #1 and Health Systems Capacity Indicator #5
Infant Deaths due to Sudden Infant Death Syndrome (SIDS), 2005 – 2008
Rate per 1,000 live births by race

Source: North Dakota Department of Health, Division of Vital Records

South Dakota Reservations

Infant mortality rates, South Dakota, 2000-2009

Smoking Disparities by State

Traditional Tobacco ≠ Commercial Tobacco

AI/AN Cancer Disparities
Cancer Death Rates
AI Demographics

• Over 3 million American Indian Only in 2010 Census
• Over 5 million AI and ‘other’ in 2010 Census
• >60% of AI people live in urban areas
• Over 560 federally recognized AI/AN tribes
• Four Tribes in ND, Nine in SD
• Significant poverty & Social Determinants of Health
Health Parity, Equality, Equity

- **Health Parity**—Reduce Disparities vs Promote Parity in health status
- **Health Equality**—Same health status, access to same health services for all (e.g. state Medicaid plan)
- **Health Equity**—Promote social justice in health status by meeting community needs

**AI/AN Population by County**

Poverty in North Dakota

**2.5 times as many AI/ANs as whites live below poverty level**

**Percent At or Below FPL**

**2009 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita**
Patient Protection & Affordable Care Act

- PPACA—March 23, 2010, includes IHCIA
- Health Insurance Reform—PEC, Prev Svs, etc
- “Government Takeover of Health Care”
- No Single Payer
- “Obamacare”
- No Public Option
- Individual Mandate
- Employer Mandate
- Impact on AI/ANs?

PPACA Role in Indian Health Care

Key Provisions: No Cost Sharing
Coverage of Preventive Services
Expanding Medicaid Coverage
Expanding FQHCs

I/T/U Delivery System
- IHS only
- Tribal 638 services
- Urban Indian Health Centers

Payer Source
- NAR, CHS only
- On Medicaid
- On Medicare
- Privately Insured

Who is Insured?

- Private:
  - Employed adults and families
  - “Health Insurers Post Record Profits”
    - Five largest insurers had $12.2B profit in 2009
- Public:
  - Elderly—Medicare
  - Impoverished—Medicaid, CHIP
  - Military Veterans—VA
  - AI/AN—Is IHS Insurance?

Next Steps in AI Health Policy in ND

- Expand 638 in ND?
- Tribal PHUs
- Best Practices in tribal implementation of ACA
- Data Coordination and Tribal Data Sharing Agreements

- American Indian Public Health Track at NDSU
- American Indian Health Policy Center?
Are we seeing the whole picture?

- History
- Policy
- Data
- Disparities
- Poverty
- Blame?

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